

South Sudan

Integrated Disease surveillance and response (IDSR)

**Epidemiological Bulletin Week 7, 2021 (February 15-
February 21)**



World Health
Organization
South Sudan



- In week 7, 2021 IDSR reporting completeness was 83% and timeliness was 73% at health facility level. EWARN reporting completeness was 93% and timeliness was 83%
- Of the 116 alerts in week 7, 2021; 96% were verified 1% were risk assessed and 1% required a response. Malaria (47), AWD (29), ARI (10), measles (47) and bloody diarrhea (20) were the most frequent alerts in week 7, 2021
- Malaria remains the top cause of morbidity and accounted for 48,122 cases (48.5% of OPD cases)
- A total of 2,120 COVID-19 alerts have been investigated with 2,013 (94.6%) being verified. Total of 6,931 COVID-19 confirmed cases and 87 deaths, CFR of 1.25%
- Other hazards include floods in over 47 counties; 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 7 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 | WES | AMREF, World Vision, CUAMM, CDTY, OPEN | 213 | 201 | 94% | 212 | 100% |
| 2nd | WBGZ | Cordaid, Healthnet TPO, CARE International, IOM | 78 | 57 | 73% | 75 | 96% |
| 3rd | NBGZ | Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO | 131 | 110 | 84% | 117 | 89% |
| 4th | EES | Cordaid, HLSS, CCM | 142 | 87 | 61% | 118 | 83% |
| 5th | CES | HLSS, SSUHA, Healthnet TPO, IHO, GOAL, TRI-SS, THESO, IMA | 120 | 95 | 79% | 95 | 79% |
| 6th | Lakes | Doctors with Africa (CUAMM) | 113 | 66 | 58% | 89 | 79% |
| 7th | Jonglei | Nile Hope, MDM, JDF, Livewell, CMD, HFO, EDA, CRADA, Malaria Consortium, CMA | 101 | 66 | 65% | 79 | 78% |
| 8th | Unity | Cordaid, UNIDOR, IRC, CHADO, CARE International, CRADA, CASS, IOM | 94 | 67 | 71% | 71 | 76% |
| 9th | Warrap | GOAL, CCM, WVI, Malaria Consortium, UNKEA, Save the Children, MSF | 119 | 81 | 68% | 87 | 73% |
| 10th | Upper Nile | Cordaid, WVI, RI, IMC, NIDO, UNKEA, MC, SSAID, Samaritans Purse, IOM | 122 | 65 | 53% | 84 | 69% |
| South Sudan | | | 1233 | 895 | 73% | 1027 | 83% |

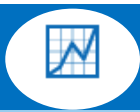
KEY

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

The timeliness of IDSR reporting (supported by EWARS mobile) at health facility level was 73% and completeness was 83%. 9 states were above the target of 80% with highest reporting rate in WES

Reporting challenges: Insecurity, internet access challenges and lack of network.

IDSR timeliness & completeness performance at county level for week 7 of 2021 (1)



| STATE | COUNTY | SUPPORTING PARTNER | Total No. of Functional Health Facilities in the County | No. of HF's Reported on Time | Timeliness Percentage | No. of HF's Reported regardless of time | Completeness Percentage |
|-------|---------------|-------------------------------------|---|------------------------------|-----------------------|---|-------------------------|
| Lakes | Awerial | Doctors with Africa (CUAMM) | 7 | 11 | 157% | 7 | 100% |
| Lakes | Cueibet | Doctors with Africa (CUAMM) | 15 | 15 | 100% | 15 | 100% |
| Lakes | Wulu | Doctors with Africa (CUAMM) | 14 | 14 | 100% | 14 | 100% |
| Lakes | Yirol West | Doctors with Africa (CUAMM) | 12 | 12 | 100% | 12 | 100% |
| NBGZ | Aweil South | Malaria Consortium(MC),IHO | 9 | 9 | 100% | 9 | 100% |
| NBGZ | Aweil Centre | Malaria Consortium(MC) | 15 | 15 | 100% | 15 | 100% |
| WBGZ | Wau | Cordaid | 28 | 28 | 100% | 28 | 100% |
| CES | Juba | HLSS | 46 | 46 | 100% | 46 | 100% |
| Lakes | Rumbek East | Doctors with Africa (CUAMM) | 24 | 0 | 0% | 24 | 100% |
| CES | Yei | SSUHA | 17 | 16 | 94% | 16 | 94% |
| WBGZ | Jur River | Cordaid | 35 | 15 | 43% | 33 | 94% |
| WBGZ | Raja | HealthNetTPO | 15 | 14 | 93% | 14 | 93% |
| NBGZ | Aweil North | HealthNetTPO,IHO | 33 | 30 | 91% | 30 | 91% |
| Lakes | Yirol East | Doctors with Africa (CUAMM),LIVWELL | 11 | 7 | 64% | 10 | 91% |
| Lakes | Rumbek North | Doctors with Africa (CUAMM) | 7 | 6 | 86% | 6 | 86% |
| NBGZ | Aweil East | IRC,TADO | 36 | 30 | 83% | 31 | 86% |
| NBGZ | Aweil West | HealthNetTPO | 37 | 26 | 70% | 32 | 86% |
| CES | Terekeka | HealthNetTPO | 20 | 17 | 85% | 17 | 85% |
| CES | Morobo | SSUHA,THESO,IMA | 5 | 3 | 60% | 3 | 60% |
| CES | Kajo Keji | SSUHA,GOAL,TRI-SS,IMA | 17 | 8 | 47% | 8 | 47% |
| CES | Lainya | SSUHA | 16 | 5 | 31% | 5 | 31% |
| Lakes | Rumbek Centre | Doctors with Africa (CUAMM) | 23 | 1 | 4% | 1 | 4% |

| STATE | COUNTY | SUPPORTING PARTNER | Total No. of Functional Health Facilities in the County | No. of HF's Reported on Time | Timeliness Percentage | No. of HF's Reported regardless of time | Completeness Percentage |
|-------|-------------|----------------------------|---|------------------------------|-----------------------|---|-------------------------|
| Unity | Abiemnhom | Cordaid | 4 | 4 | 100% | 4 | 100% |
| WES | Nagero | World Vision International | 10 | 10 | 100% | 10 | 100% |
| WES | Mundri West | CUAMM | 21 | 21 | 100% | 21 | 100% |
| WES | Maridi | AMREF | 26 | 26 | 100% | 26 | 100% |
| WES | Mundri East | CUAMM | 19 | 19 | 100% | 19 | 100% |
| WES | Yambio | World Vision International | 42 | 42 | 100% | 42 | 100% |
| WES | Mvolo | CUAMM | 11 | 11 | 100% | 11 | 100% |
| WES | Ezo | World Vision International | 27 | 26 | 96% | 27 | 100% |
| Unity | Panyijiar | IRC | 15 | 14 | 93% | 15 | 100% |
| Unity | Pariang | CARE International | 11 | 10 | 91% | 11 | 100% |
| WES | Ibba | AMREF | 11 | 8 | 73% | 11 | 100% |
| WES | Nzara | World Vision International | 20 | 14 | 70% | 20 | 100% |
| Unity | Mayom | CASS | 14 | 13 | 93% | 13 | 93% |
| Unity | Leer | UNIDOR | 11 | 9 | 82% | 10 | 91% |
| WES | Tambura | World Vision International | 28 | 24 | 86% | 25 | 89% |
| Unity | Rubkona | Cordaid,IRC,JOM,MSF | 15 | 13 | 87% | 13 | 87% |
| Unity | Koch | CRADA,IRC. | 6 | 4 | 67% | 5 | 83% |
| Unity | Guit | CHADO | 7 | 0 | 0% | 0 | 0% |
| Unity | Mayendit | CASS | 12 | 0 | 0% | 0 | 0% |

