



REFUGEE SURVEILLANCE UPDATE (MABAN AND YIDA)

Epidemiological Weeks 5

21th- 27th January 2013

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Highlights

- The proportion of health facilities in Maban submitting weekly reports to the state and central level increased this week to 61% (14 out of 23) as compared to week 4 (*see list of health facilities in Maban and supporting partners in page 2*). Six health facilities serving refugees in Maban reported this week out of Seven facilities, while reporting from facilities serving the host communities improved this week 9 out of 15 facilities reported (*few facilities are not functioning*);
- Out of the three health facilities serving Yida refugee camp only one facility (MSF-F clinic) reported this week, Yida PHCC, and Wang Kuat PHCC run by CARE did not report.
- Acute watery diarrhea was the leading priority diseases recorded in the refugee camps, followed by acute jaundice syndrome and Malaria.
- Eight Hundred and ten (810) suspected Acute Jaundice Syndrome (AJS) cases or confirmed Hepatitis E cases and eight (8) related deaths were recorded from Maban and Yida. Of these, 98% of cases and 100% of deaths were reported in Maban refugee camp, Yusuf Batil in particular. Only 2% of cases were reported in Yida refugee camp. The cumulative AJS cases recorded from Maban refugee camps was 5,892 and 107 related deaths, while 125 AJS cases and 4 deaths were recorded in Yida as of week 5. The trend of AJS cases in Batil has been increasing since week 48 of 2012 till week 5 of 2013.
- There was no suspected Cholera, Meningitis, Measles or VHF cases reported from refugee camps, but the trend of acute watery diarrhea slightly increased this reported period.
- Assessments conducted by MSF in Yusuf Batil and camps on water and sanitation condition in the camps indicated that there are major gaps on sanitation and hygiene situation at household and Sheikdom levels. There are very few hand-washing at household or sanitation facility levels, while decommissioning full latrines is a major problem in all camps. Waste management at camp and market place is also a major gap which requires urgent attention. UNHCR and other partners are fully committed to scale up the water and sanitation interventions that will address the gaps identified through these assessments.

Silent Facilities: Genkwatta PHCC, Khortumbak PHCC, Banishowa PHCC, New Guffa, Baugaya PHCC, Doro PHCC (SIM) IMC Gendrassa Clinic, Yida PHCC and WangKuat

Reporting Performance

The total number of health facilities expected to *report for Early Warning and Alert Response Surveillance (EWARS)* system from Maban County is 23 facilities in Maban and 3 facilities in Yida, of these, seven facilities are serving refugees camps in Maban and 3 facilities are serving Yida refugee camp. Nonetheless, few health facilities serving host communities in Maban county are not functioning or there functionality various week by week.

Table 1: Reporting Status of Health Facilities Serving Refugees and Host Communities in Maban and Yida

