

## WATER BOURNE DISEASES POSE LETHAL THREAT TO CHILDREN IN SOUTHERN SOMALIA

### Rapid response needed as cholera cases increase

NAIROBI, Kenya, 18 August 2011 - With an increased number of confirmed cholera cases in Mogadishu, and growing reports of acute watery diarrhea in Kismayo and other crowded urban centers, an urgent multi sector response to contain the spread of this highly contagious disease is being mounted.

The combination of poor sanitation conditions, a shortage of safe water, overcrowding and high malnutrition rates, creates the perfect combination for infectious diseases, such as cholera and pneumonia, to spread and increase the number of deaths. About seventy-five percent of all cases of acute watery diarrhea are children under the age of five.

Cholera has been confirmed in Banadir, Bay, Mudug and Lower Shabelle regions and the number of acute watery diarrhea cases has increased dramatically in the last few months. Since January this year, 4272 cases of acute watery diarrhea/cholera have been reported in Benadir Hospital in Mogadishu alone. However, at this stage most of the cholera cases in the various regions are contained and under control.

“Our major concern is to monitor and detect new disease outbreaks in the many informal settlements set up by internally displaced people in and around Mogadishu”, says Dr. Marthe Everard, WHO Representative for Somalia. “For the last few years, a network of health workers reporting to the early warning system is in place, however they report through a health facility or mobile clinic. Yet the large numbers of displaced people in Mogadishu are making it more difficult to record the various diseases. We urgently need more mobile clinics that will provide basic health care services to the many displaced and who will strengthen the reporting on new outbreaks. This is critical to our response and our ability to save lives.”

Although cholera is endemic in the country, the last major cholera outbreak was in 2007 with an estimated 67,000 cases. In recent years, efforts to chlorinate the water supply of Mogadishu, along with efforts to improve hygiene and sanitation have prevented a serious outbreak but with the large influx of some 100,000 people alone this year into Mogadishu, bringing the total number of IDPs in the capital to an estimated 470,000, many are living in overcrowded settlements, there is an acute shortage of safe water and adequate sanitation.

“There is no need for a child to die of diarrhea, yet this is tragic reality for a Somali child, who is acutely malnourished. It is a lethal combination.” said Rozanne Chorlton, UNICEF Representative for Somalia. “These types of diseases can be prevented and treated quickly, but to save children’s lives we need to make sure safe water, sanitation and hygiene along with early access to primary health care, are an integral part of our emergency response.”

Partners in the health and water and sanitation sectors are currently preparing for a potential 100,000 cholera cases including 80,000 moderate cases and 20,000 severe cases. Emergency diarrheal disease kits made up of medical supplies such as syringes, infusions, and oral rehydration fluids (ORS), already prepositioned by UNICEF and WHO have been sent to 13 hospitals. An additional 200 diarrheal disease kits, each able to treat 100 severe cases and 400 moderate cases are being procured and should be in Southern Somalia in the next few weeks.

In addition, the case management of severe dehydration with and without malnutrition is being strengthened and focus is now on mobilizing a network of already trained community health promoters to move from door to door with health hygiene education messages. Health posts will be stocked with essential medicines and ORS to identify and promptly treat patients.

Many of Southern Somalia’s rural areas and urban centers rely on shallow wells, which unless protected or treated with chlorine can serve as the perfect breeding ground for water borne diseases.

To respond to this threat and prevent a major outbreak, partners in the water, sanitation and hygiene sector are scaling up their actions to target 1.5 million people across high risk areas of the south. Supplies of chlorine and essential items for hygiene and household treatment and storage of water are being distributed. Already 217 water sources are being chlorinated and 58 water point outlets benefitting 483,200 residents and internally displaced people in Mogadishu. In addition, household hygiene supplies, including water purification tablets, soap and buckets, enough for 48,000 families, are being distributed at existing feeding centers for malnourished children. Campaigns to educate families about the treatment of drinking water, safe disposal of waste and encourage hand washing with soap will also be scaled up in high risk communities.

As part of the updated 2011 UN Consolidated Appeal for Somalia, an estimated \$80 million is needed for the health sector and \$78 million is required for the water, sanitation and hygiene sector. So far only 30 percent and 37 percent respectively has been raised for each sector.

**Note to Editors:**

Cholera is an acute diarrheal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae*. Every year, there are an estimated 3–5 million cholera cases worldwide and 100,000–120,000 deaths due to cholera. The short incubation period of two hours to five days, enhances the potentially explosive pattern of outbreaks.

Cholera is an extremely virulent disease. It affects both children and adults and can kill within hours. About 75% of people infected with *V. cholerae* do not develop any symptoms, although the bacteria are present in their faeces for 7–14 days after infection and are shed back into the environment, potentially infecting other people. Among people who develop symptoms, 80% have mild or moderate symptoms, while around 20% develop acute watery diarrhoea with severe dehydration. This can lead to death if untreated. People with low immunity – such as malnourished children or people living with HIV – are at a greater risk of death if infected.

Cholera transmission is closely linked to inadequate environmental management. Typical at-risk areas include peri-urban slums, where basic infrastructure is not available, as well as camps for internally displaced people or refugees, where minimum requirements of clean water and sanitation are not met. Cholera is an easily treatable disease. Up to 80% of people can be treated successfully through prompt administration of oral rehydration salt.

**B-roll footage available on demand. For more information contact:**

- Pieter Desloovere, Communications officer, WHO Somalia, +254 733 410 984, [deslooverep@nbo.emro.who.int](mailto:deslooverep@nbo.emro.who.int)
- Shantha Bloemen, Communications officer, UNICEF Somalia, cell: +254705188134/ +27794955938, [sbloemen@unicef.org](mailto:sbloemen@unicef.org)
- Iman Morooka, Communications officer, UNICEF Somalia Tel: +254 (20)7208218, cell: +254 714 606733, [imorooka@unicef.org](mailto:imorooka@unicef.org)