

South Sudan

Integrated Disease Surveillance and
Response (IDSR)

Annexes W29 2018 (Jul 16 – Jul 22)



**World Health
Organization**
South Sudan



Ministry of Health
Republic of South Sudan

Access and Utilisation

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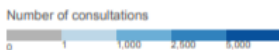
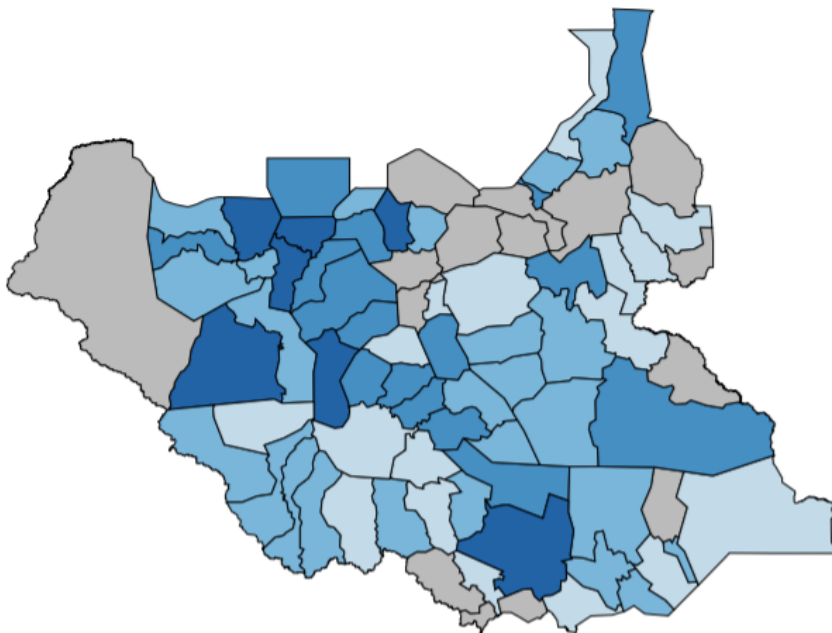
Slide 13 **Measles maps and alert management**

Sources of data

1. Weekly IDSR Reporting Form
2. Weekly EWARS Reporting Form

Access and Utilization | Map of consultations by county

Map 1 | Map of total consultations by county (W29 2018)

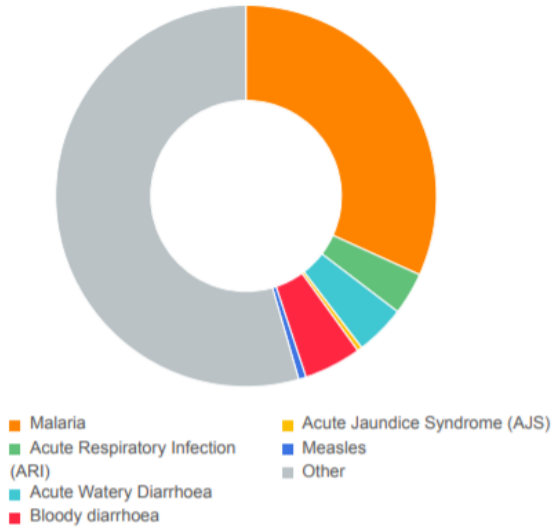


Hub	W29	2018
Aweil	19,394	353,943
Bentiu	17,666	435,184
Bor	14,052	309,245
Juba	11,781	329,662
Kwajok	38,272	689,034
Malakal	11,064	391,965
Rumbek	20,948	484,866
Torit	7,797	173,823
Wau	8,969	255,523
Yambio	10,690	339,921
South Sudan	160,633	3,763,166

The total consultation in the country since week 1 of 2018 is 3,763,166 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 | Proportional mortality (2018)

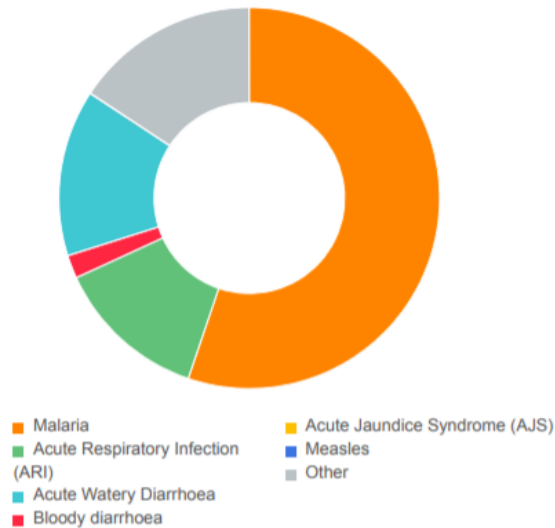


Syndrome	W29		2018	
	# deaths	% mortality	# deaths	% mortality
Malaria	6	30.0%	150	31.8%
ARI	0	0.0%	17	3.6%
AWD	3	15.0%	20	4.2%
Bloody diarrhoea	8	40.0%	23	4.9%
AJS	0	0.0%	2	0.4%
Measles	0	0.0%	3	0.6%
Other	3	15.0%	257	54.4%
Total deaths	20	100%	472	100%

Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 31.8% of the deaths since week 1 of 2018, followed by bloody diarrhoea, and acute watery diarrhoea.

