



H.E. the Governor Eastern Lakes welcoming the Minister of Health, WHO Country Representative a.i. and other mission delegates to Yirol East. Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan

7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.9 MILLION
INTERNALLY
DISPLACED



2.1 MILLION
REFUGEES

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*

20 ASSORTED
MEDICAL/SAM/TRAUMA KITS

WHO FUNDING REQUIREMENTS 2018



1.4M FUNDED

16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION



1 668 710 OCV DEPLOYED

1 852 988 MEASLES

976 284 MENAFRVAC

RIFT VALLEY FEVER



40 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- The Ministry of Livestock and Fisheries and Ministry of Health declared a Rift Valley fever (RVF) outbreak on 12 March, 2018 in Yirol East, Yirol West and Awerial Counties of Eastern Lakes State.
- From 7 December 2017 to 9 March 2018, a total of 40 suspected human Rift Valley fever cases have been reported in the Eastern Lakes State. These have been reclassified, as 6 RVF confirmed cases, 3 probable cases, and 12 suspected RVF cases (laboratory results are pending). 19 cases were discarded as non-cases.
- Following the confirmation of a measles outbreak in Aweil East after four measles IgM positive cases were confirmed on 24 Feb 2018, a reactive measles campaign was planned targeting children 6 months to 15 years.

Background of the crisis

The crisis in South Sudan is currently a Protracted 3 humanitarian emergency following the conflict in December 2013. Currently, about 4 million people have fled their homes for safety of which 1.9 million people are internally displaced; while an estimated 2.1 million are refugees in neighbouring countries. The country is currently facing a severe economic crisis and high inflation making the health emergency operations quite expensive and hence difficulties in delivering humanitarian assistance.

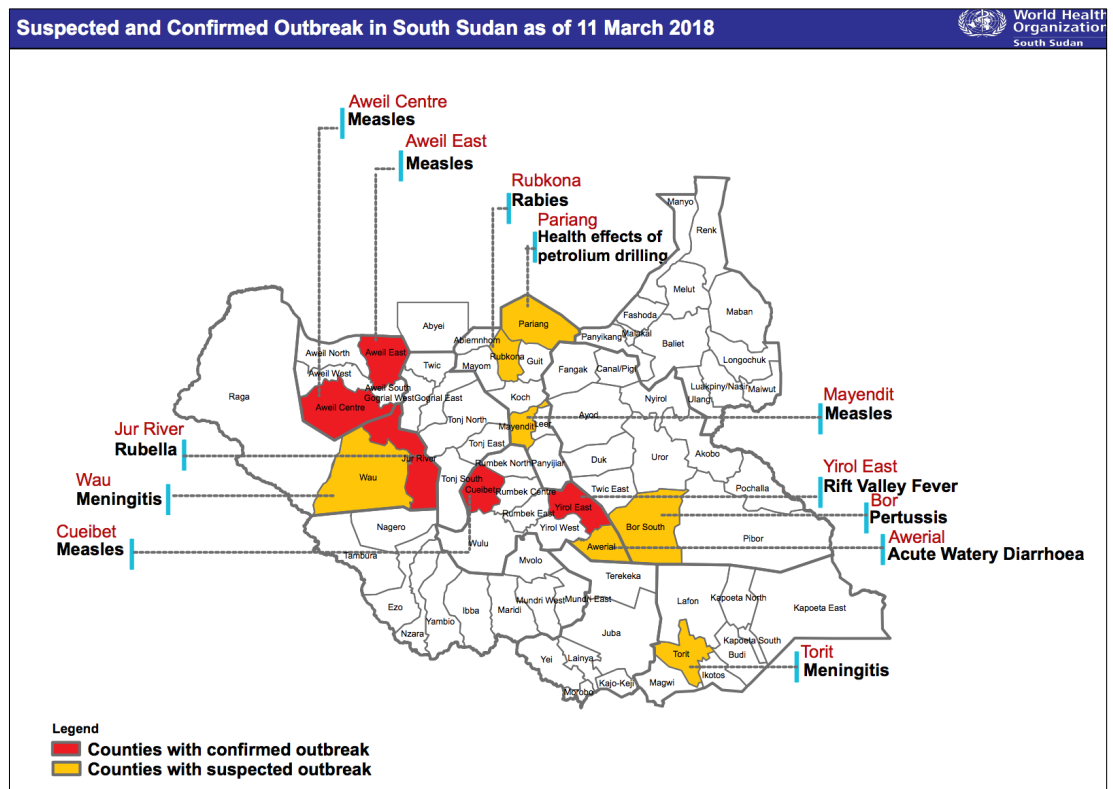
Event Description/Situation update

The security situation across the country remains generally unpredictable with reports tribal clashes and cattle raiding in various locations, e.g. deadly raids between Arab Maseriaya the communities of Mayom has been reported.

