Federal Republic of Somalia

Ministry of Health & Human Services

AWD/CHOLERA WEEKLY EPIDEMIOLOGICAL REPORT

EPI WEEK 19 (9th to 15th May) 2022

New cases for EPI - Week 19

- 559 new cholera cases reported from 20 districts
- 198 severe cases
- 3 deaths reported in reporting week
- 41 stool samples tested, 6 of them were confirmed *Vibrio cholerae* 01 Ogawa by culture

Cumulative cases (Since 1st – 19th weeks in 2022)

- 4886 cumulative cases (50.90% children below 2 years)
- 16 cumulative deaths (CFR 0.33%)
- 1222 severe cases (45.66% children below 2 years
- 79 total confirmed V. Cholerae 01 Ogawa by culture
- 23 total districts affected

Fig 1. Overall epidemiological curve for the whole country

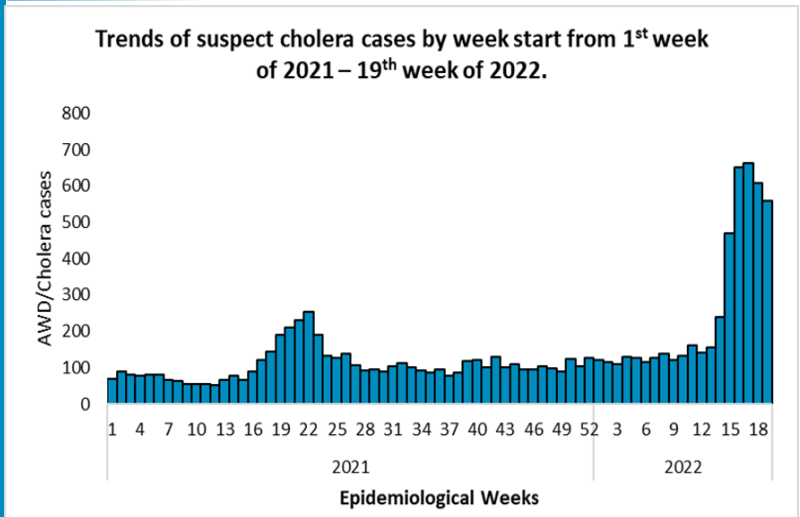


Table 1 showing distribution of cases by state

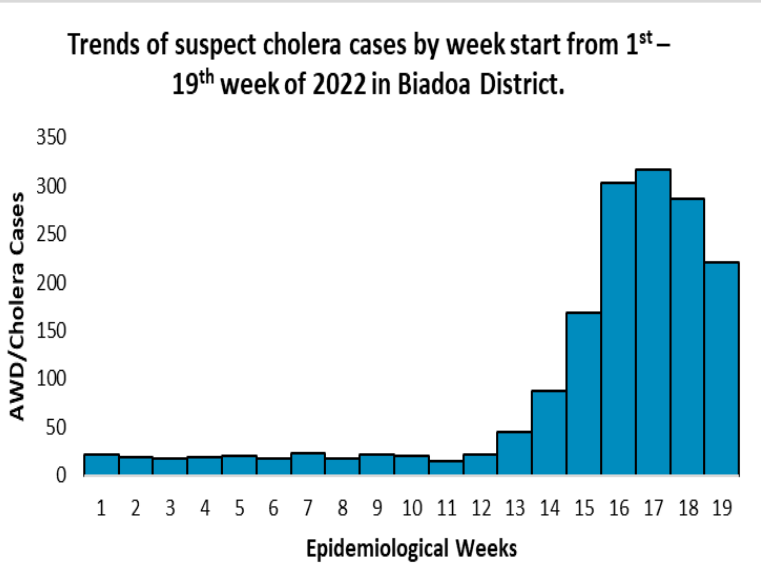
State	Cases (week 18)	Deaths-week 18 (CFR%)	Cases (week 19)	Deaths (week 19) (CFR%)	Cumulative cases (Week 1-19)	Cumulative deaths (CFR%)
Banadir	166	2 (1.2)	219	2 (0.9)	2202	11 (0.5)
Southwest	372	0 (0.0)	271	0 (0.0)	2155	2 (0.1)
Hirshabelle	70	1 (1.4)	69	1 (1.4)	529	3 (0.6)
Total	608	3 (0.5)	559	3 (0.5)	4886	16 (0.3)

