

Highlights

- ❖ The reporting timeliness of Early Warning and Alert Response System, (EWARS) of Darfur for the current week was 78.6% .
- ❖ The health service utilization rate for week 5 was 2.4 visits/person/year.
- ❖ ARI, Malaria and Bloody Diarrhoea continue to be the leading causes of morbidity in Darfur.
- ❖ Cases of suspected meningitis continue to be reported from Western Equatoria State
- ❖ Suspected cases of meningitis reported from Kassala state this week.
- ❖ A state of alert is still 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 5 of the year 2008 (2nd -8th of Feb 2008), 99 of 126 reporting units (78,6%) 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.

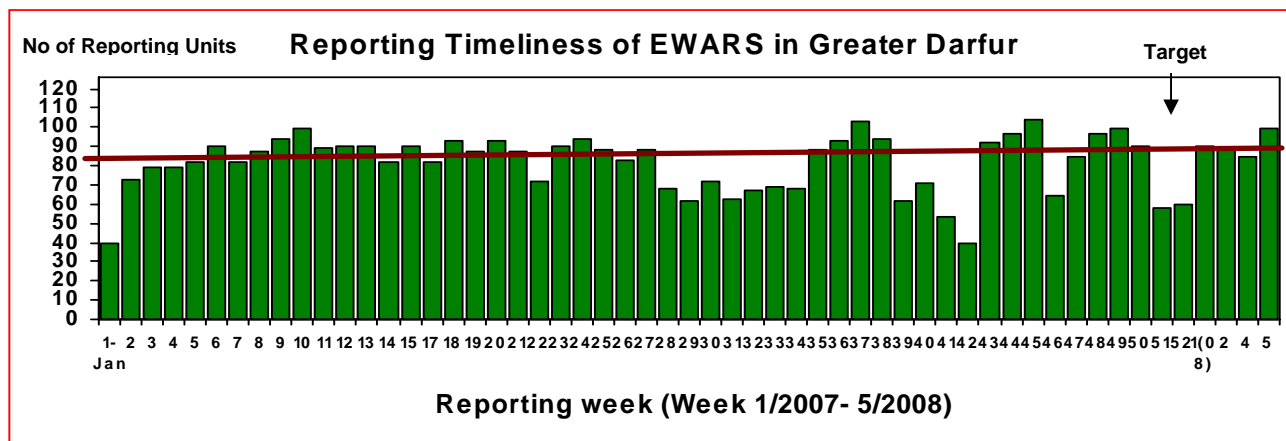


Figure 1: Reporting units, Greater Darfur, Sudan, week 1, 2007 - 5 of 2008

I.II Population under surveillance and consultations

The total number of **consultations** reported throughout Greater Darfur this week was 52445 (Figure-2) which shows decrease of 18.6% compared to the total consultations reported in the previous week (W4) (35397). The number of **population under surveillance** for the current reporting week was 2175927, which shows decrease of 6,9% compared with the last week (2335847 reported in week 4). The health service utilization rate for week 5 was 2.4 visits/person/year.

