

# Sudan Health Highlights

Emergency Preparedness & Humanitarian Action (EHA)

Week 7, 11 - 17 February 2012



## Public health concerns

- From 1 January up to 17 February, a total of 94 suspected cases of meningitis were reported in Sudan with 3 deaths (case fatality rate of 4.1%).
- After reaching the epidemic threshold, Aborai sector in North Kordofan was covered by meningitis vaccination campaign. The target population in this sector was 27000 populations under the age group of 20-30 years.
- Acute respiratory infections, bloody diarrhoea, clinical malaria, were the leading diseases in Darfur. Two deaths were reported from North Darfur and were attributed to ARI and malnutrition.
- Fifteen (15) suspected cases of acute jaundice syndrome (AJS) were reported from all of Darfur.
- Malaria, acute chest infections and diarrhea are common diseases in South Kordofan.

WHO's Emergency Preparedness and Humanitarian Action (EHA) in Sudan is funded by:



The Common  
Humanitarian Fund  
Sudan



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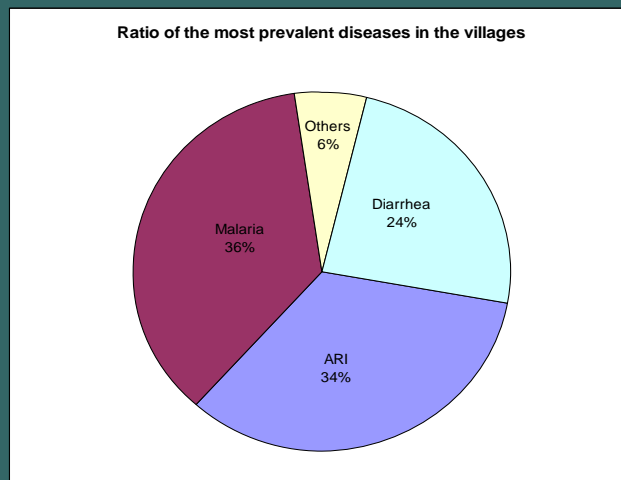
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## Transitional areas update

A joint Federal and State Humanitarian Aid Commission (HAC) and relevant line ministries alongside with the Sudanese Red Crescent Society, UN agencies and NGOs conducted a rapid assessment on the Humanitarian Situation in South Kordofan State between 27 January and 10 February 2012. Since the conflict started, the total number of affected people was estimated at 146,360 with the current displaced population at 53,220.

The events in June 2011 resulted in population movements from the affected areas, which prompted rapid humanitarian assistance. 15 out of 19 localities were directly or indirectly affected. Since June 2011, the total number of affected people was estimated at 146,360, while the current number is estimated to stand at 53,220 persons. Out of 19 localities, 11 were selected for the assessment and 53 villages were randomly chosen. No outbreak of epidemic diseases. Malaria, acute chest infections and diarrhea are common diseases in the assessed areas. There were no abnormal deaths reported in the villages assessed.



During the week, 64 out of 104 (61.5%) health facilities reported to the state's surveillance system. There were 1,692 consultations, slightly higher compared to 1,602 consultations reported last week. From these consultations, around 712 were cases of children less than 5 years old. However there were no epidemic diseases showing an impending outbreak.

## Coordination

Urgent needs of returnees in Kornoi and Umbaro in North Darfur were identified during this week's coordination meeting. In addition, charging fees to displaced people seeking for health services at El Fasher Hospital as well as humanitarian access restrictions in some areas in the state were among the issues highlighted during the meeting.

For the newly created State of Central Darfur, issues surrounding health services delivery as well as WHO's support to the health sector were discussed during a meeting with the newly appointed Director General for Central Darfur State Mr. Yonis Haroun Adam and WHO.

UNFPA and Save the Children will upgrade Morni facility in West Darfur to a comprehensive EmOC unit, and the collaborative effort plans will include construction of 7 rooms, with operation theatre and blood bank. Equipment will be provided by UNFPA.