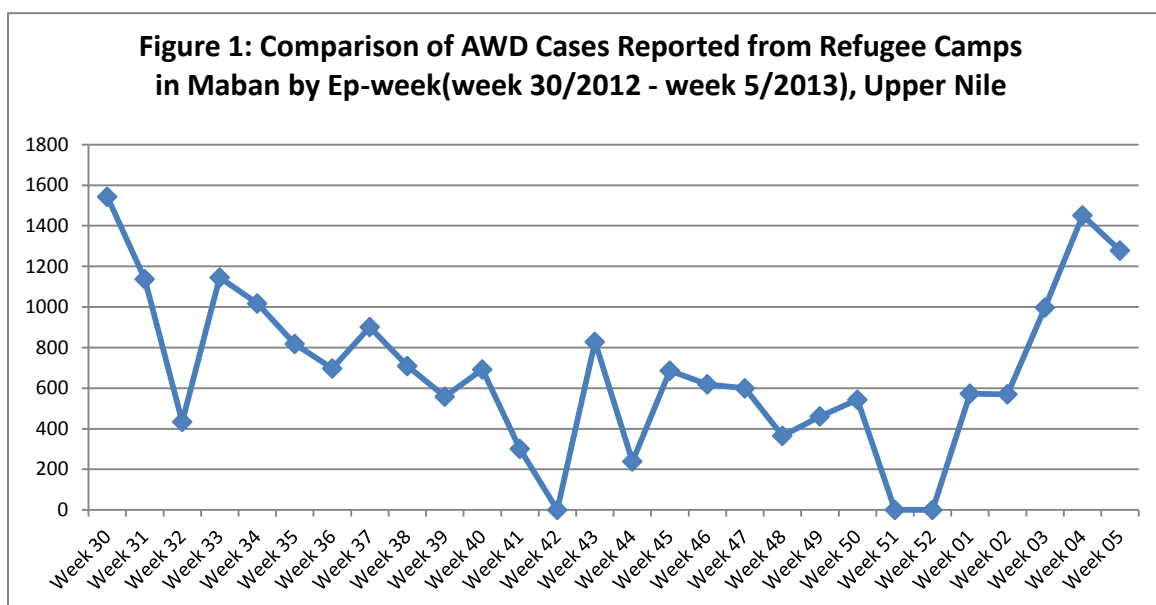
FACILITY IN MABAN	WK1	WK2	WK3	WK4	WK5
<i>Doro camp clinic MSF-B</i>	1	1	1	1	1
<i>Jamam CAMP MSF-H CLINIC</i>	1	1	1	1	1
<i>Batil GOAL clinic(west & South)</i>	1	1	1	1	1
<i>Batil MSF-H</i>	1	1	1	1	1
<i>Batil Medair SE Clinic</i>		1	1	1	1
<i>Gendrassa MSF H</i>	1	1	1	1	1
<i>Gendrassa IMC</i>					
<i>Bunj PHCC Relief International</i>	1				1
<i>Bunj Hospital SP/GOAL</i>	1				1
<i>Dangaji PHCU Relief International</i>	1				1
<i>Gesm Allah PHCU Relief International</i>	1				1
<i>Jammam PHCU GOAL</i>	1	1	1	1	1
<i>Banashowa PHCU SCiSS-MRDO</i>					
<i>Genkwata PHCU MOH</i>					
<i>Thuaye PHCU MOH</i>	1				
<i>New Guffa PHCU MOH</i>					
<i>Khor Tumbak PHCU MOH</i>					
<i>Puomkl PHCU SCiSS-MRDO</i>					
<i>Doro PHCU SIM</i>		1	1	1	
<i>Liang PHCU SCiSS-MRDO</i>	1		1	1	1
<i>Nila PHCU SCiSS-MRDO</i>	1		1	1	1
<i>Sheta PHCU SCiSS-MRDO</i>	1		1	1	1
<i>Baugaya PHCU GOAL</i>					
Total Facilities Reporting	14	8	11	11	14

FACILITIES IN YIDA	WK1	WK2	WK3	WK4	Wk5
<i>Wang Kuat PHCC</i>	1	1	1	1	
<i>Yida PHCC</i>	1	1	1	1	
<i>MSF-France Clinic</i>	1	1	1	1	1
Total Facilities Reporting	3	3	3	3	1

Epidemic Prone Disease Reported

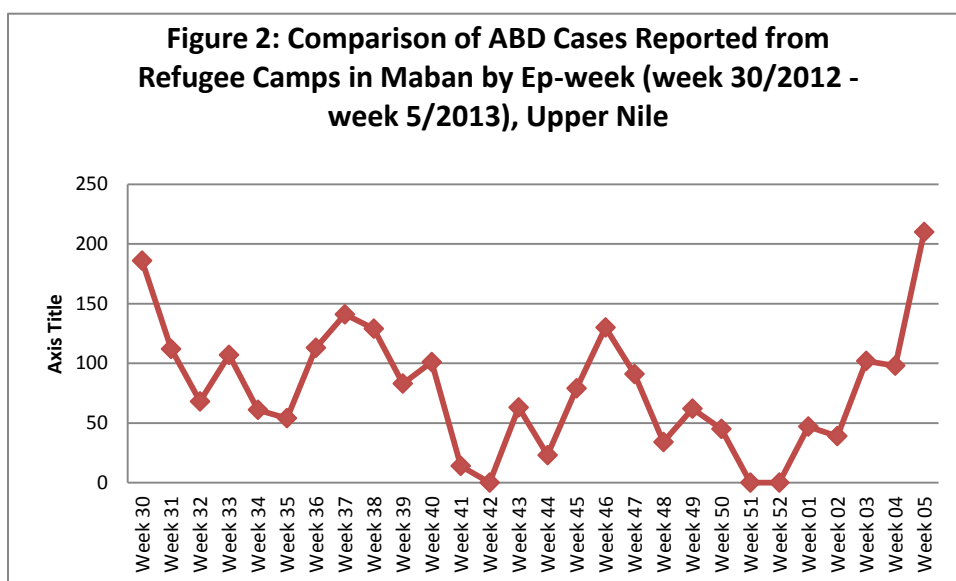
Acute Watery Diarrhea (AWD)

