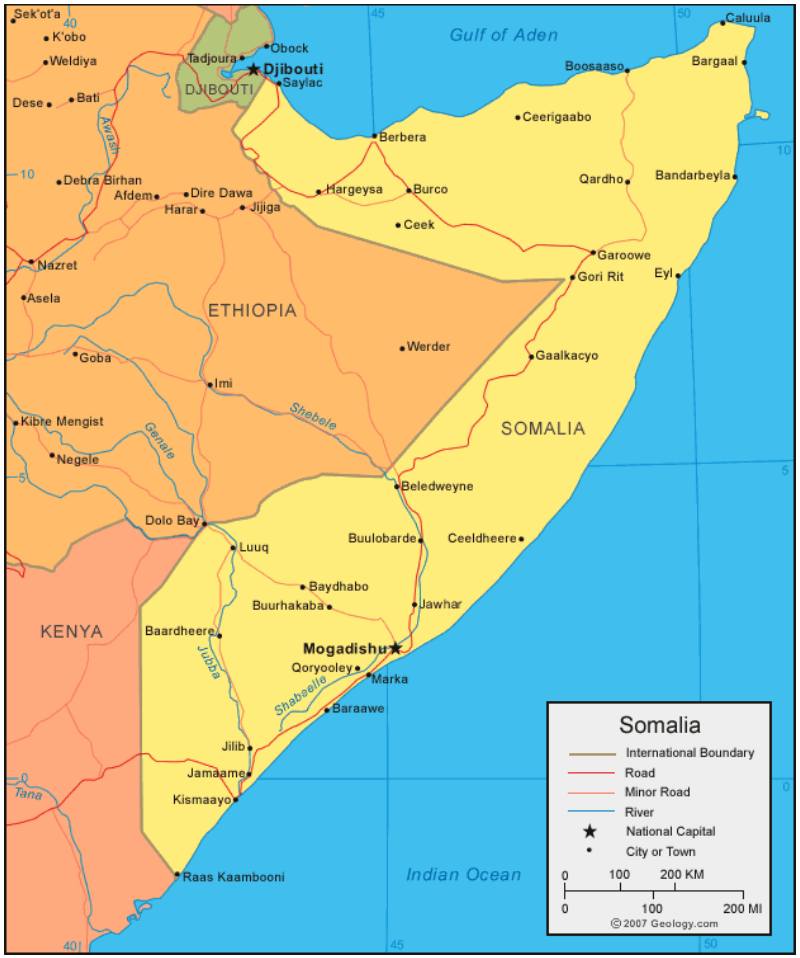

25th LEAP Meeting
October 3-4, 2018 –
Kampala, Uganda.
SOMALIA Presentation

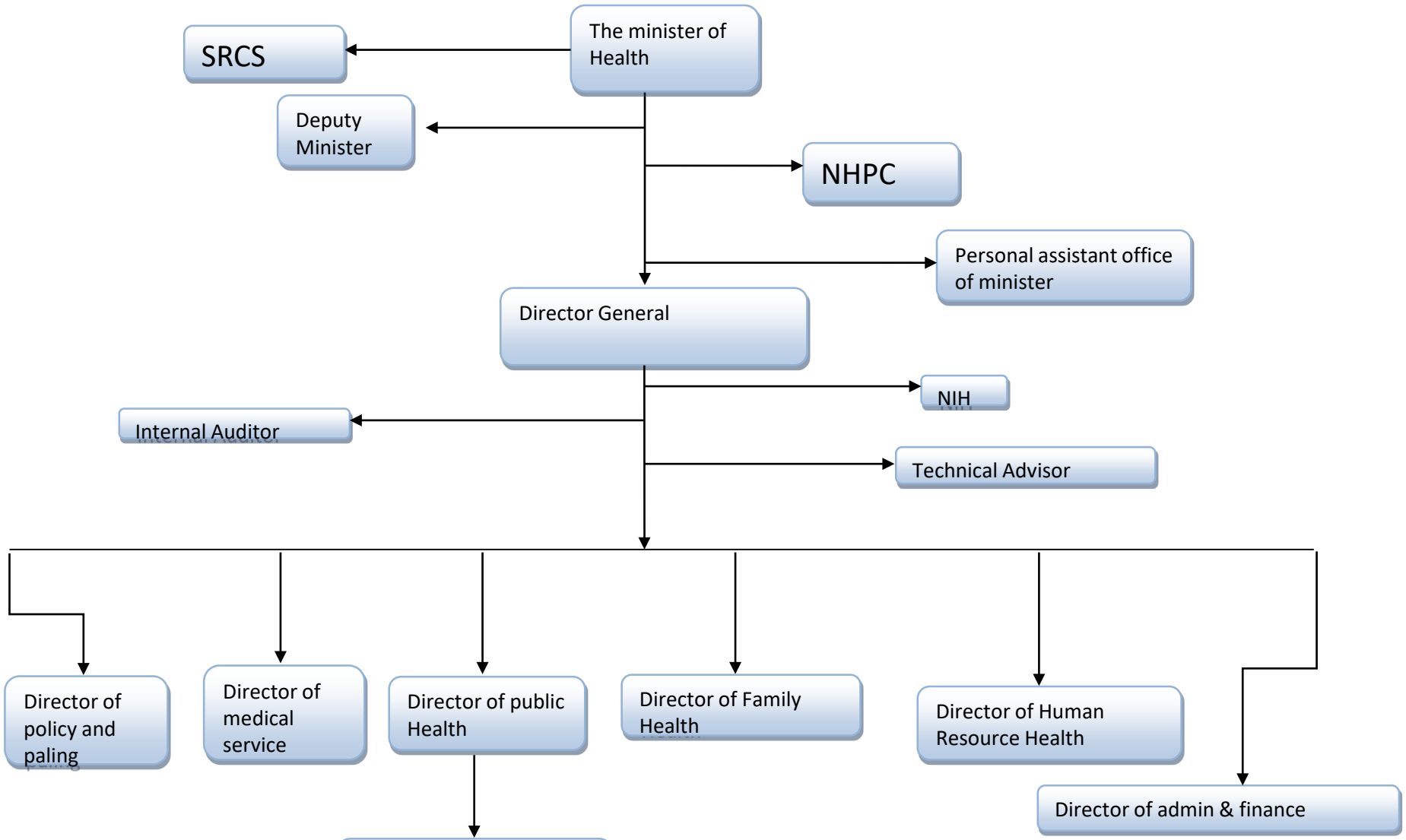
Somalia



- Is located in the Horn of Africa. It is bordered by Ethiopia to the west, Djibouti to the northwest, the Gulf of Aden to the north, the Guardafui Channel and Indian Ocean to the east, and Kenya to the southwest.

