

Current major event

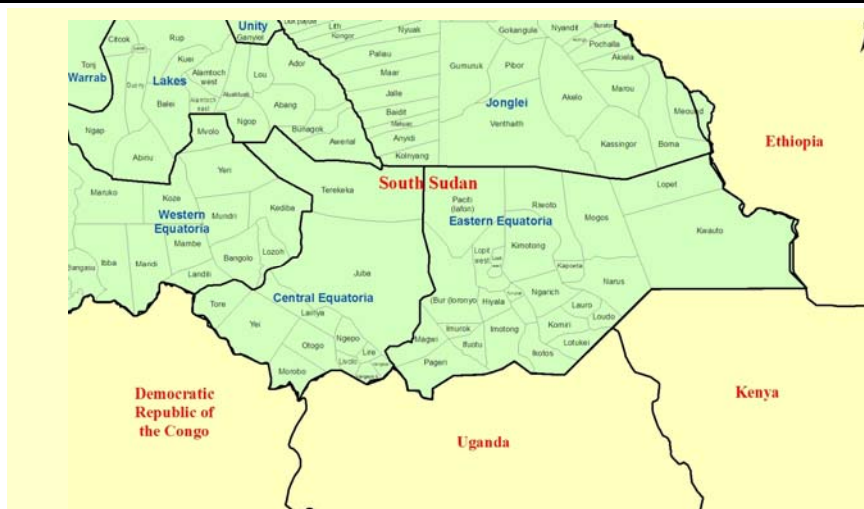
Suspected YF case in south Sudan ?

Following the Yellow fever (YF) outbreak in northern Uganda and the threat of spreading it to south Sudan (*Please see Weekly Epidemiological Monitor; vol-4; issue-1*) an active case finding was carried out in the bordering towns of south Sudan in December and January 2011. During this period, 45 cases meeting the case definition of suspected YF were identified. Of these suspected cases, 14 were reported from Eastern Equatoria state and the remaining 31 cases were from Central Equatoria state of south Sudan. However, only one blood specimen collected from one suspected case in Magwi town of Central Equatoria state was tested positive for YF on 3 March by ELISA IgM test. The sample was also weakly positive for dengue fever. The test was performed at the CDC laboratory at Kenya.

Editorial note

Ever since the Yellow fever outbreak was reported in northern Uganda, there has been a considerable risk that the epidemic may well spread to south Sudan. The frequent movement of population between the bordering districts of south Sudan and northern Uganda (*Please see the map*) and the weak health systems in the war ravaged south Sudan raised this grave concern.

No doubt, the threat of a YF outbreak in south Sudan is looming. The bordering districts of south Sudan fall within the "high risk" areas for YF transmission and the frequent movement of 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. More importantly, if there are immunologically naïve populations living in the bordering districts of southern Sudan which is likely since many of these populations are war returnees, the risk of spread of YF outbreak into southern Sudan can not be ruled out.



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

However, at the moment, one positive sample for YF and that too with a cross-positivity with dengue fever do not confirm the existence of an outbreak, leave alone the confirmation of a YF case.

Given this persistent threat and the serological test result from one sample, a detailed field investigation needs to be conducted. Information on immunization history of this suspected case is important (detectable YF IgM may persist for more than a year after vaccination against YF) as well as it is important to exclude other febrile jaundice syndromes and infection from other flaviviruses (a more specific test needs to be done than to depend on serological test alone)

It is important to detect YF outbreak early and ensure a timely response but the key would be to conduct a rapid case investigation on this serologically confirmed case to find all the answers because a single, confirmed case of YF is sufficient to identify a potential outbreak and justify planning for intervention.

Update on outbreaks

in the Eastern Mediterranean Region

Avian Influenza A(H5N1) in Egypt

Current public health events of international concern

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

Avian influenza

Egypt	[127 (41), 32.2%]
Indonesia	[171 (141), 82.4 %]
Viet Nam	[119(59), 49.6%]
Cambodia	[13(11), 84.6%]
Global total	[527 (310), 58.8%]

Cholera

Haiti	[234.303*(4533), 1.9 %]
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 %]#

Yellow fever

Uganda	[226(53), 23.4 %]
Cote d' Ivoire	[79 (35) , 44.3%]

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