



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 42

14 to 20 October 2024

This weekly bulletin presents the epidemiological status of priority diseases, events, and conditions under surveillance in South Sudan. The data 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 supporting integrated disease surveillance and response.

Key highlights

- In week 42 of 2024, the IDSR reporting timeliness was 80%, and completeness was 90%. There have been consistent improvements in both timeliness and completeness since week 31. As in the previous week, twelve (12) of the 13 states/administrative areas attained completeness of reporting above 80%. The number and names of states achieving 100% completeness of reporting remained the same.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance were at 33% and 40% respectively. The Timeliness and completeness remained as it was in the previous week (41)
- In week 42, 189 alerts were triggered, and the proportion of verified alerts decreased from 78% in Week 41 to 56% in week 42. As was in the previous week, most of the alerts triggered were due to similar diseases/conditions namely Guinea Worm (24%), AWD (22%), ARI (17%), Malaria (16%) and ABD (9%)
- The Ministry of Health officially declared a cholera outbreak in Renk County, Upper Nile State, prompting an ongoing response. Currently, there are 81 suspected cases documented, with 17 confirmed positive through laboratory culture, including one case identified in Juba. states are maintaining a high state of readiness in other hotspot locations as part of preparedness and prevention.
- In week 42 of 2024, Malaria continued to be the top cause of morbidity, reporting 124 225 cases and 31 suspected deaths, representing 48% of the overall morbidity.
- Other outbreaks and events, including anthrax and a hepatitis E upsurge in Wau and other multiple locations, as well as flooding, have affected more than one million people across 52 counties, with 56 health facilities affected.

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 42 were at 80% 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 42 compared to 41 of 2024

State	Total facilities	Number of facilities reported (Completeness)Wk42	Comparison of the reporting period				Cumulative since year start (2024 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 42	Week 41	Week 42	Week 41		
Lakes	112	112	92%	99%	100%	100%	65%	100%
NBGZ	101	87	79%	70%	86%	81%	57%	79%
Unity	84	84	96%	96%	100%	100%	87%	99%
WBGZ	113	87	65%	47%	77%	71%	40%	81%
WES	191	192	90%	90%	100%	100%	64%	95%
Jonglei	120	107	85%	72%	89%	88%	72%	87%
Warrap	114	105	58%	42%	84%	85%	48%	86%
EES	112	94	71%	69%	92%	89%	58%	91%
RAA	16	16	100%	38%	100%	100%	42%	100%
CES	152	151	88%	99%	99%	100%	60%	94%
AAA	17	17	100%	82%	100%	100%	67%	81%
Upper Nile	143	124	69%	59%	87%	85%	48%	86%
GPAA	16	12	75%	94%	75%	94%	100%	91%
Total	1291	1188	80%	75%	92%	91%	59%	90%

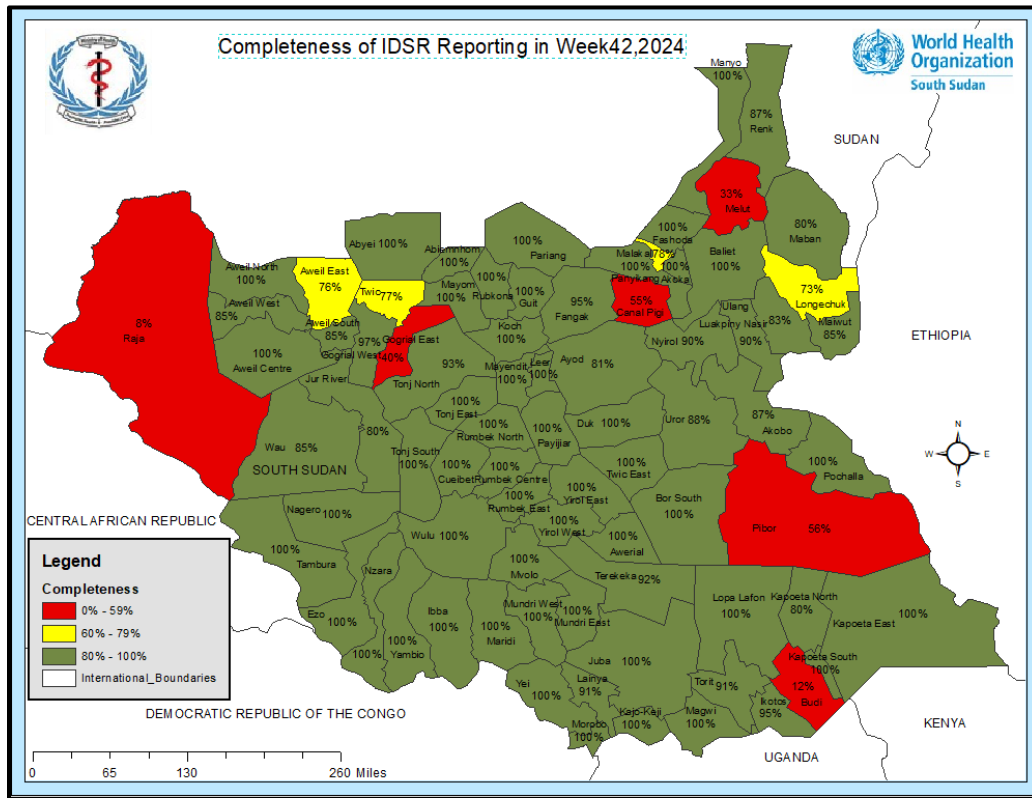
KEY:	>=80%	Good performance
	60-79%	Fair performance
	<60%	Poor performance

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 42 of 2024.

Partners	Number of Reporting Mobile Sites	Percentage of Timeliness in Week 42	Percentage of Completeness in Week 42	Payam	Number of Reporting Private Health Facilities	Percentage of Timeliness in Week 42	Percentage of Completeness in Week 42
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	0%	0%	Rajaf	3	100%	100%
HFO	4	75%	75%	Muniki	12	100%	100%
WVI	2	50%	100%	Wau South	20	80%	80%
CIDO	1	100%	100%	Wau North	12	75%	75%
TOTAL	15	33%	40%	Juba	10	100%	100%
				Managala	1	100%	100%
				TOTAL	63	89%	89%

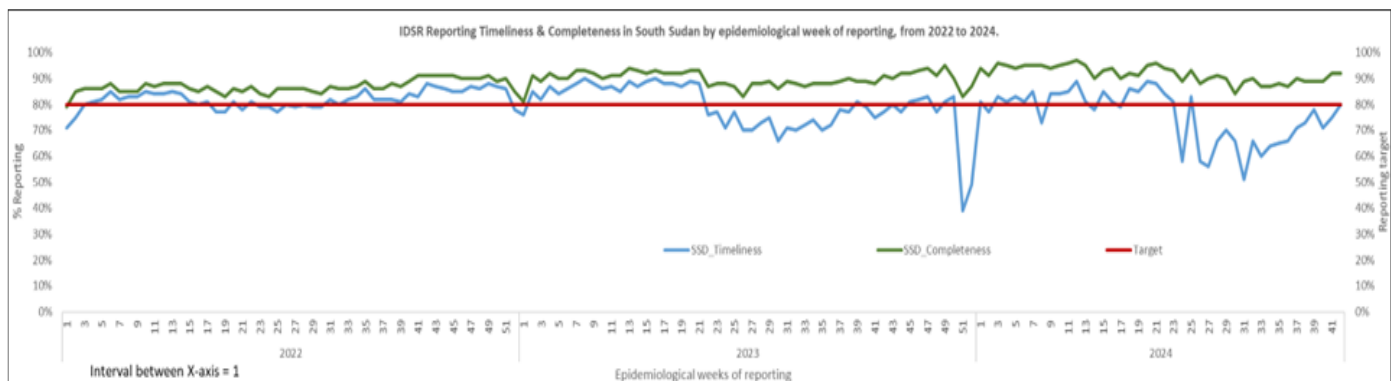
An important point to note: The six facilities supported by IMC (4), SSHCO (1), and SMC (1) are no longer reporting due to the end of project funding which has affected the performance of partners reporting sites. The IDSR team is exploring the new implementing partner covering these facilities to re-establish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

Figure 1: Completeness of IDSR reporting in South Sudan; 2022-2024.



