



## Republic of South Sudan

### Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 45

*04 to 10 Nov 2024*

This weekly bulletin presents the epidemiological status of priority diseases, events, and conditions under surveillance in South Sudan. The data comes from various actors involved in preparedness and response to public health events in the country. Special thanks to all the health implementing partners and health cluster humanitarian agencies supporting integrated disease surveillance and response.

#### Key highlights

- In week 45 of 2024, the timeliness and completeness of IDSR reporting was 75%, and 93% respectively. These reporting rates are an improvement from what was reported in week 44. Notably, there have been consistent improvements in both timeliness and completeness since week 31. All the thirteen (13) states/administrative areas attained completeness of reporting above 80%. Three states and two administrative areas (Lakes, Unity, WES, RAA, and GPAA) achieved a completeness reporting rate of 100%.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance were at 40% and 40% respectively.
- In week 45, 163 alerts were triggered, and the proportion of verified alerts increased from 52% in Week 44 to 85% in week 45. Most of the alerts triggered were Guinea Worm (26%), AWD (16%), ARI (15%), Malaria (13%), ABD (13%), Measles (9%)
- Cholera outbreak is now confirmed in 8 of the 80 Counties and 6 States of South Sudan with a cumulative total of 856 cases including 31 laboratory confirmed cases and 7 deaths from 28<sup>th</sup> September to 25<sup>th</sup> November 2024. The cumulative case fatality rate of cholera in the current outbreak is 0.8% which is much better than was recorded in all previous outbreaks.
- In week 45 of 2024, Malaria continued to be the top cause of morbidity, reporting 114 484 cases and 41 suspected deaths, and accounted for 46% of the overall morbidity.
- Other active outbreaks and events in South Sudan include anthrax and a hepatitis E upsurge in Wau and other multiple locations, cVDPV2/Polio now declared a country outbreak, as well as flooding, that has so far affected more than one million people across 52 counties, with 56 health facilities inundated.

## Surveillance System Performance

The epidemic alert and response system in South Sudan currently relies mainly on immediate alert notifications and weekly aggregate reporting of cases through the Integrated Disease Surveillance and Response (IDSR) system. This system is complemented by a weekly Early Warning Alert and Response System (EWARS).

Completeness (proportion of all reports received regardless of time) and timeliness (proportion of reports received by the Wednesday following the end of the reporting period) of IDSR and EWARS are shown in Table 1 below. Timeliness and completeness for **week 45 were at 75% and 94%**, respectively, which was an improvement from the attainments of the previous epidemiological week 44.

Table 1: Timeliness and completeness of IDSR reporting by State for week 45 compared to 44 of 2024

State	Total facilities	Number of facilities reported (Completeness Wk45)	Comparison of a reporting period				Cumulative since year start (2024 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 45	Week 44	Week 45	Week 44		
Lakes	112	112	100%	98%	100%	100%	68%	100%
NBGZ	101	86	81%	59%	85%	87%	59%	80%
Unity	84	84	98%	100%	100%	100%	88%	99%
WBGZ	113	101	25%	61%	90%	88%	41%	82%
WES	191	199	87%	62%	100%	100%	65%	95%
Jonglei	120	102	79%	72%	88%	86%	72%	87%
Warrap	114	108	57%	45%	95%	88%	48%	88%
EES	112	97	65%	57%	87%	91%	58%	95%
RAA	16	16	31%	31%	100%	100%	49%	99%
CES	152	146	95%	98%	96%	98%	63%	94%
AAA	17	15	6%	100%	88%	100%	67%	82%
Upper Nile	143	128	69%	67%	90%	91%	50%	87%
GPAA	16	16	100%	100%	100%	100%	91%	92%
<b>Total</b>	<b>1291</b>	<b>1219</b>	<b>75%</b>	<b>72%</b>	<b>94%</b>	<b>95%</b>	<b>61%</b>	<b>91%</b>

NOTE: Since week 41, the total number of facilities nationwide has decreased following the removal of three duplicate entries identified and corrected after an investigation

Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 45 of 2024.

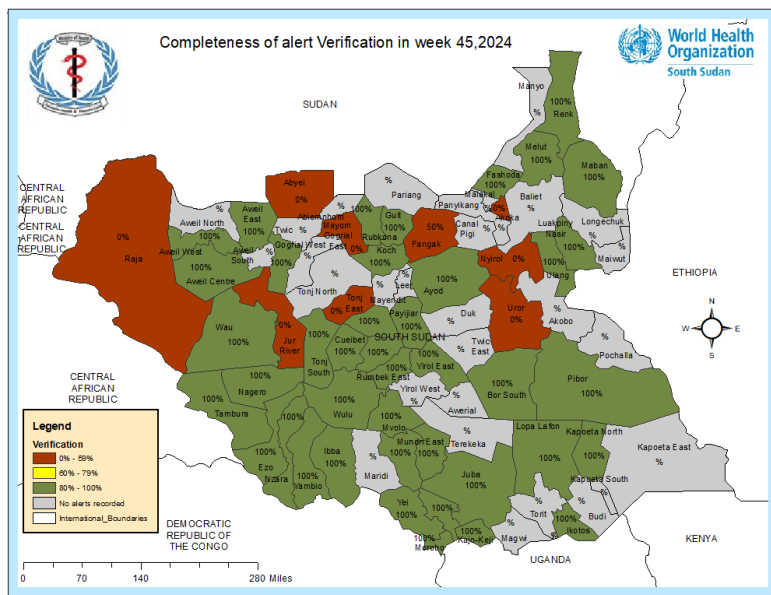
Partners	# of Reporting Mobile Sites	% of Timeliness in week 45	% of Completeness in week 45	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 45	% of Completeness in week 45
IMC	4	0%	0%	Kator	3	100%	100%
SSHCO	1	0%	0%	Marial Baai	1	100%	100%
SMC	1	0%	0%	Northern Bari	1	100%	100%
SCI	2	0%	0%	Rajaf	3	100%	100%
HFO	4	75%	75%	Muniki	12	100%	100%
WVI	2	100%	100%	Wau South	20	10%	95%
CIDO	1	100%	100%	Wau North	12	0%	83%
TOTAL	15	40%	40%	Juba	10	100%	100%
				Managala	1	100%	100%
				TOTAL	63	52%	95%



Table 3: Summary of EWARS alerts triggered in Epidemiological Week 45, 2024.

