South Sudan

Integrated Disease surveillance and response (IDSR)

Epidemiological Bulletin Week 35 of 2020 (August 24-August 30)



- SUL/2
- In week 35, 2020 IDSR reporting completeness was 90% and timeliness was 77% at health facility level. EWARN reporting completeness and timeliness were 87%
- Of the 106 alerts in week 35, 2020; 67% were verified 1% were risk assessed and 1% required a response. Malaria (33), AWD (28), ARI (13), measles (3) and bloody diarrhea (18) were the most frequent alerts in week 35, 2020
- Malaria remains the top cause of morbidity and accounted for 82,101 cases (61.4% of OPD cases)
- Notification of cases of polio virus type-2 in South Sudan (two from Jur River county and one fromTonj North county)
- Suspected measles outbreak in Pibor; one sample turned positive on IgM.
- A total of 1094 COVID-19 alerts have been investigated with 915 (83.6%) being verified. Total of 2532 COVID-19 confirmed cases and 47 deaths, CFR of 1.8%

SURVEILLANCE PERFORMANCE



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



IDSR timeliness & completeness performance at county level for week 35 of 20202



Completeness States <mark>Ranking</mark>	States	Supporting Partners	Total No. of Functional Health Facilities in the State	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of Time	Completeness Percentage
1st	Lakes	Doctors with Africa (CUAMM), LIVEWELL	113	75	66%	113	100%
2nd	WES	AMREF, World Vision, CUAMM, CDTY, OPEN	213	212	100%	212	100%
3rd	CES	HLSS, SSUHA, Healthnet TPO, IHO,GOAL,TRI-SS,THESO	118	110	93%	112	95%
4th	Warrap	GOAL, CCM, WVI, Malaria Consortium, UNKEA, Save the Children, MSF	119	97	82%	111	93%
5th	NBGZ	Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO	130	83	64%	121	93%
6th	Unity	Cordaid, UNIDOR, IRC, CHADO, CARE International, CRADA, CASS	88	77	88%	82	93%
7th	WBGZ	Cordaid, Healthnet TPO, CARE International,IOM	75	57	76%	70	93%
8th	EES	Cordaid, HLSS, CCM	142	92	65%	124	87%
9th	Upper Nile	Cordaid, WVI, RI, IMC, NIDO, UNKEA, MC, SSAID	119	88	74%	99	83%
10th	Jonglei	Nile Hope, MDM, JDF, Livewell, CMD, HFO, EDA, CRADA, Malaria Consortium, CMA	102	49	48%	48	47%
	South Sudan		1219	940	77%	1092	90%

KEV

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

The time liness of IDSR reporting (supported by EWARS mobile) at health facility level was 77% and completeness was 90% All states except Jonglei were above the target of 80% with highest reporting rate in Lakes and WES with completeness of 100%

