# South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W37 2018 (Sep 10 – Sep 16)



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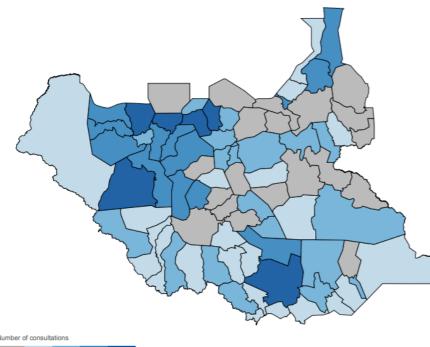
#### Sources of data

1. Weekly IDSR Reporting Form

2. Weekly EWARS Reporting Form

## Access and Utilization | Map of consultations by county



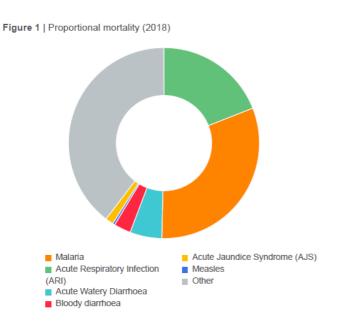


Hub	W37	2018
Aweil	25,025	489,785
Bentiu	19,762	594,292
Bor	4,148	396,084
Juba	15,226	448,485
Kwajok	25,417	962,584
Malakal	11,509	562,751
Rumbek	7,445	651,770
Torit	6,875	234,824
Wau	13,624	344,880
Yambio	9,057	426,334
South Sudan	138,088	5,111,789

0 1 1,000 2,500 5,0

The total consultation in the country since week 1 of 2018 is 5,111,789 by hub, Kwajok registered the highest number of consultations as indicated in the table above. The total number of consultations by county is shown in the map above. See the key for more information.

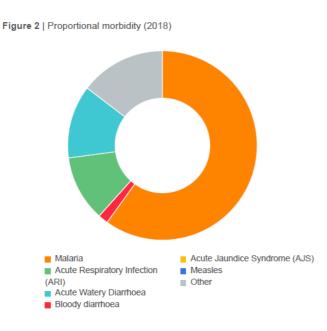




Syndrome	W37		2018	
	# deaths	% mortality	# deaths	% mortality
Malaria	17	58.6%	250	31.3%
ARI	1	3.4%	152	19.0%
AWD	11	37.9%	43	5.4%
Bloody diarrhoea	0	0.0%	23	2.9%
AJS	0	0.0%	11	1.4%
Measles	0	0.0%	3	0.4%
Other	0	0.0%	316	39.6%
Total deaths	29	100%	798	100%

Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 31.3% of the deaths since week 1 of 2018, followed by acute respiratory infection, bloody acute watery diarrhoea diarrhoea.

## **Proportional morbidity**



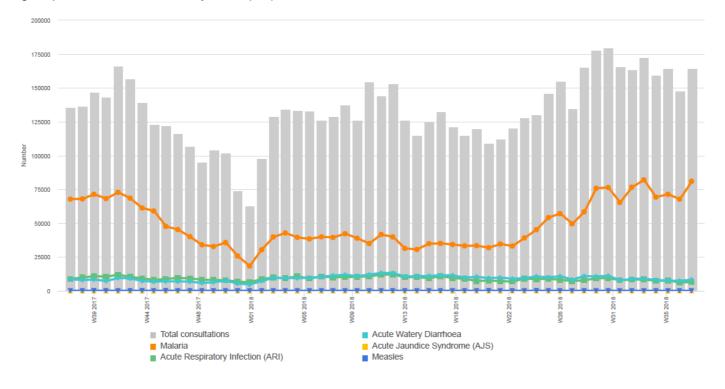
Syndrome	W37		2018						
	# cases	% morbidity	# cases	% morbidity					
Malaria	80,956	61.5%	1,782,977	59.9%					
ARI	6,471	4.9%	334,818	11.3%					
AWD	8,275	6.3%	371,340	12.5%					
Bloody diarrhoea	985	0.7%	51,069	1.7%					
AJS	2	0.0%	198	0.0%					
Measles	4	0.0%	408	0.0%					
Other	35,033	26.6%	434,218	14.6%					
Total cases	131,726	100%	2,975,028	100%					

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 1,782,977 (59.9%) followed by AWD, ARI and ABD respectively since week 1 of 2018. refer to the figure above for more information.

