

South Sudan

Integrated Disease Surveillance and Response (IDSR)

Annexes W35 2019 (Aug. 26 – Sept. 01)

Access and Utilisation

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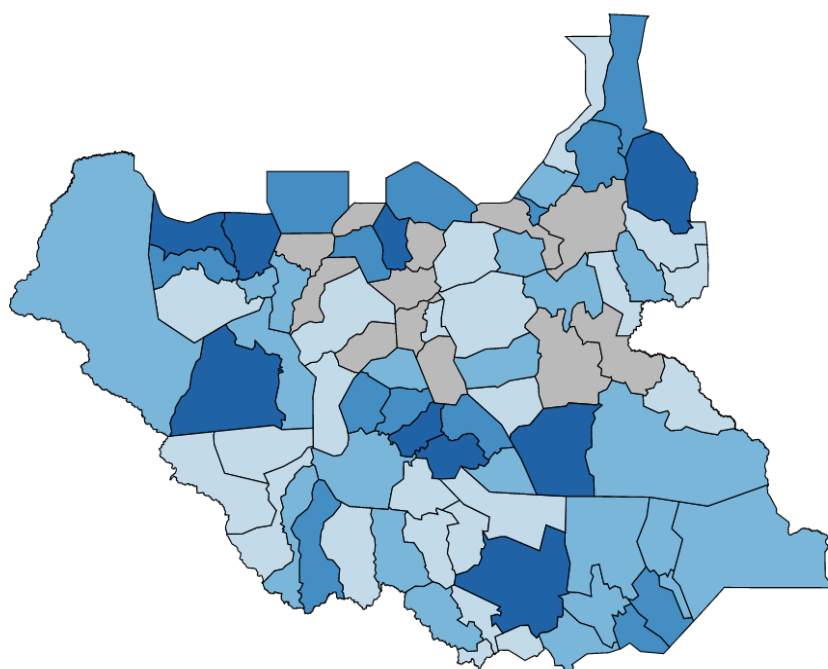
Slide 13 **Measles maps and alert management**

Sources of data

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

Access and Utilization | Map of consultations by county

Map 1 | Map of total consultations by county (W33 2019)



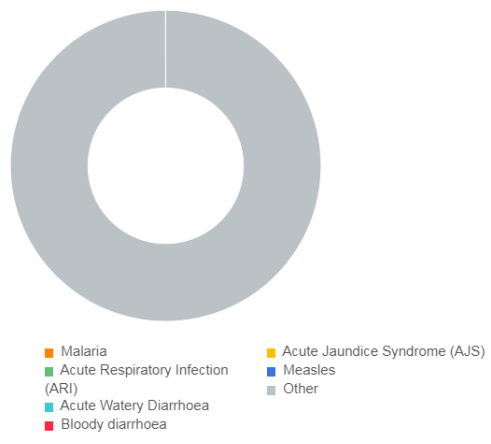
Number of consultations

Hub	W33	2019
Aweil	17,511	279,280
Bentiu	18,489	442,854
Bor	12,439	279,231
Juba	12,428	528,653
Kuajok	6,396	369,326
Malakal	19,509	318,308
Rumbek	24,410	636,399
Torit	15,516	383,871
Wau	9,015	291,793
Yambio	10,745	297,973
South Sudan	146,458	3,827,688

The total consultation in the country since week 1 of 2019 is 3,827,688 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

Figure 1 | Proportional mortality (2019)

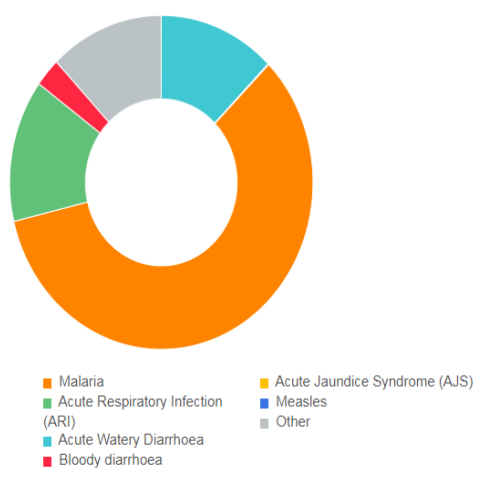


Syndrome	W35		2019	
	# deaths	% mortality	# deaths	% mortality
Malaria	387	86.6%	4,417	0.0%
ARI	3	0.7%	1,808	0.0%
AWD	5	1.1%	1,832	0.0%
Bloody diarrhoea	23	5.1%	337	0.0%
AJS	5	1.1%	199	0.0%
Measles	0	0.0%	91	0.0%
Other	24	5.4%	7,009,641,645	100.0%
Total deaths	447	100%	7,009,650,329	100%

