

# EHA Sudan Health Highlights

Weekly Bulletin of Sudan's Emergency Preparedness and Humanitarian Action (EHA) Unit, World Health Organization

Week No 18, 19 April to 5 May 2012



Highlights

- A total of 276 suspected cases of meningitis were reported in Sudan, with 14 deaths, between January and April 2012.
- To address the return and reintegration concerns in North Darfur, WHO highlighted the need for implementing partners to increase manpower capacity as well as ensure availability of medicines/medical supplies in respective areas of interventions.
- In South Kordofan, the leading causes of morbidity were malaria, acute respiratory infections, and dysentery; while acute respiratory infections, bloody diarrhoea, and malaria were reported in most of the health facilities in Darfur between 21 and 27 April 2012.
- Around 25 medical assistants and nurses from Mallet Rural Hospital in North Darfur were trained on safety medical practices and norms for referral of severely ill patients .
- Thousands of latrines and houseflies breeding sites were covered by the ten day vector control campaign in Zamzam IDP camps in North Darfur. The campaign was supported by WHO.

# Communicable diseases surveillance and response

Acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (Mal), were the leading causes of morbidity in Darfur between 21 and 27 April 2012.

Five (05) suspected cases of meningitis were reported from Greater Darfur (0 cases from South Darfur, 05 from West Darfur and 0 from North Darfur), and this was lower compared to the nineteen (19) cases reported last week.

In addition, nine (09) cases of suspected measles were reported (01 from North Darfur, 06 from West Darfur and 02 cases from South Darfur) compared to thirteen (13) reported a week earlier.

A total of thirteen (13) deaths were reported from West and North Darfur and were attributed to meningitis (1 fatality), mal (1 fatality), other diarrhoea (2 fatalities) and other causes (9 fatalities).

In South Kordofan, 57 out of 60 (95%) health facilities reported to the surveillance system of the State. There were 1,689 consultations conducted during the week with malaria & acute respiratory tract infection represented 59% and 32% respectively, while dysentery comprised 7% of the total reported cases. The graph which can be found next page shows proportions of diseases reported in South Kordofan.

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur, W 14 to W 17, 2012.

State	Disease	Incidence Rate			
		W 14	W 15	W 16	W 17
South Darfur	ARI	11.4	12.5	12.5	8.4
	BD	2.5	3.3	2.4	1.9
	MAL	3.8	3.3	3.3	2.4
West Darfur	ARI	19.9	18.9	21.9	22.1
	BD	2.7	3.1	3.2	3.3
	MAL	4.6	2.7	3.8	3.6
North Darfur	ARI	27.3	27.2	29.3	27.3
	BD	1	1.2	1.2	1
	MAL	1.1	2.1	1.6	1.1

Please refer to table below comparing incidence rate/10000 population in the eastern states of Gedaref, Kassala and Red Sea.

State	Disease	Incidence Rate			
		W 14	W 15	W 16	W 17
Kassala	MAL	17.1	17.8	18.9	15.5
	TB	0.0	0.1	0.0	0.3
	Typhoid F.	0.9	0.9	0.4	0.4
	BD	1.7	1.7	1.8	1.7
	Bilharzias	0.7	0.4	0.3	0.5
Gedaref	MAL	8.8	9.8	9.5	9.7
	TB	0.0	0.1	0.1	0.0
	Typhoid F.	1.3	1.2	1.2	1.2
	Kala-azar	0.2	0.3	0.2	0.4
	BD	2.4	2.4	2.4	2.4
Red Sea	Viral H.	0.1	0.1	0.1	0.1
	MAL	2.3	2.2	2.3	2.4
	Viral H.	0.1	0.0	0.1	0.0
	BD	0.8	0.9	0.7	0.7
Red Sea	Measles	0.1	0.1	0.1	0.1

