



World Health Organization

Situation report # 6
26 FEB - 4 MARCH, 2018



WHO emergency response team jointly assessing case management at the Kormush PHCU treatment center in Imurok Payam, Torit

South Sudan

Emergency type: Humanitarian Crisis in South Sudan

7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.9 MILLION
INTERNALLY
DISPLACED



2.1 MILLION
REFUGEES

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*

32 ASSORTED
MEDICAL/SAM/TRAUMA KITS

WHO FUNDING REQUIREMENTS 2018



FUNDED

16.9 REQUESTED

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION



1 668 710 OCV DEPLOYED

58 842 MEASLES

976 284 MENAFRVAC

RIFT VALLEY FEVER



35 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- In Torit, a total of 107 suspect meningitis cases including 28 deaths (CFR=26%) have been reported from Iyire and Imurok payams, Torit county. Alert and action threshold have been surpassed but laboratory confirmation is pending. These two locations have largely been inaccessible because of insecurity.
- A new measles outbreak confirmed in Aweil East after three measles IgM positive cases were confirmed on 24 February, 2018. Reactive measles campaign is planned targeting children 6 months to 15 years.
- Three suspected Rift Valley Cases reported in Yirol West during the week. Overall 35 suspected human cases have been reported and reclassified as 6 confirmed; 3 probable cases; 20 non-cases and 6 pending classification.

Background of the crisis

The crisis in South Sudan is currently a Protracted 3 humanitarian emergency following the conflict in December 2013. Currently, about 4 million people have fled their homes for safety of which 1.9 million people are internally displaced; while an estimated 2.1 million are refugees in neighbouring countries. The country is currently facing a severe economic crisis and high inflation making the health emergency operations quite expensive and hence difficulties in delivering humanitarian assistance.

Event Description/Situation update

The security situation across the country remains generally unpredictable. In the Upper Nile state, fears of escalating tensions with approaching rainy seasons are on the rise given a stall in diplomatic engagements by both armed sides of the conflict.

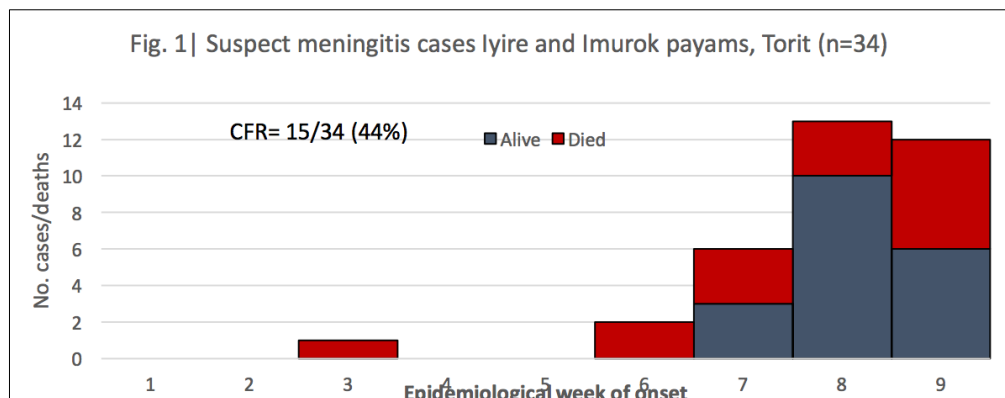
Epidemiological Update

In epidemiological week 8 of 2018, completeness for IDSR reporting at county level was 66% while EWARS reporting from the IDP sites was 76%. A total of 14 alerts were reported, of which 100% have been verified. 0 alerts were risk assessed and 0 required a response. Among the IDPs, ARI and malaria accounted for 24.4% and 20.4% of consultations in week 8. The other significant causes of morbidity in the IDPs include AWD, skin diseases, and injuries.

