

## South Sudan Ministry of Health

Integrated Disease surveillance and response (IDSR)



# Epidemiological Bulletin Week 16, 2023 (17-23 April)





- In week 16, 2023, the IDSR reporting timeliness and completeness were 80% and 83% respectively and timeliness and completeness for EWARN sites were at 92% and 93% respectively
- A total of 90 alerts were triggered in week 16, 2023 most of the alerts were for AWD (16), measles(24), malaria(12) and bloody diarrhea (14)alerts
- Ministry of Health Republic of South Sudan declared cholera outbreak in Malakal with a total of 1252 cases reported with Two (2) death giving a CFR of 0.16% from February 22 to 25 April 2023 from both Malakal IDP camp and town
- Measles outbreaks continue with 6,046 reported; cases, 3,109 (15.3%) are epi-linked, 592(10.7%) lab-confirmed, 1,712(70.9%) clinically compatible, and 633(5.6) discarded cases have been reported from epidemiological week 1, 2022, to week 16, 2023
- The persistent transmission of HEV in the Bentiu IDP camp continues with 4,123 cases since the beginning of 2019 and 16 new cases reported in week 16 of 2023.
- Hepatitis E Virus outbreak in Western Bahar el Ghazal State with 129 cases and 5 deaths CFR 0.65% since the start of the outbreak on 22 March 2023



For the Integrated Disease Surveillance (IDSR) network and Early warning alert and response network (EWARN)



#### IDSR timeliness performance at State level for week 16 & 15 of 2023

World Health Organization South Sudan

Timelinesss States Ranking	States	Number of reporting sites on Time in WK 16		Timeliness Percentage of WK 16	No. of HFs Reported on Time in WK 15	Timeliness Percentage of WK 15
1st	WES	217	217	100%	217	100%
2nd	Lakes	113	113	100%	88	78%
3rd	NBGZ	89	82	92%	87	98%
4th	CES	128	117	91%	115	90%
5th	Warrap	127	110	87%	116	91%
6th	Jonglei	129	103	80%	91	71%
7th	WBGZ	78	51	65%	59	76%
8th	Unity	97	60	62%	56	58%
9th	EES	105	55	52%	86	82%
10th	Upper Nile	113	48	42%	63	56%
	South Sudan	1196	956	80%	978	82%

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 16 stands at 80% while in week 15 it was 82% with 6 states above the National target of 80%.

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



#### IDSR Completeness performance at State level for week 16 & 15 of 2023



Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported regardless of time in WK 16	Completeness Percentage of WK 16	No. of HFs Reported regardless of time in WK 15	Completeness Percentage of WK 15	
1st	WES	217	216	100%	217	100%	
2nd	Lakes	113	112	99%	111	98%	
3rd	CES	128	119	93%	117	91%	
4th	NBGZ	89	82	92%	87	98%	
5th	Warrap	127	105	83%	116	91%	
6th	Unity	97	75	77%	70	72%	
7th	WBGZ	78	58	74%	65	83%	
8th	Jonglei	129	92	71%	71% 100		
9th	EES	105	69	66%	96	91%	
10th	Upper Nile	113	64	57%	75	66%	
	South Sudan	1196	992	83%	1054	88%	

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 16 stands at 83% while in week 15 it was at 88% with 5 states above the national target of 80%.

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



## Surveillance: EWARS Timeliness performance indicator by partner for week 16 and 15 of 2023



Partner	HFs	Reporting		Performance	
PARTER	Number of reporting sites	# of reports received on Time in Week 16	Timeliness of Week 16	# of reports received on Time in Week 15	Timeliness of Week 15
AFAA	1	1	100%	1	100%
SSHCO	1	1	100%	1	100%
IRC	1	1	100%	1	100%
World Relief	3	3	100%	3	100%
Medair	2	2	100%	2	100%
ForAfrika	13	13	100%	13	100%
Islamic Relief	5	5	100%	5	100%
CIDO	1	1	100%	1	100%
SCI	2	2	100%	2	100%
IMC	22	22	100%	21	95%
HFO	10	10	100%	9	90%
SMC	6	6	100%	5	83%
UNIDOR	2	2	100%	0	0%
IOM	10	9	90%	9	90%
MSF-H	4	3	75%	4	100%
MSF-E	6	4	67%	4	67%
Medicair	5	3	60%	5	100%
TRI-SS	2	0	0%	0	0%
TOTAL	96	88	92%	86	90%

The Timeliness of EWARS in partners' supported sites stands at 92% in week 16 while in week 15 it was 90%

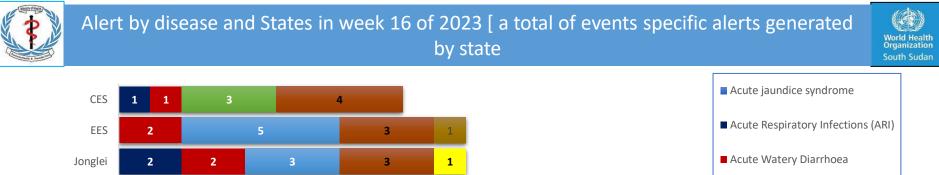


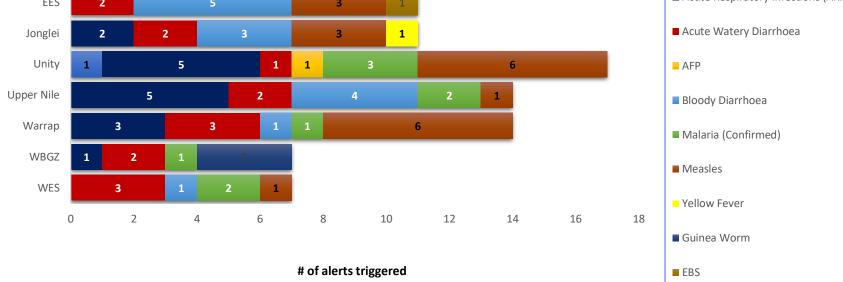
## Surveillance: EWARS completeness performance indicator by partner for week 16 and 15 of 2023