State/Admin	AJS		ARI		AWD		AFP		ABD		Cholera		Guinea Worm		Malaria		Measles		NNT		Relapsing Fever		Grand Total		Verification %
	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	
AAA	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0%
CES	0	0	3	3	3	3	1	1	0	0	1	1	0	0	1	1	0	0	1	1	0	0	10	10	100%
EES	0	0	1	1	1	1	0	0	2	2	0	0	1	1	2	2	0	0	0	0	0	0	7	7	100%
GPAA	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	100%
Jonglei	0	0	0	0	2	2	0	0	1	1	0	0	7	0	0	0	0	0	0	0	2	1	12	4	33%
Lakes	0	0	5	5	2	2	0	0	3	3	0	0	25	25	0	0	0	0	0	0	0	0	35	35	100%
NBGZ	0	0	0	0	1	1	0	0	2	2	1	1	0	0	1	1	0	0	0	0	0	0	5	5	100%
Unity	1	1	3	2	0	0	0	0	6	6	0	0	0	0	0	0	0	0	0	0	0	0	10	9	90%
Upper Nile	0	0	3	3	1	1	0	0	3	3	2	2	0	0	2	2	1	1	0	0	0	0	12	12	100%
Warrap	0	0	0	0	2	1	0	0	0	0	0	0	5	4	0	0	6	2	0	0	0	0	13	7	54%
WBGZ	1	1	2	1	3	2	0	0	1	1	0	0	5	0	1	1	0	0	0	0	0	0	13	6	46%
WES	0	0	7	7	11	11	0	0	4	4	0	0	0	0	13	13	8	8	0	0	0	0	43	43	100%
RAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Grand Total</b>	<b>2</b>	<b>2</b>	<b>25</b>	<b>22</b>	<b>26</b>	<b>24</b>	<b>2</b>	<b>2</b>	<b>22</b>	<b>22</b>	<b>4</b>	<b>4</b>	<b>43</b>	<b>30</b>	<b>21</b>	<b>20</b>	<b>15</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>163</b>	<b>139</b>	<b>85%</b>

Figure 2: Completeness of Alerts Verification rates by county of South Sudan for week 45, 2024

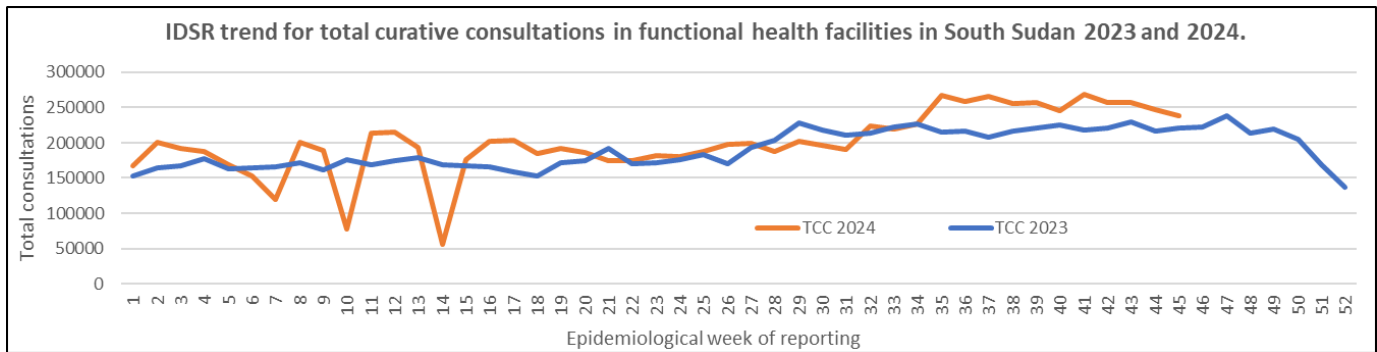


### Weekly Update on Indicator-Based Surveillance (Week 45)

Indicator-based surveillance is implemented in South Sudan through the EWARS platform according to the IDSR 3rd guidelines, where approximately 59 priority diseases and public health events are regularly monitored and reported from health facilities across the country.

- During week 45 of the year 2024, individuals aged five years and older reported the highest volume of consultations at the outpatient department (OPD).
- Since the commencement of the current year, the cumulative count of patients treated in both the outpatient and inpatient departments has reached a total of 9, 035, 485 (refer to Table 1 below).
- Comparing the utilization of healthcare services in 2023 and 2024 reveals fluctuating trends, suggesting variations in the weekly number of consultations more in the HSTP transition period.

Figure 3: Trends of cumulative curative/OPD consultations reported in the Monthly DHIS reporting: 2023-2024.



- In week 45 of 2024, malaria emerged as the predominant reason for illness, with over 100,000 reported cases nationwide, as detailed in table 2.
- Comparison between week 45 of 2023 and 2024 reveals an increase in incidence of ABD, AWD, ARI, and Malaria in 2024 for all the four major causes of morbidity in the country compared to the same period in 2023.
- Malaria constituted 46% of total consultations in week 46 of 2024, maintaining its status as the primary cause of morbidity and mortality, as depicted in figures 8 & 9 below.
- 37 suspected deaths attributed to malaria were documented during the week, reaffirming its position as the leading cause of mortality in the nation.
- Other causes of illness accounts for 30% of the total consultations in the country s (Figure 4 below).

Figure 4: IDSR Proportional Morbidity in week 45 of 2024.

