



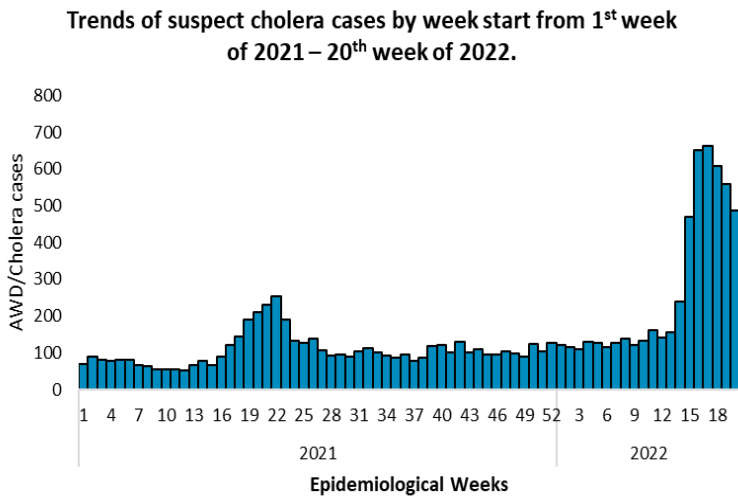
**New cases for EPI - Week 20**

- 487 new cholera cases reported from 20 districts
- 241 severe cases
- 1 death reported in reporting week
- 20 stool samples tested, 4 of them were confirmed *Vibrio cholerae* 01 Ogawa by culture.

**Cumulative cases (Since 1<sup>st</sup> – 20<sup>th</sup> weeks in 2022)**

- 5373 cumulative cases (52.04% children below 2 years)
- 17 cumulative deaths (CFR 0.32%)
- 1463 severe cases (48.19% children below 2 years)
- 83 total confirmed *V. Cholerae* 01 Ogawa by culture
- 23 total districts affected

**Fig 1. Overall epidemiological curve for the whole country**



**Table 1 showing distribution of cases by state**

State	Cases (week 19)	Deaths-week 19 (CFR%)	Cases (week 20)	Deaths (week 20) (CFR%)	Cumulative cases (week 1-20)	Cumulative deaths (CFR%)
Banadir	219	2 (0.9)	288	1 (0.3)	2490	12 (0.5)
Southwest	271	0 (0.0)	160	0 (0.0)	2315	2 (0.1)
Hirshabelle	69	1 (1.4)	39	0 (0.0)	568	3 (0.5)
<b>Total</b>	<b>559</b>	<b>3 (0.5)</b>	<b>487</b>	<b>1 (0.2)</b>	<b>5373</b>	<b>17 (0.3)</b>

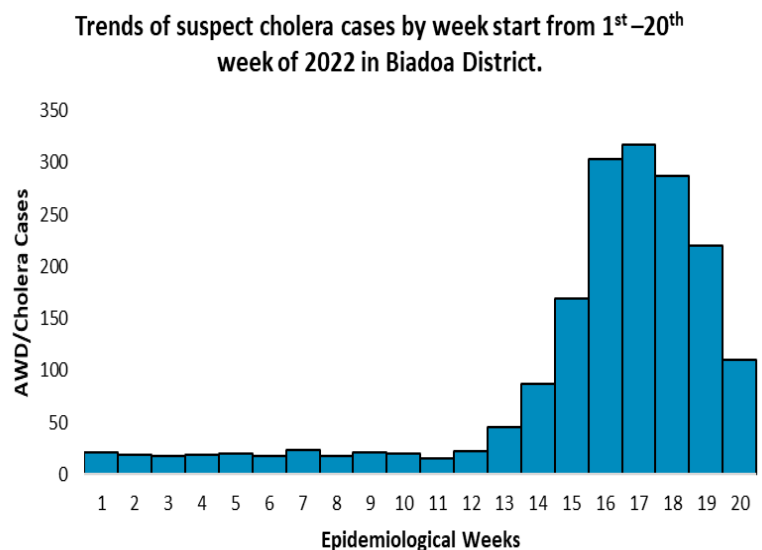
**Laboratory testing**

- Since epidemiological week 1/2022, 538 cases have been tested positive in the National Public Health laboratory in Mogadishu of which 83 were positive for *Vibrio cholerae*, Ogawa 01.
- During epidemiological week 20, of the 20 stool samples tested, 4 were positive for *Vibrio cholerae*, Ogawa 01 (table 2). The stool samples that were tested positive during week 20 were collected from Banadir Region.

