Republic of South Sudan

EARLY WARNING AND DISEASE SURVEILLANCE BULLETIN (IDP CAMPS AND COMMUNITIES)

Week 19 **5th – 11th May 2014**

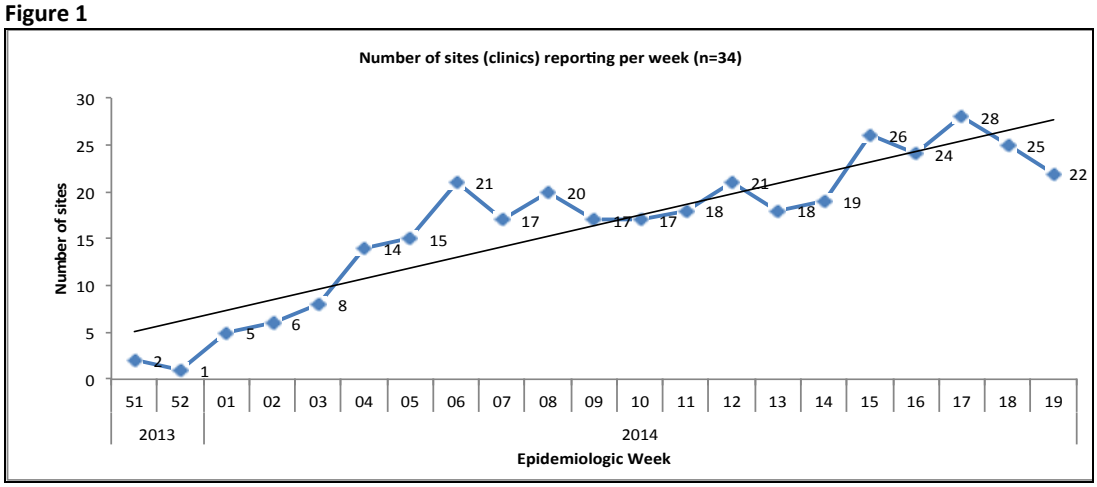
General Overview

- In week 19, reporting completeness declined from 76% to 65% while timeliness improved from 46% to 60% as compared to week 18.
- Acute respiratory infection (ARI), malaria, and acute watery diarrhea (AWD) continue to account for the highest disease risk in the IDP camps in week 19.
- Hepatitis E Virus cases have increased to twelve (12) in Awerial, Mingkaman; highlighting the need to improve access to safe drinking water, sanitation, and hygiene in IDP camps with targeted interventions for pregnant women.

Completeness and Timeliness of Reporting

- Completeness of reporting declined from 25 (76%) during week 18 to 22 (65%) in week 19. (Figure 1).

Figure 1

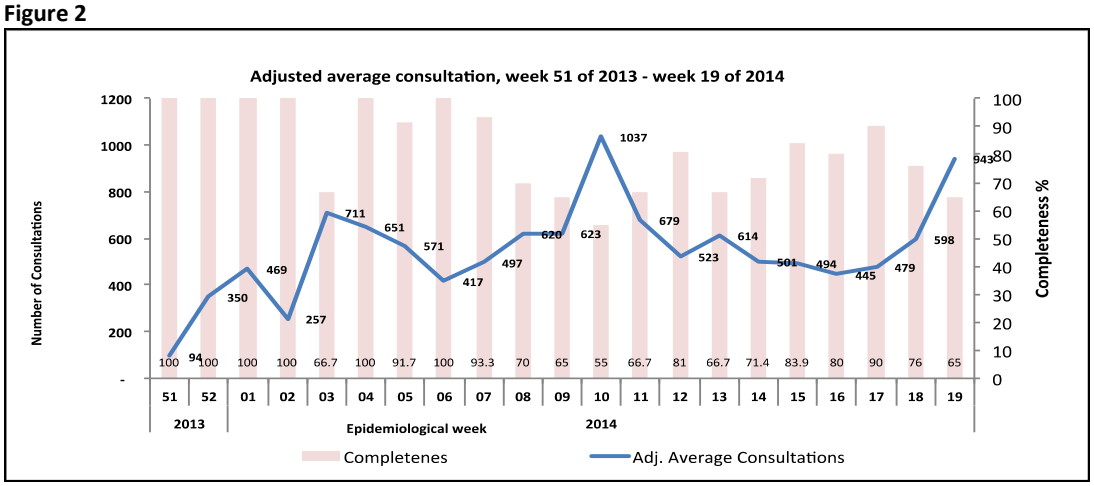


- Twelve health facilities did not submit their IDP consultation reports, namely: Rubkona PHCC - CARE, Walgak-NDHF, Bentiu State Hospital, Bor - IRC, Bor State Hospital, Nasir - MSF-OCA, UN House - MSF-OCB, UN House-THESO, Lang bar mobile -SMC, Mingkaman CCM, and Malakal UNMISS**.**
- The reporting timeliness has improved from 15 (46%) in week 18 to 18 (60%) in week 19. Health facilities are reminded to submit their IDP consultation and mortality reports by **COB on Monday**.

