



REFUGEE SURVEILLANCE UPDATE (MABAN AND YIDA)

Epidemiological Week 26

24th – 30th June 2013

Highlights

- The proportion of health facilities in Maban that submitted the weekly reports to the state and central level was 20 out of 24 bringing completeness to 83.3%. (*See list of health facilities in Maban and supporting partners on page 2*). All facilities serving the refugees in Maban reported on time in week 26, while those serving the host communities were 12 out of 16 facilities.
- All the three health facilities serving Yida refugee camp did not reported on time this week.
- Acute watery diarrhea was the leading priority disease recorded in the refugee camps (45.3%), followed by Malaria (38.2%), AJS (11.9%), and Acute bloody diarrhea (4.7%).
- One hundred and ninety two (192) suspected Acute Jaundice Syndrome (AJS) cases (or Hepatitis E cases) and 3 related deaths were recorded from Maban in week 26. Three of those reported from Doro camp came from the host community.
- Gendrassa reported 37.5% of the cases, followed by Doro 35.9%, Batil 11.5%, Kaya 12.4% and 1.6% from the host community.
- The cumulative AJS cases recorded from Maban refugee camps are 10,919 and 198 related deaths.
- One measles case was reported this week from Gendrassa
- No cases of meningitis, cholera, or viral haemorrhagic fever were reported this week.

Reporting Performance

The total number of health facilities in Maban expected to report for *Early Warning and Alert Response Surveillance* (EWARS) system this week is 24. Of these, 16 serve the host community, eight serve refugee camps in Maban, and three serve Yida refugee camp. Three of the four silent health facilities serving the host community are operating but not reporting due to the long distance from Bunj town and lack of communication facilities.

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

FACILITY IN MABAN	WK20	WK21	WK22	WK23	WK24	WK25	WK26
<i>Doro camp clinic - MSF-B</i>	1	1	1	1	1	1	1
<i>Kaya 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	1	1
<i>Batil - Medair SE Clinic</i>	1	1	1	1	1	1	1
<i>Gendrassa - MSF H</i>	1	1	1	1	1	1	1
<i>Gendrassa - IMC</i>	1	1	1	1	1	1	1
<i>Kaya - IMC</i>			1	1	1	1	1
<i>Bunj PHCC - Relief International</i>	1	1	1	1	1	1	1
<i>Bunj Hospital SP - MoH</i>	1	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	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	1
<i>Khor Tumbak PHCU - MOH</i>							
<i>Puomky PHCU - Relief International</i>							
<i>Doro PHCU - SIM</i>	1	1	1	1	1	1	1
<i>Liang PHCU - Relief International</i>	1	1	1	1	1	1	1
<i>Nila PHCU - Relief International</i>	1	1	1	1	1	1	1
<i>Sheta PHCU - Relief International</i>	1	1	1	1	1	1	1
<i>Baugaya PHCU - GOAL</i>							
<i>Thonkayo</i>				1			
Total Facilities Reporting	19	19	20	21	19	20	20
FACILITIES IN YIDA	WK20	WK21	WK22	WK23	WK24	WK25	WK26
<i>Wang Kuat PHCC - Care International</i>	1	1		1	1	1	
<i>Yida PHCC - Care International</i>	1	1		1	1	1	
<i>MSF-France Clinic</i>	1	1	1	1	1	1	
Total Facilities Reporting	3	3	1	3	3	3	0

Epidemic Prone Disease Reported

Acute Watery Diarrhea (AWD)

A total of 729 AWD cases were reported in Maban refugee camps during this reporting week with no related deaths. AWD accounted for 45.3% of the priority diseases reported this week. Proportion of cases below five years was at 66.3% of all reported AWD cases in all the camps.

