

# South Sudan

## Integrated Disease Surveillance and Response (IDSR)

Epidemiological Bulletin Week 33, 2019 (August 12 – August 18)



## Major Epidemiological Developments W33, 2019

- In week 33, 2019 the Completeness for IDSR sites was 38% and the Timeliness was 37% at health facility level, while the completeness and timeliness was 88% and 88% respectively for the IDP sites.
- A total of 48 alerts received in week 33, 2019 out of which 79% were verified 4% was risk assessed and 3% required a response. .
- Malaria (06), AWD (10), measles (07) and bloody diarrhea (04) were the top common alerts generated through the EWARS in week 33, 2019.
- Alert of 50 deaths of AWD in Ngauro, Budi/Kapoeta on 23<sup>rd</sup> August, 2019 and 19 people (16 children below the age of 5) from Ngatuba payam were reported dead . SRRT and partners were deployed to conduct verification, report will be shared.
- A 35 year old male a resident of Munuki Block C at 7:30am suddenly vomited blood and died on the spot, SRRT was deployed. No fever, no history of travel to DRC. Alert did not meet case definition and was discarded.
- New outbreak of Rubella in Yirol west was confirmed after four samples turned positive. Total of 19 cases line listed from Akelkeu village and Matar in Tonj payam
- Considering the confirmed EVD outbreak in North Kivu and recently Uganda, the South Sudan EVD contingency plan has been updated and implemented to mitigate the risk of EVD importation and enhance readiness capacities.
- Since week 12 of 2019, a total of 123 ILI/SARI samples have been collected and tested at Uganda Virus Research Institute (UVRI) with 31 being negative; two (2) positive for Influenza B (Victoria); and seven (7) positive for Influenza A (H3), test result is pending for 73 samples.

# SURVEILLANCE PERFORMANCE

For the Integrated Disease Surveillance (IDSR)  
network and Early warning alert and response  
network (EWARN)

## IDSR Timeliness and Completeness Performance at Facility Level for week 33,2019

State	Supporting Partners	Total No. of Health Facility	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported not on Time	Completeness Percentage
Rumbek Hub	Doctors with Africa (CUAMM)	116	111	94%	109	96%
Aweil Hub	Malaria Consortium, HealthNetTPO, IRC, CEDS, IHO	145	60	41%	59	41%
Bentiu Hub	Cordaid, UNIDOR, IRC, CHADO, CARE International	102	14	14%	10	14%
Wau Hub	Cordaid, HealthNetTPO, CARE International, IHO	82	38	45%	34	45%
Yambio Hub	AMREF, World Vision, CUAMM, CDTY, OPEN,	214	174	80%	171	81%
Bor Hub		179	31	17%	31	17%
Kuajok Hub	GOAL, CCM,WVI, Malaria Consortium, UNKEA	137	23	17%	20	16%
Torit Hub	Cordaid, HLSS, CMD	178	85	48%	85	48%
Juba Hub	HLSS, SSUHA, HealthnetTPO, IHO	156	48	30%	47	31%
Malakal Hub		179	37	21%	5	21%
South Sudan		1488	621	41%	621	42%
<b>Key</b>						
				<60%	Poor	
				61%-79%	Fair	
				80%-99%	Good	
				100%	Excellent	

The timeliness of IDSR reporting (supported by EWARS mobile) at health facility level is 41% and completeness is 42%. Rumbek Hub stands the best with 96% completeness followed by Yambio Hub with 81% completeness and the rest are below 40%.



## Surveillance | EWARS surveillance indicators

**Table 4 | EWARS surveillance performance indicators by partner (W33 2019)**

Partner	Performance		Reporting	
	# sites	# reports received	Completeness	Timeliness
CMD	0	0		
GOAL	2	2	100%	100%
HLSS	1	1	100%	100%
IMA	7	7	100%	100%
IMC	4	4	100%	100%
IOM	7	7	100%	100%
IRC	1	1	100%	100%
Medair	2	2	100%	100%
MSF-E	2	2	100%	100%
MSF-H	3	1	33%	33%
SMC	7	4	57%	57%
UNIDO	1	1	100%	100%
UNKEA	2	2	100%	100%
World Relief	1	1	100%	100%
TRI-SS	2	2	100%	100%
LIVEWELL	3	3	100%	100%
<b>Total</b>	<b>64</b>	<b>56</b>	<b>88%</b>	<b>88%</b>

**Table 5 | Summary of key EWARS surveillance indicators**

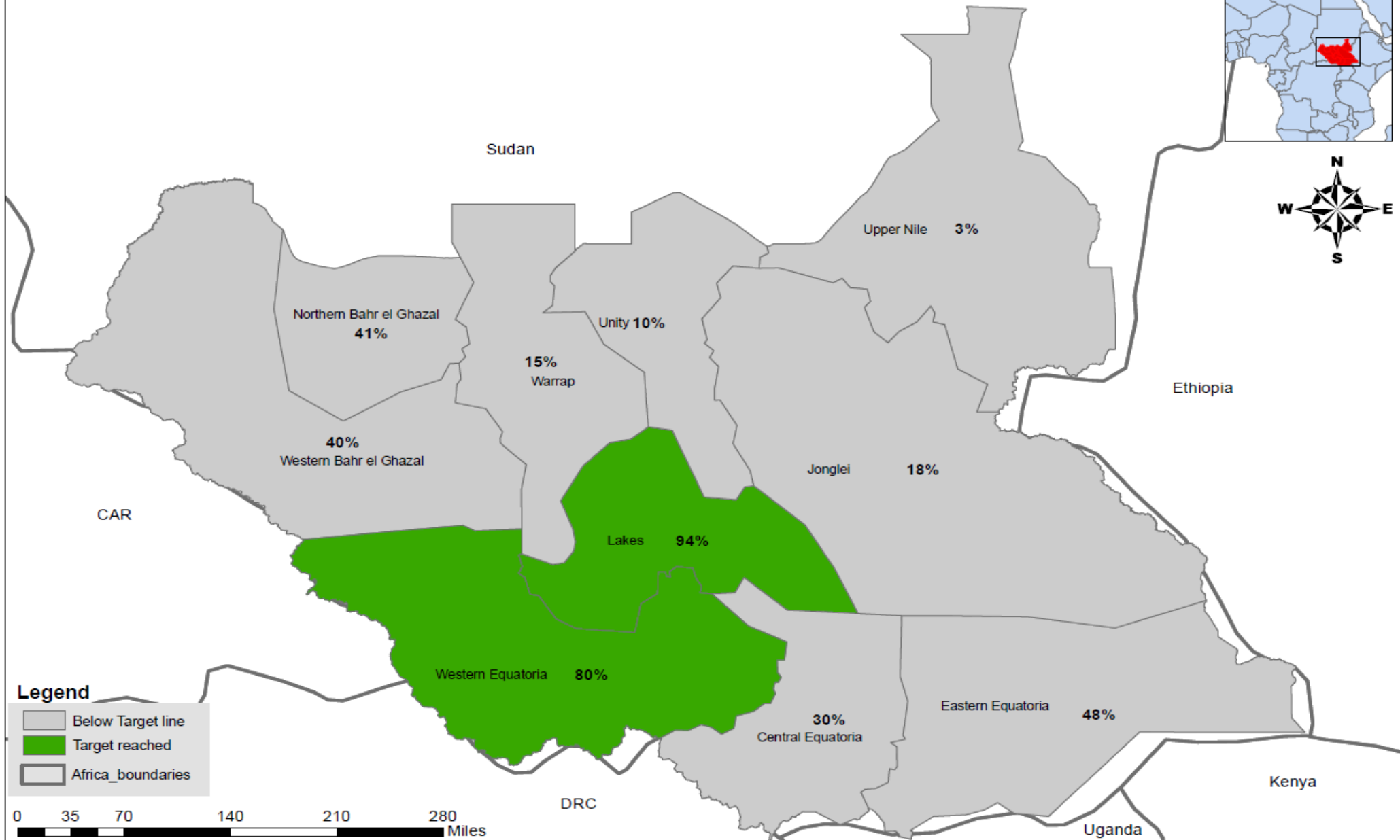
W33	Cumulative (2019)	
<b>64</b>	-	Number of EWARS reporting sites
<b>88%</b>	<b>72%</b>	Completeness
<b>88%</b>	<b>66%</b>	Timeliness

**Table 6 | EWARS report submissions**

W33	Cumulative (2019)	
<b>56</b>	<b>1,520</b>	total submissions
<b>0</b>	<b>29</b>	submissions by mobile
<b>56</b>	<b>1490</b>	submissions by web

- Completeness was **88%** and timeliness was **88%** for EWARS reporting by partners for week 33, 2019, while the cumulative completeness and timeliness were **72%** and **66%** respectively for 2019

# Percentage (%) of Completeness reporting by Hub in week 33, 2019.



**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

# EVENT-BASED SURVEILLANCE

Alert management including detection;  
reporting; verification; risk assessment; & risk  
characterization



## Alert | Alert performance indicators

Table 7 | Alert performance indicators by Hub

Hub	W33		Cumulative (2019)	
	# alerts	% verif.	# alerts	% verif.
Aweil	2	100%	204	76%
Bentiu	6	50%	177	80%
Bor	3	0%	169	31%
Juba	1	0%	246	41%
Kuajok	1	100%	182	27%
Malakal	0	0%	116	66%
Rumbek	12	75%	480	77%
Torit	8	100%	318	63%
Wau	0	0%	129	68%
Yambio	15	100%	475	83%
<b>South Sudan</b>	<b>48</b>	<b>79%</b>	<b>2496</b>	<b>65%</b>

Table 8 Summary of key alert indicators

W33	Cumulative (2019)	
<b>48</b>	<b>2496</b>	Total alerts raised
<b>79%</b>	<b>65%</b>	% verified
<b>0%</b>	<b>0%</b>	% auto-discarded
<b>6%</b>	<b>4%</b>	% risk assessed
<b>0%</b>	<b>3%</b>	% requiring a response

- A total of 48 alerts received in week 33, 2019 out of which 79% were verified 4% was risk assessed and 3% required a response.

## Alert | Event risk assessment

Table 9 | Alert performance indicators by event

Event	W33		Cumulative (2019)	
	# alerts	% verif.	# alerts	% verif.
<b>Indicator-based surveillance</b>				
Malaria	6	67%	431	64%
AWD	10	90%	674	67%
Bloody Diarr.	4	100%	449	63%
Measles	7	43%	425	63%
Meningitis	0	0%	0	0%
Cholera	1	100%	84	75%
Yellow Fever	0	0%	17	100%
Guinea Worm	0	0%	60	65%
AFP	0	0%	120	65%
VHF	0	0%	21	76%
Neo. tetanus	1	100%	35	60%
<b>Event-based surveillance</b>				
EBS total	0	0%	32	81%

Table 10 | Event risk assessment

W33	Cumulative (2019)	
0	21	Low risk
27	27	Medium risk
0	30	High risk
3	24	Very high risk

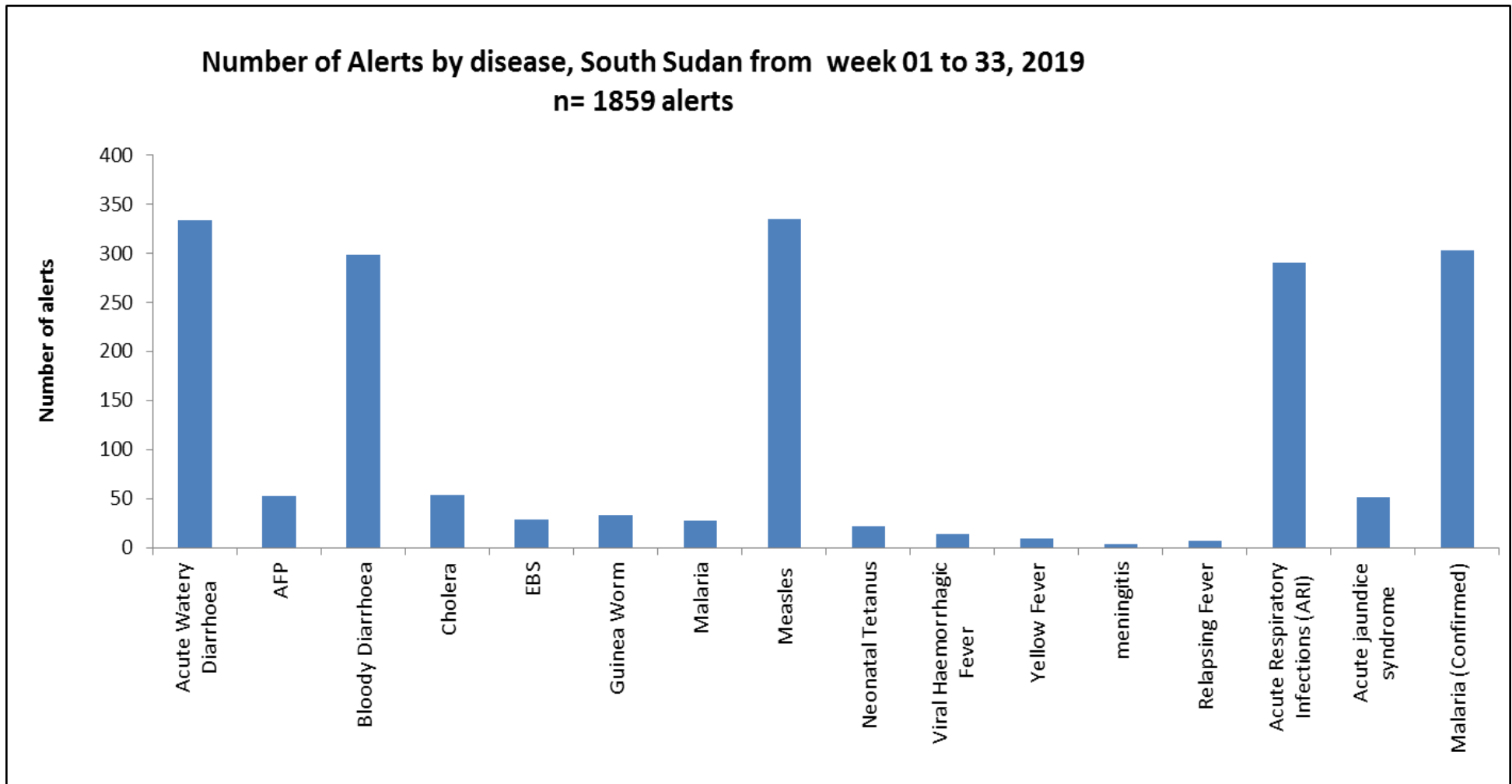
- Malaria (06), AWD (10), measles (07) and bloody diarrhea (04) were the top common alerts generated through the EWARS in week 33, 2019.

