



# South Sudan Ministry of Health

Integrated Disease surveillance  
and response (IDSR)



World Health  
Organization  
South Sudan

## Epidemiological Bulletin Week 37, 2022 ( September 11-17 September)

## Major epidemiological highlights in week 37 of 2022



- In week **37, 2022**, the IDSR reporting timeliness and completeness were **79%** and **87%** respectively while the timeliness and completeness for EWARN sites were at **95%** and **99%**
- Of the **105** alerts generated in week 37, 2022; **29.5%** were for malaria (31) and **21.5%** for acute watery diarrhea(23), and **15.2%** for Acute Respiratory Illness(16)
- Confirmed outbreak of Sudan Ebolavirus in Uganda Mubende district as the epicenter with other four districts with at least a confirmed case. As of 6<sup>th</sup> October, a total of 44 cases and 10 confirmed deaths.
- Eight (08) alerts of EVD received so far in the country (1) Nimule, (2) Yei, (2) Juba, (1)Yambio, (1) Kajo-keji, and (1)Torit). 4 alerts tested negative, 3 discarded, and 1 alert was pending result from Uganda Virus Research Institute (UVRI) country readiness for EVD is scored at **61%**
- Confirmed measles outbreak in 12 counties since the beginning of the year 2022 with the latest counties affected including Juba county **Malakal and Terekeka**
- Forty-eight (48) cases of Hepatitis E virus have been reported in Bentiu IDP Camp in **week 37** with, a cumulative number of cases of **3,311** cases and **26** deaths (CFR **0.78%**) reported since, 2019
- Other emergencies include floods that have affected over **800,000** people in **24** counties in ten states, and high cases and deaths of Acute Malnutrition in South Sudan due to **food insecurity**.

# 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 37 & 36 of 2022



Timeliness States Ranking	States	Number of reporting sites	No. of HFs Reported on Time in WK 37	Timeliness Percentage of WK 37	No. of HFs Reported on Time in WK 36	Timeliness Percentage of WK 36
1st	WES	218	218	100%	217	100%
2nd	Unity	95	93	98%	94	99%
3rd	Lakes	113	107	95%	111	98%
4th	EES	105	95	90%	89	85%
5th	Warrap	123	101	82%	90	73%
6th	Jonglei	126	86	68%	90	71%
7th	CES	126	86	68%	68	54%
8th	NBGZ	89	56	63%	74	83%
9th	Upper Nile	95	51	54%	52	55%
10th	WBGZ	80	35	44%	69	86%
	South Sudan	1170	928	79%	954	82%

## KEY

	<60%	Poor
	61%-79%	Fair
	80%-99%	Good
	100%	Excellent

The Timeliness of IDSR Reporting (Supported by EWARS Web and Mobile) at health facility level in week 37 stands at 79% while in week 36 it was at 82% and 5 states were above the target of 80% in week 37.

Reporting Challenges in the poorly performed States are: insecurity, internet inaccessible; Turnover of Partners.

# IDSR Completeness performance at State level for week 37 & 36 of 2022



Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported regardless of time in WK 37	Completeness Percentage of WK 37	No. of HFs Reported regardless of time in WK 36	Completeness Percentage of WK 36
<b>1st</b>	WES	218	218	100%	218	100%
<b>2nd</b>	Lakes	113	113	100%	112	99%
<b>3rd</b>	Unity	95	94	99%	95	100%
<b>4th</b>	EES	105	102	97%	94	90%
<b>5th</b>	WBGZ	80	75	94%	75	94%
<b>6th</b>	Warrap	123	105	85%	102	83%
<b>7th</b>	Upper Nile	95	74	78%	72	76%
<b>8th</b>	NBGZ	89	62	70%	80	90%
<b>9th</b>	Jonglei	126	87	69%	90	71%
<b>10th</b>	CES	126	87	69%	78	62%
	<b>South Sudan</b>	<b>1170</b>	<b>1017</b>	<b>87%</b>	<b>1016</b>	<b>87%</b>

## KEY

	<60%	Poor
	61%-79%	Fair
	80%-99%	Good
	100%	Excellent

The Completeness of IDSR Reporting (Supported by EWARS Web and Mobile) at health facility level in week **37** stands at **87%** as well as in week 36 it was 88% and 6 states were above the target of 80% in week 37.

Reporting Challenges in the poorly performed States includes; insecurity; internet inaccessible; Turnover of Partners, Floods.





# Surveillance: EWARS Timeliness performance indicator by partner for week 37 and 36 of 2022

Partner	HF's	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received on Time in Week 37	Timeliness of Week 37	# of reports received on Time in Week 36	Timeliness of Week 36
Medicair	3	3	100%	3	100%
IRC	2	2	100%	2	100%
ADA	1	1	100%	1	100%
World Relief	2	2	100%	2	100%
HFO	4	4	100%	4	100%
UNH	2	2	100%	2	100%
SMC	6	6	100%	6	100%
SSHCO	1	1	100%	1	100%
MSF-H	4	4	100%	4	100%
TRI-SS	2	2	100%	2	100%
CIDO	1	1	100%	1	100%
IMC	24	24	100%	22	92%
IOM	10	10	100%	9	90%
MC	2	2	100%	1	50%
MSF-E	6	4	67%	4	67%
UNIDOR	3	2	67%	2	67%
Medair	2	1	50%	1	50%
HAA	4	4	100%	4	100%
<b>TOTAL</b>	79	75	95%	71	90%

The Timeliness of EWARS in partners' supported sites stands at 95% in week 37 while in week 36 it was at 90%.



# Surveillance: EWARS completeness performance indicator by partner for week 37 and 36 of 2022

Partner	HFs	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received regardless of Time in Week 37	Completeness of Week 37	# of reports received regardless of Time in Week 36	Completeness of Week 36
IRC	2	2	100%	2	100%
SMC	6	6	100%	6	100%
Medicair	3	3	100%	3	100%
ADA	1	1	100%	1	100%
World Relief	2	2	100%	2	100%
UNH	2	2	100%	2	100%
HAA	4	4	100%	4	100%
HFO	4	4	100%	4	100%
MSF-H	4	4	100%	4	100%
IOM	10	10	100%	9	90%
CIDO	1	1	100%	1	100%
SSHCO	1	1	100%	1	100%
IMC	24	24	100%	24	100%
TRI-SS	2	2	100%	2	100%
MC	2	2	100%	2	100%
MSF-E	6	6	100%	4	67%
UNIDOR	3	2	67%	2	67%
Medair	2	2	100%	1	50%
<b>TOTAL</b>	<b>79</b>	<b>78</b>	<b>99%</b>	<b>74</b>	<b>94%</b>

The Completeness of EWARS in partners' supported sites stands at 99% in week 37 while in Week 36 it was at 94%.

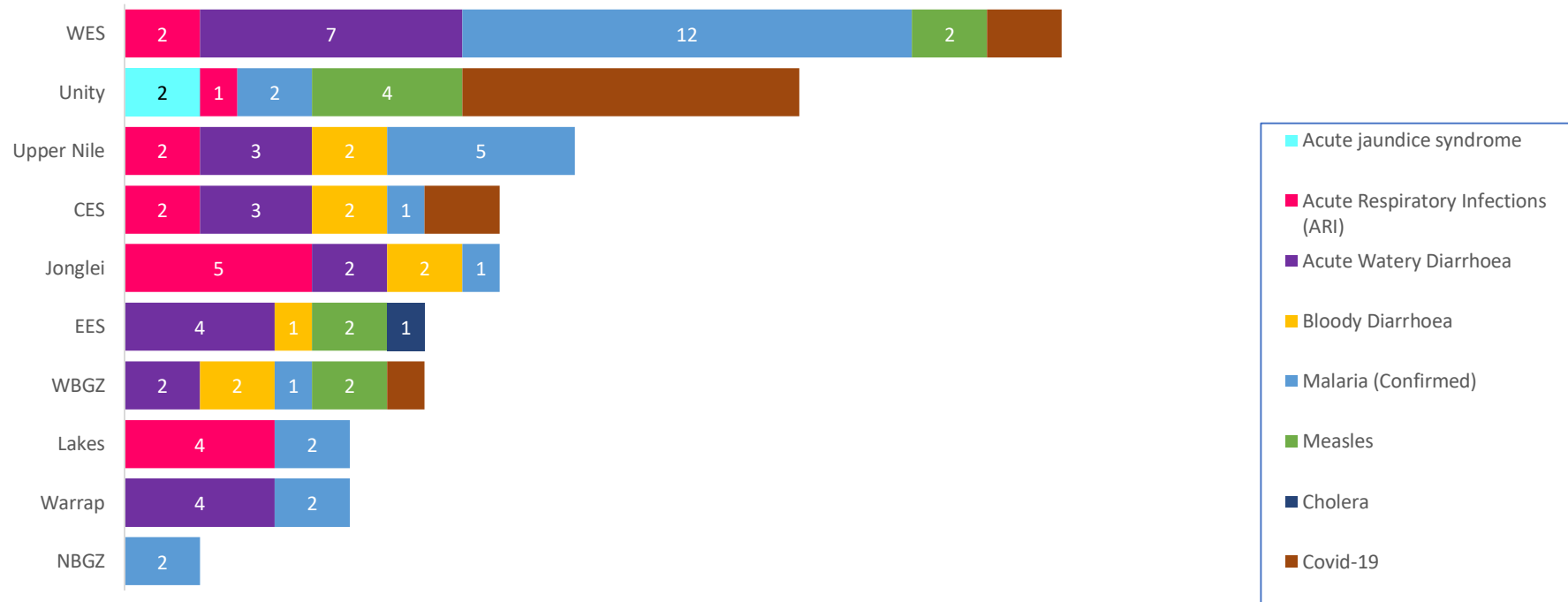


# INDICATOR-BASED SURVEILLANCE



Alert management including detection; reporting; verification; risk assessment; & risk characterization

