

South Sudan

Integrated Disease surveillance and response (IDSR)

Epidemiological Bulletin Week 24, 2021 (June 14- June 20)





- In week 24, 2021 IDSR reporting timeliness was 88% and completeness was 93% at health facility level and 88% for EWARS partners supported sites
- Of the 65 alerts in week 24, 2021; 92% were verified 10% were risk assessed and 10% required a response. Malaria (23), AWD (22), ARI (9), measles (1) and bloody diarrhea (12) were the most frequent alerts in week 24, 2021
- Malaria remains the top cause of morbidity and accounted for 57,416 cases (53.2% of OPD cases)
- Total 10 789 confirmed cases, including 337 imported cases, and 115 deaths (case fatality rate of 1.07%)
- Other hazards include floods (unseasonal) in over 4 counties; Malaria in 4 counties, 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 23 & 24 of 2021



Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported on Time in WK 24	Timeliness Percentage of WK 24	No. of HFs Reported on Time in WK 23	Timeliness Percentage of WK 23
1st	WES	213	212	100%	213	100%
2nd	Lakes	113	109	96%	113	100%
3rd	Jonglei	112	102	91%	99	88%
4th	Warrap	123	112	91%	112	91%
5th	EES	142	128	90%	124	87%
6th	WBGZ	78	67	86%	72	92%
7th	CES	117	100	85%	109	93%
8th	NBGZ	133	107	80%	118	89%
9th	Unity	94	75	80%	76	81%
10th	Upper Nile	117	87	74%	73	62%
	South Sudan	1242	1099	88%	1109	89%

KEY

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

The timeliness of IDSR reporting (supported by EWARS mobile) at health facility level in week 24 was 88% compared to 89% in week 23. 8 states were above the target of 80% except for Upper Nile and Unity

Reporting challenges: Insecurity, internet access and new partners

IDSR completeness performance at State level for week 23 & 24 of 2021



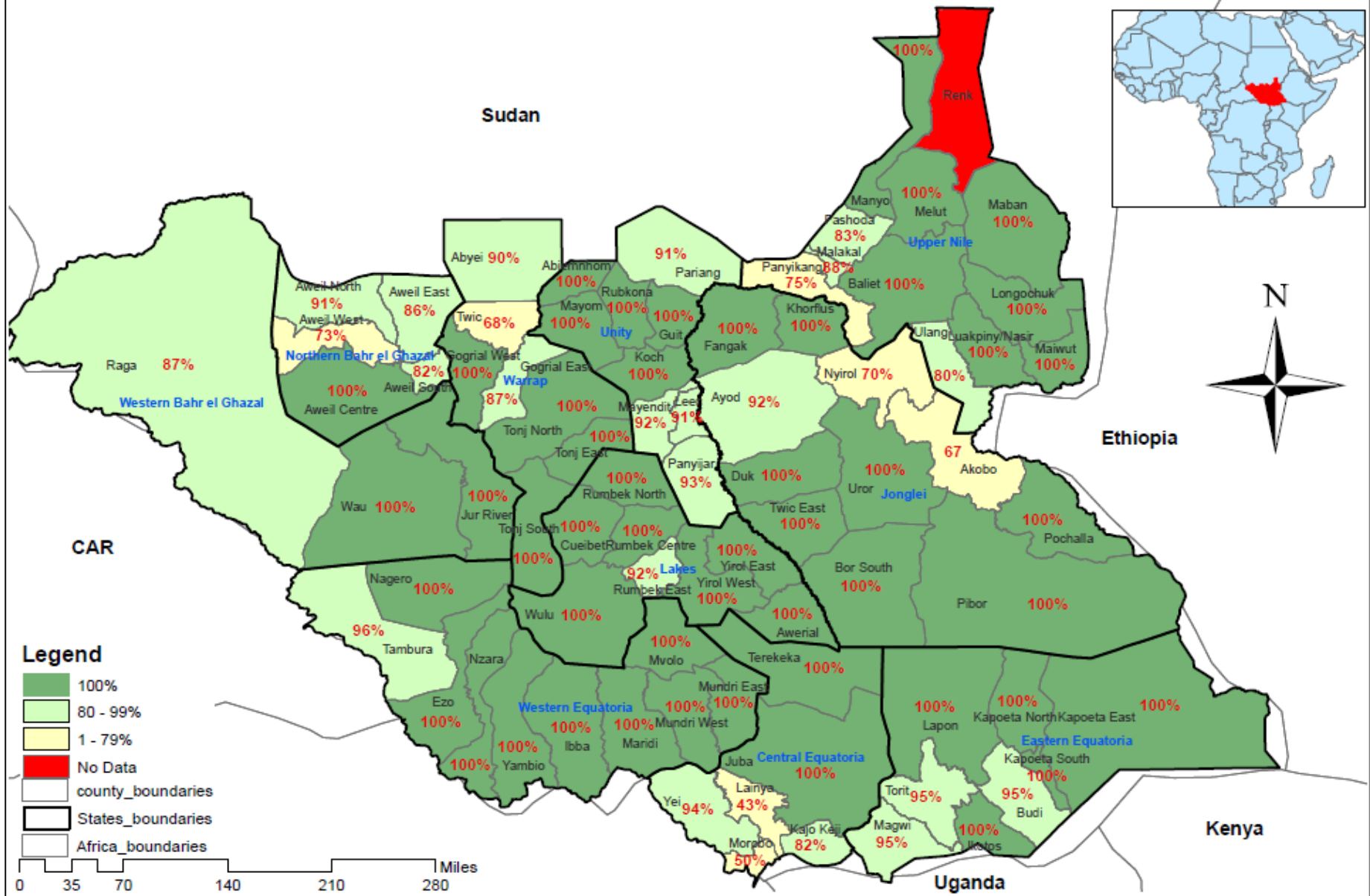
Completeness States Ranking	States	Number of reporting sites	No. of HF's Reported regardless of time in WK 24	Completeness Percentage of WK 24	No. of HF's Reported regardless of time in WK 23	Completeness Percentage of WK 23
1st	WES	213	213	100%	213	100%
2nd	EES	142	140	99%	136	96%
3rd	WBGZ	78	76	97%	72	92%
4th	Lakes	113	109	96%	113	100%
5th	Jonglei	112	108	96%	108	96%
6th	Unity	94	90	96%	88	94%
7th	Warrap	123	112	91%	122	99%
8th	CES	117	102	87%	109	93%
9th	NBGZ	133	113	85%	120	90%
10th	Upper Nile	117	97	83%	95	81%
	South Sudan	1242	1160	93%	1176	95%