- **Pop estim**: 12.316 (2014)
  - 42% urban (2,9%)
- **Life expectancy**: M: 53.5; F: 56.5
- **Endemic** to at least 8 of the WHO listed NTDs.
- Recently **certified GWD Free**.
- **Kala Azar** is endemic all over the country mainly in the South and some pockets in the Northeast Somalia

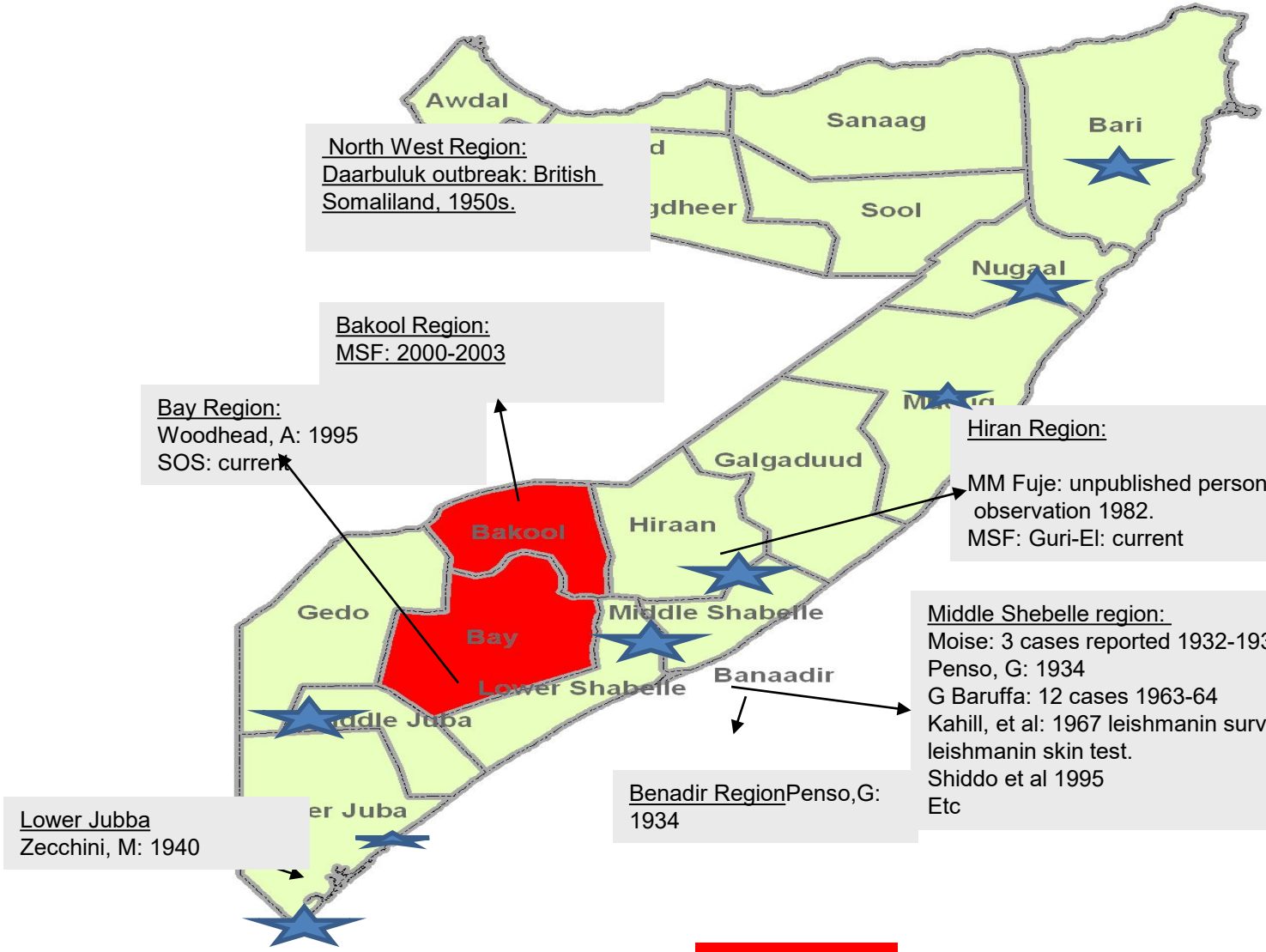
Somalia Federal MOH Organogram 2018 (Draft)



