

South Sudan

Integrated Disease surveillance and response (IDSR)

Epidemiological Bulletin Week 14, 2021 (April 05- April 11)





- In week 14, 2021 IDSR reporting timeliness was 83% and completeness was 93% at health facility level. EWARN reporting timeliness was 85% and completeness was 90%
- Of the 67 alerts in week 14, 2021; 97% were verified 5% were risk assessed and 5% required a response . Malaria (30), AWD (28), ARI (17) measles (3) and bloody diarrhea (12) were the most frequent alerts in week 14, 2021
- Ongoing rubella outbreak confirmed in Tambura county, WES.
- Malaria remains the top cause of morbidity and accounted for 46,134 cases (45.8% of OPD cases)
- A total of 2,469 COVID-19 alerts have been investigated with 2,348 (95.1%) being verified. Total of 10,381 COVID-19 confirmed cases and 114 deaths, CFR of 1.09%
- Other hazards include floods (unseasonal) in over 4 counties; malaria in 2 counties and HEV in Bentiu PoC.

SURVEILLANCE PERFORMANCE



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



IDSR timeliness performance at State level for week 14 & 13 of 2021



Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported on Time in WK 14	Timeliness Percentage of WK 14	No. of HFs Reported on Time in WK 13	Timeliness Percentage of WK 13
1st	WES	213	211	99%	213	100%
2nd	NBGZ	131	119	91%	114	87%
3rd	CES	117	105	90%	49	42%
4th	EES	142	118	83%	46	32%
5th	WBGZ	78	63	81%	53	68%
6th	Lakes	113	91	81%	69	61%
7th	Warrap	119	94	79%	94	79%
8th	Jonglei	101	73	72%	65	64%
9th	Upper Nile	122	87	71%	83	68%
10th	Unity	94	62	66%	56	60%
	South Sudan	1230	1023	83%	842	68%

KEY

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

The timeliness of IDSR reporting (supported by EWARS mobile) at health facility level in week 14 was 83% compared to 68% in week 13. 6 states were above the target of 80% with highest reporting rate in WES

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

IDSR completeness performance at State level for week 14 & 13 of 2021

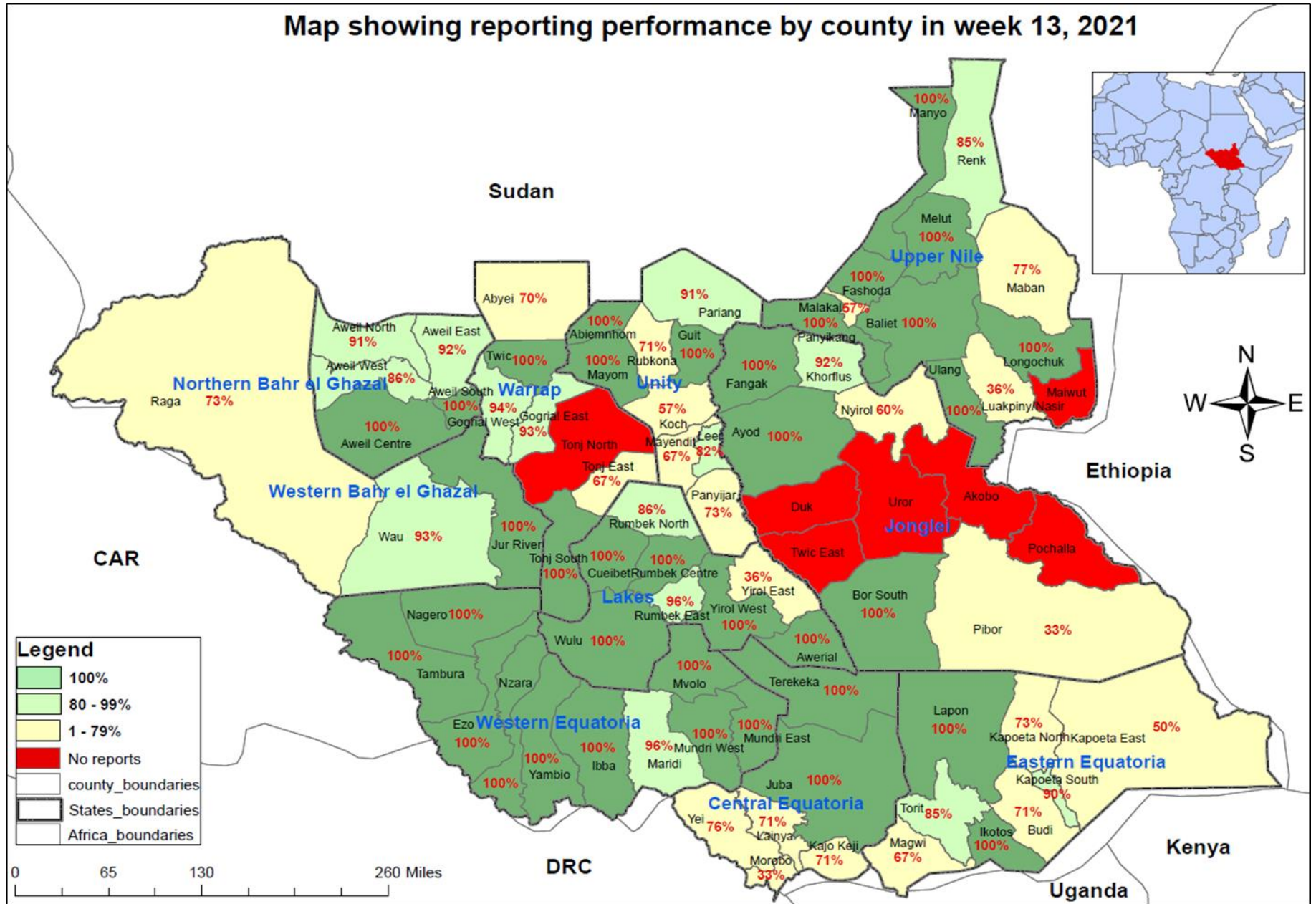


Completeness States Ranking	States	Number of reporting sites	No. of HF's Reported regardless of time in WK 12	Completeness Percentage of WK 12	No. of HF's Reported regardless of time in WK 11	Completeness Percentage of WK 11
1st	WES	213	212	100%	213	100%
2nd	WBGZ	78	75	96%	72	92%
3rd	NBGZ	131	125	95%	120	92%
4th	EES	142	134	94%	126	89%
5th	Lakes	113	103	91%	104	92%
6th	CES	117	106	91%	101	86%
7th	Upper Nile	122	109	89%	99	81%
8th	Warrap	119	101	85%	97	82%
9th	Unity	94	75	80%	76	81%
10th	Jonglei	101	74	73%	72	71%
	South Sudan	1230	1114	91%	1080	88%

The completeness of IDSR reporting (supported by EWARS mobile) at health facility level was 91% in week 14 compared 88% in week 13. 8 states were above the target of 80% with highest reporting rate in WES

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

Map showing reporting performance by county in week 13, 2021



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 14 of 2021

Partner	HF's	Reporting		Performance	
PARTER	Number of reporting sites	# of reports received on Time	No. of HF's Reported regardless of time	Timeliness	Completeness
Medicaair	2	2	2	100%	100%
World Relief	2	2	2	100%	100%
RHS	1	1	1	100%	100%
HFO	2	2	2	100%	100%
IMC	24	24	24	100%	100%
TADO	2	2	2	100%	100%
HFD	6	6	6	100%	100%
UNIDOR	2	2	2	100%	100%
UNH	2	2	2	100%	100%
ALIMA	3	3	3	100%	100%
IOM	12	11	11	92%	92%
HAA	6	5	5	83%	83%
MSF-E	6	4	6	67%	100%
GOAL	2	0	2	0%	100%
IHO	2	0	2	0%	100%
MSF-H	5	1	3	20%	60%
Medair	2	1	1	50%	50%
TRI-SS	2	1	1	50%	50%
CMD	1	0	0	0%	0%
IRC	1	0	0	0%	0%
SSHCO	1	0	0	0%	0%
TOTAL	86	69	77	80%	90%

Completeness was 95% and timeliness was 85% for weekly reporting in week 14, 2021 for partner-supported clinics serving IDP sites.