IDSR timeliness & completeness performance at county level for week 7 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% |
| EES | Kapoeta North | CCM | 16 | 0 | 0% | 15 | 94% |
| EES | Ikotos | HLSS | 27 | 25 | 93% | 25 | 93% |
| Jonglei | Nyirok | CMA, Malaria Consortium | 10 | 9 | 90% | 9 | 90% |
| EES | Kapoeta South | CCM | 10 | 6 | 60% | 9 | 90% |
| EES | Budi | Cordaid | 21 | 17 | 81% | 19 | 90% |
| Jonglei | Fangak | CMD,HFO | 16 | 12 | 75% | 14 | 88% |
| Jonglei | Pibor | LIVEWELL,CRADA | 6 | 5 | 83% | 5 | 83% |
| EES | Magwi | HLSS | 22 | 15 | 68% | 18 | 82% |
| EES | Torit | Cordaid | 20 | 15 | 75% | 16 | 80% |
| Jonglei | Duk | MDM + JDF | 15 | 0 | 0% | 11 | 73% |
| Jonglei | Ayod | CMD,EDA | 15 | 10 | 67% | 10 | 67% |
| Jonglei | Bor | MDM + JDF | 35 | 21 | 60% | 21 | 60% |
| EES | Kapoeta East | CCM | 12 | 5 | 42% | 8 | 67% |
| EES | Lopa Lafon | HLSS | 18 | 4 | 22% | 8 | 44% |
| Jonglei | Akobo | NILE HOPE | 8 | 2 | 25% | 2 | 25% |
| Jonglei | Twic East | MDM + JDF | 11 | 0 | 0% | 0 | 0% |
| Jonglei | Canal Pigi | IMC | 11 | 0 | 0% | 0 | 0% |
| Jonglei | Uror | Nile Hope,Malaria Consortium | 8 | 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 North | CCM | 14 | 14 | 100% | 14 | 100% |
| Warrap | Tonj South | CCM | 12 | 12 | 100% | 12 | 100% |
| Upper Nile | Manyo | CORDAID | 10 | 10 | 100% | 10 | 100% |
| Upper Nile | Melut | WVI + RI | 8 | 8 | 100% | 8 | 100% |
| Upper Nile | Panyikang | IMC | 4 | 4 | 100% | 4 | 100% |
| Upper Nile | Akoka | IMC | 5 | 5 | 100% | 5 | 100% |
| Upper Nile | Fashoda | CORDAID | 18 | 14 | 78% | 18 | 100% |
| Upper Nile | Maiwut | RI | 5 | 0 | 0% | 5 | 100% |
| Warrap | Twic | GOAL | 26 | 25 | 96% | 25 | 96% |
| Warrap | Tonj East | CCM | 12 | 11 | 92% | 11 | 92% |
| Warrap | Gogrial East | GOAL | 15 | 12 | 80% | 13 | 87% |
| Upper Nile | Maban | WVI,RI,Samaritans Purse | 17 | 8 | 47% | 14 | 82% |
| Upper Nile | Longechuk | RI | 9 | 7 | 78% | 7 | 78% |
| Warrap | Abyei | AAA,Save the Children,MSF | 10 | 7 | 70% | 7 | 70% |
| Upper Nile | Makal | IMC | 7 | 4 | 57% | 5 | 71% |
| Upper Nile | Luakpiny Nasir | UNKEA,RI | 15 | 5 | 33% | 5 | 33% |
| Upper Nile | Ulang | UNKEA,RI | 14 | 0 | 0% | 3 | 21% |
| Warrap | Gogrial West | GOAL | 31 | 0 | 0% | 5 | 16% |
| Upper Nile | Baliet | IMC | 4 | 0 | 0% | 0 | 0% |
| Upper Nile | Renk | WVI + RI | 13 | 0 | 0% | 0 | 0% |



Surveillance: EWARS performance indicator by partner for week 7 of 2021

| Partner | HFs | Reporting | | Performance | |
|--------------|------------|-------------------------------|--|-------------|--------------|
| PARTER | # OF SITES | # of reports received on Time | No. of HFs Reported regardless of time | Timeliness | Completeness |
| IRC | 1 | 1 | 1 | 100% | 100% |
| Medicaair | 2 | 2 | 2 | 100% | 100% |
| Medair | 1 | 1 | 1 | 100% | 100% |
| UNH | 2 | 2 | 2 | 100% | 100% |
| World Relief | 2 | 2 | 2 | 100% | 100% |
| CMD | 1 | 1 | 1 | 100% | 100% |
| IOM | 12 | 12 | 12 | 100% | 100% |
| RHS | 1 | 1 | 1 | 100% | 100% |
| HAA | 2 | 2 | 2 | 100% | 100% |
| UNIDOR | 2 | 2 | 2 | 100% | 100% |
| HFO | 2 | 2 | 2 | 100% | 100% |
| SSHCO | 1 | 1 | 1 | 100% | 100% |
| MSF-E | 6 | 6 | 6 | 100% | 100% |
| IMC | 6 | 6 | 6 | 100% | 100% |
| GOAL | 2 | 2 | 2 | 100% | 100% |
| HFD | 6 | 5 | 6 | 83% | 100% |
| TADO | 2 | 0 | 2 | 0% | 100% |
| HAA | 2 | 0 | 2 | 0% | 100% |
| MSF-H | 5 | 2 | 3 | 40% | 60% |
| TRI-SS | 2 | 0 | 0 | 0% | 0% |
| TOTAL | 60 | 50 | 56 | 83% | 93% |

Completeness was 93% and timeliness was 83% for weekly reporting in week 7, 2021 for partner-supported clinics serving IDP sites.

