

REPUBLIC OF SOUTH SUDAN



MINISTRY OF HEALTH

Weekly Update on Ebola Virus Disease (EVD) Preparedness for South Sudan

Update # 7

Date: 13 October 2018

1. Highlights

- South Sudan with support from WHO and partners has heightened the preparedness capacities in response to the raised EVD risk assessment from high to very high.
- The WHO Representative to South Sudan, Dr Olushayo Olu led a team to Yei River state to reinforce the WHO's commitment to establishing an ETU in Yei River state and also opened a WHO field office to coordinate the EVD preparedness activities.
- One suspected EVD case was reported in Rumbek on Friday, 12th October, 2018. A national RRT was dispatched on 13th October, 2018 to investigate the alert. Preliminary GenXpert result from the National Public Health Laboratory showed negative for Ebola virus disease.



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

2.1. Latest updates

- The EVD outbreak is still ongoing, and nine health zones in the two provinces are affected:
 - North-Kivu Province: Beni, Butembo, Oicha, Mabalako, Kalunguta and Musienene.
 - Ituri Province: Mandima, Komanda and Tchomia.
 - Two cases have been confirmed in Tchomia, almost 200 km (125 miles) away from the nearest other known cases in the Ituri province. Tchomia is nearer to Uganda border along Lake Albert.
 - Three contacts of the above-mentioned cases have been identified in Sebago Landing site, in Kikuube District on the Ugandan side; they are Congolese Refugees who went to visit one of the cases while she was still alive.
- As of 9th October 2018,
 - A total of 194 cases of EVD have been reported, of which 159 are confirmed and 35 are probable. Of the 159 confirmed, 122 died, and 37 were cured. Cumulative deaths are 122.
 - Over 5700 contacts have been line listed since the start of the Outbreak, of which 95-98% are being followed up daily in the past week.
 - Since the beginning of the outbreak on 1st August, 2018, 15,525 people have been vaccinated as follows: 5,616 in Beni, 4,289 in Mabalako, 1,663 in Mandima, 1,392 in Katwa, 1,085 in Butembo, 434 in Bunia, 355 in Tchomia, 330 in Masereka, 240 in Komanda, and 121 in Oicha.

3. Public Health Preparedness and Readiness

3.1. Coordination

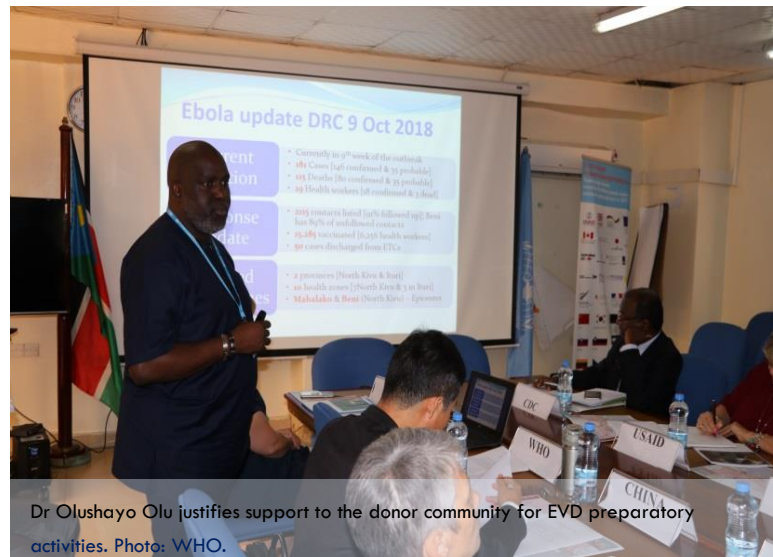
- Two national taskforce meetings chaired by the Hon. Minister of Health and co-chaired by the Incident Manager were held on 9th and 11th October 2018 at the PHEOC in Juba. The major

themes of discussion included training of national Safe and Dignified Burial teams to act as master trainers for the states' safe and dignified burial teams.

- The NTF strengthened the coordination between national and states' task force teams. Updates from the states will form part of the presentations during NTF meetings while states' task force teams will be included in the mailing list of the NTF.
- Planned weekly meetings for all thematic pillars (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) were conducted as scheduled. Laboratory was separated from Surveillance and epidemiology to allow for greater participation in the meetings.
- A WHO Field Office was established in Yei with a coordinator. Another Field Office is planned for Yambio to support EVD preparedness and response activities.
- A state task Force was reactivated in Rumbek state to coordinate the EVD preparedness activities.
- WHO deployed a consultant (EVD IPC Specialist) to Yei to support infection prevention and control and case management (IPC/CM) and capacity building of partners.

3.2. Resource mobilization

- Donor conference meeting was held on Thursday, 11th October 2018 to ensure South Sudan is operationally ready and prepared.



