

Highlights

The reporting timeliness of Early Warning and Alert Response System, (EWARS) of Darfur for the current week was 48%

As the humanitarian access to IDP settlements and camps throughout Darfur plummets owing to security situation in the region, the surveillance coverage of EWARS continues to be below the targeted level.

The health facility utilization rate for this week was 1.17 visit/person/year

ARI, Malaria and Bloody Diarrhoea continue to be the leading causes of morbidity in Darfur.

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This weekly epidemiological bulletin is published jointly by the FMOH of the Government of Sudan and WHO. This bulletin is built upon surveillance data that are reported, every week, by the health services providers to the Disease Early Warning System of Darfur which presently cover over 90% of IDP settlements in the region. The Weekly Morbidity and Mortality Bulletin (WMMB) provides a snapshot of weekly trend of epidemic prone diseases that are registered in the health facilities serving only the IDPs in Darfur. The bulletin does not, however, cover health information from areas where no health services are currently offered to the IDPs in Darfur.

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Reporting timeliness

For the week 52 of the year 2007 (22 – 28 December 2007), 60 of 126 reporting units (48%) of the **Early Warning and Alert Response System (EWARS)** of Darfur have sent their surveillance data on time. The “benchmark” for reporting timeliness of EWARS, in order to periodically monitor the quality of the surveillance performance of EWARS, has been set at 85%. The reported average weekly timeliness for the year 2007 has been 63%. Due to various challenges including security, accessibility and communication problems, the target still remains to be achieved. However, reported decrease in last two weeks is being attributed to festival and holidays.

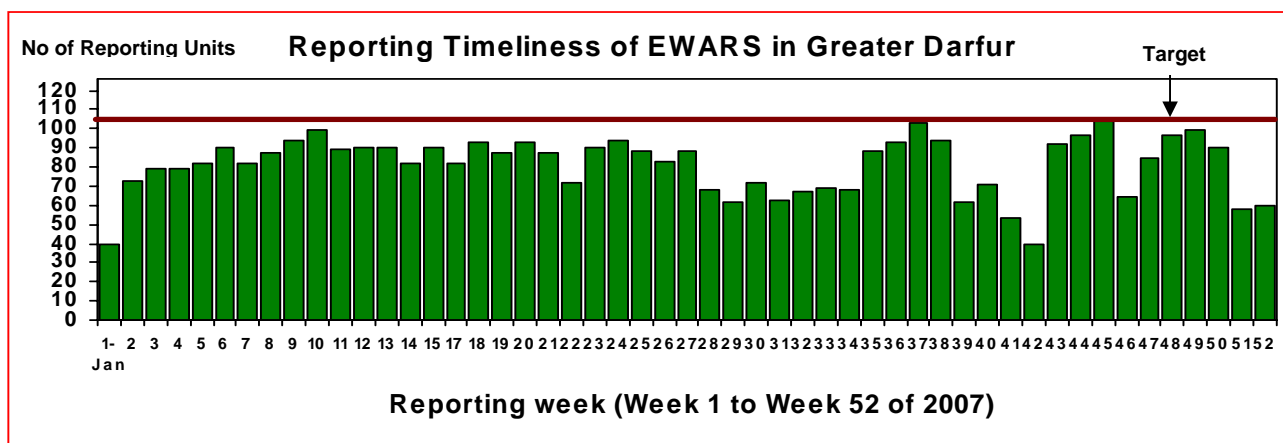


Figure 1. Reporting units, Greater Darfur, Sudan, week 1 - 52 of 2007

Population under surveillance and consultations

The total number of **consultations** reported throughout Greater Darfur this week was 27,234 (Figure-2) which shows an increase of **23%** compared to the total consultations reported in the previous week 51 (20,767). The number of **population under surveillance** for the current reporting week was 1,219,661 which shows decrease of 6% compared with the last week (1,294,690 reported in week 51). The health service utilization rate for week 52 was 1.17 visits/person/year.

