

Response to the cholera outbreak in South Sudan

On Thursday, May 15th 2014, the Ministry of Health (MoH) of the Republic of South Sudan declared a cholera outbreak in the capital Juba. As we go to press, the cholera has spread to other parts of the country and the cases are increasing.

In its press statement, the MoH said it had “Reactivated a national emergency taskforce to coordinate the response interventions”. This mechanism was set in place to organize the response, coordinate actions of the different partners in curbing the spread of the outbreak. According to WHO reports, a suspected case of cholera was reported on April 29th from a Medicines Sans Frontiers (MSF) clinic in Juba III/UN House Internally Displaced Persons (IDP) camp. A contact in the household had diarrhoea a week earlier. An investigation was done, which confirmed that the diarrhoea was caused by the bacteria *Vibrio cholera*.

Cholera is a disease of poor sanitation and hygiene, with a short incubation period of two hours to five days. A person dies from severe loss of body fluids as a result of the frequent diarrhoea. The situation in South Sudan had always been seen as a crisis about to happen, where there is lack of clean drinking water, poor or lack of latrines and good hygiene practices. The last time the country had an outbreak was in 2008, in which more than 6,000 South Sudanese were affected and at least 44 died, with more than half dying within the first four weeks.

The MoH had identified several risk factors as drivers of this outbreak:

- Drinking of untreated river water, which in Juba is primarily supplied by water tankers.
- Poor latrine use.
- Eating foods sold on the roadside and at makeshift markets.
- Poor personal hygiene practices (for example, poor hand washing) and community hygiene.
- In addition, not defaecating in a toilet, water from unsafe sources such as surface water-river and ponds, poor community handling of dead bodies and unsupervised burials are other factors that increase the risk of the Juba community to contracting cholera.

In order to address these, a national task force was set up to address issues of case management, surveillance and social mobilization. Cholera Treatment Centers (CTC) have been set up in Juba Teaching Hospital and Gudele area west of Juba to receive the cases and response teams put in place.

Once this outbreak is contained, more work needs to be done to prevent recurrence (see article on page 40). The issue of sanitation in the country, and Juba City in particular must be addressed so that cholera is kept at bay, once and for all. An investment in a good water processing plant and sewage disposal system will go a long way in preventing epidemics of water borne diseases in the future.

Dr. Edward Eremugo Luka

Editor-in-Chief
