



# South Sudan: Cholera Outbreak Situation Report

**Situation report: No. 003**

**Date of onset of outbreak: 28 September 2024**

**Reporting date: 14 November 2024**

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



**Cholera response** | Cumulative figures from 10 September to 14 November 2024

**243**

**Cases**

**6**

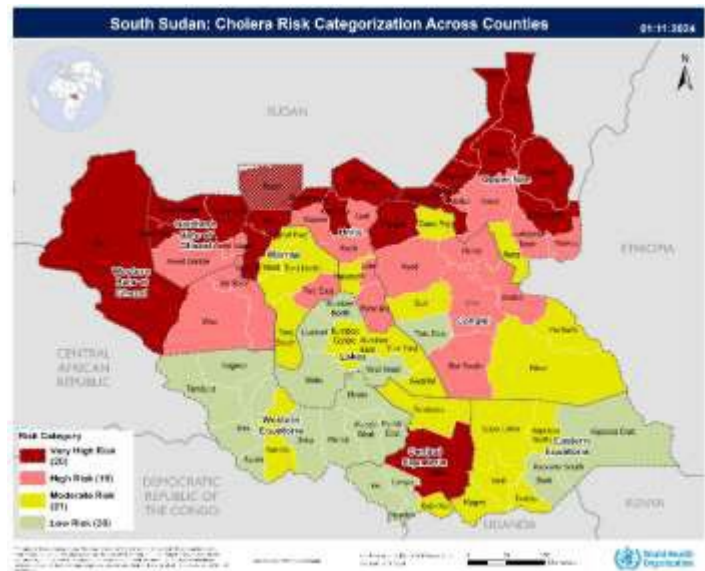