Proportional morbidity

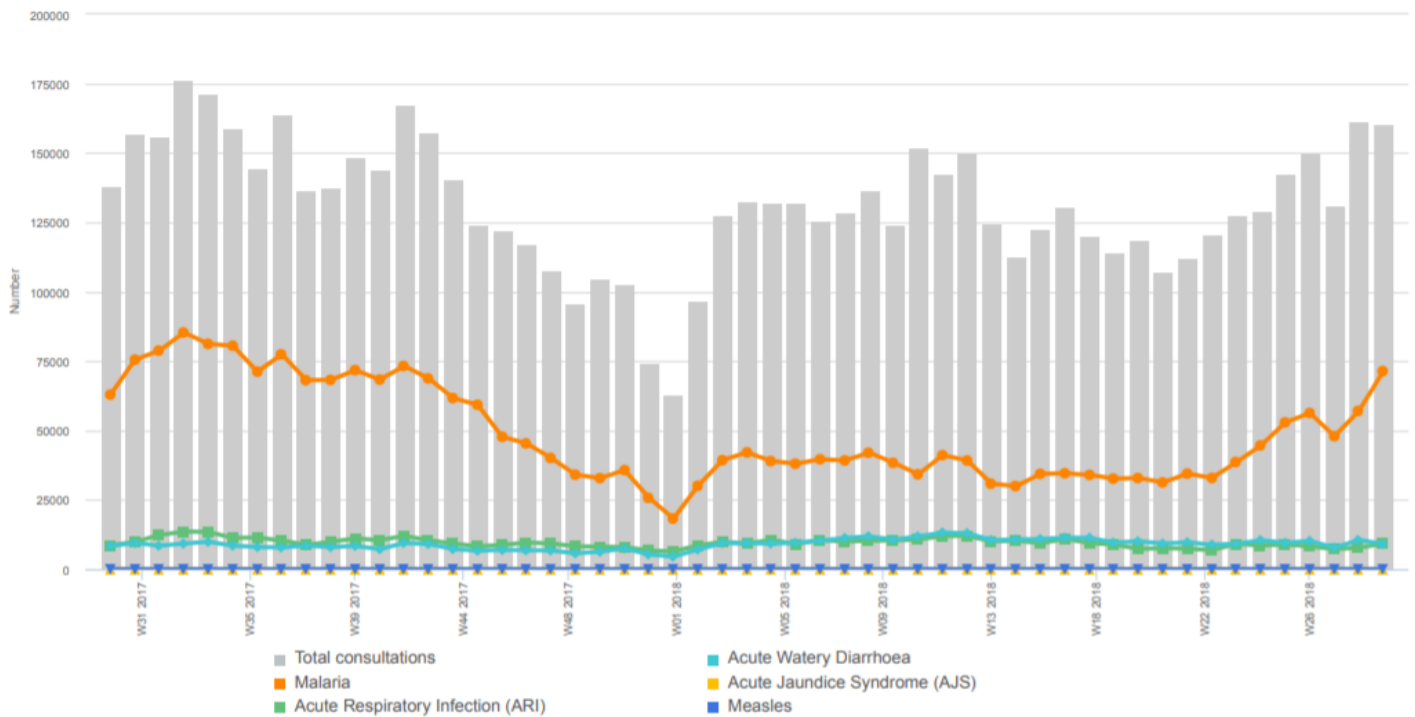
Figure 2 | Proportional morbidity (2018)



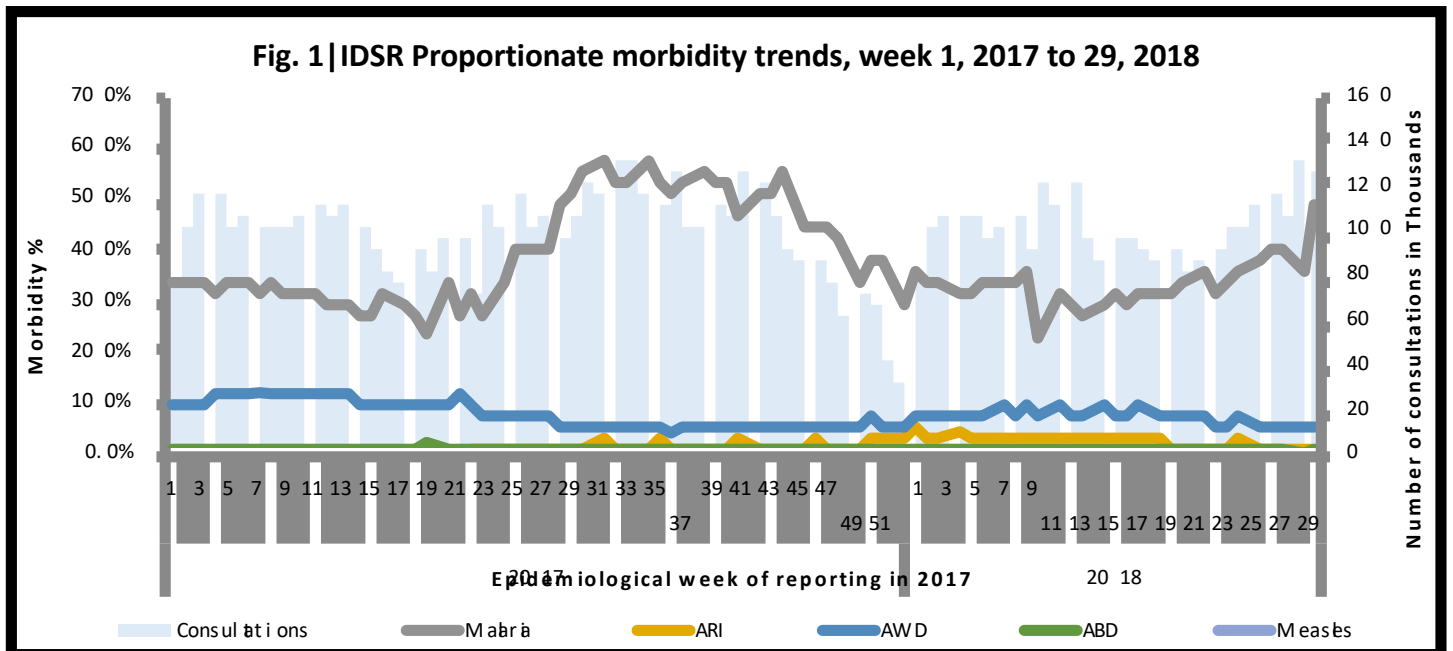
Syndrome	W29		2018	
	# cases	% morbidity	# cases	% morbidity
Malaria	71,413	71.9%	1,159,790	55.2%
ARI	9,263	9.3%	271,860	12.9%
AWD	9,111	9.2%	296,981	14.1%
Bloody diarrhoea	1,051	1.1%	41,345	2.0%
AJS	4	0.0%	184	0.0%
Measles	8	0.0%	355	0.0%
Other	8,507	8.6%	330,114	15.7%
Total cases	99,357	100%	2,100,629	100%

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 1,159,790 (55.2%) followed by ARI, AWD and ABD respectively since week 1 of 2018. refer to the figure above for more information.