In order to continue tracking the recovery in timeliness and completeness of IDSR reporting, we continued to analyze the performance over the past three years. We 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 continued to provide targeted support to the newly contracted health implementing partners to recover this surveillance performance indicator. Notably, the IDSR timeliness of reporting continued to improve since week 31 and now reaches the targeted 80%. The priority in the forthcoming reporting periods is to maintain this performance level.

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



Epidemic alerts

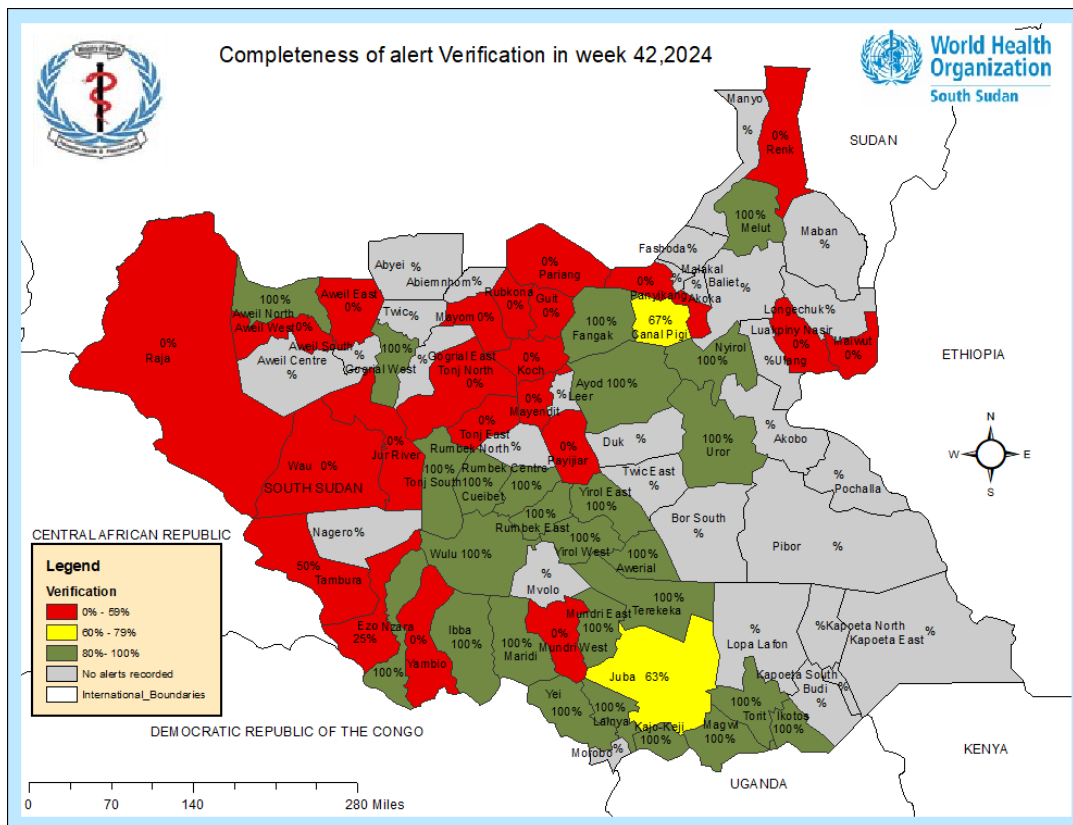
In reporting week 42, a total of 189 alerts were triggered in the EWARS system, with 56% (105 of 189) verified,

which is lower than the previous week 41, where 78% (185/237) were verified. In Week 42, all states and one administrative area recorded alerts. Only two administrative areas of Greater Pibor and Abyei did not trigger any notifiable diseases alert. Most of the alerts were for Guinea Worm (24%), AWD(22%), ARI (17%), Malaria (16%) and ABD (9%). See Table 3 below for more details.

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 42, 2024.

State/Admin	AJS		ARI		AWD		AFP		ABD		EBS		G/Worm		Malaria		Measles		NT		Grand Total		
	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	
	R	V	R	V	R	V	R	V	R	V	R	V	#	R	#	V	R	V	R	V	#	R	#
CES	0	0	8	7	4	3	0	0	1	1	0	0	0	0	2	2	3	2	1	1	19	16	
EES	0	0	0	0	2	2	0	0	1	1	0	0	0	0	0	0	0	0	0	0	3	3	
Jonglei	0	0	2	2	2	2	0	0	5	5	1	0	6	6	1	1	0	0	0	17	16		
Lakes	0	0	2	2	2	2	0	0	1	1	3	3	29	29	2	2	0	0	0	39	39		
NBGZ	0	0	4	1	3	1	0	0	2	0	0	0	0	0	2	0	1	0	0	12	2		
Unity	1	0	5	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	10	0		
Upper Nile	0	0	0	0	2	1	0	0	3	1	0	0	0	0	1	0	1	0	1	8	2		
Warrap	0	0	2	1	1	1	0	0	0	0	4	0	5	3	2	2	1	0	0	15	7		
WBGZ	1	0	0	0	15	0	1	0	1	0	0	0	5	0	13	0	0	0	0	36	0		
WES	0	0	9	8	7	5	0	0	2	1	0	0	0	0	8	5	3	1	0	29	20		
RAA	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
GPA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
AAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Grand Total	2	0	32	21	42	17	1	0	17	10	8	3	45	38	31	12	9	3	2	1	189	105	

Figure 3: Completeness of Alerts Verification rates by county of South Sudan for week 42, 2024

