

## COVID-19 information note 7

## COVID-19 in health workers in Somalia: concerning, but more data are needed

As of 30 September 2020, 3700 cases of coronavirus disease-19 (COVID-19), including 98 associated deaths, have been reported in Somalia. Of these cases, 191 (5%) were health care workers, two of whom died (data up to 30 September 2020). Owing to probable underreporting, weak surveillance systems in hospital settings to report infections in health care workers, stigma associated with testing and self-reporting as infected with COVID-19 and because most cases of COVID-19 present with mild or asymptomatic infection, the reported number of health care workers who contracted COVID-19 may be an underestimate and not represent the actual infection rate in health care workers in the country.

### Geographic distribution of cases: all states have reported infection in health workers

Between 16 March and 30 September 2020, the first 180 days of the start of outbreak in Somalia, 191 health care workers were found positive for COVID-19 out of 311 health care



workers tested; a 61% positivity rate. Most cases of COVID-19 in health care workers were reported from Banadir region followed by South West state (Table 1). However, the infection rates in Jubaland (100%), Somaliland (71%), Puntland (87%) and Hirshabelle (100%) were higher.

### Weekly progression: infection in health workers mirrored the exponential increase in the country

The data on COVID-19 in health care workers show that between epidemiological weeks 18 and 22, in May, when the number of cases across

**TABLE 1: COVID-19 INFECTION IN HEALTH CARE WORKERS IN SOMALIA, 16 MARCH–30 SEPTEMBER 2020**

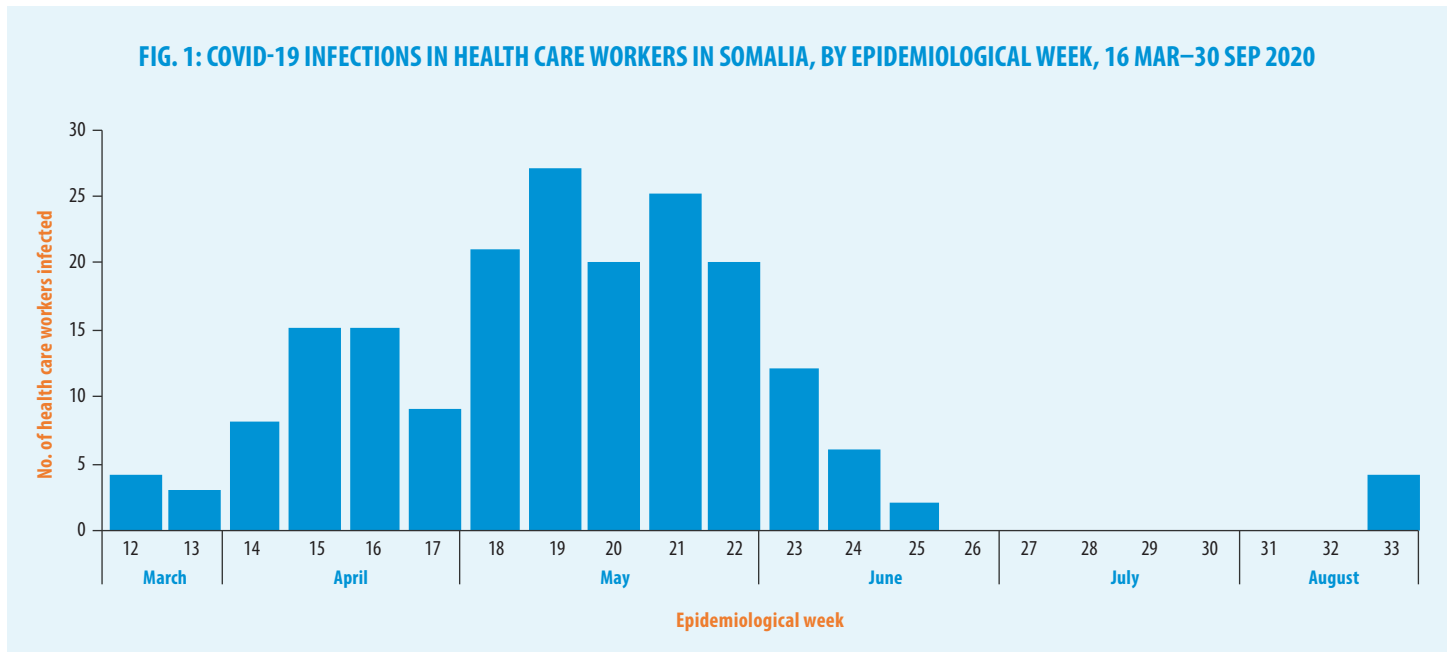
State/region	Health care workers tested for COVID-19, no.	Tested positive, no. (%)	Deaths, no.
Banadir region	72	48 (67)	1
Jubaland state	27	27 (100)	0
South West state	95	45 (47)	1
Galmudug state	61	26 (43)	0
Somaliland	31	22 (71)	0
Hirshabelle state	10	10 (100)	0
Puntland state	15	13 (87)	0
<b>Total</b>	<b>311</b>	<b>191 (61)</b>	<b>2</b>



the country was increasing and the outbreak was spreading at a fast pace, most of the front-line health care workers were infected: 113/191 (59%). The trend in infection in health care workers has varied throughout the outbreak. In April, infections in health care workers started to rise and the

numbers appear to have peaked in May (Fig. 1). Despite limited data available, it seems that during the peak of the outbreak, front-line health care workers represented 5–10% of all cases of COVID-19.

