South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W37 2019 (Sept. 09 - Sept. 15)



Access and Utilisation

Slide 2	Map 1 Map of consultations by county (2019)	
---------	---	--

Indicator-based surveillance

Slide 3	Figure 1 Proportional mortality
Slide 4	Figure 2 Proportional morbidity
Slide 5	Figure 3 Trend in consultations and key diseases

Disease trends and maps

Malaria	
Slide 6	Trend in malaria cases over time
Slide 7	Malaria maps and alert management

Acute Watery Diarrhoea (AWD)

Slide 8	Trend in AWD cases over time
Slide 9	AWD maps and alert management

Bloody diarrhoea

Slide 10	Trend in bloody diarrhoea cases over time
Slide 11	Bloody diarrhoea maps and alert management

Measles

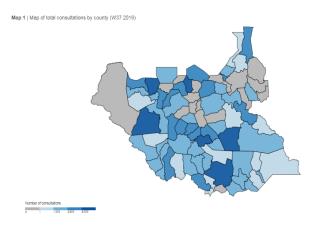
Slide 12	Trend in measles cases over time
Slide 13	Measles maps and alert management

Sources of data

1. Weekly IDSR Reporting Form

2. Weekly EWARS Reporting Form

Access and Utilization | Map of consultations by county



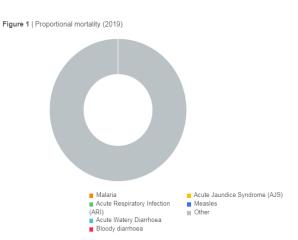
Hub	W37	2019
Aweil	14,230	319,025
Bentiu	18,839	513,440
Bor	20,919	326,849
Juba	14,728	572,542
Kuajok	13,236	455,033
Malakal	9,748	352,723
Rumbek	23,818	699,182
Torit	8,086	417,064
Wau	11,384	317,904
Yambio	16,647	333,318
South Sudan	151,635	4,307,080

The total consultation in the country since week 1 of 2019 is 4,307,080 by hub, Rumbek 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.





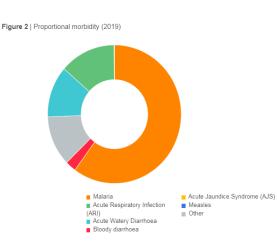
Proportional mortality



Syndrome	W37		2019	2019	
	# deaths	% mortality	# deaths	% mortality	
Malaria	83	64.3%	4,858	0.0%	
ARI	11	8.5%	1,935	0.0%	
AWD	6	4.7%	1,866	0.0%	
Bloody diarrhoea	2	1.6%	346	0.0%	
AJS	5	3.9%	212	0.0%	
Measles	0	0.0%	97	0.0%	
Other	22	17.1%	7,009,641,817	100.0%	
Total deaths	129	100%	7,009,651,131	100%	

Figure 1, above shows the proportional mortality for 2019, with malaria being the main cause of mortality accounting for 64.3% of the deaths since week 1 of 2019, followed by ARI, AWD and ABD

Proportional morbidity



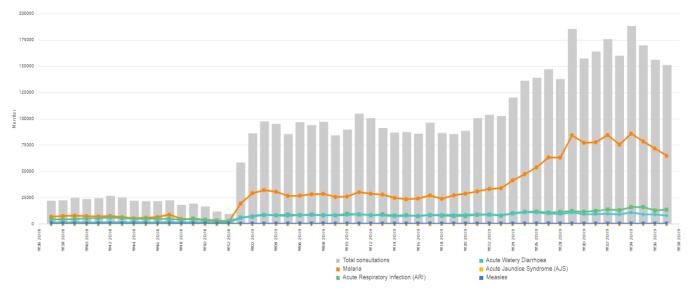
Syndrome	W37		2019	2019	
	# cases	% morbidity	# cases	% morbidity	
Malaria	64,770	66.9%	1,603,075	60.1%	
ARI	13,426	13.9%	360,761	13.5%	
AWD	7,754	8.0%	320,238	12.0%	
Bloody diarrhoea	878	0.9%	69,170	2.6%	
AJS	4	0.0%	519	0.0%	
Measles	35	0.0%	1,947	0.1%	
Other	9,900	10.2%	312,042	11.7%	
Total cases	96,767	100%	2,667,752	100%	

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 64,770 (66.9%) followed by ARI, AWD and ABD respectively since week 1 of 2019. refer to the figure above for more information.

