



Key figures					
Number of new cases reported in the last 24 hours	<b>3</b>	Cumulative number of labs confirmed cases	<b>1</b>	Cumulative number of suspected deaths	<b>4</b>
Number of new deaths reported in the last 24 hours	<b>2</b>	Cumulative number of suspected cases	<b>8</b>	Cumulative number of cases	<b>9</b>

Highlights

- Three suspected VHF fever were reported in last 24 hrs. from which two of them were death report.
- As of 31st December 2023 a total of 09 VHF suspect reported from three counties of western Equatoria state: Yambio county(04 ),Anzara county(04) and Tambura county(01)
- Rapid response team has deployed to investigate the suspected outbreak.
- Sample were collected from all alive suspect and lab analysis were underway at national public health laboratory and UVRI
- The Public Health Emergency Operations Center (PHEOC) is on alert mode and continues to coordinate and monitor the situation

Background

- On 7<sup>th</sup> December 2023, an 18-year-old male from Gangura village in Gangura payam, Yambio County developed illness characterized by generalized body weakness, headache, epigastric discomfort, fever, and vomiting.
- The patient was initially diagnosed with typhoid and put on treatment on the same day (7<sup>th</sup> December 2023).
- Upon completion of treatment for typhoid, his mother reported that he has not improved. On 21<sup>st</sup> December 2023, upon assessment at a health facility, he had vomiting of blood and Jaundice. Suspecting viral haemorrhagic fever, he was isolated at the health facility and sample was taken for further investigation. Yambio county where the first suspected viral haemorrhagic fever is 445KM from capital city Juba.
- So far Suspected VHF were reported from three counties of western Equatoria state. So far suspected were reported from suspected cases 07 were reported from rural and 02 were reported from urban.

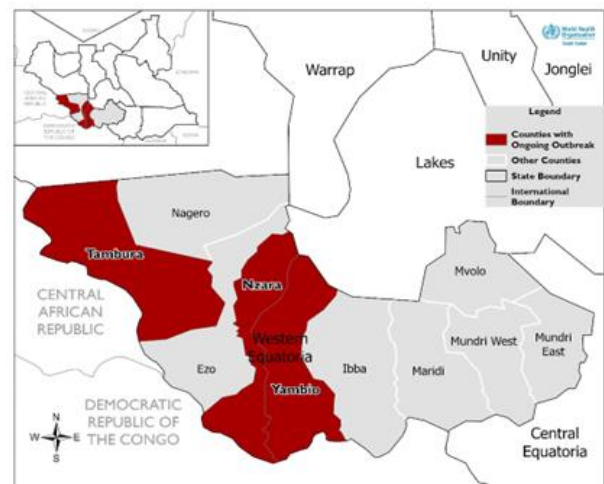


Fig 01: Location of Suspected Viral Haemorrhagic Fever

Current update as of 31 December 2023

Coordination

- The Ministry of Health at national level and the State Ministry of Health (SMOH) with support from WHO and partners provided operational and strategic guidance to the ongoing VHF preparedness and response.
- A daily meeting chaired by the Director General, Preventive Health Services, is being conducted at the Public Health Emergency Operation Centre (PHEOC) with stakeholders and key partners. Emergency is on alert Mode to facilitate the coordination activities.
- The following pillars were established at national level to support the investigation and response Coordination, Surveillance, Vaccination, Case Management, Infection Prevention and control, Vector Control and logistic.
- Similar coordination structure activated in State level on 27<sup>th</sup> 2023.
- Yellow fever disease outbreak declaration statement will be shared by the Ministry of Health with the media accordingly.
- Pillar leads and co-leads have been identified and requested to provide daily update to the National Steering Committee. Incident action plan was prepared for response.



Surveillance, laboratory, and reporting

- As of December 31, 2023, nine (09) suspected cases have been reported. From this 04 were death report.
Date of onset for symptoms was 6th December 2023. However, first alert reported on 21st December 2023
All the 09 reported suspected cases were male, with ages ranging from 18 to 50(Average 32).
All suspected cases were reported in three counties of Western Equatoria State: Yambio County (4 suspected cases), Anzara County (4 suspected cases), and Tambura County (
Basukambi(01) ,Gangura Center(03)High Salam(01),Mabia(01),Namatunda(01),Pazuo(01) and Sakure(01) are villages where cases reported.
Sample was collected from all alive suspected cases.
The sample from the first suspected case was received by the National Public Health Laboratory (NPHL) on 22nd December 2023. Laboratory investigation was conducted, and the sample tested negative for Ebola, Marburg and Malaria.
The sample tested positive for yellow fever on 24th December 2023 upon differential testing.
Two Sample was also sent to UVRI for further analysis.
Rapid response team is on conducting outbreak investigation. Surveillance are enhanced, active case search continued.

