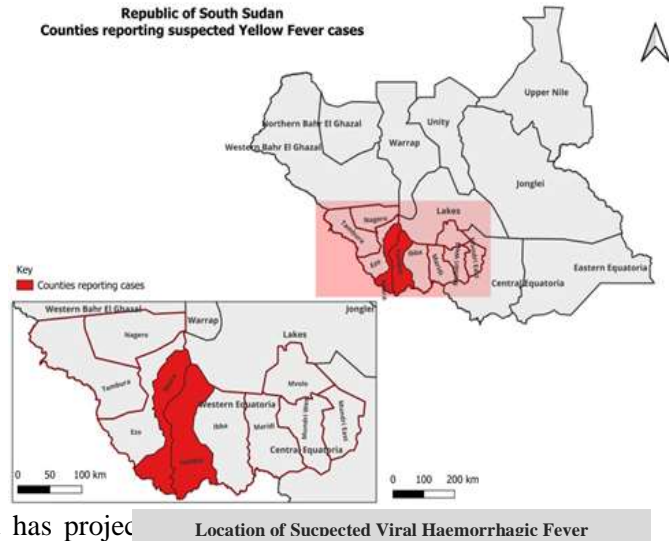




Key figures					
Number of new cases in the last 24 hours	<b>1</b>	Cumulative number of labs confirmed cases	<b>1</b>	Cumulative number of suspected deaths	<b>2</b>
Number of new deaths in the last 24 hours	<b>0</b>	Cumulative number of suspected cases	<b>5</b>	Cumulative number of cases	<b>6</b>

**Background**

- On 7<sup>th</sup> 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 (7<sup>th</sup> December 2023).
- Upon completion of treatment for typhoid, his mother reported that he has not improved. On 21<sup>st</sup> 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.
- There were other suspected cases reported from Sakure, Bauskengbi and Gangura with symptoms of fever, joint pain, headache vomiting blood. Two community death with similar symptoms were reported. RRT has deployed to investigate the cases.
- Yambio county where the first suspected viral haemorrhagic fever is 445KM from capital city Juba and has projected facilities.
- The county shares borders with Nzara and Ibba counties within Western Equatoria and with Wulu county in Lakes.



**Current update as of 28 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, Vector Control and logistic have been identified on 24<sup>th</sup> December 2023 to support the investigation and response.
- Similar coordination structure activated in State level on 27<sup>th</sup> 2023.
- 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 first suspected case was received by the National Public Health Laboratory (NPHL) on 22<sup>nd</sup> December 2023. Laboratory investigation was conducted, and the sample tested negative for Ebola, Marburg and Malaria.
- The sample tested positive for yellow fever on 24<sup>th</sup> December 2023 upon differential testing.
- Sample from other suspect were collected and on shipment to national public health laboratory.



- Rapid response team is on conducting outbreak investigation.
- All the cases were reported from Yambio and Nzara counties of western Equatoria state.
- As of 28<sup>th</sup> December 2023 six (06) cases have been reported from which 05 were suspected cases and 01 confirmed as case of Yellow fever . From Suspected cases two were death from community.

**Case management**

- The index case was initially isolated in a separate room at Gangura PHCC for treatment. However, the individual has since left the facility against medical advice. Ongoing efforts with the State Ministry of Health (SMOH) and the County Health Department (CHD) are focused on the readmission of cases.
- Efforts are underway to enhance the capacity of PHCC (Primary Health Care Centers) by engaging with partners, as gaps in facilities for case management have been identified.
- Follow-up for other suspected cases at home is ongoing
- Contacts are listed and monitoring has been initiated.

**Risk communication and community engagement (RCCE)**

- Partners has started community engagement through their home health promoters and community key informants.
- Strengthening of RCCE activities during Church Services and market days to sensitize community members on Yellow Fever prevention and control measures.
- Awareness creation on mosquito bed net

**Vaccination**

- Development micro plan 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. Additional logistic mobilizations ongoing

**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	Malaria Consortium/Mentor Initiative)
Logistic	Hillary Hakim	WHO

**Challenges**

- Limited partners on the ground to support the response.



- Follow-up of the listed contacts
- Community perceptions regarding patients with jaundice, particularly their preference for traditional healers.
- Limited capacity to manage severe cases at facilities.

### Next steps

- Continue monitoring and analysis of Yellow fever surveillance data to guide the response.
- Follow up of deployed rapid responders.
- Daily meetings with partners and stakeholders on the ongoing investigation and response
- Capacity building on for health workers on sample collection and transportation, case management and surveillance.
- Develop national yellow fever outbreak response plan.
- disseminate YF information, education, and communication materials. Awareness creation on yellow fever transmission and control measures
- More partner and other stakeholder engagement for resource mobilization

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