The Visceral leishmaniasis (VL) or kala-azar—outbreak affecting South Sudan continues with cases fluctuating.

Partners have also scaled up the response, increasing treatment centres from the previous 15 to 17, with the addition of Koch and Rom – although these are still less than the 22 facilities in 2013.

From week 1 to 478 of 2014, a total of 6,936 cases and 196 deaths were reported compared to 2,828 cases and 88 deaths in 2013. Of these cases this year 6,490 were new cases and 446 relapses/Post-kala-azar dermal leishmaniasis (PKDL), while 227 were defaulters. In comparison, of the cases reported over the same period last year 2,616 were new, 212 relapses/PKDL and 40 defaulters.

Males remain the worst affected, accounting for 3,764 (54.3%) cases, while females account for the rest of the cases.

Youth are the worst affected age group

The worst affected age group remains 5-17 years, which constitutes 2,939 cases (42.4%), while those above 17 years make up 2,387 cases (34.4%) and children under-5 years account for 1,518 cases (21.9%).

Lankien, Chuil and Walgak continue to report the highest number of cases. Lankien reported 4,156 cases while Chuil reported 1,194 and Walgak 622.

A reduction in cases was noted over the last seven weeks. Cases dipped from week 40 to week 43, then spiked in week 44 and decreased again in weeks 45 and 46. This can be attributed to recent floods and insecurity that hindered patients’ access to health facilities. However, an increase is anticipated as the dry season is about to begin.

Generally, the number of cases in 2014 is higher – more than double – those reported in 2013. This is largely due to the peak season which occurs between September and November but may extend to January due to the long incubation period of two to six months, displacement of the non-immune populations to highly endemic areas, poor housing and malnutrition.

The trend in 2014 is similar to that of 2013. Usually the peak of the previ-
Response Activities by Partners

Supplies Provided to Partners by WHO in the Week Ending 16 November 2014

<table>
<thead>
<tr>
<th>Treatment Centres</th>
<th>Drugs and Test Kits</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SSG</td>
<td>rk39</td>
<td>Ambisome</td>
</tr>
<tr>
<td>Kala Core</td>
<td>2,000 vials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nile Hope</td>
<td>6,000 vials</td>
<td>2,000 Strips</td>
<td></td>
</tr>
<tr>
<td>SMRO</td>
<td>450 vials</td>
<td>200 Strips</td>
<td>200 vials</td>
</tr>
<tr>
<td>John Dau Foundation</td>
<td>50 vials</td>
<td>100 Strips</td>
<td></td>
</tr>
<tr>
<td>Akobo</td>
<td></td>
<td>100 vials</td>
<td></td>
</tr>
</tbody>
</table>

WFP: WFP is a potential partner that will provide food rations to Kala-azar patients. Partners can request food rations for patients in their treatment centres.

Implementing Partners are:
- MSF-H, MSF -Spain
- COSV, IMA through the County Health Department (CHD), Cordaid through the CHD, Nile Hope and Goal are supporting treatment facilities in endemic areas.

Challenges in South Sudan

- Inaccessibility to medical services by patients;
- Insecurity is prohibiting kala-azar patients to access treatment facilities;
- Delay in reporting or not reporting;
- Stock out of PM injection;
- Few partners involved the kala-azar response.

In partnership with the Ministry of Health (MOH) and the Kala-Azar Consortium (KalaCORE), UNICEF is also supporting social mobilisation and is working on adapting and publishing more Kala-azar information, education and communication (IEC) materials to support the response.

WHO: Activities by WHO include providing technical advice to partners and MOH; surveillance and data management; organizing and conducting multi-sectoral monthly coordination meetings on Kala-azar; support supervision – the most recent was in Eastern Equatoria State; training; providing kala-azar drugs and testing kits to treatment facilities.

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UNICEF: UNICEF has committed to support the Kala-azar response through distribution of long-lasting insecticide treated nets (LLITN) and provision of ready to use therapeutic food (RUTF) as nutritional support to kala-azar patients. To date, UNICEF has received a request from GOAL to provide 1,000 LLITNs for their activities in Rom. Other partners are invited to send any additional requirements for any of these items directly to Christopher Haskev (chaskew@unicef.org).

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Many thanks to Health Partners and MOH at national and state level, especially the Department of IDSR, who have helped to gather the information presented here. Kindly note that some figures may change as new data is received from areas that face communication challenges. These updates are posted on the WHO website: http://www.who.int/hac/crises/ssd/en/ as well as on the Humanitarian Info webpage: http://southsudan.humanitarianresponse.info/clusters/health.

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