## Meningitis in Umdokhon, West Darfur

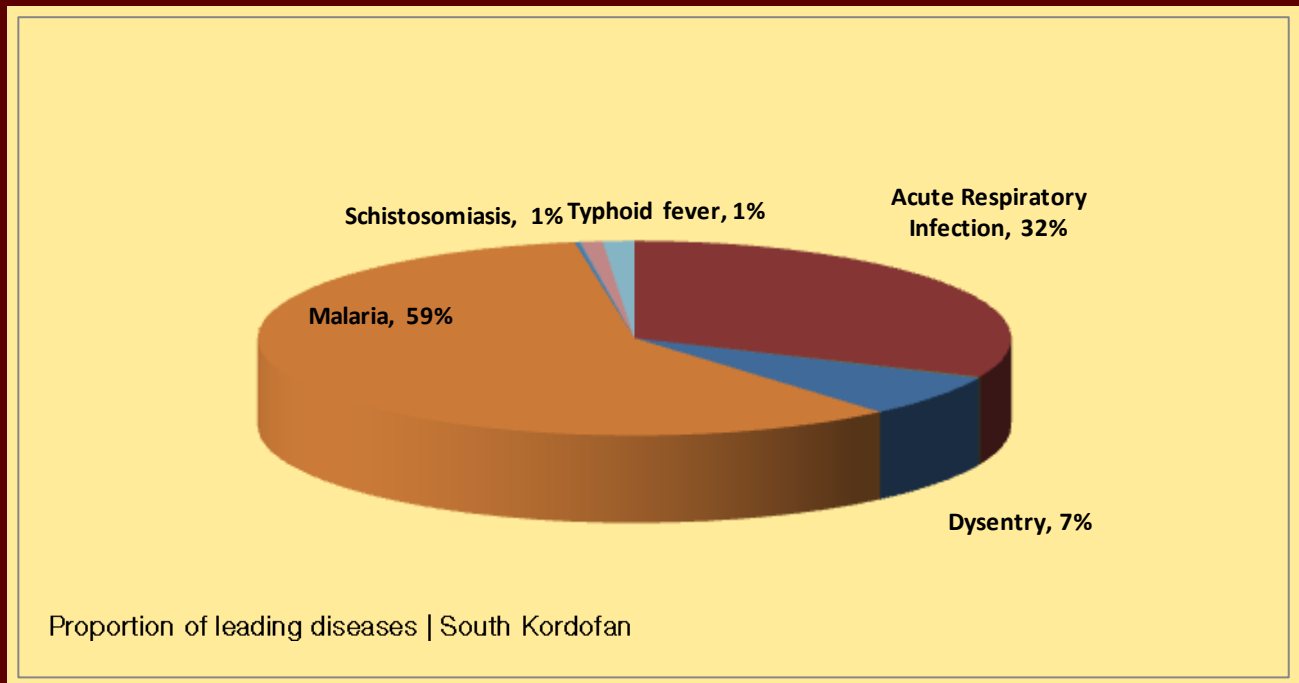
From 1 January to 13 April 2012, a total of 276 suspected cases of meningitis were reported in Sudan, with 14 deaths. From the areas that reported meningitis, only Umdokhon sector in Central Darfur had crossed the epidemic threshold. The epidemic threshold is reached when the number of cases has doubled over three consecutive weeks.

In response, a total of 36 872 people, or 89.4% of the target population, were vaccinated in Umdokhon and its neighbouring villages from 1 May to 6 May 2012. The affected locality of Umdokhon borders Chad, which has a confirmed presence of *Neisseria meningitidis*-A.

The Ministry of Health and the State Ministry of Health campaign was conducted with support from its health partners, including the International Coordinating Group on Vaccine Provision for Epidemic Meningitis Control, International Medical Corps and WHO.

