

Current major event

Meningococcal disease in Sudan: Sporadic cases so far in the season

During the current high risk season in Sudan, a total of 143 suspected cases of meningococcal disease including 7 deaths (CFR:4.8%) were reported from Sudan. The predominant pathogen was found to be *Neisseria meningitidis* (Nm) serogroup A. Except for one district in North Kordofan state, no other districts in the country have reached either the alert or epidemic threshold.

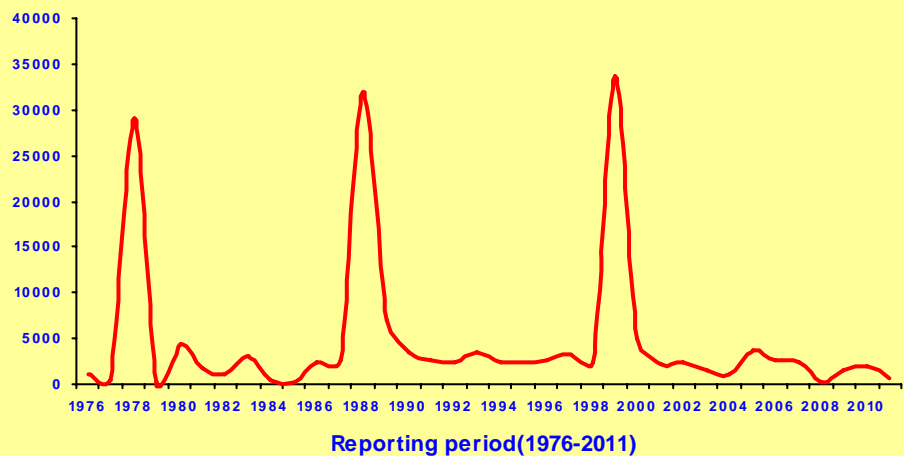
Editorial note

Since 1976, Sudan has experienced major cyclical outbreak of meningococcal disease with an interval of every 10-12 years (*Please see the graph*) during the high risk seasons. The last of these major outbreaks in Sudan was recorded in 1999/2000. In last six years, the cases of meningococcal disease have recorded a gradual decline in the country. This year, cases have been reported only sporadically but the threat of epidemic meningitis can never be undermined as Sudan is in the African Meningitis Belt and repeated outbreaks are common during the current high risk seasons.

In the African Meningitis Belt this year, outbreaks of meningococcal disease has been reported from 15 districts in Benin, Burkina Faso, Chad, Côte d'Ivoire and Ghana (*Please see the table*). Except in Chad, these outbreaks have been caused by the W135 serogroup of *Neisseria meningitidis* (Nm) bacteria.

In Chad, both the two pathogens— Nm serogroup A and Nm serogroup W135 have caused localized outbreaks. Sudan being a neighbouring country to Chad, needs to enhance its surveillance for meningococcal disease. As both the serogroups of Nm have caused outbreaks in West Darfur in the past, the bordering state of Sudan with Chad, the country needs to be vigilant and detect any epidemic early. As the established approach to control epidemic meningitis in countries of African Meningitis Belt is early detection of disease and emergency

Cases reported **Meningococcal disease in Sudan, 1976-2011**



Meningococcal disease in the African Meningitis Belt (1 Jan-11 March, 2012)

Country	Cases	Deaths	Pathogen
Benin	381	38	NmW135
Burkina Faso	1966	212	NmW135
Chad	1043	67	NmA
Côte d'Ivoire	281	39	NmW135
Ghana	369	37	NmW135

mass immunization of the at-risk population with polysaccharide vaccine once an outbreak has been confirmed, strengthening the surveillance in the bordering districts of Sudan with Chad would be critical to prevent any major outbreak.

After the introduction of new meningococcal A conjugate vaccine in three hyper-endemic countries of Africa-Burkina Faso, Niger and Mali, these countries are reporting a low number of confirmed meningitis A cases. However, the vaccine is not expected to be introduced in Sudan until the end of 2012. Until then, the risk of epidemic meningitis will not be over in Sudan. At the moment, both Sudan and South Sudan, the two the countries of EMR in the African Meningitis Belt should strengthen its surveillance capacities to remain vigilant during this high risk season.

Update on outbreaks

in the Eastern Mediterranean Region

Measles in Afghanistan, Somalia, Djibouti and Yemen; **Faulty drug** in Pakistan; **Avian Influenza (H5N1)** in Egypt

Current public health events of international concern

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

Avian influenza

China	[42(28), 66.7%]
Egypt	[164 (58), 35.3%]
Indonesia	[187 (155), 82.8 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[19(17), 89.4%]
Bangladesh	[6(0).]
Global total	[597(351), 58.7%]

Measles

Afghanistan	[261 (0)] #
Somalia	[1046 (na), na%]#
Yemen	[3800(124), 3.3%] #

Faulty Drug Reaction

Pakistan	[767(107), 14 %]*
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CFR=Case-Fatality Rate;

Suspected cases only

* Hospital visits only