### HIGHLIGHTS

- A total of 40 new cases of Cholera were reported in week 13 from Banadir CTC
- No death was reported in week 13
- No cases of AWD/Cholera were reported from weeks 1 to 7 due to closure of CTCs
- A cumulative total of 7,005 cases including 46 deaths were reported from December 2017 to 31 March 2019 in 5 regions
- Only Banadir region has active cases of cholera to date
- Due to limited funding, response activities are constrained

### KEY FIGURES

- 40 new cases with no death
- 58% of the new cases were female
- 45% of the cases were ≤5 years
- All Cases reported in week 13 had never received cholera vaccine
- A total of 16 districts in Banadir region have reported cholera cases from February 31 March 2019
- 7,005 cumulative cases including 46 deaths from December 2017 till 31 Mar 2019 (CFR 0.7%)

### AWD/Cholera situation in Somalia

The current cholera outbreak started in December 2017 following floods that affected the districts in the basins of rivers Shabelle and Jubba. As of week, 13, the outbreak has been contained in 4 regions with only Banadir reporting active transmission. Since the beginning of the outbreak a total of 7,005 including 46 deaths (CFR 0.7%). However; the drought affecting many parts of the country has led to limited access to safe water and food insecurity and this is expected to lead to increased spread of cholera cases to other regions.

![AWD cholera trends in Somalia 2018/19](image)

**NB:** Cholera Treatment Centre in Banadir hospital was closed between week 1-7 /2019
The cholera outbreak has been contained in districts of Jubaland, Hirshabelle and South West States (Table 1) following implementation of Oral Cholera Vaccination (OCV) in these areas as well as other control interventions. However, active transmission is still reported in 10 districts of Banadir region (Darkenly, Daynile, Hodan, Madina, Hamarjabjab, Hawlwadag, Kaaran, Shibis, Waberi and Yaqshid—Fig 1). As shown in Table 1, the cases reported in week 13 were 40 in Banadir region which has a high concentration of people living in Internally Displaced Persons (IDP) camps where access to safe water and proper sanitation is limited. Data is not available from weeks 1 to 7 of 2019 due to closure of CTCs. As a result of poor Dyer rains that were reported in October in all regions, drought is expected to affect most parts of the country in 2019 is high\(^1\). Severe drought has led to drying up of water sources in SouthWest, Puntland and Somaliland. Over 1.5 million people have been classified under IPC3 by the health cluster with over 15\% of children below 5 years at risk of malnutrition. Limited access to safe water coupled with Severe Malnutrition among children is likely to lead to an increase to the spread of cholera to new locations.

\begin{table}
\centering
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline
\textbf{State} & \multicolumn{3}{c|}{week 12/2019} & \multicolumn{3}{c|}{week 13/2019} & \multicolumn{3}{c|}{Cumulative Week 1-52/2018-week 13/2019} \\
\hline
\hline
Banadir & 32 & 0 & 0 & 40 & 0 & 0 & 3,258 & 24 & 0.7 \\
\hline
Lower Jubba & 0 & 0 & 0 & 0 & 0 & 0 & 2,330 & 15 & 0.6 \\
\hline
Lower Shabelle & 0 & 0 & 0 & 0 & 0 & 0 & 294 & 4 & 1.4 \\
\hline
Middle Shabelle & 0 & 0 & 0 & 0 & 0 & 0 & 558 & 2 & 0.4 \\
\hline
Hiraan & 0 & 0 & 0 & 0 & 0 & 0 & 565 & 1 & 0.2 \\
\hline
Total & 32 & 0 & 0 & 40 & 0 & 0 & 7,005 & 46 & 0.7 \\
\hline
\end{tabular}
\caption{AWD/Cholera cases per region}
\end{table}

NB. Deaths are included among cases. Banadir is not classified as a state.

\(^1\) Humanitarian bulletin for Somalia | March 2019
**AWD/Cholera situation in Banadir region**

As of Epi week 13, only Banadir region was still reporting suspected cholera cases. A total of 40 suspected cases and no death were reported from 10 of the 17 districts of Banadir region. Hodan and Deynile districts were the most affected. Of the 40 cases reported during week 13, 18 (45%) of them were children below 5 years. The protracted cholera outbreak in Banadir is attributed to high concentration of IDPs where access to safe water and sanitation is limited. All the 40 cases reported did not receive OCV in 2018/19 campaigns.

![Fig 2a: AWD/Cholera trends in Banadir region 2018-2019](image)

**Laboratory activities**

Of the 103 stool samples so far collected since the beginning of 2019, nine (9) tested positive for V. cholerae (Table 3). Of the 9 stool samples tested in the National Public Health Laboratory in Mogadishu in week 12, Vibrio Cholera, serotype 01 Ogawa was isolated from 2 samples.

<table>
<thead>
<tr>
<th>Region</th>
<th>Culture Positive samples</th>
<th>Culture negative</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banadir</td>
<td>9</td>
<td>94</td>
<td>103</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>94</td>
<td>103</td>
</tr>
</tbody>
</table>

**Table 2. Stool culture results from cholera affected regions**
Distribution of AWD/Cholera cases in different districts

As shown in table 4 below, 16% of the cholera cases reported from Banadir are from Hodan district, Madina and Daynile district. These most affected districts have high concentration of IDPs.

<table>
<thead>
<tr>
<th>Region</th>
<th>District</th>
<th>Week 13-2019</th>
<th>Cumulative Week 1/2018 – Week 13/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cases &lt;2 yrs</td>
<td>Cases 2-5 yrs</td>
</tr>
<tr>
<td>Banadir</td>
<td>Darkenley</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Daynile</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>HamarJabja</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Hawlwadag</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Hodan</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Bondere</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Karaan</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Kahda</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Madina</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Waberi</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Shibis</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Shingani</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Abdilaziz</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>HamarWeine</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Heliwaa</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Warta nabada</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Yaqshid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total: others</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>16</td>
<td>2</td>
</tr>
</tbody>
</table>

**Response activities implemented during the week**

**Coordination and Leadership**
- Weekly coordination and monitoring meeting was conducted by the emergency team of MoH, WASH team and staff of Banadir CTC to identify the gaps in response activities
- Daily monitoring of AWD/Cholera cases in all Somalia continued during the week

**Case management**
- All the 40 new cases were managed in Banadir CTC located in Banadir hospital

**Surveillance and Laboratory Investigations**
- Routine line listing of cases and data analysis was done to identify most affected districts and vulnerable populations which will inform intervention measures
- Monitoring of alerts was done through the Early Warning Alerts and Response Network (EWARN)

**Gaps in response**
- Limited medical supplies to manage confirmed cases using standard guidelines
- A funding gap of USD 1 million is required to support preparedness and response activities in all cholera high risk districts

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