

# REPUBLIC OF SOUTH SUDAN



## MINISTRY OF HEALTH

### Weekly Update on Ebola Virus Disease (EVD) Preparedness for South Sudan

Update # 4

Date: 24 September 2018

## 1. Highlights

- South Sudan continues to make progress on Ebola virus disease outbreak (EVD) preparedness through enhancing capacities for EVD case detection, investigation, response, and prevention.
- This week, multiple engagements at different levels have continued to advocate, sensitize and mobilize stakeholders and communities to pull all efforts and resources together towards achieving this goal.
- The Ebola taskforce working groups are currently implementing the EVD contingency plan to enhance preparedness capacities at the national level and in all high-risk states.
- In-country surveillance and point of entry screening at six frontiers (Nimule, Juba International Airport, Yambio Airport, Wau Airport, Gangura, and Sakure) are ongoing. There are plans to open eight additional border screening points based on the risk of EVD importation from DR Congo.
- The absence of a designated isolation facility in Juba, resource gap and security concerns are the major challenges for effective EVD preparedness.

## 2. Ebola Situation update from North Kivu of Democratic Republic of Congo

### 2.1. Latest updates

- The EVD outbreak is still ongoing, and nine health zones in the two provinces are affected:
  - North-Kivu Province: Beni, Butembo, Oicha, Mabalako, Kalunguta and Musienene.
  - Ituri Province: Mandima, Komanda and Tchomia.
  - A new EVD case has been confirmed in Tchomia, almost 200 km (125 miles) away from the nearest other known cases in the Ituri province. Tchomia is nearer to Uganda border along lake Albert.
- As of 22nd September 2018,
  - A total of 149 cases have been reported, of which 118 are confirmed and 31 probable. Of the 116 confirmed, 69 died, and 40 are cured. Cumulative deaths are 100.
  - Over 5306 contacts have been line listed since the start of the Outbreak, of which 75-97% are being followed up daily in the past week.
  - 90,527 contacts and 3,547 health workers have been vaccinated.

## 3. Public Health Preparedness and Readiness

### 3.1. Coordination

- The National Ebola taskforce met twice during the week on 18th and 20th September chaired by the Undersecretary, Ministry of Health and co-chaired by the Incident Manager.
- All the thematic pillars including Case Management and Infection Prevention and Control, Epidemiology and Surveillance, border points and ports of entry, Laboratory, Risk

Communication and Community Engagement and Personnel Safety and Security, held their weekly meetings on the scheduled days.

- A special humanitarian country team meeting, chaired by the Humanitarian Coordinator was convened in UNOCHA-Juba offices on 20th September 2018. During the meeting; the WHO Technical Team led by the OIC presented the updated and costed Ebola Preparedness Operational plan. Represented at the meeting were the country representatives for several humanitarian agencies including UNICEF, ICRC, IOM, WFP, OCHA, and MSF. The meeting underscored the need to make the plan all-inclusive with clear mapping of partners to address needs guided by organizational comparative advantage.

### 3.2.Resource mobilization

- The budget required for implementation of the EVD preparedness operational plan totals to USD 2,976,615. During the week, the following agencies made the following financial commitments:
- IOM - USD344,153 for priority IPC activities including procurement of supplies and WaSH, USD89,403 for social mobilization and USD165,000 for establishing additional screening points.
- HELP-Germany - between USD100,000 - 150,000 towards EVD preparedness and will also provide WASH supplies.
- UNICEF - USD 260,000 for Social mobilization and WASH

### 3.3 Surveillance and Laboratory

- Heightened surveillance is being maintained across the country.
- There was no alert case reported from any of the screening points, or health facilities across the country.
- The results of the sample of the suspected cases reported in Bakiwiri Boma, Yambio released by the UVRI on 20th September 2018 revealed that was sample was negative for Ebola, Marburg, CCHF, RVF and Sosuga viruses by PCR.

