



# South Sudan Ministry of Health

Integrated Disease surveillance  
and response (IDSR)



World Health  
Organization  
South Sudan

## Epidemiological Bulletin Week 39, 2022 (September 25-1 October)

## Major epidemiological highlights in week 39 of 2022



- In week **39, 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%**
- The overall performance of IDSR and EWARN reporting sites in week 39, 2022 is above 80% for both IDSR sites and EWARN sites
- Only one event-based surveillance alert was reported from Nimule in Magwi county Eastern Equatoria state in week 39
- Confirmed outbreak of Sudan Ebolavirus in Uganda Mubende district as the epicenter with other four districts with at least a confirmed case. As of week 44, a total of 137 cases and 54 confirmed deaths giving a CFR of 39%.
- A total of 20 suspected Ebola Virus Disease (EVD) cases were reported from Nimule, Yei, Yambio, Kajo-keji, Juba, and Rubkona with samples collected from 06 samples collected and all tested negative for EVD.
- Confirmed measles outbreaks in 15 counties since the beginning of the year 2022 with the latest counties affected including Leer, Rubkona (Bentiu camp)
- Hepatitis E virus cases continue to be reported in Bentiu IDP Camp with 17 cases reported in week 39 giving a cumulative of 3,400 cases and 25 deaths (CFR 0.76%) reported since week 1, 2019
- On other emergencies, floods have affected over **800,000** people in **24** counties in ten states, and high cases of Acute Malnutrition in South Sudan due to **food insecurity**.

# 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 39 & 38 of 2022



Timeliness States Ranking	States	Number of reporting sites	No. of HFs Reported on Time in WK 39	Timeliness Percentage of WK 39	No. of HFs Reported on Time in WK 38	Timeliness Percentage of WK 38
1st	WES	218	218	100%	208	95%
2nd	Lakes	113	111	98%	113	100%
3rd	EES	105	94	90%	94	90%
4th	CES	126	111	88%	79	63%
5th	WBGZ	80	67	84%	67	84%
6th	Unity	95	77	81%	91	96%
7th	NBGZ	89	70	79%	63	71%
8th	Warrap	123	96	78%	97	79%
9th	Jonglei	126	89	71%	84	67%
10th	Upper Nile	95	61	64%	58	61%
	<b>South Sudan</b>	<b>1170</b>	<b>994</b>	<b>85%</b>	<b>954</b>	<b>82%</b>

## KEY

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

The Timeliness of IDSR Reporting (Supported by EWARS Web and Mobile) at health facility level in week 39 stands at 85% while in week 38 it was at 82% and 6 states were above the target of 80% in week 39.

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

# IDSR Completeness performance at State level for week 39 & 38 of 2022



Completeness States Ranking	States	Number of reporting sites	No. of HF's Reported regardless of time in WK 39	Completeness Percentage of WK 39	No. of HF's Reported regardless of time in WK 38	Completeness Percentage of WK 38
1st	Lakes	113	113	100%	113	100%
2nd	WES	218	218	100%	218	100%
3rd	EES	105	103	98%	97	92%
4th	NBGZ	89	80	90%	77	87%
5th	CES	126	112	89%	79	63%
6th	Unity	95	84	88%	95	100%
7th	WBGZ	80	67	84%	67	84%
8th	Upper Nile	95	76	80%	65	68%
9th	Warrap	123	97	79%	97	79%
10th	Jonglei	126	89	71%	87	69%
	<b>South Sudan</b>	<b>1170</b>	<b>1039</b>	<b>89%</b>	<b>995</b>	<b>85%</b>

## KEY

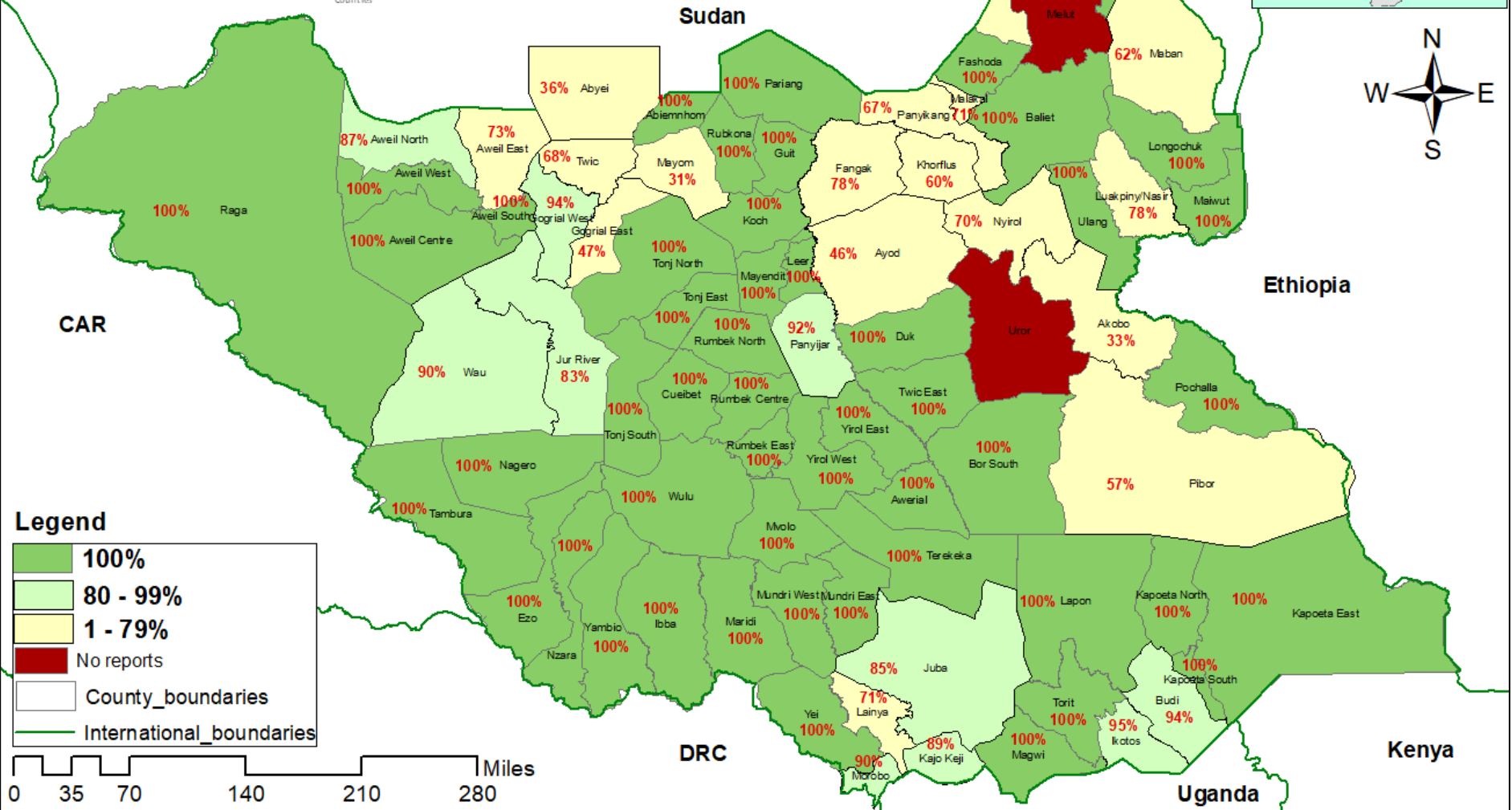
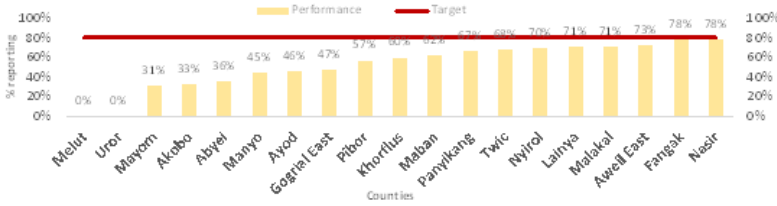
	<60%	Poor
	61%-79%	Fair
	80%-99%	Good
	100%	Excellent

The Completeness of IDSR Reporting (Supported by EWARS Web and Mobile) at health facility level in week 39 stands at 89% while in week 38 it was 85% and 8 states were above the target of 80% in week 39.