## Alert by disease and States in week 37 of 2022 [ a total of events specific alerts generated by state



### **This week a total of 105 Alerts were triggered from the EWARS System:**

- Ten Measles alert: triggered from Ganyliel PHCC (2) in Panyijiar County, Unity State, Raja Hospital(2) in WBGZ, Winyo Iwonya PHCU (2), Magwi County, EES, Wandu PHCU(2), Mundri East of WES, Rier PHCU(2) Koch, Unity State
- Two AJS alert: these were triggered from MSF-H Leer PHCC in Leer, MSF-H Bentiu PoC Hospital in Rubkona of Unity State.
- One Cholera Alert: this was triggered from Winyo Iwonya in Magwi County, EES.

# SUDAN EBOLAVIRUS IN UGANDA AND READINESS IN SOUTH SUDAN

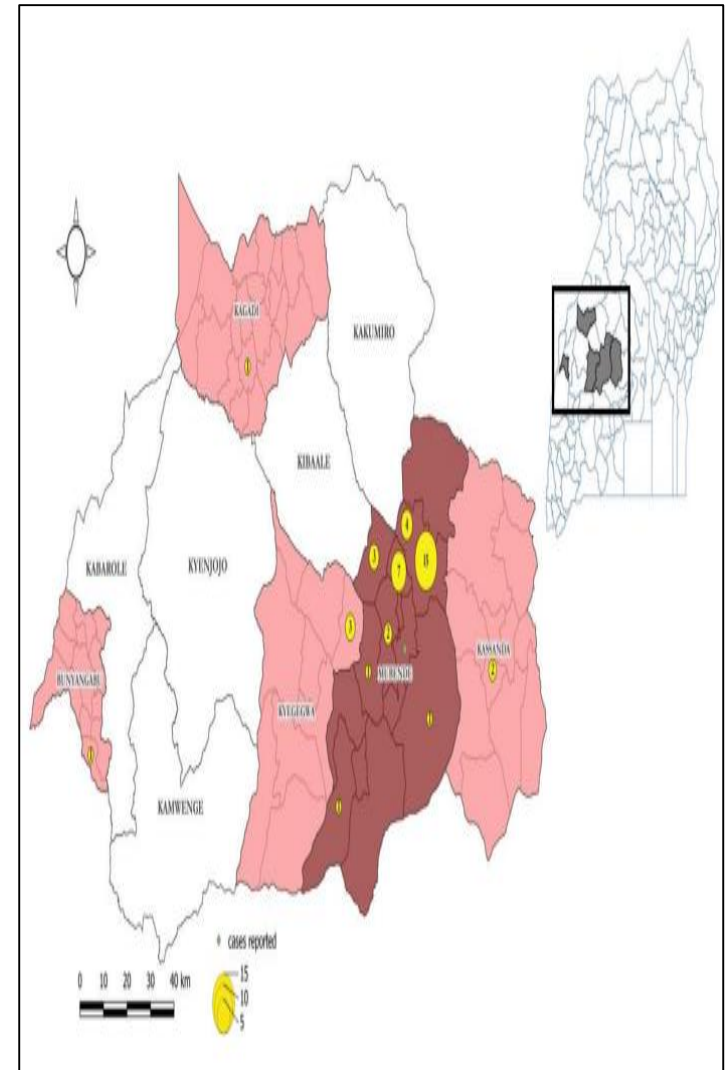


Alert management including detection; reporting; verification; risk assessment; & risk characterization



# Sudan Ebolavirus Disease in Uganda

- On 20 September 2022, the Ministry of Health Uganda declared an outbreak of EVD after a case of the Sudan ebolavirus was confirmed in the Mubende district.
- The Uganda Virus Research Institute (UVRI) confirmed the case after testing a sample from a 24-year-old male managed at Mubende Regional Referral Hospital (MRRH).
- Investigations by the National RRT of suspicious deaths that had occurred in the district earlier in the month.
- As of 10<sup>th</sup> October, five districts reported confirmed cases 48 and 17 confirmed deaths CFR 35.4%: Mubende the Epicenter, Kyegegwa, Kassanda, Kagadi and latest was Bunyangabu
- The Ministry of Health (MoH), Districts, and partners in Uganda are implementing several outbreak control interventions in Mubende and her surrounding districts to contain the disease spread



# Key actions taken by pillar in SSD

## 1. Coordination

- The IMS has been activated and the PHEOC is on preparedness/alert mode.
- Sub-national taskforces activated in high-risk areas (e.g., the County Taskforce in Nimule has been established and functional as of 27 September 2022.
- COVID-19 coordination structures leveraged for EVD preparedness and response.
- High level meeting was conducted with the Africa-CDC on key areas for support (Surveillance including event-based surveillance, laboratory, support to ETC/ETU, training, RCCE).

## 2. Surveillance and laboratory

- Review of critical EVD tools (standard case definition, case investigation form, SOPs etc.) has been finalized.
- RRTs have been deployed to high-risk locations and screening at the Nimule point of entry has been reactivated. Health workers in high-risk areas have been oriented on EVD case definition for early case detection and identification.
- Agreements have been established between WHO collaborative centers (South Africa) NICD and UVRI (Uganda) for testing and external quality control.
- Two samples have been shipped to the NICD in South Africa.
- In-country testing has commenced as the NPHL received testing kits from the East African Community



# Key actions taken by pillar in SSD



## 3. Risk communication, social mobilization, and community engagement

- IEC materials have been adapted and to be printed for distribution

## 4. Infection prevention and control

- IPC trainings conducted in Nimule and Yambio for clinical, laboratory, and surveillance teams.

## 5. Case management

- Assessment and gap analysis of three EVD isolation facilities conducted in Yambio, Yei, and Nimule.
- Isolation facilities in high-risk areas are under consideration for renovation and upgrading.
- Isolation unit identified at Juba and structural works have been completed to start refurbishment works

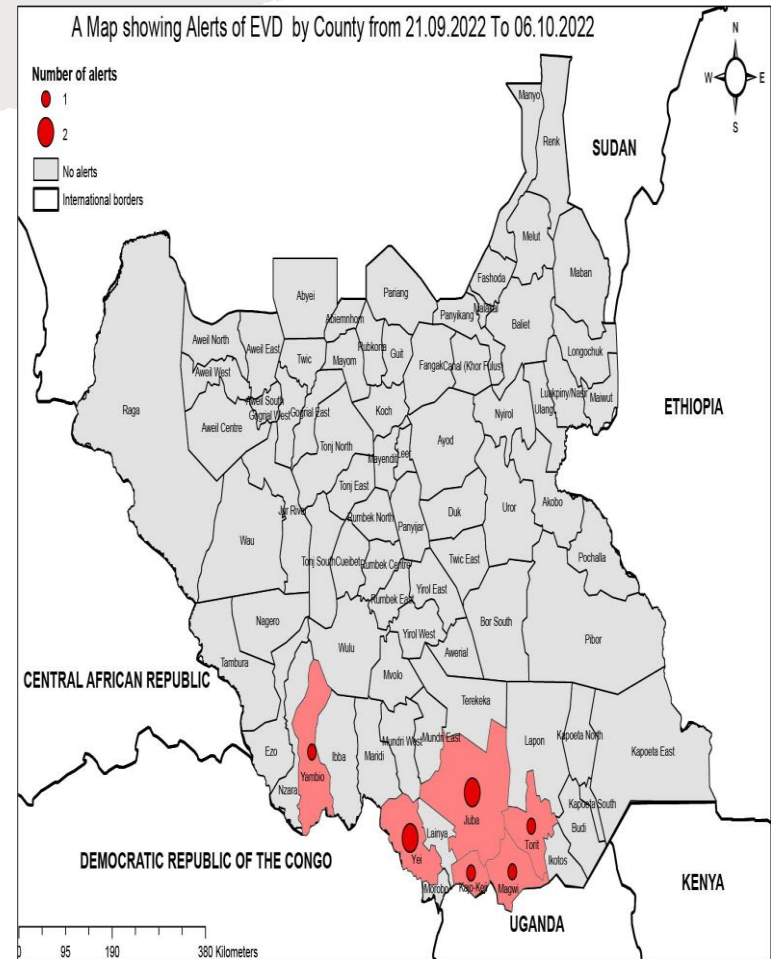
## 6. Logistics

- RRT kits are available in Nimule but not in sufficient quantities in the event of a response



