



Key Figures					
Number of new suspected cases reported <sup>1</sup> in the last 24 hours	01	Cumulative number of suspected cases	34	Cumulative number of cases	35
Number of new deaths reported in the last 24 hours	00	Cumulative number of suspected deaths	05	Cumulative number of laboratory-confirmed cases	01

Highlights as of 26 January 2024

- The National Ministry of Health of the Republic of South Sudan declared a Yellow Fever outbreak on 24 December 2023.
- There was one (01) suspected Yellow Fever reported on 25 January 2024 from Yambio county.
- Two suspected cases were report on 23 January from Nzara county and another two (02) cases reported from Yambio county on 24 January 2024
- A cumulative of thirty (35) Yellow Fever cases (34 suspected and 01 confirmed) were reported from Five Counties in Western Equatoria state: Yambio County (18), Nzara County (07), and Tambura County (07), Ibba (02) and Ezo (01) as of 25 January 2024.
- As of 25 January 2024, a total of 05 Yellow Fever suspected deaths were reported.<sup>2</sup>
- 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.
- 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, WVI-CGPP, CDTY, CMMB, Red Cross South Sudan, Amref, JRS, IMA and TRI\_SS
- Preparedness activities are being strengthen in state and counties bordering Tambura through guidance from Ministry of Health with support from partners (WHO, UNICEF, CARE, Johanitter, AFOD and CORDAID).

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

<sup>2</sup> 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.

## 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-year<sup>3</sup>-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.
- 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.

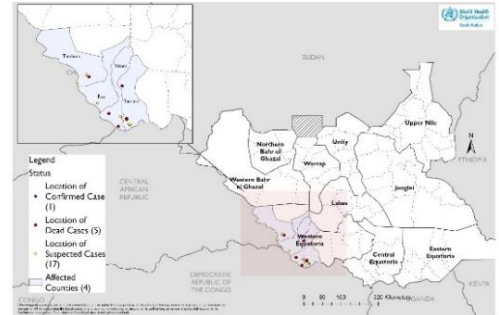


Figure 1: Location of Yellow fever outbreak in South Sudan

## Current update as of 23 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 24<sup>th</sup> 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, all other documents have been approved.

### Surveillance, Laboratory, and Reporting

- One (01) new Yellow Fever case was reported on 25 January 2024 from Yambio state.
- Two (02) Yellow Fever suspected cases were reported on 23 January 2024 from Nzara county;
- Two (02) suspected cases were also reported on 24 January from Yambio county.
- Cumulatively twenty-five (35) Yellow Fever cases (34 Suspected and 01 Confirmed) including five deaths (05) were reported as of 25 January 2024 giving a Case Fatality rate 14%.

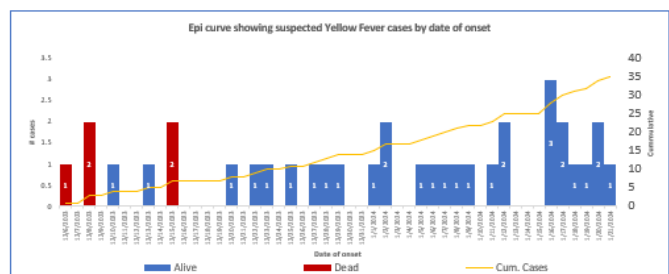


Figure 2: Epi curve showing suspected Yellow Fever cases by date of onset

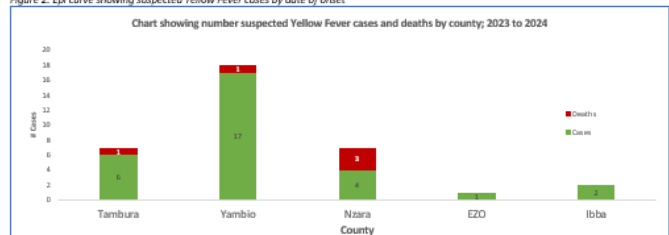


Figure 3: Chart showing number suspected Yellow Fever cases and deaths by county, 2023 to 2024

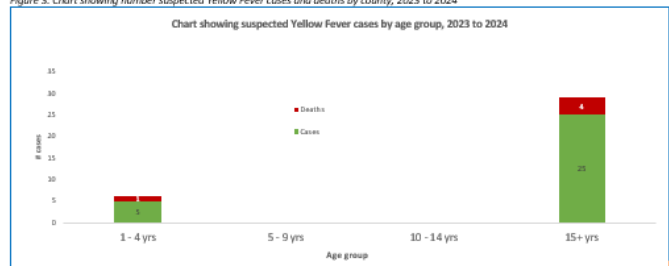


Figure 4: Chart showing suspected Yellow Fever cases by age group, 2023 to 2024

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



## PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

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

Date: 26 January 2024

Situation Report Number 027



- All cases were reported from five counties of Western Equatoria state: Yambio County (18), Nzara County (07), and Tambura County (07), Ibba (02) and Ezo (01) as of 25 January 2024
- Of the total 35 cases (1 confirmed and 34 suspected) 54% are males, and females accounted for 46% 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.
- A rapid response team is on the ground conducting an outbreak investigation, active case search, community-based surveillance.
- Entomological surveillance is conducted in the affected areas
- Orientation of State and Counties Rapid response team is ongoing.

### Case management

- Cumulatively, there two (02) suspected cases of Yellow Fever admitted for treatment
- 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.
- RCCE teams are currently training and sensitizing payams of Ezo and Nzara counties amidst of yellow fever vaccination campaign preparedness

### 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

- Prepositioned 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



**PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)**

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

*Date: 26 January 2024*

*Situation Report Number 027*



- Lack of partner support to carry out vector control activities to reduce the risk of yellow fever transmission
- 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.
- 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 in Arabic and Zandi 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.

**For more information, please contact**

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