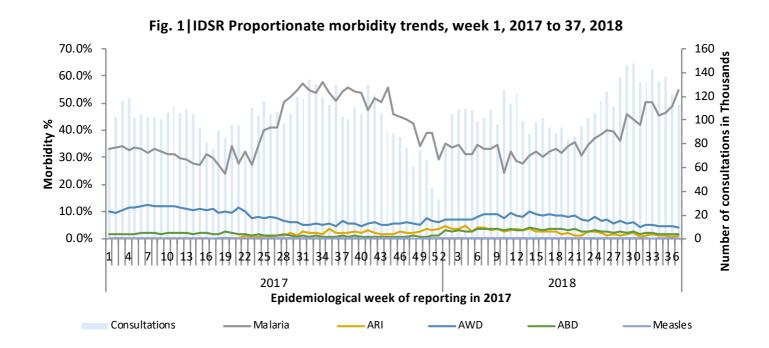


## Trend in consultations and key diseases

Figure 3 | Trend in total consultations and key diseases (W37)

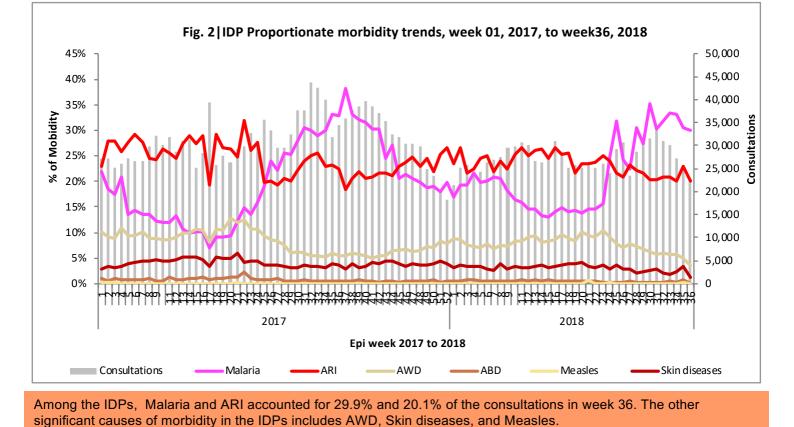


IDSR Proportionate morbidity trends - in relatively stable states



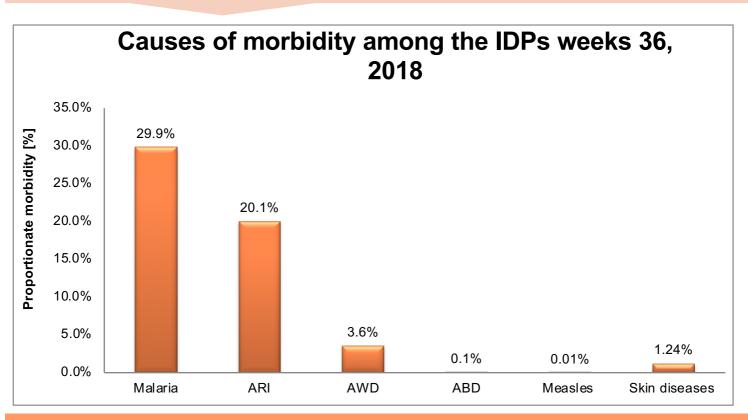
In the relatively stable states, malaria is the top cause of morbidity accounting for 59.9% of the consultations in week 37 (representing an increase from 48.9% in week 36).





IDSR Proportionate morbidity trends - in displaced population

IDP Proportionate morbidity trends - in displaced population



The top causes of morbidity in the IDPs in 2018 include ARI, Malaria, AWD, Skin diseases, and ABD.



Malaria | Trends over time

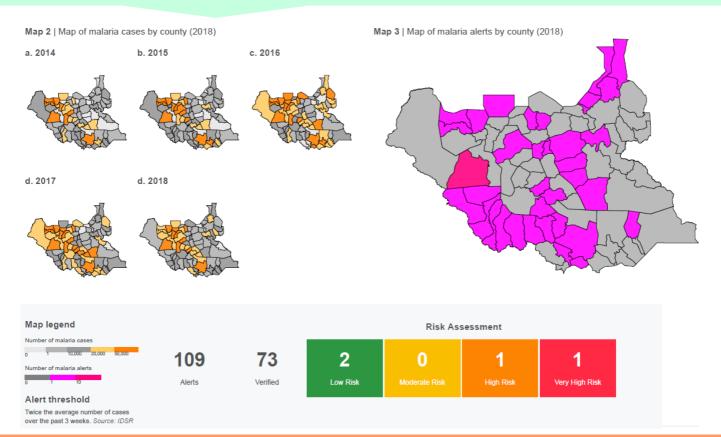
#### Figure 4a | Trend in number of cases over time (South Sudan)





Malaria is the top course of Morbidity in the country, a total of 1,782,977 cases with 250 deaths registered since week 1 of 2018. malaria trend for week 37 of 2018 is below 2014, and 2015 as shown in the figure 4a, above.