# South Sudan's key highlights

- Eight (08) alerts of Ebola received so far in the country (1 Nimule, (2) Yei, (2) Juba, (1)Yambio, (1) Kajo-keji, and (1)Torit).
- All alerts were investigated by the state and National Rapid Response Teams (RRTs), 4 alerts tested negative, 3 discarded, and 1 alert was pending results from Uganda Virus Research Institute
- PHEOC and IMS activated. **All readiness and response pillars were also activated, and weekly meeting schedules for all pillars were developed and circulated as national readiness is estimated at 61%**
- Readiness assessment and gap analysis conducted in Nimule, Yei, Morobo, and Yambio
- 72 HRs response plan developed and endorsed by the Ministry of Health. A one-year (September 2022 – August 2023) comprehensive EVD Preparedness, Readiness and Response Plan developed and endorsed by the council of ministers.
- Screening currently ongoing at the border entry points of Nimule and Juba International Airport.



# EVENT-BASED SURVEILLANCE



Alert management including detection; reporting; verification; risk assessment; & risk characterization



# Updates on Floods situation in South Sudan

- Flooding declared a national emergency by the Govt-10 Sept 2022
- Flooding has affected **24 counties in 8 states**
  - Upper Nile-all 12 counties-no Initial Rapid Needs Assessment (IRNA) data received
  - Warrap-5 counties- 399 709 people affected (IRNA data for TS, GGW, GGE, Twic only)
  - Northern Bahr el Ghazal-All five counties-388758 people affected (IRNA data)
  - Western Equatoria State-66 671 people affected in Mvolo, Mundri East, and Mundri West (IRNA data)
  - Western Bahr el Ghazal-Jur River-14 986 people affected
  - Lakes-Cueibet-68 988 people affected
  - Unity-Leer, Mayendit and Mayom-no IRNA data;
  - Jonglei-IRNA done in Fangak
- Initial and immediate health response is ongoing by WHO and health partners in most of the affected locations



# Floods Situation in South Sudan

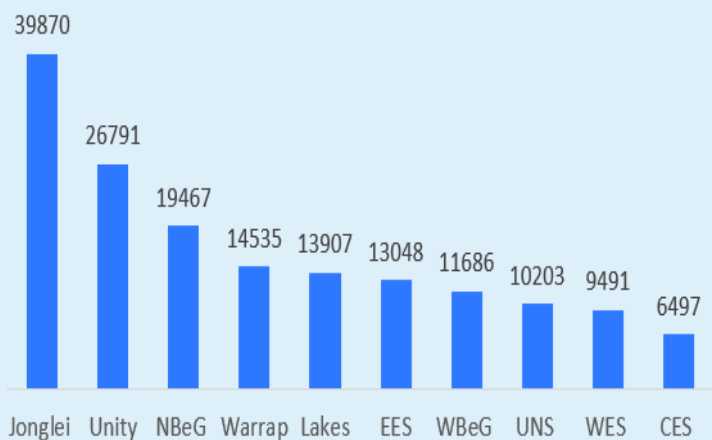


State	County	# people affected	Deaths	Snake bites	# HFAs affected	# people displaced
Lakes	Cueibet	68988	0	32	0	15012
WBeG	Jur River	14986	13	16		
NBeG	AWC	22290	0	23		3432
	AWN	84246	9	0	10	25272
	AWS	45246	0	2		3774
	AWE	135030	6	5		66858
	AWW	101946	1	0	10	25758
			388758	16	30	20
Warrap	Gogrial East	90283	7	4	11	
	Gogrial West	133584	0	0	0	
	Tonj North	91584	0	0	0	
	Mvolo	31959				
	Mundri East	12516				
WES	Mundri West	22196				
		66671	0	0	0	
Upper Nile	Longechuk	10808	0	23	3	
	Maban	268526	3	0	4	
	Maiwut	38668	0	0	0	
		318002	3	23	7	
Jonglei	Fangak	17669				
Unity	Koch	74838				
	Leer	49000				
	Mayendith	59356				
	Mayom	3000				

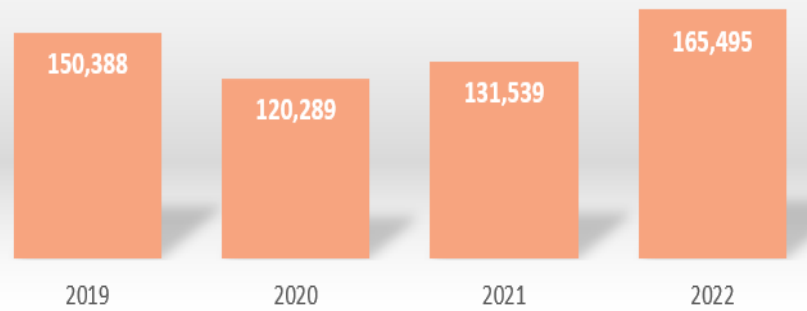


# Food insecurity and Acute Malnutrition in South Sudan Jan to July 2022

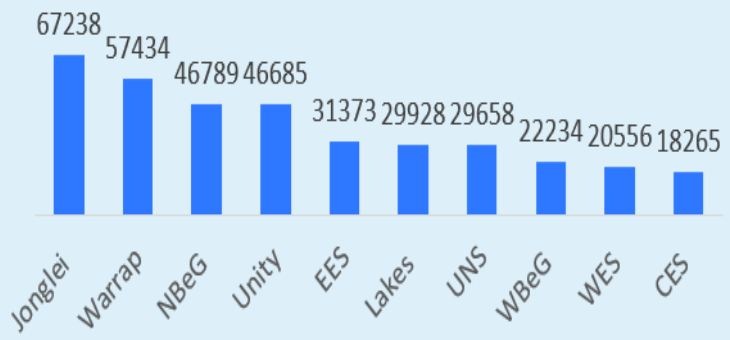
SAM New admission (Jan-July 2022)



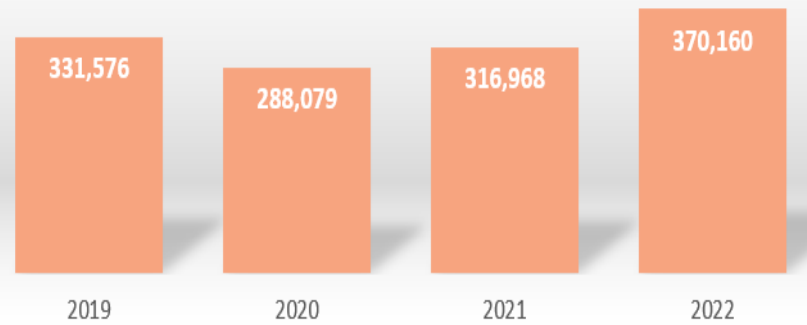
Trend of SAM admission (Jan-July 2019-2022)



MAM New admission (Jan-July 2022)



Trend of MAM admission (Jan-July 2019-2022)



