

# South Sudan

**Integrated Disease surveillance and response (IDSR)**

**Epidemiological Bulletin Week 34, 2021 ( August 23- August 29)**





- Hepatitis E virus upsurge reported in Bentiu IDP settlement since week 19, 2021, total of 1,001 cases with 9 deaths (CFR 0.09%)
- In week 34, IDSR reporting timeliness was 80% and completeness was 95% while timeliness was 42% and completeness 93% for EWARN sites.
- Of the 95 alerts in week 34; 84% were verified with malaria (39), measles (2), AWD (29), ARI (6) and ABD (11) the most frequent alerts.
- Malaria remains the top cause of morbidity and accounted for 109,506 cases (66.2% of OPD cases).
- Of the 3,046 COVID-19 alerts detected, 2,918 (95.8%) have been verified with 11,427 confirmed cases and 120 deaths ( CFR of 1.05%).
- Other hazards include floods (unseasonal) in over 3 counties.

# 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 34 & 33 of 2021



Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported on Time in WK 34	Timeliness Percentage of WK 34	No. of HFs Reported on Time in WK 33	Timeliness Percentage of WK 33
1st	WES	213	213	100%	213	100%
2nd	Lakes	113	113	100%	80	71%
3rd	CES	117	105	90%	108	92%
4th	NBGZ	114	97	85%	102	89%
5th	Jonglei	107	87	81%	96	90%
6th	EES	143	107	75%	107	75%
7th	WBGZ	78	55	71%	66	85%
8th	Warrap	134	83	62%	96	72%
9th	Unity	92	54	59%	69	75%
10th	Upper Nile	109	56	51%	77	71%
	<b>South Sudan</b>	<b>1220</b>	<b>970</b>	<b>80%</b>	<b>1014</b>	<b>83%</b>

## 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 34, 2021 was 80% and 83% in week 33, 2021. only 5 states were above the target of 80%

**Reporting challenges:** Insecurity, internet access and new partners

# IDSR completeness performance at State level for week 34 & 33 of 2021



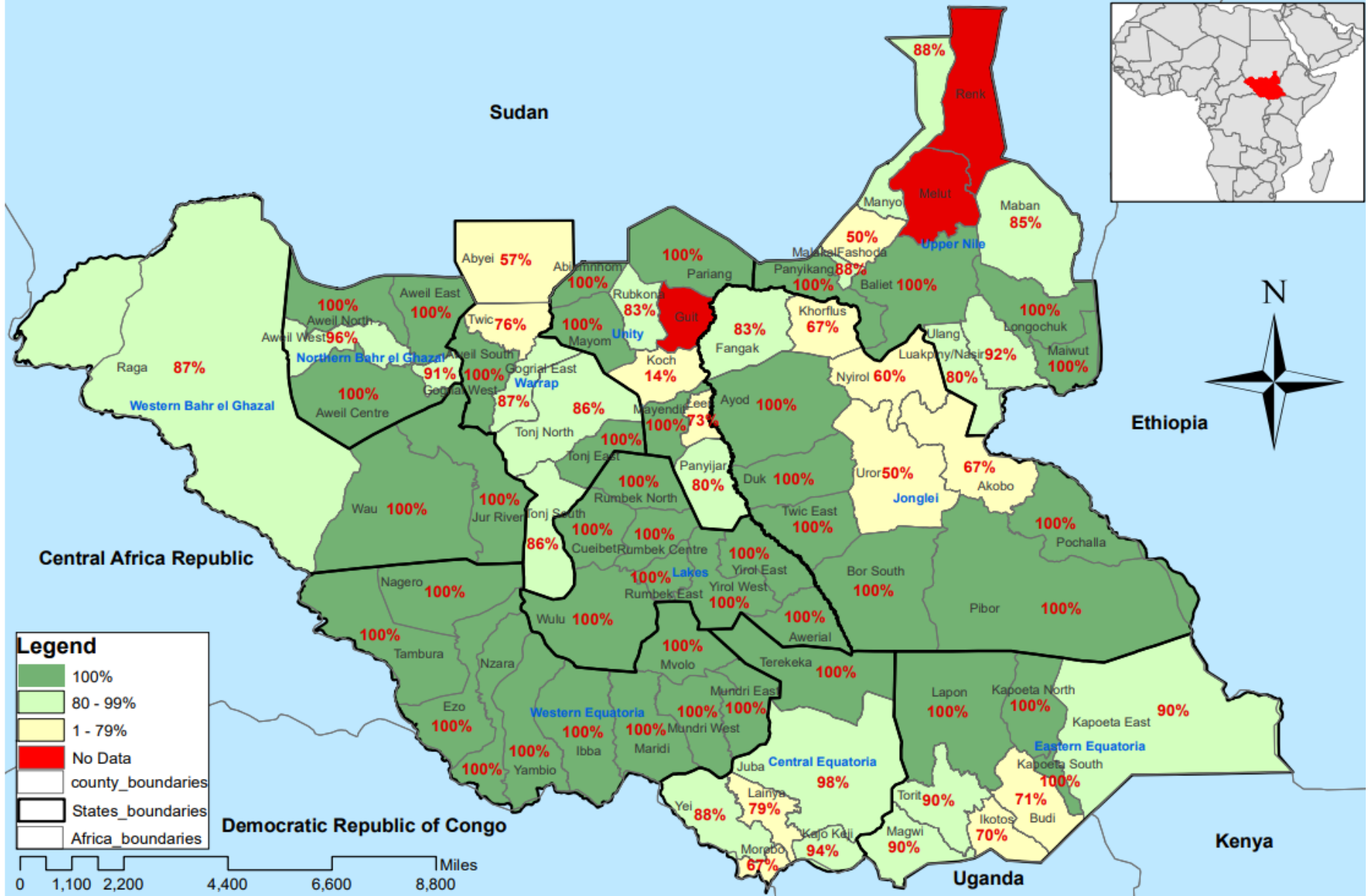
Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported regardless of time in WK 34	Completeness Percentage of WK 34	No. of HFs Reported regardless of time in WK 33	Completeness Percentage of WK 33
1st	Lakes	113	113	100%	113	100%
2nd	WES	213	213	100%	213	100%
3rd	NBGZ	114	114	100%	112	98%
4th	WBGZ	78	78	100%	74	95%
5th	EES	143	138	97%	127	89%
6th	CES	117	110	94%	109	93%
7th	Unity	92	86	93%	80	87%
8th	Jonglei	107	97	91%	101	94%
9th	Warrap	134	117	87%	112	84%
10th	Upper Nile	109	93	85%	85	78%
	South Sudan	1220	1159	95%	1126	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 34 and **92%** in week 33, 2021. All states were above the target of 80%

