South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W50 2018 (Dec 10 – Dec 16)



Access and Utilisation

Slide 2	Map 1 Map of consultations by county (2018)	
Silue 2	wap i wap or consultations by county (2010)	

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 malaria 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

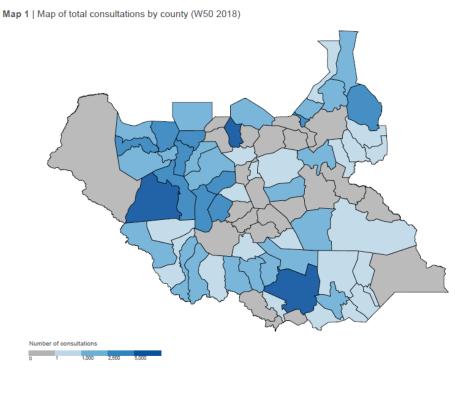
Measles

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



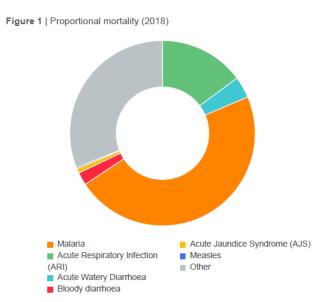
Hub	W50	2018				
Aweil	12,448	699,952				
Bentiu	7,228	812,468				
Bor	5,232	567,320				
Juba	10,630	646,067				
Kwajok	18,902	1,283,812				
Malakal	13,283	776,382				
Rumbek	4,849	936,528				
Torit	3,919	314,917				
Wau	8,448	531,187				
Yambio	13,540	565,712				
South Sudan	98,479	7,134,345				

The total consultation in the country since week 1 of 2018 is 7,134,345 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.





Proportional mortality

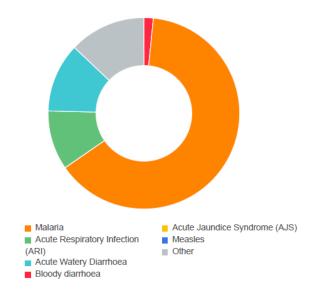


Syndrome	W50		2018						
	# deaths	% mortality	# deaths	% mortality					
Malaria	6	100.0%	630	47.1%					
ARI	0	0.0%	199	14.9%					
AWD	0	0.0%	50	3.7%					
Bloody diarrhoea	0	0.0%	30	2.2%					
AJS	0	0.0%	11	0.8%					
Measles	0	0.0%	3	0.2%					
Other	0	0.0%	415	31.0%					
Total deaths	6	100%	1,338	100%					

Figure 1, above shows the proportional mortality for 2018, with malaria being the main cause of mortality accounting for 47.1% of the deaths since week 1 of 2018, followed by ARI AWD and bloody diarrhoea.

Proportional morbidity

Figure 2 | Proportional morbidity (2018)



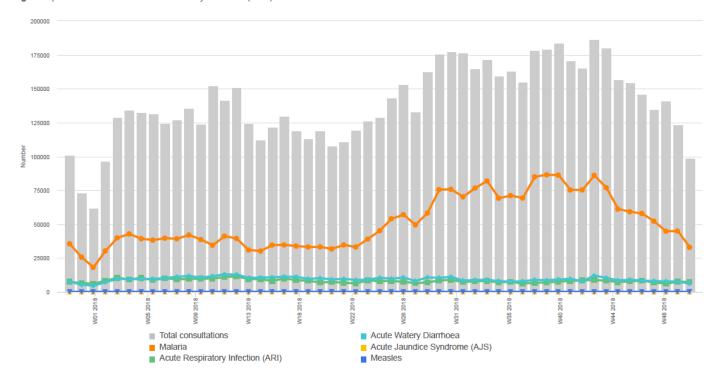
Syndrome	W50		2018	
	# cases	% morbidity	# cases	% morbidity
Malaria	32,903	59.4%	2,610,427	63.8%
ARI	7,278	13.1%	410,162	10.0%
AWD	6,098	11.0%	478,056	11.7%
Bloody diarrhoea	738	1.3%	65,023	1.6%
AJS	2	0.0%	219	0.0%
Measles	35	0.1%	480	0.0%
Other	8,381	15.1%	527,940	12.9%
Total cases	55,435	100%	4,092,307	100%
ARI AWD Bloody diarrhoea AJS Measles Other	7,278 6,098 738 2 35 8,381	13.1% 11.0% 1.3% 0.0% 0.1% 15.1%	410,162 478,056 65,023 219 480 527,940	10.0% 11.7% 1.6% 0.0% 0.0%

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 2,610,2427 (63.8%) followed by ARI, AWD and ABD respectively since week 1 of 2018. refer to the figure above for more information.

