

EHA Sudan Health Highlights

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

Week No 19, 6 May to 12 May 2012



- Between 1 January and 4 May 2012, a total of 366 suspected cases of meningitis were reported in Sudan with 21 deaths (CFR 5.7%). With WHO and MSF support, 225 FMoH staff in Gedaref, Blue Nile, Sennar, North Darfur and Central Darfur were trained on meningitis case surveillance and management.
- To review and strengthen Sudan's Health Resources Availability Mapping System or HeRAMS, several meetings with health partners, both government and non-government organizations, were conducted in Darfur and Khartoum.
- In Blue Nile, malaria remained the leading cause of consultations, followed by acute suspected typhoid and acute bloody diarrhoea.
- In Darfur, twenty two (22) cases of suspected measles were reported from West Darfur (18 cases) and from North Darfur (4 cases).
- In Abyei, diarrhoea was the leading cause of diseases reported to health facilities.
- WHO has conducted an assessment mission to Northern part of Abyei. Apart from the health facility in Rumameir, there are no other functioning health facilities in the north of river Kirr. However, the areas of Diffra, Mekines, Marial Achaak and Lau have intact health facility structures.

Communicable diseases surveillance and response

Between 28 April and 4 May, acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (mal), remained the leading causes of morbidity in Darfur. Two (02) suspected cases of meningitis were reported from Greater Darfur (0 cases from South Darfur, 02 from West Darfur and 0 from North Darfur) compared to five (05) cases reported last week. In addition, twenty two (22) cases of suspected measles were reported (0 cases from South Darfur, 18 from West Darfur and 04 cases from North Darfur) compared to nine (09) cases reported in the previous week. A total of two (02) deaths were reported from West Darfur and were attributed to other causes. No deaths were reported through EWARS from South Darfur or North Darfur.

In Blue Nile, malaria remained the leading cause of consultations and contributed 24.4% of the total number of consultations. Acute suspected typhoid fever was the second cause of attendance in health facilities followed by acute bloody diarrhoea.

Three disease alerts were reported during the week, two (2) cases of acute flaccid paralysis (AFP) from Damazine & Roseires and one (1) case of measles from Guli Al-Gaalien/ Al Tadamon locality.

Meningitis Update

Between 1 January and 4 May 2012, a total of 366 suspected cases of meningitis were reported in Sudan with 21 deaths (CFR 5.7%). Cases were reported from all over Sudan except North Darfur and Red Sea. From the reported cases, there were 62% male cases and 38% female cases. The most affected age group was 2-5 years (49% of all cases) followed by 6-15 (37%). A total of 209 cerebrospinal fluid (CSF) samples were collected and 20 samples were found positive for N. meningitides (19 samples of Sero type A and one sample of W135). With WHO, MSF support, 225 FMoH staff in Gedaref, Blue Nile, Sennar, North Darfur and Central Darfur were trained on meningitis case surveillance and management. Abu Rai Sector in North Kordofan State and Um Dukhun sector in Central Darfur State reached epidemic threshold in week 7 and week 16 respectively. Reactive vaccination campaigns were successfully conducted. A total of 60675 populations were vaccinated in the two sectors with 109% and 89.4% coverage in Abu Rai and Um Dukhun respectively.

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur, W 15 to W 18, 2012.

State	Disease	Incidence Rate			
		W 15	W 16	W 17	W 18
South Darfur	ARI	12.5	12.5	8.4	11
	BD	3.3	2.4	1.9	2.1
	MAL	3.3	3.3	2.4	3.1
West Darfur	ARI	18.9	21.9	22.1	20.9
	BD	3.1	3.2	3.3	3.5
	MAL	2.7	3.8	3.6	4.5
North Darfur	ARI	27.2	29.3	27.3	12.9
	BD	1.2	1.2	1	0.5
	MAL	2.1	1.6	1.1	0.5

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 15	W 16	W 17	W 18
Kassala	Mal	17.8	18.9	15.5	14.8
	TB	0.1	0.0	0.3	0.2
	Typhoid F.	0.9	0.4	0.4	0.8
	BD	1.7	1.8	1.7	1.4
	Bilharzias	0.4	0.3	0.5	0.4
Gedaref	Mal	9.8	9.5	9.7	8.0
	TB	0.1	0.1	0.0	0.0
	Typhoid F.	1.2	1.2	1.2	1.1
	Kala-Azar	0.3	0.2	0.4	0.1
	BD	2.4	2.4	2.4	1.9
	Viral H.	0.1	0.1	0.1	0.1
Red Sea	Mal	2.2	2.3	2.4	1.8
	Viral H.	0.0	0.1	0.0	0.1
	BD	0.9	0.7	0.7	0.8
	Measles	0.1	0.1	0.1	0.0

Abyei health situation

Around 4000 internally displaced persons (IDPs) from Unity State have preferred to stay in Rumameir for fear of bombing. Some of the displaced have moved closer to Agok for easy access of basic social services.