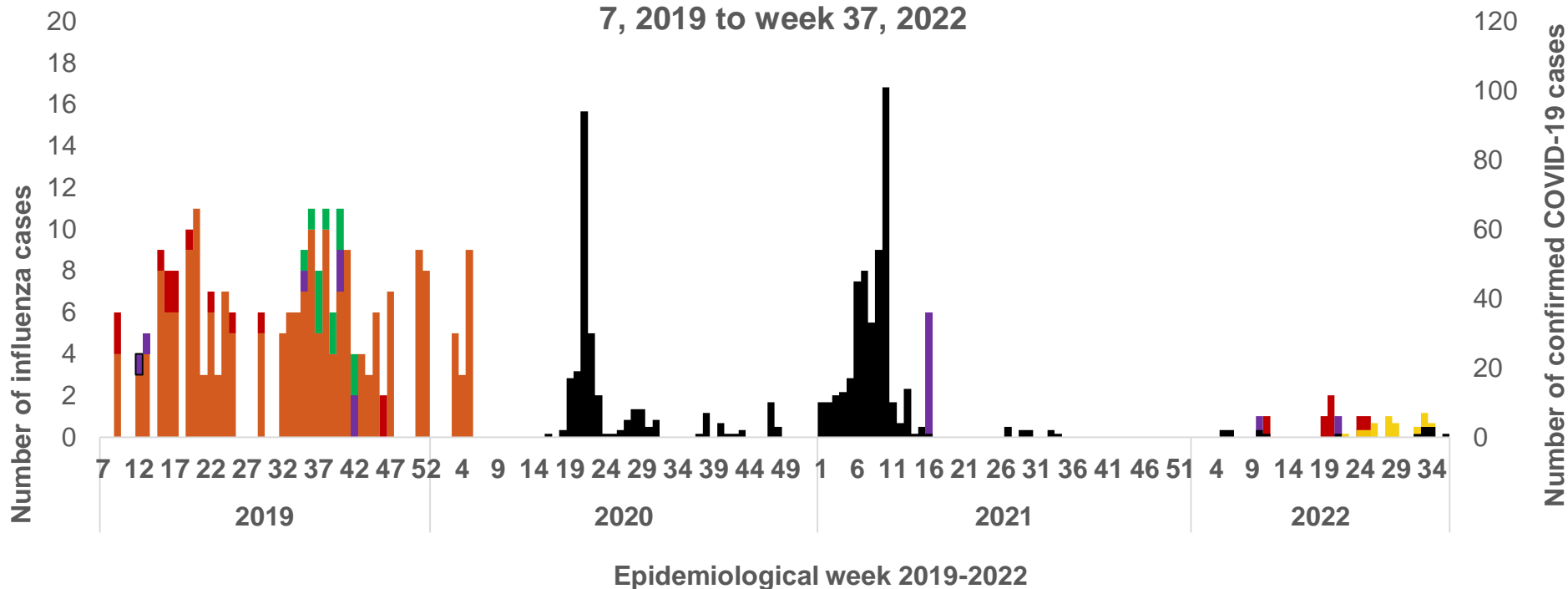
# Malnutrition Stabilization centers Admission (Jan-July 2022)

State	Admissions	Deaths	Case Fatality rate %
Central Equatoria	671	104	15.4
Eastern Equatoria	582	26	4.7
Jonglei	1046	24	2.3
Lakes	419	19	4.5
Northern Bahr el Ghazal	259	0	0
Unity	1392	33	2.4
Upper Nile	108	2	1.6
Warrap	145	12	8.2
Western Bahr el Ghazal	380	3	0.8
Western Equatoria	241	13	5.3
<b>Grand Total</b>	<b>5243</b>	<b>236</b>	<b>4.5</b>





Confirmed Influenza ,COVID-19 and RSV cases from sentinel sites in Juba, week 7, 2019 to week 37, 2022



■ Negative    
 ■ A/H3    
 ■ B/Victoria    
 ■ A/H1pdm09    
 ■ Pending    
 ■ COVID-19    
 ■ RSV

- There are currently Four designated Influenza sentinel surveillance sites in Juba (Juba Teaching Hospital and Al Sabah Children’s Hospital Rumbek State Hospital & Juba Military Hospital) that are collecting epidemiological data and samples from ILI/SARI cases.
- By the end of wk. 52 of 2021, a total of 266 ILI/SARI samples have been collected and tested in NPHL, 257 being negative; 6(2%) positive for Influenza B (Victoria); 3 (1%) positive for Influenza A (H3) and zero(0%) positive for Influenza A (H1)pdm09.
- From week 1-to 37,2022; a total of 424 ILI/SARI samples were collected,376 samples tested negative, and Cumulatively, 14 tested positive for covid-19,1 positive for Influenza B (Victoria), and 5 positives for influenza A(H3). 26 RSV was confirmed in Week 37

# **ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS**

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

## Response| Summary of major ongoing outbreaks in 2022

Aetiological agent	Location (county/ state)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	IPC/WASH
<b>Ongoing epidemics</b>								
<b>Hepatitis E</b>	Bentiu PoC	03/01/2019	48	3046(0.82%)	Yes	yes	Yes	Yes
<b>COVID-19</b>	35 counties	05/4/2020	11	17,823 (0.77%)	yes	yes	yes	yes
<b>Cholera</b>	Bentiu	20/3/2022	05	337(0.32)	yes	yes	yes	yes
<b>Anthrax</b>	Gogrial West	24/1/2022	0	108(0.037)	Yes	No	Yes	Yes
<b>Meningitis</b>	Northern Bahr Elgazal State	7/1/2022	0	328(0.003)	Yes	No	Yes	Yes
<b>Measles</b>	Aweil West	11/5/2022	2	65(0.030)	Yes	yes	Yes	NA
<b>Measles</b>	Aweil East	12/3/2022	8	60(0.013)	Yes	yes	Yes	NA
<b>Measles</b>	Aweil Center	24/4/2022	1	31(0.32)	Yes	yes	Yes	NA
<b>Measles</b>	Juba	19/7/2022	26	57(0.66)	yes	Not yet	yes	NA

# Measles Cases in South Sudan 2021 and 2022

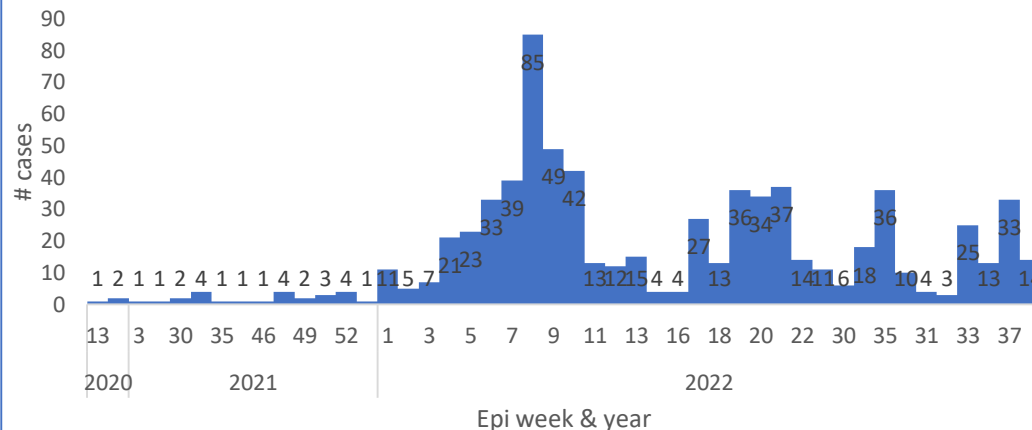
## Descriptive Epidemiology

- A total of 728 cases, and two deaths (CFR, 0.3%) were reported from (19/80) counties since 2021 and 2022
- However, measles outbreaks were confirmed in 12 counties since the beginning of the year 2022
- Highest number of cases were reported from Juba (162) and Maban (161) counties
- Current active outbreaks in three counties-Juba, Malakal, and recently Terekeka
- The surge in measles transmission is related to the accumulation of susceptible children due to low routine vaccination coverage in the country.

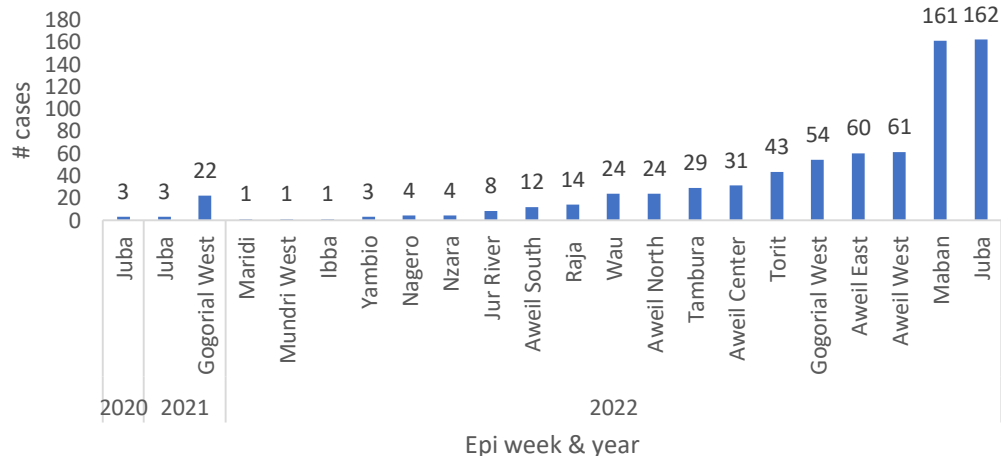
## Public Health Response

- Measles reactive vaccination campaigns have been implemented in Maban, Torit, Tambura, Raja, Aweil East, Aweil West, Aweil Centre, Aweil North, Aweil South, and Juba (5 payams).
- Plans are underway to conduct vaccination campaigns in Juba (11 payams), Malakal, and Terekeka County.
- Reactive vaccination campaigns have been conducted underway in Juba and Malakal
- Measles risk assessment was conducted, and a response plan was developed.
- Nationwide catchup campaign planned to take place in April 2023

Epi Curve showing Measles cases in south Sudan by Epi week in 2021 and 2022.



