

# South Sudan

**Integrated Disease surveillance and response (IDSR)**

**Epidemiological Bulletin Week 37 of 2020 (September 07-September 13)**



World Health  
Organization  
South Sudan



- In week 37, 2020 IDSR reporting completeness was 90% and timeliness was 78% at health facility level. EWARN reporting completeness and timeliness were 81%
- Of the 78 alerts in week 37, 2020; 92% were verified 0% were risk assessed and 0% required a response. Malaria (20), AWD (30), ARI (10), measles (0) and bloody diarrhea (13) were the most frequent alerts in week 37, 2020
- Malaria remains the top cause of morbidity and accounted for 102,056 cases (62.% of OPD cases)
- A total of 1,203 COVID-19 alerts have been investigated with 1,023 (85.0%) being verified. Total of 2,644 COVID-19 confirmed cases and 49 deaths, CFR of 1.8%

# SURVEILLANCE PERFORMANCE



For the Integrated Disease Surveillance (IDSR)  
network and Early warning alert and response  
network (EWARN)



# IDSR timeliness & completeness performance at county level for week 37 of 20202



Completeness States Ranking	States	Supporting Partners	Total No. of Functional Health Facilities in the State	No. of HF's Reported on Time	Timeliness Percentage	No. of HF's Reported regardless of Time	Completeness Percentage
1 <sup>st</sup>	Warrap	GOAL, CCM, WVI, Malaria Consortium, UNKEA, Save the Children, MSF	119	114	96%	115	97%
2 <sup>nd</sup>	WBGZ	Cordaid, Healthnet TPO, CARE International, IOM	75	65	87%	73	97%
3 <sup>rd</sup>	WES	AMREF, World Vision, CUAMM, CDTY, OPEN	213	148	69%	202	95%
4 <sup>th</sup>	Lakes	Doctors with Africa (CUAMM), LIVEWELL	113	102	90%	105	93%
5 <sup>th</sup>	EES	Cordaid, HLSS, CCM	142	109	77%	130	92%
6 <sup>th</sup>	NBGZ	Malaria Consortium, Healthnet TPO, IRC, CEDS, IHO	131	108	82%	118	90%
7 <sup>th</sup>	Upper Nile	Cordaid, WVI, RI, IMC, NIDO, UNKEA, MC, SSAID, Samaritans Purse	119	93	78%	107	90%
8 <sup>th</sup>	CES	HLSS, SSUHA, Healthnet TPO, IHO, GOAL, TRI-SS, THESO	118	82	69%	103	87%
9 <sup>th</sup>	Jonglei	Nile Hope, MDM, JDF, Livewell, CMD, HFO, EDA, CRADA, Malaria Consortium, CMA	103	74	72%	75	73%
10 <sup>th</sup>	Unity	Cordaid, UNIDOR, IRC, CHADO, CARE International, CRADA, CASS	88	52	59%	66	75%
	<b>South Sudan</b>		<b>1221</b>	<b>947</b>	<b>78%</b>	<b>1094</b>	<b>90%</b>

## KEY

	<60%	Poor
	61%-79%	Fair
	80%-99%	Good
	100%	Excellent

The timeliness of IDSR reporting (supported by EWARS mobile) at health facility level was 78% and completeness was 90%. 8 states were above the target of 80% with highest reporting rate in Warrap and WBGZ.

# IDSR timeliness & completeness performance at county level for week 37 of 2020 (1)



STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
WBGZ	Wau	Cordaid	27	28	104%	28	104%
Lakes	Rumbek North	Doctors with Africa (CUAMM)	7	7	100%	7	100%
Lakes	Rumbek Centre	Doctors with Africa (CUAMM)	23	23	100%	23	100%
NBGZ	Aweil South	Malaria Consortium(MC),IHO	9	9	100%	9	100%
CES	Terekeka	HealthNetTPO	20	20	100%	20	100%
CES	Yei	SSUHA	17	16	94%	17	100%
Lakes	Wulu	Doctors with Africa (CUAMM)	14	13	93%	14	100%
Lakes	Cueibet	Doctors with Africa (CUAMM)	15	13	87%	15	100%
CES	Kajo Keji	SSUHA,GOAL,TRI-SS	16	15	94%	15	94%
WBGZ	Jur River	Cordaid	35	25	71%	33	94%
NBGZ	Aweil Centre	Malaria Consortium(MC)	15	14	93%	14	93%
Lakes	Rumbek East	Doctors with Africa (CUAMM)	24	22	92%	22	92%
Lakes	Yirol West	Doctors with Africa (CUAMM)	12	11	92%	11	92%
NBGZ	Aweil West	HealthNetTPO	37	25	68%	34	92%
NBGZ	Aweil North	HealthNetTPO,IHO	33	30	91%	30	91%
CES	Juba	HLSS	45	12	27%	40	89%
Lakes	Awerial	Doctors with Africa (CUAMM)	7	6	86%	6	86%
WBGZ	Raja	HealthNetTPO	14	12	86%	12	86%
NBGZ	Aweil East	IRC,TADO	36	30	83%	31	86%
CES	Morobo	SSUHA,THESO	5	4	80%	4	80%
Lakes	Yirol East	Doctors with Africa (CUAMM),LIVWELL	11	7	64%	7	64%
CES	Lainya	SSUHA	16	7	44%	7	44%

STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
Unity	Mayom	CASS	9	9	100%	9	100%
WES	Nagero	World Vision International	10	10	100%	10	100%
WES	Maridi	AMREF	26	26	100%	26	100%
WES	Mundri East	CUAMM	19	19	100%	19	100%
WES	Mundri West	CUAMM	21	20	95%	21	100%
Unity	Panyijjar	IRC	15	13	87%	15	100%
WES	Ezo	World Vision International	27	16	59%	27	100%
WES	Tambura	World Vision International	26	6	23%	25	96%
WES	Mvolo	CUAMM	11	10	91%	10	91%
Unity	Leer	UNIDOR	11	7	64%	10	91%
WES	Ibba	AMREF	11	8	73%	10	91%
WES	Nzara	World Vision International	20	6	30%	18	90%
WES	Yambio	World Vision International	42	26	62%	36	86%
Unity	Pariang	CARE International	11	7	64%	9	82%
Unity	Koch	CRADA,IRC.	5	4	80%	4	80%
Unity	Rubkona	Cordaid,IRC,IOM,MSF	15	12	80%	12	80%
Unity	Abiemnhom	Cordaid	4	0	0%	3	75%
Unity	Guit	CHADO	7	0	0%	4	57%
Unity	Mayendit	CASS	12	0	0%	0	0%

# IDSR timeliness & completeness performance at county level for week 37 of 2020 (2)



STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
Jonglei	Fangak	CMD,HFO	16	16	100%	16	100%
Jonglei	Pochalla	LIVEWELL	7	7	100%	7	100%
EES	Kapoeta South	CCM	10	10	100%	10	100%
EES	Kapoeta North	CCM	16	15	94%	15	94%
EES	Lopa Lafon	HLSS	18	15	83%	17	94%
EES	Magwi	HLSS	22	18	82%	20	91%
EES	Torit	Cordaid	20	16	80%	19	95%
EES	Budi	Cordaid	21	15	71%	18	86%
EES	Ikotos	HLSS	27	16	59%	23	85%
Jonglei	Ayod	CMD,EDA	15	11	73%	11	73%
Jonglei	Duk	MDM + JDF	15	11	73%	11	73%
EES	Kapoeta East	CCM	12	4	33%	8	67%
Jonglei	Nyrol	CMA,Malaria Consortium	10	6	60%	6	60%
Jonglei	Bor	MDM + JDF	35	20	57%	20	57%
Jonglei	Akobo	NILE HOPE	8	2	25%	2	25%
Jonglei	Uror	Nile Hope,Malaria Consortium	8	0	0%	1	13%
Jonglei	Twic East	MDM + JDF	11	1	9%	1	9%
Jonglei	Pibor	LIVEWELL,CRADA	3	0	0%	0	0%
Jonglei	Canal Pigi	IMC	11	0	0%	0	0%

