

South Sudan Ministry of Health

Integrated Disease surveillance and response (IDSR)



Epidemiological Bulletin Week 50, 2022 (December 12- December 18)

Major epidemiological highlights in week 50 of 2022



- In week 50, 2022, the IDSR reporting timeliness was at 85% and timeliness for EWARN sites was at 75%
- A total of 48 alerts were reported in week 50, 2022; Malaria (6), AWD (6), measles (15), and ARI(3)
- Measles outbreaks confirmed in more than 22 counties since the beginning of the year 2022. A total of **2,745** cases including **299** lab-confirmed and **31 deaths** gave a CFR of 1.12% reported from all states as of week 51, 2022.
- Count down continues for the end of Sudan ebolavirus in Uganda as the last confirmed case was discharged on 30 November 2022
- 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.



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 50 & 49 of 2022

$\Box \Box I$	

Completeness States Ranking	States	Total No. of Functional Health Facilities in the State	in W/K 50	Timeliness Percentage of WK 50	No. of HFs Reported on Time in WK 49	Timeliness Percentage of WK 49
1st	Lakes	113	110	97%	113	100%
2nd	CES	129	121	94%	125	97%
3rd	WES	218	202	93%	218	100%
4th	Warrap	124	111	90%	114	92%
5th	Unity	93	83	89%	85	91%
6th	EES	105	93	89%	102	97%
7th	WBGZ	78	64	82%	67	86%
8th	NBGZ	86	56	65%	80	93%
9th	Jonglei	131	81	62%	92	70%
10th	Upper Nile	99	51	52%	73	74%
	South Sudan	1176	972	83%	1069	91%

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 50 stands at 83% while in week 49 it was at 91% and 8 states were above the target of 80% in week 50.

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

Surveillance: EWARS timeliness performance indicator by partner for week 50 and 49 of 2022



PARTER	Number of reporting sites	# of reports received on Time in Week 50	Timeliness of Week 50	# of reports received on Time in Week 49	Timeliness of Week 49
Medicair	3	3	100%	3	100%
CIDO	1	0	0%	1	100%
ADA	1	1	100%	1	100%
IRC	1	1	100%	1	100%
UNIDOR	2	1	50%	2	100%
Medair	2	2	100%	2	100%
MC	2	2	100%	2	100%
World Relief	3	0	0%	3	100%
CMA	14	7	50%	14	100%
SSHCO	1	1	100%	1	100%
HFO	8	8	100%	6	75%
Islamic Relief	5	5	100%	5	100%
TRI-SS	2	2	100%	2	100%
SMC	6	6	100%	6	100%
IMC	22	21	95%	22	100%
IOM	10	9	90%	9	90%
MSF-H	4	2	50%	3	75%
MSF-E	6	5	83%	6	100%
AFAA	2	0	0%	0	0%
UNH	2	0	0%	0	0%
HAA	4	0	0%	0	0%
Total	101	76	75%	89	88%

The Timeliness of Partner's Reporting (Supported by EWARS Web and Mobile) at health facility level in week 50 stands at 75% while in week 49 it was at 88% and 8 Partners were below 50%.



INDICATOR-BASED SURVEILLANCE

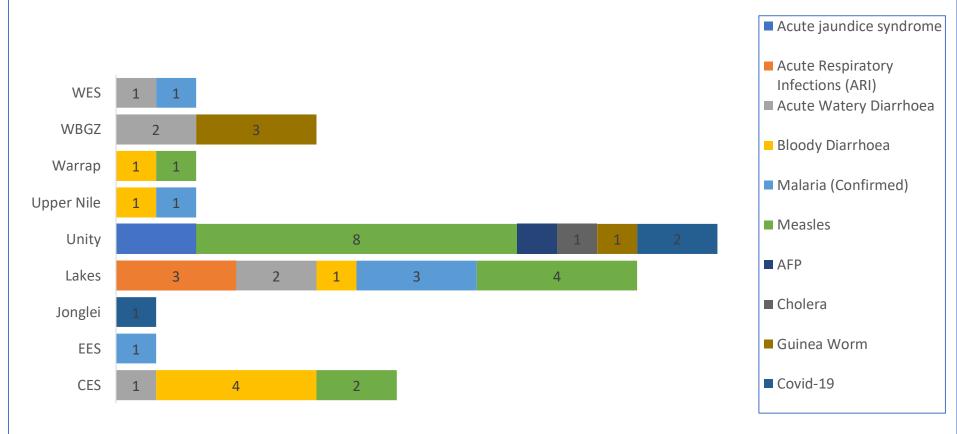


Alert management including detection; reporting; verification; risk assessment; & risk characterization



Alert by disease and States in week 50 of 2022 [a total of events specific alerts generated by state