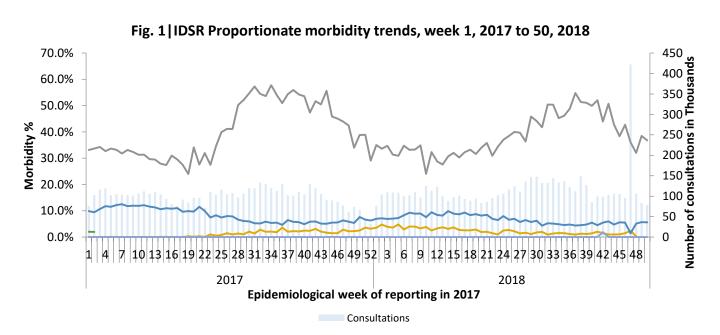




Figure 3 | Trend in total consultations and key diseases (W50)



IDSR Proportionate morbidity trends - in relatively stable states

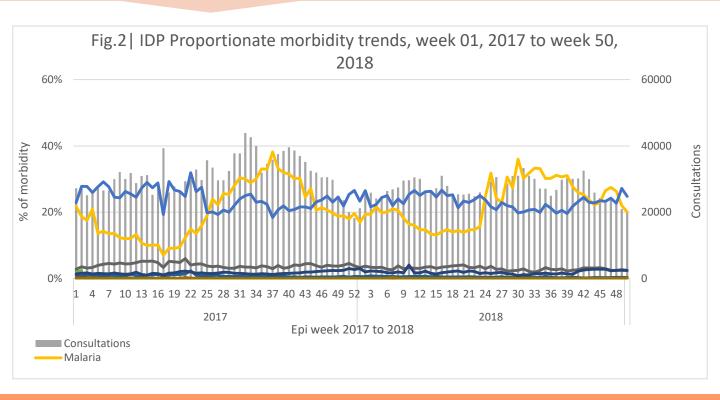


In the relatively stable states, malaria is the top cause of morbidity accounting for 36.8% of the consultations in week 50 (representing a decline from 38.5% in week 49).



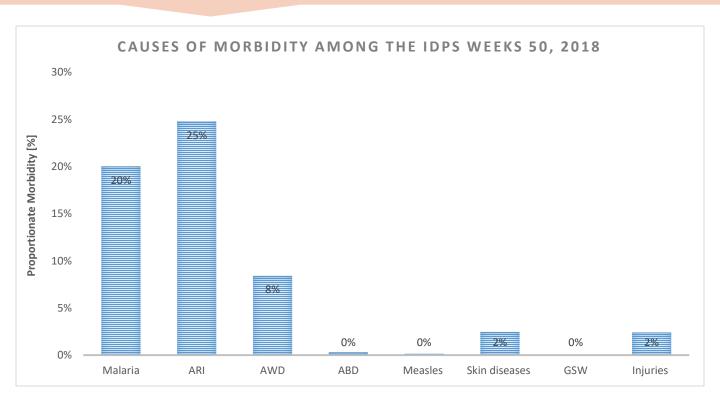


IDP Proportionate morbidity trends - in displaced population



Among the IDPs, ARI and malaria accounted for 20% and 25% of the consultations in week 50. The other significant causes of morbidity in the IDPs includes AWD, Skin diseases, and Measles.

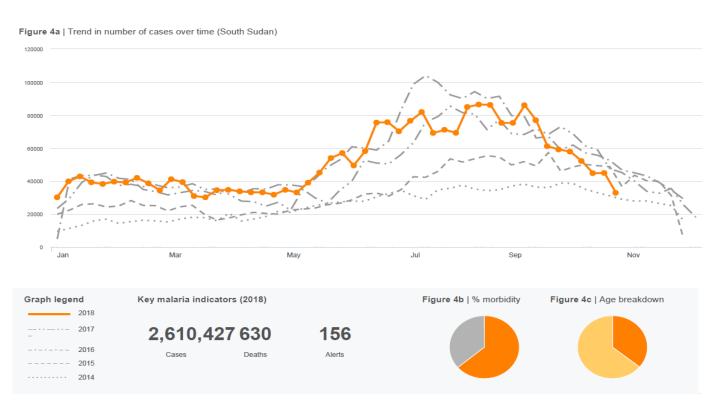
IDP Proportionate morbidity trends - in displaced population