STATE	COUNTY	SUPPORTING PARTNER	Total No. of Functional Health Facilities in the County	No. of HFs Reported on Time	Timeliness Percentage	No. of HFs Reported regardless of time	Completeness Percentage
Warrap	Gogrial East	GOAL	15	15	100%	15	100%
Warrap	Tonj North	CCM	14	14	100%	14	100%
Warrap	Tonj South	CCM	12	12	100%	12	100%
Upper Nile	Maiwut	RI	5	5	100%	5	100%
Upper Nile	Panyikang	IMC	4	4	100%	4	100%
Upper Nile	Longechuk	RI	9	9	100%	9	100%
Upper Nile	Akoka	IMC	4	4	100%	4	100%
Warrap	Tonj East	CCM	12	11	92%	12	100%
Upper Nile	Maban	WVI,RI,Samaritan's Purse	17	13	76%	17	100%
Upper Nile	Melut	WVI + RI	8	6	75%	8	100%
Upper Nile	Fashoda	CORDAID	13	8	62%	13	100%
Warrap	Gogrial West	GOAL	31	30	97%	30	97%
Warrap	Twic	GOAL	26	25	96%	25	96%
Upper Nile	Renk	WVI + RI	13	11	85%	12	92%
Upper Nile	Luakpiny Nasir	UNKEA,RI	16	13	81%	13	81%
Upper Nile	Manyo	CORDAID	10	7	70%	9	90%
Warrap	Abyei	AAA,Save the Children,MSF	10	7	70%	7	70%
Upper Nile	Ulang	UNKEA,RI	14	8	57%	9	64%
Upper Nile	Makal	IMC	7	4	57%	4	57%
Upper Nile	Baliet	IMC	4	0	0%	0	0%





# Surveillance: EWARS performance indicator by partner for week 37 of 2020

Partner	HF's	Reporting		Performance	
PARTER	# OF SITES	# of reports received on Time	No. of HF's Reported regardless of time	Timeliness	Completeness
IRC	1	1	1	100%	100%
TRI-SS	2	2	2	100%	100%
Medair	2	2	2	100%	100%
CMD	1	1	1	100%	100%
HAA	2	2	2	100%	100%
RHS	1	1	1	100%	100%
IMC	6	6	6	100%	100%
Medicair	2	2	2	100%	100%
IOM	12	12	12	100%	100%
UNIDOR	2	2	2	100%	100%
GOAL	2	2	2	100%	100%
HFO	1	1	1	100%	100%
MSF-H	5	4	4	80%	80%
MSF-E	6	4	4	67%	67%
IMA	9	6	6	67%	67%
MDM	1	0	0	0%	0%
World Relief	2	0	0	0%	0%
SMC	2	0	0	0%	0%
<b>TOTAL</b>	<b>59</b>	<b>48</b>	<b>48</b>	<b>81%</b>	<b>81%</b>

**Both Completeness and timeliness were 81% for weekly reporting in week 37, 2020 for partner-supported clinics serving IDP sites.**



# EVENT-BASED SURVEILLANCE



Alert management including detection; reporting; verification; risk assessment; & risk characterization





State	Acute Respiratory Infections (ARI)	Acute Watery Diarrhoea	Bloody Diarrhoea	Malaria (Confirmed)	PoE COVID EVD	Covid-19	Total alerts
CES		5	1		1		7
EES		5	2	2	1		10
Unity						1	1
Upper Nile	9	5	4	5		1	24
Warrap		8	3				11
WBGZ		3	3	2	1		9
WES	1	4		11			16
<b>Total alerts</b>	<b>10</b>	<b>30</b>	<b>13</b>	<b>20</b>	<b>3</b>	<b>2</b>	<b>78</b>

**During this week:**

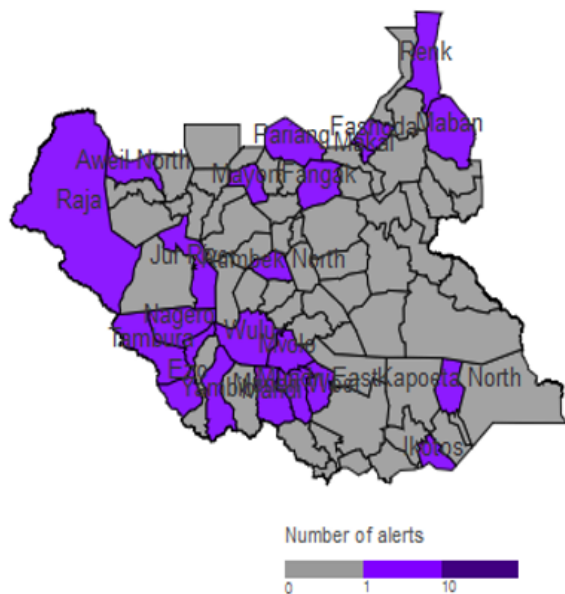
- 10 ARI alert: 4 are undergoing verification and 6 under monitoring
- 30 AWD alert: 6 are undergoing verification and 24 under monitoring
- 13 ABD alert: 1 under going verification and 12 under monitoring
- 20 Malaria alerts: all are under monitoring
- 3 PoE COVID EVD alert: all are under monitoring
- 2 Covid-19 alert: all undergoing Monitoring



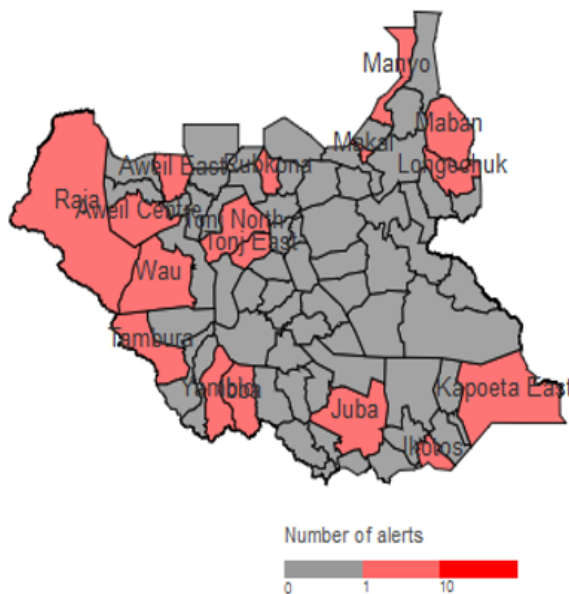
# Alert: Map of key disease alerts by county of week 37 of 2020



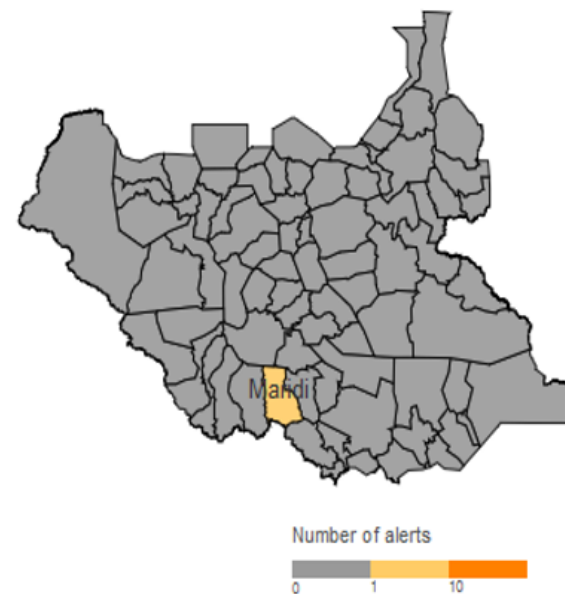
Map 2a | Malaria (W37 2020)



Map 2b | Bloody diarrhoea (W37 2020)



Map 2c | Measles (W37 2020)



W37	Cumulative (2020)	
0	11	Low risk
4	4	Medium risk
0	27	High risk
0	54	Very high risk

92%	78%	% verified
0%	0%	% auto-discarded
0%	1%	% risk assessed
0%	1%	% requiring a response

# SUSPECTED OUTBREAKS



Major suspected outbreaks in South Sudan in  
2020





Malaria was the leading cause of morbidity and mortality, accounting for **62.2%** of all morbidities and **9.5%** of all mortalities this week.

