

South Sudan Ministry of Health

Integrated Disease surveillance and response (IDSR)



Epidemiological Bulletin Week 42, 2022 (October 16- October 22)

Major epidemiological highlights in week 42 of 2022



- In week **42, 2022, the** IDSR reporting timeliness and completeness were **82%** and **88%** respectively while the timeliness and completeness for EWARN sites were at **85% and 96%**
- The overall performance of IDSR and EWARN reporting sites in week 42, 2022 is above 80% for both IDSR sites and EWARN sites
- Of 142 alerts were reported in week 42, 2022; 29.5% Malaria (42), AWD 23.9%(34), 19.7%ARI (28)
- Confirmed outbreak of Sudan Ebolavirus in Uganda with eight districts affected. As of November 11,
 137 confirmed cases and 54 confirmed deaths giving a CFR of 39%.
- A total of 20 suspected Ebola Virus Disease (EVD) cases were reported from Nimule, Yei, Yambio, Kajo-keji, Juba, and Rubkona with samples collected from 06 samples collected and all tested negative for EVD.
- On other emergencies, floods have affected over 1.1 million people in 36 counties, and high cases of Acute Malnutrition in South Sudan due to food insecurity.
- Confirmed measles outbreaks in 15 counties since the beginning of the year 2022 with the latest counties affected including Leer, Rubkona (Bentiu camp)
- Hepatitis E virus cases continue to be reported in Bentiu IDP Camp with 17 cases reported in week
 39 giving a cumulative of 3,400 cases and 25 deaths (CFR 0.76%) reported since week 1, 2019



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 42 &



Timelinesss States Ranking	States	Number of reporting sites	No. of HFs Reported on Time in WK 42	Timeliness Percentage of WK 42	No. of HFs Reported on Time in WK 41	Timeliness Percentage of WK 41
1st	WES	218	218	100%	218	100%
2nd	EES	105	98	93%	99	94%
3rd	Unity	95	83	87%	89	94%
4th	NBGZ	89	77	87%	81	91%
5th	Warrap	124	105	85%	99	80%
6th	CES	129	106	82%	124	96%
7th	Jonglei	127	103	81%	107	84%
8th	WBGZ	79	51	65%	73	92%
9th	Lakes	113	65	58%	113	100%
10th	Upper Nile	98	52	53%	81	83%
	South Sudan	1177	958	81%	4004	92%

KEY

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



IDSR Completeness performance at State level for week 42 & 41 of 2022



Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported regardless of time in WK 42	Completeness Percentage of WK 42	No. of HFs Reported regardless of time in WK	Completeness Percentage of WK 41
1st	WES	218	218	100%	218	100%
2nd	Lakes	113	111	98%	113	100%
3rd	EES	105	102	97%	99	94%
4th	Unity	95	92	97%	89	94%
5th	WBGZ	79	75	95%	73	92%
6th	NBGZ	89	80	90%	81	91%
7th	CES	129	113	88%	124	96%
8th	Warrap	124	107	86%	99	80%
9th	Jonglei	127	108	85%	107	84%
10th	Upper Nile	98	72	73%	81	83%
	South Sudan	1177	1078	92%	1084	92%

KEY

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



Surveillance: EWARS Timeliness performance indicator by partner for week 42 and 41 of 2022



Parado & Product & Product College					South Sudan				
Partner	HFs	Reporting	Performance						
PARTER	Number of reporting sites	# of reports received on Time in Week 42	Timeliness of Week 42	# of reports received on Time in Week 41	Timeliness of Week 41				
Medicair	3	3	100%	3	100%				
UNH	2	2	100%	2	100%				
CIDO	1	1	100%	1	100%				
ADA	1	1	100%	1	100%				
HFO	4	4	100%	4	100%				
IRC	1	1	100%	1	100%				
SMC	6	6	100%	6	100%				
SSHCO	1	1	100%	1	100%				
UNIDOR	2	2	100%	2	100%				
Medair	2	2	100%	2	100%				
IOM	10	10	100%	10	100%				
World Relief	2	2	100%	2	100%				
MSF-H	4	4	100%	2	50%				
MC	2	2	100%	1	50%				
IMC	24	21	88%	23	96%				
Islamic Relief	5	4	80%	5	100%				
MSF-E	6	4	67%	4	67%				
TRI-SS	2	0	0%	2	100%				
НАА	4	0	0%	0	0%				
TOTAL	82	70	85%	72	88%				

The Timeliness of EWARS in partners' supported sites stands at 85% in week 42 and 88% in week 41.



Surveillance: EWARS completeness performance indicator by partner for week 42 and 41 of 2022



Thereba & President					
Partner	HFs	Reporting		Performance	
PARTER	Number of reporting sites	# of reports received regardless of Time in Week 42	Completeness of Week 42	# of reports received regardless of Time in Week 41	Completeness of Week 41
UNH	2	2	100%	2	100%
CIDO	1	1	100%	1	100%
TRI-SS	2	2	100%	2	100%
ADA	1	1	100%	1	100%
Medicair	3	3	100%	3	100%
HFO	4	4	100%	4	100%
IRC	1	1	100%	1	100%
SMC	6	6	100%	6	100%
SSHCO	1	1	100%	1	100%
UNIDOR	2	2	100%	2	100%
Medair	2	2	100%	2	100%
MSF-H	4	4	100%	4	100%
IOM	10	10	100%	10	100%
MC	2	2	100%	2	100%
World Relief	2	2	100%	2	100%
IMC	24	21	88%	22	92%
Islamic Relief	nic Relief 5 4		80%	5	100%
MSF-E	MSF-E 6 4		67%	4	67%
НАА	HAA 4		0%	0	0%
TOTAL	82	72	88%	74	90%

The Completeness of EWARS in partners' supported sites stands at 88% in week 42 and 90% in week 41.

