

South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W8 2018 (Feb 19 – Feb 25)



**World Health
Organization**
South Sudan



Ministry of Health
Republic of South Sudan

Access and Utilisation

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Disease trends and maps

Malaria

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Acute Watery Diarrhoea (AWD)

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Bloody diarrhoea

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Measles

Slide 12 **Trend** in measles cases over time

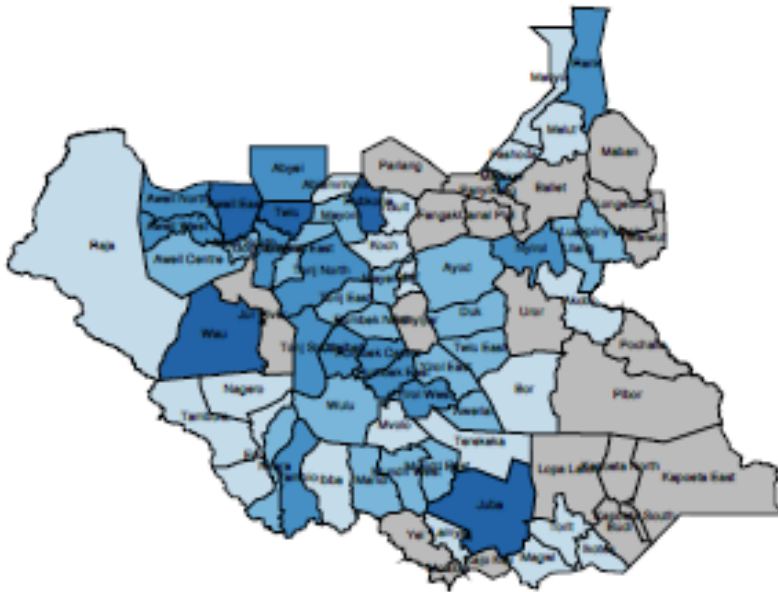
Slide 13 **Measles** maps and alert management

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 (WB 2018)

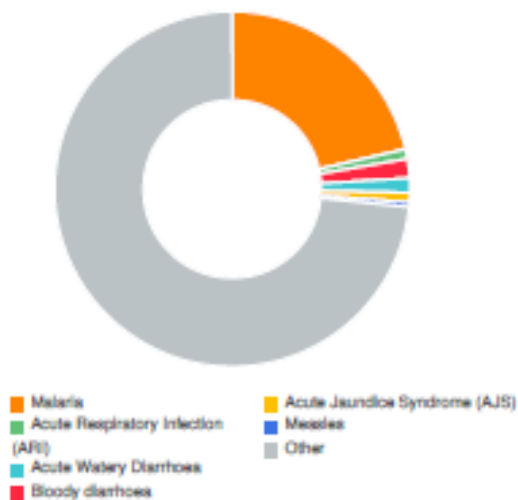


Hub	WB	2018
Awil	18,602	133,748
Bertu	14,494	115,048
Bor	11,319	94,104
Juba	7,513	69,120
Kwajok	24,379	183,018
Malakal	11,026	82,145
Rumbek	17,244	120,023
Toit	2,185	32,758
Wau	6,810	59,704
Yambio	11,571	
South Sudan	125,143	977,375

The total consultation in the country since week 1 of 2018 is 977,375, by hub Aweil 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)

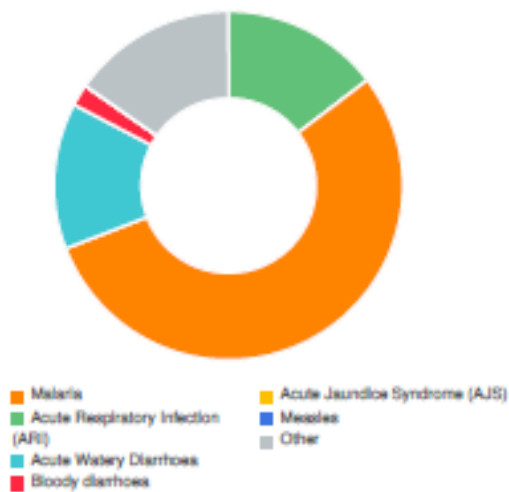


Syndrome	WB		2018	
	# deaths	% mortality	# deaths	% mortality
Malaria	5	3.0%	49	21.4%
ARI	0	0.0%	2	0.9%
AWD	0	0.0%	3	1.3%
Bloody diarrhoea	0	0.0%	4	1.7%
AJS	0	0.0%	2	0.9%
Measles	0	0.0%	1	0.4%
Other	160	97.0%	168	73.4%
Total deaths	165	100%	229	100%

Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 21.4% of the deaths since week 1 of 2018, followed by ARI, and AWD

