



CBS Triggers Response to E. Coli Outbreak in the Togdheer Region of Somaliland

Since May 2018, Ururka Bisha Cas (the Red Crescent Society in Somaliland, SRCS) has been active in community based surveillance (CBS), aiming at early detection and response to potential outbreaks. In rural Somaliland, infrastructure and access to health care is poor, and giving community based volunteers the means to alert when someone is sick with symptoms of epidemic-prone diseases is of vital importance to detect and respond to outbreaks. In May 2019, there was an increase in reports of diarrhoea coming from communities. Thanks to the reports from volunteers, SRCS detected the increase early and were able to alert the Ministry of Health and Development (MoHD) and respond.

CBS in Togdheer, Somaliland:



131 active volunteers



reporting on
malnutrition, measles,
any acute diarrhoea
and unusual events



in 55 villages in the
Togdheer region





What happened:

In early May 2019, SRCS supervisors started seeing an increase in reports of acute diarrhoeal disease (ADD) reports coming from community volunteers in the Burao district.

After SRCS supervisors called the volunteers to assess, they alerted the MoHD of the increase in cases. As an initial response, SRCS scaled-up their community hygiene promotion activities. The MoHD formed a taskforce with partners for outbreak prevention and control in Burao.

By mid-May, the local hospital was admitting a high number of diarrhoea patients. MoHD confirmed the outbreak to be caused by mainly E. Coli infections. To assist, SRCS distributed medical supplies and were asked to provide technical assistance to set up a Cholera Treatment Unit (CTU), as the unit enabled the required infection prevention and control. MSF also supported the operation of the CTU.

Additionally, SRCS were asked to further scale up their CBS and hygiene promotion activities in Burao. SRCS trained 56 new volunteers to report and respond to cases in communities leading to a total of 67 CBS and community hygiene and health promotion volunteers in the district. An additional 90 volunteers conducted hygiene promotion activities and SRCS' increased its presence in affected communities from 11 to 28.

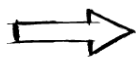
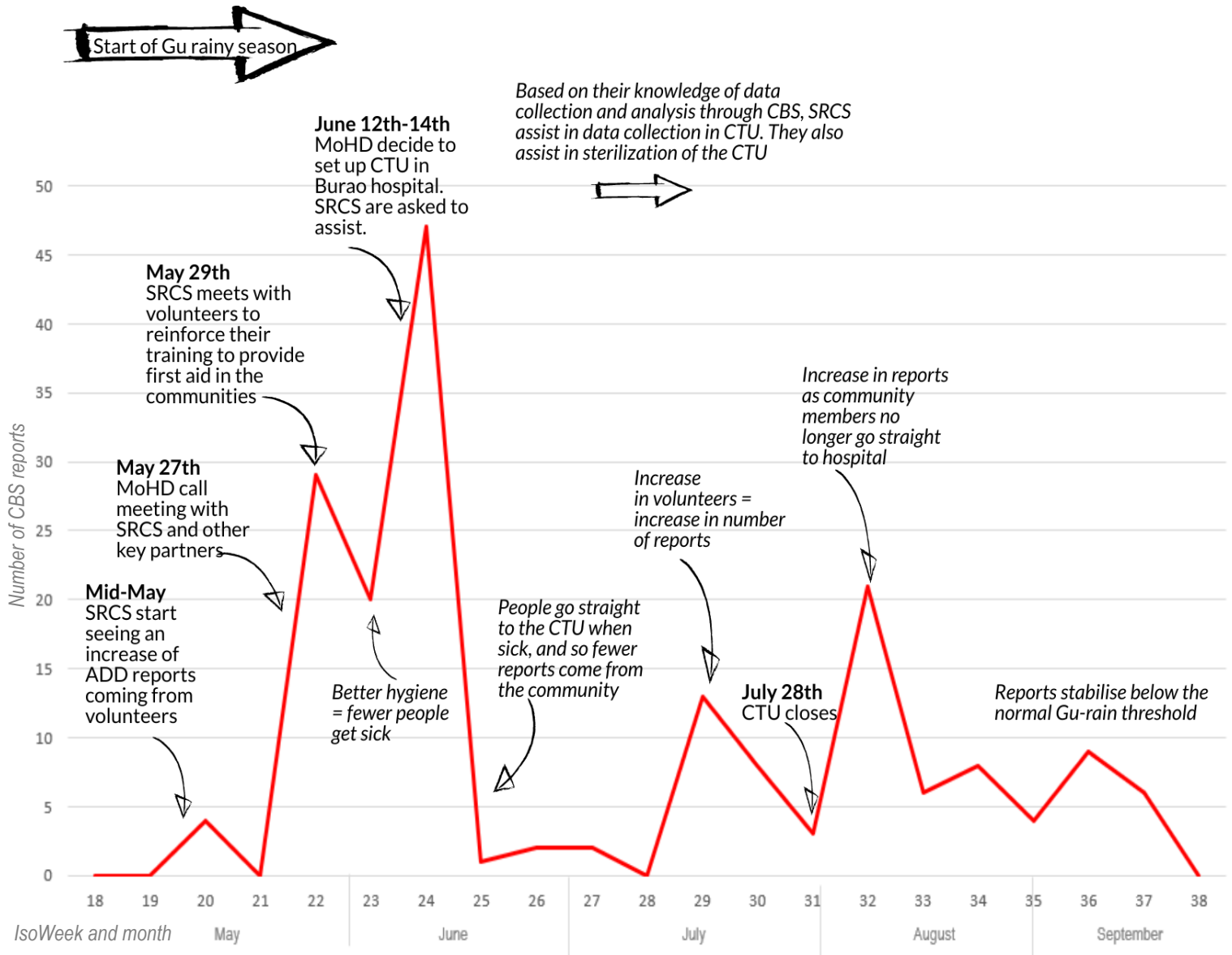