Visceral leishmaniasis in Somalia

- Background:
  - Visceral leishmaniasis is endemic in Somalia.
  - First cases were described in Jowhar,Benadir region, in the 1930s.
  - An outbreak of VL was reported in Da'arbuluk, British Somaliland in 1952.
  - Sporadic cases were detected all over Somalia including, Bari, Hiran, Gedo, Lower shebelle, Middle Shebelle, Bay, Bakool, etc.

Somalia



North West Region:
Daarbuluk outbreak: British Somaliland, 1950s.

Bakool Region:
MSF: 2000-2003

Bay Region:
Woodhead, A: 1995
SOS: current

Hiran Region:

MM Fuje: unpublished personal observation 1982.
MSF: Guri-El: current

Middle Shebelle region:
Moise: 3 cases reported 1932-1934.
Penso, G: 1934
G Baruffa: 12 cases 1963-64
Kahill, et al: 1967 leishmanin survey in Giohar: 718 leishmanin skin test.
Shiddo et al 1995
Etc

Benadir RegionPenso,G: 1934

Lower Jubba
Zecchini, M: 1940

- Endemic regions

New areas where cases were coming from

Background….

- The parasite is *Leishmania donovani donovani.*
- The predominant vectors are *Phlebotomus martini and Phlebotomus vansomerenae*.
- The breeding and resting sites of the sand flies are Termite hills and acacia trees. Both are densely dispersed all over Somalia.
- The disease is currently endemic, but it is not included in the list of the Notifiable ones and not included in the HMIS.

Background….

- V L in Somalia is considered as an antroponotic disease and Man is the only known reservoir.
- Children are the most affected category.
- Currently most of the VL cases are reported and managed in 9 Treatment centers namely, Baidoa (SOS), Tieglow and Hoddur located respectively in Bay and Bakool regions and in Bossaso General Hospital (BGH), Benadir Region (2 centers), Kisimayo, Beletwein and Jowhar.
  - Only 6 are currently reporting regularly.

