Health Cluster Bulletin # 27
19 July 2014

South Sudan Response
06 July - 19 July 2014

4.2 M IN NEED OF HEALTH ASSISTANCE
1.1 M INTERNALLY DISPLACED
1.9 M TARGETED FOR HEALTH

241,416 REFUGEES*
7018 INJURED*

Highlights

- New laboratory test results showed that nine of the 20 samples collected from Wau Shilluk tested positive for *Vibrio cholerae* at the National Reference Laboratory.

- A total of 4,479 cases of cholera have been recorded in South Sudan since the start of the outbreak on 23 April 2014.

- Twenty women received surgery and treatment for fistula in Wau hospital.

- A total of 1,724,258 medical interventions have been conducted by health cluster partners since 15 December 2013.

Notes:
* This number has received assistance
** Since 15 December 2013
**** Population data: OCHA, 17 July 2014
Refugee data: UNCHR, South Sudan portal
RH data last updated on 16 July 2014
Situation Update

- New laboratory test results showed that nine of the 20 samples collected from Wau Shilluk tested positive for *Vibrio cholerae* at the National Reference Laboratory. To date a total of 793 with 17 deaths (CFR 2.1%) have been recorded in Wau Shiluk. Overall 4,479 cases of cholera have been recorded with 102 death (CFR 2.3%) in South Sudan since the start of the outbreak on 23 April 2014. The most affected areas currently are Torit, Eastern Equatoria State and Wau Shiluk, Upper Nile State. In Juba, the outbreak has subsidized with two cholera treatment centres and oral rehydration points closed down in Juba. Partners have stepped up efforts in all the four states by conducting community mobilization campaigns, strengthening case management and surveillance at the community levels and improving water, hygiene and sanitation conditions.

- The Ministry of Health, in partnership with UNFPA, is running a campaign to end fistula at Wau Teaching Hospital throughout the month of July. International surgeons have been brought in to perform reparative surgery for women with fistula. So far, 55 women and girls have registered for surgery and 20 have already had surgery. The cases range from simple to complicated, and ages range from 08-67. The eldest woman treated has been living with fistula for 25 years.

- Fighting has been reported in parts of Upper Nile State and Unity state, these remain a major concern for humanitarian partners. In Bentiu, more people continue arriving in to Bentiu POC area due to fears possible clashes.

- During this period, the first Public Health Laboratory and National Blood Transfusion Services, Kiir Mayardit Women's Hospital in Rumbek and Wau Maternity theatre, Waiting Home, Regional Blood transfusion service and specialized Laboratory services in Wau Hospital were all launched during this period by His Excellency President Salva Kiir Mayardit, the President of the Republic of South Sudan.

Public health risks, needs and gaps

- There is a risk of cholera spreading further to new sites in areas of Upper Nile, Central Equatoria and Eastern Equatoria States as suspected cases continue to be reported. Since the start of the outbreak, cases of cholera have been confirmed in 14 locations while alerts of suspected cholera cases have been reported from 36 different locations in South Sudan.

- WHO, in collaboration with Ministry of Health at National and State level continue to investigate and verify all alerts, and change the status to “Outbreak” when laboratory testing confirms the presence of cholera, this week, the status of Wau Shiluk changed from alert to outbreak following culture confirmation of nine out of the 20 samples collected tested positive for *Vibrio cholerae* at the National Reference Laboratory.

- Hepatitis E response continues in Mingkaman. In week 28, one case of Hepatitis was reported as compared to five cases reported last week. This brings to the total number of Hepatitis E cases reported since the start of the outbreak to 60 cases. The disease remains a public health threat with a potential of spreading further if transmission is not interrupted. The most affected groups include females (54%) below 30 years (82%). MSF-CH remains the lead partner on case management for hepatitis E and continues conducting testing for the Hepatitis E. Community surveillance activities are on going with active case finding and referral of all pregnant women with yellow eyes for evaluation and treatment at the MSF facility; all facilities have been sensitised on acute jaundice syndrome/hepatitis E detection and are providing reports. MSF Swiss conducted training on Hepatitis E for partners providing health
services in Mingkaman. The health cluster held discussions to arrange for the provision of health services to nearby communities, which lack health services. Health and Water, Hygiene and Sanitation partners continue to disseminate key messages on prevention of hepatitis E and Cholera, demonstrating the use of tippy taps to facilitate hand washing after latrine use.

**Gaps**

Critical health response gaps include:
- Lack of secondary health care from the hospitals in Bor, Bentiu and Malakal due to insecurity
- Displacement of health staff from government facilities thus limiting service provision and,
- Infrastructure constraints in the PoC areas.

