

# South Sudan Ministry of Health

Integrated Disease surveillance and response (IDSR)



# Epidemiological Bulletin Week 32, 2022 (September 18-24September)



- In week 38, 2022, the IDSR reporting timeliness and completeness were 82% and 85% respectively while the timeliness and completeness for EWARN sites were at 84% and 99%
- Of the **161** alerts generated in week 38, 2022; **31.6%** were for malaria (51) and **22.3%** for acute watery diarrhea(32), and **18.6%** for Acute Respiratory Illness(30)
- Confirmed outbreak of Sudan Ebolavirus in Uganda Mubende district as the epicenter with other four districts with at least a confirmed case. As of October 10, a total of 48 cases and 17 confirmed deaths with a CFR of 35.4%.
- 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). (04) alerts tested negative, (03) discarded, and (01)alert is pending results 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
- Seventy-two (72) cases of Hepatitis E virus have been reported in Bentiu IDP Camp with, 3,383 cases and 25 deaths (CFR 0.76%) 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 38 & 37 of 2022



Timelinesss States Ranking	States	Number of reporting sites	No. of HFs Reported on Time in WK 38	Timeliness Percentage of WK 38	No. of HFs Reported on Time in WK 37	Timeliness Percentage of WK 37
1st	Lakes	113	113	100%	107	95%
2nd	Unity	95	91	96%	93	98%
3rd	WES	218	208	95%	218	100%
4th	EES	105	94	90%	95	90%
5th	WBGZ	80	67	84%	35	44%
6th	Warrap	123	97	79%	101	82%
7th	NBGZ	89	63	71%	56	63%
8th	Jonglei	126	84	67%	86	68%
9th	CES	126	79	63%	86	68%
10th	Upper Nile	95	58	61%	51	54%
	South Sudan	1170	954	82%		79%

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 38 stands at 82% while in week 37 it was at 79% and 5 states were above the target of 80% in week 38.

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

### IDSR Completeness performance at State level for week 38 & 37 of 2022



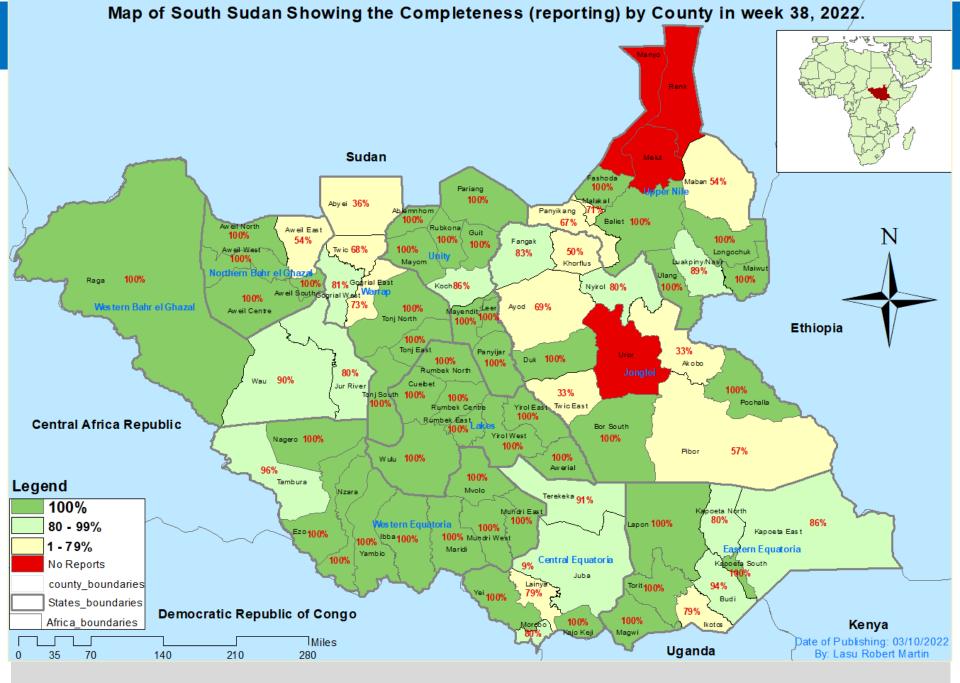
Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported regardless of time in WK 38	Completeness Percentage of WK 38	No. of HFs Reported regardless of time in WK 37	Completeness Percentage of WK 37
1st	Lakes	113	113	100%	113	100%
2nd	WES	218	218	100%	218	100%
3rd	Unity	95	95	<b>100%</b> 94		99%
4th	EES	105	97	92%	102	97%
5th	NBGZ	89	77	87%	62	70%
6th	WBGZ	80	67	84%	75	94%
7th	Warrap	123	97	79%	105	85%
8th	Jonglei	126	87	69%	87	69%
9th	Upper Nile	95	65	68%	74	78%
10th	CES	126	79	63%	87	69%
	South Sudan	1170	995	85%	1017	87%