Consultations (All patients seen at Outpatient and Inpatient)

- The number of consultations continues to rise. In week 19, 20750 consultations were reported as compared to 17466 in week 18. This may be attributed to the fact that more facilities and mobile clinics have been opened to serve the increasing number of IDPs.
- A corresponding increase in average consultations per site was registered in week 19 as compared to week 18 (Figure 2).

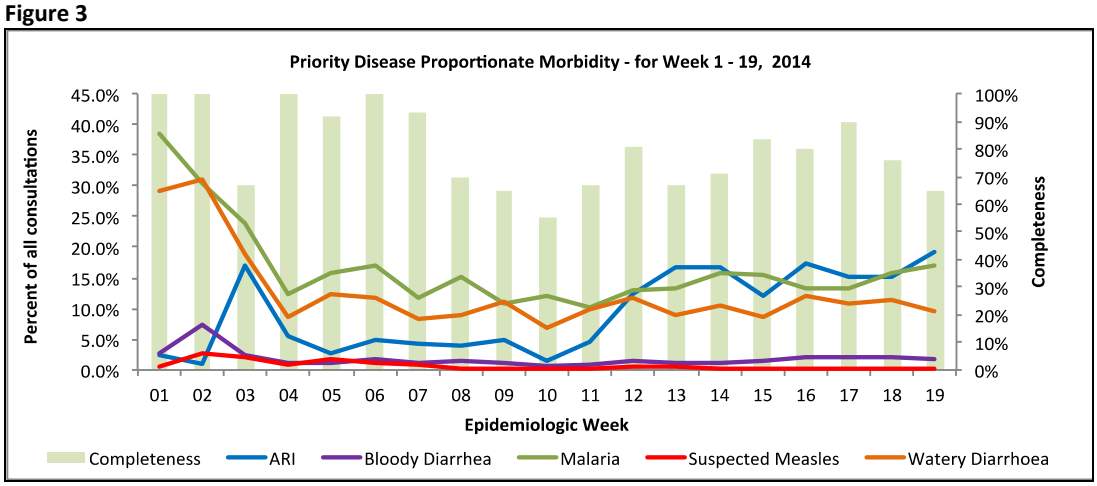
Figure 2



Overall Trends of Priority Epidemic-prone Diseases

- Figure 3 shows the proportionate morbidity trends for malaria, Acute Respiratory Infection (ARI), Acute Watery Diarrhoea (AWD), suspected measles, and Acute Bloody Diarrhoea (ABD) in the IDP camps and communities. ARI, malaria, and AWD have continued to account for the highest proportion of the disease burden among IDPs.

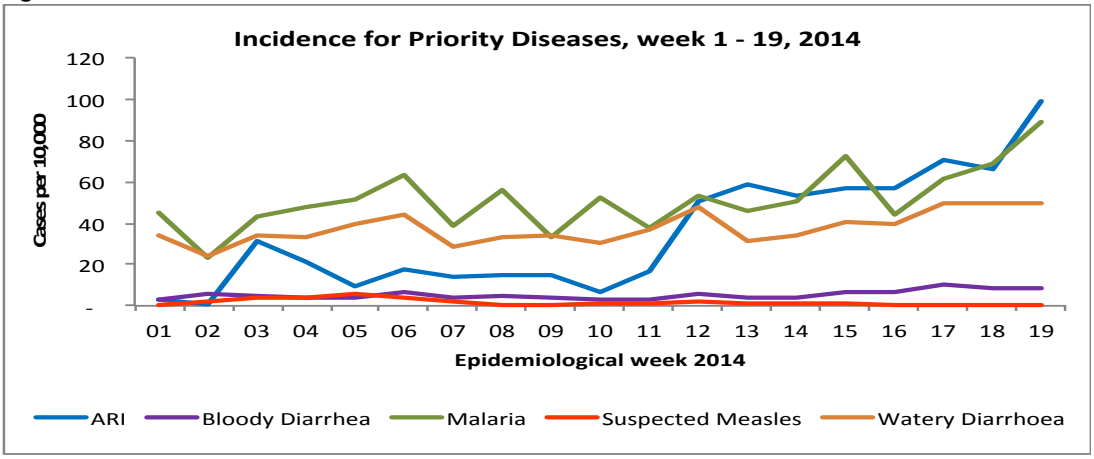
Figure 3



- Since December 2013, the following cumulative cases have been reported:
  - Malaria 36674
  - AWD 26195
  - ARI 25239
  - ABD 3919
  - Measles 1180

- As seen from figure 4, ARI, malaria, and AWD were the top causes of morbidity in week 19. The incidence for ARI and malaria in week 19 represents an increase from week 18 while the incidence for bloody diarrhoea and AWD remained the same. This week, ARI had the highest reported incidence. (Figure 4).