## Alert by disease and Hubs in W33, 2019 [A total of 48 event specific alerts generated by Hubs]

Hubs	AJS	ARI	Viral Hemorrhagic Fever	Acute Watery Diarrhea	Bloody Diarrhea	AFP	Guinea Worm	Relapsing Fever	Yellow Fever	EBS	Cholera	Malaria	Meningitis	Neonatal Tetanus	Measles	Total Alerts
Bor- Hub															3	3
Kwajok Hub		1													1	2
Torit Hub	1	1		1	3							1		1		8
Bentiu Hub	1	4													1	6
Yambio Hub		8		3							1	3				15
Juba Hub																0
Awiel Hub				1											1	2
Rumbek Hub		3		4	1							2			1	11
Wau Hub																0
Malakal Hub																0
<b>Total Grand</b>	<b>2</b>	<b>17</b>	<b>0</b>	<b>9</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>47</b>

- One cholera alert from Yambio discarded.
- 3 AWD alerts from Yambio discarded, 4 alert of AWD from Yambio were investigated but no samples were collected.
- Two alerts of AJS were triggered with 1 discarded (data entry error) and 1 pending verification

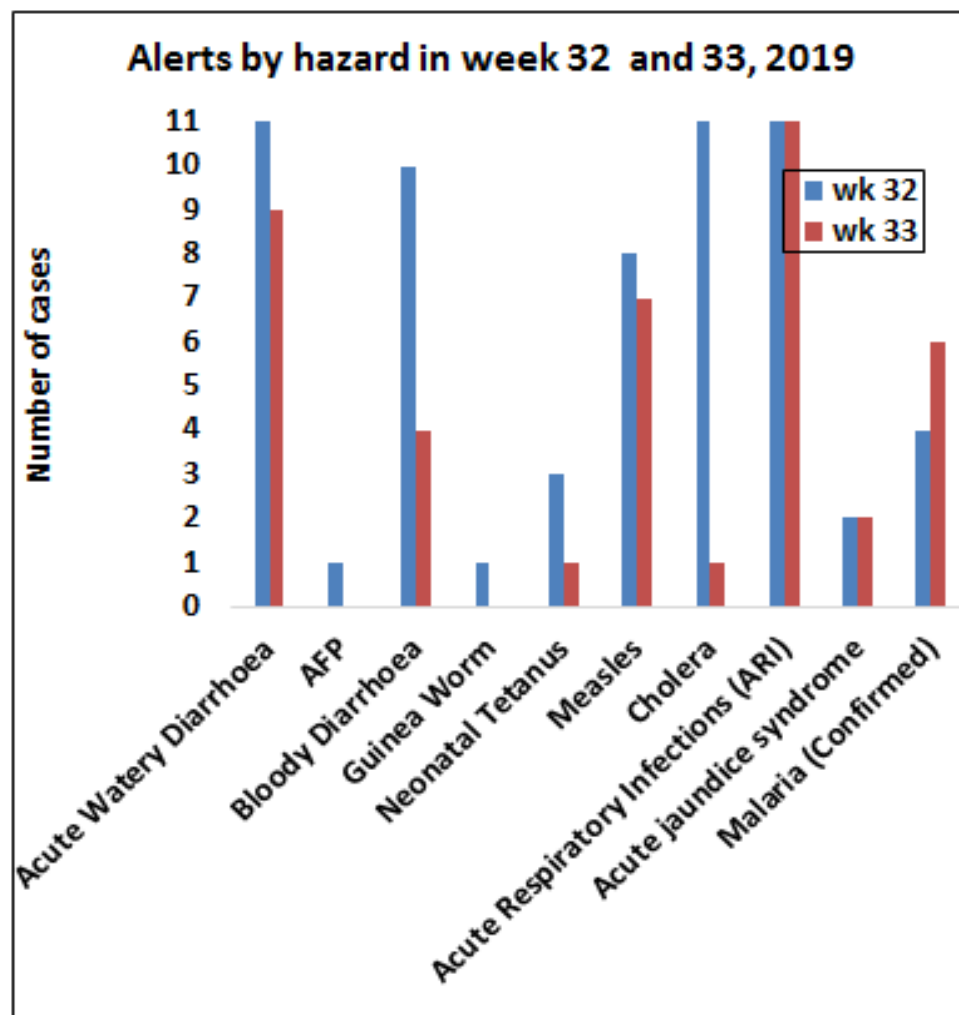
# Alerts by disease from week 1 to 33, 2019



**There are 1859 alerts triggered since the year began with measles, AWD, Malaria , ARI and ABD having more alerts compared to the rest of the diseases.**

## Comparison between alerts received in week 32 and 33, by disease

Row Labels	week 32	week 33	Total alerts
Acute Watery Diarrhea	16	9	25
AFP	1		1
Bloody Diarrhoea	10	4	14
Guinea Worm	1		1
Neonatal Tetanus	3	1	4
Measles	8	7	15
Cholera	15	1	16
Acute Respiratory Infections (ARI)	15	17	32
Acute jaundice syndrome	2	2	4
Malaria (Confirmed)	4	6	10
<b>Total alerts</b>	<b>75</b>	<b>47</b>	<b>122</b>



Week 32 has more number of alerts as compared to week 33 with AWD, Measles, ARI and ABD having high number of alerts.

# Cumulative alerts by risk assessment stage in 2019

County	OUTCOME	RISK ASSESSED	VERIFICATION	Total Alerts
Acute Watery Diarrhea	7	1	325	333
AFP	2		50	52
Bloody Diarrhea	3	2	293	298
EBS	4		24	28
Guinea Worm			33	33
Neonatal Tetanus			22	22
Viral Hemorrhagic Fever			14	14
Yellow Fever			9	9
Measles	27	8	300	335
Cholera			53	53
Malaria			27	27
meningitis	2		2	4
Relapsing Fever			7	7
Acute Respiratory Infections (ARI)	8	2	280	290
Acute jaundice syndrome	5		46	51
Malaria (Confirmed)	9	1	293	303
<b>Total Alerts</b>	<b>67</b>	<b>14</b>	<b>1778</b>	<b>1859</b>

The cumulative total of alerts triggered are 1859 of which 1778 were verified, 14 were risk assessed and 67 reached outcome level.

## Laboratory Results week 33, 2019

Location/ Health Facility	Date sent to Juba	Date Received at PHL	Suspected Disease	Lab Results
Pibor/Marua	8/12/2019	8/16/2019	Measles	Measles Igm Positive
Pibor/Marua	8/12/2019	8/16/2019	Measles	Measles & Rubella Negative
Pibor/Marua	8/12/2019	8/16/2019	Measles	Measles Igm Positive
Pibor/Marua	8/12/2019	8/16/2019	Measles	Measles Igm Positive
Wau/WTH	8/14/2019	8/16/2019	Measles	Measles Igm Positive
Wau/Catedral IOM Clinic	8/14/2019	8/16/2019	Measles	Measles & Rubella Negative
Wau/POC AA IOM Clinic	8/14/2019	8/16/2019	Measles	Rubella Igm Positive
Wau/WTH	8/14/2019	8/16/2019	Measles	Measles Igm Positive
Wau/Catedral IOM Clinic	8/14/2019	8/16/2019	Measles	Measles & Rubella Negative
Rubkona/MSF Bentiu poc	8/10/2019	8/14/2019	Measles	Measles Igm Positive
Rubkona/MSF Bentiu poc	8/10/2019	8/14/2019	Measles	Measles Igm Positive
Rubkona/MSF Bentiu poc	8/10/2019	8/14/2019	Measles	Measles Igm Positive
Rubkona/MSF Bentiu poc	8/10/2019	8/14/2019	Measles	Measles Igm Positive
Koch/Bentiu poc	8/6/2019	8/8/2019	Measles	Measles Igm Positive
Bor South/ Akuak	8/6/2019	8/8/2019	Measles	Rubella Igm Positive

### AWD Alert from Ngauro in Kapoeta as of 23rd August, 2019

- A report of 50 deaths was received from Naguro/Kapoeta , symptoms were continues vomiting and diarrhea. Also another report came from Ngatuba payam whereby about 19 people (16 children below the age of 5) were reported dead within this week.
- The SRRT and partners went to conduct a verification mission on 24th August 2019, report will be shared.



# OUTBREAKS IN 2019

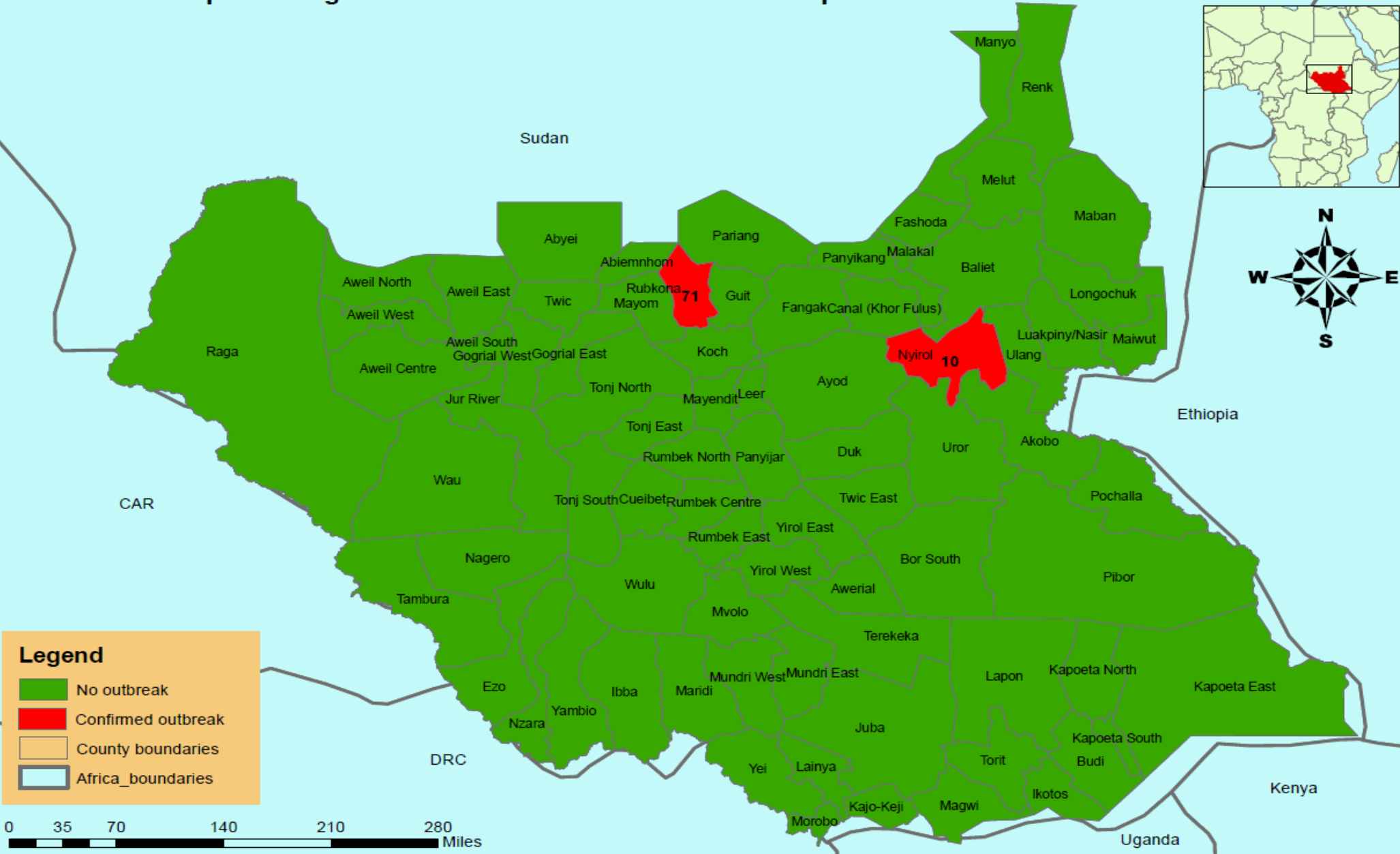
Major suspected and confirmed outbreaks in  
South Sudan in 2019

Counties with confirmed Measles, Hepatitis E, and Rubella outbreaks that reported new cases in week 33, 2019.



