SOUTH SUDAN EVD TASKFORCE MEETING 20th Dec 2018

Update on South Sudan's preparedness and response readiness capacities

NTF Meeting Agenda; 13/12/2018

Item	Description	Time	Responsible person
1	 Self-Introduction Communication from the Hon. Minister 	2:00-2:05 pm	Dr Riek Gai Kok
2	Review of action points from previous meeting	2:05-2:20 pm	Dr Richard Lako/Dr Ayana - IM
3	 Latest Update on EVD outbreak situation in DRC Dashboard, SOPs, JMM 	2:35-2:45 pm	Mathew/Dr Ifeanyi
4	 Updates on EVD TWGs per thematic areas: Current Status/progress made Update from STFs Update from Health Cluster Discussion 	2:45-3:20 pm	TWGs leads & Co. leads
5	A.O.B	3:20-3:30 pm	All



EVD update in DRC as of 18th Dec

Total cases: 549

Deaths: 326

Confirmed: 501

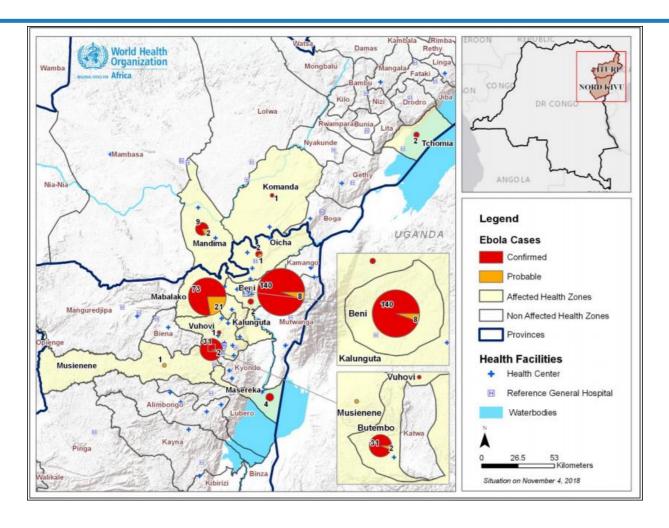
Probable: 48

New cases: 7

Katwa: 3

Mabalako: 2

Komanda: 2





Ebola preparedness & Response Dashboard

SOUTH SUDAN: Ebola preparedness and response dashboard (November 2018)



WHO/CFE

■ Funded III Unmet - Amount received



Situation update

Ebola virus disease (EVD) continued to increase with 422 cases and 242 deaths in the Democratic Republic of Congo, as of 27 November 2018. The risk of spreading in neighbouring countries, including South Sudan, remains very high. The Government of South Sudan and partners are engaged in EVD preparedness activities, including strengthening coordination through national task-force and state taskforces. Technical Working Groups (TWGs), such as Case Management, Infection Prevention Control (IPC) and Water Sanitation and Hygiene (WASH); Risk Communication; and Epidemiology and Surveillance are established. These TWGs are aligned to key strategic interventions to ensure efficient programming.





Creation date: 3 December 2018 | Sources: IOM, OCHA, UNICEF and WHO



Vaccine and Therapeutics

Unearmarked by area

Review of Action Points

Action Points



Epi and Surveillance TWG



Yellow Fever Update

Sakure payam, Nzara county, Gbudue state
20 December 2018

Yellow Fever Update: Sakure payam, Nzara county, Gbudue state

Epidemiological update

As of 19 Dec 2018; one (1) PCR confirmed case and two (2) presumptively yellow fever IgM positive cases have been reported from Sakure payam, Nzara county, Gbudue state.

Entomological update

Overall, the entomological assessments in Sakure, Nzara, and Yambio towns showed no evidence of *Aedes species* mosquitoes and the stegomyia entomological outbreak indices for the three towns were all below the WHO epidemic thresholds. This is attributed to the current dry season and hence the greatly reduced breeding and mosquito populations at this time of the year.