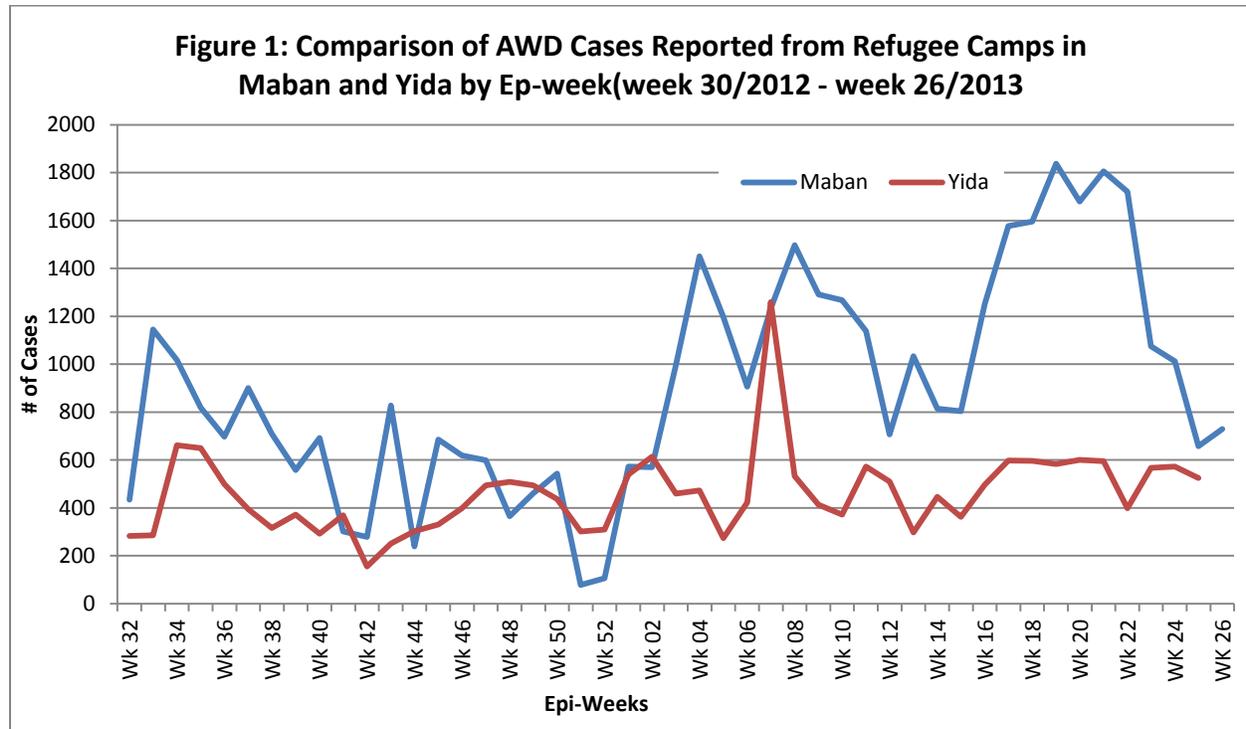


Figure 1 shows a comparison of AWD cases reported by Epi-week in year 2012 -2013 from facilities serving the Refugees in Maban and Yida. The incidence rate of AWD in the camps of Maban decreased in week 26. The cases among the Host community in Maban increased to 343 from 244 the previous week with no related deaths.

Dysentery (ABD)

A total of 75 cases of ABD with no related deaths were reported in week 25 from the refugee camps in Maban. This week recorded more cases compared to the previous week (56). Proportion of cases in children below five years increased to 50.7% from 48.3% the previous week.

