



South Sudan Ministry of Health

Integrated Disease surveillance
and response (IDSR)



World Health
Organization
South Sudan

Epidemiological Bulletin Week 27, 2023 (3 July – 9 July)



Major epidemiological highlights in week 27 of 2023

- In week 27, 2023, the IDSR reporting timeliness and completeness were at 73% and 82% respectively, while EWARNS sites were both at 90%
- A total of 148 alerts were triggered in week 27, 2023, and most of the alerts were for malaria, 23% (35/148) measles 18.2% (27/148), and AWD 16.2% (24/148),
- Health response to be scaled up in Dajo, Longechuk county in Upper Nile state following the results of 45 samples confirming measles outbreak and malaria upsurge
- Measles outbreak, in 2023, In 2023, Cumulatively 2 546 cases with 32 deaths have been reported giving a CFR of 1.2%
- As of 18 July, South Sudan has received 179,071 individuals at several (16) points of entry along the border with Sudan since 16 April 2023.

SURVEILLANCE PERFORMANCE



For the Integrated Disease Surveillance (IDSR)
network and Early warning alert and response
network (EWARN)



IDSR timeliness performance at State level for week 27 & 26 of 2023



| States Ranking | Implementing Partners | States | Total Numer of Functional Health Facilities | No. of HF's Reported on Time in WK 27 | Timeliness Percentage of WK 27 | No. of HF's Reported on Time in WK 26 | Timeliness Percentage of WK 26 |
|----------------|---|-------------|---|---------------------------------------|--------------------------------|---------------------------------------|--------------------------------|
| 1st | AMREF, World Vision, CUAMM, CDTY, OPEN,Rescue | WES | 185 | 185 | 100% | 126 | 68% |
| 2nd | Care International | RAA | 16 | 16 | 100% | 5 | 31% |
| 3rd | Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO | NBGZ | 89 | 86 | 97% | 76 | 85% |
| 4th | HLSS, SSUHA, Concern WW, IHO,GOAL,TRI-SS,SPEDP,IMA-WH,SSHCO,IMC,MSF,CARE | CES | 128 | 121 | 95% | 124 | 97% |
| 5th | Doctors with Africa (CUAMM),IMA-WH,YCSS,LiveWell-SS | Lakes | 112 | 105 | 94% | 85 | 76% |
| 6th | IHO,IOM,CARE,IMC,IRW,MHA | WBGZ | 80 | 71 | 89% | 66 | 83% |
| 7th | Cordaid, IMC, IRC, CASS,IOM,Samaritan's Purse,Medair,MSF-H,WR,HFO | Unity | 84 | 71 | 85% | 61 | 73% |
| 8th | CMA,Medair,MDM,Medicair,CRSF,CARE,LiveWell-SS,WR,HFO,AAH,IOM,MSF,SCI,CIDO,IMC,CRESA | Jonglei | 113 | 90 | 80% | 93 | 82% |
| 9th | GOAL,,HFO,UNKEA,SCI,AMREF-CCMF,TADO,HAASS,WVI,IRW | Warrap | 113 | 89 | 79% | 105 | 93% |
| 10th | Cordaid, HLSS,OPEN,AMREF-CCMF,IRW | EES | 107 | 71 | 66% | 70 | 65% |
| 11th | IMC,CRES-Aid,Concern WW,Health Link,RI,Cordaid,CASS,SPEDP,NIDO,UNKEA,GOAL,MSF-E,WVI | Upper Nile | 134 | 77 | 57% | 60 | 45% |
| 12th | GOAL,SMC | AAA | 17 | 5 | 29% | 7 | 41% |
| 13th | ForAfrika, Medair | GPAA | 15 | 2 | 13% | 15 | 100% |
| | | South Sudan | 1193 | 989 | 83% | 893 | 75% |

KEY

| | | |
|--|---------|-----------|
| | <60% | Poor |
| | 61%-79% | Fair |
| | 80%-99% | Good |
| | 100% | Excellent |

The Timeliness of IDSR Reporting (Supported by EWARS Web and Mobile) at health facility level in week 27 stands at 83% while in week 26 it was at 75% and 7 states and 1 AA are above the National target of 80% .

Reporting Challenges in the poorly performed States are; insecurity, internet inaccessible; Turnover of Partners.



IDSR Completeness performance at State level for week 27 & 26 of 2023



| States Ranking | Implementing Partners | States | Total Numer of Functional Health Facilities | No. of HFs Reported regardless of Time in WK 27 | Completeness Percentage of WK 27 | No. of HFs Reported regardless of Time in WK 26 | Completeness Percentage of WK 26 |
|----------------|---|-------------|---|---|----------------------------------|---|----------------------------------|
| 1st | Care International | RAA | 16 | 16 | 100% | 16 | 100% |
| 2nd | AMREF, World Vision, CUAMM, CDTY, OPEN, Rescue | WES | 185 | 185 | 100% | 129 | 70% |
| 3rd | Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO | NBGZ | 89 | 88 | 99% | 80 | 90% |
| 4th | HLSS, SSUHA, Concern WW, IHO, GOAL, TRI-SS, SPEDP, IMA-WH, SSHCO, IMC, MSF, CARE | CES | 128 | 121 | 95% | 125 | 98% |
| 5th | Doctors with Africa (CUAMM), IMA-WH, YCSS, LiveWell-SS | Lakes | 112 | 105 | 94% | 107 | 96% |
| 6th | IHO, IOM, CARE, IMC, IRW, MHA | WBGZ | 80 | 74 | 93% | 69 | 86% |
| 7th | Cordaid, IMC, IRC, CASS, IOM, Samaritan's Purse, Medair, MSF-H, WR, HFO | Unity | 84 | 73 | 87% | 69 | 82% |
| 8th | GOAL, HFO, UNKEA, SCI, AMREF-CCMF, TADO, HAASS, WVI, IRW | Warrap | 113 | 92 | 81% | 107 | 95% |
| 9th | CMA, Medair, MDM, Medicaire, CRSF, CARE, LiveWell-SS, WR, HFO, AAH, IOM, MSF, SCI, CIDO, IMC, CRESA | Jonglei | 113 | 90 | 80% | 92 | 81% |
| 10th | Cordaid, HLSS, OPEN, AMREF-CCMF, IRW | EES | 107 | 82 | 77% | 85 | 79% |
| 11th | IMC, CRES-Aid, Concern WW, Health Link, RI, Cordaid, CASS, SPEDP, NIDO, UNKEA, GOAL, MSF-E, WVI | Upper Nile | 134 | 92 | 69% | 93 | 69% |
| 12th | GOAL, SMC | AAA | 17 | 5 | 29% | 5 | 29% |
| 13th | ForAfrika, Medair | GPAA | 15 | 4 | 27% | 15 | 100% |
| | | South Sudan | 1193 | 1027 | 86% | 992 | 83% |

KEY

| | | |
|--|---------|-----------|
| | <60% | Poor |
| | 61%-79% | Fair |
| | 80%-99% | Good |
| | 100% | Excellent |

The Timeliness of IDSR Reporting (Supported by EWARS Web and Mobile) at health facility level in week 26 stands at 86% while in week 26 it was at 83% and 8 states and 1 AA are above the National target of 80% .

Reporting Challenges in the poorly performed States are; insecurity, internet inaccessible; Turnover of Partners.



Surveillance: EWARS Timeliness performance indicator by partner for week 27 and 26 of 2023



| Partner | HF's | Reporting | Performance | | |
|--------------|------------------------------|--|-----------------------------------|--|-------------------------------------|
| PARTER | Total Number of Mobile Sites | # of reports received on Time in Week 27 | Percentage of Timeliness in WK 27 | # of reports received on Time in Week 26 | Percentage of Completeness in WK 26 |
| SSHCO | 1 | 1 | 100% | 1 | 100% |
| CIDO | 1 | 1 | 100% | 1 | 100% |
| SCI | 2 | 2 | 100% | 2 | 100% |
| Medicair | 2 | 2 | 100% | 2 | 100% |
| IOM | 1 | 1 | 100% | 1 | 100% |
| SP | 4 | 4 | 100% | 4 | 100% |
| HFO | 5 | 4 | 80% | 4 | 80% |
| IMC | 4 | 3 | 75% | 4 | 100% |
| TRI-SS | 2 | 1 | 50% | 2 | 100% |
| UNH | 2 | 0 | 0% | 2 | 100% |
| SMC | 1 | 0 | 0% | 1 | 100% |
| WVI | 2 | 0 | 0% | 2 | 100% |
| TOTAL | 27 | 19 | 70% | 26 | 96% |

The Timeliness of EWARS in partners' supported sites stands at **70%** in week **27** while in week **26** it was at **96%**



Surveillance: EWARS completeness performance indicator by partner for week 27 and 26 of 2023

