

South Sudan

Integrated Disease surveillance and response (IDSR)

**Epidemiological Bulletin Week 40 of 2020 (September 28-
October 04)**



World Health
Organization
South Sudan



- In week 40, 2020 IDSR reporting completeness was 94% and timeliness was 72% at health facility level. EWARN reporting completeness was 84% and timeliness was 75%
- Of the 72 alerts in week 40, 2020; 98% were verified 1% were risk assessed and 0% required a response. Malaria (29), AWD (18), ARI (7), measles (0) and bloody diarrhea (8) were the most frequent alerts in week 40, 2020
- Malaria remains the top cause of morbidity and accounted for 85,19 cases (59.8% of OPD cases)
- A total of 1,321 COVID-19 alerts have been investigated with 1,129 (85.4%) being verified. Total of 2,748 COVID-19 confirmed cases and 50 deaths, CFR of 1.8%
- Other hazards include suspect VHF in Raja; floods in 37 counties; malaria in 2 counties; measles in Pibor; HEV in Bentiu PoC; and yellow fever in Kajo-keji.

SURVEILLANCE PERFORMANCE



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



IDSR timeliness & completeness performance at county level for week 40 of 20202



Completeness States Ranking	States	Supporting Partners	Total No. of Functional Health Facilities in the State	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of Time	Completeness Percentage
1st	Lakes	Doctors with Africa (CUAMM), LIVEWELL	113	103	91%	113	100%
2nd	WES	AMREF, World Vision, CUAMM, CDTY, OPEN	213	206	97%	212	100%
3rd	Warrap	GOAL, CCM, WVI, Malaria Consortium, UNKEA, Save the Children, MSF	119	99	83%	117	98%
4th	CES	HLSS, SSUHA, Healthnet TPO, IHO, GOAL, TRI-SS, THESO	119	110	92%	114	96%
5th	Upper Nile	Cordaid, WVI, RI, IMC, NIDO, UNKEA, MC, SSAID, Samaritans Purse	120	77	64%	114	95%
6th	NBGZ	Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO	131	111	85%	123	94%
7th	Unity	Cordaid, UNIDOR, IRC, CHADO, CARE International, CRADA, CASS	88	59	67%	83	94%
8th	EES	Cordaid, HLSS, CCM	142	91	64%	127	89%
9th	WBGZ	Cordaid, Healthnet TPO, CARE International, IOM	75	48	64%	64	85%
10th	Jonglei	Nile Hope, MDM, JDF, Livewell, CMD, HFO, EDA, CRADA, Malaria Consortium, CMA	107	76	71%	82	77%
	South Sudan		1227	980	80%	1149	94%

KEY

	<60%	Poor
	61%-79%	Fair
	80%-99%	Good
	100%	Excellent

The timeliness of IDSR reporting (supported by EWARS mobile) at health facility level was 80% and completeness was 94%. 9 states were above the target of 80% with highest reporting rate in Lakes & WBGZ

IDSR timeliness & completeness performance at county level for week 40 of 2020 (1)



STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
Lakes	Cueibet	Doctors with Africa (CUAMM)	15	15	100%	15	100%
Lakes	Rumbek North	Doctors with Africa (CUAMM)	7	7	100%	7	100%
Lakes	Awerial	Doctors with Africa (CUAMM)	7	7	100%	7	100%
Lakes	Rumbek Centre	Doctors with Africa (CUAMM)	23	23	100%	23	100%
CES	Terekeka	HealthNetTPO	20	20	100%	20	100%
NBGZ	Aweil West	HealthNetTPO	37	34	92%	37	100%
NBGZ	Aweil South	Malaria Consortium(MC),IHO	9	8	89%	9	100%
NBGZ	Aweil Centre	Malaria Consortium(MC)	15	13	87%	15	100%
Lakes	Wulu	Doctors with Africa (CUAMM)	14	12	86%	14	100%
WBGZ	Wau	Cordaid	28	24	86%	28	100%
Lakes	Rumbek East	Doctors with Africa (CUAMM)	24	20	83%	24	100%
Lakes	Yirol West	Doctors with Africa (CUAMM)	12	10	83%	12	100%
Lakes	Yirol East	Doctors with Africa (CUAMM),LIVEWELL	11	8	73%	11	100%
CES	Juba	HLSS	46	45	98%	45	98%
CES	Kajo Keji	SSUHA,GOAL,TRI-SS	17	12	71%	16	94%
NBGZ	Aweil North	HealthNetTPO,IHO	33	30	91%	30	91%
NBGZ	Aweil East	IRC,TADO	36	26	72%	32	89%
CES	Yei	SSUHA	17	15	88%	15	88%
CES	Lainya	SSUHA	16	14	88%	14	88%
WBGZ	Jur River	Cordaid	35	24	69%	29	83%
CES	Morobo	SSUHA,THESO	5	4	80%	4	80%
WBGZ	Raja	HealthNetTPO	14	0	0%	7	50%

STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
Unity	Abiemnhom	Cordaid	4	4	100%	4	100%
WES	Nzara	World Vision International	20	20	100%	20	100%
WES	Nagero	World Vision International	10	10	100%	10	100%
WES	Mundri West	CUAMM	21	21	100%	21	100%
WES	Maridi	AMREF	26	26	100%	26	100%
WES	Ibba	AMREF	11	11	100%	11	100%
WES	Mundri East	CUAMM	19	19	100%	19	100%
WES	Ezo	World Vision International	27	27	100%	27	100%
WES	Mvolo	CUAMM	11	11	100%	11	100%
WES	Tambura	World Vision International	26	25	96%	26	100%
Unity	Panyijjar	IRC	15	14	93%	15	100%
Unity	Mayom	CASS	9	7	78%	9	100%
Unity	Pariang	CARE International	11	8	73%	11	100%
Unity	Guit	CHADO	7	5	71%	7	100%
WES	Yambio	World Vision International	42	36	86%	41	98%
Unity	Leer	UNIDOR	11	7	64%	10	91%
Unity	Mayendit	CASS	12	0	0%	11	92%
Unity	Rubkona	Cordaid,IRC,JOM,M SF	15	12	80%	12	80%
Unity	Koch	CRADA,IRC.	5	2	40%	4	80%

