South Sudan

Integrated Disease Surveillance and Response (IDSR)

Epidemiological Update W03 2019 (Jan 14, 2018- Jan 20, 2019)
• The completeness for IDSR reporting at the county level was 74% in week 3 of 2019. The completeness for EWARS reporting from IDPs was 76%.

• A Measles outbreak has been confirmed in Juba after five samples from suspected measles cases from Kator PHCC tested positive for Measles IgM antibodies. A total of 21 cases including two (2) deaths have been reported. The cases are from two payams of Kator and Amarat.

• A reactive vaccination campaign was conducted in Rumammer, Alal, Mijak and Abyei between 23rd January 2019 and 28th January, 2019 where 11132 (73%) children were vaccinated out of the 15205 children that were targeted in the four counties. The campaign was extended beyond the four days that was planned for in Rumammer, Mijak and Abyei to attempt to reach as many children as possible following logistical challenges and insecurity which hampered the teams movement during the campaign.

• A reactive vaccination campaign has been conducted between 16th-21st January, 2019 in eight (8) payams in Rumbek East, three (3) payams in Yirol West, and one (1) payam Wulu. Out of 51,653 children targeted for vaccination, a total of 50,433 (98%) children were vaccinated.

• There was no new suspected Rift Valley Fever (RVF) cases reported from Yirol East in week 03. 2019. A total of 58 suspected human cases including 6 confirmed; 3 probable; 48 non-cases; and 01 pending classifications (with no definitive lab. test results) have been reported. Nine confirmed animal cases (cattle).

• Three new HEV cases reported from Bentiu PoC in week 03-04, 2019. A total of 169 HEV cases (18 confirmed by PCR) have been reported in Bentiu PoC in 2018. The new cases tested positive on RDT testing. Current response entails surveillance, case follow up in the communities and access to WASH services

• In light of the confirmed EVD outbreak in North Kivu, the South Sudan EVD contingency plan has been updated and implemented to mitigate the risk of EVD importation and enhance readiness capacities.
SURVEILLANCE PERFORMANCE

For the Integrated Disease Surveillance (IDSR) network and Early warning alert and response network (EWARN)
Completeness for IDSR reporting at the county level was 74% in week 3, 2019 and cumulatively at 48% for 2019.

Timeliness for IDSR reporting at the county level was 74% in week 3 and cumulatively at 74% for 2019.
The graph shows completeness for the weekly IDSR reporting at the county level. An improvement is noted in comparison to week 02, 2019.

1Completeness footnote (to be drafted)
Counties that submitted their IDSR reports in week 03, 2019 are shown in green in map 1a.

Counties that did not submit their IDSR reports in week 03, 2019 are shown in grey in map 1a.
Both timeliness and completeness for EWARS/IDP reporting stand at 76% for week 03, while the cumulative completeness and timeliness are 47% and 46% respectively for 2019.
EVENT-BASED SURVEILLANCE

Alert management including detection; reporting; verification; risk assessment; & risk characterization
Out of 17 alerts that were received in week 03, 65% were verified and 0% were risk assessed. None of the alerts required a response.
In epi week 3 of 2019, Measles (7), malaria (3) and bloody diarrhea (3) were the most frequently reported infectious diseases.
In week 03, 2019, 17 alerts were reported through EWARS.

- Measles (7), malaria (3) and bloody diarrhea (3) were the commonly reported causes of alerts.

- An increase in numbers of chicken pox cases has been reported in Aweirial County. About 30 cases have been reported since week 02, 2019. The median age of the cases was 6 years (1 years- 60 years). All the cases are from Mingkaman in Puluk. No deaths have been reported. WHO state team will be traveling from Rumbek to conduct a quick assessment of the situation and advise on a recommended response plan.

- A suspected outbreak of acute watery diarrhea has been investigated and it appeared that the outbreak started in October 2018. Cases are reportedly going down at the time of investigation. Three (3) deaths among children <5 years have been reported. A sample has been collected for laboratory confirmation.
The Figure shows the cumulative number of alerts triggered in 2019 by hazard.
The Figure shows the cumulative alerts by risk assessment state in 2019.