Yellow Fever Update: Sakure payam, Nzara county, Gbudue state

Laboratory update

Out of the 36 samples tested;

- One (1) sample was PCR confirmed for yellow fever virus.
- Two (2) samples were presumptively yellow fever IgM positive (PRNT underway)
- Conclusive testing underway for the remaining 33 samples (presumptively negative or inconclusive on preliminary serological testing).

The yellow fever PCR positive case and the two presumptive yellow fever IgM positive cases all originate from Sakure payam in Nzara Payam, Gbudue state

Recommendations

- Surveillance and laboratory investigation of new suspect cases
- Conclusive testing of presumptive yellow fever IgM positive cases awaited
- The decision on conducting a rapid risk assessment will be based on additional information indicating active transmission



Lab TWG



Laboratory TWG Update

- The LTWG met once this week.
- The PCR machine was collected yesterday;
 - Currently in transit.
 - Repairs being carried out at the designated PCR lab
- 23 kits our of 60 have been prepackaged for RRT sample collection.
 Prepositioning prioritized for the following 6 sites first;
 - Yei (10 kits)
 - Yambio (10 kits)
 - Nimule (10 kits)
 - Juba, including PHL/EOC, WHO and State RRT (30 kits)
 - Other sites to follow
- State laboratory training preparation is ongoing.



Border Health & POE TWG

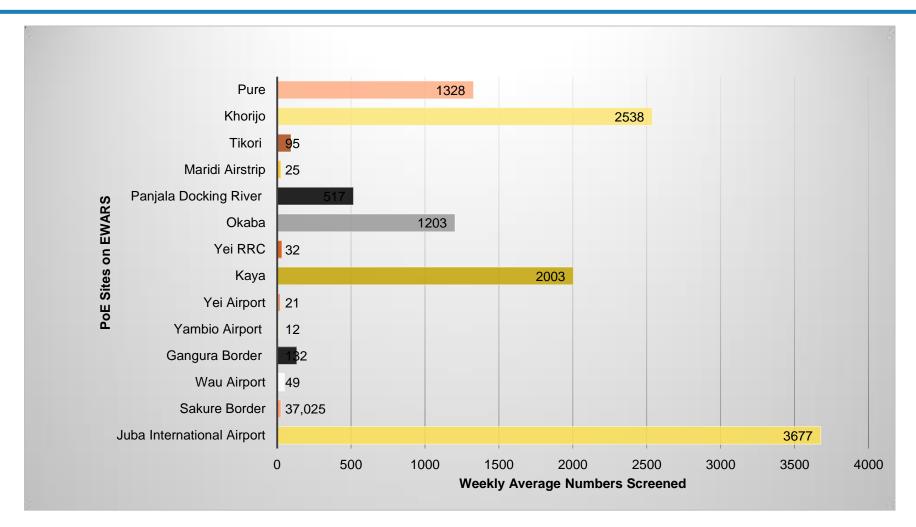


PoE SCREENING DATA

Point of Entry Site	No. of weeks reported	Total Screened	Average screening per week
1 Nimule Border	14	518349	4000
2 Juba International Airport	19	69860	3677
3 Sakure Border	9	235	26
4 Wau Airport	14	683	49
5 Gangura Border	9	1192	132
6 Yambio Airport	11	129	12
7 Yei Airport	13	277	21
8Kaya	12	24041	2003
9 Yei RRC	12	378	32
10 Okaba	11	13231	1203
11 Panjala Docking River	9	4651	517
12 Maridi Airstrip	4	101	25
13 Tikori	5	473	95
14 Khorijo	2	5075	2538
15 Pure	2	2655	1328
Total		641330	



Screening data ----





Activities/accomplishments

- Weekly BHPOE TWG meeting convened, action points shared among TWG partners.
- Assessment and mapping of POEs and population movement tracking by IOM-DTM and REACH conducted, presented at TWG meeting. Final combined assessment report will be shared in next TWG meeting.
- International Arrival health form translated from English to Arabic, soft copy shared and under printing by WHO.
- Space in the VIP area identified where screening desk will be set-up. WHO
 and MoH following up on ensuring that this is done.



