



WHO Somalia press release

6 April 2009

Central South Somalia on the verge of Cholera outbreaks

NAIROBI, KENYA – After rumours of increased cases of Acute Watery Diarrhoea (AWD) from Banadir hospital in Mogadishu, a WHO investigation team visited the hospital in the first week of April to verify the rumours, confirm the outbreak, and assist in the outbreak response. 304 cases of AWD, including 6 deaths, were documented between 1 March and 3 April 2009. 20% (60) of all cases and 33% (2) of deaths were found in patients of 5 years or older. Two stool samples collected on 2 April from a 3 months and a 5 year old patient tested positive for *Vibrio Cholerae*¹. Ten more samples have been sent to Nairobi for confirmation and further diagnosis. The threshold level to declare an outbreak has been passed².

The cases originate from different locations in Banadir, including Daynile, Hamar Weyne, Tawfiq, Wahara Cadde, Yaqshid, Waabari, and Elasha. Possible factors contributing to the occurrence of the Cholera in these areas may be the massive population movement to Mogadishu, draught, and interruption of water and sanitation activities due to conflict and violence in Mogadishu and the region.

Cholera has been laboratory confirmed by AMREF in Nairobi also in all three stool samples collected in Jamaame (Lower Jubba); all six samples from Marere (Lower Jubba); five out of ten samples from Yaqbariweine (Lower Shabelle); two samples from Burhakaba (Bay); and one out of four samples from Baidoa (Bay).

As the previous outbreak³ was in 2007, in which more than 37,000 people were affected with Acute Watery Diarrhoea including 1,133 related deaths, WHO fears that the new cases represent an even more serious threat to the already vulnerable population of Central and South Somalia.

For Cholera patients not receiving appropriate treatment, the chance of dying is up to 50%. WHO provided Cholera kits to the affected areas and has strategically prepositioned more kits and supplies ready for dispatching. A daily reporting system has been activated to monitor trends and guide response. WHO is urging all health partners to ensure prompt case management by using the WHO cholera treatment guidelines⁴.

WHO sends testing and treatment kits and supplies in support of outbreak response throughout Somalia. Response activities also include the provision of household water chlorination tablets and other supplies, as well as information sharing with partners and coordination of health interventions. Despite limited access and security in some areas of the country, the response team will be there to save lives. Rapid response requires immediate funding. WHO is advocating to donors to support these crucial health interventions in humanitarian emergencies with necessary funds.

To prevent further spreading of Cholera, WHO recommends drastic improvements in water supply and sanitation as the most sustainable approach for protection against cholera and other waterborne diarrhoeal diseases. Routine chlorination is crucial in the containment of these diseases.

¹ Cholera is a diarrhoeal disease caused by *Vibrio cholerae*, usually transmitted through faecally contaminated water or food. WHO
² Threshold level for Cholera outbreak is **one death** among patients of 5 years of age or older OR laboratory confirmation of *Vibrio Cholerae*. (Early Warning and Response System for Somalia, September 2007)
³ Acute Watery Diarrhoea Update Central South Somalia, Dr. Hammam El Sakka, 29 June 2007. WHO
⁴ "First steps for managing an outbreak of acute diarrhoea" http://www.who.int/topics/cholera/publications/en/first_steps.pdf. WHO

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