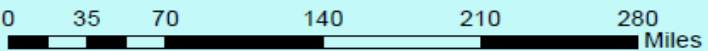
**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

# Map showing counties with confirmed cases of Hepatitis E. in 2019.



**Legend**

- No outbreak
- Confirmed outbreak
- County boundaries
- Africa\_boundaries



**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

## Response | Summary of major ongoing outbreaks in 2019

Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
<b>Ongoing epidemics</b>								
Measles	Renk County	28/2/2019	0	7(0)	yes	Yes	Yes	N/A
Measles	Wau County and PoC-AA	28/1/2019	1	454 (0.002)	yes	Yes	yes	N/A
Rubella	Wau PoC-AA	25/3/2019	0	11(0)	yes	No	yes	N/A
Hepatitis E	Bentiu PoC	03/01/2018	3	79 (0.037)	Yes	No	Yes	Yes
Measles	Pibor	17/01/2019	111	1570 (0.070)	yes	No	yes	N/A
Measles	Bentiu PoC	24/04/2019	7	65 (0.107)	Yes	Yes	Yes	N/A
Rubella	Yirol West	06/08/2018	4	19(0.21)	Yes	No	Yes	N/A

## Response | Summary of major Controlled outbreaks in 2019 (1)

Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
Rubella	Malakal PoC	25/10/2018	0	178 (0.08)	Yes	No	Yes	N/A
Yellow Fever	Nzara	23/11/2018	0	3 (0.001)	Yes	Yes	Yes	N/A
Measles	Abyei	12/02/2018	0	306 (0.40)	Yes	Yes	Yes	N/A
Measles	Mayom	17/01/2019	0	19 (0.010)	Yes	Yes	Yes	N/A
Measles	Gogrial West	04/02/2019	0	156 (0.025)	Yes	Yes	Yes	N/A
Rubella	Aweil Center/NBG		0	35 (0.028)	Yes	No	Yes	N/A
Measles	Aweil South	15/03/2019	0	46 (0.012)	Yes	Yes	Yes	N/A
Measles	Melut	15/03/2019	0	9(0.008)	Yes	Yes	Yes	N/A
Rubella	Bor South		0	4 (0.001)	Yes	No	Yes	N/A
Rubella	Gogrial West		0	5 (0.001)	Yes	No	Yes	N/A
Rubella	Yirol East		0	3 (0.003)	Yes	No	Yes	N/A
Measles	Gogrial East	4/04/2019	0	30 (0.003)	Yes	Yes	Yes	N/A
Measles	Malakal PoC	24/04/2019	0	2 (0.01)	Yes	Yes	Yes	N/A

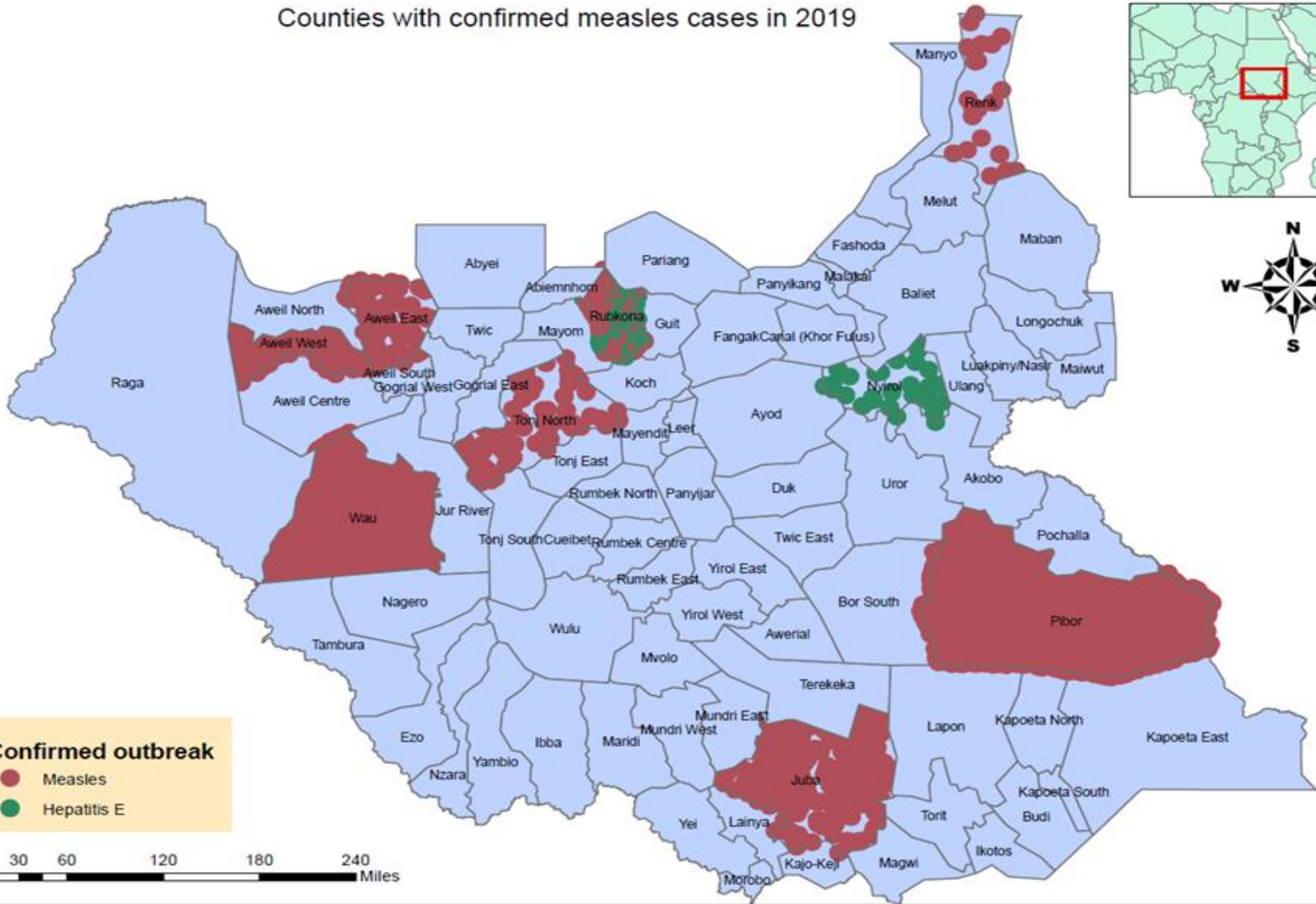
## Response | Summary of major Controlled outbreaks in 2019 (2)

Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
Hepatitis E	Lankein	28/2/2019	0	10 (0.1)	yes	No	yes	N/A
Measles	Juba & PoC	15/01/2019	0	68 (0)	Yes	Yes	Yes	N/A
Rubella	Bentiu Poc	-	0	51 (0)	yes	No	yes	N/A
Measles	Tonj North	2/04/2019	0	20 (0)	Yes	Yes	Yes	N/A
Measles	Aweil West	4/04/2019	0	48 (0)	Yes	Yes	Yes	N/A
Measles	Aweil East	13/05/2019	2	19 (0.14)	Yes	Yes	Yes	N/A

# ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS

Brief epidemiological description and public health response for active outbreaks and public health events

# Counties with confirmed measles cases in 2019



### Confirmed outbreak

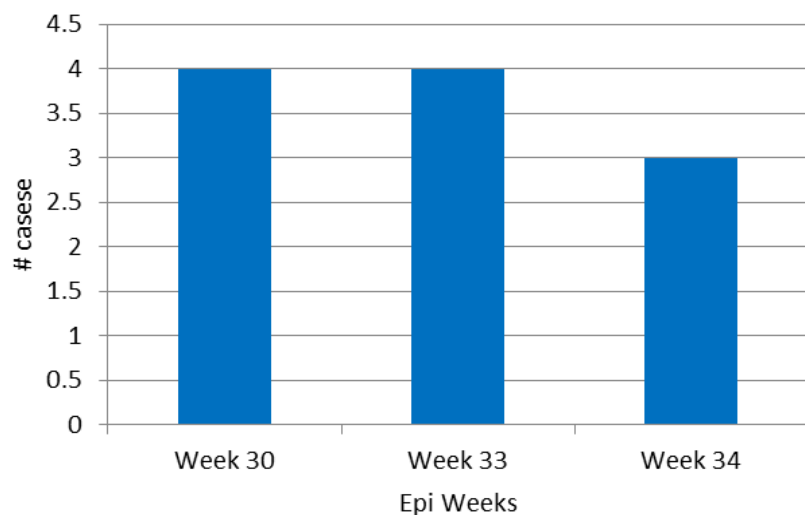
- Measles
- Hepatitis E

0 30 60 120 180 240 Miles

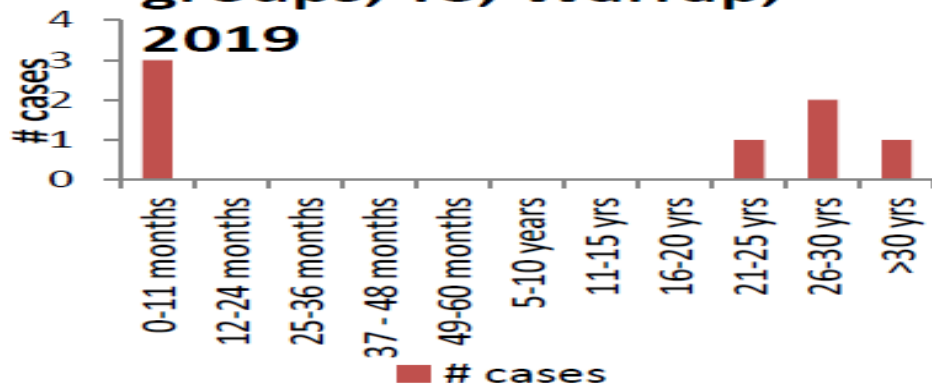


## Suspected Measles cases in Tonj South County

Measles cases in Tonj South week 3--34, 2019



Measles cases by age groups, TS, Warrap, 2019



### Descriptive Epidemiology:

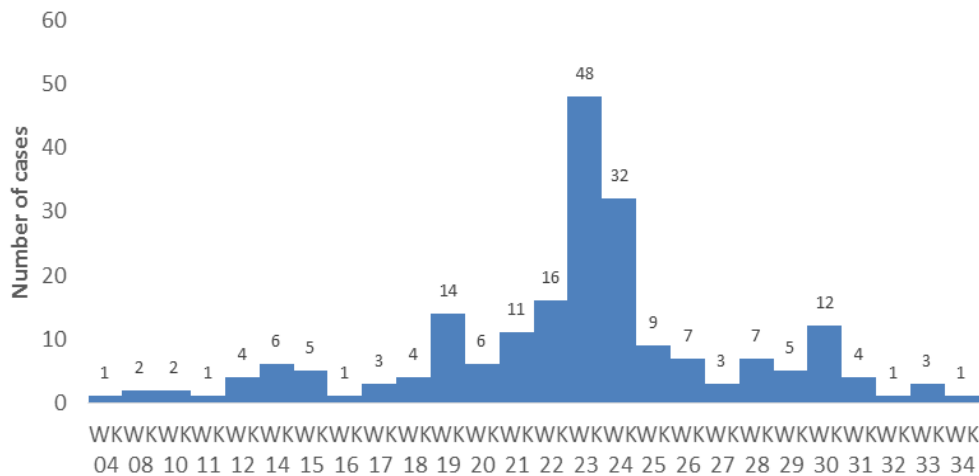
- Suspected Measles case was initially detected at Tonj hospital in a 10 month old female on 30th July 2019
- A total of three(3) blood samples were collected and sent to the Public Health Laboratory in Juba of which 2 are positive for Measles IgM antibody
- Eleven (11) cases have been line-listed from Akelkeu village and Matar in Tonj payam
- No deaths reported

### Response and Recommendations:

- Intensify surveillance and continue line-listing
- Continue to collect samples for testing
- Promote social mobilization in the affected area and surroundings
- Treat suspect cases with oral rehydration, vitamin A, and antibiotics for prevention of bacterial super infection

