

South Sudan

Integrated Disease Surveillance and
Response (IDSR)

Annexes W7 2018 (Feb 12 – Feb 18)



World Health
Organization
South Sudan



Ministry of Health
Republic of South Sudan

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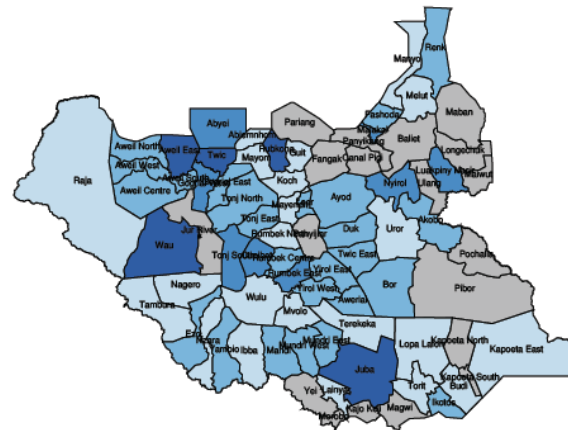
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Sources of data

1. Weekly IDSR Reporting Form
2. Weekly EWARS Reporting Form

Access and Utilization | Map of consultations by county

Map 1 | Map of total consultations by county (W7 2018)



Hub	W7	2018
Aweil	14,914	115,146
Bentiu	15,066	92,354
Bor	13,467	79,974
Juba	7,900	61,607
Kwajok	22,700	153,738
Malakal	8,960	61,406
Rumbek	13,655	102,779
Torit	3,367	30,571
Wau	6,044	48,704
Yambio	10,979	
South Sudan	117,052	821,629

The total consultation in the country since week 1 of 2018 is 821,629, by hub Aweil registered the highest number of consultations as indicated in the table above. The total number of consultations by county is indicated in the map above. See the key for more information.

Proportional mortality

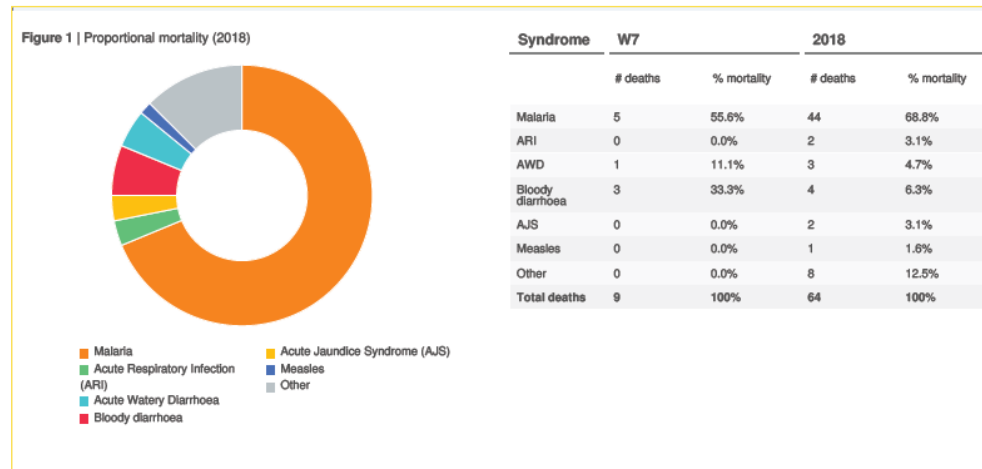


Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 68.8% of the deaths since week 1 of 2018, followed by ARI, and AWD

