Cholera Outbreak in Somalia

Somalia has been experiencing recurring outbreaks of cholera in the last few years. The current cholera outbreak started in November 2016 and is still ongoing. Since the beginning of the outbreak in early 2016, a cumulative total of 20,684 cases including 689 deaths have been reported so far (CFR = 3.2%) from the country.

Editorial note

The current surge of cholera cases began in November 2016 coinciding with the onset of the drought. This could possibly be the third wave (please see the epi curve) of the ongoing cholera outbreak that hit the country. Since the beginning of the year (2017), a cumulative total of 6,065 cases including 141 deaths have been reported as of week 7 (CFR = 2.3%). The weekly reported cases reached a peak of 1,274 cases in week 7. So far the intensity of transmission remains high with an average of 866 suspected cases reported every week during the last seven weeks.

Somalia has been in a state of complex emergency for over two decades. During this period, government institutions, civil infrastructure, and health facilities have largely been destroyed. Further, some parts of the country are beyond reach of the government and humanitarian agencies due to insecurity. The country is currently facing severe drought with deteriorating humanitarian situation. The onset of drought followed by an outbreak of cholera has only made the situation from bad to worse.

The Ministry of Health and partners therefore should ensure that critical components of response to the cholera outbreak are sustained. Coordination and collaboration among members of the cholera task-force, and with local communities should be strengthened to enhance information sharing and implementation of interventions in the affected communities. Member of the local community can make important contributions regarding feasible preventive measures and peacemaking to enhance access to affected communities.

Additionally, the coverage of the early warning surveillance system remains limited due insecurity and collapse of the electronic reporting system. As a result, we are probably not getting the true picture of the scale of this outbreak and cases and deaths may be underreported. For the same reason of insecurity, some of the affected communities have not received optimal clinical care and preventive measures due to poor accessibility.

During the current situation, there is also need to reactivate the electronic early warning surveillance system to help overcome insecurity barriers that has made manual data transmission difficult in most parts of the country. Alternative prevention strategies such as use of Oral Cholera Vaccine (OCV) should also be considered in order to prevent spread of the transmission to other high risk districts.