Figure 3 | Trend in total consultations and key diseases (W29)

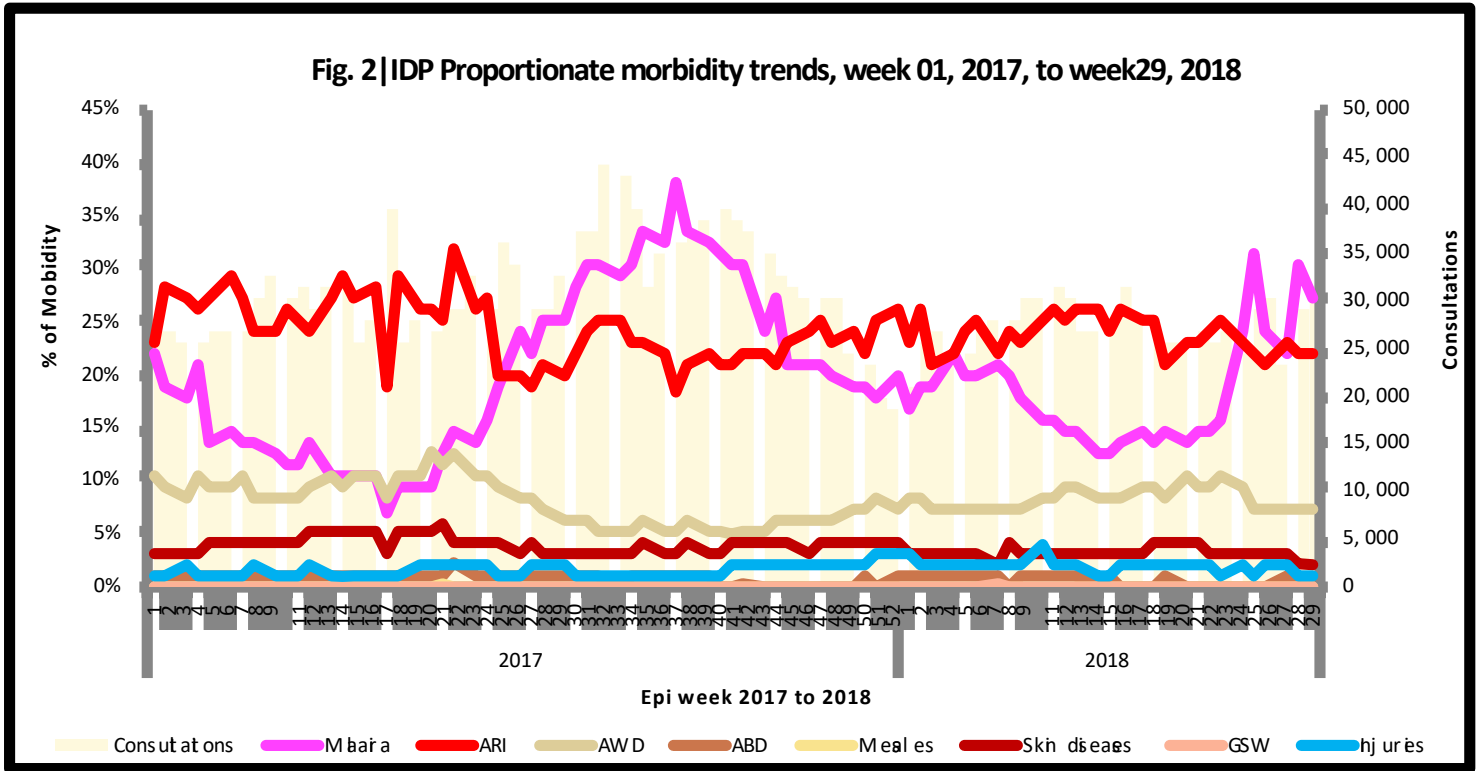


IDSR Proportionate morbidity trends - in relatively stable states



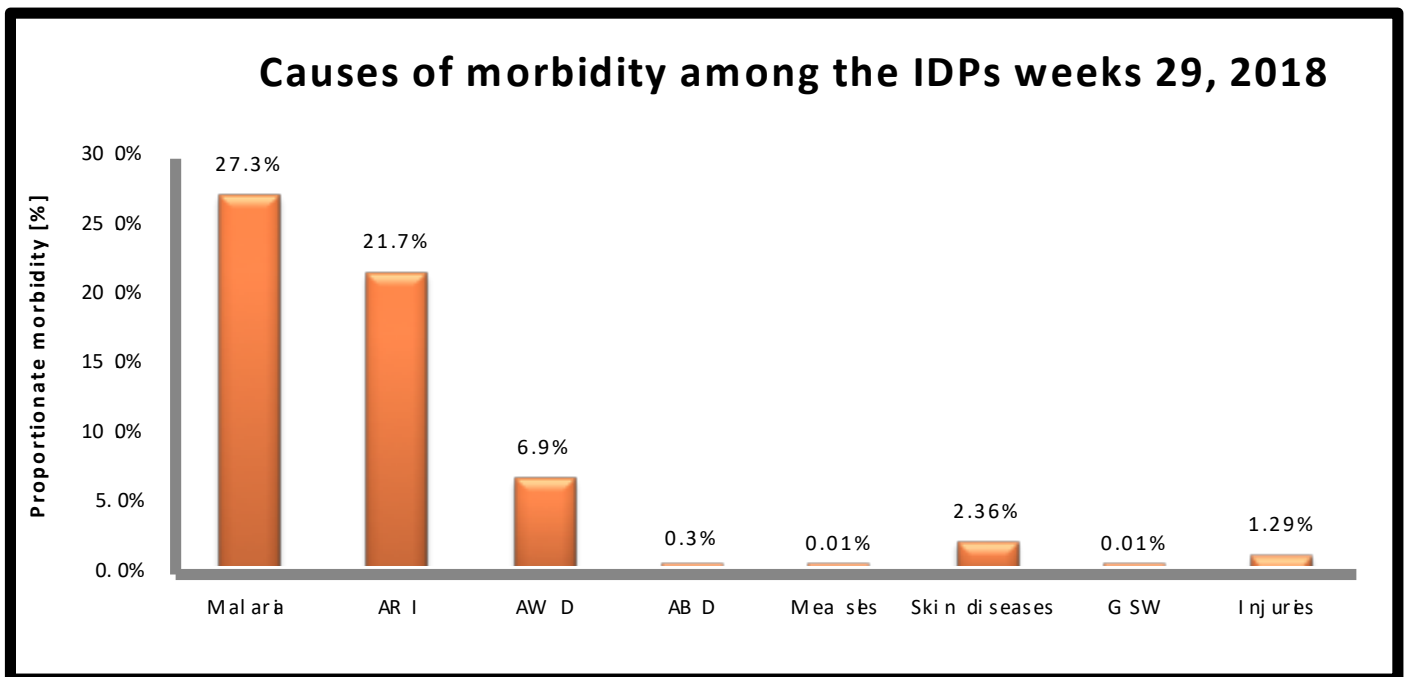
In the relatively stable states, malaria is the top cause of morbidity accounting for 38.3% of the consultations in week 29 (representing an increase from 36% in week 28).

IDP Proportionate Morbidity trends – in displaced Population