A total of 1,790 AWD cases were reported from the refugee camps during this reporting week with no related deaths. Of these cases, 85% (1516) cases were recorded from Maban camp and 274 from Yida camps. Children below five years of age accounted for 58% of all reported AWD cases. Figure 1 below shows a comparison of AWD cases reported by Epi-week and year (2012 and 2013). The overall incidence rate of AWD across the camps in Maban County decreased slightly in week 5. The trend of AWD that has been increasing from week one of 2013, reached the second highest peak since week 30 of 2012. Sanitation and hygiene is still a major problem in the refugee camps and the risk of water borne disease outbreak is very high.



Dysentery (ABD)

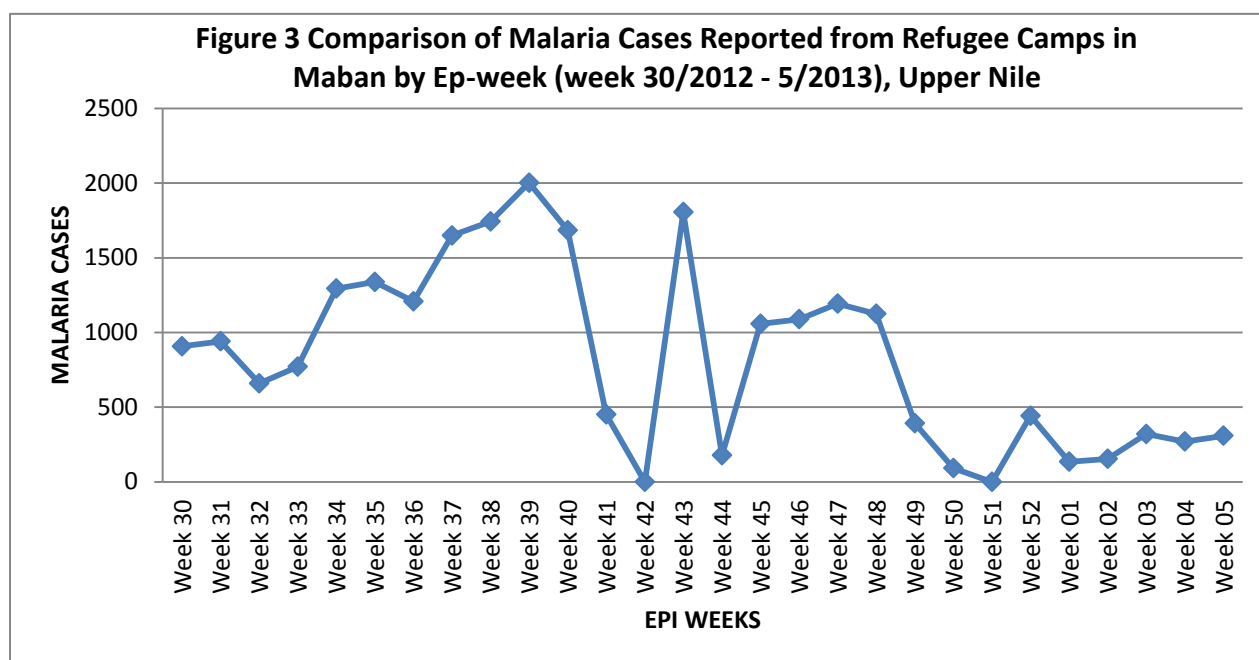
A total of 222 cases of ABD with no related death were reported from the Maban and Yida Refugee camps. Of these cases, 90% were reported from Maban refugee camps and 10% from Yida. Children below five years of age accounted for 26.6% of all reported ABD cases. Figure 2 below shows



a comparison of ABD cases reported by Epi-week and year (2012 - 2013). The ABD trend reported from the refugee camps in Maban has slight increased in the past three weeks, as compared to the previous weeks. It has reached to highest rate in week 5 since week 30 of 2012.

