



# South Sudan Ministry of Health

Integrated Disease surveillance  
and response (IDSR)



World Health  
Organization  
South Sudan

## Epidemiological Bulletin Week 43, 2022 (October 23- October 29)

## Major epidemiological highlights in week 43 of 2022



- In week **43, 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 43, 2022 is above 80% for both IDSR sites and EWARN sites
- A total of 92 alerts were reported in week 43,2022; Malaria (24), AWD (27), ARI (9) and measles 12, Acute Jaundice Syndrome (02), and Guinea worm 1
- Confirmed outbreak of Sudan Ebolavirus in Uganda with eight districts affected. As of November 12, 139 confirmed cases and 55 confirmed deaths giving a CFR of **40%**.
- A total of 21 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 43 giving a cumulative of 3,548 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 43 & 42 of 2022

Timeliness States Ranking	States	Number of reporting sites	No. of HFs Reported on Time in WK 43	Timeliness Percentage of WK 43	No. of HFs Reported on Time in WK 42	Timeliness Percentage of WK 42
1st	WES	218	218	100%	218	100%
2nd	CES	129	117	91%	106	82%
3rd	NBGZ	89	77	87%	77	87%
4th	EES	105	90	86%	98	93%
5th	WBGZ	79	66	84%	51	65%
6th	Lakes	113	89	79%	65	58%
7th	Unity	95	74	78%	83	87%
8th	Warrap	124	95	77%	105	85%
9th	Jonglei	127	90	71%	103	81%
10th	Upper Nile	98	51	52%	52	53%
	South Sudan	1177	967	82%	958	81%

## 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 43 stands at 82% while in week 42 it was at 81% and 5 states were above the target of 80% in week 43.

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



# IDSR Completeness performance at State level for week 43 & 42 of 2022



Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported regardless of time in WK 43	Completeness Percentage of WK 43	No. of HFs Reported regardless of time in WK 42	Completeness Percentage of WK 42
1st	WES	218	218	100%	218	100%
2nd	Lakes	113	113	100%	111	98%
3rd	NBGZ	89	83	93%	80	90%
4th	CES	129	118	91%	113	88%
5th	WBGZ	79	71	90%	75	95%
6th	EES	105	92	88%	102	97%
7th	Jonglei	127	108	85%	108	85%
8th	Unity	95	77	81%	92	97%
9th	Warrap	124	98	79%	107	86%
10th	Upper Nile	98	62	63%	72	73%
	South Sudan	1177	1040	88%	1078	92%

### 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 43 stands at **88%** and in week 42 it was at **92%** and 8 states were above the target of 80% in week 43.

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



# Surveillance: EWARS Timeliness performance indicator by partner for week 43 and 42 of 2022



Partner	HF's	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received on Time in Week 43	Timeliness of Week 43	# of reports received on Time in Week 42	Timeliness of Week 42
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%
CMA	14	14	100%	14	100%
MC	2	2	100%	2	100%
TRI-SS	2	2	100%	0	0%
Islamic Relief	5	4	80%	4	80%
IMC	24	19	79%	21	88%
MSF-H	4	3	75%	4	100%
MSF-E	6	4	67%	4	67%
AFAA	2	0	0%	0	0%
HAA	4	0	0%	0	0%
<b>TOTAL</b>	<b>98</b>	<b>83</b>	<b>85%</b>	<b>84</b>	<b>86%</b>

The Timeliness of EWARS in partners' supported sites stands at 85% in week 43 and 86% in week 42 .



# Surveillance: EWARS completeness performance indicator by partner for week 43 and 42 of 2022



Partner	HF's	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received regardless of Time in Week 43	Completeness of Week 43	# of reports received regardless of Time in Week 42	Completeness of Week 42
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%
CMA	14	14	100%	14	100%
MC	2	2	100%	2	100%
World Relief	2	2	100%	2	100%
MSF-E	6	5	83%	4	67%
IMC	24	19	79%	21	88%
Islamic Relief	5	3	60%	4	80%
AFAA	2	0	0%	0	0%
HAA	4	0	0%	0	0%
<b>TOTAL</b>	<b>98</b>	<b>84</b>	<b>86%</b>	<b>86</b>	<b>88%</b>

The Completeness of EWARS in partners' supported sites stands at **86%** in week **43** and **88%** in week **42**.

# INDICATOR-BASED SURVEILLANCE

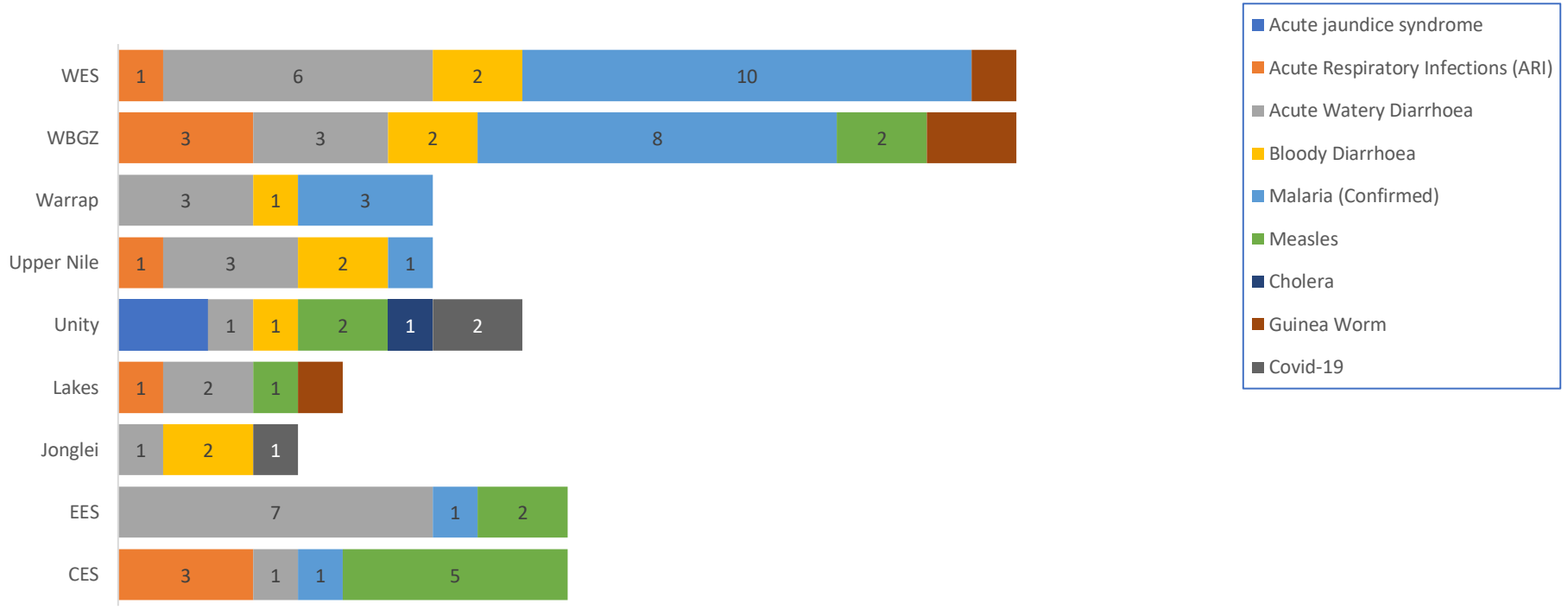


Alert management including detection; reporting; verification; risk assessment; & risk characterization





# Alert by disease and States in week 43 of 2022 [ a total of events specific alerts generated by state



## This week a total of 92 Alerts were triggered from the EWARS System with some broken-down as below:

- 2 AJS alerts from MSF-H Leer PHCC in Leer, MSF-H Bentiu IDP Hospital, in Rubkona of Unity State.
- 12 Measles alert: these were triggered from Lologo PHCC in Juba County, Yirol Hospital in Yirol West County, Chuk PHCU in Panyijiar County, Gurei PHCC, IMC ER PoC 1, El-Sabah Children Hospital, Gumbo PHCC in Juba, Raja Hospital in Raja County, MSF-H Bentiu IDP Hospital in Rubkona County, Roc Roc Dong PHCU in Jur River, Torit State Hospital.
- 4 Guinea Worm alert: this was triggered Yirol Hospital in Yirol West County and Roc Roc Dong PHCU, Marial Ajeth PHCU in Jur River County, Bitti PHCU in Mundri West.
- 1 Cholera alerts: from IRC Sector 4 PHCC in Rubkona County.