Map of South Sudan Showing the Completeness (reporting) by County in week 34, 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 34 and 33 of 2021

Partner	HFs	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received on Time in Week 34	Timeliness of Week 34	# of reports received on Time in Week 33	Timeliness of Week 33
CMD	1	1	100%	1	100%
IHO	2	2	100%	2	100%
IRC	1	1	100%	1	100%
TADO	4	4	100%	4	100%
TRI-SS	2	2	100%	2	100%
IOM	10	10	100%	10	100%
HFO	2	2	100%	2	100%
MSF-E	6	4	67%	4	67%
World Relief	2	1	50%	2	100%
HFD	6	3	50%	4	67%
MSF-H	7	3	43%	3	43%
IMC	24	2	8%	24	100%
ALIMA	3	0	0%	3	100%
SSHCO	1	0	0%	1	100%
RHS	1	0	0%	1	100%
UNIDOR	2	0	0%	1	50%
UNH	10	0	0%	4	40%
<b>TOTAL</b>	84	35	<b>42%</b>	69	<b>82%</b>

Timeliness for EWARS partners supported sites were at **42%** in week 34, 2021 compared to **82%** at week 33, 2021



# Surveillance: EWARS completeness performance indicator by partner for week 34 and 33 of 2021

Partner	HF's	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received regardless of Time in Week 34	Completeness of Week 34	# of reports received regardless of Time in Week 33	Completeness of Week 33
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%
TRI-SS	2	2	100%	2	100%
RHS	1	1	100%	1	100%
IOM	10	10	100%	10	100%
HFO	2	2	100%	2	100%
MSF-E	6	6	100%	6	100%
HFD	6	6	100%	5	83%
IMC	24	23	96%	24	100%
UNH	10	9	90%	4	40%
MSF-H	7	5	71%	3	43%
World Relief	2	1	50%	2	100%
UNIDOR	2	1	50%	1	50%
<b>TOTAL</b>	<b>84</b>	<b>78</b>	<b>93%</b>	<b>72</b>	<b>86%</b>

Completeness for EWARS partners supported sites was at **93%** in week 34, 2021 compared to **86%** at week 33, 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 (Confirmed)	Measles	EBS	Covid-19	Total alerts
CES			4		1	1				6
EES	1		7		3	1	1			13
Jonglei			1							1
Unity	1	4	1		1		1		1	9
Upper Nile		1	4		4	2				11
Warrap			5	1		1			2	9
WBGZ		1	6		2	8		1		18
WES			1			26			1	28
<b>Total alerts</b>	<b>2</b>	<b>6</b>	<b>29</b>	<b>1</b>	<b>11</b>	<b>39</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>95</b>

