

Highlights

- ❖ The reporting timeliness of Early Warning and Alert Response System, (EWARS) of Darfur for the current week was 70%
- ❖ ARI, Malaria and Bloody Diarrhoea continue to be the leading causes of morbidity in Darfur.
- ❖ There has been increase in the number of acute watery diarrhea (AWD) cases in Yei, Tambura, Juba and Wau Counties, in South Sudan.
- ❖ Cases of suspected meningitis continue to be reported from Western Equatoria State
- ❖ Suspected cases of Dengue fever were reported from Red Sea state.
- ❖ A state of alert is being assumed in Southern Sudan after confirmation of Yellow fever and Ebola in Uganda.

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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 the IDPs in Darfur and other parts of Sudan as well. 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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I. Darfur

I.I Reporting timeliness

For the week 2 of the year 2008 (5th-11th of January 2008), 88 of **126** reporting units (70%) 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%. Due to various challenges including security, accessibility and communication problems, the target still remains to be achieved.

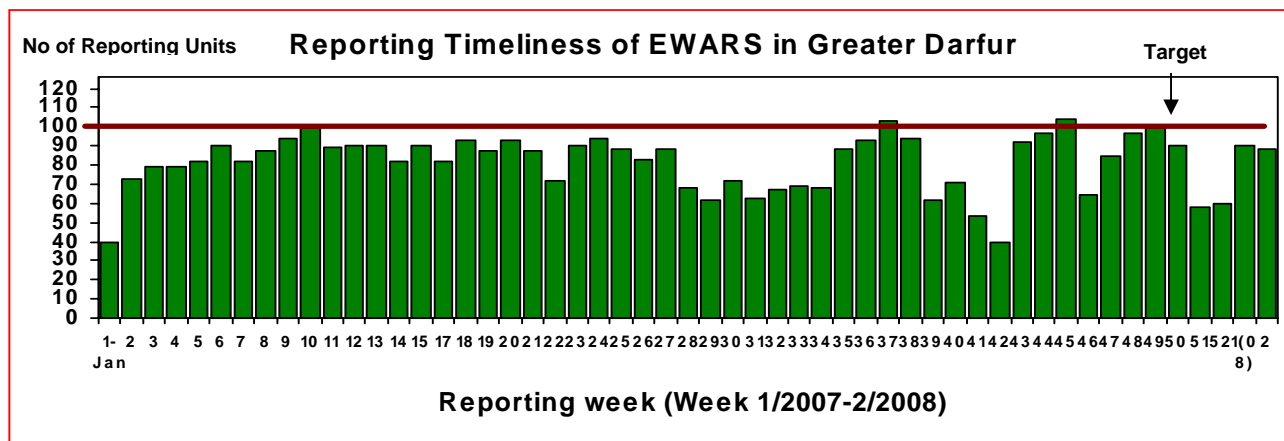


Figure 1. Reporting units, Greater Darfur, Sudan, week 1, 2007 - 2 of 2008

I.II Population under surveillance and consultations

The total number of **consultations** reported throughout Greater Darfur this week was 40892 (Figure-2) which shows an increase of 16% compared to the total consultations reported in the previous week (W1) (35397). The number of **population under surveillance** for the current reporting week was 2018708, which shows increase of 32% compared with the last week (1536157 reported in week 1). The health service utilization rate for week 2 was 1.1 visits/person/year.