Figure 4

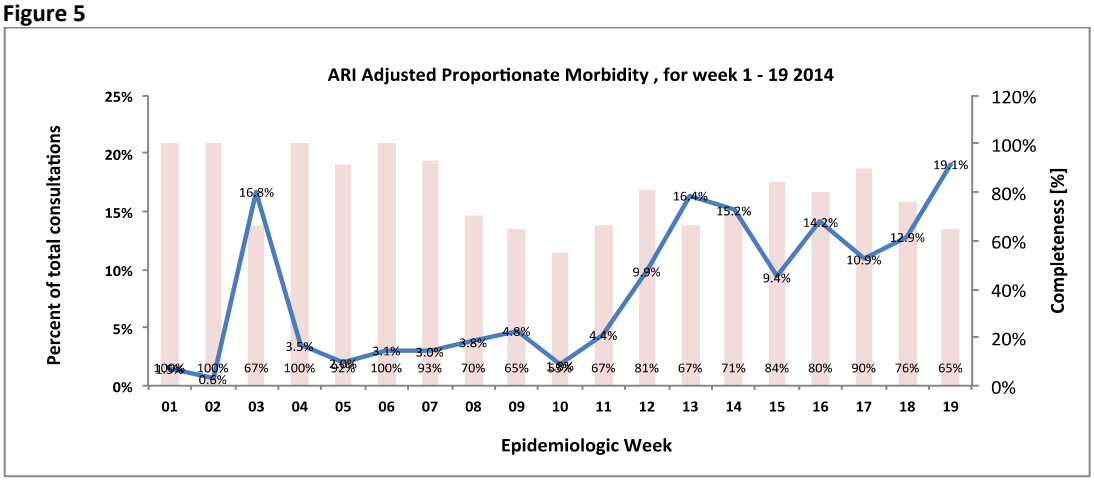


Specific Priority Epidemic-Prone Diseases

Acute Respiratory Infection

- As shown in Figure 5, ARI has remained a top cause of morbidity among IDP populations and registered the highest proportoinate morbidity of 19% and incidence (99 cases per 10,000 population) in week 19.
- During week 19, 3969 ARI cases were reported with the highest ARI incidence (cases per 10,000) reported in Bentiu (224), UN House (166), and Awerial (67).