**Health Cluster Action**

**Health Cluster Coordination**

- At the national level, the National Cholera Taskforce held one meeting at Juba on 16 July, 2014, to discuss operational issues for the cholera response. Two working group meetings were also held in this reporting period, namely; case management and surveillance. Similar meetings continue being conducted at the state levels like Eastern Equatoria State where the outbreak has been confirmed and cases first rising. In Upper Nile, Jonglei and Unity as part of preparedness similar meetings are being held following advice from the Ministry of Health that all states review their epidemic preparedness and conduct regular response plans. Mapping of existing capacities continues to take place in various locations.
- Health cluster coordination meeting was also held at the national level on 15 July 2014. During the meetings discussion centred on surveillance in IDPs. Among the action points was collection of information on maternal and neonatal deaths by partners and the health cluster, as well as audits of all maternal deaths.

**Health service delivery**

- Since 15 December 2013, a total of 1,724,258 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations. As of 17 July 2014, these include;
  - 753,224 consultations and treatments, [including 69,195 from outside the IDP camps country wide and 17,636 inside the IDP sites].
  - 345,433 children vaccinated against measles,
  - 253,075 children vaccinated against polio and
  - 120,176 persons have been fully vaccinated against cholera using two doses in Tongping, Juba III, Malakal, Bor, Bentiu and Mingkaman IDP camps.

**Vaccination**

- The pentavalent vaccine has been launched in South Sudan targeting children less than 5 years of age. From July 2014, two additional vaccines will be added to the DPT vaccine, namely Hepatitis B (HB) and Haemophilus influenza type b (HIB) vaccines, this will results in a total of five vaccines in one injection called the pentavalent vaccine (DPT-HB+HIB). The new vaccines have been combined with those for diphtheria, pertussis and tetanus (DPT). This will replace DPT in South Sudan's Immunization Schedule and will be administered using the DPT schedule at 6, 10 and 14 weeks from birth. The Government of South Sudan is co-financing the cost of the new vaccine introduction with the GAVI Alliance, and will provide additional support to facilitate the speedy nation-wide implementation of planned activities and strengthen immunization service delivery across the 10 states. The GAVI Alliance is providing about US$ 8.8 million while the Government will contribute about $1 million. WHO is providing technical support while UNICEF will support with vaccine storage in all the states.

**Support to health service delivery (Health facilities)**

- The first Public Health Laboratory and National Blood Transfusion Services, Kiir Mayardit Women’s Hospital in Rumbek and Wau Maternity theatre, Waiting Home, Regional Blood transfusion service and specialized Laboratory services in Wau Hospital were all launched during this period by His Excellency President Salva Kiir Mayardit, the President of the Republic of South Sudan. The Laboratory...
departments shall provide services in the following areas: diagnostic services, public health laboratory services and disease surveillance, forensic laboratory services, histopathology and cytology services, and reference and research laboratory services. Laboratory services shall also be available to support essential health programs including HIV, tuberculosis and malaria. While Blood Transfusion Service shall be provided that will conform to the National Blood Transfusion Services guidelines, and ensure that safe blood is available in South Sudan.

- In Rumbek, a new hospital Kiir Mayardit Women’s Hospital was officially opened. The hospital, constructed by the Chinese government at an estimated cost of 6 million United States dollars, will serve women in Lakes states as part of the government contribution to reducing maternal mortality in the state. At the same function, the Reproductive Health policy, Reproductive Health Strategic Plan and Family Planning policy for South Sudan were launched by the president.

- Wau Maternity theatre, Waiting Home, Regional Blood transfusion service and specialized Laboratory services in Wau Hospital was also opened by President Salva Kiir Mayardit. The new Maternity theatre and waiting home, built by WHO with funds from the Canadian International Development Agency (CIDA), is the second infrastructure after Bor State Hospital that WHO has constructed and handed over to the government Ministry of Health in a period of 2 years. The waiting home is 18-bed facility with a kitchen extension to support mothers prepare food as they wait for their time of delivery. The Theatre on the other hand is fitted with modern theatre equipment. It comprises of two operating rooms, procedure room, changing room, post operating room, stabilization room and power room. Both the theatre and the waiting home are fitted with wash rooms.