Figure 1, above shows the proportional mortality for 2019, with malaria being the main cause of mortality accounting for 86.6% of the deaths since week 1 of 2019, followed by ARI, AWD and ABD

Proportional morbidity

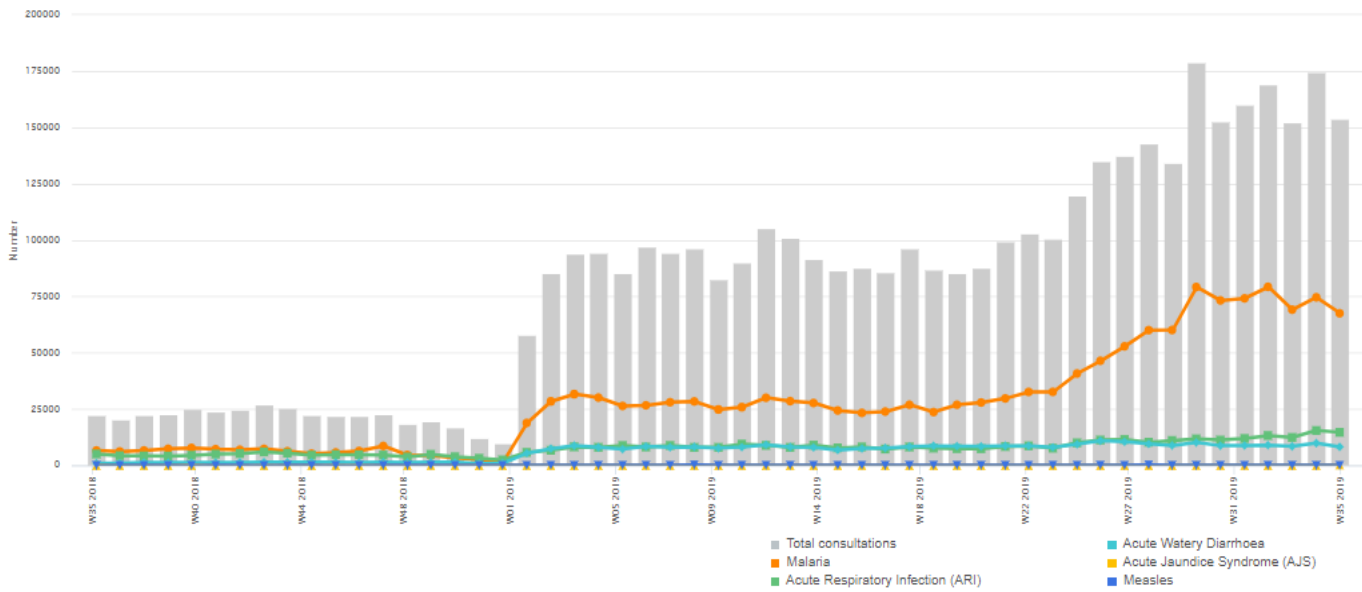
Figure 2 | Proportional morbidity (2019)