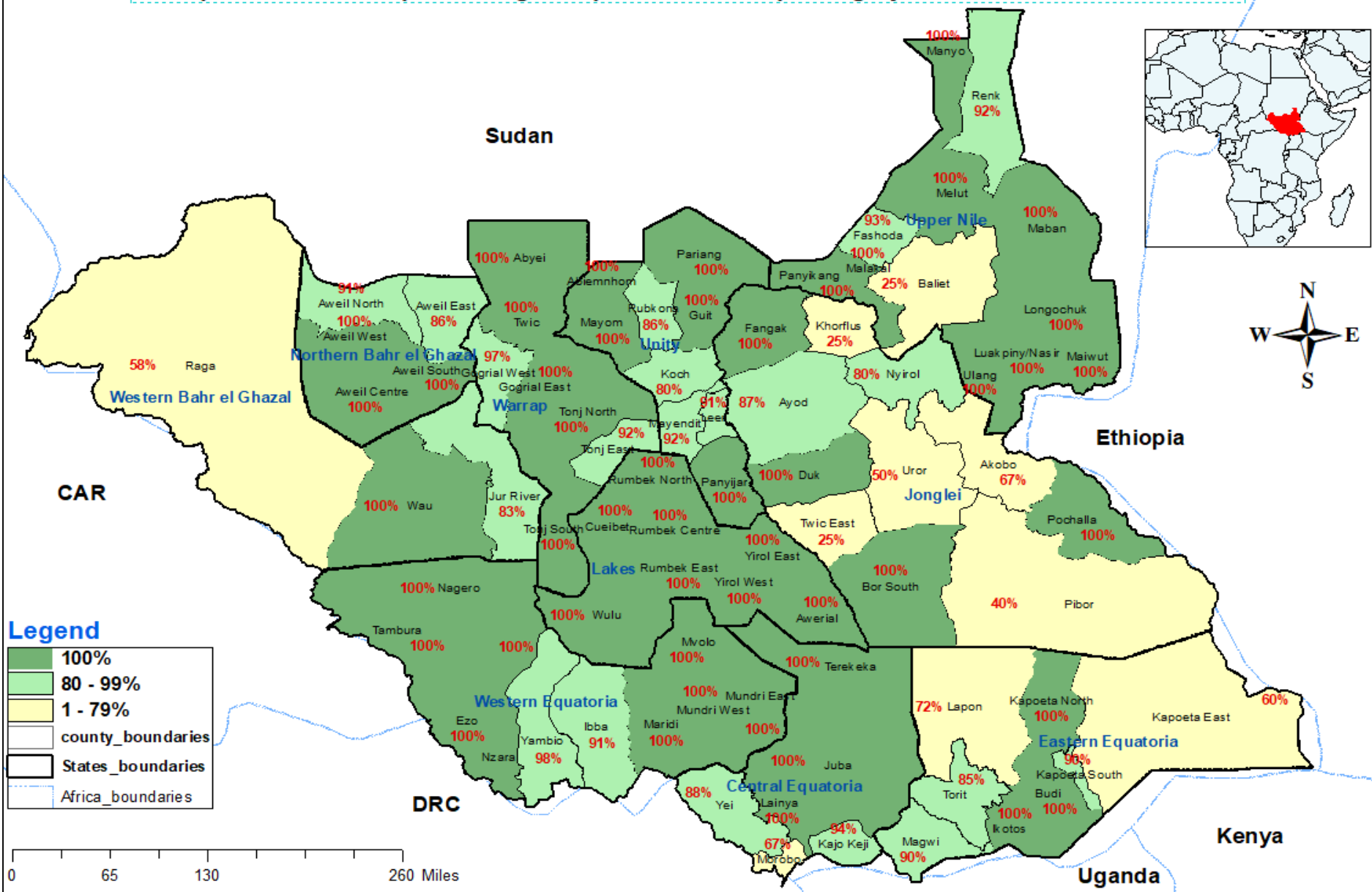
IDSR timeliness & completeness performance at county level for week 40 of 2020 (2)



STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
Jonglei	Pochalla	LIVEWELL	7	7	100%	7	100%
EES	Ikotos	HLSS	27	24	89%	28	104%
EES	Budi	Cordaid	21	16	76%	21	100%
Jonglei	Fangak	CMD,HFO	16	15	94%	15	94%
EES	Kapoeta North	CCM	16	0	0%	15	94%
EES	Kapoeta South	CCM	10	4	40%	9	90%
EES	Magwi	HLSS	22	19	86%	19	86%
EES	Torit	Cordaid	20	16	80%	17	85%
Jonglei	Nyirol	CMA,Malaria Consortium	10	8	80%	8	80%
Jonglei	Ayod	CMD,EDA	15	11	73%	11	73%
Jonglei	Duk	MDM + JDF	15	11	73%	11	73%
EES	Lopa Lafon	HLSS	18	8	44%	12	67%
Jonglei	Pibor	LIVEWELL,CRADA	3	1	33%	2	67%
Jonglei	Bor	MDM + JDF	35	20	57%	22	63%
EES	Kapoeta East	CCM	12	4	33%	6	50%
Jonglei	Akobo	NILE HOPE	8	2	25%	2	25%
Jonglei	Twic East	MDM + JDF	11	1	9%	2	18%
Jonglei	Uror	Nile Hope,Malaria Consortium	8	0	0%	1	13%
Jonglei	Canal Pigi	IMC	11	0	0%	1	9%

STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
Warrap	Tonj North	CCM	14	14	100%	14	100%
Warrap	Tonj South	CCM	12	12	100%	12	100%
Upper Nile	Maivut	RI	5	5	100%	5	100%
Upper Nile	Panyikang	IMC	4	4	100%	4	100%
Upper Nile	Akoka	IMC	5	5	100%	5	100%
Warrap	Abyei	AAA,Save the Children,MSF	10	9	90%	10	100%
Upper Nile	Makal	IMC	7	6	86%	7	100%
Upper Nile	Maban	WVI,RI,Samaritans Purse	17	12	71%	17	100%
Upper Nile	Manyo	CORDAID	10	6	60%	10	100%
Warrap	Gogrial East	GOAL	15	8	53%	15	100%
Upper Nile	Melut	WVI + RI	8	4	50%	8	100%
Upper Nile	Fashoda	CORDAID	13	5	38%	13	100%
Upper Nile	Longechuk	RI	9	0	0%	9	100%
Warrap	Gogrial West	GOAL	31	30	97%	30	97%
Warrap	Twic	GOAL	26	15	58%	25	96%
Upper Nile	Luakpiny Nasir	UNKEA,RI	15	13	87%	14	93%
Upper Nile	Renk	WVI + RI	13	12	92%	12	92%
Warrap	Tonj East	CCM	12	11	92%	11	92%
Upper Nile	Ulang	UNKEA,RI	14	5	36%	9	64%
Upper Nile	Baliet	IMC	4	0	0%	1	25%

IDSR performance Map showing completeness of reporting by counties in week 40, 2020.



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.



Surveillance: EWARS performance indicator by partner for week 40 of 2020

Partner	HF's	Reporting		Performance	
PARTER	# OF SITES	# of reports received on Time	No. of HF's Reported regardless of time	Timeliness	Completeness
IRC	1	1	1	100%	100%
HAA	2	2	2	100%	100%
RHS	1	1	1	100%	100%
Medicair	2	2	2	100%	100%
UNIDOR	2	2	2	100%	100%
GOAL	2	2	2	100%	100%
CMD	1	1	1	100%	100%
TRI-SS	2	0	2	0%	100%
<u>Medair</u>	2	2	2	100%	100%
IMC	6	6	6	100%	100%
HFO	2	2	2	100%	100%
IOM	12	9	12	75%	100%
MSF-E	6	6	6	100%	100%
MSF-H	5	4	4	80%	80%
IMA	9	6	6	67%	67%
World Relief	2	0	0	0%	0%
SMC	2	0	0	0%	0%
UNH	2	0	0	0%	0%
TOTAL	61	46	51	75%	84%

Completeness was 84% and timeliness was 75% for weekly reporting in week 40, 2020 for partner-supported clinics serving IDP sites.

