



IDSR Epidemiological Bulletin Somaliland

Epi Week 40 (29st Sept - 5th Oct 2025) ||

Publication Date: 14th Oct 2025

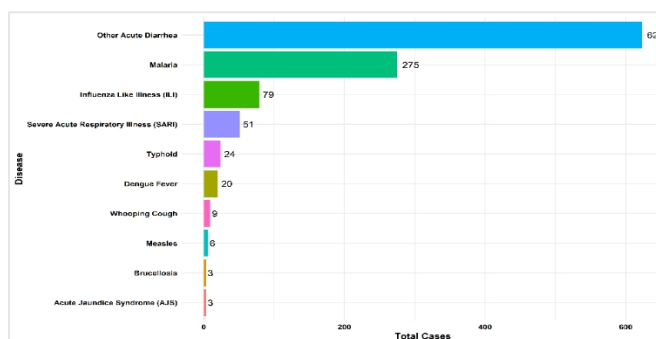


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(MOHD), Somaliland Republic

Department of Planning- HMIS Section

1. Key Highlights

Figure 1. Top ten conditions reported in Epi week 40



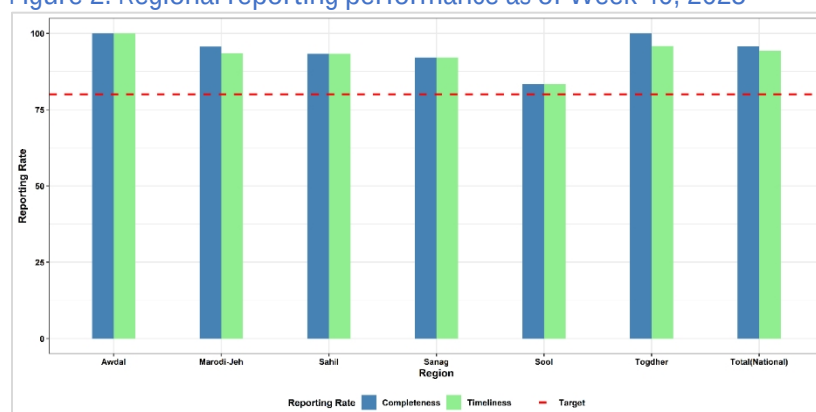
- ❖ During Epi Week 40, a total of 1,095 cases of priority conditions were reported from 136 of the 142 surveillance sites in which IDSR is implemented. Top conditions reported in the current Epi Week were other acute diarrhea (623), malaria (275), influenza like illness (ILI) (79), severe acute respiratory illness (SARI) (51), typhoid (24), dengue fever (20), whooping cough (9), measles (6), brucellosis (3) and acute jaundice syndrome (2) (Figure 1).
- ❖ In Epidemiological Week 40, the overall completeness and timeliness of surveillance data reporting performance in Somaliland reached 96% and 94%, respectively. In Epi week 40, reporting performance showed further improvement, the **increases of 1% in completeness and 2% in timeliness compared to proceeding week.**
- ❖ Between Epi week 32 to Epi week 40, a cumulative 4,921 other diarrhea cases, 1230 confirmed malaria cases, 377 SARI cases, 307 ILI cases and 228 typhoid cases were reported.
- ❖ An active outbreak of measles exists in Somaliland, particularly in Togdher region having the highest caseload followed by Marodi-jeh and Sahil regions. Strengthening of routine immunization to prevent further spread and urgent vaccination campaigns are crucial

2. Reporting Performance

The performance of surveillance reporting is measured by the proportion of facilities that submitted their reports both on time and in full. In week 40, the number of surveillance sites that submitted complete reports were about 1% higher than that of the preceding week. In addition, facilities that sent their reports on time in Epi Week 40 were 2.3% higher than in Epi Week 39. These reflect a **continued upward trend in IDSR reporting performance**, underscoring the commitment of Health facilities, regional teams and the effectiveness of ongoing coordination efforts.

Awdal region recorded the highest score both timeliness and completeness rates at 100%, followed Togdheer (100% completeness and 96% timeliness) and Marodi-jeh (96% completeness and 93% timeliness) regions. On the contrary, the lowest-performing region was Sool region which achieved 83% for both timeliness and completeness. However, it is worth noting that number of surveillance in Sool region are only six.

