



New cases for EPI - Week 29

- 237 new cholera cases reported from 21 districts
- 74 severe cases
- 3 deaths reported in this week
- 16 stool samples tested, 4 of them were confirmed *Vibrio cholerae* 01 Ogawa by culture

Cumulative cases (Since 1<sup>st</sup> – 29<sup>th</sup> weeks in 2022)

- 8277 cumulative cases (54.13% children below 2 years)
- 40 cumulative deaths (CFR 0.48%)
- 2441 severe cases (49.69% children below 2 years)
- 156 total confirmed *V. Cholerae* 01 Ogawa by culture
- 24 total districts affected

Fig 1. Epidemiological curve for cholera in Somalia week 1-29; 2022

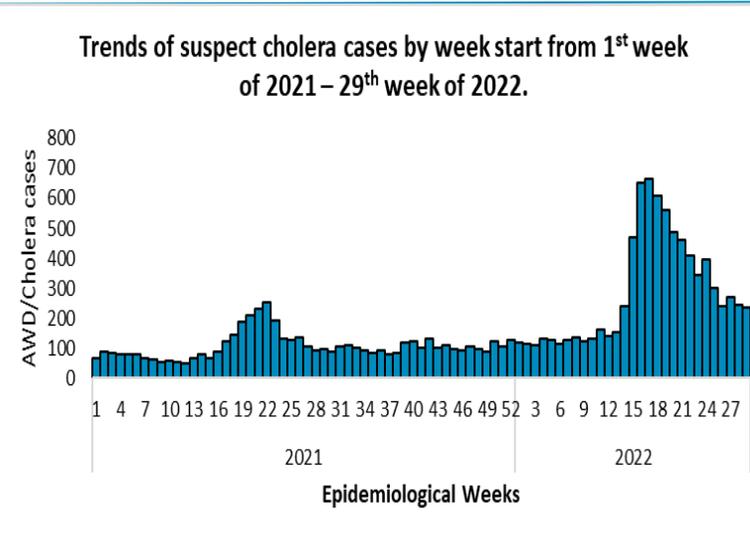


Table 1 showing distribution of cholera cases by state

State	Cases (week 28)	Deaths-week 28 (CFR%)	Cases (week 29)	Deaths (week 29) (CFR%)	Cumulative cases (week 1-29)	Cumulative deaths (CFR%)
Banadir	113	0 (0.0%)	132	3 (2.3%)	4143	33 (0.8%)
Southwest	107	0 (0.0%)	93	0 (0.0%)	3279	4 (0.1%)
Hirshabelle	25	0 (0.0%)	12	0 (0.0%)	855	3 (0.4%)
<b>Total</b>	<b>245</b>	<b>0 (0.0%)</b>	<b>237</b>	<b>3 (1.3%)</b>	<b>8277</b>	<b>40 (0.5%)</b>

Laboratory testing

- Since epidemiological week 1/2022, 778 cases were tested in the National Public Health laboratory in Mogadishu of which 156 (20.05%) were positive for *Vibrio cholerae*, Oga-wa 01.
- During epidemiological week 29, of the 16 stool samples tested, 4 (25%) were positive for *Vibrio cholerae*, Ogawa 01 (table 2). The stool samples that were tested positive during week 29 were collected from Banadir Region.