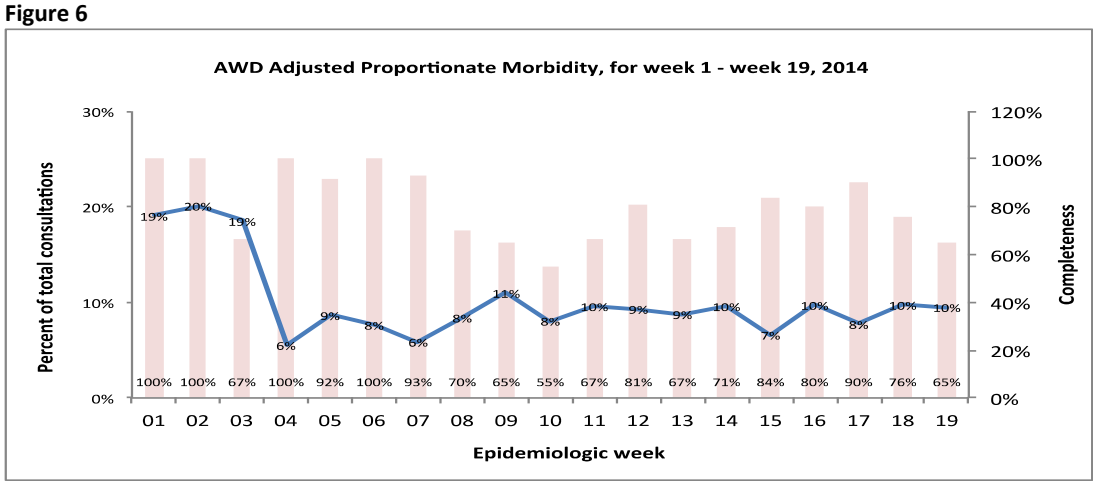
Figure 5



Acute Watery Diarrhea

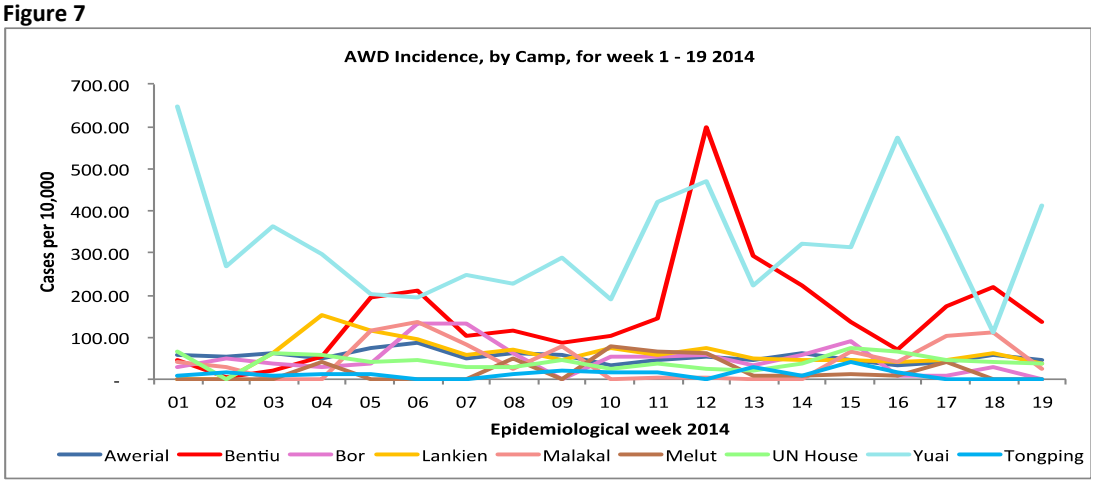
- The AWD proportionate morbidity decreased from 11.4% to 9.5% and the overall AWD incidence (cases per 10,000) decreased from 50 to 49 in week 19 as compared to week 18. Figure 1 shows trends of AWD.

Figure 6



- During week 19, 1973 cases of AWD were reported with the highest AWD incidence (cases per 10,000) reported in Yuai (411), Bentiu (135), UN House (38.4), and Lankien (38.13) (Figure 7).

Figure 7



- Clinics are encouraged to collect stool samples from all patients presenting with ≥3 loose watery stools per day with or without dehydration for laboratory culture and drug sensitivity testing.

Dysentery / Acute Bloody Diarrhea

- Figure 8 shows Acute Bloody Diarrhoea (ABD) trends during week 1-18 of 2014 in 2014. ABD morbidity increased steadily from week 10.
- Figure 9 shows ABD incidence trends by campsite from week 1 to week 18. During the period, the highest incidence of ABD has been reported in Juba 3 UN House camp as compared to other camps.
- During week 19, 357 ABD cases were reported with the highest ABD incidence (cases per 10,000) being reported in Juba 3 UN House (46), Melut (28), and Malakal (18).
- These ABD trends highlight the need to improve access to safe drinking water and sanitation facilities in all IDP camps. In addition, stool samples should be collected from patients presenting with ABD to facilitate laboratory confirmation of the etiology which will lead to better clinical case management and initiation of tailored public health interventions.

Figure 8

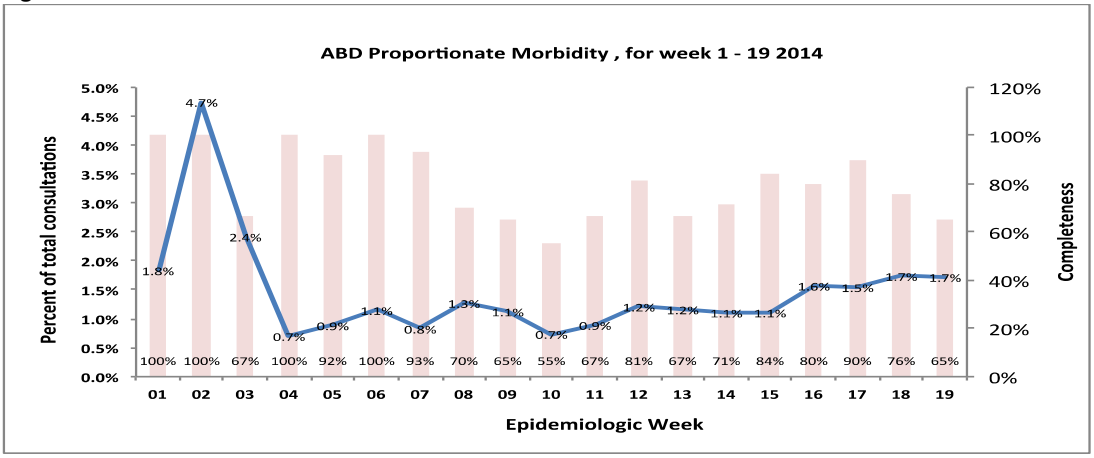
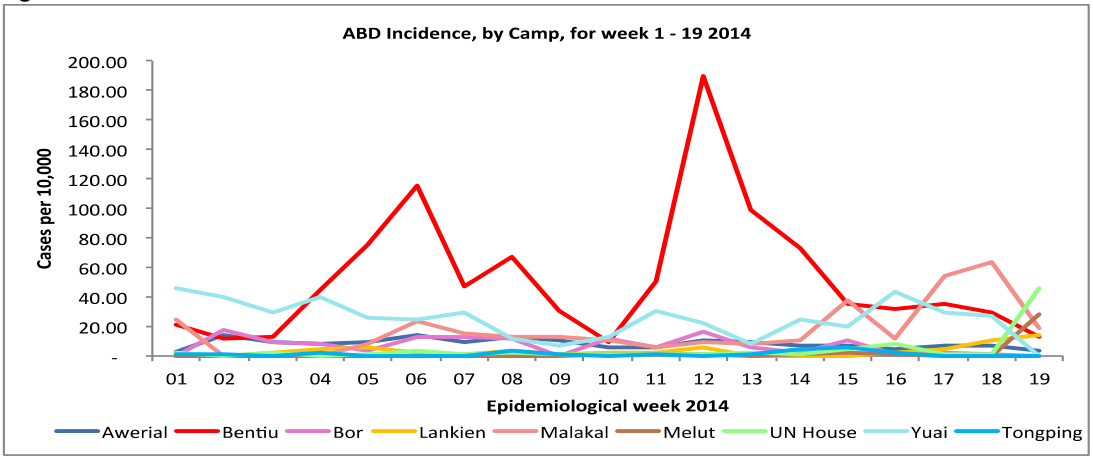