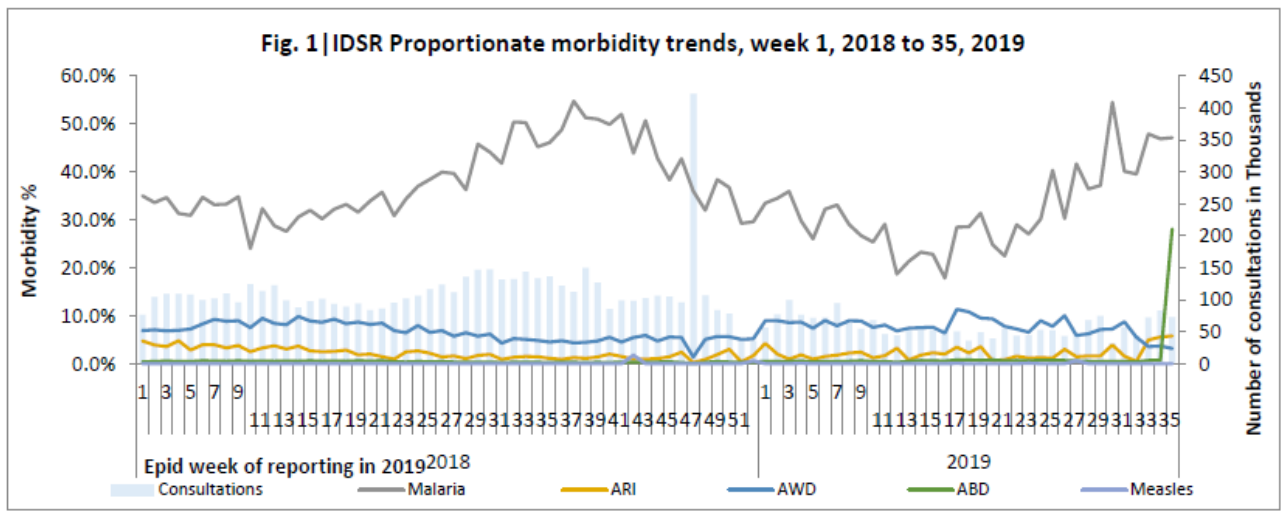
Syndrome	W35		2019	
	# cases	% morbidity	# cases	% morbidity
Malaria	67,537	55.9%	1,405,853	58.7%
ARI	14,716	12.2%	330,730	13.8%
AWD	8,249	6.8%	297,875	12.4%
Bloody diarrhoea	20,914	17.3%	66,649	2.8%
AJS	244	0.2%	511	0.0%
Measles	23	0.0%	1,876	0.1%
Other	9,107	7.5%	290,958	12.2%
Total cases	120,790	100%	2,394,452	100%

Figure 2, indicates the top causes of morbidity in the country, with malaria being the leading cause of morbidity 67,537 (55.9%) followed by ARI, AWD and ABD respectively since week 1 of 2019. refer to the figure above for more information.

Figure 3 | Trend in total consultations and key diseases (W35)