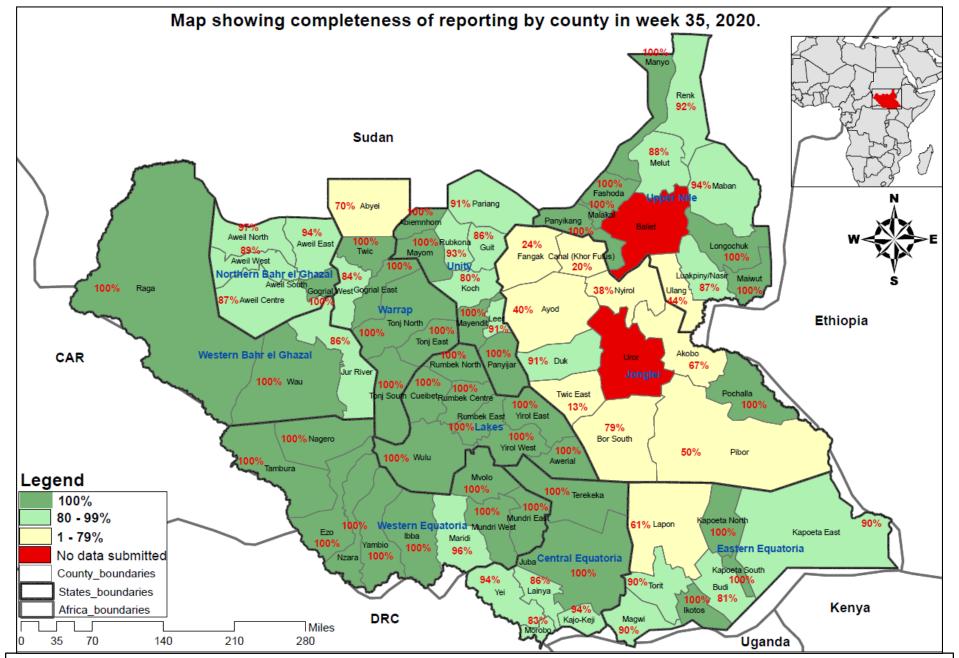


STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage	STATE	COUNTY	SUPPORTING Partner	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
Lakes	Cueibet	Doctors with Africa (CUAMM)	15	15	100%	15	100%	Unity	Abiemnhom	Cordaid	4	4	100%	4	100%
Lakes	Awerial	Doctors with Africa (CUAMM)	7	7	100%	7	100%	Unity	Koch	CRADA,IRC.	4	4	100%	4	100%
Lakes	Rumbek Centre	Doctors with Africa (CUAMM)	23	23	100%	23	100%	Unity	Panyijiar	IRC	15	15	100%	15	100%
NBGZ	Aweil South	Malaria Consortium(MC),IHO	9	9	100%	9	100%	Unity	Mayom	CASS	9	9	100%	9	100%
WBGZ	Raja	HealthNetTPO	12	12	100%	12	100%	Unity	Mayendit	CASS	12	12	100%	12	100%
WBGZ	Wau	Cordaid Doctors with Africa	28	28	100%	28	100%	WES	Nzara	World Vision	20	20	100%	20	100%
Lakes	Rumbek North	(CUAMM)	7	6	86%	7	100%	WES	Nagero	International World Vision	10	10	100%	10	100%
Lakes	Wulu	Doctors with Africa (CUAMM)	14	11	79%	14	100%	WES	Mundri West	International CUAMM			100%		100%
Lakes	Yirol West	Doctors with Africa (CUAMM)	12	9	75%	12	100%				21	21		21	
Lakes	Yirol East	Doctors with Africa (CUAMM),LIVEWELL	11	4	36%	11	100%	WES	lbba	AMREF	11	11	100%	11	100%
Lakes	Rumbek East	Doctors with Africa (CUAMM)	24	0	0%	24	100%	WES	Mundri East	CUAMM	19	19	100%	19	100%
CES	Juba	HLSS	46	43	93%	45	98%	WES	Yambio	World Vision International	42	42	100%	42	100%
NBGZ	Aweil North	HealthNetTPO,IHO	33	29	88%	32	97%	WES	Ezo	World Vision International	27	27	100%	27	100%
CES	Terekeka	HealthNetTPO	20	19	95%	19	95%	WES	Mvolo	CUAMM	11	11	100%	11	100%
CES	Yei	SSUHA	17	16	94%	16	94%	WES	Tambura	World Vision International	26	26	100%	26	100%
CES	Kajo Keji	SSUHA,GOAL,TRI-SS	16	15	94%	15	94%	WES	Maridi	AMREF	26	25	96%	25	96%
NBGZ NBGZ	Aweil East	IRC,TADO	36	26	72%	34	94%								
NBGZ	Aweil West Aweil Centre	HealthNetTPO Malaria Consortium(MC)	37	6 13	16% 87%	33 13	89%	Unity	Rubkona	Cordaid,IRC,IOM,MSF	14	13	93%	13	93%
WBGZ	Jur River	Cordaid	35	17	49%	30	86%	Unity	Pariang	CARE International	11	7	64%	10	91%
CES	Lainya	SSUHA	14	12	86%	12	86%	Unity	Guit	CHADO	7	4	57%	6	86%
CES	Morobo	SSUHA,THESO	6	5	83%	5	83%	Unity	Leer	UNIDOR	11	9	82%	9	82%

IDSR timeliness & completeness performance at county level for week 35 of 2020 (2)



STATE	COUNTY	SUPPORTING PARTNER	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	STATE	COUNTY	SUPPORTING Partner	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
Jonglei	Pochalla	LIVEWELL	7	7	100%	7	100%	Warrap	Gogrial East	GOAL	15	15	100%	15	100%
EES	Kapoeta North	ССМ	15	15	100%	15	100%	Warrap	Tonj East	CCM	12	12	100%	12	100%
EES	Kapoeta South	ССМ	10	7	70%	10	100%	Warrap	Tonj North	ССМ	14	14	100%	14	100%
EES	lkotos	HLSS	27	19	70%	26	96%	Warrap	Tonj South	ССМ	12	12	100%	12	100%
EES	Torit	Cordaid	20	17	85%	18	90%	Upper Nile	Fashoda	CORDAID	13	13	100%	13	100%
EES	Magwi	HLSS	21	10	48%	19	90%	Upper Nile	Panyikang	IMC	4	4	100%	4	100%
Jonglei	Duk	MDM + JDF	11	10	91%	9	82%	Upper Nile	Longechuk	RI	9	9	100%	9	100%
EES	Budi	Cordaid	21	9	43%	17	81%	Upper Nile	Maiwut	RI	5	4	80%	5	100%
EES	Kapoeta East	ССМ	10	5	50%	8	80%	Warrap	Twic	GOAL	25	17	68%	25	100%
Jonglei	Bor	MDM + JDF	24	19	79%	15	63%	Upper Nile	Makal	IMC	7	4	57%	7	100%
Jonglei	Akobo	NILE HOPE	3	2	67%	2	67%	Upper Nile	Renk	WVI + RI	13	12	92%	12	92%
EES	Lopa Lafon	HLSS	18	10	56%	11	61%	Upper Nile	Manyo	CORDAID	10	8	80%	9	90%
Jonglei	Pibor	LIVEWELL,CRADA	2	1	50%	1	50%	Upper Nile	Maban	WVI + RI	17	13	76%	15	88%
Jonglei	Nyirol	CMA,Malaria Consortium	8	3	38%	3	38%	Warrap	Gogrial West	GOAL	31	25	81%	26	84%
Jonglei	Ayod	CMD,EDA	15	3	20%	5	33%	Upper Nile	Luakpiny Nasir	UNKEA,RI	16	13	81%	13	81%
Jonglei	Canal Pigi	IMC	5	1	20%	1	20%	Upper Nile	Akoka	IMC	5	4	80%	4	80%
Jonglei	Twic East	MDM + JDF	8	1	13%	1	13%	Upper Nile	Melut	WVI + RI	8	2	25%	6	75%
Jonglei	Fangak	CMD,HFO	17	2	12%	4	24%	Warrap	Abyei	AAA, Save the Children, MSF	10	2	20%	7	70%
Jonglei	Uror	Nile Hope,Malaria	2	0	0%	0	0%	Upper Nile	Ulang	UNKEA,RI	15	2	13%	2	13%
		Consortium						Upper Nile	Baliet	IMC	4	0	0%	0	0%



Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Surveillance: EWARS performance indicator by partner for week 35 of 20202



Partner	HFs	Repo	rting	Perfor	mance
PARTER	# OF SITES	# of reports received on Time	No. of HFs Reported regardless of time	Timeliness	Completeness
Medair.	2	2	2	100%	100%
World Relief	2	2	2	100%	100%
CMD	1	1	1	100%	100%
IRC	1	1	1	100%	100%
THESO	1	1	1	100%	100%
GOAL	2	2	2	100%	100%
TRI-SS	2	2	2	100%	100%
HFO	1	1	1	100%	100%
ІМС	6	6	6	100%	100%
MSF-E	6	6	6	100%	100%
RHS	1	1	1	100%	100%
IMA	9	9	9	100%	100%
юм	12	11	11	92%	92%
MSF-H	5	1	1	20%	20%
SMC	2	0	0	0%	0%
TOTAL	53	46	46	87 %	87 %

Completeness was 92% and timeliness was 90% for weekly reporting in week 34, 2020 for partner-supported clinics serving IDP sites.



