



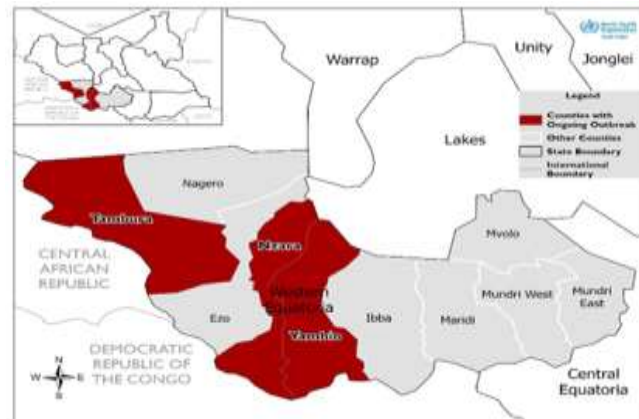
Key figures					
Number of new cases reported in the last 24 hours	03	Cumulative number of labs confirmed cases	01	Cumulative number of suspected deaths	06
Number of new deaths reported in the last 24 hours	0	Cumulative number of suspected cases	16	Cumulative number of cases	17

Highlights

- Three (03) suspected viral haemorrhagic fever (VHF) cases were reported in the last 24 hours.
- As of 05 January 2024, a total of seventeen (17) suspected VHF cases have been reported from three counties of Western Equatoria state: Yambio County (10), Nzara County (04) and Tambura County (03).
- A rapid response team has been deployed to investigate the suspected outbreak.
- Samples were collected from alive suspected cases and laboratory analysis is underway at the National Public Health Laboratory (NPHL) and Uganda Virus Research Institute (UVRI).
- Additional samples are expected to arrive from Yambio to the National Public Health (NPHL) Laboratory tomorrow.
- The Public Health Emergency Operations Centre (PHEOC) is in Alert Mode and continues coordinating and monitoring the situation.

Background

- On 14 December 2023, a twenty four year old (24) male from Gangura centre village in Gangura Payam, Yambio County, developed an 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 (14 December 2023).
- Upon completion of treatment for typhoid, his mother reported that he has not improved. On 21 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.



Map 1: Location of Suspected Viral Haemorrhagic Fever

Current update as of 05 January 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 updates to the National Steering Committee. An incident action plan was prepared for the response.



Surveillance, laboratory, and reporting

- Three (03) suspected viral haemorrhagic fever (VHF) cases were reported in the last 24 hours.
• As of 05 January 2024, seventeen (17) suspected VHF cases have been reported, of which Six (06) of them were death reports.
• The first alert was reported on 21 December 2023.
• Of the reported suspected cases, twelve (12) were male and Five (05) were female. The age range of suspected cases was from 02 to 50 years.
• All suspected cases were reported in three counties of Western Equatoria state: Yambio County (10 suspected cases), Nzara County (4 suspected cases), and Tambura County (03 Suspected cases).
• The most common signs and symptoms observed were fever, headache, epigastric pain, vomiting, jaundice, and bleeding from the mouth/nose.
• The NPHL received the sample from the first reported suspected case on 22 December 2023. Laboratory investigations were conducted, and the sample tested negative for Ebola, Marburg, and Malaria. However, it tested positive for yellow fever by RT-PCR on 24 December 2023.
• Two samples have been sent to UVRI for further analysis More samples will be sent as the NPHL receives them.
• The sample was collected from all alive suspected cases.
• A rapid response team is on the ground conducting an outbreak investigation, including an active case search.

Suspected VHF by County as of 05 Jan 2024

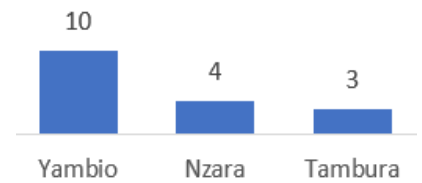


Fig 1: Suspected VHF cases by county South Sudan 05 Jan 2024



Fig 2: Suspected VHF cases reported, South Sudan, 05 Jan 2024

Case management

- All facilities were alerted to do screening and triaging for suspected VHF cases.
• The first reported suspected case was initially isolated for treatment in a separate room at Gangura PHCC. However, the individual has since left the facility against medical advice. Follow-up has continued at home.
• 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.



Vaccination

- The development of a micro plan for a 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 counties and covering individuals aged nine(09) months to sixty(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

Pillar	Partner supporting
Coordination	MOH, WHO
Surveillance	MOH, WHO and CGPP-WVI
Case Management	MOH, WHO
Water, Sanitation, and Hygiene (WASH)	MOH, IOM, ICRC, CGPP-WVI, UNICEF, WHO
Infection Prevention and Control (IPC)	MOH, WHO
Risk Communication and Community Engagement (RCCE)	MOH, WHO, CGPP-WVI and UNICEF
Vaccination	MOH, WHO, UNICEF
Vector Control	MOH, MSF, Malaria Consortium
Logistics	MOH, WHO, UNICEF

Pillar leads and co-leads

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

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.
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Next steps

- Continue monitoring and analysis of surveillance data to guide the response.
- Follow up on 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.

For more information, please contact

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