■ This week 50 a total of 48 Alerts were triggered from the EWARS System with some break down below:

- 2 AJS alert: these was triggered from MSF-H Bentiu IDP Hospital and IRC Sector 4 PHCC in Rubkona of Unity State.
- 15 Measles alert: these were triggered as follows CES(2), Lakes(4), Unity(8), Warrap (1).
- 1 Cholera alerts: this was from IRC Sector 4 PHCC in Rubkona County in Unity State.
- 4 Guinea Worm alerts: they were from Jur River (3) and Panyijari (1).
- 1 AFP alert: from MSF-H Bentiu IDP Hospital in Unity state

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

			Now cases	Cumulative cases	Interventions				
Aetiological agent	Location (county/ state)	Date first since last reported bulletin		to date (attack rate %)	Case management	Vaccination	Health promotion	IPC/W ASH	
Ongoing epidemics									
Hepatitis E	Bentiu PoC	03/01/2019	44	3,592(0.82%)	Yes	yes	Yes	Yes	
COVID-19	35 counties	05/4/2020	15	18,313 (0.77%)	yes	yes	yes	yes	
Cholera	Bentiu	20/3/2022	00	424(0.32)	yes	yes	yes	yes	
Measles	Aweil West	11/5/2022	4	426(0.030)	Yes	yes	Yes	NA	
Measles	Aweil East	12/3/2022	8	159(0.013)	Yes	yes	Yes	NA	
Measles	Aweil Center	24/4/2022	4	96(0.32)	Yes	yes	Yes	NA	
Measles	Juba	19/7/2022	26	406(0.66)	yes	yes	yes	NA	
Anthrax	Gogrial west	NR	3	131		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 Wo	orld Health ganization	
								yanızatıdı ıth Sudan	

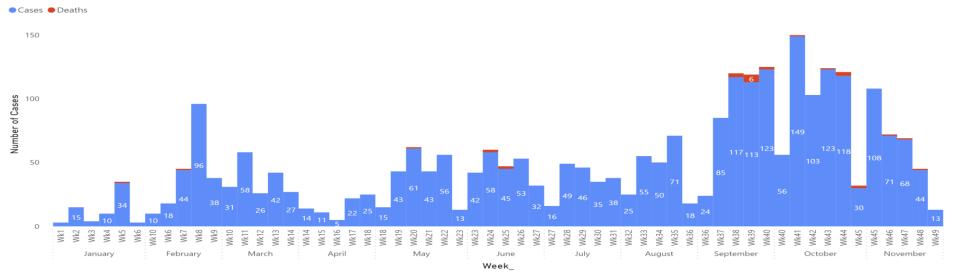
ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS

