

Somali Health Cluster Bulletin #21



Patients of AWD in makeshift CTC in Wanlaweyn (Lower Shabelle) Photo: WHO

March 2009

The Somali Health Cluster Bulletin aims to provide an overview of the health activities conducted by the health cluster partners active in Somalia.

The Health Cluster Bulletin is issued on a monthly basis; and available online at www.emro.who.int/somalia/healthcluster

Contributions are to be sent to cluster@nbo.emro.who.int

HIGHLIGHTS

- EWARS outbreak rumor verification confirmed **Cholera** in **Marere** and **Jamaame** (Lower Jubba); **Buurhakaba** and **Baidoa** (Bay); and **Yaqbariweine** (Lower Shabelle). Response activities are ongoing.
- Several health activities were organized for both **World Water Day** on 22 March; and **World TB Day** on 24 March. **World Health Day** is coming up on 7 April.
- WHO and UNICEF conducted Phase 1 of **Child Health Days** in all regions of **South-ern Somalia** in March; Hiraan and other Central regions will be covered in April.

SITUATION OVERVIEW

- According to the **FAO/FSAU Food Security Update** for March, 1 in 6 children in Somalia is acutely, and 1 in 20 children severely malnourished. A third of these children are in the Shabelle regions, followed by Central and Bay regions. The increase of severe malnutrition had also been reflected in **EWARS**. Recent findings also include that the current water crisis due to a drier-than-normal *Jilal* dry season since January is worst affecting the regions of Galgaduud and Mudug.
- **AFREC** is reporting alarming deterioration of nutritional situation in **Afmadow** district (Lower Jubba), affecting particularly nomadic communities.
- In the second week of March, one aid worker was seriously wounded by unidentified gunmen in **Gududey** village of Jilib district (Middle Jubba); four UN staff of WFP and UNDP were abducted on 16 March in **Wajid** (Bakool) and released later the same day; while, according to *Somali Shabeelle Media Network*, one national WFP contractor was killed by unidentified gunmen near his home in **Mogadishu** on 18 March.
- 20 buses with IDPs fleeing from Mogadishu arrived in **Afmadow** in the first week of March. **AFREC** is assisting the IDPs medically. Consultations included Malaria, diarrheal diseases, respiratory infections, urinary tract infections, scabies and intestinal worms.
- Privately-owned *Somali Shabelle Media Network* on 17 March reported shortage of medical supplies in **Ceel Buur** (Galgaduud). **Merlin** clarified that the information refers to a health facility constructed by *Somalia Diaspora*, not the former government hospital which was rehabilitated and is run by Merlin. 16 patients injured in recent fighting in Wabho were admitted to the Merlin supported health center as of 18 March; 6 of them were referred to Mogadishu for surgical interventions.



ICRC



HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

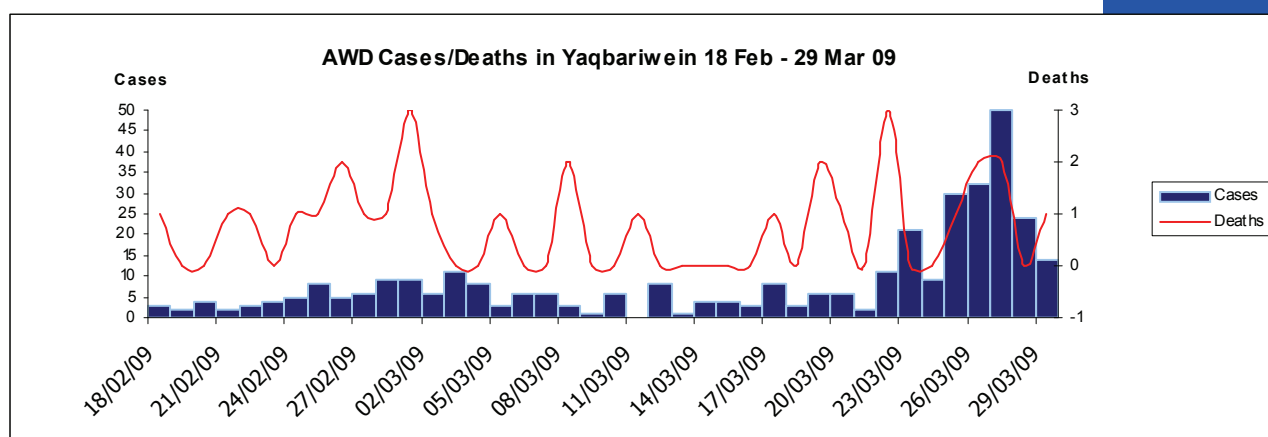
Assessments & Monitoring

- A joint mission near **Jowhar** (Middle Shabelle) was conducted by local authorities, local NGO **BRDO**, and **UNICEF** on 11 March 2009. The team visited the villages of Galdaan, Fulaanshe, Aqab Duco, Wardhagax, Bakad Jeex, Qoordheere, and Warcise in the East of Jowhar district. Findings included acute water shortage resulting in population movements; very low vaccination coverage in pregnant women and children, except for polio; and no functioning health facilities in any of the visited villages.