Malaria

A total of 588 malaria cases with no related deaths were reported in weeks 5 from Maban (348) and Yida (240). Of these cases, 29% of the cases were in children below five years of age. Figure 3 below shows comparisons of malaria trends by Epi-week. The malaria cases recorded in the refugee camps in Maban remains low in the past five weeks of 2013 as compared to the last few weeks of 2012 (refer to below figure 3,) while in 2013 trend has remained low.



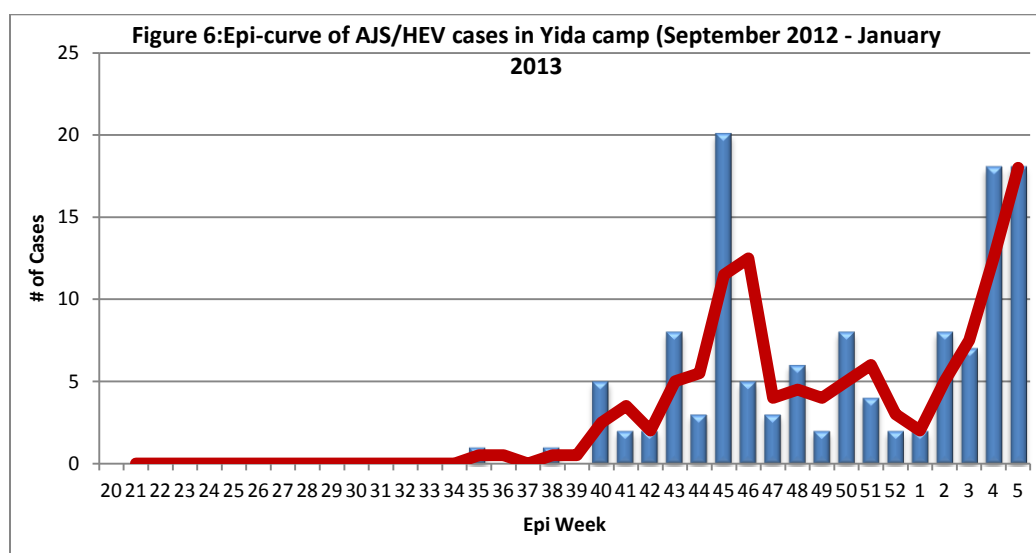
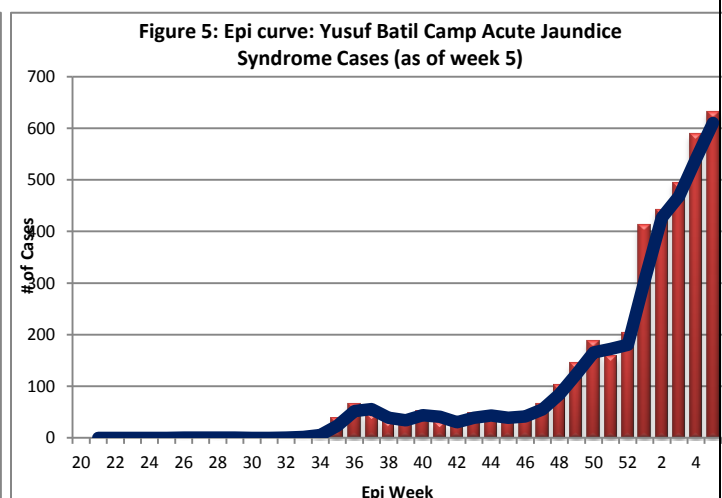
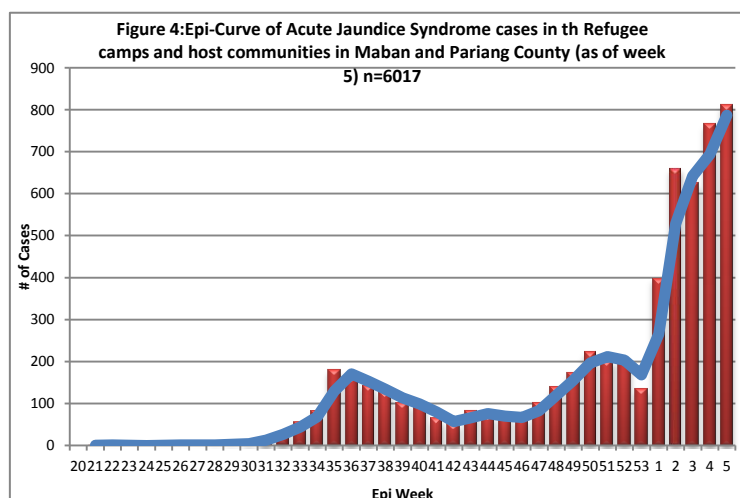
Acute Jaundice Syndrome (AJS)