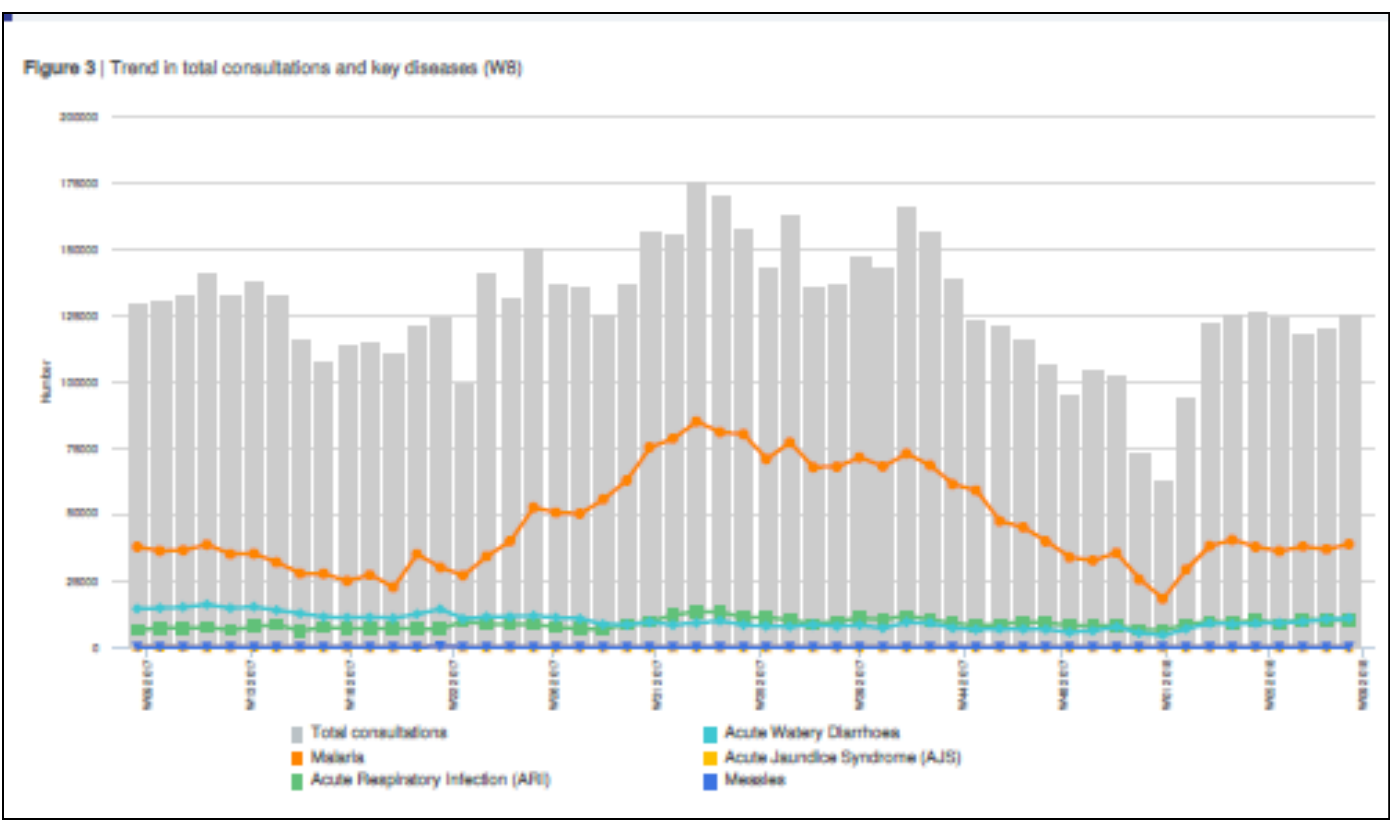
Proportional morbidity

Figure 2 | Proportional morbidity (2018)

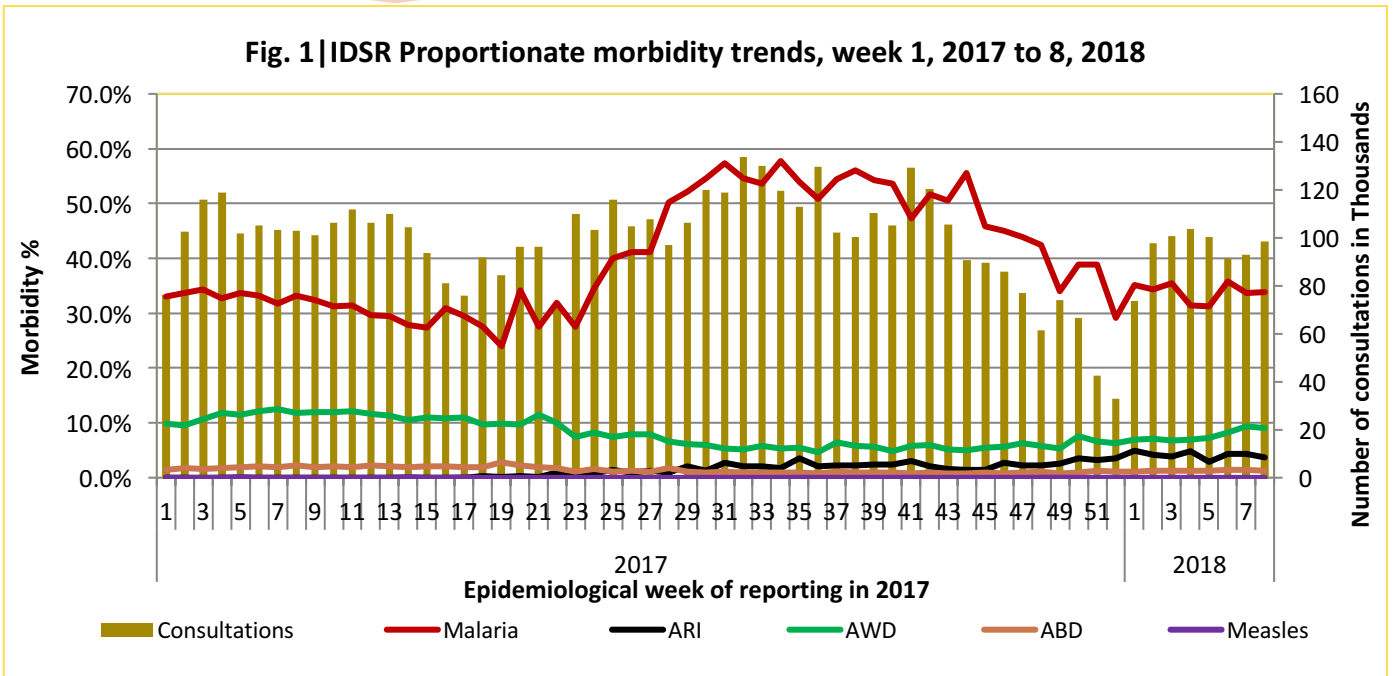


Syndrome	WB		2018	
	# cases	% morbidity	# cases	% morbidity
Malaria	38,812	53.2%	301,061	54.5%
ARI	10,168	13.9%	61,036	14.7%
AWD	10,845	14.9%	74,965	13.6%
Bloody diarrhoea	1,260	1.8%	11,006	2.0%
AJS	0	0.0%	61	0.0%
Measles	5	0.0%	68	0.0%
Other	11,839	16.2%	64,478	15.3%
Total cases	73,019	100%	552,675	100%

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 301,061 (54.5%) followed by ARI, AWD and ABD respectively since week 1 of 2018. refer to the figure above for more information.

