



## Republic of South Sudan

### Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 40  
*30 September to 06 October 2024*

This weekly bulletin presents the epidemiological status of priority diseases, events, and conditions under surveillance in South Sudan. The data presented in this bulletin comes from various actors involved in preparedness and response to public health events in the country. Special thanks to all the health implementing partners and health cluster humanitarian agencies that continue to support integrated disease surveillance and response.

#### Key highlights

- In week 40 of 2024, the IDSR reporting timeliness was 71%, and completeness was 90%. There have been consistent improvements in both timeliness and completeness since week 31. Nine (11) of the 13 states/administrative areas attained completeness of reporting above 80%. Four states and one administrative area (Lakes, Unity, WES, and RAA achieved a completeness reporting rate of 100%.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance were both at 53%. There was no increase in both timeliness and completeness as compared to the previous week (39) where it was both 53%.
- In week 40, 75 alerts were triggered, and the proportion of verified alerts decreased from 80% in Week 39 to 71% in week 41. Most of the alerts triggered were AWD (23%), ARI (21%), Guinea Worm (14%), ABD (13%) and Malaria (12%)
- A total of 101 suspected cases of Monkeypox have been reported from 10 States and 3 administrative area and Ninety-Three (93) of the tested samples returned PCR negative results for Mpox.
- In week 40 of 2024, Malaria continued to be the top cause of morbidity, reporting 121 855 cases and 30 suspected deaths, representing 50% of the overall morbidity.
- Ongoing cholera readiness in Renk county, as the county heightened surveillance given the threats from ongoing cholera outbreak in the neighboring Sudan.  
Other outbreaks and events, including anthrax and a hepatitis E upsurge in Wau and other multiple locations, as well as flooding, have affected 92,800 people across 38 counties, with 58 health facilities affected.

## Surveillance System Performance

The epidemic alert and response system in South Sudan currently relies mainly on immediate alert notifications and weekly aggregate reporting of cases through the Integrated Disease Surveillance and Response (IDSR) system. This system is complemented by a weekly Early Warning Alert and Response System (EWARS).

Completeness (proportion of all reports received regardless of time) and timeliness (proportion of reports received by the Wednesday following the end of the reporting period) of IDSR and EWARS are shown in Table 1 below. Timeliness and completeness for **week 40 were at 71% and 90%**, respectively, which was an improvement from the attainments from the previous week.

Table 1: Timeliness and completeness of IDSR reporting by State for week 40 compared to 40 of 2024

State	Total facilities	Number of facilities reported (Completeness)Wk40	Comparison of reporting period				Cumulative since year start (2024 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 40	Week 39	Week 40	Week 39		
Lakes	112	112	78%	96%	100%	100%	64%	100%
NBGZ	101	91	72%	66%	90%	84%	57%	78%
Unity	84	84	99%	89%	100%	100%	86%	99%
WBGZ	113	84	42%	57%	74%	76%	39%	81%
WES	191	192	72%	91%	100%	100%	63%	95%
Jonglei	123	103	83%	89%	86%	91%	72%	87%
Warrap	114	95	68%	70%	83%	85%	48%	86%
EES	112	104	47%	77%	93%	94%	58%	91%
RAA	16	16	69%	38%	100%	100%	42%	94%
CES	152	149	97%	99%	96%	100%	59%	94%
AAA	17	16	18%	94%	94%	100%	66%	80%
Upper Nile	143	118	55%	42%	83%	78%	48%	86%
GPAA	16	15	81%	75%	94%	88%	100%	92%
<b>Total</b>	<b>1291</b>	<b>1179</b>	<b>71%</b>	<b>78%</b>	<b>91%</b>	<b>92%</b>	<b>59%</b>	<b>90%</b>

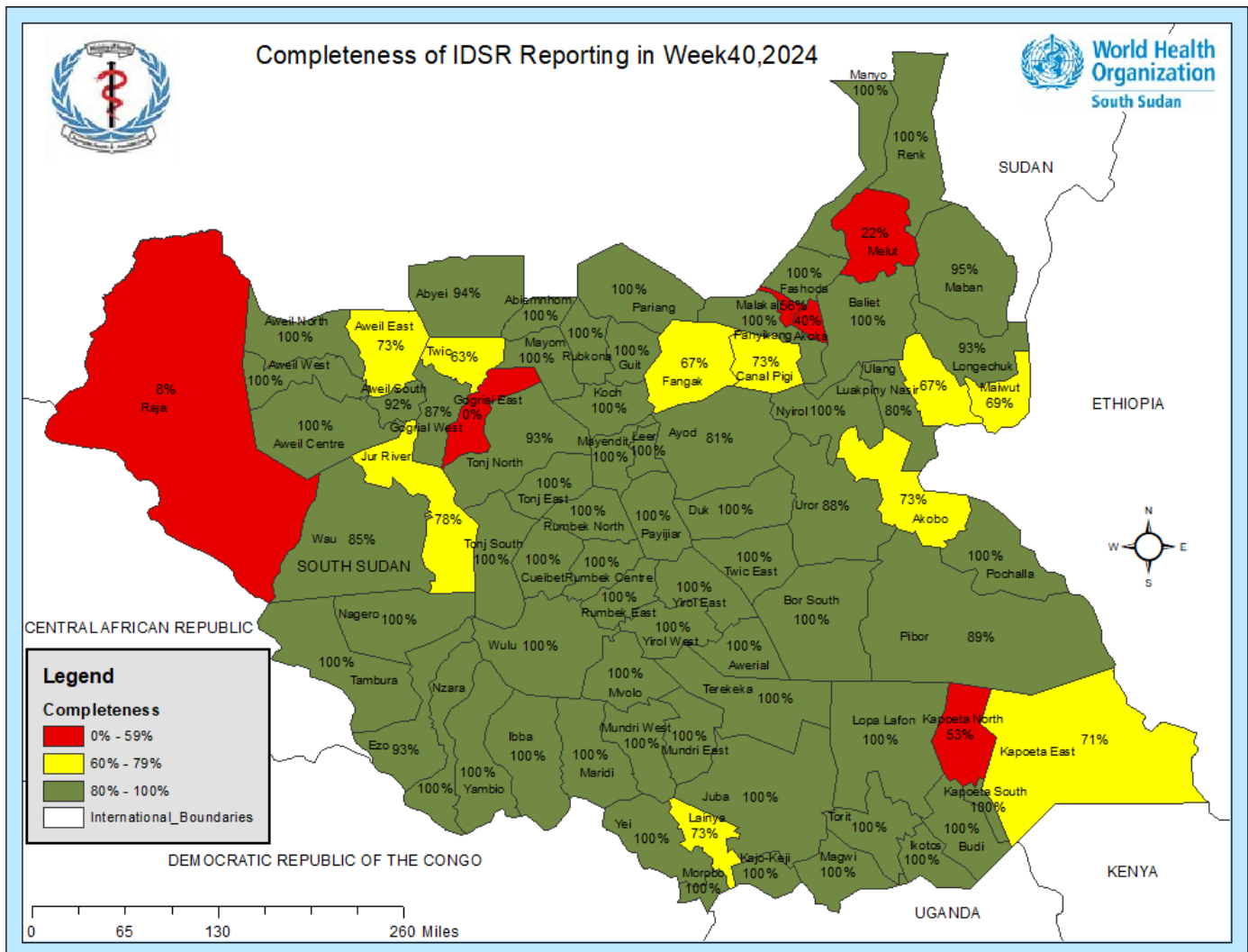
KEY:	Performance Level
≥80%	Good performance
60-79%	Fair performance
<60%	Poor performance

Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 40 of 2024.

