

REPUBLIC OF SOUTH SUDAN



MINISTRY OF HEALTH

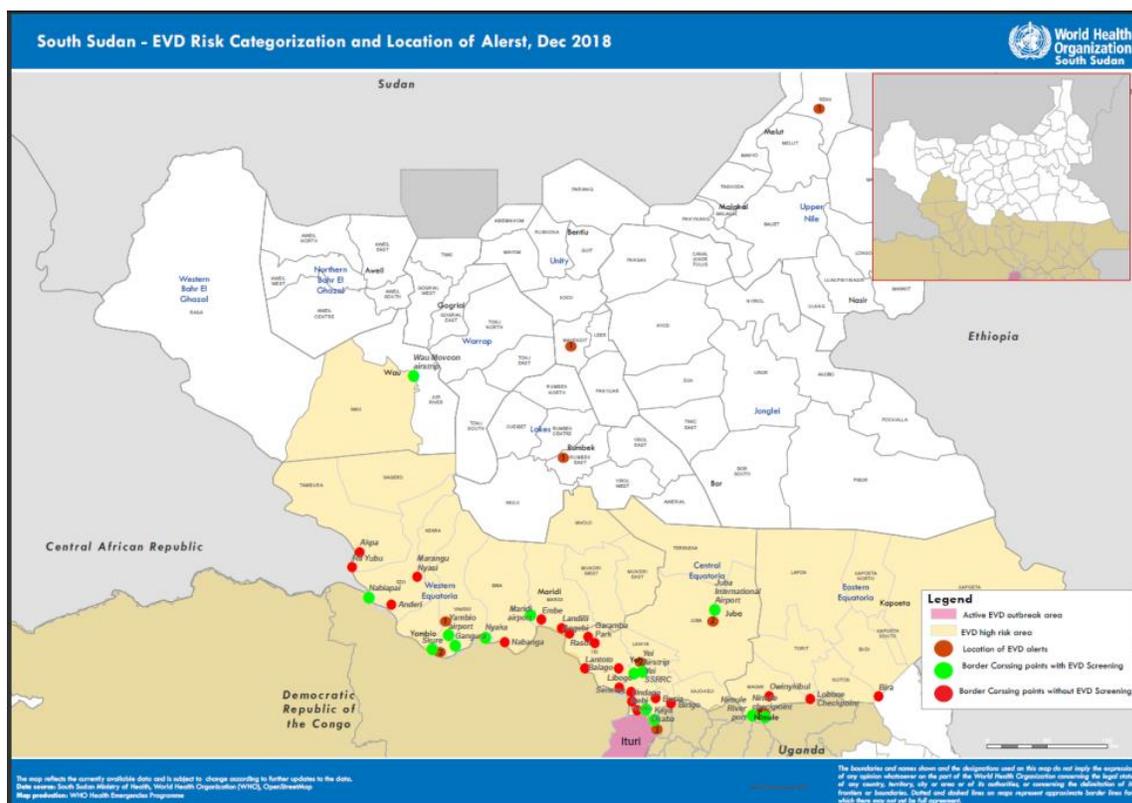
Weekly Update on Ebola Virus Disease (EVD) Preparedness for South Sudan

