



South Sudan Ministry of Health

Integrated Disease surveillance
and response (IDSR)



World Health
Organization
South Sudan

Epidemiological Bulletin Week 32, 2022 (August 7-13 August)

Major epidemiological highlights in week 32 of 2022



- In week **32, 2022**, the IDSR reporting timeliness and completeness were **76%** and **78%** respectively while the timeliness and completeness for EWARN sites were at **87%** and **93%**
- Of the **58** alerts generated in week 32, 2022; **29.3%** were for malaria (17) and **25.8%** for acute watery diarrhea(15), and **15.5%** for bloody diarrhea (9)
- A total of 10 suspected monkeypox cases were reported since July 2022 with 9 samples collected and tested negative. Country readiness for monkeypox is scored at **41%**
- Confirmed measles outbreak in Juba county as **(6)** samples tested positive for measles with 57 cases and no death. A reactive vaccination campaign is underway in affected payams
- Ongoing cholera outbreak in Bentiu, Unity has risen to **316** cases but no new deaths with a CFR of **0.31%**) as of the end of week 31
- There are **17,823** COVID-19 confirmed cases, **138** (CFR, **0.77%**) deaths, and **17,335** recoveries by the end of week 32
- Hepatitis E virus cases continue to be reported in Bentiu IDP Camp with, **3,083** cases and **25** deaths (CFR **0.81%**) reported since week 1, 2019

SURVEILLANCE PERFORMANCE



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

IDSR timeliness performance at State level for week 32 & 31 of 2022



Timeliness States Ranking	States	Number of reporting sites	No. of HF's Reported on Time in WK 31	Timeliness Percentage of WK 31	No. of HF's Reported on Time in WK 30	Timeliness Percentage of WK 30
1st	Warrap	123	116	94%	97	79%
2nd	WES	218	190	87%	218	100%
3rd	EES	105	88	84%	92	88%
4th	Unity	105	88	84%	72	69%
5th	NBGZ	89	70	79%	80	90%
6th	Lakes	113	88	78%	87	77%
7th	Jonglei	126	85	67%	93	74%
8th	WBGZ	80	48	60%	64	80%
9th	CES	126	74	59%	78	62%
10th	Upper Nile	95	44	46%	41	43%
	South Sudan	1180	891	76%	922	78%

KEY

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

The Timeliness of IDSR Reporting (Supported by EWARS Web and Mobile) at the health facility level in **week 32** stands at 76% while in **week 31** it was at 78% and 4 states were above the target of 80% in week 32.

Reporting Challenges in the poorly performed States are; insecurity, internet inaccessible; Turnover of Partners.

IDSR Completeness performance at State level for week 32 & 31 of 2022



Completeness States Ranking	States	Number of reporting sites	No. of HFs Reported regardless of time in WK 32	Completeness Percentage of WK 32	No. of HFs Reported regardless of time in WK 31	Completeness Percentage of WK 31
1st	Lakes	113	113	100%	109	96%
2nd	EES	105	104	99%	102	97%
3rd	Warrap	123	118	96%	97	79%
4th	WES	218	209	96%	218	100%
5th	NBGZ	89	80	90%	80	90%
6th	Unity	105	92	88%	87	83%
7th	WBGZ	80	67	84%	75	94%
8th	Upper Nile	95	73	77%	58	61%
9th	Jonglei	126	95	75%	94	75%
10th	CES	126	75	60%	79	63%
	South Sudan	1180	1026	87%	999	85%

KEY

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

The Completeness of IDSR Reporting (Supported by EWARS Web and Mobile) at health facility level in week **32** stands at **87%** while in week **31** it was **85%** and 7 states were above the target of **80%** in week **32**.

Reporting Challenges in the poorly performed States includes; insecurity; internet inaccessible; Turnover of Partners, Floods.



Surveillance: EWARS timeliness performance indicator by partner for week 32 and 31 of 2022

Partner	HFs	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received on Time in Week 32	Timeliness of Week 32	# of reports received on Time in Week 31	Timeliness of Week 31
IRC	2	2	100%	2	100%
Medicaire	7	7	100%	7	100%
ADA	1	1	100%	1	100%
Medair	2	2	100%	2	100%
World Relief	2	2	100%	2	100%
HAA	8	8	100%	8	100%
HFO	4	4	100%	4	100%
UNH	2	2	100%	2	100%
TRI-SS	2	2	100%	2	100%
IOM	10	10	100%	9	90%
CIDO	1	1	100%	0	0%
IMC	24	23	96%	22	92%
SMC	6	5	83%	6	100%
MSF-E	6	4	67%	4	67%
UNIDOR	3	2	67%	1	33%
MC	2	1	50%	2	100%
MSF-H	4	2	50%	2	50%
Islamic Relief	1	0	0%	1	100%
SSHCO	1	0	0%	0	0%
CRADA	2	0	0%	0	0%
TOTAL	90	78	87%	77	86%

The Timeliness of EWARS in partners' supported sites stands at **87% in week 32** while in week 31 it was at **86%**.



Surveillance: EWARS Completeness performance indicator by partner for week 32 and 31 of 2022

Partner	HFs	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received regardless of Time in Week 32	Completeness of Week 32	# of reports received regardless of Time in Week 31	Completeness of Week 31
CIDO	1	1	100%	1	100%
IRC	2	2	100%	2	100%
SMC	6	6	100%	6	100%
Medair	2	2	100%	2	100%
Medicaire	7	7	100%	7	100%
ADA	1	1	100%	1	100%
World Relief	2	2	100%	2	100%
UNH	2	2	100%	2	100%
HAA	8	8	100%	8	100%
HFO	4	4	100%	4	100%
IMC	24	24	100%	24	100%
MSF-H	4	4	100%	4	100%
MSF-E	6	6	100%	6	100%
IOM	10	10	100%	9	90%
TRI-SS	2	2	100%	0	0%
UNIDOR	3	2	67%	1	33%
MC	2	1	50%	2	100%
Islamic Relief	1	0	0%	1	100%
SSHCO	1	0	0%	0	0%
CRADA	2	0	0%	0	0%
TOTAL	90	84	93%	82	91%

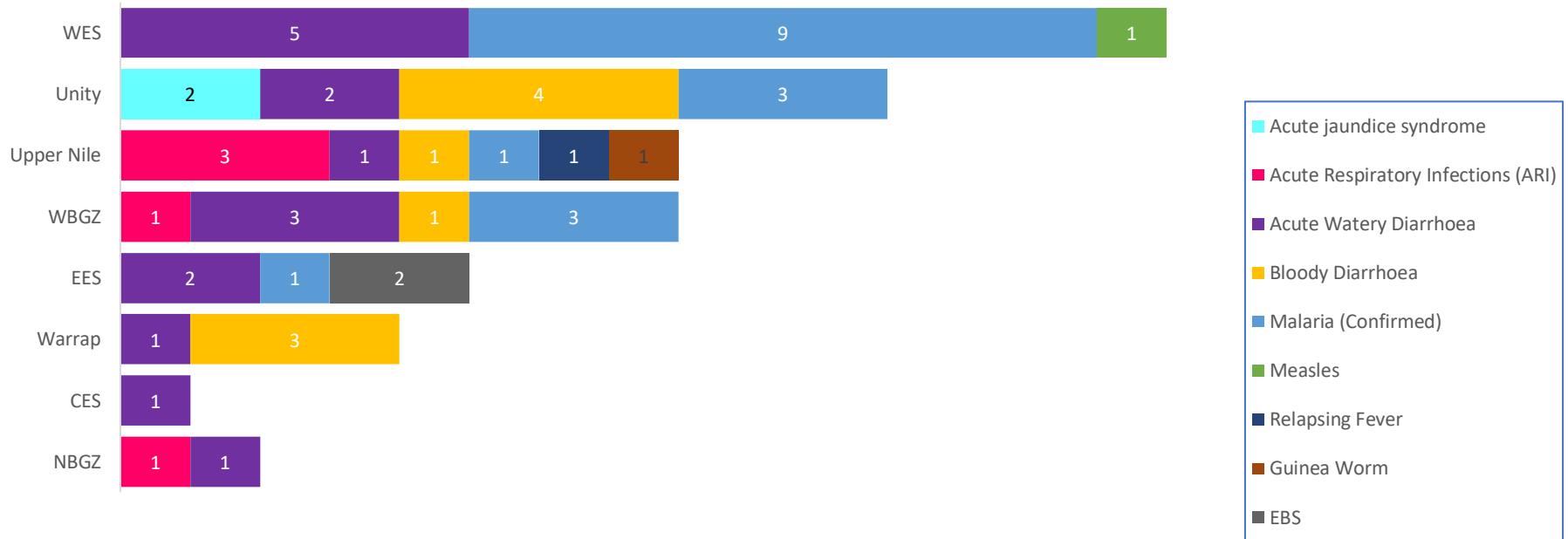
The Completeness of EWARS in partners' supported sites stands at **93%** in week 32 and in week 31 it was at **91%**.

