South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W08 2019 (Feb 18 – Feb 24)

World Health Organization
South Sudan

Ministry of Health
Republic of South Sudan

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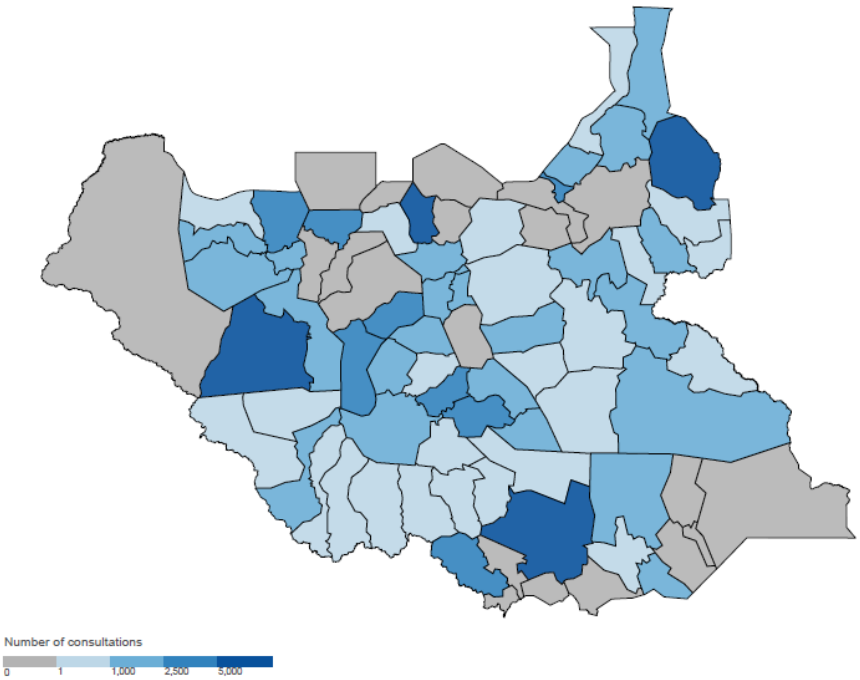
Access and Utilization | Map of consultations by county

Map 1 | Map of total consultations by county (W8 2019)



Hub	W8	2019
Aweil	9,256	95,322
Bentiu	15,185	114,009
Bor	10,580	76,079
Juba	11,424	115,148
Kwajok	12,367	117,998
Malakal	17,505	129,078
Rumbek	15,434	131,680
Torit	3,016	38,016
Wau	9,082	97,470
Yambio	5,077	72,930
South Sudan	**108,926**	**987,730**

The total consultation in the country since week 1 of 2019 is 987,730 by hub, Bentiu 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.

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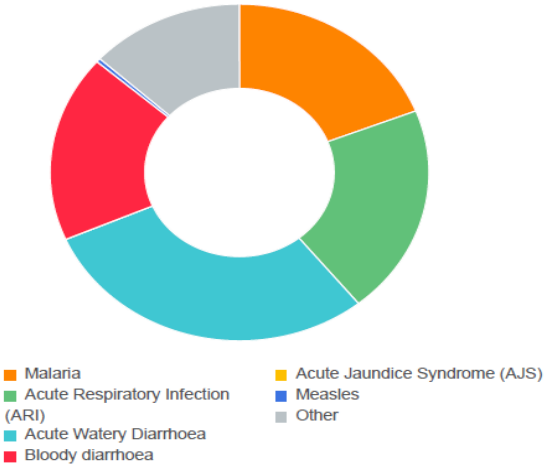
Proportional mortality

Figure 1 | Proportional mortality (2019)

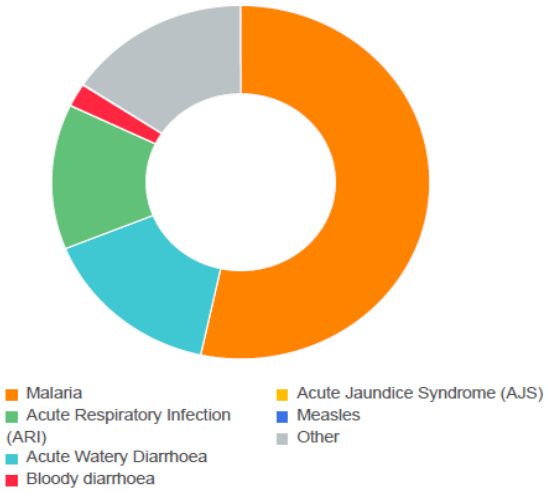


Syndrome	W8		2019	
	# deaths	% mortality	# deaths	% mortality
Malaria	12	22.2%	52	19.0%
ARI	29	53.7%	55	20.1%
AWD	1	1.9%	80	29.3%
Bloody diarrhoea	2	3.7%	49	17.9%
AJS	0	0.0%	0	0.0%
Measles	0	0.0%	1	0.4%
Other	10	18.5%	36	13.2%
Total deaths	**54**	**100%**	**273**	**100%**

