

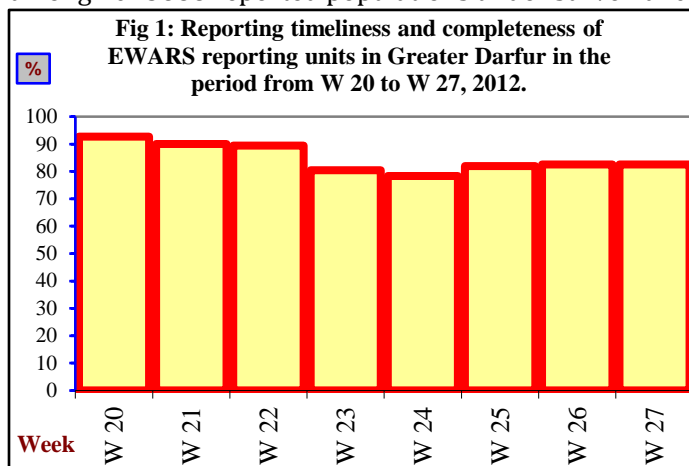


Communicable Diseases
Weekly Morbidity and Mortality Bulletin
CDWMMB Week No 27: 30 June – 6 July 12
Sudan: FMOH & WHO



I. Reporting Timeliness & Completeness

This week 82.6% reporting timeliness & completeness of EWARS reports was achieved in Greater Darfur (fig.1). A total no. of 39384 consultations was seen this week among 2023688 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 cases of suspected meningitis were reported in West and North Darfur compared to one case last week. In addition, five (05) cases of suspected measles were reported in Darfur (0 cases in South, 04 in West Darfur and 01 case in North Darfur) compared to three (03) 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 24 to W 27, 2012.

State	Disease	Incidence Rate			
		W 24	W 25	W 26	W 27
South Darfur	ARI	13.9	11.6	10.4	9.1
	BD	4.4	3.4	4.3	3.9
	MAL	2.3	2.4	3.6	4.1
West Darfur	ARI	23.7	20.9	18.8	16.9
	BD	4.1	5.0	5.7	5.4
	MAL	4.2	4.0	5.3	5
North Darfur	ARI	34.8	36.6	32.9	32.9
	BD	2.3	1.8	1.3	1.3
	MAL	3.1	2.8	2.7	2.7

0Disease 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 24 to W 27, 2012.

State	Disease	Incidence Rate			
		W 24	W 25	W 26	W 27
Kassala	MAL	9.8	9.5	10.5	10.8
	TB	0.2	0.2	0.2	0.2
	Typhoid F.	0.3	0.3	0.2	0.4
	BD	1.9	2.0	1.8	2.5
	Bilharzias	0.5	0.6	0.6	0.4
Gedarif	MAL	8.9	10.1	8.4	8.2
	TB	0.0	0.0	0.0	0.0
	Typhoid F.	1.6	1.3	1.3	0.9
	Kala-Azar	0.2	0.2	0.2	0.1
	BD	2.0	3.9	3.9	4.1
Red Sea	Viral H.	0.1	0.1	0.0	0.0
	MAL	1.6	1.7	1.8	1.6
	Viral H.	0.0	0.0	0.0	0.1
	BD	0.9	0.8	0.6	0.7
	Measles	0.1	0.1	0.1	0.2

During this week the reporting completeness was 96.2%, 98% and 100% in Kassala, Gedarif and Red Sea state compared to previous week figures of 94.9%, 98% and 100% respectively. Malaria remains the main cause of morbidity in the east Sudan, during this week malaria counted 8.7% of total consultations compared to 7.7% last week.

In Abyei Administrative Area (AAA), this week, nine (09) centres out of the twelve (12) reporting ones submitted the weekly epidemiology data, (representing 75% completeness) with a total number of consultations of 394 cases (compared to 475 reported last week).

In AAA, Diarrhoea represented the highest cause of morbidity among all reported cases this week. 61% of the reported cases were diagnosed as Diarrhoea across AAA, with no death. 80% of the reported cases of diarrhoea were among children below five years of age. No death related to AWD was recorded. 31% of the reported cases were diagnosed as Malaria 27% of which were among children below five years of age.

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;