



HEALTH CLUSTER BULLETIN # 9

30 September 2018



A vaccinator administering TT vaccine to a woman of child bearing age in Old Fangak. Photo: CMA

South Sudan Emergency type: Complex Emergency Reporting period: 1 – 30 September 2018

5.1 MILLION PEOPLE
IN HEALTH NEED

2.4 MILLION
TARGETED

1.96 MILLION
DISPLACED

2.1 MILLION
REFUGEES

HIGHLIGHTS

- Following the Ebola virus Disease outbreak in the Democratic Republic of Congo, the Health Cluster highly involved in coordinating partners working in high-risk areas.
- Six partners (IOM, CORDAID, CUAMM, SCI, WHO and World Vision South Sudan, AAHI) are working in 14 screening sites in the Yei River, Torit, Maridi, Jubek, Wau, Tambura and Gbude States.
- CUAMM, Cordaid, World Vision, IMC and AAH are earmarked to respond in seven isolation facilities located in Yei River, Torit, Maridi, Jubek, Wau, Tambura and Gbude States. Health Link South Sudan is coordinating the Ebola preparedness activities in Jubek State.
- The Health and Logistics clusters secured funds from the South Sudan Humanitarian Fund Reserve allocation to support case management, infection prevention and control, surveillance and laboratory capacity.
- Samaritan Purse and Alima are working out modalities to support training of partners on isolation centres and case management.

HEALTH SECTOR

43 HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

349 ASSORTED EMERGENCY MEDICAL KITS (CORE PIPELINE)

HEALTH CLUSTER ACTIVITIES

435 731 OPD CONSULTATIONS

VACCINATION

1 950 955 CHILDREN (6-59 MONTHS) VACCINATED AGAINST MEASLES

EARLY WARNING ALERT AND RESPONSE NETWORK

41 EWARN SENTINEL SITES

FUNDING \$US

130 M REQUESTED

34.9* FUNDED

95.1 M GAP

Key Context Update

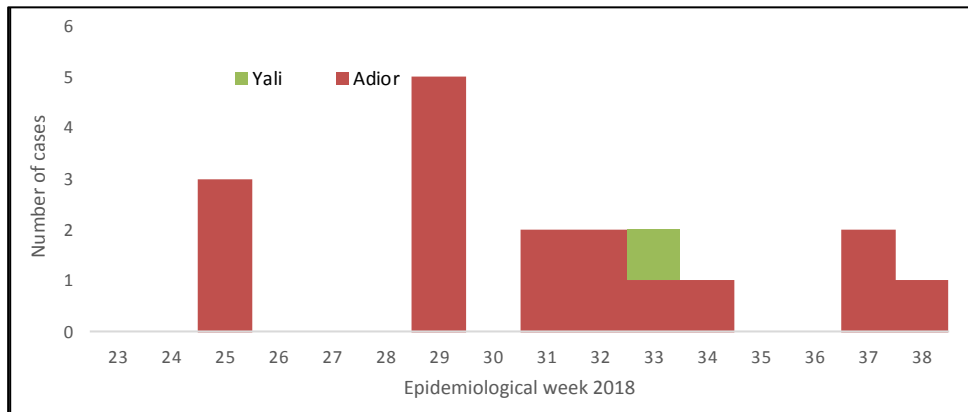
- Following the inter clan conflicts in Juba PoC, a section of the IDPs (about 7 000) has been relocated to Mangateen, consequently International Medical Corps (IMC) has been engaged in setting up basic health care services and started provision of primary health care services since early September. Two health facilities (PHCU and PHCC) are operating 24/7 in Mangateen site.

