

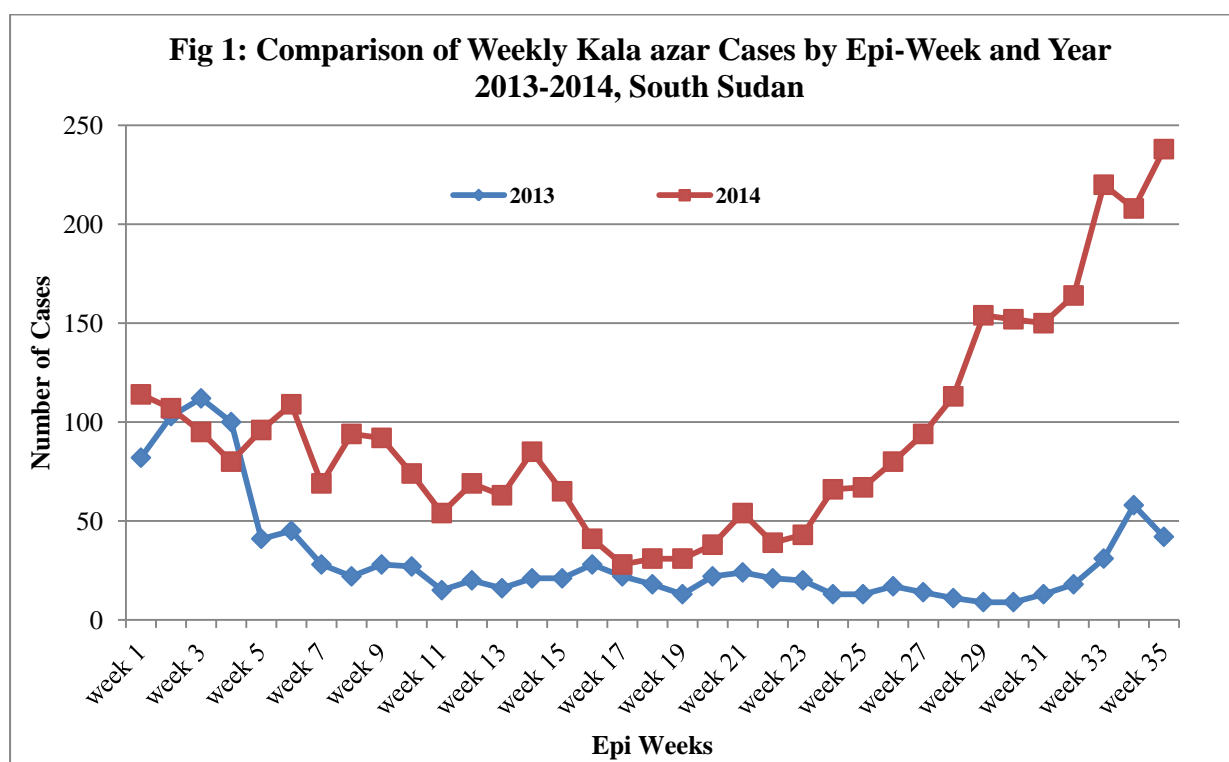
Summary of Visceral Leishmaniasis (VL) or Kala azar (KA) Outbreak Situation in South Sudan

- The current Kala azar (VL) outbreak has been ongoing to date, since Government's formally declaration in September 2009.
- Kala azar is endemic in four states in South Sudan namely: Upper Nile, Unity, Jonglei and Eastern Equatoria, where 2.7 million people are considered to be at risk in 28 counties.
- The disease is also endemic in neighboring countries bordering with South Sudan including Ethiopia, Kenya and Sudan.
- Table 1 below shows that, the cumulative cases and case fatality rates were higher in the first three years of the outbreak, declined in 2012 and 2013 due to adaptation of new treatment guideline, introduction of nutritional supplement to all kala azar patients and expansion of treatment facilities among other.

Table 1: Cumulative Kala azar cases and deaths by Year (2009-2014)			
Year	KA new case	KA total cases	Deaths
2009	1914	2199	115
2010	7163	10291	311
2011	10468	11952	287
2012	4353	5015	77
2013	2364	2667	69
2014	2627	2971	102
Total	28,889	35,095	933

- Over 4,000 kala azar cases and 102 deaths were recorded in the first eight months of 2014. As seen in figure 1 below, the trend of kala azar has considerably increased since epidemiological week 21 as compared to the same period in 2013. Figure 1 clearly shows an early peak of new kala azar cases with a potential increase at the end of high season (December 2014).
- The peak season for new Kala azar cases starts during and shortly after the rain season (August – December);
- This year, the peak season started in April, which is unusual. Lankien and other facilities recorded significant increases in the case and death trends as compared to the previous years. The factors making it possible for people to be more vulnerable to Kala azar infection thus contributing to early peak season include:
 - The current population displacement
 - Low immunity against Kala azar among displaced people
 - Limited access to treatment services, especially in the endemic areas
 - Food insecurity/malnutrition
 - Limited access of partners to endemic areas
 - Insecurity in kala azar endemic areas

- Lankien treatment facility supported by MSF Holland recorded 50% of all cases and deaths reported as of August 2014.
- All cases that present to the treatment facilities usually come in late with severe health conditions, all of them malnourished. This means all kala azar patients will be given nutritional supplements to fasten recovery.
- The likelihood of an explosion and severe kala azar outbreak during the peak season is very high (September – December 2014). It is important to put a preparedness and response strategy to prevent and control the kala azar outbreak.



Proposed Response Strategies

- Active case detection and early diagnosis and treatment.
- Effective disease surveillance through passive and active case detection.
- Nutritional/food supplement.
- Improved sanitation and safe drinking water in endemic areas.
- Coordination for kala response activities through clusters at Juba and field levels.
- Capacity building of health workers on kala azar diagnosis and case management.
- Advocate for more health/nutritional partners supporting kala azar treatment facilities
- Preposition adequate supplies including kala azar drugs, testing kits, nutritional supplements, etc.

Estimate for new kala azar cases until December 2014

- Considering the current case load and other risk factors contributing to the early peak of the new kala azar cases, the MoH/WHO estimated 9,000 new kala azar cases may be recorded at the end of 2014.
- As at the end of August 2014, over 4,000 new cases had been recorded in South with. WHO anticipates that additional 5,000 new cases will be diagnosed in the high season (September to December 2014).
- There is need to preposition adequate drugs, testing kits, nutritional supplements and food rations to meet the needs of Kala azar patients. The table 2 below shows an estimated quantity of key kala azar drugs.

Table 2 estimated kala azar drugs needed until December 2014

Name	QTY
SSG	30,000
AmBisome	25,000
Paromamycin	50,000
Dipstils	15,000

Note: Health, Nutrition and Food clusters are responsible for coordinating kala azar preparedness and response activities.