

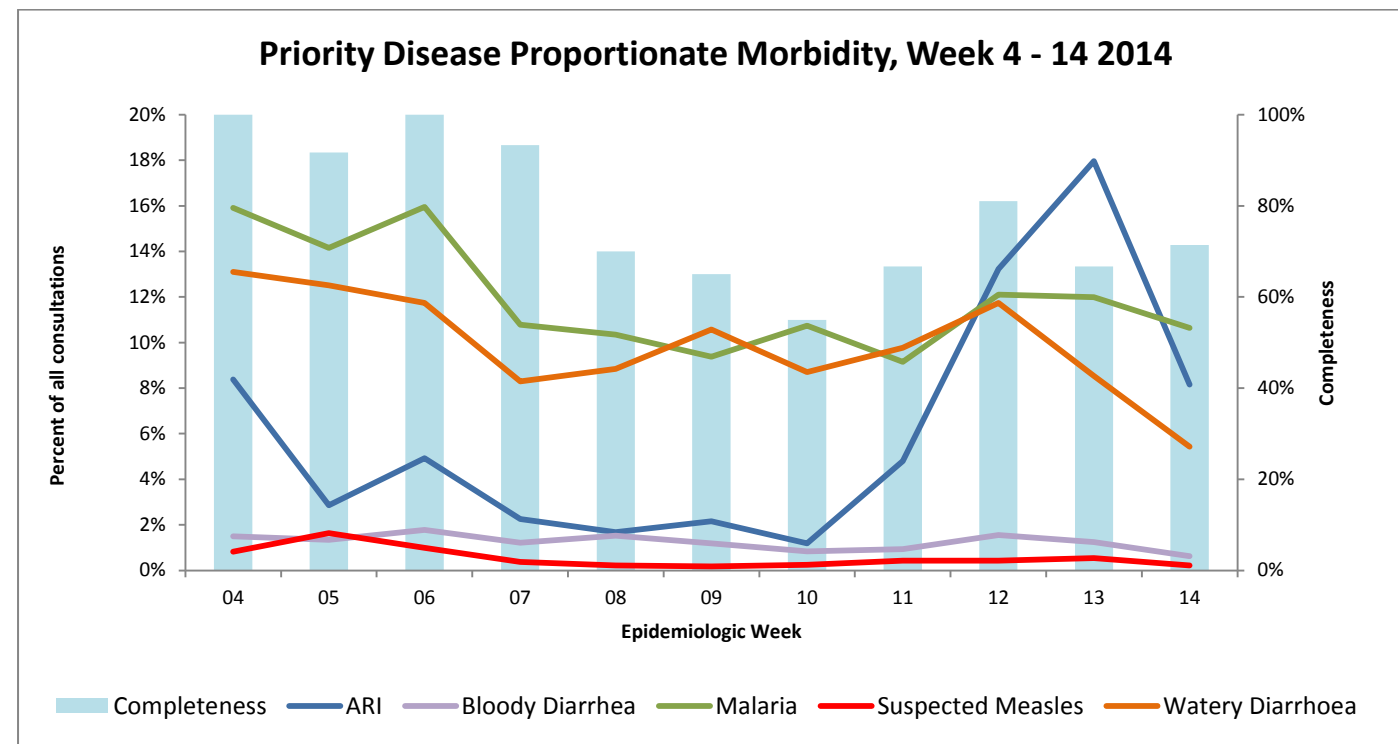


Surveillance Highlights December 2013 - April 2014

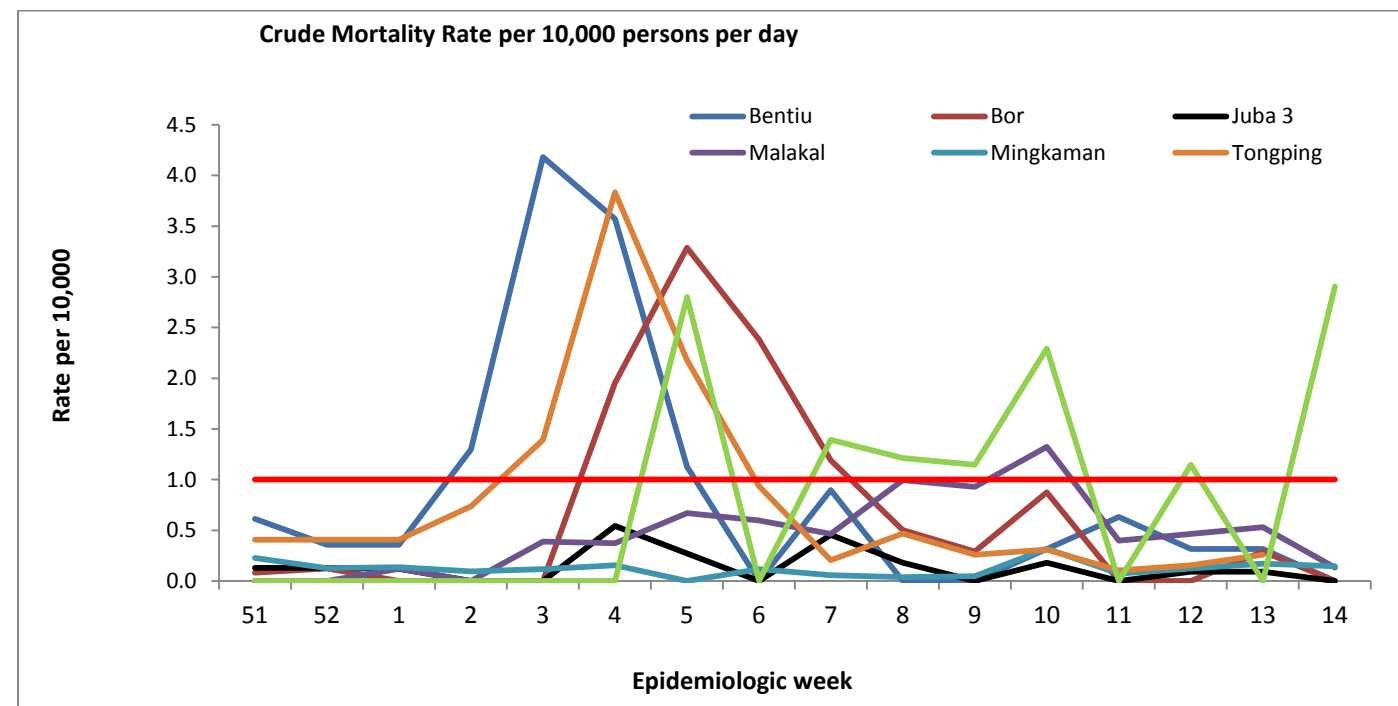
Overview of the surveillance situation:

Reporting and trends

- Overall, the reporting performance improved, especially towards the end of March 2014, moving from 100% during week 51 (2 sites) to 65 (44 sites) %.
- To improve the quality of data, data cleaning was undertaken to which resulted in the reporting sites dropping from 44 to 26. The proportionate morbidity data was adjusted to account for weekly disparities in completeness.



- Under-5 and crude mortality rates remain below the emergency thresholds, however, the living conditions in the camps remain precarious. AWD has caused the highest number of deaths with a cumulative of 98 deaths being reported in Mingkaman (29), Tongping (26) and Malakal (23). Measles accounted for 88 deaths, most from Bor (42) and Thongpiny (35).



