South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W6 2018 (Feb 05 – Feb 11)



Access and Utilisation

Slide 2	Map 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 maleria 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

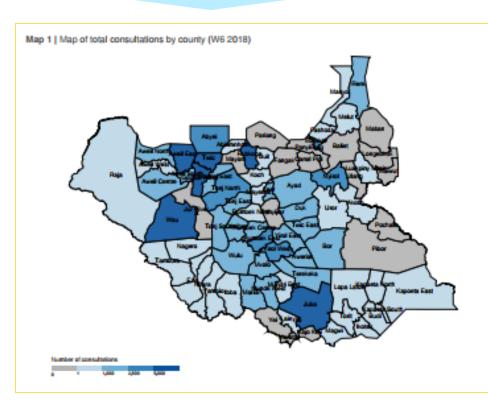
Measles

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



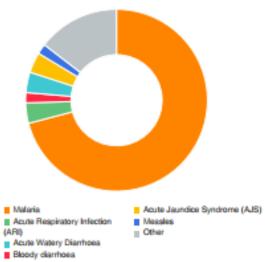
Hub	W6	2018
Aweil	13,473	100,232
Bentiu	13,516	77,288
Bor	12,327	68,507
Juba	8,697	53,707
Kwajok	24,440	131,038
Malakal	6,761	44,819
Rumbek	15,516	90,641
Torit	5,106	27,204
Wau	6,598	42,660
Yambio		64,971
South Sudan	114,440	699,067





Proportional mortality

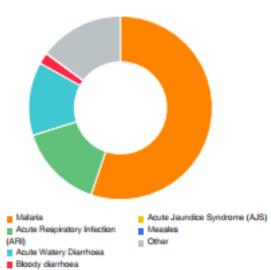
Figure 1 | Proportional mortality (2018)



Syndrome	W6		2018							
	# deaths	% mortality	# deaths	% mortality						
Malaria	1	50.0%	39	70.9%						
ARI	0	0.0%	2	3.6%						
AWD	0	0.0%	2	3.6%						
Bloody diarrhoea	0	0.0%	1	1.8%						
AJS	0	0.0%	2	3.6%						
Measles	0	0.0%	1	1.8%						
Other	1	50.0%	8	14.5%						
Total deaths	2	100%	55	100%						

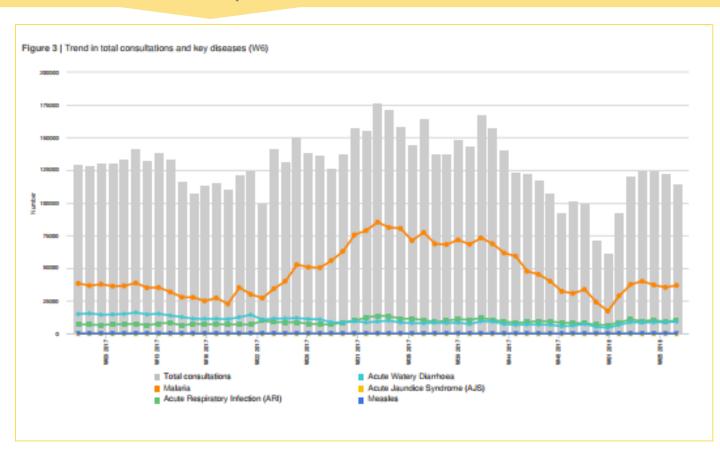
Proportional morbidity

Figure 2 | Proportional morbidity (2018)

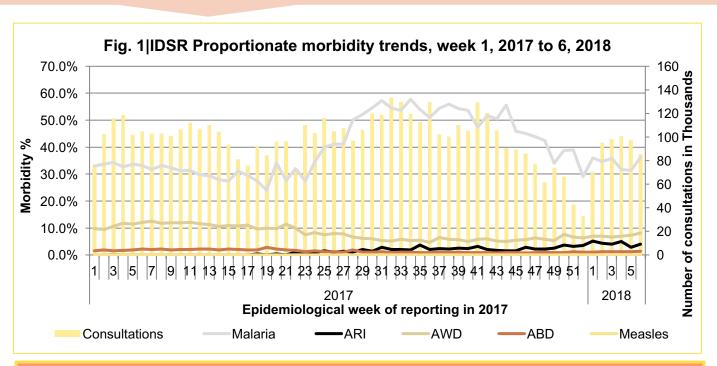


Syndrome	W6		2018						
	# cases	% morbidity	# cases	% marbidity					
Malaria	37,018	55.4%	216,681	55.2%					
ARI	10,422	15.6%	58,814	15.0%					
AWD	9,123	13.6%	50,728	12.9%					
Bloody diarrhoea	1,380	2.1%	7,817	2.0%					
AJS	1	0.0%	61	0.0%					
Measles	6	0.0%	50	0.0%					
Other	8,897	13.3%	58,449	14.9%					
Total cases	66,847	100%	392,609	100%					