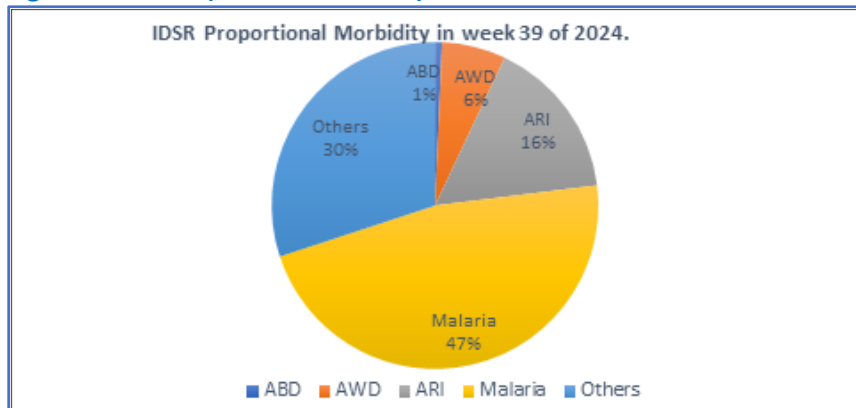
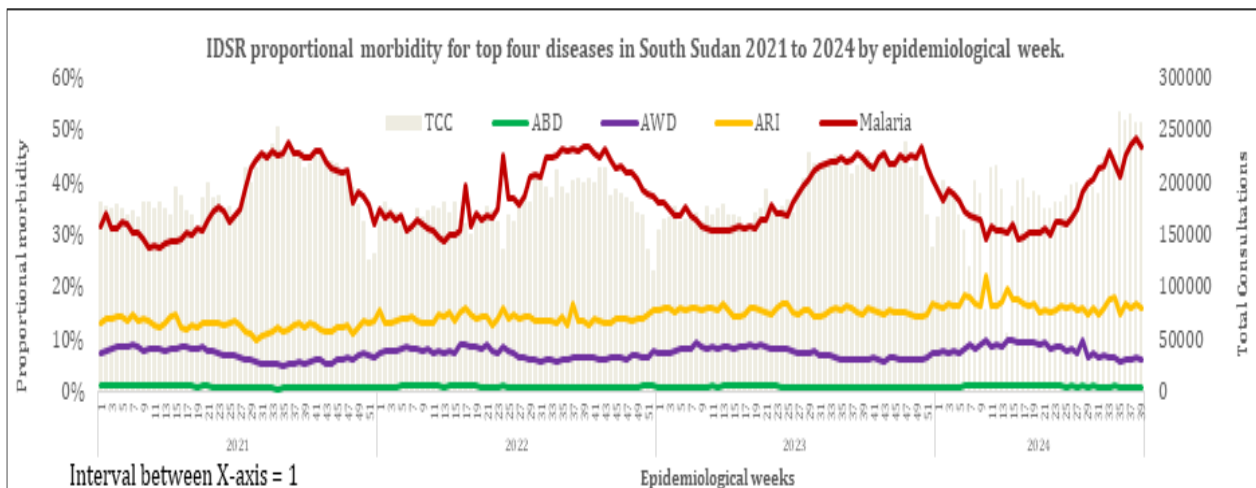


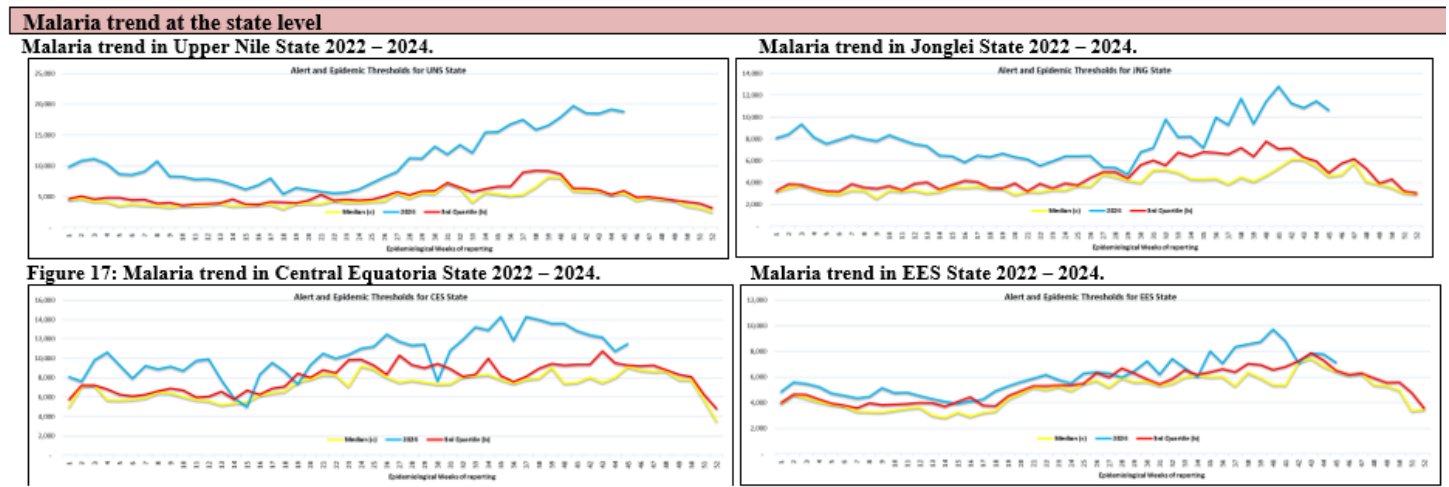
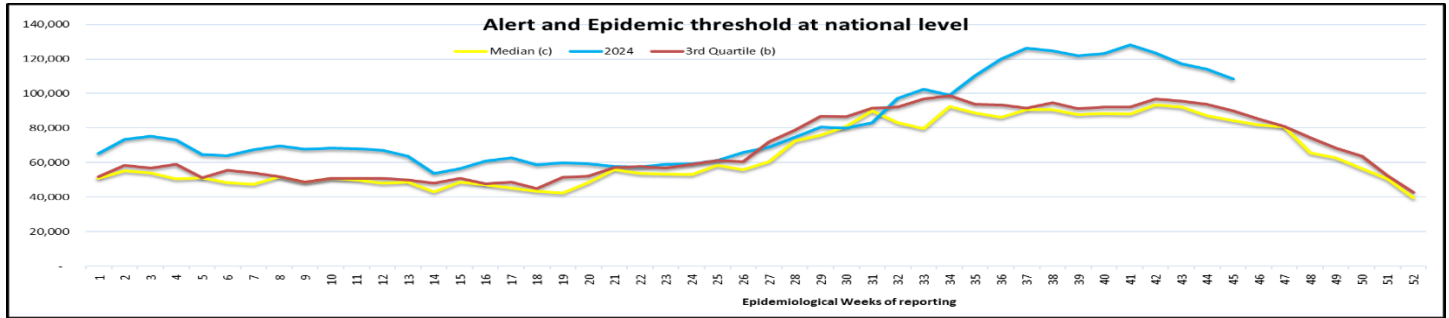
Figure 5: IDSR proportional morbidity for top three diseases in South Sudan 2021 to 2024 by epidemiological week.



