



L-R: Dr S. Tissot, FAO Representative, Hon James Janka Duku, Min of Livestock and Fisheries, Dr Pinyi Director General PHS MOH, Mr Evans Liyosi WR South Sudan a.i. during the declaration of Rift Valley Fever outbreak in Yirol East, Eastern Lakes State. 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

289 ASSORTED
MEDICAL/SAM/TRAUMA KITS

WHO FUNDING REQUIREMENTS 2018



3.4M 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

1 305 332 MENAFRIVAC

RIFT VALLEY FEVER



40 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

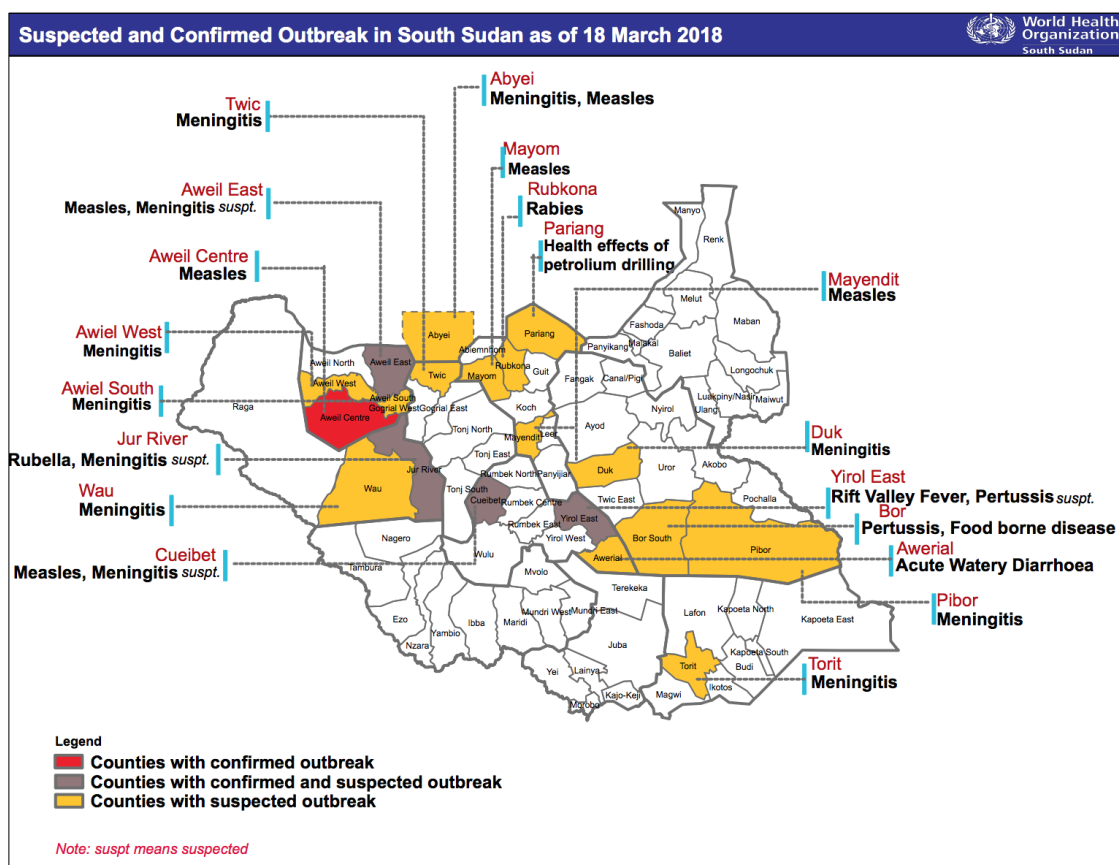
- During week 11, only three (3) new suspect meningitis cases including one (1) death were reported from Imurok payam, Torit County the most recent locus of transmission. As of 17 March 2018, a total of 171 suspected meningitis cases including 31 deaths (CFR 18%) have been reported from Iyire and Imurok payams, Torit county.
- Rift Valley Fever outbreak was declared in Yirol East, Eastern Lakes State on 12 March, 2018. As of 17 March 2018, a cumulative total of 40 suspected human cases were reported including 6 confirmed cases. Nine confirmed animal cases (cattle).
- Urgent action needed to avert the looming food crisis in South Sudan with about 85% of the population predicted to reach crisis and emergency food insecurity conditions by the end of April, 2018.