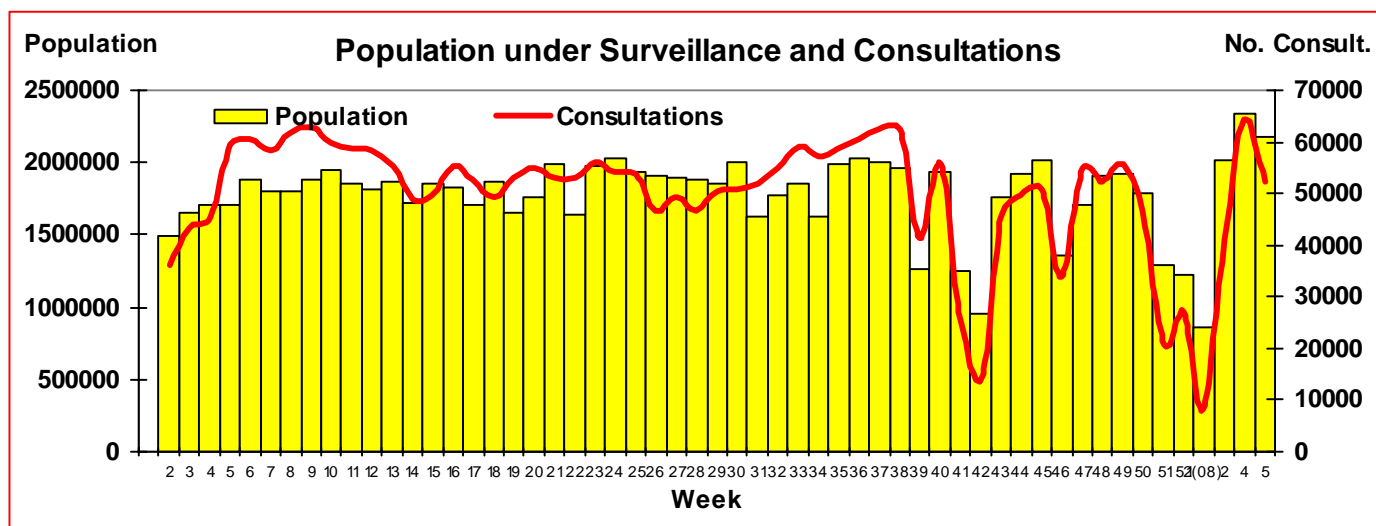


Figure 2: Weekly distribution of population under surveillance and consultations, Greater Darfur, Sudan, Week1/2007 to Week 5/2008.

I.III Proportionate morbidity and mortality of reported health events

During this week, a total of 52445 health events under surveillance were reported from Darfur. Of these 20167 health events (38,5%) were reported in less than 5 year age group while the remaining 35280 health events (61.5%) were reported in the above 5 year age group (Fig. 3). In the above 5 year age group, 14,8% of reported cases were attributed to **Acute Respiratory Tract Infection (ARI)**, **Clinically Diagnosed Malaria** contributed 3,2% while Bloody Diarrhoea 2,1% of all reported cases. By comparison, 24.4% of reported cases in the under 5 year age group were attributed to **Acute Respiratory Tract Infection (ARI)** followed by **Clinically Diagnosed Malaria** .2.9% and Bloody Diarrhoea 2.3%.

