IDSR Epidemiological Bulletin Somaliland

Epi Week 44 (27th – 02nd Oct 2025) | |Publication Date: 8st- Nov 2025

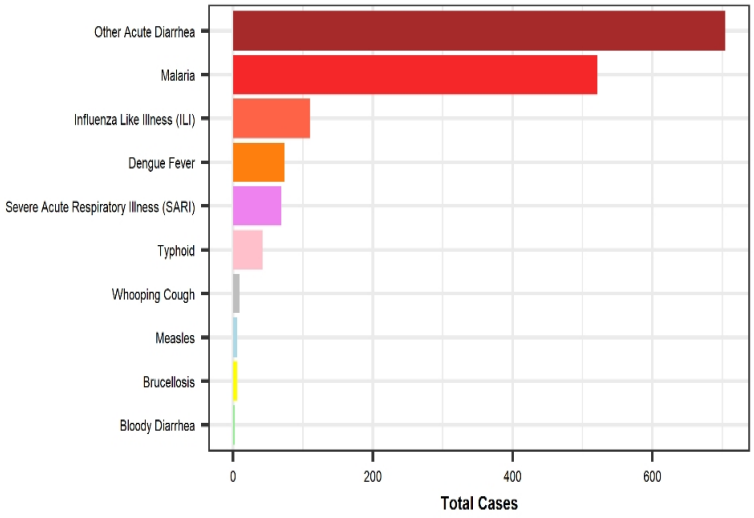
Ministry of Health Development (MOHD), Somaliland Republic

Department of Planning- HMIS Section

1. Key highlights

- During Epi Week 44, a total of 1,550 cases of priority conditions were reported from 137 of the 142 surveillance sites in which IDSR is implemented. Top conditions reported in the current Epi Week were other acu malaria (521), influenza like illness (ILI) (110), dengue fever (74), severe acute respiratory illness (SARI) (69), typhoid (42), whooping cough (9), brucellosis (6), measles (6) and bloody diarrhea (2) (Figure 1).

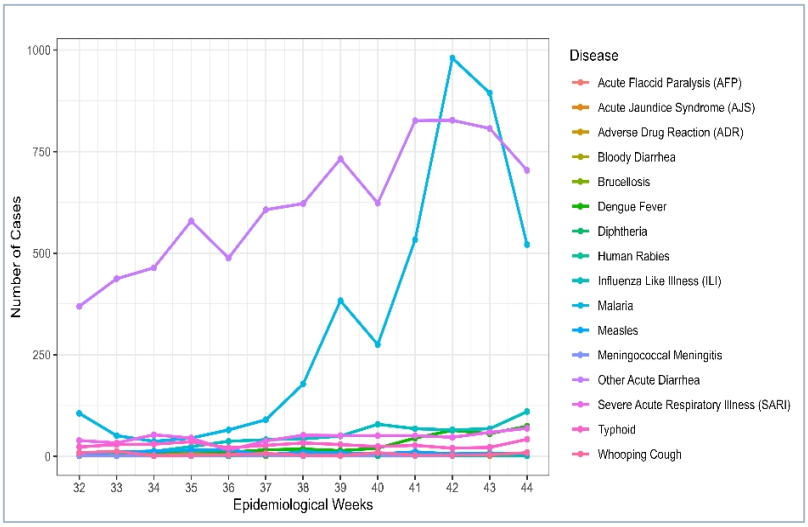
Figure 1. Top ten conditions reported in Epi week 44



- In Epi Week 44, overall completeness was at 96% while timeliness of surveillance data reporting in Somaliland reached at 95%.

- From Epi week 32 through 44, a cumulative 8,085 other diarrhea cases, 4,158 confirmed malaria cases, 618 ILI cases, 603 SARI cases and 363 typhoid cases were reported.

Figure 2. Trend of conditions from Week 32 to Week 44, 2025



- The weekly number of Other acute diarrhea cases has exceeded that of

malaria in Epi Week 44, making malaria the second leading reported condition in Epi Week 44 (Figure 2).

- An active outbreak of measles exists in Somaliland with Togdher region having the highest caseload followed by Marodi-jeh and Sahil regions.

- Malaria control measures including indoor residual spraying (IRS) activities and distribution of antimalarial medications are currently ongoing in Awdal and Marodi-jeh regions in response to the increasing trend of malaria cases.

