Ebola Virus Disease (EVD) Preparedness and Readiness Update for South Sudan
Epidemiological Week 48 (28 November 2022-04 December 2022)

**Key Weekly Highlights**

**Highlights as of 04 December 2022**

- Four (4) new EVD alerts were reported from Juba during week 48 (ending 04 December 2022) with three meeting EVD suspect case definition and one discarded as not a suspect case it 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 28 alerts have been reported from seven locations in South Sudan since September 2022. Ten of the alerts have been classified as suspect cases and 18 have been discarded as not EVD suspect cases because they did not meet the standard EVD suspect case definition.

- 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 Ministry of Health (MOH) with support from WHO and partners is participating in the planned regional functional simulation exercise on public health emergency operations centre (PHEOC) planned for 06 - 07 December 2022.

- A total of 17 Point of entry (POE) mapped across the country with active screening of travelers at three POE (Juba International Airport, Nimule Main crossing, Nimule River Port)
Ebola Situation update from Uganda as of 01 December 2022

- With the last confirmed case discharged on 30 November 2022, Uganda has started the count down to the end of the Ebola outbreak.
- Within the past 24 hours, there was no new confirmed case or death registered, however, there were four new recoveries.
- Uganda is conducting enhanced surveillance with strengthened active case search in health facilities and by testing dead bodies.
- Cumulatively since 19th September 2022, a total of 142 cases including 19 HCWs have been reported. Case Fatality Ratio (CFR) among confirmed cases still stands 56/142 (39%).
- Total number of recoveries is now 84.
- A total of 513 contacts actively being followed-up with 63% follow-up rate in the past 24 hours.

1. Public Health Preparedness and Readiness in South Sudan

1.1. Coordination

- The Ministry of Health through EVD Incident Management System (IMS) continues to coordinate and conduct resource mobilization from partners to fund EVD readiness activities in South Sudan.
- The MOH with support from WHO, United States Centres for Disease Control and Prevention (CDC) and partners is conducting the regional functional simulation exercise on public health emergency operations centre (PHEOC) on 06 - 07 December 2022.
- Weekly NSC meetings conducted every Thursday to discuss and provide strategic guidance for readiness chaired by national IM and co-chaired by WHO.
- Weekly sub-national task force coordination meetings are being conducted in Nimule, Yambio, Torit, Ikotos, Yei, Kajo-Keji and Juba.

1.2. Resource mobilization

- The comprehensive national EVD plan is the guiding document for EVD preparedness and response. However, based on the evolution of the situation in Uganda, Ministry of Health and partners are prioritizing activities based on the risk of importation of Ebola Virus.
- Donors and partners continue to allocate resources for the EVD preparedness and readiness activities in South Sudan.
- The National EVD preparedness, readiness and response plan costed at USD 31.3 million including the 72hrs response plan has been endorsed by the Government.

1.3. Epi-Surveillance and Laboratory

- Cumulatively, since 21 September 2022, a total of 28 alerts have been reported from seven locations. Of these alerts, ten (10) were classified as suspected cases but tested negative for EVD while 18 have been discarded because they did not meet the suspect case definition. Majority (61%) of the alerts are males. Of the 28 alerts reported, 19 from health facilities, 11 from the Community and one from a POE. Figure 3 below show the geographical locations of alerts reported.
- Training of Trainers (ToT) for twenty-seven (27) National Rapid Response Team (RRT) members conducted to support subnational RRT trainings targeting the 10 high risk counties.
Cumulatively, total of 164 (56- Juba, 78-Nimule and 30- Kajo Keji) frontline healthcare workers have been trained on EVD surveillance, screening, isolation, contact tracing and IPC in Juba, Nimule and Kajo-Keji.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>#</th>
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</thead>
<tbody>
<tr>
<td>Number of alerts (cumulative)</td>
<td>28</td>
</tr>
<tr>
<td>Number of alerts discarded (cumulative)</td>
<td>18</td>
</tr>
<tr>
<td>Number of alerts validated after investigation (cumulative)</td>
<td>10</td>
</tr>
<tr>
<td>Number of alerts received within the last 7 days (cumulative)</td>
<td>04</td>
</tr>
<tr>
<td>Number of alerts investigated within the last 7 days</td>
<td>04</td>
</tr>
<tr>
<td>Number of samples collected within the last 7 days</td>
<td>03</td>
</tr>
<tr>
<td>Number of samples collected (cumulative)</td>
<td>10</td>
</tr>
<tr>
<td>Number of samples tested (cumulative)</td>
<td>10</td>
</tr>
<tr>
<td>Number of samples tested positive (cumulative)</td>
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</table>

