UPDATE OF HEPATITIS E EPIDEMIC IN MADI OPEI SUB-COUNTY -
KITGUM DISTRICT, 03 March 2008

<table>
<thead>
<tr>
<th></th>
<th>New cases (28 Feb - 02 Mar 08)</th>
<th>Cumulative Cases</th>
<th>New deaths (28 Feb - 03 Mar 08)</th>
<th>Cumulative deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>49</td>
<td>415</td>
<td>0</td>
<td>11</td>
</tr>
</tbody>
</table>

**Highlights**

- A total of 49 cases have been registered in week 9, compared to 38 cases reported in week 8.
- A cumulative of 415 cases has been registered with 11 deaths, giving a CFR of 2.7%.
- A joint inter-agency contingency plan has been developed to strengthen the interventions in Madi Opei and 9 other sub-counties.
- This is the 3rd week of intensified interventions, following the review of the control measures that identified the risk factors responsible for the continued progression of the epidemic and weak points in the interventions [contained in the report of 14 Feb 08].
- 3 district officers [District Health Inspector, DSFP/DHE and another Health inspector] are still stationed in Madi Opei for the 3rd week to coordinate and supervise activities at field level.

**Intervention measures**

**WASH**

- A total of 54 new stances of latrines have been completed in Madi Opei Camp (OXFAM).
- Additional 57 stances are under construction; will be ready by end of this week or early next week (OXFAM & MSF).
- 27 cartons of soap have been distributed in Wanglango return site; distribution of soap in Madi Opei camp will start on 06 March 08, after verification of the population remaining in the main camp is completed [the community still commutes between the 2 sites].
- 8 stances of latrines has been completed in Wanglango; 2 blocks of 4 stances each have been constructed in Lakiula and Kirombe return sites apiece.
- 4 stances of latrine has been constructed at the border check point that temporarily hosts many travelers from Sudan.
- 10 communal hand washing facilities have been stationed at communal latrines. This is to provide backup to the household tippy taps hand washing facilities.
- Hand washing facilities and 1 carton of soap has been given to all schools in Madi Opei.
- OXFAM provided additional sanitation tool kits to the community.
- 50 copies of pictorial job aids for VHT have been produced. However, the copies are not laminated, making them prone to wear and tear easily [OXFAM].
- 30 copies of the Lwo version has been produced [OXFAM].
- Bucket chlorination has been re-enforced. 2 attendants have been assigned at each water source and daily incentives introduced. One Health Inspector has been assigned to supervise their activity.

**Social Mobilization**

- VHTs are conducting door to door hygiene education and promotion using (PHAST) approach [District & WHO].
- All VHTs have been given T-shirts [OXFAM] and are getting their weekly incentives [WHO].
- A meeting was held on 01 March 08 with community leaders, chaired by LC V - to solicit for continued involvement and participation of the communities to implement community action plans.
- Radio programs are ongoing in local FM radio stations, though not yet adequate due to lack of funds.
**Case management and Surveillance**
- All surveillance and case management activities are going on well in Madi Opei.
- On-job training of health workers in other health facilities is ongoing

**Coordination**
- Weekly District EPR Task Force meetings chaired by RDC is taking place every Tuesdays [see minute]
- Weekly Sub-county Task Force meetings takes place every Fridays [refer to minute]

**DISSCRIPTIVE EPIDEMIOLOGY**
The epi curve in the figure below illustrates that the HEV outbreak is still progressing. The continued progression of HEV is believed to be due to the prolonged incubation period, in the face of the accelerated intervention measures put in place in the past 2 - 3 weeks.

The weekly incidence curve below shows a progressively increasing trend in the number of cases, thought to be a manifestation of cases that got exposed before the intervention measures were strengthened.
Distribution of HEV by Parishes
Okol Parish remains the most affected, with about 70% of all new cases now coming from there.

<table>
<thead>
<tr>
<th>Parish</th>
<th>Number of Cases</th>
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<tbody>
<tr>
<td>Okol</td>
<td>206</td>
</tr>
<tr>
<td>Lawiye Oduny</td>
<td>61</td>
</tr>
<tr>
<td>Pobura</td>
<td>45</td>
</tr>
<tr>
<td>Kal</td>
<td>80</td>
</tr>
<tr>
<td>Outside Madi Opei</td>
<td>17</td>
</tr>
<tr>
<td>Not specified</td>
<td>10</td>
</tr>
</tbody>
</table>

Underlying factors for the continuity of the epidemic
1. Poor living condition in the camp setting, which includes poor sanitation (1 latrine per 112 persons), poor hygiene practices and behaviors, overcrowding and poverty.
2. Delayed and low key response to the epidemic initially and lack of commitment in implementing and following through agreed control strategies.
3. Poor attitude from the community to adapt to healthy hygiene practices and behaviors despite intense health education/promotion provided to them.
4. A sense of low self esteem and dependence among the IDPs e.g. communities are waiting for humanitarian agencies to build for them latrines.
5. Long incubation period of Hepatitis E and the ability of the disease to be transmitted during the incubation period make control of the epidemic difficult.

Conclusion:
The Hepatitis E outbreak in Madi Opei has not yet shown any sign of reducing yet. However, this is thought to be due the prolonged incubation period of HEV, which requires many weeks before correct intervention measures begin to pay off. It is believed that all the necessary control measures have now been put in place. The major obstacle at this stage is the difficulty in quickly providing sanitation facilities that is still lacking in a number of villages. The previous hurdle of poor participation by the communities is now being overcome.