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





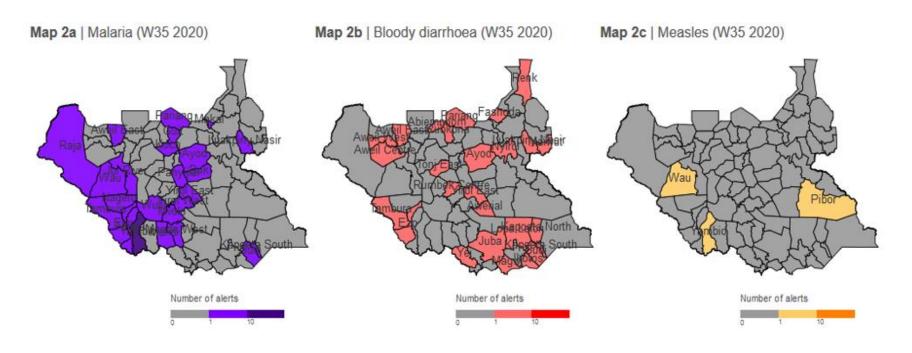
State	Acute jaundice syndrome	Acute Respiratory Infections (ARI)	Acute Watery Diarrhoea	Bloody Diarrhoea	Malaria (Confirmed)	Measles	Relapsing Fever	Cholera	EBS	PoE COVID EVD	Covid-19	Total alerts
CES			3	2				1				6
EES			3	8	2					1		14
Jonglei						1						1
Lakes		7	3	1	2							13
Unity			2	1	1				1		1	6
Upper Nile	1	4	3	3	2						2	15
Warrap			5	1				1				7
WBGZ		2	4		3	1				1		11
WES			5	2	23	1	1				1	33
Total alerts	1	13	28	18	33	3	1	2	1	2	4	106

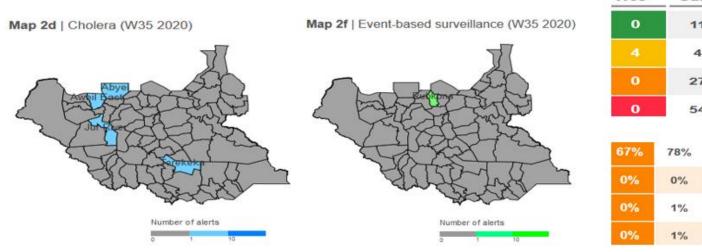
During this week:

- 13 ARI alert: 7 undergoing verification and 6 under monitoring
- 1 AJS alert: undergoing verification
- 28 AWD alert: 20 are undergoing verification and 8 under monitoring
- 18 ABD: 16 are undergoing verification and 2 under Monitoring
- 33 Malaria alerts: 9 are undergoing verification and 24 under monitoring
- 3 Measles alert: 2 been investigated 1 under monitoring
- 2 PoE COVID EVD alert: all were investigated and been monitored.
- 2 COVID-19 alert: they are been investigated and sample collected
- 1 Relapsing fever alert: under investigation by the State RRT
- 2 cholera alert: The team investigated
- 1 EBS alert: under investigation

Alert: Map of key disease alerts by county of week 35 of 2020







W35	Cumu	lative (2020)
0	11	Low risk
	4	Medium risk
0	27	High risk
0	54	Very high risk

10000

67%	78%	% verified
0%	0%	% auto-discarded
0%	1%	% risk assessed
0%	1%	% requiring a response



Major suspected outbreaks in South Sudan in 2020



*

Malaria was the leading cause of morbidity and mortality, accounting for **62.1%** of all morbidities and **36.2%** of all mortalities this week.

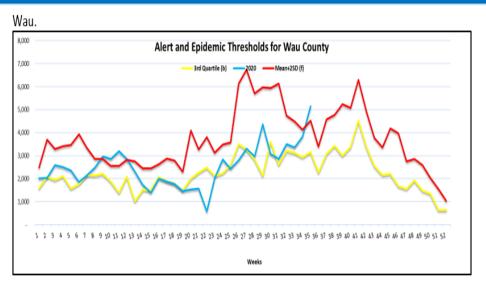
There were **3 Counties** with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) and these include the following: Bentiu hub (Rubkona); Wau hub (Wau); Malakal. Hub (Melut); Rumbek hub (Wulu)

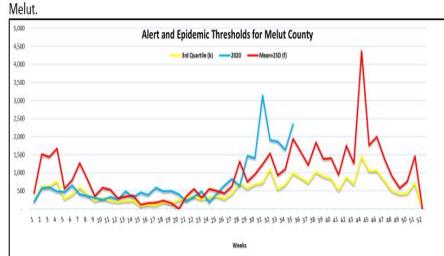
In the PoC sites; malaria is the top cause of morbidity in Bentiu (60%); Juba (40%), and Bor (47%). In Wau and Malakal PoCs, malaria accounts for (33%) and (5%) of OPD consultations, respectively.

Proposed public health actions

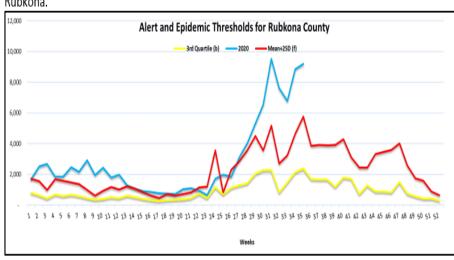
- Malaria taskforce of malaria technical working group meeting to ensure that operational readiness for malaria prevention, diagnosis, and treatment are optimized.
- Field missions to conduct technical verification of the trends in the affected counties
- Assessment of current stock levels of malaria diagnostics (RDTs), medicines (ACTs), and LLINs.
- Stocking up on malaria prevention (LLINs), diagnostics (RDTs), medicines (ACTs), and enhancing behavioral change communication for malaria prevention, prompt investigation and initiation of treatment

Response Suspect Epidemics; Curent Malaria trends 35, 2020 (2)

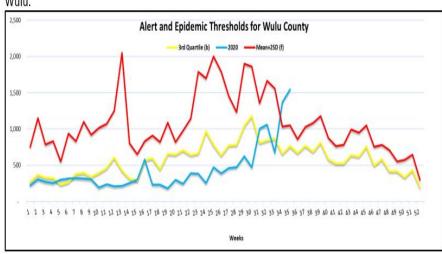




Rubkona.

