South Sudan

Integrated Disease Surveillance and Response (IDSR)

Epidemiological Update W4 2018 (Jan 22-Jan 28)



Ministry of Health Republic of South Sudan

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Sources of data

- 1. Weekly IDSR Reporting Form
- 2. Weekly EWARS Reporting Form
- 3. Daily cholera line list
- 4. Event based surveillance form



- Completeness for IDSR reporting is 63% at county level and 77% for the IDP sites.
- A total of 5 alerts were reported, of which 20% have been verified. 0 alerts were risk assessed and 0 required a response.
- Rift Valley Fever outbreak Yirol East with 26 suspect human cases including 3 confirmed; 3 probable; 4 none-cases; and 16 pending classification. One confirmed animal case (cow).
- Measles outbreak confirmed in Aweil Center while in Panyijiar, active transmission is still ongoing after four measles IgM positive cases were confirmed in the week. In Cueibet county, and a reactive campaign is underway. Investigations are underway into the suspect measles outbreaks in Kiyala payam, Torit county and Mayendit county.
- Suspect pertussis cases are being investigated in Yirol East, Aweil Center and Aweil South counties.



 Table 1 | IDSR surveillance performance indicators by county (W4 2018)

Hub	Reporting		Performance (W4	2018)	Performance (Cumulative 2018)	
	# counties	# reports received	Completeness	Timeliness	Completeness	Timeliness
Aweil	5	4	80%	80%	95%	95%
Bentiu	9	3	33%	33%	39%	28%
Bor	11	5	45%	45%	52%	30%
Juba	6	5	83%	83%	83%	75%
Kwajok	7	5	71%	71%	86%	75%
Malakal	13	0	0%	0%	6%	2%
Rumbek	8	8	100%	100%	100%	94%
Torit	8	8	100%	100%	78%	72%
Wau	3	2	67%	67%	67%	67%
Yambio	10	10	100%	100%		98%
South Sudan	80	50	63%	63%	65%	63%

- Completeness for IDSR reporting at county level was 63% in week 4 and cumulatively at 65% for 2018
- Timeliness for IDSR reporting at county level was 63% in week 4 and cumulatively at 63% for 2018



Surveillance | Trend in IDSR completeness

Figure 1 | Trend in IDSR completeness over time¹



The graph shows completeness for weekly reporting at county level. The national average currently stands at 65%.



Map 1a | Map of IDSR completeness by county (W4 2018)

Map 1b | Map of IDSR completeness by county (2018)



- Counties that submitted IDSR reports in W4 are shown in green in map 1a
- Counties that did not submit IDSR reports in W4 are shown in grey in map 1a

Completeness	Completeness					
0% 20% 40% 60% 80% 100%	0% 20	20%	40%	60%	80%	100%



Table 4 | EWARS surveillance performance indicators by partner (W4 2018)

Partner	Performance		Reporting (W4 2018)		Reporting (Cumulative 2018)	
	# sites	# reports received	Completeness	Timeliness	Completeness	Timeliness
CMD	2	2	100%	100%	100%	100%
GOAL	2	2	100%	100%	50%	50%
HLSS	1	1	100%	100%	100%	100%
IMA	4	3	75%	75%	88%	56%
IMC	8	5	63%	63%	69%	69%
IOM	7	7	100%	100%	100%	100%
IRC	1	1	100%	100%	100%	100%
Medair	2	2	100%	100%	100%	100%
MSF-E	2	1	50%	50%	75%	75%
MSF-H	1	1	100%	100%	100%	75%
SMC	3	3	100%	100%	100%	92%
UNIDO	1	1	100%	100%	100%	100%
UNKEA	2	0	0%	0%	25%	25%
World Relief	1	1	100%	100%	100%	100%
Total	39	30	77%	77%	79%	75%

Timeliness and completeness for EWARN/IDP reporting stands at 77% for week 4 while cumulatively, completeness and timeliness are 79% and 75% respectively for 2018