**Death**

**2.5%**

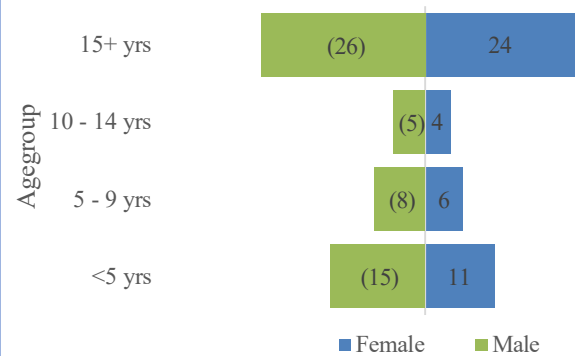
**CFR**

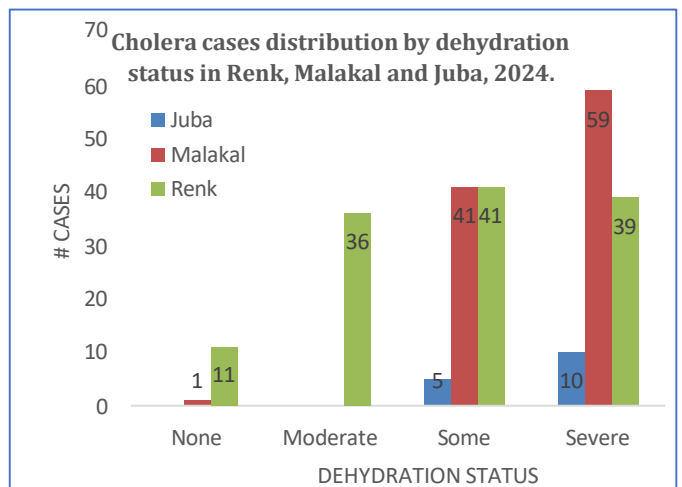
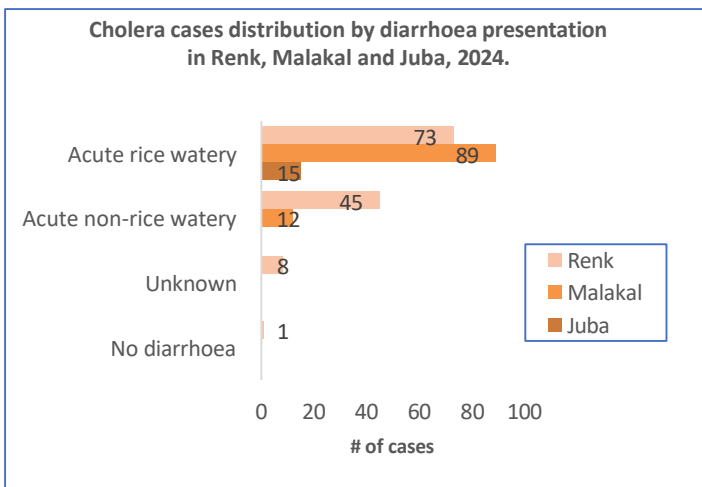
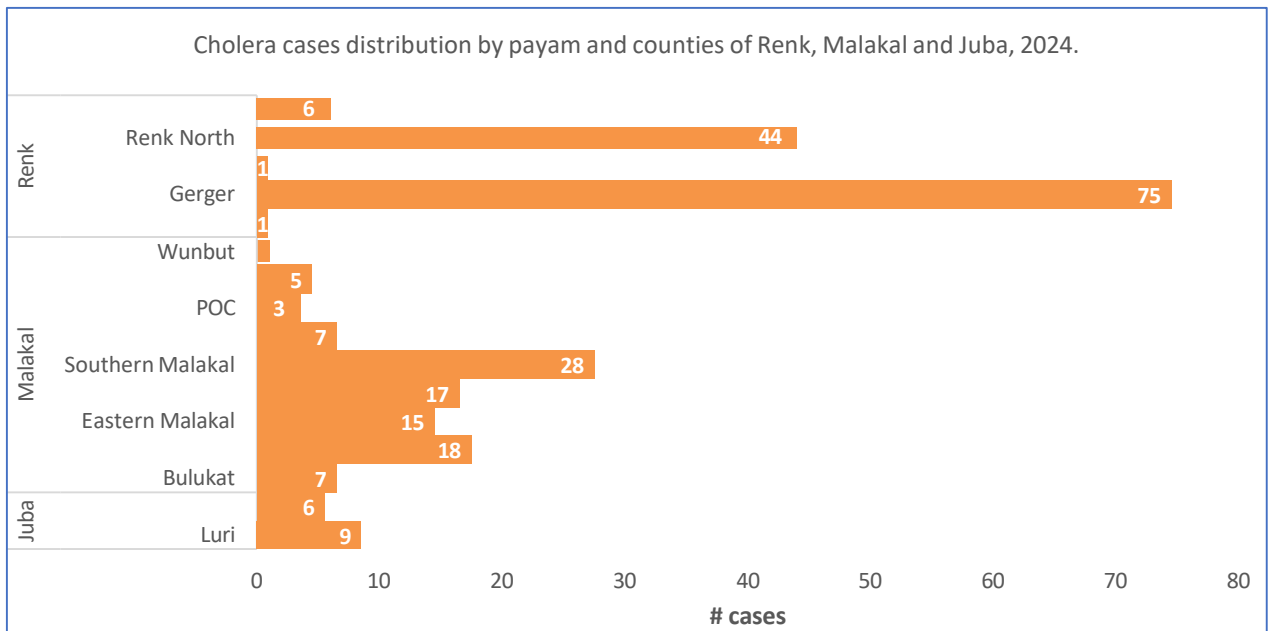
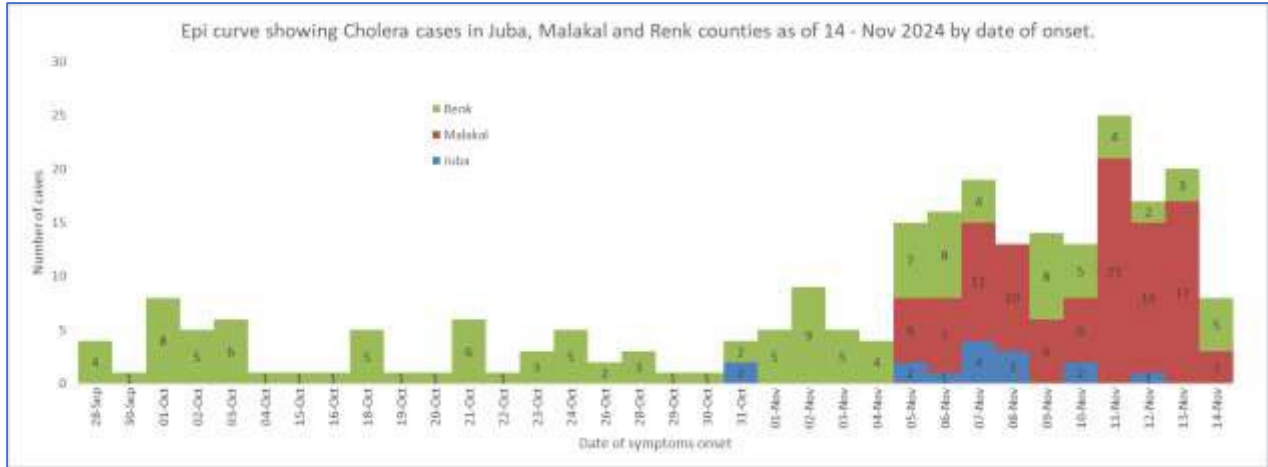
## Key Weekly Highlights as of 14 November 2024

- As of 14 November 2024, a cumulative total of 243 suspected cholera cases including 131 rapid diagnostic test (RDT) positive, 27 culture positive and six deaths (case fatality rate: 2.5%) were reported in Renk, Malakal and Juba.
- In the past one week 149 new suspected cases have been reported.
- In Renk alone, a cumulative total of 127 suspected cholera cases including 79 RDT positive and 19 culture positive cases were reported.
- In Malakal, a cumulative total of 101 suspected cholera cases including 44 RDT positive and 6 culture positive cases were reported.
- In Juba, 16 suspected cholera cases were reported in total including 8 RDT positive and 2 culture positive cases.
- Across the three counties, individuals aged 15 years and above (more 50%) represented the largest age group affected by cholera.
- Among the reported cases, males accounted for 55% (n=133), while females accounted for 45% (n=110).
- The cholera attack rate is higher in Renk (49.5 per 100 000 population) and Malakal (42.9 per 100 000 population) compared to Juba (2.3 per 100 000 population)
- Most cholera cases in Renk county were reported in Gerger and Renk north payams.
- Aweil West reported the first suspected cases and investigation is ongoing.



% of Cholera cases distribution by age and sex in Renk, Malakal and Juba, 2024.





## Background

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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 30<sup>th</sup> 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 17<sup>th</sup> October 2024 and 18<sup>th</sup> 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.

## Key Interventions

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### Coordination

- Ministry of Health has activated the multisectoral coordination platform at national for effective cholera response.
- 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 County Health Department (CHD) in Renk and Malakal, and partners, has enhanced coordination meetings to support response to the outbreak.
- The Ministry of Health with support from WHO and partners have deployed staff to Renk and Malakal to support the ongoing response.
- In Malakal, a multi-sectoral standing coordination meeting platform was initiated and will be held on Mondays, Wednesdays, and Fridays. In addition, pillar-based technical working groups have been established and will be meeting daily.
- Country offices and Incident Management teams from both Sudan and South Sudan established a cross-border support mechanism with weekly meetings to enhance coordination.

### Surveillance

#### *Renk*

- 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.



- At least 90% of cases at Wunthou CTU are arriving from Sudan, complicating contact tracing and follow-up. Mapping and assessment of unofficial border crossings (Atam, Bebnis, Gongbar, Omdulis) are underway to enhance surveillance.
- In Renk, 13 staff at health facilities and CTC/CTUs were reoriented on new reporting templates, variables, and daily reporting cut-off time of 3pm. In addition, printed registers and reporting templates were distributed to 11 health facilities.
- Active case search ongoing in Renk, with supervision and monitoring activities conducted in communities and across health facilities, including private sector facilities.

## Case management

### *Renk*

- Two additional tents have been set up at the CTC in Renk, increasing bed capacity to 17 beds. Ten additional cholera beds are prepositioned to increase bed capacity in need arises.
- The Ministry of Health with support from WHO provided ORP kits to support World Vision to set up additional ORPs in 18 routine health facilities. South Sudan Red Cross established two ORPs in Renk town market area with additional plan to expand to informal settlements areas surrounding TC 2.
- The WASH Cluster secured extra ORS solution buckets to expand ORPs in and around Renk town, including market areas, transit centers, and food distribution points.

