South Sudan

Integrated Disease surveillance and response (IDSR)

Epidemiological Bulletin Week 3, 2021 (January 18- January 24)





- In week 3, 2021 IDSR reporting completeness was 89% and timeliness was 60% at health facility level. EWARN reporting completeness was 95% and timeliness was 82%
- Of the 118 alerts in week 3, 2021; 82% were verified 8% were risk assessed and 6% required a response. Malaria (45), AWD (34), ARI (12), measles (2) and bloody diarrhea (14) were the most frequent alerts in week 3, 2021
- Malaria remains the top cause of morbidity and accounted for 48,708 cases (50.7% of OPD cases)
- A total of 1,784 COVID-19 alerts have been investigated with 1,680 (94.1%) being verified. Total of 3,865 COVID-19 confirmed cases and 64 deaths, CFR of 1.7%
- Other hazards include floods in over 47 counties; measles in Ibba; HEV in Bentiu PoC; and Malaria in 1 county.

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 3 of 2021



Completeness States Ranking	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	WBGZ	Cordaid, Healthnet TPO, CARE International,IOM	75	63	84%	75	100%
2ND	Unity	Cordaid, UNIDOR, IRC, CHADO, CARE International, CRADA, CASS	94	78	83%	88	94%
3RD	CES	HLSS, SSUHA, Healthnet TPO, IHO,GOAL,TRI-SS,THESO	120	111	93%	113	94%
4TH	WES	AMREF, World Vision, CUAMM, CDTY, OPEN	213	32	15%	201	94%
5ТН	NBGZ	Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO	131	110	84%	122	93%
бТН	EES	Cordaid, HLSS, CCM	142	78	55%	130	92%
7ТН	Lakes	Doctors with Africa (CUAMM), LIVEWELL	117	58	50%	106	91%
8TH	Warrap	GOAL, CCM, WVI, Malaria Consortium, UNKEA, Save the Children, MSF	119	90	76%	102	86%
9TH	Jonglei	Nile Hope, MDM, JDF, Livewell, CMD, HFO, EDA, CRADA, Malaria Consortium, CMA	101	66	65%	74	73%
10th	Upper Nile	Cordaid, WVI, RI, IMC, NIDO, UNKEA, MC, SSAID,Samaritans Purse	122	52	43%	82	67%
	South Sudan		1234	738	60%	1093	89%

KEY

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

The timeliness of IDSR reporting (supported by EWARS mobile) at health facility level was 60% and completeness was 89%. 8 states were above the target of 80% with highest reporting rate in WBGZ **Reporting challenges**: Insecurity, internet access challenges and lack of network.

IDSR timeliness & completeness performance at county level for week 3 of 2021 (1)



