



GLOBAL TASK FORCE ON

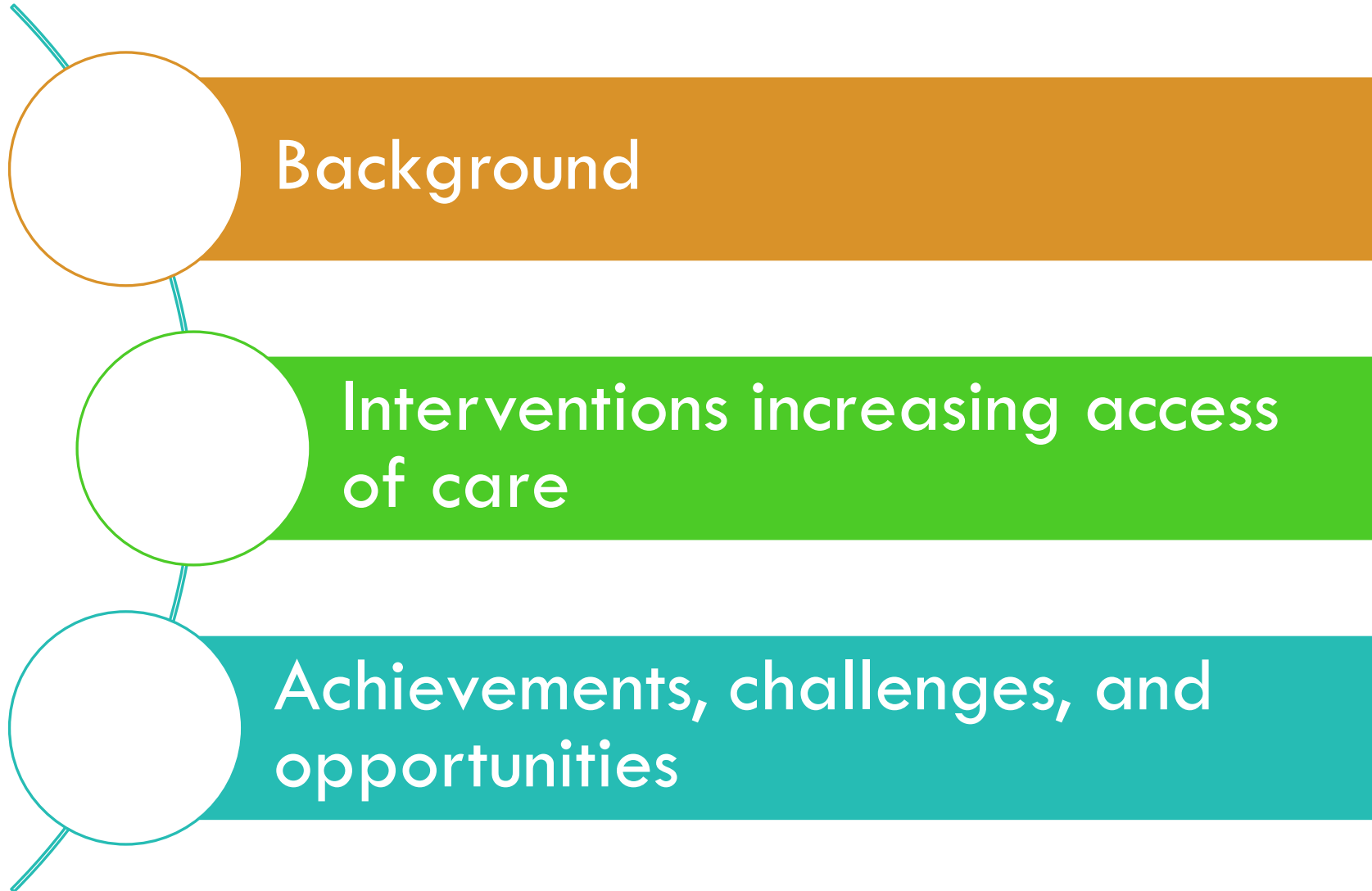
CHOLERA CONTROL

INCREASING ACCESS TO CARE IN THE COMMUNITY FOR SOMALIA ON CHOLERA TREATMENT

Presenter:

Dr. Mohamed Derow, Somalia
6th GTFCC Case Management TWG
26-27 September 2023, France

