South Sudan

Integrated Disease Surveillance and Response (IDSR)

Epidemiological Update W05 2019 (Jan 28, 2018- Feb 03, 2019)
The completeness for IDSR reporting at the county level was 46% in week 5 of 2019. The completeness for EWARS reporting from IDPs was 83%.

A team of partners, SMoH and UNMISS protection forces responded to suspected Measles outbreak in Shambe, Adior Payam, Yirol East County between 5th – 8th Feb 2019 during which 36 suspected Measles cases were verified and three samples were collected. No cases were reported in week 06, 2019. No deaths were reported.

A reactive Measles campaign was conducted by WHO state team in Bor PoC on 6-8th Feb, 2019 where 540 children 6-59 months were vaccinated, achieving a coverage of 125%.

A cluster of suspected Measles cases were reported from Aweil Center of NBG state. Out of the 29 suspected cases reported as at end of week 5, 2019, 8 samples were tested for measles and Rubella and all the samples tested negative for Measles IgM antibodies while four (4) tested positive for Rubella IgM antibodies. Results for four (4) samples are pending.

The reactive Measles vaccination campaign in Juba has started on 11th February, 2019 targeting children in all the payams and IDP sites. A similar campaign is scheduled to start on 18th February, 2019 in Pibor with SMoH and partners in preparation phase of the campaign. A micro-plan for a reactive measles campaign has been developed in Gogriel West.

Three new HEV cases reported from Bentiu PoC in week 03-04, 2019. A total of 169 HEV cases (18 confirmed by PCR) have been reported in Bentiu PoC in 2018. The new cases tested positive on RDT testing. Current response entails surveillance, case follow up in the communities and access to WASH services.

In light of the confirmed EVD outbreak in North Kivu, the South Sudan EVD contingency plan has been updated and implemented to mitigate the risk of EVD importation and enhance readiness capacities.
SURVEILLANCE PERFORMANCE

For the Integrated Disease Surveillance (IDSR) network and Early warning alert and response network (EWARN)
Completeness for IDSR reporting at the county level was 46% in week 5, 2019 and cumulatively at 54% for 2019. Timeliness for IDSR reporting at the county level was 44% in week 5 and cumulatively at 44% for 2019. The ongoing transition process from county level data aggregation and reporting to direct reporting from the health facilities through use of use mobile phones has affected the reporting rates for Juba and Torit counties contributing to the decrease in overall completeness and timeliness.

Table 1 | IDSR surveillance performance indicators by county (W5 2019)

<table>
<thead>
<tr>
<th>Hub</th>
<th>Reporting</th>
<th>Performance (W5 2019)</th>
<th>Performance (Cumulative 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># counties</td>
<td># reports received</td>
<td>Completeness</td>
</tr>
<tr>
<td>Aweil</td>
<td>5</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>Bentiu</td>
<td>9</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>Bor</td>
<td>11</td>
<td>6</td>
<td>55%</td>
</tr>
<tr>
<td>Juba</td>
<td>6</td>
<td>2</td>
<td>33%</td>
</tr>
<tr>
<td>Kwajok</td>
<td>7</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>Malakal</td>
<td>13</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Rumbek</td>
<td>8</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Torit</td>
<td>8</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Wau</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Yambio</td>
<td>10</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>80</td>
<td>37</td>
<td>46%</td>
</tr>
</tbody>
</table>
The graph shows completeness for the weekly IDSR reporting at the county level.
Counties that submitted their IDSR reports in week 05, 2019 are shown in green in map 1a.

Counties that did not submit their IDSR reports in week 05, 2019 are shown in grey in map 1a.
Both completeness and timeliness for EWARS reporting stand at 83% for week 05, while the cumulative completeness and timeliness are 68% and 66% respectively for 2019.

