

REPUBLIC OF SOUTH SUDAN



MINISTRY OF HEALTH

Weekly Update on Ebola Virus Disease (EVD) Preparedness for South Sudan

Update # 8

Date: 20 October 2018

1. Highlights

- In response to the re-classification of South Sudan to “very high risk” from “high risk”, the WHO South Sudan has deployed members of staff to the prioritized states of Yambio, Yei, Torit (Nimule) and Wau to strengthen the EVD preparedness coordination with partners on ground and the national task force in Juba.
- The WHO Representative to South Sudan, Dr Olushayo Olu led a team to Yambio to reinforce the WHO’s leadership in EVD preparedness activities in the state.
- One suspected EVD case was reported in Gumbo Juba on Monday, 15th October 2018. The rapid response team in Juba was dispatched to investigate the alert. Preliminary GenXpert result from the National Public Health Laboratory and the Uganda Virus Research Institute (UVRI) polymerase chain reaction results showed negative for Ebola virus disease, Marburg, RVF, Congo Crimean Hemorrhagic Fever and Sosuga virus.



The Who team led by WHO Representative, Dr Olushayo Olu, in a meeting with the governor of Gbudue state, Your Excellency Daniel Rimbasa Be lagbo

2. Ebola Situation update from North Kivu of Democratic Republic of Congo

2.1. Latest updates

- The EVD outbreak is still ongoing. From 5th to 11th October, 2018, a total of 35 cases were reported; 29 of these reported cases were from Beni. Most of the reported cases had no known epidemiologic link to the outbreak. However, further investigation revealed that many of these cases have been retrospectively identified as contacts. Nine health zones in the two provinces are affected:
 - North-Kivu Province: Beni, Butembo, Oicha, Mabalako, Kalunguta and Musienene.
 - Ituri Province: Mandima, Komanda and Tchomia.
 - Twenty two cases have been confirmed in Beni, 3 cases in Butembo, one case each in Kalunguta, Masereka and Mandima.
- As of 16th October 2018,
 - A total of 220 cases of EVD have been reported, of which 185 are confirmed and 35 are probable. Of the 185 confirmed cases, 142 died, and 43 were cured. Cumulative deaths are 142.
 - Since the start of vaccination on August 8, 2018, 19,539 people have been vaccinated as follows: 8,843 in Beni, 4,391 in Mabalako, 1,663 in Mandima, 1,452 in Katwa, 1,085 in Butembo, 690 in Masereka, 434 in Bunia, 355 in Tchomia, 240 in Komanda, 160 in Musienene, 121 in Oicha and 105 in Kalunguta.
 - As at 18th October, 2018, 5,040 contacts are followed.

3. Public Health Preparedness and Readiness

3.1. Coordination

- Two national taskforce meetings chaired by the Hon. Minister of Health and co-chaired by the Incident Manager were held on 16th and 18th October 2018 at the PHEOC in Juba. The major themes of discussion included training of state RRT and national Safe and Dignified Burial teams.
- The NTF strengthened the coordination between national and states' task force teams. Updates from the states were discussed during NTF meetings.
- Scheduled weekly meetings of all thematic pillars were conducted as planned.
- WHO deployed consultants to prioritized states to strengthen the coordination of EVD preparedness in the states. A Field Office is opened in Yambio to support EVD preparedness and response activities.



3.2. Resource mobilization

- Following the Donor pledging conference held on Thursday, 11th October 2018, the DSRSG/RC/HC/RR, Mr. Alain Noudéhou announced the commitment of 2.0 million United States dollar to be provided from the South Sudan Humanitarian funding stream to support EVD preparatory activities. Additionally bilateral engagements are ongoing with donors on the need to step up support for EVD preparatory activities.

3.3. Surveillance and Laboratory

- On 15th October 2018, the Public Health Emergency Operations Center (PHEOC) received a call at 15:20 pm reporting a suspected Ebola virus disease in Gumbo, Juba. The patient was a 60 year old British who works with The Development Initiative (tdi). He was in Uganda for his annual leave and returned to Gumbo on 12th October 2018. He developed fever, sore throat, and dry cough. Though he did not meet case definition, the national RRT was dispatched to carry out further investigation because the patient repeatedly acclaimed that he had contacted Ebola virus disease. The clinical officer placed him on antipyretic and the malaria RDT results were negative.
- The national rapid response team was quickly mobilized at 15:0 pm on 15th October, 2018 and sent out to Gumbo to conduct an epidemiological investigation and obtained blood samples for laboratory testing. The national RRT collected blood samples from the patient.
- Upon arrival at the national Public Health laboratory, Juba, samples from the patient were taken to the Central Public Health Laboratory. One sample was packaged for transport to UVRI, and one sample was immediately tested for Ebola Zaire using the GenXpert. Initial test result was negative. The UVRI results also tested negative for Ebola virus, Marburg, RVF, CCHF, and Sosuga virus.
- The national RRT sensitized the health workers and community members in Gumbo on EVD case definition and the need to intensify active search for suspected EVD cases.

