REPUBLIC OF SOUTH SUDAN



MINISTRY OF HEALTH

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

Update #9

Date: 27 October 2018

1. Highlights

- The World Health Organization Regional Director, Dr Matshidiso Moeti, visited South Sudan to open the Public Health Emergency Operations Center in Juba.
- Four new WHO consultants will be deployed to high risks states of Yambio, Yei, Torit (Nimule) and Wau in response to the reclassification of South Sudan to "very high risk" from "high risk" status.
- IOM has screened a total of 11,711 people at four points of entry, PoE, sites at Yei airport, Yei SSRRC, Kaya and Okaba. IOM also visited four other points of entry and assessed operationalizing screening at the PoEs
- An Ebola virus disease alert reported and investigated in Yambio on 21 October 2018.



Dr Moeti and team being briefed on the available services at the paediatrics and child health stabilization center in Wau state. Photo:WHO

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

2.1. Latest updates

- All contacts in the Komanda Health Zone have come out of the 21-day follow-up period without developing the disease. The total number of contacts followed is 5,486.
- As of 26th October 2018,
 - A total of 266 cases of EVD have been reported, of which 231 are confirmed and 35 are probable. Of the 212 confirmed cases, 133 died. Cumulative deaths are 168.
 - As of 25 October 2018, a total of 22,288 people have been vaccinated since the start of vaccination on August 8, 2018. The total numbers of vaccinated people in the respective health zones (as of 24 October 2018) are as follows: 10,327 in Beni, 4,391 in Mabalako, 1,663 in Mandima, 1,742 in Katwa, 1,145 in Butembo, 690 in Masereka, 434 in Bunia, 355 in Tchomia, 240 in Komanda, 160 in Musienene, 121 in Oicha and 185 in Kalunguta.
 - As at 23rd October, 2018, a total of 5,723 contacts remain under surveillance with the recent follow up rates recorded at 85-97%. The unstable security situation has greatly constrained contact follow up in Beni.
 - There is intense transmission in Beni, the new epicenter and yet the response is constrained by insecurity and community resistance.
 - The risk of spread to other provinces in DRC and to neighboring counties like South Sudan remains 'VERY HIGH'.
 - It is therefore recommended that neighboring provinces and countries enhance surveillance and preparedness activities.

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 23rd and 25th October 2018 at the PHEOC in Juba. The major

- themes of discussion included the various risk communication and community engagement activities in schools, churches, mosques, public places and communities.
- Three states' task force forwarded their weekly minutes of meetings. These updates were discussed during NTF meetings.
- All technical working groups' lead and co-lead met with the incident manager after the NTF meeting to review the terms of references of all technical working groups.



The WHO Regional Director, Dr Matshidiso Moeti in a meeting with the UNCT. Photo: WHO

3.2. Resource mobilization

• Following the Donor pledging conference held on Thursday, 11th October DSRSG/RC/HC/RR, 2018, the Alain Noudéhou announced commitment of 2.0 million United States dollar to be provided from the South Sudan Humanitarian funding stream to EVD preparatory activities. support Additionally bilateral engagements are ongoing with donors on the need to step up support for EVD preparatory activities.

3.3. Surveillance and Laboratory

- An alert of a 32 year old male from Hai-Sura, Northwest Yambio town was reported to Yambio State Task Force on Sunday, 21st October, 2018 at 17:20 hours. The patient presented with a history of an episode of bloody diarrhea, headache, and fever (38.2°C), no travel history to DR Congo, and no history of contact with suspect or confirmed Ebola case. He responded to treatment with ciprofloxacin 500mg, metronidazole 400mg and 5% dextrose. He was discharged on 25th October 2018. Though the case did not meet case definition, the state task force collected blood sample but did not adhere to the packaging procedures.
- The WHO County office has prioritized the RRT training in Yambio from 29th October to 2nd November 2018. The surveillance TWG will deploy an epidemiologist to strengthen the Yambio team during the training.
- The surveillance technical working group has revised Ebola case definition with reference to Rwanda, Uganda, DR Congo and generic template by WHO. The contact listing SOPs and alert management SOPs have been finalized and shared.

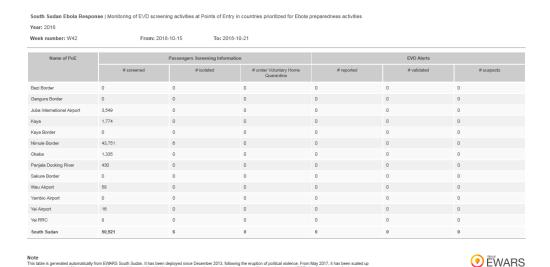


Demonstration of screening at PoE. Photo: IOM

3.4 Port Health and Screening

• IOM assessed four new points of entry, PoE, at Yei to explore their operationalization as screening points. They also conducted on-the-job training at the following points of entry: Yei airport, Yei SSRRC, Kaya and Okaba. Other functional points of entry include: Juba International Airport, Nimule ground crossing and River Port, Yambio Airport, Sakure, Gangura border areas, Yei Airstrip, and Wau International Airport, Kaya and Yei RRC office.