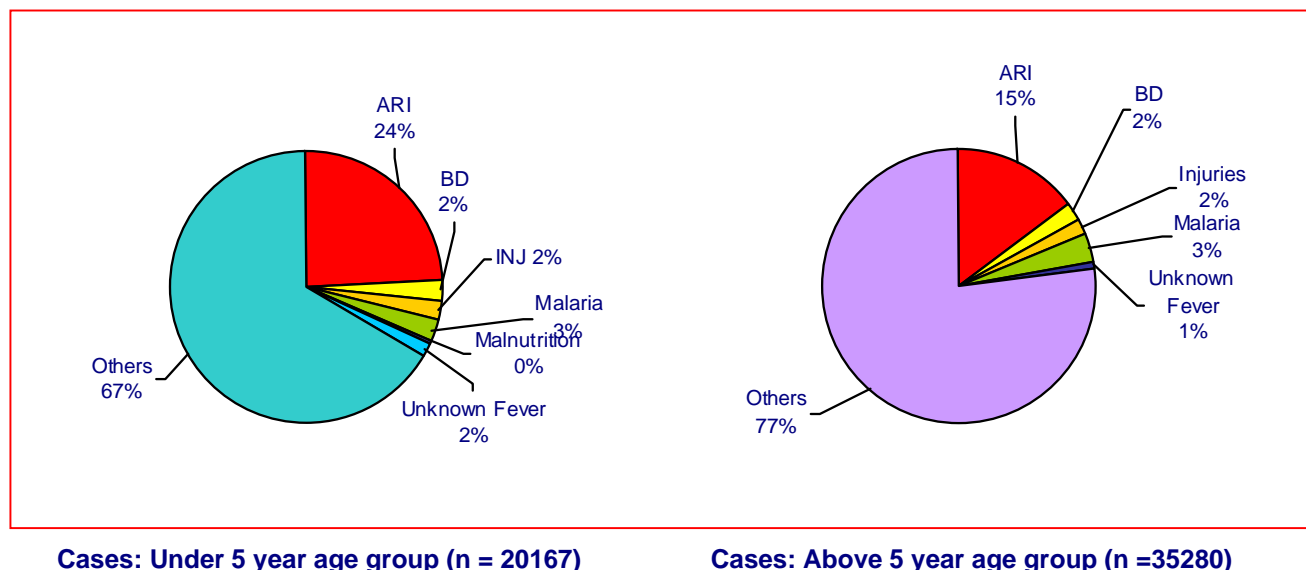


Figure 3: Proportional morbidity of all reported cases, Greater Darfur, Sudan, week 5, (2008).

During the same period, there were 5 **reported** deaths in all age groups, all reported deaths above 5 year age group of them 1 due to Malaria, and 4 due to other causes.

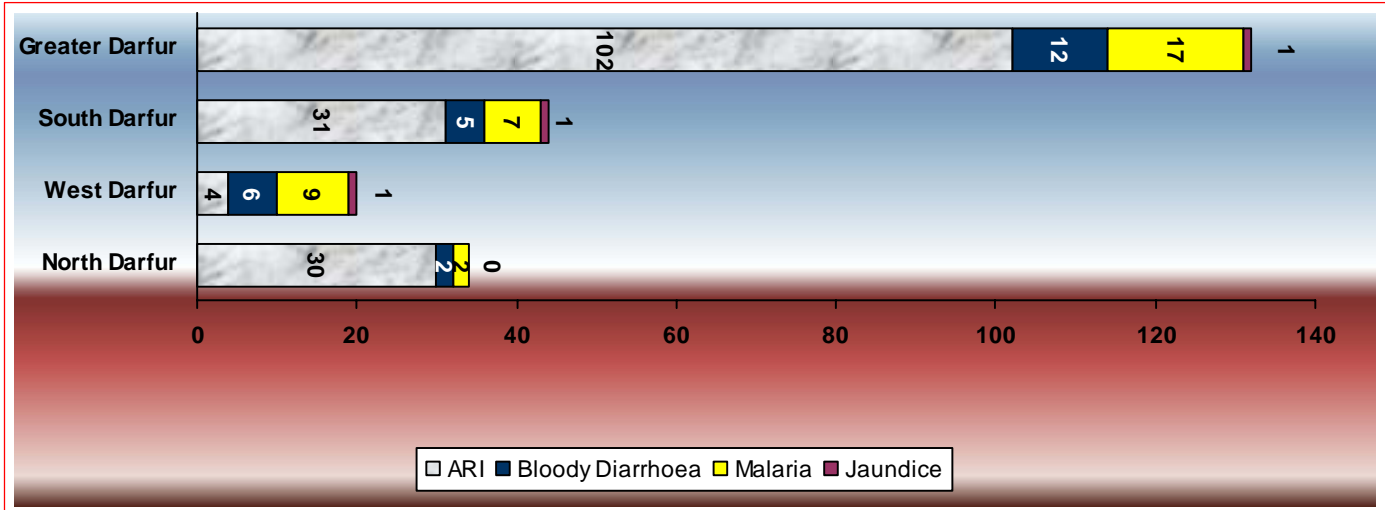
I.IV Weekly incidence rate of selected endemic diseases

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 still reporting highest incidence rate of ARI, bloody diarrhoea and malaria and same in South and North. South Darfur reported 23 cases of Acute Jaundice Syndrome, while West Darfur reported 11 cases, compared with 29 and 9 cases respectively in week 4 (2008).

