

IDSR Epidemiological Bulletin Somaliland

Epi Week 36 (1st - 7th September 2025) ||
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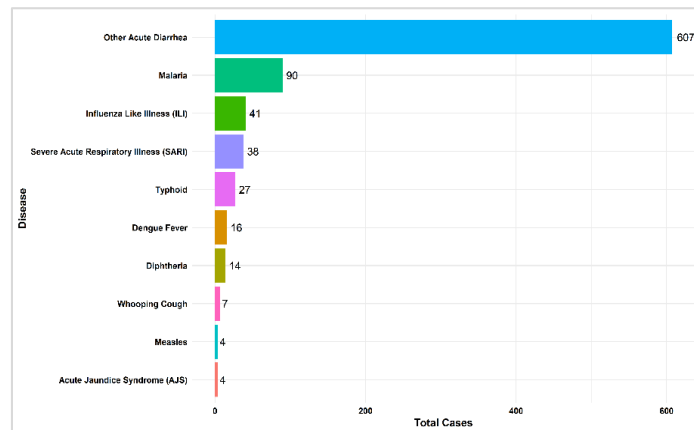
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(MOHD), Somaliland

Department of Planning- HMIS Section

1. Key Highlights

- During epi-week 37, a total of 836 cases of priority conditions were reported from 142 health facilities. Top conditions reported in the current epi week were other acute diarrhea (607), malaria (90), ILIs (41), SARI (38), typhoid (27), dengue fever (16), diphtheria (14), whooping cough (7), measles (4) and acute jaundice syndrome (4) (Figure 1).

Figure 1. Top ten conditions reported in Epi week 37

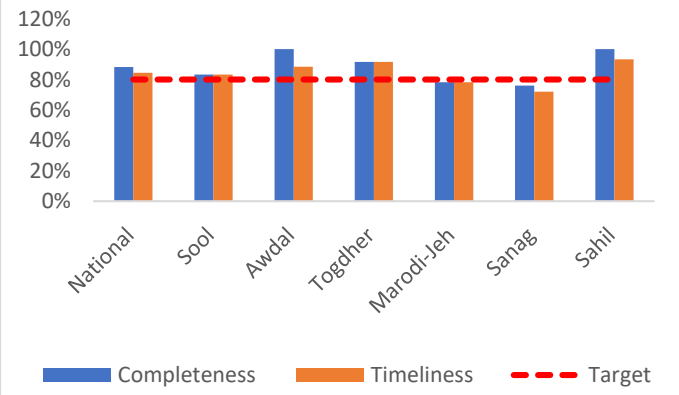


- In Epidemiological Week 37, the overall completeness and timeliness of surveillance data reporting performance in Somaliland reached 88% and 85%, respectively. This reflects a notable improvement compared to the previous epi week, **with increases of 14% in completeness and 21% in timeliness**
- From Epi week 32 through 37, a cumulative 2,944 other diarrhea cases, 394 confirmed malaria cases, 223 severe acute respiratory illness (SARI) cases and 166 typhoid cases were reported.
- An active outbreak of diphtheria exists in Sanag Region, particularly affecting the districts of Badhan, Lasqoray, and Erigavo. Around 24 cases (rest of cases will be included in the upcoming week) have been reported, including 3 laboratory-confirmed cases, with a case fatality rate (CFR) of approximately 12.5% since the onset of the outbreak.
- The Diphtheria outbreaks also exist in neighboring Country Somalia, indicating a broader regional public health concern.

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 37, Sahil and Awdal regions attained the highest completeness rate at 100% each, followed Togdher (92%) and Sool (83%) regions. In terms of reporting timeliness, Awdal

Figure 2. Regional reporting performance as of Week 36, 2025



and Sahil and Togdher regions demonstrated the highest timely reporting performance, at 93% and 92, respectively. Although the Sanaag and Maroodi-Jeex regions demonstrated notable improvement compared to the previous epidemiological week, both regions still timeliness performance remain below the **average and target**.