Outlines



SCENARIO

- Shukri is a 1 year old girl and she was admitted to Bayhaw CTC in Bay Region, South West Somalia on 20th September at 9AM with vomiting and diarrhea for one day.
- After triage she found to have a sunken eyes and not able to drink so her plan of treatment was Plan C,
- Immediately admitted and received IV fluids such as RL+



Background

- Somalia is located in the Horn of Africa, with an estimated surface area of 637,657 km²
- It has the longest coastline in Africa, stretching over 3,333 km along the Gulf of Aden to the north and the Indian Ocean to the east and south.
- It has borders Djibouti along the north-west, Ethiopia to the west and Kenya to the south-west. Somalia has a tropical hot climate, with little seasonal variations and daily temperatures that vary from 30° C to 40° C.



AWD/Cholera Weekly Epidemiological Report

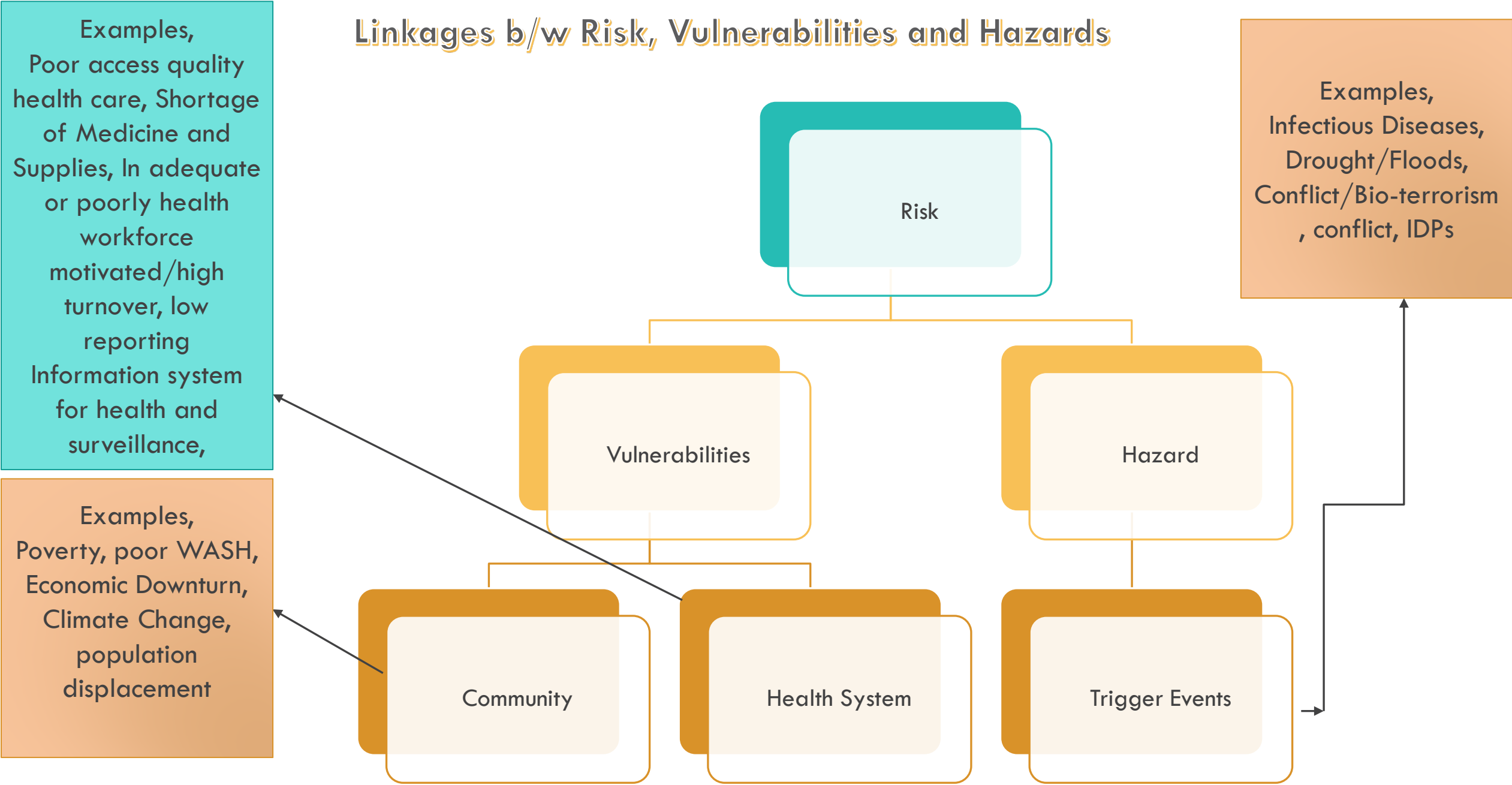
Epi Week 37 (11 – 17 September 2023)

