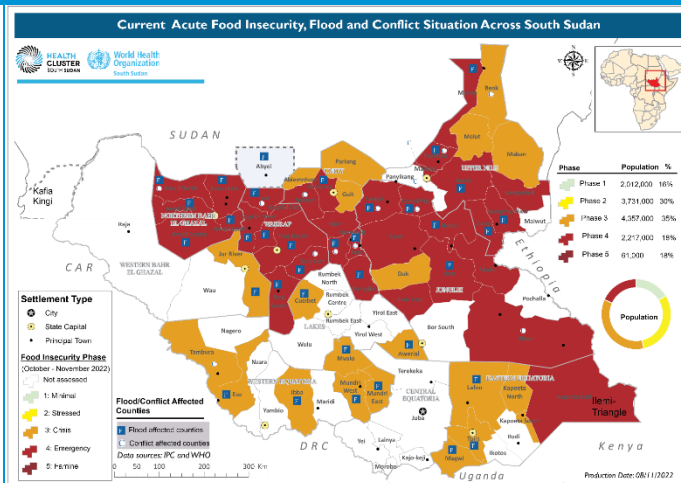



### Highlights

- Severe flooding has affected more than 1 million people in 36 counties and Abyei Administrative Area.
- Measles outbreaks have been confirmed in 15 counties since the beginning of 2022.
- 41 600 people were vaccinated against cholera during the first round of the pre-emptive oral cholera vaccination campaign in Malakal County and Malakal protection of civilian site.
- WHO delivered 341 Interagency Emergency Health Kits (IEHK), 85 severe acute malnutrition kits and 170 cholera kits to food-insecure and flood and conflict affected locations to ensure uninterrupted access to services.
- South Sudan has detected and investigated 21 Ebola alerts as it continues to ramp up its Ebola virus disease readiness measures.



Map showing flood-affected and food-insecure counties in South Sudan, October 2022

### Summary Statistics

	<b>8.9 M</b>	People in Need of Humanitarian Assistance	<b>6.6 M</b>	Severely Food Insecure	<b>1.0 M</b>	People affected by flooding	<b>15</b>	Counties with measles outbreaks	<b>270 732</b>	Children vaccinated against measles
	<b>1.3 M</b>	Malnourished Children	<b>676 K</b>	Malnourished Women	<b>37</b>	Counties affected by flooding	<b>1</b>	Counties with cholera outbreak	<b>338 644</b>	Children under one year vaccinated against polio

### Overview of the Humanitarian Crisis

- A recent Integrated Food Security Phase Classification (IPC) has projected that over half (6.6 million people) of South Sudan's population is experiencing high levels of acute food insecurity (IPC Phase 3 or worse) in October and November 2022. Out of this, 2.2 million people are in IPC Phase 4 (Emergency) while 61 000 people are in IPC Phase 5 (Catastrophe) in Fangak, Canal/Pigi and Akobo in Jonglei State, and Pibor County in the Greater Pibor Administrative Area. The food insecurity situation is projected to worsen during the lean season, April-July 2023, during which some 7.8 million people (63% of the population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with 43 000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Akobo, Canal/Pigi and Fangak counties of Jonglei State; and Leer and Mayendit counties of Unity State.
- In October 2022, the severe flooding and torrential continues to affect people across the country with over one million people affected in 36 counties and Abyei Administrative Area. The severe flooding has occasioned 62 deaths and affected 52 health facilities and 111 nutrition facilities that have either been destroyed or rendered inaccessible. Moreover, the flooding has disrupted livelihoods and trade, access to services, and destroyed farmlands. The violent conflict in Upper Nile, Warrap and other states continued in October, contributing to the increasing number of internally displaced populations, and escalating the humanitarian needs. The sub-national violence that erupted mid-August 2022 in Tonga and neighboring areas in Panyikang, Upper Nile State caused the displacement of 28 000 people to multiple locations. The Tonga crisis has displaced some 19 000 people to Malakal PoC increasing the population of the PoC and putting pressure on the existing services. Still, in Upper Nile, the armed

conflicts in Kodok in Fashoda, which occurred from 6 to 9 October 2022, have displaced an estimated 8 000 people from Kodok town and other locations. In Warrap, where the latest episode was reported on 10 October 2022, a peace conference was held to foster lasting peace between communities in Twic County and Abyei Administrative Area which have been engaged in a border dispute since February 2022.

