Epidemiological Bulletin Week 35, 2023
(August 28–3 September)
In week 35, 2023, the IDSR reporting timeliness and completeness were at 74% and 88% respectively, while EWARN sites were at 71% timeliness and 83% Completeness.

A total of 143 alerts were triggered in week 35, 2023, and most of the alerts were for measles 20% (28/143), malaria, 17% (24/143), AWD 24% (34/143) ABD 13%(19/143) and ARI 14%(20/143)

Measles scale-up response (reactive/mop-up campaigns) plan to be conducted in an additional 22 prioritized counties as of July 2023.

As of 12 September 2023, South Sudan received 262 298 individuals (61 263 households) who have entered South Sudan since 16 April 2023 with 42 471 total returnees in Renk.

Total of 611 measles cases have been reported in Renk including 51 deaths since the start of the outbreak.
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 35 & 34 of 2023

<table>
<thead>
<tr>
<th>States Ranking</th>
<th>Implementing Partners</th>
<th>States</th>
<th>No. of HFs Reported on Time in WK 35</th>
<th>Timeliness Percentage of WK 35</th>
<th>No. of HFs Reported on Time in WK 34</th>
<th>Timeliness Percentage of WK 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>ForAfrika, Medair</td>
<td>SPAA</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>100%</td>
</tr>
<tr>
<td>2nd</td>
<td>Doctors with Africa (CUAMM), JMA, WH, YCSS, LiveWell-SS</td>
<td>Lakes</td>
<td>112</td>
<td>110</td>
<td>98%</td>
<td>104</td>
</tr>
<tr>
<td>3rd</td>
<td>AMREF, World Vision, CUAMM, CDTY, OPEN, Rescue</td>
<td>WES</td>
<td>183</td>
<td>162</td>
<td>89%</td>
<td>168</td>
</tr>
<tr>
<td>4th</td>
<td>Cordaid, HLSS, OPEN, AMREF-CCMF, IRW</td>
<td>EES</td>
<td>107</td>
<td>93</td>
<td>87%</td>
<td>80</td>
</tr>
<tr>
<td>5th</td>
<td>IHO, JOM, CARE, IMC, IRW, MHA</td>
<td>WBGZ</td>
<td>83</td>
<td>70</td>
<td>84%</td>
<td>63</td>
</tr>
<tr>
<td>6th</td>
<td>GOAL, HFO, UNKEA, SCI, AMREF-CCMF, TADO, HAASS, WVU, IRW</td>
<td>Warrap</td>
<td>113</td>
<td>94</td>
<td>83%</td>
<td>106</td>
</tr>
<tr>
<td>7th</td>
<td>Care International</td>
<td>RAA</td>
<td>16</td>
<td>12</td>
<td>75%</td>
<td>8</td>
</tr>
<tr>
<td>8th</td>
<td>Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO</td>
<td>NBGZ</td>
<td>89</td>
<td>64</td>
<td>72%</td>
<td>83</td>
</tr>
<tr>
<td>9th</td>
<td>CMA, Medair, MDM, Medicair, CRSF, CARE, LiveWell-SS, WR, HFO, AAH</td>
<td>Jonglei</td>
<td>112</td>
<td>77</td>
<td>69%</td>
<td>86</td>
</tr>
<tr>
<td>10th</td>
<td>Cordaid, IMC, IRC, CASS, IOM, Samaritan’s Purse, Medair, MSF, H, WR, HFO, CH, AFAA</td>
<td>Unity</td>
<td>88</td>
<td>56</td>
<td>64%</td>
<td>67</td>
</tr>
<tr>
<td>11th</td>
<td>HLSS, SUHA, Concern WW, IHO, GOAL, TRI-SS, SPEDP, JMA, MH, SSHRC, IMC, MSF, CARE</td>
<td>CES</td>
<td>129</td>
<td>73</td>
<td>57%</td>
<td>80</td>
</tr>
<tr>
<td>12th</td>
<td>IMC, CRES-Aid, Concern WW, Health</td>
<td>Upper Nile</td>
<td>126</td>
<td>55</td>
<td>40%</td>
<td>75</td>
</tr>
<tr>
<td>13th</td>
<td>GOAL, SMC</td>
<td>AAA</td>
<td>3</td>
<td>3</td>
<td>11%</td>
<td>7</td>
</tr>
</tbody>
</table>

**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 35 stands at 74% while in week 34 it was at 78% and 5 states and 1 AA are above the National target of 80%.