Partners	# Of Reporting Mobile Sites	% Of Timeliness in week 40	% Of Completeness in week 40	Payam	# Of Reporting Private Health Facilities	% Of Timeliness in week 40	% Of Completeness in week 40
IMC	4	0%	0%	Kator	3	100%	100%
SSHCO	1	0%	0%	Marial Baai	1	100%	100%
SMC	1	0%	0%	Northern Bari	1	100%	100%
SCI	2	100%	100%	Rajaf	3	100%	100%
HFO	4	75%	75%	Muniki	12	100%	100%
WVI	2	100%	100%	Wau South	20	30%	95%
CIDO	1	100%	100%	Wau North	12	8%	75%
TOTAL	15	53%	53%	Juba	10	100%	100%
				Mangala	1	100%	100%
				TOTAL	63	60%	94%

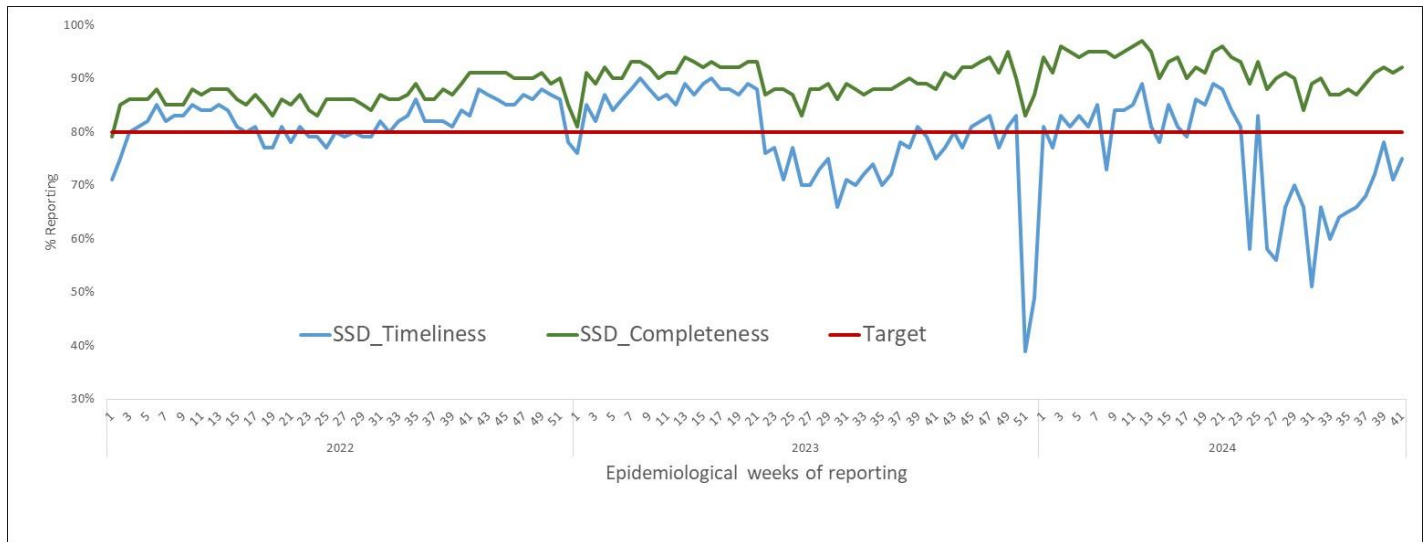
**An important point to note:** The six facilities supported by IMC (4), SSHCO (1), and SMC (1) are no longer reporting due to the end of project funding which has affected the performance of partners reporting sites. The IDSR team is exploring the new implementing partner covering these facilities to re-establish weekly epidemiological reporting.

Figure 1: Completeness of IDSR reporting by County of South Sudan; 2024.



Given the turbulent declines in timeliness and completeness of IDSR reporting, this week, we continued to analyze the performance over the past three years and documented that the declines in 2024 (Wk. 21-31) are more pronounced than they were in previous years of 2023 and 2022. In this HSTP transition period, we shall continue to provide targeted support to the newly contracted health implementing partners for this surveillance performance indicator to recover. Notably, the IDSR timeliness of reporting continues to improve since week 31 when the lowest reporting rates were observed, thanks to the targeted support to the poorest reporting counties.

Figure 2: Timeliness and Completeness of IDSR reporting in South Sudan; 2022-2024.



### Epidemic alerts

In the reporting week 40, a total of 75 alerts have been triggered in the EWARS system, with 71% (53/75) verified in the system, which is lower than the previous week 39, when 80% (142/178) were verified. In Week 40, Greater Pibor and Ruweng Administrative Areas completed the week with no single EWARS alert reporting. Most of the alerts were for Guinea Worm (19%), EBS (16%), AWD (13%), Malaria (11%) and ABD (11%). See Table 3 below for more details.

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 40, 2024.

State/Ad min	Acute jaundice syndrome		Acute Respiratory Infections (ARI)		Acute Watery Diarrhoea		AFP		Bloody Diarrhoea		Cholera		EBS		Guinea Worm		Malaria (Confirmed)		Measles		Neonatal Tetanus		Relapsing Fever		Yellow Fever		Grand Total			
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V		
CES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1
EES	0	0	1	1	2	2	0	0	2	2	1	1	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	8	8
GPAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jonglei	0	0	0	0	0	0	0	0	1	1	0	0	0	0	5	5	0	0	0	0	0	0	2	2	0	0	0	0	8	8
Lakes	0	0	0	0	1	1	1	1	0	0	0	0	4	4	6	6	2	2	0	0	0	0	0	0	0	0	0	0	14	14
NBGZ	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Unity	2	2	1	1	0	0	0	0	0	0	0	0	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	4
Upper Nile	0	0	0	0	0	0	0	0	1	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0
Warrap	0	0	2	0	2	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	7	1
WBGZ	2	2	1	1	0	0	1	1	0	0	0	0	0	0	2	0	1	1	0	0	0	0	0	0	0	0	0	0	7	5
WES	0	0	1	1	5	5	0	0	1	1	0	0	0	0	0	0	1	1	2	2	1	1	0	0	0	0	0	0	11	11
AAA	0	0	2	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0
RAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>4</b>	<b>4</b>	<b>9</b>	<b>5</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>2</b>	<b>8</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>75</b>	<b>53</b>

