

South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W52 2018 (Dec 24 – Dec 30)

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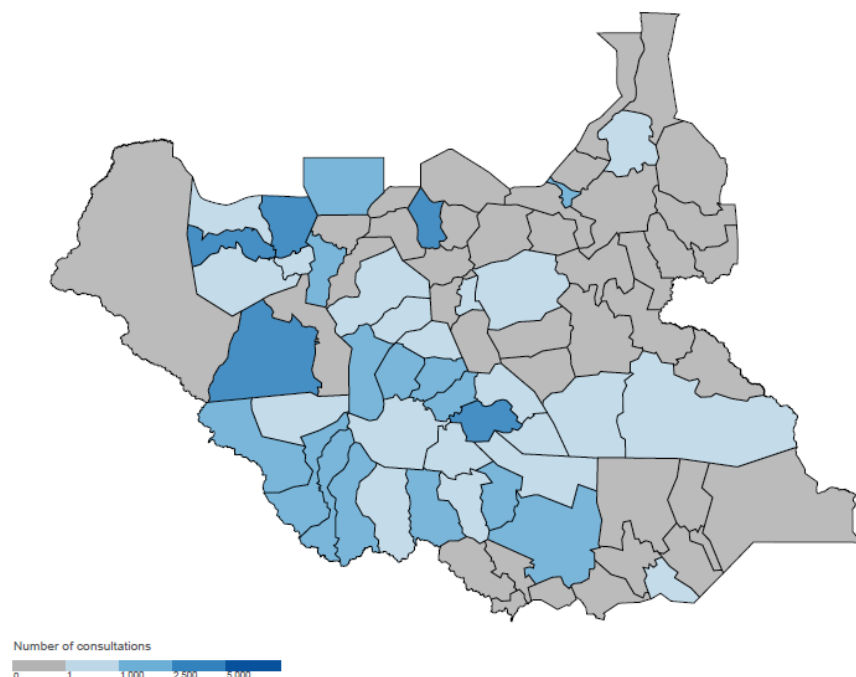
Slide 13 **Measles maps and alert management**

Sources of data

1. Weekly IDSR Reporting Form
2. Weekly EWARS Reporting Form

Access and Utilization | Map of consultations by county

Map 1 | Map of total consultations by county (W52 2018)

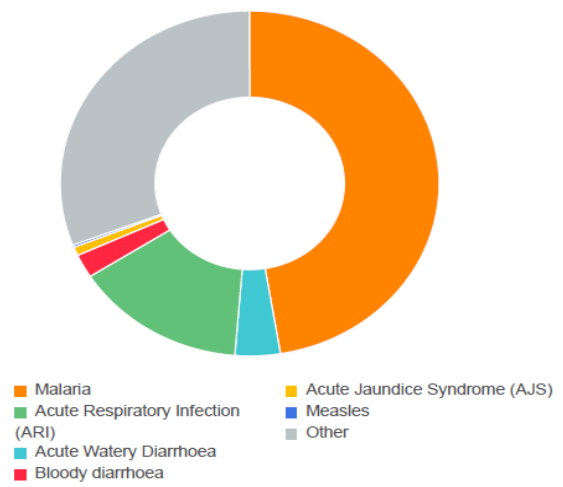


Hub	W52	2018
Aweil	9,164	714,420
Bentiu	3,730	833,692
Bor	1,195	572,212
Juba	2,505	659,678
Kwajok	4,805	1,303,855
Malakal	1,939	781,560
Rumbek	11,099	976,944
Torit	64	315,278
Wau	3,648	540,088
Yambio	9,624	586,173
South Sudan	47,773	7,283,900

The total consultation in the country since week 1 of 2018 is 7,283,900 by hub, Rumbek registered the highest number of consultations as indicated in the table above. The total number of consultations by county is shown in the map above. See the key for more information.

Proportional mortality

Figure 1 | Proportional mortality (2018)

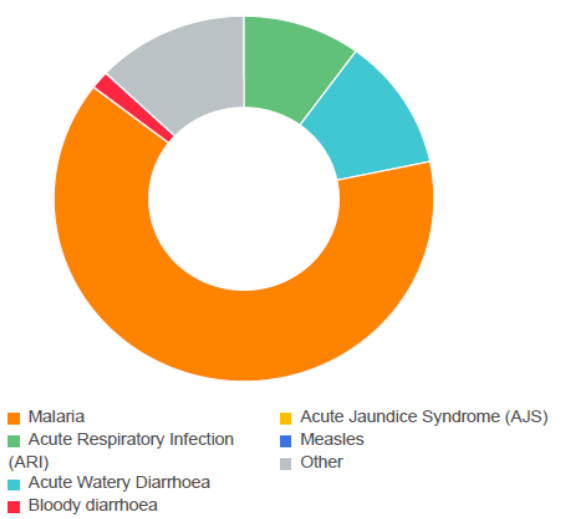


Syndrome	W52		2018	
	# deaths	% mortality	# deaths	% mortality
Malaria	6	60.0%	642	47.4%
ARI	0	0.0%	199	14.7%
AWD	2	20.0%	52	3.8%
Bloody diarrhoea	0	0.0%	30	2.2%
AJS	0	0.0%	11	0.8%
Measles	0	0.0%	3	0.2%
Other	2	20.0%	417	30.8%
Total deaths	10	100%	1,354	100%

Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 47.4% of the deaths since week 1 of 2018, followed by ARI AWD and bloody diarrhoea.

