

REPUBLIC OF SOUTH SUDAN



Ebola Virus Disease (EVD) Preparedness and Readiness Update for South Sudan

Epidemiological Week 44 (31 October – 6 November 2022)



EVD Readiness Activities | Cumulative Alerts Investigated from 21 September 2022 to 6 November 2022

00

of Alerts Received
in the 24 hrs.

17

Cumulative Total of
Alerts Investigated

05

of Samples Tested

00

of Samples Testing
Positive

Key Weekly Highlights

Highlights as of 6 November 2022

- One (01) new EVD alert from Juba during week 44 (ending 6 November 2022) but discarded as it did not meet EVD case definition.
- No EVD outbreak has been declared in South Sudan neither from other countries neighboring Uganda where the current outbreak is ongoing.
- Cumulatively, a total of 17 alerts have been reported from seven locations in South Sudan since September 2022.
- The President of the Republic of South Sudan formed an EVD High Level Taskforce to coordinate the EVD readiness for the country.
- The PHEOC (Public Health Emergency Operation Center) is activated with EVD pillars meeting at least once a week and NSC (National Steering Committee) meeting bringing all pillar leads and co-leads together with stakeholders, partners and implementing partners once a week.
- The 72 hours response plan and comprehensive EVD preparedness and response plan have been developed and being reviewed and updated by the Government to align to current needs.



High level visit by the Minister for Health, Ministry of Interior and Partners (WHO, IOM and UNHCR) to Nimule



Ebola Situation update from Uganda as of 5 November 2022

- Zero (00) new case reported in the last 24 hours.
- Cumulatively since 19th September 2022, a total of 132 cases including 18 HCWs have been reported.
- Cumulative number of deaths is 49 including 06 HCWs (CFR-51/132 = 39%).
- Total number of recoveries 61.
- A total of 1,274 contacts actively being followed-up in seven districts, follow-up rate in the past 24 hours was 92%.

Fig 1: Distribution of probable and confirmed by status

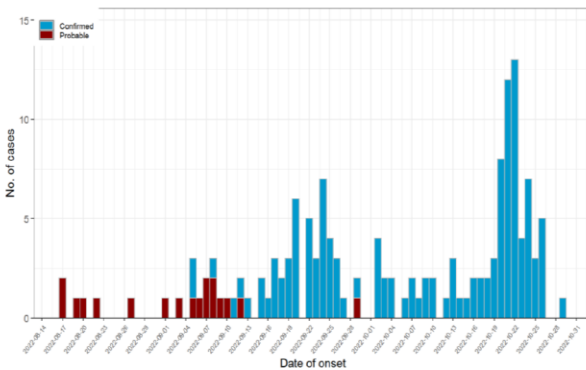
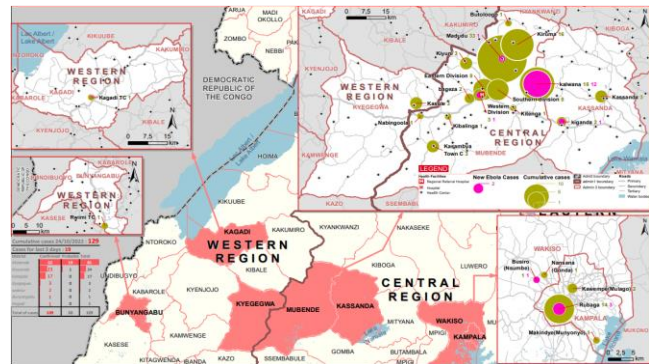


Fig 2: Place analysis of affected persons by district and sub counties



1. Public Health Preparedness and Readiness

1.1. Coordination

- The President of the Republic of South Sudan formed an EVD High Level Taskforce chaired by minister for Cabinet Affairs and co-chaired by Minister of Health.
- Weekly National Steering Committee (NSC) meetings conducted every Thursday to discuss and provide strategic guidance for readiness chaired by national IM and co-chaired by WHO.
- The Public Health Emergency Operation Centre (PHEOC) has been activated with EVD all pillar/TWG meetings conducted once a week.
- High level visit by the Minister for Health, Ministry of Interior and Partners (WHO, IOM and UNHCR) to Nimule.
- Weekly sub-national task force coordination meetings are being conducted in Nimule, Yambio, Torit, Ikotos, Yei and Juba.
- Cross-border collaboration and information sharing strengthened with Uganda in place.
- Central Equatorial leadership has met with Northern Uganda district leadership on collaboration and communique released.

1.2. Resource mobilization

- EVD 72hrs plan costed at USD 3 million and approved by government.
- The National EVD readiness activities plan costed at USD 31.3 million has been endorsed by the Government. The Government has immediately availed USD 500,000 (funding gap USD 30.8 million) towards the plan and partners have pledged to support implementation.