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 38 stands at 85% while in week 37 it was 87% and 6 states were above the target of 80% in week 38.

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



The Completeness of IDSR Reporting (Supported by EWARS Web and Mobile) at health facility level in week 38 stands at 85% while in week 37 it was 87% and 6 states were above the target of 80% in week 38.

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

### Surveillance: EWARS Timeliness performance indicator by partner for week 38 and 37 of 2022



Partner	HFs	Reporting		Performance	
PARTER	Number of reporting sites	# of reports received on Time in Week 38	Timeliness of Week 38	# of reports received on Time in Week 37	Timeliness of Week 37
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%
TRI-SS	2	2	100%	2	100%
CIDO	1	1	100%	1	100%
IOM	10	10	100%	10	100%
MC	2	2	100%	2	100%
Medair	2	2	100%	1	50%
IMC	24	19	79%	24	100%
MSF-H	4	3	75%	4	100%
MSF-E	6	4	67%	4	67%
UNIDOR	3	2	67%	2	67%
НАА	4	0	0%	4	100%
TOTAL	79	66	84%	75	95%

The Timeliness of EWARS in partners' supported sites stands at 84% in week 38 while in week 37 it was at 95%.

# Surveillance: EWARS completeness performance indicator by partner for week 38 and 37 of 2022



Partner	HFs	Reporting		Performance	
PARTER	Number of reporting sites	# of reports received regardless of Time in Week 38	Completeness of Week 38	# of reports received regardless of Time in Week 37	Completeness of Week 37
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%
HFO	4	4	100%	4	100%
ЮМ	10	10	100%	10	100%
CIDO	1	1	100%	1	100%
SSHCO	1	1	100%	1	100%
TRI-SS	2	2	100%	2	100%
МС	2	2	100%	2	100%
Medair	2	2	100%	2	100%
IMC	24	23	96%	24	100%
MSF-H	4	3	75%	4	100%
MSF-E	6	4	67%	6	100%
UNIDOR	3	2	67%	2	67%
НАА	4	0	0%	4	100%
TOTAL	79	70	89%	78	99%

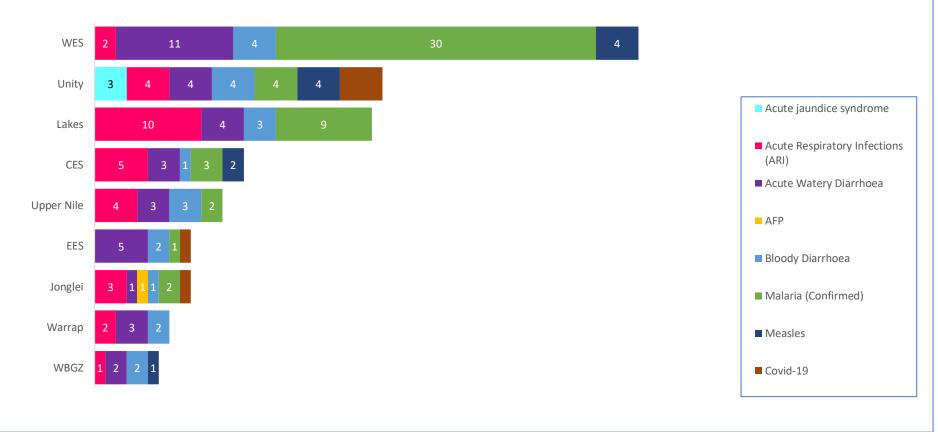
The Completeness of EWARS in partners' supported sites stands at 89% in week 38 while in Week 37 it was at 99%.



