

# Sudan Health Highlights

Emergency Preparedness &amp; Humanitarian Action (EHA)

Week 3, 14-20 January 2012



## Public health concerns

- Due to access issues, 56 health facilities out of 104 (53.8%) reported to South Kordofan's surveillance system. During the week, the leading causes of disease burden were malaria, acute respiratory infections, and dysentery .
- In Darfur, the leading diseases were acute respiratory infections, bloody diarrhoea, and clinical malaria.
- Ten suspected cases of acute jaundice syndrome were reported from different states of Darfur, with seven cases from South Darfur, one case from West Darfur, and two cases from North Darfur.
- One case of suspected measles was reported during the week from Saraf Omra in North Darfur and one from Eldien in South Darfur.
- The total number of measles cases reported from East Sudan has reached 265 with 11 deaths (case fatality rate of 4.1%), including the newly reported cases from River Atbara and Rural Halfa localities. The measles outbreak has spread to other localities of Kassala state namely North Delta, Aroma, Girba and rural Kassala.
- Measles vaccination campaign has started in all affected localities in East Sudan.

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## Transitional areas updates

### Abyei

- In coordination with GOAL and MSF-CH, WHO is supporting the Ministry of Health (MoH) in Agok to revitalize the surveillance system in the State which has collapsed as a result of the conflict which erupted in June last year. So far 8 health facilities serving population more than 60 000 in Agok and surrounding areas submitted their reports. According to reports, there are no alarming disease trends.
- Shortage of some diagnostic kits mainly for malaria, and basic equipment for MoH clinics was emphasized during the coordination meeting held with partners. WHO is now working on the delivery of identified gaps.

### South Kordofan

- Due to access issues, 56 sentinel sites out of 104 (53.8%) reported to the State's surveillance system. Some 1300 consultations with 543 children less than 5 years old were conducted during the week in health facilities. During the week, the leading causes of disease burden in facilities were malaria (59%), ARI (34%), and dysentery (7%). For children less than 5 years old, malaria (58%), ARI (37%), and dysentery (5%) were responsible for cases brought to facilities.
- WHO is supporting 17 health facilities managed by the Sudanese Red Crescent Society (SRCS) and SMOH in Kadugli, Alrashad, and Talodi localities.
- Essential drugs items sufficient for 2000 population for 1 month were provided to SMOH and SRCS to support mobile clinics which cover new IDPs areas inside Kadugli town.
- WHO together with SRCS and WES will revitalize the routine chlorination activities targeting 16 water sources in Kadugli town.
- WHO provided WES with water testing reagents for 250 samples, and has donated hydrogen sulfide kits for rapid water sample testing targeting 3 IDPs sites inside Kadugli town namely Naseej, Masani, and sector 3.

## Coordination

- In East Sudan, WHO and SMOH Kassala led a meeting to review this year's plan of action for meningitis season. Availability and gaps in supplies were highlighted during the meeting for action and follow-up by concerned agencies/organizations.
  - In North Darfur, the situation of diphtheria outbreak in Eltewisha and Elaiet was highlighted during the weekly coordination meeting. Health partners' support was called upon to ensure proper reporting and implementation of response activities.
  - Key areas of interventions in 2012 for WASH sector in Darfur were identified: diseases prevalence and epidemiological status in the IDP camps and state and information sharing and database concerns.
- During the recent coordination meeting, WASH requested WHO to provide support to localities for water chlorination activities.
- Due to security issues, the inter-agency mission to West Jebel Marra was cancelled.
  - In West Darfur, SMOH announced among partners to start sending daily notification/zero reports on suspected meningitis cases.
  - Discussions were conducted with International Medical Corps (IMC) regarding the construction of a primary healthcare unit in Nyerou, West Darfur.