1.3. Epi-Surveillance and Laboratory

- A total of 16 alerts have been reported to-date.
 - Nimule=5
 - Juba=4
 - Yambio=3
 - Yei=2
 - Kajo-Keji=1
 - Torit=1
 - Rubkona=1
- NPHL has capacity to conduct confirmatory tests for filoviruses: Marburg virus disease and EVD (Zaire, Bundibugyo and Sudan).

- MOH in collaboration with WHO and other partners is supporting the dissemination of case definition, investigation tools, and SOPs to prioritized risk locations.
- MOH with technical support of WHO conducted Rapid Response Teams (RRTs) trainings in Juba and Nimule to strengthen readiness capacity for case detection, reporting, investigation, isolation, and rapid care.
- Laboratory SOPs and guidelines have been developed, printed and being distributed in EVD high risk areas.
- SOPs for case investigation and reporting and contact tracing developed and disseminated. Guidelines for case definition has been printed and distributed in Kajo-Keji, Nimule and Juba.
- Sample collection kits have been packaged and prepositioned in EVD high risk locations.
- Trainings on case investigations, contact tracing, sample management have been conducted to enhance case detection and reporting.
- The NPHL established a quality control mechanism with external laboratories such as UVRI (Uganda), South Africa, Kenya and France.

Table 1: Alerts investigations in South Sudan

Indicator	Number
Total number of alerts (cumulative)	17
New alerts received in the last 24 hours	0
Number of alerts investigated within 24 hours	0
Number of alerts validated after investigation (cumulative)	5
Number of alerts to be investigated	0
Number of samples collected (cumulative)	5
Number sample tested (cumulative)	5
Number of samples tested in the last 24 hours	0
Number of samples tested positive in the last 24 hours	0
Number of samples tested positive (cumulative)	0

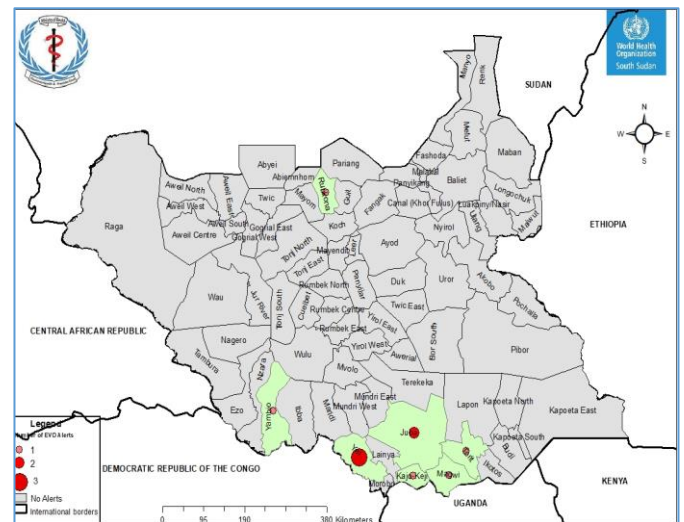


Figure 3: Geographical distribution of EVD alerts detected and investigated-6 Nov 2022

1.4. Points of Entry

- Integrated EVD/Covid-19 screening at Juba International Airport (JIA) (IOM) and Nimule (WHO) including river side crossing point in Nimule.
- A weekly average of 6,500 people are screened for EVD at the JIA and in Nimule.
- The Ministry of Health established points of entry (PoE) surveillance and mechanism for detection, management and referral of suspected/ill travelers at 6 prioritized PoEs whilst ensuring the protection of the fundamental rights of travelers and at-risk communities, including the prevention of gender-based violence by establishing mid to longer-term comprehensive border health infrastructure and system at all prioritized PoEs.
- Cross-border collaboration and information sharing strengthened with Uganda as their EVD cases increase.

1.5. Case Management

- The MOH with technical support of WHO has engaged a contractor to complete the designated Infectious Disease Unit (IDU) on the Yei Road.
- SOPs, guidelines, and protocols for case management developed and are being distributed to EVD high risk areas.
- Refresher training on case management conducted for 30 healthcare workers in Juba.

1.6. Infection Prevention, and Control/WASH

- IPC trainings have been conducted in Nimule, Yambio, Juba and Yei.
- IPC materials have been printed and are currently being distributed to all high-risk locations.

1.7. Safe and Dignified Burial

- ☞ Safe and dignified burial sites are being identified in the high risk locations with support from the local authorities.

1.8. Risk communication, community engagement and social mobilization (RCCE&SM)

- ☞ IEC materials have been reviewed, printed and being distributed to various health facilities in high-risk locations.
- ☞ Weekly talk-show and radio jingles conducted in EVD high risk locations.
- ☞ Training on call centre handling conducted for 15 people on how to respond to concerns on EVD.
- ☞ 30 opinion leaders oriented on RCCE strategy in Nimule.
- ☞ Joint EVD and COVID-19 media briefings conducted every other week.

