

South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W10 2019 (March 4 – March 10)

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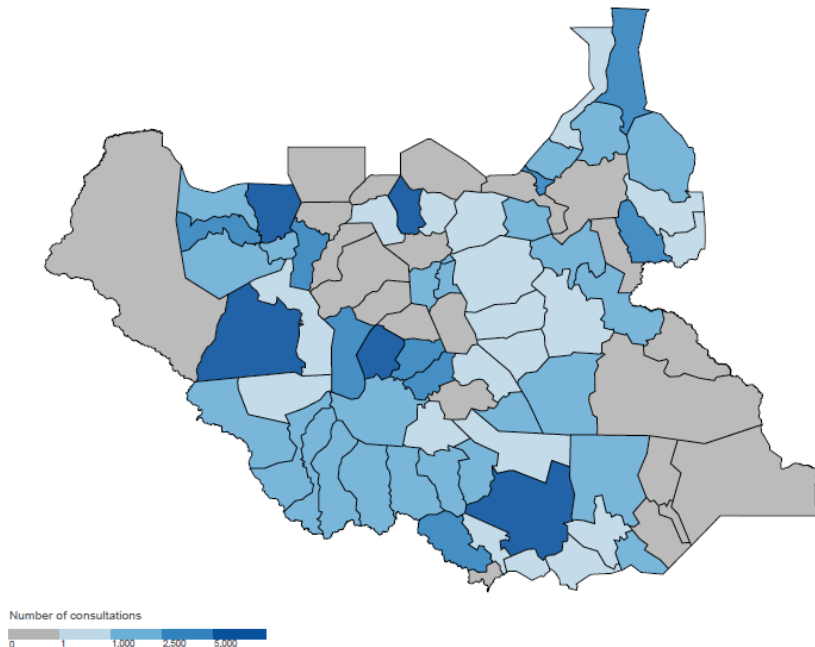
Slide 13 **Measles maps and alert management**

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 (W10 2019)

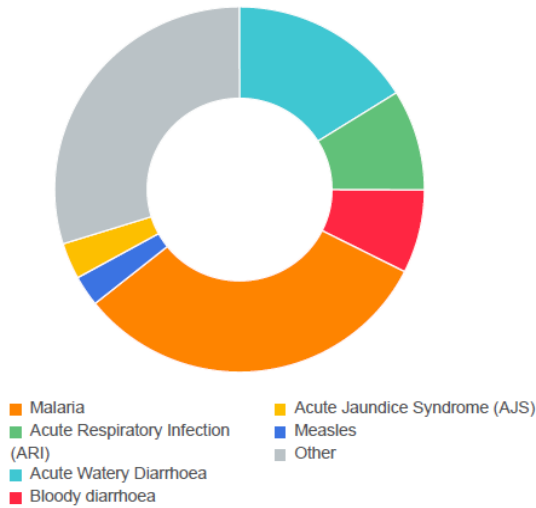


| Hub | W10 | 2019 |
|--------------------|----------------|------------------|
| Aweil | 29,972 | 137,689 |
| Bentiu | 12,227 | 143,672 |
| Bor | 8,613 | 96,441 |
| Juba | 14,692 | 148,894 |
| Kwajok | 6,562 | 129,884 |
| Malakal | 17,376 | 178,472 |
| Rumbek | 15,935 | 260,310 |
| Torit | 3,649 | 46,027 |
| Wau | 6,978 | 116,128 |
| Yambio | 13,367 | 103,394 |
| South Sudan | 129,371 | 1,360,911 |

The total consultation in the country since week 1 of 2019 is 1,360,911 by hub, Aeil 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 (2019)

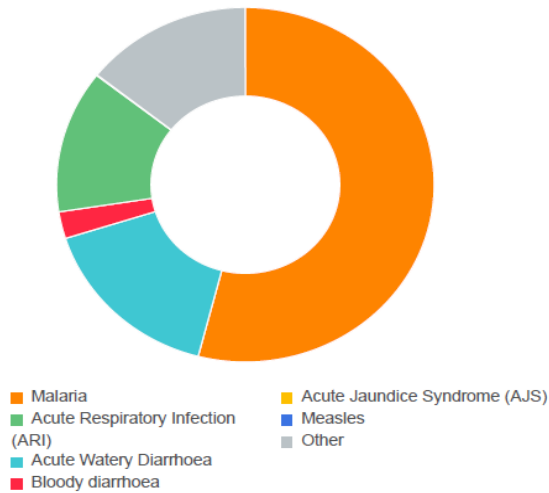


| Syndrome | W10 | | 2019 | |
|---------------------|-----------|-------------|--------------|-------------|
| | # deaths | % mortality | # deaths | % mortality |
| Malaria | 16 | 39.0% | 328 | 31.8% |
| ARI | 2 | 4.9% | 92 | 8.9% |
| AWD | 21 | 51.2% | 166 | 16.1% |
| Bloody diarrhoea | 2 | 4.9% | 76 | 7.4% |
| AJS | 0 | 0.0% | 33 | 3.2% |
| Measles | 0 | 0.0% | 28 | 2.7% |
| Other | 0 | 0.0% | 307 | 29.8% |
| Total deaths | 41 | 100% | 1,030 | 100% |