Table-1 Summary of Reporting performance as of Week 37, 2025

Region	Expected reports	Reports on time	Actual reports	Completeness	Timeleiness
Sool	6	5	5	83%	83%
Awdal	26	26	23	100%	88%
Togdher	24	22	22	92%	92%
Marodi-Jeh	46	36	36	78%	78%
Sanaag	25	19	18	76%	72%
Sahil	15	15	14	100%	93%
Total (National)	142	123	118	88%	85%

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 37. 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 Priority Diseases/Conditions_ epi WK37 and Cumulative

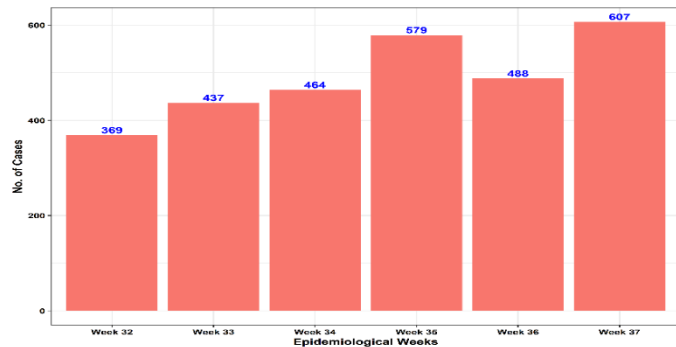
Diseases	Week 37 (08 – 14 September 2025)			Cumulative- WK 32 to WK37 (From 04 Aug to 14 Sept 2025)		
	Cases	Deaths	CFR	Cases	Deaths	CFR (per 1000)
Acute Flaccid Paralysis (AFP)	0	0	0	0	0	0.00
Acute Hemorrhagic Fever Syndrome	0	0	0	0	0	0.00
Acute Jaundice Syndrome (AJS)	4	0	0	6	0	0.00
Acute Watery Diarrhea/Cholera	0	0	0	0	0	0.00
Adverse Drug Reaction (ADR)	1	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	0	0	0	0	0	0.00
Brucellosis	1	0	0	35	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	16	0	0	51	0	0.00
Diphtheria	14	3	214.29	22	3	136.36
Human Rabies	0	0	0	0	0	0.00
Influenza Like Illness (ILI)	41	0	0	135	0	0.00
Malaria	90	0	0	394	0	0.00
Measles	4	0	0	61	0	0.00
Meningococcal Meningitis	0	0	0	8	0	0.00
Neonatal Tetanus	0	0	0	0	0	0.00
Other Acute Diarrhea	607	0	0	2,944	0	0.00
Severe Acute Respiratory Illness (SARI)	38	0	0	223	0	0.00
Typhoid	27	0	0	166	0	0.00
Whooping Cough	7	0	0	37	0	0.00
Yellow Fever	0	0	0	0	0	0.00
Total	850	3	3.53	4,084	3	0.73

Other Acute Diarrhea

In epi week 37, 607 cases and zero deaths of other acute diarrhea were reported.

Other acute diarrhea has been the leading condition reported since week 32. Cases reported in week 37 represent a 24.4% increase over those reported in the preceding week.

Figure 3. Trend of other acute diarrhea cases from Wk 32 to WK 37 of 2025

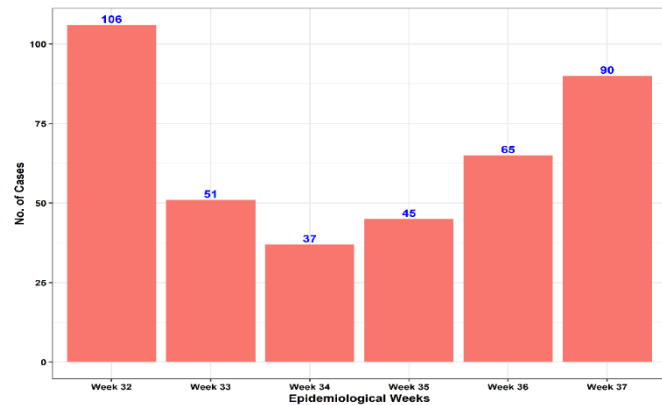


Malaria surveillance

During epi week 37; **90** new confirmed cases of malaria were reported, bringing the cumulative total to 394 cases since the beginning of Epi Week 32. No deaths were reported this week.