Table 4 | EWARS surveillance performance indicators by partner (W5 2019)

<table>
<thead>
<tr>
<th>Partner</th>
<th>Performance</th>
<th>Reporting (W5 2019)</th>
<th>Reporting (Cumulative 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># sites</td>
<td># reports received</td>
<td>Completeness</td>
</tr>
<tr>
<td>CMD</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>GOAL</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>HLSS</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>IMA</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>IMC</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>IOM</td>
<td>10</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>IRC</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Medair</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>MSF-E</td>
<td>2</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>MSF-H</td>
<td>3</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td>SMC</td>
<td>6</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>UNIDO</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>UNKEA</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>World Relief</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>TRI-SS</td>
<td>7</td>
<td>6</td>
<td>86%</td>
</tr>
<tr>
<td>LIVewell</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>52</td>
<td>83%</td>
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</table>
EVENT-BASED SURVEILLANCE

Alert management including detection; reporting; verification; risk assessment; & risk characterization
Out of 14 alerts that were received in week 05, 71% were verified and 7% were risk assessed. Seven percent (7%) of the alerts required a response.
In epi week 5 of 2019, Measles (6) and bloody diarrhea (4) were the most frequently reported infectious diseases.
Alert by disease and county in W05 2019

Reactive vaccination campaign in Bor PoC
- A reactive Measles campaign conducted by WHO in Bor PoC on 6-8th Feb, 2019 where 540 children 6-59 months were vaccinated, achieving a coverage of 125%.

Suspected Chicken Pox cases in Awerial
- No new chicken Pox cases reported. There are 38 cases cumulatively.

Suspected Measles cases in Yirol East
- Partners and SMoH and UNMISS protection forces responded to suspected Measles outbreak in Shambe, Adior Payam, Yirol East County from 5th – 8th Feb 2019. During the mission, 36 suspected measles cases were verified, 3 samples were collected, a solar fridge was installed and vaccination campaign was conducted.
  - No cases were reported in week 06,2019.
  - No deaths were reported.

Suspected Measles cases in Mayom
- Nine (9) suspected Measles cases from Kuerbona and Taam Payams
  - Five samples collected for laboratory confirmation

Suspected Measles cases in Bentiu PoC
- Two (2) suspected Measles cases reported in Bentiu PoC: one case in week 01, 2019 and the other in week 04, 2019.

Guinea Worm
- A suspected Guinea worm case was reported on 31st January, 2019 from Pibor

Whooping Cough
- Whooping cough cases continue to be reported from Wau Bai payam under Jur River county. A total of 18 cases reported since the beginning of week 02, 2019.
The Figure shows the cumulative number of alerts triggered in 2019 by hazard.
The Figure shows the cumulative alerts by risk assessment state in 2019. Of the 81 alerts reported in 2019, 75 (92.6%) alerts were verified and three (3.7%) underwent risk assessment.

<table>
<thead>
<tr>
<th>County</th>
<th>OUTCOME</th>
<th>RISK ASSESSED</th>
<th>VERIFICATION</th>
<th>Total Alerts</th>
</tr>
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<tbody>
<tr>
<td>Acute Watery Diarrhoea</td>
<td>1</td>
<td>14</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>AFP</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Bloody Diarrhoea</td>
<td>1</td>
<td>15</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>EBS</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Guinea Worm</td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Measles</td>
<td>2</td>
<td>1</td>
<td>30</td>
<td>33</td>
</tr>
<tr>
<td>Malaria</td>
<td></td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Total Alerts</td>
<td>3</td>
<td>3</td>
<td>75</td>
<td>81</td>
</tr>
</tbody>
</table>
OUTBREAKS IN 2019

Major suspected and confirmed outbreaks in South Sudan in 2019
- The map shows outbreaks confirmed in 2018-2019.
- The active outbreaks include: HEV (Bentiu PoC); possible malaria upsurge in 6 counties; measles in Bor PoC; Measles in Rumbek East; Yellow Fever in Nzara; Measles in Abyei, Rubella in Malakal PoC; Aweil Center, Measles in Juba; Measles in Pibor; Measles in Gogrial West; Rubella in Aweil Center.
• Map shows suspect outbreaks reported in 2018-2019
• New alerts in the week
  • Suspected rabies in Bentiu PoC and Nzara
  • Suspected meningitis in Lankien, Leer, Mundri, Cuei-Bet, Jur River County
  • Suspected Measles outbreak in Yirol East, Bentiu PoC, Mayom
  • Suspected Chicken Pox in Awerial
  • Whooping Cough in Jur River County