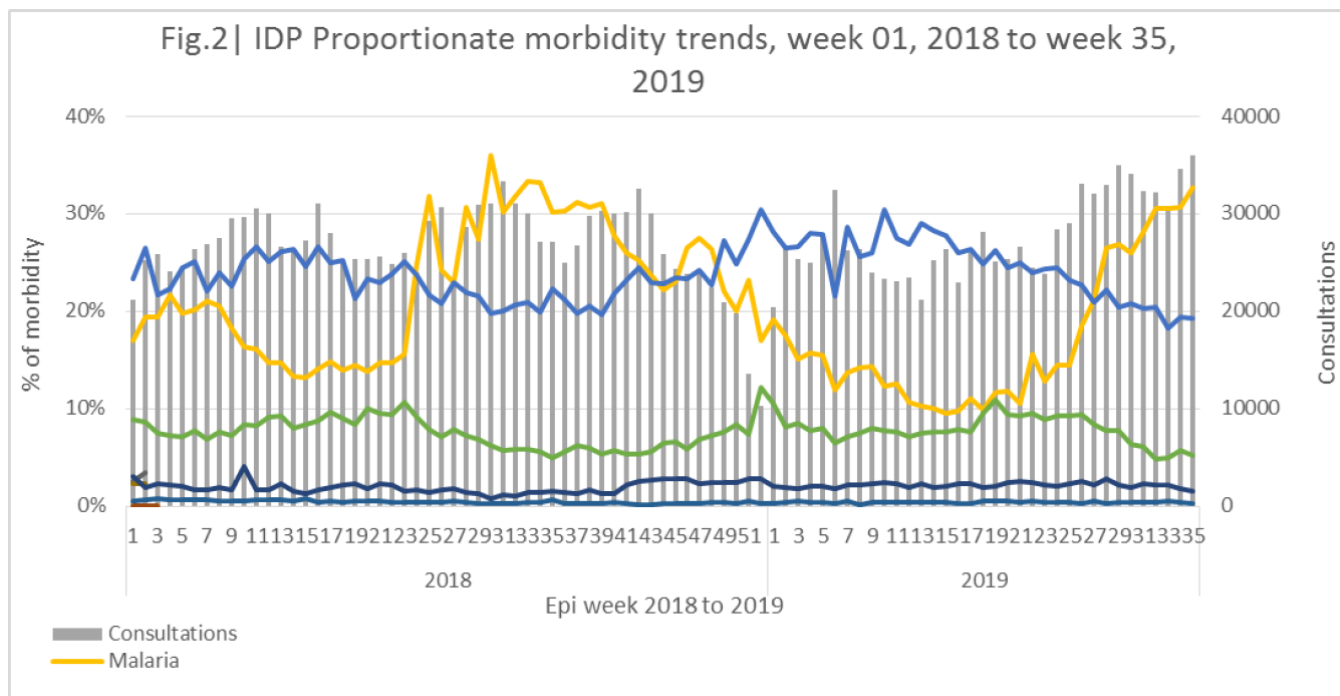


IDSR Proportionate morbidity trends - in relatively stable states



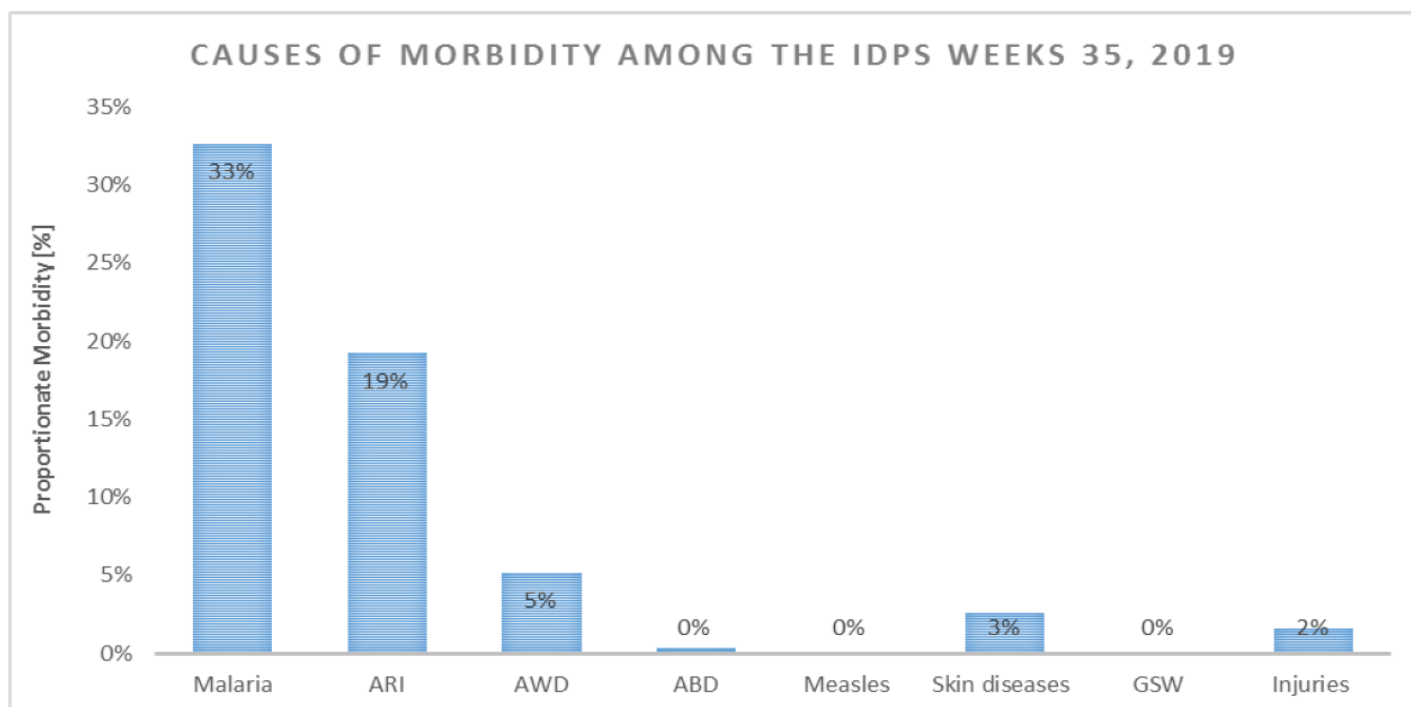
In the relatively stable states, malaria is the top cause of morbidity accounting for 47.2 % of the consultations in week 35 (representing an increase from 46.9% in week 34).

