



Republic of South Sudan

Measles Outbreak and Response Weekly Situation Update

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 Epidemiological week Week 34 (August 21 - 27, 2023)



* Above data is cumulative from 2022

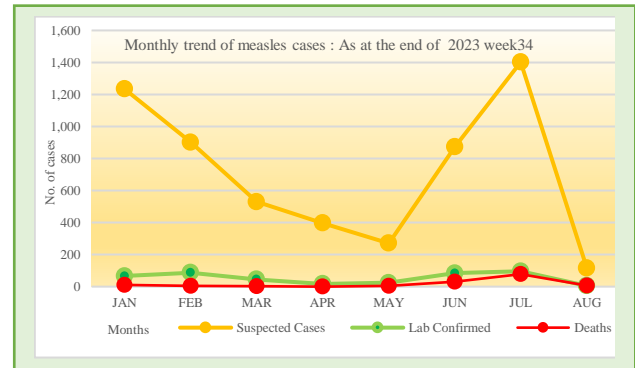
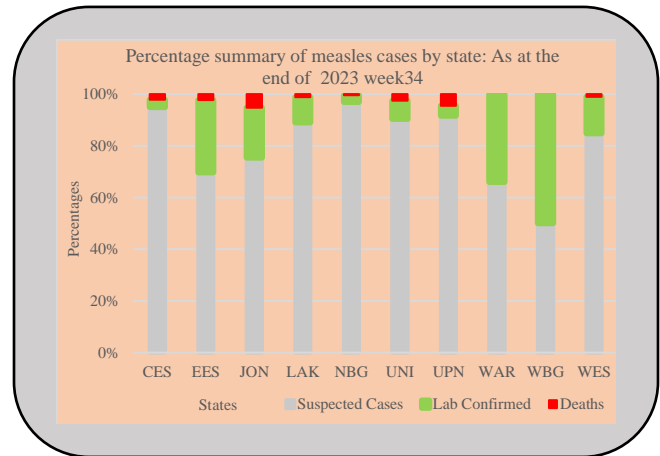
Background

For Epi week 34, year 2023, 5,772 suspected measles cases were reported, with 436 (7.6%) lab-confirmed and a case fatality rate of 2.5.

After the Integrated Measles Campaign, responsive initiatives were conducted across five counties: Rubkona, Renk, Aweil East, North, and West in response to the outbreaks reported amongst the returnees from Sudan.

Despite observing a downward trajectory in the suspected measles cases for the last seven epi-weeks (27-33), 669, 250, 219, 162, 71, 54 and 33, respectively, the persisting outbreak risks demand continued attention.

Epi weeks 31-34 data shows five counties with confirmed outbreaks and eleven counties reporting suspected cases, warranting further investigation and laboratory validation.



Key weekly Situation Update as of 27 August 2023

- No newly suspected cases were reported this week. However, 49 retrospective cases were received for weeks 31-33.
- No laboratory-confirmed case has been reported since the previous week 33 (7 cases)
- The last confirmed outbreaks were 3 cases each in week 30 from Melut and Kapoeta South
- Two (2) new deaths reported from Renk in weeks 33 and 34.
- Five (5) counties (Fashoda, Fangak, Rumbek East, Aweil East and Jur River) have laboratory confirmed Measles outbreaks as of Epi week 31.
- Renk, Yei, Terekeka, Juba, Ayod, Canal (Khor Fulus), Magwi, Yambio, Kajo-Keji, Aweil West and Ikotos continue to report suspected cases and need to collect samples as per the protocol.



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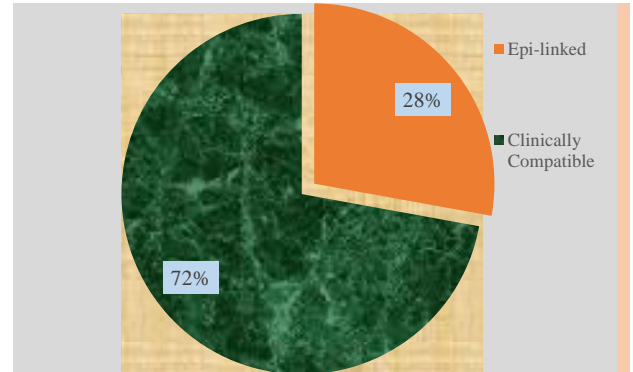
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Summary of cases as of 27 August 2023

Table 1: Distribution of cases by final classification

FINAL CLASSIFICATION	2023	
	NO. OF CASES	%
Lab confirmed	436	7.6
Epi-linked	1,306	22.6
Clinically Compatible	3,800	65.8
Total	5,542	96.0
Discarded (-ve)	230	4.0
Grand Total	5,772	100.0