# Disease surveillance

- From 1 January up to 17 February, a total of 94 **suspected cases of meningitis** were reported in Sudan with 3 deaths (case fatality rate of 4.1%). So far, 67 cerebrospinal fluid (CSF) samples were collected with 47 samples showing no growth, 17 samples still under investigation while 3 samples were positive of *Nisseria meningitides-A* (by rapid test).
- After reaching the epidemic threshold, Aborai sector in North Kordofan was covered by meningitis vaccination campaign. The target population in this sector was 27000 populations under the age group of 20-30 years.
- Acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (Mal) were the leading diseases in Darfur.
- Fifteen (15) **suspected cases of acute jaundice syndrome (AJS)** were reported from Greater Darfur (08 cases in South Darfur and 05 cases from West Darfur and 02 in North Darfur) compared to eight (08) cases reported in the previous week.
- Between 11 and 17 February, there were six new (06) **suspected measles** reported, one (01) from South Darfur (Boram area), two (2) cases from North Darfur (Wadda) and three (3) cases from West Darfur (Kerenik and Kerinding).
- Although there was no official declaration of an outbreak of measles in West Darfur, health authorities ensured that required mechanisms (establishment of a Task Force, increased awareness and active case search, appropriate management of cases, preparedness for a Measles outbreak immunization campaign) were in place.
- Two deaths were reported from North Darfur and were attributed to ARI and malnutrition.
- In South Kordofan, no outbreak of epidemic diseases were reported. Malaria, acute chest infections and diarrhea are common diseases in the assessed areas. There were no abnormal deaths reported in the villages assessed during a rapid assessment on the humanitarian situation in South Kordofan State between 27 January and 10 February 2012.

Comparison of Incidence rate (IR) per 10,000 populations of common diseases reported in East Sudan, W 04 to W 07, 2012.

State	Disease	Incidence Rate			
		W 04	W 05	W 06	W 07
South Darfur	ARI	12.8	14.8	14	13.2
	BD	2	4.5	2.2	2.5
	MAL	3.3	4.5	2.6	2.8
West Darfur	ARI	38	32.1	28.2	29.5
	BD	4.9	4.1	2.2	4
	MAL	7.5	6.2	4.5	6.1
North Darfur	ARI	36.6	35.4	27.3	27.3
	BD	1.2	1.2	1	1
	MAL	1	1.6	1.1	1.1

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur, W 04 to W 07, 2012.

State	Disease	Incidence Rate			
		W 04	W 05	W 06	W 07
Kassala	MAL	11.4	14.5	15.1	13.40
	TB	0.11	0.01	0.04	0.03
	Typhoid F.	0.24	0.29	0.28	0.19
	BD	1.34	1.43	1.86	1.10
	Bilharzias	0.32	0.35	0.49	0.26
Gedaref	MAL	10.8	13.6	8.74	11.06
	TB	0.03	0.03	0.02	0.01
	Typhoid F.	1.54	1.45	1.03	1.05
	Kala-Azar	0.47	0.53	0.27	0.33
	BD	2.94	1.56	2.66	2.22
	Viral H.	0.00	0.03	0.00	0.66
Red Sea	MAL	2.73	2.42	2.72	2.53
	Viral H.	0.02	0.02	0.03	0.05
	BD	0.73	0.72	0.72	0.71
	Measles	0.04	0.00	0.00	0.00

- With support from the Common Humanitarian Fund (CHF), the World Health Organization (WHO) donated 500,000 diphtheria and tetanus toxoid vaccines to the Federal Ministry of Health (FMoH) as part of the emergency response to the diphtheria outbreak in North Darfur. Aside from procurement of vaccines, WHO also supports Sudan with antitoxin and antibiotics to ensure proper treatment of cases. Surveillance has been strengthened to help EWARS in detecting hidden cases and follow up the pattern of diseases to immediately respond to any new cases and halt any further spread of the disease.



## Primary healthcare

In South Darfur, WHO provided medical supplies to Leishmaniasis control programme at the state level to fill the gap in case management in Al Gardoud village, Kass locality. Leishmaniasis is endemic in this area. There are around 100, 000 population residing Gardoud, and only 1 health clinic supported by CIS serves this village.