# Confirmed Measles Outbreak in Wau County and POCAA

Measles cases from Wau week 04-34, 2019



## Introduction

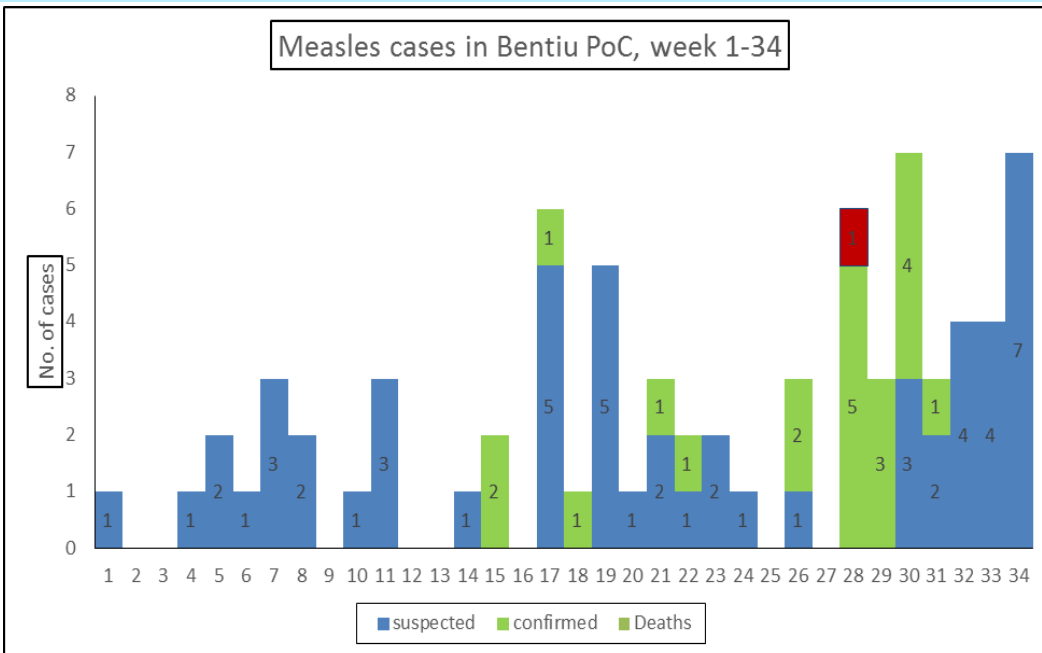
- In week 19, 2019 a measles outbreak was confirmed in Wau county following the confirmation of 3 measles samples tested positive for IgM Wau county and 1 in the POC AA.
- Wau county started seeing measles cases from as early as week 4 in 2019.
- Out of all the samples sent to the lab, 18 tested positive for Rubella IgM and 10 for Measles IgM as of week 33,

## Descriptive Epidemiology:

- During the Campaign cases peaked in week 22, 23 and 24 and later came down to 2 cases in week 33, 2019
- Total of 5 deaths giving the CFR at 1.20%
- 79.2% of the cases are under the age of 5years with only 19.9% of cases received at least 1 dose of measles vaccine
- Five samples turned positive on measles IgM in week 30, 2019
- Two measles cases were seen in week 33, 2019 but samples were not collected
- **Response and recommendations**
- IOM, UNICEF and partners conducted a campaign covered Wau municipality and extended to some IDPs collective sites in Jur River from 3<sup>rd</sup> – 10<sup>th</sup> June
- Target populations (27,166) child from 6-59 months, the coverage was 85% as (23,028) child vaccinated including (1,628) child from IDPs collective site in Jur River County.
- Post Campaign evaluation was done. MoH and WHO conducted the campaign with coverage of 89.15%

## Response | Confirmed epidemics

### Confirmed Measles and Rubella outbreak in Bentiu PoC



#### Bentiu PoC

- Bentiu PoC has been reporting suspected measles/rubella cases since beginning of the year 2019
- A total of 65 suspected measles cases reported since January 2019
- Out of the 65 cases 24 tested positive for measles IgM
- Majority of the cases are children <5 years
- In week 30, 2019 five (5) measles samples was confirmed positive on IgM despite the reactive campaign which was conducted in May
- Seven measles cases were reported in week 34, 2019

#### Response and Recommendations

IOM completed a reactive vaccination campaign in Bentiu POC on 31 May 2019.

During the reactive measles campaign 21,285 children 6-59 months (126%) received measles vaccination

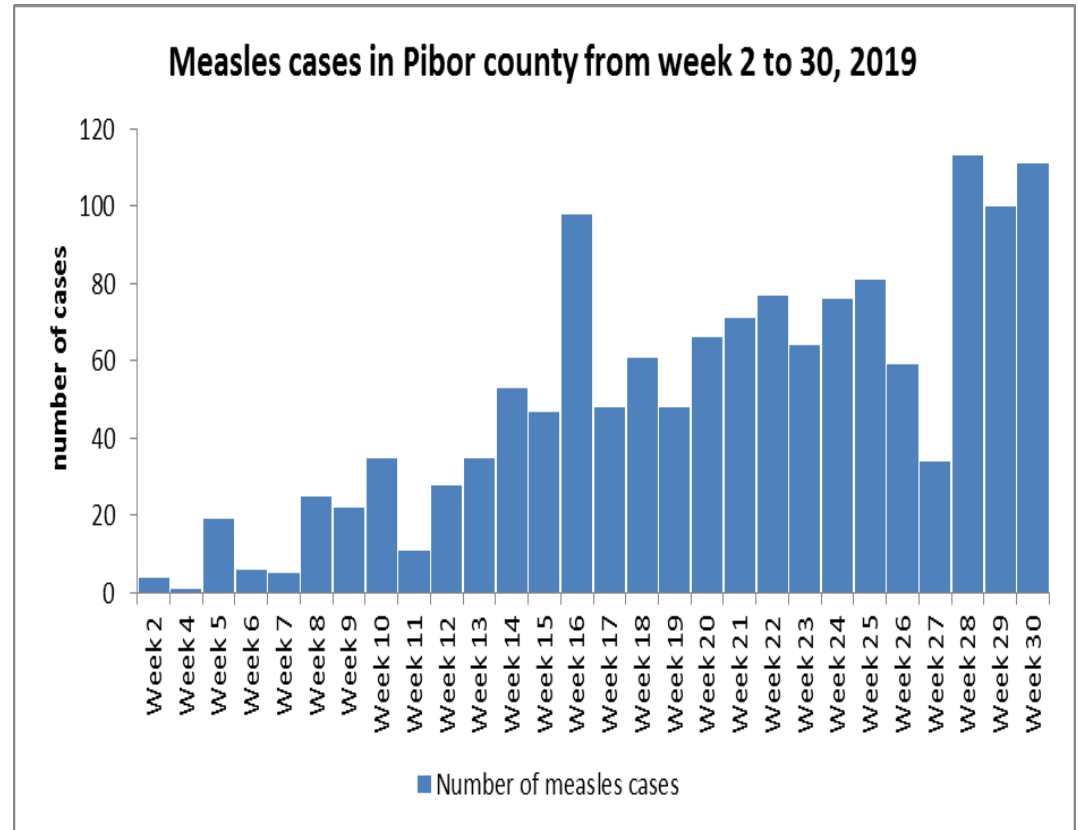
PCE was done by MoH & WHO , coverage was 74.6%.

**Measles cases continue to be confirmed in Rubkona because of the increase number of returnees and population movement and crowding in transit sites**

**Proposed strategies:** there is need to vaccinate all children among the new arrivals in transit sites with returnees and at the entrance to the PoC

# Measles in Pibor County

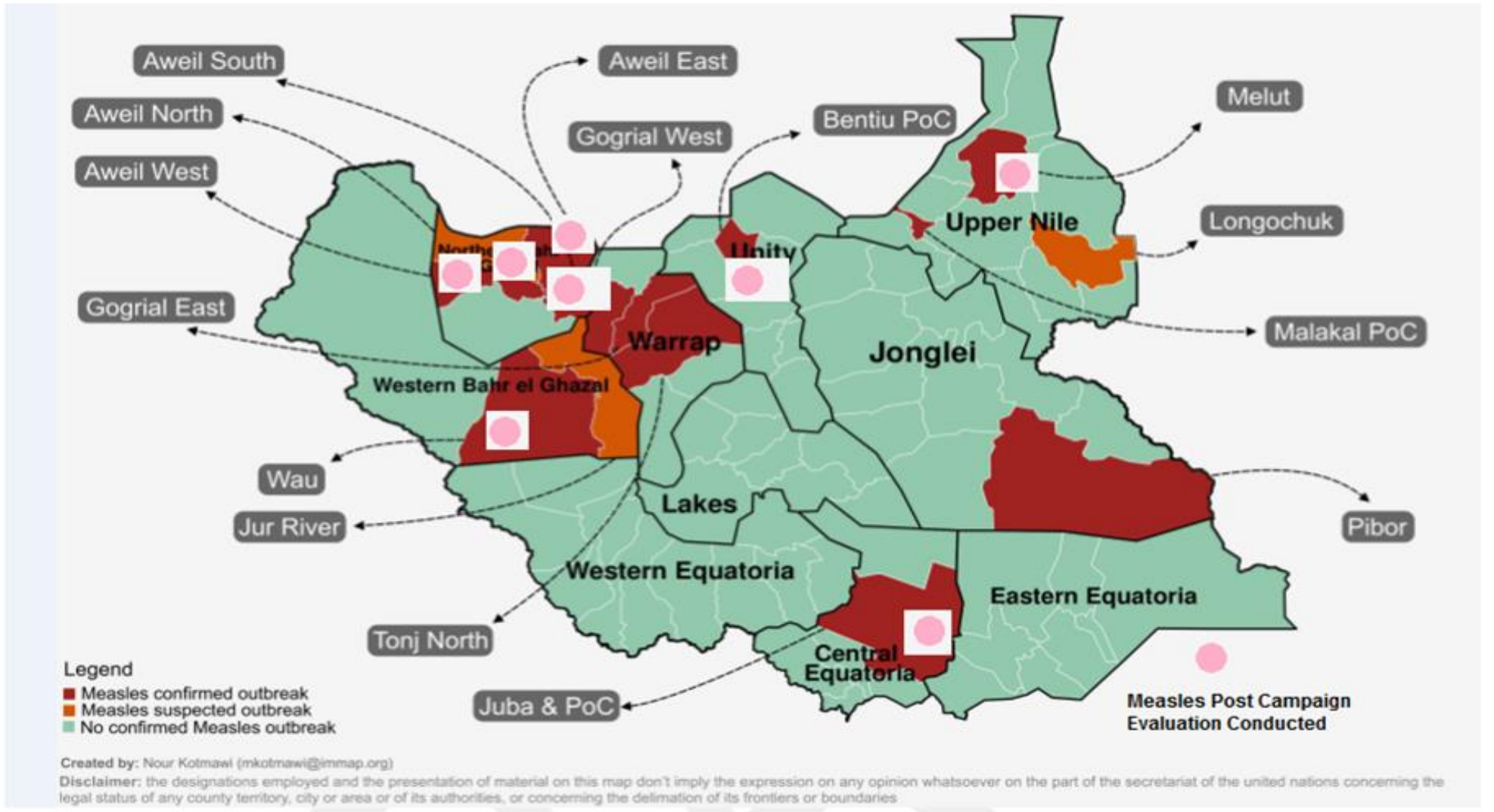
- There is an ongoing transmission of measles in Pibor County in spite of the vaccination campaign conducted in February and March.
- This may be influenced by the semi-nomadic nature of the population in Pibor. As the rainy season starts there are a lot of Movements with high number of unvaccinated population coming in the communities.
- In May, two suspected cases tested positive for Measles IgM.
- Given the case upsurge in recent weeks; partners have been advised to collect samples for laboratory testing. The laboratory test results will inform decisions on the next course of action
- During the mission (WHO, UNICEF and Live well) to Pibor (Maruwa and Labarab) on 12 Aug 2019; four measles samples were collected (two each from Maruwa and Labarab)
- Three samples tested measles IgM positive and one tested negative on 19 Aug 2019



- **Medair in partnership with LiveWell is going to conduct a mass measles vaccination campaign, targeting 27,122 (6-59 months and 5-15 years combined) in Pibor, Gumuruk, Likuangole, and Vertet in early September, 2019**

