



REFUGEE SURVEILLANCE UPDATE (MABAN AND YIDA)

Epidemiological Week 16

15th – 21st April 2013

Highlights

- The proportion of health facilities in Maban that submitted the weekly reports to the state and central level reduced to 17 bringing completeness to 77.3% (17 out of 22). (*See list of health facilities in Maban and supporting partners on page 2*). Five facilities serving the refugees in Maban reported on time in week 15, while reporting from facilities serving the host communities increased to 12 out of 15 facilities.
- All the health facilities serving Yida refugee camp reported on time this week.
- Acute watery diarrhea was the leading priority disease recorded in the refugee camps (69.8%), followed by malaria (18.5%), AJS (6.6%), and Acute Bloody Diarrhea (5.1%).
- One hundred and sixty six (166) suspected Acute Jaundice Syndrome (AJS) cases (or Hepatitis E cases) and four (4) related deaths were recorded from Maban and Yida in week 16. Of the total cases, 83.1% were reported from Maban refugee camps and 16.9% from Yida refugee camp. No cases were reported from the host community.
- Of the cases from Maban, 31.9% of the cases were reported from Jamam, followed by Batil (29%), Gendrassa (26.1%), and Doro (13%).

The cumulative AJS cases recorded from Maban refugee camps was 9,730 and 175 related deaths, while 297 AJS cases and 12 related deaths have been recorded in Yida from the beginning of the outbreak till week 16.

- No Meningitis, Measles, Cholera, or VHF cases were reported from all the refugee camps and host community.

Reporting Performance

The total number of health facilities expected to report for *Early Warning and Alert Response Surveillance* (EWARS) system is 22 facilities in Maban and 3 facilities in Yida. Of these seven facilities are serving refugees camps in Maban and three facilities are serving Yida refugee camp. Some of the health facilities serving the host communities have not been operating due to inaccessibility during rainy seasons or lack of health workers. Of late, some of silent ones started operating. Long distance and lack of communication equipment in some areas are sometimes a reason for not reporting on time. Improvement in reporting has been possible due to improved supervision from the county health department and support from partners.

Table 1: Health facilities serving refugee and host communities in Maban and Yida

| FACILITY IN MABAN | WK10 | WK11 | WK12 | WK13 | WK14 | WK15 | WK16 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <i>Doro camp clinic MSF-B</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Jamam CAMP MSF-H CLINIC</i> | 1 | 1 | 1 | 1 | 1 | | 1 |
| <i>Batil GOAL clinic(west & South)</i> | 1 | 1 | 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 | 1 | 1 |
| <i>Gendrassa MSF H</i> | 1 | 1 | 1 | 1 | 1 | | |
| <i>Gendrassa IMC</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Bunj PHCC Relief International</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Bunj Hospital SP/GOAL</i> | 1 | | 1 | 1 | 1 | 1 | 1 |
| <i>Dangaji PHCU Relief International</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Gesm Allah PHCU Relief International</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Jamam PHCU GOAL</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Genkwata PHCU MOH</i> | | | 1 | 1 | 1 | | 1 |
| <i>Thuaye PHCU MOH</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>New Guffa PHCU MOH</i> | | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Khor Tumbak PHCU MOH</i> | | | 1 | | | | |
| <i>Puomky PHCU SCiSS-MRDO</i> | | | | | | | |
| <i>Doro PHCU SIM</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Liang PHCU SCiSS-MRDO</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Nila PHCU SCiSS-MRDO</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Sheta PHCU SCiSS-MRDO</i> | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <i>Baugaya PHCU GOAL</i> | | | | | | | |
| Total Facilities Reporting | 17 | 17 | 20 | 19 | 19 | 15 | 17 |

| FACILITIES IN YIDA | WK 10 | WK11 | WK12 | WK13 | WK14 | WK15 | WK16 |
|-----------------------------------|----------|----------|----------|----------|----------|----------|----------|
| <i>Wang Kuat PHCC</i> | | 1 | 1 | 1 | 1 | | 1 |
| <i>Yida PHCC</i> | | 1 | 1 | | 1 | | 1 |
| <i>MSF-France Clinic</i> | 1 | 1 | 1 | | 1 | 1 | 1 |
| Total Facilities Reporting | 1 | 3 | 3 | 1 | 3 | 1 | 3 |