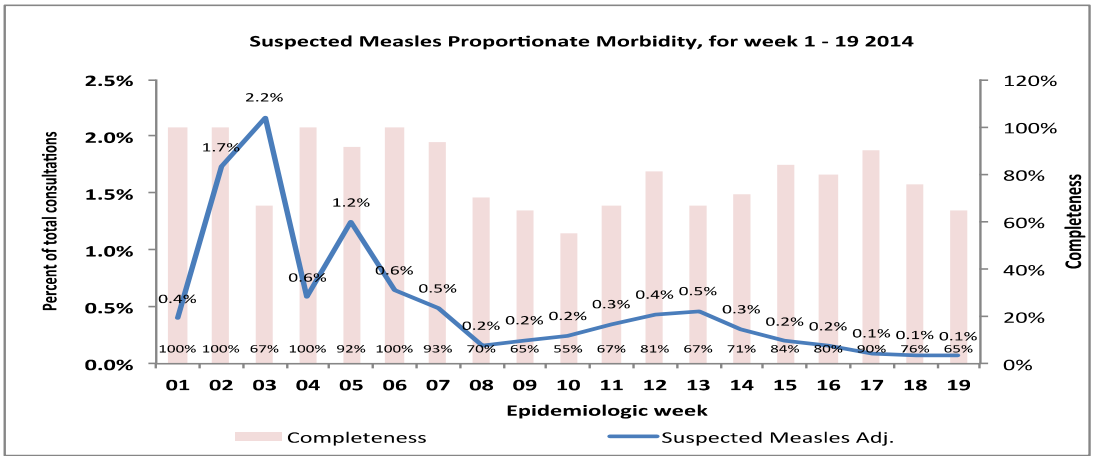
Figure 9



Measles

- Since week 5, there is a decline in measles trends, which may be attributed to the vaccination campaigns conducted in UN House and Tongping IDP camp, Bor, Yuai, Lankien, Cueibet, as well as the national integrated Polio-measles and vitamin A vaccination campaign during 23-30 April 2014. (Figure 10).
- In week 19, of the 14 measles cases reported, eight were from Awerial, three from Lankien, two from Yuai, and one from Renk.

