South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W18 2018 (April 30 – May 06)
The total consultation in the country since week 1 of 2018 is 2,204,332, by hub, Bentiu registered the highest number of consultations as indicated in the table above. The total number of consultations by county is indicated in the map above. See the key for more information.
Proportional mortality

Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 10.7% of the deaths since week 1 of 2018, followed by ARI, acute watery diarrhoea, and bloody diarrhoea.

Proportional morbidity

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 632,456 (52.0%) followed by ARI, AWD and ABD respectively since week 1 of 2018. refer to the figure above for more information.
In the relatively stable states, malaria is the top cause of morbidity accounting for 30.5% of the consultations in week 18 (representing a decline from 31.8% in week 17).
Among the IDPs, ARI and malaria accounted for 25.3% and 14.2% of consultations in week 18. The other significant causes of morbidity in the IDPs include AWD, skin diseases, and injuries.

The top causes of morbidity in the IDPs in 2018 include ARI, malaria, AWD, skin diseases, injuries, and ABD.
Malaria is the top course of Morbidity in the country, a total of 632,456 cases with 78 deaths registered since week 1 of 2018. Malaria trend for week 18 of 2018 is above 2014, 2015, however, is below the trend for 2016 and 2017 as shown in the figure 4a, above.

Since the beginning of the year, a total of 42 malaria alerts have been triggered, 28 of those were verified. The Maps above indicate the location reporting malaria alerts from 2014, 2015, 2016, 2017, and 2018.
Acute Watery Diarrhoea | Trends over time

The number of AWD alerts triggered since week 1 of 2018 is 62, out of which 39 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018.

AWD is one of the top causes of morbidity in the country with 184,745 cases reported since week 1 of 2018 including 9 deaths. AWD trend for 2018 is below 2015, 2016, and 2017 as shown in figure 5a, above.
Acute Bloody Diarrhoea | Trends over time

Since week 1 of 2018, a total of 27,319 cases of ABD have been reported country wide including 5 death. ABD trend for 2018 is below 2014, 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

Acute Bloody Diarrhoea | Maps and Alert Management

Total of 78 alerts were generated since week 1 of 2018, of which 41 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2018 are shown above.
Since the beginning of 2018, at least 299 suspect measles cases including 1 death (CFR 0.33%) have been reported. Of these, 84 suspect cases have undergone measles case-based laboratory-backed investigation with 68 samples collected out of which 14 measles IgM positive cases; 14 clinically confirmed cases; and 3 cases confirmed by epidemiological linkage.

Since week 1 of 2018, 56 alerts of measles were triggered and 41 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.
In week 17, 2018, twelve (12) new AFP cases were reported from Central Equatoria, Unity, Western Bahr el Ghazal, and Western Equatoria hubs. This brings the cumulative total for 2018 to 123 AFP cases.

The annualized non-Polio AFP (NPAFP) rate (cases per 100,000 population children 0-14 years) in 2018 is 4.6 per 100,000 population of children 0-14 years (target ≥2 per 100,000 children 0-14 years).

Stool adequacy was 86% in 2018, a rate that is higher than the target of ≥80%.

Environmental surveillance ongoing since May 2017; with 23 samples testing positive for non-polio enterovirus (NPEV) in 2017 and seven NPEV positive samples in 2018.

Among the IDPs, mortality data was received from Bentiu PoC & UN House PoC in week 18. (Table 6). A total of 15 deaths were reported during the week. During the week, 9 (60%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 18 are shown in Table 6.
The U5MR in all the IDP sites that submitted mortality data in week 18 of 2018 is below the emergency threshold of 2 deaths per 10,000 per day (Fig. 20).

The Crude Mortality Rates [CMR] in all the IDP sites that submitted mortality data in week 18 of 2018 were below the emergency threshold of 1 death per 10,000 per day (Fig. 21).

**Mortality in the IDPs - Overall mortality in 2018**

### Table 7 | Mortality by IDP site and cause of death as of W18, 2018

<table>
<thead>
<tr>
<th>IDP site</th>
<th>Acute watery diarrhoea</th>
<th>Cancer</th>
<th>Gunshot wound</th>
<th>Heart Failure</th>
<th>Kidney Failure</th>
<th>Malaria</th>
<th>Meningitis</th>
<th>Perinatal death</th>
<th>Pneumonia</th>
<th>Rabies</th>
<th>SAM</th>
<th>Sepsis</th>
<th>TB/HIV/AIDS</th>
<th>Trauma</th>
<th>HIV/AIDS</th>
<th>TB</th>
<th>Others</th>
<th>Grand Total</th>
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<tr>
<td>Bentiu</td>
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<td>1</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>19</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>14</td>
<td>10</td>
<td>1</td>
<td>10</td>
<td>99</td>
<td>18</td>
<td>187</td>
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<tr>
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<td>1</td>
<td>5</td>
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<td>2</td>
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<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>6</strong></td>
<td><strong>3</strong></td>
<td><strong>3</strong></td>
<td><strong>4</strong></td>
<td><strong>4</strong></td>
<td><strong>13</strong></td>
<td><strong>3</strong></td>
<td><strong>23</strong></td>
<td><strong>10</strong></td>
<td><strong>1</strong></td>
<td><strong>11</strong></td>
<td><strong>16</strong></td>
<td><strong>12</strong></td>
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<td><strong>3</strong></td>
<td><strong>10</strong></td>
<td><strong>130</strong></td>
<td><strong>274</strong></td>
</tr>
</tbody>
</table>

| Proportionate mortality [%] | 2% | 1% | 1% | 1% | 5% | 1% | 8% | 4% | 0% | 4% | 6% | 4% | 1% | 8% | 4% | 47% | 100%

- A total of 274 deaths have been reported from the IDP sites in 2018 [Table 7].
- The top causes of mortality in the IDPs in 2018 are shown in [Table 7].
For more help and support, please contact:

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Notes

WHO and the Ministry of Health gratefully acknowledge health cluster and health pooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO and USAID for providing financial support.

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