INDICATOR-BASED SURVEILLANCE

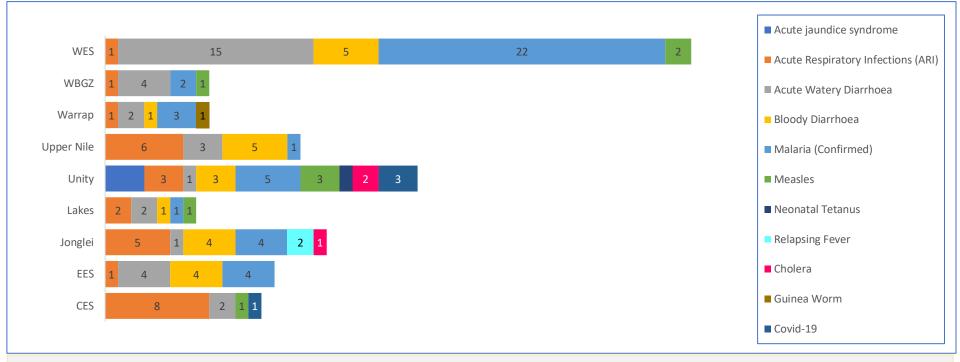


Alert management including detection; reporting; verification; risk assessment; & risk characterization



Alert by disease and States in week 42 of 2022 [a total of events-specific alerts generated by state





This week a total of 149 Alerts were triggered from the EWARS System:

- 3 AJS alerts: these were triggered from Mayendit PHCC, Rubkuay PHCC in Mayendit, Kaljak PHCC.
- 8 Measles alerts: these were triggered from El-Sabah Children Hospital, Ganyliel PHCC in Panyijiar, Raja Hospital, Yambio State Hospital, Magang PHCU in Yirol West, MSF-H Leer PHCC, MSF-H Bentiu IDP Hospital, Yangiri PHCC(2) in Ezo County
- 1 Guinea Worm alert: this was triggered from Alek PHCC in Gogrial West County
- 3 Cholera alerts: from IRC Sector 4 PHCC in Rubkona County, MSF-H Leer PHCC, Anyidi PHCC in Bor County, Wathmuok PHCU in Aweil South.
- 1 Neonatal Tetanus alert: this was triggered from Ngop PHCU in Mayom of Unity
- 2 Relapsing Fever alerts: these were triggered from Walgak PHCC and Yidit PHCU of Akobo County

SUDAN EBOLAVIRUS IN UGANDA AND READINESS IN SOUTH SUDAN

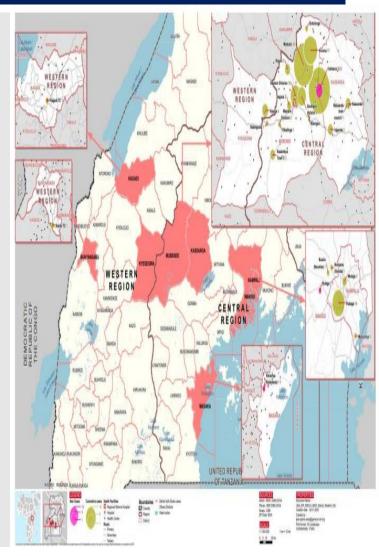


Alert management including detection; reporting; verification; risk assessment; & risk characterization

Sudan Ebolavirus Disease in Uganda as 11 November 2022

 \mathcal{N}

- On 20th September 2022, the Ministry of Health declared an outbreak of Sudan ebolavirus (SVD) after a case managed at Mubende Regional Referral Hospital (MRRH) in Mubende district was confirmed through testing at the Uganda Virus Research Institute (UVRI)
- November 11, 2022 marks 55 days of response to the Sudan EVD outbreak in Uganda, first case was confirmed on 19-September 2022.
- Cumulatively there are 137 confirmed EVD cases and 54 confirmed death giving a Case Fatality Ratio (CFR) of 54/137 (39%) and a Total recovery is 65 out of the total confirmed cases
- A total of 8 districts were affected with most cases reported from Mubende, Kassanda and Kampala.
- As of11th November One newly confirmed EVD case –
 17yr old female from Kassanda district was registered
- One new recovery from Wakiso district.
- One newly confirmed death from Mubende district and One new recovery from Wakiso district.
- A total of 1,086 contacts are actively being followed-up in eight districts, the follow-up rate in the past 24 hours was 93%.

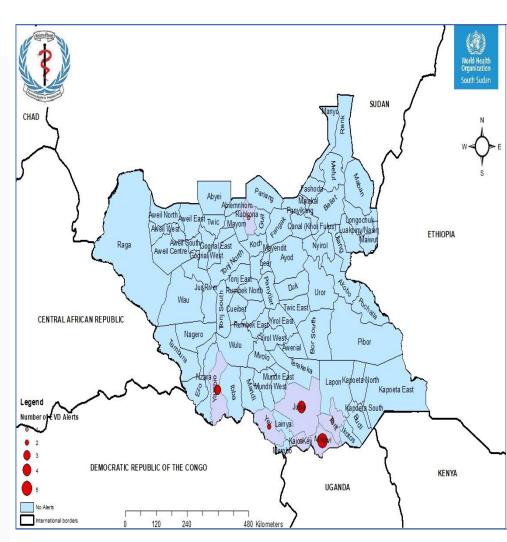






South Sudan's key highlights

- No EVD outbreak has been declared in South Sudan and countries neighboring Uganda
- Cumulatively, a total of 20 alerts have been reported and investigated from seven locations in the country since September 2022:
- Latest alert was reported on 08
 November 2022 from Nimule
- Of the 20 alerts, 14 were discarded as they did not meet the case definition Number of alerts discarded
- Nimule (6), Juba (4), Yambio (3), Yei (2),
 Kajo-keji (3) Torit (1), Rubkona (2)
- Six alerts had samples collected and all 06 tested negative by PCR for EVD in both Sudan and Zaire strains



Geographical Distribution of EVD alerts detected and investigated as of 6th November 2022





Key actions taken by pillar in SSD

1. Coordination

- The IMS has been activated and the PHEOC is in 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.