Laboratory testing

- Since epidemiological week 1/2022, 518 cases have been tested positive in the National Public Health laboratory in Mogadishu of which 79 were positive for Vibrio cholerae, Ogawa 01.
- During epidemiological week 19, of the 41 stool samples tested, 6 were positive for Vibrio cholerae, Ogawa 01(table 2). The stool samples that were tested positive during week 19 were collected from Banadir region and Southwest state.

Table 2. Laboratory results for AWD/Cholera cases		
Laboratory results	Number of tested conducted in Week 19	Cumulative tests conducted (Week 1-19/2022)
Positive	6	79
Negative	35	439
Total	41	518

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

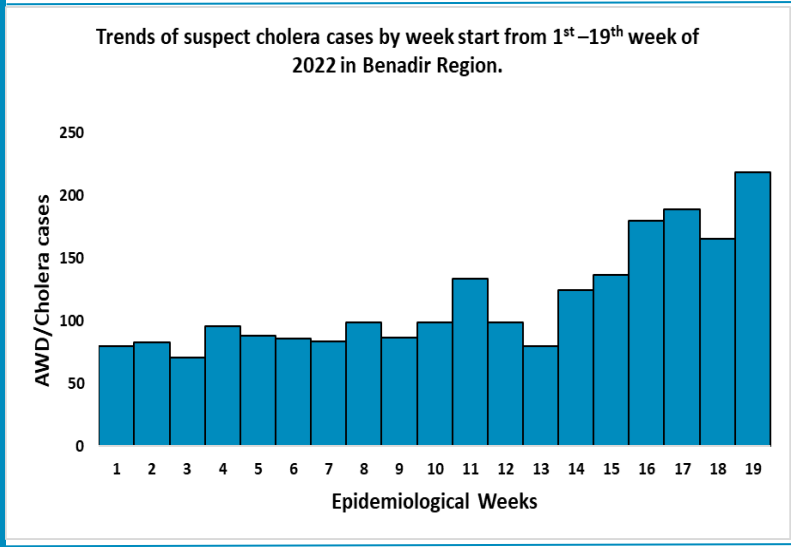


Fig4: Epi curve for AWD/cholera in Jowhar; Hirshabelle state

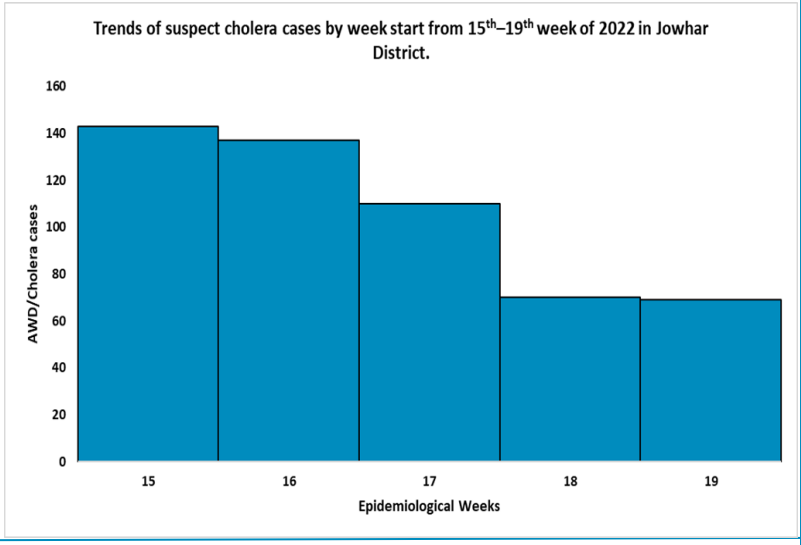
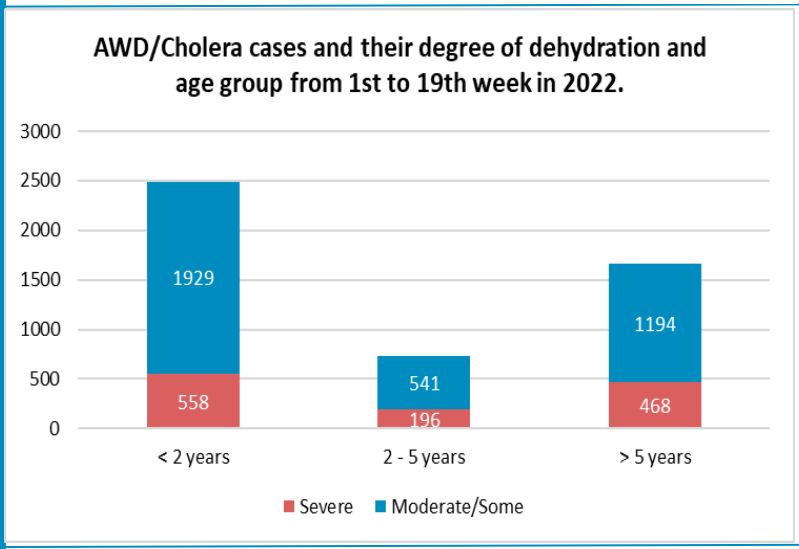