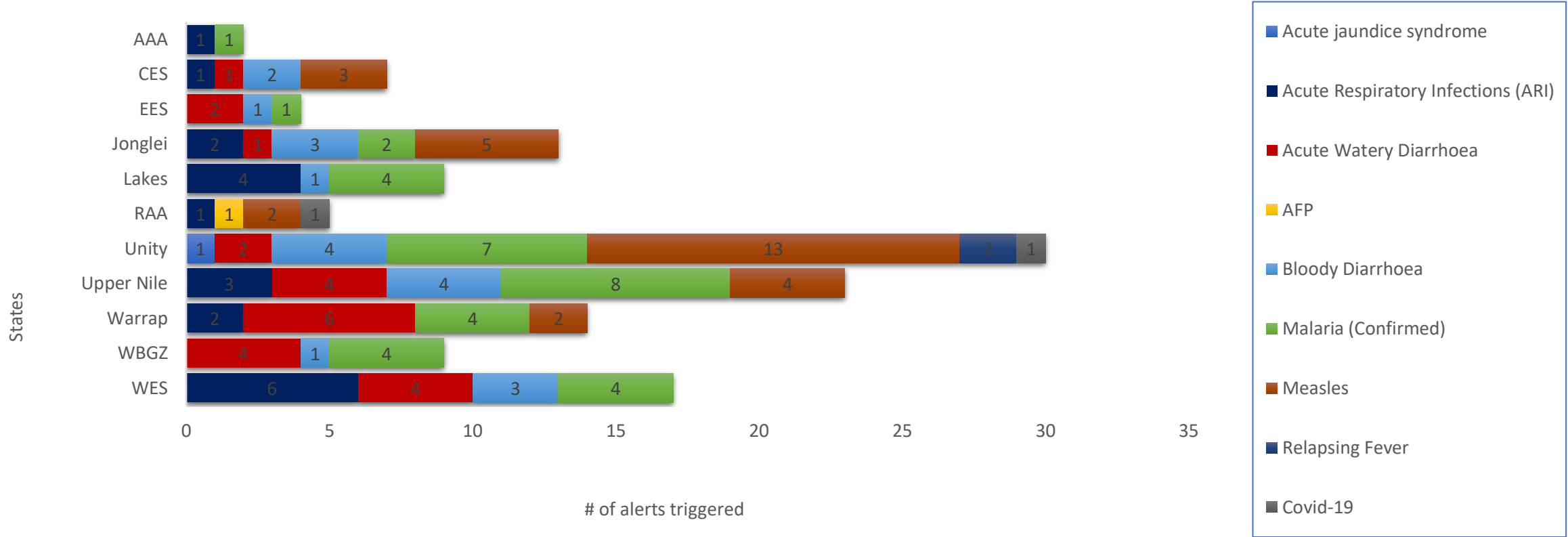


| Partner | HF's | Reporting | Performance | | |
|--------------|------------------------------|--|-----------------------------------|--|-------------------------------------|
| PARTER | Total Number of Mobile Sites | # of reports received on Time in Week 27 | Percentage of Timeliness in WK 27 | # of reports received on Time in Week 26 | Percentage of Completeness in WK 26 |
| SSHCO | 1 | 1 | 100% | 1 | 100% |
| CIDO | 1 | 1 | 100% | 1 | 100% |
| SCI | 2 | 2 | 100% | 2 | 100% |
| Medicair | 2 | 2 | 100% | 2 | 100% |
| IOM | 1 | 1 | 100% | 1 | 100% |
| SP | 4 | 4 | 100% | 4 | 100% |
| HFO | 5 | 4 | 80% | 4 | 80% |
| IMC | 4 | 3 | 75% | 4 | 100% |
| TRI-SS | 2 | 1 | 50% | 2 | 100% |
| UNH | 2 | 0 | 0% | 2 | 100% |
| SMC | 1 | 0 | 0% | 1 | 100% |
| WVI | 2 | 0 | 0% | 2 | 100% |
| TOTAL | 27 | 19 | 70% | 26 | 96% |

The Timeliness of EWARS in partners' supported sites stands at 70% in week 27 while in week 26 it was at 96%



Alert by disease and States in week 27 of 2023 [a total of events-specific alerts generated by state



This week a total of 148 Alerts were triggered of which 60 are from outbreak prone diseases as Per the broken-down below

- 24 AWD alerts: these alerts were triggered from the following States, CES (1), EES (2), Jonglei (1), Unity (2), Upper Nile (4), Warrap (6), WBGZ (4), WES(4)
- 29 Measles alert: these alerts were triggered from the following States, CES(3), Jonglei (5), RAA(2),Unity(13), Upper Nile (4), Warrap (2)
- 1 AJS alert: this was from Bentiu IDP Hospital
- 1 AFP alert from Pariang Hospital
- 1 Cholera alert from Manai PHCU in Rumbek East County
- 2 Covid-19 alert: these were from Pachar PHCU in Panyijiar County and Pariang Hospital
- 2 Relapsing Fever alert: theywere from SP_Bieh Mobile Clinic and SP_Wangbuor Mobile Clinic in Mayom County

INDICATOR AND EVENT-BASED SURVEILLANCE



Alert management including detection; reporting; verification;
risk assessment; & risk characterization

- **Viral Hemorrhagic Fever Alert from Longechuk County, Upper Nile State**





Viral Hemorrhagic Fever Alert from Longechuk County, Upper Nile State



Background

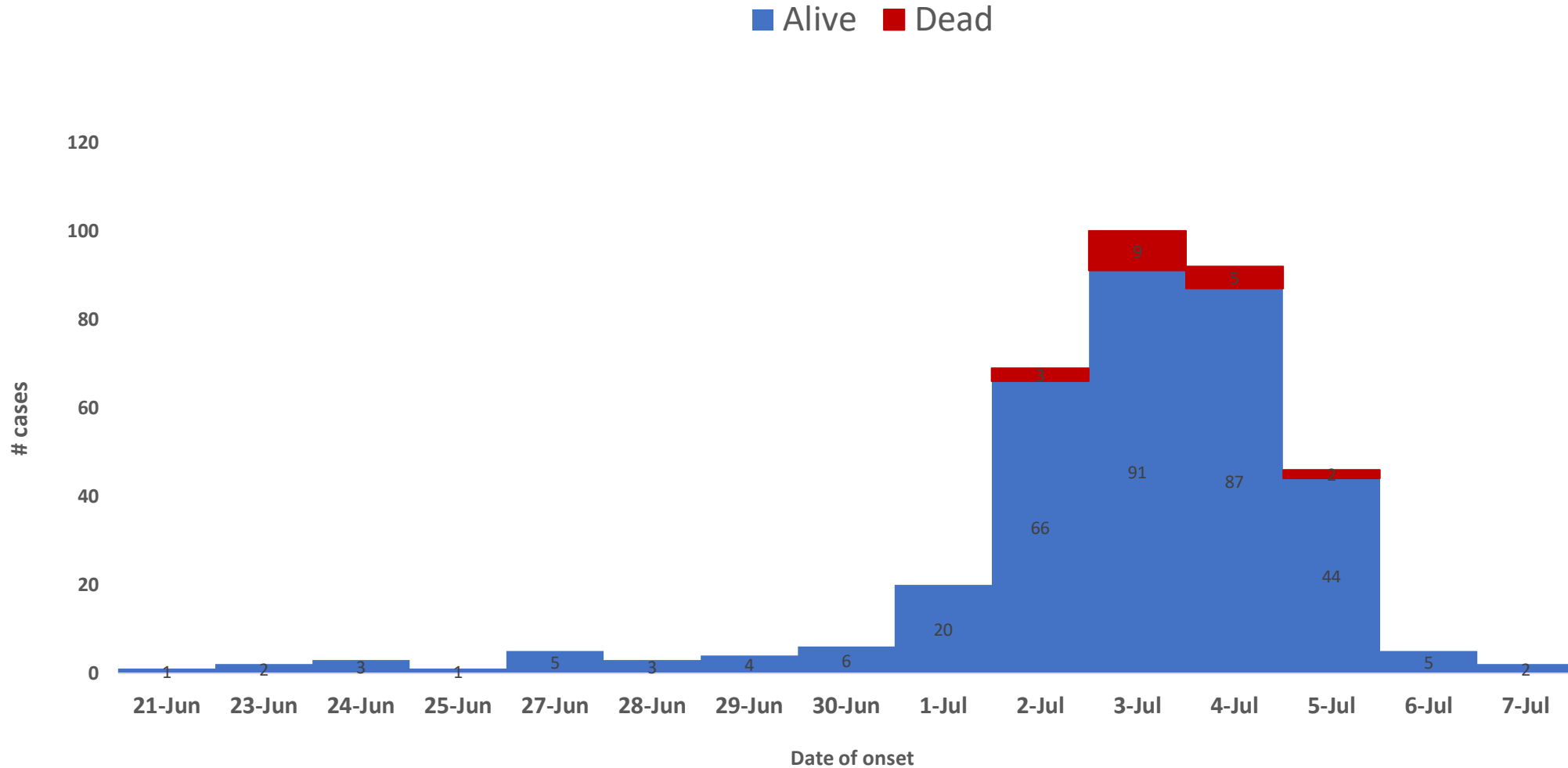
- On the 16th of June 2023, a team consisting of staff from Nile Initiative Development Organization (NIDO) went for supportive supervision in Darjo PHCU, Darjo Payam, Longechuk County, Upper Nile State where they got reports of deaths from an unknown disease.
- Cases reportedly presented with vomiting blood, bloody diarrhea, sore throat, red eyes, running nose, blurry vision, cough, and itching.
- Initially, Four deaths were reported (2 from Dajo and 2 from Pashimbi Boma), Deaths occurred within 3 days of onset while those who went past 5 days improved.
- The reported cases came from Dukubela, an area bordering Pashimbi Boma and is between South Sudan and Ethiopia border. 150 cases and 23 deaths have already been reported in that area.
- Dajo PHCU is in a remote location with no road access as the area is flooded and it took the team from the national NGO approximately two days to walk from Mathiang
- On 1st July 2023, a team consisting of WHO Field Supervisor, CHD, NIDO, and UNKEA staff traveled on foot from Chotbora to Dajo: The teams moved to deep villages inside Dajo; Tendajo, and Tedupi about 1 hour's walk from Dajo center where they found cases presenting with above symptoms and collected seven (7) samples
- On 8/July 2023, a 7-member multidisciplinary national RRT deployed to Dajo via Bor. The team arrived in Dajo and immediately visited Dajo PHCU and collected six (6) samples from patients presenting with mainly fever