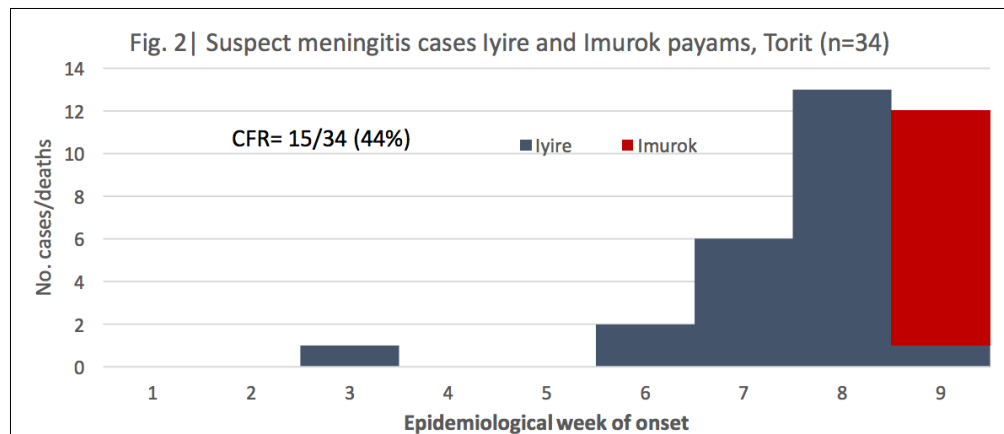
Suspected meningitis outbreak: Overall at least 107 suspect cases including 28 deaths have been reported from Iyire and Imurok payams, Torit county. The suspect cases have been rising since week 6 and the alert threshold for suspect meningitis was surpassed in week 7.

There was an exponential rise in cases in week 9, as shown in the epicurve below (fig 1) due to transmission in Imurok payam where the attack rate for week 9 was 51.4 cases per 100,000, thus surpassing the meningococcal meningitis outbreak threshold of 10 cases per 100,000. This therefore calls for:

- Laboratory confirmation of the outbreak to inform vaccination decisions.
- Continued data collection and transmission analysis to inform response decisions.
- Collect CSF from suspect cases to facilitate laboratory confirmation and monitor serogroups
- Treat all new cases with appropriate antibiotics as recommended by the national protocols



In Imurok Payam investigations revealed that the index case developed symptoms on the 25 Feb 2018. Other cases identified in the community were managed at the Kur Mosh PHCC. The ten cases have symptom onsets in week 9 as shown in Figure 2.



Most cases have been reported in individuals aged 30 years and above and most deaths have been reported in cases aged 5-14 years and adults 30 years and above. This is a very high case fatality rate, mostly driven by the fact that most of the cases did not visit health facilities either because of cultural beliefs or because the facilities were not functional.

Measles: The measles outbreak confirmed in Aweil East is still ongoing. A total of 17 measles cases have been line listed. Implementation of a reactive measles campaign targeting children 6 months to 15 years supported by partners is underway. A reactive measles campaign in Cueibet was completed with an administrative coverage of 58,842 (87%). The campaign was led by the CHD supported by WHO and other partners (HPF, CUAMM, Unicef). In Aweil Center; a reactive measles vaccination campaign led by two MedAir and MSF-F targeting under-fives has been completed. Coverage data is being analyzed and plans are underway to conduct a coverage survey.

Since the beginning of 2018, at least 68 suspect measles cases including 1 death (CFR 1.47%) have been reported. Of these, 47 suspect cases have undergone measles case-based laboratory-backed investigation with 31 samples collected out of which 10 measles IgM positive cases; 14 clinically confirmed cases; and 3 cases confirmed by epidemiological linkage.

Rift Valley Fever: In week 9, three suspected cases of RVF were reported from in Yirol West and investigations are ongoing. Cumulatively between 7 December to 24 February a total of 35 suspect RVF cases were reported in Eastern Lakes from 7 December 2017 to 24 February 2018. These were reclassified based on investigations and laboratory results, such that as of 16 February 2018, there were a total of six (6) RVF confirmed cases, three (3) probable, and six (6) suspect RVF cases (laboratory results are pending). Twenty (20) cases were discarded as non-cases following negative laboratory results for RVF and other common causes of viral haemorrhagic fever.

