South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W48 2018 (Nov 26–Dec 2)
The total consultation in the country since week 1 of 2018 is 6,898,263 by hub, Kwajok registered the highest number of consultations as indicated in the table above. The total number of consultations by county is shown in the map above. See the key for more information.
Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 47.0% of the deaths since week 1 of 2018, followed by ARI, AWD and bloody diarrhoea.

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 2,525,993 (63.8%) 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 32.1% of the consultations in week 48 (representing a decrease from 36.0% in week 47).
Among the IDPs, Malaria and ARI accounted for 26% and 23% of the consultations in week 48. The other significant causes of morbidity in the IDPs includes AWD, Skin diseases, and Measles.

The top causes of morbidity in the IDPs in 2018 include, Malaria, ARI, AWD, Skin diseases, and injuries.
Malaria | Trends over time

Malaria is the top course of Morbidity in the country, a total of 2,525,993 cases with 624 deaths registered since week 1 of 2018. Malaria trend for week 48 of 2018 is below 2015, 2016, and 2017 as shown in the figure 4a, above.

Malaria | Maps and Alert Management

Since the beginning of the year, a total of 153 malaria alerts have been triggered, 110 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

AWD is one of the top causes of morbidity in the country with 463,726 cases reported since week 1 of 2018 including 50 deaths. AWD trend for week 48 of 2018 shows a decline and is below 2016 and 2017, as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management

The number of AWD alerts triggered since week 1 of 2018 is 141, out of which 99 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018.
Since week 1 of 2018, a total of 62,825 cases of ABD have been reported country wide including 26 deaths. ABD trend for 2018 is below 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

Total of 178 alerts were generated since week 1 of 2018, of which 128 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 433 suspect measles cases including 3 death (CFR 0.74%) have been reported. Of these, 415 suspect cases have undergone measles case-based laboratory-backed investigation with 309 samples collected out of which 48 measles IgM positive cases; 78 clinically confirmed cases; and 56 cases confirmed by epidemiological linkage.

Since week 1 of 2018, 149 alerts of measles were triggered and 121 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.
Among the IDPs, mortality data was received from Juba 3 in week 48. **A total of 1** deaths was reported during the week in Juba 3 (1) in the week. During the week, 1 (100%) of the deaths were recorded among children <5yrs years in (Table 6).

The causes of death during week48 are shown in Table 6.
Mortality in the IDPs - Crude and Under five mortality rates

The U5MR in all the IDP sites that submitted mortality data in week 48 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 48 of 2018 were below the emergency threshold of 1 death per 10,000 per day (Fig. 21).

Mortality in the IDPs - Overall mortality in 2018

Table 7 | Mortality by IDP site and cause of death as of W48, 2018

<table>
<thead>
<tr>
<th>IDP site</th>
<th>acute watery diarrhoea</th>
<th>cancer</th>
<th>GSW</th>
<th>Heart Failure</th>
<th>Kala-Azar</th>
<th>malaria</th>
<th>Meningitis</th>
<th>perinatal death</th>
<th>pneumonia</th>
<th>SAM</th>
<th>Septis</th>
<th>Trauma</th>
<th>TB/HIV/AIDS</th>
<th>HIV/AIDS</th>
<th>TB</th>
<th>Others</th>
<th>Grand Total</th>
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<td>3</td>
<td>55</td>
<td>3</td>
<td>30</td>
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<td>19</td>
<td>25</td>
<td>14</td>
<td>1</td>
<td>30</td>
<td>7</td>
<td>311</td>
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<tr>
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<td>1</td>
<td>5</td>
<td>12</td>
<td>8</td>
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<td>17</td>
<td>24</td>
<td>26</td>
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</tr>
<tr>
<td>Grand Total</td>
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<td>6</td>
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<td>45</td>
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<td>737</td>
</tr>
</tbody>
</table>

Proportionate mortality [%]

- acute watery diarrhoea: 2%
- cancer: 0%
- GSW: 1%
- Heart Failure: 1%
- Kala-Azar: 1%
- malaria: 0%
- Meningitis: 4%
- perinatal death: 3%
- pneumonia: 3%
- SAM: 4%
- Septis: 2%
- Trauma: 0%
- TB/HIV/AIDS: 6%
- HIV/AIDS: 2%
- TB: 58%
- Others: 100%

A total of 737 deaths have been reported from the IDP sites in 2018.
The top causes of mortality in the IDPs in 2018 are shown in Table 7.
This bulletin is produced by the Ministry of Health with Technical support from WHO

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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