Epi Curve showing Measles cases in south Sudan by Epi week in 2021 and 2022.





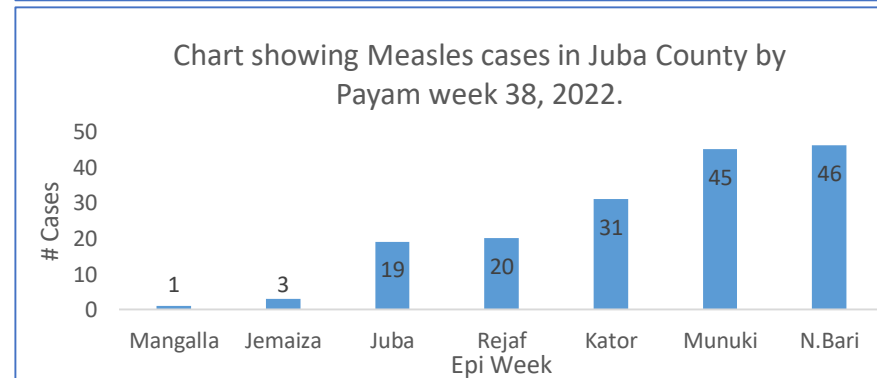
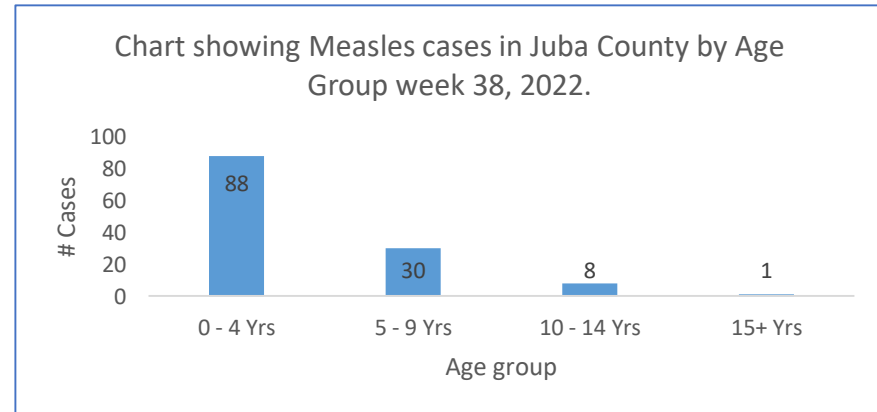
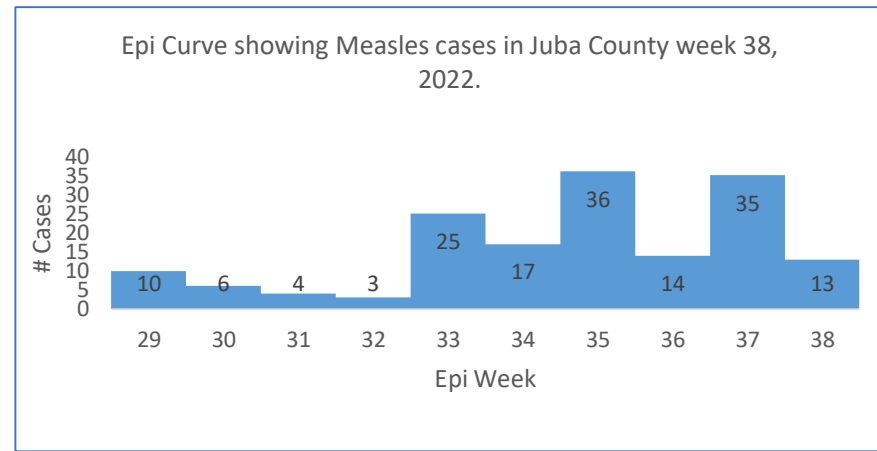
# Confirmed Measles Outbreak in Juba County- CES

## Descriptive

- Suspected measles cases started on 14/ 07/ 2022 in Juba County
- A total of **163** suspected cases of measles have been reported from Munuki, Juba, N. Bari, Kator, and Rejaf Payam. Juba Payam has the most cases (32%) among the five affected payams.
- More than half of the cases (**53%**) are in ages less than 5 years of age
- (62%) of the cases are males and 38%, females
- 41.9% (17 cases) of the cases were admitted for inpatient management; with no deaths reported so far.

## Ongoing response

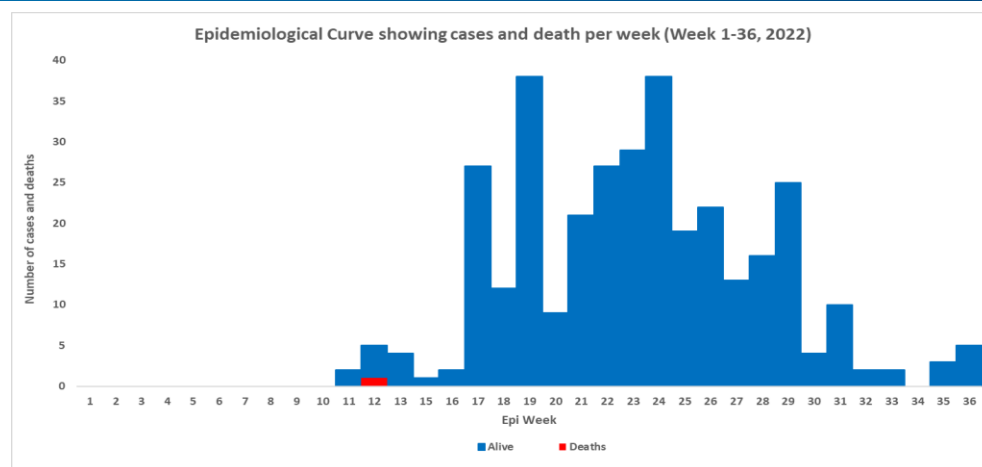
- Active case search and line listing of cases are ongoing, and cases have been referred to the nearest health facilities.
- Cases are being managed in different health facilities; this includes the provision of supportive management, vitamin A supplementation, and treatment of secondary infections
- Reactive vaccination campaigns conducted in five affected payams by MEDAIR, IOM and WHO.
- Refresher training on measles surveillance and treatment is planned for state RRTs and frontline health workers
- Main recommendation is to strengthen routine immunization services in health



# Confirmed Cholera Outbreak in Bentiu, Unity State as of week 36

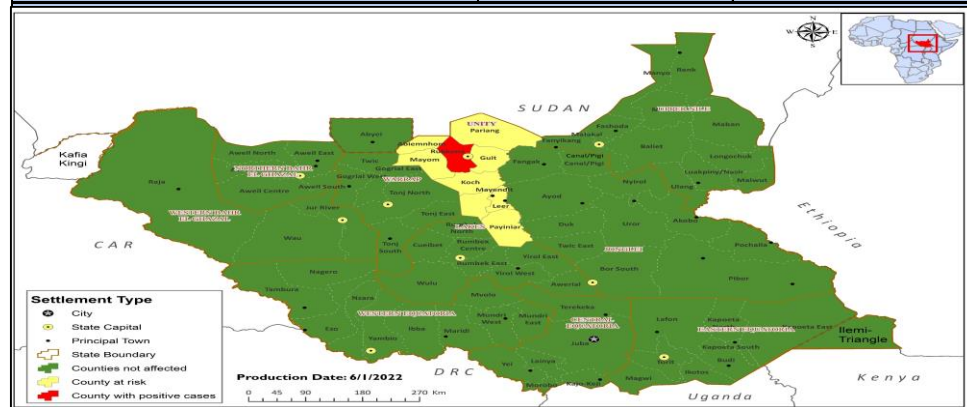
## Descriptive epidemiology

- *V. cholerae* case confirmed on 14 Apr 2022 in Bentiu with a total of **337** cholera cases have been reported, (56 were cholera RDT positive with 30 testing culture positives)
- In week 36, 5 new cases were reported with (01) RDT positive
- One of the RDT-positive cases died giving 0.3% case fatality rate
- Majority (**110**) giving 32.6% was reported in June, while 105 (31.2%) were reported in May
- Gradual reduction in reported cases is being observed from week 25 up to week 35, however, this must be interpreted with caution due to inadequate surveillance across hotspot counties
- Overall, patients between 0 - 4yrs old are mostly affected with **109 (32.3%)** of the 337 cases reported
- Majority of the cases were females accounting for **209 (62.0%)** and males accounted for **128 (38.0%)**
- Vaccinated cases accounted for **118 (35.0 %)**, unvaccinated accounted for **147 (43.6%)** and **72 (21.4%)** have unknown vaccination status, thus making the total cases unvaccinated **65.0%** of the total cases;



