

REPUBLIC OF SOUTH SUDAN



Ebola Virus Disease (EVD) Preparedness and Readiness Update for South Sudan

Epidemiological Week 45 (7 October – 13 November 2022)



EVD Readiness Activities | Cumulative Alerts Investigated from 21 September 2022 to 13 November 2022

01

of Alerts Received
in the 24 hrs.

21

Cumulative Total of
Alerts Investigated

06

of Samples Tested

00

of Samples Testing
Positive

Key Weekly Highlights

Highlights as of 13 November 2022

- Four (04) new EVD alerts were reported from Rubkona, Nimule, and Juba during week 45 (ending 13 November 2022) but only one sample was collected for laboratory confirmation which tested negative. The other three were discarded as they did not meet EVD case definition.
- No EVD case has been confirmed in South Sudan neither from other countries neighboring Uganda where the current outbreak is ongoing.
- Cumulatively, a total of 21 alerts have been reported from seven locations in South Sudan since September 2022.
- The Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator (DSRSG/RC/HC), convened a meeting on 9 November; to map participating partners in the EVD readiness efforts; resources available to EVD readiness and response actions including pledges from donors and critical gaps in resources needed.
- The Public Health Emergency Operation Centre (PHEOC) continues to conduct weekly National Steering Committee (NSC) and EVD pillars meetings with partners and stakeholders. The purpose of the meetings is to discuss and provide strategic guidance for readiness.
- Weekly sub-national task force coordination meetings are being conducted and minutes are shared for actions.
- Conducted five (5) days County Rapid Response Team training for 30 participants (5 Females and 25 males) in Kajo Keji
- On 4 November 2022, a one-day sensitization meeting for Kajo Keji EVD taskforce to support advocacy for EVD response readiness led by Hon. Commissioner Kenyi Erasto, attended by 49 participants (7 Female and 42 male)



Ebola Situation update from Uganda as of 12 November 2022

- One (01) new case reported in the last 24 hours.
- Cumulatively since 19th September 2022, a total of 139 cases including 18 HCWs have been reported.
- Cumulative number of deaths is 55 including 07 HCWs (CFR-55/139 = 40%).
- Total number of recoveries 69.
- A total of 1,127 contacts are actively being followed-up with 90% follow-up rate in the past 24 hours.

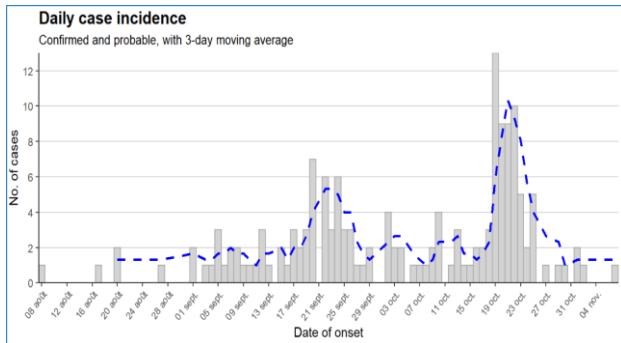


Fig 1: Time analysis of affected individuals

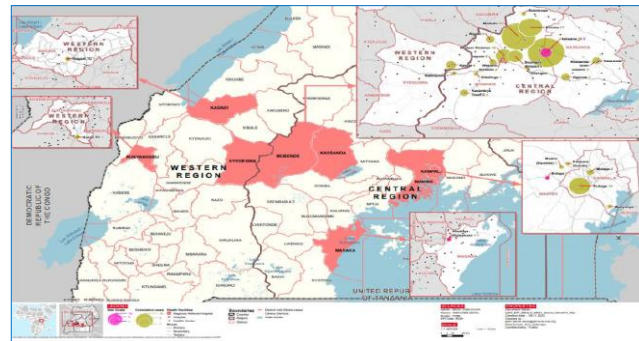


Fig 2: Place analysis of affected persons by district

1. Public Health Preparedness and Readiness in South Sudan

1.1. Coordination

- The Ministry of Health through the Ebola Virus Disease (EVD) Incident Management System (IMS) continues to coordinate and lobby for support from donors to fund readiness activities in South Sudan.
- The Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator (DSRSG/RC/HC), convened a meeting on 9 November; to map participating partners in the EVD readiness efforts; resources available to EVD readiness and response actions including pledges from donors and critical gaps in resources needed.
- Weekly National Steering Committee (NSC) meetings conducted every Thursday to discuss and provide strategic guidance for readiness chaired by national Incident Manager (IM) and co-chaired by WHO.
- Weekly sub-national task force coordination meetings are being conducted in Nimule, Yambio, Torit, Ikotos, Yei, Kajo-Keji and Juba.
- Cross-border collaboration and information sharing strengthened with Uganda.