1.9. Logistics

- ☞ PPE prepositioned at each of the 9 hub offices to support EVD readiness activities. Re-stocking of PPEs at sub-national is ongoing.
- ☞ A temporary isolation site has been setup on Yei Road as the designated IDU construction is being completed by the MOH in the same site.
- ☞ An isolation unit tent has been established within the premises in Yambio state hospital,
- ☞ An expansion of the screening sites at the main point of entry in Nimule to be completed by next week. Another screening site setup at the river side crossing point in Nimule
- ☞ The existing ETU in Nimule hospital is being renovated and completion expected by next week
- ☞ A team deployed to Kajo-Keji to conduct an assessment of the EVD readiness activities in the county
- ☞ A second mobile storage unit (rub-hall tent) donated by WFP to support readiness at the new IDU site in Juba.
- ☞ The national logistics TWG is coordinating the PPEs stock and supplies distribution using the already existing supply request portal <https://ee.humanitarianresponse.info/sddy70c6>

2. Challenges/Gaps

- ☞ Inadequate partners participation in incident management system
- ☞ Inadequate funding to support EVD readiness activities.
- ☞ Inadequate screening at points of entry in high risk areas (Yei, Kaya, Yambio, Maridi, Kapoeta, Ikotos, Torit and Magwi), other PoEs at (Kenya, Ethiopia, Sudan, CAR and DRC), Major hospitals and healthcare facilities including private healthcare facilities.
- ☞ Inadequate sample collection kits and reagents at national level and EVD high risk areas.
- ☞ Inadequate medical and non-medical supplies.
- ☞ Inadequate number of rapid response teams (RRTs) in EVD high risk areas.
- ☞ Limited safety in the laboratory (space, work-flow).
- ☞ Inadequate information sharing.

3. Recommendations

- ☞ Involvement of all health partners and stakeholders at national and sub-national levels.
- ☞ Advocate for additional resources towards EVD readiness activities.
- ☞ Strengthen surveillance activities (including screening, case investigation, contact tracing, event-based and community-based surveillance) particularly in all high-risk counties.
- ☞ Strengthen and enhance laboratory testing capacity (e.g., provision of reagents) in the country.
- ☞ Procure and pre-position medical and non-medical supplies.
- ☞ Train and deploy more RRTs, contact tracers and case investigators in EVD high risk areas.
- ☞ Strengthen risk communication and community engagement through harmonized messaging.
- ☞ Continue and accelerate refresher trainings on main technical pillars of surveillance, laboratory, case management, IPC, and RCCE
- ☞ Conduct Training of Trainers (TOT) on EVD Infection Prevention and Control, Screening, Transportation and Isolation to roll out training in all PoEs and Hotspot counties.

4. Implementing partners by pillar

A mapping of partners of 'Who does What, Where and for Whom (4W) is ongoing. The table below will be updated as we continue to have additional participation of partners on the EVD readiness activities.

Thematic/Pillar	Lead	Co-leads (IPs)	Implementing Partners	Technical Assistance
Coordination	MOH	WHO	ICAP	WHO, USAID
Surveillance and Rapid response teams,	MOH	WHO, CDC, UNHCR	ICAP, AAH, CORDAID, IMC, WVSS, CONCERN, GOAL	US-CDC, WHO, USAID
Laboratory.	MOH	WHO, US-CDC and Africa-CDC	ICAP, AAH, CORDAID, IMC, WVSS, CONCERN, GOAL, Crawford Laboratories	US-CDC, WHO, USAID
Case management, Infection prevention and control/WASH, Safe and Dignified Burials	MOH	WHO, MSF, ICRC, UNICEF, UNHCR SSRC	ICAP, MSF, IMC, World Vision South Sudan (WVSS), CONCERN, MEDAIR, Health Link SS, Samaritan's Purse (SP), Save the Children (SC)	WHO, USAID
Risk communication, social mobilization, and community engagement Psychosocial support	MOH	UNICEF, WHO, UNHCR	ICAP, IMC, WVI, CONCERN,	UNICEF, WHO, USAID
Points of entry	MOH	International Organization for Migration (IOM),	ICAP, AAH, CORDAID, IMC, WVSS, CONCERN, GOAL, Crawford Laboratories	US-CDC, WHO, USAID
Operations and Logistics	MOH	WFP, WHO	WFP, UNICEF, WHO	WFP, WHO, USAID
Security, Safety, and Access	MOH	UNDSS/WHO/UNMISS	OCHA	UNDSS, Government

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