Figure 1, above shows the proportional mortality for 2019, with AWD being the main cause of mortality accounting for 29.3% of the deaths since week 1 of 2019, followed by ARI and malaria

Proportional morbidity

Figure 2 | Proportional morbidity (2019)



Syndrome	W8		2019	
	# cases	% morbidity	# cases	% morbidity
Malaria	28,147	48.0%	286,779	53.4%
ARI	8,922	15.2%	71,163	13.3%
AWD	9,841	16.8%	83,116	15.5%
Bloody diarrhoea	1,479	2.5%	11,491	2.1%
AJS	3	0.0%	55	0.0%
Measles	17	0.0%	278	0.1%
Other	10,271	17.5%	84,104	15.7%
Total cases	**58,680**	**100%**	**536,986**	**100%**

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 28,147 (48.0%) followed by ARI, AWD and ABD respectively since week 1 of 2019. refer to the figure above for more information.

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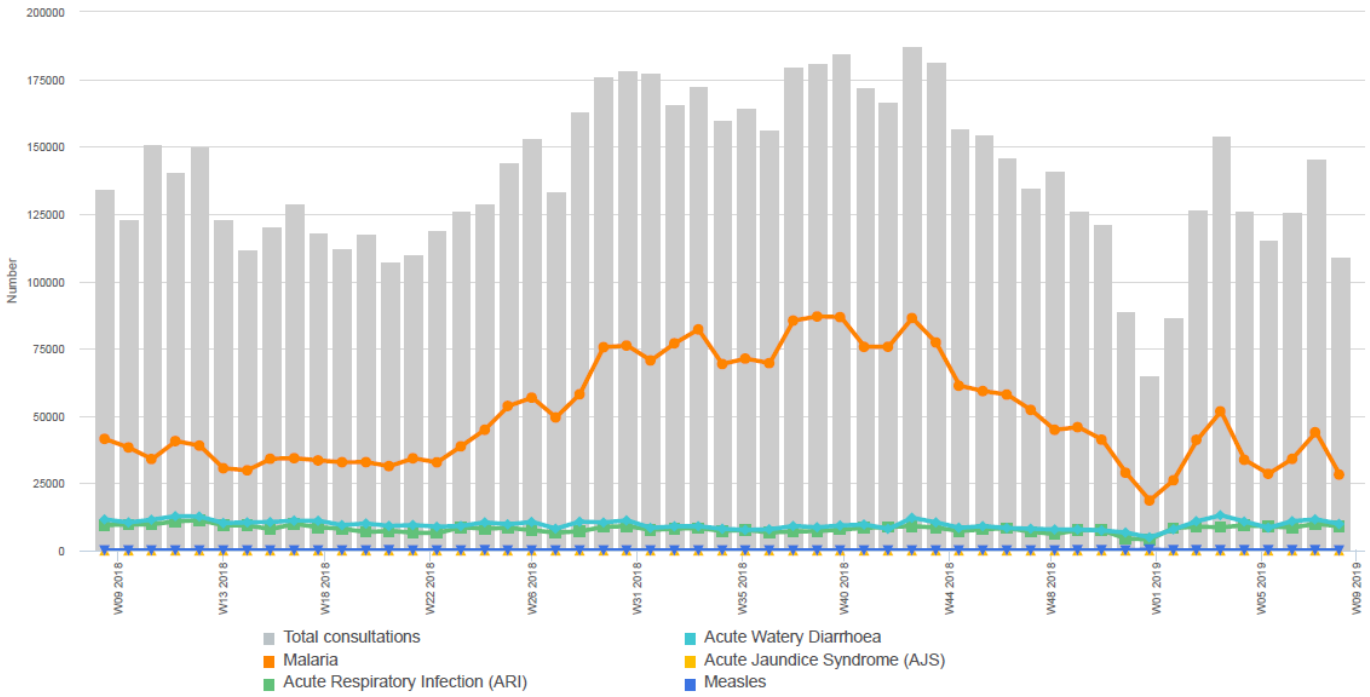
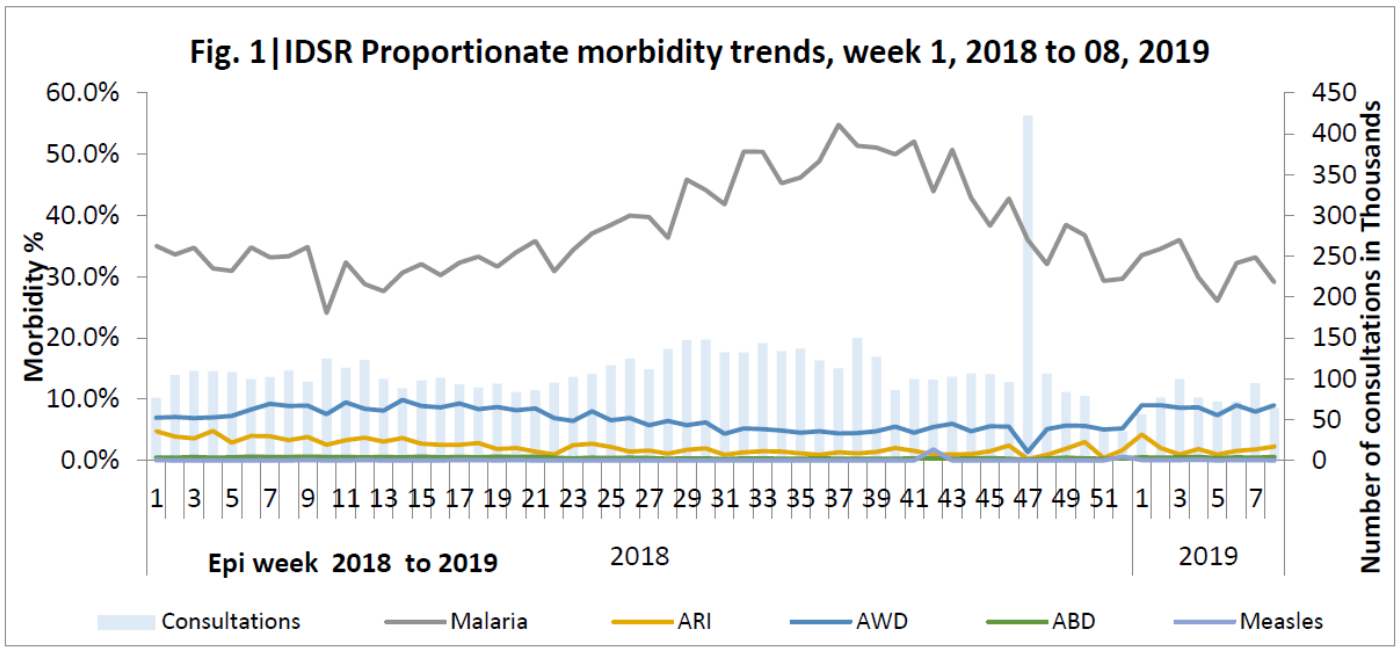
Trend in consultations and key diseases

