South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W3 2018 (Jan15 - Jan21)



Access and Utilisation

Slide 2 Ma	ap 1 Map of consultations by county (2018)
------------	--

Indicator-based surveillance

Slide 3	Figure 1 Proportional mortality
Slide 4	Figure 2 Proportional morbidity
Slide 5	Figure 3 Trend in consultations and key diseases

Disease trends and maps

Malaria	
Slide 6	Trend in malaria cases over time

Slide 7	Malaria maps and alert management

Acute Watery Diarrhoea (AWD)

Slide 8	Trend in AWD cases over time
Slide 9	AWD maps and alert management

Bloody diarrhoea

Slide 10	Trend in bloody diarrhoea cases over time
Slide 11	Bloody diarrhoea maps and alert management

Measles

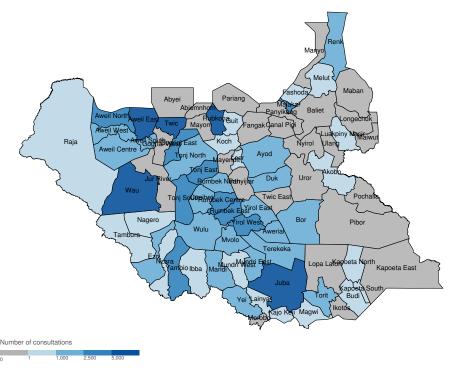
Slide 12	Trend in measles cases over time
Slide 13	Measles maps and alert management

Sources of data

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

Access and Utilization | Map of consultations by county

Map 1 | Map of total consultations by county (W3 2018)



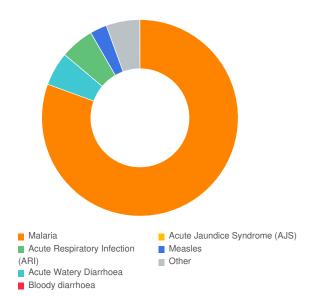
Hub	W3	2018				
Aweil	19,458	52,428				
Bentiu	7,939	25,200				
Bor	5,218	28,399				
Juba	11,123	29,517				
Kwajok	17,071	48,017				
Malakal	7,462	21,296				
Rumbek	17,236	46,309				
Torit	4,110	9,355				
Wau	7,447	18,833				
Yambio	12,632					
South Sudan	109,696	312,678				





Proportional mortality

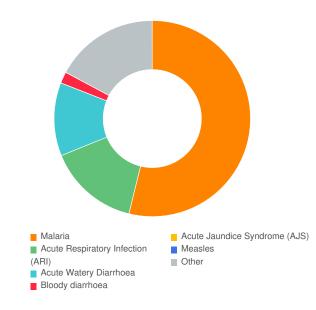
Figure 1 | Proportional mortality (2018)



Syndrome	W3		2018					
	# deaths	% mortality	# deaths	% mortality				
Malaria	6	75.0%	29	80.6%				
ARI	1	12.5%	2	5.6%				
AWD	0	0.0%	2	5.6%				
Bloody diarrhoea	0	0.0%	0	0.0%				
AJS	0	0.0%	0	0.0%				
Measles	0	0.0%	1	2.8%				
Other	1	12.5%	2	5.6%				
Total deaths	8	100%	36	100%				

Proportional morbidity

Figure 2 | Proportional morbidity (2018)



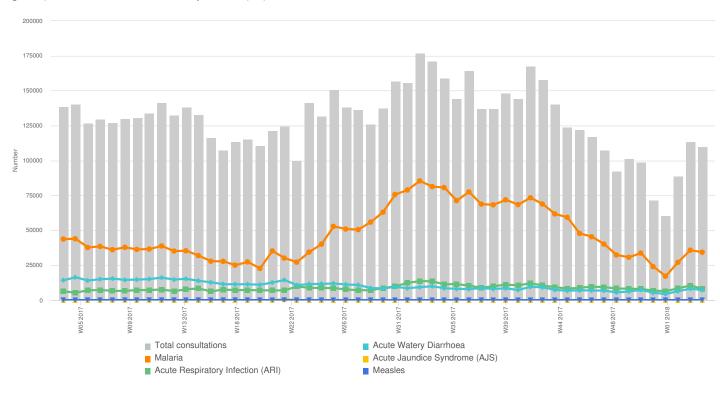
Syndrome	W3		2018						
	# cases	% morbidity	# cases	% morbidity					
Malaria	34,334	56.7%	97,220	53.8%					
ARI	8,167	13.5%	27,099	15.0%					
AWD	7,234	11.9%	21,835	12.1%					
Bloody diarrhoea	1,280	2.1%	3,375	1.9%					
AJS	0	0.0%	3	0.0%					
Measles	15	0.0%	37	0.0%					
Other	9,555	15.8%	30,995	17.2%					
Total cases	60,585	100%	180,564	100%					