KEY

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

Completeness of IDSR reporting (supported by EWARS mobile) at health facility level was at 93% in week 24 compared to 95% in week 23. All states were above the target of 80%

Map of South Sudan Showing the Completeness (reporting) by County in week 24, 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 Timeliness performance indicator by partner for week 24 of 2021

Partner	HF's	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received on Time in Week 24	Timeliness of Week 24	# of reports received on Time in Week 23	Timeliness of Week 23
Medicair	2	2	100%	2	100%
World Relief	2	2	100%	2	100%
UNIDOR	2	2	100%	2	100%
ALIMA	3	3	100%	3	100%
CMD	1	1	100%	1	100%
IHO	2	2	100%	2	100%
HAA	6	6	100%	6	100%
IRC	1	1	100%	1	100%
SSHCO	1	1	100%	1	100%
HFO	2	2	100%	2	100%
UNH	2	2	100%	2	100%
IOM	12	12	100%	12	100%
TRI-SS	2	2	100%	2	100%
RHS	1	1	100%	1	100%
IMC	24	24	100%	23	96%
HFD	6	5	83%	5	83%
MSF-H	7	5	71%	7	100%
TADO	6	4	67%	6	100%
MSF-E	6	4	67%	6	100%
Medair	4	2	50%	2	50%
GOAL	2	0	0%	0	0%
TOTAL	94	83	88%	88	94%

Timeliness for EWARS partners supported sites was at 88% in week 24 compared to 94% in week 23, 2021