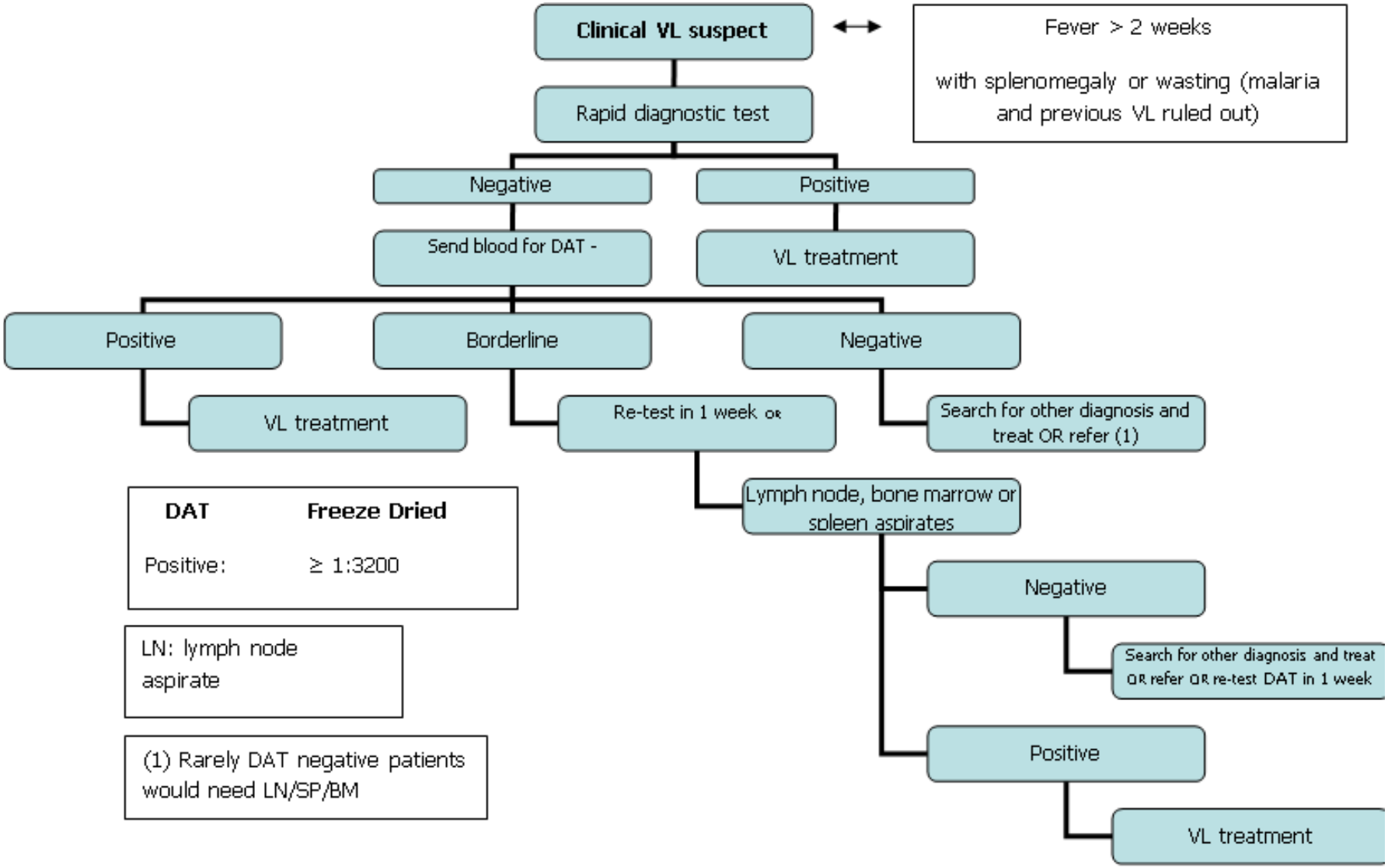
VL: Background…….

- Post Kala azar Dermal Leishmaniasis (PKDL)/PK Dermal Mucosal Leishmaniasis: are extremely rare and not been detected so far in Somalia.
- No cutaneous VL cases have been described in Somalia.

Diagnosis

- Diagnosis is mainly clinical coupled with RDT rK39 positivity according to the *"Guideline for diagnsosis, tratment and prevention of VL in Somalia. 2012".*
- **Case definition of a clinical suspicion of VL**
  - History of prolonged fever (more than 2 weeks) AND splenomegaly or wasting.
  - Exclude Malaria.
  - Do rK39 test: If positive
  - Start treatment.

Diagnostic algorithm of Primary Visceral leishmaniasis (VL in Somalia)



- DAT currently not done

Treatment

- First line treatment for Primary Kala azar:
  - Combination Therapy: SSG + Paromomycin for 17 days.
  - SSG alone 20mg/kg for 30 days.
  - Liposomal amphotericin B: treatment of choice for pregnancy, severe patients and HIV-coinfection (Not available.)
- Treatment of Relapse:
  - SSG+Paromomycin for 17-30 days. Check TOC weekly. Continue SSG for 30 days but stop Promomycin 17 days because of toxicity.
  - SSG alone for 40-60 days.
  - If no response go for Liposomal Amphotericine B: 3-5mg/kg/day over 6-10 days. Do not exceed 30mg/kg. Cold chain is required.