Community Based Surveillance is the systematic detection and reporting of events of public health significance within a community by community members.

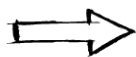
Cholera Treatment Units (CTU) are specific wards in hospitals set up to treat diarrhoea patients (normally cholera affected) in an emergency. During the outbreak, CTUs are open 24/7, providing essential isolation and treatment of cases.



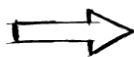
How it happened:



SRCS call volunteers to verify their reports and alert MoHD
Through CBS reports and health facility data, SRCS see that they need to increase the numbers of CBS volunteers to cover more areas



May 31st - June 7th SRCS start a hygiene promotion campaign. 29 volunteers were given refresher training in hygiene promotion.



6th to 12th July SRCS run a second hygiene promotion campaign, this time training 56 new volunteers in CBS and community hygiene and health, increasing locations covered from 11 to 28



CBS reporting mechanisms:



Step 1
Community members tell CBS volunteers when someone is sick



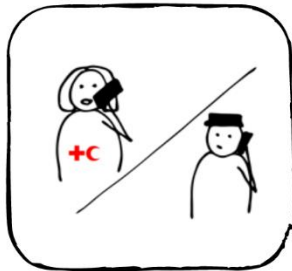
Step 2
Volunteers visit the sick person and provide first aid



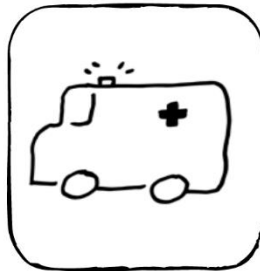
Step 3
The volunteers have been trained on recognising health risks and case definitions



Step 4
If the symptoms match case definitions, they report the health risk, sex and age of the patient via SMS or phone call



Step 5
SRCS monitor reports from volunteers and call the volunteers to verify



Step 6
SRCS alert the MoHD and respond through mobile health clinics if needed

Normally, when volunteers in Somaliland see a health risk, they report it to SRCS via SMS which are pushed to the NorCross CBS platform. However, in May 2019, the platform was down due to temporary system errors during the ADD outbreak. But, thanks to SRCS' extensive experience in doing CBS, they were able to continue using the same reporting mechanisms as per usual but replacing the SMS function with phone calls to a hotline manned by the CBS supervisor.

When the supervisors received CBS reports, they filled in a data template which matched their regular CBS platform data collection templates and conducted data analysis as they normally would. The data was shared with MoHD and informed response activities.



Lessons learned and recommendations:

1. Getting reports from community volunteers is key in ensuring that the outbreak was detected early and informed the response.
2. Having a good coverage of volunteers trained in CBS and in community based health and first aid is important in limiting the spread of outbreaks, both because they can report on health risks early and because they can provide first aid and initial response in communities.
3. SRCS volunteers play a key role in health and hygiene promotion activities in the communities as they already have the communities trust. Additionally, communities remembered the cholera outbreak of 2017 and were keen to learn how to prevent becoming sick. Many communities reached out to SRCS asking for more hygiene trainings from volunteers.
4. Scaling up hygiene promotion activities in communities before normal outbreak times (e.g. Gu rainy season) is key in limiting the spread of an outbreak.
5. The good communication between SRCS and the MoHD ensured sharing of key data and rapid response in communities and at hospital level.
6. Community and community leaders' acceptance of SRCS as a community health actor also improved SRCS' work to prevent and control the outbreak.