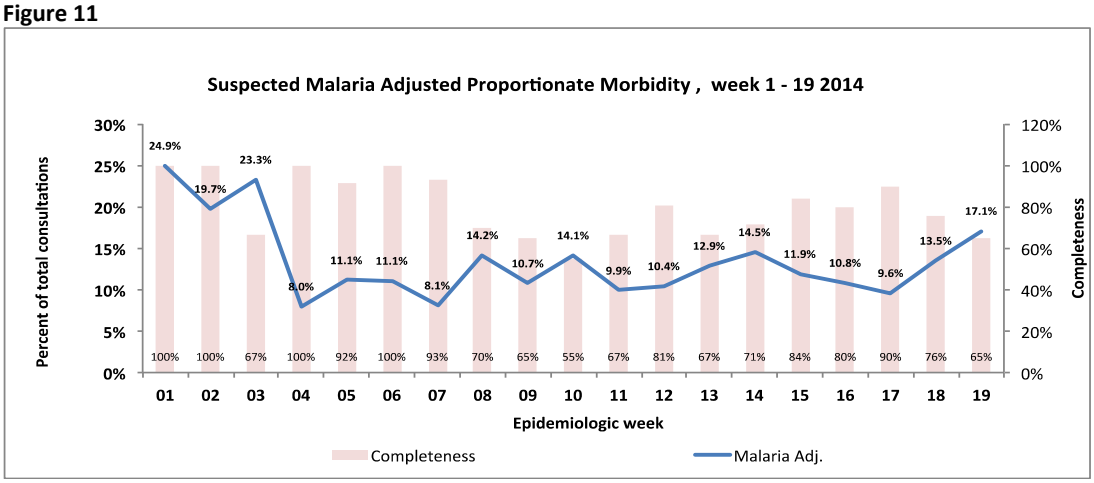
Figure 10



Malaria

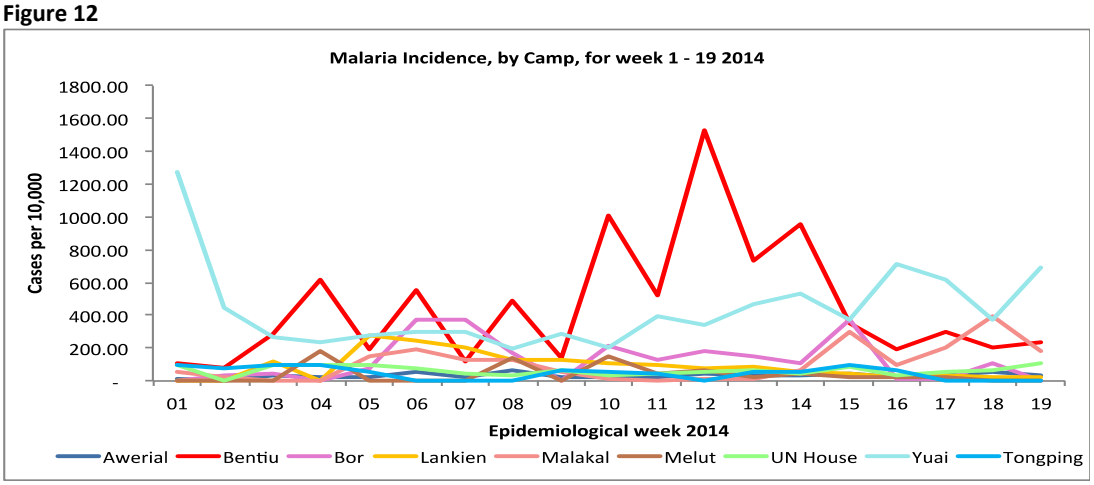
- Since week 17, reported cases of malaria have been increasing (Figure 11). In week 19, malaria recorded the second highest proportionate morbidity of 17% and incidence (89 cases per 10,000). The malaria incidence (cases per 10,000) increased from 69 in week 18 to 89 in week 19.

Figure 11



- During week 19, a total of 3543 malaria cases were reported with the highest malaria incidence (cases per 10,000) being reported in Yuai (686), Bentiu (235), Malakal (182), and UN House (109). (Figure 12).
- Malaria prevention and control interventions should be strengthened in the camps with priority accorded to eliminating vector breeding grounds, IRS activities, distribution of insecticide treated bed nets, as well as prompt and effective management of all cases.

Figure 12



Hepatitis E Virus (HEV)

- Of the twelve cases of acute jaundice syndrome reported from Awerial, eleven were from Mingkaman and one from Ahou village. The initial case was reported on 16th March 2014 from Mingkaman. One case was laboratory confirmed HEV positive by PCR and ten other cases were positive by HEV rapid diagnosis testing. Enhancing water, sanitation and hygiene standards should be prioritised in all IDP camps.

- Targeted interventions for pregnant women including improving antenatal care attendance, health education on HEV prevention and control, and the need seek healthcare promptly following the onset of disease symptoms should be initiated in all the camps.

Other diseases of public health importance

- On 15 May 2014, the Ministry of Health declared an outbreak of cholera in Juba affecting several suburbs. The cases are being managed in the Juba Teaching Hospital cholera treatment centre and efforts are underway to interrupt the ongoing community transmission.
- There were no VHF, NNT, cases reported during week 19.

