

Acute Watery Diarrhoea in Southern Sudan – 22 February 2006

As of 20 February 2006, a total number of 3,478 cases and 75 deaths (case fatality rate 2.15%) of acute watery diarrhoea were reported from in South Sudan. These cases were reported from 28 January to 20 February 2006. All reported cases are concentrated in Yei and Juba towns of Southern Sudan. *Vibrio Cholerae Inaba* has been laboratory confirmed in the stool samples collected from a selected number of suspected cases of acute watery diarrhoea reported from both Yei and from Juba.

*Table-1: Total number of reported cases and deaths from Acute Watery Diarrhoea, South Sudan
28 January – 20 February 2006*

Town	Date the first “index” case was reported	Total number of cases reported	Total number of deaths reported	Case-fatality rate
Yei	28/01/06	1614	30	1.85%
Juba	06/02/06	1864	45	2.41
TOTAL		3478	75	2.15%

In order to contain and limit the spread of the disease amongst the susceptible population, the Federal Ministry of Health (FMOH), the Ministry of Health of the Government of South Sudan (MoH/GoSS) and WHO have implemented the following measures in response to the outbreak:

- ? **Coordination:** A task force has been established, chaired by the Undersecretary of the MOH/GoSS, to coordinate the overall public health response to this 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;
 - ? Six fixed health facilities have started reporting of all suspected cases of acute watery diarrhoea (AWD) and five more mobile outreach clinics will commence reporting in the coming days;
 - ? Line listing of all reported cases, meeting the case definition, and data analysis of the line listed data have begun to understand the epidemiological trend and transmission pattern;
 - ? Mapping of the data for public health risk assessment to identify the possible route of spread of disease has begun;
 - ? An epidemiological investigation to identify the epicentre as well as the source of this outbreak is planned for 22 and 23 February;
 - ? 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;
 - ? Periodic monitoring for strict compliance of standard case management protocols by all Cholera Treatment Centres;
 - ? Three Cholera Treatment Centres and two isolation wards have been set up in Juba town.
 - ? Hands-on training for staff of Cholera Treatment Centres on case management is continuing;
 - ? Estimation of needs for essential drugs and emergency supplies for case management of AWD
 - ? Pre-position of essential drugs and emergency supplies at all high risk points;
- ? **Health education and hygiene promotion:** Chlorination of public water supplies has begun and health education and active hygiene promotion has been strengthened to break the chain of transmission. Over 3,100 households in the high risk areas have been visited by the hygiene promoters.

For further information:

<http://www.emro.who.int/sudan/>