Proportional morbidity

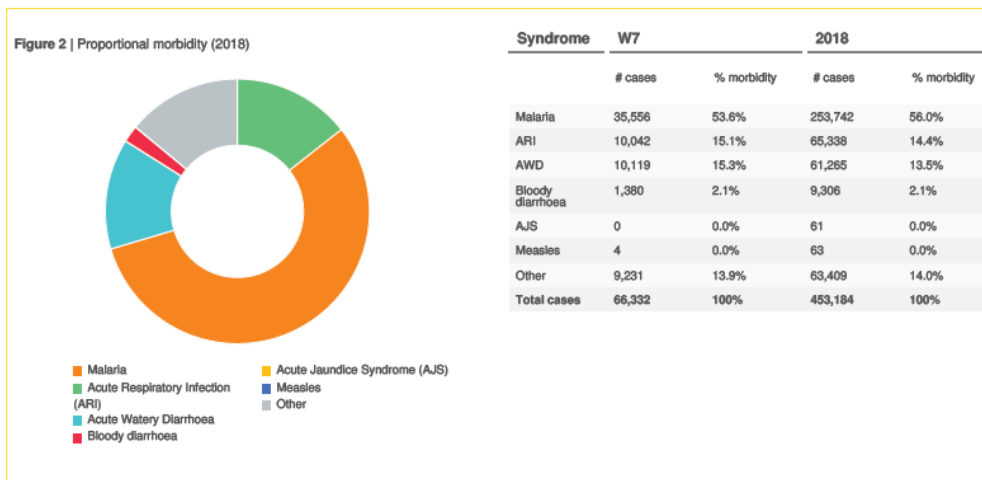
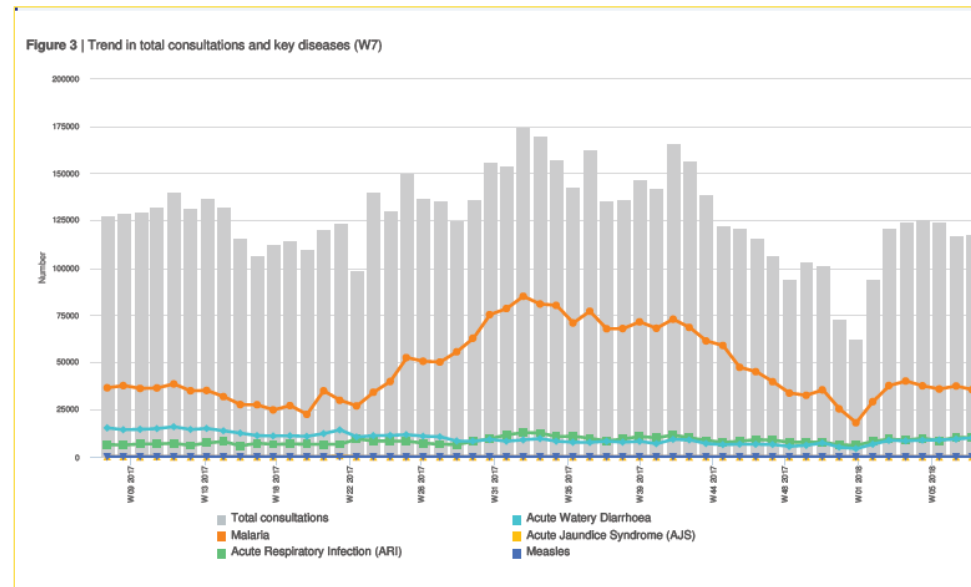
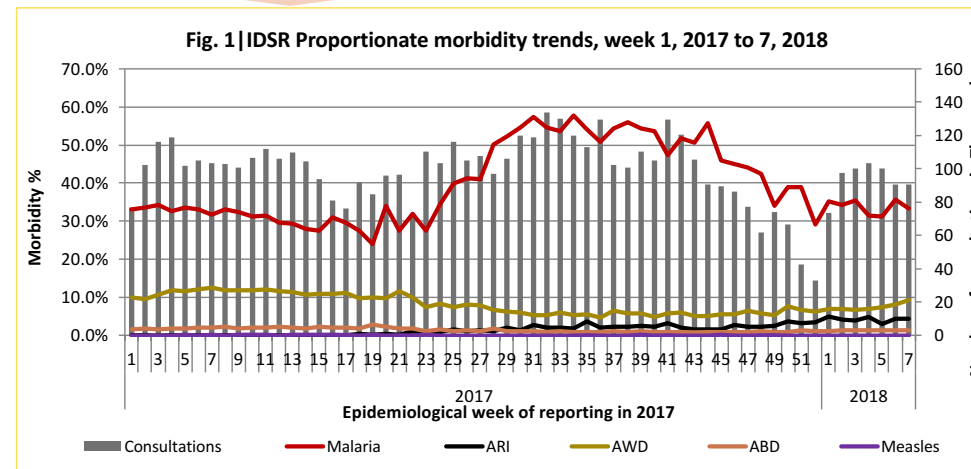


Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 253,742 (56%) followed by ARI, AWD and ABD respectively since week 1 of 2018. refer to the figure above for more information.