Public Health Risks and Key Gaps

- By the end of September 2018 completeness for IDSR reporting at county level was 78% while completeness for EWARS reporting from the health facilities serving IDPs was 72%.
- Malaria remains the top cause of morbidity and mortality that accounts for 62% and 81% of cases and deaths by the end of September 2018. Consequently, trend analyses showed that 15 counties in 5 hubs currently had malaria trends that were significantly higher than expected. Counties with malaria trends that exceed the threshold (third quartile of trends for the period 2013-2017) included:
 - Aweil hub (Aweil Center);
 - Rumbek hub (Rumbek Center, Rumbek East, Rumbek North, Wulu, Yirol East, Yirol West);
 - Kuajok hub (Abyei, Gogrial East, Tonj East, Tonj South, and Twic Mayardit);
 - Bentiu hub (Mayom); and
 - Juba hub (Terekeka).

Rubella in Yirol East

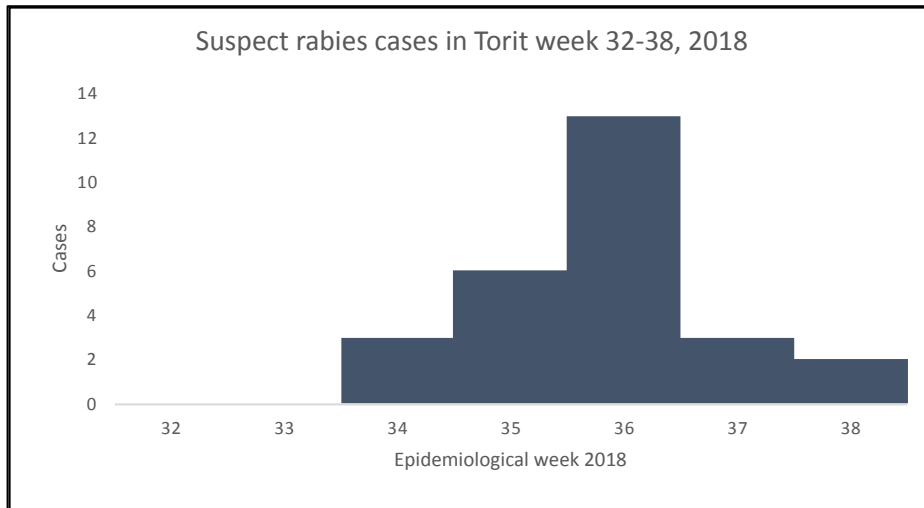
- Yirol East County after a total of 6 out of the 7 samples tested retrospectively were IgM positive for rubella. A total of 18 cases with no deaths were reported from Yirol East. Half (50%) of the cases were less than five years of age. Most of the suspect measles cases are from Adior payam with most cases reported from Madhiemgok and Adior villages. All the cases reported had not received any measles vaccine dose.
- Response entailed enhanced routine vaccination, case surveillance and line listing, and behaviour change communication to promote routine immunisation.



Age	Female	Male	Total cases	Percentage %	Cum%
<1yr		1	1	6%	6%
1-4yrs	3	5	8	44%	50%
5-9yrs	3	4	7	39%	89%
10-14yrs	1	1	2	11%	100%
Total cases	7	11	18	100%	

Animal bites (suspect rabies)