# SUDAN EBOLAVIRUS IN UGANDA AND READINESS IN SOUTH SUDAN

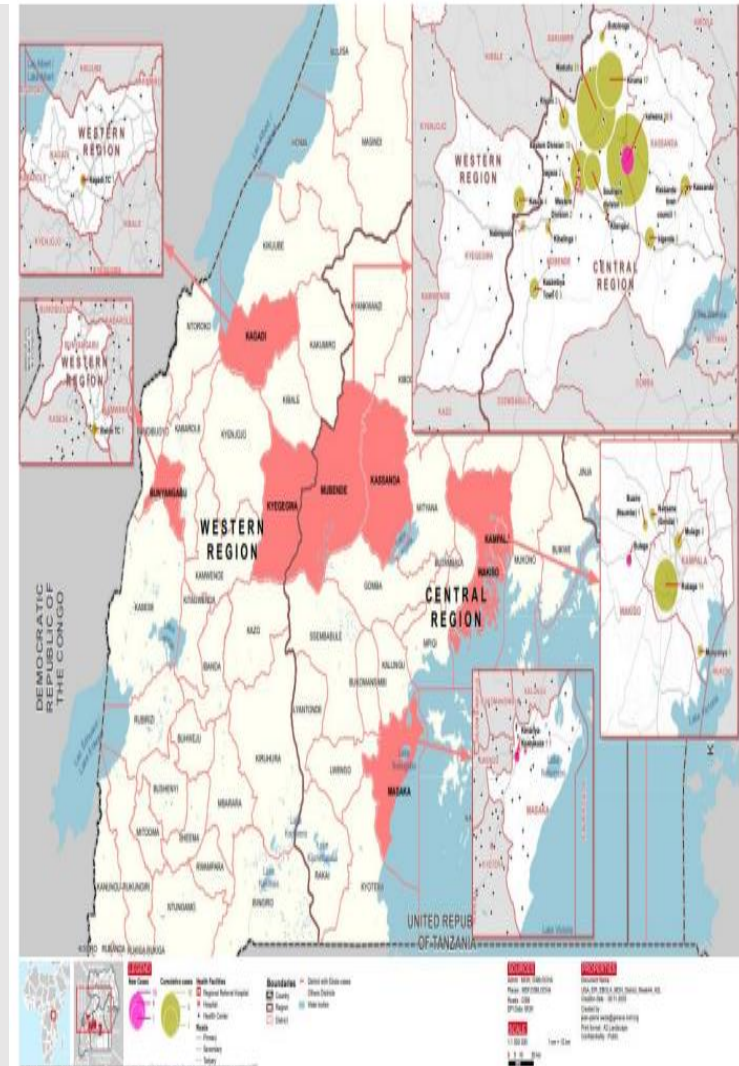


Alert management including detection; reporting; verification; risk assessment; & risk characterization

# Sudan Ebolavirus Disease in Uganda as 12 November 2022

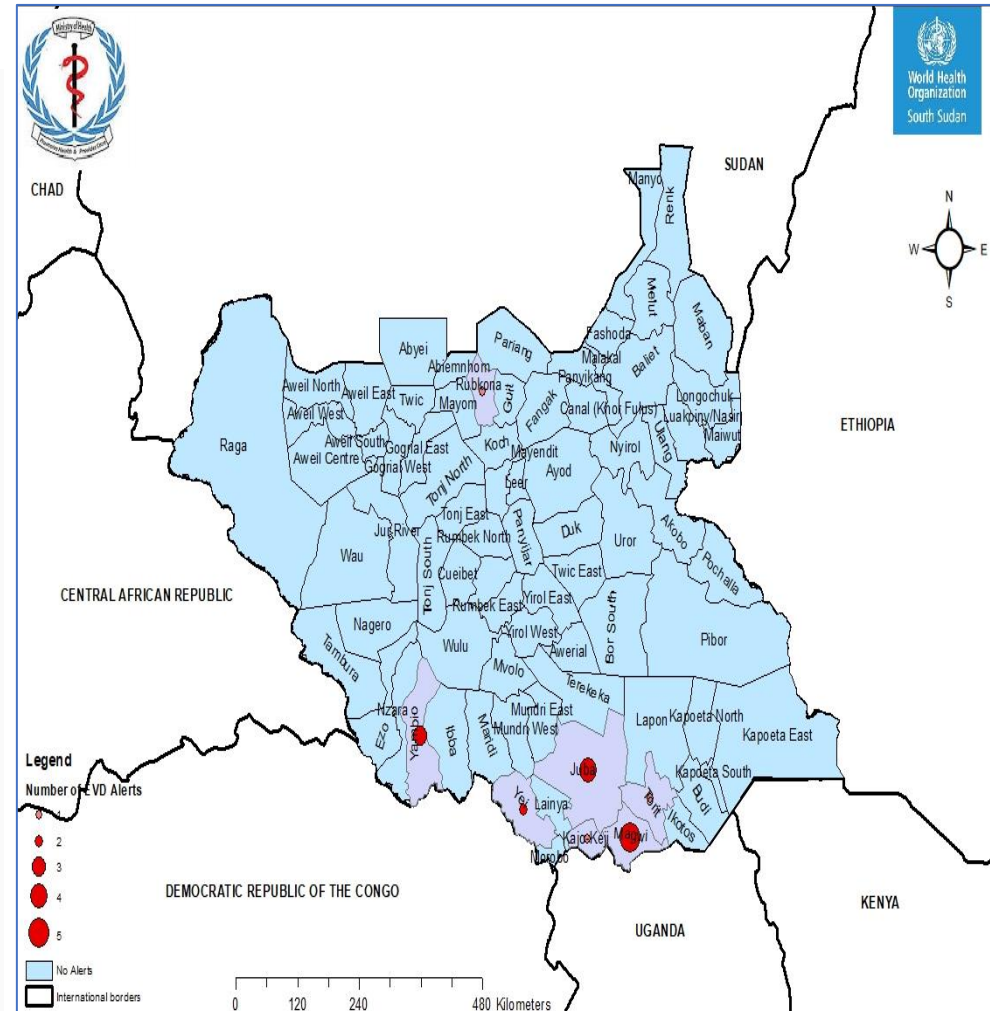


- On 20th September 2022, the Ministry of Health declared an outbreak of Sudan ebolavirus (SVD) after a case managed at Mubende Regional Referral Hospital (MRRH) in Mubende district was confirmed through testing at the Uganda Virus Research Institute (UVRI)
- November 12, 2022, marked 57 days of response to the Sudan EVD outbreak in Uganda, the first case was confirmed on 19-September 2022.
- Cumulatively there are **139 confirmed EVD cases and 55 confirmed death giving a Case Fatality Ratio (CFR) of 55/139 (40%) and total recovery is 69 out of the total confirmed cases**
- A total of (09) districts were affected with most cases reported from Mubende, Kassanda, and Kampala.
- As of 12 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 1,127 contacts actively being followed-up in seven districts, follow-up rate in the past 24 hours was 90%.