# Measles Post Campaign Evaluations

Fig 1. Map of Measles Outbreaks and Post Campaign Measles Evaluation, 2019



# PCE Results: Measles coverage among children aged 6-59 months per counties

Table 1. MEASLES COVERAGE AND POST CAMPAIGN EVALUATION 2019

S/N	County	Dates of Measles SIAS	Dates PCE Conducted	Admin Cov	PCE Cov
1	<u>Gogrial West</u>	April 2019	April 2019- Med Air		97.2%
2	<u>Aweil South</u>	April 2019	April 2019- WHO	116%	98%
3	<u>Melut</u>	April 2019	April 2019- WHO	78%	65.7%
4	<u>Juba</u>	May 2019	5 <sup>th</sup> -10 <sup>th</sup> June 2019-WHO		81.9%
5	<u>Malakal PoC</u>	June 2019	16 <sup>th</sup> -18 <sup>th</sup> July 2019-WHO		Pending
6	<u>Wau</u>	June 2019	29 <sup>th</sup> June -4 <sup>th</sup> July 2019-WHO		89.15
7	<u>Bentiu PoC</u>	June 2019	29 <sup>th</sup> June -4 <sup>th</sup> July 2019-WHO		74.6%
8	<u>Tonj North</u>	June 2019	29 <sup>th</sup> June -4 <sup>th</sup> July 2019-WHO		Shelved -clan clashes
9	<u>Renk</u>	June, 2019	July 2019-Medair		79.8% - by card 93.5% - by card and history
10	<u>Aweil West/Town</u>	June 2019	29 <sup>th</sup> June -4 <sup>th</sup> July 2019-WHO		63.5%
11	<u>Aweil East</u>	June 2019	29 <sup>th</sup> June -4 <sup>th</sup> July 2019-WHO		52.3%

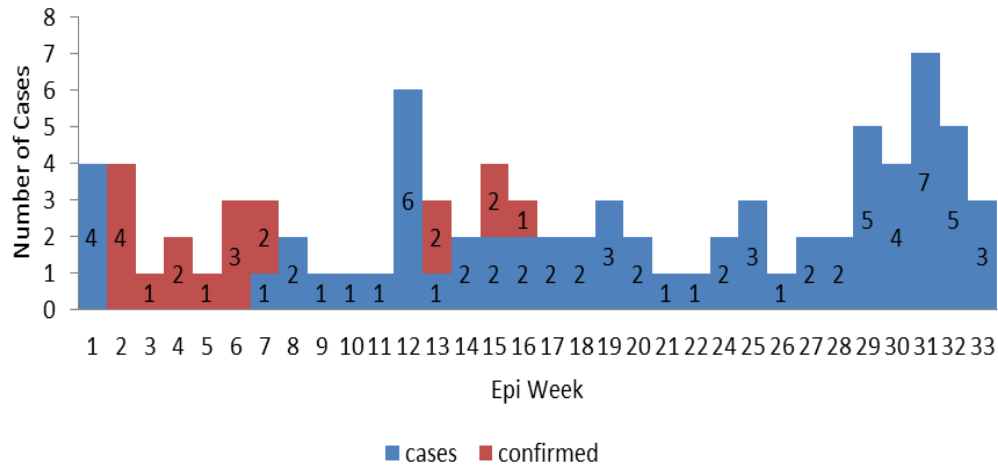
Finger mark evidence

Based on verbal report

**Renk County:** a house-to-house mop up campaign was undertaken by MedAir reaching an additional 6.175 children under one year with measles vaccine

## Hepatitis E, Bentiu PoC

HEV Cases in Bentiu POC from week 1 to 33, 2019



### Recommended response

- Social mobilization to raise awareness on modes of transmission, symptoms and where to seek for care
- Case identification and follow up in the communities and WASH interventions are recommended.

### Bentiu PoC

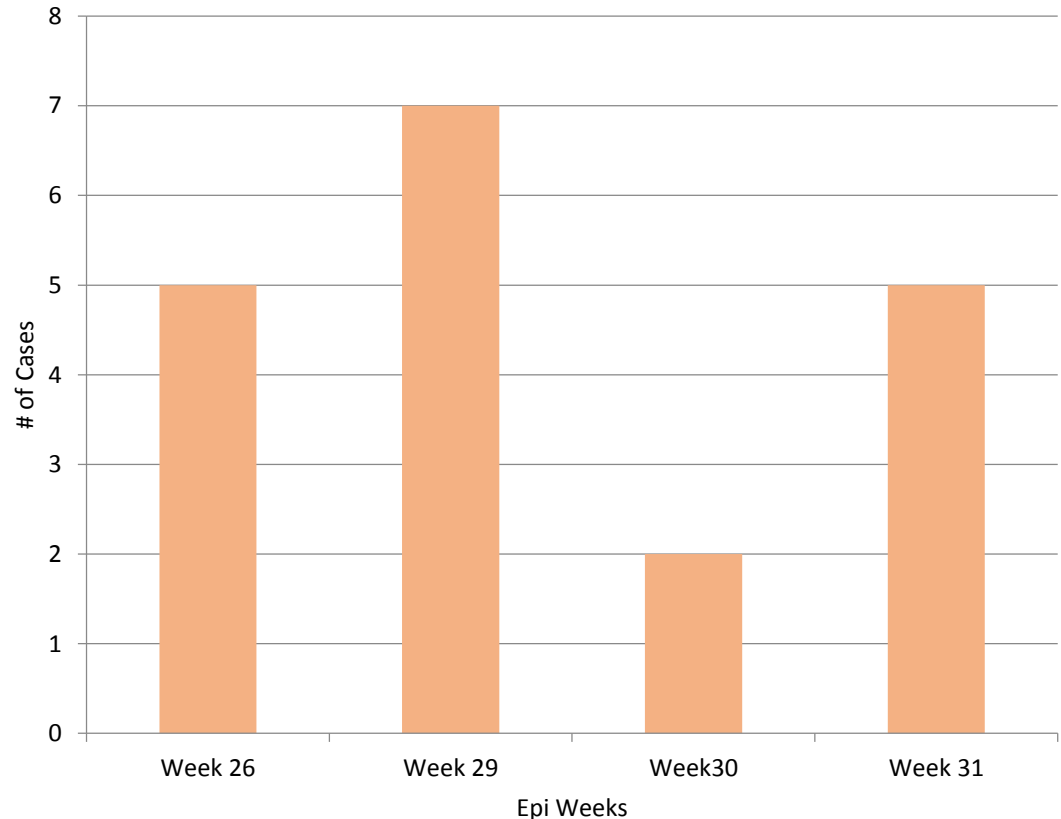
- The persistent transmission of HEV in Bentiu PoC continues with 79 cases since beginning of 2019
  - Eighteen (18) cases confirmed by PCR testing
  - There were 3 cases reported in week 33.
- All the cases were managed as outpatient cases except for seven cases who were admitted
- Two deaths one on 12<sup>th</sup>, April 2019 and the second on 11<sup>th</sup> July, 2019
- Over half (53%) out of 79 cases are male.
- Age group less than 15 years had the most cases with 48 (60.7%) cases.
- Of the 37 female cases, 9 (24,3%) are aged above 15-44 years
  - At risk of adverse outcomes when infected in the 3rd trimester of pregnancy
- Use of unsafe drinking water likely to be source of infection
- Up to week 33, 2019; there were 79 cases of HEV in Bentiu PoC

# Rubella cases in Yirol West

## Descriptive Epidemiology

- First case of Rubella was confirmed in Anuol payam as of week 29, 2019
- A total of 19 cases since week 26 with 4 positive on Rubella has been line listed
- 57% (11) of the cases are less than 5 yrs old
- Of the 19 cases (13) 68% are Males
- No cases among female above 18 yrs old
- **Recommended response**
- Social mobilization to raise awareness on modes of transmission, symptoms and where to seek for care
- Case identification and follow up in the communities and WASH interventions are recommended.

Rubella cases in Anuol payam, Yirol West week 26-31, 2019







# Response | Suspect epidemics

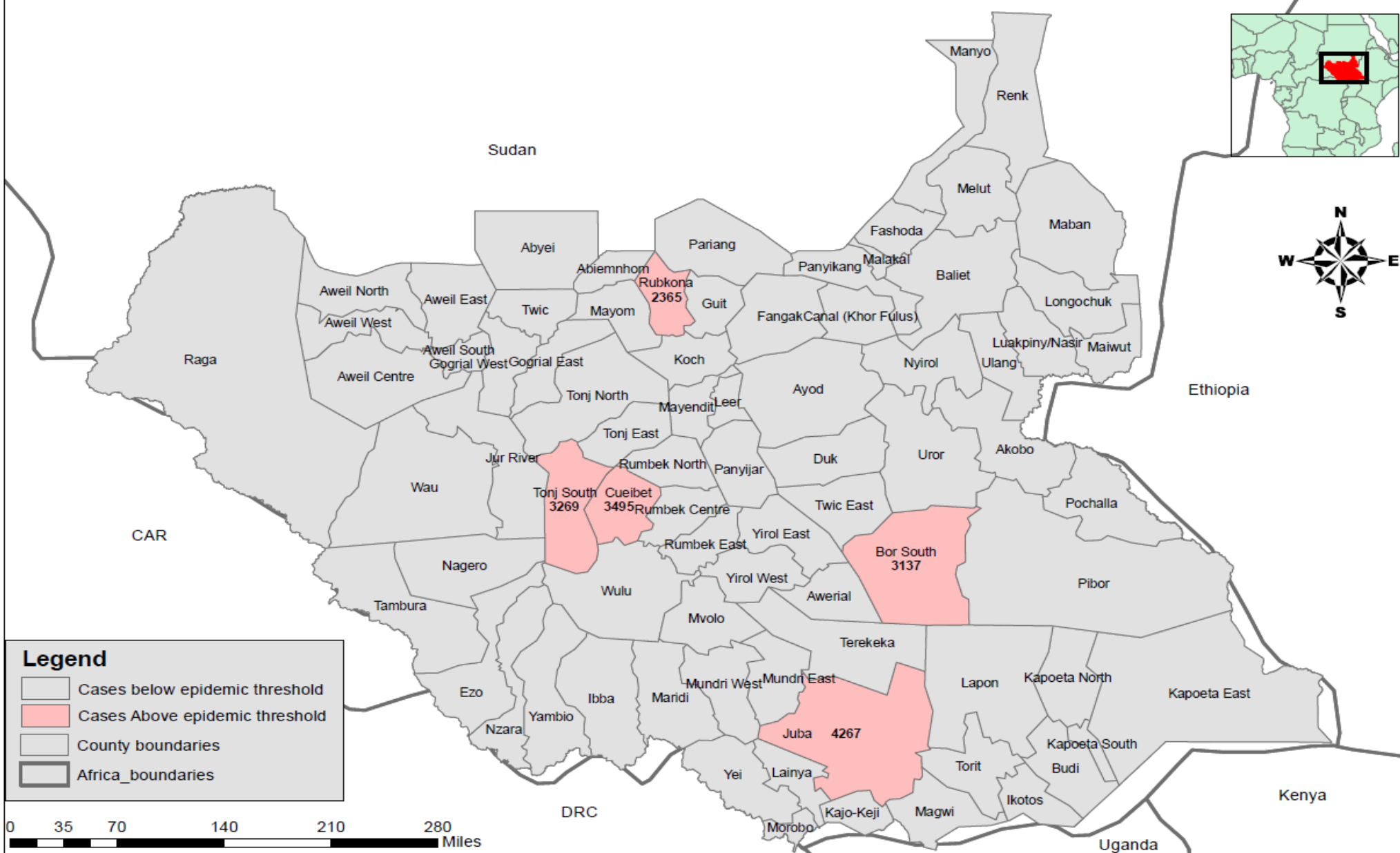
## Current Malaria trends 33, 2019

Malaria was the leading cause of morbidity and mortality, accounting for **69.6%** of all morbidities and **55.6%** of all mortalities in week 33, 2019

There are **5** Counties with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) and these include the following:

- 1. Juba hub( Juba)**
- 2. Kwajok hub( Tonj South)**
- 3. Bor hub( Bor)**
- 4. Bentiu hub( Rubkona)**
- 5. Rumbek hub( Cueibet , Rumbek East)**

# Counties that reported Malaria cases above Alert and Epidemic thresholds in week 33, 2019.



**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

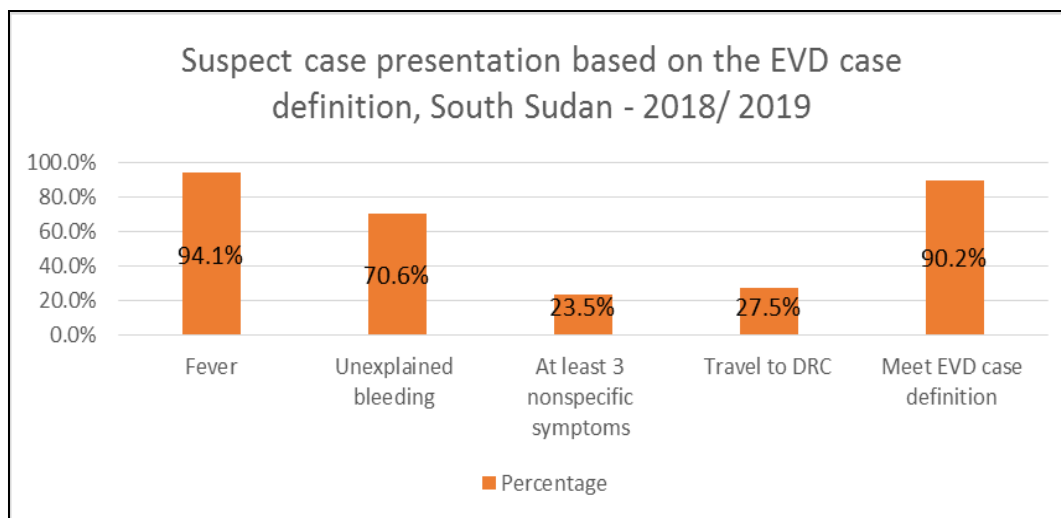
## Routine Sentinel Surveillance | Human Influenza

- In week 12, 2019, South Sudan started conducting case-based investigation for Influenza Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) cases through systematic collection of epidemiological and virological information
- There are currently three designated Influenza sentinel surveillance sites in Juba (Juba Teaching Hospital, Al Sabah Children's Hospital and UNMISS POC3 clinic) that are collecting epidemiological data and samples from ILI/SARI cases for virological testing.
- Since week 12 of 2019, a total of 123 ILI/SARI samples have been collected and tested at Uganda Virus Research Institute (UVRI) with 31 being negative; two (2) positive for Influenza B (Victoria); and seven (7) positive for Influenza A (H3), test result is pending for 73 samples. .