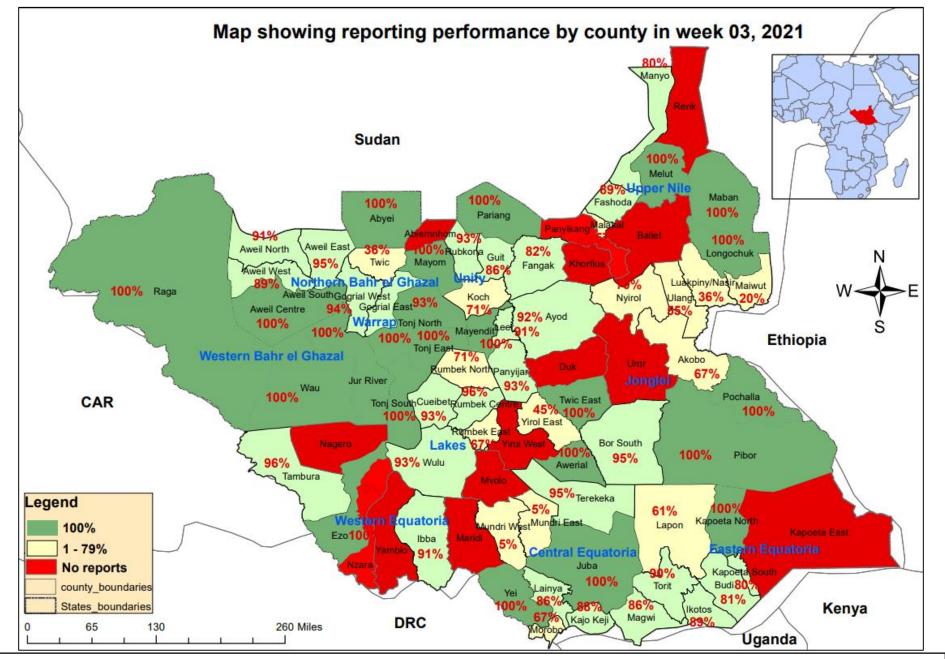
STATE	COUNTY	PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage	STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
Lakes	Awerial	Doctors with Africa (CUAMM)	11	11	100%	11	100%	Unity	Mayom	CASS	13	14	108%	13	100%
NBGZ	Aweil South	Malaria Consortium(MC),IHO	9	9	100%	9	100%	Unity	Pariang	CARE International	11	11	100%	11	100%
NBGZ	Aweil Centre	Malaria Consortium(MC)	15	15	100%	15	100%	Unity	Mayendit	CASS	12	12	100%	12	100%
WBGZ	Raja	HealthNetTPO	12	12	100%	12	100%								
WBGZ	Wau	Cordaid	28	28	100%	28	100%	Unity	Panyijiar	IRC	15	14	93%	15	100%
CES	Juba	HLSS	46	46	100%	46	100%	Unity	Rubkona	Cordaid,IRC,IOM,M SF	14	13	93%	14	100%
CES	Yei	SSUHA	17	15	88%	17	100%	WES	Tambura	World Vision International	26	21	81%	26	100%
Lakes	Yirol East	Doctors with Africa (CUAMM),LIVEWELL	11	3	27%	11	100%	WES	Ezo	World Vision International	27	1	4%	27	100%
Lakes	Rumbek North	Doctors with Africa (CUAMM)	7	1	14%	7	100%	Unity	Guit	CHADO	7	0	0%	7	100%
WBGZ	Jur River	Cordaid	35	23	66%	35	100%	WES	Nagero	World Vision International	10	0	0%	10	100%
Lakes	Yirol West	Doctors with Africa (CUAMM)	12	0	0%	12	100%	WES	Mundri East	CUAMM	19	0	0%	19	100%
Lakes	Rumbek Centre	Doctors with Africa (CUAMM)	23	0	0%	22	96%	WES	Mvolo	CUAMM	11		0%	10	100%
CES	Terekeka	HealthNetTPO	20	19	95%	19	95%			World Vision		0			
NBGZ	Aweil East	IRC,TADO	37	25	68%	35	95%	WES	Nzara	International	20	0	0%	19	95%
Lakes	Cueibet	Doctors with Africa (CUAMM)	15	14	93%	14	93%	WES	Yambio	World Vision International	42	0	0%	39	93%
Lakes	Wulu	Doctors with África (CUAMM)	14	13	93%	13	93%	WES	Maridi	AMREF	26	0	0%	24	92%
NBGZ	Aweil North	HealthNetTPO,IHO	33	30	91%	30	91%	Unity	Leer	UNIDOR	11	9	82%	10	91%
NBGZ	Aweil West	HealthNetTPO	37	31	84%	33	89%	WES	lbba	AMREF	11	10	91%	10	91%
CES	Kajo Keji	SSUHA,GOAL,TRI-SS	17	15	88%	15	88%	Unity	Koch	CRADA,IRC.	7	5	71%	6	86%
CES	Lainya	SSUHA Doctors with Africa	14	12	86%	12	86%								
Lakes	Rumbek East	(CUAMM)	24	16	67%	16	67%	WES	Mundri West	CUAMM	21	0	0%	16	76%
CES	Morobo	SSUHA, THESO	6	4	67%	4	67%	Unity	Abiemnhom	Cordaid	4	0	0%	0	0%
		~													

IDSR timeliness & completeness performance at county level for week 3 of 2021 (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
Jonglei	Pochalla	LIVEWELL	7	7	100%	7	100%
Jonglei	Twic East	MDM + JDF	8	8	100%	8	100%
EES	Ikotos	HLSS	27	20	74%	27	100%
Jonglei	Uror	Nile Hope,Malaria Consortium	2	0	0%	2	100%
Jonglei	Bor	MDM + JDF	21	19	90%	20	95%
EES	Lopa Lafon	HLSS	18	4	22%	17	94%
EES	Torit	Cordaid	20	18	90%	18	90%
EES	Budi	Cordaid	21	12	57%	19	90%
EES	Magwi	HLSS	21	16	76%	18	86%
Jonglei	Ayod	CMD,EDA	12	10	83%	10	83%
Jonglei	Pibor	LIVEWELL, CRADA	6	4	67%	5	83%
EES	Kapoeta South	CCM	10	8	80%	8	80%
Jonglei	Fangak	CMD,HFO	17	13	76%	13	76%
Jonglei	Nyirol	CMA,Malaria Consortium	10	3	30%	7	70%
Jonglei	Akobo	NILE HOPE	3	2	67%	2	67%
Jonglei	Canal Pigi	IMC	4	0	0%	0	0%
Jonglei	Duk	MDM + JDF	11	0	0%	0	0%

