



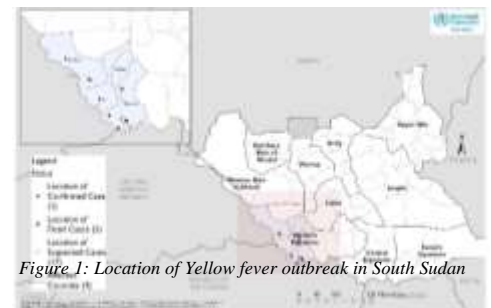
Key Figures					
Number of new suspected cases reported in the last 24 hours	01	Cumulative number of labs confirmed cases	01	Cumulative number of suspected deaths	05
Number of new deaths reported in the last 24 hours	00	Cumulative number of suspected cases	22	Cumulative number of cases	23

Highlights

- The National Ministry of Health of the Republic of South Sudan declared a Yellow Fever outbreak on 24 December 2023.
- One (01) Yellow Fever suspected cases were reported on 17 January 2024; one (01) from Tambura County
- A cumulative of twenty (22) Yellow Fever cases (21 suspected and 01 confirmed) were reported from four Counties in Western Equatoria state: Yambio County (11), Nzara County (05), and Tambura County (06) and Ezo (01) as of 17 January 2024.
- As of 17 January 2024, a total of 05 Yellow Fever suspected deaths were reported.¹
- One (01)case was confirmed positive for Yellow Fever at the National Public Health Laboratory (NPHL) on 24 December 2023.
- A rapid response team was deployed to investigate the suspected outbreak.
- The Public Health Emergency Operations Centre (PHEOC) has been activated at the national level.
- Vaccine request submitted to ICG and 410,596 doses have been approved for Yambio, Nzara, Tambura, Ezo and Ibba Counties.
- Incident action plan (IAP), Interim case management guide, Interim travel guide and revised terms of reference for field outbreak investigation were endorsed. With exception of the IAP and travel guide, all other documents have been approved.
- State level response plan being developed to be aligned with national level response plan.

Background

- On 21 December 2023, the Ministry of Health was notified a suspected case of viral hemorrhagic fever from Yambio County, Western Equatoria State. The suspected case was a 24-year²-old male from Kangura village in Gangura Payam, Yambio County who presented with generalized body weakness, headache, epigastric discomfort, Fever, vomiting of blood and yellowish discoloration (Jaundice) of eyes.
- He was isolated at the health facility, and a sample was taken for further investigation. The sample tested positive for Yellow Fever on 24 December 2023 at the National Public Health laboratory.
- Additional suspected cases of Yellow Fever have been reported in two other counties (Nzara and Tambura) in Western Equatoria state.



¹ A death reported from Yambio with an onset of fever on September 15, 2023, was excluded as it did not meet the revised outbreak case definition.

² Further verification by national rapid response team revealed the age of the index case to be 24 years rather than 18 years.



Current update as of 17 January 2024

Coordination

- Hon. Yolanda Awel Deng Juach, Minister, Ministry of Health, Republic of South Sudan, declared an outbreak of Yellow Fever in Yambio, Western Equatoria State on the 24th December 2024 and gave a press statement to the media house.
- The PHEOC has been activated with all pillars to facilitate coordinated response to the outbreak.
- Daily coordination meeting with stakeholders and key partners is being conducted at the PHEOC.
- 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.
- Incident action plan, Interim case management guide, Interim travel guide and revised terms of reference for field outbreak investigation were endorsed. With exception of the IAP and travel guide, all other documents have been approved.
- Members of national Rapid Response Team to be deployed in Nzara and Tambura to establish coordination mechanism.

Surveillance, Laboratory, and Reporting

- No yellow fever suspected case was reported on 12 January 2024.
- Cumulatively twenty (23) Yellow Fever cases (22 Suspected and 01 Confirmed) including five deaths (05) were reported as of 10 January 2024 giving a Case Fatality rate 21.7%.
- All cases were reported from four counties of Western Equatoria state: Yambio County (11), Nzara County (05), and Tambura County (06) and Ezo (01)
- From the reported cases, 61% (14) were males, and females accounted for 31% (09).
- Currently 11 Samples are undergoing serological testing at NPHL.
- 11 aliquoted samples have been sent to UVRI in Uganda for further testing.
- A rapid response team is on the ground conducting an outbreak investigation, active case search, community-based surveillance.
- MSF to support community-based surveillance to improve case detection.