- MoHD and partners intensified outbreak response through the Big Catch-Up Campaign targeting zero-dose and under-immunized children.

- Fixed EPI services were strengthened to ensure consistent access to routine immunization across all regions.

- A targeted mop-up campaign was conducted in outbreak-affected districts of Sool, Sanag, and Togdher to close immunity gaps and reduce transmission.

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 44, the national surveillance reporting performance remained high across all regions, albeit slightly lower than the previous week. The overall completeness of reporting reached 96%, while the timeliness of surveillance data submission was recorded at 95%.

The number of surveillance sites that submitted complete reports were 2.0% lower than that of Epi Week 43. In addition, facilities that sent their reports on time in Epi Week 44 were 3.1% lower than in Epi Week 43. It follows that reporting rate has declined in Epi Week 44. Particularly, this decline was mainly contributed by Marodi-jeh region.

In Marodi-jeh region, completeness rate declined by 5% from 96% in Epi Week 43 to 91% in Epi Week 44, while timeliness dropped by 9.4% from 96% to 87%. Notably, all other

regions have maintained their earlier reporting rates in terms of both timeliness and co mpleteness.

Figure 3. Regional reporting performance as of Week 44, 2025

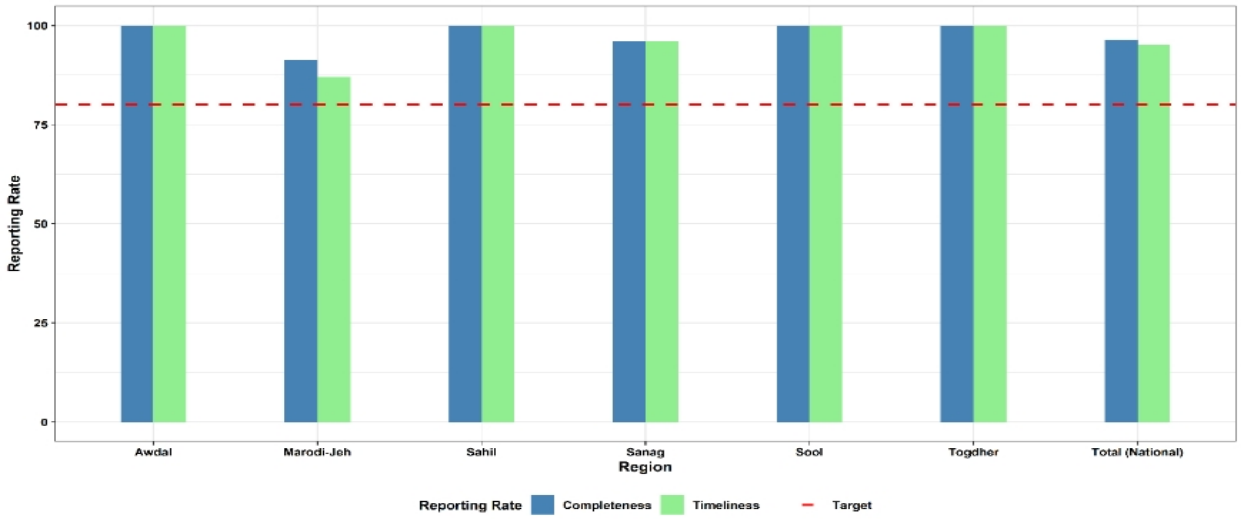


Table-1 Summary of reporting performance as of Week 44, 2025

Region	Expected reports	Actual reports	Reports on time	COmpleteness	Timeleiness
Awdal	26	26	26	100%	100%
Marodi-Jeh	46	42	40	91%	87%
Sahil	15	15	15	100%	100%
Sanag	25	24	24	96%	96%
Sool	6	6	6	100%	100%
Togdher	24	24	24	100%	100%
Total (National)	**142**	**137**	**135**	**96%**	**95%**

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 32 to 43 cumulative. By analyzing these indicators, the section aims to inform targeted interventions, resource prioritization, and early warning practices within Somaliland's public health framework.