Partner	HFs	Reporting	Performance								
PARTER	Number of reporting sites	# of reports received regardless of Time in Week 16	Completeness of Week 16	# of reports received regardless of Time in Week 15	Completeness of Week 15						
AFAA	1	1	100%	1	100%						
SSHCO	1	1	100%	1	100%						
IRC	1	1	100%	1	100%						
Islamic Relief	5	5	100%	5	100%						
CIDO	1	1	100%	1	100%						
SCI	2	2	100%	2	100%						
World Relief	3	3	100%	3	100%						
Medair	2	2	100%	2	100%						
ForAfrika	13	13	100%	13	100%						
MSF-H	4	4	100%	4	100%						
IMC	22	22	100%	21	95%						
HFO	10	10	100%	9	90%						
SMC	6	6	100%	5	83%						
UNIDOR	2	2	100%	0	0%						
IOM	10	9	90%	9	90%						
MSF-E	6	4	67%	4	67%						
Medicair	5	3	60%	5	100%						
TRI-SS	2	0	0%	0	0%						
TOTAL	96	89	93%	86	90%						

The Completeness of EWARS in partners' supported sites stands at 93% in week 16 while in week 15 it was at 90%.





#### This week a total of 90 Alerts were triggered of which <u>44</u> are from outbreak prone diseases as Per the broken-down below

- 16 AWD alerts: these alerts were triggered from the following States, CES(1), EES (2), Jonglei (2), Unity (1), UNS(2), Warrap(3), WBGZ(2), WES(3)
- 24 Measles alert: these were triggered from following States ;CES (4), EES(3), Jonglei(3), Unity(6), UNS(1), Warrap(6), WES(1).
- ✤ 1 AJS alert: this was from MSF-H Leer PHCC

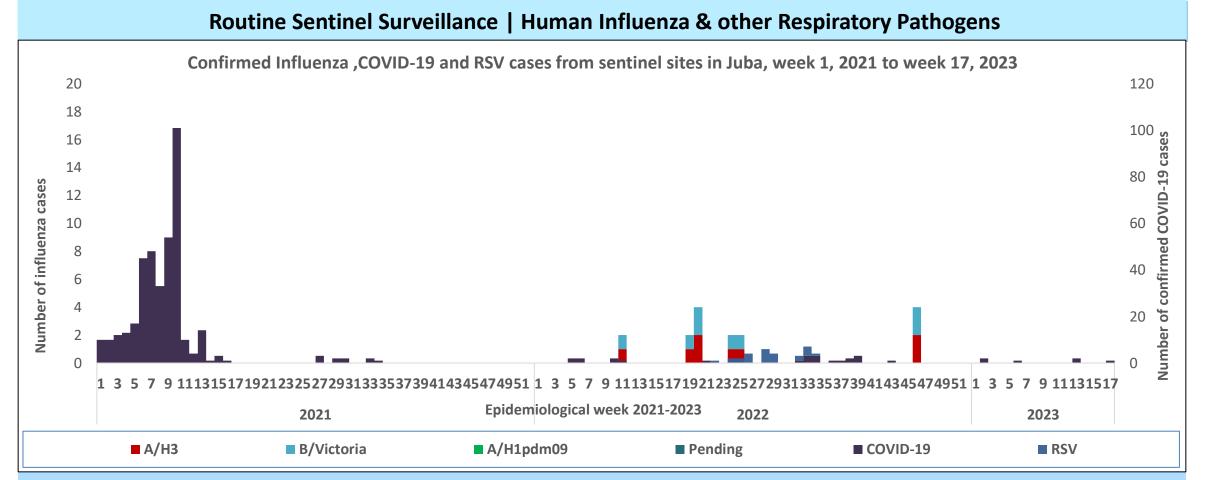
States

- ✤ 1 AFP alert: this was an alert from Ngop PHCU in Mayom
- I EBS alert: this was from Lalanga PHCU in Lopa Lafon County where on 16, April 2023, one of the MP reported to SMoH-EES, about unknown disease killing people in Lalanga Village. there are 3 deaths reported already with an increase in suspected cases.
- Yellow Fever alert : this was from SCI Ulang Mobile Clinic in Akobo-Walgak



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

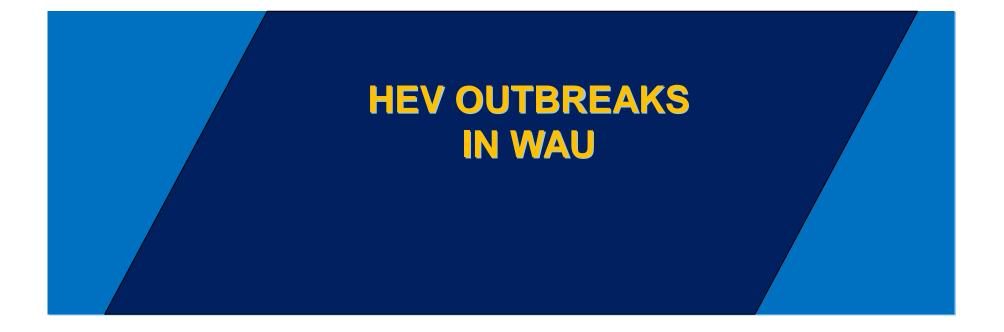




- There are currently Four designated Influenza sentinel surveillance sites in Juba (Juba Teaching Hospital and Al Sabah Children's Hospital Rumbek State Hospital & Juba Military Hospital) that are collecting epidemiological data and samples from ILI/SARI cases.
- By the end of week 52,2022; a total of 594 ILI/SARI samples were collected,529 samples tested negative, and Cumulatively, 21 tested positive for covid-19,8 positive for Influenza B (Victoria), and 6 were positive for influenza A(H3).26 RSV was confirmed in Week 52
- From weeks 1-16 2023, a total of 196 ILI/SARI were collected all 190 tested negative,6 positives for Covid-19, (0)Influenza types A (H3), B (Victoria), and 0 for RSV.

# ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS



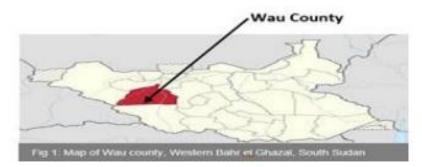




### HEV Outbreak in Wau, WBG state updates as of 24 April 2023



- On March 22, 2023, the state Ministry of Health Western Bahr el Ghazal state notified the Ministry of Health in Juba of clusters of cases and deaths in Wau.
- Cases presented with yellowing of eyes (Acute Jaundice Syndrome).
- State MOH and WHO conducted alert verification and collected samples for further investigations.
- On April 14, 2023, the national Ministry of Health declared an outbreak of Hepatitis E Virus (HEV) disease and subsequently activated the PHEOC to response mode and all response pillars
- Total of 129 HEV Cases including (5 death) CFR of 3.9% have been since the start of the outbreak
- No new case has been detected in week 16 of 2023
- Most cases (103, 89.6%) are from Nazareth Village, a cluster in Kosti village (3) and sporadic cases in three neighboring villages of Mutamadia (1), Taban (1), Massna (1) and Aturu in Jur river county (6).
- Most cases (88, 72.7%) are males. The median age is 20 (range:2-71) years. Overall, five deaths (3-males).
- Overall CFR= 4.7 % versus 6.9% in females and 3.5% in males. one patient in admission at Wau teaching hospital.



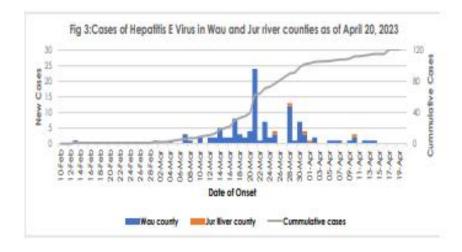


Table 1: Outcomes of onsite RDT Testing for Hepatitis E Virus cases Wau, April 7-22, 2023										
	Test type									
Number tested (n)	Hepatitis B (n=49)	Hepatitis C (n=48)	Hepatitis E (n=50)							
Number positive	3	0	36							
% positivity	6%	0%	72%							

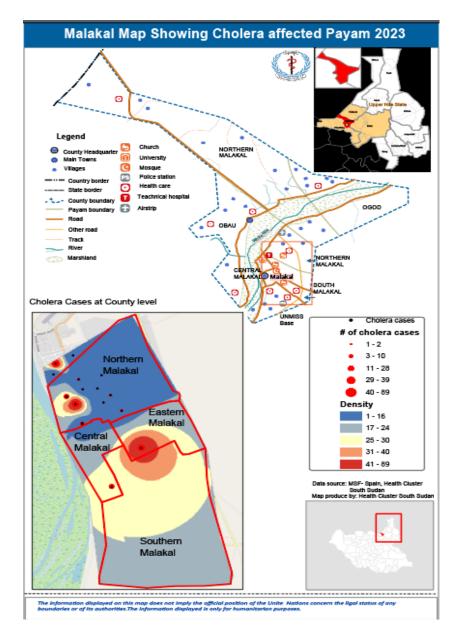
# CHOLERA OUTBREAK IN MALAKAL



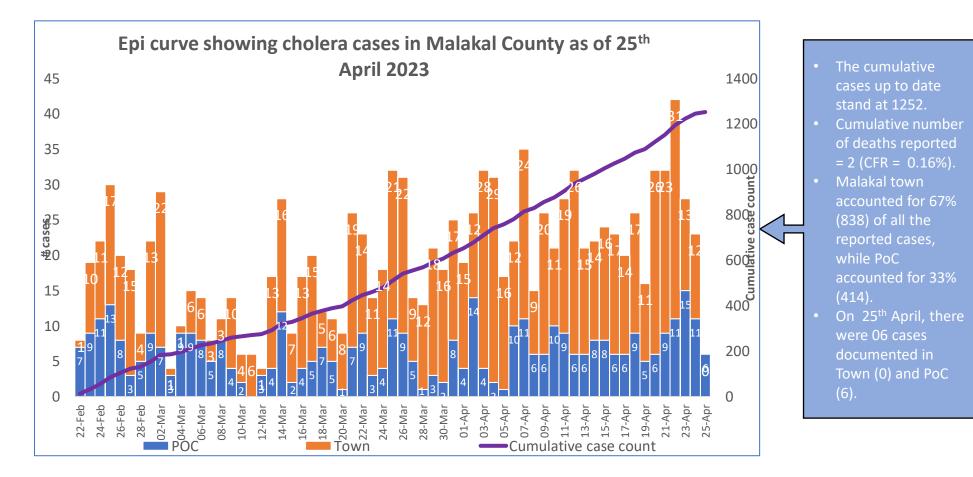
## Key Epidemiological highlights from Malakal as of 25 April 2023



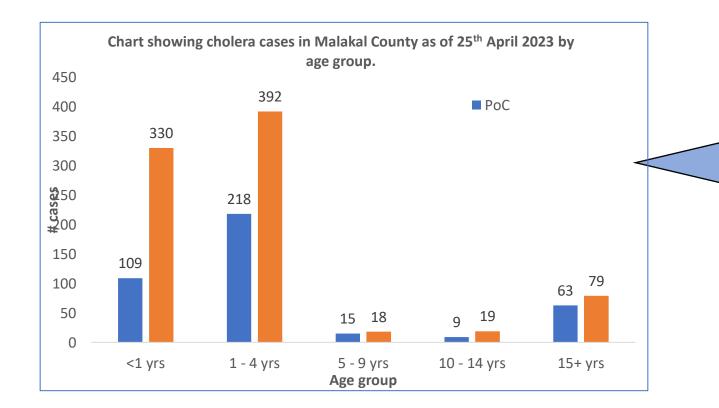
- On 1<sup>st</sup> March 2023, the National Ministry of Health received information of suspected cholera cases with two (2) RDT positive
- On 2<sup>nd</sup> March 2023, nine (9) samples were received at the NPHL, and two (2) samples tested positive for vibrio cholerae by Polymerase chain reaction (PCR) on 6th March 2023.
- On 7 March 2023, the National Ministry of Health declared a cholera outbreak in Malakal County, Upper Nile State
- Cumulatively, from 22 February to 23 April 2023 a total of 1252 cases with (2) death (CFR-0.16%)
- Six (6) new cases and 0 deaths have been reported as of 25 April 2023 (POC = (6) and Town = (0)
- Overall,670 (54%) of the cases are males and 582(46%) are females.
- Children of age 1 4 years old are the most affected accounting for 610 (49%) of the total cases reported followed by 15 years and above 439 (36%).
- Oral Cholera vaccination campaign commenced on 16 March 2023 targeting 66,121 individuals aged 1 year and above in the POC and Malakal town.
- Cumulatively, 54,538 people have been vaccinated (Malakal town and POC) with OCV for 5 days s of the campaign achieving 83% coverage