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

# Alert by disease and States in week 38 of 2022 [ a total of events specific alerts generated by state





#### This week a total of 161 Alerts were triggered from the EWARS System:

- 3 AJS alert: these were triggered from MSF-H Leer PHCC in Leer, MSF-H Bentiu IDP Hospital, Kaljak PHCC in Rubkona of Unity State.
- 11 Measles alert: these were triggered from Ganyliel PHCC(2) in Panyijiar County, MSF-H Leer PHCC(2) in Leer of Unity, Nzara PHCC(2) in Nzara County, Yambio State Hospital in Yambio(2) of WES, IMC UN House Clinic 1(2) in Juba CES, Bazia Jedid PHCC in Wau County.
- 1 AFP alert: this was triggered Kandak PHCU in Ayod County,

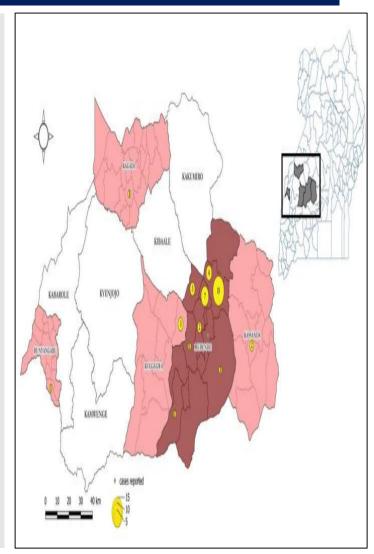


# Alert management including detection; reporting; verification; risk assessment; & risk characterization



# 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

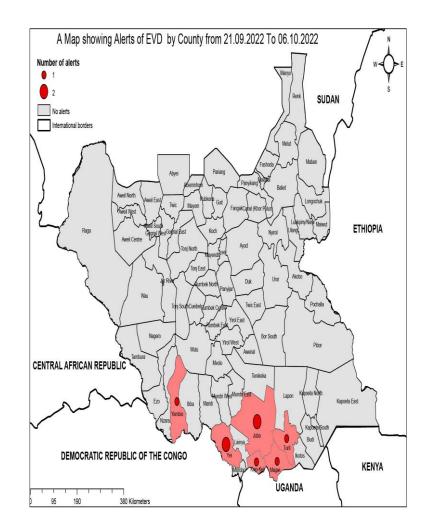
 RRT kits are available in Nimule but not in sufficient quantities in the event of a response





# 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 result 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.









# 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-399709 people affected (IRNA data for TS, GGW, GGE, Twic only)
  - Northern Bahr el Ghazal-All five counties-388758 people affected (IRNA data)
  - WES-66671 people affected in Mvolo, Mundri East and Mundri West (IRNA data)
  - WBeG-Jur River-14986 people affected
  - Lakes-Cueibet-68988 people affected
  - Unity-Leer, Mayendith and Mayom-no IRNA data;
  - Jonglei-IRNA done in Fangak





# **Floods Situation in South Sudan**



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State	County	# people affected	Deaths	Snake bites	# HFs affected	# people displaced
Lakes	Cueibet	68988	0	32	0	15012
WBeG	Jur River	14986	13	16		
	AWC	22290	0	23		3432
	AWN	84246	9	C	) 10	25272
	AWS	45246	0	2		3774
	AWE	135030	6	5		66858
	AWW	101946		0		25758
NBeG	Convial Fact	388758 90283		30		125094
	Gogrial East	133584		4		
Warrap	Gogrial West Tonj North	91584		C		
Wanap	Mvolo	31959			, 0	
	Mundri East	12516				
	Mundri West	22196				
WES		66671		C	0 0	
	Longechuk	10808		23		
	Maban	268526		C		
	Maiwut	38668		C	0 0	
Upper Nile		318002	3	23	7	
Jonglei	Fangak	17669				
	Koch	74838				
	Leer	49000				
	Mayendith	59356				
Unity	Mayom	3000				World Orga South