Proportional morbidity

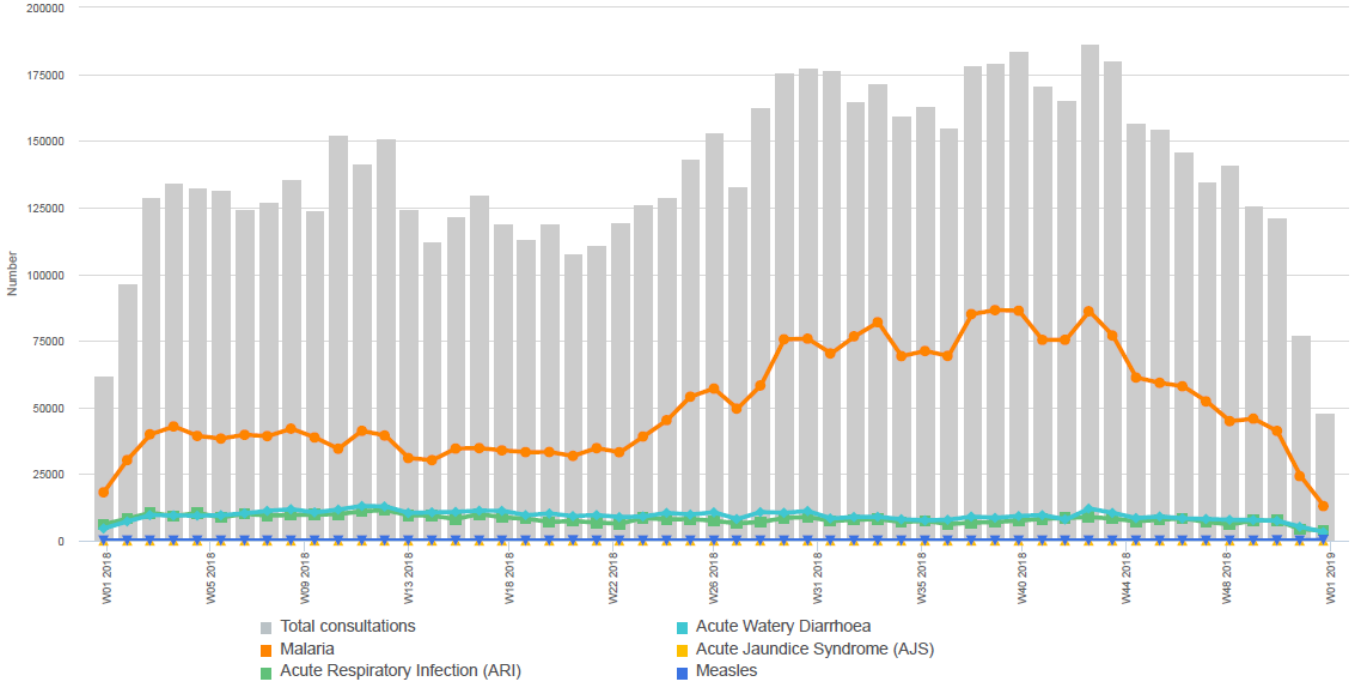
Figure 2 | Proportional morbidity (2018)



Syndrome	W52		2018	
	# cases	% morbidity	# cases	% morbidity
Malaria	12,905	52.7%	2,656,466	63.7%
ARI	3,719	15.2%	418,277	10.0%
AWD	3,135	12.8%	487,872	11.7%
Bloody diarrhoea	356	1.5%	66,219	1.6%
AJS	4	0.0%	227	0.0%
Measles	240	1.0%	724	0.0%
Other	4,112	16.8%	538,126	12.9%
Total cases	24,471	100%	4,167,911	100%