#### Epi curve showing cholera cases in Malakal County

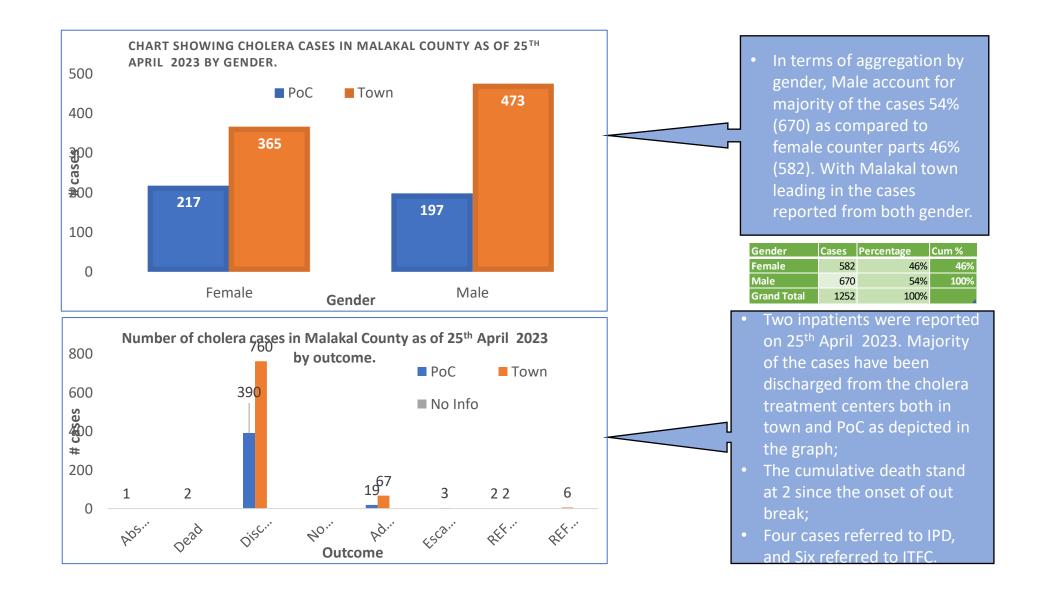


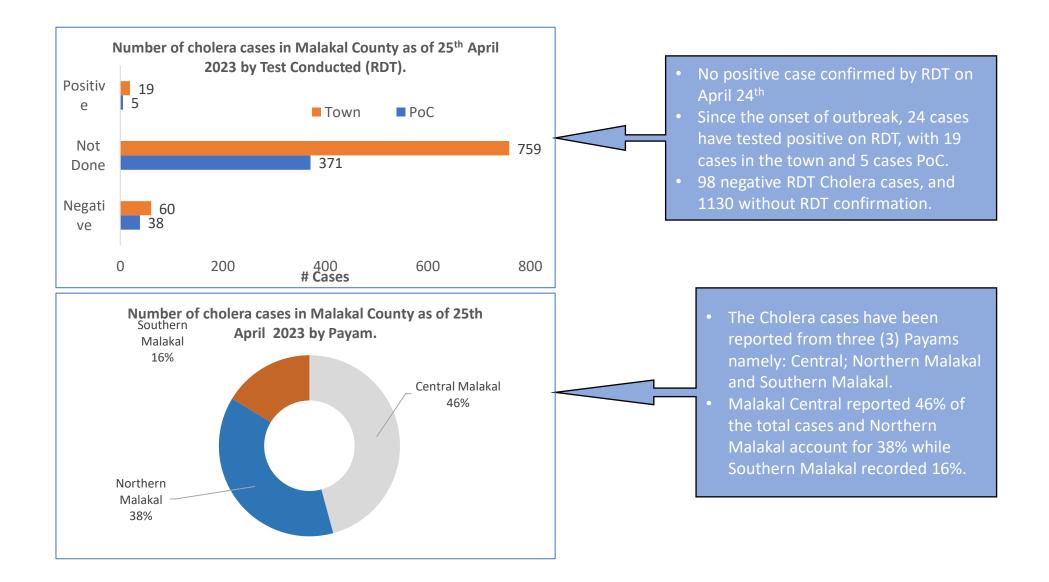
#### Cholera cases in Malakal County by age group.



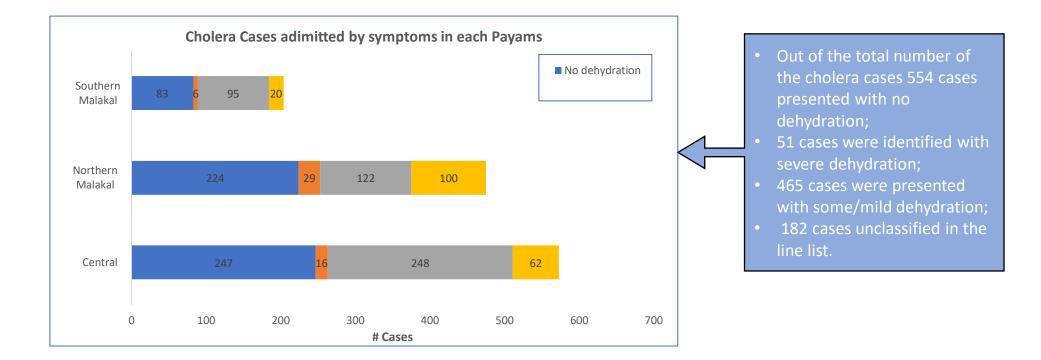
 In terms of case distribution by age group, children of age 1 – 4 years old are the most affected which accounting for 49% (610) of the total cases reported, followed by <1 year old which stand at 35% (439).
 Majority of 1 – 4 years cases were reported from Malakal town (392) and in PoC a total of (218) cases.