Trend in consultations and key diseases

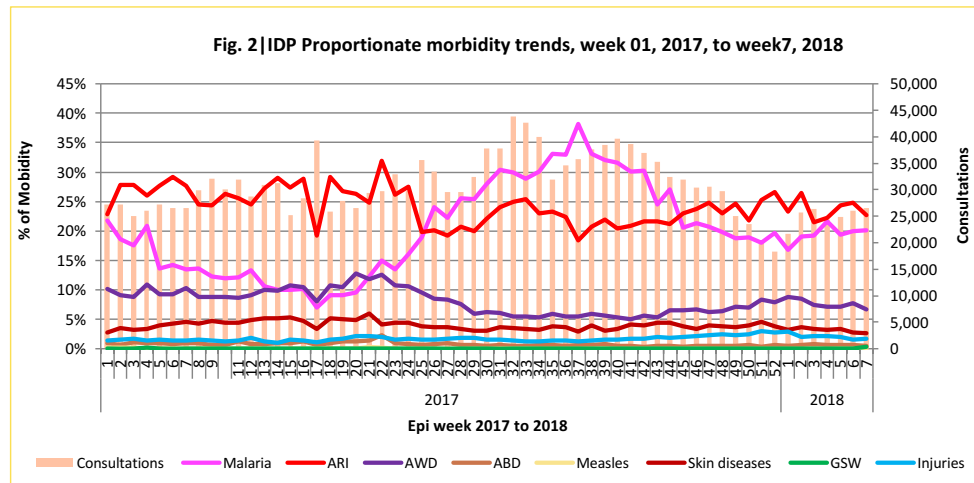


IDSR Proportionate morbidity trends - in relatively stable states



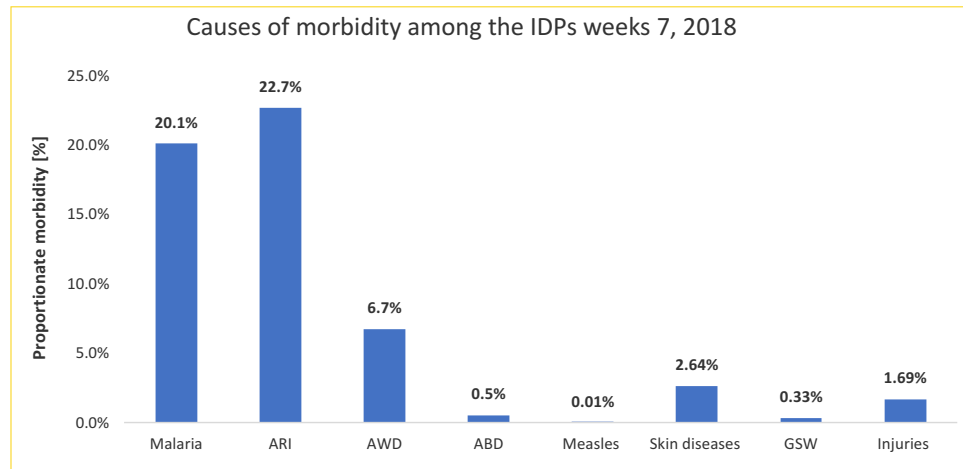
In the relatively stable states, malaria is the top cause of morbidity accounting for 33.4% of the consultations in week 7 (representing an decrease from 35.6% in week 6).

