Republic of South Sudan
Measles Outbreak and Response Weekly Situation Update

Issue number: 25
Issue Date: 16 August 2023
Epidemiological week: Week 32 (August 07 - 13, 2023)

Suspected Measles Cases
New (8) cases with date of onset in week 32
Cumulative (9,729)

Lab Confirmed Cases
New (0)
Cumulative (810)

Deaths
New (0)
Cumulative (173)

* Above data is cumulative from 2022

Background

A total of 5,581 suspected Measles cases were reported with 418 (7.5%) lab-confirmed, and a case fatality of 2.3/100 cases for 2023.

Following the Integrated Measles Campaign, reactive campaigns have been conducted in 4 counties (Rubkona, Renk Aweil East, North, and West)

Decline in cases reported, with a peak noted in week 27.

Data from Epi week 29-32, identified four (4) counties with lab-confirmed outbreak, and nine (9) continue to report suspected cases, with the need for lab confirmation

Key weekly Situation Update as of 13 August 2023

- Eight (8) newly suspected cases reported this week from Renk and Juba, while 299 cases from week 28-31.
- No laboratory confirmed case has been reported since week 31 (4 cases)
- Last confirmed outbreak was 19 cases in week 27-28 from Longochuck
- No new death in the reporting week but 5 deaths (week 28-31) were reported from Juba and Rubkona.
- Four (4) counties (Kapoeta South, Jur River, Melut and Fangak) have laboratory confirmed Measles outbreaks from week 29.
- Longochuk outbreak: no new cases updated, need for updated data to track the outbreak epidemiology
- Renk, Ulang, Kajo-Keji, Yei, Koch, Rubkona, Juba, Leer and Aweil South continue to report suspected cases and need to collect samples for confirmation to guide the response.
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Summary of cases as of 13 August 2023

Table 1: Yearly distribution of cases by final classification

<table>
<thead>
<tr>
<th>FINAL CLASSIFICATION</th>
<th>2022</th>
<th>2023</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO. OF CASES</td>
<td>%</td>
<td>NO. OF CASES</td>
</tr>
<tr>
<td>Lab confirmed</td>
<td>392</td>
<td>9.5</td>
<td>418</td>
</tr>
<tr>
<td>Epi-linked</td>
<td>2,825</td>
<td>68.3</td>
<td>1,306</td>
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<tr>
<td>Clinically Compatible</td>
<td>391</td>
<td>9.5</td>
<td>3,646</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>3,608</strong></td>
<td><strong>87.2</strong></td>
<td><strong>5,370</strong></td>
</tr>
<tr>
<td>Discarded (-ve)</td>
<td>529</td>
<td>12.8</td>
<td>211</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>4,137</strong></td>
<td><strong>100.0</strong></td>
<td><strong>5,581</strong></td>
</tr>
</tbody>
</table>

Out of the 9,729 suspected measles cases, 810 (8.3%) are lab-confirmed, 4,131 (42.5%) epi-linked, 4,037 (41.5%) clinically compatible, and 740 (7.6%) discarded cases have been reported from epidemiological week 1, 2022, to week 32, 2023. A total of 220 rubella positive cases from the discarded (negative measles cases).

Figure 1: Deaths by year and final classification

A total of 173 measles-related deaths were reported since January 2022, with only 3 deaths among the lab-confirmed measles cases and 78 among the epi-linked cases.

Figure 2: Epiologic curve for measles outbreak 2023

Before MFUPC and Sudan crisis

Sudan Crisis (wk14)

MFUPC (wk 17-20)

Note: Measles cases have been reported from different counties throughout 2023. The observed peaks are driven by different counties that experienced surge in measles cases at different times. The Sudan crisis started in week 14 with the influx of returnees and refugees since then. The nationwide MFUPC also took place from week 17-20.
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Figure 3: A map showing measles outbreak distribution by counties in the last four (4) weeks.

