

South Sudan

Integrated Disease surveillance and response (IDSR)

Epidemiological Bulletin Week 9, 2021 (March 01- March 07)





- In week 9, 2021 IDSR reporting timeliness was 71% and completeness was 87% at health facility level. EWARN reporting timeliness was 80% and completeness was 89%
- Of the 139 alerts in week 9, 2021; 66% were verified 0% were risk assessed and 0% required a response. Malaria (53), AWD (20), ARI (30) and bloody diarrhea (26) were the most frequent alerts in week 9, 2021
- Malaria remains the top cause of morbidity and accounted for 46,375 cases (47.6% of OPD cases)
- A total of 2,186 COVID-19 alerts have been investigated with 2,079 (95.1%) being verified. Total of 8,870 COVID-19 confirmed cases and 102 deaths, CFR of 1.15%
- Other hazards include floods in over 47 counties; HEV in Bentiu PoC; and suspected measles outbreak in WES- Tambura county.

SURVEILLANCE PERFORMANCE



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



IDSR timeliness & completeness performance at State level for week 9 of 2021



State 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	WBGZ	Cordaid, Healthnet TPO, CARE International, IOM, ALIMA	78	68	87%	78	100%
2nd	WES	AMREF, World Vision, CUAMM, CDTY, OPEN	213	133	62%	213	100%
3rd	Warrap	GOAL, CCM, WVI, Malaria Consortium, UNKEA, Save the Children, MSF	119	89	75%	113	95%
4th	Lakes	Doctors with Africa (CUAMM)	113	105	93%	106	94%
5th	NBGZ	Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO	131	113	86%	118	90%
6th	Jonglei	Nile Hope, MDM, JDF, Livewell, CMD, HFO, EDA, CRADA, Malaria Consortium, CMA, ACSO, MEDAIR, CARE	101	89	88%	89	88%
7th	EES	Cordaid, HLSS, CCM	142	77	54%	125	88%
8th	Unity	Cordaid, UNIDOR, IRC, CHADO, CARE International, CRADA, CASS, IOM, SP	94	62	66%	81	86%
9th	Upper Nile	Cordaid, WVI, RI, IMC, NIDO, UNKEA, MC, SSAID, Samaritans Purse, IOM, HFD, TADO	122	74	61%	80	66%
10th	CES	HLSS, SSUHA, Healthnet TPO, IHO, GOAL, TRI-SS, THESO, IMA, SSHCO	117	63	54%	63	54%
	South Sudan		1230	873	71%	1066	87%

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 71% and completeness was 87%. 8 states were above the target of 80% with highest reporting rate in WBGZ

Reporting challenges: Insecurity, internet access challenges and lack of network.

IDSR timeliness & completeness performance at county level for week 9 of 2021 (1)



STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HF's Reported on Time	Timeliness Percentage	No. of HF's Reported regardless of time	Completeness Percentage
Lakes	Cueibet	Doctors with Africa (CUAMM)	15	15	100%	15	100%
Lakes	Wulu	Doctors with Africa (CUAMM)	14	14	100%	14	100%
Lakes	Rumbek East	Doctors with Africa (CUAMM)	24	24	100%	24	100%
Lakes	Awerial	Doctors with Africa (CUAMM)	7	7	100%	7	100%
Lakes	Rumbek Centre	Doctors with Africa (CUAMM)	23	23	100%	23	100%
Lakes	Yirol West	Doctors with Africa (CUAMM)	12	12	100%	12	100%
NBGZ	Aweil South	Malaria Consortium(MC),IHO	9	9	100%	9	100%
NBGZ	Aweil Centre	Malaria Consortium(MC)	15	15	100%	15	100%
WBGZ	Wau	Cordaid	28	28	100%	28	100%
WBGZ	Raja	HealthNetTPO,ALIMA	15	12	80%	15	100%
WBGZ	Jur River	Cordaid	35	28	80%	35	100%
CES	Yei	SSUHA	17	16	94%	16	94%
NBGZ	Aweil North	HealthNetTPO,IHO	33	30	91%	30	91%
NBGZ	Aweil East	IRC,TADO	36	30	83%	32	89%
CES	Terekeka	HealthNetTPO	20	17	85%	17	85%
NBGZ	Aweil West	HealthNetTPO	37	29	78%	32	86%
Lakes	Rumbek North	Doctors with Africa (CUAMM)	7	5	71%	6	86%
CES	Morobo	SSUHA,THESO,IJA	5	4	80%	4	80%
CES	Lainya	SSUHA	16	12	75%	12	75%
CES	Kajo Keji	SSUHA,GOAL,TRI-SS,IJA	17	10	59%	10	59%
Lakes	Yirol East	Doctors with Africa (CUAMM),LIVWELL	11	5	45%	5	45%
CES	Juba	HLSS,SSHCO	46	4	9%	4	9%

STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HF's Reported on Time	Timeliness Percentage	No. of HF's Reported regardless of time	Completeness Percentage
WES	Mundri East	CUAMM	19	19	100%	19	100%
Unity	Mayendit	CASS	12	12	100%	12	100%
Unity	Pariang	CARE International	11	15	136%	15	136%
Unity	Koch	CRADA,IRC.	6	6	100%	6	100%
WES	Nagero	World Vision International	10	10	100%	10	100%
Unity	Abiemnhom	Cordaid	4	4	100%	4	100%
WES	Ibba	AMREF	11	11	100%	11	100%
WES	Mvolo	CUAMM	11	8	73%	11	100%
Unity	Guit	CHADO	7	5	71%	7	100%
WES	Mundri West	CUAMM	21	6	29%	21	100%
Unity	Leer	UNIDOR	11	10	91%	10	91%
Unity	Mayom	CASS,SP	14	0	0%	11	79%
WES	Maridi	AMREF	26	4	15%	19	73%
WES	Tambura	World Vision International	28	20	71%	20	71%
WES	Nzara	World Vision International	20	13	65%	14	70%
Unity	Rubkona	Cordaid,IRC,IOM,MSF	15	6	40%	7	47%
WES	Ezo	World Vision International	27	11	41%	11	41%
WES	Yambio	World Vision International	42	0	0%	6	14%
Unity	Panyijjar	IRC	15	0	0%	0	0%