**Table 2. Laboratory results for AWD/Cholera cases**

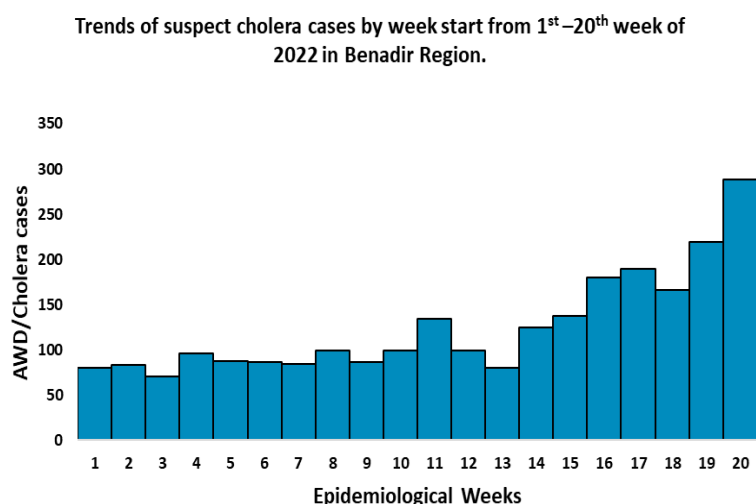
Laboratory results	Number of tested conducted in Week 20	Cumulative tests conducted (Week 1-20/2022)
Positive	4	83
Negative	16	455
<b>Total</b>	<b>20</b>	<b>538</b>

**Fig2: Epi-Curves for AWD/cholera outbreak in Baidoa, Southwest state**

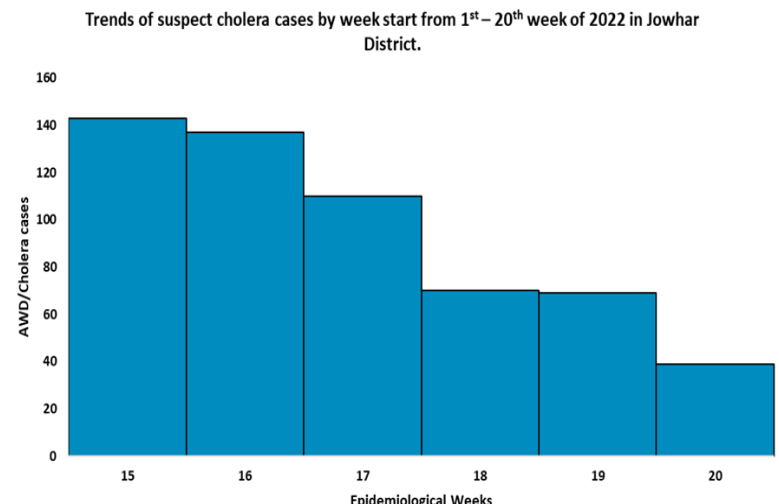


*Note. Total number of cases reported subject to change after verification by the surveillance team*

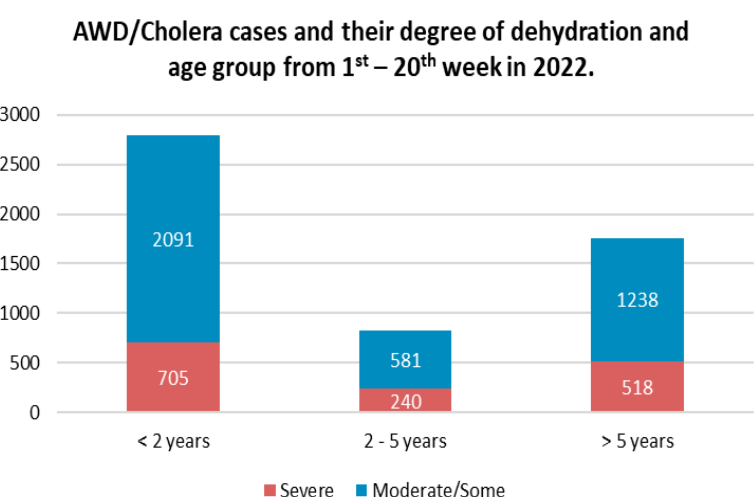
**Fig 3. Epi curve for AWD/Cholera outbreak in Banadir region**