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

# Map of South Sudan Showing IDSR Reporting Completeness by County in Week 39, 2022.

Counties that reported below the target line of 80% (80 percent) in week 39, 2022.



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 Timeliness performance indicator by partner for week 39 and 38 of 2022

Partner	HFs	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received on Time in Week 39	Timeliness of Week 39	# of reports received on Time in Week 38	Timeliness of Week 38
Medicair	3	3	100%	3	100%
IRC	2	2	100%	2	100%
World Relief	2	2	100%	2	100%
HFO	4	4	100%	4	100%
UNH	2	2	100%	2	100%
SMC	6	6	100%	6	100%
SSHCO	1	1	100%	1	100%
CIDO	1	1	100%	1	100%
IOM	10	10	100%	10	100%
MC	2	2	100%	2	100%
IMC	24	22	92%	19	79%
MSF-H	4	3	75%	3	75%
MSF-E	6	4	67%	4	67%
UNIDOR	3	2	67%	2	67%
Medair	2	1	50%	2	100%
ADA	1	0	0%	1	100%
TRI-SS	2	0	0%	2	100%
HAA	4	0	0%	0	0%
<b>TOTAL</b>	79	65	82%	66	84%

The Timeliness of EWARS in partners' supported sites stands at 82% in week 39 while in week 38 it was at 84%.



# Surveillance: EWARS completeness performance indicator by partner for week 39 and 38 of 2022

Partner	HFs	Reporting	Performance		
PARTER	Number of reporting sites	# of reports received regardless of Time in Week 39	Completeness of Week 39	# of reports received regardless of Time in Week 38	Completeness of Week 38
IRC	2	2	100%	2	100%
SMC	6	6	100%	6	100%
Medicair	3	3	100%	3	100%
World Relief	2	2	100%	2	100%
UNH	2	2	100%	2	100%
HFO	4	4	100%	4	100%
IOM	10	10	100%	10	100%
CIDO	1	1	100%	1	100%
SSHCO	1	1	100%	1	100%
MC	2	2	100%	2	100%
IMC	24	24	100%	23	96%
MSF-H	4	3	75%	3	75%
MSF-E	6	4	67%	4	67%
UNIDOR	3	2	67%	2	67%
Medair	2	1	50%	2	100%
ADA	1	0	0%	1	100%
TRI-SS	2	0	0%	2	100%
HAA	4	0	0%	0	0%
<b>TOTAL</b>	79	67	85%	70	89%

The Completeness of EWARS in partners' supported sites stands at 85% in week 39 while in Week 38 it was at 89%.



# INDICATOR-BASED SURVEILLANCE



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

In week 39,2022 Timeliness, there was only one alert triggered in the system

- **Viral Hemorrhagic fever alert** reported from Nimule Payam of Magwi County in Melijo residential area
- The event was later reported to the County Health Department and later National Ministry of Health
- The suspected case was investigated by county RRT, and a sample was collected on 28.09.2022

# SUDAN EBOLAVIRUS IN UGANDA AND READINESS IN SOUTH SUDAN

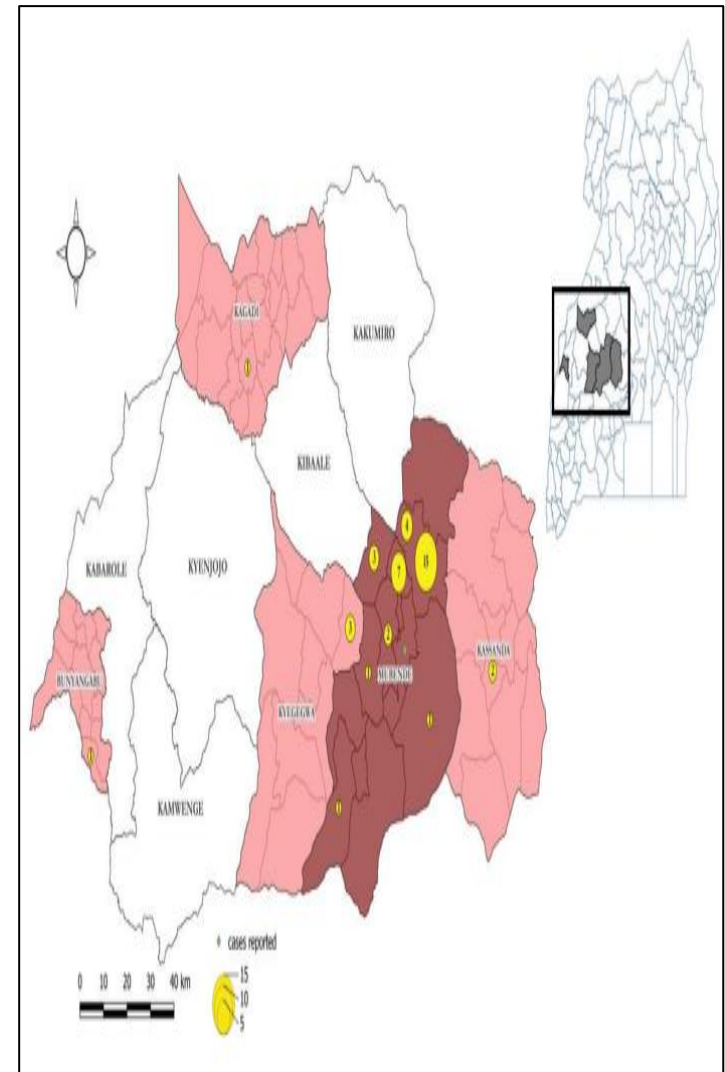


Alert management including detection; reporting; verification; risk assessment; & risk characterization



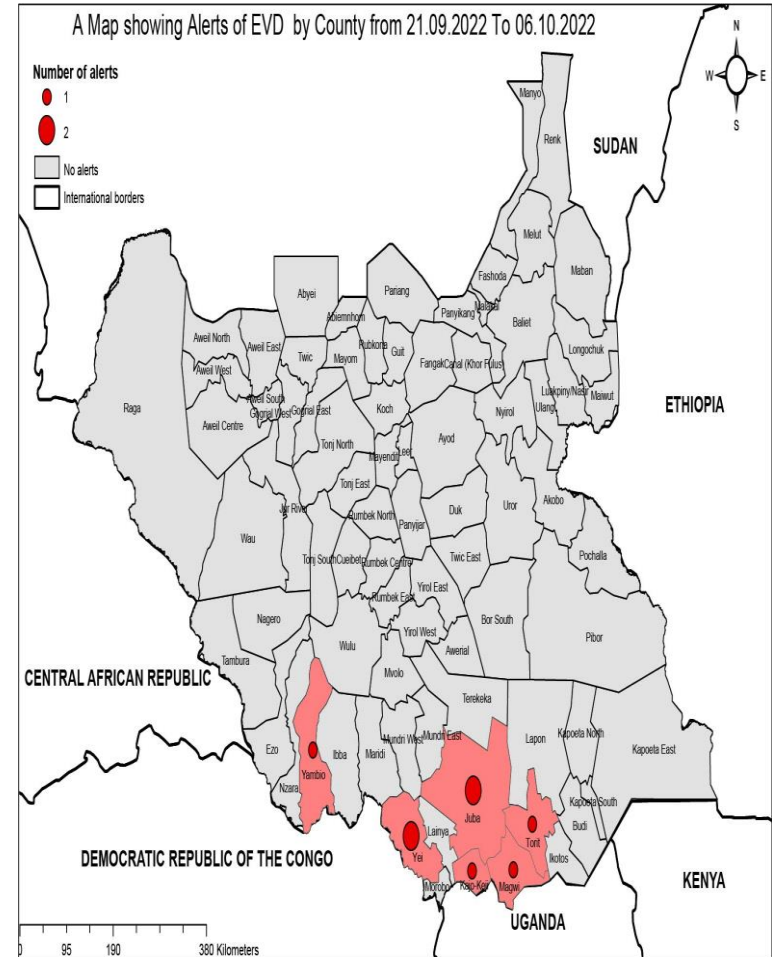
# Sudan Ebolavirus Disease in Uganda

- On 20 September 2022, the Ministry of Health Uganda declared an outbreak of EVD after a case of the Sudan ebolavirus was confirmed in the Mubende district.
- The Uganda Virus Research Institute (UVRI) confirmed the case after testing a sample from a 24-year-old male managed at Mubende Regional Referral Hospital (MRRH).
- Investigations by the National RRT of suspicious deaths that had occurred in the district earlier in the month.
- As of 10<sup>th</sup> October, five districts reported confirmed cases 48 and 17 confirmed deaths CFR 35.4%: Mubende the Epicenter, Kyegegwa, Kassanda, Kagadi and latest was Bunyangabu
- The Ministry of Health (MoH), Districts, and partners in Uganda are implementing several outbreak control interventions in Mubende and her surrounding districts to contain the disease spread