Challenges that need assistance from NTF

 Issue of screening of high-level delegates and VVIPs who do not pass through the regular VIP section is still a gap.



Priorities for the upcoming week

- DTM and REACH to share summary of findings with TWG members. Thereafter discussions on priority locations for PoE set-up to follow.
- Assessment to take place by TWG members in 4 POEs (2 in Nimule and 2 in KK). Assessment team to include MoH, WHO, IOM, plus other health implementing partners on ground.
- Partners that have not activated/registered the PoEs on EWARS urgently requested to do so and submit data. (all partners)
- MOH to reach out to WVSS to discuss on Tambura PoE screening .
- MoH to reach out directly to partners who are not attending meetings and request for their participation.



Vaccine and Therapeutic TWG



Case Management/IPC and WASH TWG



activities/accomplishments

- IPC training for Military Staff on-going this week
 18th to 21th December 2018.
- 40 participants training
- Full donning and doffing practical will be conducted in the IDU
- Approval of SOP's and ready for print-out.



challenges that need assistance from NTF

Need for an alternative MOH lead.

Priorities for the upcoming week

 HLSS have agreed with SP's and they will be conducting a training on the 21st-22nd DEC. This training will be covering Introduction to IPC, screening, PPE (donning and doffing) and will be taking place at the National Blood bank.



SDB TWG



Risk Communication TWG

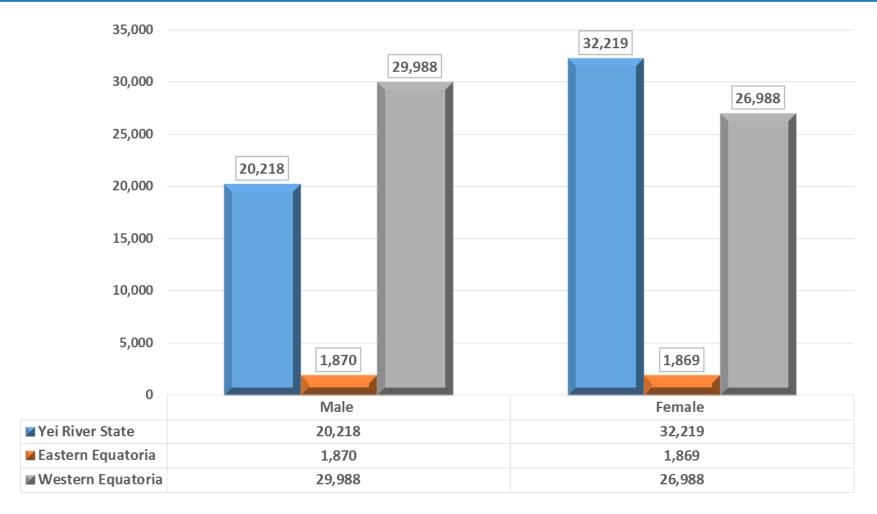


Highlights-Juba

- Eight schools (6 primary and 2 secondary) were reached and received adequate information on Ebola Virus Disease and Hygiene/Sanitation.
- **2,459** schools Children **(738 boys and 1721 girls)** received adequate information on Ebola Virus Disease and Hygiene/Sanitation.
- 57 teaching staffs and 31 nonteaching staffs received adequate information on Ebola Virus Disease and Hygiene/Sanitation.
- Community sensitization conducted in two markets (Konyo-Konyo and Custom).
- Over 5,500 people reached during EVD sensitization in the markets.

