



HIGHLIGHTS

- ❑ *Suspected outbreaks of Buruli ulcer and a follow up investigation to “nodding syndrome”*
- ❑ *Training and orientation of health workers on EWARN in Equatoria*
- ❑ *Suspected AFP cases investigated and followed-up*
- ❑ *Polio immunization and AFP surveillance training at the Nuba Mountains*

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

1.1. Review and consultation

As part of the continuing effort to build up local capacity for surveillance and epidemic detection, reporting and response WHO in collaboration with Sudan Medical Care (SMC), Diocese of Torit (DOT) and SRRA organized a two-day workshop for 10 participants from Kapoeta County. The workshop participants were drawn from Narus and comprised representatives of health centers, NGOs and SRRA.

This is the second time WHO organized an EWARN workshop in this county. This workshop is a follow-up/feedback of last year’s meeting, and to make consultations with health workers and partners. It was mainly to:

- brief and update participants on epidemic-prone diseases and EWARN.
- share experience on epidemic detection and reporting in the county.
- strengthen partnership with NGOs, counterparts and the community
- review experiences of EWARN team.

The participants were then briefed about selected epidemic-prone diseases; case definitions, detection and alerting of suspected outbreaks. A general background on health, common health problems and needs were reviewed together with the participants.

Experience from the meningitis outbreak in eastern part of Equatoria was shared among workshop participants. They observed that networking has improved detection, alert and response to suspected outbreaks, but there are many areas where this networking has to reach.

Networking improves early detection and prompt response to suspected outbreaks

Since last year’s training, the Narus EWARN team has regularly sent the weekly epidemic surveillance report to WHO/Loki and was involved in outbreak detection, investigation and reporting.

Moreover, as part of the training, participants compiled top ten diseases seen in their health facilities in 2001 (Figures 1).

1.2. Orientation and field consultation

A one-day orientation was given to the Yambio County Health Committee on diarrheal disease outbreaks, AFP and polio, and strengthening alert and response to suspected outbreaks. A total of 32 participants from CHD office, civil county departments, Yambio Civil Hospital, IDEAS and UNICEF attended. During this orientation participants notified a suspected case of AFP, which was then investigated, specimens were collected, and currently the child is on a 60-days follow-up.

1.3. Program collaboration and synergy

Field collaboration among different WHO programs, NGOs, UNICEF, counterparts, and community leaders continued in July. Due to this synergy, among others, investigation and follow-up of two-suspected AFP cases, alerting and investigation of suspected outbreaks were carried out (refer to section 1.4).

1.4. Suspected Outbreaks Alert and Response

1.4.1. Follow-up: "nodding syndrome"

A team composed of a WHO/HQ consultant, WHO/southern Sudan, and Samaritans' Purse carried out an investigation to the "nodding syndrome" at Mundri. This included an electroencephalography (EEG) for 35 children with history of "nodding" and seizure, detailed case review of 39 cases, assessment at Lui, Amadi, Kotobi, Karika, Bahr Naam, Maridi and Ibba.

Preliminary Observations

- Disease is known in all locations visited except Ibba where the community only heard about it but have not seen any case in the area.
- Some cases that presented with only nodding in January 2002 have now progressed to seizures with nodding or seizures only confirming the progressive nature of this syndrome.
- The EEGs are still on analysis and the report will come out in the final report, but the immediate observation indicates abnormal readings in most children.

This field investigation is a follow-up of the recommendation made by previous teams as part of a continued effort to identify the etiology of this syndrome and seek solution.

1.4.2. Field survey of a suspected Buruli Ulcer

An outbreak of suspected Buruli ulcer among internally displaced population in Tambura, Equatoria was reported in July/2002. As part of the response, a team from WHO, CARE Intl., KEMRI, and CHD did a detailed field survey.

Field Methods

- ✓ Review of clinical records, physical exams, interviews, and lab specimens
- ✓ Interviews of residents
- ✓ Visits to shelters and streams
- ✓ Consultation on management and follow-up of the outbreak.

Magnitude/Distribution

568 cases were registered at Mbia IDP camp and data compiled on 560 cases (Figure 2).

Brief clinical findings:

- Affects mainly the legs below the knees
- Small nodules or papules that rupture into oozing ulcers when scratched.
- Mainly painless but sometimes itchy in the beginning, some mild constitutional symptoms: fever, myalgia and pain
- Ulcers enlarge to big wounds that are about four inches in diameter with sharp undermined edges.
- Wound floor has necrotic tissues, which clear off when dressed regularly leaving a gray pink color

Case management

CARE International and the health team in the camp have set-up case management, health education and registration of cases.

Follow-up

The clinical presentations are suggestive of an outbreak of Buruli ulcer. Detailed laboratory analysis is ongoing in collaboration with WHO, KEMRI and the Institute of Tropical Medicine, Antwerp, Belgium.

Table 1. Summary update of suspected outbreaks alerted and verified, July 2002.