Surveillance: EWARS performance indicator by partner for week 24 of 2021

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PARTER	Number of reporting sites	# of reports received regardless of Time in Week 24	Completeness of Week 24	# of reports received regardless of Time in Week 23	Completeness of Week 23
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World Relief	2	2	100%	2	100%
UNIDOR	2	2	100%	2	100%
ALIMA	3	3	100%	3	100%
CMD	1	1	100%	1	100%
IHO	2	2	100%	2	100%
HAA	6	6	100%	6	100%
IRC	1	1	100%	1	100%
SSHCO	1	1	100%	1	100%
HFO	2	2	100%	2	100%
UNH	2	2	100%	2	100%
IOM	12	12	100%	12	100%
TRI-SS	2	2	100%	2	100%
RHS	1	1	100%	1	100%
IMC	24	24	100%	23	96%
HFD	6	5	83%	5	83%
MSF-H	7	5	71%	7	100%
TADO	6	4	67%	6	100%
MSF-E	6	4	67%	6	100%
Medair	4	2	50%	2	50%
GOAL	2	0	0%	0	0%
TOTAL	94	83	88%	88	94%

Completeness for EWARS partners supported sites was at 88% in week 24 and 94% in week 23, 2021

EVENT-BASED SURVEILLANCE



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





State	Acute jaundice syndrome	Acute Respiratory Infections (ARI)	Acute Watery Diarrhoea	AFP	Bloody Diarrhoea	Malaria	Measles	Guinea Worm	Covid-19	PoE suspected COVID-19 case	Total alerts
CES	1	3	1		1						6
EES		2	4		5	2	1			1	15
Unity	1	3	2		4	5			3		18
Upper Nile		1	2			5					8
Warrap			1			1		1			3
WBGZ			2			2					4
WES				1	2	8					11
Total alerts	2	9	12	1	12	23	1	1	3	1	65

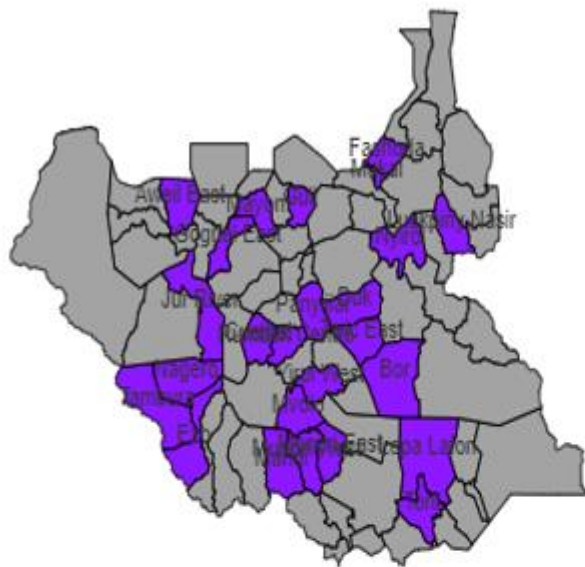
During this week:

- **9 ARI alerts:** 3 from CES, Juba County, Peiti PHCU, Kajo-Keji County, Lire PHCC and Sera Jale PHCU, 3 from Unity State ,Panyijiar County, Pachak PHCU, 1 from Upper Nile, Luakpiny Nasir, Gurnyang PHCU, 2 from EES ,Lopa Lafon county, Adeba PHCU and Upuo PHCU.
- **12 AWD alerts:** 1 from CES ,4 from EES, treated for diarrhea , 2 from Upper Nile State,, 2 from Unity treated for diarrhea, 1 from Warrap State , 2 from WBGZ State.
- **12 ABD alerts:** 1 from CES, 5 from EES patients given treatment, 4 from Unity investigated, 2 from WES.
- **23 Malaria alerts:** 2 from EES, 5 from Unity, 5 from Upper Nile State, 1 from Warrap State, 2 from WBGZ, 8 from WES , all these are due to the high increase of malaria cases in the Country.
- **2 AJS alerts:** 1 from CES, Munuki, Kimu PHCC, and unity State has also triggered 1
- **3 COVID-19 alerts:** 3 from Unity State all tested positive for COVID-19
- **1 Guinea Worm alert:** this was triggered from Warrap state,
- **1 Measles alert:** 1 from EES state, Magwi County in Abara PHCC
- **1 AFP alert:** this is from WES, Nagero, Zomoi PHCU sample was collected
- **1 PoE Suspected COVID-19 alert:** from EES, Magwi County, Nimule PoE.