The health facility in Rumameir continues to provide health services to both displaced populations and local community. The clinic is coping relatively well as WHO continues to monitor and support the clinic. The clinic has a functioning EPI refrigerator, but no vaccines. Warrap State MoH EPI division has sent vaccines to Agok to be sent to Rumameir. Meanwhile, after rehabilitation of the water yard, the water services in Rumameir improved, however the sanitation facilities are still below sphere standard. In this regard IOM and UNICEF are planning to establish/construct sanitation facilities

WHO has conducted an assessment mission to Northern part of Abyei Area. Currently there is no functioning health facility in the north of river Kirr apart from Rumameir. However, the areas of Diffra, Mekines, Marial Achaak and Lau have intact health facility structures. A significant number of people have settled in these areas. Upon the request from communities of Goli, Diffra and Mekines WHO has been looking for health personnel who will work in these areas and has prepared its support to health facilities with interventions such as provision of medicines and capacity building activities.

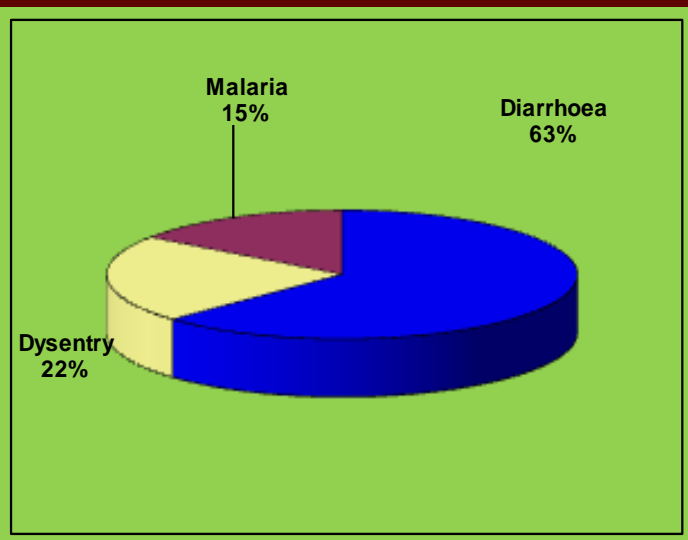
As the lead for Health and Nutrition cluster in Abyei, WHO is responsible for the information management of the clus-

ter and sharing overall results that has been collectively achieved by the cluster. The Health cluster continues to meet regularly on bi-monthly basis and is chaired by the Ministry of Health (MoH). During the week, MoH and other health partners reported stable health and nutrition situation in Abyei Area despite the influx of the displaced people to Rumameir.

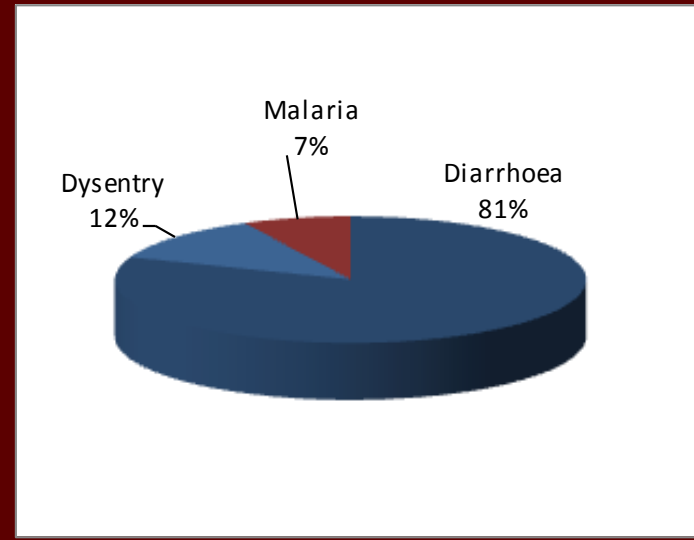
WHO participated in a week long District Health Information System (DHIS) training course in Agok, with intention of rolling out the DHIS in Abyei Area focusing on Integrated Diseases Surveillance and Response (IDSR). WHO is planning to conduct a series of training courses to staff of all health facilities in Abyei Area. The course will focus on IDSR, Integrated Management of Childhood Illnesses (IMCI), and case management of common endemic illnesses.