Fig 5 . Bar chart showing number cases by classification in all districts



Completed activities

Table 3: completed activities for cholera response

Pillar	Completed activity
Coordination	• Coordination meetings convened in Southwest state and Banadir Region • Plan for implementation of re-active oral cholera vaccination campaign in 9 districts has been completed
Case management	• 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
Surveillance and alert verification	• AWD signals reported by community health workers are investigated and validated by district based rapid response teams • Stool samples are routinely collected and sent to the laboratory for culture and sensitivity studies
Water Sanitation and Hygiene	• Hygienic kits have been prepositioned in districts currently reporting cases • Ministry of Water has built capacity of 15 health workers to chlorinate water sources in Baidoa • 838 shallow wells have been chlorinated in Baidoa
Risk communication and community sensitization	• Health cluster partners and state-based Ministry of Health have conducted health sensitization sessions targeting people living in IDPs

Response gaps

Table 4. Response gaps/Urgent needs

Pillar	Gaps /urgent needs
Coordination and leadership	• Strengthen coordination at national and state level, identify gaps and develop state-based implementation plans
Case management and Oral cholera vaccination	• Operation support for the active CTCs • Establish ORPs in IDPs and ORTs in health facilities in drought affected districts • Re-active OCV planned in 9 high risk districts
Surveillance and alert verification	• Scale up deployment of district based rapid response teams to investigate alerts and initiate response to true alerts • Increase analysis of stool samples using RDTs and bacteriology were available
WASH and IPC	• Distribution of hygienic kits • Chlorination of water sources • Infection prevention and control implementation in treatment facilities
Risk communication and community sensitization	• Need to scale up risk communication in Baidoa, afgoi and Jowhar targeting IDPs
Essential medical supplies	• MOH to conduct mapping of available cholera kits among partners and advise on distribution plan to avoid over stocking

Standard case definitions used for AWD surveillance

- ***Acute watery diarrhea (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 771400 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 Benadir for the past 5 years (figures 1,2,3 and 4)