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



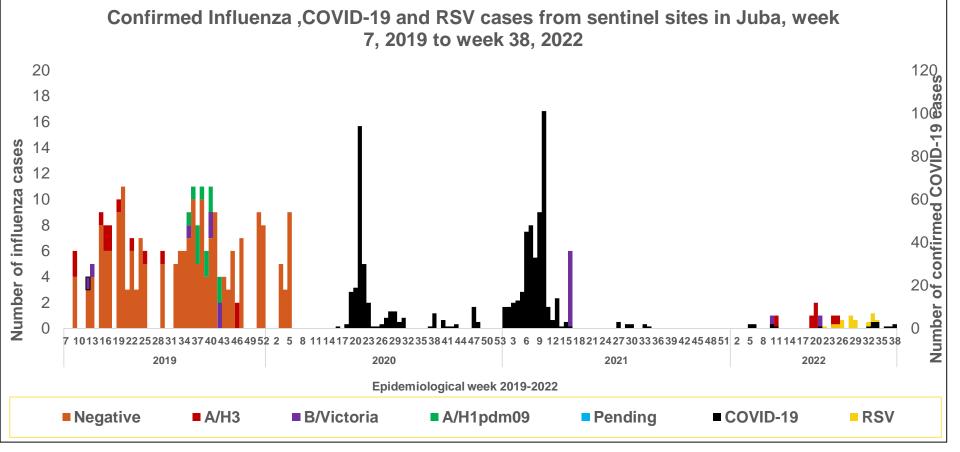






#### Routine Sentinel Surveillance | Human Influenza & other Respiratory Pathogens





- 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 38,2022; a total of 449 ILI/SARI samples were collected,398 samples tested negative, and Cumulatively, 17 tested positive for covid-19,1 positive for Influenza B (Victoria), and 5 positives for influenza A(H3). 26 RSV was confirmed in Week 38

# 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

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

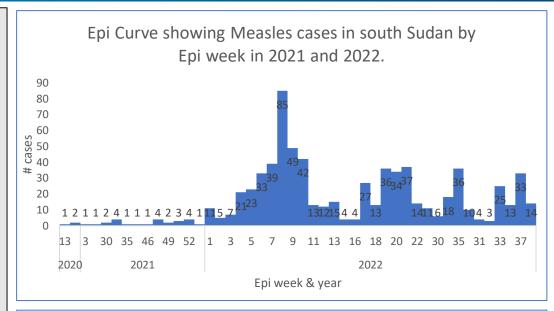
## Measles Cases in South Sudan 2021 and 2022