EVENT-BASED SURVEILLANCE



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

Alert by disease and States in week 32 of 2022 [a total of events specific alerts generated by state



This week a total of 58 Alerts were triggered from the EWARS System:

- 1 EBS alerts: the event was reported to SMOH by CSO of Kapoeta South about a child of 6 years old male who was brought to Kapoeta Mission Hospital from Nangoleriate village Kapoeta North county, presenting with Rashes over the body, blister and lesion, headache, fever with the onset date of the rashes on 7/8/2022 (Suspected Monkeypox) and the other one was reported by the Health facility in-charge of Ibalany PHCU to WHO field supervisor
- of a female 24 years old who represented with yellow eyes and Urine, high fever, headache, and heart pain with the date of onset as 28/7/202.(Suspected Yellow fever).
- 1 Relapsing Fever alert: this was from Wadakona PHCC in Manyo County of Upper Nile State.
- 1 Measles alerts: from Tambura Hospital of WES in Tambura County
- 2 AJS alert: from MSF-H Bentiu PoC Hospital where there is an ongoing response on AJS in Bentiu Town and in MSF-H Leer PHCC of Leer County.
- 1 Guinea Worm alert: in Bol PHCU of Fashoda County, Upper Nile State

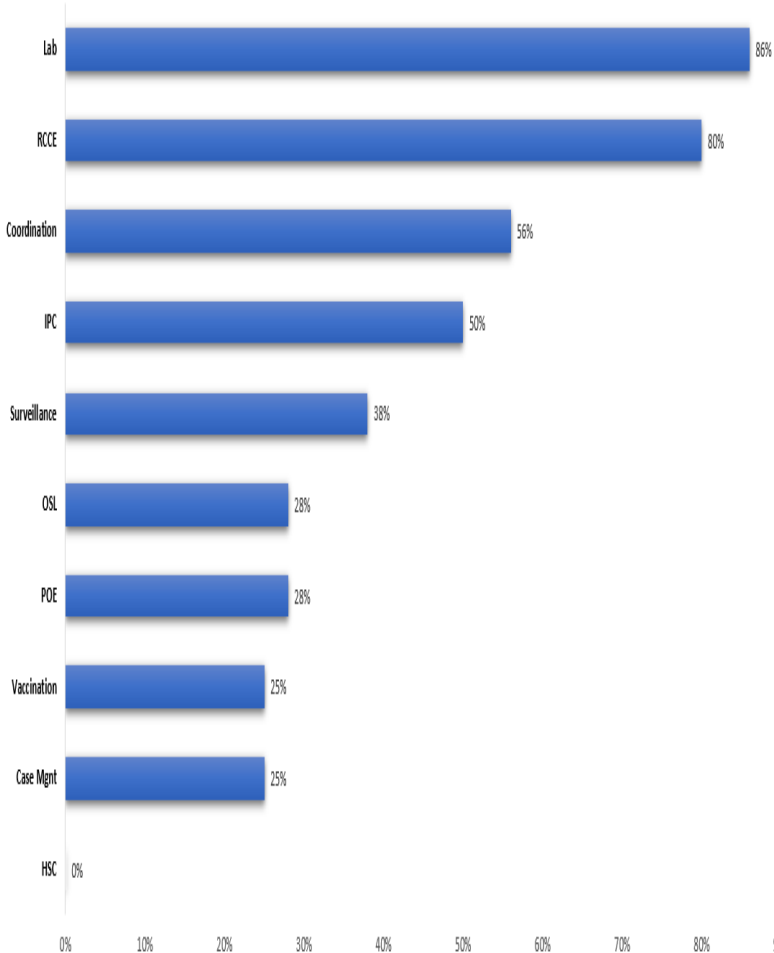
Global monkeypox situation update.

- Declared as PHEIC on 23 July 2022
- Laboratory confirmed cases **27 814** Deaths **11**
- Countries/ areas/ territories **89**
- Most cases reported in the past 4 weeks were notified from the Region of the Americas (60.3%) and the European Region (38.7%).

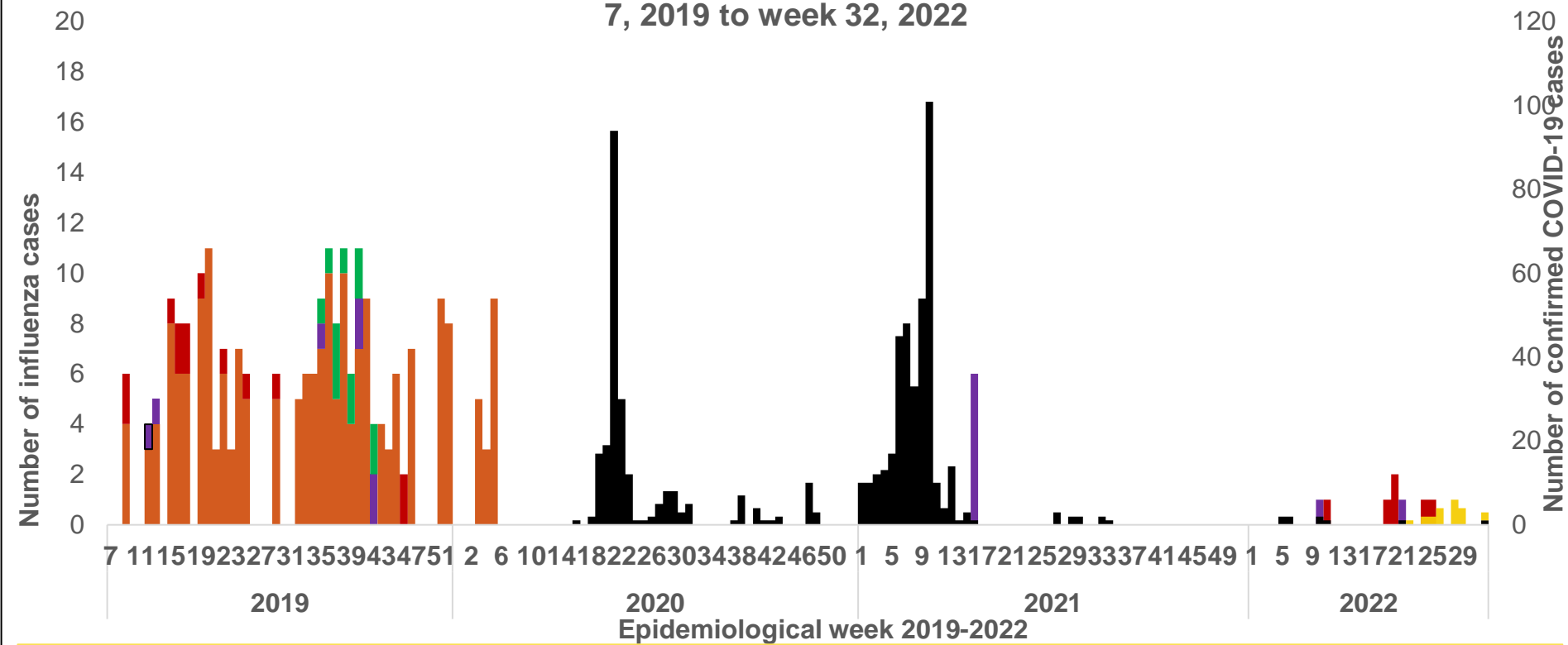
South Sudan monkeypox update.