To improve capacity in malaria diagnosis and case management, WHO supported the malaria department with three microscopes as well as registry books for the laboratories for data gathering of malaria cases by ICT, blood films and those clinically diagnosed cases.

Implementation plan of health interventions such as training programmes for doctors and midwives on standard obstetric care, health education campaigns and IMCI, has been finalized for Kass and Gereidha localities.

In North Darfur, assessment of health facilities in 4 villages namely Korma, Burush, Sayah and Galab will be conducted. This activity is part of the early recovery plan for Darfur which WHO fully supports. Meanwhile, construction work at the Kalamendo hospital has now resumed while the new plan of equipping and staffing of the hospital is being discussed.

In West Darfur, WHO is working closely with the State Ministry of Health in finalizing its technical agreements with organizations which have committed to fill the gaps left behind by other NGOs. Priority gap areas are being covered by Merlin, International Medical Corps, and Islamic Relief Worldwide.

From 12-18 February, an IMCI training for trainers specifically focusing standard case management was conducted in West Darfur.

# Secondary healthcare

In South Darfur, WHO in collaboration with State AIDS Programme (SAP) conducted a 5-day basic training on HIV testing, targeting 25 laboratory technologists from Nyala and outstation VCTs and PMTCTs; the training sessions were divided into theoretical and practical sessions.

WHO continues its support to hospitals in North Darfur. During the week, WHO supported El Malha rural hospital with essential life-saving drugs, medical consumables and supplies estimated to cover the needs of 1000 patients for 1 month. While the gaps and needs of Mallet rural hospital were identified, and collaboration/discussion with SMOH was conducted to urgently respond to reported gaps in essential drugs and medical consumables.

In West Darfur, provision of health services through Kulbus Hospital to displaced population in Kulbus locality and surrounding communities was emphasized during a meeting with the hospital's management.

To provide technical support to sub offices and to SAP, monitoring visits were conducted by WHO HIV/AIDS Khartoum to different VCT/ART centres in hospitals and health facilities in IDP camps in South Darfur, North Darfur and West Darfur. Gaps were identified, and on the job training sessions on reporting and data analysis were conducted. In West Darfur, a meeting between SAP, UNDP, and WHO was conducted to finalize the design of the home care visitation forms, and discussed the recommendation of requesting WFP to support the nutritional requirements of people living with HIV/AIDS.



Left photo shows old incinerator at Eldeain hospital in South Darfur. With WHO's support, a new incinerator has been installed at the hospital. Incinerators are used for proper disposal of wastes produced by hospitals. Hospital wastes if disposed off improperly, can pose greater threat than the original diseases themselves.



WHO supported Eldeain hospital in South Darfur for the construction of hospital latrines.

## Environmental health

With WHO's support, the construction of latrine unit with 5 seats, septic tank and well as well as the installation of incinerators at Eldeain hospital in South Darfur have been completed. These interventions will address environmental health condition particularly the sanitation and waste management in Eldeain hospital. In addition, WHO supported the hospital with 65 colour coded waste containers, 100 safety boxes and 12 heavy duty gloves for containment of healthcare wastes and enhancement of waste segregation practices within the facility. The installed facilities were successfully checked and handed over to the hospital administration.

In North Darfur, ten water laboratory technicians from WES, SWC, MoH-EH, Oxfam America, KSCS, GOAL, and Plan Sudan will participate in a WHO supported training workshop on water quality improvement and water sources data collection from 19 to 23 February 2012.

Water quality status in IDPs camps in North Darfur for January 2012 shows the urgent need for interventions as 33% to 70% water samples taken from household storages were contaminated. The State's water quality committee recommended strong coordination among all partners on water quality issues with special emphasis on private water sources. Preparations for joint chlorination and health education activities are underway.

\* WHO recommended free residual chlorine (FRC) level for safe drinking water is 0.2 to 0.5 mg/L.

\*\* There is no guideline value for hydrogen sulfide. However, hydrogen sulfide should not be detectable in drinking-water by taste or odour.

\*\*\*Normal range of pH or the hydrogen concentration in water is 6 to 7.5.

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