IDP Proportionate morbidity trends - in displaced population



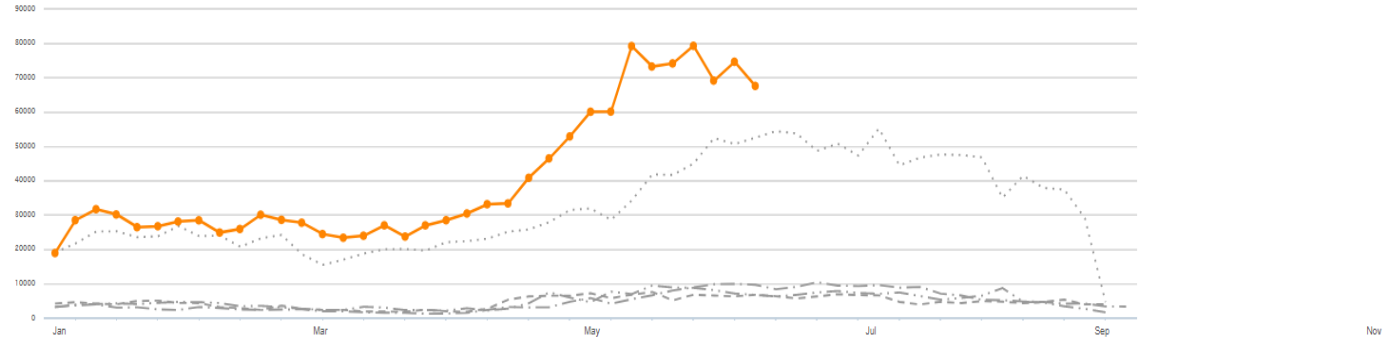
Among the IDPs, ARI and Malaria accounted for 33% and 19% of the consultations in week 35. The other significant causes of morbidity in the IDPs includes AWD, Skin diseases, and injuries.

IDP Proportionate morbidity trends - in displaced population



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

Figure 4a | Trend in number of cases over time (South Sudan)

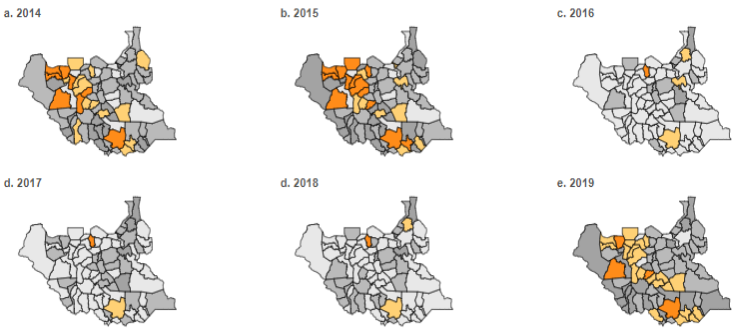


<p>Graph legend</p> <ul style="list-style-type: none"> — 2019 - - - 2018 - · - · - 2017 - - - - - 2016 ····· 2015 	<p>Key malaria indicators (2019)</p> <p>1,408,232 418 488</p> <p>Cases Deaths Alerts</p>	<p>Figure 4b % morbidity</p>	<p>Figure 4c Age breakdown</p>
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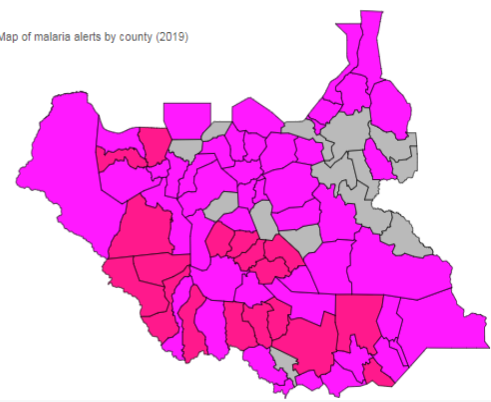
Malaria is the top cause of Morbidity in the country, a total of 1,408,8232 cases with 4,418 deaths registered since week 1 of 2019. malaria trend for week 35 of 2019 is above 2015,2016,2017 and 2018 as shown in the figure 4a, above.