## Suspected Cholera outbreak alerts from Renk Update.

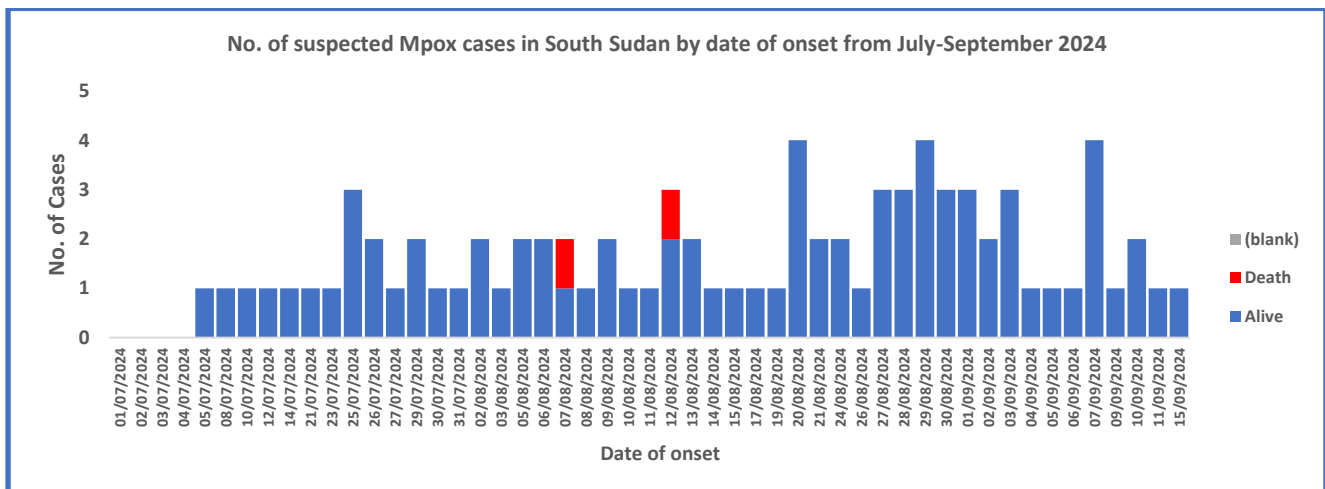
- On 28 September 2024, the WHO team in Renk received a notification of suspected cholera cases in Joda.
- A team was dispatched to investigate, and five alerts were verified and investigated. Stool samples were collected and tested, resulting in two RDT positive and three negative cases.
- The five suspected cases had their stool samples also referred to the National Bacteriology Reference laboratory where they isolated non-pathogenic Vibrio.
- The index RDT-positive sample was taken from a 37-year-old Sudanese woman who traveled from Khartoum and developed symptoms after eating at a restaurant in Wunthou.
- On 17 October 2024, 19 samples from suspected cholera in Renk were received at National Public health laboratory for testing, one of the nineteen sample was RDT positive. In the last 24 hours 4 new suspect cases were also identified and reported
- Currently a cumulative total of 30 suspected cholera cases have been line listed with 8 testing positive with RDT. All suspected cholera cases have been investigated, line listed, and stool samples collected. Only one case was positive for the pathogenic strain of Vibrio Cholerae. The majority of the other samples have tested positive for the non-pathogenic Vibrio.
- CHD, WHO and partners in Renk are coordinating regular meetings to support the response to suspected cholera cases.
- They are emphasizing multisectoral participation and a community-wide approach. Efforts include orienting healthcare workers, updating the cholera line list, shipping samples for analysis, establishing a treatment facility, and assessing the potential for a cholera isolation unit at the border.
- Resource quantification is ongoing for establishing a cholera treatment unit, and efforts are being made to ensure the transportation of supplies and samples for testing.

## Updates on Monkeypox Readiness

The latest update on the suspected Mpox cases is as follows:

As at week 40, the cumulative total of 101 suspected Mpox cases had been reported across 10 states and three administrative area. Out of these, 93 cases have been verified, and samples have been collected. One sample was discarded. Alerts have been received from 24 counties. Out of 93 tested samples, all turned negative for Mpox using the PCR. Thirty-three samples were sent for sequencing, and all tested negative for Mpox. Two confirmed Mpox cases with a travel history to South Sudan were reported in Uganda (one case) and Kenya (one case). Surveillance teams are actively searching for contacts and any other suspected cases in the locations named to have been visited by the two cases with a history of travel to South Sudan.

Figure 3; Epidemic curve for Suspected Mpox Cases Detected/ reported in South Sudan as at Epi Week 40 of 2024.



### Intervention actions

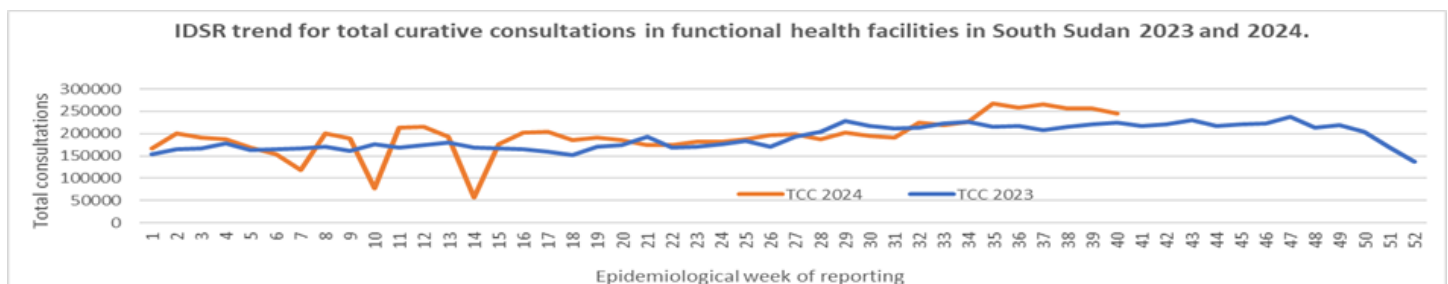
- In line with the Public Health Emergencies Management protocols, the Ministry of Health has elevated the Public Health Emergency Operations Centre to alert status.
- Coordination meetings are held every week from Monday to Friday at 8:30 AM at the NPHEOC
- Active case finding and contact tracing are currently underway in all counties of the country.
- The National M-Pox Preparedness and Response Plan has been finalized and is now validated.
- A risk assessment in high-risk regions has been conducted in Nimule, Kajo-keji, and Yambio.
- Six M-Pox reagent kits have been provided by WHO, CDC, EAC, and NICD to enhance the surveillance and testing capacity of the National Public Health Laboratory to nearly 600 tests.
- An Infection Prevention and Control (IPC) and case management assessment was conducted at the Infectious Disease Unit along Yei Road, and the readiness plan and resource requirements have been quantified, partners mapped against the needs with a defined functionality target start date given as 18<sup>th</sup> October 2024.
- WHO is assisting with the maintenance of three ambulances for the Infectious Disease Unit, following the vehicle assessment report received from the Ministry of Health.
- All Mpox tools have been widely distributed for use at both national and sub-national levels to strengthen surveillance.
- Risk Communication and Community Engagement (RCCE) and Information, Education and Communication (IEC) materials have also been disseminated after receiving clearance from the Ministry of Health.

### Weekly Update on Indicator-Based Surveillance (Week 40)

Indicator-based surveillance is implemented in South Sudan through the EWARS platform according to the IDSR 3rd guidelines, where approximately 59 priority diseases and public health events are regularly monitored and reported from health facilities across the country.

- During week 40 of 2024, individuals aged five years and above had the highest number of consultations account for 63% (154 886 consultations) at the outpatient departments (OPD).
- Since the beginning of this year, a cumulative total of **7 768 088** patients have been treated in both the outpatient and inpatient departments.
- Comparing the utilization of healthcare services in 2023 and 2024 reveals fluctuating trends, suggesting variations in the weekly number of consultations (Figure 4 below).

Figure 4: Trends of cumulative curative/OPD consultations reported in the Monthly DHIS reporting: 2023-2024.



In week 40, a total of **178 183** morbidities were reported from all over South Sudan from across 1294 health facilities. Malaria was the top cause of morbidity accounting for 50% of all cases, followed by Acute respiratory illnesses (16%) and acute watery diarrhea (6%) (Figure 5 below).

Figure 5: IDSR Proportional Morbidity in week 40 of 2024.

