



Republic of South Sudan

Measles Outbreak and Response Weekly Situation Update

Issue number 28
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 Epidemiological week Week 36 (September 04 - 10, 2023)



* Above data is cumulative from 2022

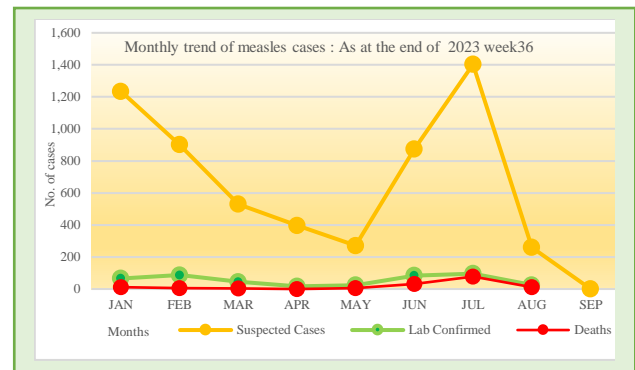
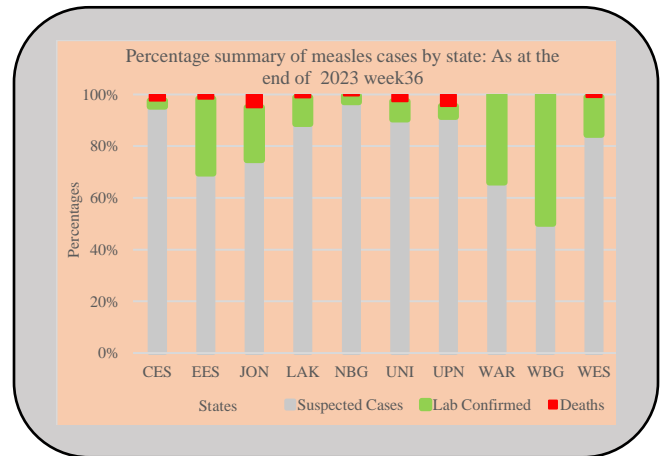
Background

As of Epi week 36, year 2023, 5,873 suspected measles cases were reported, with 444 (7.6%) lab-confirmed, 145 deaths 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 four epi-weeks (32-35) from 85-19 cases respectively (refer to figure 2, page 2), the persisting outbreak risks demand continued attention.

Epi weeks 33-36 data shows two counties with confirmed outbreaks and ten counties reporting suspected cases, warranting further investigation and laboratory validation.



Key weekly Situation Update as of 10 September 2023

- One newly suspected case was reported this week from Juba. However, it should be noted that 96 retrospective cases (week 31-35) were received from Juba (85), Abiemnonm (2), Maban (5), Nagero (1), Rumbek East (1) and Wau (2).
- Eight (8) laboratory-confirmed cases have been reported from weeks 33-35: Maban (4), Wau (2), Abiemnom (1) and Rumbek East (1)
- Three (3) additional deaths have been reported from Juba in weeks 31, 32 and 35 respectively.
- Two (2) counties (Fangak and Maban) have laboratory confirmed Measles outbreaks as of Epi week 33.
- Renk, Fashoda, Juba, Ayod, Canal (Khor Fulus), Magwi, Yambio, Rumbek East, Wau and Ikotos continue to report suspected cases and need to collect samples as per the protocol.



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Summary of cases as of 10 September 2023

Table 1: Distribution of cases by final classification

FINAL CLASSIFICATION	2023	
	NO. OF CASES	%
Lab confirmed	444	7.6
Epi-linked	1,306	22.2
Clinically Compatible	3,888	66.2
Total	5,638	96.0
Discarded (-ve)	235	4.0
Grand Total	5,873	100.0

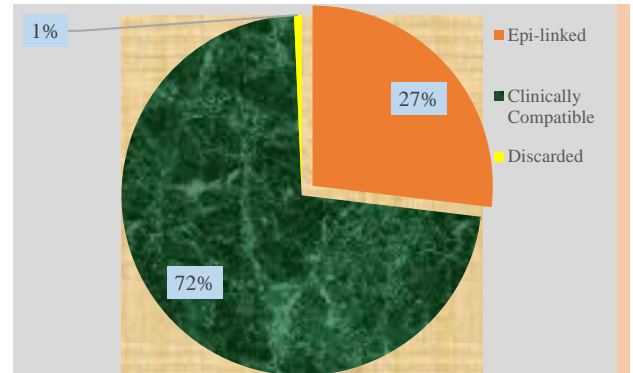


Figure 1: Distribution of deaths by final classification:2023

Out of the 5,873 suspected measles cases, 444(7.6%) are lab-confirmed, 1,306(22.2%) epi-linked, 3,888(66.2%) clinically compatible, and 235(4.0%) discarded cases have been reported from epidemiological week 1 to week 36, 2023. A total of 26 rubella positive cases from the discarded (negative measles cases)

A total of 145 measles-related deaths were reported since January 2023. 72%(105) were among clinically compatible cases whereas 27%(39) and 1%(1) occurred among the epi-linked and discarded cases respectively.