## Number of cholera cases by sex age group

Age Group	Female		Male		Total	
	cases	%	Cases	%	Cases	%
0-4 yrs	49	14.5	60	17.8	109	32.3
5-9 yrs	14	4.2	9	2.7	23	6.8
10-14 yrs	24	7.1	16	4.7	40	11.9
15-19 yrs	20	5.9	4	1.2	24	7.1
20-49 yrs	77	22.8	23	6.8	100	29.7
≥50 yrs	25	7.4	16	4.7	41	12.2
<b>Total</b>	<b>209</b>	<b>62.0</b>	<b>128</b>	<b>38.0</b>	<b>337</b>	<b>100.0</b>

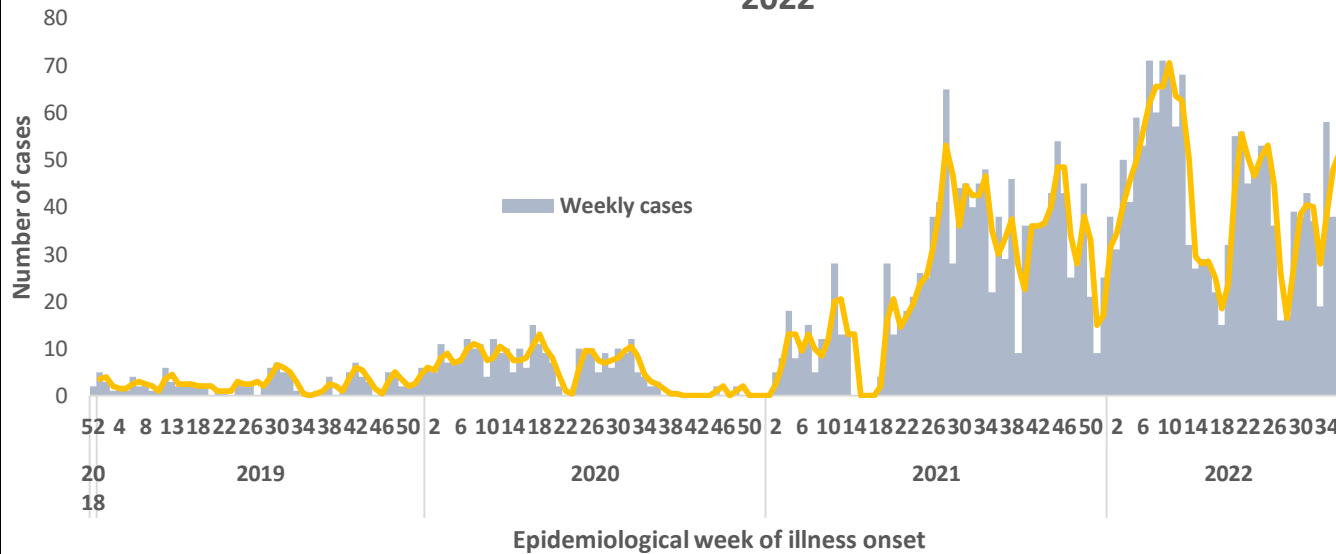




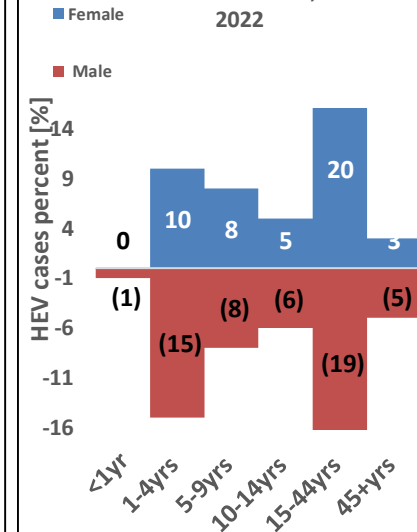
S/ N	LOCATION	TARGET	POPULATION VACCINATED		COVERAGE	
			1st round	2nd Round	1st round	2nd Round
1	Rubkona Phase 1	202,627	173,170	175,044	85%	86%
2	Rubkona Phase 2	31,680	25,196	32,075	80%	101%
3	Leer	75,333	64,033	35,375	85%	47%
4	Juba	633,335	400,584		63%	
5	Yirol East	118,163	111,499		94.4%	

- A total of 1,181,750 doses of OCV have been received in South Sudan in 2022
- 1,016,976 OCV doses have been administered
- Intra Action Review meeting planned to take place in Bentiu to review the current response; and address weaknesses
- OCV campaigns in other locations are being planned by SMOH in collaboration with partners

Hepatitis E Virus [HEV] cases in Bentiu IDP camp, wk 1, 2019 to wk 37, 2022



HEV case distribution by age and sex in Bentiu IDP, 2019-2022



**Descriptive epidemiology**

- The persistent transmission of HEV in the Bentiu IDP camp continues with **3,383** cases since the beginning of 2019
- **48 new** cases were reported in week 37, 2022 including 26 deaths, cumulatively 3,311 HEV transmission has reduced from a peak of **60 cases every fortnight by week 8, 2021 to 40 cases every fortnight by week 30, 2022.**
- All the cases have been managed as outpatient cases except for seven cases that were admitted
- No death was reported in 2022
- 46% are female and 54% are male. Within the IDP camp, the sector-specific attack rates for HEV disease for the period week 1, 2022 are highest in sectors 3 and 5.





## **HEV response update**

1. Multisectoral joint cholera and HEV response coordination at the state level; biweekly coordination forum comprising health, WASH, and other clusters
2. Surveillance enhanced through the provision of refresher training, distribution of case definition, and other reporting tools
3. Weekly analytics of the outbreak data to monitor trends and inform decision making
4. Case management for symptomatic cases provided by the PHCCs; severe cases are referred to MSP PoC Hospital
5. The HEV vaccination campaign was conducted in Bentiu IDP Camp; the first round with a coverage of 91% and the second round with a coverage of 82% among those aged 16-40 years (incl. pregnant women); the third round is expected to be conducted in October 2022
6. Risk communication and awareness are enhanced through household health promoters/hygiene promoters; radio talk shows and messaging. Cholera and HEV messages were disseminated.
7. Enhanced access to safe drinking water, sanitation facilities such as latrines, mass clean-up campaigns, regular water quality testing, and monitoring

## **HEV response challenges**

1. Lack of long-term investment to improve the WASH situation in the camp
2. Lack of meaningful behavioral changes among the population
3. Frequent population movements between the IDP and host communities; host community was not vaccinated
4. Upcoming flooding season will likely worsen the WASH situation

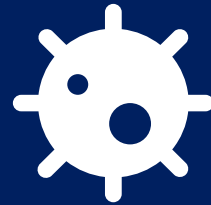




## Response | Summary of major controlled outbreaks in 2020 and 2021

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	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	NR	55 (0.36)	Yes	Yes		Yes
Rubella	Tambura	11/1/2021	NR	23 (0.13)	Yes	No		Yes
Rubella	Nagero	01/03/ 20201	NR	5 (0.25)	Yes	No		Yes
cVDPV2	25 counties	11/06/2020	NA	59	Yes	Yes		Yes
Measles	Torit	18/09/2020 8/2/2022	NR	1 (0.023)	Yes	Yes		Yes
Measles/ Rubella	Maban- Doro Camp	5/01/2022	NR	20 (0.124)	Yes	Yes		Yes
Measles/ Rubella	Tambura	20/02/2022	NR	5 ( 0.4)	Yes	Yes		Yes
Rubella	Gogrial West		NR	76(0.13)	Yes	No		Yes
Measles	Raja		NR	14 (0.10)	Yes	Yes		No
Measles	Aweil Centre		NR	31 (0.5)	Yes	Yes		No
Measles	Aweil North		NR	24(0.13)	Yes	Yes		No
Measles	Aweil West		NR	61(0.025)	Yes	Yes		No
Measles	Gogrial West		NR	76(0.021)	Yes	Yes		No
Meningitis	Norther Bahr el Ghazal		NR		Yes	Yes		No
Anthrax	Gogrial west		NR		Yes	Yes		No