Table-1: Cases and weekly incidence rate of selected endemic diseases reported from Darfur (Epidemiological week 5, 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	2939	0,3	3913	0,4	3048	0,31
Bloody Diarrhea	161	0,02	574	0,06	423	0,05
Clinically Diagnosed Malaria	166	0,02	855	0,09	619	0,07
Acute Jaundice Syndrome	7	0	11	0,01	23	0,01

Figure 4. Reported weekly incidence rate of selected communicable diseases Sudan 2nd-8th of Feb, 2008.



I.V Surveillance for Measles

From week 5/2005 up-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. .

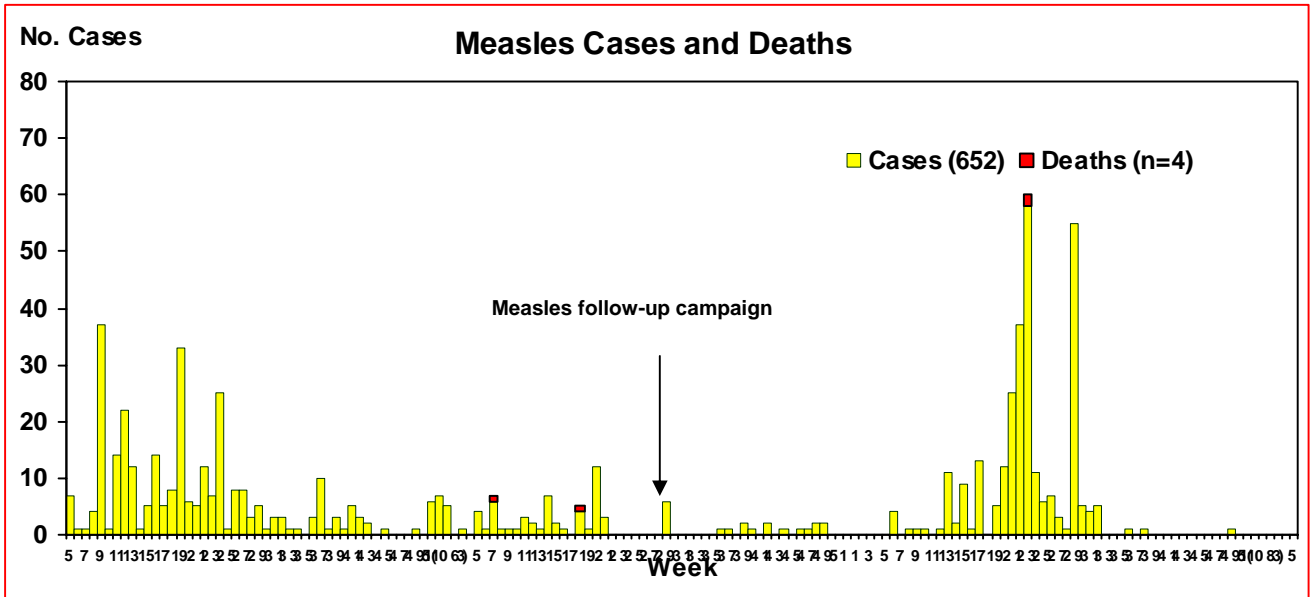


Figure 5. Weekly reporting of measles cases and death, Greater Darfur, week5/ 2005 to week 5/2008

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 **1,7 cases per 1000** (Figure 6) which is below the mean attack rate (2 cases per 1000) of malaria observed during 2006. The same for 2007 has been 1.7 per 1000.

