South Sudan Cholera Response
16 May - 24 May 2014

4.2 M IN NEED OF HEALTH ASSISTANCE
1,300,000 INTERNALLY DISPLACED****
1.9 M TARGETED FOR HEALTH
223,636 REFUGEES****
6,948 INJURED*

Health Cluster partners responded to over 400 cases of cholera in Juba, South Sudan.

A total of 5,450 people were vaccinated in the second round of the oral cholera vaccine (OCV) in Bor POC and humanitarian community.

A total of 29,677 people have been vaccinated in the first round of the oral cholera vaccine in PoC 1 and PoC 2 areas in Bentiu.

Health Cluster partners have reached a total of 1,160,237 people with various medical interventions since 15 December 2013.

** This number has received assistance
** Since 15 December 2013
****Population data: OCHA-09 May 2014
*****Refugee data: UNCHR, South Sudan portal
RH data last updated on 30 April 2014

Notes:
 Situation Update

- The Ministry of Health officially declared an outbreak of cholera in Juba, South Sudan on 15 May 2014. Since then over 400 cases of cholera have been reported in the suburbs of Juba with 14 deaths (7 community and 7 institutional). Forty five (45) cases of Acute Watery Diarrhoea (AWD) were reported in Kaka military barracks including 11 deaths, and 27 AWD cases reported in Panyagar military barracks with three deaths. Increasing AWD cases were also reported from Owiny Kibul, Esidu on Juba-Nimule road and in Luri. To date 6 cases have tested positive for vibrio cholera by culture at AMREF Laboratory in Nairobi, Kenya.

- The security situation in the country was relatively calm, with limited reports of clashes from most parts of the country. Given the calm security situation in Bentiu and Rubkona, the new arrivals to the Protection of Civilians (PoC) areas are increasingly from adjacent counties. Cluster Partners have continued providing life saving interventions to all people displaced in IDP camps and host communities including oral cholera vaccination and mass measles campaigns in Bentiu and Bor, and surgery for patients with gunshot wounds in Bentiu.

Public health risks, needs and gaps

- The current cholera outbreak in Juba town is a public health risk for the residents of Juba and the displaced populations in the Protection of Civilians (PoC) camps in Tongping and Juba III/UN House with their temporary housing, water and sanitation challenges and the onset of rainy season. Reports of cholera cases from Kaka, Upper Nile State, and Panyagar military barracks, Jonglei State, pose a risk for a larger cholera outbreak, given the limited capacity of the State Ministries of Health and the few partners on the ground.

- The closure of some health facilities in Upper Nile, Unity and Jonglei State, increases the public health risk to communities living in those states, especially given the increased number of AWD cases with deaths reported in Kaka, Upper Nile State and Panyagar, Jonglei State. Should an outbreak of cholera begin, there will be a challenge for the population to access prompt health care, and detection may be delayed because there will be no health facilities and health staff to alert the MOH/WHO of this outbreak. At least 127 health facilities are non-functional in the three states of Jonglei, Unity and Upper Nile due to insecurity. Other health facilities are currently closed either due to looting or destruction as a result of clashes.

Gaps identified in the cholera response

Critical health response gaps include:
- Provision of food for patients admitted in the JTH CTC.
- Blankets for patients admitted in the CTC.
- Community engagement for cholera prevention and control is still limited.
- Staffing for supervision of burials at the community level.
- Disinfection of dead bodies at the community level and patients’ households.

Health cluster response

- The Health cluster has played a significant role in ensuring coordinated efforts for the cholera response. Through the cluster leadership, partners’ roles and responsibilities in the PoC area were streamlined to minimize duplication of efforts. At a meeting held with the Juba Teaching Hospital administration, it was agreed that Medair would be the lead agency for case management at Juba CTC with WHO providing guidance on case management protocols, supporting the training of health workers in case management and infection control and payment.
of their incentives. In addition, UNICEF and WHO will provide logistical support in form of ORS, IV fluids, tents, drugs and other medical supplies to be used at the CTC.