Figure 2. Regional reporting performance as of Week 40, 2025



Overall, all regions except Sahil have shown improved reporting performance during the last five weeks. Completeness has increased from 77% (110/142) in Epi Week 36 to 96% (136/142) in Epi Week 39, while timeliness increased from 70% (100/142) to 94% (134/142) during the same period. Togdher region demonstrated the highest improvement in timeliness, increasing from 58% to 96%, representing a 65.5 percent increase. However, with respect to completeness, Sanaag region recorded the greatest progress, showing a 53.3 percent increase from 60% to 92%.

Table-1 Summary of Reporting performance as of Week 40, 2025

Region	Expected reports	Actual reports	Reports on time	COmpleteness	Timeleiness
Awdal	26	26	26	100%	100%
Marodi-Jeh	46	44	43	95%	93%
Sahil	15	14	14	93%	93%
Sanag	25	23	23	92%	92%
Sool	6	5	5	83%	83%
Togdher	24	24	23	100%	95%
Total (National)	142	136	134	96%	94%

3. Summary of cases, deaths and CFR of priority conditions reported

This section presents a consolidated overview of reported cases, associated deaths, and calculated case fatality rates (CFR) for each priority conditions captured through the Integrated Disease Surveillance and Response (IDSR) system during Epidemiological Weeks 40 and cumulative. By analyzing these indicators, the section aims to inform targeted interventions, resource prioritization, and early warning practices within Somaliland's public health framework.

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Table 2: Summary Priority Diseases/Conditions_ epi WK40 and Cumulative

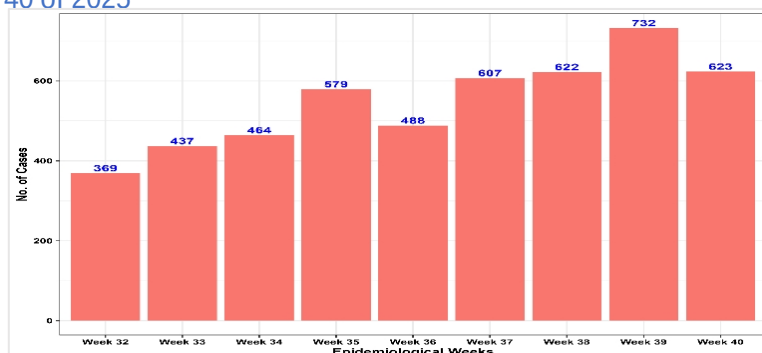
	WK 40 (29 Sept–5 Oct 2025)			Cumulative - WK 32 to WK39 (04 Aug to 5 Oct 2025)		
Disease	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)
Acute Flaccid Paralysis (AFP)	0	0	0	10	0	0.00
Acute Hemorrhagic Fever Syndrome	0	0	0	0	0	0.00
Acute Jaundice Syndrome (AJS)	3	0	0	17	0	0.00
Acute Watery Diarrhea/Cholera	0	0	0	0	0	0.00
Adverse Drug Reaction (ADR)	0	0	0	2	0	0.00
Adverse Events Following Immunisation (AEFI)	0	0	0	0	0	0.00
Anthrax	0	0	0	0	0	0.00
Bloody Diarrhea	1	0	0	1	0	0.00
Brucellosis	3	0	0	49	0	0.00
Chikungunya	0	0	0	0	0	0.00
Cluster Of Illness (Humans Or Animals)	0	0	0	0	0	0.00
Dengue Fever	20	0	0	103	0	0.00
Diphtheria	1	0	0	26	5	19.20
Human Rabies	0	0	0	0	0	0.00
Influenza Like Illness (ILI)	79	0	0	307	0	0.00
Malaria	275	0	0	1,230	0	0.00
Measles	6	0	0	87	0	0.00
Meningococcal Meningitis	0	0	0	9	0	0.00
Neonatal Tetanus	0	0	0	0	0	0.00
Other Acute Diarrhea	623	0	0	4,921	0	0.00
Severe Acute Respiratory Illness (SARI)	51	0	0	377	0	0.00
Typhoid	24	0	0	252	0	0.00
Whooping Cough	9	0	0	51	0	0.00
Yellow Fever	0	0	0	0	0	0.00
Total	1,095	0	0	7,442	5	0.07

Other Acute Diarrhea

In Epi Week 40, 623 cases and zero deaths of other acute diarrhea were reported.

