



Key figures					
Number of new cases reported in the last 24 hours	0	Cumulative number of labs confirmed cases	01	Cumulative number of suspected deaths	05
Number of new deaths reported in the last 24 hours	01	Cumulative number of suspected cases	09	Cumulative number of cases	10

Highlights

- One new suspected VHF fever death reported in last 24 hrs from Yambio county.
- As of 1st January 2024 a total of 10 VHF suspect reported from three counties of western Equatoria state: Yambio county (05), Nzara county(04) and Tambura county(01)
- Rapid response team has been deployed to investigate the suspected outbreak.
- Sample were collected from alive suspects and lab analysis are underway at the national public health laboratory and UVRI
- The Public Health Emergency Operations Center (PHEOC) is on alert mode and continues to coordinate and monitor the situation.

Background

- On 7th December 2023, an 18-year-old male from Gangura 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. Yambio county where the first suspected viral haemorrhagic fever is 445KM from capital city Juba.
- Suspected VHF were reported from three counties of western Equatoria state so far: Yambio county, Nzara county & Tambura county



Location of Suspected Viral Haemorrhagic Fever

Current update as of 1 January 2024

Coordination

- The Ministry of Health at national level and the State Ministry of Health (SMOH) with support from WHO and partners is providing 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 were established at national level to support the investigation and response Coordination, Surveillance, Vaccination, Case Management, Infection Prevention and control, Vector Control and logistic.
- Similar coordination structure activated in State level on 27th 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. Incident action plan was prepared for response.



Surveillance, laboratory, and reporting

- As of January 01, 2024, ten (10) suspected cases have been reported. Five (05) were death reports.
- The first alert was reported on 21st December 2023
- Nine male and one female cases were reported so far. Their ages ranging from 18 to 50 (Average 32).
- All suspected cases were reported in three counties of Western Equatoria State: Yambio County (5 suspected cases), Nzara County (4 suspected cases), and Tambura County (1).
- Basukambi (01), Gangura Center (03), Kada (01), High Salam (01), Mabilia (01), Namatunda (01), Pazuo (01) and Sakure (01) are villages where cases reported.
- Sample was collected from all alive suspected cases.
- The sample from the first 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.
- Two Samples have been sent to UVRI for further analysis. More shall follow.
- Rapid response team is on ground conducting outbreak investigation. Surveillance is enhanced, active case search continued.

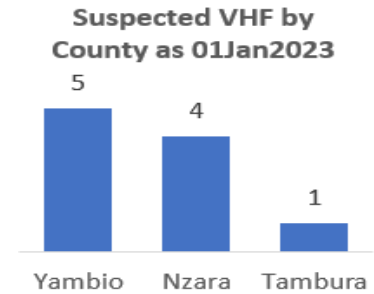


Fig 1: suspected cases by county

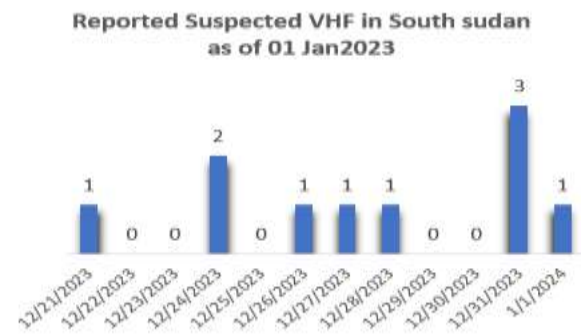


Fig 02: suspected VHF cases reported, south Sudan

Case management

- All facilities were alerted to do screening and triaging for VHF suspect.
- 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 PHCCs (Primary Health Care Centers) by engaging with partners, as gaps in facilities for case management have been identified. Three facilities selected for capacity building by partners are Gangura PHCC, Sakure PHCC and St. Theresa hospital.
- 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 have 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 VHF suspect report and prevention continued.
- Mapping of BMI is being conducted, accompanied by the dissemination of key messages on VHF suspect reporting and prevention.

Vaccination

- Development of micro plan of yellow fever reactive vaccination campaign is ongoing.
- The scope of the vaccination campaign will be determined based on the report of a rapid risk assessment. Meanwhile, a comprehensive plan, taking into account active cases by county and covering individuals aged 9 months to 60 years, has been developed.



Logistic and supplies

- Stocktaking of PPEs at the state level conducted and distributed to health facilities.
- Additional logistic mobilizations ongoing. WHO also prepositioned some supplies to affected area.

Implementing Partners by Pillar

Pillar	Partner supporting
Coordination	MOH, WHO
Surveillance	MOH, WHO and CGPP-WVI
Case Management	MOH, WHO, WVI, CMMB
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, TRI_SS, CDTYand UNICEF
Vaccination	MOH, WHO
Vector Control	MOH,MSF,Malaria consortium
Logistic	MOH,WHO

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.
- Limited capacity at health facilities on sample collection and transportation

Next steps

- Continue monitoring and analysis of 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 for health workers on sample collection and transportation, case management and surveillance.
- Develop national outbreak response plan.
- Finalize Reactive vaccination campaign plan and submit for request.
- disseminate 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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PUBLIC HEALTH EMERGENCY OPERATIONAL CENTRE (PHEOC)

Situation update on the suspected viral haemorrhagic fever in Western Equatoria, South Sudan

Date: 01 January 2024

Situation Report Number 010



For more information, please contact				
Dr. John Rumunu Incident Manager E: ori.moiga@gmail.com P: +211 924 767 490	Dr. Joseph Lasu Emergency Preparedness & Response Director E: josh2013.lasu@gmail.com P: +211 921 395 440	South Sudan PHEOC E: sspheoc@gmail.com P: +211 925 851 662/ P: +211 917 235 355	National Public Health Laboratory Gregory Wani E: wanigregory@gmail.com P: +211912806376/0927040622	Dr BATEGEREZA, Aggrey Kajuka WHO-EPR Team Lead E: bategerezaa@who.int P: +211 924222030
Editorial team				
MOH: Dr John Rumunu, Dr Joseph Lasu and Mabior Kiir WHO: Dr. Bategereza Aggrey, Dr. Rurangwa, Eric, Dr. Mukesh Prajapati, Dr. Abraham Adut, Dr. Mustafa Lasu, Dr. Wurda Tony, Dr. Kwakuan Yealue, Ms Sheila Baya, Malick Gai ICAP: Dr. Kennedy Muni Africa CDC: Dr Zerihun Kassa				