- Refresher training for screeners was conducted at Juba International airport on 23rd October 2018.
- The training of non-health stakeholders on Ebola awareness at the Juba International airport is still in-process.
- The rapid response team (RRT) trainings have been concluded for Jubek and Yei. However, Wau, Bor, Malakal, Renk, Aweil, Torit, and Yambio have concluded their IDSR trainings. The RRT training in Yambio, Malakal, Bor and Wau are scheduled for October 29th to November 2nd 2018. The RRT training in Torit will be conducted from 3rd November to 7th November 2018.
- A total 362,619 people have been screened at all the 14 border screening points. The number of people that were screened in Torit, Jubek and Yei River states are 308565, 39276 and 9893 respectively.
- 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 42 at the active points of entry.



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

- WFP delivered four tents each to Yambio for World Vision and Nimule for CORDAID. The delivery to Wau for IMC and Yei will be re-scheduled.
- All SoPs for IPC/WaSH (Isolation Facility and ETU, Safe & Dignified Burials) are being compiled for final validation by the ministry of health and partners.
- 31 SDB team members were trained from 18th – 20th October 2018. A total of 18 trained SDB members were selected as master trainers to cascade the SDB training to the state level.



3.6. Risk communication, community engagement and social mobilization



Community leaders during Ebola awareness session, Maridi, 22nd October, 2018. Photo: UNICEF



Community leaders pose for photo after Ebola awareness orientation, Maridi, 22nd October, 2018. Photo: UNICEF

- UNICEF supports the on-going broadcasts of radio messages in 18 radio stations. About 11,664 times spots have been aired and more than 50 Talk-shows conducted.
- Orientation of 51 journalists on Ebola awareness messages were conducted in Juba and Yei River states.
- Church/Mosques Announcements are ongoing in high risk areas. Over 1200 churches/mosques were reached with relevant Ebola awareness messages.
- 100 Community Mobilizers/HHPs trained and doing awareness in Yei, Morobo, Maridi and Nimule.
- Orientations of Community Leaders (local chiefs, religious leaders, women and youth leaders)
 were conducted. About 26 community leaders were orientated in Juba; 33 in Maridi; and 50 in
 Yei River state. Furthermore, 669 houses were reached in Nimule and Yei while 41 volunteers
 were trained in Nimule and Maridi.
- The Emergency toll-free hotlines (6666) remain active. The hotlines receive about 200 calls daily that make enquiries on Ebola related information.
- Ebola prevention IEC materials were developed in English and have been translated into Arabic,
 Zande and Bari.

3.7. Logistics and Personnel deployment

- Four consultants were deployed by WHO to support Case management, administration, risk communication and Ebola vaccination activities.
- The 3 kits of VHF 500 procured though WHO regional supply platform will be delivered in Juba this week.

3.8. Vaccines and Therapeutics

- The Ministry of Health has appointed a Principal Investigator to coordinate the Ebola vaccine deployment and use in South Sudan.
- 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

- Access, Safety and Security TWG will continue to contact the partners responsible for security in IO areas to improve access to high-risk locations that are currently inaccessible due to insecurity.
- More UN members of staff have completed the WHO e-PROTECT online training on Ebola Awareness.
- Access, Safety and Security TWG Focal Point contact details being finalized for all areas of concern for further dissemination to all NTF Members.

3.10 Updates from States

A. Yei River State

- There is an on-going mapping of health facilities in Yei and Lainya. The mapping team could not access Morobo due to access constraints.
- WHO had received and handed over two Hard- top land cruisers to support the RRT
- WHO supported the orientation of 20 community leaders orientated on EVD prevention on Monday
- Case management training was conducted on 23rd October 2018 with 17 participants. The training was facilitated by WHO; UNICEF facilitated the risk communication and IPC (Chlorination) components of the training.
- The IDSR training is scheduled for 29th Oct 2nd November, 2018. The Burial team training was scheduled for $6^{th} 8^{th}$ November 2018.

B. Yambio

- Yambio STF requested NTF to support them for improved attendance at weekly meetings

4.0. Challenges/Gaps.

The critical preparedness gaps currently entail:

- Some states task force meetings are irregular.
- Delayed installation of isolation facility in Juba and other high-risk states.
- Limited resources for the Ebola preparedness activities.
- Human resource gap to support EVD preparedness activities.
- Delayed conduct of SIMEX exercises due to inadequate structures.

5.0. Recommendations and priority follow up actions

- The National Task Force, in collaboration, with partners to reactivate all dormant state task force teams to oversee the EVD preparedness and response activities.
- WFP to fast-track the installation of isolation facilities.
- Donors to continue to support the EVD preparedness and readiness activities.
- Partners to request for more consultants to support the EVD preparedness activities.
- All TWG should conduct separate simulation exercises to test their preparedness; joint SIMEX should be conducted when the structures are completed.

6.0. Conclusion

The focus for the NTF in the coming week is the reinforcement of all technical working groups by circulating their membership and terms of reference. Equally strategic is the compiling of all the SoPs for final validation by the Ministry of Health and partners.

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, SSRC, 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.

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