IDP Proportionate morbidity trends - in displaced populations



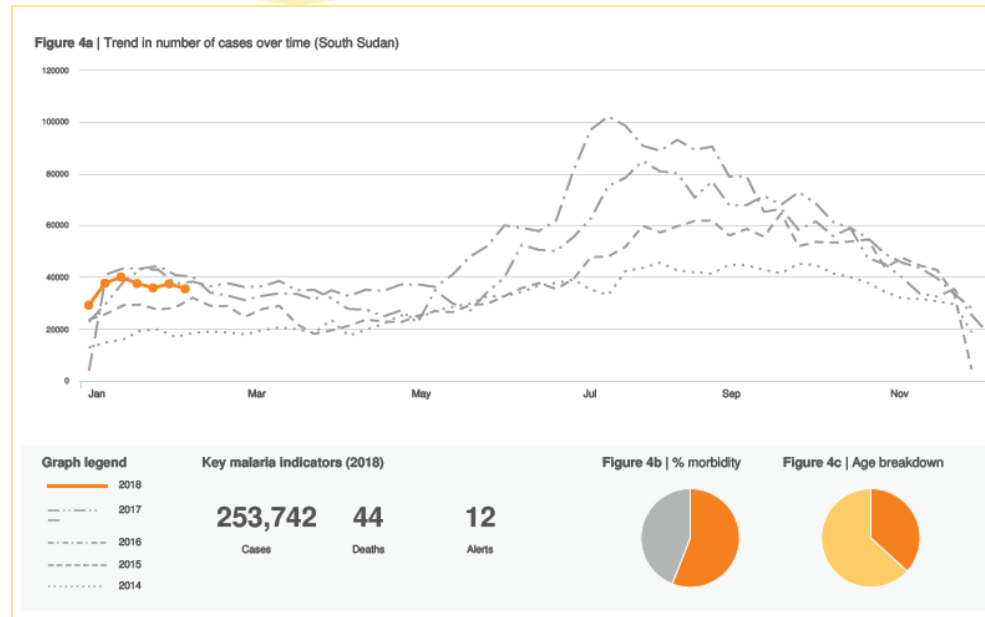
Among the IDPs, ARI and malaria accounted for 22.7% and 20.1% of consultations in week 7. The other significant causes of morbidity in the IDPs include AWD, skin diseases, and injuries.

IDP Proportionate morbidity trends - in displaced populations



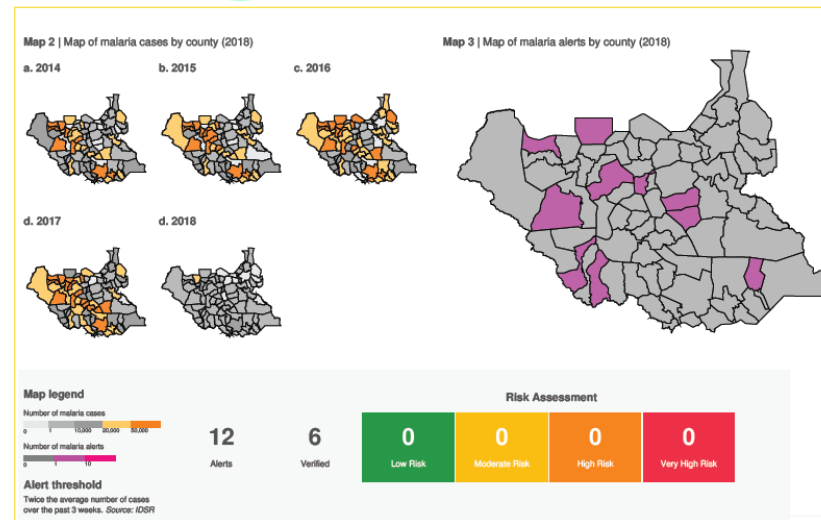
The top causes of morbidity in the IDPs in 2018 include ARI, malaria, AWD, skin diseases, injuries, and ABD.