New cases for epi-week 37	Cumulative cases (Since 1 – 37 Weeks in 2023)
<ul style="list-style-type: none">• 174 new cholera cases were reported from 16 districts. 29 out of 174 were reported from Burhakaba district, a new district where the cholera outbreak started• 74 (43%) severe cases• 95 (55) children below 5 years• 87 (50%) were female• No deaths were reported this week.• 17 stool samples were tested; no sample was positive for V. Cholerae 01 Ogawa by culture.• While 41 samples were tested using RDT; 11 Samples were possibility for v. cholera 01 Ogawa by RDT	<ul style="list-style-type: none">• 13,243 cumulative cases (6,863; 52% were female)• 7,095 (54%) children < 5 years• 33 cumulative deaths (CFR 0.25%)• 6,140 (46%) severe cases• 188 total confirmed <i>Vibrio cholerae</i> 01 Ogawa by culture.• 29 drought-affected districts reporting cases.



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Linkages b/w Risk, Vulnerabilities and Hazards



Cholera/AWD Interventions

Health

Frameworks for Health Security and UHC

IHR

Road map for UHC

Operational

NAPHS

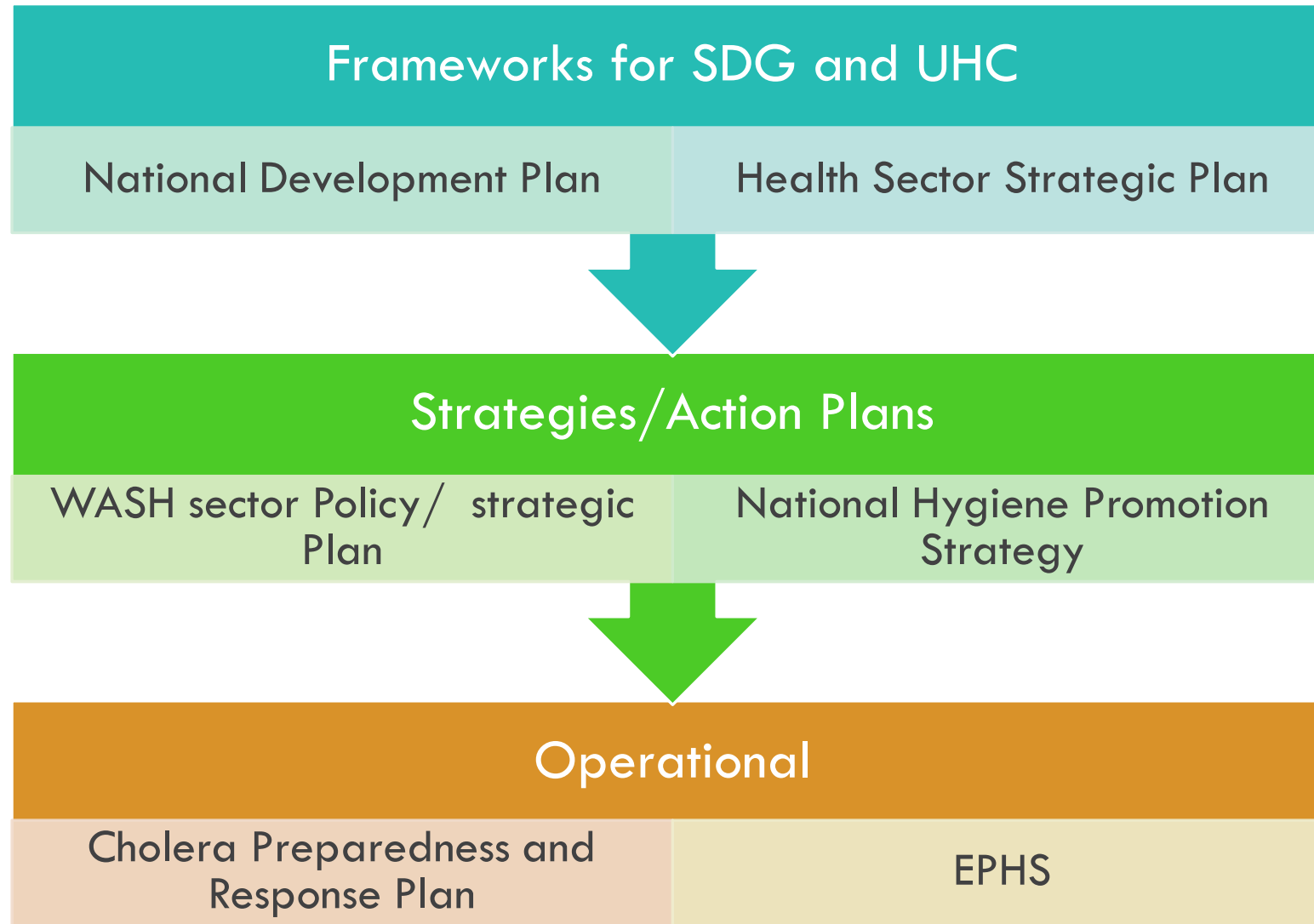
National Health Sector
Strategic Plan

Cholera Preparedness and
Response Plan

EPHS

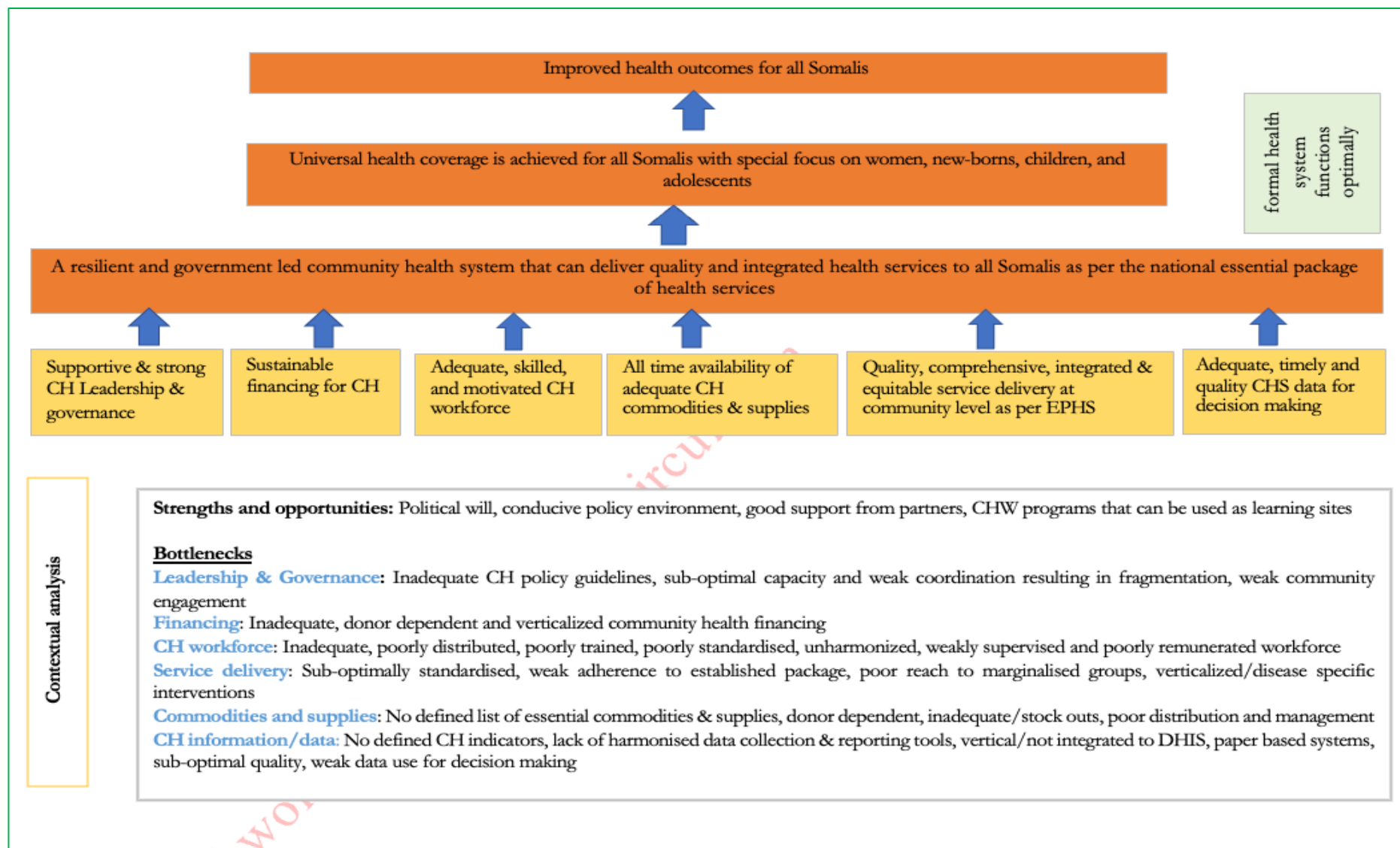
**Strong Health
System are
essential for HS
and UHC**