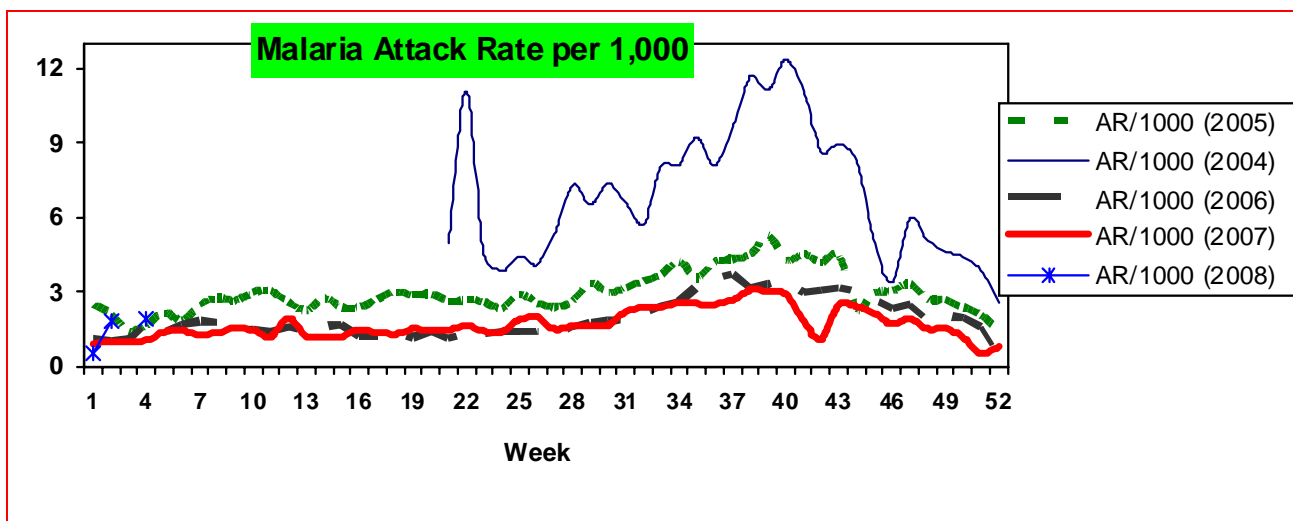


Figure 6: Comparison of current attack rate of Malaria with historical value, Greater Darfur, Sudan

I.VII Surveillance for Bloody Diarrhoea

The attack rate of bloody diarrhoea, observed during the current week, was 5 cases per 10,000 which is 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.