- A total of 359 suspected VHF cases and 19 deaths (CFR-5.3%) have been reported and line listed from Dajo payam, Longochuk County
- Most cases (248) representing 69% were reported from Dajo boma while 31% (111) were reported from Pashimbi Boma
- A total of 181 contacts were identified and line listed, but not received at national level
- Place of Case detection:
 - 110 (30.6%) of cases were detected in the Community
 - 249 (69.4%) self reported at health facility
- Duration from date of Symptom onset to detection
 - Within 24 hrs: 3 (0.8%)
 - 4-6 days: 23 (6.4%)
 - 7-9 days: 195 (54.3%)
 - 10-20 days: 138 (38.4%)
- No symptoms have been documented on the linelist, however, below are the reported symptoms:
 - Fever, generalized skin rashes, itching, red eyes, runny nose or sneezing, and finally vomiting mixed with blood and bloody stools



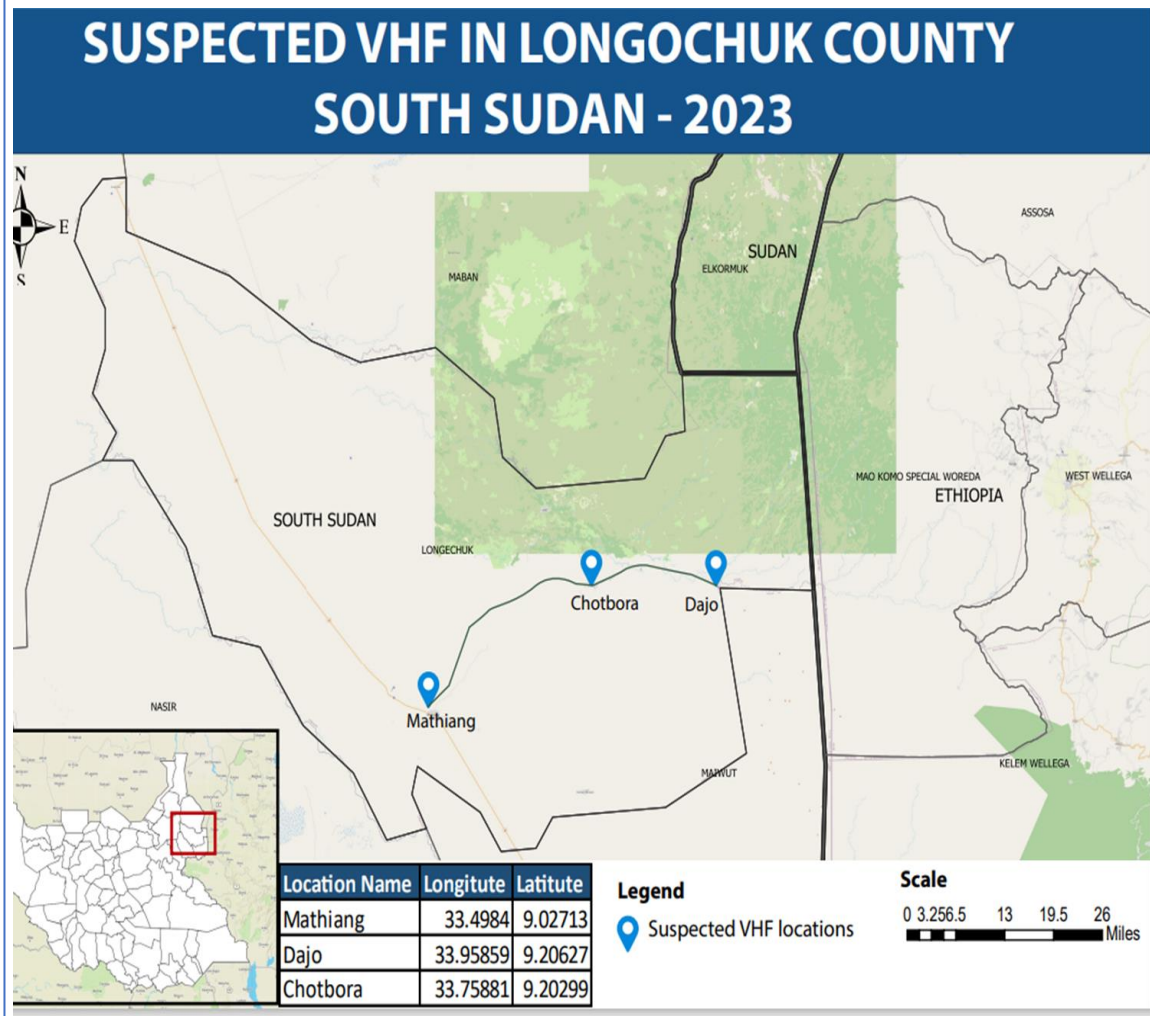
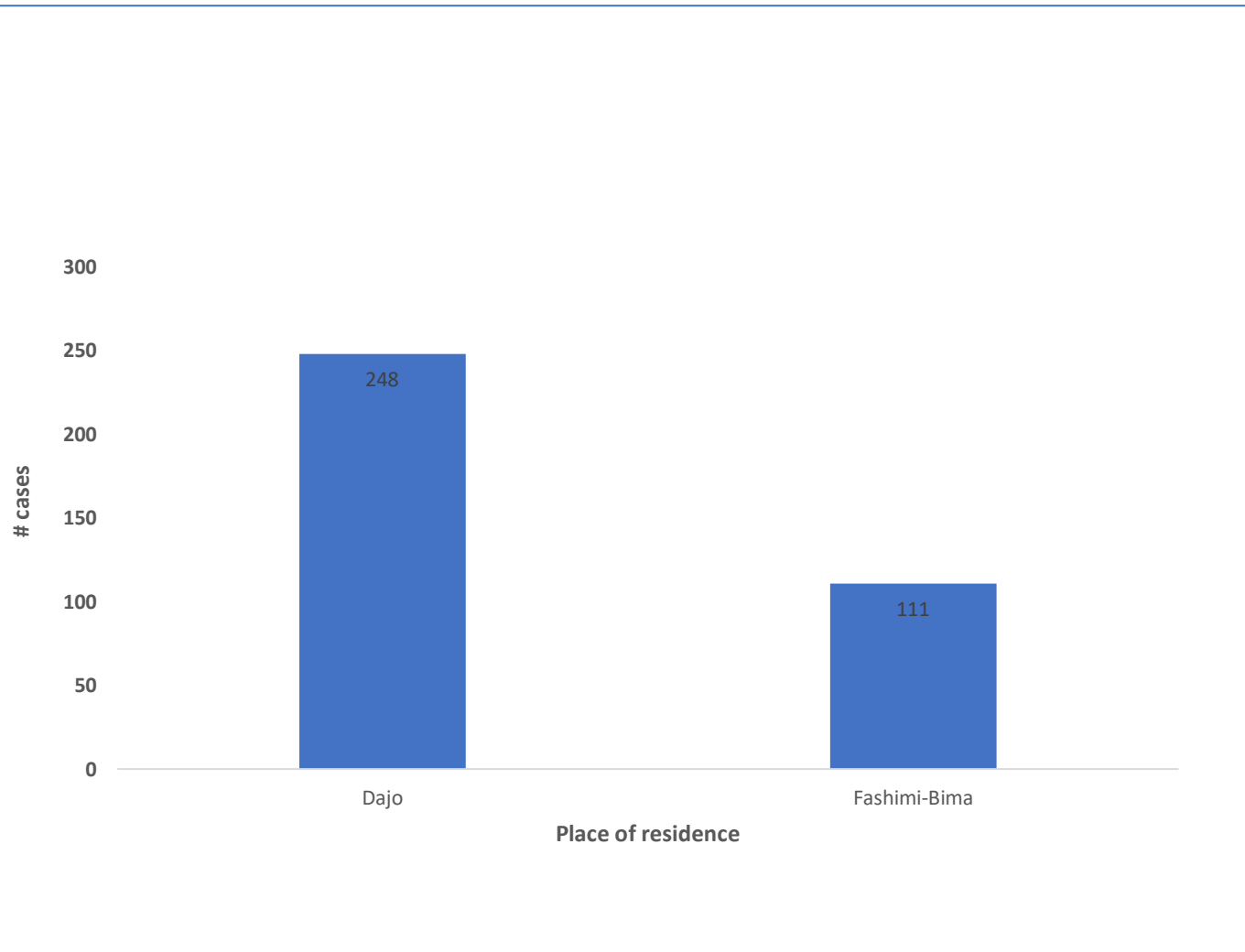
Pic: RRT Clinicians attending to a child in Dajo, Longechuk county

Epi curve showing suspected VHF cases in Longechuk county by date of onset, 2023.



