

REPUBLIC OF SOUTH SUDAN



MINISTRY OF HEALTH

Weekly Update on Ebola Virus Disease (EVD) Preparedness for South Sudan

Update # 5
Date: 1 October 2018

1. Highlights

- WHO has elevated the risk assessment of EVD spread in the region from “High” to “very High”. This implies that South Sudan and other three neighboring countries (Uganda, Rwanda and Burundi) have to develop and test operational readiness for a potential EVD response.
- Four additional screening sites i.e. Nimule River Port and in Yei River state, Yei Airport, Kaya, and SSRC offices have started entry screening of travelers.
- One suspected EVD death alert from New Site in Juba was investigated and it tested negative on PCR for Ebola, Marburg, Rift Valley Fever, Crimean Congo Hemorrhagic Fever and Sosuga viruses.

2. Ebola Situation update from North Kivu of Democratic Republic of Congo

2.1. Latest updates

- The EVD outbreak is still ongoing, and nine health zones in the two provinces are affected:
 - North-Kivu Province: Beni, Butembo, Oicha, Mabalako, Kalunguta and Musienene.
 - Ituri Province: Mandima, Komanda and Tchomia.
 - Two cases have been confirmed in Tchomia, almost 200 km (125 miles) away from the nearest other known cases in the Ituri province. Tchomia is nearer to Uganda border along lake Albert.
 - Three contacts of the above-mentioned cases have been identified in Sebago Landing site, in Kikuube District on the Ugandan side; they are Congolese Refugees who went to visit one of the cases while she was still alive.
- As of 30th September 2018,
 - A total of 159 cases of EVD have been reported, of which 127 are confirmed and 32 are probable. Of the 127 confirmed, 72 died, and 45 were cured. Cumulative deaths are 104.
 - Over 5306 contacts have been line listed since the start of the Outbreak, of which 75-97% are being followed up daily in the past week.
 - Since the beginning of the outbreak on 1st August, 2018, 12,940 people have been vaccinated, including 3,547 Healthcare workers.

3. Public Health Preparedness and Readiness

3.1. Coordination

- Two national taskforce meetings chaired by the Hon. Minister of Health and co-chaired by the Incident Manager were held on 25th and 27th September 2018 at the PHEOC in Juba. The major themes of discussion included activating the technical working groups on safe and dignified burials and Vaccines, therapeutics, and research working groups.
- The partner mapping along the different thematic areas has been fast-tracked for better coordination and implementation of the EVD preparedness plan.
- All the thematic pillars including Case Management and Infection Prevention and Control, Epidemiology and Surveillance, border points and ports of entry, Laboratory, Risk Communication

and Community Engagement and Personnel Safety and Security, held their weekly meetings on the scheduled days.

3.2. Resource mobilization

- On 25 September 2018, the WHO and Health Cluster briefed the Inter Cluster Working Group (ICWG) on the progress of the Ebola preparedness activities and the solicited the support of the committee towards facilitating humanitarian access, logistical support for Ebola preparedness, resource mobilization, and support for rapid deployment of investigation teams and transportation of suspect case specimens.
- The budget required for implementation of the EVD preparedness operational plan totals to USD 3,665,387. A Donor pledge meeting to solicit for more resources is scheduled for 1 October. 2018.
- During the week, WHO worked with the other UN agencies on a joint United Nations proposal to support Ebola preparedness activities for the next four months. The proposal focuses on six priority areas including port health screening; risk communication; surveillance and laboratory; case management and infection prevention and control; vaccines, therapeutics, and research; and coordination and leadership.

3.3 Surveillance and Laboratory

- On 26 Sep 2018, the Public Health Emergency Operations Center (PHEOC) received a call reporting a suspect Ebola death from New site, Northern Bari payam, in Juba. The rapid response team was quickly dispatched to conduct an epidemiological investigation and obtained an oral swab and cardiac blood for laboratory testing. The deceased was a 25-year-old Ethiopian businessman. His illness started on 24th September 2018 with malaria like symptoms that included fever, headache, back pain, and flu-like symptoms including cough. He received treatment for malaria and typhoid from a private clinic on the same day. Having improved on the treatment he received, on 26 September 2018, he got up well and opened his shop. However, soon thereafter, he started vomiting blood, collapsed and died as he was being rushed to a nearby clinic.
- The samples sent to the Uganda Virus Research Institute (UVRI) on 27th September 2018 and the laboratory results released on 28th September 2018 showed that the samples were negative for Ebola, Marburg, CCHF, RVF and Sosuga viruses by PCR.

3.4 Port Health and Screening

- Currently entry traveler screening for Ebola exposure and symptoms is ongoing at eight of the 39 mapped points of entry. These include: Juba International Airport, Nimule ground crossing and River Port, Yambio Airport, Sakure, Gangura border areas, Yei Airstrip, and Wau International Airport.
- Four new entry points, Nimule River




The Port health staff facilitating the screening of travellers at JIA

Port (supported by SCI and ARC) and in Yei River state, Yei Airport, Kaya, and SSRC offices screening sites (supported by IOM) were officially opened.

- WHO and Save the Children oriented the immigration, customs and border police officers on EVD on Monday 24th September during their general morning parade.
- World Vision South Sudan deployed a team to set up screening points in Ezo and Nyaka.
- CUAMM is planning to setup a screening site at Maridi Airstrip.
- The electronic EWARS platform is being used to capture, aggregate, and analyze points of entry screening data with the table below, summarizing the number of travelers screened in week 38 at the active points of entry.

