



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

**Daily Situation update on the Yellow Fever outbreak in Western Equatoria State, South Sudan**

*Date: 3 February 2024*

*Situation Report Number 028*



Key Figures					
Number of new suspected cases reported <sup>1</sup> in the last 7 days	<b>15</b>	Cumulative number of suspected cases	<b>49</b>	Cumulative number of cases	<b>50</b>
Number of new deaths reported in the last 7 days	<b>01</b>	Cumulative number of suspected deaths	<b>06</b>	Cumulative number of laboratory-confirmed cases	<b>02</b>

**Highlights as of 3 February 2024**

- The National Ministry of Health of the Republic of South Sudan declared a Yellow Fever outbreak on 24 December 2023.
- There were 15 suspected Yellow Fever reported during the last 7 days. The cases were reported from Yambio county (9), Tambura (2), Ezo (2) Ibba (1), and Maridi (1).
- There was one (01) suspected case reported from Maridi county on 1 February 2024, thus adding to the number of affected counties to six (6).
- A cumulative of fifty (50) Yellow Fever cases (49 suspected and 01 confirmed) were reported from six counties in Western Equatoria state: Yambio County (27), Nzara County (07), Tambura County (09), Ibba (03), Ezo (03) and Maridi County (01) as of 1 February 2024.
- As of 2 February 2024, a total of 06 Yellow Fever suspected deaths were reported.<sup>2</sup>
- One (01) additional sample tested positive for Yellow Fever on 2 February 2024 at the National Public Health Laboratory (NPHL) and reconfirmed at the Uganda Virus Research Institute (UVRI), given a cumulative total of two (02) laboratory confirmed cases as of week 5 of 2024.
- A rapid response team was deployed to investigate the confirmed outbreak.
- The Public Health Emergency Operations Centre (PHEOC) has been activated to response mode at the national level.
- Yellow Fever Vaccines (410,596 doses) have been deployed to Yambio Western Equatoria state on 30 January 2024.
- Incident action plan (IAP), Interim case management guide, Interim travel guide and revised terms of reference for field outbreak investigation have been finalized and approved. A draft Yellow Fever Preparedness and Response Plan, January – December 2024 has been developed.
- Response activities (coordination, surveillance, laboratory, case management, risk communication and community engagement, vaccination, infection prevention and control etc) are being reinforced by State Ministry of Health and supported by partners (WHO, UNICEF, WVI-CGPP, CDTY, CMMB, Red Cross South Sudan, AMREF, JRS, IMA and TRI\_SS)
- Preparedness activities are being strengthened in state and counties bordering Tambura and Ibba through guidance from Ministry of Health and State Ministry of Health with support from partners (WHO, UNICEF, CARE, Johanitter, AFOD and CORDAID).

<sup>1</sup> Number of cases detected in the last 7 days. This includes both at the health facility and community

<sup>2</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.

## Background

- On 21 December 2023, the Ministry of Health was notified a suspected case of viral hemorrhagic fever from Yambio County, Western Equatoria State. The suspected case was a 24-year<sup>3</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.
- The patient was isolated at the health facility, and a sample was taken for further investigation. The sample tested positive for Yellow Fever on 24 December 2023 at the National Public Health laboratory.

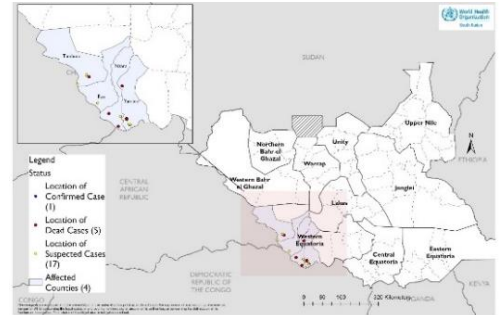


Figure 1: Location of Yellow fever outbreak in South Sudan

## Current update as of 3 February 2024

### Coordination

- Hon. Yolanda Awel Deng Juach, Minister, Ministry of Health, Republic of South Sudan, declared an outbreak of Yellow Fever in Yambio, Western Equatoria State on the 24<sup>th</sup> December 2024 and gave a press statement to the media house.
- The PHEOC was activated to facilitate coordinated pillar-based response to the outbreak.
- Daily coordination meeting with stakeholders and key partners continue to be conducted at the PHEOC.
- Similar coordination structures have been activated at the state and county levels.
- Pillar leads and co-leads have been identified and requested to update the National Steering Committee daily.
- Incident action plan, Interim case management guide, Interim travel guide and revised terms of reference for field outbreak investigation have been finalized and approved. A draft Yellow Fever Preparedness and Response Plan, January – December 2024 has been developed.