Measles Updates

Measles Cases in South Sudan week 1-51, 2022



Epi Curve-Measles outbreak in South Sudan 2022



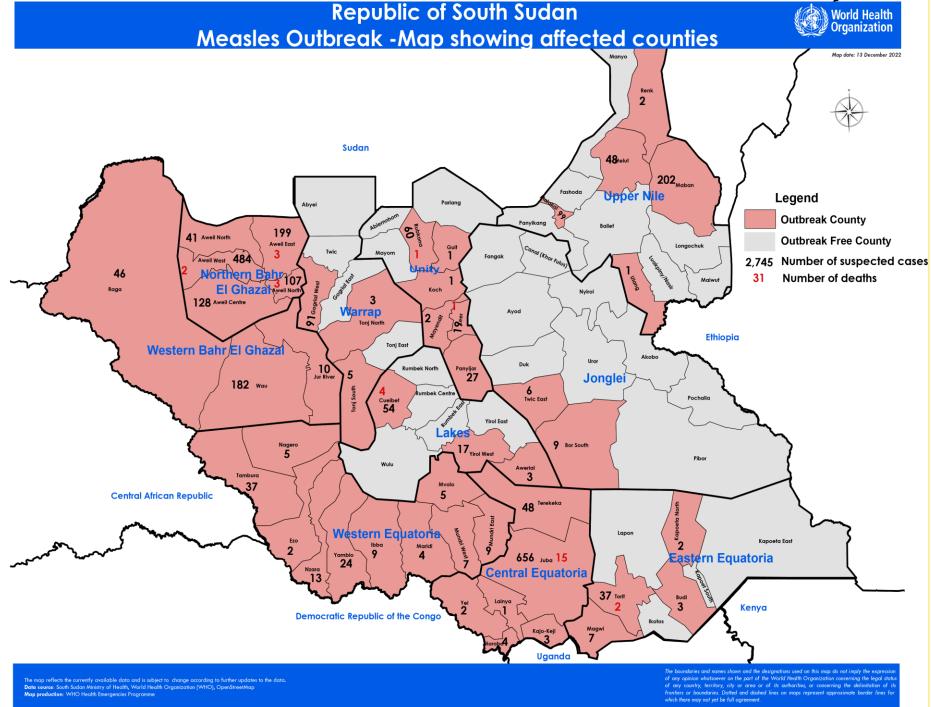
Descriptive Epidemiology

- Cumulative number of cases, 2,745 cases including 299 lab-confirmed IgM cases reported from epidemiological week 1-49, 2022
- 31 deaths (CFR, 1.13%) from 8 counties
- Measles cases confirmed in 49 counties since January 2022
- All 10 states affected
- Latest outbreaks confirmed in Melut, Cueibet, Yirol West, Bor South and Nyirol counties
- Reactive campaign conducted in 15 Counties

Public Health Response

- The Ministry of Health on 11 declared measles outbreak in 22 counties, and measles response will be coordinated under the national steering committee within the PHEOC
- A total of 755,768 children aged 6 months to 14 years have been vaccinated in (12) counties during the reactive campaigns
- Plans are underway to conduct a vaccination campaign in affected counties in Lakes states
- Two year Measles response plan has been developed and tested by tabletop exercise on 14th December 2022
- Nationwide catchup campaign planned to take place in April 2023





Counties reporting cases currently-November 2022

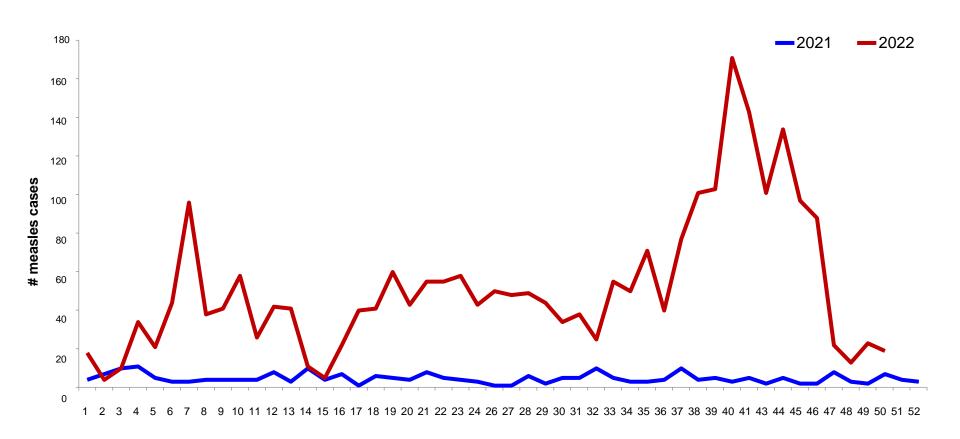
County	Number of Cases	Attack rate	Deaths	CFR%	Date Of Onset	Date of response/campaign	Campaign coverage	Outbreak status
AWEIL EAST	2	0	0	0.00%	01/11/2022	13-26 Aug	0.91	
AWEIL SOUTH	2	0	0	0.00%	02/11/2022	13-26 Aug	0.97	Active
AWEIL WEST	50	0.03	0	0.00%	01/11/2022	14-22 Jun	94% (49,784)	Active
BOR SOUTH	6	0	0	0.00%	02/11/2022	Not done		Active
CUEIBET	12	0.01	2	16.70%	01/11/2022	Not done		Active
JUBA	116	0.03	1	0.90%	01/11/2022	29 Aug-29 Oct	69-98% (204,756)	Active
LEER	1	0	0	0.00%	07/11/2022		Pendig data	Active
MALAKAL	1	0	0	0.00%	01/11/2022		73% (9,533)	Active
MELUT	33	0.07	0	0.00%	08/11/2022	Not done		Active
PANYIJIAR	10	0.04	0	0.00%	01/11/2022	Confirmation pending		Active
RAGA	4	0.01	0	0.00%	04/11/2022	2 May-5 Jul	70% (7,370)	Active
RUBKONA	30	0.03	0	0.00%	01/11/2022	22-29 Nov	77.2% (35,545) in XPoC; pending data from outside	Active
TEREKEKA	1	0	0	0.00%	21/11/2022	2-9 NoV	106% (28,876)	Active
TORIT	2	0	0	0.00%	04/11/2022	9-31 Mar	95% (24,534)	Active
WAU	20	0.01	0	0.00%	01/11/2022	Not done		Active
YIROL WEST	14	0.01	0	0.00%	06/11/2022	Not done		Active
Total	304	0.01	3	1.0%	01/11/2022			





Measles Updates:

Epi curve showing measles cases by epi week 2021 / 2022



Source: VPDs Surveillance Database

Epi Weeks





Confirmed Outbreaks: measles cases, deaths, attack rates and CFR by counties as of week 48, 2022