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.
- Ongoing orientation for healthcare workers in high-risk areas on EVD case definition for early case detection and identification.
- 21 standby contact tracers were oriented in Juba
- There is an in-country testing capacity for Sudan Ebola Virus as well as the EVD Zaire strain though not adequate





Key actions taken by pillar in SSD



3. Risk communication, social mobilization, and community engagement

IEC materials have been adapted, printed for distribution

4. Infection prevention and control

 IPC trainings conducted in Juba Teaching Hospital, 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 Juba, Nimule, and Yei have been set up by MoH with support from WHO
- Triage and screening have commenced at the Juba Teaching Hospital entrance
- Orientation of (22 Health care workers from 8 health facilities including private health facilities from the outskirt of Juba on EVD triaging, case detection, basic infection prevention and control





EVENT-BASED SURVEILLANCE

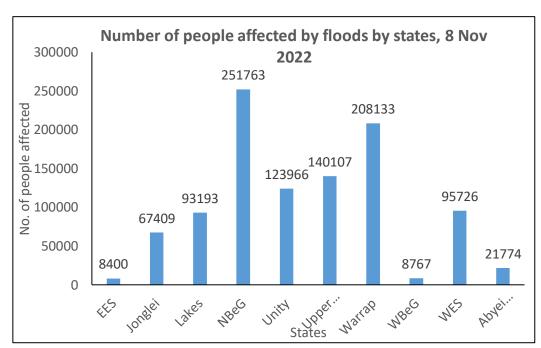


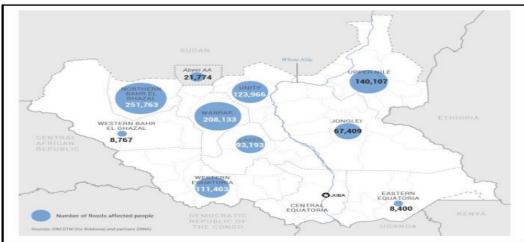
Alert management including detection; reporting; verification; risk assessment; & risk characterization

Updates on Floods situation in South Sudan as of November 8, 2022



- Flooding declared a national emergency by the Govt-10 Sept 2022
- More 1.01 million people affected in 36 counties and Abyei Administrative Area across 9 states
- Majority of people affected are in Northern Bahr el Ghazal, Warrap, Upper Nile and Unity
- Impact of floods
 - A total of 62 deaths related to the current flooding
 - Increased cases of snake bite cases (468 cases)
 - 45 HFs and 25 nutrition facilities affected (submerged, cut-off or structural damage sustained)
 - Increased caseload of malaria, Acute Watery Diarrhea, Acute Respiratory Infections
 - Depletion of essential drugs/supplies in health facilities & BHWs



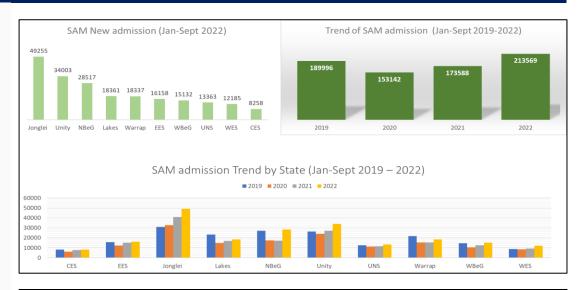


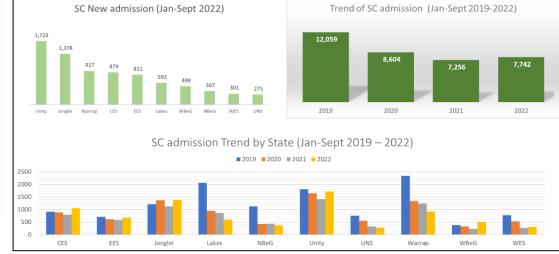




Food insecurity and Acute Malnutrition in South Suda Man to July 2022

- A total of 6.6 million (53.6% of the population) people are currently facing IPC
 Phase 3 (Crisis),
- Out of which 2.22 Million are in IPC Phase 4 (emergency)
 Acute food insecurity
- A total of 61,000 people in IPC Phase 5 in Fangak, Canal/Pigi and Akobo and Pibor counties of Jonglei State and Greater Pibor Administrative A
- 1.4 M U5 children are acutely malnourished of these 345,893 children severely malnourished



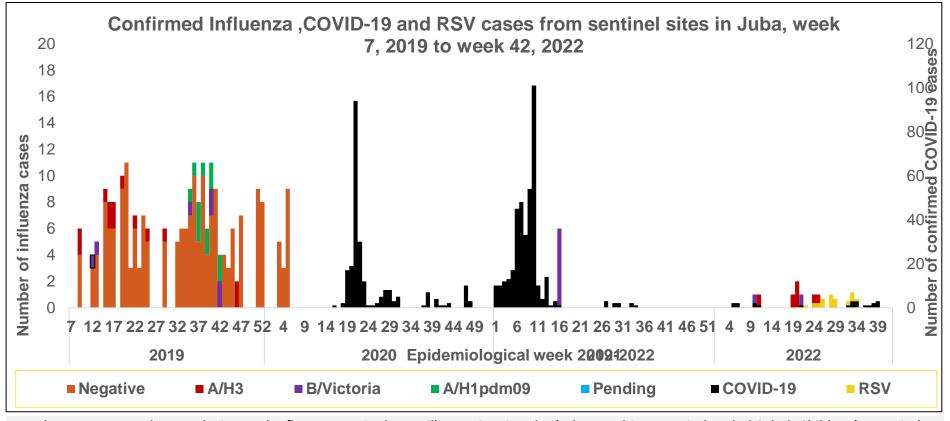






Routine Sentinel Surveillance | Human Influenza & other Respiratory Pathogens





- 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 42,2022**; a total of **479 ILI/SARI** samples were collected,425 samples tested negative, and Cumulatively, 20 tested positive for covid-19,1 positive for Influenza B (Victoria), and 5 positive for influenza A(H3). 26 RSV was confirmed in **Week 42**

