HIGHLIGHTS

- More than 100 new Kala azar patients were confirmed and admitted to health facilities in Malakal, Lankien, Old Fangak, Pibor & Melut in week 47 (15-21 November).
- WHO and the Ministry of Health of the Government of Southern Sudan (MoH/GoSS) have procured additional Kala azar drugs and diagnostic tests.
- First case of Influenza H1N1 virus was reported from Juba County, CES.
- More than 9000 cases of suspected malaria cases with 17 deaths were reported in week 47.
- The number of acute watery diarrhoea cases dropped to 1295 in week 47.
- A workshop on integrated disease surveillance and response (IDSR) was conducted in Ayod.
- Food distribution activities have been suspended in Ezo town and Naandi following looting.

HEALTH IMPACT

- More than 100 new Kala azar patients were confirmed and admitted to health facilities in Malakal, Lankien, Old Fangak, Pibor and Melut in week 47 (15 – 21 Nov).
- A total of 9490 cases of suspected malaria with 17 deaths were reported in week 47, with most cases and deaths reported from Juba, Central Equatoria State (CES).
- Acute watery diarrhoea cases decreased substantially in week 47 and are down to 1295 from the peak of 1845 reported in week 45. Most of the cases reported were from Warrap and Western Bahr El Ghazal (WBEG) States.
- In week 47, two cases of neonatal tetanus were reported from Aweil Centre, Northern Bahr El Ghazal (NBEG) State.
- In week 47, one suspected case of meningitis was reported from Ikotos, CES.
- In week 47, first case of Influenza H1N1 virus was reported from Juba County, CES.
- More than 26 000 internally displaced persons (IDPs) in Maridi, Ibba, Mundri and Yei counties are in acute need of health services.
- Following incidents of looting during food distribution to IDPs in Ezo town and Naandi, all food distribution activities have been suspended until the issue is addressed.

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 prepositioned essential medicines and supplies in Ezo for Napere camp. It has also raised awareness of HIV prevention amongst IDPs in Nzara county.

- A total of 117 new Kala azar cases were admitted to Malakal, Old Fangak, Pibor, Lankien and Melut treatment centres. Six deaths were reported in week 47. Over 50% of new cases are in children under five, 30% are in children between five and 17, and 11% are in adults (see Kala azar map below).

- **MSF-Holland** sent mobile teams to Khorfulus and Old Fangak counties to assess the capacity of health facilities to manage Kala azar. They also distributed Kala azar drugs to the health facilities in these counties.

- **United Nations Children's Fund (UNICEF)** supported the drilling of six new boreholes in Yambio to improve sanitation.

**WHO RESPONSE**

**Communicable diseases**

- WHO continues to support disease surveillance activities in all counties in Jonglei, Upper Nile and Western Equatoria States.

- WHO and MoH/GoSS have procured the following Kala azar drugs and diagnostic tests for Old Fangak PHCC:

<table>
<thead>
<tr>
<th>Medical Supplies</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucantime, 30 days, 20mg/kg/day</td>
<td>42,000</td>
</tr>
<tr>
<td>Sodium Stibogluconate, 30 days, 20 mg/kg/day</td>
<td>4,800</td>
</tr>
<tr>
<td>Syringes, 10 ml</td>
<td>6,000</td>
</tr>
<tr>
<td>Syringes, 5 ml</td>
<td>24,000</td>
</tr>
<tr>
<td>Syringes, 2 ml</td>
<td>3,000</td>
</tr>
<tr>
<td>Needles, G23, 0.6x30 mm</td>
<td>30,000</td>
</tr>
<tr>
<td>Needles, G21, 0.8x40 mm</td>
<td>6,000</td>
</tr>
</tbody>
</table>

- A specimen was collected from a patient exhibiting flu like symptoms and had a history of travel in Europe. The test result from the CDC/KEMRI reference laboratory in Nairobi confirmed that person is suffering from H1N1 virus, this is a first case in Southern Sudan. Steps to contain the spread of infection were taken by the Ministry of Health and partners. Furthermore National Influenza Task Force held a meeting and agreed to scale up the health education campaign.

**Training**

- In response to the Kala azar outbreak in Upper Nile and Jonglei States, WHO and MoH/GoSS are planning to conduct the following training courses for health care workers in the affected areas:
  1) Case management of common illnesses (7 – 11 December 2009).
2) **Kala azar** awareness, prevention, laboratory diagnosis and treatment (14 – 18 December 2009).

- WHO, in close collaboration with the State Ministry of Health of Jonglei State, organized and facilitated a training workshop on integrated disease surveillance and response in Ayod. A total of 28 health personnel from Ayod county attended the workshop, which aimed to strengthen surveillance networks and improve the capacity of state and county surveillance officers to detect, investigate and report community-level outbreaks.

**Coordination and emergency preparedness**

- A WHO team conducted a week-long field visit to Ayod county from 20 to 27 November. The visit is part of an ongoing assessment by the WHO Southern Sudan Office, with a view to coordinating the health care delivery system and integrating partners' health activities across the region. This will involve establishing liaison and information-sharing mechanisms among stakeholders, while providing expert advice and strategic guidance and leadership. The purpose of the field mission was to:
  - Review partners’ capacity to react to and manage the reported Kala azar outbreak in Ayod county;
  - Conduct supportive supervisory visits to priority health facilities & programmes;
  - Interact with local authorities, health actors and civil society and gather additional information regarding the overall status of health services and health delivery in the area.

**NEEDS**

**Supplies**

- According to MSF-Spain, the Ezo PHC unit inside the refugee camp and the Naandi PHCC both need medical supplies and equipment.
- The PHCCs in Lainya and Berekka need more medical supplies.
- Additional emergency health kits and trauma kits are urgently needed.

**Training**

- Health providers in Upper Nile and Jonglei States need to be trained on the diagnosis and management of Kala azar.
- Health service providers need a refresher training on case management of epidemic-prone diseases.
- MSF-Spain reported the need to train medical staff at the Naandi PHCC.

**Access to care and treatments**

- More Kala azar treatment centres need to be established in Khorfluss, Atar and nearby Payams.
- 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 an ambulance to transport patients referred to other facilities.
• International Organization for Migration (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.

Preventive activities

• Follow-up measles and tetanus campaigns are needed to mitigate possible outbreaks in North Bahr El Gazal and Unity States.
• Immunization campaigns in all IDP and refugee camps in Jonglei and WES should be supported and organized if and when security improves.

Situation monitoring and coordination

• Disease surveillance for common communicable diseases needs 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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