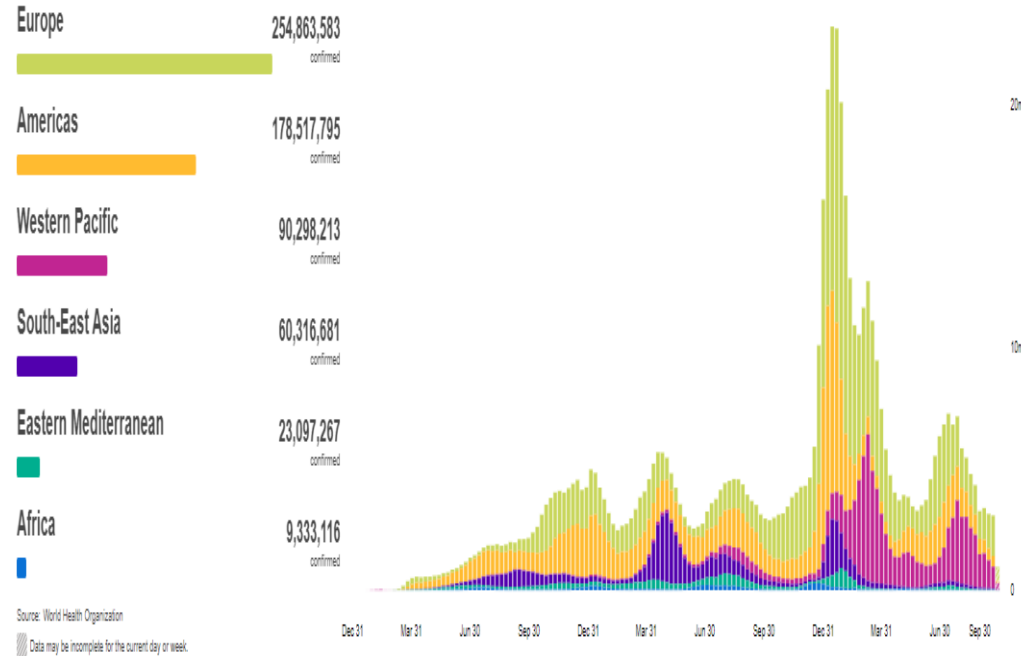
# COVID-19 UPDATES





## Situation update as of 5 October, 2022

- Globally**, as of 5 October 2022, there have been **616,427,419** confirmed cases of COVID-19, including **6,528,557 deaths**, reported to WHO. As of 4 October 2022, a total of **12,723,216,322** vaccine doses have been administered.
- In Africa**, as of **22 August 2022** there have been **9,333,116** confirmed cases of COVID-19, including **174,546 deaths** reported to the WHO

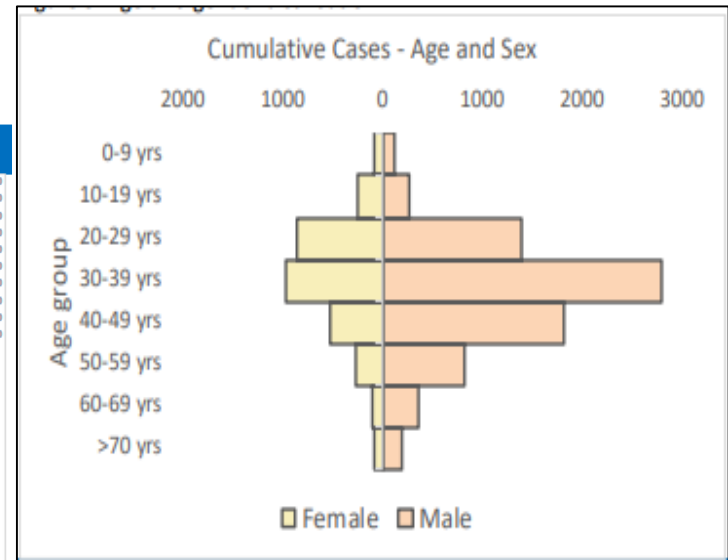
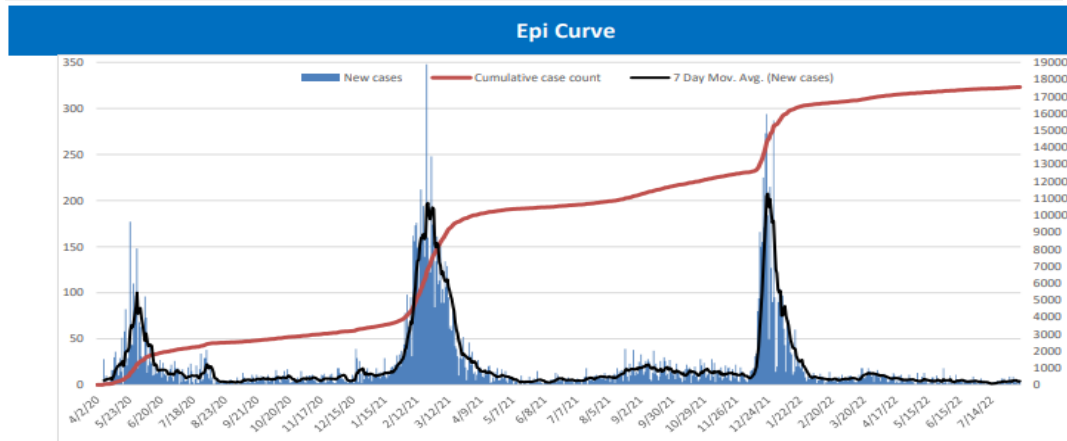
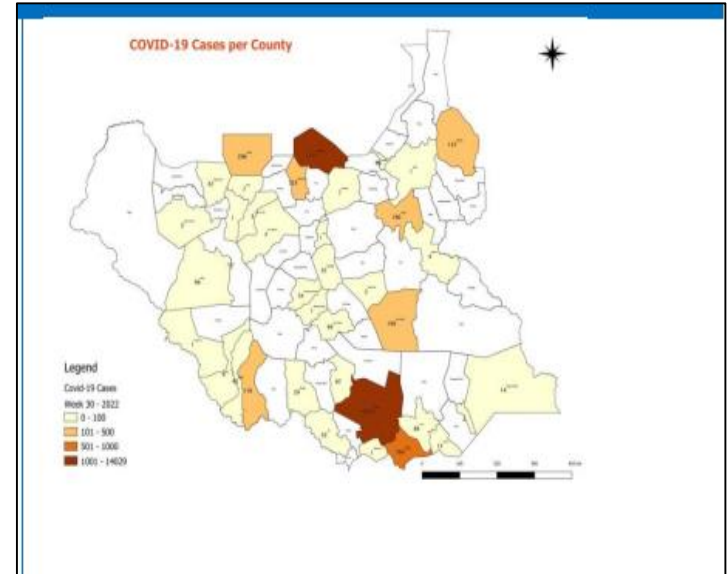


WHO: <https://www.who.int/health-topics/coronavirus>





- **18,054** confirmed cases with **138 deaths**, **17,700** recoveries, and **216 active** cases 0.76% case fatality rate (CFR) 293 healthcare workers were confirmed as cases –
- **35 new** confirmed cases during the week with pre-travel screening (**74.3%**) and alerts (**25.7%**) accounting for all the cases –
- **572** imported cases (0 new cases this week) mostly from South Sudanese returnees (**391**), Uganda (55), and Kenya (22) –
- Seven-day moving averages for case count and positivity rate were **5.0 cases** and **1.2%** at the end of Week 32 compared to **3.4 cases** and **0.7%** at the end of Week 36 respectively
- **2,395** in-bound travelers tested at JIA to date (9 tested positive, a yield of 0.4%)