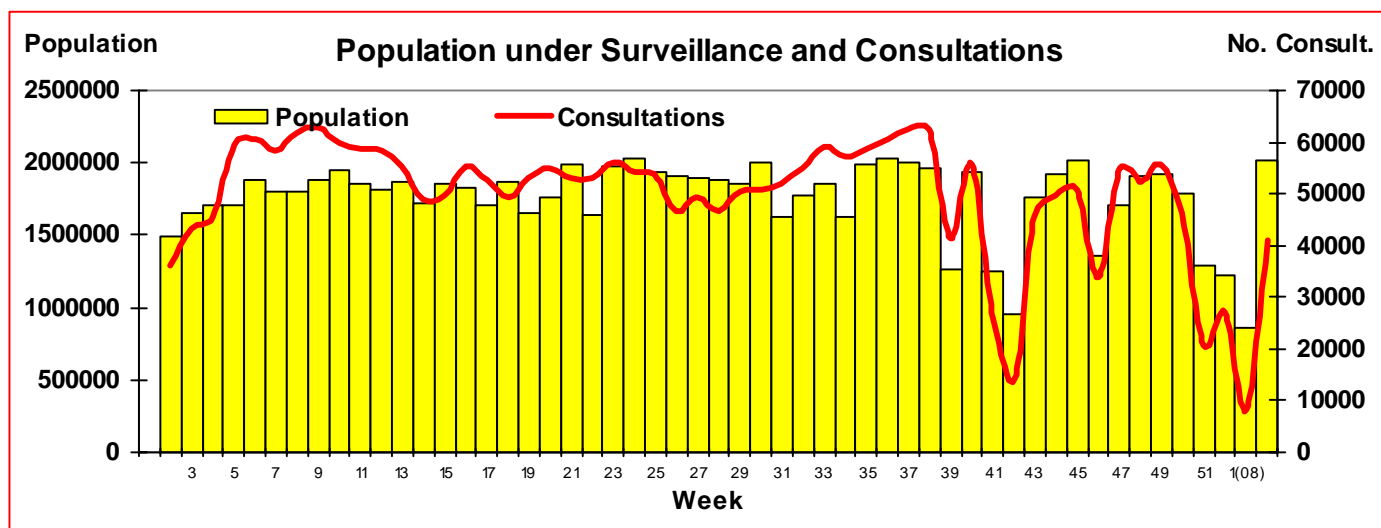


Figure 2. Weekly distribution of population under surveillance and consultations, Greater Darfur, Sudan, Week1/2007 to Week 2/2008.

I.III Proportionate morbidity and mortality of reported health events

During this week, a total of 40892 health events under surveillance were reported from Darfur. Of these 14879 health events (36%) were reported in less than 5 year age group while the remaining 26013 health events (64%) were reported in the above 5 year age group (Fig. 3). In the above 5 year age group, 15% of reported cases were attributed to **Acute Respiratory Tract Infection (ARI)** while **Clinically Diagnosed Malaria** contributed 5% of all reported cases. By comparison, 28% of reported cases in the under 5 year age group were attributed to **Acute Respiratory Tract Infection (ARI)** followed by **Clinically Diagnosed Malaria** .4% and Bloody Diarrhoea 3%.

