

REPUBLIC OF SOUTH SUDAN



MINISTRY OF HEALTH

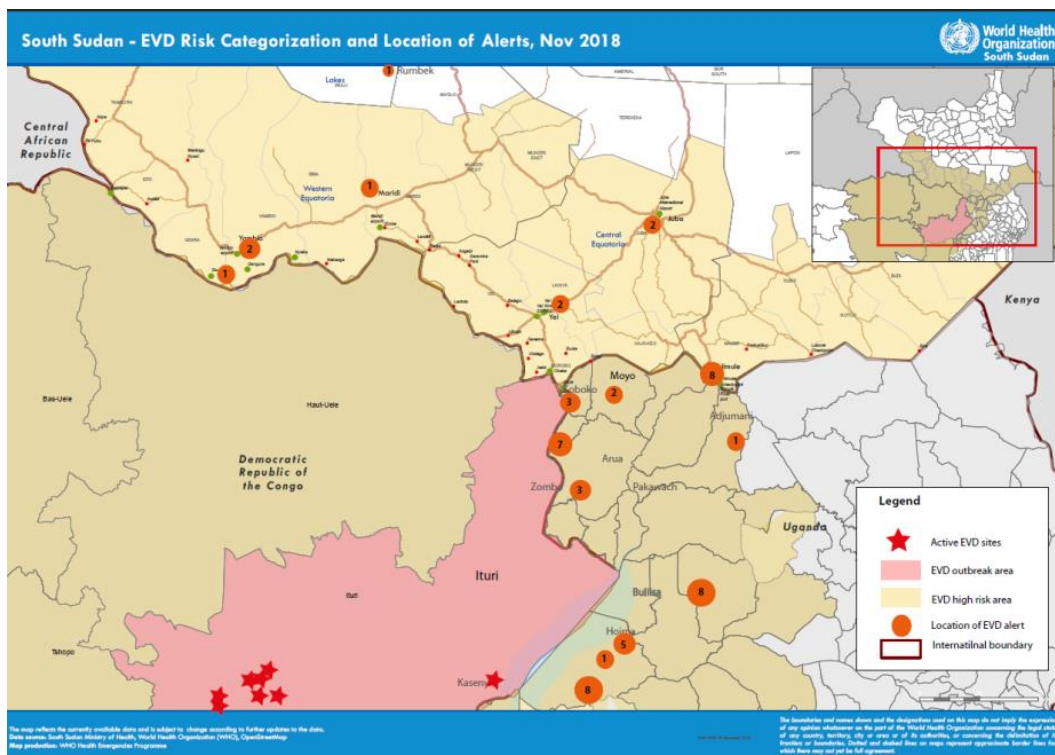
Weekly Update on Ebola Virus Disease (EVD) Preparedness for South Sudan

Update # 13

Date: 26 November 2018

1. Highlights

- The GenXpert laboratory result for the Yambio suspected Ebola Virus Disease case was negative for Ebola virus. The confirmatory result of Polymerase Chain Reaction (PCR) results from Uganda Virus Research Institute (UVRI) is also tested negative for Ebola, Marburg, CCHF and RVF.
- The National Task Force (NTF) coordination unit developed a draft document on the composition of NTF. All technical working groups are expected to make inputs before it is adopted by the NTF in the next meeting schedule for Thursday 29/11/2018.
- The validated SoPs for EVD are awaiting TWG final clearance prior to publication.
- Border health screening has been strengthened with 18 functional screening points. A total 579,716 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 evaluate the country's preparedness and readiness for EVD.
- Entry screening of travelers into South Sudan continues in all the 18 designated sites with support from Ministry of Health (MoH), World Health Organization (WHO), International Organization for Migration (IOM), Save the Children International, (SCI), World Vision International South Sudan (WVISS) and Collegio Universtario Aspirante Medici Missionari (CAUMM). However, the porous entry points remain a major threat. 579,716 travelers have been screened at all the 18 border screening points.



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

2.1. Latest updates

- During the last epidemiological week, the EVD transmission continued mostly in the North Kivu Province. New death cases also concentrated in North Kivu Province.
- As of 24th November 2018, a total of 412 cases of EVD have been reported, of which 365 are confirmed and 47 are probable. Total deaths are 236. Nine new cases were identified at Benin (4), Butembo (2), Kalunguta (2), and Katwa (1).
- As of 24th November 2018, 10,110 frontline healthcare providers have been vaccinated. A cumulative total number of 35,389 have been vaccinated as follows: Beni – 16,997; Katwa-4660; Mabalako-4544; Butembo-2390; Kalunguta-1788; Mandima-1663; Masereka-732; Bunia-434; Oicha-363; Vuhovi-359; Tchomia-355; Mutwanga-355; Kyondo-241; Komanda-240; Musienene-23; and Alimbongo-34.
- Four high risk countries, including South Sudan, are engrossed with preparations for Ebola vaccination including arrangement of the necessary supplies, human resources and regulatory approvals. South Sudan is planning to start the vaccination of frontline healthcare workers from 10th – 20th December, 2018.
- The risk of spread to other provinces in DRC and to neighboring counties like South Sudan remains ‘Very High’.