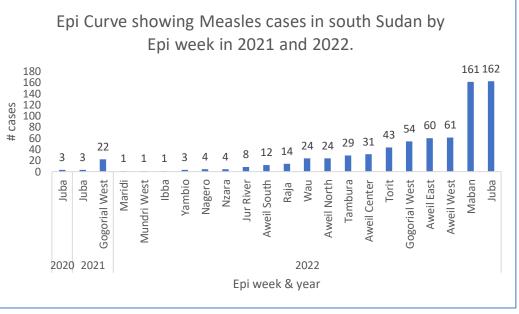
#### **Descriptive Epidemiology**

- 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





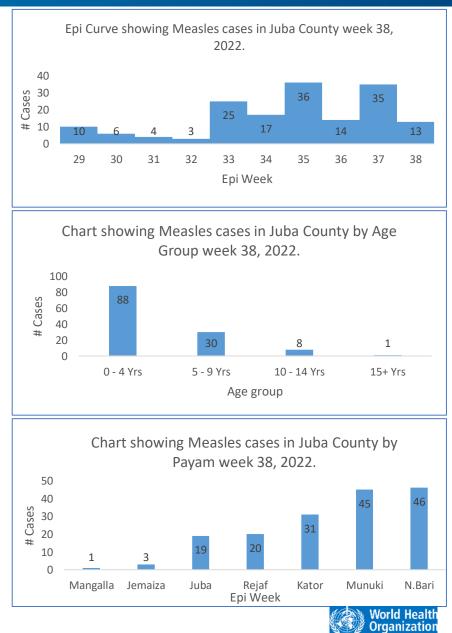
#### **Confirmed Measles Outbreak in Juba County- CES**

#### 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 are leading the campaign.
- Refresher training on measles surveillance and treatment is planned for state RRTs and frontline health workers
- Routine immunization services need to be strengthened

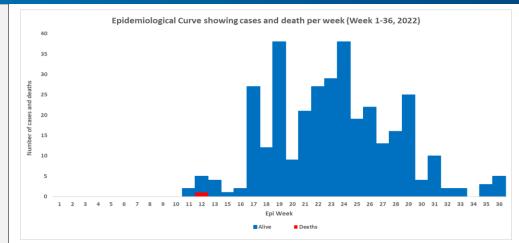


South Sudan

#### **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

	Fen	nale	Ma	ale	То	tal	
Age Group	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	
≥ <b>50 yr</b> s	rs 25 7.4		16	16 4.7		12.2	
Total 209		62.0	128	38.0	337	100.0	



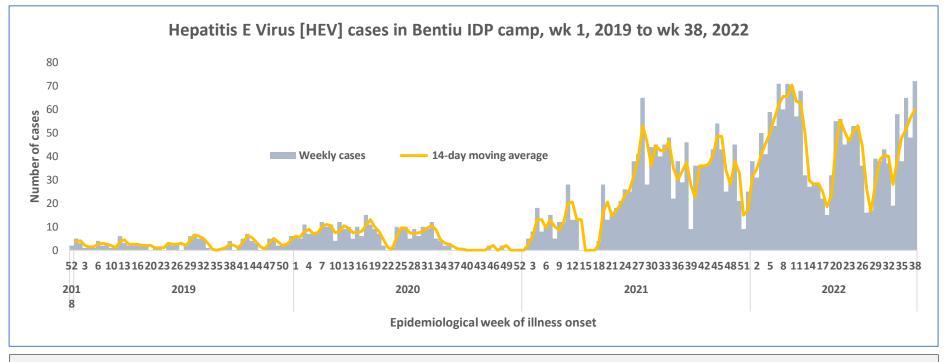
**Oral Cholera Vaccines (OCV) Implementation 2022.** 



S/			POPUL			
Ν	LOCATION	TARGET	VACCI	VATED	COVE	RAGE
				2nd	1st	2nd
			1st round	Round	round	Round
	Rubkona					
1	Phase 1	202,627	173,170	175,044	85%	86%
	Rubkona					
2	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





#### Descriptive epidemiology

- The persistent transmission of HEV in the Bentiu IDP camp continues with **3,383** cases since the beginning of 2019
- 72 new cases were reported in week 38, bringing the total cases to 3,383 including (25 deaths) giving a CFR of 0.76%
- 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



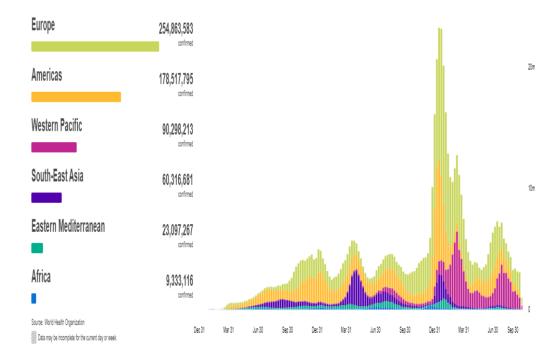
			New cases	Cumulative		Interventior	าร	
Aetiological agent	Location (county)	Date first reported	since last bulletin	cases to date (attack rate %)	Case management	Vaccination	Health promotion	WASH
Controlled epider	nics							
Measles	Pibor	27/1/2020	NR	355 (0.0028)	Yes	Yes		Yes
Measles	Wau	5/1/2020	NR	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
		18/09/2020						
Measles	Torit	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			No
Anthrax	Gogrial west		NR		Yes			No
Measles								
Measles								