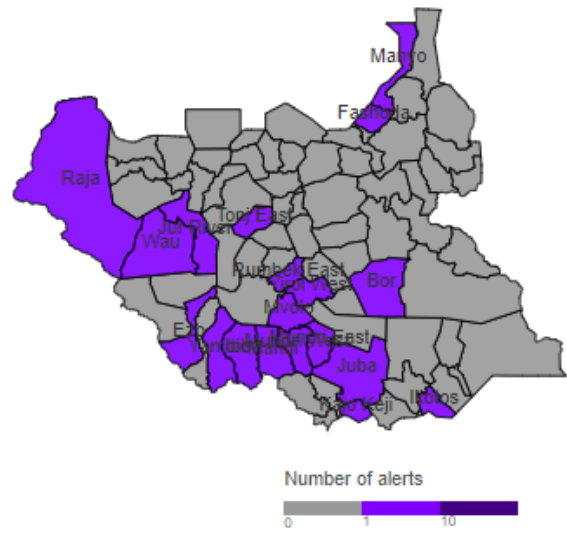
### During this week:

- **6 ARI alert:** 4 from Unity State, 1 from Upper Nile state, 1 from WBGZ
- **29 AWD alert:** 4 from CES, 7 from EES, treated for diarrhea, 1 from Jonglei State, 1 from WES treated as normal diarrhea, 4 from Upper Nile State, 1 from Unity treated as normal diarrhea, 1 WES State treated for diarrhea, 5 from Warrap State, 6 from WBGZ
- **11 ABD alert:** 1 from CES, 3 from EES, 1 from Unity investigation under way, 4 from Upper Nile, 2 from WBGZ State
- **39 Malaria alerts:** 1 from CES, 1 from EES State, 2 from Upper Nile State, 1 Warrap State, 8 from WBGZ, 26 from WES, all these are due to the high increase of malaria cases in the Country.
- **4 COVID-19 alert:** 1 from Unity state, 2 from Warrap State, 1 from WES
- **1 EBS alert:** from WBGZ, Raja County, Mangayat PHCU, on 24th August, 2021, The in charge from Mangayat PHCU Uyujuku Payam reported Neonatal death of a one day old baby who had cord bleeding.
- **2 AJS alert:** 1 EES, Magwi County in Nimule Hospital, 1 from Unity State in Rubkona County, Bentiu PoC Hospital
- **2 Measles alert:** EES with 1 in Lopa/Lafon County Idali PHCU and sample was collected and sent to Juba, and Unity triggered 1 alert
- **1 AFP:** 1 from Warrap State in Tonj East County, Paliang PHCU

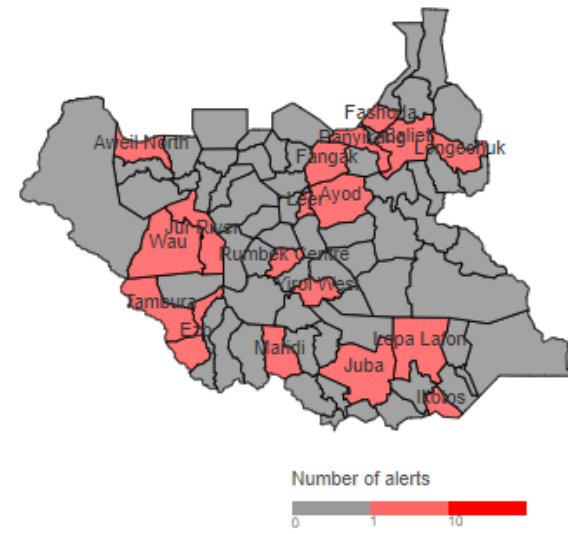


# Alert: Map of key disease alerts by county of week 34 of 2021

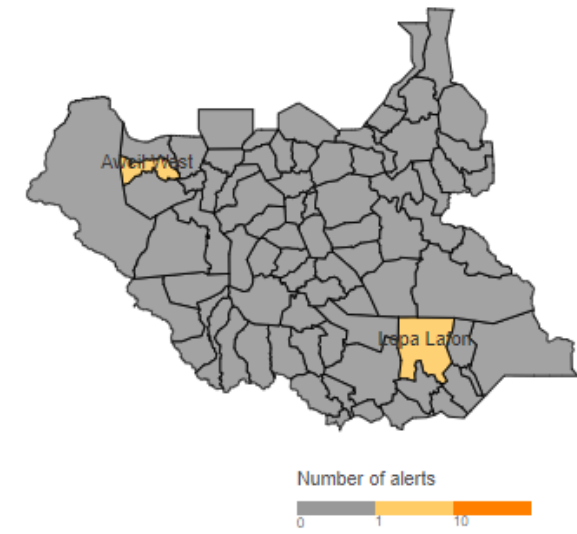
Map 2a | Malaria (W34 2021)



Map 2b | Bloody diarrhoea (W34 2021)



Map 2c | Measles (W34 2021)



