



Table 1 – Disease alerts

ZONE Region District	Date of notification	Suspected disease	Date of onset	Date of rumor verification/ investigation	Date of response	Actions taken
SOUTH Bakool Huddur	3-Feb-13	Suspected measles	30-Jan-13	6-Feb-13	Pending	Area difficult to access to conduct vaccination activities.
SOUTH Lower Jubba Afmadow	15-Feb-13	Suspected cholera	12-Feb-13	15-Feb-13		Monitoring
SOUTH Lower Jubba Badhaade/ Kuda village	17-Feb-13	Suspected cholera	12-Feb-13	18-Feb-13	18-Feb-13	Set up of task force and case counts. A total 26 cases reported, including 1 adult, no deaths. Partners on the ground responding
CENTRAL Lower Shabelle Merka Mushani	18-Feb-13	Suspected cholera	Not reported	19-Feb-13	18-Feb-13	Partners are responding to the suspected cholera outbreak. A total of 52 cases were reported, including: 25 children <5 yrs and 12 deaths (6 of which children). Samples were collected, results are pending

### EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 6 and 7, 4 -17 February 2013)

During weeks 6 and 7, more than 31 000 consultations were reported by sentinel sites from three zones (Southern, Central and Puntland), including over 13 800 children under the age of five. Central Somalia accounted for 55% of the total consultations, Puntland and Southern Somalia accounted for 20% and 25% respectively. No cases were reported from Somaliland.

Malaria remains the main cause of morbidity. Despite observing a decrease in the number of malaria cases reported in week 7 compared to week 6, the proportional morbidity for confirmed malaria remained the same.

Table 2- Weekly aggregated data from sentinel sites in 4 zones of Somalia

Health event	Week 4 21 - 27 Jan 2013		Week 5 28 Jan – 3Feb 2013		Week 6 4 – 10 Feb 2013		Week 7 11 – 17 Feb 2013	
	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity	Total cases	*Proportional morbidity
Susp. Cholera	140	0.4	102	0.3	106	0.3	120	0.4
Susp. Shigellosis	85	0.2	109	0.3	25	0.07	11	0.04
Susp. Measles	138	0.4	119	0.3	76	0.2	65	0.2
Acute Flaccid Paralysis	0	0	1	0.003	0	0	0	0
Susp. Diphtheria	0	0	0	0	1	0.003	0	0
Susp. Whooping Cough	48	0.1	52	0.1	44	0.1	29	0.1
Confirmed Malaria	680	2	794	2.2	776	2.2	674	2.2
Susp. Neonatal Tetanus	5	0.01	3	0.008	6	0.02	3	0.01
All other consultations	33157		34575		34276		30395	
Total consultations	34253		35755		35310		31297	

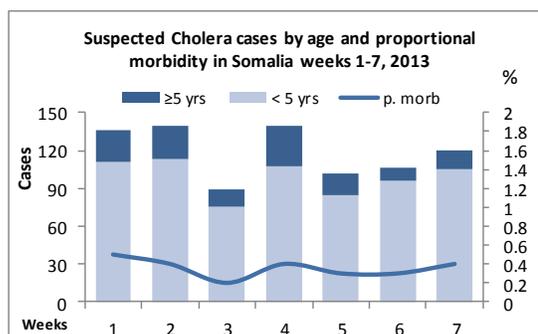
\*Proportional Morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week

### TIMELY REPORTING

In week 6, all the 45 health sentinel sites in Puntland and the 54 sentinel sites in Somaliland reported timely to the Communicable Disease Surveillance and Response (CSR) network. Timely reporting was also registered from 98% (60 out of the 61) of the sentinel sites in Central Somalia and 86% (31 out of the 36) of those in Southern Somalia. During week 7, all the 45 facilities in Puntland and 89% (32 of 36) of the sites in Southern Somalia reported timely. In Central Somalia, 95% (58 of 61) of the sentinel sites reported on time, while Somaliland could not submit data in a timely manner.

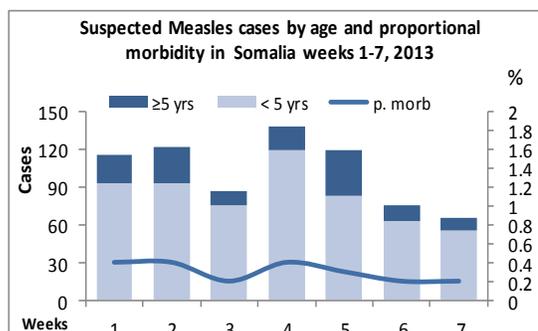
## SUSPECTED CHOLERA

Central Somalia accounted for 100% (106) and 98% (117) of all the suspected cholera cases reported in weeks 6 and 7 respectively. During week 7, a 13% increase was observed compared to week 6. All the suspected cases were registered in Banadir hospital, Mogadishu. About 80% of the reported cases were children under the age of 2. It is important to highlight that children below 2 years do not meet the recommended case definition for suspected cholera<sup>1</sup>. Activities are ongoing to improve health worker's adherence to the recommended case definitions for health events under surveillance. Prepositioning initial treatment kits within selected health facilities/ partners is also ongoing, as dehydration in young children is treated in the same way as cholera regardless of etiology.