EVENT-BASED SURVEILLANCE



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





| State | Acute jaundice syndrome | Acute Respiratory Infections (ARI) | Acute Watery Diarrhoea | Bloody Diarrhoea | Malaria | Measles | EBS | Covid-19 | Total alerts |
|---------------------|-------------------------|------------------------------------|------------------------|------------------|-----------|----------|----------|----------|--------------|
| CES | | 1 | 6 | 4 | | | | | 11 |
| EES | | | 2 | 2 | | | 1 | 1 | 6 |
| NBGZ | | | 1 | 1 | | | | | 2 |
| Unity | 1 | | 1 | 2 | 1 | | | 4 | 9 |
| Upper Nile | | 6 | 4 | 2 | 3 | | | | 15 |
| Warrap | | | | 3 | 2 | | | | 5 |
| WBGZ | | 2 | 5 | 2 | 5 | | | | 14 |
| WES | | 1 | 10 | 4 | 36 | 2 | | 1 | 54 |
| Total alerts | 1 | 10 | 29 | 20 | 47 | 2 | 1 | 6 | 116 |

During this week:

- **10 ARI alerts:** 1 from CES sample was collected in tested negative for COVID-19 ,,6 from Upper Nile State sample collected and tested, 2 from WBGZ state sample collected and tested, 1 from WES sample collected and tested negative.
- **29 AWD alerts:** 6 from CES, Sample not collected but treated as normal diarrhea , 2 from EES investigation is under way,,,1 from NBGZ it was treated as normal diarrhea,1 from Unity treated as normal diarrhea,4 from Upper Nile, 5 from WBGZ treated as diarrhea, 10 from WES investigation under way.
- **20 ABD alerts:** 4 from CES sample will be collected, 2 from EES Sample tested negative, 1 from NBGZ State treated as diarrhea,2 from Unity treated for mild diarrhea, 2 from UNS sample will be collected, 3 from Warrap treated for mild diarrhea,2 from WBGZ Sample was not collected but given treatment for diarrhea,4 from WES sample not collected as patients were treated for mild diarrhea.
- **47 Malaria alerts:** 1 from Unity, 3 from UNS, 2 from Warrap,5 from WBGZ and 36 from WES these are due to the high increase of malaria cases in the Country.
- **2 Measles alerts:** 2 from WES in Yambio Teaching Hospital and Yubu PHCC in Tambura county and samples were collected.
- **1 AJS alerts:** This alert is from Unity which is a true alert of Jaundice syndrome, reported in area of confirmed cases of jaundice.
- **1 EBS alerts:**1 from EES in Nimule Hospital for Guinea Worm and the team investigated it.
- **6 COVID-19 alerts:** 1 from EES investigated, 1 from Lakes ,1 from Unity This is true an alert reported by clinician in the area where there is Confirmed COVID-19,

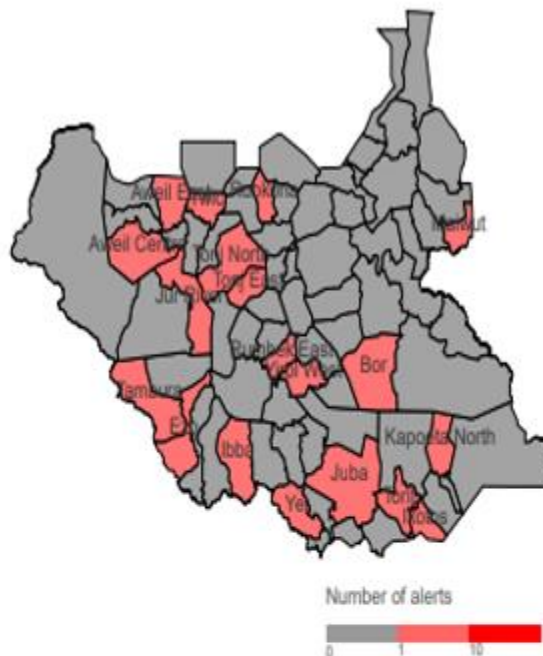
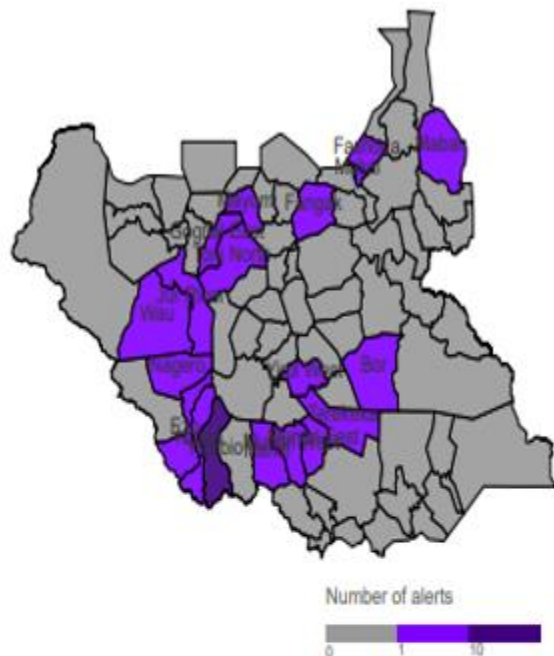
Alert: Map of key disease alerts by county of week 7 of 2021



Map 2a | Malaria (W7 2021)

Map 2b | Bloody diarrhoea (W7 2021)

Map 2c | Measles (W7 2021)



| W7 | Cumulative (2021) | |
|----|-------------------|----------------|
| 0 | 5 | Low risk |
| 5 | 5 | Medium risk |
| 1 | 31 | High risk |
| 1 | 14 | Very high risk |

| | | |
|-----|-----|------------------------|
| 96% | 82% | % verified |
| 0% | 0% | % auto-discarded |
| 1% | 4% | % risk assessed |
| 1% | 3% | % requiring a response |

