



# South Sudan: Cholera Outbreak Situation Report

Situation report: No. 007

Date of onset of outbreak: 22 February 2023

Reporting date: 15 March 2023

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



**Cholera response** | Cumulative figures from 22 February to 14 March 2023

**288**

Cases

**1**

Death

**0.3%**

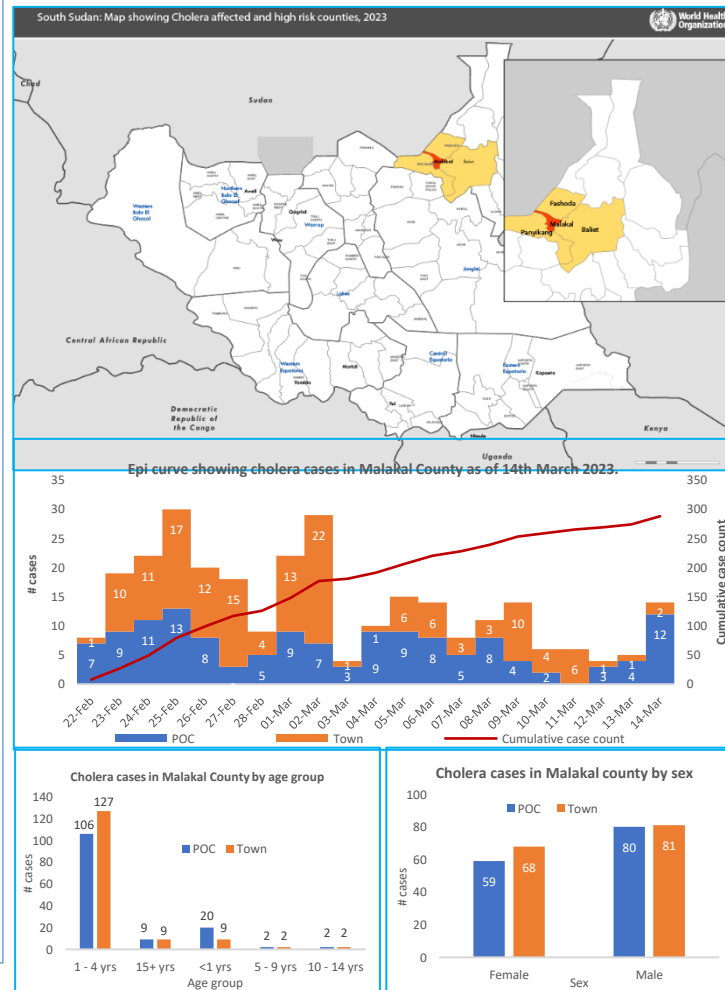
CFR

**Not graded**

Grade

## Key Weekly Highlights as of 14 March 2023

- Fourteen (14) new Cholera cases have been recorded in the past 24 hours.
- Zero new death has been recorded in the past 24 hours.
- Cumulatively, 288 cholera cases and 1 death (CFR- 0.3%) has been recorded since the onset of the outbreak.
- Overall, 161(56%) of the cases are males and 127(44%) are females.
- Children of age 1 – 4 years old are the most affected accounting for 81% (233) of the total cases reported followed by <1 year old 10% (29) cases.
- Majority of 1–4 years cases were reported from Malakal town (127) and in Malakal protection site POC (106) cases.
- Data cleaning, harmonization, and categorization of the location of the cases was conducted during this reporting period.
- Oral Cholera vaccination campaign has been planned to take place on 16 March 2023 targeting 53,000 individuals aged 1 year and above in the POC and Malakal town.
- The current cholera outbreak is localized in Malakal located in the smallest county in Upper Nile State on the side boarding Sudan.



## Key Interventions

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### 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.

### 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 (eEWARS) to populate the cholera line-list.

### Case management

- Rehabilitation of the COVID-19 isolation center (Malakal POC) and CTC in Malakal hospital is ongoing
- The state ministry of health is working closely with IMC to conduct triage in health facilities for cholera and referring to Malakal Teaching hospital.
- WHO is working closely with SMOH and partners to support setting up handwashing facilities at established ORP sites.
- Prepositioning of standardized Case Management charts to all IPs supporting CTUs (Case Definition to be displayed at HFs, ORPs and CTUs)

### Infection Prevention & Control/WASH

- Water quality bacteriological test conducted in the humanitarian hub the Results 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
- Additional water storage tank replaced in Sector 2 Bloc P (increasing from 15,000 liters to 20,000 liters)
- Registration of institutions (schools and Health center) to receive handwashing facility and laundry soaps. The handwashing facility will also be installed in identified places in the Market.
- Planned cleaning of drainage sites in the POC by IOM and DRC to commence on 15<sup>th</sup> March.



## **Risk Communication & Community Engagement (RCCE)**

- Radio talk shows and jingles spots are ongoing.
- UNICEF is working closely with WHO and partners to support the distribution of 107 IEC materials in Malakal town and POC.
- 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 population like the market, schools, and other public places
- A mass joint mobilization is planned to commence on or before the OCV kicks off
- 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 and WHO are providing orientation to partners on sample collection, filling of cholera investigation forms, and testing using RDT.
- A laboratory technical team comprising of NPHL and WHO will be deployed to Malakal this week to provide technical guidance and improve overall sample management.
- Four (4) suspected Cholera samples were collected with 2 testing positive on RDT and they have been shipped to Juba for further laboratory investigation (culture &PCR). All four samples have been received by the NPHL and currently undergoing culture and PCR testing. Out of the four samples, one tested positive for V. cholerae on PCR testing.

## **Oral Cholera Vaccination (OCV)**

- Planning Meeting was conducted on 13th March to discuss on the roadmap for the OCV campaign
- Engagement of state high level cholera task force on 14 March to commence social mobilization activities for the OCV campaign.
- The training of vaccination teams will be conducted on the 15<sup>th</sup> of March
- The campaign will be officially launched on 16<sup>th</sup> March.
- WHO submitted a new request to the International Coordination Group (ICG) for additional oral cholera vaccines.



## Logistics and supplies

- WHO is conducting quantification of additional supplies required for the response.
- WHO is hiring 2 additional vehicles to support response activities in 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 subnational level, most especially, health facilities and treatment centers.
- Inadequate number and poor quality of samples transported to the NPHL for further laboratory investigation.
- 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 kit and investigation kit.
- Inadequate of case definition and IEC materials in health facilities.

## Way forward

- 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-10M<sup>3</sup>- 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.



**For more information, please contact:**

Dr. John Rumunu  
Incident Manager  
E: [ori.moiga@gmail.com](mailto:ori.moiga@gmail.com)  
P: +211 924 767 490

Dr. Joseph Lasu  
Emergency Preparedness &  
Response Director  
E: [josh2013.lasu@gmail.com](mailto:josh2013.lasu@gmail.com)  
P: +211 921 395 440

South Sudan PHEOC  
E: [sspheoc@gmail.com](mailto:sspheoc@gmail.com)  
P: +211 925 851 662/  
+211 917 235 355

Dr BATEGEREZA, Aggrey Kaijuka  
WHO-EPR Team Lead  
E: [bategerezaa@who.int](mailto:bategerezaa@who.int)  
P: +211 924222030

**Editorial team:**

**MOH:** Dr John Rumunu & Dr Joseph Lasu

**WHO:** Dr. Bategereza Aggrey, Dr. Moses Ongom, Dr. Mukesh Prajapati, Dr Antonio Oke, Dr Abraham Adut, Dr Mustafa Lasu, Dr Kwuakuan Yealue, Ms Sheila Baya, Malick Gai, Bernard Oduor and Lawrence Mukombo