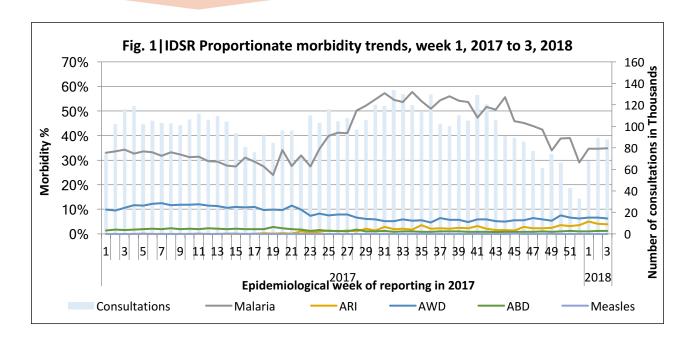


Trend in consultations and key diseases

Figure 3 | Trend in total consultations and key diseases (W3)



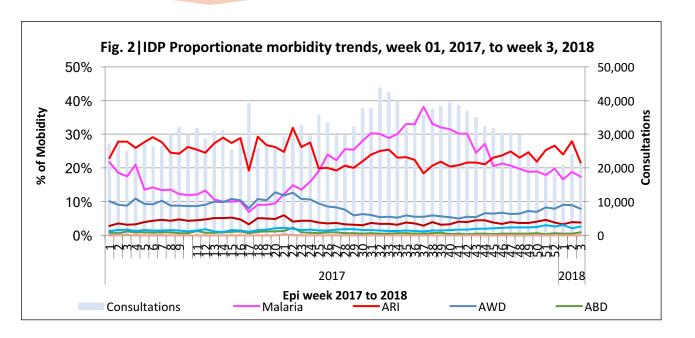
IDSR Proportionate morbidity trends - in relatively stable states



In the relatively stable states, malaria is the top cause of morbidity accounting for 34.8% of the consultations in week 3 (representing a decline from 35.8% in week 1).

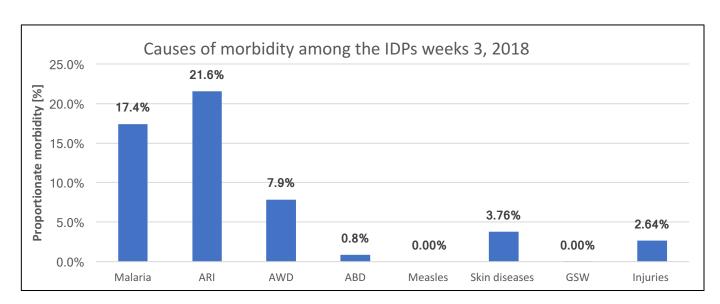






Among the IDPs, ARI and malaria accounted for 21.6% and 17.4% of consultations in week 3. The other significant causes of morbidity in the IDPs include AWD, skin diseases, and injuries.

IDP Proportionate morbidity trends - in displaced populations

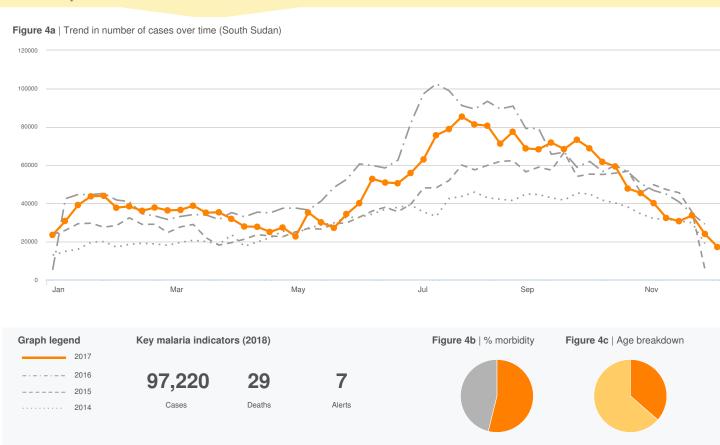


The top causes of morbidity in the IDPs in 2018 include ARI, malaria, AWD, skin diseases, injuries, and ABD.