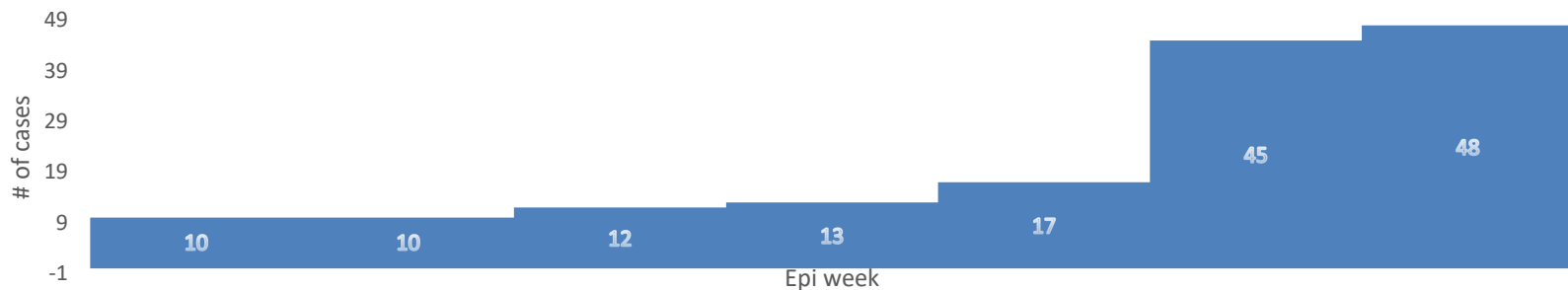
SUSPECTED OUTBREAKS



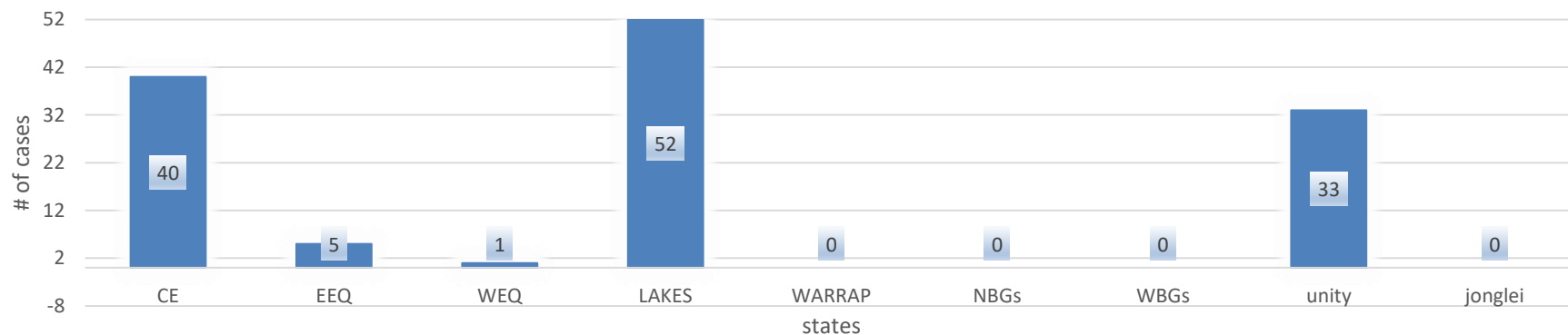
Major suspected outbreaks in South Sudan in
2020



Confirmed COVID-19 cases from 13 sentinel sites, week 1 to 7, 2021



Number of Covid-19 cases from sentinel sites in week 7, 2021



- **There are currently 13 Covid-19 designated sentinel surveillance sites in Juba and States Hospitals that are collecting epidemiological data and samples from Covid-19/ILI/SARI cases. A total of 7064 samples have been collected in 2021 with 325 (4.6%) being positive for COVID-19 from sentinel sites.**



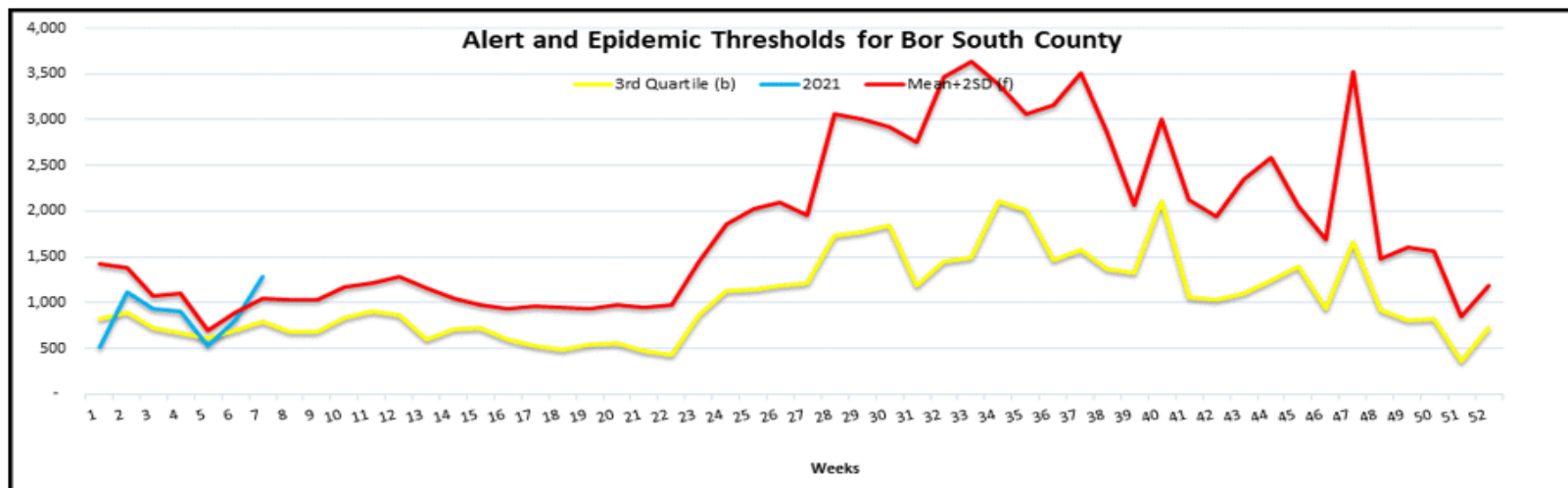
Malaria was the leading cause of morbidity and mortality, accounting for **48.5%** of all morbidities and **1.7%** of all mortalities this week.

There were 1 county with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) and these include the following:

1. Jonglie State (Bor)

In the PoC sites; malaria is one of the top cause of morbidity with respective proportional morbidity reported as **Bentiu (4%)**; **Malakal (12%)**; **Juba (38%)** and **Wau (9%)** PoCs of OPD consultations, respectively.

Bor



Update on RVF investigations in Yiro/ Lakes State; **Lab Results**

- Following reports of 175 abortions and 15 deaths in cattle in Yiro/ 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





Flooding, South Sudan

- 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:

- An estimated 1 066 000 people in 47 counties were affected by floods in South Sudan from 1 July 2020 to 31 January 2021.
- Some 495 000 people were affected in Jonglei State and the Greater Pibor Administrative Area, the worst affected areas.
- Flood-affected people's urgent needs included food and livelihood support, emergency shelter and non-food items (ES/NFI), water, sanitation and hygiene (WASH), health and protection services.
- Flood-response activities were considerably constrained by persistent heavy rains, infrastructure damage and reduced physical accessibility, funding constraints, and insecurity.
- The COVID-19 emergency response depleted ES/NFI and WASH core pipeline stocks. Delays in replenishing core pipelines due to border and travel restrictions resulted in delayed flood response.



