

Current major event

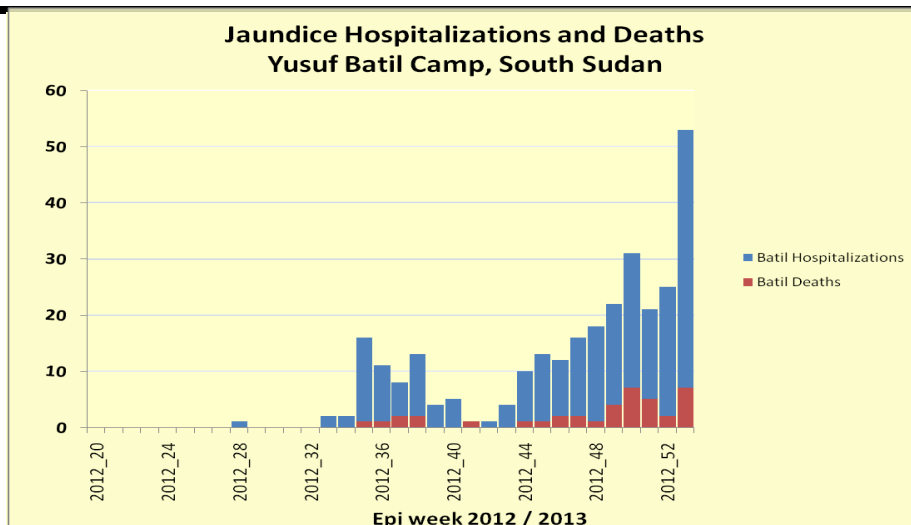
Hepatitis E Up-surge in South Sudan

The Ministry of Health and partners working in refugee camps in Maban South Sudan are reporting a significant upsurge in the number of cases of infection with hepatitis E virus among the refugees and local populations. Between epidemiological week 32 of 2012 and the first week of 2013, a total of 1434 self-reported cases presenting with acute jaundice syndrome were reported from Batil camp alone. During the same period, 70 severe cases of AJS were hospitalized in the Yusuf Batil Camp. Seven of the cases were fatal. 52% of samples sent to Kenya tested positive for hepE virus. MOH, UNHCR, WHO are responding to the outbreak.

Editorial note

An outbreak of acute jaundice syndrome (AJS) was first reported from South Sudan in camps hosting refugees from neighbouring Sudan in September 2012, (*EpiMonitor Volume 5 Issue #38; 16 Sunday 26 September 2012*). The first suspected cases were detected in the last weeks of July 2012 in a health facility supported by MSF Holland in Jamam refugee camp. In subsequent weeks, more cases of AJS were reported in the rest of the settlements. At the time the outbreak was reported in September, a total of 384 suspected cases including 16 deaths (CFR = 4.2%) were reported from these camps. Initially, the cases were diagnosed as acute jaundice syndrome (AJS), but laboratory confirmation was made after samples tested in the Kenya Medical Research Institute (KEMRI) in Nairobi were positive for hepE virus.

The Ministry of Health, WHO, UNHCR and other health partners conducted several risk assessments and a lot of efforts have been made to strengthen surveillance, increase case findings and improve case management. Assessments carried out by the water and sanitation units in these camps found that the wa-



Reported cases and deaths of hepE in Maban Refugee Camps

Camp	Cases	Admit	Deaths	CFR (%)
Batil	1434	47	7	0.5
Jamam	881	53	20	2.2
Genderasa	269	44	2	0.7
Total	2584	144	29	1.1

ter, sanitation and overall hygiene in the camps were extremely poor and was the main cause of the outbreak. Since then a lot of efforts has been made to improve the water, sanitations and hygiene in the camps by MOH, the UN agencies including WHO.

The current upsurge in the number of cases of hepE in these camp despite all the efforts put by the partners to improve the water and hygiene is a cause of concern. Health educations has been increased, but recent surveys on knowledge, attitude and practice indicate that a lot still needs to be done in the areas of change in attitudes and practice. The upsurge is also coming at a time when there are fresh influx of refugees arriving in the camps, and at a time when the partners are preparing for a mass oral cholera vaccination (OCV) campaigns in these camps. It is hoped that the focus of partners and resources will not be diverted away from the control of hepE. More health education is needed.

Update on outbreaks

Novel Coronavirus in Saudi Arabia, Qatar and Jordan; **Yellow fever** in Sudan; **Hepatitis E**: in South Sudan; **WNV** in Tunisia.

Current public health events of international concern

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

Avian influenza

Egypt	[169 (60), 35.7%]
Indonesia	[190 (158), 83.1 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[21(19), 90.4%]
Global total	[610(360), 59%]

Hepatitis E

S. Sudan	[2484 (29), 1.1%]#
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Novel coronavirus

Saudi Arabia	[5 (3), 60 %]
Qatar	[2 (0)]
Jordan	[2 (2), 100%]

West Nile Virus

Tunisia	[81 (12) 14.8%]#
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Yellow fever

Sudan	[836 (168), 20%] #
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Ebola Haemorrhagic Fever

D.R Congo	[77(36), 46.7%]
Uganda	[7 (4), 57%]

CFR=Case-Fatality Rate; # Suspected cases