South Sudan Ebola Response Monitoring of EVD screening activities at Points of Entry in countries prioritized for Ebola preparedness activities						
Year: 2018						
Week number: W38 From: 2018-09-17 To: 2018-09-23						
Name of PoE	Passengers Screening Information			EVD Alerts		
	# screened	# isolated	# under Voluntary Home Quarantine	# reported	# validated	# suspects
Bazi Border	0	0	0	0	0	0
Gangura Border	443	0	0	0	0	0
Juba International Airport	3,780	0	0	0	0	0
Kaya Border	0	0	0	0	0	0
Nimule Border	44,897	3	0	0	0	0
Sakure Border	28	0	0	0	0	0
Wau Airport	64	0	0	0	0	0
Yambio Airport	5	0	0	0	0	0
South Sudan	49,217	3	0	0	0	0

Note
This table is generated automatically from EWARS South Sudan. It has been deployed since December 2013, following the eruption of political violence. From May 2017, it has been scaled up to provide support to all 80 counties across the country. It is supporting MoH and partners to strengthen integrated disease surveillance and response (IDSR). <http://ss.ewars.ws/login>



Learn more about EWARS <http://ewars-project.org>

3.5. Case Management, Infection Prevention and Control, Safe Dignified Burial and WASH

- The safe and dignified burials (SDB) subgroup has been constituted to start discussing key preparedness activities to address this important pillar. The maiden meeting is scheduled for 1st October, 2018.
- The following relevant SoPs are being reviewed: burial, minimum standard for isolation facilities and points of entry.
- WHO and WVI mentored health workers in 10 health care facilities in Yambio on infection prevention and control for Ebola prevention.
- Point of entry training for MoH and partners is scheduled for 3rd October 2018.

3.6. Risk communication, community engagement and social mobilization

- The risk communication, community engagement and social mobilization activities continue to be implemented to empower and enhance public awareness on Ebola prevention.
- Radio talk shows continue to be aired with support from UNICEF at the national and sub-national level in English, Arabic, Zande and other local dialects.
- Radio jingles with messages on Ebola are running on 13 radio stations in English and 3 local languages.

- Ebola prevention IEC materials have been developed in English and have been translated from English to Arabic. Translation into other native languages is planned.
- The use of the toll-free line is increasing with an average of over 200 calls received daily seeking for information on EVD and also reporting suspected Ebola alert cases.
- As part of the ongoing community engagement and sensitization in the high-risk states, WVI supported the distribution of 469 Ebola brochures in Yambio.
- World Vision International (WVI) supported one mass cross border awareness session on 26th September 2018 in Nabiapai border post, located at the South Sudan, DR Congo border.
- At least 10,086 people were reached with information on Ebola prevention in Yambio and Nzara county through community engagement with households, community health workers, and mother-to-mother support groups.
- WHO is also working with UNOCHA and other partners on information dissemination strategy to amplify the preparedness activities and enhance public awareness.

3.7. Logistics and Personnel deployment

- Three International consultants have been deployed by WHO to support the taskforce to enhance capacities for infection prevention and control, surveillance and overall coordination of Ebola preparedness activities.

3.8. Vaccines and Therapeutics

- The vaccines, therapeutics, and research working group has been activated and during the week, the team finalized the Ebola vaccine preparedness plan.
- The Vaccine and Therapeutics TWG has reached out to WHO Vaccine team in Geneva to provide guidance with the development of protocol for compassionate use of the Ebola vaccine as well as the development of the necessary in-country capacity (Human and cold chain).
- WHO Regional Office for Africa has initiated an integrated approach for the 4 priority countries neighboring DRC (South Sudan, Rwanda, Burundi and Uganda) to prepare for the Ebola vaccine use. This will ensure that all the four countries are at the same level of support given the limited resources.

3.9. Safety and Security

- The Government is coordinating with the relevant sectors to improve access to high-risk locations that are currently inaccessible due to insecurity.

4.0. Challenges/Gaps.

The critical preparedness gaps currently entail:

- The absence of a designated isolation facility in Juba or any of the high-risk states is of great concern due to the current categorization of South Sudan as “Very High Risk”
- The slow pace of Ebola preparedness activities due to limited resources available in-country.

5.0. Recommendations and priority follow up actions

- WHO to engage different actors (WFP, UNICEF and other partners) to fast-track the establishment of isolation facilities.
- WHO to continue to advocate for additional resources from funding agencies to support the EVD preparedness and readiness activities.
- WHO to coordinate a joint Simulation Exercise involving the army and other relevant stakeholders to test the activation of PHEOC and its coordination function, alert management and RRT deployment as part of EVD preparedness.

6.0. Conclusion

- The focus for the NTF in the coming week is the mobilization of resources to facilitate the implementation of priority activities of the Case management, IPC and Safe and dignified burial technical working group.

7.0. Partners involved in EVD preparedness and readiness

- MOH, WHO, Health Cluster partners, UNICEF, CDC, USAID, DFID, JICA, ECHO, World Bank, UNHCR, UNOCHA, Health Pool Fund, IOM, AWG, WASH Cluster partners, SSR, WFP, Min of Interior, AMREF, MSF family, IMC, ICRC, ALIMA, IRC, World Vision, America Refugee Committee, SCI, UNMISS, UNDSS, SPLA, LS, DFCA, ARC, Samaritan Purse and UNHASS.

For more information, please contact:

<p>Dr Richard Lako Lino Incident Manager Email: richardlako@yahoo.com Tel.: +211 926 592 520</p>	<p>Dr Pinyi Nyimol Mawien Director General PHS Email: pinyiaupur@gmail.com Phone: +211916285676</p>	<p>Dr Mathew Tut Moses Director, EPR & PHEOC Email: tut1988@yahoo.com Tel.: +211 922 202 028</p>
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