



South Sudan: Cholera Outbreak Situation Report

Situation report: No. 002

Date of onset of outbreak: 28 September 2024

Reporting date: 09 November 2024

Data Source: State Ministry of Health and National Public Health Laboratory



Cholera response | Cumulative figures from 28 September to 09 November 2024

114

Cases

2

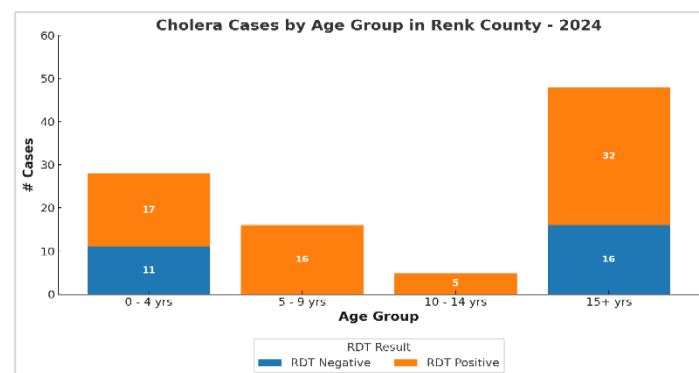
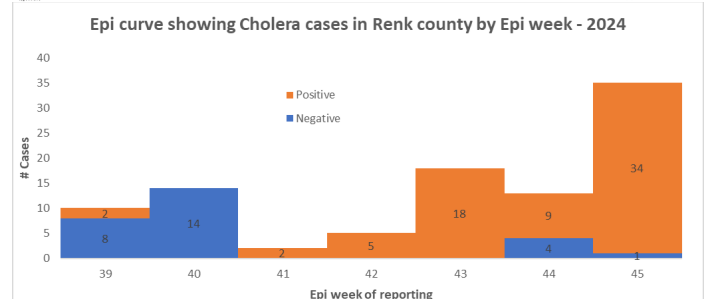
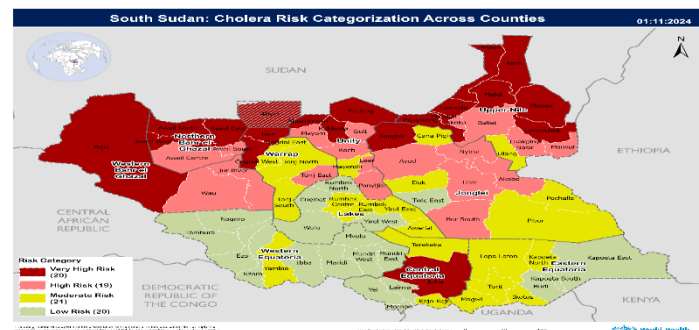
Death

