South Sudan

Integrated Disease Surveillance and Response (IDSR)

Epidemiological Bulletin Week 10, 2020 (March 02 – March 08)





Major Epidemiological Highlights in week 10 of 2020

- In week 10, 2020 IDSR reporting completeness was 92% and timeliness was 81% at health facility level. EWARN reporting both completeness and timeliness were 87%.
- Of the 145 alerts in week 10, 2020; 71% were verified 0% were risk assessed and 0% required a response. Malaria (52), AWD (34), measles (6) and bloody diarrhea (17) were the most frequent alerts in week 11, 2020.
- Three COVID-19 alerts were reported on 13th March from Juba, Wau & Malakal.
 All three alerts tested COVID-19 negative.
- Cholera alert in Pibor was reported on 17th March 2020, total of 8 cases in from Kong kong cattle camp. NRRT was deployed, 10 samples were collected, all tested negative for Vibrio cholerae; but E. coli was isolated (subtyping underway).
- Two (2) of the 41 samples collected from Kajo-keji by the RRT from 12th to 18th
 February 2020 were confirmed for yellow fever. The ICG request for yellow fever
 vaccines has been finalized (pending verification of target population).
- Since week 7 of 2019; 296 ILI/SARI samples have been tested with 3% being positive for Influenza B (Victoria); 7% for Influenza A (H3); and 6% for Influenza A (H1)

SURVEILLANCE PERFORMANCE

For the Integrated Disease Surveillance (IDSR) network and Early warning alert and response network (EWARN)

IDSR Timeliness and Completeness Performance at Facility Level for week 10, 2020

Completeness States Ranking	States	Supporting Partners	Total No. of Functional Health Facilities in the State	No. of HFs Reported	Timeliness Percentage	-	Completenes s Percentage
1st	WES	AMREF, World Vision, CUAMM, CDTY, OPEN	213	212	100%	212	100%
2nd	Warrap	GOAL, CCM, WVI, Malaria Consortium, UNKEA, Save the Children, MSF	120	117	98%	120	100%
3rd	Lakes	Doctors with Africa (CUAMM), LIVEWELL	116	104	90%	116	100%
4th	NBG	Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO	130	97	75%	128	98%
5th	Unity	Cordaid, UNIDOR, IRC, CHADO, CARE International, CRADA, CASS	91	81	89%	87	96%
6th	WBG	Cordaid, Healthnet TPO, CARE International	77	56	73%	70	91%
7th	CES	HLSS, SSUHA, Healthnet TPO, IHO,GOAL,TRI- SS,THESO	121	92	76%	106	88%
8th	Jonglei	Nile Hope, MDM, JDF, Livewell, CMD, HFO, EDA, CRADA, Malaria Consortium, CMA	155	129	83%	133	86%
9th	Upper Nile	Cordaid, WVI, RI, IMC, NIDO, UNKEA, MC, SSAID	115	72	63%	95	83%
10th	EES	Cordaid, HLSS, CCM	145	84	58%	118	81%
	South Sudan		1283	1044	81%	1185	92%

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	<60%	Poor
	61%-79%	Fair
	80%-99%	Good
	100%	Excellent

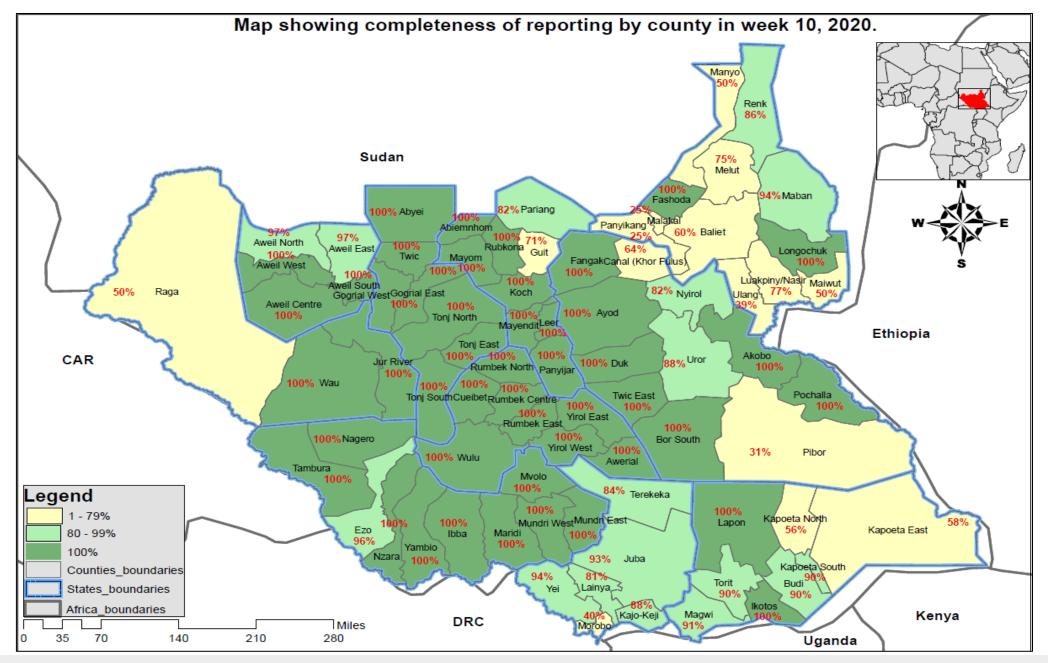
The timeliness of IDSR reporting (supported by EWARS mobile) at health facility level was 81 and completeness was 92%. All 10 states are above the target of 80% with highest reporting rate in WES, Warrap and Lakes with completeness of 100%.