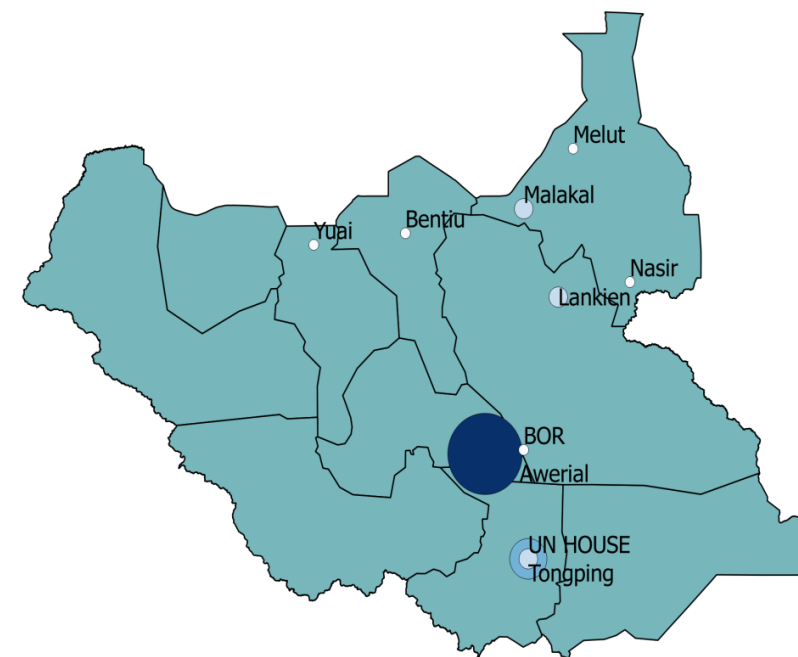
- The trends of acute bloody diarrhea (ABD), malaria, suspected measles, acute respiratory infection (ARI), and acute watery diarrhea (AWD) have been closely tracked in the IDP camps and communities.
- Malaria, ARI, and acute watery diarrhea account for the greatest burden. Reported totals since December 15, 2013 are as follows

▪ Malaria	20253 (16.7% of all consultations)
▪ Acute Watery Diarrhea	18588 (9% of all consultations)
▪ ARI	8949 (8.2% of all consultations)
▪ Acute Bloody Diarrhea	2581
▪ Measles	971

Acute Watery Diarrhoea

- Suspected cholera cases were reported in Tongping Protection of Civilian (PoC) camp, however, they tested negative by culture, at AMREF Nairobi laboratory.
- In response to the threat of cholera, particularly in IDP settings, a cholera response framework was developed and cholera case projections were calculated for 10 high-risk IDP camps and nine (9) host communities to support preparedness planning.
- Oral cholera vaccination (OCV) was conducted in Mingkaman, Juba III/UN Camp and Tongping PoC, in which 60, 239 people were reached. The first round of OCV in Malakal is scheduled to start on 7th April 2014.

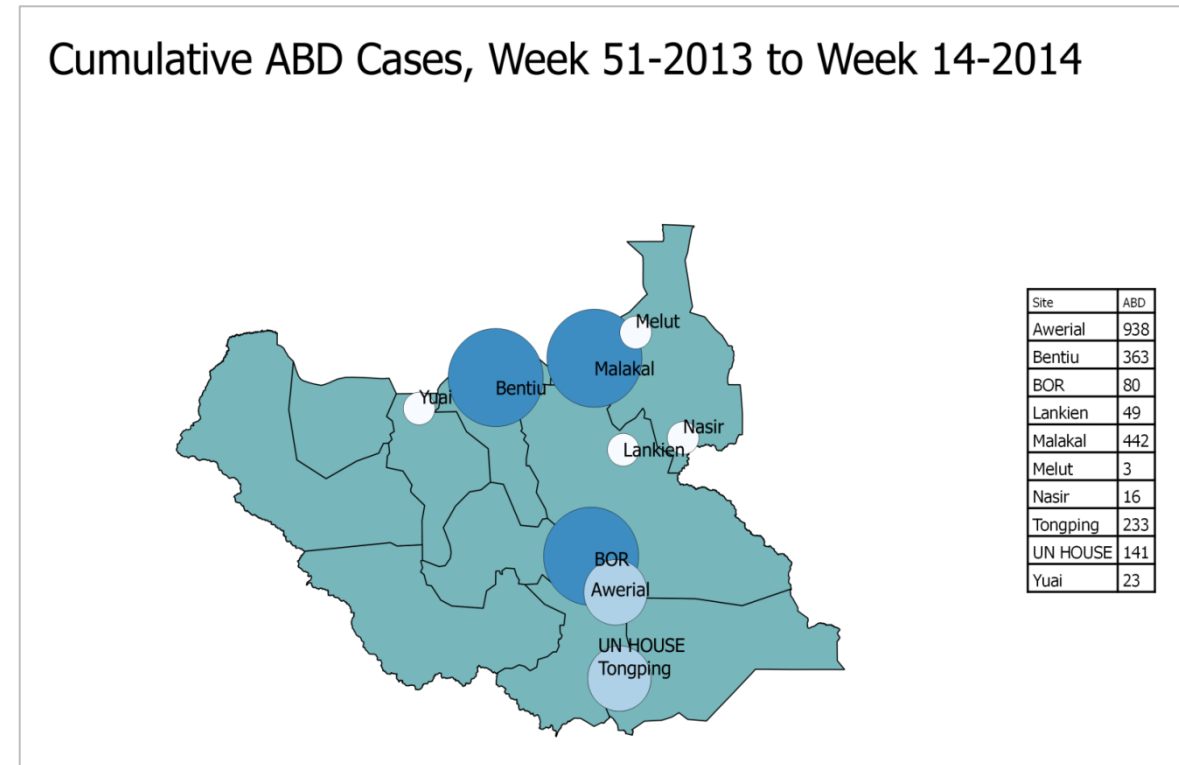
Cumulative AWD Cases Week 51 2013 to Week 14 2014



