

Epidemiological Bulletin SOMALIA

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Highlights

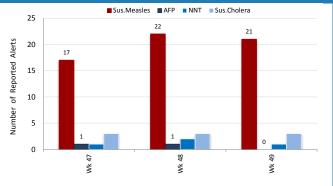
- During Epi-week no 49, 2013; 96.9% (189/195) of the health facilities across Somalia provided surveillance data;
- The total number of consultations reported during the reporting week was 38542 (including 42.6% children under the age of five) compared to 36775 consultations during week 48. The leading cause of morbidity was confirmed malaria, with over 615 cases (1.6%).
- A total of 25 alerts were generated in week 49, 2013; Altogether 21 alerts for suspected measles, 3 for AWD* and 1 for NNT*; investigations are underway.
- As of week 49, the total number of WPV* cases in Somalia is 183 (all type I). No new cases of AFP were reported in week 49.
- 25 health facilities were selected in Puntland for Edews pilot phase. 36 participants were were trained on electronic reporting, data management and case definitions.

Leading diseases in Somalia (Epi week 49, 2013)

• In week 49, confirmed malaria, suspected cholera and suspected measles remain the leading cause of morbidity in the country. The southern zone reported the highest proportional morbidity for confirmed malaria (3%). Proportional morbidity for suspected cholera (0.7%) and that of suspected measles (0.5%) was highest in Central zone compared to other zones this week.

Leading Diseases	Epiw	reek 48	Epiweek 49	
	Cases	Percentage	Cases	Percentage
Confirmed Malaria	680	1.85%	615	1.60%
Sus. Cholera	111	0.30%	130	0.34%
Sus. Measles	75	0.20%	100	0.26%
Other consultations	35915	97.66%	37678	97.76%
Total consultations	26775	100.000/	20542	100.000/

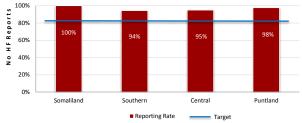
Number of alerts received and responded (Epiweeks 47 to 49, 2013)



Reporting rates vs consultations in Somalia, Epi weeks 44 to 49, 2013



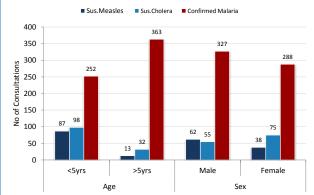
Distribution of Reporting Rates by Zones (Epi-week 49, 2013)



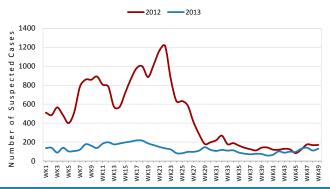
Proportional morbidity for priority diseases - Epiweek 49, 2013

Priority Diseases under surveillance	Central	Puntland	Somaliland	Southern	Somalia
Sus. Cholera	123 (0.7%)	7 (0.1%)	0 (0%)	0 (0%)	130 (0.3%)
Sus. Shigellosis	1 (0%)	4 (0.1%)	4 (0.1%)	0 (0%)	9 (0%)
Sus. Measles	84 (0.5%)	3 (0%)	8 (0.2%)	5 (0.1%)	100 (0.3%)
Acute Flaccid Paralysis	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Sus. Whooping Cough	2 (0%)	0 (0%)	1 (0%)	3 (0%)	6 (0%)
Confirmed Malaria	311 (1.7%)	51 (0.7%)	5 (0.1%)	248 (3%)	615 (1.6%)
NNT	1 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)
Other consultations	17389 (97.1%	7232 (99.1%)	5136 (99.7%)	7905 (96.6%)	37662 (97.7%)
Total consultations	17911	7298	5149	8184	38542

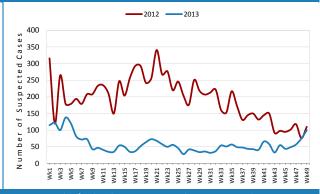
Age and sex distribution of leading diseases by cases (Epiweek 49, 2013)



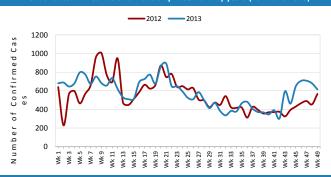




Trends for suspected cases of measles in Somalia by years (2012 and 2013)



Trends for confirmed Malaria morbidity in Somalia by years (2012 and 2013)



Alert/outbreak investigations and response in week 49

One case of suspected measles (female, above five years) was reported in Merka, Lower shabelle, verified within 24hrs and treated. Surveillance is ongoing for possible cases in the community. Very little sociomobilization can be done in Merka for now, for security reasons.

Central zone

In week 49, a total 17911 consultations were reported from 57 health facilities in 34 districts in central zone. A total of 12 alerts were reported, including 10 for suspected measles 1 for NNT and 1 for suspected cholera; investigations are underway.

Southern zone

A total of 8184 consultations were reported from 34 health facilities in 19 districts in southern zone this week. 3 alerts for suspected measles were reported; investigations are underway.

Puntland zone

In Puntland, 7298 consultations were reported from 44 health facilities in 23 districts. A total of 4 alerts were reported, including 2 for suspected measles and 2 for suspected Cholera; investigations are underway.

Somaliland

In Somaliland, 5149 consultatios were reported from 54 health facilities in 21 districts this week. 6 alerts for suspected measles were reported; investigations are underway.

The objective of this weekly epidemiological bulletin is to provide a snap shot on selected health events reported from the surveillance network in the four zones (Southern, Central, Puntland and Somaliland). While every attempt is made in this bulletin to present the weekly trends of epidemic prone diseases, it needs to be interpreted in the context that precise information on the reference populations is not always available. The primary focus of eDEWS is early detection of epidemic prone desease, to facilitate a rapid public health response.