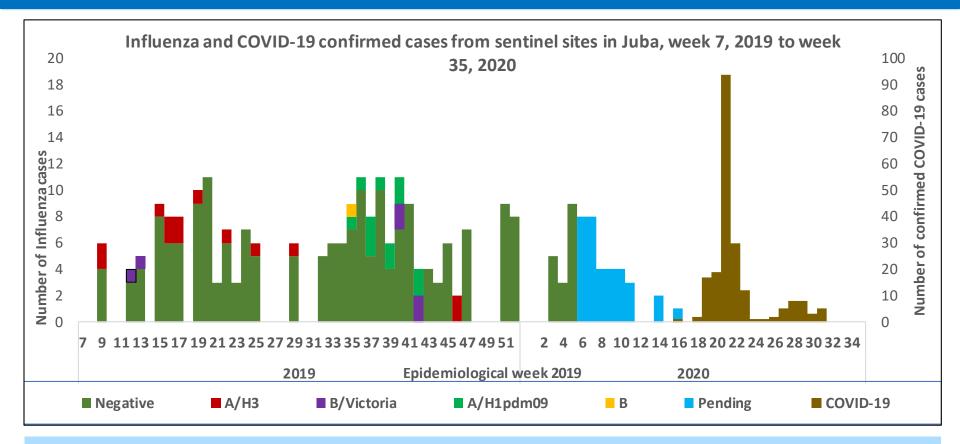


Wulu.





Routine Sentinel Surveillance | Human Influenza



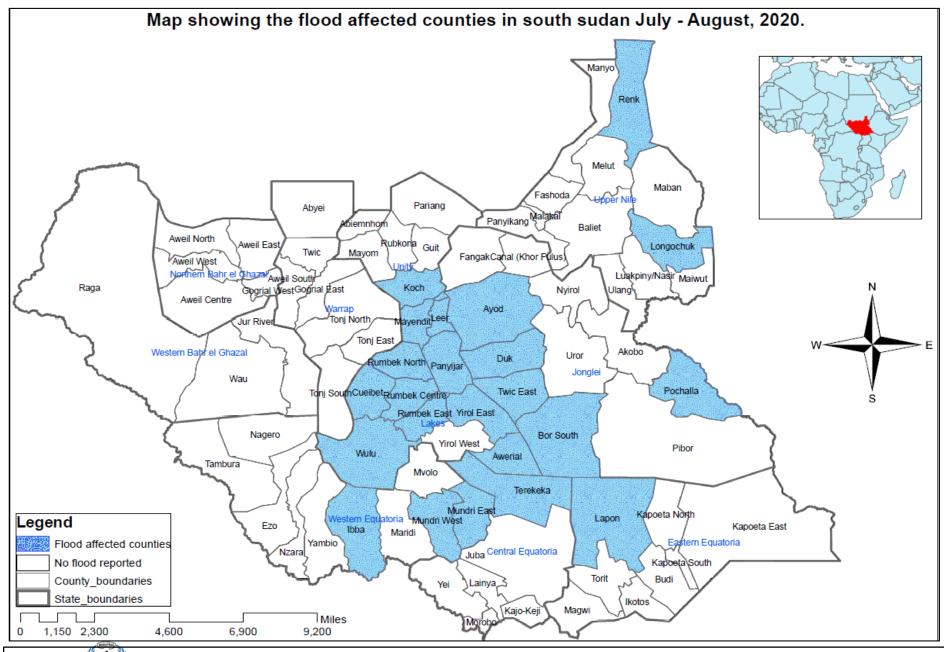
- In week 7, 2019, South Sudan started case-based surveillance for Influenza Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) cases through systematic collection of epidemiological and virological information.
- In 2019, a total of 309 ILI/SARI samples have been collected and tested in UVRI 228 being negative; 6 positive for Influenza B (Victoria); 13 positive for Influenza A (H3); and 12 positive for Influenza A (H1)pdm09 and (50) samples are pending test results.
- There are currently 20 Covid-19 designated sentinel surveillance sites in Juba that are collecting epidemiological data and samples from ILI/SARI cases. A total of 3308 samples have been collected in 2020 with 206 (6.2%) being positive for COVID-19 in Juba. These sentinel samples have not been tested for influenza in 2020

ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS



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





Disclaimer: the boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Flooding, South Sudan, week 35, 2020

Description

Over 600, 000 people across 28 counties have been affected by floods in South Sudan at the end of August 2020 (see the map). Need-based responses are ongoing in 23 counties and are expected to kick off 12 counties. Many affected counties lie along the River Nile and are being affected by the rising waters of the river. Counties in Western Bahr el Ghazal, Jonglei, and Northern Eastern Equatoria are expected to

experience above-average rainfall in the first week of September 2020.

Public health response

The flood response is targeting counties with food insecurity and nutrition challenges based on assessed needs and counties in Integrated Food Security Phase Classification (IPC) phases 3 and 4. The locations prioritized include settlements located along the Nile river down through the centre of the country where the majority of flood-affected communities were displaced to higher ground. Locations where over 5,000 people were affected, where property is now inhabitable and over half of water infrastructure and health facilities were destroyed are top priorities for response.



