



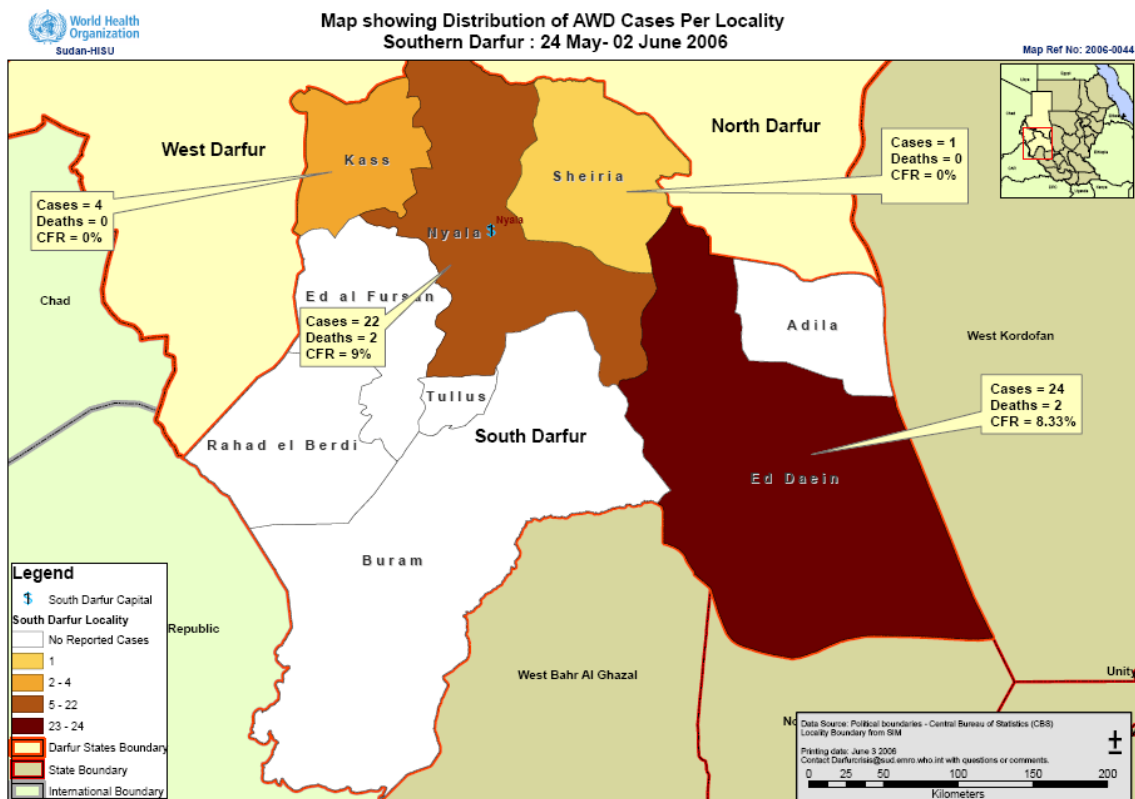
Situation Report on Acute Watery Diarrhoeal Outbreak in South Darfur
04 June 2006

1. Overview

As of 3 June 2006, the Federal Ministry of Health has reported a total of 51 cases including 4 deaths (CFR=7.84%) from acute water diarrhoea outbreak in South Darfur. These cases were reported from 24 May to 2 June 2006. While three (3) stool samples collected from patients reporting to Nyala Teaching Hospital on 24 and 25 May 2006 were tested positive for *E-Coil* at the Nyala Teaching Hospital Laboratory which was later re-confirmed at the National Public Health Laboratory (NPHL) in Khartoum, one stool sample collected from a patient on 29 May 2006 was found to be positive for *Vibrio Cholera Inaba* at the National Public Health laboratory in Khartoum(test was not done for this sample at the Nyala Teaching Hospital Laboratory)