# South Sudan's key highlights

- No EVD outbreak has been declared in South Sudan and countries neighboring Uganda
- Cumulatively, a total of 21 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 (7), Juba (4), Yambio (3), Yei (2), Kajo-keji (3) Torit (1), Rubkona (2)
- Seven alerts had samples collected and all 07 tested negative by PCR for EVD in both Sudan and Zaire strains



Geographical Distribution of EVD alerts detected and investigated as of 6<sup>th</sup> 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**

- 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 outskirts of Juba on EVD triaging, case detection, basic infection prevention and control



# EVENT-BASED SURVEILLANCE

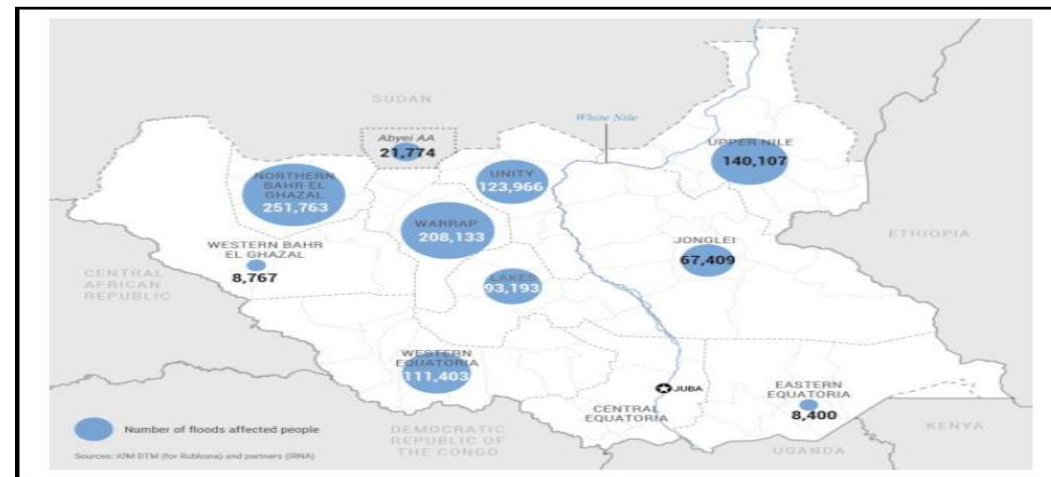
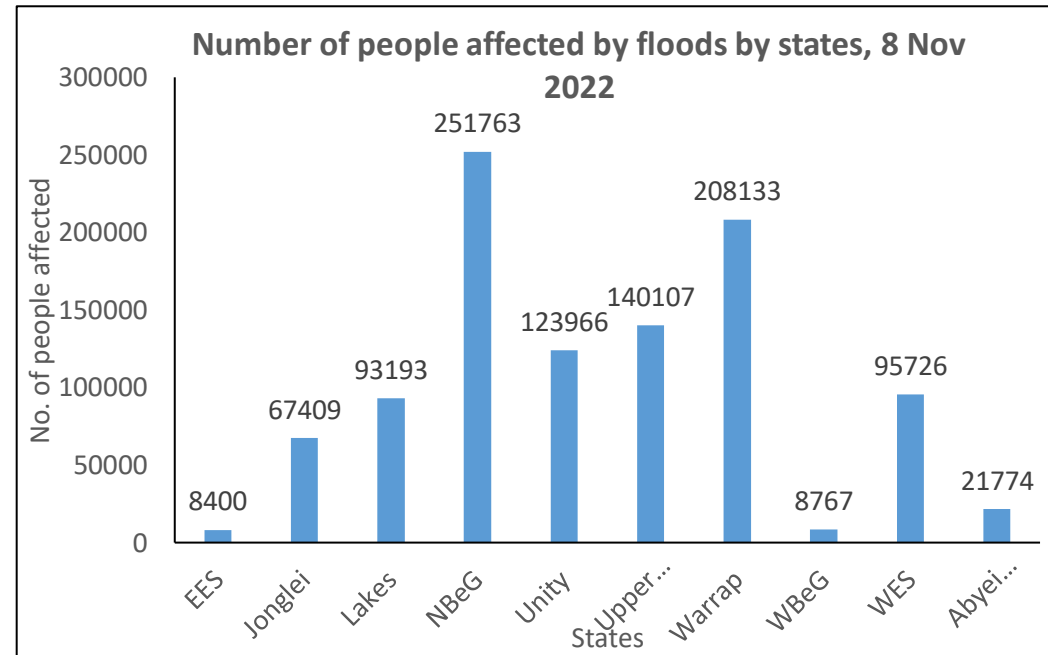


Alert management including detection; reporting; verification; risk assessment; & risk characterization

# 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

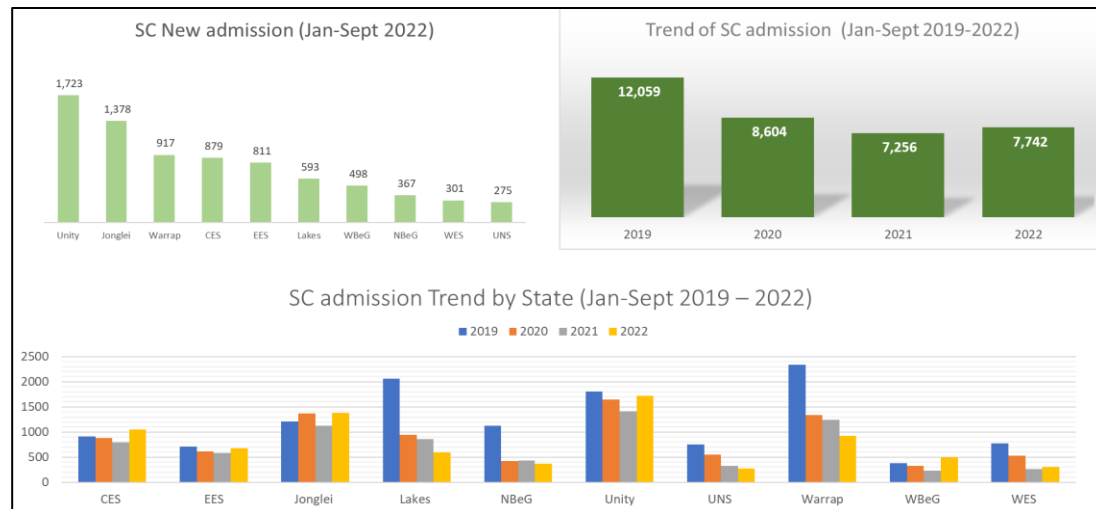
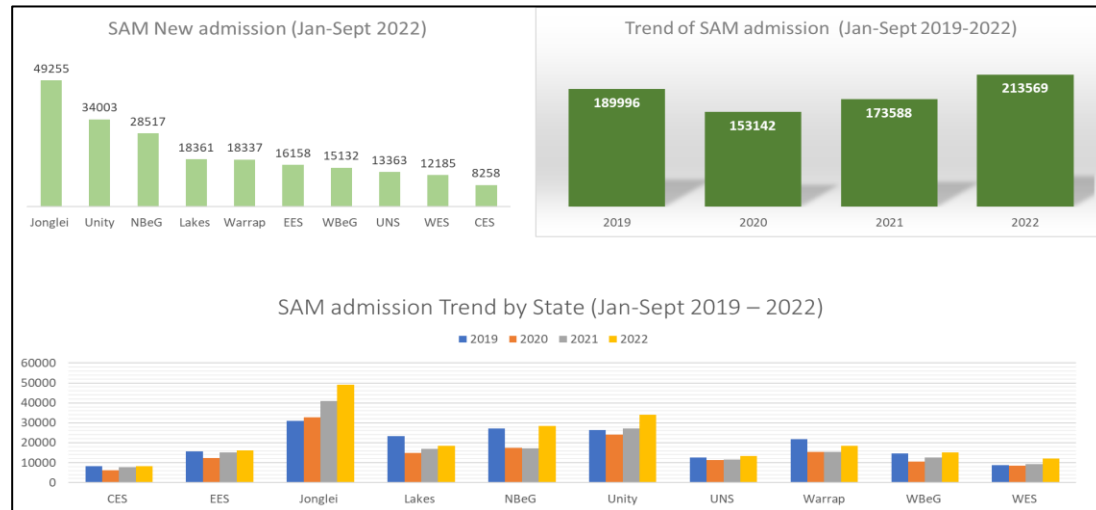




