South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W50 2018 (Dec 10 – Dec 16)
The total consultation in the country since week 1 of 2018 is 7,134,345 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.
Proportional mortality

Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 47.1% of the deaths since week 1 of 2018, followed by ARI, AWD and bloody diarrhoea.

Proportional morbidity

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 2,610,427 (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 36.8% of the consultations in week 50 (representing a decline from 38.5% in week 49).
Among the IDPs, ARI and malaria accounted for 20% and 25% of the consultations in week 50. 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, ARI, Malaria, AWD, Skin diseases, and injuries.
Malaria is the top course of Morbidity in the country, a total of 2,610,427 cases with 630 deaths registered since week 1 of 2018. Malaria trend for week 50 of 2018 is below 2015, 2016, and 2017 as shown in the figure 4a, above.

Since the beginning of the year, a total of 156 malaria alerts have been triggered, 112 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 147, out of which 103 were verified. AWD trend for week 50 of 2018, is below 2014, 2015, 2016 and 2017, as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management

Map 4 | Map of AWD cases by county (2018)

Map 5 | Map of AWD alerts by county (2018)

The number of AWD alerts triggered since week 1 of 2018 is 147, out of which 103 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018.

AWD is one of the top causes of morbidity in the country with 478,056 cases reported since week 1 of 2018 including 50 deaths. AWD trend for week 50 of 2018, is below 2014, 2015, 2016 and 2017, as shown in figure 5a, above.
Acute Bloody Diarrhoea | Trends over time

Since week 1 of 2018, a total of 65,023 cases of ABD have been reported country wide including 30 death. ABD trend for 2018 is in contact with 2014 and is below 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

Total of 189 alerts were generated since week 1 of 2018, of which 139 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 480 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, 157 alerts of measles were triggered and 127 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 Bentiu POC & Juba 3 in week 50. (Table 6). A total of 15 deaths were reported during the week; in Juba 3 (2), Bentiu POC (13) in the week. During the week, 9 (60%) of the deaths were recorded among children ≥5yrs in (Table 6).

The causes of death during week 50 are shown in Table 6.
The U5MR in all the IDP sites that submitted mortality data in week 50 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 50 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 W50, 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>Rabies</th>
<th>SAM</th>
<th>Sepsis</th>
<th>TB/HIV/AIDS</th>
<th>Trauma</th>
<th>HIV/AIDS</th>
<th>TB</th>
<th>Others</th>
<th>Grand Total</th>
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<tr>
<td>Bentiu</td>
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<td>2</td>
<td>3</td>
<td>55</td>
<td>3</td>
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<td>20</td>
<td>25</td>
<td>14</td>
<td>1</td>
<td>31</td>
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<td>558</td>
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<tr>
<td>Juba 3</td>
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<td>5</td>
<td>12</td>
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<td>95</td>
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<tr>
<td>Grand Total</td>
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<td>16</td>
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</table>

Proportionate mortality [%]

|                        | 2%  | 0%  | 1%  | 1%  | 9%  | 0%  | 4%  | 3%  | 0%  | 3%  | 4%  | 2%  | 0%  | 6%  | 2%  | 59% | 100% |

A total of 763 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**.
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