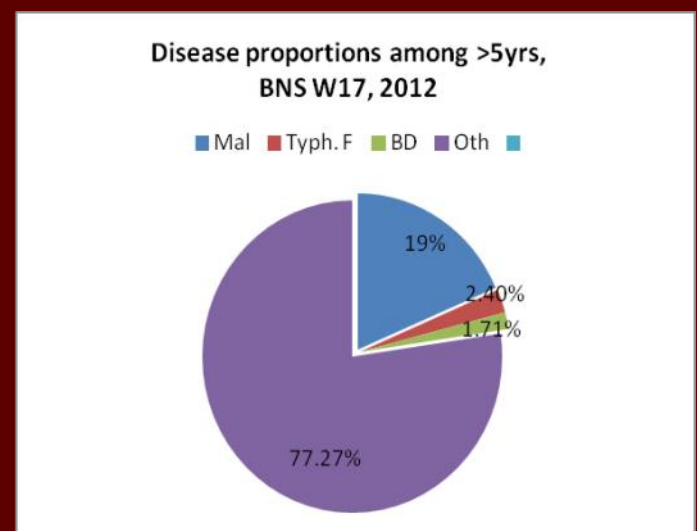
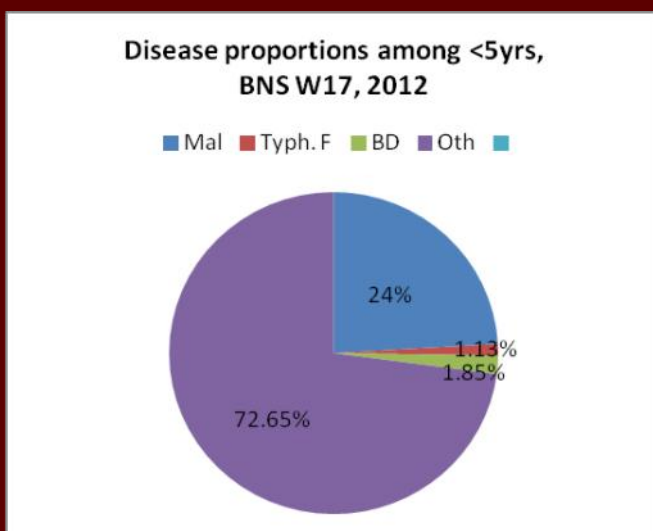
# Communicable diseases surveillance and response

The graph below shows proportions of diseases reported from South Kordofan.



With support from WHO, the Rapid Response Team (RRT) of the Epidemiology Department/SMoH investigated the suspected case of hemorrhagic fever from Koak, and who was admitted at Kadugli hospital. The result of sample sent to Khartoum for further investigation presented that the case was a dengue fever. All preventive and control measures were conducted. Moreover, investigations were also conducted on the reported cases of measles and diarrhoea from Elgoz locality. No further report was provided by end of the reporting week.

In Blue Nile, malaria was the leading cause of consultations which comprised 20.5% of the total number of consultations, followed by suspected typhoid fever and acute bloody diarrhoea.





## Coordination

In South Kordofan, the number of displaced people who sought temporary shelter in Kadugli has reached around 94 households with an estimated 542 population. These households came from the villages of Kicolo, Shat Damam, Shat Sofia, Shat Mzarig, Eltas, Eltoma and Bilang.

In addition, there were 300 households who temporarily settled in Elregega after fleeing from the villages where tribal conflict erupted.

Health partners reported that NCA is supporting Nida Organization to construct two wards at the Dibebad hospital. Meanwhile, international organizations collaborated with local organizations such as SoS Sahel, Mandi Organization, Sudanese Red Crescent Society, and other national organizations for health interventions in different localities of South Kordofan.

In North Darfur, the health situation was stable and morbidities were within normal range, while mortalities below emergency threshold.

Regarding the diphtheria outbreak in the localities of Eltewishia Ellaiet, El Fasher and Tawilla, response activities for outbreak control were conducted by SMOH with support from WHO.

To address the return and reintegration concerns in North Darfur, WHO highlighted the need for implementing partners to increase manpower capacity as well as to ensure availability of medicines/medical supplies in respective areas of interventions. Furthermore, WHO emphasized the importance of strengthening coordination among partners, and provision of health services according to international/local standards based on population, distance from nearest health facilities, and availability of human resources.