### Malaria | Maps and Alert Management



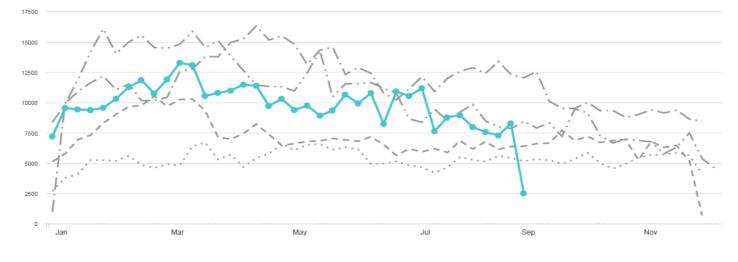
Since the beginning of the year, a total of 109 malaria alerts have been triggered, 73 of those were verified. The Maps above indicate the location reporting malaria alerts from 2014, 2015, 2016, 2017, and 2018.





## Acute Watery Diarrhoea | Trends over time

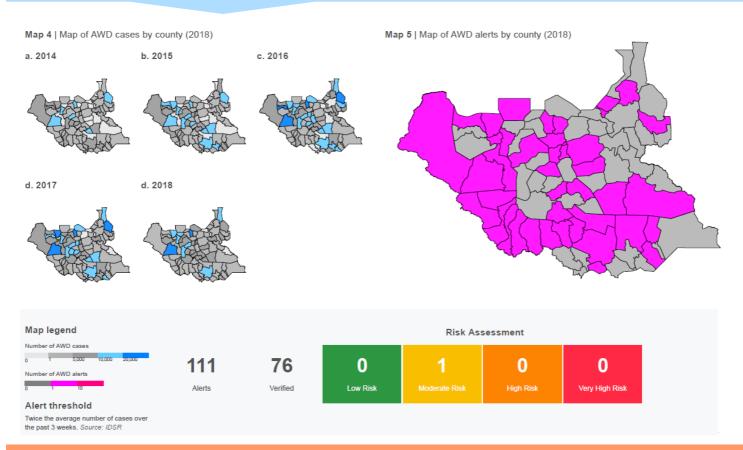
Figure 5a | Trend in AWD cases over time (South Sudan)





AWD is one of the top causes of morbidity in the country with 371,340 cases reported since week 1 of 2018 including 43 deaths. AWD trend for week 37 of 2018, is below 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 111, out of which 76 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018.



## Acute Bloody Diarrhoea | Trends over time

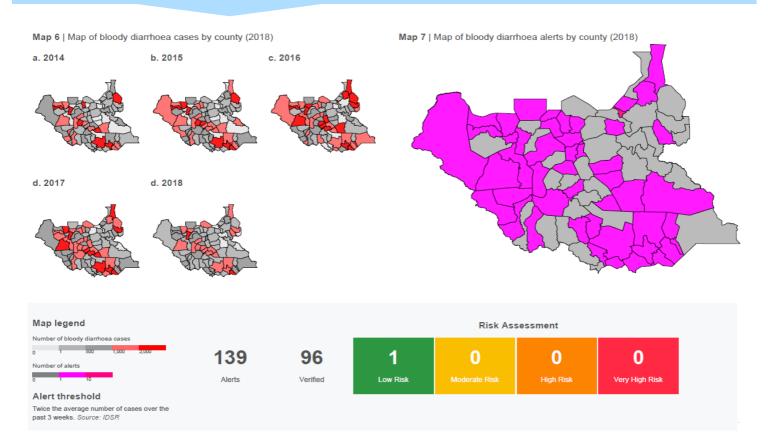


Figure 6a | Trend in bloody diarrhoea cases over time (South Sudan)



Since week 1 of 2018, a total of 51, 069 cases of ABD have been reported country wide including 23 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

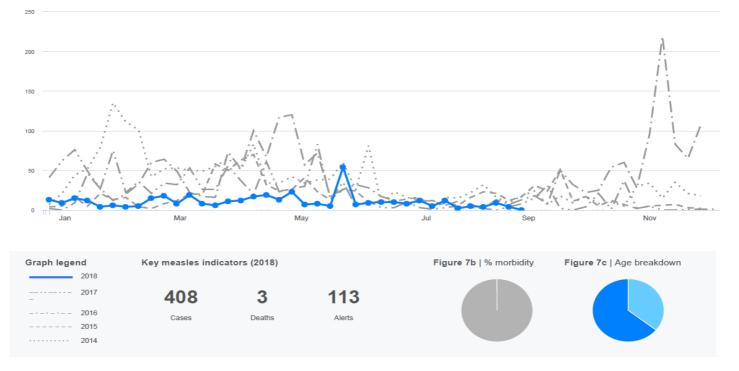


Total of 139 alerts were generated since week 1 of 2018, of which 96 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2018 are shown above.