3.4 Port Health and Screening

- All the 14 prioritized points of entry screening facilities are active. However, the remaining 25 non-prioritized screening points will be re-assessed to determine the possibility of inclusion as priority screening points. The point of entry screening points include: Juba International Airport, Nimule ground crossing and River Port, Yambio Airport, Sakure, Gangura border areas, Yei Airstrip, and Wau International Airport, Kaya and Yei RRC office.
- Standard Operating Procedure, job aids, training materials, forms and communication materials were finalized and shared.
- Refresher training for screeners at Juba International airport is planned for 23rd October 2018.
- The Point of Entry and Border Health technical working group is planning to conduct a non-health stakeholder Ebola awareness training at Juba airport.
- IDS/RRT trainings are planned for Yei: 16-26th October and Yambio: 22nd-26th October 2018. The national RRT training is planned for 22-26th October 2018; Torit 24th – 28th October 2018; Malakal 22nd – 26th October 2018; Bor 22nd – 26th October 2018; and Wau 22nd – 26th October 2018.
- The electronic EWARS platform is being used to capture, aggregate, and analyze points of entry screening data with the table below, summarizing the number of travelers screened in week 42 at the active points of entry.



South Sudan Ebola Response | Monitoring of EVD screening activities at Points of Entry in countries prioritized for Ebola preparedness activities

Year: 2018

Week number: 44/2

From: 2018-10-16

To: 2018-10-27

Point of Entry	Passenger Screening Information				EWI Results	
	# screened	# tested	# with voluntary home quarantine	# reported	# released	# hospitalized
Eoti border	0	0	0	0	0	0
Gangura border	0	0	0	0	0	0
Juba International Airport	2,946	0	0	0	0	0
Kaya	1,719	0	0	0	0	0
Kaya Doctor	0	0	0	0	0	0
Nimule Doctor	40,731	0	0	0	0	0
Otuha	1,230	0	0	0	0	0
Pompe Crossing River	407	0	0	0	0	0
Sakure Doctor	0	0	0	0	0	0
Wau Airport	0	0	0	0	0	0
Yambio	10	0	0	0	0	0
Yei RRC	0	0	0	0	0	0
Total	96,621	0	0	0	0	0

Note: This table is generated automatically from EWARS (South Sudan). It has been deployed since December 2011, following the onset of conflict violence. From May 2017, it has been scaled up to provide support to all 80 countries across the country. It is supporting Ministries and partners to strengthen integrated disease surveillance and response (IDS) (http://ids.meris.who.int).



3.5. Case Management, Infection Prevention and Control, Safe Dignified Burial and WASH

- WHO posted an Infection prevention and control and case management consultant to Yei River state to conduct trainings of frontline health workers on CM/IPC modules.
- SoPs for IPC/WaSH (Isolation Facility and ETU, Safe & Dignified Burials) will be validated on 23rd October 2018 during the Case Management TWG meeting.
- SDB training in Juba is on-going. Started on 18th October through 20th October 2018.
- The WHO Case management consultant arrived South Sudan to support the EVD preparedness.

3.6. Risk communication, community engagement and social mobilization

- The risk communication, community engagement and social mobilization activities continue to be implemented to increase risk perception and enhance public awareness on Ebola prevention.
- Coordination of partners implementing risk communication and social mobilization activities is ongoing to ensure consistency of messages and reduce duplication of efforts.
- Radio talk shows continue to be aired by MOH with support from UNICEF at the national and sub-national level in English, Arabic, Zande and other local dialects.
- Radio jingles with messages on Ebola are running on 13 radio stations in English and 3 local languages.
- Ebola prevention IEC materials have been developed in English and have been translated from English to Arabic. Translation into other native languages is planned.
- The use of the toll-free line is increasing with an average of 200 calls received daily seeking for information on EVD and also reporting suspected Ebola alert cases.
- WHO is also working with UNOCHA and other partners on information dissemination strategy to amplify the preparedness activities and enhance public awareness.

