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

Date: 03 January 2024

Situation Report Number 012

Key figures

<table>
<thead>
<tr>
<th></th>
<th>Number of new cases reported in the last 24 hours</th>
<th>Cumulative number of labs confirmed cases</th>
<th>Cumulative number of suspected cases</th>
<th>Cumulative number of suspected deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new deaths reported in the last 24 hours</td>
<td>01</td>
<td>01</td>
<td>11</td>
<td>06</td>
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</tbody>
</table>

Highlights

- Two (02) suspected viral haemorrhagic fever (VHF) case reported in last 24 hours from which one was new death report.
- As of 3rd January 2024, a total of 12 suspected VHF cases have been reported from three counties of Western Equatoria state: Yambio County (07), Nzara County (04) and Tambura County (01).
- A rapid response team has been deployed to investigate the suspected outbreak.
- Samples were collected from alive suspected cases and lab analysis is underway at the National Public Health Laboratory (NPHL) and Uganda Virus Research Institute (UVRI)
- The Public Health Emergency Operations Centre (PHEOC) is in alert mode and continues to coordinate and monitor the situation.

Background

- On 14th December 2023, twenty-four-year-old(24) male from Gangura center 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 (14th December 2023).
- Upon completion of treatment for typhoid, his mother reported that he has not improved. On 21st 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 a sample was taken for further investigation. Yambio county where the first suspected viral haemorrhagic fever was reported, is 445 km from Juba.
- Suspected VHF cases have been reported from three counties of Western Equatoria State: Yambio County, Nzara County, and Tambura County.

Current update as of 03 Jan 2024

Coordination

- The National Ministry of Health (MOH) and the State Ministry of Health (SMOH) with support from WHO and partners, is providing operational and strategic guidance to the ongoing VHF preparedness and response.
- A daily meeting chaired by the Director General of Preventive Health Services is being conducted at the PHEOC with stakeholders and key partners. The PHEOC is on Alert Mode to facilitate the coordination of activities.
- The following pillars were established at the national level to support the investigation and response: Coordination, Surveillance, Vaccination, Case Management, Infection Prevention and Control, Risk Communication and Community Engagement (RCCE), Vector Control and Logistics.
- Similar coordination structures have been activated at the state level on 27 December 2023.
- The yellow fever disease outbreak declaration statement will be shared with the media by the MOH as soon as laboratory results are received.
- 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 the response.
Situation update on the suspected viral haemorrhagic fever in Western Equatoria, South Sudan

Date: 03 January 2024
Situation Report Number 012

Surveillance, laboratory, and reporting

- Today two cases fulfill suspected cases definition of VHF were reported from Yambio county.
- As of January 03, 2024, twelve (12) suspected VHF cases have been reported. Six (06) were death reports.
- The first alert was reported on 21 December 2023.
- Of reported suspected cases nine (09) were male and three (03) were female. The age range of all cases was 18 to 50 years (Average 31)
- All suspected cases were reported in three counties of Western Equatoria state: Yambio County (7 suspected cases), Nzara County (4 suspected cases), and Tambura County (1).
- Basukambi (01), Gangura Center (03), Kada (01), Nagori (1), Epiro (01), Hai Salam (01), Mabia (01), Namatunda (01), Pazuo (01) and Sakure (01) are villages where the suspected cases were reported from.
- The most common signs and symptoms observed were fever, headache, epigastric pain, vomiting, jaundice, and bleeding from the mouse/nose.
- A sample was collected from all alive suspected cases.
- The sample from the first suspected case was received by the 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 by RT-PCR on 24th December 2023 upon differential testing.
- Two samples have been sent to UVRI for further analysis. More samples will be sent to UVRI as they are received by the NPHL.
- A rapid response team is on the ground conducting an outbreak investigation, including an active case search.