A total eight Hundred and ten suspected AJS cases and Eight (8) related death were reported on week 5 from all refugee camps in Maban and Yida. Over 78% of all cases were recorded in Yusuf Batil camp, followed by Jamam (11%), Gendrassa (7%), Yida (2) and Doro (2%). All the 8 deaths were in Batil camp. Refer to table 2 for distribution of cumulative cases by camp. Figure 4, 5 and 6 shows Epi-Curve in Maban AJS). The cumulative AJS cases recorded in

Camp	Population (approx.)	AJS Cases	AJS Deaths	Case Fatality Proportion*
Jamam	15633	1320	25	1.9
Gendrassa	14904	577	3	0.5
Yusuf Batil	37229	3937	77	2.0
Doro	44704	58	2	3.4
Yida	60589	125	4	3.2
Total	173059	6017	111	1.8

Maban as of week 5 was 5892 (suspected and confirmed HEV) and 107 deaths (CFR 1.8 %) as of week 5. As shown figure 4, the overall trend of AJS (confirmed or unconfirmed HEV) has significantly

increased from week 47 of 2012 till week 5 of 2013. Nonetheless, considerably upsurge has been recorded in Yusuf Batil, while trend of AJS cases have slightly increased in all other camps.



Poor sanitation and hygiene practice compounded with inadequate distribution of clean water, lack of soap as hand-washing points and limited access to functioning latrines and too few hand-washing points are likely factors contributing the ongoing upsurge of hepatitis E cases and deaths in Maban refugee camps. There are opportunities to improve the current water and sanitation conditions in the refugee camps in order to contain the upsurge of the outbreak, and UNHCR together with WASH and Health partner are taking steps to implement the newly developed WASH action plans.

Other Priority Disease: No suspected case of meningitis, Measles, ILI and VHF was reported during this reporting period from all refugee camps. However, Yida and Batil reported high numbers of respiratory tract infections in the past three weeks.

Table 3: Summary of Priority Diseases in Maban and Yida Refugee camps in Week 5

Camps	Doro		Batil		Gendrassa		Jamam		TOTAL (Maban)		Yida		TOTAL YIDA)	
Cases/ Death	C	D	C	D	C	D	C	D	C	D	C	D	C	D
Suspected Cholera	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AWD	611	0	373	0	6	0	526	0	1516	0	274	0	274	0
BD	34	0	43	0	0	0	124	0	201	0	21	0	21	0
Meningitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AJS	13	0	632	8	57	0	90	0	792	8	18	0	18	0
VHF	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Malaria	143	0	104	0	5	0	96	0	348	0	240	0	240	0
Neonatal Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	801	0	1152	8	68	0	836	0	2857	8	553	0	553	0

8,260,490 national population; **Incidence rate** =Reported cases/Population at risk*100,000; **Case fatality rate**= Total death/total cases recorded*100

Key : AWD – Acute Watery Diarrhoea , ABD – Blood Diarrhoea/Dysentery, Men – Meningitis, AJS – Acute Jaundice Syndrome, , AFP – Acute Flaccid Paralysis/Polio , NT - Neonatal Tetanus, 0 -Zero Report, C – Cases , D - Deaths , **Timely reports** - Reports received before Wednesday 10:00am, **Completeness** - Proportion of health facilities reporting in a county/state, **Timeliness** - Proportion of county in a state reporting on time. **HFs**- Health Facilities, **EPI-Expanded program for immunization**

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