Federal Republic of Somalia

Ministry of Health & Human Services

AWD/CHOLERA WEEKLY EPIDEMIOLOGICAL REPORT

EPI WEEK 33 (15 - 21 August) 2022

New cases for EPI - Week 33

- 173 new cholera cases reported from 17 districts
- 71 severe cases (41%)
- 0 death reported in this week
- 94 stool samples tested, 14 (15%) of them were confirmed *V. Cholerae* 01 Ogawa by culture.

Cumulative cases (Since 1 – 33 Weeks in 2022)

- 9248 cumulative cases (53.48% children below 2 years)
- 44 cumulative deaths (CFR 0.48%)
- 2727 severe cases (48.70% children below 2 years)
- 199 total confirmed *V. Cholerae* 01 Ogawa by culture
- 24 total districts affected

Fig 1. Epidemiological curve for cholera in Somalia week 1-33; 2022

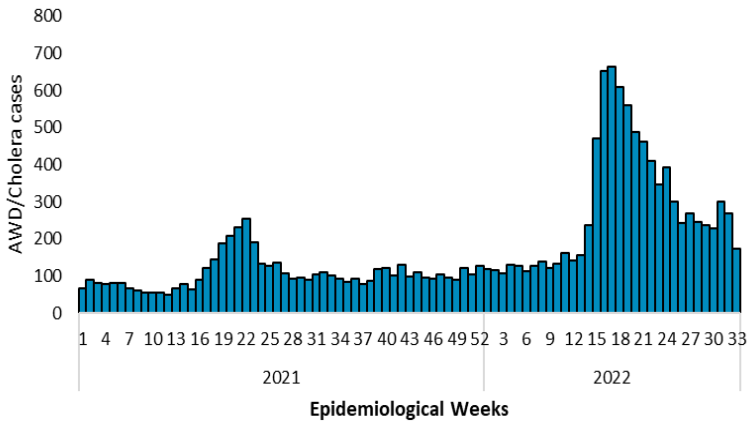


Table 1 showing distribution of cholera cases by state

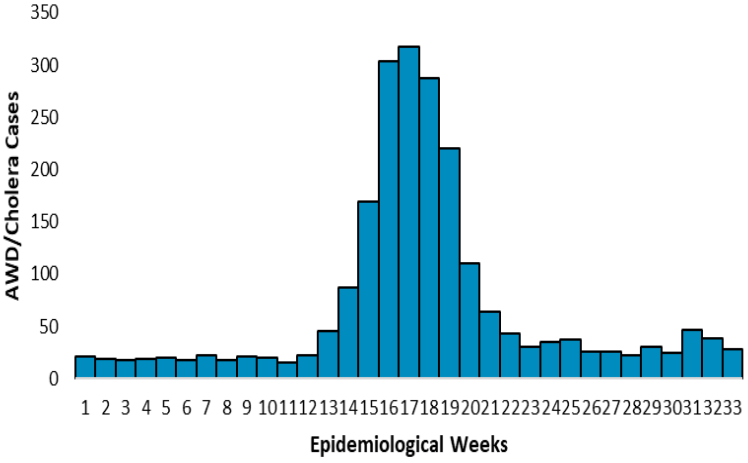
State	Cases (week 32)	Deaths-week 32 (CFR%)	Cases (week 33)	Deaths (week 33) (CFR%)	Cumulative cases (week 1-33)	Cumulative deaths (CFR%)
Banadir	146	1 (0.7%)	79	0 (0.0%)	4661	36 (0.8%)
Southwest	94	1 (1.1%)	82	0 (0.0%)	3648	5 (0.1%)
Hirshabelle	30	0 (0.0%)	12	0 (0.0%)	939	3 (0.3%)
Total	**270**	**2 (0.7%)**	**173**	**0 (0.0%)**	**9248**	**44 (0.5%)**

Laboratory testing

- Since epidemiological week 1/2022, 1015 cases were tested in the National Public Health laboratory in Mogadishu of which 199 (19.61%) were positive for *Vibrio cholerae*, Ogawa 01.
- During Epi. Week 33, of the 94 stool samples tested, 14 (15%) were positive for *V. Cholerae*, Ogawa 01 (table 2). The stool samples that were tested positive during week 33 were collected from Banadir and Lower Shabelle Region.