Figure 3 | Trend in total consultations and key diseases (W8)



IDSR Proportionate morbidity trends - in relatively stable states



In the relatively stable states, malaria is the top cause of morbidity accounting for 29.1% of the consultations in week 08 (representing a decline from 33.1% in week 06).

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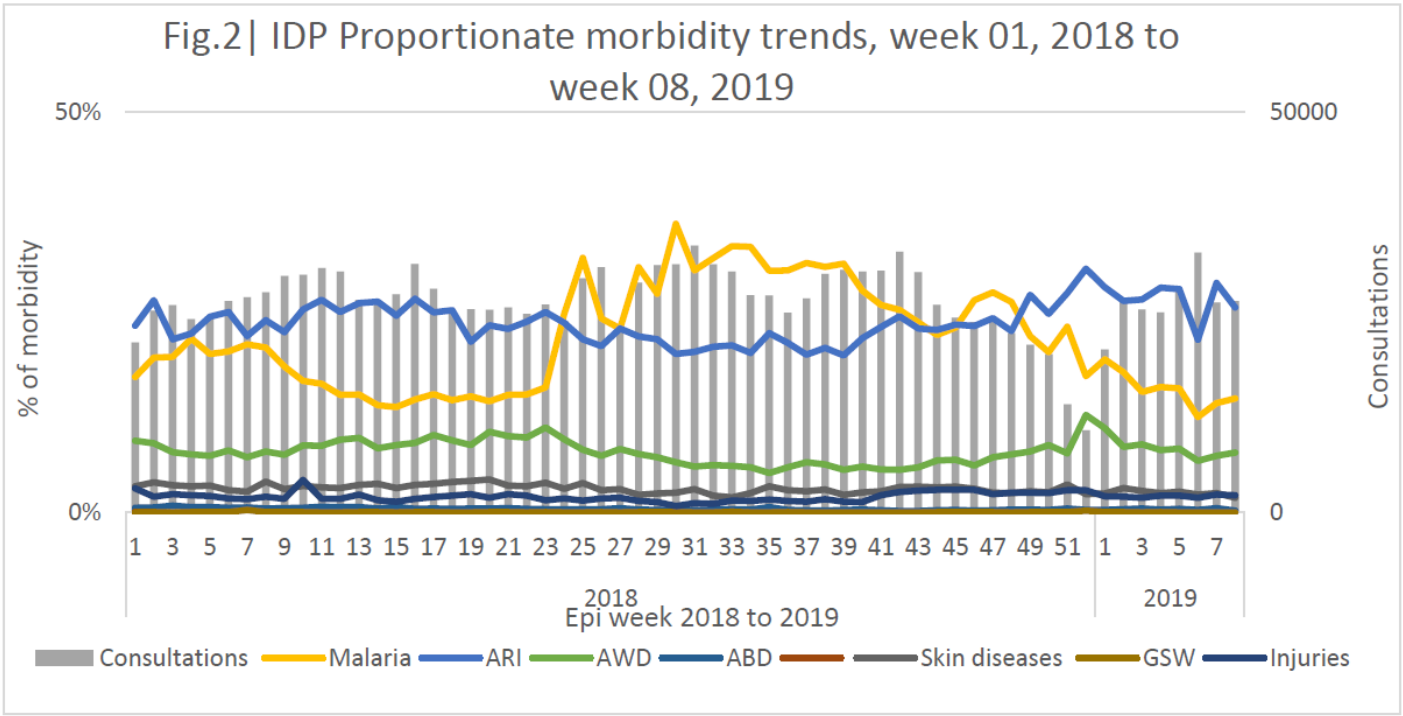
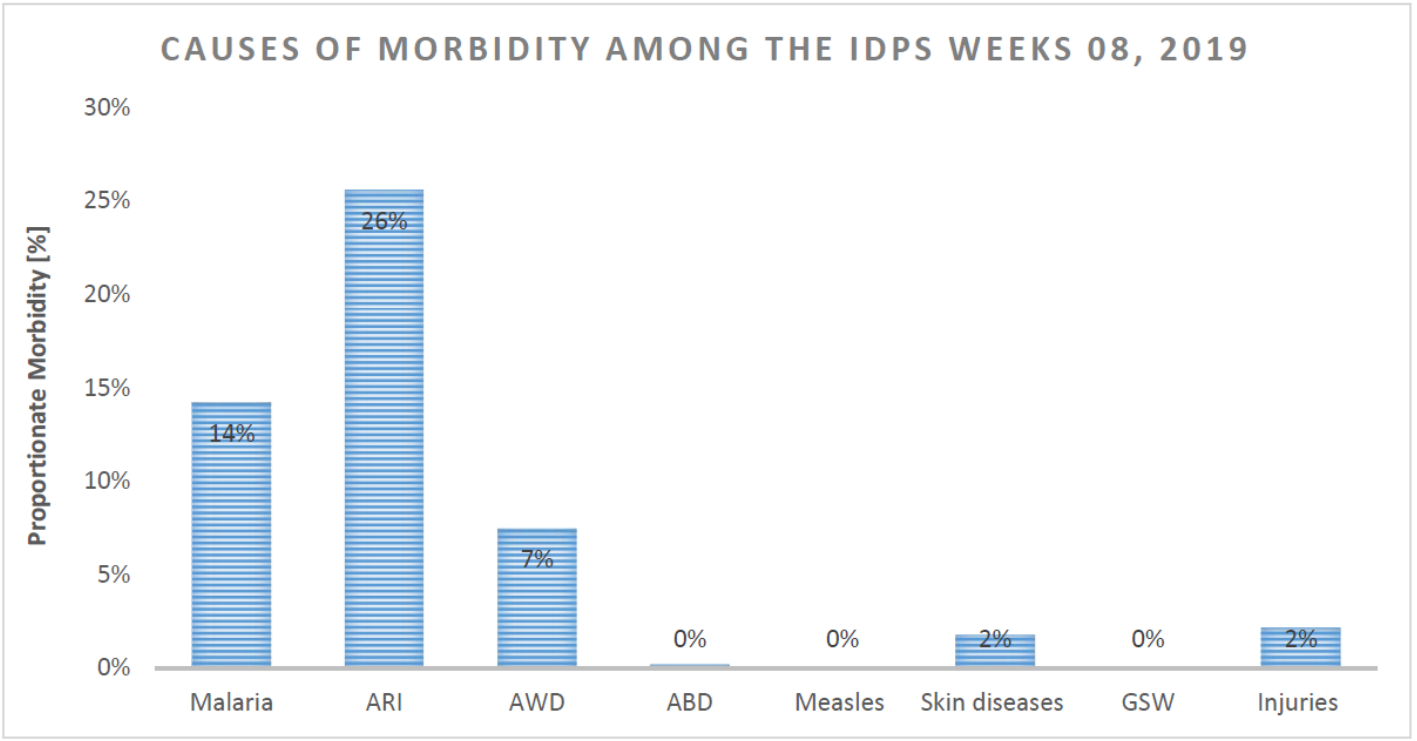
IDP Proportionate morbidity trends - in displaced population



Among the IDPs, ARI and Malaria accounted for 26% and 14% of the consultations in week 08. The other significant causes of morbidity in the IDPs includes AWD, Skin diseases, and Measles.