State	County	County pop	Cases	Lab confir med	Deaths	Attac k rate/ 1000 pop	CFR,%	Dat e of on set	Date of response/ campa ign	Campaign coverage	Outb reak statu s
	Aweil Centre	76117	126	39		1.7	0.0	3-Apr-22	214-22 Jun	155% (12500)	Active
	Aweil East	345540	195	5 8	3	0.6	1.5	5 10-Mar-22	213-26 Aug	91%	Active
NBeG	Aweil North	168813	39	5		0.2		16-Mar-22	214-21 Jul	97% (96730)	Active
	Aweil South	142217	105	5 14	. 3	0.7	2.9	2-May-22	213-26 Aug	97%	Active
	Aweil West	204245	420) 21	2	2.1	0.5	5 28-Mar-22	214-22 Jun	94% (49784)	Active
Lakes	Yirol West	174804	41	10		0.1		25-Oct-22	Not done		Active
	Cueibet	183675	34	- 6	4	0.2	10.8	3 15-Oct-22	2 <mark>Not done</mark>		Active
Warrap	Gogrial West	326541	91	16		0.3		2-Jan-22	21-8 Jun	95% (73281)	Controlled
Jonglei	Bor South	340261	9) 5		0.0)	3-Sep-22	2 <mark>Not done</mark>		Active
5 T. 1 G. 5 T	Nyirol								Not done		Active
EES	Torit	63096	32	2 17	2	0.5	6.3	3 16-Jan-22	29-31 Mar	95% (24534)	Controlled
WES	Tambura	119333	37	6		0.3	8	13-Feb-22	21-6 Apr	102% (12969)	Controlled
l Inita	Rubkona	342 397	46	5 13	1	0.1	2.2	2 23-Sep- 22	22-29 Nov	77.2 (35545) in XPoC; pending data from outside	Active
Unity	Panyijjar	120 261	27	1		0.2		2-Sep- 22	Confirmation pending		Active
	Leer	77811	19	7	1	0.2	5.3	3 15-Sep-22	2	Pendig data Pendig data	Active
CES	Juba	523700	588	13	15	1.1	2.6	6 14-Jul-22	229 Aug-29 Oct	69-98% (204756)	Active
	Terekeka	258889	48	15		0.2		4-Sep-22	22-9 NoV	106% (28876)	Active
WBeG	Raja	59638	46	5 16		0.8		22-Jul-22	22 May-5 Jul	70% (7370)	Active
	Wau	320752	182	2 11		0.6		15-Aug-22	2 <mark>Not done</mark>		Active
	Maban	81835	202	2 5		2.5		2-Jan-22	27-15 Mar	97.7-98%, host&IDP	Controlled
UNS	Malakal	195528	59	10		0.3		13-Jul-22)	73% (9533)	Active
	Melut	130105	9	5		0.1		18-Oct-22	Not done		Active
Tota 🛊		4255558	2355	5 243	31	0.5	5 1.3	3		0	orld Health rganization uth Sudan

SUDAN EBOLAVIRUS IN UGANDA AND READINESS IN SOUTH SUDAN



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

Sudan Ebolavirus Disease updates from Uganda as 26 December 2022

- A total of 142 confirmed) cases and 55 confirmed death. The case fatality rate among confirmed cases is 39% of total cases.
- Health worker infections: 19; deaths: 7; CFR: 36.8%
- Cumulative recoveries is 87
- Cumulatively, 1 173 people were cared for in isolation facilities and Ebola treatment centres. There is currently no-one on admission.
- All the affected districts (Bunyangabu, Jinja, Kagadi, Kampala, Kassanda, Kyegegwa, Masaka, Mubende and Wakiso)
 have now reported no cases for more than 21 days.
- No new case has been reported since the last patient was discharged from Ebola treatment centre on 30 November, and it is promising to see that the countdown to the end of the Ebola outbreak in Uganda has begun.
- All affected districts have reported no new cases for more than 21 days.
- Uganda is conducting enhanced surveillance with strengthened active case search. A total of 210 samples were tested in the last seven days. All tested negative. As part of the active surveillance, dead bodies are also being tested.
- The Ebola survivors programme is being reinforced. Guidelines based on experiences from the Ebola outbreaks in the Democratic Republic of the Congo and West Africa have been drafted and operational plans are being finalized.
- Two clinics for survivors are active in Mubende and Entebbe and there is a plan to open a third clinic in Kassanda.





