

REPUBLIC OF SOUTH SUDAN



MINISTRY OF HEALTH

Weekly Update on Ebola Virus Disease (EVD) Preparedness Activities in South Sudan

Update # 50

1. Highlights of the week

- Three Ebola alerts were reported in Juba and Yambio. In response, Rapid Response Teams (RRT) were deployed for case investigation and sample collection. However, the alerts did not meet the case definition and sample was not collected.
- A team of experts from various organizations investigated cattle deaths in Yambio. The primary objective of the investigation was to know the cause of death and establish an epidemiological link with an Ebola disease virus (EVD) alerts in Yambio. Nevertheless, the blood sample tested positive for East Coast Fever that does not cause human infection. Hence, there was no epidemiological link with EVD alerts in Yambio.
- A total of 64,652 primary and 118 secondary screening were conducted in 32 points of entry across the sever high risk states. So far, 3, 090,114 cumulative screening conducted.



Figure 1. Sick live stokes in the cattle camp

2. Situation update - Democratic Republic of Congo (DRC)

- As of 3rd September, a total of 3, 049 EVD cases were reported, of which 2, 050 cases died (overall case fatality ratio 67.1%).
- Beni, Kalunguta and Mandima are the main hotspots for the epidemic, reporting respectively 22% (45/202), 14% (28/202) and 11% (22/202) of confirmed cases of the last 21 days.
- Since August 2018, a total of 212,177 people vaccinated.

3. Situation update – Uganda

- On 28th August, a 9-year Congolese girl from Rubiruha in DRC came into Uganda to seek medical care; blood sample tested positive for Ebola Zaire strain using polymerase chain reaction (PCR) tests.
- On 30th August she died at the Ebola Treatment Unit (ETU) and the body transported to DRC for burial.
- All the five contacts were Congolese including the mother. They were transferred to DRC for follow-up.

4. Public Health Preparedness and Readiness in South Sudan

4.1 Coordination

- The National Task Force (NTF) coordination meeting was conducted on the 5thSeptember 2019.

4.2 Resource mobilization

- The second National EVD Preparedness Plan with a financial requirement of US\$ 12.2 million is at 38% funding (including secured funding and confirmed commitments) status.

4.3 EPI-Surveillance and Laboratory

- Three Ebola alerts were reported in Juba and Yambio. In response, Rapid Response Teams (RRT) were deployed for case investigation and sample collection. However, the alerts did not meet the case definition and sample was not collected
- The EPI-surveillance TWG provided technical and organizational support to improve performance of 6666 hotlines at the Public Health Emergency Operation Center (PHEOC).

4.4 Case Management, IPC –WASH

- International Medical Corps (IMC) keeps minimum service at the Infection Disease Unit (IDU) for the management of EVD suspect due to lack of resources to support case management.
- Discussions are underway to ethically approve the therapeutic for EVD in South Sudan.

4.5 Border Health and Point of Entry (PoE) Screening

- For the Epi-week 36, about 64,652 primary screenings were conducted, along with 118 secondary screenings at 32 points of entry. See table 1 below for more information.

Table 1: Summary of screenings from 31 points of entry

Primary screened		Secondary screened		Alerts	
Reporting Week	Cumulative	Reporting Week	Cumulative	Reporting Week	Cumulative
64,652	3,090,114	36	2,021	0	22 generated, 8 met the case definition

4.5 Risk communication, community engagement and social mobilization (RCCE&SM)

- Summary of KAP findings and recommendations along with slide-set distributed to all partners through NTF and Risk Communication, Social Mobilization and Community Engagement (RCSMCE) TWG mailing lists.
- 30 community mobilizers from hard-to-access border areas of Morobo/Yei trained for implementing community engagement and community-based reporting activities.

5. Challenges/Gaps

- While new funding opportunities are under exploration and further donor contributions being planned, limited funding for some technical pillars and key activities continue to constrain EVD preparedness activities.
- Support to IDU in Juba is minimal due to lack of resource to support case management.
- Lack of human resource to co-lead the case management/IPC-WASH pillar.

6. Donors and partners involved in EVD preparedness and readiness

MOH, AAH, ACROSS, ALIMA, AMREF, ARC, Canada, CDC, CERF, CMMB, CONCERN, COPE, CORDAID, CUAMM, DFCA, ECHO, ECSS, GAVI, Germany, GOAL, HELP, HLSS, HPF, IFRC, CONCERN, JUHANITTER, IMC-UK, Internews, IOM, IRC, JICA, MEDAIR, MSF, OXFAM, REACH, SAC, Samaritan's Purse, Save the Children, Solidarity International, SSPDF, Ministry of Interior, SSDO, SSHF, SSRC, SSUHA, TRISS, UK/DFID, UMCOR, UNHCR, UNDP, UNICEF, UNMISS, UNOCHA, USAID/OFDA, WFP, WHO, World Bank, WVSS.

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