Figure 1, above shows the proportional mortality for 2019, with malaria being the main cause of mortality accounting for 31.8% of the deaths since week 1 of 2019, followed by malaria and AWD

Proportional morbidity

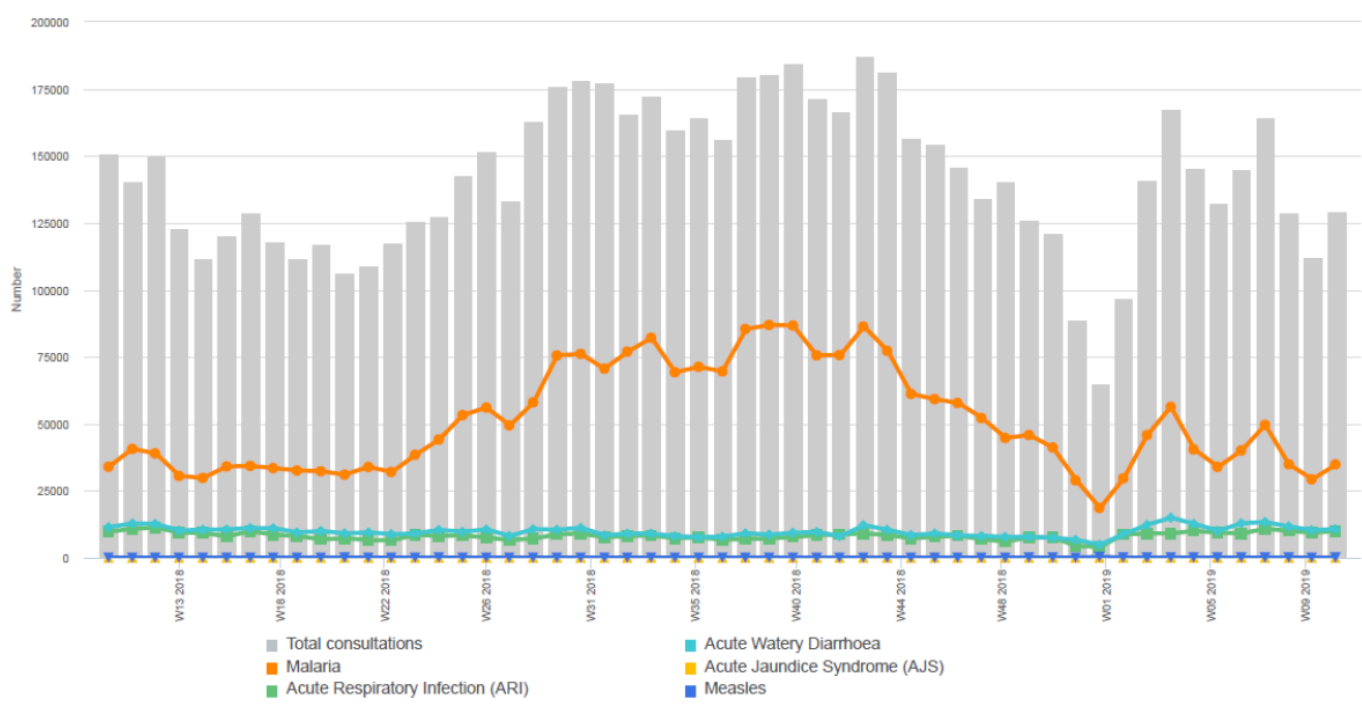
Figure 2 | Proportional morbidity (2019)



| Syndrome | W10 | | 2019 | |
|--------------------|---------------|-------------|----------------|-------------|
| | # cases | % morbidity | # cases | % morbidity |
| Malaria | 34,791 | 51.6% | 394,264 | 54.0% |
| ARI | 9,936 | 14.7% | 95,034 | 13.0% |
| AWD | 10,667 | 15.8% | 117,302 | 16.1% |
| Bloody diarrhoea | 1,677 | 2.5% | 17,825 | 2.4% |
| AJS | 2 | 0.0% | 92 | 0.0% |
| Measles | 22 | 0.0% | 331 | 0.0% |
| Other | 10,308 | 15.3% | 104,849 | 14.4% |
| Total cases | 67,403 | 100% | 729,697 | 100% |