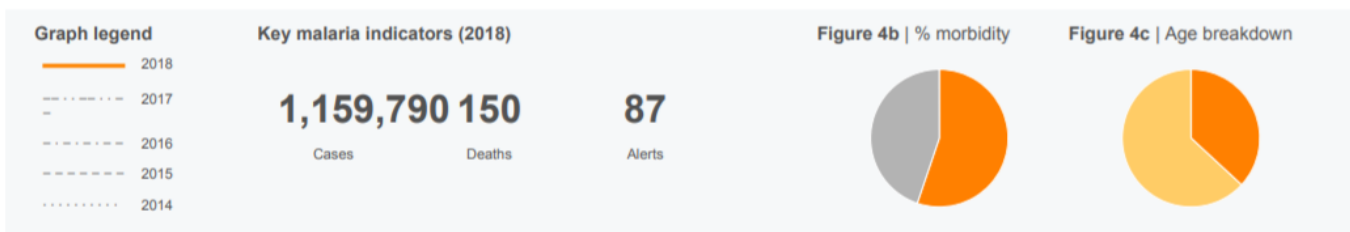
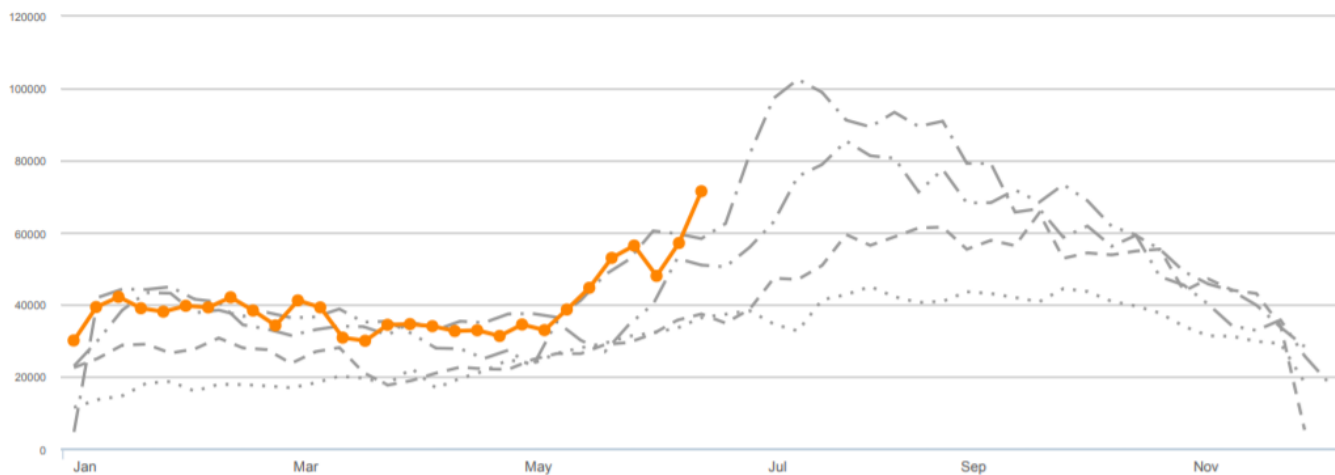
Among the IDPs, ARI and Malaria accounted for 21.7% and 27.3% of the consultations in week 29. The other significant causes of morbidity in the IDPs includes AWD, Skin diseases, and Injuries.

IDP Proportionate Morbidity trends – in displaced Population



The top causes of morbidity in the IDPs in 2018 include ARI, Malaria, AWD, Skin diseases, Injuries and ABD.