Table 1: Alerts investigations in South Sudan as of 04 December 2022

1.4. Points of Entry
Three (03) out of the 14 points of entry mapped in the EVD high risk areas are currently providing screening for incoming travellers. MOH continues to engage partners to mobilize resources to establish screening activities and holding units in these locations.

During week 48 (ending 04 December 2022), a total of 38,341 travellers were screened at three points of entry (Juba International Airport, Nimule Main Crossing Point, and Panjala River Crossing Point in Nimule)

The MOH and partners continue to strengthen surveillance and mechanism for alert detection, reporting, verification, investigation and referral of suspected/ill travelers at 6 prioritized PoEs in the high-risk locations.

1.5. Case Management
A total of 53 health care workers were trained on EVD case management and Infection Prevention and Control (IPC) in Nimule, Magwi County.

On-going construction works of Infectious Disease Unit (IDU) on Yei Road in Juba county; there is temporary isolation tent which can be used for isolation and treatment of EVD suspected and confirmed cases. Figure 4 shows the progress of construction of isolation facility at Yei Road in Juba county.

In the meantime, the United Nations Mission in South Sudan (UNMISS) offer an isolation facility at UNMISS level 2 clinic to admit any suspected cases.

1.6. Infection Prevention, and Control/WASH
IPC supplies being prepositioned in EVD high risk areas.
IPC Information, communication and education (IEC) materials were distributed in high risk areas

1.7. Risk communication, community engagement and social mobilization (RCCE&SM)
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.
Joint EVD and COVID-19 media briefings conducted every two weeks.

1.8. Logistics
WHO supplied the PHEOC RRT team with PPE to support timely case investigation.
WHO facilitated repairs to the Juba Infectious Disease Unit (IDU) generator.
Personal Protective Equipment (PPE) prepositioned at each of the nine WHO hub offices to support EVD preparedness and readiness activities. Re-stocking of PPEs at sub-national is ongoing.
The operation and logistics pillar coordinate the request and distribution of PPEs through the COVID-19 supply request portal: https://ee.humanitarianresponse.info/sddy70c6

2. Challenges/Gaps
- Slow construction works of Infectious Disease Unit (IDU) on Yei Road, which will be used for isolation and treatment of EVD suspected and confirmed cases in Juba county.
- Inadequate screening at PoE (and major hospitals and healthcare facilities in high risk areas).
- Inadequate information sharing among activated IMS functions (Pillars).

3. Recommendations
- Fastrack the works on the Infectious Disease Unit (IDU) on the Yei Road.
- 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 information sharing among different pillars.

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.

<table>
<thead>
<tr>
<th>Thematic/Pillar</th>
<th>Lead</th>
<th>Co-leads (IPs)</th>
<th>Implementing Partners</th>
<th>Technical Assistance</th>
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<td>MOH</td>
<td>WHO</td>
<td>ICAP</td>
<td>WHO, USAID</td>
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<td>Surveillance and Rapid response teams,</td>
<td>MOH</td>
<td>WHO, CDC, UNHCR</td>
<td>ICAP, AAH, CORDAID, IMC, WVI, CONCERN, GOAL, MEDAIR, AFENET</td>
<td>US-CDC, WHO, USAID</td>
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<tr>
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<td>WHO, USAID</td>
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<td>WFP, WHO, USAID</td>
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<td>UNDSS/WHO/UNMISS</td>
<td>UNDSS, Government</td>
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