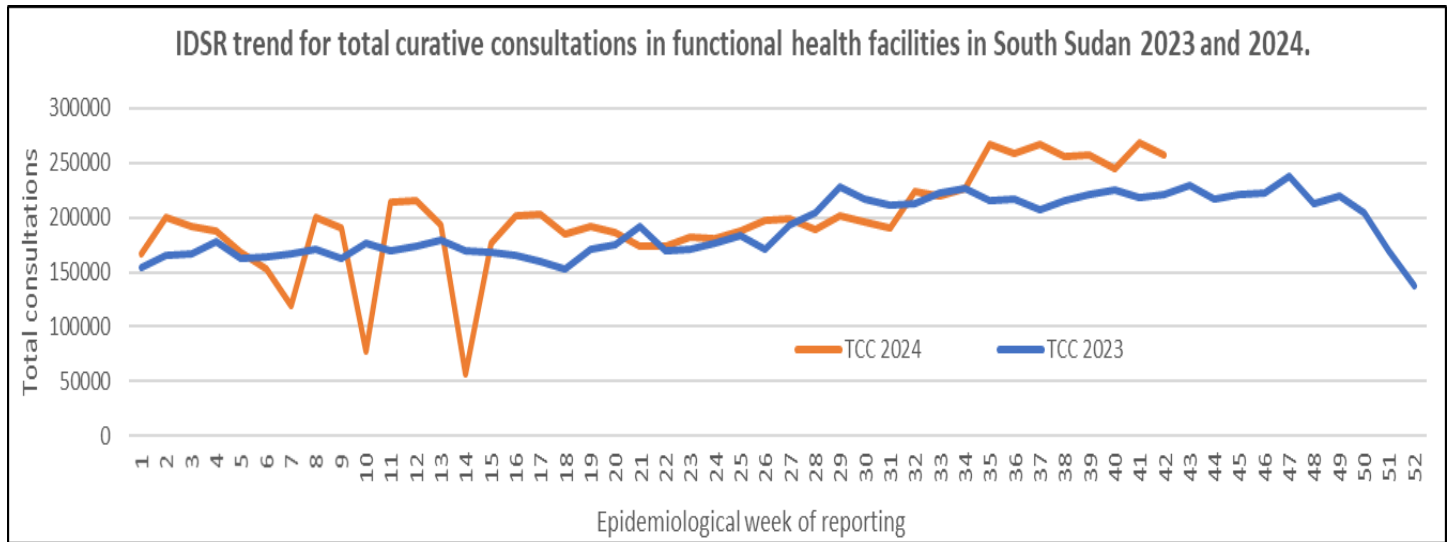


Weekly Update on Indicator-Based Surveillance (Week 42)

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 42 of 2024, individuals aged five years and above had the highest number of consultations at the outpatient departments (OPD).
- Since the beginning of this year, a cumulative total of **8,293,453** 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 42, a total of **256,294** morbidities were reported from all over South Sudan from across 1291 health facilities. Malaria constituted 48% of total consultations in week 42 of 2024, maintaining its status as the primary cause of morbidity and **51** suspected deaths attributed to malaria were documented during the week, (Figure 5 below).

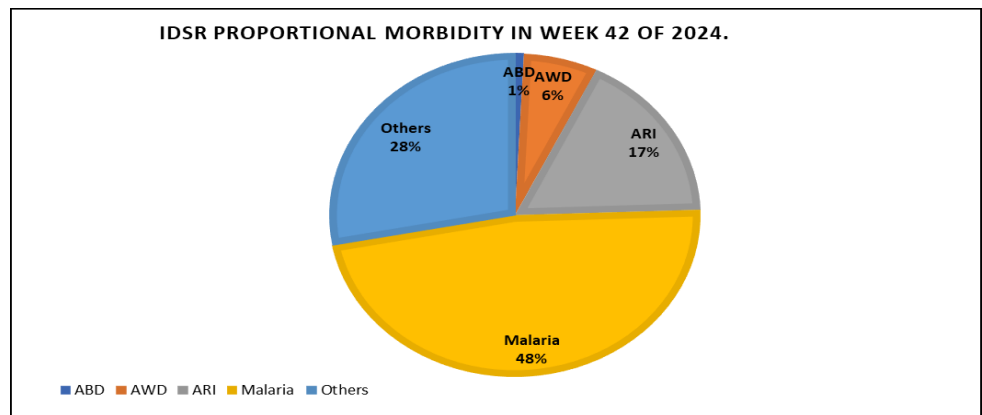


Figure 5: IDSR Proportional Morbidity in week 42 of 2024.

National Malaria Update

- In week 42 of 2024, Malaria maintained its position as the primary cause of illness, reporting 121,364 cases and 51 suspected fatalities, representing 48% of the overall morbidity.
- The weekly reported number of Malaria cases at national level in week 42 of 2024 remained above the epidemic threshold. However, continuous monitoring is crucial across all levels. It is worth noting that a malaria surge was documented in Six states and 55 counties during the specified week, as illustrated in the subsequent sections.

- Disaggregation of data by state level, shows that the number of malaria cases in Upper Nile, Central Equatoria, Western Equatoria, Northern Bahr el Ghazal, and Unity states,consistently exceeded the state-specific alert and epidemic thresholds for most of the periods examined from week 1 to week 39 of 2024.
- Many states have reported shortages of antimalarial. However, the Malaria program in the Ministry of Health through UNICEF has distributed antimalarials for the last quarter of the calendar year (October-December). In flood affected locations, WHO Emergency kits were provided to the health implementing NGOs to bridge the expected gaps likely to be caused by the surge in cases.

Figure 6: Malaria Incidence in South Sudan, as of Week 42 of 2024

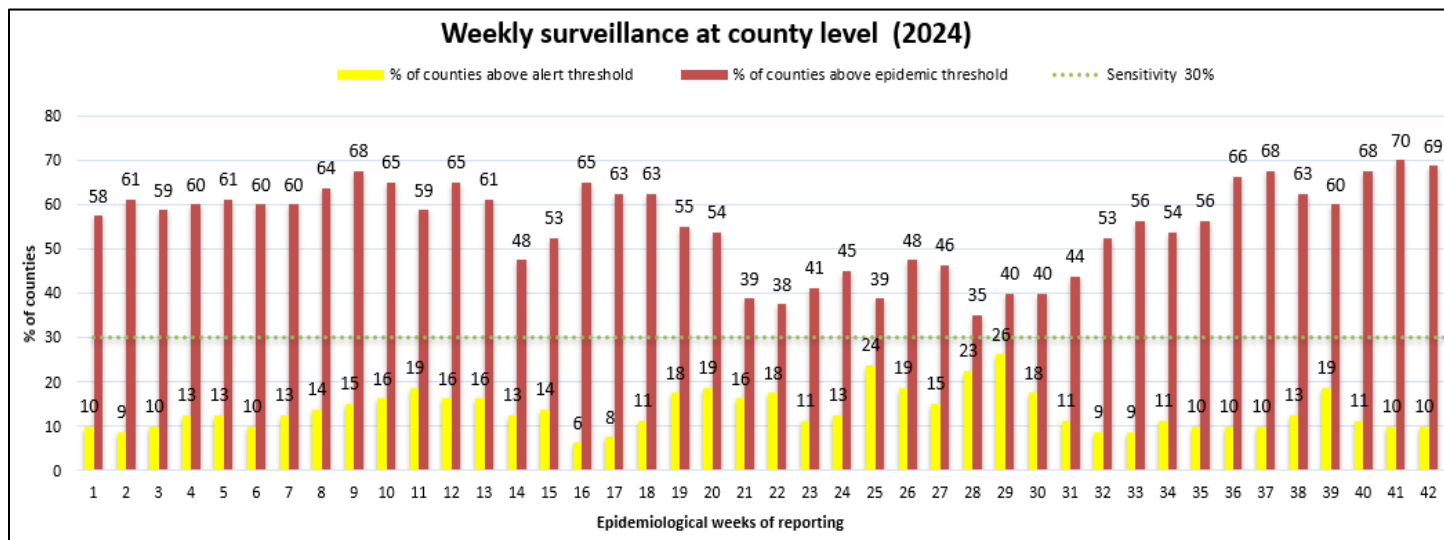
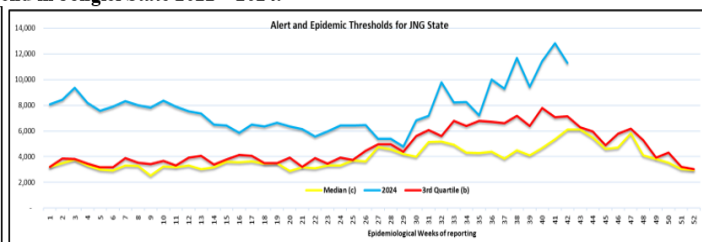
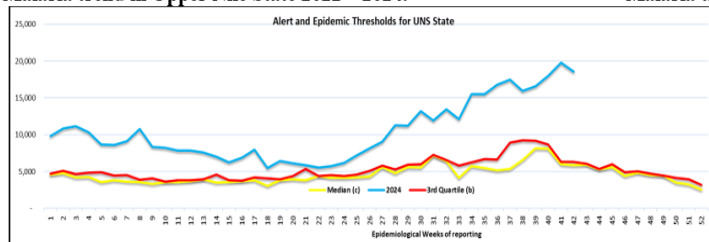


