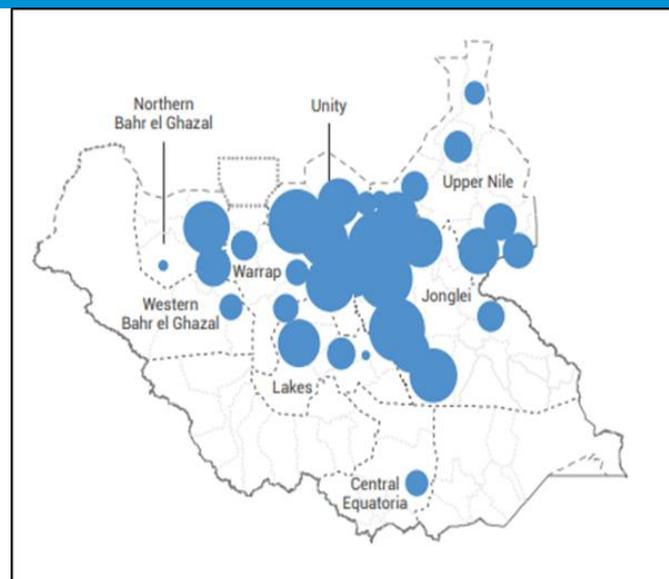


Highlights

- **Flooding**- The widespread flooding has affected 835 000 people in 33 counties since May 2021. The flood-affected people remain displaced and continue to need humanitarian assistance.
- **Emergency kits**-WHO prepositioned 12 IEHK kits (enough to support 12 000 people for three months) and two pneumonia kits in Pibor to support the ongoing health response.
- **Oral Cholera Vaccination**-The first round of oral cholera vaccination was conducted in Bentiu, and a total of 173 170 people representing (85.5%) of the target population were vaccinated.
- **Hepatitis E virus (HEV)**- An increase in HEV cases within the IDP camp and in the host community. Detailed assessment is required to establish the drivers of recent increase in cases.
- A suspected viral hemorrhagic fever case from Torit County has tested negative for Ebola virus disease but yellow fever test results are pending.



Flood-affected locations and populations across the states as of 31 December 2021 (by UN OCHA)

Summary Statistics

	8.3 M	People in Need of Humanitarian Assistance	7.2 M	Severely Food Insecure	835 K	People affected by flooding	0	Measles outbreaks in 2022	346 501	Children vaccinated against measles
	1.4 M	Malnourished Children	48 3 K	Malnourished Women	33	Counties affected by flooding	7	Counties with malaria cases surpassing threshold	1 265 101	Children under one year vaccinated against polio

Overview of the Humanitarian Crisis

Flooding

- The widespread flooding has affected over 835 000 people in 33 counties across eight states since May 2021. Some 70 health facilities were either cut-off, submerged, or damaged, disrupting routine health service delivery.
- Most of the flood-affected communities remain displaced across the country and continue to need humanitarian assistance. Although the water levels are receding, the return of the communities to their residences will not be attainable for many affected locations. Hence, long-term displacement is expected in some areas.
- The impact of the severe flooding in 2021 is expected to negatively affect the food security situation in the country in 2022. Limited supplies for routine health services, inadequate funding, inaccessibility and insecurity in several affected areas hinder the flood response.

- Health and humanitarian responses are underway in the most affected counties to minimize the impact of the flooding on the health and livelihood of the communities. WHO and Health Cluster partners are supporting the state ministries to implement oral cholera vaccination (OCV) campaigns, conducting mobile outreaches, prepositioning supplies and enhancing surveillance as part of flood response.

Subnational violence

- Surges in intercommunal conflict and violence have been reported during the reporting period. The most recent incident occurred in Baidit in Bor South where some 23 people were killed, and two health facilities were looted. A multicluster verification exercise of the displaced people and light response mission is being planned by the partners in Jonglei State. In addition, a conflict in Aweil East has displaced 11 580 people. Further, a fight between armed groups has displaced 400 households in Lainya County in Central Equatoria State.
- The security situation in Tambura and other conflict-affected locations in Western Equatoria is now calm. Most of the locations in Tambura, Ezo, Nagero and Nzara are accessible, and multicluster responses are underway. A verification and registration exercise by the Food Cluster reported 83,904 displaced people, which is an increase from the number registered in October 2021. These people were displaced within Tambura, Ezo, Yambio, Nzara and Nagero counties of Western Equatoria, while others fled to Wau in Western Bahr el Ghazal.