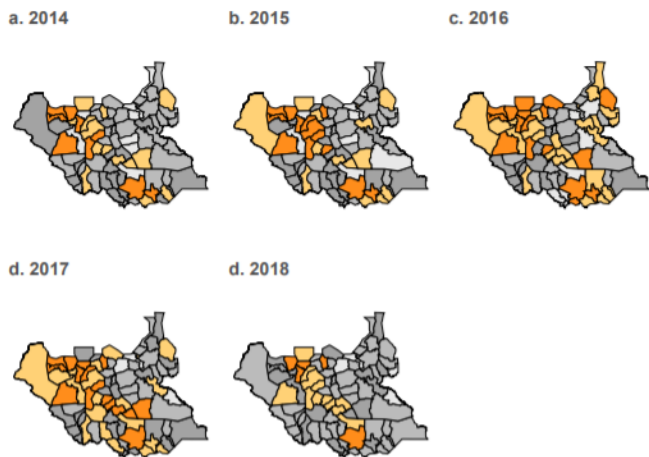
Figure 4a | Trend in number of cases over time (South Sudan)



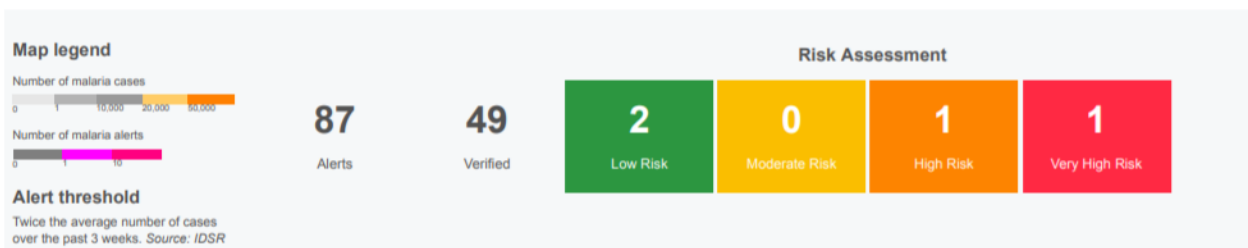
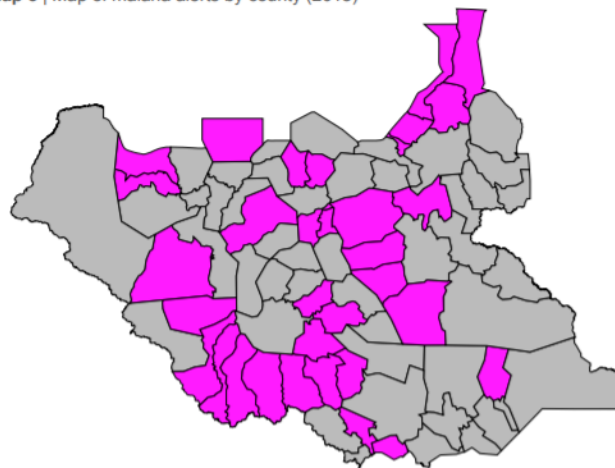
Malaria is the top course of Morbidity in the country, a total of 1,159,790 cases with 150 deaths registered since week 1 of 2018. malaria trend for week 29 of 2018 is above 2014, 2015, 2016 and 2017 as shown in the figure 4a, above.

Malaria | Maps and Alert Management

Map 2 | Map of malaria cases by county (2018)



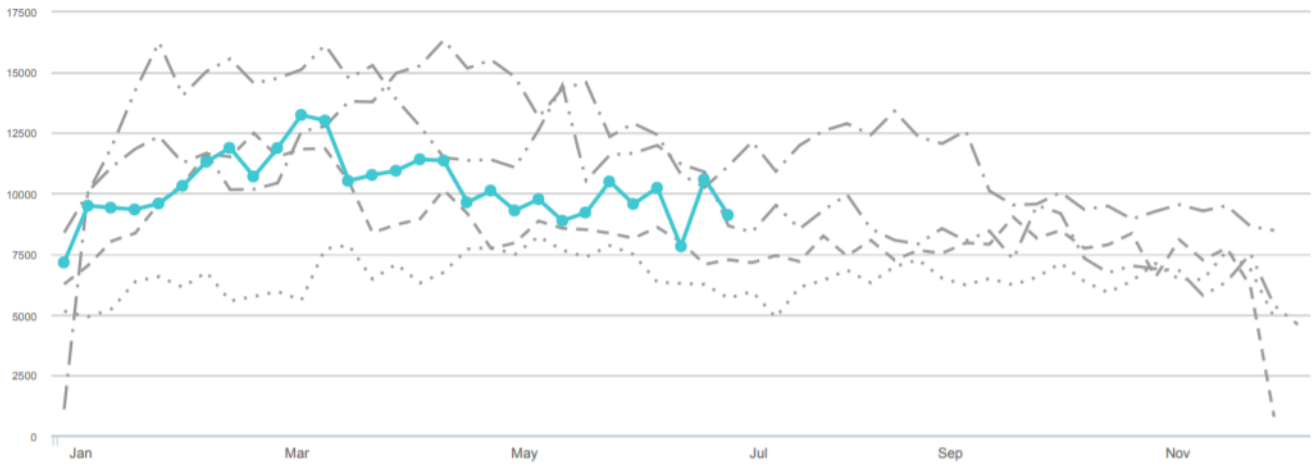
Map 3 | Map of malaria alerts by county (2018)



Since the beginning of the year, a total of 87 malaria alerts have been triggered, 49 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)