Table 7	Alert	performance	indicators	by	Hub
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Hub	W4		Cumulati	ve (2018)	W4	Cur
	# alerts	% verif.	# alerts	% verif.	5	70
Aweil	0	0%	10	50%		
Bentiu	0	0%	1	0%	20%	31%
Bor	1	100%	7	29%		
Juba	0	0%	8	38%	0%	0%
Kwajok	0	0%	7	100%		
Malakal	0	0%	4	0%	0%	0%
Rumbek	0	0%	9	11%		
Torit	2	0%	7	29%	0%	0%
Wau	0	0%	4	0%		
Yambio	2		13	15%		
South Sudan	5	20%	70	31%		

Table 8 Summary of key alert indicators

W4	Cumul	Cumulative (2018)			
5	70	Total alerts raised			
20%	31%	% verified			
0%	0%	% auto-discarded			
0%	0%	% risk assessed			
0%	0%	% requiring a response			

A total of 5 alerts were reported in week 4 [majority reported from Torit and Yambio hubs]. Only 20% of the alerts reported in week 4 were verified; 0 were risk assessed and 0 required a response.



Alert | Event risk assessment

Table 9 | Alert performance indicators by event

Event	W4		Cumulati	ve (2018)	W4	Cumul	at
	# alerts	% verif.	# alerts	% verif.	0	0	
Indicator-based	surveillance				0	0	
Malaria	0	0%	8	50%		Ŭ	
AWD	2	50%	97	31%	0	0	
Bloody Diarr.	1	0%	22	38%	0	0	
Measles	1	0%	14	50%	0	0	
Meningitis	0	0%	0	0%	U	0	
Cholera	0	0%	0	0%			
Yellow Fever	0	0%	1	0%			
Guinea Worm	0	0%	2	0%			
AFP	0	0%	35	50%			
VHF	0	0%	0	0%			
Neo. tetanus	0	0%	0	0%			
Event-based su	irveillance						
EBS total	1	0%	5	20%			

Table 10 | Event risk assessment

W4	Cumulative (2018)				
0	0	0 Low risk			
0	0	Medium risk			
0	0	High risk			
0	0	Very high risk			

• During the week, acute bloody diarrhoea and acute watery diarrhoea were the most frequent infectious hazards reported.



County	Acute Watery Diarrhoea	Bloody Diarrhoea	Measles	Malaria	Total Alerts
Bor	1				1
Tambura	1	1			2
Torit			1		1
Twic East		1		1	2
Total Alerts	2	2	1	1	6



- During week 5, a total of 6 alerts were triggered
- Bloody diarrhoea; acute watery diarrhoea; were the most frequent infectious hazards reported in the week.
- During the week, two suspect measles cases were reported from Rubkuai, Mayendit with one testing positive for measles IgM.
- Following further active case search in Kiyala payam, Torit, five samples were collected and sent to Juba during the week. All the samples tested negative for measles and rubella IgM.
- Measles has been confirmed in Aweil Center after two more samples tested measles IgM positive thus making a total of three measles IgM positive samples in the last four weeks.





- The Figure shows the cumulative number of alerts triggered in 2018 by hazard and location.
- Since the beginning of 2018, most alerts are due to Bloody diarrhoea, measles, and acute watery diarrhoea
- A special investigation into the bloody diarrhoea cases is planned (protocol and case form finalized).





- The Figures show the cumulative alerts triggered in 2018 by location
- Most alerts have been reported from Torit, Ezo, and Juba.



		RISK_ASSE	VERIFICA	Total
County	OUTCOME	SS	TION	Alerts
Acute Watery	Diarrhoea		17	17
AFP			2	2
Bloody Diarrho	ea		22	22
EBS			2	2
Guinea Worm	1		3	4
Malaria			8	8
Measles		2	11	13
Yellow Fever			1	1
Total Alerts	1	2	66	69

• The Figures show the cumulative alerts by risk assessment state in 2018

• Of the 69 alerts reported in 2018; a total of 66 alerts are at verification stage; and the rest are at risk assessment stage (3 alerts); one at outcome stage.



