South Sudan

Integrated Disease surveillance and response (IDSR)

Epidemiological Bulletin Week 20, 2021 (May 17- May 23)



Major epidemiological highlights in week 20 highlights of 2021



- In week 20, 2021 IDSR reporting completeness were 95% at health facility level and 93% for EWARS partners supported sites
- Of the 174 alerts in week 20, 2021; 78% were verified 4% were risk assessed and 3% required a response. Malaria (54), AWD (40), ARI (37), measles (3) and bloody diarrhea (35) were the most frequent alerts in week 20, 2021
- Confirmed Rubella Outbreak in Nagero County, Western Equatoria State as all 3 samples tested positive for Rubella IgM
- Malaria remains the top cause of morbidity and accounted for 56,031cases (50.0% of OPD cases)
- Total of 10 676 COVID-19 confirmed cases and 115 deaths, CFR of 1.09%
- Other hazards include floods (unseasonal) in over 4 counties; Malaria in 1 counties, HEV in Bentiu PoC and Rubella in 1 county.

SURVEILLANCE PERFORMANCE



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



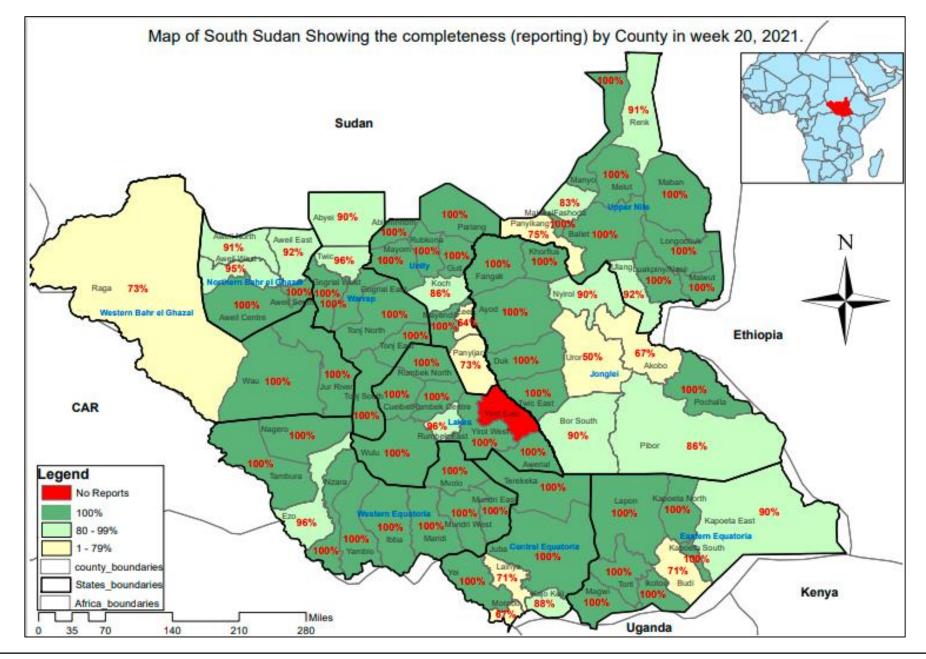
IDSR completeness performance at State level for week 20 & 19 of 2021



Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported regardless of time in WK 20	\/\/K /()	No. of HFs Reported regardless of time in WK 19	Completeness Percentage of WK 19
1	Warrap	119	119	100%	119	100%
2	WES	213	213	100%	212	100%
3	NBGZ	131	125	95%	117	89%
4	EES	142	135	95%	131	92%
5	WBGZ	78	74	95%	68	87%
6	Jonglei	112	106	95%	95	85%
7	CES	117	110	94%	108	92%
8	Upper Nile	122	113	93%	109	89%
9	Unity	94	85	90%	82	87%
10	Lakes	113	101	89%	101	89%
	South Sudan	1241	1181	95%	1142	92%

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

The completeness of IDSR reporting (supported by EWARS mobile) at health facility level was 95% in week 20 compared to 92% in week 19. All states were above the target of 80%