Malaria | Maps and Alert Management

Map 2 | Map of malaria cases by county



Map 3 | Map of malaria alerts by county (2019)

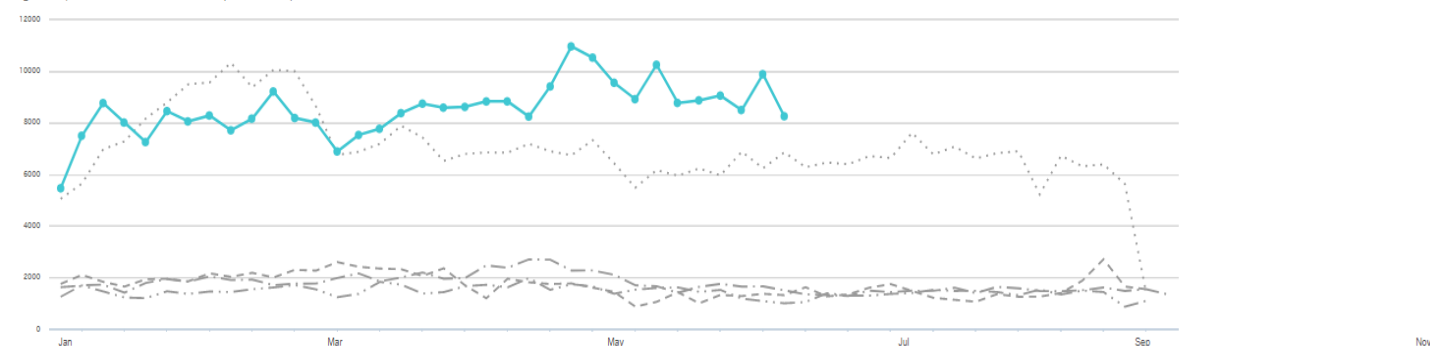


<p>Map legend</p> <p>Number of malaria cases</p> <p>Number of malaria alerts</p> <p>Alert threshold Twice the average number of cases over the past 3 weeks. Source: IDSR</p>	<p>488 324</p> <p>Alerts Verified</p>	<p>Risk Assessment</p> <table border="1"> <tr> <td style="background-color: #28a745; color: white; text-align: center;">2 Low Risk</td> <td style="background-color: #ffc107; color: white; text-align: center;">0 Moderate Risk</td> <td style="background-color: #ffc107; color: white; text-align: center;">2 High Risk</td> <td style="background-color: #dc3545; color: white; text-align: center;">10 Very High Risk</td> </tr> </table>	2 Low Risk	0 Moderate Risk	2 High Risk	10 Very High Risk
2 Low Risk	0 Moderate Risk	2 High Risk	10 Very High Risk			

Since the beginning of the year, a total of 488 malaria alerts have been triggered, 324 of those were verified. The Maps above indicate the location reporting malaria alerts from, 2015, 2016, 2017, 2018, and 2019.

Acute Watery Diarrhoea | Trends over time

Figure 5a | Trend in AWD cases over time (South Sudan)



Graph legend

- 2019 (Solid blue line)
- 2018 (Dotted line)
- 2017 (Dashed line)
- 2016 (Dash-dot line)
- 2015 (Dotted line)

Key AWD indicators (2019)

298,430	1,840	488
Cases	Deaths	Alerts

Figure 5b | % morbidity

Figure 5c | Age breakdown

AWD is one of the top causes of morbidity in the country with 298,430 cases reported since week 1 of 2019 including 1,840 deaths. AWD trend for week 35 of 2019, is above 2015, 2016, 2017 and 2018 as shown in figure 5a, above.