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

			New cases	Cumulative cases_	Interventions					
Aetiological agent	Location (county/ state)	Date first reported	since last bulletin	to date (attack rate %)	Case management	Vaccination	Health promotion	IPC/W ASH		
Ongoing epidemics										
Hepatitis E	Bentiu PoC	03/01/2019	17	3(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		
Measles	Aweil West	11/5/2022 4		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	4	31(0.32)	Yes	yes	Yes	NA		
Measles	Juba	19/7/2022	26	57(0.66)	yes	yes	yes	NA		
Anthrax	Gogrial west	NR	3			Yes Partial in animals	yes			
measles	Malakal				yes	yes	yes			
Measles	Terekeka				yes	yes	yes			
Measles	Leer				yes	planned	yes			
Measles	Bentiu (Rubkona)				yes	planned	yes			
Measles	Bor South				yes	Not yet	yes			

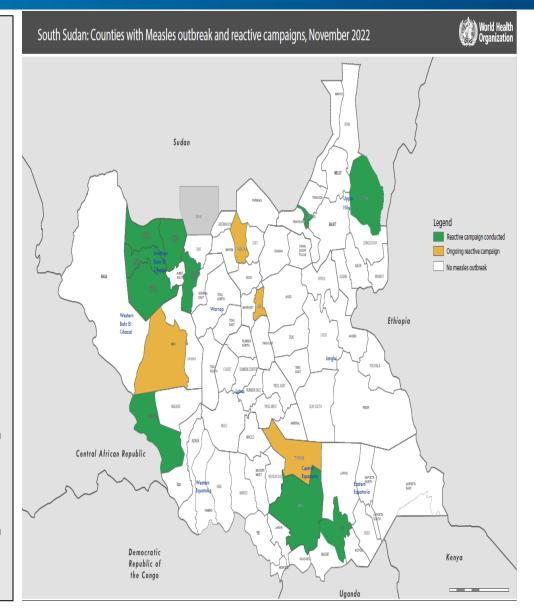
Measles Cases in South Sudan 2021 and 2022

Descriptive Epidemiology

- A total of 928 cases, and two deaths (CFR, 0.3%) were reported from (19/80) counties since 2021 and 2022
- However, measles outbreaks were confirmed in 15 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
- Active cases of measles is still being reported in Northern Bahr el Ghazal despite the vaccination campaigns conducted in all counties.
- 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), Malakal and Terekeka.
- Plans are underway to conduct a vaccination campaign in Leer county and Bentiu Camp Rubkona County.
- Reactive vaccination campaigns have been conducted underway in Juba and Malakal
- Nationwide catchup campaign planned to take place in April 2023



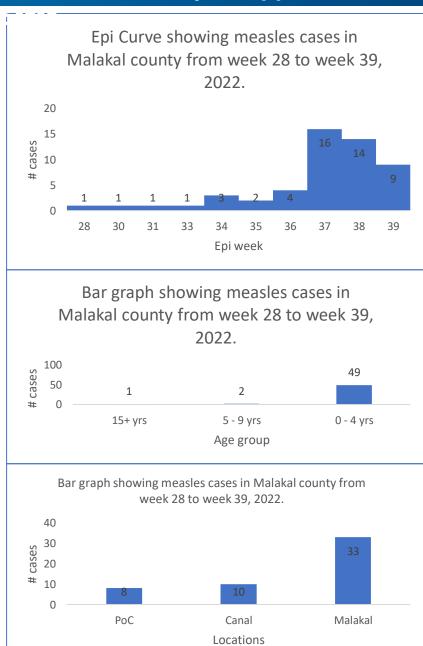
Measles Reactive campaigns conducted in 2022

Meas	les Reacti	ve cam	paign	s cond	ducted	l in 20	22							Norld Heal Organizatio
State	County/Paya m	Date of Outbreak confirme d		Death		NO. of sample collecte d		NO. of sample -ve IgM or Others	Organization responsible for MRC	MRC	Date of MRC ending	% MRC coverage	% PCE	South Sudan Status
WES	Yambio								IOM			62.40%		
WES	Nzara								IOM			87.30%		
EES	Torit	9-Feb-22	43	2	4.70%	10	7		3 Medair	9-Mar-22	31-Mar-22	95%	98%	
UNS	Maban (Refugee)		161	c	0%				Relief int.	7-Mar-22	15-Mar-22	97.70%		
UNS	Maban (Host)		161	C	0%				Relief int.	7-Mar-22	15-Mar-22	98%		
WES	Tambura	1-Mar-22	29	C	0%		3		IOM	6-Apr-22	1-Apr-22	102%	93%	
WBGz	Raja	4-Jun-22	21	C	0%	16			5 Medair	2-May-22	5-Jul-22	70.70%	95%	Active
Warra		27-Apr-												
p	Gogrial west	22					13		IOM	1-Jun-22				A .•
	Aweil center		31				14		IOM	14-Jun-22	22-Jun-22	155%		Active
	Aweil east		60						1014	44 1 22	22 1 22	0.40/		
NBGZ	Aweil west	22-Apr-	65	C	0%		14	•	IOM	14-Jun-22	22-Jun-22	94%		
NBGz	Aweil North	22		4	93%		18	3	MSF- France	14-Jul-22	21-Jul-22	97%		
CES	Juba Rajaf		110	C	0%	11	. 6	5	4WHO	5-Sep-22	9-Sep-22	173.80%		
CES	Juba Munuki								MEDAIR					Active
UNS	Malakal		19	C	0%	4	(1 Rubella	MSF- Spain, IMC and IOM			73%		Active
WBG	Wau													Active
CES	Terekeka		9						IOM					Active
Unity			10				3		MEDAIR					Active
	Rubkona		17				2		MSF					Active
Unity	Koch													Active

Measles cases reported from Malakal County of Upper Nile

Descriptive

- Total of 52 cases reported from Malakal between week 28 and week 39, 2022.
- Peak of cases reported in week 37 with
- Majority of the cases (94%) were reported in children less than 5 years of age
- (50%) males and (50%) 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 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 affected payams by, conducted by partners
- Refresher training on measles surveillance and treatment is planned for state RRTs and frontline health workers
- Efforts underway to strengthen routine immunization services