Age group	Cases	Percentage	Cum %
<1 yrs	439	35%	35%
1 - 4 yrs	610	49%	84%
5 - 9 yrs	33	3%	86%
10 - 14 yrs	28	2%	89%
15+ yrs	142	11%	100%
Grand Total	1252	100%	





#### **Cholera Cases Admitted by Symptoms**



#### Key interventions and Challenges in Malakal as of 30<sup>th</sup> March 2023

#### Key Interventions

- The National Ministry of Health declared a Cholera outbreak in Malakal county, Upper Nile State on 7<sup>th</sup> March 2023,
- The National EOC was immediately activated and MOH IMS instituted
- Ongoing coordination at both National and State levels to discuss the ational and State Cholera Taskforce continue to meet regularly to provide operational and strategic guidance to the ongoing cholera outbreak response.
- A multisectoral National and State RRT continue to provide epidemiological investigation and technical support to the response interventions in Malakal County.
- Launching of the Oral cholera vaccination targeting 66,121 individuals aged 1 year and above on 16 March 2023
- Over 54,538 people have been vaccinated both in the POC and Malakal town with a coverage of 83% in 5 days.
- WHO hired 2 additional vehicles to support response activities in Malakal.
- WHO has dispatched 1 x 48sqm and 1 x 24sqm medical tents to Malakal to support the ongoing Cholera response.
- WHO conducting a 5 days Case management training starting on 28 March and 1 April 2023 to support health partners (IMC, IOM, MSF and DRC)
- MSF completed the rehabilitation the Cholera treatment Center (CTC) in PoC and functional from Monday it will be official open
- 7 ORP supported IMC and 2 ORP supported by IOM with a total of 121 patient see, presented with AWD, no dehydration status, treated with ORS and discharged in 4 hours.
- Cumulation of 590 cholera case managed at the MSF facilities sites both for PoC with 215 (36%) and Town with 375 cases (64%).
- WHO/MOH continue to conduct active case searches in three (3) Health facilities (IOM PHCC,IMC PHCC & MSF Isolation in POC
- Cholera-specific training started entered its second day focusing on Case Management, Lab, RCCE, IPC, WASH & Surveillance

#### Challenges

- Inadequate access to safe and clean water due to limited WASH supplies.
- Sub-optimal risk communication and community engagement in cholera affected high-risk locations.
- Inadequate RDT testing of suspected cholera cases at the subnational level, most especially, in health facilities and treatment centers.
- Inadequate funding for partners to respond to the cholera outbreak in Malakal.
- Lack of designated ambulance to facilitate referral of cholera cases and designated vehicle for the safe dignified burial (SDB) team.
- Identification of personnel to be trained safe and dignified burial (SDB).
- Overcrowding in the POC due to the continued influx of IDPs poses is a major challenge to the limited WASH facilities in the POC.
- Inadequate cholera kits and investigation kits for the cholera outbreak response.
- Case management charts are in English making it difficult for healthcare workers who only understand Arabi
- Rehabilitation of the CTC in Malakal Teaching Hospital (MTH)
- Activation of the State RRT to responses with an active case search and investigation

Oral cholera vaccination was conducted only in 6 out of the 20 cholera hotspot counties

Significant population movements within Malakal IDP camps (Estimated Population is 34056) and back and forth movement between the IDPs in Juba and the displacement from the recent Tonga- Panyikang crisis.

There is also a challenge of access to safe and clean water and also the practice of open defecation

Continued flooding due to heavy rain experienced in the past 4 years & the next rainy season is likely to start in April





# ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS

## **MEASLES ` UPDATES**



## Measles Updates as of week 16 2023

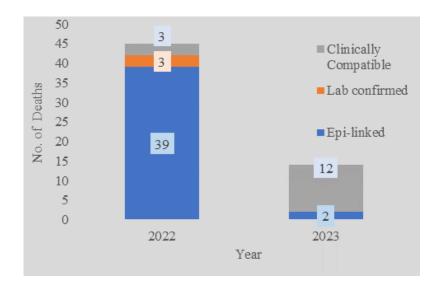


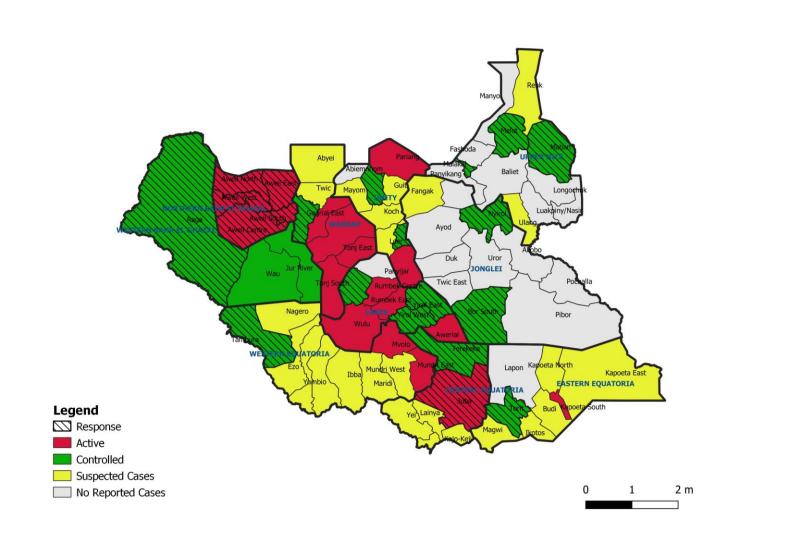
- A cumulative of 6,046 suspected cases have been reported; 4,137 and 1,909 in 2022 and 2023, respectively
- Fifty-one (51) counties have reported suspected measles cases in 2023, of which thirty-five (35) counties have at least one confirmed case
- Sixteen (16) counties (Mvolo, Mundri East, Pariang,
  Awerial, Rumbek Centre, Kapoeta South Tonj South,
  Tonj North, Bor South, Aweil Centre, Rumbek East,
  Gogrial East, Juba, Tonj East Wulu and Lafon) have
  confirmed outbreaks in 2023.
- Reactive vaccination campaigns were conducted in 22 counties (16 counties in 2022, 6 counties in 2023), with 858,274 and 984,539 children vaccinated respectively
- The latest reactive measles campaign was conducted in Pariang (Pamir refugee camp)
- EPI-TWG recommends no more reactive campaign rather the focus now is to support the
- Nation wide integrated measles vaccination campaign has been launched on the 25th April 2023 at Al Sabah Hospital targeting 2.7 million children aged 6 to 59 months across South Sudan