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

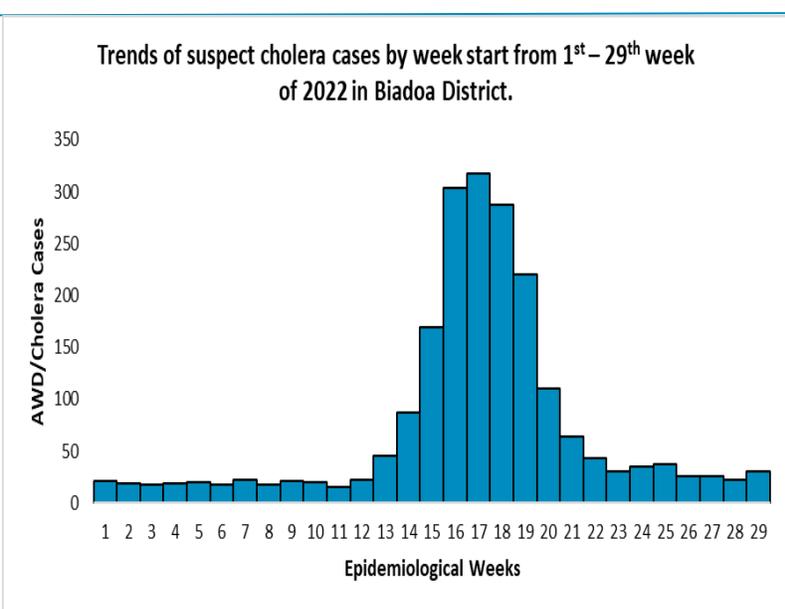
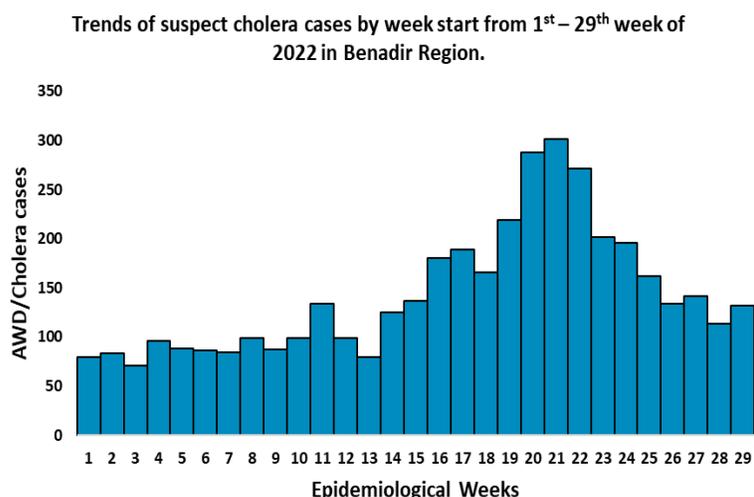


Table 2: Number of stool sample tested in the NPHL by bacteriology

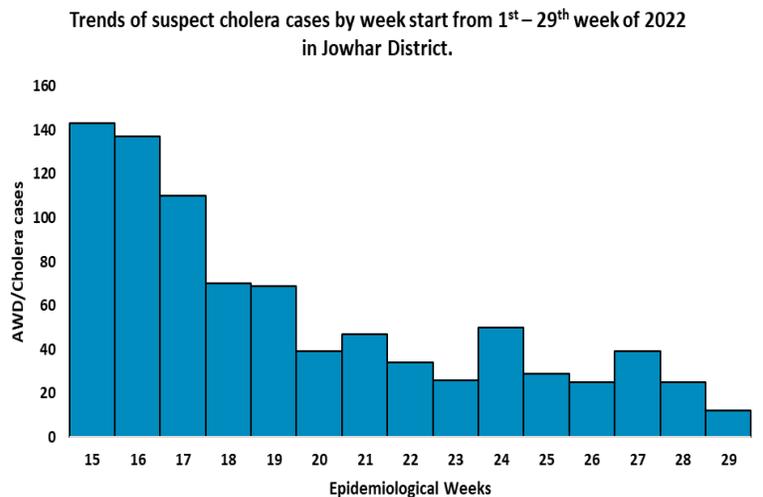
State/Region	Test conducted in Week 29			Cumulative cases tested (Weeks 1-29)		
	Negative	Positive	Total	Negative	Positive	Total
Banadir	12	4	16	484	129	613
Southwest	0	0	0	105	15	120
Hirshabelle	0	0	0	13	12	25
Jubaland	0	0	0	20	0	20
<b>Total</b>	<b>12</b>	<b>4</b>	<b>16</b>	<b>622</b>	<b>156</b>	<b>778</b>

