South Sudan Emergency Response

Situation Report # 35
9 – 13 August 2014

5.8M IN NEED OF ASSISTANCE
7,066 INJURED
1.1 M DISPLACED
242,702** REFUGEES

WHO

STAFF IN THE COUNTRY 159
SURGE 30

Funding

52.9% FUNDED
24.37M REQUESTED

HEALTH SECTOR

56*** HEALTH CLUSTER PARTNERS

Beneficiaries

2,111,743 PEOPLE COVERED

Health facilities

127 DAMAGED
1,350 FUNCTIONING

Consultations

967,579 CONSULTATIONS
9,056 ASSISTED DELIVERIES
7,066 SURGERIES (OF GUNSHOT WOUNDS)

EWARN

32 SENTINEL SITES

Vaccination

CHILDREN VACCINATED AGAINST
400,272 MEASLES
297,547 POLIO
120,176 CHOLERA
(2 doses, Juba PoCs, Bentiu, Bor, Malakal and Mingkaman)

Funding

71% FUNDED
US$77M REQUESTED

Highlights

• The security situation in most of the country remained stable, although clashes were reported in Nassir, Upper Nile State.

• Health partners have reported a decline in both cholera cases and deaths. By 11 August 5,697 cases and 123 deaths (CFR 2.16%) had been reported since April 2014.

• WHO and health partners are supporting the Ministry of Health with preparedness activities for any potential case of Viral Haemorrhagic Fever (HVF)).

• To date health partners have reached 2,111,743 people with various interventions since January 2014.

Public Health Concerns

• Insecurity remains a concern that threatens to hamper delivery of health services to people in need.

• Malaria, Acute Respiratory Infections (ARI) and Acute Watery Diarrhoea (AWD) are the main diseases affecting internally displaced persons (IDP).

• The food security situation remains precarious in large parts of South Sudan and continues to deteriorate, with severe malnutrition rates already being observed in certain areas and the threat of famine looming.

• The Ebola Viral Disease (EVD) outbreak affecting four countries in West Africa, is of public health concern and has prompted partners to engage in preparedness activities.
Public health concerns

- Cholera cases and deaths have been on a downward trend. However, Eastern Equatoria State still accounts for most of the cases. There is need for more targeted water, sanitation and hygiene (WASH) and Social Mobilisation interventions in areas that continue to report cases. Surveillance and case management of cholera continue. This week, alerts were received from Bor, Jonglei and Ikotos, Eastern Equatoria State, followed by verification and appropriate management.

- With renewed fighting and tension in Upper Nile State and Bentiu, Unity state a surge in gunshot wound injuries is expected in affected facilities in the catchment area.

- HIV/TB service delivery remains low and unavailable in the larger part of the areas hosting the displaced community.

WHO action

- WHO is supporting South Sudan’s Ministry of Health (MoH) with preparedness for the early detection and timely response to any identified VHF cases. While no cases have been reported in the country, WHO is providing technical support in infection prevention and control as well as health education. Isolation sites for treating patients with suspected VHF have been identified and are being prepared at Juba Teaching Hospital (JTH) and UNMISS.

- Following reports of increasing cases of Kala-Azar, the MoH and partners, supported by WHO, met to discuss preparedness, faster case detection and response action. WHO is supplying drugs for treatment and two rapid response teams comprising MoH and humanitarian partners are being established and trained to detect and respond to Kala Azar cases with specific emphasis in the greater Upper Nile area.

- The agency conducted trauma training for 40 health workers comprising nine medical officers, 16 nurses and 15 clinical officers from two hospitals and eight PHCCs in Juba County. The training aimed to strengthen capacity on emergency and essential surgical care in Juba, which has seen an increase in trauma cases since December 2013.

- Field level Emergency Preparedness and Response (EPR) teams continue with community awareness, active case search, surveillance and response to epidemic prone diseases. In Torit and Mingkaman, community surveillance teams have been identified and will undergo training in the coming week.

- Central Equatorial State: WHO supplied the MoH with non-contact Infrared thermometers and two tents, which were erected at the airport for screening passengers for fever on arrival. A total of 20 Public Health officers (PHO) were trained to support screening passengers at the airport health desk. Five health workers from Central Equatorial SMoH and 42 airport staff from various key departments also benefited from the training.

- During the reporting period, WHO trained 41 health workers from Juba, Terekeka and Kajo-Keji counties on Integrated Disease and Surveillance Response (IDSR). A joint supervisory team comprised of WHO and MoH technical officers conducted on the job training for health staff at Gurie, Muniki and Nyakuron Primary Health Care Centres (PHCC) on IDSR, the Expanded Program on Immunization (EPI) and emergency preparedness and response. In addition the Laboratory staff in Juba were also trained on sample collection and rapid diagnostic tests.

- Jonglei State: WHO provided on the job training on effective active case searching, data collection and reporting to 10 Community Health Workers (CHW) in Bor. Ten staff at the Protection of Civilians (PoC) IRC clinic were also trained on how to register vaccinated children, strengthen routine immunization services and active case finding of Acute Flaccid Paralysis (AFP).
- **Lakes State**: Following reports of suspected measles cases from cattle camps, in Mingkaman WHO in collaboration with humanitarian actors initiated a mop up campaign in cattle camps. A total of 1,419 children were vaccinated against measles at two cattle camps. The mop up campaign is ongoing.

- **Northern Bahr El Ghazal**: WHO state teams supported the MoH and health cluster partners to develop a flood contingency plan in lieu of the upcoming rainy season. The state has historically been greatly affected during the flooding season.

