

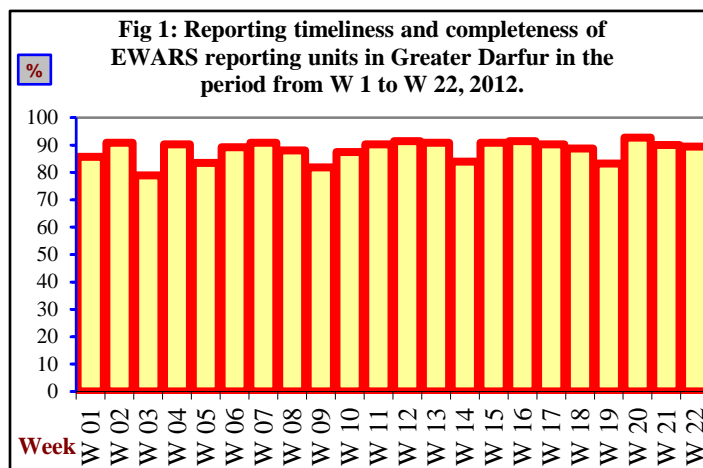


Communicable Diseases
Weekly Morbidity and Mortality Bulletin
CDWMMB Week No 22: 26 May-01 June 12
Sudan: FMOH & WHO



I. Reporting Timeliness & Completeness

This week 89.4% reporting timeliness & completeness of EWARS reports was achieved in Greater Darfur (fig.1). A total no. of 47042 consultations was seen this week among 3002768 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, three cases (03) of suspected meningitis were reported from West Darfur compared to zero case last week. In addition, seven (07) cases of suspected measles were reported in Darfur (01 cases in South, 06 in West Darfur and 0 case in North Darfur) compared to fifteen (15) cases reported in week no 21. A total of nine (09) deaths were reported in West and North Darfur and were attributed to meningitis (1 fatality), MAL (2 fatalities), other diarrhoea (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 19 to W 22, 2012.

State	Disease	Incidence Rate			
		W 19	W 20	W 21	W 22
South Darfur	ARI	7.8	8.1	10.9	7.3
	BD	1.8	1.4	2	2.2
	MAL	2.2	1.4	2	2.5
West Darfur	ARI	15.7	17.9	21.4	16
	BD	2.3	2.8	2.6	3.1
	MAL	4.3	3.9	5.1	3.2
North Darfur	ARI	20.5	31.8	39.1	30.3
	BD	1.3	1.6	1.6	0.9
	MAL	2	2.3	2.8	1.5

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 19 to W 22, 2012.

State	Disease	Incidence Rate			
		W 19	W 20	W 21	W 22
Kassala	MAL	12.3	13.3	13.1	11.8
	TB	0.0	0.2	0.3	0.3
	Typhoid F.	0.9	0.3	0.3	0.2
	BD	2.7	1.7	2.0	2.0
Gedarf	Bilharzias	0.5	0.6	0.6	0.5
	MAL	7.9	7.7	6.8	6.5
	TB	0.0	0.0	0.0	0.0
	Typhoid F.	1.0	0.9	0.8	1.0
	Kala-Azar	0.2	0.2	0.2	0.2
Red Sea	BD	2.2	2.4	2.6	2.8
	Viral H.	0.0	0.1	0.1	0.0
	MAL	2.4	2.7	2.4	2.5
	Viral H.	0.0	0.0	0.1	0.1
	BD	0.8	0.9	0.8	0.9
Red Sea	Measles	0.1	0.1	0.1	0.2

During this week the reporting completeness was 95.6%, 97% and 100% in Kassala, Gedarf and Red Sea state compared to previous week reports of 96.8%, 97% and 100% respectively.

III. Outbreak Preparedness and Response
III.I influenza surveillance in Sudan

The 2002 Global Agenda on Influenza Surveillance and Control identified the strengthening of influenza surveillance as a priority activity. Strengthening of influenza surveillance was also highlighted in a resolution of the World Health Assembly in May 2003, titled "Prevention and control of influenza pandemics and annual epidemics". As part of WHO commitment to Sudan for implementation of road map towards setting up a sentinel surveillance system for influenza, DCD (Division of Communicable Diseases) agreed to support FMOH proposal with an extra-budgetary grants from CSR/EMRO, principally to cover purchase of laboratory reagents, primers and other consumable supplies and equipments and training on surveillance, sample collection and laboratory diagnosis for influenza.

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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