Note: Most of the suspected cases were reported with date of onset between 1 July and 7 July 2023, with highest peak on July 3 2023

Geographical Distribution of Viral Hemorrhagic Fever Alert from Longechuk County, by Boma, 2023

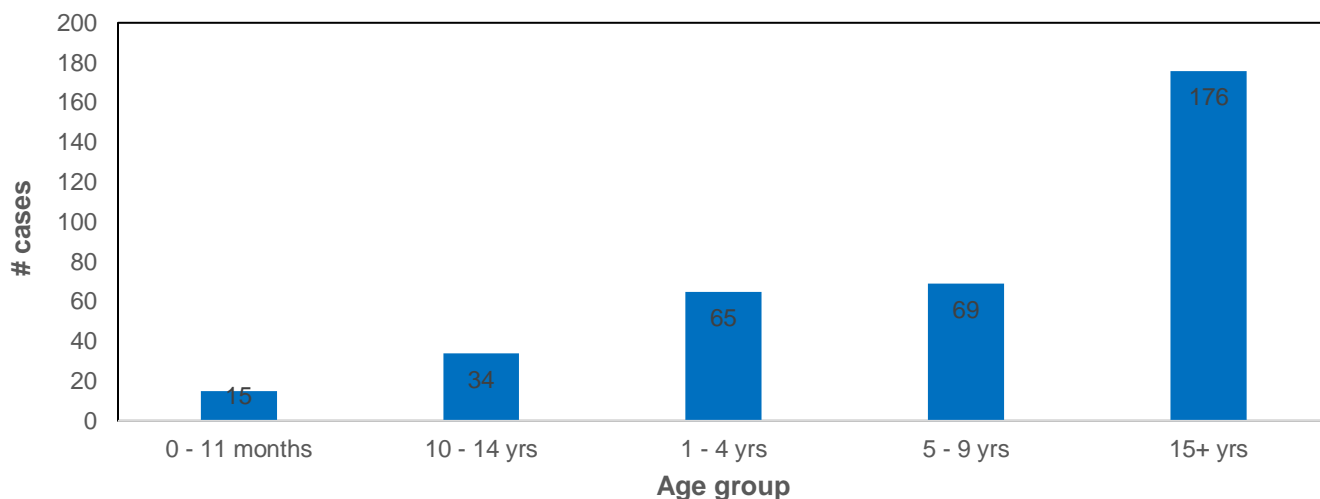


Most cases 69% (248/359) were from Dajo Boma and 31% (111/359) Pashimbi Boma all under Dajo Payam Longechuk county most

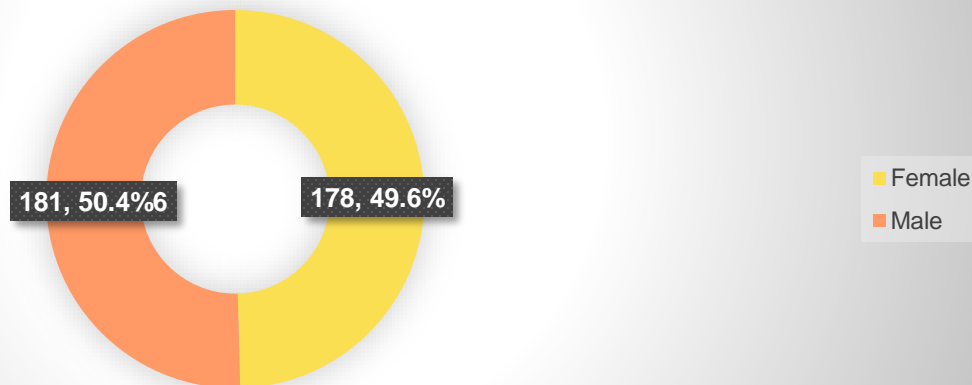




Number of Reported alerts by age-group in Longechuk county, 18 July 2023.



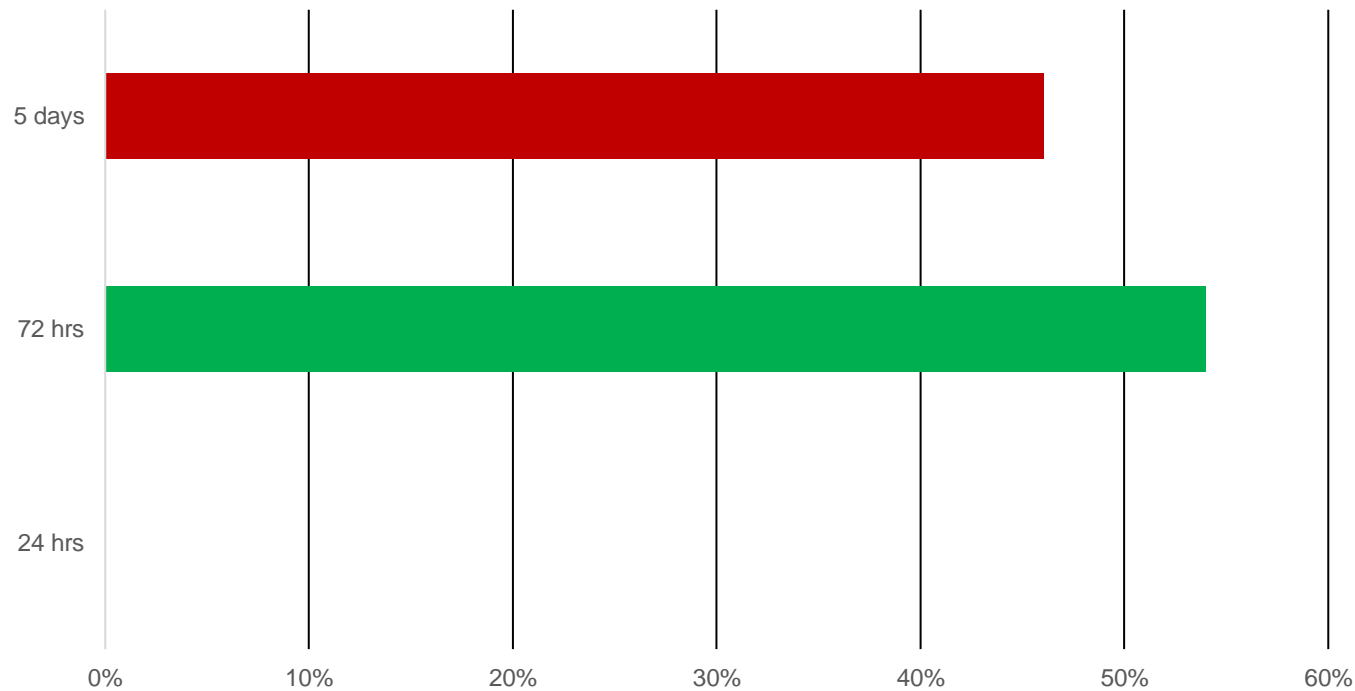
Number of reported alerts in Longechuk county by Sex, 2023



- Age range is from 5 months to 105 years almost all ages affected
- Majority of cases (176) representing 49% were in 15 years and above however initial report from on ground indicated that over 60% of cases were in children under five years of age
- Of the reported alerts, males accounted for 181 (50.4%) while female 178 (49.6%)

Laboratory updates and samples TAT

Samples Turn Around Time from Samples Collection to Reception at Nation Public Health Laboratory (N=13)



- Of the initial 13 samples tested, 54% arrived at the NPHL within 72 hours or three days of collection,
- while 46% reached the Laboratory after 5 days of collection
- The turn around time from sample reception at NPHL to testing and release of results will be shared when they become available

- A total of 45 samples have been collected and received in three batches
- The first two batches contained 13 samples that were received on 4th (seven samples) and (six) on 8th July 2023
- All 13 samples have tested negative for the VHF profile (NPHL & UVRI) however 10/13 (76.7%) tested positive for malaria
- Three out of the six samples from the second batch tested positive for measles IgM confirming an outbreak in the county
- Samples from the first batch were not tested for measles
- Two samples from the second batch tested positive for both measles and malaria
- Six stool samples were tested and one tested positive for Shigella
- The 3rd batch containing 32 samples has been received on 16 July and are undergoing testing in NPHL

Challenges

- Incomplete analysis due to missing key and critical epidemiological variables
- Huge delays in case detection, investigation, and confirmation
- No internet service in Dajo the epicenter, as data/line list had to be transmitted through Chotbora PHCC which is 7 hrs walk from Dajo Payam
- Inaccessibility to the epicenter Dajo from the county as there is no road infrastructure, the only way of access is through footing (approximately 14 hrs walk)
- Lack of healthcare infrastructure and resources poses a significant challenge to respond adequately.
- No partners in the area of Pashimbi to provide basic health services
- Insecurity was reported in the Pashimbi area
- Limited communication infrastructure as the only means is by satellite phones which is quite expensive



Way forward updates



- Conduct data harmonization to update and validate reported information online list and CIFs
- Coordination with local authorities and community leaders is crucial to ensuring early reporting of cases to the health facility
- Enhanced surveillance systems to be established to promptly detect and report new cases.
- Improve laboratory testing turnaround time
- Developed a response plan and Incident Action Plan (IAP) by the Ministry of Health and partners
- Public health campaigns and risk communication and community engagement are to be conducted to educate the community about the symptoms, prevention measures, and the importance of seeking medical care promptly through awareness campaigns, community meetings, and the involvement of local leaders.
- Medical supplies and equipment: Provision of essential supplies including lab materials, medicines, PPE, etc.
- Advocacy: Collaborate with relevant stakeholders, international organizations, and donor agencies to secure additional resources to deploy emergency response partners to respond through the health cluster coordination.
- Capacity Building: Provide training and support to healthcare workers to enhance their capacity to manage and respond to the outbreak effectively.