Outbreak diseases
- Meningitis
- Measles
- Acute Watery Diarrhea
- Rabies probable

Number of outbreaks
- 1 - 5
- 6 - 10
- 11 - 50
- 51 - 100
- 101 - 200
- 201 - 300
- 301 - 400
- 401 - 500

IPC Phase Classification Oct to Dec 18
- Emergency
- Crisis
- Stressed
- No data
<table>
<thead>
<tr>
<th>Aetiological agent</th>
<th>Location (county)</th>
<th>Date first reported</th>
<th>New cases since last bulletin</th>
<th>Cumulative cases to date (attack rate %)</th>
<th>Case management</th>
<th>Vaccination</th>
<th>Health promotion</th>
<th>WASH</th>
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</thead>
<tbody>
<tr>
<td><strong>Rubella</strong></td>
<td>Malakal PoC</td>
<td>25/10/2018</td>
<td>19</td>
<td>174 (0.079)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Yellow Fever</strong></td>
<td>Nzara</td>
<td>23/11/2018</td>
<td>0</td>
<td>1 (0.001)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td>Rumbek East</td>
<td>09/10/2018</td>
<td>0</td>
<td>82 (0.043)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td>Bor PoC</td>
<td>20/10/2018</td>
<td>0</td>
<td>3 (0.15)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Hepatitis E</strong></td>
<td>Bentiu PoC</td>
<td>03/01/2018</td>
<td>0</td>
<td>169 (0.123)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td>Abyei</td>
<td>12/02/2018</td>
<td>19</td>
<td>221 (0.28)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td>Juba</td>
<td>15/01/2019</td>
<td>0</td>
<td>34 (0.006)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td>Pibor</td>
<td>17/01/2019</td>
<td>20</td>
<td>25 (0.011)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td>Gogriel West</td>
<td>49</td>
<td>67 (0.017)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Rubella</strong></td>
<td>Aweil Center</td>
<td>29</td>
<td>29 (0.028)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Ongoing outbreaks in week 05, 2019

1. Rubella Malakal PoC
2. Yellow Fever in Nzara county
3. Measles in Rumbek East county
4. Measles in Bor PoC
5. Hepatitis E Virus (Bentiu PoC);
6. Measles in Abyei
7. Measles in Juba
8. Measles in Pibor
9. Measles in Gogriel West
10. Rubella in Aweil Center
ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS

Brief epidemiological description and public health response for active outbreaks and public health events
Confirmed Measles outbreak – Pibor

Descriptive Epidemiology

- A total of 25 suspected measles cases have been reported as at 7th February, 2019
  - Four cases have been confirmed positive for Measles IgM antibodies following which an outbreak was declared
- No deaths have been reported
- Most of the cases are from Pibor where 18 (72%) cases were reported.
- About half (56%) of the cases are children <5 years
- Almost (92%) all the cases have no history of prior vaccination against Measles

Recommended response

1. A reactive vaccination campaign targeting 40, 235 children aged 6-59 months in all the payams will be conducted starting on 18th February, 2019
2. Active case search in the health facilities and communities
3. Training of health workers on surveillance and case management
4. Continue with surveillance, routine immunization and increasing community awareness
Confirmed Measles outbreak – Gogriel West

Descriptive Epidemiology

- About 67 suspected Measles cases reported between week 01, 2019 and week 05, 2019.
  - Three (3) cases are laboratory-confirmed
  - No deaths reported
- Most of the cases are from Alek West Payam with 55 (82.1%) suspected cases.
- More than half (52.3%) of the cases are older than 5 years
- Only 5 (7.5%) cases reported history of receiving Measles vaccination prior to the illness

Recommended response

1. A reactive vaccination campaign targeting 76024 children between 6-59 months of age in the 9 payams is underway
2. Active case search in the health facilities and communities
3. Increase community awareness through social mobilization
4. Continue with surveillance, case management and routine immunization
Confirmed Measles outbreak – Juba

Descriptive Epidemiology

- A total of 34 suspected measles cases were reported from Juba between week 01 and week 05, 2019.
  - Most cases are from Amarat 14 (41.2%) and Khator 11 (32.4) payams.
  - Ten (10) confirmed cases; 6 from Khator, 3 from Amarat and 1 from Rejaf.
  - Three (CFR 8.8%) deaths reported; two (2) from Amarat and One (1) from Khator. All the deaths are among <5 children.
- A majority of the cases are children < 5 years, 30 (88.3%) while 26 (76.5%) are male.