- No monkey case detected in South Sudan
- Ten suspect cases reported since July 2022, with 9 samples collected and tested negative in NPHL and regional labs
- Surveillance & lab tools drafts to be finalized.
- Monkeypox webinar conducted to enlighten the surveillance and HCWs in July 2022
- Monkeypox readiness and response plan draft to be ready by next week Monday
- Discussion ongoing between MOH, WHO, and SSPHI to conduct monkeypox training for healthcare workers at National and Sub-national levels
- Monkeypox readiness assessment is at **41%**

South Sudan Baseline MPXV readiness capacities Aug,2022



Confirmed Influenza ,COVID-19 and RSV cases from sentinel sites in Juba, week 7, 2019 to week 32, 2022



- There are currently Four designated Influenza sentinel surveillance sites in Juba (Juba Teaching Hospital and Al Sabah Children’s Hospital Rumbek State Hospital & Juba Military Hospital) that are collecting epidemiological data and samples from ILI/SARI cases.
- By the end of wk. 52 of 2021, a total of **266 ILI/SARI** samples have been collected and tested in NPHL, **257** being negative; 6(2%) positive for Influenza B (Victoria); 3 (1%) positive for Influenza A (H3) and zero(0%) positive for Influenza A (H1)pdm09.
- From week **1-to 32,2022**; a total of **371 ILI/SARI** samples were collected,**335** samples tested negative, and Cumulatively, **7** tested positive for covid-19,1 positive for Influenza B (Victoria), and **5** positives for influenza A(H3). 21 RSV was confirmed in Week 32

ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS

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

Response| Summary of major ongoing outbreaks in 2022

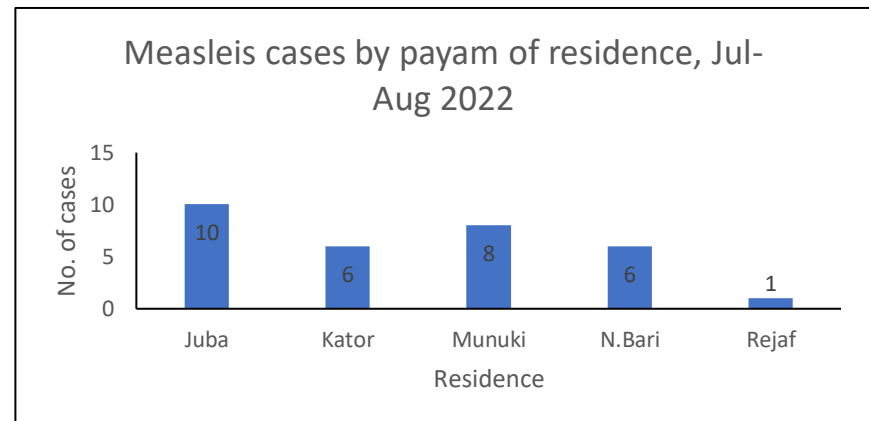
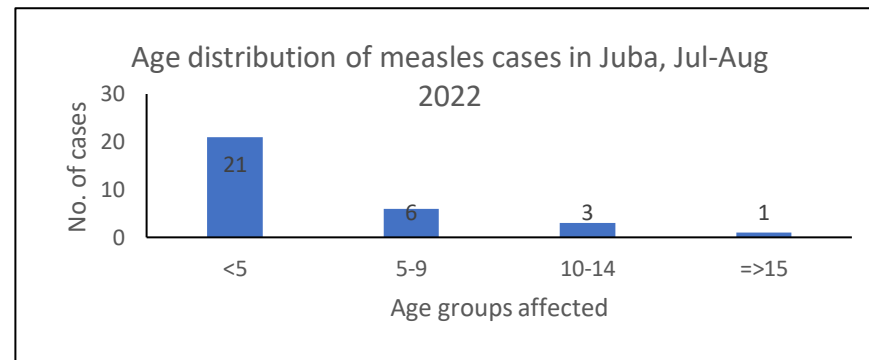
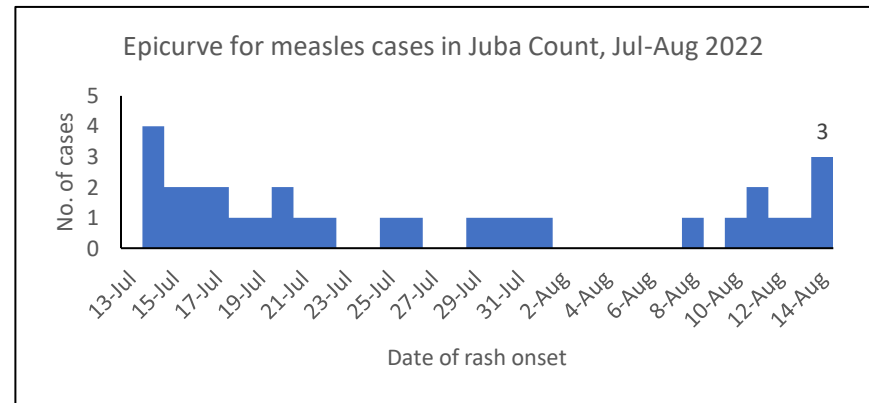
Aetiological agent	Location (county/ state)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	IPC/W ASH
Ongoing epidemics								
Hepatitis E	Bentiu PoC	03/01/2019	48	3046(0.82%)	Yes	yes	Yes	Yes
COVID-19	35 counties	05/4/2020	11	17,823 (0.77%)	yes	yes	yes	yes
Cholera	Bentiu	20/3/2022	02	316(0.32)	yes	yes	yes	yes
Anthrax	Gogrial West	24/1/2022	5	108(0.037)	Yes	No	Yes	Yes
Meningitis	Northern Bahr Elgazal State	7/1/2022	4	328(0.003)	Yes	No	Yes	Yes
Measles	Aweil West	11/5/2022	2	65(0.030)	Yes	yes	Yes	NA
Measles	Aweil East	12/3/2022	8	60(0.013)	Yes	yes	Yes	NA
Measles	Aweil Center	24/4/2022	1	31(0.32)	Yes	yes	Yes	NA
Measles	Juba	19/7/2022	26	57(0.66)	yes	Not yet	yes	NA

Confirmed Measles Outbreak in Juba County- CES

- Suspected measles cases started on 14/ 07/ 2022 in Juba County
- A total of **31** suspected cases of measles have been reported from Munuki, Juba, N. Bari, Kator and Rejaf Payam. Juba Payam has the most cases (32%) among the five affected payams.
- Age 0-4yrs accounted for the majority, 67.7% (21 cases), of the cases reported
- More than half (54.8%) of the cases are males
- 41.9% (17 cases) of the cases were admitted for inpatient management; no deaths reported so far.

Ongoing response

- Active case search and line listing of cases are ongoing, cases have been referred to the nearest health facilities.
- Case are being managed in different health facilities; this includes provision of supportive management, vitamin A supplementation and treatment of secondary infections
- Plans to conduct reactive vaccination campaigns in the five affected payams are underway; vaccination expected to start soon. WHO, MEDAIR and IOM are leading the campaign.
- Refresher training on measles surveillance and treatment is planned for state RRTs and frontline health workers
- Routine immunization services need to be strengthened



Confirmed Cholera Outbreak in Bentiu, Unity State as of week 31

Descriptive epidemiology

- *V. cholerae* case confirmed on 14 Apr 2022 in Bentiu.
- **02** new cholera cases (including 01 RDT positive cases) reported from Bentiu IDP camp, Rubkona county
- **316** cholera cases have been reported cumulatively. (**55** were cholera RDT positive with 29 testing culture positives); One death with a **0.33%** case fatality rate (CFR).
- Overall age group between 0-4 years is mostly affected with **35.7%** of the **316** cases reported.
- Females account for 191 (**61.1%**) and males account for the reported cases **123 (38.9%)**.
- Gradual reduction is being observed from week 25 up to week 31, however, this must be interpreted with caution
- Vaccinated cases accounted for 103 (32.6 %), unvaccinated accounted for 141 (44.6%) and 72 (22.8%) have unknown vaccination status.