### **COVID-19 Virus Situation Summary**

### 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



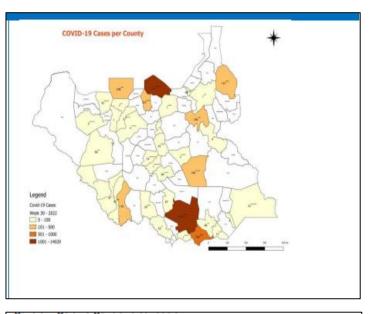
#### WHO: https://www.who.int/health-topics/coronavirus

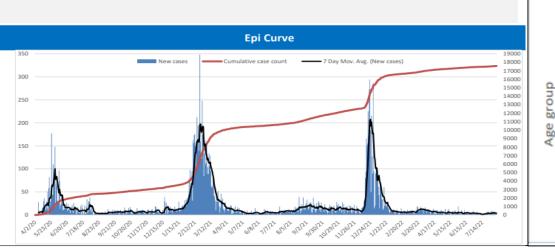


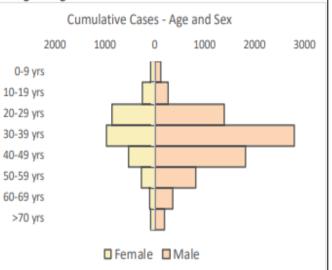
## COVID-19 Response in South Sudan as of week 36, 2022



- 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%)







https://app.powerbi.com/view?r=eyJrljoiNDJlZGY4YWItMmM1My00M2E4LWFiNDUtZjcxYzAyYmMyY2IzliwidCl6ImY2MTBjMGl3LWJkMjQtNGlzOS04 MTBiLTNkYzI4MGFmYjU5MClsImMiOjh9

# OVERALL CONCLUSIONS AND RECOMMENDATIONS

# Conclusions

The overall performance of IDSR and EWARN reporting sites in week 38, 2022 is below the target of 80% for the IDSR sites and above 80% for EWARN sites

Majority of alerts reported in week 38 were for Malaria(31%), AWD (28% and ARI (22%)

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 highrisk locations. EVD country readiness for EVD is scored at 61%

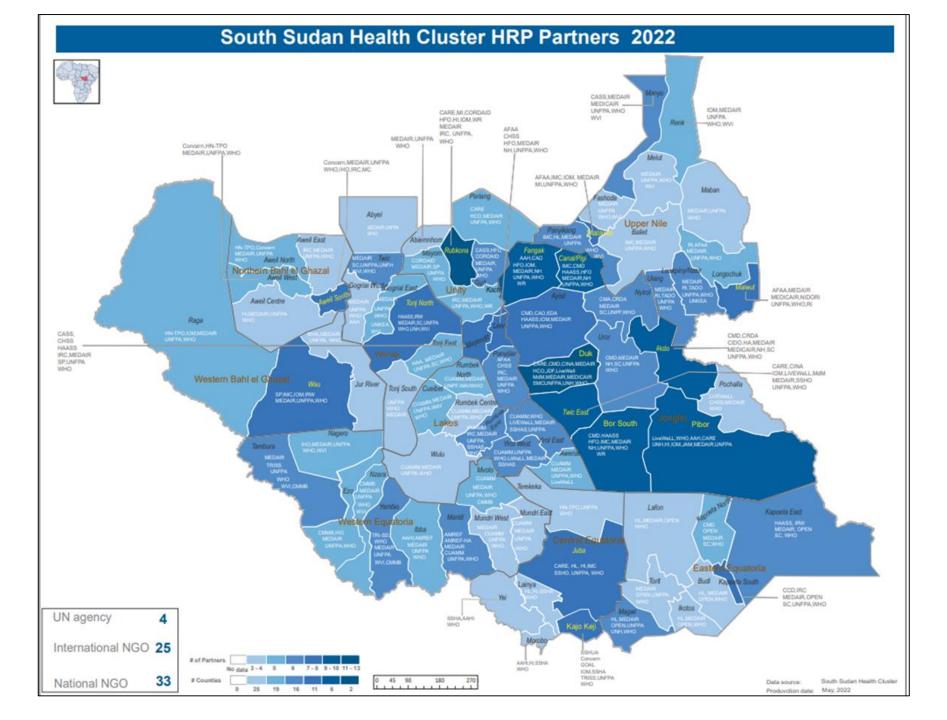
 Confirmed measles outbreak in 12 counties since the beginning of the year 2022 with the latest counties affected including Juba, Malakal and Terekeka

