

**Weekly Report  
on Activities (EHA/HAC)**



**World Health  
Organization**

**Focal Point's Name:** Collins Dr OWILI

**Duty Station:** Juba – South Sudan

**Reporting Period:** 18<sup>th</sup> February to 25<sup>th</sup> February 2007

**HIGHLIGHTS**

- A team of WHO experts from Geneva arrived this week to assist the South Sudan office in responding to the on going Meningitis outbreak.
- Training for Health Workers on outbreak investigation and response to be carried out in Juba, four participants from ten states will be trained.
- A policy for population movement and returnees health have been drafted

**I. GENERAL SITUATION:**

**a) Political, social, security overview for the week**

- Whole of South Sudan is in UN Security Phase-III.

***Security***

Special Advice

Due to the high density of traffic on the road between ministries and freedom square on one side and between roundabout next to Juba hotel through Malakai and Customs Market. All UN staff members have been advised to respect the speed limit of 40 kms per hours within town and 60 kms outside town.

JUBA:

- In spite of repeated advisories about the driving discipline, UN road safety has deteriorated over the week, particularly in Juba. Two UNVs from UNMIS were involved in road traffic accident on the Jebel Kujur road, 4 km from Juba town. Luckily, there were no injuries.
- UN curfew remains in place in Juba between 2300 to 0600 hours. All staff members are advised to be indoors by 2230 leaving 30 minutes for the drivers to reach home safely.

**II. ANALYSIS & HEALTH CONSEQUENCES:**

**a) Health problems & Needs of affected populations**

**Population Movement:**

- The first ever organized returns of internally displaced persons (IDPs) from Northern Sudan to the south, with over 500 IDPs arrived in Unity State. Reception committees established by the local authorities and communities were in place, and the process was smooth. The Government, along with the United Nations and partners, plan to assist up to 90,000 IDPs to return from the north to the south in 2007.
- Measles outbreak of (6 cases) was reported from the (19 to 22 February 2007) at the Juba way station supported by IOM -hosting the “Ambororo” tribe group of 210 people of which 127 are children between 6months to 15

*Nota Bene:* Remember that the information you provide will be used in a document seen by donors and the general public- kindly explain your activities so that those who do not have the same experience and understanding of the situation and of the terminology and acronyms may understand.

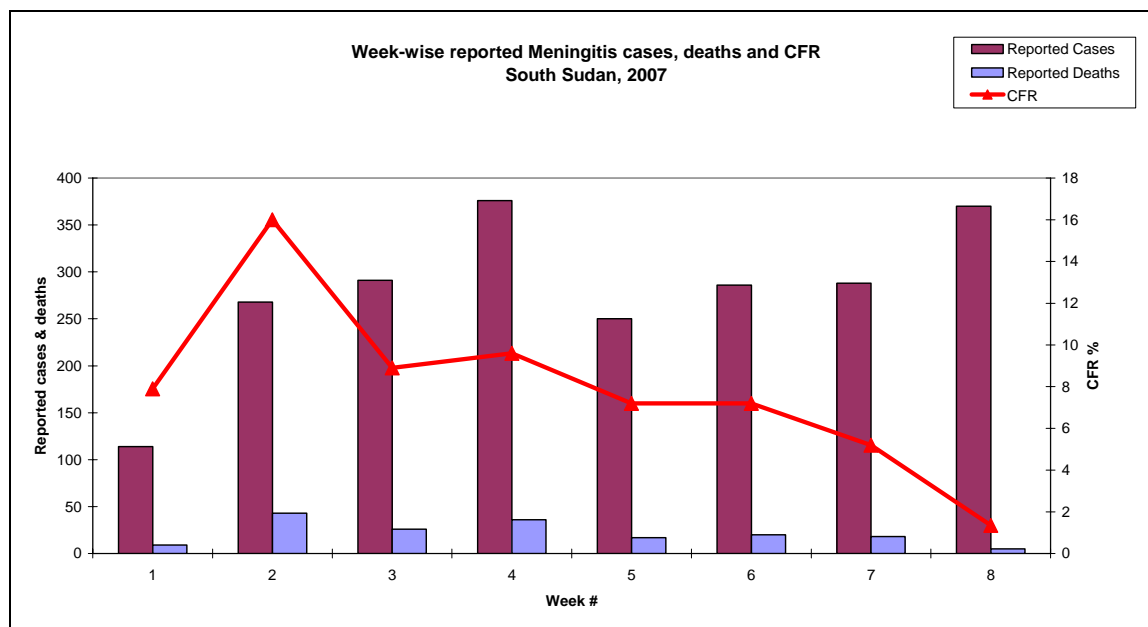
*When explaining the key words are: Who, What, Where, When and Why*

years of age.

- In response to measles outbreak, WHO/MoH- Central Equatorial state in coordination with IOM, have immunized a total number of 127 children for measles vaccines at the Juba way station.

