



South Sudan: Cholera Outbreak Situation Report

Situation report: No. 001

Date of onset of outbreak: 28 September 2024

Reporting date: 01 November 2024

Data Source: State Ministry of Health and National Public Health Laboratory

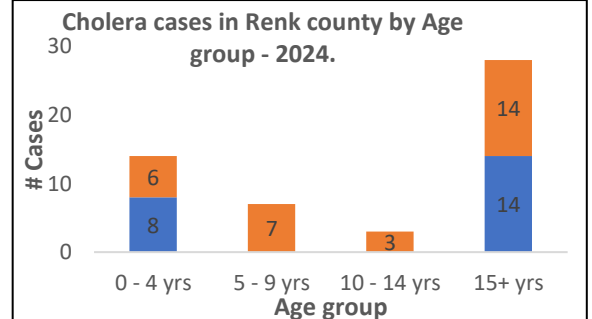
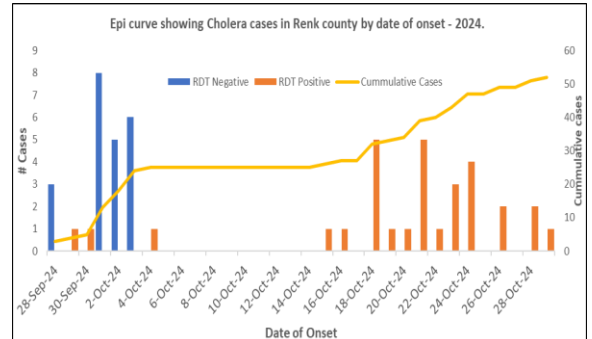
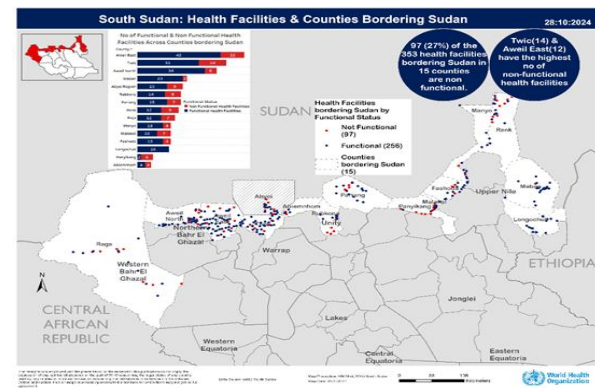


Cholera response | Cumulative figures from 28 September to 01 November 2024

52	Cases	0	Death	0.0%	CFR
-----------	--------------	----------	--------------	-------------	------------

Key Weekly Highlights as of 01 November 2023

- Cumulatively, 52 suspected cholera cases have been reported, no deaths recorded since the onset of the outbreak.
- Sixteen (16) culture positive cases have been reported out of 49 samples received at the National Public Health Laboratory.
- All suspected cases have been tested using Rapid Diagnostic Tests (RDTs).
- 2 new cases were reported from Joda/Wunthou Border Point of Entry in the past 24 hours, both tested positive on the RDT for cholera.
- Currently, there are only three (03) patients in admission (1 in Wunthou POE CTU and 2 in Renk Civil Hospital). The rest of the patients have been discharged.
- Overall, 27(52%) of the total cases are Males and 25 (48%) are females.
- A shipment of 12 metric tons of medical supplies has been sent to Renk.
- The common presenting signs and symptoms include watery diarrhea, vomiting, and abdominal cramps.
- Of the Sudan states bordering South Sudan, Sennar has recorded 485 cases, White Nile 980 cases and South Kordofan 13 cases.



Background

Due to the ongoing cholera outbreak in Sudan, north of South Sudan, and widespread flooding affecting large parts of the South Sudan, the Ministry of Health with support from WHO has been actively preparing for potential cholera outbreak in South Sudan, particularly in Upper Nile State that is witnessing a significant influx of returnees and refugees as a result of the protracted conflict in Sudan.

On 28 September 2024, the Ministry of Health received a report of two suspected cases of cholera from Wunthou Primary Health Care Center. Samples from the two suspected cholera cases were collected and immediately shipped to the National Public Health Laboratory (NPHL) in Juba on 30th September 2024. The two samples were tested using culture and one of the samples tested positive confirming *Vibrio cholerae* O1.