On 9 March 2018, armed men stopped a commercial vehicle travelling from Rubkona town to the Bentiu PoC site near the UNMISS base and robbed passengers of cash and other personal belongings. The armed men also abducted nine youth from the vehicle.

Epidemiological Update

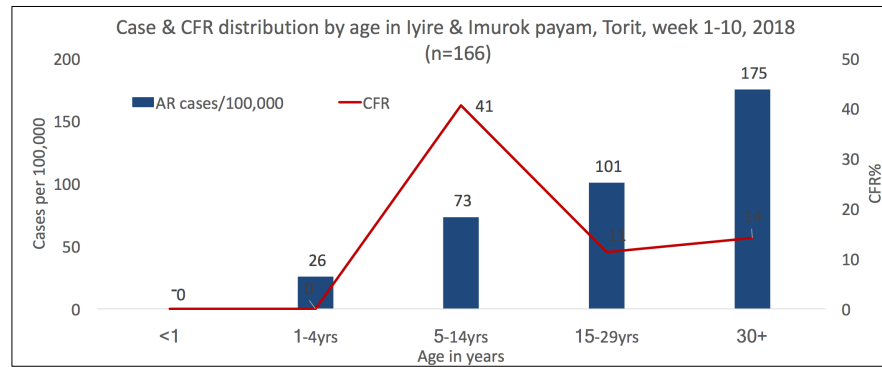
In epidemiological week 9 of 2018, completeness for IDSR reporting at county level was 61% while EWARS reporting from the IDP sites was 81%. A total of 16 alerts were reported, of which 56% have been verified. During the week, acute watery and bloody diarrhoea, measles were the most frequent infectious hazards reported.



Suspected meningitis outbreak: Since 14 Feb 2018, at least 4 counties of Pibor, Jur River, Wau and Torit have reported suspect meningitis cases. Most of the new cases since week 9 have been reported from Imurok payam in Torit, Eastern Equatoria.

Cumulatively since 20 Feb 18; a total of 187 suspect cases have been line listed, these were reclassified based on the case definition with a total of 166 being retained for having fever + neck stiffness and or neck stiffness of other sign of meningeal irritation including 30 deaths (CFR 18.1%) have been reported.

Following the initiation of the current response the number of new cases have started reducing in week 10. There are no community deaths being reported currently. There are no new admissions - on 11 March 2018



Alert and action thresholds have been surpassed but laboratory confirmation is pending. At least 13 CSF samples have been tested with 9/13 (69%) samples showing Gram positive diplococci. Culture testing is inconclusive.

Measles: Following the confirmation of a measles outbreak in Aweil East after four measles IgM positive cases were confirmed on 24 Feb 2018, a reactive measles campaign was planned targeting children 6 months to 15 years.

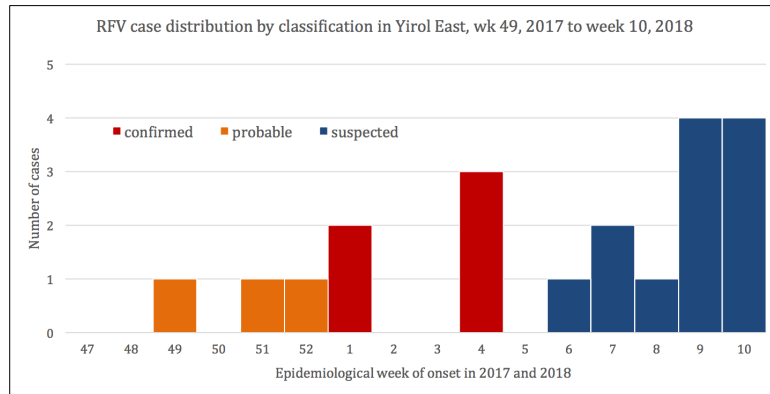
Since the beginning of 2018, at least 83 suspect measles cases including 1 death (CFR 1.58%) have been reported. Of these, 68 suspect cases have undergone measles case-based laboratory-backed investigation with 68 samples collected out of which 14 measles IgM positive cases; 14 clinically confirmed cases; and 3 cases confirmed by epidemiological linkage.

A cumulative total of 1 852 988 (80%) children out of the targeted 2 324 567 have been vaccinated against measles nationwide during the follow up campaign which commenced in May 2017.

Rift Valley Fever: Since the last update (of 24 February 2018), eight new suspect human RVF cases have been reported in Yirol East (5 suspect cases) and Yirol West (3 suspect cases). The samples have been obtained and shipped for laboratory testing. However, there are currently no suspect human cases on admission in Yirol East. During the week, one human sample tested RVF IgG positive. Thus, the cumulative for confirmed human RVF cases now stands at six (one RVF IgM+IgG positive and five IgG positive). On 7 March 2018, seven human suspect RVF samples were shipped to Uganda Virus Research Institute (UVRI) in Entebbe for laboratory testing.