# South Sudan's key highlights

- Eight (08) alerts of Ebola received so far in the country (1 Nimule, (2) Yei, (2) Juba, (1)Yambio, (1) Kajo-keji, and (1)Torit).
- All alerts were investigated by the state and National Rapid Response Teams (RRTs), 4 alerts tested negative, 3 discarded, and 1 alert was pending result from Uganda Virus Research Institute
- PHEOC and IMS activated. **All readiness and response pillars were also activated, and weekly meeting schedules for all pillars were developed and circulated as national readiness is estimated at 61%**
- Readiness assessment and gap analysis conducted in Nimule, Yei, Morobo, and Yambio
- 72 HRs response plan developed and endorsed by the Ministry of Health. A one-year (September 2022 – August 2023) comprehensive EVD Preparedness, Readiness and Response Plan developed and endorsed by the council of ministers.
- Screening currently ongoing at the border entry points of Nimule and Juba International Airport.



# Key actions taken by pillar in SSD

## 1. Coordination

- The IMS has been activated and the PHEOC is on preparedness/alert mode.
- Sub-national taskforces activated in high-risk areas (e.g., the County Taskforce in Nimule has been established and functional as of 27 September 2022).
- COVID-19 coordination structures leveraged for EVD preparedness and response.
- High level meeting was conducted with the Africa-CDC on key areas for support (Surveillance including event-based surveillance, laboratory, support to ETC/ETU, training, RCCE).

## 2. Surveillance and laboratory

- Review of critical EVD tools (standard case definition, case investigation form, SOPs etc.) has been finalized.
- RRTs have been deployed to high-risk locations and screening at the Nimule point of entry has been reactivated. So far 564 people screened for EVD.
- Health workers in the high-risk areas have been oriented on EVD case definition for early case detection and identification.
- Agreements have been established between WHO and NICD (South Africa) and UVRI (Uganda) to test samples from South Sudan.
- Two samples have been shipped to the NICD in South Africa.
- Reagents for the Sudan strain of EVD is expected in-country early this week.



# Key actions taken by pillar in SSD



## 3. Risk communication, social mobilization, and community engagement

- IEC materials have been adapted and to be printed for distribution

## 4. Infection prevention and control

- IPC trainings conducted in Nimule and Yambio for clinical, laboratory, and surveillance teams.

## 5. Case management

- Assessment and gap analysis of three EVD isolation facilities conducted in Yambio, Yei, and Nimule.
- Isolation facilities in high-risk areas are under consideration for renovation and upgrading.
- Isolation unit identified at Juba and structural works have been completed to start refurbishment works

## 6. Logistics

- RRT kits are available in Nimule but not in sufficient quantities in the event of a response



# EVENT-BASED SURVEILLANCE



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



# Updates on Floods situation in South Sudan



- Flooding declared a national emergency by the Govt-10 Sept 2022
- Flooding has affected 24 counties in 8 states
  - Upper Nile-all 12 counties-no Initial Rapid Needs Assessment (IRNA) data received
  - Warrap-5 counties-399709 people affected (IRNA data for TS, GGW, GGE, Twic only)
  - Northern Bahr el Ghazal-All five counties-388758 people affected (IRNA data)
  - WES-66671 people affected in Mvolo, Mundri East and Mundri West (IRNA data)
  - WBeG-Jur River-14986 people affected
  - Lakes-Cueibet-68988 people affected
  - Unity-Leer, Mayendith and Mayom-no IRNA data;
  - Jonglei-IRNA done in Fangak



# Floods Situation in South Sudan



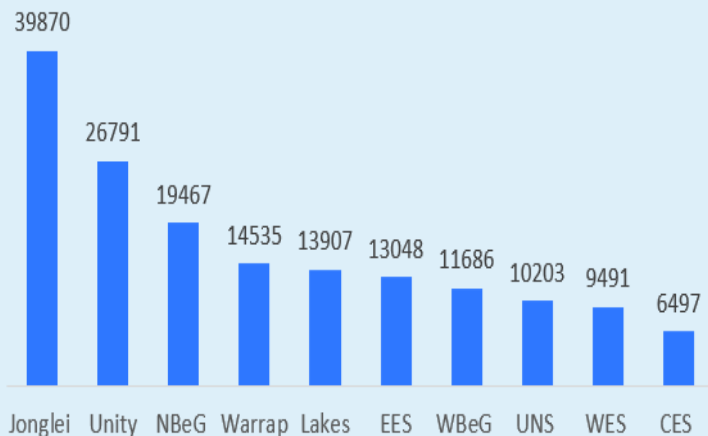
State	County	# people affected	Deaths	Snake bites	# HFAs affected	# people displaced
Lakes	Cueibet	68988	0	32	0	15012
WBeG	Jur River	14986	13	16		
NBeG	AWC	22290	0	23		3432
	AWN	84246	9	0	10	25272
	AWS	45246	0	2		3774
	AWE	135030	6	5		66858
	AWW	101946	1	0	10	25758
			388758	16	30	20
Warrap	Gogrial East	90283	7	4	11	
	Gogrial West	133584	0	0	0	
	Tonj North	91584	0	0	0	
WES	Mvolo	31959				
	Mundri East	12516				
	Mundri West	22196				
		66671	0	0	0	
Upper Nile	Longechuk	10808	0	23	3	
	Maban	268526	3	0	4	
	Maiwut	38668	0	0	0	
		318002	3	23	7	
Jonglei	Fangak	17669				
Unity	Koch	74838				
	Leer	49000				
	Mayendith	59356				
	Mayom	3000				



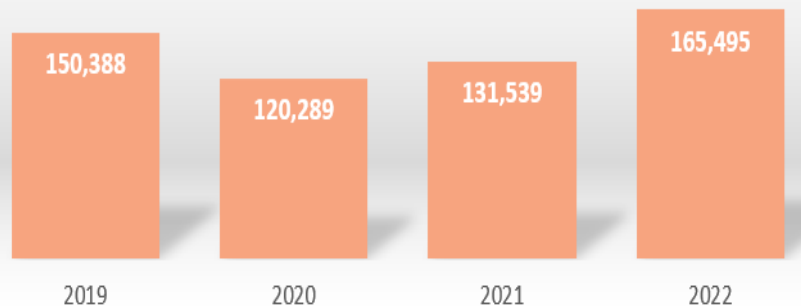
# Food insecurity and Acute Malnutrition in South Sudan Jan to July 2022



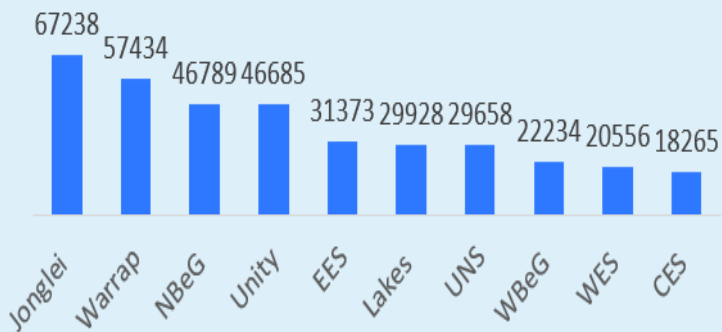
SAM New admission (Jan-July 2022)