Acute Watery Diarrhoea | Maps and Alert Management

Map 4 | Map of AWD cases by county (2019)

a. 2014 b. 2015 c. 2016

d. 2017 e. 2018 e. 2019

Map 5 | Map of AWD alerts by county (2019)

Map legend

Number of AWD cases: 0, 5,000, 10,000, 20,000

Number of AWD alerts: 0, 5, 10

Alert threshold
Twice the average number of cases over the past 3 weeks. Source: IDSR

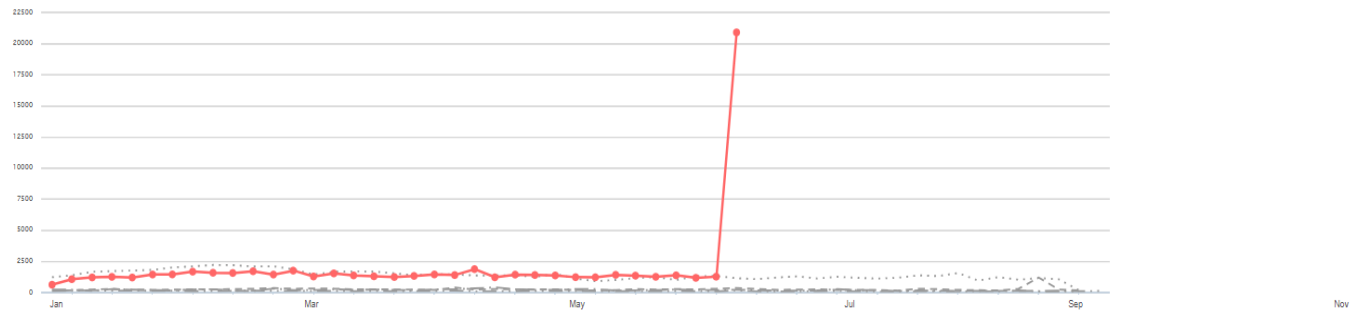
Risk Assessment

488 Alerts	332 Verified	1 Low Risk	2 Moderate Risk	3 High Risk	0 Very High Risk
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The number of AWD alerts triggered since week 1 of 2019 is 488 out of which 332 were verified. Maps above highlight the areas reporting AWD alerts from 2015 to 2019.

Acute Bloody Diarrhoea | Trends over time

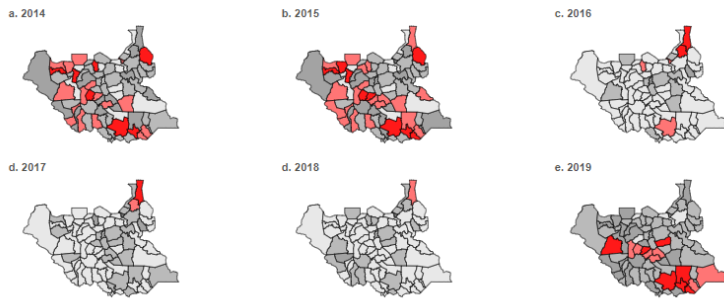
Figure 6a | Trend in bloody diarrhoea cases over time (South Sudan)



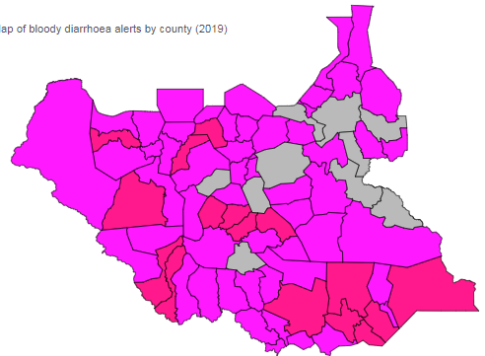
Since week 1 of 2019, a total of 66,726 cases of ABD have been reported country wide including 337 deaths. ABD trend for week 35 of 2019 is shooting up hence above 2015, 2016, and 2017. Refer to figure 6a, above.