EVENT-BASED SURVEILLANCE



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





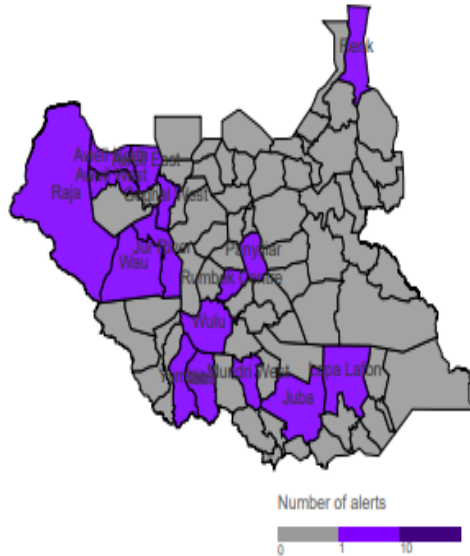
Alert by disease and hubs in week 14 of 2021 [a total of 98 events specific alerts generated by state

State	Acute jaundice syndrome	Acute Respiratory Infections (ARI)	Acute Watery Diarrhoea	AFP	Bloody Diarrhoea	Malaria	Covid-19	Total alerts
CES		4	3			1		8
EES		1	4		4	3		12
Jonglei							1	1
Unity	1	1	1	2	1	1	2	9
Upper Nile			2		5			7
Warrap			1		4	1	2	8
WBGZ		1	5		1	6		13
WES		1	3			5		9
Total alerts	1	8	19	2	15	17	5	67

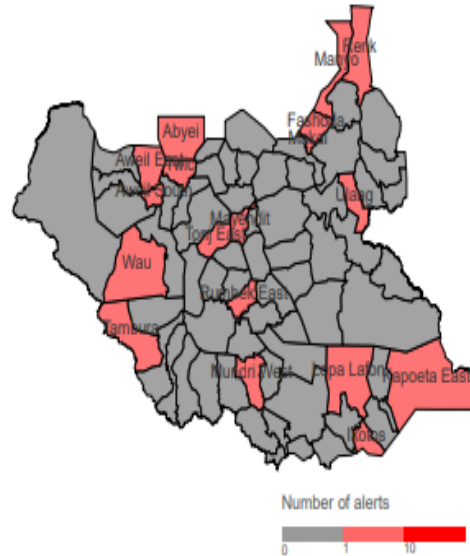
During this week:

- **8 ARI alerts:** 4 from CES sample was collected and tested positive for COVID-19 , 1 from EES sample was collected for COVID-19 in the state Sentinel Site, 1 from Unity State sample collected and tested for COVID-19,, 1 from WBGZ Sample collected .1 from WES sample collected and tested positive for COVID-19.
- **19 AWD alerts:** 3 from CES ,4 from EES, 1 from Unity, 2 from Upper Nile, 1 from Warrap State , 5 from WBGZ State, 3 from WES. Samples were collected from unity state and WES and shipped to Juba while RRTs were deployed to verify the rest of the states)
- **15 ABD alerts:** 4 from EES patients given treatment, 1 from Unity investigated, 1 from WBGZ investigation under way, 5 from Upper Nile State sample will be collected, 4 from Warrap State. Samples were collected from WES and shipped to Juba while state RRTs were deployed to verify the alerts.
- **17 Malaria alerts:**, 1 from CES, 3 from EES, 1 from Unity, 1 from Warrap State, 6 from WBGZ, 5 from WES all these are due to the high increase of malaria cases in the Country.
- **1 AJS alert:** 1 from Unity State reported in an area with confirmed cases of Hepatitis E virus.
- **5 COVID-19 alerts:** 2 from Unity, 2 from Warrap, 1 from Jonglei State all tested positive for COVID-19
- **2 AFP alerts:** these are all true alerts reported from Unity State ,Mayom County, Bieh PHCC and sample was collected for testing.

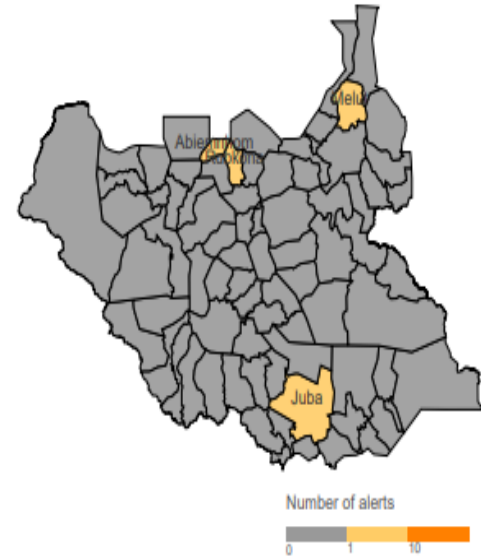
Map 2a | Malaria (W14 2021)



Map 2b | Bloody diarrhoea (W14 2021)



Map 2c | Measles (W14 2021)



W14	Cumulative (2021)				
0	5	Low risk	97%	82%	% verified
7	7	Medium risk	0%	0%	% auto-discarded
3	45	High risk	5%	3%	% risk assessed
3	36	Very high risk	5%	2%	% requiring a response



SUSPECTED OUTBREAKS



Major suspected outbreaks in South Sudan in
2020



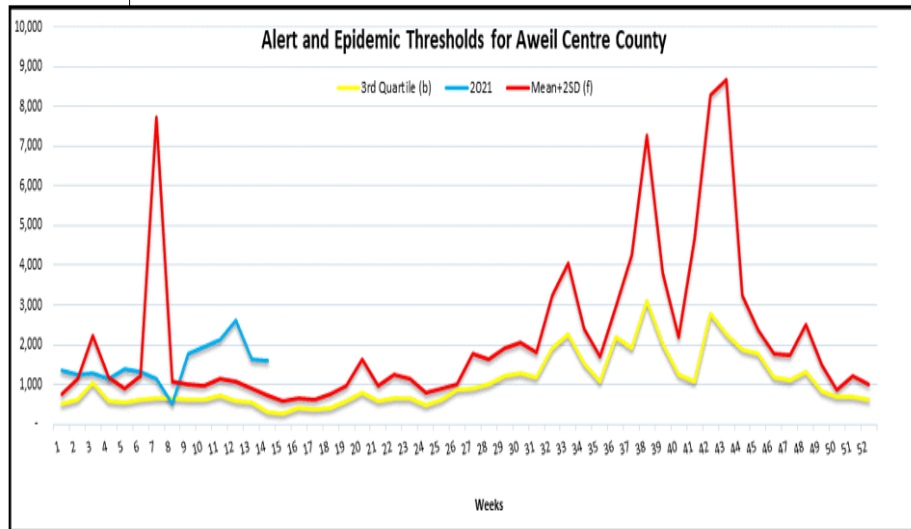


Malaria was the leading cause of morbidity and mortality, accounting for **45.8%** of all morbidities and **39.2%** of all mortalities this week.