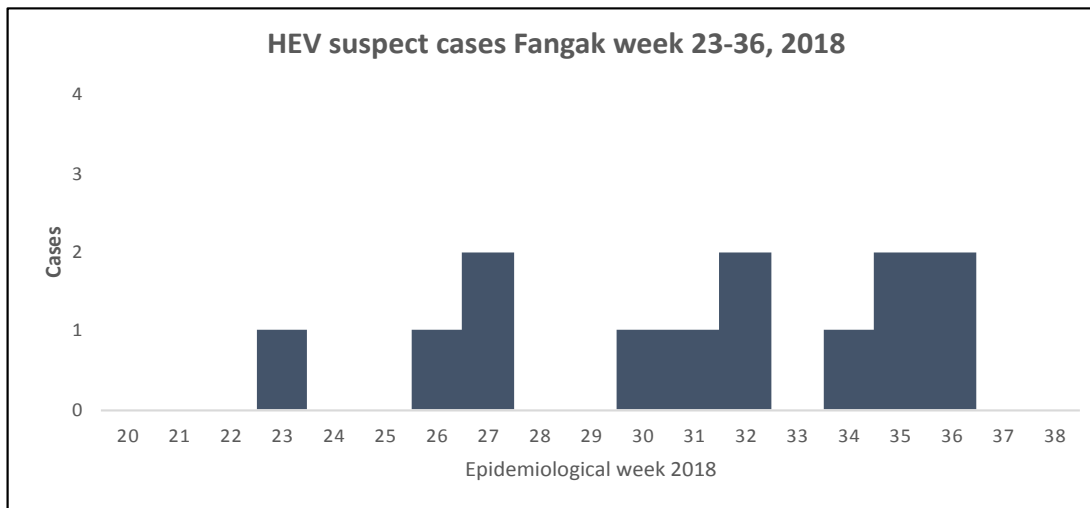
- In September 2018, a total of 30 animal bite (suspect rabies) cases with no deaths were reported in Torit town. The cases are distributed evenly by gender. Nearly 70% of the cases were reported in children aged 0-19 years. Nyong and Himo donge are the most affected payams.
- As part of the one-health response, a taskforce meeting was convened to secure human antirabies vaccines; conduct a risk communication campaign to mitigate the risk of animal bites especially in children; and to engage the Ministry of Livestock and Fisheries and FAO to conduct vaccination of domestic animals.



Age (yrs)	Fema	Male	Total cases	Percentage	Cum %
0-9yrs	7	7	14	52%	52%
10-19yrs	2	2	4	15%	67%
20-29yrs		1	1	4%	70%
30-39yrs	2	2	4	15%	85%
40-49yrs	1		1	4%	89%
50-59yrs	2	1	3	11%	100%
Total cases	14	13	27	100%	

Hepatitis E virus in Fangak county

- During September 2018, Hepatitis E cases were reported in Fangak County. At least 13 suspect HEV cases including one confirmed HEV case were reported and investigated in Old Fangak. All the 13 cases were HEV RDT positive. Over half (54%) of the cases are 20-29 years of age. The cases appear to be occurring sporadically and are using River water (largely from Phow River). Supportive clinical management and community awareness and hygiene promotion are on-going.

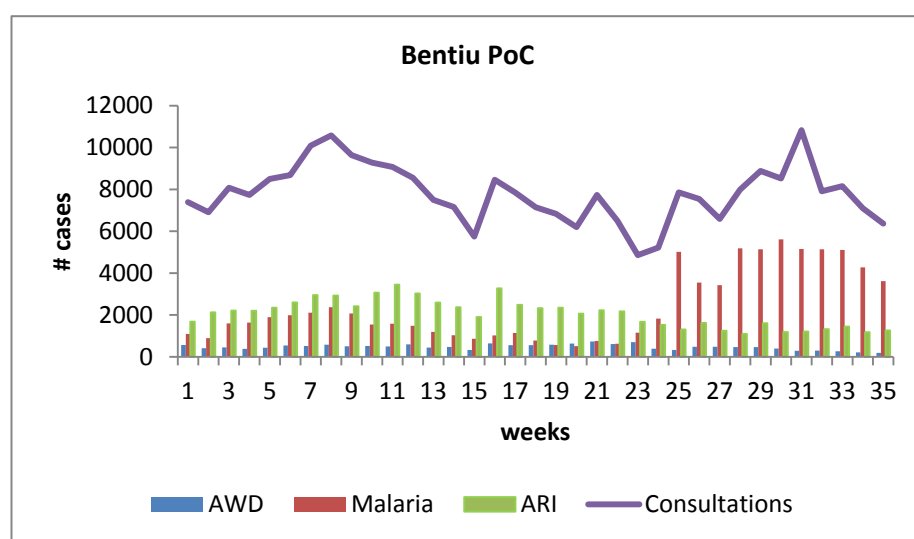


Age	Female	Male	Total cases	Percentage	Cum.%
10-19yrs	2	2	4	31%	31%
20-29yrs	1	6	7	54%	85%
30-39yrs		2	2	15%	100%
Total cases	3	10	13	100%	