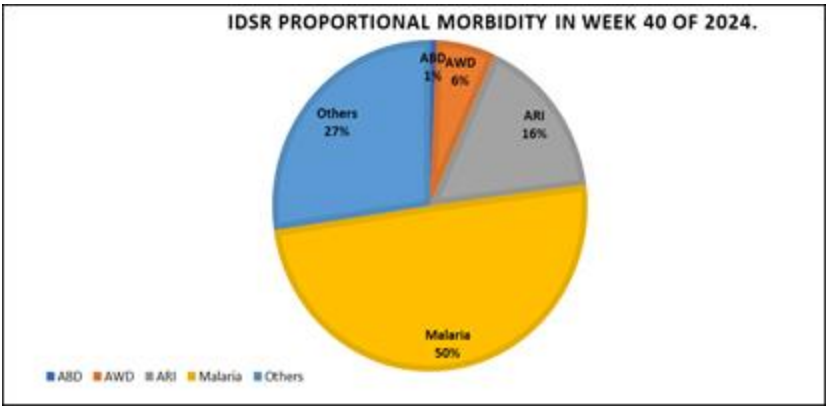
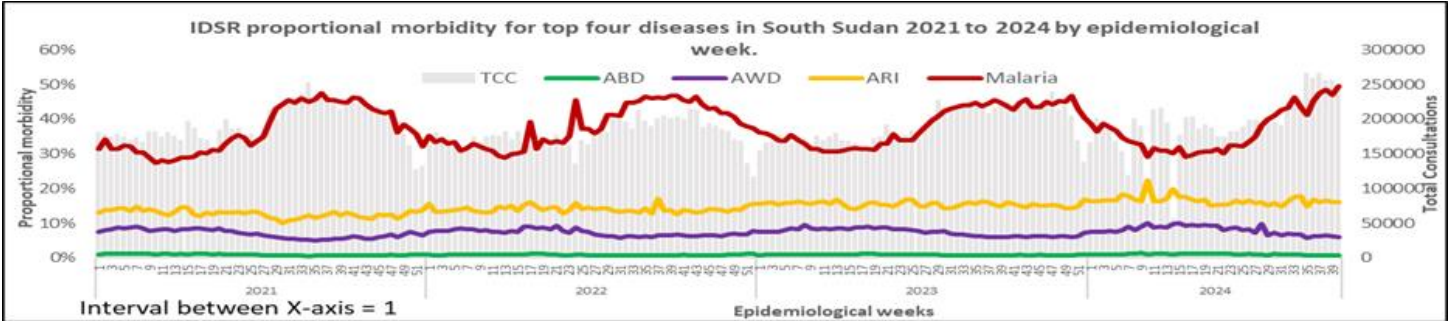


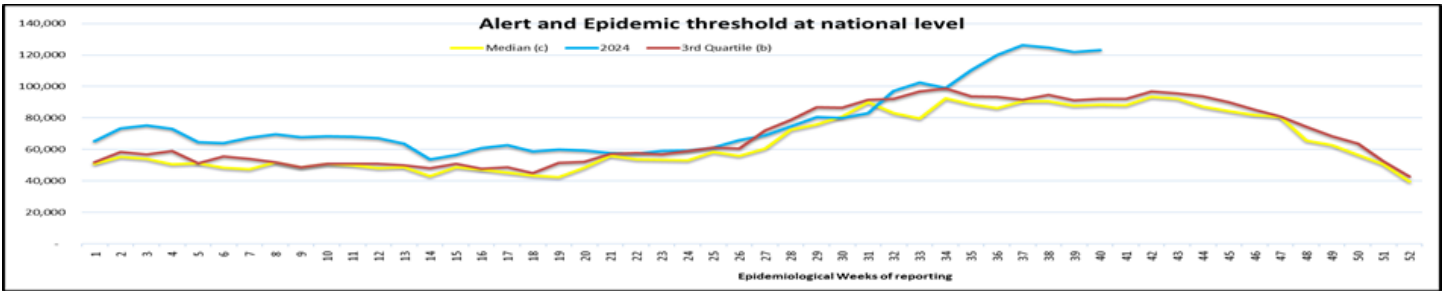
Figure 6: IDSR proportional morbidity for top three diseases in South Sudan 2021 to 2024 by epidemiological week.



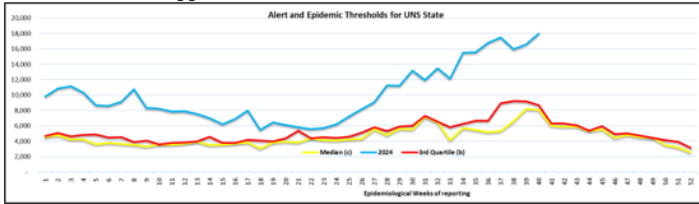
### National Malaria Update

- In the week 40 of 2024, Malaria remains the main cause of illness, with **121 855** reported cases and **30 suspected** fatalities, accounting for 50% of the total morbidity.
- The overall state of Malaria nationally in week 40 of 2024 is above the epidemic threshold. It's important to continuously monitor this situation at all levels. It's worth noting that a malaria epidemic was recorded in four states and 50 counties during this week.
- Data analysis by State indicates that the number of malaria cases in Upper Nile, Central Equatoria, Western Equatoria, Northern Bahr el Ghazal, and Unity states has been consistently exceeding the specified alert and epidemic thresholds for most of the periods observed from week 1 to week 40 of 2024.
- Many states have been experiencing shortages of antimalarial including diagnostics. However, the Malaria program in the Ministry of Health through UNICEF has distributed antimalarials for the last quarter. In flood affected locations, WHO Emergency kits were provided to the health implementing NGOs to bridge the gaps

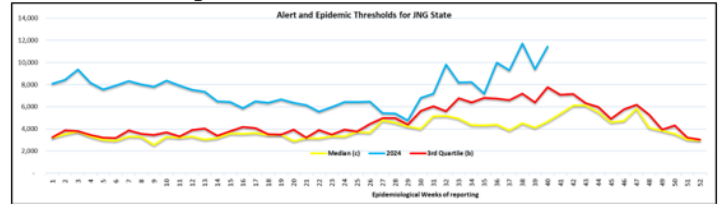
Figure 7 and 8: Malaria Incidence in South Sudan, as of Week 40 of 2024



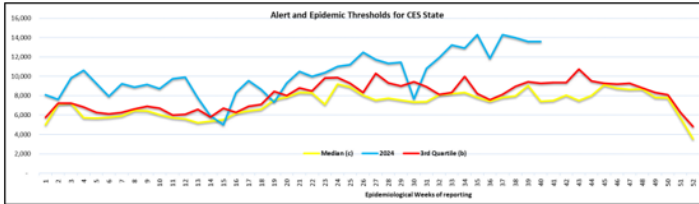
**Malaria trend in Upper Nile State 2022 – 2024.**



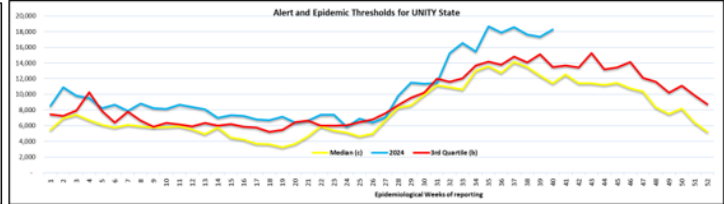
**Malaria trend in Jonglei State 2022 – 2024.**



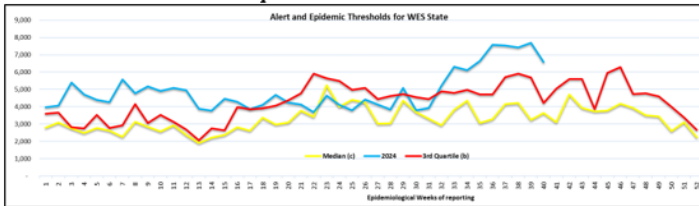
**Malaria trend in Central Equatoria State 2022 – 2024.**



