

# REPUBLIC OF SOUTH SUDAN



## MINISTRY OF HEALTH

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

Update # 12

Date: 19 November 2018

## 1. Highlights

- Laboratory test result for the suspected Ebola virus disease alert in Yei River State was negative for both GenXpert and PCR analysis.
- A one-day retreat was conducted by the EVD Strategic Advisory Group to review and prioritize the EVD activities. All the TWG Leads and Co-leads with key partners (UN Agencies, International and National) participated in the process
- A validation workshop was held from 14<sup>th</sup>-16<sup>th</sup> November 2018 to validate all the standard operating procedures (SOPs) for EVD preparedness and response. TWG group members with support from key partners participated in the process.
- Border health screening has been strengthened with IOM opening two additional boarder screening points in Pure and Korigo bringing the total to 18 screening points. Assessments have been conducted to set up two additional screening sites by IOM. A total 525,796 people have been screened at all the 18 border screening points.
- A joint monitoring team (WHO AFRO, WHO HQ and UNICEF ESARO) conducted a review of the available IHR and health system assessment/resources (JEE, STAR, midterm health system assessment) to understand the country's preparedness and readiness
- The construction of the ETU Juba is completed and to be ready and handed over to the Ministry of Health.

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

### 2.1. Latest updates

- Over the past week (7 – 13 November), transmission continued in several areas of North Kivu Province, while a geographical expansion of the outbreak to two new health zones (Kyondo and Mutwanga) was observed. The first cases reported from these health zones were exposed through contact with cases in Butembo and Beni, respectively.
- As of 20<sup>th</sup> November 2018, a total of 386 cases of EVD have been reported, of which 339 are confirmed and 47 are probable. Total deaths are 219.
- As of 10<sup>th</sup> November 2018, 424 new contacts were vaccinated in 13 rings in affected health zones. As at 20<sup>th</sup> November 2018, the cumulative number of people vaccinated to 33,077. Two new vaccination teams were trained in Butembo, with support from Médecins Sans Frontières, and vaccination teams were supervised in Beni, Vuhovi, Mutwanga, Kalunguta and Kyondo. The current stock of vaccine in Beni is 5870 doses.
- Preparedness activities for vaccination and therapeutic readiness continue in four high risk neighboring countries, including arrangement of the necessary supplies, human resources and regulatory approvals. Plans are in place to initiate health worker vaccination activities in Uganda at six priority health facilities starting 8 November 2018.
- The risk of spread to other provinces in DRC and to neighboring counties like South Sudan remains 'VERY HIGH'.
- It is therefore recommended that neighboring provinces and countries enhance surveillance and preparedness activities.

## 3. Public Health Preparedness and Readiness

### 3.1. Coordination

- A high-level coordination meeting constituting of UN Agencies and key Humanitarian partners was held and formed Strategic Advisory Group (SAG) to provide technical support to the national task force. The members include WHO, UNOCHA, UNICEF, WFP, IOM, UNHCR, DFID, USAID-OFDA, ECHO, CDC, SCI, WVSS, and MEDAIR.

- Two national taskforce meetings chaired by the Hon. Minister of Health and co-chaired by the Incident Manager were held on 6th and 8th November 2018 at the PHEOC in Juba. The major themes of discussion included surveillance, risk communication and psychosocial support, Rapid Response, and Safe and Dignified Burial.
- Three states' task force shared their weekly minutes of meetings. These updates were discussed during NTF meetings.
- A one-day retreat was conducted at UNOCHA to review and prioritize EVD activities. The process includes mapping out of resources for prioritized activities and implementing partners in high risk states.
- A joint monitoring team (WHO AFRO, WHO HQ and UNICEF ESARO) conducted a review of the available IHR and health system assessment/resources (JEE, STAR, midterm health system assessment) to understand the country's preparedness and readiness. The team met the Ministry of Health staff, UN and NGO partners. Yei-River state was also visited by the Joint monitoring team.



Case Management/IPC & WASH TWG making a presentation. Photo: WHO.

### 3.2. Resource mobilization

- A resource tracker matrix has been developed with updated financial information. Information from the financial matrix will be imported into the financial portal that is being developed to provide information on progress of resource mobilization. As of 22 November, out of the total funding requirement of 16.3 million for preparedness activities, \$9.4 million has been mobilized representing 57% of the total required. This figure may change after input from other partners.