Communicable Diseases & Environmental Health

Surveillance of AWD/Cholera

- In epidemiological weeks 9-12 (28 February - 27 March 2009), a total of 500 AWD cases, 75.6% (378) in children <5 years, and one related death, were reported from Jilib (157), Jamaame (93), Afmadow (63), Hagar (54), and Kismaayo (133) in **Lower** and **Middle Jubba** regions. The caseload in March (details see below) shows an increase of 50% compared to February 2009.
- Increased cases of AWD in **Jamaame** district (Lower Jubba), in particular Bangeni, Bandar-Jadiid, Buulo-Ejii and Dhey-Garas villages were reported on 11 March, reaching 16 cases within one day. A Cholera treatment center (CTC) has been established. The stool specimen collected from a 7 year old boy tested positive for *Vibrio Cholerae* with SMART II test. Two more samples collected on 16 March also tested positive. The peak of the outbreak was noted in epidemiological week 9. Suspected source of infection is water from Jubba River. **Muslim Aid** initiated health education activities in affected villages; **Juba Shine** chlorinates water sources with support of **UNICEF**. Where drinking water is fetched directly from the river, aqua tabs are distributed to households.
- Increased numbers of AWD alarmed health partners in **Marere** (Lower Jubba) in the second week of March. CTC with tents for 10 beds was established outside the hospital for isolation of the patients. Between 12 and 18 March, 14 cases were admitted to the CTC, 9 of them under the age of 5 years. All 6 samples collected between 12 and 13 March tested positive for *Vibrio Cholerae*. Marere hospital has sufficient supplies for the treatment of 200 patients; **UNICEF** is supporting a local NGO for chlorination (2 drums of chlorine provided) and social mobilization.
- In epidemiological weeks 9 – 11 (28 February – 20 March 2009), the 35 EWARS reporting sites in **Lower Shabelle** reported a total of 356 cases of AWD and 25 related deaths (CFR 7.02%). 56.7% (202) of all cases and 40% (10) of deaths occurred in children <5 years. The overall AWD caseload of March shows a decrease of 43% compared to February 2009. However, of all AWD cases in Lower Shabelle, 117 (32.86%) were reported from Wanlaweyn district (see below for more details).



- A sudden increase of AWD cases since 18 February 2009 has been reported from **Yaqbariweine** village (Lower Shabelle). As of 29 March, a total of 346 cases and 30 related deaths (CFR 8.67%) were reported by ICU and community volunteers at the makeshift CTC. 69% (240) of all cases and 73% (22) of deaths occurred in the age group of 5 years and above. A **WHO** outbreak investigation team from Merka visited the area on 3 March. On this occasion, 10 stool samples were collected, of which 5 (all in patients above 5 years) tested positive for *Vibrio Cholerae*, serotype *Inaba*.
- In response to increasing numbers of AWD in **Wanlaweyn town** (Lower Shabelle) since 3 March, a CTC was opened on 6 March in the MCH supported by **Muslim Aid**. Between 6 and 29 March, 249 cases of AWD, with 8 associated deaths (CFR 3.21%), were reported from the CTC. 57.8% (144) of all cases and 50% (4) of deaths occurred in the age group of 5 years and above. Volunteering auxiliary nurses and CHWs are managing the severe AWD cases and assist in household water treatment as well as community awareness activities.
- Twenty stool samples were collected from various villages in **Wanlaweyn district** (Lower Shabelle) between 25 and 28 March and results are outstanding. **WHO** has provided emergency AWD case management supplies to Wanlaweyn MCH, including 300 litres of Ringer lactate; 1,000 sachets of ORS; 500,000 Aquatabs; scalp vein needles; adhesive tapes; erythromycin syrup; cotton wool; and gloves. Additional supplies, including 2 Cholera kits, have arrived in Merka for distribution. Further 800 litres of Ringer Lactate and 6,000 sachets of ORS were provided by **UNICEF** and **Muslim Aid**; and 5,000 sachets of ORS by **COSV**.
- Between 23 and 25 March, 29 cases of AWD, of which 58.6% (17) in children under the age of 5 years, and four related deaths (1 in the age group of <5 years) were reported from **Libaaxley** in Wanlaweyn district. All cases are managed in Wanlaweyn CTC.
- A sudden increase of AWD cases was reported from **Caddayga** village, situated 20km West of Wanlaweyne town (Lower Shabelle). Seven cases were reported on 13 March, and another five cases with two associated deaths on 14 March. 50% of all patients are aged >5 years and the two deaths (CFR 16.66%) occurred among patients of the same age group. No other cases were reported since then.
- Increasing numbers of AWD were also reported from neighbouring **Buurhakaba** (Bay). As of 23 March, 74 cases, including four deaths (CFR 5.40%) were reported from the MCH since 19 February. Two stool samples (from patients older than 5 years) were collected on 15 March, and both tested positive for *Vibrio Cholerae*, serotype *Inaba*. **World Vision** is providing case management. Sufficient supplies are in place.
- **Baidoa** (Bay): Four stool samples were collected between 21 and 22 March 2009 (all from children under the age of 5 years), and one of them tested positive for *Vibrio Cholerae*, serotype *Inaba*.
- Between 28 February and 26 March 2009, 203 cases of Acute Watery Diarrhoea, of which 86.7% (176) in children under the age of 5 years, were reported from Banadir hospital in **Mogadishu**.
- EWARS in **Puntland** is facilitated and coordinated by **Merlin** with support of **MoH** and **WHO**. 45 reporting sites (7 hospitals and 38 MCHs) contribute epidemiological data from Bari, Karkar, Nugal, Mudug, Sool and Sanaag. In January and February 2009, the following consultations were reported:



Patients treated for AWD in Buurhakaba MCH (Lower Shabelle) Photo: World Vision

AWD		bloody diarrhoea		Malaria		Measles		Meningitis	
<5	>5	<5	>5	<5	>5	<5	>5	<5	>5
746	349	132	120	62	76	45	14	6	0
1,095		252		138		59		6	

68% of AWD cases and two related deaths; 52% of bloody diarrhoea cases; 44% of Malaria cases; 76% of Measles cases; and all clinically diagnosed Meningitis cases with two related deaths (CFR 33.33%) were children under the age of 5 years. The caseload of Measles reached a peak in epidemiological week 7 (February 2009) related to a suspected outbreak in Tawakal IDP camp in **Galkayo** (Mudug). Response to the alert was organized by **WHO, MoH, UNICEF** and **local NGOs** with mass immunization and other necessary response activities under the lead and coordination of an intra-agency outbreak task force.

Water & Sanitation

- Water chlorination activities, with support of **UNICEF**, in **Lower Jubba** have been carried out this month by **Muslim Aid** in Kismaayo town and IDP camps; by **AFREC** in Afmadow and surrounding villages; and by the local NGO **Juba Shine** in Jamaame.
- World Water Day was held in Bu'aale district (Middle Jubba) on 22 March. **World Vision** had organized activities covering topics such as improvement of water quality and quantity in the Jubba regions; prevention of water borne diseases during floods; rationalization of water usage and consumption.

Vaccine Preventable Diseases (VPD)

- After training of vaccinators and distributors by **WHO** and **World Vision**, phase 1 of Child Health Days in Southern Somalia in collaboration with **UNICEF** were carried out between 21 and 29 March in **Bu'aale, Middle** and **Lower Jubba, Bakool, Gedo,** and **Bay** regions. Activities included immunization and de-worming of all children under 5 years of age; distribution of vitamin A tablets; awareness raising for use of ORS and health care services; and purification of water points in locations visited.
- On World TB Day, 24 March, **Merlin** opened a second TB center in **Puntland** which is located in Gardo, North of Garowe. World TB day was celebrated with several TB awareness activities, and TB Million March in several towns throughout Somalia.



Child Health Days in Jamaame Photo: WHO



TB Million March in Garowe (Nugaal) Photo: Merlin

Primary and Secondary Health Care

- In the first week of March, 47 patients were admitted to **Kismaayo** hospital (Lower Jubba) for emergency medical assistance. Consultations included respiratory infections (i.e. bronchitis, asthma, pneumonia); obstetric and gynecological cases; malaria; and injuries.
- **Muslim Aid** continues outreach activities for Schistosomiasis treatment in Koban, Warkooy, and Kamasuuma villages in **Jamaame** district (Lower Jubba).

Health Education & Public Awareness

- Health education activities addressing the prevention of AWD, personal and environmental hygiene, in **Lower** and **Middle Jubba** have been carried out by **AFREC** in Afmadow district and in Kismaayo and surrounding IDP camps by **Muslim Aid**.