			New	Cumulative	Interventions				
Aetiological agent	Location (county)	Date first reported	cases since last bulletin	cases to date (attack rate %)	Case management	Vaccinatio n	Health promotion	WASH	
Ongoing epide	mics								
Hepatitis E	Bentiu PoC	03/01/2018	6	375 (0.016)	Yes	No	Yes	Yes	
Measles	Bentiu PoC	24/04/2019	NR	482 (0.006)	Yes	Yes	Yes	N/A	



Update on Measles lab results release in September 2020

S/N	County	Number of Samples tested	Measles IgM positive	Rubella IgM Positive
1	Pibor	1	1	0
2	Tambura	1	0	1
3	Ibba	1	0	0
4	Juba	1	0	0
5	Nzara	6	0	0
6	total	10	1	1

- Ten samples received for Measles between July and August 2020
- Only one sample tested positive for Measles IgM from Pibor County
- All samples from Nzara County tested Negative for both Measles and Rubella IgM

*

Measles outbreaks confirmed in 2020

6 counties – Tonj East, Magwi, Bor, Kapoeta East, Tonj South and Wau

Locations with ongoing measles transmission

Bentiu PoC

No new confirmed measles cases





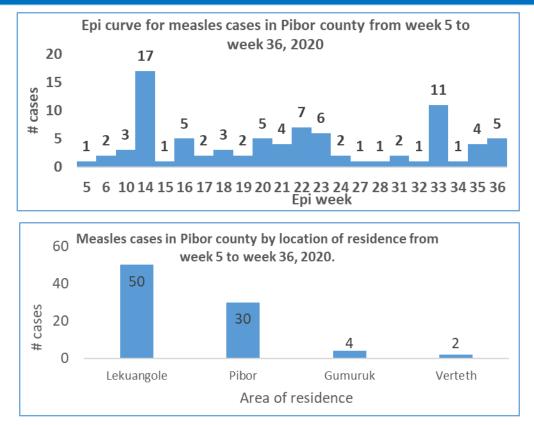
Measles Outbreak situation & response by county as of week 35, 2020

			Confirmed	Probable		Cases per	Total		Date first			Implementing		
S/N	County	Population	cases	cases	Total cases	100,000	deaths	CFR %	reported	Emergency Campaign	Admin Coverage	Partner	Status	Comments
	Tonj East	183,233	13	48	61	33.3	0	o	12-Dec-19	Mass Campaign	Pending result	Mass Campaign	control	Mass Campaign
1		100,100						•			· · · · · · · · · · · · · · · · · · ·		led	Completed
	Magwi	272,880	5	5	10	3.7	0	o	19-Sep-19	Mass Campaign	Pending result	Mass Campaign	control	Mass Campaign
2	IVIGSIVI	272,000	5	5	10	5.7	Ū	Ŭ	13-366-13	Wass Campaign	renaing result	Wass Campaign	led	Completed
	Bor	320,956	7	7	14	4.36	0	o	17-Jan-19	Mass Campaign	115.60%	Mass Campaign	control	Mass Campaign
3	BUI	320,930	,	,	14	4.30	U	U	17-3411-19	wass campaign	115.00%	wass campaign	led	Completed
	Kanaata									Reactive Campaign	Reactive Campaign			Reactive Campaign
	Kapoeta East	262,720	6	10	16	6.1	0	0	18-Jan-20	(Jebel Boma)	to start on 26 Feb	IRC	active	completed in March
4	Lasi									(Jebel Bollia)	2020			2020
	Aweil													Reactive campaign
	East	519,537	16	469	694	127.8	0	0	02-Jan-20				active	started on 22 June
5	EdSL													2020
	Bentiu	115,479			455	83	2	2	01 Jan 10	Depative compaign	126%	IOM	Active	Reactive campaign 20
6	Poc	115,479			455	83	2	2	01-Jan-19	Reactive campaign	126%	IOM	Active	Jan 2020
	Wau	271 075	3	0	22	8.1	0	0	14 Jan 20	Enhanced routine	NI /A		مىشەم	Enhanced
7	vvau	271,975	3	0	22	8.1	U	U	14-Jan-20	immunization	N/A		Active	surveillance
Total		1,427,243	50	539	1272	266.36	2	0.23						



Response | Suspected epidemics

Suspected Measles Outbreak in Pibor



	Casaa	Porcontago	% Cum.
Age Group	Cases	Percentage	% Gum.
1 - 4 Years	66	77%	77%
5 - 9 Years	16	19%	95%
15+ Years	3	3%	99%
10 - 14 Years	1	1%	100%
Grand Total	86	100%	
(Mainty of Reach.)			

Background and descriptive epidemiology

- Measles transmission has persisted in Pibor county despite of the vaccination campaign conducted in February and March and October, 2019
- Suspected measles cases were reported from Pibor; one sample was send to Juba and tested measles IgM +e.
- 5 cases reported in week 36, makes a total of 86 since beginning of 2020
- 77% of the cases are less than 5 years of age
- 52% are female and 48% male
- Most affected areas are Lekuangole followed by Pibor town

Response Actions:

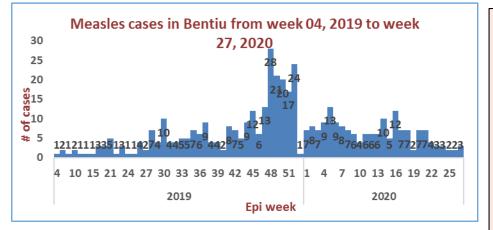
- Partners to strengthen routine immunization and to continue to collect samples from suspect cases.
- Measles case management to continue

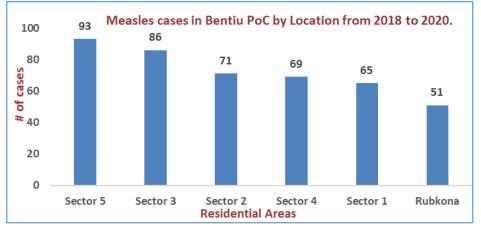






Confirmed Measles Outbreak in Bentiu PoC





Age Group	Cases	Percentage	Cum. %	
0 - 4 Years	456	95%	95%	
5 - 9 Years	14	3%	98%	
10 - 14 Years	8	2%	99%	
15+ Years	4	1%	100%	
Grand Total	482	100%		

Epidemiological description

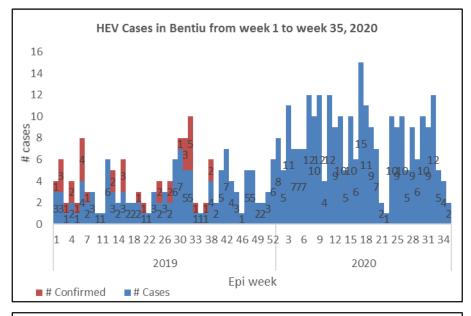
- Bentiu PoC has been reporting suspected measles/rubella cases since week 4 of 2019.
- 3 new cases reported in week 26, 2020
- At least 482 measles cases including 1 death (CFR 0.002%) reported since then.
- Cumulatively, 36 tested cases have tested measles IgM positive while 15 tested rubella IgM positive.
- 47% of cases are female and 53% 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).