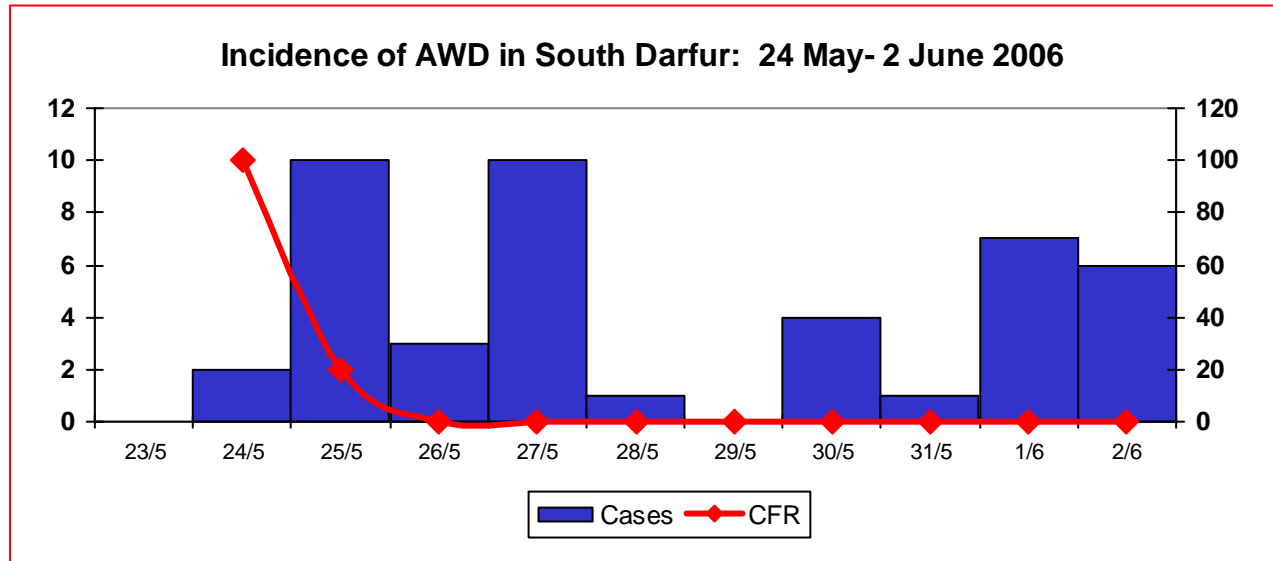
Table-1: Cumulative incidence of Acute Watery Diarrhoea reported from South Darfur: 24 May-2 June 2006

Locality	Date of reporting of "first/index" case	Cumulative number of cases reported till 2 June 2006	Cumulative number of deaths reported till 2 June 2006	Overall CFR	Remarks
Nyala	24/5/2006	22	2	9%%	
El Daein	25/5/2006	24	2	8.33%	
Kass	25/5/2006	4	0	0%	
Sheria	02/06/2006	1	0	0%	
Total		51	4	7.84%	



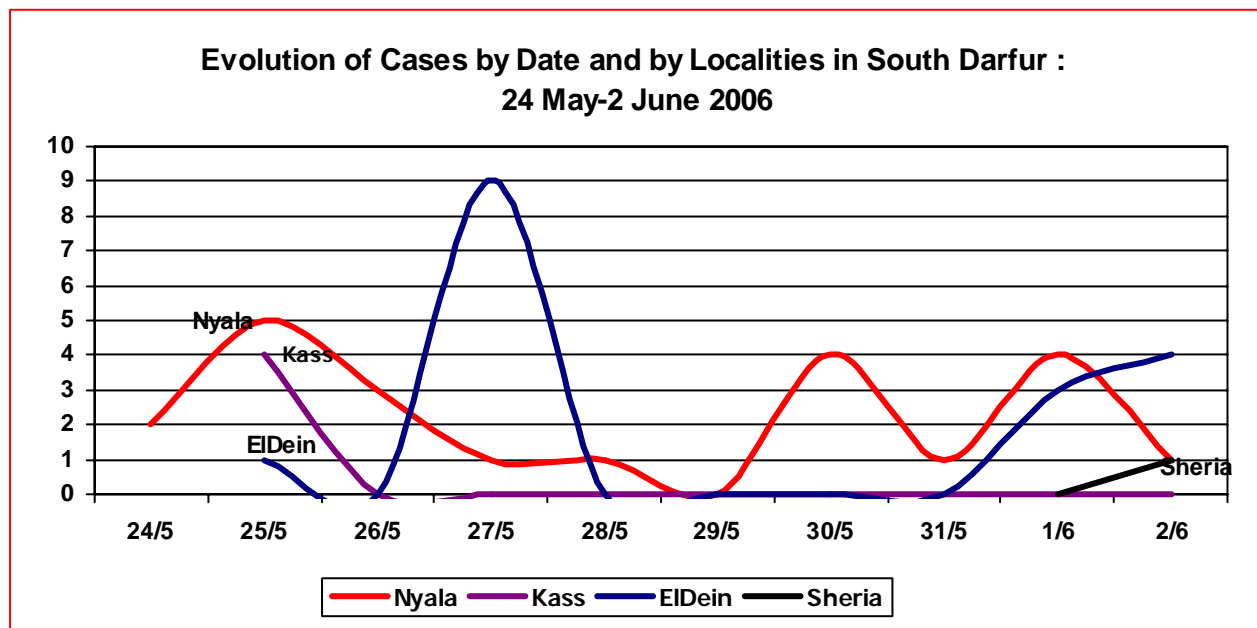
2. Transmission Pattern of current outbreak

