South Sudan Emergency Response

Situation Report # 34
3 – 8 August 2014

5.8M IN NEED OF ASSISTANCE
7,018 INJURED
1.1 M DISPLACED
241,984** REFUGEES

WHO
- STAFF IN THE COUNTRY: 159
- SURGE: 30

Funding
- 75.4% FUNDED
- US$14.5M REQUESTED

Public Health Concerns
- Insecurity remains the greatest threat to the delivery of health services, while the shortage of potable water and malnutrition undermine health interventions.
- Some parts of the country have become inaccessible due to conflict or heavy rains, which impede delivery of health services to people in need.
- Cholera cases continue to be reported across 12 counties in the states of Central Equatoria (CES), Eastern Equatoria (EES), Jonglei, Upper Nile (UNS) and Western Equatoria (WES). Eastern Equatoria State still accounts for the majority of cases.
- Active case finding, surveillance and case management continue in cholera affected areas, while rumours and alerts are being investigated. This week, alerts were received from Juba, CES. Verification and appropriate management was carried out.

Highlights
- The security situation remained stable in most parts of the country. However, unrest was reported in Maban County, Upper Nile State during which aid workers were killed and others evacuated.
- Health partners continue to battle the cholera outbreak and by 6 August altogether 5,621 cases and 123 deaths (CFR 2.2%) had been reported.
- The under-5 mortality for Bentiu declined to 0.529 deaths per 10,000 per day in week 31 from 1.41 per 10,000 per day in week 30.
- To date health partners have reached 2,029,880 people with various interventions since January 2014.

Health Sector
- 56*** HEALTH CLUSTER PARTNERS

Beneficiaries
- 2,029,880 PEOPLE COVERED

Health facilities
- 127 DAMAGED
- 1,350 FUNCTIONING

Consultations
- 951,763 CONSULTATIONS
- 8,722 ASSISTED DELIVERIES
- 7,018 SURGERIES (OF GUNSHOT WOUNDS)

EWARN
- 32 SENTINEL SITES

Vaccination
- CHILDREN VACCINATED AGAINST
  - 397,400 MEASLES
  - 293,057 POLIO
  - 120,176 CHOLERA
  (2 doses, Juba PoCs, Bentiu, Bor, Malakal and Mingkaman)

Funding
- 69% FUNDED
- US$77M REQUESTED

*OCHA South Sudan Crisis Report
** UNHCR South Sudan Portal 3 August 2014
*** Updated Health Cluster 3Ws 12 July 2014

Heavy rains and subsequent floods in Bentiu worsen already difficult living conditions of Internally Displaced Persons (IDP) and further expose them to diseases. Photo: WHO.
Public health concerns

- Since the beginning of 2014 a total of 152 polio cases have been notified, of which nine were identified in the reporting week. The cases reported in week 31 were from Jonglei, Lakes, Warrap and Western Bahr El Ghazal States. The annualized non-polio acute flaccid paralysis (AFP) rate is 3.10 per 100,000 children under 15 years and the stool adequacy rate is 89%.

- Measles cases continue to be reported, particularly in Unity and Upper Nile States.

- Following reports of Acute Jaundice Syndrome (AJS) cases, Protection of Civilian (PoC) sites have been encouraged to prioritize the investigation of new cases as they emerge.

- Guinea Worm cases continue to be reported. By the end of July 2014 a total of 43 cases had been reported countrywide, of which 19 were verified by laboratory tests and 24 are undergoing tests.

WHO action

- **Warrap State**: WHO provided technical support in the form of capacity building for health workers on prevention and management of Post Partum Haemorrhage (PPH), counselling of couples on danger signs during pregnancy, child birth and immediate post partum organized by the Health Pooled Fund (HPF) project in collaboration with State Ministry of Health. Those trained were from the counties within the state.

- **Unity State**: Ongoing response by GOAL, supported by WHO, in Mellut County shows that 20,396 children below 15 years have received Oral Polio Vaccine (OPV); 19,861 aged between six months and 15 years have received measles containing vaccine (MCV); and 7,591 between six and 59 months have received Vitamin A.

- **Upper Nile State**: WHO participated in a rapid assessment for Health and Nutrition cluster partners in Wau Shilluk. Findings and recommendations will be shared once available.

- **Western Bahr El Ghazal State**: As part of preparations for the rollout of pentavalent vaccine in the state, WHO conducted training of health workers.