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 20 of 2021



Partner	HFs	Repo	orting	Perfor	mance
PARTER	Number of reporting sites	# of reports received on Time	No. of HFs Reported regardless of time	Timeliness	Completeness
World Relief	2	2	2	100%	100%
RHS	1	1	1	100%	100%
HFD	6	6	6	100%	100%
UNH	2	2	2	100%	100%
ALIMA	3	3	3	100%	100%
TRI-SS	2	2	2	100%	100%
TADO	6	6	6	100%	100%
CMD	1	1	1	100%	100%
GOAL	2	2	2	100%	100%
IRC	1	1	1	100%	100%
SSHCO	1	1	1	100%	100%
IHO	2	2	2	100%	100%
Medicair	2	2	2	100%	100%
HFO	2	2	2	100%	100%
IOM	12	12	12	100%	100%
IMC	24	24	24	100%	100%
MSF-E	1		1	0%	100%
HAA	6	5	5	83%	83%
MSF-H	2	1	1	50%	50%
UNIDOR	2			0%	0%
Medair	2			0%	0%
TOTAL	82	75	76	91%	93%

The Timeliness for EWARS partners supported sites was at 91% and completeness was at 93% in week 20, 2021

EVENT-BASED SURVEILLANCE



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





States	ARI	AWD	AFP	ABD	Malaria	Measles	COVID-19	TOTAL
CES	3	7	0	1	2	1	1	15
EES	0	5	0	8	7	1	0	21
Jonglei	9	5	0	4	5	0	1	24
Lakes	6	3	0	1	6	0	0	16
NBGZ	6	1	0	2	3	0	0	12
Unity	4	2	0	2	3	0	1	12
Upper Nile	5	5	0	4	9	0	1	24
WBGZ	0	3	0	5	2	0	0	10
WES	3	9	0	4	16	1	0	33
Warrap	1	0	0	4	1	0	1	7
TOTAL	37	40	0	35	54	3	5	174

During this week:

- 9 ARI alerts: 4 from CES, 1 from EES,1 from Lakes State, 1 from Unity state, 1 from WBGZ sample collected, 1
 from WES. Sample were collected from all ARI alerts and tested for COVID-19 in the states Sentinel Sites
- 19 AWD alerts: 3 from CES ,4 from EES, 1 from Unity, 2 from Upper Nile State, 1 from Warrap, 5 WBGZ State treated, 3 WES State. All were treated for diarrhea. State RRTs were deployed to collect samples
- 13 ABD alerts: 3 from EES, 1 from Lakes investigation is underway, 1 from Unity investigation under way, 4
 from Upper Nile sample were collected, 3 from Warrap State and 1 from WBGZ State.
- 19 Malaria alerts: 1 from CES, 3 from EES, 1 from Warrap, 2 from Lakes State, 1 from Unity State, 6 from WBGZ, 5 from WES, all these are due to the high increase of malaria cases in the Country.
- 2 AFP alerts: from Unity State, Mayom County in Mankien PHCC and Mayom PHCC.
- 2 COVID-19 alerts: 1 from Jonglei state and 1 from Unity all tested positive for COVID-19
- 1 Measles alert: from Unity State, Rubkona, County, Bentiu State Hospital sample was collected for testing.

SUSPECTED OUTBREAKS





Major suspected outbreaks in South Sudan in 2020



Response | Suspect Epidemics; Curent Malaria trends 20, 2021

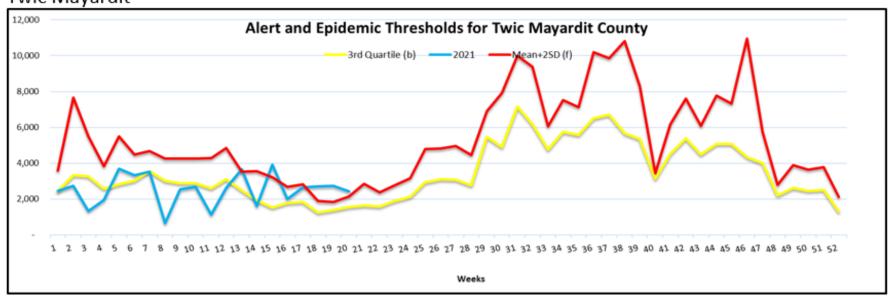


Malaria was the leading cause of morbidity and mortality, accounting for **50.0%** of all morbidities and **3.4%** of all Mortalities this week 20.