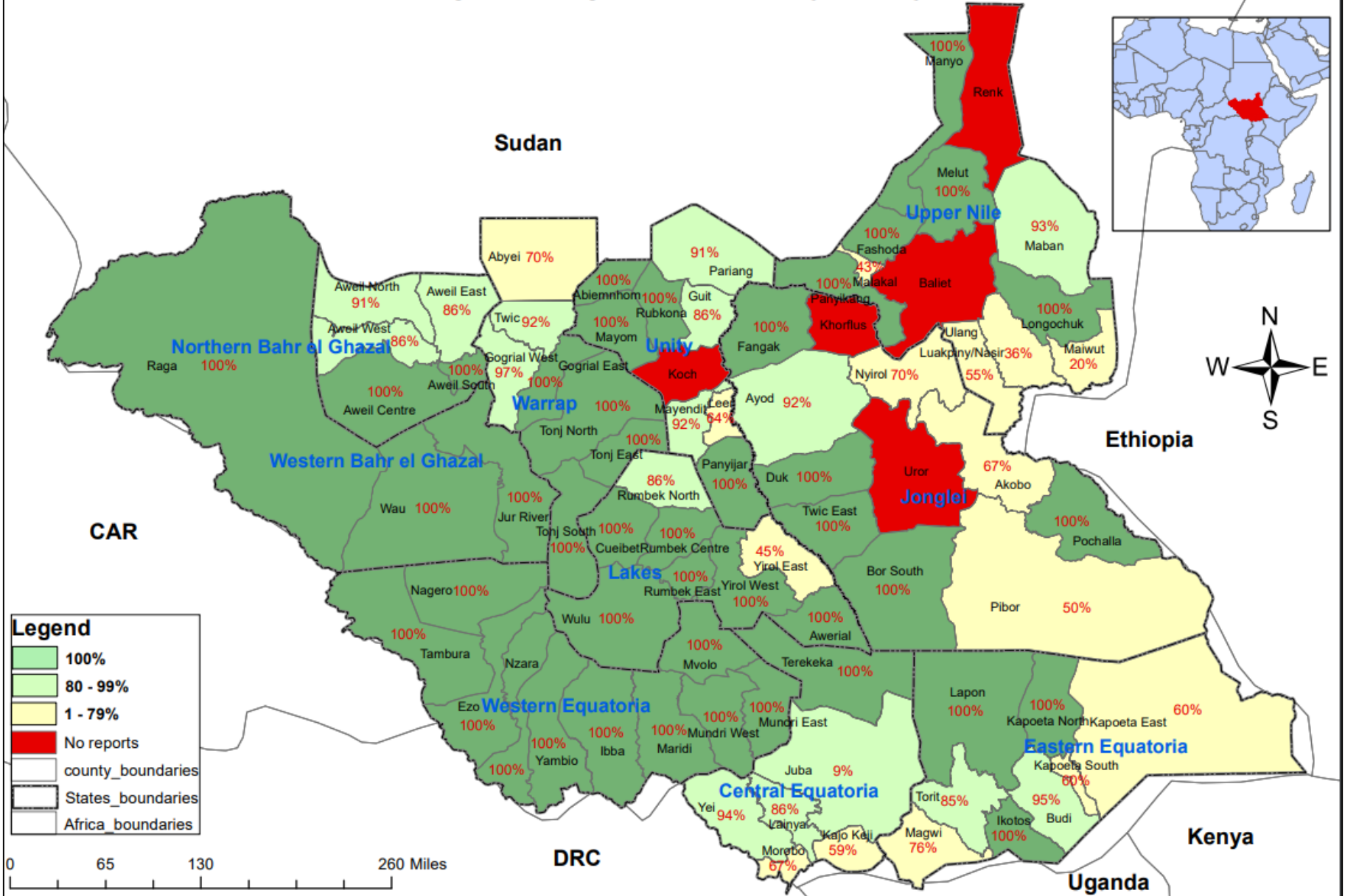
IDSR timeliness & completeness performance at county level for week 9 of 2021 (2)



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	Fangak	CMD,HFO	17	17	100%	17	100%
Jonglei	Pochalla	LIVEWELL	7	7	100%	7	100%
EES	Ikotos	HLSS	27	24	89%	27	100%
EES	Lopa Lafon	HLSS	18	0	0%	18	100%
EES	Budi	Cordaid	21	0	0%	20	95%
EES	Kapoeta North	CCM	16	15	94%	15	94%
EES	Torit	Cordaid	20	17	85%	17	85%
Jonglei	Ayod	CMD,EDA	15	11	73%	11	73%
Jonglei	Duk	MDM + JDF	15	11	73%	11	73%
Jonglei	Twic East	MDM + JDF	11	8	73%	8	73%
EES	Magwi	HLSS	22	16	73%	16	73%
Jonglei	Nyirol	CMA,Malaria Consortium	10	7	70%	7	70%
Jonglei	Bor	MDM + JDF,ACSO	35	21	60%	21	60%
EES	Kapoeta South	CCM	10	0	0%	6	60%
Jonglei	Pibor	LIVEWELL,CRADA,ME DAIR,CARE	6	3	50%	3	50%
EES	Kapoeta East	CCM	12	5	42%	6	50%
Jonglei	Akobo	NILE HOPE	8	2	25%	2	25%
Jonglei	Canal Pigi	IMC	11	2	18%	2	18%
Jonglei	Uror	Nile Hope,Malaria Consortium	8	0	0%	0	0%

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	Gogrial East	GOAL	15	15	100%	15	100%
Warrap	Tonj East	CCM	12	12	100%	12	100%
Warrap	Tonj North	CCM	14	14	100%	14	100%
Warrap	Tonj South	CCM	12	12	100%	12	100%
Upper Nile	Manyo	CORDAID	10	10	100%	10	100%
Upper Nile	Fashoda	CORDAID,HFD	18	18	100%	18	100%
Upper Nile	Melut	WVI + RI	8	8	100%	8	100%
Upper Nile	Panyikang	IMC	4	4	100%	4	100%
Upper Nile	Longechuk	RI	9	9	100%	9	100%
Warrap	Gogrial West	GOAL	31	29	94%	30	97%
Warrap	Twic	GOAL	26	0	0%	23	88%
Upper Nile	Akoka	IMC	5	4	80%	4	80%
Upper Nile	Maban	WVI,RI,Samaritan's Purse	17	8	47%	13	76%
Warrap	Abyei	AAA,Save the Children,MSF	10	7	70%	7	70%
Upper Nile	Ulang	UNKEA,RI,TADO	14	6	43%	6	43%
Upper Nile	Luakpiny Nasir	UNKEA,RI	15	5	33%	5	33%
Upper Nile	Maiwut	RI	5	1	20%	1	20%
Upper Nile	Makal	IMC	7	1	14%	2	29%
Upper Nile	Baliet	IMC	4	0	0%	0	0%
Upper Nile	Renk	WVI + RI	13	0	0%	0	0%

Map showing reporting performance by county in week 09, 2021



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Surveillance: EWARS performance indicator by partner for week 9 of 2021

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%
Medicaair	2	2	2	100%	100%
Medair	1	1	1	100%	100%
UNH	2	2	2	100%	100%
World Relief	2	2	2	100%	100%
CMD	1	1	1	100%	100%
IOM	12	12	12	100%	100%
RHS	1	1	1	100%	100%
HFO	2	2	2	100%	100%
ALIMA	3	3	3	100%	100%
IMC	6	6	6	100%	100%
GOAL	2	2	2	100%	100%
TADO	2	2	2	100%	100%
HFD	6	6	6	100%	100%
SSHCO	1	1	1	100%	100%
HAA	2	2	2	100%	100%
MSF-E	6	0	4	0%	67%
MSF-H	5	2	3	40%	60%
UNIDOR	2	1	1	50%	50%
TRI-SS	2	0	0	0%	0%
TOTAL	61	49	54	80%	89%

Completeness was 89% and timeliness was 80% for weekly reporting in week 9, 2021 for partner-supported clinics serving IDP sites.