## SUSPECTED MEASLES

A steady decrease in the number of reported cases of suspected measles was observed during weeks 6 and 7, compared to week 5. Southern and Central zones, where a majority of the children did not have access to vaccinations, still account for over 98% (64) of all cases. WHO, UNICEF, health authorities and partners are undertaking vaccination activities in accessible areas.

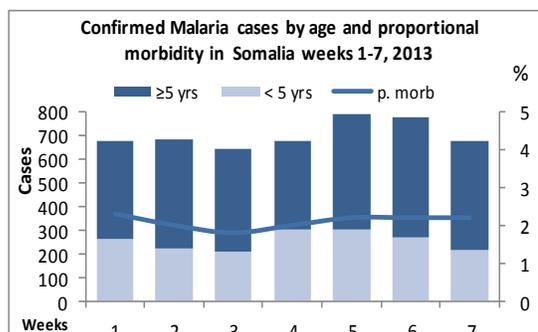


## CONFIRMED MALARIA

Confirmed malaria remained the leading cause of morbidity during weeks 6 and 7.

In week 7, a 13% decrease in reported cases was observed, with a total of 674 cases compared to 776 cases in week 6.

Central zone reported 42% (283) of all cases, of which 74% (210) from Banadir region alone. Southern zone accounted for 35% (233) of the reported cases, 86% of which (201) from Bay and Lower Jubba regions. Puntland accounted for 23% (158) of the cases, 99% of which were reported from Bari region. Active Case Finding for malaria is ongoing in Bari, following the declaration of a malaria outbreak in December 2012.



Between 1 January and 17 February 2013, out of 2367 total malaria cases, seven associated adult deaths were registered in Bosaaso (Case Fatality Rate: 0.3%).

The Quality Control team confirmed through Microscopic examination of 2460 samples that *Plasmodium falciparum* (*Pf*) accounted for 40% (1014) of the infections, while the remaining 60% (1446) were mixed infections of *Pf* and *Plasmodium vivax*. Beside the excellent case management by public and private health facilities, other response activities are ongoing, including: social mobilization, Indoor Residual Spraying and Active Case Detection (ACD) by 12 mobile teams.

**Corrigendum:** In the previous bulletin the sentence “Mixed *Plasmodium falciparum* and *Ovale* infections account for...” should read as follows: “Mixed *Plasmodium Falciparum* and *Vivax* infections account for...”

<sup>1</sup> Suspected Cholera (case definition): Person aged 5 years or more with severe dehydration OR death from 3 more acute watery diarrhea per day (24 hours), with or without vomiting – or – Child aged 2-4 years with severe dehydration OR death from acute watery diarrhea, with or without vomiting.

## OTHER HEALTH EVENTS

In weeks 6 and 7, 25 and 11 cases respectively of **suspected shigellosis** were reported, with a corresponding decrease in proportional morbidity. This represents a 90% reduction in the number of cases in week 7 compared to week 5, and a 56% reduction compared to week 6. The reported cases, all from Southern zone, are treated as wrong classification, pending ongoing verification. These measures were taken due to observed laxity in health worker's adherence to the recommended cases definitions for various health events. Adherence to the recommended case definition for shigellosis<sup>2</sup> will remain a challenge in Southern and Central Somalia, as health facility visits are not possible in some locations.

Like other vaccine preventable illnesses, **suspected whooping cough** control continues to remain a challenge. In the reporting weeks, 29 and 8 cases were reported from two zones. 72% (21) and 28% (8) were reported from Southern and Central zones respectively.

Three cases of **suspected neonatal tetanus** have been reported in Central Somalia. Verification mechanisms are being put in place to confirm tetanus cases. Tracking these patients has remained a major challenge. Prevention needs to be strengthened through vaccination activities among pregnant women and improved access to skilled birth attendants.

In week 7, a case of circulating **Vaccine-Derived Poliovirus** type 2 (cVDPV2) was confirmed, with onset of paralysis on 9 January 2013. Response to the cVDPV2 outbreak in south-central Somalia is ongoing. cVDPV has been circulating in south-central Somalia since 2011. In 2012, it spread across the border to Kenya, causing three cases in Dadaab. It is estimated that only 35% of the children below 5 years in South Central Somalia were vaccinated in the last three years, as Banadir and Galgadud were the only regions accessible. With increased security, since November 2012, WHO, UNICEF and partners managed to conduct vaccination campaigns in 14 districts of South and Central Somalia that were previously not accessible, reaching 383,000 children. Newly accessible district include: Afgooye, Afmadow, Badade, Balad, Kismayo, Baidoa, Beletweyn, Berdale, Elberde, Huddur, Jowhar, Qansahdera, Rabdurr and Warsheik.