Emergency Response Activities

WHO/ Health Cluster response in emergency locations (Flooding, conflict, displacement, and food insecurity)

- WHO supported the Unity State Ministry of Health to implement an oral cholera vaccination campaign in Rubkona Town, Bentiu IDP Camp and flood IDPs where 173 170 (86%) people aged one year and above were vaccinated? The second round of campaign is planned for mid-February 2022, targeting 202,627 people one-year-old and above, including pregnant women.
- Plan to conduct an oral cholera vaccination campaign in the remaining 19 cholera hotspots and flood-affected counties is underway. Microplanning and resource mobilization by WHO, partners and the state ministries is going on.
- Indoor residual spraying planned for Bentiu IDP Camp by an INGO in response to the upsurge in malaria cases in the area.
- WHO continue to support health implementing partners to provide emergency health response in flood- and conflict-affected locations. WHO supported health partners in Bor South and Duk counties with 14 Inter-Agency Emergency Health Kit (IEHK) to address the critical gap in medical supplies and ensure continuity of health care services in the two counties. In addition, WHO prepositioned 12 IEHK kits (enough to support 12,000 people for three months) and two pneumonia kits in Pibor to support the ongoing health response in the location.
- Surveillance and outbreak detection, investigation and response are being strengthened. WHO has finalized plan to train 180 health workers on the Integrated Disease Surveillance and Response (IDSR) across six counties within Unity state to enhance routine surveillance and reporting.

- Weekly disease trends for priority diseases are being monitored. Several counties have surpassed their weekly malaria thresholds, and implementing partners conduct verification exercises to ascertain the trends.
- Teams investigated reported upsurge of acute watery diarrhea cases in Aweil East, Northern Bahr Ghazal State.
- Health Cluster partners conducted mobile outreaches in flood- and conflict-affected locations to ensure access to primary health services. WHO mobile medical teams conducted integrated mobile outreaches in Pibor, Duk and Akobo where 4 527 outpatient consultations were provided in the last four weeks.

Surveillance, Epidemiological Update, and Response to Disease Outbreaks

Confirmed and suspected Outbreaks

Hepatitis E Virus (HEV) Outbreak in Bentiu IDP Camp

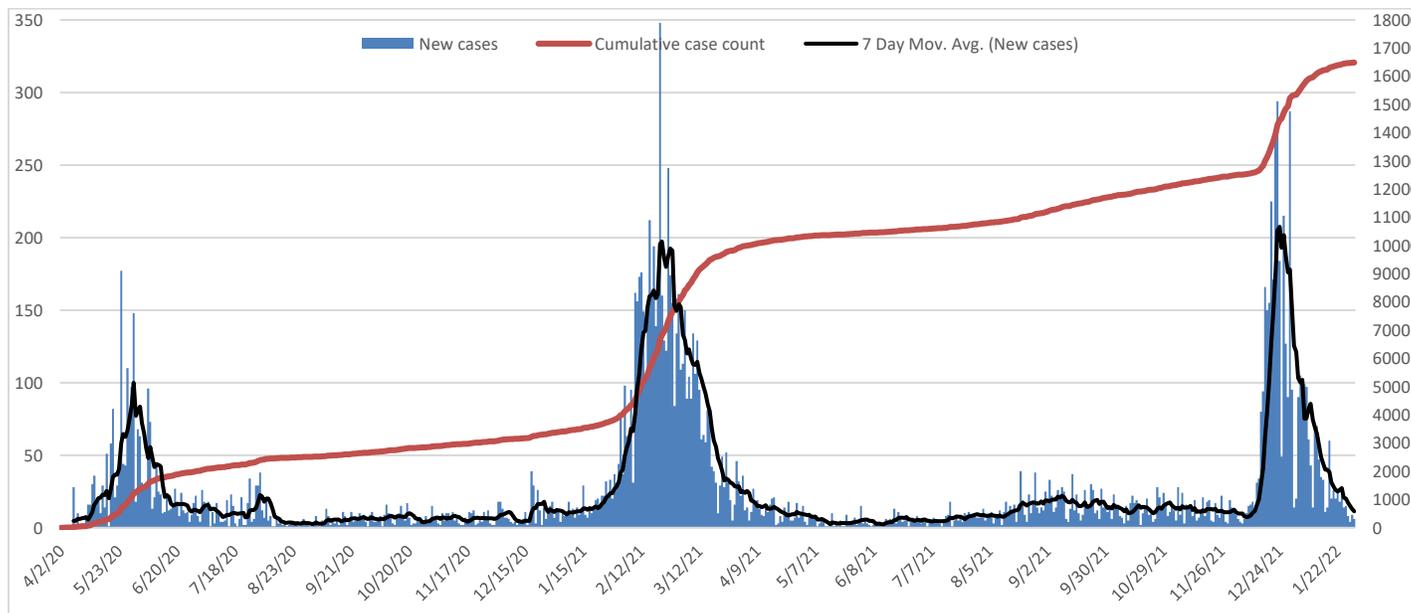
- Cumulatively, 1 853 cases and 12 deaths (case fatality rate, 0.7%) have been reported since 2019. There were 41 new cases reported in week 4, 2022. All the cases have been managed as outpatient cases except for seven (7) patients who were admitted.
- There has been an increase of HEV cases within the IDP camp and in the host community; detailed assessment is required to establish the drivers of recent increase in cases.
- Multi-cluster response coordinated and monitored through HEV Task Force is underway. Health and WASH cluster partners continue to conduct active case searches in locations with confirmed or suspected cases. Targeted WASH intervention, including distributing WASH supplies and health promotion, is being undertaken.
- Hepatitis E virus vaccination campaigns targeting 27 000 people are expected to commence in March 2022.