Surveillance

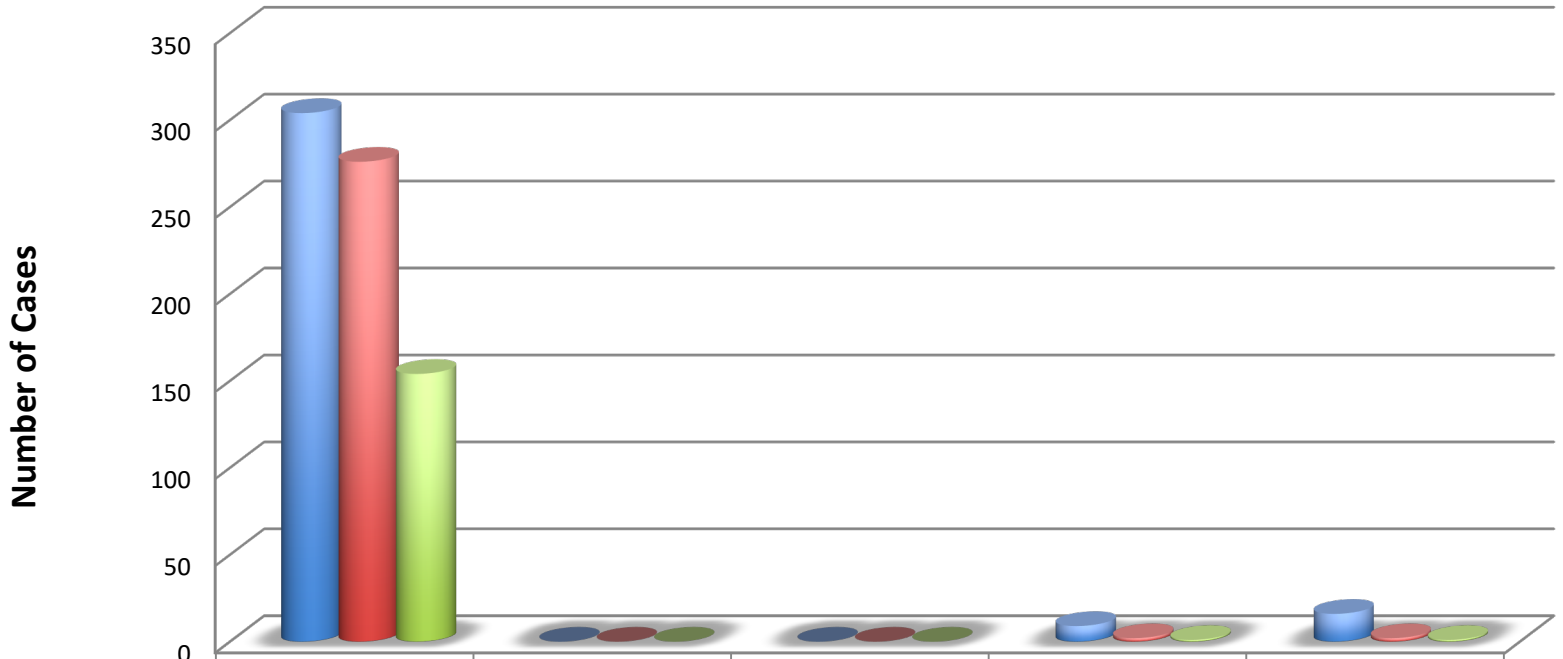
Anatomy of the VL Surveillance in Somalia

- Passive nature
- Limited active case finding.
- Trained staff in each centre.
- Almost 6 centres report regularly on monthly basis. 3 are yet to report, but will start soon.
- Important variables are collected from patients admitted in the 6 centers.
- Standardized forms are used for data collection and data reporting.
- Crude data is sent to NTD Unit TFG MOH and to WHO.

Anatomy of the VL Surveillance in Somalia

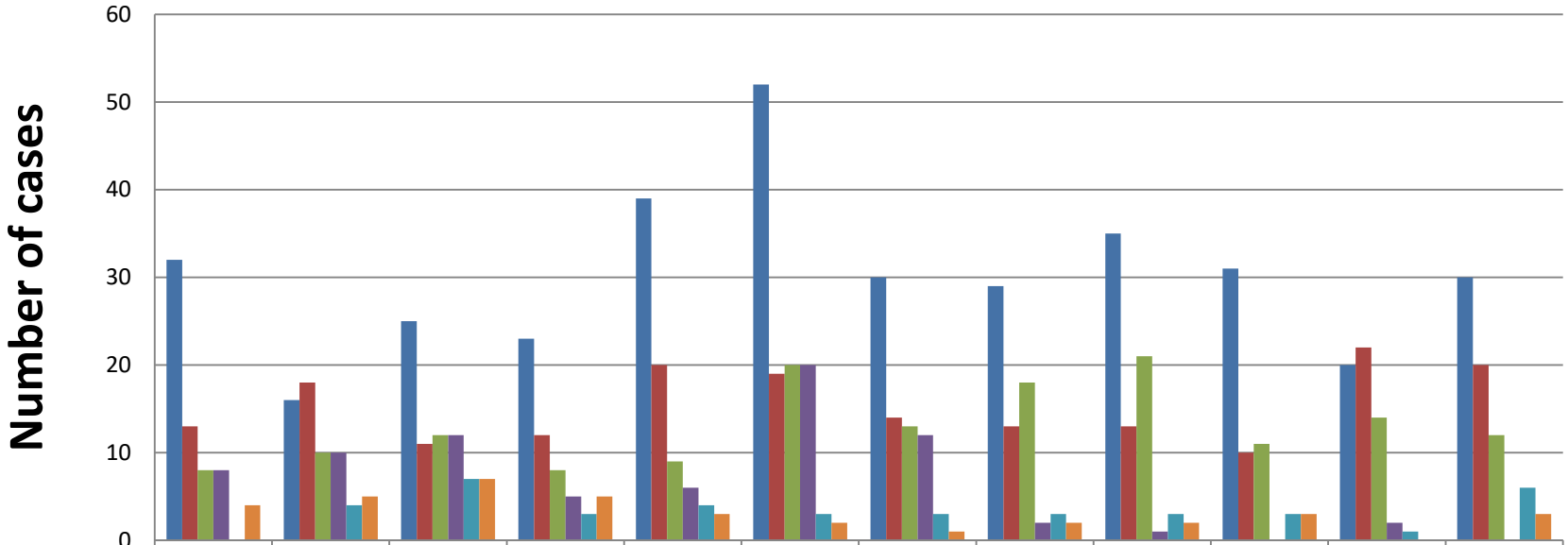
- The information to collect and report are in the National Guideline.
- Variable collected are:
  - Age in 3 variables
  - Sex in two variables
  - Clinical case of the VL in 3 variables (PK, Relapse, PKDL).
  - Nutritional status
- Clinical Diagnosis in 3 variables
- Lab diagnosis used and the result in 2 variables
- Treatment used
- Outcome of the treatment in 3 variables
- etc

