South Sudan

Integrated Disease surveillance and response (IDSR)

Epidemiological Bulletin Week 31, 2021 (August 02- August 08)



Major epidemiological highlights in week 31 of 2021



- Hepatitis E virus case surge reported in Bentiu IDP settlement since week 19, 2021, total of 1,001 cases with 9 deaths (CFR 0.089%)
- Hemorrhagic Fever Outbreaks in West Africa (Marburg in Guinea & Ebola Virus Disease in Cote d'Ivoire)
- In week 31, IDSR reporting timeliness was 75% and completeness was 90% while timeliness was 84% and completeness 89% for EWARN sites.
- Of the 66 alerts in week 31; 77% were verified with malaria (21), AWD (15), ARI (6) and ABD (13) were the most frequent alerts.
- Malaria remains the top cause of morbidity and accounted for 98,765 cases (66.2% of OPD cases).
- Of the 2,973 COVID-19 alerts detected, 2,845 (95.7%) have been verified with 11,121 confirmed cases and 120 deaths (CFR of 1.08%).
- Other hazards include floods (unseasonal) in over 3 counties.

SURVEILLANCE PERFORMANCE FOR WEEK 30 & 31, 2021



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



IDSR timeliness performance at State level for week 31 & 30 of 2021



Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported on Time in WK 31	Timeliness Percentage of WK 31	No. of HFs Reported on Time in WK 30	Timeliness Percentage of WK 30
1st	WES	213	213	100%	213	100%
2nd	NBGZ	115	102	89%	108	94%
3rd	Lakes	113	96	85%	90	80%
4th	Jonglei	107	89	83%	87	81%
5th	Unity	94	71	76%	63	67%
6th	EES	142	104	73%	73	51%
7th	Warrap	123	78	63%	78	63%
8th	Upper Nile	112	71	63%	74	66%
9th	CES	117	58	50%	85	73%
10th	WBGZ	78	32	41%	69	88%
	South Sudan	1214	914	75%	940	77%

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 31, 2021 was

75% compared to 77% in week 30, 2021. only 4 states were above the target of 80%

Reporting challenges: Insecurity, internet access and new partners

IDSR completeness performance at State level for week 31 & 30 of 2021

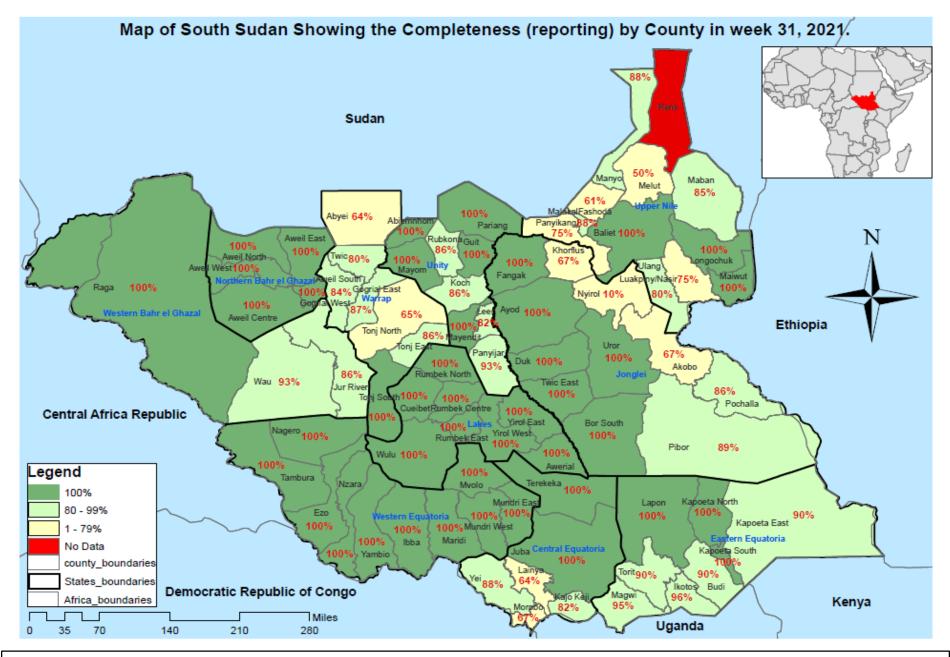


Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported regardless of time in WK 31	Completeness Percentage of WK 31	No. of HFs Reported regardless of time in WK 30	
1st	WES	213	213	100%	213	100%
2nd	NBGZ	115	115	100%	114	99%
3rd	Lakes	113	113	100%	111	98%
4th	EES	142	132	93%	111	78%
5th	Unity	94	86	91%	83	88%
6th	WBGZ	78	70	90%	76	97%
7th	Jonglei	107	92	86%	96	90%
8th	CES	117	100	85%	92	79%
9th	Warrap	123	93	76%	79	64%
10th	Upper Nile	112	76	68%	85	76%
	South Sudan	1214	1090	90%	1060	87%