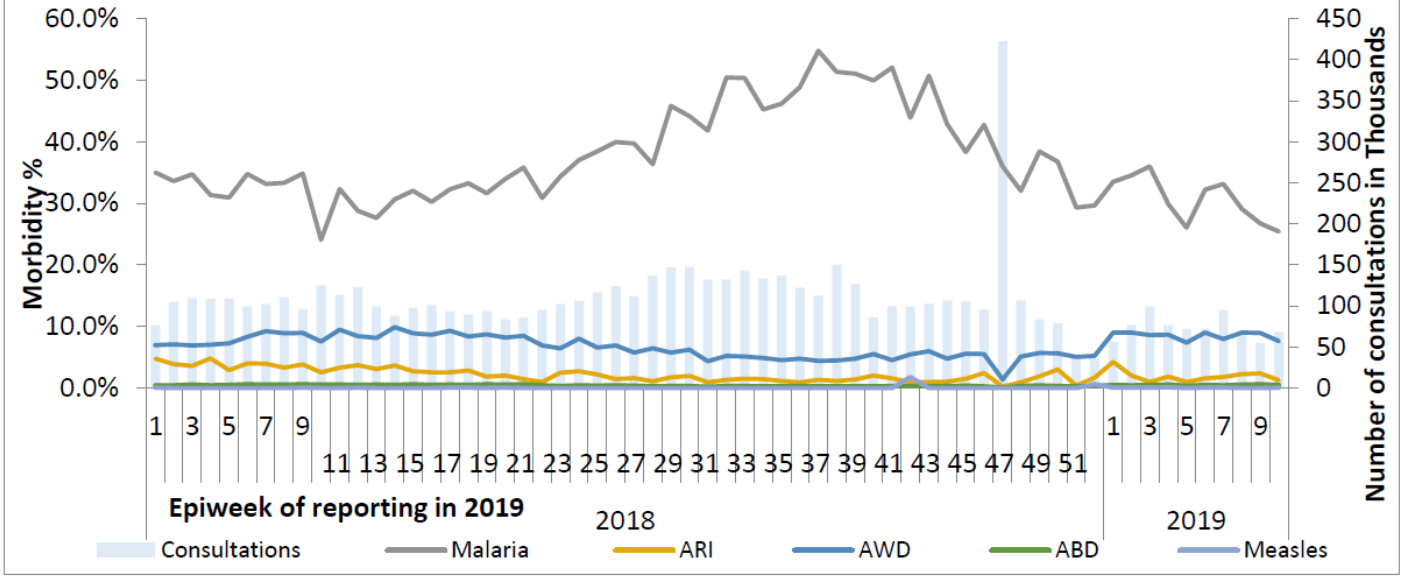
Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 34,791 (51.6%) followed by ARI, AWD and ABD respectively since week 1 of 2019. refer to the figure above for more information.

Figure 3 | Trend in total consultations and key diseases (W10)



IDSR Proportionate morbidity trends - in relatively stable states

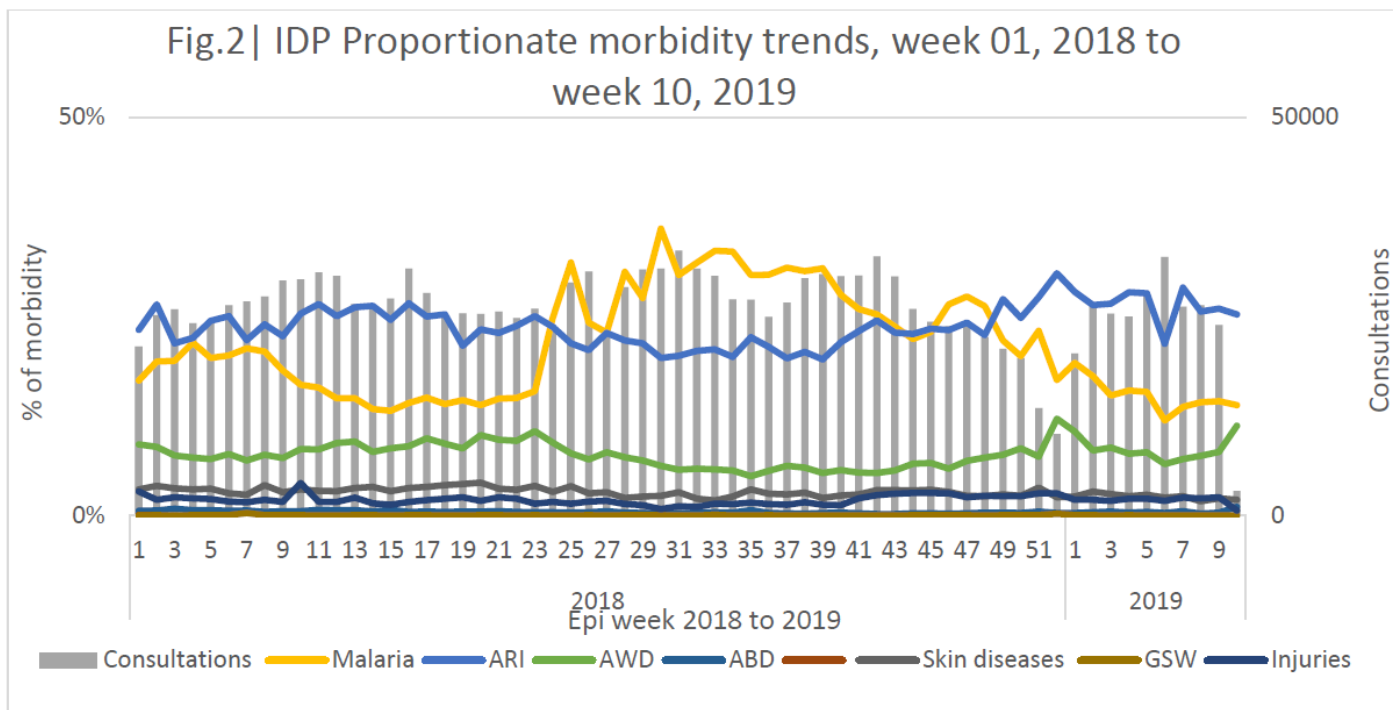
Fig. 1 | IDSR Proportionate morbidity trends, week 1, 2018 to 10, 2019



In the relatively stable states, malaria is the top cause of morbidity accounting for 25.4% of the consultations in week 10 (representing a decline from 26.7% in week 09).

