South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W08 2019 (Feb 18 – Feb 24)
The total consultation in the country since week 1 of 2019 is 987,730 by hub, Bentiu 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 2019, with AWD being the main cause of mortality accounting for 29.3% of the deaths since week 1 of 2019, followed by ARI and malaria.

Proportional morbidity

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 28,147 (48.0%) followed by ARI, AWD and ABD respectively since week 1 of 2019. refer to the figure above for more information.
In the relatively stable states, malaria is the top cause of morbidity accounting for 29.1% of the consultations in week 08 (representing a decline from 33.1% in week 06).
Among the IDPs, ARI and Malaria accounted for 26% and 14% of the consultations in week 08. 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 injuries.
Malaria is the top course of Morbidity in the country, a total of 286,779 cases with 52 deaths registered since week 1 of 2019. Malaria trend for week 08 of 2019 is below 2016, 2017 and 2018 but above 2015 as shown in the figure 4a, above.

Since the beginning of the year, a total of 26 malaria alerts have been triggered, 23 of those were verified. The Maps above indicate the location reporting malaria alerts from, 2015, 2016, 2017, 2018, and 2019.
Acute Watery Diarrhoea | Trends over time

AWD is one of the top causes of morbidity in the country with 83,116 cases reported since week 1 of 2019 including 80 deaths. AWD trend for week 8 of 2019 is below 2015, 2016, 2017, and 2018 as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management

The number of AWD alerts triggered since week 1 of 2019 is 33, out of which 25 were verified. Maps above highlight the areas reporting AWD alerts from 2015 to 2019.
Acute Bloody Diarrhoea | Trends over time

Figure 6a | Trend in bloody diarrhoea cases over time (South Sudan)

Graph legend
- 2019
- 2018
- 2017
- 2016
- 2015

Key bloody diarrhoea indicators (2019)
- 11,491 Cases
- 49 Deaths
- 26 Alerts

Figure 6b | % morbidity
Figure 6c | Age breakdown

Since week 1 of 2019, a total of 11,9491 cases of ABD have been reported country wide including 49 deaths. ABD trend for 2019 is below 2015, 2016, 2017, and 2018 respectively. Refer to figure 6a, above.

Acute Bloody Diarrhoea | Maps and Alert Management

Map 6 | Map of bloody diarrhoea cases by county (2019)

a. 2014
b. 2015
c. 2016
d. 2017
d. 2018

Map 7 | Map of bloody diarrhoea alerts by county (2019)

Map legend
- Number of bloody diarrhoea cases
- Number of alerts

Risk Assessment
- Low Risk
- Moderate Risk
- High Risk
- Very High Risk

Total of 26 alerts were generated since week 1 of 2019, of which 18 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2015 to 2019 are shown above.
Since the beginning of 2019, at least 278 suspect measles cases including 1 death (CFR 0.74%) have been reported. Of these, suspect cases have undergone measles case-based laboratory-backed investigation with samples collected out of which measles IgM positive cases; clinically confirmed cases; and cases confirmed by epidemiological linkage.

Since week 1 of 2019, 70 alerts of measles were triggered and 60 of those have been verified at county level. Maps of areas raising alerts from 2015 to 2019 are shown above.
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