Update # 14

Date: 03 December 2018

1. Highlights

- GenXpert laboratory results for the suspected EVD case in Yambio were negative for Ebola Zaire; follow-up polymerase chain reaction (PCR) testing was negative for all Ebola species, Marburg, Rift Valley Fever, Crimean Congo Hemorrhagic Fever, and Sosuga viruses. Further testing of the sample at Uganda Virus Research Institute (UVRI) using Taqman Array Card (TAC) platform and YF-specific PCR assay confirmed that the sample was PCR positive for Yellow Fever Virus.
- Another suspected EVD case was reported in Yambio. The GenXpert analysis of the sample was negative for Ebola Zaire while the PCR results were negative for all Ebola species, Marburg, Rift Valley Fever, Crimean Congo Hemorrhagic Fever, and Sosuga viruses. Further testing showed the sample was positive for *Streptococcus pneumoniae* and *Plasmodium falciparum* by TAC PCR.
- All technical working groups have reviewed the prioritization spreadsheet, NTF constitution recommendations, and Terms of Reference.
- Infection prevention and Control and Case Management, Safe and Dignified Burial and Border Health and Port of Entry Technical working groups have finalized the SoPs. We are following-up on Risk Communication and Community Engagement, Access, Safety and Security, Logistics, Surveillance and Laboratory technical working groups on their finalized SoPs.
- Entry screening of travelers into South Sudan continues in all the 18 designated sites with support from Ministry of Health (MoH), World Health Organization (WHO), International Organization for Migration (IOM), Save the Children International, (SCI), World Vision International South Sudan (WVISS) and Collegio Universtario Aspirante Medici Missionari (CAUMM). The porous border crossing points are major threats to the screening activities at the border posts; about 637,880 people have been screened at the 18 border crossing points.
- An EVD alert was reported in Renk. A national RRT was dispatched to investigate the case; samples were collected and delivered to the National Public Health Laboratory, Juba, and (NPHL). GenXpert testing at NPHL and PCR at UVRI are awaited.



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

2.1. Latest updates

- During the last epidemiological week, the EVD transmission continued mostly in the North Kivu Province. New death cases also concentrated in North Kivu Province.
- As of 1 December 2018, a total of 440 cases of EVD have been reported, of which 392 are confirmed and 48 are probable. Total deaths are 255. Six new cases were identified at Beni (1), Komanda (1), Katwa (1), Butembo (1), Masereka (1), and Katwa (1).
- As of 1 December 2018, 38,821 have been vaccinated as follows: Beni – 17,871; Katwa-5,608; Mabalako-4,544; Butembo-3,356; Kalunguta-1,930; Mandima-1663; Masereka-732; Bunia-434; Oicha-521; Vuhovi-547; Tchomia-355; Mutwanga-511; Kyondo-241; Komanda-240; Musienene-23; and Alimbongo-34.
- South Sudan is one of the four very high risk countries that are preparing to vaccinate frontline healthcare workers to prevent the importation of Ebola virus disease from DR Congo. The logistics and cold chain support for the vaccination in South Sudan have been shipped by WHO headquarters and are expected in Juba this week. The good clinical practice (GCP) training of vaccinators starts from 4 – 7 December 2018. The Vaccine and Therapeutic technical working group is planning to vaccinate frontline healthcare workers from 10 – 20 December, 2018.

3. Public Health Preparedness and Readiness

3.1. Coordination

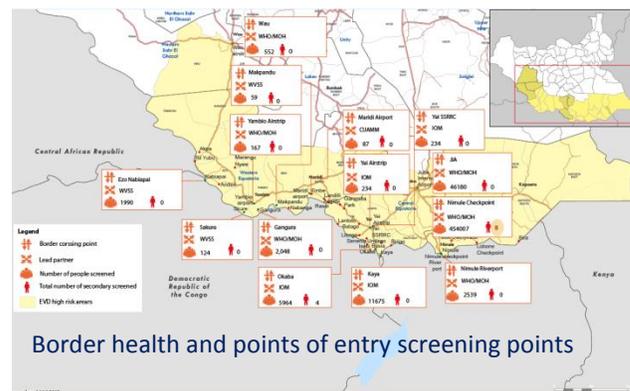
- One national taskforce meeting was chaired by the Incident Manager, Ministry of Health and co-chaired by the Director, EPR and PHEOC on 29 November 2018 at the PHEOC in Juba. During the brief national task force meeting, the Incident Manager called off the NTF meeting and requested all the technical working groups were asked to complete the evaluation dashboard checklists and KPIs.
- Maridi, Torit (Nimule), Yambio and Yei shared their weekly updates with the national task force. The reports were incorporated in the weekly updates and NTF meeting presentations.

3.2. Resource mobilization

- A resource tracker matrix has been developed with updated financial information. Information from the financial matrix will be imported in to the financial portal that is being developed to provide information on progress of resource mobilization. As of 22 November 2018, out of the total funding requirement of 16.3 million for preparedness activities, \$9.4million has been mobilized representing 57% of the total required. This figure may change after input from other partners.

