

For Immediate Release

Contact: Dr. Abdinasir M Abubakar,

+211 914992454, abubakara@nbo.emro.who.int

Thousands of South Sudan people suffer with the Kala azar epidemic as cases rise.

Juba, 28 October 2011, (WHO South Sudan) – The Kala-azar epidemic continues to threaten thousands of lives of people in the new Republic of South Sudan as cases continue to rise.

Visceral Leishmaniasis also popularly known as kala-azar is endemic in four states of the Republic of South Sudan, namely the Upper Nile, Jonglei, Unity and Eastern Equatoria States. Thousands of people continue returning from north Sudan and settling in endemic areas, this coupled with the insecurity in the affected states restricts patients' movement to access health facilities and treatment. With the return and insecurity, the risk of over 2 million people contracting kala azar continues to worry many humanitarian actors focusing their response efforts on the epidemic. Malnutrition (which may lower the human immune system), food insecurity, poor housing, shortage of mosquito nets as a personal protective measure from sand flies, and environmental change favoring sand fly vectors, further escalates the problem.

The UN World Health Organization (WHO) is supporting the Republic of South Sudan health authorities and other health sector partners by providing and distributing medicines and laboratory diagnosis materials to main treatment sites in Jonglei, Unity, Eastern Equatoria and Upper Nile states where those infected are being treated. WHO is also supporting the training of health personnel on case management, laboratory diagnosis, and conducting surveillance. In March 2011 vector control experts from the WHO regional office conducted a rapid assessment as a base to conduct a study on the risk factors of visceral Leishmaniasis in the Republic of South Sudan, the overall vector control situation, and how this will fit the integrated vector management strategy which will guide the vector control programmes in the country.

Dr. Abdi Mohammed, the Head of the WHO office in South Sudan, highlighted that in order to strengthen the response and ensure the movement of supplies to the treatment sites during the rainy season when roads are impassable, WHO procured three boats with the financial assistance of Spanish Government. "One boat will be donated to Sudan Medical relief Project in Old Fangak to support outreach activities while the two boats will be stationed in Malakal to facilitate the movement of medical supplies and support partners in urgently responding to the outbreak" said Dr. Abdi.

Although kala azar (KA) is endemic in the Republic of South Sudan, the increased incidence in Upper Nile and northern Jonglei states were first reported in September 2009. Since then the outbreak has continued spreading to new communities and affecting more people, mainly children of less than 17 years of age. The case fatality rate due to kala azar is very high (95%) if not treated on time. The World Health Organization (WHO) and the Ministry of Health at the national and state levels in collaboration with health partners are closely working together to contain the current outbreak.

Since it was reported in September 2009, the current outbreak is one of the worst in the past two decades with over 18,000 cases and a case fatality rate of 4% recorded from 24 treatment centers in four states in

the country. The number of new cases from endemic areas has gradually been increasing since 2009, regardless of the transmission season. This has immensely contributed to the deteriorating humanitarian situation in the country.

According to the Ministry of Health - Republic of South Sudan weekly surveillance reports which WHO supports, in 2009, the number of new kala azar cases recorded were 1,915 with 6% case fatality rate. 9,695 new cases with 4% case fatality rate were recorded in 2010 and 7,827 new cases with 2.6% case fatality rate were recorded in the 9 months of 2011. The 7,827 cases recorded in the last 9 months of 2011 is almost 1/3(one third) increase at compared to 5061 for the same period in 2010.

Kala azar—or visceral leishmaniasis—is a treatable but largely neglected disease. In South Sudan where the epidemic is currently massive, three-quarters of the population have no access to basic medical care, and the health system is unable to deal with an emergency of this scale. However, WHO, MSF-Holland, Medair, Save the Children in South Sudan (SCiSS), COSV, CMA, Dioceses of Torit, SMRO, Sudan Medical Relief Organization,IMC, and Lost boys Foundation are jointly working to support the affected communities manage and deal with the epidemic.

Because of the concerted multi sectoral approach and a large effort by health partners and WHO to support to the Ministry of Health and state health authorities, the case fatality rate reduced significantly to 2.6% in 2011 as compared to the previous outbreaks in 2003 and 1990 where the case fatality rate was over 30%. The use of multi-sectoral approach where all sectors have been fully engaged in the kala azar response interventions including nutrition, Non Food Item, food, health and WASH also led to a reduced case fatality rate. Other factors that led to the decline in the case fatality rate include; increased number of health facilities providing treatment for kala azar, introduction of combination therapy and the involvement of more health partners to the outbreak response.

“In the past 9 month of 2011, 7,827 cases were admitted. However this expected to rise to 1,800 per month during this peak season between Sept- December” said Dr. Lul Riek, the Director General of Community and Public Health, Ministry of Health, RSS. In response to the disturbing trend of the epidemic, WHO continues to support the health authorities at the national and state levels to contain the outbreak and reduce the morbidity and mortality” said Dr. Abdinasir. He also added, “This year, with support from WHO new treatment centers were opened in Upper Nile State given that the disease is fast spreading in the community”.

“Old Fangak treatment center recorded the highest number of new cases since the beginning of the outbreak (2009, 2010 and 2011). This was followed by Jiech, Ayod, Lankien and Malakal. Fangak, Ayod and Khorfulus counties recorded the highest cases as compared to the other endemic counties. Although ECHO, Spanish Government, USAID and CHF have been so generous to support the kala azar response, more funds are still needed to support control sand-flies including residual spraying, wider distribution of insecticide treated nets, outreach support to the hard to reach and inaccessible areas, to expand the coverage of treatment centres and buy more medicines, diagnostic kits and nutritional supplies.

The new combination treatment of Kala azar involves daily injections of sodium stibogluconate and Paromamycin for 17 days and requires patients to stay near health facilities for observation. The disease suppresses the immune system, leaving victims vulnerable to other infections such as malaria or pneumonia.

###

To arrange for an interview with Dr. Abdinasir M Abubakar or WHO South Sudan team, please contact Ms. Pauline Ajello, Communication Officer -WHO South Sudan on ajellop@nbo.emro.who.int or +211 955873055