

REPUBLIC OF SOUTH SUDAN



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

Epidemiological Week 46 (14-20 November 2022)



EVD Readiness Activities | Cumulative Alerts Investigated from 21 September 2022 to 20 November 2022

00

of Alerts Received
in the 24 hrs.

22

Cumulative Total of
Alerts Investigated

07

of Samples Tested

00

of Samples Testing
Positive

Key Weekly Highlights

Highlights as of 20 November 2022

- One (01) new EVD alert was reported from Juba during week 46 (ending 20 November 2022) and was tested negative for EVD.
- No EVD case has been confirmed in South Sudan neither from other countries neighbouring Uganda where the current outbreak is ongoing.
- Cumulatively, a total of 22 alerts have been reported from seven locations in South Sudan since September 2022.
- An outcome of the ministerial meeting co-convened by WHO and Africa CDC in November was for A Regional Ebola Task Force to be established and chaired by South Sudan with coordination support from WHO, Africa CDC and the Regional Economic Communities (EAC, IGAD) to facilitate joint plan of action and monitoring. The first Task Force meeting was held 11 November 2022 during which ToRs were discussed
- The Public Health Emergency Operation Centre (PHEOC) continues to conduct weekly National Steering Committee (NSC) and EVD pillars meetings with partners and stakeholders. The purpose of the meetings is to discuss and provide strategic guidance for readiness.
- Weekly sub-national task force coordination meetings are being conducted and minutes are shared for actions.
- A regional functional simulation exercise on public health emergency operations centre (PHEOC) has been planned for 06 - 07 December 2022.
- On 14 - 15 November 2022, a total of 30 (males=13 and females=17) frontline HCWs were sensitized.



Ebola Situation update from Uganda as of 17th November 2022

- The Ebola Virus Disease outbreak in Uganda continues to involve
- One (01) new case reported in the last 24 hours.
- Cumulatively since 19th September 2022, a total of 141 cases including 19 HCWs have been reported.
- Cumulative number of deaths is 55 including 07 HCWs (CFR-55/141= 39%).
- Total number of recoveries 65.
- A total of 824 contacts actively being followed-up with 53% follow-up rate in the past 24 hours.

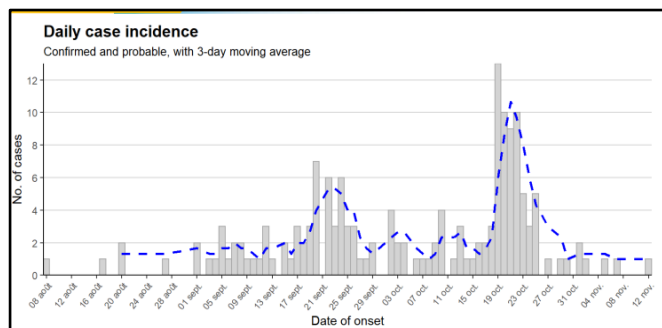


Fig 1: Time analysis of affected individuals

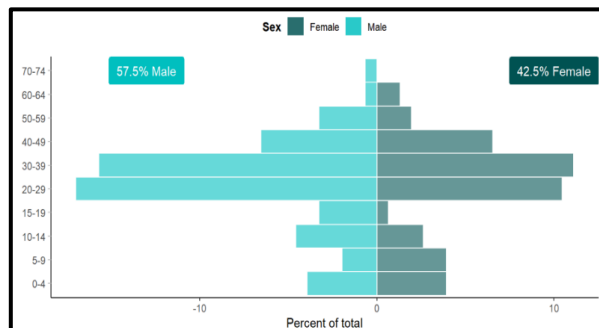


Fig 2: Person analysis of affected persons as of 17th November 2022 at 22:00 HRS

1. Public Health Preparedness and Readiness in South Sudan

1.1. Coordination

- The Ministry of Health through the Ebola Virus Disease (EVD) Incident Management System (IMS) continues to coordinate and lobby for support from donors to fund readiness activities in South Sudan.
- An outcome of the ministerial meeting co-convened by WHO and Africa CDC in October was for A Regional Ebola Task Force to be established and chaired by South Sudan with coordination support from WHO, Africa CDC and the RECs (EAC, IGAD) to facilitate joint plan of action and monitoring. The first Task Force meeting was held 11 November 2022 during which ToRs were discussed.
- Weekly National Steering Committee (NSC) meetings conducted every Thursday to discuss and provide strategic guidance for readiness chaired by national Incident Manager (IM) and co-chaired by WHO.
- Weekly sub-national task force coordination meetings are being conducted in Nimule, Yambio, Torit, Ikotos, Yei, Kajo-Keji and Juba.
- Cross-border collaboration and information sharing strengthened with Uganda.

1.2. Resource mobilization

- The National EVD readiness activities plan costed at USD 31.3 million including the 72hrs response plan has been endorsed by the Government.
- USAID has provided financial support of USD 1.6 M to support EVD readiness activities in the country
- Donors and partners continue to allocate resources for the EVD readiness activities coordinated by WHO country Office in South Sudan.
- The comprehensive national EVD plan is the guiding document for EVD preparedness and response. However, based on the evolution of the situation in Uganda, WHO and partners will support a technical review and in-depth budgetary review of the national EVD plan.