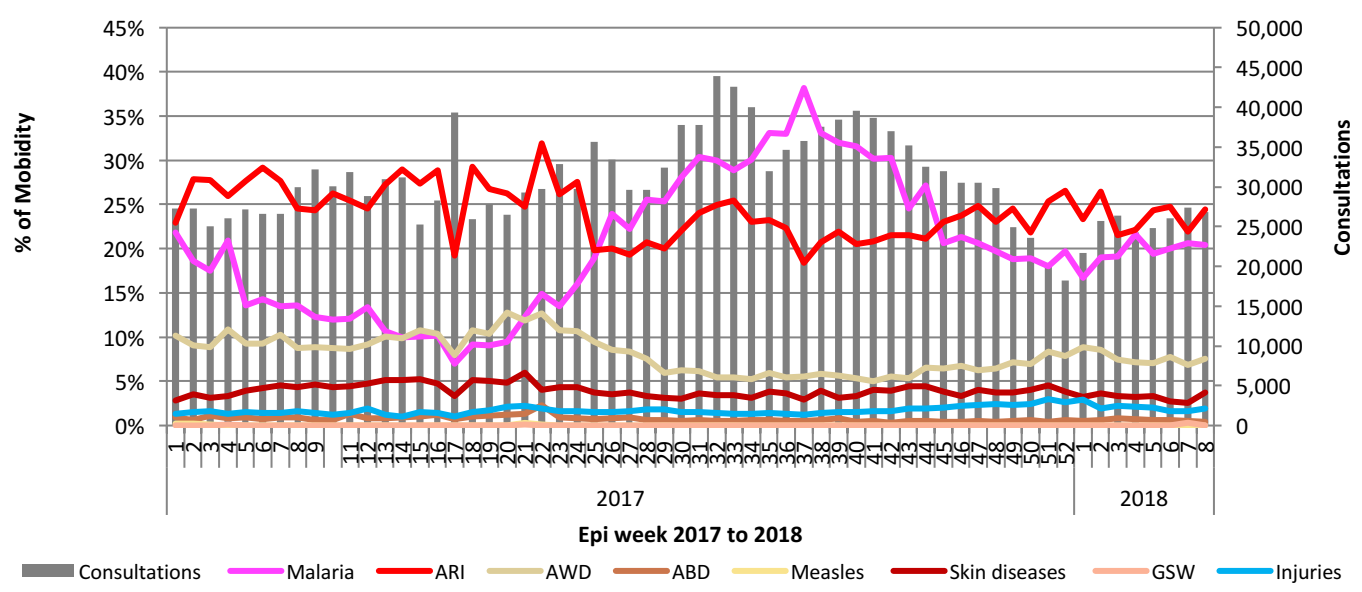


IDSR Proportionate morbidity trends - in relatively stable states



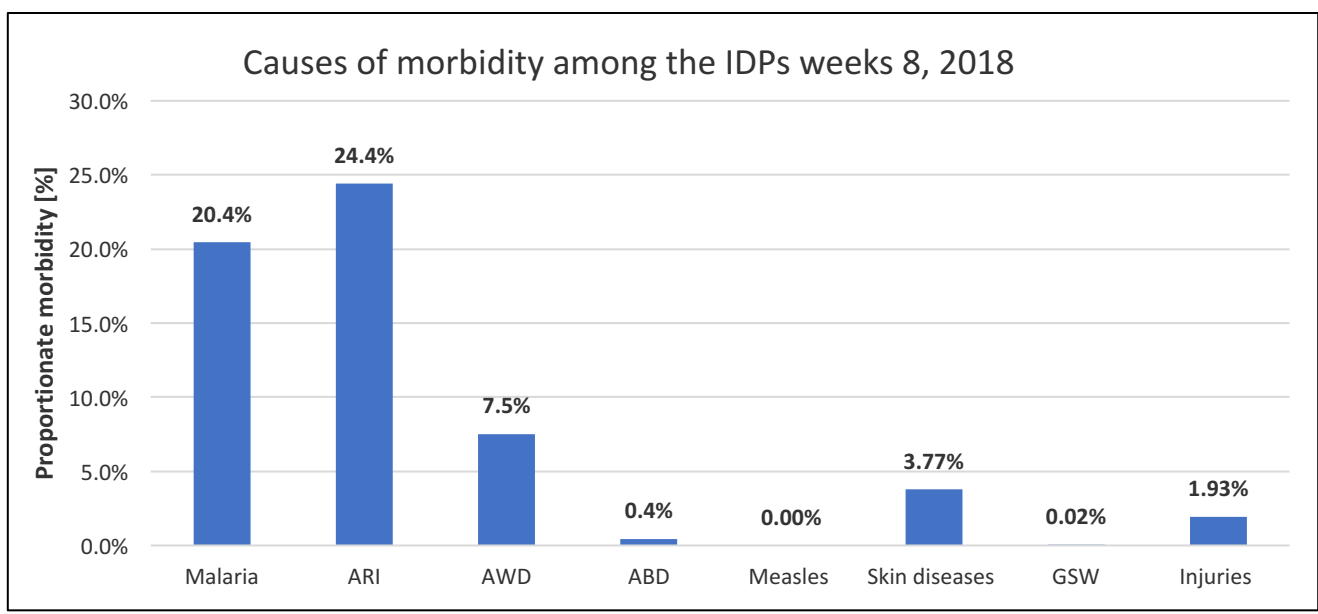
In the relatively stable states, malaria is the top cause of morbidity accounting for 33.9% of the consultations in week 8 (representing an increase from 33.7% in week 7).

