**Highlights**

- Partners conducted an assessment visit to Maiwun, Boma payam, Greater Pibor Administration Area to investigate rumors of an outbreak of an unknown disease that was reported to have caused death among a section of the population.

- Partners have continued to respond to the cholera outbreak in parts of Central Equatoria State, Eastern Equatoria State and Wau Shilluk and Malakal in Upper Nile State.

- As of 02 August, a total of 5,536 cases of cholera with 121 death (CFR 2.2%) had been recorded in South Sudan since the start of the outbreak on 23 April 2014.

- A total of 1,956,485 medical interventions had been conducted by health cluster partners since 15 December 2013.

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**Notes:**

* This number has received assistance
** Since 15 December 2013
*****Population data: OCHA, 31 July 2014
**** Refugee data: UNCHR, South Sudan portal
RH data last updated on 31 July 2014
As of 02 August 2014, a total of 5,536 cholera cases including 121 deaths (CFR 2.2%) had been reported in South Sudan. Of concern however, is the continued increase in cases outside Juba, mainly Eastern Equatoria State (EES) which continues to account for most of the cases, with 2,256(41%) of the cumulative cases and 55 deaths (45% of cumulative deaths) being reported from Torit Hospital cholera treatment centre. Partners continue to treat cases while encouraging continued efforts to enhance WASH standards in all camps. In Wau Shiluk, a declining trend has been observed over the past two weeks from over 100 admissions a day in week 27 to no daily admissions during week 30. Partners continued supporting prevention and control 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.

Following reports of a ‘strange disease that was killing people’ in Boma payam, Pibor County (Now greater Pibor Administrative area), Health cluster partners: WHO, MOH and MSF - joined by the Boma Payam Administrator, conducted an investigation to verify the rumours. Interviews with the community established that 35 people died, (28, 80%) under five children the majority (17, 60%) of whom were newborn children. The team established no clear indications of an epidemic prone disease such as Cholera, VHF, or meningitis. As the community lacks even basic housing, they are exposed to the elements, are food insecure and coupled with lack of basic health services, extremely vulnerable to communicable diseases. WHO is working with partners and the Ministry of Health to support revival basic health services in the area.

Health cluster partners joined the Humanitarian Observation Mission to Bentiu town to validate information on vulnerable people living in there and its vicinity, and identify the most vulnerable for possible humanitarian protection and assistance at their places of residence. Malnutrition, malaria and skin disease appeared to be the most prevalent health conditions affecting the people. CARE recently started a mobile health clinic and has scaled up awareness of these services among the communities to enable those in remote areas to access basic health services.

The Cholera outbreak remains a public health concern. Heavy rains and floods, coupled with limited access to safe water and poor sanitation and hygiene, exposes the population to cholera and other waterborne disease outbreaks. As movement of people increases within the country; the risk of cholera spreading further to new sites is increased. In EES, the risk of spreading to new sites is even higher as open defecation is a more common practice, and safe water in more limited supply. Cholera has also been confirmed in new sites of Kapoeta North and Budi with risks of the disease spreading into additional communities. More aggressive social mobilization is required if transmission is to be interrupted.

In Bentiu, the torrential rainfall experienced during week 30 caused severe flooding in the PoC areas, leading to destruction of IDP shelters and washing away of toilets. This will increases the risk of water borne disease to the population in the IDPs, as the likelihood of contamination of water source with faecal matter is high. Partners continue to respond to alerts, while closely monitoring high-risk areas. Verification of alerts continues in the areas of Burung, Isohe Payam, Ikotos, EES and Bol, Lui Payam, Fashoda county, Upper Nile State.

The continued influx of displaced persons into Bentiu PoC is straining existing health services in the Protection of Civilians (PoC) areas. On average 100 IDPs are being received per week and the risk ofa measles outbreak remains high.

Suspected cases of meningitis have been reported Malakal POC. Partners continue putting in place and strengthening efforts to improve specimen collection to enhance isolation. In this period, two suspected cases were reported in Malakal PoC, were verified and dispelled as not being Meningitis.