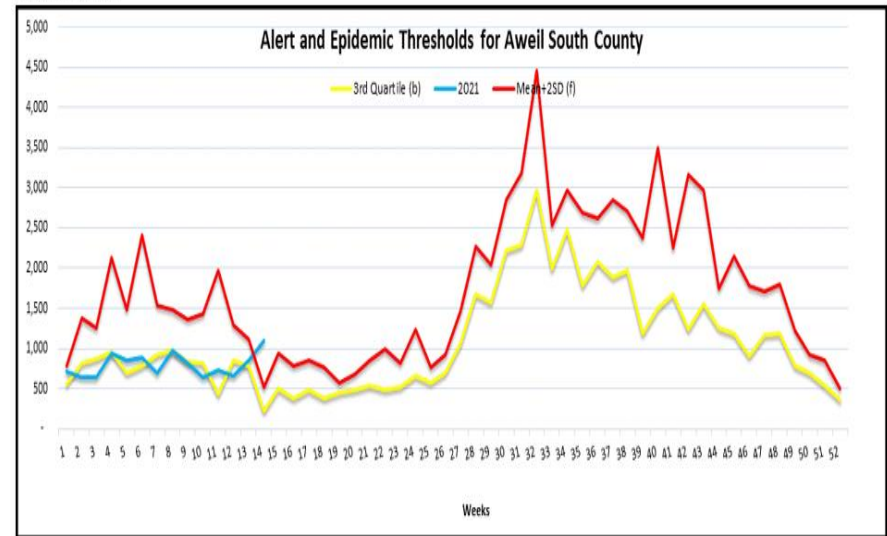
There were 2 county with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) and these include the following:

1. **NBGZ State (Aweil Center)**
2. **Warrap State (Aweil South)**

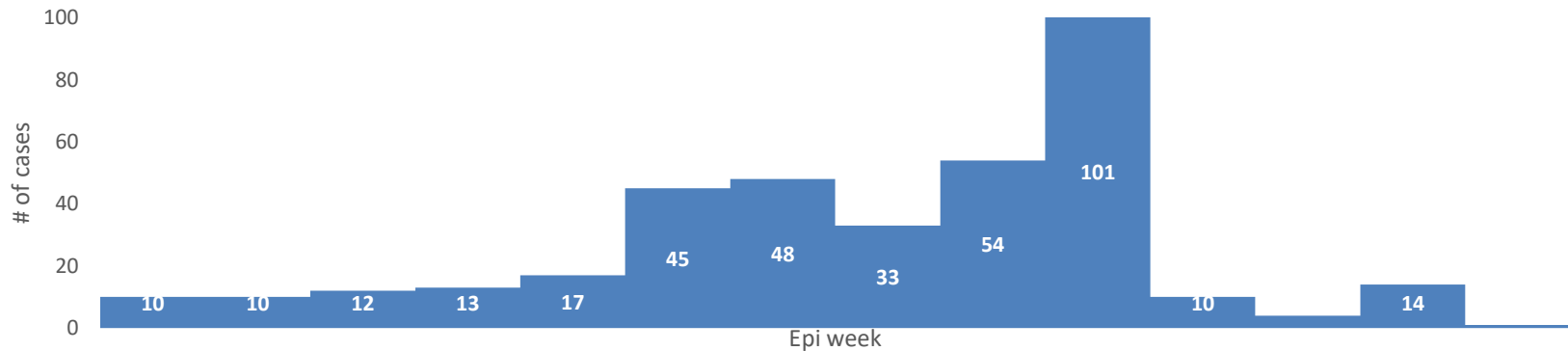
Aweil Center



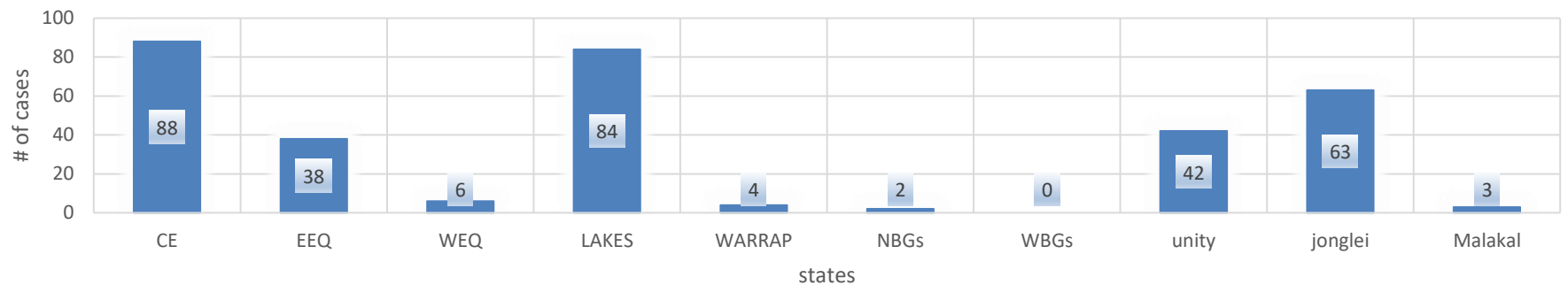
Aweil South



Covid-19 total confirmed cases in South sudan from Sentinel sites wk1 to wk 14, 2021



Number of Covid-19 cases per state in wk 14, 2021 from sentinel sites



- 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 7702 samples have been collected in 2021 with 542 (7.0%) being positive for COVID-19 from sentinel sites.

ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS



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





Update on floods and response

- To reduce the impact of the predicted flooding in 2021 during the rainy season, rehabilitation of dykes in Bor South and Twic East counties is ongoing. The rehabilitation works on the dykes are expected to be completed by the end of April 2021. Further, prepositioning of critical humanitarian supplies is going on while the roads are still passable.

- Humanitarian responses scale up for locations affected by unseasonal flooding have been recommended. The affected locations include Nyirol (1, 600 people), Fangak (27 000 people in New Fangak and 48 000 people in Old Fangak), Panyikang (24 000 people) and Fashoda (11 000 people).

Recommendations:

- Partners to update their preparedness and contingency plans for floods and malaria and to preposition supplies.



Key Highlights:

- WHO Internal grading of the humanitarian emergency occasioned by the high food insecurity has graded the emergency as a Grade 2 event that requires support from both the WHO regional and headquarters.
- Health Cluster partners continue to expand access to health services through re-establishment of critical static primary health care and mobile service delivery.
- Cumulative 131 interagency health kits (enough to support 156 000 people for three months), 78 pneumonia kits, 12 cholera community kits and 18 cholera investigation kits have been delivered to the responding partners in the affected locations.
- Two rounds of oral cholera vaccination campaign in Pibor have been completed reaching 86 313 (93%) in the first round and 98 458 (106%) during the second round that ended on 22 February 2021.
- Over 134,558 consultations were conducted by health facilities across the six counties since week 01 2021. In Epi-week 13, 2021, over 7016 were reached with curative consultations for common endemic diseases across the six priority counties



Immediate Public Health Response Needs

1. Deployment of mobile medical teams to provide basic health and nutrition services in the affected locations.
2. Provision of SAM/MC kits to Stabilisation Centres in the prioritised Counties.
3. Delivery of emergency health kits and medical kits to health facilities in the affected locations to ensure uninterrupted access to essential medicines.
4. Scale up surveillance for Epidemic and pandemic prone disease (COVID-19, cholera, bloody diarrhea, measles, malaria)
5. Strengthen nutrition surveillance at the health facilities in the prioritized counties to support early detection and referral of acute malnutrition case for appropriate treatment
6. Prompt deployment RRT to investigate and respond to alerts in the affected location.
7. Risk communication and health promotion targeting prevention of diarrheal diseases and vector control.

