

Current major event

Increasing trend of AWD in refugee camps of South Sudan

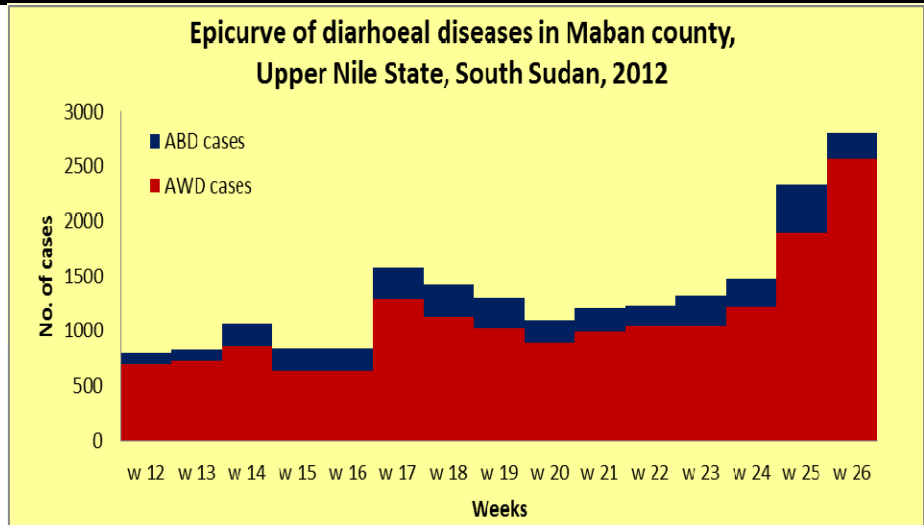
An increasing trend of acute diarrhoeal diseases has recently been observed in the refugee camps of Upper Nile state in South Sudan. These refugees are dispersed over three camps in the Maban county of the state— Yusuf Bali, Doro and Jamman. Most of the diarrhoeal cases are acute watery diarrhoea (AWD) with concomitant presence of acute bloody diarrhoea (ABD). However, laboratory confirmation has ruled out the existence of cholera in any of these camps at present time.

Editorial note

The Upper Nile state in South Sudan is currently hosting over 113,000 refugees who have crossed over from the neighbouring Sudan. During the last few weeks, the number of refugees crossing over to South Sudan has increased as a result of on-going conflicts and security threats in the bordering areas.

These displaced population have taken temporary shelter in the refugee camps in the state of Upper Nile in South Sudan, where the environmental health situation is basic and rudimentary. The condition may improve in the coming months as more humanitarian agencies and other health partners join in to provide basic health and other life saving services to these refugee populations. The current challenge, however, is to prevent any epidemics and avoid further deterioration of the health status of the refugee population in the camps where the hygiene situation is understandably compromised and water and sanitation services are inadequate.

In the current situation, water-borne diseases are the most critical public health threat to the refugee populations. Measures must be taken to avoid deaths that may result from delayed detection and response to epidemic diarrhoeal diseases like cholera and bloody diarrhoea. Although laboratory tests have ruled out the presence of cholera in any of these camps, nevertheless, as it can be



Risk factors enhancing disease transmission in humanitarian situations

- Population displacement and temporary settlements;
- Overcrowding and environmental degradation;
- Disruption of disease control program;
- Scarcity of safe water and poor or inadequate sanitation facilities
- Inadequate surveillance, early warning and response system;
- Impeded access to health care;

seen from the epidemic curve (*please see the graph*), the trend of both AWD and ABD is increasing and under any favourable environmental condition both cholera and shigella dysentery may surface and co-circulation of both the epidemic diarrhoeal pathogens may also be a possibility.

Under the current situation, while efforts are being undertaken to improve the basic public health services in the refugee camps, surveillance for epidemic diseases needs to be strengthened in these camps including that of early laboratory detection of causative organisms for this rising trend of diarrhoeal diseases. This will allow the local health authority and other health providers to diagnose and detect any epidemic at an early stage. Whenever possible, epidemic intelligence should also be reinforced for periodic assessment of current and evolving public health threats.

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	[190 (158), 83.1 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[21(19), 90.4%]
Bangladesh	[6(0), 0%]
Global total	[607(358), 58.9%]

Measles

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

Crimean-congo haemorrhagic fever

Pakistan	[29 (6) 20.6%]#
Afghanistan	[6(1), 16.6%]#

Hand Foot & Mouth Disease (caused by Enterovirus 71)

Cambodia	[78 (54), 69.2%]
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Cholera

DRC	[368 (?) ,
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CFR=Case-Fatality Rate; # Suspected cases