



South Sudan: Cholera Outbreak Situation Report

Situation report: No. 11

Date of onset of outbreak: 22 February 2023

Reporting date: 18 March 2023

Data Source: State Ministry of Health and National Public Health Laboratory



Cholera response | Cumulative figures from 22 February to 18 March 2023

348

Cases

1

Death

0.3%

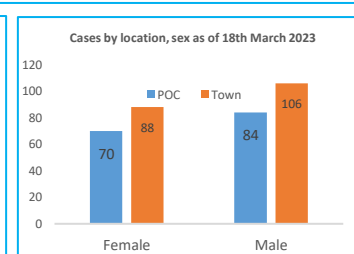
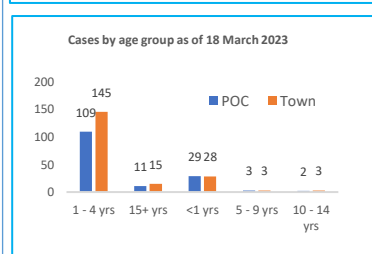
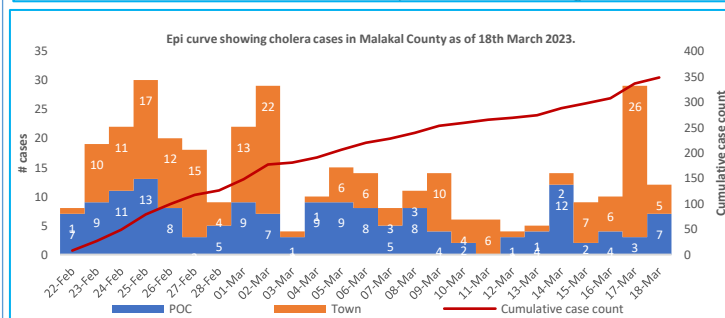
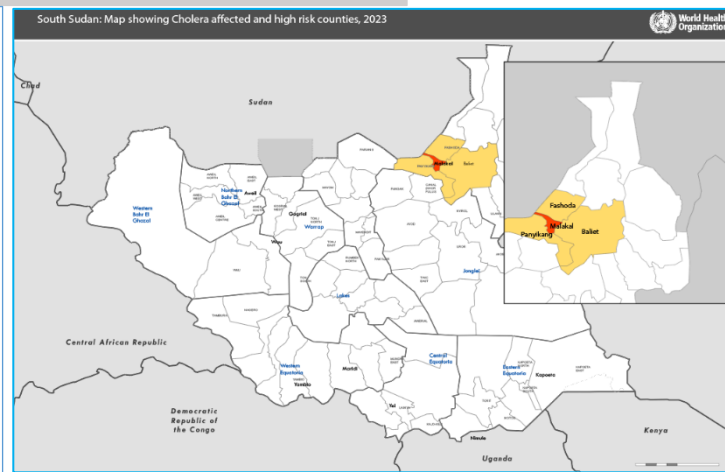
CFR

3

Grade

Key Weekly Highlights as of 18 March 2023

- Twelve (12) new Cholera cases have been recorded in the past 24 hours.
- 4 cases are currently admitted in the CTU.
- Zero new death has been recorded in the past 24 hours.
- Cumulatively, a total of 348 cholera cases and 1 death (CFR- 0.3%) has been recorded since the onset of the outbreak.
- Overall, 190 (54.6%) of the cases are males and 158(45.4%) are females.
- Children of age 1 - 4 years old are the most affected accounting for 73% (254) of the total cases reported followed by <1-year-old 57(17%)
- Oral Cholera vaccination campaign commenced on 16 March 2023 targeting 53,000 individuals aged 1 year and above in the POC and Malakal town.
- Cumulatively, 23,258 people have been vaccinated (Malakal town and POC) with OCV for 4 days s of the campaign achieving 35.2% coverage
- The current cholera outbreak is localized in Malakal Upper Nile State on the side boarding Sudan.