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 90% in week 31, 2021 compared to 87% in week 30, 2021. 8 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 timeliness performance indicator by partner for week 31 and 30 of 2021

7	
	H//
	$-\infty$

Partner	HFs	Reporting		Performance	
PARTER	Number of reporting sites	# of reports received regardless of Time in Week 31	Completeness of Week 31	# of reports received regardless of Time in Week 30	Completeness of Week 30
World Relief	2	2	100%	2	100%
ALIMA	3	3	100%	3	100%
CMD	1	1	100%	1	100%
IHO	2	2	100%	2	100%
IRC	1	1	100%	1	100%
SSHCO	1	1	100%	1	100%
TADO	4	4	100%	4	100%
UNIDOR	2	2	100%	2	100%
HFO	3	3	100%	2	67%
UNH	4	4	100%	2	50%
TRI-SS	2	2	100%	1	50%
IMC	24	23	96%	18	75%
HFD	6	5	83%	5	83%
IOM	12	8	67%	12	100%
MSF-E	6	4	67%	6	100%
MSF-H	7	3	43%	3	43%
RHS	1	0	0%	1	100%
TOTAL	81	68	84%	66	81%

Timeliness for EWARS partners supported sites were at 84% in week 31, 2021 compared to 81% at week 30, 2021

Surveillance: EWARS completeness performance indicator by partner for week 31 and 30 of 202

		1
21	L/Y	1
3		4

Partner	HFs	Reporting		Performance	
PARTER	Number of reporting sites	# of reports received regardless of Time in Week 31	Completeness of Week 31	# of reports received regardless of Time in Week 30	Completeness of Week 30
World Relief	2	2	100%	2	100%
ALIMA	3	3	100%	3	100%
CMD	1	1	100%	1	100%
IHO	2	2	100%	2	100%
IRC	1	1	100%	1	100%
SSHCO	1	1	100%	1	100%
TADO	4	4	100%	4	100%
UNIDOR	2	2	100%	2	100%
HFO	3	3	100%	3	100%
UNH	4	4	100%	4	100%
TRI-SS	2	2	100%	2	100%
IMC	24	23	96%	21	88%
HFD	6	5	83%	6	100%
IOM	12	8	67%	12	100%
MSF-E	6	6	100%	6	100%
MSF-H	7	4	57%	5	71%
RHS	1	1	100%	1	100%
TOTAL	81	72	89%	76	94%

Completeness for EWARS partners supported sites was at 89% in week 31, 2021 compared to 94% at week 30, 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	Bloody Diarrhoea	Malaria	Guinea Worm	EBS	Covid-19	Total alerts
CES	1		3	1	1				6
EES		2	1	5	3		1		12
Jonglei		2	3		1			1	7
Unity	2	2	1	3	3			2	13
Upper Nile			5	2	1				8
Warrap				1	1			2	4
WBGZ			1	1	4	1	1		8
WES			1		7				8
Total alerts	3	6	15	13	21	1	2	5	66

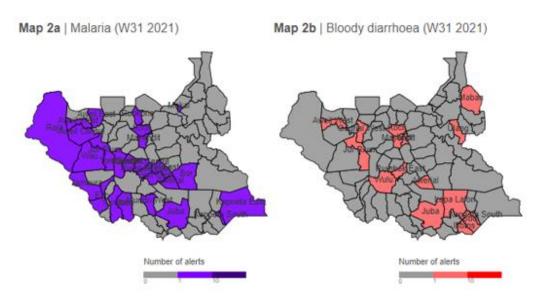
During this week:

- 6 ARI alerts: 2 from EES, 2 from Jonglei State and 2 from Unity State.
- 15 AWD alerts: 2 from CES, 1 from EES, 3 from Jonglei State, 4 from Lakes, 3 from Upper Nile State, 1 from Unity, 1 NBG State treated for diarrhea
- 13 ABD alerts:, 1 from CES, 5 from EES, 3 from Unity investigation under way, 2 from Upper Nile, 1 from Warrap State, 1 from WBG State.
- 21 Malaria alerts: 1 from CES, 3 from EES, 1 from Jonglei State, 1 from Upper Nile State, 3 from Unity State, 1 from Warrap State, 4 from WES,
 7 from WBG, all these are due to the high increase of malaria cases in the Country.
- 5 COVID-19 alerts: 1 from Jonglei State, 2 from Warrap State and 2 from Unity state
- 2 EBS alerts: 1 from EES, Hai Iluhum Residential area and was taken to Torit State Hospital in Torit County with suspected COVID-19 and investigation was done by SRRT, sample was collected and tested positive. 1 from WBG state, Jur River County, Tharkueng PHCC She was bitten by snake and has been injected with Snake Venom Antiserum in the health facility
- 3 AJS alerts: 1 from CES, 2 from Unity State, Mayom County, SP Ruathnyibuol Mobile Clinic (investigation conducted but no samples were collected)
- 1 Guinea Worm alert: from WBG state

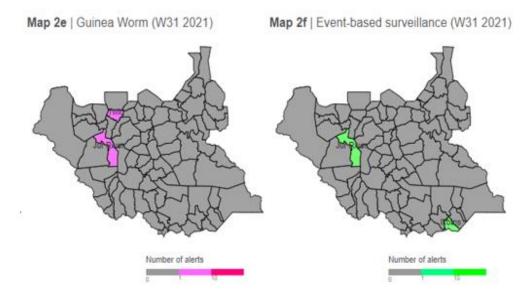
Alert: Map of key disease alerts by county of week 31 of 2021











SUSPECTED OUTBREAKS





Major suspected outbreaks in South Sudan in 2020





Malaria was the leading cause of morbidity and mortality,

accounting for 66.2% of all morbidities and 9.7% of all

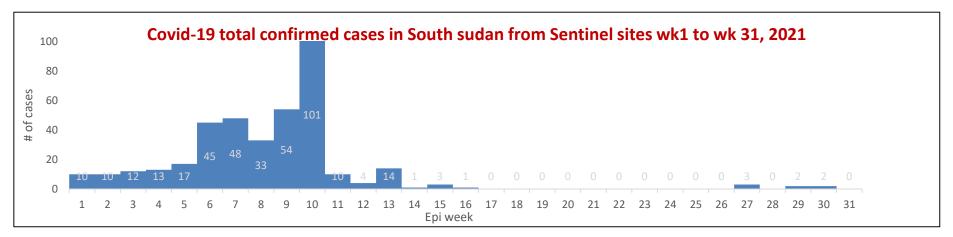
Mortalities this week 21.

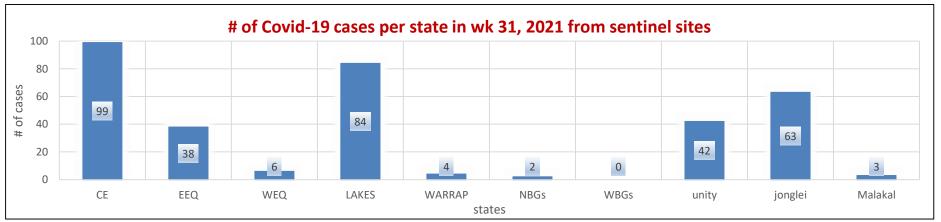
No counties with malaria trends which have exceeded the

threshold (third quartile of trends for the period 2013-

2017)

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 7722 samples have been collected in 2021 with 549 (7.1%) being positive for COVID-19 from sentinel sites.





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





- An estimated 90 000 people have been affected across 11 counties (Ayod, Fangak, Renk, Guit, Gogrial West, Aweil South, Mayendit, Koch, Nhaildu-Rubkona and Malakal from Fangak).
- A high-level humanitarian and government mission visited Ayod and Canal Counties on 4 August 2021 to witness the impact of the flooding in the counties.
- The heavy rains have damaged homes and agricultural fields forced families and their livestock to move to higher grounds and limited access to health and other essential services.
- The humanitarian community is responding by conducting assessments to outline the needs and damages, prepositioning of supplies, construction of dykes and acquiring alternative transport means in affected locations.
- In Greater Pibor Administrative Area, an early warning and disaster management committee was formed as part of the flood contingency plan.
- The Inter-cluster coordination group is currently finalizing an intersectoral response strategy that will guide the response measures of various clusters and stakeholders.
- There is a need for funding to support responding partners to institute ensure timely and lifesaving interventions.