IDP Proportionate morbidity trends - in displaced population



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

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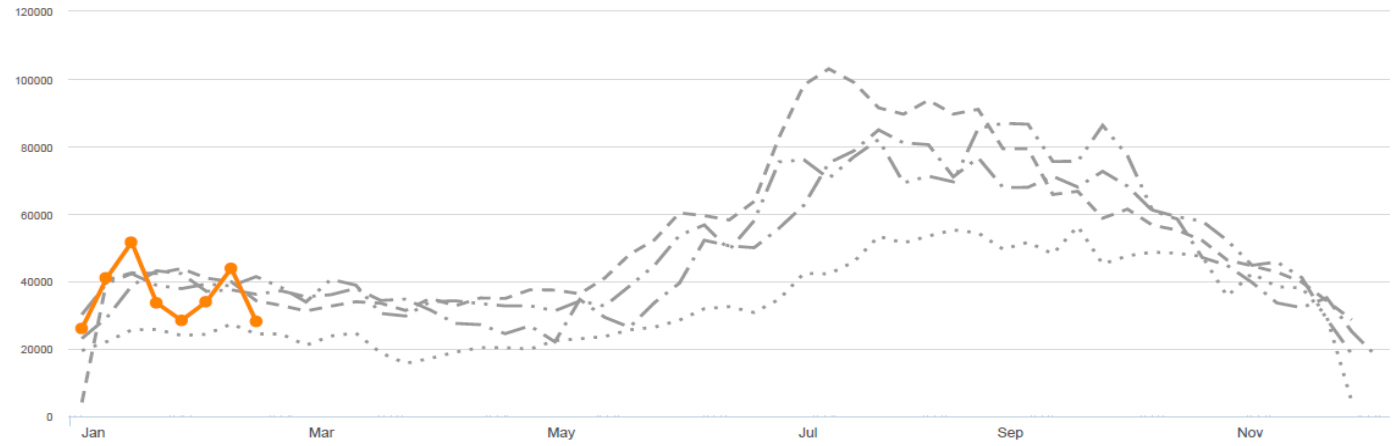
Figure 4a | Trend in number of cases over time (South Sudan)



Graph legend

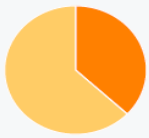
2019
2018
2017
2016
2015

Key malaria indicators (2019)

286,779	52	26
Cases	Deaths	Alerts

Figure 4b | % morbidity

Figure 4c | Age breakdown

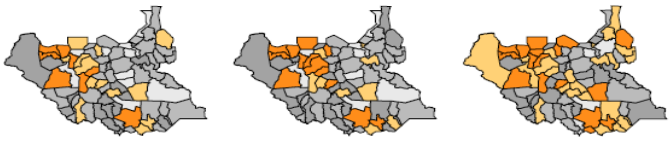


Malaria is the top course of Morbidity in the country, a total of 286,779 cases with 52 deaths registered since week 1 of 2019. malaria trend for week 08 of 2019 is below 2016, 2017 and,2018 but above 2015 as shown in the figure 4a, above.

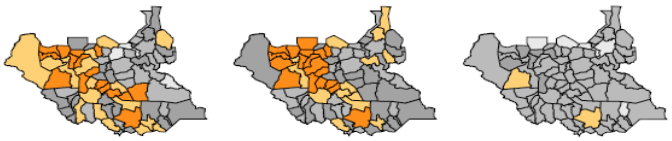
Malaria | Maps and Alert Management

Map 2 | Map of malaria cases by county

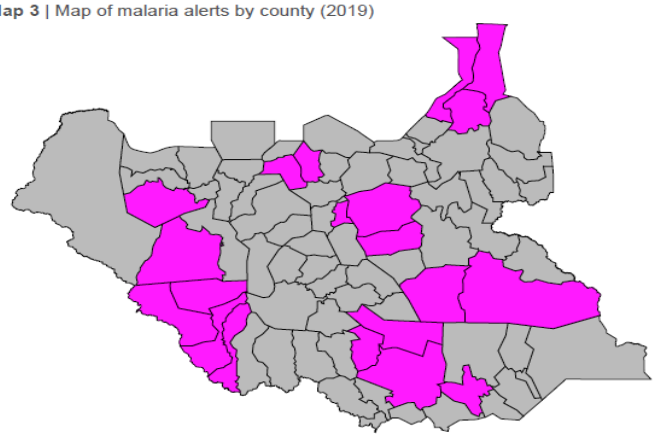
a. 2014 b. 2015 c. 2016



d. 2017 d. 2018 e. 2019



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



Map legend

Number of malaria cases

0 1 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*

26	23
Alerts	Verified

Risk Assessment

0	0	0	0
Low Risk	Moderate Risk	High Risk	Very High Risk

Since the beginning of the year, a total of 26 malaria alerts have been triggered, 23 of those were verified. The Maps above indicate the location reporting malaria alerts from, 2015, 2016, 2017, 2018, and 2019.