**Fig4: Epi curve for AWD/cholera in Jowhar; Hirshabelle state**



**Fig 5 . Bar chart showing number cases by classification in all districts**



**Completed activities**

Pillar	Completed activity
Coordination	<ul style="list-style-type: none"> <li>Coordination meetings convened in Southwest state and Banadir Region</li> <li>Plan for implementation of re-active oral cholera vaccination campaign in 9 districts has been completed</li> </ul>
Case management	<ul style="list-style-type: none"> <li>Health cluster has prepositioned essential cholera kits in Baidoa and Marka CTCs. The supplies are adequate to manage 1007 severe cases and 3321 moderate cases</li> </ul>
Surveillance and alert verification	<ul style="list-style-type: none"> <li>AWD signals reported by community health workers are investigated and validated by district based rapid response teams</li> <li>Stool samples are routinely collected and sent to the laboratory for culture and sensitivity studies</li> </ul>
Water Sanitation and Hygiene	<ul style="list-style-type: none"> <li>Hygienic kits have been prepositioned in districts currently reporting cases</li> <li>Ministry of Water has built capacity of 15 health workers to chlorinate water sources in Baidoa</li> <li>838 shallow wells have been chlorinated in Baidoa</li> </ul>
Risk communication and community sensitization	<ul style="list-style-type: none"> <li>Health cluster partners and state-based Ministry of Health have conducted health sensitization sessions targeting people living in IDPs</li> </ul>

**Response gaps**

Pillar	Gaps /urgent needs
Coordination and leadership	<ul style="list-style-type: none"> <li>Strengthen coordination at national and state level, identify gaps and develop state-based implementation plans</li> </ul>
Case management and Oral cholera vaccination	<ul style="list-style-type: none"> <li>Operation support for the active CTCs</li> <li>Establish ORPs in IDPs and ORTs in health facilities in drought affected districts</li> <li>Re-active OCV planned in 9 high risk districts</li> </ul>
Surveillance and alert verification	<ul style="list-style-type: none"> <li>Scale up deployment of district based rapid response teams to investigate alerts and initiate response to true alerts</li> <li>Increase analysis of stool samples using RDTs and bacteriology were available</li> </ul>
WASH and IPC	<ul style="list-style-type: none"> <li>Distribution of hygienic kits</li> <li>Chlorination of water sources</li> <li>Infection prevention and control implementation in treatment facilities</li> </ul>
Risk communication and community sensitization	<ul style="list-style-type: none"> <li>Need to scale up risk communication in Baidoa, afgoi and Jowhar targeting IDPs</li> </ul>
Essential medical supplies	<ul style="list-style-type: none"> <li>MOH to conduct mapping of available cholera kits among partners and advise on distribution plan to avoid over stocking</li> </ul>

**Standard case definitions used for AWD surveillance**

- **Acute watery diarrhoea (AWD) case definitions used in Somalia**
- Acute watery diarrhoeal is an illness characterized by 3 or more loose or watery (non-bloody) stools within a 24-hour period.
- **Suspected cholera case.** Any patient aged 2 years and older presenting with acute watery diarrhoea and severe dehydration or dying from acute watery diarrhoea.
- **Confirmed cholera case.** A suspected case with *Vibrio cholerae* O1 or O139 confirmed by culture or PCR

*Note. Total number of cases reported subject to change after verification by the surveillance*