Figure 7: Malaria incidence trends in States of South Sudan that surpassed their normal transmission channels

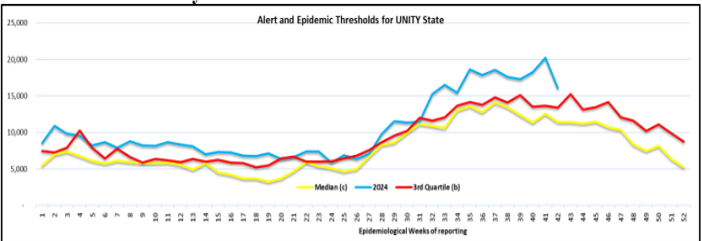
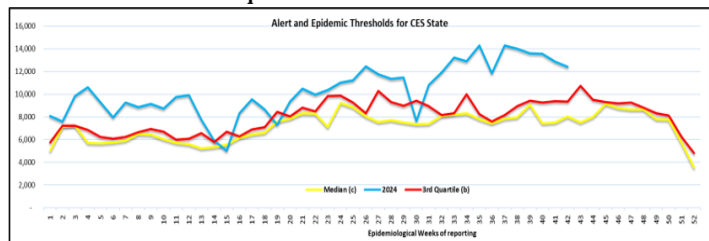
Malaria trend in Upper Nile State 2022 – 2024.

Malaria trend in Jonglei State 2022 – 2024.



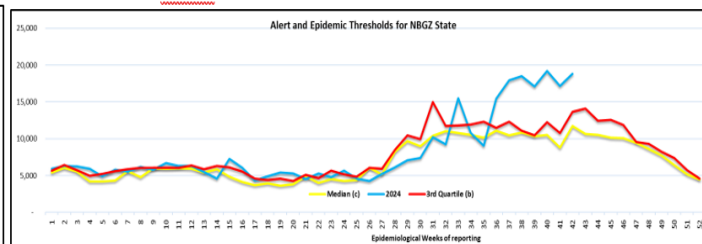
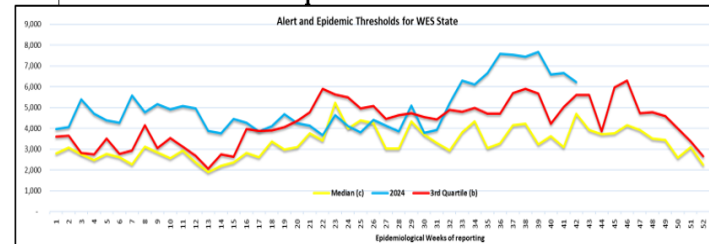
Malaria trend in Central Equatoria State 2022 – 2024.

Malaria trend in Unity State 2022 – 2024.



Malaria trend in Western Equatoria State 2022 – 2024.

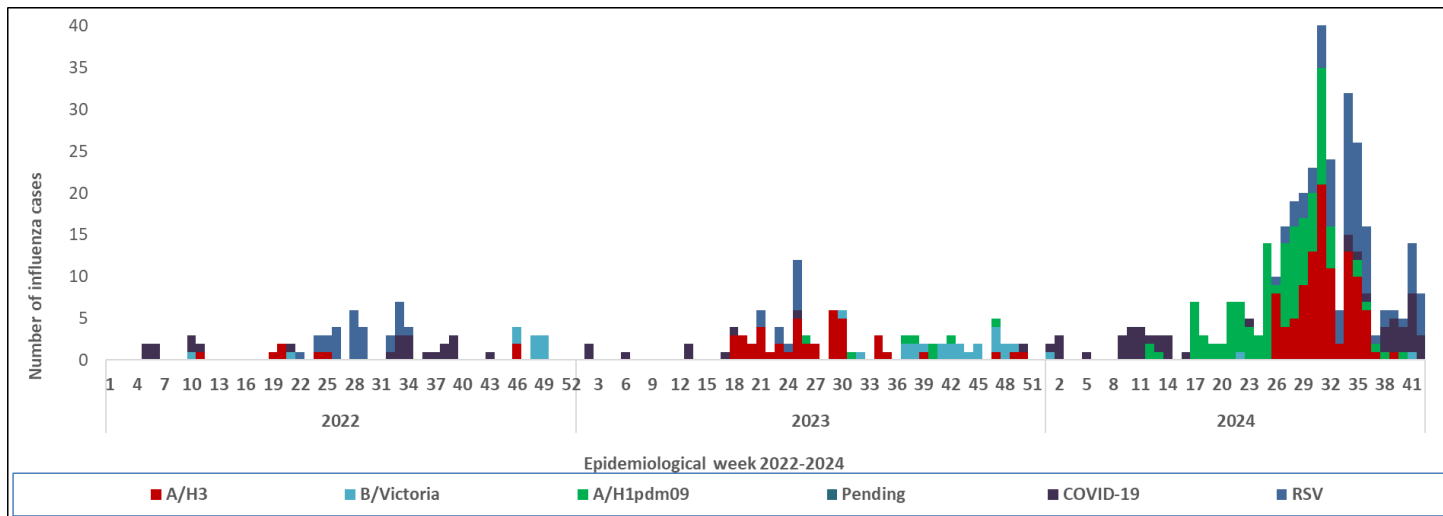
Malaria trend in NBeG State 2022 – 2024.



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 8: Confirmed Influenza, COVID-19 and RSV cases from sentinel sites Epidemiological Week 1 of 2022 to Week 39 of 2024.



During Epidemiological Weeks 1 to 42 in 2024, a total of 1983 ILI/SARI samples have been collected; 1651 tested negative for all pathogens, (48) were positive for COVID-19, (104) for Influenza Type A (H3), (3) for Influenza Type B (Victoria), (93) for Influenza A/(H1N1)pdm09 and (86) for RSV.