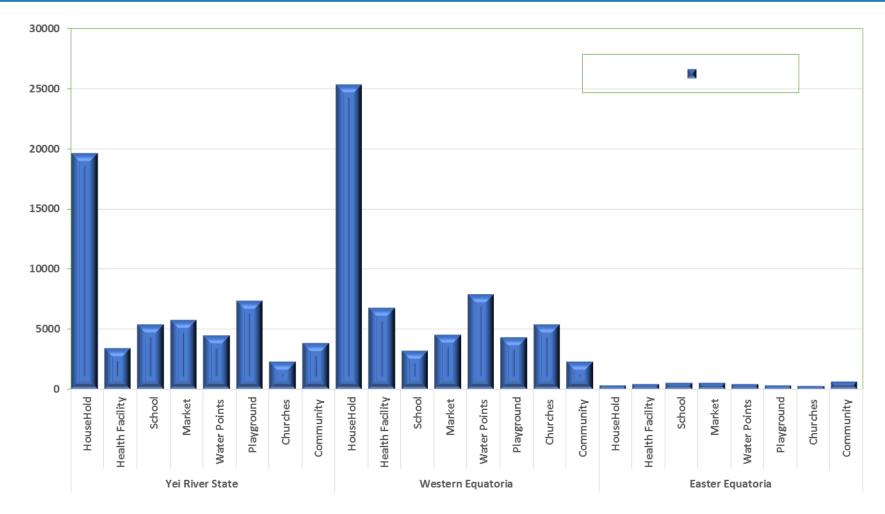


of people reached per State with Key messages on different community engagement Channels



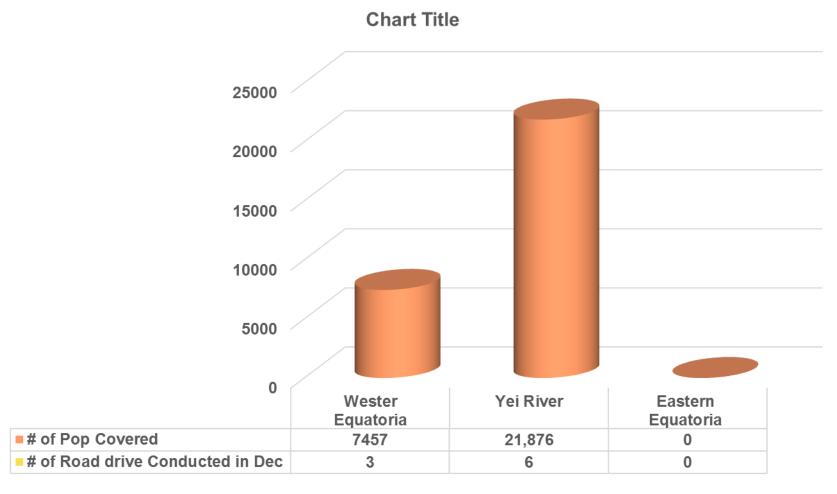


of people reached with specific Community engagement channels per State Hubs





of Road drive conducted and population reached by State Hubs





Reported challenges from the field that need assistance/guidance from STF/NTF

- Inadequate internet services for sending weekly updates on time and restriction of movement in conflict-affected areas
- No sources of clean water in the IDP camp in Korijo
- Malaria cases highly registered in Kajokeji



Key Priorities for the coming week...1

Field Level

- Recruitment of social mobilizers by partners for Lainya, Morobo and Yei River Counties
- Continue with distribution of posters and IEC Materials for Ebola, and House-to-House mobilization in all the high-risk counties risk
- Strengthen Integrated Community Mobilization Network with inputs on community-based surveillance for early detection of suspected Ebola cases in the community.



Key Priorities for the coming week...2

RiskComms TWG (National) Level

- Finalize Case Definition materials for production and distribution
- Review, revise, update TOR of TWG for Ebola RCCE response
- Finalize SOPs and Strategy for RCCE.
- Review and improve information management to ensure comprehensive and systematic partner-mapping by geography, activity, capacities, and expertise.
- Facilitate greater engagement among current and potential new partners.
- Continue to find ways for improving coordination between National and State Task Force on RCCCE.

