

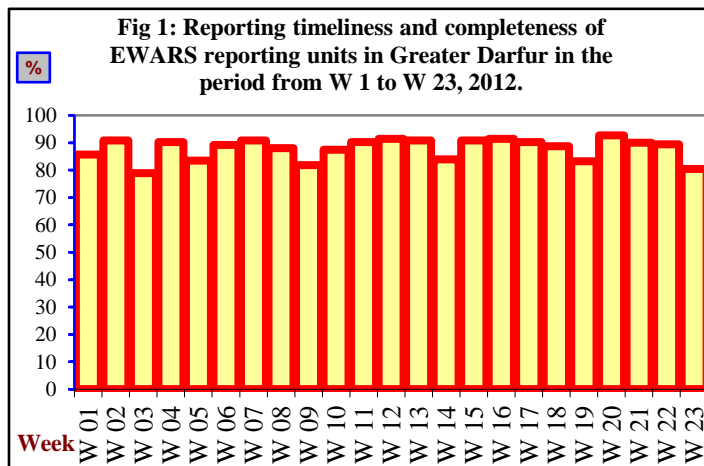


Communicable Diseases
Weekly Morbidity and Mortality Bulletin
CDWMMB Week No 23: 02-8 June 12
Sudan: FMOH & WHO



I. Reporting Timeliness & Completeness

This week 80.4% reporting timeliness & completeness of EWARS reports was achieved in Greater Darfur (fig.1). A total no. of 44100 consultations was seen this week among 2051949 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 case (01) of suspected meningitis was reported from North Darfur compared to three (03) cases last week. In addition, four (04) cases of suspected measles were reported in Darfur (0 cases in South, 04 in West Darfur and 0 case in North Darfur) compared to seven (07) cases reported in week no 22. A total of thirteen (13) deaths were reported in West and North Darfur and were attributed to other diarrhoea (3 fatalities), neonatal tetanus (2 fatalities), Malnutrition (2 fatality) and other causes (6 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 20 to W 23, 2012.

State	Disease	Incidence Rate			
		W 20	W 21	W 22	W 23
South Darfur	ARI	8.1	10.9	7.3	12.3
	BD	1.4	2	2.2	3.1
	MAL	1.4	2	2.5	3.3
West Darfur	ARI	17.9	21.4	16	23.7
	BD	2.8	2.6	3.1	2.8
	MAL	3.9	5.1	3.2	2.8
North Darfur	ARI	31.8	39.1	30.3	39.4
	BD	1.6	1.6	0.9	1.6

	MAL	2.3	2.8	1.5	2.5
--	-----	-----	-----	-----	-----

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 20 to W 23, 2012.

State	Disease	Incidence Rate			
		W 20	W 21	W 22	W 23
Kassala	MAL	13.3	13.1	11.8	10.4
	TB	0.2	0.3	0.3	0.3
	Typhoid F.	0.3	0.3	0.2	0.3
	BD	1.7	2.0	2.0	2.6
	Bilharzias	0.6	0.6	0.5	0.5
Gedarf	MAL	7.7	6.8	6.5	7.5
	TB	0.0	0.0	0.0	0.0
	Typhoid F.	0.9	0.8	1.0	1.1
	Kala-Azar	0.2	0.2	0.2	0.2
	BD	2.4	2.6	2.8	2.9
Red Sea	Viral H.	0.1	0.1	0.0	0.1
	MAL	2.7	2.4	2.5	2.5
	Viral H.	0.0	0.1	0.1	0.0
	BD	0.9	0.8	0.9	0.8
	Measles	0.1	0.1	0.2	0.1

During this week the reporting completeness was 96.2%, 96% and 98.4% in Kassala, Gedarf and Red Sea state compared to previous week reports of 95.6%, 97% and 100% respectively.

In Abyei Administrative Area (AAA) this week, nine (09) centres out of the twelve (12) reporting centres submitted the weekly epidemiology data, (completeness of 75%). In AAA the total number of reported consultations this week was 359 cases compared to 428 reported the previous week. No cases of meningitis, measles, cholera, VHF, AJS, and neonatal tetanus have been reported this week

III. Outbreak Preparedness and Response
2012 Annual meeting for Directors of Epidemiology Departments, Ministry of Health

The Annual Meeting 2012 for Directors of Epidemiology Departments of the Ministry of Health will be organized in Dongola in Northern state from 10 to 13 June 2012. The aim of this meeting is to review achievements and

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.

Further information please contact: FMOH, Sudan: Dr Hayat Khogali: epidemiology.fmoH.sd@gmail.com, URL: <http://www.fmoH.gov.sd/> and WHO, Sudan: Dr Ahmed Hardan: hardana@sud.emro.who.int, Dr Khalid Eltahir: eltahir@sud.emro.who.int;

challenges faced in 2011, and provide forum for experience sharing and brainstorming of ideas.