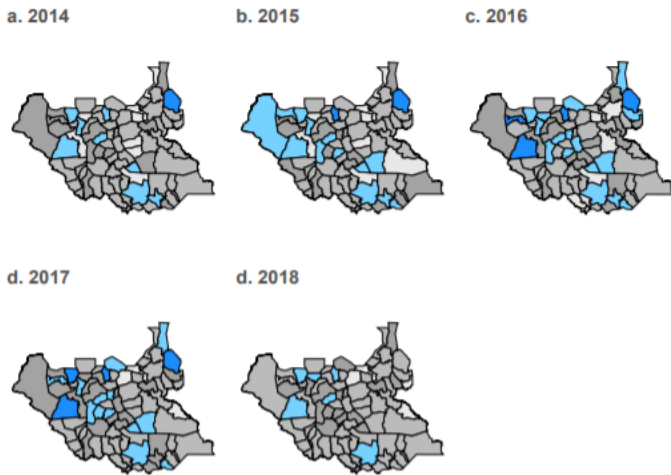


Graph legend 2018 (solid blue) 2017 (dashed grey) 2016 (dotted grey) 2015 (dash-dot grey) 2014 (dotted grey)	Key AWD indicators (2018) 296,981 Cases 20 Deaths 95 Alerts	Figure 5b % morbidity 	Figure 5c Age breakdown
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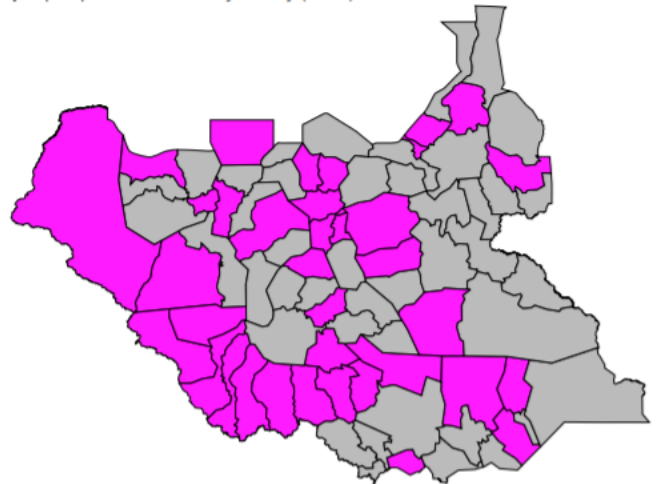
AWD is one of the top causes of morbidity in the country with 296,981 cases reported since week 1 of 2018 including 20 deaths. AWD trend for 2018 is above 2015 and 2016, as shown in figure 5a, above.

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)

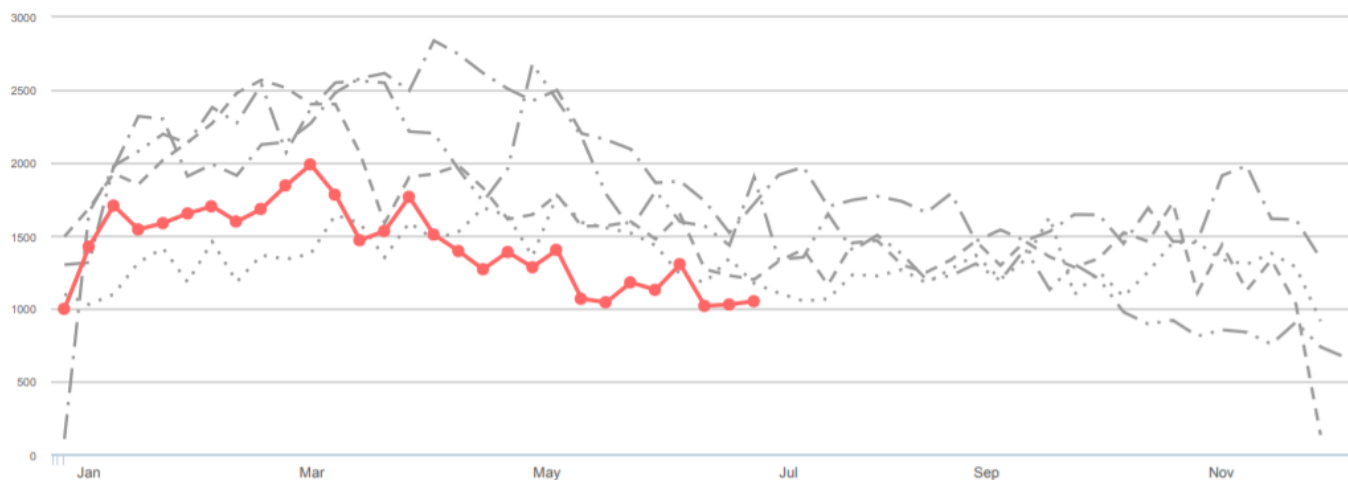


Map legend Number of AWD cases: 0 to 20,000 (color scale) Number of AWD alerts: 0 to 10 (color scale)	Alert threshold Twice the average number of cases over the past 3 weeks. Source: IDSR	Alerts 95 Alerts	Verified 59 Verified	Risk Assessment 0 Low Risk 1 Moderate Risk 0 High Risk 0 Very High Risk
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The number of AWD alerts triggered since week 1 of 2018 is 95, out of which 59 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018.

Acute Bloody Diarrhoea | Trends over time

Figure 6a | Trend in bloody diarrhoea cases over time (South Sudan)



Graph legend

- 2018
- - - - - 2017
- - - - - 2016
- - - - - 2015
- 2014

Key bloody diarrhoea indicators (2018)