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
Warrap	Tonj East	CCM	12	12	100%	12	100%
Warrap	Tonj North	CCM	14	14	100%	14	100%
Warrap	Tonj South	CCM	12	12	100%	12	100%
Upper Nile	Melut	WVI + RI	8	8	100%	8	100%
Upper Nile	Fashoda	CORDAID	18	14	78%	18	100%
Upper Nile	Maban	WVI,RI,Samaritans Purse	14	8	57%	14	100%
Upper Nile	Manyo	CORDAID	10	5	50%	10	100%
Warrap	Abyei	AAA,Save the Children,MSF	10	0	0%	10	100%
Upper Nile	Panyikang	IMC	4	0	0%	4	100%
Warrap	Gogrial West	GOAL	31	29	94%	29	94%
Warrap	Gogrial East	GOAL	15	14	93%	14	93%
Upper Nile	Longechuk	RI	9	8	89%	8	89%
Upper Nile	Akoka	IMC	5	0	0%	4	80%
Upper Nile	Makal	IMC	7	1	14%	4	57%
Upper Nile	Ulang	UNKEA, RI	11	2	18%	6	55%
Warrap	Twic	GOAL	25	9	36%	11	44%
Upper Nile	Luakpiny Nasir	UNKEA, RI	14	5	36%	5	36%
Upper Nile	Maiwut	RI	5	1	20%	1	20%
Upper Nile	Baliet	IMC	4	0	0%	0	0%
Upper Nile	Renk	WVI + RI	13	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 3 of 2021



Partner	HFs	Re	porting	Perfor	mance
PARTER	# OF SITES	# of reports received on Time	No. of HFs Reported regardless of time	Timeliness	Completeness
IRC	1	1	1	100%	100%
TADO	2	2	2	100%	100%
Medicair	2	2	2	100%	100%
SP	4	4	4	100%	100%
UNH	2	2	2	100%	100%
World Relief	2	2	2	100%	100%
IOM	12	12	12	100%	100%
UNIDOR	2	2	2	100%	100%
LiveWell	4	4	4	100%	100%
SSHCO	1	1	1	100%	100%
HFO	2	2	2	100%	100%
HAA	2	2	2	100%	100%
RHS	1	1	1	100%	100%
GOAL	2	2	2	100%	100%
HFD	5	5	5	100%	100%
Medair	1	1	1	100%	100%
IMC	6	6	6	100%	100%
MSF-H	5	1	5	20%	100%
CMD	1	0	1	0%	100%
MSF-E	6	0	4	0%	67%
TRI-SS	2	1	1	50%	50%
TOTAL	65	53	62	82%	95%

Completeness was 95% and timeliness was 82% for weekly reporting in week 3, 2021 for partner-supported clinics serving IDP sites.



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





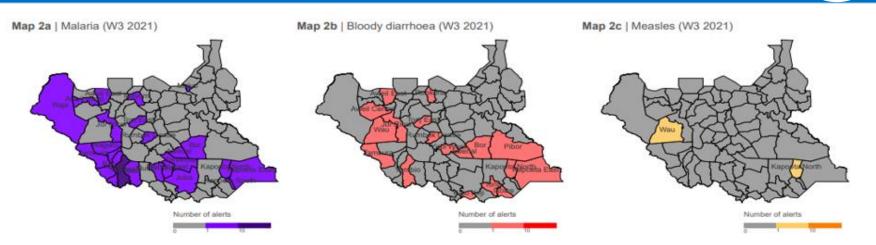
State	Acute jaundice syndrome	Acute Respiratory Infections (ARI)	Acute Watery Diarrhoea	AFP	Bloody Diarrhoea	Malaria	Measles	Guinea Worm	Covid-19	Total alerts
CES	1	3	5		1	2				12
EES			5	2	4	3			1	15
Unity	1	2	3			1		1	2	10
Upper Nile		3	1			1				5
Warrap	1		5		1	2			1	10
WBGZ		1	4		2	6	2			15
WES		3	11		6	30			1	51
Total alerts	3	12	34	2	14	45	2	1	5	118

During this week:

