

Horn of Africa – Health Emergency Response



Epidemiological update



No. 8 – 19 November 2011

This Horn of Africa Epidemiological update is based upon official data received by WHO from the respective Ministries of Health as well as updates from UNHCR. It provides epidemiological data on disease trends, regional distribution and special developments.

Key Highlights

- **Djibouti:** Ministry of Health has reported an outbreak of acute watery diarrhea (AWD) in Djibouti District
- **Ethiopia:** General AWD trends decreasing, one newly reported outbreak in Debeweyin woreda
- **Dadaab camps:** 158 AWD/Cholera cases line listed since August, 10 cholera cases confirmed by stool culture; No AWD/Cholera prevalence recorded in Kenya outside the Dadaab camps
- **Somalia:** Outbreaks in 3 new districts, increasing trends in the country
- **Uganda:** No AWD/Cholera cases reported

Due to recent reports about different cholera outbreaks, this edition focuses on the AWD/Cholera situation in the Horn of Africa, as reported by the authorities and health partners.

Acute Watery Diarrhoea / Cholera

Horn of Africa - overview

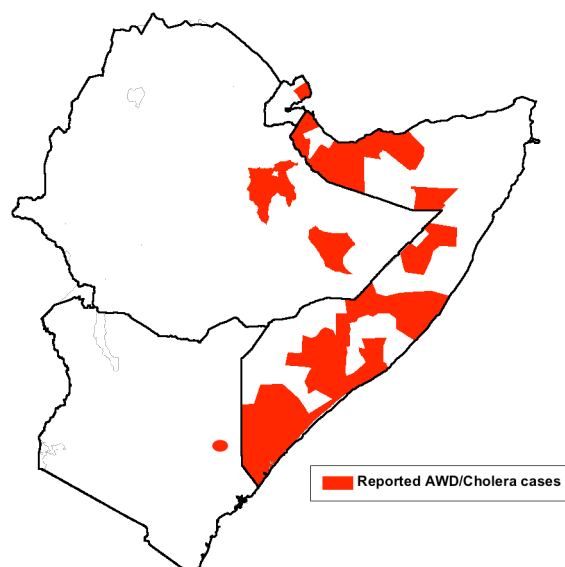
AWD/Cholera is endemic in the Horn of Africa, with cases occurring annually in all five countries, Somalia, Djibouti, Kenya, Uganda as well as Ethiopia. The WHO "Weekly Epidemiological Record" No.31 of 2011, reports on the cholera situation for 2010 (figure 1).

In 2011, by 11 November, AWD/Cholera outbreaks have been confirmed in the Dadaab refugee camps in Kenya, in Burhakaba, Mogadishu and Qhansadheere in Somalia, and in the Obok region in Djibouti. In Ethiopia AWD cases have been reported in Debeweyin woreda and Kebridehar and East Harerge zone. No cases have been reported from Uganda (figure 2).

Figure 1: AWD/Cholera cases & deaths reported to WHO, and case-fatality rate (CFR), for the year 2010 (WHO "Weekly Epidemiological Record" No. 31 of 2011)

Country	Total no. of cases	No. of deaths	CFR %
Djibouti	2,047	19	0.93
Ethiopia	1,682	21	1.25
Kenya	3,188	63	1.98
Somalia	3,510	103	2.93
Uganda	2,341	78	3.33

Figure 2: Districts currently reporting AWD/Cholera cases, Horn of Africa (without Uganda), 11 November 2011



The spreading of AWD/Cholera has been facilitated by the challenging overall situation in the Horn of Africa. The effects of the drought, a malnourished, weak and vulnerable population, recent rainfalls, unsafe water supplies and insufficient hygiene & sanitation are highly supportive to the development of diarrhoeal diseases. Ongoing conflicts and population displacement add significantly to the vulnerable situation.

Djibouti

The Ministry of Health in Djibouti has reported an outbreak of acute watery diarrhea (AWD) in Djibouti District. For the first two weeks of November, the national Health Information System has registered 127 new diarrhoea cases for Djibouti city at the Diarrhoea Treatment Centre in Peltier (figure 3). For the same period 1 related death was reported. Another related fatal case was reported in the month of October.

During the period 1-16 November, diarrhoea was found in all ages above 1 year, with a total of 53.5% male and 46.59% female cases. Just over 20% of cases were found in the age group of 25-34 years, and another 18% in the next group of 35-44 years old (figure 4).