Recommended response

1. A reactive vaccination campaign covering all the payams and IDP sites began on 11th February, 2019.
2. Active case search in the health facilities and communities.
3. Distribution of case definitions to health facilities and health workers.
4. Increase community awareness through social mobilization.
5. Continue with surveillance and routine immunization.
Confirmed Measles outbreak – Abyei

**Background**
- Measles has been present in the area throughout the year, with about one suspected seen per week.

**Descriptive Epidemiology**
- A total of 221 suspected cases reported between week 7, 2018 and week 03, 2019. Of all the cases, 211 (95.5%) were reported between week 49, 2018-06, 2019.
- Six (6) cases were confirmed between week 49-52, 2018, triggering declaration of an outbreak.
- No deaths reported.
- Majority of the cases are children <5 years accounting for 73.2% (161). Males are more than female accounting for 53.2% (117). Sex variable was missing for one case.
- Among the 211 cases reported since week 49 of 2018; 153 (72.5%) of the cases are children <5 years.
- Rumammer county had the most cases with 180 (81.4%).
  - The villages with most cases include Agok (20), Mabony (20), Juoljok (19) and Mading (14).

**Recommended response**
- A reactive vaccination was conducted between week 04 and 05, 2019 targeting four counties of Abyei, Rumammer, Alal and Mijak achieving an overall coverage of 88% (13335/15204).
- A mop plans for the counties with low coverages achieved during the campaign are underway.

### Measles cases in Abyei, week 07, 2018-06, 2019

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>Percentage, %</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>42</td>
<td>36</td>
<td>78</td>
<td>35.5</td>
<td>35.5</td>
</tr>
<tr>
<td>1-4</td>
<td>36</td>
<td>47</td>
<td>83</td>
<td>37.7</td>
<td>73.2</td>
</tr>
<tr>
<td>5-9</td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>3.2</td>
<td>76.4</td>
</tr>
<tr>
<td>10-14</td>
<td>5</td>
<td>9</td>
<td>14</td>
<td>6.4</td>
<td>82.8</td>
</tr>
<tr>
<td>15+</td>
<td>16</td>
<td>22</td>
<td>38</td>
<td>17.3</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total cases</strong></td>
<td><strong>103</strong></td>
<td><strong>117</strong></td>
<td><strong>220</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Confirmed Rubella outbreak – Malakal PoC

**Background**
- Suspect measles cases reported from Sector 1; Block 1 of Malakal PoC starting 27 Oct 2018. The initial three samples were IgM negative for measles and rubella.

**Descriptive Epidemiology**
- A total of 174 suspected rubella cases have been reported since week 43-05, 2019
- No deaths reported
- A majority of cases are children <5 years, 102 (66.2%)
- More males, 82 (53.2%) than females affected. Sex variable missing for 20 cases.
- There are no cases reported among females within reproductive age groups (15-49 years)
- Rubella infection in pregnancy associated with congenital rubella syndrome,
- The outbreak started in sector 1 which remains the most affected sector
- 44 cases are laboratory confirmed

**Recommended response**
1. Continue line listing and analyzing the epidemiology to describe the high-risk groups
   1. Women of reproductive age group, 15-49 years
2. Provide supportive symptomatic care to new cases
3. Sensitize the communities to enhance routine immunization.
Confirmed Measles Outbreak in Rumbek Center

Rubella outbreak – Aweil Center

Background
- Suspected Measles cases were reported from Aweil Center of NBG state. As at end of week 5, 2019 there are 29 suspected cases. Among the initial 8 samples tested, all tested negative for Measles IgM antibodies while four (4) tested positive for Rubella IgM antibodies. Results for four (4) samples are pending.