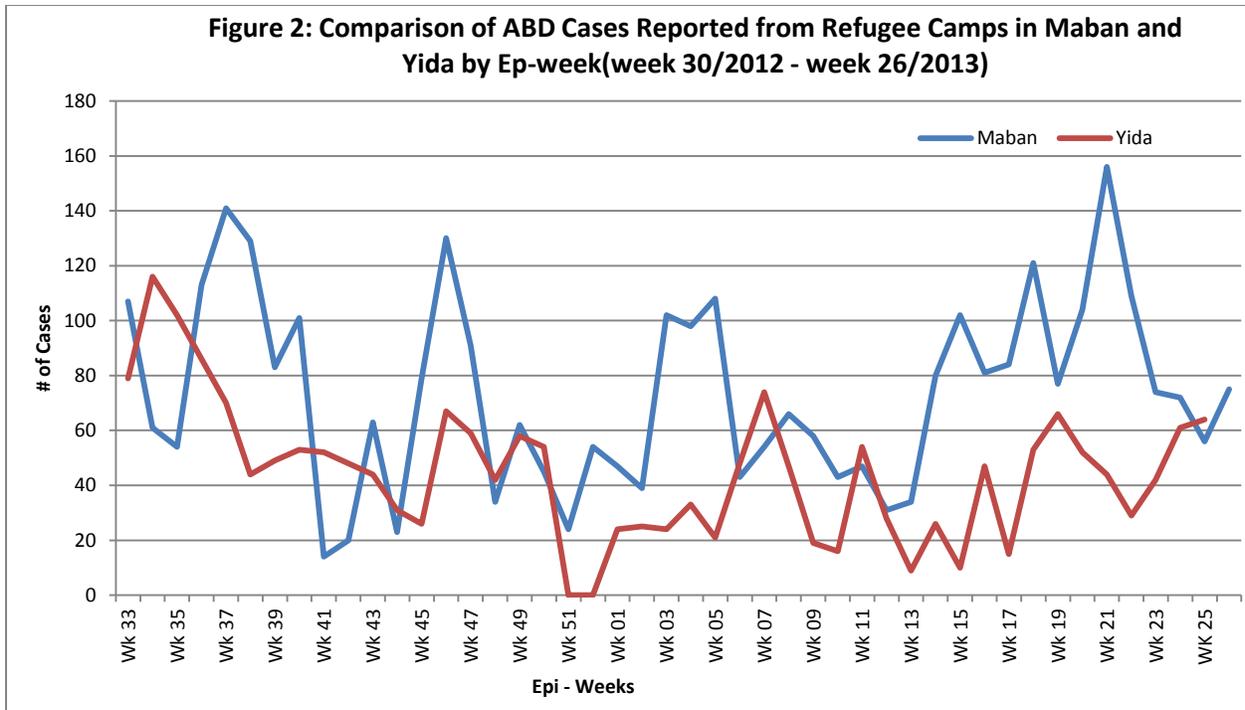
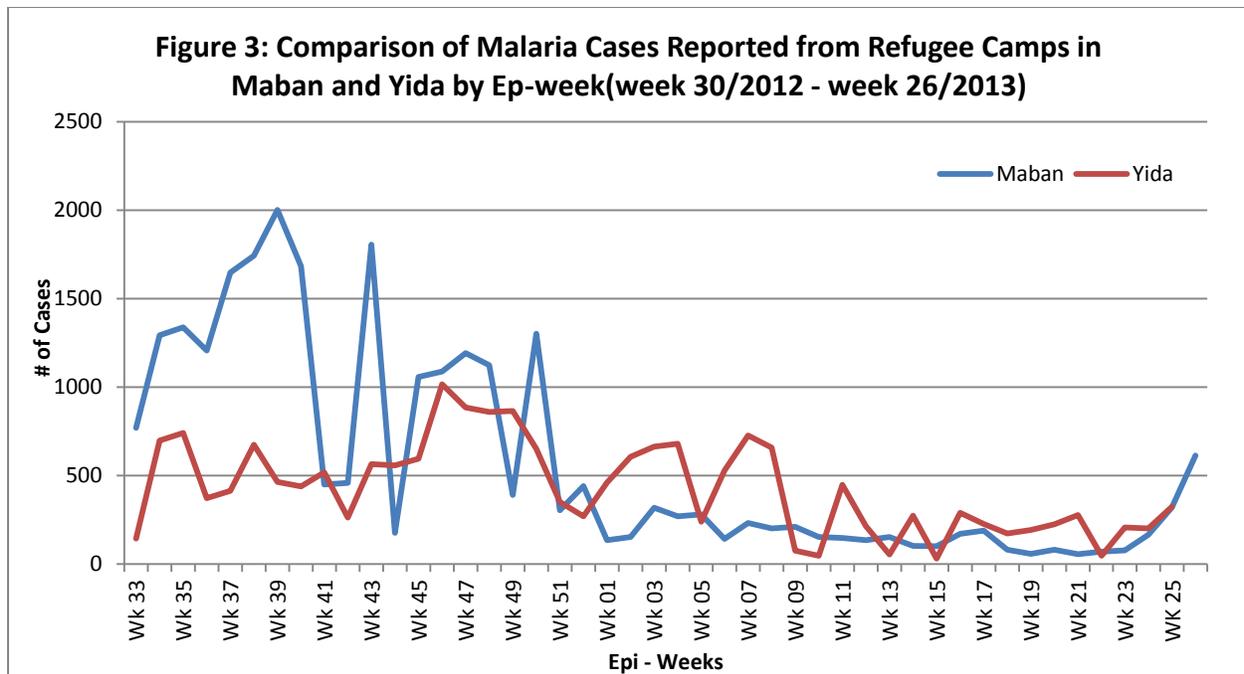