Figure 3: Reported **diarrhoea cases** at the Peltier treatment centre, daily development, **Djibouti**, 1 to 16 November, 2011

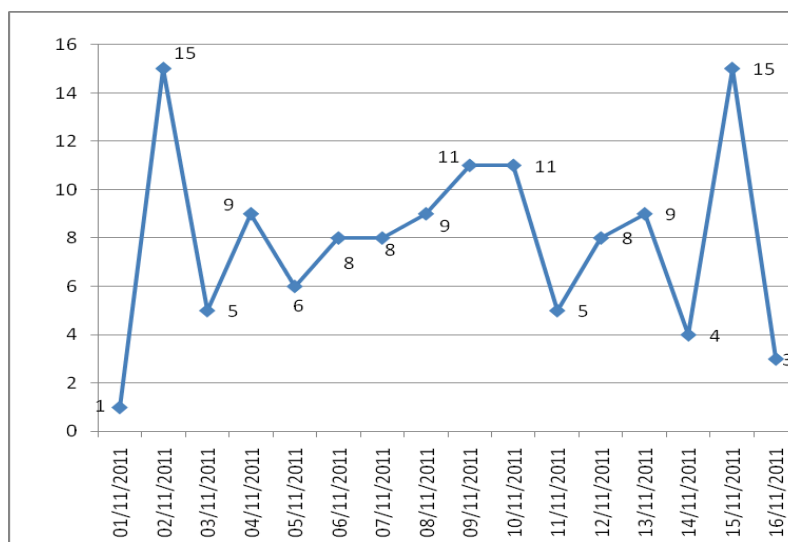
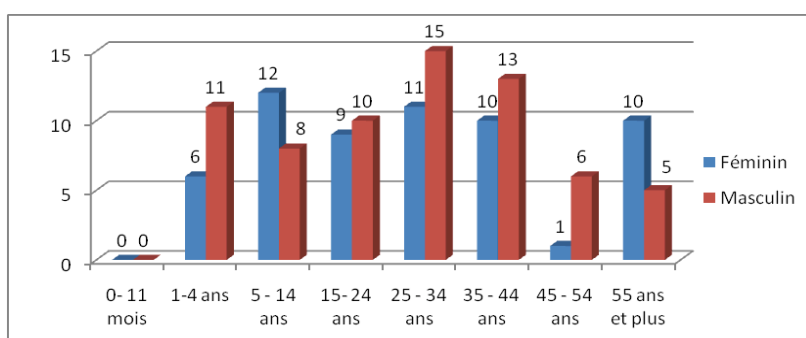


Figure 4: Reported **diarrhoea cases** by **age and gender**, Peltier treatment centre, **Djibouti**, 1 to 16 November, 2011



In 2010, more than 2,047 cases of AWD were reported in Djibouti (see figure1). In 2011, until October, around 5,000 cases of AWD were reported. While at this point in time, the AWD cases are double from last years', the MoH assures, that the necessary measures have been taken and the situation is under control.

A second treatment centre, which was established with the

help of WHO and partners in July 2011, will re-open very soon after necessary structural refurbishments. Additionally, each regional clinic has a Diarrhoea Treatment Unit or a ward available as well.

In Djibouti, the endemic AWD/Cholera situation has been aggravated by the large amount of migrants coming from the neighbouring countries for economical and political reasons, as refugees or being trafficked. Additionally, the recently finished yearly Haji also saw a big migration through Djibouti towards Yemen, and back again. AWD/Cholera is being found in migrant population as well as in the resident population.