# Food insecurity and Acute Malnutrition in South Sudan

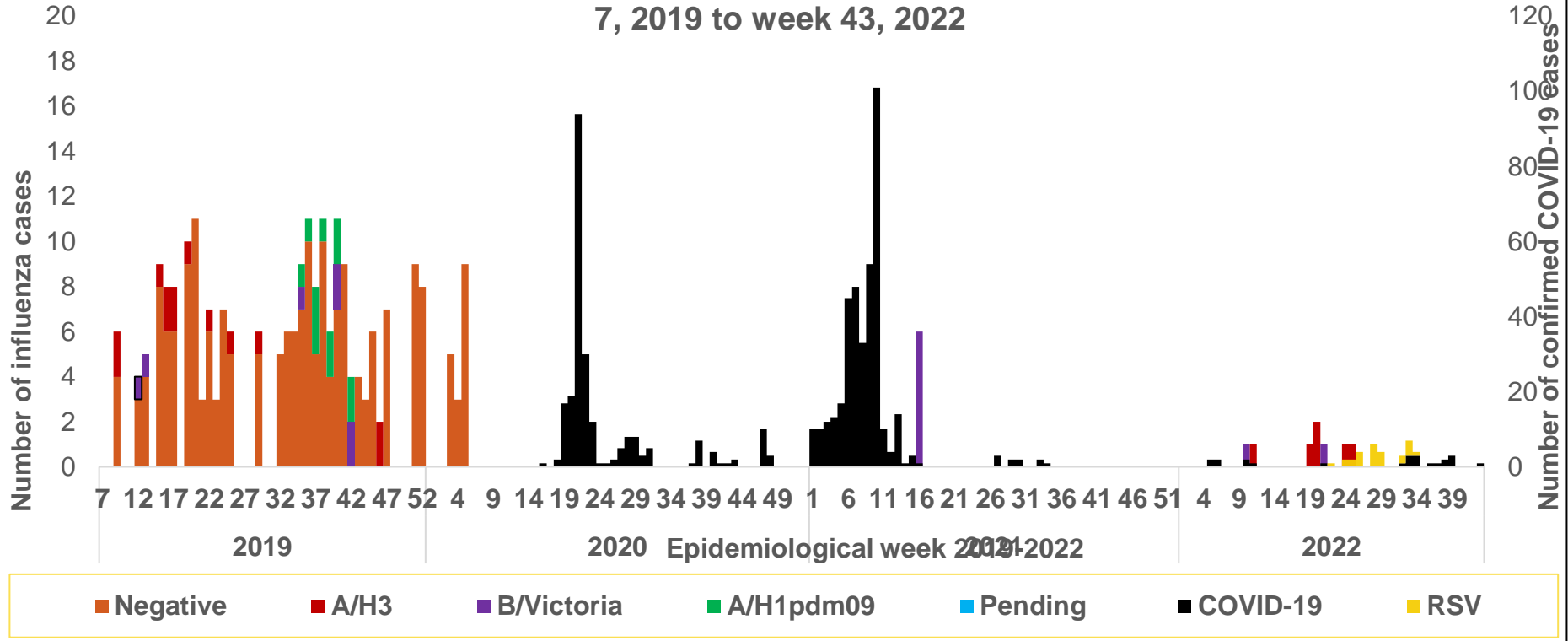
## Jan to July 2022

- **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





Confirmed Influenza ,COVID-19 and RSV cases from sentinel sites in Juba, week 7, 2019 to week 43, 2022



- 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 43,2022; a total of 484 ILI/SARI samples were collected,429 samples tested negative, and Cumulatively, 21 tested positive for covid-19,1 positive for Influenza B (Victoria), and 5 positive for influenza A(H3). 26 RSV was confirmed in Week 43

# **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/W ASH
<b>Ongoing epidemics</b>								
<b>Hepatitis E</b>	Bentiu PoC	03/01/2019	17	3,548(0.82%)	Yes	yes	Yes	Yes
<b>COVID-19</b>	35 counties	05/4/2020	11	18,054 (0.77%)	yes	yes	yes	yes
<b>Cholera</b>	Bentiu	20/3/2022	00	424 (0.0)	yes	yes	yes	yes
<b>Measles</b>	Aweil West	11/5/2022	<b>4</b>	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	<b>4</b>	31(0.32)	Yes	yes	Yes	NA
<b>Measles</b>	Juba	19/7/2022	26	57(0.66)	yes	yes	yes	NA
<b>Anthrax</b>	<b>Gogrial west</b>	NR	3	131 (		Yes Partial in animals	yes	yes
<b>measles</b>	<b>Malakal</b>			19	yes	yes	yes	yes
<b>Measles</b>	<b>Terekeka</b>			9	yes	yes	yes	yes
<b>Measles</b>	<b>Leer</b>			10	yes	planned	yes	yes
<b>Measles</b>	<b>Bentiu (Rubkona)</b>			17	yes	planned	yes	yes
<b>Measles</b>	<b>Bor South</b>			NR	yes	Not yet	yes	yes
<b>Measles</b>	<b>Raja</b>	NR		14 (0.10)	Yes	No		yes
<b>Measles</b>	<b>Juba</b>			285	yes	yes	<b>yes</b>	yes

