

REPUBLIC OF SOUTH SUDAN



MINISTRY OF HEALTH

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

Update # 51
Week 40: 29 September-5 October
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1. Highlights of the week

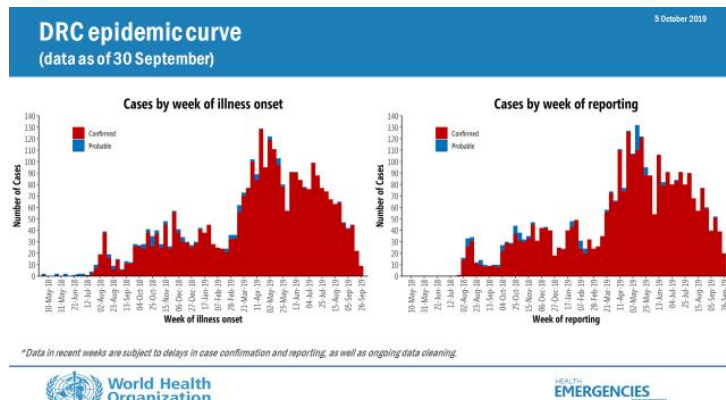
- One Ebola alert was reported in Nimule. In response, the Rapid Response Team (RRT) was deployed for case investigation and sample collection. However, the alerts did not meet the case definition and the sample was not collected.
- The East Africa Public Health Laboratory Networking Project (EAPHLNP) conducted a joint cross border meeting involving representative from Republic of Kenya, Uganda and South Sudan in Elegu Uganda from 16-18 September 2019. The objective of the meeting was to assess the level of emergency preparedness and response capacity for communicable diseases at the Kenya-South Sudan-Uganda border and identify gaps to strengthen the surveillance and response systems in the border areas.
- A total of 63, 842 primary and 110 secondary screenings were conducted at 32 points of entry across the severe high-risk states. So far, 3,436,438 cumulative screening have been conducted.



Figure 1 Participants during the cross border meeting in Elegu Uganda

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

- As of 1st October, a total of 3,194 Ebola virus disease (EVD) cases were reported, of which 2, 136 cases died (case fatality ratio 67 %).
- In the last 21 days, (9 Sep – 1 Oct 2019) 116 new confirmed EVD cases were reported in 12 health zones. Whilst this appears as if there has been a significant reduction when compared to the previous period, it is likely to represent under reporting due to limited response efforts in Mandima health zone following a major security incident in mid-September
- Since August 2018, a total of 230,489 people were vaccinated.
- 37 days have elapsed since the last confirmed case in South Kivu.



World Health Organization
Figure 2 DRC epidemic curve

HEALTH EMERGENCIES

3. Situation update – Uganda

- It has been 39 days since the last confirmed EVD case in Kasese. Since then, no new EVD case has been reported in Uganda.
- On 30th September, two alerts were identified at Mpondwe Point of Entry (PoE) that were returned to the DRC but samples were collected and dispatched to Uganda Virus Research Institute (UVRI).

4. Situational update-Tanzania

- A 34 year old female (Tanzanian national) studying in Uganda travelled from Uganda to Tanzania.
- On 27th August, she developed symptoms in Tanzania (rash, fever, bloody diarrhoea) and died on 8th September in an Ebola Treatment Unit (ETU) in Temeke.

- On 14th September the Ministry of Health (MOH) of Tanzania informed WHO that this patient tested negative for EVD. Nevertheless, the World Health Organization (WHO) recommended that secondary confirmation testing be performed at a WHO Collaborating VHF center in Uganda (UVRI).
- Surge team deployed to support WHO country office teams, MoH and Partners.
- Surveillance strengthened at all levels (health facility, community & PoEs).
- Country-wide response mode maintained, and partners coordination reinforced at national level.

5. Public Health Preparedness and Readiness in South Sudan

5.1 Coordination

- The National Task Force (NTF) coordination meeting was conducted on the 19th September 2019.
- State Task Force meetings took place in Yei, Yambio, Jubek, Maridi and Nimule. The meeting minutes and action points were shared among TWGs for review and follow-up
- On 30th September, the inter TWGs members reviewed the South Sudan Humanitarian Response Plan (HRP) to ensure the integration of the EVD preparedness and readiness plan in the HRP.

5.2 Resource mobilization

- Following the mid-term review of the operational plan, financial requirements for EVD preparedness was revised to US \$ 16.7 million from \$12.2 million for the period April-December 2019. World Bank funding of US \$ 10.064 was received by UNICEF and has been allocated to various partners across the different response pillars.

5.3 EPI-Surveillance and Laboratory

- One Ebola alert was reported in Nimule on 23 September 2019. In response, the Rapid Response Team (RRT) was deployed for case investigation and sample collection. However, the alert did not meet case definition and the sample was not collected.
- The EPI-Surveillance Technical Working Group (TWG) developed an EVD alert after-action review and situation report template for inclusion in the standard operating procedure (SoP).
- A community-based surveillance (CBS) workshop was organized among TWGs partners supported by the United states Agency for International development (USAID). The objective of the workshop was to harmonize the CBS strategy for South Sudan among implementing partners based on WHO recommendations.
- The laboratory technical expert commenced on 23rd September to finalise the establishment of the PCR laboratory.
- The glove box and autoclave were installed. Civil works for installing window pass boxes are in process.
- Workflow has been established and since Thursday 3rd October PCR analysis has been undertaken with ongoing training.
- The laboratory operational plan has been completed and rolling budget requirements established.

5.4 Case Management, IPC –WASH

- International Medical Corps (IMC) resumed full activity at Dr John Grange Infection Disease Unit (IDU) with funding support from the World Bank.
- Meetings with relevant partners and the MoH for therapeutic drugs are underway for EVD in South Sudan.

5.5 Border Health and Points of Entry (PoE) Screening

- A total of 63,842 primary and 110 secondary screenings were conducted at 32 points of entry across the seven high-risk states. So far, 3,436,438 cumulative screening conducted

Table 1: Summary of screenings from 31 points of entry.

Primary screened		Secondary screened		Alerts	
Reporting Week	Cumulative	Reporting Week	Cumulative	Reporting Week	Cumulative

63, 842	3,436,438	38	2774	0	22 generated, 8 met the case definition
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5.6 Risk communication, community engagement and social mobilization (RCCE&SM)

- Summary of KAP findings and recommendations along with a slide-set was distributed to all partners through the NTF and Risk Communication, Social Mobilization and Community Engagement (RCSMCE) TWG mailing lists.

6. Challenges/Gaps

- Incentives for screeners working at Juba International Airport (JIA), Nimule Ground Crossing and Wau have been cleared by WHO for July and August 2019
- Airline are not distributing the screening forms onboard, hence causing a lot of delay on arrival.
- Lack of Operational support for PHEOC as WHO didn't received any funding in the second EVD operational Plan

7. 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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NB: This update is produced by the Ministry of Health and World Health Organization and disseminated by Ministry of Health's PHEOC Watch Team.