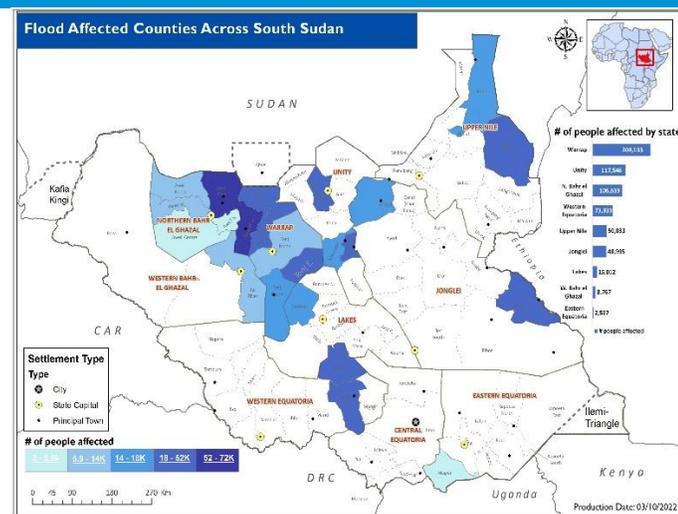


Highlights

- A fourth consecutive flooding season has affected more than 630 000 people in 22 counties
- 111 509 people in Yirol East (second round) and 37 3771 in Juba (second round) have been vaccinated against cholera
- Cholera alert was investigated and *Vibrio cholerae* ruled out through culture and PCR testing
- Surge in measles cases continue with new active outbreaks in Juba, Terekeka and Malakal counties; 12 counties have confirmed outbreaks in 2022
- South Sudan is ramping up its Ebola virus disease readiness measures in the high-risk states that share long porous border with Uganda



Map showing flood-affected counties in South Sudan, Sept 2022

Summary Statistics

	8.3 M	People in Need of Humanitarian Assistance	7.7 4 M	Severely Food Insecure	630 k	People affected by flooding	12	Counties with measles outbreaks	272 197	Children vaccinated against measles
	1.3 M	Malnourished Children	676 K	Malnourished Women	22	Counties with cholera outbreak	1	Counties with cholera outbreak	359 256	Children under one year vaccinated against polio

Overview of the Humanitarian Crisis

Multiple shocks have continued to drive humanitarian needs and impact the coping mechanisms of communities in South Sudan. The sub-national violence that erupted mid-August in Tonga and neighboring areas in Panyikang, Upper Nile State caused displacement of 28 000 people to multiple locations including Malakal Protection of Civilians (PoC), Old Fangak and Pigi Canal County and left the IDPs in dire humanitarian needs. In September, the fourth consecutive flooding season has affected more than 630 000 people in 22 counties in nine states. Warrap (208 133 people), Unity (117 546 people) and Northern Bahr el Ghazal (106 633 people) states are the three most affected states accounting for almost three-quarters of the affected populations. The severe flooding has also occasioned 62 deaths and affected 52 health facilities that have either been destroyed or rendered inaccessible. Moreover, the conflicts and flooding with associated disruption of livelihoods and trade, and destructions of crops and livestock are expected to worsen food insecurity in the affected location during the June-September period, which overlaps with the lean season.

Emergency Response Activities

- **Coordination:** WHO supported partner and response coordination at national and sub-national through weekly cluster and inter-cluster coordination meetings.

- **Provision on emergency health kits:** WHO distributed 22 IEHK kits (can support 22 000 people for three months), 22 cholera investigation kits, six cholera treatment kits, and four severe acute malnutrition kits to priority humanitarian locations to ensure continued provision of essential health services.
- **Health service delivery:** WHO supported provision of primary health services in counties with IPC 5 populations by supporting 11 static and mobile health facilities
- **Outbreak prevention and response:** WHO, in collaboration with health cluster partners, vaccinated 111 509 people in Yirol East in Lakes (second round) and 37 3771 (second round) people against cholera during pre-emptive oral cholera vaccination campaigns done in cholera hotspot locations.
- **Water quality testing and surveillance:** WHO carried water quality testing and monitoring in priority locations
- **Enhanced surveillance:** Enhanced surveillance, routine reporting and monitoring of weekly trends of priority diseases in emergency locations

Surveillance, Epidemiological Update, and Response for Disease Outbreaks

Confirmed and suspected Outbreaks

Cholera Outbreak in Bentiu-Unity State

- A decreasing trend of cholera cases has been noted with zero cases reported from Rubkona County in the last three weeks of September 2022 (epidemiological week 37 through 39)
- The outbreak was confirmed in Rubkona County after identification of the index case on 19 March 2022 in Bentiu IDP Camp. The outbreak was official declared on 7 May 2022.
- Cumulatively, there are 389 (30 culture-confirmed) cases and one (case fatality rate, CFR, 0.3%) since the beginning of the outbreak.
- The outbreak has remained confined to Rubkona County although with high risk of spread of the infection to the neighboring counties due to high population movement, poor WASH situation, flooding and overcrowding
- A cholera alert was investigated in Juba from 1 September through 6 September 2022; RRTs were deployed to investigate the alert, conduct active search, and review records in health facilities. Four samples were collected from cases meeting cholera case definition and all tested negative for *Vibrio cholerae* on culture and PCR.
- Public health response implemented include:
 - Coordination, case management, community awareness and case detection and investigation
 - Cholera kits deployed and distributed to the health facilities (299 stool samples collected and tested
 - Five *V. cholerae* isolates shipped to Pasteur Institute in Paris for serotyping and genomic sequencing
 - Conducted pre-emptive oral cholera campaigns in hotspot locations: more than 1.5 million doses administered in five hotspot locations
 - Planning to conduct intra-action review for the response at the end of October 2022