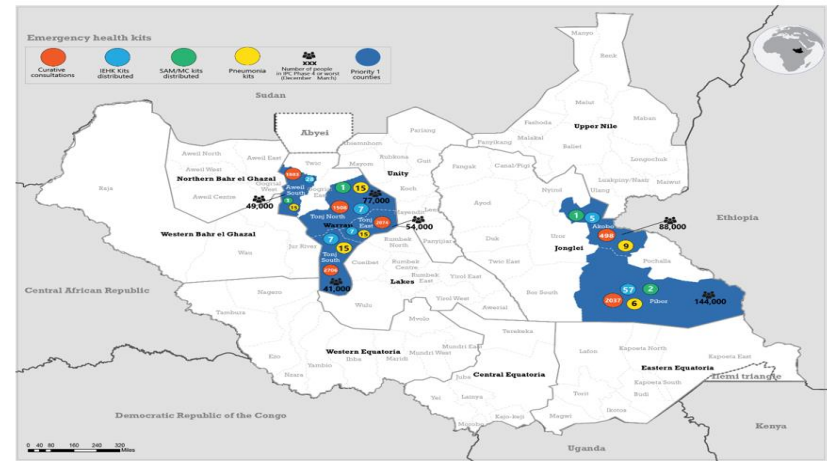
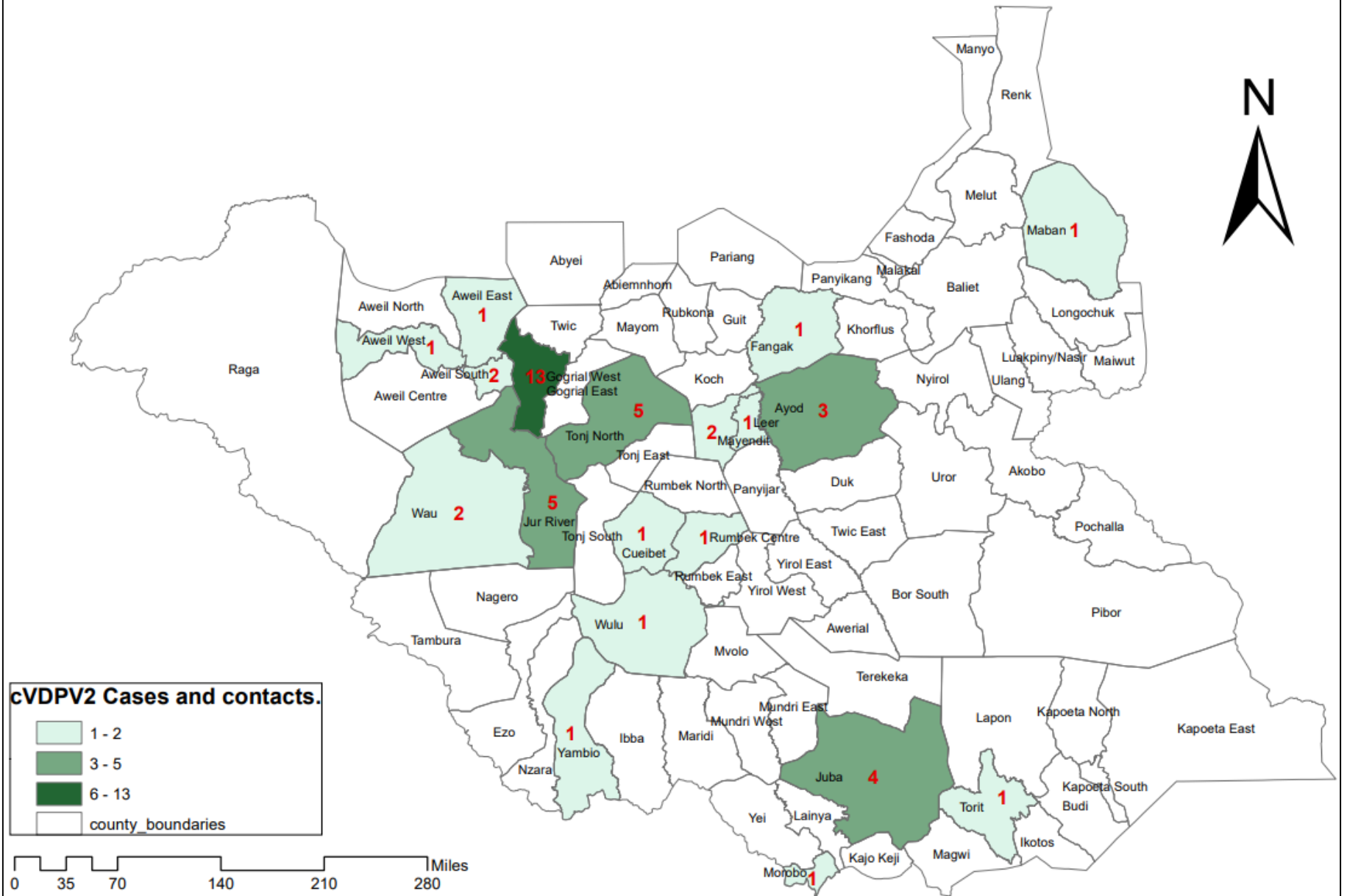


Figure 1: Emergency health kits delivered, and weekly consultations conducted in the six priority IPC 5 counties as of week 14 2021

1. Preventive measles vaccination and Periodic Intensification of Routine Immunisation in affected locations (PIRI).
2. Preposition of emergency kits (for potential outbreak response and targeted in locations of concentration to support existing health facilities)
3. Reorientation of the boma health teams on community based surveillance to enhance community surveillance; community mobilisation for routine immunization; and case referral to health facilities

- ❑ In the week under review, no new circulating Vaccine-Derived Polio Virus, type 2 (cVDPV2) case was reported. However, in the week under review 4 suspected PV2 cases were reported from case and contacts in Upper Nile (1 AFP cases) and Unity state (3 contacts)
- ❑ The number of cases reported cVDPV2 cases as of today remain the same (54) including cVDPV2 cases from contacts (21).
- ❑ This week no new cVDPV2 positive environmental samples were reported and hence the total number of cVDPV2 cases remain 5. The most recent positive environmental sample was collected on 1st December, 2020.
- ❑ The geographical distribution of cVDPV2 cases involves all 10 states in the country and 25 out of 80 counties have reported at least 1 case, with 20% of the cases from Warrap state.
- ❑ All cVDPV2 cases that have been reported so far have dates of onset of paralysis before nationwide campaign in February 2021.
- ❑ The date of onset for the first cases was on 11th June 2020 from Warrap state, while the most recent case was on 25th January from Juba, Central Equatoria state.
- ❑ Clinical and epidemiological investigation is underway for cases classified as compatible and for the new suspected PV2 cases reported in Upper Nil and Unity states..
- ❑ The average administrative coverage for all rounds is at 93.6%, while the average PCE coverage is 90.3 %, however, there is a great disparity among states and counties.

Distribution of cVDPV2 cases and contacts by county.



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.