Epidemic Prone Disease Reported

Acute Watery Diarrhea (AWD)

A total of 1748 AWD cases were reported in Maban and Yida Refugee camps during this reporting week with no related deaths. Proportion of cases below five years was at 65.3% of all reported AWD cases in all the camps.

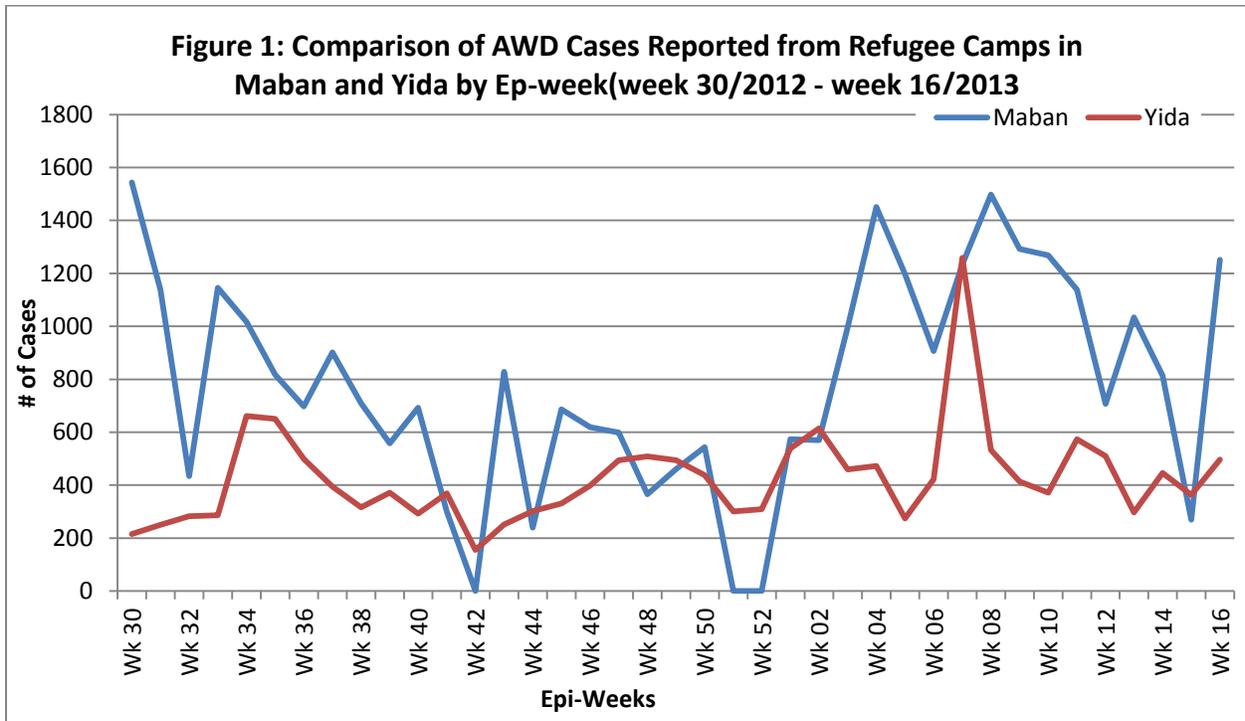


Figure 1 shows a comparison of AWD cases reported by Epi-week in year 2012 -2013 from facilities serving the Refugees in Maban and Yida. The incidence rate of AWD in the camps in Maban and Yida camps increased in week 16, more so in Maban. The cases among the Host community in Maban decreased from 444 to 264 with no related deaths.