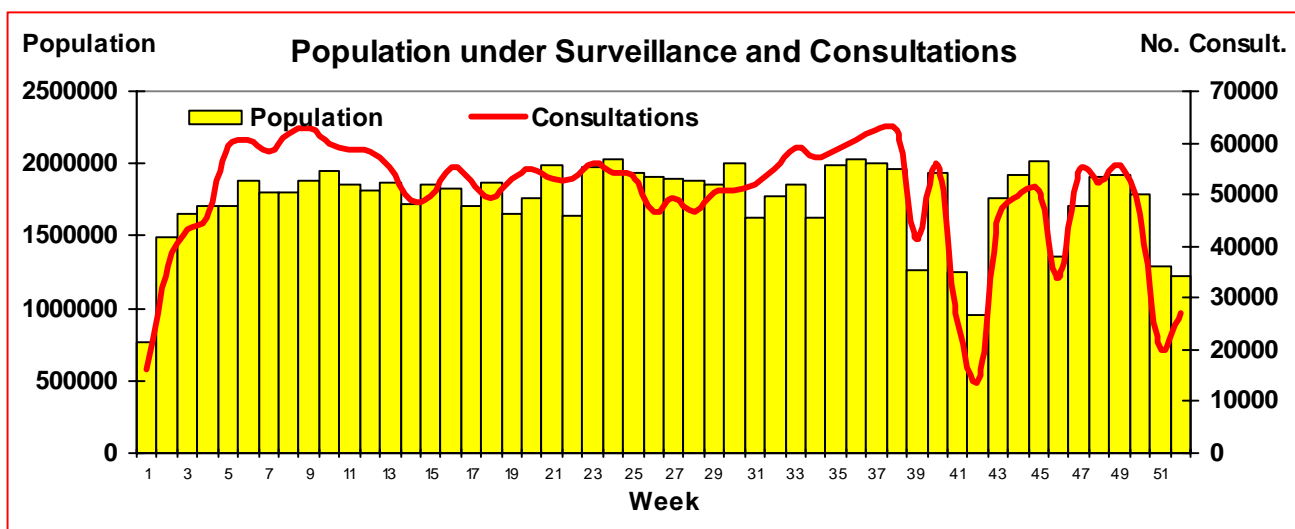


Figure 2. Weekly distribution of population under surveillance and consultations, Greater Darfur, Sudan, Week 1 – 52 of 2007

Proportionate morbidity and mortality of reported health events

During the period 22 – 28 December 2007, a total of 27,234 health events under surveillance were reported from Darfur. Of these 9,690 health events (36%) were reported in less than 5 year age group while the remaining 17,544 health events (64%) were reported in the above 5 year age group. In the above 5 year age group, 14% of reported cases were attributed to **Acute Respiratory Tract Infection (ARI)** while **Clinically Diagnosed Malaria** contributed 4% of all reported cases. By comparison, 25% of reported cases in the under 5 year age group were attributed to **Acute Respiratory Tract Infection (ARI)** followed by **Clinically Diagnosed Malaria** and Bloody Diarrhoea (3% each).