IDSR Timeliness and Completeness Performance at County Level for week 10, 2020 (1)

Counties	Supporting Partners	Total No. of Functional Health Facilities in	Kenorted	Timeliness	No. of HFs Reported regardless of time	Completeness Percentage	Counties	Supporting Partners	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
		the County					Gogrial West	GOAL	32	30	94%	32	100%
Rumbek Centre	Doctors with Africa (CUAMM)	23	22	96%	23	100%	Gogrial East	GOAL	15	11	73%	15	100%
Rumbek East	Doctors with Africa (CUAMM)	24	23	96%	24	100%	Abyei	AAA, Save the Children, MSF	10	10	100%	10	100%
Rumbek North	Doctors with Africa (CUAMM)	7	0	0%	7	100%		,					
Wulu	Doctors with Africa (CUAMM)	14	14	100%	14	100%	Tonj East	CCM	12 12	12 12	100%	12 12	100% 100%
	, ,						Tonj South Tonj North	CCM	14	14	100%	14	100%
Cueibet	Doctors with Africa (CUAMM)	15	14	93%	15	100%	Twic Mayardit	GOAL	26	26	100%	26	100%
Yirol East	Doctors with Africa (CUAMM),LIVEWELL	14	12	86%	14	100%	Bor	MDM+JDF	35	35	100%	35	100%
Yirol West	Doctors with Africa (CUAMM)	12	12	100%	12	100%	Duk	MDM+JDF	15	15	100%	15	100%
TITOI WEST	Doctors with Africa (COAMMIN)	12	12	100%	12	10070	Pibor			3	60%	3	60%
Awerial	Doctors with Africa (CUAMM)	7	7	100%	7	100%	Akobo	NILE HOPE	8	8	100%	8	100%
Yambio	World Vision International	42	42	100%	42	100%	Fangak	CMD,HFO	16	16	100%	16	100%
Ibba	AMREF	11	11	100%	11	100%		Nile Hope,Malaria					
Maridi	AMREF	26	26	100%	26	100%	Uror	Consortium	8	7	88%	7	88%
Mundri West	CUAMM	21	21	100%	21	100%	Nyirol	CMA,Malaria Consortium	11	5	45%	9	82%
Mundri East	CUAMM	19	19	100%	19	100%				·		·	
Tambura	World Vision International	26	26	100%	26	100%	Twic East	MDM+JDF	11	11	100%	11	100%
Mvolo	CUAMM	11	11	100%	11	100%	Avad	CMD EDA	15	15	100%	15	100%
Nzara	World Vision International	20	20	100%	20	100%	Ayod	CMD,EDA				13	
Nagero	World Vision International	10	10	100%	10	100%	Pochalla	LIVEWELL	9	9	100%	9	100%
Ezo	World Vision International	27	26	96%	26	96%	Pigi Canal	IMC	6	5	83%	5	83%
Abiemnhom	Cordaid	4	4	100%	4	100%	Mayendit	CASS	13	13	100%	13	100%
Koch	CRADA,IRC.	6	5	83%	5	83%	Guit	CHADO	7	3	43%	5	71%

IDSR Timeliness and Completeness Performance at County Level for week 10, 2020 (2)

Counties	Supporting Partners	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage	Counties	Supporting Partners	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
Malakal	IMC	8	2	25%	2	25%	-						
Akoka	IMC	5	0	0%	3	60%	Juba	HLSS	44	41	93%	42	95%
Baliet	IMC	5	0	0%	1	20%	Kajo-Keji	SSUHA,GOAL,TRI-SS	16	14	88%	14	88%
Renk	WVI + RI	13	12	92%	12	92%	Yei	SSUHA	20	16	80%	17	85%
Melut	WVI + RI	8	0	0%	6	75%	Lainya	SSUHA	16	2	13%	13	81%
Manyo	CORDAID	8	3	38%	4	50%	Morobo	SSUHA,THESO	4	1	25%	2	50%
Maiwut	RI	5	4	80%	5	100%	Terekeka	HealthNetTPO	25	18	72%	18	72%
Fashoda	CORDAID	14	13	93%	14	100%	Torit	Cordaid	20	14	70%	17	85%
Ulang	UNKEA,RI	11	4	36%	7	64%	Lopa Lafon	HLSS	18	15	83%	17	94%
Maban	WVI + RI	16	12	75%	14	88%	Ikotos	HLSS	27	23	85%	27	100%
Luakping Nasir	UNKEA,RI	26	13	50%	19	73%	Magwi	HLSS	22	15	68%	19	86%
Longechuk	RI	9	9	100%	9	100%	Budi	Cordaid	21	10	48%	18	86%
Panyikang	IMC	4	0	0%	0	0%	Kapoeta South	CCM	10	2	20%	9	90%
Aweil West	HealthNetTPO	37	13	35%	37	100%	Kapoeta East	CCM	12	5	42%	5	42%
							Kapoeta North	CCM	15	0	0%	6	40%
Aweil East	IRC,TADO	36	31	86%	35	97%	Wau	Cordaid	28	25	89%	28	100%
Aweil Center	Malaria Consortium(MC)	15	14	93%	15	100%	Raja	HealthNetTPO	14	1	7%	7	50%
Aweil South	Malaria Consortium(MC),IHO	9	7	78%	9	100%	Jur River	Cordaid	35	30	86%	35	100%
Aweil North	HealthNetTPO,IHO	33	32	97%	32	97%	Rubkona	Cordaid,IRC,IOM,MSF	15	13	87%	15	100%
Pariang	CARE International	11	9	82%	9	82%	Mayom	CASS	9	9	100%	9	100%
Panyijiar	IRC	15	14	93%	15	100%	Leer	UNIDOR	11	11	100%	11	100%



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Surveillance | EWARS surveillance performance indicators by partner week 10, 2020