### 3.4 Port Health and Screening

- Screening at points of entry (POE) continues. Currently, screening of travelers is ongoing at six PoE along the border areas; Nimule, Juba International Airport, Wau Airport, Sakure, Yambio Airstrip and Gangura.
- The priority screening sites include:
  - Yei River state - four border points (Yei airstrip; Lasu; Bazi; Kaya; and Okaba)
  - Gbudue state - four border points (Gangura, Sakure, Nyaka, & Yambio Airstrip)



Travelers being screened at the newly refurbished screening facility at JIA. Photo: WHO

- Tambura, - one border point (Ezo Nabiapai)
  - Torit state, - Nimule border post and Nimule River port
  - Juba - Juba International Airport
  - Wau - Wau Airport
- During the reporting week, the refurbished Ebola screening facility at Juba International Airport which has more space for primary and secondary screening of travelers; a two-bed temporary isolation room; and a standby ambulance for transporting suspect cases became operational. The refurbishment and operational needs of the facility are fully supported by WHO with funding from DFID.
  - The second screening site at Nimule River Port has been set up by Save the Children International (SCI) and Action African Help (AAH) where travelers coming from Uganda across River Nile will be screened. The Pageri County Commissioner will officially inaugurate the facility on Monday 24 then the screening will commence. WHO provided technical support to set up the site and two infrared thermal guns.
  - WHO and Save the Children will orient the immigration, customs and border police officers on EVD on Monday 24th September during their general morning parade.
  - IOM deployed two teams to setup four screening points in Yei River State.
  - World Vision South Sudan deployed a team to set up screening points in Ezo and Nyaka.
  - CUAMM is planning to setup a screening site at Maridi Airstrip.
  - The electronic EWARS platform for capturing, aggregating, and analyzing points of entry screening data is now functional. The table 1 below, summarizes the data exported from the web-based platform and shows the number of travelers screened in week 37 at the active points of entry.




Construction of the Nimule River Port screening site. Photo: WHO

**Table 1: Number of people screened at points of entry**

South Sudan Ebola Response   Monitoring of EVD screening activities at Points of Entry in countries prioritized for Ebola preparedness activities						
Year: 2018						
Week number: W37		From: 2018-09-10		To: 2018-09-16		
Name of PoE	Passengers Screening Information			EVD Alerts		
	# screened	# isolated	# under Voluntary Home Quarantine	# reported	# validated	# suspects
Bazi Border	0	0	0	0	0	0
Gangura Border Entry Point	16	0	0	0	0	0
Juba International Airport	4,425	0	0	0	0	0
Kaya Border	0	0	0	0	0	0
Nimule Border	42,174	0	0	0	0	0
Sakure Border	4	0	0	0	0	0
Wau Airport	45	0	0	0	0	0
Yambio Airport	56	0	0	0	0	0
South Sudan	46,720	0	0	0	0	0

**Note**  
 This table is generated automatically from EWARS South Sudan. It has been deployed since December 2013, following the eruption of political violence. From May 2017, it has been scaled up to provide support to all 80 counties across the country. It is supporting MoH and partners to strengthen integrated disease surveillance and response (IDSR). <http://ss.ewars.ws/login>



### 3.5. Case management, Infection Prevention and Control, Safe Dignified Burial and WASH

- The TWG identified 10 priority locations that require isolation facilities to be set up in congruence with the 14 priority screening points. These are Juba, Nimule, Yei town, Kaya, Okaba, Maridi town, Yambio town, Sakure, Ezo/Nabiapai, Nyaka. Costing has been done, and work will start in Juba upon availability of funds.
- The water output and quality of the borehole at the designated site for isolation site in Juba was tested by MSF-B and found to be adequate.
- In the coming week, the team will constitute the safe and dignified burials (SDB) subgroup to start discussing key preparedness activities to address this important pillar.

### 3.6. Risk communication, community engagement and social mobilization

- As part of the ongoing community sensitization in the high-risk states, four community health education sessions were conducted in places of worship namely the ECS church and the Roman Catholic church of Ibba county where over 1000 people were reached with Ebola prevention messages.
- Radio jingles are being aired on 13 radio stations in 6 dialects- Madi, Acholi, Moro, Juba Arabic and English.
- Radio Miraya in Juba provided a talk show on Ebola which was used to highlight some of the concerns about the ongoing screening at Points of entry.
- In Yambio county, community sensitization was undertaken in Gangura, Nabiapai, and Saura 1 community where at least 800 people were reached.
- In Ezo, Nzara, and Tambura, at least seven awareness sessions on Ebola prevention were conducted during the week.
- Corresponding sensitization sessions are ongoing in all the health facilities in the greater Western Equatoria state hub.