EVENT-BASED SURVEILLANCE



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





State	Acute jaundice syndrome	Acute Respiratory Infections (ARI)	Acute Watery Diarrhoea	Bloody Diarrhoea	Malaria	EBS	Covid-19	Total alerts
CES			1	3				4
EES			4	3	1		1	9
Lakes		11	4	3	5			23
NBGZ		11	6	2	3			22
Unity	2	3	1	3			5	14
Upper Nile		2	1	1	3			7
Warrap			1	3	1			5
WBGZ		3	2	7	5			17
WES			1	1	35	1		38
Total alerts	2	30	21	26	53	1	6	139

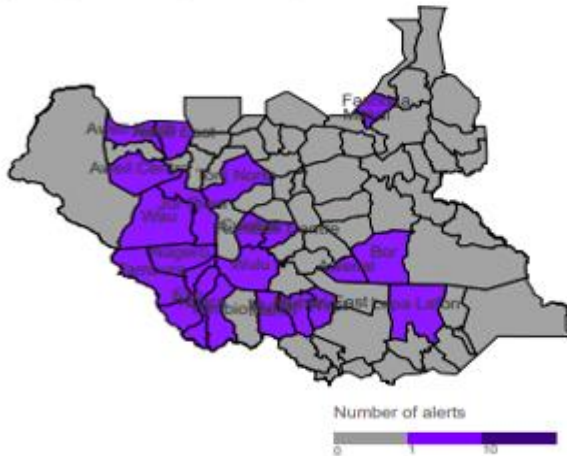
During this week:

- **30 ARI alerts:** 11 from Lakes sample was collected and 7 tested positive while 3 tested negative for COVID-19 , 11 from NBGZ its sample was collected and 5 tested Positive and 7 tested negative for COVID-19 in the state Sentinel Site, 2 from Upper Nile State sample collected and tested Negative for COVID-19, 3 from WBGZ state sample collected and all tested positive for COVID-19, 3 from Unity state sample collected and all tested positive for COVID-19
- **21 AWD alerts:** 1 from CES, treated for diarrhea , 4 from EES investigation is under way, 4 from Lakes treated for diarrhea, 6 from NBGZ treated as normal diarrhea, 1 from Unity it was treated as normal diarrhea, 1 from Upper Nile State treated as normal diarrhea, 1 from Warrap State, 2 from WBGZ treated as normal diarrhea, 1 from WES treated as diarrhea.
- **26 ABD alerts:** 3 from CES patients given treatment, 3 from EES treated for mild diarrhea, 3 from Lakes under investigation, 2 from NBGZ State given treatment, 3 from Unity investigation is underway, 1 from UNS treated for mild diarrhea, 3 from Warrap investigation under way, 7 from WBGZ treated for diarrhea , 1 from WES sample will be collected
- **53 Malaria alerts:** 1 from EES , 5 from Lakes, 3 from NBGZ, 3 from Upper Nile, 1 from Warrap, 5 from WBGZ, 35 from all these are due to the high increase of malaria cases in the Country.
- **2 AJS alerts:** All from Unity State which is a true alert of Jaundice syndrome, reported in area of confirmed cases of jaundice.
- **1 EBS alerts:** 1 from WES Yambio, Bazongua, Gangura PHCC
- **6 COVID-19 alerts:** 1 from EES investigated, 5 from Unity all tested positive for COVID-19

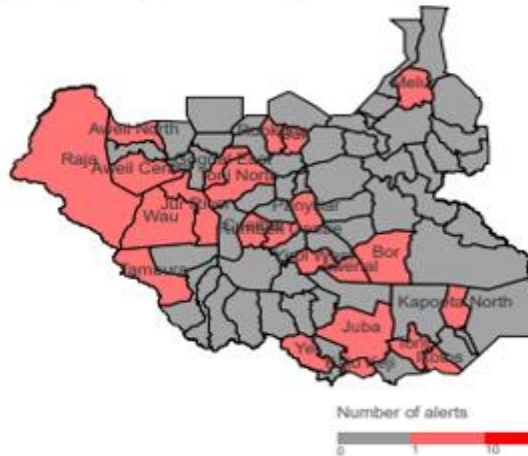
Alert: Map of key disease alerts by county of week 9 of 2021



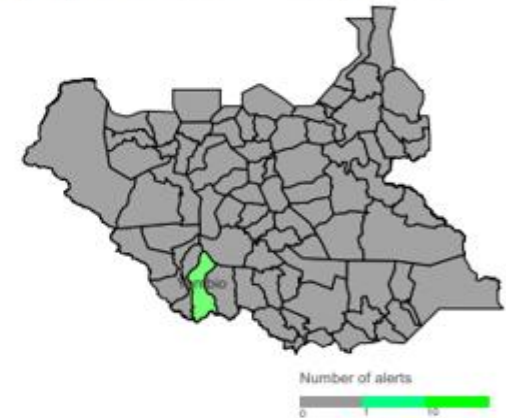
Map 2a | Malaria (W9 2021)



Map 2b | Bloody diarrhoea (W9 2021)



Map 2f | Event-based surveillance (W9 2021)



W9	Cumulative (2021)	
0	5	Low risk
5	5	Medium risk
0	31	High risk
0	14	Very high risk

66%	81%	% verified
0%	0%	% auto-discarded
0%	3%	% risk assessed
0%	2%	% requiring a response

