South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W01 2019 (Jan 07- Jan 13)



Access and Utilisation

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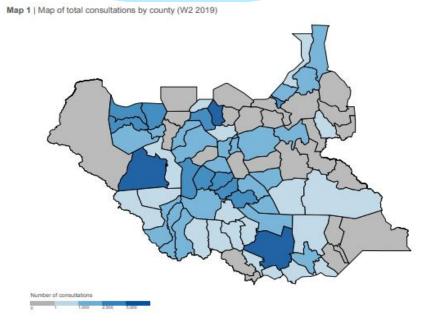
Measles

Slide 12	Trend in measles cases over time
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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	W2	2019
Aweil	13,742	23,649
Bentiu	13,687	24,722
Bor	5,581	9,746
Juba	10,588	17,394
Kwajok	6,971	12,134
Malakal	7,261	13,753
Rumbek	21,236	25,037
Torit	2,719	5,018
Wau	7,408	13,790
Yambio	6,893	11,967
South Sudan	96,086	157,210

The total consultation in the country for week 2 of 2019 is 96,086. by hub, Rumbek 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

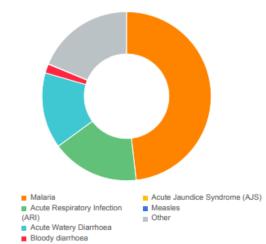
Malaria
Acute Respiratory Infection
(ARI)
Acute Watery Diarrhoea
Bloody diarrhoea

Syndrome	W2		2019	
	# deaths	% mortality	# deaths	% mortality
Malaria	10	83.3%	14	73.7%
ARI	0	0.0%	1	5.3%
AWD	0	0.0%	1	5.3%
Bloody diarrhoea	0	0.0%	0	0.0%
AJS	0	0.0%	0	0.0%
Measles	0	0.0%	0	0.0%
Other	2	16.7%	3	15.8%
Total deaths	12	100%	19	100%

Figure 1, above shows the proportional mortality for 2019, with Malaria being the main cause of mortality accounting for 83.3% of the deaths for week 2 of 2019, followed by Others.

Proportional morbidity

Figure 2 | Proportional morbidity (2019)



Syndrome	W2 2019			
	# cases	% morbidity	# cases	% morbidity
Malaria	28,967	50.3%	46,781	48.2%
ARI	8,335	14.5%	16,268	16.8%
AWD	8,154	14.1%	14,097	14.5%
Bloody diarrhoea	1,015	1.8%	1,697	1.7%
AJS	4	0.0%	7	0.0%
Measles	24	0.0%	46	0.0%
Other	11,132	19.3%	18,183	18.7%
Total cases	57,631	100%	97,079	100%

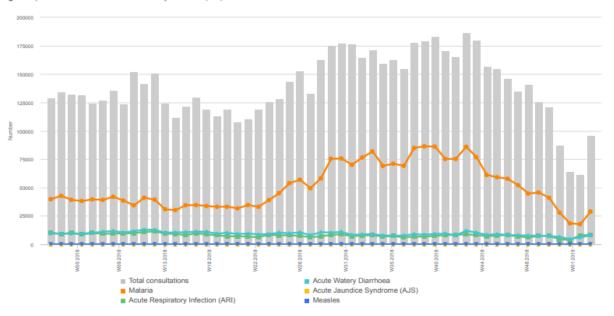
Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 28,967 (50.3%) followed by other, ARI and AWD respectively for week 2 of 2019. refer to the figure above for more information.