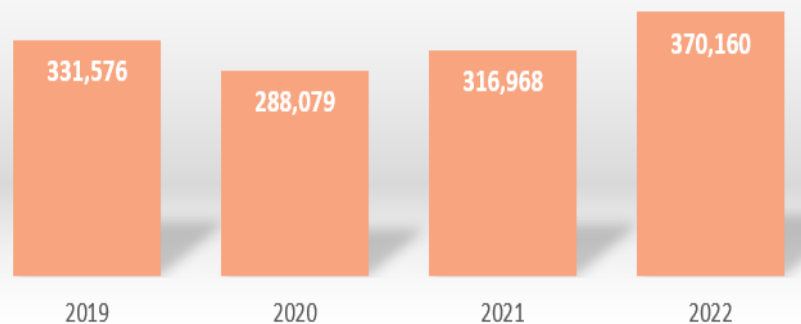
Trend of SAM admission (Jan-July 2019-2022)



MAM New admission (Jan-July 2022)

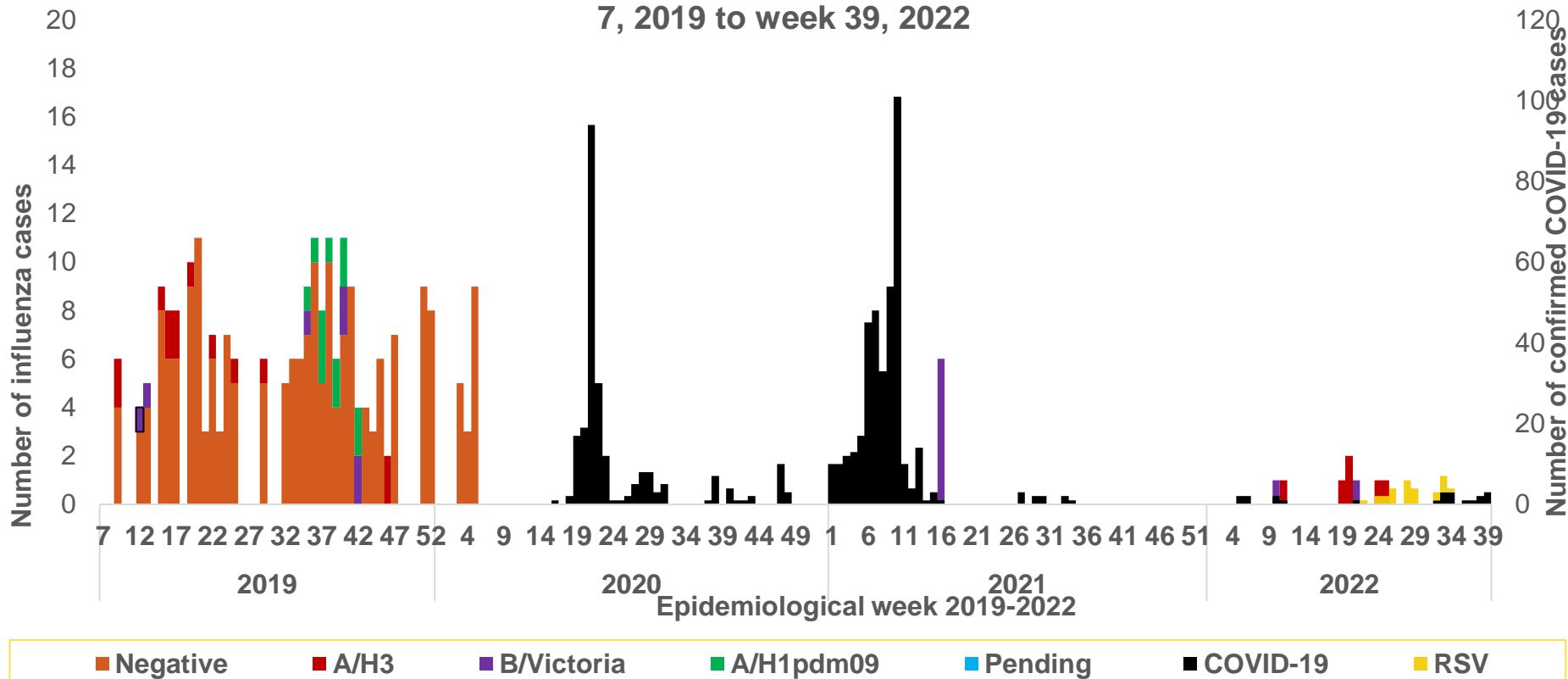


Trend of MAM admission (Jan-July 2019-2022)





Confirmed Influenza ,COVID-19 and RSV cases from sentinel sites in Juba, week 7, 2019 to week 39, 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 39,2022; a total of 467 ILI/SARI samples were collected,413 samples tested negative, and Cumulatively, 20 tested positive for covid-19,1 positive for Influenza B (Victoria), and 5 positives for influenza A(H3). 26 RSV was confirmed in Week 39

# **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/WASH
<b>Ongoing epidemics</b>								
<b>Hepatitis E</b>	Bentiu PoC	03/01/2019	48	3046 (0.82%)	Yes	yes	Yes	Yes
<b>COVID-19</b>	35 counties	05/4/2020	11	17,823 (0.77%)	yes	yes	yes	yes
<b>Cholera</b>	Bentiu	20/3/2022	05	337 (0.32)	yes	yes	yes	yes
<b>Measles</b>	Aweil West	11/5/2022	2	65 (0.030)	Yes	yes	Yes	NA
<b>Measles</b>	Aweil East	12/3/2022	8	60 (0.013)	Yes	yes	Yes	NA
<b>Measles</b>	Aweil Center	24/4/2022	1	31 (0.32)	Yes	yes	Yes	NA
<b>Measles</b>	Juba	19/7/2022	26	57 (0.66)	yes	Not yet	yes	NA

# Measles Cases in South Sudan 2021 and 2022

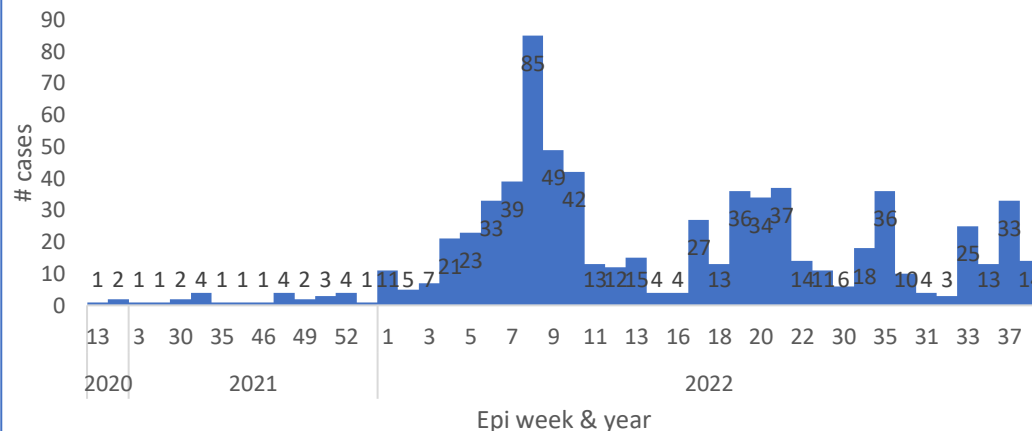
## Descriptive Epidemiology

- A total of 728 cases, and two deaths (CFR, 0.3%) were reported from (19/80) counties since 2021 and 2022
- However, measles outbreaks were confirmed in 15 counties since the beginning of the year 2022
- Highest number of cases were reported from Juba (162) and Maban (161) counties
- Current active outbreaks in three counties-Juba, Malakal, and recently Terekeka
- The surge in measles transmission is related to the accumulation of susceptible children due to low routine vaccination coverage in the country.