EVENT-BASED SURVEILLANCE



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





State	Acute Respiratory Infections (ARI)	Acute Watery Diarrhoea	Bloody Diarrhoea	Malaria (Confirmed)	Guinea Worm	EBS	PoE COVID EVD	Covid-19	PoE COVID-19 alert	Total alerts
CES	2	1	2							5
EES			4	1	1		1		1	8
Unity					1	1		1		3
Upper Nile	3	3	2	1	1			1		11
Warrap				1						1
WBGZ	1	4		5			1	1		12
WES	1	10		21						32
Total alerts	7	18	8	29	3	1	2	3	1	72

During this week:

7 ARI alert: 2 are undergoing verification and 5 are investigated

18 AWD alert: all are investigated

8 ABD alert: all are investigated

29 Malaria alerts: all investigated

2 PoE COVID EVD alert: all are investigated

1 PoE COVID-19 Alert: is investigated

3 Guinea Worm alert: 1 under going Verification and 2 are investigated

8 Covid-19 alert: all are investigated

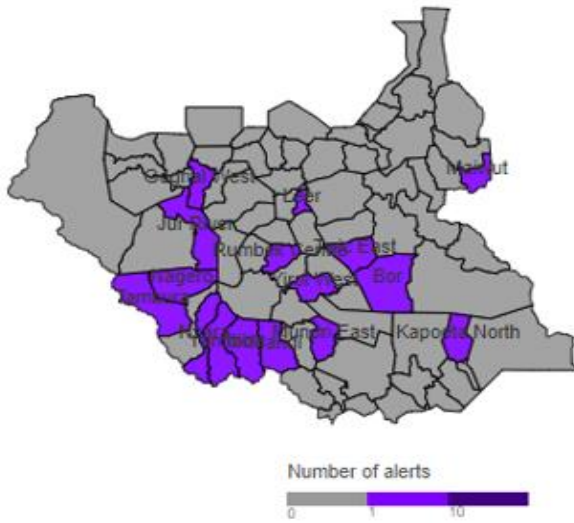
1 EBS alert: Investigated



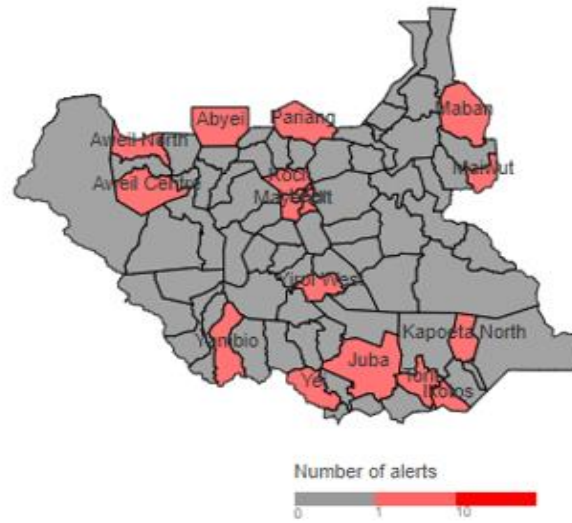
Alert: Map of key disease alerts by county of week 40 of 2020



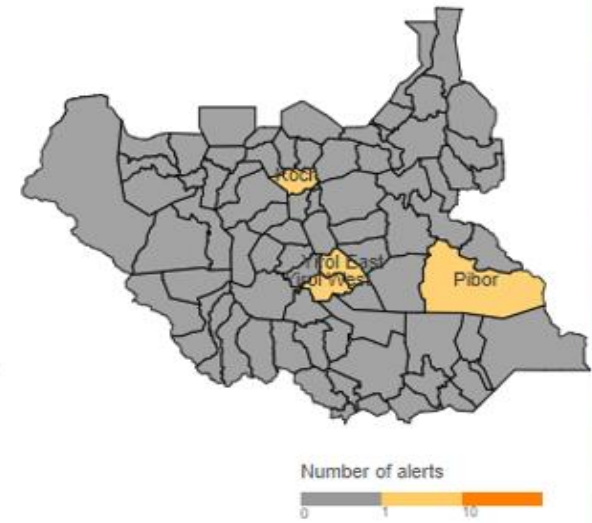
Map 2a | Malaria (W40 2020)



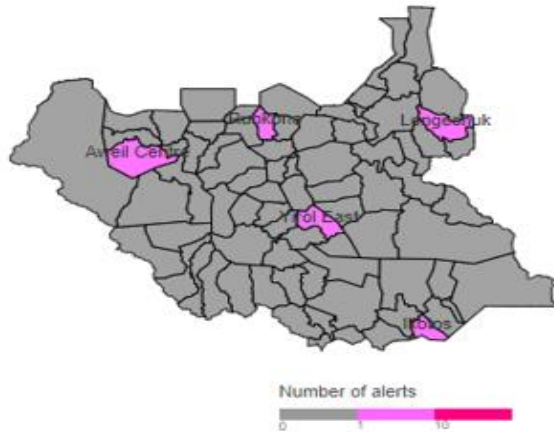
Map 2b | Bloody diarrhoea (W40 2020)



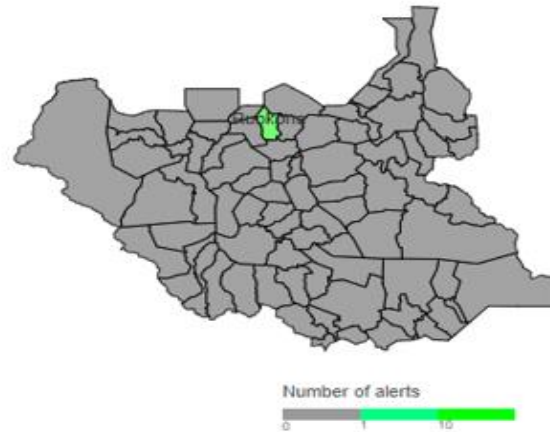
Map 2c | Measles (W40 2020)



Map 2e | Guinea Worm (W40 2020)



Map 2f | Event-based surveillance (W40 2020)



W40	Cumulative (2020)	
1	13	Low risk
4	4	Medium risk
0	27	High risk
0	58	Very high risk
98%	81%	% verified
0%	0%	% auto-discarded
1%	1%	% risk assessed
0%	1%	% requiring a response



VHF Alerts in Raja County 3rd October 2020

- On Saturday (3rd October 2020) a woman in Sir Malaga town who went to the market, returned with symptoms of bleeding from the nose and mouth and died shortly.
- On Sunday (4th October 2020) two family members of the deceased presented with similar symptoms including fever and died as well. This triggered an alarm which prompted the army base in Sir Malaga to report to Raja.
- At 13:00hrs today (5th October 2020) additional information was received from Sir Malaga indicating that three neighbors of the deceased family presented with similar symptoms. One is critically ill and two are mildly ill, all with fever and bleeding from mouth and nose.
- At 16:30hrs today (5th October 2020) further information received indicated that the three deceased family members were buried.
- Sir Malaga town is close to the boarder with Central African Republic (CAR), which is the last Military outpost of Government. There is no Health Facility; no health partners and is currently cut off because of floods.

Response Actions:

- A team of six individual consists of epidemiologist (WHO), surveillance office; clinician; IPC/WASH officers; risk communication and social mobilization and two laboratory officers (all from MOH) were deployed on 5th October and investigated the alert.
- A total of two acutely sick patients with headache, fever, abdominal pain, and epistaxis were investigation and blood samples were collected for Reverse Transcriptase- Polymerase Chain Reaction (RT-PCR) test at the National Public Health Laboratory. In addition, the Rapid Response Team (RRT) conducted risk assessment, risk communication and social mobilization.
- During arrival the RRT team witnessed three grave yards of alerts who died on the 5th October 2020. Thus, the team was unable to collected buccal swab for RT-PCR test.

