South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W28 2018 (Jul 09 – Jul 15)
The total consultation in the country since week 1 of 2018 is 3,582,062 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 31.9% of the deaths since week 1 of 2018, followed by bloody diarrhoea, and acute watery diarrhoea.

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 1,082,893 (54.4%) 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% of the consultations in week 28 (representing a decrease from 40% in week 27).
Among the IDPs, ARI and Malaria accounted for 22.2% and 28.7% of the consultations in week 28. The other significant causes of morbidity in the IDPs includes 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 cause of Morbidity in the country, a total of 1,082,893 cases with 144 deaths registered since week 1 of 2018. Malaria trend for week 28 of 2018 is above 2014, 2015, and 2016 as shown in the figure 4a, above.

Since the beginning of the year, a total of 81 malaria alerts have been triggered, 45 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

The number of AWD alerts triggered since week 1 of 2018 is 92, out of which 57 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 286,666 cases reported since week 1 of 2018 including 17 deaths. AWD trend for 2018 is above 2014, 2015 and 2016, as shown in figure 5a, above.
Since week 1 of 2018, a total of 40,114 cases of ABD have been reported country wide including 15 death. ABD trend for 2018 is below 2014, 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

Total of 105 alerts were generated since week 1 of 2018, of which 65 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 347 suspect measles cases including 3 death (CFR 0.86%) 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.

Since week 1 of 2018, 82 alerts of measles were triggered and 62 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, & UN House PoC in week 28. (Table 6). A total of 11 deaths were reported during the week. Bentiu PoC report 10 deaths (91%) in the week. During the week, 3 (27%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 28 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 28 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 28 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 W28, 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>SAMA</th>
<th>SAMR</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>
</tr>
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<tr>
<td>Bentiu</td>
<td>7</td>
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<td>2</td>
<td>1</td>
<td>2</td>
<td>19</td>
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<td>16</td>
<td>12</td>
<td>1</td>
<td>14</td>
<td></td>
<td>1</td>
<td>303</td>
</tr>
<tr>
<td>Juba 3</td>
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<td>1</td>
<td>2</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>49</td>
<td>7</td>
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<td>37</td>
<td></td>
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<td>80</td>
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<tr>
<td>Malakal</td>
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<td>3</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>21</td>
<td></td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Akobo</td>
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<td>2</td>
<td>4</td>
<td>2</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td>21</td>
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<td></td>
<td>1</td>
<td>21</td>
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<tr>
<td>Wau PoC</td>
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<td>5</td>
<td>31</td>
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<td>21</td>
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<td>16</td>
<td>14</td>
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<td>16</td>
<td>244</td>
<td></td>
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<td>431</td>
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</tbody>
</table>

Proportionate mortality [%]

<table>
<thead>
<tr>
<th></th>
<th>acute watery diarrhoea</th>
<th>cancer</th>
<th>GSW</th>
<th>Heart Failure</th>
<th>Kala-Azar</th>
<th>malaria</th>
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<th>Trauma</th>
<th>HIV/AIDS</th>
<th>TB</th>
<th>Others</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>7%</td>
<td>1%</td>
<td>5%</td>
<td>4%</td>
<td>0%</td>
<td>4%</td>
<td>3%</td>
<td>0%</td>
<td>5%</td>
<td>4%</td>
<td>57%</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

A total of 431 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.
For more help and support, please contact:

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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