There were **7 Counties** with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) and these include the following:

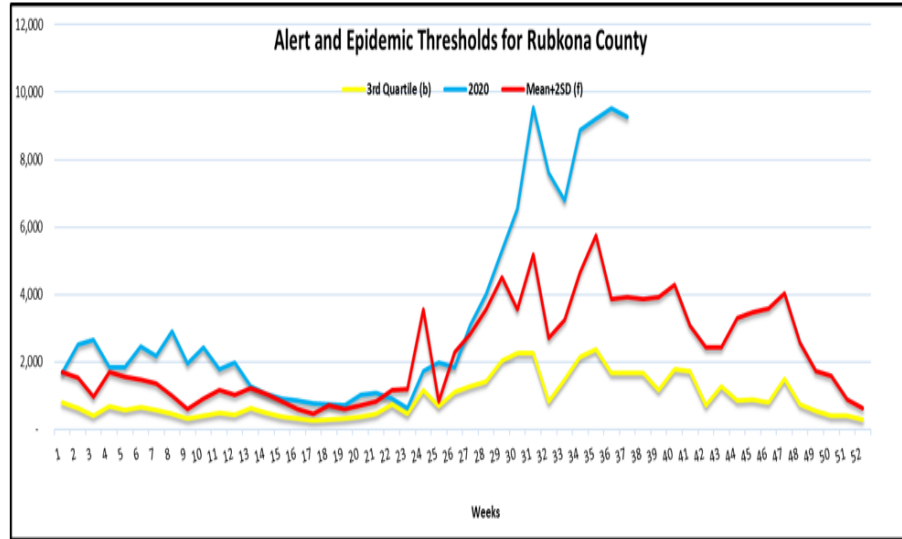
- Unity State (**Pariang, Rubkona**);
- WBGz state (**Wau**);
- Upper Nile state (**Renk, Melut**);
- NBGz state (**Aweil South, Aweil North**)

**In the PoC sites**; malaria is the top cause of morbidity in Bentiu (61%); Juba (51%), Bor (0%) and Wau (40%) PoCs, in Malakal PoC malaria accounts for (5%) of OPD consultations, respectively.

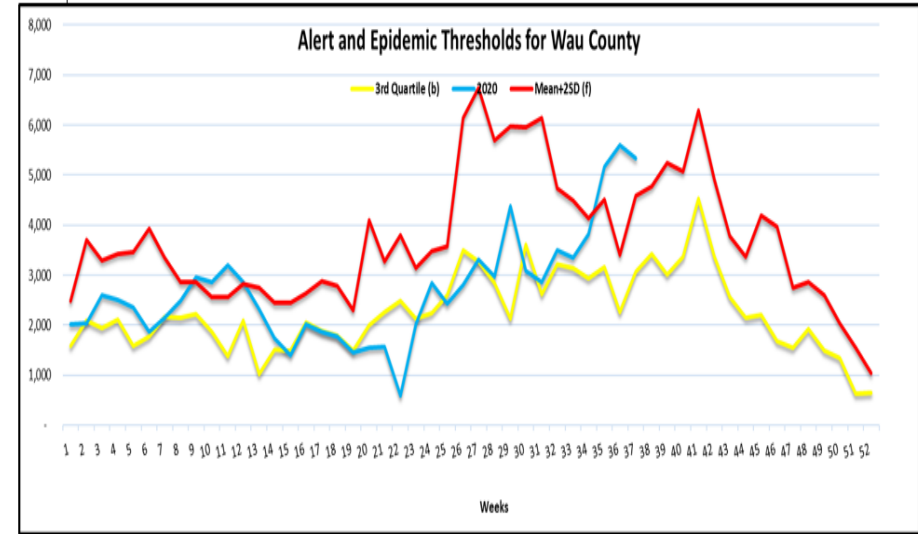


# Response| Suspect Epidemics; Curent Malaria trends 37, 2020 (2)

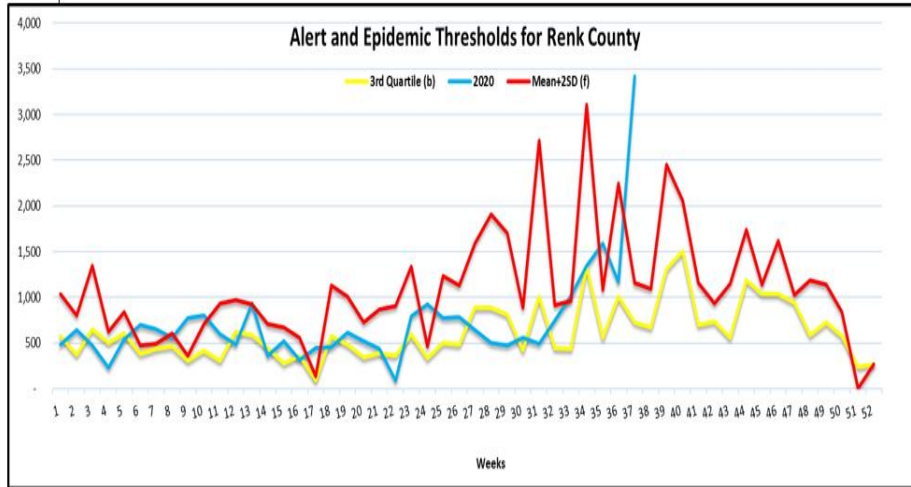
Rubkona.



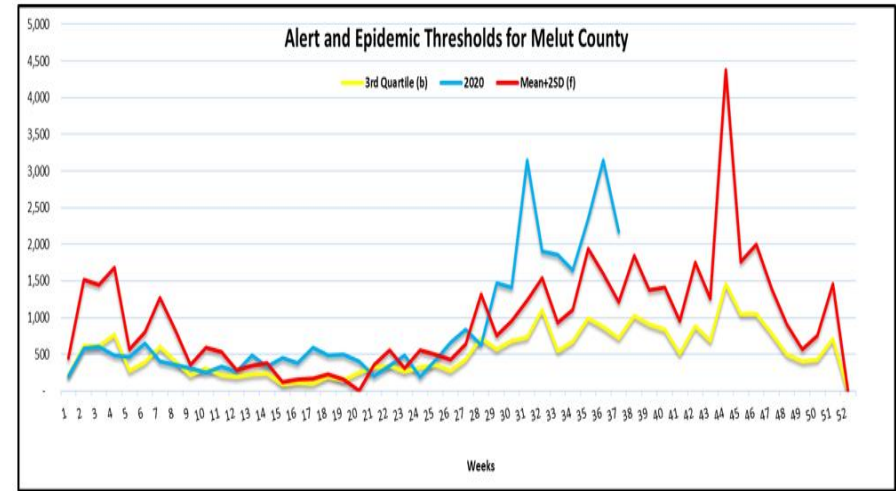
Wau.