IDP Proportionate morbidity trends - in displaced population

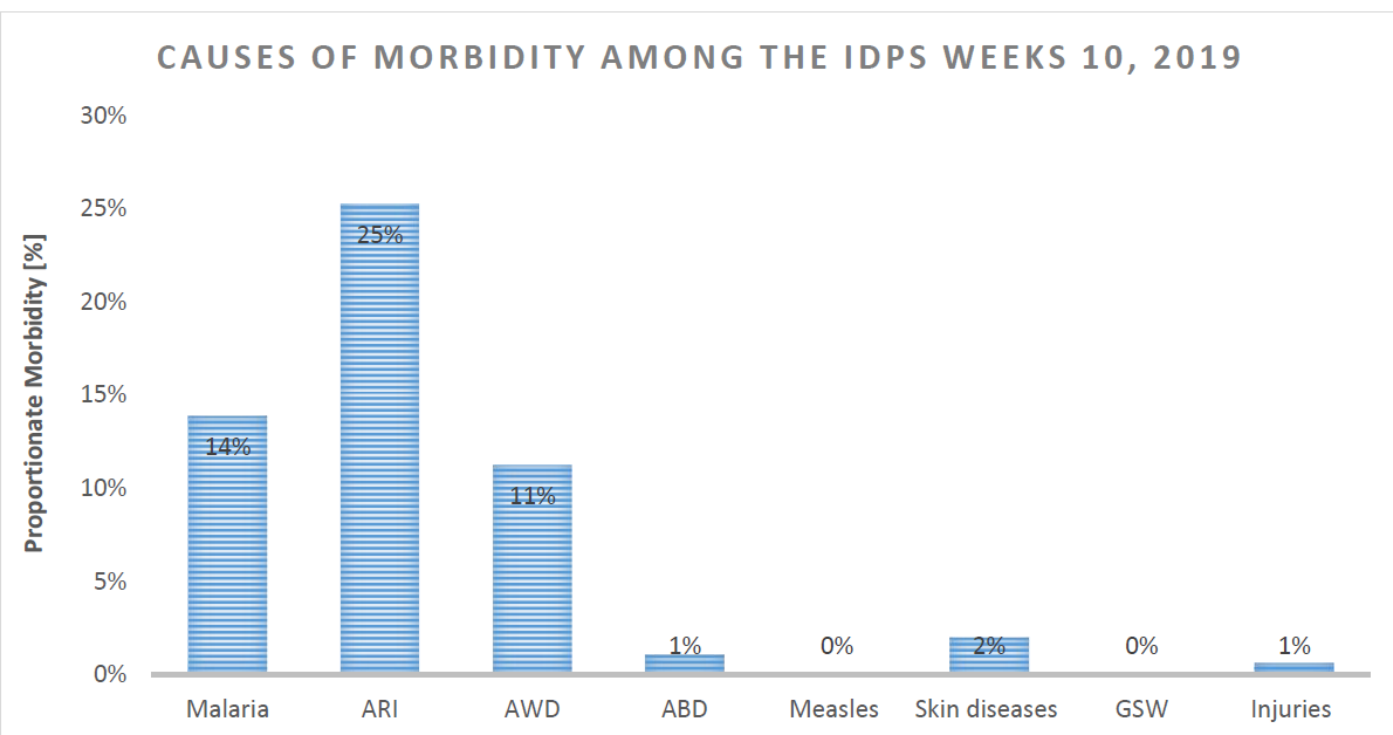
Fig.2 | IDP Proportionate morbidity trends, week 01, 2018 to week 10, 2019



Among the IDPs, ARI and Malaria accounted for 25% and 14% of the consultations in week 10. The other significant causes of morbidity in the IDPs includes AWD, Skin diseases, and Measles.