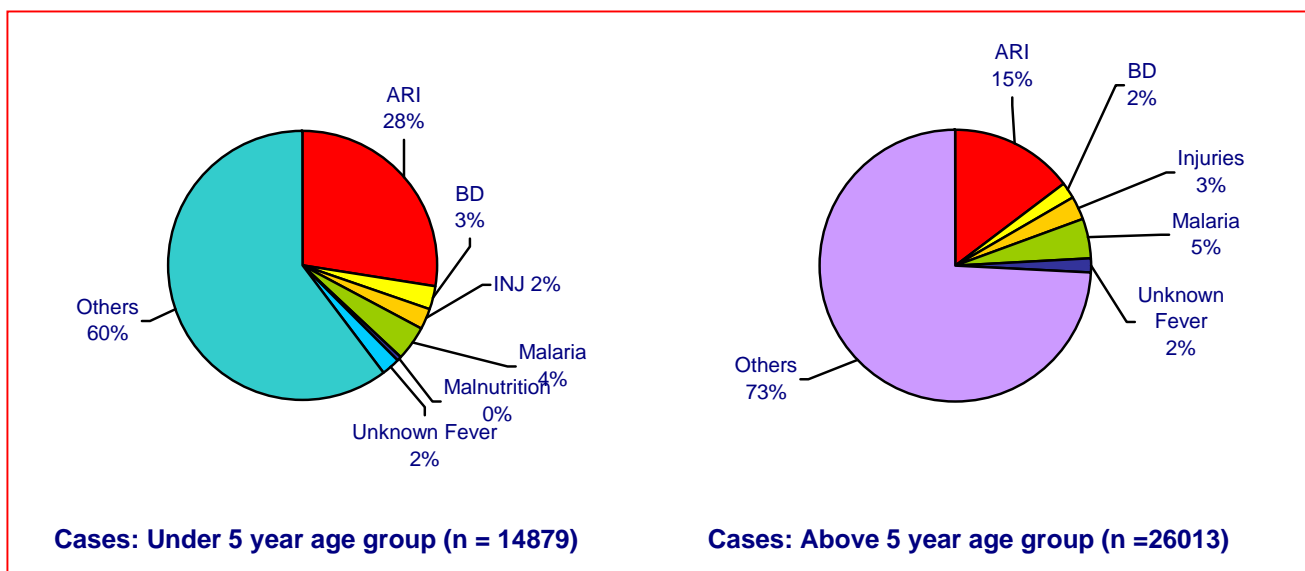


Figure 3: Proportional morbidity of all reported cases, Greater Darfur, Sudan, week 2, (2008).

During the same period, there were **14 reported** deaths in all age groups, **6** of them were reported in the below 5 year age group due, Jau,1 ARI,1,unknown F,2,Mal Nut,1 and 1 due to other causes. In above 5 years age group, all **8** deaths were attributed due to inj.

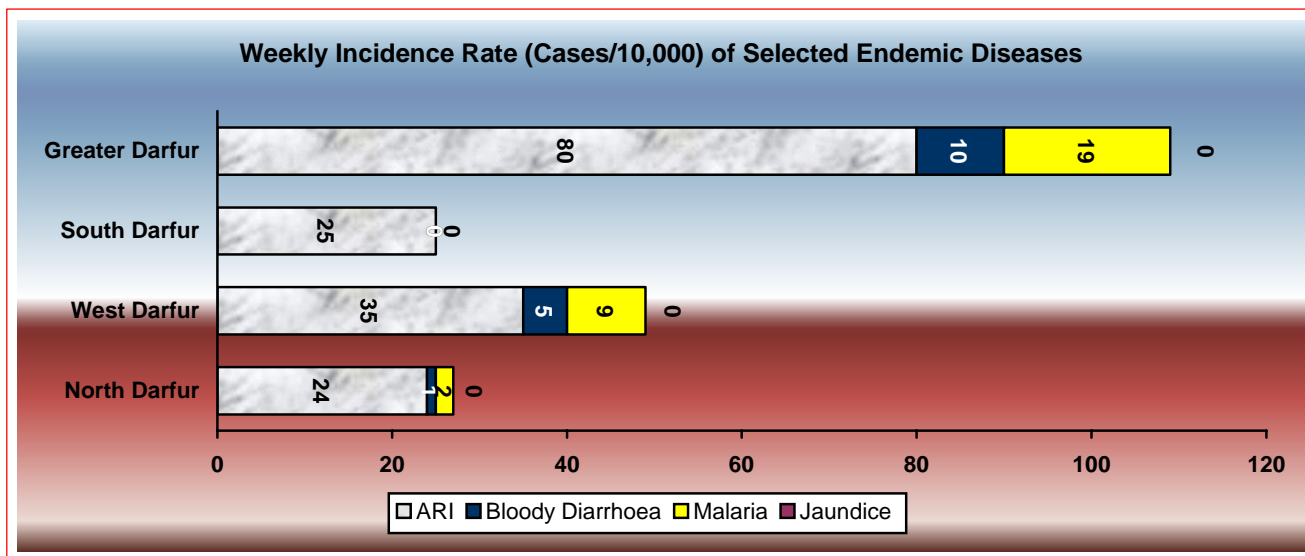
I.IV Weekly incidence rate of selected endemic diseases

During this week, the case load of selected endemic diseases was usual given the seasonality of these diseases reported earlier from Greater Darfur. West Darfur is till reporting highest incidence rate of ARI, bloody diarrhoea and malaria. South Darfur reported **20** cases of Acute Jaundice Syndrome, while West Darfur reported **17**cases, compared with 2 and 4 cases respectively in week 1 (2008).