Malaria | Trends over time



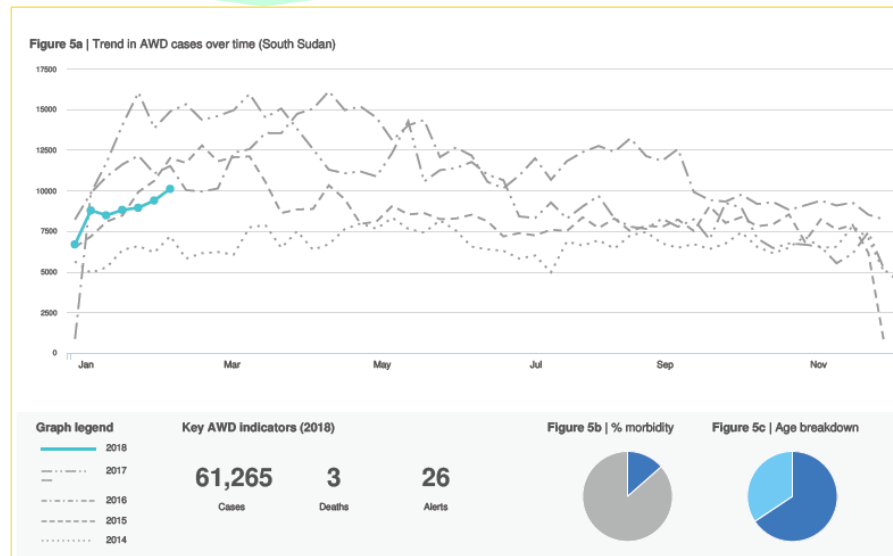
Malaria is the top course of Morbidity in the country, a total of 253,742 cases with 44 deaths registered since week 1 of 2018. malaria trend for 2018 is blow 2016 and 2017 as shown in the figure 4a, above.

Malaria | Maps and Alert Management



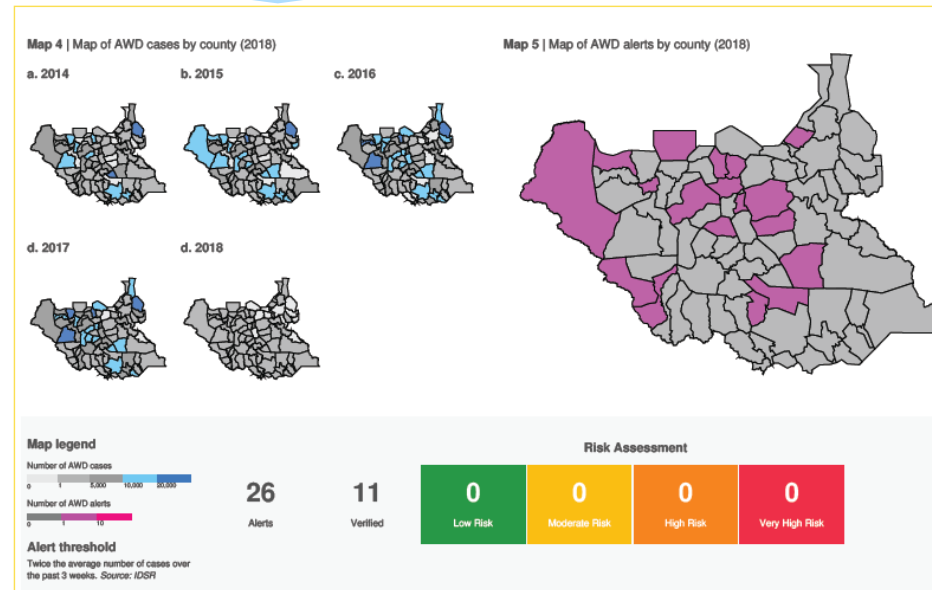
Since the beginning of the year, a total of 12 malaria alerts have been triggered, six of those were verified. The Maps above indicates the location reporting malaria alerts from 2014, 2015, 2016, 2017, and 2018.