- Food insecurity remains a major concern in South Sudan where 7.2 million people are projected to face high levels of acute (IPC Phase 3+) food insecurity during April-July 2021 as per the Integrated Food Security Phase Classification (IPC) report released in December 2020.
- In the six most affected counties (Pibor, Akobo, Aweil South, Tonj North, Tonj South and Tonj East), some 820 000 people were projected to face a crisis or worse levels of food insecurity while over 108 000 people were projected to be in IPC Phase 5 catastrophe during the lean season.
- The humanitarian community and government has been responding in the affected counties since December 2020 through scaling up of access to life-saving food security and livelihood, health and nutrition, protection and WASH services and assistance.
- WHO and Health Cluster partners aim at reducing preventable mortality and morbidity by scaling up 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.



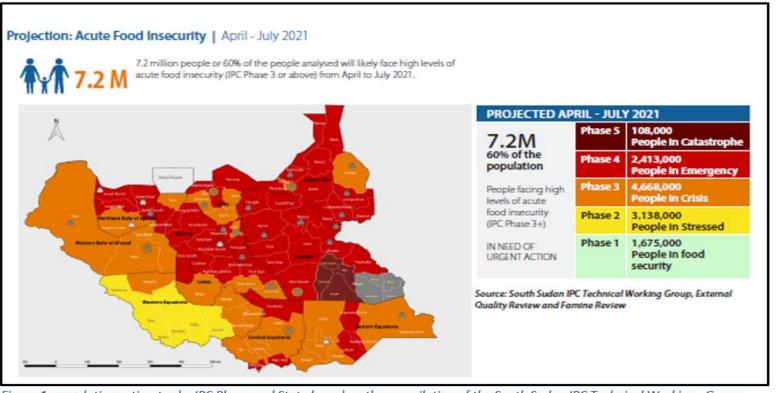


Figure 1: population estimates by IPC Phase and State based on the compilation of the South Sudan IPC Technical Working Group

- Frequent sub-national violence, attacks on humanitarian workers and properties, inadequate funding for essential supplies and weak health systems have continued to impede humanitarian operations in the priority locations.
- A 13% reduction in food prices was reported in July 2021 as compared to the previous two months.



Ongoing Response Activities:

- Partners provided primary health and nutrition through static and mobile health facilities. The emergency health partners funded by different donors are supporting to reach locations without functional health facilities. Since the beginning of 2021, 363 143 consultations have been conducted in the six priority counties as at end of week 30.
- WHO supported emergency partners operating in the six priority counties with the
 essential emergency supplies as the core pipeline manager, 249 interagency health
 kits (can support 249 000 people for three months), 106 pneumonia kits, 20 severe
 acute malnutrition with medical complication (SAM/MC) kits, and 45 cholera
 investigation kits to the responding partners in the priority counties.
- WHO supported the state ministries to capacity build 42 health workers on management of severe acute malnutrition with medical complications in Tonj North, Tonj East and Tonj South counties; Total of 116 (31 in Pibor, 45 in Akobo East, 40 in Aweil South) health workers and rapid response teams to strengthen the Integrated Disease Surveillance and Response (IDSR); Supported training of 40 participants on community-based surveillance in Aweil South. Further, a refresher training was conducted for 78 community surveillance focal points in Pibor and Akobo East Counties.

Update on the cVDPV2 in South Sudan as of week 31, 2021 (01)



- 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.
- MOH declared as a public health emergency on 18th Sept 2020 by MOH.
- As of 27th July 2021, a total of 59 confirmed cVDPV2 cases have been reported from AFP cases, 22 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.
- A total of 9 cases have been reported in 2021. The date of onset for the first reported case was on 11/06/2020, while the most recent case was on 8th April, 2021 from Panyijar, Unity state.
- 2 rounds of mOPV2 have been conducted with a Mop up campaign conducted from 25 27 May 2021 covering 18 counties in 9 states.