Suspected Outbreaks

- A suspected measles outbreak is being investigated in Torit County, Eastern Equatoria. 17 suspected cases were line-listed, and 10 samples were collected for laboratory confirmation.
- WHO supported the investigation of two suspected viral hemorrhagic fever (VHF) cases in Torit County, Eastern Equatoria State. The initial laboratory results were negative for the Ebola, but yellow fever test results are pending.
- On 29 Jan 2022, WHO supported the Ministry of Health to investigate a suspect yellow fever case from Imatong payam in Ikotos county. The illness started on 17 Jan 2022 with fever, yellow eyes, and diarrhoea. Test results are pending from the yellow fever laboratory in Juba.
- WHO supported the investigation of alerts of suspected meningitis cases in Maridi County, Western Equatoria. A total of 13 suspect meningitis cases including 6 deaths (CFR 46%) have been line-listed so far. A 5-day WHO-supported Ministry of Health rapid response team investigation mission to Maridi did not identify any active suspect meningitis cases in the health facilities or affected communities. However, surveillance has been enhanced through on-the-job orientation of surveillance officers and health workers on the meningitis case definition and transport media (trans-isolate) has been prepositioned to facilitate sample collection from subsequent cases.
- For more details, find the weekly IDSR Bulletins [here: https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2021](https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2021)

Coronavirus disease (COVID-19) Outbreak

- Since April 2020, 16,794 COVID-19 cases (290 healthcare workers) and 137 deaths (case fatality rate of 0.82%) have been reported at the end of week 4. In week 4 of 2022, 79 cases were confirmed, a 56.6% decrease in reported cases compared to week 3, the fifth consecutive week of the observed decline in weekly case incidence.
- Seven-day moving averages for case count and positivity rate were 11.0 cases and 1.9% at the end of Week 4 compared to 26.0 cases and 3.5% at the end of Week 3.
- South Sudan has received 930 070 doses of COVID-19 vaccines to date, including 750 550 doses of Johnson and Johnson (J&J) vaccines. An additional 290 000 doses of J&J are expected soon.
- Vaccination campaign is currently in 74 counties and 382 health facilities using the AstraZeneca and J&J vaccines.
- A total of 344,502 doses were administrated (249,958 fully vaccinated; 44,004 with two doses of AstraZeneca and 205,954 with single doses of J&J) 22,783 healthcare workers have been fully vaccinated as of 1 February 2022. [South Sudan COVID-19 vaccine dashboard](#)
- For more information on the COVID-19 outbreak and public health response measures, refer to the national weekly situation update: <http://moh.gov.ss/covid-19.php>



Epidemiological curve of reported COVID-19 cases through Week 4 of 2022, showing new cases (blue bars), rolling monthly average of reported cases (black line), and total cumulative reported cases (red line)

Operational gaps and challenges

The response operations have been affected by several challenges such as:

- Limited funding to respond to numerous emergencies and needs.
- Weak coordination mechanisms at the sub-national level.
- Disruptive insecurity incidents and inaccessibility in conflict-affected counties.
- Huge operational costs measured against available donor funds
- Inadequate human resources for health service delivery at sub-national levels.

Critical support is needed from the entire community to reduce the impact of these challenges on our activities and ultimately on the lives of populations in South Sudan.

Budget

Name of appeal	Required US \$	Secured in US \$	Gap in US \$
WHE Operations	22 million	5 million	17 million
COVID-19 Response	9.7 million	7 million	2.7 million

Key Donors

WHO South Sudan country office appreciates the support provided by all our donors to address numerous emergencies needs across the country. Please find below the list of our donors supporting emergency operations in alphabetical order.

- African Development Bank Group (AfDB)
- Central Emergency Response Fund (CERF)
- Contingency Fund for Emergencies (CFE)
- European Union (EU)
- European Union Humanitarian Aid (ECHO)
- Foreign, Commonwealth and Development Office (FCDO)-UK)
- Global Alliance for Vaccine Initiative (GAVI)
- Government of Japan
- United States Agency for International Development (USAID)
- South Sudan Humanitarian Fund (SSHF)
- World Bank

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