Table 2: Distribution of reported measles cases and deaths by age groups in South Sudan, 2022-2023

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>2022 No. of cases</th>
<th>%</th>
<th>Deaths</th>
<th>%</th>
<th>2023 No. of cases</th>
<th>%</th>
<th>Deaths</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-11 mths</td>
<td>1,137</td>
<td>27.5</td>
<td>10</td>
<td>0.9</td>
<td>1,032</td>
<td>18.5</td>
<td>17</td>
<td>1.6</td>
</tr>
<tr>
<td>1-4 yrs</td>
<td>1,931</td>
<td>46.7</td>
<td>27</td>
<td>1.4</td>
<td>2,722</td>
<td>48.8</td>
<td>80</td>
<td>2.9</td>
</tr>
<tr>
<td>5-9 yrs</td>
<td>612</td>
<td>14.8</td>
<td>4</td>
<td>0.7</td>
<td>999</td>
<td>17.9</td>
<td>15</td>
<td>1.5</td>
</tr>
<tr>
<td>10-14 yrs</td>
<td>277</td>
<td>6.7</td>
<td>2</td>
<td>0.7</td>
<td>368</td>
<td>6.6</td>
<td>7</td>
<td>1.9</td>
</tr>
<tr>
<td>15+ yrs</td>
<td>180</td>
<td>4.4</td>
<td>2</td>
<td>1.1</td>
<td>460</td>
<td>8.2</td>
<td>9</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>4,137</td>
<td>100.0</td>
<td>45</td>
<td>1.1</td>
<td>5,581</td>
<td>100.0</td>
<td>128</td>
<td>2.3</td>
</tr>
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Note: Majority 6,822 (70%) of all the measles cases are children below 5 years of age considering both years. The case fatality rate is highest (1.4% and 2.9%) among children age 1-4 years in 2022 and 2023. Most (134 out of the 173 reported deaths were among children below age 5 years.

Figure 3: Percentage distribution of measles cases and their vaccination status: 2023

Note: Generally, 4,450 (80%) were unvaccinated (zero, unknown) including 2,939 (66%) children <5 years. Among children less than one year old (1,032 cases), 80% (824 cases) have not been vaccinated against measles compared with 208 (20%) vaccinated. This trend is observed across all the age groups.
## Coordination

- The Incident management structure remains in place and led by the MOH
- The vaccination response and the measles outbreak post-Sudan crisis plan developed and shared with partners.
- The country developed a Measles Mop up and reactive campaign and other immunization activities costed at $2,039,350

## Surveillance and Laboratory

- Enhanced surveillance ongoing in silent counties
- Sample collection for all counties that last had measles outbreak confirmed in the last 4 weeks to track the Measles epidemiology.
- Enhance surveillance for VPDs, especially at the points of entry for the refugees, returnees from Sudan, and in the silent counties
- Ensure weekly reporting (including zero dose reporting where applicable)

## Case Management

- The MOH, WHO, and partners are intensifying measles case management (including vitamin A administration), surveillance, and risk communication in locations with suspected and confirmed outbreaks.
- In collaboration with partners and MOH, WHO is prepositioning kits to support case management in counties with active outbreaks.

## Vaccinations

- A total of 15 counties were targeted for a reactive campaign, and 14 counties targeted for POE/Transit post-vaccination.
- National EPI TWG endorsed the above plan (4 counties (Juba, Ayod, Longechuk and Rubkona, with secured funding from WHO, UNICEF and MEDAIR).
- Approaching partners to support/ implement the campaign in the remaining counties, information shared at the HCC and other forums
- Preparation for the implementation in 3 counties ongoing, with MEDAIR already implementing in Ayod

## Demand Generation/ Communication

- Demand generation activities ongoing for the planned mop up and reactive campaigns as well as routine immunization (radio talk shows and jingle broadcast)

## Operational challenges and gaps

- Inadequate detailed investigation of suspected measles cases and deaths in counties reporting
- Inadequate sample collection for laboratory confirmation and classification cases of suspected measles cases.
- A high proportion of unvaccinated/unknown status children (80%) was detected among the cases, noting poor quality of investigations and gaps in immunization especially among the returnees and refugees.
- Late and constant retrospective reporting of suspected cases.
- Incomplete and inaccurate filling of line lists.
Way Forward

- MOH and partners to support planned mop up campaign and other measles activities
- State and County MOH to continue weekly reporting of measles cases (including zero reporting where applicable)
- Prompt detection and management of measles cases
- Samples to be collected from suspected cases, in counties that continue to report and the lab confirmation is beyond 4 weeks to monitor the epidemiology
- Strengthen routine immunization at POEs, and within the community
- Prioritize case management to reduce morbidity and mortality.
- Enhance the risk communication and community engagement on health and help seeking behaviour.

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