3.3. Surveillance and Laboratory

- On 12th October 2018, the Public Health Emergency Operations Center (PHEOC) received a call at 12:30 pm reporting a suspected Ebola virus disease in Rumbek. The patient was a 41 year old Congolese who works with UNMISS in Rumbek. He was in the DRC for his annual leave and returned to Rumbek on 27th September 2018. While in the DRC, he was in Kinshasa and Goma. He was in Entebbe Uganda on 25th September 2018 on his way back to South Sudan. On 10th October 2018, he developed severe headache and low grade fever and was treated with anti-malarial and analgesics. The malaria treatment continued on 11th October 2018 and the medical officer at UNMISS level one clinic advised him to remain in his accommodation. On 12th October, 2018, the laboratory technician at UNMISS level one clinic (in full PPE) took blood samples from the patient. It tested positive for malaria and the CBC result was normal.
- The national rapid response team was quickly mobilized at 4:00 pm on 12th October, 2018. An airplane was chartered at 2:30 pm same day; the NRRT was dispatched to conduct an

epidemiological investigation and obtained blood samples for laboratory testing on 13th October, 2018. The national RRT met the team in Rumbek and collected blood samples from the patient on Saturday, 13th October 2018. The NRRT returned to Juba at 5:00 pm on 13th October 2018.

- Upon arrival in Juba, samples from the patient were taken to the Central Public Health Laboratory. One sample was packaged for transport to UVRI, and one sample was immediately tested for Ebola Zaire using the GeneXpert. Initial test result was negative. This was the first Ebola diagnostic test ever done in South Sudan.
- The national RRT and the Rumbek team sensitized the health workers and community members in Rumbek on EVD case definition and the need to intensify active search for suspected EVD cases. They also paid advocacy visits to the Honorable Minister for Health and advocated for his support in the EVD preparedness activities.
- A WHO laboratory technical officer has arrived in South Sudan to support laboratory preparedness for EVD and development of in country capacity to testing for Ebola Zaire and other VHFs. This will include rolling out refresher training in sample collection, packaging and biosafety in the five priority regions and reviewing the recently developed laboratory SOPs.

3.4 Port Health and Screening

- Currently entry traveler screening for Ebola exposure and symptoms is ongoing at thirteen of the 39 mapped points of entry. These include: Juba International Airport, Nimule ground crossing and River Port, Yambio Airport, Sakure, Gangura border areas, Yei Airstrip, and Wau International Airport, Kaya and Yei RRC office.
- IDSR training in Jubek state was conducted from 8th to 12th October 2018; IDSR/RRT trainings are planned for Yei: 16-26th October and Yambio: 15-25th October 2018. The national RRT training is planned for 22-26th October 2018.
- The electronic EWARS platform is being used to capture, aggregate, and analyze points of entry screening data with the table below, summarizing the number of travelers screened in week 40 at the active points of entry.

Year: 2018						
Week number: W40						
From: 2018-10-01 To: 2018-10-07						
Name of PoE	Passengers Screening Information			EVD Alerts		
	# screened	# isolated	# under Voluntary Home Quarantine	# reported	# validated	# suspects
Bazi Border	0	0	0	0	0	0
Gangura Border	0	0	0	0	0	0
Juba International Airport	3,751	0	0	0	0	0
Kaya	2,151	0	0	0	0	0
Kaya Border	0	0	0	0	0	0
Nimule Border	38,270	0	0	0	0	0
Okaba	1,153	0	0	0	0	0
Panjala Docking River	515	0	0	0	0	0
Sakure Border	0	0	0	0	0	0
Wau Airport	66	0	0	0	0	0
Yambio Airport	5	0	0	0	0	0
Yei Airport	23	0	0	0	0	0
Yei RRC	135	0	0	0	0	0
South Sudan	46,069	0	0	0	0	0

Note
This table is generated automatically from EWARS South Sudan. It has been deployed since December 2013, following the eruption of political violence. From May 2017, it has been scaled up to provide support to all 50 counties across the country. It is supporting MoH and partners to strengthen integrated disease surveillance and response (IDSR). <http://ss.ewars.wa/login>

 **EWARS**
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3.5. Case Management, Infection Prevention and Control, Safe Dignified Burial and WASH

- WHO posted an Infection prevention and control and case management consultant to Yei River state to conduct trainings of frontline health workers on CM/IPC modules.
- The developed training curriculum/PPT has been reviewed and will be applied in the IPC/CM training in Yei.

- IPC guidelines and policy are being developed.
- SDB training of three teams in Juba will be conducted from 18th to 19th October, 2018. Focal persons that will select SDB members at high risk states had been identified.
- Support for the development of the minimum standards for WASH finished and presented to TWG for endorsement.