### 3.3. Surveillance and Laboratory

- Developed SOPs on blood collection, packaging and transport of category A infectious substance by air.
- Developed SOPs for buccal swab collection of a cadaver with suspected Ebola virus disease and other hemorrhagic fevers.
- Developing SOPs for testing of samples from patients with Suspected or Confirmed Viral Hemorrhagic Fever Using GenXpert is on-going.
- On 12<sup>th</sup> November 2018, WHO deployed a Rapid Response Team to support the packaging and transportation of the sample to Juba and onward shipment to Uganda Virus Research for laboratory confirmation. The results tested negative for all Ebola strains and other common causes of viral hemorrhagic fever.

### 3.4 Port Health and Screening

- IOM has opened two additional border screening points in Pure and Korigo bringing the total to 18 screening points. Assessments have been conducted to set up two additional screening sites by IOM.
- A total 525,796 people have been screened at all the 18 border screening points.
- Three supervisory visits were conducted in Okaba, Kaya and Juba International Airport by the Border Health Technical working groups. The purpose was to provide onsite mentoring and quality improvement.

- 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 45 at the active points of entry.
- A total of 17 Ebola alerts investigated since May 2018.


South Sudan Ebola Response | Monitoring of EVD screening activities at Points of Entry in countries prioritized for Ebola preparedness activities

Year: 2018

Week number: W45 From: 2018-11-05 To: 2018-11-11

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	3,577	0	0	0	0	0
Kaya	2,099	0	0	0	0	0
Kaya Border	0	0	0	0	0	0
Maridi Airstrip	24	0	0	0	0	0
Nimule Border	48,356	8	0	8	0	0
Okaba	1,577	0	0	0	0	0
Panjata Docking River	526	0	0	0	0	0
Sakure Border	0	0	0	0	0	0
Tikori	0	0	0	0	0	0
Wau Airport	43	0	0	0	0	0
Yambio Airport	4	0	0	0	0	0
Yei Airport	10	0	0	0	0	0
Yei RRC	19	0	0	0	0	0
South Sudan	56,235	8	0	8	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 80 counties across the country. It is supporting MoH and partners to strengthen integrated disease surveillance and response (IDSR). <http://ss.ewars.net/login>

 **EWARS**  
Learn more about EWARS  
<http://ewars-project.org>

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

- Construction of a 24 bed Ebola Treatment Unit (ETU) in Juba; visited by a delegation led by the Hon. Minister for Health, Dr Riek Gai Kok
- SOPs for IPC and CM currently review at a validation workshop (ongoing 14-16 November 2018)
- Yei State RRT independently responded to alert case of suspected EVD death indicative of a successful recent trainings on RRT and IPC/CM
- IPC assessment (training needs and isolation facility) conducted in Nimule



### **3.6. Risk communication, community engagement and social mobilization**

- Created a page in the social media with information that dispels rumors on EVD. Though this page has not yet been made functional but discussions are ongoing to reactivate the MOH social tweeter page. The purpose of this is to dispel rumors and misconceptions on EVD.
- Child friendly psychosocial support messages related to Ebola are being integrated into risk communication and social mobilization messages.
- The Emergency toll-free hotlines (6666) remain active providing information on EVD and related issues.
- Ebola prevention IEC materials were developed in English and have been translated into Arabic, Zande and Bari.
- 34 schools and 4,091 school children and teachers reached in Yei, Maridi and Nimule
- 35 Water point awareness sessions conducted in Yei.
- 2950 people in Maridi were reached during market outreach session.
- 1704 church/mosques announcements in Yei, Yambio, Maridi, Nzara.

### **3.7. Logistics and Personnel deployment**

- Two additional consultants were deployed by WHO to support coordination and logistics for EVD preparedness and response.
- Received the 3 PPE Kits from Ghana. Plans are underway to procure aprons locally to complete the kits. Additional 13 PPE Kits to be procured from WHO HQ.
- Following the opening of the new Juba International airport terminal, the logistics team visited the facility to identify the location for the new screening areas.
- The construction of the ETU Juba is on track and is expected to be ready and handed over to the Ministry of Health by mid of November 2018.
- Five (5) Motorbikes were sent to Yambio, two (2) motorbikes and a new generator 13KVA to Yei River State to boost the capacity of the response efforts on the ground.
- Yambio State to rent 4 more vehicles and WHO to dispatch one vehicle to Yei pending the approval of the UNMISS convoy. One (1) vehicle has already been rented locally for Nimule.
- A PCR machine is expected to arrive in country along with a technician to support the installation.

### **3.8. Vaccines and Therapeutics**

- Vaccination teams to be trained in Good Clinical Practice.
- Two teams of 15 to be trained centrally and deployed as needed. Training plan to be finalized with Vaccine expert.
- Permission to import EBV vaccine has been granted and other processes for vaccine deployment is in-process
- Micro-planning for vaccination was completed on 16<sup>th</sup> November 2018.
- The procurement processes for EBV cold chain logistics from WHO headquarters are ongoing.

