

The country has seen repeated outbreaks of cholera, viral hepatitis caused by hepatitis E virus, meningococcal meningitis, yellow fever, Rift Valley fever and other types of viral haemorrhagic fever.

The protracted civil conflicts and humanitarian emergency situation in the country often act as drivers of repeated outbreaks. However, the early warning system for disease outbreaks established in the Darfur region has proved to be effective in the timely detection and monitoring of potential health threats. The country's commitment to establishing one integrated diseases surveillance system throughout the country is a step towards building an effective public health system for surveillance, preparedness and response to epidemic and pandemic-prone diseases. The introduction of conjugate polysaccharide vaccine for meningococcal meningitis in high risk areas and a mass prevention campaign for yellow fever are two important landmarks that will effectively eliminate two major public health problems in the country. The introduction of yellow fever vaccine into the routine immunization programme and enhanced surveillance for the appearance and circulation of new strains of epidemic meningitis are required if the country is to protect these health gains. In 2013, case-based surveillance was implemented as a strategy for early detection of every single case reported through the system to minimize under-investigation and misdiagnosis of meningitis cases.

The government has identified the following priorities: increasing geographical and population coverage of the national surveillance system by upgrading and expanding electronic disease surveillance, integrated disease surveillance and response, event-based and community-based surveillance, and entry point surveillance; mobilizing additional financial resources to enhance IHR implementation; developing national guidelines for integrated disease surveillance and response, community-based surveillance and event-based surveillance to support IHR implementation; strengthening disease mapping and forecasting; capacity-building for epidemiology field officers; expanding indicator-based surveillance through facility-based sentinel sites to cover 26% of health facilities; developing standard operating procedures, manuals, protocols and national guidelines for operational issues in disease preparedness, surveillance and response.

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