Site	AWD
Awerial	4988
Bentiu	910
BOR	510
Lankien	1447
Malakal	1162
Melut	902
Nasir	820
Tongping	2967
UN HOUSE	1226
Yuai	688

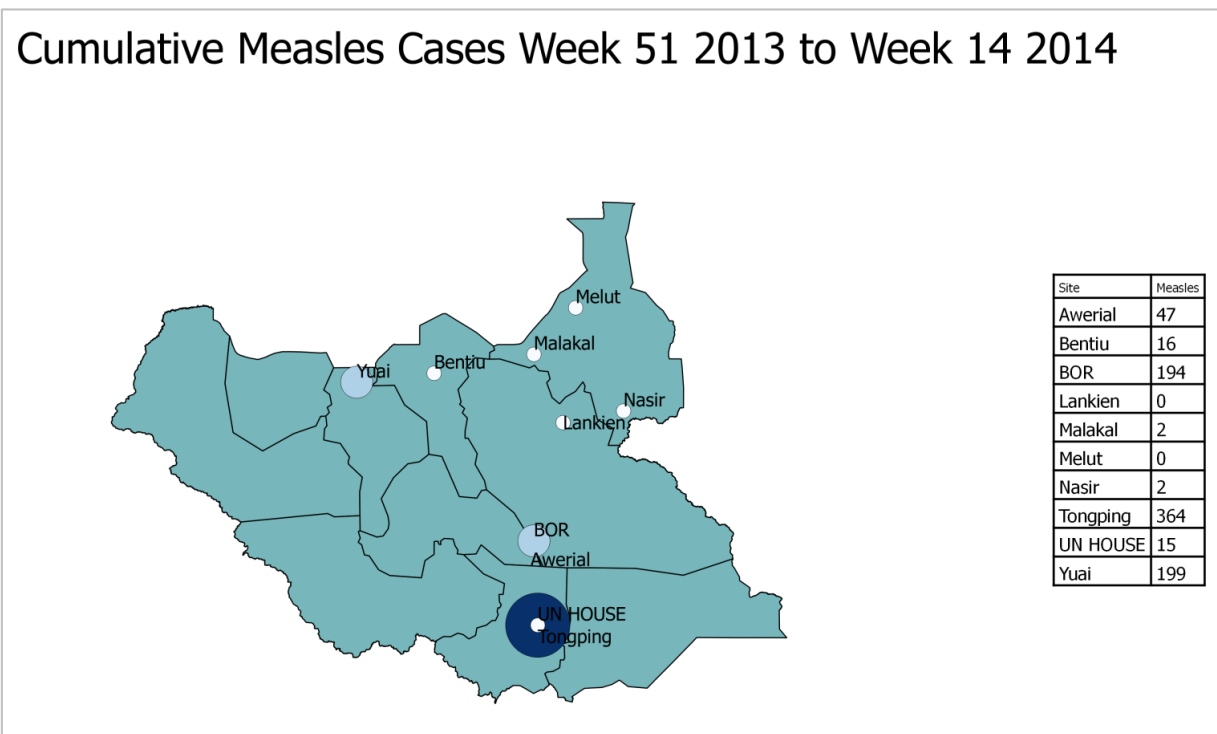
Acute Bloody Diarrhoea

- The areas reporting the highest morbidity include Awerial, Bentiu, Malakal and Tongping, with Bentiu reporting high numbers during week 12, when the water treatment plant broke down. After repair of the water treatment plant, intensified social mobilization and health education of the IDPs on AWD prevention and control by partners, the cases have started to reduce (1.8% morbidity in week 12 to 1% in week 14).



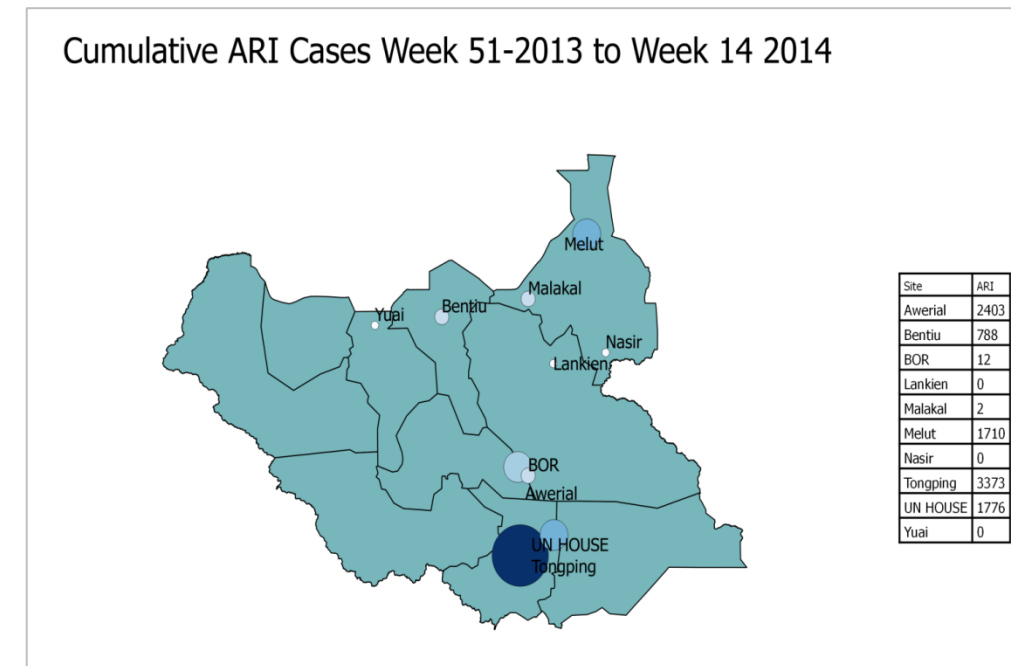
Measles

- The measles outbreak which started around week 52, 2013, tapered off after week 6 following integrated measles and polio campaigns. The most affected camps were Tongping and Bor. Yuai reported the highest number of measles cases since week 8. However, the case increase has leveled off after the initiation of the vaccination campaign.



ARIs

- Reporting for ARIs has improved and has showed an increasing trend from 5% in week 11 to 8.2% in week 14.
- 14. This increase has been associated with the rains and improved reporting.



Malaria

- The proportion of malaria cases has been rising steadily from week 10 to week 13 and as a consequence, malaria recorded the highest proportionate morbidity during week 13 and 14.
- The continued escalation of malaria cases further justifies the need to strengthen malaria prevention and control interventions in the camps with priority accorded to eliminating vector breeding grounds, distribution of bed nets, and prompt and effective management of all incident cases.