Descriptive Epidemiology
- A total of 29 cases as at the end of 5, 2019. All the cases are children < 15 years of age.
- More males than females as 63% (17) of cases are males
- No deaths reported
- There are no cases reported among females within the reproductive age groups (15-49 years)
- Awada Payam had the most cases with 12 (41.4%) cases

Recommended response
1. Supportive symptomatic management of the cases
2. Continue with routine immunization and community awareness.
3. Perform descriptive analysis to monitor for infection among pregnant mothers and females in the reproductive age.

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Female, n</th>
<th>Male, n</th>
<th>Total, n</th>
<th>Percent, %</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5</td>
<td>4</td>
<td>6</td>
<td>10</td>
<td>37.0</td>
<td>37.0</td>
</tr>
<tr>
<td>5-9</td>
<td>3</td>
<td>8</td>
<td>11</td>
<td>40.7</td>
<td>77.7</td>
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<td>10-14</td>
<td>3</td>
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<td>6</td>
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<td>100.0</td>
</tr>
<tr>
<td>15+</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>17</td>
<td>27</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Yellow Fever Update: Sakure Payam, Nzara county, Gbudue state

Epidemiological update
- As of 19 Dec 2018, only one (1) PCR confirmed Yellow Fever case in the country
- Out of 35 samples collected by investigation team during active case search and contact tracing, two (2) samples tested presumptively yellow fever IgM positive

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.

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 and Ongoing Activities
- Surveillance and laboratory investigation of new suspect cases
- Definitive laboratory results for the samples collected in Sakure during investigation are expected at the end of the month
- The decision on conducting a rapid risk assessment will be based on additional information indicating active transmission
- Microplan for Sakure is currently being updated by WCO in consultation with Afro Office.
Suspected Meningitis

- **Jur River**
  - One case from Kuarjena PHCC in January, 2018; five cases from Mapel PHCC with the latest being on 5th Feb, 2019.
  - Three deaths reported from Maple PHCC
  - Cases at Maple PHCC are from Akaow and Mathwoni which are under opposition group
  - Preliminary investigation conducted on 9th Feb, 2019

- **Cuei-Bet**
  - No new cases have been reported from Cuei-Bet since 11th January
  - Three cases (2 deaths) were reported between week 52, 2018 and week 02, 2019

- **Lankien**
  - Reported from MSF Lankien Facility
  - Three (3) cases; One (1) in week 02, 2019 and two (2) week 03, 2019
  - Cases are from Lankien payam
  - Two children aged 6 months and 2.5 years, and an adult aged 43 years
  - First case reported onset of illness as 6th Jan, 2019. Latest case reported onset of illness as 18th Jan, 2019
  - One child died on 20th Jan, 2019. One sample (from the last case) was collected for testing.

- **Leer**
  - One suspected case of meningitis reported from MSF ICCM
  - 10 years old male from Gueny village
  - Date of onset of illness was 18 Jan, 2019. Patient is reported to have recovered

- **Mundri**
  - Three (3) cases from Mundri ER; 1 from Kotobi and 2 cases from Mundri West counties
  - Cases aged between 6 months and 13 years
  - First case’s date of onset was 27th Dec, 2081 and 20th Jan, 2019 for the last two cases
At least 169 suspect cases of Hepatitis E (HEV) have been reported in Bentiu PoC since early 2018. Of all the cases, 18 suspect cases were confirmed using PCR.

- One (1) case was reported in week 3 while two (2) cases were reported in week 04, 2019
- All the recent cases have recovered and discharged
- One (1) mortality (CFR 0.60%)
- Only 11 HEV cases have been admitted.
- Males were more affected accounting for 56.8% (96) of all the cases
- Age group 15-44 years had the most cases, 58 (34.3%)
- Out of the 73 females cases that were reported, 27 (37.0%) were aged 15-44 years
  - At risk of adverse outcomes if infected in the 3rd trimester of pregnancy
- Use of stagnant water likely to be source of infection
- UNICEF has disseminated key HEV messages - on radio [Kondial FM & Bentiu FM] and through community sensitizations.
- Case identification and follow up in the communities and WASH interventions are ongoing.