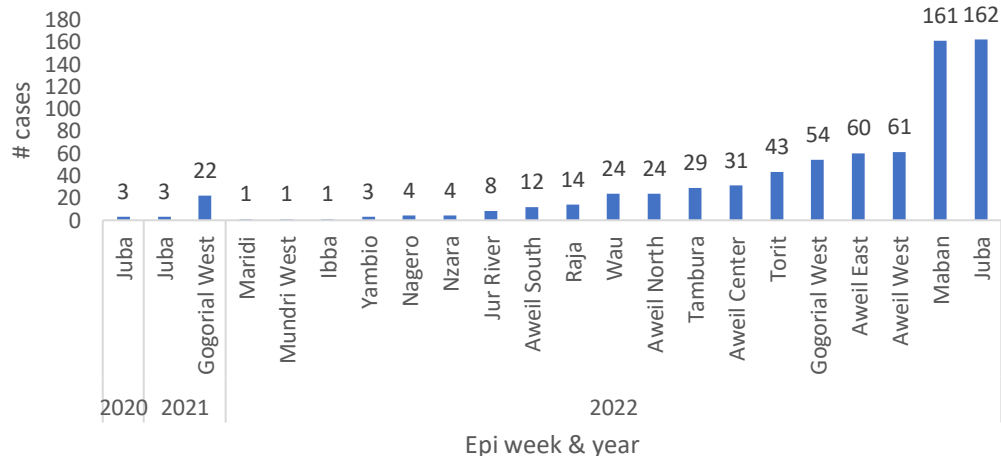
## Public Health Response

- Measles reactive vaccination campaigns have been implemented in Maban, Torit, Tambura, Raja, Aweil East, Aweil West, Aweil Centre, Aweil North, Aweil South, and Juba (5 payams), Malakal.
- Plans are underway to conduct a vaccination campaign in Terekeka County, Leer and Bentiu Camp Rubkona County.
- Reactive vaccination campaigns have been conducted underway in Juba and Malakal
- Measles risk assessment was conducted, and a response plan was developed.
- Nationwide catchup campaign planned to take place in April 2023

Epi Curve showing Measles cases in south Sudan by Epi week in 2021 and 2022.



Epi Curve showing Measles cases in south Sudan by Epi week in 2021 and 2022.

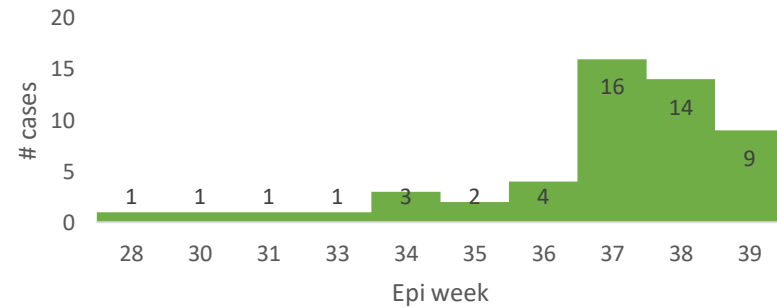


# Measles cases reported from Malakal County of Upper Nile

## Descriptive

- Total of 52 cases reported from Malakal between week 28 and week 39, 2022.
- Peak of cases reported in week 37 with
- Majority of the cases (94%) were reported in children less than 5 years of age
- (50%) males and (50%) females
- 41.9% (17 cases) of the cases were admitted for inpatient management; with no deaths reported so far.
- **Ongoing response**
- Active case search and line listing of cases are ongoing, and cases have been referred to the health facilities.
- Cases are being managed in different health facilities; this includes the provision of supportive management, vitamin A supplementation, and treatment of secondary infections
- Reactive vaccination campaigns conducted in affected payams by, conducted by partners
- Refresher training on measles surveillance and treatment is planned for state RRTs and frontline health workers
- Efforts underway to strengthen routine immunization services

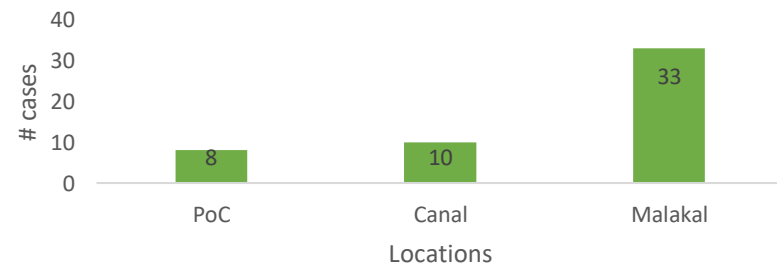
Epi Curve showing measles cases in Malakal county from week 28 to week 39, 2022.



Bar graph showing measles cases in Malakal county from week 28 to week 39, 2022.



Bar graph showing measles cases in Malakal county from week 28 to week 39, 2022.





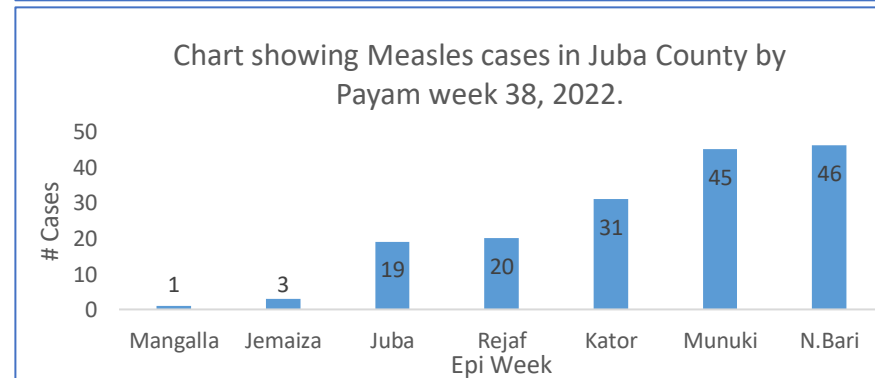
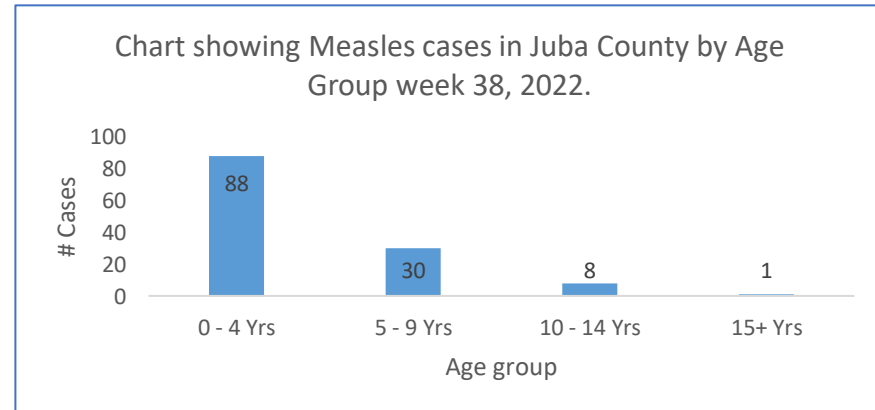
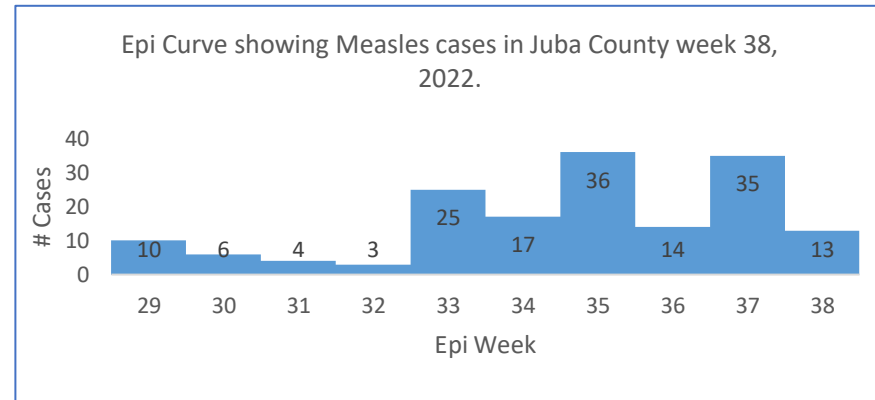
# Confirmed Measles Outbreak in Juba County- CES

## Descriptive

- Suspected measles cases started on 14/ 07/ 2022 in Juba County
- A total of **163** 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.
- More than half of the cases (**53%**) are in ages less than 5 years of age
- (62%) of the cases are males and 38%, females
- 41.9% (17 cases) of the cases were admitted for inpatient management; with no deaths reported so far.