3.7. Logistics and Personnel deployment

- WHO awaits the arrival of epidemiologists, risk communication expert and vaccine expert to support the EVD preparedness activities.
- The 3 kits of VHF 500 procured through WHO regional supply platform will be delivered in Juba this week.

3.8. Vaccines and Therapeutics

- The Vaccine and Therapeutics TWG has received the compassionate protocol from the WHO Vaccine team in Geneva. The WHO has transmitted the protocol to the Ministry of Health.
- WHO Regional Office for Africa has initiated an integrated approach for the 4 priority countries neighboring DRC (South Sudan, Rwanda, Burundi and Uganda) to prepare for the Ebola vaccine use. This will ensure that all the four countries are at the same level of support given the limited resources.
- The vaccine expert, as requested by the WHO, will be in Juba this week.

3.9. Safety and Security

- Access, Safety and Security TWG will continue to contact the partners responsible for security in IO areas to improve access to high-risk locations that are currently inaccessible due to insecurity.
- Few members of the UN have completed the WHO e-PROTECT online training on Ebola Awareness that was disseminated last week to all UN Personnel in South Sudan.
- Access, Safety and Security TWG Focal Point contact details being finalized for all areas of concern for further dissemination to all NTF Members.

3.10 Updates from States

A. Yei River State

- UNMISS escort facilitate active surveillance
- Plans to establish screening points at the PoEs has been put on hold due to insecurity following the Minyori armed clashes
- RRT tasked ICRC to negotiate access to IO areas so that screening will resume in the affected areas.
- Health Cluster initiated the process of repairing the broken down ambulance at Yei.
- WHO has conducted RRT training last week and plans to conduct Case Management/IPC training this week.
- SSDO/UNICEF trained 10 chlorinators; provided 10 gumboots, 20 face masks, 10 cartons of sprayers, 2 cartons Aqua tabs, 20 buckets for hand washing facilities.
- SMoH&E will share the contacts of three focal persons from the RRT with the NTF for proper communication and information sharing

B. Yambio

- The last STF meeting on 18th October 2018 was poorly attended and WHO visited the partners to request their continued participation in the STF meetings.
- WHO team led by the WHO Country Representative, Dr Olushayo Olu, visited Yambio on 18th October 2018 to strengthen the coordination of EVD preparedness activities and encourage the members of staff to continue to support the state.
- WHO deployed consultants to Yambio to strengthen the coordination of STF activities.
- UNHCR has started sensitization of refugees on Ebola preventive messages.
- UNMISS is committed to providing security for movements to insecure areas.
- UNMISS requested ToR for logistics, safety and security technical working groups.
- WFP is expecting a logistics officer to be deployed in Yambio next week.
- World Vision International (WVI) trained screeners at Makpandu PoE on the 11th October 2018. The Makpandu screening point is functional.
- The STF requested support on vehicles, WaSH activities, communication (Satellite phones), IEC materials, and installation of the proposed isolation facilities.

4.0. Challenges/Gaps

The critical preparedness gaps currently entail:

- Deskbound task force teams in some states.
- Lack of isolation facility in Juba or any of the high-risk states.
- Limited resources for the Ebola preparedness activities.
- Human resource gap to support EVD preparedness activities.
- Delayed conduct of SIMEX exercises due to inadequate structures.

5.0. Recommendations and priority follow up actions

- The National Task Force, in collaboration, with partners to reactivate all dormant state task force teams to oversee the EVD preparedness and response activities.
- WFP to fast-track the installation of isolation facilities.
- Donors to continue to support the EVD preparedness and readiness activities.
- Partners to request for more consultants to support the EVD preparedness activities.
- WHO to continue to support MoH and partners for the completion of structures for EVD preparedness activities.
- TWG to consider individual SIMEX exercises pending the time all the required structures will be ready for a joint SIMEX.

6.0. Conclusion

- The focus for the NTF in the coming week is the training and capacity building of health workers that are involved in the execution of priority activities of the Case management, IPC, safe and security and Safe and dignified burial activities.

7.0. Partners involved in EVD preparedness and readiness

MOH, WHO, Health Cluster partners, UNICEF, CDC, USAID, DFID, JICA, ECHO, World Bank, UNHCR, UNOCHA, Health Pool Fund, IOM, AWG, WASH Cluster partners, SSRC, WFP, Min of Interior, AMREF, MSF family, IMC, ICRC, ALIMA, IRC, World Vision, America Refugee Committee, SCI, UNMISS, UNDSS, SPLA, LS, DFCA, ARC, Samaritan Purse and UNHASS.

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