Table-1: Cases and weekly incidence rate of selected endemic diseases reported from Darfur (Epidemiological week 2, 2008)

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	2396	24	2997	35	2523	25
Bloody Diarrhea	149	1	499	5	313	0
Clinically Diagnosed Malaria	159	2	934	9	744	0
Acute Jaundice Syndrome	1	0	17	0	20	0

Figure 4. Reported weekly incidence rate of selected communicable diseases Sudan 5th -11th Jan 2008.



I.V 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 no case was reported. .

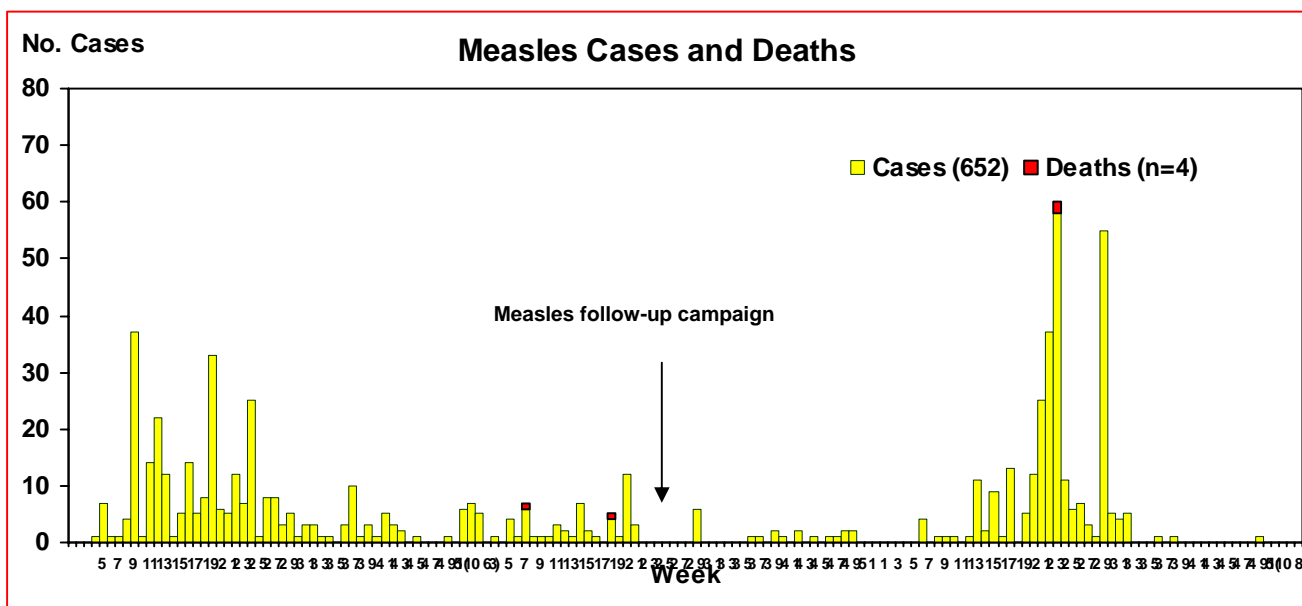


Figure 5. Weekly reporting of measles cases and death, Greater Darfur, 1 January 2005 to 11th of Jan 2008

I.VI 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 1.8 cases per 1000 (Figure 6) 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.