Trend in consultations and key diseases

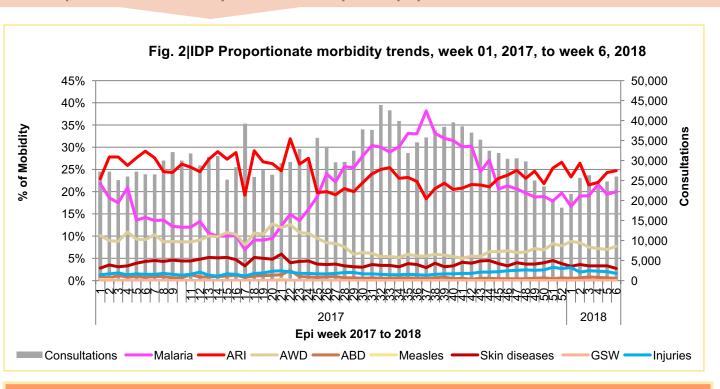


IDSR Proportionate morbidity trends - in relatively stable states

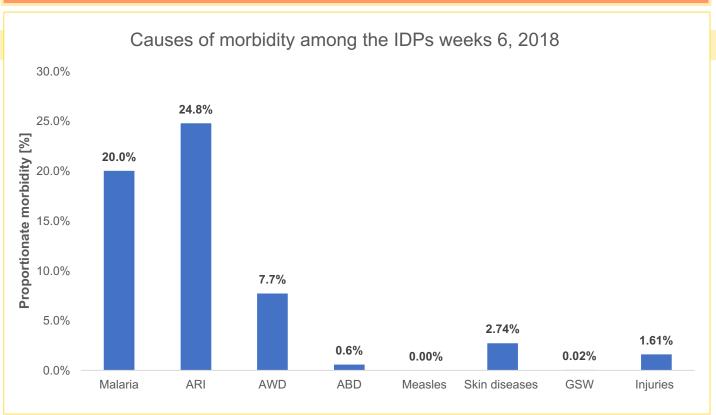


In the relatively stable states, malaria is the top cause of morbidity accounting for 36.1% of the consultations in week 6 (representing an increase from 31.4% in week 5).





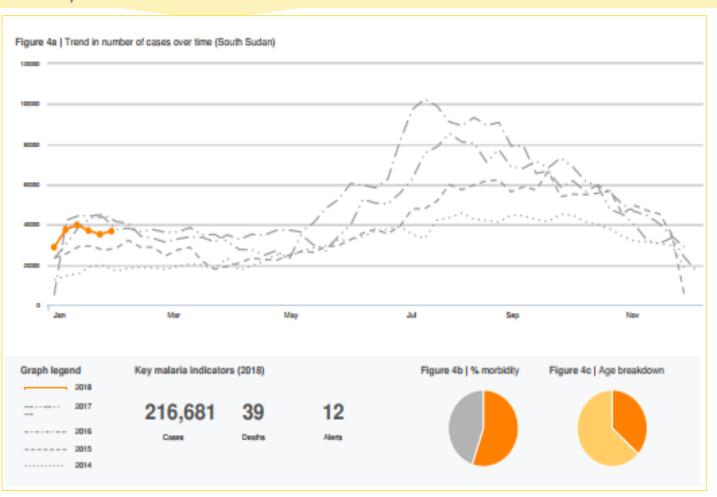
Among the IDPs, ARI and malaria accounted for 24.8% and 20% of consultations in week 6. The other significant causes of morbidity in the IDPs include AWD, skin diseases, and injuries.



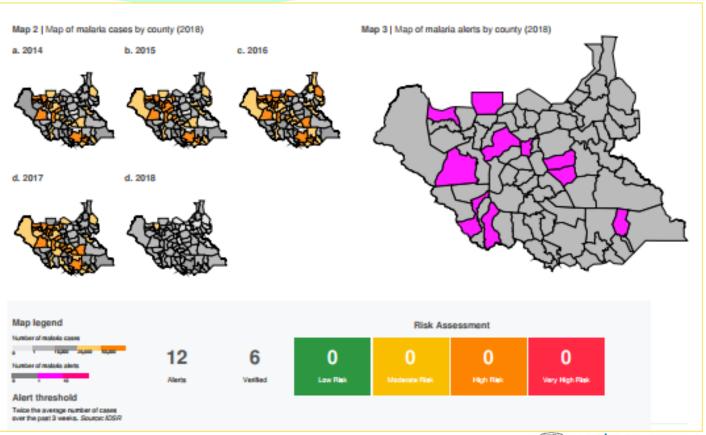
The top causes of morbidity in the IDPs in 2018 include ARI, malaria, AWD, skin diseases, injuries, and ABD.



