



Upsurge of kala-azar cases in Southern Sudan requires rapid response

8 October 2010 | Juba, Sudan -- Recurrent outbreaks of visceral leishmaniasis, a parasitic disease also known as kala-azar, have been reported in Southern Sudan, with 6363 cases and 303 deaths (case fatality rate of 4.7%) recorded since outbreaks began in September 2009. The number of cases is more than six times higher than the same period starting in 2007 (when 758 cases were recorded) and 2008 (582 cases). Most affected patients (70%) are children aged under 15 years who already suffer from concurrent malnutrition and other secondary illnesses.

In response, the World Health Organization is supporting the Ministry of Health and Health Cluster partners by providing and distributing medicines and laboratory diagnosis materials to five health facilities in Jonglei and Upper Nile States where Kala-azar sufferers are being treated. WHO is also helping train health personnel on case management, laboratory diagnosis, and conducting active case searching and surveillance. These activities have been supported by the Spanish Government and the European Commission's Humanitarian Aid department (ECHO).

But to keep responding to the outbreak over the next six months, healthcare providers are making a funding call for US\$700,000 to expand the coverage of treatment centres and buy more medicines, diagnostic kits and nutritional supplies.

Kala-azar is a neglected tropical disease endemic to Southern Sudan, a region also affected by insecurity and weak health services. A recent spike in cases was recorded during the rainy season of May-September 2010, a period when normally fewer cases are expected. The increased cases were reported particularly in Old Fangak and Ayod counties. There had been an earlier spike from September 2009 to January 2010, which subsided but subsequently increased with the current outbreak.

"The increased number of cases in Old Fangak, Ayod and surrounding areas is very disturbing and it is becoming difficult to contain the outbreak," says Dr. Abdi Aden, head of the World Health Organization's office for Southern Sudan. "Before the situation becomes uncontrollable, we must do something about it."

The kala-azar outbreak could worsen between now and April 2011, says Dr. Mounir Christo Lado, Director for Endemic Tropical Diseases Control, Ministry of Health. "Insecurity, flooding and the lack of health facilities across a vast geographical area are all playing a part in limiting access to treatment for this deadly disease," Dr Lado says.

Kala-azar is transmitted by the bite of sand flies and has a high mortality rate (over 95%) if not treated on time. The most common symptoms include fever, weight loss, enlargement of the spleen, anaemia, diarrhoea and fatigue. Treatment involves daily

injections of *sodium stibogluconate* for one month and requires patients to stay near health facilities for observation. The disease suppresses the immune system, leaving victims vulnerable to other infections such as malaria or pneumonia.

"It's unfortunate to see this second wave of the kala-azar outbreak, especially because the disease has claimed the lives of more children than adults," says WHO's Dr Aden. Children account for 75% of all kala-azar deaths in the current outbreak. "But this outbreak can be contained using an integrated approach in early diagnosis and improved treatment, active disease surveillance and case finding, integrated vector control management, and community mobilization to educate the public," he says.

Some 52% of kala-azar cases in Southern Sudan were reported from the Old Fangak Primary Health Health Care (PHCC), which is supported and managed by Sudan Medical Relief Organization. The Old Fangak PHCC admitted over 880 new cases with 22 deaths in September 2010 alone, while Ayod Primary Health Care has been overwhelmed with at least 175 cases admitted in the same time. Other major treatment centres that have recorded increased Kala-azar cases include Malakal, Laiken and Pagil.

"Kala-azar sufferers this year have had better access to treatment since 2007, partially due to increased availability of drugs and health education campaigns. But many patients still cannot reach treatment centres due to insecurity, flooding and distance," says Dr. Jill Seaman of the Sudan Medical Relief Organization. "We have lost many patients suffering from a combination of kala-azar, malaria and malnutrition."

Southern Sudan's deteriorating humanitarian situation, and shortage of qualified health personnel, medical supplies and drugs for treating kala-azar and other illnesses are complex health challenges that must be addressed. WHO, the Ministry of Health and partners are advocating greater access to kala-azar treatment by expanding treatment centres to all affected communities, allocating more resources to respond to the ongoing outbreak, and involving more health partners in dealing with it. Most health partners supporting treatment centres also undertake health education campaigns to promote early diagnosis and treatment by proper use of insecticide-treated bed nets and raising awareness of kala-azar.

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