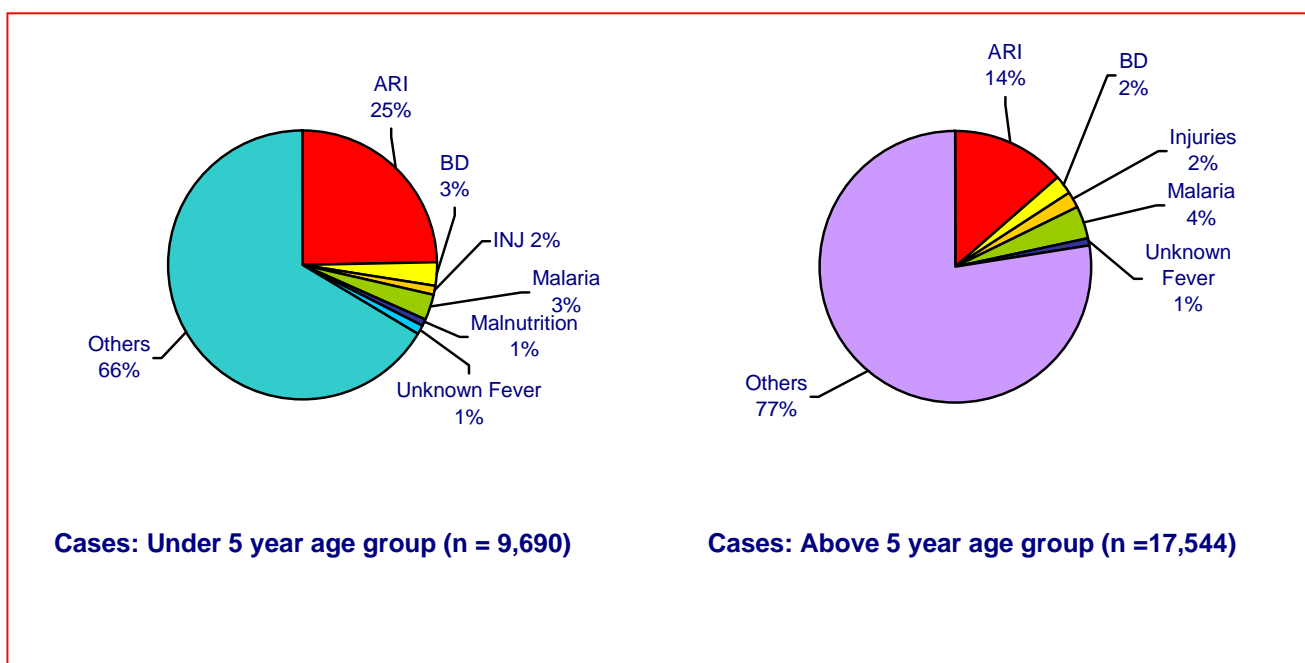


Figure 3: Proportional morbidity of all reported cases, Greater Darfur, Sudan, 22 – 28 December 2007

During the same period, there were **8 reported deaths** in all age groups, **4 of them** were reported in the **below 5 year age group**. In less than 5 year age group, out of 4 reported deaths, 1 death was attributed each to malaria and malnutrition. In above 5 years age group, 1 death was attributed each to malaria and unknown fever.

Weekly incidence rate of selected endemic diseases

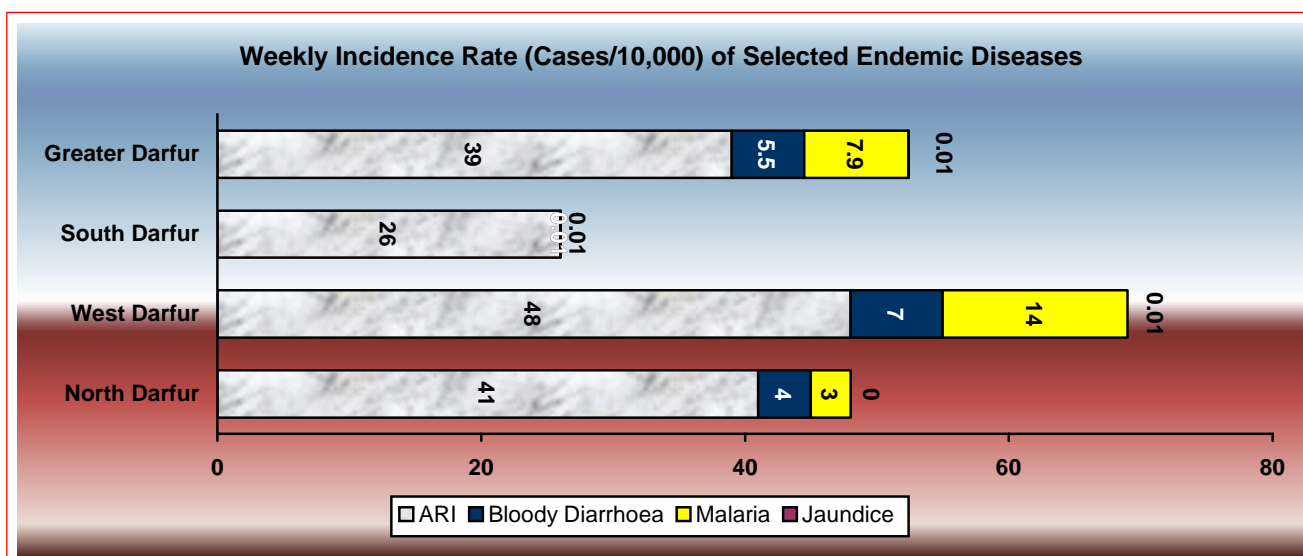
During the current week (22 - 28 December 2007), the case load of selected endemic diseases were usual given the seasonality of these diseases reported earlier from Greater Darfur. West Darfur reported highest incidence rate of ARI, bloody diarrhoea and malaria, followed by North Darfur and South Darfur. South Darfur reported 15 cases of Acute Jaundice Syndrome, while West Darfur reported 6 cases.

