

REPUBLIC OF SOUTH SUDAN



Ebola Virus Disease (EVD) Preparedness and Readiness Update for South Sudan

Epidemiological Week 47 (21-27 November 2022)



EVD Readiness Activities | Cumulative Alerts Investigated from 21 September 2022 to 27 November 2022

00

of Alerts Received
in the 24 hrs.

24

Cumulative Total of
Alerts Investigated

07

of Samples Tested

00

of Samples Testing
Positive

Key Weekly Highlights

Highlights as of 27 November 2022

- Two (2) new EVD alerts were reported from Nimule during week 47 (ending 27 November 2022) but were discarded because they did not meet EVD case definition.
- No EVD case has been confirmed in South Sudan neither from other countries neighbouring Uganda where the current outbreak is ongoing.
- Cumulatively, a total of 24 alerts have been reported from seven locations in South Sudan since September 2022.
- The Ministry of Health (MOH) with support from the World Health Organization (WHO) finalized the standard health assessment tools to be used by all partners in the EVD at risk locations.
- The Public Health Emergency Operation Centre (PHEOC) continues to conduct weekly National Steering Committee (NSC) and EVD pillars meetings with partners and stakeholders. The purpose of the meetings is to discuss and provide strategic guidance for readiness.
- Weekly sub-national task force coordination meetings are being conducted and minutes are shared for actions.
- The MOH with support from WHO and partners is finalizing the preparedness activities for the conduct of regional functional simulation exercise on public health emergency operations centre (PHEOC) planned for 06 - 07 December 2022.
- Conducted four days national Rapid Response Teams (RRT) training for thirteen (13) RRT members to support subnational RRT trainings across the at-risk locations.



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- Cumulatively, total of 109 (56- Juba and 53-Nimule) frontline healthcare workers have been trained on EVD surveillance, screening, isolation, contact tracing and IPC in Juba and Nimule.
- Surveillance EVD Pillar key performance indicators being used by implementing partners to guide reporting and informed decision making.

Indicator	#
Number of alerts (cumulative)	24
Number of alerts discarded (cumulative)	17
Number of alerts validated after investigation (cumulative)	07
Number of alerts received in the last 24 hours	00
Number of alerts to be investigated within the 24 hours	00
Number of samples collected (cumulative)	07
Number sample tested (cumulative)	07
Number of samples tested positive (cumulative)	00

Table 1: Alerts investigations in South Sudan as of 27 November 2022

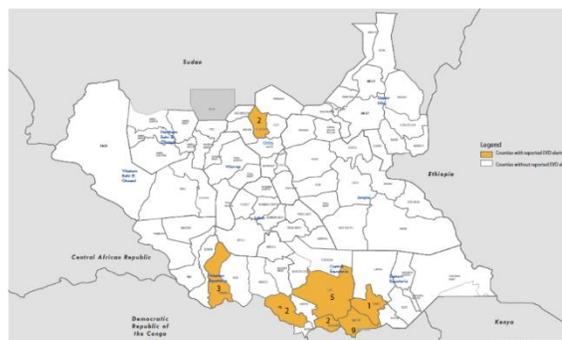


Figure 3: Geographical distribution of EVD alerts detected and investigated- 27 Nov 2022

1.4. Points of Entry

- During week 47 (ending 27 November 2022), at total 48,908 people were screened at 3 points of entry (Juba International Airport, Nimule Main Crossing Point and Panjala River Crossing Point).
- The Ministry of Health (MOH) continues to be strengthened surveillance and mechanism for case detection, reporting, management, and referral of suspected/ill travelers at 6 prioritized PoEs in the high-risk locations.
- The MOH and partners are mapping other points of entry in Yei, Kaya, Yambio, Maridi, Kapoeta, Ikotos, Torit and Magwi and major hospitals and healthcare facilities including private healthcare facilities entry in high-risk areas.
- Integrated EVD/Covid-19 screening at Juba International Airport (JIA) (IOM) and Nimule main point of interest including river side point of entry (WHO).
- Cross-border collaboration and information sharing strengthened with Uganda as their EVD cases increase.

1.5. Case Management

- A total of 53 health care workers were trained on EVD case management and IPC in Nimule
- Referral system and ambulance team established and trained including availability of a standby ambulance with support from WHO

1.6. Infection Prevention, and Control/WASH

- IPC trainings have been conducted in Nimule, Yambio, Juba, Kajo-keji and Yei.
- IPC materials have been printed and are currently being distributed to all high-risk locations.