Health Cluster Sub-National Response Analysis

Bentiu PoC and Beyond Bentiu Response

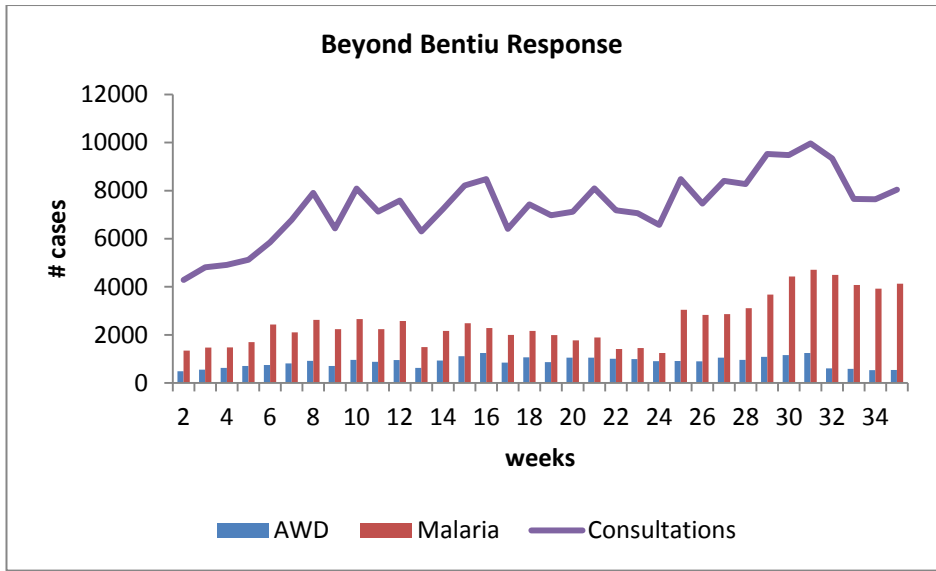
- Under 5 mortality rate = 0.25/day/10,000 (Emergency threshold: 2/day/10,000)
- Crude mortality rate = 0.19/day/10,000 (Emergency threshold: 1/day/10,000)



- Two Malaria points were set up by MSF.
- Mentor Initiative completed indoor residual spraying in all sectors.
- A reactive Measles campaign was conducted in which 38,628 children (75%) were vaccinated.
- Water quality monitoring workshop were facilitated by WHO for Health, WASH and community leadership.

Beyond Bentiu Response

- Three Malaria points were set up by MSF in Bentiu town.
- Increases in Malaria cases were reported in all counties.



Malakal PoC and Beyond Malakal Response

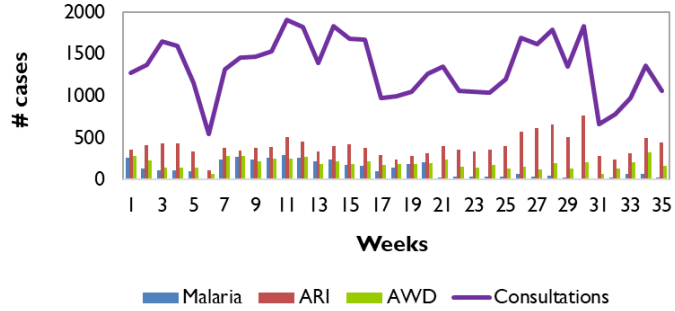
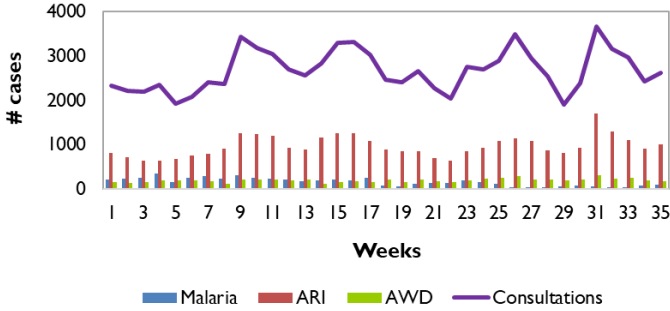
Epidemiological analysis Malakal PoC and Malakal town *

