



World Health Organization

Situation report Issue # 22
18– 24 JUNE 2018



WHO team conducting a water quality survey in cholera hotspots in Juba. Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.74 MILLION
INTERNALLY
DISPLACED



2.47 MILLION
REFUGEES

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

61 ASSORTED MEDICAL KITS

WHO FUNDING REQUIREMENTS 2018



3.8M FUNDED

16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

55 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION

498 831 OCV DOSES DEPLOYED IN 2018

1 950 955 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES

1 784 766 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER

57 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- A total of 21 HEV cases were reported in week 24 including three RDT positive cases. At least 100 suspect cases have been reported in 2018. Of the 100 suspect cases, a total of 14 cases have been PCR confirmed as HEV (13 in Bentiu PoC & 1 in Old Fangak).
- South Sudan continues to be on alert for EVD. WHO is supporting the Ministry of Health to implement the EVD contingency plan and enhance readiness capacities to respond to potential importation of Ebola Virus Disease cases. Screening of international travelers at the Juba International Airport is ongoing.
- WHO Regional and country office supported the Ministry of Health to conduct a vulnerability, risk assessment and mapping in the health sector. To kick start the process, a training of the team and development of tools for data collection were undertaken.
- As part of the cholera preparedness plan and risk identification, WHO in collaboration with Ministry of Health conducted water quality survey in cholera hotspots (water treatment plants, water collection trucks, households and water points) in Juba and water points in Aweil.



Background of the crisis

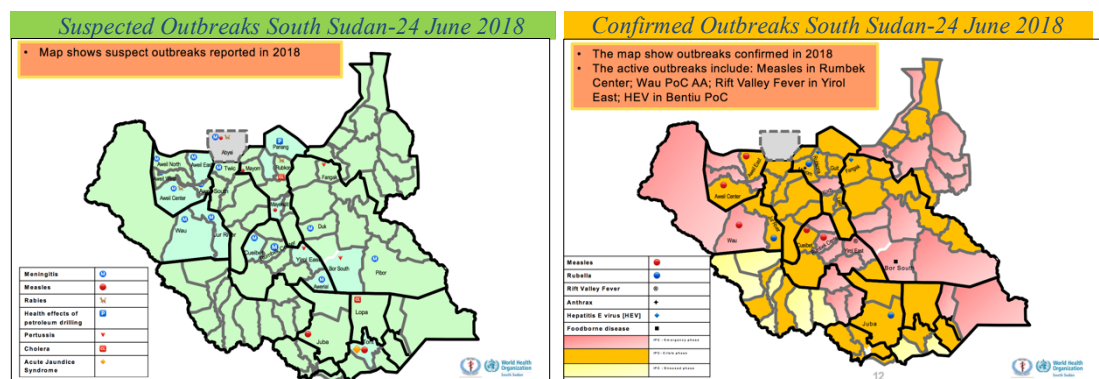
- Following the conflict that started in December, 2013, South Sudan has been experiencing a protracted humanitarian crisis. Currently, about 4.21 million people have fled their homes for safety of which 1.74 million people are internally displaced, while an estimated 2.47 million are refugees in neighboring countries. The country is currently facing a severe economic crisis and high inflation making the health emergency operations quite expensive and hence complexities in delivering humanitarian assistance.

Event Description/ Situation update

- South Sudan remains a high risk operating environment for humanitarian workers with continued Inter-Communal fighting mostly resulting from revenge killings and/or cattle raiding affecting mostly the areas of Lakes, Jonglei, and Warrap thus, hampering humanitarian service delivery.
- A period of 21 days of tranquility has been negotiated to allow life-saving assistance to reach civilians in need commencing 25 June to 15 July was requested to enable delivery of life saving assistance for some 90 000 people in need in Leer, Mayendit and Koch counties. This follows weeks of intensifying fighting that resulted in multiple relocation of aid workers and suspension of humanitarian operations in many locations. A humanitarian response plan to deliver the assistance during this period in these areas includes cholera prevention through oral cholera vaccination in Padeah, Din-Din, Touchriak and Meer Island in Leer County, and delivery of survival kits and other forms of assistance in Dablual and Thaker in northern Mayendit County and Buaw and Bieh in Koch County.

