South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W19 2018 (May 07 – May 13)



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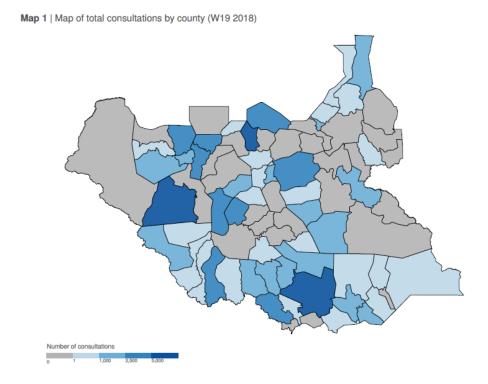
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Sources of data

- 1. Weekly IDSR Reporting Form
- 2. Weekly EWARS Reporting Form

Access and Utilization | Map of consultations by county



Hub	W19	2018			
Aweil	8,882	249,083			
Bentiu	14,373	315,591			
Bor	6,864	205,781			
Juba	13,943	192,554			
Kwajok	11,357	444,091			
Malakal	5,795	188,103			
Rumbek	6,326	279,146			
Torit	4,758	104,545			
Wau	7,644	154,474			
Yambio	13,482	209,187			
South Sudan	93,424	2,342,555			

The total consultation in the country since week 1 of 2018 is 2,342,555 by hub, Bentiu registered the highest number of consultations as indicated in the table above. The total number of consultations by county is indicated in the map above. See the key for more information.





Proportional mortality

Figure 1 | Proportional mortality (2018)

Malaria
Acute Respiratory Infection
(ARI)

Acute Jaundice Syndrome (AJS)
Measles
Other

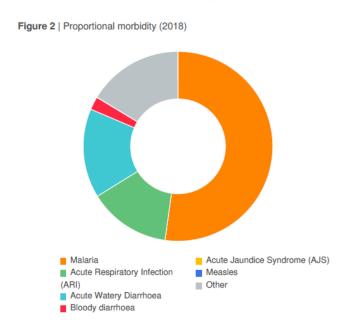
Syndrome	W19		2018	
	# deaths	% mortality	# deaths	% mortality
Malaria	42	97.7%	126	16.2%
ARI	1	2.3%	13	1.7%
AWD	0	0.0%	9	1.2%
Bloody diarrhoea	0	0.0%	5	0.6%
AJS	0	0.0%	2	0.3%
Measles	0	0.0%	1	0.1%
Other	0	0.0%	624	80.0%
Total deaths	43	100%	780	100%

Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 10.6% of the deaths since week 1 of 2018, followed by bloody diarrhoea, and acute watery diarrhoea.

Proportional morbidity

Acute Watery Diarrhoea

Bloody diarrhoea



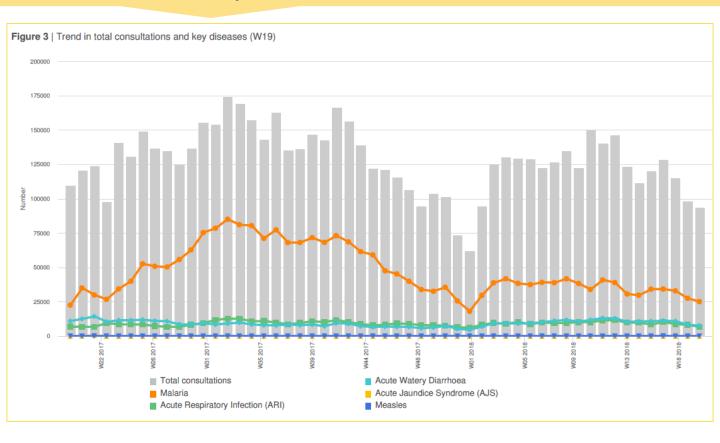
Syndrome	W19		2018					
	# cases	% morbidity	# cases	% morbidity				
Malaria	25,131	49.3%	673,005	52.2%				
ARI	6,707	13.1%	180,337	14.0%				
AWD	7,667	15.0%	195,995	15.2%				
Bloody diarrhoea	1,080	2.1%	29,042	2.3%				
AJS	13	0.0%	95	0.0%				
Measles	13	0.0%	313	0.0%				
Other	10,412	20.4%	210,316	16.3%				
Total cases	51,023	100%	1,289,103	100%				

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 607,651 (51.6%) followed by ARI, AWD and ABD respectively since week 1 of 2018. refer to the figure above for more information.