Reporting Challenges in the poorly performed States are: insecurity, internet inaccessible; Turnover of Partners.
<table>
<thead>
<tr>
<th>States Ranking</th>
<th>Implementing Partners</th>
<th>States</th>
<th>Total Num of Functional Health Facilities</th>
<th>No. of HFs Reported regardless of Time in WK 35</th>
<th>Completeness Percentage of WK 35</th>
<th>No. of HFs Reported regardless of Time in WK 34</th>
<th>Completeness Percentage of WK 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Doctors with Africa (CUAMM),IMA-WH,YCSS,LiveWell-SS</td>
<td>Lakes</td>
<td>112</td>
<td>112</td>
<td>100%</td>
<td>112</td>
<td>100%</td>
</tr>
<tr>
<td>2nd</td>
<td>AMREF, World Vision, CUAMM, CDTY, OPEN, Rescue</td>
<td>WES</td>
<td>183</td>
<td>183</td>
<td>100%</td>
<td>183</td>
<td>100%</td>
</tr>
<tr>
<td>3rd</td>
<td>FonAfrica, Medair</td>
<td>GPAA</td>
<td>16</td>
<td>16</td>
<td>100%</td>
<td>15</td>
<td>100%</td>
</tr>
<tr>
<td>4th</td>
<td>Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO</td>
<td>NBGZ</td>
<td>89</td>
<td>89</td>
<td>100%</td>
<td>85</td>
<td>96%</td>
</tr>
<tr>
<td>5th</td>
<td>HLSS, SSUHA, Concern WW, IHO, GOAL, TRI-SS, SPEDP, IMA-WH, SSHCO, IEC, CARE</td>
<td>CES</td>
<td>129</td>
<td>126</td>
<td>98%</td>
<td>127</td>
<td>98%</td>
</tr>
<tr>
<td>6th</td>
<td>Cordaid, HLSS, OPEN, AMREF-CCMF, JRW</td>
<td>EES</td>
<td>107</td>
<td>103</td>
<td>96%</td>
<td>106</td>
<td>99%</td>
</tr>
<tr>
<td>7th</td>
<td>GOAL, HFO, UNKAA, SCI, AMREF-CCMF, TADO, HAASS, WVI, JRW</td>
<td>Warraq</td>
<td>113</td>
<td>106</td>
<td>94%</td>
<td>111</td>
<td>98%</td>
</tr>
<tr>
<td>8th</td>
<td>HO, IOM, CARE, IEC, JRW, MHA</td>
<td>VBGZ</td>
<td>83</td>
<td>70</td>
<td>84%</td>
<td>76</td>
<td>92%</td>
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<tr>
<td>9th</td>
<td>Cordaid, IMC, IRC, CASS, IOM, Samaritan's Purse, Medair, MSF-H, WR, HFO, CH, AFAA</td>
<td>Unity</td>
<td>88</td>
<td>74</td>
<td>84%</td>
<td>71</td>
<td>81%</td>
</tr>
<tr>
<td>10th</td>
<td>Care International</td>
<td>RAA</td>
<td>16</td>
<td>12</td>
<td>75%</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>11th</td>
<td>CMA, Medair, MDM, Medicair, CRSF, CARE, LiveWell-SS, WR, HFO, AAN, IOM, MSF, SCI, CDO, IEC, ICRA</td>
<td>Jonglei</td>
<td>82</td>
<td>73%</td>
<td>86</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>12th</td>
<td>IMC, CRES-Aid, Concern WW, Health, Link, RL, Cordaid, CASS, SPEDP, NID, UNKAA, GOAL, MSF-E, WVI</td>
<td>Upper Nile</td>
<td>138</td>
<td>60%</td>
<td>90</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>13th</td>
<td>GOAL, SMC</td>
<td>AAA</td>
<td>17</td>
<td>1</td>
<td>14%</td>
<td>2</td>
<td>12%</td>
</tr>
</tbody>
</table>