1.2. Resource mobilization

- The National EVD readiness activities plan costed at USD 31.3 million including the 72hrs response plan has been endorsed by the Government.
- USAID has provided financial support of USD 1.6 M to support EVD readiness activities in the country
- Donors and partners continue to allocate resources for the EVD readiness activities coordinated by WHO country Office in South Sudan.
- The Government has immediately availed USD 500,000 (funding gap USD 30.8 million) towards the plan and partners have pledged to support implementation.

1.3. Epi-Surveillance and Laboratory

- Cumulatively, since 21 September 2022, a total of 21 alerts have been reported from seven locations.
 - Nimule=7
 - Juba=4
 - Yambio=3
 - Rubkona=2
 - Yei=2
 - Kajo-Keji=2
 - Torit=1
- Conducted five (5) days County Rapid Response Team training for 30 participants (5 Females and 25 males) in Kajo keji, on surveillance, Contact tracing, Case Management, Laboratory, Safe and Dignified Burials, Infection

Prevention and Control (IPC) & Water Sanitation and Hygiene. RRT and contact training conducted in Nimule and ongoing in Kajo-Keji.

- On 4 November 2022, a one-day sensitization meeting for Kajo keji EVD taskforce to support advocacy for EVD response readiness led by Hon. Commissioner Kenyi Erasto. The meeting was attended by 49 participants (7 Female and 42 male).
- MOH in collaboration with WHO and other partners are supporting the dissemination of case definition, investigation tools, and SOPs to EVD high-risk locations.
- Laboratory SOPs and guidelines have been developed, printed and being distributed in EVD high risk areas.
- Two (02) Laboratory Experts trained on the testing and detection of EVD in DRC-Congo and will roll-out this training in EVD high risk areas.

| Indicator | # |
|---|----|
| Number of alerts (cumulative) | 21 |
| Number of alerts discarded (cumulative) | 15 |
| Number of alerts validated after investigation (cumulative) | 06 |
| Number of alerts received in the last 24 hours | 00 |
| Number of alerts to be investigated within the 24 hours | 00 |
| Number of samples collected (cumulative) | 06 |
| Number sample tested (cumulative) | 06 |
| Number of samples tested positive (cumulative) | 00 |

Table 1: Alerts investigations in South Sudan -13 Nov 2022

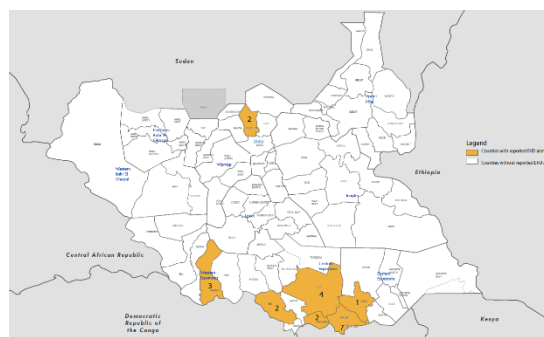


Figure 3: Geographical distribution of EVD alerts detected and investigated-13 Nov 2022

1.4. Points of Entry

- MOH and partners are mapping other points of entry, major hospitals and healthcare facilities (including private healthcare facilities) in high risk areas.
- Ongoing integrated EVD/Covid-19 screening at Juba International Airport (JIA) and Nimule main point of entry including river side point of entry supported by IOM and WHO respectively.
- MOH continues to strengthen surveillance and mechanism for case detection, reporting, management and referral of suspected travelers at six prioritized PoEs in the high-risk locations; whilst ensuring the protection of the fundamental rights of travelers and at-risk communities, including the prevention of gender-based violence by establishing mid to longer-term comprehensive border health infrastructure and system at all prioritized PoEs.
- Cross-border collaboration and information sharing strengthened with Uganda as the EVD outbreak continues to evolve.

1.5. Case Management

- Isolation facilities have been established in Juba and Nimule.
- Referral system and ambulance team established and trained including availability of a standby ambulance with support from WHO in Juba and Nimule.