- Over 200 calls are being received daily on the toll-free line 6666 requesting for information on EVD related issues and also reporting alerts which are later verified. Rumour and misinformation are also being captured. Plans are underway for a partnership between WHO and Internews to strengthen the rumor monitoring and management through already established Internews network.
- In Yei River State, the Social mobilization technical working group through support from Unicef and other partners
  - 20 South Sudan Red Cross (SSRC) social mobilizers were oriented on Ebola awareness on the 17th Sept 2018,
  - 20 social mobilizers are conducting megaphone announcements within Yei and villages around from the 18th September 2018, (3 hours in the Morning and 3hours in the evening).
  - Radio jingles broadcast is ongoing in three languages Bari, Arabic and English in two radio stations Easter and Sprit FM.
  - 16 reporters and journalist were oriented from Both Spirit and Easter FM on the key messages of Ebola and the role of the Media on 19th September 2018.

### **3.7. Logistics and Personnel deployment**

- WHO supplied 17 infrared thermal scanners to IOM, WVSS, CUAMM, and IRC to facilitate the activation of additional screening sites in Nimule; Yei, and Yambio.
- Ten tents and 10 WASH kits are being procured by WHO to support the establishment of Point of Entry.

### **3.8. Vaccines and Therapeutics**

- The National Task Force has mandated the EPI-TWG to lead the development of the Protocol for the use of the rVSV ZEBOV Ebola vaccine as part of the preparedness. The EPI-TWG will then submit the Protocol to the South Sudan Ministry of Health Ethics committee for approval, and prepare the requisite cold chain for the vaccine.

### **3.9. Safety and Security**

- The Government is coordinating with the relevant sectors to improve access to high-risk locations that are currently inaccessible due to insecurity.

### **4.0. Challenges/Gaps**

The critical preparedness gaps currently entail:

- The absence of border screening in Yei River, the only state that shares a common and the longest border with Ituri province (DRC). The activation of border screening in Yei River state has delayed due to security concerns.
- The absence of a designated isolation facility in Juba or any of the high-risk states.

- The slowing of progress on Ebola preparedness is occasioned by the limited resources available in-country.

## 5.0. Recommendations and priority follow up actions

- Finalize the costed EVD operational plan for the next three months and work with donors to mobilize additional resources to alleviate the critical preparedness gaps.
- Conduct a joint Simulation Exercise involving the army and other relevant stakeholders to test the activation of PHEOC and its coordination function, alert management and RRT deployment as part of EVD preparedness.

## 6.0. Conclusion

- The focus for the NTF in the coming week is the mobilization of resources to facilitate the implementation of priority activities of the Case management, IPC and Safe and dignified burial technical working group.

## 7.0. Partners involved in EVD preparedness and readiness

MOH, WHO, Health Cluster partners, UNICEF, CDC, USAID, DFID, JICA, ECHO, World Bank, UNHCR, UNOCHA, Health Pool Fund, IOM, AWG, WASH Cluster partners, SSRC, WFP, Min of Interior, AMREF, MSF family, IMC, ICRC, ALIMA, IRC, World Vision, America Refugee Committee, SCI, UNMISS, UNDSS, SPLA, LS, DFCA, Samaritan Purse and UNHASS.

### ***For more information, please contact:***

<p><b>Dr Richard Lako Lino</b> Incident Manager Email: <a href="mailto:richardlako@yahoo.com">richardlako@yahoo.com</a> Tel.: +211 926 592 520</p>	<p><b>Dr Pinyi Nyimol Mawien</b> Director General PHS Email: <a href="mailto:pinyiaupur@gmail.com">pinyiaupur@gmail.com</a> Phone: +211916285676</p>	<p><b>Dr Mathew Tut Moses</b> Director, EPR &amp; PHEOC Email: <a href="mailto:tut1988@yahoo.com">tut1988@yahoo.com</a> Tel.: +211 922 202 028</p>
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