**KEY**

<table>
<thead>
<tr>
<th>Completeness Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;60%</td>
<td>Poor</td>
</tr>
<tr>
<td>61%-79%</td>
<td>Fair</td>
</tr>
<tr>
<td>80%-99%</td>
<td>Good</td>
</tr>
<tr>
<td>100%</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

The Timeliness of IDSR Reporting (Supported by EWARS Web and Mobile) at health facility level in week 35 stands at 88% while in week 34 it was 89% and 8 states, and 1 AA are above the National target of 80%.

Reporting Challenges in the poorly performed States are; insecurity, internet inaccessible; Turnover of Partners.
The Timeliness of EWARS in partners’ supported sites stands at 71% in week 35 while in week 34 it was at 88%.
## Surveillance: EWARS completeness performance indicator by partners’ Mobile Site for week 35 and 34 of 2023

<table>
<thead>
<tr>
<th>Partner</th>
<th>HFs</th>
<th>Reporting</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># of reports received on Time in Week 35</td>
<td>Percentage of Timeliness in WK 35</td>
</tr>
<tr>
<td>PARTER</td>
<td></td>
<td>Total Number of Mobile Sites</td>
<td></td>
</tr>
<tr>
<td>SP</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>IMC</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>TRI-SS</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>SSHCO</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>SMC</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>SCI</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>UNH</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>HFO</td>
<td>5</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>WVI</td>
<td>2</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>IOM</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>24</td>
<td>20</td>
<td>83%</td>
</tr>
</tbody>
</table>

The Timeliness of EWARS in partners’ supported sites stands at **83%** in week 35 while in week 34 it was at **88%**.
Alert management including detection, reporting, verification, risk assessment, & risk characterization
The verification of alerts improved this week as compared to last week and 25% of them were verified within 24 hrs., 10% in 48 hrs., 6% in 72 hrs., 2% in more 72 hrs. while 57% were not verified.
### Alert by Status and States in week 35 of 2023

A total 162 alerts were triggered in week 35, 19 were discarded after verification. Majority of the alerts were seen in Unity, Lakes and Upper Nile,
On 8th June 2023, the WHO field office notified the Ministry of Health through the one health secretariat of the increase in mortality in Aweil due to dog bites (suspected rabies).

The one health secretariat convened an Adhoc meeting and formed a team to be deployed for investigation.

A multisectoral team comprising of eight officers was deployed to Aweil to investigate the alert.

Upon arrival the team found that a total of 725 cases of dog bites were registered in private clinics from January -14th Jul 2023 (Source: Wol Modern Pharmacy, Green World, Abu Temaan and Mathar).

Huge number of stray dog populations in Aweil town and the surroundings were observed.

There is inadequate Anti-rabies virus for both human and animal vaccines in the State.

Increase dog bites in Aweil town and the surroundings, causing communal fight within the communities e.g., Aweil East County.

The One Health secretariate still working with partners such as FAO and WHO to intervene as well as the state authority.
Influenza sentinel Surveillance updates
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 1-33, 2023, a total of 512 ILI/SARI were collected all 455 tested negative, 7 positives for Covid-19, (33) Influenza types A (H3), (2) B (Victoria), 2 for A/H1pdm09 and 13 for RSV in weeks 33, 2023.
Measles update

