South Sudan Emergency Response

Situation Report # 37
28 August – 17 September 2014

5.8M IN NEED OF ASSISTANCE
7,114 INJURED
1.3 M DISPLACED
243,509 REFUGEES

WHO
STAFF IN THE COUNTRY
159
SURGE 30

Funding
52% FUNDED
US $24.37M REQUESTED

HEALTH SECTOR
56*** HEALTH CLUSTER PARTNERS
Beneficiaries
2,455,532 PEOPLE COVERED
Health facilities
127 DAMAGED
1,350 FUNCTIONING
Consultations
1,239,696 CONSULTATIONS
10,802 ASSISTED DELIVERIES
7,114 SURGERIES (OF GUNSHOT WOUNDS)
EWARN
32 SENTINEL SITES
Vaccination
CHILDREN VACCINATED AGAINST
468,953 MEASLES
363,105 POLIO
120,176 CHOLERA
(2 doses, Juba PoCs, Bentiu, Bor, Malakal and Mingkaman)

WHO staff vaccinating a child at Bentiu Protection of Civilian IDP camp during integrated vaccination campaign recently. Photo: WHO.

Highlights

- The security situation remained calm in most parts of the country. A tribal clash resulting to over 30 fatalities was recorded in Tonj East County, Warrap State.
- The cholera outbreak continues to decline with fewer cases being reported weekly.
- Cases of visceral leishmaniasis (kala-azar) continue to increase, mostly in Jonglei, Unity and Upper Nile States.
- To date health partners have carried out 2,455,532 medical interventions since January 2014.

Public Health Concerns

- Drug shortages at facilities in crisis-affected areas are a huge gap in the current response.
- The after effects of flooding in most Protection of Civilian (PoC) sites is an issue of public health concern as cases of waterborne diseases like acute watery diarhoea and water related diseases like malaria are likely to rise.
- Despite reports of declining numbers of cholera cases, the disease remains an issue of concern in Ikotos, Eastern Equatorial State and Juba where sanitation conditions are below the minimum standards.
- The ongoing Ebola outbreak in the Democratic Republic of Congo (DRC) and West African countries is also an issue of concern for health authorities.
- Measles, Hepatitis E and Kala-azar are concern for the current emergency response.
At the national level, WHO is supporting the Ministry of Health (MOH) with preparedness activities for Ebola Virus Disease (EVD). These include: enhanced surveillance at ports of entry, provision of guidelines and protocols, and training of health workers among others. As of this reporting period, a total of 10,318 passengers had been screened on arrival at Juba International Airport, while 112 medical personnel and immigration workers were trained in Nimule and Torit Eastern Equatoria State, Yambio, Maridi, Tambura, Ezo, Nzara and Iba, Rumbek, Western Equatoria State and Juba in Central Equatoria State. In addition, the agency is supporting risk communication activities on Ebola prevention and control through radio messages, talk-shows, distribution Information, Education and Communication materials and stakeholder sensitisation meetings.

In Warrap State, WHO supported the State Ministry of Health (SMOH) to conduct an assessment in Tonj South County following reports of flooding in the area. No displacement was established and all the affected population have been integrated within the communities. In addition, a training of Trainers (ToT) was conducted for the County EPI Supervisors, Field Supervisors, Cold Chain Assistants and representatives from the lead health partners operating in all 8 counties of Warrap State, including Abyei Administrative Area.

A combined team of WHO, SMOH and humanitarian partners conducted a support supervision mission to Lobonok in Juba County, CES. This follows reports of an increase in Acute Watery diarrhoea (AWD) cases in the payam. Over 40 cases of AWD had been managed at the facility with sporadic cases being reported. WHO donated a full Diarrhoea Disease Kit worth treating 700 people and two tents to support case management in Pager Primary Health Care Centre (PHCC) and Karpeta Primary Health Care Unit (PHCU).

WHO supported a verification exercise to Tal, Payam in Terekeke County, CES following reports of suspected Viral Hemorrhagic Fever (VHF) case following the death of an adult presenting with bleeding tendencies. It was established that the case did not suffice the criteria of VHF, majority of the contacts are under fever surveillance for the next 21 days.

In Eastern Equatoria State, WHO supported SMOH/ Imatong Military Barrack with diarrheal kits, intravenous (IV) fluids and oral rehydration salts (ORS) to better prepare the facility to manage a potential outbreak of cholera. The diarrhea kit is adequate to treat 700 people. Training for field supervisors was also conducted for 36 vaccinators from six payams of Lopa-Lafon County. This is in line with the integrated measles and Polio campaign that is being supported by WHO.