Ethiopia

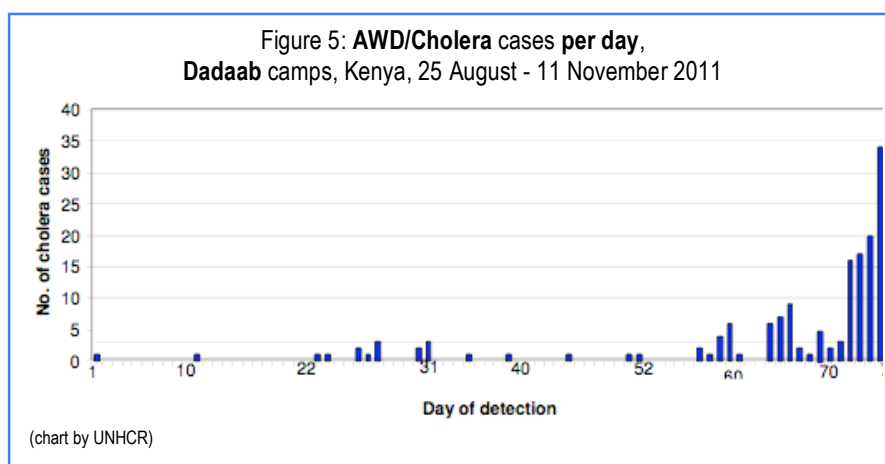
For the Somali Region of Ethiopia, OCHA reports that the Regional Health Bureau deployed a team to investigate a newly reported outbreak of acute diarrhoea in the Debeweyin woreda. New cases of AWD are decreasing in the Kebridehar area of the same zone (Korahe). A decreasing number of suspected AWD cases also continue to be reported in central Ethiopia, in the East Harerge zone of Oromia (figure 2). Extensive flooding in the Somali region has displaced about 9,000 people hence at risk of communicable diseases including AWD. Routine normal response is ongoing by the authorities and partners to control the potential outbreaks.

Kenya

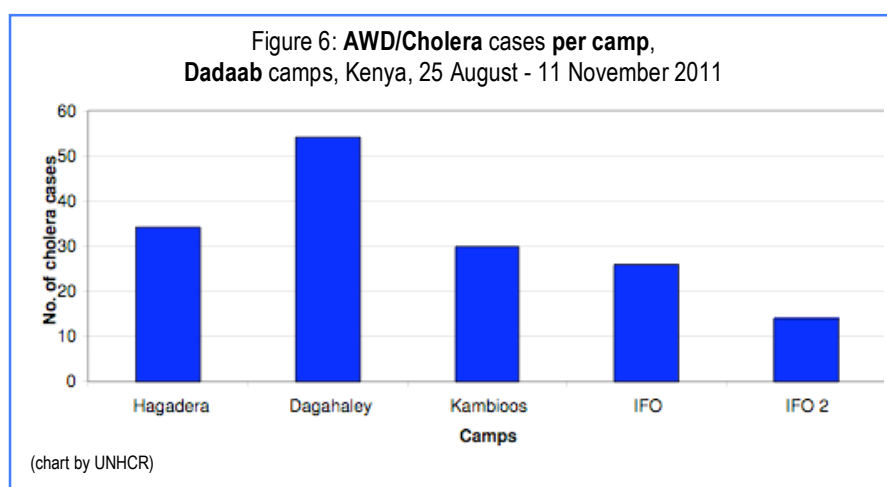
No AWD/Cholera cases have been reported in Kenya outside of the Dadaab refugee camps.

Dadaab refugee camps

The outbreak of AWD/Cholera in the Dadaab camps is on an upward trend, as reported by UNHCR. The first cholera case was reported on August 25th in a new arrival, 17 cases were reported in the month of September, and 18 in October (figure 5). Initially cases were found in new arrivals who had most likely acquired the disease in Somalia or en route, but now local transmission has been confirmed in the camps