VL Data Jan-Dec 2016



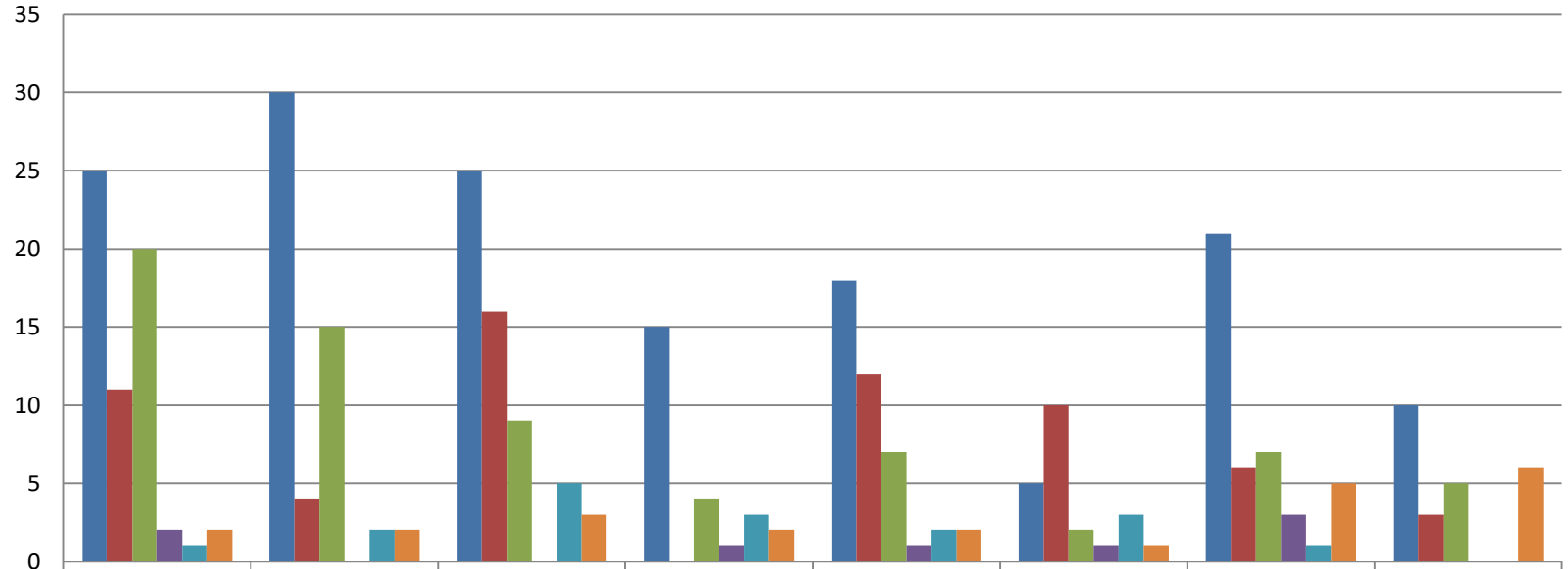
	Pimary Kala azar	PKDL	Relapse	Defaulters	Deaths
Bay SOS	304	0	0	9	16
Bakol Tieglow	276	0	0	2	2
Bakol Hoddur	154	0	0	1	1