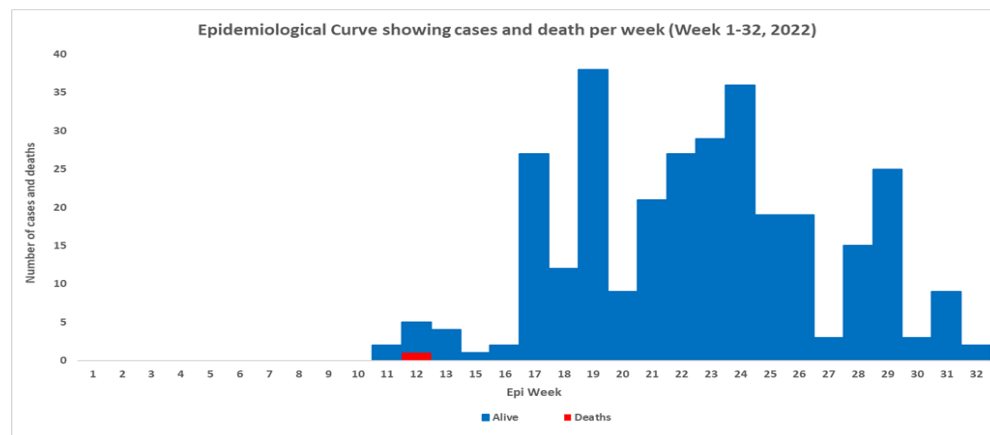


TABLE VACCINATION STATUS OF REPORTED CHOLERA CASES BY AGE CATEGORY, RUBKONA COUNTY, 19 MARCH – 14 August 2022

Age Group	Vaccinated		Not Vaccinated		Unknown		Total	
	cases	%	Cases	%	Cases	%	Cases	%
0-4 yrs	25	7.9	62	19.6	22	7.0	109	34.5
5-9 yrs	6	1.9	13	4.1	4	1.3	23	7.3
10-14 yrs	17	5.4	10	3.2	11	3.5	38	12.0
15-19 yrs	2	0.6	12	3.8	8	2.5	22	7.0
20-49 yrs	36	11.4	32	10.1	21	6.6	89	28.2
≥50 yrs	17	5.4	12	3.8	6	1.9	35	11.1
Total	103	32.6	141	44.6	72	22.8	316	100.0

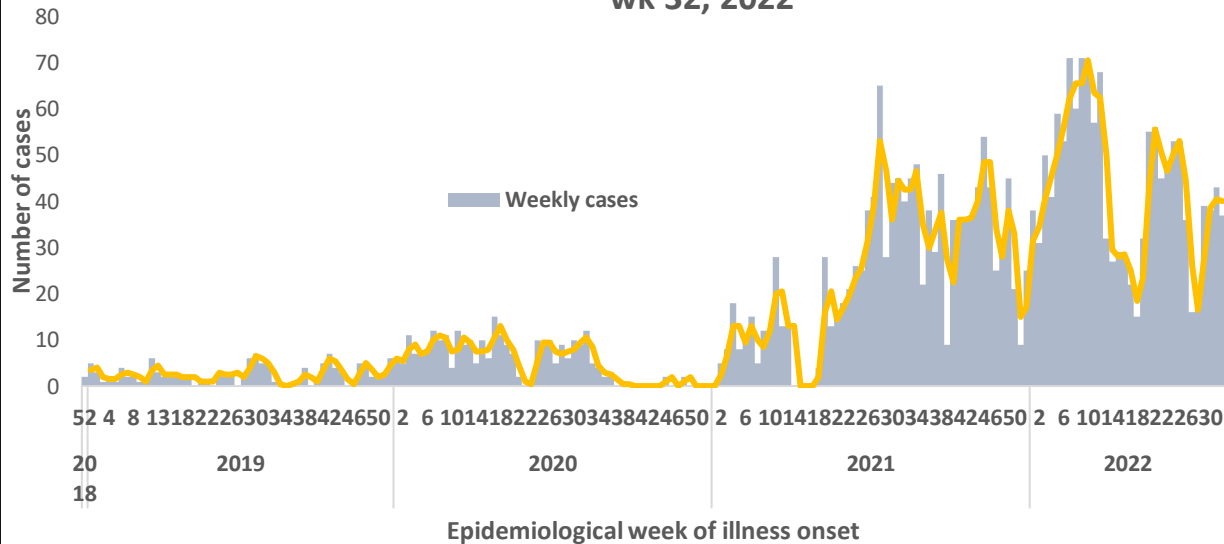


Oral Cholera Vaccines (OCV) 2022.

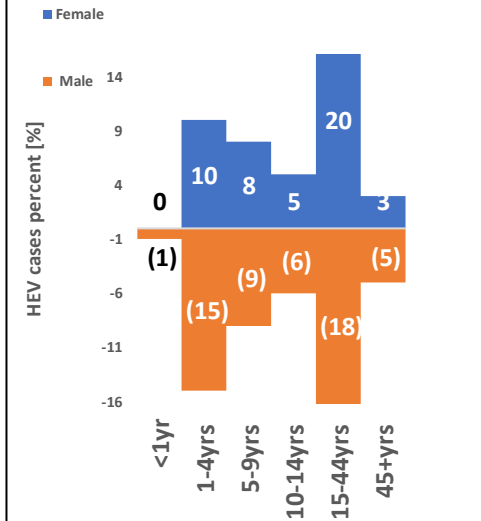
S/ N	LOCATION	TARGET	POPULATION VACCINATED		COVERAGE	
			1st round	2nd Round	1st round	2nd Round
1	Rubkona Phase 1	202,627	173,170	175,044	85%	86%
2	Rubkona Phase 2	31,680	25,196	32,075	80%	101%
3	Leer	75,333	64,033	35,375	85%	47%
4	Juba	633,335	400,584		63%	
5	Yirol East	118,163	111,499		94.4%	

- Phase 2 OCV Campaigns in Yirol East and Juba are planned for Sept 2022. The vaccine for Juba is expected on 30th Aug.
- A total of 1,181,750 doses of OCV have been received in South Sudan in 2022
- 1,016,976 OCV doses have been administered
- OCV campaigns in other locations are being planned by SMOH in collaboration with partners

Hepatitis E Virus [HEV] cases in Bentiu IDP camp, wk 1, 2019 to wk 32, 2022



HEV case distribution by age and sex in Bentiu IDP, 2019-2022



Descriptive epidemiology

- The persistent transmission of HEV in Bentiu IDP camp continues with **3,083** cases since the beginning of 2019
- **37** new cases were reported in week 32, bringing the total cases to 3,083 including (25 deaths) giving a CFR of **0.81%**
- HEV transmission has reduced from a peak of 60 cases every fortnight by week 8, 2021 to 40 cases every fortnight by week 30, 2022.
- All the cases have been managed as outpatient cases except for seven cases who were admitted
- No death was reported in 2022
- 46% are female and 54% are male. Within the IDP camp, the sector specific attack rates for HEV disease for the period week 1, 2022 are highest in sectors 3 and 5.