**OVERALL  
CONCLUSIONS AND  
RECOMMENDATIONS**

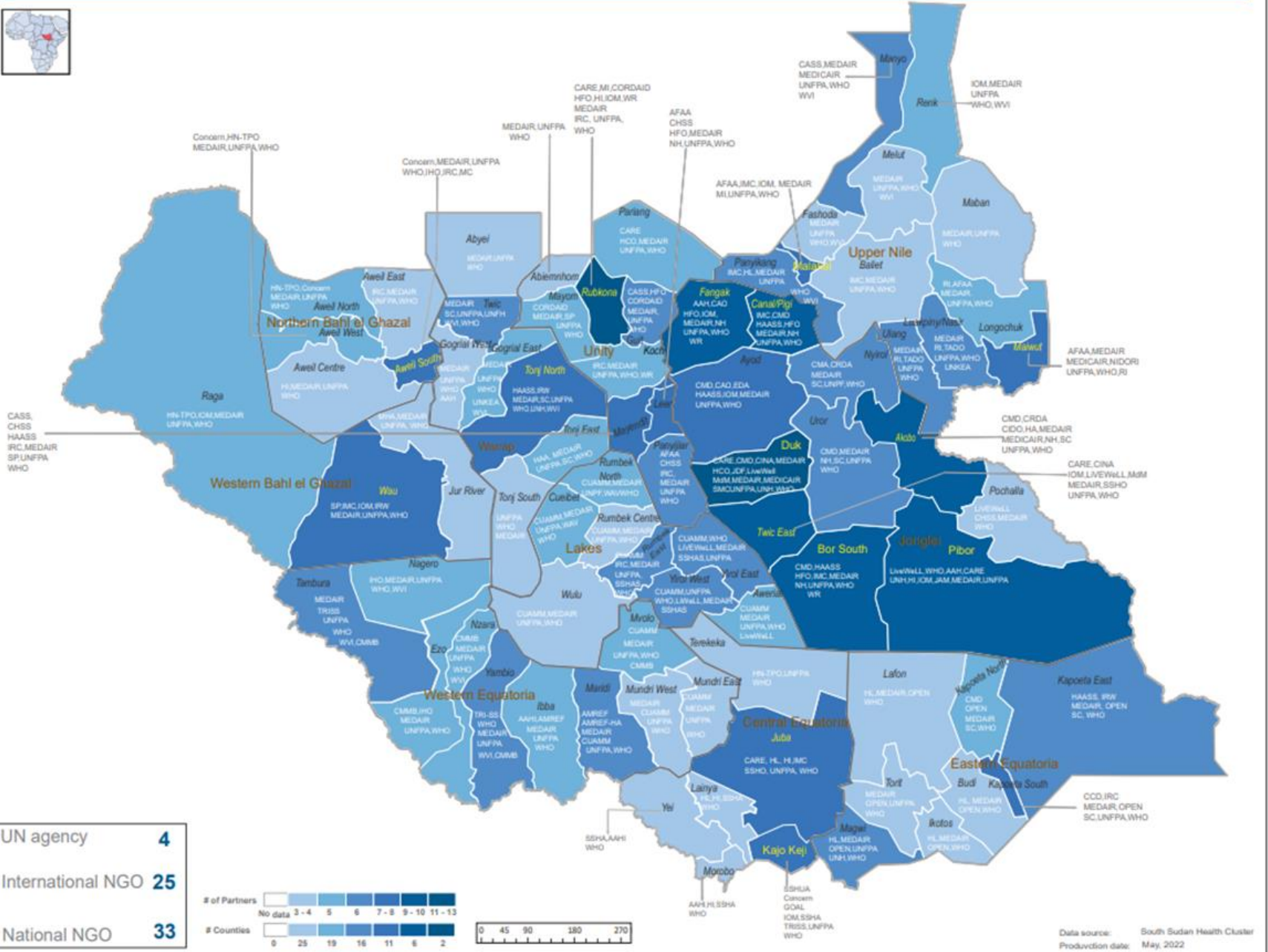
# Conclusions

- The overall performance of IDSR and EWARN reporting sites in week 37, 2022 is below the target of 80% for the IDSR sites and above 80% for the EWARN sites
- Majority of alerts reported in week 37 were for malaria (31) **29.5%**, acute watery diarrhea(23) **21.5%**, and **15.2%** for Acute Respiratory Illness(16)
- Confirmed outbreak of Sudan Ebolavirus in Uganda Mubende district as the epicenter with other four districts with at least a confirmed case. As of 6<sup>th</sup> October, a total of 44 cases and 10 confirmed deaths.
- A total of (08) suspected Ebola Virus Disease (EVD) cases were reported from high risk locations. EVD country readiness for EVD is scored at 61%
- Confirmed measles outbreak in 12 counties since the beginning of the year 2022 with the latest counties affected including Juba, **Malakal and Terekeka**
- Ongoing cholera outbreak in Bentiu, Unity state with 337 cases but no new deaths a CFR of **0.29%**) by the end of **week 36**
- In week **37**, Forty-eight (**48**) new cases of Hepatitis E virus were reported in Bentiu IDP Camp with, **3,383** cases and **25** deaths (CFR **0.76%**) reported since week 1, 2019

# Recommendations

- Partners to continue supporting County Health Departments (CHD) & State Ministries of Health on timely IDSR/EWARN reporting
- Health facilities to conduct an initial investigation on suspected cases of epidemic-prone diseases and collect samples
- Strengthen EVD surveillance, Infection Prevention and Control (IPC) and Risk communication and community engagement (RCCE) in high-risk areas of Juba, Yei, Yambio, Kaya, Nimule and Kako-keji
- Conduct reactive measles vaccination campaign in counties with confirmed outbreaks and advocate for enhanced routine immunization through PIRI
- Support the multicluster HEV response strategy in the Bentiu IDP camp and the ongoing cholera outbreak

# South Sudan Health Cluster HRP Partners 2022





# IDSR timeliness & completeness performance at county level for week 37 and 36 of 2022 (2)



STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 37	Timeliness Percentage of WK 37	No. of HF's Reported regardless of time in WK 37	Completeness Percentage of WK 37	No. of HF's Reported regardless of time in WK 36	Completeness Percentage of WK 36	STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 37	Timeliness Percentage of WK 37	No. of HF's Reported regardless of time in WK 37	Completeness Percentage of WK 37	No. of HF's Reported regardless of time in WK 36	Completeness Percentage of WK 36
EES	Lopa Lafon	15	15	100%	15	100%	15	100%	Warrap	Tonj South	12	12	100%	12	100%	12	100%
EES	Kapoeta North	10	10	100%	10	100%	9	90%	Upper Nile	Baliet	4	4	100%	4	100%	4	100%
EES	Kapoeta East	7	7	100%	6	86%	6	86%	Upper Nile	Akoka	5	5	100%	5	100%	5	100%
EES	Magwi	17	16	94%	16	94%	17	100%	Warrap	Gogrial West	31	30	97%	28	90%	28	90%
EES	Torit	11	10	91%	11	100%	10	91%	Warrap	Twic	26	24	92%	18	69%	20	77%
EES	Kapoeta South	9	8	89%	9	100%	9	100%	Upper Nile	Makal	7	5	71%	5	71%	5	71%
Jonglei	Duk	15	13	87%	13	87%	13	87%	Warrap	Tonj North	19	13	68%	15	79%	14	74%
EES	Ikotos	19	16	84%	18	95%	17	89%	Upper Nile	Panyikang	3	2	67%	2	67%	2	67%
Jonglei	Twic East	11	9	82%	9	82%	9	82%	Warrap	Abyei	9	5	56%	9	100%	5	56%
Jonglei	Nyirol	10	8	80%	8	80%	8	80%	Upper Nile	Renk	11	6	55%	6	55%	6	55%
Jonglei	Fangak	19	15	79%	14	74%	14	74%	Upper Nile	Manyo	11	6	55%	0	0%	8	73%
EES	Budi	17	13	76%	17	100%	11	65%	Warrap	Gogrial East	15	7	47%	11	73%	11	73%
Jonglei	Pibor	7	4	57%	4	57%	5	71%	Upper Nile	Fashoda	16	7	44%	11	69%	11	69%
Jonglei	Bor	35	19	54%	19	54%	19	54%	Upper Nile	Luakpiny Nasir	12	3	25%	8	67%	3	25%
Jonglei	Canal Pigi	12	5	42%	10	83%	10	83%	Upper Nile	Maban	17	4	24%	12	71%	13	76%
Jonglei	Pochalla	7	2	29%	7	100%	7	100%	Upper Nile	Ulang	14	3	21%	9	64%	8	57%
Jonglei	Akobo	14	2	14%	2	14%	4	29%	Warrap	Tonj East	12	0	0%	12	100%	12	100%
Jonglei	Uror	8	1	13%	1	13%	1	13%	Upper Nile	Longechuk	9	0	0%	8	89%	8	89%
Jonglei	Ayod	15	0	0%	0	0%	0	0%	Upper Nile	Maiwut	5	0	0%	4	80%	4	80%
Jonglei									Upper Nile	Melut	8	0	0%	0	0%	0	0%



**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 2022 use the link below:**

**<https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2022>**



## This bulletin is produced by the Ministry of Health with Technical support from WHO

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More information can be found at <http://ewars-project.org>