Aetiologic agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
New epidemics: one (1) new epidemic								
Measles	Aweil Center	6/Jan/2018	2	10 (0.0095)	Yes	No	Yes	N/A
Ongoing epidemi	cs:							
RVF	Yirol East	28/12/2017	6	20 (0.02)	Yes	N/A	Yes	N/A
Measles	Cueibet	14/10/2017	0	20 (0.012)	Yes	Yes	Yes	N/A
Measles	Panyijiar	2/07/2016	0	324 (0.47)	Yes	Yes	Yes	N/A
Cholera	27 counties	18/06/2016	0	20,438 (0.49)	Yes	Yes	Yes	Yes

Epidemics - Update (RVF, Yirol East)

A Rift Valley Fever (RVF) outbreak reported in Thonabutkok village, Yali Payam, Yirol East county with the initial case dating back to 7 December 2017.

As of 2 February 2018, a total of **26 suspect RVF human cases** have been reported in Eastern Lakes State. Out of the 20 suspect human cases reported since 7 December 2017, **three human cases have been confirmed**, **three died** and were classified as **probable cases** with epidemiological linkage to the three confirmed cases, **four were classified as none-cases** following negative laboratory results for RVF, and **laboratory testing is pending** for the other **16 suspect cases**.

At the moment - field investigation (human, animal, entomological) are ongoing; supportive care to suspect cases; and social mobilisation and risk communication. Discussions on a joint Ministry of Health and Ministry of Livestock and Fisheries outbreak declaration are ongoing at the highest levels of Government (details in situation report).



Ongoing epidemics - Epidemic description - Measles in Cueibet county





Age (years)	Female (n)	Male (n)	Total cases	Percentage	Cum.%
<1yr	1	3	4	20%	20%
1-4yrs	5	4	9	45%	65%
5-14yrs	2	3	5	25%	90%
15+yrs	2	0	2	10%	100%
Grand Total	10	10	20	100%	

- A reactive measles vaccination campaign is underway in Cueibet with the CHD leading the response supported by CUAAM and with funding support from HPF.
- The measles outbreak in Cueibet was confirmed in week
 50 of 2017 with 3 measles IgM positive cases.
- At least 20 cases including one community death (CFR 5%) line listed since week 41 of 2017.
- Most cases reported from Pagor PHCU and Cueibet
 hospital
- 13 (65%) are <5 years of age
- Two payams affected Cueibet and Pagor
- Most affected villages are Mekodi and Pan-ruup



Ongoing epidemics - Epidemic description - Measles in Panyijiar county



Age (years)	Female (n)	Male (n)	Total cases	Percentage	Cum. %
<1yr	46	36	82	25.5%	25.5%
1-4yrs	89	81	170	53.0%	78.5%
5-14yrs	18	18	36	11.2%	89.7%
15+yrs	21	12	33	10.3%	100.0%
Total cases	174	147	321	100.0%	

Measles case distribution by Payam, Panyijiar county, wk 26 , 2017 to week 3, 2018



- Measles test results released on 31 January 2018 showed four (4) measles IgM positive cases. This is evidence that active transmission is still ongoing despite the reactive campaign of December 2017.
- It is therefore recommended that vaccination is conducted in areas that were not reached during the campaign due to flooding or insecurity

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- Enhanced routine EPI is critical for all the health facilities in the county
- Plans for follow up measles campaigns in Leer and Mayendit are underway. The campaigns will be supported by WHO, Unicef, MSF-H, MedAir, and UNIDO.