### Bentiu PoC

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Female, n</th>
<th>Male, n</th>
<th>Total, n</th>
<th>Percent, %</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 year</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2.3</td>
<td>2.3</td>
</tr>
<tr>
<td>1-4 years</td>
<td>16</td>
<td>24</td>
<td>40</td>
<td>23.7</td>
<td>26.0</td>
</tr>
<tr>
<td>5-9 years</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>17.8</td>
<td>43.7</td>
</tr>
<tr>
<td>10-14 years</td>
<td>11</td>
<td>12</td>
<td>23</td>
<td>13.6</td>
<td>57.3</td>
</tr>
<tr>
<td>15-44 years</td>
<td>27</td>
<td>31</td>
<td>58</td>
<td>34.3</td>
<td>91.7</td>
</tr>
<tr>
<td>45+years</td>
<td>8</td>
<td>6</td>
<td>14</td>
<td>8.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total cases</td>
<td>73</td>
<td>96</td>
<td>169</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Response | Suspect epidemics

Malaria trends

Current malaria trends
Malaria was the leading cause of morbidity and mortality accounting for 44.7% of all morbidities and 37.5% of all mortalities in week 05, 2019. The trend analyses showed at least 6 counties in two state hubs having malaria trends that are significantly higher than the expected levels. Counties with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) include:

1. Rumbek hub (Rumbek center, Rumbek East)
2. Kwajok hub (Gogrial West, Tonj South, Gogrial East, Tonj East)

Proposed public health actions
1. Convene malaria taskforce or malaria technical working group meeting to ensure that operational readiness for malaria prevention, diagnosis, and treatment are optimized.
2. Field missions to conduct technical verification of the trends in the affected counties
3. Assessment of current stock levels of malaria diagnostics (RDTs), medicines (ACTs), and LLINs in the affected counties.
4. Stocking up on malaria prevention (LLINs), diagnostics (RDTs), medicines (ACTs), and enhancing behavioral change communication for malaria prevention, prompt investigation and initiation of treatment
Two false Ebola alerts/rumors were reported from Yambio

Samples obtained from 15 Ebolavirus alerts; 14 samples tested negative for Ebolavirus and 1 sample tested positive for Yellow Fever on PCR.
Brief on the Ebola situation in DR Congo and updates on EVD preparedness in South Sudan
### Current situation
- Currently in 27th week of the outbreak
- 785 Cases [731 confirmed & 54 probable]
- 484 Deaths [431 confirmed & 53 probable]
- 65 Health workers [54 confirmed; 22 dead]

### Response update
- 7292 contacts under surveillance [82-88% followed up]; 73 309 vaccinated
- 2 provinces [North Kivu & Ituri]
- 18 health zones [13 North Kivu & 4 Ituri]
- 123 cases in last 21 days; Katwa (78), Butembo (10), Beni (9), Kayna (5), Kyondo (5), Manguredjipa (4), Oicha (4), Biena (3), Kalunguta(2), Mabalako (1), Mutwanga (1), and Vuhovi (1)

### Affected health zones
- 7292 contacts under surveillance [82-88% followed up]; 73 309 vaccinated
- 2 provinces [North Kivu & Ituri]
- 18 health zones [13 North Kivu & 4 Ituri]
- 123 cases in last 21 days; Katwa (78), Butembo (10), Beni (9), Kayna (5), Kyondo (5), Manguredjipa (4), Oicha (4), Biena (3), Kalunguta(2), Mabalako (1), Mutwanga (1), and Vuhovi (1)
Distribution of new confirmed and cumulative EVD cases by health zone

Democratic Republic of Congo

Data as of February 03, 2019
- Confirmed cases: 731
- Probable cases: 54
- Confirmed cases of current week: 45

Source: WHO Ebola situation report
EVD trends & case distribution in DR Congo

- Trends in case incidence reflect an increase in the number of cases since the start of the year and continuation of the outbreak across a geographically widely dispersed area.

Source: WHO Ebola situation report
EVD risk assessment

- Very high-risk of regional spread to priority 1 countries like South Sudan

- On 17 Oct 2018; Emergency committee determined that EVD outbreak in DRC does not constitute a Public Health Emergency of International Concern (PHEIC)

- Priority 1 counties like South Sudan urged to:
  - Accelerate preparedness & surveillance
  - Strengthen risk communications
  - Vaccinating frontline HCWs in areas bordering DRC
• South Sudan, as a priority one (1) country for Ebola virus disease outbreak (EVD) preparedness continues to make progress to enhance capacities for EVD case detection, investigation, response, and prevention.