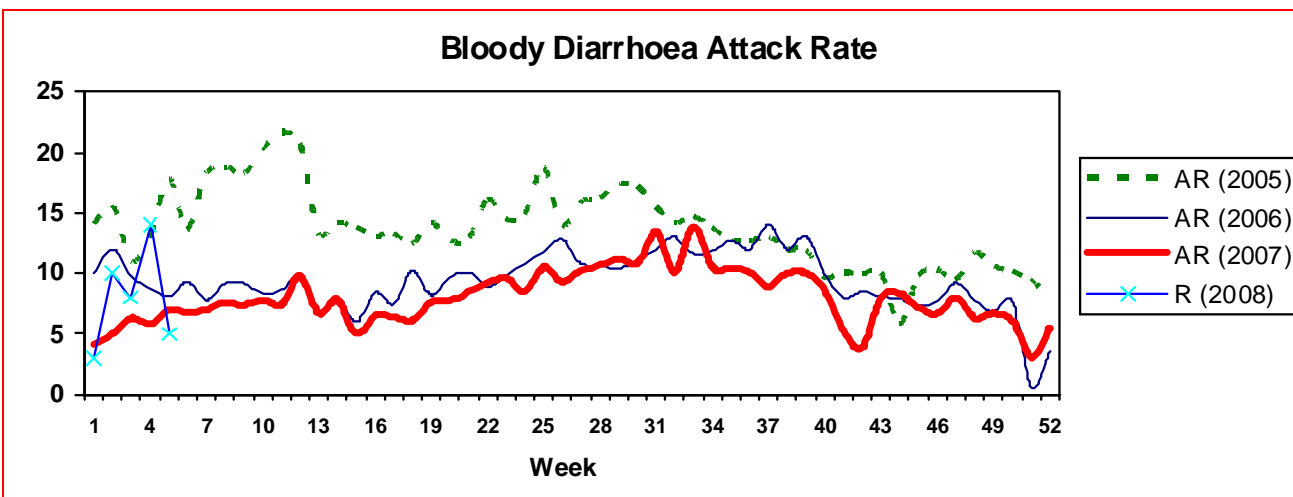


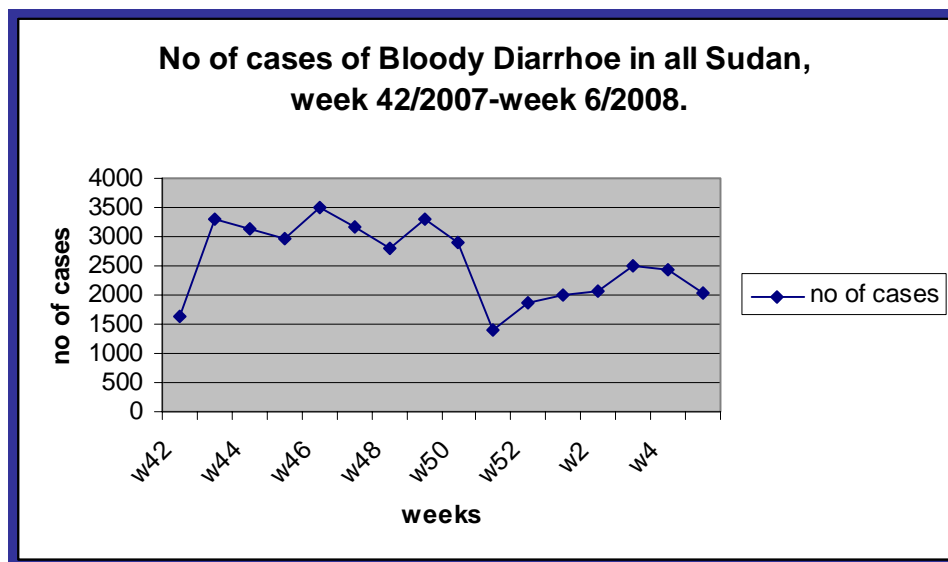
Figure 7: Comparison of current attack rate of Bloody Diarrhoea with historical value, Greater Darfur, Sudan

I. Communicable disease surveillance system:

Reporting timeliness scored 83.2% this week.

Khartoum, Gezira, Blue Nile and Kassala and Greater Darfur continue to report high number of cases of bloody diarrhoea compared to the rest of north Sudan (see fig. 8 below).

Figure 8: Morbidity due to bloody diarrhoea in Sudan.



III. South Sudan:

Haemorrhagic fever:

Suspected cases:-

There were 6 reported suspected cases of viral haemorrhagic fever(RVF) in Eastern Equatoria state , 3 of them had a close contact with each other &also had a relation with animals(sick aborted goat).

There is an increase in animal deaths (most deaths were occurring among cattle and goats) + abortions (but the abortions were almost exclusively among goats) in Kapoeta South, East and North Counties (Referred to A health worker, the Member of Parliament for Kapoeta County). & in the village where 3 close contact cases lived claimed to have lost over 60 cattle in Dec of 2007.

Seven (7) blood samples from close contacts (including the suspected case with fever) were collected and sent to KEMRI laboratory in Kenya.

Based on the foregoing the investigating team suspects that a suspected outbreak of Rift Valley fever is likely to have occurred in the affected areas. This is only tentative as no results are yet available from the laboratory.

IV. East Sudan:

This week, (5) only one new case of hemorrhagic fever/Dengue fever reported in Kassala State, sample have been collected. But no any reported cases from Gedarif and Red Sea States. Total number of consultations were 522(90,2% clinical malaria), 2279(88,6% clinically diagnosed malaria)& 479(88,7% clinical malaria) from Gadarif, Kassala & Red sea still clinical diagnosed malaria remain the major cause of morbidity in all these states.