W34	Cumulative (2021)	
0	10	Low risk
9	9	Medium risk
0	53	High risk
2	149	Very high risk

84%	89%	% verified
0%	0%	% auto-discarded
1%	4%	% risk assessed
1%	3%	% requiring a response

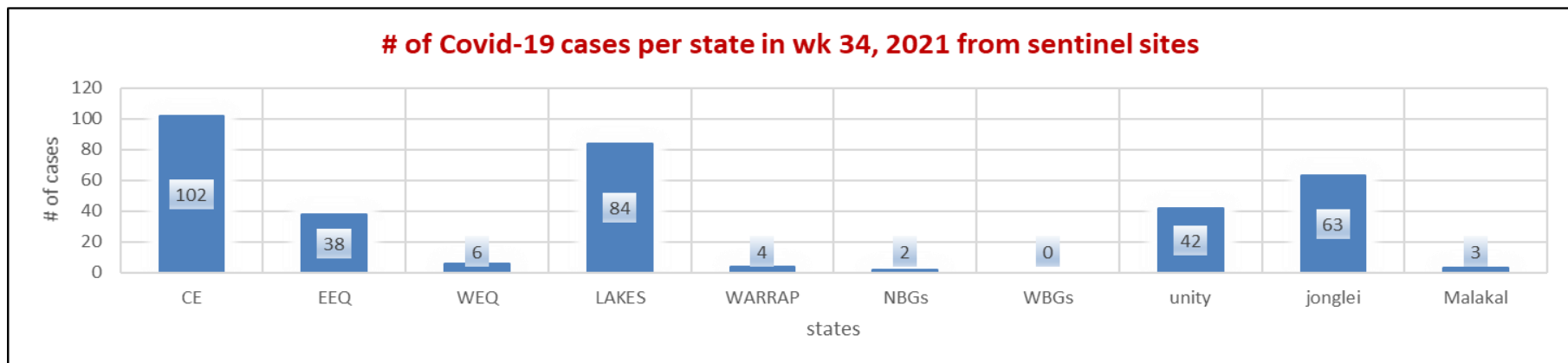
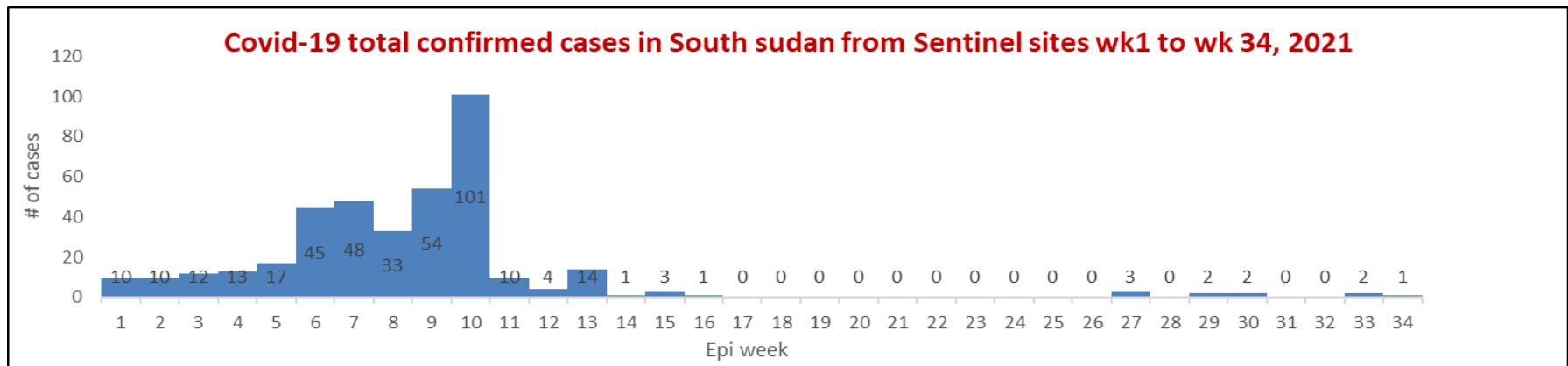
# SUSPECTED OUTBREAKS



Major suspected outbreaks in South Sudan in  
2020



# Routine Sentinel Surveillance | Human Influenza



- As of 28th April 2021, a total of 166 samples were collected from three sentinel sites in Juba with 156 samples testing negative for influenza; one (1) positive for COVID-19; and six (8) 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 7757 samples have been collected in 2021 with 550 (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`





- 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 life-saving 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.