Fig. 2 | IDP Proportionate morbidity trends, week 01, 2017, to week8, 2018

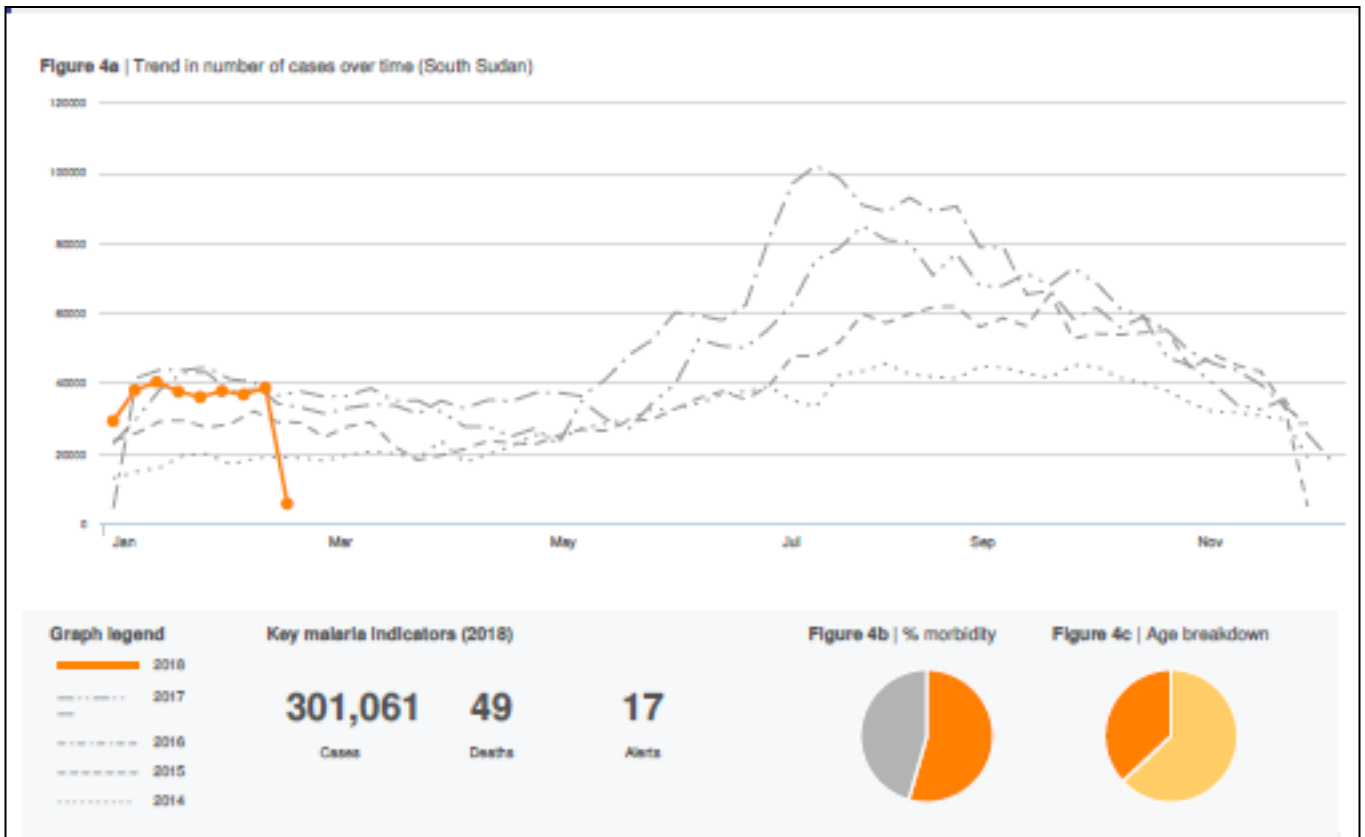


Among the IDPs, ARI and malaria accounted for 24.4% and 20.4% of consultations in week 8. The other significant causes of morbidity in the IDPs include AWD, skin diseases, and injuries.

Causes of morbidity among the IDPs weeks 8, 2018

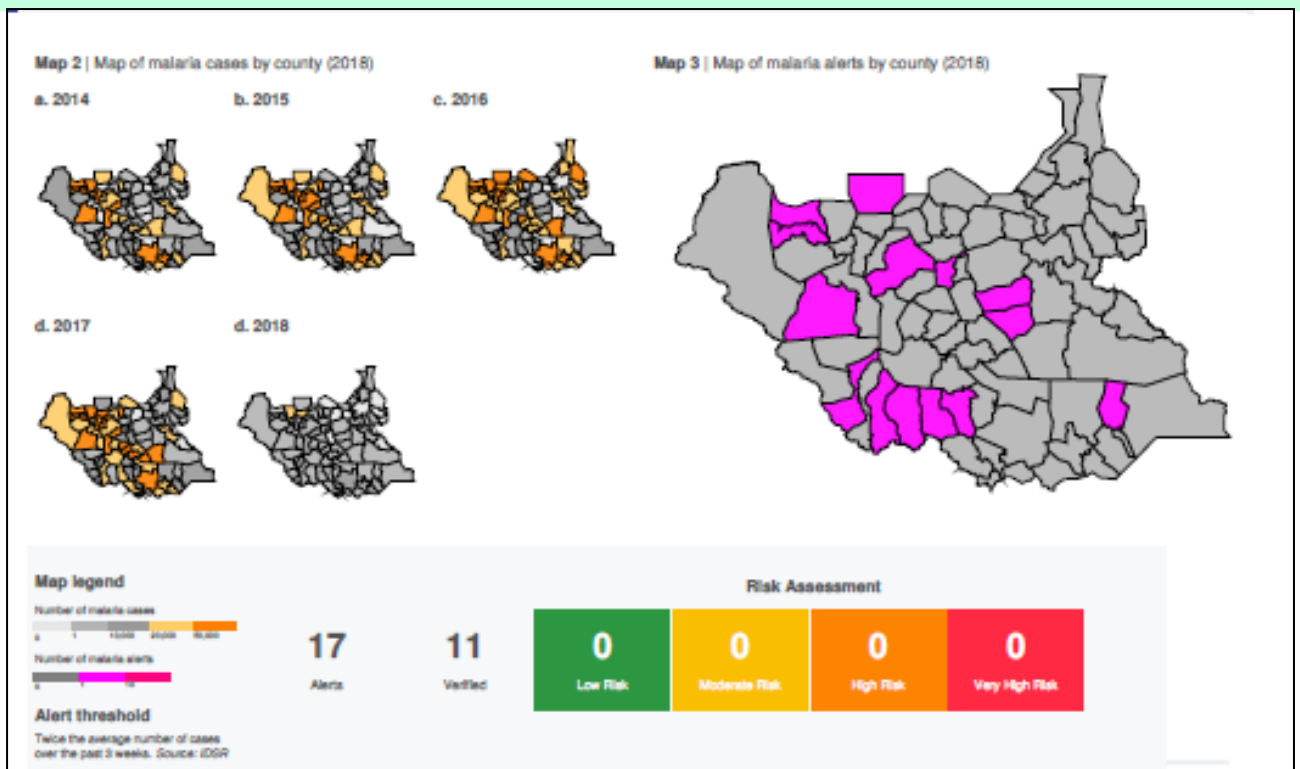


The top causes of morbidity in the IDPs in 2018 include ARI, malaria, AWD, skin diseases, injuries, and ABD.