South Sudan: Surveillance updates

- Cumulatively, a total of 30 alerts have been reported and investigated from seven locations in the country since September 2022: 18 were discarded because they didn't meet case criteria, 12 tested negative
- Nimule (9), Juba (11), Yambio (3), Yei (2), Kajo-keji (2) Rubkona (2)
 Torit (1),
- A total of 102 frontline healthcare workers for both private and public health facilities within Juba have been sensitized of EVD case detection, reporting and basic IPC and triaging
- RRT and HCWs and contact tracing trainings conducted in Kajo-Keji and ongoing trainings in Nimule, Yambio, Morobo and yei.
- Refresher training conducted to National RRT (20) and State RRT (7) on EVD with simulation exercises (Drills and Table top) on case scenario on EVD



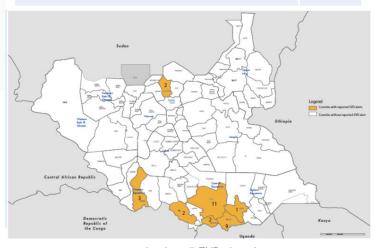
Sensitization of Health workers in Kator PHCC



Inbound travelers getting screened at Gumbo sherikat

Surveillance indicator table

Indicator	#
Number of alerts (cumulative)	30
Number of alerts discarded (cumulative) (not meeting case definition)	15
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



map showing all EVD alerts by county





South Sudan Case management Updates

Case management and Infection prevention and control (IPC) updates

- Isolation and treatment facilities have been established in Nimule and Juba (No. of beds = 16 in Nimule and 20 in Juba)
- Referral system and ambulance team established and trained including the availability of a standby ambulance with support from WHO in Juba and Nimule.
- Comprehensive case management training at the Juba Isolation facility
- Isolation tent set up in Yambio Hospital
- Yei Isolation center under renovation with support from ICRC







Pics.1&2 Juba new IDU

Pic.2 Isolation and management set up within Yambio hospital

Pic.3 Training of Staff and drill at Nimule facility





South Sudan: Risk Communication & Community Engagement (RCCE)

- National Level EVD RCCE TWG has been activated and is ongoing on weekly basis
- The Risk Communication strategy updated, RCCE SOP under review
- 72 hrs Plan finalized and shared RCCE response plan captured
- EVD Training Module for front line worker has been developed and under review
- Ebola IEC materials, soft copies shared with partners for
- 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.
- EVD Bulletin prepared and circulated





South Sudan: Operations and logistic support (OSL) updates

- PPE prepositioned at each of the 9 hub offices to support EVD readiness activities; re-stocking of PPEs at subnational level is ongoing.
- A second mobile storage unit (rub-hall tent) donated by WFP to support EVD readiness at the new IDU site in Juba.
- The national logistics TWG is coordinating the PPEs stock and supplies distribution using the already existing supply request portal https://ee.humanitarianresponse.info/sddy70c6



New isolation site Rub-Hall tent donated by WFP to support EVD readiness in Juba





Challenges and opportunities for improvement

- Inadequate partner participation in the incident management system.
- Inadequate funding to support EVD readiness activities. To ensure adequate preparedness in SSD, there is need for a for financing in a no-regrets manner (as if it is a response)
- Inadequate screening at points of entry in high-risk areas (Yei, Kaya, Yambio, Maridi, Kapoeta, Ikotos, Torit, and Magwi), other PoEs (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 highrisk areas (Kaya, Morobo, Yei & Yambio)





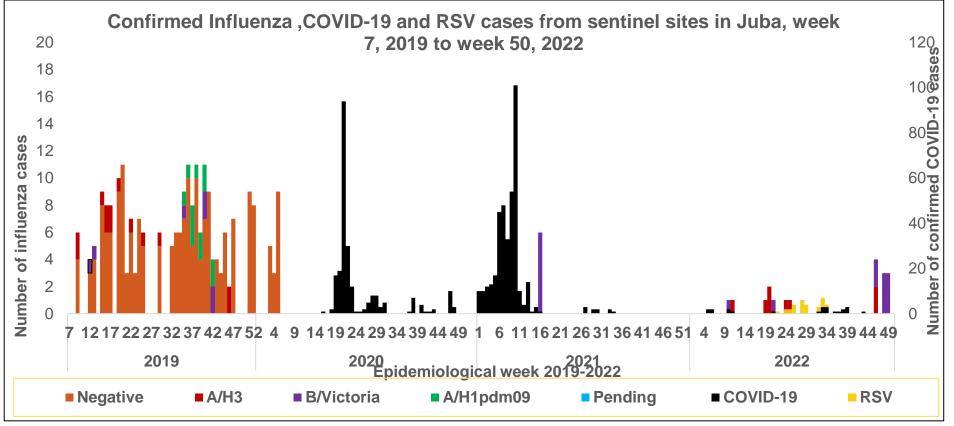
EVENT-BASED SURVEILLANCE



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

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 50,2022; a total of 586 ILI/SARI samples were collected,521 samples tested negative, and Cumulatively, 21 tested positive for covid-19,8 positive for Influenza B (Victoria), and 6 positives for influenza A(H3). 26 RSV was confirmed in Week 50