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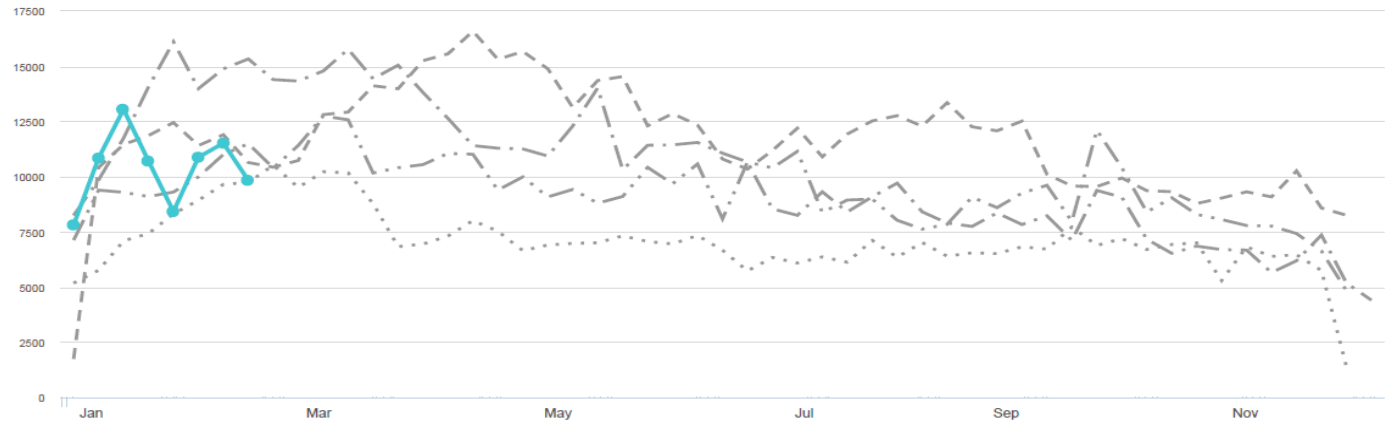
Acute Watery Diarrhoea | Trends over time

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



Graph legend

- 2019
- 2018
- 2017
- 2016
- 2015

Key AWD indicators (2019)

83,116	80	33
Cases	Deaths	Alerts

Figure 5b | % morbidity

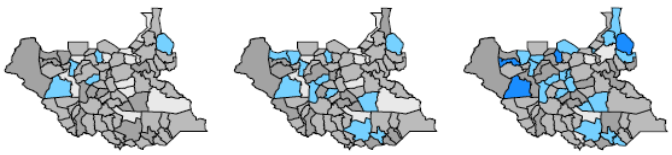
Figure 5c | Age breakdown

AWD is one of the top causes of morbidity in the country with 83, 116 cases reported since week 1 of 2019 including 80 deaths. AWD trend for week 8 of 2019,is below 2015,2016,2017,and 2018 as shown in figure 5a, above.

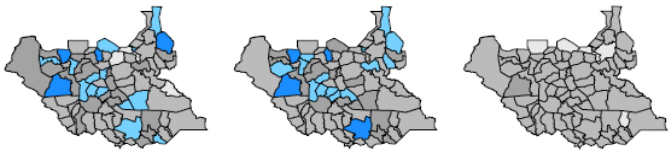
Acute Watery Diarrhoea | Maps and Alert Management

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

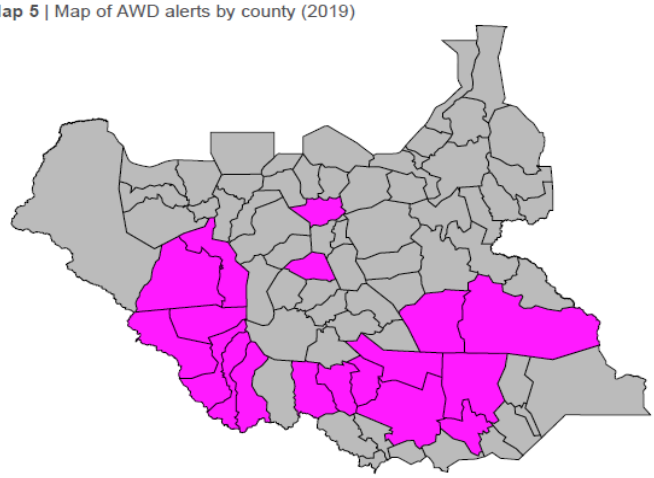
a. 2014 b. 2015 c. 2016



d. 2017 d. 2018 e. 2019



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



Map legend

Number of AWD cases

Number of AWD alerts

Alert threshold

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

33	25
Alerts	Verified

Risk Assessment

0	0	0	0
Low Risk	Moderate Risk	High Risk	Very High Risk

The number of AWD alerts triggered since week 1 of 2019 is 33, out of which 25 were verified. Maps above highlight the areas reporting AWD alerts from 2015 to 2019 .