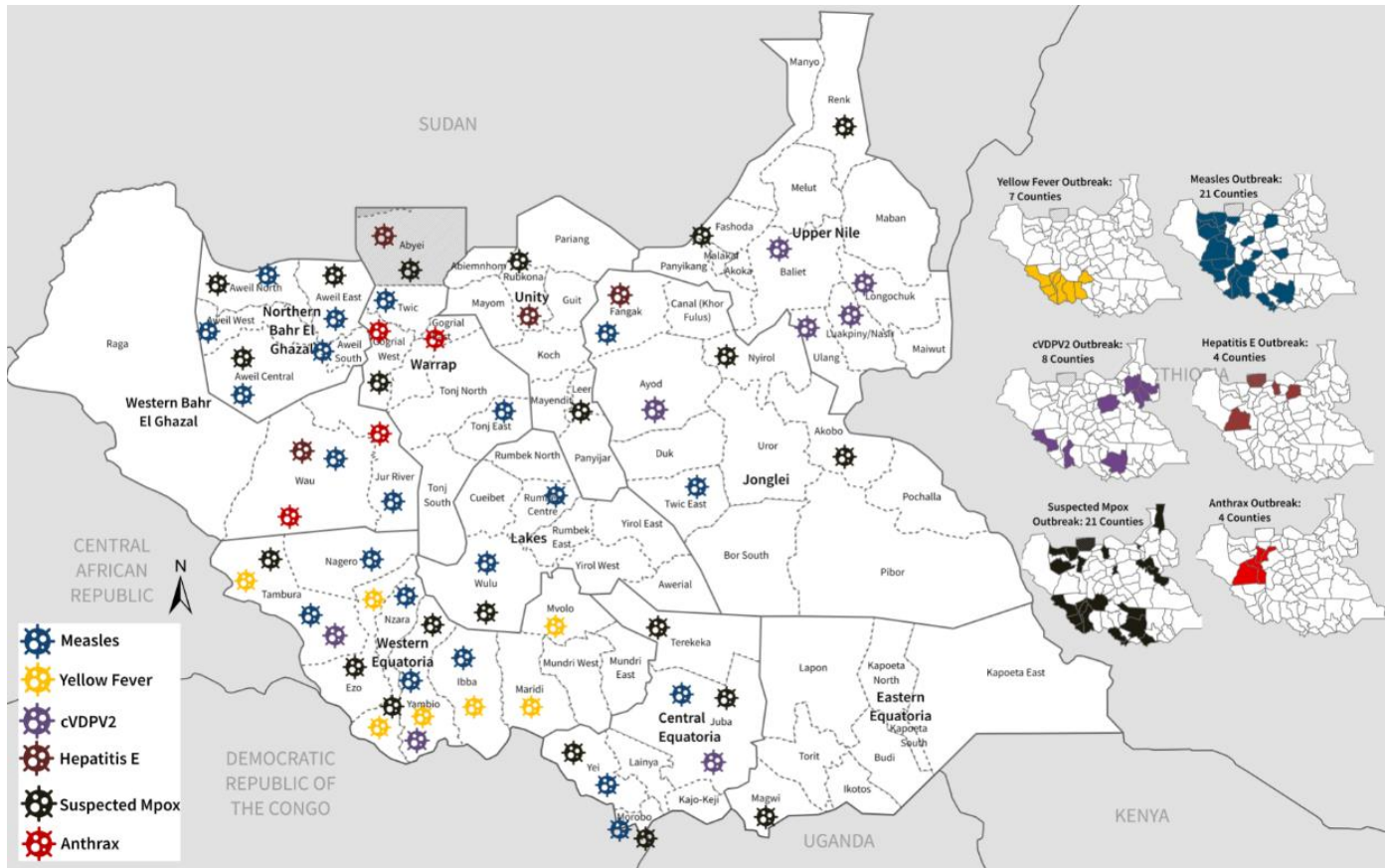
Confirmed and ongoing epidemics in 2024

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, Baliyet, Ayod	19/Dec 2023	-	11	20	Not applicable	Completed 2 SIAs and 3 rd 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 (NBS)	2022	0	146	3	ongoing	Ongoing in the animal sector	ongoing	ongoing
Hepatitis E	Abyei	June 2024	-	32	3	ongoing	no	yes	yes
Cholera	Renk	October 2024	-	80	17	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, recently 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 9: Map showing confirmed disease outbreaks across the country in 2024.



Response activities for ongoing/suspected outbreaks

1. Cholera Update as of November 4, 2024.

- On 28 September 2024, the WHO team in Renk received a notification of suspected cholera cases in Joda.
- Samples sent to NPHL showed growth in 6 cases by culture for the *vibrio cholerae* serogroup 01 sub-type Ogawa suspected cases
- The Ministry of Health declared an outbreak in Renk on the 28th day of October activating IMS for the coordination of the outbreak.

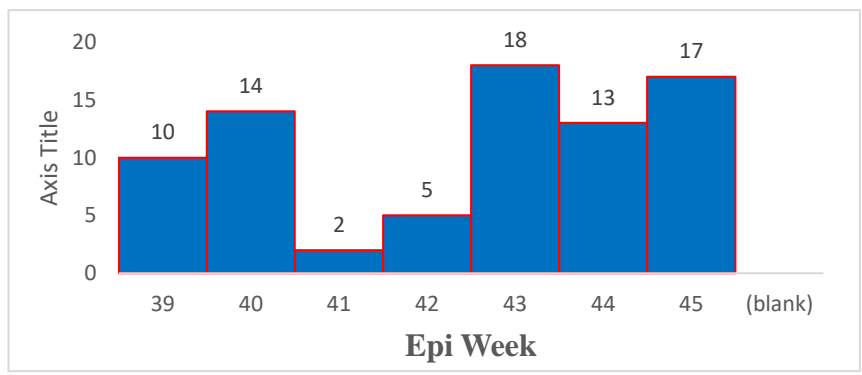


Figure 10 Cholera Cases by Epi Week in Renk County, 4th November 2024

- Cumulatively there are 80 cases reported in Renk and one additional confirmed case in Gorom IDP camp in Rajaf payam, Juba County. 2 deaths reported in Renk (RDT positive)

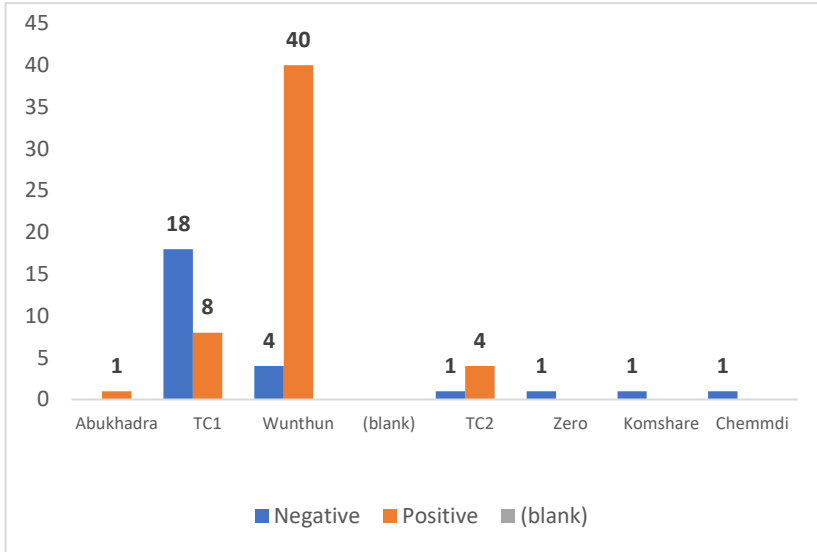


Figure 11: Reported Cholera cases by location and RDT results in Renk, 4th Nov, 2024

- Seventeen (17) culture-positive (vibrio cholerae 01 Ogawa) cases have been reported out of 49 samples received at the National Public Health Laboratory.