Anthrax updates







Confirmed Anthrax Cases in Gogrial West, Warrap State as of week 47

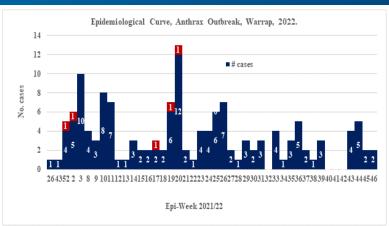


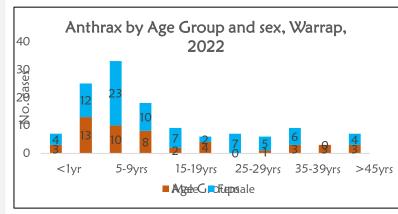
- Suspected anthrax cases were detected at the Kuajok hospital, and a retrospective review of the facility registers revealed over cases in the past two months.
- On 18th May 2022, a national team composed of MOH, MOAF, WHO, ICAP, and FAO visited the state to conduct an in-depth epidemiological investigation 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 141 cases and 5 deaths, case fatality rate (CFR 3.2%).
- The age group most affected remains the 5-9year old's with female predominance (59%) and residents in Kuac North Payam, Gogrial West County.
- Case Management indicates a Cure Rate (80.9%), Disability Rate (0.74%), and a CFR (3.82%) during the outbreak
- 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.

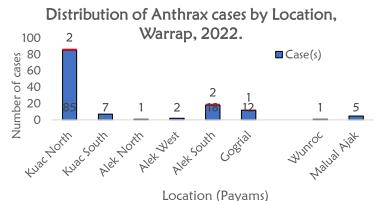
Ongoing response

- 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.

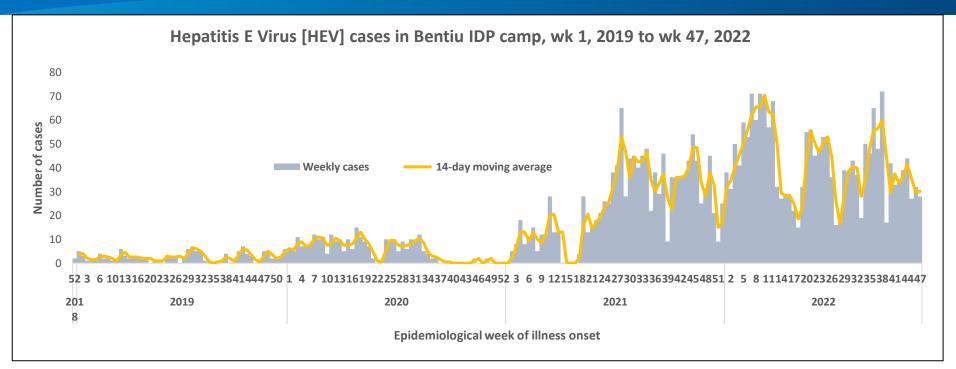








Response | Confirmed epidemics; Hepatitis E, Bentiu IDP camp (1)



Descriptive epidemiology

- The persistent transmission of HEV in the Bentiu IDP camp continues with 3,679 cases since the beginning of 2019
- 28 AJS new cases with (zero deaths) were reported in week 44, bringing the cumulative cases to 3,592 (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 28 cases every fortnight by week 47, 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.





Ongoing Response | Hepatitis E, Bentiu IDP camp (2)

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. Floods have worsened the WASH situation in the camp







Response | Summary of major controlled outbreaks in 2020 and 2021

			New cases	Cumulative		Interventions				
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)	Yes	Yes		Yes		
Measles	Wau	5/1/2020	NR	39 (0.051)	Yes	Yes		Yes		
Measles	Ibba	25/1/2020	NR	55 (0.36)	Yes	Yes		Yes		
Rubella	Tambura	11/1/2021	NR	23 (0.13)	Yes	No		Yes		
Rubella	Nagero	01/03/ 20201	NR	5 (0.25)	Yes	No		Yes		
cVDPV2	25 counties	11/06/2020	NA	59	Yes	Yes		Yes		
		18/09/2020								
Measles	Torit	8/2/2022	NR	1 (0.023)	Yes	Yes		Yes		
Measles/ Rubella	Maban- Doro Camp	5/01/2022	NR	20 (0. 124)	Yes	Yes		Yes		
Measles/ Rubella	Tambura	20/02/2022	NR	5 (0.4)	Yes	Yes		Yes		
Rubella	Gogrial West		NR	76(0.13)	Yes	No		Yes		
Measles	Raja		NR	14 (0.10)	Yes	Yes		No		
Meningitis	Norther Bahr el Ghazal		NR		Yes			No		
			-							