HEV response update

1. Multisectoral joint cholera and HEV response coordination at the state level; biweekly coordination forum comprising health, WASH, and other clusters
2. Surveillance enhanced through the provision of refresher training, distribution of case definition, and other reporting tools
3. Weekly analytics of the outbreak data to monitor trends and inform decision making
4. Case management for symptomatic cases provided by the PHCCs; severe cases are referred to MSP PoC Hospital
5. The HEV vaccination campaign was conducted in Bentiu IDP Camp; the first round with a coverage of 91% and the second round with a coverage of 82% among those aged 16-40 years (incl. pregnant women); the third round is expected to be conducted in October 2022
6. Risk communication and awareness are enhanced through household health promoters/hygiene promoters; radio talk shows and messaging. Cholera and HEV messages were disseminated.
7. Enhanced access to safe drinking water, sanitation facilities such as latrines, mass clean-up campaigns, regular water quality testing, and monitoring

HEV response challenges

1. Lack of long-term investment to improve the WASH situation in the camp
2. Lack of meaningful behavioral changes among the population
3. Frequent population movements between the IDP and host communities; host community was not vaccinated
4. Upcoming flooding season will likely worsen the WASH situation





- Suspected anthrax cases were detected at the Kuajok hospital, and a retrospective review of the facility registers revealed over cases in the past two months.
- On 18th May 2022, a national team composed of MOH, MOAF, WHO, ICAP, and FAO visited the state to conduct an in-depth epidemiological investigation and response. The team visited Kuajok hospital, Gogrial PHCC, and Alak PHCC to review register books. The team also visited 24 villages where Anthrax suspected cases come from
- Five new cases were reported in week 31, 2022 bringing the total number of cases line-listed to **108 cases and 5 deaths**, case fatality rate (**CFR 4.7%**).
- All cases are from one County of Gogrial West. **62.9%** of the cases are from Kuac North Payam. **61%** of the cases are among females and **39 %** among Males.
- Out of the 18 samples collected, 8 tested positive by PCR.
- A total of 10 animal samples were collected by the animal health experts and 3 soil samples for further analysis.

Ongoing response

- Animal and soil samples collected to confirm infection among the animals and in soil samples
- Active case search and line listing of cases in the affected county and the surrounding.
- Case management is underway at Kuajok hospital.
- Discussions are underway with the Ministry of Animal Resources and Fisheries to conduct an immunization campaign among animals to eliminate the source of infection
- Risk communications and community engagements activities are ongoing through local radios to reduce the risk of exposure
- Ongoing multisectoral coordination meetings at state and national level.

Epi Curve showing Anthrax Cases form week 4 to week 31, 2022.

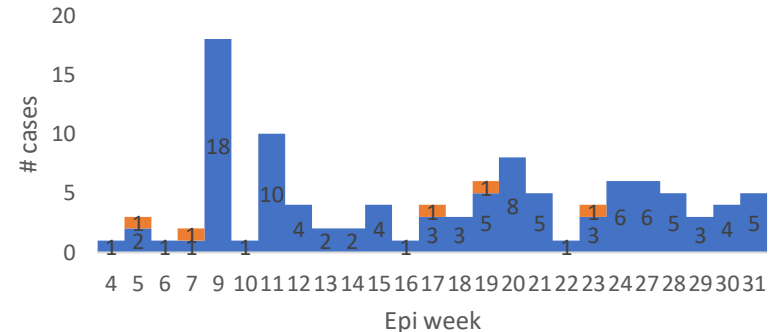


Chart showing Anthrax Cases by Payams form week 4 to week 31, 2022.

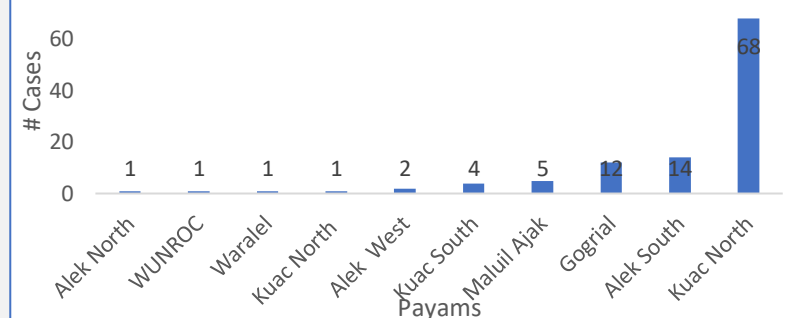
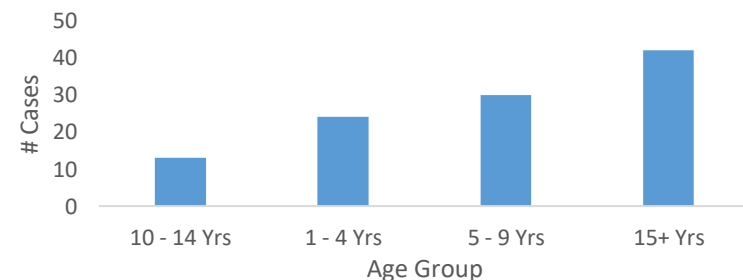
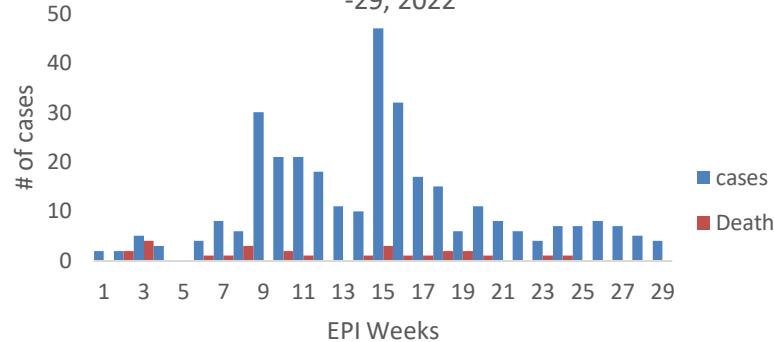


Chart showing Anthrax Cases by Age group from week 4 to week 31, 2022.



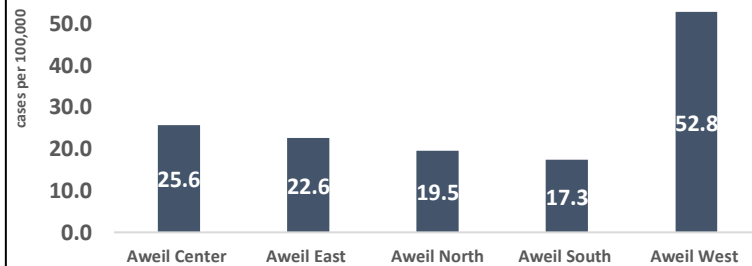
Suspected Meningitis in Northern Bahr el Ghazal State as of week 29, 2022

Meningitis cases in Northern Bahr el Ghazal week 1 -29, 2022

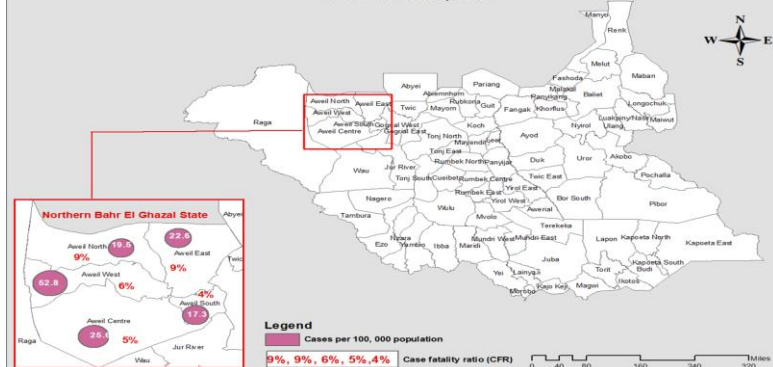


- **328** suspect cases, with **23 deaths (CFR 7.0%)** reported from **5** counties in NBeG from week **1-23, 2022**
- **Spike in suspect cases reported in weeks 9, and 15, 2022.**
- Most cases reported among **15+ yrs (43%)** and **<1 – 4 yrs (24%)**
- **Most deaths (CFR 57%)** have occurred in **infants (<1yr)**. The risk of death reduces with increasing age
- **Aweil North** reported the highest **CFR of 10%** which is the threshold
- **Aweil West and Aweil center** reported the **highest cumulative attack rates** during the reporting period and surpassed the alert threshold.
- **A total of 36 samples** were shipped to NPHL and then to the National Institute of Communicable Diseases in South Africa for PCR, of the 25 samples; 5 were positive for *Neisseria meningitidis*, (3 serogroup X) and 6 *Streptococcus pneumoniae* and one *H. Influenzae*. 17 samples tested negative by PCR and no growth by culture. And 7 are still pending
- Last **MenAfriVac** vaccination in March **2016** attained **admin. coverage of 92.3%**. South Sudan has not introduced the pneumococcal vaccine (PCV) into routine immunization

Cases (per 100,000) by county in NBeG from week 1 - 23, 2022



South Sudan: Map showing suspected Meningitis cases in Northern Bahr El Ghazal State by County from week 1 - 23, 2022.