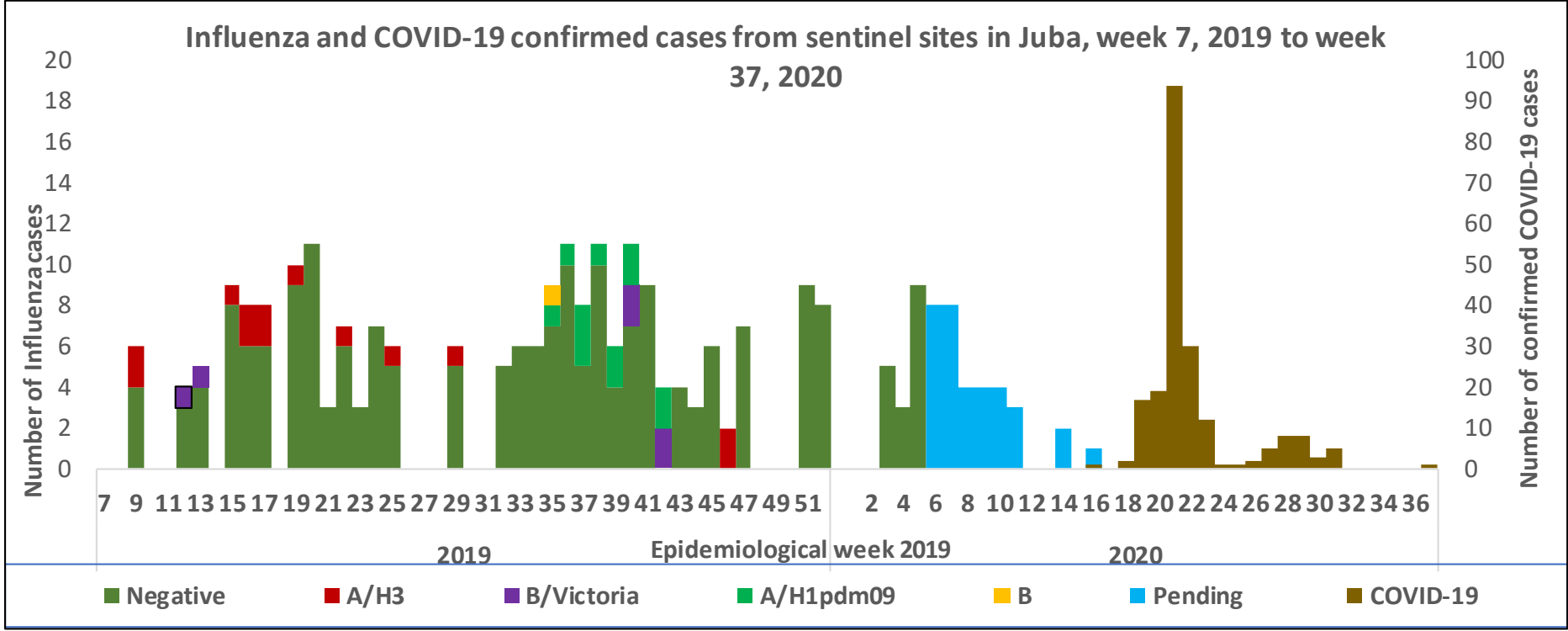


Renk.



Melut.





- In week 7, 2019, South Sudan started case-based surveillance for Influenza Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) cases through systematic collection of epidemiological and virological information.
- In 2019, a total of 309 ILI/SARI samples have been collected and tested in UVRI 228 being negative; 6 positive for Influenza B (Victoria); 13 positive for Influenza A (H3); and 12 positive for Influenza A (H1)pdm09 and (50) samples are pending test results .
- There are currently 20 Covid-19 designated sentinel surveillance sites in Juba that are collecting epidemiological data and samples from ILI/SARI cases. A total of 3462 samples have been collected in 2020 with 207 (5.9%) being positive for COVID-19 in Juba. These sentinel samples have not been tested for influenza in 2020

# ACTIVE OUTBREAKS AND PUBLIC HEALTH EVENTS



Brief epidemiological description and public health response for active outbreaks and public health events









## Flooding, South Sudan, week 37, 2020

### Description

Monitoring of flood forecast continues across the country, in the next two weeks it is forecast that the southern part of the country (the Eqatorias and Jonglei) will experience above-average rainfall. The number of affected population still over 600,000 individuals.

### Public health response

- The WHO eMMT is currently responding in Pibor through provision of mobile health and nutrition services to the affected population.
- Floods multi-cluster response and assessments are ongoing in the other affected Counties.





Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
<b>Ongoing epidemics</b>								
Hepatitis E	Bentiu PoC	03/01/2018	3	409 (0.007)	Yes	No	Yes	Yes
Measles	Bentiu PoC	24/04/2019	NR	482 (0.006)	Yes	Yes	Yes	N/A
Measles	Pibor	27/1/2020	NR	86(0.058)	Yes	Yes	Yes	N/A

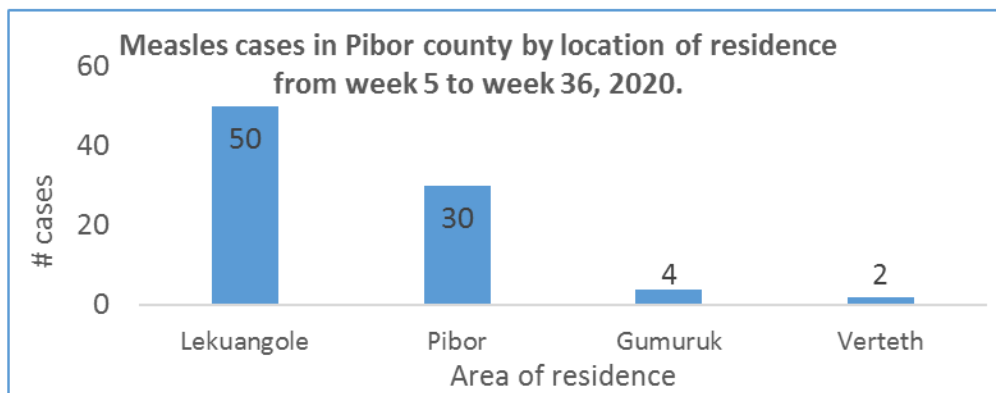
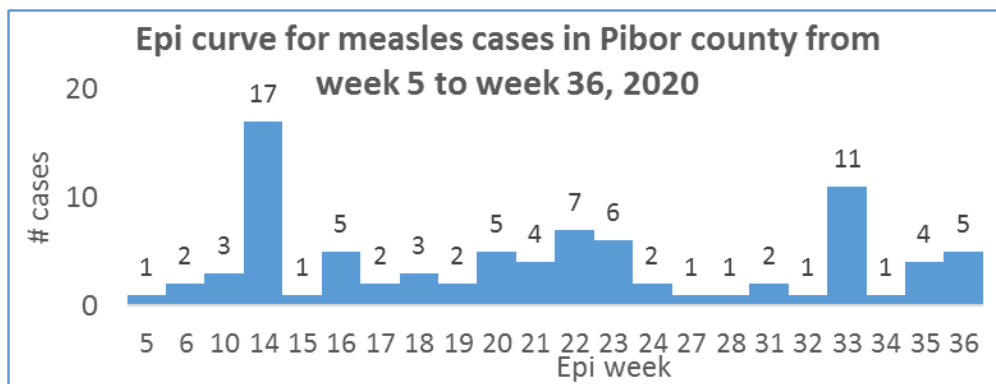




- Measles outbreaks confirmed in 2020
  - 7 counties – Tonj East, Magwi, Bor, Kapoeta East, Tonj South, Wau and Pibor
  - Locations with ongoing measles transmission
    - Bentiu PoC
    - Pibor County
  - **New confirmed measles outbreak in Pibor ( 6 samples were positive on IgM)**