Epidemiological Update

- In epidemiological week 24 of 2018, completeness and timeliness for IDSR reporting at county level was 69% while EWARS reporting from the IDP sites was 88%. In this reporting period, a total of 17 alerts were reported, of which 12% have been verified and none required a response. During the reporting week, acute watery diarrhoea, malaria, and suspected measles were the most frequent infectious hazards reported.

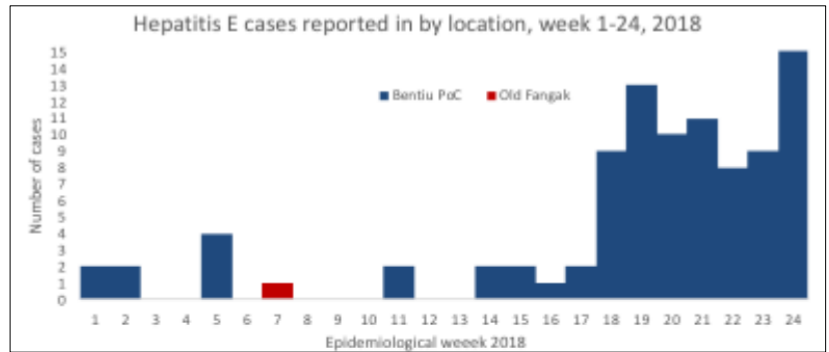


- Ebola Virus Disease Alert:** There were no alerts of suspected cases of Ebola Virus disease reported in South Sudan in week 24 and the country continues to be on high alert.
- Malaria:** Malaria continues to be the top cause of morbidity in the country and trends continue to be monitored on a weekly basis. There were 39,056 cases (59% of total consultations) of malaria reported with 6 deaths (60%). The cumulative total of 864,231 (52%) cases and 120 (29%) deaths have been registered since week 1 of 2018.
- Rift Valley Fever:** There have been no new suspected RVF cases reported in Yirol East, Eastern Lakes since week 18 of 2018. Monitoring of the outbreak and active surveillance continues. The cumulative total as of 24 June, 2018, is 57 suspected cases reported since 7 December 2017 including 6 confirmed cases, 3 probable and 22 suspected RVF cases (no definitive laboratory results. Nine confirmed animal cases (cattle).
- Animal bites - Suspected Rabies:** Dog bite cases remain a major public health concern. A total of 9 animal bites were reported during week 24, and treated in Bentiu PoC in Rubkona county, Aweil Town in Northern Bahr el Ghazal and Agok hospital in Abyei Administrative Area. The cumulative figure of 243 cases of animal bites including 4 deaths reported in Bentiu PoC since 6 December 2017 and 437 have been reported in Agok hospital, Abyei Town in 2018.

- **Measles:** The measles outbreak in Rumbek Center county and Wau PoC AA is still ongoing. A cumulative of 40 measles cases with no deaths have been line listed from Rumbek Center since week 19. Most cases are from Akuach village (2km from Rumbek hospital) in Jiir Payam where the index cluster originated. Nearly 70% of the cases are 0-59 months. Routine measles coverage for 1st quarter of 2018 for the county was 19%.

- **Hepatitis E (HEV):**

A total of 21 HEV cases were reported in week 24 including three RDT positive cases. At least 100 suspect cases have been reported in 2018. Of the 100 suspect cases, a total of 14 cases have been



PCR confirmed as HEV (13 in Bentiu PoC & 1 in Old Fangak). Only 4 HEV cases have been admitted. 44% of the cases are 1-9 years of age; and 66% being male. Among the females, most cases have been reported in those aged 15-44 years (who are at risk of adverse outcomes if infected in the 3rd trimester of pregnancy). The current case upsurge is attributed to constrained access to healthcare and safe water due to the ongoing standoff between volunteers and their employers in Bentiu PoC.