The new confirmed cases of epi week 37 (90 cases) reflect a 38.5% increase compared to epi week 36 (65 cases).

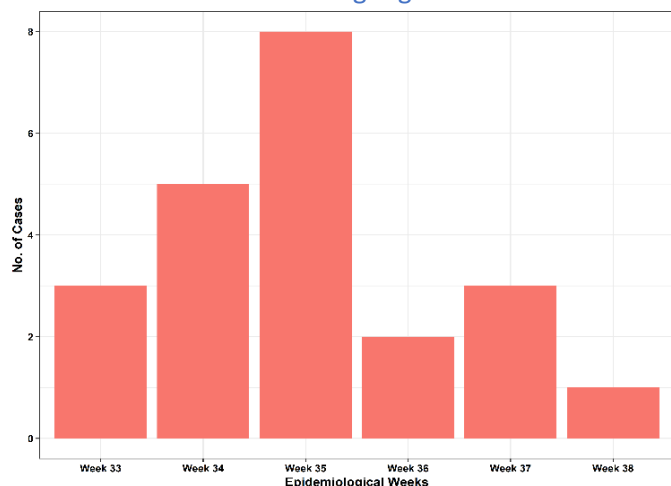
Figure 4. Trends of malaria from WK 32 to WK46-2025



Diphtheria Surveillance

An active diphtheria outbreak has been reported in the **Sanaag region**, with initial cases emerging in epi week 34, when **4 cases** were reported. Between weeks 32 and 37, a cumulative total of 22 cases and 3 associated deaths were recorded, indicating a case fatality rate (CFR) of approximately 13.6%. The age distribution reveals that 77% (17 out of 22) of the cases were over five years of age. Additionally, 63.6% of the cases were female.

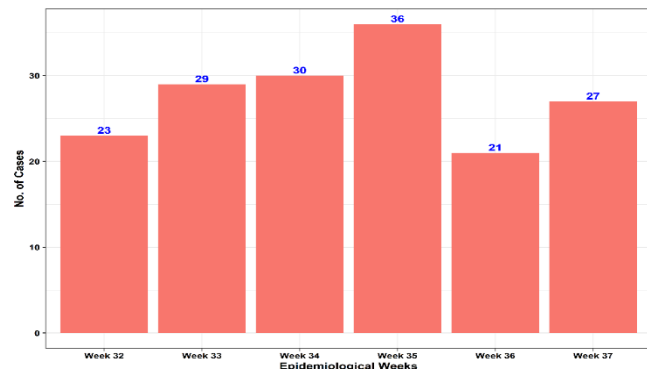
Figure 5. Number of cases of diphtheria reported since it was first detected in Sanag region.



Typhoid

During epidemiological week 37, 27 cases of suspected typhoid fever were reported with cumulative 166 cases since the start of Week 32. Of the cumulative cases reported 89.2% (148/166) were older than 5 years of age and 56.0% (93/166) were females. The highest number of cases 79.5% (132/166) were reported from Sool region.