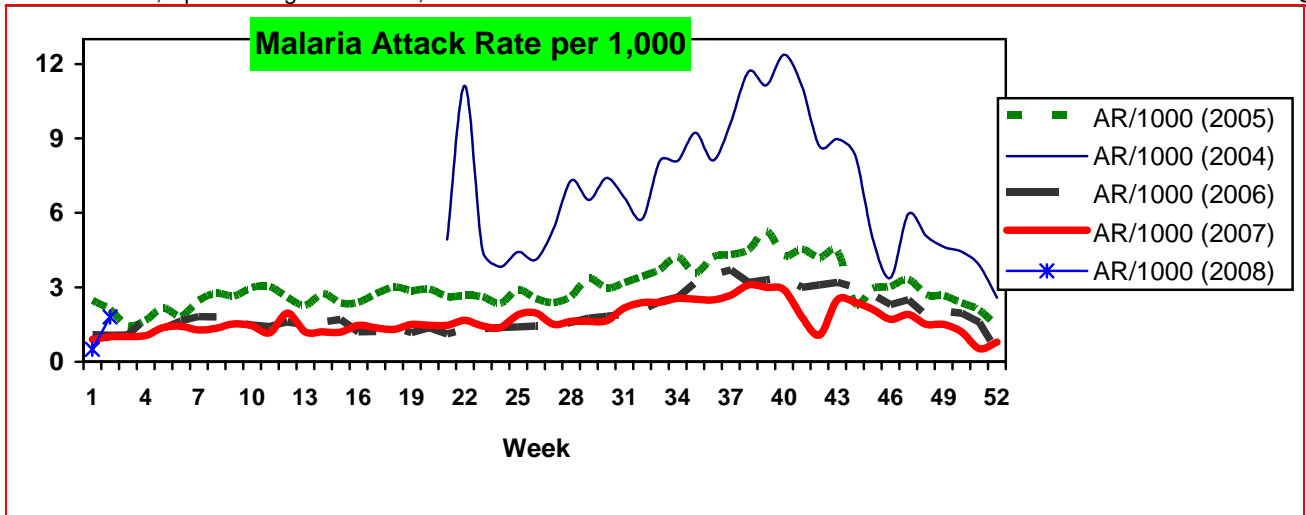


Figure 6: Comparison of current attack rate of Malaria with historical value, Greater Darfur, Sudan

I.VII Surveillance for Bloody Diarrhoea

The attack rate of bloody diarrhoea, observed during the current week, was 10 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-7). 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.

