



1. Highlights

- South Sudan, as a priority one country for Ebola virus disease outbreak (EVD) preparedness continues to make progress to enhance capacities for EVD case detection, investigation, response, and prevention.
- There is no confirmed case of Ebola in South Sudan.
- The national Ebola taskforce meets twice weekly and is coordinating the implementation of the EVD contingency plan.
- The Ebola taskforce working groups are currently updating and implementing the EVD contingency plan to enhance preparedness capacities at national and high-risk states.
- In-country surveillance and at 6 frontiers (Nimule, Juba International Airport, Yambio Airport, Wau Airport, Gangura, and Sakure) is ongoing. There are plans to open 8 additional border screening points based on the risk of EVD importation from DR Congo.
- Resource gap and security concerns are the major challenges for effective preparedness and response.

2. Ebola Situation update from North Kivu of Democratic Republic of Congo

2.1. Latest updates

- As of 13th September 2018, a total of 140 cases with 94 deaths have been reported. Of these, 109 are laboratory confirmed and 31 probable cases. The 140 cases include 17 healthcare workers (16 confirmed, 1 probable); and one death.
- Over 5306 contacts have been line listed with 75-97% being followed up daily in the past week.
- Ring vaccination commenced and at least 8,229 contacts and health workers have been vaccinated.



3. Public health preparedness and readiness

3.1. Coordination

- WHO supported high level advocacy missions to priority border counties led by the Hon. Minister of Health and WHO representative as recommended by the taskforce. The team also included representatives from the security sector and the media. The field missions covered Yei state, Nimule border point, Maridi state, Yambio town and Tambura state, all located in the Equatoria region bordering Uganda and DRC. Local authorities and general public were engaged on the ongoing EVD outbreak in neighboring DRC, state readiness assessed and priority actions to prevent importation of EVD identified.



A health worker briefing the high-level advocacy team in Nimule Border.

- The Ebola Virus Disease taskforce was activated at both national and sub-national level. The national coordination meetings are conducted twice every week in the Public Health Emergency Operation Centre (PHEOC), with great focus on priority thematic areas including Case Management and Infection Prevention and Control, Epidemiology and Surveillance, border points and ports of entry, Laboratory, Risk Communication and Community Engagement and Personnel Safety and Security.
- The incident management system (IMS) was activated and is chaired by the Incident Manager appointed by the Hon. Minister of Health two weeks ago.
- The thematic sub-committees chaired by the Ministry of Health officials with co-leads from the partners are holding weekly meetings before the taskforce meetings.



National EVD taskforce meeting at the PHEOC in Juba.



3.2 Surveillance and Laboratory

- On 8 Sep 2018, an Ebola virus disease alert was reported in Bakiwiri Boma, Yambio and the rapid response team dispatched to investigate. The case clinical presentation was not consistent with EVD case definition and there was no epidemiological linkage to suspect EVD cases or the current EVD outbreak in DR Congo.
- A team of Public Health Officers is stationed at the Public Health Emergency Operations Centre to verify all EVD alerts generated by IDSR and EWARS systems as well as all the events reported through the toll-free line to emergency centre 24/7 and the screening data from all the screening sites.
- The National Public Laboratory is on standby to receive any suspected samples and test them using GeneXpert customized for Ebola.
- A system is in place for samples to be sent from the national public health laboratory (NPHL) to the Uganda Virus Research Institute (UVRI) for confirmatory laboratory tests.

3.3 Port Health and Screening

- 39 official and unofficial border crossing points have been identified and mapped along the South Sudan border with DRC and Uganda. This is an ongoing exercise by the Points of Entry (PoE) TWG and the number is likely to increase. Out of these, 14 are prioritized for screening points. IOM plans to set up 4 screening sites in Yei River state.
- Currently screening of travelers is ongoing at 6 PoE along the border areas; Nimule, Juba International Airport, Wau Airport, Sakure, Yambio Airstrip and Gangura. Refer to the table 1 below.

