

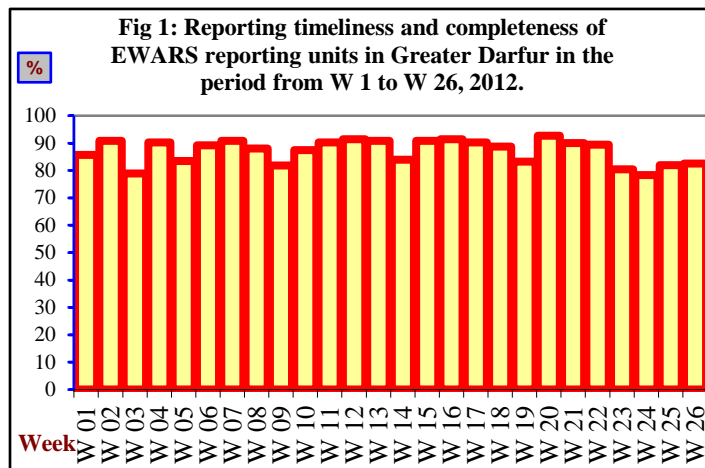


**Communicable Diseases
Weekly Morbidity and Mortality Bulletin
CDWMMB Week No 26: 23-29 June 12
Sudan: FMOH & WHO**



I. Reporting Timeliness & Completeness

This week 82.5% reporting timeliness & completeness of EWARS reports was achieved in Greater Darfur (fig.1). A total no. of 42701 consultations was seen this week among 2043404 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 of suspected meningitis was reported in Zam Zam in North Darfur compared to no case last week. In addition, three (03) cases of suspected measles were reported in Darfur (0 cases in South, 02 in West Darfur and 01 case in North Darfur) compared to nine (09) cases reported last week. A total of four (04) deaths were reported in North Darfur and were attributed to other causes. No death reported, through EWARS, in South or West Darfur.

Table 1: Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur, W 23 to W 26, 2012.

State	Disease	Incidence Rate			
		W 23	W 24	W 25	W 26
South Darfur	ARI	12.3	13.9	11.6	10.4
	BD	3.1	4.4	3.4	4.3
	MAL	3.3	2.3	2.4	3.6
West Darfur	ARI	23.7	23.7	20.9	18.8
	BD	2.8	4.1	5.0	5.7
	MAL	2.8	4.2	4.0	5.3
North Darfur	ARI	39.4	34.8	36.6	32.9
	BD	1.6	2.3	1.8	1.3
	MAL	2.5	3.1	2.8	2.7

ODisease morbidity in East Sudan

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

Table 2: Comparison of Incidence rate (IR) per 10,000 populations of common diseases reported in East Sudan, W 23 to W 26, 2012.

State	Disease	Incidence Rate			
		W 23	W 24	W 25	W 26
Kassala	MAL	10.4	9.8	9.5	10.5
	TB	0.3	0.2	0.2	0.2
	Typhoid F.	0.3	0.3	0.3	0.2
	BD	2.6	1.9	2.0	1.8
	Bilharzias	0.5	0.5	0.6	0.6
Gedarif	MAL	7.5	8.9	10.1	8.4
	TB	0.0	0.0	0.0	0.0
	Typhoid F.	1.1	1.6	1.3	1.3
	Kala-Azar	0.2	0.2	0.2	0.2
	BD	2.9	2.0	3.9	3.9
Red Sea	Viral H.	0.1	0.1	0.1	0.0
	MAL	2.5	1.6	1.7	1.8
	Viral H.	0.0	0.0	0.0	0.0
	BD	0.8	0.9	0.8	0.6
	Measles	0.1	0.1	0.1	0.1

During this week the reporting completeness was 94.9%, 98% and 100% in Kassala, Gedarif and Red Sea state compared to previous week figures of 94.6%, 98% and 100% respectively. Malaria remains the main cause of morbidity in the east Sudan, during this week malaria counted 7.7% of total consultations compared to 7.1% last week.

III. Outbreak Preparedness and Response

III.I Revitalization of National Influenza Centre

With the support of WHO and ultimate goal to revitalize the work of Sudan National Influenza Centre (NIC), many measures were adopted. The NIC is now officially hosted at the Central Public Health Laboratory with a fulltime manger assigned to look after the centre. Recently, a team from NAMRU-3 visited Sudan and trained more than 15 laboratory staff on the various methods of influenza diagnosis using various techniques. In addition, WHO has contracted experts to prepare the generic guidelines and standard operating procedures on how to re-establish successful influenza surveillance (both epidemiological/virological). The first drafts of these documents are ready to be endorsed by National Experts committee over the coming two weeks.

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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