# Communicable diseases

- In Darfur, the leading causes of disease burden were acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (Mal) from 7 to 13 January. Around 91% of the sentinel sites in Darfur reported through the early warning alert and response system (EWARS). From 2.5 million population under surveillance, there were 55 617 consultations conducted during the week.
- Ten (10) suspected cases of acute jaundice syndrome (AJS) were reported from different states of Darfur, with 7 cases from South Darfur, 1 case from West Darfur, and 2 cases from North Darfur.

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur from week 51, 2011 to week 02, 2012.

State	Disease	Incidence Rate			
		W 51	W 52	W 01	W 02
South Darfur	ARI	11	6.8	10.6	15
	BD	2.5	2.4	2.7	3.2
	MAL	3.7	3	3.5	4
West Darfur	ARI	29.3	25.6	20.4	26.3
	BD	3.3	2.5	3.1	3
	MAL	7.4	7.1	5.5	6.3
North Darfur	ARI	23.1	20.8	28.3	31.1
	BD	0.9	0.6	0.9	1
	MAL	1.1	0.8	1.2	1.1

- One (1) case of suspected measles was reported during the week from Saraf Omra in North Darfur and one (1) from Eldien in South Darfur.
- Through the EWARS, eleven (11) deaths were reported from North Darfur (malnutrition – 1 fatality, ARI - 1 fatality, and other causes - 9 fatalities). South and West Darfur did not report any deaths between 7 and 13 January 2012.

Incidence rate (IR) per 10,000 population with common diseases reported in East Sudan, week 51-2011 to week 02-2012.

State	Disease	Incidence Rate			
		W 51	W 52	W 01	W 02
Kassala	MAL	10.0	14.8	12.4	15.04
	TB	0.09	0.11	0.07	0.07
	Typhoid F.	0.43	0.85	0.40	0.49
	BD	1.70	1.73	1.56	1.56
	Bilharzias	0.39	0.41	12.4	0.44
Gedaref	MAL	15.5	8.03	14.6	14.00
	TB	0.00	0.01	0.03	0.01
	Typhoid F.	1.42	1.53	1.54	1.45
	Kala-Azar	0.57	0.42	0.42	0.51
	BD	2.74	2.58	3.23	3.14
Red Sea	Viral H.	0.00	0.00	0.06	0.03
	MAL	2.70	2.13	2.21	2.20
	Viral H.	0.03	0.01	0.01	0.01
	BD	0.65	0.67	0.77	0.77
	Measles	0.00	0.00	0.00	0.00

- In East Sudan, surveillance reports presented malaria as the leading cause of disease burden comprising 11% of the total number of cases. Around 91.9% of the sentinel sites in Kassala and 100% of the sites in Gedaref and Red Sea States reported to the disease surveillance system.

- The total number of measles cases reported from East Sudan has reached 265 with 11 deaths (case fatality rate of 4.1%), including the newly reported cases from River Atbara locality (5 cases) and Rural Halfa locality (4 cases).

- The measles outbreak has spread to other localities of Kassala state namely North Delta, Aroma, Girba and Kassala localities. Measles vaccination campaign started on 22 January 2012 targeting population in the age group 5-30 in all affected localities.





## Primary healthcare

- In order to evaluate the quality of surveillance for polio eradication, WHO review team was in North Darfur to conduct visits in different sites. Challenges and quality were assessed, addressed and discussed with the State Ministry of Health. The team visited state hospitals namely El Fasher Teaching Hospital and Military Hospital, and health facilities in Mallet locality, Al Salam and Abu Shouk IDPs camps.
- During the week, 21 medical assistants from the remote areas of Um Kadada, El Twaisha and El Lait were trained on IMCI-standard case management.
- To follow up the implementation of maternal death reduction project in North Darfur, WHO conducted supervisory missions to both Mallet and Kutum localities. The mission assessed the quality of the work rendered regarding mother and child health, and filled in logistical gaps.
- Schistosomiasis is an area of concern for South Darfur. During the health coordination meeting, results of the assessment done by SMOH were shared with the partners. Assessment results showed that the localities of Eldein, Tulus, Buram, Elsalam, Gereida and Katiall have more than 50% positive samples among the samples collected. WHO and SMOH emphasized that by end of 2012, morbidity & mortality due to schistosomiasis will hopefully be reduced by 50%. Inadequacy of praziquantel in facilities has been identified as one of the gaps. Health partners were advised to support SMOH in its preventive activities particularly in high risk localities. WHO has been coordinating to ensure availability of drugs for mass treatment.