Week 1 to 35 2018

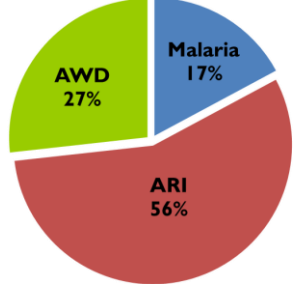
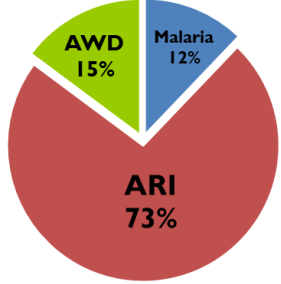
Malakal PoC. All clinics (IMC, IOM, MSF)

Malakal Town. All clinics (IMC, MSF)

Total number of consultations versus number of AWD, ARI and Malaria cases

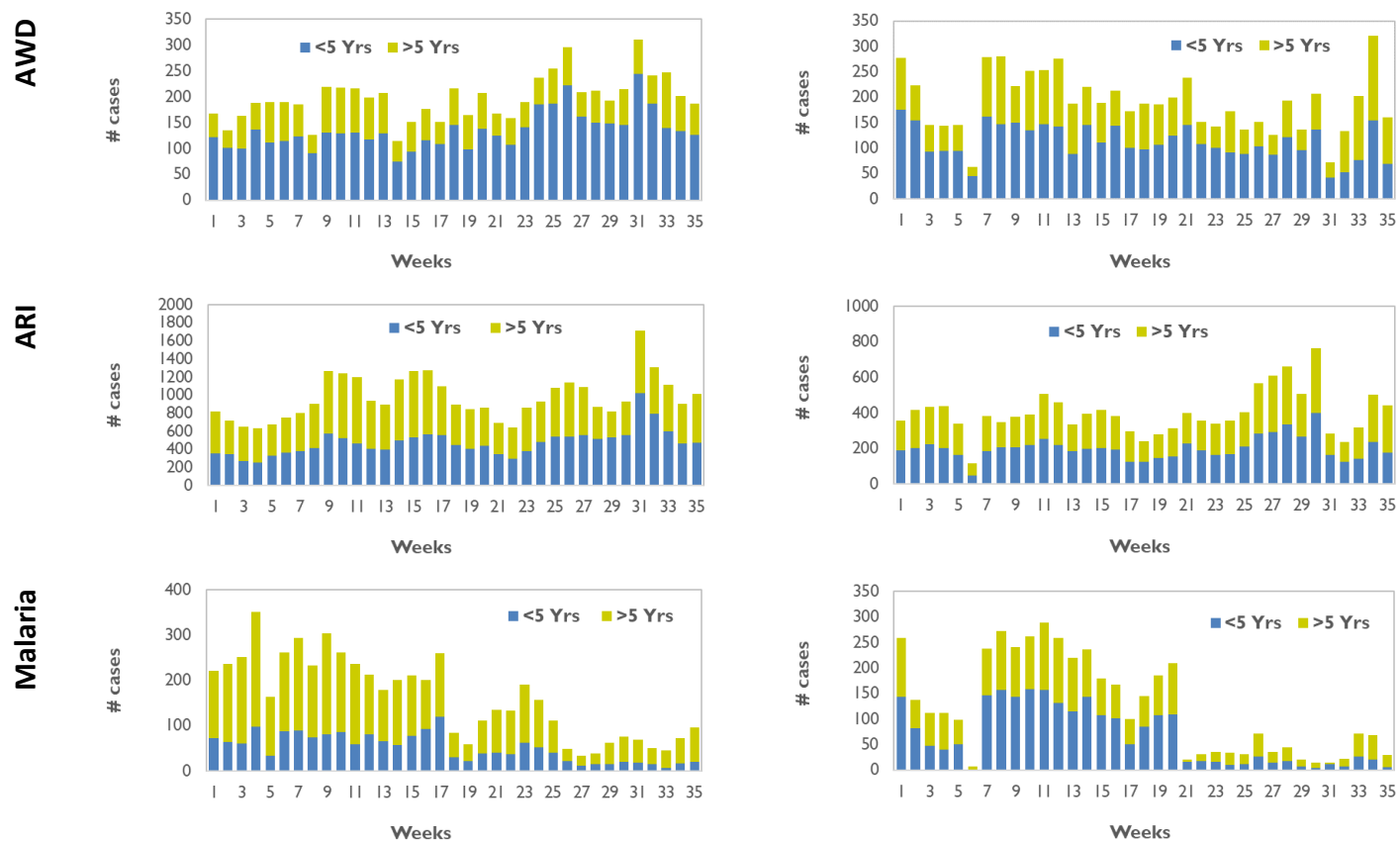


% of priority diseases amongst all consultations



* IMC data for Malakal PoC not available for week 6-8 and for Malakal town not available for week 6.

Number of AWD, ARI and Malaria cases with % of under 5 and over 5 by epidemiological week



Partner Implementation Key Highlights

- **IOM** – established three point of entry (PoE) screening sites at Yei Airport and Kaya border points and Yei RRC point of control in Yei River State; continuously participating in ongoing assessment to identify up to eight (8) PoC screening locations including the already established ones; IOM provided 30 942 consultations in seven IOM static clinics in Wau, Bentiu and Malakal PoCs and collections sites as well as in four IOM-supported mobile clinics; kicked off the implementation of the Accelerated and Integrated HIV Response for Uniformed Forces and Surrounding Communities in the (former) Jonglei State.
- **CARE International** –providing an integrated of HIV and TB programming in Ruweng State Hospital; carried out sexual education, adolescent health, hygiene promotion and demonstration of hand washing, distributed handwashing facilities to the schools and distribution of sanitary pads to school going girls in Ruweng