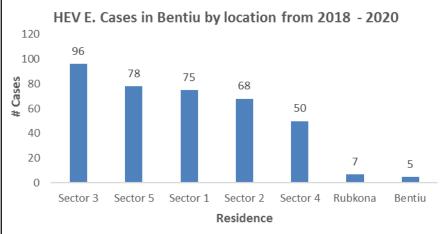
Response actions

- 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%.
 - Partners to strengthen routine immunization to continue to collect samples from suspect cases.
 - Measles case management to continue



Hepatitis E, Bentiu PoC (1)





Descriptive epidemiology

- The persistent transmission of HEV in Bentiu PoC continues with 401 cases since beginning of 2019
- There were (2) new cases reported in week 35, 2020
- All the cases were managed as outpatient cases except for seven cases who were admitted
- 5 deaths reported in 2019 and 2020
- 50% are female and 50% are male.
- Age group less than 15 years had the most cases with (75%) 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 35, 2020; there were 401 cases of HEV in Bentiu PoC including 4 deaths (CFR 0.01%)

Age-Group	Alive	Dead	Grand Total	Percentage	CFR	Cum. %2
1 - 4 Years	126		126	31%	0%	31%
10 - 14 Years	62		62	15%	0%	47%
15+ Years	97	3	100	25%	3%	72%
5 - 9 Years	111	2	113	28%	2%	100%
Grand Total	396	5	401	100%	0.01	



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 COVID -19 Pandemic Outbreak, WASH partners to increase the coverage of hand washing facilities within the PoCs community.
- Other Wash intervention 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 stope the HEV outbreak.
- The WASH Cluster/HEV task force 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



Aetiological agent		Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
	Location (county)				Case management	Vaccination	Health promotion	WASH
Controlled epidemics								
Measles	Juba	21/11/2019	NR	6(0.1667)	Yes	No	Yes	N/A
Measles	Tonj East	12/12/2019	NR	61(0.98)	yes	Yes	Yes	N/A
Measles	Bor	17/01/2020	NR	14(0.214)	yes	No	yes	N/A
Measles	Jebel Boma	10/12/2019	NR	96(0.063)	yes	No	Yes	N/A
Measles	Kapoeta East	18/01/2020	NR	16(0.625)	yes	No	Yes	N/A
Measles	Aweil East	29/12/2019	NR	664 (0.127)	Yes	Ν	0	Yes



Preliminary notification of polio virus type 2 in South Sudan

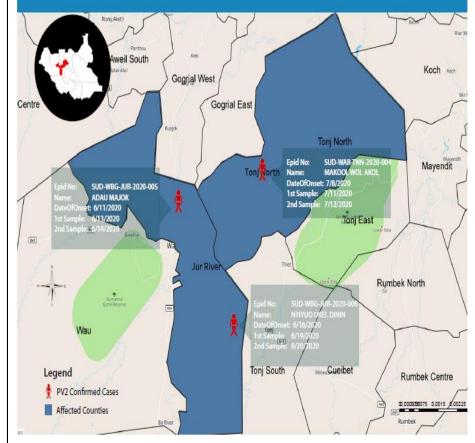
September 5, 2020

Background PEI

- The last indigenous wild polio virus was detected in 2001 in Unity state.
- Two major epidemics of WPV due to importations in 2004-2005 and 2008-2009.
- In 2014 two circulating Vaccine Derived Polio Virus (cVDPV2) were detected in Bentu POC1 and POC5 in Unity state.
- In 2015 one aVDV2 case was detected in Unity state in Rubekona county
- The last wild polio virus was detected in Northern Bhar Ghazal state in June 2009

Preliminary notification PV2

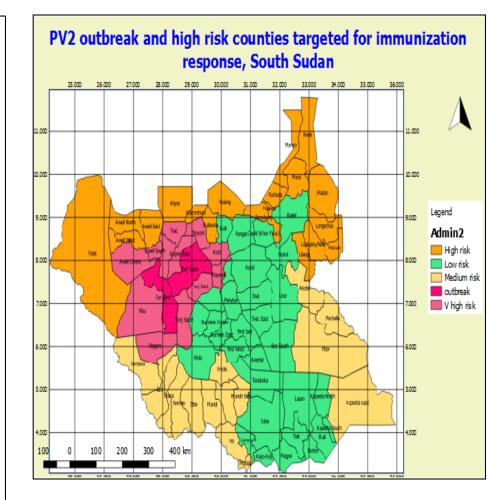
- 4th September 2019, we received a notification from Ugandan Virus Research Institute on the isolation of Polio Virus Type 2(PV2) an AFP cases.
- Further analysis (sequencing) is on going to establish the origin and type of the virus.
- The two cases are from Western Bahr EL Ghazal state in Jur River county, while one case was reported from Warrap state in Tonji North county.
- The date onset for the first cases is on June-11-2020, while the last case was on July 11, 2020
- 2 male and 1 Female children below the age of 2 years



SPOT MAP SHOWING PV2 CONFIRMED CASES

Proposed course of action

- Enhanced surveillance: Increase the frequency of active surveillance, and raise NP-AFP rate to 3/100000 <15 years
- Outbreak investigation is underway
- Alert letter sent to the field staff to activate the surveillance system
- Strengthen immunization to improve coverage particularly IPV
- Immunization Response
 - Conduct Rapid response campaign within 14 days from date of notification
 - Target outbreak affected counties including adjacent counties.
 - mOPV2 campaign targeted use in outbreak affected and bordering counties
- 2^{nd} and 3^{rd} SIAs
 - 1st and 2nd rounds to target wider area and target population