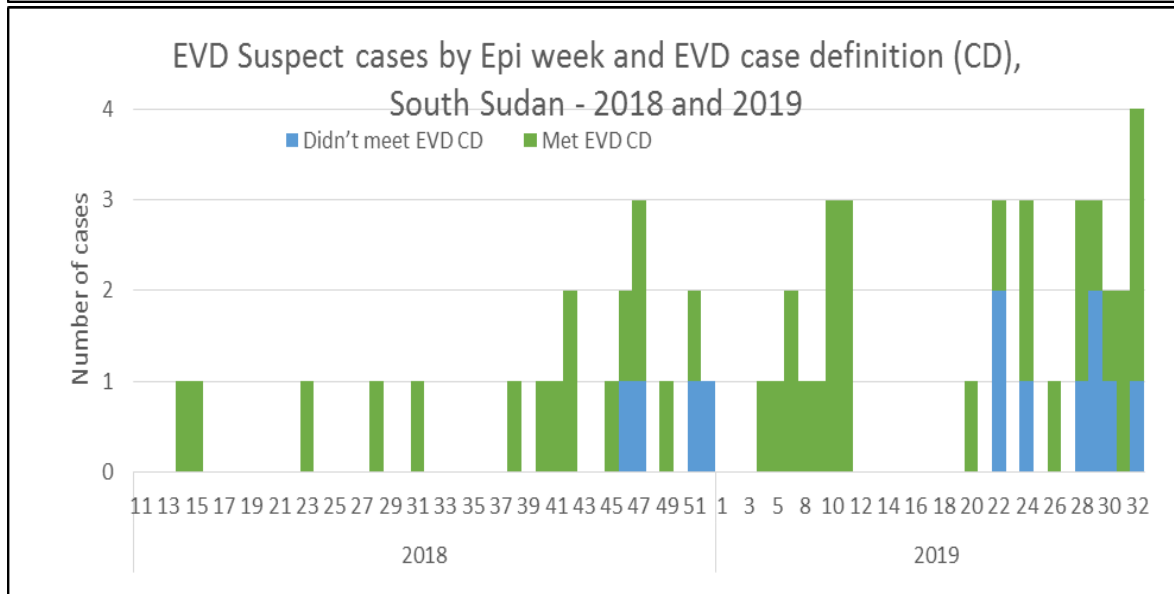
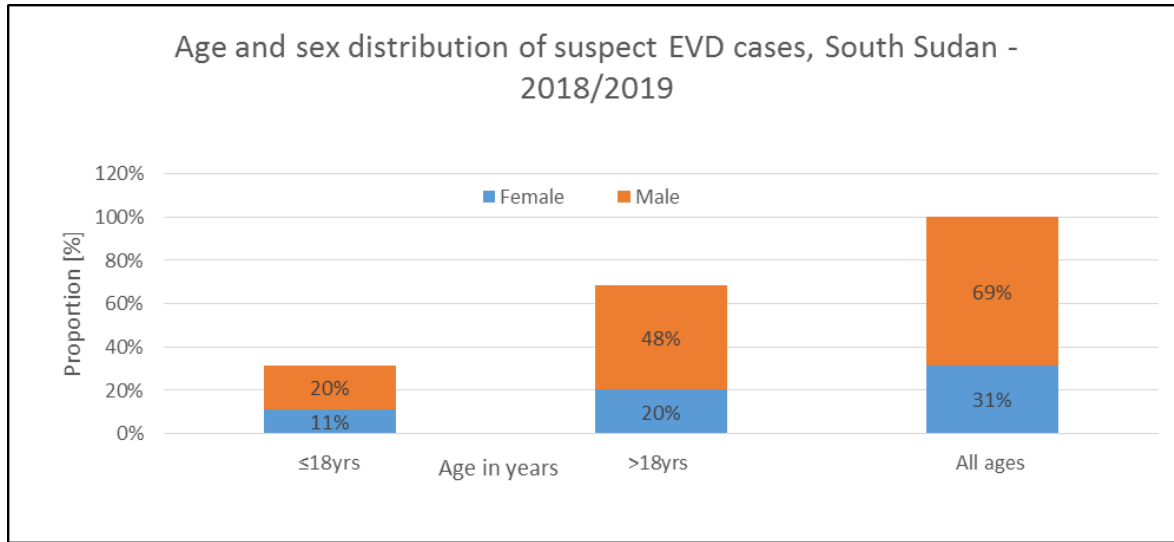
## EVD Suspect cases in South Sudan 2018 and 2019

- Since Aug 2018, at least 58 suspect EVD cases have been reported
- Most 38 (65,5%) have been reported in 2019
- 40 (68,9%) met the EVD case definition – with fever (94,1%) and unexplained bleeding (70,6%) being the most frequent symptoms
- Most of the suspect EVD cases have been reported by health workers at health facility level
- Three suspect EVD cases were reported from screening points

Source of information	Met the EVD case definition		Total cases
	No	Yes	
<b>2018</b>	<b>3</b>	<b>17</b>	<b>20</b>
<b>Community</b>		<b>5</b>	<b>5</b>
<b>Health Worker</b>	<b>3</b>	<b>11</b>	<b>14</b>
<b>Screening point</b>		<b>1</b>	<b>1</b>
<b>2019</b>	<b>9</b>	<b>29</b>	<b>38</b>
<b>Community</b>		<b>2</b>	<b>2</b>
<b>Health Worker</b>	<b>6</b>	<b>21</b>	<b>27</b>
<b>MSF Swiss</b>		<b>1</b>	<b>1</b>
<b>PHO</b>	<b>1</b>		<b>1</b>
<b>Red Cross</b>		<b>1</b>	<b>1</b>
<b>Screening point</b>		<b>2</b>	<b>2</b>
<b>Surveillance officer</b>	<b>2</b>	<b>1</b>	<b>3</b>
<b>Yirol Hospital</b>		<b>1</b>	<b>1</b>
<b>Total cases</b>	<b>11</b>	<b>40</b>	<b>58</b>



# EVD Suspect cases in South Sudan 2018 and 2019



- Most of the suspect EVD cases have been reported in adults 18 years and above (48%)
- Similarly, most suspect EVD cases have been reported in males (69%)
- The distribution suspect EVD cases in both children <18years and adults ≥18yrs is skewed towards the males
- The number of suspect EVD cases reported per week range from 0-4 cases
- The following map shows the distribution of suspect EVD cases by county