WHO continues to support MoH with data collection, analysis, investigate rumors where necessary and dissemination of diseases surveillance information in Abyei.

During the week, diarrhoea was the leading cause of diseases reported to health facilities. The number of consultations for diseases under surveillance was 435 cases; and from these, 273 cases were diagnosed as diarrhoea or 63% of the total number of cases. According to surveillance reports submitted, 239 or 88% of the reported cases were children below five years of age. No death related to acute water diarrhoea (AWD) was recorded.



Among all population, Diarrhea represented 63%, Malaria 15% and Dysentery 22%.



In under-five age group, Diarrhea represented 81%, Malaria 7% and Dysentery 12%.



Primary health care

In Blue Nile, 30 statisticians from hospitals and health services administration units of localities were trained on Health Management Information System. The training course was organized by the Department of Statistics of the State Ministry of Health (SMoH) with support from WHO and ECHO.

To review and strengthen Sudan's Health Resources Availability Mapping System or HeRAMS, several meetings with health partners, both government and non-government organizations, were conducted in Darfur and Khartoum. To ensure coherence in the assessment and recommendations, visits to health to health facilities were carried out as well as discussions with health cadres.

Secondary health care

In North Darfur, Dar-Elsalam rural hospital received medical supplies and consumables from WHO to fill the gaps in life-saving items and to scale up measures in infection prevention and universal precautions in the hospital. Life-saving medicines will cover around 1000 patients for one month.

During the week, Mallet hospital reported sufficient supplies of medicines while Kutum rural hospital reported gaps in essential medicines and medical consumables. Regular reporting has been required to ensure the smooth flow of the Italian Cooperation supported project to reduce maternal and child deaths in North Darfur. With support from the Finnish Government, WHO and SMoH conducted a five day training course on revolving drug fund in El Geneina, West Darfur targeting 28 participants.



Coordination

Provision of curative health services has been provided to affected communities in South Kordofan through two level – secondary and primary healthcare centres including mobile clinics. Preventive health services are continuously implemented including vector control activities, cleaning campaigns, EPI services, reproductive health services, and health promotion. However it was emphasized during the week's health sector meeting that there is a need to strengthen coordination among health partners working on ground.

To support the health needs of displaced population in South Kordofan, the Norwegian Church Aid (NCA) is supporting Nida organization to construct two health centers and one basic health unit in Elgoz locality.

In North Darfur, an inter-agency humanitarian assessment mission to Shangil Tobaya in Dar Elsalam Locality was conducted from 7 to May 2012 to look into the humanitarian situation (including health) on ground, and verify reports regarding harassment and restriction of movement on IDPs by armed individuals surrounding the area.

Environmental health

The Water Environment and Sanitation (WES) in South Kordofan has constructed 125 household latrines in Abu Jubaiha for the IDPs in the town, and has conducted hygiene promotion and health education campaign.

During this week's inter-cluster meeting for South Kordofan, WES shed light on the importance of enhancing sanitation status prior wet season in eastern part of the State. With funds from CHF, Asdiga El Salam Organization (Friends of Peace) will start WASH activity in Habila locality. Meanwhile, WES support was requested for the rehabilitation of sanitation service at El Tomat and Al Tukma, after WES and NMIAD completed the rehabilitation of 5 water hand pumps in Kadugli town (3 in Hager Al Nar and 2 in Al Talta).

In North Darfur, SMOH and WHO are working with WASH for coordination of activities, information sharing, and development of joint action plans for water sources in Dar Elsalam and rural areas.

WHO supported SMOH for training of 30 health staff from 10 health facilities in Zamzam, Abu shouk, and Alsalam IDPs camps for three days in El Fasher town on hazardous health care waste management.

For more information contact

Dr Iman Shankiti
EHA Coordinator
shankitii@sud.emro.who.int

Mrs Christina Banluta
Communications Officer
banlutac@sud.emro.who.int

<http://www.emro.who.int/countries/sdn/>