Acute Bloody Diarrhoea | Maps and Alert Management

Map 6 | Map of bloody diarrhoea cases by county (2019)



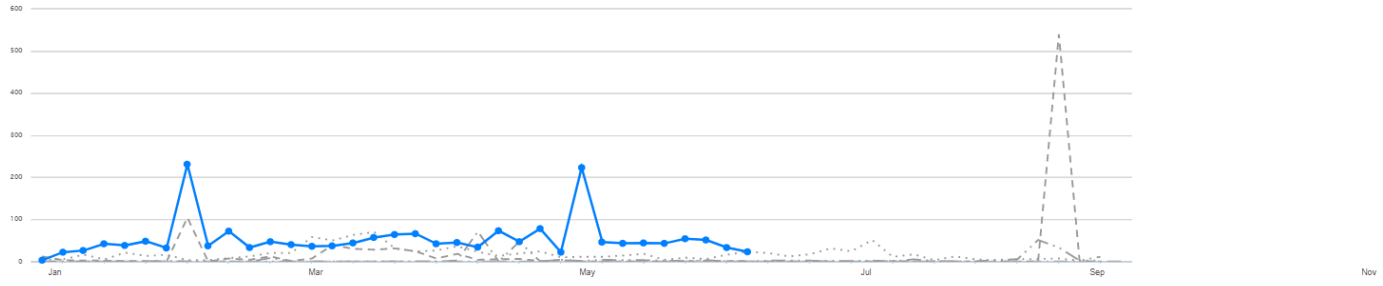
Map 7 | Map of bloody diarrhoea alerts by county (2019)



Total of 474 alerts were generated since week 1 of 2019, of which 291 were verified by the county surveillance team. Maps indicating areas triggering alerts since 2015 to 2019 are shown above.

Measles | Trends over time

Figure 7a | Trend in number of cases over time (South Sudan)

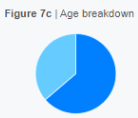
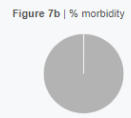


Graph legend

—	2019
- - - - -	2018
.....	2017
.....	2016
.....	2015

Key measles indicators (2019)

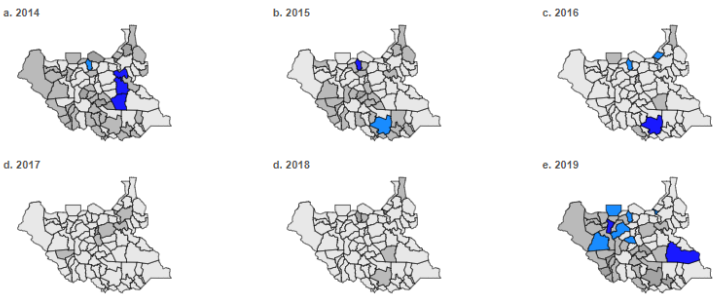
1,876	91	453
Cases	Deaths	Alerts



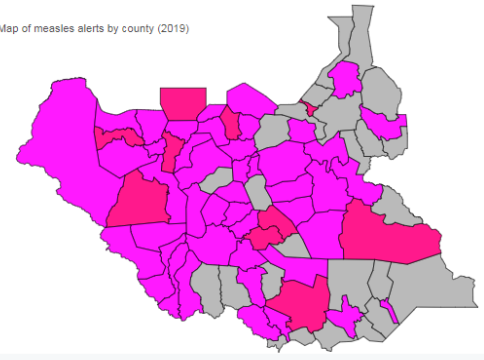
Since the beginning of 2019, at least 1,876 suspect measles cases including 91 deaths. Have been reported through the EWARS website. Measles trend for week 35 of 2019 is declining as shown in the graph above

Measles | Maps and Alert Management

Map 7 | Map of measles cases by county (2019)



Map 8 | Map of measles alerts by county (2019)



Map legend

Number of measles cases: 0, 50, 100, 200

Number of measles alerts: 0, 10, 20

Alert threshold
1 case.
Source: IDSR

453	285	10	12	21	7
Alerts	Verified	Low Risk	Moderate Risk	High Risk	Very High Risk

Risk Assessment

Since week 1 of 2019, 453 alerts of measles were triggered and 285 of those have been verified at county level. Maps of areas raising alerts from 2015 to 2019 are shown above.

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

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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>