1.6. Infection Prevention, and Control/WASH

- IPC/WASH trainings have been conducted in Nimule, Yambio, Juba, Kajo-keji and Yei.
- IPC materials have been printed and are currently being distributed to all high-risk locations.

1.7. Safe and Dignified Burial

- Safe and dignified burial sites are being identified in EVD high-risk locations with support from the local authorities.

1.8. Risk communication, community engagement and social mobilization (RCCE&SM)

- IEC materials have been reviewed, printed and being distributed to various health facilities in high-risk locations.
- Weekly talk-show and radio jingles conducted in EVD high risk locations.
- Joint EVD and COVID-19 media briefings conducted every other week.

1.9. Logistics

- PPE prepositioned at each of the 9 hub offices to support EVD readiness activities; re-stocking of PPEs at sub-national level is ongoing.
- A new screening site setup at the river side crossing point in Nimule.
- A second mobile storage unit (rub-hall tent) donated by WFP to support EVD readiness at the new IDU site in Juba.
- The national logistics TWG is coordinating the PPEs stock and supplies distribution using the already existing supply request portal <https://ee.humanitarianresponse.info/sddy70c6>



Figure 4: New isolation site Rub-Hall tent donated by WFP to support EVD readiness in Juba

2. Challenges/Gaps

- Inadequate partners participation in incident management system.
- Inadequate funding to support EVD readiness activities.
- Inadequate screening at points of entry in high risk areas (Yei, Kaya, Yambio, Maridi, Kapoeta, Ikotos, Torit and Magwi), other PoEs at (Kenya, Ethiopia, Sudan, CAR and DRC), Major hospitals and healthcare facilities including private healthcare facilities.
- Inadequate number of rapid response teams (RRTs) in EVD high risk areas.

3. Recommendations

- Involvement of all health partners and stakeholders at national and sub-national levels.
- Advocate for additional resources towards EVD readiness activities.
- Strengthen surveillance activities (including screening, case investigation, contact tracing, event-based and community-based surveillance) particularly in all high-risk counties.
- Strengthen and enhance laboratory testing capacity (e.g., provision of reagents) in the country.
- Procure and pre-position additional medical and non-medical supplies.
- Train and deploy more RRTs, contact tracers and case investigators in EVD high risk areas.
- Strengthen risk communication and community engagement through harmonized messaging.
- Continue and accelerate refresher trainings on main technical pillars of surveillance, laboratory, case management, IPC/WASH, SDB and RCCE

4. Implementing partners by pillar

A mapping of partners of 'Who does What, Where and for Whom (4W) is ongoing. The table below will be updated as we continue to have additional participation of partners on EVD readiness activities.

| Thematic/Pillar | Lead | Co-leads (IPs) | Implementing Partners | Technical Assistance |
|---|------|---|---|----------------------|
| Coordination | MOH | WHO | ICAP | WHO, USAID |
| Surveillance and Rapid response teams, | MOH | WHO, CDC, UNHCR | ICAP, AAH, CORDAID, IMC, WVSS, CONCERN, GOAL | US-CDC, WHO, USAID |
| Laboratory. | MOH | WHO, US-CDC and Africa-CDC | ICAP, AAH, CORDAID, IMC, WVSS, CONCERN, GOAL, Crawford Laboratories | US-CDC, WHO, USAID |
| Case management, Infection prevention and control/WASH, Safe and Dignified Burials | MOH | WHO, MSF, ICRC, UNICEF, UNHCR SSRC | ICAP, MSF, IMC, World Vision South Sudan (WVSS), CONCERN, MEDAIR, Health Link SS, Samaritan's Purse (SP), Save the Children (SC), SSRC, UNHCR, IOM and UNICEF | WHO, USAID |
| Risk communication, social mobilization, and community engagement Psychosocial support | MOH | UNICEF, WHO, UNHCR | ICAP, IMC, WVI, CONCERN, Internews, MEDAIR, SSRC, UNHCR | UNICEF, WHO, USAID |
| Points of entry | MOH | International Organization for Migration (IOM), | ICAP, AAH, CORDAID, IMC, WVSS, CONCERN, GOAL, Crawford Laboratories | US-CDC, WHO, USAID |
| Operations and Logistics | MOH | WFP, WHO | WFP, UNICEF, WHO | WFP, WHO, USAID |
| Security, Safety, and Access | MOH | UNDSS/WHO/UNMISS | UNDSS, Government | |

For more information, please contact:

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