Cholera/AWD Interventions WASH



Strategic objectives create a resilient and sustainable community health systems in Somalia





MANAGEMENT OF PATIENTS PRESENTING WITH ACUTE WATERY DIARRHOEA

A. No sign of dehydration – ORS

- 50 ml ORS per kg body weight over 6 hours *plus* ongoing losses
- Send patient to home with 4 packets of ORS
- Feeding should be continued
- Return if condition does not improve or deteriorates
- Maintain hydration, replace continuing fluid losses until diarrhoea stops

B. Moderate dehydration – ORS

- 80 ml ORS per kg body weight over 4 – 6 hours plus ongoing losses
- Patient should be kept under observation for 6 - 12 hours
- Feeding should be continued
- Reassess the dehydration status frequently - hourly.

C. Severe dehydration – IV Sodium, potassium, bicarbonate solution (Ringer's lactate)

- Start IV fluid immediately (100 ml/kg)

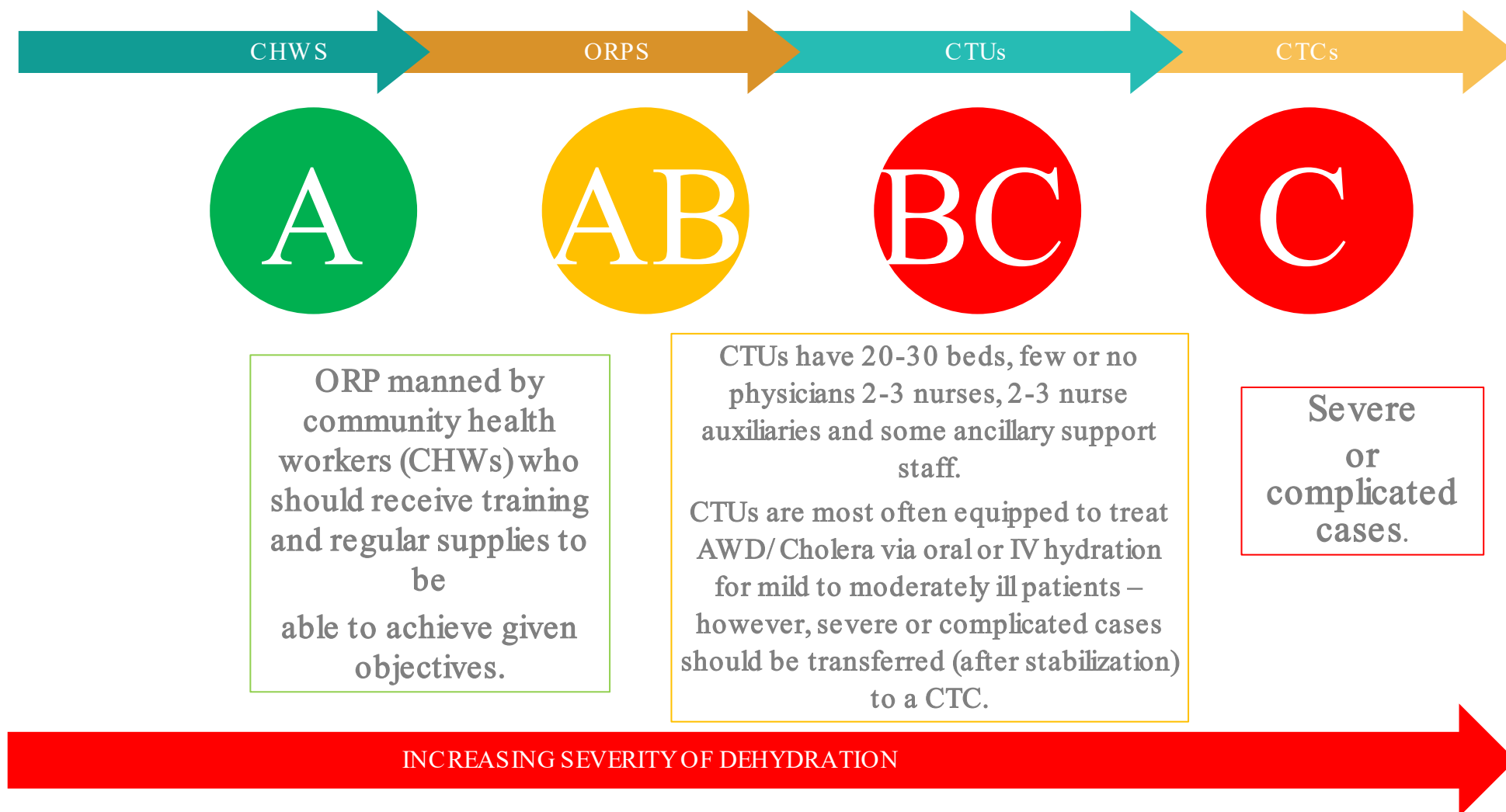
Children < 1 year: give 100ml/kg IV in 6 hours, as follows 30 ml / kg in the first 1 hour then 70 ml / kg in the next 5 hours