VHF Alerts in Raja County 3rd October 2020

- A total of eight contacts were listed. The contacts are staying with the suspected cases in the same houses. Besides, NO additional cases in the community with the same clinical manifestations.
- The suspected cases have no history of contact with patients who have similar clinical manifestations.
- No history of travel to DRC or contact with person who returned from DRC.
- The community eats bush meat.
- History of contact with domestic animals, however the community witnessed no animal death or abortion.

Gaps and Challenges:

- No road access to and from Sere Molaga Temsah.
- No health facility in the area.
- Lack of access to basic health services.
- No cell phone network coverage.

Way Forward:

- Urgent need for WHO Mobile medical team and partners to address basic health services.
- **Complete the laboratory testing of the samples to inform the initiation of a definitive response.**



RRT Member in Sere Molaga/ Raja County
5th Oct. 2020 for VHF alert Investigation

SUSPECTED OUTBREAKS



Major suspected outbreaks in South Sudan in
2020





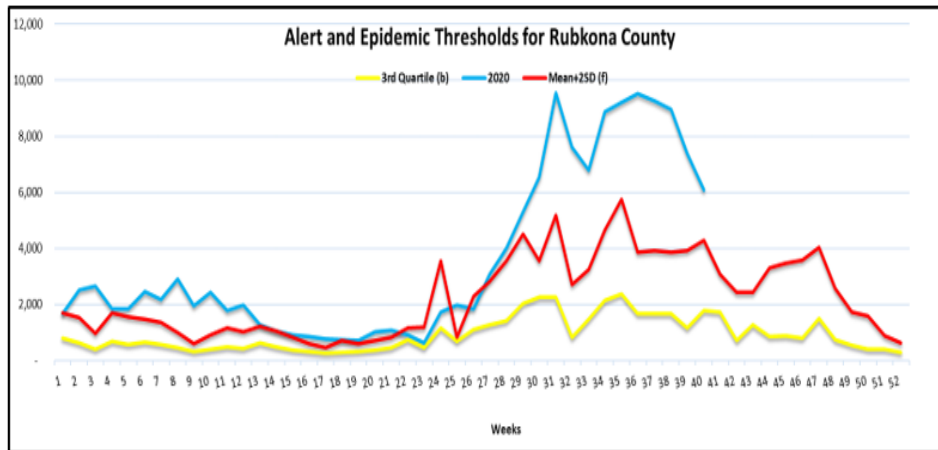
Malaria was the leading cause of morbidity and mortality, accounting for **59.8%** of all morbidities and **12.6%** of all mortalities this week.

There were **2 Counties** with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) and these include the following:

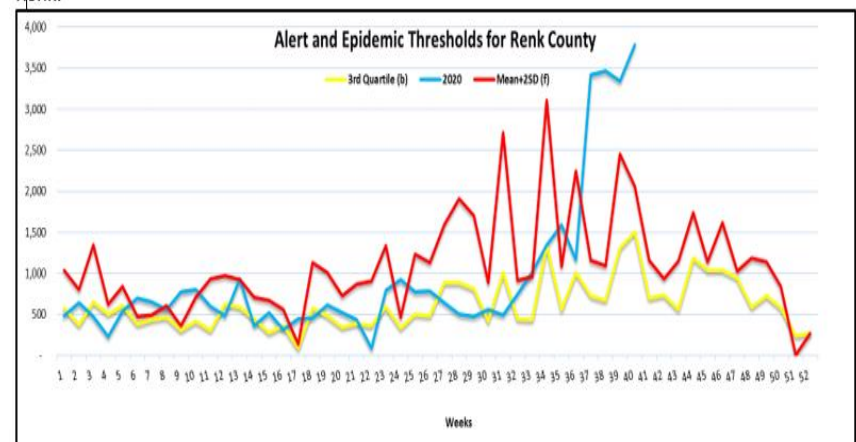
1. Bentiu hub (Rubkona)
2. Malakal (Renk)

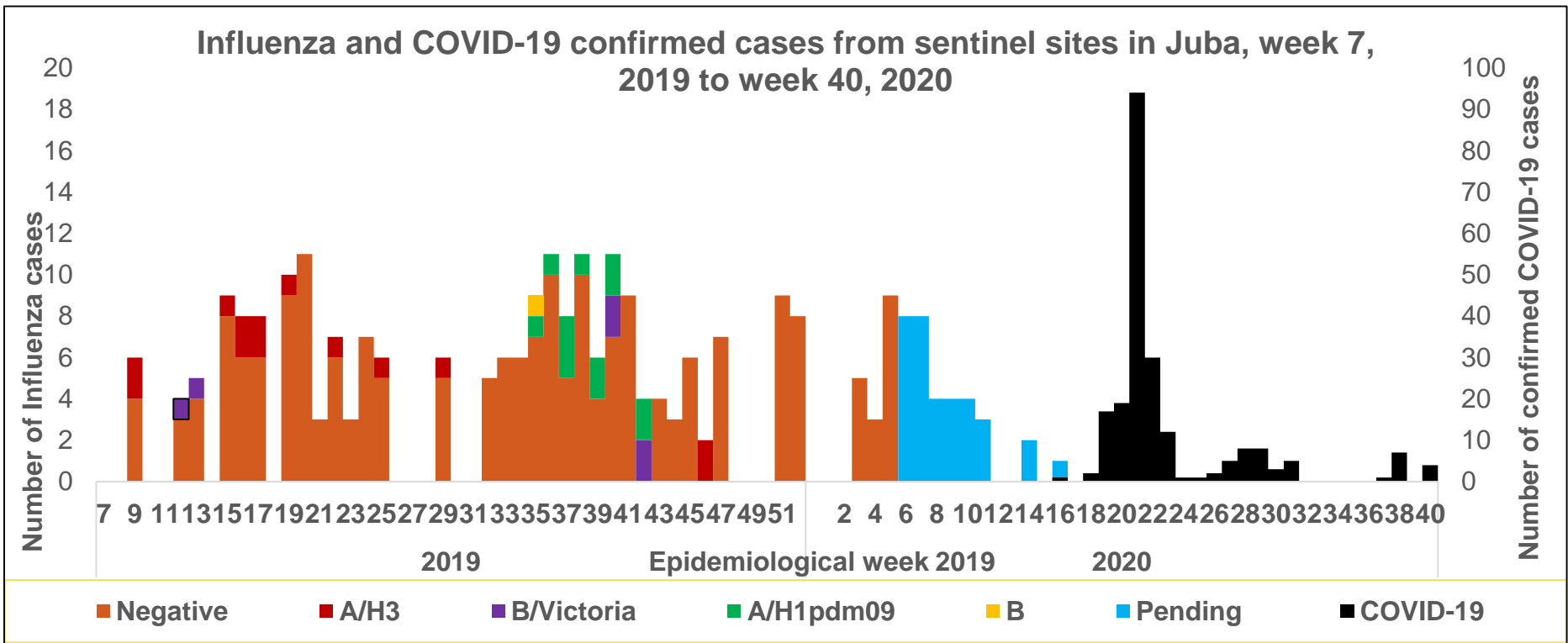
In the PoC sites; malaria is the top cause of morbidity in Bentiu (49%); Juba (64%), Bor (55%) and Wau (49%) PoCs, in Malakal PoC malaria accounts for (34%) of OPD consultations, respectively.