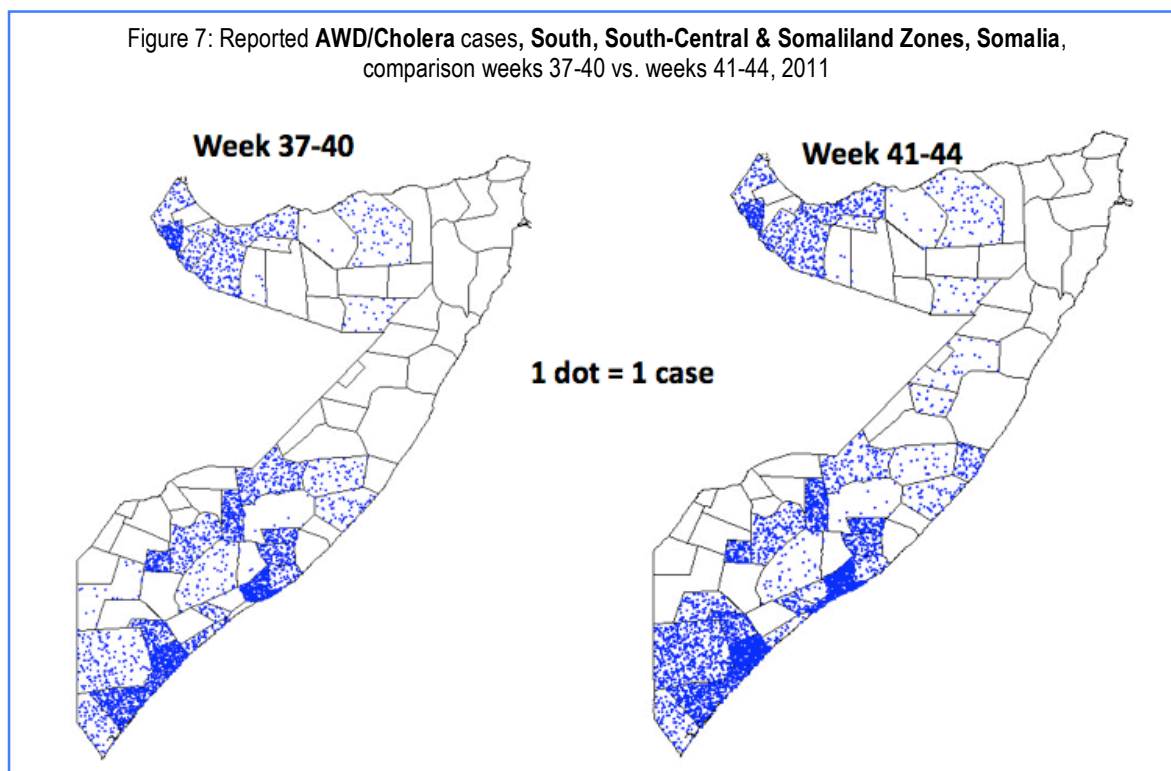
A total of 158 cholera cases have been line listed since August 2011, with 1 related death reported since the start of the outbreak. The overall Dadaab case fatality rate stands at 0.6%. However, the increase is also associated with the change in the case definition at the end of October to include all cases of watery diarrhea aged 2 years and above when local transmission was confirmed.



While in the months of September and October most cases reported were from Hagadera, now all of the five camps are affected. Most clinical cases are reported in Dagahaley, Hagadera and Kambioos, with Dagahaley presenting the highest numbers (figure 6). Children < 5 years represent the most affected age group.

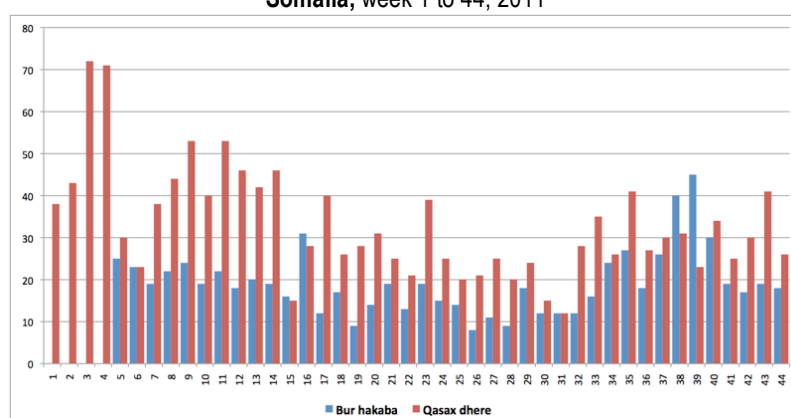
Somalia

AWD/Cholera cases have been reported in many districts of Somalia, but not all districts have been submitting data. A comparison between the recent four weeks of reporting (weeks 41-44), with the previous four-weeks period (weeks 37-40) displays the development of the AWD/Cholera situation in Somalia (figure 7).



Outbreaks have been confirmed in Mogadishu, Burhakaba and Qansaxdhere. The Banadir Hospital in Mogadishu reported a total of 8287 AWD/Cholera cases since week 1, 2011, with 307 reported related deaths. The CFR lies at 3.70%. This is higher than expected. WHO and partners are working on improving case management through training of health workers.