- Three national taskforce meetings were held during this reporting period to strengthen the response to the cholera outbreak. The meetings were chaired by the national Ministry of Health and brought together all partners engaged in the three thematic areas established by the Epidemic Preparedness and Response Taskforce to control the outbreak: case management, surveillance and laboratory; social mobilization; and WASH. These working groups also met individually to agree on interventions to control the cholera and prepare key recommendations for adoption by the National Task Force.

**Cholera vaccination campaigns**

- To reduce the chance of contracting cholera among the IDPs in the PoC locations, WHO and MSF procured vaccines and other supplies for the vaccination of over 76,980 people in six locations as detailed in the Table below. UNMISS, UNICEF and UNOCHA provided the cold chain for the vaccines.

- Two rounds of the vaccination exercise took place in Bor, Malakal, Juba III/UN House, Mingkaman and Tongping. In Bentiu the first round was conducted this week, with the second round to be conducted in the next two weeks. The number of vaccines required in the two PoC areas was four times the original estimate because of the population increase in the PoC as a result of recent fighting in Bentiu and Rubkona. One requires two doses of cholera vaccination to get protection from cholera. Refer to table below for the summary of OCV in the IDP camps since February 2014:

<table>
<thead>
<tr>
<th>Location</th>
<th>Implementing partner</th>
<th>First Round</th>
<th>Second Round</th>
<th>Third Round</th>
<th>Target population (planning figures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mingkaman</td>
<td>MSF</td>
<td>48,906</td>
<td>38,196</td>
<td></td>
<td>94,090</td>
</tr>
<tr>
<td>Tongping</td>
<td>Medair</td>
<td>14,024</td>
<td>12,695</td>
<td>2135</td>
<td>19,883</td>
</tr>
<tr>
<td>Juba III/UN House</td>
<td>Medair</td>
<td>6,920</td>
<td>6,123</td>
<td>1272</td>
<td>12,126</td>
</tr>
<tr>
<td>Malakal</td>
<td>IOM &amp; MSF</td>
<td>16,055</td>
<td>11,879</td>
<td></td>
<td>4,310</td>
</tr>
<tr>
<td>Bor</td>
<td>IOM</td>
<td>2,862</td>
<td>2,862</td>
<td>2,588</td>
<td>9,700</td>
</tr>
<tr>
<td>Bentiu</td>
<td>IOM</td>
<td>29,677</td>
<td></td>
<td></td>
<td>21,340</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>118,444</td>
<td>71,755</td>
<td>3,407</td>
<td>161,449</td>
</tr>
</tbody>
</table>

- Following reports of cholera outbreak in Juba and suspected cases reported from Upper Nile and Jonglei State, health cluster partners in Bentiu, Malakal, Bor, and Mingkaman met to review their cholera preparedness and response capacity including assessing supply requirements for respective PoCs. Specific focus was given to a coordinated effort of the Health and WASH Clusters. UNICEF and WHO prepositioned Diarrhoea Disease kits in all the PoC areas as part of this preparedness.

**Surveillance and communicable disease control**

- Since the beginning of the outbreak, a total of 467 cholera cases including seven health facility deaths and seven community deaths (CFR 3.6%) have been reported, with the majority 363 (78%) of cases treated at the CTC in JTH.

- Cholera cases have been reported from six Payams in Juba County with the most affected being Northern Bari with 138 cases (28%)
**Plans for future Health Cluster response**

- Support the Ministry of Health to respond to the cholera outbreak through provision of supplies, training of health workers and on going surveillance
- Support efforts to re-open Bor, Malakal and Bentiu hospitals to deliver secondary health services.
- Continue prepositioning drugs and medical supplies ahead of the rainy season.

**Cholera response partners**

The following partners supporting the Ministry of Health to respond to the cholera outbreak in South Sudan:

1. International Organizations: IOM
2. International NGOs: IMA, Medair, MSF, Norwegian People’s Aid, OXFAM, People In Need
3. National NGOs: ART, SSRC
4. UN Agencies: UNICEF and WHO.

**Donors**

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

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