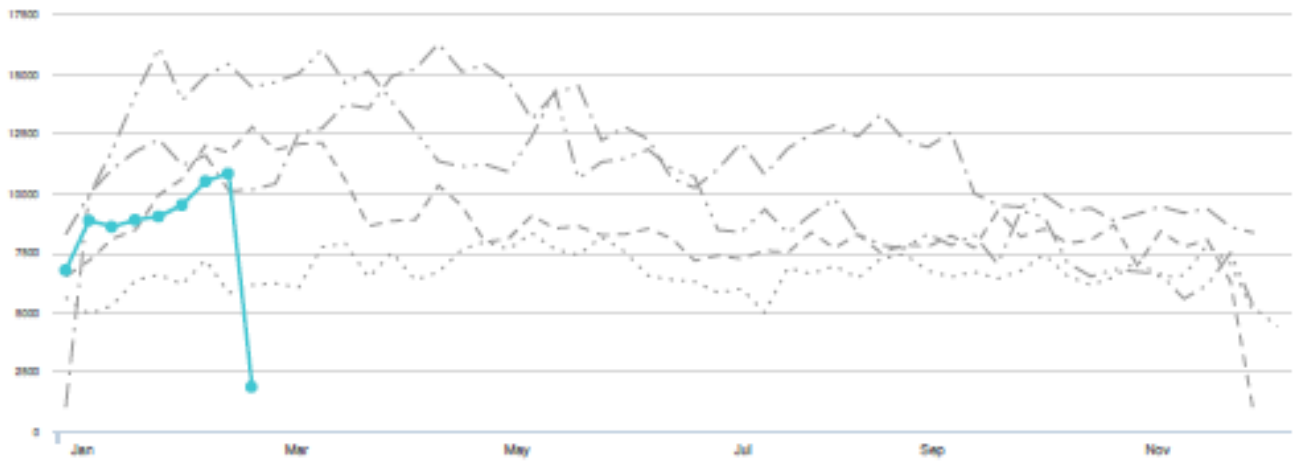
Malaria is the top course of Morbidity in the country, a total of 301,061 cases with 49 deaths registered since week 1 of 2018. malaria trend for 2018 is blow 2016 and 2017 as shown in the figure 4a, above.

Malaria | Maps and Alert Management



Since the beginning of the year, a total of 17 malaria alerts have been triggered, 11 of those were verified. The Maps above indicates the location reporting malaria alerts from 2014, 2015, 2016, 2017, and 2018.

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



Graph legend

- 2018
- - - 2017
- · · 2016
- · · 2015
- · · 2014

Key AWD Indicators (2018)

74,965 Cases
3 Deaths
29 Alerts

Figure 5b | % morbidity



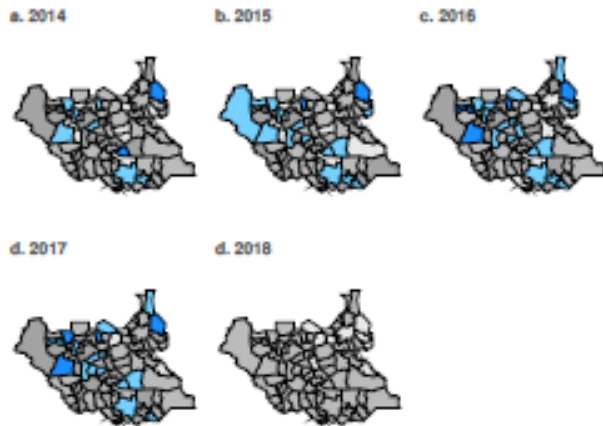
Figure 5c | Age breakdown



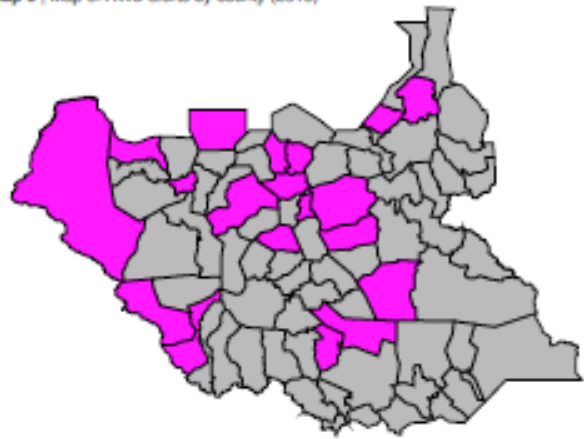
AWD is one of the top causes of morbidity in the country with 74,965 cases reported since week 1 of 2018 including 3 deaths. AWD trend for 2018 is below 2015, 2016, and 2017 as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management

Map 4 | Map of AWD cases by county (2018)



Map 5 | Map of AWD alerts by county (2018)



Map legend

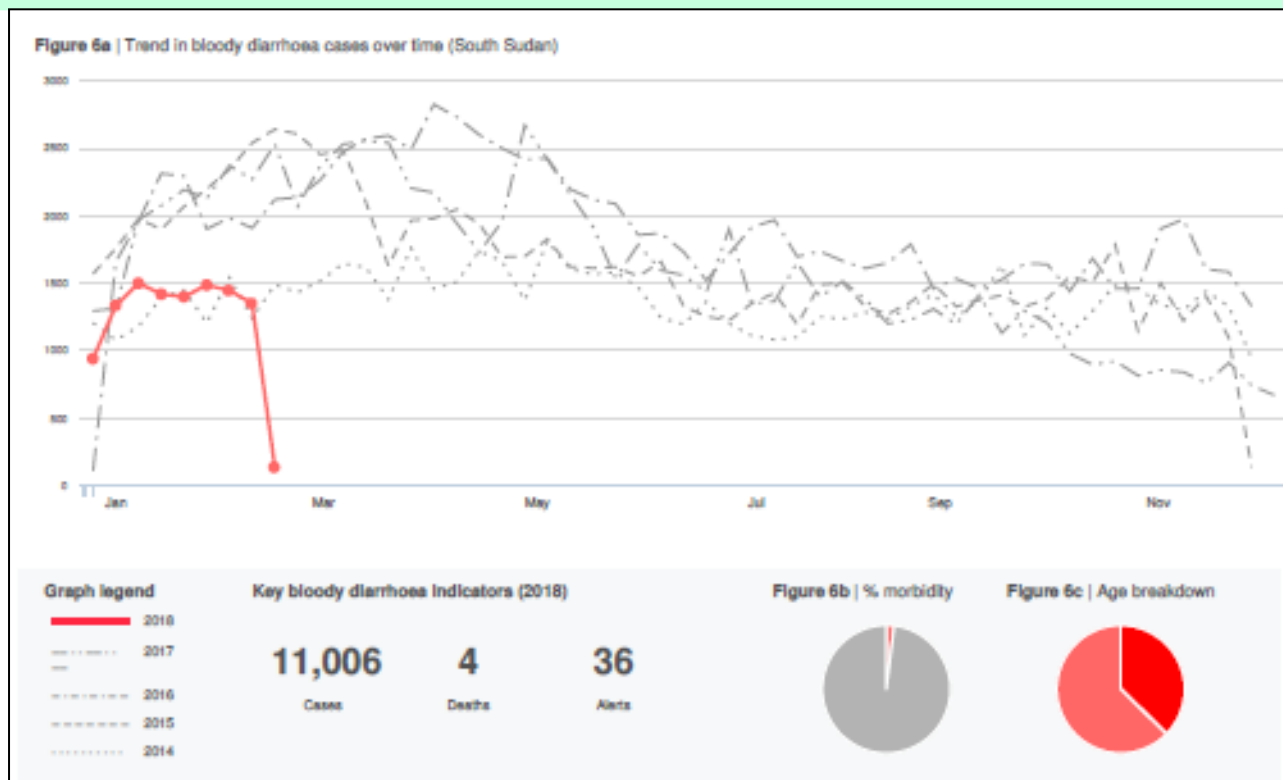
Number of AWD cases
 0 5,000 10,000 15,000 20,000
 Number of AWD alerts
 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
 Alert threshold
 Twice the average number of cases over the past 3 weeks. Source: IDSR

29 Alerts
12 Verified

Risk Assessment

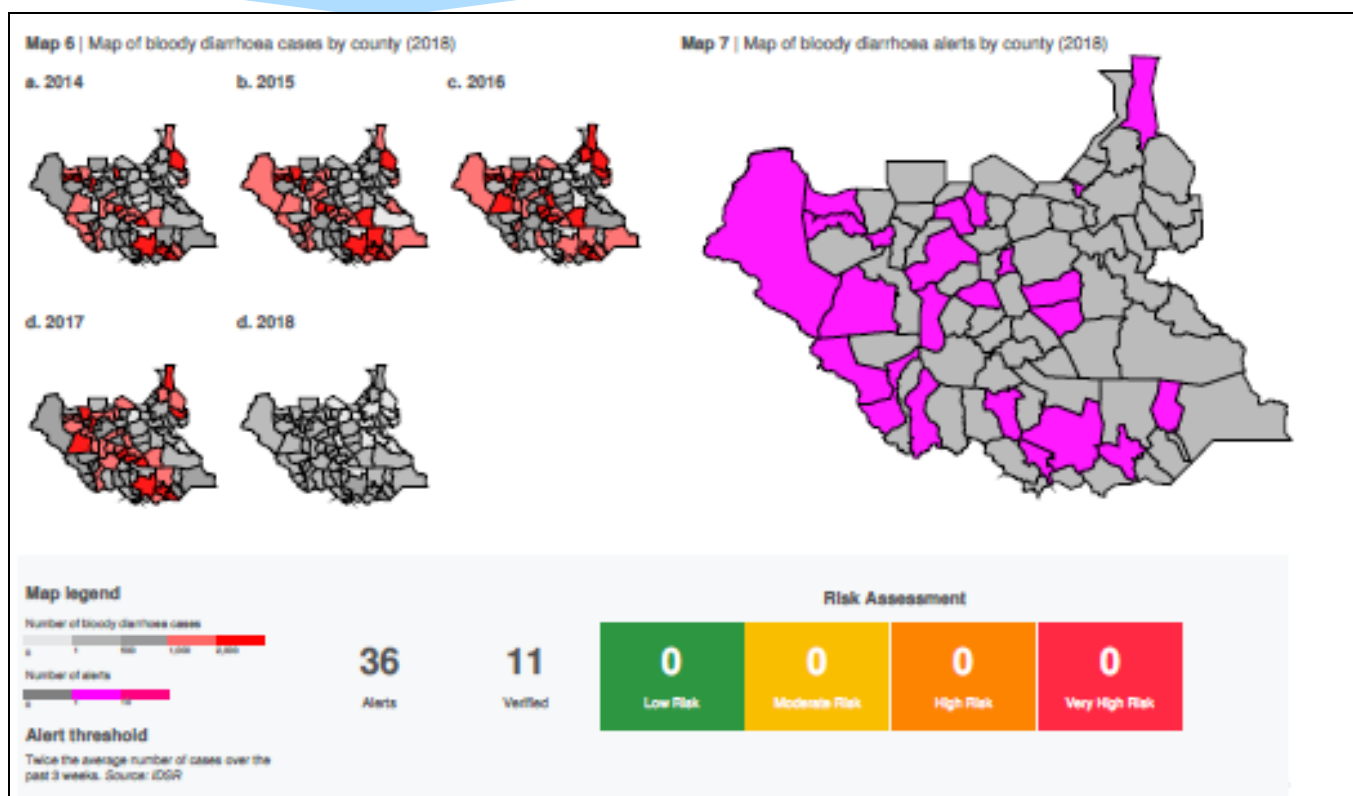


The number of AWD alerts triggered since week 1 of 2018 is 29, out of which 12 were verified. Maps above highlights the areas reporting AWD alerts from 2014 to 2018 .