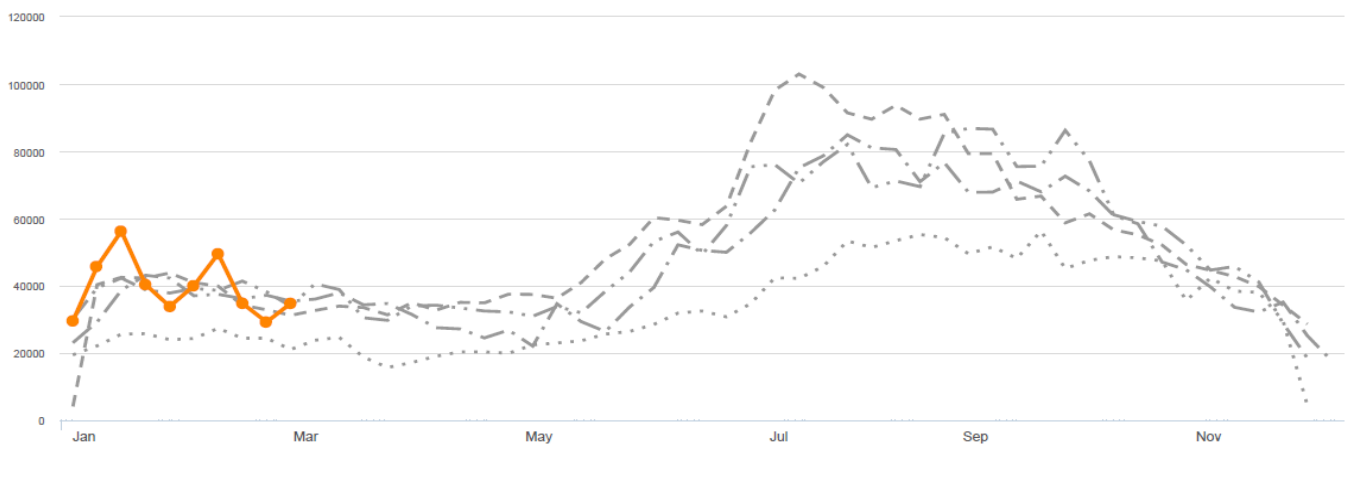
IDP Proportionate morbidity trends - in displaced population

CAUSES OF MORBIDITY AMONG THE IDPS WEEKS 10, 2019



The top causes of morbidity in the IDPs in 2019 include, ARI, Malaria, AWD, Skin diseases, and injuries.

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

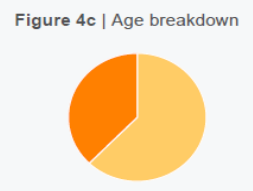
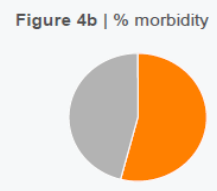


Graph legend

- 2019
- - - 2018
- . - . 2017
- - - - 2016
- 2015

Key malaria indicators (2019)

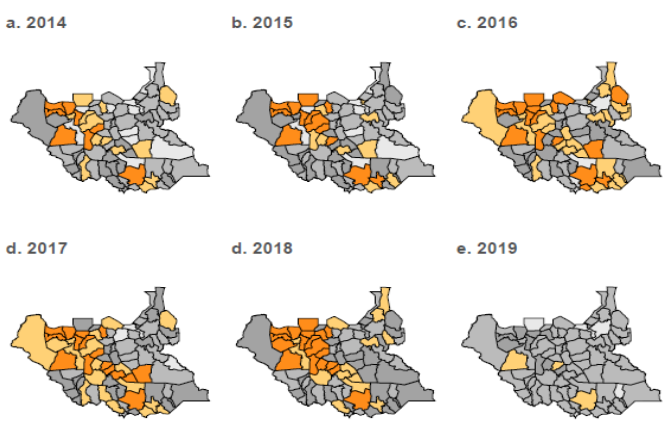
394,264 Cases
328 Deaths
37 Alerts



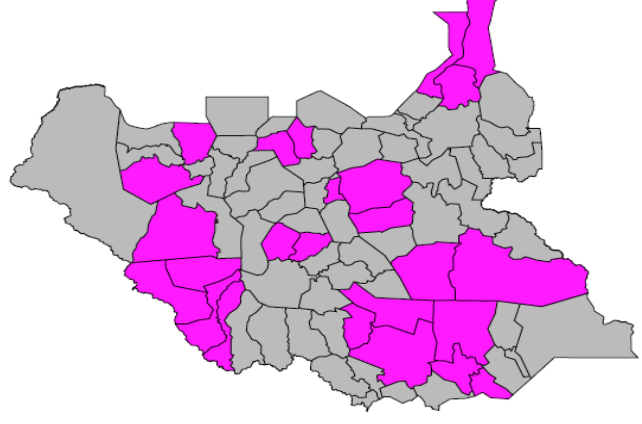
Malaria is the top cause of Morbidity in the country, a total of 394,264 cases with 328 deaths registered since week 1 of 2019. Malaria trend for week 10 of 2019 is on an increase and is above 2017, 2016, and 2015 as shown in the figure 4a, above.

Malaria | Maps and Alert Management

Map 2 | Map of malaria cases by county



Map 3 | Map of malaria alerts by county (2019)



