

## Current major event

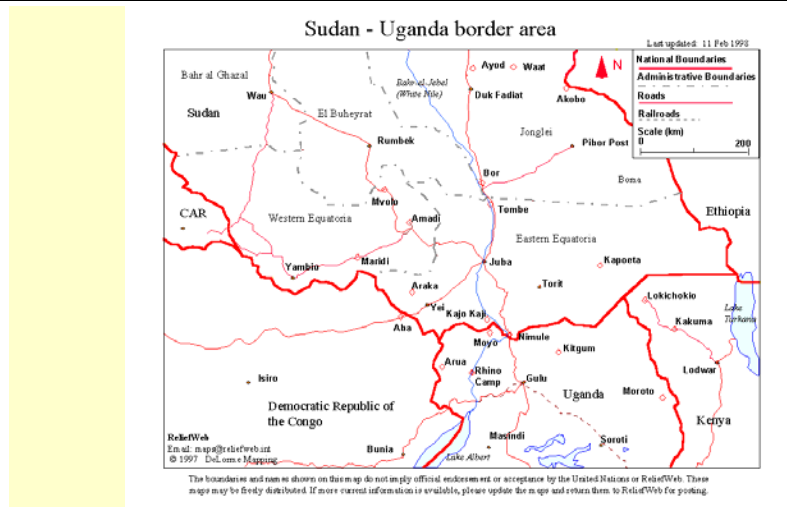
### Threat of Yellow Fever Outbreak looms in southern Sudan

A Yellow fever (YF) outbreak reported last week in the northern part of Uganda has raised "high alert" for an epidemic threat in the neighbouring districts of southern Sudan. No case has, so far, been reported from southern Sudan. However, clinical suspicions have gained ground on a death that took place recently in a military hospital in Juba after the deceased returned from his duty station which is situated near the border of northern Uganda. The blood sample of the deceased has been sent to identify the cause of death.

### Editorial note

The Yellow fever (YF) outbreak reported, officially only last week, in the northern part of Uganda has so far claimed 48 lives and the number of those infected have risen to 190.(CFR: 25.2%). The outbreak has remained confined to 10 northern districts of Abim, Agago, Arua, Gulu, Kitgum, Kabong, Kotido, Lawo, Lira, and Pader in Uganda. Some of these districts are bordering with southern Sudan (*Please see map*) specially Kitgum which has reported the majority of the YF cases. Moreover, it has been reported that there is frequent population movement between the bordering districts of southern Sudan and northern Uganda raising the grave apprehension that the outbreak may cross the border and spread to southern Sudan as well.

Despite the absence of any suspected case, as of date, the threat of a YF outbreak into the bordering districts of southern Sudan is looming. The bordering districts of south Sudan fall within the "high risk" areas for YF transmission and the frequent movement of highly susceptible (un-vaccinated) people between northern Uganda-the epicenter of the currently ongoing outbreak and south Sudan- a high risk areas for YF may put the entire populations living in these areas at increased risk. In recent time, periodic epizootic and epidemiological expansion of the YF has been



Past Yellow Fever Outbreaks in Sudan

Year	Place	Cases	Deaths	CFR (%)
1940	Nuba mountains	15000	?	
1959	?	?	?	
2003	Eastern Equatoria	222	70	42.9
2005	South Kordofan	605	163	26.9

observed in many parts of the world. More importantly, if there are immunologically naïve populations living in these bordering districts of southern Sudan which is plausible since many of these populations are war returnees, the risk of spread of YF outbreak into southern Sudan can not be ruled out.

The health systems of southern Sudan is still recovering from protracted conflict and war. The health infrastructure in most of the war ravaged areas remain fragile. Many parts of southern Sudan including those bordering with northern Uganda are heavily security compromised areas. All these risk factors might predispose an explosive outbreak from YF if the disease is not detected early. Therefore, it is important to strengthen surveillance and laboratory confirm any suspected case early so that timely public health response and other interventions (like mass vaccination with YF vaccines) can be mounted early enough in order to arrest the geographic spread of the outbreak. For the time being, continuous risk assessment would be the key.

## Update on outbreaks

### in the Eastern Mediterranean Region

A(H5N1) in Egypt; CCHF and Dengue fever in Pakistan; Dengue fever in Yemen; and Kala-azar in southern Sudan

### Current public health events of international concern

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

#### Avian influenza

Egypt	[118 (40), 33.8%]
Indonesia	[171 (141), 82.4 %]
Viet Nam	[119(59), 49.6%
China	[40(26), 65%]
Global total	[515(306), 59.4%]

#### Crimean-congo haemorrhagic fever

Pakistan	[45(3), 6.6%]
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#### Cholera

Haiti	[148787*(3333), 2.2%]
Chad	[2508 (111), 4.4%]
Nigeria	[ 29115(1191),4%]

#### Kala-Azar (Visceral Leishmaniasis)

S. Sudan	[6363( 303). 4.7%]
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#### Dengue fever

Pakistan	[11024(40), 0.3 %]#
Yemen	[1903(12), 0.6 %]#

#### Polio

Congo	[184(85), 46.1 %]
Pakistan	[133(0)]

CFR=Case-Fatality Rate; \* Number of hospital visits; # Laboratory-confirmed cases only