Acute Watery Diarrhoea | Trends over time



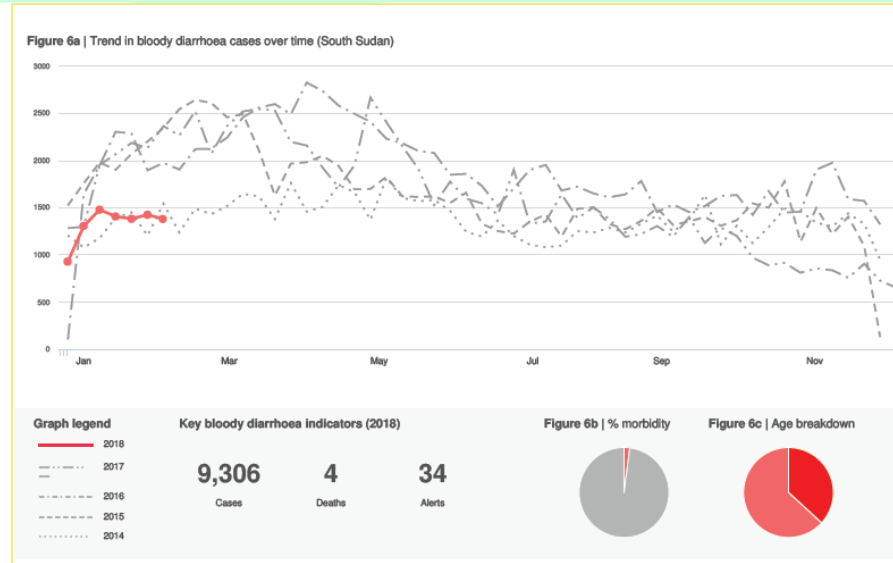
AWD is one of the top causes of morbidity in the country with 61,265 cases reported since week 1 of 2018 including 3 deaths. AWD trend for 2018 is below 2015, 2016, and 2017 as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management



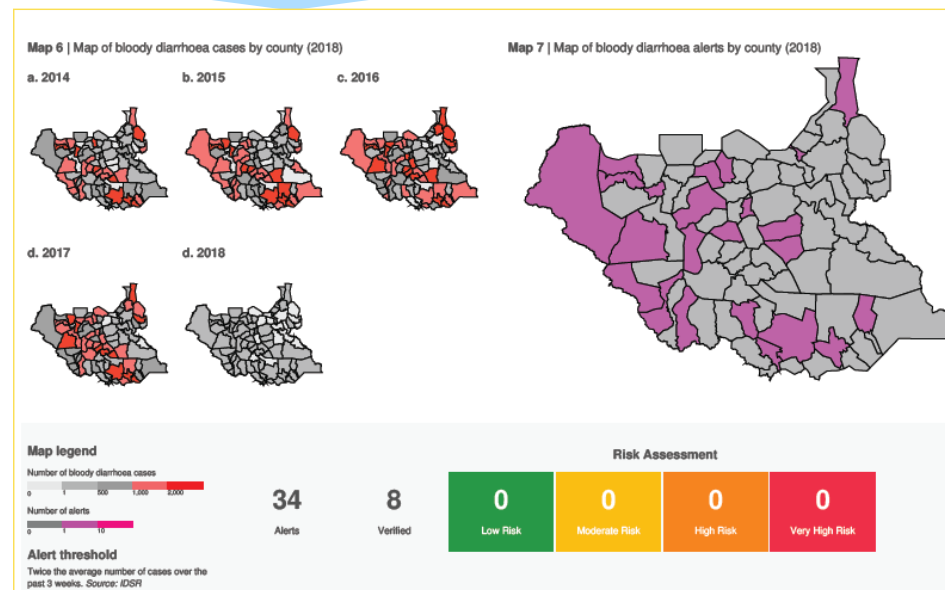
The number of AWD alerts triggered since week 1 of 2018 is 26, out of which 11 were verified. Maps above highlights the areas reporting AWD alerts from 2014 to 2018 .

Acute Bloody Diarrhoea | Trends over time



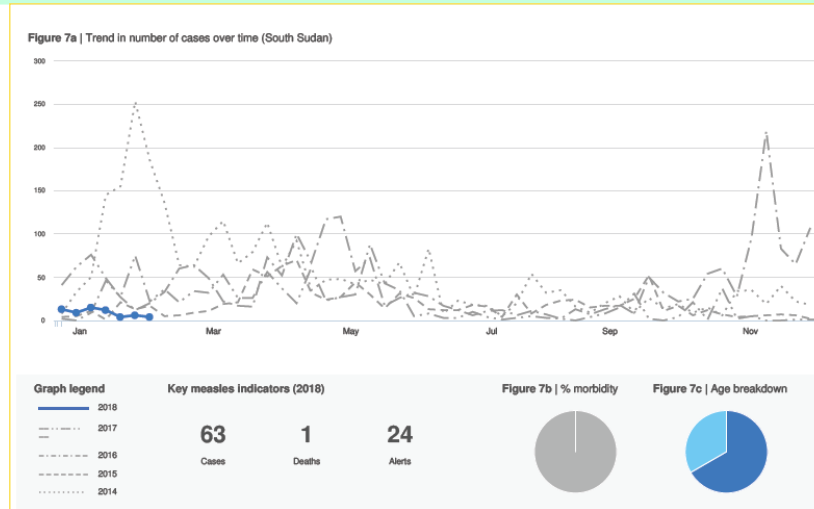
Since week 1 of 2018, a total of 9,306 cases of ABD have been reported country wide including 4 death. ABD trend for 2018 is below 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

