

Current major events

Cholera outbreak in southern Sudan

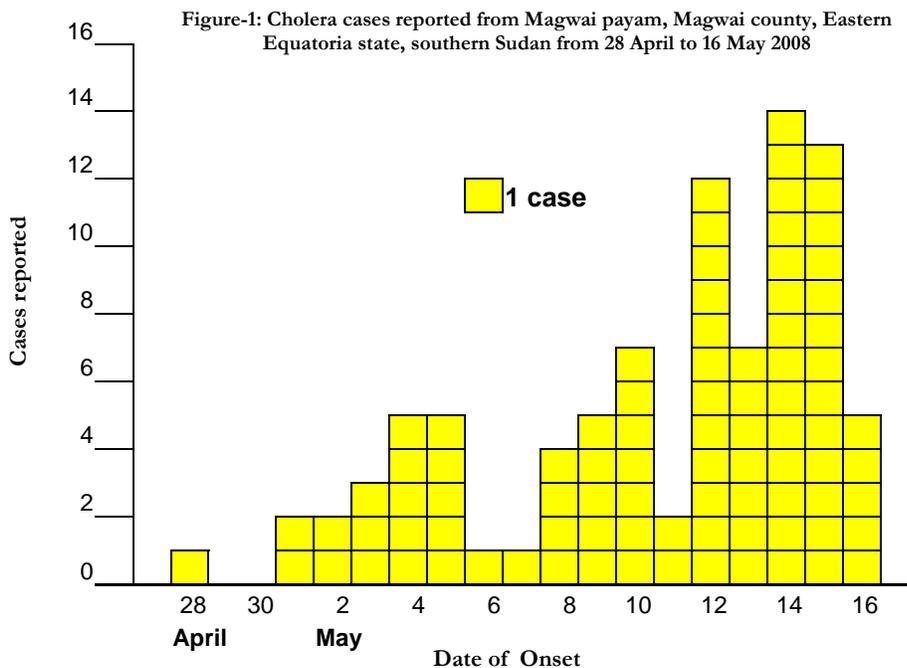
During the later part of May 2008, an outbreak of cholera was confirmed at Magwi county of Eastern Equatoria state, one of the 10 states of southern Sudan. The laboratory test done on stool samples at the AMREF laboratory in Kenya isolated *Vibrio cholerae* 01 serotype *Ogawa* as the causative pathogen for this outbreak. The Ministry of Health of southern Sudan reported a total number of 181 suspected cases of cholera including 18 deaths (CFR:10%) between 28 April to 17 May 2008. Most of the cases are clustered around three payams of Magwi county– Magwi Center, Pajok and Owinyikibul.

The source of infection for this current outbreak has been presumed to be contaminated water and environmental risk factors like use of river water contaminated with human waste, poor sanitation in the affected areas have been identified as the main reason for propagation of this outbreak.

Editorial note

As the health systems of southern Sudan is recovering from protracted civil war and conflict, cholera continues to plague the country and remains as one of the major public health threats to its population. After the end of the civil war, ever since the first outbreak of cholera was reported from southern Sudan in 2006, the disease has remained entrenched in most of the states of southern Sudan presenting unprecedented challenges to its health systems.

Cholera is generally transmitted by the faecal-oral route-with the main risk being contaminated water supplies-and probably affects about 20% of those exposed. Of this group approximately 10% will become severely affected. Case fatality rates in severely ill patients can be up to 50% if untreated, although in treated patients, it should be less than



Strategies for cholera outbreak control

- Strengthening surveillance to monitor the progression of the epidemic;
- Improving case management to ensure standardized care;
- Controlling environmental risk factors for reduction of exposure;
- Educating community about the risk of transmission of the disease in order to interrupt transmission

1%. The high case-fatality rate of cholera observed in this recent outbreak in Magwi county probably reflects limited access of cholera patients to basic health care services.

Since multiple risk factors like population movement, poor coordination among humanitarian agencies, destroyed infrastructure, collapsed health systems, disruption of disease control programs, and impeded access to health care are known to enhance emergence and transmission of infectious diseases like cholera, the best way to break the chain of transmission of cholera outbreaks in situations like that of southern Sudan would be to focus on simple and inexpensive interventions at the community level like hand washing and boiling of water.

Update on outbreaks

in the Eastern Mediterranean Region

Dengue: in Yemen; **Myiasis:** in Djibouti; **Cholera:** reported from southern Sudan;

Current public health events of international concern

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

Avian influenza

Egypt [50 (22), 44%]

Indonesia [133 (108), 81.2%]

Cholera

Sudan (South) [183 (19), 10.4%]

Dengue fever

Yemen [1001 (?), ?%]

Myiasis

Djibouti [932(0), 0%]

Yellow fever

Chad [12(0), 0%]*

C.A.R. [8(0), 0%]

VHF

D.R. Congo [9(3), 33.3%]

(*=Unofficial figures)
CFR=Case-Fatality Rate