TABLE 2 Cholera Outbreaks in South Sudan 2014-2017						
Summary measure	2014	2015	2016/17			
No. cases	6,421	1,818	20,438			
No. deaths	167	47	436			
CFR%	2.60%	2.59%	2.13%			
No. counties affected	16	3	27			
Duration (weeks)	29	19	(85) Ongoing			
Outbreak start date	24/04/2016	18/05/2016	18/06/2016			
Date of last case	13/11/2016	24/09/2016	Ongoing			
Attack rate [per 10,000]	27	17	49.38			

20%

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- No transmission in any of the 24 counties where cholera was confirmed in 2017
- Most recent cases reported in week 50 2017 in Juba and week 47 2017 in Budi
- Active AWD/cholera surveillance initiated to support end-of-cholera outbreak declaration especially in the Juba and other counties with AWD alerts
- During the week, a suspect cholera case was admitted in Juba Teaching Hospital from Lurit (Juba). The RDT was positive for cholera but culture testing showed no growth (negative for cholera)
- Preparations are underway for the end of outbreak declaration by Government - Ministry of Health.



Date of report	Disease suspected	Number cases (deaths)	County	Payam	Status of investigations
5Feb18	Anthrax	02	Mayom		In Abyei, two suspected cases of subcutaneous and inhalation anthrax in human were referred to MSF Agok Hospital from Mayom County, former Unity state for medical care. MSF-CH contacted to provide an update on the two cases.
5Feb18	Animal deaths (susp. Anthrax)	Two cows died	Abyei	Majbuong village	Two cows died 2 nd to 3 rd Jan 2018 after a hemorrhagic illness. No human cases have been reported after RRT verification mission. FAO/Min. of Livestock conducted preventive livestock vaccination in the affected and surrounding villages from 29 Jan 2018 targeting 100,000 Herd of cattle and 10,000 goats and sheep against Animal Anthrax, Hemorrhagic Septicemia, and Blackwater diseases.
30Jan18	cholera	01	Juba	Lurit	One suspect case in Juba Teaching Hospital (JTH) was RDT positive for cholera but culture testing revealed no growth (negative for cholera)
25Jan18	Rabies	28(2)	Rubkona	Bentiu PoC	At least 28 animal bite (suspect rabies) cases including 2 deaths reported by MSF since last month. There is need to mobilize human antirabies vaccine for post-exposure prophylaxis; consultations ongoing to find solution for stray dogs in the PoC.
19Jan18	measles	01	Mayendit	Rubkuai	One suspect measles cases from Rubkuai in Mayendit tested measles IgM positive. Plans underway for a measles follow up campaign in Leer and Mayendit. Surveillance for suspect cases is also ongoing.



Date of report	Disease suspected	Number cases (deaths)	County	Payam	Status of investigations
30Jan18	Pertussis	57(02)	Aweil Center; Aweil South; Aweil East	Awulic, Bar Mayen, Nyoc, Yargot,	Cases reported from four payams in three counties; investigations showed case presentation consistent with pertussis. Partners meeting to be convened on 5 Feb 2018 to organize a response (including case investigation; treatment of cases and contacts with antibiotics; and implementing accelerated routine (EPI) vaccination in affected areas.
15Jan18	Pertussis	21(0)	Yirol East	Nyang	RRT investigations established all the affected were not vaccinated. Follow up mission underway to mobilize community for accelerated routine vaccination; line list and provide treatment for cases and their contacts
14Jan18	cholera	5(01)	Torit	Gunyoro	Five AWD cases including one death reported in Gunyoro (12km from Torit). ICRC verification mission to the area on 19 Jan 2018 showed no evidence of a cholera outbreak
6Jan18	measles	8(1)	Aweil Center	Nyalath; Hai Salam; Bar Mayen	Three cases investigated by ARC with one being confirmed as measles IgM positive on 19Jan18. During the week, two more samples tested measles IgM positive thus confirming a measles outbreak in the county.
2Jan18	measles	17(0)	Torit	Kiyala payam, ogurony village	RRT investigated event on 4 Jan18. Of the five samples collected; two were measles IgM positive; one was rubella IgM positive. During the week, five more samples were collected and tested negative for measles and rubella IgM.



For more help and support, please contact:

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Notes

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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://ewarsproject.org





Ministry of Health Republic of South Sudan





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