South Sudan cVDPV2 Response as of week 31, 2021 (02)



SIA PERFORMANCE

- 2 Rounds of SIA using mOPV2)
- Mop up in counties with poor results

Rnd				F	lesults		Remarks
	# of counties	Implementation Time line	Children Immunized	Admi n Cov. %	IM (%)	# of counties accepted out of LQAS surveyed	
Rnd-1	80	10 - 13 Nov 20 (Phase I) 8 - 11 Dec 20 (Phase II) 16 - 22 Mar 21 (Phase III) 27 - 30 May 21(Phase IV)	2,467,692	91%	91%	12/26	 During 1st phase 44 counties administered 1st dose of mOPV2 from 10 to 13 Nov 2020 In the 2nd phase additional 31 counties administered 1st dose of mOPV2 from 8th to 11 Dec 2020 4 counties in UNL implemented the 1st round in Mar 2021 The last county (Tonj East) is implementing the campaign together with the Mop up campaign
Rnd-2	75	8-11 Dec 20 (6 counties) 16- 19 Feb 21 (68 counties) 15 – 18 June 21 (4 counties)	2,654,481	99%	88%	13/37	6 counties from WES implemented their 2nd dose during Dec 20 round 68 counties in 9 states implemented the 2nd dose of mOPV2 in Feb 2021 4 counties in UNL conducted the second round
Mop_UP	19	27 – 30 May 2021	847,400	97%	NA	12/15	• Mop-Up conducted in 19 counties and all reports 6

Response| Summary of major ongoing outbreaks in 2020 and 2021

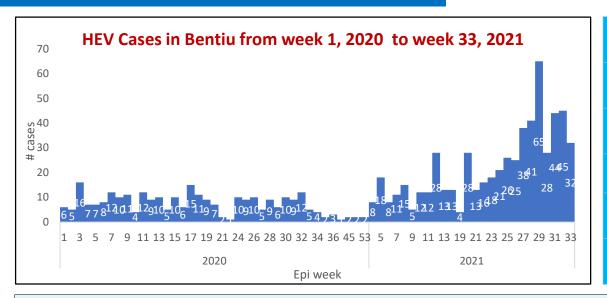


			New	Cumulative	Interventions				
Aetiological agent	Location (county)	Date first reported	cases since last bulletin	cases to date (attack rate %)	Case management	Vaccination	Health promotion	WASH	
Ongoing epide	mics								
Hepatitis E	Bentiu PoC	03/01/2018	32	1001 (0.031)	Yes	No	Yes	Yes	
COVID-19	35 counties	05/4/2020	58	11,121(0.005)	yes	yes	yes	yes	
cVDPV2	25 counties	11/06/2020	27	56	Yes	Yes	Yes	Yes	
		18/09/2020							





Hepatitis E, Bentiu IDP settlement (1)



Age- Group	Alive	Dead	Grand Total	Percentag e	CFR	Cum. %2
1 - 4 Years	277	1	278	28%	0%	28%
10 - 14 Years	133		133	13%	0%	41%
15+ Years	363	6	369	37%	2%	78%
5 - 9 Years	219	2	221	22%	1%	100%
Grand Total	992	9	1001	100%	0.01	

Descriptive epidemiology

- The persistent transmission of HEV in Bentiu IDP camp continues with 1,001 cases since beginning of 2019
- There were (32) new cases reported in week 33, 2021
- All the cases were managed as outpatient cases except for seven cases who were admitted
- 9 deaths reported in 2019 and 2020
- 48% are female and 52% are male.
- Age group less than 15 years had the most cases with (64%) 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 33, 2021; a cumulative of 1,001 HEV cases in Bentiu IDP camp including 9 deaths (CFR 0.89%)
- 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 interventions in response to the current upsurge

- dancing and a control of the contr

Hepatitis E virus, Bentiu IDP settlement (2)

- On 4th August 2021, the HEV taskforce was established and continues to meet every Wednesday of the week.
- The primary health care clinics are conducting passive and active case search with new suspect cases being referred to the MSF hospital for case management.
- the HEV line list.
 The weekly detailed WASH needs assessments are ongoing to define and localize the

WASH partners have intensified targeted hygiene promotion at household level using

gaps.

WASH is planning to do blanket distribution of WASH NFIs buckets and jerricans to the

residents of the IDP camp.

MSF is sharing the line list on weekly and are doing case management.