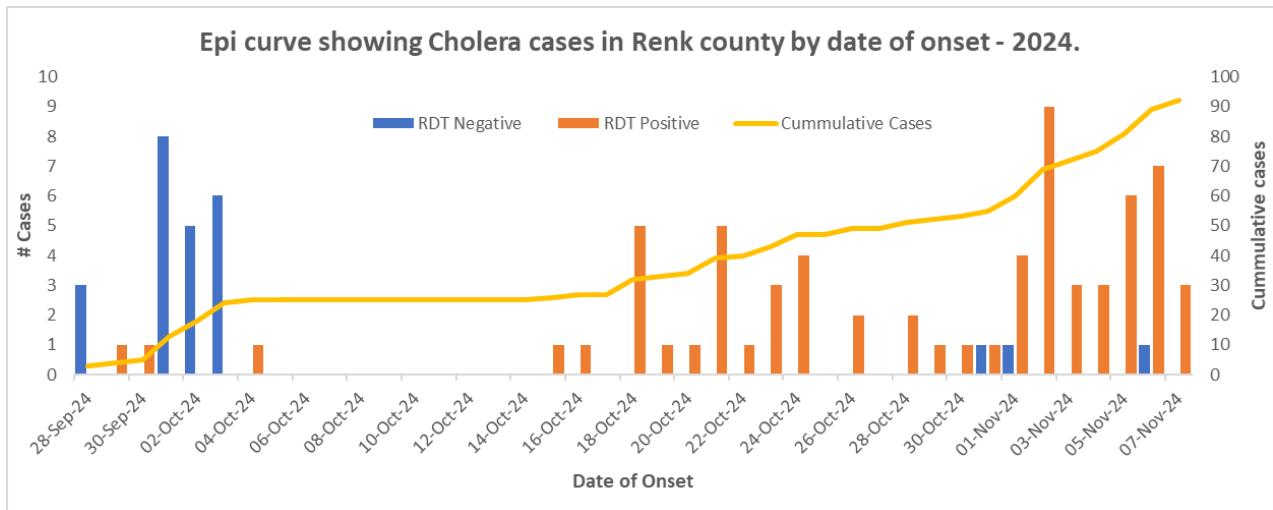
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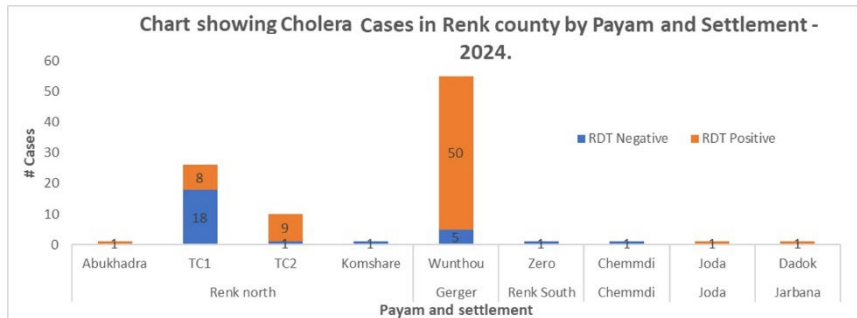
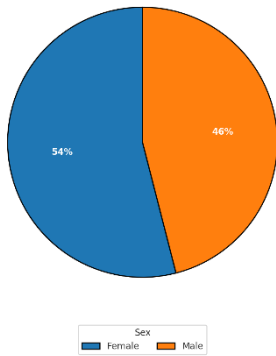
Key Weekly Highlights as of 09 November 2024

- Cumulatively, 97 suspected cholera cases have been reported in Renk, including two health facility deaths recorded since the onset of the outbreak.
- Out of the 97 cumulative suspected cases reported in Renk, 70 were RDT positive.
- A cumulative total of Sixteen (16) culture positive cases have been reported out of 49 samples received at the National Public Health Laboratory.
- One culture positive case has also been reported in Juba.
- In addition, 17 suspected cholera cases, including 6 RDT positive cases have been reported from Malakal.
- All suspected cases have been tested using Rapid Diagnostic Tests (RDTs).
- In the past one week 45 new suspected cases have been reported.
- There are currently 8 patients admitted, with 4 each in Wunthou CTC and Renk County Hospital.
- Overall, 52(54%) of the total cases are Females and 45 (46%) are Males.
- A shipment of 12 metric tons of medical supplies has been sent to Renk.
- The common presenting signs and symptoms include watery diarrhea, vomiting, and abdominal cramps.
- Of the Sudan states bordering South Sudan, Sennar has





Cholera Cases in Renk County by Sex - 2024



Background

Due to the ongoing cholera outbreak in Sudan, north of South Sudan, and widespread flooding affecting large parts of the South Sudan, the Ministry of Health with support from WHO has been actively preparing for potential cholera outbreak in South Sudan, particularly in Upper Nile State that is witnessing a significant influx of returnees and refugees as a result of the protracted conflict in Sudan.

On 28 September 2024, the Ministry of Health received a report of two suspected cases of cholera from Wunthou Primary Health Care Center. Samples from the two suspected cholera cases were collected and immediately shipped to the National Public Health Laboratory (NPHL) in Juba on 30th September 2024. The two samples were tested using culture and one of the samples tested positive confirming *Vibrio cholerae* O1.

The Ministry of Health immediately planned to establish evidence of local transmission including deployment of a team to Renk to conduct an initial outbreak investigation, active case search,



collect additional samples and ship to the NPHL for further confirmatory testing. As a result, additional 19 and 5 samples were received by the NPHL on 17th October 2024 and 18th October 2024 (total of 24 samples) respectively. Out of the total of 24 samples tested at the NPHL, 5 similarly tested positive for *Vibrio cholerae* O1 using culture.

