



World Health Organization

Situation report # 5
19 - 25 FEBRUARY, 2018

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



The WHO three level Joint mission led by Dr Petro Alonso, Director of WHO Global Malaria Program (3 from R) during the field visit in Aweil

7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.9 MILLION
INTERNALLY
DISPLACED



2.1 MILLION
REFUGEES



MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*

10 ASSORTED
MEDICAL/SAM/TRAUMA KITS

WHO FUNDING REQUIREMENTS 2018



16.9
FUNDED
REQUESTED

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION



1 668 710 OCV DEPLOYED

58 842 MEASLES

976 284 MENAFRVAC

RIFT VALLEY FEVER



32 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- The WHO Three level mission (Headquarters, Regional Office for Africa, Inter-country Support Team (IST) and Country Office) led by Dr Pedro Alonso, Director of the WHO Global Malaria Program, successfully concluded on 24 February, 2018.
- The suspected food poisoning situation in Bor has been contained. Overall, a total number of 434 cases including one community death (CFR 0.23%) were reported among individuals that attended the inauguration ceremony in Bor Town.
- A new measles outbreak confirmed in Aweil East after three measles IgM positive cases were confirmed on 24 Feb 2018.

Event

Description/Situation update

The security situation across the country remains unpredictable. In Yei town, approximately 3000 people were displaced due to fighting amongst opposition groups.

Two aid workers (national staff of an INGO) were Killed in Koch County of former Unity State. This highlights the enormous challenge that aid workers across the country continue to face as they struggle to provide much need humanitarian assistance.

Epidemiological Update

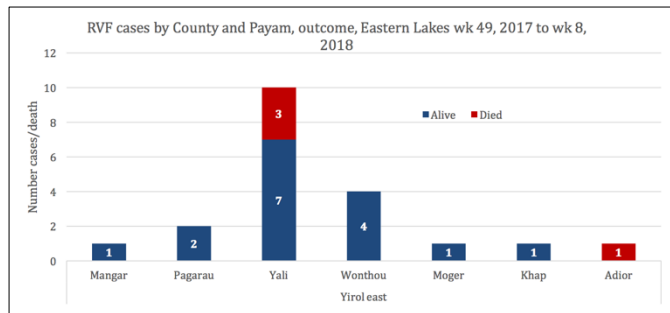
In epidemiological week 7 of 2018, completeness for IDSR reporting at county level was 69% while EWARS reporting from the IDP sites was 87%. A total of 11 alerts were reported, of which 91% have been verified. 36% alerts were risk assessed and 18% required a response. Among the IDPs, ARI and malaria accounted for 22.7% and 20.1% of consultations in week 7. The other significant causes of morbidity in the IDPs include AWD, skin diseases, and injuries.

Suspected meningitis outbreak: In Torit county, Mangwi, Iyire payam (Nyara East & Nyara West Villages) suspect meningitis cases were reported. At least 15 suspect cases with Fever, headache and neck stiffness including nine community deaths have been registered. On 21 Feb 2018, six suspect cases in Polotoka PHCU were treated and active case search is ongoing. One additional suspect case reported in Torit state hospital. WHO and partners are supporting the response.

Suspected food poisoning: The suspected food poisoning situation in Bor town has been contained. Overall, a total number of 434 cases including one community death (CFR 0.23%) were reported among individuals that attended the inauguration ceremony in Bor Town. No new cases were reported after 20th Feb 2018.

Measles: A new outbreak of measles confirmed in Aweil East after three samples tested measles IgM positive on 24 Feb 2018. A comprehensive response including convening an outbreak response meeting with MoH and partners to coordinate response activities including surveillance, case line listing, case management, social motivation, and developing a reactive vaccination micro-plan are in the process of being initiated and/or optimized.

Rift Valley Fever: In Yirol East, one suspect human case of Rift Valley Fever was reported in week 8. The suspect case who eventually passed away on 21 Feb 2018, was a 17-year-old male from Adior payam who presented to Yirol East hospital on 19 Feb 2018 with a history of fever, headache, and joint pains that started on the same day. On 21



Feb 2018, he vomited coffee grounds and frank blood and passed melena stools and thereafter lost consciousness and died the same day. RDT was positive for malaria and a blood sample was obtained for RVF testing. A cow is reported to have died after giving birth in the neighborhood of the case residence. In same way, goat deaths have been reported in the neighborhood.

