



PUBLIC HEALTH EMERGENCY OPERATIONAL CENTRE (PHEOC)

Situation update on the suspected viral haemorrhagic fever in Gangura Payam, Yambio County, Western Equatoria, South Sudan

Date: 26 December 2023

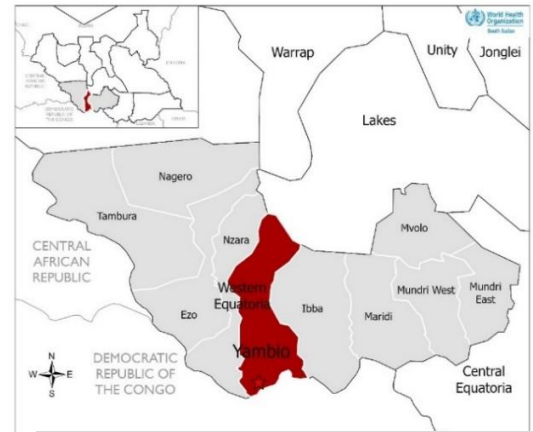
Situation Report Number 005



Key figures					
Number of new cases in the last 24 hours	0	Cumulative number of lab confirmed cases	1	Cumulative number of suspected deaths	2
Number of new deaths in the last 24 hours	0	Cumulative number of suspected cases	3	Cumulative number of cases	4

Background

- On 7th December 2023, an 18-year-old male from Kangura village in Gangura payam, Yambio County developed illness characterized by generalized body weakness, headache, epigastric discomfort, fever, and vomiting.
- The patient was initially diagnosed with typhoid and put on treatment on the same day (7th December 2023).
- Upon completion of treatment for typhoid, his mother reported that he has not improved. On 21st December 2023, upon assessment at a health facility, he had vomiting of blood and Jaundice. Suspecting viral haemorrhagic fever, he was isolated at the health facility and sample was taken for further investigation.
- Three other cases from Sakure, Bauskengbi and Gangura with symptoms of vomiting blood and other similar symptoms were reported but no samples were collected. Two of these three suspected cases have died. All deaths were reported as community deaths
- Yambio county where the suspected viral haemorrhagic fever is reported has projected population of 138,976 with 37 health facilities.
- The county shares borders with Nzara and Ibbra counties within Western Equatoria and with Wulu county in Lakes.



Location of Suspected Viral Haemorrhagic Fever

Current update as of 26 December 2023

Coordination

- The Ministry of Health at national level and the State Ministry of Health (SMOH) with support from WHO and partners provided operational and strategic guidance to the ongoing VHF preparedness and response.
- A daily meeting chaired by the Director General, Preventive Health Services, is being conducted at the Public Health Emergency Operation Centre (PHEOC) with stakeholders and key partners. Emergency is on alert Mode to facilitate the coordination activities.
- The following pillars: Coordination, Surveillance, Vaccination, Case Management, Infection Prevention and control, and Vector Control have been identified on 24th December 2023 to support the investigation and response.
- Yellow fever disease outbreak declaration statement will be shared by the Ministry of Health with the media accordingly.
- Pillar leads and co-leads have been identified and requested to provide daily update to the National Steering Committee.
- Development of an incident action plan is ongoing.

Surveillance, laboratory, and reporting

- The sample from the suspected case was received by the National Public Health Laboratory (NPHL) on 22nd December 2023.
- Laboratory investigation was conducted, and the sample tested negative for Ebola, Marburg and Malaria.
- The **sample tested positive for yellow fever on 24th December 2023** upon differential testing.
- Additional differential testing is ongoing at the national public health laboratory (NPHL)

Case management

- The case was isolated at Gangura PHCC in a separate room but has since left the facility. Efforts with SMOH and the County Health Department (CHD) are ongoing to have the patient transferred to a hospital for proper case management.
- Contacts are listed and monitoring has been initiated.

Risk communication and community engagement (RCCE)

- The Core Group (CGPP-WVI) has started community engagement through their home health promoters and community key informants.



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- Strengthening of RCCE activities during Christmas Church Services and market days to sensitize community members on Yellow Fever prevention and control measures.

Vaccination

- Development of yellow fever reactive vaccination campaign is ongoing. The scope of the vaccination campaign will be informed by the assessment by the rapid response team

Logistic and supplies

- Stocktaking of PPEs at the state level conducted and distributed to health facilities

Implementing Partners by Pillar

Pillar	Partner supporting
Coordination	MOH, WHO
Surveillance	MOH, WHO and CGPP-WVI
Case Management	MOH, WHO
Water, Sanitation, and Hygiene (WASH)	MOH, IOM, ICRC, CGPP-WVI, UNICEF, WHO
Infection Prevention and Control (IPC)	MOH, WHO
Risk Communication and Community Engagement (RCCE)	MOH, WHO, CGPP-WVI and UNICEF
Vaccination	MOH, WHO
Vector Control	MOH

Pillar leads and co-leads

Pillar	Lead (MOH)	Co-lead
Coordination	Dr J Rumunu/Atem Mayen	Dr Aggrey/ Kwuakuan (WHO)
Surveillance	Dr Lasu Joseph/Agnes Jokudu	Sheila Baya (WHO)
Laboratory	James Ayei	Andrew Baguma (WHO)
Case Management	Dr Harriet Pasquale /Dr Yohana	Richard Lobuya (WHO)
IPC/WASH	Nyankiir Ajing	Abraham (WHO)
RCCE	Mary Obat	Aping (UNICEF)
Vaccination	George Legge	Dr Anthony (WHO)
Vector Control	Constantino Doggale	TBD (Malaria Consortium/Mentor Initiative)

Challenges

- Limited partners on the ground to support the response
- Follow-up of the listed contacts

Next steps

- Deployment of national rapid response team (2 Epidemiologists, 1 IPC Focal Point, 1 Laboratory Focal Point and 1 Clinician)
- Daily meetings with partners and stakeholders on the ongoing investigation and response
- Capacity building on sample collection and referral pathways from epicentre/community to secondary health facility level (PHCC/Hospital)
- Develop an incident action plan to respond to and control the outbreak
- More partner and other stakeholder engagement for resource mobilization



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