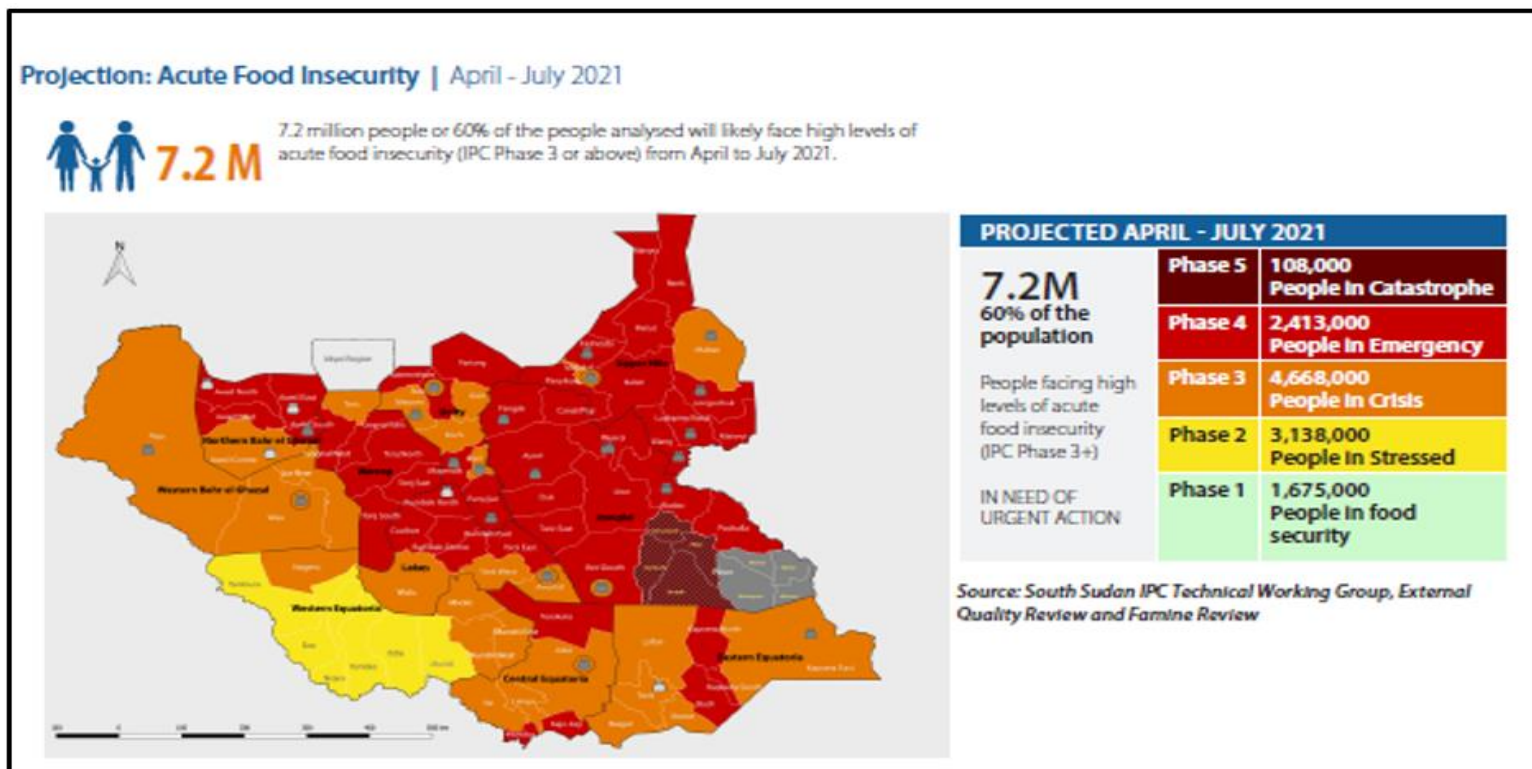


Figure 1: population estimates by IPC Phase and State based on the compilation of the South Sudan IPC Technical Working Group

- 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.



- The country received notification from Ugandan Virus Research Institute about the isolation of Polio Virus Type 2(PV2) from 3 AFP samples, on 4<sup>th</sup> September 2020, with the sequencing result received on 17 Sept that confirmed cVDPV2 in three cases.
- MOH declared as a public health emergency on 18<sup>th</sup> Sept 2020 by MOH.
- As of 27<sup>th</sup> 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 8<sup>th</sup> 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.