1.7. Safe and Dignified Burial

- Safe and dignified burial sites are being identified in the high-risk locations with support from the local authorities.

1.8. Risk communication, community engagement and social mobilization (RCCE&SM)

- Produced Radio talk shows, jingles and spots in English, Arabic and translated to local languages
- Toll free hotlines MoH 6666 and UNICEF sponsored hotline under SSCC; 2222 is active and continues to receive community feedback on key issues including disease outbreaks.
- Weekly talk-show and radio jingles conducted in EVD high risk locations.
- Joint EVD and COVID-19 media briefings conducted every other week.

1.9. Logistics

- UNICEF donated one tent to be delivered to Yambio for erection at POE.
- Nairobi hub to ship some PPE kits ordered to Juba by week 48 (ending 04 December 2022).
- PPE prepositioned at each of the 9 hub offices to support EVD readiness activities. Re-stocking of PPEs at sub-national is ongoing.
- The national logistics TWG is coordinating the PPEs stock and supplies distribution using the already existing supply request portal <https://ee.humanitarianresponse.info/sddy70c6>

2. Challenges/Gaps

- Slow pace of the Juba, Yei Road Infectious Disease Unit (IDU) contractor
- Inadequate partners participation in incident management system.
- Inadequate screening at points of entry in high-risk areas (Yei, Kaya, Yambio, Maridi, Kapoeta, Ikotos, Torit and Magwi), other PoEs at (Kenya, Ethiopia, Sudan, CAR and DRC), Major hospitals and healthcare facilities including private healthcare facilities.
- Inadequate number or composition of rapid response teams (RRTs) in some EVD high risk areas (Kaya, Morobo, Yei & Yambio)
- Inadequate information sharing among activated IMS functions

3. Recommendations

- Fastrack the works on the Infectious Disease Unit (IDU) on the Yei Road
- Involvement of all health partners and stakeholders at national and sub-national levels.
- Advocate for additional resources towards EVD readiness activities.
- Strengthen surveillance activities (including screening, case investigation, contact tracing, event-based and community-based surveillance) particularly in all high-risk counties.
- Strengthen and enhance laboratory testing capacity (e.g., provision of reagents) in the country.
- Procure and pre-position medical and non-medical supplies.
- Train and deploy more RRTs, contact tracers and case investigators in EVD high risk areas.
- Strengthen risk communication and community engagement through harmonized messaging.
- Continue and accelerate refresher trainings on main technical pillars of surveillance, laboratory, case management, IPC, and RCCE



4. Implementing partners by pillar

A mapping of partners of 'Who does What, Where and for Whom (4W) is ongoing. The table below will be updated as we continue to have additional participation of partners on the EVD readiness activities.

Thematic/Pillar	Lead	Co-leads (IPs)	Implementing Partners	Technical Assistance
Coordination	MOH	WHO	ICAP	WHO, USAID
Surveillance and Rapid response teams,	MOH	WHO, CDC, UNHCR	ICAP, AAH, CORDAID, IMC, WVSS, CONCERN, GOAL	US-CDC, WHO, USAID
Laboratory.	MOH	WHO, US-CDC and Africa-CDC	ICAP, AAH, CORDAID, IMC, WVSS, CONCERN, GOAL, Crawford Laboratories	US-CDC, WHO, USAID
Case management, Infection prevention and control/WASH, Safe and Dignified Burials	MOH	WHO, MSF, ICRC, UNICEF, UNHCR, SSRC	ICAP, MSF, IMC, World Vision South Sudan (WVSS), CONCERN, MEDAIR, Health Link SS, Samaritan's Purse (SP), Save the Children (SC), SSRC, UNHCR, IOM and UNICEF	WHO, USAID
Risk communication, social mobilization, and community engagement Psychosocial support	MOH	UNICEF, WHO, UNHCR	ICAP, IMC, WVI, CONCERN, Internews, MEDAIR, SSRC, UNHCR	UNICEF, WHO, USAID
Points of entry	MOH	International Organization for Migration (IOM),	ICAP, AAH, CORDAID, IMC, WVSS, CONCERN, GOAL, Crawford Laboratories	US-CDC, WHO, USAID
Operations and Logistics	MOH	WFP, WHO	WFP, UNICEF, WHO	WFP, WHO, USAID
Security, Safety, and Access	MOH	UNDSS/WHO/UNMISS	UNDSS, Government	

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