Measles Outbreak

- Measles outbreaks have been confirmed in 12 counties since the beginning of 2022. The outbreaks are currently active in Juba (276 cases), Malakal (61 cases) and Terekeka (9 cases).
- Cumulatively, 1523 cases, and 10 deaths (CFR, 0.7%) have been reported. The surge in measles transmission is related to accumulation of susceptible children due to low routine vaccination coverage in the country.
- Public health response implemented include:
 - Measles reactive vaccination campaigns have been implemented in Maban, Torit, Tambura, Raja, Aweil East, Aweil West, Aweil Centre, Aweil North and Aweil South. The vaccination campaigns are underway in Juba and Malakal counties the campaign is being planned for Terekeka County. Some 578 620 children aged 6 months to 14 years have been vaccinated during reactive vaccination campaigns conducted in the counties with confirmed outbreaks.
 - Conducted refresher trainings on measles detection and reporting, and case management
 - Enhanced surveillance for case detection, investigation, and management
 - Strengthening of routine immunization through mobile outreaches
 - Community awareness and demand creation for routine immunization

Hepatitis E Virus (HEV) Outbreak in Bentiu IDP Camp

- A persistent HEV transmission has been ongoing in Bentiu IDP Camp and surrounding host community since 2019
- Cumulatively, 3 397 cases and 26 (CFR, 0.8%) deaths reported in 2019, 2020 and 2021. There were 202 new cases reported in September 2022. No new deaths in September (the last death was on 30 July 2022)
- Most of the cases present with mild illnesses and therefore managed as outpatient (only 0.7% of the cases were admitted).
- Public health response implemented include:
 - 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.
 - HEV vaccination campaign to break the chain of transmission was conducted in March 2022 during which 24469 (91%) people were vaccinated in the first-round while 19861 (82%) were vaccinated in the second round of the campaign. The third round of the campaign is expected in October 2022.

Anthrax Outbreak in Gogrial West

- A cutaneous anthrax was confirmed in Gogrial West County after eight samples tested positive for *Bacillus anthracis* on PCR. Following the identification of the initial cases in February, active case search in the communities and health facilities revealed more cases. Further, this initial investigation had revealed history of exposure to dead animals for many cases.
- A total of 109 cases and four (CFR, 3.7%) deaths have been listed the start of the outbreak in February 2022
- There have been no new cases reported for the past four weeks
- Public health response implemented include:

- Deployment of one health investigation team to conduct further epidemiological investigation on 19 May 2022
- Continued surveillance, timely case management with penicillin and preventive measures such as avoiding exposure to sick/dead animals and proper disposal of carcasses
- Confirmation of the infection among the animals
- Vaccination of animals by the animal health counterparts

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

- 18 230 COVID-19 cases, 17 982 recoveries, and 138 deaths (case fatality rate of 0.8%) have been reported as of the end of September 2022 (epidemiological week 39). The last confirmed COVID-19 death was reported in March 2022
- Detection and testing of COVID-19 are inadequate; testing level is low at about 300 per day. Antigen rapid testing, PCR testing and GeneXpert platforms in public health and private facilities are being utilized scale up testing capacity in the country.
- 40 confirmed COVID-19 cases were reported in epidemiological week 39 (ending on 2 October 2022) with a notable decrease from 70 cases reported in epidemiological week 38 (ending on 25 September 2022).
- Low test positivity rate of 1.6%, seven-day moving average of 5.7 cases per day
- 15.19% (1 251 686 individuals) have been fully vaccinated using different antigens delivered through several vaccination strategies. Notably, more than 91% of the healthcare workers have been vaccinated.
- 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>

Ebola Virus Disease

- The risk for Ebola virus importation into South Sudan is high owing to the geographic proximity, high volume of population movement across the borders, inadequate screening in official border crossing points as well numerous unofficial crossing points that are unmanned.
- The number of EVD cases detected and districts affected continue to rise in Uganda since the confirmation of the outbreak on 20 September 2022
- South Sudan is ramping up its readiness measures in the high-risk states of Eastern, Western and Central Equatoria that share long porous border with Uganda.
- No EVD cases have been confirmed in South Sudan
- Coordination structures have been activated; point of entry screening scaled up in Nimule and Juba; eight alerts detected and investigated (3 discarded, 3 tested negative, 1 sample pending, 1 alert not sampled)
- More concerted efforts and resources are required to strengthen the readiness measures to capacitate the country to detect, confirm and respond any EVD case within its borders.

Operational gaps and challenges

The operation response has 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.

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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