Based on the confirmed cholera cases and sufficient evidence of local transmission, the Ministry of Health declared an outbreak of cholera in Renk County, Upper Nile State, South Sudan and immediately activated the public health emergency operations center to response mode with establishment of an incident management system to coordinate multi-sectoral response and ensure effective response interventions are put in place to control and prevent further spread of cholera. As of 1 November 2024, a cumulative total of 52 suspected cholera cases including 16 confirmed cases were recorded.

Coordination efforts are currently ongoing, with the Ministry of Health, WHO and partners meeting regularly to support the response to the cholera outbreak. Bacteriological water quality tests have been conducted at the Wunthou/Joda Point of Entry (PoE) and various water production points in transit centers. Additionally, IEC materials for Acute Watery Diarrhea (AWD) and cholera have been distributed to partners. In terms of logistics, health kits, cholera kits, beds, and tents for the ongoing response are being provided to partners through the WHO Office in Renk.

Key Interventions

Coordination

- Ministry of Health has activated the multisectoral coordination platform at national for effective cholera response.
- A draft multi-sectoral cholera response plan developed to ensure necessary resources are mobilized to support the response to the cholera outbreak.
- Regular National and Subnational Cholera Technical Working Group meetings are held to coordinate the ongoing response interventions and to manage the outbreak effectively.
- The Ministry of Health and WHO, in collaboration with the Renk County Health Department (CHD) and partners, will enhance coordination meetings to support the ongoing response efforts.
- A multi-disciplinary rapid response team (RRT) comprising epidemiologists, laboratory technicians, clinicians, risk communication and community engagement (RCCE) specialist, infection prevention and control (IPC)/Water Sanitation and Hygiene (WASH) specialists, environmental health specialists, operations and logistics have been deployed to strengthen coordination within the health and nutrition sectors and the cholera task force.
- The multi-disciplinary RRT will ensure joint trainings on surveillance, laboratory sample management, case management, IPC/WASH, RCCE are conducted.



- A sub-multisectoral response mechanism is to be enhanced at the Wunthou point of entry, focusing on areas such as coordination, surveillance, laboratory support, case management, risk communication, IPC, WASH, and logistics.

Surveillance

- Deployment of two MOH laboratory teams to train partners, Renk Hospital, and Primary Health Care Center (PHCC) staff on sample testing, specimen collection, storage, and facilitate shipment.
- Orientation of County Rapid Response Teams (RRTs) to enhance contact tracing and conduct active searches through community-based surveillance.
- Strengthening surveillance and data quality management and reporting from facilities are being supported and strengthened.
- Cross border surveillance with Sudan is ongoing using WHO platforms set up through Cholera Grade 3 Response and Sudan Refugee Crisis mechanism to ensure early detection and cross-border notifications.

Case management

- The Ministry of Health with support from WHO prepositioned Cholera Community Modules to Renk to support establishment of Oral Rehydration Points (ORPs) at key strategic locations, such as transit centers, markets, and schools.
- Additional 3 Case Management technical officers are being deployed from the National Ministry of Health to support the case management in both Wunthou CTU and Renk Civil hospital and working work with partners to enhanced by expanding the bed capacity of the Case Treatment Unit (CTU) at Wunthou point of entry.
- Two Cholera Treatment Units (CTUs) have been established to improve disease containment and patient care. MSF operates a 10-bed facility at Renk Civil Hospital while the COVID-19 treatment center has been repurposed, with IMC managing four beds for cholera care.
- Planned case management trainings in the mapped out high-risk locations including Maban, Aweil East, Juba, Malakal, Rubkona and other high-risk areas where there are recorded onward movement of refugees and returnees.

Infection Prevention & Control/WASH

- The WASH ongoing support towards providing and treating water at the treatment plants located in TC1 and TC2.
- WASH cluster has outlined six key WASH strategic intervention areas that they will be implementing to strengthen cholera response.
- The Ministry of Health with support from WHO is conducting routine water quality surveillance in Renk and the laboratory test for Microbiological Analysis Results showed eight samples



tested with fecal and total Coliforms (CFU/100mL) representing a 31% contamination rate of total of 26 water samples collected.

- A total of 200 hygiene kits delivered to Wunthou CTC mainly to be provided to patients upon discharge, including buckets and handwashing soaps.
- A total of 614 individuals, including 130 women, 169 girls, 153 boys, and 162 men, who are returnees and refugees, received laundry soap upon their arrival at Malakal Transit.
- In Malakal, Healthcare Foundation Organization reached a total of 1,021 beneficiaries (159 men, 226 women, 218 boys, and 382 girls) with messages on sanitation and hygiene.