Of the 47 alerts reported in 2019; 44 (93.6%) alerts were verified and three (6.4%) underwent risk assessment.
Major suspect and confirmed outbreaks in South Sudan in 2019
The map shows outbreaks confirmed in 2018. The active outbreaks include: Guinea worm (Rumbek Center and Rumbek North); Rift Valley Fever (Yirol East); HEV (Bentiu PoC); possible malaria upsurge in 8 counties; measles in Bor PoC; Measles in Rumbek East; Yellow Fever in Nzara; Measles in Abyei, Rubella in Malakal PoC and measles in Juba.
Suspect Outbreaks South Sudan – 20th January 2019

- Map shows suspect outbreaks reported in 2018
- New alerts in the week
  - AWD in Malakal
  - Suspected rabies in Bentiu PoC and Nzara
  - AWD in Tambura
  - Suspected meningitis in Lankien, Leer and Mundri
### Response | Summary of major ongoing outbreaks

#### Ongoing epidemics

<table>
<thead>
<tr>
<th>Aetiological agent</th>
<th>Location (county)</th>
<th>Date first reported</th>
<th>New cases since last bulletin</th>
<th>Cumulative cases to date (attack rate %)</th>
<th>Interventions</th>
<th>Case management</th>
<th>Vaccination</th>
<th>Health promotion</th>
<th>WASH</th>
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<tr>
<td>Rubella</td>
<td>Malakal PoC</td>
<td>25/10/2018</td>
<td>20</td>
<td>113 (0.09)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Yellow Fever</td>
<td>Nzara</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
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<tr>
<td>Measles</td>
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<td>82 (0.002)</td>
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<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Measles</td>
<td>Bor PoC</td>
<td>20/10/2018</td>
<td>0</td>
<td>3 (0.15)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
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<tr>
<td>Guinea worm</td>
<td>Rumbek Center &amp; Rumbek North</td>
<td>27/05/2018</td>
<td>0</td>
<td>3 (0.001)</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>RVF</td>
<td>Yirol East</td>
<td>28/12/2017</td>
<td>0</td>
<td>58 (0.054)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Hepatitis E</td>
<td>Bentiu PoC</td>
<td>03/01/2018</td>
<td>4</td>
<td>159 (0.123)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Possible malaria upsurge</td>
<td>9 counties</td>
<td>01/07/2018</td>
<td>4</td>
<td>58 (0.054)</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Measles</td>
<td>Abyei</td>
<td>12/02/2018</td>
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<td>99 (0.06)</td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>Measles</td>
<td>Juba</td>
<td>15/01/2019</td>
<td>21</td>
<td>21</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Ongoing outbreaks in week 01, 2019

1. Rubella Malakal PoC
2. Yellow Fever in Nzara county
3. Measles in Rumbek East county
4. Measles in Bor PoC
5. Guinea worm (Rumbek Center and Rumbek North);
6. Rift Valley Fever (Yirol East);
7. Hepatitis E Virus (Bentiu PoC);
8. Possible malaria upsurge in 9 counties
9. Measles in Abyei
ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS

Brief epidemiological description and public health response for active outbreaks and public health events
Confirmed Measles Outbreak in Rumbek Center

Measles outbreak – Juba

- A total of 21 suspected measles cases were reported from Juba between week 01 and week 04, 2019
  - Five (5) samples from suspected cases from Kator PHCC tested positive for Measles IgM antibodies
  - Results for four (4) samples from cases in Hai-Amarat are pending
  - Two (2) deaths reported
- Thirteen (13) cases from Amarat while 8 cases are from Kator
- A majority of the cases are children < 5 years, 18 (85.8%) while 16 (76.2%) are male

Recommended response
1. A comprehensive outbreak response plan by MoH and the health partners
2. Active case search in the health facilities and communities
3. Distribution of case definitions to health facilities and health workers
4. Increase community awareness through social mobilization
5. Continue with surveillance and routine immunization