3. Public Health Preparedness and Readiness

3.1. Coordination

- One national taskforce meeting was chaired by the Incident Manager, Ministry of Health and co-chaired by the Director, EPR and PHEOC on 22nd November 2018 at the PHEOC in Juba. The major themes of discussion were streamlining the NTF meeting attendance, operationalization of the ETU in Juba, completion of evaluation checklists and key performance indicators tools, surveillance, risk communication and psychosocial support, Rapid Response, and Safe and Dignified Burials.
- Torit (Nimule), Yei and Yambio shared their weekly updates with the national task force. The reports were incorporated in the NTF meeting presentations.
- A joint monitoring team (WHO AFRO, WHO HQ and UNICEF ESARO) concluded the evaluation of South Sudan’s EVD preparedness and readiness activities. They hosted a debriefing meeting with the leads and co-leads of all technical working groups at PHEOC to discuss their findings and complete the evaluation checklists and key performance indicator tools.

3.2. Resource mobilization

- A resource tracker matrix has been developed with updated financial information. Information from the financial matrix will be imported in to 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, \$9.4million has been mobilized representing 57% of the total required. This figure may change after input from other partners.

3.3. Surveillance and Laboratory

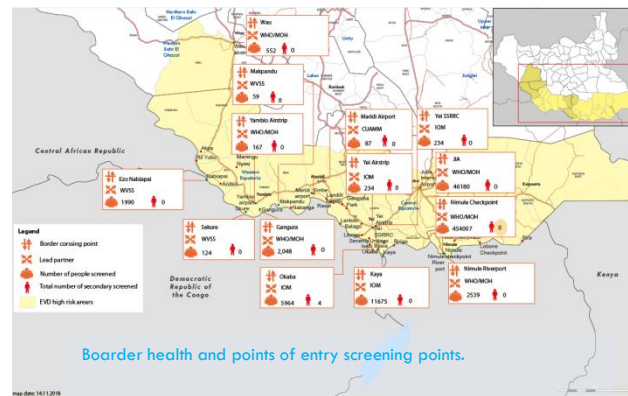
- A suspected Ebola virus disease case was reported from Sakure Payam of Yambio. The patient is a farmer, who traveled to Bangadi on 16th November 2018. He started vomiting blood while in Bangadi and developed fever on 18th November 2018. He spent 6 days in Bangadi DR Congo without any relief and then returned to Yambio for medical attention. He was identified at Sakure point of entry and isolated at the border post. About 27 contacts were identified and listed and advised to stay in Sakure Payam. Blood samples were collected from the patient on 24/11/2018 and delivered to Juba the same day. The preliminary result of GeneXpert tested

negative conducted in NPHL the same day. The confirmatory results using PCR from UVRI tested negative for Ebola, Marburg, CCHF, and RVF.

- Surveillance TWG developed training guidelines for all TWGs to implement during trainings. The guidelines include types of trainings, participants, training methods, facilitators, logistics support, training materials, travels/transport and training coordination.
- Laboratory technical working group is in the process of finalizing the SoPs for blood collection, packaging and transport of category A infectious substance by air; for buccal swab collection of a cadaver with suspected Ebola virus disease and other hemorrhagic fevers; and testing of samples from patients with Suspected or Confirmed Viral Hemorrhagic Fever Using GenXpert.
- The laboratory TWG is planning training of laboratory personnel and distribution of laboratory supplies to the prioritized areas.
- A laboratory consultant from WHO AFRO joined the laboratory TWG.
- The Epidemiology and Surveillance TWG is finalizing the EVD SOPs for Alert investigation and Management, Community active case search, Contact tracing, and Data management during EVD outbreak.