Dysentery (ABD)

A total of 128 cases of ABD with no related deaths were reported in week 16 from the refugee camps. Proportion of cases in children below five years dropped further this week from 37.5% the previous week to 36.7%.

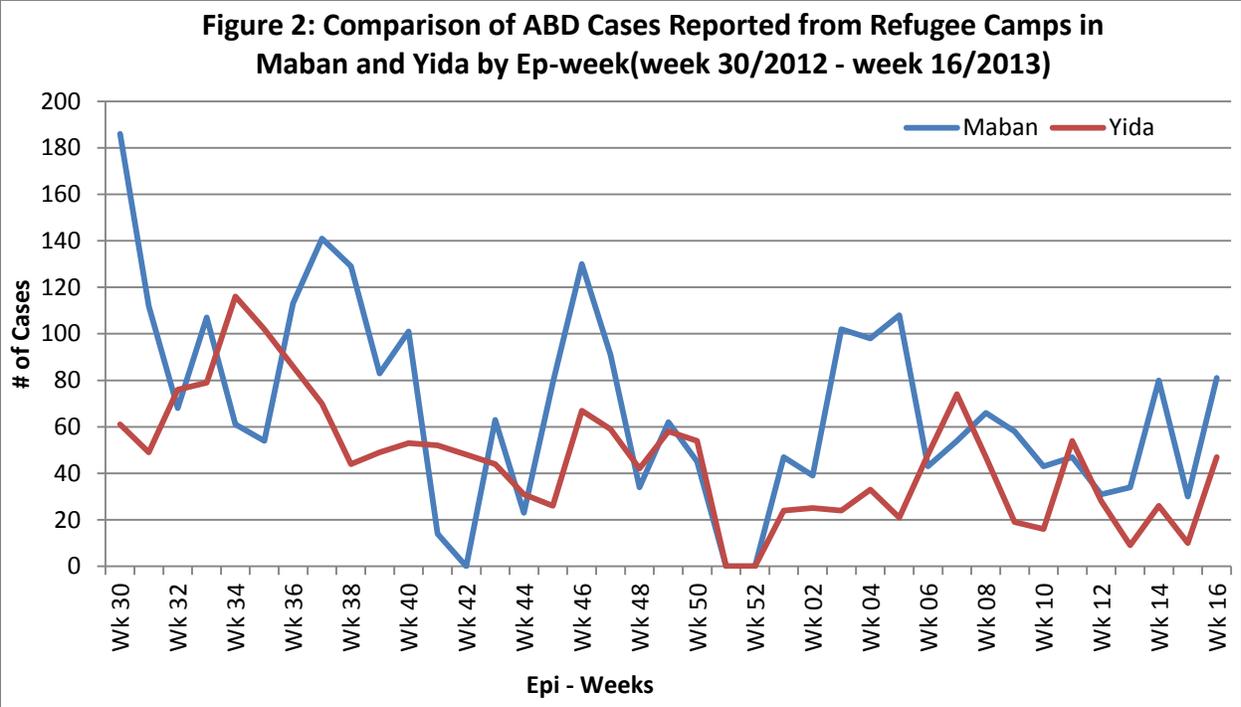
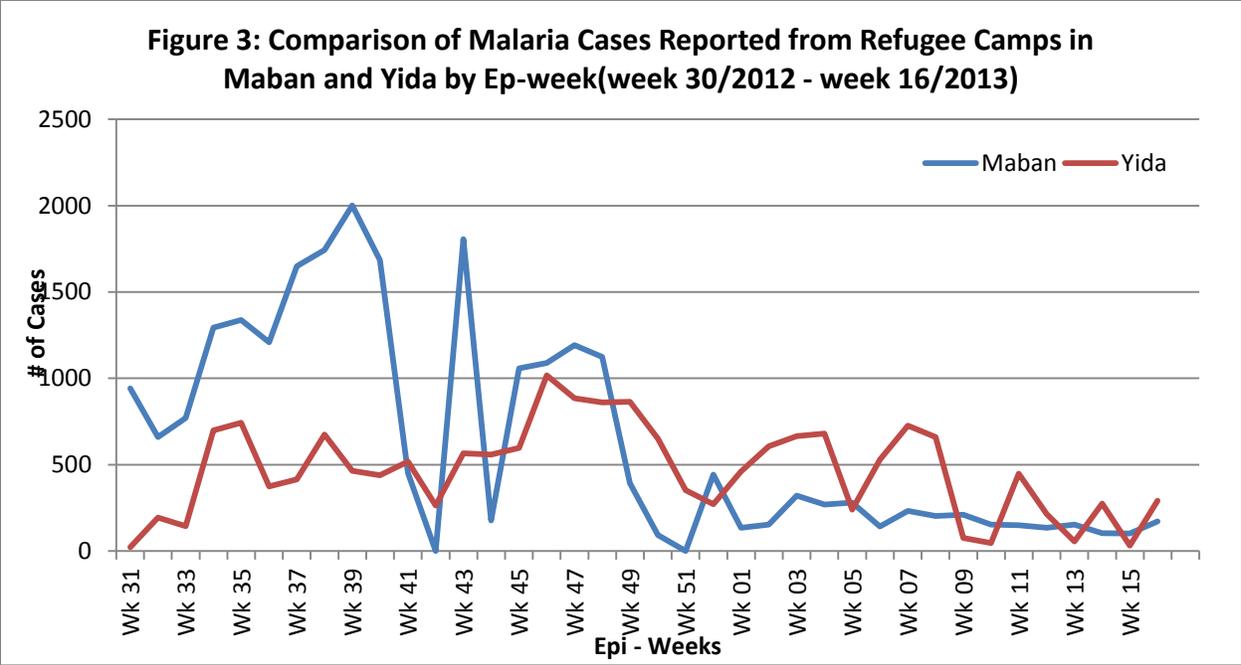