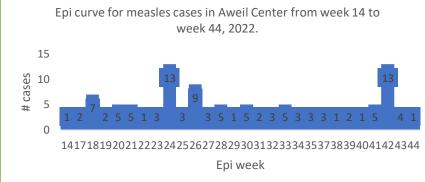
Ongoing Measles Outbreak in Northern Bahr el Ghazal

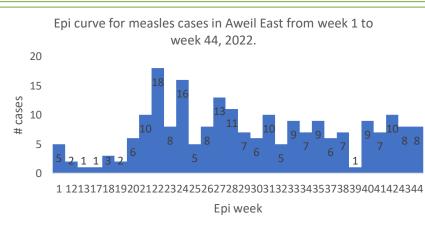
Descriptive

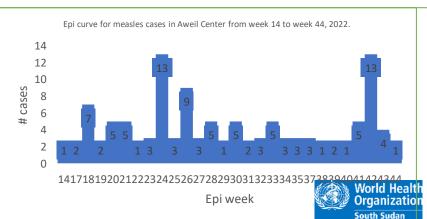
- Northern Bahr el Ghazal state continues to report suspected measles cases despite reactive campaigns conducted in the middle of the year
- Active cases being reported in all 5 counties of Northern Bahr el Ghazal with the majority of cases reported from Aweil East
- Majority of the cases are (90%) were reported from children less than 5 years of age.
- Majority of the cases are 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 previously in affected payams by
- Routine immunization services need to be strengthened







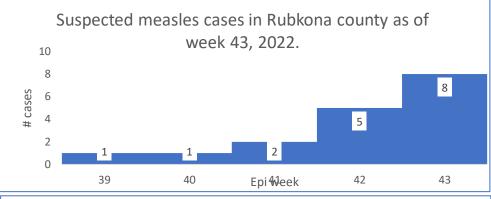
Measles cases in Bentiu Camp, Rubkona County as of week 43

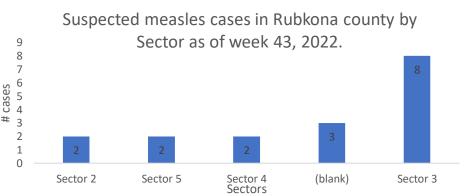
Descriptive EPI

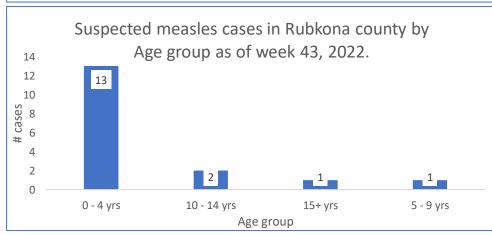
- ■17 cases of measles were reported from Bentiu camp, Rubkona county from week 39 to 43, 2022
- Majority of the cases, 8 out of 17 were reported from sector3 within Bentiu camp
- Children age 0 to 4 years accounted for majority of the cases
- •Majority of the cases are admitted for inpatient management; with no deaths reported so far.
- •Of the 17 cases reported, 7/17 (58%) have indicated that they have received vaccination against measles and 10/17(42%) reported no against the vaccination status

Ongoing response

- Active case search and line listing of cases are ongoing, and cases have been referred to the nearest health facilities within the camp.
- •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 campaign is planned for by the state Ministry of Health and MSF
- •Routine immunization services to be strengthened through RCCE and health promotion activities







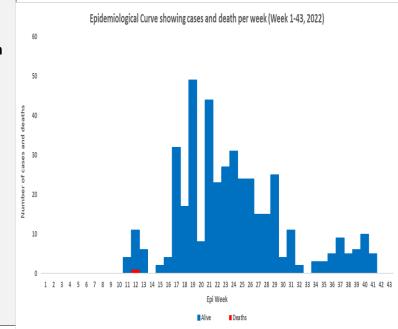
Confirmed Cholera Outbreak in Bentiu, Unity State and OCV updates

S/N	LOCATION	TARGET	POPULATION \	/ACCINATED	CO/	/ERAGE
			1st round	2nd Round	1st round	2nd Round
1	Rubkona Phase 1 (Category 1)	202,627	173,170 (24- 31 Jan 2022)	175,044 (14-20 Mar 2022)	85%	86%
2	Rubkona Phase 2 (category 1)	31,680	25,196 (12-18 May 2022)	32,075 (4-10 June 2022)	80%	101%
3	Leer	75,333	64,033 (April 2022)	35,375 (31 May 2022)	85%	47%
4	Yirol East	118,163	109,206 (2-9 August 2022)	111,509 (14-19 Sept 2022)	92%	94%
5	Awerial	94,149	84,184 (16 Aug 2022)	Planned	89%	TBD
6	Juba	633,335	400,584 (10-19 June 2022)	373771 (5 Sept 2022)	63%	59%
7	Malakal	63,476	32,624 (29 Oct -2 Nov 2022)	Planned	51%	TBD

- V. cholerae case confirmed on 14 Apr 2022 in Bentiu.
- No new cases were reported since 41, Overall, 424 cases; 1 (CFR, .24%) death since the onset of outbreak
- Intra Action Review planned in Bentiu to review response; and address weaknesses

OCV Implementation

- 1,677,500 doses of OCV have been received
- 1,584,147 doses have been administered
 - Concept note on need for OCV the doses
 - And additional resources for flooded hotspot locations
- Round 2 in Malakal and Awerial counties are planned for;



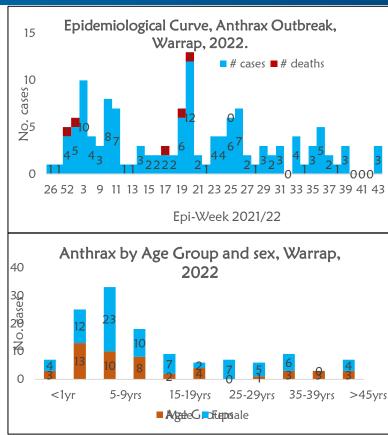
Confirmed Anthrax Cases in Gogrial West, Warrap State as of week 43