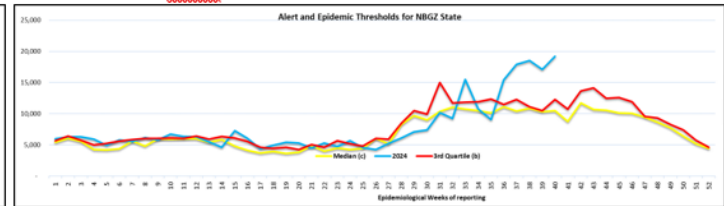
**Malaria trend in Unity State 2022 – 2024.**



**Malaria trend in Western Equatoria State 2022 – 2024.**



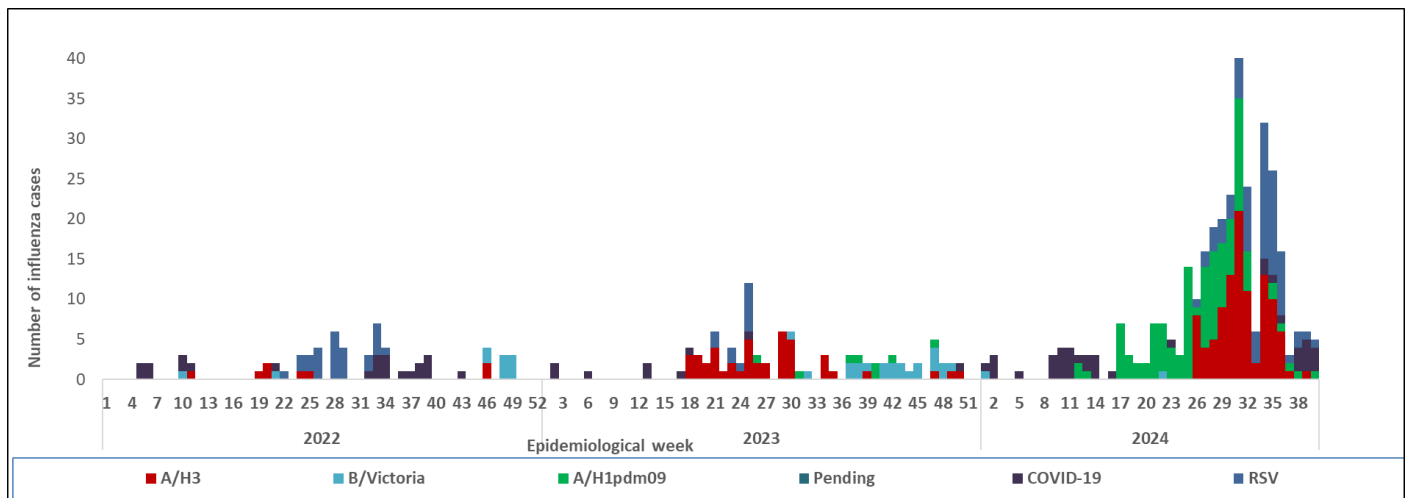
**Malaria trend in NBeG State 2022 – 2024.**



**Influenza Sentinel surveillance weekly updates.**

Currently, there are six designated Influenza sentinel surveillance sites in the country: Juba Teaching Hospital, Al Sabbah Children’s Hospital, Juba Military Hospital, Rumbek State Hospital, Bor State Hospital, and Nimule Hospital. They are actively collecting epidemiological data and samples from ILI/SARI cases.

**Figure 10: Confirmed Influenza, COVID-19 and RSV cases from sentinel sites Epidemiological Week 1 of 2022 to Week 40 of 2024.**



In the Epidemiological Weeks 1 to 40 of 2024, a total of 1810 ILI/SARI samples have been collected; 1498 tested negative for all pathogens, (38) were positive for COVID-19, (104) for Influenza Type A (H3), (2) for Influenza Type B (Victoria), (93) for Influenza A/(H1N1)pdm09 and (75) for RSV. In this week, we document that the dominant strain in Uganda’s sentinel surveillance results is Influenza Type A (H3), followed by Pandemic Influenza A/(H1N1).



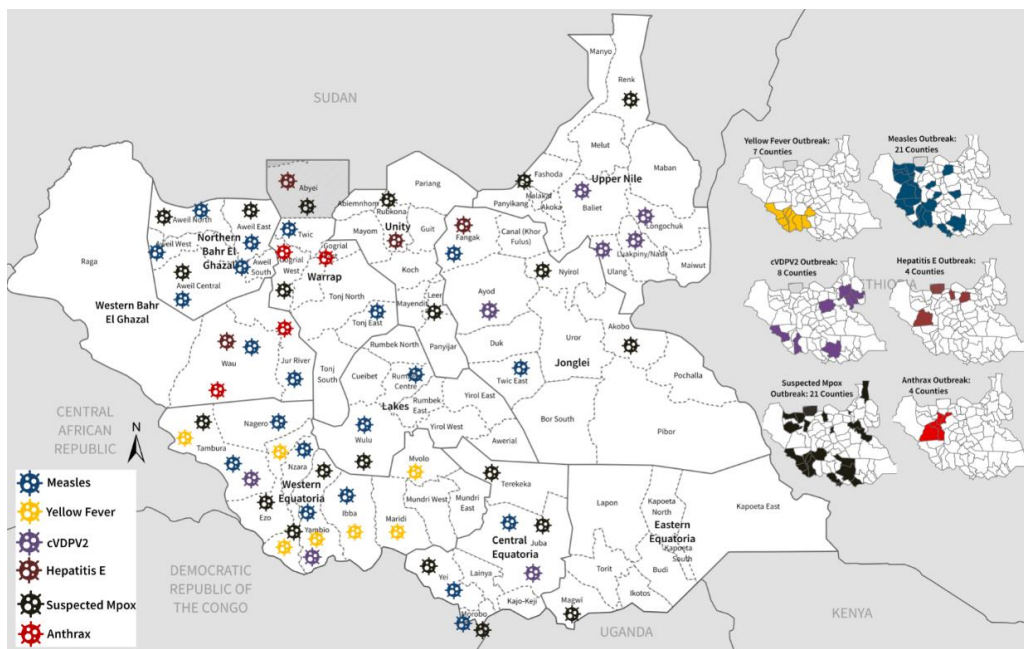
## Confirmed and congoing epidemics in 2024

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date	Response activities				
					Surveillance/Lab	Case management	Vaccination	Health promotion	IPC/WASH
<i>Ongoing outbreaks</i>									
Yellow Fever	Yambio, Nzara, Ezo, Tambura, Ibba and Maridi	21 Dec 2023	-	139	3 Laboratory confirmed	Ongoing	Done in 7 counties	Ongoing	Ongoing
Measles	Multiple counties	2022	-	14,507	1,154	ongoing	Completed	ongoing	ongoing
Hepatitis E	Fangak	2023	3	693*	253	ongoing	ongoing	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod	19/Dec 2023	-	11	20	Not applicable	Completed 2 SIAs and 3 <sup>rd</sup> round Planning is ongoing	ongoing	ongoing
Hepatitis E	Rubkona (Bentiu IDP Camp)	Dec/2018	35	5,922	-	ongoing	Done in 2021/22	ongoing	ongoing
Hepatitis E	Twic	Feb 2024	-	32	1	ongoing	Not done	ongoing	ongoing
Anthrax	Gogrial west (WRP) and Jur River (NBG)	2022	5	159	3	ongoing	Ongoing in the animal sector	ongoing	ongoing
Hepatitis E	Abyei	June 2024	-	32	3	ongoing	no	yes	yes

Since 2022, South Sudan has experienced several emergencies throughout the country. Based on data from the states and the EWARS system, most counties have reported ongoing disease outbreaks. These outbreaks include measles, anthrax, meningitis, cholera, hepatitis E virus, and others. Measures have been put in place to help mitigate the spread of these outbreaks. Below is a map of the confirmed emergencies since

Figure 11: Map showing confirmed disease outbreaks across the country in 2024.



