



Weekly Situation update on the Yellow Fever outbreak in Western Equatoria State, South Sudan Date: 12 February 2024 Situation Report Number 029

Key Figures Number of new Cumulative number of suspected cases **14** suspected cases 61 Cumulative number of cases 64 reported¹ in the last 7 days Number of new deaths Cumulative number of Cumulative number of reported in the last 7 01 06 03 suspected deaths laboratory-confirmed cases days

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-year²-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.



Figure 1: Location of Yellow fever outbreak in South Sudan

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.

The National Ministry of Health of the Republic of South Sudan declared a Yellow Fever outbreak on 24 December 2023 confirmation of the case and immediately activated the Public Health Emergency Operation Center (PHEOC) to response mode to facilitate pillar-based response to control and contain the outbreak. A multi-disciplinary team from the Ministry of Health, WHO and Partners at national and subnational levels was deployed to conduct an in-depth epidemiological investigation, active case search, community mobilization and sensitization in Gangura Payam (epi center), Yambio County, Western Equatoria State and surrounding Payams and Counties.

Key highlights

Reporting period: 5th to 11th February 2024

- Today, marks 53 days since the first case of Yellow Fever was confirmed on 24 December 2023.
- Fourteen (14) newly suspected Yellow Fever cases reported during the last 7 days. The cases were reported from Yambio (6), Tambura (3), Ezo (2) Nzara (2) and Ibba counties (1).
- A cumulative total of sixty-four (64) Yellow Fever cases (61 suspected and 03 confirmed) were reported from six counties in Western Equatoria state: Yambio (33), Nzara (09), Tambura (12), Ibba (04), Ezo (05) and Maridi Counties (01) as of 12 February 2024.
- No new deaths reported during the last 7 days.

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

² 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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- A cumulative total of six (06) suspected deaths were reported³, giving a case fatality ratio of 9.4%.
- Two (02) 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 three (03) laboratory confirmed cases as of week 5 of 2024.
- Preparations to conduct the Yellow Fever reactive vaccination campaign are ongoing following the deployment of 410,596 doses of vaccines to Yambio Western Equatoria state on 30 January 2024.
- 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).

Current updates

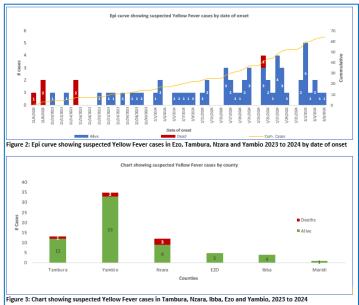
Coordination

Coordination meeting with stakeholders and key partners have been shifted from daily to weekly at national level but daily meetings continue to be conducted at the sub-national level.

Surveillance, Laboratory, and Reporting

Fourteen (14) new suspected Yellow Fever reported during the last 7 days. The cases were reported from Yambio county (6), Tambura (3), Ezo (2) Nzara (2) and Ibba (1).

- Cumulatively, sixty-four (64) Yellow Fever cases (61 suspected and 03 confirmed) including 6 deaths were reported as of 12 February 2024, giving a case fatality ration of 9.4%.
- All cases were reported from six counties in Western Equatoria state: Yambio county (33), Nzara county (09), Tambura County (12), Ibba county (04), Ezo county (05) and Maridi county (01) as of 12 February 2024
- Out of the cumulative 64 cases (61 suspected and 3 confirmed) 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.



³ 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.

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Case management

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

Risk communication and community engagement (RCCE)

- Partners continue to conduct 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 and the preparation of the yellow fever vaccination campaign is
 ongoing.
- Twenty-seven (27) health care workers oriented on Yellow fever outbreak response focusing on risk communication and community engagement for vaccines uptakes (Tambura, Nzara, and Yambio)
- Radio spot broadcasting on Yellow Fever prevention and control in continue to be produced.

Vaccination

- The ICG has authorized an extra 223,743 doses of the Yellow Fever vaccine to be allocated for the remaining two counties of Ibba and Ezo counties.
- UNICEF has initiated all necessary processes to ensure the arrival of the vaccines in the country before the third week of February.
- Preliminary activities for the Yellow Fever campaign have been concluded, encompassing the training
 of team and payam supervisors, vaccinators, recorders, social mobilizers, and crowd controllers.
 Additionally, the cold chain and vaccine distribution have commenced in preparation for the
 campaign
- Supervisors, totaling 10 from the Ministry of Health and 3 from partner organizations, have been trained and dispatched to WES to provide support for the campaign.
- Ongoing social mobilization efforts are currently underway, with a scheduled campaign launch on the 13th of February 2024. The Honorable Minister of Health, and various partners will be leading this initiative.

Logistics and supplies

Partners availing the transport means for supporting the vaccination campaign

Implementing Partners by Pillar

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Pillar	Partner supporting	
Coordination	MOH, WHO	
Surveillance	MOH, WHO and CGPP-WVI	
Case Management	MOH, WHO, MSF-Spain, 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	MOH, WHO, CGPP-WVI, UNICEF, CDTY, TRI-SS,	
(RCCE)	CMMB and Red cross South Sudan	
Vaccination	MOH, WHO, UNICEF, CGPP-WVI, AMREF, CMMB	
	and CDTY, CRSO,HPF	



World Health Organization

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Control MOH and WHO

Vector Control	MOH, and WHO	
Logistics	MOH, WHO, UNICEF, MSF-Spain, WVI	

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 especially RCCE activities in other counties.
- 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.
- Limited capacity at health facilities for sample collection, packaging, and transportation.

Next steps

- Strengthen coordination at the national, state, and counties 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.
- Engagement of traditional healers.
- Develop SOPs for all pillars to standardize the process of removing duplicates and replacing them with new cases.





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