## National Malaria Update

- In week 45 of 2024, malaria emerged as the leading cause of illness, with 109,882 reported cases and 37 suspected fatalities, accounting for 46% of overall morbidity.
- The national malaria situation during this week indicates that the incidence is above the epidemic threshold, making ongoing monitoring critical at all levels. It is important to note that a malaria epidemic was recorded in four states and 45 counties during this period, as will be detailed in the following sections.

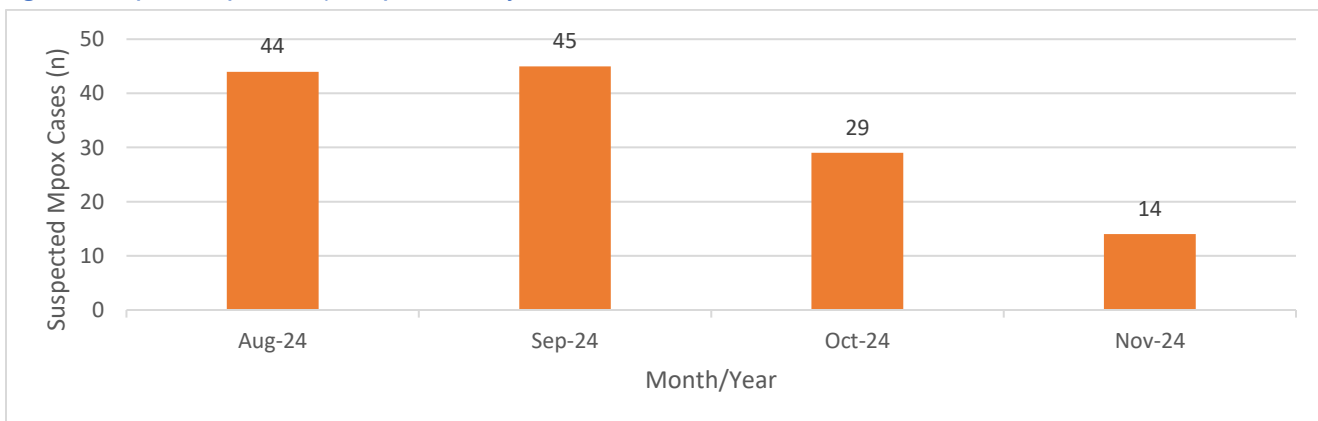
Figure 6: Malaria Incidence in South Sudan, as of Week 45 of 2024



## Updates on the Suspected Mpox outbreak investigations in South Sudan.

As at 4<sup>th</sup> December, the cumulative total of suspected Mpox cases in South Sudan were reported as 133. Of the 133, one was discarded, following failure to meet the standard case definition for Mpox. All 132 suspected cases were investigated, samples collected and tested negative by PCR.

Figure 7: Suspected Mpox Cases/Samples tested by Month, in South Sudan





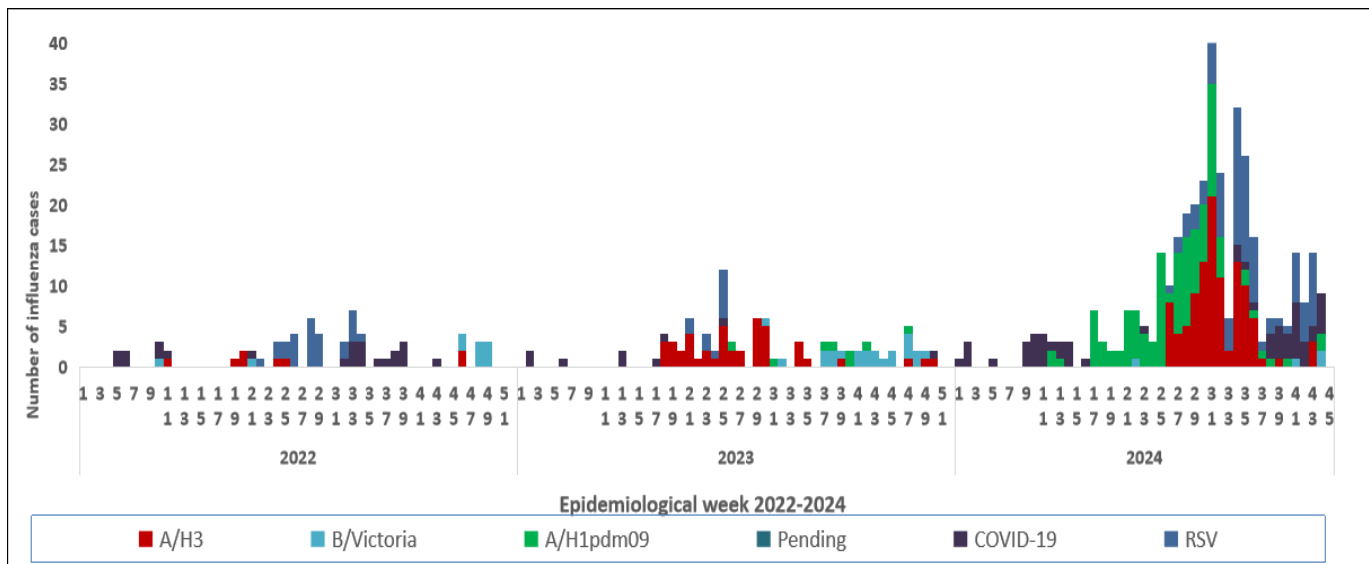
Since the declaration of Mpox as a global public Health Emergency of International concern and the profiling of South Sudan as high-risk of international spread, the following Interventions have been implemented:

- In line with the Public Health Emergencies Management protocols, the Ministry of Health has elevated the Public Health Emergency Operations Centre to Mpox alert status.
- Coordination meetings are held every week on Monday, Wednesday and Friday at 8:30 AM at the NPHEOC
- Active case finding and contact tracing are currently underway in all counties of the country.
- The National M-Pox Preparedness and Response Plan was finalized and is now validated.
- A risk assessment in high-risk regions has been conducted in Magwi, Kajokeji, and Yambio as counties that host most ground-crossing of populations from DRC and Uganda, where Clade Ib is circulating.
- Six M-Pox reagent kits have been provided by WHO, CDC, EAC, and NICD to enhance the surveillance and testing capacity of the National Public Health Laboratory to nearly 600 tests. An additional 10 Gene-expert Cartridges (equivalent to 60 tests) have been provided by the USAID/GHSD stockpile and are now in the WHO country office logistics hub for possible deployment in the field, where Gene Xpert machines are currently being used for TB and HIV diagnostics.
- An Infection Prevention and Control (IPC) and case management assessment was conducted at the Infectious Disease Unit along Yei Road, and the readiness plan and resource requirements have been quantified, partners mapped against the needs with a defined functionality target start date given as 18<sup>th</sup> October 2024.
- WHO completed the maintenance of three ambulances for the Infectious Disease Unit, following the vehicle assessment report received from the Ministry of Health.
- All Mpox tools have been widely distributed for use at both national and sub-national levels to strengthen surveillance.
- Risk Communication and Community Engagement (RCCE) and Information, Education and Communication (IEC) materials have also been disseminated after receiving clearance from the Ministry of Health.

### Influenza Sentinel surveillance weekly updates.

Currently, there are six designated Influenza sentinel surveillance sites in the country: Juba Teaching Hospital, Al Sabbah Children’s Hospital, Juba Military Hospital, Rumbek State Hospital, Bor State Hospital, and Nimule Hospital. They are actively collecting epidemiological data and samples from ILI/SARI cases.

Figure 8: Confirmed Influenza, COVID-19 and RSV cases from sentinel sites Epidemiological Week 1 of 2022 to Week 45 of 2024.



During Epidemiological Weeks 1 to 45 in 2024, a total of 2 193 ILI/SARI samples were collected; 1 838 tested negative for all pathogens, (55) were positive for COVID-19, (107) for Influenza Type A (H3), (4) for Influenza Type B (Victoria), (95) for Influenza A/(H1N1) pdm09 and (94) for RSV.

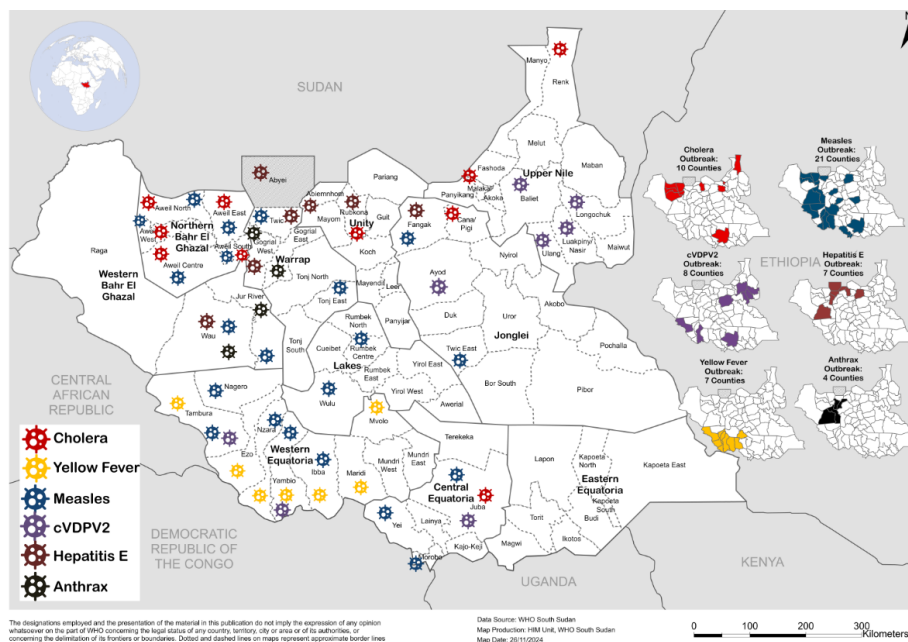
## Confirmed and congoing epidemics in 2024

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative suspected cases	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Yellow Fever	Yambio, Nzara, Ezo, Tambura, Ibba and Maridi	21 Dec 2023	0	139	3	Ongoing	Done in 7 counties	Ongoing	Ongoing
Measles	Multiple counties	2024	12	3474	223	ongoing	Completed	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baltet, Ayod, Old Fangak	19/Dec 2023	2	21	21	Not applicable	Completed 2 nOPV2 SIAs and 3 <sup>rd</sup> round is ongoing	ongoing	ongoing
Anthrax	Gogrial west (WRP) and Jur River (NBS)	2022	1	165	3	ongoing	Ongoing in the animal sector	ongoing	ongoing
Hepatitis E	Fangak	2023	0	701*	253	ongoing	ongoing	ongoing	ongoing
Hepatitis E	Rubkona (Bentiu IDP Camp)	Dec/2018	26	6,078	-	ongoing	Done in 2021/22	ongoing	ongoing
Hepatitis E	Twic	Feb 2024	-	32	1	ongoing	Not done	ongoing	ongoing
Hepatitis E	Abyei	June 2024	3	64	3	ongoing	no	yes	yes
Cholera	In 17 counties across six states	September 2024	487	1178	31	ongoing	Underway in some counties	yes	yes

Since 2022, South Sudan has experienced several emergencies throughout the country. Based on data from the states and the EWARS system, most counties have reported ongoing disease outbreaks. These outbreaks include measles, anthrax, meningitis, cholera, hepatitis E virus, and others. Measures have been put in place to help mitigate the spread of these outbreaks. Below is a map of the confirmed emergencies since

Figure 9: Map showing confirmed disease outbreaks in the Republic of South Sudan; 2024.