- **Upper Nile State**: WHO staff facilitated at a training of trainers (ToT) for 18 health workers on pentavalent as well as Vitamin A, de-worming and middle-upper arm circumference (MUAC) measurements in Malakal. The participants were also trained on campaign management skills, monitoring and supervision of vaccinators.

- **Warrap State**: WHO in collaboration with State Ministry of Health (SMoH) conducted a field visit and support supervision to Tonj North counties from 8 to 10 August 2014. This follows persistent reports of high cases of malaria and hence a verification of the suspected upsurge of malaria. All health facilities visited lacked anti-malaria drugs and rapid diagnostic tests (RDT). The team will conduct a follow up visit and ensure the delivery of the much needed supplies. Four modules of malaria drugs were donated to the Tonj County Health Department.

- **Western Bahr El Ghazal State**: A ToT on introduction of the pentavalent vaccine was conducted for 15 participants from three counties in preparation for the rollout of the immunisation campaign.

**Surveillance and Communicable Disease Control**

*Health Situation (surveillance) in IDPs/PoCs*

Malaria, acute respiratory infections (ARI) and acute watery diarrhea (AWD) continue to account for the highest proportion of the disease burden among IDPs. In week 32, malaria had the highest proportionate morbidity and incidence. The incidence for malaria increased while ABD, AWD and measles decreased compared to week 31, as illustrated in Figure 1.

**Figure 1: Priority Disease Proportionate Morbidity - for Week 1 - 32, 2014**

- **Hepatitis E Virus (HEV)**: HEV cases in Mingkaman increased by seven (9.5%), bringing cumulative cases to 81, although deaths remain four. The CFR is 4.9%.

- **Acute Jaundice Syndrome (AJS)**: During weeks 4 to 29 of 2014, seven AJS cases and two deaths were reported in Bor, Bentiu, Juba, Lul and Malakal. Partners are urged to investigate all new AJS cases and submit samples for laboratory testing in order to strengthen
Last week’s report erroneously reported that there were 152 polio cases. Please note that the reported cases are AFP (Acute Flaccid Paralysis) and not Polio. There has not been any confirmed case of Polio in South Sudan since June 2009.

**Acute Flaccid Paralysis (AFP):** Since January 2014 a total of 161\(^2\) AFP cases have been identified. In week 32, nine cases were identified in Eastern Equatoria, Northern Bahr El Ghazal, Warrap and Western Equatoria States. The annualized non-polio acute flaccid paralysis (NPAFP) rate is 3.18 per 100,000 children under 15 years and the stool adequacy rate is 90%. Early detection within seven days of onset of cases in 2014 is 82%.

In efforts to enhance surveillance in the insecure states of Jonglei, Unity and Upper Nile, the WHO Polio Eradication Initiative (PEI) has deployed staff to IDP camps to conduct case search alongside other emergency support. AFP Surveillance including case search at both facility and community level continues in collaboration with Health cluster partners.

**Update on the cholera situation**

- As of 11 August 2014, a total of 5,697 cholera cases including 123 deaths (CFR 2.16%) had been reported in South Sudan. Overall new cholera cases reduced from 825 cases in week 28 to 121 in week 32. Torit, Juba, Lopa-Lafon, Malakal and Magwi reported the highest number of cholera cases in week 32.
- Eastern Equatoria State accounts for the majority of cases – 2,404 of the total - although the outbreak is beginning to decline. There is need to scale up coverage for social mobilization and WASH interventions in the state as cholera trends have remained persistently high.

**Core Services**

- As a precautionary measure, WHO has stockpiled supplies for managing VHFCases, including Personal Protective Equipment (PPE) and disinfectants. So far, 23 kits of heavy duty PPEs and 115 kits of basic PPEs are available in Juba. Additional 10 kits of Type B - PPEs are already prepositioned as part of general preparedness for outbreaks at State level.
- IMC received two Trauma kits, one Type A and one Type B and a dispensary tent (expansion of admission space) for use in Akobo, Jonglei State in support of victims of fighting in Nassir. The Trauma kit is sufficient for 100 cases of gunshot wounds.
- WHO provided an assortment of drugs and medical supplies to the PoC clinic in WBEG and renewed its commitment to support the deployment of health workers in the PoC for another month as the Health cluster identifies a partner to take over the implementation of service delivery.
- Nine of the 12 ambulances procured by WHO to support the MoH arrived in the country and are due to be handed over.

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<tr>
<th>Resource mobilization</th>
<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO</td>
<td>24,372,890</td>
<td>12,911,054</td>
<td>52.9%</td>
</tr>
<tr>
<td>Health Cluster</td>
<td>77,000,000</td>
<td>54,966,506</td>
<td>71%</td>
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</tbody>
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For more information on issues raised in this situation report and the Health Cluster response to this crisis, please contact:

**Dr Abdi Mohammed**  
WHO South Sudan Country Representative  
Email: mohamedam@who.int  
Mobile: +211954169578  
GPN: 67404

**Ms Pauline Ajello**  
Communications and Advocacy Officer  
Email: ajellopa@who.int  
Mobile: +211955873055  
GPN: 67514

**Dr Allan Mpairwe**  
ODM Focal Point  
Email: mpairwea@who.int  
Mobile: +211955372370  
GPN: 67507

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\(^2\) Last week’s report erroneously reported that there were 152 polio cases. Please note that the reported cases are AFP (Acute Flaccid Paralysis) and not Polio. There has not been any confirmed case of Polio in South Sudan since June 2009.
The operations of WHO in South Sudan are made possible with support from the following donors: