



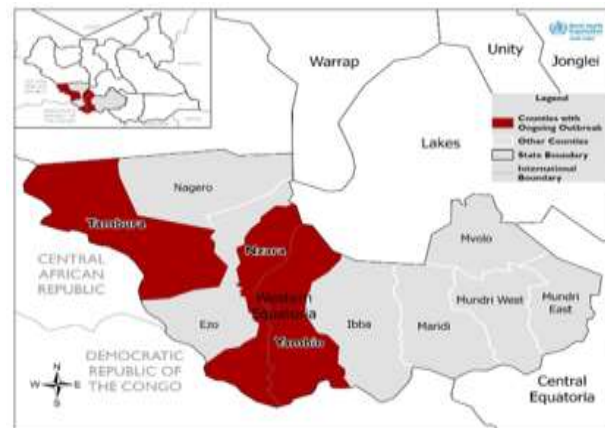
| Key figures | | | | | |
|---|-----------|---|-----------|---------------------------------------|-----------|
| Number of new suspected cases reported in the last 24 hours | 01 | Cumulative number of labs confirmed cases | 01 | Cumulative number of suspected deaths | 06 |
| Number of new deaths reported in the last 24 hours | 0 | Cumulative number of suspected cases | 17 | Cumulative number of cases | 18 |

Highlights

- One(01) new suspected Yellow Fever case was reported from Yambio County in the last 24 hours
- A cumulative of Eighteen (18) Yellow Fever cases (17 Suspected and 01 confirmed) were reported from three counties in Western Equatoria state: Yambio County (11), Nzara County (04), and Tambura County (03) as of 07 January 2024.
- One case was confirmed positive for Yellow Fever at the National Public Health Laboratory(NPHL) on 24 December 2023.
- A rapid response team has been deployed to investigate the suspected outbreak.
- The National Ministry of Health of the Republic of South Sudan declared a Yellow Fever outbreak on 06 January 2024.
- The Public Health Emergency Operations Centre (PHEOC) has been activated at the national level.

Background

- On 14 Dec 2023, an 18-year-old male from Gangura center village in Gangura Payam, Yambio County, developed an 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 (14 Dec 2023).
- Upon completion of treatment for typhoid, his mother reported that he had not improved. On 21 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. It tested positive for Yellow Fever on 24 December 2023 at the National Public Health laboratory.
- Yambio County, where the first Yellow Fever was reported, is 445 km from Juba.
- In addition to Yambio, suspected cases of Yellow Fever have been reported in two counties of Western Equatoria state near Yambio County: Nzara County and Tambura County.



Map 1. Location of Yellow fever outbreak in South Sudan

Current update as of 07 January 2024

Coordination

- Hon. Yolanda Awel Deng Juach, Minister of Health of the Republic of South Sudan, declared the Yellow Fever outbreak in South Sudan Western Equatoria State and gave a press release to the media house on 06 January 2024.
- The National Ministry of Health (MOH) and the State Ministry of Health (SMOH), with support from WHO and partners, are providing operational and strategic guidance to the ongoing Yellow Fever outbreak response.
- The PHEOC has been activated to facilitate the coordination of activities. A daily coordination meeting with stakeholders and key partners is being conducted at the PHEOC.
- The following pillars were established at the national level to support the investigation and response: Coordination, Surveillance and Reporting, Laboratory, 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 and county levels.



- Pillar leads and co-leads have been identified and requested to update the National Steering Committee daily.
- An incident action plan was prepared for the response.

Surveillance, Laboratory, and Reporting

- One(01) new suspected Yellow Fever case was reported from Yambio County in the last 24 hours.
- A cumulative of eighteen (18) Yellow Fever cases as of 07 January 2024.
- Among cumulative cases, seventeen(17) were suspected Yellow Fever cases, and one(01) was confirmed positive for Yellow Fever. Of suspected cases, six(06) were death reports.
- All cases were reported from three counties of Western Equatoria state: Yambio County (11), Nzara County (04) and Tambura County (03)
- From reported cases ten(10) were from rural and Seven(07) were from Urban.
- Of the reported cases, 66.7% (12) were males, and females accounted for 33.3% (06).
- The age range of the cases was from 02 to 58 years.
- The most common signs and symptoms observed were Fever, headache, epigastric pain, vomiting, jaundice, and bleeding from the mouth/nose.
- The first alert was reported on 21 December 2023. The NPHL received the sample from the first reported suspected case on 22 December 2023. Laboratory investigations were conducted, and it tested positive for Yellow Fever by RT-PCR on 24 December 2023.
- To ensure quality control, the samples were sent to the Uganda Virus Research Institute (UVRI) for further analysis, and the result was the same as the NPHL result.
- Further sample collection from suspected cases and laboratory testing have continued.
- A rapid response team is on the ground conducting an outbreak investigation, including an active case search.

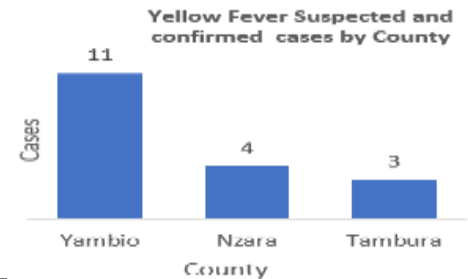


Fig 1: County reported Yellow Fever outbreak cases South Sudan 07 Jan 2024

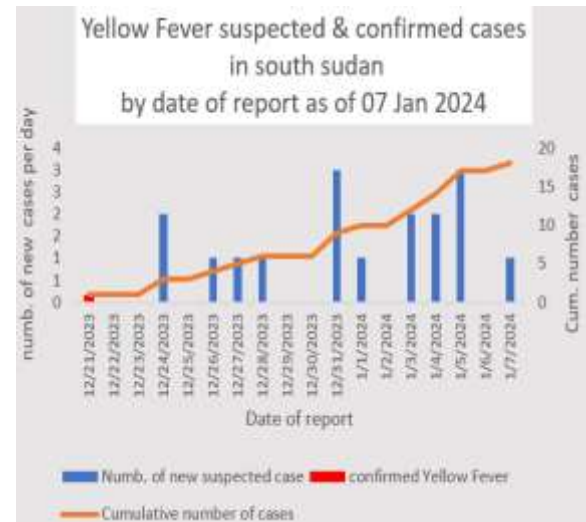


Fig 2: Suspected & confirmed Yellow Fever cases by reported date , South Sudan, 07 Jan 2024

Case management

- All facilities have been alerted to screen and triage for suspected cases using the outbreak case definition.
- The cases have been managed at home and in facilities, daily follow-up and monitoring have been initiated.
- Efforts are underway to enhance the capacity of Primary Health Care Centers (PHCCs) in case management in the affected counties by collaborating with partners to address identified gaps in facilities for case management.
- Three facilities selected for capacity building by partners are Gangura PHCC, Sakure PHCC, and St. Theresa Hospital.

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 cases is ongoing.
- Stakeholders' mapping has been completed, and key messages on Yellow Fever prevention and reporting have been prepared and distributed.



Vaccination

- The Ministry of Health, in collaboration with WHO and partners, has developed a comprehensive micro plan for Yellow Fever vaccination to submit a request to ICG.
- The vaccine will target individuals aged nine(09) months to sixty(60)years in affected counties.

Logistics and supplies

- WHO has prepositioned some supplies to the affected areas
- Additional Logistics mobilization is underway, and some personal protective equipment (PPEs) have been distributed to health facilities in the affected counties.

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 and UNICEF |
| Vaccination | MOH, WHO, UNICEF |
| Vector Control | MOH, MSF, Malaria Consortium |
| Logistics | 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.
- Community perceptions regarding patients with jaundice, particularly their preference for traditional healers.
- Limited capacity to manage severe cases at the available health facilities and difficulty in follow-up of suspected cases at home.
- Weak surveillance in some counties in Western Equatoria State.
- Limited capacity at health facilities for sample collection, packaging, and transportation.



Next steps

- Strengthen coordination at the national, state, and county levels.
- Continue monitoring and analysis of surveillance data, active case search, investigation of alerts
- Conducting Entomological surveillance in the affected areas
- Capacity building for health workers on sample collection, packaging, transportation, case management, and case detection and reporting .
- Finalize the Yellow Fever outbreak response plan.
- Finalize the vaccination micro plan and submit it to ICG for vaccine request.
- Disseminate information, education, and communication materials on Yellow Fever transmission and control.
- Engage more partners and other stakeholders for resource mobilization.

For more information, please contact

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