Case management

- All facilities were alerted to do screening and triaging for suspected VHF cases.
- The index case was initially isolated for treatment in a separate room at Gangura PHCC. However, the individual has since left the facility against medical advice. Ongoing efforts with the SMOH and the County Health Department (CHD) are focused on the readmission of the case.
- Efforts are underway to enhance the capacity of Primary Health Care Centers (PHCCs) in the affected counties by engaging with partners, as gaps in facilities for case management have been identified. Three facilities selected for capacity building by partners are Gangura 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 have started community engagement through their home health promoters and community key informants.
- Enhancing RCCE activities during church services and market days to sensitize community members on reporting suspected VHF cases is ongoing.
- The mapping of BMI is being conducted, accompanied by the dissemination of key messages on suspected VHF cases.
Situation update on the suspected viral haemorrhagic fever in Western Equatoria, South Sudan

Date: 03 January 2024

Situation Report Number 012

Vaccination

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

Logistics and supplies

- Stocktaking of PPEs at the state level is ongoing and some PPEs have been distributed to health facilities in the affected counties.
- Additional logistic mobilization is ongoing and WHO has prepositioned some supplies to the affected areas.

Implementing Partners by Pillar

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Partner supporting</th>
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<tbody>
<tr>
<td>Coordination</td>
<td>MOH, WHO</td>
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<tr>
<td>Surveillance</td>
<td>MOH, WHO and CGPP-WVI</td>
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<td>Case Management</td>
<td>MOH, WHO, WVI, CMMB</td>
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<td>Water, Sanitation, and Hygiene (WASH)</td>
<td>MOH, IOM, ICRC, CGPP-WVI, CMMB UNICEF, WHO</td>
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<tr>
<td>Infection Prevention and Control (IPC)</td>
<td>MOH, WHO</td>
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<tr>
<td>Risk Communication and Community Engagement (RCCE)</td>
<td>MOH, WHO, CGPP-WVI, TRI_SS, CMMB, CDTYand UNICEF</td>
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<tr>
<td>Vaccination</td>
<td>MOH, WHO, UNICEF</td>
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<tr>
<td>Vector Control</td>
<td>MOH, MSF, Malaria consortium</td>
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<td>Logistic</td>
<td>MOH, WHO, UNICEF</td>
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Pillar leads and co-leads

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<tr>
<th>Pillar</th>
<th>Lead (MOH)</th>
<th>Co-lead</th>
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<tbody>
<tr>
<td>Coordination</td>
<td>Dr John Rumunu/Atem Mayen</td>
<td>Dr Aggrey/ Kwuakuan (WHO)</td>
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<td>Surveillance</td>
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<td>Sheila Baya (WHO)</td>
</tr>
<tr>
<td>Laboratory</td>
<td>James Ayei</td>
<td>Andrew Baguma (WHO)</td>
</tr>
<tr>
<td>Case Management</td>
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<td>Richard Lobuya (WHO)</td>
</tr>
<tr>
<td>IPC/WASH</td>
<td>Nyankiir Ajing</td>
<td>Abraham (WHO)</td>
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<tr>
<td>RCCE</td>
<td>Mary Obat</td>
<td>Aping (UNICEF)</td>
</tr>
<tr>
<td>Vaccination</td>
<td>George Legge</td>
<td>Dr Anthony (WHO)</td>
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<tr>
<td>Vector Control</td>
<td>Constantino Doggale</td>
<td>Malaria Consortium/Mentor Initiative)</td>
</tr>
<tr>
<td>Logistics and Supplies</td>
<td>Hillary Hakim</td>
<td>WHO</td>
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Challenges

- Limited partners on the ground to support the response.
- Difficulty in 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 the available health facilities.
- Limited capacity at health facilities for sample collection, packaging 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 for health workers on sample collection, packaging and transportation, case management and surveillance.
- Develop a national outbreak response plan.
- Finalize reactive vaccination campaign plan.
- Disseminate information, education, and communication materials on yellow fever transmission and control.
- Engage more partners and other stakeholders for resource mobilization.
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**For more information, please contact**

<table>
<thead>
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<th>Contact Information</th>
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