3.3. Surveillance and Laboratory

- On 23th Nov 2018, a suspect Ebola alert, a 25 years old farmer, was reported in Sakure, Nzara County, Gbudue state. GenXpert laboratory results were negative for Ebola Zaire and follow up PCR testing was negative for all Ebola species, Marburg, Rift Valley Fever, Crimean Congo Hemorrhagic Fever, and Sosuga viruses. Further testing of the sample at UVRI using Taqman Array Card platform and YF-specific PCR assay confirmed that the sample was PCR positive for Yellow Fever Virus.



- On 29 November, 2018 at 13:00 hours, the Medical Director for Yambio State hospital reported a suspected EVD alert of a 45 year old male dead body that was brought by the police to Yambio State hospital mortuary. Postmortem investigations result showed that spots of blood were noted on the ears, nose and mouth and the deceased is a Congolese national. The deceased has not recently traveled to DR Congo; he has been living in Yambio. The state RRT was dispatched to the hospital for further investigation. Samples (swabs) were collected by RRT and were sent to the national Public Health laboratory, Juba. Preliminary GenXpert result was negative for Ebola Zaire virus. The PCR analysis results were negative for Ebola species, Marburg, Rift Valley Fever, Crimean Congo Hemorrhagic Fever, and Sosuga viruses.
- Surveillance TWG developed training guidelines for all TWGs to implement during trainings. The guidelines include types of trainings, participants, training methods, facilitators, logistics support, training materials, travels/transport and training coordination.

3.4 Port Health and Screening

- BH and PoE technical working group shared the following templates among its members for completion: compiling information on daily rate, POE functionality reporting template, TWG focal persons, weekly sitrep, and supplies stock tracking.
- About 637,880 people have been screened at all the 18 border screening points.
- 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 46 at the active points of entry.
- A total of 20 Ebola alerts investigated since May 2018; nine of the alerts met case definition and were investigated and samples collected and analyzed.

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

Year: 2018

Week number: W48

From: 2018-11-26

To: 2018-12-02

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	52	0	0	0	0	0
Juba International Airport	3,843	0	0	0	0	0
Kaya	0	0	0	0	0	0
Kaya Border	0	0	0	0	0	0
Maridi Airstrip	0	0	0	0	0	0
Nimule Border	45,715	0	0	0	0	0
Okaba	0	0	0	0	0	0
Panjala Dooking River	502	0	0	0	0	0
Sakure Border	34	0	0	0	0	0
Tikori	0	0	0	0	0	0
Wau Airport	0	0	0	0	0	0
Yambio Airport	15	0	0	0	0	0
Yei Airport	0	0	0	0	0	0
Yei RRC	0	0	0	0	0	0
South Sudan	50,161	0	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>



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

- Three days IPC training is on-going for 2 medical officers, 1 clinical officer, 2 nurses and 1 lab tech in PHEOC with technical support by WHO. Those trained will take charge of ETC established in Dr. John Garang Diagnostic centre.
- Samaritan’s Purse erected an isolation training facility at the Public Health Laboratory.

- The TWGs reviewed EVD preparedness dashboard with the evaluation team from WHO Geneva, AFRO and UNICEF ESARO.
- The construction of a 24 bed Ebola Treatment Unit (ETU) in Juba is in its final stages. The concerns with patients' flow are being addressed.
- The SOPs for IPC and CM have been finalized and await printing.
- The GenXpert analysis result from the suspected EVD case in Yambio was negative for Ebola Zaire while the polymerase chain reaction result was negative for all strains of Ebola virus species, Marburg, Rift Valley Fever, Crimean Congo Hemorrhagic Fever, and Sosuga viruses.