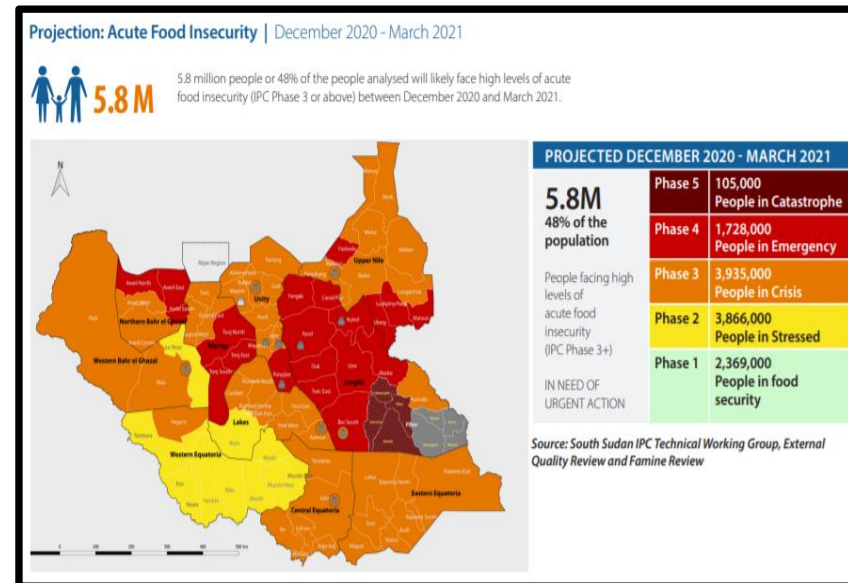
Food Insecurity

The 2021 Humanitarian Needs Overview South Sudan was released on 26 January showing some 8.3 million people (nearly 70 percent of the population) need some form of humanitarian assistance. This is an increase of 800 000 people (10 percent more) from the 7.5 million people in need in 2020.

Humanitarian needs are most concerning in the Greater Pibor Administrative Area with Pibor classified as the only county in catastrophic need. A total of 72 counties face extreme need while the remaining five are in severe need.

A second round of food distribution to 42,850 food insecure people in eight locations in Aweil South County commenced on 6 February 2021.

Nutrition partners established two static outpatients therapeutic Programme (OTPs) and two mobile nutrition units in Akobo where 5 000 children and pregnant mothers were screened and offered treatment and preventive packages for severe acute malnutrition and moderate acute malnutrition.





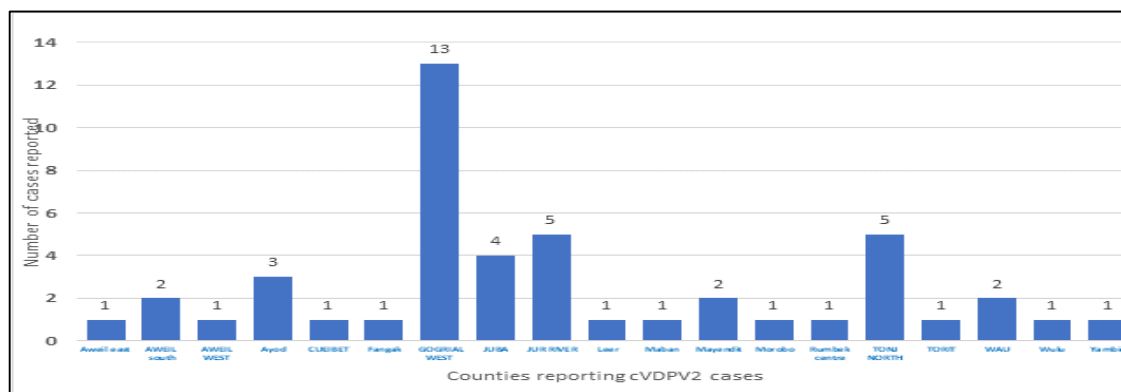
Food Insecurity

Health Cluster Response in IPC 5 Counties:

- The health cluster partners continue to scale up health response by ensuring access to the primary health services across the six 'Priority 1' counties through mobile and static facilities. During the past two weeks, over 20 000 consultations were conducted for various morbidities across the six counties.
- The outbreak prevention measures by various partners and programs are ongoing as well. The ongoing oral cholera vaccine (OCV) campaign targeting 93 250 people in Pibor, Gumuruk, Verteth, and Lekuangule ended on 21 February 2021. During the campaign, 59,001 individuals received their second OCV dose and another 37,316 individuals received their second OCV dose.
- The Maternal Neonatal Tetanus Eradication (MNTE) efforts targeting 35,970 women age group 14-45 years in Pibor reached 29,270 (79% coverage).
- Second round of polio campaign in response to the circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) outbreak was planned to take place in Pibor, Tonj East, Tonj North and Tonj South. The second round of the polio campaign was implemented in Tonj South from 16th to 20th February 2021 (data awaited) but could not take place in Tonj East and Tonj North due to insecurity. In Pibor, the polio campaign will commence immediately after the cholera vaccination campaign.
- Cholera preparedness and readiness measures are ongoing in Pibor, Akobo and other counties bordering Ethiopia where there is an active cholera outbreak.
- WHO emergency health kits delivered to partners and county health departments in Pibor, Akobo, Tonj South, Tonj North and Aweil South
- A new consignment severe acute malnutrition with medical complication (SAM/MC) kits have reached Juba.
- No outbreaks have been reported in the counties.

- The polio outbreak was declared on the 18th of Sept 2020 and currently, 47 AFP cases have been confirmed positive for cVDPV2.
- Eight new circulating Vaccine-Derived Polio Virus, type 2 (cVDPV2) cases were confirmed by the lab in week 7, and they are from six counties spread across five states Jonglei (3), Unity (1), Warrap (2), Central Equatoria (1) and Northern Bahr el Ghazal (1) states. The most recent cVDPV2 case from the AFP sample was reported from Juba, Central Equatoria State, with date onset of paralysis on 30th November 2020
- In 2021, as of this week, a total of 53 AFP cases have been detected and samples collected and shipped to the laboratory with none yet confirmed for the cVDPV2.

