



World Health
Organization

Sudan

Acute watery diarrhoea in Southern Sudan – 30 March 2006

Between 28 January and 28 March 2006, the Acute Watery Diarrhoea (AWD) Task Force in Juba led by the Federal Ministry of Health and the Ministry of Health of the Government of Southern Sudan, in collaboration with WHO and other partners, reported a total number of 9,428 cases and 249 deaths (case fatality rate 2.64%) from acute watery diarrhoea in seven of the ten States in Southern Sudan (Barh El Jabal, East Equatoria, Jonglei, Lakes, Upper Nile, Unity and West Equatoria). *Vibrio cholerae* Inaba has been laboratory confirmed in samples collected from both Yei and from Juba towns.

Although the outbreak in Yei was declared officially over on 14 March 2006, new cases have since been reported. As of 25 March, the total reported cases from the town of Yei was 1,819 cases and 54 deaths (CFR 2.97%). The situation in Juba is improving but cases of acute watery diarrhoea are being reported in new locations daily.

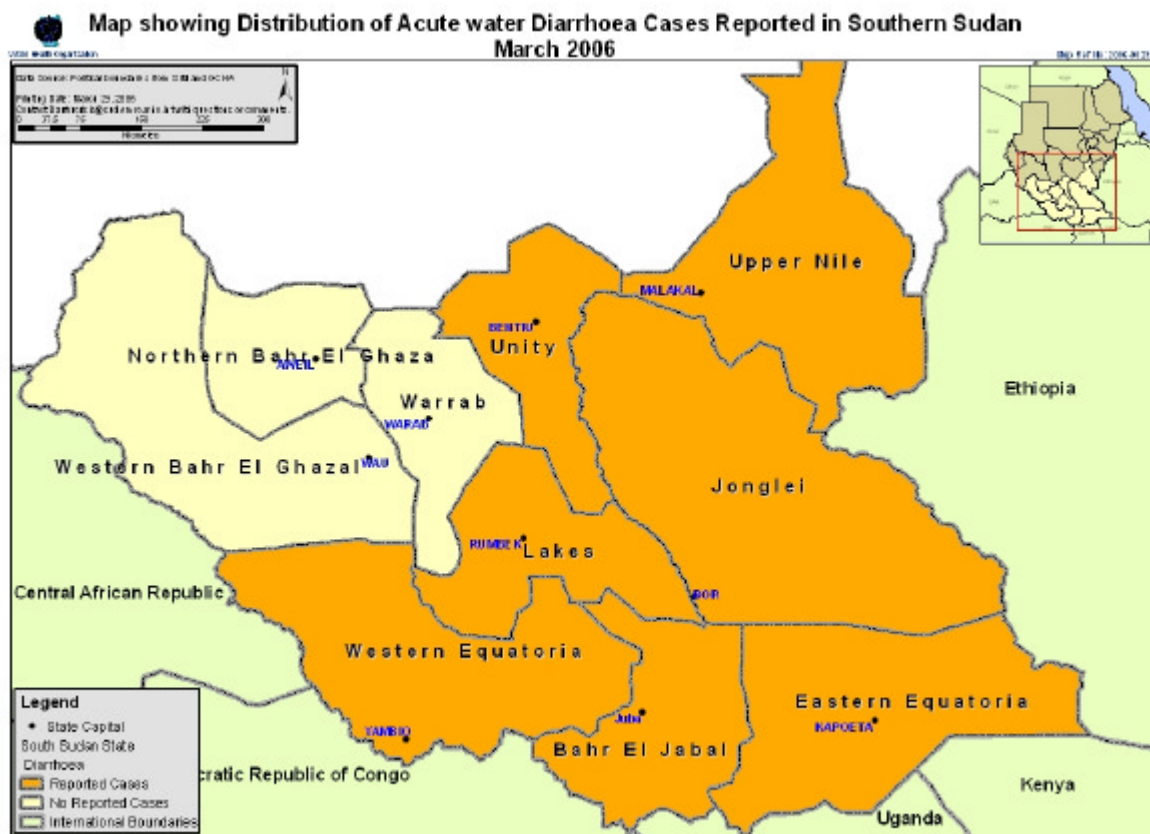
Weak surveillance and fragile health systems caused by the protracted civil war, slow evolution of the disease, scaling down of Water Supply and Sanitation (WATSAN) interventions and the constant movement of internally displaced people and returnees throughout the region are further amplifying the risk and limiting the effectiveness of the overall response to the outbreak.

To break the chain of transmission, the Federal Ministry of Health (FMOH), the Ministry of Health of the Government of Southern Sudan (MoH/GoSS), WHO, UN agencies, various NGOs and other partners are continuing joint public health response operations for outbreak containment and limiting the spread of the disease amongst the susceptible population.

- ? **Coordination:** A task force has been formed with the Undersecretary of the MoH of the GoSS in the chair to coordinate overall public health response to the outbreak.
- ? **Surveillance:** Actions undertaken to strengthen surveillance and reporting system include:
 - ? The use of standard case definition for reporting of all suspected cases of AWD;
 - ? Nine (9) fixed surveillance sites are now operational in Juba reporting cases of all suspected cases of acute watery diarrhoea (AWD);
 - ? 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 changing epidemiological pattern 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 interventions;
 - ? Epidemiological investigation to gather more valid information on epicentre as well as the source of this outbreak was completed on 01 March 2006;
 - ? 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:
 - ? Distribution of case management guidelines to all health services providers;
 - ? Three (3) Cholera Treatment Centres have been set up in Juba town combined with two other existing facilities (police and military hospitals) to improve access to proper treatment and as the case load is decreasing one centre (Kator) will be closed soon;
 - ? 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 river water (used by tanker trucks and individuals filling jerry cans) and the city distribution system continues although after 8 weeks of intensive efforts interventions are now beginning to wane;
 - ? Jerry can chlorination continues at boreholes although with time this becoming very sporadic
 - ? Tanker trucks, boreholes/handpumps, and the city network continue to be chlorinated although less consistently than in the initial response;
 - ? Sanitation and hygiene control efforts continue but at a much reduced rate
 - ? Monitoring of residual chlorine levels in the various water supplies (tankering, boreholes, and network) also has become less regular;
 - ? Collection points at the river have been organized so that water retrieval occurs upstream from clothes washing, bathing and swimming.

- ? **Hygiene promotion** activities including taxi and radio broadcasts and home visits. Over 125,000 people have been visited by hygiene promoters in Juba town and in the adjoining areas.



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