Table-1: Cases and weekly incidence rate of selected endemic diseases reported from Darfur (Epidemiological week 52, 22-28 December 2007)

| Diseases | North Darfur | | West Darfur | | South Darfur | |
|------------------------------|--------------|-------------------|-------------|-------------------|--------------|-------------------|
| | Cases | IR (cases/10,000) | Cases | IR (cases/10,000) | Cases | IR (cases/10,000) |
| Acute Respiratory Infection | 1386 | 41 | 2357 | 48 | 1010 | 26 |
| Bloody Diarrhea | 107 | 4 | 304 | 7 | 261 | 0.01 |
| Clinically Diagnosed Malaria | 90 | 3 | 681 | 14 | 191 | 0.01 |
| Acute Jaundice Syndrome | 0 | 0 | 6 | 0.01 | 15 | 0.01 |

For Acute Respiratory Infection, the global average rate for whole of Darfur, reported this week, was 39 cases per/10,000 populations. While the incidence rate of ARI for the west, north and south Darfur were 48, 41 and 26 per 10,000 respectively. For Clinically Diagnosed Malaria, the highest weekly incidence rate was in West Darfur (14 cases/10,000) and the lowest was in South Darfur (0.01 cases/10,000) while the global average rate for Greater Darfur, reported this week, was 7.9 cases per 10,000. The weekly incidence rate for Bloody Diarrhea was highest in West Darfur (7 cases/10,000) followed by North Darfur (4 cases /10,000) and South Darfur (0.01 cases/10,000). The global average rate for Bloody Diarrhoea reported from Greater Darfur this week was 5.5 cases per 10,000.

Figure 4. Reported weekly incidence rate of selected communicable diseases, Greater Darfur, Sudan 22-28 December 2007



Surveillance for Measles

From 1 January 2005 to date, the EWARS has notified **652** clinically diagnosed measles cases from Greater Darfur with 4 deaths. During the current week zero case was reported. Since week 33 of 2007 up to date, only 2 cases have been reported.

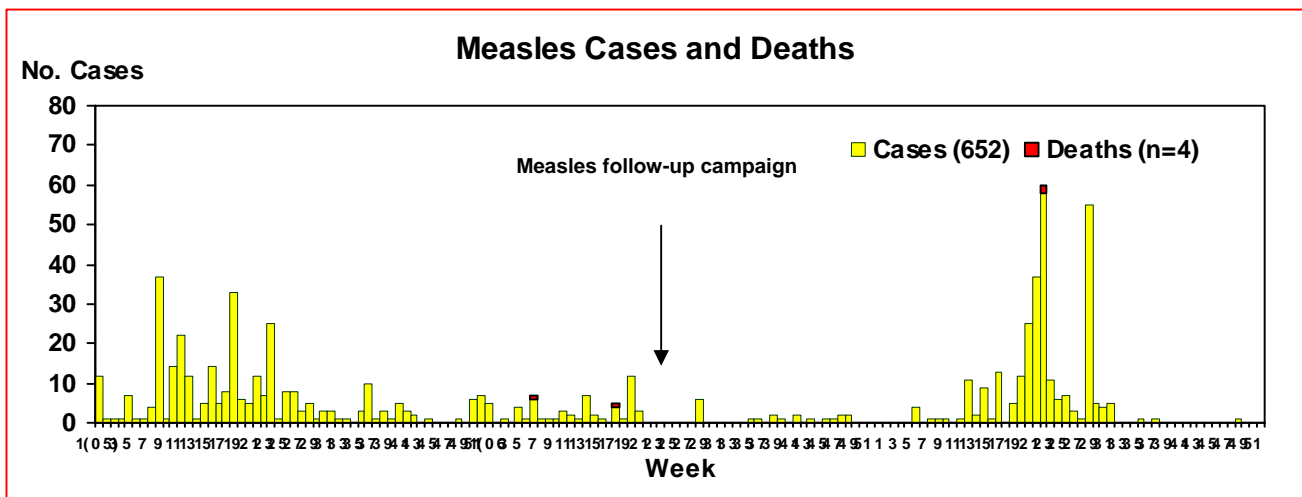


Figure 5. Weekly reporting of measles cases and death, Greater Darfur, 1 January 2005 to 28 December 2007

Surveillance for Malaria

With the preparedness of high risk season for malaria in Darfur, epidemiological surveillance for malaria has been enhanced throughout Greater Darfur. The weekly attack rate of malaria for the current epidemiological week was observed to be **0.79 cases per 1000** (Figure-9) which is well below the mean attack rate (2 cases per 1000) of malaria observed during 2006. The same for 2007 has been 1.7 per 1000.