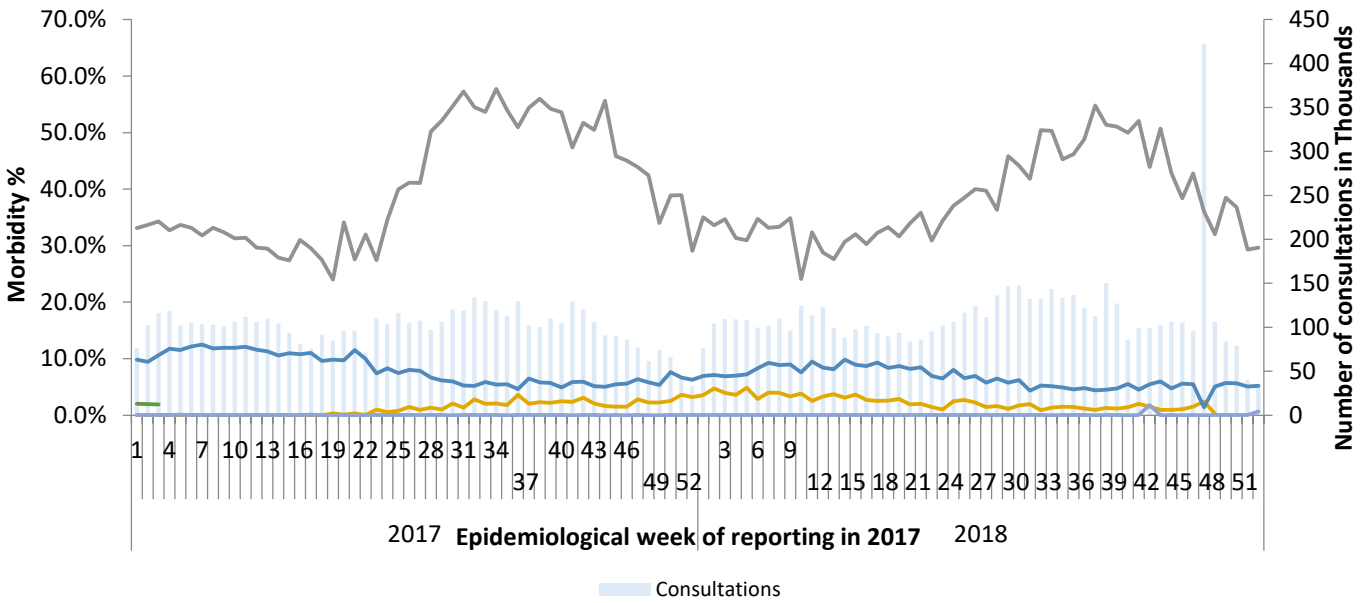
Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 2,656,466 (63.7%) followed by ARI, AWD and ABD respectively since week 1 of 2018. refer to the figure above for more information.

Figure 3 | Trend in total consultations and key diseases (W52)



IDSR Proportionate morbidity trends - in relatively stable states

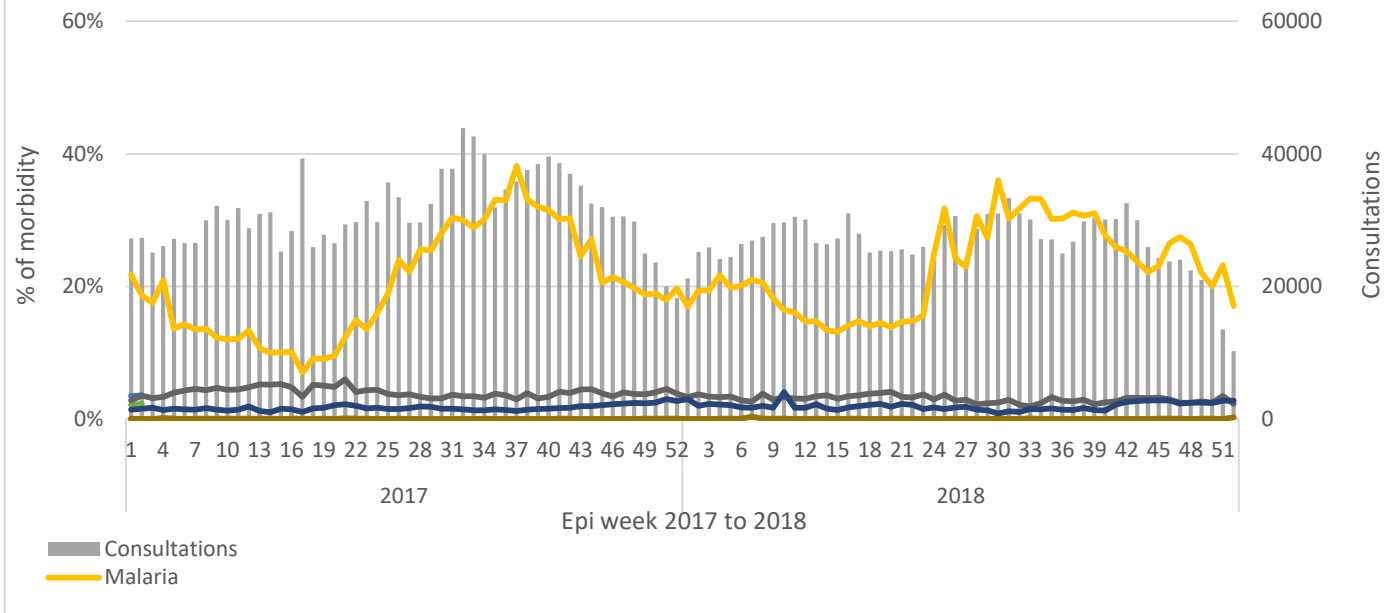
Fig. 1 | IDSR Proportionate morbidity trends, week 1, 2017 to 52, 2018



In the relatively stable states, malaria is the top cause of morbidity accounting for 29.6% of the consultations in week 52 (representing a decline from 29.3% in week 51).