## Ongoing response

- Active case search and line listing of cases are ongoing, and cases have been referred to the nearest health facilities.
- Cases are being managed in different health facilities; this includes the provision of supportive management, vitamin A supplementation, and treatment of secondary infections
- Reactive vaccination campaigns conducted in five affected payams by MEDAIR, IOM and WHO 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

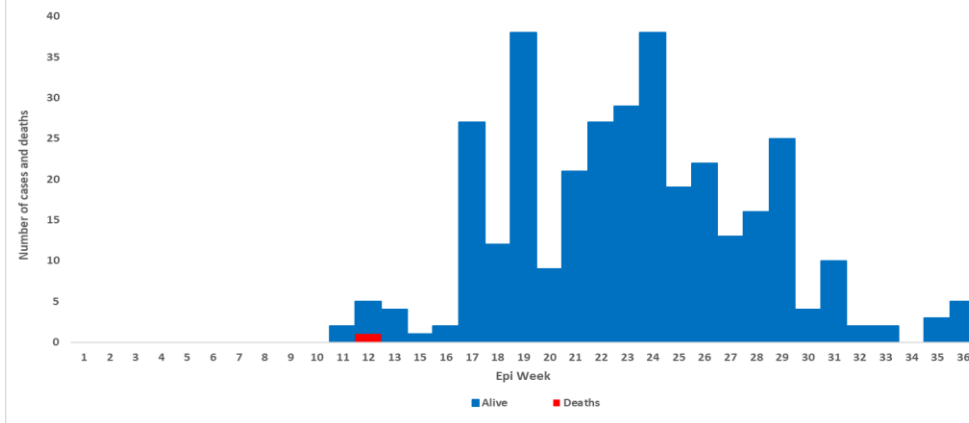


# Confirmed Cholera Outbreak in Bentiu, Unity State as of week 38

## Descriptive epidemiology

- *V. cholerae* case confirmed on 14 Apr 2022 in Bentiu.
- **337** cholera cases have been reported, (56 were cholera RDT positive with 30 testing culture positives)
- One of the RDT positive cases died giving 0.3% case fatality rate
- Majority (**110**) giving 32.6% was reported in June, while 105 (31.2%) were reported in May
- Gradual reduction in reported cases is being observed from week 25 up to week 35, however, this must be interpreted with caution due to inadequate surveillance across hotspot counties
- Overall, patients between 0 - 4yrs old are mostly affected with **109 (32.3%)** of the 337 cases reported
- Majority of the cases were females accounting for **209 (62.0%)** and males accounted for **128 (38.0%)**
- Vaccinated cases accounted for **118 (35.0 %)**, unvaccinated accounted for **147 (43.6%)** and **72 (21.4%)** have unknown vaccination status, thus making the total cases unvaccinated **65.0%** of the total cases;

Epidemiological Curve showing cases and death per week (Week 1-36, 2022)



## Number of cholera cases by sex age group

Age Group	Female		Male		Total	
	cases	%	Cases	%	Cases	%
0-4 yrs	49	14.5	60	17.8	109	32.3
5-9 yrs	14	4.2	9	2.7	23	6.8
10-14 yrs	24	7.1	16	4.7	40	11.9
15-19 yrs	20	5.9	4	1.2	24	7.1
20-49 yrs	77	22.8	23	6.8	100	29.7
≥50 yrs	25	7.4	16	4.7	41	12.2
<b>Total</b>	<b>209</b>	<b>62.0</b>	<b>128</b>	<b>38.0</b>	<b>337</b>	<b>100.0</b>

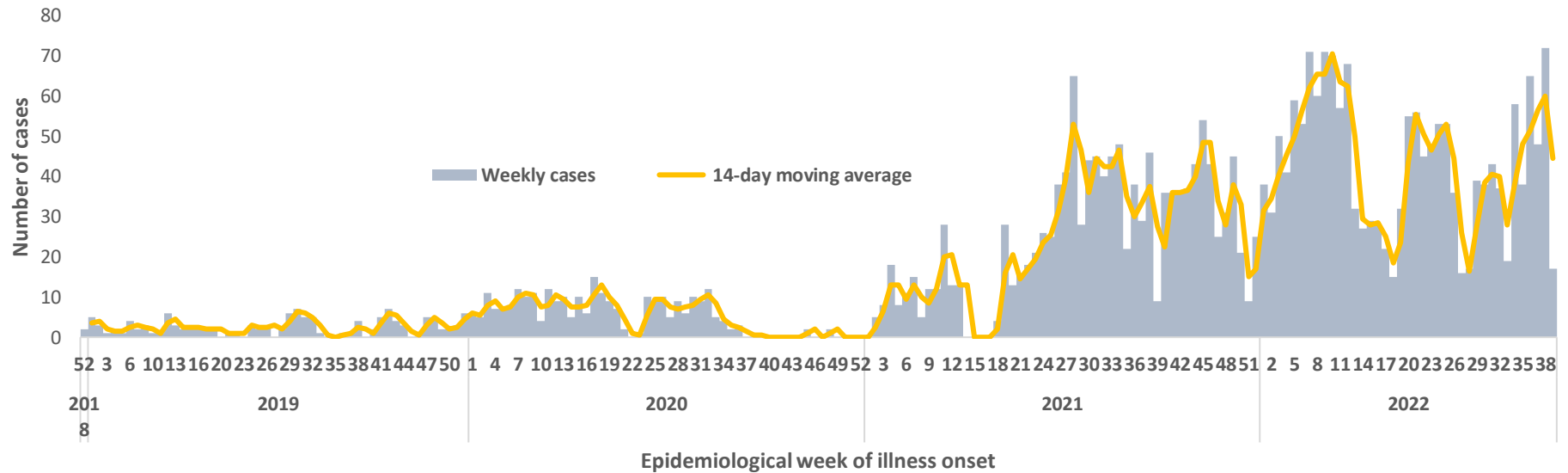




S/ N	LOCATION	TARGET	POPULATION VACCINATED		COVERAGE	
			1st round	2nd Round	1st round	2nd Round
1	Rubkona Phase 1	202,627	173,170	175,044	85%	86%
2	Rubkona Phase 2	31,680	25,196	32,075	80%	101%
3	Leer	75,333	64,033	35,375	85%	47%
4	Juba	633,335	400,584		63%	
5	Yirol East	118,163	111,499		94.4%	

- 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
- Intra Action Review meeting planned to take place in Bentiu to review the current response; and address weaknesses
- 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 39, 2022



## Descriptive epidemiology

- The persistent transmission of HEV in the Bentiu IDP camp continues with **3,400** cases since the beginning of 2019
- **17 AJS new** cases with (zero deaths) were reported in week 39, bringing the cumulative cases to 3,400 (26 deaths) since the onset of the outbreak in 2018.
- **HEV transmission has reduced from a peak of 60 cases every fortnight by week 8, 2021 to 17 cases every fortnight by week 39, 2022.**
- All the cases have been managed as outpatient cases except for seven cases that 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

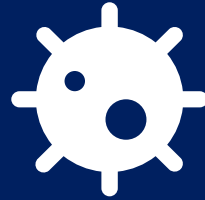
## **HEV response challenges**

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; the host community was not vaccinated
4. Upcoming flooding season will likely worsen the WASH situation