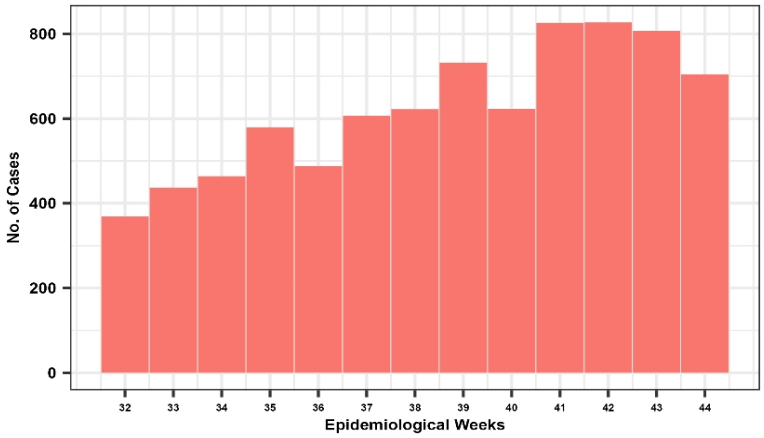
Table 2: Summary of priority diseases/conditions (Epi WK44 and cumulative)

	WK 44 (27 Oct to 02 Nov) 2025			Cumulative - WK 32 to WK44 (27 Oct to 02 Nov 2025)		
Disease	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)
Acute Flaccid Paralysis (AFP)	1	0	0	28	0	0.00
Acute Hemorrhagic Fever Syndrome	0	0	0	0	0	0.00
Acute Jaundice Syndrome (AJS)	1	0	0	25	1	4.00
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	2	0	0	5	0	0.00
Brucellosis	6	0	0	64	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	74	0	0	342	0	0.00
Diphtheria	2	0	0	39	5	12.82
Human Rabies	0	0	0	0	0	0.00
Influenza Like Illness (ILI)	110	0	0	618	0	0.00
Malaria	521	0	0	4,158	0	0.00
Measles	6	0	0	118	0	0.00
Meningococcal Meningitis	0	0	0	11	0	0.00
Neonatal Tetanus	0	0	0	0	0	0.00
Other Acute Diarrhea	704	0	0	8,085	0	0.00
Severe Acute Respiratory Illness (SARI)	69	0	0	603	0	0.00
Typhoid	42	0	0	363	0	0.00
Whooping Cough	9	0	0	70	0	0.00
Yellow Fever	0	0	0	0	0	0.00
Total	**1,550**	**0**	**0**	**14,531**	**6**	**0.04**

Other Acute Diarrhea

In Epi Week 44, a total of 704 cases and zero deaths of other acute diarrhea were reported.

Figure 4. Trend of other acute diarrhea cases from Wk 32 to WK 44 of 2025



Other acute diarrhea has been the leading condition reported from weeks 32 through 41. Though, in Epi Weeks 43 and 43, malaria exceeded, other acute diarrhea has reclaimed its leading position in Epi Week 44. Nonetheless, cases reported in week 44 declined by 12.8% from 807 in Epi Week 43 to 704 in Epi Week 44.

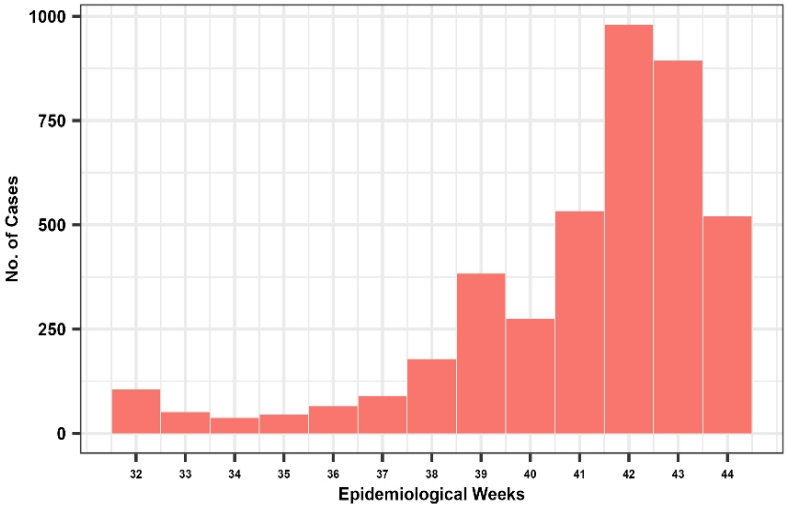
Bloody diarrhea

In Epi Week 44, two new bloody diarrhea cases were reported, increasing the cumulative number of bloody diarrhea cases to 5. Both cases were older than 5 years of age and were reported from Borama district of Awdal region.