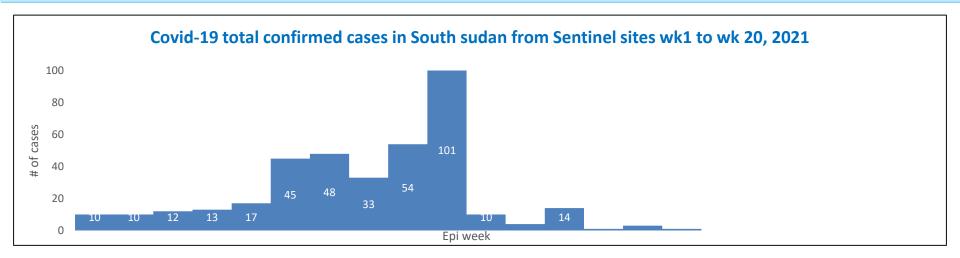
Only one counties with malaria trend that exceeded the threshold (third quartile of trends for the period 2013-2017):

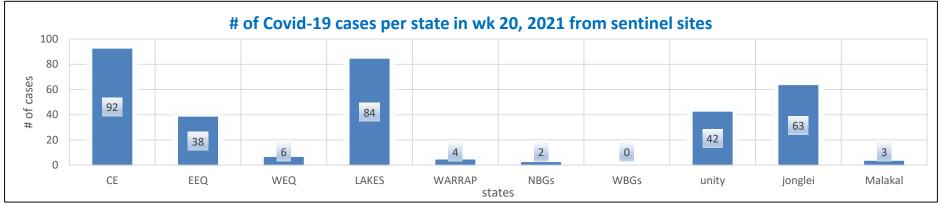
1. Twic Mayardit (Warrap State)

Twic Mayardit



Routine Sentinel Surveillance | Human Influenza





- As of 28th April 2021, a total of 138 samples were collected from three sentinel sites in Juba with 131 samples testing negative for influenza; one (1) positive for COVID-19; and six (6) positive for influenza B (with four (4) sub-typed as Victoria while the other two (2) are pending sub-typing)
- 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 7715 samples have been collected in 2021 with 546 (7.0%) being positive for COVID-19 from sentinel sites.





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





Update on floods and response

- The flooding forecast continues to be monitored. Rainfall forecast for 25 May to 1 June 2021 projects a moderate rainfall between 50 - 200 mm in western South Sudan (Western Bahr el Ghazal, Northern Bahr el Ghazal, Warrap and Western Equatorial states), parts of south-western Ethiopia and a few areas in central and western Kenya.
- Updating of flooding contingency planning and prepositioning of essential supplies including emergency health kits are underway.
- The locations affected by recent flooding include Ayod (25 000 people), Fangak (67 000 people) and Canal/Pigi (unknown).



Updates on Public Health Response

- 1. Health partners continue to expand access to health services through the reestablishment of critical static primary health care and mobile service delivery across the six 'Priority 1'counties of Pibor, Akobo, Tonj East, Tonj South, Tonj North, and Aweil South
- 2. WHO secured 1.3 M USD from UN CERF for rapid response scale-up in Pibor and Akobo by supplementing the available funding for three responding partners. The support will go towards the provision of emergency obstetric and neonatal care, and integrated mobile outreaches in areas with critical response gaps.
- Weekly trends of the top causes of morbidity and mortality are being monitored for
 potential upsurges and timely investigation. New reporting sites have been created for
 emergency partners who have begun response scale-up in Akobo, Tonj East, Tonj South
 and Aweil South.
- Integrated Disease Surveillance and Response (IDSR) training for healthcare workers and rapid response teams targeting 40 participants are planned to kick off on 29 May 2021 in Pibor.