- WHO is preparing to preposition over $340,000 to conduct an integrated measles Polio and Vitamin A campaign in Jonglei, Unity and Upper Nile States by mid-August 2014 in order to mitigate the outbreak. The campaign will target children under 15 years and hopes to reach over 1,728,921 children with measles and 1,802,492 with polio vaccines.

Surveillance and Communicable Disease Control

*Health Situation(surveillance) in IDPs/PoCs*

*Figure 1: Priority Disease Proportionate Morbidity - for Week 1 - 31, 2014*

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

- Under-5 mortality was below the emergency threshold of two deaths per 10,000 population per day at the four PoC sites that reported. Pneumonia and malaria are the major causes of death among this age group. The under-5 mortality for Bentiu was 0.529 deaths per 10,000 per day compared to 1.41 per 10,000 per day in the previous week.

- The crude mortality rate (CMR) was also below the emergency threshold in the four PoC sites.

- Five new Hepatitis E Virus (HEV) cases were reported in week 31 bringing the cumulative total to 72 cases. Partners have successfully prevented new deaths which remain at four. The CFR is 5.6%.

- AJS cases were reported in Juba, Bentiu, Lul, Malakal and Bor. As HEV and AJS are affecting mostly women of child bearing age, recommended interventions include family planning counselling to prevent unwanted pregnancies; antenatal care (ANC) for pregnant mothers including hygiene and sanitation promotion; and enhancing capacity for Emergency Obstetric and Neonatal Care (EMNoC).

- By week 31, a total of 2,054 suspected measles cases from nine states have been reported out of which 421 were investigated since January 2014. Of these, 53 cases were laboratory confirmed (Igm+), 43 confirmed by epidemiological linkage, 246 clinically compatibles, 75 discarded and six pending for laboratory results. The annualized measles incidence rate is 53.5 per 1,000,000 population. After the follow up campaign in April and May 2014, 138 suspected measles cases have been line listed out of which 87% are from Unity and Upper Nile States.

**Update on the cholera situation**

**Figure 2: South Sudan Cholera Epidemic Curve, Week 17 – 31, 2014**

- As of 6 August 2014, a total of 5,621 cholera cases including 123 deaths (CFR 2.2%) had been reported in South Sudan. Although deaths in Juba have been successfully arrested, remaining at 39 for some weeks, cases increased to 2,147.

- A total of 3,474 cases and 84 deaths were reported outside Juba, with the majority being from EES.

- During week 31 Torit, Juba, Lopa-Lafon and Magwi in EES reported the highest number of cholera cases. Cases from Juba, Lopa-Lafon and Magwi increase in week 31 compared to week 30.

- Figure 2 shows the overall epidemic curve for cholera in South Sudan and sustained community transmission in EES due to delayed optimization of interventions for cholera.
prevention and control.

- In order to interrupt transmission and end the outbreak, there is need to:
  - Consolidate cholera response interventions in the counties where cholera has been confirmed and enhance epidemic readiness and prevention in the rest of the counties;
  - Scale up coverage for social mobilization and WASH interventions in Eastern Equatorial state where cholera trends have remained persistently high;
  - Partners are urged to strengthen public health prevention and control measures for all diseases, including malaria, ARI, AWD, cholera, ABD and HEV.

Core services
- WHO continued to support partners with various interventions including:
  - Doctors With Africa received 60 vials of Anti-Rabies vaccine for use in Lakes and Central Equatoria State.
  - Health Link was supported with two dispensary tents for Mingkaman and Lakes States.
  - IMC received 20 Basic Unit Interagency Emergency Health Kits (IEHK) for Malakal, Upper Nile State.
  - MSF – Swiss was supported with 50 vials of anti-rabies vaccine and 20 TI media for transporting meningitis specimens.
  - UNOCHA received 50 body bags for Bentiu, Unity State.
  - WHO supplied 50 Cholera Rapid Test kits and 400 pieces of intravenous (IV) Cannulae to the state hospital in Torit.

- Health Cluster funding currently stands at $53,509,287 representing 69% of the $77 million requirement.

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<thead>
<tr>
<th>Required funds (USD)</th>
<th>Funded (USD)</th>
<th>% funded</th>
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<tbody>
<tr>
<td>WHO 14,500,000</td>
<td>10,945,675</td>
<td>75.4%</td>
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<tr>
<td>Health Cluster 77,000,000</td>
<td>53,509,287</td>
<td>69%</td>
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