

## Current major event

### Nodding Syndrome Spreading In South Sudan

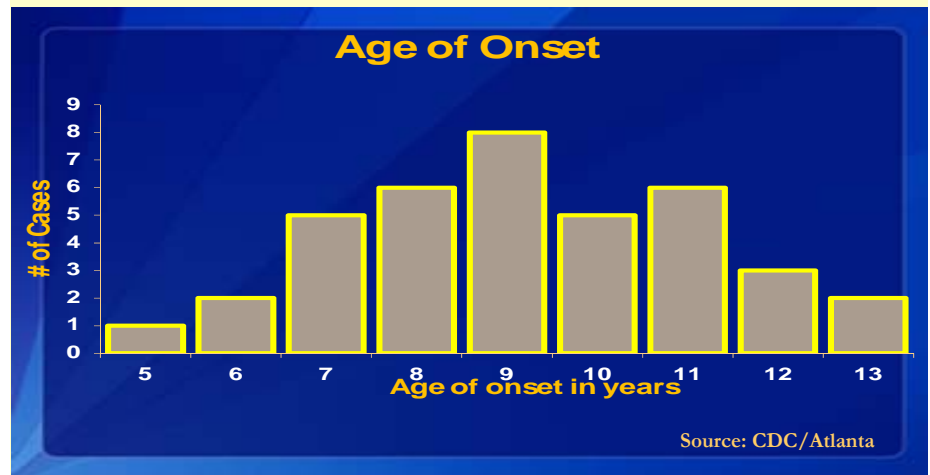
Nodding syndrome (NS) was first identified in South Sudan in Mundri County in the mid 1990s. Since then cases of NS has been reported from nearly 6 counties in Western, Central and Eastern Equatoria States. The most affected counties are Mundri (East & West), Mvolo and Maridi. There are no reliable data to estimate the burden of this disease in South Sudan. However, the health authorities estimate the total number of cases to between 5000 - 8000. The number of deaths remains unknown.

### Editorial note

Nodding Syndrome, is a severe debilitating illness affecting children and young adults, 5—15 year old. The disease has affected a large number of children in South Sudan, Uganda and Tanzania. The cause of the disease remains unknown and its natural history is not yet established. The disease is characterized by episodes of head nodding. These episodes can occur several times each day, often during meals or cold weather. In some cases the illness progresses to generalized tonic-clonic seizures, and eventually to physical and mental deterioration. A similar disease to NS was reported in Tanzania in the 1960s. Nodding syndrome was observed by local health workers in South Sudan in mid 1990, but reported to WHO only in 2001. In Uganda, NS was reported from Pader and Kitgum districts in 2008/9 and has now expanded to involve three districts. Much has been written about Nodding Syndrome in Northern Uganda in the recent past. While, in South Sudan, although some mention of the disease has been made, very little has been written about the increasing number of cases and the expanding geographical areas in the Country.

Nodding syndrome is prevalent in parts of Western and Central Equatoria States, namely East Mundri, West Mundri, Maridi, Mvolo, Juba and Lainya counties. The Epicenter of the disease seems

### NS: Distribution of cases by Age of onset in South Sudan (n= 38 )



### Supportive signs of epileptic seizures in people with head nodding

Supportive signs	"Head nodding only" (%)	"Head nodding" with generalized seizures (%)
Drizzling of saliva	3 (10.7)	3 (8.8)
Urine incontinence	2 (7.1)	5 (14.7)
Drizzling and urine incontinence	0 (0)	2 (5.9)
	0 (0)	2 (5.9)

Source: Winkler et

to be the greater Mundri County. Amadi and Witto villages in particular are the worst affected areas.

WHO in partnership with the Ministry of Health Uganda and CDC have planned to host the first scientific meeting on nodding disease in Kampala between 30<sup>th</sup> July – 2<sup>nd</sup> August 2012. The meeting aims to define a critical research agenda for NS based on existing gaps, define or recommend interventions for management and control based on current information, and harmonize surveillance and clinical case definitions and agree on a collaborative framework for the way forward based on the recommendations from the meeting. The meeting will bring together experts, researchers and other officials from training and research institutions, WHO, CDC and bi-lateral partners like DFID, USAID and others. Representatives from South Sudan will be participating in this meeting. It will be a learning opportunity for all.

### Update on outbreaks

in the Eastern Mediterranean Region

Avian influenza in Egypt; Dengue and CCHF in Pakistan; Measles in Afghanistan, Yemen and Somalia.

### Current public health events of international concern

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

#### Avian influenza

China	[43(28), 65.1%]
Egypt	[168 (60), 35.7%]
Indonesia	[189 (157), 83 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[21(19), 90.4%]
Bangladesh	[ 6(0), 0% ]
Global total	[606(357), 58.9%]

#### Measles

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

#### Crimean-congo haemorrhagic fever

Pakistan	[28 (6) 21.4%]#
Afghanistan	[6(1), 16.6%]#
Iran	[(55), 5.5%]

#### Dengue

Pakistan	[111(0), ]
Yemen	[112(2), 1.7% ]

CFR=Case-Fatality Rate; # Suspected cases