Federal Republic of Somalia

Ministry of Health & Human Services

AWD/CHOLERA WEEKLY EPIDEMIOLOGICAL REPORT

EPI WEEK 22 (30th May to 5th June) 2022

New cases for EPI - Week 22

- 411 new cholera cases reported from 21 districts.
- 134 severe cases
- 2 deaths reported in reporting week
- 37 stool samples tested, 8 of them were confirmed Vibrio cholerae 01 Ogawa by culture

Cumulative cases (Since 1st – 22nd weeks in 2022)

- 6245 cumulative cases (54.49% children below 2 years)
- 22 cumulative deaths (CFR 0.35%)
- 1745 severe cases (50.66% children below 2 years)
- 103 total confirmed V. Cholerae 01 Ogawa by culture
- 25 total districts affected

Fig 1. Epidemiological curve for cholera in Somalia week 1-22; 2022

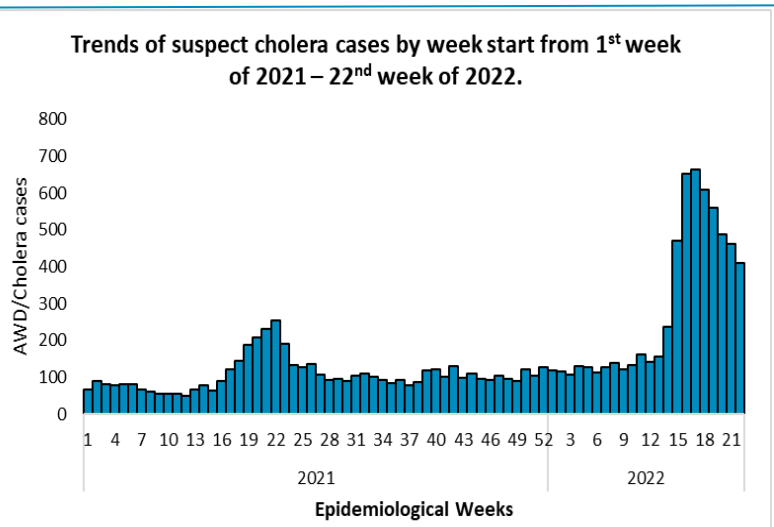


Table 1 showing distribution of cholera cases by state

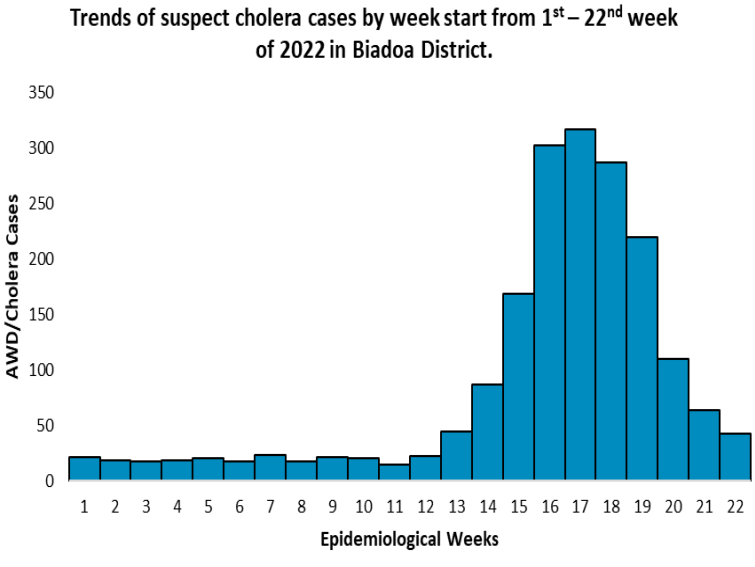
State	Cases (week 21)	Deaths-week 21 (CFR%)	Cases (week 22)	Deaths (week 22) (CFR%)	Cumulative cases (week 1-22)	Cumulative deaths (CFR%)
Banadir	301	3 (1.0%)	271	2 (0.7%)	3062	17 (0.6%)
Southwest	113	0 (0.0%)	106	0 (0.0%)	2534	2 (0.1%)
Hirshabelle	47	0 (0.0%)	34	0 (0.0%)	649	3 (0.5%)
Total	**461**	**3 (0.7%)**	**411**	**2 (0.5%)**	**6245**	**22 (0.4)**