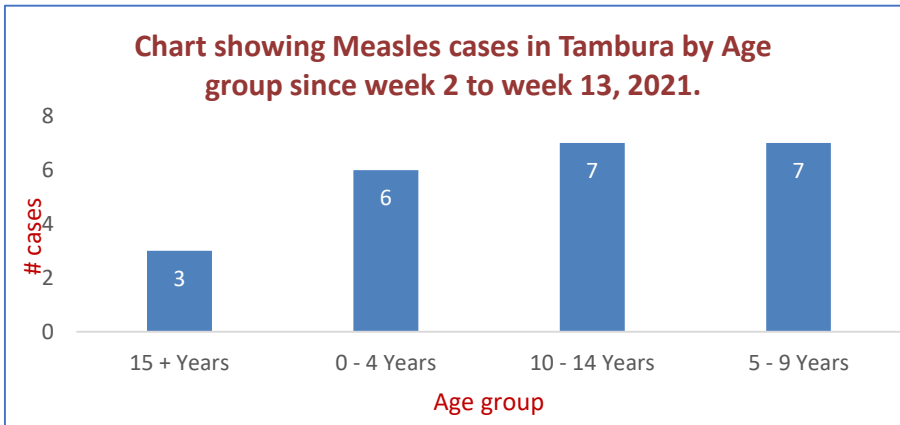
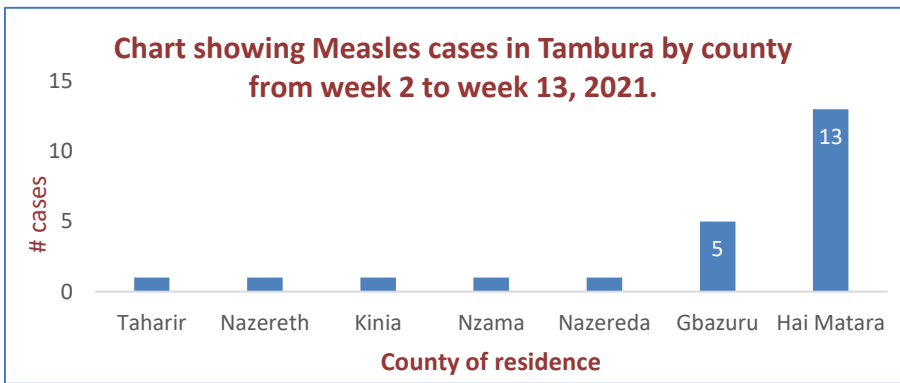
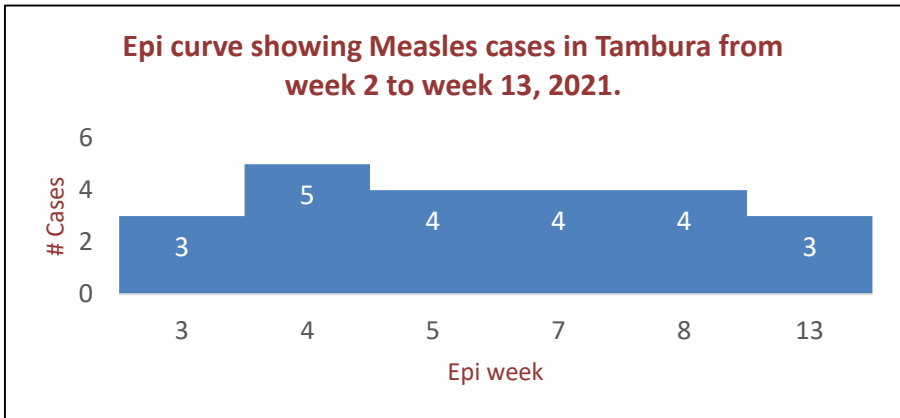


Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
Ongoing epidemics								
Hepatitis E	Bentiu PoC	03/01/2018	7	556 (0.013)	Yes	No	Yes	Yes
cVDPV2	25 counties	11/06/2020 18/09/2020	0	54	Yes	Yes	Yes	Yes
Rubella	Tambura	11/1/2021	3	23 (0.13)	Yes	No	Yes	Yes





Confirmed Rubella outbreak in Tambura County



Descriptive epidemiology

- WES started to report cases of suspected Measles in week 2, 2021. Up to week 10, 2021 a total of 32 cases have been listed.
- 12 samples were collected for testing and only one tested measles IgM positive and **5 samples tested Rubella IgM positive**
- There were **(3)** new case reported in week 13, 2021, total of **23** cases.
- No deaths were reported
- 57% are female and 43% are male.
- Age group 0- 9 years had the most cases with (68%) .
- Most affected area is Hai Matara with 13 cases.

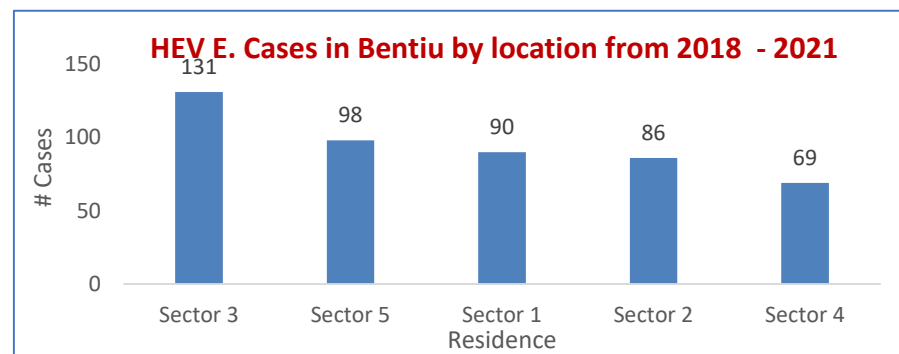
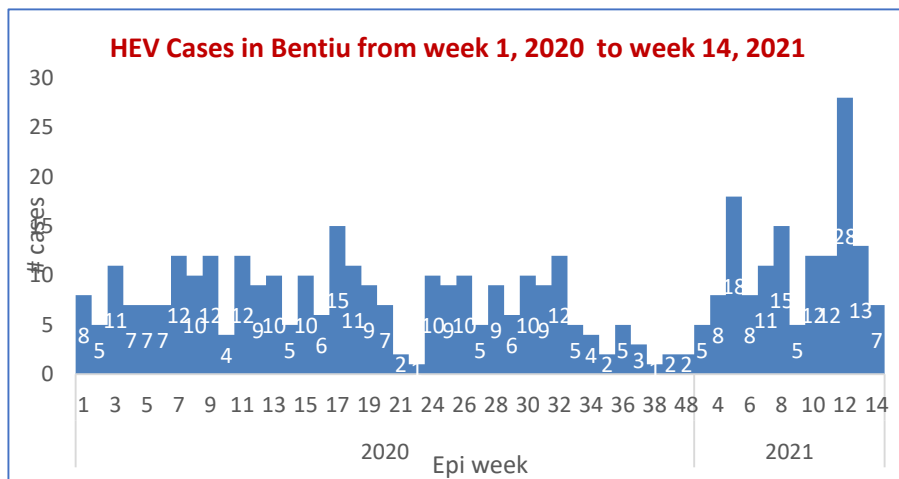
Response Actions:

- Surveillance and line-listing are ongoing
- Case management is ongoing
- Active monitoring for occurrence of cases in women of childbearing age.

Age group	Cases	percentage	CUM. %
15 + Years	3	34%	34%
0 - 4 Years	6	34%	69%
10 - 14 Years	7	21%	90%
5 - 9 Years	7	10%	100%
Grand Total	23	100%	



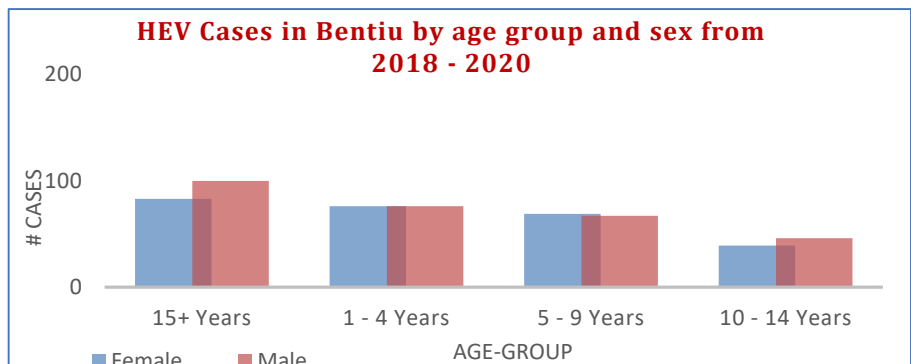
Hepatitis E, Bentiu PoC (1)



Age-Group	Alive	Dead	Grand Total	Percentage	CFR	Cum. %2
1 - 4 Years	152	0	152	27%	0%	27%
10 - 14 Years	85	0	85	15%	0%	43%
15+ Years	180	3	183	33%	2%	76%
5 - 9 Years	134	2	136	24%	1%	100%
Grand Total	551	5	556	100%	0.01	

Descriptive epidemiology

- The persistent transmission of HEV in Bentiu PoC continues with **556** cases since beginning of 2019
- There were **(7)** new cases reported in week 14, 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 (67%) 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 14, 2021; there were 556 cases of HEV in Bentiu PoC including 5 deaths (CFR 0.9%)
- 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.

