South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W14 2019 (Apr 01-Apr 07)



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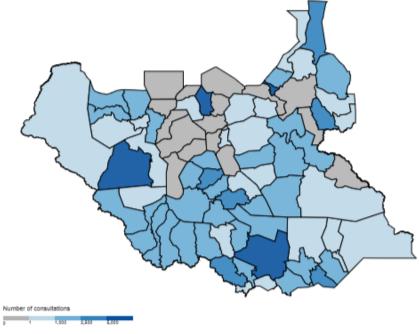
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Sources of data

- 1. Weekly IDSR Reporting Form
- 2. Weekly EWARS Reporting Form

Access and Utilization | Map of consultations by county





Hub	W14	2019
Aweil	7,628	167,685
Bentiu	8,871	291,503
Bor	9,493	139,418
Juba	12,487	257,565
Kwajok	1,804	145,561
Malakal	16,286	252,273
Rumbek	14,277	421,012
Torit	9,188	165,060
Wau	8,582	162,933
Yambio	13,376	190,253
South Sudan	101,992	2,193,263

The total consultation in the country for week 14 of 2019 is 101,1992 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

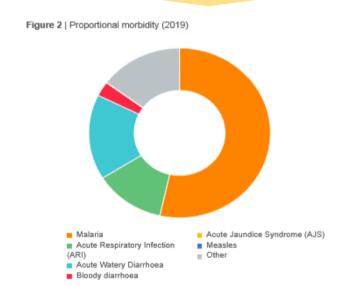
Acute Acute

Syndrome	W14		2019					
	# deaths	% mortality	# deaths	% mortality				
Malaria	14	23.7%	1,319	0.0%				
ARI	11	18.6%	150	0.0%				
AWD	9	15.3%	268	0.0%				
Bloody diarrhoea	4	6.8%	135	0.0%				
AJS	9	15.3%	65	0.0%				
Measles	0	0.0%	46	0.0%				
Other	12	20.3%	9,334,202	100.0%				
Total deaths	59	100%	9,336,185	100%				

Figure 1, above shows the proportional mortality for 2019, with Malaria being the main cause of mortality accounting for 23.7% of the deaths for week 14 of 2019, followed by other and ARI.

Proportional morbidity

Bloody diarrhoea



Syndrome	W14		2019					
	# cases	% morbidity	# cases	% morbidity				
Malaria	23,574	44.3%	605,924	53.5%				
ARI	9,119	17.1%	142,571	12.6%				
AWD	7,909	14.9%	183,321	16.2%				
Bloody diarrhoea	1,437	2.7%	31,633	2.8%				
AJS	2	0.0%	120	0.0%				
Measles	28	0.1%	579	0.1%				
Other	11,165	21.0%	168,035	14.8%				
Total cases	53,234	100%	1,132,183	100%				

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 23.574 (44.3%) followed by Other, ARI,AWD respectively for week 14 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 (W14)

175000

125000

75000

50000

Acute Watery Diarrhoea
 Acute Jaundice Syndrome (AJS)

Measles

IDSR Proportionate morbidity trends - in relatively stable states

Total consultations

Acute Respiratory Infection (ARI)

Malaria

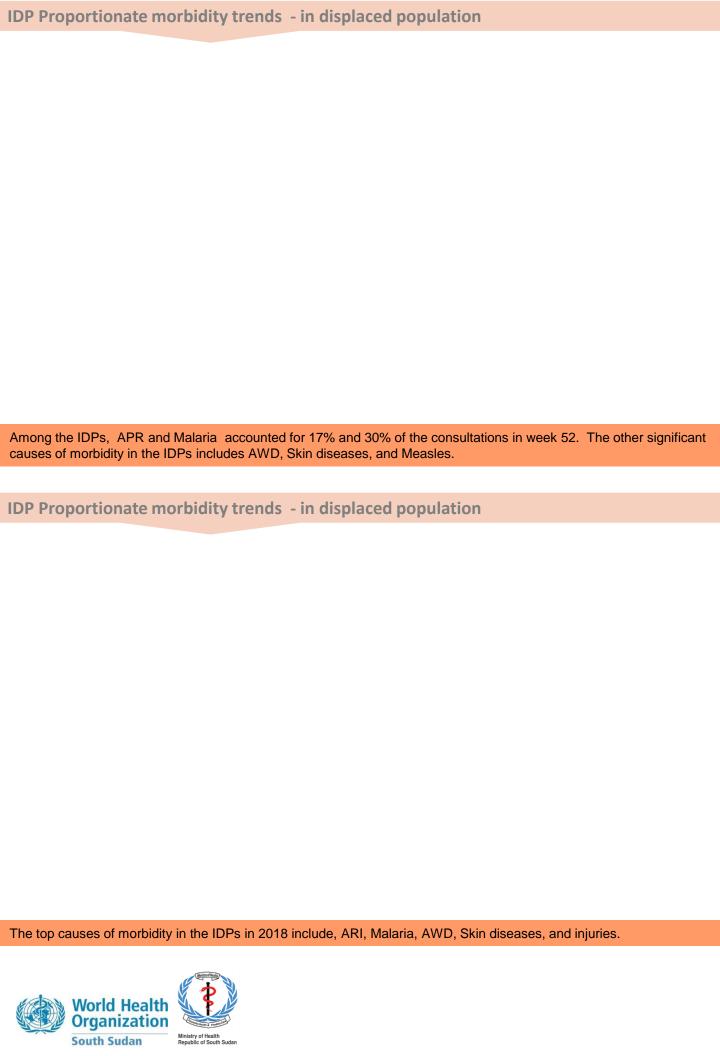
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In the relatively stable states, malaria is the top cause of morbidity accounting for 29.6% of the consultations in week 52 (representing a decline from 29.3% in week 51).