- 12 ARI alert: 2 from CES, samples were collected and tested negative for COVID-19, 2 from Unity state samples were collected and tested negative for COVID-19, 3 from UNS samples collected, 1 from WBG sample collected and tested negative in the sentinel site of the State, 3 from WES samples were collected and tested in the sentinel site.
- 34 AWD alert: 5 from CES, Sample collected, 5 from EES all were treated, 4 from WBG they were treated as mild diarrhea and put under monitoring, 11 from WES, the cases were not presenting with serious Diarrhea hence treated and put under monitoring 5 from Warrap State treated as normal Diarrhea.
- 14 ABD alert: 4 from EES, 1 from Warrap, 2 from WBGZ and 6 from WES, 1 CES all were treated as normal diarrhea.
- 45 Malaria alerts: 2 from Warrap, 6 from WBG and 30 from WES, 3 from EES and 2 from CES, 1 from Unity, 1 from UNS and these are due to the high increase of malaria cases in the Country.
- 2 Measles alert: 2 from WBG Wau county
- 1 Guinea Worm alert: from WBGZ State and the Guinea worm team in the state have investigated.
- 5 COVID-19 alert: 1 from EES, 2 from Unity, 1 from Warrap and 1 from WES all collected samples and tested in the state sentinel sites which all turned negative.
- 2 AFP alert: 2 from EES, Lopa Lafon in Idali PHCU investigation was done and sample collected and sent to Juba for testing.
- 3 AJS alerts: 1 from CES sample will be collected tomorrow, 1 Unity state in the PoC where there is an active outbreak of AJS and 1 from Warrap state sample was collected and send to Juba.

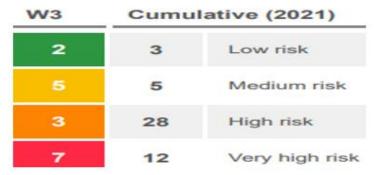
Alert: Map of key disease alerts by county of week 3 of 2021

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Map 2e | Guinea Worm (W3 2021)





82%	77%	% verified
0%	0%	% auto-discarded
8%	5%	% risk assessed
6%	4%	% requiring a response



Major suspected outbreaks in South Sudan in 2020



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Malaria was the leading cause of morbidity and mortality, accounting for **50.7%** of all morbidities and **30.6%** of all mortalities this week. There were 3 county with malaria trends that exceeded the threshold (third

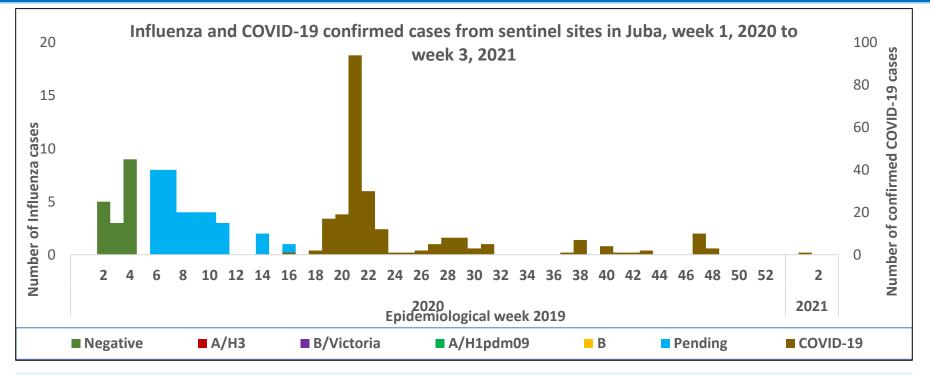
quartile of trends for the period 2013-2017) and these include the following:

1. CE State (Juba)

In the PoC sites; malaria is the top cause of morbidity in Bentiu (8%); Juba (51%), and Wau (8%) PoCs, in Malakal PoC malaria accounts for (40%) of OPD consultations, respectively.



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 3 Covid-19 designated sentinel surveillance sites in Juba and 10 other sentinel sites based at 9 state hospitals and one county hospital that are collecting epidemiological data and samples from ILI/SARI cases. A total of 4136 samples have been collected in 2021 with 234 (5.6%) being positive for COVID-19 in Juba. These sentinel samples have not been tested for influenza in 2021

Update on RVF investigations in Yirol/ Lakes State; Lab Results

- Following reports of 175 abortions and 15 deaths in cattle in Yirol in August 2020; joint investigations were conducted by the Ministry of Livestock and Fisheries, Ministry of Wildlife, and FAO (Joint One Health partners team) from 29 October 2020 to 5 November 2020 to conduct further investigations, strengthen surveillance, build community awareness on RVF and collect more animal and human samples.
 - From the first mission, 53 samples were collected 5 tested positive for RVF IgM, 6 samples were doubtful (considered positive) and 42 tested negative.
 - > The results of tests from the second mission (160 samples) are shown below:

S/N	Species	RVF- IgM	RVF – IgG
1	Cattle (N= 70)	2 (3 %)	27 (39%)
2	Goat (N= 81)	1 (1%)	8 (10%)
3	Sheep (N= 9)	0 (0 %)	1 (11%)
Total	160	3	36

Summary:

Out of 70 cattle samples, 2 (3%) tested positive for RVF IgM and 27 (39%) tested positive for RVF IgG.
One goat sample tested positive for RVF- IgM and 8 tested positive IgG, none of the sheep samples tested positive IgM whilst one sample tested positive for IgG.