Partner	Pe	erformance	Re	porting
	# of sites	# of reports received	Completeness	Timeliness
CMD	1	1	100%	100%
GOAL	2	2	100%	100%
HAA	5	5	100%	100%
HLSS	1	1	100%	100%
HFO	3	3	100%	100%
IMA	8	8	100%	100%
IMC	8	5	63%	63%
MDM	10	10	100%	100%
SMC	5	5	100%	100%
IOM	13	13	100%	100%
IRC	1	1	100%	100%
LIVEWELL	4	4	100%	100%
MEDAIR	2	2	100%	100%
MEDICAIR	9	9	100%	100%
MSF-E	2	2	100%	100%
MSF-H	2	2	100%	100%
RHS	3	0	0%	0%
TADO	4	0	0%	0%
TRI-SS	2	2	100%	100%
UNH	2	0	0%	0%
UNIDOR	1	1	100%	100%
WORLD RELIEF	1	1	100%	100%
TOTAL	89	77	87%	87%

[•] Both completeness and timeliness were 87% for weekly reporting in week 10, 2020 for partner-supported clinics serving IDP sites.



EVENT-BASED SURVEILLANCE

Alert management including detection; reporting; verification; risk assessment; & risk characterization



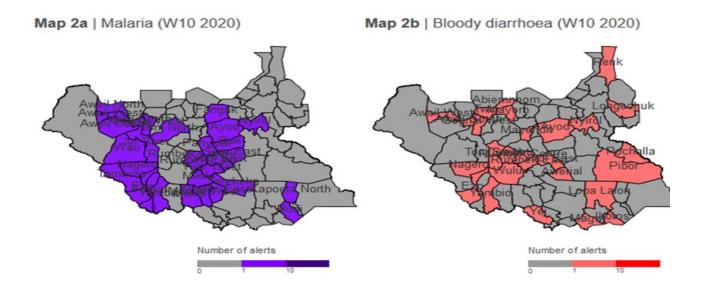
Alert by disease and Hubs in Week 10, 2020 [A total of 145 event specific alerts generated by Hubs]

States	AJS	ARI	Acute Watery Diarrhoea	Bloody Diarrhoea	AFP	Neonatal Tetanus	Malaria	Measles	Total Alerts
Jonglei									0
Warrap		5	7	5			5		22
EES		6	5	5	1		2	2	21
Unity	2	4	5	3		1	3	3	21
WES		7	10	2			39		58
CES		5	2						7
NBG							1		1
Lakes									0
WBG		1	3				2	1	7
UNS	1	3	2	2					8
Total Grand	3	31	34	17	1	1	52	6	145

During this week:

- 2 AJS alert: 2 been monitored
- 18 ARI: 12 are undergoing verification, 7 been monitored.
- 56 AWD alert: 37 undergoing verification, 16 been monitored
- 26 ABD: 13 undergoing verification, 12 been monitored and 1 under response
- 57 Malaria alerts: 25 undergoing verification, 31 under monitoring
- 12 Measles alert: 5 undergoing verification, 4 under monitoring and 3 in response
- 1 Yellow Fever alert: discarded.

Alert | Map of key disease alerts by county week 10, 2020



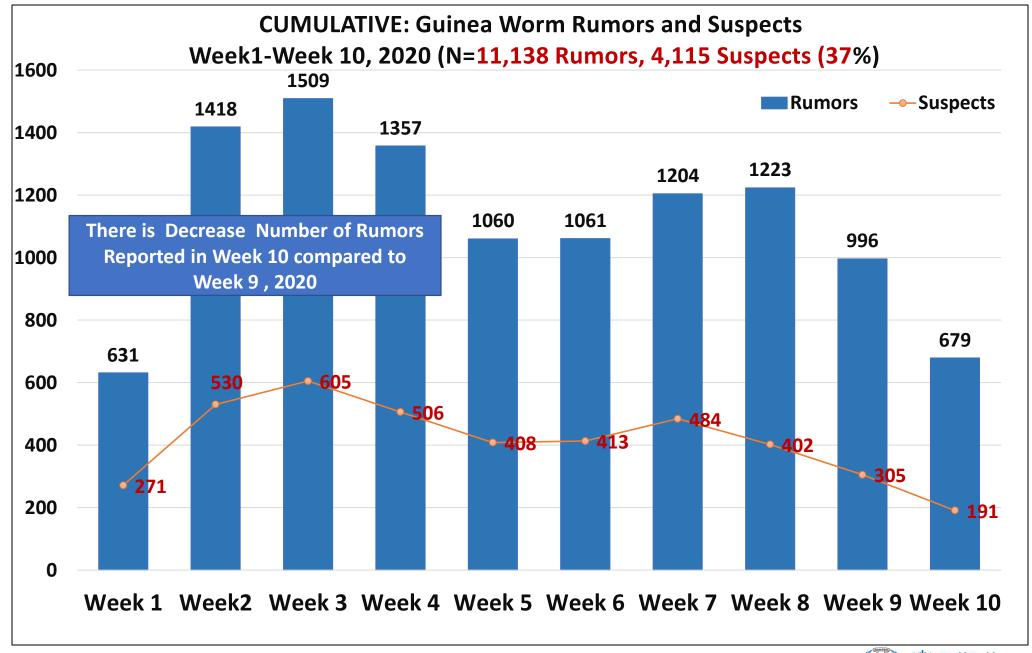
W10	Cumulative (2020)							
0	1	Low risk						
1	1	Medium risk						
3	19	High risk						
3	29	Very high risk						

	Map 2c Measles (W10 2020)
į	Aweil Cacifer Roma Junious Junious Lighton
	Number of alerts
	0 1 10