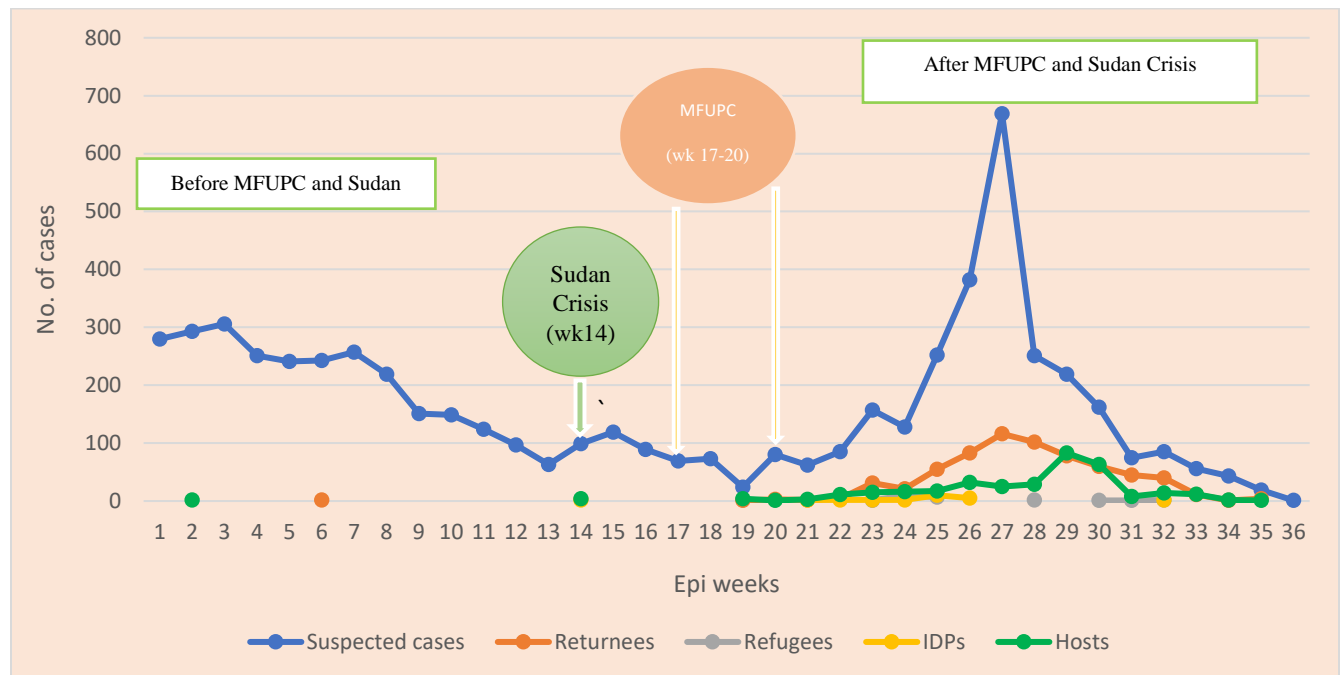


Figure 2: Trend of suspected measles cases against their residential status by epi weeks: 2023