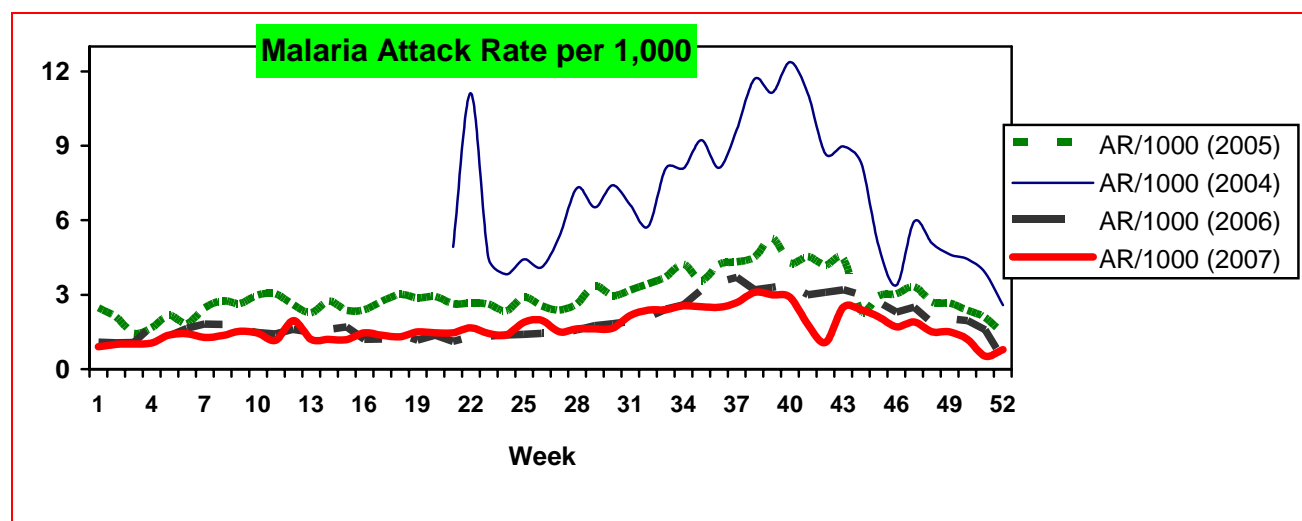


Figure 6: Comparison of current attack rate of Malaria with historical value, Greater Darfur, Sudan

Surveillance for Bloody Diarrhoea

The attack rate of bloody diarrhoea, observed during the current week, was **5.51 cases per 10,000** which is a lower than the mean attack rate (**8 cases per 10,000**) for 2007. observed during the same period in 2006 (Figure-10). West and South Darfur have been reporting higher rates as compared to North Darfur. The mean attack rate for 2005 and 2006 was respectively 13.73 and 9.37 per 10,000.

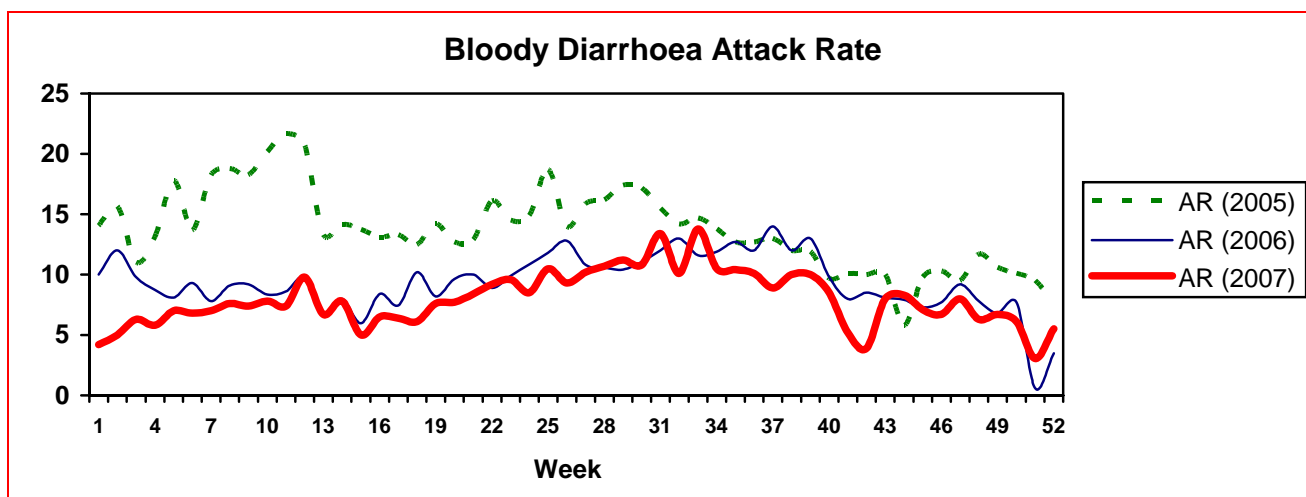


Figure 7: Comparison of current attack rate of Bloody Diarrhoea with historical value, Greater Darfur, Sudan