Key Interventions

Coordination

- National and State Cholera Taskforces continue to meet regularly to provide operational and strategic guidance to the ongoing response.
- A multisectoral National and State RRT continue to provide epidemiological investigation and technical support to the response interventions in Malakal County.
- A joint supportive supervision by MOH and WHO was conducted to the CTUs/CTCs and OCV Sites, (please elaborate on the purpose of the supervision and summary findings).

Surveillance

- WHO and partners continue to update and support data verification, harmonization, and analysis across response pillars.
- A joint active case search is being conducted by both the National and State RRT teams at health facility and community levels in Malakal County.
- Surveillance heightened in at-risk locations bordering Malakal in Upper Nile State
- WHO is supporting the orientation of the State Ministry of Health (SMOH)-Monitoring and Evaluation (M&E) team, and the MSF-Spain team on the electronic data collection tool or platform (EWARS) to populate the cholera line list. (Is this information current or an ongoing process?)

Case management

- Twelve new cases with 8 cholera cases admitted at the CTU
- MSF is supporting case management at the CTU in Malakal town and POC
- A technical team consisting of MOH and WHO Country Office has been deployed to Malakal today 20th March 2023 to support the ongoing response.
- Rehabilitation of the COVID-19 isolation center (Malakal POC) and CTC in Malakal hospital is ongoing
- The state ministry of health with support IMC continues to conduct triage in health facilities for cholera and referring to Malakal Teaching hospital.
- The SMOH with support from WHO and partners continues to set up handwashing facilities at established ORP sites in the affected areas (please indicate the numbers of.
- MOH and WHO have scheduled a five-day training on cholera case management starting on 22nd March 2023.
- The SMOH with support from WHO continues to preposition standardized Case Management charts and cholera Case Definition to CTUs (HFs, and ORPs and CTUs/CTCs)



Infection Prevention & Control/WASH

- Desludging of latrine facilities was conducted in the POC where 185 m³ of liquid waste safely disposed.
- 87.5 m³ of garbage collected within the PoC was safely disposed to the dumping area
- Desludging of latrine facilities in the COVID-19 isolation center as part of the process for MSF to setup the CTC inside PoC
- Training of two (2) IMC staffs on preparation of three type of chlorine concentration: 0.05% (handwashing), 0.5% (cleaning), 1% (disinfection), water treatment (concentration for 10,000 liters) and Free residual chlorine monitoring
- Decommission of six (6) latrines completed in Sector 1 Block H, E and F (6 completed and 24 pending)
- 24 handwashing stations installed next to latrine facilities in Sector 1
- Four additional water storage tanks replaced in Sector 1 Bloc F and D, Sector 2 Block M and T (increasing water capacity from 15,000 liters to 20,000 liters each)
- Ongoing Distribution of WASH NFIs as part of Cholera Response items supported by WC-CP to 05 IDPs Sites targeting 1,972 HH (8,967 Individuals).
- Hand washing facilities with soaps were distributed to government institutions (36), Malakal town (16), points of entry (4) and IDPS sites.
- The results of the water quality bacteriological test conducted in the humanitarian hub shows 54% contamination and 46% not contaminated out of 28 samples collected during the week.
- Cleaning of 23 water storage tanks completed in Malakal POC
- Training of 7 water operators on water quality testing was conducted with the support from IOM lab technicians
- Supported supply of safe-clean water to 7 schools.
- Ongoing construction of 02 public tap-stand concrete platform with 12 taps at Daniel Comboni IDPs Site 1.

Risk Communication & Community Engagement (RCCE)

- Radio talk shows and jingles spots are ongoing.
- RCCE TWG developed a communication plan to guide the implementation of targeted communication activities aimed at changing hygiene behavior and practices for the prevention and control of cholera
- Additional IEC materials have been received from Juba and the distribution commenced in Malakal town and Malakal PoC, targeting mostly the strategic locations with high populations like the market, schools, and other public places
- Distribution of 35 megaphones (25 in Malakal town 10 megaphones in POC) to facilitate health promoters to accelerate cholera awareness and preventive messages.