## Response activities for ongoing/suspected outbreaks

### 1. South Sudan Cholera Outbreak Epidemic description as at 29 November, 2024

- In the past week, there have been 487 new suspected and confirmed cholera cases, along with 6 reported deaths.
- To date, a cumulative total of 1,178 suspected cholera cases have been reported, with 13 deaths, resulting in a case fatality rate of 1.1%. These cases have been documented across 17 counties in 6 states of South Sudan, including Juba, Magwi, Ayod, Canal Pigi, Fangak, Aweil Centre, Aweil East, Aweil North, Aweil South, Aweil West, Rubkona, Fashoda, Maban, Malakal, Panyikang, Renk, and Ulang. Notably, Malakal County accounts for 56% (n = 663) of all cases, followed by Renk, which represents 21% (n = 241).
- In Malakal, there have been 663 reported cases, with 79 RDT testing positive and 11 positive results confirmed by culture.
- In Renk, 241 cases have been reported, including 89 that tested positive through Rapid Diagnostic Tests (RDT) and 19 that were positive by culture.
- Juba has reported 71 cases, with 11 RDT testing positive and five confirmed positive by culture.
- Rubkona has seen 57 cases reported, with 21 RDT testing positive and four confirmed positive by culture.
- In Northern Bahr el Ghazal, all counties have reported cases totaling 93.
- The age group with the highest case count is 15-44 years, accounting for 38% of the total, followed by the 5–14-year age group at 22%. Males represent 54% of all reported cases where sex has been recorded.

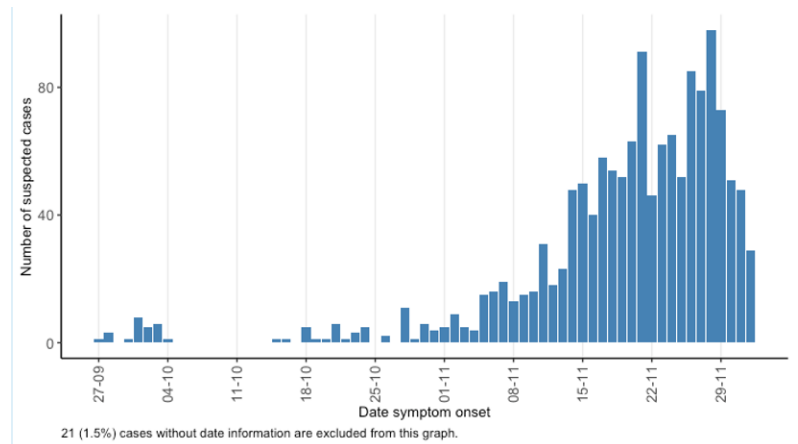
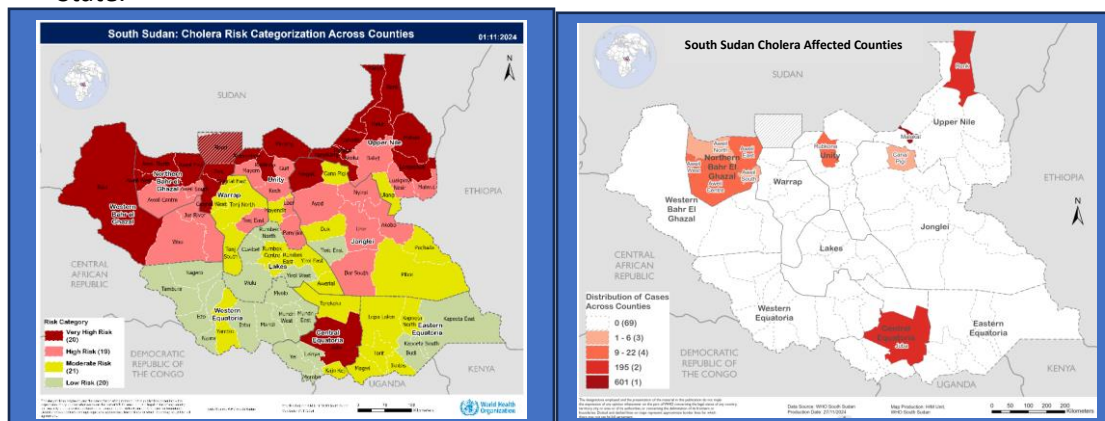


Figure 10 Cholera Cases and CFR by Week in South Sudan, week39-47\*,2024

#### Pronged strategy:

- Heightened surveillance and effective preventive interventions
- Immediate clinical care for any suspected cases - within 24 hours of onset of symptoms:
- Oral Cholera Vaccination (OCV)
  - The South Sudan Ministry of Health, with WHO support, has obtained over 282,153 doses of oral cholera vaccine for vaccination campaigns in cholera hotspots.
  - A two-dose mass vaccination campaign will be conducted in Renk and Malakal Counties of Upper Nile State.