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

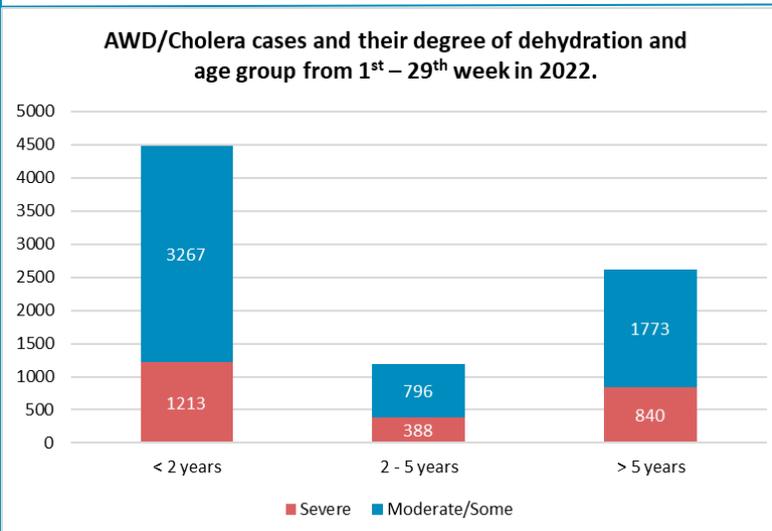
**Fig 3. Epi curve for AWD/Cholera outbreak in Banadir region**



**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, Bayhaw and Jowhar Hospital CTC (table 3)

Region	CTC	Number of new admissions (week 29)	# New deaths (week 29)	Cumulative admissions (week 1-29)	Cumulative deaths (week 1-29)
Banadir	Banadir Hospital CTC	132	3	4143	33
Bay	Bayhaw Hospital CTC	30	0	2086	0
Middle Shabelle	Jowhar Hospital CTC	12	0	855	3
Lower Shabelle	Afgoi Hospital CTC	20	0	598	2
Lower Shabelle	Merka Hospital CTC	10	0	317	0
Bakool	Bakol R. Hospital CTC	16	0	167	0
Lower Shabelle	Bula Marer CTC	17	0	111	2
<b>Total</b>		<b>245</b>	<b>3</b>	<b>8277</b>	<b>40</b>

**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

Pillar	Completed activity
<b>Coordination</b>	<ul style="list-style-type: none"> <li>Coordination meetings convened in Southwest state and Banadir</li> <li>Plan for implementation of re-active oral cholera vaccination campaign in 9 districts has been completed</li> <li>Risk assessment conducted, risk of cholera transmission in Somalia graded as very high</li> </ul>
<b>Case management</b>	<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>
<b>Surveillance and alert verification</b>	<ul style="list-style-type: none"> <li>Signals of Acute Watery Diarrhoea (AWD) 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>
<b>Water Sanitation and Hygiene</b>	<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 for health workers to chlorinate water sources in Baidoa</li> <li>Shallow wells have been chlorinated in Baidoa</li> </ul>
<b>Risk communication and community sensitization</b>	<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**

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

Pillar	Gaps /urgent needs
<b>Coordination and leadership</b>	<ul style="list-style-type: none"> <li>Strengthen coordination at national and state level, identify gaps and develop state-based implementation plans</li> </ul>
<b>Case management</b>	<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> </ul>
<b>Surveillance and alert verification</b>	<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>
<b>WASH and IPC</b>	<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>
<b>Risk communication and community sensitization</b>	<ul style="list-style-type: none"> <li>Need to scale up risk communication in Baidoa, Afgoi and Jowhar targeting IDPs</li> </ul>
<b>Essential medical supplies</b>	<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>
<b>Oral cholera vaccination</b>	<ul style="list-style-type: none"> <li>Scaling up reactive Oral cholera vaccination to additional 2 million people at risk of cholera</li> </ul>