To verify the health needs of the returnee population and recommend the types of assistance to be provided, WHO participated in the Inter-Agency Returns Assessment Mission to Ghadir, Andor, and Tine localities from 30 April to 3 May.



## Primary health care

In South Kordofan, WHO has continued its medical services support to the vulnerable populations in Kadugli, Alrashad, Abugebyha, Gadir Lyree and Talodi localities through FMoH, SMoH, SROS, and Pancare. In addition, medicines and medical supplies were provided to EHA/FMoH to support mobile clinics and functioning health facilities serving the affected populations in Abugebeha, Gadir and Tadamon localities. During the week, 8 basic health unit kits and 4 rapid response kits donated will cover the needs of 30,000 populations for 3 months. In addition, laboratory reagents were donated for SMoH hospitals around the State.

From 29 April to 4 May, rapid response team conducted visits to several localities in Blue Nile State namely Dereng (Bau locality), Kelli, Dowia, Gamberda, Deglok and Buleng (Kurmuk locality) to supervise local health cadres in the mentioned areas and to extend technical, logistical and financial support to facilities that are providing health support to affected communities. During the visits, mobile clinics were conducted, health education activities were held, chlorine tables distributed, and cleaning campaigns conducted.

From 7 May to 10 May a WHO supported training course will be conducted to enhance capacity for 30 statisticians from the Health Statistics Department of Blue Nile State.

Technical discussions on major problems of case management and referral system, formats on assessments, and compilation of maternal death surveillance, as well as strengthening of mother and child health in Kutum and challenges health facilities were discussed during the recent visits to communities implementing programmes to reduce maternal death rate in North Darfur. the week, WHO supported SMoH in its supervisory visits to Mallet and Kutum localities, covering 6 clinics (Kutum Center, Gharoona, Ketab Shakara, Sayah, Mado and Abbasi clinics).

WHO and SMoH will train 30 volunteers on standard criteria and danger signs of mothers and obstetric care, as well as mother and child health in Kutum. Preparatory activities to implement the training are in place with all materials being prepared a facilitator from RH/FMoH will participate to deliver quality course aiming at equipping the volunteers with basic information to be delivered to the mothers.

## Secondary health care

In West Darfur, WHO has been working closely with officials from SMOH and Reproductive Health unit to carry out capacity building activities in relation to the implementation of programmes to reduce maternal death rate in the State. Moreover, discussions were conducted between WHO and SMOH on the urgent support required by El Geneina Teaching Hospital to improve its emergency and outpatient department services.

In North Darfur, WHO's donation of medicines and medical supplies were received by the El Fasher Maternity Hospital to cover the identified shortage in essential and life-saving supplies for at least one month.

Around 25 medical assistants and nurses were trained on safety medical practices and norms for referral of severely ill patients at Mallet Rural Hospital in North Darfur. The training programme was part of the WHO/Italian project for reducing maternal and child deaths in North Darfur. Meanwhile, Kutum rural hospital identified shortage in some essential medicines and medical supplies and WHO has been requested to immediately fill the gap.



## Environmental health

To enhance vector control measures in South Kordofan, WHO together with SMOH started the entomology survey in Kadugli, Kwaik, Dilling and Dibabat.

In North Darfur, around 50 water sources were covered during a water quality monitoring. From the tested sources, around 10 samples showed bacteriological contamination. Required action will be undertaken by WASH partners and local communities.

Thousands of latrines and houseflies breeding sites were covered by the WHO supported ten day vector control campaign in Zamzam IDP camps in North Darfur. Activities conducted were dusting as well as space spraying of households.

To improve capacity of hospital staff on handling/management of health care wastes, WHO supported SMOH in holding a three-day training programme for 30 health staff including 16 staff from Mallet rural hospital and 14 different PHC facilities in Mallet town and rural Mallet.

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