**1.0. DISEASE SURVEILLANCE AND EARLY WARNING AND RESPONSE NETWORK (EWARN)**

**1.1. Epidemic Preparedness, Detection and Response**

**1.1.1. Kala-Azar Activities**

Although cases of Kala-Azar are reported year-round the anticipated season for outbreaks of the disease in South Sudan occurs between late September and continues through March the following year. In preparation for a possible outbreak in 2004, with financial support from ECHO, WHO is formulating plans to enhance the coordination of investigation of suspected outbreaks, diagnosis, treatment and reporting of cases and to improve community awareness regarding the disease and its prevention modalities.

The program will begin with a meeting for all implementing partners to be held in Nairobi in mid-October. WHO plans to continue to facilitate the processing of the DAT samples sent from the implementing partners in the field to the MSF-H laboratory in Loki and the dispatch of the necessary medication from PSF to the partners in the field much as before with HNI. In addition WHO plans to support the technical training both in the clinical and laboratory diagnosis and the treatment of Kala-Azar with an expert based in the field.

**1.1.2. Outbreaks verification and response**

Four rumors of disease outbreaks were received and investigated by WHO/EWARN during the month September but only two were confirmed, the other two were discarded as false alarms. The two outbreaks investigated were; an outbreak of Acute Jaundice Syndrome in Warrap, Tonj County, Bahr El Ghazal and an outbreak of Mass Hysteria among school children in Ganyiel, Upper Nile. WHO/EWARN rapidly investigated the two outbreaks in collaboration with the NGOs and the local authorities on the ground.
It will be recalled that rumors of Acute Jaundice Syndrome was reported in Marial Lou, Tonj County in May and both MSF-CH and WHO investigated the rumors but no confirmation was made. However, this time clinical cases of jaundice were confirmed. Specimens were collected from 12 patients and sent for laboratory confirmation of the cause.

Preliminary laboratory results from KEMRI have ruled out hepatitis B & C viruses. Results of tests for hepatitis A & E are still being awaited. Considering the recent reports of outbreak of hepatitis E in the Darfur, this outbreak is likely to turn out to be due to hepatitis E.

Warrap is in northern part of Tonj County. The area has no NGO on the ground and this could explain why the outbreak was reported so late (nearly 4 months delay).

The second outbreak was a reported by IRC on September 10. The outbreak started in a school after one girl collapsed during the announcements of examination results. This sparked off a mass hysteria among the children, and afraid that it could be some form of new disease the school and local authority decided to close the school.

The outbreak was verified by an EWARN medical officer who managed over 90 cases in 3 days and controlled the situation.

1.2. Training in surveillance and response

1.2.1. Sixteen health workers trained in disease surveillance and EWARN

A total of 16 health workers from Ikotos, Isole, Loronyo, Imotong, Chilok and Lohutok were trained from August 31 to September 4, 2004, on disease surveillance and outbreak investigation and response. This is part of WHO continued effort to improve surveillance and response to epidemic prone diseases in South Sudan. The 5 days workshop was organized in the NCA Community Health Workers School in Ikotos, in collaboration with the Torit County Health Department, NCA, DOT and AIC.

The workshop addressed the following objectives:

- Provide a practical form of continuing education on disease surveillance and outbreak investigation and response
- Review roles of clinical and laboratory health workers in outbreak detection, investigation, reporting and response
- Improve skills to early detect, report, investigate and initiate control measures for epidemic prone diseases
- Enable health workers to use syndromic approach to identify suspected (index) cases in their respective areas
- Improve capacity for team work including promoting community involvement in EWARN, and
- Encourage local partners to coordinate and lead EWARN teams and disease surveillance and outbreak investigation and response activities

1.2.2. Community orientation on EWARN

As part of an effort to improve community involvement in outbreak early detection, reporting, and response, WHO, Torit CHD, NCA, DOT and AIC organized a two-day community EWARN orientation workshop at Ikotos, Torit County, Eastern Equatoria. A total of 30 leaders from village health committee, opinion leaders, TBAs, CHWs, Guinea worm volunteers, livestock workers, polio field staff, teachers, and counterparts participated. Acute diarrheal diseases, meningitis, measles and malaria were commonly identified diseases.
Table 1. Summary update of verified outbreaks: September 2004

<table>
<thead>
<tr>
<th>Outbreak disease/syndrome</th>
<th>Location/Onset</th>
<th>Source and date of update</th>
<th>Reported cases/deaths/actions taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected Hepatitis E</td>
<td>Warrap, Tonj County Bahr el Ghazal Onset: 7/04/04</td>
<td>CHD/DOR 01/09/04 L/report:</td>
<td>57 cases and 13 deaths were reported. WHO/EWARN investigated the outbreak September 5-9, 2004. Specimens from 12 patients were sent to KEMRI for lab. investigation. Final outcome is still awaited.</td>
</tr>
<tr>
<td>Mass hysteria</td>
<td>Ganyiel, Nyal County Upper Nile Onset: 9/09/04</td>
<td>IRC Report: 10/09/04 Last Report: 17/09/04</td>
<td>94 cases and no death. WHO/EWARN rapidly investigated the outbreak and confirmed it (14-17/09/04). Psychotherapy case management done. The situation was contained within 3 days. Blood specimens for further analyses were sent to AMREF to rule out organic causes. The results were negative for blood parasites.</td>
</tr>
</tbody>
</table>