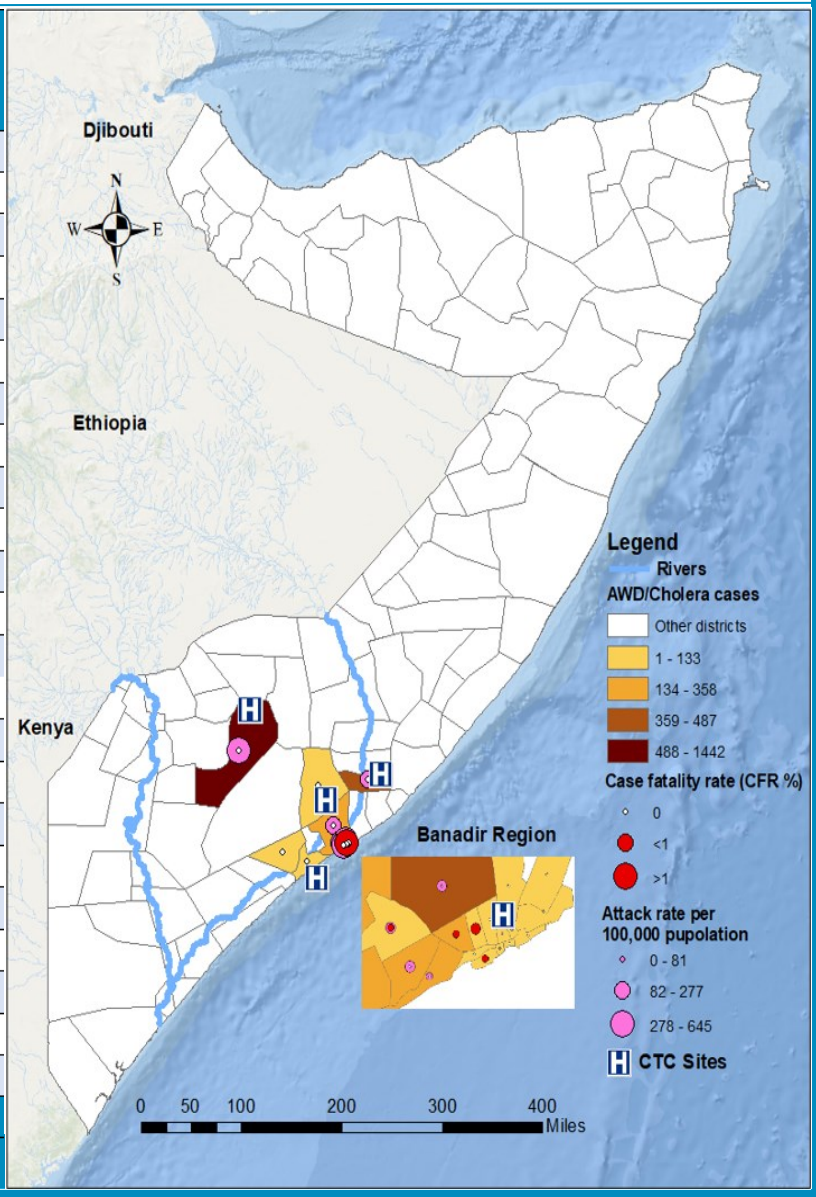
- Since epidemiological week 1/2022, 4886 cases of cholera and 16 deaths (CFR 0.33%) have been reported from 24 of the 74 drought affected districts. Of the 4886 cases 50.90% are children below 2 years (fig 4) ; 2386 (48.83%) are women and 1222 (25.0%) are severe cases (fig 5). All reported cases did 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 49 (8%) in the past two weeks (table1). Since January 2022, the districts reporting the highest number of cases include: Baidoa (1662), Daynile (563), Jowhar(535) and Afgoi (392) (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	13	0.0	51,040	25
	Bondere	23	0.0	140,872	16
	Daynile	563	0.4	75,499	746
	Dharkeynley	282	0.4	62,968	448
	Hamar Jajab	66	1.5	83,706	79
	Hamar Weyne	12	0.0	99,783	12
	Hawl Wadag	74	2.7	90,118	82
	Heliwa	29	0.0	100,038	29
	Hodan	332	0.6	164,941	201
	Kahda	138	0.7	31,455	439
	Karan	32	0.0	283,781	11
	Shibis	8	12.5	183,743	4
	Shingani	3	0.0	56,143	5
	Waberi	65	0.0	117,189	55
	Wadajir	360	0.3	115,451	312
	Warta Nabada	53	0.0	123,536	43
	Yaqshid	79	0.0	296,031	27
Southwest	Baidoa	1662	0.0	385,120	432
	Afgoye	392	0.5	228,291	172
	Merka	155	0.0	326,240	48
	Qoryoley	1	0.0	226,927	0
	Wanle-weyn	9	0.0	263,176	3
Hirshabelle	Jowhar	535	0.6	368,661	145
Total		4886	0.3	3,874,708	126

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



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