Distribution of cVDPV2 cases by county, South Sudan



- under 5 children in Feb 2021 was implemented. All ten states have conducted the Feb round of mOPV2 campaign however 7 counties are yet to start as of 1st March 2021. Preliminary data shows a total of 1,424,215 children reached, and 90% of the caregivers were aware of the Polio campaign. Data collation and lessons learnt are being collated with plans ongoing to reach the remaining 7 counties (Ulang, Nasir, Longechuk, Maiwut, Tor East, Tonj North and Rumbek North).



| 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 |
| Ongoing epidemics | | | | | | | | |
| Hepatitis E | Bentiu PoC | 03/01/2018 | 3 | 422 (0.007) | Yes | No | Yes | Yes |
| cVDPV2 | 13 counties | 11/06/2020 18/09/2020 | 7 | 47 | Yes | Yes | Yes | Yes |



Bacteriology lab updates 2021

| Epi-week | County (no. of samples) | Specimen tested (n) | Sample type | Suspected diseases | Lab Results | Comment |
|----------|-------------------------|---------------------|-------------|--------------------|-------------------------------------|--|
| 52 | Bor South | 2 | stool | Cholera | No Growth for all enteric pathogens | |
| 1 | Juba | 1 | stool | Cholera | Growth for <i>E Coli</i> | |
| 1 | Juba | 1 | stool | Cholera | No Growth for <i>V. Cholerae</i> | |
| 1 | Ibba | 1 | stool | Cholera | No Growth | |
| 1 | Rumbek East | 1 | CSF | Meningitis | No Growth | |
| 1 | Aweil Centre | 1 | stool | Shigellosis | Growth of <i>Shigella Spp</i> | |
| 2 | Abyei (Agok) | 1 | stool | Cholera | Growth for non <i>V. Cholerae</i> | |
| 5 | Ibba | 2 | stool | Cholera | Growth for <i>E.Coli</i> | E.coli normally cause diarrhea in children < 5 |
| 5 | Gogrial west | 7 | stool | Cholera | No Growth for <i>V. Cholerae</i> | |



- Measles outbreaks confirmed in 2020

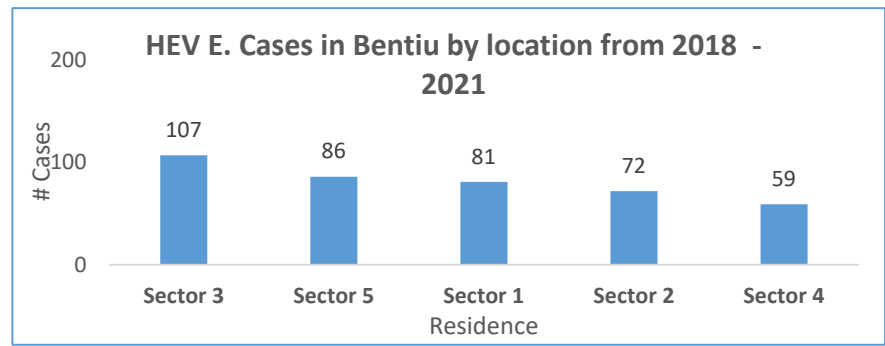
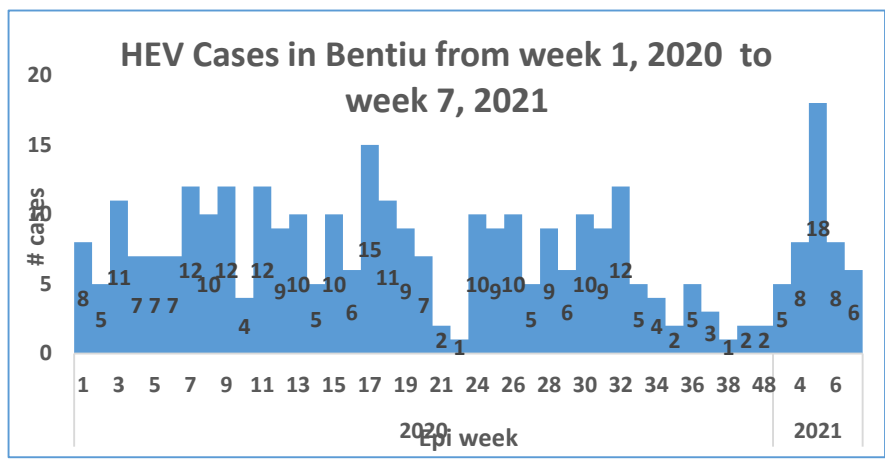
- 8 counties – Tonj East, Magwi, Bor, Kapoeta East, Tonj South, Wau and Pibor

- No new outbreak confirmed in 2021





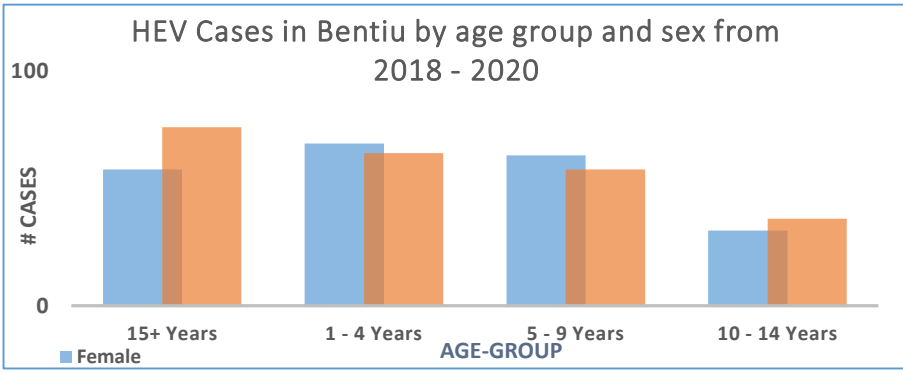
Hepatitis E, Bentiu PoC (1)



| Age-Group | Alive | Dead | Grand Total | Percentage | CFR | Cum. %2 |
|--------------------|------------|----------|-------------|-------------|-------------|---------|
| 1 - 4 Years | 134 | 0 | 134 | 29% | 0% | 29% |
| 10 - 14 Years | 69 | 0 | 69 | 15% | 0% | 44% |
| 15+ Years | 131 | 3 | 134 | 29% | 2% | 73% |
| 5 - 9 Years | 120 | 2 | 122 | 27% | 2% | 100% |
| Grand Total | 454 | 5 | 459 | 100% | 0.01 | |

Descriptive epidemiology

- The persistent transmission of HEV in Bentiu PoC continues with **459** cases since beginning of 2019
- There were **(6)** new cases reported in week 7, 2021
- All the cases were managed as outpatient cases except for seven cases who were admitted
- 5 deaths reported in 2019 and 2020
- 49% are female and 51% are male.
- Age group less than 15 years had the most cases with (71%) 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 7, 2021; there were 459 cases of HEV in Bentiu PoC including 5 deaths (CFR 0.011%)
- There is an upsurge of HEV cases since the beginning of 2021. **There-fore calls for review to establish and address the WASH gaps.**



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
- There is an upsurge of HEV cases since the beginning of 2021. This therefore calls for review to establish and address the WASH gaps.



| 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 | | No | Yes |
| Measles | Pibor | 27/1/2020 | NR | 355 (0.0028) | Yes | | Yes | Yes |
| Measles | Wau | 5/1/2020 | NR | 39 (0.051) | Yes | | Yes | Yes |
| Measles | Ibba | 25/1/2020 | 0 | 55 (0.36) | Yes | | Yes | 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 (82,25% coverage)** individuals were vaccinated against cholera in Pibor, Lekuangule, Verteth and Gumuruk.
- **2nd round start dates**)
- Campaign was concluded on 20th in greater Pibor with support from NMoH, IOM, Medair and WHO
 - In **Pibor, Gumuruk and Verteth** total number of people vaccinated (age one year and above) both first and second dose OCV is **70,123 (103%)**
 - In **Lekuangule** total number of people vaccinated (age one year and above) is **27,515 (108,9%); 6,594** received first dose and **20,921** received second dose of OCV.
 - Plans for mop-up in areas with low second dose coverage is being finalized.