Next steps:

- 1. Heightened human RVF surveillance to detect and collect human samples from suspect cases given the risk of disease spillover.
- 2. Heightened risk communication to prevent exposure to potentially infectious animal products carcass; beef; arbutus products.
- 3. Regular updates on suspect cases (animal and human)
- 4. Regular coordination meetings involving human and animal stakeholders to review the situation and update the RVF preparedness and response plans and strategies.

ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS

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



Response to Public Health Emergencies

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Flooding, South Sudan, week 3, 2021

1 034 000	485 000	4
people affected	Displaced	Deaths

- Two consecutive years of severe seasonal flooding in the country, among other drivers, has contributed to heightened food insecurity in the country in 2021 as projected recent IPC report.
- While water levels continue to recede, most of the road networks connecting Jonglei State & GPAA with neighbouring states remain inaccessible due to flood waters. Air and river transport remain the only means to deliver humanitarian assistance to affected people. Parts of Nyirol, Fangak and Ayod continue to face access challenge because of the flooding and its aftermath.
- Response gap in provision of emergency shelter and non-food items (ES/NFI) has been reported in Mundri East and Mundri West where 20,000 IDPs are awaiting emergency shelter materials.

Health Cluster Response:

- Health partners continue to respond in the affected locations. Water levels receding in many floods affected locations. How ever, access impediments persists in Pibor, Nyirol, Ayod and Fangak
- Fresh flooding reported in parts of Unity (Panyijjar, Guit and Koch). In Panyijjar, an implementing health partner had earlier been expelled by the community but later the issue was resolved through engagement.
- Response gap in provision of emergency shelter and non-food items (ES/NFI) has been reported in Mundri East and Mundri West where 20 000 IDPs are awaiting emergency shelter materials.

Response to Public Health Emergencies

Food Insecurity, week 3, 2021

The Integrated Food Security Phase Classification (IPC) report released in December 2020 estimated that 5.8 million people r(48% of population) in South Sudan will face high levels of acute food insecurity (IPC 3 or worse) between December 2020 and March 2021. The number of food insecure people is expected to grow up to 7.2 million (60% of the population) between April and July 2021. The IPC report further reported a dire humanitarian situation in six counties namely Pibor, Akobo, Aweil South, Tonj East, Tonj North, and Tonj South; where communities are expected to experience high levels of severe acute food insecurity (IPC Phase 5, catastrophe) and acute malnutrition.

Over 100,000 people will be in catastrophe (IPC 5) across the six counties between December 2020 to July 2021 according to the IPC findings.

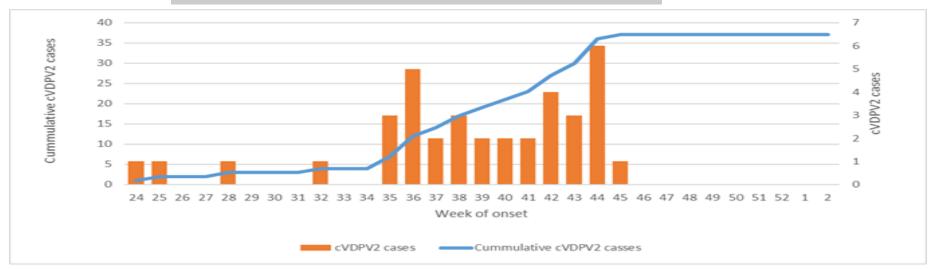
5.8 million people or 48% of the people analysed will likely face high levels of acute od insecurity (IPC Phase 3 or above) between December 2020 and March 2021. PROJECTED DECEMBER 2020 - MARCH 2021 Phase 5 105,000 5.8M People in Catastrop 48% of the 1,728,000 population People in Emergen People facing high levels of acute food 3,866,000 insecurity **People in Stressed** (IPC Phase 3+) Phase 1 2,369,000 **People in food** IN NEED OF security URGENT ACTION Source: South Sudan IPC Technical Working Group, External **Quality Review and Famine Review**

