South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W10 2018 (Mar 05 – March 11)
The total consultation in the country since week 1 of 2018 is 1,227,721, by hub, Bentiu registered the highest number of consultations as indicated in the table above. The total number of consultations by county is indicated in the map above. See the key for more information.
**Proportional mortality**

**Figure 1** shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 21.1% of the deaths since week 1 of 2018, followed by bloody diarrhoea, and acute watery diarrhoea.

**Proportional morbidity**

**Figure 2** indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 372,309 (54.2%) followed by ARI, AWD and ABD respectively since week 1 of 2018. Refer to the figure above for more information.
In the relatively stable states, malaria is the top cause of morbidity accounting for 29.7% of the consultations in week 10 (representing an decline from 35.2% in week 9).
Among the IDPs, ARI and malaria accounted for 25.5% and 16.2% of consultations in week 10. The other significant causes of morbidity in the IDPs include AWD, skin diseases, and injuries.

The top causes of morbidity in the IDPs in 2018 include ARI, malaria, AWD, skin diseases, injuries, and ABD.
Malaria is the top course of Morbidity in the country, a total of 372,309 cases with 58 deaths registered since week 1 of 2018. Malaria trend for 2018 is below 2016 and 2017 as shown in the figure 4a, above.

Since the beginning of the year, a total of 20 malaria alerts have been triggered, 12 of those were verified. The Maps above indicate the location reporting malaria alerts from 2014, 2015, 2016, 2017, and 2018.
Acute Watery Diarrhoea| Trends over time

Figure 5a | Trend in AWD cases over time (South Sudan)

The number of AWD alerts triggered since week 1 of 2018 is 35, out of which 18 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018.
Since week 1 of 2018, a total of 14,534 cases of ABD have been reported country wide including 6 death. ABD trend for 2018 is below 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

Total of 47 alerts were generated since week 1 of 2018, of which 18 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2018 are shown above.
Since the beginning of 2018, at least 101 suspect measles cases including 1 death (CFR 1.58%) have been reported. Of these, 84 suspect cases have undergone measles case-based laboratory-backed investigation with 68 samples collected out of which 14 measles IgM positive cases; 14 clinically confirmed cases; and 3 cases confirmed by epidemiological linkage.

**Measles | Maps and Alert Management**

**Map 7 | Map of measles cases by county (2018)**

a. 2014  
b. 2015  
c. 2016  
d. 2017  
e. 2018

**Map 8 | Map of measles alerts by county (2018)**

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Number of alerts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
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<tr>
<td>Moderate Risk</td>
<td>1</td>
</tr>
<tr>
<td>High Risk</td>
<td>0</td>
</tr>
<tr>
<td>Very High Risk</td>
<td>0</td>
</tr>
</tbody>
</table>

Since week 1 of 2018, 33 alerts of measles were triggered and 22 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.
In week 9, 2018, Thirteen (13) new AFP cases were reported from Jonglei, Lakes, Northern Bahr el Ghazal, Upper Nile, Western Bahr el Ghazal, and Western Equatoria hubs. This brings the cumulative total for 2018 to 51 AFP cases.

The annualized non-Polio AFP (NPAFP) rate (cases per 100,000 population children 0-14 years) in 2018 is 3.58 per 100,000 population of children 0-14 years (target ≥2 per 100,000 children 0-14 years).

Stool adequacy was 96% in 2018, a rate that is higher than the target of ≥80%.

Environmental surveillance ongoing since May 2017; with 23 samples testing positive for non-polio enterovirus (NPEV) in 2017 and one NPEV positive sample in 2018.

Among the IDPs, mortality data was received from Bentiu PoC & UN House PoC in week 10. (Table 6). A total of 14 deaths were reported during the week. Bentiu PoC reported 11 (79%) deaths in the week. During the week, 5 (36%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 10 are shown in Table 6.
The U5MR in all the IDP sites that submitted mortality data in week 10 of 2018 is below the emergency threshold of 2 deaths per 10,000 per day (Fig. 20).

The Crude Mortality Rates [CMR] in all the IDP sites that submitted mortality data in week 10 of 2018 were below the emergency threshold of 1 death per 10,000 per day (Fig. 21).

Table 7 | Mortality by IDP site and cause of death as of W10, 2018

- A total of 164 deaths have been reported from the IDP sites in 2018 Table 7.
- The top causes of mortality in the IDPs in 2018 are shown in Table 7.
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Notes

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The data has been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind, and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at http://ewars-project.org