

Pader District: Epi-week 30 (20th to 26th July 2009) Report

I. Highlights

- a. Preparation for the mass polio campaign scheduled for 16th- 18th August 2009 in progress
- b. Mini Demographic survey is being conducted in Acholi Sub Region
- c. Mass drug administration with Ivermectin, Albendazole & Praziquental successfully being done.
- d. District remains alert to detect any influenza AH1N1
- e. Hepatitis E cases (1 case) was reported in the District during the course of the week
- f. Malaria trend shows a decrease in the District however a big number of health facilities reports anti malaria stock outs.
- g. The threat of famine continues following the irregular rain fall in the district

II. General Situation

- a. Security situation in Pader District remained stable during the week.
- b. Main Events of Interest/Concern for Health
 - i. The NTD programme is supporting the district to carry out mass drug administration with Ivermectin, albendazole & praziquental in an effort to control/prevent the prevalence of NTDs especially onchocerciasis & filariasis. Of the 364,406 targeted populations, about $\frac{3}{4}$ has been covered.
 - ii. A team from UBOS is collecting data in Pader District for Mini Demographic Survey for Acholi & Karamoja Sub Region. The findings will give base line information on health situation in sub region as we transit from emergency to recovery & development phases.
 - iii. The weekly trend of malaria case incidence continues coming down but the trend is slightly higher than that of last year.
 - iv. The district has taken over three weeks having no coartem in most health facilities & Villages for HBMF.
 - v. Due to the irregular rain fall in the District, most crops have failed and so several families continue starving due to food shortages while some are surviving on one meal a day.

III. Analysis and Health Consequences

- a. **Completeness and timeliness of weekly surveillance reports:** In epi-week 29, 49 out of 51 functional health units in Pader District submitted IDSR reports. This gives 96% of completeness. Pressure is being put on the health facilities as regard to absenteeism however, the problem of late timeliness in reporting still remains.
- b. **Malaria:**
 - i. During this Epi-week, 5080 cases of malaria were reported compared to 5861 cases reported in the previous week 29. There was 13% decrease in the clinically diagnosed cases during week 30 and this decrease is attributed to decrease in completeness in reporting. A look at last year's clinical malaria trend and that of 2009 they are similar although the cases seen in 2009 are generally slightly higher.
 - ii. Figure 1 shows the current trend.