State/Region	Date of last testing	Test conducted in Week 33			Cumulative cases tested (Weeks 1-33)		
		Negative	Positive	Total	Negative	Positive	Total
Banadir	August/2022	71	9	80	669	167	836
Southwest	August/2022	9	5	14	114	20	134
Hirshabelle		0	0	0	13	12	25
Jubaland		0	0	0	20	0	20
Total		**80**	**14**	**94**	**816**	**199**	**1015**

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

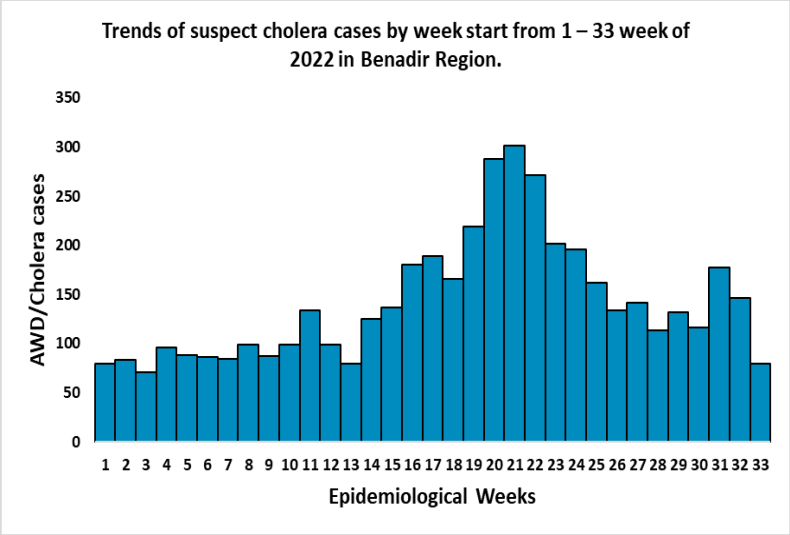


Fig4: Epi curve for AWD/cholera in Jowhar; Hirshabelle state

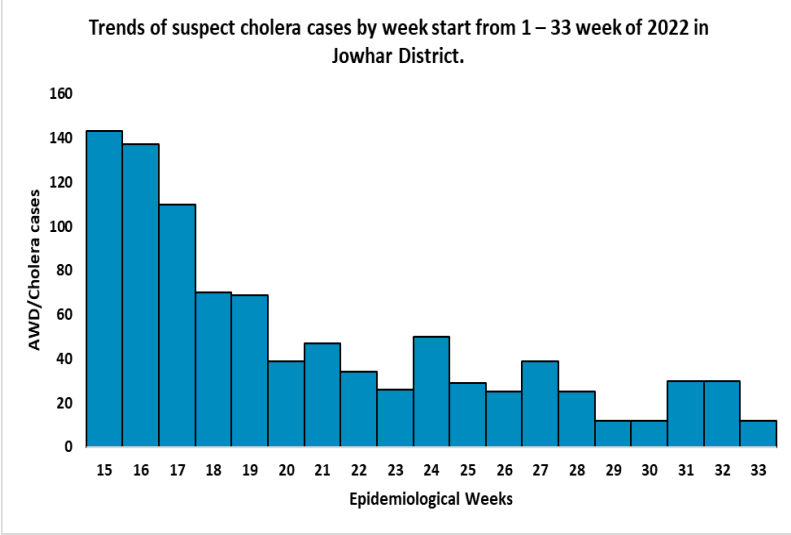
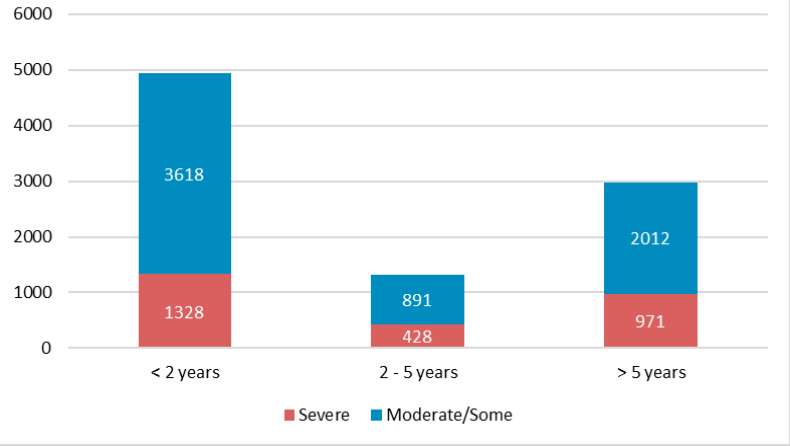