41,345

Cases

23

Deaths

107

Alerts

Figure 6b | % morbidity



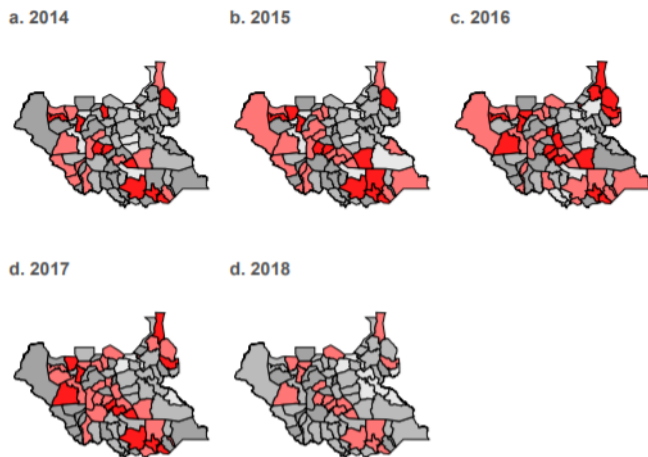
Figure 6c | Age breakdown



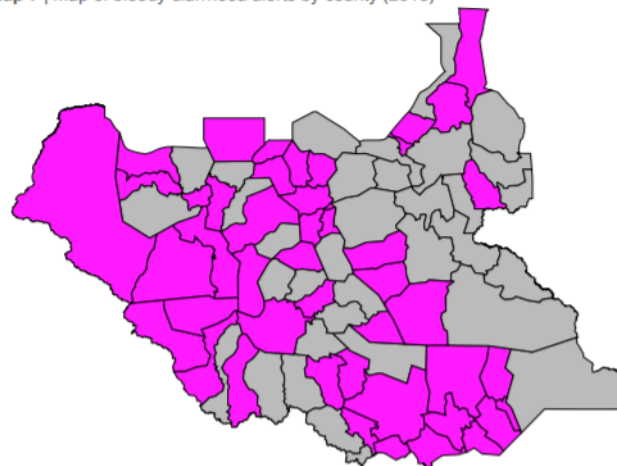
Since week 1 of 2018, a total of 41,345 cases of ABD have been reported country wide including 23 death. ABD trend for 2018 is below 2014, 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

Acute Bloody Diarrhoea | Maps and Alert Management

Map 6 | Map of bloody diarrhoea cases by county (2018)



Map 7 | Map of bloody diarrhoea alerts by county (2018)



Map legend



107

Alerts

66

Verified

Risk Assessment

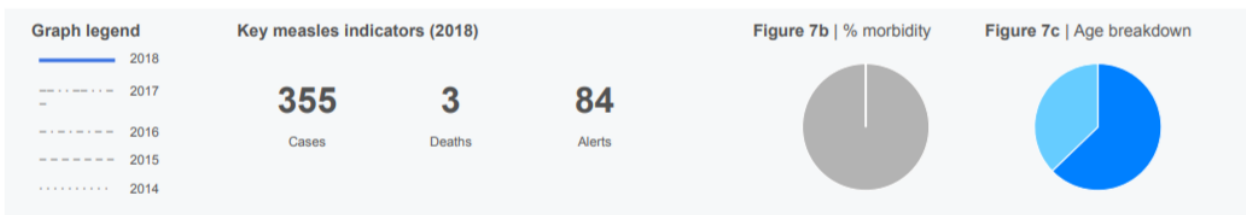
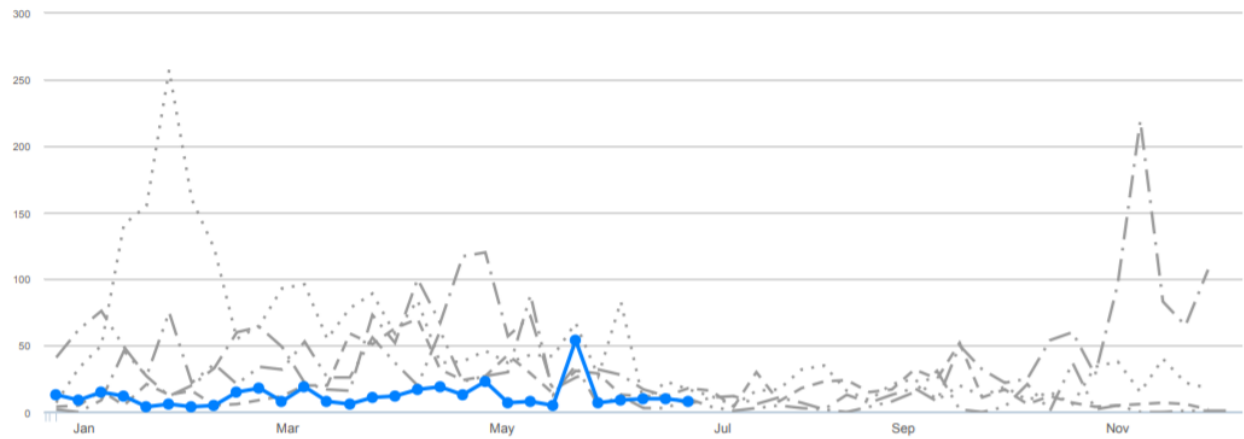


Alert threshold

Twice the average number of cases over the past 3 weeks. Source: IDSR

Total of 107 alerts were generated since week 1 of 2018, of which 66 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2018 are shown above.

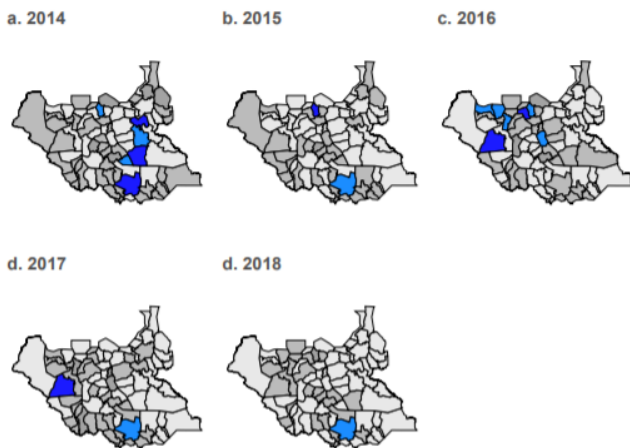
Figure 7a | Trend in number of cases over time (South Sudan)