### **Cholera Outbreak Response Activities conducted**

1. Daily coordination at the PHEOC with all IMS response pillars in place.
2. Cholera task force activated at national and local levels for improved coordination.
3. Multisectoral Response Plan with a \$32.6 million estimate for 6 months developed.
4. Cross-border collaboration initiated with Sudan. Rapid Response Mechanism
5. Deployment of RRT: Renk, Malakal, Aweil, and Juba
6. Logistics Support: 22 metric tons of cholera supplies shipped to Renk, Malakal, Juba and Bentiu with WHO and Logistics Cluster support
7. Case Management and IPC/WASH
  - Cholera Treatment Units (CTUs/CTCs): 2 units in Renk, 3 in Malakal, and 1 in Juba
  - Oral Rehydration Points (ORPs): Established in strategic locations

### **Key Challenges to Cholera Outbreak Response**

- ❖ Uncontrolled outbreak in Sudan, with free and porous border
- ❖ Suboptimal coordination and resource mobilization for effective response at national and subnational levels.
- ❖ Water, Sanitation, and Hygiene (WASH) Issues including contaminated water sources and lack of proper sanitation facilities exacerbating the outbreak situation through increased risk of transmission.
- ❖ Inadequate Community Engagement and Education on the modes of cholera transmission and preventive measures.
- ❖ Limited Healthcare Infrastructure (CTCs/CTUs) and limited essential supplies and trained personnel.
- ❖ Displacement and Population Movement – the cholera outbreak in Sudan that has witnessed protracted conflict resulting in significant population displacement into South Sudan will continue to pose risk of cholera importation.
- ❖ Funding Constraints – current response efforts heavily rely on external funding

### **Key Recommendations**

- Improve national and subnational coordination for streamlined (IMS) and effective cholera response.
- Mobilize adequate resources using the cholera response plan to address critical infrastructural gaps such as establishment of CTCs/CTUs, improve the WASH conditions and strengthen RCCE activities.
- Establish mechanisms to improve cross-border collaboration through high level government and humanitarian partners engagement.

## **2. Circulating Vaccine Derived Polio Virus type-2 (cVDPV2).**

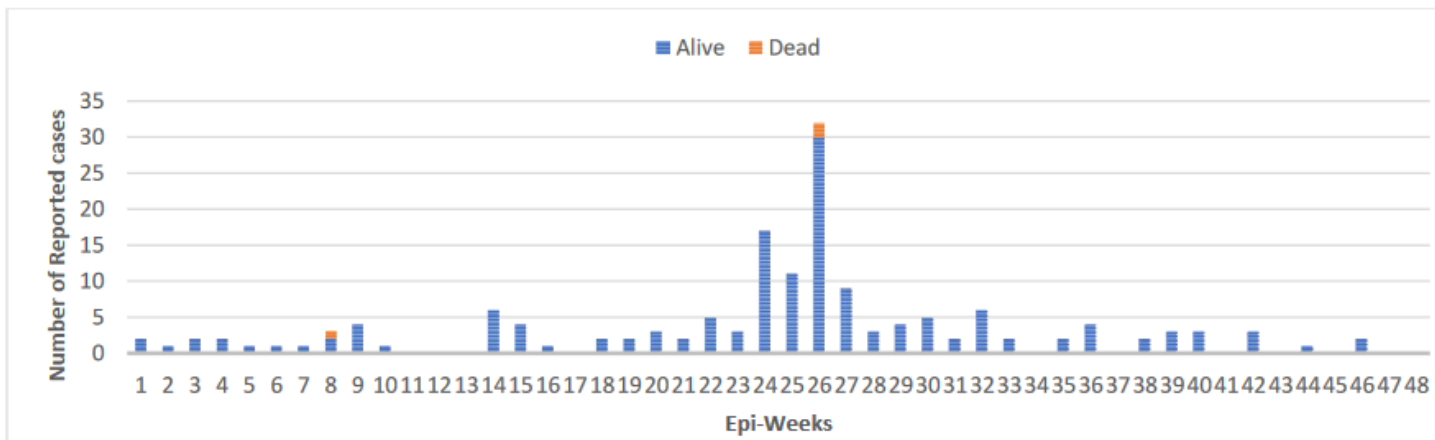
The Ministry of Health declared the cVDPV2 as a public health emergency on December 22, 2023, following confirmation of PV2 Yambio. The total number of laboratory-confirmed cVDPV2 isolates from AFP cases are 21. Cases are reported from Yambio in Western Equatoria, Juba in Central Equatoria, Ayod in Jonglei, Baliyet, Luakpiny/Nasir, and Longechuk in Upper Nile, and Tambura in Western Equatoria state. Four additional viruses were isolated from samples collected from healthy children sampled during outbreak investigation. Another three samples collected from contacts of AFP children also tested positive for the cVDPV2. In the last two months three cVDPV2 viruses were isolated from environmental samples collected from three environmental sites in Juba. The latest cVDPV2 virus isolates were from an ES sample collected on 23/7/2024 and confirms breakthrough transmission of circulating Vaccine Derived Polio Virus Type 2. The third response round is planned for the 4<sup>th</sup> week of October but will likely be delayed for a week or two to allow for recession of flooding that is currently affecting more than 40 of the 80 counties.

### 3. Anthrax

Anthrax Situation Report number 16 was published on 1<sup>st</sup> December and shows the following highlights:

- During week (ending 30th November 2024), there were zero new human deaths reported in South Sudan. Cumulatively, there have been 165 human cases and three deaths (CFR 1.8%) since January 2024. Jur River has the highest attack rate at 36.6 per 100,000 population, followed by Gogrial West at 11.7, Wau at 2.9, and Gogrial East at 0.5.
- In terms of animals, 36,961 cases have been reported with a 99.5% fatality rate (36,775 animals have died). In week 45, 14 animals were reported in Warrap, with 12 deaths and two recoveries. Additionally, 736 animals in total have contracted the disease, and 1,741 have been vaccinated across three Bomas. WHO continues to support efforts to control disease spread through community engagement. The World Health Organization (WHO) has identified 17 health facilities. It has approved the shipment of 11 Interagency Emergency Health Kits (IEHK), containing supplementary medicines and various laboratory materials to the affected state. At the state level, One Health stakeholders are working on community-based waste management initiatives to mitigate the risk of Anthrax transmission.