2017 Monthly VL Data



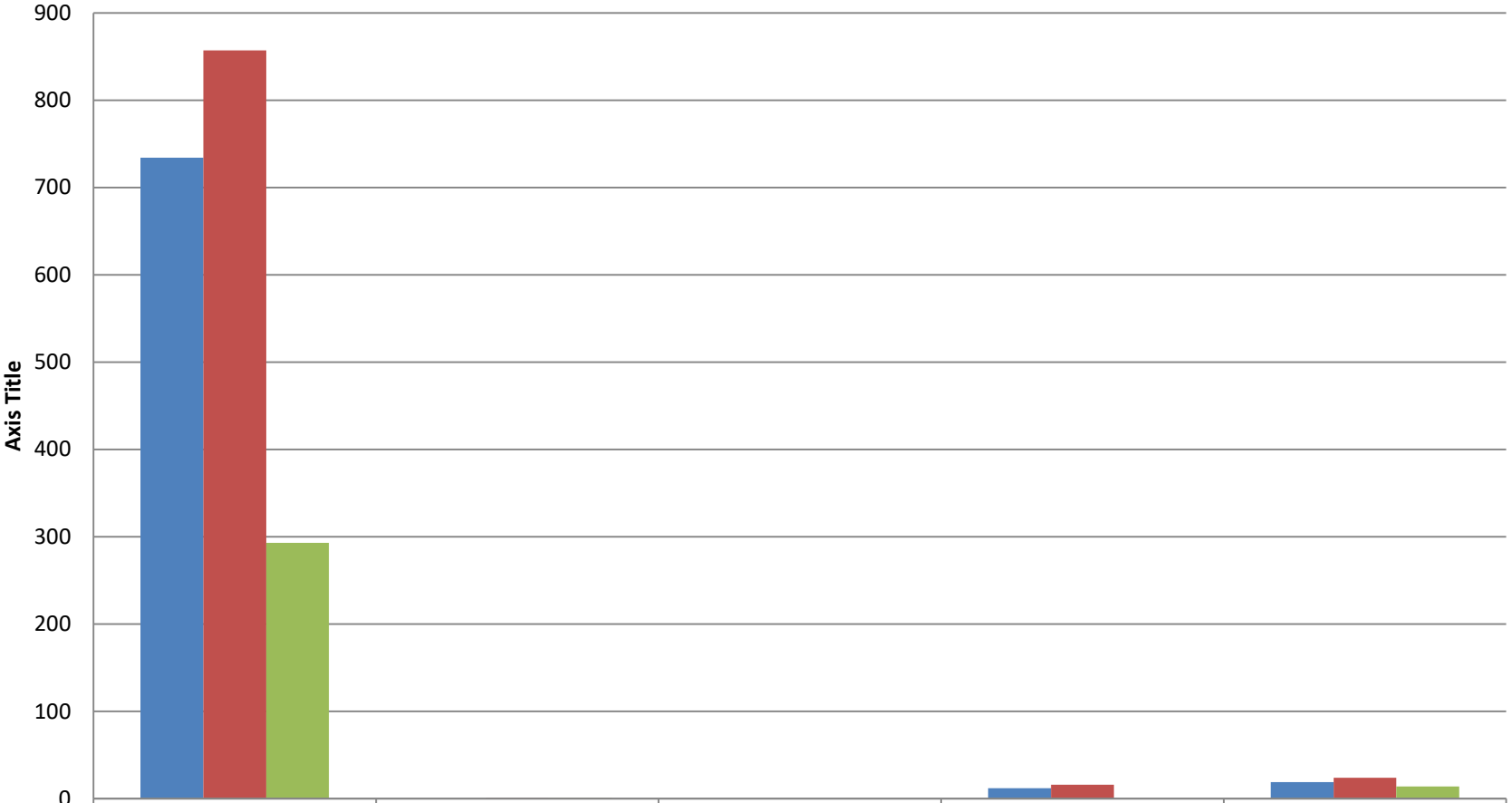
	Janauary	Febuary	March	April	May	June	July	August	Septembe r	October	Novembe r	December
Baido	32	16	25	23	39	52	30	29	35	31	20	30
Hudur	13	18	11	12	20	19	14	13	13	10	22	20
Tieglow	8	10	12	8	9	20	13	18	21	11	14	12
Kismaio	8	10	12	5	6	20	12	2	1	0	2	0
Mogadishu	0	4	7	3	4	3	3	3	3	3	1	6
Bosaaso	4	5	7	5	3	2	1	2	2	3	0	3

2018 Monthly VL Data



	Janauary	Febuary	March	April	May	June	July	August
Baido	25	30	25	15	18	5	21	10
Hudur	11	4	16	0	12	10	6	3
Tieglow	20	15	9	4	7	2	7	5
Kismaio	2	0	0	1	1	1	3	0
Mogadishu	1	2	5	3	2	3	1	0
Bosaaso	2	2	3	2	2	1	5	6

2016-18 VL Cases



	Primary KA	Relapses	PKDL	Defaulter	Death
2016	734	0	0	12	19
2017	857	1	0	16	24
2018	293	1	0	0	14

Training for the expanded VL centres

KA Monthly reporting Forms

Annex 17: Kala-azar monthly reporting forms

TREATMENT ACTIVITIES KALA AZAR **YEAR……** **TREATMENT SITE ……**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
Total cases Admitted													
Primary KA/ new case													
Relapses													
PKDL													
No. of Primary KA cases													
Discharged													
Defaulters													
Deaths													
No. Of Relapses													
Discharged													
Defaulters													
Deaths													
No. of PKDL (Post Kala azar Dermal Leishmaniasis)													
Discharged													
Defaulters													
Deaths													

Demographic characteristics, Primary KA	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOTAL
SEX													
Male													
Female													
AGE GROUP													
< 5years													
5 - 14 years													
15 years and above													