Response Activities

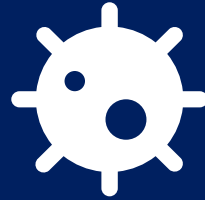
- WHO AFRO deployed a technical officer to Aweil to provide technical support and develop a road map for updating preparedness plans.
- Meningitis Training of Trainers was conducted on 8th and 9th August, all state surveillance officers, clinicians, and public health officers at the PHEOC were trained on surveillance, case management, data management
- Case identification, investigation, and management underway in Aweil Civil hospital by MSF France
- 3,000 vials of ceftriaxone from ICG and 1,000 vials of ceftriaxone were distributed to NBGZ state-affected counties
- WHO supporting capacities for molecular testing of bacterial meningitis in South Sudan through the National Institute of Communicable Diseases



Response | Summary of major controlled outbreaks in 2020 and 2021

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	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	NR	55 (0.36)	Yes	Yes		Yes
Rubella	Tambura	11/1/2021	NR	23 (0.13)	Yes	No		Yes
Rubella	Nagero	01/03/ 20201	NR	5 (0.25)	Yes	No		Yes
cVDPV2	25 counties	11/06/2020 18/09/2020	NA	59	Yes	Yes		Yes
Measles	Torit	8/2/2022	NR	1 (0.023)	Yes	Yes		Yes
Measles/ Rubella	Maban- Doro Camp	5/01/2022	NR	20 (0. 124)	Yes	Yes		Yes
Measles/ Rubella	Tambura	20/02/2022	NR	5 (0.4)	Yes	Yes		Yes
Rubella	Gogrial West		NR	76(0.13)	Yes	No		Yes

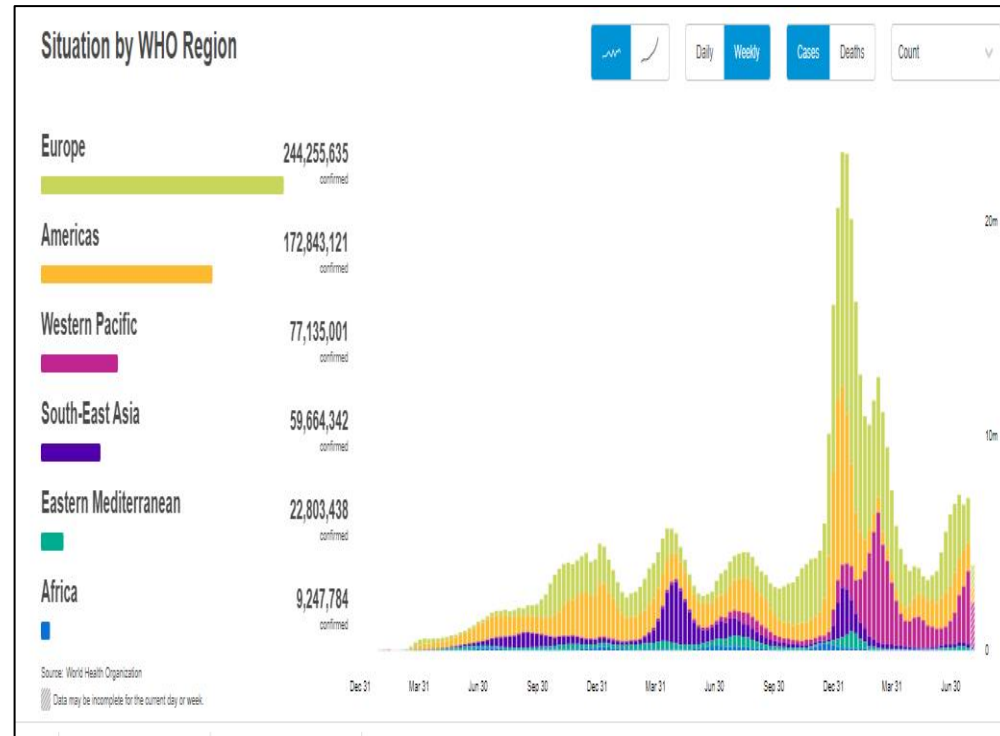
COVID-19 UPDATES





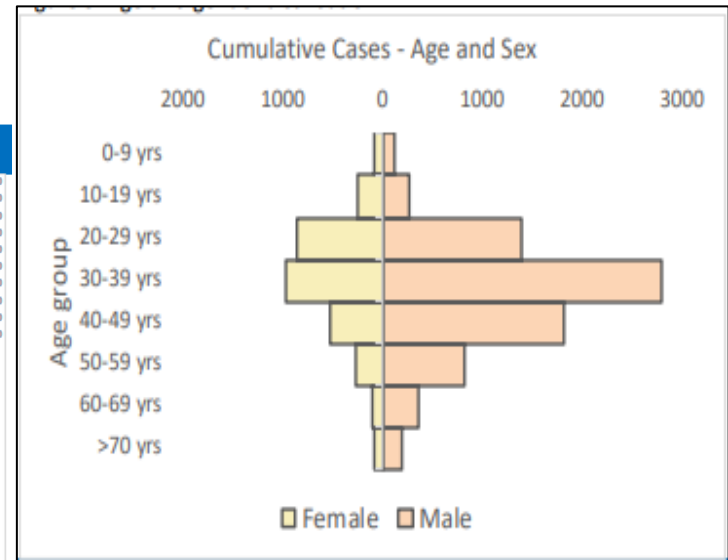
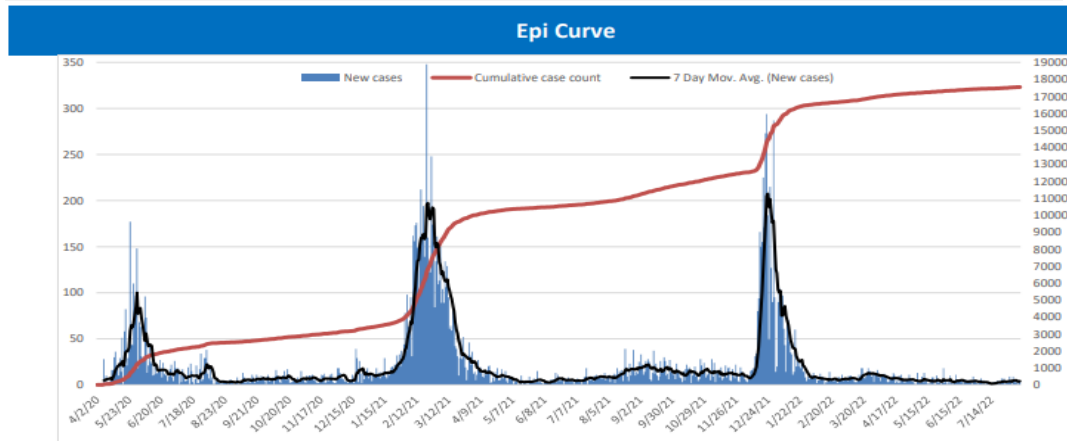
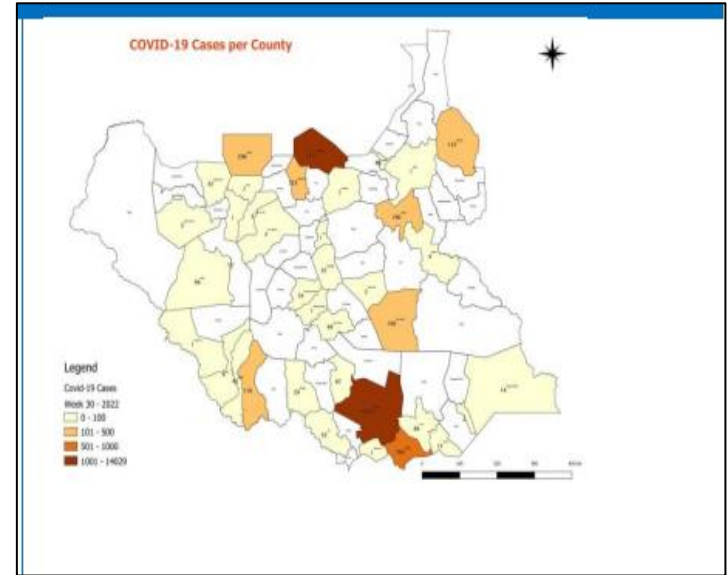
Situation update as of 15 August, 2022