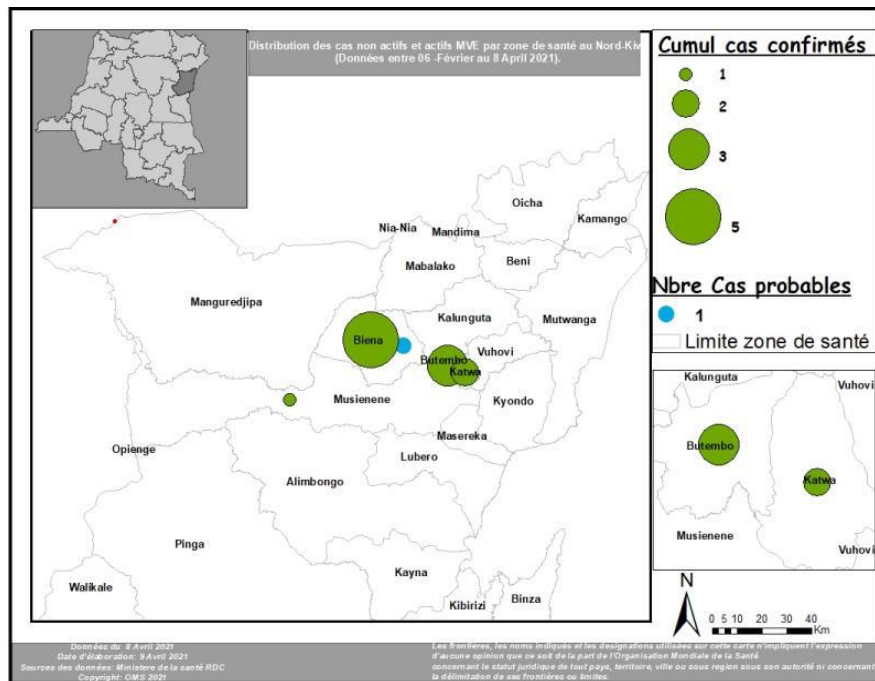


Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
Controlled epidemics								
Measles	Juba	21/11/2019	NR	6(0.1667)	Yes	No	Yes	N/A
Measles	Tonj East	12/12/2019	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



EBOLA VIRUS DISEASE (EVD)

EVD Outbreak in N. Kivu Province, 16 April, 2021



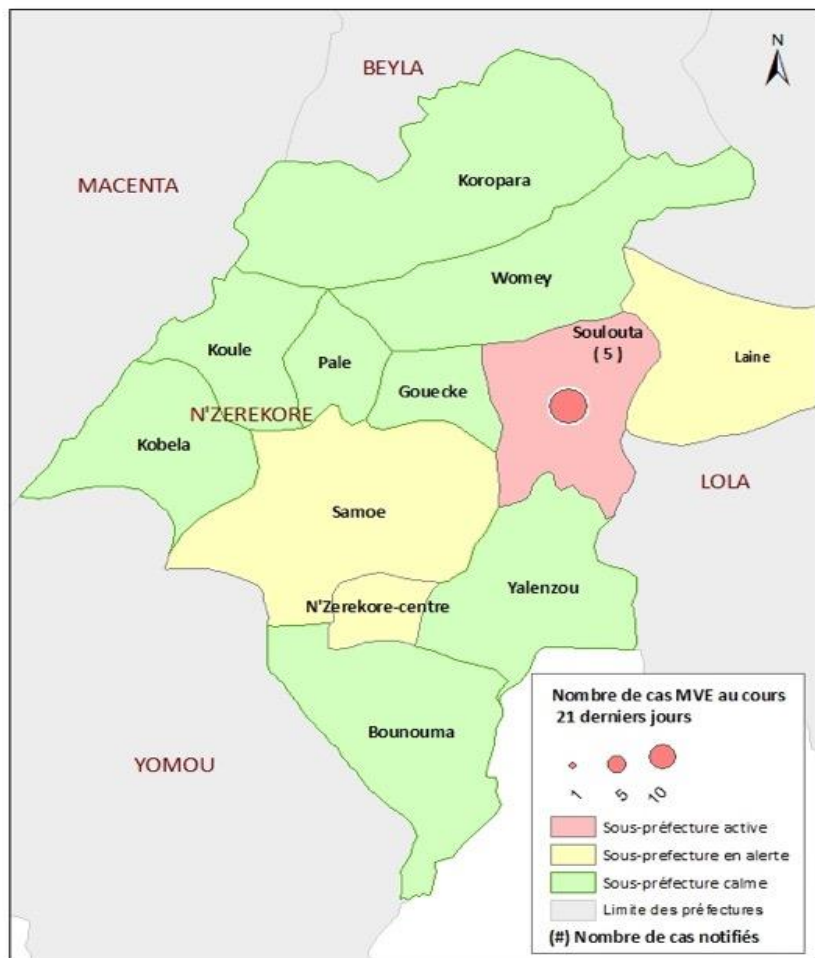
Cumulative data (16th April 2021)

- Zero cases reported on 16th April
- 46 consecutive days without any new cases reported
- As of 16th April, 17 days remaining to day zero.

Cumulative data:

- 12 cases reported (11 confirmed, 1 probable) including 6 deaths, 6 recoveries & 2 HWIs.
- 6 health areas in three health zones in North Kivu Province, DRC affected.
- On 15th April 632 alerts (inc. 16 deaths) reported, 71 validated and 100% investigated.
- All deceased alert cases swabbed.
- 58 cases in HF under isolation and treatment
- Search for 11 never seen contacts continues
- 1,898 vaccinated including 542 frontline health workers.
- 3,558 samples tested up to 15th April

EVD Outbreak in Guinea as of 16th April, 2021



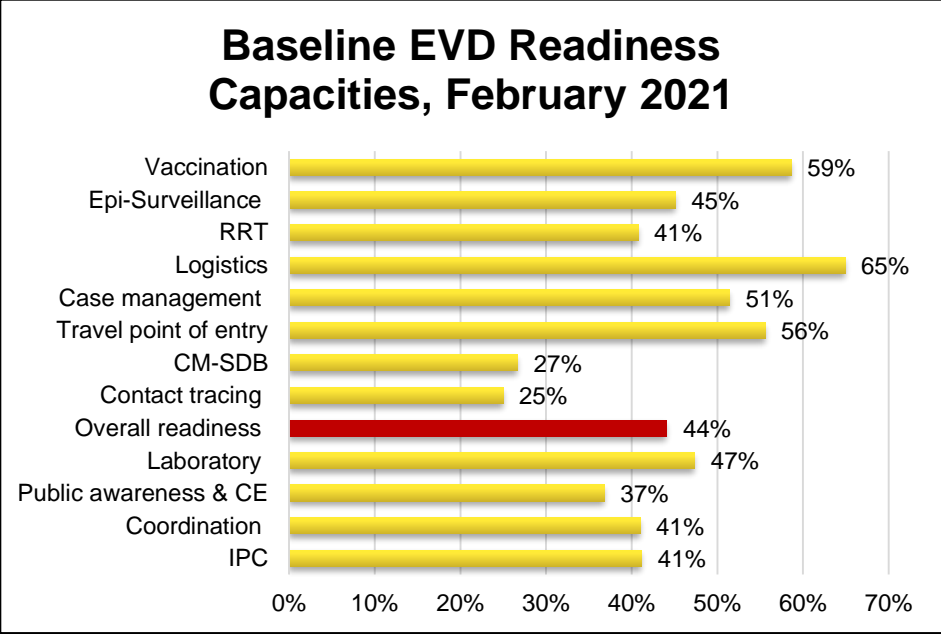
Zero new cases reported on the 16th April

- 96 alerts inc. 14 community deaths (81 in Nzerekore and 15 in Conakry). 49/96 (51%) investigated, 17 validated inc. the 14 deaths.
- 10 new contacts listed today & 220 persons vaccinated including 22 high-risk contacts.