Trend in consultations and key diseases

Figure 3 | Trend in total consultations and key diseases (W2)

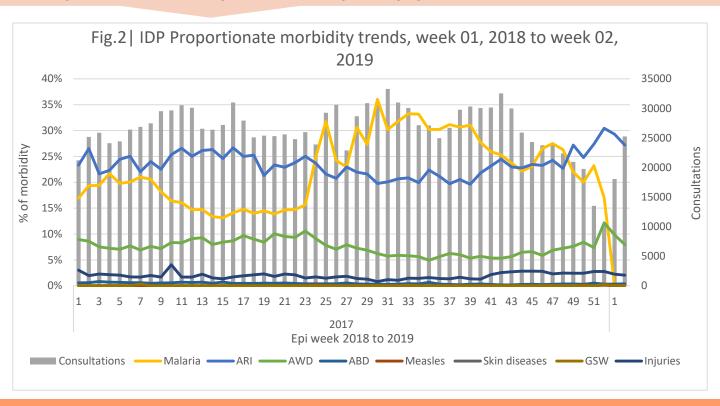


IDSR Proportionate morbidity trends - in relatively stable states

In the relatively stable states, malaria is the top cause of morbidity accounting for 48.2% of the consultations in week 02.

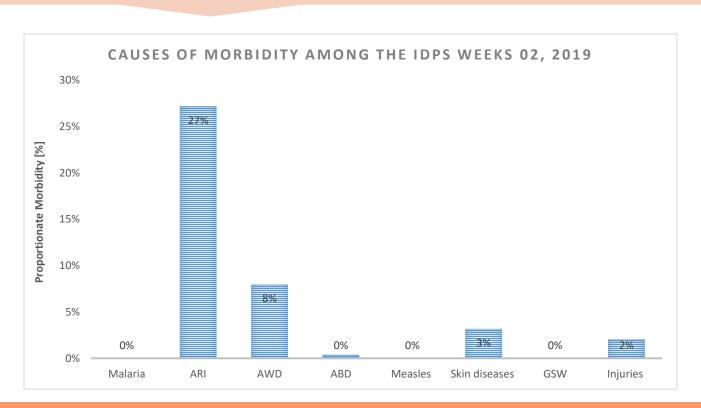


IDP Proportionate morbidity trends - in displaced population



Among the IDPs, APR and Malaria accounted for 27% and -----% of the consultations in week 02. The other significant causes of morbidity in the IDPs includes AWD, Skin diseases, and Measles.

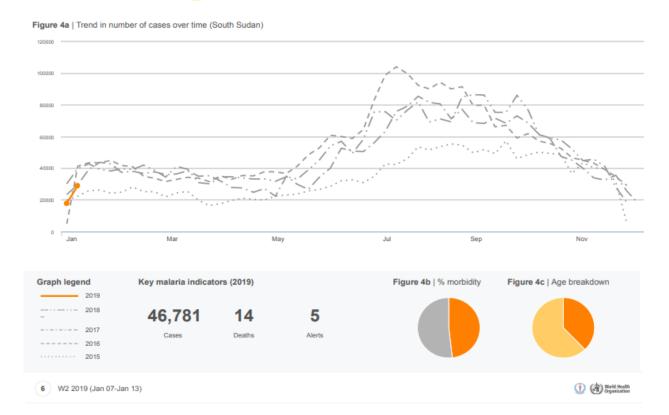
IDP Proportionate morbidity trends - in displaced population



The top causes of morbidity in the IDPs in 2019 include, ARI, AWD, Skin diseases, and injuries.

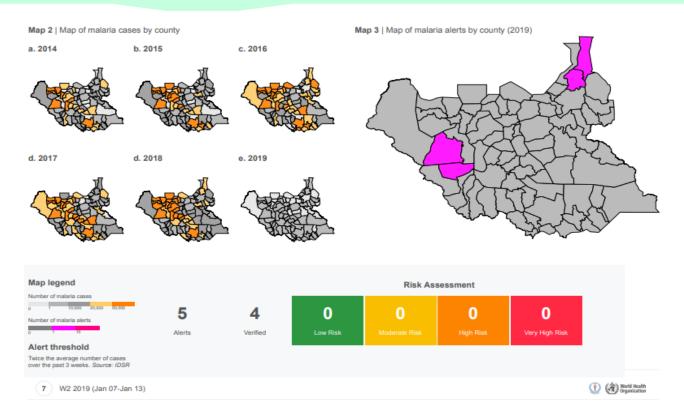


Malaria | Trends over time



Malaria is the top course of Morbidity in the country, a total of 46,781 cases with 14 deaths registered for week 2 of 2019.