Malaria surveillance

During Epi Week 44, malaria has shown a decline in both cases and rank. Malaria dropped to be the second leading condition after other acute diarrhea in Epi Week 44.

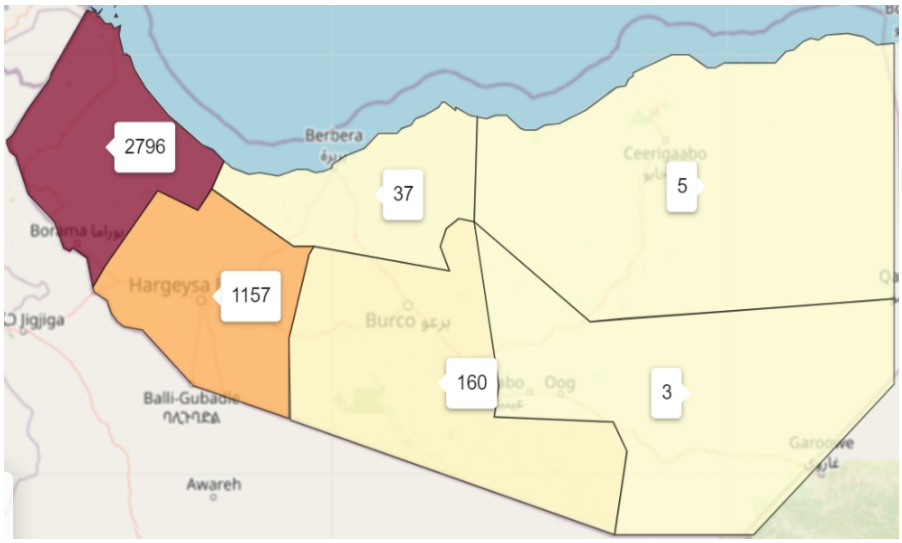
Figure 5. Trends of malaria cases between weeks 32 and 44 of 2025



However, the cumulative total of malaria cases since the beginning of Epi Week 32 rose to 4,158 cases. No deaths were reported this week.

The new confirmed cases of Epi Week 44 (521 cases) reflect a 41.7% decrease of cases from Epi Week 43 (894 cases).

Figure 6. Cumulative regional distribution of malaria cases from week 32 through week 44 of 2025



Notably, all regions have shown decreased number of malaria cases in Epi Week 44 compared to Epi Week 43. In Awdal region, cases decreased by 48.6%, dropping down from 590 in Epi Week 43 to 303 in Epi Week 44. Similarly, in Marodi-jeh region, cases decreased by 26.7% from 243 in Epi Week 43 to 178 in Epi Week 44. A decline rate similar to that of Marodi-jeh was seen in Togdher region where cases dropped by 26.5% from 49 to 36.

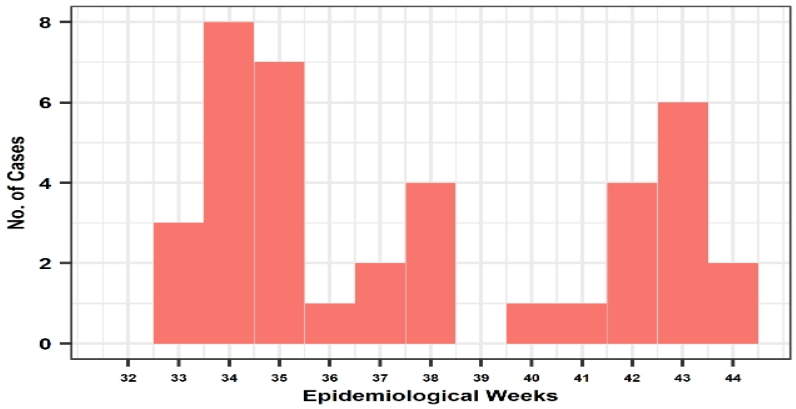
In terms of district-case distribution, Borama (2,082 cases), Hargeisa (677), Gabiley (471), Baki (464) and Zeila (186) districts reported the highest number of cumulative cases. Furthermore, of the total 4158 cumulative malaria cases, 64.7% were males and only 7.8% were under-five children. Furthermore, Berbera (23.3% under-five children), Burao (22.4% under-five children) and Lughaya (14.3% under-five children) districts reported the highest proportion of under-five children (> 10%).