Cumulative data:

- **23 cases reported** (16 confirmed & 7 probable) including 12 deaths (5 confirmed), 9 recoveries and 2 positive cases). CFR:52%
- 72% of total contacts followed to date
- Confirmed cases include 5 HW infections (2 deaths)
- 6,945 vaccinated including 534 high-risk contacts and 2,369 frontline workers.
- 1 confirmed & 3 suspects hospitalized in Nzerekore
- Missing case was traced to Cote d'Ivoire

South Sudan Level of EVD preparedness



What is the next plan for South Sudan?

- Finalized the EVD preparedness checklist
- Finalized the risk assessment
- Finalized the 72 hours plan
- Prioritized activities based on the checklist
- EVD preparedness operational plan developed
- Drafted resource mobilization strategy
- Mapped potential donors

Operation plan with estimated cost

Pillars	Cost
Coordination	\$ 296,000
EP and S	\$ 318,000
RRT	\$ 316,000
RCCE	\$ 265,000
Case Management	\$ 400,000
Contact tracing	\$ 73,000
Laboratory	\$ 227,350
Vaccination	\$ 163,000
IPC	\$ 125,000
Logistic	\$ 115,000
PoE	\$ 260,000
	\$ 2,558,350

COVID-19 Updates



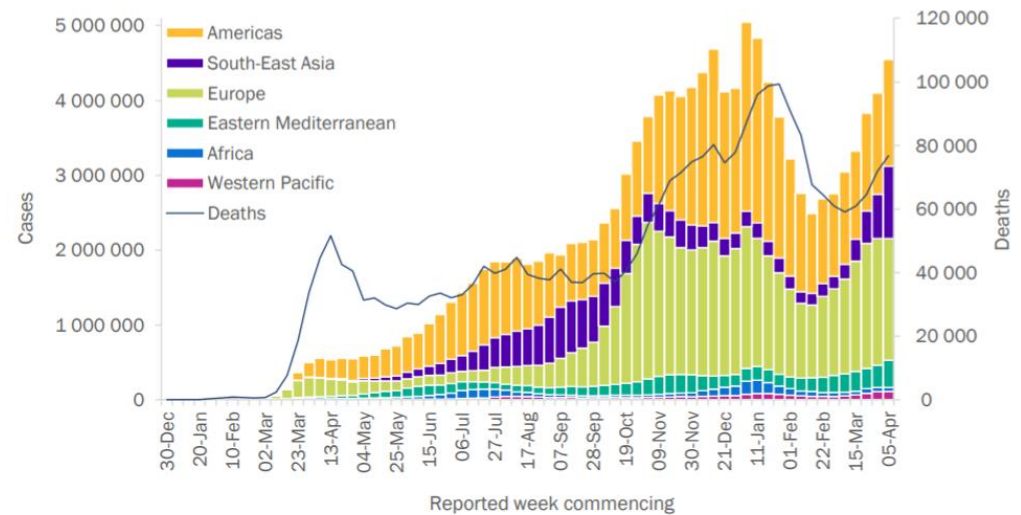
COVID-19 Virus Situation Summary



Situation update as of 11 April, 2020

- The COVID-19 pandemic initial cases were detected in Wuhan China
- Globally **>135 057 587** million cases (**>2 919 932** deaths)
- Africa **>3 171 006** million cases (**>79 545** deaths)

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 11 April 2021**



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

COVID-19 Response in South Sudan as of 11th April, 2021



- **10,381** confirmed COVID-19 cases in South Sudan; > **85%** in Juba with **114** deaths and a case fatality rate (CFR) of **1.09%**. Total **15,291** 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 **2.3%** in week 14 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.

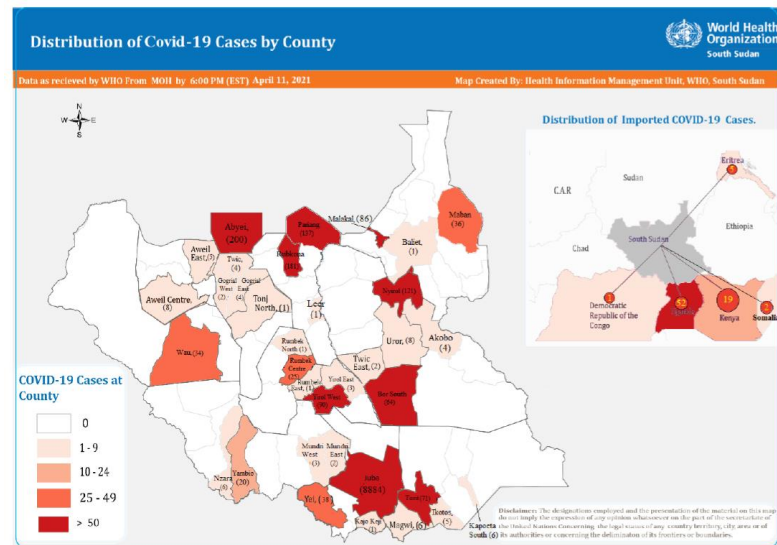


Figure 1. Map of cumulative reported COVID-19 cases, by county

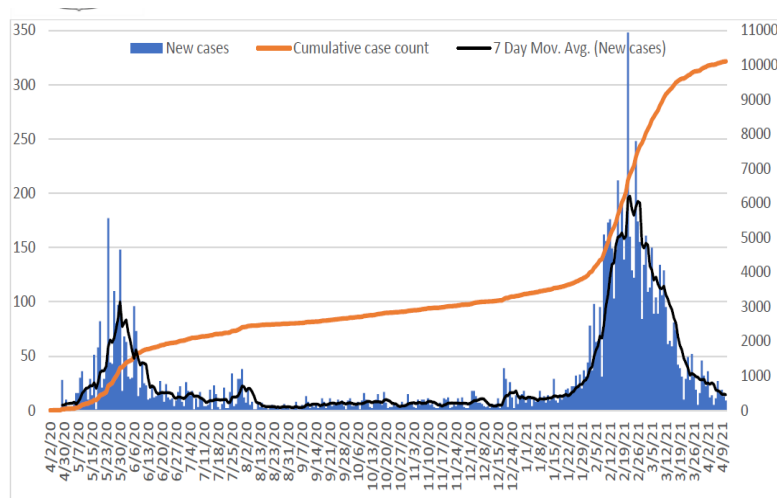


Figure 2. Epidemiological curve of reported cases through Week 14, showing new cases (blue bars), rolling 7-day average of reported cases (black line), and total cumulative reported cases (yellow line)

Overall Conclusions and Recommendations



Conclusion

- The overall IDSR and EWARIN reporting performance in week 14, 2021 is above the target of 80%. (6) states were above 80%
- **10,381** confirmed COVID-19 cases in South Sudan; >85% in Juba with **114** deaths (CFR of 1.15%). Total **15,291** contacts identified, quarantined, & undergoing follow up
- A total of **2,469** COVID-19 alerts have been investigated with **2,348 (95.1%)** being verified
- With eight outbreaks confirmed in 2020; measles remains the most frequent vaccine preventable disease
- Ongoing rubella outbreak confirmed in Tambura county
- **No** measles outbreak confirmed in 2021.
- 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>