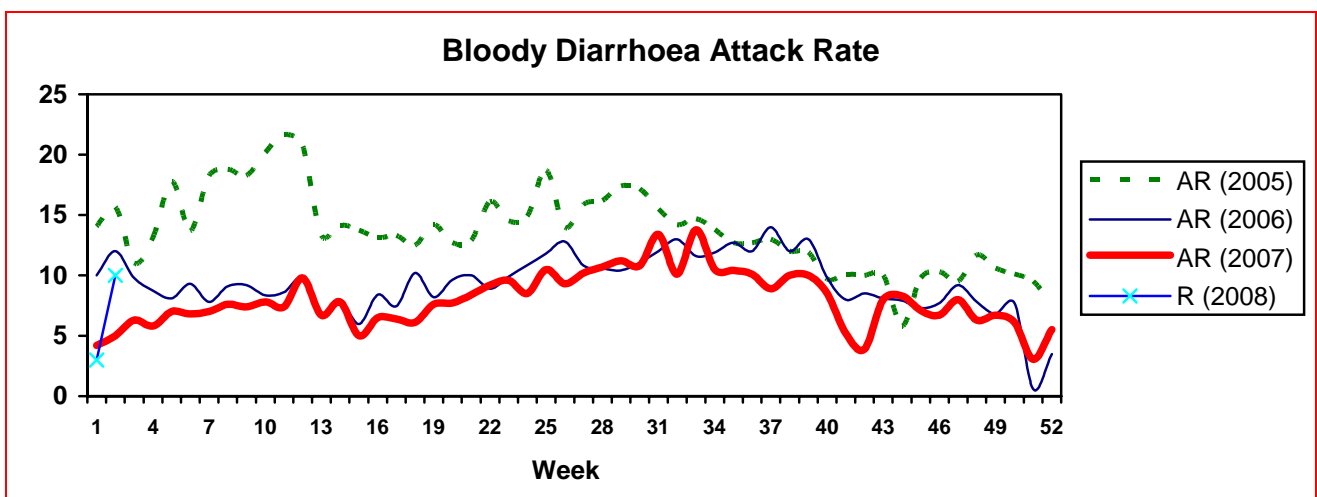


Figure 7: Comparison of current attack rate of Bloody Diarrhoea with historical value, Greater Darfur, Sudan

II. South Sudan:

- Cases of suspected meningitis continue to be reported from Western Equatoria State but no laboratory results have been received so far. 4 suspected cases of meningitis were admitted in Yambio Hospital during this week and 10 (under five years of age) in Yei. Samples have been collected from Yambio and transport media have been sent to Yei for the same purpose. A crisis committee in Yambio and Yei are meeting to follow up the situation in these two counties. Cumulative total from 31st of December 2007 to 6th of January 2008 is 11 cases and 2 deaths with an overall CFR of 18.2%

- Yellow fever and Ebola have been confirmed in Uganda and given the high traffic exchange between these¹ two countries, a state of alert is being assumed in Southern Sudan. Awareness and surveillance activities are being boosted in the Counties bordering Northern Uganda.
- Cases of AWD continue to be reported this week; 336 cases, 230 of which were children under five years were recorded in Tambura County while a total of 23 were from Yei. No deaths were reported this week.
- Sample collection materials and medical supplies have been sent to Yei and more are being organized for Tambura. Meanwhile, an assessment team from state ministry of health Western in this week.
- See the below tables for details

Cases and deaths due to the four disease outbreak conditions for week one 2008

AWD/CHOLERA		ACUTE BLOODY DIARRHEA (ABD)		MEASLES		MENINGITIS	
C	D	C	D	C	D	C	D
407	0	192	1	7	0	4	2

Cumulative total cases and deaths in South Sudan of the four outbreak disease conditions as of epidemiological week two 2008

AWD/Chlra		Acute bloody diarrhoea(ABD)		Measles		meningitis	
CASES	DEATHS	CASES	DEATHS	CASES	DEATHS	CASES	DEATHS
618	2	206	1	7	0	18	4
CFR	0.30%	CFR	0.97%	CFR	0.00%	CFR	22.22%

III. East Sudan²

- This week, one case of whooping cough was reported from Port Sudan Paediatrics Hospital.
- Red Sea state had reported 6 suspected cases of Dengue fever from Sinkat area, 2 out of them were expired, and blood samples have been collected and sent to NPHL, all were negative.
- In Gedarif State there is no new case of AWD reported last week, last case of AWD was reported on 29/10/07. Since beginning of out break total number of AWD cases up to the end of reporting period are 1418 cases and death toll is 72, with CFR=5.1% Epidemiology department has sent 22 samples from Cholera affected areas to NPH last week, reports are awaited. According to Epidemiology department and Environmental officer 36 water samples have been collected from the Cholera affected areas for analysis of water, results are awaited.
- 50 Medical Doctors and Medical Assistants were trained by WHO in Gedarif State on Dengue fever. In another training of Malaria case management 39 medical doctors and medical assistants took place.
- In this reporting period Kassala reported 1 new suspected case of Dengue fever, blood samples have been collected and sent to NPHL, out of 72 samples sent 6 were positive for Dengue Fever from NPHL and waiting for result of samples.

¹ Southern Sudan Health Update, November-December 2007.

² EHA, East Sudan Sitrep, W1- 2008.

- In Kassala, morbidity due to viral hepatitis has decreased this week to (0.0006)/1000 of population, compared with (0.002) last week & (0.01) at the same week last year. Cases were reported from River Atbara.