The test results from the 21 animal (Livestock) samples shipped to South Africa were released during the week. Thus, a cumulative of 28 animal samples have been tested to date with nine (9) being RVF positive (3 IgM and 6 IgG); six (6) samples being RVF suspect (based on IgG and IgM serological titres); and 13 samples testing RVF negative (based on IgG and IgM serological titres).

Cumulatively, from 7 December 2017 to 9 March 2018, a total of 40 suspect RVF cases were reported in Eastern Lakes state. These were reclassified based on epidemiological investigations and laboratory test results, such that as of 9th March 2018, there were a total of six (6) RVF confirmed cases, three (3) probable cases, and twelve (12) suspect RVF cases (laboratory results are pending). Nineteen (19) cases were discarded as non-cases following negative laboratory results for RVF and other common causes of viral haemorrhagic fever.



Malaria: Malaria is the top course of Morbidity in the country, a total of 305 506 cases with 53 deaths registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 37.3% of the consultations in week 9 (representing an increase from 33.5% in week 8). The malaria trend for 2018 is below 2016 and 2017.

Kala azar: In week 9, five (5) health facilities reported 2 cases, all new cases. No relapses or PKDL and no death reported. Since the beginning of 2018, a total of 273 cases including 6 deaths (CFR 2.2%) and 0 (0.0%) defaulters have been reported from 14 treatment centers. Of the 273 cases reported, 222(81.3%) were new cases, 7(2.6%) PKDL and 4(1.6%) relapses. In the corresponding period in 2017, a total of 902 cases including 16 deaths (CFR1.7%) and 8(0.8%) defaulters were reported from 21 treatment centers. Majority of cases continued to have been reported from Lankien (223) contributing to 81.6% of the total cases.

WHO public health response

- WHO supported a high-level advocacy mission to Yirol East, Eastern Lakes State led by the Honorable Minister of Health, Dr Riak Gai Kok. The joint high-level mission comprised of delegates from Ministry of Health, Ministry of Livestock and Fisheries, WHO and FAO visited Yirol East on 6 March 2018 to consolidate the response efforts on the ground and soliciting for more commitment by all stakeholders to contain the ongoing suspected Rift Valley Fever outbreak.
- WHO technical team is in Torit to strengthen overall coordination, surveillance and laboratory confirmation, case management and social mobilization. The drugs and supplies for managing suspect meningitis have been availed with support from WHO and other partners (SCI, IOM, WHO, UNICEF, ARC). WHO has procured additional kits to facilitate field testing and plans are underway to ship the meningitis CSF samples to a collaborating center for PCR testing.



Mr Liyosi Evans WR a.i. before addressing Panakar community in Yirol. Photo: WHO



Some of the life-saving supplies prepositioned to Torit. Photo: WHO

- With support from the Government of Japan, WHO jointly with staff from the National Blood Transfusion Services, conducted a technical supervisory visit to Torit State Hospital Blood Bank, oriented the 4-laboratory staff on SOPs for blood donor recruitment, blood collection and blood bank laboratory procedures to scale up the roll out of the national program towards universal access to the much-needed safe blood supplies. During the same visit WHO technical team assessed the medical laboratory capacity to support the ongoing suspected meningitis outbreak.
- A Polio Eradication Initiative (PEI) review meeting was held from in Juba involving 36 WHO staff from 5 states Western Bahr el Ghazal, Northern Bahr el Ghazal, Lakes, Warrap and Western Equatoria State. The review aimed at developing the 2018 workplans, sharing feedback on 2017 performance, training on the use of the ODK to improve and monitor staff performance using real time and geo coordinated data.
- The first round of the sub National Immunization Days 2018 targeting 1 712 171 children under five, was launched on the 6 March in 5 states of CES, EES, Unity, Jonglei and Upper Nile. Data shows a total of 106,348 children immunized with 2 drops of OPv but the campaign is ongoing.
- Work continues on the Polio Transition with a consultant in country to finalise the costed polio plans and meetings held with Unicef, DFID, BHI team in MoH.
- WHO/MOH in collaboration with IMA world health and KalaCore continue to ensuring that all implementing partners have access to KA test kits and medicine and onsite monitoring of Kala azar activities to ensure proper treatment provided to patients. WHO/MOH distributed through IMA 1,344 test kits (rK39) and drugs (4000 vials of Sodium Stibogluconate and 120 vials of ambisome to implementing partners in Kapoeta Mission Hospital, Chuil PHCC, Kurwai PHCC, Walgak PHCC, Rom PHCC, Ulang PHCC, Narus PHCC, Pagil PHCC, Akoka PHCC, Renk PHCC and Kapoeta Civil Hospital.

Operational gaps and challenges

- Limited access to hard to reach communities' especially in conflict affected areas.
- The continued economic decline, and high cost of living has continued to escalate markedly with inflation reaching 183% in Juba.
- Continued attack on health facilities negatively impacting health service delivery.

Resource mobilization

FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 1.4 million	8.3%

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