Other acute diarrhea has been the leading condition reported since week 32. However, cases reported in week 40 dropped by 14.9% compared to those reported in the preceding week.

Figure 3. Trend of other acute diarrhea cases from Wk 32 to WK 40 of 2025

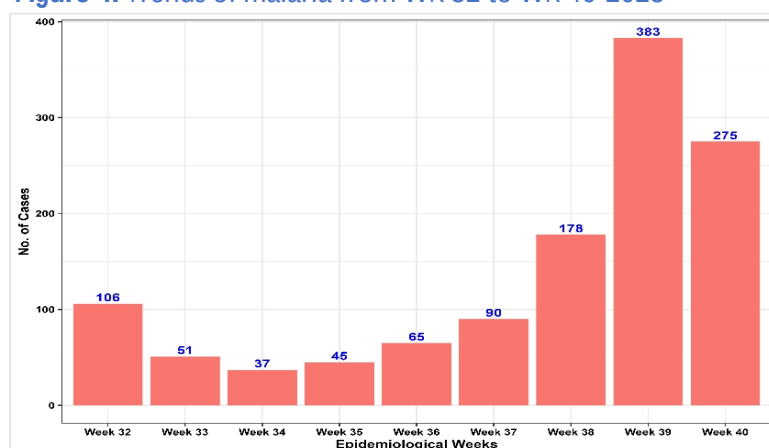


Malaria surveillance

During Epi Week 40, 275 new confirmed cases of malaria were reported, bringing the cumulative total to 1230 cases since the beginning of Epi Week 32. No deaths were reported this week.

The new confirmed cases of Epi Week 40 (275 cases) reflect a 28.2% decrease of cases from Epi Week 39 (383 cases).

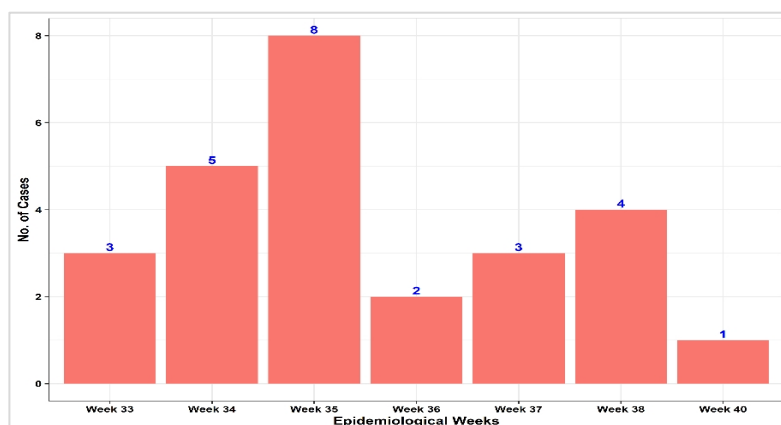
Figure 4. Trends of malaria from WK 32 to WK 40-2025



Diphtheria Surveillance

One new diphtheria case was reported from **Badhan district** in Epi Week 40 bringing the cumulative diphtheria cases to 26 cases and 5 deaths since the first case of diphtheria was identified in week 34 with CFR of 20 percent . The majority of cases (80.8 Percent (21/26)] were over 5 years old and 76.9 percent (20/26) of the cases were females.

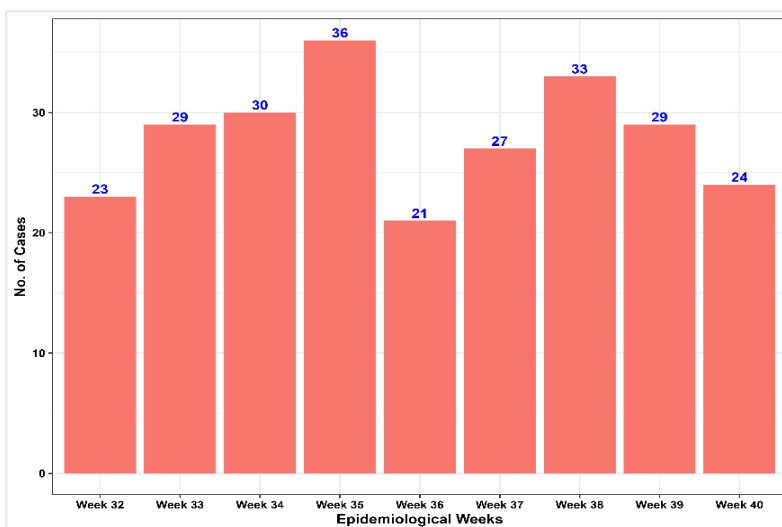
Figure 5. Number of cases of diphtheria reported since the outbreak.