Laboratory reports in this week and cumulative

- Since Epi week 1/2022, 659 cases were tested in the National Public Health laboratory in Mogadishu of which 103 (15.63%) were positive for *Vibrio cholerae*, Ogawa 01.
- During Epi week 22, of the 37 stool samples tested, 8 (22%) were positive for *V. Cholerae*, Ogawa 01 (table 2). The stool samples that were tested positive during week 22 were collected from Banadir Region and Southwest State During the week cholera outbreak was confirmed in Hudur district of Southwest state.

State/Region	Test conducted this week			Cumulative weeks		
	Negative	Positive	Total	Negative	Positive	Total
Banadir	15	4	19	426	79	505
Southwest	14	4	18	97	12	109
Hirshabelle	0	0	0	13	12	25
Jubaland	0	0	0	20	0	20
Total	**29**	**8**	**37**	**556**	**103**	**659**

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

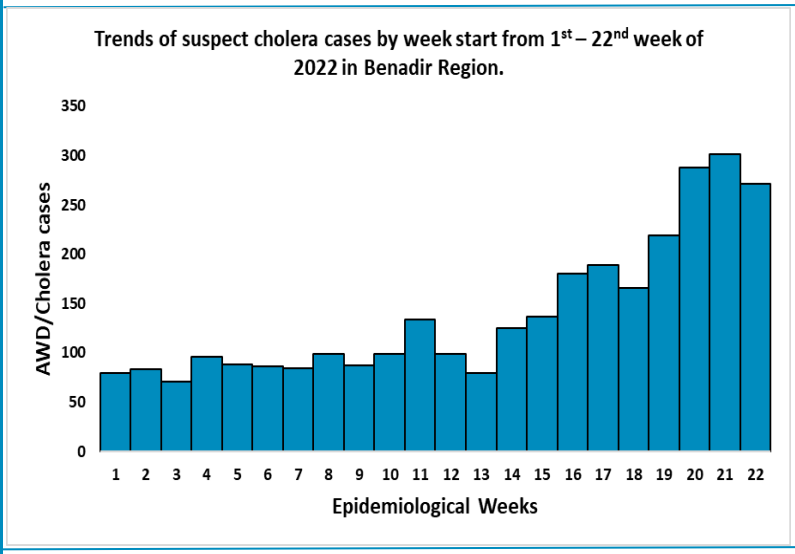


Fig4: Epi curve for AWD/cholera in Jowhar; Hirshabelle state

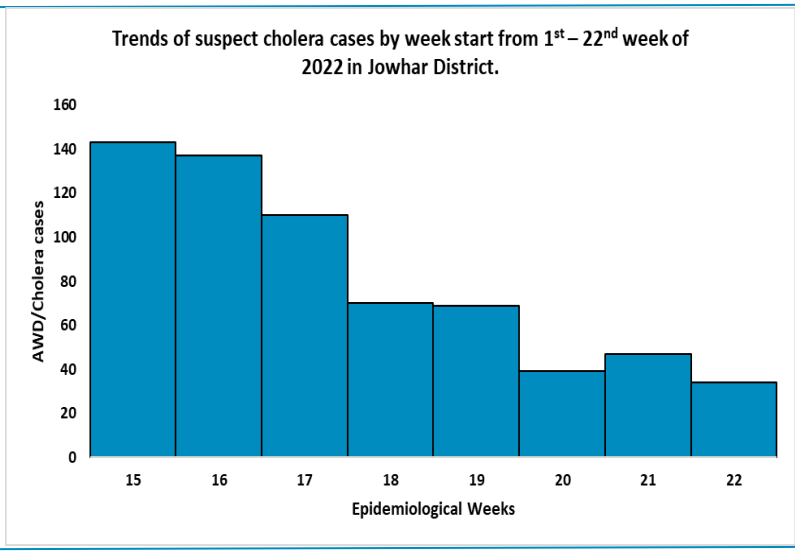
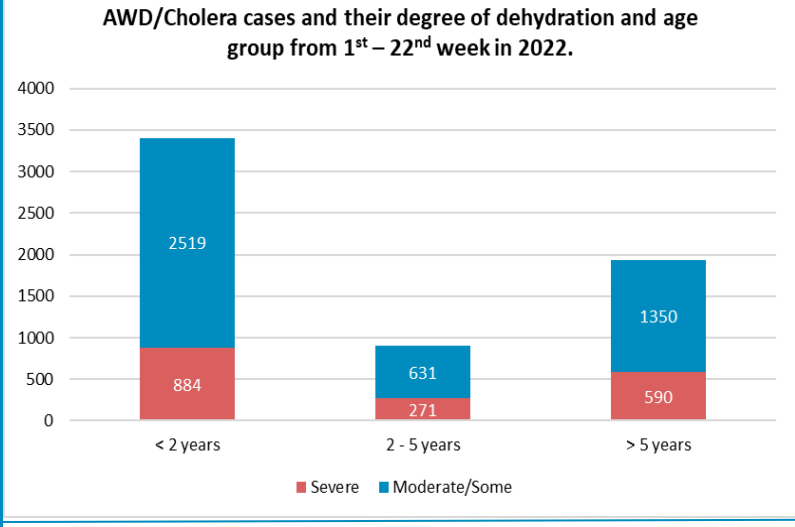


Fig 5 . Bar chart showing number cases by classification in all districts



Completed activities

Table 3: Completed activities for cholera response

Pillar	Completed activity
Coordination	• Coordination meetings convened in Southwest state and Banadir • Plan for implementation of re-active oral cholera vaccination campaign in 9 districts has been completed • Risk assessment conducted, risk of cholera transmission in Somalia graded as very high
Case management	• Health cluster has prepositioned essential cholera kits in Baidoa and Marka CTCs. The supplies are adequate to manage 1745 severe cases and 4500 moderate cases
Surveillance and alert verification	• Signals of Acute Watery Diarrhoea (AWD) 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 for health workers to chlorinate water sources in Baidoa • 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
Oral cholera vaccination	• Reactive oral cholera vaccination campaign targeting 934511 people aged 1 year and above including pregnant women started in 9 high risk districts

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	• Operation support for the active CTCs • Establish ORPs in IDPs and ORTs in health facilities in drought affected 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
Oral cholera vaccination	• Oral cholera vaccination campaign was conducted in 9 high risk districts, 934511 people aged 1 year and above including pregnant women received first does of OCV

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,7.0M people have been affected by drought while 805000 people have been displaced in their homes. The cholera situation is further driven by high cases of malnutrition among children under 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)