- In South Sudan, 75% of all maternal deaths are due to obstetric complications caused by five preventable causes. Simple solutions could make a big difference. In order to strengthen the project, the state Ministry of Health and WHO regularly conduct outreach activities to inform women of available services. In June alone, Wau hospital conducted 130 deliveries, of these 13 women were delivered by caesarean section. The hospital receives an average of 30 women per month with obstetrics and pregnancy related complications. About 10% were post-abortion cases, 13 % obstructed labour and 23% were haemorrhage cases.

**Surveillance and communicable disease control (update on surveillance in IDPs/Protection of Civilian sites)**

- In week 28, acute respiratory infections (ARI), malaria and acute watery diarrhea (AWD) continued to account for the highest proportion of the disease burden among IDPs. ARI had the highest proportionate morbidity and incidence. The incidence for malaria, AWD and acute bloody diarrhea (ABD) decreased in week 28 as opposed week 27.

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**Figure 1: Priority Disease Proportionate Morbidity - for Week 1 - 28, 2014**

![Priority Disease Proportionate Morbidity - for Week 1 - 28, 2014](image-url)
Despite the ongoing cholera outbreak in South Sudan, the AWD trends among IDPs have continued to decline, a trend that is attributable in part to the OCV vaccination and WASH interventions.

The Hepatitis E outbreak continues to increase in Mingkaman. By week 28, cumulative cases of Hepatitis E Virus (HEV) reported in Mingkaman IDP camp were 61 although deaths remained four as previously reported (CFR 6.5%).

Partners continue to call for the declaration of an HEV outbreak for a more focused response and greater resources. Consequently dialogue with the MoH to declare an outbreak is underway. Meanwhile, partners are encouraged to continue improving WASH and social mobilization interventions in the camp.

**Reproductive Health**

**Fistula campaign in Western Bahr El Ghazal State**

- The Ministry of Health, in partnership with UNFPA, is running a campaign to end fistula at Wau Teaching Hospital throughout the month of July. International surgeons have been brought in to perform reparative surgery for women with fistula. So far, 55 women and girls have registered for surgery and 20 have already had surgery. The cases range from simple to complicated, and ages range from 8-67. The eldest woman treated has been living with fistula for 25 years.

- Obstetric fistula is one of the most serious injuries of childbearing. Poor transportation systems coupled with lack of professional midwives has resulted in a high rate of approximately 60,000 women living with fistula in South Sudan. UNFPA is working on raising awareness among both women and men about the risks involved for girls who give birth before their bodies have matured.

**Table below shows cumulative number of people reached with reproductive health services**

<table>
<thead>
<tr>
<th>Services</th>
<th>Numbers reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided with ANC services</td>
<td>43,306</td>
</tr>
<tr>
<td>Assisted Deliveries</td>
<td>7,749</td>
</tr>
<tr>
<td>Caesarean sections Performed</td>
<td>756</td>
</tr>
<tr>
<td>Women and girls provided with dignity kits</td>
<td>4,036</td>
</tr>
<tr>
<td>Reached with GBV prevention messages</td>
<td>35,313</td>
</tr>
</tbody>
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**Resource Mobilization**

- About 62% (USD 47,615,973) of the cluster’s requirements have been funded to date as shown in the financial tracking system.

**Plans for future response**

- Support the Ministry of Health to respond to the cholera outbreak through provision of supplies, training of health workers, community mobilization, sensitization and surveillance.
- Revive secondary health services in Malakal and Bor hospital.
- Continue prepositioning drugs and medical supplies ahead of the rainy season and cholera.
- Support the ongoing cholera response in all the affected areas while focusing on hotspot areas.
Health Cluster Partners
Partners supporting the response in South Sudan include the following:

1. Federal and State Ministries of Health:
2. International Organisations: ICRC, IOM
3. International NGOs: AAHI, AHA, AMREF, ARC, Brac, CARE, Catholic Medical Mission Board, Caritas South Sudan, CCM, CMA, Concern, COSV, CUAMM, Dorcas, GOAL, Healthnet TPO, IMA, IMC, IRC, Johanniter, Magna, Malteser, Medair, Mentor Initiative, Merlin, MSF-B, MSF-CH, MSF-F, MSF-H, MSF-Spain, PIN, RI, Save the Children, Sign of Hope, World Relief, World Vision
4. National NGOs: HLSS, MRDA, Nile Hope, NPA, SMC, SSRC, SsuHA, THESO, UNKEA, UNIDO
5. UN Agencies: UNHCR, UNFPA, UNICEF, UNAIDS, UNMISS and WHO.

The following donors are supporting the response:
CIDA, DFID, ECHO, EU, OFDA, USAID, CHF, CERF

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