In response to the increasing number of malaria cases, the National Malaria Control Program (NMCP) is currently implementing indoor residual spraying (IRS) in Awdal (Borama, Baki and Zeila districts) and Marodi-jeh (Hargiesa and Gebiley districts) regions. In addition, essential antimalarial medications were distributed to health facilities in Borama and Baki districts. These measures are anticipated to decrease the number of malaria cases in Awdal and Marodi-jeh regions.

Diphtheria Surveillance

Two new diphtheria cases were reported in Epi Week 44, bringing the cumulative diphtheria cases to 39 cases and 5 deaths since the first case of diphtheria was identified in Epi Week 34.

Figure 7. Trend of cases of diphtheria for weeks 32 through 44 of 2025.



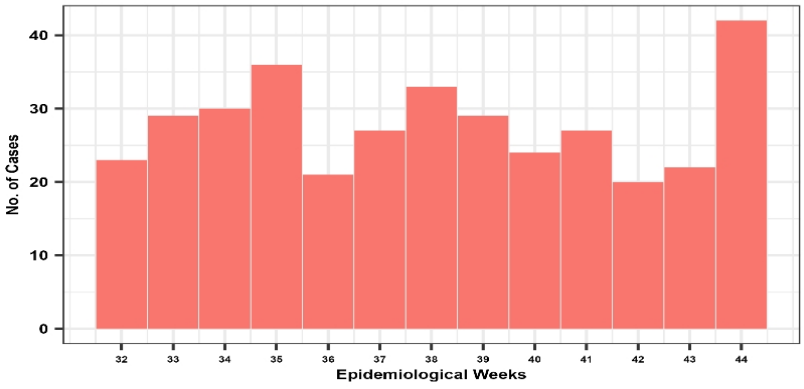
Most cases (69.1% (31/39)] were over 5 years old and 64.1% (25/39) of them were females. Both new cases were from Burao district of Togdher region.

In response, the MoHD with partners intensified control measures through the Big Catch-Up Campaign for zero-dose and under-immunized children, and strengthened fixed EPI services to ensure routine access. A targeted mop-up campaign was also conducted in outbreak-affected districts of Sool, Sanag, and Togdher to close immunity gaps and curb transmission. These combined efforts aim to close immunity gaps, prevent further transmission, and reinforce community protection against vaccine-preventable diseases.

Typhoid

During epidemiological week 44, about 42 cases of typhoid fever were reported with cumulative 363 cases since the start of Epi Week 32. Of the cumulative cases reported 93.7% (340/363) were older than 5 years of age and 63.4% (230/363) were females. The highest number of cases, 47.1% (171/363), were reported from Sool region followed by Togdher region with 28.4% (103/363).

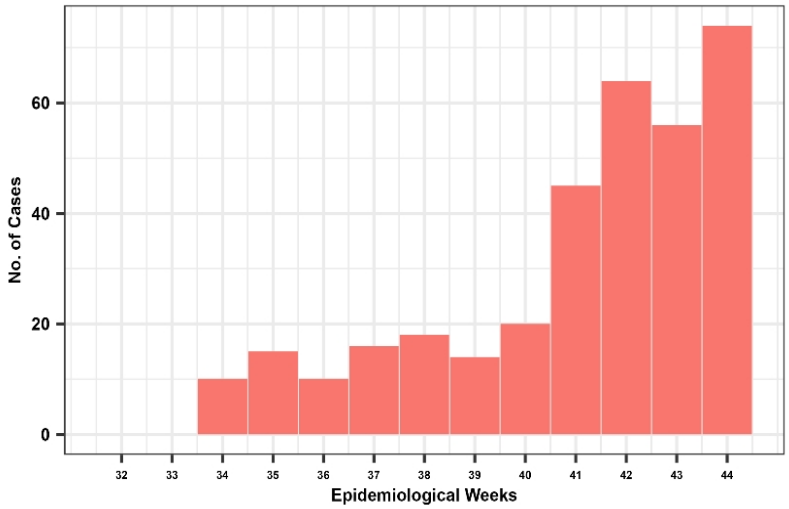
Figure 8. Trends of typhoid cases for weeks 32 through 44 of 2025



Dengue Fever

In epidemiological week 44, about 74 cases of dengue fever were reported. Of these, 54.1% (40/74) were females and 66.2% (49/74) were reported from Marodi-jeh region.