Extra information on the cases

Demographic characteristics (pending final investigation)

Case #1

- RSS-WBG-JUR-20-005 (WBG states, Jur river county)
 - Residence JUR RIVER, city WAU BAI, Village THARKUENY
 - Age 23 month
 - Sex: Female
 - Date onset of paralysis: June-11-2020
 - Site of paralysis: left arm and Left leg
 - Date1stStool collected: 13-Jun-2020
 - Date2nd Stool collected: 14-Jun-2020
 - Stool condition on arrival at lab: Good
 - Admission to hospital: Not admitted
 - Vaccination status: Four doses:
 - Case geocoded: Yes

Case # 2

- RSS-WBG-JUR-20-006(WBG states, Jur river county)
 - Residence JUR RIVER , city KUAJENA, village MAPEL
 - Age 16 month
 - Sex: Male
 - Date onset of paralysis: 16-Jun-2020
 - Site of paralysis Right Arm & Right leg
 - Date1stStool collected: 19-Jun-2020
 - Date2nd Stool collected: 20-Jun-2020
 - Stool condition on arrival at lab: Good
 - Admission to hospital: Not admitted
 - Vaccination status: Four doses
 - Case geocoded: Yes

Case # 3

- RSS-WAR-TNN-20-004 (Warrap state, Tonji North)
- Residence
 - Age ; 12 months
 - Sex: Male
 - Date onset of paralysis: 08-Jul-20
 - Site of paralysis: left arm and Left leg
 - Date1stStool collected: 11-Jul-2020
 - Date2nd Stool collected: 12-Jul-2020
 - Stool condition on arrival at lab: Good
 - Admission to hospital: Not admitted
 - Vaccination status: currently no information available
 - Case geocoded: No

EBOLA VIRUS DISEASE[EVD] PREPAREDNESS IN SOUTH SUDAN



Brief on the Ebola situation in DR Congo and updates on EVD preparedness in South Sudan



EVD DRC Update 2nd September in Equateur Province

Cumulative figures Preliminary highlights from 2nd Sept 2020

•0 new confirmed cases reported;

•0 new deaths reported among confirmed cases; no new recovery reported;

In the past 21 days

- 26 cases reported (24 confirmed, 2 probable)
- 7/24 (29%) of cases died in the community
 - 4/5 (80%) confirmed community deaths with no SDB
- 67% of reported cases were not registered contacts
- 54% of reported cases do not have a documented epi-link
- 7 sick confirmed individuals in the community
- In 15 HA of 8 HZ

Highlights for 23rd August 2020 Cumulative figures

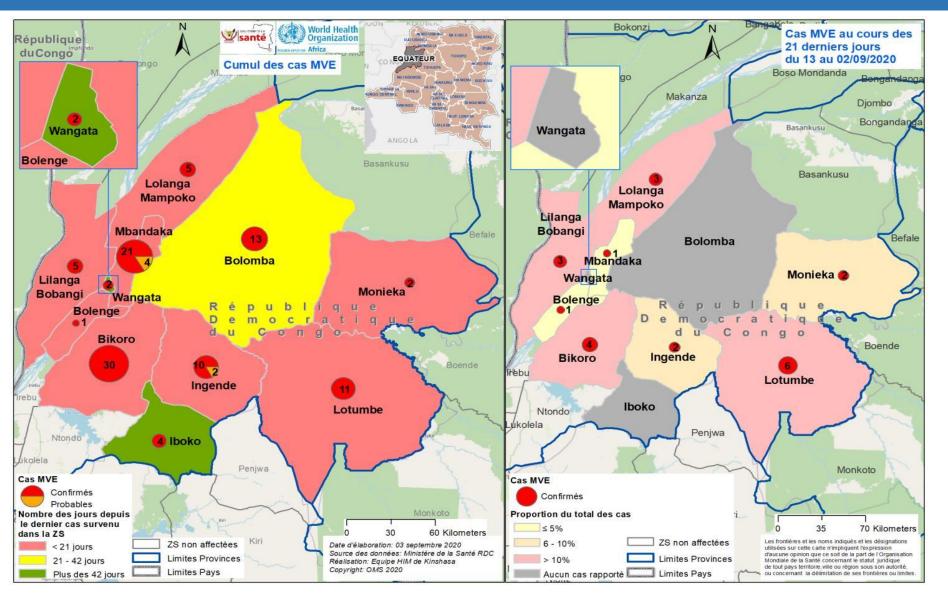
•110 cases reported (104 confirmed, 6 probable);

•47 deaths (CFR 42.7%); 48

recoveries;

- •36 health areas affected across 11 HZ;
- •3 health workers infected;
- •26,829 vaccinated inc. 6,963 high risk contacts;
- •20% of cases are in children <18

Geographic distribution of EVD cases in Equateur province (cumulative and 21 days) 2nd September 2020



COVID-19 Updates



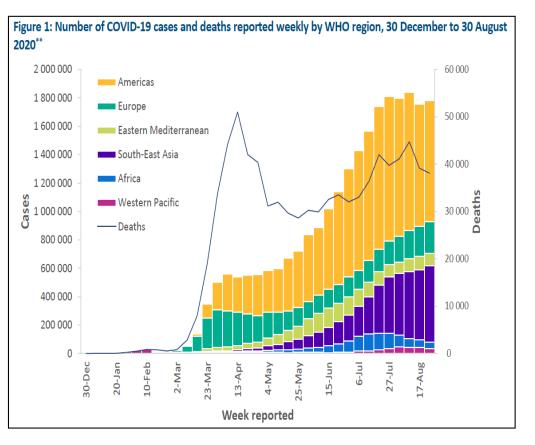


COVID-19 Virus Situation Summary



Situation update as of 30th August 2020

- The COVID-19 pandemic initial cases were detected in Wuhan China
- Globally >25 million cases (> 800 000 deaths)
- Africa > 1 million cases
 (>21,722 deaths)