Rubkona.



Renk.





- In week 7, 2019, South Sudan started case-based surveillance for Influenza Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) cases through systematic collection of epidemiological and virological information.
- In 2019, a total of 309 ILI/SARI samples have been collected and tested in UVRI 228 being negative; 6 positive for Influenza B (Victoria); 13 positive for Influenza A (H3); and 12 positive for Influenza A (H1)pdm09 and (50) samples are pending test results .
- There are currently 20 Covid-19 designated sentinel surveillance sites in Juba that are collecting epidemiological data and samples from ILI/SARI cases. A total of 3839 samples have been collected in 2020 with 218 (5.6%) being positive for COVID-19 in Juba. These sentinel samples have not been tested for influenza in 2020

ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS



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





Flooding, South Sudan, week 40, 2020

- An estimated 800,000 people have been affected by flooding in 2020 the most affected being areas along the White Nile.
- An estimated 366,000 people have been displaced with women and children being the most affected.
- Most of the flood-affected counties are already experiencing multiple shocks such as large-scale displacement, Intercommunal violence, and disease outbreaks including Covid-19 and food insecurity.

Public health response

- Rapid needs assessment completed in the majority of the 37 counties affected by floods.
- A total of 11 counties – Ayod, Bor South, Pibor, Duk, Twic East, Awerial, Uror, Pochalla, Rumbek East, Juba, and Panyijiar prioritised for scale-up response
- The majority of the affected have been reached with health services and other needs including food, shelter, and WASH.
- The Humanitarian Coordinator has allocated \$10 million from the South Sudan Humanitarian Fund and \$10 million from the UN's Central Emergency Response Fund will soon be released.



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
Ongoing epidemics								
Hepatitis E	Bentiu PoC	03/01/2018	3	409 (0.007)	Yes	No	Yes	Yes
Measles	Bentiu PoC	24/04/2019	NR	482 (0.006)	Yes	Yes	Yes	N/A
Measles	Pibor	27/1/2020	6	132 (0.045)	Yes	Yes	Yes	N/A





- Measles outbreaks confirmed in 2020

- 7 counties – Tonj East, Magwi, Bor, Kapoeta East, Tonj South, Wau and Pibor

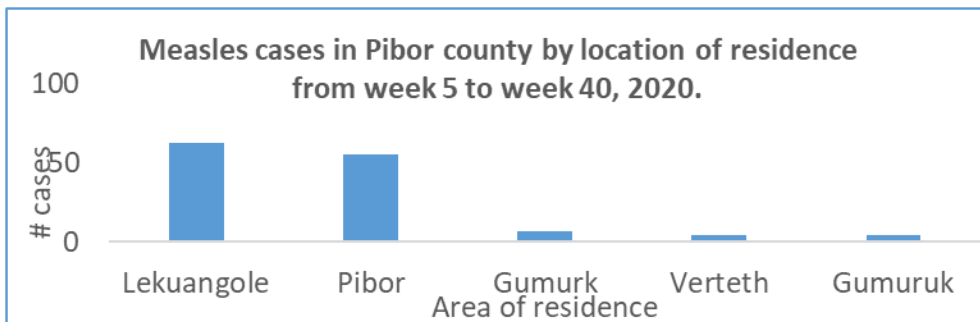
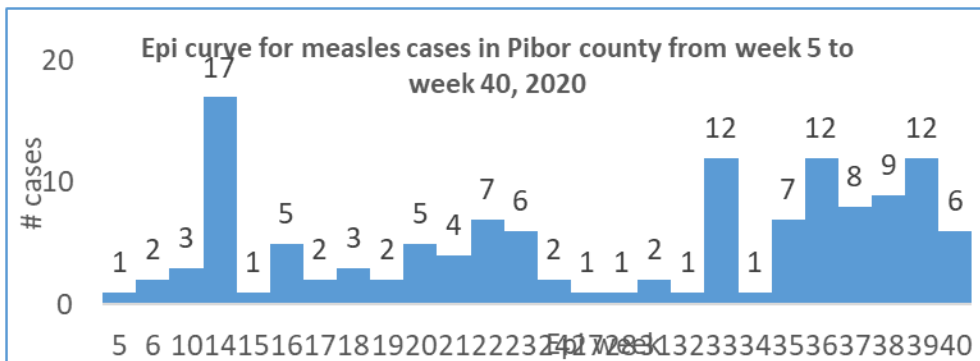
- Locations with ongoing measles transmission

- Bentiu PoC

- Pibor County



Confirmed Measles Outbreak in Pibor



Age Group	Cases	Percentage	% Cum.
1 - 4 Years	107	81%	81%
5 - 9 Years	19	14%	95%
15+ Years	4	3%	98%
10 - 14 Years	2	2%	100%
Grand Total	132	100%	

Background and descriptive epidemiology

- Measles transmission has persisted in Pibor county despite of the vaccination campaign conducted in February and March and October, 2019
- Suspected measles cases were reported from Pibor; five sample were send to Juba and tested measles IgM +e.
- 6 cases were reported in week 40, makes a total of 132 since beginning of 2020
- 81% of the cases are less than 5 years of age
- 52% are female and 48% male
- Most affected areas are Lekuangle followed by Pibor town

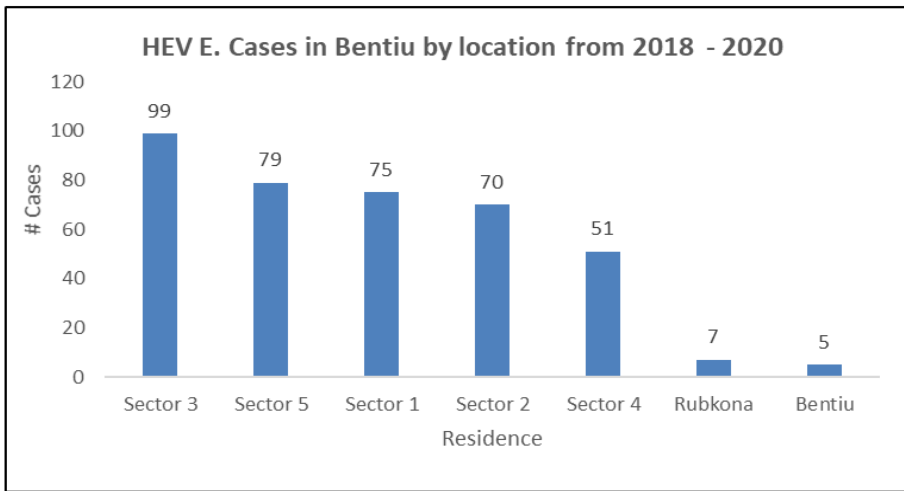
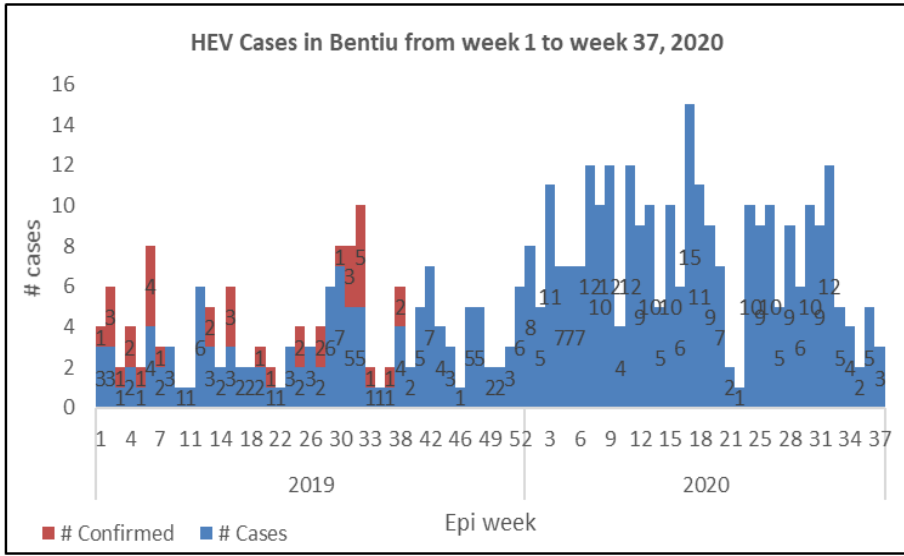
Response Actions:

- Partners to strengthen routine immunization and to continue to collect samples from suspect cases.
- Measles case management to continue
- Micro plan is under development, targeting Pibor town.





Hepatitis E, Bentiu PoC (1)



Descriptive epidemiology

- The persistent transmission of HEV in Bentiu PoC continues with 409 cases since beginning of 2019
- There were (3) new cases reported in week 37, 2020
- All the cases were managed as outpatient cases except for seven cases who were admitted
- 5 deaths reported in 2019 and 2020
- 50% are female and 50% are male.
- Age group less than 15 years had the most cases with (75%) cases.
- 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 37, 2020; there were 409 cases of HEV in Bentiu PoC including 4 deaths (CFR 0.01%)

Age-Group	Alive	Dead	Grand Total	Percentage	CFR	Cum. %2
1 - 4 Years	128	0	128	31%	0%	31%
10 - 14 Years	64	0	64	16%	0%	47%
15+ Years	99	3	102	25%	3%	72%
5 - 9 Years	113	2	115	28%	2%	100%
Grand Total	404	5	409	100%	0.01	



Recommendations

- Supportive case management guided by the HEV protocol is ongoing
- KEV messages on HEV prevention should continue within the community through HPs, CHWs and Kondial Radio
- With current COVID -19 Pandemic Outbreak, WASH partners to increase the coverage of hand washing facilities within the PoCs community.
- Other Wash intervention like increasing the access for clean water and improving the water storage in the affected individuals should be made urgently by distributing the water storage containers that will be the only way to mitigate this problem and stop the HEV outbreak.
- The WASH Cluster/HEV task force should engage in group discussion with Community leaders and woman group at water distribution points to understand their opinions on issue of Collapsing Jerry cans distribution.
- Monitoring the FRC levels at the taps stands in the different sectors, and the concentration of chlorination should maintain at 0.5-1mg/L as the point of collection





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
Controlled epidemics								
Measles	Juba	21/11/2019	NR	6(0.1667)	Yes	No	Yes	N/A
Measles	Tonj East	12/12/2019	NR	61(0.98)	yes	Yes	Yes	N/A
Measles	Bor	17/01/2020	NR	14(0.214)	yes	No	yes	N/A
Measles	Jebel Boma	10/12/2019	NR	96(0.063)	yes	No	Yes	N/A
Measles	Kapoeta East	18/01/2020	NR	16(0.625)	yes	No	Yes	N/A
Measles	Aweil East	29/12/2019	NR	664 (0.127)	Yes	No		Yes



EBOLA VIRUS DISEASE[EVD] PREPAREDNESS IN SOUTH SUDAN



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



Equateur Outbreak (Reporting up to 5th October)

Cumulative figures for the outbreak

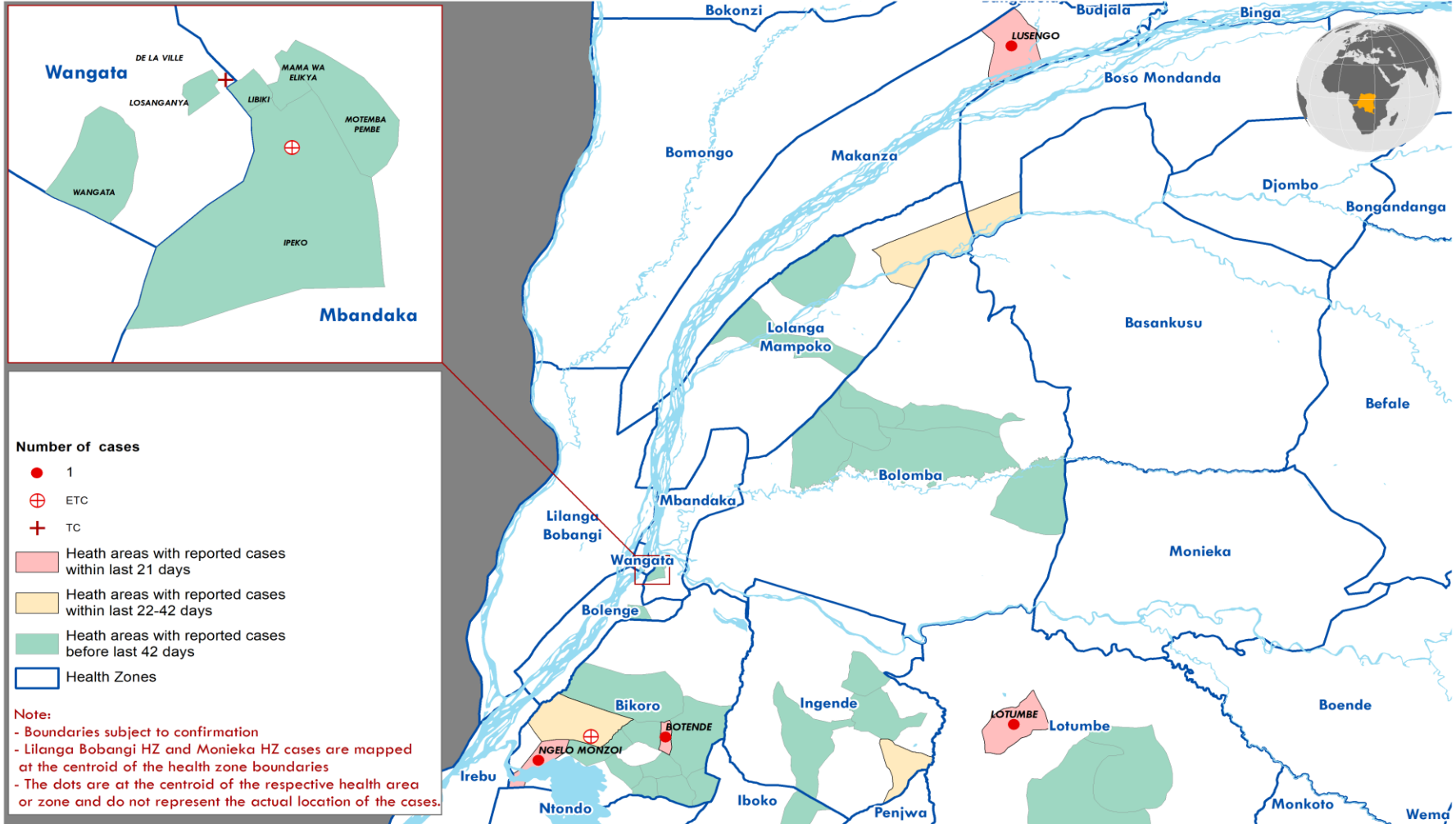
- The last confirmed case was reported on 28th Sept. in Makanza, a new HZ
- 128 cases (119 confirmed, 9 probable);
- 53 deaths (41.4% CFR), 68 recoveries;
- 42 affected health areas, 13 health zones;
- 35,326 vaccinated
- 6 known confirmed cases are in the community (3 in Lotumbe, 2 in Lolanga Mampoko and 1 in Mbandaka);
- 51 suspected cases including 1 confirmed case are currently being treated across 19 IU/ETCs.