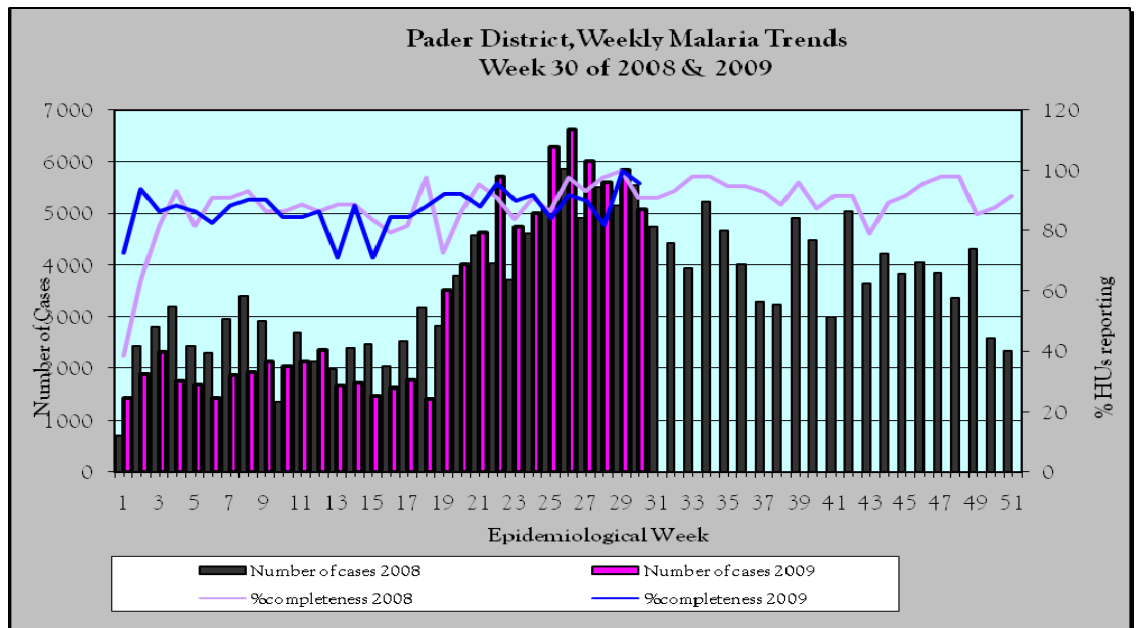
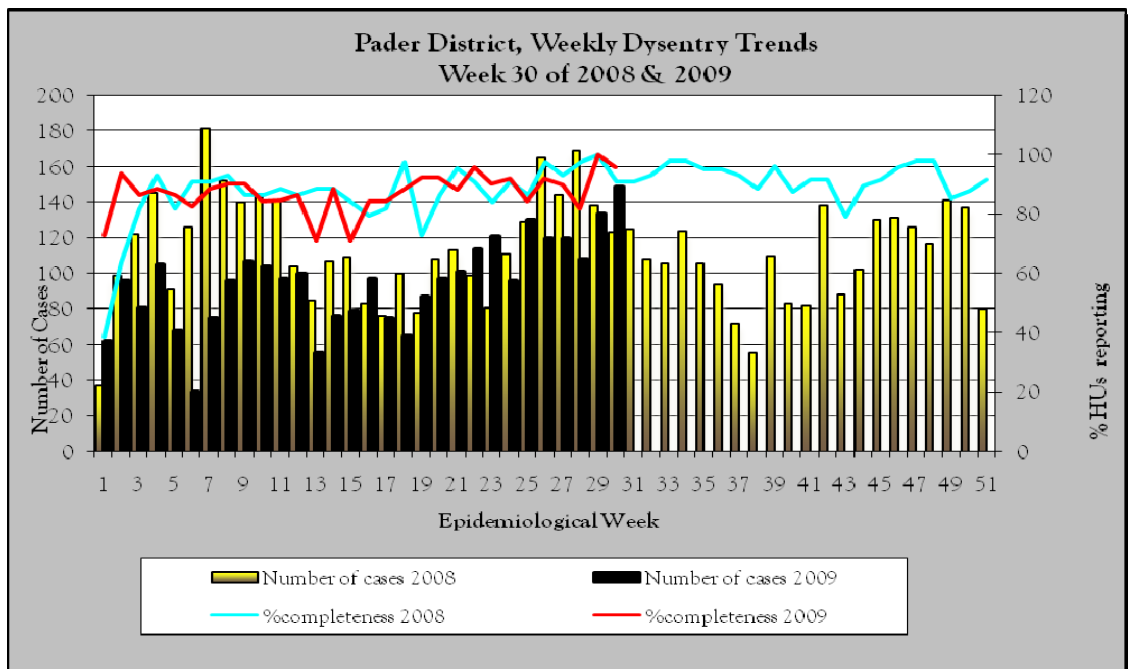


Fig 1 comparison of malaria trends of 2008 & 2009

c. Dysentery:

- i. The weekly Incidence of dysentery cases increased from 134 to 149 cases when compared with the previous week 28. For the last two weeks the number of reported dysentery cases is increasing. For this week Pajule HC IV & Lawire HC II in Pajule S/County have reported the highest number. The HSD Rapid response team is investigating to confirm if they are real dysentery cases. A detailed report will be shared.



- d. There was 3 new case of hepatitis E reported during the week 30. This gives a cumulative figure of 221 reported with 8 deaths from Pader since the onset of

epidemic in May 2008. The detailed report about the HEV update has been compiled and circulated separately.

- e. There was no AFP, measles, cholera, meningitis and neonatal tetanus reported during the week.
- f. There were 4 cases of c/pox and 4 cases of animal bites reported.