IDP Proportionate morbidity trends - in displaced population

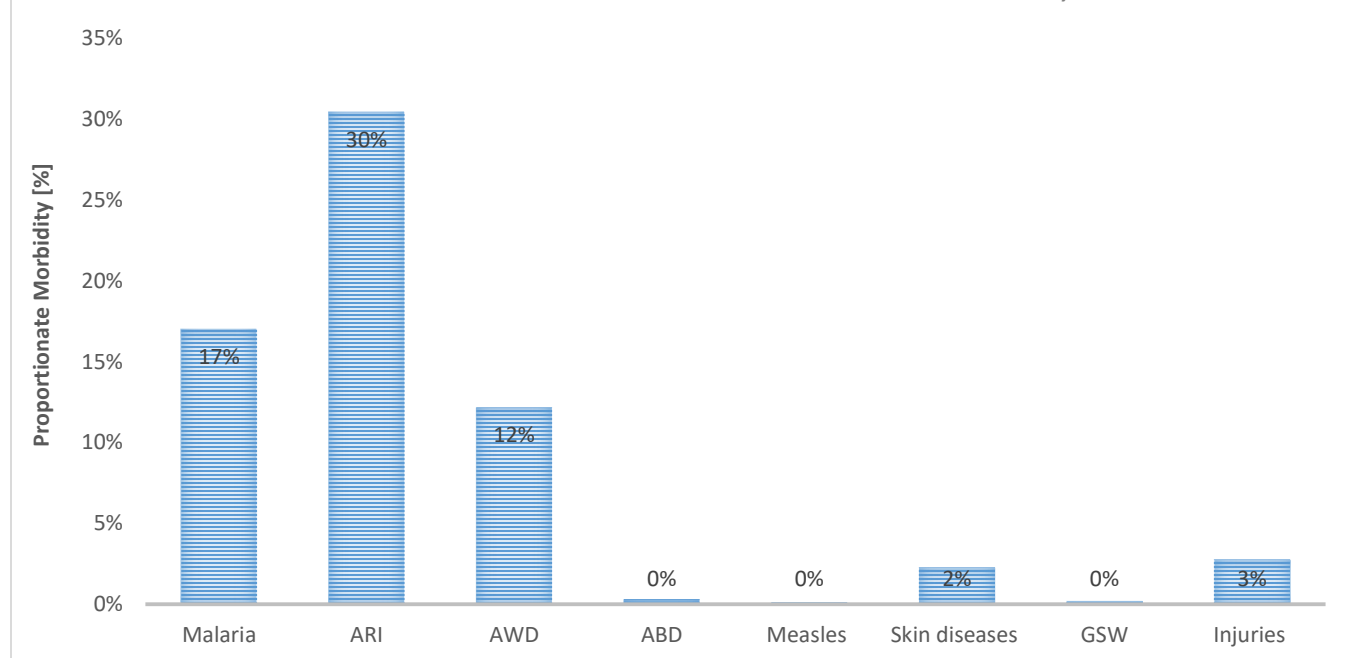
Fig.2 | IDP Proportionate morbidity trends, week 01, 2017 to week 52, 2018



Among the IDPs, APR and Malaria accounted for 17% and 30% of the consultations in week 52. The other significant causes of morbidity in the IDPs includes AWD, Skin diseases, and Measles.

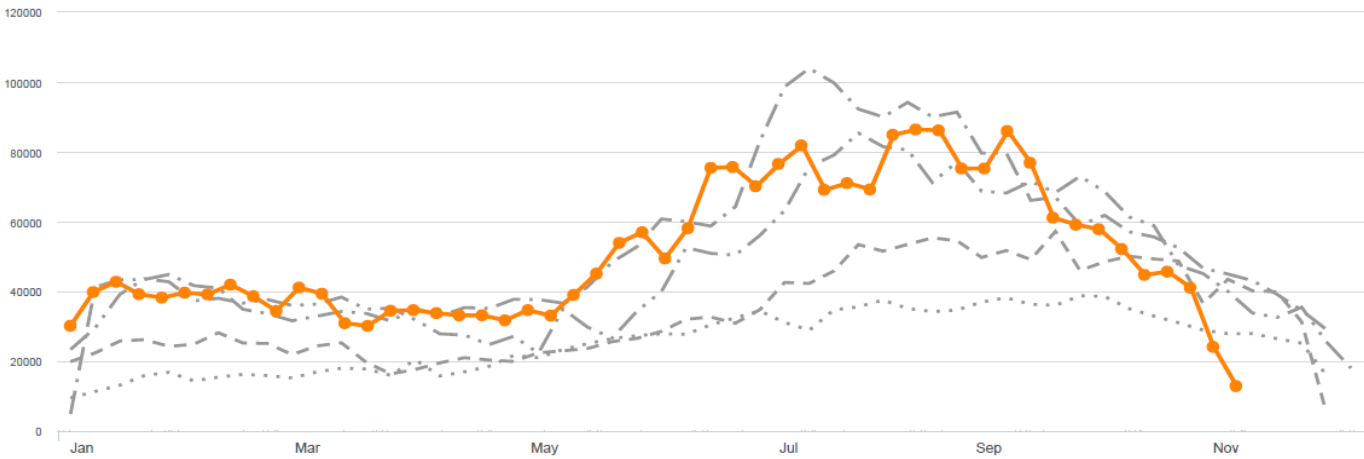
IDP Proportionate morbidity trends - in displaced population

CAUSES OF MORBIDITY AMONG THE IDPS WEEKS 52, 2018



The top causes of morbidity in the IDPs in 2018 include, ARI, Malaria, AWD, Skin diseases, and injuries.