**Response**
- Confirmed epidemics

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>Percentage, %</th>
<th>Cumulative %</th>
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<td>&lt;1</td>
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<td>9</td>
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<td>15+</td>
<td>1</td>
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<tr>
<td>Total cases</td>
<td>5</td>
<td>16</td>
<td>21</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Iptive Epidemiology**
- Measles in Juba, week 01-04, 2019

![Measles cases by week and gender](image)
Confirmed Measles outbreak – Abyei

**Background**
- Measles has been present in the area throughout the year, with about one suspected case seen per week.

**Descriptive Epidemiology**
- A total of 115 suspected cases reported between week 7, 2018 and week 03, 2019. Of all the cases, 103 (89.6%) were reported between week 51, 2018 - 03, 2019. Five (5) cases were confirmed between week 51-52, 2018.
- No deaths reported.
- 49 (43%) cases are children <5 years; males are more than female, 66 (57.9%)
- Rumammer county had most cases with Mabok Payam having the most cases, 93 (80.9%)

**Recommended response**
1. Reactive measles vaccination targeted 15 205 children 6-59 months
2. The vaccination campaign started on 23rd Jan 2019 in Rumammer; on 24th for Alal, Mijak and Abyei
3. As of 28th Jan: 11, 132 (73%) children were vaccinated in the four counties;
4. Lowest coverage in Abyei: 27% (1917/7154) because of insecurity in areas out of town. Coverage in Rumammer was 121% (4933/4071), 198% (2525/1276) in Mijak and 65% (1757/2704) in Alal.
5. Campaign was extended in Rumammer, Mijak and Abyei beyond the four days that was planned for to attempt to reach all the children
6. Challenges experienced included transportation, inaccessibility due to insecurity
Confirmed Measles outbreak – Rumbek East

Background
- Suspect measles cases reported from Mabor Duang village, Aduel payam in Rumbek East where the initial suspect case was a 38 year female whose illness started on 12 October 2018 in week 41.
- The affected village is served by Mabor Duang PHCC

Descriptive Epidemiology
- 82 cases including 9 confirmed cases and 3 death (CFR 3.6%) reported
- Majority of the cases, 55 (67%), were children < 5 years of age
- A total of 9 samples tested positive for measles IgM on 22 November 2018

Recommended response
1. Reactive campaign conducted between 16th - 21st Jan 2019, targeting 51,653 6-59 months old children
   1. SMoH with support from CUAMM, WHO, IOM and UNICEF
2. Campaign conducted in 8 payams in Rumbek Eat, 3 payams in Yirol West and 1 payam in Wulu.
3. About 50,433 (98%) were vaccinated
4. Partners provided technical support and conducted supportive supervision
5. Continue with surveillance and routine immunization

No new cases reported from Rumbek East since week 51, however 13 suspected cases were reported from Yirol East in week 03, 2019. The cases are being investigated.
Confirmed Rubella outbreak – Malakal PoC

**Background**
- Suspect measles cases reported from Sector 1; Block 1 of Malakal PoC starting 27 Oct 2018. The initial three samples were IgM negative for measles and rubella.

**Descriptive Epidemiology**
- A total of 142 suspected rubella cases have been reported since week 43.
- No deaths reported.
- More males, 68 (53.3%) than females affected. Sex variable missing for 15 cases.
- There no cases reported among females within reproductive age groups (15-49 years).
  - Rubella infection in pregnancy associated with congenital rubella syndrome,
  - The outbreak started in sector 1 which remains the most affected sector.
- 41 cases are laboratory confirmed

**Recommended response**
1. Continue line listing and analyzing the epidemiology to describe the high-risk groups
   1. Women of reproductive age group, 15-49 years
2. Provide supportive symptomatic care to new cases
3. Sensitize the communities to enhance routine immunization.