### *Malakal*

- In Malakal, there are currently 2 functional CTUs and 1 in the process of being set up. These include an MSF run facility in Assosa PHC, which is a 57-bed facility and currently in the process of expansion to a maximum capacity of 100 beds. Additionally, MSF hospital in Malakal Town has 10 bed capacity. The second is at Malakal Teaching Hospital's IDU, a 17-bed facility and can potentially be expanded to 30 beds. The third is to be established at an IMC managed facility in the POC.

## Infection Prevention & Control/WASH

### *Renk*

- A total of 200 hygiene kits have been delivered to Wunthou CTC to be used for patients upon discharge, including buckets and handwashing soaps. In addition, an elevated water tanker to the system at Wunthou CTC was set up to improve water supply.
- Conducted major cleaning and drainage to address open sewage issues and improve hygiene.
- Prepared 50 mobile emergency toilets for installation outside transit centers: awaiting site selection and community permission.
- Started the distribution of soap to households in both transit sites. The plan is to distribute to 2,600 households.
- 26 out of 34 schools to receive hygiene supplies, including buckets for ORS solutions. ORP kits are made available to War Child.
- 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)

### Renk

- During the week, 1,150 posters, 100 banners and 17,475 flyers focusing on cholera prevention were distributed throughout Renk.
- A total of 20 additional community mobilizers were recruited by OXFAM for deployment to Wunthou and orientation is scheduled this week.
- Successfully engaged 5,875 individuals (2,819 men and 3,056 women) with cholera prevention messages in high-risk areas which includes Abayok, Renk Market area, Wunthou POE and Gerger Payam
- 100 hygiene promoters deployed at the Joda-Wunthou border. Others to be deployed to Gerger, Abukadra, Jarbana, and other hotspots.
- 20 Red Cross hygiene promotion Volunteers deployed in and around transit centers and Renk town.
- WHO and OXFAM initiated public announcements in Renk town, transit centers, and surrounding areas focusing on: Cholera awareness, outbreak updates, public health measures, hygiene practices and available services.

### Juba

- Community sensitization ongoing in the communities and schools to raise awareness on cholera and reinforce the importance of public health preventive measures in Juba.

## Oral Cholera Vaccination (OCV)

- A request for 151,208 for Renk, to International Coordinating Group (ICG) for oral cholera vaccines has been approved and greenlight for shipment of the vaccines to the country provided.

## 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

### Renk

- Returnees crossing non-designated borders complicate surveillance efforts. There need to identify partners to support health services among communities bordering non designated borders.
- Lack of adequate hygiene and sanitation facilities for refugees and returnees living outside transit centers. There is need to engage with the local authority.
- Despite availability of 50 mobile emergency latrines, there still need to engage the local authority to allocate land for installation.
- Health facilities face shortages of essential medicines for routine services, impacting the overall cholera response.
- Funding gap for cholera response and readiness.





## Way forward

### *Renk*

- Maintain regular and effective communication for holistic cholera management.
- Plan and schedule training for partners and orientation sessions for new community mobilizers in Wunthou and continue mass public announcements on cholera awareness and prevention.
- Conduct detailed outbreak investigations and active case finding focusing on hard-to-reach facilities in Chemed and Jelhak, utilizing community health workers for training and case finding.
- Organize cholera sensitization visits to private facilities with a focus on case definitions.
- Strengthen partnerships with private health facilities to assess and address cholera response needs.
- Monitor progress on infrastructure improvements at Wunthou Cholera Treatment Center (CTC).
- Complete deployment of hygiene promoters and finalize emergency mobile toilet installation locations.
- Ensure distribution of handwashing soap and oversee setup of additional Oral Rehydration Points (ORPs) in high-need areas.

### *Malakal*

- Support IMC through MSF in setting up unidirectional patient pathways and IPC measures
- MSF has supported IPC and WASH measures in Malakal Teaching Hospital. Expansion options to explored
- Conduct case management trainings.
- Deploy RRT

### *Juba*

- RRT to move with ORS Sackets to mitigate emergency cases
- Monitoring of the active cases at Hai Baraka Block 4
- Continuous community awareness, including at the health facilities



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