# Measles Cases in South Sudan 2021 and 2022

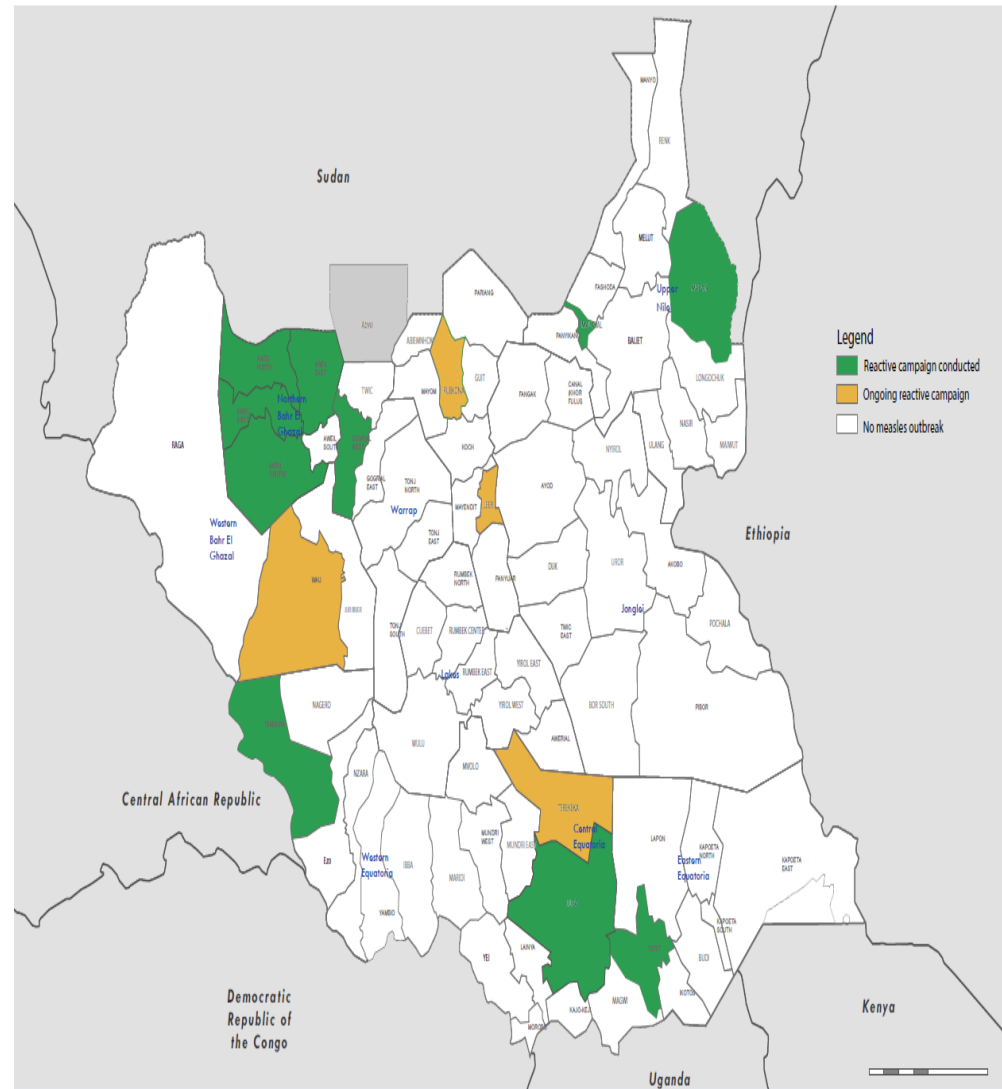
## Descriptive Epidemiology

- A total of 928 cases, and six deaths (CFR, 0.3%) were reported between 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 (285) 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

South Sudan: Counties with Measles outbreak and reactive campaigns, November 2022



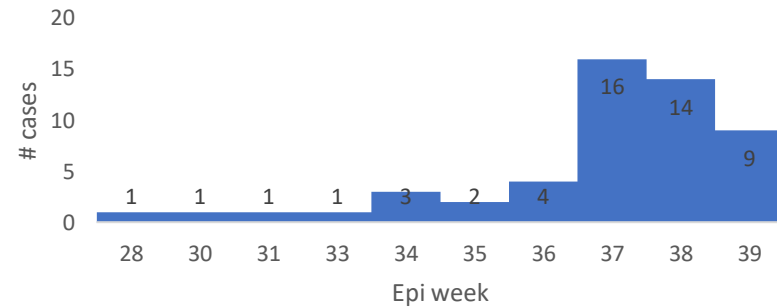


# Measles cases reported from Malakal County of Upper Nile

## 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

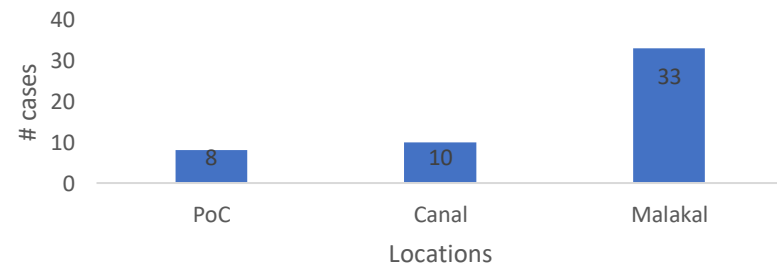
Epi Curve showing measles cases in Malakal county from week 28 to week 39, 2022.



Bar graph showing measles cases in Malakal county from week 28 to week 39, 2022.



Bar graph showing measles cases in Malakal county from week 28 to week 39, 2022.



# Ongoing Measles Outbreak in Northern Bahr el Ghazal

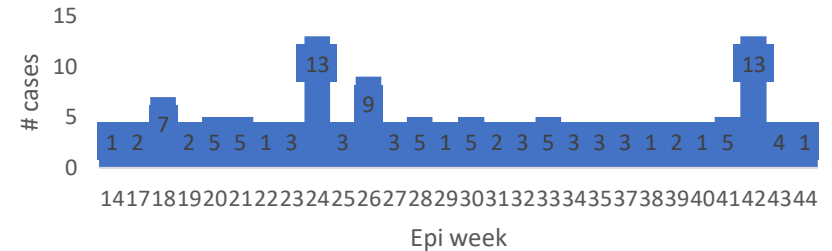
## Descriptive

- 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.

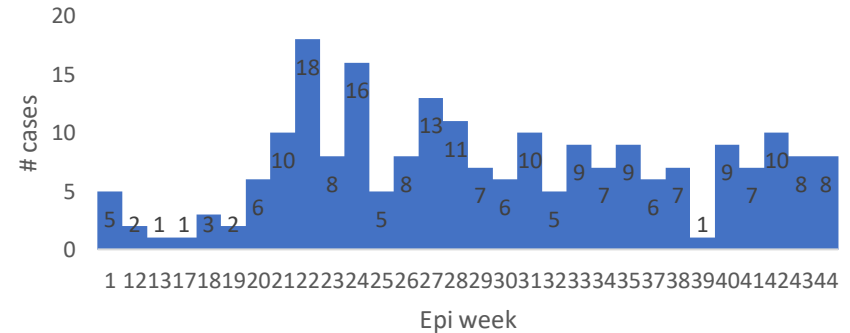
## Ongoing response

- 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

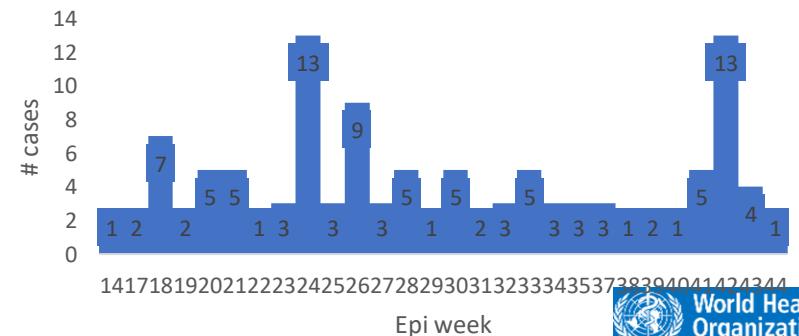
Epi curve for measles cases in Aweil Center from week 14 to week 44, 2022.



Epi curve for measles cases in Aweil East from week 1 to week 44, 2022.



Epi curve for measles cases in Aweil Center from week 14 to week 44, 2022.