## Confirmed Measles Outbreak in Pibor



Age Group	Cases	Percentage	% Cum.
1 - 4 Years	66	77%	77%
5 - 9 Years	16	19%	95%
15+ Years	3	3%	99%
10 - 14 Years	1	1%	100%
<b>Grand Total</b>	<b>86</b>	<b>100%</b>	

### Background and descriptive epidemiology

- Measles transmission has persisted in Pibor county despite of the vaccination campaign conducted in February and March and October, 2019
- Suspected measles cases were reported from Pibor; five sample were send to Juba and tested measles IgM +e.
- 5 cases reported in week 36, makes a total of 86 since beginning of 2020
- 77% of the cases are less than 5 years of age
- 52% are female and 48% male
- Most affected areas are Lekuangle followed by Pibor town

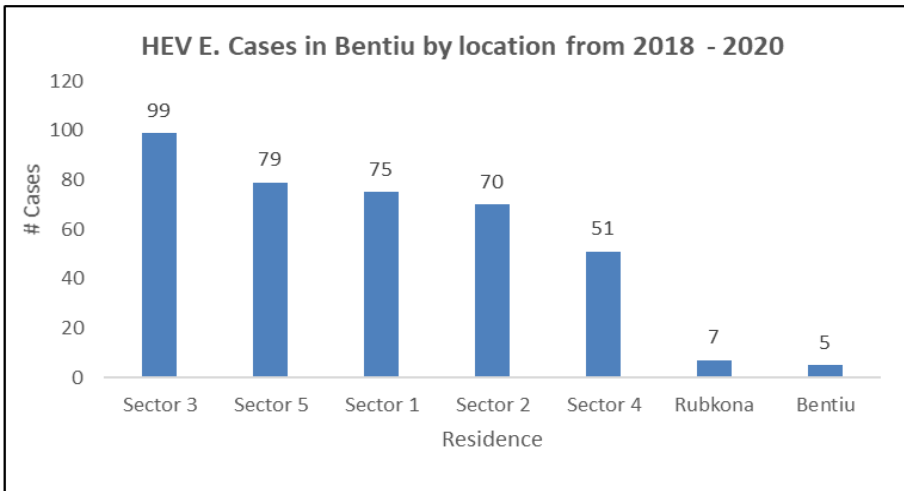
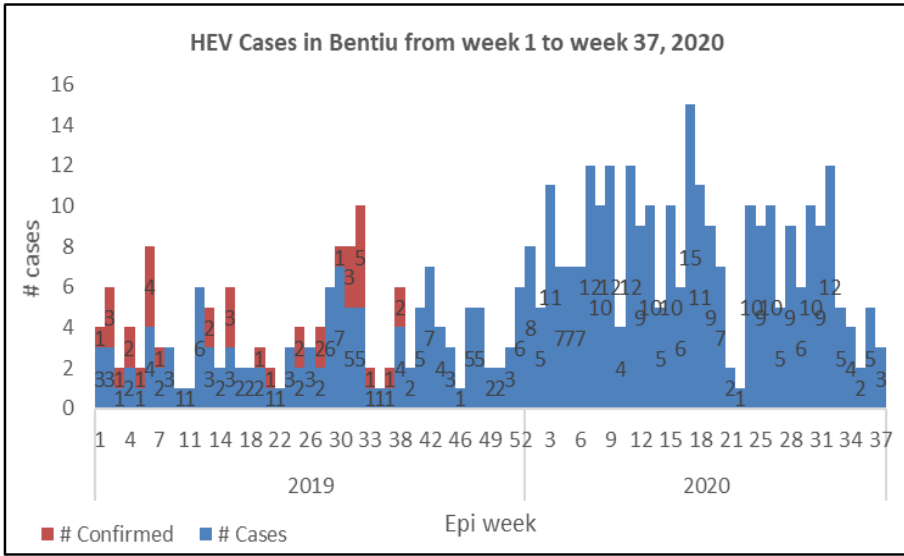
### Response Actions:

- Partners to strengthen routine immunization and to continue to collect samples from suspect cases.
- Measles case management to continue





## Hepatitis E, Bentiu PoC (1)



### Descriptive epidemiology

- The persistent transmission of HEV in Bentiu PoC continues with 409 cases since beginning of 2019
- There were (3) new cases reported in week 37, 2020
- All the cases were managed as outpatient cases except for seven cases who were admitted
- 5 deaths reported in 2019 and 2020
- 50% are female and 50% are male.
- Age group less than 15 years had the most cases with (75%) cases.
- At risk of adverse outcomes when infected in the 3rd trimester of pregnancy
- Use of unsafe drinking water likely to be source of infection
- Up to week 37, 2020; there were 409 cases of HEV in Bentiu PoC including 4 deaths (CFR 0.01%)

Age-Group	Alive	Dead	Grand Total	Percentage	CFR	Cum. %2
1 - 4 Years	128	0	128	31%	0%	31%
10 - 14 Years	64	0	64	16%	0%	47%
15+ Years	99	3	102	25%	3%	72%
5 - 9 Years	113	2	115	28%	2%	100%
<b>Grand Total</b>	<b>404</b>	<b>5</b>	<b>409</b>	<b>100%</b>	<b>0.01</b>	



## Recommendations

- Supportive case management guided by the HEV protocol is ongoing
- KEV messages on HEV prevention should continue within the community through HPs, CHWs and Kondial Radio
- With current COVID -19 Pandemic Outbreak, WASH partners to increase the coverage of hand washing facilities within the PoCs community.
- Other Wash intervention like increasing the access for clean water and improving the water storage in the affected individuals should be made urgently by distributing the water storage containers that will be the only way to mitigate this problem and stop the HEV outbreak.
- The WASH Cluster/HEV task force should engage in group discussion with Community leaders and woman group at water distribution points to understand their opinions on issue of Collapsing Jerrycans distribution.
- Monitoring the FRC levels at the taps stands in the different sectors, and the concentration of chlorination should maintain at 0.5-1mg/L as the point of collection





Aetiological agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative cases to date (attack rate %)	Interventions			
					Case management	Vaccination	Health promotion	WASH
<b>Controlled epidemics</b>								
Measles	Juba	21/11/2019	NR	6( 0.1667)	Yes	No	Yes	N/A
Measles	Tonj East	12/12/2019	NR	61(0.98)	yes	Yes	Yes	N/A
Measles	Bor	17/01/2020	NR	14(0.214)	yes	No	yes	N/A
Measles	Jebel Boma	10/12/2019	NR	96(0.063)	yes	No	Yes	N/A
Measles	Kapoeta East	18/01/2020	NR	16(0.625)	yes	No	Yes	N/A
Measles	Aweil East	29/12/2019	NR	664 (0.127)	Yes		No	Yes





# Updates of polio virus type 2

September, 2020

**Week 37**

# Response activities to the cVDPV2 outbreak

- National Outbreak Response Team (NORT) established and chaired by the Director General for Primary Health Care of the ministry of health, with participation from WHO, UNICEF, AFH, CORE Group, and IOM. A similar response team is on the process to be established in the outbreak affected states.
- An initial investigation conducted following the notification by the state MOH, supported by WHO, UNICEF, and other polio partners. A second team from the national level also deployed to outbreak affected states to further investigate the outbreak and support the state team to enhance surveillance and prepare for the upcoming SIAs in 34 selected counties. The team is composed of polio partners lead by the ministry of health.
- A national Draft Emergency Response Plan prepared and shared with polio partners for their inputs.
- A risk assessment prepared by the national team and presented to the global outbreak response team for the release of vaccine and other logistics.
- Preparation is underway for the first SIAs that is scheduled to start on 27th October 2020 in both states. At the same time, there is a constant communication with the AFRO and HQ to coordinate with Sudan counterparts for cross-border surveillance and synchronization of the upcoming SIAs in neighboring countries.
- An alert sent to all states and field staff to enhance surveillance activities, and increase the frequency of active surveillance to priority surveillance sites, as well as to fast track, timely the collection, and transportation of samples

# Genetic sequencing and Outcome of the field investigation

- The sequencing result which were undergoing analysis in south Africa released and indicates that the three-PV2 cases are now found to be circulating Vaccine Derived Polio Virus Type 2 (cVDPV2), and the virus is closely matched with the virus circulating in Chad.