### Emergency Response Activities

- **Coordination:** WHO supported partner and response coordination at national and sub-national through weekly cluster and inter-cluster coordination meetings. Further, technical officers were deployed to conduct needs assessments and support sub-national coordination in emergency locations.
- **Provision of emergency health supplies:** WHO distributed 69 (can support up to 55 300 people for three months) emergency health kits (including 54 IEHK kits, 11 cholera kits, and 4 severe acute malnutrition (SAM/MC) kits) to 5 flood-affected and food insecure counties during the reporting period. Further, 110 vials snake antivenom and rabies vaccine were distributed. Overall, WHO has delivered 85 SAM/MC kits to stabilization centers in IPC4&5 locations, 341 IEHK kits, 70 pneumonia kits, and 170 cholera investigation and treatment kits to health facilities and implementing partners in priority locations.
- **Health service delivery:** WHO supported the provision of primary health services in Leer, Mayendith, Pibor and Fangak (counties with IPC 5 populations) by supporting 11 static and mobile health facilities in collaboration with implementing partners.
- **Capacity building on case management:** WHO trained 150 health workers (90 clinicians and 60 Boma Health workers) on case management of common diseases in flood-affected and food-insecure counties. Overall, 257 frontline health workers received case management training while 180 BHWs received refresher training in locations affected by acute food insecurity, flooding and conflicts.
- **Support to nutrition response:** 50 health workers trained (25 on inpatient management of SAM cases with medical complications and 25 on nutrition surveillance and reporting via Early Warning and Response) to support emergency nutrition response.
- **Outbreak prevention and response:** WHO supported the state Ministry of Health to vaccinate 41 600 during the first round of the pre-emptive oral cholera vaccination campaign in Malakal County and Malakal protection of civilian sites in October 2022. Overall, a total of 1.6 million doses of oral cholera vaccines administered in six cholera hotspot locations in 2022.
- **Enhanced surveillance:** Enhanced surveillance, routine reporting and monitoring of weekly trends of priority diseases in emergency locations.

### Surveillance, Epidemiological Update, and Response for Disease Outbreaks

#### Confirmed and suspected Outbreaks

##### Cholera Outbreak in Bentiu-Unity State

- No cholera cases reported from Rubkona for the last two weeks of October 2022 (epidemiological weeks 42 through 43). There is a decreasing trend of cholera cases.
- The outbreak was confirmed in Rubkona County after the identification of the index case on 19 March 2022 in Bentiu IDP Camp. Cumulatively, 424 (30 culture-confirmed) cases and one death (case fatality rate, CFR, 0.24%) have been reported since the beginning of the outbreak.

- The outbreak has remained confined to Rubkona County although with a high risk of spread of the infection to the neighboring counties due to high population movement, unsafe water, sanitation and hygiene situation, flooding and overcrowding.
- Public health response implemented include:
  - Coordination, case management, community awareness and case detection and investigation.
  - Cholera kits deployed and distributed to the health facilities (299 stool samples collected and tested).
  - Conducted pre-emptive oral cholera campaigns in hotspot locations: more than 1.6 million doses administered in six hotspot locations.
  - Planning to conduct an intra-action review for the response.

### Measles Outbreak

- The surge in measles cases continues to be seen across most of the states. Measles outbreaks have been confirmed in 15 counties since the beginning of 2022. The outbreaks are currently active in Juba, Terekeka, Malakal, Rubkona, Leer, Aweil North, Aweil East, Aweil South, Aweil North and Aweil Centre.
- Suspected measles outbreaks have been investigated in Guit, Mayendith, Koch, Panyijjar and Nyirol counties and laboratory confirmation is awaited.
- Cumulatively, 1621 cases and 21 deaths (CFR, 1.3%) have been reported. 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 implemented include:
  - Reactive measles vaccination campaigns have been implemented in 11 counties. The vaccination campaigns are underway in Juba and Terekeka counties and are being planned in Rubkona and Leer counties.
  - Some 588 153 children aged 6 months to 14 years have been vaccinated during reactive campaigns.
  - Provided supportive case management.
  - Enhanced surveillance for case detection, investigation, and management.
  - Strengthening of routine immunization through mobile outreaches.