- Cholera awareness was conducted in 2 primary schools (Comboni Malakal, St. Andrew) and Assosa market.
- Ongoing daily Hygiene promotion activities on key cholera messages (causes, symptoms, and prevention measures), and airing of pre-recorded cholera preventive measures (Nile FM Radio).

Laboratory

- MOH with support from WHO continues to provide orientation to partners on sample collection, filling of cholera investigation forms, and testing using RDT in the affected location and at-risk counties.
- Forty-one (41) samples have been tested on RDT since the onset of the outbreak with six(6) samples testing positive on RDT and thirty-five (35) testing negative
- Thirteen(13) samples tested on PCR where three(3) tested positive and ten(10) tested negative. All the 13 samples tested negative for vibrio cholerae on culture.
- 3 lab technicians (1 NPHL and 2 WHO) have been deployed to support sample collection and management
- Ongoing support to the laboratory capacity of partners (MSF , IOM, and IMC) to conduct RDT for cholera cases.

Oral Cholera Vaccination (OCV)

- The campaign was officially launched on 16th March 2023,
- 23,258 people have been vaccinated both in the POC and Malakal town with a coverage of 35.2% in 4 days.
- The OCV campaign will be extended for additional 5 days to ensure adequate coverage.
- WHO submitted a new request of 200,000 doses of OCV to the International Coordination Group (ICG) for additional oral cholera vaccines.

Logistics and supplies

- WHO has hired 2 additional vehicles to support response activities in Malakal.
- WHO is dispatching 1 x 48sqm and 1 x 24sqm Medical tents to Malakal to support the ongoing Cholera response.
- WHO has dispatched additional cholera treatment and investigation kits to Malakal.

Challenges

- Inadequate access to safe and clean water due to limited WASH supplies.
- Sub-optimal risk communication and community engagement in affected high-risk locations on cholera prevention and control measures.



- Inadequate RDT testing of suspected cholera cases at the subnational level, most especially, in health facilities and treatment centers
- Inadequate funding for partners to respond.
- Lack of designated ambulance for the referral of cholera cases and designated vehicle for the safe dignified burial (SDB) team.
- Identification and training of the SDB team.
- Overcrowding in the POC due to the continued influx of IDPs poses a major challenge to the limited WASH facilities in the POC.
- Need for additional cholera kits and investigation kits.
- Case management charts are in English making it difficult for healthcare workers who only understand Arabic

Way forward

- Translation of case management charts into Arabic language to facilitate easy understanding by healthcare workers.
- Provision of clean and safe water.
- Enhance cholera RDT testing of suspected cholera cases at health facilities and treatment centers
- Accelerate the RCCE interventions at POC and Malakal town.
- Finalize the cholera response plan and budget for resource mobilization.
- Designate an ambulance to support the referral of cholera cases
- Conduct training for the SDB team.
- Quantify and ship additional cholera kits and investigation kits to Malakal County.
- Print and distribute IEC materials
- Fixing of 02 Bladder tank-10M³- to increase water productivity in the Daniel Comboni 1& 2 IDPs Camp with installation and construction Tap-stand platform concrete with 12taps.
- Mobile sanitation activity in Malakal IDPs camps and at host community's households' level to maintain clean environment (digging trenches, construction of dumping Pits for waste management.
- Meeting with Block leaders to discuss on their engagement in the response (PoC)
- Decommission of non-functional latrines in the PoC
- Coordination with MSF on WASH NFI distribution targeting the affected cases after discharge.

PILLAR	PARTNER SUPPORTING
Coordination	WHO/OCHA
Surveillance	WHO, MSF, IMC & IOM
Case Management	MSF, IMC, IOM, WHO
Water, sanitation, and hygiene (WASH)	IOM, ICRC, WVI, UNICEF
Infection prevention & control and Safe and dignified burial	WHO, MSF, DRC, IOM, SSRC



Risk communication and Community Engagement (RCCE)	UNICEF, IOM/CCCM, SSRC, DRC
Port of Entry (PoE)	IOM/DTM
Oral cholera vaccine (OCV)	WHO, IMC, MSF- Spain ,UNICEF, IOM

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