# Counties that reported suspected cases of EVD in South Sudan 2018 and 2019.



# Total Number of Rumors/ Alerts Reported by Reporting Structures for the 33<sup>th</sup> Week of 2019, N=1829

## IDSR Alerts

0 IDSR alert for week 33

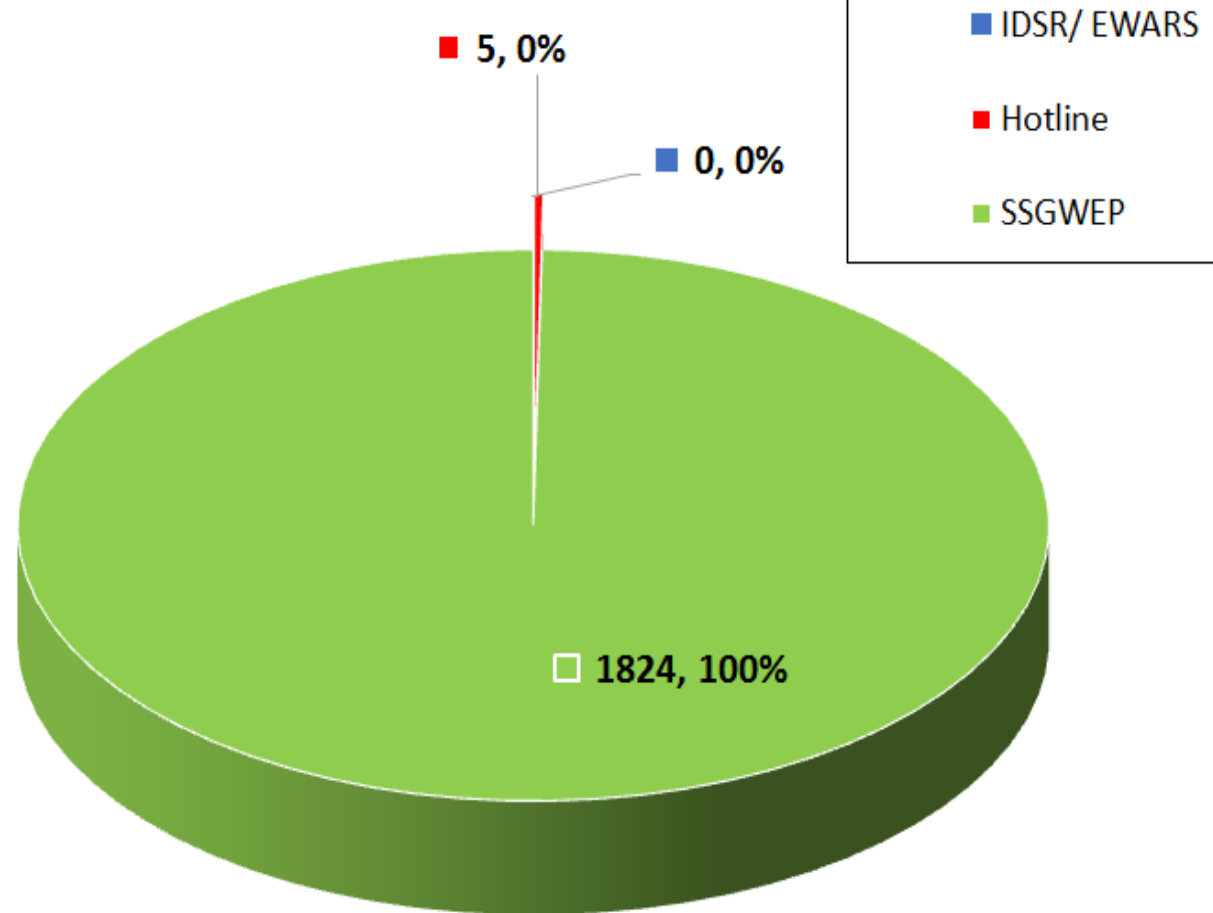
5 hotline rumors

Reports by Former Counties

Rumbek Centre=2

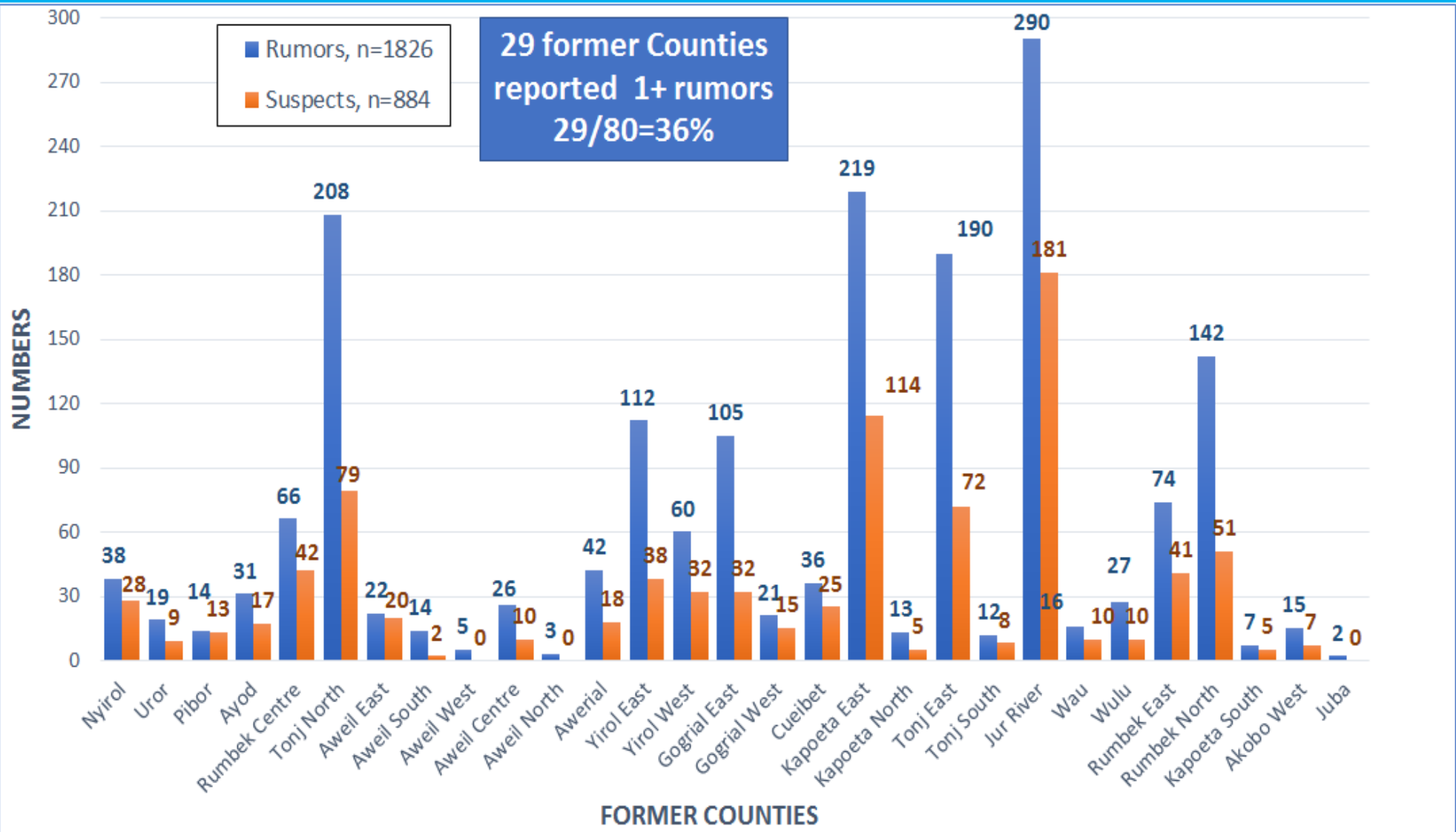
Rumbek East=1

Juba=2



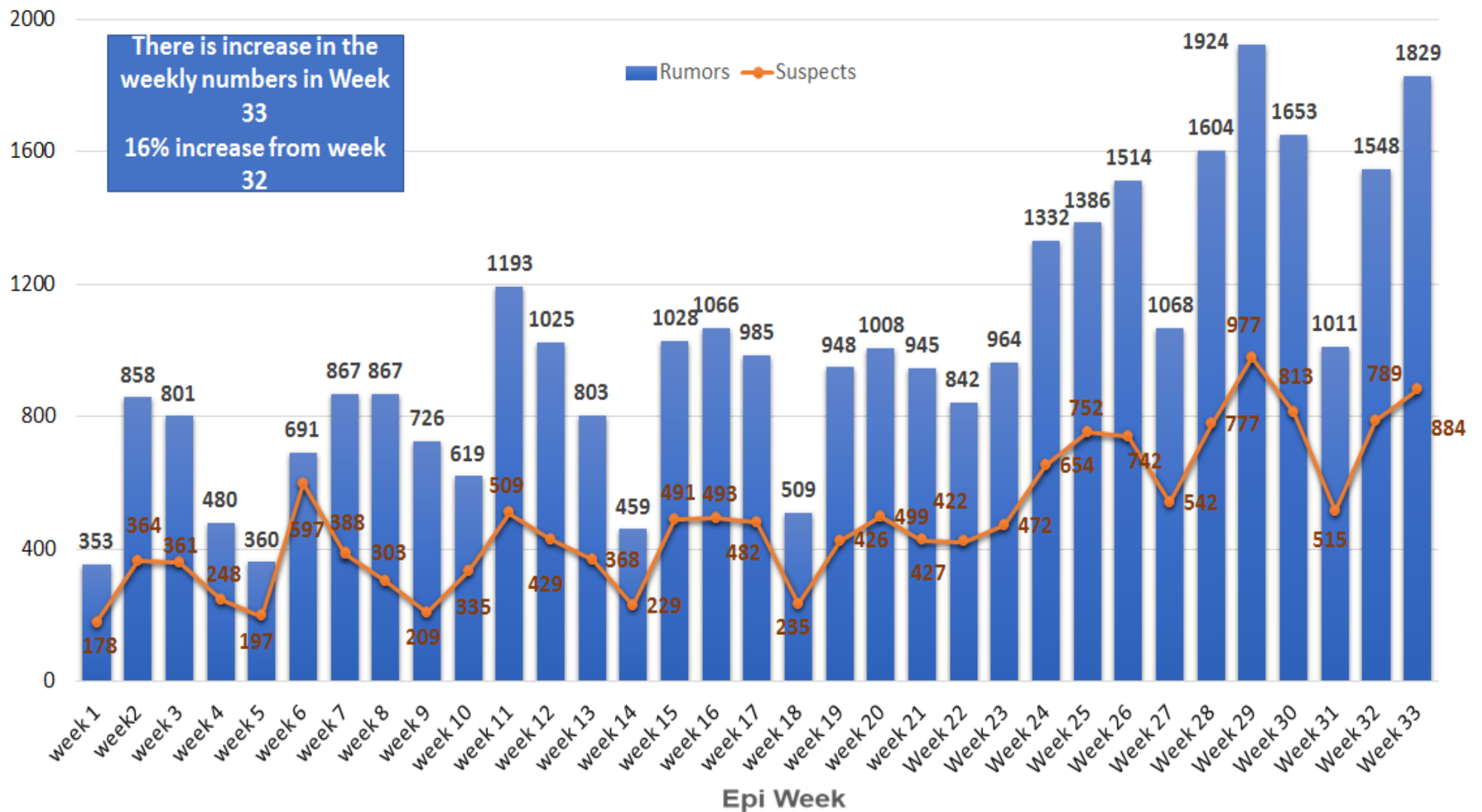


# Former Counties that reported 1+ Rumors, and Suspects during 11<sup>th</sup> Aug-17<sup>th</sup> August 2019 (33<sup>th</sup> Week) of the Year.



## CUMULATIVE: Guinea Worm Rumors and Suspects

Week1-Week 33, 2019 (N=33,266 Rumors, 16,107 Suspects (48%))



## Week 33- Highlights

### Guinea Worm Media Week!

*Over Forty media Personal from Radio, Newspaper and TV participated in Guinea worm awareness and reporting training at Pyramid Hotel in Juba on August 22, 2019.*

# EBOLA VIRUS DISEASE[EVD] PREPAREDNESS IN SOUTH SUDAN

Brief on the Ebola situation in DR Congo and updates on EVD preparedness in South Sudan

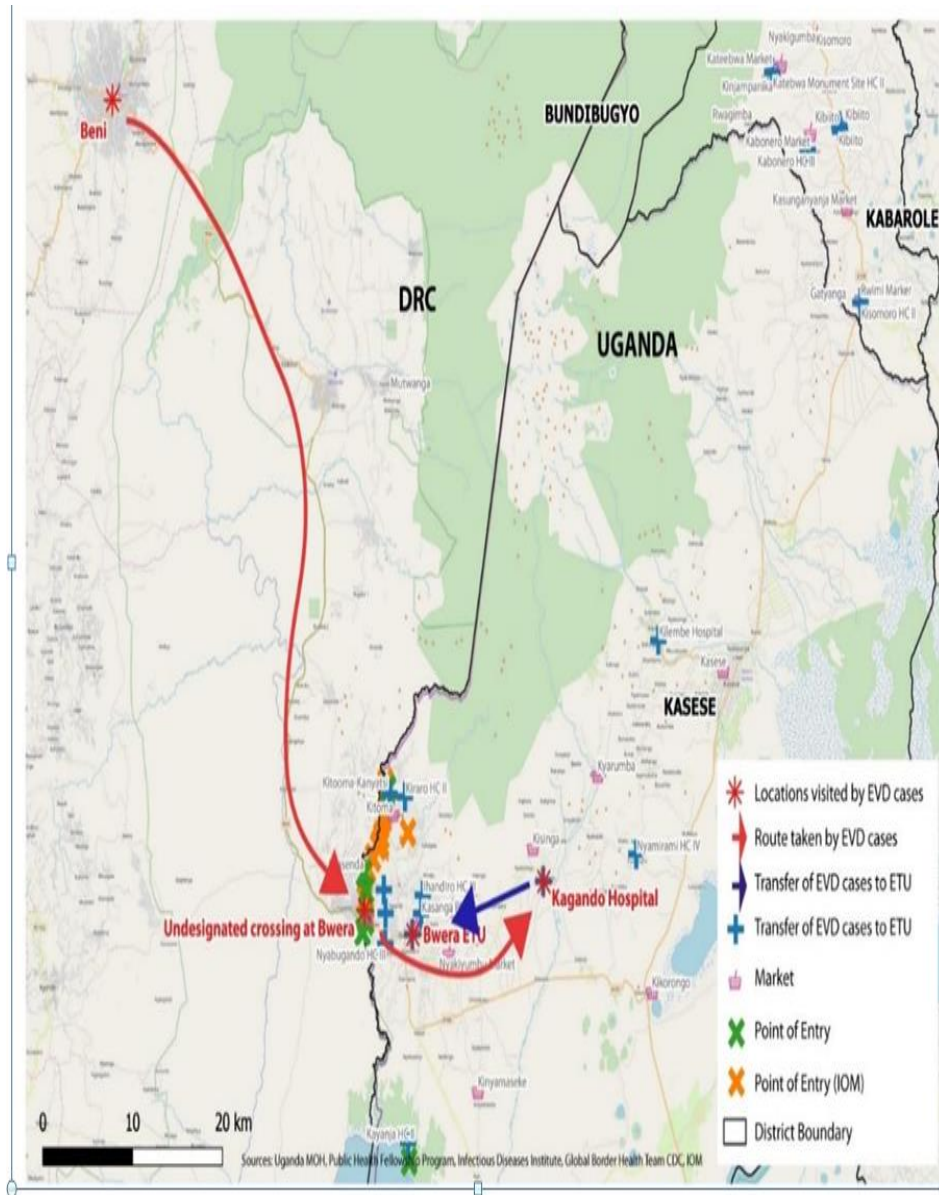
### EVD Alert from Juba on 18th August, 2019

A 35 year old male a resident of Munuki Block C at 7:30 am suddenly vomited blood and died on the spot. The deceased was a confirmed case of Tuberculosis since last year but dropped out from treatment.

Alert was received through SRRT to 6666. SRRT visited the family the same day.

No fever, no history of travel neither attended a funeral or participated in burial or handed bush meat. Health messages on EVD were given although EVD was ruled out.

# Ebola confirmed in Uganda border district of Kasese



- An Ebola Outbreak was confirmed in Uganda on the 9<sup>th</sup> of June 2019
- 5-year-old from DRC (Index case) .
- 3 Cases confirmed by UVRI on 11th June, Child died together with grandmother at Bwera ETU. Five cases (one confirmed and four suspected) have been repatriated back to DR Congo on request from DRC.
- The third case died on arrival at the ETU in Beni, DR Congo
- A total of 106 contacts are under follow up with a cumulative of 181 contacts vaccinated against Ebola virus disease.