EBOLA VIRUS DISEASE (EVD)

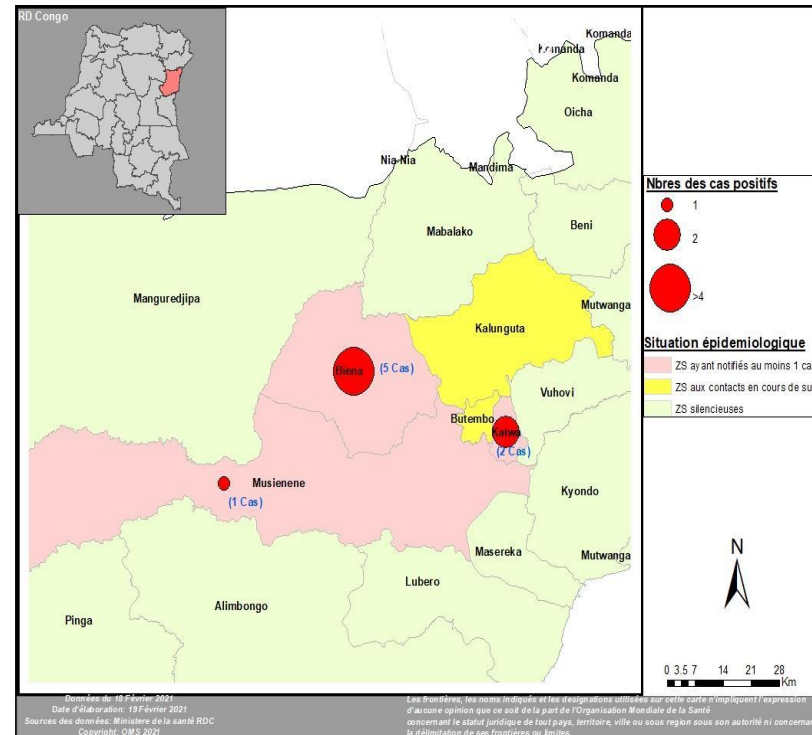
DRC, North Kivu EVD Outbreak (27th Feb, 2021)

Cumulative Figures:

- 8 EVD cases reported since 7 Feb
- 4 deaths (CFR 50%)
- 5 health areas affected across 3 HZ (Biena, Katwa & Musienene)
- 2 health workers infected
- 737 contacts, contacts of contacts and probable contacts vaccinated to date using experimental vaccine rVSV-ZEBOV-GP under WHO MEURI protocol

Key Highlights – 26 Feb

- 0 newly confirmed cases reported
- 0 deaths among confirmed cases
- 137 alerts reported (100% investigated, 47 validated)
- 699/797 (87.7%) contacts followed
- 58 samples tested, 0 positive
- 4 confirmed cases under treatment in 2 ETCs
- 11 suspected cases under treatment



EVD Outbreak in Guinea as of 26 Feb, 2021 (n = 15)

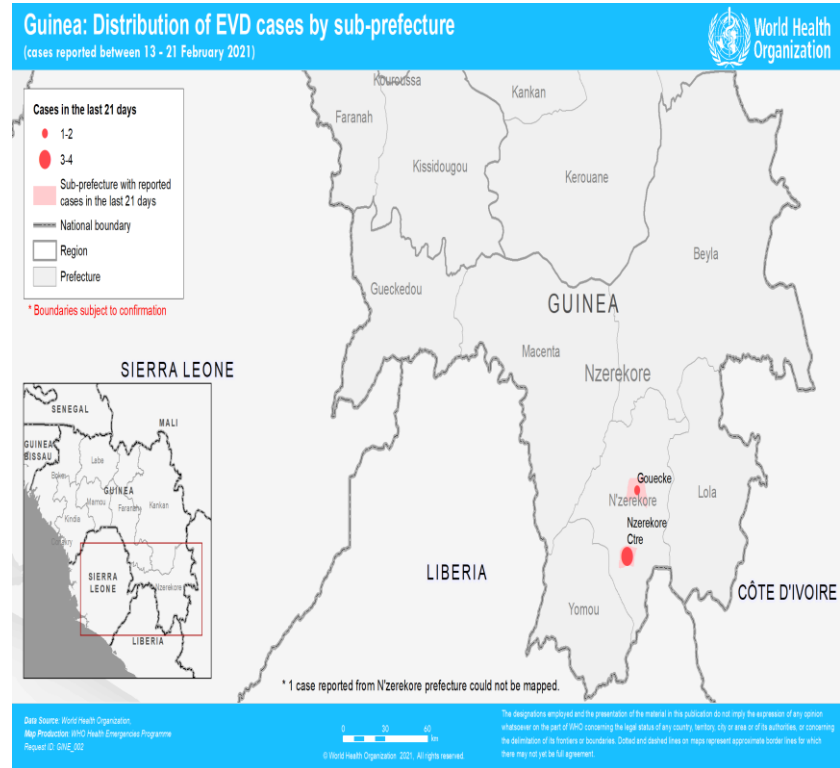
Situation Overview since declaration on 14th Feb

Cumulative figures

- **15** EVD cases reported to date (**11** confirmed, **4** probable)
- Including 5 deaths (CFR 33.33%), 3 SDB
- 1 health district active, 4 on high alert
- **7** patients under case management in Nzerekore ETC
- **771** vaccinated, 123 high-risk contacts, **520** contacts of contacts and **128** probable contacts vaccinated to date including **236** HWs using experimental vaccine rVSV-ZEBOV-GP under WHO MEURI protocol

Key Highlights – 26 Feb

- **6** newly confirmed cases reported in Nzerekore on 26th Feb
- **301/304 (99%)** contacts followed
- **47** new contacts registered
- Ultra-cold (6 units) received
- **20,000** vaccine doses donated
- Ethical approval for EVD therapies under MEURI protocol approved.
- Patient treatment to commence on 27 Feb
- **4** confirmed cases under treatment in Nzerekore treatment center