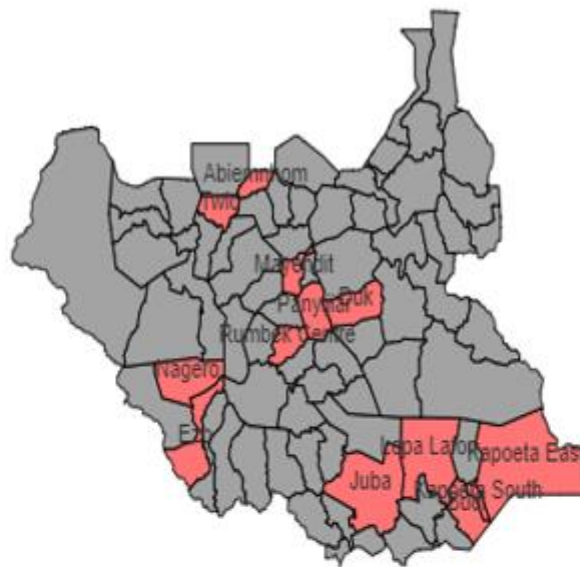
Alert: Map of key disease alerts by county of week 24 of 2021



Map 2a | Malaria (W24 2021)



Map 2b | Bloody diarrhoea (W24 2021)



Map 2c | Measles (W24 2021)



W24	Cumulative (2021)	
0	9	Low risk
8	8	Medium risk
0	51	High risk
12	129	Very high risk

92%	89%	% verified
0%	0%	% auto-discarded
10%	4%	% risk assessed
10%	3%	% requiring a response

SUSPECTED OUTBREAKS



Major suspected outbreaks in South Sudan in
2020



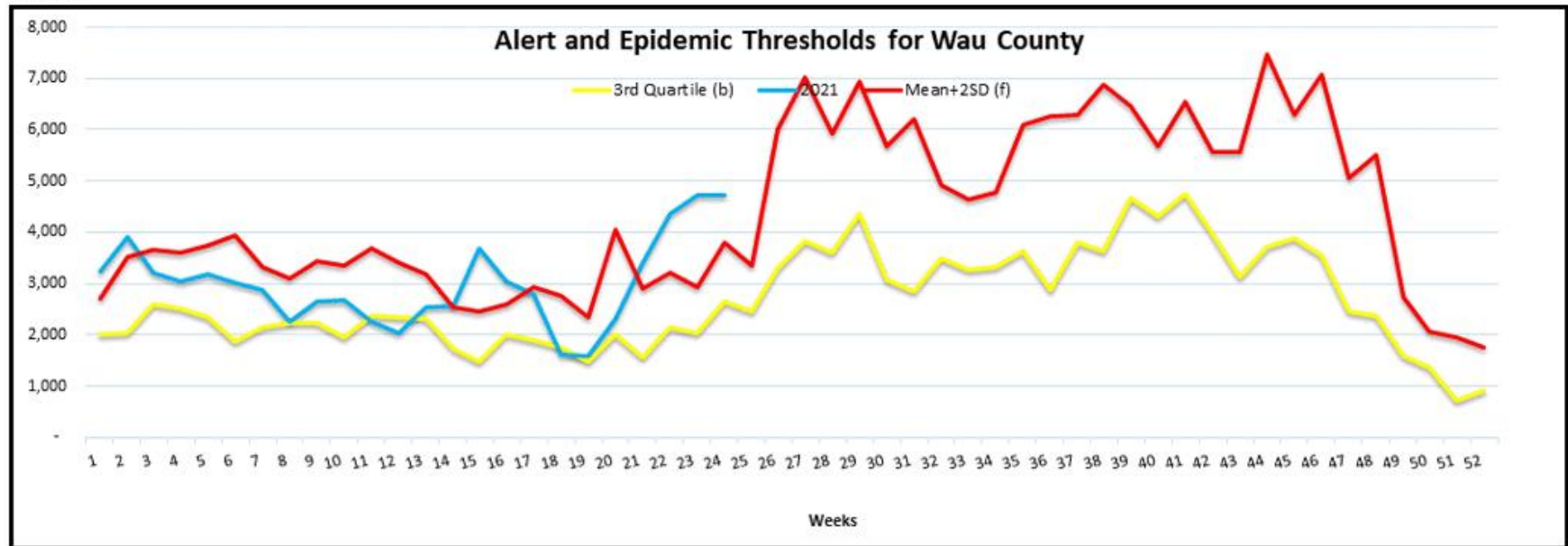


Malaria was the leading cause of morbidity and mortality, accounting for **53.2%** of all morbidities and **72.6%** of all Mortalities this week 23.