Acute Bloody Diarrhoea | Maps and Alert Management



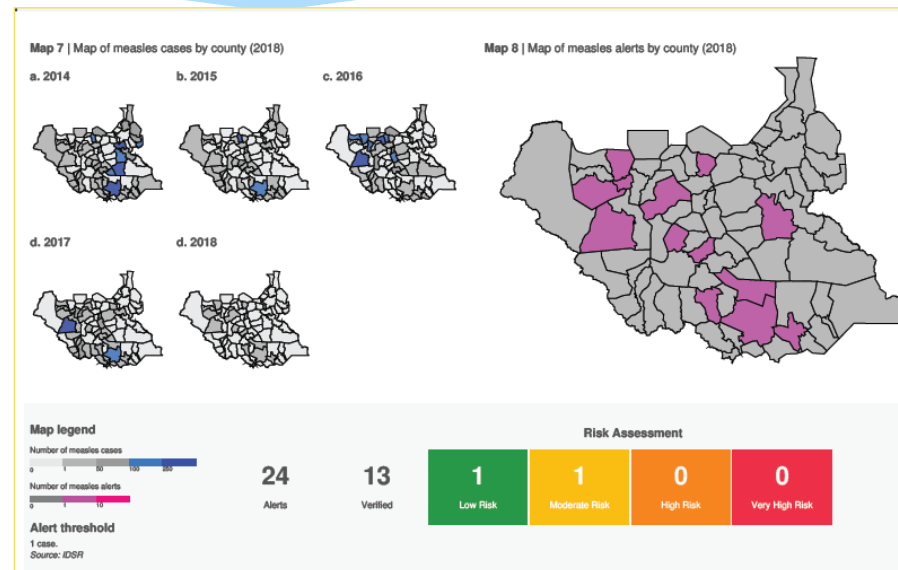
Total of 34 alerts were generated since week 1 of 2018, of which 8 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2018 are shown above.

Measles | Trends over time



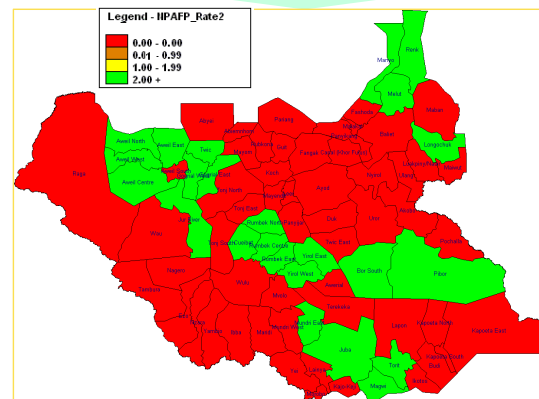
Since the beginning of 2018, at least 63 suspect measles cases including 1 death (CFR 1.58%) have been reported. Of these, 47 suspect cases have undergone measles case-based laboratory-backed investigation with 31 samples collected out of which 10 measles IgM positive cases; 14 clinically confirmed cases; and 3 cases confirmed by epidemiological linkage.

Measles | Maps and Alert Management



Since week 1 of 2018, 24 alerts of measles were triggered and 13 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.

Acute Flaccid Paralysis | Suspected Polio



In week 7, 2018, Seven new AFP cases were reported from Torit, Bor, Rumbek, Aweil, and Yambio hubs. This brings the cumulative total for 2018 to 35 AFP cases.

The annualized non-Polio AFP (NPAFP) rate (cases per 100,000 population children 0-14 years) in 2018 is 3.16 per 100,000 population of children 0-14 years (target ≥ 2 per 100,000 children 0-14 years).