### **Meningitis:**

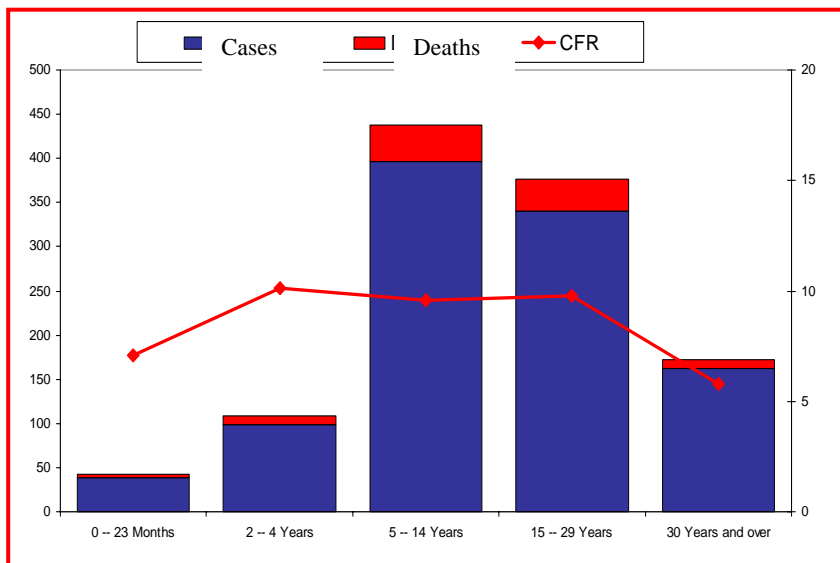
At the end of the week 8 (week ending 25 February 2007), the total number of reported cases of meningitis from South Sudan reached 2243 including 1734 deaths (CFR: 7.7%). The total number of cases reported during week 8 alone was 370 including 5 deaths (CFR: 1.35%). The cases were reported from 7 counties (table 1). Aweil in Northern Bahr el Ghazal State remains as one of the worst affected areas. MSF-F has applied and got approval for vaccines from ICG group and will conduct mass vaccination in the 3 of the most affected payams. The CFR has reduced significantly, mainly due to zero deaths reported in Aweil amongst 204 cases reported in week 8 (graph 1)



Of the 1138 reported cases in which age data was available 72% of the cases (815) were aged 5 to 29 years old. The highest CFR was observed among the age group 2 to 4 years old (graph 2). Timeliness and completeness of the surveillance reports continue to remain a major constraint in analyzing the epidemiological situation

Partner NGOs on the ground and health facilities have been requested to send timely reports in the standard formats distributed by MOH/GOSS

**Graph 2: Age distribution of meningitis cases, deaths and CFR, South Sudan 2007**



**Vaccination update:**

WHO-HQ has revised the vaccine request proposal submitted by MOH/GOSS and WHO-Juba. The request is circulated amongst the ICG members for consideration. The total doses that remained after it was revised is now 295,533 doses of bivalent A/C vaccines to cover the following counties and respective payams:

| <b>County</b> | <b>Payams</b> |
|---------------|---------------|
| Juba          | Wunduruba     |
| Magwi         | Nimule        |
| Rumbek        | Rumbek, Wulu  |
| Tonj          | Thiet         |

According to the ICG, the above mentioned areas are those that have crossed the epidemic threshold and are currently experiencing the epidemic. However, the latest report from ICG indicates that some members of the group are considering a late request sent by MSF-F for the vaccination of three payams (Juba, Kator and Muniki) in Juba County.

Micro-plans of vaccination campaign (personnel, logistics, cold chain, accessories, social mobilization, budget, etc) in above-mentioned areas need to be finalized as soon as possible by the county and state health administration.