Suspected outbreak disease/syndrome	Location/Onset	Source and last update	Reported cases/deaths/actions taken
Buruli Ulcer	Mabia IDP camp, Tambura County, Equatoria Reported onset: 15/06/02	CARE International County Health Department Last Update: 26/07/02	568 reported cases, no deaths Filed investigation, data reviews (n=560), orientation, health education, case management, laboratory support
Suspected rabies among dogs	Maridi and Mundri area Reported onset 25/06/02	MRDA Samaritans' Purse Last Update: 15/07/02	Unprovoked dog bites of 16 people So far, no cases among people Anti-rabies vaccine through SP-Lui Killing of stray dogs by CHD

Figure 1. Top-ten diseases/syndromes at Narus, Kapoeta County, Equatoria; Jan-Dec 2001

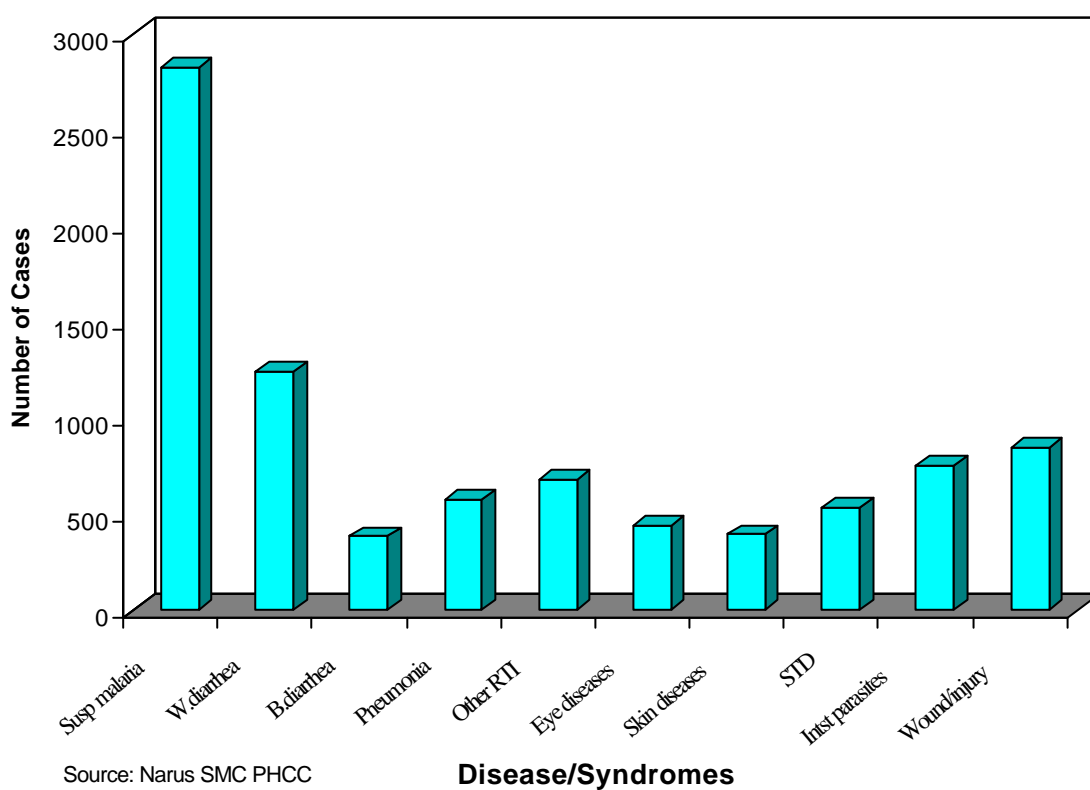
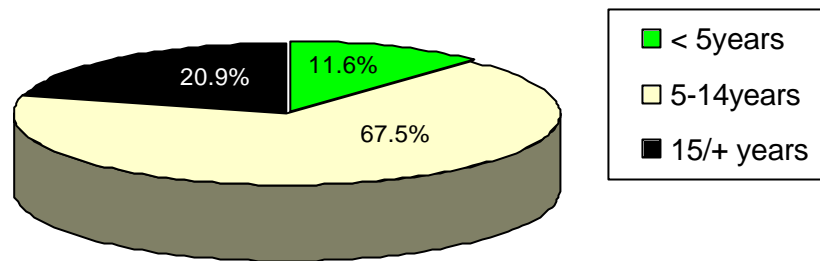


Figure 2. Distribution by age of suspected Buruli Ulcer cases at Mabia Tambura, Equatoria; July 2002 (n=560)



Source:
EWARN (CARE, WHO, KEMRI, CHD) Team

2. AFP Surveillance/ Polio Immunization Activities

2.1. AFP Surveillance

Six suspected AFP cases were reported and a detailed investigation was done and stool specimen is collected for all. Lab investigation results are pending and a 60-day follow-up is ongoing. Results of will be used for further classification of suspected AFP cases.

To further strengthen these efforts, training on AFP detection, reporting and

follow-up was conducted for field assistants in various locations. This is based on recommendations from field supervisions, which showed that there were needs to improve skills of field staff on case detection and follow-up. Every field assistant was advised to ensure that a medical officer examines all AFP cases.

2.2. Immunization

Polio immunization activities were implemented at SPLM-controlled areas of the Nuba Mountains. A total of 62,337 (87.5% of targeted) under-five children were immunized

The OLS Quarterly Health Coordination meeting was held in July 2002. DOT shared experiences from the meningitis outbreak at Torit county, Equatoria region, which occurred from Feb-April 2002.