EVENT-BASED SURVEILLANCE



Other Emergencies (Floods and Malnutrition)

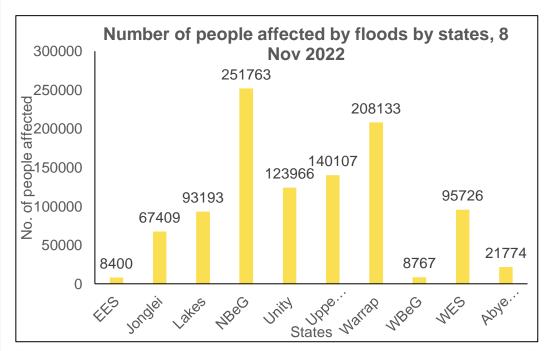
Updates on Floods situation in South Sudan as of December, 2022

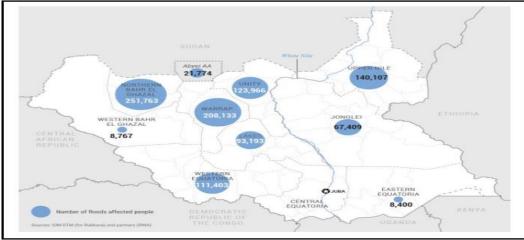
Updates

- 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

Public Health Response (October)

- Health service delivery: WHO supported the provision of primary health services in Leer, Mayendith, Pibor and Fangak (counties with IPC 5 populations) by supporting 11 static and mobile health facilities in collaboration with implementing partners.
- Outbreak prevention and response: WHO supported 41 600 (first round) during a pre-emptive oral cholera vaccination campaign in Malakal County (including Malakal PoC) in October 2022.





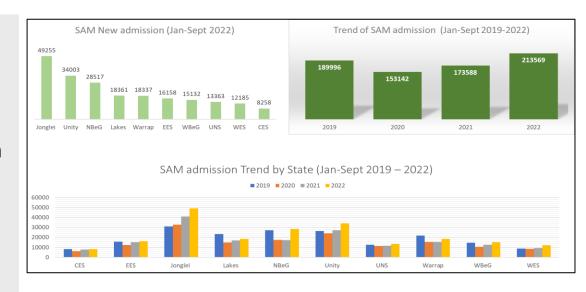


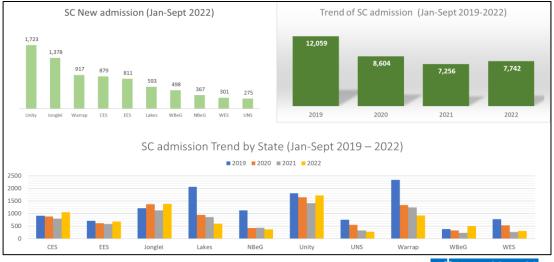


Food insecurity and Acute Malnutrition in South Sudan Jan to Sept. 2022



- 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











Public Health Response, Achievements and Challenges

Public Health Response

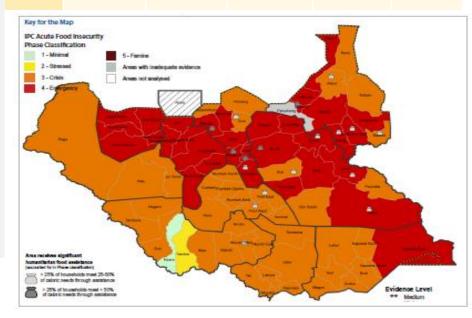
- Core pipeline support for service provision
 - 85 Severe acute malnutrition with Medical Complication kits distributed to stabilization centers in IPC4&5 locations
 - 341 Interagency Emergency Health Kits and 70 pneumonia kits distributed to health facilities and implementing partners in priority locations
 - 170 Cholera investigation and treatment kits prepositioned and distributed to priority locations
- Assessment conducted to evaluate inpatient management of SAM in the health facilities in IPC4&5
- Capacity building of health workers
 - 26 health workers trained on inpatient management of Severe acute malnutrition with Medical Complication
 - 50 health workers trained on nutrition surveillance (Aweil South and Panyijiar)
- 11 health facilities (static and mobile) supported to provide primary health care in four priority IPC 5 locations (through sub-granted implementing partners)

Challenges

- Multiple emergencies-overstretching capacities in-country
- Inadequate emergency health kits and other supplies
- Long lead time for international procurements for emergency health kits
- Limited accessibility to basic health care services owing to flooding and insecurity