**Age Groups**

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Female, n(%)</th>
<th>Male, n(%)</th>
<th>Total, n(%)</th>
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</thead>
<tbody>
<tr>
<td>&lt;5</td>
<td>36 (28.3)</td>
<td>52 (40.9)</td>
<td>88 (69.3)</td>
</tr>
<tr>
<td>5-9</td>
<td>21 (16.5)</td>
<td>11 (8.7)</td>
<td>32 (25.2)</td>
</tr>
<tr>
<td>10-14</td>
<td>2 (1.6)</td>
<td>4 (3.1)</td>
<td>6 (4.7)</td>
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<tr>
<td>15+</td>
<td>0 (0.0)</td>
<td>1 (0.8)</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Total</td>
<td>59 (46.5)</td>
<td>68 (53.5)</td>
<td>127 (100.0)</td>
</tr>
</tbody>
</table>

**Rubella cases in Malakal PoC, week 43, 2018-03, 2019**

**Rubella cases in Malakal PoC, week 43, 2018 - week 03, 2019**

**Sector**
- Sector 1
- Sector 2
- Sector 3
- Sector 4
Suspected AWD Outbreak - Malakal

Descriptive Epidemiology
- An increase in AWD cases in Malakal PoC and Malakal Town reported from week 51, 2018
- Overall, 467 AWD cases to date
- In Malakal PoC, a total of 333 cases (70 in week 51, 224 in week 52 and 39 in week 01)
- In Malakal Town, 134 cases (49 in week 52 and 85 in week 01)
- Assossa, Jalaba and Malakal Payams had the most number of cases
- Majority of the cases are <5 children
- No mortalities reported

Recommended Responses
- Samples have been collected for testing for cholera and other differentials
- Results are pending
- Continue case management and line listing
- Engaging WASH partners to fill in the gaps in WASH services and increase awareness about the underlying cause of the outbreak
Suspected Meningitis

- **Cuei-Bet**
  - No new cases have been reported from Cuei-Bet since 11\(^{th}\) January
  - Three cases (2 deaths) were reported between week 52, 2018 and week 02, 2019

- **Lankien**
  - Reported from MSF Lankien Facility
  - Three (3) cases; One (1) in week 02, 2019 and two (2) week 03, 2019
  - Cases are from Lankien payam
  - Two children aged 6 months and 2.5 years, and an adult aged 43 years
  - First case reported onset of illness as 6\(^{th}\) Jan, 2019
  - Latest case reported onset of illness as 18\(^{th}\) Jan, 2019
  - One child died on 20\(^{th}\) Jan, 2019
  - One sample (from the last case) collected

- **Leer**
  - One suspected case of meningitis reported from MSF ICCM
  - 10 years old male from Gueny village
  - Date of onset of illness was 18 Jan, 2019
  - Patient is reported to have recovered
  - No sample was collected

- **Mundri**
  - Three (3) cases from Mundri ER; 1 from Kotobi and 2 cases from Mundri West counties
  - Cases aged between 6 months and 13 years
  - First case’s date of onset was 27\(^{th}\) Dec, 2081 and 20\(^{th}\) Jan, 2019 for the last two cases
  - No samples collected
**Epidemiological update**
- As of 19 Dec 2018, only one (1) PCR confirmed Yellow Fever case in the country
- Out of 35 samples collected by investigation team during active case search and contact tracing, two (2) samples tested presumptively yellow fever IgM positive

**Entomological update**
- Overall, the entomological assessments in Sakure, Nzara, and Yambio towns showed no evidence of *Aedes* species mosquitoes and the stegomyia entomological outbreak indices for the three towns were all below the WHO epidemic thresholds. This is attributed to the current dry season and hence the greatly reduced breeding and mosquito populations at this time of the year.

**Laboratory update**
- Out of the 36 samples tested;
  - One (1) sample was PCR confirmed for yellow fever virus.
  - Two (2) samples were presumptively yellow fever IgM positive (PRNT underway)
  - Conclusive testing underway for the remaining 33 samples (presumptively negative or inconclusive on preliminary serological testing).
- The yellow fever PCR positive case and the two presumptive yellow fever IgM positive cases all originate from Sakure payam in Nzara Payam, Gbudue state

**Recommendations and Ongoing Activities**
- Surveillance and laboratory investigation of new suspect cases
- Definitive laboratory results for the samples collected in Sakure during investigation are expected at the end of the month
- The decision on conducting a rapid risk assessment will be based on additional information indicating active transmission
- Microplan for Sakure is currently being updated by WCO in consultation with Afro Office.
The latest EVD suspect case that was reported from Nimule on 27th Jan 2019 has tested negative on GeneXpert. Samples have been sent to UVRI in Entebbe, Uganda for PCR testing.