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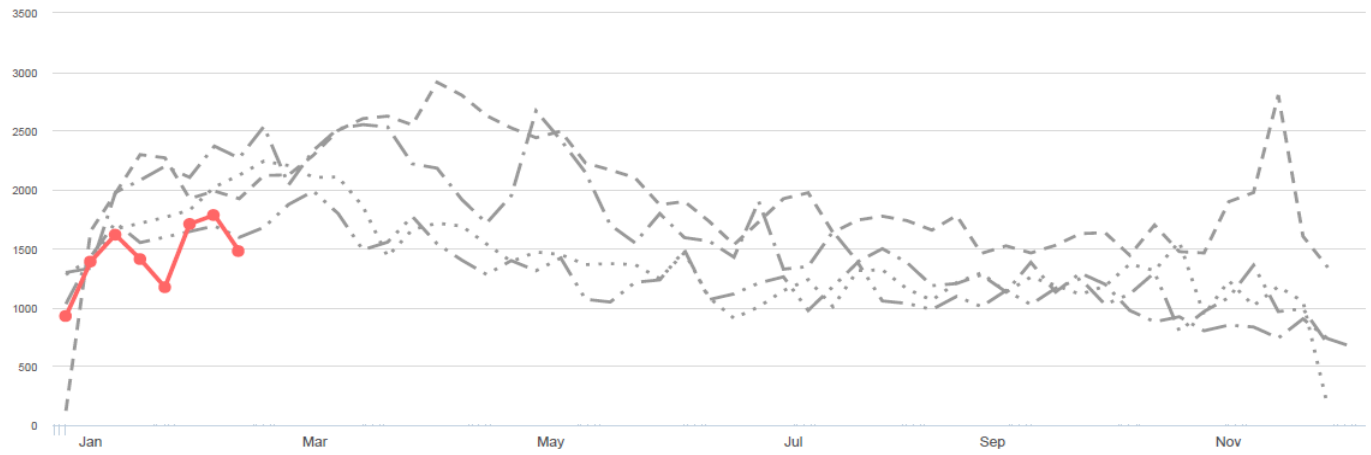
Acute Bloody Diarrhoea | Trends over time

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



Graph legend

- 2019
- 2018
- 2017
- 2016
- 2015

Key bloody diarrhoea indicators (2019)

11,491	49	26
Cases	Deaths	Alerts

Figure 6b | % morbidity

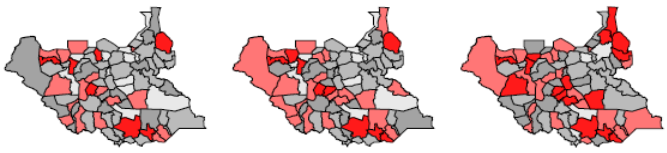
Figure 6c | Age breakdown

Since week 1 of 2019, a total of 11,9491cases of ABD have been reported country wide including 49 deaths. ABD trend for 2019 is below 2015, 2016, 2017, and 2018 respectively. Refer to figure 6a, above.

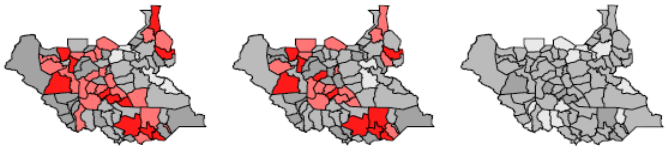
Acute Bloody Diarrhoea | Maps and Alert Management

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

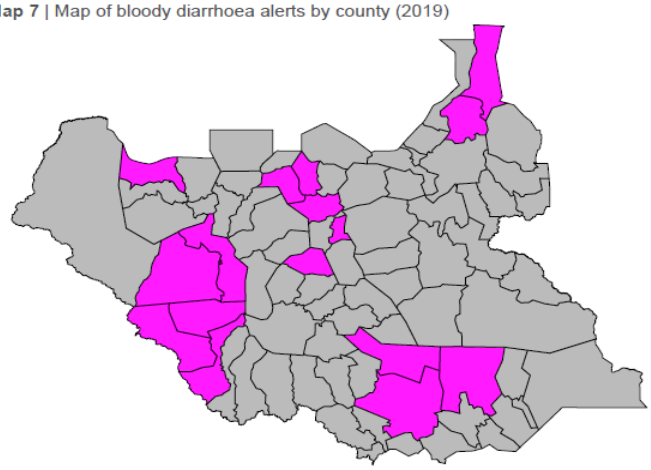
a. 2014 b. 2015 c. 2016



d. 2017 d. 2018 e. 2019

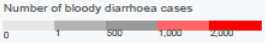


Map 7 | Map of bloody diarrhoea alerts by county (2019)



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*

26	18
Alerts	Verified

Risk Assessment

0	0	0	0
Low Risk	Moderate Risk	High Risk	Very High Risk

Total of 26 alerts were generated since week 1 of 2019, of which 18 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2015 to 2019 are shown above.