- Of the 80 suspected cholera cases, 52.5% (n=42) were in children <15 years of age and 53.8% (n=43) in women. In comparison, amongst RDT positive cases, 52.8% (n=28) were in children <15 years of age and 54.7% (n=29) in women

- A total of 23 active patients are in the CTUs (17 in Wunthuo CTU/PoE and 6 in Renk Civil Hospital). The common presenting signs and symptoms include watery diarrhea, vomiting, and abdominal cramps.

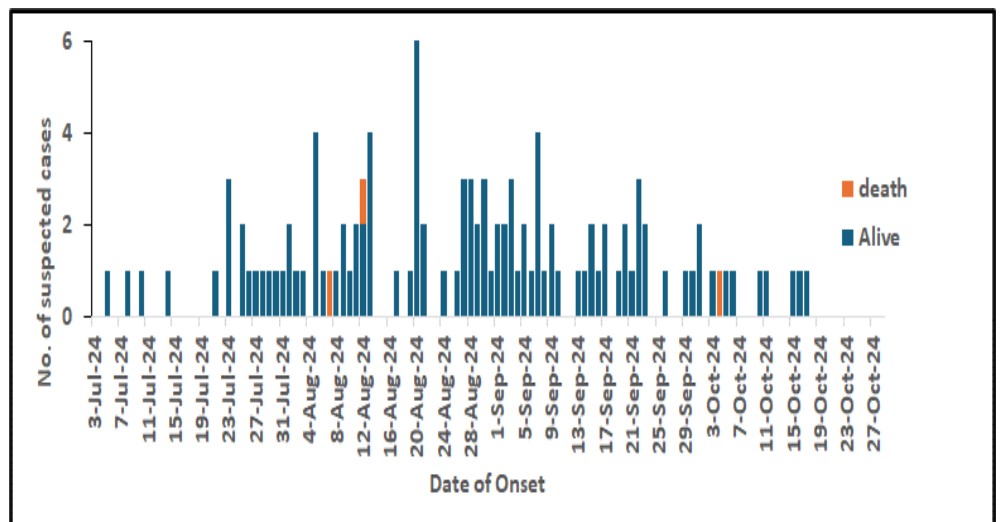
- It is important to note that this is a spillover of an outbreak from Sudan. Of the Sudan states bordering South Sudan, Sennar has recorded over 485 cases, White Nile 980 cases, and South Kordofan 13 cases.
- Ongoing multisectoral coordination mechanism by stakeholders. The Ministry of Health has deployed 14 National experts to support the ongoing response activities in Renk County. Other Efforts include orienting healthcare workers, updating the cholera line list, shipping stool samples for laboratory analysis, establishing a Cholera 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.

2. Updates on Suspected Mpox Outbreak

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

Figure 12; Epidemic curve for Suspected Mpox Cases Detected/reported in South Sudan as at Epi Week 39 of 2024.

As at week 42, the cumulative number of suspected Mpox cases remained at 112. The suspected cases had been reported across 10 states and three(3) administrative area. Out of these, 93 cases have been verified, and samples 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 meta-genomic sequencing, and all tested negative for Mpox.)



Majority of the suspected cases are less than 15 years of age and Males accounted for (56%) compared to females (44%). Ongoing sensitization of health care workers in Juba and Nimule are under way.

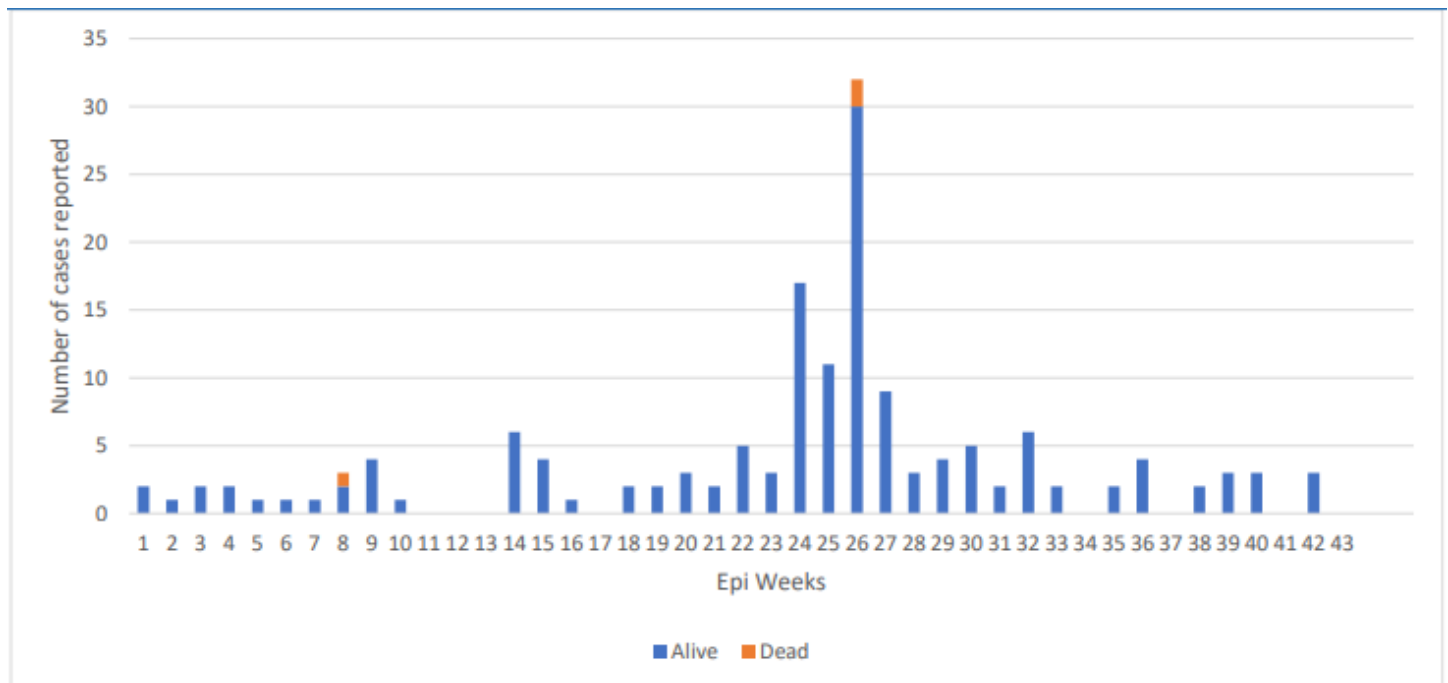
3. Circulating Vaccine Derived Polio Virus type-2 (cVDPV2).

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, Balieta, 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 4th 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.