### **3.9. Safety and Security**

- Access, Safety and Security technical working group (TWG) continues to contact the partners responsible for security in IO areas to improve access to high-risk locations that are currently inaccessible due to insecurity.
- More UN personnel have completed the WHO e-PROTECT online training on Ebola awareness.

### 3.10 Updates from States

#### Tori state – Nimule

- State task force and technical working group meetings were conducted as scheduled.
- During the reporting week 46, total number of people screened was 49,678 including 9 alerts.
- CORDAID, the lead partner in case management, procured medical supplies and one generator for the isolation area.
- Identified 10 alerts during the reporting week; three of the alerts were referred for secondary screening.
- There is need for an ambulance to convey EVD alerts to Nimule hospital for proper medical examination.
- ARC has secured funds to train HCWs on EVD case definitions, case management, referrals etc.
- Concept note for IPC training was developed and forwarded to WHO country office for IPC training that was scheduled for this week.
- RCSS recruited volunteers to help at the PoEs and are supporting in the provision of incentives.
- MEDAIR conducted EVD preparedness needs assessment in the primary health facilities. Training will commence in the week of the 26th November 2018.
- DFID and SMOH Director of training visited Nimule hospital and Nimule checkpoint and highlighted the need for more than one tent at Nimule checkpoint due the traffic of people in the border crossing point.
- Torit State Task Force (Nimule) developed EVD preparedness plan for Pageri County.
- The state task force requested leaders/stakeholders to provide people to be trained on Safe and Dignified Burial teams for the County.
- The state task force asked stakeholders to speed up the finalization of land papers for the proposed Ebola Treatment Centre.

#### Yei River State

- A high level mission from WHO HQ, WHO AFRO and UNICEF ESARO visited Yei River State on Saturday 17<sup>th</sup> Nov 2018. The purpose of the mission was to assess the state of EVD preparedness in Yei River State.
- The STF members made a presentation on the EVD preparedness to members of parliament and the cabinet of Yei River State at State legislative assembly.
- There is need to fast track completion, equipping and operationalization of the Isolation facility at Yei State Hospital.
- The STF revisited the recurring issue of lack of EVD dedicated ambulance in Yei River state.
- Partners have funding for routine activities. The STF requests NTF for direction on the way forward for funding of EVD preparedness activities in Yei River state.
- The Risk Communication and Social Mobilization TWG is planning a meeting of all social mobilization partners to discuss their support to the EVD preparedness activities.
- The STF is planning to up-scale and strengthen EVD surveillance activities and active case findings both at the health facilities and the communities.



DFID team & Dr. Michael Mading addressing SMOH and partners in Nimule.  
Photo: WHO

#### 4.0. Challenges/Gaps.

The critical preparedness gaps currently entail:

- Inaccessibility due to bad road, insecurity and communication barrier
- Delayed installation of isolation facility in high-risk states.
- Human resource gap to support EVD preparedness activities especially in the high-risk States.

#### 5.0. Recommendations and priority follow up actions

- The relevant authorities to negotiate for partners to access communities in EVD high risk areas.
- Fast-track the installation of isolation facilities in EVD high risk states.
- Mobilize for more resources to facilitate recruitment and deployment of the required additional human resources for EVD preparedness and response.



#### 6.0. Conclusion

- The focus for the NTF in the coming week is to:
  - Fast-track the implementation of Ebola vaccination for the frontline health workers including the traditional healers.
  - Validate all the SOPs for EVD preparedness and response.
  - Engage and sensitize non-health actors at Juba international airport to support the implementation and enforcement of the EVD screening of incoming travelers.

#### 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, UNDP, SPLA, LS, DFCA, ARC, Samaritan Purse, Medair, REACH and UNHASS.

#### ***For more information, please contact:***

<b>Dr Richard Lako Lino</b> Incident Manager Email: <a href="mailto:richardlako@yahoo.com">richardlako@yahoo.com</a> Tel.: +211 926 592 520	<b>Dr Pinyi Nyimol Mawien</b> Director General PHS Email: <a href="mailto:pinyiaupur@gmail.com">pinyiaupur@gmail.com</a> Phone: +211916285676	<b>Dr Mathew Tut Moses</b> Director, EPR & PHEOC Email: <a href="mailto:tut1988@yahoo.com">tut1988@yahoo.com</a> Tel.: +211 922 202 028
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*This report was produced with technical support from the World Health Organization.*