Typhoid

During epidemiological week 40, 24 cases of typhoid fever were reported with cumulative 252 cases since the start of Epi Week 32. Of the cumulative cases reported 92.1% (232/252) were older than 5 years of age and 59.1% (149/252) were females. The highest number of cases 57.1% (144/252) were reported from Sool region followed by Togdheer region with 26.2% (66/252).

Figure 6. Trends of typhoid cases for WK 32 to WK 40-2025

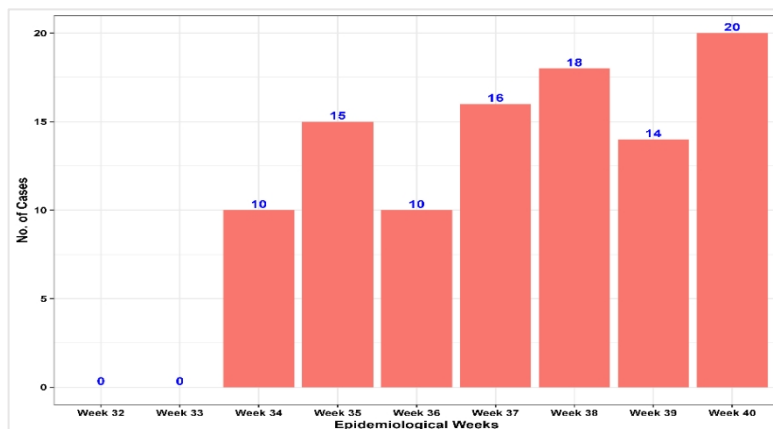


Dengue Fever Surveillance:

In epidemiological week 40, 20 cases of dengue fever were reported. Of these, 65.0 percent (13/20) were females and 40.0 percent (8/20) were reported from Marodi-jeh region.

Regarding the cumulative cases since week 32, 103 cases of dengue fever were reported. Of the cumulative cases, 56.3 percent (58/103) were females and 60.2 percent (62/103) were older than 5 years of age. Notably, 75.7 percent (78/103) of the dengue fever cases were reported from Togdheer (41/103) and Sahil regions (37/103).

Figure 7. Trends of dengue fever cases for weeks 32 through 40 of 2025



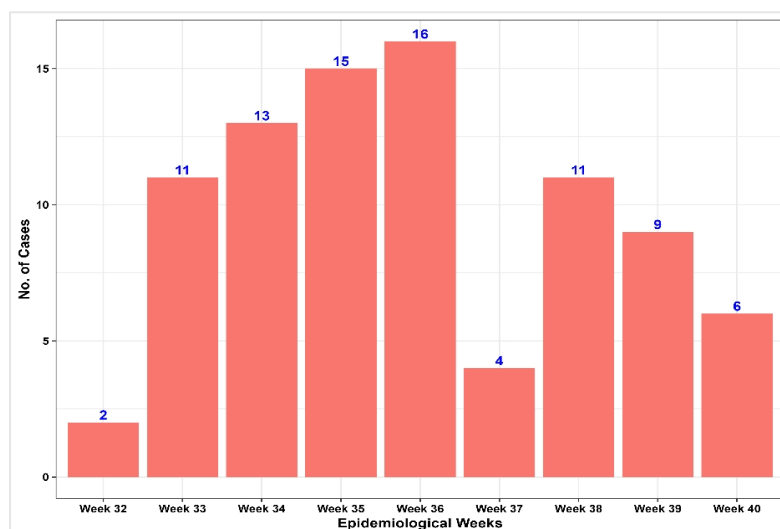
AFP Surveillance:

No new AFP cases were reported during Epidemiological Week 40 and the cumulative number of AFP cases from Week 32 through Week 40 remains at 10 cases. Notably, no associated deaths were reported during this period. This supports ongoing efforts to maintain polio-free status.