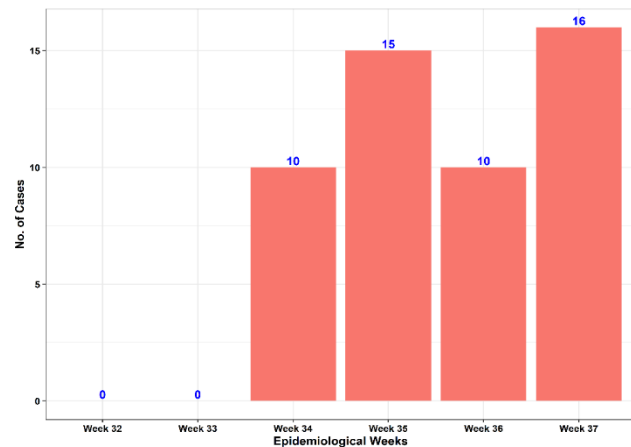
Figure 6. Trends of typhoid cases for WK 32 to WK 37-2025



Dengue Fever Surveillance:

In epidemiological week 37, 16 cases of dengue fever were reported. Of these, 56.3 percent (9/16) were females and 62 percent (10/16) were reported from Sahil region. Regarding the cumulative cases since week 32, 51 cases of dengue fever were reported. Of the cumulative cases, 51.0 percent (26/51) were females and 56.9 percent (29/51) were older than 5 years of age. Notably, 62.7 percent (32/51) of the dengue fever cases were reported from Togdheer region

Figure 7. Trends of Dengue Fever cases for WK 32 to WK 37-2025



AFP Surveillance:

During epidemiological weeks 32 to 37, a total of 9 AFP cases were reported. Notably, one new case was reported during week 37. All nine reported AFP cases were children under 5 years of age. Most of the cases were reported from Awdal and Marodijeh regions, each accounting for 3 cases (33.3%), and 1 case (11%) for each Togdheer region and Sool region.

4. Detailed Analysis of Selected Priority Conditions

In epidemiological week 37, surveillance data indicated an increase in reported number of dengue fever cases in Sahil region and diphtheria outbreak in Sanaag region. The following analysis focuses on these two conditions.

Diphtheria Outbreak in Sanag

Overall, 22 cases of diphtheria were reported between weeks 32 and 37. The first case of diphtheria was detected in Badhan hospital on August 11, 2025. Two more cases were detected three days after the index case was detected. The highest daily case count was three on August 24, 2025, after which a decline in daily cases was observed. In addition, since the beginning of September 2025, only four cases have been detected. This decline in the number of detected cases suggests that the outbreak is subsiding.

Of the 22 cases, 20 were diagnosed in Badhan district while the remaining two were detected in Las-qoray and Ceerigaabo districts.

Among the reported cases, only 5 (22.7 percent) were 5 years old or younger. Three young children (3, 5 and 6 years old, two females and one male) were reported to have died for diphtheria in Badhan district since the outbreak has started.