- WHO is supporting the overall coordination and convening of the taskforce meetings and technical guidance for the overall health response (surveillance, sample testing, and clinical care).
- WHO is also engaged in discussions with MSF at the global level to explore the possibilities for vaccination as an additional tool for the current HEV response

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



	New cases Cumulative		Commission	Interventions				
Aetiological agent	Location (county)	Date first reported	since last cases to date bulletin (attack rate %)		Case management	Vaccination	Health promotion	WASH
Controlled epide	emics							
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
Rubella	Tambura	11/1/2021	0	23 (0.13)	Yes	N	0	Yes
Rubella	Nagero	01/03/ 20201	0	5 (0.25)	Yes	N	0	Yes



COVID-19 Updates



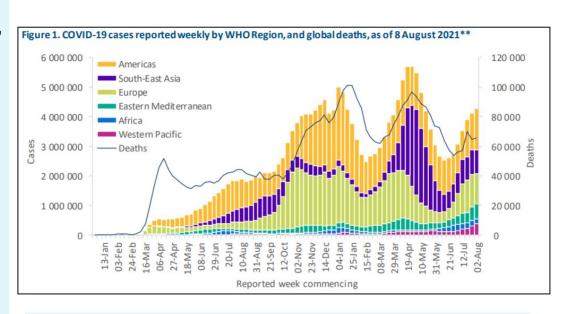


COVID-19 Virus Situation Summary



Situation update as of 8th August 2021

- Globally, 8th August 2021, there have been 202 146 929 confirmed cases of COVID-19,including 4 285 421 deaths, reported to WHO. As of 20 August 2021, a total of 4,562,256,778 vaccine doses have been administered.
- In Africa, as of 8th August 2021, there have been 5 137 088 confirmed
 cases of COVID-19, including 122 025
 deaths reported to WHO



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

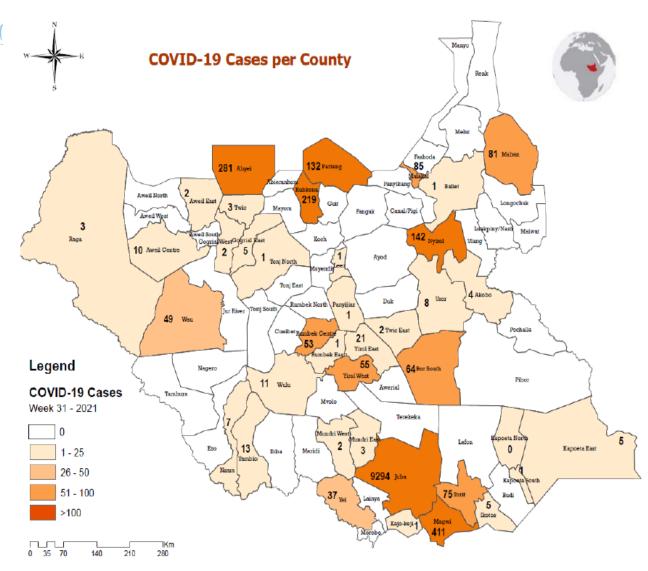
COVID-19 Response in South Sudan as of 10th August 2021

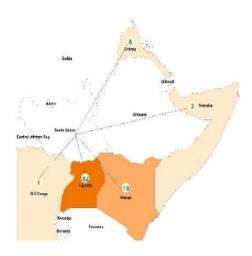


- Fifty-eight new cases were identified in Week 31, bringing the cumulative number of confirmed cases to 11,121, including 394 imported cases mainly from South Sudanese returnees (223), Uganda (52), and Kenya (19). There were six new imported cases in Week 31 (all from the Nimule point of entry).
- At the end of Week 31, 35 (43.8%) of the 80 counties in the country have a confirmed case.
 There was no county with a first confirmed case this week.
- This week showed a 18.4% increase in the number of reported cases compared to Week 30.
 There were no new deaths confirmed in Week 31.
- 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% this week
- Eleven alerts tested positive for COVID-19 this week. Cumulatively, 2,973 alerts have been reported, of which 2845 (95.7%) have been verified, and 2763 (97.1%) of the verified alerts were sampled
- Cumulatively, 16,817 contacts have been listed and followed up since the first confirmed case was reported in April 2020, of which 15249 (90.7%) have completed follow-up.
- Different 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 followed by lineages B.1.525;
 B.1.35; B.1.1.7 and lastly lineage B.1.617.2
- South Sudan has exhausted its first batch of vaccines from the COVAX facility in Week 28. The second batch is expected in August. So far, South Sudan has vaccinated 57096 people, of whom 4763 are fully vaccinated and 52313 have received one dose.