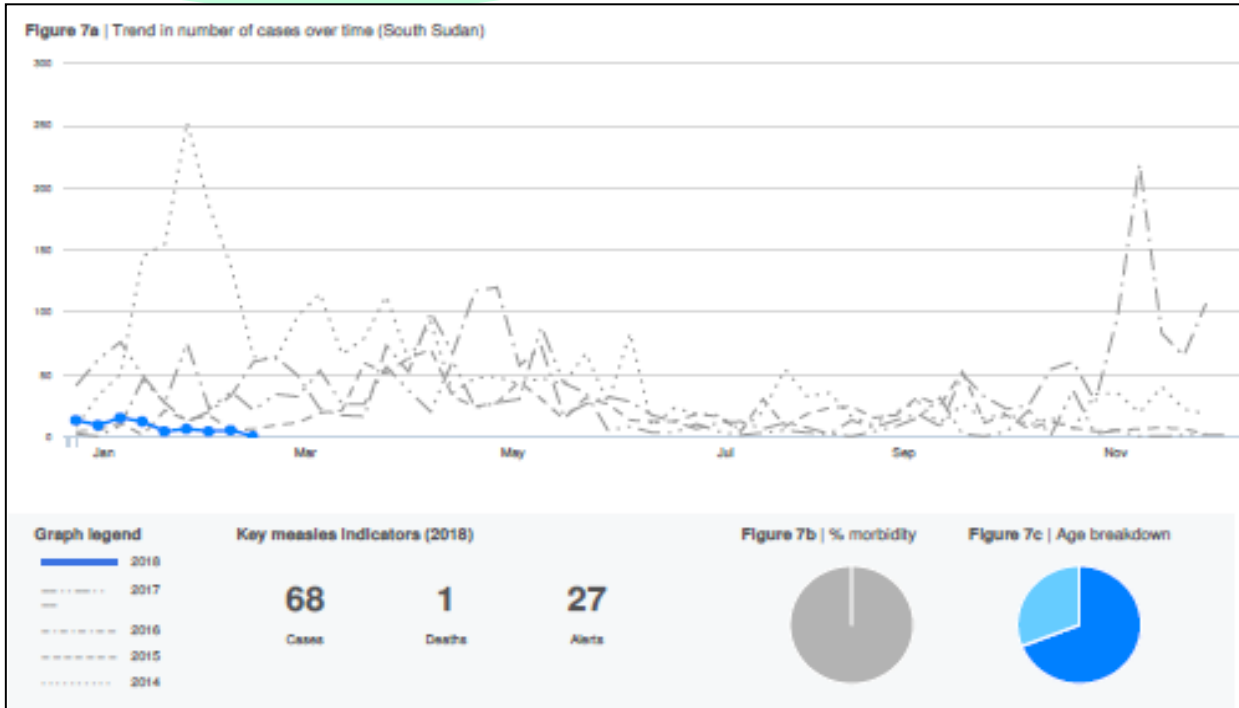


Since week 1 of 2018, a total of 11,006 cases of ABD have been reported country wide including 4 death. ABD trend for 2018 is below 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

Acute Bloody Diarrhoea | Maps and Alert Management

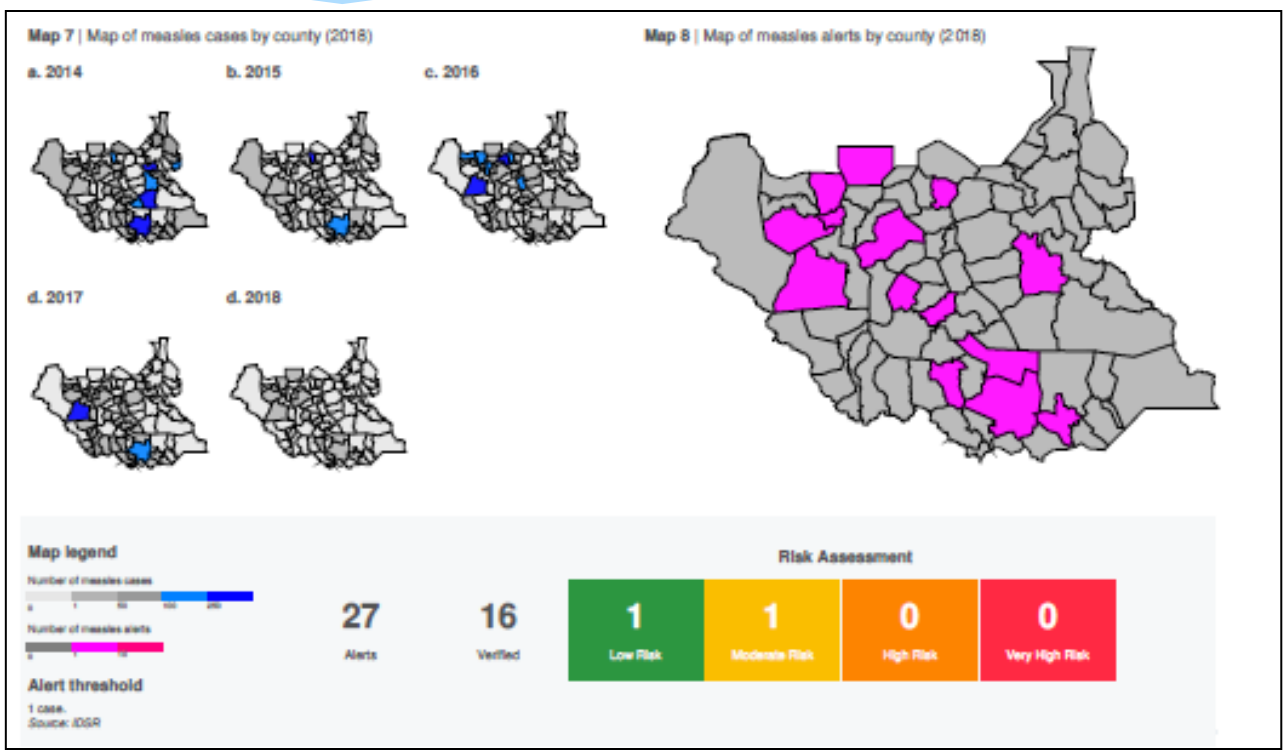


Total of 36 alerts were generated since week 1 of 2018, of which 11 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2018 are shown above.