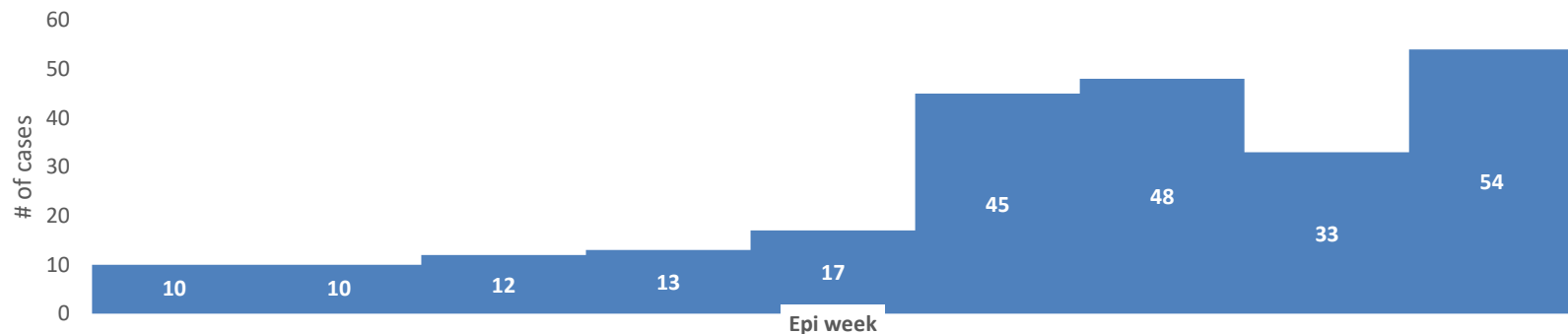
SUSPECTED OUTBREAKS



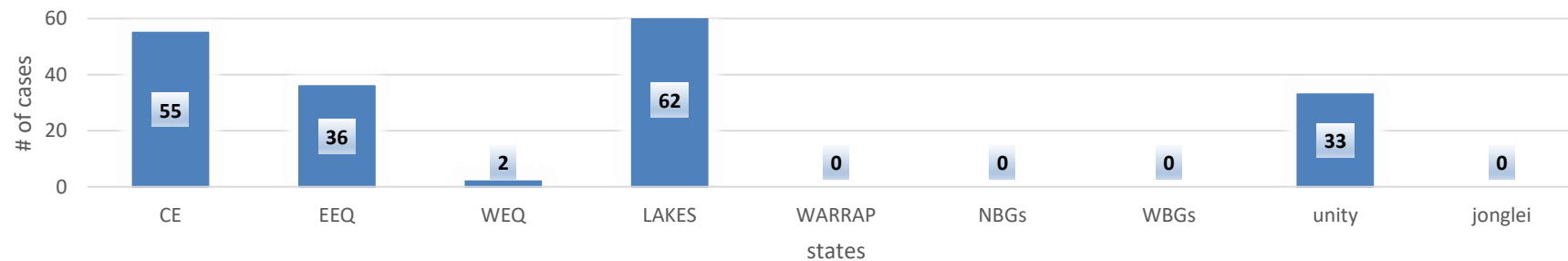
Major suspected outbreaks in South Sudan in
2020



Covid-19 total confirmed cases in South sudan from Sentinel sites wk1 to wk 9, 2021



Number of Covid-19 cases from sentinel sites in week 9, 2021



- There are currently 13 Covid-19 designated sentinel surveillance sites in Juba and States Hospitals that are collecting epidemiological data and samples from Covid-19/ILI/SARI cases. A total of 7097 samples have been collected in 2021 with 358 (5.0%) being positive for COVID-19 from sentinel sites.

ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS



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





JONGLEI

- **3.Alali, Akobo East:** Bor IRNA (27 Feb): 5,000 estimated flood-affected people; multiple requests made by RRC. Only 130 HHs (700 individuals) remain in Alali Center (Baba Boma). Residents in the other 4 bomas of Wibura, Gem, Wau and Dilok had left to Gambella refugee camps in Ethiopia to access basic services. Due to the climatic shocks-floods and drought since 2015, seriously impacting livelihoods, population of 7,000 left. Alali is completely cut-off from Akobo County HQ due to physical constraints (river crossing/poor roads), and unresolved conflicts. Dire humanitarian situation of HHs that remained in Alali, lacking basic services such as food, health, education, and access to market, only 1 functional borehole. The main needs for urgent assistance include food, health (essential drugs), NFIs (cooking sets, mosquito nets, blankets, sleeping mats), WASH soaps, and livelihood support (seeds, tools, and fishing gear). ICCG Bor to agree on response.

Update on floods and response

- Unseasonal flooding in several areas in Jonglei, Upper Nile, and Unity State was reported to have displaced almost 80,000 people across the three states.

- Rainfall forecast showed that from March to May 2021, above-normal rainfall is expected over the eastern part of the country. The rainy season is expected to start earlier by one to two weeks in most of the areas in South Sudan.
- The probabilistic rainfall forecast showed that the risk of flooding for the third year is high.
- A rapid multi-agency assessment was carried out on 27 February 2021 in Alali Payam of Akobo East County to verify an initial report that indicated that 6 000 households (25,000 - 30,000 individuals) were affected by floods in the area. The assessment established that only 130 households (700 individuals) remained in Alali Center (Baba Boma) as residents of the other four bomas of Wibura, Gem, Wau, and Dilok had fled to Gambella/ Ethiopia refugee camps to access basic services. The humanitarian organizations in Bor have held a meeting on 1 March 2021 to outline a response strategy for the population.
- The humanitarian team in Malakal is preparing to respond to the populations affected by the unseasonal flooding in Fashoda, Panyikang and Aburoc.
- Partners in Unity State are expected to reschedule their response mission to Mayom and assessment missions to Mayendit and Panyijar after the earlier planned missions were aborted.



Food Insecurity (1)

- South Sudan is facing its highest levels of food insecurity and malnutrition. The upcoming lean season at mid-year is expected to be the most severe on record. Intensification of efforts by the humanitarian community to reach the six priority counties has been ongoing since December 2020.
- Some 182 047 (78% of the target) people were reached with emergency food assistance in February 2021.
- A high-level mission from Juba led by the Humanitarian Coordinator in South Sudan visited Pibor and Akobo on 9 March 2021 to assess the ongoing humanitarian response.
- The Ministry of Health in collaboration with WHO, UNICEF and other partners conducted the second round nationwide Polio vaccination in February 2021.

Health Cluster Response in IPC 5 Counties:

- The Health Cluster partners continue to scale up health response by ensuring access to the primary health services across the six 'Priority 1' counties through mobile and static facilities.
- Over 92 000 consultations were conducted by health facilities across the six counties since week 01 of 2021. In week 9 2021, over 10 000 were reached with curative consultations for common endemic diseases.
- Two rounds of the oral cholera vaccination campaign in Pibor have been completed reaching 86 313 (93%) in the first round and 98 458 (106%) during the second round that ended on 22 February 2021. Plans for mop-up are underway.
- Furthermore, polio campaigns in response to the ongoing circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) outbreak have been concluded in Akobo (33 176 vaccinated), Pibor (48 836 vaccinated), Aweil South (31 603 vaccinated) and Tonj South (44,090 vaccinated).



Food Insecurity (2)

Health Cluster Response in IPC 5 Counties:

- WHO continues to ensure the availability of adequate stock of emergency health kits and other essential supplies to the partners and health facilities in the priority counties. 111 interagency health kits (can support 156 000 people), 75 pneumonia kits, 12 cholera community kits and 18 cholera investigation kits have been delivered.
- WHO MMT continues to respond to the needs of affected populations in the Greater Pibor Administrative Area (GPAA) through the provision of mobile health and nutrition services in areas cut-off from routine health services.
- A new consignment of severe acute malnutrition with medical complication (SAM/MC) kits has reached Juba. The distribution to 12 stabilization centres across the six counties will begin as soon as possible.
- WHO conducted supportive supervision and on-the-job training for health care workers in the Pibor PHCC stabilization center from 16 -23 February 2021 to improve knowledge and skills on case management of severe acute malnutrition with medical complication and reporting system in the stabilization center.