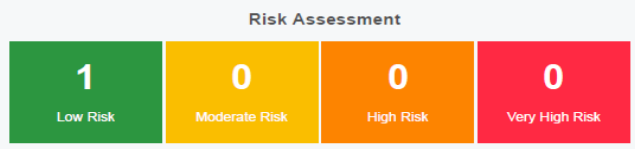
Map legend

Number of malaria cases
 0 10,000 20,000 50,000

Number of malaria alerts
 0 1 10

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

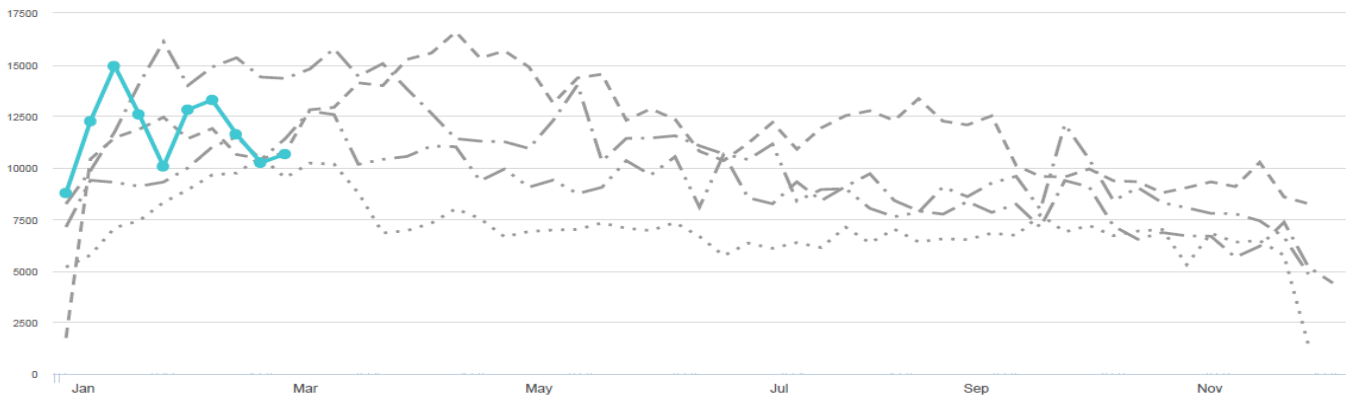
37 Alerts
32 Verified



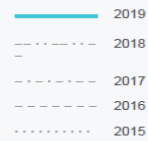
Since the beginning of the year, a total of 37 malaria alerts have been triggered, 32 of those were verified. The Maps above indicate the location reporting malaria alerts from, 2015, 2016, 2017, 2018, and 2019.

Acute Watery Diarrhoea | Trends over time

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



Graph legend



Key AWD indicators (2019)

117,302 Cases
166 Deaths
53 Alerts

Figure 5b | % morbidity

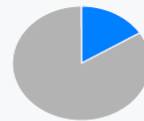


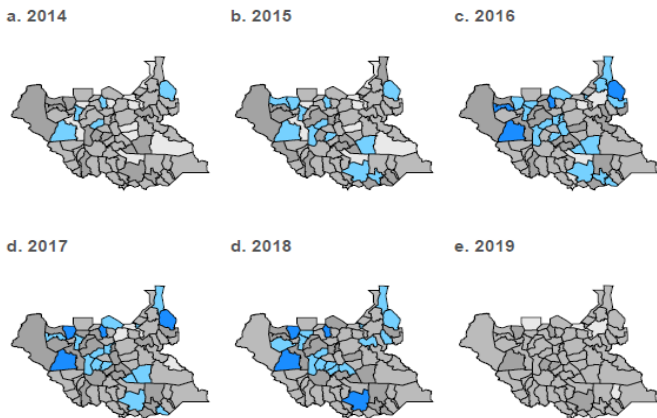
Figure 5c | Age breakdown



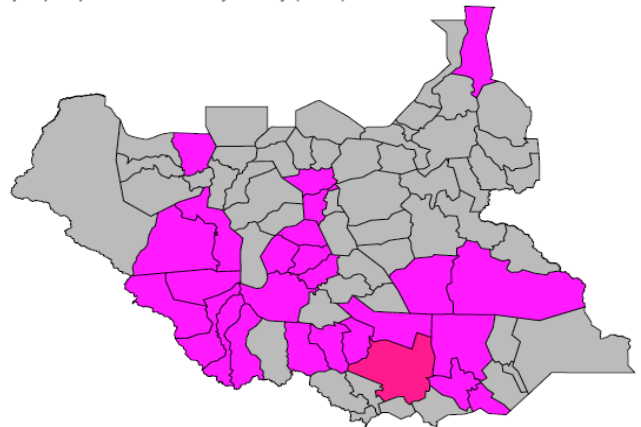
AWD is one of the top causes of morbidity in the country with 117, 302 cases reported since week 1 of 2019 including 166 deaths. AWD trend for week 10 of 2019, is below 2016, 2017, and 2018 as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management

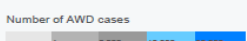
Map 4 | Map of AWD cases by county (2019)



Map 5 | Map of AWD alerts by county (2019)