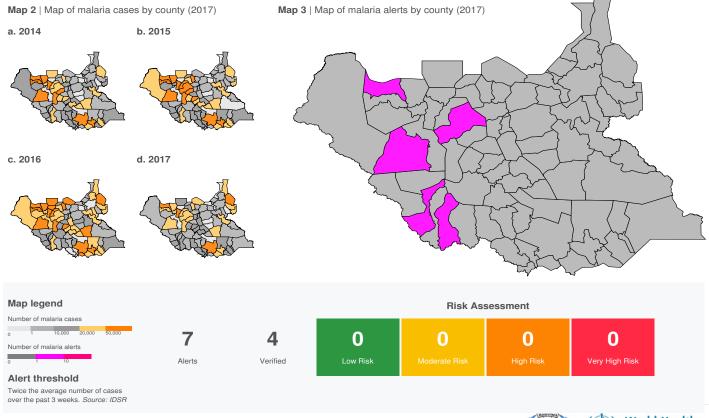




Malaria | Trends over time



Malaria | Maps and Alert Management



Malaria | Trends by county

30

25

20

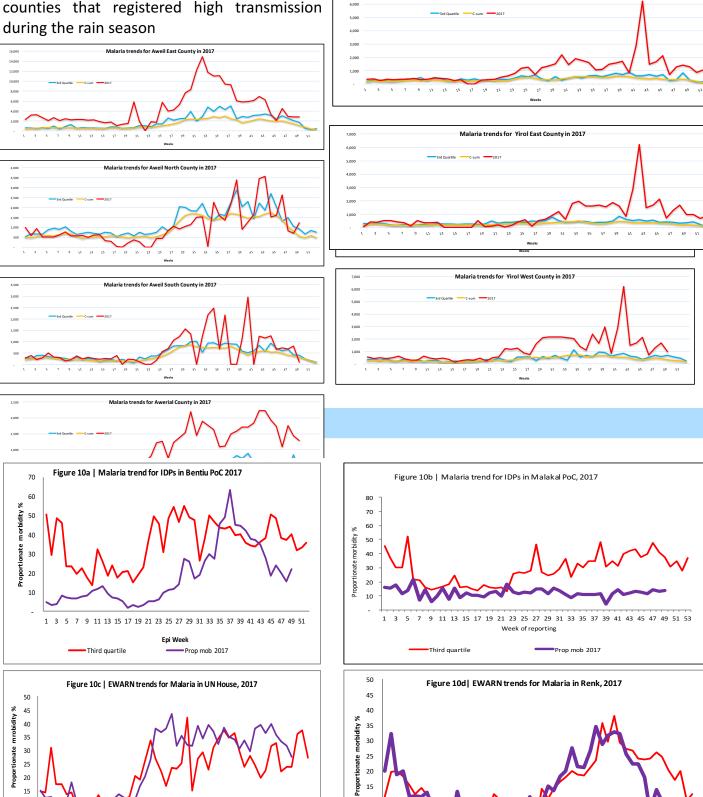
15

10

7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51

Prop mob 2017

Malaria trends returned to normal in the counties that registered high transmission



Malaria trends in four of the large IDP sites - Bentiu Poc; UN House Poc; Malakal PoC; and Renk are below the third quartile

25

20

15

10

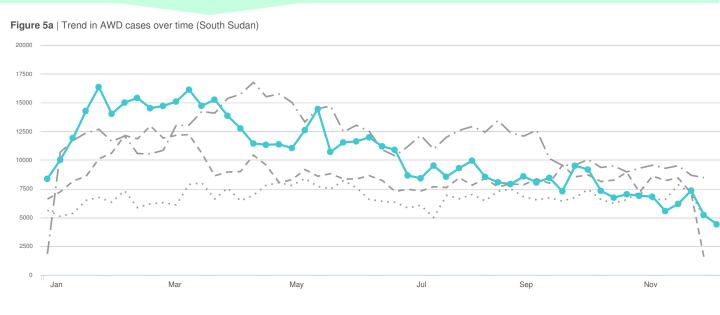


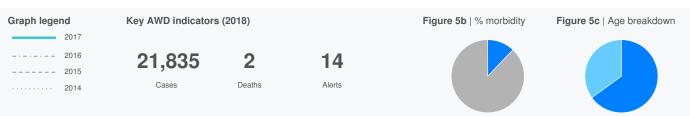
11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51



