

WHO SOUTHERN SUDAN HEALTH UPDATE

May 2001



HIGHLIGHTS

- ❑ ***Partner NGOs, front-line health workers and communities' sensitization on EWARN and Disease Surveillance in Equatoria.***
- ❑ ***Rumors of reported outbreak declines, as insecurity in Upper Nile remains a challenge in response efforts.***
- ❑ ***Third round of door to door, 'tukul to tukul' Polio NIDs successfully implemented.***

1.0 DISEASE SURVEILLANCE – AND EWARN

1.1 Advocacy, sensitization and network

1.1.1. Building Alliance with NGOs and Counterparts

As part of its continued effort to build alliance with key players in disease surveillance and response, WHO held consultations with organizations in Yambio County, Equatoria. Organizations which participated at these consultations included ADRA, Christian Brothers, Comboni Sisters, CRS, IMC, and UNICEF/OLS.

Consultations focused on the objectives of EWARN, and roles of partners in disease surveillance, outbreaks investigations, response and reporting. The need for NGOs to cooperate and participate in these activities and further promote community awareness in outbreaks reporting and response was stressed. The response from the NGOs was encouraging.

1.1.2. Health workers in expanding EWARN:

A total of 87 health workers from Yambio County were briefed on disease surveillance and EWARN. These health workers, which included medical assistants, nurses, CHWs and MCH workers, were attending a two-day planning meeting on measles and Neonatal Tetanus.

The participants were briefed and sensitised on the objectives of EWARN program, approaches to epidemic disease surveillance, investigations and reporting. The role of health workers in responding to epidemics and the importance of teamwork during outbreaks was stressed and emphasized. The health workers were also trained on how to investigate and report an outbreak in five simplified steps. The briefing was followed by class discussions on the need of strengthening the county epidemic response team, involving communities and the channels

of communications with County Health Departments and WHO.

1.2 Community response encouraging

- ✓ The community has been vigilant in epidemic surveillance and has been more selective in what to report as an outbreak.
- ✓ Community training participants expressed that their communities value and appreciate the EWARN community training activities.
- ✓ Participants identified the need to conduct refresher courses and simplified reference materials.

These observations will help us to further strengthen on-going community-based disease surveillance and response activities.

1.3 Outbreaks verification and response

In May 2001 a total of three rumors of outbreaks were followed up. In one of the locations, it was verified that there was no outbreak.

In Wudier, (Upper Nile), further follow-up was difficult due to insecurity. However, a team made a brief visit to the area and provided drugs, ORS and response supplies (Table 1).

Table 1. Outbreak/rumors verification summary

Disease/Syndrome	Location and Date of onset	Report source and Date of update	Reported cases, deaths, and actions taken
Acute Watery Diarrhoea	Wudier, Beih, UNL 25/04/01	RASS MSF-H 14/05/01	65 cases, 5 deaths reported Drugs, ORS, and Supplies Health Education Case management Insecurity affected response
Food Poisoning	Yambio County, Bangasu Payam, EQA 18/05/01	PHCU local staff 30/05/01	Sudden death among one family (3 children and parents) within three days. Sudden onset of sore throat, fever, difficulty to swallow among an earlier healthy family. No history of bleeding. On two weeks monitoring; no other similar cases were observed in the village.

2.0 POLIO ERADICATION

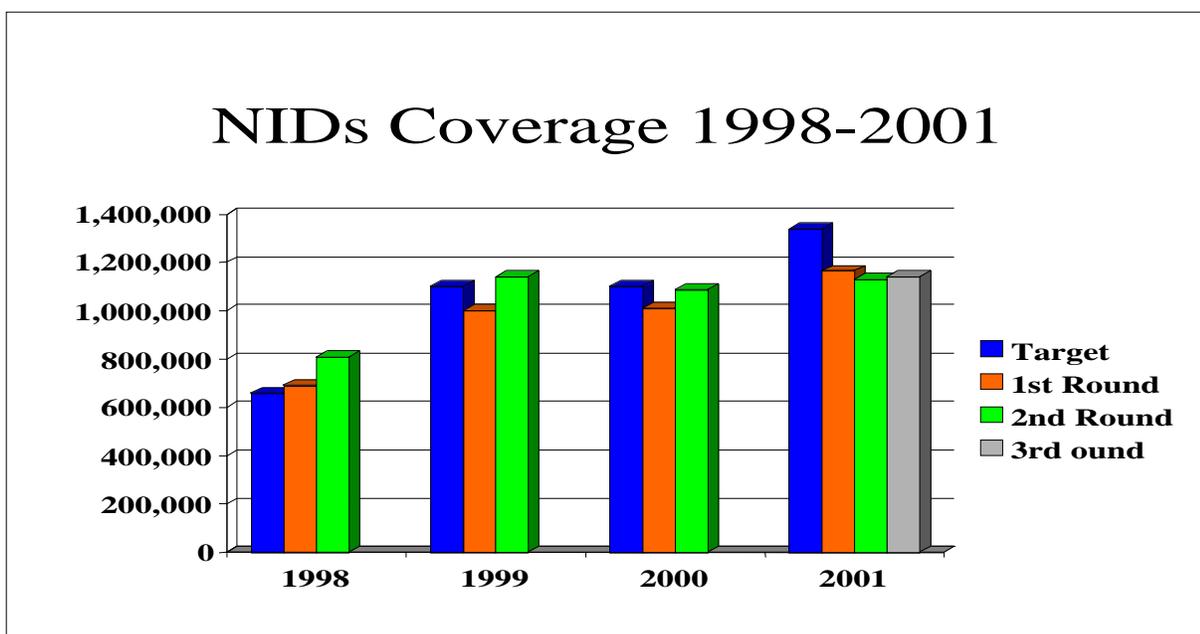
2.1 Third round of door to door NIDs a great success

The third round of door to door NIDs was concluded in south Sudan this month with the highest number of children reached. The trends in numbers reached since the NIDs started in 1998 are shown in FIG.1 below.

2.3 Cross border surveillance efforts with Kenya.

In order to ensure adequate follow up, an inter-country Surveillance AFP Training program was organized with the Ministry of Health in Kenya from 28th to 31st May. The workshop agreed on ways of strengthening surveillance including across border areas.

FIG 1.



2.2 AFP Surveillance gets a boost

Acute Flaccid Paralysis surveillance has now assumed very high priority following successful NIDs. WHO has teamed up with CDC to develop an efficient system. A full time Epidemiologist is now in place. In May 2001 another two Epidemiologists joined the AFP Surveillance program to train the Sudanese surveillance officers throughout south Sudan.