4. Anthrax

In Week 42, three new human anthrax cases (no deaths) have been reported in WeBG State, with no cases from Warrap State. No samples were collected during this week, and pending samples from previous weeks are still untested. Since the start of 2024, a cumulative total of 162 human cases have been reported (87 in Western Bar El Ghazal and 75 in Warrap), with three deaths, resulting in a 1.9% case fatality rate. Most cases are males (65.4%) and are predominantly in the 15-57 age group. None of the affected individuals had previous vaccinations, indicating a lack of immunity. Most reported cases are linked to the consumption of dead meat, with farmers (27.2%) and children (27.8%) being the most affected occupations. Most cases were reported from Kuach North Payam in Warrap State, where IPC/WASH services are minimal. In 2024 alone, the veterinary sector reported 36 861 animals to have contracted anthrax, resulting in a 99.6% fatality rate among them.

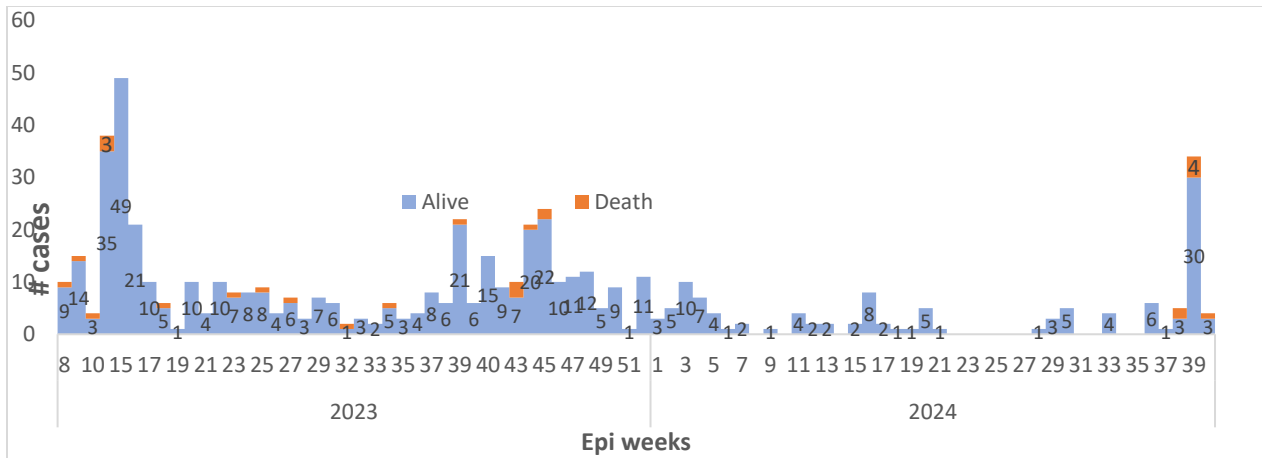
Figure 12: Epidemiological Curve showing Cases and Death of Anthrax cases in South Sudan; (Wk. 1 -42, 2024).



5. 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 a resurgence in week 39 of 2024 (Figure 13). A cumulative total of 556 cases, including 26 deaths, were reported in the reporting period between week 8, 2023, and 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 activated for coordination of outbreak response activities. Building on the recommendations from the Intra Action Review, the state response is focusing on active case search, and community awareness using the Boma Health Initiative (BHI) teams.

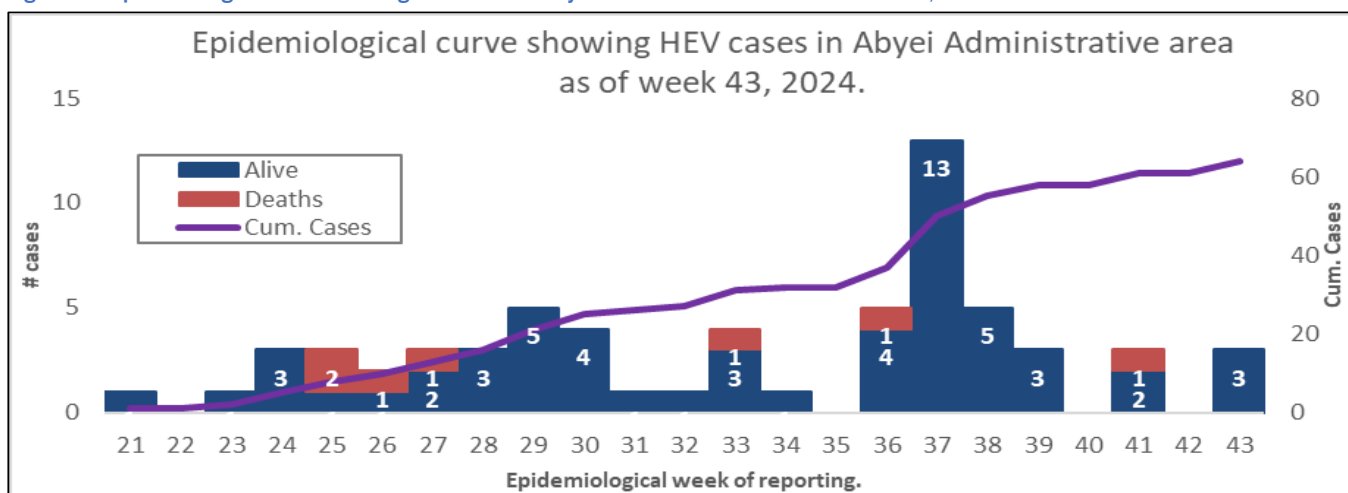
Figure 13: Epidemiological Curve showing Cases and Death of Hepatitis E Outbreak in Wau Western Bahr el Ghazal state, South Sudan; (Wk. 8, 2023 to Week 40, 2024).



6. Hepatitis E in Abyei

In week 43 of 2024, there were three newly reported cases of Hepatitis E, with none testing positive using the Rapid Diagnostic Test (RDT) and no fatalities reported. Most cases were among individuals aged 15 years and older, with Wunrok Payam recording the highest number of cases and deaths. Age distribution shows that 73% of the cases were in individuals aged 15 and above. Females accounted for 53% of the confirmed Hepatitis E cases in the Abyei Administrative Area. Currently, Médecins Sans Frontières (MSF) is providing support for Hepatitis E case management. The Ministry of Health in Abyei, in consultation with the national Ministry of Health, declared an outbreak of Hepatitis E in the state.

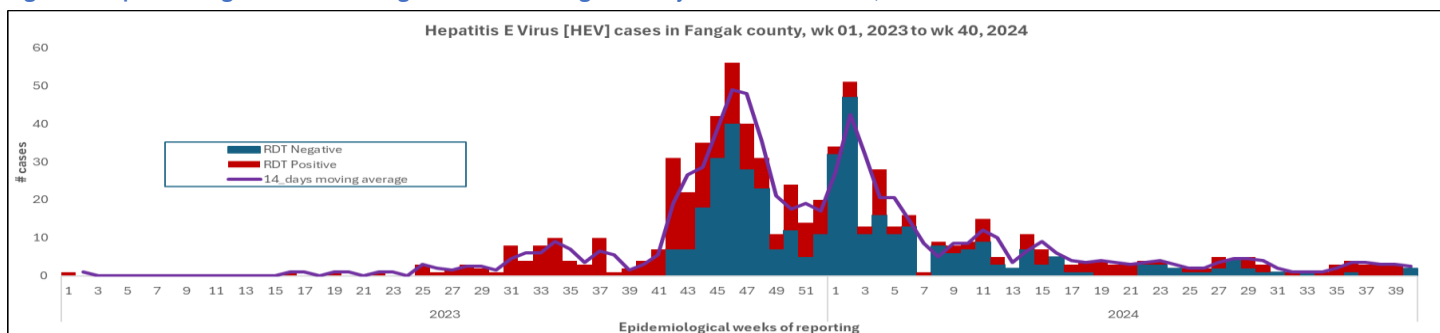
Figure 13: Epidemiological curve showing HEV cases in Abyei Administrative area as of week 39, 2024.