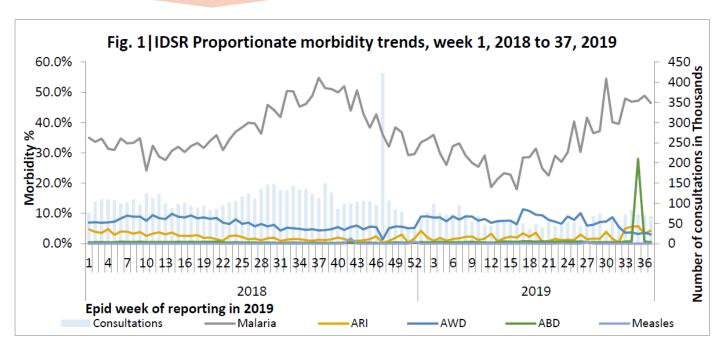




Figure 3 | Trend in total consultations and key diseases (W37)



IDSR Proportionate morbidity trends - in relatively stable states

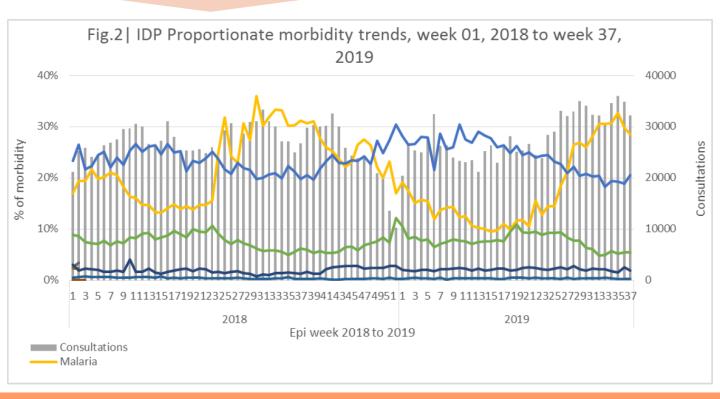


In the relatively stable states, malaria is the top cause of morbidity accounting for 46.4 % of the consultations in week 37 (representing a decrease from 48.9% in week 36).



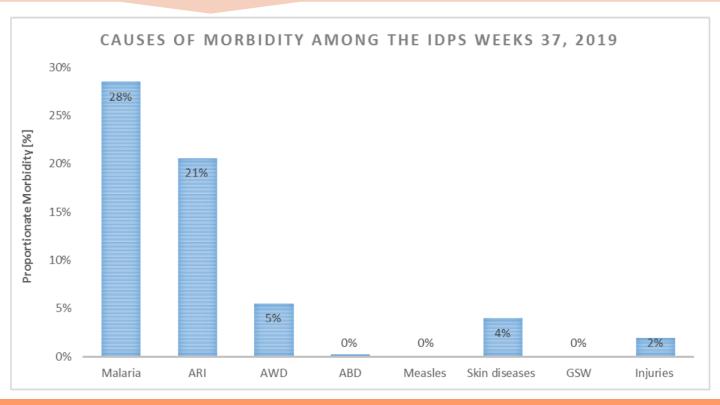






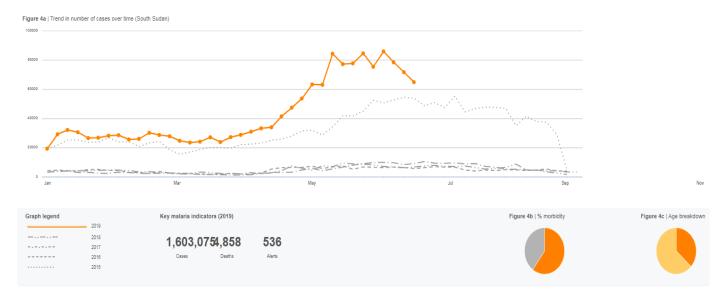
Among the IDPs, Malaria and ARI accounted for 28% and 21% of the consultations in week 37. The other significant causes of morbidity in the IDPs includes AWD, Skin diseases, and injuries.

