South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W35 2018 (Aug 27 – Sep 02)
The total consultation in the country since week 1 of 2018 is 4,803,874 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.
Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 28.8% of the deaths since week 1 of 2018, followed by bloody diarrhoea, and acute watery diarrhoea.

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 1,607,880 (59.4%) 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 45.3% of the consultations in week 35 (representing a constant trend of 45.3% as week 34).
Among the IDPs, Malaria and ARI accounted for 26.2% and 22.0% of the consultations in week 35. The other significant causes of morbidity in the IDPs includes AWD, Skin diseases, and Measles.

The top causes of morbidity in the IDPs in 2018 include ARI, Malaria, AWD, Skin diseases, and ABD.
Malaria| Trends over time

Malaria is the top cause of Morbidity in the country, with a total of 1,607,880 cases and 216 deaths registered since week 1 of 2018. The malaria trend for week 35 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 104 malaria alerts have been triggered, 68 of those were verified. The Maps above indicate the location reporting malaria alerts from 2014, 2015, 2016, 2017, and 2018.
Acute Watery Diarrhoea | Trends over time

AWD is one of the top causes of morbidity in the country with 351,818 cases reported since week 1 of 2018 including 32 deaths. AWD trend for week 34 of 2018, is below 2016 and 2017, as shown in figure 5a, above.

The number of AWD alerts triggered since week 1 of 2018 is 101, out of which 67 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 48,665 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 130 alerts were generated since week 1 of 2018, of which 88 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 395 suspect measles cases including 3 death (CFR 0.76%) have been reported. Of these, 292 suspect cases have undergone measles case-based laboratory-backed investigation with 245 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, 106 alerts of measles were triggered and 87 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 UN House PoC in week 35. (Table 6). A total of 05 deaths were reported during the week. Bentiu PoC did not report (0%) in the week. During the week, 1 (20%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 35 are shown in Table 6.

<table>
<thead>
<tr>
<th>Cause of Death by IDP site</th>
<th>Juba 3</th>
<th>Total deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;5yrs</td>
<td>≥5yrs</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Wasting Syndrom</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total deaths</strong></td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>
The U5MR in all the IDP sites that submitted mortality data in week 35 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 35 of 2018 were below the emergency threshold of 1 death per 10,000 per day (Fig. 21).

### Table 7 | Mortality by IDP site and cause of death as of W35, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Bentiu</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>37</td>
<td>3</td>
<td>26</td>
<td>11</td>
<td>1</td>
<td>17</td>
<td>18</td>
<td>13</td>
<td>19</td>
<td>7</td>
<td>219</td>
<td>390</td>
<td>390</td>
</tr>
<tr>
<td>Juba 3</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>76</td>
<td>7</td>
<td>7</td>
<td>116</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>116</td>
</tr>
<tr>
<td>Malakal</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
<td>17</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Akobo</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Wau PoC</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>8</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>53</td>
<td>3</td>
<td>27</td>
<td>19</td>
<td>1</td>
<td>22</td>
<td>20</td>
<td>15</td>
<td>532</td>
<td>25</td>
<td>16</td>
<td>322</td>
<td>558</td>
<td>558</td>
</tr>
</tbody>
</table>

Proportionate mortality [%] 1% 1% 1% 2% 1% 9% 1% 5% 3% 0% 4% 4% 3% 0% 4% 3% 58% 100%

A total of 558 deaths have been reported from the IDP sites in 2018. 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

For more help and support, please contact:

Dr. Pinyi Nyimol Mawien
Director General Preventive Health Services
Ministry of Health
Republic of South Sudan
Telephone: +211916285676

Dr. Mathew Tut Moses
Director Emergency Preparedness and Response (EPR)
Ministry of Health
Republic of South Sudan
Telephone: +211922202028

Notes

WHO and the Ministry of Health gratefully acknowledge health cluster and health pooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO and USAID for providing financial support.

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