PUBLIC HEALTH EMERGENCY OPERATIONAL CENTRE (PHEOC)

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

Date: 02 January 2024 *Situation Report Number 011*

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	0	Cumulative number of suspected cases	09	Cumulative number of cases	10

Highlights

- No suspected viral haemorrhagic fever (VHF) case reported in last 24 hours
- As of 2nd January 2024, a total of 10 suspected VHF cases have been reported from three counties of Western Equatoria state: Yambio County (05), Nzara County (04) and Tambura County (01).
- A rapid response team has been deployed to investigate the suspected outbreak.
- Samples were collected from alive suspected cases and lab analysis is underway at the National Public Health Laboratory (NPHL) and Uganda Virus Research Institute (UVRI)
- The Public Health Emergency Operations Centre (PHEOC) is in alert mode and continues to coordinate and monitor the situation.

Background

- On 14th December 2023, twenty-four-year-old male from Gangura center 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 a sample was taken for further investigation. Yambio county where the first suspected viral haemorrhagic fever was reported, is 445 km from Juba.
- Suspected VHF cases have been reported from three counties of Western Equatoria State: Yambio County, Nzara County, and Tambura County.

Map 1: Location of Sucpected Viral Haemorrhagic Fever

Current update as of 02 Jan 2024

Coordination

- The National Ministry of Health (MOH) 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 of Preventive Health Services is being conducted at the PHEOC with stakeholders and key partners. The PHEOC is on Alert Mode to facilitate the coordination of activities.
- The following pillars were established at the national level to support the investigation and response: Coordination, Surveillance, Vaccination, Case Management, Infection Prevention and Control, Risk Communication and Community Engagement (RCCE), Vector Control and Logistics.
- Similar coordination structures have been activated at the state level on 27 December 2023.
- The yellow fever disease outbreak declaration statement will be shared with the media by the MOH as soon as laboratory results are received.
- 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 the response.

Surveillance, laboratory, and reporting

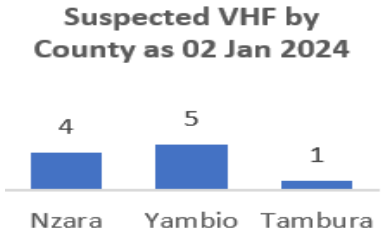

Fig 1: Suspected VHF cases by county South Sudan,02 Jan 2024

Fig 2: Suspected VHF cases by date of onset of fever, South Sudan, 02 Jan 2024

- As of January 02, 2024, ten (10) suspected VHF cases have been reported. Five (05) were death reports.
- The first alert was reported on 21 December 2023.
- Of reported suspected cases nine (09) were male and one (01) was female. The age range of all cases was 18 to 50 years.
- 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), Hai Salam (01), Mabia (01), Namatunda (01), Pazuo (01) and Sakure (01) are villages where the suspected cases were reported from.
- The most common signs and symptoms observed were fever, headache, epigastric pain, vomiting, jaundice, and bleeding from the mouse/nose.
- A sample was collected from all alive suspected cases.
- The sample from the first suspected case was received by the 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 by RT-PCR on 24th December 2023 upon differential testing.
- Two samples have been sent to UVRI for further analysis. More samples will be sent to UVRI as they are received by the NPHL.
- A rapid response team is on the ground conducting an outbreak investigation, including an active case search.

Case management

- All facilities were alerted to do screening and triaging for suspected VHF cases.
- The index case was initially isolated for treatment in a separate room at Gangura PHCC. However, the individual has since left the facility against medical advice. Ongoing efforts with the SMOH and the County Health Department (CHD) are focused on the readmission of the case.
- Efforts are underway to enhance the capacity of Primary Health Care Centers (PHCCs) in the affected counties 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.
- Enhancing RCCE activities during church services and market days to sensitize community members on reporting suspected VHF cases is ongoing.
- The mapping of BMI is being conducted, accompanied by the dissemination of key messages on suspected VHF cases.

Vaccination

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

Logistics and supplies

- Stocktaking of PPEs at the state level is ongoing and some PPEs have been distributed to health facilities in the affected counties.
- Additional logistic mobilization is ongoing and WHO has prepositioned some supplies to the affected areas.

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, CMMB UNICEF, WHO
Infection Prevention and Control (IPC)	MOH, WHO
Risk Communication and Community Engagement (RCCE)	MOH, WHO, CGPP-WVI, TRI_SS, CMMB, CDTYand UNICEF
Vaccination	MOH, WHO
Vector Control	MOH,MSF,Malaria consortium
Logistic	MOH,WHO,UNICEF

Pillar leads and co-leads

Pillar	Lead (MOH)	Co-lead
Coordination	Dr John 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)
Logistics and Supplies	Hillary Hakim	WHO

Challenges

- Limited partners on the ground to support the response.
- Difficulty in 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 the available health facilities.
- Limited capacity at health facilities for sample collection, packaging 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, packaging and transportation, case management and surveillance.
- Develop a national outbreak response plan.
- Finalize reactive vaccination campaign plan.
- Disseminate information, education, and communication materials. on yellow fever transmission and control.
- Engage more partners and other stakeholders for resource mobilization.

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