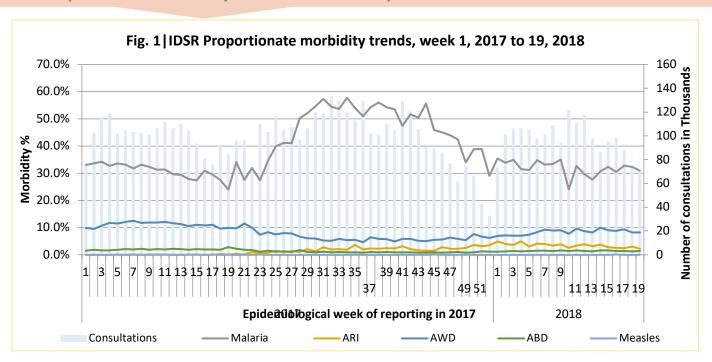




Trend in consultations and key diseases

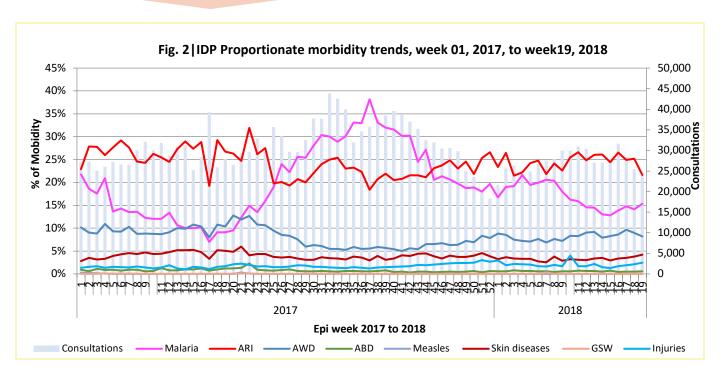


IDSR Proportionate morbidity trends - in relatively stable states



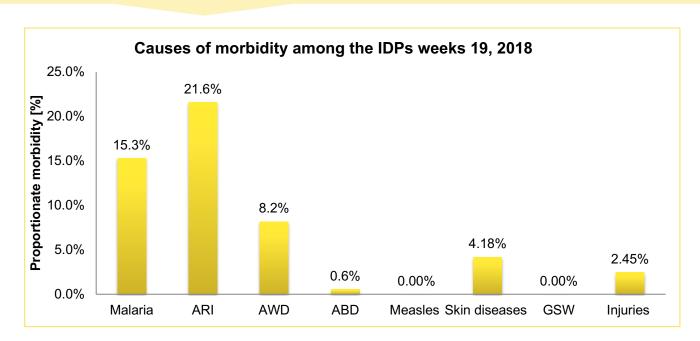
In the relatively stable states, malaria is the top cause of morbidity accounting for 30.9% of the consultations in week 19 (representing an decrease from 32.4% in week18).





Among the IDPs, ARI and malaria accounted for 21.6% and 15.3% of consultations in week 19. The other significant causes of morbidity in the IDPs include AWD, skin diseases, and injuries.

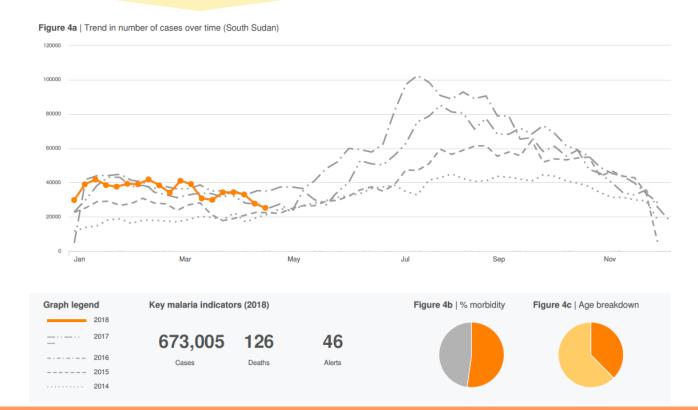
IDP Proportionate morbidity trends - in displaced populations



The top causes of morbidity in the IDPs in 2018 include ARI, malaria, AWD, skin diseases, injuries, and ABD.

