Visceral leishmaniasis (VL) or kala-azar cases and deaths reported in South Sudan increased to 7,204 and 199 respectively by the week ending 12 December since 1 January 2014.

In comparison, 2,992 cases and 88 deaths were reported over the same period in 2013.

Of the current cases this year, 6,738 were new cases and 446 relapses/Post-kala-azar dermal leishmaniasis (PKDL), while 228 were defaulters. In comparison, of the cases reported over the same period last year, 2,772 were new, 220 relapses/PKDL and 42 defaulters.

Partners continue to scale up the response and have increased treatment centers from the previous 17 to 19, as those that were dormant reactivated. In comparison, there were 22 facilities in 2013.

Males remain the worst affected, accounting for 3,930 (54.5%) cases, while females account for the rest of the cases.

The worst affected age group remains 5 to 17 years, which constitutes 3,064 cases (42%), while those above 17 years make up 2,501 cases (34.7%) and children under 5 years account for 1,569 cases (21.7%).

Lankien, Chuil and Walgak continue to report the highest number of cases. Lankien reported 4,282 cases while Chuil reported 1,239 and Walgak 648.

A reduction in reported cases was noted over the last 10 weeks, a situation most likely caused by inaccessibility to the treatment centers due to floods or insecurity. Further, this could signal an end to the unusual peak that occurred earlier than normal. However, this is
still being assessed. The peak season often occurs between September and November but may extend to January due to the long incubation period of two to six months.

Juba Teaching Hospital continues to receive new kala-azar cases and respond accordingly. Those new cases are coming mostly from kala-azar endemic areas that are affected hard by the armed conflicts. A team from Juba Teaching Hospital will be provided with training in the coming months on kala-azar management to adequately respond to the continuous incoming cases.

**Response Activities by Partners**

**MSF-Spain:** The organisation is responding to Kala-azar in Upper Nile State. Following a move of about 50 Falatas (nomads) from the area between Renk and Paloich (Prek village) in November, MSF is attending to 40% of them who had Kala-azar.

**UNICEF:** To date, UNICEF has provided 3,000 long-lasting insecticide treated nets (LLITN) to GOAL and IMA for their activities in affected areas. UNICEF has committed to support the Kala-azar response through distribution of and provision of ready to use therapeutic food (RUTF) as nutritional support to kala-azar patients. Other partners are invited to send any additional requirements for any of these items directly to Gloria Puertas (gpuertas@unicef.org).

**WHO:** The organisation continues to provide technical advice to partners and MOH; surveillance and data management; organize and conduct multi-sectoral monthly coordination meetings on Kala-azar; support supervision; training; and provision of kala-azar drugs and testing kits to treatment facilities. Partners can estimate their drug consumption rate by quarter or six months and submit requests to any of the WHO in Juba or in the field.

In light of the challenges of accessibility to medical services by patients, insecurity which prohibits patients’ access to treatment facilities and delays in reporting or not reporting, partners have made the following recommendations:

- Strengthen surveillance;
- WHO/MOH to advocate for implementation of kala-azar control activities by the lead NGOs in affected areas;
- Advocate for more partners to establish new or restart old kala-azar treatment facilities in endemic sites including IDP camps; and
- Encourage partners to properly complete reporting tools.

The following partners are supporting treatment facilities in endemic areas:

- MSF-H, MSF-Spain, COSV, IMA through the County Health Department (CHD), Cordaid through the CHD, Nile Hope and Goal.

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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.