Figure 4a | Trend in number of cases over time (South Sudan)



Graph legend

- 2018
- - - 2017
- - - 2016
- - - 2015
- 2014

Key malaria indicators (2018)

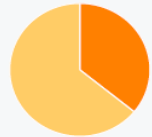
2,656,466 **642** **157**

Cases Deaths Alerts

Figure 4b | % morbidity



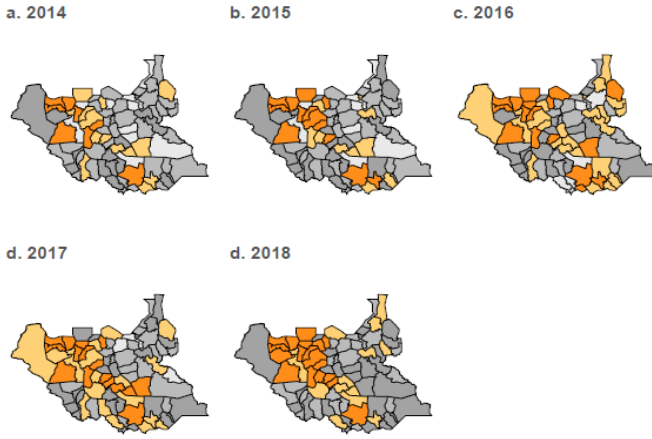
Figure 4c | Age breakdown



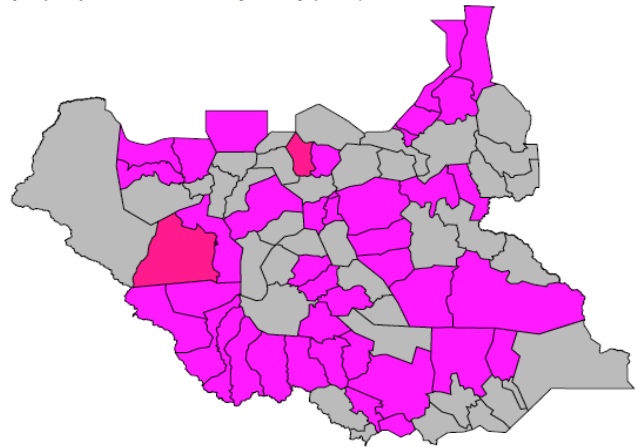
Malaria is the top course of Morbidity in the country, a total of 2,656,466 cases with 642 deaths registered since week 1 of 2018. malaria trend for week 52 of 2018 is below 2014, 2015, 2016, and 2017 as shown in the figure 4a, above.

Malaria | Maps and Alert Management

Map 2 | Map of malaria cases by county (2018)

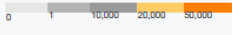


Map 3 | Map of malaria alerts by county (2018)

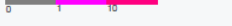


Map legend

Number of malaria cases



Number of malaria alerts



Alert threshold

Twice the average number of cases over the past 3 weeks. Source: IDSR

157 Alerts

112 Verified

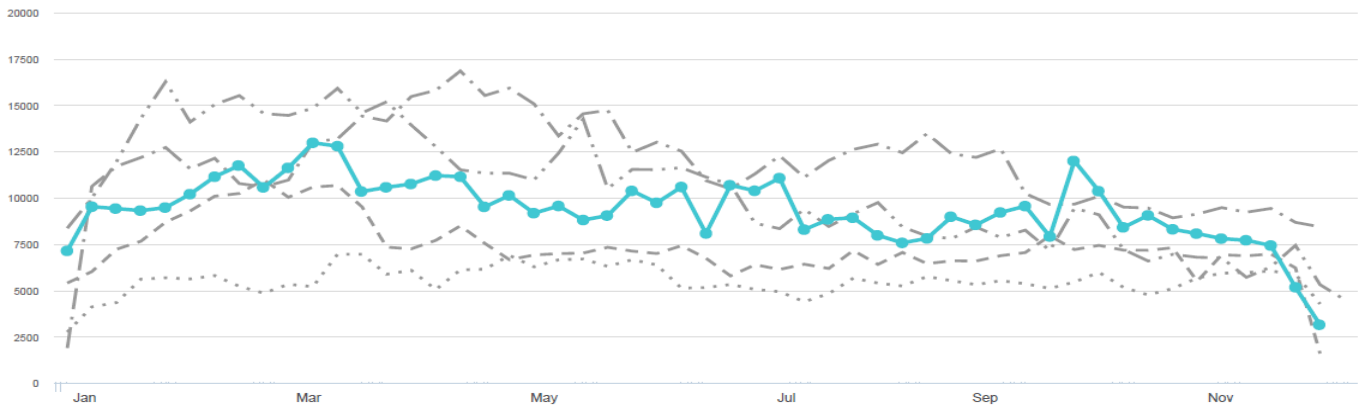
Risk Assessment



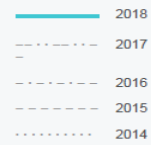
Since the beginning of the year, a total of 157 malaria alerts have been triggered, 112 of those were verified. The Maps above indicate the location reporting malaria alerts from 2014, 2015, 2016, 2017, and 2018.

