Cholera Outbreak in Juba, Republic of South Sudan

15 May, 2014, Juba – The Ministry of Health, Republic of South Sudan is concerned of the ongoing cholera situation in Juba, and it’s formally declaring cholera outbreak in Juba, Central Equatoria State.

To date, 18 suspected cholera cases have been reported in Juba with one death, one of whom was laboratory confirmed on 6th May 2014, following tests conducted by the AMREF laboratory in Nairobi. The 18 suspected cases reported so far originate from Gudelle 2, Gudelle 1, Juba Nabari, Jopa, Kator, Gabat, Mauna, Newsite, MTC, Nyakuron, and Munuki block A. There are 14 suspected cases currently admitted at the isolation ward in Juba Teaching Hospital, 6 males and 8 females and one case at IBI clinic in Gudelle. The first index case did not seek treatment and has reportedly improved, while the two contacts of the confirmed case are well and have not developed any symptoms and signs.

The Ministry of Health and WHO have taken steps to conduct comprehensive investigations and are currently on ground following up all the contact of the cases.

The Ministry of Health is aware of the appalling conditions of the IDPs in the camps namely: overcrowding, poor hygiene and sanitation favorable for a potential cholera outbreak, however the Ministry is working with health and WASH cluster partners on ground to ensure that the risk of the outbreak spreading is minimized.

The Ministry of Health with the support of WHO, UNICEF, MSF, IOM and Medair have conducted cholera vaccination campaigns in Mingkaman, Malakal, Bor, Tomping and Juba III in an effort to prevent a possible cholera outbreak among the IDPs. However a lot of interventions still need to be put in place such as water and sanitation to ensure that outbreak is promptly contained.

Over 80,000 people have been fully vaccinated against cholera with two doses in IDP camps. With more coverage expected in Bor where the first round has already happened, and plans are in place to conduct the OCV campaign in Bentiu. It’s important to note that, the confirmed case had only received one dose of the cholera vaccine.

The Ministry of Health has so far done the following activities:
- Reactivated a national emergency taskforce to coordinate the response interventions
- Informed all health authorities (states and counties) and IDP camps to be on high alert, and reactivated emergency taskforces for any eventualities.
- Enhanced disease surveillance in all health facilities, IDP camps and at community levels.
- National cholera preparedness and response plan put in place, and health authorities and partners instructed to activate the response plans.
- Advised all partners to improve water, sanitation and hygiene interventions in Juba and surrounding areas.
- Ensured information exchange with the communities, WHO and partners.
- Requested all State Ministries of Health to reactivate rapid response teams to investigate and respond to any potential cholera outbreak.
- Requested all uniform services (SPLA, Police, Prison and others) to form emergency taskforce and implement the national cholera preparedness and response plans.
- Put in place a social mobilization taskforce and made sure that health education messages are broadcast through local radio stations and production of IEC materials.

Cholera is an acute diarrheal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae*. Generally the cholera bacteria spreads in places with poor hygiene, where people do not use latrines to dispose off excreta, or do not wash their hands with soap or ash after defecation. Water or food can get contaminated with faeces containing the cholera through:

- Drinking unboiled or untreated water from the wells, dams or swamps
- Eating without washing their hands with soap or ash
- Eating cold food or uncovered food
- Eating raw food stuffs like mangoes, shea nut fruits etc, without washing with clean water
- Lack of latrines to dispose of excreta
- Poor hygiene practice: open defecation, disposing of children’s faeces in the open, not washing hands after contact with faeces, washing hands in communal containers

Cholera is characterized by sudden onset of profuse, watery diarrhoea without fever or abdominal cramps. The stool of cholera patients typically becomes a clear liquid flecked with white mucus, known as "rice-water" stool. It is usually odourless or has a mild fishy smell. Vomiting, which can be severe, and painful leg cramps are also common symptoms. Cholera is an extremely dangerous disease. It affects both children and adults and can kill within hours if it is untreated.

**The Ministry of Health would like to advice on the following measures;**

- Urgently seek medical attention at any nearest facility of you or your neighbor suspect to have cholera
- Avoid the use of local medicine/herbs when you develop any form of acute watery diarhoea.
- Avoid close contact when any person suspected to have cholera.
- Wash hands all the time before eating anything,
- Disposing off stool in pit latrines at all times including children faeces, and avoid open defecation
- Avoid eating cold food and in places you are not sure off
Breastfeed all babies below the age of 2 years.

To ensure that spread of the virus is contained, the MoH-RSS is appealing to all partners to strengthen preventive and control measures before it spreads to other camps and host communities. The Ministry of Health also appeals to donors and UN agencies to provide technical and financial resources to support all the needed interventions.

*The Ministry of Health and partners are committed to contain the cholera outbreak in Juba, its surrounding areas in South Sudan.*

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