

Current major event

Hepatitis E outbreak continues in South Sudan

The hepatitis –E outbreak reported from refugee camps in Maban county of South Sudan (*Weekly Epi Monitor, Vol-6, Issue no: 01, 06 January 2013*) continues to spread amongst the refugee populations. Between epidemiological week no 32 of 2012 until 16 February 2013 (week no 6 of 2013), 6,340 suspected cases of Acute Jaundice Syndrome (AJS) including 121 deaths (CFR: 1.9%) were reported from this outbreak. The outbreak has been laboratory-confirmed to be caused by Hepatitis E Virus (HEV) infection.

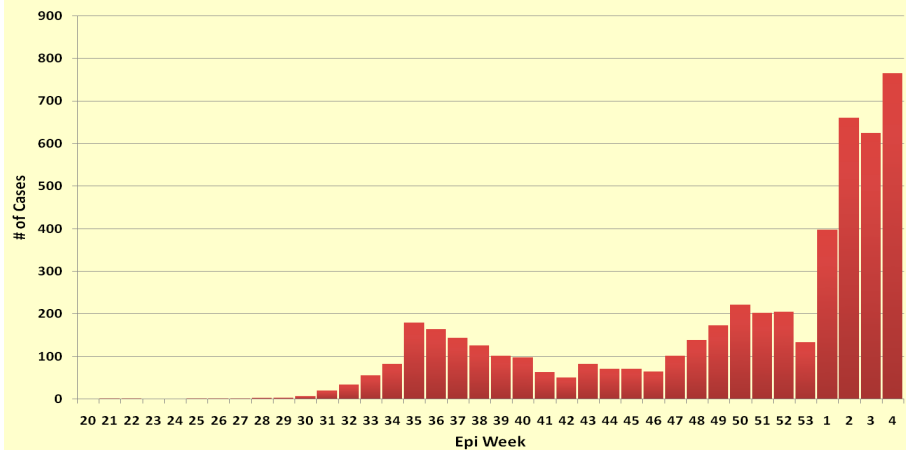
Editorial note

The outbreak caused by HEV infection in the refugee camps of Maban county in South Sudan has been escalating since the beginning of this year (Please see the epidemic curve). In some epidemiological weeks during the current year the number of cases exceeded more than 600 cases on an average. Although the overall case fatality rate has not increased (1.9%), the increasing trend and incidence of AJS caused by HEV infection are posing a major public health concern.

HEV is responsible for large epidemics of acute hepatitis in some countries in the Eastern Mediterranean Region. In the past, big epidemics from HEV infection were reported from Darfur region of Sudan and also from Pakistan in the EMR. In addition, sporadic cases were also reported from a number of other countries in the region.

HEV principally spreads by the faecal-oral route (usually through contaminated water) and presents after an incubation period of 8-10 weeks with a clinical illness resembling other forms of acute viral hepatitis. Clinical attack rates are the highest among young adults. Asymptomatic infections are also known to occur. Although the mortality rate is usually low (0.07-0.6%), the illness may be particularly severe among pregnant women with mortality rates reaching as

Suspected AJS cases reported from Maban refugee camps, South Sudan, 08 July 2012-30 January 2013



Suspected cases of HEV infection reported from refugee camps in South Sudan (Data upto 30 January 2013 only)

Camp	Cases	Deaths	CFR (%)
Batil	2986	73	2.4
Jamam	1230	25	2
Genderasa	520	3	0.6
Doro	45	2	4.4
Yada	89	4	4.5

high as 20 –25%. Ensuring a clean drinking water supply remains the best preventive strategy.

This outbreak is, to our knowledge, possibly the largest outbreak from HEV in the region. The outbreak started as a result of poor environmental health and hygiene conditions in the refugee camps. These refugee camps were set up to accommodate the refugees migrating from the neighbouring Blue Nile State of Sudan owing to ongoing conflicts in the area. The current upsurge of HEV infections reflect poor water and sanitation situation in the refugee camps.

The current worsening situation of HEV infection needs to be tackled with a comprehensive public health response from all agencies involved in protecting the health of the refugee populations and that too with a sense of urgency. In case the outbreak spills over into the neighbouring countries, this can have severe public health implications which needs to be avoided at any cost.

Update on outbreaks

in the Eastern Mediterranean Region

Novel Coronavirus in Saudi Arabia; **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	[192 (160), 83.3 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[26(23), 88.4%]
Global total	[620(367), 59.1%]

Hepatitis E

S. Sudan	[6340 (120), 1.9%] [#]
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Novel coronavirus

Saudi Arabia	[5 (3), 60 %]
Qatar	[2 (0)]
Jordan	[2 (2), 100%]
UK	[3 (1), 33%]

West Nile Virus

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

Sudan	[849 (171), 20.2%] [#]
Chad	[139 (9), 6.4%]

CFR=Case-Fatality Rate; [#] Suspected cases