## Response activities for ongoing/suspected outbreaks

### Poliomyelitis

#### 1. Circulating Vaccine Derived Polio Virus type-2 (cVDPV2).

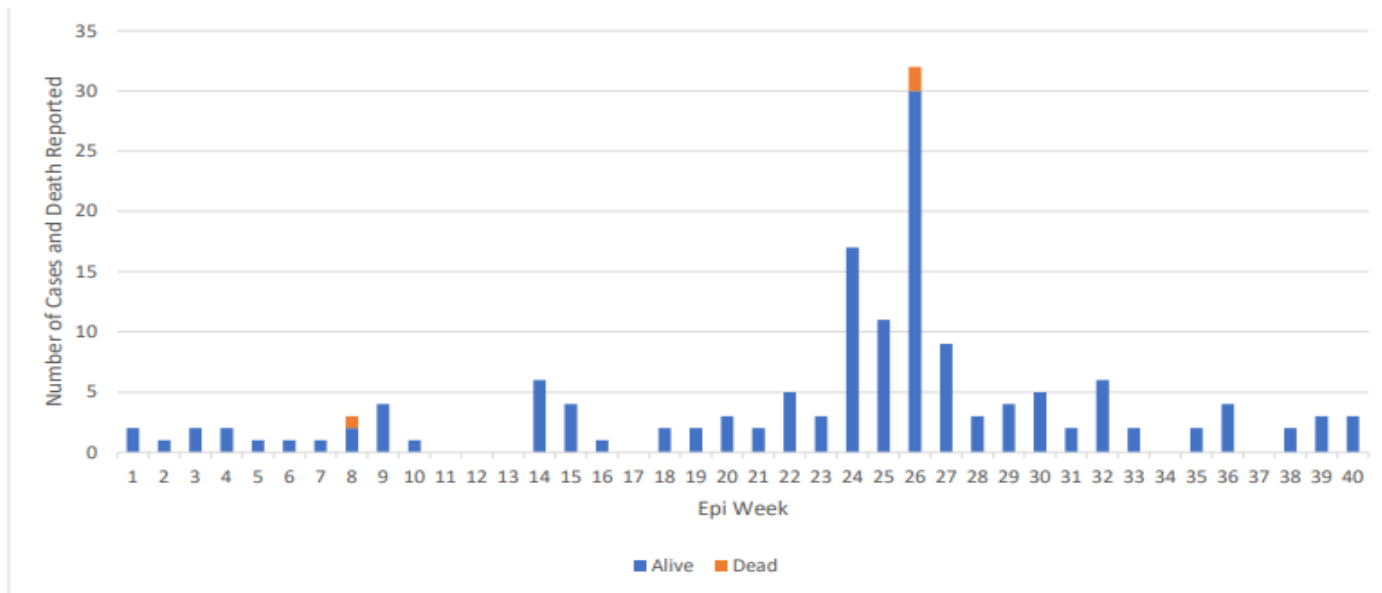
The Ministry of Health declared the cVDPV2 as a public health emergency on December 22, 2023, following confirmation of PV2 Yambio. The total number of laboratory-confirmed cVDPV2 isolates from AFP cases are 11. Cases are reported from Yambio in Western Equatoria, Juba in Central Equatoria, Ayod in Jonglei, Baliel, Luakpiny/Nasir, and Longechuk in Upper Nile, and Tambura in Western Equatoria state. Four additional viruses were isolated from samples collected from healthy children sampled during outbreak investigation. Another three samples collected from contacts of AFP children also tested positive for the cVDPV2. In the last two months three cVDPV2 viruses were isolated from environmental samples collected from three environmental sites in Juba. The latest cVDPV2 virus isolates were from an ES sample collected on 23/7/2024 and confirms breakthrough transmission of circulating Vaccine Derived Polio Virus Type 2. The third response round is planned for the 4<sup>th</sup> week of October but will likely be delayed for a week or two to allow for recession of flooding that is currently affecting more than 40 of the 80 counties.

#### 2. Anthrax

Anthrax Situation Report number 12 was published on 15<sup>th</sup> October and shows the following highlights:

- Five new unreported human Anthrax cases in Epi week 38 were reported during week 40, these five suspects cases were from WBGz State, no suspect cases reported from Warrap State during the week.
- Cumulatively, a total of 159 human cases including three deaths (CFR-1.9%) have been reported across South Sudan.
- Jur River in Western Bar-El Gazal State has the highest recorded 84 cases representing attack rate of 34.2 per 100,000 population, followed by Gogrial West County in Warrap State with an attack rate of 11.7 per 100,000 population. Wau in Western Bar-El Gazal has an attack rate of 2.9 per 100,000 population, and Gogrial East in Warrap State has an attack rate of 0.5 per 100,000 population.
- Males accounted for 106 cases (66%), while females accounted for 54 cases (34%). Overall, the reported cases range in age from 1 to 57 year
- Since 2024, a total of 36 861 animals have contracted the disease of which 36 694 have died representing case fatality rate of 99.5 % in Animals
- A total of 1,741 animals have been vaccinated across three Boma (Majok-Yienhliet, Malual-lukluk and Waar-Alel/Kuajok).
- The World Health Organization (WHO) has identified 17 health facilities. It has approved the shipment of 11 Interagency Emergency Health Kits (IEHK), containing supplementary medicines and various laboratory materials to the affected state. At the state level, One Health stakeholders are working on community-based waste management initiatives to mitigate the risk of Anthrax transmission.

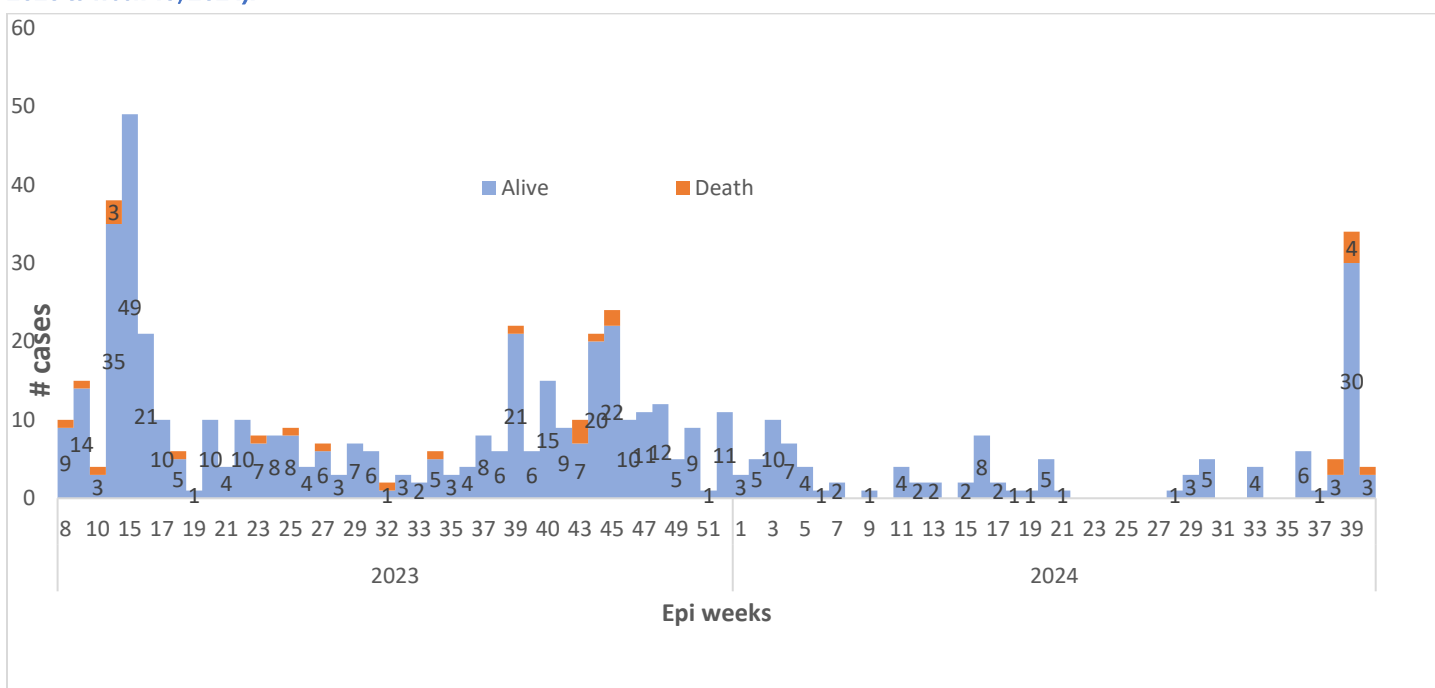
Figure 12: Epidemiological Curve showing Cases and Death of Anthrax cases in South Sudan; (Wk. 1 -40, 2024).