Summary of cases of priority diseases reported

Epi Week	AFP	Malaria	Hepatitis	Dysentery	M. meningitis	Measles	Oncho	Completeness of reporting (%)
25(2009)	1	6286	3	130	0	0	0	84.3%
26(2009)	0	6631	1	120	0	0	0	92%
27 (2009)	0	6026	8	135	0	1	0	90%
28(2009)	1	5608	5	108	0	0	0	82%
29(2009)	0	5861	1	134	0	0	1	100%
30(2009)	0	5080	3	149	0	0	0	96%

() Denotes number death & ** Patients line listed in Kitgum

Health Problems and needs of the affected populations

- i. Access to health services is low as health workers in some health facilities are being reported absentee many times making health units operate irregularly. This is affecting population's access to health services.
- ii. Most community drug distributors have stock out of community coartem limiting early treatment of fevers
- iii. Essential drug shortage continues to affect access to health care
- iv. Access to malaria prevention measures is low. Most people are not using mosquito nets and IRS was done some months ago while most people had not moved to their homes of origin. The next round on IRS is due but no information on when it is planned yet.

IV. Actions in relation to issues mentioned above

WHO activities

- a. Field Office continues providing technical support to the DSFP in collection and analysis of the Hepatitis E cases and sharing it with partners.
- b. Field Office continues to support the district technically and financially in disease surveillance. Also continue analyzing and sharing updates with partners on weekly basis about the disease trends in Pader District.
- c. Field Office technically supported the DSFP to conduct a 60 day follow up of the suspected AFP seen on 26th/April/2009 after 14 days had elapsed and lab results were negative. We found the child had remained with very mild asymmetrical paralysis on the left leg.

- d. Field Office supported Pader District with transport to distribute the anti epileptic drugs supplied by WCO to Laguti HC III, Atanga HC III, Awere HC III, Aswa Ranch HC II & Lagile HC II.
- e. Field Office continued to support the DHT in coordination of implementation of influenza AH1N1 preparedness & response plan.
- f. Field Office is supporting a team from UBOS with transport (vehicle) as they are moving in communities collecting data for the Acholi & Karamoja region Mini Demographic Health Survey.

Other Health Cluster Partners Actions

- The DHO's Office has sent warning circulars to the health facilities in a bid to stop the habit.
- ASB, CESVI, Concern, MTI, AVSI, AIS, Mercy Corps plus the RDC Office Pader continue to carry out activities that aim at controlling the Hepatitis E outbreak in Pader District
- UNFPA is continuing on supporting the DHT in conducting support supervision and training health workers in areas of family planning and life savings skills
- GOAL continue carrying out HIV/AIDS preventive activities in the sub counties of Paimol, Parabongo, Wol, Lapono & Lukole
- Malaria consortium (MC) is supporting the HC III & HC IV in giving ITNs to pregnant mothers during their ANC visits.
- AMREF & UNICEF is supporting vaccinators at all outreach posts with SDAs
- NUMAT supplied Pader district with Laboratory equipments which have been already distributed to the Health facilities
- OPM has supplied few amounts of food to support the famine affected families in Pader
- MTI, ICRC & Medair continues to support some few health facilities in the District with supply of essential drugs.
- Others doing various health activities are TPO Uganda, MSU, CPAR, URCS, ACET, AVSI, URCS, WFP, LWF, IMC, etc

V. Comments: Plan for Next Week

- 1) WHO Field Office will continue to support districts in collecting, analyzing and sharing surveillance data
- 2) Continue supporting the DHT in collation, analysis and sharing of the weekly hepatitis E situation reports
- 3) Field office will participate in the micro planning for next mass polio immunization campaign which is due next month
- 4) Support the Supplies Officer in carrying out support supervision on logistic management

VI. Acknowledgements

We acknowledge support from District Health Teams, Partners and WCO for financial supports enabling us perform planned activities.

On behalf of WHO Pader Field Office