South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W40 2018 (Oct 01 – Oct 07)
The total consultation in the country since week 1 of 2018 is 5,557,222 by hub. Aweil 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 38.9% of the deaths since week 1 of 2018, followed by ARI, acute watery diarrhoea and bloody diarrhoea.

Proportional morbidity

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 1,975,897 (61.9%) 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 66.3% of the consultations in week 40 (representing a decline from 73.1% in week 39).
Among the IDPs, Malaria and AWD accounted for 29.3% and 17.0% of the consultations in week 40. The other significant causes of morbidity in the IDPs include ARI, 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 course of Morbidity in the country, a total of 1,975,897 cases with 275 deaths registered since week 1 of 2018. Malaria trend for week 40 of 2018 is below 2015 and 2016 as shown in the figure 4a, above.

Since the beginning of the year, a total of 111 malaria alerts have been triggered, 74 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 116, out of which 81 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 386,915 cases reported since week 1 of 2018 including 37 deaths. AWD trend for week 40 of 2018, is below 2016 and 2017, as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management
Since week 1 of 2018, a total of 53,275 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.

Total of 150 alerts were generated since week 1 of 2018, of which 107 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 420 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, 122 alerts of measles were triggered and 102 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 Bentiu PoC and UN House PoC in week 40. (Table 6). A total of 16 deaths were reported during the week. Bentiu PoC reported 12 (75%) in the week. During the week, 4 (25%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 36 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 40 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 40 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 W40, 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>Trauma</th>
<th>HIV/AIDS</th>
<th>TB</th>
<th>others</th>
<th>Grand Total</th>
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<tr>
<td>Bentiu</td>
<td>7</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>46</td>
<td>3</td>
<td>27</td>
<td>13</td>
<td>1</td>
<td>18</td>
<td>21</td>
<td>13</td>
<td>1</td>
<td>22</td>
<td>7</td>
<td>260</td>
<td>207</td>
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<tr>
<td>Juba</td>
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<td>1</td>
<td>5</td>
<td>11</td>
<td></td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>7</td>
<td>84</td>
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<td>1</td>
<td>10</td>
<td>15</td>
<td>45</td>
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<tr>
<td>Malakal</td>
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</tr>
<tr>
<td>Grand Total</td>
<td>8</td>
<td>3</td>
<td>9</td>
<td>10</td>
<td>5</td>
<td>62</td>
<td>3</td>
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<td>Proportionate mortality [%]</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>##</td>
<td>1%</td>
<td>5%</td>
<td>4%</td>
<td>0%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
<td>0%</td>
<td>5%</td>
<td>3%</td>
<td>-1%</td>
<td>100%</td>
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</tr>
</tbody>
</table>

A total of 587 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