## **Key findings of the field investigation:**

- The investigation indicated that both cases in WBG state took 4 doses of bOPV, while the Warrap case took only one dose although the residence is close to the health facility.
- There was no visitor in all cases and as well not travel outside the country, however, the case # SSD-WBS\_JUR-2020-005 has a travel history to kuajok on 06/05/2020 before the onset of paralysis and after onset of paralysis to Wau ( capital city of the WBG state) for treatment where the case was detected and reported.
- During in the investigation the team conducted active surveillance to locate missed AFP cases in the community and health facilities, however, no missed cases found
- The OPV/IPV coverage status as assessed through rapid community survey indicate a low admin coverage unlike the routine administrative coverage in both states.
- As part of the outbreak investigation with the aim of establishing the spread of the outbreak additional contact and healthy children samples collected in different location of the counties of outbreak affected,

# EBOLA VIRUS DISEASE[EVD] PREPAREDNESS IN SOUTH SUDAN



Brief on the Ebola situation in DR Congo and updates on EVD preparedness in South Sudan



# EVD DRC Update 18<sup>th</sup> September in Equateur Province

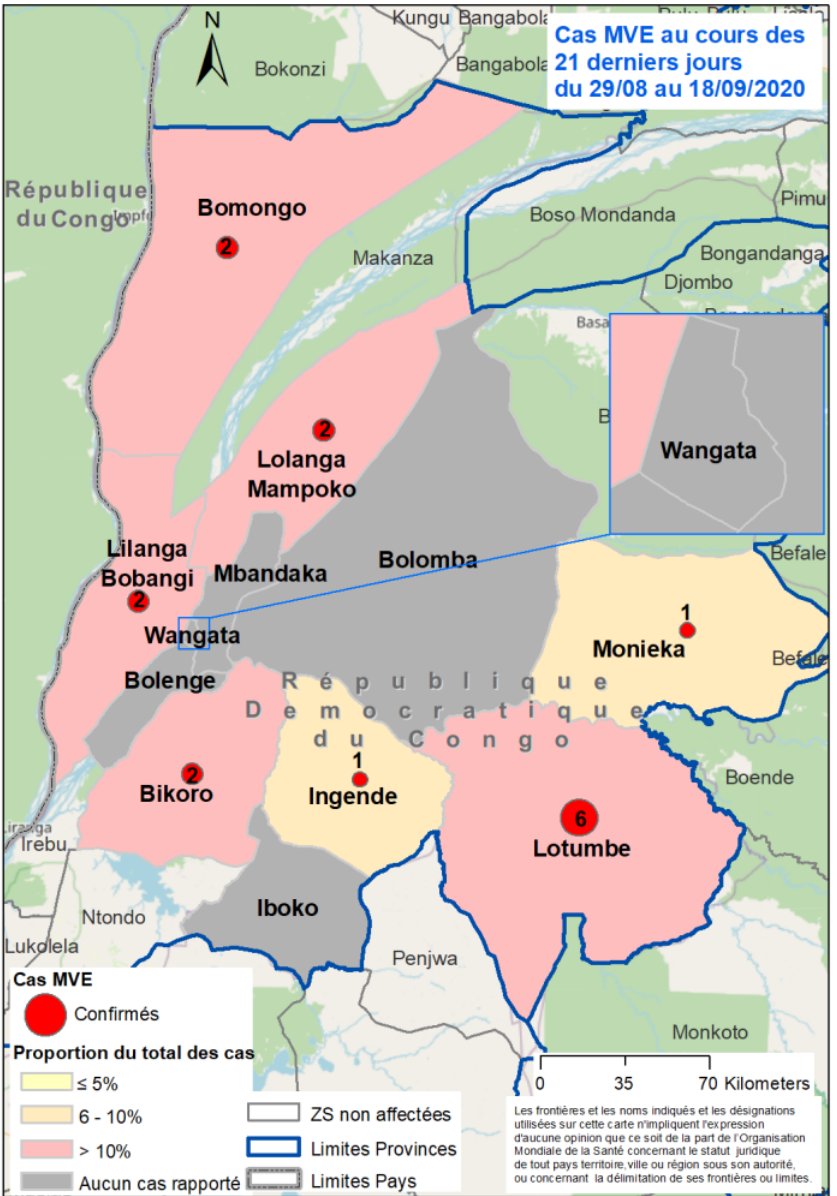
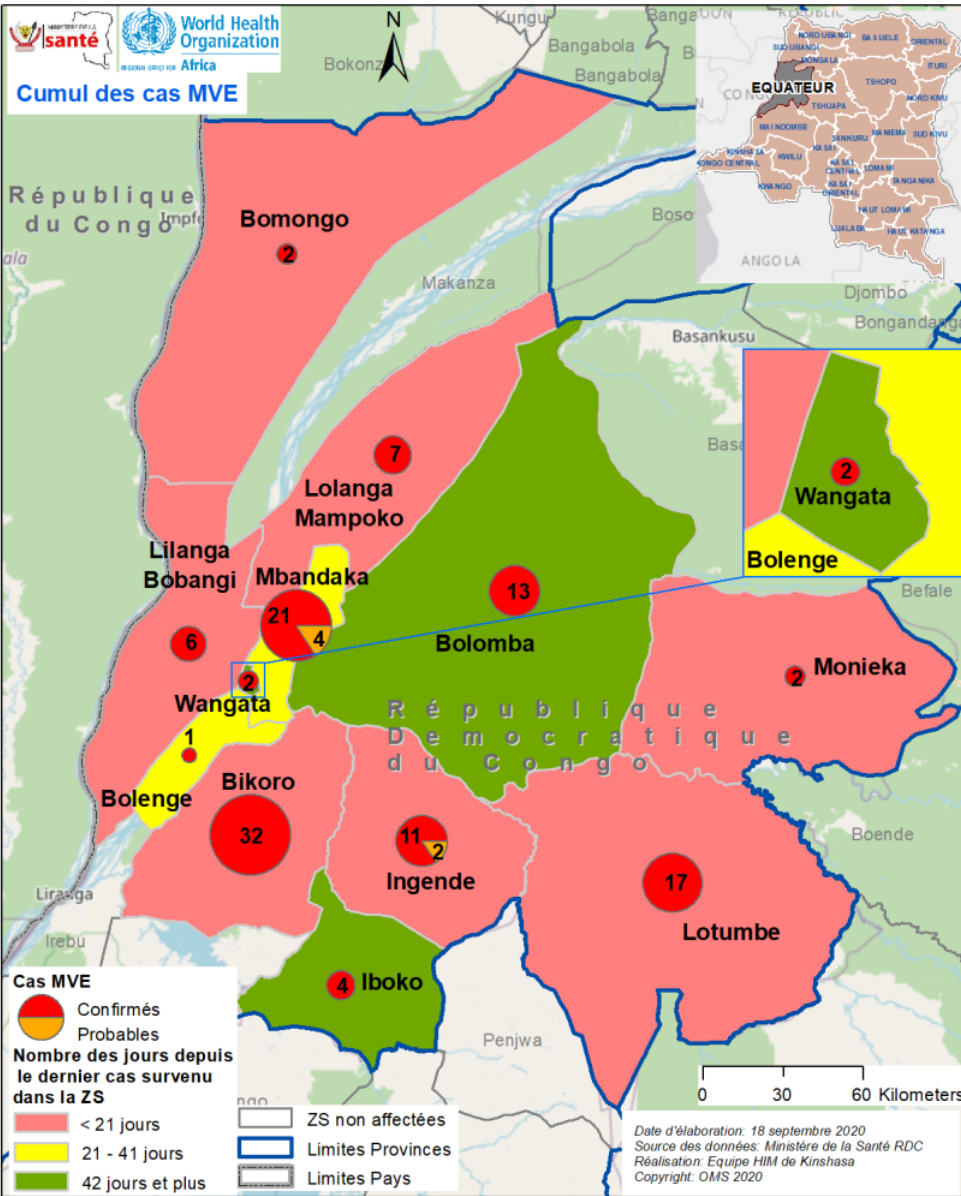
## Cumulative figures for the outbreak