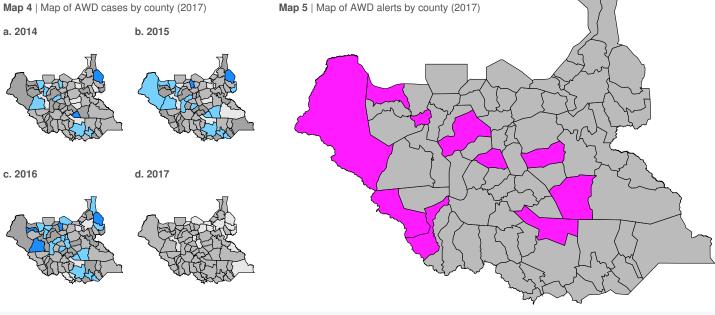
Third quartile

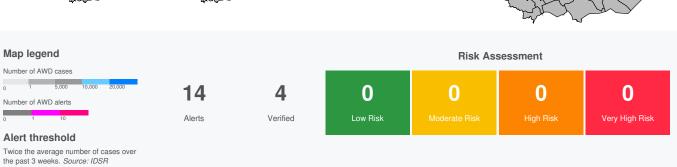
Acute Watery Diarrhoea | Trends over time





Acute Watery Diarrhoea | Maps and Alert Management

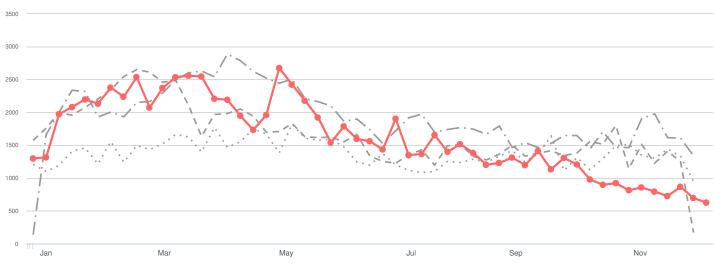






Acute Bloody Diarrhoea | Trends over time

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

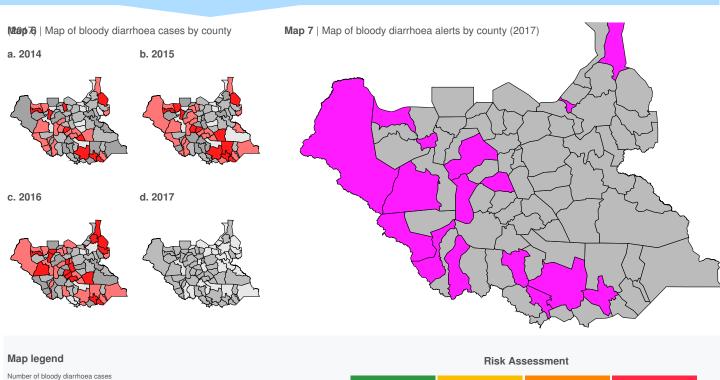




Acute Bloody Diarrhoea | Maps and Alert Management

Alerts

Verified



Alert threshold

Number of alerts

Twice the average number of cases over the past 3 weeks. Source: IDSR



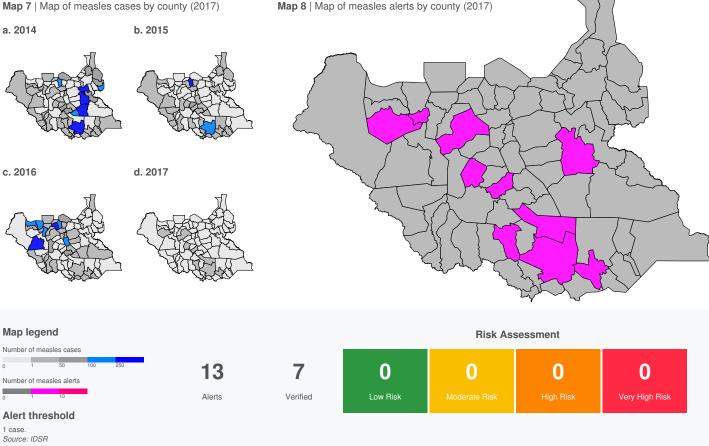
0

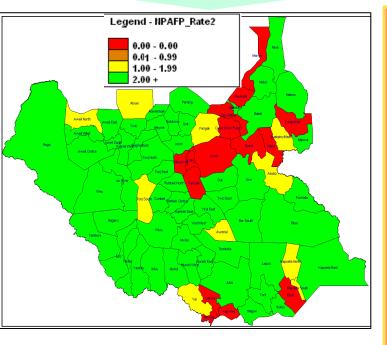
Measles | Trends over time



Since the beginning of 2018, at least 22 suspect measles cases including at least 1 death (CFR 4.5%) have been reported. Of these, 11 suspect cases have undergone measles case-based laboratory-backed investigation with 11 samples collected out of which 3 measles IgM positive cases have been reported.

Measles | Maps and Alert Management





In week 3, 2018, four new AFP cases were reported from Central Equatoria, Jonglei, Northern Bahr el Ghazal, and Lakes hubs. This brings the cumulative total for 2018 to eight (8) AFP cases.

During 2017, a cumulative of 387 AFP cases were reported countrywide. The annualized non-Polio AFP (NPAFP) rate (cases per 100,000 population children 0-14 years) in 2017 was 4.71 per 100,000 population of children 0-14 years (target ≥2 per 100,000 children 0-14 years).

Stool adequacy was 87% in 2017, 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.

Source: South Sudan Weekly AFP Bulletin

Mortality in the IDPs

Table 6 | Proportional mortality by cause of death in IDPs W3 2018

	Juba 3		