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

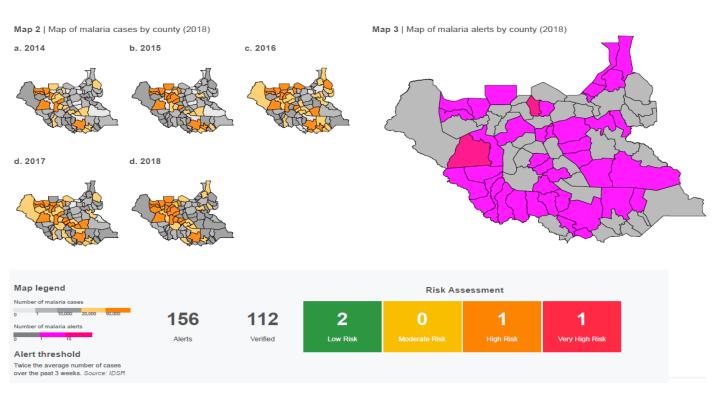


Malaria | Trends over time



Malaria is the top course of Morbidity in the country, a total of 2,610,427 cases with 630 deaths registered since week 1 of 2018. malaria trend for week 50 of 2018 is below 2015,2016, and 2017 as shown in the figure 4a, above.

Malaria | Maps and Alert Management

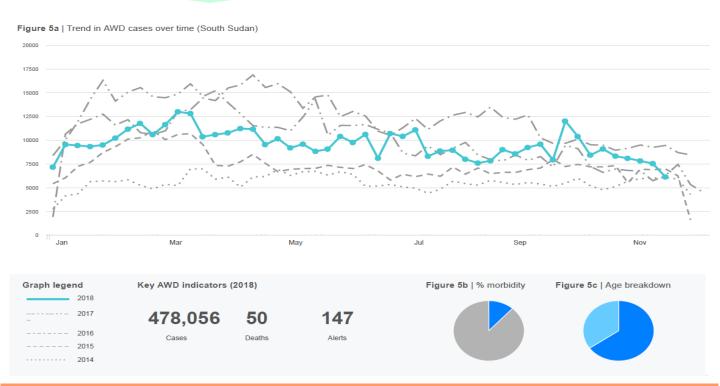


Since the beginning of the year, a total of 156 malaria alerts have been triggered, 112 of those were verified. The Maps above indicate the location reporting malaria alerts from 2014, 2015, 2016, 2017, and 2018.



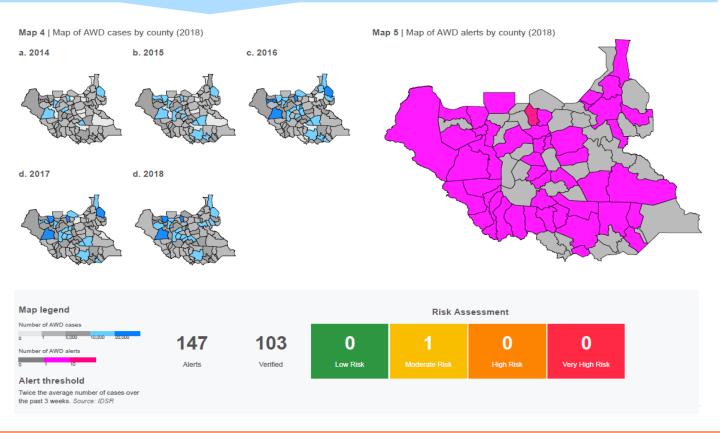


Acute Watery Diarrhoea | Trends over time



AWD is one of the top causes of morbidity in the country with 478, 056cases reported since week 1 of 2018 including 50 deaths. AWD trend for week 50 of 2018,is below 2014,2015, 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 147, out of which 103 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2018 .

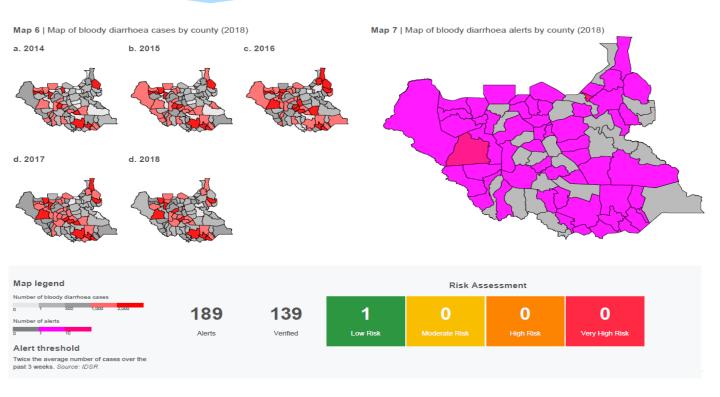


Acute Bloody Diarrhoea | Trends over time



Since week 1 of 2018, a total of 65, 023 cases of ABD have been reported country wide including 30 death. ABD trend for 2018 is in contact with 2014 and is below 2015, 2016, and 2017 respectively. Refer to figure 6a, above.