Malaria | Trends over time



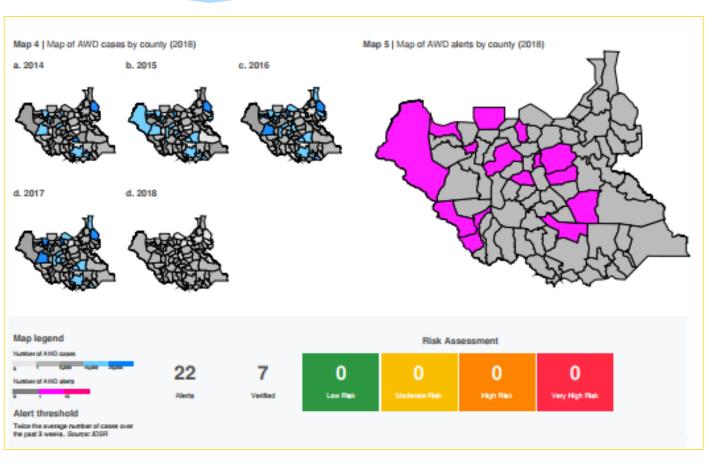
Malaria | Maps and Alert Management



Acute Watery Diarrhoea | Trends over time



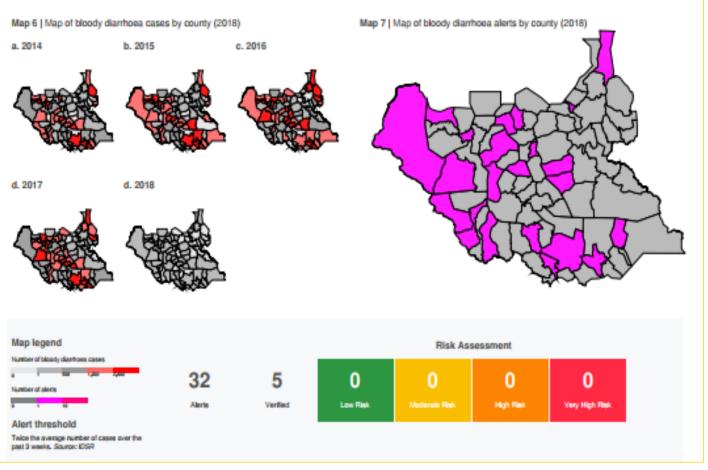
Acute Watery Diarrhoea | Maps and Alert Management



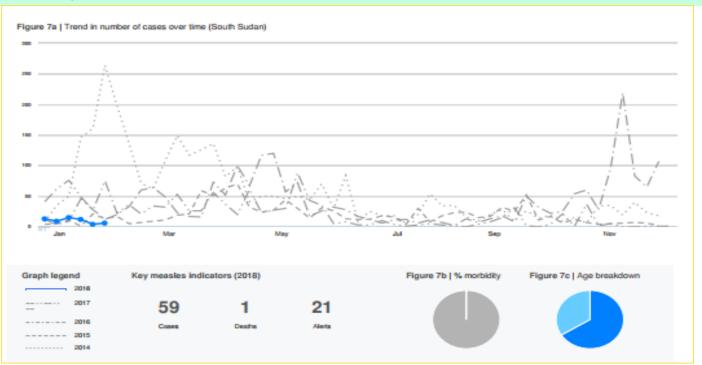
Acute Bloody Diarrhoea | Trends over time