All-Causes Mortality Data

- In week 19, of the 15 deaths reported, seven were from Bentiu, three from Mingkaman, one from UN House, and four from Tongping. Of the 15 deaths reported, 6 (40%) were reported among children under-five years of age. The causes of death during week 19 are shown in Table 1

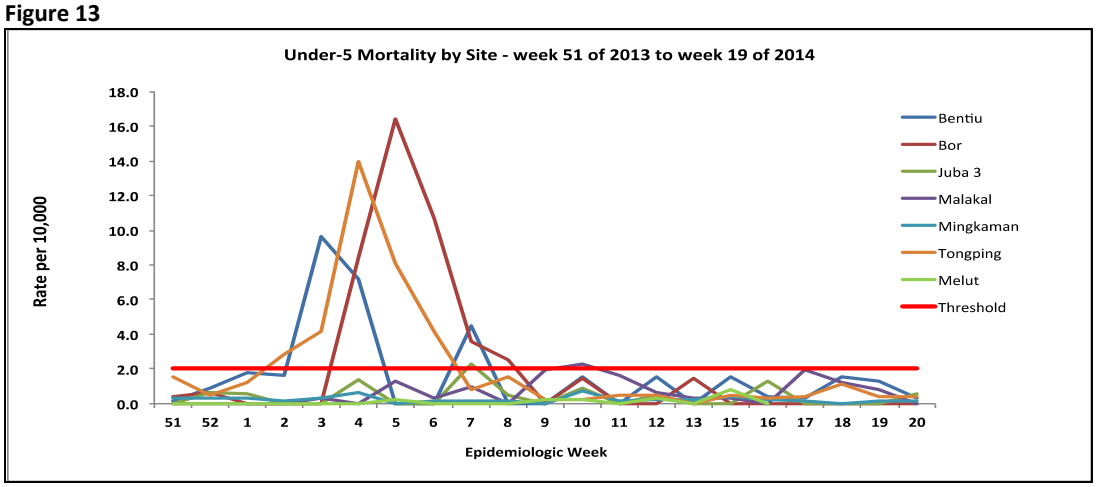
Table 1

Cause of death	Age in years		Grand Total
	<5 yrs	≥5yrs	
Acute watery diarrhoea	0	1	1
Cardiopulmonary arrest	2	0	2
Gunshot wound	1	2	3
Heart failure	0	1	1
Hypovolemic shock	0	1	1
Malnutrition	1	0	1
Perinatal death	2	0	2
Pulmonary embolism	0	1	1
Renal failure	0	1	1
Sepsis	0	1	1
Intoxication	0	1	1
Grand Total	**6**	**9**	**15**

Under-five Mortality Rate

- The under-five mortality rates (U5MR) from week 51 of 2013 to week 19 of 2014 are shown in figure 13. Overall, U5MR during week 19 remained below the emergency threshold (≤ 2 case per 10,000 population per day) all the IDP camps (figure 13).

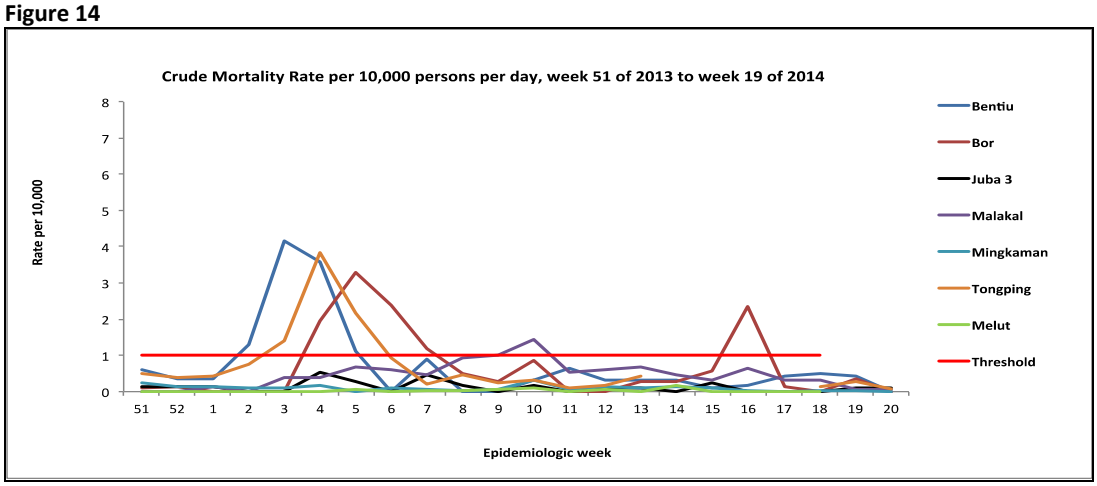
Figure 13



Crude Mortality Rate

- The crude mortality rates (CMR) for week 19 are shown in figure 14. During week 19, the CMR in all the IDP sites were below the emergency threshold of 1 case per 10,000 per day.