• The national Ebola taskforce continues to meet twice weekly and is coordinating the implementation of the EVD contingency plan. The Ebola taskforce working groups are currently updating and implementing the EVD contingency plan to enhance readiness capacities for EVD response.

• Detailed preparedness update can be accessed https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan
The electronic EWARS platform captures points of entry screening data and enables summarizing number of travelers screened on weekly basis. In week 05 of 2019, 12,814 individuals were screened at various screening points in the country.
MAJOR SUSPECTED AND CONFIRMED OUTBREAKS & EVENTS REPORTED IN 2019

Listing of the major suspected and confirmed outbreaks and public health events reported in 2018-2019
### Outbreaks in 2019

<table>
<thead>
<tr>
<th>Date of report</th>
<th>Disease suspected</th>
<th>Number cases (deaths)</th>
<th>County</th>
<th>Payam</th>
<th>Status of investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/10/2018</td>
<td>Measles</td>
<td>3</td>
<td>Bor South</td>
<td>Bor PoC</td>
<td>At least three suspect measles cases reported from Bor PoC since 20/10/2018. All tested measles IgM positive following tests done in Juba. Reactive measles campaign planned.</td>
</tr>
<tr>
<td>24/11/2018</td>
<td>Yellow Fever</td>
<td>1</td>
<td>Nzara</td>
<td>Sakure</td>
<td>A suspect Ebola case was reported from Sakure on 23/11/2018 and investigated by the rapid response team on 24/11/2018. Preliminary testing in Juba on 24/11/2018 were negative for Ebola Zaire following GeneXpert testing. Further testing of the sample was PCR negative for all Ebola species; Marburg; Rift Valley Fever, Crimean Congo Hemorrhagic Fever, and Sosuga viruses. The sample eventually tested PCR positive for Yellow Fever.</td>
</tr>
<tr>
<td>12/10/2018</td>
<td>measles</td>
<td>82 (3)</td>
<td>Rumbek East</td>
<td></td>
<td>Suspect measles cases reported from Mabor Duang village, Aduel payam in Rumbek East where the initial suspect case was a 38 year female whose illness started on 12 October 2018 in week 41. The affected village is served by Mabor Duang PHCC. 82 cases including 9 confirmed cases and 3 death (CFR 3.6%) reported. Cases reported from six payams with most originating from Aduel; Atiaba, and Mathian kok. Majority of the cases, 55 (67%), were children &lt; 5 years of age. A total of 9 samples tested positive for measles IgM on 22 November 2018.</td>
</tr>
<tr>
<td>24/12/2018</td>
<td>Dog bites</td>
<td>8</td>
<td>Bentiu</td>
<td>Bentiu PoC</td>
<td>A cluster of cases of dog bites has been reported in Bentiu PoC. Eight (8) cases have been seen at health facilities between 24th Dec 2018 and 28th Dec 2018. Majority (75%) of the cases are children aged 5-12 years. None of the cases are symptomatic and no deaths were reported. Most of the dogs implicated are stray dogs who attacked unproved. Four (4) of the dogs were reported as being acting suspiciously and died within 15 days of the attacks. Of all the 8 cases reported, 5 (63%) received passive immunization with immunoglobulins, 2 (25%) received rabies vaccine and 6 (75%) received tetanus toxoid.</td>
</tr>
<tr>
<td>Date of report</td>
<td>Disease suspected</td>
<td>Number cases (deaths)</td>
<td>County</td>
<td>Payam</td>
<td>Status of investigations</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------</td>
<td>-----------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>06/01/2019</td>
<td>Malaria alerts</td>
<td>counties with trends significantly higher than expected</td>
<td>6</td>
<td></td>
<td>Counties with malaria trends that exceed the threshold (third quartile of trends for the period 2013-2017) include: Aweil hub (Aweil East, Aweil West and Aweil North</td>