Map legend



Alert threshold

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

53

Alerts

37

Verified

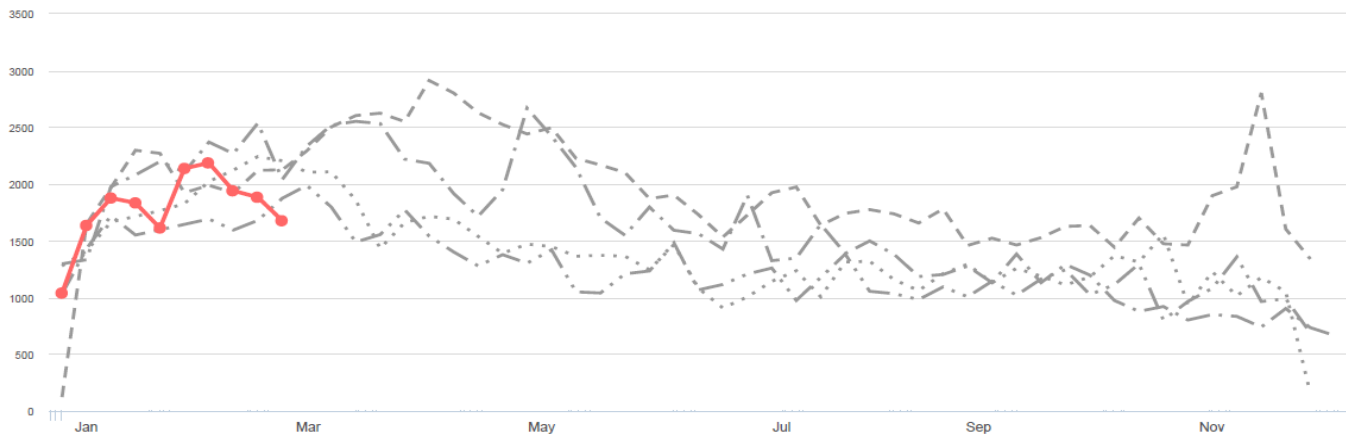
Risk Assessment



The number of AWD alerts triggered since week 1 of 2019 is 53, out of which 37 were verified. Maps above highlight the areas reporting AWD alerts from 2015 to 2019.

Acute Bloody Diarrhoea | Trends over time

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



Graph legend

- 2019
- - - - 2018
- - - - 2017
- - - - 2016
- - - - 2015

Key bloody diarrhoea indicators (2019)

17,825

Cases

76

Deaths

75

Alerts

Figure 6b | % morbidity



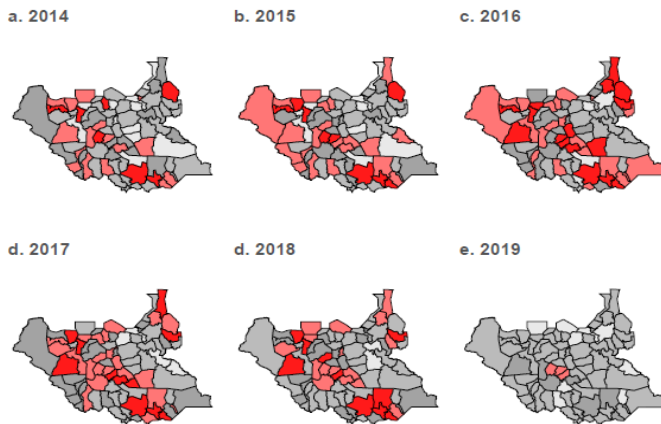
Figure 6c | Age breakdown



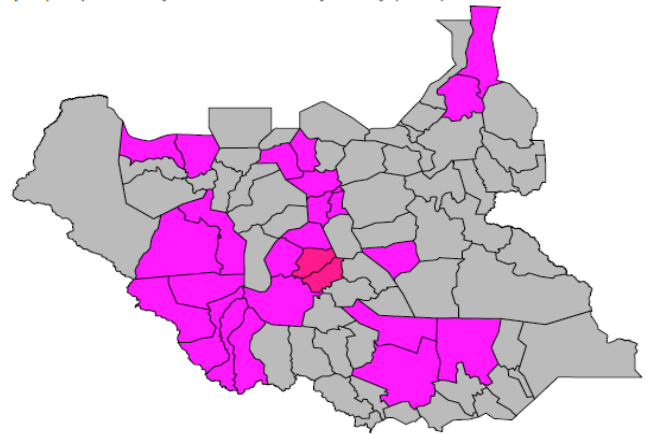
Since week 1 of 2019, a total of 17,825 cases of ABD have been reported country wide including 76 deaths. ABD trend for 2019 is below 2015, 2016, 2017, and 2018 respectively. Refer to figure 6a, above.

Acute Bloody Diarrhoea | Maps and Alert Management

Map 6 | Map of bloody diarrhoea cases by county (2019)

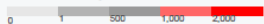


Map 7 | Map of bloody diarrhoea alerts by county (2019)