### Surveillance, Laboratory, and Reporting

- Fifteen (15) new Yellow Fever case was reported during the week ending 2 February 2024. The cases were reported from Yambio county (9), Tambura (2), Ezo (2) Ibba (1), and Maridi (1).
- Cumulatively, fifty (50) Yellow Fever cases (49 suspected and 01 confirmed) including 6 deaths were reported as of 2 February 2024, giving a case fatality ration of 12%.
- All cases were reported from from six counties in Western Equatoria state: Yambio County (27), Nzara County (07), Tambura County (09), Ibba (03), Ezo (03) and Maridi County (01) as of 2 February 2024

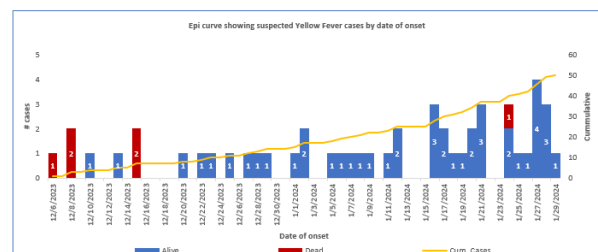


Figure 2: Epi-curve curve showing suspected Yellow Fever cases in Ezo, Tambura, Nzara and Yambio 2023 to 2024 by date of onset

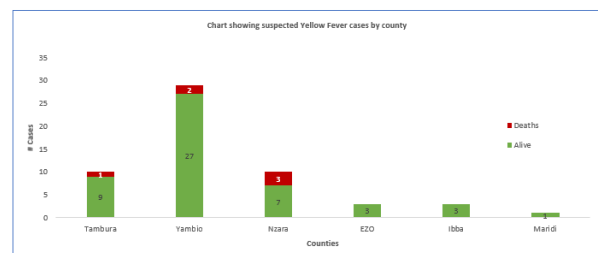


Figure 3: Chart showing suspected Yellow Fever cases in Tambura, Nzara, Ibba, Ezo and Yambio, 2023 to 2024

<sup>3</sup> Further verification by national rapid response team revealed the age of the index case to be 24 years rather than 18 years.



- Out of the cumulative 50 cases (1 confirmed and 49 suspected), males accounted for 52% and females accounted for 48%.
- Majority (92%) of the reported cases are 15 years and above whilst 12% are reported to be among 1 to 4 years old.
- Thirteen (13) samples subjected to PCR and serology tested negative for Yellow Fever at the NPHL.
- A rapid response team is on the ground conducting an outbreak investigation, active case search, community-based surveillance.
- Entomological surveillance is conducted in the affected areas
- Orientation of State and Counties Rapid response team is ongoing.

### Case management

- All health 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 reporting have been prepared.
- 75,000 flyers and 2,500 posters printed were printed and distributed to all affected counties in Western Equatoria State.
- Radio talk shows ongoing.
- Radio spot broadcasting on Yellow Fever prevention and control in progress. Request has been submitted to Eye Radio.
- Training and sensitization of the payams in all affected counties has been conducted as part of the preparedness efforts to the Yellow Fever reactive vaccination campaign.

### Vaccination

- Yellow Fever Vaccines (410,596 doses) have been deployed to Yambio Western Equatoria state on 30 January 2024.
- Data tools and other materials to be delivered on 9 February 2024.
- The budget for the operational component has been approved and disbursed to WHO to support the campaign activities.
- National and state level trainings planned to start on 9 February 2024.
- Campaign planned to commence on 12 February 2024
- Detailed chronogram of activities updated to reflect the mentioned activities.



### Logistics and supplies

- Medical supplies and IPC equipment including VHF 500 PPE Kit of 1 metric ton have been delivered to Yambio to support the affected counties.

### Implementing Partners by Pillar

Pillar	Partner supporting
Coordination	MOH, WHO
Surveillance	MOH, WHO and CGPP-WVI
Case Management	MOH, WHO, CMMB, and CGPP-WVI
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, UNICEF, CDTY, TRI-SS, CMMB and Red cross South Sudan
Vaccination	MOH, WHO, UNICEF, CGPP-WVI, AMREF, CMMB and CDTY
Vector Control	MOH, and WHO
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	William Ruai (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

- Lack of partners support to carry out vector control activities to reduce the risk of yellow fever transmission.
- 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.
- Capacity building for health workers on sample collection, packaging, transportation, case detection and case management and reporting.
- Finalize the Yellow Fever outbreak preparedness and response plan.
- Disseminate information, education, and communication materials in Arabic and Zande on Yellow Fever transmission, prevention and control.
- Engage more partners and other stakeholders for resource mobilization.
- Engage the private health facilities
  - Distribution of the CIF and case definition for yellow fever
  - Training on the CIF
- Engagement of traditional healers.
- Develop SOPs for all pillars to standardize the process of removing duplicates and replacing them with new cases

For more information, please contact

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