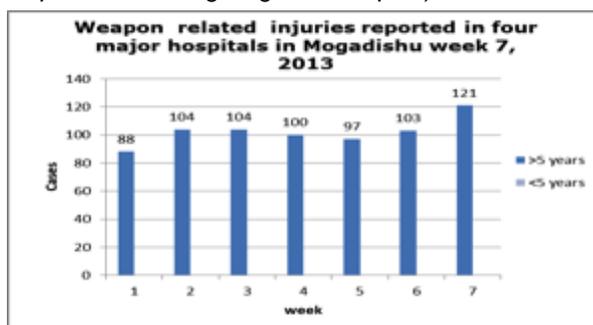
## CONFLICT-RELATED INJURIES

(Source: Four hospitals in Mogadishu, Kismayo General Hospital and Mudug Regional Hospital)

In week 6 and 7, 224 weapon related casualties were treated in four hospitals in **Mogadishu**.

Between 31 December 2012 and 17 February 2013, a total of 717 casualties from weapon-related injuries were treated in the four hospitals and three related deaths above five years were registered. A 15.5% increase in casualties was observed in week 7, following incidences of explosions reported in Mogadishu on 14 February.

In week 6 and 7 alone, 41 casualties from weapon-related injuries were reported at **Kismayo** General Hospital, including one case under the age of five. On 8 February, twin explosions occurred in the streets of Kismayo. Five people were reported wounded, and later admitted at the Kismayo General Hospital for treatment. From 31 December 2012 to 17 February 2013, 123 casualties from weapon-related injuries were treated at the hospital, including nine cases under the age of 5



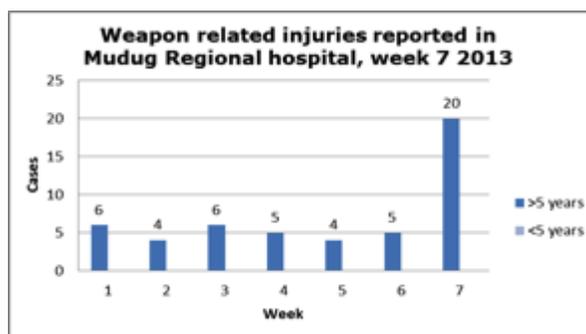
A woman is attended to by WHO doctor at the hospitals operating theatre

<sup>2</sup> Visible blood Person with 3 or more loose stools (diarrhea) per day (24 hours) with visible blood OR any person in whom a clinician suspects shigellosis (NOT just bloody diarrhea)

(see graph below). Eight related-deaths above the age of 5 were registered.

In week 6 and 7, 25 weapon-related casualties were treated at **Mudug Regional Hospital**. Between 31 December 2012 and 17 February 2013, a total of 50 casualties from weapon-related injuries were treated at the hospital. Six-related deaths above 5 years were registered.

An increase in casualties was observed following a suicide bomb attack in Galkaayo town on 11 February, where 27 people were reported injured. Fourteen of the injured persons were admitted at Mudug Regional Hospital. Among them, two women were seriously injured and were taken to the operation theatre. The other 13 cases were referred to Galkaayo Medical Centre, a private clinic. WHO doctors assisted in the operating theater and provided medical care to patients.



## HEALTH ACTIVITIES

### Immunization campaigns

In January 2013, Polio immunization campaigns were conducted in 14 districts, mostly newly accessible ones in the regions of Central and South Somalia. The campaigns targeted 163 718 children under the age of 5. More than 134 000 children were vaccinated.

In addition, a vaccination site was set up in Dhobley on the Kenya-Somali border, to target returnees from the Daadab camp. In January alone, a total of 2207 children were vaccinated including 467 (21%) who were vaccinated for the first time with polio dose.

### Capacity building

WHO is training 15 medical students and nurses in anesthesia and emergency medicine. The training, held from 12 January to 2 April 2013, is conducted in collaboration with Mudug Regional Hospital in Galkaayo North. Another 40 participants are undertaking a training course in emergency care. This course includes various aspects of first aid, basic life support and management of emergency cases. A similar training was conducted for six qualified nurses in Hargeisa. Plans are made to provide the training in Mogadishu.



WHO trainer guides a trainee doing cardio-pulmonary resuscitation

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Previous issues can be found on the following link:  
<http://www.emro.who.int/som/weekly-updates/>

Health partners' activity data can be found on the Health Cluster website on:  
<http://healthsomalia.org/documents.php>