COVID-19 Response in South Sudan







COVID-19 Case Summary

Cumulative Cases: 11121
Recovered Cases: 10857
Returnees - South Sudanese: 223
Unknown Imported: 100
Imported Cases: 394

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

Hemorrhagic Fever Outbreaks in

West Africa

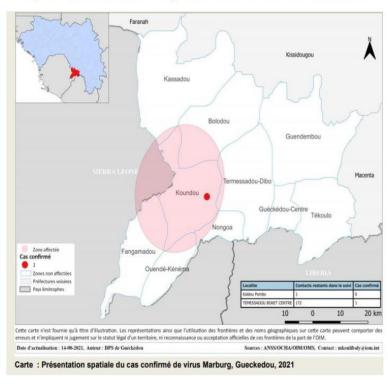
(Guinea & Cote d'Ivoire)

Response | Marburg Outbreak, Guinea



- On August 3, 2021, notification was received of a community death of a 46-year-old in Koundou Sub-prefecture of Gueckedou Préfecture.
- On August 4, 2021 the deceased was confirmed as a case of Marburg Virus. To date, 173 contacts of the index Marburg case have been listed and 172 are under follow up.
- The Marburg outbreak is in the same locality (Gueckedou Prefecture) where an outbreak of EVD has recently been contained after five months and declared over on 19 June 2021.
- By 19th June 2021, 23 EVD cases (16 confirmed, seven probable) of EVD including 12 deaths
 were reported.

Map of Guinea showing location of confirmed case



Response | Ebola Virus Disease Outbreak, Côte d'Ivoire



- On August 14, 2021, the Ministry of Health, Public
 Hygiene and Universal Health Coverage was informed
 by the Institut Pasteur in Cote d'Ivoire, of a positive
 case of Ebola Virus Disease (EVD) in the commercial
 capital of Abidjan, after arriving from Guinea.
- The index case is an 18-year-old girl of Guinean nationality who left Labé in Guinea for Abidjan by road.
 She arrived in Côte d'Ivoire on August 11, 2021 after a five-day journey, was admitted for care on August 12, 2021 with symptoms of fever.
- 2 cases (1 confirmed and 1 suspected; 0 deaths and 9 contacts listed)
- This is so far being treated as an isolated and imported case however preliminary genetic sequencing indicates possible linkage to the 2014-2016 EVD outbreak in Guinea.

Map showing Itinerary of the patient



Overall Conclusions and Recommendations



Conclusion

- The overall performance of IDSR and EWARN reporting sites in week 31, 2021 is above the target of 80% in both Timeliness and Completeness
- 11, 121 confirmed COVID-19 cases (case fatality rate of 1.08%)
 120 deaths. Total 16,817 contacts identified, quarantined, & undergoing follow up as of week 31, 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



IDSR timeliness & completeness performance at county level for week 31of 2021 (1)



STATE	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK 31	Timeline ss Percenta ge of WK 31	No. of HFs Reported regardles s of time in WK 31	Complet eness Percenta ge of WK 31	No. of HFs Reporte d regardle ss of time in WK 30	Complete ness Percentag e of WK 30
Lakes	Rumbek North	7	7	100%	7	100%	7	100%
Lakes	Wulu	14	14	100%	14	100%	14	100%
Lakes	Awerial	7	7	100%	7	100%	7	100%
Lakes	Yirol East	11	11	100%	11	100%	11	100%
NBGZ	Aweil South	11	11	100%	11	100%	11	100%
NBGZ	Aweil North	25	25	100%	25	100%	24	96%
NBGZ	Aweil Centre	15	15	100%	15	100%	15	100%
Lakes	Rumbek East	24	23	96%	24	100%	22	92%
WBGZ	Wau	28	26	93%	26	93%	28	100%
Lakes	Rumbek Centre	23	21	91%	23	100%	23	100%
Lakes	Cueibet	15	13	87%	15	100%	15	100%
CES	Terekeka	20	17	85%	17	85%	15	75%
NBGZ	Aweil West	27	22	81%	27	100%	27	100%
CES	Morobo	5	4	80%	4	80%	3	60%
NBGZ	Aweil East	37	29	78%	37	100%	37	100%
CES	Kajo Keji	17	13	76%	13	76%	11	65%
CES	Lainya	16	8	50%	8	50%	4	25%
CES	Yei	17	7	41%	12	71%	13	76%
WBGZ	Raja	15	6	40%	14	93%	13	87%
CES	Juba	46	9	20%	46	100%	46	100%
Lakes	Yirol West	12	0	0%	12	100%	12	100%
WBGZ	Jur River	35	0	0%	30	86%	35	100%

