Situation report for acute watery diarrhea/ cholera

Epidemiological week 9 (27 February – 5 March 2017)

Highlights

- There is a sharp increase in the number of AWD/cholera cases, according to surveillance reports, mostly from inaccessible districts and village.
- A total of 1839 AWD/cholera cases and 48 deaths (CFR–2.6%) were reported during week 9 from 45 districts in 11 regions. The most affected districts include Baidoa, G. Burey in Bay region, Burdhuhunle in Bakol region, Wanlaweyne in Lower Shebelle region and Garowe in Nugal region.
- A 2-day Training-of-Trainers workshop on oral cholera vaccination (OCV) implementation and monitoring was held in Mogadishu for 42 participants from Banadir, Hiran and Lower Juba regions. Each regional team is expected to cascade training among districts vaccination teams in preparation for the OCV campaign.

Cumulative key information

as of 26 February 2017

- 1839 new cases reported in week 9
- 48 deaths reported in week 9
- 9573 cumulative cases between weeks 1-9
- 228 cumulative deaths (CFR–2.4%)
- 45 districts reported AWD cases in the south central region and Puntland

Situation update

- A total of 9573 suspected AWD/cholera cases and 228 deaths (CFR–2.4%) have been recorded from 45 districts across 11 regions since the beginning of the year. However, the trend of cholera cases recorded in the last 8 weeks has increased significantly compared to cases reported during the same period in 2016 (refer to epidemic curve graph on page 3).
- It is important to note that the current cholera cases are a spill-over from last year’s major cholera outbreak, which recorded 15 619 cases and 548 deaths. Last year’s outbreak was one of the largest and longest in which the country has experienced in the last five years.
- **Bay Region**: a total of 694 cholera cases and 14 deaths were recorded in Baidao General Hospital and Burhakaba, Aliyow Mumim, Labaatanjirow, Qansahdhera and Awdinle Waney, Gofgradud, Shabelle, Goofgradud Burey, Bayhaw Hospital, HabalBarbaar Nebsoy districts during week 9.
- **Banadir Region**: a total of 198 cholera cases and 5 deaths were recorded across 17 districts in Banadir, and there is an increase in the number of cases and deaths in the past two weeks.
- **Hiiran Region**: The outbreak in Hiraan region has been controlled and the cholera treatment center in Beletweyne has been closed.
• **Lower Shebelle Region**: A total of 250 AWD/cholera cases and 5 deaths were recorded in the region. More than half of the cases were reported in Wanlaweyne district. The number of cases in Lower Shebelle region has increased over the past two weeks.

• **Middle Shebelle**: A total of 68 cholera cases and 2 deaths were recorded in the region. Most of the cases were reported from Jowhar town. A reduction in the number of cases has been observed in the past two weeks.

• **Lower Jubba**: A total of 74 cases with no deaths were reported from Kismayo in week 9. Most of the cases are reported from Farjano and Fanole section of the town.

• **Bakol Region**: A total of 235 and 17 deaths were reported from Wajid and Burdhunle districts, which are not accessible due to insecurity. The high case-fatality rate is attributed to limited access for proper case management among the affected population.

• **Gedo region**. A total of 131 cases and 3 deaths were reported from Garbaharey district. The trend of AWD cases has increased in the last two weeks, while the outbreak has spread to Luuq district.

• **Nugal**. A total of 170 cases and 1 death were reported in Garowe district. There has been a reduction of the number of cases in Garowe in the past two weeks due to improved sanitation campaigns by the local authorities.

• **Bari**. A total of 19 cases and 1 death were reported from Bosasso district this week.

• **Mudug**. No AWD/Cholera case has been reported in all districts in Mudug region, and the number of AWD/cholera cases has reduced in the last two weeks.

• Available surveillance data, there is strong evidence that the AWD/cholera outbreak is spreading to new villages and districts in Gedo and Bakool regions, and some districts are reporting increased number of cases and deaths.