- Globally, as of 4:42pm CEST, 22 August 2022, there have been 593,269,262 confirmed cases of COVID-19, including 6,446,547 deaths, reported to WHO. As of 17 August 2022, a total of 12,409,086,286 vaccine doses have been administered.**
- In Africa, as of 22 August 2022 there have been 9,269,451 confirmed cases of COVID-19, including 174,235 deaths reported to WHO**



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

- **17,852** confirmed cases with **138 deaths**, **17,513** recoveries, and 201 active cases 0.77% case fatality rate (CFR) 293 healthcare workers were confirmed as cases –
- **29 new** confirmed cases during the week with pre-travel screening (**58.6%**) and alerts (**41.4%**) accounting for all the cases –
- **569** imported cases (0 new cases this week) mostly from South Sudanese returnees (**391**), Uganda (55), and Kenya (22) –
- Zero admitted to the Infectious Disease Unit (IDU) in Juba during the week Seven-day moving averages for case count and positivity rate were **4.1 cases and 1.3%** at the end of Week 32 compared to **3.4 cases and 0.7%** at the end of Week 31 respectively
- 2,395 in-bound travelers tested at JIA to date (9 tested positive, a yield of 0.4%)





**OVERALL
CONCLUSIONS AND
RECOMMENDATIONS**

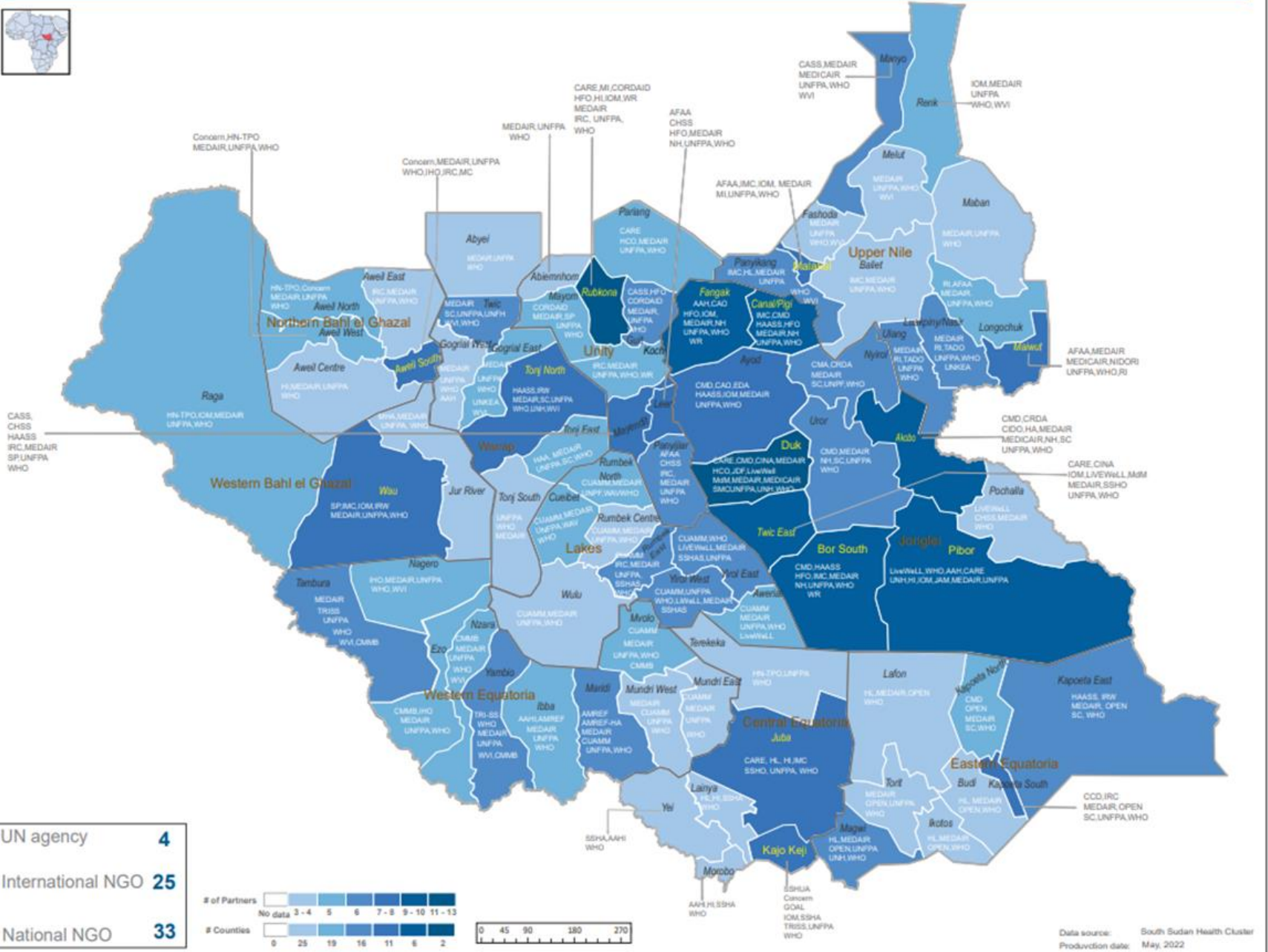
Conclusions

- The overall performance of IDSR and EWARNS reporting sites in week 32, 2022 is below the target of 80% for the IDSR sites
- HEV transmission has reduced from a peak of 60 cases every fortnight by week 8, 2021 to 37 cases every fortnight by week 32, 2022
- Confirmed Measles outbreak in Juba as 6 cases tested IgM positive plans underway to conduct reactive vaccination campaign by WHO, IOM and Medair
- Ongoing Cholera outbreak in Bentiu, Unity with 316 cases and one death CFR 0.31%
- Active meningitis cases in Northern Bahr El Ghazal state with 328 suspect cases and 23 deaths (CFR 9%)

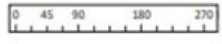
Recommendations

- Partners to continue supporting County Health Departments (CHD) & State Ministries of Health on timely IDSR/EWARN reporting
- Health facilities to conduct an initial investigation on suspected cases of epidemic-prone diseases and collect samples
- Support the multicluster HEV response strategy in Bentiu IDP camp and the ongoing cholera outbreak
- Strengthen surveillance for Meningitis in NBGZ and Anthrax in Warrap states
- Enhance COVID-19 surveillance, investigate ARI/ILI/SARI cases, and optimize SARS-COV2 Ag-RDT use
- Implement the accelerated COVID-19 vaccine absorption plan to attain 70% coverage by July 2022
- Conduct reactive measles vaccination campaign in counties with confirmed outbreaks and advocate for enhanced routine immunization through PIRI