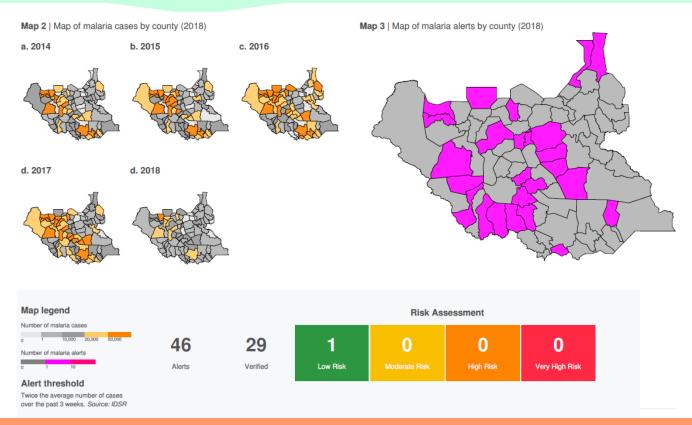


Malaria | Trends over time



Malaria is the top course of Morbidity in the country, a total of 673,005 cases with 126 deaths registered since week 1 of 2018. malaria trend for week 19 of 2018 is above 2014, 2015, and 2016 however, is below the trend for 2017 as shown in the figure 4a, above.

Malaria | Maps and Alert Management

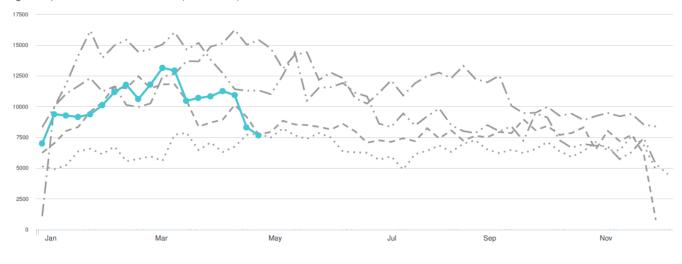


Since the beginning of the year, a total of 46 malaria alerts have been triggered, 29 of those were verified. The Maps above indicate the location reporting malaria alerts from 2014, 2015, 2016, 2017, and 2018.



Acute Watery Diarrhoea | Trends over time

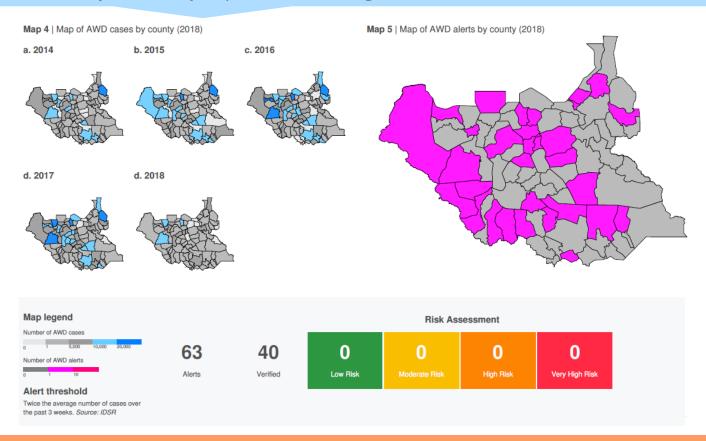
Figure 5a | Trend in AWD cases over time (South Sudan)





AWD is one of the top causes of morbidity in the country with 195,995 cases reported since week 1 of 2018 including 9 deaths. AWD trend for 2018 is below 2015, 2016, and 2017 as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management



The number of AWD alerts triggered since week 1 of 2018 is 63, out of which 40 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018 .