In Jonglei State, the Integrated Measles, Polio, Vitamin A and de-worming campaign in Bor South County, including Bor PoC was concluded on 4 September. During the campaign, WHO provided support supervision and monitoring of the Supplementary Immunization Activities (SIA) implementation and participated in the community sensitization of 30 community leaders, men, women and youths. A day-long training for 22 vaccinators, recorders, social mobilizers and team supervisors was conducted in Bor PoC. In addition, the organisation supported one day training for the Ebola Virus Disease for Bor Hospital Clinicians. The objective was to equip clinicians with skills that will enable them be prepared and respond to any potential case of Ebola. Seventeen (17) Bor Hospital medical staff benefited from the training.

WHO supported the SMOH in Northern Bahr El Ghazal to strengthen the implementation of the pentavalent vaccine, WHO trained 41 vaccinators from three counties of Aweil East, Aweil South and Aweil centre. In addition, the Guinea Worm programme supported training of 62 health workers on basic principles of disease surveillance and Guinea Worm containment. Participants were drawn from the five counties of Northern Bahr El Ghazal state.

In Unity State WHO supported the Integrated Measles, Polio and Vitamin A campaign in PoC sites, Bentiu and Rubkona towns during which 14,562 and 14,090 children were reached with measles and polio vaccinations respectively.

In Upper Nile State, WHO conducted a support supervision activity in Wau Shiluk to provide measles
and oral polio vaccine (OPV) support for the ongoing campaign that started on 27 August 2014.

- In Lakes State, a sub national health cluster meeting was held at the state level with emphasis on the preparation of state wide integrated measles, polio campaign. Furthermore, AFP surveillance supervision activities were carried in Cueibet County Hospital so as to orient health workers on acute flaccid paralysis (AFP) surveillance and contact tracing.

**Surveillance and Communicable Disease Control**

*Internally Displaced Persons (IDP)/PoC sites.*

- Malaria, acute respiratory infections (ARI) and acute watery diarrhoea (AWD) were the main causes of morbidity among IDPs in week 36. Malaria had the highest proportionate morbidity and incidence when compared to the other top five causes of morbidity.

  ![Figure 1: Priority Disease Proportionate Morbidity - for Week 1 - 36, 2014](image)

- **Hepatitis E Virus (HEV):** Cumulative HEV cases in Mingkaman were 103 by week 36. Deaths remain at four (CFR 3.7%), three (75%) of which were among pregnant women. The majority of the cases are female (49%) and most 72 (82%) of the cases are below 30 years old.

- **Kala-azar:** Kala-azar cases are on the increase as the seasonal peak draws close. Since January 2014, 2,971 new cases and 77 deaths (2.6%) have been reported from endemic areas in Jonglei, Unity and Upper Nile states. Over 50% of the cases - 1,711- were reported from Lankien, while the rest were from Chuil, Malakal, Melut, Old Fangak, Nasir, Rom, Yuai and Bentiu. WHO is supporting implementing partners with case management and assembling of supplies and adequate stockpiles in endemic states. This year, the peak season started in April, which was unusual. Figure two below shows significant increases in the case and death trends in 2014 as compared to the previous years.

  ![Figure 2: Comparison of Weekly Kala-azar Cases by Epi-Week 2013 and 2014](image)
**Acute Flaccid Paralysis (AFP):** During week 36, no new Acute Flaccid Paralysis (AFP) cases were reported from the IDP camps. Nine new AFP cases were reported from the population living outside the IDP camps. Since the beginning of 2014, a cumulative of 180 AFP cases have been notified. The annualised non-Polio AFP (NPAFP) rate is 3.16 cases per 100,000 population children 0-14 years and stool adequacy is at 91%.

**Update on the cholera situation** *(details will be found in the weekly Cholera Situation Report #92)*
- As of 7 September, a total of 6,065 cholera cases and 139 deaths (CFR 2.3%) had been reported from 13 counties in five states. Active transmission continues to be reported in Juba and Ikotos counties. While there is a decrease in cases, there is need for sustained interventions in areas that continue to report cases.

**Core Services**
- WHO continued to support partners with various interventions. In this reporting period, the agency:
  - Supplied IMA with 600 vials of sodium stibogluconate (SSG), 200 AMP Paromomycin, 100 vials of Ambisome and 1,000 kits of RK39 kala-azar rapid test kits.
  - Supported the MOH with an additional tent, Infection control materials, infra-red thermometers and stationary to support screening activities at Juba International Airport as part of Ebola prevention and preparedness activities.
  - Provided 600 vials of paromomycin to Nile of Hope in Walgak, Jonglei State.
  - Supplied SMOH in Rumbek, Lakes State with 50 doses of anti-rabies vaccine.
  - As part of Ebola response, WHO supported the screening process by providing screening kit to the immigration centres in Kaya, Wau and Juba International Airport as part of surveillance.

**Resource mobilization**
- Together with the State Ministry of Health and other partners like UNICEF, UNMISS and internews, WHO plans to participate in preparatory activities for vaccination campaigns in remote counties including Fashioda.

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<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% funded</th>
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<tr>
<td>Health Cluster</td>
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