1.3. WHO Conducts Series of TB/Leprosy Workshops in South Sudan

Three integrated workshops on tuberculosis and leprosy were conducted by WHO in September 2004 in different parts of South Sudan and Lokichoggio. The purpose of these workshops was to maximize effectiveness in TB and leprosy management in South Sudan. The basic objectives were to strengthen the capacity of TB/Leprosy field coordinators in management and control of Tb and leprosy, introduce to them the principals of national TB/leprosy control programs, enlighten them on proper recording, monitoring and reporting procedures and to introduce them to MDT and accompanied MDT.

The first workshop took place at Malteser TB/Leprosy Hospital in Rumbek from the 7th to 10th September 2004 and was attended by participants from DOR TB/Leprosy Clinics in Agangrial, Tonj and Yirol, Malteser TB/Leprosy hospital in Rumbek, DOR TB/Leprosy hospital in Marial Lou and CCM TB/Leprosy hospital in Billing. The second workshop was done in Lokichoggio from the 13th to 17th September 2004. Participants to this workshop came from Merlin hospital in Nimule, NPA hospitals in Lobone and Chukudum, DOT TB/Leprosy clinic Isoke, MEDAIR TB/Leprosy clinic in Baidit and COSV TB hospital in Old Fangak. Apart from Baidit TB/Leprosy clinic, the other centers started treating tuberculosis this year. The third workshop took place in Nzara TB/Leprosy hospital from the 23rd to 24th September 2004 and drew participants from Malteser TB/Sleeping Sickness hospital in Yei, Zoa TB/Leprosy clinic in Katigiri and Samaritan’s Purse hospital in Lui.

The methodology employed in the workshop involved giving formal lectures on several topics, presentations on activities of each institution as learning experiences, group discussions and doing practical work on cohort analysis and reporting. Topics covered in TB included introduction to tuberculosis, national progression of TB and clinical manifestations, diagnosis of tuberculosis, TB management, TB/HIV relationship, management of TB control program and TB prevention meanwhile the following areas in leprosy were discussed. Definition of leprosy, diagnosis and classification of leprosy, multi-drug therapy (MDT), management of leprosy complications, key tasks to be done in a health center treating leprosy and final push to eliminate leprosy. The success of these workshops proved that future training workshops be integrated to reduce cost and for participants to appreciate the relationships between diseases.
1.3.1. Roll Back Malaria Update

During September a proposal plan was developed on emergency support contribution to malaria epidemic preparedness and response activities in epidemic prone areas of South Sudan. This proposal was submitted to ECHO for funding. Before the proposal was finalized, it was discussed with some of the agencies operating in Bahr El Ghazal and Upper Nile.

Other activity was the planning of the assessment and monitoring the efficacy of the recommended ACT (Artemisinin based combination therapy), which will be started in October 2004.

1.3.2. Sleeping Sickness Update

WHO initiated an emergency intervention program in late May 2004 in Tambura and Ezo Counties to support the diagnosis and treatment of persons with Sleeping sickness. The program has been successful to date. Rehabilitation of the involved health facilities is ongoing and training of national staff has been carried out at Tambura Hospital, Ezo and Source Yubu PHC centers. From June to September there have been 5,546 person screened for sleeping sickness, 92 former treated cases followed-up and 134 treated for the disease.

WHO also cooperated with ICRC and screened unaccompanied orphans in the Mabia IDP camp that were anticipated to be relocated relatives in their home of origin.

2.0. EMERGENCY HUMANITARIAN ACTION

2.1 World Bank & UNDP Joint Assessment Mission (JAM)

The JAM Retreat took place from 6-8 September 2004 in Nairobi. It counted on the participation of the several JAM Cluster Teams (inc. the Social/Health & Education Cluster) as well as the GOS and SPLM counterparts for the JAM. The clusters' reports, incl. both the North and the South, are supposed to be finished by the end of October, then they will be incorporated into the overall JAM report, to be ready by the end of November. The JAM overall report will be submitted to the Oslo Donors Conference on Sudan, not yet scheduled. The JAM is expected to give a major contribution to the Work Plan 2005, in particular concerning Relief & Rehabilitation and Development priorities (for 2005).
2.2 UN Work Plan 2005

A UN Country Team Retreat took place on the 20-21st September in Port Sudan. Heads of UN agencies and offices, North and South joint discussed and agreed upon on: Lessons learned from the CAP 2004 and key themes to take into consideration when planning 2005; the linkages between the several on-going planning processes, namely the UN Work Plan 2005, the SPLM & GOS Urgent Needs and the JAM; the most-likely scenarios for 2005; the UNCT’s strategic priorities for 2005; and management and coordination principles. Core Planning Teams (CPT) were created both in the North and the South including all the UN agencies. Sector Focal Points were identified.