State reaching 2 084 students (1 271 boys and 813 girls); conducted training on infection prevention and control, expanded programme on immunization (EPI) and monitoring and evaluation for health workers as well as community leader’s sensitization of Family planning in Greater Pariang.
- **Christian Mission Aid (CMA)**–with support from UNICEF trained 165 volunteers on EPI vaccination and vaccine management in Fangak County to implement Maternal Neonatal Tetanus Elimination (MNTE) campaign and vaccinated a total of 19 695 (Boys-8854, Girls-10,841) children between the 6-59 months with Measles vaccine and 12,450 (Pregnant-2,006, WCBA-10,444) women with Tetanus toxoid vaccine.
- **LiveWell** – conducted 1 305 consultations; reached 2 611 people with hygiene promotion messages in Yirol East; children received malaria treatment; conducted 4 626 consultations in Pibor and distributed 1 050 mosquito nets to IDPs in Juba.
- **IMC** – continued the provision of a comprehensive and integrated health and nutrition services including outpatient consultations, expanded program on immunization, nutrition, reproductive health, and gender based violence, mental health and psychosocial support at its health facilities in PoCs of Malakal, Wau and Juba, Nyal and Maban.
- **The MENTOR Initiative** – conducted larval source management entomological surveillance in Malakal PoC; Larval source management Entomological surveillance Fly control in Bentiu PoC and distributed malaria commodities in Maban Refugee sites.