## SIA PERFORMANCE

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

Rnd	# of counties	Implementation Time line	Results				Remarks
			Children Immunized	Admin 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	<ul style="list-style-type: none"> <li>• During 1<sup>st</sup> phase 44 counties administered 1<sup>st</sup> dose of mOPV2 from 10 to 13 Nov 2020</li> <li>• In the 2<sup>nd</sup> phase additional <b>31</b> counties administered 1<sup>st</sup> dose of mOPV2 from 8<sup>th</sup> to 11 Dec 2020</li> <li>• 4 counties in UNL implemented the 1<sup>st</sup> round in Mar 2021 The last county (Tonj East) is implementing the campaign together with the Mop up campaign</li> </ul>
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	<ul style="list-style-type: none"> <li>• 6 counties from WES implemented their 2nd dose during Dec 20 round</li> <li>• 68 counties in 9 states implemented the 2nd dose of mOPV2 in Feb 2021</li> <li>• 4 counties in UNL conducted the second round</li> </ul>
Mop_UP	19	27 – 30 May 2021	847,400	97%	NA	12/15	<ul style="list-style-type: none"> <li>• Mop-Up conducted in 19 counties and all reports</li> </ul>

# Measles Lab update 1<sup>st</sup> September 2021

S/ N	County	Total Number of Samples tested	Measles IgM Positive	Rubella IgM Positive	Comment
1	Gogrial West	6	2	2	One indeterminate results for measles IgM
2	Yambio	4	0	0	
3	Nzara	2	0	0	One indeterminate results for Rubella
4	Ezo	2	0	2	
5	Magwi	1	0	0	
6	Torit	1	0	0	
	<b>TOTAL</b>	<b>16</b>	<b>2</b>	<b>4</b>	

- 16 samples sent in August 2021, for measles/rubella serology test
- Two samples tested positive for Measles IgM from Gogrial west county in Warrap state and
- Four Rubella IgM positives from (2)Gogrial west and (2)Ezo counties

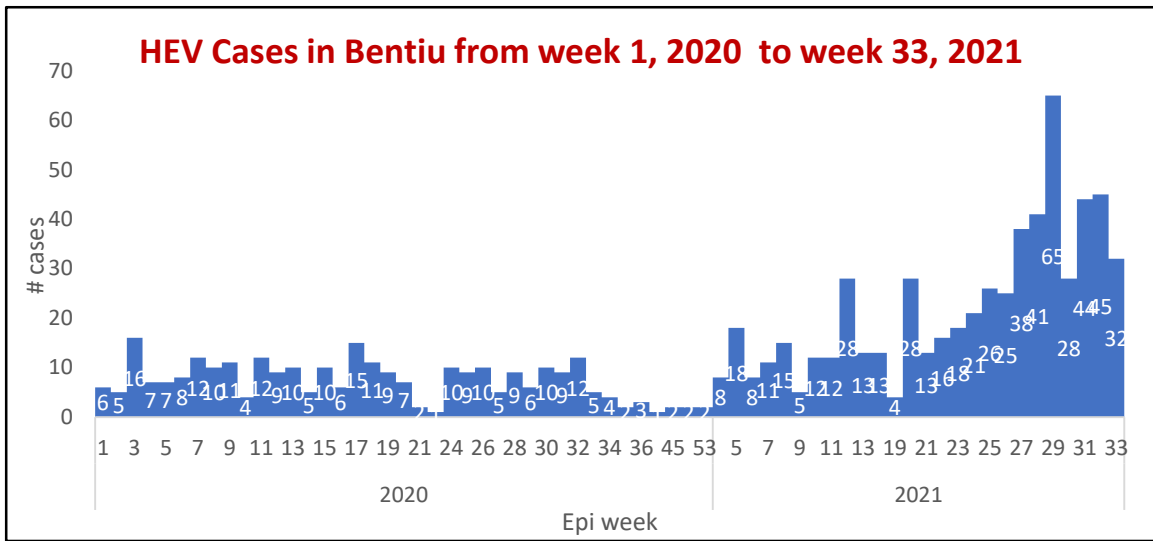


Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
<b>Ongoing epidemics</b>								
Hepatitis E	Bentiu PoC	03/01/2018	32	1001 (0.031)	Yes	No	Yes	Yes
COVID-19	35 counties	05/4/2020	74	11,195 (0.006)	yes	yes	yes	yes
cVDPV2	25 counties	11/06/2020 18/09/2020	27	59	Yes	Yes	Yes	Yes





# Hepatitis E, Bentiu IDP settlement (1)



Age-Group	Alive	Dead	Grand Total	Percentage	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%
<b>Grand Total</b>	<b>992</b>	<b>9</b>	<b>1001</b>	<b>100%</b>	<b>0.01</b>	

### 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

- On 4th August 2021, the HEV taskforce was established and continues to meet every Wednesday **each 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.
- WASH partners have intensified targeted hygiene promotion at household level using the HEV line list.
- The weekly detailed WASH needs assessments are ongoing to define and localize the 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





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
<b>Controlled epidemics</b>								
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
Rubella	Tambura	11/1/2021	0	23 (0.13)	Yes		No	Yes
Rubella	Nagero	01/03/ 20201	0	5 (0.25)	Yes		No	Yes