In Malakal, Upper Nile State, KalaAzar (Visceral leishmaniasis) is a concern as partners continue referring cases to areas where they can access treatment. Over the past one week, GOAL has referred eight cases of Kala Azar from Rom to Melut for treatment in the MSF facilities. There is need for more
supplies of Kal Azar drugs as the supplies are running low at the health facilities handling cases. Plans are under way to send additional supplies to the field.

Gaps

Critical health response gaps include:
- Lack of secondary health care from Bentiu and Malakal hospitals, which have remained closed since they were looted and damaged at the beginning of the crisis. Bor Hospital is beginning to provide more health services. Displacement of health staff from government facilities thus limiting service provision
- Infrastructure constraints in the PoC areas.
- Limited number of health partners to support the management of cholera cases in the new sites, conduct social mobilization and health education and WASH interventions.

Health Cluster Action

Health Cluster Coordination

- Coordination meetings were held in all the emergency areas of Bor, Bentiu, Malakal, and Mingkaman to discuss and coordinate responses on the ongoing health interventions. Delay in submission of surveillance reports, implementation of Detang assessment, improvement of the measles vaccination coverage in the POC were the major areas of discussion in Malakal. Following the increase in the number of measles cases in the camps, partners committed to providing measles vaccines to all children who visit the clinics with no evidence of having received vaccination. In Bentiu, WHO presented to partners mortality and morbidity trends in the camps, the gaps in health service delivery discussed and recommendations agreed on. The major challenge facing the health service delivery in the camps is the transportation of medical supplies from the central to field level and a shortage of qualified medical personnel. The Ministry of Health, donors, Health Cluster, WHO and the Logistics Cluster are working to resolve the issue of transportation of medicines.
- A planning meeting was also held in Bor and Malakal to revise and finalize micro plans for seven counties to enable integrated vaccination campaigns for measles, Polio, Vitamin A, De-worming and Mid Upper Arm Circumference (MUAC) assessment.
- Partners have started providing primary health care services in areas outside the PoC areas such as Bentiu town. Health cluster partners with the leadership of WHO plan to assess Bentiu state hospital to determine the status and work required to resume providing health care.

Health service delivery

- Since 15 December 2013, a total of 1,956,485 medical interventions have been conducted including consultations, vaccination, antenatal care, assisted deliveries, surgeries and medical evacuations. As of 17 July 2014, these include:
  - 875,535 consultations and treatments, [including 73,398 from outside the IDP camps countrywide and 9,165 inside the IDP sites].
  - 382,737 children vaccinated against measles,
  - 283,191 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

- In Bor partners prepared State Immunization Activities (SIA) micro plans for Bor south, Twic East, Duk, part of Ayod, Pochalla & Pibor counties. Plans are under way to conduct a combined measles, Polio, Vitamin A supplementation & de-worming vaccination exercise in the first week of August.
- Four new Acute Flaccid Paralysis (AFP) cases were identified in the reporting week 30; one from Eastern Equatoria (Kapoeta East-1), One from Jonglei (Uror-1), two from Northern Bahr El Ghazal (Aweil South-1, Aweil Center-1).
Since January 2014, 143 AFP cases have been identified. Samples were collected and sent for further investigations as summarized above.

<table>
<thead>
<tr>
<th>Status of samples collected</th>
<th>Number of samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending for Lab culture</td>
<td>19</td>
</tr>
<tr>
<td>Pending for ITD</td>
<td>0</td>
</tr>
<tr>
<td>Pending for ERC</td>
<td>2</td>
</tr>
<tr>
<td>Discarded as NPAFP</td>
<td>122</td>
</tr>
<tr>
<td>128*/143 Index cases with at least three contacts</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Support to health service delivery (capacity building)**

- In Western Equatoria State, integrated disease surveillance and response (IDSR) training was conducted targeting 36 participants to strengthen surveillance and reporting in poorly performing counties. Those trained were drawn from health facilities of five counties, namely: Yambio, Nzara, Ezo, Tambura and Nagero.
- In Bor, health cluster partners conducted an orientation for health workers on the management of cholera. The training aimed at orientating health workers on how to handle suspected cholera cases and ensure safe body handling at the clinics, health facilities and in the community.