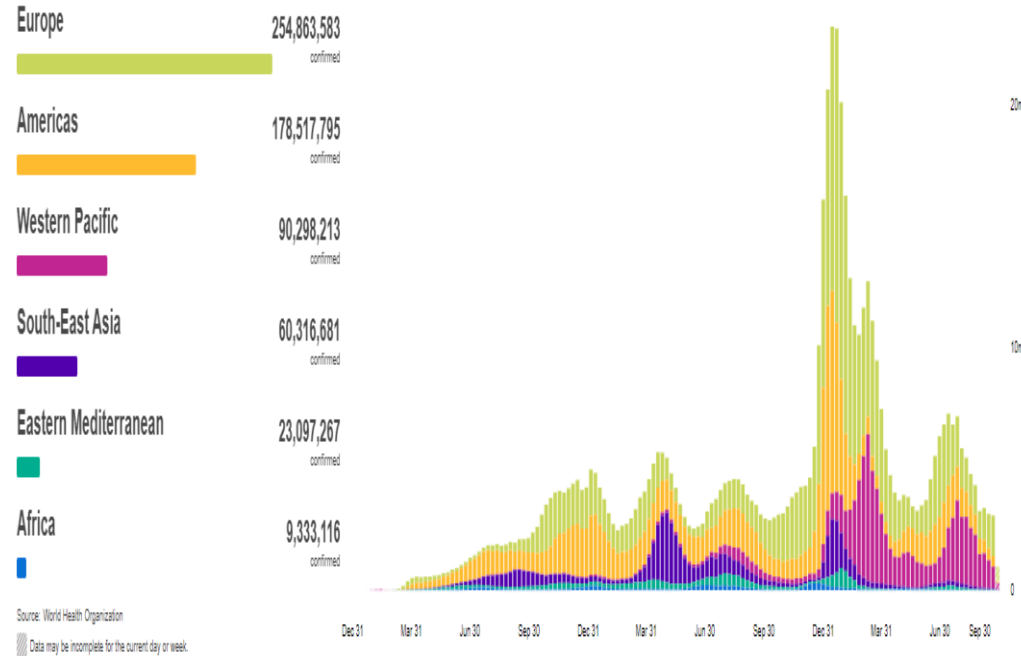
# COVID-19 UPDATES





## Situation update as of 11, Nov 2022

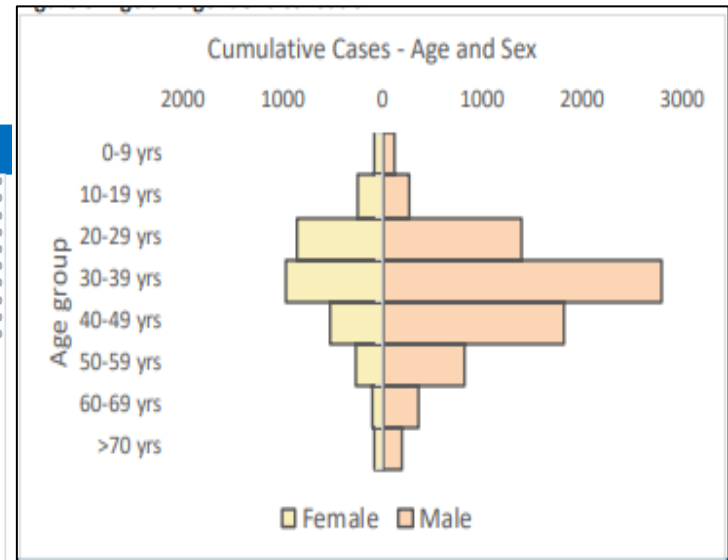
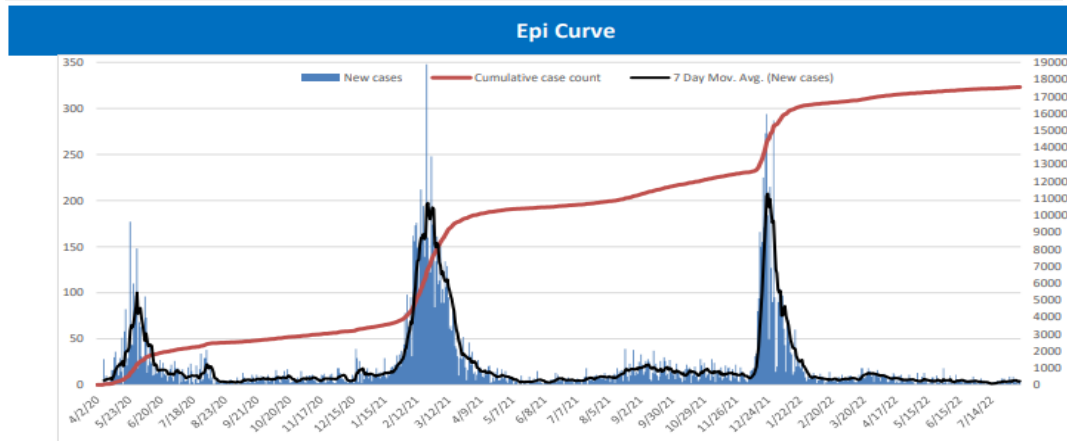
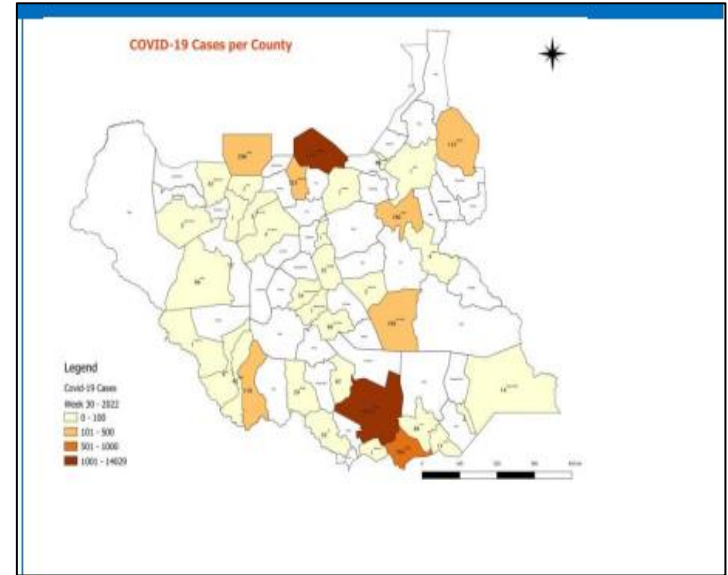
- Globally, as 11 November 2022, there have been 630,832,131 confirmed cases of COVID-19, including 6,584,104 deaths, reported to WHO. As of 8 November 2022, a total of 12,885,748,541 vaccine doses have been administered.**
- In Africa, as of 11 November 2022 there have been 9,372,324 confirmed cases of COVID-19, including 174,803 deaths reported to the WHO**



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



- **18,054** confirmed cases with **138 deaths**, **17,700** recoveries, and **216 active** cases 0.76% case fatality rate (CFR) 293 healthcare workers were confirmed as cases –
- **35 new** confirmed cases during the week with pre-travel screening (**74.3%**) and alerts (**25.7%**) accounting for all the cases –
- **572** imported cases (0 new cases this week) mostly from South Sudanese returnees (**391**), Uganda (55), and Kenya (22) –
- Seven-day moving averages for case count and positivity rate were **5.0 cases** and **1.2%** at the end of Week 32 compared to **3.4 cases** and **0.7%** at the end of Week 36 respectively
- **2,395** in-bound travelers tested at JIA to date (9 tested positive, a yield of 0.4%)