Cumulatively a total of 32 suspect RVF cases were reported in Eastern Lakes from 7 December 2017 to 24 February 2018. These were reclassified based on investigations and laboratory results, such that as of 16 February 2018, there were a total of five (5) RVF confirmed cases, three (3) probable, and twelve (12) suspect RVF cases (laboratory results are pending). Twelve (12) cases were discarded as non-cases following negative laboratory results for RVF and other common causes of viral haemorrhagic fever. Nine recent samples tested PCR negative for Ebola, Marburg, SOSUGA, CCHF, & RVF. Serology for RVF is currently underway. 21 animal samples were shipped to Republic of South Africa on 20 February 2018.

Malaria: Malaria is the top cause of morbidity in the country, a total of 253 742 cases with 44 deaths registered since week 1 of 2018. Malaria trend for 2018 is below 2016 and 2017 as shown in figure 2. In the relatively stable states, malaria is the top cause of morbidity accounting for 33.4% of the consultations in week 7 (representing a decrease from 35.6% in week 6).

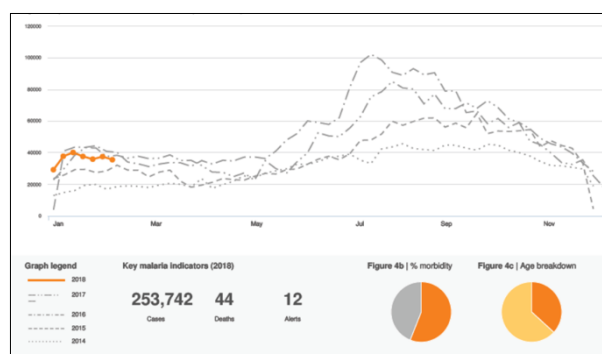


Fig 2: Trend in the number of cases over time (South Sudan)

WHO public health response

- The WHO Three level mission (Headquarters, Regional Office for Africa, Inter-country Support Team (IST) and Country Office) led by Dr Pedro Alonso, Director of the WHO Global Malaria Program, successfully concluded on 24 February 2018. The team conducted consultations with stakeholders, at national and lower levels mainly the Ministry of Health, donors, implementing partners, UN agencies and the humanitarian community, and visited Aweil, Northern Bahr el Ghazal State among others.
- A total of 976, 284 youths between the ages of 1 -29years have so far been protected against cerebrospinal meningitis (CSM) in Greater Upper Nile Region and Western Equatoria area of Republic of South Sudan. The 2nd Phase mass vaccination against the disease which commenced in January, 2018 is focused on the counties of the Greater Upper Nile Region consisting of Jonglei, Unity and Upper Nile state hubs and Western Equatoria state hub. The targeted area has forty-two (42) counties with a projected target population of 3, 242, 587 persons which is about 70% of the entire population of the four state hubs.
- To respond to the food poisoning, WHO air lifted an assortment of supplies including 4 case management kits; 4 investigation kits; and two tents.
- WHO supported the Ministry of Health to train a team of data collectors in preparation for the implementation of a road map to introduce and institutionalize National Health Accounts(NHA) in South Sudan.
- To respond to the suspected Meningitis outbreak in Magwi, Iyire Payam (Nyara East and Nyara West Villages), WHO Hub team supported the case management and investigation. WHO at the national levels dispatched assorted items to support the response. Furthermore, WHO is dispatching a team of experts to support investigations and the response.
- With support from CDC, the World Health Organization deployed 10 field officers of the STOP 51 team to support EPI activities in all the 10 states.
- WHO is supporting MOH to conduct prepare for the 1st Round of Sub National Immunization days which will commence on 6 March, 2018. The activities are supported with funding from USAID.



Children receiving meningitis vaccination in Greater Upper Nile Region during the 2nd phase campaign.

Operational gaps and challenges

- Limited access to vulnerable communities' especially in conflict-affected areas.
- Low immunization coverage leading to outbreaks of vaccine preventable diseases like measles and whooping cough.

Resource mobilization

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million		

Background of the crisis

The crisis in South Sudan is currently a Protracted 3 humanitarian emergency following the conflict in December 2013. Currently, about 4 million people have fled their homes for safety of which 1.9 million people are internally displaced; while an estimated 2.1 million are refugees in neighbouring countries. The country is currently facing a severe economic crisis and high inflation making the health emergency operations quite expensive and hence difficulties in delivering humanitarian assistance.

The operations of WHO in South Sudan are made possible with support from the following donors:



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