

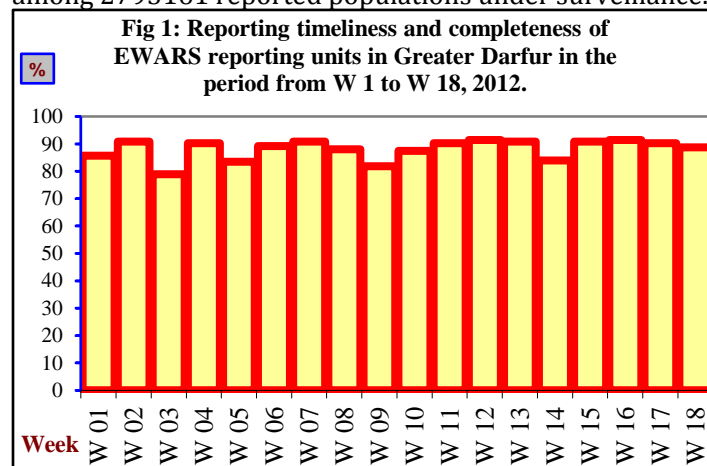


Communicable Diseases
Weekly Morbidity and Mortality Bulletin
CDWMMB Week No 18: 28 April-4 May 2012
Sudan: FMOH & WHO



I. Reporting timeliness & completeness

This week 88.8% reporting timeliness & completeness of EWARS reports was achieved in Greater Darfur (fig.1). A total no. of 52559 consultations was seen this week among 2793161 reported populations under surveillance.



II. Diseases of public health importance

Acute Respiratory Infections (ARI), Bloody Diarrhoea (BD), Clinical Malaria (MAL), remain the leading causes of morbidity in Darfur (table 1). This week, two (02) suspected cases of meningitis were reported from Greater Darfur (0 cases in South Darfur, 02 in West Darfur and 0 in North Darfur) compared to five (05) cases reported last week. In addition, twenty two (22) cases of suspected measles were reported (0 cases in 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 in West Darfur and were attributed to other causes. No death reported, through, EWARS, in any of South or West Darfur.

Table 1: 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

Disease morbidity in East Sudan

Please refer to table 2 below comparing incidence rate/10000 population in the eastern states (Gedarf, Kassala and Red Sea).

Table 2: Comparison of Incidence rate (IR) per 10,000 populations of common diseases reported in East Sudan, W 15 to W 18, 2012.

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
Gedarf	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
Red Sea	Viral H.	0.1	0.1	0.1	0.1
	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

III. Outbreak Preparedness and Response

III.I Meningitis Update

Since week no 1 up to end of week no 18, 2012, a total of 366 suspected cases of meningitis were reported in Sudan with 21 deaths (CFR 5.7%). Cases are reported from all over Sudan except North Darfur and Red Sea. 62% of reported cases are males and 38% are females. The most affected age group is 2-5 years (49% of all cases) followed by 6-15 (37%). A total of 209 CSF (cerebrospinal fluid) samples were collected and 20 samples were found positive for *N. meningitides* (19 samples of Sero type A and one sample as W135). With WHO, MSF support 225 FMOH staff in Gedarf, 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.

This weekly epidemiological bulletin that provides a snapshot of weekly trend of epidemic prone diseases, is published jointly by the FMOH of the Government of Sudan and WHO. This bulletin is built upon, both Communicable Disease Surveillance System (CDSS) and Early Warning Systems (EWARS) data that are reported, every week, by the health services providers of the selected reporting units. CDSS covers all 15 northern states while EWARS is primarily designed to serve IDP population of Greater Darfur.

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