



# South Sudan: Cholera Outbreak Situation Report

Situation report: No. 31

Date of onset of outbreak: 22 February 2023

Reporting date: 8 April 2023

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

## Cholera response | Cumulative figures from 22 February to 8 April 2023

830

Cases

2

Death

0.24%

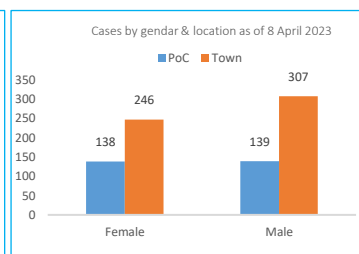
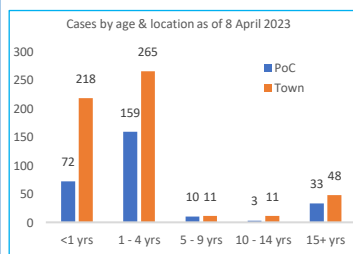
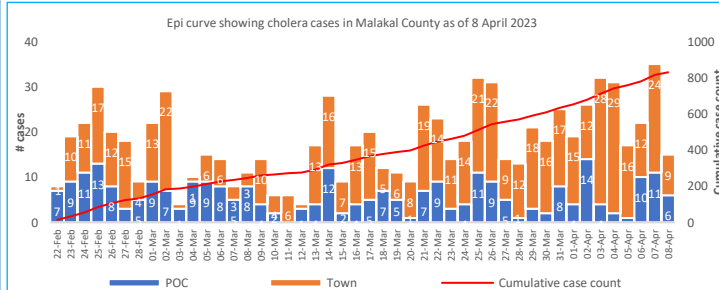
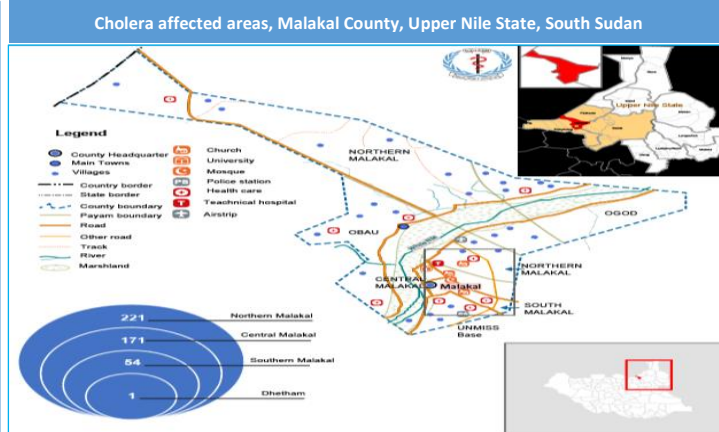
CFR

3

Grade

### Key Weekly Highlights as of 8 April 2023

- Fifteen (15) new cholera cases have been reported in the last 24 hrs.
- Zero new death recorded in the past 24 hours.
- Cumulatively, a total of 830 cholera cases and 2 deaths (CFR- 0.24%) has been recorded since the onset of the outbreak.
- Overall, 446(54%) of the cases are males and 384(46%) are females.
- Children of age 1 - 4 years old are the most affected accounting for 424(51%) of the total cases reported followed by <1 years old 290 (35%).
- 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, 54,538 people have been vaccinated (Malakal town and POC) with OCV achieving 82% coverage
- The current cholera outbreak is localized in Malakal Upper Nile State on the side boarding Sudan.



## Key Interventions

---

### Coordination

- National and State Cholera Taskforce continue to meet regularly to provide operational and strategic guidance to the ongoing cholera outbreak response.
- Coordination meeting with MOH, WHO and partners to provide technical support to the response activities.
- Daily information sharing with the high-level cholera taskforce led by the state minister of health
- A multisectoral National and State RRT continue to provide epidemiological investigation and technical support to the response interventions in Malakal County.

### Surveillance and reporting

- WHO and partners continue to update and support data verification, harmonization, and analysis across the response pillars.
- With technical support from WHO, a joint active case search is being conducted by both National and State RRT teams at health facility and community levels in Malakal County.
- Surveillance activities are being heightened in at-risk counties bordering Malakal in Upper Nile State.

### Case management

- Seven (07) new case admitted in the CTU, and eight (08) cases were discharged.
- 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 to support ongoing response.
- The state ministry of health with the support IMC continue to conduct triage in health facilities for cholera and referring cases to Malakal Teaching Hospital.
- The SMOH with support from WHO and partners continue to set up handwashing facilities at established ORP sites in the affected areas.
- The SMOH with support from WHO continue to preposition standardized Case Management charts and cholera Case Definition to CTUs (HFs, and ORPs and CTUs/CTCs).

### Infection Prevention & Control/WASH

- The blanket chlorination campaign of water points and households was started on 4<sup>th</sup> April and led by the Malakal municipality council with the participation of WASH/health partners is ongoing.
- Ongoing Mass Aqua tab and Pur purification (Point of Use Water Treatment) at Malakal northern and eastern blocks in coordination and partnership with WASH



partners (UNICEF, WVI, SSRC,SI) and WASH Cluster SNC Upper Nile targeting 5,000HH.

- IOM continues to operate and maintain the 748 latrine stances regularly, including disinfection with chlorine (concentration: 0.5%). Noted that the number of functioning latrines reduced due to the lack of spaces. IOM will continue engaging with community leaders on identifying available spaces for new construction.
- Maintenance of FRC in SWAT systems at a level at 0.4-0.5mg/l at Taps stands across 6 water points.

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

- Community 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.
- 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**

- One hundred eight (108) samples have been tested on RDT since the onset of the outbreak with nineteen (19) samples testing positive on RDT and eighty-nine (89) testing negative.
- Cumulatively, sixty-nine (69) samples have been cultured at both NPHL (22) and Malakal teaching hospital (47). Four (04) isolates non-O1 and non-O139 have been shipped to NICD South Africa for further confirmation.
- Three (03) lab technicians (1 from NPHL and 2 from WHO) have been deployed to support sample collection and management in Malakal.
- Ongoing support to the laboratory capacity of partners (MSF, IOM, and IMC) to conduct RDT for cholera cases.

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

- The oral cholera vaccination campaign was officially launched on 16 March 2023.
- Some 54,538 people have been vaccinated both in the POC and Malakal town with a coverage of 82 % achieved so far.
- WHO submitted a new request for 200,000 doses of OCV to the International Coordination Group (ICG) for additional oral cholera vaccines.

### **Logistics and supplies**

- WHO hired 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 cholera affected high-risk locations.
- Inadequate funding for partners to respond to the cholera outbreak in Malakal.
- Lack of designated ambulance to facilitate referral of cholera cases and designated vehicle for the safe dignified burial (SDB) team.
- Identification of personnel to be trained safe and dignified burial (SDB).
- Overcrowding in the POC due to the continued influx of IDPs poses is a major challenge to the limited WASH facilities in the POC.

## Way forward

- Follow up on 4 Isolates shipped to NICD-South Africa.
- Provision of adequate clean and safe water, especially in the cholera outbreak and high-risk locations.
- Accelerate RCCE interventions at POC and Malakal town.
- Finalize the cholera response plan and budget for resource mobilization.
- Provide a designated ambulance to support the referral of cholera cases.
- Identify and train safe and dignified burial (SDB) teams.
- Training of mobile sanitation community committee on basic sanitation topics and messages prior to general clean-up campaign to maintain clean environment.
- Coordination with MSF on WASH NFI distribution targeting the affected cases after discharge.

**Table 1: Implementing partners by pillar**

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

**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