The Ministry of Health immediately planned to establish evidence of local transmission including deployment of a team to Renk to conduct an initial outbreak investigation, active case search, collect additional samples and ship to the NPHL for further confirmatory testing. As a result, additional 19 and 5 samples were received by the NPHL on 17th October 2024 and 18th October 2024 (total of 24 samples) respectively. Out of the total of 24 samples tested at the NPHL, 5 similarly tested positive for *Vibrio cholerae* O1 using culture.

Based on the confirmed cholera cases and sufficient evidence of local transmission, the Ministry of Health declared an outbreak of cholera in Renk County, Upper Nile State, South Sudan and immediately activated the public health emergency operations center to response mode with establishment of an incident management system to coordinate multi-sectoral response and ensure effective response interventions are put in place to control and prevent further spread of cholera. As of 1 November 2024, a cumulative total of 52 suspected cholera cases including 16 confirmed cases were recorded.

Coordination efforts are currently ongoing, with the Ministry of Health, WHO and partners meeting regularly to support the response to the cholera outbreak. Bacteriological water quality tests have been conducted at the Wunthou/Joda Point of Entry (PoE) and various water production points in transit centers. Additionally, IEC materials for Acute Watery Diarrhea (AWD) and cholera have been distributed to partners. In terms of logistics, health kits, cholera kits, beds, and tents for the ongoing response are being provided to partners through the WHO Office in Renk.

Key Interventions

Coordination

- Ministry of Health has activated the multisectoral coordination platform at national for effective cholera response.



- A draft multi-sectoral cholera response plan developed to ensure necessary resources are mobilized to support the response to the cholera outbreak.
- Regular National and Subnational Cholera Technical Working Group meetings are held to coordinate the ongoing response interventions and to manage the outbreak effectively.
- The Ministry of Health and WHO, in collaboration with the Renk County Health Department (CHD) and partners, will enhance coordination meetings to support the ongoing response efforts.
- A multi-disciplinary rapid response team (RRT) comprising epidemiologists, laboratory technicians, clinicians, risk communication and community engagement (RCCE) specialist, infection prevention and control (IPC)/Water Sanitation and Hygiene (WASH) specialists, environmental health specialists, operations and logistics have been deployed to strengthen coordination within the health and nutrition sectors and the cholera task force.
- The multi-disciplinary RRT will ensure joint trainings on surveillance, laboratory sample management, case management, IPC/WASH, RCCE are conducted.
- A sub-multisectoral response mechanism is to be enhanced at the Wunthou point of entry, focusing on areas such as coordination, surveillance, laboratory support, case management, risk communication, IPC, WASH, and logistics.

Surveillance

- Deployment of two MOH laboratory teams to train partners, Renk Hospital, and Primary Health Care Center (PHCC) staff on sample testing, specimen collection, storage, and facilitate shipment.
- Orientation of County Rapid Response Teams (RRTs) to enhance contact tracing and conduct active search through community-based surveillance.
- Support provided to improve surveillance and data quality management and reporting from health facilities.
- Cross border surveillance with Sudan is ongoing using WHO platforms set up through Cholera Grade 3 Response and Sudan Refugee Crisis mechanism to ensure early detection and cross-border notifications.
- Cholera screening and monitoring for other epidemic-prone diseases are conducted at key arrival points, including Joda/Wunthou.

Case management

- The Ministry of Health with support from WHO prepositioned Cholera Community Modules to Renk to support establishment of Oral Rehydration Points (ORPs) at key strategic locations, such as transit centers, markets, and schools.
- Additional 3 Case Management technical officers are being deployed from the National Ministry of Health to support the case management in both Wunthou CTU and Renk Civil hospital and working work with partners to enhanced by expanding the bed capacity of the Case Treatment Unit (CTU) at Wunthou point of entry.
- Two Cholera Treatment Units (CTUs) have been established to improve disease containment and patient care. MSF operates a 10-bed facility at Renk Civil Hospital while the COVID-19 treatment center has been repurposed, with IMC managing four beds for cholera care.



- Planned case management trainings in the mapped out high-risk locations including Maban, Aweil East, Juba, Malakal, Rubkona and other high-risk areas where there are recorded onward movement of refugees and returnees.

Infection Prevention & Control/WASH

- The WASH ongoing support towards providing and treating water at the treatment plants located in TC1 and TC2.
- WASH cluster has outlined six key WASH strategic intervention areas that they will be implementing to strengthen cholera response.
- The Ministry of Health with support from WHO is conducting routine water quality surveillance in Renk and the laboratory test for Microbiological Analysis Results showed eight samples tested with fecal and total Coliforms (CFU/100mL) representing a 31% contamination rate of total of 26 water samples collected.

Risk Communication & Community Engagement (RCCE)

- Continued health and hygiene promotion activities in Renk.
- RCCE activities have been intensified to improve behavioral change and health seeking behaviors OCV uptake during the campaigns.
- Mapping of health and hygiene promoters in the Camp and the rest of the county being conducted by C4D to better utilize them for disseminating cholera messages.

Oral Cholera Vaccination (OCV)

- A request for oral cholera vaccines from the International Coordinating Group (ICG) has been initiated to conduct reactive OCV campaign in Renk and the surrounding counties.

Logistics and supplies

- A shipment of twelve metric tons of health emergency kits was delivered to Renk by the weekend through the logistics cluster. These kits can support the treatment of 74,200 individuals and include cholera kits capable of treating 2,900 cases (560 severe and 2,340 mild to moderate). The shipment also contains a cholera investigation kit, twenty-five cholera beds, 2 cholera logistics modules, and 10 tents of assorted sizes.
- Additionally, WHO has shipped one ambulance to patient referral of cases from Wunthou to Renk CTU

Challenges

- Lack of refresher training in Case Management, Surveillance, RCCE, IPC/WASH & lab staff in the field and surrounding facilities.
- Limited cholera beds in Wunthou with a limited bed capacity.
- High attrition rate with limited RRT on the ground.



- Inadequate access to improved sanitation facilities that is below the sphere standards in all the sectors of Transit Center 1 and 2 town IDPs.
- Inadequate safe and clean water supply poses risk for surface water consumption within the camp.
- Sub-optimal community engagement and risk communication in affected and high-risk populations on cholera prevention and control.
- Lack of oral cholera vaccines (OCV) to conduct reactive OCV campaign in Renk and surrounding at-risk counties.
- Funding gap for cholera response and readiness.

Way forward

- Institution of tactical multisectoral response mechanism at the Wunthou point of entry, focusing on areas such as coordination, surveillance, laboratory support, case management, risk communication, IPC, WASH, and logistics.
- Engage the fifty healthcare workers from various facilities in Renk who have been trained in cholera case management to ensure their availability for supporting the response.
- Plan to establish Oral Rehydration Points (ORPs) at key strategic locations, such as transit centers, markets, and schools – TC1, TC2, Renk market, Wunthou and two schools.
- Expand bed capacity of the Case Treatment Unit (CTU) at Wunthou point of entry to accommodate ten beds.
- Set up two isolation units at Transit Centers 1 and 2 to improve disease containment and patient care.
- Deployment of MOH WASH expert to conduct water quality testing and guide WASH partners' interventions.
- Infection Prevention and Control (IPC) supplies, including Personal Protective Equipment (PPE), will be provided to health facilities in Renk, with the shipment scheduled for this Saturday.
- Submit an immediate OCV request to the International Coordinating Group (ICG) to conduct reactive OCV campaigns targeting high-risk populations, including refugees and returnees.

For more information, please contact:

Dr. Kediende Chong
 Director General
 Preventive Health
 Services
 E:
mkediende@gmail.com
 P: +211 928 884 61

Dr Humphrey
 KARAMAGI
 WHO Country
 Representative
 Email:
karamagih@who.int
 Mobile: +211 920 547
 017

Dr. Joseph Lasu
 Emergency Preparedness
 & Response Director
 E:
josh2013.lasu@gmail.com
 P: +211 921 395 440

Dr BATEGEREZA, Aggrey
 Kaijuka
 WHO-EPR Team Lead
 E: bategerezaa@who.int
 P: +211 924222030

Editorial team:

MOH: Dr Kediende Chong & Dr Joseph Lasu

WHO: Dr. Bategereza Aggrey, Dr. Regmi Jetri, Dr. Mukesh Prajapati, Dr Eric Rurangwa, Dr Tony Wurda, Malick Gai, Bernard Oduor