</tr>
<tr>
<td>27/10/2018</td>
<td>Rubella</td>
<td>155</td>
<td>Malakall PoC</td>
<td></td>
<td>A total of 155 suspected rubella cases have been reported since week 43. No deaths reported. 41 cases are laboratory confirmed</td>
</tr>
<tr>
<td>31/12/2019</td>
<td>HEV</td>
<td>169</td>
<td>Bentiu PoC</td>
<td></td>
<td>At least 169 suspect cases of Hepatitis E (HEV) have been reported in Bentiu PoC in 2018. Of all the cases, 18 suspect cases were confirmed using PCR. The eight (8) cases were reported between week 50-52 tested positive on RDT testing. One (1) mortality (CFR 0.65%) in 2018. Results are pending.</td>
</tr>
<tr>
<td>06/01/2019</td>
<td>Acute Watery Diarrhea</td>
<td>467</td>
<td>Malakal PoC  &amp; Malakal Town</td>
<td></td>
<td>An increase in AWD cases in Malakal PoC and Malakal Town reported from week 51, 2018. Overall, 467 AWD cases to date. In Malakal PoC, a total of 333 cases (70 in week 51, 224 in week 52 and 39 in week 01). In Malakal Town, 134 cases (49 in week 52 and 85 in week 01). Assossa, Jalaba and Malakal Payams had the most number of cases. No mortalities reported.</td>
</tr>
<tr>
<td>06/01/2019</td>
<td>Measles</td>
<td>202</td>
<td>Abyei</td>
<td></td>
<td>Measles has been present in the area throughout the year, with about one suspected seen per week. A total of 45 suspected cases reported between week 7, 2018 and week 02, 2019. The number of cases increased from week 50, 2018. Of all the cases, 35 (76%) were reported between week 51, 2018-02, 2019. Five (5) confirmed cases between week 51-52, 2018. No deaths reported</td>
</tr>
<tr>
<td>27/01/2019</td>
<td>EVD</td>
<td>1</td>
<td>Nimule</td>
<td></td>
<td>An alert was reported on 27th Jan, 2019. The cases, 30 year old male, was investigated, sample collected which tested negative on GeneXpert and PCR testing.</td>
</tr>
<tr>
<td>27/01/2019</td>
<td>Measles</td>
<td>3</td>
<td>Juba</td>
<td>Kator and Amarat</td>
<td>Twenty-one (21) cases reported as from week 01, 2019. Five cases confirmed positive for Measles IgM antibodies. Two deaths have been reported.</td>
</tr>
<tr>
<td>Date of report</td>
<td>Disease suspected</td>
<td>Number cases (deaths)</td>
<td>County</td>
<td>Payam</td>
<td>Status of investigations</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------</td>
<td>-----------------------</td>
<td>--------</td>
<td>-------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>21/01/2019</td>
<td>Chicken Pox</td>
<td>0</td>
<td>Awerial</td>
<td>Puluk</td>
<td>38 suspected cases of chicken pox all coming from Mingkaman in Puluk Payam.</td>
</tr>
<tr>
<td>30/01/2019</td>
<td>EVD</td>
<td>1</td>
<td>Nimule</td>
<td></td>
<td>An alert was reported on 30th Jan, 2019. The cases, 30 year old patient, was investigated, sample collected which tested negative on GneneXpert and PCR testing.</td>
</tr>
<tr>
<td>17/01/2019</td>
<td>Measles</td>
<td>0</td>
<td>Gogriel West</td>
<td></td>
<td>18 suspected, three positive for IgM</td>
</tr>
<tr>
<td>31/01/2019</td>
<td>Measles</td>
<td>0</td>
<td>Aweil Center</td>
<td></td>
<td>About 12 suspected Measles cases have been reported from Aweil Center as at 31st January, 2019</td>
</tr>
<tr>
<td></td>
<td>Measles</td>
<td>0</td>
<td>Yirol East</td>
<td>Shambe</td>
<td>25 suspected Measles cases have been reported in Shambe in Yirol East. They have not been investigated or sample collected because of insecurity in the area</td>
</tr>
<tr>
<td>17/01/2019</td>
<td>Measles</td>
<td>0</td>
<td>Pibor</td>
<td>Gumuruk</td>
<td>Five suspected cases out of which three tested positive for Measles IgM antibodies</td>
</tr>
</tbody>
</table>
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