Cause of Death by IDP site	≥5yrs	Total deaths	Proportiona te mortality [%]
pneumonia	1	1	25
HIV/AIDS	1	1	25
ТВ	1	1	25
Peptic ulcer disease	1	1	25
Total deaths	4	4	100

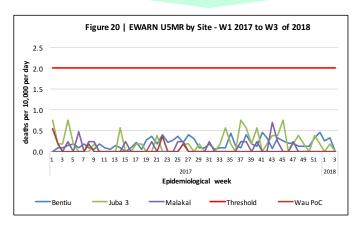
Among the IDPs, mortality data was received from UN House PoC in week 3. (Table 6). **A total of 4** deaths were reported during the week. UN House PoC reported 4 (100%) deaths in the week. During the week, 0 (0%) deaths were recorded among children <5 years in (Table 6).

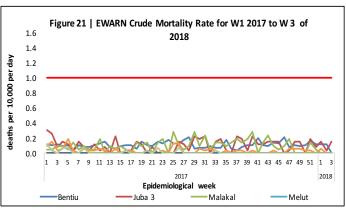
The causes of death during week 3 are shown in Table 6.





Mortality in the IDPs - Crude and Under five mortality rates





The U5MR in all the IDP sites that submitted mortality data in week 3 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 3 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 W3, 2018

IDP site	Asthma	Cancer	Heart Failure	Kala-Azar	Liver Cirrhosis	Malaria	Meningitis	Perinatal death	Pneumonia	SAM	Sepsis	Shock	тв/ніv	Trauma	HIV/AIDS	TB	Unkown	LRTI Bleeding	Acute watery diarrhoea	Peptic ulcer disease	Grand Total
Bentiu			1			1	1	3	2	1	1	3	1				3	1			18
Juba 3	1	1			1	1			1						1	1			1	1	9
Akobo				1										1							2
Grand Total	1	1	1	1	1	2	1	3	3	1	1	3	1	1	1	1	3	1	1	1	29
Proportionate																					
mortality [%]	3.4	3.4	3.4	3.4	3.4	6.9	3.4	10.3	10.3	3.4	3.4	10.3	3.4	3.4	3.4	3.4	10.3	3.4	3.4	3.4	100.0

- A total of 29 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:

Dr. Pinyi Nyimol Mawien Director General Preventive Health Services Ministry of Health Republic of South Sudan Telephone: +211 955 604 020

Dr. Mathew Tut Moses Director Emergency Preparedness and Response (EPR) Ministry of Health Republic of South Sudan Telephone: +211 955 295 257

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