IDP Proportionate morbidity trends - in displaced population



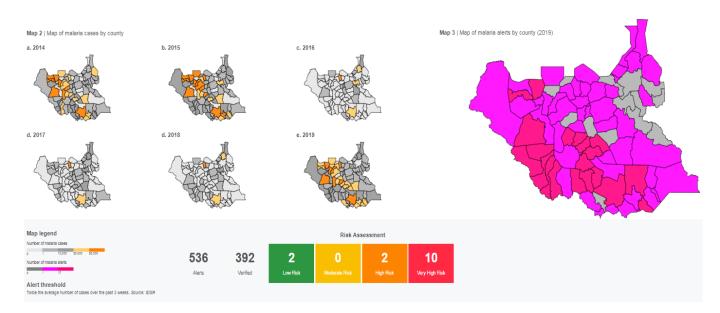
The top causes of morbidity in the IDPs in 2019 include, ARI, Malaria, AWD, Skin diseases, and injuries.





Malaria is the top course of Morbidity in the country, a total of 1,603,075 cases with 4,858 deaths registered since week 1 of 2019. malaria trend for week 37 of 2019 is above 2015,2016,2017 and 2018 as shown in the figure 4a, above.

Malaria | Maps and Alert Management

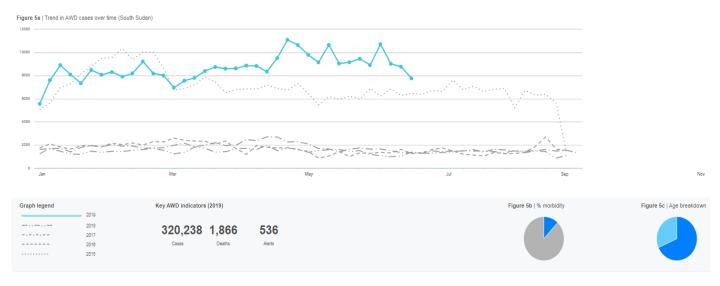


Since the beginning of the year, a total of 536 malaria alerts have been triggered, 392 of those were verified. The Maps above indicate the location reporting malaria alerts from, 2015, 2016, 2017, 2018, and 2019.



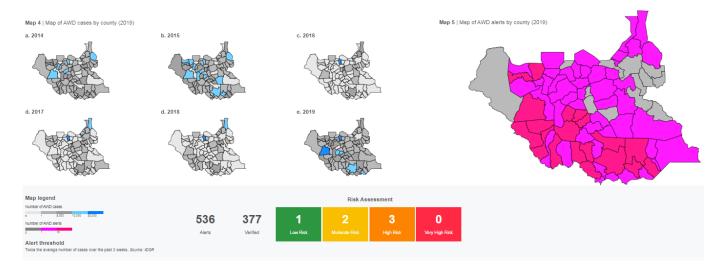


Acute Watery Diarrhoea | Trends over time



AWD is one of the top causes of morbidity in the country with 320,238 cases reported since week 1 of 2019 including 1,866 deaths. AWD trend for week 37 of 2019, is on decline but above 2015, 2016, 2017 and 2018 as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management

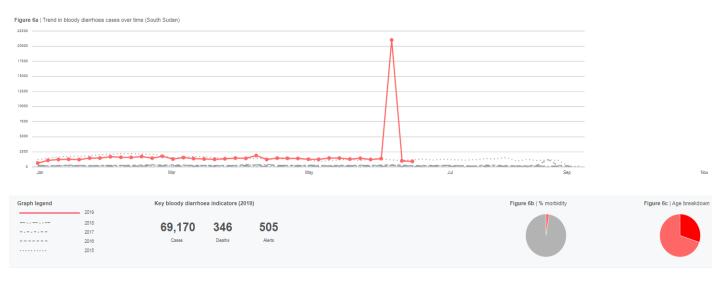


The number of AWD alerts triggered since week 1 of 2019 is 536 out of which 377 were verified. Maps above highlight the areas reporting AWD alerts from 2015 to 2019.