- 5. Emergency Mobile Medical team continues to provide integrated mobile health and nutrition services in Greater Pibor Administrative Area (GPAA). So far, 3 281 outpatient consultations, 250 measles vaccination, 200 oral cholera vaccination and 778 under-five children screened for malnutrition were done in Lekuagule and Gumuruk in the Greater Pibor Administrative Area.
- 6. After completion of two rounds of polio vaccination campaigns in the counties, mop-up vaccination activities are planned to take off in Akobo where the post-campaign evaluation indicated low coverage.
- 7. The cholera preparedness and readiness measures are ongoing in Pibor, Akobo and other counties bordering Ethiopia where there was an active cholera outbreak. WHO continues to support health partners to step up investigation and sample collection from the alerts generated from the priority counties.

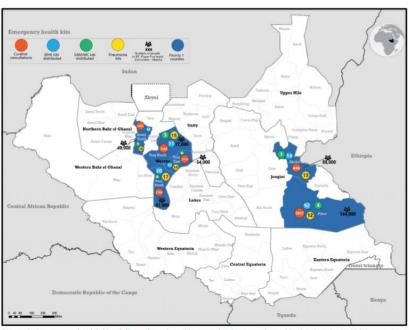
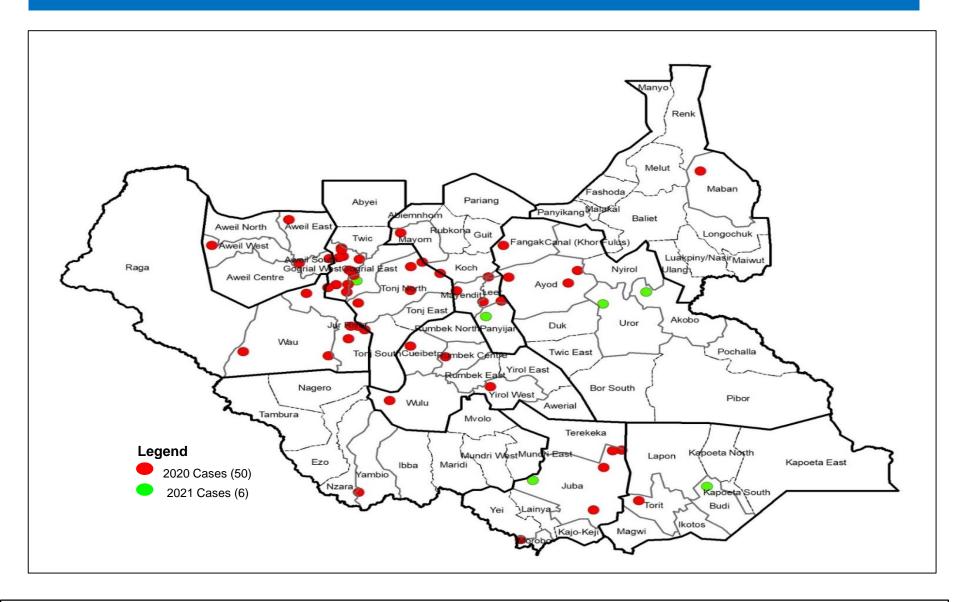


Figure 2: Emergency health kits delivered, and weekly consultations conducted in the six priority IPC 5 counties as of week 19

Epidemiologic details on current cVDPV2 outbreak

- The country received notification from Ugandan Virus Research Institute about the isolation of Polio Virus Type 2(PV2) from 3 AFP samples, on 4th September 2020, with the sequencing result received on 17 Sept that confirmed cVDPV2 in three cases and an official declaration of an outbreak on 18th Sept 2020 by MOH.
- As of 1st June 2021, a total of 56 confirmed cVDPV2 have been reported from AFP cases, 21 from contacts and 5 from environmental samples.
- The geographical distribution involves all 10 states in the country and 27 out of 80 counties have reported at least 1 case, with 20% of the cases from Warrap state.
- A total of 6 cases have been reported in 2021, and the date of onset for the first case was on 11/06/2020, while the most recent case was on 06/03/2021 from Juba, Central Equatoria state.
- 2 rounds of campaigns have been conducted with a Mop up done in 18 counties from May 2021.