- One confirmed case reported on 18th Sept. in Lotumbe HZ
- 124 cases (118 confirmed, 6 probable;)
- 50 deaths (40.7% CFR), 57 recoveries;
- 40 affected health areas, 12 health zones;
- 30,970 vaccinated, 7,681 high risk;
- 5 known confirmed cases are in the community (4 in Lotumbe and 1 in Mbandaka).
- 1 case reported in the community in Ingende HZ since 10th Sept has been admitted to Ingende ETC.

## Highlights from the past 21 days:

- 17 confirmed cases were reported in 8/40 affected health areas across 7/12 affected health zones;
- 5 HZs have not reported a case in over 21 days,
- 12/17 (71%) of cases reported were not registered contacts;
- 12/17 (71%) do not have a documented epi-link to date (investigations ongoing).

# Distribution of EVD cases, Equateur Province, as of Sept 18th, 2020 (n = 124)



# COVID-19 Updates

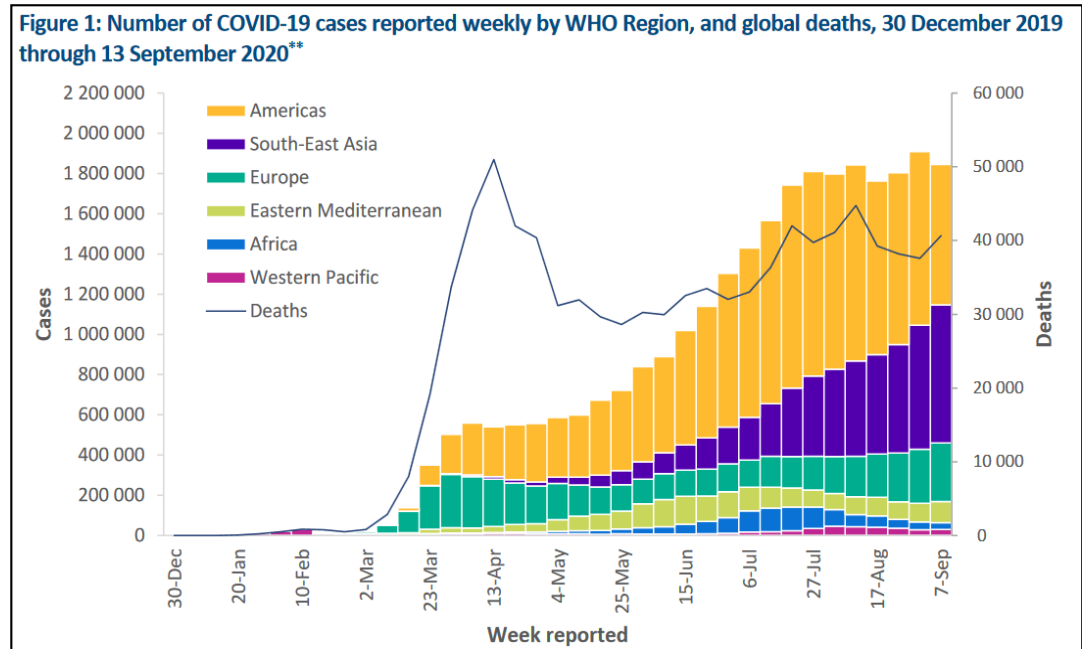


# COVID-19 Virus Situation Summary



Situation update as of 18<sup>th</sup> September 2020

- The COVID-19 pandemic initial cases were detected in Wuhan China
- Globally >25 million cases (> 954 417 deaths)
- Africa > 1 million cases (>24 464 deaths)



WHO: <https://www.who.int/health-topics/coronavirus>





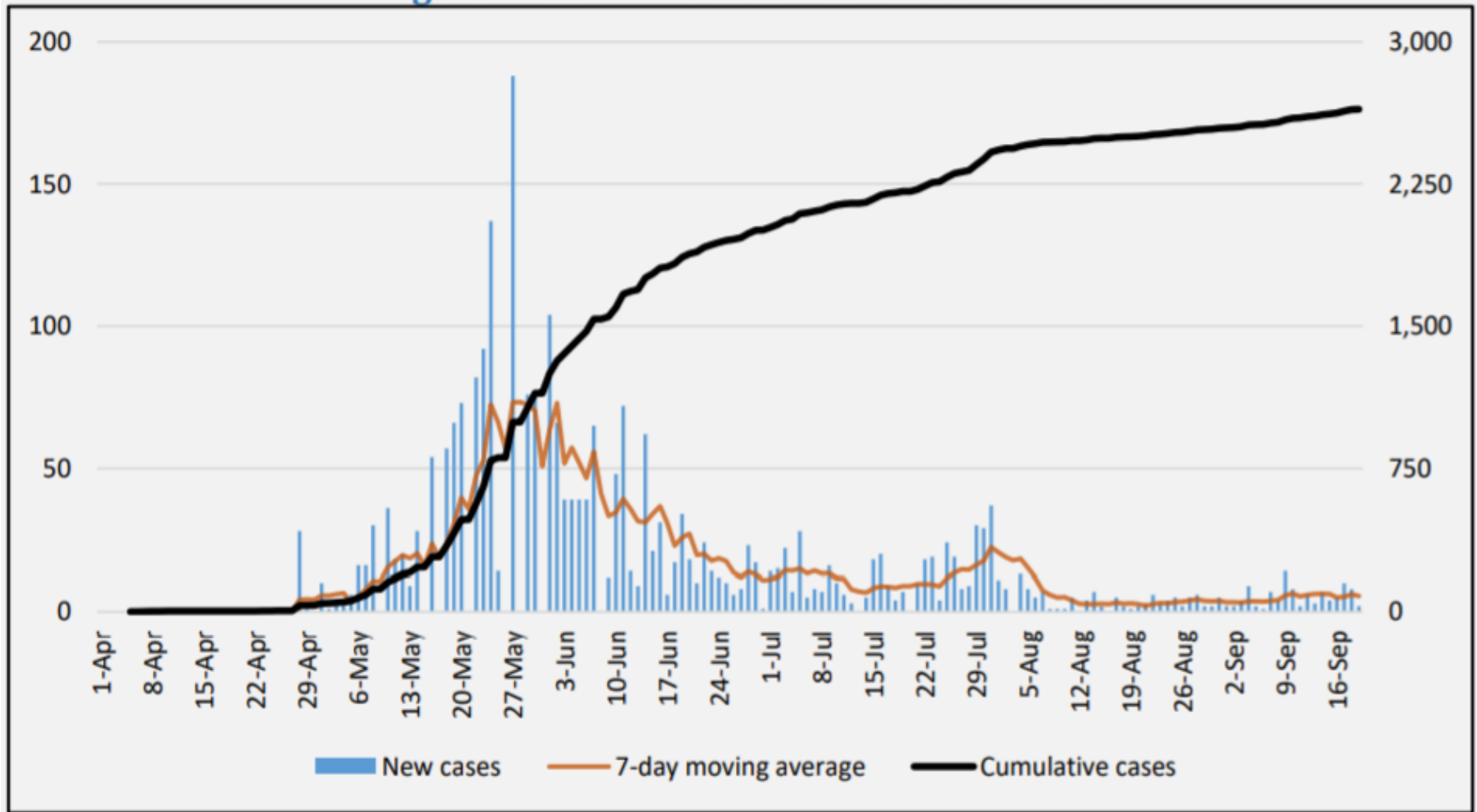
- 2,644 confirmed COVID-19 cases in South Sudan; 85% in Juba with 49 deaths and a case fatality rate (CFR) of 1.8%. Total 8,631 contacts identified, quarantined, & undergoing follow up
- Implementation of priorities; risk communication and community engagement; active case search and testing; quarantine for contacts; isolation of confirmed cases, infection prevention and control; and management of cases are currently underway
- The overall response currently led by the COVID-19 National level taskforce and the COVID-19 National Steering Committee