Achievements Vs Target and People in Need

	People in need	Cluster Target	New Admission (Jan-Sept 2022)	Achieved Vs People in Need	Achieved Vs Target
	45,324	36,249	7,787	17%	21%
	302,163	241,662	213,569	71%	88%
	1,039,472	6,754,189	464,879	45%	7%
	675,710	540,438	409,521	61%	76%





COVID-19 UPDATES

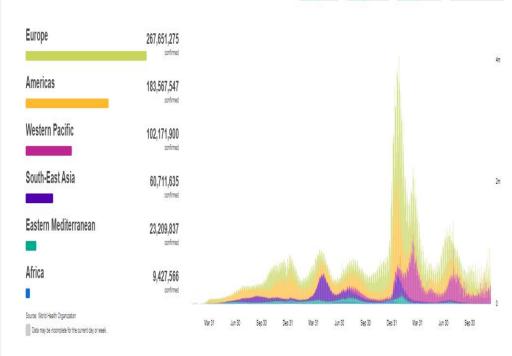


COVID-19 Virus Situation Summary



Situation update as of 23 December 2022

- Globally, as of 23 December 2022, there have been
 651,918,402 confirmed cases of COVID-19, including
 6,656,601 deaths, reported to WHO.
- As of 21 December 2022, a total of 13,073,712,554
 vaccine doses have been administered globally.
- In Africa, as of 12 December 2022 there have been 9,427,566 confirmed cases of COVID-19, including 175,070 deaths reported to the WHO
- In South Sudan, from 3 January 2020 to 4:54pm
 CET, 23 December 2022, there have been 18,368
 confirmed cases of COVID-19 with 138 deaths,
 reported to WHO.
- As of 17 December 2022, a total of 2,310,167
 vaccine doses have been administered in South
 Sudan.



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



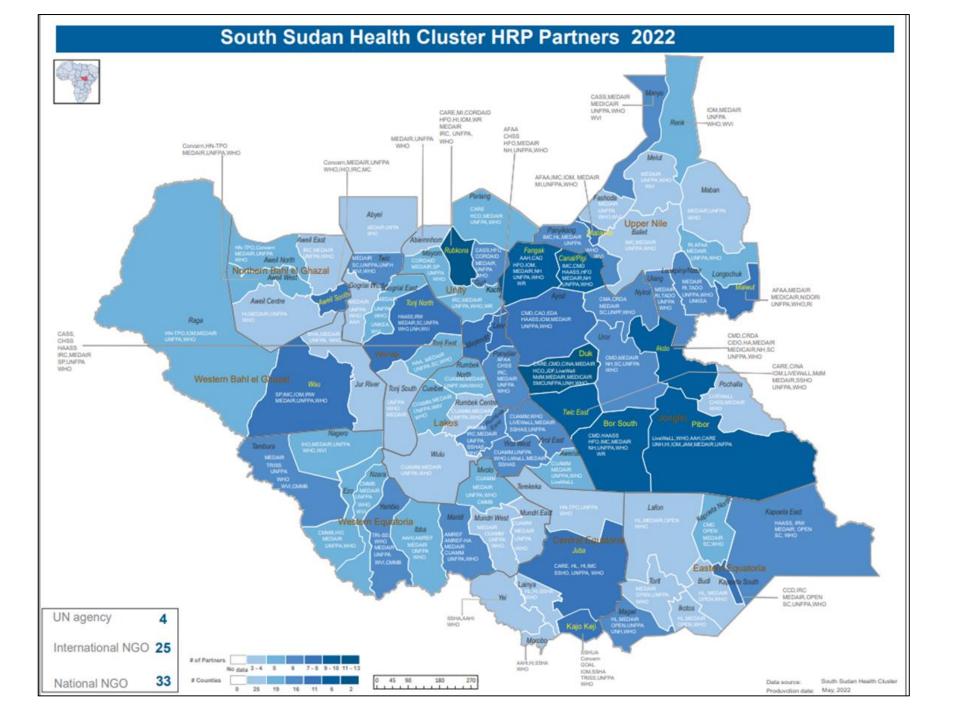
OVERALL CONCLUSIONS AND RECOMMENDATIONS

Conclusions

- In week **50, 2022, the** IDSR reporting timeliness was at **85**% and timeliness for EWARN sites was at **75**%
- 48 alerts were reported in week 50, 2022; most alerts 31% (15/48) triggered were for measles
- Measles outbreaks confirmed in more than 22 counties since the beginning of the year 2022. A total of 2,745 cases including 299 lab-confirmed and 31 deaths gave a CFR of 1.12% reported from all states.
- Count down for end of sudan ebolavirus continues in Uganda as the last confirmed case was discharged on 30 November 2022
- 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.

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



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

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The data has been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind, and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at http://ewars-project.org