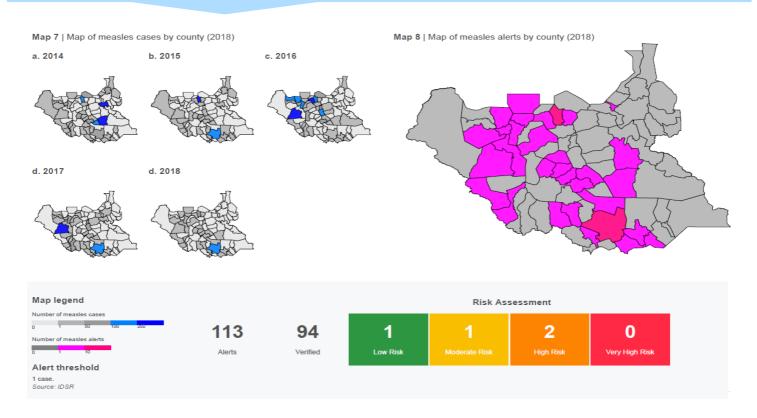
Measles | Trends over time

Figure 7a | Trend in number of cases over time (South Sudan)



Since the beginning of 2018, at least 408 suspect measles cases including 3 death (CFR 0.74%) have been reported. . Of these, 292 suspect cases have undergone measles case-based laboratory-backed investigation with 245 samples collected out of which 26 measles IgM positive cases; 63 clinically confirmed cases; and 34 cases confirmed by epidemiological linkage.

Measles | Maps and Alert Management



Since week 1 of 2018, 113 alerts of measles were triggered and 94 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.



## **Table 6** | Proportional mortality by cause of death in IDPs W372018

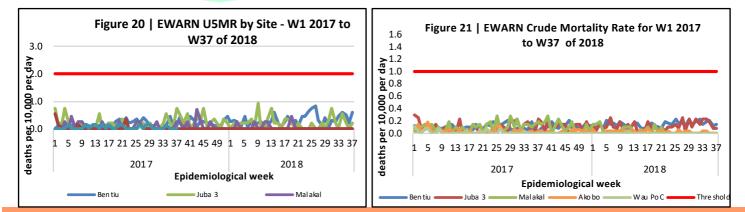
Cause of Death by IDP site	Be	ntiu	Jub	a 3	Total deaths			
	<5yrs	≥5yrs	<5yrs	≥5yrs				
malaria	2	-			2			
pneumonia	1	-	1		2			
SAM	1				1			
Sepsis		1			1			
Septic shock	1				1			
ТВ		1			1			
Unkown				1	1			
Asphyxia	1	_			1			
Anaemia	1				1			
Drown in Water	1				1			
Asphyxion	1				1			
Total deaths	9	2	. 1	. 1	13			

Among the IDPs, mortality data was received Bentiu PoC and UN House PoC in week 37. (Table 6). **A total of 13** deaths were reported during the week. Bentiu PoC reported 11 (85%) in the week. During the week, 10 (77%) deaths were recorded among children <5 years in (Table 6).

The causes of death during week 37 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 37 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 37 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 W37, 2018

IDP site	acute watery diarrhoea	cancer	GSW	Heart Failure	Kala-Azar	malaria	Meningitis	perinatal death	pneumonia	Rabies	SAM	Sepsis	TB/HIV/AIDS	Trauma	HIV/AIDS	TB	Others	Grand Total
Bentiu	7	1	8	1	2	45	3	27	12	1	18	21	13	1	22	7	239	428
Juba 3	1	1		5		11			6		3		1		6	7	79	120
Malakal		1		3	1			1	1							2	17	26
Akobo			1		2	4			2		2	2	1	1			10	25
Wau PoC						1											0	1
Grand Total	8	3	9	9	5	61	3	28	21	1	23	23	15	2	28	16	345	600
Proportionate mortality [%]	1%	1%	2%	2%	1%	##	1%	5%	4%	0%	4%	4%	3%	0%	5%	3%	58%	100%

A total of 600 deaths have been reported from the IDP sites in 2018 <u>Table 7</u>.

The top causes of mortality in the IDPs in 2018 are shown in Table 7.



This bulletin is produced by the Ministry of Health with Technical support from WHO

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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://ewars-project.org











Humanitarian Aid and Civil Protection