**OVERALL  
CONCLUSIONS AND  
RECOMMENDATIONS**

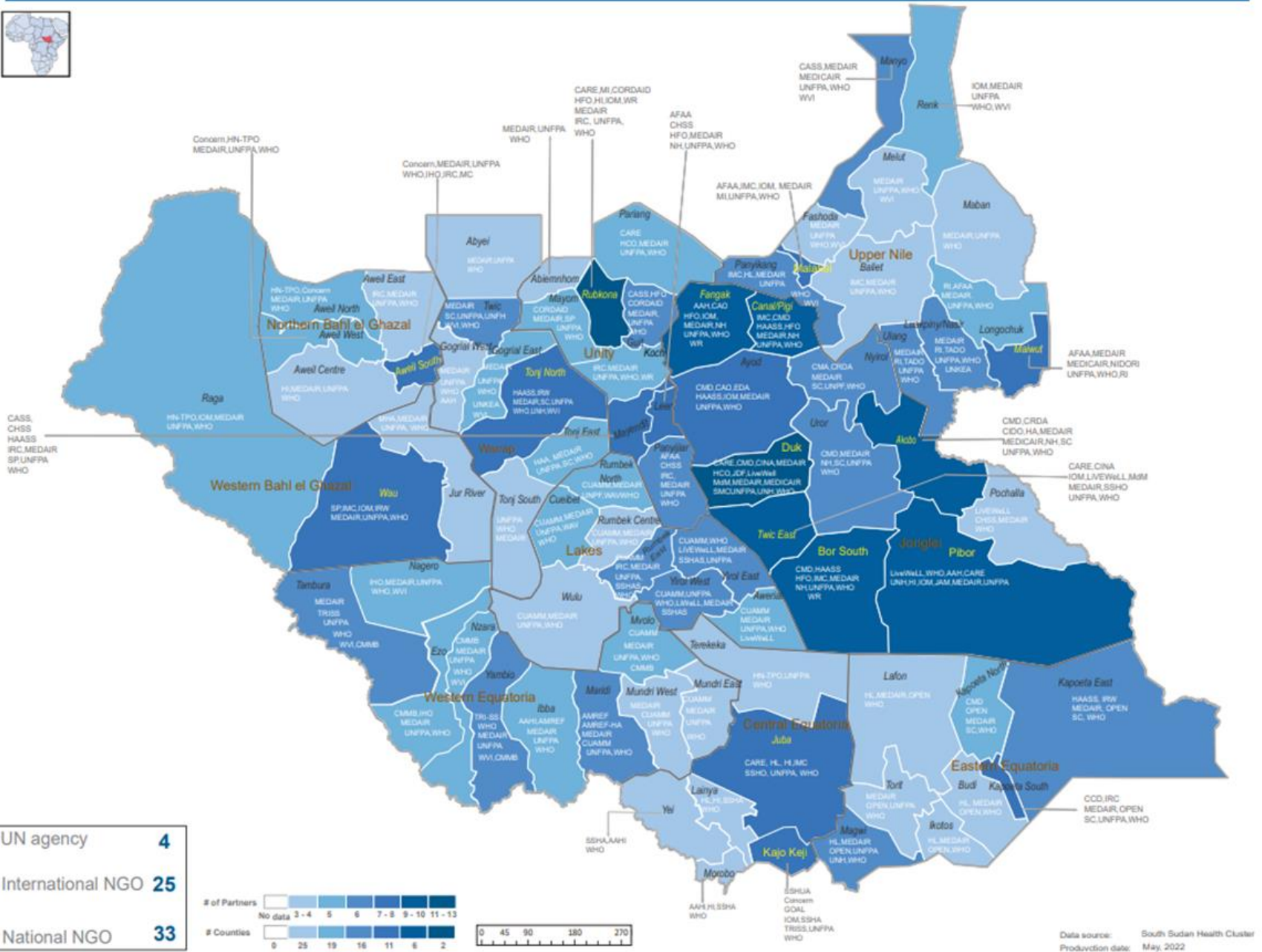
# Conclusions

- The overall performance of IDSR and EWARNS reporting sites in week 39, 2022 is above 80% for both IDSR sites and EWARNS sites
- Only one event-based surveillance alert was reported from Nimule in Magwi county Eastern Equatoria state in week 39
- Confirmed outbreak of Sudan Ebolavirus in Uganda Mubende district as the epicenter with other four districts with at least a confirmed case. As of week 44, a total of 137 cases and 54 confirmed deaths giving a CFR of 39%.
- A total of 20 suspected Ebola Virus Disease (EVD) cases were reported from Nimule, Yei, Yambio, Kajo-keji, Juba, and Rubkona with samples collected from 06 samples collected and all tested negative for EVD.
- Confirmed measles outbreaks in 15 counties since the beginning of the year 2022 with the latest counties affected including Leer, Rubkona (Bentiu camp)
- Hepatitis E virus cases continue to be reported in Bentiu IDP Camp with 17 cases reported in week 39 giving a cumulative of **3,400** cases and **25** deaths (CFR **0.76%**) reported since week 1, 2019

# 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
- Strengthen EVD surveillance, Infection Prevention and Control (IPC) and Risk communication and community engagement (RCCE) in high-risk areas of Juba, Yei, Yambio, Kaya, Nimule and Kako-keji
- Conduct reactive measles vaccination campaign in counties with confirmed outbreaks and advocate for enhanced routine immunization through PIRI
- Support the multicluster HEV response strategy in the Bentiu IDP camp and the ongoing cholera outbreak

# South Sudan Health Cluster HRP Partners 2022







# IDSR timeliness & completeness performance at county level for week 39 and 38 of 2021 (1)

STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 39	Timeliness Percentage of WK 39	No. of HF's Reported regardless of time in WK 39	Completeness Percentage of WK 39	No. of HF's Reported regardless of time in WK 38	Completeness Percentage of WK 38	STATE	COUNTY	Number of reporting sites	No. of HF's Reported on Time in WK 39	Timeliness Percentage of WK 39	No. of HF's Reported regardless of time in WK 39	Completeness Percentage of WK 39	No. of HF's Reported regardless of time in WK 38	Completeness Percentage of WK 38
Jonglei	Pochalla	7	7	100%	7	100%	7	100%	STATE	COUNTY							
EES	Magwi	17	17	100%	17	100%	17	100%	Warrap	Tonj East	12	12	100%	12	100%	12	100%
EES	Lopa Lafon	15	15	100%	15	100%	15	100%	Warrap	Tonj South	12	12	100%	12	100%	12	100%
EES	Torit	11	11	100%	11	100%	11	100%	Upper Nile	Baliet	4	4	100%	4	100%	4	100%
EES	Kapoeta South	9	9	100%	9	100%	9	100%	Upper Nile	Akoka	5	4	80%	5	100%	4	80%
EES	Kapoeta East	7	7	100%	7	100%	6	86%	Warrap	Tonj North	19	15	79%	15	79%	15	79%
EES	Kapoeta North	10	10	100%	10	100%	8	80%	Upper Nile	Longechuk	9	7	78%	9	100%	9	100%
Jonglei	Duk	15	13	87%	13	87%	13	87%	Upper Nile	Makal	7	5	71%	5	71%	5	71%
EES	Budi	17	14	82%	16	94%	16	94%	Upper Nile	Fashoda	16	11	69%	11	69%	11	69%
Jonglei	Twic East	11	9	82%	9	82%	3	27%	Upper Nile	Panyikang	3	2	67%	2	67%	2	67%
Jonglei	Fangak	19	14	74%	14	74%	15	79%	Warrap	Twic	26	17	65%	17	65%	17	65%
Jonglei	Nyirol	10	7	70%	7	70%	8	80%	Upper Nile	Maiwut	5	3	60%	4	80%	4	80%
EES	Ikotos	19	11	58%	18	95%	15	79%	Upper Nile	Luakpiny Nasir	12	7	58%	7	58%	8	67%
Jonglei	Pibor	7	4	57%	4	57%	4	57%	Warrap	Abyei	9	5	56%	5	56%	5	56%
Jonglei	Bor	35	19	54%	19	54%	19	54%	Upper Nile	Renk	11	6	55%	6	55%	0	0%
Jonglei	Canal Pigi	12	6	50%	6	50%	5	42%	Warrap	Gogrial West	31	16	52%	29	94%	25	81%
Jonglei	Ayod	15	6	40%	6	40%	9	60%	Warrap	Gogrial East	15	7	47%	7	47%	11	73%
Jonglei	Akobo	14	4	29%	4	29%	4	29%	Upper Nile	Maban	17	5	29%	8	47%	7	41%
Jonglei	Uror	8	0	0%	0	0%	0	0%	Upper Nile	Ulang	14	4	29%	10	71%	11	79%
									Upper Nile	Manyo	11	0	0%	5	45%	0	0%
									Upper Nile	Melut	8	0	0%	0	0%	0	0%

**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

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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>