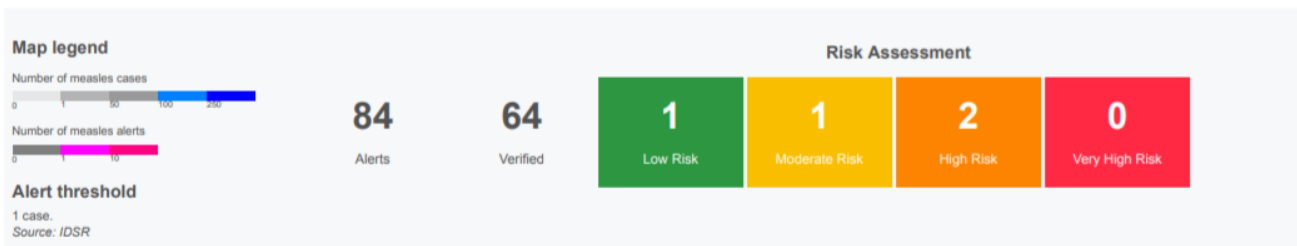
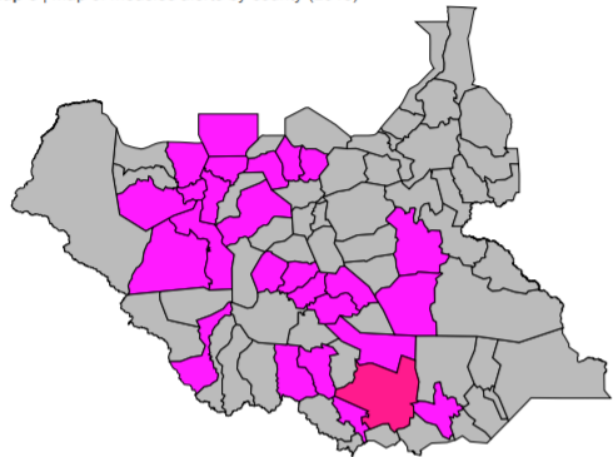
Since the beginning of 2018, at least 355 suspect measles cases including 3 death (CFR 0.85%) have been reported. Of these, 84 suspect cases have undergone measles case-based laboratory-backed investigation with 68 samples collected out of which 14 measles IgM positive cases; 14 clinically confirmed cases; and 3 cases confirmed by epidemiological linkage.

Measles | Maps and Alert Management

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



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



Since week 1 of 2018, 84 alerts of measles were triggered and 64 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.

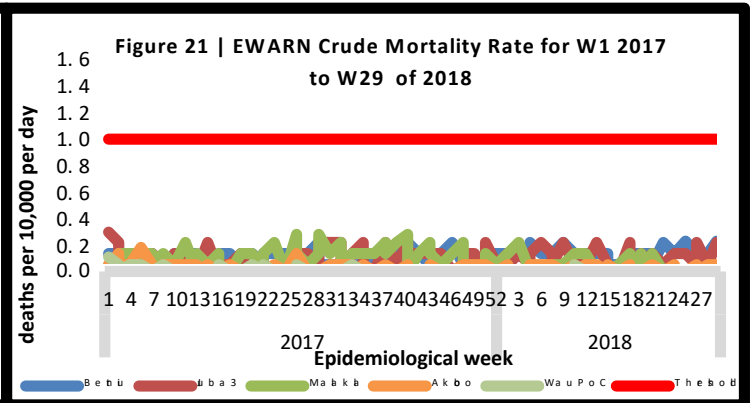
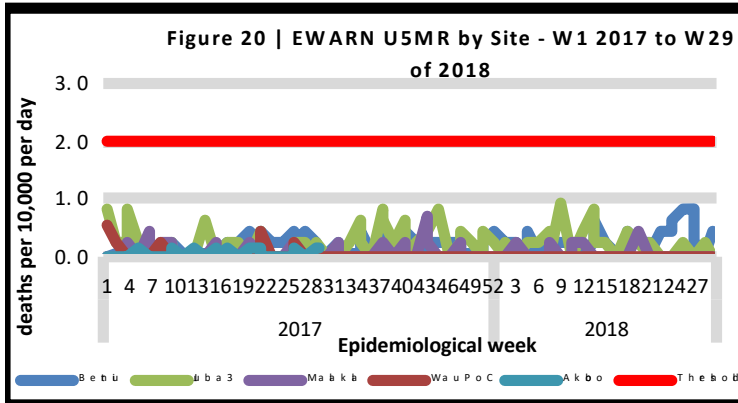
Table 6 | Proportional mortality by cause of death in IDPs W29 2018

Cause of Death by IDP site	Akobo	Bentiu		Juba 3	Total deaths
	<5yrs	<5yrs	≥5yrs	≥5yrs	
Heart Failure				2	2
malaria			2	2	4
perinatal death		4			4
HIV/AIDS		1	3		4
Unkown			3		3
GSW			1		1
Wasting Sydrom				1	1
Post Operation				1	1
Drown in water			1		1
Alcoholic Hypoglycamic			1		1
Neonatal Sepsis, died in IRC		1			1
Palliative Hep B			1		1
Pulmonary Edema	1				1
Total deaths	1	6	12	6	25

Among the IDPs, mortality data was received from Bentiu PoC, Akobo & UN House PoC in week 29. (Table 6). **A total of 25** deaths were reported during the week. Bentiu PoC report 18 deaths (72%) in the week. During the week, 7 (28%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 29 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 29 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 29 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 W29, 2018

IDP site	acute watery diarrhoea	cancer	GSW	Gunshot wound	Heart Failure	Kala-Azar	malaria	Meningitis	perinatal death	pneumonia	Rabies	SAM	Sepsis	TB/HIV/AIDS	Trauma	HIV/AIDS	TB	Others	Grand Total
Bentiu	7	1	2	2	1	2	21	3	24	10	1	13	16	12	1	19	7	179	321
Juba 3	1	1			4		9			4		2		1		6	7	51	86
Malakal		1			3	1			1	1							2	17	26
Akobo				1		2	4			2		1	2	1	1			9	23
Wau PoC							1											0	1
Grand Total	8	3	2	3	8	5	35	3	25	17	1	16	18	14	2	25	16	256	457
Proportionate mortality [%]	2%	1%	0%	1%	2%	1%	8%	1%	5%	4%	0%	4%	4%	3%	0%	5%	4%	56%	100%

A total of 457 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>