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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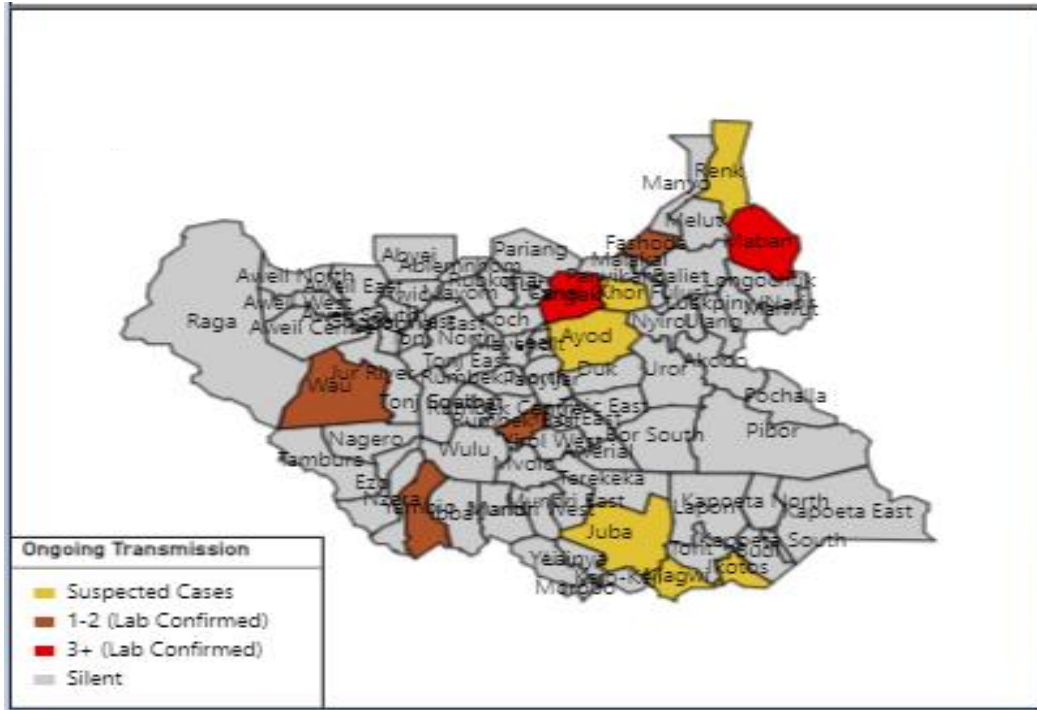


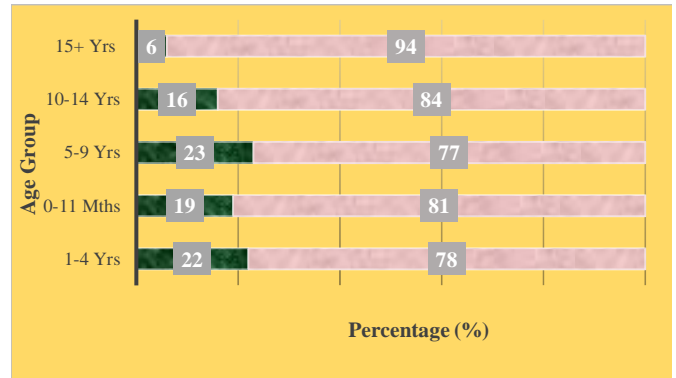
Figure 3: A map showing outbreak counties in the last four weeks (week 33-36):2023

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	1,100	18.7	25	2.3
1-4 yrs	2,882	49.1	85	2.9
5-9 yrs	1,042	17.7	18	1.7
10-14 yrs	379	6.5	7	1.8
15+ yrs	470	8.0	10	2.1
Total	5,873	100.0	145	2.5

Note: More than half 3,982(68%) of all the measles cases are children below 5 years of age. The case fatality rate is highest (2.9%) among children age 1-4 years. Most (110)76% out of the 145 reported deaths were among children below age 5 years

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



Note: Generally, 4,714(80%) were unvaccinated (zero, unknown) including 3,136(67%) children <5 years. Among children less than one year old (1,097 cases), 81% (886 cases) have not been vaccinated against measles compared with 211(19%) vaccinated. This trend is observed across all the age groups.



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Key interventions per response pillar

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.
- 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 prepositioning 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
- Six counties (Ayod, Leer, Fangak, Abyei, Bentiu POC, and Malakal) are supported by Partners (MEDAIR, HFO, MSF, and Save the Children). WHO finances the rest of the counties, and Unicef supports the vaccine and consumables in all counties.
- As of week 36, a total of 6 counties started the campaign (Ayod, Leer, Juba, Rubkona, Malakal and Melut). Partial vaccination data submitted from 4 counties is 72,005 (22%) from the target
- Five counties (Abyei, Twic, Gogrial West, Longechuk, and Fangak) campaign start date pushed to next week due to delayed vaccine and supply delivery challenge
- The remaining 4 counties will start once they complete the preparatory activities.

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 suspected cases of measles.
- Inadequate sample collection for laboratory confirmation and classification cases of suspected measles cases



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- 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 nasopharyngeal swabs 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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