Acute Watery Diarrhoea | Trends over time

Figure 5a | Trend in AWD cases over time (South Sudan)



Graph legend



Key AWD indicators (2018)

487,872 Cases
52 Deaths
151 Alerts

Figure 5b | % morbidity

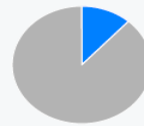


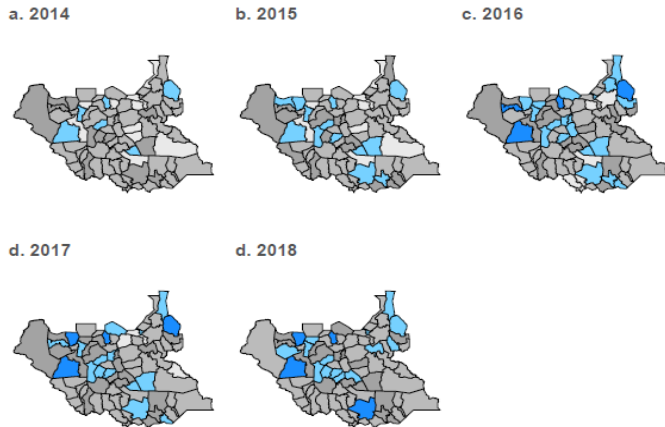
Figure 5c | Age breakdown



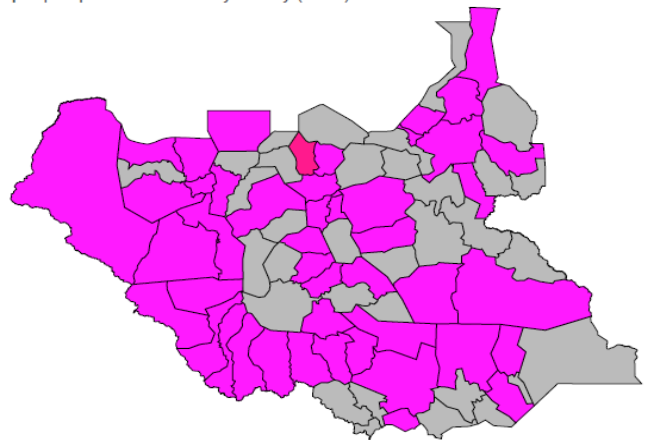
AWD is one of the top causes of morbidity in the country with 487, 872 cases reported since week 1 of 2018 including 52 deaths. AWD trend for week 52 of 2018, is below 2014, 2015, 2016 and 2017, as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management

Map 4 | Map of AWD cases by county (2018)



Map 5 | Map of AWD alerts by county (2018)



Map legend



Alert threshold

Twice the average number of cases over the past 3 weeks. Source: IDSR

151
Alerts

104
Verified

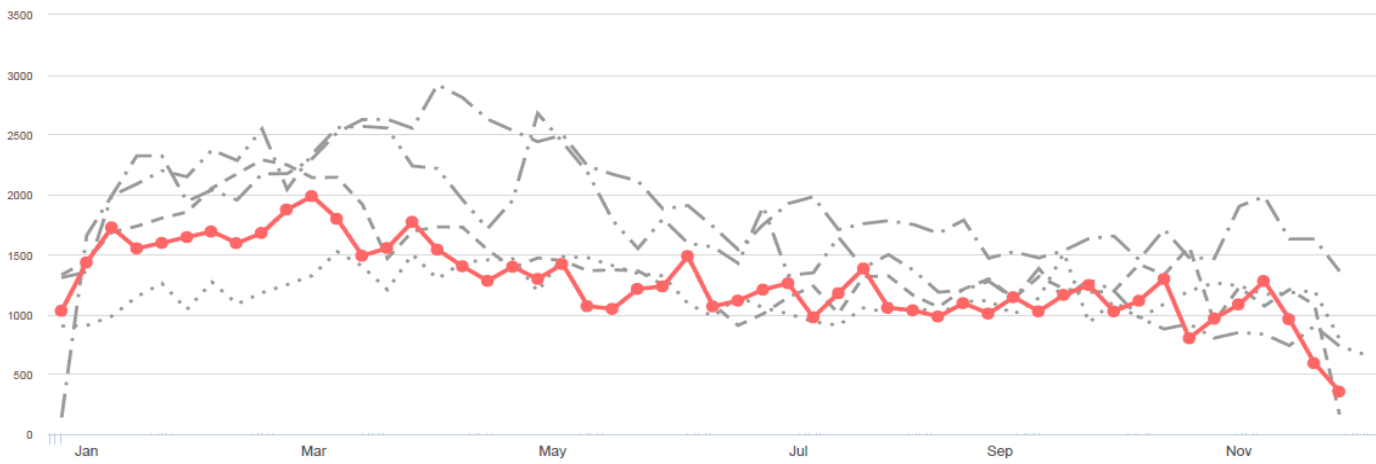
Risk Assessment



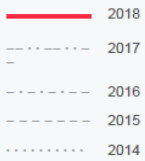
The number of AWD alerts triggered since week 1 of 2018 is 151, out of which 104 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018.

