#### PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)



#### daiSituation update on the Yellow Fever outbreak in Western Equatoria State, South Sudan



Date: 10 January 2024

Situation Report Number 019

Key Figures							
Number of new suspected cases reported in the last 24 hours	01	Cumulative number of labs confirmed cases	01	Cumulative number of suspected deaths	05		
Number of new deaths reported in the last 24 hours	0	Cumulative number of suspected cases	19	Cumulative number of cases	20		

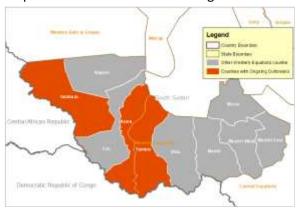
# Highlights

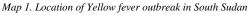
- The National Ministry of Health of the Republic of South Sudan declared a Yellow Fever outbreak on 24 December 2023.
- One (01) yellow fever Suspected case was reported from Nzara County in the last 24 hours.
- A cumulative of twenty (20) Yellow Fever cases (19 suspected and 01 confirmed) were reported from three counties in Western Equatoria state: Yambio County (10), Nzara County (05), and Tambura County (05) as of 10 January 2024.
- As of 10 January 2024, a total of 05 yellow fever suspected deaths reported.<sup>1</sup>
- One case was confirmed positive for Yellow Fever at the National Public Health Laboratory (NPHL) on 24 December 2023.
- A rapid response team has been deployed to investigate the suspected outbreak.
- The Public Health Emergency Operations Centre (PHEOC) has been activated at the national level. •
- Vaccine request Submitted to ICG
- Incident action plan, Interim case management guide and revised terms of reference for field outbreak • investigation were endorsed.

#### Background

On 21 December 2023, the Ministry of Health was notified a suspected case of viral hemmorhagic fever from Yambio county, Western Equatoria State. The suspected case was a 24-year<sup>2</sup>-old male from kangura village in Gangura Payam, Yambio County who presented with generalized body weakness, headache, epigastric discomfort, Fever, vomiting of blood and yellowish discoloration (Jaundice) of eyes.

- He was isolated at the health facility, and a sample was taken for further investigation. It tested positive for Yellow Fever on 24 December 2023 at the National Public Health laboratory.
- Additional suspected cases of Yellow Fever have been reported in two other counties (Nzara and Tambura) in Western Equatoria state.





# Current update as of 10 January 2024

Coordination

- Hon. Yolanda Awel Deng Juach, Minister, Ministry of Health of the Republic of South Sudan, declared the Yellow Fever outbreak in South Sudan Western Equatoria State and gave a press release to the media house on 24 December 2023.
- The PHEOC has been activated with all pillars to facilitate the coordination of activities.
- Daily coordination meeting with stakeholders and key partners is being conducted at the PHEOC.
- Similar coordination structures have been activated at the state and county levels.

<sup>&</sup>lt;sup>1</sup> A death reported from Yambio with an onset of fever on September 15, 2023, was excluded as it did not meet the revised outbreak case definition. <sup>2</sup> Further verification by national rapid response team revealed the age of the index case to be 24 years rather than 18 years.





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- Pillar leads and co-leads have been identified and requested to update the National Steering Committee dailv.
- Incident action plan, Interim case management guide and revised terms of reference for field outbreak investigation were endorsed.

# Surveillance, Laboratory, and Reporting

- One (01) yellow fever Suspected case was reported from Nzara in the last 24 hours.
- Cumulatively twenty (20) Yellow Fever cases (19 Suspected and 01 Confirmed) including five deaths (05)

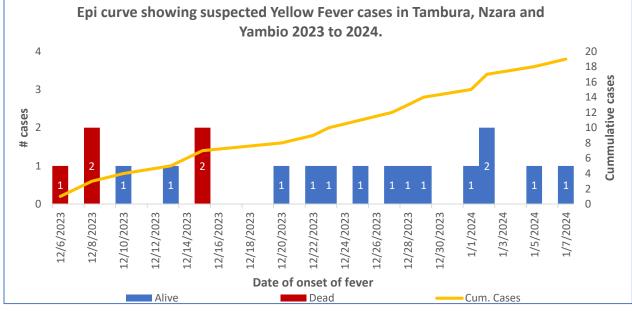


Fig 2: Suspected & confirmed Yellow Fever cases by reported date, South Sudan, 10 Jan 2024

were reported as of 10 January 2024 giving a Case Fatality rate 25%.

All cases were reported from three counties of Western Equatoria state: Yambio County (10), Nzara County (05) and Tambura County (05)

From the reported cases, 70% (14) were males, and females accounted for 30% (06).

- The Median age is 26 • years with the range of 02-58 years.
- on 10<sup>th</sup> of January 2024 a National Public Health Laboratory (NPHL) received 03 samples (02 Tambura and 01 Yambio county). Currently 06 Samples are undergoing serological testing at NPHL.
- A rapid response team is on the ground conducting

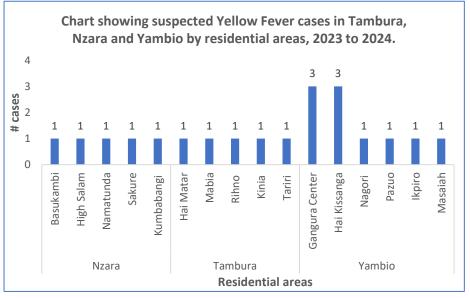


Fig 1: County reported Yellow Fever outbreak cases South Sudan 10 Jan 2024

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an outbreak investigation, active case search, community-based surveillance.

#### **Case management**

- All facilities have been alerted to screen and triage for suspected cases using the outbreak case definition.
- An Interim Case management guide has been developed to support health care workers in management of • patients.

#### **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 cases is ongoing.
- Stakeholders' mapping has been completed, and key messages on Yellow Fever prevention, control and ٠ reporting have been prepared.

#### Vaccination

The Ministry of Health, with support from WHO and partners, has submitted a request of 314,265 dose of Yellow Fever vaccine to ICG for three affected counties.

#### **Logistics and supplies**

Supplies were prepositioned and additional Logistics mobilization is underway, and some personal protective equipment (PPEs) have been distributed to health facilities in the affected counties.

#### **Implementing Partners by Pillar**

Pillar	Partner supporting
Coordination	MOH, WHO
Surveillance	MOH, WHO and CGPP-WVI
Case Management	MOH, WHO, CMMB
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, TRI_SS 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	



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## **Challenges**

- Limited partners on the ground to support the response.
- Community perceptions regarding patients with jaundice, particularly their preference for traditional healers.
- Limited capacity to manage severe cases at the available health facilities and difficulty in follow-up of suspected • cases at home.
- Weak surveillance in some counties in Western Equatoria State.
- Limited capacity at health facilities for sample collection, packaging, and transportation.

## Next steps

- Strengthen coordination at the national, state, and county levels.
- Continue monitoring and analysis of surveillance data, active case search, investigation of alerts.
- Conducting Entomological surveillance in the affected areas
- Capacity building for health workers on sample collection, packaging, transportation, case management, and . case detection and reporting.
- Finalize the Yellow Fever outbreak response plan.
- Follow up vaccine requested ICG
- 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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