Figure 11: Epidemiological Curve showing Cases and Death of Anthrax cases in South Sudan; (Wk. 1 -46, 2024).



### 4. Hepatitis E outbreak in Wau Western Bahr el Ghazal State

In April 2023, the national Ministry of Health declared an outbreak of Hepatitis E Virus (HEV) disease in Wau, Western Bahr el Ghazal state. Although the number of cases had decreased from the previous year, there was an upsurge in week 39 of 2024, and cases have continued to be reported since then. A total of 556 cases, including 26 deaths, have been reported from week 8, 2023, to week 45, 2024. A surge was observed in week 39, with a total of 30 cases and 4 deaths reported in one week. All the cases were managed at Wau Teaching Hospital with support from MSF and partners. The state has reactivated the task force with all pillars coordination for outbreak response, ongoing active case search, and community awareness by the Boma Health Initiative (BHI) teams. The state will continue to act on the recommendations from the Intra Action Review.

## 5. Hepatitis E in Abyei

As of week 45 of 2024, one case which later died of HEV in Abyei, bringing the cumulative number of cases to 57, including 6 deaths since the outbreak began in week 21 of 2024 with a Case Fatality Rate (CFR) of 10.5%. Most cases occurred in individuals aged 15 years and older, with males accounting for 47% (27 cases) and females for 53% (30 cases) of the total cases. Most of the cases and deaths were concentrated in Ameth Aguok Payam. Hepatitis E cases by age show that 87% (29/32) of the cases were 15 years and above. Females accounted for 53% of the detected and confirmed Hepatitis E cases in Abyei Administrative Area. Currently MSF is supporting Hepatitis E case management. The Ministry of Health in Abyei in consultation and guidance from the Ministry of Health have declared an outbreak of hepatitis E in the state.

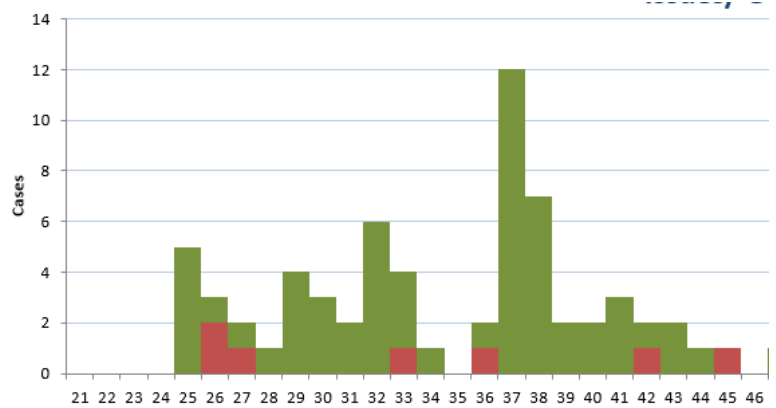


Figure 12: Epidemiological curve showing HEV cases in Abyei Administrative area as of week 45, 2024.

## Other Events

**Sudan crisis:** As of Week 45, at least **866 264** individuals have crossed from 18 different nationalities. Of this number, **75.87% (657 235)** are South Sudanese returnees and 23.51% are Sudanese refugees. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 68% of the reported influx figures. Hostcommunities and healthcare systems are struggling to cope with the increased demand for health and other Services, morbidity, and mortality among returnees and refugees. During week 32, there was a significant increase in the number of people seeking refuge in Renk Town from the conflict in Sinja, the capital of Sinnar State in Sudan, located east of Renk County.

**Food insecurity** in 2023, severe acute food insecurity impacted an estimated 7.7 million people across 78 counties in South Sudan. This includes 43,000 people facing catastrophe-level food insecurity at Integrated Food Security Phase Classification (IPC) Phase 5, 2.9 million at IPC Phase 4 (emergency-level), and 4.8 million at IPC Phase 3 (crisis-level). Among those affected are 1.4 million malnourished children. For 2024, it is estimated that millions of people will still be unable to meet minimum food needs as food stocks could be depleted by April 2024. Additionally, ongoing sporadic conflicts and the influx of returnees and refugees from Sudan is likely to strain food supplies and incomes further, driving severe malnutrition.

**Flooding** The expectation of extensive flooding to occur in South Sudan in 2024 due to two separate climatic events remains reality with floods affecting 58 health facilities. The tail end of the 2023-24 El Niño event is leading to significantly above-average rainfall in Uganda, which increases the water level of the White Nile, leading to increased flood risks downstream in South Sudan. Additionally, the tail end of the El Niño event in 2024 is still causing higher than normal rainfall in the northern and eastern parts of South Sudan, which not only exacerbates the flood risk along the White Nile and its tributaries but is contributing to flooding in more distant regions. As is been in the recent past, the peak in flooding is past and the country now braces for the dry season. If prolonged, the dry season will also likely spiral into food insecurity as was the case earlier this year. The country continues to monitor nutritional status of children at the border crossing points and selected sentinel health facilities. This is aimed at detecting higher than normal levels of malnutrition as soon as the drought starts

The ongoing flooding in the affected areas is a major threat to the well-being of the communities, with more than one million people (including 375,000 displaced) affected across 41 counties. Notably, flooding has submerged 58 health facilities and has been associated with an increased number of snake bites (49 in the last 6 weeks), drowning (2 in week 45) and an upsurge of malaria morbidity (refer to Figure 7). This is compounded by existing humanitarian needs in the country and ongoing multiple disease outbreaks.

Ongoing coordination with the Ministry of Health supporting response coordination at national and sub-national levels through weekly cluster and inter-cluster coordination meetings. As part of the preparedness plan, the MoH, WHO, and Health Cluster have developed the 2024 South Sudan Health Sector Flood contingency and response plan. The Health Cluster partners will support the Ministry of Health in implementing this plan, although a key limitation will be the availability of funds. The estimated budget needed for the response is USD 63 million.

## Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2024 use the link below: <https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2024>

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The data has been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert, and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at: <http://ewars-project.org>

Data source: DHIS-2 and EWARS