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

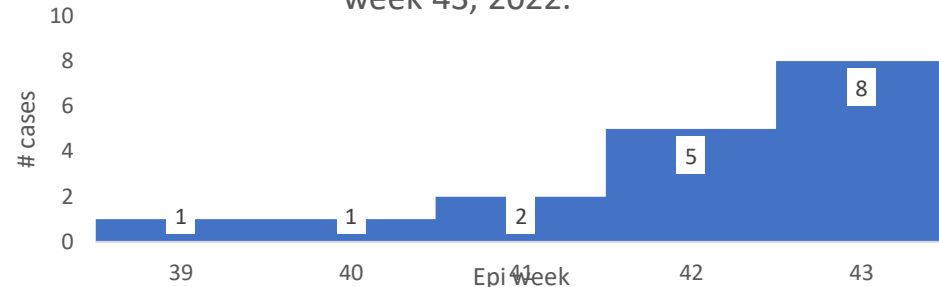
## Descriptive EPI

- 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 sector 3 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

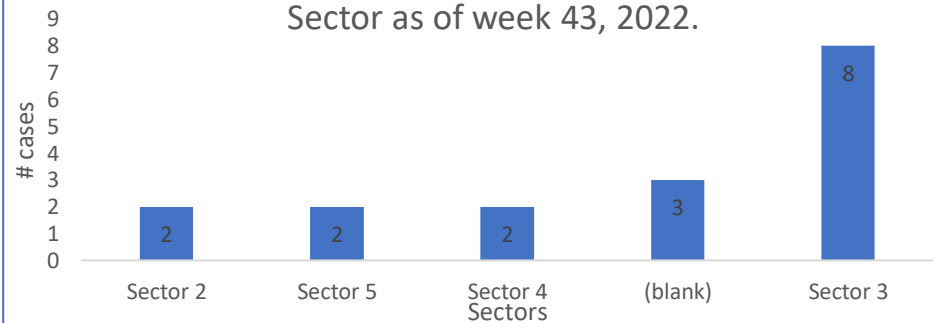
## Ongoing response

- 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

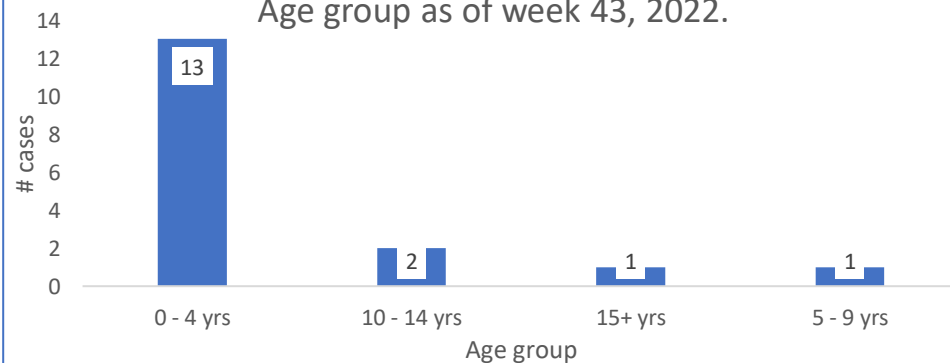
Suspected measles cases in Rubkona county as of week 43, 2022.



Suspected measles cases in Rubkona county by Sector as of week 43, 2022.



Suspected measles cases in Rubkona county by Age group as of week 43, 2022.



# Confirmed Cholera Outbreak in Bentiu, Unity State and OCV updates

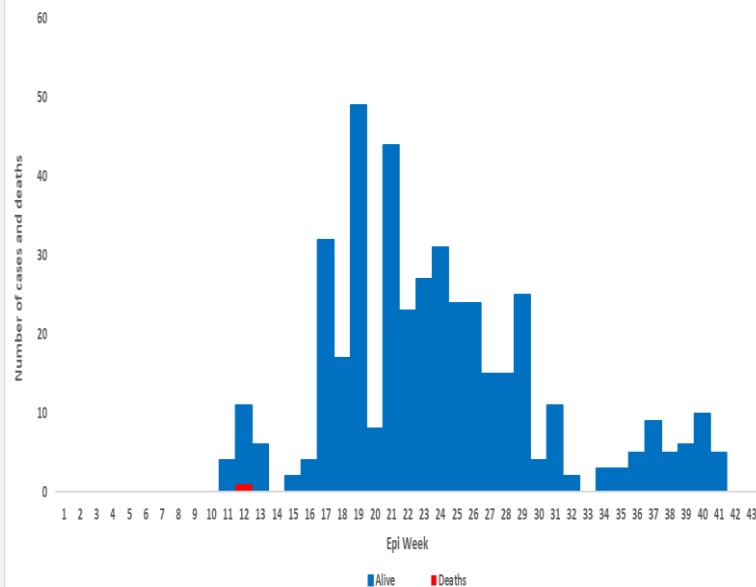
S/N	LOCATION	TARGET	POPULATION VACCINATED		COVERAGE	
			1st round	2nd Round	1st round	2nd Round
1	Rubkona Phase 1 (Category 1)	202,627	173,170 (24- 31 Jan 2022)	175,044 (14-20 Mar 2022)	85%	86%
2	Rubkona Phase 2 (category 1)	31,680	25,196 (12-18 May 2022)	32,075 (4-10 June 2022)	80%	101%
3	Leer	75,333	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;

Epidemiological Curve showing cases and death per week (Week 1-43, 2022)



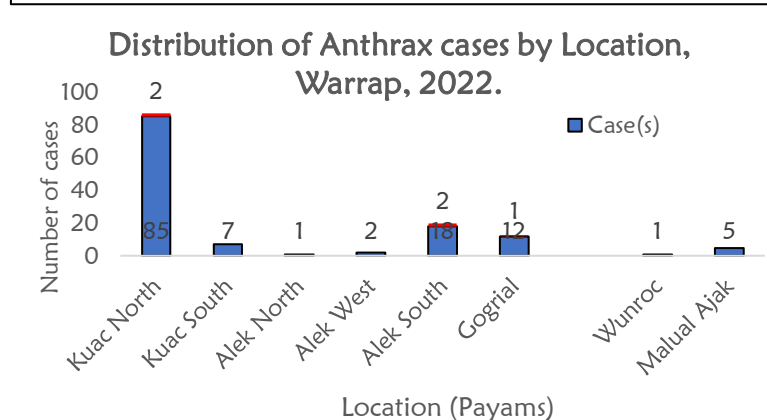
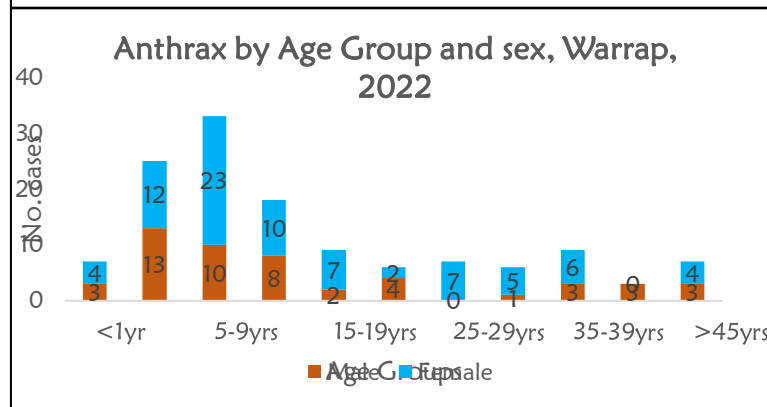
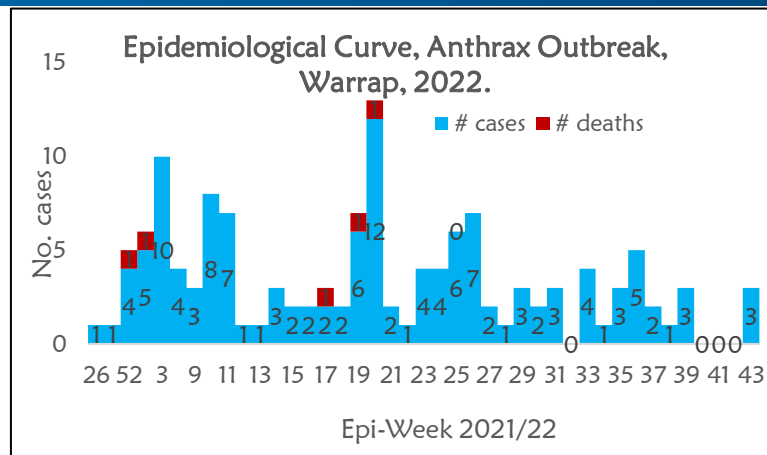
# Confirmed Anthrax Cases in Gogrial West, Warrap State as of week 43