**FIG. 1: COVID-19 INFECTIONS IN HEALTH CARE WORKERS IN SOMALIA, BY EPIDEMIOLOGICAL WEEK, 16 MAR–30 SEP 2020**



### Risk of infection: mostly inside hospitals while caring for patients

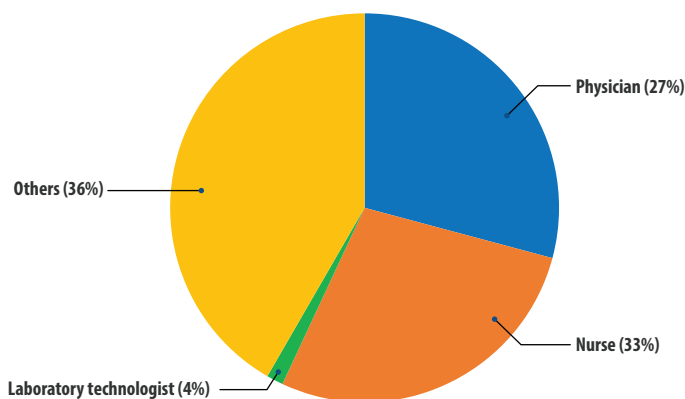
As regards which health care professionals were most at risk of infection, of the 191 health care workers who contracted COVID-19 between 16 March and 30 September, 52 (27%) were doctors who were treating and managing COVID-19 cases in hospital settings. Furthermore, 63 (33%) were nurses who were also directly and indirectly involved in handling and managing patients admitted to hospitals with COVID-19. Only 7 (4%) of laboratory technicians engaged in sample collection and handling were infected. Other staff working in the health care setting (e.g. cleaners, security guards, ambulance drivers and other hospital staff) comprised 36% (68/191) of infections (Fig. 2).

This occupational pattern indicates a higher infection rate in health care workers either working in emergency rooms or providing critical care support for patients in high containment (intensive care) and indoor (e.g. laboratories, sample collection centres and isolation centres established to treat COVID-19 patients) settings.

Men were at higher risk of infection than women: 150/191 (79%) men contracted COVID-19 compared with 41/191 (21%) women.

### Protecting health care workers: a priority in view of global shortages

Protecting front-line health care workers during any public health emergency should remain a high priority, especially in fragile and vulnerable settings where the health workforce is significantly smaller than it should be to meet the Sustainable Development Goals.<sup>1</sup> In the event of the emergence of a new pathogen causing a rapid rise in infections among the general population, the risk of nosocomial infection is high among health care workers, especially when the nature and mode of transmission are unknown. However, policies to ensure that all health care workers in all health care settings adhere to standard infection prevention and control practices and a system to



**FIG. 2: OCCUPATION OF HEALTH CARE WORKERS WITH COVID-19**

<sup>1</sup> The health workforce density in Somalia is 0.11 health workers (doctors, nurses and midwives) per 1000 population against a UHC requirement of 4.45 per 1000 by 2030.

monitor compliance of health care workers with such practices, as well as proper disinfection procedures in high-risk settings (e.g. intensive-care facilities), have been shown to significantly reduce infection in health care workers.

Based on experience with other respiratory viruses, consistent use of personal protective equipment (PPE) is important to reduce nosocomial transmission. However, anecdotal data suggest that shortages of masks, respirators, face shields and gowns, caused by the surge in demand and supply chain disruptions at the beginning of the outbreak, might have led to efforts to conserve PPE through extended use or reuse by health care workers.

Although addressing the needs of front-line health care workers during the COVID-19 pandemic is a high priority, data on such efforts are scarce. A study is currently being conducted by WHO in Somalia on the exposure risk of health care workers. This study will probably answer some of the questions on place, mode and nature of occupational exposure and transmission risk among different categories of health care workers, especially on the availability and proper use of PPE and adherence of health care workers to other infection control measures. While infected health care workers can transmit and carry the infection to their homes and family members, they can also infect and endanger patients and other hospital staff, thus amplifying outbreaks.

In countries where the health workforce is already understaffed, high numbers of infections in health care



workers means that hospitals have less capacity to manage patients and provide care for those suffering, not only from COVID-19, but also from other diseases and conditions. This situation will also disrupt essential health care services as there will not be enough health workers to provide other routine care and health services.

A well-trained health workforce that is protected, well-equipped and able to work in patient settings where there is a high risk of transmission of nosocomial infections from new and unknown pathogens is vital for any country to be able to defeat such health threats.



© World Health Organization  
 Country Office in Mogadishu, Somalia  
 Correspondence: +252616695096;  
 Email: [emacosomwr@who.int](mailto:emacosomwr@who.int); [emacosomexr@who.int](mailto:emacosomexr@who.int)  
 URL: <http://www.emro.who.int/countries/somalia/index.html>