### Hepatitis E Virus (HEV) Outbreak in Bentiu IDP Camp

- 148 new HEV cases have been reported from Bentiu IDP Camp and Rubkona County from epidemiological week 40 through 43.
- A persistent HEV transmission has been ongoing in Bentiu IDP Camp and the surrounding host community since 2019.
- Cumulatively, 3 589 cases and 26 (CFR, 0.7%) deaths were reported in 2019, 2020 and 2021. No new deaths in October (the last death was on 30 July 2022).
- HEV transmission has reduced from a peak of 60 cases every fortnight by week 8, 2021 to 39 cases every fortnight by week 43, 2022.
- Public health response implemented include:
  - Multi-cluster response coordinated and monitored through HEV Task Force is underway. Health and WASH cluster partners continue to conduct active case searches in locations with confirmed or suspected cases. Targeted WASH intervention, including distributing WASH supplies and health promotion, is being undertaken.
  - HEV vaccination campaign to break the chain of transmission was conducted in March 2022 during which 24469 (91%) people were vaccinated in the first-round while 19861 (82%) were vaccinated in the second round of the campaign. The third round of the campaign is expected in October 2022.

For more details, find the weekly IDSR Bulletins [here: https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2021](https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2021)

### Coronavirus disease (COVID-19) Outbreak

- 18 313 COVID-19 cases, 18 126 recoveries, and 138 deaths (case fatality rate of 0.75%) have been reported as of the end of October 2022 (epidemiological week 43).
- Detection and testing of COVID-19 are inadequate; the testing level is low at about 300 per day. Antigen rapid testing, PCR testing and GeneXpert platforms in public health and private facilities are being utilized to scale up testing capacity in the country.
- 15 new cases were confirmed in epidemiological week 43 (ending on 30 October), an 11.8% decrease in reported cases compared to epidemiological week 42 (ending on 23 October). This is the fifth consecutive week of the observed decrease in the weekly COVID-19 case tally.
- The low-test positivity rate of 0.7% in epidemiological week 43 is a decrease from the 1.0% positivity rate reported in epidemiological week 42.
- 15.36% (2 101 283 individuals) have been fully vaccinated using different antigens delivered through several vaccination strategies. Notably, more than 91.3% of healthcare workers have been vaccinated.
- For more information on the COVID-19 outbreak and public health response measures, refer to the national weekly situation update: <http://moh.gov.ss/covid-19.php>

### Sudan Ebola Virus (SVD)

- The risk for SVD importation into South Sudan remains high as the outbreak in Uganda continues to spread. The number of EVD cases detected and districts affected continued to rise in Uganda since the confirmation of the outbreak on 20 September 2022. Eight districts, including Jinja which is the latest district to report EVD cases, have confirmed EVD.
- Cumulatively, 139 cases and 55 (CFR,40%) deaths have been reported since the onset of the outbreak.
- South Sudan is ramping up its readiness measures in the high-risk states of Eastern, Western and Central Equatoria that share a long porous border with Uganda. Notably, Ebola Treatment Units (ETUs) have been set up in Nimule, Juba, Yei and Yambio.
- Coordination structures have been activated; point of entry screening scaled up in Nimule and Juba.
- Laboratory capacity to test and confirm Ebola samples has been enabled at the National Public Health Laboratories in Juba.
- 21 alerts detected and investigated in South Sudan since September 2022. No SVD cases have been confirmed in South Sudan.
- More concerted efforts and resources are required to strengthen the readiness measures to capacitate the country to detect, confirm and respond to any EVD case within its borders.

## Operational gaps and challenges

The operation response has been affected by several challenges such as:

- Limited funding to respond to numerous emergencies and needs.
- Weak coordination mechanisms at the sub-national level.
- Disruptive insecurity incidents and inaccessibility in conflict-affected counties.
- Huge operational costs measured against available donor funds
- Inadequate human resources for health service delivery at sub-national levels.

### Budget

Name of appeal	Required US \$	Secured in US \$	Gap in US \$
WHE Operations	<b>22 million</b>	<b>5 million</b>	<b>17 million</b>
<b>COVID-19 Response</b>	<b>9.7 million</b>	<b>7 million</b>	<b>2.7 million</b>

### Key Donors

WHO South Sudan country office appreciates the support provided by all our donors to address numerous emergencies needs across the country. Please find below the list of our donors supporting emergency operations in alphabetical order.

- African Development Bank Group (AfDB)
- Central Emergency Response Fund (CERF)
- Contingency Fund for Emergencies (CFE)
- European Union (EU)
- European Union Humanitarian Aid (ECHO)
- Foreign, Commonwealth and Development Office (FCDO)-UK
- Global Alliance for Vaccine Initiative (GAVI)
- Government of Japan
- United States Agency for International Development (USAID)
- South Sudan Humanitarian Fund (SSHF)
- World Bank

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