Samples obtained from 14 Ebolavirus alerts; 13 samples tested negative for Ebolavirus and 1 sample tested positive for Yellow Fever on PCR; test result for one sample is pending.
Malaria trends

Current malaria trends
Malaria was the leading cause of morbidity accounting for 50.3% of all cases in week 03, 2019. The trend analyses showed at least 9 counties in four state hubs having malaria trends that are significantly higher than expected. Counties with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) include:

1. Aweil hub (Aweil East, Aweil Center)
2. Juba hub (juba)
3. Rumbek hub (Rumbek center, Rumbek East)
4. Kwajok hub (Gogrial West, Tonj South, Gogrial East, Tonj East)

Proposed public health actions
1. Convene malaria taskforce or malaria technical working group meeting to ensure that operational readiness for malaria prevention, diagnosis, and treatment are optimized.
2. Field missions to conduct technical verification of the trends in the affected counties
3. Assessment of current stock levels of malaria diagnostics (RDTs), medicines (ACTs), and LLINs in the affected counties.
4. Stocking up on malaria prevention (LLINs), diagnostics (RDTs), medicines (ACTs), and enhancing behavioral change communication for malaria prevention, prompt investigation and initiation of treatment
At least 169 suspect cases of Hepatitis E (HEV) have been reported in Bentiu PoC since early 2018. Of all the cases, 18 suspect cases were confirmed using PCR.

- One (1) case was reported in week 3 while four (4) were reported in week 04, 2019.
- All the recent cases have recovered and discharged.
- One (1) mortality (CFR 0.60%).
- Only 11 HEV cases have been admitted.
- Males were more affected accounting for 56.8% of all the cases.
- Age group 15-44 years had the most cases, 58 (34.3%).
- Out of the 73 females cases that were reported, 27 (37.0%) were aged 15-44 years.
  - At risk of adverse outcomes if infected in the 3\textsuperscript{rd} trimester of pregnancy.
- Use of stagnant water likely to be source of infection.
- UNICEF has disseminated key HEV messages on radio [Kondial FM & Bentiu FM] and through community sensitizations.
- Case identification and follow up in the communities and WASH interventions are ongoing.
Ongoing epidemics - Epidemic description - RVF Eastern Lakes state

- No new suspect RVF case reported from Yirol East in week 01, 2019.
- In the period 7 December 2017 to 16 Dec 2018, a total of 58 suspect RVF cases were reported in Eastern Lakes.
- These were reclassified based on investigations and laboratory results, such that as of 16th Dec 2018, there were a total of six (6) RVF confirmed cases, three (3) probable, and 01 suspect RVF cases (either no samples collected or samples collected and test results are pending).
- Forty eight (48) cases were discarded as non-cases following negative laboratory results for RVF and other common causes of viral haemorrhagic fever.
- A total of nine animal samples have been confirmed serologically (IgM and IgG).
- Current response entails surveillance, laboratory testing, supportive care for suspect cases, and community sensitization on hygienic animal handling.

<table>
<thead>
<tr>
<th>Sno.</th>
<th>Description</th>
<th>Number</th>
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<tbody>
<tr>
<td>1</td>
<td>Suspect cases</td>
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<td>2</td>
<td>Total deaths</td>
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<td>3</td>
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<td>7</td>
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<td>8</td>
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<td>9</td>
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<td>10</td>
<td>Positive animal cases</td>
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OTHER PUBLIC HEALTH THREATS

Brief epidemiological description and public health preparedness and response to select public health threats
Brief on the Ebola situation in DR Congo and updates on EVD preparedness in South Sudan
**Ebola update DRC 22 Jan 2019**