EBOLA

STANDARD CASE DEFINITION: ROUTINE SURVEILLANCE

SUSPECT CASE

Any individual with sudden onset of fever (37.8°C) and no response to treatment for usual causes of fever, AND at least 1 of the following signs:

· Bloody diarrhoea

· Bleeding into skin

· Bleeding into eyes

· Blood in the urine

Any other form of

(spontaneous abortion)

unexplained bleeding

(purpura)

Miscarriage

Bleeding from gums



Any individual who within the past 21 days has had a history of travel from Ebola-affected areas OR

Contact with a person with such travel history

History of contact with a suspect, probable or confirmed Ebola case

AND (either A, B or C below)

(A)

Sudden onset of fever (37.8°C) OR, at least 3 of the following symptoms:

- · Headache
- Anorexia (loss of appetite) Bleeding from the nose
 - Diarrhoea Vomiting
 - · Lethargy or Fatigue
 - · Stomach / abdominal pain
 - · Body pains (muscle or joint pain)
 - Difficulty in breathing
 - · Hiccups
 - · Sore throat
 - · Rash
 - · Difficulty in swallowing

(B)

Unexplained bleeding (with or without fever):

- · Bloody diarrhoea
- · Bleeding from gums
- · Bleeding into skin (purpura)
- . Bleeding into eyes
- . Blood in the urine
- . Bleeding from the nose
- Miscarriage (spontaneous abortion)
- Any other form of unexplained bleeding

(C)

Any sudden unexplained death

CONFIRMED CASE

Any Suspect Case with a laboratory confirmation is considered a Confirmed Case

That is, a Suspect Case who tests positive for the virus by any of the below laboratory methods:

- . Detection of virus RNA by reverse transcriptase-polymerase chain reaction (RT-PCR), or
- · GeneXpert, or
- . By detection of IgM antibody against Ebola, or
- · Viral isolation

For further information contact the nearest Health Facility or the County Medical Director in your area

Contact the Director of Emergency Preparedness and Response, Ministry of Health, Republic of South Sudan (tut1988@yahoo.com, +211916010382, +211922202028) Email: outbreak ss 2007@yahoo.com, tut1988@yahoo.com Ministry of Health toll-free lines (MTN and Zain):









EBOLA CASE DEFINITION: COMMUNITY-BASED SURVEILLANCE

This definition of an "alert case" for Ebola virus disease has been developed for use primarily by the community or community-based volunteers.

It may be used for community-based surveillance during an Ebola pre-epidemic phase and during an outbreak.

EBOLA ALERT CASE

During a pre-epidemic phase or during an outbreak, a person with any of the below signs and symptoms is considered an 'Ebola Alert Case':



Sudden onset of fever with history of travel to an Ebola affected area;



OR

Any form of unexplained bleeding from any part of the body;



OR

Any sudden unexplained death

Report any 'Ebola Alert Case' to the nearest Health Facility
AND
Call the Ministry of Health toll-free lines (MTN and Zain):



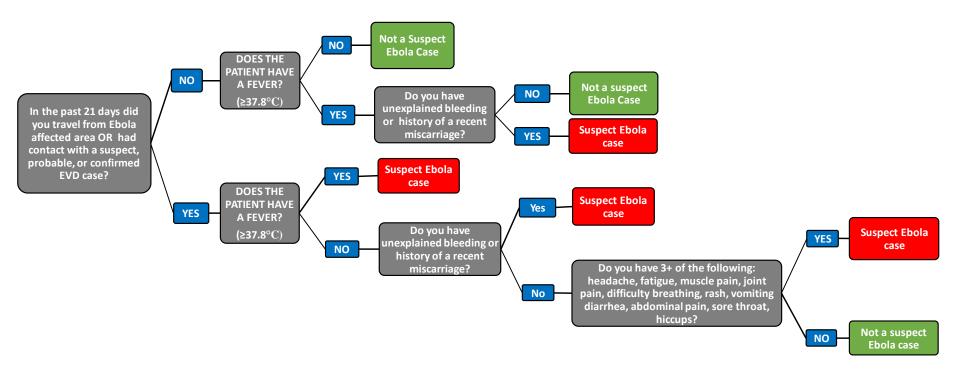






EBV Suspect Case

Determining if a Patient is a Suspect Ebola Case during 'PRE-INTRODUCTION' period CDC – Algorithm Flow Diagram