**On 24th July, Ministry of health, Uganda declared the outbreak over , this marked the end of 42 days after the deaths of the confirmed Ebola case in Kasese district.**

# Ebola update DRC 18<sup>th</sup> August, 2019

## Current situation

- Currently as of 18<sup>th</sup> August, 2019
- 2888 Cases [ 2794 confirmed & 94 probable]
- 1936 Deaths [1842 confirmed & 94 probable]

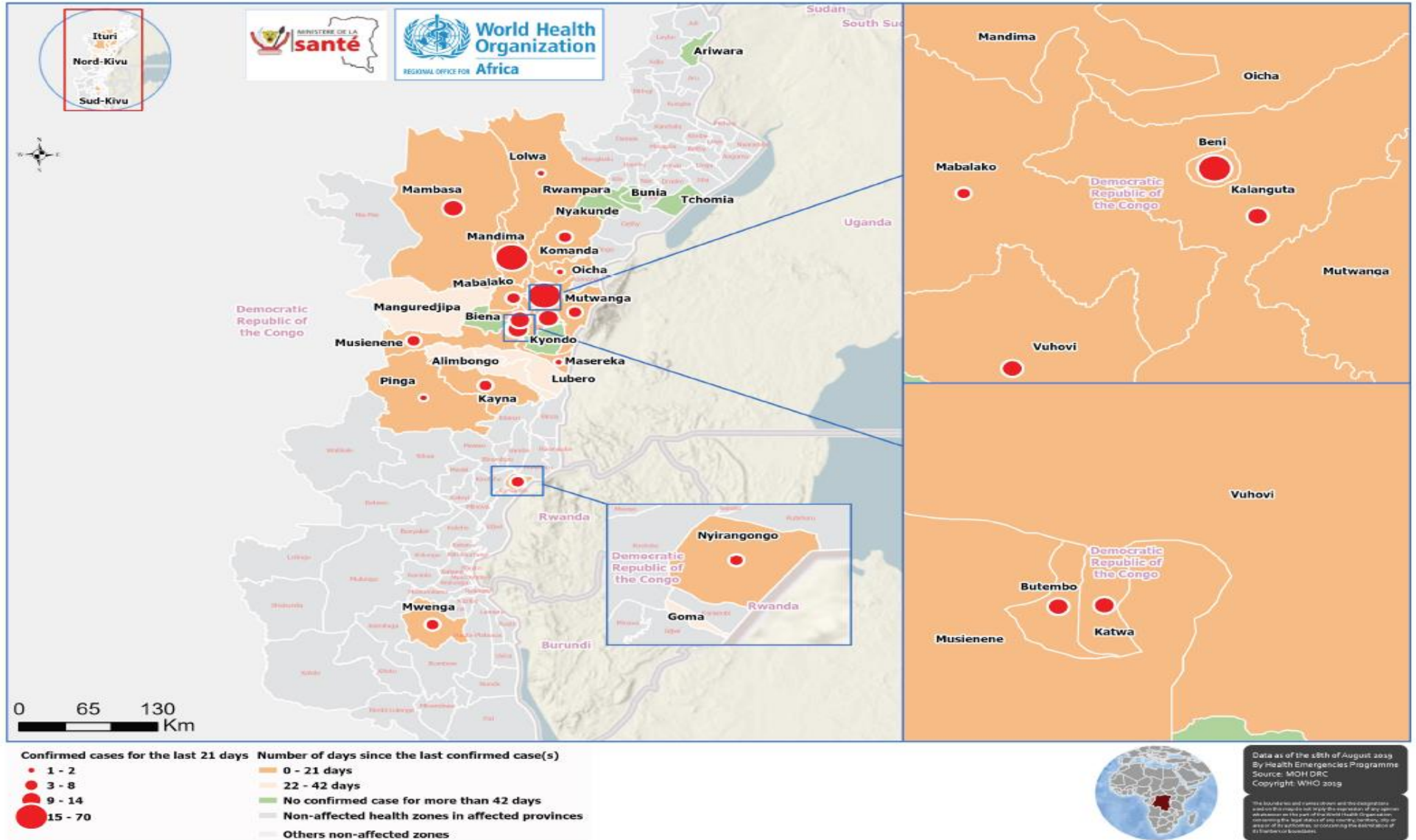
## Response update

- 1 August 2019 marked one year since the Government of the Democratic Republic of the Congo declared the Ebola outbreak

## Affected health zones

- In the 21 days from 29 July through 18 August 2019, 65 health areas in 18 health zones reported new cases, representing 10% of the 665 health areas in North Kivu, South Kivu and Ituri provinces
- During this period, a total of 215 confirmed cases were reported, with the majority coming from the health zones of Beni (33%, n=70) and Mandima (20%, n=44).

# Democratic Republic of Congo EVD Spot map

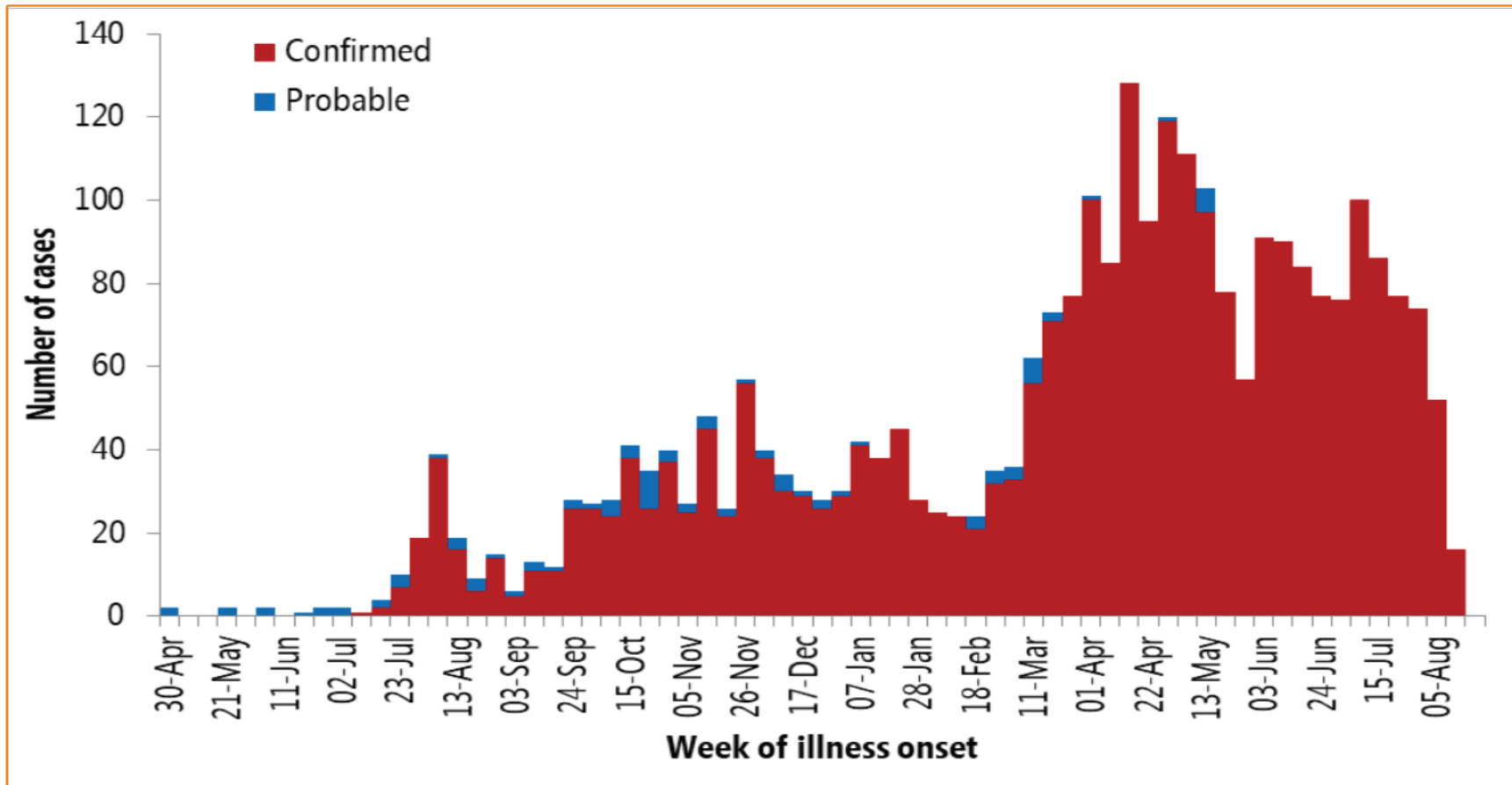


Data as of the 18th of August 2019  
 By Health Emergencies Programmes  
 Source: MOH DRC  
 Copyright: WHO 2019

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



# EVD Epi-curve by week of illness in DR Congo

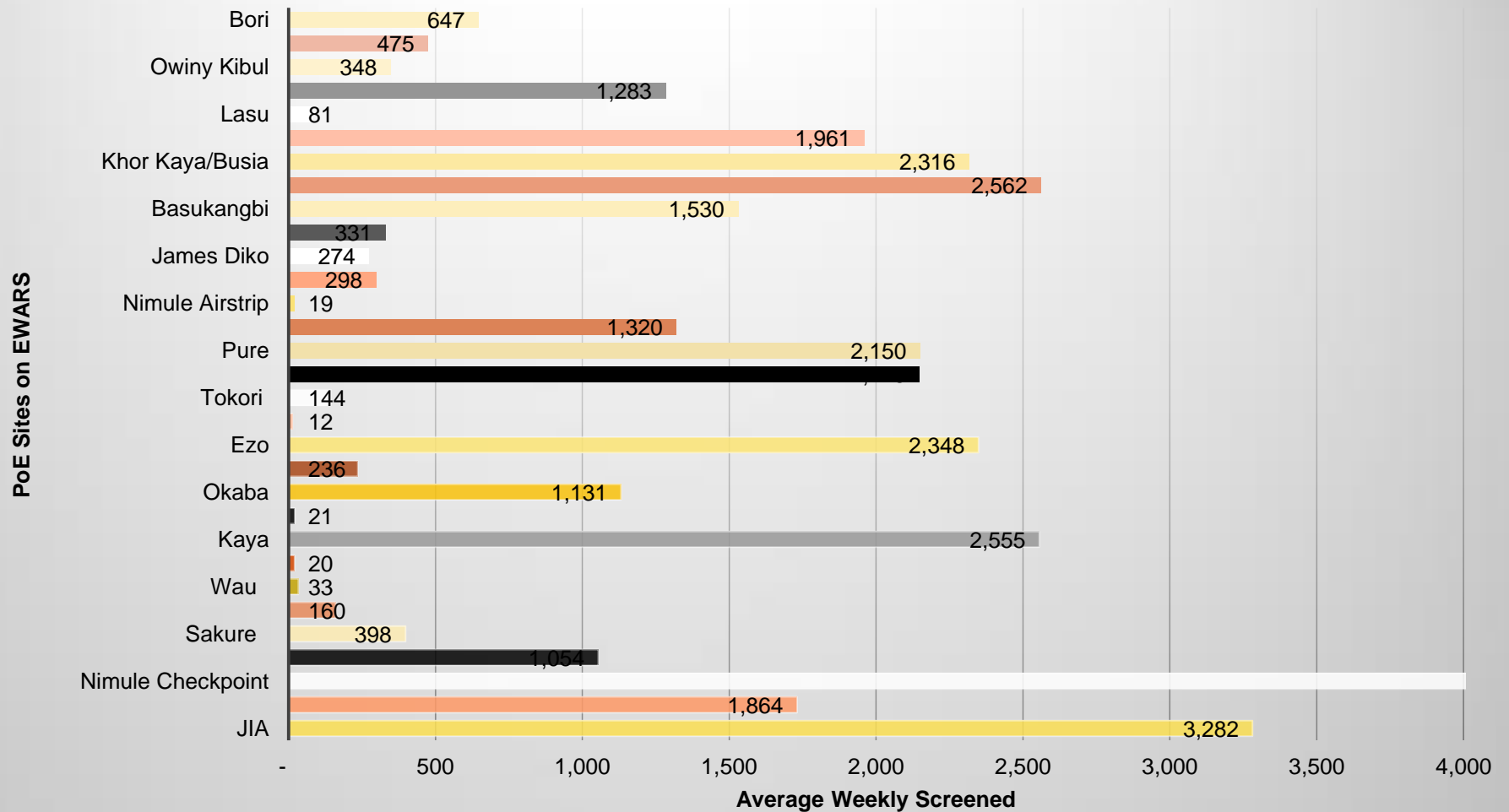


- Active transmission with continued increase in the number of new Ebola virus disease (EVD) cases in the affected geographical regions.

# *Ebola preparedness in South Sudan*

## **EVD preparedness activities undertaken in South Sudan**

- South Sudan, as a priority one (1) country for Ebola virus disease outbreak (EVD) preparedness continues to make progress to enhance capacities for EVD case detection, investigation, response, and prevention.
- The national Ebola taskforce continues to meet twice weekly and is coordinating the implementation of the EVD contingency plan. The Ebola taskforce working groups have finalized the EVD contingency plan for the next six months of EVD preparedness and readiness in the country.
- Detailed preparedness update can be accessed <https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan>



The electronic EWARS platform captures points of entry screening data and enables summarizing number of travelers screened on weekly basis. In week 24, A total of 60,043 travellers were screened at various screening points in the country.

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

For more help and support, please contact:

### Dr. Pinyi Nyimol Mawien

Director General Preventive Health Services  
Ministry of Health  
Republic of South Sudan  
Telephone: +211916285676

### Mr. Mathew Tut M. Kol

Director, Emergency Preparedness and Response  
Ministry of Health, RSS  
Tell: +211916010382, +211922202028  
Emails: tut1988@yahoo.com, greensouth2020@gmail.com  
Skype: mathew19885

## IDSR Bulletin Editorial Team

1. Mr. Ajak Ater, MoH - Email: ajakater014@gmail.com
2. Mr. Robert Lasu Martin, WHO -Email: lasur@who.int
3. Mrs. Rose Dagama , WHO - Email: dagamaa@who.int
4. Dr. Alice Igale Lado, WHO - Email: ladua@who.int
5. Dr. Joseph Wamala, WHO - Email: wamalaj@who.int
6. Dr. Argata Guracha Guyo, WHO - Email: guyo@who.int

## Notes

WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], health cluster and health pooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO and USAID for providing financial support.

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>