Projection: Acute Food Insecurity | December 2020 - March 2021

Health Cluster Response: Food Insecurity

Health Cluster partners are scaling up the provision of the essential primary health services including management of the common outpatient conditions, vaccination, maternal and child care, and management of severe acute malnutrition cases with medical complications through static and mobile health units in the affected locations as well as enhancing infectious disease surveillance and alert verification and investigation.

cVDPV2 Outbreak week 3, 2021



Epidemic curve cVDPV2 outbreak by week of onset of paralysis

- The total number of AFP cases confirmed as cVDPV2 remain 37, and the geographical distribution of circulating Vaccine Derived Polio Virus cases are as follows: Western Bahr El Ghazal (7), Warrap state (16), Central Equatorial state (4), Northern Bahr El Ghazal (3), Lakes (3), Western Equatoria state (1), Jonglie (1), Upper Nile (1) and Eastern Equatoria state (1), however 39 AFP samples were shipped to UVRL or analyzing with reports expected within 14 days.
- Preparations is ongoing to conduct a National wide campaign starting from 16 Feb 2021 with preparedness dashboard showing 50% readiness at the National level with follow up ongoing for states and counties.
- All States have conducted post campaign review meetings to brainstorm the challenges faced during the last round of campaign and use it for improving the quality of social mobilization intervention for the forthcoming campaign. Analysis of previous rounds refusal and missed children was done in all counties and states
- Engagement of media, community leaders, religious leaders and youth group started in WES, Lakes and Greater Bahr El Gazel states was done in week under review and to be scaled to other states.



			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	3	422 (0.007)	Yes	No	Yes	Yes
Measles	Ibba	25/1/2020	2	55 (0.36)	Yes	Yes	Yes	N/A



Bacteriology lab updates 2021

S/N	Epi-week	County (no. of samples)	Specimen tested (n)	Sample type	Suspected diseases	Lab Results	Comment
1	52	Bor South	1	stool	Cholera	No Growth for all enteric pathogens	
2	52	Bor South	1	stool	Cholera	No Growth for all enteric pathogens	
3	1	Juba	1	stool	Cholera	<mark>Growth for <i>E Coli</i></mark>	
4	1	Juba	1	stool	Cholera	No Growth for V. Cholerae	
5	1	Ibba	1	stool	Cholera	No Growth	
6	1	Rumbek East	1	CSF	Meningitis	No Growth	
7	1	Yambio	2	stool	Cholera	Rejected	Samples reached the lab after 30 days of shipment without
8	1	Nzara	1	stool	Cholera	Rejected	Ice
9	1	Sakure	1	stool	Cholera	Rejected	
10	1	Aweil Centre	2	stool	Shigellosis	Rejected	Samples shipped without transport media
11	1	Aweil Centre	1	stool	Shigellosis	<mark>Growth of <i>Shigella Spp</i></mark>	
12	2	Abyei (Agok)	1	stool	Cholera	Growth for non V. Cholerae	
13	5	Ibba	2	stool	Cholera	<mark>Growth for <i>E.Coli</i></mark>	E.Coli normally cause diarrhea in children < 5

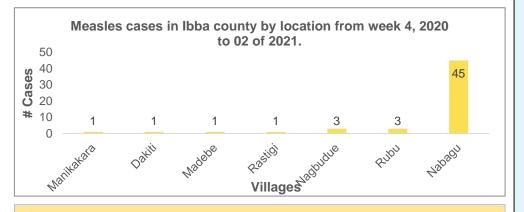
Measles outbreaks confirmed in 2020

- 8 counties Tonj East, Magwi, Bor, Kapoeta East, Tonj South, Wau and Pibor
- ■No new outbreak confirmed in 2021
- Locations with ongoing measles transmissionIbba County



Response | Suspected epidemics

Confirmed Measles Outbreak in Ibba Measles cases in Ibba from week 4, 2020 to week 02, 2021 14 12 01 8 8 6 4 # 2 0 2 5 32 39 49 50 4 9 40 41 42 43 44 48 2020 2021 Epi weeks



Age group	Cases	Percentage	CUM. %
0 - 4 Years	19	35%	35%
10 - 14 Years	11	20%	55%
15 + Years	9	16%	71%
5 - 9 Years	16	29%	100%
5-9 fedis	10	23%	100%
Grand Total	55	100%	