**Assessments and investigations**

- Following reports of a 'strange disease that killed up to 35 people in the past one month in Boma payam, Pibor County (Now greater Pibor Administrative area), Health cluster partners, WHO, MOH and MSF – joined by the Boma Payam Administrator conducted an investigation visit to the site to verify the rumours. The team established no clear indications of an epidemic prone disease such as Cholera, VHF, or meningitis. Evidence on ground points to an increased incidence of acute respiratory tract infections (Mostly Upper respiratory tract infections and then Pneumonia) caused by complete absence of housing - the people sleep in the open.

The reported deaths were mainly resulting from the lack of medical services given that pneumonia in children can be aggressive, usually requiring urgent medical care involving intravenous medications and oxygen supplementation which is clearly lacking in the area. A few children examined by the team were found to be malnourished; it is believed that malnutrition could have been another underlying factor for deaths in children. The team recommended that the health cluster should:

- Identify a partner to support initial provision of health care to the community through the rapid response mechanism given the hurdles of accessing the place.
- The health cluster liaise with Non Food Items and shelter to support the community with tarpaulin and other materials to provide temporary shelter and farm tools, and
- Liaise with the nutrition cluster for a joint response in Meiwun.
- Health cluster partners joined the Humanitarian Observation Mission to Bentui town to validate information of vulnerable people living in the area and its immediate vicinities, and identify those most vulnerable for possible humanitarian protection and assistance at their places of residence. Malnutrition, malaria and skin disease appeared to be the most prevalent. The team recommended that the health cluster provides support to CARE to scale up its mobile health activities and increase the frequency of its visits and coverage to include other health services like immunization and nutrition to the health package to the community. CARE recently started a mobile health clinic, and has scaled up awareness of these services among the communities to enable those in remote areas to access these services.

**Surveillance and communicable disease control (IDP/Protection of Civilian Sites)**

- Acute Respiratory Infection (ARI), AWD and malaria continue to account for the highest proportion of the disease burden among IDPs [See Figure 1]. In week 30, ARI had the highest proportionate morbidity and incidence. The proportionate morbidity for malaria, AWD and acute bloody diarrhea (ABD) increased in week 30 as opposed the previous week.

- Since the onset of the crisis, at least 1,013 deaths have been reported from the IDP camps. Children under 5 years account for 516 (51%) of the deaths. Most of the deaths occurred in Tongpoo, Bentiu, Malakal and Bor with the main causes being AWD, measles, severe pneumonia and malnutrition. However, during week 30 the under-5 and crude mortality rates (CMR) were below the emergency threshold for the four camps that submitted mortality data. Partners are continuing with enhanced routine immunization to mop up all unvaccinated children on arrival at the camps, during routine healthcare visits and at scheduled outreaches to the most affected PoCs such as Bentiu.

- Two new HEV cases were reported in week 30, bringing total cases to 66. Partners continue efforts to reduce the CFR among the cases that are reporting at facility level, which remain at four (CFR 6%) To avert further spread, WASH partners are monitoring water quality at different levels complemented by activities like distributing soap for hand washing at strategic places such as food distributions.

**Reproductive Health**

*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>48,057</td>
</tr>
<tr>
<td>Assisted Deliveries</td>
<td>8,440</td>
</tr>
<tr>
<td>Caesarean sections Performed</td>
<td>831</td>
</tr>
<tr>
<td>Women and girls provided dignity kits</td>
<td>4,036</td>
</tr>
<tr>
<td>Reached with GBV prevention messages</td>
<td>43,076</td>
</tr>
</tbody>
</table>

**Resource Mobilization**

- About 69% (USD 53,509,287) 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, Bentiu and Bor hospital.
- Continue prepositioning drugs and medical supplies ahead of the rainy season. 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

Announcement

AMREF begun screening for orthopaedic cases at Juba teaching hospital on Monday, 4 through to 16 August 2014. The team will also visit Bor, Kuajok and Rumbek also.

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