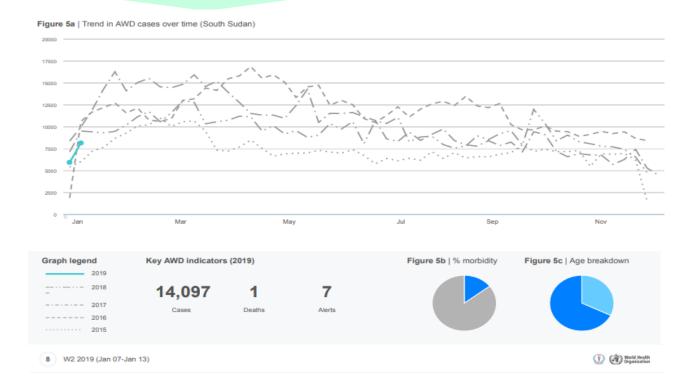
Malaria | Maps and Alert Management



A total of 5 malaria alerts have been triggered, 4 of those were verified. The Maps above indicate the location reporting malaria alerts from 2014, 2015, 2016, 2017, 2018 and 2019.

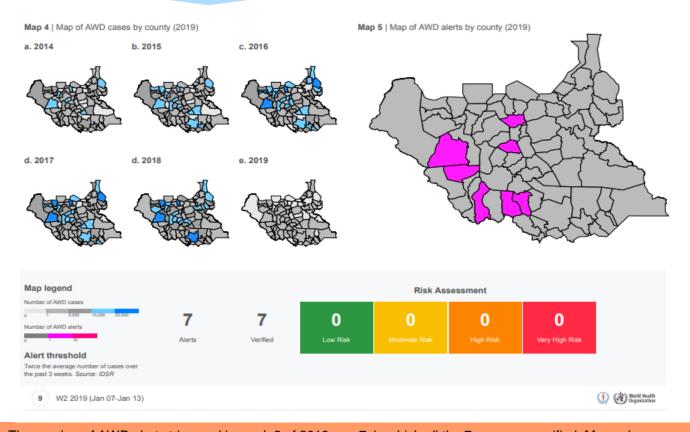


Acute Watery Diarrhoea | Trends over time



AWD is one of the top causes of morbidity in the country with 14,097 cases reported in week 2 of 2019 including 1 death. AWD trend for week 02 of 2019,is above 2015 but below 2016,2017 and 2018, as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management

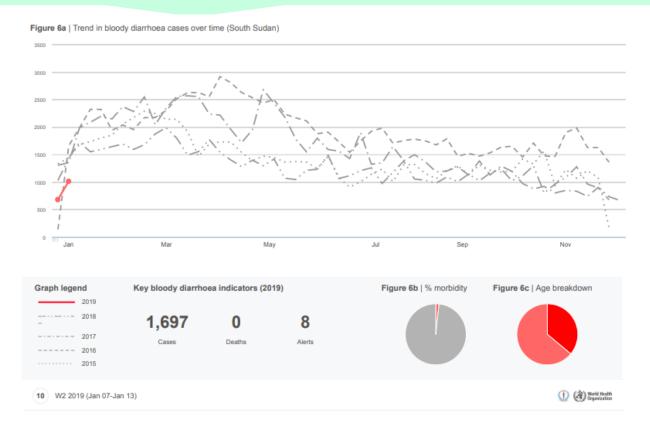


The number of AWD alerts triggered in week 2 of 2019 are 7, in which all the 7 are were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2019.