Figure 8: Reported AWD/Cholera cases, Burhakaba & Qansaxdhere districts, Somalia, week 1 to 44, 2011



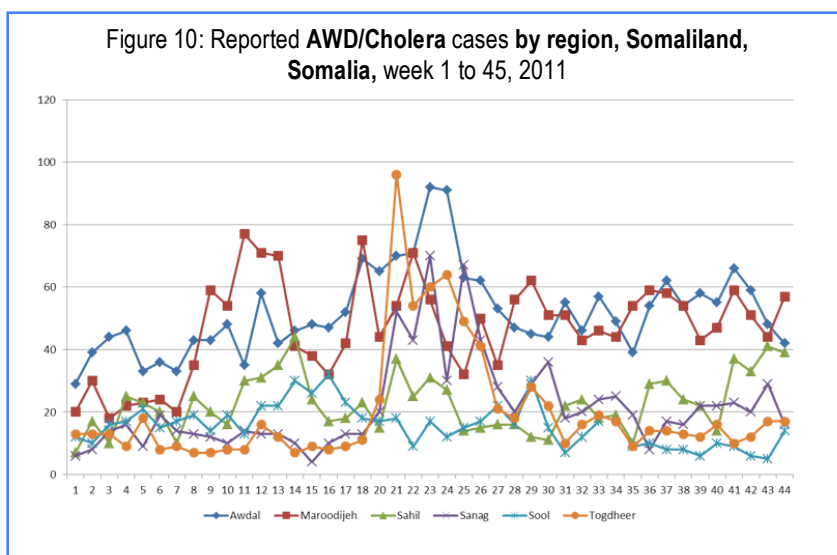
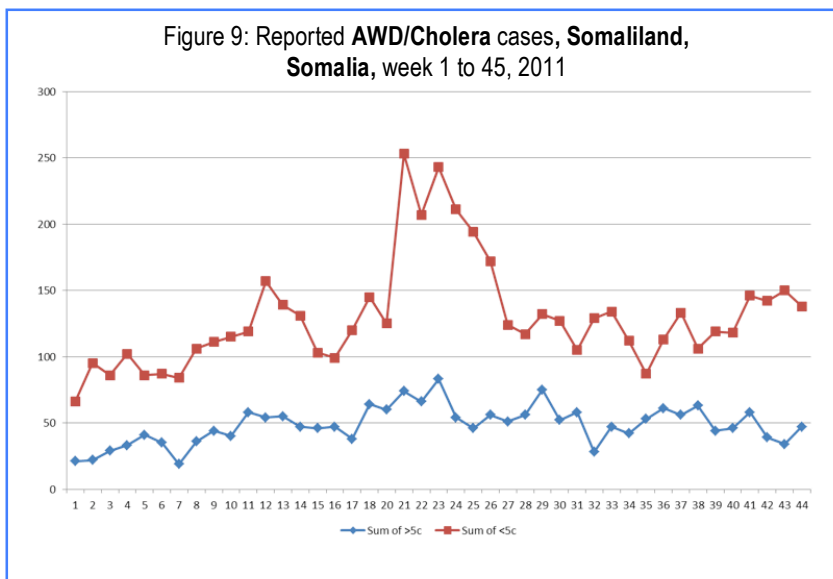
week 39 followed by a steady decline up to week 44 while there is a more recent peak in Qansaxdhere in week 43 (figure 8).

Young children bear the greatest burden of the disease. 5832 (70%) cases appear in children <5 years of age. Only the group of children <2 years is accounting for 48% of all reported cases.

The Qansaxdhere and Burhakaba districts in Bay region have reported some confirmed cases of AWD/Cholera. The cases peaked in Burhakaba in

In Somaliland, which is bordering Djibouti, a total of 7,666 AWD/CHolera cases have been reported since the beginning of the year, with 73% of cases being children <5 years.

The trend of AWD/Cholera cases among the above 5 years has been more or less stable while there was a sharp increase in cases in week 21 followed by a decline then more or less a stable trend (figure 9).



In Somaliland, Awdal and Maroodijeh have consistently accounted for over 50% of the reported AWD cases in that area.

The trend in Awdal, which borders with Djibouti, has decreased since week 42, after a stable fluctuation around 60 cases per week.

Given the ongoing rains and associated floods, population displacement in some parts of the horn of Africa, there is need for actors to be vigilant to ensure the situation doesn't run out of hand. Stronger intersectoral collaboration and coordination is called for at this time, responding to the current immediate health situation as well as targeting chronic malnutrition, and the hygiene and sanitation conditions.

The HoA Epidemiological update is produced by WHO Horn of Africa Health Support Team and is based on data and input provided by the WHO Country Offices for Ethiopia, Kenya, Somalia and Uganda, UNHCR and the respective Ministries of Health. For further information please contact:

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