### 3. Hepatitis E outbreak in Wau Western Bahr el Ghazal State

In April 2023, the national Ministry of Health declared an outbreak of Hepatitis E Virus (HEV) disease in Wau, Western Bahr el Ghazal state. Although the number of cases had decreased from the previous year, there was an upsurge since week 38 of 2024, and cases have continued to be reported since then. A total of 556 cases, including 26 deaths, have been reported from week 8, 2023, to week 40, 2024. A surge was observed in week 39, with a total of 30 cases and 4 deaths reported. All the cases are being managed at Wau Teaching Hospital with support from MSF and partners. The state has reactivated the task force with all pillars coordination for outbreak response, ongoing active case search, and community awareness by the Boma Health Initiative (BHI) teams. The state will continue to act on the recommendations from the Intra Action Review conducted on 17 to 18 October 2023.

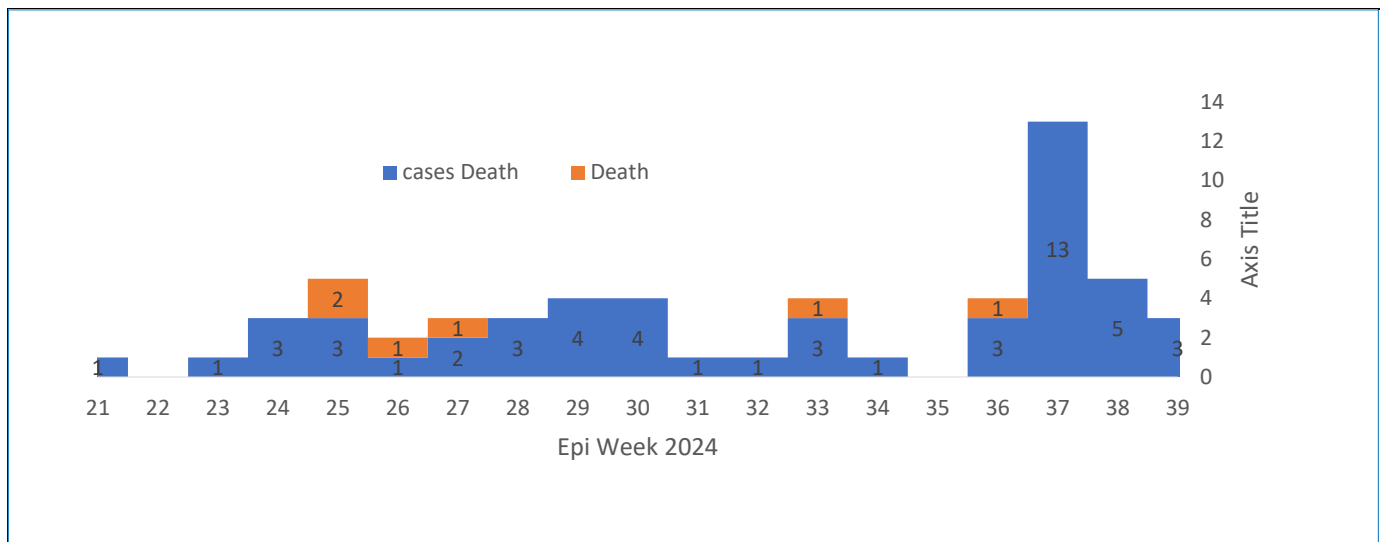
Figure 13: Epidemiological Curve showing Cases and Death of Hepatitis E Outbreak in Wau Western Bahr el Ghazal state, South Sudan; (Wk. 8, 2023 to Week 40, 2024).



#### 4. Hepatitis E in Abyei

During week 40 of 2024, there were no new reported cases of Hepatitis E Virus and no death reported. A cumulative total of 57 Cases of Hepatitis E virus including 6 deaths with case fatality rate (CFR) of 10.5%) have been reported in Abyei administrative area since the outbreak commenced in week 21 of 2024. Majority of the cases happened in individuals aged 15 years and older, with males accounting for 47% (27 cases) while females for 53% (30 cases) of the total cases. Most of the cases and deaths were concentrated in Amiet Aguok Payam. Hepatitis E cases by age shows that 87% (29/32) of the cases were 15 years and above. Females accounted for 53% of the detected and confirmed Hepatitis E cased in Abyei Administrative Area. currently MSF is supporting Hepatitis E case management. The Ministry of health in Abyei in consultation and guidance from the Ministry of Health have declared an outbreak of hepatitis E in the state.

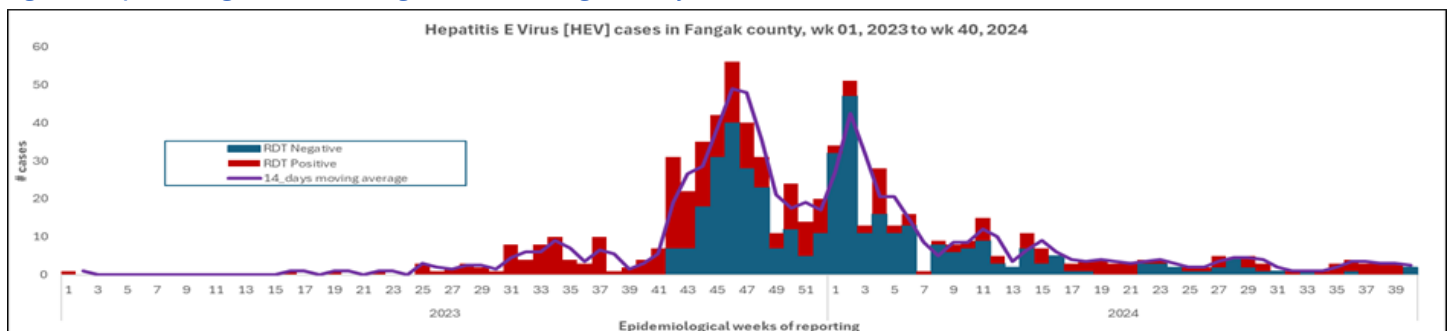
Figure 14: Epidemiological curve showing HEV cases in Abyei Administrative area as of week 39, 2024.



