

**REPUBLIC OF SOUTH SUDAN**



**MINISTRY OF HEALTH**

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

**Update # 10**

**Date: 03 November 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.
- The vaccine expert has arrived Juba and the four new WHO consultants were deployed to high risk states of Yambio, Yei, Torit (Nimule) and Wau in response to the re-classification of South Sudan to “very high risk” from “high risk” status.
- IOM has finalized the processes of opening two new border screening points at the South Sudan/Uganda border at Korijo IPD Camp and Pure. While Korijo is an informal border crossing point with an estimated population of 40,294, Pure is a formal border crossing with about 50 persons per day crossing the border posts.
- Two Ebola alerts were reported in Nimule, although they did not meet case definition, samples were collected to test the sample collection and delivery techniques from Torit state.
- WHO have deployed Incident Manager at National level to provide leadership for National Taskforce. WHO had established field office in Yei River state and deployed for experts to strengthen preparedness activities.

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

### 2.1. Latest updates

- As of 3<sup>rd</sup> November 2018,
  - A total of 298 cases of EVD have been reported, of which 263 are confirmed and 35 are probable. Of the 263 confirmed cases, 186 died. Cumulative deaths are 186.
  - As of 3<sup>rd</sup> November 2018, a total of 26,135 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 3<sup>rd</sup> November 2018) are as follows: 13,825 in Beni, 4,436 in Mabalako, 1,663 in Mandima, 2,062 in Katwa, 1,355 in Butembo, 690 in Masereka, 434 in Bunia, 355 in Tchomia, 240 in Komanda, 160 in Musienene, 178 in Oicha, 457 in Kalunguta, 130 in Vuhovi and 150 in Mutwanga.
  - As at 3<sup>rd</sup> October 2018, 46 suspected cases were under investigation; 5 new confirmed cases, including 2 in Beni, 2 in Mabalako and 1 in Butembo. The two new confirmed cases of Mabalako are a young girl residing in Beni and her 2-week-old newborn.
  - 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

- There were no National Taskforce meetings during the reporting week due to the declaration of WHITE alert status on Tuesday, 30<sup>th</sup> October 2018 in Juba by the UNDSS and the declaration of Thursday, 1<sup>st</sup> November 2018 by His Excellency, the President of South Sudan, to celebrate the revitalization of the peace treaty in South Sudan.
- Updates from states’ task force meetings were received and discussed during the WCO meeting as there were no National Taskforce meetings due to the holiday.
- Following the assessment visit by the incoming WHO Representative to the border areas, WHO has reinforced coordination of the state team through the deployment of 10 consultants with different areas of expertise for the EVD preparedness activities in high risk states that border DR

Congo. The team of consultants deployed have started supporting the high risk states on capacity building of health workers in IPC and case management, community engagement and sensitization, surveillance and active case findings and overall coordination.

- The vaccine expert has arrived Juba and will support the Ministry of health on Ebola vaccine deployment processes.
- All SoPs for IPC/WASH (Isolation Facility and ETU, Safe & Dignified Burials), surveillance and points of entry, laboratory, and case management are being compiled for final validation by the Ministry of Health and partners
- WHO has deployed Incident Manager at National level to provide leadership for National Taskforce. WHO had established field office in Yei River state and deployed for experts to strengthen preparedness activities.

### 3.2. Resource mobilization

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

### 3.3. Surveillance and Laboratory

- The Ministry of Health in South Sudan has reported a total of 13 Ebola alerts; 5 of the alerts met case definition and were investigated. The results were negative for Ebola virus disease and other viral haemorrhagic fever.
- Two Ebola alerts were reported in Nimule, although they did not meet case definition, samples were collected to test the sample collection and delivery techniques from Torit state
- IDSR trainings have been concluded for Jubek and Yei state, Wau, Bor, Malakal, Torit, and Yambio.
- Four laboratory experts from the National Public Health Laboratory have been trained on Ebola molecular testing including PCR. The training was organized by AFRO in Uganda Virus Research Institute (UVRI)
- WHO has concluded RRT training in Yambio, Malakal, Bor and Wau and there is ongoing RRT training in Torit that will conclude on 7 November 2018.
- RRT training will cover all 10 states hubs to strengthen preparedness countrywide

### 3.4 Port Health and Screening

- IOM has finalized the processes of opening two new border screening points at the South Sudan/Uganda border at Korijo IPD Camp and Pure. While Korijo is an informal border crossing point with an estimated population of 40,294; Pure is a formal border crossing with about 50 persons per day crossing the border post.
- Following the opening of new terminals at Juba International Airport, the Ministry of Health with support from WHO and CDC has reinforced the screening of travellers at the airport to accommodate the new terminals



Yei airstrip POE screening points. Photo: IOM

- World Vision South Sudan is planning to deploy 5 clinical officers, 10 nurses and 13 community mobilizers to work at the 5 WCSS POE sites.
- A total 415,291 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 358434, 43042 and 9937 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 43 at the active points of entry.

