DISEASE TRENDS AMONG IDPs

Acute respiratory infections (ARI), malaria, acute watery diarrhea (AWD), and acute bloody diarrhea (ABD) were the leading cause of morbidity in the IDPs.

WHO has continued to support implementing partners to provide essential healthcare services to displaced populations living in PoC sites and select IDP camps. During 2015, most of the consultations were reported from Bentiu PoC, Malakal PoC, Awer (Mingkaman), Renk, and UN House.

DISTRIBUTION OF CONSULTATIONS BY QUARTER, 2014-2015

- **2014**: 361,615 consultations
- **2015**: 192,548 consultations

**NEW DISEASE OUTBREAKS, JANUARY TO AUGUST 2015**

- **Measles**: Outbreaks confirmed in Duk, Rubkona, and Renk Counties since the beginning of 2015. Measles outbreaks have been confirmed in Duk, Rubkona, and Renk Counties. In addition, there are three Hepatitis E Virus outbreaks that started last year in Mingkaman and Bentiu PoC. The HEV cases have declined in recent months.

**MORTALITY TRENDS AMONG IDP’s**

- **Total Deaths**: 722
- **Children Under 5 Years**: 314 (43%)
- **Females**: 310 (43%)

Malnutrition, TB/HIV/AIDS, acute watery diarrhea, and malaria being the most frequent causes of death. Most deaths occurred in Bentiu PoC (373) and 314 (43%) deaths occurred in children under five years.

The crude and under five mortality rates were below the emergency threshold in all IDP sites.

**DISEASE SURVEILLANCE AND RESPONSE ACTIVITIES**

1. Cholera outbreak investigation missions on May June and July at respectively Juba, Torit, Kajo-Keji and Bor.
2. IDSR Support supervision on June at Torit and Magwi including all the states.