# Trends of COVID-19 cases in South Sudan

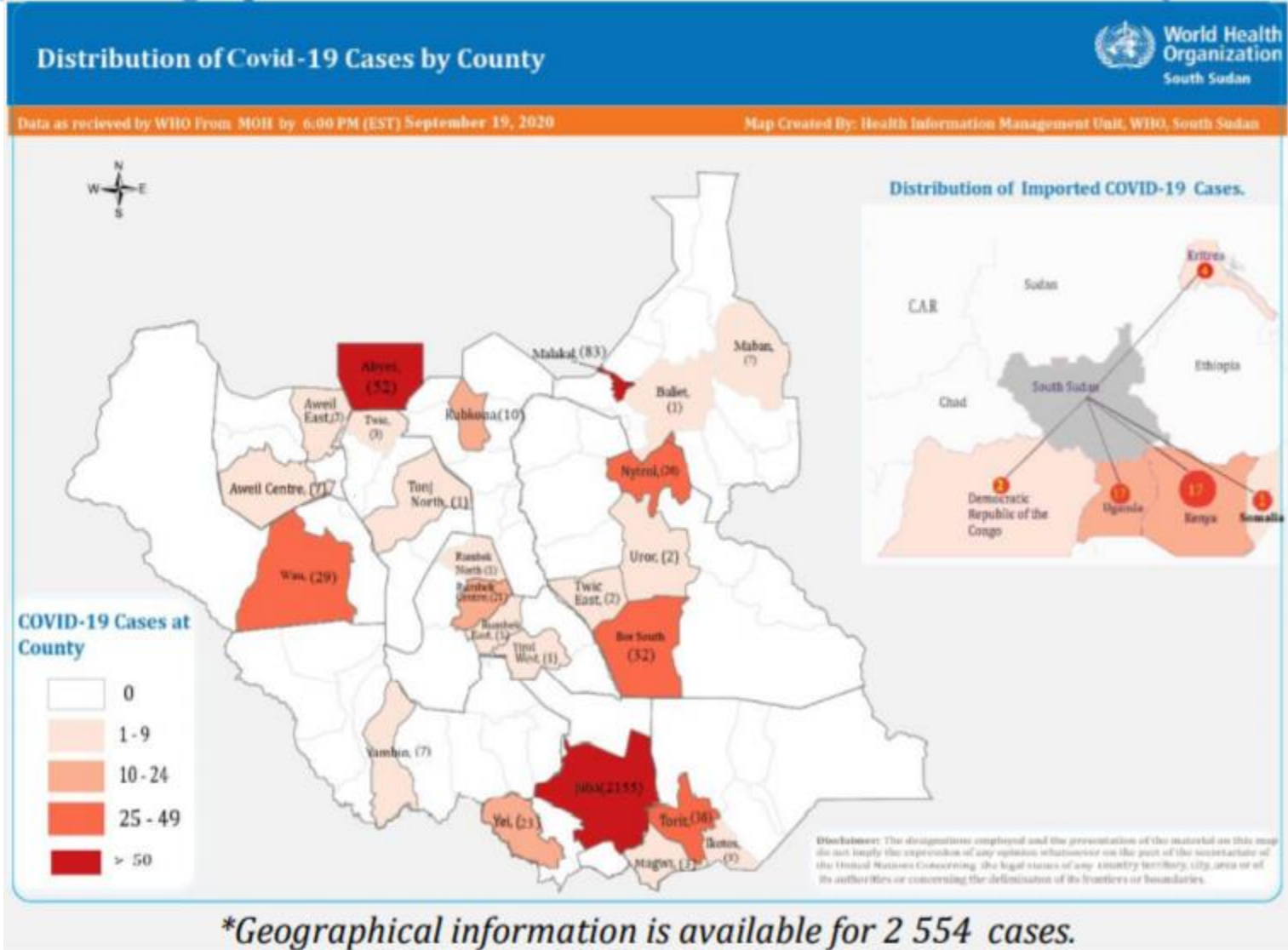


Figure 1. COVID-19 case notification curve



COVID-19 cases increasing exponentially in the past few weeks

# Distribution of COVID-19 cases in South Sudan



The majority of the cases have been reported in Juba; while the rest have been imported (involving truckdrivers from the neighboring countries)

# Overall Conclusions and Recommendations



# Conclusion

- The overall IDSR and EWARNS reporting performance in week 37, is above the target of 80%. (8) states were above 80%
- 2,644 confirmed COVID-19 cases in South Sudan; 85% in Juba with 48 deaths (CFR of 1.8%). Total 8,631 contacts identified, quarantined, & undergoing follow up
- Cumulative total of COVID-19 alerts is 1203, of these, 1,023 (85.0%) have been verified and samples were collected
- With seven outbreaks confirmed in 2020; measles remains the most frequent vaccine preventable disease
- There are ongoing measles outbreak in Bentiu PoC and Pibor county
- Given the COVID-19 pandemic, it is critical that measures are stepped up to contain its spread.



## Recommendations

- All partners should support CHDs & State Ministries of Health to undertake IDSR/EWARN reporting
- All health facilities should report, and conduct case-based investigation of suspect measles cases and routine measles immunization should be strengthened in all counties
- Strengthen capacities for COVID-19 containment through identifying and testing suspect cases, isolating confirmed cases, and quarantining contacts



**Thanks to the State Surveillance Officers, County Surveillance Officers and Health Facility in-charges for sharing the weekly IDSR data**

**Thanks to all partners for supporting IDSR weekly reporting and sharing the line lists**

**To access the IDSR bulletins for 2020 use the link below:**

**<https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2020>**



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

For more help and support, please contact:

**Dr. Pinyi Nyimol Mawien**  
Director General Preventive Health Services  
Ministry of Health  
Republic of South Sudan  
Telephone: +211916285676

**Mr. Mathew Tut M. Kol**  
Director, Emergency Preparedness and Response  
Ministry of Health, RSS  
Tell: +211916010382, +211922202028  
Emails: tut1988@yahoo.com, greensouth2020@gmail.com  
Skype: mathew19885

### IDSR Bulletin Editorial Team

1. Mr. Ajak Ater, MoH - Email: ajakater014@gmail.com
2. Ms. Sheila Baya, WHO- Email: bayas@who.int
3. Mr. Robert Lasu Martin, WHO -Email: lasur@who.int
4. Mrs. Rose Dagama , WHO - Email: dagamaa@who.int
5. Dr. Abraham Adut, WHO- Email: abenegoa@who.int
6. Dr. Alice Igale Lado, WHO - Email: ladua@who.int
7. Dr. Joseph Wamala, WHO - Email: wamalaj@who.int
8. Dr. Argata Guracha Guyo, WHO - Email: guyo@who.int

### Notes

WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], health cluster and health pooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO and USAID for providing financial support.

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>