Background and descriptive epidemiology

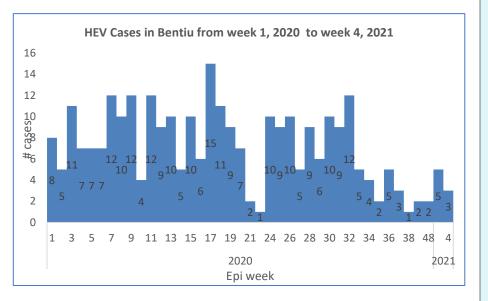
- Measles transmission has persisted in Ibba county despite of the mass vaccination, and the follow up campaign was completed for the two counties – the coverage was 99%
- Suspected measles cases were reported, and two samples tested measles IgM +e.
- 2 cases were reported in week 2, 2021 makes a total of 55 cases since beginning of 2020
- 35% of the cases are less than 5 years of age
- 42% are female and 58% male
- Most affected areas are Manikakara and Dakiji
- Measles follow up campaign, achieved 99% early 2020

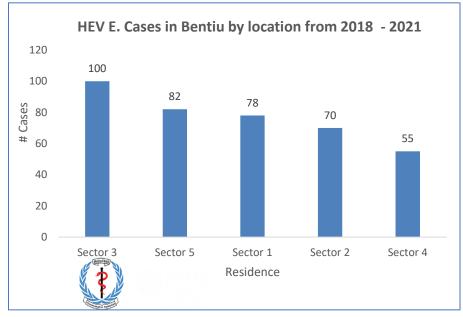
Response Actions:

- An assessment mission recommended the need to strengthen routine immunization (thru static and outreach vaccination; social mobilization for routine immunization; and enhanced measles case-based surveillance).
- The implementing NGOs, (Action Africa help (AAH) responded through enhanced routine vaccination outreaches to the affected and at-risk villages but these were not optimized due to resource constraints.
- Reactive measles campaign was concluded in Ibba with total of 11,896 children age 6-59 month been vaccinated and coverage of 96%.



Hepatitis E, Bentiu PoC (1)





Descriptive epidemiology

- The persistent transmission of HEV in Bentiu PoC continues with 422 cases since beginning of 2019
- There were (3) new cases reported in week 4, 2021
- All the cases were managed as outpatient cases except for seven cases who were admitted
- 5 deaths reported in 2019 and 2020
- 48% are female and 52% are male.
- Age group less than 15 years had the most cases with (74%) 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 4, 2021; there were 417 cases of HEV in Bentiu PoC including 5 deaths (CFR 0.012%)

Age-Group	Alive	Dead	Grand Total	Percentage	CFR	Cum. %2
1 - 4 Years	129		129	31%	0%	31%
10 - 14 Years	67		67	16%	0%	46%
15+ Years	106	3	109	26%	3%	72%
5 - 9 Years	115	2	117	28%	2%	100%
Grand Total	417	5	422	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 stop 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 Jerry cans 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	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions				
					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	
Measles	Pibor	27/1/2020	NR	355 (0.0028)	Yes	Ye	2S	Yes	
Measles	Wau	5/1/2020	NR	39 (0.051)	Yes	Ye	2S	Yes	
Measles	Bentiu PoC	24/04/2019	NR	482 (0.006)	Yes	Ye	2S	Yes	



OCV Updates in Bor and Pibor

Bor:

- Oral cholera campaign was conducted in Bor where over 63,000 (88% coverage) people (one year and above) were vaccinated during the first round of the campaign that ended on 20 December 2020.
- The second round of the campaign ended on 14th January 2021 with over 71,852 (89%) people (one year and above) were covered.

Pibor:

- OCV campaign in Pibor (1st round) started on 16th January 2021 targeting 93, 250 people one year and above. Total of **57, 960** (**62% coverage**) individuals were vaccinated against cholera in Pibor, Lekuangule, Verteth and Gumuruk.
- 2nd round start dates (targeting 93,250 individuals one year and above)
 - -11 Feb 2021 in Lekuangule (this might change depending on the arrival of supplies in Pibor)
 - -13 Feb 2021 in Pibor; 14 Feb 2021 in Verteth and Gumuruk

Cholera alert: for counties (in Jonglei, Greater Pibor AA, and Kapoeta East) bordering Ethiopia (1)