South Sudan Health Cluster HRP Partners 2022



UN agency	4
International NGO	25
National NGO	33



Data source: South Sudan Health Cluster
 Production date: May, 2022



IDSR timeliness & completeness performance at county level for week 32 and 31 of 2022 (1)

STATE	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK 32	Timeliness Percentage of WK 32	No. of HFs Reported regardless of time in WK 32	Completeness Percentage of WK 32	No. of HFs Reported regardless of time in WK 31	Completeness Percentage of WK 31
Lakes	Cueibet	15	15	100%	15	100%	15	100%
Lakes	Rumbek North	7	7	100%	7	100%	7	100%
Lakes	Wulu	14	14	100%	14	100%	14	100%
Lakes	Rumbek East	24	24	100%	24	100%	24	100%
Lakes	Awerial	7	7	100%	7	100%	5	71%
Lakes	Rumbek Centre	23	23	100%	23	100%	21	91%
Lakes	Yirol West	12	12	100%	12	100%	12	100%
Lakes	Yirol East	11	11	100%	11	100%	11	100%
NBGZ	Aweil North	15	15	100%	15	100%	15	100%
NBGZ	Aweil West	20	20	100%	20	100%	20	100%
CES	Yei	18	17	94%	17	94%	17	94%
CES	Kajo Keji	28	26	93%	26	93%	28	100%
CES	Morobo	9	8	89%	8	89%	9	100%
WBGZ	Jur River	40	34	85%	34	85%	40	100%
NBGZ	Aweil East	26	22	85%	22	85%	17	65%
NBGZ	Aweil Centre	13	11	85%	11	85%	13	100%
NBGZ	Aweil South	15	12	80%	12	80%	15	100%
WBGZ	Wau	31	24	77%	24	77%	24	77%
CES	Lainya	16	10	63%	10	63%	11	69%
WBGZ	Raja	15	9	60%	9	60%	11	73%
CES	Terekeka	20	11	55%	11	55%	11	55%
CES	Juba	46	3	7%	3	7%	3	7%

STATE	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK 32	Timeliness Percentage of WK 32	No. of HFs Reported regardless of time in 32	Completeness Percentage of WK 32	No. of HFs Reported regardless of time in WK 31	Completeness Percentage of WK 31
Unity	Abiemnhom	4	4	100%	4	100%	4	100%
Unity	Koch	7	7	100%	7	100%	7	100%
Unity	Mayom	13	13	100%	13	100%	13	100%
Unity	Pariang	12	12	100%	12	100%	12	100%
WES	Nzara	21	21	100%	21	100%	21	100%
WES	Nagero	10	10	100%	10	100%	10	100%
WES	Mundri West	21	21	100%	21	100%	21	100%
WES	Maridi	26	26	100%	26	100%	26	100%
WES	Mundri East	19	19	100%	19	100%	19	100%
WES	Ezo	32	32	100%	32	100%	32	100%
WES	Yambio	42	41	98%	41	98%	42	100%
WES	Tambura	28	26	93%	26	93%	26	93%
WES	Mvolo	11	10	91%	10	91%	10	91%
Unity	Leer	16	14	88%	14	88%	13	81%
Unity	Panyijjar	16	13	81%	13	81%	11	69%
Unity	Mayendit	14	11	79%	11	79%	11	79%
Unity	Guit	7	5	71%	5	71%	5	71%
Unity	Rubkona	20	13	65%	13	65%	11	55%
WES	Ibba	11	0	0%	0	0%	11	100%

IDSR timeliness & completeness performance at county level for week 32 and 31 of 2022 (2)



STATE	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK 32	Timeliness Percentage of WK 32	No. of HFs Reported regardless of time in WK 32	Completeness Percentage of WK 32	No. of HFs Reported regardless of time in WK 31	Completeness Percentage of WK 31
Jonglei	Pibor	7	7	100%	7	100%	5	71%
Jonglei	Pochalla	7	7	100%	7	100%	7	100%
Jonglei	Duk	15	15	100%	15	100%	15	100%
EES	Magwi	17	17	100%	17	100%	17	100%
EES	Ikotos	19	19	100%	19	100%	19	100%
EES	Lopa Lafon	15	15	100%	15	100%	14	93%
EES	Torit	11	11	100%	11	100%	11	100%
EES	Kapoeta South	9	9	100%	9	100%	8	89%
EES	Kapoeta East	7	7	100%	7	100%	7	100%
EES	Kapoeta North	10	10	100%	10	100%	10	100%
EES	Budi	17	16	94%	16	94%	12	71%
Jonglei	Twic East	11	9	82%	9	82%	9	82%
Jonglei	Nyirrol	10	8	80%	8	80%	8	80%
Jonglei	Canal Pigi	12	9	75%	9	75%	9	75%
Jonglei	Fangak	19	14	74%	14	74%	14	74%
Jonglei	Bor	35	21	60%	21	60%	21	60%
Jonglei	Akobo	14	4	29%	4	29%	2	14%
Jonglei	Uror	8	1	13%	1	13%	1	13%
Jonglei	Ayod	15	0	0%	0	0%	3	20%

STATE	COUNTY	Number of reporting sites	No. of HFs Reported on Time in WK 32	Timeliness Percentage of WK 32	No. of HFs Reported regardless of time in WK 32	Completeness Percentage of WK 32	No. of HFs Reported regardless of time in WK 31	Completeness Percentage of WK 31
Warrap	Gogrial West	31	31	100%	31	100%	27	87%
Warrap	Tonj East	12	12	100%	12	100%	10	83%
Warrap	Tonj South	12	12	100%	12	100%	12	100%
Upper Nile	Baliet	4	4	100%	4	100%	4	100%
Upper Nile	Makal	7	7	100%	7	100%	7	100%
Upper Nile	Panyikang	3	3	100%	3	100%	3	100%
Upper Nile	Akoka	5	5	100%	5	100%	5	100%
Warrap	Twic	26	25	96%	25	96%	17	65%
Warrap	Tonj North	19	18	95%	18	95%	18	95%
Warrap	Abyei	9	8	89%	8	89%	5	56%
Upper Nile	Longechuk	9	8	89%	8	89%	5	56%
Upper Nile	Manyo	11	9	82%	9	82%	10	91%
Upper Nile	Maiwut	5	4	80%	4	80%	3	60%
Upper Nile	Maban	17	13	76%	13	76%	6	35%
Upper Nile	Luakpiny Nasir	12	8	67%	8	67%	3	25%
Upper Nile	Melut	8	5	63%	5	63%	2	25%
Warrap	Gogrial East	15	9	60%	9	60%	8	53%
Upper Nile	Fashoda	16	4	25%	4	25%	6	38%
Upper Nile	Ulang	14	2	14%	2	14%	2	14%
Upper Nile	Renk	11	1	9%	1	9%	2	18%

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 2022 use the link below:

<https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2022>

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

For more help and support, please contact:

Dr Joseph Lasu Hickson
Director, Emergency Preparedness and Response
Ministry of Health
Republic of South Sudan
Telephone: +211921395440
Email: josh2013.lasu@gmail.com

Dr. John Rumunu
Director General Preventive Health Services
Ministry of Health
Republic of South Sudan
Telephone: +211924767490
Email: pri.moiga@gmail.com

IDSR Bulletin Editorial Team

- 1.Mr. Ajak Ater, MoH - Email: ajakater014@gmail.com
- 2.Mrs. Sheila Baya, WHO- Email: bayas@who.int
- 3.Mr. Robert Lasu Martin, WHO -Email: lasur@who.int
- 4.Mrs. Rose Dagama , WHO - Email: dagamaa@who.int
- 5.Dr. Abraham Adut, WHO- Email: abenegoa@who.int
- 6.Dr. Tony Wurda, WHO-Email wurdatt@who.int
- 7.Dr Alice Ladu, WHO - Email ladua@who.int
8. Dr Antonio Oke, WHO -Email okea@who.int
- 9.Dr Aggrey Bategereza, WHO -Email bategerezaa@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, USAID and World Bank 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>