Highlights from the past 21 days (15 Sept - 05 Oct):

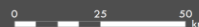
- 2 confirmed cases were reported in 2/42 affected health areas across 2/13 affected health zones;
- 11/13 affected HZs have not reported a case in over 21 days, 32/42 health areas have not reported a case in over 42 days;
- Between 15 Sept - 4 Oct, (3/4) 75% of cases reported were not registered contacts;
- Between 8 -29 Sept. (2/4) 50% of confirmed cases do not have a documented epi-link.

Geographic distribution of confirmed and probable cases of Ebola virus disease in Equateur province between 14 Sept - 4 Oct, 2020 (n = 128)

Probable and confirmed EVD cases reported in Equateur province, Democratic Republic of the Congo
(data between 14 September 2020 to 4 October 2020)



Data Source: World Health Organization
OSM, GEBCO, UCLA/MoH DRC
Map Production: WHO Health Emergencies Programme
Map date: 06 October 2020



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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. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

COVID-19 Updates

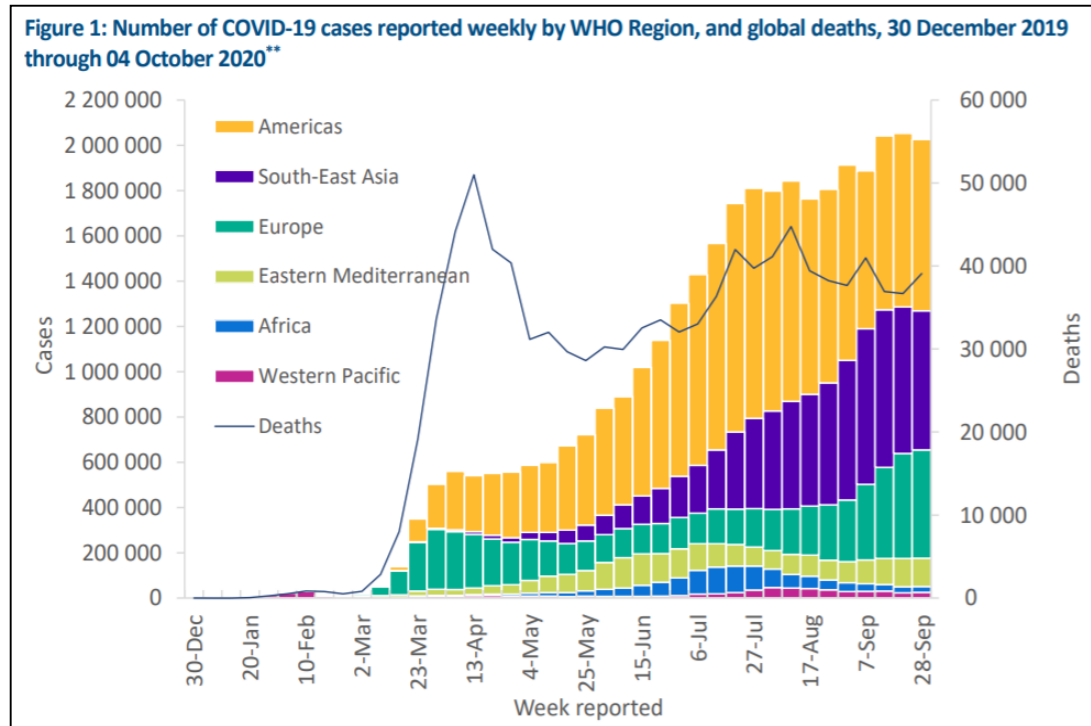


COVID-19 Virus Situation Summary



Situation update as of 4th October 2020

- The COVID-19 pandemic initial cases were detected in Wuhan China
- Globally >34.8 million cases (> 1 million deaths)
- Africa > 1,128 million cases (>26,266 deaths)



WHO: <https://www.who.int/health-topics/coronavirus>



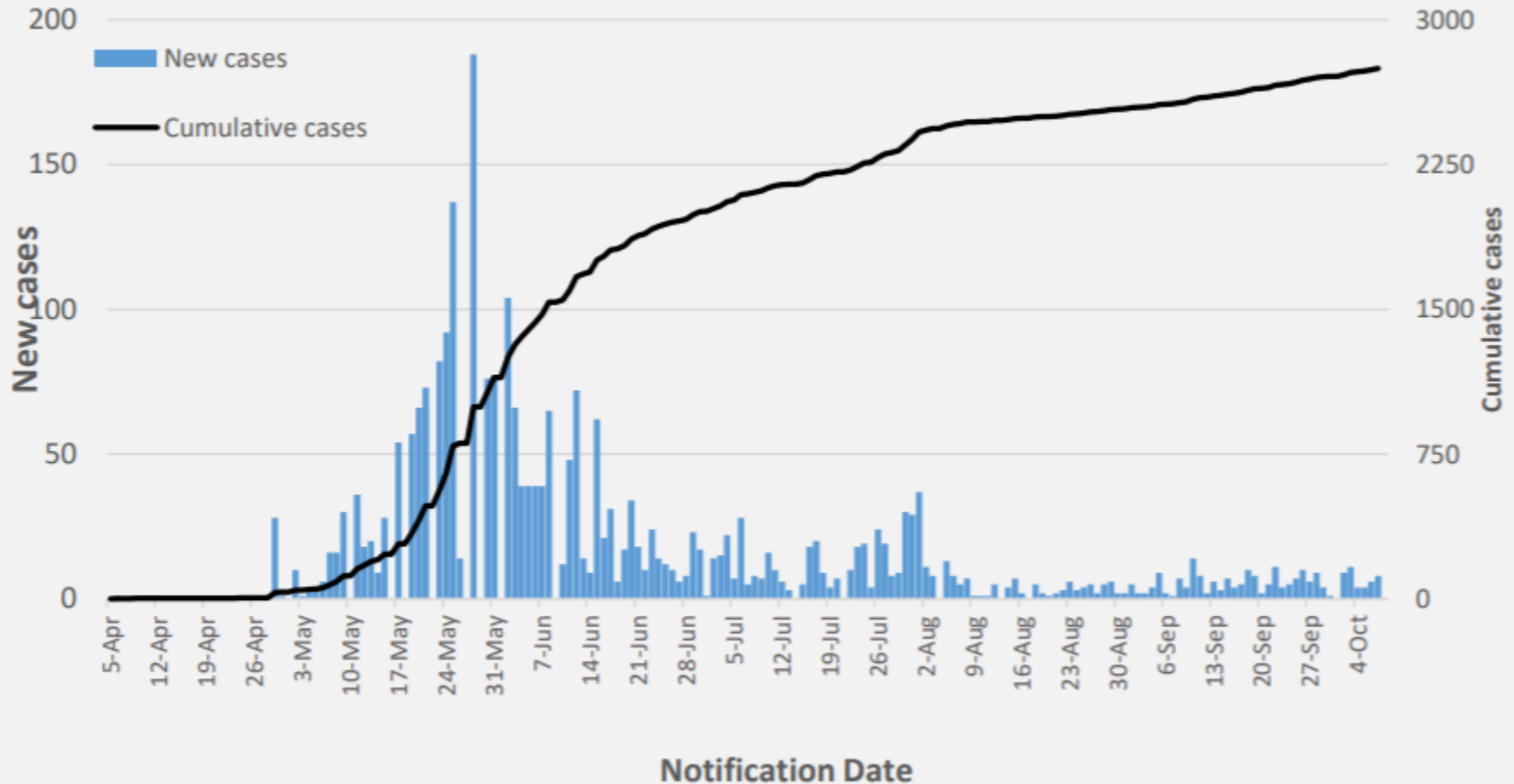
- 2,748 confirmed COVID-19 cases in South Sudan; 85% in Juba with 50 deaths and a case fatality rate (CFR) of 1.8%. Total 8,835 contacts identified, quarantined, & undergoing follow up
- Implementation of priorities; risk communication and community engagement; active case search and testing; quarantine for contacts; isolation of confirmed cases, infection prevention and control; and management of cases are currently underway
- The overall response currently led by the COVID-19 National level taskforce and the COVID-19 National Steering Committee