IDSR timeliness & completeness performance at county level for week 14 of 2021 (1)



STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 14	Timeliness Percentage of WK 14	No. of HF's Reported regardless of time in WK 14	Completeness Percentage of WK 14	No. of HF's Reported regardless of time in WK 13	Completeness Percentage of WK 13
NBGZ	Aweil South	11	9	82%	11	100%	9	82%
Lakes	Cueibet	15	15	100%	15	100%	15	100%
Lakes	Yirol West	12	12	100%	12	100%	12	100%
NBGZ	Aweil Centre	15	15	100%	15	100%	15	100%
Lakes	Wulu	14	12	86%	14	100%	14	100%
WBGZ	Jur River	35	28	80%	35	100%	35	100%
Lakes	Awerial	7	0	0%	7	100%	7	100%
Lakes	Rumbek East	24	24	100%	24	100%	23	96%
WBGZ	Wau	28	28	100%	28	100%	26	93%
CES	Juba	46	44	96%	45	98%	46	100%
Lakes	Rumbek Centre	23	19	83%	22	96%	23	100%
NBGZ	Aweil East	37	34	92%	34	92%	34	92%
NBGZ	Aweil North	33	30	91%	30	91%	30	91%
Lakes	Rumbek North	7	6	86%	6	86%	6	86%
CES	Terekeka	20	17	85%	17	85%	17	85%
NBGZ	Aweil West	37	31	84%	32	86%	32	86%
CES	Kajo Keji	17	14	82%	14	82%	13	76%
CES	Yei	17	14	82%	14	82%	13	76%
WBGZ	Raja	15	7	47%	12	80%	11	73%
CES	Morobo	5	4	80%	4	80%	2	40%
CES	Lainya	16	12	75%	12	75%	10	63%
Lakes	Yirol East	11	3	27%	3	27%	4	36%

STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 14	Timeliness Percentage of WK 14	No. of HF's Reported regardless of time in 14	Completeness Percentage of WK 14	No. of HF's Reported regardless of time in WK 13	Completeness Percentage of WK 13
Jonglei	Pochalla	7	7	100%	7	100%	0	0%
EES	Ikotos	27	22	81%	27	100%	27	100%
EES	Kapoeta South	10	10	100%	10	100%	9	90%
EES	Torit	20	19	95%	20	100%	17	85%
EES	Kapoeta North	16	15	94%	15	94%	15	94%
Jonglei	Canal Pigi	12	11	92%	11	92%	12	100%
Jonglei	Fangak	17	15	88%	15	88%	17	100%
EES	Lopa Lafon	18	15	83%	16	89%	18	100%
EES	Magwi	22	18	82%	18	82%	15	68%
Jonglei	Twic East	11	8	73%	8	73%	0	0%
EES	Kapoeta East	12	8	67%	10	83%	9	75%
Jonglei	Pibor	6	4	67%	4	67%	2	33%
Jonglei	Nyirrol	10	6	60%	7	70%	6	60%
Jonglei	Bor	35	20	57%	20	57%	21	60%
EES	Budi	21	11	52%	18	86%	16	76%
Jonglei	Duk	15	2	13%	2	13%	2	13%
Jonglei	Ayod	15	0	0%	0	0%	12	80%
Jonglei	Akobo	8	0	0%	0	0%	0	0%
Jonglei	Uror	8	0	0%	0	0%	0	0%
Warrap	Tonj North	14	0	0%	0	0%	9	64%

IDSR timeliness & completeness performance at county level for week 14 of 2021 (2)



STATE	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK 14	Timeliness Percentage of WK 14	No. of HFs Reported regardless of time in WK 14	Completeness Percentage of WK 14	No. of HFs Reported regardless of time in WK 13	Completeness Percentage of WK 13
Unity	Abiemnhom	4	4	100%	4	100%	4	100%
WES	Nzara	20	20	100%	20	100%	20	100%
WES	Nagero	10	10	100%	10	100%	10	100%
WES	Mundri West	21	21	100%	21	100%	21	100%
WES	Ibba	11	11	100%	11	100%	11	100%
WES	Mundri East	19	19	100%	19	100%	19	100%
WES	Yambio	42	42	100%	42	100%	42	100%
WES	Ezo	27	27	100%	27	100%	27	100%
WES	Mvolo	11	11	100%	11	100%	11	100%
Unity	Guit	7	0	0%	7	100%	7	100%
WES	Tambura	28	26	93%	26	93%	27	96%
WES	Maridi	26	24	92%	25	96%	25	96%
Unity	Pariang	11	10	91%	10	91%	10	91%
Unity	Panyijjar	15	12	80%	13	87%	11	73%
Unity	Mayom	14	11	79%	12	86%	13	93%
Unity	Rubkona	15	11	73%	12	80%	10	67%
Unity	Mayendit	12	8	67%	9	75%	8	67%
Unity	Leer	11	6	55%	8	73%	9	82%
Unity	Koch	7	0	0%	0	0%	4	57%

STATE	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK 12	Timeliness Percentage of WK 12	No. of HFs Reported regardless of time in WK 12	Completeness Percentage of WK 12	No. of HFs Reported regardless of time in WK 11	Completeness Percentage of WK 11
Warrap	Gogrial West	31	31	100%	31	100%	31	100%
Warrap	Tonj South	12	12	100%	12	100%	12	100%
Upper Nile	Baliet	4	4	100%	4	100%	4	100%
Upper Nile	Fashoda	18	18	100%	18	100%	18	100%
Upper Nile	Longechuk	9	9	100%	9	100%	9	100%
Upper Nile	Maiwut	5	5	100%	5	100%	0	0%
Upper Nile	Panyikang	4	3	75%	4	100%	4	100%
Upper Nile	Akoka	5	4	80%	5	100%	4	80%
Upper Nile	Manyo	10	9	90%	9	90%	10	100%
Upper Nile	Renk	13	11	85%	11	85%	11	85%
Warrap	Gogrial East	15	12	80%	14	93%	14	93%
Warrap	Tonj North	14	11	79%	12	86%	0	0%
Upper Nile	Makal	7	4	57%	6	86%	5	71%
Warrap	Tonj East	12	8	67%	10	83%	8	67%
Upper Nile	Ulang	14	8	57%	11	79%	11	79%
Upper Nile	Maban	17	6	35%	12	71%	10	59%
Upper Nile	Melut	8	0	0%	6	75%	8	100%
Warrap	Abyei	10	5	50%	7	70%	7	70%
Warrap	Twic	26	15	58%	15	58%	25	96%
Upper Nile	Luakpiny Nasir	15	6	40%	8	53%	5	33%



Supporting Partners

WES	AMREF, World Vision, CUAMM, CDTY, OPEN
NBGZ	Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO
CES	HLSS, SSUHA, Healthnet TPO, IHO, GOAL, TRI-SS, THESO, IMA, SSHCO
WBGZ	Cordaid, Healthnet TPO, CARE International, IOM, ALIMA
Warrap	GOAL, CCM, WVI, Malaria Consortium, UNKEA, Save the Children, MSF
Jonglei	Nile Hope, MDM, JDF, Livewell, CMD, HFO, EDA, CRADA, Malaria Consortium, CMA, ACSO, MEDAIR, CARE, World Relief
EES	Cordaid, HLSS, CCM
Lakes	Doctors with Africa (CUAMM)
Unity	Cordaid, UNIDOR, IRC, CHADO, CARE International, CRADA, CASS, IOM, Samaritan's Purse
Upper Nile	Cordaid, WVI, RI, IMC, NIDO, UNKEA, MC, SSAID, CORDAID, IOM, HFD, TADO

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>