Acute Bloody Diarrhoea | Trends over time

Figure 6a | Trend in bloody diarrhoea cases over time (South Sudan)



Graph legend



Key bloody diarrhoea indicators (2018)

66,219 Cases
30 Deaths
192 Alerts

Figure 6b | % morbidity



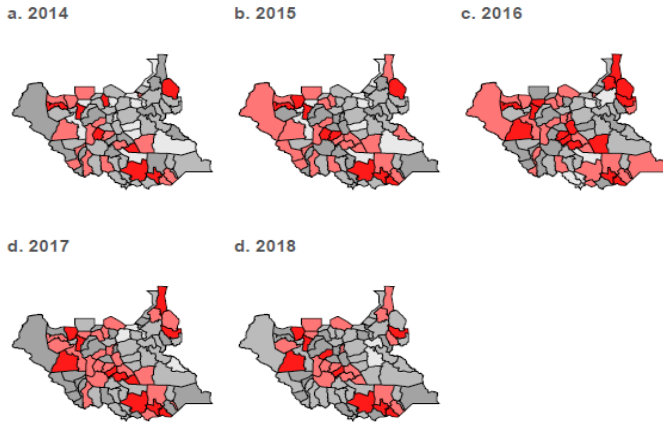
Figure 6c | Age breakdown



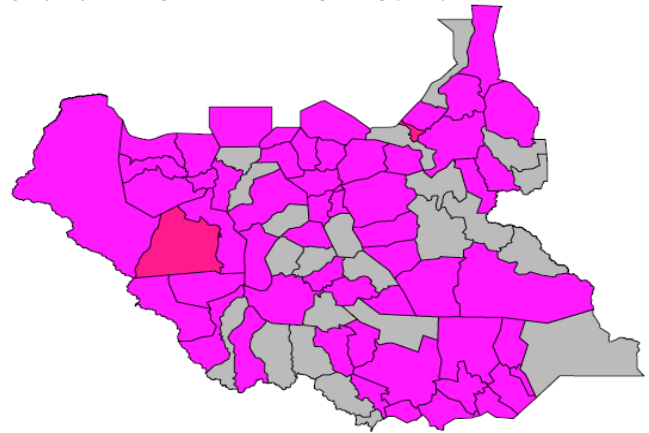
Since week 1 of 2018, a total of 66,219 cases of ABD have been reported country wide including 30 death. ABD trend for 2018 is below 2014, 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

Acute Bloody Diarrhoea | Maps and Alert Management

Map 6 | Map of bloody diarrhoea cases by county (2018)



Map 7 | Map of bloody diarrhoea alerts by county (2018)



Map legend



192 Alerts
143 Verified

Risk Assessment



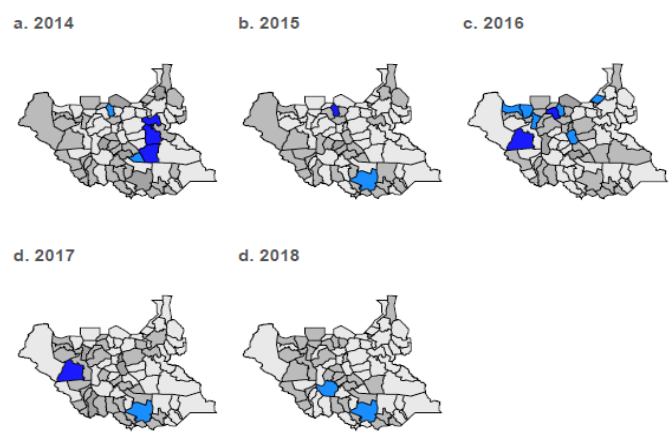
Alert threshold
 Twice the average number of cases over the past 3 weeks. Source: IDSR

Total of 192 alerts were generated since week 1 of 2018, of which 143 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2018 are shown above.

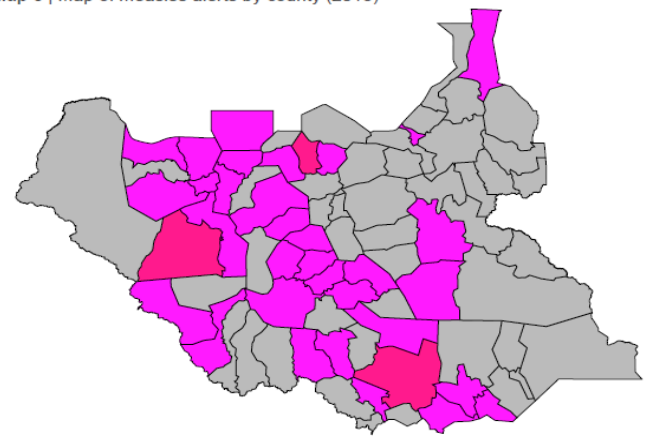
Since the beginning of 2018, at least 484 suspect measles cases including 3 death (CFR 0.74%) have been reported. . Of these, 415 suspect cases have undergone measles case-based laboratory-backed investigation with 309 samples collected out of which 48 measles IgM positive cases; 78 clinically confirmed cases; and 56 cases confirmed by epidemiological linkage.