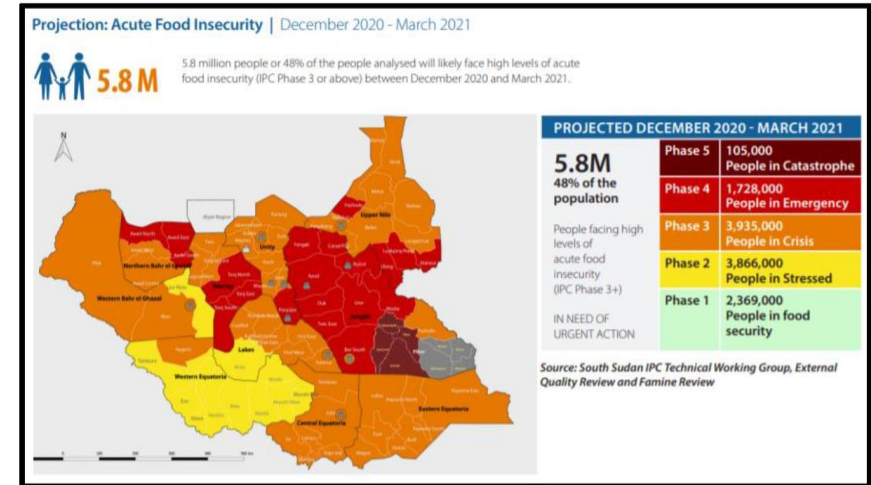
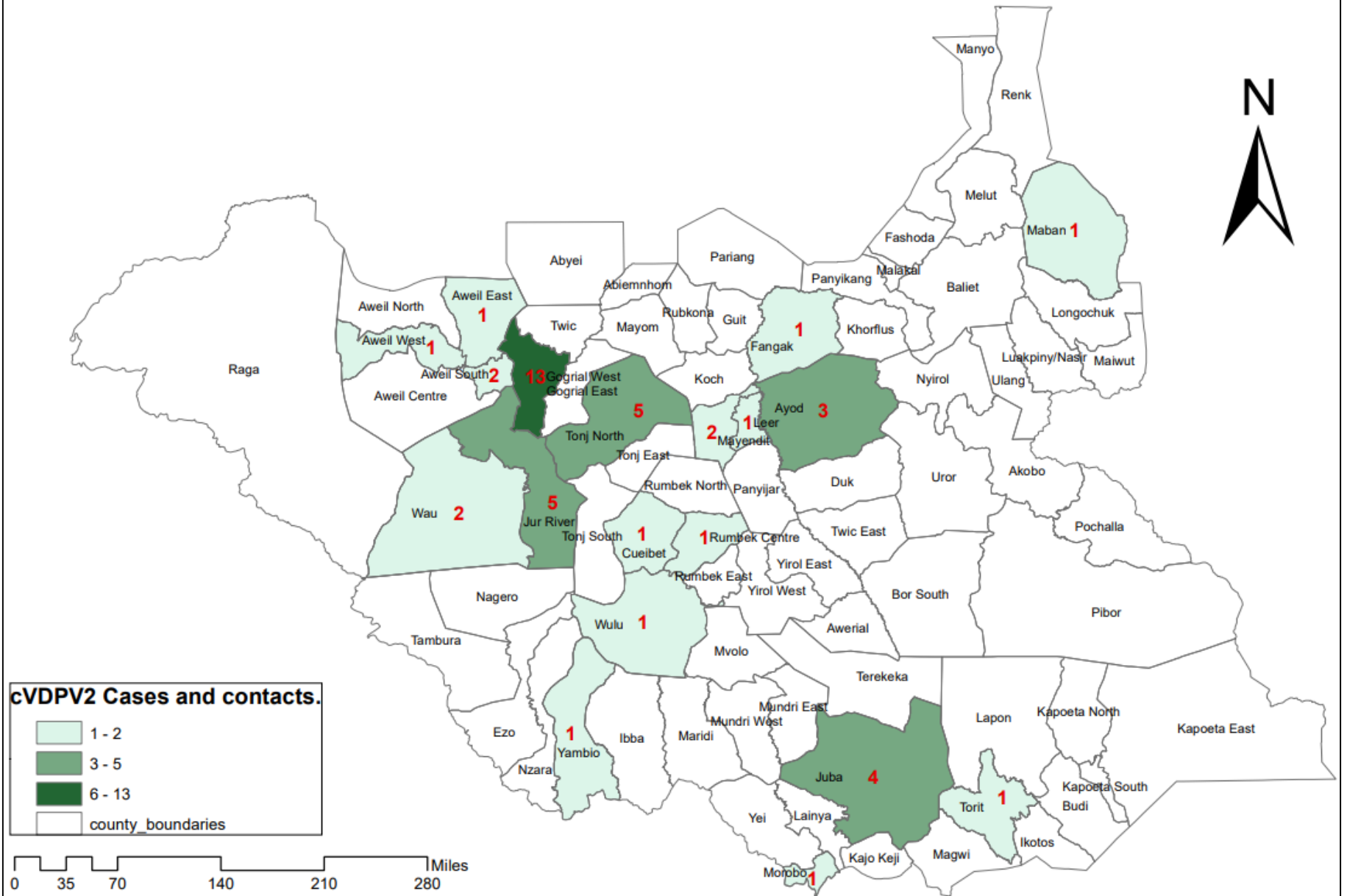


Figure 1: population estimates by IPC Phase and State based on the compilation of the South Sudan IPC Technical Working Group

- The emergency nutrition team participated in a joint nutrition team mission to Pibor on mapping nutrition services delivery in Gumuruk, Lekuangole, Pibor Payam on 18 February 2021. The mission was conducted by UNICEF, WHO, JAM, PLAN, OCHA and Medair who identified a total of 5 locations for scaling up nutrition services in Gumuruk and Lekuangole Payam
- In February 2021, 115 under five year old children were admitted and treated in the 12 stabilization centers in the 6 priority counties

- ❑ The polio outbreak was declared on the 18th of Sept 2020 and currently, 51 AFP cases have been confirmed positive for cVDPV2.
- ❑ This week, four notifications of cVDPV2 cases from the lab in Yirol West, Mayom, Gogrial East, and Panyijar. Last week, one cVDPV2 case was notified from sample collected from Juba.
 - Three of the cases are from 2020, while 2 of the cases are reported with a date onset of paralysis in January 2021. The last date of onset of the cVDPV2 case is 25th January 2021.
 - Clinical and epidemiological investigation of new cases is ongoing
 - Except the new cases reported in January 2021, all counties with cases have been covered with two doses of mOPV2 campaign including just concluded NID campaign.
 - Surveillance enhancement including increasing the frequency of active surveillance is ongoing at all level.
 - The country is planning to conduct a Nationwide campaign with bOPV2 targeting over 3 million under-5 children starting in April 2021, and preparatory activities are underway.

Distribution of cVDPV2 cases and contacts by county.



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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	2	481 (0.004)	Yes	No	Yes	Yes
cVDPV2	13 counties	11/06/2020 18/09/2020	4	47 (0.085)	Yes	Yes	Yes	Yes



Bacteriology lab updates 2021

Epi-week	County (no. of samples)	Specimen tested (n)	Sample type	Suspected diseases	Lab Results	Comment
52	Bor South	2	stool	Cholera	No Growth for all enteric pathogens	
1	Juba	1	stool	Cholera	Growth for <i>E Coli</i>	
1	Juba	1	stool	Cholera	No Growth for <i>V. Cholerae</i>	
1	Ibba	1	stool	Cholera	No Growth	
1	Rumbek East	1	CSF	Meningitis	No Growth	
1	Aweil Centre	1	stool	Shigellosis	Growth of <i>Shigella Spp</i>	
2	Abyei (Agok)	1	stool	Cholera	Growth for non <i>V. Cholerae</i>	
5	Ibba	2	stool	Cholera	Growth for <i>E.Coli</i>	E.coli normally cause diarrhea in children < 5
5	Gogrial west	7	stool	Cholera	No Growth for <i>V. Cholerae</i>	