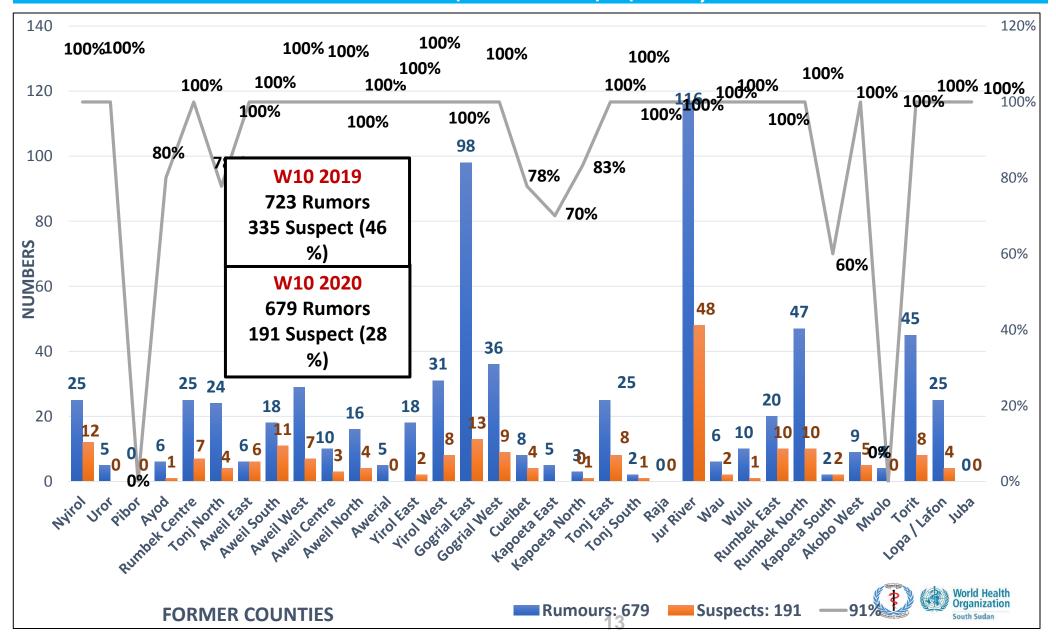








Former Counties that reported Rumors, and Suspects during $1^{st} - 7^{th}$ March 2020 (10th Week) (n=32)



SUSPECTED OUTBREAKS IN 2019

Major suspected outbreaks in South Sudan in 2020



Cholera Alert in Pibor

- On 17th March /2020 MSFOCB in Pibor notified MoH and WHO of 8 (eight) suspected cholera cases in the PHCC in the UN adjacent site in Pibor and 60 admitted. All 8 cases were children coming from kong-kong cattle camp. There were reports of more cases in the cattle camp including community deaths.
- NMoH with support of WHO deployed the NRRT on 18th March from Juba to Pibor. Total of 10 samples were collected, results were released by NPHL; all 10 samples tested negative for Vibrio cholerae; E. coli was isolated – sub-typing underway)



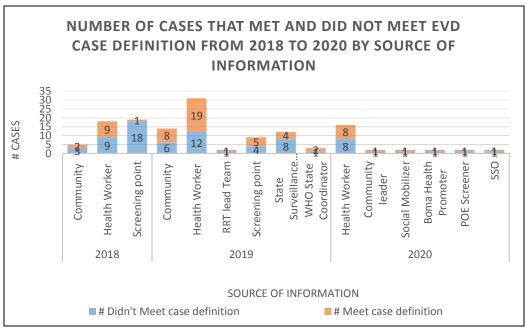


EVD Suspect cases in South Sudan 2018 and 2019 as of week 11, 2020

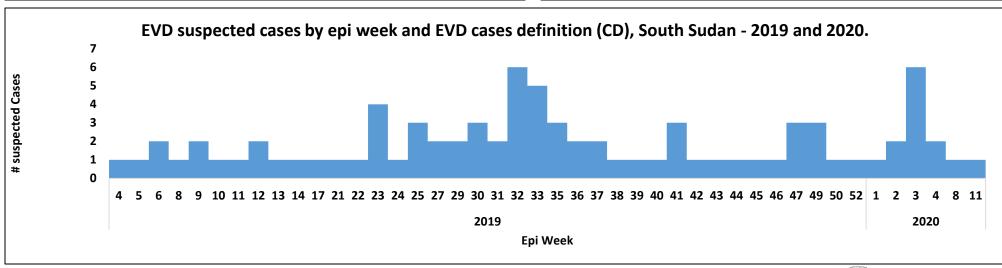
	Met EVD cas	es definition	
2018	30	12	42
Community	3	2	5
Health Worker	9	9	18
Screening point	18	1	19
2019	32	39	71
Community	6	8	14
Health Worker	12	19	31
RRT lead Team	1	1	2
Screening point	4	5	9
State Surveillance Officer	8	4	12
WHO State Coordinator	1	2	3
2020	13	13	26
Health Worker	8	8	16
Community leader	1	1	2
Social Mobilizer	1	1	2
Boma Health Promoter	1	1	2
POE Screener	1	1	2
SSO	1	1	2
Grand Total	75	64	139

- Since August 2018, at least 139 suspect EVD cases have been reported, of which:
- 26 (18.7%) have been reported in 2020
- Most of the suspect EVD cases have been reported by health workers at health facility level
- One alert was reported in week 11, 2020