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

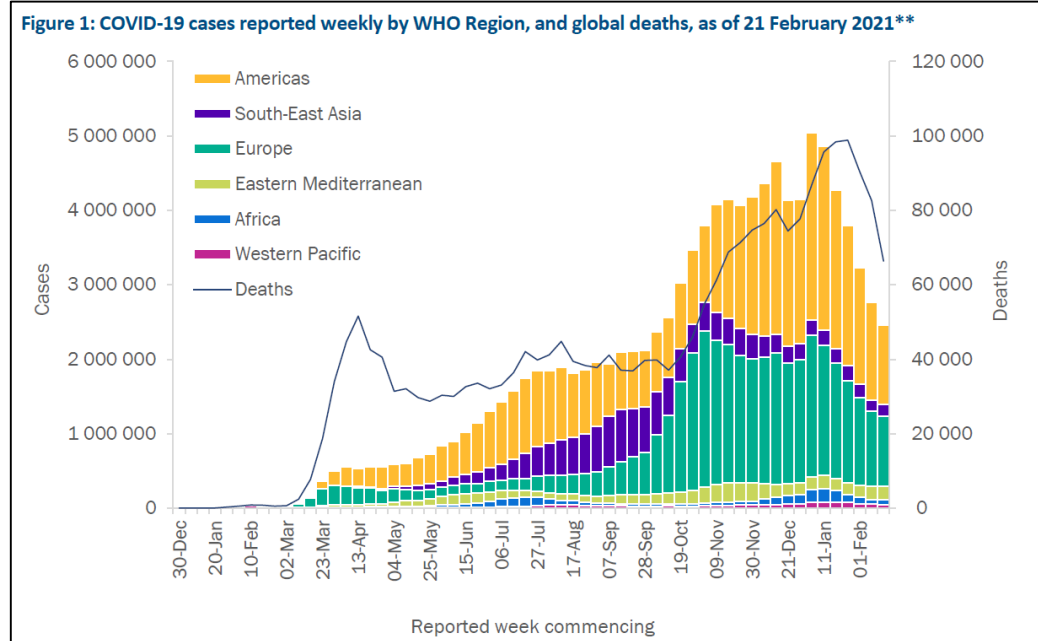


COVID-19 Virus Situation Summary



Situation update as of 21st Feb, 2020

- The COVID-19 pandemic initial cases were detected in Wuhan China
- Globally **>110 763 898** million cases (**>2 455 331** deaths)
- Africa **>2 789 884** million cases (**>70 332** deaths)



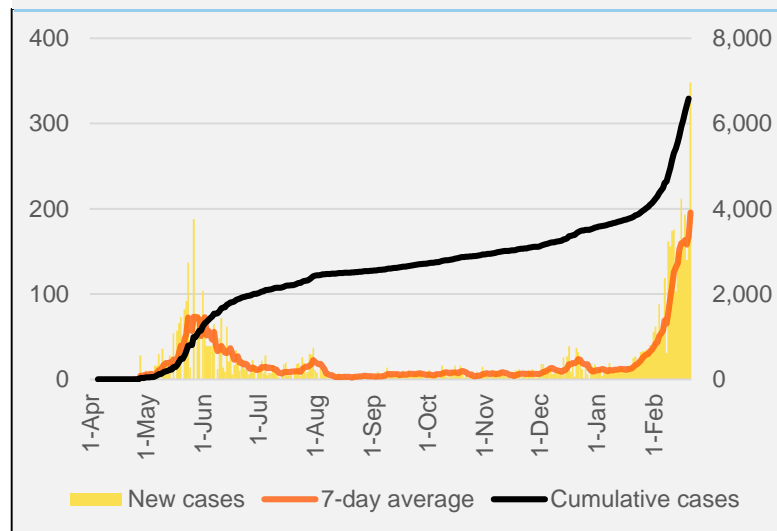
WHO: <https://www.who.int/health-topics/coronavirus>

COVID-19 Response in South Sudan as of 21st Feb, 2021

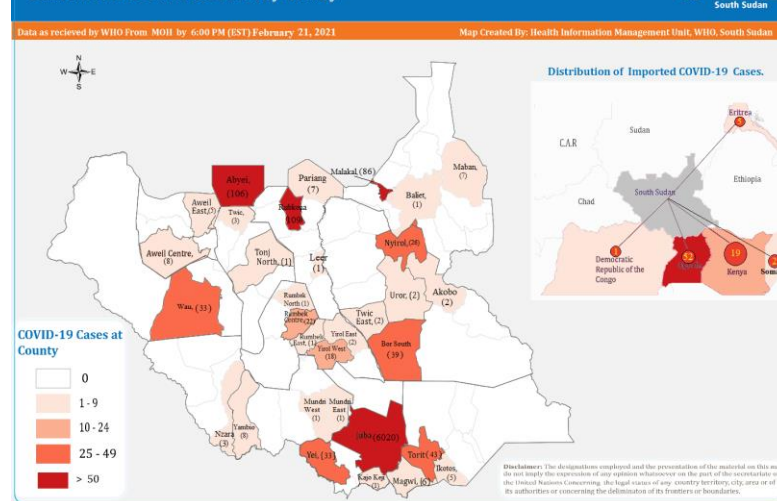


- **6,931** confirmed COVID-19 cases in South Sudan; > **85%** in Juba with **87** deaths and a case fatality rate (CFR) of **1.25%**. Total **12,537** contacts identified, quarantined, & undergoing follow up
- Implementation of priorities; risk communication and community engagement; active case search 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
- COVID-19 cases have increased since the beginning of 2021. South Sudan is currently experiencing the second wave of COVID-19 transmission with PCR test positivity rates rising from 2.7% in week 1 of 2021 to 17.9% in week 6 of 2021.
- A monthlong partial lockdown imposed on 3 Feb 2021 that entails a ban on social gatherings, closure of schools and other institutions; entertainment places and limiting the number of passengers in public vehicles.

Case notification curve Apr 2020-Feb 2021



Distribution of Covid-19 Cases by County



Overall Conclusions and Recommendations



Conclusion

- The overall IDSR and EWARN reporting performance in week 7, 2021 is above the target of 80%. (9) states were above 80%
- 6,931 confirmed COVID-19 cases in South Sudan; >85% in Juba with 78 deaths (CFR of 1.25%). Total 12,537 contacts identified, quarantined, & undergoing follow up
- A total of 2,120 COVID-19 alerts have been investigated with 2,013 (94.6%) being verified
- With eight outbreaks confirmed in 2020; measles remains the most frequent vaccine preventable disease
- **No** measles outbreak conformed in 2021.
- There is ongoing measles outbreak in Ibba county
- Given the COVID-19 pandemic, it is critical that measures are stepped up to contain its spread.



Recommendations

- All partners should support CHDs & State Ministries of Health to undertake IDSR/EWARN reporting
- All health facilities should report, and conduct case-based 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-weekly-disease-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. John Rumunu

Director General Preventive Health Services
Ministry of Health
Republic of South Sudan
Telephone: +211924767490
Email: ori.moiga@gmail.com

Mr. Angelo Majak Goup

A/Director, Emergency Preparedness and Response
Ministry of Health, RSS
Tell: +211929830530
Emails: majakdegoup99@gmail.com

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, 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>