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

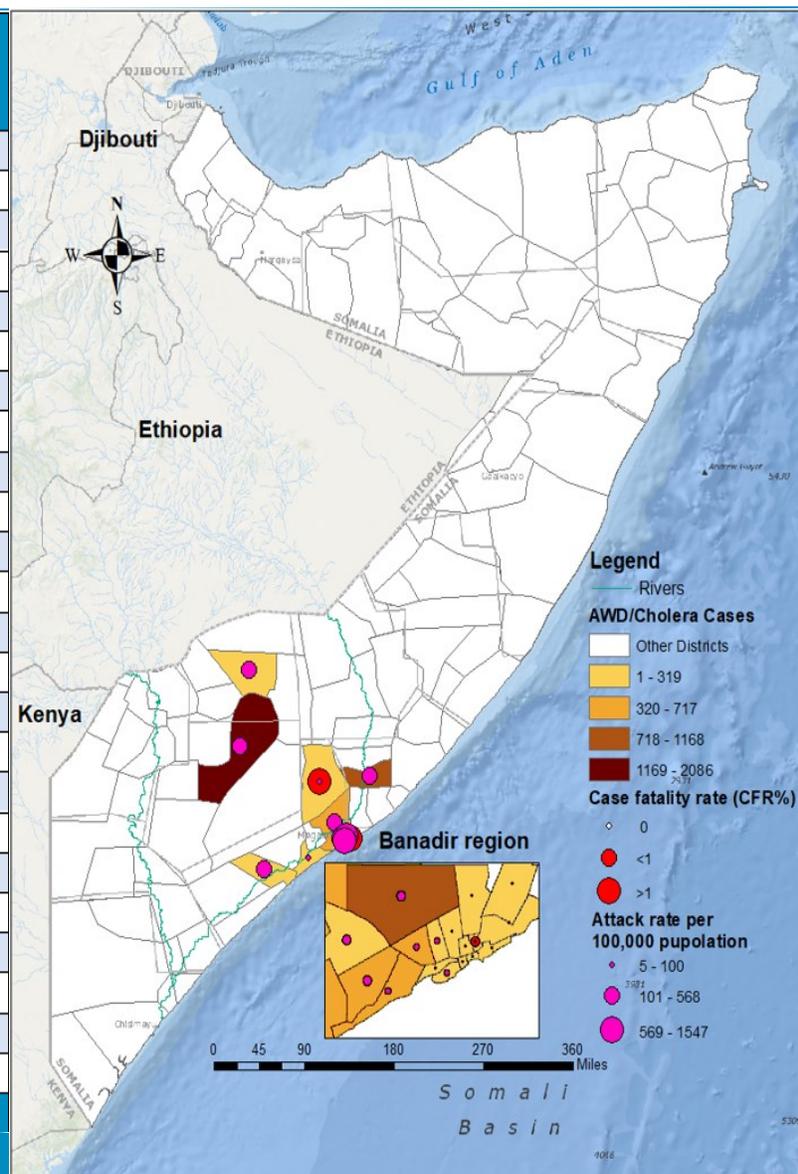
## AWD/Cholera outbreak drought affected districts

- 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 3% in drought affected districts. The number of cholera cases reported in Baidoa have increased by 30% from 23 to 30 cases in the past 2 weeks (figure 2). In Banadir, the number of cases increased by 21% from 107 to 130 in the last two weeks (figure 3) while in Jowhar, cases decreased by 52% from 25 to 12 during the same period (figure 4).
- Since epidemiological week 1/2022, 8277 cases of cholera and 40 deaths (CFR 0.48%) have been reported from 24 of the 74 drought affected districts. Of the 8277 cases 54.13% (4480) are children under 2 years (fig 4); 4053 (48.97%) are women and 2441 (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 (2086), Daynile (1168), Jowhar (861) and Afgoi (717) (table 5).

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

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

State/Region*	District	Cumulative Cases	Deaths	Cumulative deaths (CFR)	Population at risk	Attack rate/100,000 people
Bakool	Hudur	167	0	0.0	157,336	106
Banadir*	Abdul Aziz	21	0	0.0	51,040	41
	Bondere	39	0	0.0	140,872	28
	Daynile	1168	10	0.9	75,499	1547
	Dharkeynley	526	2	0.4	62,968	835
	Hamar Jajab	114	1	0.9	83,706	136
	Hamar Weyne	18	0	0.0	99,783	18
	Hawl Wadag	103	2	1.9	90,118	114
	Heliwa	48	0	0.0	100,038	48
	Hodan	601	2	0.3	164,941	364
	Kahda	267	3	1.1	31,455	849
	Karan	87	0	0.0	283,781	31
	Shibis	18	1	5.6	183,743	10
	Shingani	16	0	0.0	56,143	28
	Waberi	94	0	0.0	117,189	80
	Wadajir	656	8	1.2	115,451	568
	Warta Nabada	94	0	0.0	123,536	76
	Yaqshid	130	0	0.0	296,031	44
Southwest	Baidoa	2086	0	0.0	385,120	542
	Afgoye	717	5	0.7	228,291	314
	Kurtunwarey	115	2	1.7	110,661	104
	Merka	319	0	0.0	326,240	98
	Wanle-weyn	12	1	8.3	263,176	5
Hirshabele	Jowhar	861	3	0.3	368,661	234
<b>Total</b>		<b>8277</b>	<b>40</b>	<b>0.5</b>	<b>3,915,779</b>	<b>211</b>



For more information, contact the following.