**Current situation**
- Currently in 25th week of the outbreak
- 713 Cases [664 confirmed & 49 probable]
- 439 Deaths [390 confirmed & 49 probable]
- 61 Health workers [54 confirmed; 20 dead]

**Response update**
- 4634 contacts under surveillance [81-92% followed up]; 60,460 vaccinated

**Affected health zones**
- 2 provinces [North Kivu & Ituri]
- 17 health zones [13 North Kivu & 4 Ituri]
- 102 cases in last 21 days: Katwa (62), Beni (2), Komanda (1), Butembo (12), Mabalako (1), Oicha (6), Kalungata (2), Musinene (2), Kyondo (3), Manguredjipa (3), Biena (2), Vuhovi (1), Mangurujipa (1), Kanyina (5)

Source: WHO Ebola situation report
• Trends in case incidence reflects continuation of the outbreak
• Multiple peaks have been recorded since the outbreak was declared

Source: WHO Ebola situation report
**EVD risk assessment**

- Very high-risk of regional spread to priority 1 countries like South Sudan

- On 17 Oct 2018; Emergency committee determined that EVD outbreak in DRC does not constitute a Public Health Emergency of International Concern (PHEIC)

- Priority 1 counties like South Sudan urged to:
  - Accelerate preparedness & surveillance
  - Strengthen risk communications
  - Vaccinating frontline HCWs in areas bordering DRC
EVD preparedness activities undertaken in South Sudan

- South Sudan, as a priority one (1) country for Ebola virus disease outbreak (EVD) preparedness continues to make progress to enhance capacities for EVD case detection, investigation, response, and prevention.

- The national Ebola taskforce continues to meet twice weekly and is coordinating the implementation of the EVD contingency plan. The Ebola taskforce working groups are currently updating and implementing the EVD contingency plan to enhance readiness capacities for EVD response.

- Detailed preparedness update can be accessed at https://www.afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan
The electronic EWARS platform captures points of entry screening data and enables summarizing number of travelers screened on weekly basis. In week 03 of 2019, 13,754 individuals were screened at various screening points in the country.
MAJOR SUSPECT OUTBREAKS & EVENTS REPORTED IN 2019