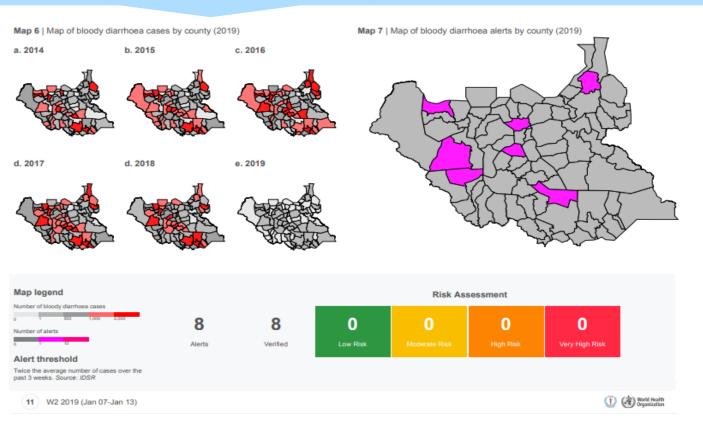


Acute Bloody Diarrhoea | Trends over time



In week 2 of 2019, a total of 1,697cases of ABD have been reported country wide with 0 deaths. ABD trend for 2019 is below 2015, 2016, 2017and 2018 respectively. Refer to figure 6a, above.

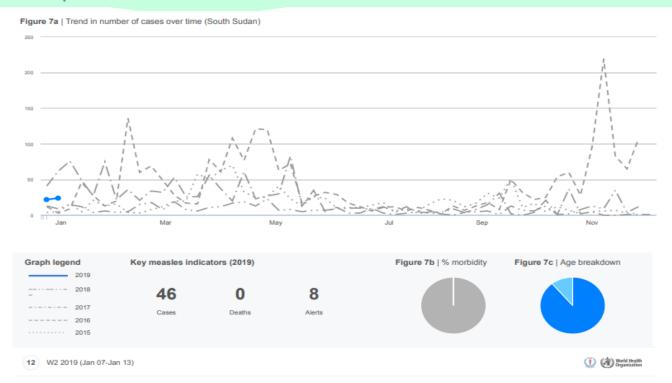
Acute Bloody Diarrhoea | Maps and Alert Management



Total of 8 alerts were generated in week 2 of 2019, of which all the 8 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2019 are shown above.

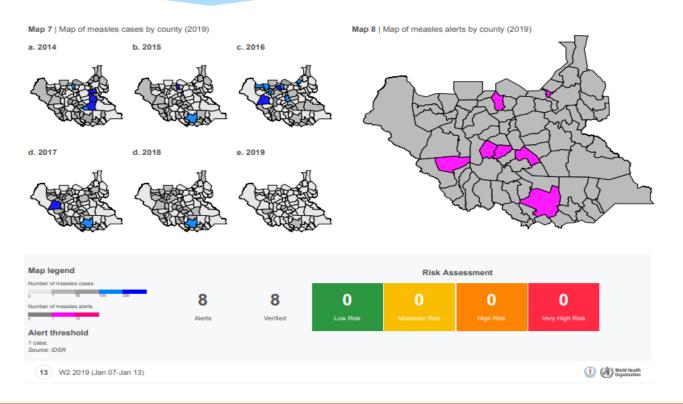


Measles | Trends over time



In week 2 of 2019, there are 46 suspect measles cases including 0 death (CFR 0%)have been reported. . Of these, ---- suspect cases have undergone measles case-based laboratory-backed investigation with ---- samples collected out of which ---- measles IgM positive cases; ---- clinically confirmed cases; and ---- cases confirmed by epidemiological linkage.

Measles | Maps and Alert Management



In week 2 of 2019, 8 alerts of measles were triggered and all were verified at county level. Maps of areas raising alerts from 2014 to 2019 are shown above.



Table 6 | Proportional mortality by cause of death in IDPs W02 2019

Among the IDPs, mortality data was received from -----in week 02. (Table 6). **A total of ----** deaths were reported during the week; in ----(---), -----(----) in the week. During the week, ---(----%) of the deaths were recorded among children ≥5yrs in (Table 6).

The causes of death during week 02 are shown in Table 6.



Mortality in	the IDDs	Crude and	d Under five	mortality rates
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The U5MR in all the IDP sites that submitted mortality data in week 02 of 2019 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 02 of 2019 were below the emergency threshold of 1 death per 10,000 per day (Fig. 21).

Mortality in the IDPs - Overall mortality in 2019

Table 7 | Mortality by IDP site and cause of death as of W02, 2019

A total of ----- deaths have been reported from the IDP sites in 2019 Table 7.

The top causes of mortality in the IDPs in 2019 are shown in Table 7.



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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