List of supplies sent to Dajo and Pashimbi



List of items sent to support Darjo mission 8th July 2023

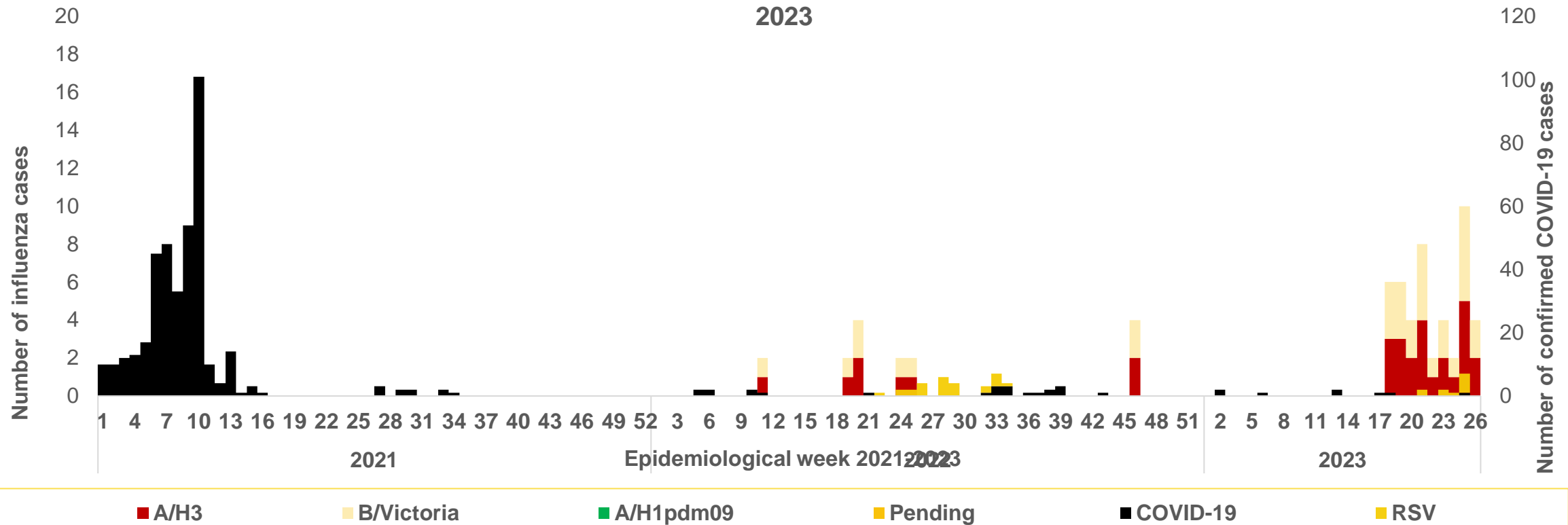
| S/No | Description | Unit | quantity | Remark |
|------|------------------------------------|------------|----------|-------------------------------------|
| 1 | PPE RRT module complete set | Kit | 100 | |
| 2 | Blood sample collection Kits | kit | 2 | |
| 3 | blood Collection tubes | Each | 100 | |
| 4 | Siring | Each | 100 | |
| 5 | Body bags adult | Each | 30 | |
| 6 | Body bags children | Each | 10 | |
| 7 | Sprayers 12 liter | Each | 3 | |
| 8 | Sprayers 1.5 liter | Each | 3 | |
| 9 | Gumboots size | Each | 8 | |
| 10 | Hand Sanitizers | bottle | 12 | |
| 11 | Glove | box of 100 | 2 | |
| 12 | cover all | Each | 5 | |
| 13 | Lab marker pen | Each | 2 | |
| 14 | case Investigation form | Each | 50 | |
| 15 | Chlorine 5% of 1 Liter | Each | 2 | |
| 16 | Triple package Category A(UN2814) | Each | 7 | |
| 17 | Dangerous Goods Declaration form | Each | 10 | |
| 18 | Cargo Movement request Form (CMR) | Each | 10 | |
| 19 | IEHK basic Madeine | module | 6 | |
| 20 | IEHK Basic Malaria | module | 6 | Malaria RDT+ antimalarial medicines |
| 21 | IEHK basic renewables | module | 2 | |
| 22 | IEHK supplementary medicine | module | 1 | |
| 23 | IEHK supplementary Malaria | module | 1 | |
| 24 | IEHK supplementary Renewables | module | 1 | |
| 25 | Snake venom antisera | Vials | 10 | |
| 26 | Thuraya phones | Each | 2 | |

Influenza sentinel Surveillance updates



Routine Sentinel Surveillance | Human Influenza & other Respiratory Pathogens

Confirmed Influenza ,COVID-19 and RSV cases from sentinel sites in Juba, week 1, 2021 to week 26, 2023



- There are currently Four designated Influenza sentinel surveillance sites in Juba (Juba Teaching Hospital and Al Sabah Children’s Hospital Rumbek State Hospital & Juba Military Hospital) that are collecting epidemiological data and samples from ILI/SARI cases.
- By the end of week 52,2022; a total of 594 ILI/SARI samples were collected,529 samples tested negative, and Cumulatively, 21 tested positive for covid-19,8 positive for Influenza B (Victoria), and 6 were positive for influenza A(H3).26 RSV was confirmed in Week 52
- From weeks 1-26 2023, a total of 369 ILI/SARI were collected all 328 tested negative,7 positives for Covid-19, (20)Influenza types A (H3), B (Victoria), 1 for A/H1pdm09 and 13 for RSV in weeks 26,2023



**ACTIVE OUTBREAKS AND
PUBLIC HEALTH EVENTS**

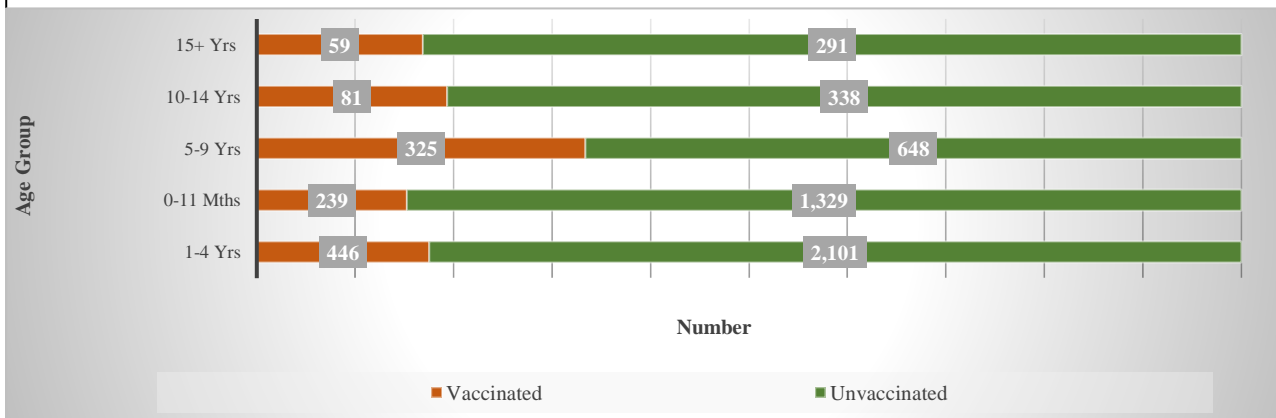
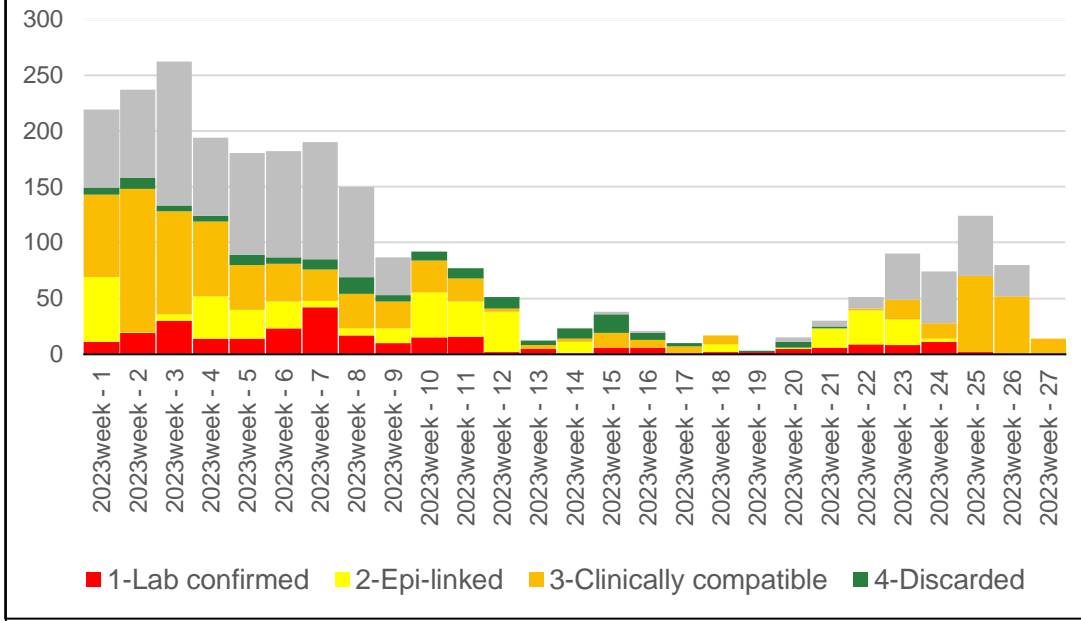
ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS

MEASLES ` UPDATES



- A total of sixty-eight (68) counties across all 10 States have reported at least one suspected measles case since 2022
- Confirmed outbreaks in 37 counties (23 in 2022 and 16 in 2023)
- In 2023, Cumulatively 2 546 with 32 deaths have been reported with a CFR of 1.2%
- Majority of cases 69% for the cases are in children less than 5 years of age
- Of all the under 5 years of age vaccinated, only 21% reported to have been vaccinated before
- Measles follow-up campaign conducted in April and May 2023 in all counties with a coverage of 92%
- Mop-up campaign conducted in five counties in three states of Unity, Upper Nile, and Northern Bahr el Ghazal) with coverage of above 100% targeted children age 6 months to 15 years

Epi curve of measles cases from week 1 to 27, 2023



| Age Groups | 2023 | | | |
|--------------|--------------|-------------|-----------|-------------|
| | No. of cases | % | Deaths | % |
| 0-11 mths | 448 | 21% | 4 | 12% |
| 1-4 yrs | 1322 | 48% | 22 | 64% |
| 5-9 yrs | 439 | 17% | 4 | 16% |
| 10-14 yrs | 159 | 6% | 2 | 8% |
| 15+ yrs | 179 | 7% | 0 | 0% |
| Unknown | | | | |
| Total | 2,546 | 100% | 32 | 100% |

Public health interventions

Mop up campaign results

| State | County | Measles | | | | | Polio | | | | |
|-----------------------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | Target | Host | Returnee | Total | Coverage (%) | Target | Host | Returnee | Total | Coverage (%) |
| NORTHERN BAHIR EI GHAZAL | AWEIL EAST | 2325 | 1992 | 386 | 2378 | 102 | 2428 | 397 | 81 | 478 | 20 |
| | AWEIL NORTH | 191 | 334 | 265 | 599 | 314 | 200 | 473 | 313 | 786 | 393 |
| | AWEIL WEST | 2475 | 659 | 2520 | 3179 | 128 | 2585 | 701 | 2042 | 2743 | 106 |
| UNITY | RUBKONA | 4190 | 6494 | 2684 | 9178 | 219 | 4376 | 3814 | 1461 | 5275 | 121 |
| UPPER NILE | RENK | 52993 | 40518 | 9753 | 50271 | 95 | 55348 | 44163 | 10625 | 54788 | 99 |
| Total | | 62174 | 49997 | 15608 | 65605 | 106 | 64937 | 49548 | 14522 | 64070 | 99 |

Measles Updates: CHALLENGES and Way forward

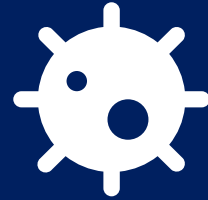
Challenges

- Inadequate detailed investigation of suspected measles cases and deaths in counties reporting
- Inadequate sample collection for laboratory confirmation and classification cases of suspected measles cases
- A high proportion of unvaccinated/unknown status children (75%) was detected among the cases, noting routine immunization gaps.
- Inadequate vaccination at POEs where returnees/refugees enter South Sudan
- Delay in measles samples testing.

