South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W37 2018 (Sep 10 – Sep 16)
The total consultation in the country since week 1 of 2018 is 5,111,789 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 31.3% of the deaths since week 1 of 2018, followed by acute respiratory infection, bloody acute watery diarrhoea.

Proportional morbidity

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 1,782,977 (59.9%) followed by AWD, ARI 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 59.9% of the consultations in week 37 (representing an increase from 48.9% in week 36).
Among the IDPs, Malaria and ARI accounted for 29.9% and 20.1% of the consultations in week 36. 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 is the top cause of morbidity in the country, with a total of 1,782,977 cases and 250 deaths registered since week 1 of 2018. Malaria trend for week 37 of 2018 is below 2014, and 2015 as shown in the figure 4a, above.

Since the beginning of the year, a total of 109 malaria alerts have been triggered, 73 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

The number of AWD alerts triggered since week 1 of 2018 is 111, out of which 76 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018.

AWD is one of the top causes of morbidity in the country with 371,340 cases reported since week 1 of 2018 including 43 deaths. AWD trend for week 37 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 111, out of which 76 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 51,069 cases of ABD have been reported country wide including 23 deaths. 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 139 alerts were generated since week 1 of 2018, of which 96 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 408 suspect measles cases including 3 death (CFR 0.74%) 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, 113 alerts of measles were triggered and 94 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.
Table 6 | Proportional mortality by cause of death in IDPs W37 2018

<table>
<thead>
<tr>
<th>Cause of Death by IDP site</th>
<th>Bentiu &lt;5yrs</th>
<th>Bentiu ≥5yrs</th>
<th>Juba 3 &lt;5yrs</th>
<th>Juba 3 ≥5yrs</th>
<th>Total deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>malaria</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pneumonia</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAM</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sepsis</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Septic shock</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaemia</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drown in Water</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asphyxion</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total deaths</strong></td>
<td>9</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>13</td>
</tr>
</tbody>
</table>

Among the IDPs, mortality data was received Bentiu PoC and UN House PoC in week 37. (Table 6). A total of 13 deaths were reported during the week. Bentiu PoC reported 11 (85%) in the week. During the week, 10 (77%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 37 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 37 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 37 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 W37, 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>8</td>
<td>1</td>
<td>2</td>
<td>45</td>
<td>3</td>
<td>27</td>
<td>12</td>
<td>1</td>
<td>18</td>
<td>21</td>
<td>13</td>
<td>1</td>
<td>22</td>
<td>27</td>
<td>239</td>
<td>428</td>
</tr>
<tr>
<td>Juba 3</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>40</td>
<td>6</td>
<td>7</td>
<td>79</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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></td>
<td>1</td>
<td>6</td>
<td>15</td>
<td>25</td>
<td>200</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Akobo</td>
<td></td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>10</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wau PoC</td>
<td></td>
<td>1</td>
<td></td>
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<td></td>
<td></td>
<td>0</td>
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<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>8</td>
<td>3</td>
<td>9</td>
<td>9</td>
<td>5</td>
<td>61</td>
<td>3</td>
<td>28</td>
<td>21</td>
<td>1</td>
<td>23</td>
<td>23</td>
<td>15</td>
<td>2</td>
<td>28</td>
<td>16</td>
<td>345</td>
<td>600</td>
</tr>
</tbody>
</table>

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

A total of 600 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