Trends of COVID-19 cases in South Sudan

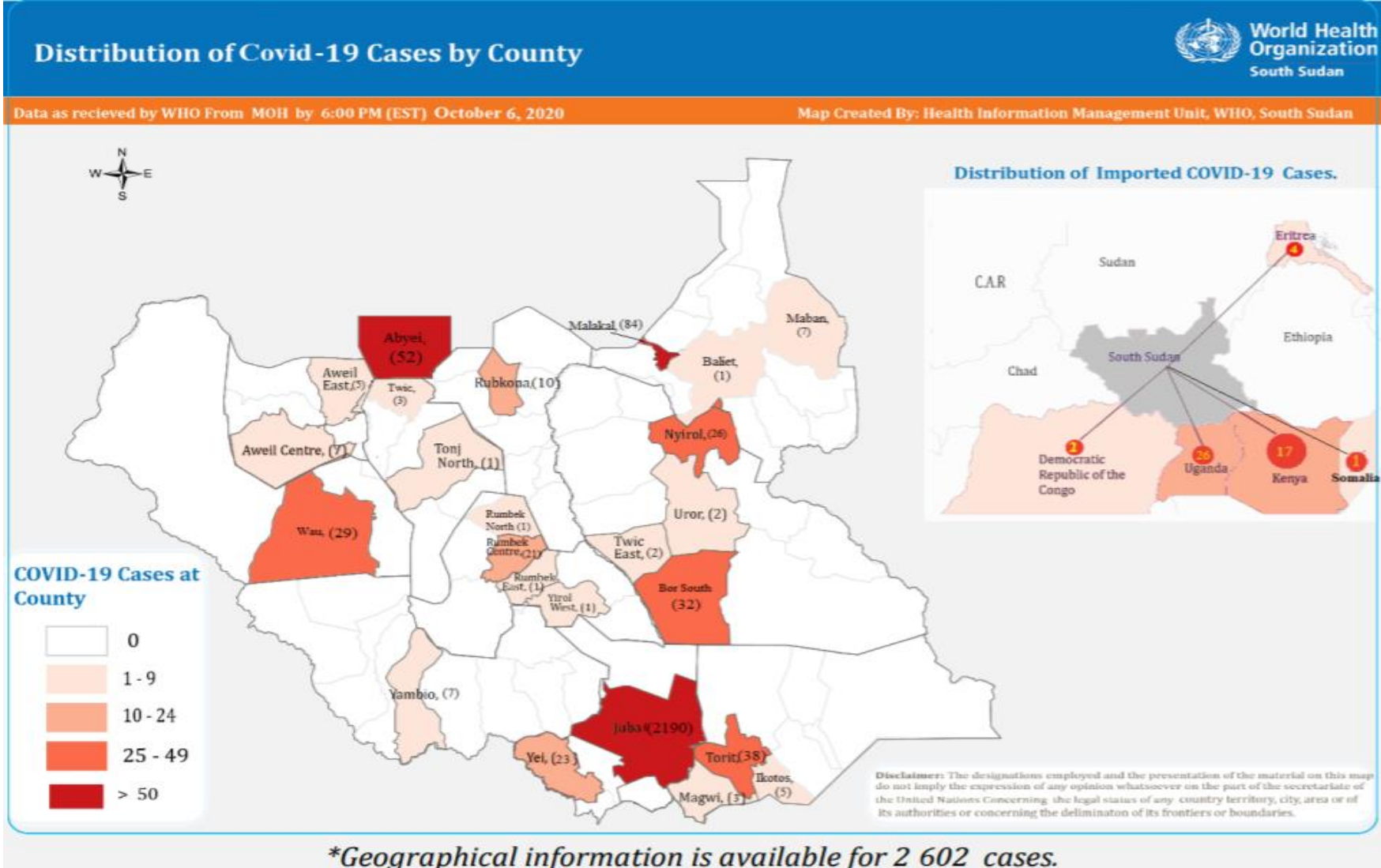


Figure 1. New and cumulative confirmed COVID-19 cases by notification date



COVID-19 cases increasing exponentially in the past few weeks

Distribution of COVID-19 cases in South Sudan



The majority of the cases have been reported in Juba; while the rest have been imported (involving truckdrivers from the neighboring countries)

Overall Conclusions and Recommendations



Conclusion

- The overall IDSR and EWARN reporting performance in week 40, is above the target of 80%. All (9) states were above 80%
- 2,748 confirmed COVID-19 cases in South Sudan; 85% in Juba with 50 deaths (CFR of 1.8%). Total 8,835 contacts identified, quarantined, & undergoing follow up
- Cumulative total of COVID-19 alerts is 1321, of these, 1,129 (85.4%) have been verified and samples were collected
- With seven outbreaks confirmed in 2020; measles remains the most frequent vaccine preventable disease
- There are ongoing measles outbreak in Bentiu PoC and Pibor county
- Given the COVID-19 pandemic, it is critical that measures are stepped up to contain its spread.



Recommendations

- All partners should support CHDs & State Ministries of Health to undertake IDSR/EWARN reporting
- All health facilities should report, and conduct case-based investigation of suspect measles cases and routine measles immunization should be strengthened in all counties
- Strengthen capacities for COVID-19 containment through identifying and testing suspect cases, isolating confirmed cases, and quarantining contacts



Thanks to the State Surveillance Officers, County Surveillance Officers and Health Facility in-charges for sharing the weekly IDSR data

Thanks to all partners for supporting IDSR weekly reporting and sharing the line lists

To access the IDSR bulletins for 2020 use the link below:

<https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2020>



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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>