Risk Communication & Community Engagement (RCCE)

- Continued health and hygiene promotion activities in Renk.
- RCCE activities have been intensified to improve behavioral change and health seeking behaviors OCV uptake during the campaigns.
- Mapping of health and hygiene promoters in the Camp and the rest of the county being conducted by C4D to better utilize them for disseminating cholera messages.
- A total of 100 hygiene promoters recruited; 20 already deployed to Joda-Wunthou border, with others to follow to areas like Gerger, Abukadra, Jarbana, and other hotspots.
- Additional 20 South Sudan Red Cross hygiene promotion volunteers deployed in and around the two TCs and Renk town.
- Planned for all households in the two TCs (2,600 households).
- 26 of 34 schools to receive hygiene supplies, including buckets for ORS solutions.
- World Vision to set up additional ORPs in 18 health facilities; SS Red Cross to establish ORPs in community settings outside TCs, market areas, and other gathering points
- In Malakal, 2,981 individuals (693 boys, 770 girls, 551 men, 733 women, 93 elderly men & 141 elderly women) reached with key hygiene messages focussing on food hygiene, personal hygiene, safe excreta disposal, environmental hygiene, safe water collection, storage messages and hand washing hygiene messages. A total of 245 households were reached during 6 home visit sessions over the week.

Oral Cholera Vaccination (OCV)

- A request for oral cholera vaccines from the International Coordinating Group (ICG) has been initiated to conduct reactive OCV campaign in Renk and the surrounding counties.

Logistics and supplies

- A shipment of twelve metric tons of health emergency kits was delivered to Renk by the weekend through the logistics cluster. These kits can support the treatment of 74,200 individuals and include cholera kits capable of treating 2,900 cases (560 severe and 2,340 mild to moderate). The shipment also contains a cholera investigation kit, twenty-five cholera beds, 2 cholera logistics modules, and 10 tents of assorted sizes.



- Additionally, WHO has shipped one ambulance to patient referral of cases from Wunthou to Renk CTU
- Essential medical supplies, including ORS and RDT, delivered to Abukadra and Gerger health facilities.

Challenges

- Lack of refresher training in Case Management, Surveillance, RCCE, IPC/WASH & lab staff in the field and surrounding facilities.
- Limited cholera beds in Wunthou with a limited bed capacity.
- High attrition rate with limited RRT on the ground.
- Inadequate access to improved sanitation facilities that is below the sphere standards in all the sectors of Transit Center 1 and 2 town IDPs.
- Inadequate safe and clean water supply poses risk for surface water consumption within the camp.
- Sub-optimal community engagement and risk communication in affected and high-risk populations on cholera prevention and control.
- Funding gap for cholera response and readiness.

Way forward

- Institution of tactical multisectoral response mechanism at the Wunthou point of entry, focusing on areas such as coordination, surveillance, laboratory support, case management, risk communication, IPC, WASH, and logistics.
- Engage the fifty healthcare workers from various facilities in Renk who have been trained in cholera case management to ensure their availability for supporting the response.
- Deployment of two MOH laboratory teams to train partners, Renk Hospital, and Primary Health Care Center (PHCC) staff on sample testing, specimen collection, storage, and shipment.
- 15 National and 5 County level multidisciplinary Rapid Response Teams (RRTs) will be mobilized from 4 to 12 November to institute rapid response and conduct active search through community-based surveillance.
- Plan to establish Oral Rehydration Points (ORPs) at key strategic locations, such as transit centers, markets, and schools – TC1, TC2, Renk market, Wunthou and two schools.
- Expand bed capacity of the Case Treatment Unit (CTU) at Wunthou point of entry to accommodate ten beds.
- Set up two isolation units at Transit Centers 1 and 2 to improve disease containment and patient care.



- Deployment of MOH WASH expert to conduct water quality testing and guide WASH partners' interventions.
- Infection Prevention and Control (IPC) supplies, including Personal Protective Equipment (PPE), will be provided to health facilities in Renk, with the shipment scheduled for this Saturday.
- Planning and initiation of International Coordinating Group (ICG) request to conduct oral cholera vaccination campaigns targeting high-risk populations, including refugees and returnees.
- Construction of six additional toilets (2 for staff, 4 for patients) at Wunthou CTC to start next week.



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