Measles | Maps and Alert Management

Map 7 | Map of measles cases by county (2018)



Map 8 | Map of measles alerts by county (2018)



<p>Map legend</p> <p>Number of measles cases</p> <p>Number of measles alerts</p> <p>Alert threshold 1 case. <i>Source: IDSR</i></p>	<p>163</p> <p>Alerts</p>	<p>129</p> <p>Verified</p>	<p>1</p> <p>Low Risk</p>	<p>1</p> <p>Moderate Risk</p>	<p>2</p> <p>High Risk</p>	<p>0</p> <p>Very High Risk</p>
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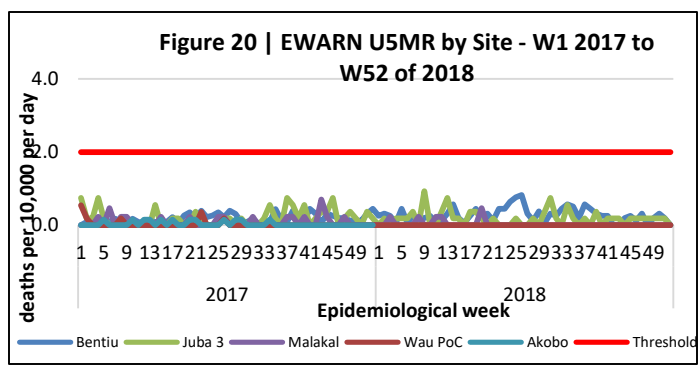
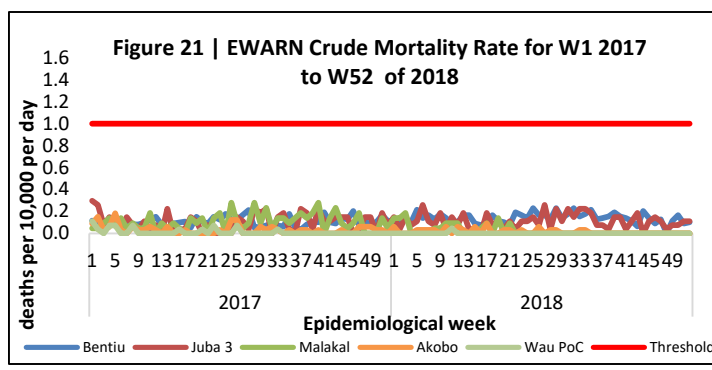
Since week 1 of 2018, 163 alerts of measles were triggered and 129 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.

Table 6 | Proportional mortality by cause of death in IDPs W52 2018

Cause of Death by IDP site	Bentiu		Juba 3		Total deaths
	<5yrs	≥5yrs	<5yrs	≥5yrs	
Hepatitis B				1	1
malaria			1		1
SAM	1				1
Septic shock		1			1
Unknown			3		3
HIV/AIDS		1			1
TB				1	1
Diabetics		1			1
Dysentery		1			1
Total deaths	1	7	1	2	11

Among the IDPs, mortality data was received from Bentiu POC & Juba 3 in week 50. (Table 6). **A total of 11** deaths were reported during the week; in Juba 3 (3), Bentiu POC (8) in the week. During the week, 9 (60%) of the deaths were recorded among children ≥5yrs in (Table 6).

The causes of death during week52 are shown in Table 6.



The U5MR in all the IDP sites that submitted mortality data in week 52 of 2018 is below the emergency threshold of 2 deaths per 10,000 per day (Fig. 20).
 The Crude Mortality Rates [CMR] in all the IDP sites that submitted mortality data in week 52 of 2018 were below the emergency threshold of 1 death per 10,000 per day (Fig. 21).

Mortality in the IDPs - Overall mortality in 2018

Table 7 | Mortality by IDP site and cause of death as of W52, 2018

IDP site	acute watery diarrhoea	cancer	GSW	Heart Failure	Kala-Azar	malaria	Meningitis	perinatal death	pneumonia	Rabies	SAM	Sepsis	TB/HIV/AIDS	Trauma	HIV/AIDS	TB	Others	Grand Total
Bentiu	13	1	8	2	3	55	3	30	14	1	22	25	14	1	33	7	341	573
Juba 3	1	1		5		13		3	9		3	1	1		15	7	100	159
Malakal		1		3	1			1	1							2	17	26
Akobo			1		2	4			2		2	2	1	1			10	25
Wau PoC						1											0	1
Grand Total	14	3	9	10	6	73	3	34	26	1	27	28	16	2	48	16	468	784
Proportionate mortality [%]	2%	0%	1%	1%	1%	9%	0%	4%	3%	0%	3%	4%	2%	0%	6%	2%	60%	100%

A total of 784 deaths have been reported from the IDP sites in 2018 [Table 7](#).
 The top causes of mortality in the IDPs in 2018 are shown in [Table 7](#).

**This bulletin is produced by the Ministry of Health with
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Notes

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The data has been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind, and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at <http://ewars-project.org>

