

## Current major events

### Suspected VHF in Juba, southern Sudan

On 24 October 2008, the Ministry of Health of the Government of southern Sudan (MOH/GOSS) reported a suspected case of viral fever to WHO. The patient was a twenty-six years old, male, Lebanese working for a construction company as a foreman since May 2008. At the time of his illness he was working in a county 50km southwest of Juba. He fell sick on 14 October and was evacuated to Juba the next day. His main complaints were: pain in the throat, fever and persistent headache and general malaise. The patient was empirically treated for malaria in a private clinic, but showed no improvement.

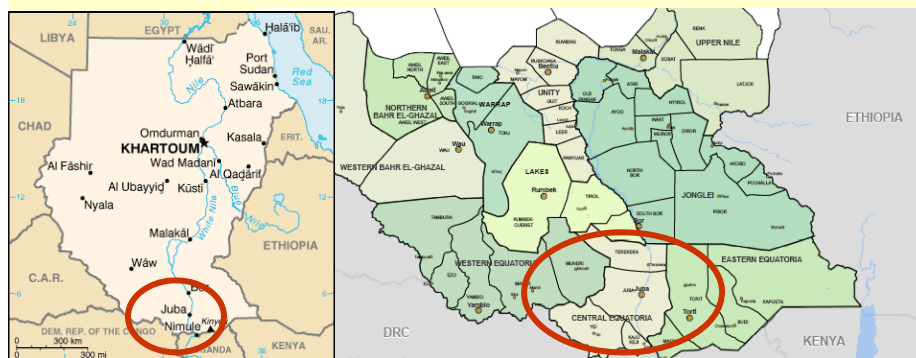
On 21 October 2008, the patient collapsed and had convulsions as he was boarding a plane to be evacuated to Lebanon for further treatment. He developed bleeding tendencies from multiple sites and was deeply jaundiced. He was later admitted to Juba Teaching Hospital (JTH), where further clinical assessment was done. The initial laboratory test conducted in Kenya Medical Research Institute (KEMRI) tested the patient positive for Dengue virus. The condition of the patient continued to deteriorate, and the patient died on 26 October 2008 at the JTH. The specimen of the deceased was sent to a WHO CC for further test (cell culture). All of the 40 close contacts of this patient, identified before the laboratory test, were closely followed up but none of them, till date, developed any symptom.

### Editorial note

This is the second time in just a month that a case of a haemorrhagic fever implicating or involving a traveler from the Eastern Mediterranean Region (EMR) has been reported.

Contracting hemorrhagic fever in a Lebanese expatriate working far away from home in an unfamiliar territory has again raised important issues related to enforcement of related provisions of International Health Regulations (IHR 2005) in the context of global health

## Map of Sudan showing the state of Central Equatoria of southern Sudan with its capital city Juba



### Factors involved in infectious disease emergence

- International travel, trade and commerce
- Human demographics and behaviour;
- Human susceptibility to infection;
- Poverty and social inequality;
- War and famine;
- Breakdown of public-health measures;
- Changing ecosystems;
- Climate and weather;
- Microbial adaptation and change;
- Economic development and land use
- Animal migration and movement

security, international travel and health. A large number of citizens from the countries of the Eastern Mediterranean Region undertake international travel every year due to professional, religious, social, recreational and humanitarian purposes. These travelers are often exposed to many health risks in unfamiliar environments. Most of such risks, however, can be minimized by suitable precautions taken before and after travels. The people planning to travel to unfamiliar places need to know, in advance, the health risks/hazards associated with their travel destination.

Emerging and re-emerging infectious diseases will remain a perpetual challenge to the public health systems in the EMR. Common and inter-active co-determinants of infectious disease emergence like population growth, international travel and trade and changing ecosystems all co-exist in the EMR. The situation calls for a collective action between all the EMR Member States for a coordinated public health response..

## Update on outbreaks

### in the Eastern Mediterranean Region

**Dengue:** in Pakistan, Saudi Arabia.  
**Cholera:** in Iraq; Iran, Somalia, Afghanistan.

### Current public health events of international concern

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

#### Avian influenza

Egypt	[50 (22), 44%]
Indonesia	[137 (112), 81.7%]

#### AWD/Cholera

Somalia	[412 (6), 1.4%]
Iran	[201 (5), 2.4%]
Afghanistan	[4384* (22), 0.5%]
Iraq	[574 (8), 1.3%]

#### Dengue fever

Saudi Arabia	[533 (?), ?%]
Pakistan	[10 (8 ?) #]

#### Hepatitis E

Uganda	[6530 (104), 1.6%]
Sudan (Only in Red-sea state)	[224 (23), 10.2%]*

#### Arenavirus (New Virus) \*\*

Zambia	[5 (4), 80%]
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#### Yellow fever

Cote d' Ivoire	[6 (0), 0%]
Central African Republic	[1 (0), 0%]

#### Crimean Congo H. Fever

Afghanistan	[24 (4), 16.6%]
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(\* = Suspected ) CFR = Case-Fatality Rate  
? = No data # = Risk assessment ongoing. Out of these suspected cases 8 have reported to have died. \*\* Corrigendum to the figure mentioned in 43rd issue