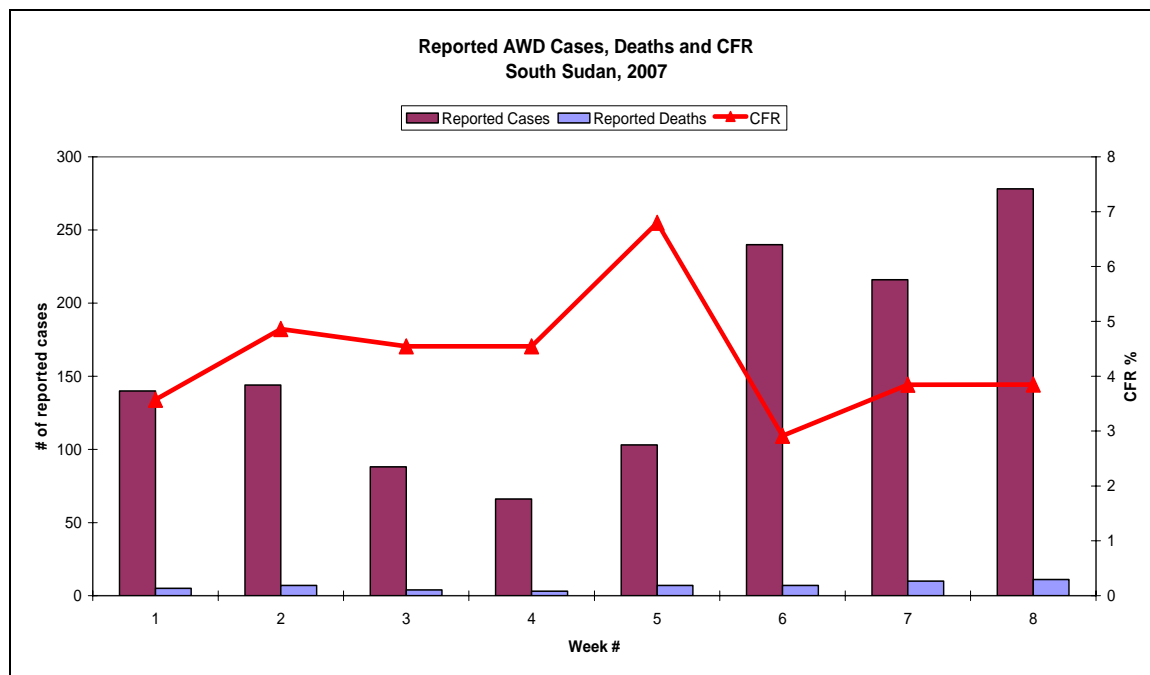
Some of the other highly affected areas have been already immunized and/or are being immunized by partner NGOs, FMOH and SMOH teams.

Epidemiological situation will be closely monitored in payams and counties that have yet not been included in any vaccination campaign. Request proposal for vaccine will be made to ICG immediately, if they reach/exceed the alert/epidemic

threshold based on reported epidemiological information.

### Cholera:

- 1,115 cases of AWD including 43 deaths (CFR: 3.85%) have been reported so far from 3 states of south Sudan (Upper Nile, Eastern and Central Equatoria) in the current year.
- A total of 278 cases of Acute Watery Diarrhoea including 11 deaths were reported from two states (Upper Nile & Central Equatoria) during the week 8 (CFR: 3.95%). The number of suspected cholera cases reported from Juba town increased from 93 cases during week 7 to 176 cases including 4 deaths in week 8.



- Construction of a cholera treatment center (CTC) in Juba is near completion in a separate area. There is urgent need to complete this construction relocate the CTC/isolation facility from Juba Teaching Hospital to separate these cases and avoid cross infections among the patients.

### III. ACTIONS (in relation or response to the issues mentioned above):

- a) **WHO activities** (field trips, assessments, gap filling, coordination, information sharing, training, etc.) & **needs** (Human resources, material, infrastructure)
- A two-day training programme on outbreak investigation and response has been planned by WHO and MoH/GoSS for key personnel of all 10 states. The activity is scheduled for 2<sup>nd</sup> and 3<sup>rd</sup> March 2007, which will be facilitated by experts from WHO Geneva, EMRO and Sudan.
  - 4 participants, -persons from technical areas of surveillance, lab, clinical and social mobilization) from each state are being invited to Juba to participate in this training activity.

- The training is expected to build capacity of the states in outbreak investigation and response for epidemic prone diseases in general and meningitis in particular. A total number of 40 participants will be trained.

### **Nursing and Allied Health**

- In a meeting with Juba nursing school and ICRC, which has been supporting the school, the problems identified in implementation of the newly developed curriculum, as well as clinical training and evaluation of students were discussed.
- WHO/MoH has organized a meeting, to discuss the plan to improve the mentioned gaps.
- Meanwhile, WHO has started participating in teaching some of the courses in Juba nursing school.

### **Coordination:**

- WHO participated in a planning meeting for the key agencies (UN-RRR, IOM, UNHCR) supporting the returnees, held at Juba to discuss the policy on the population movement during the ongoing meningitis outbreak.
- IOM informed that 25,000 vaccine doses have been made available by WHO/FMoH to vaccinate the South Darfur organized returnees to N-BeG. WHO indicated that 17% wastage is normally considered for planning purposes. This allows for vaccination of approximately 20,750 returnees, adequate to cover the group transported by IOM, as well as the groups assisted by the Churches and other partners.
- Recognizing that available vaccine doses may not be enough at this stage, it was suggested that all organized return movements to or from *epidemic* areas should take first priority among the organized returnees. Returns to/from these areas should be discouraged if pre-departure vaccination is not feasible; in planning for convoys, these areas should be put on hold until vaccination is possible.
- Movements to and from non-epidemic areas (including alert areas), as well as movements to and from epidemic areas where adequate vaccination campaigns have been conducted, take second priority. These returnees should be vaccinated if vaccines are available, but movements should not be stopped/ postponed if vaccines not available. High alert areas should be dealt with on a case-by-case basis.