Thank You



Logistics TWG



LWG-All updates

- Modifications requested by MSF/UNICEF to IUs approved and will be incorporated
- All IUs about 80% completed
- Meetings held with WHO to clarify on PPE stocks and is on-going, full stock taking planned with inventory monitoring system. WFP will support WHO.
- 13 PPE VHF kits in country and packed at WHO warehouse.
- Field kits for RRT teams to be made available at EOC for ready deployment, WFP will coordinate to get this done.
- Request for UNHAS supports-procedure being clarified at national and State level



State Update



Yambio

Conducted Activities

- Visited Sakure and Nzara to further investigate the extent of the yellow fever outbreak and do active case search.
- Sensitized the community about outbreaks of viral hemorrhagic fevers, including Ebola and yellow fever
- State Ebola Contingency plan and partners' mapping matrix shared among partners for further input.
- Risk Communication/ Social Mobilization partners developed a check list for monitoring and evaluation of Ebola awareness in communities
- 5 surveillance motorcycles were distributed in Nzara for EVD preparedness
- Sakure PoE site is completed and personnel available
- Basukambi and Saura1 PoEs tents have been erected

Planned Activities

- Training of Nzara RRT members that had not been trained
- Produce a presentation on traditional beliefs and burials
- Visit at least one point of entry to assess the capacities in line with the IHR standards

Challenges

- More Thermoflash thermometers are required for the new PoEs
- No bed at the isolation tent PoEs
- No qualified staff for the new PoEs



Nimule

Conducted Activities

- SSRC supported STF to dispel the rumor that Ebola is in Nimule
- On-going UNICEF support for EVD weekly radio talk shows and jingles (four times daily) for three (3) months
- On-going SSRC support to distribute IEC materials in the communities
- On-going screening at the three PoEs 47,142 people during the reporting week.
- Regular support supervision at the three PoEs on-going.
- Nimule EVD operational plan and check-list evaluation on-going.
- On-going construction at the Isolation facility:
 Three slabs will be constructed for the isolation facility.

Planned/On-going activities

- CORDAID has secured funds to erect one extra screening point at Lobone in Magwi
- Mapping the partners using the 4-W matrix
- Continuing EVD screening at the (check point, River port, and the airstrip)

Challenge

- Needs another tent at check-point screening point
- Subsequent upgrade of check-point screening point from tents to prefabricated structures



Jubek

Conducted Activities

- RRT on alert as in the case on the 15th Dec, 2018 which GenXpert result was negative for EVD
- Trained 25 social mobilization team members in Juba
- On-going training of SSPDF from 18th - 21st December.

Priorities for coming week

- TTX/field SIMEX for the state RRT
- Training of the state SDB team
- Mobilization of partners and agencies to attend STF meeting.
 MoH to intervene

Challenges

- Vehicle and fuel
- No partner attendance in STF meetings



Yei

Conducted Activities

- STF members together with UNICEF Chief of Field Office Greater Equatoria visited the Ebola Isolation facility construction site in Yei State Hospital.
- STF partners completed the 3Ws matrix template
- STF members discussed the EVD monitoring checklist
- EVD screening is ongoing in seven sites (Yei airstrip ,Yei SSRRC, Tokori, Okaba, Kaya, Pure and Khorijo).
 No alert reported
- Ebola Isolation Center construction in Yei State Hospital is at final stage of completion.
- RCCE TWG sensitized about 370 pregnant, lactating mothers, and community members at Sobe, New Site and Lemuko
- On-going EVD radio jingles and road drive.

Planned/On-going Activities

- Train UNMISS (Nepalese Battalion) following request from the resident Medical Officer
- The STF is planning to train motorcycle riders in border communities
- The STF requested the circulation of the validated SoPs and EVD preparedness checklists for use in the state.
- Conduct a 3-day meeting for members of the STF to discuss the evaluation EVD checklist, and the 3W matrix
- Vaccination team awaits EBV vaccine roll-out
- Two consultant in Juba for SSAFE training.



South Sudan: SoP Cover Page

Republic of South Sudan



Ministry of Health

Ebola Virus Disease (EVD) ------ Standard Operating Procedure

Juba, South Sudan

December 2018

First Version





Thank you