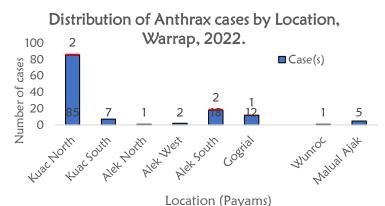


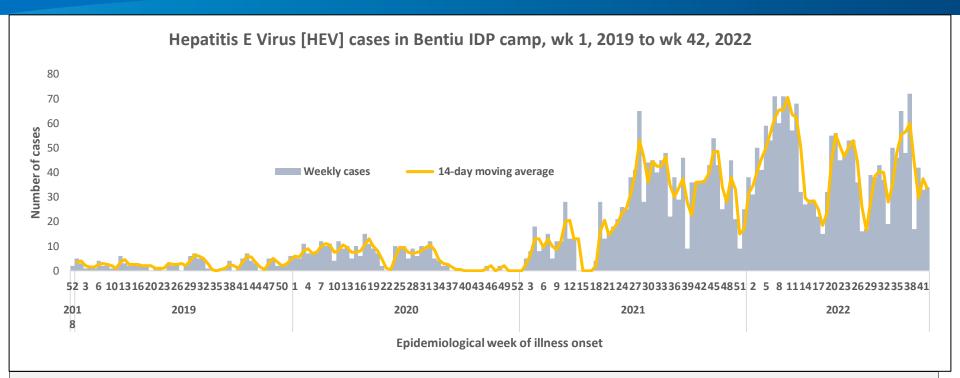
- Suspected anthrax cases were detected at the Kuajok hospital, and a retrospective review of the facility registers revealed over cases in the past two months.
- On 18th May 2022, a national team composed of MOH, MOAF, WHO, ICAP, and FAO visited the state to conduct an in-depth epidemiological investigation and response. The team visited Kuajok hospital, Gogrial PHCC, and Alak PHCC to review register books. The team also visited 24 villages where Anthrax suspected cases come from
- three new cases were reported in week 43, 2022 bringing the total number of cases line-listed to 131 cases and 5 deaths, case fatality rate (CFR 3.2%).
- All cases are from one County of Gogrial West. 62.9% of the cases are from Kuac North Payam. 62% of the cases are among females and 38 % among Males.
- Out of the 18 samples collected, 8 tested positive by PCR for bacillus anthracis.
- A total of 10 animal samples were collected by the animal health experts and 3 soil samples for further analysis.

Ongoing response

- partial vaccination campaign in the three (3) counties of Gogrial East and West in addition to Tonj North where 180,000 ruminants were targeted (2nd – 18th August 2022); coverage was at a low 42% and more remains to be done given a balance of Anthrax vaccines.
- Active case search and line listing of cases in the affected county and the surrounding and Case management is underway at Kuajok hospital.
- Risk communications and community engagements activities are ongoing through local radios to reduce the risk of exposure
- Ongoing multisectoral coordination meetings at state and national levels.







Descriptive epidemiology

- The persistent transmission of HEV in the Bentiu IDP camp continues with 3,509 cases since the beginning of 2019
- 34 AJS new cases with (zero deaths) were reported in week 39, bringing the cumulative cases to 3,548 (26 deaths) since the onset of the outbreak in 2018.
- HEV transmission has reduced from a peak of 60 cases every fortnight by week 8, 2021 to 34 cases every fortnight by week 42, 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
- 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; the 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		Intervention	ns	
Aetiological agent	Location (county)	Date first reported		cases to date (attack rate %)	Case management	Vaccination	Health promotion	WASH
Controlled epide	mics							
Measles	Pibor	27/1/2020	NR	355 (0.0028)	355 (0.0028) Yes			Yes
Measles	Wau	5/1/2020	NR	39 (0.051)	Yes	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
Meningitis	Norther Bahr el Ghazal		NR		Yes			No
			-					

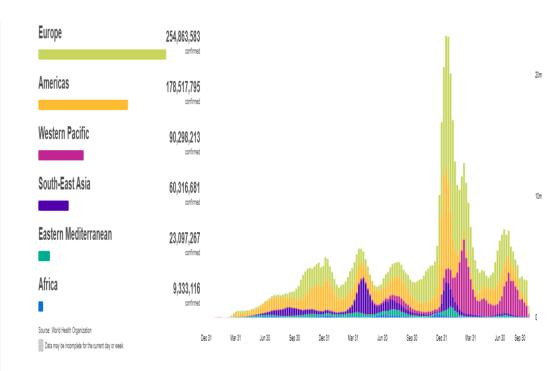
COVID-19 UPDATES





Situation update as of 11, Nov 2022

- Globally, as 11 November 2022, there have been 630,832,131 confirmed cases of COVID-19, including
 6,584,104 deaths, reported to WHO.
 As of 8 November 2022, a total of
 12,885,748,541 vaccine doses have been administered.
- In Africa, as of 11 November 2022
 there have been 9,372,324
 confirmed cases of COVID-19,
 including 174,803 deaths reported
 to the WHO

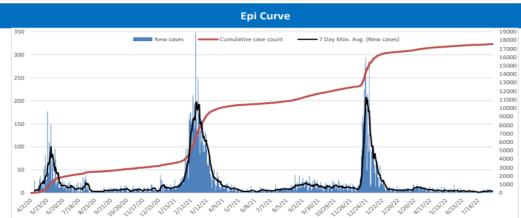


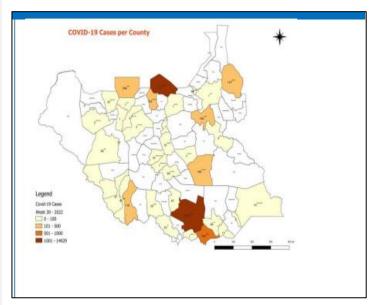
WHO: https://www.who.int/health-topics/coronavirus

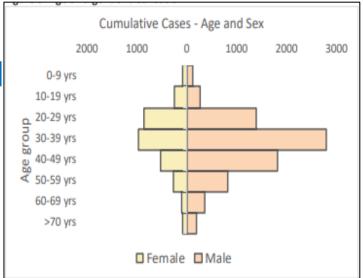
COVID-19 Response in South Sudan as of week 36, 2022