EVD Suspect cases in South Sudan 2018, 2019 and 2020 as of week 11, 2020

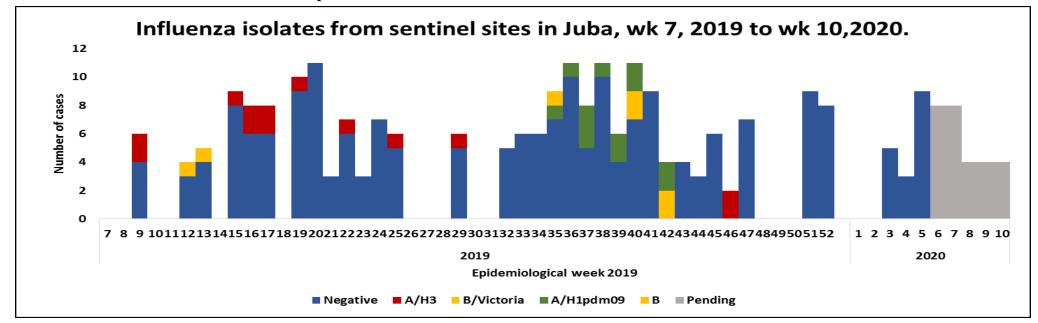


- Most of the suspect EVD cases have been reported in adults 18 years and above (72%)
- Similarly, most suspect EVD cases have been reported in males (56%)
- The distribution suspect EVD cases in both children <18years and adults ≥18yrs is skewed towards the males





Routine Sentinel Surveillance | Human Influenza



- o In week 7, 2019, South Sudan started case-based surveillance for Influenza Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) cases through systematic collection of epidemiological and virological information
- There are currently two designated Influenza sentinel surveillance sites in Juba (Juba Teaching Hospital and Al Sabah
 Children's Hospital) that are collecting epidemiological data and samples from ILI/SARI cases
- Since week 7 of 2019, a total of 296 ILI/SARI samples have been collected and tested in UVRI 228 being negative; 6 (3%) positive for Influenza B (Victoria); 13(7%) positive for Influenza A (H3); and 12(6%) positive for Influenza A (H1)pdm09 and (20) samples are pending test results.
- Since the beginning of 2019; Influenza A (H3) has been the predominant isolate. However, Influenza A (H1)pdm09 emerged
 from week 35 as a new circulating strain.

Response | Suspect epidemics; Curent Malaria trends 10, 2020

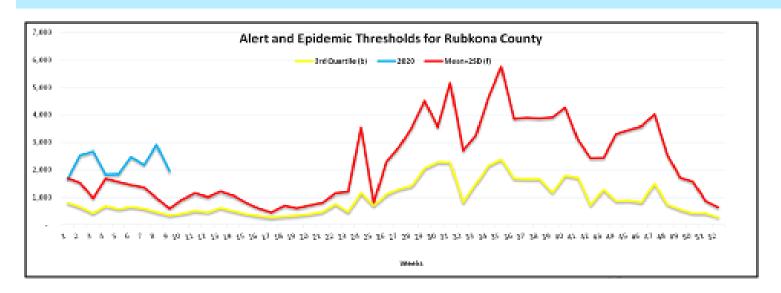
Malaria is the leading cause of morbidity and mortality, accounting for **54.6**% of all morbidities and **12.7**% of all mortalities in week 09, 2020

There is one county with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) and these include the following:

I. Unity hub (Rubkona)

Proposed public health actions:

- 1. Malaria taskforce of 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.
- 4. Stocking up on malaria prevention (LLINs), diagnostics (RDTs), medicines (ACTs), and enhancing behavioral change communication for malaria prevention, prompt investigation and treatment





Measles/Rubella Lab results update

S/N	County	Number of samples tested	No. Of New Measles IgM +ve	No. Of New Rubella IgM +ve	Turnaround time in days
1	Abyei	1	0	0	12
2	Boma	2	2	0	12
3	Twic East	1	1	0	12
4	Bor south	2	2	0	12
5	Pibor	3	3	0	12
6	Mundri West	4	1	2	12
7	Aweil East	21	10	2	6
	Total	34	19	7	

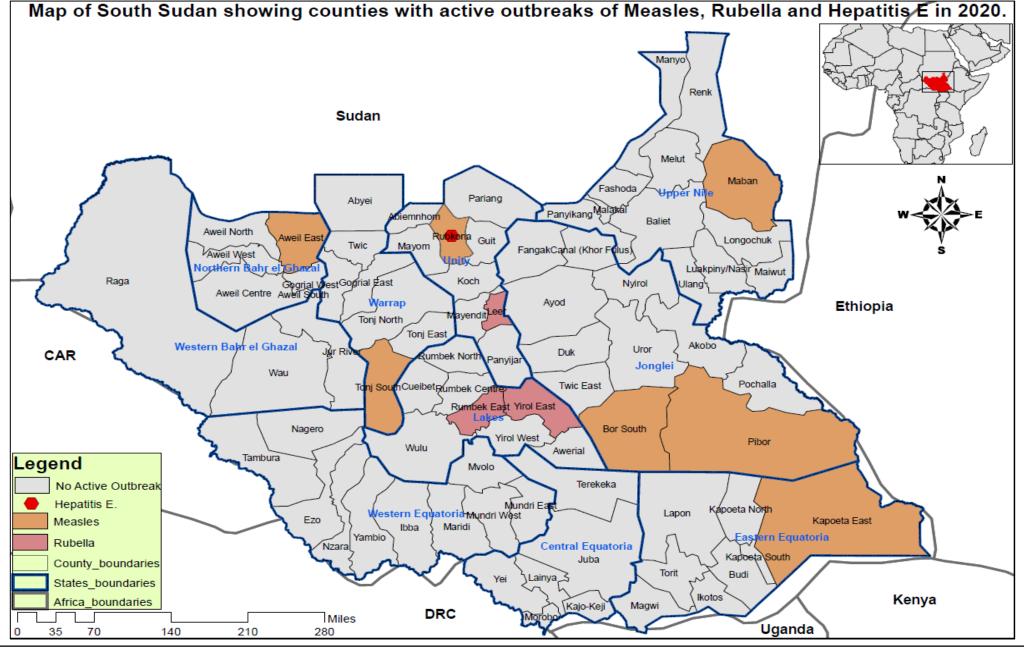
In this week:

- A total of 34 samples received from 7 counties in week 9 and 10
- Over 60% 21 (34) of the samples were from Aweil East county
- Of the 34 samples tested 19 were positive Measles IgM and 7 positive for Rubella IgM

ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS

Brief epidemiological description and public health response for active outbreaks and public health events





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Response | Summary of major ongoing outbreaks in 2019 and 2020

			New seess	Cumulativa		Interventi	ons				
Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Case management	Vaccination	accination Health promotion				
Ongoing epidemics											
Hepatitis E	Bentiu PoC	03/01/2018	1	213 (0.046)	Yes	No	Yes	Yes			
Measles	Bentiu PoC	24/04/2019	5	395 (0.012)	Yes	Yes	Yes	N/A			
Measles	Maban	1/11/2019	NR	139(0.007)	yes	No	Yes	N/A			
Rubella	Rumbek East	17/9/2019	NR	23(0.35)	yes	No	Yes	N/A			
Measles	Jebel Boma	10/12/2019	NR	96(0.063)	yes	No	Yes	N/A			
Measles	Aweil East	02/01/2020	NR	205(0.009)	yes	No	yes	N/A			
Measles	Kapoeta East	18/01/2020	NR	16(0.625)	yes	No	Yes	N/A			

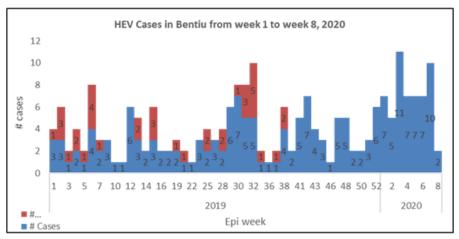
Measles outbreaks confirmed in 2020

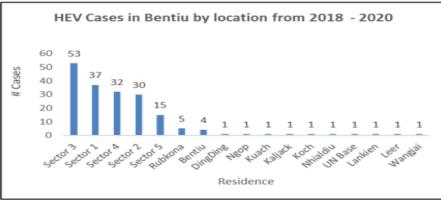
-5 counties – Tonj East, Magwi, Bor, Kapoeta
 East Tonj South, Bor, Magwi, Tonj East,
 Kapoeta East and Tonj South

Measles Outbreak situation & response by county as of week 09, 2020

S/N	County	Population	Confirmed cases	Probable cases	Total cases	Cases per 100,000	Total deaths	CFR %	Date first reported	Emergency Campaign	Admin Coverage	Implementing Partner	Status	Comments
1	Tonj East	180,809	13	48	61	33.7372586 5	0	0	12-Dec-19	Mass Campaign	Pending result	Mass Campaign	controlled	Mass Campaign Completed
2	Magwi	4699302	5	5	10	0.21279756	0	0	19-Sep-19	Mass Campaign	Pending result	Mass Campaign	controlled	Mass Campaign Completed
3	Bor	320,956	7	7	14	4.36196861 9	0	0	17-Jan-19	Mass Campaign	115.60%	Mass Campaign	controlled	Mass Campaign Completed
4	Kapoeat East	601,726	6	10	16	2.65901755 9	0	0	18-Jan-20	Reactive Campaign (Jebel Boma)	Reactive Campaign to start on 26 Feb 2020	IRC	controlled	Reactive Campaign completed in March 2020
5	Awiel East		10	195	205		0	0	2-Jan-20				active	
Total		5,201,067	41	265	306	40.9710423 9	0	0						

Confirmed Measles Outbreak in Aweil East County





Age Group	Cases	Percentage	Cum.%
0 - 4 Years	108	53%	53%
15 + Years	50	24%	77%
10 - 14 Years	25	12%	89%
5 - 9 Years	22	11%	100%
Grand Total	205	100%	

Descriptive Epidemiology:

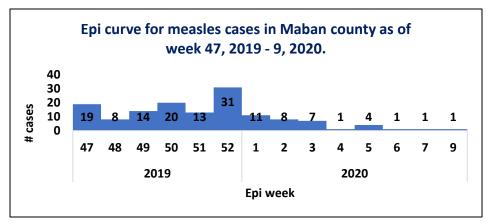
- Initial cases were reported on 2nd Jan 2020
- A total of 205 suspected measles cases have been line listed in Aweil East county
- Majority of the cases were from Baac and Madhol payams
- 12 new cases were reported in week 09, 2020
- (108) 53% of the cases are less than 5 years of age
- Male were 59% of cases and female were 41%

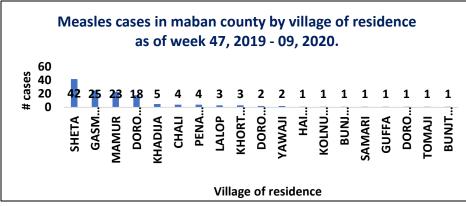
Response and Recommendations

- Reactive campaign was finalized in Aweil East on 24th January 2020 by SMoH and IOM, coverage was 119% and PCE coverage was 91.5%. Plans is ongoing for second reactive campaign.
- Majority of the cases reported this week were from Baac payam with administrative coverage of 73% which is not sufficient to interrupt transmission.
- Total of 21 samples were; 10 tested measles IgM +ve and 2 rubella IgM positive.
- Surveillance and line-listing are ongoing
- Case management is ongoing



Confirmed Measles Outbreak in Maban County





Age group	Cases	Percentage	Cum. %
0 - 4 Years	107	77%	77%
5 - 9 Years	15	11%	88%
10 - 14 Years	9	6%	94%
15+ Year	8	6%	100%
Grand Total	139	100%	