Two Counties with malaria trends which have exceeded the threshold (third quartile of trends for the period 2013-2017)

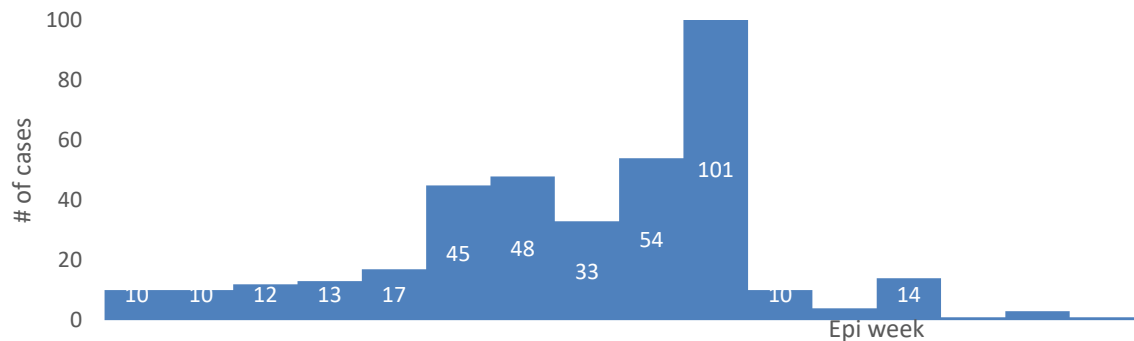
1. CE State (Juba)
2. WBGz State (Wau)

Wau

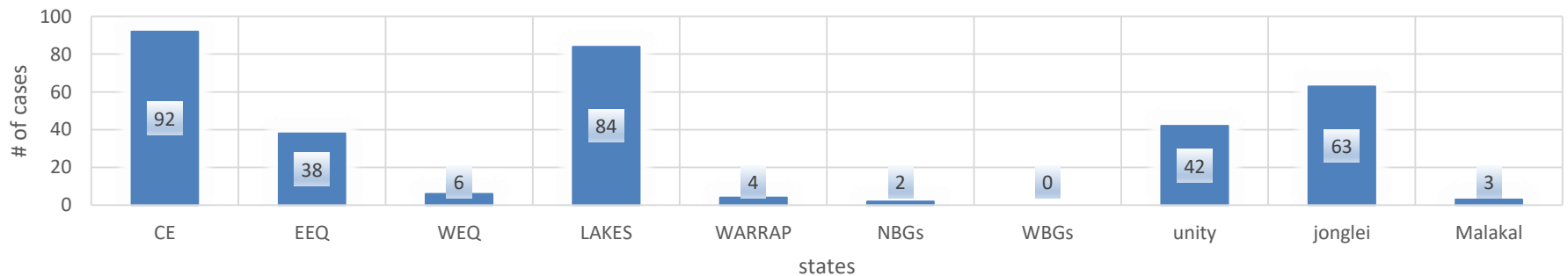


Routine Sentinel Surveillance | Human Influenza

Covid-19 total confirmed cases in South sudan from Sentinel sites wk1 to wk 24, 2021



of Covid-19 cases per state in wk 24, 2021 from sentinel sites



- 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.

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

- 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 re-establishment 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.
3. 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.
4. Integrated disease surveillance and response (IDSR) trainings concluded in Pibor and ongoing in Akobo Counties. Plans are underway to cascade the trainings to other four counties



- The multi-sectoral response guided by multi-cluster assessments continues to intensify efforts to reach the food insecure populations with life-saving food, health, nutrition and WASH assistance in the prioritized six counties.
- Health response strategies are geared towards increasing access to basic health and nutrition services, enhancing capacities of disease surveillance, prevention, detection and response to infectious disease outbreaks, and building resilience of the health system to reduce preventable mortality and morbidity.