1.3. Epi-Surveillance and Laboratory

- Cumulatively, since 21 September 2022, a total of 22 alerts have been reported from seven locations.
 - Nimule=7
 - Juba=5
 - Yambio=3
 - Rubkona=2
 - Yei=2
 - Kajo-Keji=2
 - Torit=1
- On 14 – 15 November 2022, a total of 30 (males=13 and females=17) frontline HCWs were sensitized.

- Cumulatively, total of 56 frontline healthcare workers from 15 facilities (10 public and 5 private) health facilities were sensitized on EVD surveillance, screening, isolation, contact tracing and IPC in Juba.
- Surveillance EVD Pillar key performance indicators have been developed to guide reporting and decision making.

Indicator	#
Number of alerts (cumulative)	22
Number of alerts discarded (cumulative)	15
Number of alerts validated after investigation (cumulative)	07
Number of alerts received in the last 24 hours	00
Number of alerts to be investigated within the 24 hours	00
Number of samples collected (cumulative)	07
Number sample tested (cumulative)	07
Number of samples tested positive (cumulative)	00

Table 1: Alerts investigations in South Sudan as of 20 November 2022

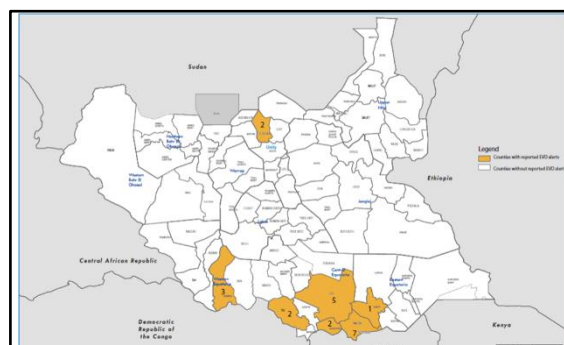


Figure 3: Geographical distribution of EVD alerts detected and investigated- 20 Nov 2022

1.4. Points of Entry

- The border authorities at the busiest point of crossing between Uganda and South Sudan (Nimule) have leveraged and improved existing formal and informal collaboration in the wake of the emergency.
- MOH and partners are mapping other points of entry in Yei, Kaya, Yambio, Maridi, Kapoeta, Ikotos, Torit and Magwi and major hospitals and healthcare facilities including private healthcare facilities in high-risk areas
- Integrated EVD/Covid-19 screening at Juba International Airport (JIA) (IOM) and Nimule main point of interest including river side point of entry (WHO).
- The Ministry of Health continues to be strengthened surveillance and mechanism for case detection, reporting, management, and referral of suspected/ill travelers at 6 prioritized PoEs in the high-risk locations. 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.
- The screening site setup at the river side crossing point (unofficial) in Nimule is functional with 841 people screened during the reporting week.

1.5. Case Management

- Isolation and treatment facilities have been established in Nimule and Juba (No. of beds = 16 in Nimule and 20 in Juba)
- Referral system and ambulance team established and trained including availability of a standby ambulance with support from WHO



Fig.4: Isolation and management set up within Yambio



Fig..5 Training of Staff and drill at Nimule facility

1.6. Infection Prevention, and Control/WASH

- ☞ IPC trainings have been conducted in Nimule, Yambio, Juba, Kajo-keji 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)

- ☞ EVD Training Module for frontline health workers has been developed and under review
- ☞ Produced Radio talk shows, jingles and spots in English, Arabic and translated to local languages
- ☞ Toll free hotlines MoH 6666 and UNICEF sponsored hotline under SSCC; 2222 is active and continues to receive community feedback on key issues including disease outbreaks.
- ☞ Weekly talk-show and radio jingles conducted in EVD high risk locations.
- ☞ 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.
- ☞ Another screening site setup at the river side crossing point in Nimule.
- ☞ 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>



Figure 6: New isolation site Rub-Hall tent donated by WFP to support EVD readiness in Juba

2. Challenges/Gaps

- ☞ Inadequate partners participation in incident management system.
- ☞ Inadequate funding to support EVD readiness activities. To ensure adequate preparedness in SSD, there is need for a for financing in a no regrets manner (as if it is a response)
- ☞ 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 number or composition of rapid response teams (RRTs) in some EVD high risk areas (Kaya, Morobo, Yei & Yambio)
- ☞ Inadequate information sharing among activated IMS functions

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

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, AFENET	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), ICRC, SSRC, UNHCR, IOM and UNICEF	WHO, USAID
Risk communication, social mobilization, and community engagement Psychosocial support	MOH	UNICEF, WHO, UNHCR	ICAP, IMC, WVI, CONCERN, Internews, MEDAIR, SSRC, UNHCR	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	UNDSS, Government	

For more information, please contact:

Dr. John Rumunu Incident Manager E: ori.moiga@gmail.com P: +211 924 767 490	Dr. Joseph Lasu Emergency Preparedness & Response Director E: josh2013.lasu@gmail.com P: +211 921 395 440	South Sudan PHEOC E: sspheoc@gmail.com P: +211 925 851 662/ +211 917 235 355	Dr BATEGEREZA, Aggrey Kaijuka WHO-EPR Team Lead E: bategerezaa@who.int P: +211 924222030
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