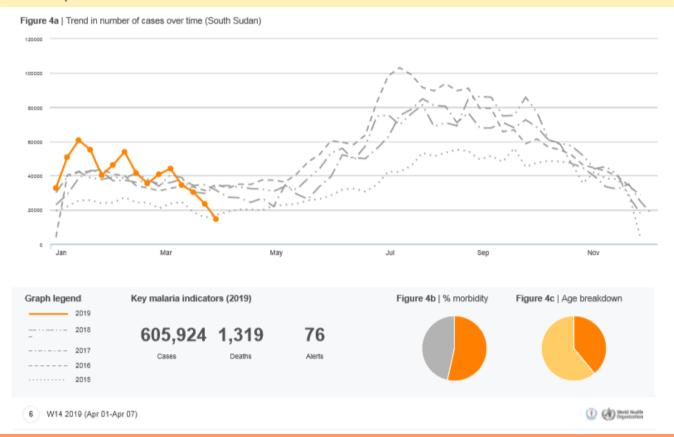




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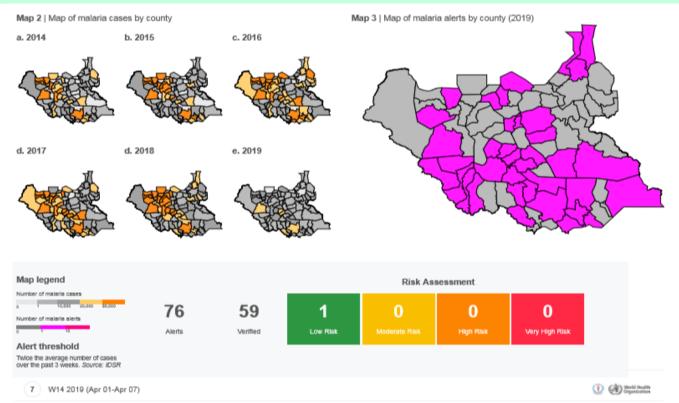


Malaria | Trends over time



Malaria is the top course of Morbidity in the country, a total of 605,924 cases with 1,319 deaths registered for week since the beginning of 2019.

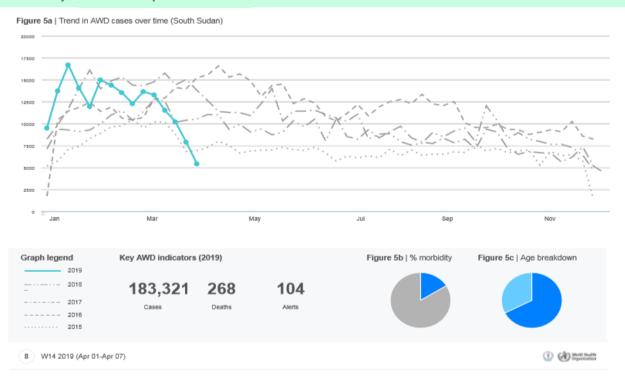
Malaria | Maps and Alert Management



There are a of total of 76 malaria alerts which have been triggered, 59 of those were verified. The Maps above indicate the location reporting malaria alerts from 2014, 2015, 2016, 2017, 2018 and 2019.

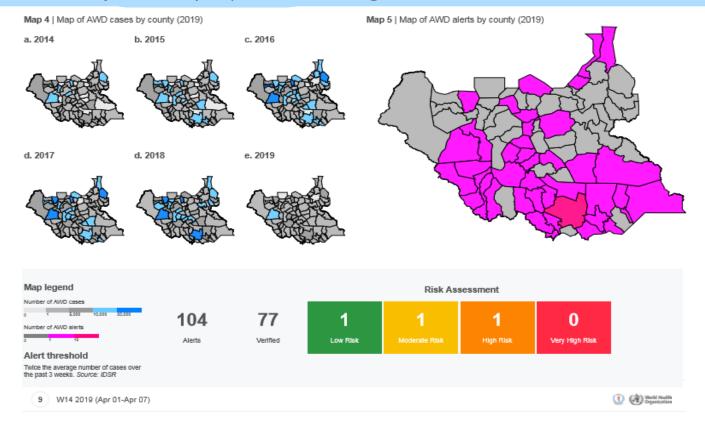


Acute Watery Diarrhoea | Trends over time



AWD is one of the top causes of morbidity in the country with 183,321 cases reported in week since the beginning of 2019 including 268 deaths. AWD trend for week 14 of 2019,is below 2014,2015, 2016,2017 and 2018, as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management



The number of AWD alerts triggered from week 01 to 14 of 2019 is 104, out of which 77 were verified. Maps above highlight the areas reporting AWD alerts from 2014 to 2019.