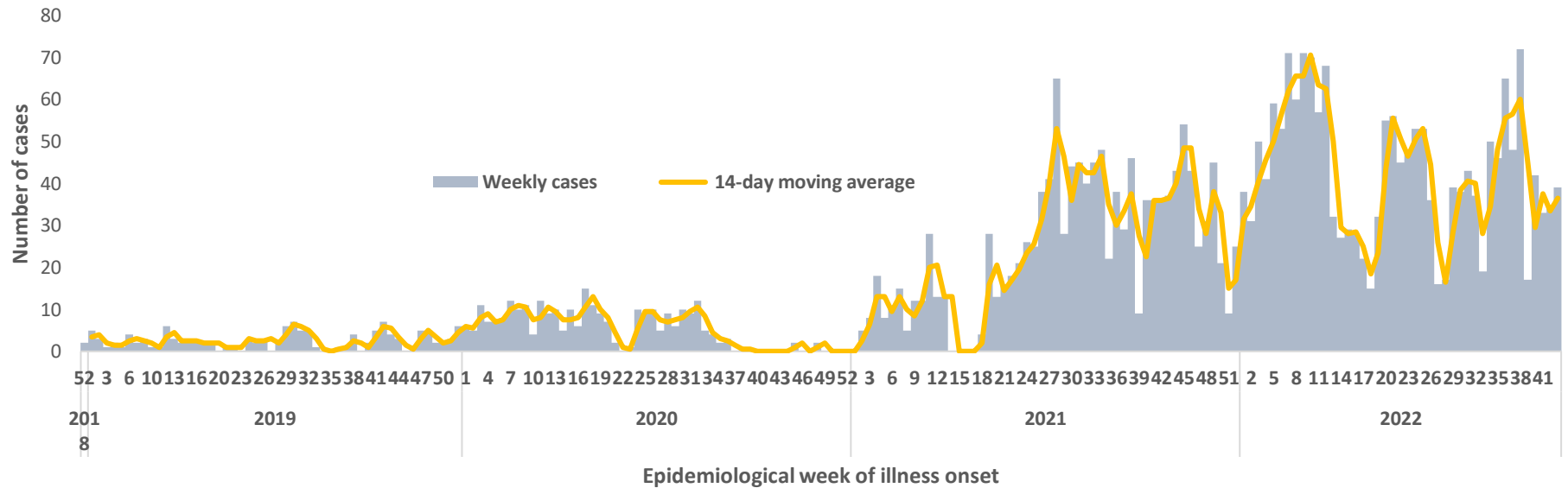
- Suspected anthrax cases were detected at the Kuajok hospital, and a retrospective review of the facility registers revealed over cases in the past two months.
- On 18th May 2022, a national team composed of MOH, MOAF, WHO, ICAP, and FAO visited the state to conduct an in-depth epidemiological investigation 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.



## Hepatitis E Virus [HEV] cases in Bentiu IDP camp, wk 1, 2019 to wk 43, 2022



### Descriptive epidemiology

- The persistent transmission of HEV in the Bentiu IDP camp continues with **3,548** cases since the beginning of 2019
- **39 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 39 cases every fortnight by week 43, 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

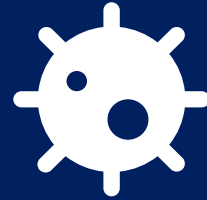
## **HEV response challenges**

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; the host community was not vaccinated
4. Upcoming flooding season will likely worsen the WASH situation