Way forward

- Develop a comprehensive plan for addressing the current outbreaks (MOH/WHO/UNICEF/partners)
- Timely sharing of line list and sample collection
- Post Campaign Evaluation to be conducted to determine the quality of the campaign
- Areas of low coverage planned for a Mop Up Routine Immunization (MURI)
- Fast track measles testing at National Public Health Lab

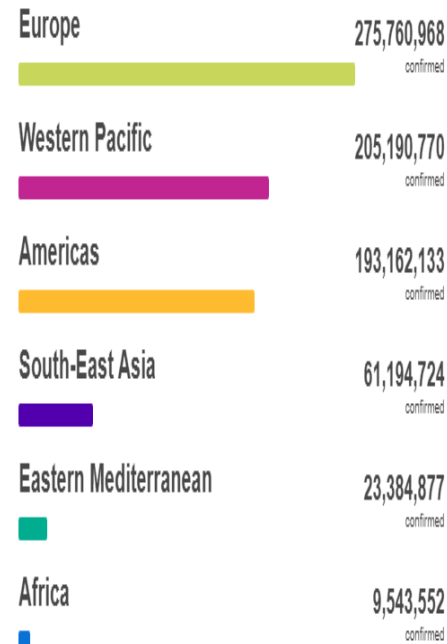
COVID-19 UPDATES



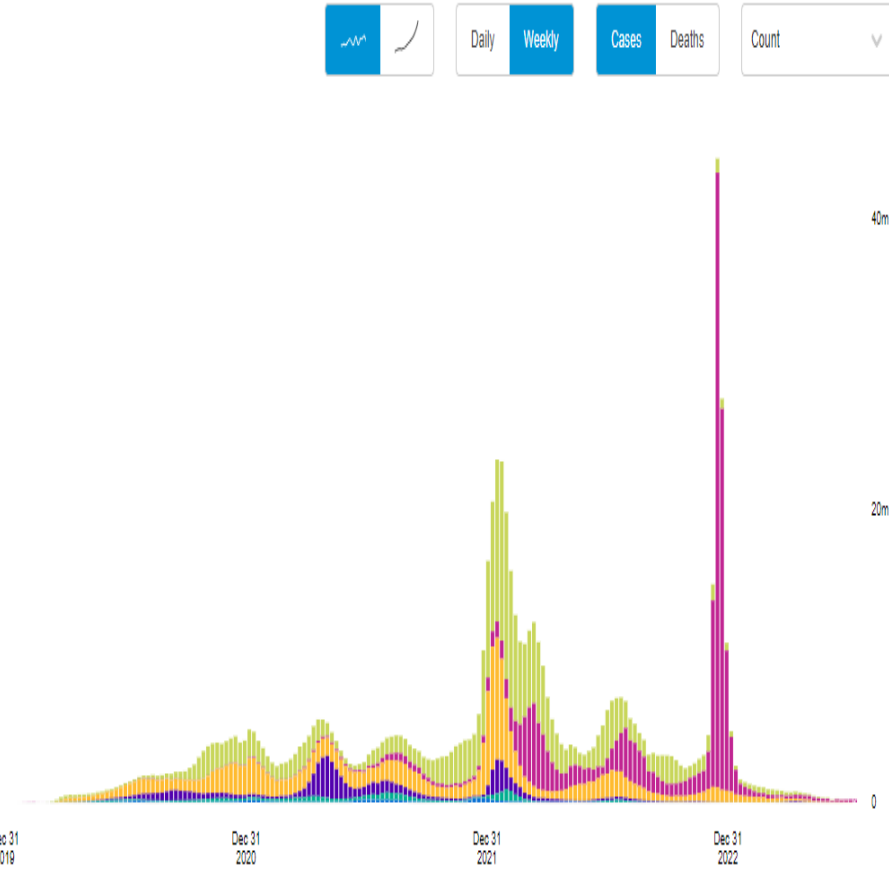
Situation update as of 19, July 2023

- Globally**, as of , **19 July 2023**, there have been **768,237,788 confirmed cases** of COVID-19, including **6,951,677 deaths**, reported to WHO. As of **11 July 2023**, a total of **13,474,265,907 vaccine doses** have been administered.
- In Africa**, as of 31 May 2023 there have been **9,543,552 confirmed cases** of COVID-19, including **175,408 deaths** reported to the WHO
- In South Sudan**, from **3 January 2020 to 19 July 2023**, there have been **18,368 confirmed cases** of COVID-19 with **138 deaths**, reported to WHO. As of **7 May 2023**, a total of **4,312,900 vaccine doses** have been administered.

Situation by WHO Region



Source: World Health Organization
 Data may be incomplete for the current day or week.

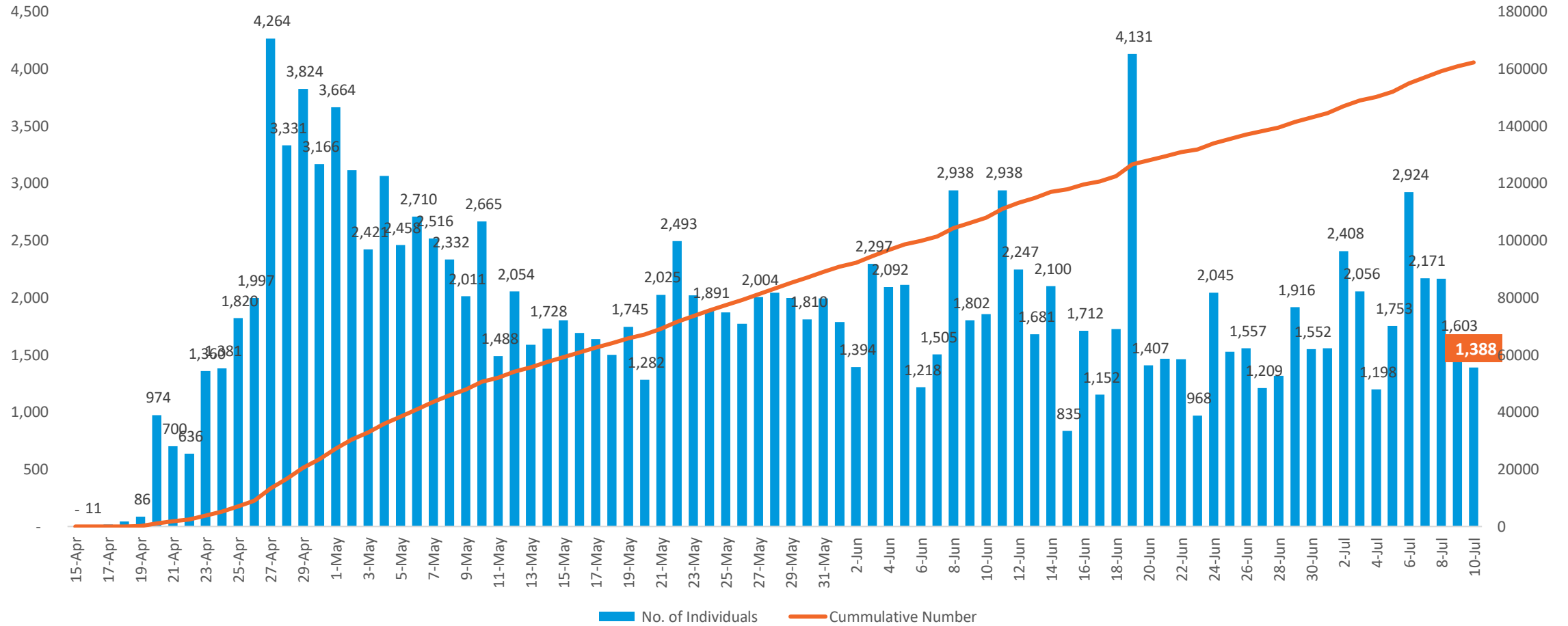


WHO: <https://www.who.int/health-topics/coronavirus>

HUMANITARIAN RESPONSE

SUDAN CRISIS

Border Points Reporting as of 10 July 2023



- 1,388 individuals arrived in South Sudan on 10 July 2023
- Cumulatively: 162,186 individuals (37,156 households) have entered South Sudan.
- This trend is averaging 1,886 individuals a day for the past 86 days.