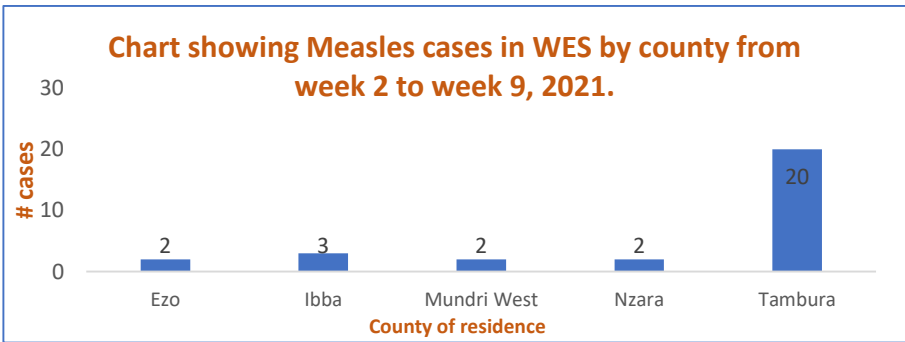
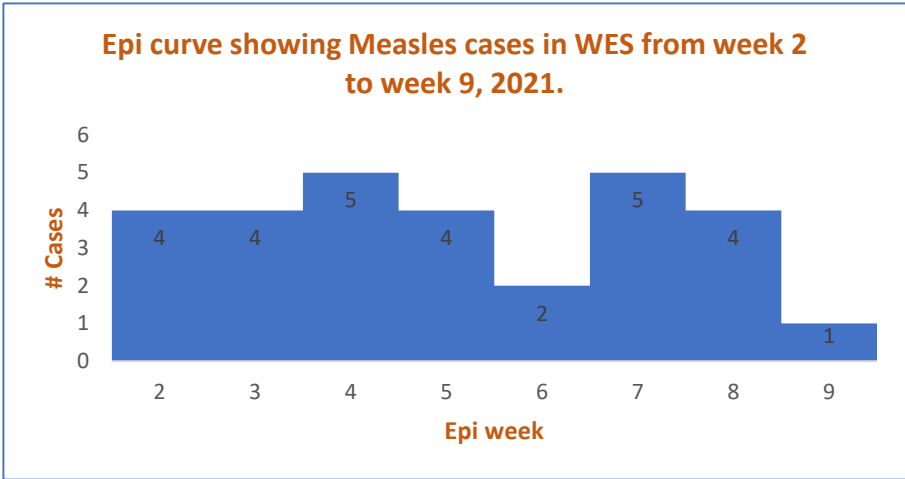
- Measles outbreaks confirmed in 2020

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

- Suspected measles outbreak in WES- Tambura County



Suspected Measles in WES- Tambura County



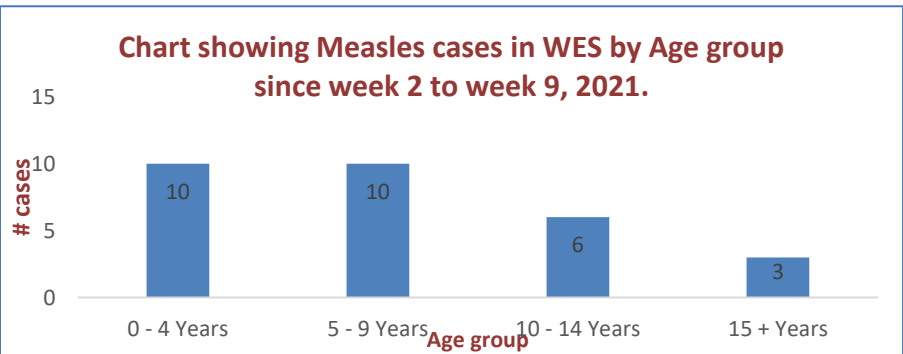
Age group	Cases	percentage	CUM. %
0 - 4 Years	10	34%	34%
5 - 9 Years	10	34%	69%
10 - 14 Years	6	21%	90%
15 + Years	3	10%	100%
Grand Total	29	100%	

Descriptive epidemiology

- WES started to report cases of suspected Measles in week 2, 2021. Up to week 9, 2021 a total of 20 cases have been listed.
- 12 samples were collected for testing and were shipped to UVRI, awaiting results.
- There was (1) new case reported in week 9, 2021
- No deaths were reported
- 55% are female and 45% are male.
- Age group 0- 9 years had the most cases with (68%) .
- Most affected area is Tambura county with 20 cases.

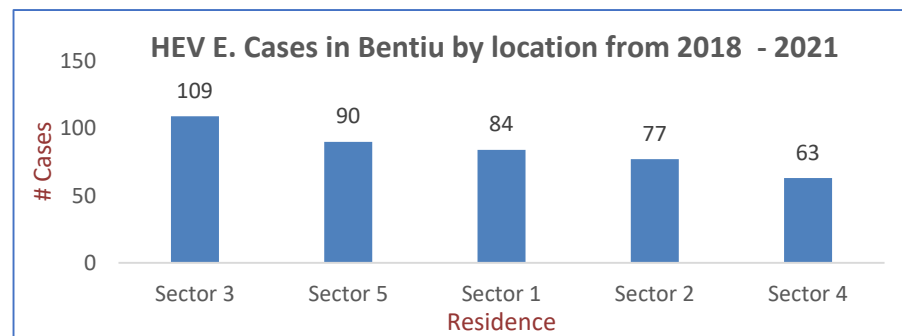
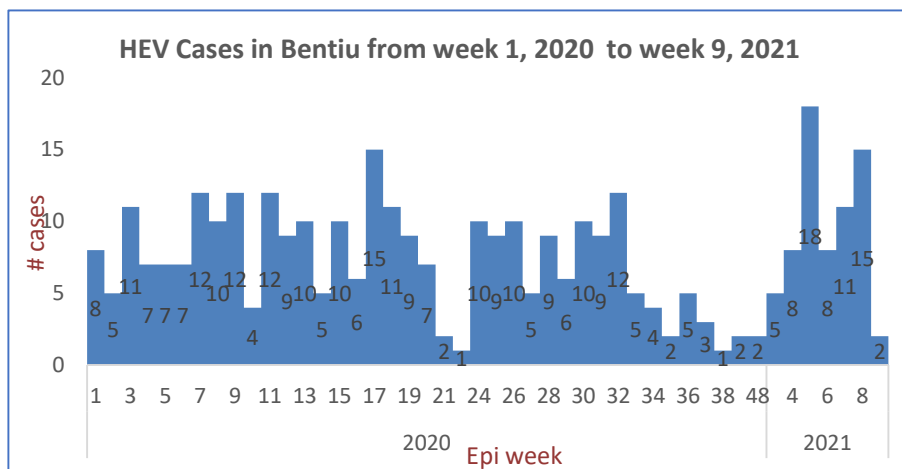
Response Actions:

- Surveillance and line-listing are ongoing
- Case management is ongoing





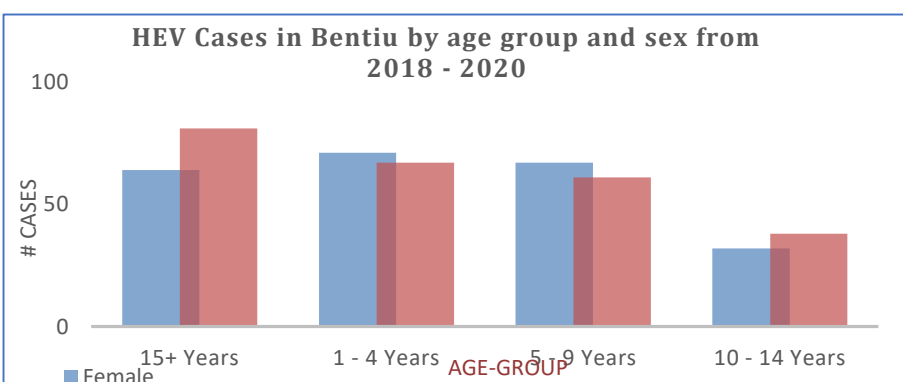
Hepatitis E, Bentiu PoC (1)



Age-Group	Alive	Dead	Grand Total	Percentage	CFR	Cum. %2
1 - 4 Years	138	0	138	29%	0%	29%
10 - 14 Years	70	0	70	15%	0%	43%
15+ Years	142	3	145	30%	2%	73%
5 - 9 Years	126	2	128	27%	2%	100%
Grand Total	476	5	481	100%	0.01	

Descriptive epidemiology

- The persistent transmission of HEV in Bentiu PoC continues with **481** cases since beginning of 2019
- There were **(2)** new cases reported in week 9, 2021
- All the cases were managed as outpatient cases except for seven cases who were admitted
- 5 deaths reported in 2019 and 2020
- 49% are female and 51% are male.
- Age group less than 15 years had the most cases with (71%) 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 9, 2021; there were 481 cases of HEV in Bentiu PoC including 5 deaths (CFR 0.04%)
- There is an upsurge of HEV cases since the beginning of 2021. **There-fore calls for review to establish and address the WASH gaps.**



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
- There is an upsurge of HEV cases since the beginning of 2021. This therefore calls for review to establish and address the WASH gaps.



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
Measles	Pibor	27/1/2020	NR	355 (0.0028)	Yes		Yes	Yes
Measles	Wau	5/1/2020	NR	39 (0.051)	Yes		Yes	Yes
Measles	Ibba	25/1/2020	0	55 (0.36)	Yes		Yes	Yes



EBOLA VIRUS DISEASE (EVD)

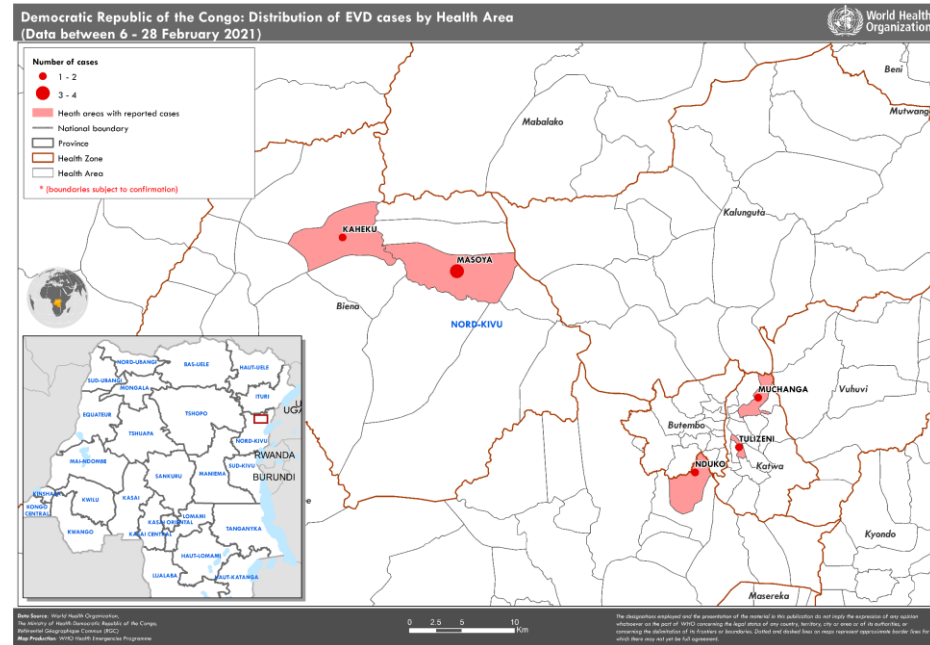
DRC, North Kivu EVD Outbreak (10th March 2021)

- No confirmed case on 10/03/2021 and 9th consecutive day without new case confirmed; Validation of one (01) probable case in the ZS de Biena.
- In the last 21 days Seven (**07**) new confirmed cases;
- A probable case validated in the ZS of Although a ;Three (03) ZS (Biena, Butembo and Katwa) reported cases; and (06) AS affected (Biambwe, Masoya and
- Kaheku for Biena ZS; Tulizeni for the Katwa ZS and
- Vutsundo for the ZS of Butembo.

Since the start of the epidemic

Cumulative cases: 11 confirmed cases and 1 probable case; The overall lethality is 50% (n = 12);

Two health workers already have been infected with EVD, i.e. 16.66% of all cases.



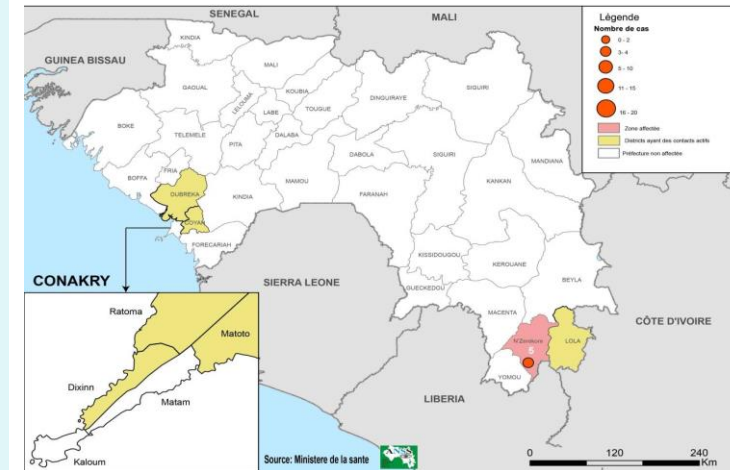
EVD Outbreak in Guinea as of 10th March, 2021 (n = 18)

Surveillance

- Zero new confirmed case reported today;
 - **33** (5 community deaths) alerts received
 - **27/33** (82%) investigated;
 - **09** validated.
- A total of **18** cases were reported since the beginning of the outbreak (14 confirmed, including 5 deaths and 4 probable), i. e. CFR=50%.
 - One Health district remain active (i. e. have reported at least one confirmed case);
 - Zero health districts are on alert (i. e. have at least one contact) out of 38 in the country (Pending confirmation of the exact location of the new contacts displaced);
 - **341/365** contacts followed up, i. e. a follow-up rate of 93% (excluding new contacts registered);
 - 4 displaced contacts, 3 internal to Guinea and 1 outside to Guinea (Ivory Coast). Actions are underway and a regular update will be made.

Vaccination

- 198 participants vaccinated today (12 high-risk contacts, 186 contacts of contacts and 0 probable contacts) including 50 frontline workers ;
- Cumulatively, 2636 participants were vaccinated (279 high-risk contacts, 1924 contacts of contacts and 433 probable contacts) including 853 frontline workers.