Adults and Children ≥ 1 year: give 100 ml/kg IV in 3 hours, as follows 30 ml / kg as rapidly as possible within 30mn and then 70 ml / kg in the next 2 1/2 hours

- Monitor regularly and reassess rehydration status
- Encourage the patient to take ORS solution (5ml/kg per hour) as soon as he/she is able to drink
- Start antibiotic after initial rehydration (4-6 hours)
- Maintain hydration, replace continuing fluid losses until diarrhoea stops

Reference: Cholera Standard case management Protocol, Compiled by FMOH, March 2017

AWD/ CHOLERA CASE MANAGEMENT



It is preferable to have one single CTC and several ORPs rather than multiple CTCs.

THE CASELOAD IN CHOLERA TREATMENT FACILITIES

➤ Cholera cases in drought-affected districts are being treated at ten out of (17) cholera treatment centers (CTCs) that are functional in those districts.

➤ The majority of these cases receive treatment at the following facilities: Belet Hawo CTC, which handles 2,803 cases (24%); Benadir Hospital CTC, with 2,798 cases (19%); Afgoi Hospital CTC, treating 1,027 cases (8%); and Kismayo Hospital CTC, which attends to 968 cases (7%)

Region	Name of CTCs	Wk36		WK37		Cumulative Cases (WK1-37)	Cumulative deaths (WK1-37)
		Admissions	Deaths	Admissions	Deaths		
Banadir	Banadir Hospital CTC	42	0	31	0	2798	0
Banadir	SOS Hospital	0	0	0	0	1	0
Bay	Bayhaw Hospital CTC	10	0	24	0	1014	3
Bay	Bur-hakaba referral CTC	40	1	29	0	204	2
Middle Shabelle	Jowhar Hospital CTC	23	0	21	0	836	0
Lower Shabelle	Afgoi Hospital CTC	15	0	19	0	1027	4
Lower Shabelle	Merka Hospital CTC	20	1	25	0	507	1
Lower Shabelle	Bulo Marer CTC	0	0	0	0	30	0
Bakool	Bakol R. Hospital CTC	0	0	0	0	66	0
Lower Juba	Afmadow CTC	0	0	0	0	267	1
Lower Juba	Dhobley Hospital CTC	0	0	0	0	102	0
Lower Juba	Goobwayn CTU	0	0	0	0	797	0
Lower Juba	Kismayo Hospital CTC	0	0	5	0	968	2
Lower Juba	QOOQAANI CTU	0	0	0	0	158	0
Lower Juba	Rahmo HC	0	0	0	0	372	6
Gedo	Belet Hawo Hospital CTC	17	0	20	0	2,803	10
Gedo	Dolow Hospital	0	0	0	0	596	1
Gedo	Luuq CTC	0	0	0	0	697	3
Total		167	2	174	0	13,243	33