• Key Figures

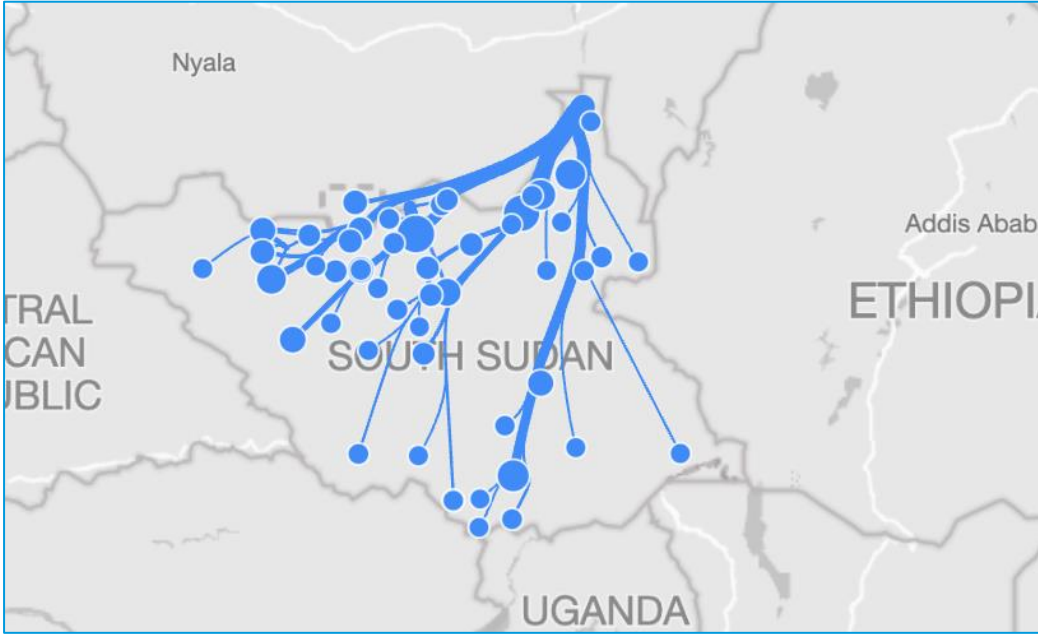
% of returnees population by location type



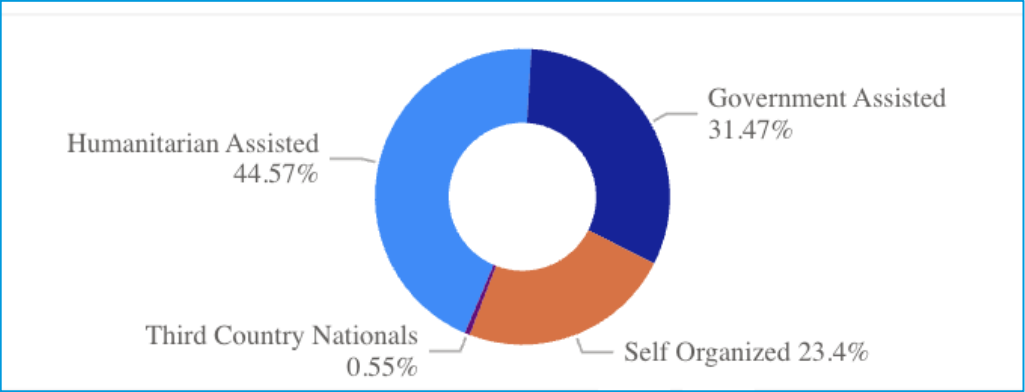
of Returnees in Host Community
25,043

of Returnees in Collective Center
16,417

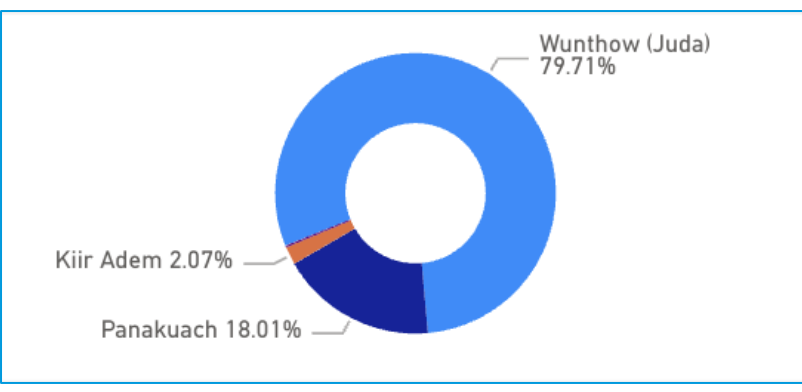
Onwards Transportation & Movements



Percentage of Onwards Movements



Onwards Movements from PoEs





Sudan Crisis response: Main Highlights



- As of 18 July, South Sudan has received 179,071 individuals at several (16) points of entry along the border with Sudan since 16 April 2023.
- More than 91% (163,049) of these arrivals are South Sudan returnees. The rest are refugees from at least 16 other different countries, including Sudan (12,045 individuals)
- The Ministry of Health and World Health Organization country office coordinates all the humanitarian health responses for the returnees and refugees coming into South Sudan.
- The Ministry of Health and World Health Organization country office deployed two teams to conduct a health-related rapid assessment and provides medical support in key areas with high numbers of Refugees and Returnees needing medical attention. Additional personnel will be deployed to reinforce the team on the ground.
- Through health partners coordination, MoH and WHO were able to lobby for a partner, Lutheran World Federation, to transport 41 patients with chronic conditions to Juba under the People with Special Needs (PSN) project. Additional patients have been identified for referral to Juba this week.
- WHO has so far distributed 352 inter-agency emergency health kits in 6 priority locations to support returnees and refugees, enough to benefit 158,370 individuals. Kits issued were mainly; IEHK, Pneumonia, Cholera Investigation & treatment Kits, SAM/MC kits, and field sample collection kits and NCD kits. Other supplies include Snake Venom antisera & SARS COV-2 Ag RDTs
- The Ministry of Health and WHO have set up mobile clinics in a recently established refugee camp in Aweil, Northern Bahr el Ghazal, to facilitate easy access to healthcare
- To support WASH activities in health facilities, WHO distributed six handwashing stations and 18 segregation waste bins to Renk



- Inflows through the Wonthou (Joda) border continue averaging about 1,800 a day; approximately 136,000 individuals have crossed through the Wonthou/ Joda border, representing 75% of all fleeing the Sudan conflict.
- Health partners in Renk are overstretched by health needs. Total consultations increased from 4,751 last week to 5,733 this week, with Over 44,000 cumulative consultations conducted.
- Malaria remains the top cause of morbidity, with 96 (31%), followed by AWD 86 (28%). Only one measles case was reported as of 17 July
- Through health partner coordination, MoH and WHO were able to lobby for a partner, Lutheran World Federation, to transport 41 patients with chronic conditions to Juba under the People with Special Needs (PSN) project. Additional patients have been identified for referral to Juba this week.
- The incidence of dog bites of more than 15 people was reported on 18 July in Wedwil PHCU, in Aweil, where the refugee settlement is. Over 600 cases have so far been line listed.
- To support cluster coordination, WHO donated 30 chairs and four tables, which were handed to CHD to support partners' meetings with the CHD.



Key Interventions and ongoing activities for the Sudan Crises



- WHO/CHD is coordinating the overall emergency health, and nutrition clusters responding in response through the existing structures.
- WHO/MoH deployed 4 teams to conduct the health-related rapid assessment and coordinate health emergency response in areas with high numbers of Refugees and Returnees.
- WHO managed to distribute or preposition a total of 269 Health Emergency Health kits to six locations that can benefit around 101,555 for three months at the cost of \$ 142,710.
- Kits issued were mainly IEHK, Pneumonia, Cholera Investigation & treatment Kits, SAM/MC kits, and Field Sample Collection Kits. **Others include Snake Venom antisera & SARS COV-2 Ag RDT.**
- Strengthening Early Warning Alerts and Response Systems (EWARS) for timely detection and investigation of priority diseases under active surveillance
- MoH/WHO has started training for stabilization centers to support the inpatient management of Severe Acute Malnutrition (SAM) with medical complication cases.
- WHO guided partners on immunization in humanitarian crisis and vaccination has been instituted at the points of entry with support from IOM



**OVERALL
CONCLUSIONS AND
RECOMMENDATIONS**



Conclusions

- In week 27, 2023, the IDSR reporting timeliness and completeness were at 73% and 82% respectively, while EWARNS sites were both at 90%
- A total of 148 alerts were triggered in week 27, 2023, and most of the alerts were for malaria, 23% (35/148) measles 18.2% (27/148), and AWD 16.2% (24/148),
- Health response to be scaled up in Dajo, Longechuk county in Upper Nile state following the results of 45 samples confirming measles outbreak and malaria upsurge
- Measles outbreak, in 2023, In 2023, Cumulatively 2 546 cases with 32 deaths have been reported giving a CFR of 1.2%
- As of 18 July, South Sudan has received 179,071 individuals at several (16) points of entry along the border with Sudan since 16 April 2023.