3.6. Risk communication, community engagement and social mobilization

- The risk communication, community engagement and social mobilization activities continue to be implemented to increase risk perception and enhance public awareness on Ebola prevention.
- Coordination of partners implementing risk communication and social mobilization activities is ongoing to ensure consistency of messages and reduce duplication of efforts.
- Radio talk shows continue to be aired by MOH with support from UNICEF at the national and sub-national level in English, Arabic, Zande and other local dialects.
- Radio jingles with messages on Ebola are running on 13 radio stations in English and 3 local languages.
- Ebola prevention IEC materials have been developed in English and have been translated from English to Arabic. Translation into other native languages is planned.
- The use of the toll-free line is increasing with an average of 200 calls received daily seeking for information on EVD and also reporting suspected Ebola alert cases.
- WHO is also working with UNOCHA and other partners on information dissemination strategy to amplify the preparedness activities and enhance public awareness.

3.7. Logistics and Personnel deployment

- Four International consultants have been deployed by WHO to support the taskforce to enhance capacities for infection prevention and control, surveillance, laboratory and overall coordination of Ebola preparedness activities.
- 3 kits of VHF 500 procured through WHO regional supply platform
- WHO has provided technical guidance drawings to WFP to build 10 Isolation units in prioritized areas.

3.8. Vaccines and Therapeutics

- The Vaccine and Therapeutics TWG has reached out to WHO Vaccine team in Geneva to provide guidance with the development of protocol for compassionate use of the Ebola vaccine as well as the development of the necessary in-country capacity (Human and cold chain).
- The WHO Ebola vaccines team in Geneva has finally shared the revised Ebola vaccines protocol along with the informed consent forms and other documents required to secure ethical and regulatory approval. Consequently, the Vaccines and therapeutics working group has embarked on the protocol adaptation before its submitted to respective national authorities to facilitate ethical and regulatory approval for importing and using Ebola vaccines in South Sudan.
- WHO Regional Office for Africa has initiated an integrated approach for the 4 priority countries neighboring DRC (South Sudan, Rwanda, Burundi and Uganda) to prepare for the Ebola vaccine use. This will ensure that all the four countries are at the same level of support given the limited resources.
- WCO reached out to WHO Regional Office for Africa for immediate deployment of a vaccine expert to support the Ebola vaccine preparedness activities in South Sudan. We await the arrival of the vaccine expert.
- MoH to fast track the finalization of the vaccine protocol and set timeline for the Vaccination campaign against Ebola.

3.9. Safety and Security

- The Government is coordinating with the relevant sectors to improve access to high-risk locations that are currently inaccessible due to insecurity.

- UNOCHA and UNDSS have activated safety and security TWG.
- WHO ePROTECT online training on Ebola Awareness shared/disseminated to all UN Personnel in South Sudan.
- Access, Safety and Security TWG Focal Point contact details being finalized for all areas of concern for further dissemination to all TF Members.
- UN Contingency Plan (Safety and Security Component) being drafted by UN Security Cell.

4.0. Challenges/Gaps.

The critical preparedness gaps currently entail:

- Poor coordination between national task force and states' task force teams
- Inactive task force teams in some states.
- The absence of a designated isolation facility in Juba or any of the high-risk states is of great concern due to the current categorization of South Sudan as "Very High Risk"
- The slow pace of Ebola preparedness activities due to limited resources available in-country.
- Human resource gap to support EVD preparedness activities.
- Inadequate structures to support the SIMEX.



The Isolation facility in Yei River State. Photo: WHO.

5.0. Recommendations and priority follow up actions

- National Task Force to reactivate the communication links with states' Task Force teams and include the states' task force teams conducted activities in the agenda.
- The National Task Force, in collaboration, with partners to reactivate all dormant state task force teams to oversee the EVD preparedness and response activities.
- WHO to engage different actors (WFP, UNICEF and other partners) to fast-track the establishment of isolation facilities.
- WHO to continue to advocate for additional resources from funding agencies to support the EVD preparedness and readiness activities.
- WHO to request for more consultants to support the EVD preparedness activities.
- WHO to continue to support MoH and partners for the completion of structures for EVD preparedness activities.
- WHO to coordinate a joint Simulation Exercise involving the army and other relevant stakeholders to test the activation of PHEOC and its coordination function, alert management and RRT deployment as part of EVD preparedness.

6.0. Conclusion

- The focus for the NTF in the coming week is the mobilization of resources to facilitate the implementation of priority activities of the Case management, IPC, safe and security and Safe and dignified burial technical working group.
- The NTF has also made efforts to strengthen coordination with states task force teams.

7.0. 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, ARC, Samaritan Purse and UNHASS.

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