Fig 5 . Bar chart showing number cases by classification in all districts



Case load in cholera treatment facilities

- Cholera cases in drought affected districts are treated in seven treatment facilities. Majority of cases are treated from Banadir, Bayhow and Jowhar Hospital CTC (table 3)

Table 3: Cholera case load and cholera deaths in cholera treatment facilities

Region	CTC	# New admissions (week 33)	# New deaths (week 33)	Cumulative admissions (week 1-33)	Cumulative deaths (week 1-33)
Banadir	Benadir Hospital CTC	80	0	4662	36
Bay	Bayhaw Hospital CTC	28	0	2225	0
Middle Shabelle	Jowhar Hospital CTC	12	0	939	3
Lower Shabelle	Afgoi Hospital CTC	20	0	700	3
Lower Shabelle	Merka Hospital CTC	8	0	341	0
Bakool	Bakol R. Hospital CTC	20	0	234	0
Lower Shabelle	Bula Marer CTC	5	0	147	2
Total		173	0	9248	44

Completed response activities

- In response to the ongoing cholera outbreak, Health and WASH cluster partners have implemented the activities as summarized in table 4 below

Table 4: completed activities for cholera response

Pillar	Completed activity
Coordination	• Coordination meetings convened in Southwest state and Banadir to plan the implementation of second round of OCV, micro plans have been developed for implementation • 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 adequate for a period of 3 months
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

Response gaps

- The following are the urgent needs for the effective implementation of cholera response activities (table 5)

Table 5. 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 to support referral of severe from the communities • Establish ORPs in IDPs and ORTs in health facilities in drought affected districts especially in Kahda,Daynile and Baidoa 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	• Scaling up reactive Oral cholera vaccination to additional 2 million people at risk of cholera

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 918 200 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).