 Table: Yearly distribution of cases by final classification

FINAL CLASSIFICATION	202	2	202	23	TOTAL
	NO. OF CASES	%	NO. OF CASES	%	
Lab confirmed	392	9.5	200	10.7	592
Epi-linke đ	2,825	68.3	284	15.3	3,109
Clinically Compatible	391	9.5	1,321	70.9	1,712
Total	3,608	87.2	1,805	96.9	5,413
Discarded (-ve)	529	12.8	104	5.6	633
Grand Total	4,137	100.0	1,909	100.0	6,046

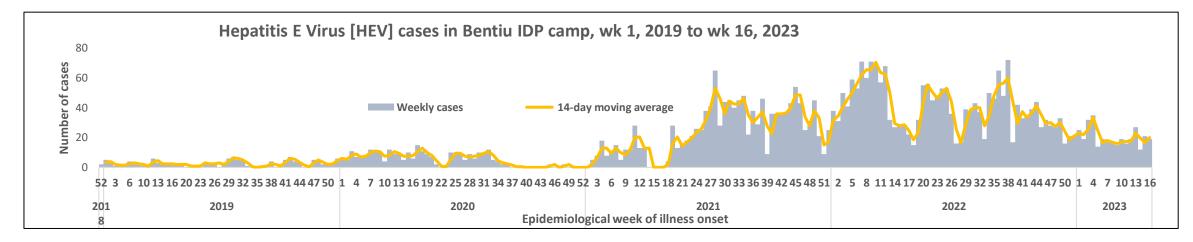
#### Deaths by year and final classification





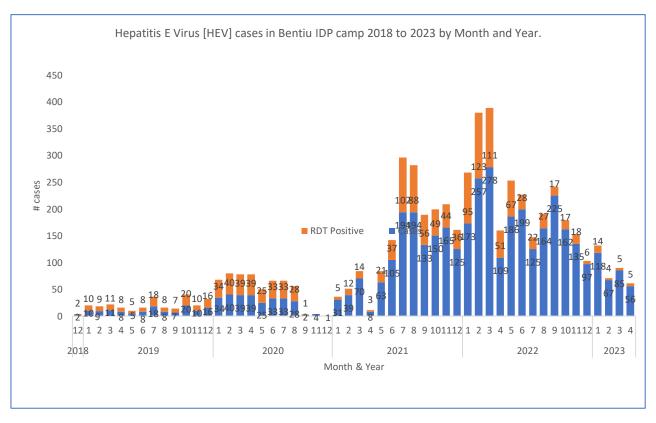
# ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS

## **HEPATITIS E VIRUS ` UPDATES**



#### **Descriptive Epi**

- Cases of Acute Jaundice Syndrome (AJS) in the Bentiu IDP camp continue with an overall total of 4,123 cases since the beginning of 2019 to week 16 2023 with overall 27 deaths. CFR of 0.65%
- Of all the cases, reported, 1482 tested positive for Hepatitis E virus by Rapid Diagnostic Test and
- In 2023, of the 326 AJS cases reported, only 29 tested positive for Hepatitis E Virus by RDT.
- sixteen (16) AJS cases reported in week 16 and no RDT positive reported in week 16 2023
- Of all the AJS cases reported as of week 16, 2023 only 105 were managed as inpatient cases and the rest were treated as outpatients
- 46% are female and 54% are male of all the AJS. 40% of all the cases are in the age-group 15-44 years followed by 24% in children ages 1-4 years



#### **HEV response update**

- 1. 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.
- 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

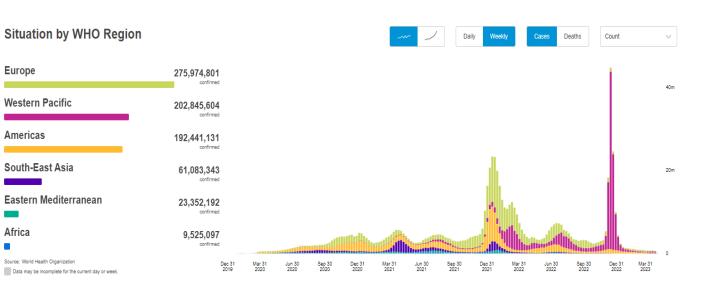






#### Situation update as of 3, May 2023

- Globally, 3 May 2023, there have been **765,222,932** confirmed
- cases of COVID-19, including **6,921,614** deaths, reported to WHO. As of 30 April 2023, a total of **13,346,989,954** vaccine doses have been administered.
- In Africa, as of 3 May 2023 there have been 9,525,097 confirmed cases of COVID-19, including 175,347 deaths reported to the WHO
- In South Sudan, from 3 January 2020 to 3 May 2023, there have been 18,368 confirmed cases of COVID-19 with 138 deaths, reported to WHO. As of 23 April 2023, a total of 4,174,929 vaccine doses have been administered.
- Second round of the COVAX campaign has been launched and the campaign is ongoing in most counties to cover the remaining 72 counties