Figure 2 above shows a comparison of ABD cases reported by Epi-week and year 2012 – 2013 in Maban and Yida camps. The ABD trend reported from the refugee camps in Maban increased this week. The ABD incidence among the host community in Maban increased to 114 from 110 cases in the previous week.

Malaria

Malaria incidence in Maban this week doubled (615) compared to 321 cases in the previous week with no related deaths. Out of all the cases, 19.7% were reported in children below five years of age. In Maban County, 574 cases of malaria with no related deaths were reported from facilities serving the host community. Malaria cases decreased this week compared to those recorded in the previous week (665). The under 5 years old in the host community had a higher incidence of malaria (47.9%) than those in the refugee camps (19.7%). The incidence of malaria among children has for a long time been higher in the host community than in the refugee camps in Maban.

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 ninety (192) suspected Acute Jaundice Syndrome cases (or Hepatitis E cases) and two related deaths were recorded from Maban in week 26. (Figures 4 and 5 show AJS Epi-Curve in Maban and Yida). Three cases were reported from the host community in Doro this week. As shown in figure 4, a cumulative AJS cases recorded from Maban refugee camps was 10,919 and 198 related deaths since the outbreak till week 26. New cases recorded in Maban refugee camps continued to present an irregular pattern for several weeks in a row. Compared to previous weeks, AJS/HEV cases from Batil have reduced remarkably since mid-February. Gendrassa and Doro are still reporting high numbers of AJS/HEV cases compared to the previous months. This week, cases from Doro increased again. Together with UNHCR, UNICEF, partners, and community leaders, we have held several meetings and toured the camps to assess WASH and hygiene standards. More emphasis this week was directed to improving hygiene at house hold level and awareness in the community. WASH crude indicators are good according to sphere and UNHCR standards. Hep E awareness has been stepped up in the community through schools, places of worship, women and youth groups, and social events. The pattern of the epidemic is unpredictable as upsurges and declines are irregular.

Figure 4: Epi-Curve of Acute Jaundice Syndrome cases in the Refugee camps in Maban County (May 2012 - June 2013)