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

COVID-19 Response in South Sudan

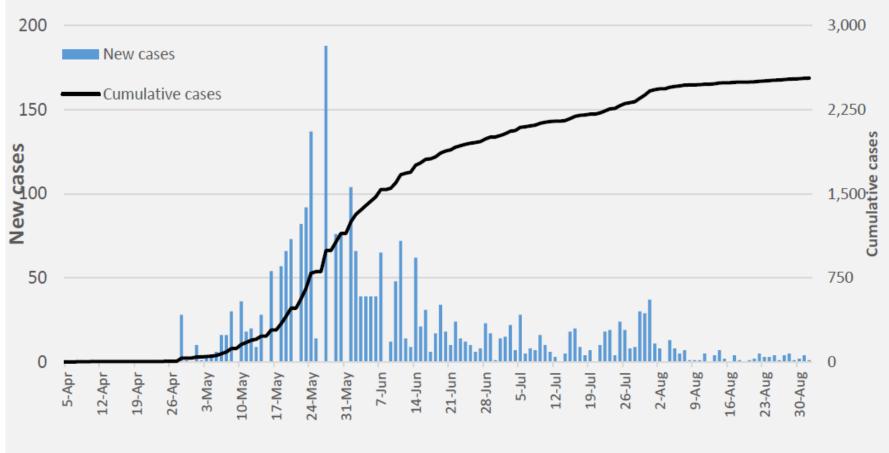


- 2,532 confirmed COVID-19 cases in South Sudan; 85% in Juba with 47 deaths and a case fatality rate (CFR) of 1.8%. Total 8,273 contacts identified, quarantined, & undergoing follow up
- Implementation of priorities; risk communication and community engagement; active case search and testing; quarantine for contacts; isolation of confirmed cases, infection prevention and control; and management of cases are currently underway
- The overall response currently led by the COVID-19 National level taskforce and the COVID-19 National Steering Committee





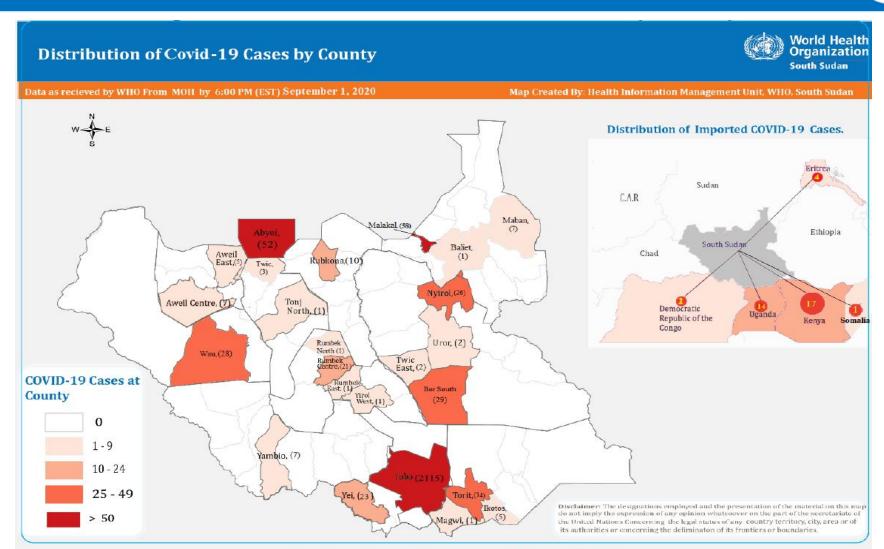
Figure 1. New and cumulative confirmed COVID-19 cases by notification date



Notification Date

COVID-19 cases increasing exponentially in the past few weeks

Distribution of COVID-19 cases in South Sudan



*Geographical information is available for 2 480 cases.

The majority of the cases have been reported in Juba; while the rest have been imported (involving truckdrivers from the neighboring countries

Overall Conclusions and Recommendations



Conclusion

- The overall IDSR and EWARN reporting performance in week 35, is above the target of 80%. (9) states were above 80%
- 2,532 confirmed COVID-19 cases in South Sudan; 85% in Juba with 47 deaths (CFR of 1.8%). Total 8,273 contacts identified, quarantined, & undergoing follow up
- Cumulative total of COVID-19 alerts is 1094, of these, 915 (83.6%) have been verified and samples were collected
- With six outbreaks confirmed in 2020; measles remains the most frequent vaccine preventable disease
- There is ongoing measles outbreak in Bentiu PoC
- Given the COVID-19 pandemic, it is critical that measures are stepped up to contain its spread.



- All partners should support CHDs & State Ministries of Health to undertake IDSR/EWARN reporting
- All health facilities should report, and conduct casebased investigation of suspect measles cases and routine measles immunization should be strengthened in all counties
- Strengthen capacities for COVID-19 containment through identifying and testing suspect cases, isolating confirmed cases, and quarantining contacts



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-weeklydisease-surveillance-bulletin-2020



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

Mr. Mathew Tut M. Kol Director, Emergency Preparedness and Response Ministry of Health, RSS Tell: +211916010382, +211922202028 Emails: tut1988@yahoo.com, greensouth2020@gmail.com Skype: mathew19885

IDSR Bulletin Editorial Team

1.Mr. Ajak Ater, MoH - Email: ajakater014@gmail.com 2.Ms. Sheila Baya, WHO- Email: bayas@who.int 3. Mr. Robert Lasu Martin, WHO -Email: lasur@who.int 4. Mrs. Rose Dagama , WHO - Email: dagamaa@who.int 5. Dr. Abraham Adut, WHO- Email: abenegoa@who.int 6.Dr. Alice Igale Lado, WHO - Email: ladua@who.int 7. Dr. Joseph Wamala, WHO - Email: wamalaj@who.int 8. Dr. Argata Guracha Guyo, WHO - Email: guyo@who.int

Notes

WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], 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, a lert 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