3.6. Risk communication, community engagement and social mobilization

- Ebola theme song produced to enhance awareness.
- 9 390 IEC materials distributed- 3 730 to MEDAIR and South Sudan Red Cross (SSRC), 90 UNMISS, 5 600 prepositioned to Nimule and Torit.
- 2 683 (917 Nimule, 1 766 Yei River State) school children reached with Ebola key messages.
- A Joint national Risk Communication strategy developed and shared for validation.
- In Yei, 40 trained social mobilizers from community health department (CHD) conducted house-to-house Ebola education and community surveillance reaching 2 455 households.
- Public awareness sessions continue through market outreach sessions and places of worship in all the high risk areas. In Juba, 30 churches and 18 mosques received Ebola prevention messages.
- In Yambio, Nzara, Tambura, Ezo and Nagerao counties a total of 133 community mobilisers have been deployed.
- 40 930 people reached through house to house mobilization and street announcement.
- In Nimule, CARITAS trained 32 community leaders on Ebola.
- In Mogali, 84 women were reached by SSRC through mothers support group orientation.
- The Emergency toll-free hotlines (6666) remain active providing information on EVD and related issues.

3.7. Logistics and Personnel deployment

- Logistics unit is in the process of procuring 13 VHF kits to augment the VHF stock in-country.
- Six national consultants joined the WHO EVD preparedness team to support IPC, laboratory, surveillance, case management and coordination.
- Logistics technical working group has been constituted and are reviewing the logistics SoP.
- A PCR machine is expected to arrive in country along with a technician to support the installation.

3.8. Vaccines and Therapeutics

- Principal Investigator has been identified; protocol adapted and Ethical Review Board approval secured for the Ebola vaccine.
- Permission to import EBV vaccine has been granted and other processes for vaccine deployment are in-process.
- The target population of eligible health and frontline workers was estimated at 3200 and the vaccination is planned for 10 – 20 December 2018.
- The procurement processes for EBV cold chain logistics from WHO headquarters have been shipped and are being awaited in Juba.

3.9. Access, Safety and Security

- The access, safety and security technical working group has been established in Yambio. The WHO security focal point will travel to Yei to establish the Safety Security, and Access TWG at the State Level in coordination with UN Security Cell in Yei.
- Access, Safety and Security technical working group (TWG) continues to contact the partners responsible for security in IO areas to improve access to high-risk locations that are currently inaccessible due to insecurity.
- Access, Safety and Security technical working group is planning Safe and Secured Approaches to Field Environment (SSAFE) Training for Ebola preparedness personnel to be facilitated by WHO security focal point in coordination with UNDSS training team from December 13th -15th 2018 in Juba.
- More UN personnel have completed the WHO e-PROTECT online training on Ebola awareness.

3.10 Updates from States

Torit state – Nimule

- Work officially commenced on the Nimule isolation site on Monday 26th November following the arrival of the WFP engineers two days earlier. The final land agreement papers have been signed by all parties concerned.
- The STF agreed to open a screening point at the Nimule airstrip. However issues of resources (human and materials), schedules of the flights coming into Nimule, transportation of screeners to and from the airstrip were to be further investigated.
- About 46, 217 were screened in week 48. There were a total of 14 alerts from Nimule screening points.
- MEDAIR, in collaboration with WHO, conducted two-day training of healthcare workers, on the basics of EVD to private health care facilities in Nimule.
- Plans have been finalized to start a comprehensive training on EVD from 3 to 7 December, 2018.
- A large quantity of IEC materials were brought in by UNICEF from Torit on November 28, 2018
- UNICEF to support EVD talk shows once a week and jingles four times a day for three months at the new radio station that is now operational in Nimule.

Yei River State

- The State Ministry of Health guided GS construction and WFP engineers around the proposed site for Ebola Isolation Center construction in Yei State Hospital.
- The Social Mobilization technical working group conducted community engagement with stakeholders, school children, teachers, and community people at Jigomdni and Yaingaybeh respectively.
- UNICEF, SMOH and WHO held a meeting with radio station management regarding EVD preparedness jingles.
- The STF planning to scale-up surveillance activities in health facilities as well as at the community level.
- WHO, AAH and State Ministry of Health participated in weekly radio talk show on EVD at spirit FM.
- The STF members reviewed the EVD checklist, disseminated EVD SOPs to all the technical working groups and mapped partners in the state using the 4-W mapping matrix. The review of the EVD checklist helped the state task force to evaluate their progress in EVD preparedness activities, identifying gaps and thus planning to improve on the identified gaps.