The current outbreak of AWD in South Darfur is "imported" from North Kordofan. The "index" case for this outbreak reached Nyala, South Darfur by train on 24 May 2006 from North Kordofan (where an epidemic from AWD was ongoing) and gradually, more cases were detected in Nyala as well as in other localities. However, passengers traveling by the same train with the "index" case reported to the hospitals in Nyala, Kass and Eldein locality only upto 25 May 2006. From 26 May onwards, patients reporting to hospitals of these localities with AWD like symptoms were, however, not epidemiologically linked to the train passengers.



NB: Data from Eldein localities are being revised due to delayed reporting but the cumulative total number of cases reported from South Darfur remain at 51

The first case reported in Nyala was on 24 May 2006 followed by cases reporting from Eldaein and Kass locality on 25 May 2006. All the 4 deaths reported from this outbreak occurred between 24 to 25 May 2006. Sheria locality reported first of its case on 2 June 2006. Since 25 May 2006, no death has been reported from this outbreak. So far, the outbreak also remains localized in the host communities. No IDPs living in South Darfur, until now, has been reported to have contracted the disease.



3. WHO's Response

Public health response operations are underway, jointly undertaken by WHO and the State Ministry of Health (SMOH) of South Darfur partnering with UNICEF and other health agencies for outbreak containment as well as limiting the spread of the disease amongst the susceptible IDPs. A joint team from the FMOH and WRO-Khartoum is on ground making a joint assessment of the situation. The following actions have, so far been undertaken:

- **Coordination:** A task force has been formed with the Director General of SMOH of the in the chair to coordinate overall public health response to this outbreak.
 - **Surveillance:** Actions undertaken to strengthen surveillance and reporting system include:
 - Using the standard case definition for reporting of all suspected cases of AWD
 - Setting up fixed as well as mobile outreach surveillance sites for reporting cases of all suspected cases of acute watery diarrhea (AWD) on a 24 hours basis and few more sites are in the process of becoming operational;
 - Line listing of all reported cases, meeting the case definition, and data analysis of the line listed data are continuing on a daily basis in order to better understand the and transmission trend of this outbreak
 - Mapping of all incoming data are also continuing to identify high risk areas for targeting chlorination and aggressive hygiene promotion
 - All "rumours" are being investigated;
 - Systematic collection of stool samples for laboratory testing is continuing in order to understand the circulating pattern as well as the antibiotic sensitivity pattern of the pathogen causing this outbreak.
 - **Case management:** Actions undertaken to strengthen uniform case management include:
 - Pre-positioning of " Cholera Kits" in all high risk areas (*Before this outbreak, WHO pre-positioned one " cholera kit" each in Kass and in El Daein locality with two cholera kits stockpiled in Nyala*)
 - Distribution of case management guidelines to all health services providers;
 - One Cholera Treatment Centre has been set up in Nyala which can handle 50 patients a day;
 - Periodic monitoring for strict compliance of standard case management protocols by the Cholera Treatment Centre;
 - Estimation of needs for essential drugs and emergency supplies for case management of AWD has been completed and based on past consumption pattern of rehydration supplies, a "critical stock value" for replenishment of depleted supplies has been determined towards more efficient management of medical supplies chain for AWD;
 - **Environmental control measures:** Actions undertaken to strengthen environmental control measures include the followings:
 - Chlorination of piped water supply in the town;
 - Strengthening of hygiene promotion activities in all high risk areas;
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