Instruments for a 5-step planning process were elaborated and are being gradually discussed and filled by the CPT.

3.0. SUMMARY NOTE ON ACTIVITIES OF CBI / PHC UNIT

3.1. Training courses on CBI/BDN concept, process and management:

During the month of August, following three training courses were conducted for BDN model area Yambio:
1- Training of intersectoral Technical Support Team (TST), attended by 20 participants from government departments, UN agencies and NGOs for 8 days (5th to 13th August 2004)
2- Training of the Community Development Committee (CDC) of BDN model area Yambio, stakeholders for 6 days from 14th to 20th August 2004, attended by 20 participants including members of CDC, and technical committees as well as representatives of various NGOs and line departments.
3- Training of the Cluster Representatives (CRs) of BDN Model area for 2 days on 21st and 23rd August 2004, participated by 22 male and female CRs.

During September 2004, following training courses on CBI/BDN concept, process and management were conducted in Rumbek:
1- Joint training of intersectoral Technical Support Team (TST), Community Development Committee (CDC) and other stakeholders for 7 days from 10th to 17th September 2004, attended by 32 participants including Heads of Departments, TST members and representative of NGOs, as well as 9 members of Community Development Committee (CDC) and technical committees BDN area Deng Nhial, Rumbek.
2- Training of Cluster Representatives of BDN area on 18th September 2004, attended by 27 participants.

3.2. Community survey for baseline information and needs assessment

Training of surveyors and supervisors for conducting Baseline Household Survey and needs assessment on 20 September 2004 is followed by ongoing baseline and needs assessment survey in BDN area Rumbek, whereas the survey in BDN area Yambio will take place during next month.

3.3. Work plans for programme activities

The CBI/PHC unit has prepared following work plans which have been forwarded to WHO EMRO:
- Consolidation of BDN in existing model areas (Yambio and Rumbek)
- Introduction of healthy cities approach (pilot project in 2 model areas)
- Expansion of BDN programme to new areas (during 2005)
- Streamlining of Primary Health Care (pilot project in 2 model areas)
- Health promotion through health education and healthy lifestyles (pilot project in 2 model areas)
- Introduction of school health (pilot project in 2 model areas)

Likewise, the work plan for District health system, IMCI and Reproductive health are under process.

Fig.5. Participants at a BDN training session in Yambio, Western Equatoria
4.0. POLIO ERADICATION ACTIVITIES

4.1. Mop up campaign completed in Bahr-el-Ghazaal region

Following the report of isolation of wild poliovirus in Darfur in June 2004, a mop up campaign was conducted in Bahr-el-Ghazaal region.

Bahr-el-Ghazaal region borders south Darfur and west Kordofan in the north, Chad and Central Africa Republic in the west and Upper Nile and Equatoria regions in the east and south respectively. The total population was estimated to be 2.9 million at the time of the campaign. This figure takes into consideration the returnees and Internally Displaced People (IDPs), which include families from Darfur and Kordofan. The microplan for the campaign was updated accordingly.

Training of field staff, social mobilization and Inter-agency Coordination was done at payam and county levels. Different NGOs collaborated in the effort to conduct a successful campaign. IRC, Tearfund, SC-UK, Concern, IAS, NCA, World Vision, World Relief, GOAL Ireland, SUPRAID, ADRA, VSF-CH, MSF-B, MSF-F, WFP, UNICEF, and the Local Authorities provided support in transportation, supervision and some aspects of social mobilization.

Rumbek served as an additional hub to support Akon logistically and provision of materials to all the locations was coordinated from Lokichoggio. All distribution was done by air because of the rainy season that makes transport by land impossible.

A team of 7 senior polio staff members (3 in the first round and 4 in the second round) from the other regions, Lokichoggio and Nairobi assisted supervision of the implementation.

Coverage: all the payams were covered despite the rains, especially during the 1st round. The overall coverage for the first round was 110% and 105% for the second round (reports from 2 payams were not received at the time of this report writing). Only one payam (Barmayen in Aweil South) reported coverage of <80% in both rounds (73% in the first round an 75% in the second round). The rate of Zero dose children was 13% in the 1st round and came down to 5% in the 2nd round.

Wastage rate was 19% and 13.3% in the 1st and 2nd round respectively.

Areas of weakness: most mothers did not know the date of the campaign. This may be related to the limited social mobilization done.

Gentian violet was applied only on fewer than 25% of vaccinated children.

House markings were not uniform in different villages of the same payam.

Constraints: the rainy season made landing in some airstrips impossible and had to delay delivery of supplies.

All the supplies and transport of personnel was done by air, which will increase the cost of the campaign significantly.

Upcoming Events

POLIO IMMUNIZATION NIDS

Lakes, Bahr el Ghazal, South Jonglei

1st Round: October 4-7, 2004
2nd Round: November 1-4, 2004

Upper Nile, Equatorias, North Jonglei, Nuba, S. Blue Nile

1st Round: October 11–14, 2004
2nd Round: November 8-11, 2004