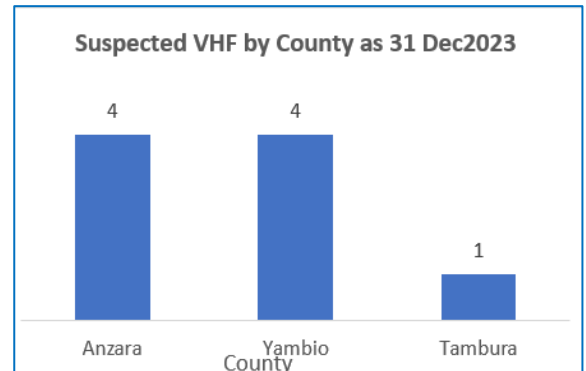


Fig 02 suspected cases by county

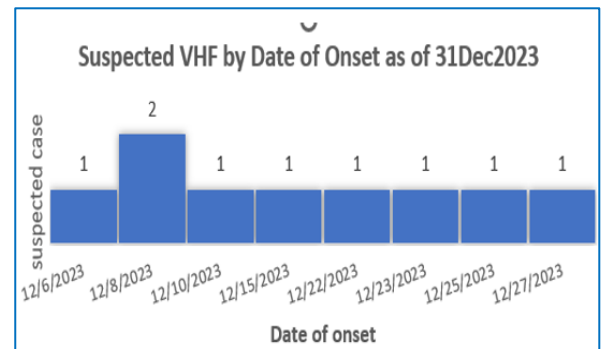


Fig 03: suspected cases by date of onset symptoms

Case management

- All facilities were alerted to do screening and triaging for VHF suspect.
The index case was initially isolated in a separate room at Gangura PHCC for treatment. However, the individual has since left the facility against medical advice. Ongoing efforts with the State Ministry of Health (SMOH) and the County Health Department (CHD) are focused on the readmission of cases.
Efforts are underway to enhance the capacity of PHCC (Primary Health Care Centers) by engaging with partners, as gaps in facilities for case management have been identified. Three facilities selected for capacity building by partners: Anzara PHCC,Sakure PHCC and St Theresa hospital.
Follow-up for other suspected cases at home is ongoing.
Contacts are listed and monitoring has been initiated.

Risk communication and community engagement (RCCE)

- Partners has started community engagement through their home health promoters and community key informants.
Strengthening of RCCE activities during Church Services and market days to sensitize community members on VHF suspect report and prevention continued.
Mapping of BMI is being conducted, accompanied by the dissemination of key messages on VHF suspect reporting and prevention.

Vaccination

- Development micro plan of yellow fever reactive vaccination campaign is ongoing.
The scope of the vaccination campaign will be determined based on the report of a rapid risk assessment. Meanwhile, a comprehensive plan, taking into account active cases by county and covering individuals aged 9 months to 60 years, has been developed.



Logistic and supplies

- Stocktaking of PPEs at the state level conducted and distributed to health facilities.
• Additional logistic mobilizations ongoing. WHO also prepositioned some supplies to affected area.

Implementing Partners by Pillar

Table with 2 columns: Pillar and Partner supporting. Rows include Coordination, Surveillance, Case Management, WASH, IPC, RCCE, Vaccination, Vector Control, and Logistic.

Pillar leads and co-leads

Table with 3 columns: Pillar, Lead (MOH), and Co-lead. Rows include Coordination, Surveillance, Laboratory, Case Management, IPC/WASH, RCCE, Vaccination, Vector Control, and Logistic.

Challenges

- Limited partners on the ground to support the response.
• Follow-up of the listed contacts
• Community perceptions regarding patients with jaundice, particularly their preference for traditional healers.
• Limited capacity to manage severe cases at facilities.
• Limited capacity at health facilities on sample collection and transportation

Next steps

- Continue monitoring and analysis of surveillance data to guide the response.
• Follow up of deployed rapid responders.
• Daily meetings with partners and stakeholders on the ongoing investigation and response
• Capacity building on for health workers on sample collection and transportation, case management and surveillance.
• Develop national outbreak response plan.
• Finalize Reactive vaccination campaign plan and submit for request.
• disseminate information, education, and communication materials. Awareness creation on yellow fever transmission and control measures
• More partner and other stakeholder engagement for resource mobilization



**PUBLIC HEALTH EMERGENCY OPERATIONAL CENTRE (PHEOC)**

**Situation update on the suspected viral haemorrhagic fever in Western Equatoria, South Sudan**

**Date: 31 December 2023**

**Situation Report Number 009**



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