STATE	COUNTY	Number of reporting sites	No. of HFs Report ed on Time in WK 31	Timeline ss Percent age of WK 31	keporte d	Completen ess Percentage of WK 31	Reported	Completen ess Percentage of WK 30
WES	Tambura	28	28	100%	28	100%	26	93%
Unity	Abiemnh om	4	4	100%	4	100%	4	100%
Unity	Mayendit	12	12	100%	12	100%	10	83%
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	Maridi	26	26	100%	26	100%	26	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	Mayom	14	12	86%	13	93%	10	71%
Unity	Guit	7	6	86%	6	86%	7	100%
Unity	Panyijiar	15	12	80%	14	93%	15	100%
Unity	Leer	11	8	73%	9	82%	8	73%
Unity	Koch	7	5	71%	6	86%	7	100%
Unity	Rubkona	15	7	47%	11	73%	13	87%
Unity	Pariang	11	5	45%	11	100%	9	82%

IDSR timeliness & completeness performance at county level for week 31 of 2021 (2)



STATE	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK 31	age of WK 31	No. of HFs Reporte d regardle ss of time in WK 31	Complet eness Percenta ge of WK 31	No. of HFs Reporte d regardl ess of time in WK 30	Complete ness Percentag e of WK 30
Jonglei	Fangak	17	17	100%	17	100%	16	94%
EES	Kapoeta North	16	15	94%	15	94%	15	94%
EES	Kapoeta South	10	9	90%	10	100%	10	100%
Jonglei	Pibor	7	6	86%	7	100%	7	100%
Jonglei	Pochalla	7	6	86%	6	86%	6	86%
Jonglei	Ayod	15	12	80%	12	80%	11	73%
EES	Ikotos	27	21	78%	24	89%	22	81%
EES	Magwi	22	17	77%	20	91%	17	77%
Jonglei	Duk	15	11	73%	11	73%	11	73%
Jonglei	Twic East	11	8	73%	8	73%	8	73%
EES	Torit	20	14	70%	18	90%	14	70%
EES	Budi	21	14	67%	19	90%	14	67%
Jonglei	Bor	35	21	60%	21	60%	21	60%
EES	Kapoeta East	12	7	58%	8	67%	8	67%
EES	Lopa Lafon	18	7	39%	18	100%	11	61%
Jonglei	Canal Pigi	12	4	33%	4	33%	3	25%
Jonglei	Akobo	8	2	25%	2	25%	2	25%
Jonglei	Uror	8	1	13%	1	13%	2	25%
Jonglei	Nyirol	10	0	0%	1	10%	8	80%

STATE	COUNTY	Number of reporting sites	No. of HFs Reporte d on Time in WK 31	Timeline ss Percenta ge of WK 31	No. of HFs Reporte d regardle ss of time in WK 31	Completen ess Percentage of WK 31	No. of HFs Reported regardless of time in WK 30	Completen ess Percentage of WK 30
Warrap	Tonj South	14	14	100%	14	100%	14	100%
Upper Nile	Baliet	4	4	100%	4	100%	1	25%
Upper Nile	Maiwut	5	5	100%	5	100%	5	100%
Upper Nile	Longechuk	9	9	100%	9	100%	9	100%
Warrap	Tonj North	14	13	93%	13	93%	13	93%
Warrap	Tonj East	14	12	86%	12	86%	11	79%
Upper Nile	Akoka	5	4	80%	4	80%	5	100%
Warrap	Twic	26	20	77%	20	77%	7	27%
Upper Nile	Makal	7	5	71%	7	100%	7	100%
Upper Nile	Luakpiny Nasir	12	8	67%	9	75%	11	92%
Upper Nile	Fashoda	18	11	61%	11	61%	12	67%
Upper Nile	Manyo	10	6	60%	7	70%	6	60%
Upper Nile	Maban	17	10	59%	10	59%	12	71%
Upper Nile	Panyikang	4	2	50%	3	75%	2	50%
Upper Nile	Ulang	14	7	50%	7	50%	9	64%
Warrap	Gogrial West	31	15	48%	25	81%	28	90%
Warrap	Abyei	10	4	40%	9	90%	6	60%
Warrap	Gogrial East	15	0	0%	0	0%	0	0%
Upper Nile	Renk	11	0	0%	0	0%	0	0%
Upper Nile	Melut	8	0	0%	0	0%	5	63%

States Partners



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, Health net TPO, IRC, CEDS, IHO
WBGZ	78	Cordaid, Healthnet TPO, CARE International,IOM,ALIMA
Jonglei	107	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	112	Cordaid, WVI, RI, IMC, NIDO, UNKEA, MC, SSAID,CORDAID ,IOM,HFD,TADO
Lakes	113	Doctors with Africa (CUAMM)

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