Listing of the major suspect outbreaks and public health events reported in 2018-2019
<table>
<thead>
<tr>
<th>Date of report</th>
<th>Disease suspected</th>
<th>Number cases (deaths)</th>
<th>County</th>
<th>Payam</th>
<th>Status of investigations</th>
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<tbody>
<tr>
<td>20/10/2018</td>
<td>Measles</td>
<td>3</td>
<td>Bor South</td>
<td>Bor PoC</td>
<td>At least three suspect measles cases reported from Bor PoC since 20/10/2018. All tested measles IgM positive following tests done in Juba. Reactive measles campaign planned.</td>
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<tr>
<td>24/11/2018</td>
<td>Yellow Fever</td>
<td>1</td>
<td>Nzara</td>
<td>Sakure</td>
<td>A suspect Ebola case was reported from Sakure on 23/11/2018 and investigated by the rapid response team on 24/11/2018. Preliminary testing in Juba on 24/11/2018 were negative for Ebola Zaire following GeneXpert testing. Further testing of the sample was PCR negative for all Ebola species; Marburg; Rift Valley Fever, Crimean Congo Hemorrhagic Fever, and Sosuga viruses. The sample eventually tested PCR positive for Yellow Fever.</td>
</tr>
<tr>
<td>12/10/2018</td>
<td>measles</td>
<td>82 (3)</td>
<td>Rumbek East</td>
<td></td>
<td>Suspect measles cases reported from Mabor Duang village, Aduel payam in Rumbek East where the initial suspect case was a 38 year female whose illness started on 12 October 2018 in week 41. The affected village is served by Mabor Duang PHCC. 82 cases including 9 confirmed cases and 3 death (CFR 3.6%) reported. Cases reported from six payams with most originating from Aduel; Atiaba, and Mathian kok. Majority of the cases, 55 (67%), were children &lt; 5 years of age. A total of 9 samples tested positive for measles IgM on 22 November 2018</td>
</tr>
<tr>
<td>24/12/2018</td>
<td>Dog bites</td>
<td>8</td>
<td>Bentiu</td>
<td>Bentiu PoC</td>
<td>A cluster of cases of dog bites has been reported in Bentiu PoC. Eight (8) cases have been seen at health facilities between 24th Dec 2018 and 28th Dec 2018. Majority (75%) of the cases were children aged 5-12 years. None of the cases has been symptomatic or had severe symptoms.</td>
</tr>
<tr>
<td>Date of report</td>
<td>Disease suspected</td>
<td>Number cases (deaths)</td>
<td>County</td>
<td>Payam</td>
<td>Status of investigations</td>
</tr>
<tr>
<td>----------------</td>
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<td>-------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>06/01/2019</td>
<td>Malaria alerts</td>
<td>counties with trends significantly higher than expected</td>
<td>9</td>
<td></td>
<td>Counties with malaria trends that exceed the threshold (third quartile of trends for the period 2013-2017) include: Aweil hub (Aweil East, Aweil West and Aweil North)</td>
</tr>
<tr>
<td>27/10/2018</td>
<td>Rubella</td>
<td>142</td>
<td>Malakall PoC</td>
<td></td>
<td>A total of 113 suspected rubella cases have been reported since week 43. No deaths reported. 41 cases are laboratory confirmed</td>
</tr>
<tr>
<td>31/12/2019</td>
<td>HEV</td>
<td>159</td>
<td>Bentiu PoC</td>
<td></td>
<td>At least 155 suspect cases of Hepatitis E (HEV) have been reported in Bentiu PoC in 2018. Of all the cases, 18 suspect cases were confirmed using PCR. The eight (8) cases were reported between week 50-52 tested positive on RDT testing. One (1) mortality (CFR 0.65%) in 2018. Resulst are pending.</td>
</tr>
<tr>
<td>06/01/2019</td>
<td>Acute Watery Diarrhea</td>
<td>467</td>
<td>Malakal PoC &amp; Malakal Town</td>
<td></td>
<td>An increase in AWD cases in Malakal PoC and Malakal Town reported from week 51, 2018. Overall, 467 AWD cases to date. In Malakal PoC, a total of 333 cases (70 in week 51, 224 in week 52 and 39 in week 01). In Malakal Town, 134 cases (49 in week 52 and 85 in week 01). Assosa, Jalaba and Malakal Payams had the most number of cases. No mortalities reported.</td>
</tr>
<tr>
<td>06/01/2019</td>
<td>Measles</td>
<td>115</td>
<td>Abyei</td>
<td></td>
<td>Measles has been present in the area throughout the year, with about one suspected seen per week. A total of 45 suspected cases reported between week 7, 2018 and week 02,2019. The number of cases increased from week 50, 2018. Of all the cases, 35 (76%) were reported between week 51, 2018-02, 2019. Five (5) confirmed cases between week 51-52, 2018. No deaths reported</td>
</tr>
<tr>
<td>27/01/2019</td>
<td>EVD</td>
<td>1</td>
<td>Nimule</td>
<td></td>
<td>An alert was reported on 27th Jan, 2019. The cases was investigated, sample collected which tested negative on GneneXpert testing. PCR results are pending.</td>
</tr>
<tr>
<td>27/01/2019</td>
<td>Measles</td>
<td>2</td>
<td>Juba</td>
<td>Kator and Amarat</td>
<td>Twenty-one (21) cases reported as from week 01, 2019. Five cases confirmed positive for Measles IgM antibodies. Two deaths have been reported.</td>
</tr>
<tr>
<td>Date of report</td>
<td>Disease suspected</td>
<td>Number cases (deaths)</td>
<td>County</td>
<td>Payam</td>
<td>Status of investigations</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
<tr>
<td>21/01/2019</td>
<td>Chicken Pox</td>
<td>0</td>
<td>Awerial</td>
<td>Puluk</td>
<td>30 suspected cases of chicken pox all coming from Mingkaman in Puluk Payam.</td>
</tr>
</tbody>
</table>
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