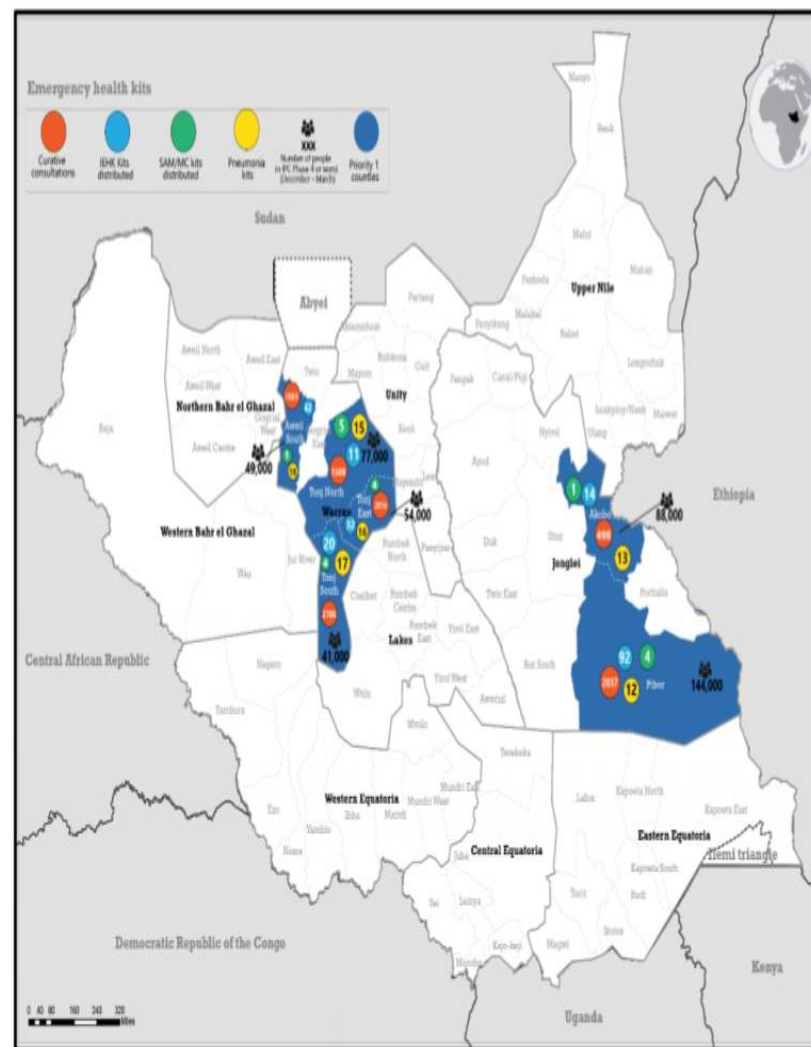


Figure 2: Emergency health kits delivered, and weekly consultations conducted in the six priority IPC 5 counties as of week 19 2021