3.4 Port Health and Screening

- BH and PoE technical working group shared the following templates among its members for completion: compiling information on daily rate, POE functionality reporting template, TWG focal persons, weekly sitrep, and supplies stock tracking.
- IOM is organizing training of screeners for the two additional EVD screening sites at Khorijo and Pure in Kajo-keji County.
- A total 579,716 people have been screened at all the 18 border screening points.
- 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 46 at the active points of entry.
- A total of 18 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: W47

From: 2018-11-19

To: 2018-11-25

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	4,287	0	0	0	0	0
Kaya	0	0	0	0	0	0
Kaya Border	0	0	0	0	0	0
Maridi Airstrip	0	0	0	0	0	0
Nimule Border	40,177	2	0	0	0	0
Okaba	0	0	0	0	0	0
Parjala Docking River	541	0	0	0	0	0
Sakure Border	0	0	0	0	0	0
Takori	0	0	0	0	0	0
Wau Airport	44	0	0	0	0	0
Yambio Airport	0	0	0	0	0	0
Yei Airport	0	0	0	0	0	0
Yei RRC	0	0	0	0	0	0
South Sudan	54,049	2	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 60 counties across the country. It is supporting MoH and partners to strengthen integrated disease surveillance and response (IDSR). <http://rss.ewars.ws/login>



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

- Samaritan’s Purse erected an isolation training facility at the Public Health Laboratory.
- The TWGs reviewed EVD preparedness dashboard with the evaluation team from WHO Geneva, AFRO and UNICEF ESARO.
- The construction of a 24 bed Ebola Treatment Unit (ETU) in Juba is in its final stages. The concerns with patients’ flow are being addressed.
- The SOPs for IPC and CM are being compiled after the validation meeting.
- Yambio state team responded to the suspected EVD alert on 23rd November 2018. Samples were collected and delivered to NPHL Juba and UVRI Uganda for GenXpert and PCR analysis respectively. GenXpert results were negative for Ebola virus.



Samaritan Purse Training site. Photo: SP.



The monitoring Team visiting the ETU in Juba. Photo: WHO

3.6. Risk communication, community engagement and social mobilization

- The external and risk communication team trained 25 journalist drawn from Yei, Tambura, Nimule, Torit, Maridi and Juba on reporting Ebola and other health emergencies.
- Ebola theme song produced to enhance awareness.
- 9, 390 IEC materials distributed- 3, 730 to MEDAIR and SSRC, 90 UNMISS, 5,600 prepositioned to Nimule and Torit.
- 2, 683 schools children reached with Ebola key messages- 917 Nimule, 1766 Yei River State.
- A Joint national Risk Communication strategy developed and shared for comments.
- In Yei, through 40 trained social mobilizers from CHDs conducted house-to-house Ebola education and community surveillance reaching 2,455 households visits.
- 11,856 people through public awareness sessions in the market sessions, church and mosques announcements, and health education at health facilities, an estimated 32,000 people through 6 rounds of PSA.
- In Yambio, Nzara, Tombura and Ezo and Nagerao counties a total of 133 community mobilisers are deployed through ECSS.
- 40,930 people through H2H mobilization, street announcement.



Journalists trained on reporting EVD and health emergencies. Photo: WHO.



Risk communication and community engagement TWG on the move to sensitize the community. Photo: MoH.

- CARITAS trained 32 community leaders in Nimule.
- In Mogali, EES, 84 women were reached by SSRC through mothers support group orientation.
- In Juba, 30 church's and 18 mosques received Ebola prevention messages.
- The Emergency toll-free hotlines (6666) remain active providing information on EVD and related issues.

3.7. Logistics and Personnel deployment

- Logistics unit is in the process of procuring 13 VHF kits to augment the VHF stock in-country.
- Laboratory and vaccine consultants joined the WHO EVD preparedness team from WHO AFRO.
- 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.
- A PCR machine is expected to arrive in country along with a technician to support the installation.

3.8. Vaccines and Therapeutics

- Principal Investigator has been identified; protocol adapted and Ethical Review Board approval secured for the Ebola vaccine.
- Permission to import EBV vaccine has been granted and other processes for vaccine deployment are in-process.
- The target population of eligible health and frontline workers was estimated at 3200 and the vaccination is planned for 10th – 20th December 2018.
- The procurement processes for EBV cold chain logistics from WHO headquarters are in-process.

3.9. Access, Safety and Security

- IOM and UNICEF Reps will assess the Yei-Maridi road for any Safety, Security or Access issues and come up with recommendations.
- WHO security focal point traveled to Yambio to establish the Safety Security, and Access TWG at the State Level in coordination with UN Security Cell in Yambio.
- 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.
- Access, Safety and Security technical working group is planning Safe and Secured Approaches to Field Environment (SSAFE) Training for Ebola preparedness personnel to be facilitated by WHO security focal point in coordination with UNDSS training team from December 13th -15th 2018 in Juba.
- More UN personnel have completed the WHO e-PROTECT online training on Ebola awareness.