7. Hepatitis E Virus in Fangak county Jonglei State

- Since the outbreak began in 2024, a total of 701 cases have been documented, resulting in 28 deaths.
- Most cases occurred among individuals aged 15 years and older (see figure 28 below). Females accounted for 64% of the total cases (446 cases), while males represented 36% (255 cases).
- Regarding location, the majority of cases and deaths were reported in Old Fangak Payam.

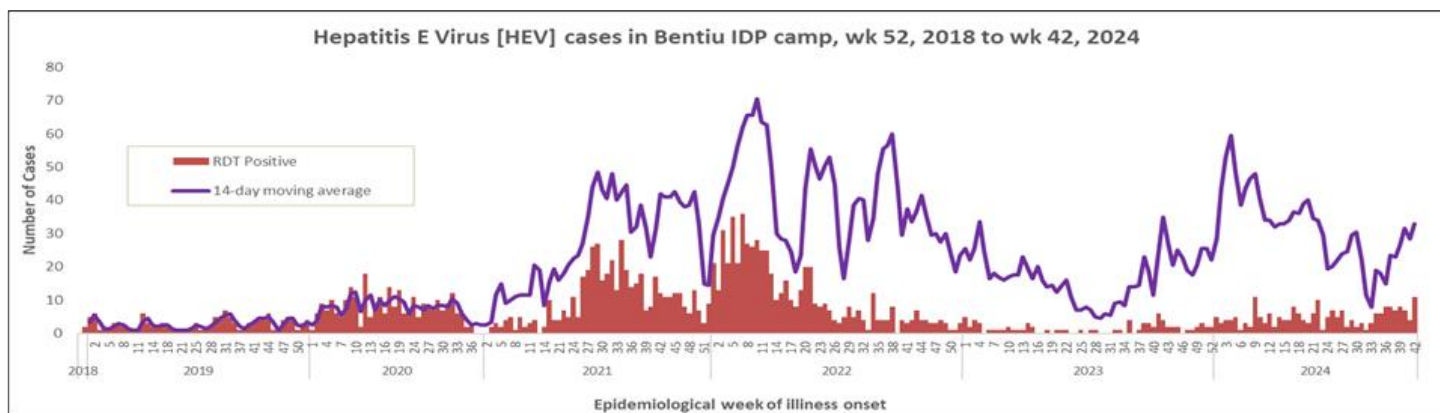
Figure 14: Epidemiological curve showing HEV cases in Fangak County area as of week 39, 2024



1. Hepatitis E outbreak in Bentiu IDP Camp in Unity State.

- During week 42 of 2024, there were 37 newly reported cases, with 11 testing positive using rapid diagnostic tests (RDT), and there were no fatalities reported. When plotted against an epidemic curve, the increasing number of new cases reported per week remained for 7 consecutive weeks (Figure 15)
- Since the outbreak began in 2018, a cumulative total of 6,016 cases have been documented, resulting in 33 deaths.
- Of the cases reported, 43% were among individuals aged 15 to 44 years.
- Males accounted for 52% (3,155 of the 6,016 cases), while females were 48%, (2,861 cases).
- The charts in figure 16, illustrate the distribution of hepatitis E virus (HEV) cases based on the patients' place of residence and age, both within and outside the Bentiu Protection of Civilians (PoC) site.
- Predominantly, the reported Hepatitis E virus cases were identified in individuals living outside the Bentiu Internally Displaced Persons (IDP) Camp, who then sought medical assistance at the healthcare centers located within the camp.

Figure 15: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 38 of 2024



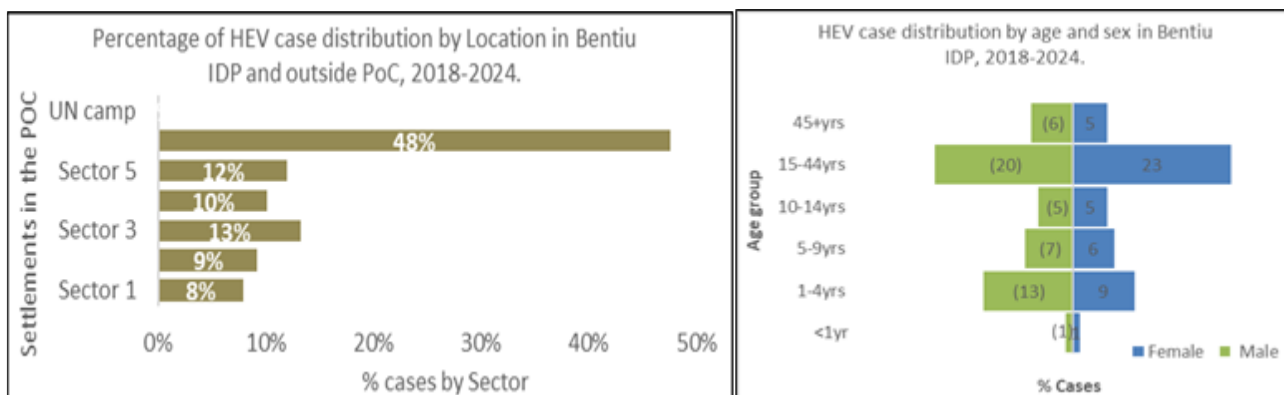


Figure 16: Geography and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan

Other Events

Sudan crisis: As of Week 42, at least **838 978** (409,804 Males and 429,174 females) individuals have crossed from 18 different nationalities. Of this number, **75.8% (635 921)** are South Sudanese returnees and 23.6% (197 723) are Sudanese refugees. Only 0.35% are from other nationalities, largely Eritrean population. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 68% of the reported influx figures. Hostcommunities and healthcare systems are struggling to cope with the increased demand for health and other Services, morbidity, and mortality among returnees and refugees. There are currently 58 898 individuals in Renk, both in the host community and the collective centers. During week 39, there was an alert of cholera, which was later confirmed and declared by the Ministry of Health. The cholera situation in Sudan is very alarming, necessitating cross-border collaborations by all stakeholders involved in the response in 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 The expectation of extensive flooding to occur in South Sudan in 2024 due to two separate climatic events remains reality with floods affecting 58 health facilities. 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 easter 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 one million people (including 375,000 displaced) affected across 41 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 week 42) and an upsurge of malaria morbidity (refer to Figure 7). 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.

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

For more help and support, please contact:

Dr Joseph Lasu Hickson

Emergency Preparedness and Response

Ministry of Health Republic of South Sudan

Email: josh2013.lasu@gmail.com

Phone number +211921395440

Dr. Kediende Chong

Director General Preventive Health Services

Ministry of Health

Republic of South Sudan

Email: mkediende@gmail.com

Phone number: +21192888461

Dr BATEGEREZA, Aggrey Kaijuka

WHO-EPR Team Lead

Email: bategerezaa@who.int

Phone number : +211 924222030

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