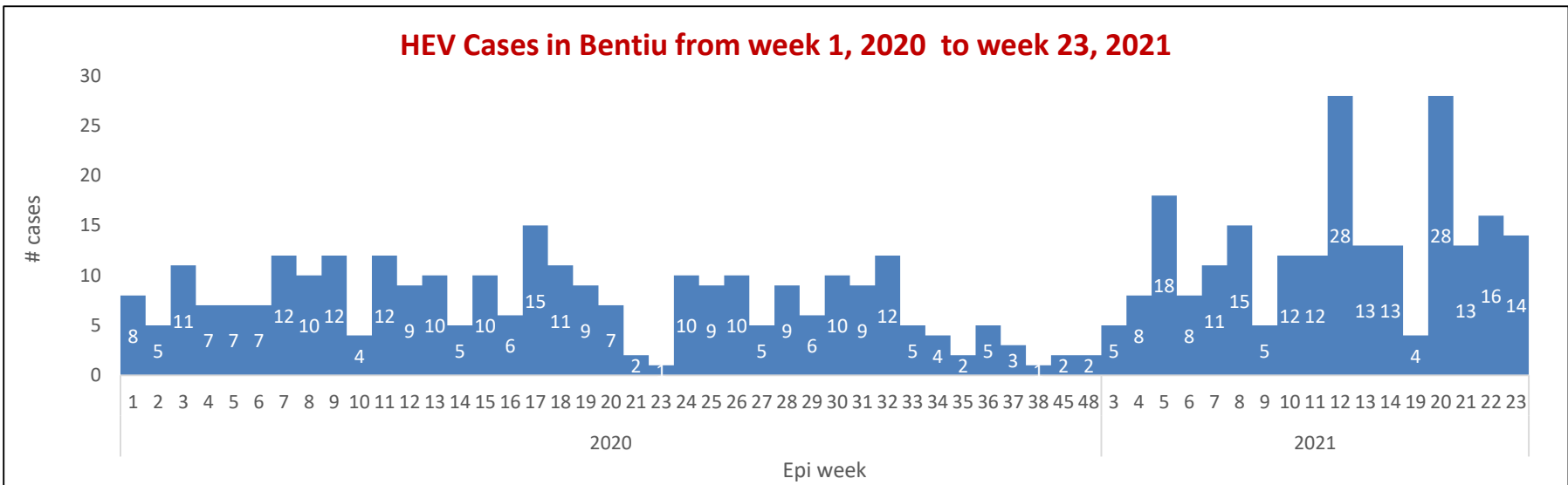


Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
Ongoing epidemics								
Hepatitis E	Bentiu PoC	03/01/2018	14	631 (0.022)	Yes	No	Yes	Yes
COVID-19	35 counties	05/4/2020		10,855	yes	yes	yes	yes
cVDPV2	25 counties	11/06/2020 18/09/2020	0	54	Yes	Yes	Yes	Yes
Rubella	Tambura	11/1/2021	0	23 (0.13)	Yes	No	Yes	Yes
Rubella	Nagero	01/03/ 20201	0	5 (0.25)	Yes	No	Yes	N/A





Hepatitis E, Bentiu IDP camp (1)



Descriptive epidemiology

- The persistent transmission of HEV in Bentiu IDP camp 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.
- There is risk of adverse outcomes women are infected in their last trimester
- Use of unsafe drinking water is likely to be source of infection
- Up to week 23, 2021; a cumulative of 631 cases of HEV in Bentiu IDP camp including 5 deaths (CFR 0.79%)
- There is an upsurge of HEV cases since the beginning of 2021. The upsurge is attributed to declining WASH in the IDP camp as the daily workers and hygiene promoters have not been working for months now amidst reduced funding for WASH activities in IDP camp.

Public health response

- Given the current HEV upsurge in Bentiu IDP camp, the WASH cluster in Juba working with the local WASH implementing partners – Concern Worldwide; Mercy Corps; and IOM have agreed to undertake the following interventions:
 - Intensify Hygiene promotion messaging prioritizing the most affected sectors. Many of the daily workers stopped working for quite some time including Hygiene Promoters hence orientation of HPs will be intensified
 - Provide WASH NFIs (soap, buckets for water storage and handling)
 - Intensify water quality monitoring at source and point of use and adjust chlorine dosage accordingly to maintain FRC levels at 0.5-1mg/L as the point of collection
- Partners, - WHO and MSF in support of the MoH are exploring the feasibility of deploying HEV vaccines as an additional outbreak response tool to interrupt transmission