Figure 2 above shows a comparison of ABD cases reported by Epi-week and year 2012 – 2013 in Maban and Yida camps. The ABD trend reported from the refugee camps in Maban and Yida increased remarkably this week. The ABD incidence among the host community in Maban decreased to 84 from 87 cases in the previous week.

Malaria

Malaria incidence tripled this week, from 133 cases in the previous week to 462 cases with no related deaths in both Yida and Maban refugee camps. Yida reported 63% of the total cases from refugee camps. Out of all the cases, 26.6% were reported in children below five years of age. Malaria incidence rate in children has remained low in four consecutive weeks. In Maban County, 634 cases of malaria with no related deaths were reported from facilities serving the host community. Malaria cases remained almost the same when compared to those recorded in the previous week (632). The under 5 years old in the host community had a higher incidence of malaria (47%) than those in the refugee camps (26.6%).

Figure 3 below shows a comparison of the incidence of malaria in Maban and Yida.

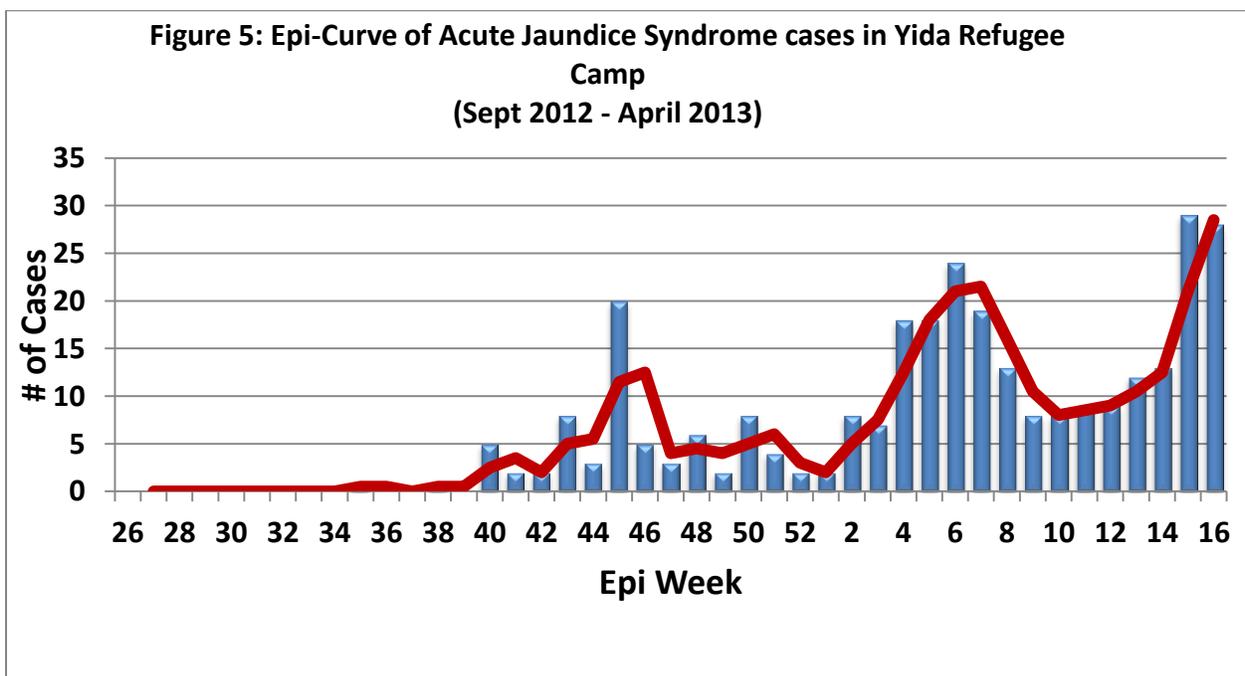
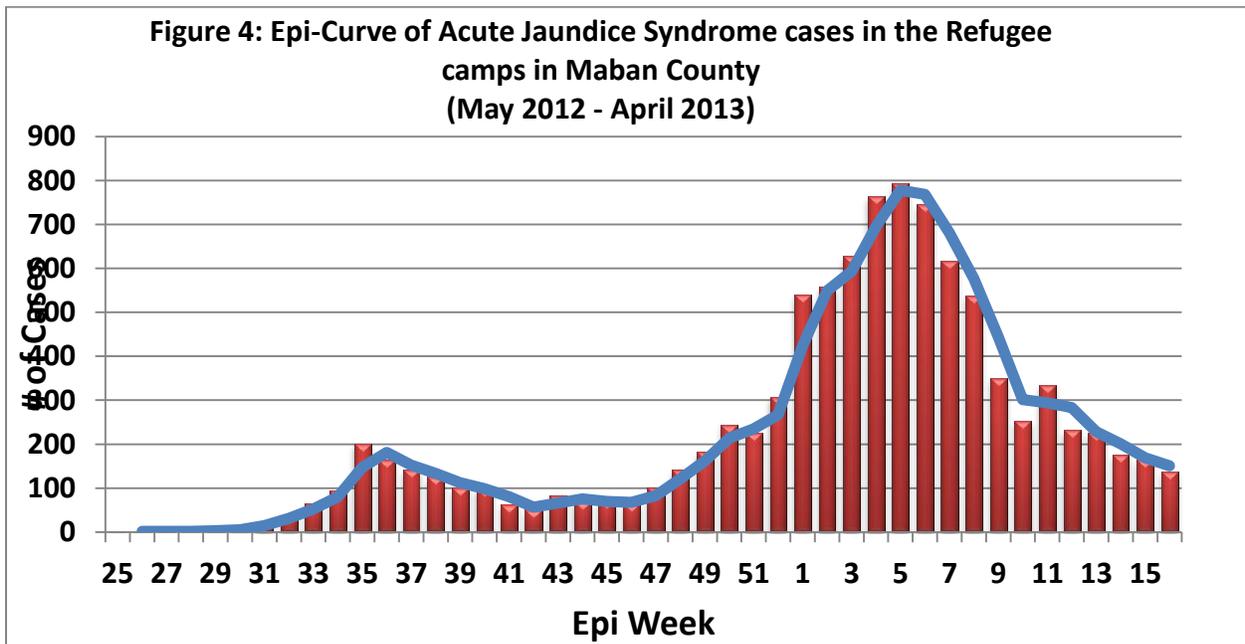