South Sudan Ebola Response | Monitoring of COVID screening activities at Ports of Entry in countries prioritized for Ebola preparedness activities

Year: 2018

Week number: 43 | From: 2018-10-22 | To: 2018-10-28

Name of POE	Passenger Screening Information			EWS Results		
	# Screened	# Suspect	# under Voluntary Quarantine	# Reported	# Confirmed	# Suspect
East Border	0	0	0	0	0	0
Geopra Border	0	0	0	0	0	0
Juba International Airport	5,785	0	0	0	0	0
Kajit	1,780	0	0	0	0	0
Koror Border	42,241	0	0	0	0	0
Chaka	1,044	0	0	0	0	0
Parake Crossing Point	455	0	0	0	0	0
Ubiak Border	0	0	0	0	0	0
Wau Airport	0	0	0	0	0	0
Yei River Airport	0	0	0	0	0	0
Yei Airport	37	0	0	0	0	0
Yei SSC	15	0	0	0	0	0
South Sudan	50,658	0	0	0	0	0

**Note:** The table is generated automatically from EWARS South Sudan. It has been deployed since December 2012 following the evolution of public health. From May 2017, it has been updated to include manual WCCO updates across the country. It is supporting both and partners to strengthen a digital disease surveillance and response (DSRS). <http://m.medic.org>



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

- In a bid to meet the requirement for country preparedness and readiness, WHO is supporting and supervising the construction of an ETU in Juba
- All SoPs for IPC/WASH (Isolation Facility and ETU, Safe & Dignified Burials), surveillance and points of entry, laboratory, and case management are being compiled for final validation by the Ministry of Health and partners.
- A total of 31 team members were trained on safe and dignified burial and 18 members have been selected as master trainers to cascade the SDB training to the different state level
- ICRC in collaboration with Ministry of Health and WHO has scheduled SDB training of 40 participants in Yei from 6<sup>th</sup> – 11<sup>th</sup> November 2018.



Donning and doffing of PPE at Yei SSRRC screening points.  
Photo: IOM

### 3.6. Risk communication, community engagement and social mobilization

- UNICEF continues to support the on-going broadcasts of radio messages in 18 radio stations.
- The risk communication, social mobilization and community engagement pillar continues with sensitization on Ebola relevant messages and creating public awareness through the orientation about 51 journalists on Ebola awareness messages, announcement in religious gathering on the

EVD, capacity building of 100 Community Mobilizers/HHPs on key messages, sensitization of Community Leaders (local chiefs, religious leaders, women and youth leaders)

- 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**

- Availability of three complete VHF kits each with 500 PPEs currently in country
- PPE kits are prepositioned in the States hubs as follow Yei-70, Yambio-50, Rumbek-30, Maridi-50 and Wau.
- WHO in the process of ordering an additional 12 VHF kits which should arrive in the country this November.

### **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 has deployed vaccination expert to support the MOH to finalize the process for Ebola vaccine to be available and administered

### **3.9. Safety and Security**

- Access, Safety and Security TWG continues to contact the partners responsible for security in In-Opposition areas to improve access to high-risk locations that are currently inaccessible due to insecurity

### **3.10 Updates from States**

#### **A. Yei River State**

- UNICEF, WHO and other partners actively participated in the sensitization of 50 community leaders and stakeholders on EVD relevant information, hand hygiene and demonstration of donning and doffing PPEs. The meeting aimed to dispel the existing rumor among the community leaders that Ebola travels only by water or wind from DRC to South Sudan
- MoH in collaboration with WHO, UNICEF, and SSDO successfully conducted Infection Prevention and Control/Case Management training for 21 clinicians from 23<sup>rd</sup> -26<sup>th</sup> October 2018.
- There are active on-going humanitarian coordination and state task force meetings in Yei state. The UNOCHA hosts the secretariat for the humanitarian coordination meeting. The WHO provides technical support to the meetings.
- WHO continues to provide technical support to State Ministry of health and ICRC on the installation of isolation facility at Yei hospital.

#### **B. Gbudue State-Yambio**

- WFP has delivered all the tents required at the prioritized PoEs. The tents for Western Equatorial States are domiciled at World Vision International office.
- WFP is committed to expedite the clearance of emergency preparedness materials from Customs offices to avoid delays at tax point.
- SMOH with support from WHO, UNICEF, WFP, WVI, and AMREF has developed Ebola preparedness budget on the 29th October 2018.

- The Yambio state task force meetings are held on Tuesdays and Thursdays weekly. However, the task force meeting will be subsumed into health cluster meetings when both meetings take place simultaneously.
- Yambio State Task Force, STF, requests for communication devices such as Thuraya phone and VHF radio gadgets, and other materials: posters, fliers and banners, per diem for SMoH members of staff, bicycles, and motorcycles.

### **C. Wau**

- Wau State Task Force has identified committees to take charge of coordination, case management and infection prevention and control, epidemiology and surveillance, laboratory, social mobilization, media and psychosocial support, WASH and logistics.
- WASH cluster requested social mobilization subcommittee to involve their WASH cluster members in awareness orientation activities for them to assist in creating awareness on Ebola relevant information.
- The EVD taskforce and health cluster meetings will be conducted on alternate schedules (every Wednesday)
- The STF tasked WHO to mobilize more partners to attend STF meetings. The partners should nominate a focal person to attend the taskforce meeting for continuity and follow-up on decisions made during the STF meetings.
- The state task force requested Raja CHD and implementing partner to reactivate the county taskforce and WHO to share with them the guiding documents.

### **4.0 . Challenges/Gaps.**

The critical preparedness gaps currently entail:

- Delayed installation of isolation facility in Juba and other high-risk states.
- Limited resources for the Ebola preparedness activities.
- Delayed conduct of SIMEX exercises due to inadequate structures.

### **5.0 . Recommendations and priority follow up actions**

- WFP to fast-track the installation of isolation facilities.
- Donors to continue to support the EVD preparedness and readiness 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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