Ongoing cholera outbreak in Bentiu, Unity 337 cases but no new deaths with a CFR of **0.29%**) as of the end of week 36

Hepatitis E virus cases continue to be 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 epidemicprone 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



# IDSR timeliness & completeness performance at county level for week 38 and 37 of 2022 (1)

STAT	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK	Percentag	No. of HFs Reported regardless of time in WK 38	Completen ess Percentage of WK 38	No. of HFs Reported regardless of time in WK 37	Completenes s Percentage			Number of	No. of HFs Report	Timeline	-	Completen	No. of HFs Reported	Completen
STATI Lakes	Cueibet	15	<u>38</u> 15	e of WK 38 100%	15	100%	15	of WK 37			reporting	ed on Time in	Percent	-	ess Percentag	regardless	ess
	Rumbek							100%	STATE	COUNTY		WK 38	WK 38	38	e of WK 38		e of WK 37
Lakes	North	7	7	100%	7	100%	7	100%	Unity	Mayom	13	13	100%	13	100%	13	100%
Lakes	Wulu	14	14	100%	14	100%	14	100%	Unity	Guit	7	7	100%	7	100%	6	86%
Lakes	Rumbek East	24	24	100%	24	100%	24	100%	Unity	Leer	16	16	100%	16	100%	16	100%
Lakes	Awerial	7	7	100%	7	100%	7	100%	WES	Nzara	21	21	100%	21	100%	21	100%
Lakes	Rumbek Centre	23	23	100%	23	100%	23	100%	WES	Nagero	10	10	100%	10	100%	10	100%
Lakes	Yirol West	12	12	100%	12	100%	12	100%	WES	Mundri	21	21	100%	21	100%	21	100%
Lakes	Yirol East	11	11	100%	11	100%	11	100%	WES	West Maridi	26	26	100%	26	100%	26	100%
NBGZ	Aweil South	15	15	100%	15	100%	15	100%	WES	Ibba	11	11	100%	11	100%	11	100%
NBGZ	Aweil North	15	15	100%	15	100%	15	100%	WES	Mundri	19	19	100%	19	100%	19	100%
NBGZ	Aweil Centre	13	13	100%	13	100%	12	92%	WES	East Yambio	42	42	100%	42	100%		
CES	Kajo Keji	28	28	100%	28	100%	24					-				42	100%
CES	Yei	18	18	100%	18	100%	18	86% 100%	WES	Ezo	32	32	100%	32	100%	31	97%
NIDO	A		40	95%	00	100%		10070	WES	Mvolo	11	10	91%	10	91%	10	91%
NBGZ	Aweil West	20	19	95%	20	100%	20	100%	Unity	Pariang	12	10	83%	12	100%	12	100%
CES	Morobo	9	8	89%	8	89%	9	100%	l Inity	Bapyiller	16	13	010/	13	010/	13	010/
WBG	Jur River	40	32	80%	32	80%	40	100%	Unity	Panyijiar	10	13	81%	13	81%	13	81%
WBGZ	Wau	31	24	77%	24	77%	24	77%	Unity	Mayendit	14	11	79%	11	79%	11	79%
WBG	Raja	15	11	73%	11	73%	11	73%	Unity	Abiemnh om	4	3	75%	4	100%	4	100%
CES	Lainya	16	11	69%	11	69%	11	69%	Unity	Rubkona	20	13	65%	13	65%	12	60%
CES	Terekeka	20	10	50%	10	50%	9	45%	Unity	Koch	7	4	57%	6	86%	7	100%
CES	Juba	46	4	9%	4	9%	16	35%	WES	Tambura		15	54%	25	89%	25	89%
NBGZ	Aweil East	26	1	4%	14	54%	0	0%	WES	rambura	20	ci	54%	20	89%	25	89%

