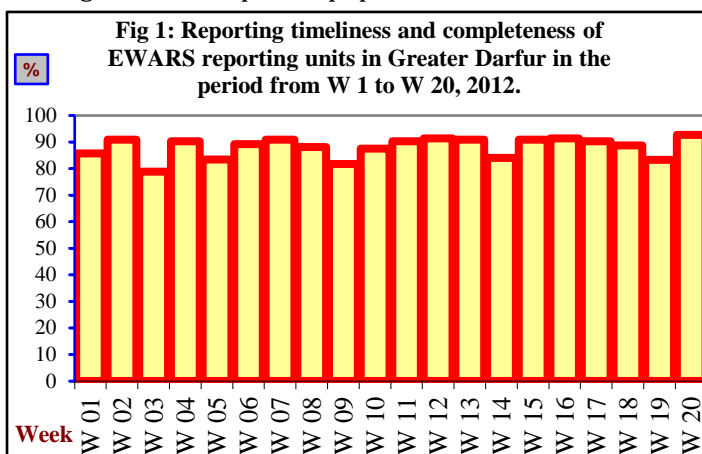




I. Reporting timeliness & completeness

This week 92.7% reporting timeliness & completeness of EWARS reports was achieved in Greater Darfur (fig.1). A total no. of 50987 consultations was seen this week among 3314058 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, one (01) suspected case of meningitis was reported from Greater Darfur (1 cases in South Darfur, 0 in West Darfur and 0 in North Darfur) compared to same no of cases reported last week. In addition, twelve (12) cases of suspected measles were reported (3 cases in South Darfur, 06 from West Darfur and 03 cases from North Darfur) compared to three (03) cases reported in the previous week. A total of seven (07) deaths were reported in West and North Darfur and were attributed to ARI (1 fatality), Malnutrition (1 fatality), and other causes (5 fatalities). No death reported, through EWARS, in South Darfur.

Table 1: Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur, W 17 to W 20, 2012.

State	Disease	Incidence Rate			
		W 17	W 18	W 19	W 20
South Darfur	ARI	8.4	11	7.8	8.1
	BD	1.9	2.1	1.8	1.4
	MAL	2.4	3.1	2.2	1.4
West Darfur	ARI	22.1	20.9	15.7	17.9
	BD	3.3	3.5	2.3	2.8
	MAL	3.6	4.5	4.3	3.9
North Darfur	ARI	27.3	12.9	20.5	31.8
	BD	1	0.5	1.3	1.6
	MAL	1.1	0.5	2	2.3

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 17 to W 20, 2012.

State	Disease	Incidence Rate			
		W 17	W 18	W 19	W 20
Kassala	MAL	15.5	14.8	12.3	13.3
	TB	0.3	0.2	0.0	0.2
	Typhoid F.	0.4	0.8	0.9	0.3
	BD	1.7	1.4	2.7	1.7
Gedarf	Bilharzias	0.5	0.4	0.5	0.6
	MAL	9.7	8.0	7.9	7.7
	TB	0.0	0.0	0.0	0.0
	Typhoid F.	1.2	1.1	1.0	0.9
	Kala-Azar	0.4	0.1	0.2	0.2
Red Sea	BD	2.4	1.9	2.2	2.4
	Viral H.	0.1	0.1	0.0	0.1
	MAL	2.4	1.8	2.4	2.7
	Viral H.	0.0	0.1	0.0	0.0
Red Sea	BD	0.7	0.8	0.8	0.9
	Measles	0.1	0.0	0.1	0.1

In Abyei Area WHO is planning to conduct a series of trainings to the staff of all health facilities. The trainings will focus on IDSR, Integrated Management of Childhood Illnesses (IMCI) and case management of common endemic illnesses, starting on 28/05/2012 in Agok. In addition, WHO conducted a meeting with MoH to discuss expansion of EPI in Abyei Area and improve stock management of vaccines and other EPI related consumables. Follow up meetings are scheduled for next week.

The reporting completeness this week was 67% with total number of consultations of 279 cases compared to 435 reported in last week. Diarrhoea represented the highest cause of morbidity among reported cases this week. 136 (49%) of the reported cases were diagnosed as Diarrhoea across Abyei Area, with no death. 125 (92%) of the reported cases were among children below five years of age. This week, no suspected cases of meningitis, measles, cholera, AJS, viral haemorrhagic fever or neonatal tetanus have been reported in AAA.