Distribution of cVDPV2 case isolates from AFP cases as of 08th /June / 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.

Bacteriology lab updates as of 6 May, 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 E Coli	
1	Juba	1	stool	Cholera	No Growth for V. Cholerae	
1	Ibba	1	stool	Cholera	No Growth	
1	Rumbek East	1	CSF	Meningitis	No Growth	
1	Aweil Centre	1	stool	Shigellosis	Growth of Shigella Spp	
2	Abyei (Agok)	1	stool	Cholera	Growth for non V. Cholerae	
5	Ibba	2	stool	Cholera	Growth for E.Coli	E.coli normally cause diarrhea in children < 5
5	Gogrial west	7	stool	Cholera	No Growth for V. Cholerae	
15	Torit	5	Stool	Shigellosis	Growth for Shigella Spp	Non Pathogenic bacteria
					In 2 specimen	isolated in other 4 samples
16	Wau	2	Stool	Cholera	Non pathogenic bacteria	
					isolated	
16	Juba (Mangalla	6	Stool	Shigellosis	Growth for Shigella Spp	No Growth in the other 3
	IDP Camp)				In 3 specimen	specimens

- From week 1 to week 16 2021, 16 samples of acute watery diarrhea samples were received from around 6 counties. Samples were cultured and results showed no growth for *V. Cholerae in* all samples; 05 samples shows growth for *E. Coli* but serotype testing is pending for further characterisation
- The same period, 11 bloody diarrhea samples were cultured and 06 samples show growth for Shigella species for samples from Torit, Juba and Ibba counties; but serotype testing is also pending for further characterisation

Measles Lab update 3 May 2021

S/N	County	Total Number of Samples tested	Measles IgM Positive	Rubella IgM Positive	Comment
1	TAMBURA	3	0	1	One indeterminate results
2	IBBA	1	0	0	
3	Nagero	3	0	3	
4	MUNDRI East	1	0	0	
5	Tonj South	2	0	0	
6	Pibor	1	1	0	
7	Ezo	2	0	1	One indeterminate results
8	Kapoeta North & East	2	0	0	Indeterminate K. East
9	Magwi	1	0	0	
10	Yei, Yambio & Maridi	3	0	0	
11	Aweil Center	2	0	0	
	TOTAL	21	1	5	

- 21 samples sent in March and April , only one sample tested positive for Measles IgM from
 Greater Pibor, and five other results are indeterminate
- New Rubella Outbreak in Nagero County as all 3 samples tested positive for Rubella IgM

Response| Summary of major ongoing outbreaks in 2020 and 2021

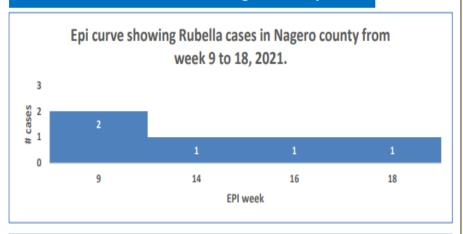


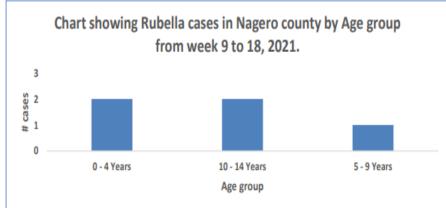
			New Cumulative		Interventions			
Aetiological agent	Location (county)	Date first reported	cases since last bulletin	cases to date (attack rate %)	Case management	Vaccination	Health promotion	WASH
Ongoing epide	mics							
Hepatitis E	Bentiu PoC	03/01/2018	14	631 (0.022)	Yes	No	Yes	Yes
cVDPV2	25 counties	11/06/2020	0	54	Yes	Yes	Yes	Yes
		18/09/2020						
Rubella	Tambura	11/1/2021	0	23 (0.13)	Yes	No	Yes	Yes
Rubella	Nagero	01/03/ 20201	1	4 (0.25)	Yes	No	Yes	N/A