• Somalia continues to experience severe draught in most part of the country resulting water shortage, food insecurity, malnutrition and disease outbreaks.

• The AWD/cholera outbreak in Hiran was controlled and no reported case this week. However, active transmission of cholera still exists in Bay, Bakool, Gedo and Lower Shebelle. The most affected districts in Bakool, Bay and Gedo are controlled by Al-Shabaab, and access by the humanitarian actors is limited.

### Table 1: Acute Water Diarrhea/cholera summary by region, Somalia

<table>
<thead>
<tr>
<th>Region</th>
<th>Week 8 (20th - 26th Feb)</th>
<th>Week 9 (27th Feb - 5th March)</th>
<th>Cumulative (Week 1-9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Live</td>
<td>Dead</td>
<td>CFR (%)</td>
</tr>
<tr>
<td>Bakool</td>
<td>167</td>
<td>18</td>
<td>10.8</td>
</tr>
<tr>
<td>Banadir</td>
<td>191</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Bari</td>
<td>18</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Bay</td>
<td>429</td>
<td>9</td>
<td>2.1</td>
</tr>
<tr>
<td>Gedo</td>
<td>39</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Hiran</td>
<td>8</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Lower Jubba</td>
<td>52</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Lower Shebelle</td>
<td>80</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Middle Shebelle</td>
<td>76</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Mudug</td>
<td>4</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Nugal</td>
<td>288</td>
<td>7</td>
<td>2.4</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1,352</td>
<td>38</td>
<td>2.8</td>
</tr>
</tbody>
</table>
Response activities

Coordination
- The drought response center has been established in Mogadishu to coordinate the response activities for AWD/Cholera and drought in the whole country.
- Health and WASH cluster partners are holding daily meetings in affected regions to control further spread in the affected districts.
- Mapping of NGOs with capacity to manage cases in inaccessible areas has been conducted and are being supported by partners.
- Ministry of Health (MoH) has been supported to deploy mobile rapid response teams and health volunteers to manage the increasing number of cases.

Surveillance and laboratory
- Technical team led by the MoH Director of Public Health has visited the affected villages to investigate the rise of AWD/cholera cases in the Garowe and surrounding areas.
- Early warning surveillance has been scaled up in all high-risk districts across Puntland.

Case management and infection control
- Cholera treatment units have been established in G. Shabellow, Wanay, Habalbarbar, Labaatan Jirow, and Awdinile in Bay region to manage the increasing number of cases.
- AWD/ cholera cases in Garowe are being managed in the cholera treatment center that has been established in Garowe.

Fig 1. AWD/Cholera cases in Somalia March 2016-March 2017

Cases
CFR (%)

Number of AWD/Cholera cases
weeks/months

Drought begins
Floods begins

Cases
CFR (%)

Mar-16 Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar
Health volunteers have been deployed in Bay region in G. Burey and Awdinile to manage the increasing number of cases. These have received training from the national trainers who were trained by WHO.

**WASH and social mobilization**
- Hygienic kits have been distributed to inaccessible areas through community health volunteers and different NGOs.
- State and Regional government authorities were involved in the prevention of AWD/ cholera and provide full support to community social mobilization and hygiene promotion.
- Health supplies for AWD/ cholera emergency response have been distributed to 5 districts and over 10 villages in Bay region, Bakool, Gedo and Lower Shebelle.

**Urgent needs**
- Shortage of funds is hampering the implementation of response activities to contain the ongoing cholera outbreak in Somalia, and it is important to raise funds to sustain the cholera response.
- Additional medical and non-medical supplies need to be prepositioned in high-risk districts.
- Deploying surge teams to boost the management of AWD/ cholera cases in Bay, Gedo and Bakol regions.
- Engagement of the local health authorities and clan heads is necessary for the provision of basic health care to affected communities in inaccessible areas.

**Contact details**
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