

REPUBLIC OF SOUTH SUDAN



MINISTRY OF HEALTH

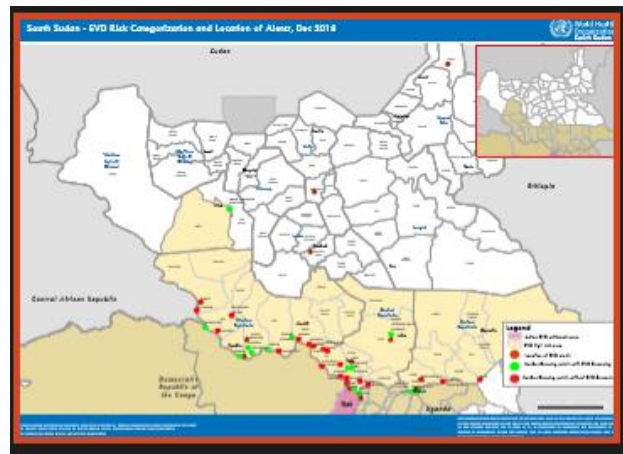
Weekly Update on Ebola Virus Disease (EVD) Preparedness for South Sudan

Update # 21

Date: 28 January 2019

1. Highlights

- WFP completed the isolation unit in Yambio.
- A suspected EVD case was reported from Nimule. GenXpert result was negative for EVD. National Public Health Laboratory sent sample to Uganda Virus Research Institute for polymerase chain reaction analysis; results awaited.
- Epi/Surveillance TWG started the distribution of EVD case definition posters and fliers to the States started on 22nd Jan; Nimule and Jubek have been supplied. Distribution is underway for other States
- Safe and Dignified Burial (SDB) TWGs prepositioned SDB materials for 20 burials in Yambio, Yei and Nimule.
- SDB TWG secured 3 vehicles for immediate deployment in Juba.
- Nineteen screening points are operational. About 1,105,133 people entering South Sudan have been screened. The Ministry of Health (MoH) conducts the screening with support from WHO, IOM, SCI, WVISS and CAUMM.



South Sudan EVD risk categorization and location of alerts December 2018.

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

2.1. Latest updates

- EVD transmission in DRC continues in North Kivu and Ituri provinces. Butembo and Katwa are the current hot spots and represent 65% of new confirmed cases in the past 21 days.
- As of 23rd January 2019, a total of 713 EVD cases reported.
- Since the outbreak a total of 439 deaths occurred with a Case Fatality Rate (CFR) of 59%.

3. Public Health Preparedness and Readiness

3.1. Coordination

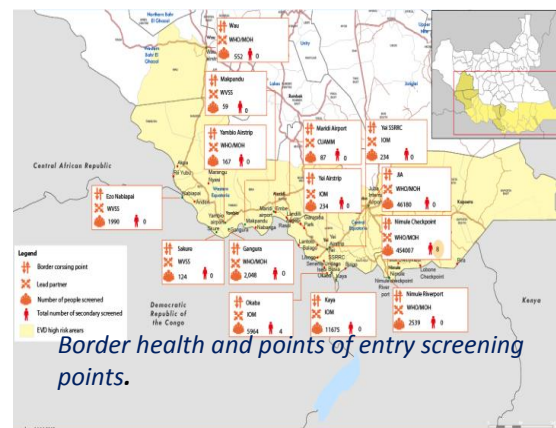
- A national taskforce meeting was held on 24 January 2019 at the PHEOC in Juba. State Task Force Meetings also took place in Yei, Yambio, Jubek, Nimule and Maridi. The next national task force meeting will be conducted on 31 January 2019.
- A committee was formed to review EVD preparedness evaluation checklist and the work is ongoing.
- A monitoring team comprising of USAID/OFDA/CDC visited Nimule to monitor the EVD preparedness activities in the county.

3.2. Resource mobilization

- The National EVD Task Force has mobilized US\$9.4 million out of 16.3 million from donors and other partner agencies (57.7% of planned budget). Additional 6.9 million is required to support priority activities for the coming six months.

3.3. Surveillance and Laboratory

- The surveillance TWG started the distribution of case definition to the States started on 22nd January in



Border health and points of entry screening points.

Nimule and Jubek. Distribution is underway for other States.

3.4 Port Health and Screening

- A total of 1,105,133 people were screened in nineteen screening posts during the reporting week.
- Plan to establish new points of entry by World Vision South Sudan (WVSS) in Yambio, Anzara and Ezo, Collegio Universitario Aspiranti Medici Missionari, (CUAMM) in Maridi and International Organization for Migration (IOM) in Yei River States is ongoing.