USE OF INTRAVENOUS FLUIDS AT CTCs



CURRENT ADMISSION AT CTC-NO DEHYDRATION TO SEVERE DEHYDRATION

- Banadir region: 2,573 admissions, 30% severe
- Bay region: 1,165 admissions, 28% severe
- Gedo region: 4,076 admissions, 53% severe

Severe cases

40%

Treatment provided for all admissions

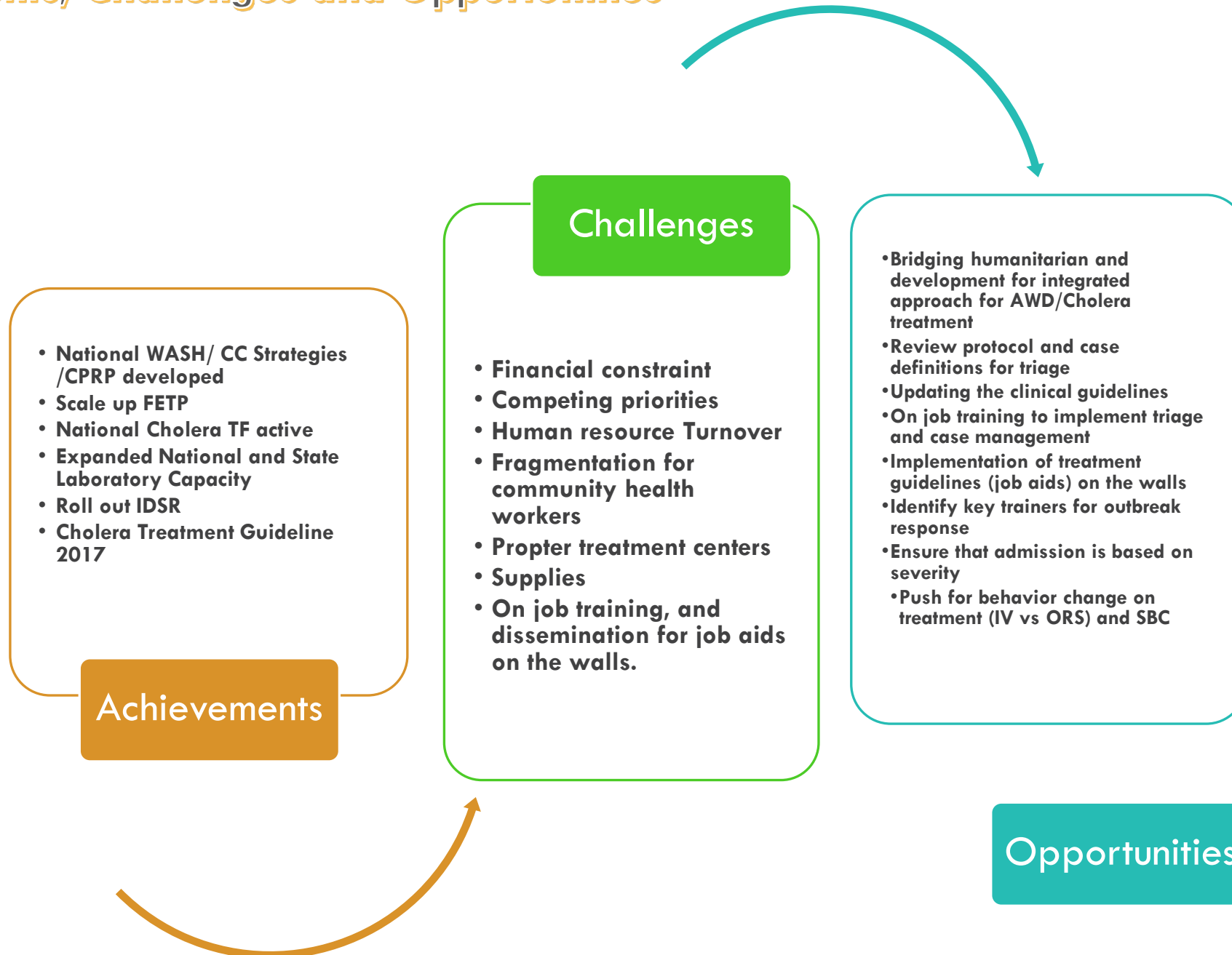
Antibiotics + IV fluid+ ORS

100%

What can we do differently to use IV fluids and antibiotics on only those who most need them?

Reflection: Cholera kit modules

Achievements, Challenges and Opportunities





Thank you

Together we can
#endcholera



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