Figure 9. Trends of dengue fever cases for weeks 32 to 44 of 2025

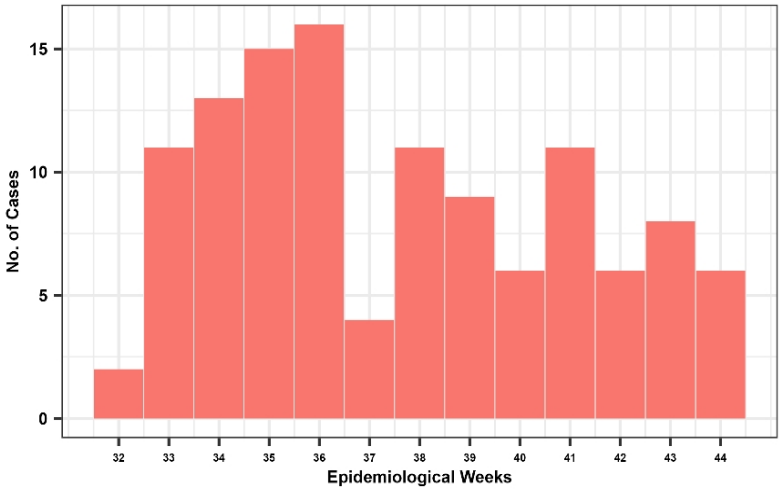


Regarding the cumulative cases since week 32, a total of 342 cases of dengue fever were reported. Of the cumulative cases, 53.2% (182/342) were females and 62.0% (212/342) were older than 5 years of age. Notably, 71.1% (243/342) of the dengue fever cases were reported from Maroodi-jeh (156/342) and Sahil regions (87/342).

Measles Surveillance

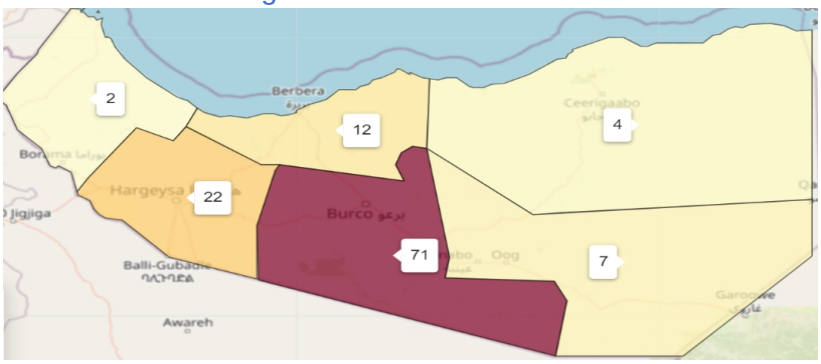
Six cases of measles were reported in Epi Week 44, reflecting a 25.0% decrease in cases compared to Epi Week 43 (8 cases). Most cases, 5 of the 6 (83.3%) cases reported, were under-five children and 5 of them (83.3%) were females.

Figure 10. Trends of measles cases for weeks 32 through 44 of 2025



In addition, 4 of the 6 cases (66.7%) were reported from Togdheer region, accounting for the highest weekly case load.

Figure 11. Cumulative regional distribution of measles cases from week 32 through week 44 of 2025



Measles cumulative cases are widely distributed across regions with Togdher (71 cases) contributing the highest number of cases followed by Maroodi-jeh (22 cases) and Sahil regions (12 cases). Particularly, in Epi Week 44, only three regions (Togdheer (4 cases), Sool (1 case) and Marodi-jeh (1 case) have reported measles cases.

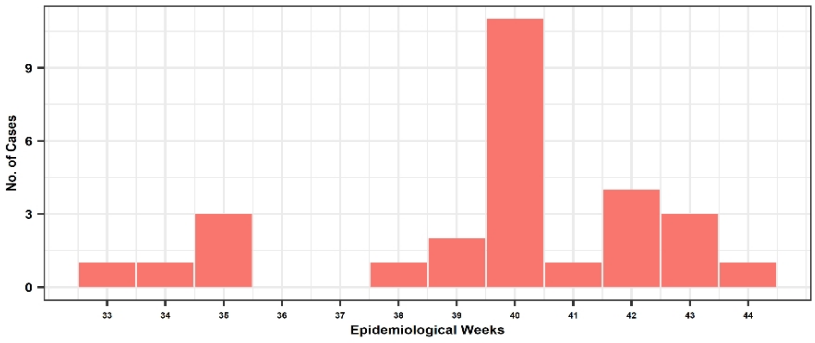
Of the 71 cases reported in Togdher region, 90.1% (64/71) were reported from Burao district while the remaining 9.9% (7/71) were reported from Buhodle district.