Out of the 21 samples collected from animals (goats, sheep and cows), and tested at the OIE reference laboratory in South Africa, three tested positive for Rift valley fever. The declaration of RVF outbreak is underway.

Malaria: Malaria is the top cause of morbidity in the country, accounting for 21.4% of the deaths since week 1 of 2018, followed by ARI, and AWD. Among the IDPs, malaria accounted for 20.4% of consultations in week 8. In the relatively stable states, malaria is the top cause of morbidity accounting for 33.9% of the consultations in week 8 (representing an increase from 33.7% in week 7).

Malnutrition: Protracted conflict and displacements have contributed to insufficient crop production, disruptions to livelihoods and persistent macroeconomic deterioration. In January 2018, there were no longer populations in Catastrophe (IPC Phase 5) in Ayod and the Elevated Risk of Famine in greater Baggari sub-area of Western Bahr el Ghazal has been prevented. In particular, humanitarian assistance has prevented a worsening food security situation in Greater Baggari sub-area, Mayom, Rubkona, Guit, Mayendit, Leer, Panyijiar, Ayod, Fangak, Canal/Pigi, Fashoda, Melut, Ulang, Akobo, Twic East, Bor South and Awerial. In the worst-case scenario, large-scale Catastrophe leading to Famine (IPC Phase 5) is likely in protracted absence of humanitarian assistance and conflict-related restrictions to population movement, and counties of greatest concern are Leer, Koch, Panyijiar, Ayod, Nyirol, and

Uror. Therefore, delivering large-scale multi-sectoral humanitarian assistance (including nutrition and health) is needed urgently to prevent extreme food security outcomes and loss of lives in eleven counties namely Leer, Mayendit, Ayod, Nyirol, Uror, Koch, Panyijiar, Fangak, Pibor, Longochuk, and Wau (greater Baggari sub-area).

WHO public health response

- WHO is providing both technical and logistical support to response to the suspected meningitis deaths in Kor mush, Nyara East and Nyara West villages located in Imurok and Iyire payams in Torit County, former Eastern Equatoria State. These two locations have largely been inaccessible because of insecurity. However Rapid response teams and diagnostic and case management kits have been deployed to support ongoing investigation and response activities.



WHO response team conducting training at Khormush treatment center

- WHO issued 2 SAM kits to support CMA partner in providing inpatient care in two stabilization centers, in Keew –Fangak County and Pultruk, Nyirol County of Jonglei state and mitigate the impact of the current nutrition emergency in these locations, which are among the worst affected by malnutrition and food insecurity.
- In preparation for the cascading of Integrated Community case management in Lol state former Northern Bahr el Ghazal, WHO in collaboration with Concern Worldwide conducted ICCM training for ICCM supervisors and county health department officers.

- WHO participated in the Inter-agency assessment mission which was successfully conducted in 12 locations in Greater Mundri, former Western Equatoria state to assess the humanitarian status in those areas. WHO also provided an assortment of life saving medical supplies to Amadi State MoH.



WHO and partners during the interagency assessment mission in Mundri

- WHO with support from IST conducted a training for WHO staff at country office and ministry of health on accountability framework to improve supervisory visits and provide real time data on EPI activities in the field.
- The national polio expert committee (NPEC) meeting was held with the country office closing the AFP 2017 database. Unfortunately, 5 compatible cases were reported compared to 0 reported in 2016, calling for an improvement in surveillance and routine immunization.
- Following the reported increasing incidence of suicide cases in Malakal PoC, located former Upper Nile state, WHO country office deployed a technical officer for mental health to conduct an objective assessment of the problem. The assessment was based on the WHO and UNCR assessment tool for mental health and psychosocial needs. The findings and the recommendations will be disseminated to key actors for action.

Operational gaps and challenges

- Limited access to vulnerable communities' in need of life saving interventions especially in conflict affected areas.

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million		

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