

Weekly Epidemiological Monitor

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Current major events

Outbreaks continue to challenge health systems of southern Sudan

As health systems of southern Sudan gradually improves, outbreaks of communicable diseases continue to threaten public health in that part of Sudan. During the last few months, small scale outbreaks of cholera, dysentery, meningococcal meningitis, measles and Hepatitis-E, have resulted in increased mortality and morbidity rates in this war-torn areas. Recent floods has displaced thousands of people.

By the end of international week no 31 of this year, both laboratory-confirmed and suspected cases of cholera have increased to 8,482 including 57 deaths (CFR: 0.67%) throughout southern Sudan. During the same period, 4,906 cases of bloody diarrhea including 16 deaths (CFR: 0.33%), 98 cases of meningococal disease including 15 deaths (CFR: 15.31%), 285 cases of measles with 6 deaths (CFR: 2.11%) and 15 cases of AIS.

Editorial note

In complex emergencies and postconflict situations, detection and control of emerging infectious diseases pose a particular challenge to health care workers due to multiple risk factors known to enhance emergence and transmission of infectious diseases (*Please see box*). Security situations and poor coordination among humanitarian agencies can make the situation even more worse.

In the case of southern Sudan, the current health situation remains grave due to shortage of medical facilities and trained health workers. Cholera and other diarrhoeal diseases, measles and meningococcal disease (MCD) are still prevalent with the dilapidated health infrastructure unable to deliver services to those in need. The high mobility of returning populations to southern Sudan is also increasing the risk of importation and spread of infectious diseases to the vulnerable. Following the peace agreement in 2005, epidemics of infectious

Weekly reported suspected cases of cholera,
Cases reported

Juba, southern Sudan

250

200

150

1 2 3 4 5 6 7 8 9 10 11 International Epidemiological w eek

Risk factors enhancing disease emergence and transmission in post-conflict situation

- Population displacement and environmental conditions;
- Disruption of disease control programmes;
- Damage to infrastructure and collapse of health systems;
- Inadequate surveillance, early warning and response system;
- Impeded access to populations;
- Breakdown in infection control practices;
- Movement of refugees and aid workers;

diseases have become a recurrent annual event.

After repeated outbreaks of cholera in 2006 and 2007, the disease has become endemic in most parts of southern Sudan. Although, low levels of epidemic meningitis activities was observed this year, southern Sudan experienced one of its worst epidemic from MCD in 2006/7 season.

There is an urgent need to develop longterm strategies and design appropriate disease control programmes that effectively address the public health threats from communicable diseases. In addition to establishing a functional surveillance system, there is need to invest in primary healthcare infrastructure, human resources, rebuilding health facilities and provision of essential drugs, supplies and vaccines. A rapid response mechanism for investigation of alerts and implementation of control measures in the event of any outbreak will remain the central component of this investment plan.

Update on outbreaks

in the Eastern Mediterranean Region

Dengue: in Saudi Arabia (No update). **Floods & Cholera**; in Sudan (Aweil). **Hepatitis –E:** in Red Sea State of Sudan (No update)

Current public health events of international concern

Avian influenza

AWD/Cholera

Dengue fever

[cumulative N° of cases (deaths), CFR %]

11 vian mnachza	
Egypt	[50 (22), 44%
Indonesia	[135 (110), 81.4%

Sudan (South)	[8482 (57), 0.67%]*
Uganda	[528 (31), 5.8%]

- C	
Saudi Arabia	[533 (?), ?%]
Yemen	[1001 (?), ?%]
Hepatitis E	

Uganda	[6530 (104), 1.6%]
Sudan	[224(23), 10.2%]*

Lassa fever	
Liberia	[44 (5), 11.4%]

(*=Unofficial figures) CFR=Case-Fatality Rate