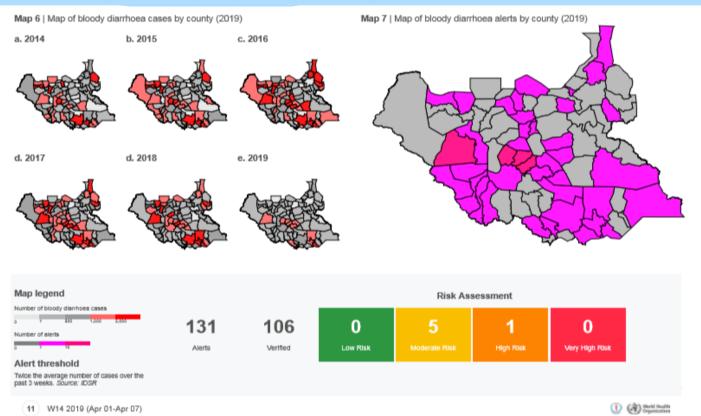


Acute Bloody Diarrhoea | Trends over time



From Week 1to 14 of 2019, a total of 31,633 cases of ABD have been reported country wide with 135 deaths. ABD trend for 2019 is below 2014, 2015, 2016, 2017 and 2018 respectively. Refer to figure 6a, above.

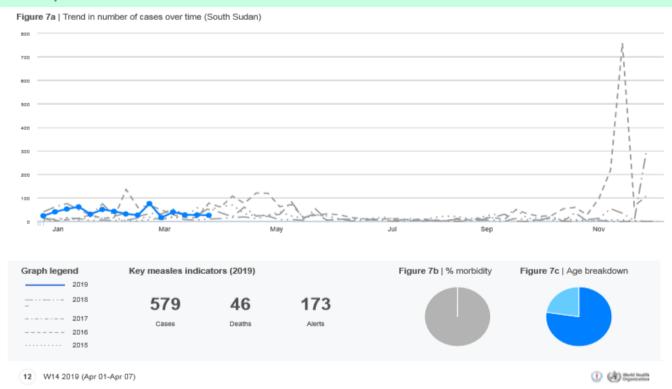
Acute Bloody Diarrhoea | Maps and Alert Management



Total of 131 alerts were generated in week 1 to 14 of 2019, of which 106 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2014 to 2019 are shown above.

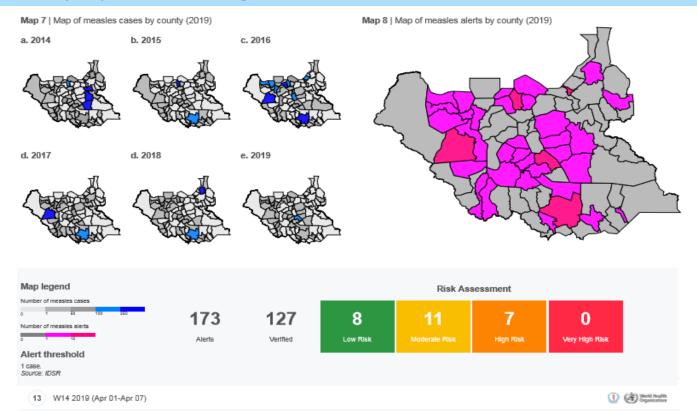


Measles | Trends over time



Since the year 2019 began, there are 579 suspect measles cases including 46 deaths (CFR 7.94%)have been reported.

Measles | Maps and Alert Management



In week 1 to 14 of 2019, 173 alerts of measles were triggered and 127 of those have been verified at county level. Maps of areas raising alerts from 2014 to 2019are shown above.



Table 6 | Proportional mortality by cause of death in IDPs W01 2018

Among the IDPs, mortality data was received from Bentiu POC & Juba 3 in week 50. (Table 6). **A total of 11** deaths were reported during the week; in Juba 3 (3), Bentiu POC (8) in the week. During the week, 9 (60%) of the deaths were recorded among children ≥5yrs in (Table 6).

The causes of death during week52 are shown in Table 6.





The U5MR in all the IDP sites that submitted mortality data in week 52 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 52 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 W52, 2018

IDP site	acute watery	cancer	MS9 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	3 1	8	2	3	55	3	30	14	1	22	25	14	1	33	7	341	573
Juba 3	:	1		5		13		3	9		3	1	1		15	7	100	159
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	1 3	9	10	6	73	3	34	26	1	27	28	16	2	48	16	468	784
Proportionate mortality [%]	2%	6 O%	1%	1%	1%	9%	0%	4%	3%	0%	3%	4%	2%	0%	6%	2%	60%	100%

A total of 784 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.



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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