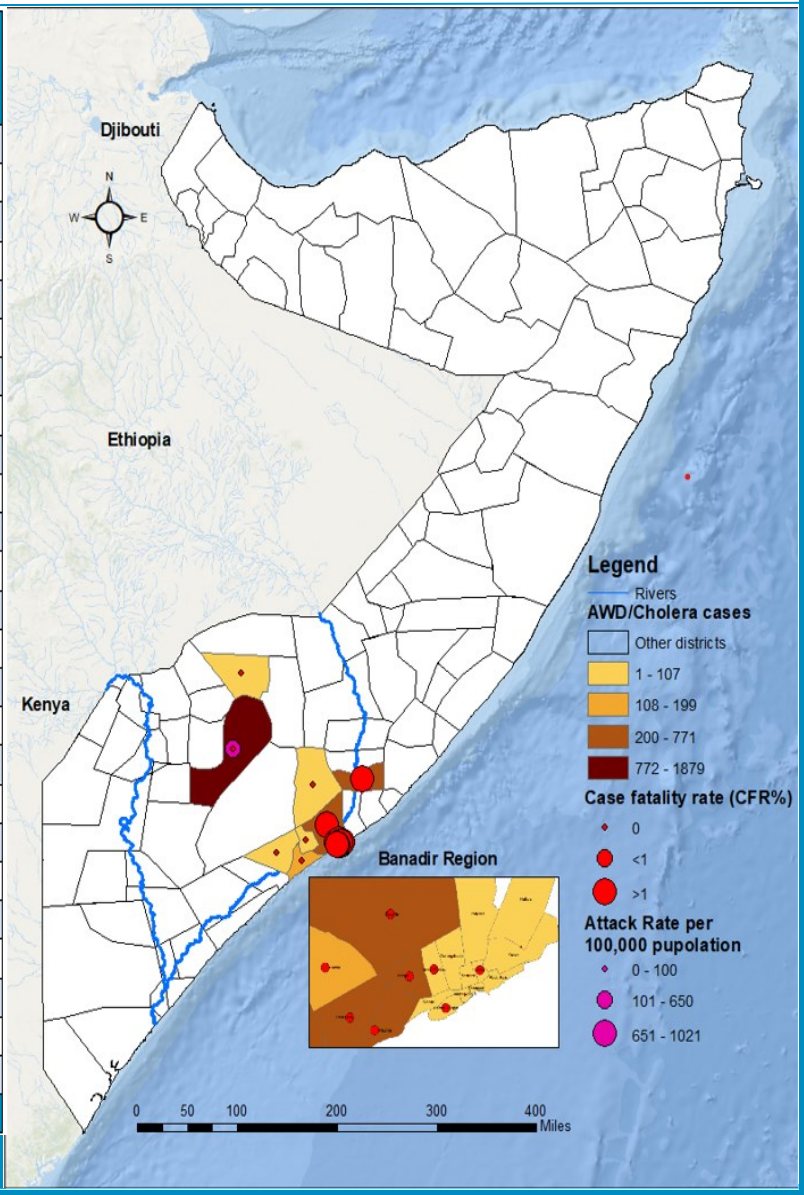
- Since epidemiological week 1/2022, 6245 cases of cholera and 22 deaths (CFR 0.35%) have been reported from 26 of the 74 drought affected districts. Of the 6245 cases 54.49% (3403) are children under 2 years (fig 4); 3068 (49.13%) are women and 1745 (27.94%) are severe cases (fig 5). All reported cases 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 50 (11%) in the past two weeks (table1). Since January 2022, the districts reporting the highest number of cases include Baidoa (1879), Daynile (771), Jowhar (655) and Afgoi (518) (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
Bakool	Huddur	24	0.0	157,336	15
Banadir*	Abdul Aziz	18	0.0	51,040	35
	Bondere	30	0.0	140,872	21
	Daynile	771	0.4	75,499	1021
	Dharkeynley	409	0.2	62,968	650
	Hamar Jajab	88	1.1	83,706	105
	Hamar Weyne	15	0.0	99,783	15
	Hawl Wadag	86	2.3	90,118	95
	Heliwa	42	0.0	100,038	42
	Hodan	455	0.4	164,941	276
	Kahda	181	0.6	31,455	575
	Karan	55	0.0	283,781	19
	Shibis	15	6.7	183,743	8
	Shingani	7	0.0	56,143	12
	Waberi	77	0.0	117,189	66
	Wadajir	529	1.1	115,451	458
	Warta Nabada	72	0.0	123,536	58
	Yaqshid	107	0.0	296,031	36
Southwest	Baidoa	1879	0.0	385,120	488
	Afgoye	518	0.4	228,291	227
	Awdegle	1	0.0	129,692	0
	Merka	199	0.0	326,240	88
	Qoryoley	1	0.0	226,927	0
	Wanle-weyn	11	0.0	263,176	8
Hirshabelle	Jowhar	655	0.5	368,661	178
Total		**6245**	**0.4**	**4,161,737**	**150**

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



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