- **Malnutrition:** Acute malnutrition remains significantly high in 2018, with 1,082,414 million children under 5 projected to be acutely malnourished, of which 261,424 are severely acutely malnourished in South Sudan. From May to July 2018, an estimate that 7.1 mil people (63% of the population) would be affected by severe food insecurity, marking an unprecedented level of nutritional emergency. Diseases, infections and medical complications are intimately interlinked with SAM, affecting at least 10% (with peaks of 20%) of the total number of children with SAM. This results in an estimated caseload in 2018 of at least 26,100 children with SAM/MC.
- **Visceral Leishmaniasis | Kala-azar:** In week 24, Four (4) health facilities reported 23 cases; 15 (65%) new cases, 7(30%) relapse and 0 (0%) PKDL. No deaths and defaulters reported. Since the beginning of 2018, a total of 1,325 cases including 38 deaths (CFR 3%) and 33 (3%) defaulters have been reported from 39 health facilities. Of the 1, 325 cases reported, 1010(76%) were new cases, 57(5%) PKDL and 248(19%) relapses, almost twice the expected relapse rate (10%). The high number of relapses is attributed to the high number of relapses reported in Lankien (23%) and Kurwai (24.8%) more than expected rate 10%. In the corresponding period in 2017, a total of 1,785 cases including 20 deaths (CFR 2%) and 59(3%) defaulters were reported from 21 treatment centers.

WHO Public Health response

- WHO continues to support the Ministry of Health to implement the EVD contingency plan and enhance readiness capacities to respond to potential importation of Ebola Virus Diseases cases. Screening of international travelers at the Juba International Airport (JIA). Updating of the EVD contingency planning completed and implementation of preparedness interventions is underway. Lab biosafety training and Ebola RDT+ molecular testing planned for 2nd to 6th July 2018. In addition, an Ebola preparedness mission to Yei (a border county) is planned for 26th June to 3rd July 2018.

- WHO Mobile Medical Team is providing supportive supervision for the ten days measles immunization campaign in Rumbek Centre targeting 49 000 children aged 6mths to 5 years.
- WHO Regional and country office supported the Ministry of Health to conduct a vulnerability, risk assessment and mapping in the health sector. To kick start the process, a training of the team and development of tools for data collection were undertaken. This process is multisectoral and is expected to take 3 to 4 months.



WHO MMT supervising measles immunization campaign in Rumbek State Hospital. Photo: WHO

- WHO lobbied the Ministry of Health senior management for policy approval of two urgent life-saving interventions in children under the age of five. These interventions include seasonal malaria chemoprevention (SMC) – sometimes referred to as age targeted MDA – to children under 5 during the peak malaria season in areas with IPC levels of 3 and above; and intermittent preventive treatment of malaria in infants (IPTi) delivered through routine immunization channels. The Ministry of Health position on the policy proposals is to be shared in due time.
- As part of the cholera preparedness plan and risk identification, WHO in collaboration with Ministry of Health conducted water quality survey in cholera hotspots (water treatment plants, water collection trucks, households and water points) in Juba and water points in Aweil. This survey is planned to cover all the 10 former states within the next two months. The findings will guide WHO and partners to support the decontamination of identified contaminated water sources and other required interventions to mitigate the risk of waterborne diseases.
- WHO is supporting commencement of pre-implementation activities that will lead to implementation of Supplementary Immunization activities in 4 counties of Upper Nile (Longichuk, Maiwut, Nasir and Ulang counties).
- WHO conducted a training on inpatient management of SAM with medical complications between 11-16 June 2018, for 20 health and nutrition staff and medical doctors operating in stabilization centers in Jonglei. As of 24 June 2018, WHO has trained over 75 health and nutrition staff across country, focusing on lifesaving medical interventions for the most vulnerable children suffering from infections and diseases associated with severe acute malnutrition.

Operational gaps and challenges

- Increasing crime incidents targeting humanitarian workers in the country mainly due to the worsening economic situation.
- The continued economic decline and high cost of living has continued to escalate markedly with inflation reaching 183% in Juba.
- Inadequate funding to support rapid outbreak investigations and response.

Resource mobilization

- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 3.8 million for the financial year 2018 as of 30th April 2018. WHO is grateful for the critical support provided by donors who have contributed to this operation as well as those who have contributed to WHO programmes with un-earmarked and broadly earmarked funds.

FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 3.8 million	22.5%

The operations of WHO in South Sudan are made possible with generous support from the following donors:



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For more information please contact:

Mr Evans Liyosi

WHO Country Representative a.i.
Email: liyosie@who.int
Mobile: +211 916 743 301

Dr Guracha Argata

Emergency Coordinator
Email: guyoa@who.int
Mobile: +211 926144384

Ms Liliane Luwaga

Communications Officer
Email: luwagal@who.int
Mobile: +211 921 647 860