- 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=eyJrljoiNDJlZGY4YWItMmM1My00M2E4LWFiNDUtZjcxYzAyYmMyY2IzIiwidCl6ImY2MTBjMGl3LWJkMjQtNGIzOS04 MTBiLTNkYzI4MGFmYjU5MClsImMiOjh9

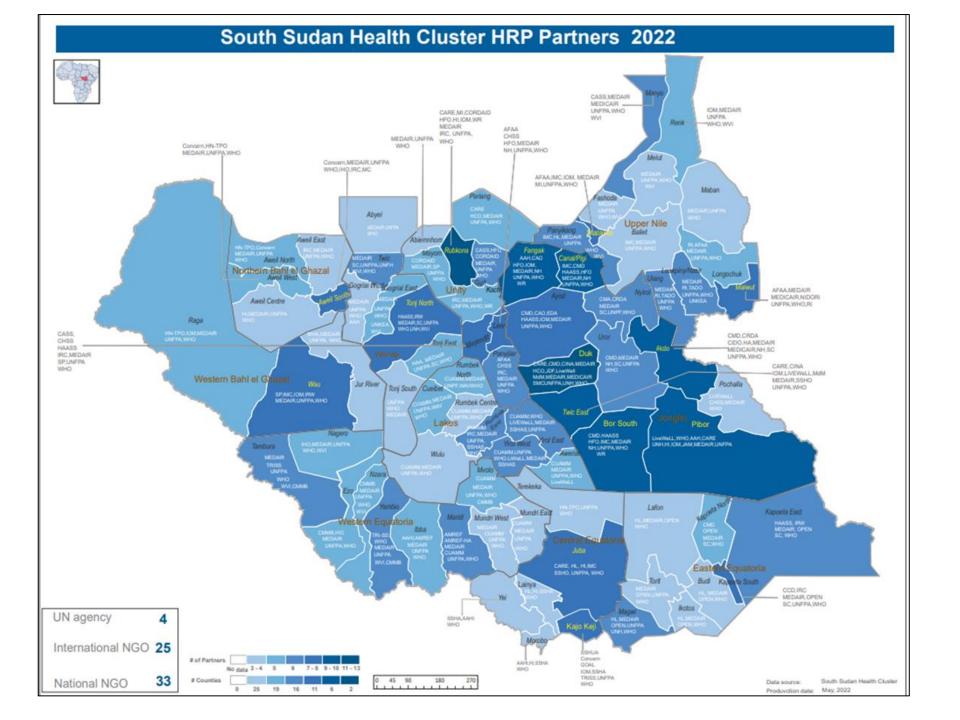
OVERALL CONCLUSIONS AND RECOMMENDATIONS

Conclusions

- The overall performance of IDSR and EWARN reporting sites in week 42, 2022 is above 80% for both IDSR sites and EWARN sites
- Of 142 alerts were reported in week 42, 2022; 29.5% Malaria (42), AWD 23.9%(34),
 19.7%ARI (28)
- Confirmed outbreak of Sudan Ebolavirus in Uganda with eight districts affected. As
 of 11th November, 137 confirmed cases and 54 confirmed deaths giving a CFR of 39%.
- A total of 20 suspected Ebola Virus Disease (EVD) cases were reported from Nimule, Yei, Yambio, Kajo-keji, Juba, and Rubkona with samples collected from 06 samples collected and all tested negative for EVD.
- In other emergencies, floods have affected over **1.1 million** people in **36 c**ounties, and high cases of Acute Malnutrition in South Sudan due to **food insecurity**.
- Confirmed measles outbreaks in 15 counties since the beginning of the year 2022 with the latest counties affected including Leer, Rubkona (Bentiu camp)
- Hepatitis E virus cases continue to be reported in Bentiu IDP Camp with 34 cases reported in week 42 giving a cumulative of 3,509 cases and 26 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





CES

WBGZ

Lakes

Lakes

Morobo

Jur River

Rumbek

East

Rumbek

Centre

10

40

24

23



P	ID.	SR time	eliness	& coi	mplete	ness	perfo	rmance	at cou	nty lev	el for w	eek 4	12 and	d 41 d	of 2021		orld Health ganization outh Sudan
STATE	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK 42	Timeliness Percentage of WK 42	No. of HFs Reported regardless of time in WK 42	Completene ss Percentage of WK42	No. of HFs Reported regardless of time in WK 41	Completeness Percentage of WK 41			Number of			Reported regardles	Completenes		Completenes
Lakes	Cueibet	15	15	100%	15	100%	15	100%	STATE	COUNTY	reporting sites	in WK 42		in 42	s Percentage of WK 42	41	s Percentage of WK 41
Lakes	Rumbek North	7	7	100%	7	100%	7	100%	Unity	Abiemnho m	4	4	100%	4	100%	4	100%
Lakes	Wulu	14	14	100%	14	100%	14	100%	Unity	Panyijiar	15	15	100%	15	100%	13	87%
Lakes	Awerial	7	7	100%	7	100%	7	100%	Unity	Mayom	13	13	100%	13	100%	13	100%
Lakes	Yirol East	11	11	100%	11	100%	11	100%	Unity	Guit	6	6	100%	6	100%	6	100%
NBGZ	Aweil South	15	15	100%	15	100%	14	93%	Unity	Mayendit	11	11	100%	11	100%	11	100%
NBGZ	Aweil Centre	13	13	100%	13	100%	13	100%	Unity	Leer	15	15	100%	15	100%	12	80%
WBGZ	Raja	11	11	100%	11	100%	11	100%	WES	Nzara	21	21	100%	21	100%	21	100%
CES	Juba	48	48	100%	48	100%	48	100%	WES	Nagero	10	10	100%	10	100%	10	100%
CES	Yei	18	18	100%	18	100%	18	100%	WES	Mundri West	21	21	100%	21	100%	21	100%
NBGZ	Aweil West	20	19	95%	19	95%	19	95%	WES	Maridi	26	26	100%	26	100%	26	100%
NBGZ	Aweil North	15	14	93%	14	93%	15	100%	14/50					44			1000/
CES	Terekeka	11	10	91%	10	91%	10	91%	WES	Ibba	11	11	100%	11	100%	11	100%
Lakes	Yirol West	12	10	83%	10	83%	12	100%	WES	Mundri East	19	19	100%	19	100%	19	100%
WBGZ	Wau	29	24	83%	24	83%	27	93%	WES	Yambio	42	42	100%	42	100%	42	100%
CES	Lainya	14	10	71%	10	71%	11	79%	WES	Ezo	32	32	100%	32	100%	32	100%
NBGZ	Aweil East	26	16	62%	19	73%	22	85%	WES	Mvolo	10	10	100%	10	100%	10	100%
CES	Kajo Keji	28	15	54%	22	79%	28	100%	WES	Tambura	26	26	100%	26	100%	26	100%

