

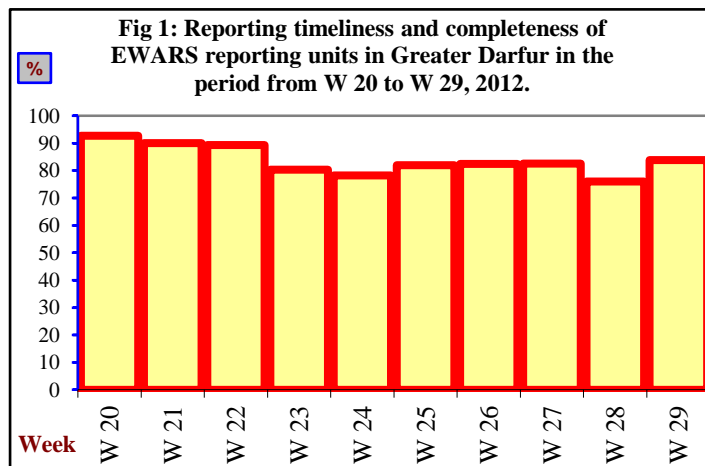


Communicable Diseases
Weekly Morbidity and Mortality Bulletin
CDWMMB Week No 29: 14-20 July 12
Sudan: FMOH & WHO



I. Reporting Timeliness & Completeness

This week 83.3% reporting timeliness & completeness of EWARS reports was achieved in Greater Darfur (fig.1). A total no. of 39055 consultations was seen this week among 2206044 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 (03) cases of suspected measles were reported in Darfur (0 cases in South, 01 in West Darfur and 02 case in North Darfur) compared to two (02) cases reported last week. A total of five (05) deaths were reported in West and North Darfur and were attributed to other causes (4 fatalities) and ARI (1 fatality). 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 26 to W 29, 2012.

State	Disease	Incidence Rate			
		W 26	W 27	W 28	W 29
South Darfur	ARI	10.4	9.1	9.4	9.3
	BD	4.3	3.9	3.9	3.2
	MAL	3.6	4.1	4.1	2.9
West Darfur	ARI	18.8	16.9	16.9	12.4
	BD	5.7	5.4	5.2	4.5
	MAL	5.3	5	5.3	4.3
North Darfur	ARI	32.9	32.9	37.7	31.5
	BD	1.3	1.3	1.5	1.9
	MAL	2.7	2.7	3.8	4.1

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 26 to W 29, 2012.

State	Disease	Incidence Rate			
		W 26	W 27	W 28	W 29
Kassala	MAL	10.5	10.8	18.7	11.3
	TB	0.2	0.2	0.2	0.1
	Typhoid F.	0.2	0.4	0.6	0.2
	BD	1.8	2.5	3.0	2.9
	Bilharzias	0.6	0.4	0.7	0.7
Gedarif	MAL	8.4	8.2	9.6	12.3
	TB	0.0	0.0	0.1	0.0
	Typhoid F.	1.3	0.9	1.1	1.1
	Kala-Azar	0.2	0.1	0.2	0.1
	BD	3.9	4.1	3.6	4.3
	Viral H.	0.0	0.0	0.0	0.0
Red Sea	MAL	1.8	1.6	1.3	1.1
	Viral H.	0.0	0.1	0.0	0.0
	BD	0.6	0.7	0.5	0.4
	Measles	0.1	0.2	0.2	0.1

III. Outbreak Preparedness and Response

III.I World Hepatitis Day

The second World Hepatitis Day will be observed across the world on Saturday, 28 July, with new information highlighting the seriousness of this disease and its widespread distribution regionally and globally.

Despite its staggering toll on health, hepatitis remains a group of diseases that are largely unknown, undiagnosed and untreated. About 1 million people die every year around the world because of viral hepatitis infections. Types B and C are especially serious yet remain hidden. They lead to chronic infection in millions of people, and, together, are the most common cause of cirrhosis and cancer of the liver.

The Day provides an opportunity to raise awareness of the different forms of hepatitis: what they are and how they are transmitted; who is at risk; and the various methods of prevention and treatment (Source: CSR/emro).

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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