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



COVID-19 Updates

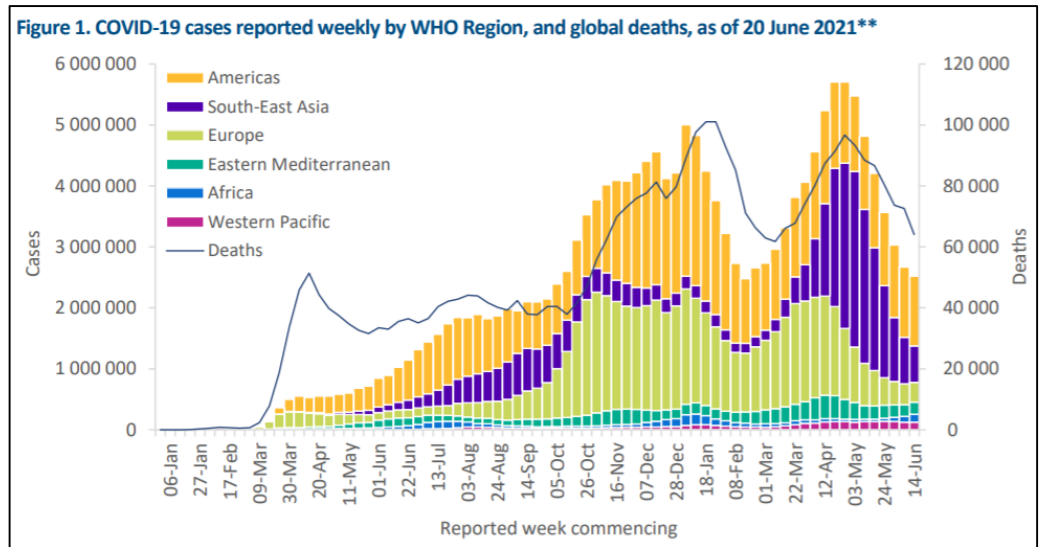


COVID-19 Virus Situation Summary



Situation update as of 22 June 2021

- Globally, 22 June 2021, there have been **177 866 160 confirmed cases** of COVID-19, including **3 857 974 deaths**, reported to WHO. As of 22 June 2021, a total of **23,646,968,156 vaccine doses** have been administered.
- In Africa, as of 22 June 2021, there have been **3 791 054 confirmed cases** of COVID-19, including **91 599 deaths** reported to WHO



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



- Thirty-eight new cases were identified in Week 24, bringing the cumulative number of confirmed cases to 107891 , including 350 imported cases mainly from South Sudanese returnees (179), Uganda (52), and Kenya (19). There were 13 new imported cases in Week 24
- At the end of Week 24, 35 (43.8%) of the 80 counties in the country have a confirmed case.
- Average positivity yields have been declining in recent epi weeks (after peaking at 22.4% in Week 07), reaching a low of 0.4% in Week 19 before increasing to 1.4% in Week 24.
- 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
- Ten alerts tested positive for COVID-19 this week. Cumulatively, 27912 alerts have been reported, of which 2665 (95.5%) have been verified, and 2584 (97.0%) of the verified alerts were sampled.
- Cumulatively, 15992 contacts have been listed and followed up since the first confirmed case was reported in April 2020, of which 14749 (92.2%) have completed follow-up
- As of the end of Week 24, South Sudan has vaccinated 35382 people, of whom 2252 are fully vaccinated and 33130 have had one dose. So far, 5863 healthcare workers have been vaccinated [Figure 14]. Vaccination is currently ongoing in nine states. Challenges to the vaccination campaign include:
 - Low uptake by healthcare workers
 - Low uptake among women

Overall Conclusions and Recommendations



Conclusion

- The overall performance of IDSR and EWARNS reporting sites in week 24, 2021 is above the target of 80% in both Timeliness and Completeness
- **10 789** confirmed COVID-19 cases, including **337** imported cases, and **115** (case fatality rate of 1.07%) deaths Total **15,992** contacts identified, quarantined, & undergoing follow up as of week 24, 2021
- Given the COVID-19 pandemic, and the third pandemic wave that is currently underway in Africa, resurgence monitoring and response readiness is being enhanced for all the pillars including surveillance, laboratory, case management, infection prevention and control, border health, and community engagement to emphasize adherence to public health social measures including vaccination of health workers, high risk groups, and the general population

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 resurgence monitoring and response readiness through identifying and testing suspect cases (including genomic sequencing), isolating and effective management of confirmed cases, contact tracing, community engagement, COVID-19 vaccination, and strengthening adherence to PHSMs.

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	Number of reporting sites	Supporting Partners
WES	213	AMREF, World Vision, CUAMM, CDTY, OPEN
CES	117	HLSS, SSUHA, Healthnet TPO, IHO,GOAL,TRI-SS,THESO,IMA,SSHCO
NBGZ	133	Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO
WBGZ	78	Cordaid, Healthnet TPO, CARE International, IOM, ALIMA
Jonglei	108	Nile Hope, MDM, JDF, Livewell, CMD, HFO, EDA, CRADA, Malaria Consortium, CMA, ACSO, MEDAIR, CARE, World Relief, UNH
EES	142	Cordaid, HLSS, CCM
Unity	94	Cordaid, UNIDOR, IRC, CHADO, CARE International, CRADA, CASS, IOM, Samaritan's Purse
Warrap	123	GOAL, CCM, WVI, Malaria Consortium, UNKEA, Save the Children, MSF
Upper Nile	117	Cordaid, WVI, RI, IMC, NIDO, UNKEA, MC, SSAID,CORDAID ,IOM,HFD,TADO
Lakes	113	Doctors with Africa (CUAMM)

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Notes

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The data has been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind, and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at <http://ewars-project.org>