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



# OVERALL CONCLUSIONS AND RECOMMENDATIONS



## Conclusions

- In week 16, 2023, the IDSR reporting timeliness and completeness were 80% and 83% respectively and timeliness and completeness for EWARN sites were at 92% and 93% respectively
- A total of 90 alerts were triggered in week 16, 2023 most of the alerts were for AWD (16), measles(24), malaria(12) and bloody diarrhea (14)alerts
- Ministry of Health Republic of South Sudan declared cholera outbreak in Malakal with a total of 1252 cases reported with Two (2) death giving a CFR of 0.16% from February 22 to 25 April 2023 from both Malakal IDP camp and town
- Measles outbreaks continue with 6,046 reported; cases, 3,109 (15.3%) are epi-linked, 592(10.7%) lab-confirmed, 1,712(70.9%) clinically compatible, and 633(5.6) discarded cases have been reported from epidemiological week 1, 2022, to week 16, 2023
- The persistent transmission of HEV in the Bentiu IDP camp continues with 4,123 cases since the beginning of 2019
  and 16 new cases reported in week 16 of 2023.
- Hepatitis E Virus outbreak in Western Bahar el Ghazal State with 129 cases and 5 deaths CFR 0.65% since the start
  of the outbreak on 22 March 2023
- Nation wide integrated measles vaccination campaign has been launched on the 25th April 2023 at Al Sabah Hospital targeting 2.7 million children aged 6 to 59 months across South Sudan

## Recommendations



- Partners to continue supporting County Health Departments (CHD) & State Ministries of Health on timely IDSR/EWARN reporting and involve the boma health workers to support community-based surveillance
- Health facilities to conduct an initial investigation on suspected cases of epidemic-prone diseases and collect samples
- Conduct reactive measles vaccination campaign in counties with confirmed outbreaks and advocate for enhanced routine immunization through PIRI
- Continue with preparedness activities to strengthen surveillance at all levels including conducting afteraction reviews and simulation exercises.
- Continue to support the multicluster HEV response strategy in the Bentiu IDP camp and advocate for depopulation of



## IDSR timeliness & completeness performance at county level for week 16 and 15 of 2023 (1)



			Number of reporting	No. of HFs Reported	s	No. of HFs Reported regardles s of time	ness	regardle	Completen ess			Number of		Timelin ess	No. of HFs Report ed regardl		No. of HFs Reported	Complete
	STATE	COUNTY	sites	on Time in WK 16		in WK 16	e of WK 16		Percentage of WK 15			reporting sites	Time in WK		time in	e of WK	regardless of time in	e of WK
	Lakes	Cueibet	15	15	100%	15	100%	15	100%	STATE	COUNTY		16	WK 16	16	16	WK 15	15
	Lakes	Rumbek North	7	7	100%	7	100%	7	100%	Unity	Abiemnh om	4	4	100%	4	100%	4	100%
	Lakes	Wulu	14	14	100%	14	100%	14	100%	Unity	Rubkona	11	11	100%	11	100%	11	100%
	Lakes	Rumbek East	24	24	100%	24	100%	24	100%	Unity	Guit	6	6	100%	6	100%	6	100%
	Lakes	Rumbek Centre	23	23	100%	23	100%	23	100%	Unity	Leer	15	15	100%	15	100%	11	73%
	Lakes	Yirol West	12	12	100%	12	100%	10	83%	WES	Nzara	21	21	100%	21	100%	21	100%
	Lakes	Yirol East	11	11	100%	11	100%	11	100%	WES	Nagero	10	10	100%	10	100%	10	100%
	NBGZ	Aweil North	20	20	100%	20	100%	20	100%	WES	Mundri West	21	21	100%	21	100%	21	100%
	CES	Lainya	11	11	100%	11	100%	11	100%	WES	Maridi	25	25	100%	25	100%	25	100%
	CES	Juba	48	48	100%	48	100%	48	100%	WES	Ibba	11	11	100%	11	100%	11	100%
	CES	Terekeka	13	13	100%	13	100%	13	100%	WES	Yambio	42	42	100%	42	100%	42	100%
	NBGZ	Aweil East	23	22	96%	22	96%	23	100%	WES	Ezo	32	32	100%	32	100%	32	100%
	CES	Yei	18	17	94%	17	94%	17	94%	WES	Mvolo	11	11	100%	11	100%	11	100%
	NBGZ	Aweil South	13	12	92%	12	92%	13	100%	WES	Tambura	26	26	100%	26	100%	26	100%
	CES	Morobo	10	9	90%	9	90%	7	70%		Mundri	18	47	0.40/	47	0.40/	40	100%
	Lakes	Awerial	7	6	86%	6	86%	7	100%	WES	East	18	17	94%	17	94%	18	100%
ļ	WBGZ	Wau	27	23	85%	23	85%	23	85%	Unity	Mayom	13	12	92%	12	92%	12	92%
	NBGZ	Aweil West	20	17	85%	17	85%	16	80%	Unity	Mayendi	11	10	91%	10	91%	0	0%
	NBGZ	Aweil Centre	13	11	85%	11	85%	13	100%	Unity	ر Koch	7	6	86%	6	86%	2	29%
ļ	WBGZ	Jur River	40	30	75%	30	75%	32	80%	Unity	Dariang	12	10	83%	10	83%	12	100%
	CES	Kajo Keji	28	20	71%	20	71%	21	75%	Unity	Pariang	12		05%	10	0370	12	100%
	WBGZ	Raja	11	5	45%	5	45%	10	91%	Unity	Panyijiar	18	1	6%	1	6%	12	67%