Stool adequacy was 100% in 2018, a rate that is higher than the target of $\geq 80\%$.

Environmental surveillance ongoing since May 2017; with 23 samples testing positive for non-polio enterovirus (NPEV) in 2017 and one NPEV positive sample in 2018.

Source: South Sudan Weekly AFP Bulletin

Mortality in the IDPs

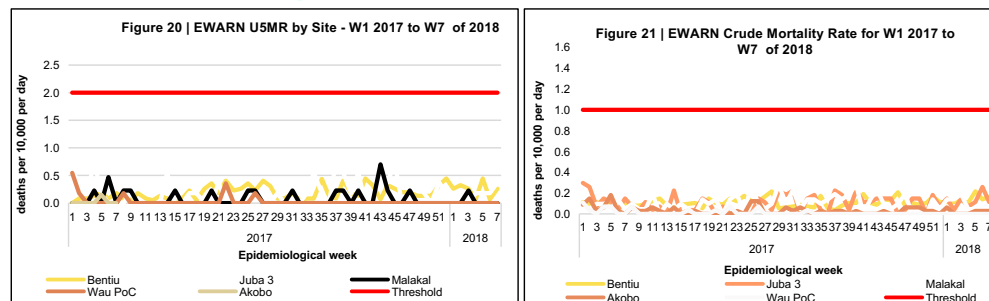
Table 6 | Proportional mortality by cause of death in IDPs W7 2018

Cause of Death by IDP site	Akobo		Bentiu		Juba 3		Total deaths
	≥ 5 yrs	<5 yrs	≥ 5 yrs	<5 yrs	≥ 5 yrs		
Drown			1				1
Kala-Azar	1						1
malaria				1			1
perinatal death		1					1
SAM			1				1
Sepsis			1				1
TB/HIV/AIDS			2				2
HIV/AIDS					1		1
syphilis			1				1
Circulatory Failure				1			1
Pre-term of labour		1					1
Respiratory Distress Syndrome		1					1
Tuberculosis			1				1
Watery Diarrhoea			2				2
Burn		1					1
Total deaths	1	4	9	2	1		17

Among the IDPs, mortality data was received from Akobo PoC, Bentiu PoC & UN House PoC in week 7. (Table 6). **A total of 17** deaths were reported during the week. Bentiu PoC reported 13 (77%) deaths in the week. During the week, 6 (35%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 7 are shown in Table 6.

Mortality in the IDPs - Crude and Under five mortality rates



The U5MR in all the IDP sites that submitted mortality data in week 7 of 2018 is below the emergency threshold of 2 deaths per 10,000 per day (Fig. 20).

The Crude Mortality Rates [CMR] in all the IDP sites that submitted mortality data in week 7 of 2018 were below the emergency threshold of 1 death per 10,000 per day (Fig. 21).

Mortality in the IDPs - Overall mortality in 2018

Table 7 | Mortality by IDP site and cause of death as of W7, 2018

IDP site	acute watery diarrhoea	Asthma	gangrenous wound	Heart Failure	Kala-Azar	malaria	Meningitis	perinatal death	pneumonia	Rabies	SAM	Sepsis	TB/HIV/AIDS	TB/HIV	Trauma	HIV/AIDS	TB	Others	Grand Total
Bentiu		1	1	1	1	2	3	8	3	1	2	3	2	1		3	4	40	77
Juba 3	1	1	1			3			1		1		1			4	4	7	24
Malakal			1		2	1		1				1					2	4	12
Akobo					2	1									1			1	5
Grand Total	1	2	3	1	3	4	6	3	9	4	3	4	3	1	1	7	10	52	118
Proportionate mortality [%]	1%	2%	3%	1%	3%	5%	3%	8%	3%	1%	3%	3%	3%	1%	1%	6%	8%	44%	100%

- A total of 118 deaths have been reported from the IDP sites in 2018 [Table 7](#).
- The top causes of mortality in the IDPs in 2018 are shown in [Table 7](#).

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Notes

WHO and the Ministry of Health gratefully acknowledge health cluster and health pooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO and USAID for providing financial support.

The data has been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind, and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at <http://ewars-project.org>