Measles Surveillance

Figure 8. Trends of measles cases for weeks 32 through 40 of 2025

In Epi Week 40, 6 cases of Measles were reported reflecting a 33.3 percent decrease of cases compared to Epi Week 39 (9 cases). The majority of cases, 4 of the 6 (66.7 percent) cases reported, were under-five children and 3 of them (50.0 percent) were females. In addition, 5 of the 6 cases (83.3 percent) were reported from Togdheer region, accounting for the highest weekly case load.



4. Detailed Analysis of Selected Priority Conditions

This section provides expanded analysis of conditions previously highlighted in the summary, focusing on those with potential outbreak signals or emerging public health relevance. It includes disaggregated data by sex, identification of hotspot districts or health facilities and contextual insights to support targeted response and planning.

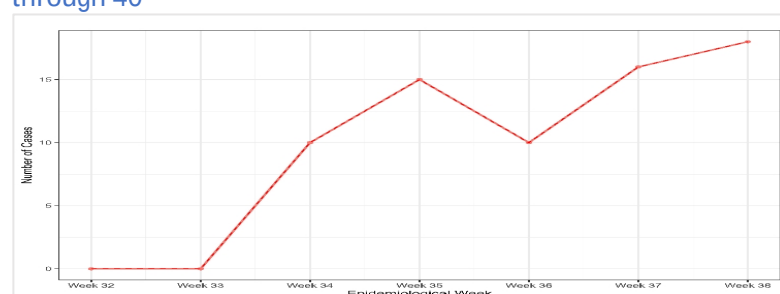
4.1. Dengue Fever

Overall, 103 cases of dengue fever were reported between weeks 32 and 40. Among these cases, 62 (60.2 percent) were older than 5 years and 58 (56.3 percent) were females.

The number of dengue fever cases has fairly increased over the past five weeks, with the exception of Epi Week 36. Additionally, the disease has shown a gradual expansion into regions that had previously reported no cases.

Togdher (41 cases) and Sahil (37 cases) regions reported the highest cumulative number of dengue fever cases. In Togdher region, dengue fever cases were reported from Buroa (35 cases) and Odweine (6 cases) districts. The first case of dengue fever in Togdher region was reported in

Figure 9. Number of malaria cases reported for Epi Weeks 32 through 40

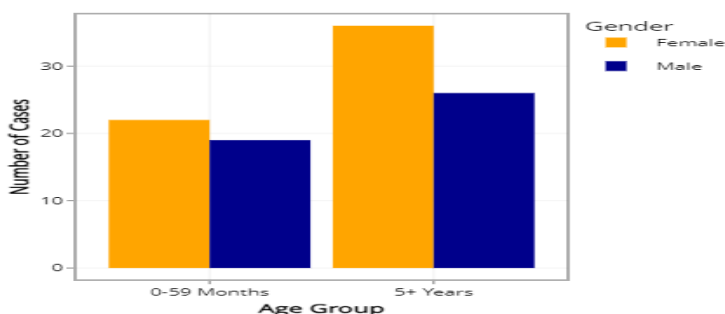


Epi Week 34, with cases peaking in Epi Week 35. Since then, a steady decline has been observed, with Toghdher reporting its lowest number of cases in Epi Week 40.

In Sahil region, dengue fever cases were reported from Sheikh (27 cases) and Berbera (10 cases) districts. Of the 37 cases reported from Sahil region, 51.4 percent were older than 5 years of age and 54.1 percent were females. The first cases were reported in Epi Week 36 and a decrease in the trend of cases was observed in Week 40.

Despite the decreased number of cases in both Toghdher and Sahil regions in Week 40, Marodi-jeh region demonstrated a spike increase of the number of dengue fever cases. Additionally, new cases were reported from regions where cases have not been previously reported.