Medical supplies donated to El Fasher teaching & El Seraif rural hospitals in North Darfur.

## Secondary healthcare

- In North Darfur, WHO conducted a monitoring and supervisory visit to El Fasher maternity hospital. During the visit, the OPD was congested and the hospital management raised issues such as shortage in infection prevention supplies and tools and some essential life-saving drugs. To respond to this need, WHO immediately released assorted drugs and consumables estimated to cover 1000 patients for one month. The overall situation was discussed with SMOH/Curative Medicine Directorate for follow-up and filling of gaps.
- Essential drugs sufficient for the needs of 1500 internally displaced population for 1 month were donated to El Seraif rural hospital and El Fasher teaching hospital.
- To facilitate the efforts to improve blood safety activities in Darfur, a supervisory mission was conducted by National Blood Transfusion Services (NBTS)/Central Blood Bank and WHO in South Darfur. A monitoring visit was conducted at Nyala Teaching hospital blood bank. Gaps and quality of services were assessed and discussed with concerned officials in the State. In response to urgent gaps identified, the mission provided blood donation bags and testing devices to the blood bank.
- In West Darfur, WHO supported Geneina Teaching Hospital with some consumable materials for infection prevention to address the severe shortage reported.

# Environmental health

## East Sudan

- In Kassala State, water resources covered by chlorination was 52.4% (204 out of 389 water sources), slightly lower compared to the 58% coverage last week due to lack of volunteers in Tulkok and North Delta localities. In addition, 39 water samples were collected and tested for free residual chlorine (FRC) from 5 localities in Kassala, and results varied from 0.1 to 0.3 ml/L (within WHO recommended level).
- In Red Sea State, chlorination of 8228 tons of drinking water in 351 tankers at refugee camps' storage tanks was conducted during the week.
- In addition, health promotion campaign targeting households in Port Sudan locality to promote drinking water quality and distribution of chlorine tablets covered 10 657 house using 64 volunteers.
- In flies larvae control activities, 8 106 sites were inspected in Port Sudan teaching hospital, slaughter house, and public food markets. From the inspected sites, 4200 (51.8%) sites were identified as breeding areas. Required actions were undertaken by the environmental health team in Port Sudan.
- Indoor adult vector control targeting mosquitoes and flies covered 9 455 houses and 28 365 rooms by shoulder fog machines.
- Dengue vector surveillance targeting 3600 houses was conducted during the week. Results showed ades larvae present in 3 000 houses. Indoor mosquito larvae control activities were conducted by spraying pesticide (Abate) in latrines of 11 000 houses.

## Darfur

- WHO supported a 3 day training workshop last week on solid and medical waste management targeting 25 public health officers/inspectors from North Darfur State. The training course was facilitated by MoH. Topics covered were collection, sorting out and disposal of solid wastes; definition/management of medical wastes; safety during managing hazardous solid and medical wastes; conduct of pre and post tests.
- In South Darfur, water source monitoring was conducted in Nyala and Eldeain localities targeting 40 sources. Thirteen of the sources inspected in Assalaya were categorized as 'high risk.' In Nyala 14 sources were found as 'high risk' while 13 other sources showed zero risk.
- Water quality monitoring was conducted in Nyala town. A total of 1 167 samples were collected from the network, donkey carts and households, and were checked to ensure proper water treatment. Results showed that 1 118 (95.8%) samples were within the standard level of free residual chlorine (0.2 – 0.5 mg/l FRC) while the remaining 4.2% were below the required level.
- During home visits, the monitoring team conveyed health education messages to 122 families on household safe drinking water, handling and storage.

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