#### 5. Hepatitis E Virus in Fangak county Jonglei State

During week 40 of 2024, there were two (2) new suspect cases of hepatitis E virus reported with zero death. A cumulatively number of 701 AJS cases have been reported with 28 deaths Case Fatality Rate (CFR) of 3.9% since the outbreak commenced in week1 of 2024. Age group 15 years and above are the most affected. Female represented 64% (446 cases) of the total cases, while males accounted for 36% (255 cases). The outbreak reached its peak in week 42 of 2023, with a positivity rate of over 60% in RDT tests. Since week 17, there has been a decline in the number of reported cases, accompanied by high positivity rates. MSF continue to support with case management in old Fangak hospital

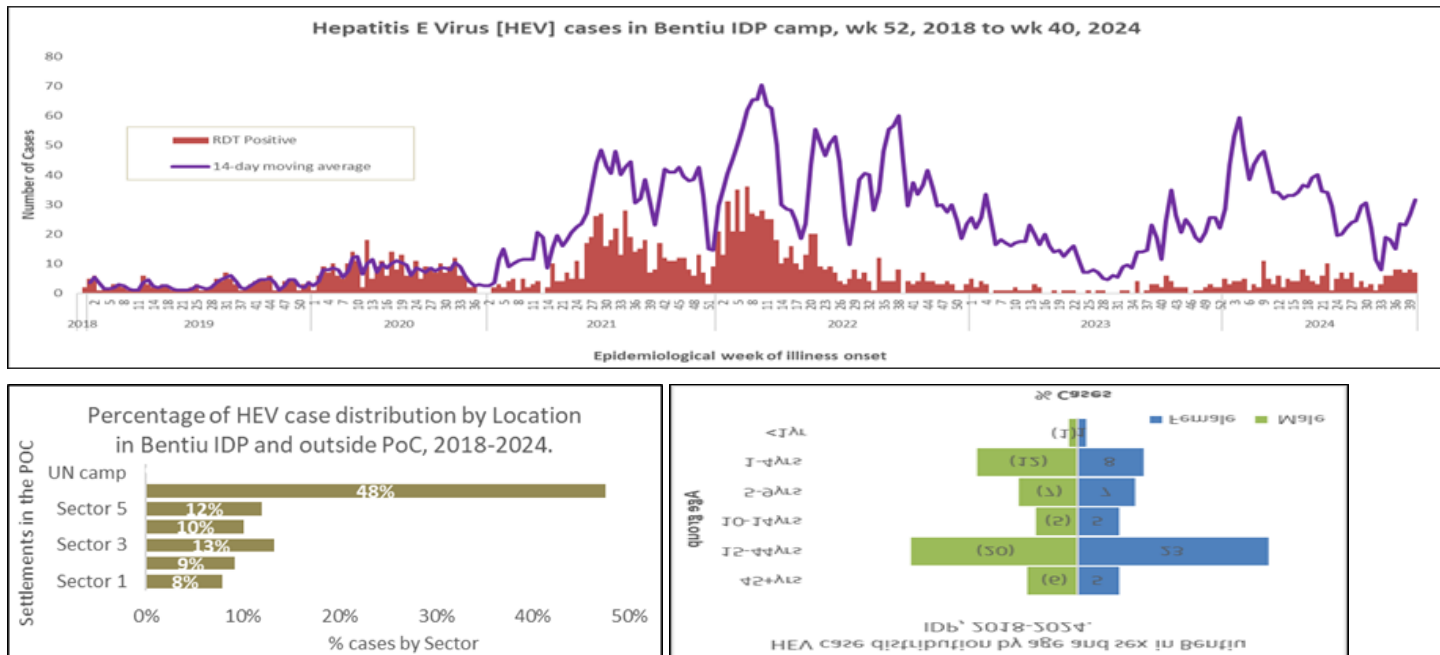
Figure 15: Epidemiological curve showing HEV cases in Fangak County area as of week 40, 2024



## 6. Hepatitis E outbreak in Bentiu IDP Camp in Unity State.

In week 40 of 2024, there were 28 newly reported cases of HEV, with 7 being RDT positive and zero death. Since the outbreak in 2018, a total of 5,950 cases have been documented, resulting in 33 deaths with case fatality rate (CFR) of 0.5%. Individuals aged 15 to 44 years account for 43 cases out of the total cases of reported. Males represented 52% (3, 117 cases) of the total cases, while females accounted for 48% (2, 833 cases). Many cases were identified in individuals living outside Bentiu PoC who visited healthcare centers within the PoC for medical assistance.

Figure 8: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 40 of 2024



## Other Events

**Sudan crisis:** As of Week, 40, at least **826 100** individuals have crossed from 18 different nationalities. Of this number, **75.74% (625702)** are South Sudanese returnees and 23.6% are Sudanese refugees. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 68% of the reported influx figures. Host communities and healthcare systems are struggling to cope with the increased demand for health and other Services, morbidity, and mortality among returnees and refugees. During week 32, there was a significant increase in the number of people seeking refuge in Renk Town from the conflict in Sinja, the capital of Sinnar State in Sudan, located east of Renk County.

**Food insecurity** in 2023, severe acute food insecurity impacted an estimated 7.7 million people across 78 counties in South Sudan. This includes 43,000 people facing catastrophe-level food insecurity at Integrated Food Security Phase Classification (IPC) Phase 5, 2.9 million at IPC Phase 4 (emergency-level), and 4.8 million at IPC Phase 3 (crisis-level). Among those affected are 1.4 million malnourished children. For 2024, it is estimated that millions of people will still be unable to meet minimum food needs as food stocks could be depleted by April 2024. Additionally, ongoing sporadic conflicts and the influx of returnees and refugees from Sudan is likely to strain food supplies and incomes further, driving severe malnutrition.

**Flooding** There is an expectation of extensive flooding to occur in South Sudan in 2024 due to two separate climatic events. The tail end of the 2023-24 El Niño event is leading to significantly above-average rainfall

in Uganda, which increases the water level of the White Nile, leading to increased flood risks downstream in South Sudan. Additionally, the onset of the El Nino event in 2024 is projected to lead to approximately 50% higher levels of rainfall in the northern and eastern parts of South Sudan, which not only further exacerbates the flood risk along the White Nile and its tributaries but will also contribute to flooding in more distant regions, like those occurring during the triple-dip La Niña event of 2020-2023. Historical data indicates a peak in flooding around September.

The ongoing flooding in the affected areas is a major threat to the well-being of the communities, with more than 892 800 people (including 241 100 displaced) affected across 38 counties. Notably, flooding has submerged 58 health facilities and has been associated with an increased number of snake bites (68 in 6 weeks), drowning (3 in one week) and an upsurge of malaria morbidity. This is compounded by existing humanitarian needs in the country and ongoing multiple disease outbreaks.

Ongoing coordination with the Ministry of Health supporting response coordination at national and sub-national levels through weekly cluster and inter-cluster coordination meetings. As part of the preparedness plan, the MoH, WHO, and Health Cluster have developed the 2024 South Sudan Health Sector Flood contingency and response plan. The Health Cluster partners will support the Ministry of Health in implementing this plan, although a key limitation will be the availability of funds. The estimated budget needed for the response is USD 63 million with hardly any new money coming in to support the response plans.

## Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2024 use the link below: <https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2024>

This bulletin is produced by the Ministry of Health with Technical support from WHO

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Notes

WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], health cluster and healthpooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO, USAID and the World Bank for providing financial support.

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>

Data source: DHIS-2 and EWARS