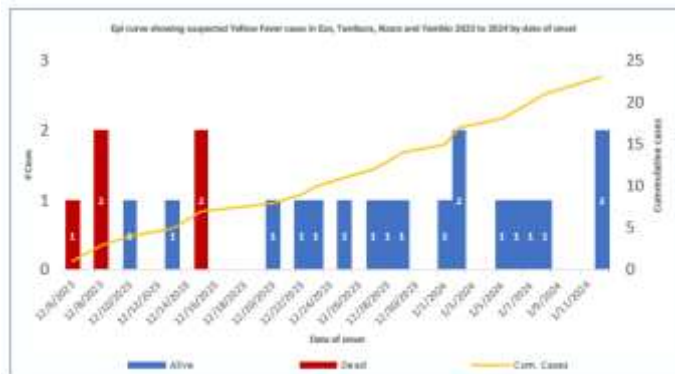


Fig 2: Suspected & confirmed Yellow Fever cases by reported date, South Sudan

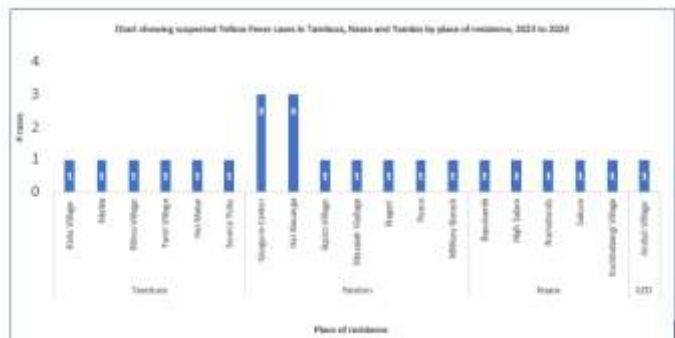


Fig 3: County reported Yellow Fever outbreak cases South Sudan



Case management

- All health facilities have been alerted to screen and triage for suspected cases using the outbreak case definition.
- An Interim Case management guide has been developed to support health care workers in management of patients.
- MSF willing to support case management through PHCCs in Gangura and Sakure payams.

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, control and reporting have been prepared.
- 75,000 flyers and 2,500 posters printed and dispatched from Juba.
- Radio talk shows ongoing.
- Radio spot broadcasting on Yellow Fever prevention and control in progress. Request has been submitted to Eye Radio.

Vaccination

- The request of Yellow Fever vaccine submitted to ICG for three affected counties by the Ministry of Health, with support from WHO and partners, has been approved. Two additional counties, Ezo and Ibbra were included in the plan.
- The micro-plan is being reviewed in collaboration with the State Ministry of Health.
- MSF willing to support Yellow Fever vaccination.

Logistics and supplies

- Supplies were prepositioned and additional logistics mobilization is underway, and some personal protective equipment (PPEs) have been distributed to health facilities in the affected counties.
- Vehicle secured to facilitate movement of entomologist in the field.



Implementing Partners by Pillar

Pillar	Partner supporting
Coordination	MOH, WHO
Surveillance	MOH, WHO and CGPP-WVI
Case Management	MOH, WHO, CMMB, WVI
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, CDTY and UNICEF
Vaccination	MOH, WHO, UNICEF
Vector Control	MOH, 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.
- No Refresher training to RRTs, Social mobilizers.

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.



- Disseminate information, education, and communication materials on Yellow Fever transmission and control.
- Engage more partners and other stakeholders for resource mobilization.
- Need engagement of the private facilities
 - Distribution of the CIF and case definition for yellow fever
 - Training on the CIF
- Engagement of traditional healers
- SOPs for all pillars to standardize the process of removing duplicates and replacing them with new cases
- Refresher training to RRTs, Social mobilizers, and BHI.

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