**Epi Summary**

- In 2023, a total of 5,774 with 142 related deaths have been reported with a CFR of 2.5%.
- Forty-nine (49) newly suspected cases were reported this week from Renk (26) and Rumbek East (5), Pigi (2), Ikotos (1), Magwi (2), (Yambio (1). However, it should be noted that most of these cases have their date of onset ranging from week 30 – 34, but data reported on week 35.
- 12 new laboratory-confirmed cases have been reported: Rumbek East (3), Fangak (4), Fashoda (3), Yambio (1) and Ikotos (1).
- Out of the 5,774 suspected measles cases, 436(8%) are lab-confirmed, 1,328(23%) epidemiologically linked, 3,778(65%) clinically compatible, and 232(4%) discarded cases have been reported from epidemiological week 1 to week 35, 2023. A total of 35 rubella positive cases from the discarded (negative measles cases).
- The majority more than 53% were reported among children less than 5 years of age with more than 80% having zero/unknown vaccination status in the same age group.
- Two new deaths were reported this week from Renk. Both have onset dates on 17th/Aug/2023 and 23rd/Aug/2023, respectively.
- A total of 142 measles-related deaths were reported since January 2023. 72%(102) were among clinically compatible cases whereas 28%(39) occurred among the epidemiologically linked case.
- Renk, Ulang, Kajo-Keji, Ye, Koch, Rubkona, Juba, Leer, and Aweil South counties still reporting suspected cases and are advised to collect samples for confirmation to guide the response.
- This crisis contributed to another round of outbreaks and from EPI week 25 (4 weeks after the last Measles campaign) a total of 1,925 cases have been reported with 25% being returnees.
- The Measles campaign was concluded in May 2023, EPI week 20, with a decline in cases, after which the movement of people due to the Sudan crisis started.

Source: Measles weekly sitrep
Measles Cases Summary as of 20 August 2023

<table>
<thead>
<tr>
<th>FINAL CLASSIFICATION</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO. OF CASES</td>
</tr>
<tr>
<td>Lab confirmed</td>
<td>436</td>
</tr>
<tr>
<td>Epi-linked</td>
<td>1328</td>
</tr>
<tr>
<td>Clinically Compatible</td>
<td>3778</td>
</tr>
<tr>
<td>Discarded (-ve)</td>
<td>232</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>5774</td>
</tr>
</tbody>
</table>

Out of the 5,774 suspected measles cases, 436 (8%) are lab-confirmed, 1,328 (23%) epi-linked, 3,778 (65%) clinically compatible, and 232 (4%) discarded cases have been reported from epidemiological week 1 to week 35, 2023. A total of 35 rubella positive cases from the discarded (negative measles cases)

A total of 142 measles-related deaths were reported since January 2023. 72% (102) were among clinically compatible cases whereas 28% (39) occurred among the epi-linked cases.
Measles update

Final classification by States

Percentage (%)

Note: Generally, 4,631 (80%) were unvaccinated (zero, unknown) including 3,074 (53%) children <5 years.
Vaccination Updates

- A total of 15 counties were targeted for a reactive campaign, and 14 counties were 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 is ongoing, with MEDAIR already implementing in Ayod

Way forward

- MOH and partners to support the 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
- Blood 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
- Collection of nasopharyngeal swaps from new cases
- Strengthen routine immunization at POEs, and within the community
- Prioritize case management to reduce morbidity and mortality.
- Enhance risk communication and community engagement in health and help-seeking behavior.
Hepatitis E Virus/AJS updates Bentiu.

- Total of 4,253 cases and 27 deaths have been reported since the onset of the outbreak.
- Five AJS cases were reported in week 30
- No new cases reported in week 35
- People in the age range of 15 – 44 years are the most affected age group.
Situation update as of 6 September 2023

- **Globally,** as of 6 September 2023, there have been **770,437,327** confirmed cases of COVID-19, including **6,956,900** deaths, reported to WHO. As of 5 September 2023, a total of **13,500,135,157** vaccine doses have been administered.

- **In Africa,** as of 6 September 2023 there have been **9,547,278** confirmed cases of COVID-19, including **175,425** deaths reported to the WHO.

- **In South Sudan,** from 3 January 2020 to 6 September 2023, there have been **18,368** confirmed cases of COVID-19 with **138** deaths, reported to WHO. As of 7 May 2023, a total of **4,312,900** vaccine doses have been administered.

WHO: [https://www.who.int/health-topics/coronavirus](https://www.who.int/health-topics/coronavirus)
HUMANITARIAN RESPONSE

SUDAN CRISIS
Sex and Age Breakdown

- 133,061 males
- 129,237 females
- 24,328 0-5 yrs
- 37,777 6-17 yrs
- 66,103 18-59 yrs
- 4,855 60+ yrs

Points of Entries

- Movement for 262,298 individuals has been tracked from various PoEs, 211,278 in Joda alone.
- 135,825 people have been moved.
- The government has assisted the movement of 23% of individuals, humanitarian agencies assisted 43% move, 17% self-organized their movements, 0.4% were moved by assistance through third-country nationalities, and movement for 17% were untracked.
- 83% of the onward movement was from Wunthou/Joda in Renk, Upper Nile State, 15% moved from Panakuch in Unity State, and 1.5% moved from Kiirr Adem in Unity State
- 42,471 individuals (6,736 households) currently are in collective centres and host communities in Renk Town.
Key Interventions and ongoing activities for the Sudan Crises

- WHO/MoH is coordinating the overall emergency health response through the existing structures.
- WHO/MoH deployed 4 teams to conduct health related rapid assessment and coordinate health emergency response in areas with high number of Refugees and Returnees.
- WCO managed to distribute or preposition a total of 269 Health Emergency Health kits to six locations that can benefit around 101,555 for three months at the cost of $142,710.
- Kits issued were mainly IEHK, Pneumonia, Cholera Investigation & treatment Kits, SAM/MC kits, and Field Sample Collection Kits. Others include Snake Venom antisera & SARS COV-2 Ag RDT.
- Strengthening Early Warning Alerts and Response Systems (EWARS) for timely detection and investigate priority diseases under active surveillance.
Challenges, suggested way forward and Priorities

Challenges
• Logistic challenges and limited access to healthcare due to insecurity, poor road infrastructure
• Recurrent attack on health care workers affecting services delivery
• Unpredictable funding to maintain staff salaries due to suboptimal government function
• Influx of the returnees and refugees in the Country increases the risk of diseases outbreak including measles and cholera
• Fragile health system; limited infrastructure, equipment, trained personnel, heavily reliant on donor support, which can be affected by donor fatigue and shifts in funding priorities

Key Asks
• Addressing health emergencies in South Sudan requires a multi-faceted approach;
  ✓ Increased funding (Predictability)
  ✓ Strengthening partnerships
  ✓ Increase advocacy efforts
As of today, WHO managed to distribute or preposition a total of 686 health emergency health kits to six locations that can benefit around 227,950 at the cost of $409,492.58.

Kits issued were mainly: IEHK, Pneumonia, Cholera Investigation & treatment Kits, SAM/MC kits, and field sample collection kits and NCD kits. Other supplies include; Snake Venom antisera & SARS COV-2 Ag RDTs.

To support WASH activities in health facilities, WHO distributed six handwashing stations and 18 segregation waste bins to Renk.
### Cross Border Support to Health Service Delivery in 2 Areas of Sudan