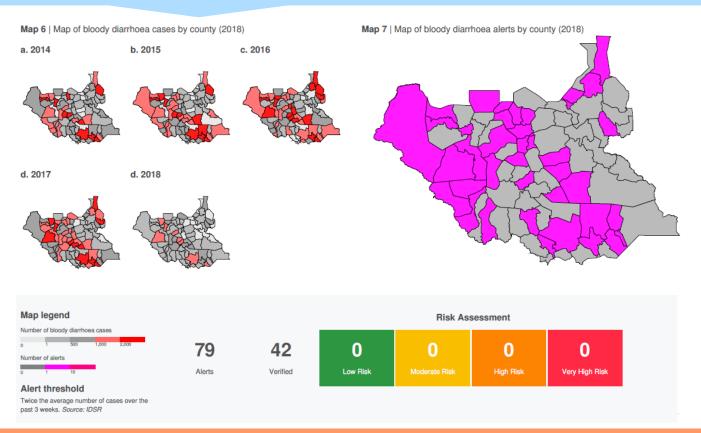
Acute Bloody Diarrhoea | Trends over time

Figure 6a | Trend in bloody diarrhoea cases over time (South Sudan)



Since week 1 of 2018, a total of 29,042 cases of ABD have been reported country wide including 5 death. ABD trend for 2018 is below 2014, 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

Acute Bloody Diarrhoea | Maps and Alert Management

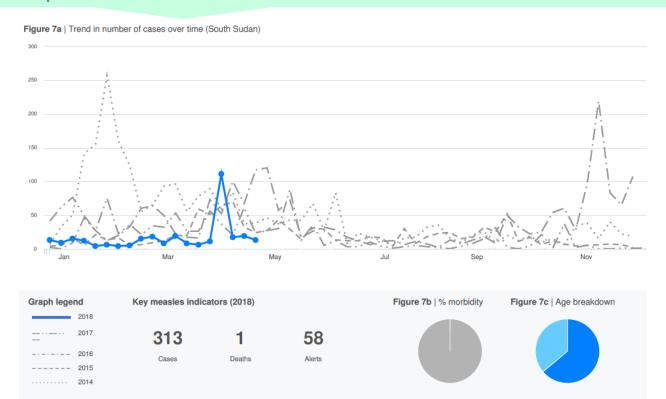


Total of 79 alerts were generated since week 1 of 2018, of which 42 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2018 are shown above.



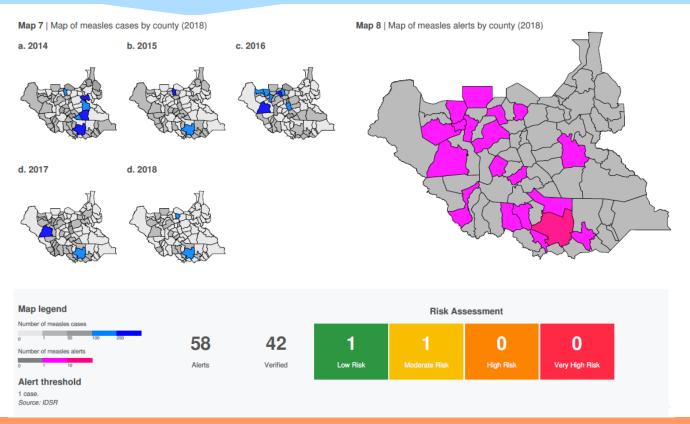


Measles | Trends over time



Since the beginning of 2018, at least 313 suspect measles cases including 1 death (CFR 0.8%) have been reported. Of these, 84 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.

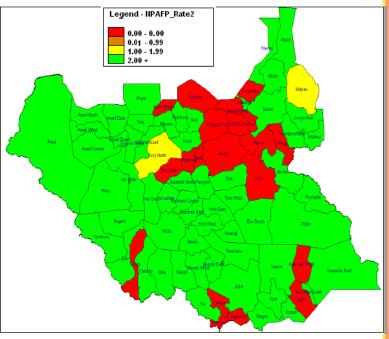
Measles | Maps and Alert Management



Since week 1 of 2018, 58 alerts of measles were triggered and 42 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.