- WHO** – In addition to the on-going support to the EVD preparedness activities, WHO prepositioned an assorted consignment of materials including 3 tents, a set of 5 PPE, furniture and 5 infrared thermometers to each location in Wau, Yambio, Nimule and Yei to set up Ebola screening sites; deployed five state support teams to priority points of entry to set up new screening posts and isolation sites at additional points of entry and to enhance the performance of existing ones. The prioritized points of entry include airports with international flights and ground crossings with significant traffic and those bordering the DRC, including Juba International Airport, Nimule, Bazi, Kaya, Wau Airport, Gangura and Sakure; conducted a five-day training of 23 state malaria coordinators, state malaria monitoring and evaluation officers and national malaria control programme staff to improve their skills in malaria surveillance, Monitoring and Evaluation including malaria epidemic preparedness and response; provided 4 Rota Virus kits, 9 Rubella IgM kits, 4 Measles IgM kits and 2 Supplementary; conducted a training of partners from the former Jonglei and Unity States on Nutrition Sentinel Site Surveillance System; provided 100 treatments for rehydrating children with severe acute malnutrition in Renk ; conducted a risk assessment focusing on the population immunity and AFP surveillance in response to the circulating vaccine-derived poliovirus (VDPV2) in the Horn of Africa; in partnership with UNKEA commenced multi-vaccine campaigns (OPV, Measles, MenAfriVac) in Nasir County; upgraded the existing Juba International Airport screening site; procured assorted re-usable materials including cleaning materials, tents, batteries worth 22,000 \$US required for setting up and running the temporary screening areas at the border points; dispatched 1000 sachets of ORS (that can manage 500 cases of moderate dehydration), 29 Kits of Basic Malaria module that can provide treatment for 13,775 cases of uncomplicated malaria, 4 Supplementary Malaria Modules that can provide treatment for 140 severe malaria cases and 6 Basic units of the IEHK that can provide treatment of common diseases for 6000 people for a period of three months and 600 vials of Ambisome Injection to HSE, ALIMA, MSF France and HAA in Mundri East; distributed 4 Kits of IEHK Basic Malaria Module to treat 4000 people at PHCU and community levels for three months, 4 kits of IEHK Supplementary Malaria Module for 40,000 people with severe malaria in Hospitals and PHCCs to GOAL; prepositioned 5 kits of Nifurtimox Eflornithine Combination Therapy (NECT) to treat 20 patients in stage 2 of HAT; 125 vials of Pentamidine to treat 50 patients for stage 1 of HAT; 5 kits of CATT reagents and ikit of CATT accessories for diagnosing 500 suspected cases of HAT; 730 vials of Sodium Stibogluconate to treat 146 patients; 5 boxes of 24 Kala azar test strips to test 120 KA suspected cases; 50 vials of Ambisome to treat KA special cases (pregnant women, Elderly , severely ill with anaemia or malnutrition in Tambura, Yei, Yambio, Maridi and Nimule; mobile medical team was deployed to Yirol East county to support the implementing partners and county health department in conducting a catch-up measles vaccination campaign targeting over 32 000 children 6-59 months old; provided technical support to the MoH in initiating the rotavirus diarrhea sentinel surveillance in Al Sabah Children hospital and Kator PHCC.
- UNICEF** – vaccinated 13 330 (male 6 987 and female 6 343) with oral polio vaccine, 11,475 (male 5 912 and female 5 563) with measles vaccine, 1 129 pregnant women with tetanus toxoid vaccines; conducted 5422 (2376 children under 5) curative consultations and distributed 3 220 long-lasting insecticidal nets (LLINs) in Udo -Baggari in Wau County and Bor- Meridia in Raja County in the former Western bahr el Ghazal State and Kock and Bieh in Koch county and Padeah and Thornyor in Leer county in the former Unity State.

Implementation Challenges

- The threats from PoC Youth in Malakal directed to staff from Equatorials has disrupted health activities as some of NGO staff were not allow to enter in the POC. This made difficult to run 24/7 our facilities within the POC. This affected reproductive health and mental health mainly.
- Lack of ambulance to facilitate night referrals from IMC Wau health facility to the nearest hospitals.

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