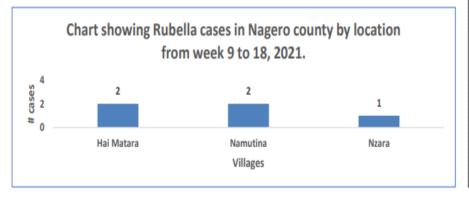


M

Confirmed Rubella outbreak in Nagero County, WES





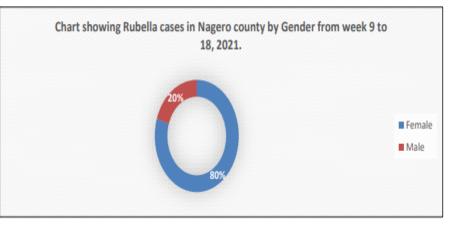


Descriptive epidemiology

- Nagero County started to report cases of suspected measles in week 9, 2021
- 3 samples were collected for testing and all 3 samples tested
 Rubella IgM positive
- Total of 5 cases reported from week 9, there was (1) new case reported in week 18, 2021
- No deaths were reported
- 80% are female and 20% are male.
- Age group 0- 14 years had the most cases
- Most affected area are Hai Matara and Namutina with 4 cases.

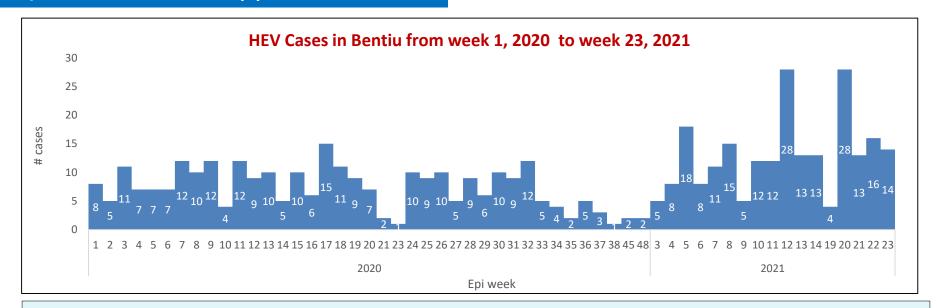
Response Actions:

- Surveillance and line-listing are ongoing
- Case management is ongoing





Hepatitis E, Bentiu PoC (1)



Descriptive epidemiology

- The persistent transmission of HEV in Bentiu PoC continues with 556 cases since beginning of 2019
- There were (14) new cases reported in week 23, 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 23, 2021; there were 631 cases of HEV in Bentiu PoC including 5 deaths (CFR 0.79%)
- There is an upsurge of HEV cases since the beginning of 2021. **Therefore calls for review to establish and address the WASH gaps**.

Hepatitis E, Bentiu PoC (2)

Recommendations

- Supportive case management guided by the HEV protocol is ongoing
- Key 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.

Response | Summary of major controlled outbreaks in 2019, 2020 and 2021



			New cases	Cumulative	Interventions				
Aetiological agent	iological agent Location Date first since last cases to date bulletin (attack rate %)		Case management	Vaccination	Health promotion	WASH			
Controlled epide	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	N	0	Yes	
Measles	Pibor	27/1/2020	NR	355 (0.0028)	Yes	Ye	es	Yes	
Measles	Wau	5/1/2020	NR	39 (0.051)	Yes	Ye	es	Yes	
Measles	Ibba	25/1/2020	0	55 (0.36)	Yes	Ye	es	Yes	



EBOLA VIRUS DISEASE (EVD)