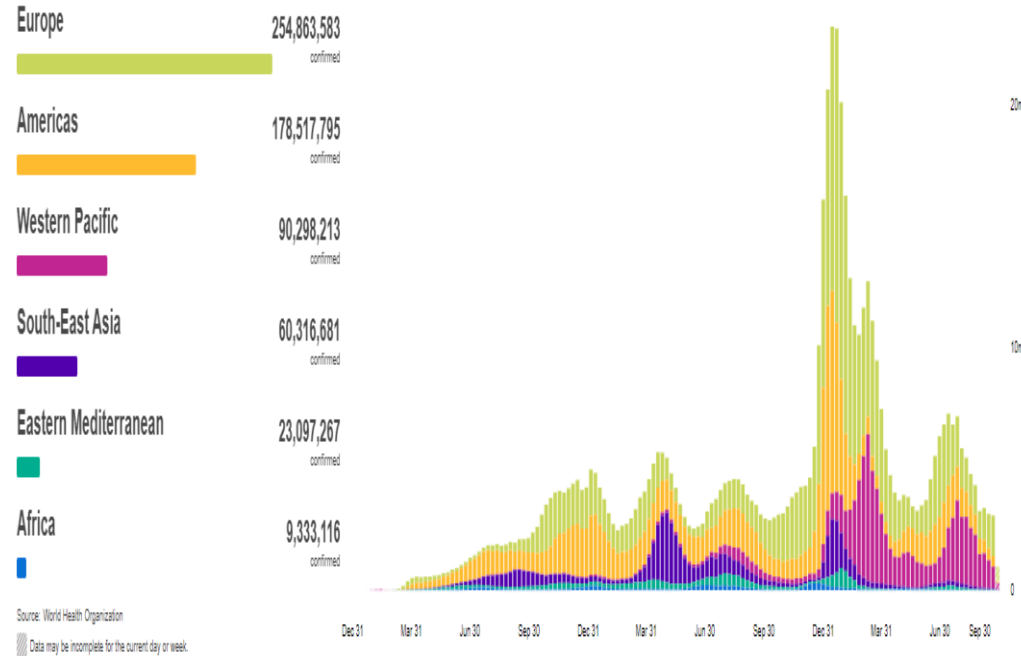


# COVID-19 UPDATES



## Situation update as of 11, Nov 2022

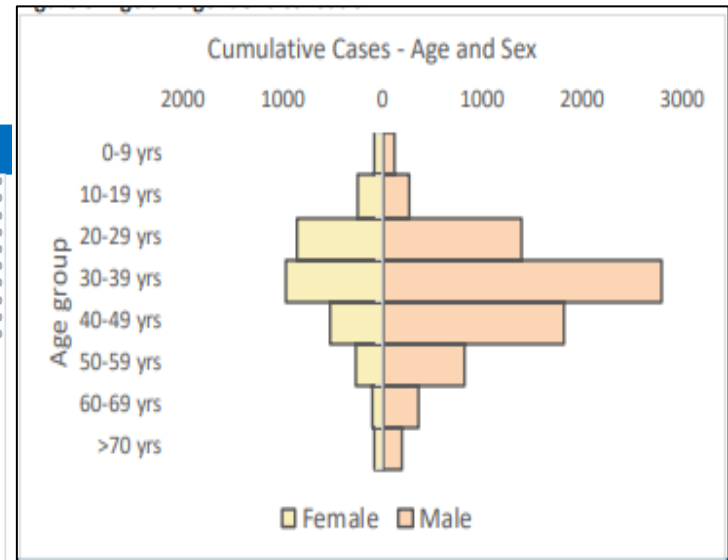
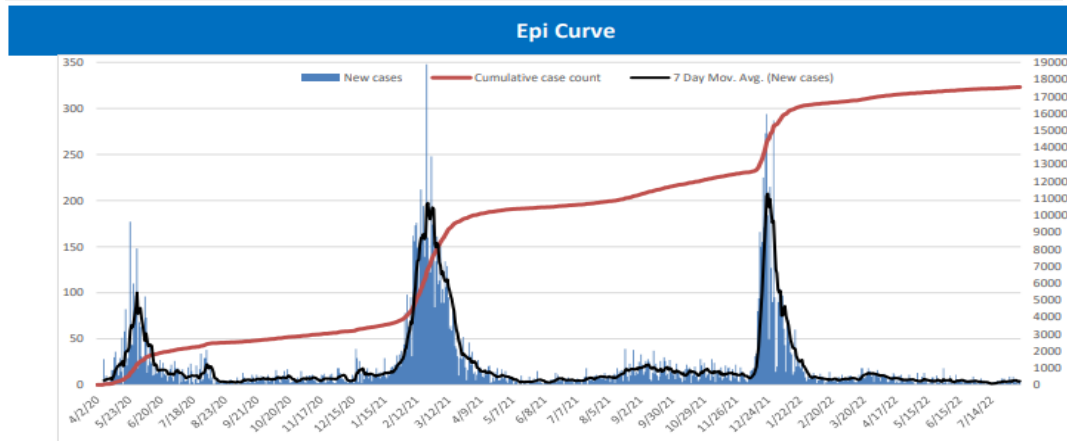
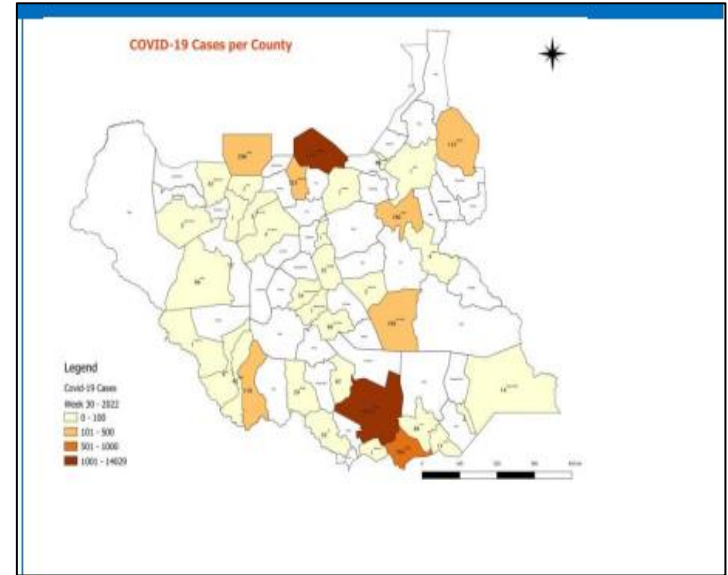
- Globally, as 11 November 2022, there have been 630,832,131 confirmed cases of COVID-19, including 6,584,104 deaths, reported to WHO. As of 8 November 2022, a total of 12,885,748,541 vaccine doses have been administered.**
- In Africa, as of 11 November 2022 there have been 9,372,324 confirmed cases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



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



- **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 EWARNS reporting sites in week 43, 2022 is above 80% for both IDSR sites and EWARNS sites
- Only one event-based surveillance alert was reported from Nimule in Magwi county Eastern Equatoria state in week 39
- Confirmed outbreak of Sudan Ebolavirus in Uganda Mubende district as the epicenter with other four districts with at least a confirmed case. As of November 11, a total of 137 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.
- Other emergencies like floods and food insecurity have affected 1.1 million people and 6.6 million people respectively
- Confirmed measles outbreaks in 15 counties since the beginning of the year 2022 with the latest counties affected including Leer, Rubkona (Bentiu camp), and Bor South
- Hepatitis E virus cases continue to be reported in Bentiu IDP Camp with 39 cases reported in week 43 giving a cumulative of **3,548** cases and **26** deaths (CFR **0.73%**) 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





# IDSR timeliness & completeness performance at county level for week 39 and 38 of 2021 (1)



STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 39	Timeliness Percentage of WK 39	No. of HF's Reported regardless of time in WK 39	Completeness Percentage of WK 39	No. of HF's Reported regardless of time in WK 38	Completeness Percentage of WK 38	STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 39	Timeliness Percentage of WK 39	No. of HF's Reported regardless of time in WK 39	Completeness Percentage of WK 39	No. of HF's Reported regardless of time in WK 38	Completeness Percentage of WK 38
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%	17	100%	Warrap	Tonj South	12	12	100%	12	100%	12	100%
EES	Lopa Lafon	15	15	100%	15	100%	15	100%	Upper Nile	Baliet	4	4	100%	4	100%	4	100%
EES	Torit	11	11	100%	11	100%	11	100%	Upper Nile	Akoka	5	4	80%	5	100%	4	80%
EES	Kapoeta South	9	9	100%	9	100%	9	100%	Warrap	Tonj North	19	15	79%	15	79%	15	79%
EES	Kapoeta East	7	7	100%	7	100%	6	86%	Upper Nile	Longechuk	9	7	78%	9	100%	9	100%
EES	Kapoeta North	10	10	100%	10	100%	8	80%	Upper Nile	Makal	7	5	71%	5	71%	5	71%
Jonglei	Duk	15	13	87%	13	87%	13	87%	Upper Nile	Fashoda	16	11	69%	11	69%	11	69%
EES	Budi	17	14	82%	16	94%	16	94%	Upper Nile	Panyikang	3	2	67%	2	67%	2	67%
Jonglei	Twic East	11	9	82%	9	82%	3	27%	Warrap	Twic	26	17	65%	17	65%	17	65%
Jonglei	Fangak	19	14	74%	14	74%	15	79%	Upper Nile	Maiwut	5	3	60%	4	80%	4	80%
Jonglei	Nyiröl	10	7	70%	7	70%	8	80%	Upper Nile	Luakpiny Nasir	12	7	58%	7	58%	8	67%
EES	Ikotos	19	11	58%	18	95%	15	79%	Warrap	Abyei	9	5	56%	5	56%	5	56%
Jonglei	Pibor	7	4	57%	4	57%	4	57%	Upper Nile	Renk	11	6	55%	6	55%	0	0%
Jonglei	Bor	35	19	54%	19	54%	19	54%	Warrap	Gogrial West	31	16	52%	29	94%	25	81%
Jonglei	Canal Pigi	12	6	50%	6	50%	5	42%	Warrap	Gogrial East	15	7	47%	7	47%	11	73%
Jonglei	Ayod	15	6	40%	6	40%	9	60%	Upper Nile	Maban	17	5	29%	8	47%	7	41%
Jonglei	Akobo	14	4	29%	4	29%	4	29%	Upper Nile	Ulang	14	4	29%	10	71%	11	79%
Jonglei	Uror	8	0	0%	0	0%	0	0%	Upper Nile	Manyo	11	0	0%	5	45%	0	0%
									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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## 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>