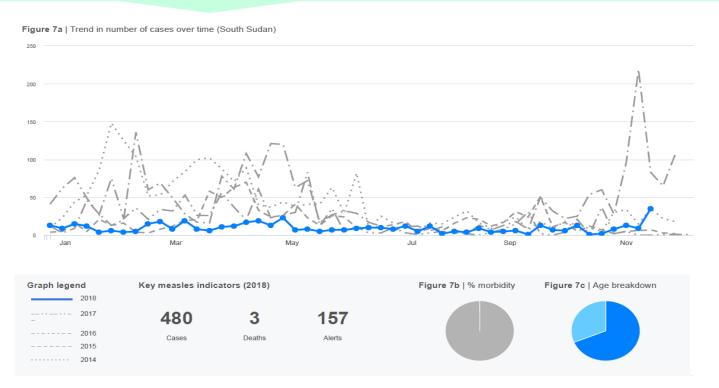
Acute Bloody Diarrhoea | Maps and Alert Management



Total of 189 alerts were generated since week 1 of 2018, of which 139 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2018 are shown above.

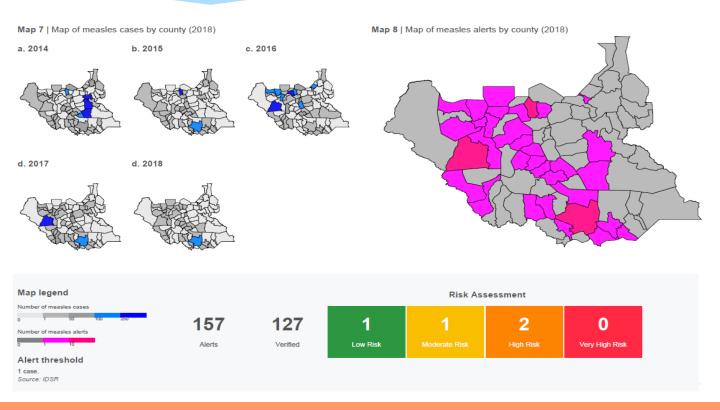


Measles | Trends over time



Since the beginning of 2018, at least 480 suspect measles cases including 3 death (CFR 0.74%) have been reported. . Of these, 415 suspect cases have undergone measles case-based laboratory-backed investigation with 309 samples collected out of which 48 measles IgM positive cases; 78 clinically confirmed cases; and 56 cases confirmed by epidemiological linkage.

Measles | Maps and Alert Management



Since week 1 of 2018, 157 alerts of measles were triggered and 127 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2018 are shown above.





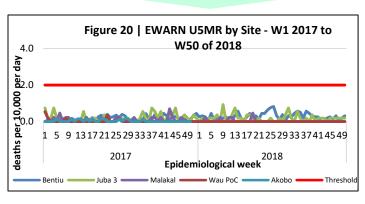
Table 6 | Proportional mortality by cause of death in IDPs W50 2018

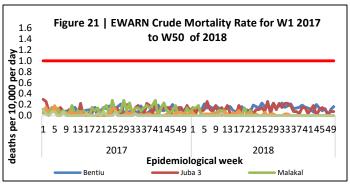
	Ben	tiu	Juba 3		Total deaths
Cause of Death by IDP site	<5yrs	≥5yrs	<5yrs	≥5yrs	
acute watery diarrhoea		1			1
Aspiration	1	. 1			2
Hepatitis B				1	. 1
Hydrocephalus	1				1
perinatal death			1		1
Respiratory failure	1				1
Unknown		2			2
Hypoglycemia	1				1
Anaemia		1			1
Нер С		1			1
Lower Birth Weight.	1				1
Haemoptysis die in ER at arrival.		1			1
Chronic heart Failure + Tuberclosis.		1			1
Total deaths	5	8	1	1	. 15

Among the IDPs, mortality data was received from Bentiu POC & Juba 3 in week 50. (Table 6). **A total of 15** deaths were reported during the week; in Juba 3 (2), Bentiu POC (13) in the week. During the week, 9 (60%) of the deaths were recorded among children ≥5yrs in (Table 6).

The causes of death during week50 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 50 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 50 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 W50, 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	13	1	8	2	3	55	3	30	14	1	20	25	14	1	31	7	330	558
Juba 3	1	1		5		12		3	9		3	1	1		15	7	95	153
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	14	3	9	10	6	72	3	34	26	1	25	28	16	2	46	16	452	763
Proportiona te mortality [%]	2%	0%	1%	1%	1%	9%	0%	4%	3%	0%	3%	4%	2%	0%	6%	2%	59%	100%

A total of 763 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.



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

For more help and support, please contact:

Dr. Pinyi Nyimol Mawien Director General Preventive Health Services Ministry of Health Republic of South Sudan Telephone: +211916285676

Dr. Mathew Tut Moses
Director Emergency Preparedness and Response (EPR)
Ministry of Health
Republic of South Sudan
Telephone: +211922202028

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