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Quantity supported</th>
<th>Total Price</th>
<th>Total # of boxes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> IEHK 2017, SUPPLEMENTARY) MODULE MEDICINES</td>
<td>3</td>
<td>3</td>
<td>6,292.89</td>
<td>66</td>
</tr>
<tr>
<td><strong>2</strong> IEHK 2017, BASIC MODULE, MEDECINES</td>
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<td>10</td>
<td>1,993.60</td>
<td>10</td>
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<tr>
<td><strong>3</strong> IEHK 2021, SUPPLEMENTARY MODULE, PEP, treatments for 50 adults + 10 children</td>
<td>5</td>
<td>5</td>
<td>4,724.05</td>
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<td><strong>4</strong> IEHK 2017, SUPPLEMENTARY MODULE, RENEWABLE</td>
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<td><strong>5</strong> IEHK 2017, SUPPLEMENTARY MODULE, EQUIPMENT</td>
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<td>3,620.00</td>
<td>10</td>
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<td><strong>6</strong> (Kit PED-SAM 2020) MODULE, MEDICINES SAM</td>
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<td><strong>7</strong> (Kit PED-SAM 2020) MODULE, MEDICINES PED CONTROLLED</td>
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</tr>
<tr>
<td><strong>8</strong> Kit PED-SAM 2020) MODULE, MEDICINES MALARIA</td>
<td>10</td>
<td>10</td>
<td>2,132.70</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>26,733.04</td>
<td>159</td>
</tr>
</tbody>
</table>
Measels Updates from Renk
Total of 611 measles cases have been reported including 48 deaths since the start of the outbreak. In week 34 of 2023 there 7 cases and one death reports. Most cases were reported from week 26 and majority of the deaths were recorded in week 27 and 29.

By age group children 1 – 4 years account for (74%) of the total cases. Followed by 5 – 14 yrs (20%).
In terms of case distribution by sex, Male account for 55% of the total cases reported more than the female counterparts as shown by the pie chart.

By Location, Renk hospital reported majority of cases and most of the deaths were reported from Wanthou, Renk hospital, TC and in the community, respectively.

**NB:** Severe Cases from Sudan continued to be referred to Renk Hospital from Wanthou (IOM facility) for further management in MSF-OCB measles isolation unit in Renk hospital.
MSF-OCB registered majority of the measles cases (#308 cases & 8 deaths) since the start of the outbreak. Most of the deaths (14 DEATHS) were reported by Relief International (RI).

Majority of the cases (60%) received Zero (0) dose and only 6% of the cases received one dose of their vaccine.

Vaccination status of the

34% (# 208) of the total cases were not provided.
114 cumulative deaths have been reported as of 10th Sept 2023. Measles account for 51 of the total deaths. Refer to the table in the next slide for all causes of deaths. Death by Age group under 5 accounts for majority of the deaths. Refer to the (figure 1) below.

Figure 1: Count of deaths among the returnees in Renk county by Age group and facility as of 10th September 2023.
In term of deaths by location, Renk hospital and Transit site registered the greatest number of the deaths. Deaths due Measles account for (45%) of the total mortality since the crisis began. Refer to the Table and the chart in this slide.
RENK Highlights

- Positive malaria cases are still increasing.
- Currently, IOM has slowed down by 50% on support for onward movement.
- Draft of a humanitarian contingency plan in which a health cluster contributed was developed.
- Construction of the new TC with a capacity of accommodating 4,000 people has started, and World Vision will provide Emergency Clinic medical services at the new TC.
- Floods have affected the Southern part of Renk, which caused a block of access to the airstrip.
- WHO participants in general cleaning in The Renk Civil Hospital.
- 5 days of IDSR training started on Monday.
- Stock out of measles and OPV has affected vaccination at PoE and TC.
OVERALL CONCLUSIONS AND RECOMMENDATIONS
In week 35, 2023, the IDSR reporting timeliness and completeness were at 74% and 88% respectively, while EWARN sites were at 71% and 83% timeliness and completeness respectively.

A total of 143 alerts were triggered in week 35, 2023, and most of the alerts were for measles 20% (28/143), malaria, 17% (24/143), AWD 24% (34/143), ABD 13%(19/143) and ARI 14% (20/143).

Measles scale-up response (reactive/mop-up campaigns) plan to be conducted in an additional 22 prioritized counties as of July 2023.

As of 12 September 2023, South Sudan received 262,298 individuals (61,263 households) who have entered South Sudan since 16 April 2023 with 42,471 total returnees in Renk.

Total of 611 measles cases have been reported in Renk including 51 deaths since the start of the outbreak.
**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.

- Continue with preparedness activities to strengthen surveillance at all levels including conducting after-action reviews and simulation exercises.

- Continue to support the multicluster response strategy in the reception sites for returnees/refugees' influx due to the Sudan crisis.
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-2023
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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