Background of the crisis

Event Description/Situation update

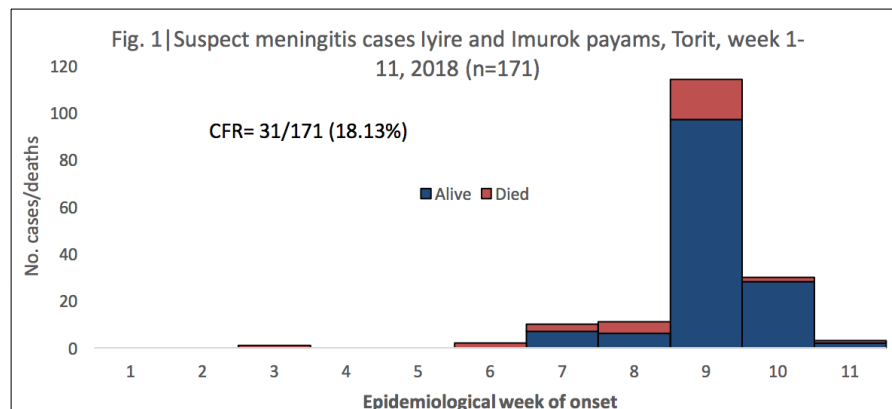
Epidemiological Update

- 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.
- The security situation countrywide remains unpredictable with persistent reports of tribal clashes, rape of several women, cattle raiding in various locations negatively affecting humanitarian response. Following a high-level delegation mission to Leer county, Unity region, one of the two counties affected by famine in 2017, it was reported that although the famine situation had improved due to intensive humanitarian intervention, the situation remains fragile with about 85 per cent of the population predicted to reach crisis and emergency food insecurity conditions by the end of April 2018.
- In epidemiological week 10 of 2018, completeness for IDSR reporting at county level was 74% while EWARS reporting from the IDP sites was 86%. A total of 9 alerts were reported, of which 78% have been verified. During the week, measles and bloody diarrhoea were the most frequent infectious hazards reported. The top causes of morbidity in the IDPs in 2018 include ARI (25.5%), malaria (16.2%), AWD (8.4%), and injuries (4.03%).



- **Suspected meningitis outbreak:** There has been a decline in number of suspected meningitis cases in Iyire and Imurok payams, in Torit county. During week 11, only three (3) new suspected meningitis cases including one (1) death were reported from Torit county. All the new cases are from Imurok payam, the most recent locus of transmission.
- As of 17 March 2018, a total of 171 suspected meningitis cases including 31 deaths (CFR 18.13%) have been reported from Iyire and Imurok payams. While most deaths occurred in Imurok payam (22deaths), the case fatality rates were highest in Iyire payam (39.1%). The CFR was highest in persons 5-14 years.
- A total of 14 CSF samples have been collected from Torit with the preliminary analysis showing the CSF was clear, cell counts not done, due to evidence of contamination, 9 (69%) showed Gram

positive diplococci, rapid pastorex was negative for all the seven samples tested, and microbiological culturing either showed no growth or evidence of contamination. On 14 Mar 2018, the 14 CSF samples were shipped to Institute Pasteur, Paris, France for further testing and results are awaited.



- **Measles:** Measles outbreak was confirmed in Aweil East after four samples tested measles IgM positive. A total of 21 measles cases have been line listed.
- Since the beginning of 2018, at least 101 suspect measles cases including 1 death (CFR 1.58%) have been reported. Of these, 68 samples were collected out of which 14 measles were IgM positive. Currently, there is active transmission going on in Aweil East and Aweil Center in Northern Barh el Ghazal region.
- **Rift Valley Fever:** On 12 March, Ministries of Health; and Livestock and fisheries officially declared RVF outbreak in Yirol East, Yirol West and Awerial Counties in Eastern Lakes State calling for a heightened multi-sectoral response in order to contain the outbreak.
- A cumulative total of 40 suspected RVF cases were reported in Eastern Lakes between 7 December 2017 to 17 March 2018 with 6 confirmed positive. A total of nine animal samples have been confirmed positive serologically (3 IgM and 6 IgG).
- **Malaria:** Malaria is the top cause of morbidity in South Sudan with a total of 372,309 cases with 58 deaths registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 29.7% of the consultations in week 10 (representing a decline from 35.2% in week 9).
- To prevent further spread of the suspected meningitis outbreak in Torit, WHO continues to provide technical support and case management assorted supplies. A total 10 technical officers (Epidemiologist, medical officer, laboratory personnel, risk communication specialist, data manager) were deployed to support the state and strengthen the response in the areas of coordination, surveillance and laboratory, case management and risk communication.
- WHO trained over 35 participants drawn from 20 health cluster partners to enhance the capacity of the front-line health cluster partners with the necessary skills to mitigate the health risks in health facility level, strengthen infection prevention and control in primary Health Care Facilities (HCFs), improve the hygiene of oral medication in HCFs and stabilization centers, and proper waste segregation management and final treatment.

WHO public health response



Training of health cluster partners on infection prevention and control in HCFs

- In an effort to improve routine immunization data quality, enhancing timeliness and completeness, the country office team visited WHO Hub in Yambio, trained 7 EPI County Supervisors and 4 Polio Field Supervisors from the 10 former counties of former Western Equatoria State (WES) on data management, techniques and processes.



Data management training in Yambio

- WHO Torit team and State RRT led by the Director General Torit and other partners (SSRRC, SCI) visited IYIRE Nyara and Khormus PHCU to facilitate the reopening of the facility in Iyire which has been closed for over 3 years due to insecurity, the visit was also to enhance suspected meningitis surveillance in Iyire and Imurok payams. To strengthen surveillance for meningitis, 20 community base surveillance (CBS) officers for case search in both payams were trained.



Training of CBS officers in Iyire and Imoruk payam, Torit

- WHO supported the deployment of 16 out of the recently trained 20 Lot Quality Assurance Sampling (LQAS) surveyors to validate the administrative polio vaccination coverage in the 5 state hubs: (4 in Central Equatoria State; 5 in Eastern Equatoria State; 3 in Jonglei; and 4 in Upper Nile). Those assigned to Unity state are yet been deployed.
- The first round of polio sub-national immunization days (sNIDs) in 5 former state hubs of Central Equatoria, Eastern Equatoria, Jonglei, Unity and Upper Nile targeting 1,782,577 under 5 children is ongoing with a partial coverage of 450 507(25.3%).
- A reactive measles campaign supported by WHO and partners targeting children 6months to 59 months, is slated to start on March 26, 2018 and end on 31 March, 2018.
- In Cueibet a reactive measles campaign was completed with an administrative coverage of 58,842 (87%). In Aweil Center, the reactive measles vaccination campaign has been completed. Coverage data is being analyzed and the coverage survey is also being finalized.

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.
- Inadequate funding to support the initial outbreak investigations and response.

Resource mobilization

FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 3.4 million	19.9%

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