- The STF is still planning the training of motorcycle riders in border communities as they are the only means of transport in these areas and they are the first point of contact with strangers that enter Yei River state.
- The STF requested the circulation of the validated SoPs and EVD preparedness checklists for use in the state.

Yambio

- The STF investigated three alerts; all the alerts were negative for all strains of Ebola virus. However, one of the samples was positive for Yellow Fever.
- WHO, UNICEF, OCHA, WFP, UNMISS, and UNHCR visited James Diko to assess humanitarian and health situation. The team assessed the health facilities and the knowledge of healthcare workers on Ebola virus.
- The State Ministry of Health organized a state partners forum meeting to discuss their support to the state; over 50 people attended the meeting including representation from all UN Agencies and State Ministries.
- UNICEF trained 9 “REACH” CBO staff on Ebola virus messaging and communication.
- Case Management and Surveillance technical working group supported Sakure screening point on the isolation and case management of EVD suspected case that turned out to be yellow fever; supported Ezo point of entry with IPC materials (25 gowns, box of masks, 2 coveralls, 4 pairs of gumboots, 10 goggles and 2 triple package materials for Ezo county hospital isolation; supported Yambio state hospital with IPC materials (10 coverall, 8 pairs of gumboots, 25 gowns, box of masks, 5 re-usable aprons and 10 goggles; supported the RRT teams in the investigation of all the reported suspected EVD cases.
- The risk communication and community engagement technical working group conducted field investigations into the health seeking behavior, Knowledge, attitude and practices in PHCU and in the community; developed terms of reference for implementing partners and produced risk communication and community engagement monitoring and evaluation framework.
- The STF is planning to organize a meeting for rapid response team (RRT) and the burial teams to discuss roles and responsibilities.
- The STF will visit to Nzara County to meet stakeholders for setting up a coordinating structure in the county.
- The surveillance technical working group lead will support field visit for the epidemiological and entomological investigation on the Yellow Fever outbreak.
- The case management technical working group lead will support the trainings in Maridi
- The STF is planning to map religious leaders and Chiefs in the state.

Maridi

- The WHO team arrived Maridi state on 21st November, 2018. The WHO Technical team had a meeting with the Acting CHD, DG of SMOH and Hon. Minister of Health for Maridi State, to inform the State MOH of WHO planned activities with regards to EVD preparedness in the state.
- The WHO Team had another meeting with CUAMM, the implementing partner for Maridi State Hospital to familiarize itself with what CUAMM had done with regards to EVD preparedness.
- CUAMM is doing screening at the airstrip and running health services at the Maridi hospital and had already trained hospital staff on infection prevention and control.
- The WHO team is planning to engage SMOH to conduct its first STF weekly meeting with the partners and share minutes with NTF; train and formed the state rapid response teams.

- The Maridi team has a plethora of challenges which include lack of funds to conduct state rapid response team and IDSR trainings, lack of vehicles, unreliable internet connection, no state task force meetings, and no health cluster meetings.

4.0. Challenges/Gaps.

The critical preparedness gaps currently entail:

- High proportion of non-functional health facilities in some states.
- Inaccessibility due to bad road, insecurity and communication barrier.
- Delayed installation of isolation facility in high-risk states.
- Human resource gap to support EVD preparedness activities especially in the high-risk States.

5.0. Recommendations and priority follow up actions

- STFs to discuss with partners in their various states on the way forward to operationalize the non-functional health facilities in the states.
- The relevant authorities to negotiate for partners to access communities in EVD high risk areas.
- Fast-track the installation of isolation facilities in EVD high risk states.
- Mobilize for more resources to facilitate recruitment and deployment of the required additional human resources for EVD preparedness and response.

6.0. Conclusion

- The focus for the NTF in the coming week is to:
 - Follow-up on states on the functionality of their health facilities.
 - Fast-track the implementation of Ebola vaccination for the frontline health workers including the traditional healers.
 - Validate all the SOPs for EVD preparedness and response.

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, UNDP, SPLA, LS, DFCA, ARC, Samaritan's Purse, MEDAIR, REACH and UNHASS.

For more information, please contact:

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

This report was produced with technical support from the World Health Organization.