Figure 10. Dengue fever cases Age-sex distribution from week 32 to week 40 of 2025



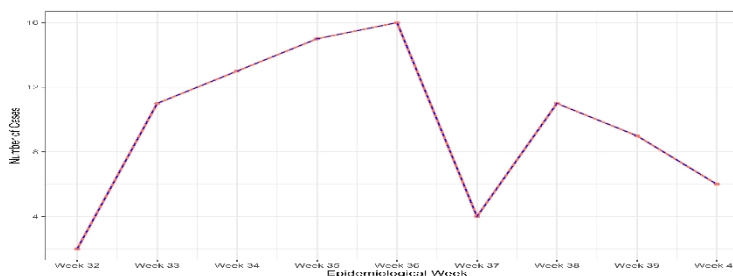
Of the 103 cases reported from all regions, 60.2 percent were older than 5 years of age and 56.3 percent were males. The highest proportion of cumulative cases in all the regions were reported in Buroa (34.0%) and Sheikh (26.2%) districts.

4.2. Measles cases

Since epidemiological week 32, cumulative measles cases of 87 were reported. In Epi Week 40 alone, 6 cases of measles were reported. Of all the cases reported in Epi Week 40, 83.3 percent (5/6) were reported from Togdheer region.

Measles cases are widely distributed across regions with Togdher (50 cases) contributing the highest number of cases followed by Maroodi-jeh (16 case) and Sahil regions (12 cases). However, in Epi Week 40, only two regions (Togdheer (5 cases) and Sool (1 case) have reported measles cases. Of the 50 cases reported in Togdher region, 86.0 percent were reported from Burao district while the remaining 14.0 percent were reported from Buhodle district. In addition, 82.0 percent of the cases were under-five children and 60.0 percent were females.

Figure 11. Trends of measles cases from week 32 to week 40 of 2025



5. Summary of ongoing public health events in the region

- ✚ Cholera/Acute Watery Diarrhea remains the dominant threat across countries of the Horn Africa and Yemen, with South Sudan, Sudan and Ethiopia and Yemen carrying the heaviest current burdens.
- ✚ Mpox is emerging as a notable concern in Kenya with sustained transmission. In Ethiopia, as of 8 October, 28 Mpox cases including one death (CFR 3.6%) were reported
- ✚ According to Africa CDC, as of 8 October 2025, measles cases were reported in Ethiopia (4,429 cases), Kenya (61 cases), Somalia (7,832 cases), and Sudan (3,004 cases).

6. Recommendations

- ✓ The continued high number of malaria cases along with the ongoing rainy season, warrants continued malaria prevention and control measures.
- ✓ The continued reporting of measles cases, particularly in Togdheer, Marodi-jeh and Sahil regions combined with the high burden of measles in Somalia and Ethiopia suggests the need for urgent vaccination campaigns and targeted interventions.
- ✓ The detection of a new diphtheria case in Epi Week 40 warrants continued vigilance and enhanced control measures. Key measures, including prompt case reporting, timely case management and environmental interventions should be continued until the decline is sustained over a long period.
- ✓ Given that other diarrhea cases continue to account for the highest number of reported cases and shows an increase of cases compared with previous weeks, enhanced surveillance and continued control measures is essential.

7. Source of Information/Contacts for Details

Editorial Team: HMIS Technical Team

Source: <https://somalilandhis.net/>

Source of AFP Cases: WHO/DHIS2

Contracts:

Dr. Khalid Ali Ahmed, Director of Planning, Policy and Strategic Information-

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Appendices:**Appendix 1: Dengue Fever Cases Reported in epi Week 40 (29 Sept to 05 Oct-2025) per Health Facilities**

Region	District	Health Facilities	Dengue Fever	Proportion per HFs
Marodi-Jeh Region	Hargeisa District	Aw barkhadle Health Center	2.	10%
Marodi-Jeh Region	Hargeisa District	Dararwayne Health Center	2.	10%
Sanag Region	Erigavo District	Erigavo General Hospital	3.	15%
Togdher Region	Buroa District	Khalifa Burao Hospital	1.	5%
Marodi-Jeh Region	Hargeisa District	Malawle Health Center	4.	20%
Sahil Region	Sheikh District	Shiekh Health Center	7.	35%
Awdal Region	Zeila District	Zeilla District Hospital	1.	5%
Total			20.	100%

Appendix 3: Measles Cases Reported in epi Week 40 (29 Sept to 05 Oct-2025) per Health Facilities

Region	District	Health Facilities	Measles case	Proportion Per HFs
Togdher Region	Buroa District	Khalifa Burao Hospital	5.	83%
Sool Region	Ainabo District	Wirir Health Center	1.	17%
Total			6.	100%