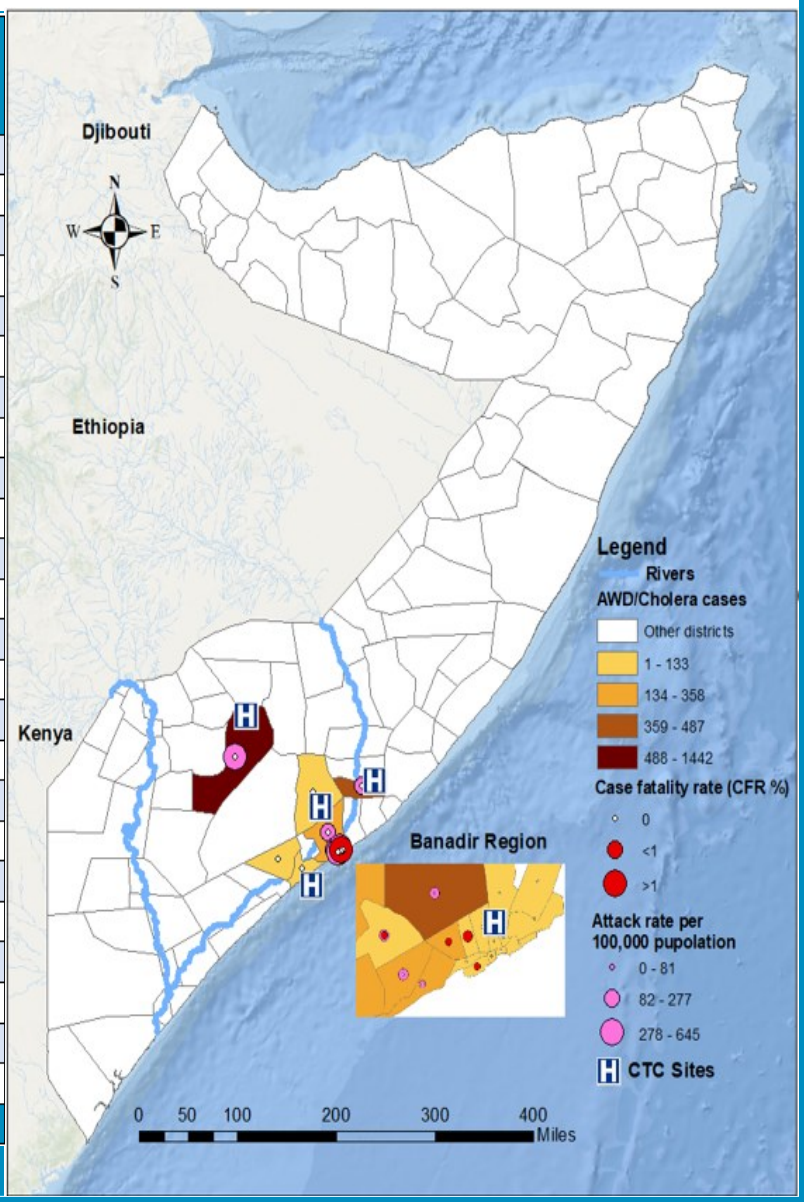
- Over the past two weeks, the number of cases has decreased by 36% in drought affected districts. The number of cholera cases reported in Baidoa have decreased by 28% from 39 to 28 cases in the past 2 weeks (figure 2). In Banadir, the number of cases decreased by 44% from 141 to 79 in the last two weeks (figure 3) while in Jowhar, the number of cases decreased by 60% from 30 to 12 during the same period (figure 4).

- Since epidemiological week 1/2022, 9248 cases of cholera and 44 deaths (CFR 0.48%) have been reported from 24 of the 74 drought affected districts. Of the 9248 cases 53.48% (4946) are children under 2 years (fig 4); 4533 (49.02%) are women and 2727 (29.49%) 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. Since January 2022, the districts reporting the highest number of cases include Baidoa (2225), Daynile (1316), Jowhar (945) and Afgoi (833) (table 5).

Table 6. showing cumulative number of cases, deaths, and attack rates by district

State/Region*	District	Cumulative Cases	Deaths	Cumulative deaths (CFR	Population at risk	Attack rate/100,000 people
Bakool	Hudur	234	0	0.0	157,336	149
Banadir*	Abdul Aziz	24	0	0.0	51,040	47
	Bondere	46	0	0.0	140,872	33
	Daynile	1316	12	0.9	75,499	1743
	Dharkeynley	580	2	0.3	62,968	921
	Hamar Jajab	131	1	0.8	83,706	157
	Hamar Weyne	19	0	0.0	99,783	19
	Hawl Wadag	129	2	1.6	90,118	143
	Heliwa	58	0	0.0	100,038	58
	Hodan	667	2	0.3	164,941	404
	Kahda	305	4	1.3	31,455	970
	Karan	103	0	0.0	283,781	36
	Shibis	20	1	5.0	183,743	11
	Shingani	18	0	0.0	56,143	32
	Waberi	108	0	0.0	117,189	92
	Wadajir	726	8	1.1	115,451	629
	Warta Nabada	113	0	0.0	123,536	91
	Yaqshid	142	0	0.0	296,031	48
Southwest	Baidoa	2225	0	0.0	385,120	578
	Afgoye	833	6	0.7	228,291	365
	Kurtunwarey	151	2	1.3	110,661	136
	Merka	343	0	0.0	326,240	105
	Wanle-weyn	12	1	8.3	263,176	5
Hirshabele	Jowhar	945	3	0.3	368,661	256
Total		9248	44	0.5	3,915,779	236

Fig 6. Map showing distribution of cases and deaths in drought affected districts



For more information , contact the following.

Dr. Mohamed Mohamud Derow; Head of Public Health Emergency and Surveillance :- phemergency@moh.gov.so