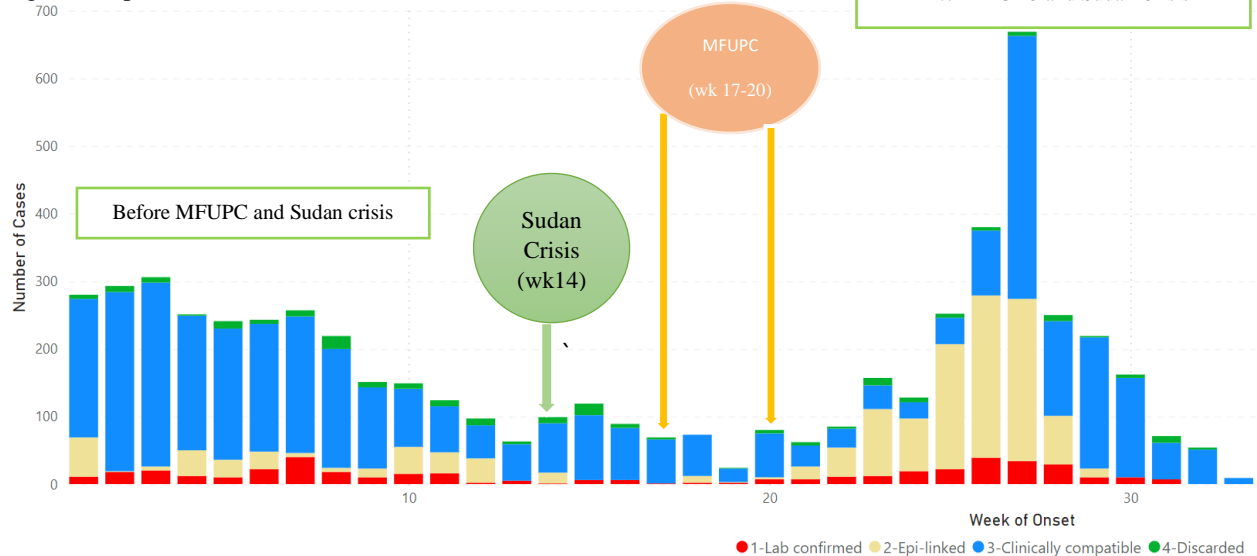
Figure 1: Distribution of deaths by final classification:2023



Out of the 5,772 suspected measles cases, 436(7.6%) are lab-confirmed, 1,306(22.6%) epi-linked, 3,800(65.8%) clinically compatible, and 230(4.0%) discarded cases have been reported from epidemiological week 1 to week 34, 2023. A total of 25 rubella positive cases from the discarded (negative measles cases)

A total of 142 measles-related deaths were reported since January 2023. 73% (103) were among clinically compatible cases whereas 27% (39) occurred among the epi-linked cases

Figure 2: Epidemic curve for measles outbreak 2023



Note: Measles cases have been reported from different counties throughout 2023. The observed peaks are driven by different counties that experienced surge in measles cases at different times. The Sudan crisis started in week 14 with the influx of returnees and refugees since then. The nationwide MFUPC also took place from week 17-20.



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Figure 3: A map showing outbreak counties in the last four weeks (week 30-34):2023

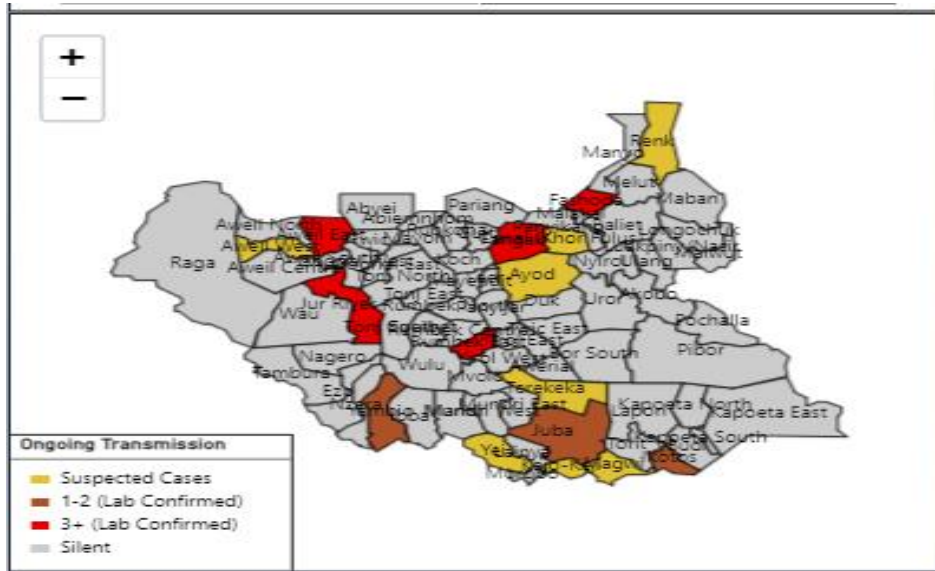
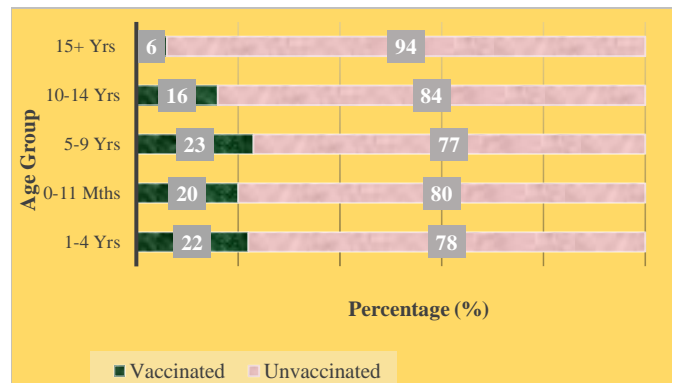