# COVID-19 Updates

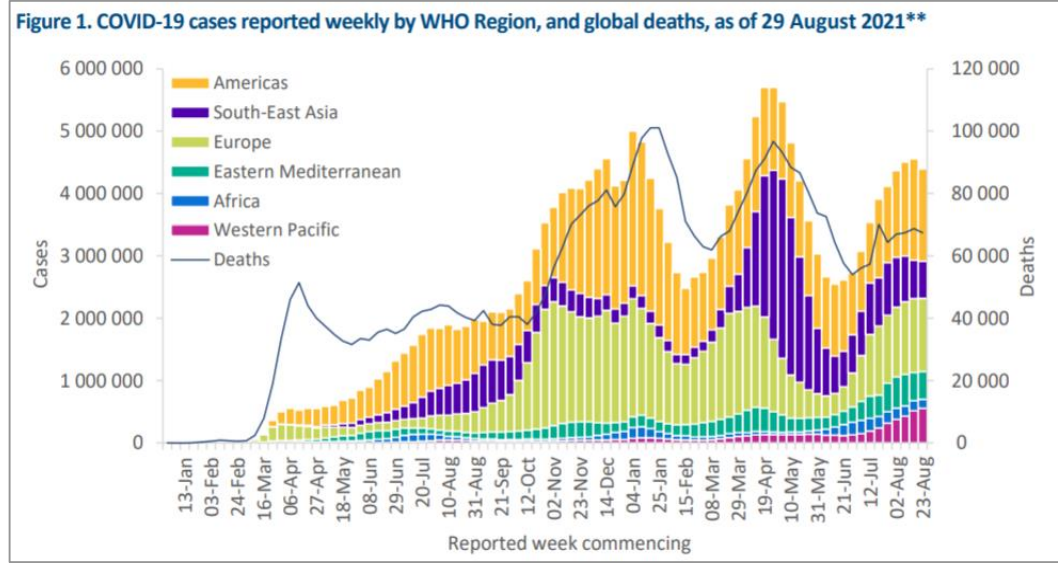


# COVID-19 Virus Situation Summary



Situation update as of 29<sup>th</sup> August 2021

- **Globally, 29<sup>th</sup> August 2021**, there have been **215 714 824 confirmed cases** of COVID-19, including **4 490 753 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 29<sup>th</sup> August 2021**, there have been **5 608 074 confirmed cases** of COVID-19, including **134 276 deaths** reported to WHO



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



- One hundred and seventeen new cases were identified in Week 34, bringing the cumulative number of confirmed cases to 11427, including 410 imported cases mainly from South Sudanese returnees (238), Uganda (53), and Kenya (19).
- At the end of Week 34, 35 (43.8%) of the 80 counties in the country have a confirmed case [Figure 1]. There was no county with a first confirmed case this week
- This week showed a 1.7% increase in the number of reported cases compared to Week 33. This is fourth consecutive week of recorded increase in new cases. There were no new deaths confirmed in Week 34
- 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 2.9% this week
- Twenty-two alerts tested positive for COVID-19 this week. Cumulatively, 30461 alerts have been reported, of which 2918 (95.8%) have been verified, and 2836 (97.2%) of the verified alerts were sampled.
- Cumulatively, 17351 contacts have been listed and followed up since the first confirmed case was reported in April 2020, of which 15585 (89.8%) 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 late-August. So far, South Sudan has vaccinated 57096 people, of whom 4763 are fully vaccinated and 52313 have received one dose.



# Overall Conclusions and Recommendations



## Conclusion

- The overall performance of IDSR and EWARN reporting sites in week 34, 2021 is above the target of 80% in both Timeliness and Completeness
- **11, 427** confirmed COVID-19 cases (case fatality rate of 1.05%) 120 deaths. Total **17,351** contacts identified, quarantined, & undergoing follow up as of week 34, 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 34 of 2021 (1)

STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 34	Timeliness Percentage of WK 34	No. of HF's Reported regardless of time in WK 34	Completeness Percentage of WK 34	No. of HF's Reported regardless of time in WK 33	Completeness Percentage of WK 33
Lakes	Cueibet	15	15	100%	15	100%	15	100%
Lakes	Rumbek North	7	7	100%	7	100%	7	100%
Lakes	Wulu	14	14	100%	14	100%	14	100%
Lakes	Rumbek East	24	24	100%	24	100%	24	100%
Lakes	Awerial	7	7	100%	7	100%	7	100%
Lakes	Rumbek Centre	23	23	100%	23	100%	23	100%
Lakes	Yirol West	12	12	100%	12	100%	12	100%
Lakes	Yirol East	11	11	100%	11	100%	11	100%
NBGZ	Aweil North	25	25	100%	25	100%	25	100%
NBGZ	Aweil Centre	15	15	100%	15	100%	14	93%
CES	Kajo Keji	17	16	94%	16	94%	15	88%
WBGZ	Wau	28	26	93%	28	100%	28	100%
CES	Juba	46	42	91%	46	100%	46	100%
NBGZ	Aweil South	11	10	91%	10	91%	11	100%
CES	Yei	17	15	88%	16	94%	16	94%
CES	Terekeka	20	17	85%	17	85%	17	85%
WBGZ	Jur River	35	29	83%	35	100%	31	89%
CES	Morobo	5	4	80%	4	80%	4	80%
NBGZ	Aweil East	37	29	78%	37	100%	35	95%
CES	Lainya	16	11	69%	11	69%	11	69%
NBGZ	Aweil West	27	18	67%	27	100%	27	100%
WBGZ	Raja	15	0	0%	15	100%	15	100%

STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 34	Timeliness Percentage of WK 34	No. of HF's Reported regardless of time in 34	Completeness Percentage of WK 34	No. of HF's Reported regardless of time in WK 33	Completeness Percentage of WK 33
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%
WES	Tambura	28	26	93%	27	96%	26	93%
Unity	Mayendit	12	11	92%	12	100%	12	100%
Unity	Mayom	14	12	86%	13	93%	13	93%
Unity	Rubkona	13	10	77%	11	85%	11	85%
Unity	Abiemnhom	4	3	75%	4	100%	4	100%
Unity	Panyijiar	15	10	67%	15	100%	14	93%
Unity	Pariang	11	6	55%	11	100%	11	100%
Unity	Koch	7	1	14%	6	86%	3	43%
Unity	Leer	11	1	9%	8	73%	7	64%
Unity	Guit	7	0	0%	6	86%	5	71%



# IDSR timeliness & completeness performance at county level for week 34 of 2021 (2)

STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 34	Timeliness Percentage of WK 34	No. of HF's Reported regardless of time in WK 34	Completeness Percentage of WK 34	No. of HF's Reported regardless of time in WK 33	Completeness Percentage of WK 33
Jonglei	Pochalla	7	7	100%	7	100%	7	100%
EES	Lopa Lafon	18	18	100%	18	100%	18	100%
EES	Kapoeta North	16	15	94%	15	94%	15	94%
Jonglei	Fangak	17	15	88%	15	88%	17	100%
EES	Torit	20	17	85%	18	90%	19	95%
EES	Kapoeta South	10	8	80%	10	100%	10	100%
Jonglei	Ayod	15	12	80%	12	80%	12	80%
EES	Magwi	22	17	77%	20	91%	19	86%
EES	Kapoeta East	12	9	75%	10	83%	8	67%
Jonglei	Duk	15	11	73%	11	73%	11	73%
Jonglei	Twic East	11	8	73%	8	73%	8	73%
Jonglei	Pibor	7	5	71%	7	100%	7	100%
Jonglei	Nyirrol	10	6	60%	6	60%	9	90%
Jonglei	Bor	35	21	60%	21	60%	21	60%
EES	Ikotos	27	14	52%	27	100%	27	100%
EES	Budi	21	9	43%	20	95%	11	52%
Jonglei	Akobo	8	2	25%	2	25%	2	25%
Jonglei	Canal Pigi	12	0	0%	4	33%	5	42%
Jonglei	Uror	8	0	0%	2	25%	0	0%

STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 34	Timeliness Percentage of WK 34	No. of HF's Reported regardless of time in WK 34	Completeness Percentage of WK 34	No. of HF's Reported regardless of time in WK 33	Completeness Percentage of WK 33
Warrap	Tonj East	14	14	100%	14	100%	14	100%
Upper Nile	Longechuk	9	9	100%	9	100%	8	89%
Warrap	Gogrial West	31	30	97%	31	100%	22	71%
Upper Nile	Luakpiny Nasir	12	11	92%	11	92%	7	58%
Warrap	Tonj North	14	12	86%	14	100%	14	100%
Warrap	Tonj South	14	12	86%	14	100%	14	100%
Upper Nile	Maiwut	5	4	80%	5	100%	4	80%
Upper Nile	Maban	17	10	59%	13	76%	13	76%
Upper Nile	Ulang	14	8	57%	8	57%	9	64%
Upper Nile	Fashoda	16	8	50%	14	88%	15	94%
Warrap	Abyei	10	5	50%	8	80%	6	60%
Upper Nile	Manyo	10	5	50%	8	80%	6	60%
Warrap	Twic	26	10	38%	19	73%	25	96%
Upper Nile	Makal	7	1	14%	7	100%	7	100%
Upper Nile	Baliet	4	0	0%	4	100%	4	100%
Upper Nile	Panyikan g	3	0	0%	3	100%	3	100%
Upper Nile	Akoka	5	0	0%	5	100%	4	80%
Warrap	Gogrial East	15	0	0%	13	87%	13	87%
Upper Nile	Melut	8	0	0%	6	75%	5	63%
Upper Nile	Renk	11	0	0%	0	0%	0	0%



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 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>