90%

88%

100%

Unity

Unity

Unity

50%

40%

4%

0%

5

40

24

23

5

16

1

0

50%

100%

100%

100%

9

35

24

23

Rubkona

Koch

Pariang

13

7

12

85%

71%

25%

11

5

12

11

5

3

85%

71%

100%

11

7

12

85%

100%

100%



Kapoeta

North

Ayod

Fangak

Pibor

Lopa

Lafon

Ikotos

Canal Pigi

Akobo

Uror

10

13

18

7

15

19

10

15

6

10

12

16

6

12

15

5

6

0

100%

92%

89%

86%

80%

79%

50%

40%

0%

10

12

16

6

15

16

5

10

1

100%

92%

89%

86%

100%

84%

50%

67%

17%

10

13

16

6

15

18

6

10

1

EES

Jonglei

Jonglei

Jonglei

EES

EES

Jonglei

Jonglei

Jonglei

IDSR timeliness & completeness performance at county level for week 42 and 41 of 2021 (2)



Property & Panish Con	טול נו	memies	s a cc	ilibie	lenes:	s herr	лпа	ice at c	Journey	icvei i	ioi wee	7N 42	. anu	410	11 202 1	(∠) s	outh Sudan
STATE	COUNTY	Number of reporting sites			of time in		regardless	Completenes s Percentage of WK 41			Number of reporting sites	Reporte d on Time in	ge of WK	Reported regardles s of time	Percentage	regardless of time in	Completene ss Percentage
Jonglei	Nyirol	10	10	100%	10	100%	10	100%	STATE	COUNTY		WK 42	42	in WK 42	of WK 42	WK 41	of WK 41
Congion	ityiioi	10	10	100%	10	100%	10	10070	Warrap	Tonj East	12	12	100%	12	100%	12	100%
Jonglei	Bor	19	19	100%	19	100%	19	100%	Warrap	Tonj South	12	12	100%	12	100%	12	100%
Jonglei	Pochalla	7	7	100%	7	100%	7	100%	Upper Nile	Baliet	4	4	100%	4	100%	4	100%
Jonglei	Twic East	9	9	100%	9	100%	9	100%				<u> </u>					
Jonglei	Duk	13	13	100%	13	100%	13	100%	Upper Nile	Longechuk	9	9	100%	9	100%	9	100%
EES	Magwi	17	17	100%	17	100%	17	100%	Warrap	Tonj North	15	14	93%	15	100%	15	100%
EES	Budi	17	17	100%	17	100%	15	88%	Warrap	Twic	25	23	92%	23	92%	17	68%
EES	Torit	11	11	100%	11	100%	11	100%	Warrap	Gogrial West	31	27	87%	28	90%	30	97%
	Kapoeta								Upper Nile	Maban	13	11	85%	13	100%	13	100%
EES	South	9	9	100%	9	100%	9	100%	Upper Nile	Akoka	5	4	80%	5	100%	4	80%
EES	Kapoeta East	7	7	100%	7	100%	5	71%	Upper Nile	Fashoda	11	8	73%	8	73%	8	73%

100%

100%

89%

86%

100%

95%

60%

67%

17%

Upper Nile

Upper Nile

Warrap

Warrap

Upper Nile

Upper Nile

Upper Nile

Upper Nile

Upper Nile

Upper Nile

Makal

Manyo

Gogrial

East

Abyei

Panyikang

Ulang

Renk

Maiwut

Luakpiny

Nasir

Melut

7

11

15

14

3

10

6

4

9

6

5

7

9

8

3

0

0

0

71%

64%

60%

57%

33%

30%

0%

0%

0%

0%

5

10

9

8

1

6

6

2

3

0

71%

91%

60%

57%

60%

100%

50%

0%

4

10

8

5

2

10

6

3

8

0

57%

91%

53%

36%

67%

100%

100%

75%

89%

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 I cs produced by the Ministry of Health with Technical support from WHO

For more help and support, please contact:

Dr Joseph Lasu Hickson Director, Emergency Preparedness and Response

Ministry of Health Republic of South Sudan

Telephone: +211921395440

Email: josh2013.lasu@gmail.com

Dr. John Rumunu Director General Preventive Health Services

Ministry of Health

Republic of South Sudan Telephone: +211924767490

Email: ori.moiga@gmail.com

IDSR Bulletin Editorial Team

1.Mr. Ajak Ater, MoH - Email: ajakater014@gmail.com

2.Mrs. Sheila BAYA, WHO- Email: bayas@who.int

3.Mr. Robert Lasu Martin, WHO -Email: lasur@who.int

4.Mrs. Rose DAGAMA, WHO - Email: dagamaa@who.int

5.Dr. Abraham Adut, WHO- Email: abenegoa@who.int

6.Dr. Tony WURDA, WHO-Email wurdatt@who.int

7.Dr. Antonio OKE, WHO –Email okea@who.int

8.Dr. Aggrey BATEGEREZA, WHO -Email bategerezaa@who.int

Notes

WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], health cluster and health pooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO, USAID and World Bank for providing financial support.

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