- South Sudan is endemic for cholera and from 2014-2017, at least 28,676 cases & 644 deaths were reported with NO cholera cases been confirmed in 2018, 2019, and 2020
- On 15th December 2020, WHO cholera team in Geneva alerted us of confirmed cholera cases in South Bench woreda, Bench Maji Zone (SNNP) in Ethiopia which is on the Sudan border.
- As of week 49, 2020, a total of 3,422 cases including 100 deaths (CFR 2.92%) have been reported from three regions – SNNP, Oromia, and Gambella. Two of the affected regions, SNNP and Gambella, share borders with South Sudan (Akobo county in Jonglei state; Pochalla and Boma in Greater Pibor Administrative area; and Kapoeta East in Eastern Equatoria state).
- Akobo, Pibor, and Pochalla are not classified as cholera transmission hotspot since they have not reported confirmed cholera cases in the last five years. However, one round of oral cholera vaccination campaign was conducted in Pibor town in April 2020 reaching 22,476 (73.2%) of individuals one year and above. A follow up campaign is planned for January 15, 2021 targeting 93,250 individuals aged one year and above in all the Payams of Pibor.
- Kapoeta East county is classified as a high risk of cholera from the cholera hotspot mapping. Kapoeta East reported 2,106 cases including 26 deaths during the 2016/2017 cholera outbreak. Two rounds of oral cholera vaccination campaigns were conducted in Kapoeta East in 2017 with coverage of 88% and 78% respectively

Recommendations (2)

- Send out and alert to: respective state MoH; CHDs; partners (Health and WASH)
- Review and update the contingency stocks for cholera investigation and case management kits
- Request and preposition contingency stocks of cholera investigation and case management kits
- Assess and address WASH needs in the border counties Akobo; Pochalla; Boma; Kapoeta East
- Strengthen investigation of acute watery diarrhoea/ suspect cholera alerts in the border counties
- Training of frontline health workers on suspect cholera case identification
- Engage high risk communities and their leaders on risk communication for cholera prevention
- Update the state cholera contingency plans to strengthen surveillance; case management; risk communication; WASH; OCV
- Prepare request for oral cholera vaccines pre-emptive vaccination for payams sharing borders with affected locations in Ethiopia
- Enhance border surveillance for suspect cholera case detection, reporting and investigation
- Implement other critical activities to prevent the risk of cholera importation into South Sudan
- Review cholera preparedness activities during the weekly multi-hazard meeting in the PHEOC on Fridays 11am to 1pm

EBOLA VIRUS DISEASE[EVD] PREPAREDNESS IN SOUTH SUDAN



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



COVID-19 Updates



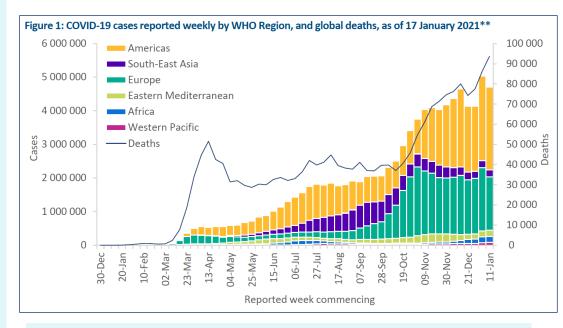


COVID-19 Virus Situation Summary



Situation update as of 17th January, 2020

- The COVID-19 pandemic
 - initial cases were detected in
 - Wuhan China
- Globally >93 217 287 million
 - cases (>2 014 957 deaths)
- Africa >2 313 130 million
 - cases (>52 905 deaths)

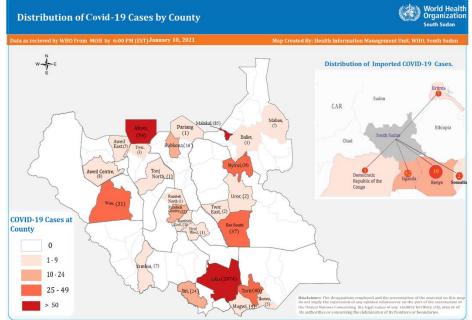


WHO: https://www.who.int/health-topics/coronavirus

COVID-19 Response in South Sudan Week 2, 2021



- 3,865 confirmed COVID-19 cases in South Sudan; > 85% in Juba with 64 deaths and a case fatality rate (CFR) of 1.7%. Total 10,218 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, Medical Advisory Panel and the COVID-19 National Steering Committee



Overall Conclusions and Recommendations



Conclusion

- The overall IDSR and EWARN reporting performance in week 3, 2021 is above the target of 80%. (8) states were above 80%
- 3,865 confirmed COVID-19 cases in South Sudan; >85% in Juba with 64 deaths (CFR of 1.7%). Total 10,218 contacts identified, quarantined, & undergoing follow up
- A total of 1,784 COVID-19 alerts have been investigated with 1,680 (94.1%) being verified
- With eight outbreaks confirmed in 2020; measles remains the most frequent vaccine preventable disease
- **No** measles outbreak conformed in 2021.
- There are ongoing measles outbreak in Ibba county
- 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



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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