## IDSR timeliness & completeness performance at county level for week 38 and 37 of 2021 (1)



STATE	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK 38	Timelines s Percentag e of WK 38	No. of HFs Reported regardless of time in WK 38	Completen ess Percentag e of WK 38		Completene ss Percentage of WK 37	STATE	COUNTY	Number of reporting sites		e of WK	Reported regardles	Completenes s Percentage		Completenes s Percentage of WK 37
Jonglei	Pochalla	7	7	100%	7	100%	7	100%	Warrap	Tonj East	12	12	100%	12	100%	12	100%
EES	Magwi	17	17	100%	17	100%	16	94%	Warrap	Tonj South	12	12	100%	12	100%	12	100%
EES	Lopa Lafon	15	15	100%	15	100%	15	100%	Upper Nile	Baliet Longechuk	4	4	100% 100%	4 9	100% 100%	4	100% 89%
EES	Torit	11	11	100%	11	100%	11	100%	Upper Nile	Gogrial							
EES	Budi	17	16	94%	16	94%	17	100%	Warrap	West	31	25	81%	25	81%	28	90%
EES	Kapoeta South	9	8	89%	9	100%	9	100%	Upper Nile	Maiwut	5	4	80%	4	80%	4	80%
Jonglei	Duk	15	13	87%	13	87%	13	87%	Upper Nile	Akoka	5	4	80%	4	80%	5	100%
EES	Kapoeta East	7	6	86%	6	86%	6	86%	Warrap	Tonj North	19	15	79%	15	79%	15	79%
Jonglei	Nyirol	10	8	80%	8	80%	8	80%	Warrap	Gogrial East	15	11	73%	11	73%	11	73%
EES	Kapoeta North	10	8	80%	8	80%	10	100%	Upper Nile	Makal	7	5	71%	5	71%	5	71%
Jonglei	Fangak	19	15	79%	15	79%	14	74%	Upper Nile	Fashoda	16	11	69%	11	69%	11	69%
EES	Ikotos	19	13	68%	15	79%	18	95%	Upper Nile	Panyikang	3	2	67%	2	67%	2	67%
Jonglei	Ayod	15	9	60%	9	60%	0	0%	Warrap	Twic	26	17	65%	17	65%	18	69%
Jonglei	Pibor	7	4	57%	4	57%	4	57%	Upper Nile	Luakpiny Nasir	12	7	58%	8	67%	8	67%
Jonglei	Bor	35	19	54%	19	54%	19	54%	Warrap	Abyei	9	5	56%	5	56%	9	100%
Jonglei	Akobo	14	4	29%	4	29%	2	14%	Upper Nile	Ulang	14	6	43%	11	79%	9	64%
Jonglei	Twic East	11	3	27%	3	27%	9	82%	Upper Nile	Maban	17	6	35%	7	41%	12	71%
Jonglei	Canal Pigi	12	2	17%	5	42%	10	83%	Upper Nile	Manyo	11	0	0%	0	0%	0	0%
									Upper Nile	Renk	11	0	0%	0	0%	6	55%
Jonglei	Uror	8	0	0%	0	0%	1	13%	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:

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

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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









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