Table 2: Distribution of reported measles cases and deaths by age groups in South Sudan, 2022-2023

Age Groups	2023			
	No. of cases	%	Deaths	%
0-11 mths	1,064	18.4	22	2.1
1-4 yrs	2,832	49.1	85	3.0
5-9 yrs	1,030	17.8	18	1.7
10-14 yrs	377	6.5	7	1.9
15+ yrs	469	8.1	10	2.1
Total	5,772	100.0	140	2.5

Note: More than half 3,896(67%) of all the measles cases are children below 5 years of age. The case fatality rate is highest (3.0%) among children age 1-4 years. Most (107)75% out of the 142 reported deaths were among children below age 5 years

Figure3: Percentage distribution of measles cases and their vaccination status: 2023



Note: Generally, 4,631(80%) were unvaccinated (zero, unknown) including 3,074(66%) children <5 years. Among children less than one year old (1,064 cases), 80% (856 cases) have not been vaccinated against measles compared with 208(20%) vaccinated. This trend is observed across all the age groups.

Coordination

- The Incident management structure remains in place and lead by the MOH
- The vaccination response and the measles outbreak post-Sudan crisis plan developed and shared with partners.
- The country has finalized a budget for the Measles outbreak component of the Sudan crisis
- Plans for an IAR ongoing.

Surveillance and Laboratory

- Enhanced surveillance ongoing in silent counties
- Sample collection for all counties that last had measles outbreak confirmed in the last 4 weeks to track the Measles epidemiology.



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- Enhance surveillance for VPDs, especially at the points of entry for the refugees, returnees from Sudan, and in the silent counties
- Ensure weekly reporting (including zero dose reporting where applicable)

Case Management

- The MOH, WHO, and partners are intensifying measles case management (including vitamin A administration), surveillance, and risk communication in locations with suspected and confirmed outbreaks
- In collaboration with partners and MOH, WHO is repositioning kits to support case management in counties with active outbreaks.

Vaccinations

- A total of 15 counties were targeted for a reactive campaign, and 14 counties targeted for POE/Transit post-vaccination
- National EPI TWG endorsed the above plan (4 counties (Juba, Ayod, Longechuk and Rubkona, with secured funding from WHO, UNICEF and MEDAIR).
- Approaching partners to support/ implement the campaign in the remaining counties, information shared at the HCC and other forums
- Preparation for the implementation in 3 counties ongoing, with MEDAIR already implementing in Ayod

Deamand Generation/ Communication

- Demand generation activities ongoing for the planned mop up and reactive campaigns as well as routine immunization (radio talk shows and jingle broadcast)

Operational challenges and gaps

- 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 (80%) was detected among the cases, noting poor quality of investigations and gaps in immunization especially among the returnees and refugees.
- Late and constant retrospective reporting of suspected cases
- Incomplete and inaccurate filling of line lists

Way Forward

- MOH and partners to support planned mop up campaign and other measles activities
- State and County MOH to continue weekly reporting of measles cases (including zero reporting where applicable)
- Prompt detection and management of measles cases
- Blood samples to be collected from suspected cases, in counties that continue to report and the lab confirmation is beyond 4 weeks to monitor the epidemiology
- Collection of nasopharngal swaps from new cases
- Strengthen routine immunization at POEs, and within the community
- Prioritize case management to reduce morbidity and mortality.
- Enhance the risk communication and community engagement on health and help seeking behaviour.



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