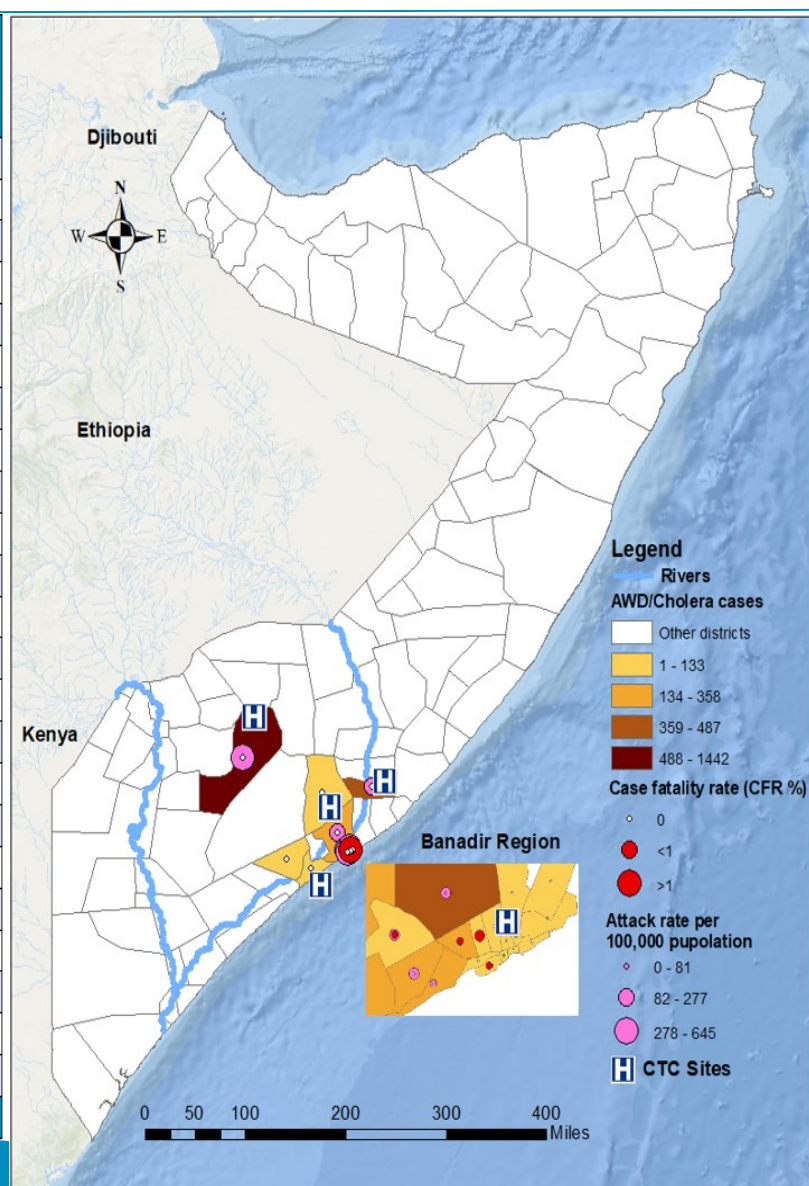
## AWD/Cholera outbreak drought affected districts

- The current cholera outbreak in Somalia is a result of increasing number of people who have no access to safe water and proper sanitation due to drought. According to UN OCHA in Somalia, 6.1M people have been affected by drought while 771,400 people have been displaced in their homes in search of water and food. The cholera situation is further driven by high cases of malnutrition especially among children below 5 years. The current outbreak is a protracted one since 2017 where uninterrupted transmission has been reported especially in Banadir for the past 5 years (figures 1, 2, 3 and 4)
- Since epidemiological week 1/2022, 5,373 cases of cholera and 17 deaths (CFR 0.32%) have been reported from 23 of the 74 drought affected districts. Of the 5,373 cases 52.04% are children below 2 years (fig 4); 2,632 (48.99%) are women and 1,463 (27.23%) are severe cases (fig 5). All reported cases did not receive Oral Cholera Vaccine that was administered in cholera risk districts in 2017, 2018 and 2019.
- The number of cases reported have decrease by 72 (13%) in the past two weeks (table 1). Since January 2022, the districts reporting the highest number of cases include Baidoa (1,772), Daynile (630), Jowhar (574) and Afgoi (429) (table 5).

**Table 5. showing cumulative number of cases, deaths, and attack rates by district**

State/Region*	District	Cumulative Cases	Cumulative deaths (CFR%)	Population at risk	Attack rate/100,000 people
Banadir*	Abdul Aziz	16	0.0	51,040	31
	Bondere	23	0.0	140,872	16
	Daynile	630	0.3	75,499	834
	Dharkeynley	339	0.3	62,968	538
	Hamar Jajab	72	1.4	83,706	86
	Hamar Weyne	12	0.0	99,783	12
	Hawl Wadag	79	2.5	90,118	88
	Heliwa	32	0.0	100,038	32
	Hodan	373	0.5	164,941	226
	Kahda	151	0.7	31,455	480
	Karan	39	0.0	283,781	14
	Shibis	12	8.3	183,743	7
	Shingani	3	0.0	56,143	5
	Waberi	69	0.0	117,189	59
	Wadajir	417	0.5	115,451	361
	Warta Nabada	59	0.0	123,536	48
Yaqshid	88	0.0	296,031	30	
Southwest	Baidoa	1772	0.0	385,120	460
	Afgoye	429	0.5	228,291	188
	Merka	174	0.0	326,240	53
	Qoryoley	1	0.0	226,927	0
Wanle-weyn	9	0.0	263,176	3	
Hirshabele	Jowhar	574	0.5	368,661	156
<b>Total</b>		<b>5373</b>	<b>0.3</b>	<b>3,874,708</b>	<b>139</b>

**Fig1. Map showing distribution of cases and deaths in drought affected districts**



For more information, contact the following.