In response, the MoHD and partners intensified control measures through the Big Catch-Up Campaign targeting zero-dose and under-immunized children, alongside strengthened fixed EPI services to ensure routine access. A mop-up campaign was also conducted in outbreak-affected districts of Sool, Sanag, and Togdher to rapidly close immunity gaps and reduce transmission. These combined efforts aim to prevent further spread and reinforce community protection against vaccine-preventable diseases.

AFP Surveillance:

During Epi Week 44, one AFP case was reported from Marodi-jeh region. The cumulative number of AFP cases reported from Week 32 through Week 44 rose to a total of 28 cases. No deaths were reported during this period.

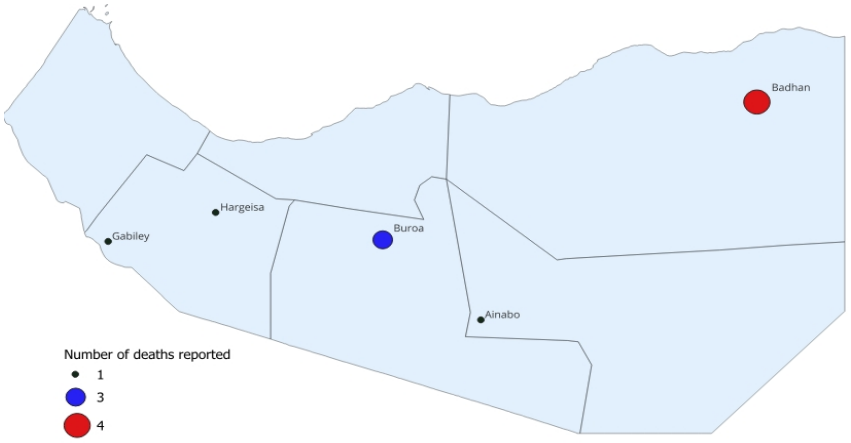
Figure 12. Trends of AFP cases for weeks 32 through 44 of



Patterns of reported deaths

In Epi Week 44, no deaths were reported. However, the cumulative death of 10 cases have been reported since Epi Week 32. Most of the deaths (50%) were due to **diphtheria** while 40% were **neonatal deaths**. The remaining death was due to **acute jaundice syndrome**.

Figure 13. Cumulative distribution of reported deaths from week 32 through week 44 of 2025



Of the 5 deaths due to diphtheria outbreak, 4 deaths were reported from Badhan district of Sanaag region while the remaining death was reported from Ainabo district of Sool region. In addition, 3 of the 4 deaths reported from Badhan district were females and only one female was under-five years of age.

Of the 4 neonatal deaths, 3 deaths (1 female and 2 male) were reported from Burao district of Togdher region. The remaining case was reported from Gabiley district of Marodi-jeh region.

1. 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 Kenya, as of 27 October, 707 Mpox cases including 9 deaths (CFR 1.3%) were reported.

- According to Africa CDC, as of 27 October 2025, measles cases were reported in Ethiopia (4,429 cases), Kenya (61 cases), Somalia (8,663 cases), and Sudan (3,275 cases).

- According to Africa CDC, as of 27 October 2025, there were 1,566 suspected cases and 86 deaths (CFR 5.5%) due to diphtheria in Somalia since January 2025

2. Recommendations

- The high number of malaria cases and the anticipated weather conditions that may favor mosquito breeding and malaria transmission warrant 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 continued detection of new diphtheria cases in Somaliland, along with the ongoing outbreak of Diphtheria in neighboring Somalia, warrants heightened vigilance and enhanced control measures. Key measures, including prompt case reporting, timely case management and environmental interventions should continue.