Recommendations



- Partners to continue supporting County Health Departments (CHD) & State Ministries of Health on timely IDSR/EWARN reporting and involve the boma health workers to support community-based surveillance
- Health facilities to conduct an initial investigation on suspected cases of epidemic-prone diseases and collect samples
- Continue with preparedness activities to strengthen surveillance at all levels including conducting after-action reviews and simulation exercises.
- Continue to support the multicluster response strategy in the reception sites for returnees/refugees' influx due to the Sudan crisis



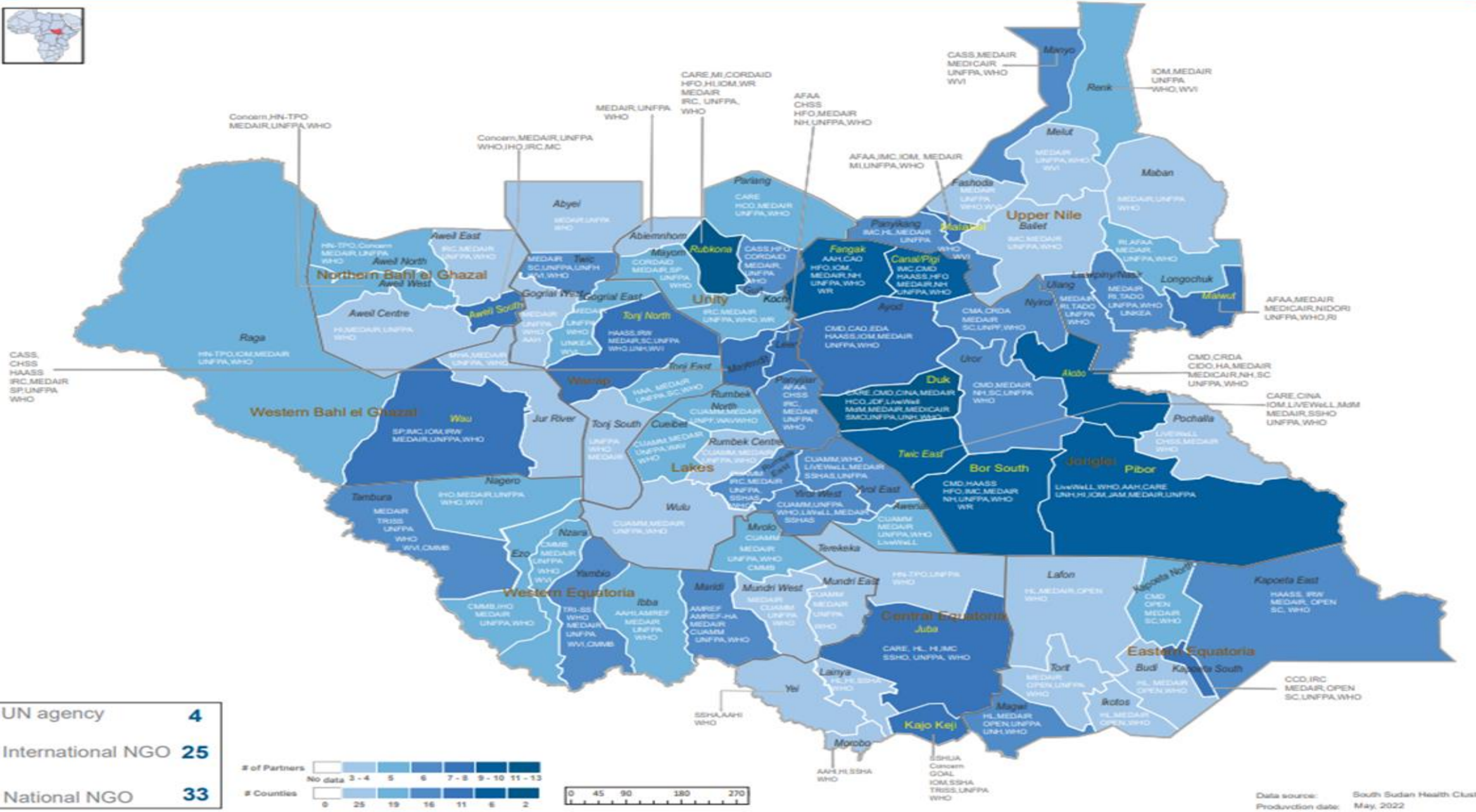
IDSR timeliness & completeness performance at county level for week 26 and 25 of 2023 (2)



World Health Organization
South Sudan

| STATE | COUNTY | Implementing Partners | Total Number of Functional Health Facilities | No. of HF's Reported on Time in WK 26 | Percentage of Timeliness in WK 26 | No. of HF's Reported regardless of time in WK 26 | Percentage of Completeness in WK 26 | No. of HF's Reported regardless of time in WK 25 | Percentage of Completeness in Wk 25 | STATE | COUNTY | Implementing Partners | Total Number of Functional Health Facilities | No. of HF's Reported on Time in WK 26 | Percentage of Timeliness in WK 26 | No. of HF's Reported regardless of time in WK 26 | Percentage of Completeness in WK 26 | No. of HF's Reported regardless of time in WK 25 | Percentage of Completeness in Wk 25 |
|---------|---------------|---------------------------------|--|---------------------------------------|-----------------------------------|--|-------------------------------------|--|-------------------------------------|------------|----------------|---------------------------|--|---------------------------------------|-----------------------------------|--|-------------------------------------|--|-------------------------------------|
| EES | Torit | ORDAID, OPEN | 11 | 11 | 100% | 11 | 100% | 11 | 100% | Warrap | Tonj East | SCI, Amref-CCMF TADO | 12 | 12 | 100% | 12 | 100% | 12 | 100% |
| GPAA | Pibor | ForAfrika, Medair | 8 | 8 | 100% | 8 | 100% | 8 | 100% | Warrap | Twic | GOAL | 28 | 28 | 100% | 28 | 100% | 28 | 100% |
| GPAA | Pochalla | ForAfrika | 7 | 7 | 100% | 7 | 100% | 7 | 100% | Warrap | Tonj South | Amref-CCMF | 12 | 12 | 100% | 12 | 100% | 12 | 100% |
| Jonglei | Twic East | IOM,CARE,SMC | 9 | 9 | 100% | 9 | 100% | 0 | 0% | Upper Nile | Ulang | GOAL, UNKEA, RI MSF-E | 9 | 9 | 100% | 9 | 100% | 9 | 100% |
| Jonglei | Duk | MdMS, CARE, SMC,Medicair, | 13 | 13 | 100% | 13 | 100% | 13 | 100% | Warrap | Gogrial East | GOAL, UNKEA HFO | 15 | 14 | 93% | 14 | 93% | 13 | 87% |
| Jonglei | Bor | Medicair CRSF, CARE LiveWellISS | 19 | 19 | 100% | 18 | 95% | 19 | 100% | Upper Nile | Maban | RI | 19 | 17 | 89% | 18 | 95% | 19 | 100% |
| Jonglei | Ayod | CMA,MEDAIR | 13 | 12 | 92% | 12 | 92% | 12 | 92% | Warrap | Tonj North | HAASS,WVI, Amref-CCMF IRW | 15 | 13 | 87% | 15 | 100% | 12 | 80% |
| EES | Lopa Lafon | HLSS | 15 | 12 | 80% | 15 | 100% | 15 | 100% | Warrap | Gogrial West | GOAL | 31 | 26 | 84% | 26 | 84% | 26 | 84% |
| Jonglei | Uror | CMA,MEDICAIR | 8 | 6 | 75% | 6 | 75% | 6 | 75% | Upper Nile | Baliet | IMC,CRES-Aid CONSERN, HL | 5 | 4 | 80% | 4 | 80% | 5 | 100% |
| EES | Magwi | HLSS | 19 | 14 | 74% | 16 | 84% | 18 | 95% | Upper Nile | Akoka | IMC | 5 | 4 | 80% | 5 | 100% | 5 | 100% |
| Jonglei | Akobo | CIDO,MEDICAIR,SCI | 15 | 11 | 73% | 11 | 73% | 11 | 73% | Upper Nile | Makal | IOM, IMC,MSF-E | 9 | 6 | 67% | 6 | 67% | 8 | 89% |
| EES | Kapoeta East | IRW, Amref-CCF | 7 | 5 | 71% | 5 | 71% | 6 | 86% | Upper Nile | Luakpiny Nasir | UNKEA RI | 10 | 6 | 60% | 10 | 100% | 8 | 80% |
| EES | Kapoeta South | Amref-CCMF | 9 | 6 | 67% | 8 | 89% | 8 | 89% | Upper Nile | Manyo | CORDAID,CASS, SPEDP | 15 | 6 | 40% | 6 | 40% | 11 | 73% |
| Jonglei | Fangak | Medair, WR, HFO AAH,CMD,IOM,MSF | 22 | 14 | 64% | 14 | 64% | 17 | 77% | Upper Nile | Fashoda | CORDAID | 12 | 4 | 33% | 6 | 50% | 6 | 50% |
| Jonglei | Canal Pigi | IMC, CRESA | 13 | 8 | 62% | 8 | 62% | 8 | 62% | Upper Nile | Maiwut | NIDO | 11 | 2 | 18% | 10 | 91% | 4 | 36% |
| Jonglei | Nyirrol | CMA | 2 | 1 | 50% | 1 | 50% | 1 | 50% | Upper Nile | Melut | WVI | 9 | 1 | 11% | 2 | 22% | 1 | 11% |
| EES | Ikotos | HLSS | 19 | 7 | 37% | 14 | 74% | 15 | 79% | Upper Nile | Longechuk | NIDO | 9 | 1 | 11% | 8 | 89% | 6 | 67% |
| EES | Budi | HLSS | 17 | 3 | 18% | 12 | 71% | 16 | 94% | Upper Nile | Renk | WVI | 13 | 0 | 0% | 9 | 69% | 9 | 69% |
| EES | Kapoeta North | Amref-CCMF | 10 | 1 | 10% | 4 | 40% | 0 | 0% | Upper Nile | Panyikang | CRES-Aid, HL | 2 | 0 | 0% | 0 | 0% | 0 | 0% |

South Sudan Health Cluster HRP Partners 2022



Thanks to the State Surveillance Officers, County Surveillance Officers and Health Facility in-charges for sharing the weekly IDSR data

Thanks to all partners for supporting IDSR weekly reporting and sharing the line lists

To access the IDSR bulletins for 2022 use the link below:

<https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2023>

This bulletin is produced by the Ministry of Health with Technical support from WHO

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Notes

WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], health cluster and health pooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO, USAID and World Bank for providing financial support.

The data has been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind, and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at <http://ewars-project.org>