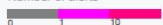


Map legend

Number of bloody diarrhoea cases



Number of alerts



Alert threshold

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

75

Alerts

50

Verified

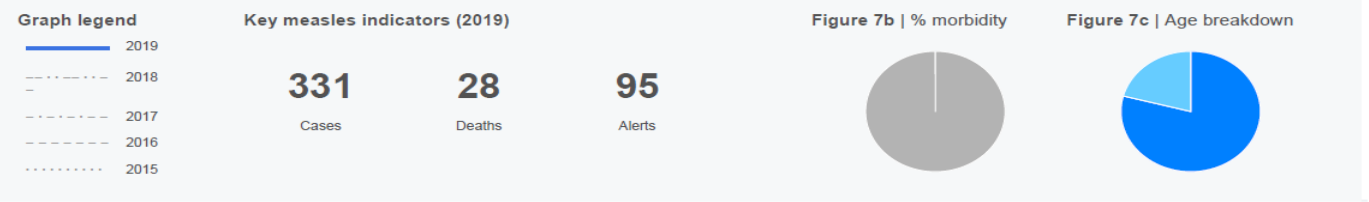
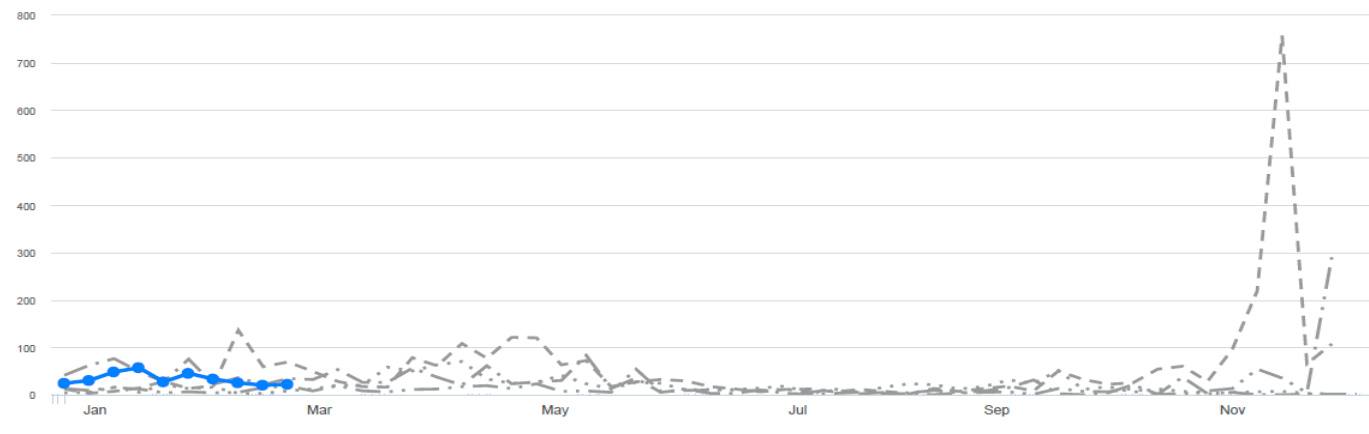
Risk Assessment



Total of 75 alerts were generated since week 1 of 2019, of which 50 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2015 to 2019 are shown above.



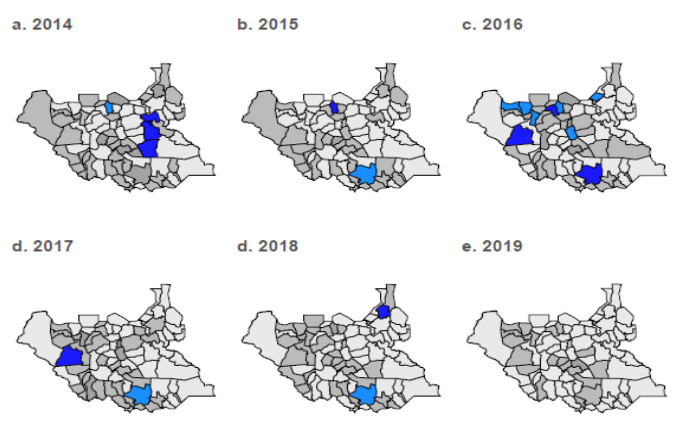
Figure 7a | Trend in number of cases over time (South Sudan)



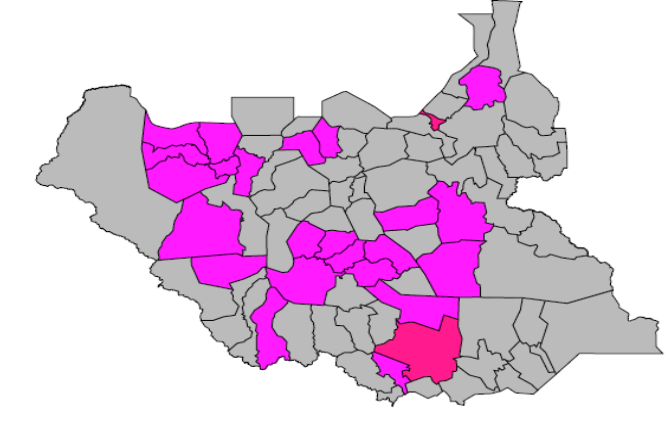
Since the beginning of 2019, at least 331 suspect measles cases including 12 death (CFR 0.74%) have been reported. . Of these, ----- suspect cases have undergone measles case-based laboratory-backed investigation with ----- samples collected out of which ----- measles IgM positive cases; ----- clinically confirmed cases; and ----- cases confirmed by epidemiological linkage.

Measles | Maps and Alert Management

Map 7 | Map of measles cases by county (2019)



Map 8 | Map of measles alerts by county (2019)



Since week 1 of 2019, 95 alerts of measles were triggered and 81 of those have been verified at county level. Maps of areas raising alerts from 2015 to 2019 are shown above.

**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>