3.10 Updates from States

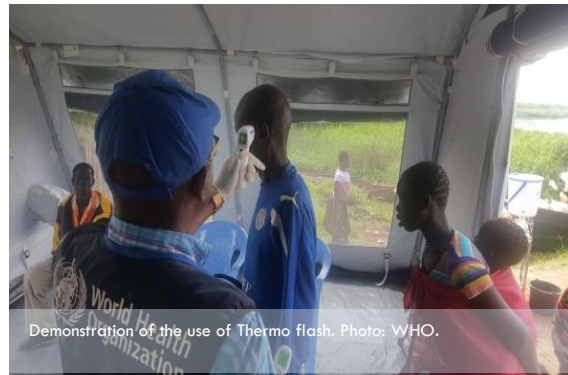
Torit state – Nimule

- The WFP contractors for the construction of the isolation facility arrived Nimule. The team together with WHO, Nimule hospital personnel, Solidarite International visited the isolation site. Work is expected to commence at the site on Monday 27th November.
- An alert template has been developed by WHO to capture all alert cases.

- During the reporting week (week 47), a total of 49,618 people were screened. There was a total of 14 alerts (7 in transit to Juba, 4 to Nimule, 1 to Wau, 1 to Aru Junction and 1 to New site).
- MEDAIR, in collaboration with WHO, conducted two-day training of 30 healthcare workers on the basics of EVD prevention best practices to Primary Health Care facilities in Nimule from 21st to 22nd November.
- WHO procured batteries for three infrared thermometers and some quantities of liquid soap. CORDAID also supplied portable three bulb solar lighting system that can be used during the night for screening by the screeners. They also supplied 30 bottles of hand rubs.

Yei River State

- The STF reviewed the master facility list (MFL) for the state and identified the functional and non-functional health facilities in the state. The results show that out of a total of 139 health facilities in Yei River state, 40 (28.8%) are functional while 99 (71.2%) are not functional.
- The state Minister for Health convened a meeting of all UN agencies, IOM, UNICEF, UNOCHA, and WHO to discuss the continued lack of dedicated ambulance for EVD preparedness activities. They also discussed the need for UN agencies to extend their humanitarian services to the communities outside Yei River County as there is improvement in access.
- The STF revitalized the social mobilization pillar meeting on Monday 19th November, 2018
- The RCCE TWG conducted community engagement sessions with various stakeholders including lactating mothers and community members at Atende and Jezira respectively
- The weekly radio talk shows on EVD preparedness, prevention and control measures are on-going. The prime time radio spots are also sent out on regular basis
- The STF needs support to access the following Payams due to insecurity in the state Magalo, Tore, Pakula, Lasu and Otego.
- The STF requested the circulation of the validated SoPs and EVD preparedness checklists for use in the state.
- The STF raised concern on the 29% functionality of health facilities in the state as this affects the health care delivery services including EVD surveillance, preparedness and prevention.
- The STF is planning to map surveillance focal persons at Counties and Payam levels to intensify EVD surveillance and active case search at both community and health facilities (in all the four counties of Yei River State).
- The STF is developing a proposal to train motorcycle riders in border communities as they are the only means of transport in these areas and they are the first point of contact with strangers that enter Yei River state.



Demonstration of the use of Thermo flash. Photo: WHO.



Community Engagements on EVD with stake holders and people of Atende-Yei River County. Photo: WHO.

- Following the findings and recommendations of WHO HQ, WHO AFRO and UNICEF ESARO mission visit to Yei River State, STF plans to conduct mapping of partners and thereafter, develop the 4W matrix (who is doing what, where and when).

Yambio

- STF assessed surveillance activities at Nzara and Sakure border crossing points
- ECSS- 133 Social mobilizers were trained during the reporting and deployed in three counties.
- The STF developed budget for Risk Communication training. The budget has been submitted to WHO.
- Developed community social mapping template to identify communal/community structures.
- STF CM TWG took inventory of IPC supplies at the WHO stores.
- STF CM TWG visited and mentored healthcare workers in the following facilities: Nzara county HC, Nagirimo PHC, Sakure PHC, St Theresa Nzara Hospital and PoE.
- STF CM TWG assessed IPC facilities at Yambio Hospital, Nzara and Sakure.
- Logistics TWG delivered five new motor bikes to support surveillance activities.
- Coordination met with head of network for Civil Society Organizations.

4.0. Challenges/Gaps.

The critical preparedness gaps currently entail:

- High proportion of non-functional health facilities in some states.
- 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.
- Delays in finalizing the validation of EVD SoPs by various TWGs.

5.0. Recommendations and priority follow up actions

- STFs to discuss with partners in their various states on the way forward to operationalize the non-functional health facilities in the states.
- 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:
 - Follow-up on states on the functionality of their health facilities.
 - 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.

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's Purse, MEDAIR, REACH and UNHASS.

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