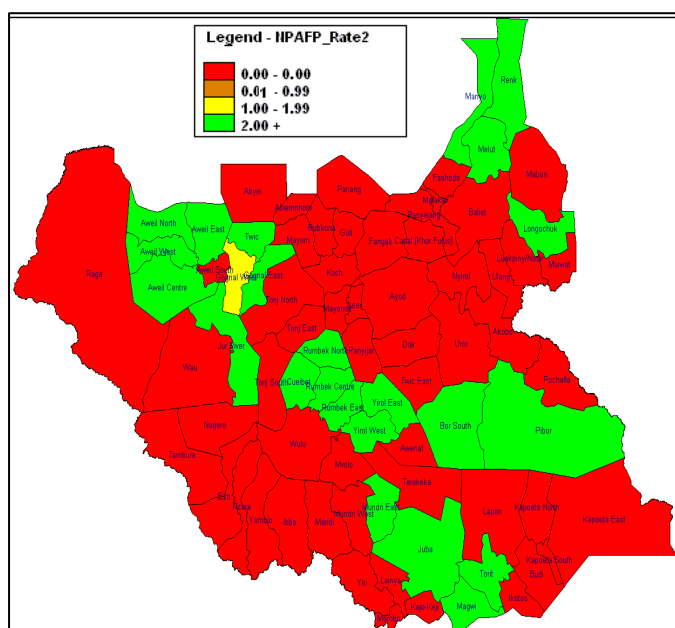


Since the beginning of 2018, at least 68 suspect measles cases including 1 death (CFR 1.47%) have been reported. Of these, 47 suspect cases have undergone measles case-based laboratory-backed investigation with 31 samples collected out of which 10 measles IgM positive cases; 14 clinically confirmed cases; and 3 cases confirmed by epidemiological linkage.

Measles | Maps and Alert Management



Since week 1 of 2018, 27 alerts of measles were triggered and 16 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.



In week 8, 2018, three new AFP cases were reported from Aweil hub. This brings the cumulative total for 2018 to 38 AFP cases.

The annualized non-Polio AFP (NPAFP) rate (cases per 100,000 population children 0-14 years) in 2018 is 3.0 per 100,000 population of children 0-14 years (target ≥ 2 per 100,000 children 0-14 years).

Stool adequacy was 100% in 2018, a rate that is higher than the target of $\geq 80\%$.

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

Source: South Sudan Weekly AFP Bulletin

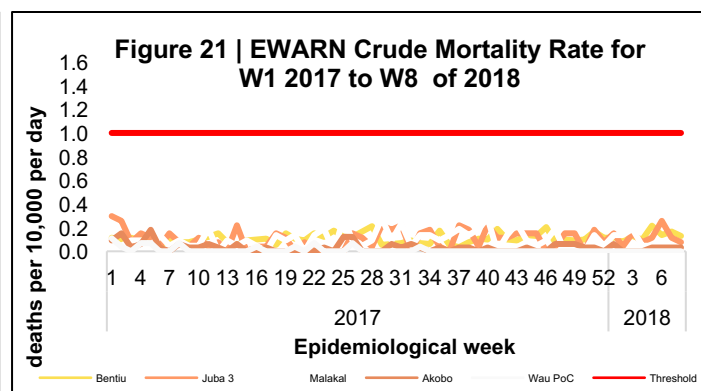
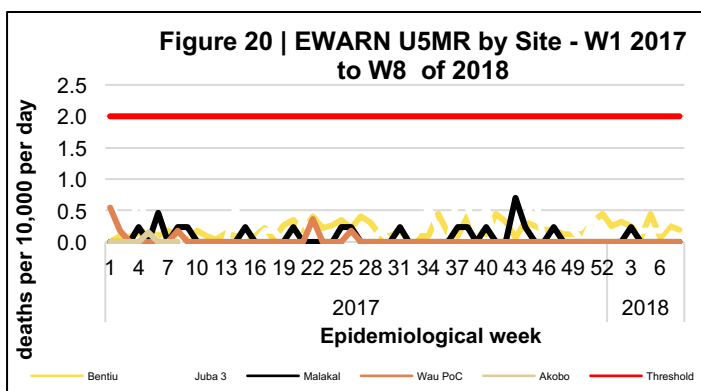
Mortality in the IDPs

Table 6 | Proportional mortality by cause of death in IDPs W8 2018

Cause of Death by IDP site	Akobo	Bentiu		Juba 3	Total deaths
	≥ 5 yrs	<5yrs	≥ 5 yrs	<5yrs	
acute watery diarrhoea				1	1
malaria		1	1		2
perinatal death			1		1
SAM			1		1
HIV/AIDS				3	3
Tuberculosis					1
Renal Failure				1	1
Gunshot		1			1
Anaemia + Sepsis				1	1
Hypoglycemia Encephalopathy				1	1
Total deaths	1	3	7	2	13

Among the IDPs, mortality data was received from Akobo PoC, Bentiu PoC & UN House PoC in week 8. (Table 6). **A total of 13** deaths were reported during the week. Bentiu PoC reported 10 (77%) deaths in the week. During the week, 5 (39%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 8 are shown in Table 6.



The U5MR in all the IDP sites that submitted mortality data in week 8 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 8 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 W8, 2018

IDP site	acute watery diarrhoea	Asthma	cancer	Gunshot wound	Heart Failure	Kala-Azar	malaria	Meningitis	perinatal death	pneumonia	Rabies	SAM	Sepsis	TB/HIV/AIDS	TB/HIV	Trauma	HIV/AIDS	TB	Others	Grand Total
Bentiu PoC	1	1	1	1	1	1	4	3	9	3	1	3	3	2	1		6	4	42	87
Juba 3 PoC	1	1	1				3			1		1		1			4	4	9	26
Malakal PoC			1		2	1			1				1					2	4	12
Akobo						2	1									1			2	6
Grand Total	2	2	3	1	3	4	8	3	10	4	1	4	4	3	1	1	10	10	57	131
Proportionate mortality [%]	2%	2%	2%	1%	2%	3%	6%	2%	8%	3%	1%	3%	3%	2%	1%	1%	8%	8%	44%	100%

- A total of 131 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 [Table 7](#).

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>