Acute Bloody Diarrhoea | Maps and Alert Management

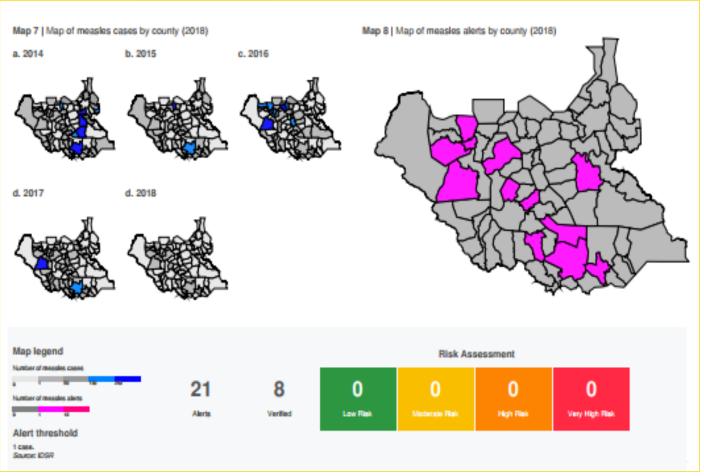


Measles | Trends over time

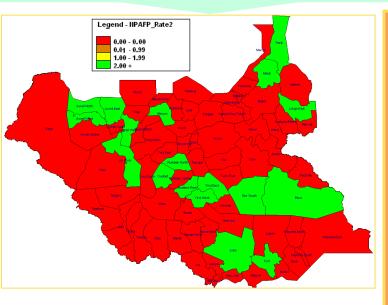


Since the beginning of 2018, at least 59 suspect measles cases including at least 1 death (CFR 4.5%) have been reported. Of these, 44 suspect cases have undergone measles case-based laboratory-backed investigation with 28 samples collected out of which 10 measles IgM positive cases; 14 clinically confirmed cases; and 3 cases confirmed by epidemiological linkage.

Measles | Maps and Alert Management



Acute Flaccid Paralysis | Suspected Polio



In week 6, 2018, six new AFP cases were reported from Lakes, NBeG, and Warrap hubs. This brings the cumulative total for 2018 to 28 AFP cases.

The annualized non-Polio AFP (NPAFP) rate (cases per 100,000 population children 0-14 years) in 2018 is 2.95 per 100,000 population of children 0-14 years (target ≥2 per 100,000 children 0-14 years).

Stool adequacy was 96% 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

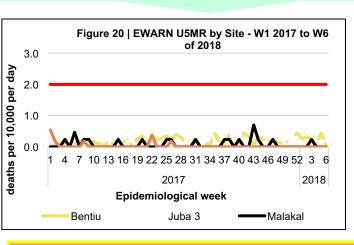
Mortality in the IDPs

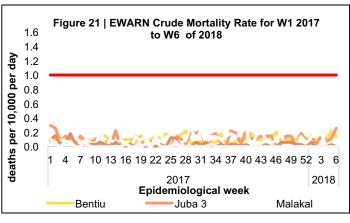
Table 6 | Proportional mortality by cause of death in IDPs W6 2018

Cause of Death by IDP site	Ben	tiu	Ju	ba 3	Total deaths	
Cause of Death by IDP site	<5yrs	≥5yrs	<5yrs	≥5yrs		
Gunshot wound		1			1	
Нурохіа	1				1	
malaria		1			1	
Meningitis		1			1	
TB/HIV/AIDS				1	1	
Unknown		3			3	
ТВ				3	3	
HIV		1			1	
Hypolycaemia		1			1	
Congested Heart Failure				1	1	
Heapatic Failure			1		1	
Multiple Organs Failure		1			1	
Acute kidney failure		1			1	
Wasting Sydrome				1	1	
Total deaths	1	10	1	6	18	

Among the IDPs, mortality data was received from Bentiu PoC & UN House PoC in week 6. (Table 6). **A total of 18** deaths were reported during the week. Bentiu PoC reported 11 (61%) deaths in the week. During the week, 2 (11%) deaths were recorded among children <5 years in (Table 6).

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





The U5MR in all the IDP sites that submitted mortality data in week 6 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 6 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 W6, 2018

IDP site	acute watery diarrhoea	Asthma	cancer	Gunshot wound	Heart Failure	Kala-Azar	Liver Cirrhosis	malaria	Meningitis	perinatal death	pneumonia	Rabies	SAM	Sepsis	TB/HIV/AIDS	TB/HIV	Trauma	HIV/AIDS	TB	HIV	Susp TB	Others	Grand Total
Bentiu		1	1	1	1	1		2	3	7	3	1	1	2		1		2	4	1	1	31	64
Juba 3	1	1	1				1	2			1		1		1			3	4			5	21
Malakal			1		2	1				1									2			3	10
Akobo						1		1									1					0	3
Grand Total	1	2	3	1	3	3	1	5	3	8	4	1	2	2	1	1	1	5	10	1	1	39	98
Proportionate mortality [%]	1%	2%	3%	1%	3%	3%	1%	5%	3%	8%	4%	1%	2%	2%	1%	1%	1%	5%	10%	1%	1%	40%	100%

- A total of 98 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









