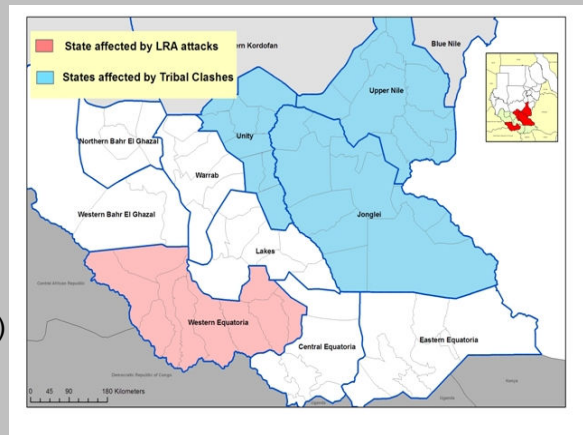




HIGHLIGHTS

- An inter-agency assessment mission was conducted in Minkamman, Awerial county from 11 to 13 November 2009.
- More than 900 Kala azar patients are being treated in health facilities in Malakal, Old Fangak, Pibor, Rom, Melut and elsewhere. WHO and the Ministry of Health of the Government of Southern Sudan (MoH/GoSS) are procuring additional diagnostic tests.
- Suspected malaria cases are on the rise in Central Equatoria, Warrap and Northern Bahr El Ghazal (NBEG) States.
- One suspected measles case was reported in Wau, Western Bahr El Ghazal (WBEG) State.
- Overall security remains precarious.



HEALTH IMPACT

- More than 900 Kala azar patients are being treated in health facilities in Malakal, Old Fangak, Pibor, Rom, Melut and elsewhere.
- Suspected malaria cases are on the rise. Altogether, 10 118 cases of malaria with 18 deaths were reported in week 45 (2–8 November), mainly from Central Equatoria, Warrap and Northern Bahr El Ghazal (NBEG) States.
- More than 26 000 internally displaced persons (IDPs) in Maridi, Ibba, Mundri and Yei counties are in acute need of health services.
- In week 45, three cases of neonatal tetanus were reported from Juba Teaching Hospital (Central Equatoria State (CES)) and Aweil Civil Hospital (NBEG State).
- In week 45, one suspected measles case was reported in Wau, Western Bahr El Ghazal (WBEG) State.
- One suspected case of viral haemorrhagic fever (VHF) was reported in Morobo county, CES.

HEALTH SECTOR RESPONSE

- **Médecins sans Frontières (MSF)-Spain** is providing mobile health services in some rural areas in Nzara and Yambio in Western Equatoria State (WES). It has also launched a mobile clinic to service IDP areas in Yambio and three surrounding villages where IDPs have been unable to access medical services. It continues to support Yambio Hospital's operating theatre

and paediatric ward as well as Naandi Primary Health Care Centre (PHCC) in Ezo county. MSF-Spain focuses on training medical staff and providing medicines and supplies.

- **World Vision** is setting up a health post in Napere camp. Construction is underway, and critical staff are being sourced from the State Ministry of Health (SMoH). World Vision has pre-positioned essential medicines and supplies in Ezo.
- An inter-agency humanitarian assessment team visited Minkamman, Awerial County from 11 to 13 November. The mission comprised representatives from WFP, WHO, UNICEF, UNDSS, UNOCHA and the Deputy Governor of Lakes State. Its objective was to 1) verify and assess the population displaced from Kalthok following the recent fighting between Dinka and Mundari from Terekeka, and 2) identify key humanitarian gaps affecting the IDPs.
- More than 900 Kala azar patients are being treated in health facilities in Malakal, Old Fangak, Pibor, Rom, Melut and elsewhere. Most cases have been reported from the Old Fangak PHCC. In week 46 (8–14 November), Malakal Teaching Hospital admitted 21 new patients suffering from the disease. Admission figures show that 38% of patients were children under five, 51% were children aged between five and 17, and 11% were adults. Four deaths were recorded from the hospital in week 46. Weekly admission figures have dropped from the peak of 25 recorded in week 43 (18–24 October), but they remain significantly higher than the original 8 cases per week reported in September. Currently, a downward trend is being observed across all reporting sites. See Kala azar map below.
- In week 45, two cases of neonatal tetanus were reported from Aweil Civil Hospital. The NBEG Rapid Response Team (RRT), with technical support from WHO, is currently investigating these cases.

WHO RESPONSE

- WHO and MoH/GoSS are procuring 90 vials of DAT reagents (enough to test 720 people) and 86 boxes of rK39 dipsticks (enough to test 2064 people) for Kala azar. WHO and the MoH/GoSS also donated 800 kilograms of medicines and assorted medical supplies to the Old Fangak PHCC to combat the outbreak. WHO continues to support and coordinate the Kala azar response through its Malakal office.
- WHO, together with the State Ministries of Health of Upper Nile and Western Equatoria States, organized and facilitated two training workshops on Integrated Disease Surveillance and Response (IDSR) in Malakal and Ibaa, in which 58 health cadres were drawn from Malakal, Ibaa and Ezo counties. These training workshops will strengthen surveillance networks and improve the capacity of state and county surveillance officers to detect, investigate and report outbreaks at the community level.
- State and county surveillance teams, supported by the MoH/GoSS and WHO, investigated a suspected case of viral haemorrhagic fever (VHF) reported in Morobo county. The investigation proved negative.

NEEDS

- MSF-Spain reported the need for medical supplies and equipments for the Ezo PHC unit inside the refugee camp.
- Additional diagnostic kits and other laboratory reagents for Kala azar are urgently needed.
- IOM reported gaps in referring HIV/AIDS patients to the nearest hospital in Ezo town, which is 100 km away.

- HIV-positive individuals living in refugee and IDP camps need improved access to antiretroviral therapy.
- Follow-up measles and tetanus campaigns are needed to mitigate measles and tetanus outbreaks.
- Additional emergency health kits and trauma kits are urgently needed.
- Referral hospital capacity needs to be improved. Most state referral hospitals do not have the capacity to treat wounded patients. These patients are referred to the Juba Teaching Hospital, which has its own limitations in terms of supplies and treatment.
- An ambulance is urgently needed for referral services of patients to nearby hospitals in Nzara County, Western Equatoria State (WES).
- The Ezo PHCC, which is supported by MSF-Spain, urgently needs medical supplies and an ambulance to transport patients referred to other facilities.
- The PHC centres in Lainya and Bereka need more medical supplies.
- Immunization campaigns in all IDP and refugee camps in Jonglei and WES should be supported and organized if and when security improves.
- Health service providers need to be trained on case management of epidemic-prone diseases.
- Training on Kala Azar diagnosis and case management is required for health providers in Upper Nile and Jonglei States.
- More Kala Azar treatment centres need to be established in Khorfluss and nearby Payams.
- Disease surveillance for common communicable diseases need to be strengthened.
- The WASH sector needs to be better coordinated in order to improve the availability of safe drinking water and sanitation.

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