Table 1: Screening data at the border crossing points

S/N	Location	State	Cumulative total screened	Average Screening per Week	Secondary Screened (week 3)	Alert (Week 3)
1	JIA	Jubek	85,415	3,559	0	0
2	Nimule River	Torit	54,708	3,419	0	0
3	Nimule Checkpoint	Torit	845,529	40,263	0	0
4	Gangura Border	Gbudue	6,812	341	0	0
5	Sakure	Gbudue	3,392	179	0	0
6	Yambio Airport	Gbudue	1,543	77	0	0
7	Wau	Wau	885	42	0	0
8	Yei RRC	Yei River	359	21	4	0
9	Kaya	Yei River	38,828	2,284	6	0
10	Yei Airstrip	Yei River	454	25	0	0
11	Okaba	Yei River	16,841	1,053	0	0
12	Makpandu	Gbudue	1,618	108	0	0
13	Ezo	Gbudue	16,200	1,157	0	0
14	Maridi	Maridi	186	12	0	0
15	Tikori	Yei River	1,948	177	24	0
16	Khorijo	Yei River	15,428	2,204	0	0
17	Pure	Yei River	13,436	1,919	1	0
18	Bazi	Yei River	1,488	744	0	0
19	Nimule Airstrip	Torit	63	32	0	0
	Total		1,105,133		35	0

3.5. Case Management, Infection Prevention and Control

- The case management TWG developed training guide for case management to ensure all implementing partners conducting training on case management deliver adequate and sufficient EVD case management information.

- Yei and Nimule isolation units are still under construction and will be managed by Action Against Hunger (AAH) and Catholic Organization for Relief and Development Aid (CORDAID) respectively.

3.6. Safe and Dignified Burial

- SDB TWG conducted refresher training for the Juba Safe and Dignified Burial team of 15 volunteers.
- SDB TWG conducted training of 40 SSRC volunteers on social mobilization in Yambio and Nimule.

3.7. Risk communication, community engagement and social mobilization (RCCE&SM)

- RCCE & SM TWG developed a revised partner-mapping template
- Standard of operation procedures (SoPs) completed and approved, soft copies shared with all partners for internalization while printed version is in progress to be ready in two weeks' time.
- RCCE & SM TWG developed a common rumor-tracking and reporting tool and shares it with RCSMCE partners for adoption and finalization.

3.8. Logistics and Personnel deployment

- The construction of the isolation unit in Yambio is completed; Nimule's isolation unit to be completed by end of this week while construction is ongoing in Yei.
- WFP has provided staff to support WHO vaccine kitting.
- WFP issued purchase order for ambulances to be sourced from Dubai, United Arab Emirates.

3.9. Vaccines and Therapeutics

- Vaccination of front line healthcare workers to start in Yambio on 30th Jan 2019 as directed by the Ministry of Health.

3.10. IPC/WASH

- MoH in collaboration with WHO trained 40 private healthcare facilities on case detection, isolation, referral, reporting and basic IPC skills. (11 doctors, 8 clinical officers, 5 nurses, 1 pharmacist and 15 laboratory technicians).
- IPC/WaSH TWG Completed harmonization of IPC WASH training materials to be used by all IPC partners when conducting training at isolation Units. The training materials will be reviewed by TWG.
- IPC/WaSH TWG finalized IPC rapid assessment/monitoring tool for frontline health facilities based on comments from TWG members.
- IPC/WaSH TWG revised the WASH IPC checklist of EVD preparedness.

3.11. Access, Safety and Security

- The TWG continue to engage with the local authorities and parties in conflicts to establish unhindered access to the EVD response areas.

3.12. Updates from States

- A 3-day training of private healthcare workers was conducted from 16th -18th Jan by WHO at Jubek state.

- SSRC conducted refresher training for 15 volunteers for the SDB team from Jubek state from 10th to 11th January, 2019.
- EVD screening on-going at 19 points of entry
- Juba, Yei, Yambio and Nimule have sent in STF coordination structure with their contact details.
- USAID/OFDA/CDC monitored EVD preparedness activities in Nimule on 23rd Jan 2019.

4.0 Challenges/Gaps.

The critical preparedness gaps currently entail:

- Delayed completion of isolation units in Yei
- Mapping of legal burial sites for confirmed, probable or suspected EVD is still a challenge.

5.0 Recommendations and priority follow up actions

- Ministry of Health to follow-up with Civil Aviation on the earlier discussion and approval for the screening of VIP at Juba International Airport
- WFP to fast-track the completion of the isolation unit in Yei.
- Safe and Dignified Burial Technical Working Group to continue engaging State authorities and communities to secure legal burial sites for any EVD cases.

6.0. Conclusion

The focus for the NTF in the coming week is to:

- Start vaccination of frontline health workers in Yambio next week.
- Fast-track completion of construction of Isolation Unit in Yei.
- Address the issue of the legal burial sites.
- Strengthen coordination between national and state task force on risk communication.

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, ICRC, IFRC, 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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