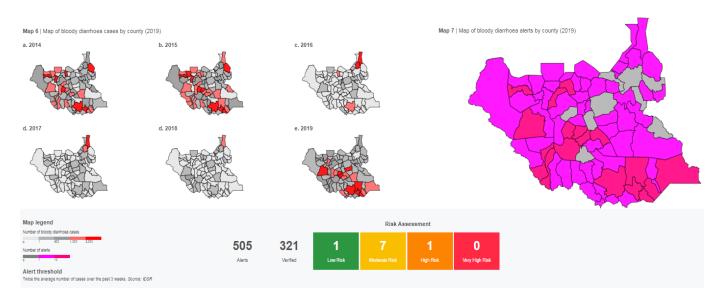


Acute Bloody Diarrhoea | Trends over time



Since week 1 of 2019, a total of 69,170 cases of ABD have been reported country wide including 346 deaths. ABD trend for week 37 of 2019 is below 2015,2016, and 2017. Refer to figure 6a, above.

Acute Bloody Diarrhoea | Maps and Alert Management

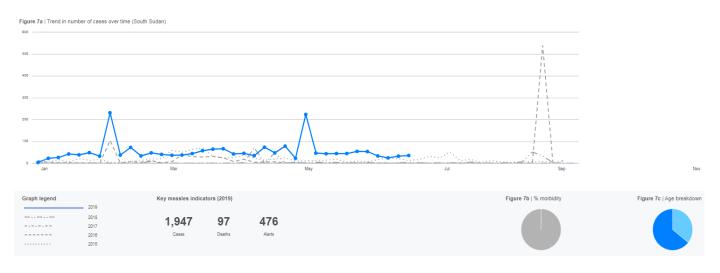


Total of 505 alerts were generated since week 1 of 2019, of which 321 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2015 to 2019 are shown above.



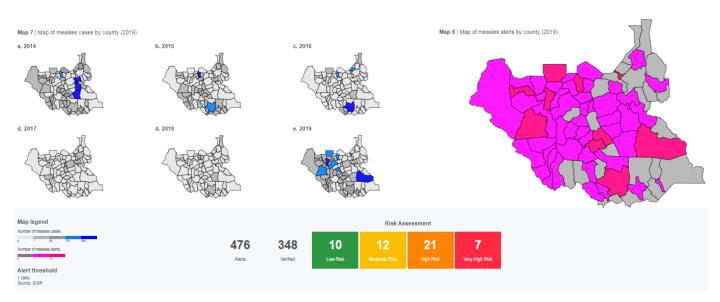


Measles | Trends over time



Since the beginning of 2019, at least 1,947 suspect measles cases including 97 deaths. Have been reported through the EWARS website. Measles trend for week 37 of 2019 is constant and is in contact with 2015 trend as shown in the graph above

Measles | Maps and Alert Management



Since week 1 of 2019, 476 alerts of measles were triggered and 348 of those have been verified at county level. Maps of areas raising alerts from 2015 to 2019 are shown above.





This bulletin is produced by the Ministry of Health with Technical support from WHO

For more help and support, please contact:

Dr. Pinyi Nyimol Mawien Director General Preventive Health Services Ministry of Health Republic of South Sudan Telephone: +211916285676

Dr. Mathew Tut Moses Director Emergency Preparedness and Response (EPR) Ministry of Health Republic of South Sudan Telephone: +211922202028

IDSR Annex Editorial Team:

- 1. Mr. Taban Cosmas, MoH Email: tabancosmas39@gmail.com
- 2. Mr. Korsuk Scopas, WHO Email: lonyikk@who.int
- 3. Dr. Joseph Wamala, WHO Email: wamalaj@who.int

Notes

WHO and the Ministry of Health gratefully acknowledge health cluster and health pooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO and USAID for providing financial support.

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