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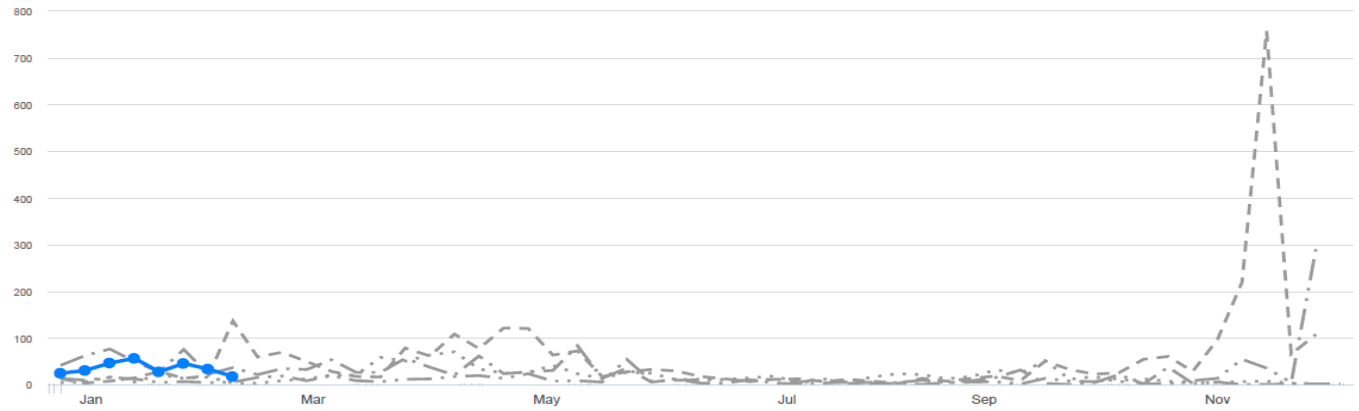
Measles| Trends over time

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



Graph legend

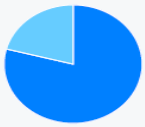
2019
2018
2017
2016
2015

Key measles indicators (2019)

278	1	70
Cases	Deaths	Alerts

Figure 7b | % morbidity

Figure 7c | Age breakdown

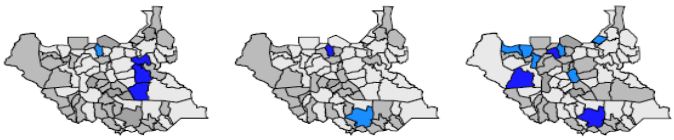


Since the beginning of 2019, at least 278 suspect measles cases including 1 death (CFR 0.74%) have been reported. . Of these, ----- suspect cases have undergone measles case-based laboratory-backed investigation with ----- samples collected out of which ---- measles IgM positive cases; ----- clinically confirmed cases; and ----- cases confirmed by epidemiological linkage.

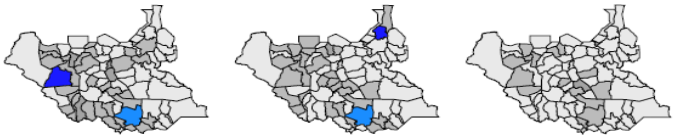
Measles| Maps and Alert Management

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

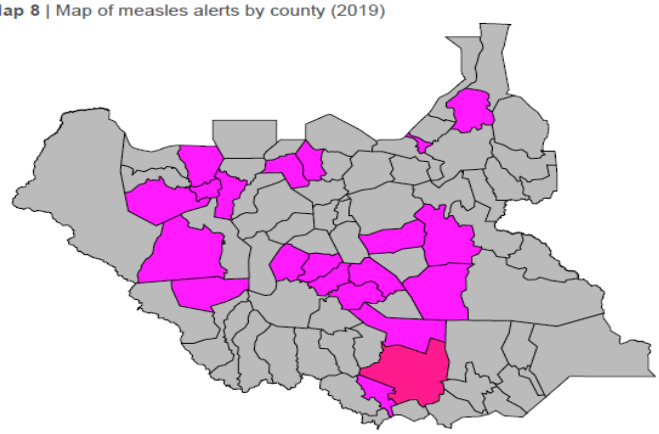
a. 2014 b. 2015 c. 2016



d. 2017 d. 2018 e. 2019



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



Map legend

Number of measles cases

0 1 50 100 250

Number of measles alerts

0 1 10

Alert threshold

1 case.

Source: IDSR

70	60
Alerts	Verified

Risk Assessment

1	0	1	0
Low Risk	Moderate Risk	High Risk	Very High Risk

Since week 1 of 2019, 70 alerts of measles were triggered and 60 of those have been verified at county level. Maps of areas raising alerts from 2015 to 2019 are shown above.

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This bulletin is produced by the Ministry of Health with Technical support from WHO

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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

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