3. 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: Measles Cases Reported in epi Week 44 (27- Oct- 02 Nov- 2025) per Health Facilities

Region	District	HFs	Case	Proportion
Togdher Region	Buroa District	Khalifa Burao Hospital	3	50%
Togdher Region	Buroa District	Burao Central Health Center	1	17%
Marodi-Jeh Region	Hargeisa District	Geed deeble Health Center	1	17%
Sool Region	Ainabo District	Wirir Health Center	1	17%
Total			**8**	**100%**

Appendix 2: Malaria Cases Reported in epi Week 44 (27- Oct- 02 Nov- 2025) per Health Facilities

Region	District	HFs	Case	Proportion
Awdal Region	Borama District	Borama Regional hospital	107.	21%
Awdal Region	Borama District	Sh.Ali Jawhar Health Center	49.	9%
Marodi-Jeh Region	Hargeisa District	Hargeisa G. Hospital	42.	8%
Awdal Region	Baki District	Baki Health Center	30.	6%
Marodi-Jeh Region	Gabiley District	Caada Health Center	29.	6%
Awdal Region	Baki District	Ruqi Health Center	23.	4%
Marodi-Jeh Region	Hargeisa District	Darisalam Health Center	19.	4%
Awdal Region	Borama District	Haji Nuur HC	18.	3%
Awdal Region	Zeila District	Harirad Health Center	16.	3%
Marodi-Jeh Region	Gabiley District	Agabar Health Center	12.	2%
Marodi-Jeh Region	Gabiley District	Gabiley District Hospital	11.	2%
Awdal Region	Zeila District	A/Kadir Health Center	9.	2%
Awdal Region	Borama District	Central Health Center	9.	2%
Awdal Region	Borama District	Qoor gaab Health Center	9.	2%
Togdher Region	Buroa District	Burao General Hospital	8.	2%
Marodi-Jeh Region	Hargeisa District	Dararwayne Health Center	8.	2%
Awdal Region	Baki District	Ali-haydh Health Center	7.	1%
Marodi-Jeh Region	Gabiley District	Arabsiyo District Hospital	7.	1%
Marodi-Jeh Region	Hargeisa District	Aw barkhadle Health Center	7.	1%
Marodi-Jeh Region	Hargeisa District	Hunbawayne Health Center	7.	1%
Togdher Region	Odweine District	Odwayne Hospital	7.	1%
Marodi-Jeh Region	Hargeisa District	Bali-matan Health Center	6.	1%
Awdal Region	Baki District	Cadad Health Center	6.	1%

Marodi-Jeh Region	Hargeisa District	Dacarbudhuq Health Center	6.	1%
Awdal	Lughaya District	Fardaha Health Center	6.	1%
Awdal	Borama District	Sh.Osman Health Center	6.	1%
Marodi-Jeh	Hargeisa District	Adadley Health Center	5.	1%
Togdher	Buhodle District	Bali Calanle HC	5.	1%
Marodi-Jeh	Gabiley District	Arabsiyo Health Center	4.	1%
Marodi-Jeh	Hargeisa District	Geed deeble Health Center	4.	1%
Marodi-Jeh	Hargeisa District	Shek noor Health Center	4.	1%
Awdal Region	Borama District	Shifo Health Center	4.	1%
Marodi-Jeh Region	Hargeisa District	Digaale Health Center	3.	1%
Togdher Region	Odweine District	Haji Salah Health Center 1	3.	1%
Togdher Region	Buroa District	Burao Central Health Center	2.	0%
Togdher Region	Buroa District	Haradagubatoxiil Health Center	2.	0%
Marodi-Jeh Region	Hargeisa District	Hawadle Health Center	2.	0%
Togdher Region	Buhodle District	Qorulugud Health Center	2.	0%
Togdher Region	Buroa District	Talo-Bur Health Center	2.	0%
Sool Region	Ainabo District	Ainabo District Hospital	1.	0%
Marodi-Jeh Region	Baligubadle District	Bali Abane Health Center	1.	0%
Sahil Region	Berbera District	Bulahar Health Center	1.	0%
Awdal Region	Baki District	Dilla Health Center	1.	0%
Sanag Region	Erigavo District	Erigavo General Hospital	1.	0%
Awdal Region	Lughaya District	Geerisa Health Center	1.	0%
Sahil Region	Berbera District	Jaama Laaye Health Center	1.	0%
Togdher	Buroa District	Khalifa Burao Hospital	1.	0%
Awdal	Lughaya District	Lughaya RHealth Center	1.	0%
Marodi-Jeh	Hargeisa District	Moha,edmoge Health Center	1.	0%
Togdher	Odweine District	Odwayne Health Center	1.	0%
Togdher	Odweine District	Raydab-Khatumo Health Center	1.	0%
Togdher	Buroa District	Riyo xidho health Center	1.	0%
Awdal	Borama District	Sararka Health Center	1.	0%
Togdher	Buroa District	Yirowe Health Center	1.	0%
Total			**521.**	**100%**