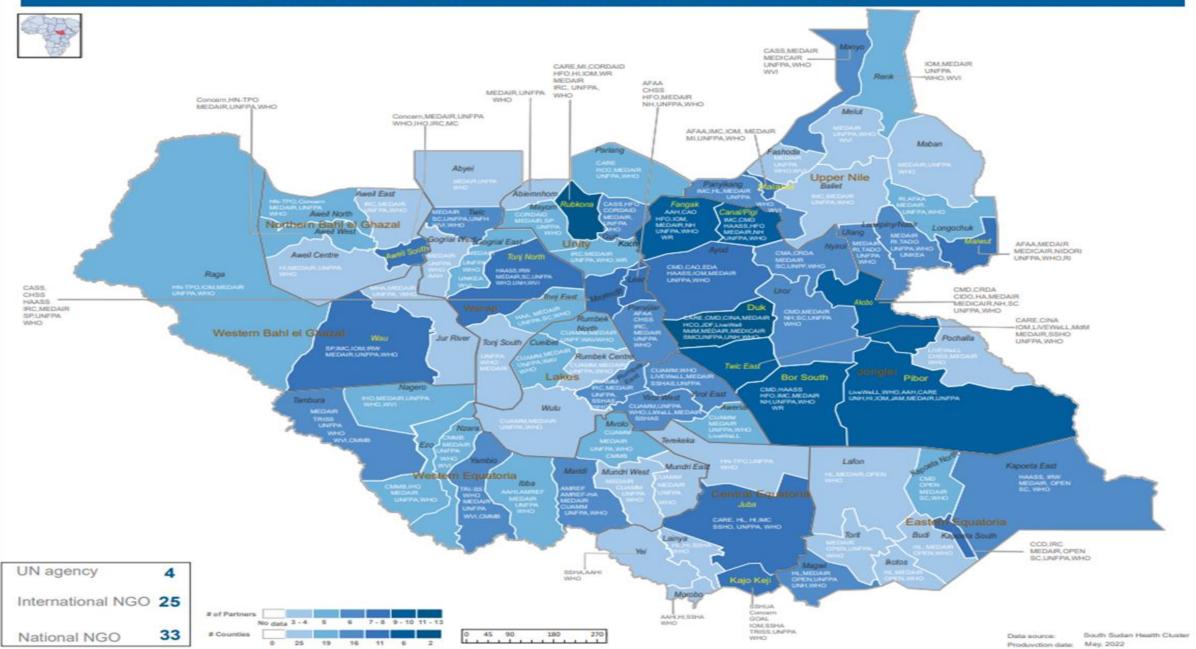
# 

## IDSR timeliness & completeness performance at county level for week 16 and 15 of 2023 (2)



			No. of	Timeline	No. of HFs Reporte d	Complet	No. of HFs Reporte d	Complete					Timelin			No. of HFs	Complete
		Number of	HFs	SS	regardle	eness	regardl	ness			Number of reporting	ed on Time	ess Percent	regardl	ness Percentag	Reported regardless	ness Percentag
		reporting	Reported		ss of	Percenta	ess of	Percentag			sites	in WK	age of	time in		of time in	e of WK
CTATE	COUNTY	sites	on Time	age of		ge of WK			STATE	COUNTY		16	WK 16	WK 16	16	WK 15	15
STATE	COUNTY		in WK 16	WK 16	WK 16	16	Wk 15	15	Warrap	Tonj East	12	12	100%	12	100%	12	100%
Jonglei	Pibor	8	8	100%	8	100%	8	100%		Tonj	12	12	1000/	12	100%	12	100%
Jonglei	Bor	19	19	100%	19	100%	19	100%	Warrap	South	12	12	100%	12		12	
Jonglei	Pochalla	7	7	100%	7	100%	7	100%	Upper Nile	Ulang	9	9	100%	9	100%	8	89%
Jonglei	Duk	13	13	100%	13	100%	12	92%	Upper Nile	Panyikan g	2	2	100%	2	100%	2	100%
EES	Kapoeta East	7	7	100%	7	100%	7	100%	Upper Nile	Akoka	5	5	100%	5	100%	3	60%
EES	Kapoeta North	10	10	100%	10	100%	4	40%	Upper Nile		19	18	95%	18	95%	18	95%
EES	Magwi	17	16	94%	16	94%	17	100%	Warrap	Gogrial East	15	14	93%	14	93%	15	100%
Jonglei	Ayod	13	12	92%	12	92%	13	100%		Tonj			0.20/		020/	42	0.001
Jonglei	Fangak	21	15	71%	15	71%	15	71%	Warrap	North	15	14	93%	14	93%	12	80%
Jonglei	Akobo	15	10	67%	10	67%	10	67%	Upper Nile	Fashoda	9	8	89%	8	89%	8	89%
Jongiei			10	0,,,,				0770	Warrap	Abyei	14	12	86%	12	86%	11	79%
EES	Lopa Lafon	15	9	60%	9	60%	15	100%	Upper Nile	Luakpiny Nasir	10	8	80%	8	80%	8	80%
EES	Budi	17	9	53%	9	53%	17	100%	Warrap	Gogrial	31	24	77%	24	77%	30	97%
Jonglei	Nyirol	2	1	50%	1	50%	1	50%		West							
EES	Ikotos	19	9	47%	9	47%	17	89%	Warrap	Twic	28	17	61%	17	61%	24	86%
EES	Torit	11	5	45%	5	45%	10	91%	Upper Nile	Baliet	5	3	60%	3	60%	5	100%
EES	Kapoeta South	9	4	44%	4	44%	9	100%	Upper Nile Upper Nile	Maiwut Makal	9	5	56% 56%	5 5	56% 56%	4 5	44% 56%
Jonglei	Canal Pigi	14	6	43%	6	43%	10	71%	Upper Nile	Longech uk	9	1	11%	1	11%	1	11%
Jonglei	Uror	8	1	13%	1	13%	1	13%	Upper Nile	Manyo	15	0	0%	0	0%	13	87%
Jonglei	Twic East	9	0	0%	0	0%	4	44%	Upper Nile Upper Nile	Renk Melut	6 6	0	0% 0%	0 0	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-surveillancebulletin-2023

#### This bulletin is 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.Mr.Korsuk Scopas.WHO-Email lonyikk@who.int 8.Dr Antonio Oke, WHO -Email okea@who.int 9.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









Humanitarian Aid







Humanitarian Aid and Civil Protection