EBOLA VIRUS DISEASE[EVD] PREPAREDNESS IN SOUTH SUDAN



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



COVID-19 Updates

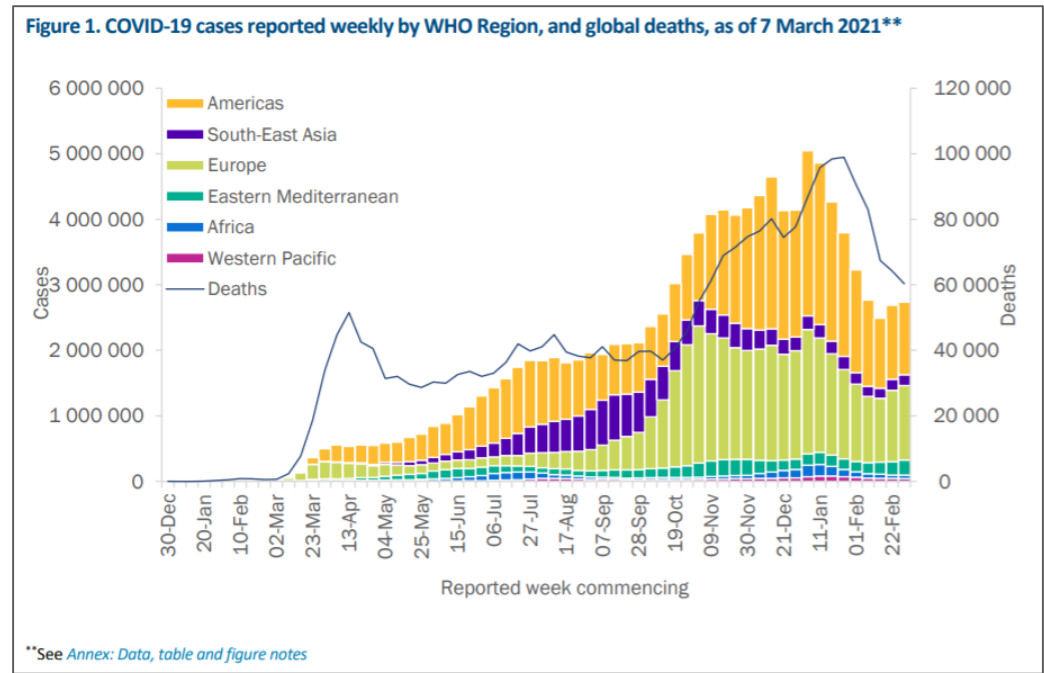


COVID-19 Virus Situation Summary



Situation update as of 7th March, 2020

- The COVID-19 pandemic initial cases were detected in Wuhan China
- Globally **>116 166 652** million cases (**>2 582 528** deaths)
- Africa **>2 895 549** million cases (**>73 381**deaths)



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



COVID-19 Response in South Sudan as of 7th March, 2021

- **8,870** confirmed COVID-19 cases in South Sudan; > **85%** in Juba with **104** deaths and a case fatality rate (CFR) of **1.15%**. Total **116,018** 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, Medical Advisory Panel and the COVID-19 National Steering Committee
- COVID-19 cases have increased since the beginning of 2021. South Sudan is currently experiencing the second wave of COVID-19 transmission with PCR test positivity rates rising from 2.7% in week 1 of 2021 to **14.9%** in week 9 of 2021.
- A monthlong partial lockdown imposed on 3 Feb 2021 that entails a ban on social gatherings, closure of schools and other institutions; entertainment places and limiting the number of passengers in public vehicles.

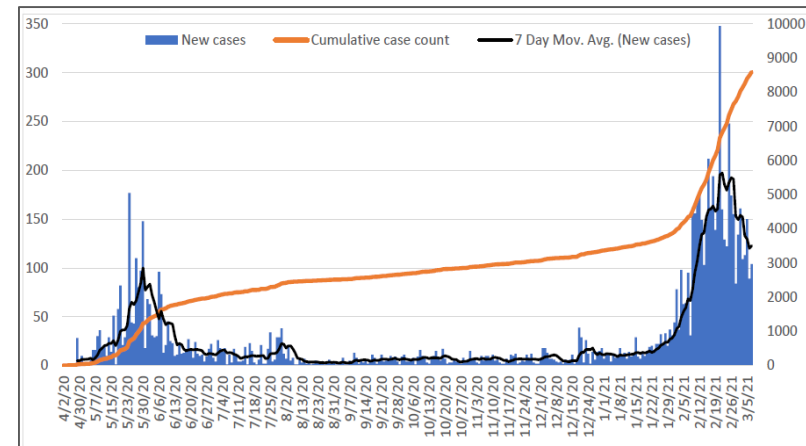


Figure 2. Epidemiological curve of reported cases through Week 09, showing new cases (blue bars), rolling 7-day average of reported cases (black line), and total cumulative reported cases (yellow line)

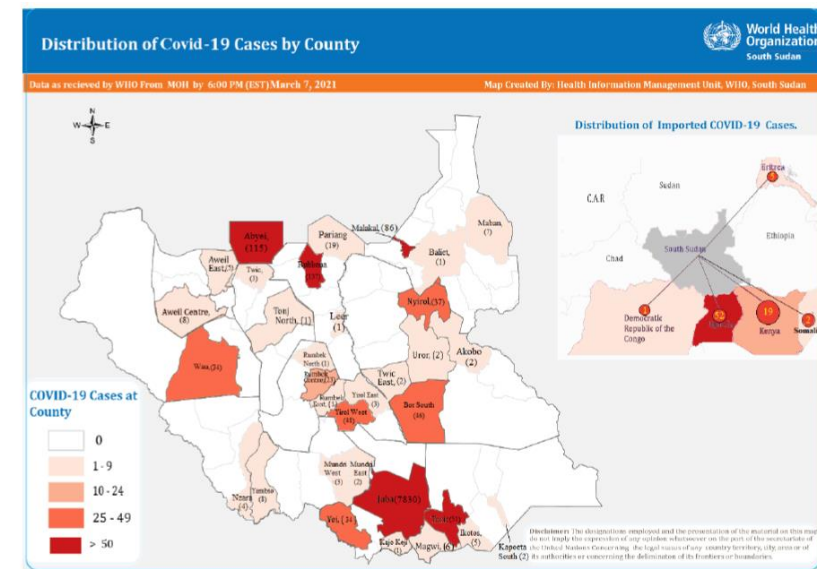


Figure 1. Map of cumulative reported COVID-19 cases, by county

Overall Conclusions and Recommendations



Conclusion

- The overall IDSR and EWARN reporting performance in week 9, 2021 is above the target of 80%. (8) states were above 80%
- **8,870** confirmed COVID-19 cases in South Sudan; >85% in Juba with **102** deaths (CFR of 1.15%). Total **12,224** contacts identified, quarantined, & undergoing follow up
- A total of **2,186** COVID-19 alerts have been investigated with **2,079 (95.1%)** being verified
- With eight outbreaks confirmed in 2020; measles remains the most frequent vaccine preventable disease
- **No** measles outbreak conformed in 2021.
- Suspected measles outbreak in WES- Tambura 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>



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>