Descriptive Epidemiology:

- Initial cases were reported on 1st November 2019
- A total of 139 Suspected Measles case have been line listed in Maban county
- 01 new case were reported in week 09, 2020
- 12 samples were collected of which, 11 samples tested positive for measles and (1) positive for Rubella IgM
- The most affected payams are: Sheeta and Gasmalla
- 77% of the cases are less than 5 years of age
- 46% of cases are females while 54% are male
- No deaths reported

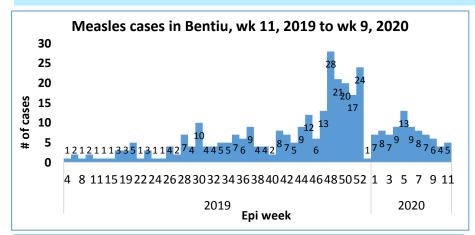
Response and Recommendations:

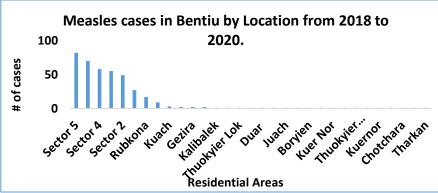
- Rapid response team deployed to support the response
- Reactive campaign micro plan has been developed for the whole county pending phase 2 mass campaign on 10th March 2020
- Surveillance and line-listing are ongoing
- Case management is ongoing
- SMoH, MSF-B conducted a reactive campaign on 4th Dec 2019 targeted 7394 children age 6 months to 15 years in the affected areas in Maban with an average of 73.94%.



Response | Confirmed epidemics

Confirmed Measles and Rubella outbreak in Bentiu PoC





Age Group	Cases	Percentage	Cum. %
0 - 4 Years	375	95%	95%
5 - 9 Years	12	3%	98%
10 - 14 Years	5	1%	99%
15+ Years	3	1%	100%
Grand Total	395	100%	

Epidemiological description

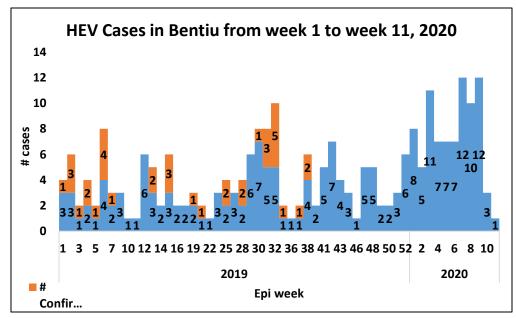
- Bentiu PoC has been reporting suspected measles/rubella cases since week 4 of 2019.
- 05 new cases reported in week 11, 2020
- At least 395 measles cases including 1 death (CFR 0.3%) reported since then.
- Cumulatively, 36 tested cases have tested measles IgM positive while
 15 tested rubella IgM positive.
- 46% of cases are female and 54% are male
- 95% are under 5 yrs old, 5% are 5 yrs old and above
- Cases have been reported from inside and outside the PoC with most of the cases originating from the PoC (most cases from sector 5 but generally all the sectors are affected).

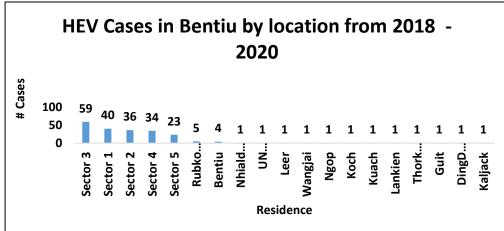
Response actions

- Several rounds of reactive campaigns were conducted in Bentiu IOM:
 - IOM completed a reactive campaign in Bentiu POC on 31 May 2019, with 21,285 children 6-59 months and coverage of 126% receiving measles vaccination. PCE was done by MoH & WHO, coverage was 74.6%.
 - Another campaign was conducted by SMOH, IOM and partners which was completed during the week of 20th January 2020 with coverage of 126%.
 - Ongoing surveillance; case investigation; routine vaccination at fixed and mobile outreach sites and enhancing community awareness on routine immunization

Response | Confirmed epidemics

Hepatitis E, Bentiu PoC (1)





Descriptive epidemiology

- The persistent transmission of HEV in Bentiu PoC continues with 213 cases since beginning of 2019
- There were (02) new cases reported in week 11, 2020
- All the cases were managed as outpatient cases except for seven cases who were admitted
- Two deaths one on 12th, April 2019 and the second on 11th July 2019
- 50% are female and 50% are male.
- Age group less than 15 years had the most cases with (76%) cases.
- At risk of adverse outcomes when infected in the 3rd trimester of pregnancy
- Use of unsafe drinking water likely to be source of infection
- Up to week 8, 2020; there were 46 cases of HEV in Bentiu PoC including 2 deaths (CFR 0.27%)

Age-Group	Alive	Dead	Grand Total	Percentage	CFR	Cum. %2
1 - 4 Years	69		69	32%	0%	32%
10 - 14 Years	37		37	17%	0%	50%
15+ Years	50	2	52	24%	4%	74%
5 - 9 Years	54	1	55	26%	2%	100%
Grand Total	210	3	213	100%	0.01	

Hepatitis E, Bentiu PoC (2)

HEV response updates:

- Every AJS patient received a package of hygiene kit and MSF is doing follow up to the patients every week for period of three weeks.
- The community engagement and community awareness on HEV key messages are ongoing and are mainly concentrating of Personal hygiene like: washing hand always and use of latrines.
- The work on backfilling the two ponds is ongoing and the small pond is likely to finish, but the work in other big pond still ongoing and the clear update will be provided by CCM Cluster in next meeting (IOM CCM Cluster was absent during the meeting).
- The distribution of some WASH/NFIs kits to the affected families is ongoing.
- There is still a big gap in water storage in the HH level and the WASH Partners has only 3000 water storage buckets which not be enough for estimated 31,000 HH, Therefore the WASH are looking of other solution to distribute collapsing Jerrycans with the obstacles the community will not accept the last option.
- The working on installation of hand washing facilities is ongoing (Wash partners will provide the statistics in next meeting, the number of hand washing facilities installed).