Figure 8. Daily Trends in Diphtheria cases from WK 32 to WK 36 2025

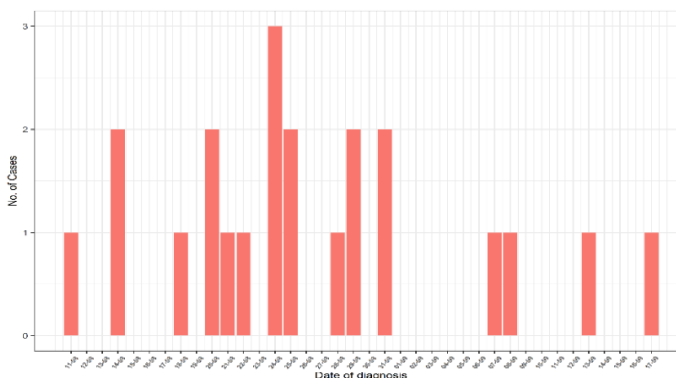


Figure 9. Weekly Trends in Diphtheria cases from WK 32 to WK 36 2025

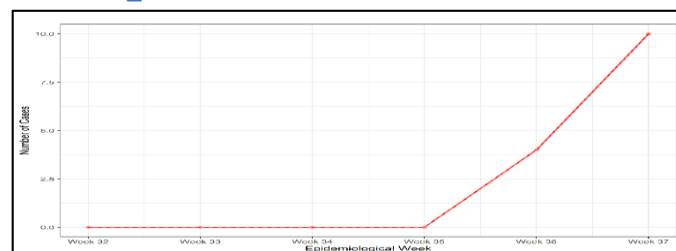
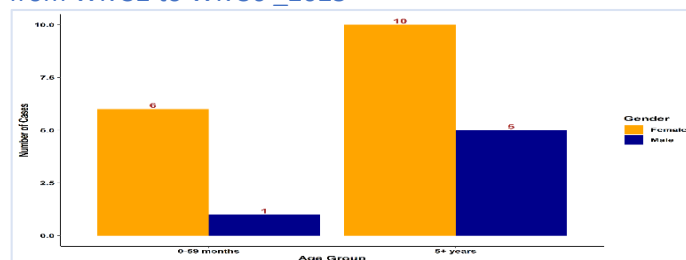


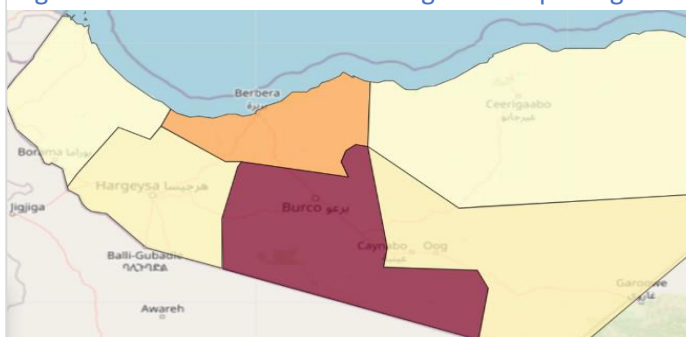
Figure 10. Sex and Age Distribution of Diphtheria cases from WK 32 to WK 36 2025



Dengue Fever in Sahil

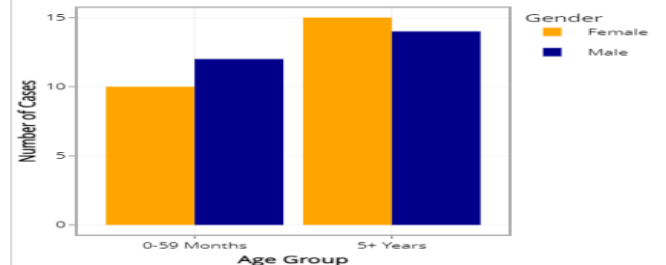
Since epidemiological week 32, cumulative dengue fever cases of 51 were reported. Of the cases reported in week 37; 62.5 percent (10/16) were reported from Sahil region. Sahil region reported dengue fever cases for the latest two weeks only. This indicates a beginning of dengue fever

Figure 11. Number of cases of dengue fever per region



outbreak in Sahil region. Earlier cases were mainly reported from Togdheer region which has the highest overall number of cases since week 32. Notably, no dengue fever cases were reported from Awdal and Sanaag regions since the start of week 32.

Figure 12. Age-sex distribution of dengue fever cases reported for weeks 32 through 37



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 5 September, 28 Mpox cases including one death (CFR 3.6%) were reported

6. Recommendations

- ✚ The increasing number of dengue fever cases in Sahil region with the onset of rains and cooler temperatures following extreme heat, health authorities should remain alert for early detection and prompt management of cases to reduce further transmission.
- ✚ Although the diphtheria outbreak in Sanaag region is showing signs of decline, continued vigilance is essential. Key measures, including prompt case reporting, timely case management and environmental interventions should be sustained.
- ✚ Given that cholera outbreak continues to cause substantial morbidity and mortality in several neighboring countries and that other diarrhea cases continue to rise and account for the highest number of reported cases, enhanced surveillance and continued control measures is paramount.

7. Source of Information/Contacts for Details

Editorial Team: HMIS Technical Team

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

Source of AFP Cases: WHO

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End of Bulletin