

Weekly Epidemiological Monitor

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Regional Office for the Eastern Mediterranean

Current major event

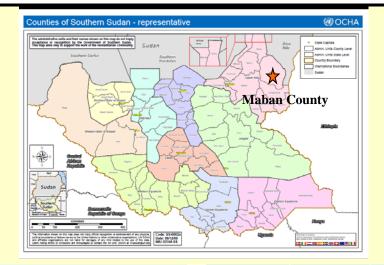
OCV mass campaign in South Sudan

A mass vaccination campaign for oral cholera vaccines (OCV) is currently on going at Maban refugee camp in South Sudan. (Please see the map). The campaign has been organized by MSF-Holland and MSF-Belgium with approval of WHO, Ministry of Health of the Government of South Sudan and United Nations High Commission for Refugees (UNHCR). Around 160,00 refugees and host population in four camps (Jammam, Gendrassa, Yusuf Batil and Doro) is targeted for this vaccination campaign. A joint MOH, WHO and UNHCR team participated in monitoring the second round of the campaign from 17-23 January 2013.

Editorial note

This has been the largest preventive campaign using OCVs in the Eastern Mediterranean Region. The first such mass campaign was organized in 2004 in Darfur amongst the internally displaced populations (IDPs). From the initial observations made, the oral cholera vaccine mass campaign in the four refugee camps and host communities at Maban County was well planned and executed. Both MSF-H and MSF-B prepared well for the campaign in terms of community mobilization and the overall campaign organization. The vaccination posts visited were well structured and orderly. The vaccine was generally well tolerated and accepted by the community. The result of the first round coverage in Jamam, Gendrassa and Yusuf Batil at 94.2% was quite impressive (see table).

There were minor problems experienced during the campaign, most of it related to the cold chains, the vials, vaccine and the host community population data. The issues related to the Welfrost refrigerators, vaccine vials, viscosity and packaging will be brought up with the manufactures and will provide the feedback needed for improvement of these products. However, the success of this mass vaccination campaign should not lead to complacency and a false sense of secu-



First round OCV coverage by MSF-Holland

Location	Total Popu- lation	Target Popula- tion	Vacci- nated Popula- tion	Vaccination Coverage (%)
Batil Camp	39,278	37,809	36,234	95.8%
Batil Host	5,069	4,879	2,583	52.9%
Gendrassa Camp	15,887	15,293	15,954	10.32%
Jammam Camp	14,465	13,924	13,185	94.69%
Jammam Host	8,110	7,807	7,136	91.41%
Total	82,809	79,712	75,092	94.20%

rity and protection against cholera. The vaccine used in the campaign is new (Shanchol) and been WHO pre-qualified in 2011. Its efficacy in prevention and mitigation of cholera outbreak and in producing herd immunity is not well documented. Therefore, the well known effective traditional measures used to control cholera and other foecal-oral infections must continue in these camps and in the host communities.

As WHO's position on OCV is clear, to use only as a supplementary measure in addition to other well-proven public health interventions, every efforts must be geared up to promote hygiene, improve access to pure water and safe sanitation practices in the refugee camps. This is particularly true as there is an ongoing outbreak from hepatitis E infections in the camps. Surveillance will remain the key in control of cholera and other water-borne infections and a such, all implementing partners must remain vigilant and enhance surveillance for cholera and other diarrheal diseases.

Update on outbreaks

in the Eastern Mediterranean Region

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	[170 (61), 35.88]
Indonesia	[190 (158), 83.1 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[21(19), 90.4%]
Global total	[611(361), 59.1%]

Hepatitis E

S. 5	Sudan	[3347 (78),2.3%]#
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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.%]	ŀ
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Yellow fever

Sudan	[849 (171), 20.2%] #
Ebala Haamanub	ania Farran

Ebola Haemorrhagic Fever

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

CFR=Case-Fatality Rate; # Suspected cases