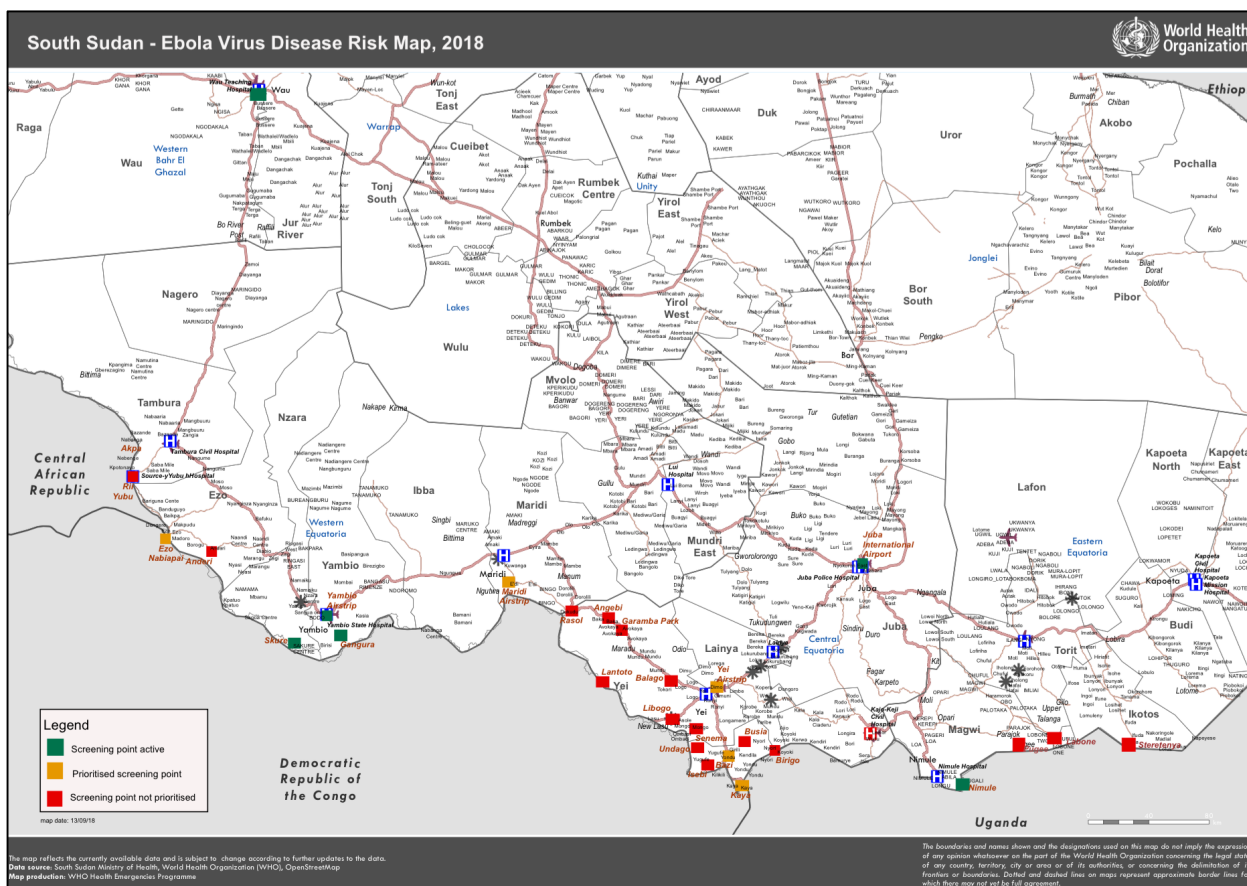
Table 1: Number of people screened at points of entry

Name of Screening Center	Date Covered	No. of People Screened	No Referred for Investigation
Juba International Airport	6 Aug to 13 Sep	17,431	0
Nimule Screening Center	6 Aug to 13 Sep	73,085	3
Wau Airport	27 Aug to 2 Sep	22	0
Gangura Screening Center	3 to 9 Sep	548	1
Totals		91,086	4*

*The 4-referred case were confirmed not to be Ebola, but treated for malaria, and pneumonia



- WHO supported state Ministries of Health to train health workers on screening technics: in Wau State 2 healthcare workers, Gbudue State 12 staff healthcare workers, Nimule 13 health workers and Yei 12 health workers were trained.
- Construction works for the upgrading the screening site at the Juba International Airport is ongoing and the facility is expected to be operational by the 19th September, 2018.



3.4. Case management

- An isolation facility has been identified at Dr John Garang Medical Diagnostic Center in Juba for admitting any suspected case of EVD. MSF-B, and WHO have conducted an assessment of the facility and developed a costed a plan for proposed rehabilitation. In Nimule, Yambio and Wau, the same strategy has been adopted where existing health facilities have been assessed for use readiness to serve as isolation of suspected cases.
- WHO prepositioned 50 sets of Personal protective equipment as well as IPC materials (chlorine, gloves), and tents to each of the screening sites in Juba, Nimule, Yambio and Wau.
- Trainings of Healthcare workers and other partners are ongoing in the above identified areas. (34 Nimule, 34 Yei, 45 Tambura, 24 Wau and 56 Yambio)



3.5. Risk communication, community engagement and social mobilization

- An average of at least one Radio talk shows per week on Ebola awareness are ongoing in the following radio stations; SSBC, Eye Radio, Radio Miraya, and local radios at sub-national level.
- UNICEF sponsored airing of 12 radio jingles daily in four languages on 13 selected radio stations in Juba and the high-risk states for three months.
- MoH, WHO and UNICEF jointly conducted a media orientation for 25 journalists on EVD risk communication. Similar trainings are planned at sub-national level.
- WHO and UNICEF supported development and printing IEC materials including 5,000 leaflets, 10,000 travelers' information card, 12 flex banners and 10 pull up banners with key EVD information which are being disseminated at strategic location including PoE and health facilities in Juba and the high-risk states. Translation of messages into Arabic is planned.
- A toll-free line 6666 available 24/7 is being publicized widely for the public to report any suspected cases of Ebola or any other public health concerns.

4.0. Challenges/Gaps

- Limited funding to facilitate implementation of the priority preparedness activities
- Limited access to some high-risk areas and communities' due to insecurity.
- Inadequate number of trained human resource in the high-risk states to implement the preparedness activities.

5.0. Recommendations and priority follow up actions

- Finalize the costed EVD operational plan for the next three months to facilitate resource mobilization for priority EVD activities.
- Continue working with the donor community to fill the resource gaps as per EVD contingency plan.
- Conduct a joint Simulation Exercise involving the army and other relevant stakeholders to test the functionality of PHEOC as part of EVD preparedness.

6.0 Partners involved in EVD preparedness and readiness

MOH, WHO, Health Cluster partners, UNICEF, CDC, USAID, DFID, JICA, ECHO, World Bank, UNHCR, UNOCHA, Health Pool Fund, IOM, AWG, WASH Cluster partners, SSRC, WFP, Min of Interior, AMREF, MSF family, IMC, ICRC, ALIMA, IRC, World Vision, America Refugee Committee, SCI, UNMISS, UNDSS, SPLA, LS, DFCA, Samaritan Purse and UNHASS.



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