Figure 14

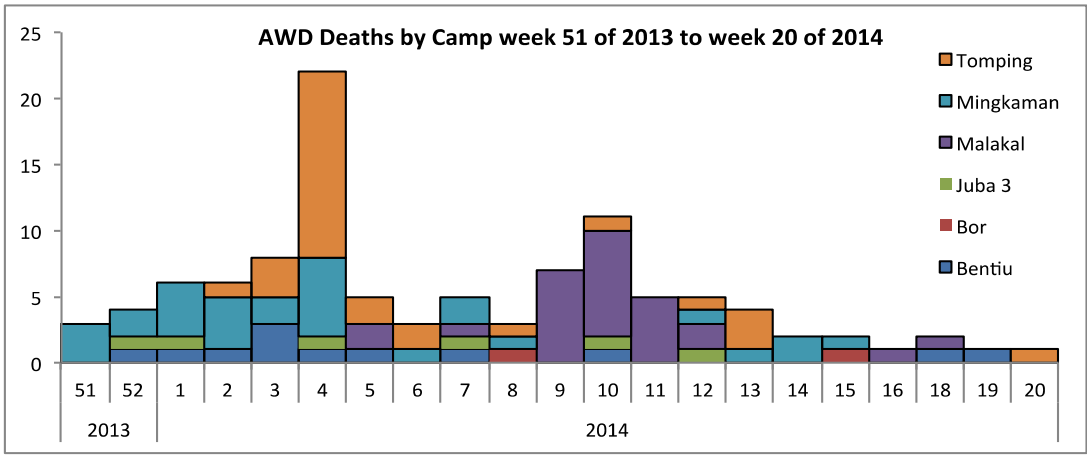


Disease Specific Mortality

Acute watery diarrhoea related deaths

Figure 15 shows the mortality due to ADW from week 52 in 2013 to week 20 in 2014. AWD has caused the highest number of deaths with a cumulative of 106 reported deaths. Majority of AWD related deaths have been reported from Mingkaman (30), Tongping (29), Malakal (27) and Bentiu (12).

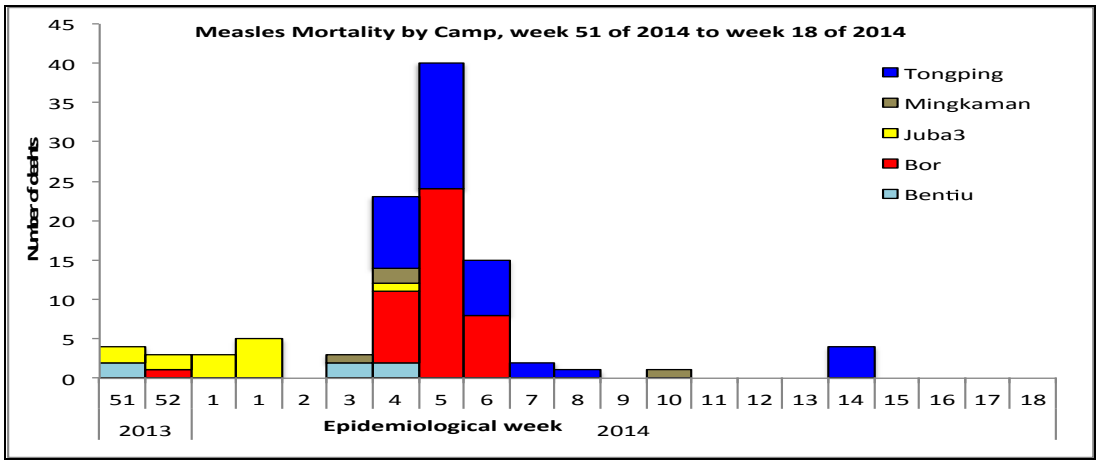
Figure 15



Measles related deaths

Figure 16 shows the mortality due to measles from week 52 of 2013 to week 18 of 2014. However, since week 14, no new measles related deaths have been reported. Measles has caused the second highest number of deaths with a cumulative of 92 reported deaths. Majority of measles related deaths have been reported from Bor (42) and Tongping (37).

Figure 16



General Recommendations

- **Cholera preparedness and response activities should be enhanced countrywide.**
- **Suspect cases of AWD in persons aged ≥5 years should the prioritized for laboratory investigation.**
- **Partners are urged to strengthen public health prevention and control measures for malaria, ARI, AWD (including cholera), ABD, and Hepatitis E virus (HEV).**
- **Vaccination of new arrivals and routine immunization in IDP camps and PoCs to prevent future outbreaks should be strengthened.**
- **Surveillance and preparedness planning for HEV should be enhanced in Awerial and other IDP camps.**

- **Malaria preventive interventions and case management should be enhanced in Bentiu since it has persistently registered the highest malaria incidence in the recent weeks.**
- **Please send all disease surveillance information and any outbreak rumors to outbreak_ss_2007@yahoo.com. IDSR reports and mortality line lists should be submitted by COB Monday after the close of each epidemiologic week.**

For comments or questions, please contact

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