South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W32 2018 (Aug 06 – Aug 12)
The total consultation in the country since week 1 of 2018 is 4,150,488 by hub. Kwajok registered the highest number of consultations as indicated in the table above. The total number of consultations by county is shown 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 34.5% of the deaths since week 1 of 2018, followed by bloody diarrhoea, and acute watery diarrhoea.

Proportional morbidity

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 1,345,475 (57.9%) 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 49.1% of the consultations in week 32 (representing a decrease from 47.4% in week 31).
Among the IDPs, Malaria and ARI accounted for 32.8% and 21.7% of the consultations in week 32. The other significant causes of morbidity in the IDPs includes 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 | Trends over time

Malaria is the top course of Morbidity in the country, a total of 1,345,475 cases with 173 deaths registered since week 1 of 2018. Malaria trend for week 32 of 2018 is above 2014, and 2015 as shown in the figure 4a, above.

Malaria | Maps and Alert Management

Since the beginning of the year, a total of 91 malaria alerts have been triggered, 60 of those were verified. The Maps above indicate the location reporting malaria alerts from 2014, 2015, 2016, 2017, and 2018.
The number of AWD alerts triggered since week 1 of 2018 is 87, out of which 61 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018.
Acute Bloody Diarrhoea | Trends over time

Since week 1 of 2018, a total of 44,176 cases of ABD have been reported country wide including 23 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 117 alerts were generated since week 1 of 2018, of which 76 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 384 suspect measles cases including 3 death (CFR 0.82%) have been reported. Of these, 282 suspect cases have undergone measles case-based laboratory-backed investigation with 235 samples collected out of which 26 measles IgM positive cases; 63 clinically confirmed cases; and 34 cases confirmed by epidemiological linkage.

Since week 1 of 2018, 95 alerts of measles were triggered and 75 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.
Among the IDPs, mortality data was received from Bentiu PoC & UN House PoC in week 32. (Table 6). A total of 19 deaths were reported during the week. Bentiu PoC report 14 deaths (75%) in the week. During the week, 5 (26%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 32 are shown in Table 6.
Mortality in the IDPs - Crude and Under five mortality rates

The U5MR in all the IDP sites that submitted mortality data in week 32 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 32 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 W32, 2018

<table>
<thead>
<tr>
<th>IDP site</th>
<th>acute watery diarrhoea</th>
<th>cancer</th>
<th>GSW</th>
<th>Heart Failure</th>
<th>Kala-Azar</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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<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>16</td>
<td>13</td>
<td>1</td>
<td>19</td>
<td>7</td>
<td>205</td>
<td>361</td>
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<tr>
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<td></td>
<td>5</td>
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<td>14</td>
<td>16</td>
<td>13</td>
<td>1</td>
<td>26</td>
<td>6</td>
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<tr>
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<td>14</td>
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<tr>
<td>Grand Total</td>
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<td>3</td>
<td>9</td>
<td>5</td>
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<td>15</td>
<td>2</td>
<td>16</td>
<td>291</td>
<td>510</td>
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</table>

Proportionate mortality [%]  2%  1%  0%  1%  2%  1%  9%  1%  5%  4%  0%  4%  4%  3%  0%  5%  3%  57%  100%

A total of 510 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.
This bulletin is produced by the Ministry of Health with Technical support from WHO

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Notes

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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