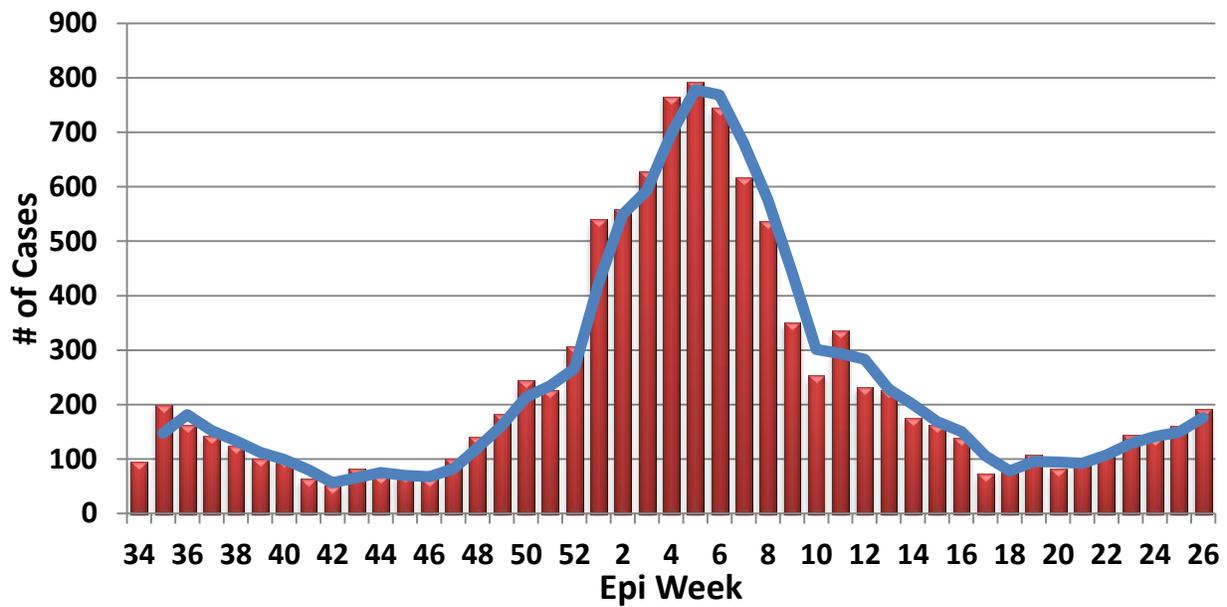
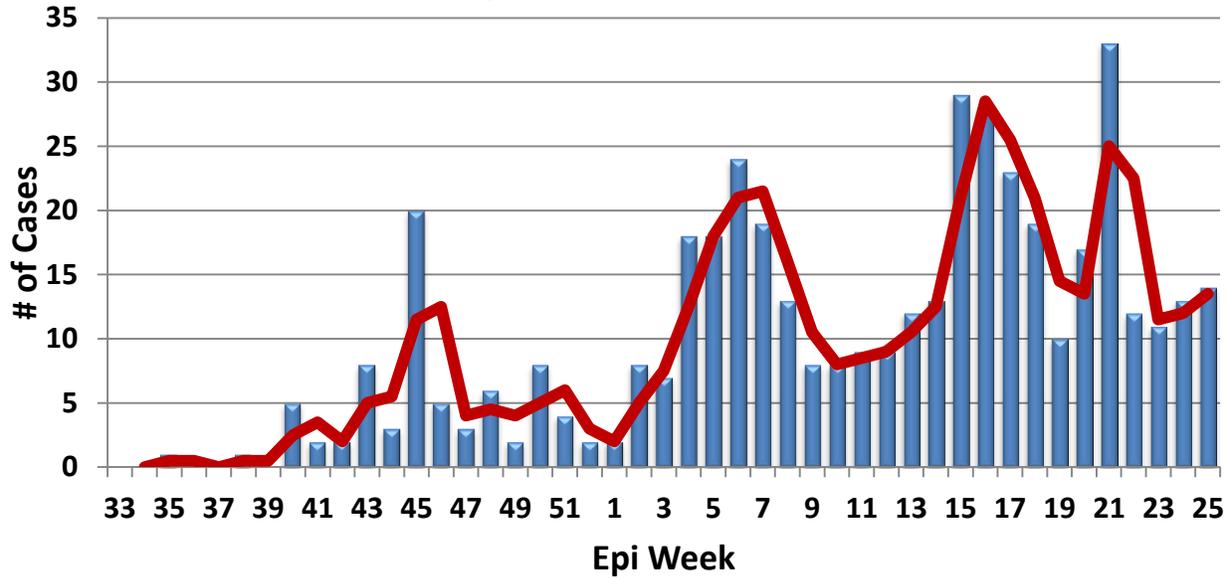


Figure 5: Epi-Curve of Acute Jaundice Syndrome cases in Yida Refugee Camp (Sept 2012 - June 2013)



Other Diseases: No Meningitis, Cholera, Viral Hemorrhagic fever or Influenza like illness was reported during this week.

Table 2: Summary of Priority Diseases in Maban week 26

Camps	Doro		Batil		Gendrassa		kaya		Maban TOTAL		Yida		Yida TOTAL		Host Community	
	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	287	0	229	0	72	0	0	0	729	0	0	0	0	0	343	0
BD	20	0	4	0	16	0	35	0	75	0	0	0	0	0	114	0
Meningitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	1	0	0	0	1	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	72	1	22	1	72	1	26	0	192	3	0	0	0	0	3	0
VHF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Malaria	588	0	15	0	3	0	9	0	615	0	0	0	0	0	574	0
Neonatal Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	967	1	270	1	164	1	70	0	1612	3	0	0	0	0	1034	0

Key : AWD – Acute Watery Diarrhea, , ABD – Blood Diarrhea/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;
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