Line Listing

Date	treatment SITE	Patient number/	Patient name	Region	District	Village	Age	Sex	Months sick	Z-score	Rapid test (rk39)	Treatment starting date
1/2/16	Baidoa	1	Saydo Ibrahim Mohammed	Bay	B/bayed	Celdhere	3Y	F	3M	<-3	Positive	1/2/16
1/2/16	Baidoa	2	Aniso Abdi Ali	Bay	Baidoa	Afaryaqli	8Y	F	6M	>5	Positive	1/2/16
1/2/16	Baidoa	3	Muno Yusuf Mustaf	Bay	Baidoa	Wariri	5Y	F	4M	>5	Positive	1/2/16
2/1/16	Baidoa	4	Nasteho A/rahman Ali	Bay	Baidoa	Horsed	7Y	F			Negative	
1/4/16	Baidoa	5	Farxiyo ibrahim c/xafid	Bay	Dinsor	Misri	10y	F	3M	<-3	Positive	1/4/16
1/6/16	Baidoa	6	Abdiqadir ali mohammed	Bay	B/bayed	Kayow	18y	M	4M	>5	Positive	1/6/16
1/7/16	Baidoa	7	Abshir ahmed hassan	Bay	Baidoa	Gaydhilow	5y	M	4M	>5	Positive	1/7/16
1/9/16	Baidoa	8	Ali isack manur	Bay	Baidoa	B/aw omar	11y	M	3M	>5	Positive	1/9/16
1/10/16	Baidoa	9	Bisharo nor ali	Bay	Baidoa	Hagarka	11y	F	3.5M	>5	Positive	1/10/16
1/10/16	Baidoa	10	Abdi miiris ali	Bay	Baidoa	Idinta	3y	M	2M	<-2	Positive	1/10/16
1/11/16	Baidoa	11	Dowlay ise mohammed	Bay	Baidoa	S/dheer	6y	F	5M	>5	Positive	1/11/16

KAARKA DAWEYNTA BUKAANKA QABA KA

Maalinta---------- Goobta daweynta----------

NAMBARKA BUKAANKA /ID---------- MAGACYADA----------

DA'---------- JINSI LAB ☐ DHEDIG ☐ UUR Maya ☐ Haa ☐

TUULO----------MAGAALO---------- GOBOL----------

MEEQA BIL OO XANUUN AH----------
HORAY MALOOGA DAAWEEYAY KA No ☐

Haa Goorma---------- ☐

Xagee----------
Daaweyn----------

XAALADDA GUUD Edema No ☐ Jaundice No ☐ Lymphadenopathy No ☐
Haa ☐ Haa ☐ Haa ☐

Wuu socon karaa: ☐ Ma socon karo: ☐

MIISAAN: ----------Kg DHERER: ----------cm BMI---------- Z SCORE----------

XAJMIGA BEERYARAHA----------cm XAJMIGA BEERKA ----------cm

Jiritaanka caabuqyo la socoda: No ☐ Haa ☐

Haddii Jawaabtu tahay haa, Sheeg:

Qaaxo ☐

Duuma ☐

Shuban ☐

Qaarjeex ☐

HIV ☐ adii jawaabtu tahay Haa HIV, ma qaataa ART?

- **Lifaaqa 10aad. Kaarka fasixidda bukaanka KA ka**
- Magac NAME:_____NO:___
- Da’ (AGE):_

Jinisi (SEX):M (Lab) F (Dheddig)----------

- TUULO (VILLAGE)_____
- DISTRICT (Degmo)_____
- KA bilow (1oKA) Rogaalcelis (RELAPSE-KA)KA ka Maqaarka (PKDL)
- SSG/Glucantime PAROMO AMBISOME Daawooyinka kale Other drugs(specify)
- Maalinta soo geliddaa (ADMISSIONDATE):
- Maalinta bixitdda (DISCHARGE): Maalinta (DATE):
- Miisaan (Weight):
- Beeryar (SPLEEN)
- Beer (LIVER):
- TOC:

Achievements

- Strong Political commitment.
- Expansion of the reporting VL centres from 3 to 9 (6 are reporting on time. Supplies are available in all of the nine centers).
- The VL National guideline is translated into Somali language.
- All staff in the selected 9 endemic regions are trained on the Somali version of the VL manual.
- Active case finding and follow up is planned.
- VL is included in the curricula of the Nursing schools and Medical universities.

Challenges

- Insecurity prevailing in some of the endemic areas.
- Unknown burden and disease distribution
- Resources: inadequate in terms of funds, supplies, staff within the FMOH, etc.
  - High demand for VL treatment.
  - Temporary interruption of supplies.
  - DHIS2 not yet operational for VL.
  - Countrywide coverage not yet achieved.
  - AMBisome not yet available in Somalia.

Major focus areas for 2018-19

- Advocate for more commitment for NTDs in general and seek support from FMOH to include Visceral leishmaniasis in the list of the notifiable diseases.
- Develop national VL strategic plan and master plans
- Mobilize resources for Leishmaniasis and build partnerships.
- Scale up the program and conduct outreach activities in the community, expand the treatment centers through integration with PHC.
- M&E and surveillance to be established
- Conduct series of capacity building at community level for early diagnosis and prompt treatment and reduce the transmission of VL within the community.

THANK YOU