Acute Jaundice Syndrome (AJS)

A total of one hundred and sixty six (166) suspected Acute Jaundice Syndrome cases (or Hepatitis E cases) and four (4) related deaths were recorded from Maban in week 16. No death was reported in Yida this week. As has been the trend, 83.1% of new AJS cases were recorded in Maban refugee camps (figure 4 and 5 for AJS Epi-Curve in Maban and Yida). Of the deaths, two were recorded in Doro, one in Gendrassa, and another in Jamam. As shown in figures 4 and 5 below, a cumulative AJS cases recorded from Maban refugee camps was 9,730 and 175 related deaths, while 297 AJS cases and 12 related deaths were recorded in Yida from the beginning of the outbreak till week 16. Cases in Yida are slowly but steadily increasing every week. A total of 51 pregnant women have died of the disease since the outbreak started. New cases recorded in Maban refugee camps continued to decline for the 11th week as compared to the previous weeks. Compared to previous weeks, AJS/HEV cases from Batil have reduced remarkably since mid-February although the attack rate is still the highest among all the camps. Gendrassa and Jamam are still reporting high numbers of AJS/HEV cases compared to the past weeks. The current attack rates are: Batil 15.5%, Jamam 12.9%, Gendrassa 9.6%, Doro 0.7%, and Yida 0.5%. In general the epidemic is on the decline. This is the third week to register cases below 200 since December last year.

Community awareness, and good sanitation and hygiene practices need to be stepped up in areas both in the camps and host community especially where WASH levels are still below standards. MoH, WHO, UNHCR, and other health and WASH partners continue to implement different activities to improve the control of the outbreak.

This week no case was reported from the host community.



Other Disease: No suspected case of Meningitis, Measles, Viral Hemorrhagic fever or Influenza like illness was reported during this week.

Table 2: Summary of Priority Diseases in Maban and Yida Refugee camps week 16

| Camps | Doro | | Batil | | Gendrassa | | Jamam | | Maban TOTAL | | Yida | | Yida TOTAL | | Host Community | |
|-------------------|------|---|-------|---|-----------|---|-------|---|-------------|---|------|---|------------|---|----------------|---|
| | C | D | C | D | C | D | C | D | C | D | C | D | C | D | C | D |
| Cases/ Death | C | D | 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 | 0 | 0 |
| AWD | 463 | 0 | 221 | 0 | 262 | 0 | 305 | 0 | 1251 | 0 | 497 | 0 | 497 | 0 | 264 | 0 |
| BD | 37 | 0 | 16 | 0 | 16 | 0 | 12 | 0 | 81 | 0 | 47 | 0 | 47 | 0 | 84 | 0 |
| Meningitis | 0 | 0 | 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 | 0 | 0 |
| AFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AJS | 18 | 2 | 40 | 0 | 36 | 1 | 44 | 1 | 138 | 4 | 28 | 0 | 28 | 0 | 0 | 0 |
| VHF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Malaria | 78 | 0 | 18 | 0 | 62 | 0 | 13 | 0 | 171 | 0 | 291 | 0 | 291 | 0 | 634 | 0 |
| Neonatal Tetanus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 596 | 2 | 295 | 0 | 376 | 1 | 374 | 1 | 1641 | 4 | 863 | 0 | 863 | 0 | 982 | 0 |

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

For comments or questions, please contact: Surveillance Department, MoH-RSS, Tel: 0955551147; 0922186571; E-mail: outbreak_ss_2007@yahoo.com, HF radio frequency: 8015 USP; CELL CALL: 7002

