

Key Figures					
Number of new suspected cases reported ¹ 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	29	Cumulative number of cases	30

Highlights

- The National Ministry of Health of the Republic of South Sudan declared a Yellow Fever outbreak on 24 December 2023.
- One (01) suspected case of Yellow Fever reported on 20 January 2024 from Tambura County.
- Four (04) suspected Yellow Fever cases were reported on the 19 January 2024; These suspected cases were reported from Ibba (02) and Yambio (02) counties.
- A cumulative of thirty (30) Yellow Fever cases (29 suspected and 01 confirmed) were reported from Five Counties in Western Equatoria state: Yambio County (15), Nzara County (05), and Tambura County (07), Ibba (02) and Ezo (01) as of 21 January 2024.
- As of 21 January 2024, a total of 05 Yellow Fever suspected deaths were reported.²
- 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 to response mode at the national level.
- Vaccine request submitted to International Coordinating Group (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.
- Preparedness and response activities (coordination, surveillance, laboratory, case management, risk communication and community engagement, vaccination, infection prevention and control etc) are being reinforced by State Ministry of Health and supported by partners (WHO, UNICEF, CARE, Johanitter, AFOD and CORDAID) in state and counties bordering Yambio, Nzara, Ezo and Tambura.

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-year³-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.

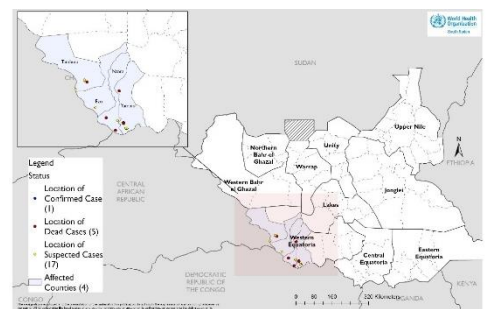


Figure 1: Location of Yellow fever outbreak in South Sudan

¹ Number of cases detected in the last 24 hours. This includes both at the health facility and community

² 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.

³ Further verification by national rapid response team revealed the age of the index case to be 24 years rather than 18 years.



Daily Situation update on the Yellow Fever outbreak in Western Equatoria State, South Sudan

Date: 22 January 2024

Situation Report Number 025

- The patient 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.

Current update as of 22 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.

Surveillance, Laboratory, and Reporting

- Four (04) Yellow Fever suspected cases were reported on 19 January 2024 from; two (02) suspected Yellow Fever cases from Ibba County and two suspected Yellow Fever cases from) Yambio County.
- One (01) suspected Yellow Fever cases was reported from Tambura County on 20 January 2024.
- Cumulatively twenty-five (30) Yellow Fever cases (29 Suspected and 01 Confirmed) including five deaths (05) were reported as of 21 January 2024 giving a Case Fatality rate 17%.
- All cases were reported from five counties of Western Equatoria state: Yambio County (15), Nzara County (05), and Tambura County (07), Ibba (02) and Ezo (01) as of 21 January 2024
- Of the total 30 cases (1 confirmed and 29 suspected) 57% are males, and females accounted for 43% of the total cases.
- Majority (83%) of the reported cases are 15 years and above whilst 17% are reported to be among 1 to 4 years old
- Thirteen (13) samples tested negative for Yellow Fever at the NPHL.

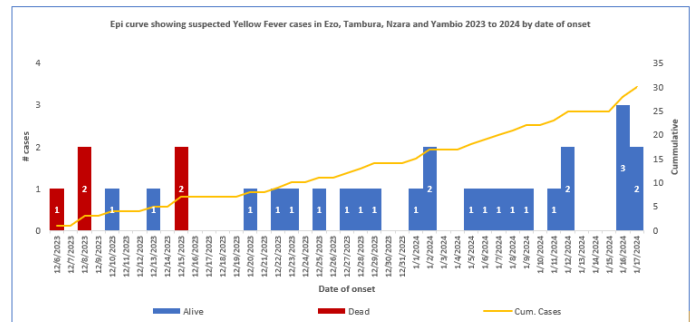


Figure 2: Epi curve showing suspected Yellow Fever cases by date of onset

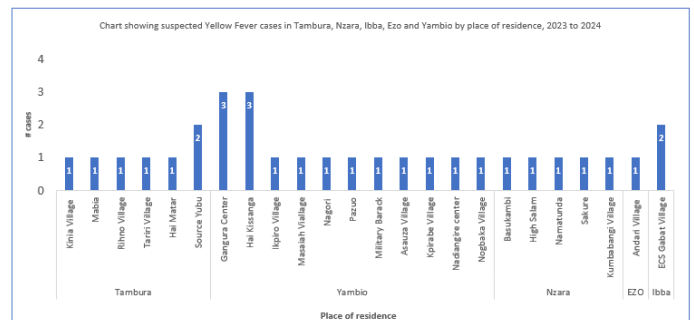


Figure 3: Count of reported suspected cases by location



- A rapid response team is on the ground conducting an outbreak investigation, active case search, community-based surveillance.

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.

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.
- As part of the preparedness towards the planned yellow fever vaccination campaign, the RCCE teams are currently sensitizing five payams of Ibba county.

Vaccination

- The Yellow fever vaccine request, including operational costs, has been submitted to the International Coordinating Group. Presently, the request has been approved, securing 410,596 doses. The approved target is 372,511 individuals across 5 counties in WES (Yambio, Ezo, Nzara, Tambura, and Ibba).
- Anticipated arrival date for the yellow fever vaccines in-country on January 26, 2024.
- The budget for the operational component has been costed and is currently under discussion by the Ministry of Health (MOH), partners, and the ICG for approval.
- State teams have developed the initial draft of the micro plans. These plans are currently under thorough review by the Expanded Program on Immunization (EPI) Technical Working Group (TWG) for approval and implementation.
- The state team has developed a detailed chronogram of activities. This schedule is under review by the EPI TWG, led by the Ministry of Health, ensuring meticulous planning and execution of the reactive YF vaccination.
- The EPI TWG has developed guidelines for Point of Entry (POE) vaccination, aligning with the overall strategy for effective yellow fever prevention.
- Partners have been identified to support vaccination campaign in their respective counties of operation.



Logistics and supplies

- Medical supplies and IPC equipment including VHF 500 PPE Kit of 1 metric ton to support the affected counties arrived Yambio.

Implementing Partners by Pillar

Pillar	Partner supporting
Coordination	MOH, WHO
Surveillance	MOH, WHO and CGPP-WVI
Case Management	MOH, WHO, CMMB, and CGPP-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, UNICEF, CDTY, TRI-SS, CMMB and Red cross South Sudan
Vaccination	MOH, WHO, UNICEF, CGPP-WVI, AMREF, CMMB and CDTY
Vector Control	MOH, and WHO
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	William Ruai (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



PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)



Daily Situation update on the Yellow Fever outbreak in Western Equatoria State, South Sudan

Date: 22 January 2024

Situation Report Number 025

1. Strengthen coordination at the national, state, and county levels.
2. Continue monitoring and analysis of surveillance data, active case search, investigation of alerts.
3. Conducting Entomological surveillance in the affected areas
4. Capacity building for health workers on sample collection, packaging, transportation, case management, and case detection and reporting.
5. Finalize the Yellow Fever outbreak response plan.
6. Disseminate information, education, and communication materials in Arabic and Zandi on Yellow Fever transmission and control.
7. Engage more partners and other stakeholders for resource mobilization.
8. Need engagement of the private facilities
 - o Distribution of the CIF and case definition for yellow fever
 - o Training on the CIF
9. Engagement of traditional healers
10. SOPs for all pillars to standardize the process of removing duplicates and replacing them with new cases
11. Refresher training to RRTs, Social mobilizers, and BHI.

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 Kaijuka WHO-EPR Team Lead E: bategerezaa@who.int P: +211 924222030
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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 Kwuakuan Yealue, Dr Maleghemi Sylvester, Ms Sheila Baya, and Malick Gai
ICAP: Dr. Kennedy Muni
Africa CDC: Dr Zerihun Kassa, Hamad Nnimbo