Recommendations

- Supportive case management guided by the HEV protocol is ongoing
- KEV messages on HEV prevention should continue within the community through HPs, CHWs and Kondial Radio
- With current threats of COVID -19 Pandemic Outbreak,
 WASH partners should increase the coverage of hand washing facilities within the PoCs community ASAP.
- Other Wash interventions like increasing the access for clean water and improving the water storage in the affected individuals should be made urgently by distributing the water storage containers that will be the only way to mitigate this problem and stop the HEV outbreak.
- The WASH Cluster/HEV taskforce should engage in group discussion with Community leaders and woman group at water distribution points to understand their opinions on issue of Collapsing Jerrycans distribution.
- Monitoring the FRC levels at the taps stands in the different sectors, and the concentration of chlorination should maintain at 0.5-1mg/L as the point of collection



Response | Summary of major ongoing outbreaks in 2019 and 2020

	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
Aetiological agent					Case management	Vaccination	Health promotion	WASH
Epidemics								
Measles	Juba	21/11/2019	NR	6(0.1667)	Yes	No	Yes	N/A
Measles	Tonj East	12/12/2019	6	61(0.98)	yes	Yes	Yes	N/A
Measles	Bor	17/01/2020	3	14(0.214)	yes	No	yes	N/A

Novel Coronavirus

Novel Corona Virus Situation Summary

Situation update as of 2nd April, 2020

SITUATION IN NUMBERS

total (new) cases in last 24 hours

Globally

896 450 confirmed (72 839) 45 526 deaths (4924)

Western Pacific Region

107 626 confirmed (1204) 3723 deaths (22)

European Region

503 006 confirmed (38 809) 33 604 deaths (3515)

South-East Asia Region

5324 confirmed (149) 216 deaths (21)

Eastern Mediterranean Region

58 168 confirmed (3887) 3280 deaths (165)

Region of the Americas

216 912 confirmed (28161) 4565 deaths (1165)

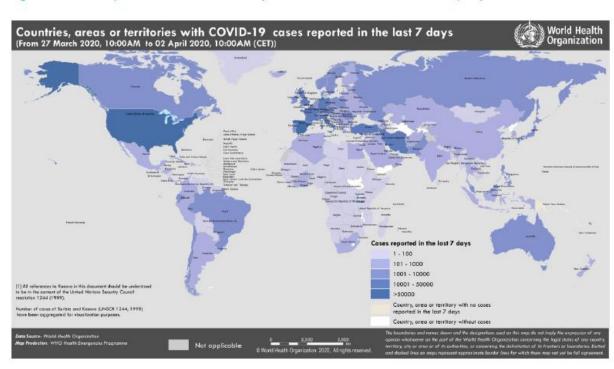
African Region

4702 confirmed (629) 127 deaths (36)

WHO RISK ASSESSMENT

Global Level Very High

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 2 April 2020



WHO: https://www.who.int/health-topics/coronavirus

COVID-19 Preparedness in South Sudan

- No confirmed COVID-19 cases in South Sudan
- Total of 26 alerts were investigated and all tested negative for COVID-19
- The national and high-level COVID-19 taskforce committees are coordinating current response
- The national COVID-19 preparedness plan costed at \$10.8 million is approved & passed for implementation
- Implementation of priorities; risk communication; active case search and testing; quarantine for contacts; infection prevention and control; and management of cases are currently underway

EBOLA VIRUS DISEASE[EVD] PREPAREDNESS IN SOUTH SUDAN

Brief on the Ebola situation in DR Congo



Ebola update DRC 24 March 2020

Current situation

- Currently as of 22 March 2020
- 3453 Cases [3310 confirmed &143 probable]
- 2273 Deaths [2179 confirmed & 94 probable]

Response update

 1 August 2019 marked one year since the Government of the Democratic Republic of the Congo declared the Ebola outbreak

Affected health zones

 No new cases of Ebola virus disease have been reported since 17 February 2020, and on 3 March 2020, the only person confirmed to have EVD in the last 21 days was discharged from an Ebola Treatment Centre after recovering and testing negative twice for the virus.



Overall Conclusions and Recommendations for week 10, 2020

Conclusion

- The overall IDSR and EWARN reporting performance in week 10, surpasses the target of 80%. All 10 states were above 80%
- With five outbreaks confirmed in 2020; measles remains the most frequent vaccine preventable disease
- Cholera has been ruled out in Pibor, but it is critical that underlying WASH causes are addressed
- Yellow fever is confirmed in Kajo-keji and plans for reactive vaccination are underway
- Given the COVID-19 pandemic, it is critical that measures are stepped up to detect, test, and isolate cases, quarantine contacts and communicate COVID-19 risk and prevention



Recommendations

- All partners should support CHDs & HF in Upper Nile and other states to improve IDSR/EWARN reporting
- All partners should support Government to optimize the implementation of the measles control strategy
 - Initiate response to contain measles transmission in Aweil East; Maban; & Bentiu PoC
- Finalize and submit the yellow fever reactive campaign vaccine request to ICG
- Strengthen national capacities for COVID-19 preparedness and response readiness



Thanks to the State Surveillance Officers, County Surveillance Officers and Health Facility in-charges for sharing the weekly IDSR data

Thanks to all partners for supporting IDSR weekly reporting and sharing the line lists

To access the IDSR bulletins for 2020 use the link below:

https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2020

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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