Acute Flaccid Paralysis | Suspected Polio



In week 19, 2018, Fourteen (14) new AFP cases were reported from Lakes, Northern Bahr el Ghazal, Upper Nile, Eastern Equatoria and Warrap hubs. This brings the cumulative total for 2018 to 148 AFP cases.

The annualized non-Polio AFP (NPAFP) rate (cases per 100,000 population children 0-14 years) in 2018 is 4.9 per 100,000 population of children 0-14 years (target ≥2 per 100,000 children 0-14 years).

Stool adequacy was 88% in 2018, a rate that is higher than the target of ≥80%.

Environmental surveillance ongoing since May 2017; with 23 samples testing positive for non-polio enterovirus (NPEV) in 2017 and seven (7) NPEV positive sample in 2018.

Source: South Sudan Weekly AFP Bulletin

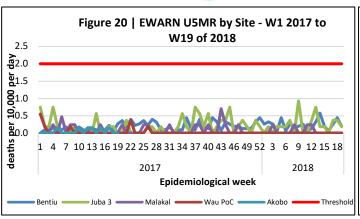
Mortality in the IDPs

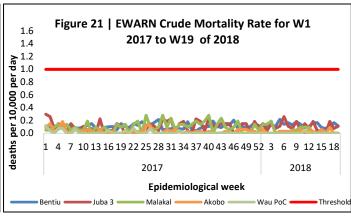
Table 6 | Proportional mortality by cause of death in IDPs W19 2018

Cause of Dooth by IDD site	Ber	ntiu	Juk	a 3	Total deaths
Cause of Death by IDP site	<5yrs	≥5yrs	<5yrs	≥5yrs	iotai deatiis
malaria			1		1
pneumonia		1			1
Renal failure		1			1
Respiratory failure		1			1
Unknown	1	1			2
ТВ		1			1
PKA		1			1
Cardio congenital	1				1
Cardiorespiratory acute failure	1				1
wasting Syndromes				1	1
diadetes				1	1
Total deaths	3	6	1	2	12

Among the IDPs, mortality data was received from Bentiu PoC, & UN House PoC in week 19. (Table 6). **A total of 12** deaths were reported during the week. Bentiu PoC report 9 deaths (75%) in the week. During the week, 4 (33%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 17 are shown in Table 6.





The U5MR in all the IDP sites that submitted mortality data in week 19 of 2018 is below the emergency threshold of 2 deaths per 10,000 per day (Fig. 20).

The Crude Mortality Rates [CMR] in all the IDP sites that submitted mortality data in week 19 of 2018 were below the emergency threshold of 1 death per 10,000 per day (Fig. 21).

Mortality in the IDPs - Overall mortality in 2018

Table 7 | Mortality by IDP site and cause of death as of W19, 2018

IDP site	acute watery diarrhoea	cancer	MSS	wound	Heart Failure	Kala-Azar	malaria	Meningitis	perinatal death	pneumonia	Rabies	SAM	Sepsis	TB/HIV/AIDS	Trauma	HIV/AIDS	TB	Others	Grand Total
Bentiu	5	1	1	2	1	2	6	3	14	7	1	6	15	7	1	12	7	105	196
Juba 3	1	1			1		6			2		2		1		4	7	30	55
Malakal		1			2	1			1								2	11	18
Akobo				1		2	1			2			2	1	1			6	16
Wau PoC							1											0	1
Grand Total	6	3	1	3	4	5	14	3	15	11	1	8	17	9	2	16	16	152	286
Proportionate mortality [%]	2%	1%	0%	1%	1%	2%	5%	1%	5%	4%	0%	3%	6%	3%	1%	6%	6%	53%	100%

- A total of 286 deaths have been reported from the IDP sites in 2018 Table 7.
- The top causes of mortality in the IDPs in 2018 are shown in <u>Table 7</u>.





For more help and support, please contact:

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Notes

WHO and the Ministry of Health gratefully acknowledge health cluster and health pooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO and USAID 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