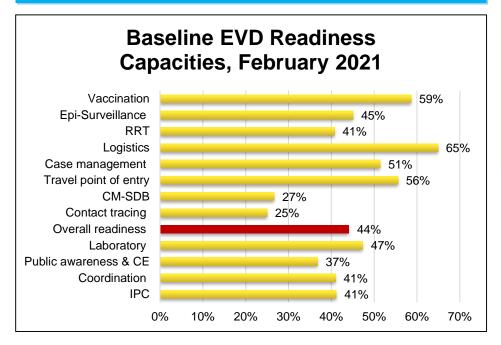
Updates EVD Outbreaks in Guinea as of 3 May, 2021

Guinea – The 42 – day count down to declare the outbreak over started on 8 May 2021

- Situation remains stable with no new cases confirmed in the past 21 days
- Appearance of 19 new suspected cases and alerts is a concern
- As of 1 May 2021: 23 cases (16 confirmed, 7 probable cases), and 12 deaths
 (CFR 52%) reported

South Sudan EVD Preparedness

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



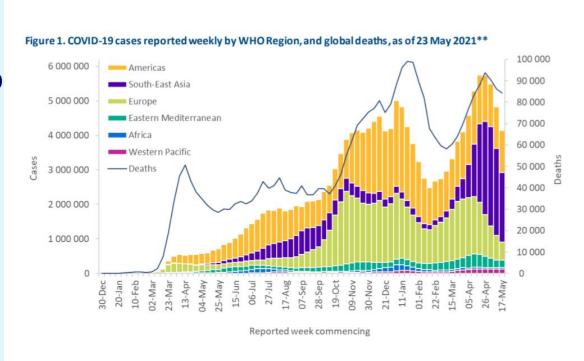


COVID-19 Virus Situation Summary



Situation update as of 23th May 2021

- Globally, as of 23 May 2021, there have been 166 352 007confirmed cases of COVID-19, including 3 449
 189 deaths reported to WHO.
- In Africa, as of May 2021, there have been 3 446 089confirmed cases of COVID-19, including 85
 964 deaths reported to WHO



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

COVID-19 Response in South Sudan as of 23th May, 2021



- 10 676 confirmed cases, including 337 imported cases, and 115 (case fatality rate of 1.1%)
 deaths have been reported in South Sudan since the beginning of the outbreak. The case count in
 the country has been decreasing for the past ten epidemiological weeks.
- 35 (44%) counties out of the 80 counties in the country have confirmed COVID-19 case as of the end of week 20, 2021.
- This week showed a 91.7% increase in the number of reported cases compared to Week 19. This
 ends 12 consecutive weeks of a decreasing trend in case count. There were no new confirmed
 deaths in Week 20
- Average positivity peaked at 22.4% in Week 07. However, average positivity yields have been
 declining for the last eleven epi weeks, reaching a low of 0.4% in Week 19, likely indicating that
 the second wave has ended.
- No alert tested positive for COVID-19 this week. Cumulatively, 2,727 alerts have been reported, of which 2603 (95.5%) have been verified, and 2522 (96.9%) of the verified alerts were sampled.
- At the end of Week 20, 7976 persons (6451 males, 1525 females) have been vaccinated in Juba County. Of those vaccinated, 1432 (18.0%) were healthcare workers. This is about 35.6% of the target number of health workers (4020) to be vaccinated.
- Two SARS-CoV-2 lineages were detected in South Sudan. The first variant of interest (VOI)
 detected in the South Sudan samples is the A.23.1 lineage and the second one is the B.1.525
 lineage

Overall Conclusions and Recommendations



Conclusion

- The overall performance of IDSR and EWARN reporting sites in week 20, 2021 is above the target of 80% in both Timeliness and Completeness
- 10 676 confirmed cases, including 337 imported cases, and 115 (case fatality rate of 1.09%) deaths Total 15,989 contacts identified, quarantined, & undergoing follow up as of week 20
- Rubella Outbreak in Nagero County, Western Equatoria State
- 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 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-weekly-disease-surveillance-bulletin-2020



States Partners



	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 I cs 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









