

REPUBLIC OF SOUTH SUDAN



MINISTRY OF HEALTH

Situation report on Yellow Fever disease outbreak in in Sakure, Nzara County, Gbudue State, South Sudan

Issue # 1

Date: 6 December 2018

1. Highlights

- ❖ On the 23 November 2018, the State Ministry of Health was notified of a suspected case of Ebola at the Sekure Payam, Nzara County. The suspect is a 25 years old farmer, who resides at “Hai Network” but travelled to Bangadi in the Democratic Republic of Congo on the 16 November 2018. He felt unwell on the 18 November 2018 with complains of fever, joint pain, vomiting of blood and diarrhoea.
- ❖ On Wednesday 28 November 2018, the police department also notified the State Ministry of Health (SMOH) of another case of an unexplained death that occurred in a market area at the centre of Yambio town.
- ❖ The third suspected case was also reported on the 30 November 2018. The suspect did not meet case definition and sample was not taken. (False alert).
- ❖ The fourth alert was reported on the 4 December 2018; case investigated, sample collected and result pending.
- ❖ The distribution of the cases is as follows : Yambio County (3) : Nzara County (1). The State Rapid Response Teams carried out case investigations.

2. Situation update

- ❖ As of 4 December 2018, a total of 4 suspected cases have been reported. Of which 1 is confirmed and 2 are probable cases. No death has been reported.
- ❖ The preliminary and confirmatory results tested negative for all species of Ebola for the first case.
- ❖ Further investigations however confirmed polymerase chain reaction (PCR) positive for Yellow Fever.
- ❖ The Minister of Health declared the outbreak of Yellow Fever on 29 November 2018 in Sakure, South Sudan.
- ❖ The second alert was negative for Ebola and Yellow Fever but tested positive for Pneumococci and Malaria falciparum.
- ❖ The third suspect did not meet case definition so sample was not collected.
- ❖ Sample for the fourth suspect is pending.

4. Public Health Actions

- ❖ The Director General at the State Ministry of Health summons urgent meetings of the Rapid Response Team and the emergency management committee including WHO, MSF and UNMISS. These include Case Management, Surveillance, Laboratory, Communication and Social Mobilization to plan response activities.
- ❖ A team from the national level has been dispatched to support investigation of the incident.

5. Coordination

- ❖ With support from WHO field office and EVD Preparedness Coordinators, the overall coordination of the event conducted at the WHO Field Office conference hall by the Director General of the state Ministry of Health, Gbudue State who is the Incident Manager.
- ❖ Task force meetings are held regularly to give update and plan operations.
- ❖ The State Rapid Response Team are being provided with technical and logistics support by WHO and other partners including MSF and UNMISS.

6. Surveillance activities

- ❖ The team is conducting active case search at health facility and in the community.
- ❖ More samples have been collected from individuals meeting yellow fever case definition within the community.
- ❖ On the job mentorship is being provided to health staff in the county on the standard case definition of yellow fever and the need to immediately report suspected cases.
- ❖ Epidemiologist and entomologist from the National Ministry of Health and WHO are presently in the State for further investigation to determine the degree of the outbreak.
- ❖ Additional samples of suspected cases are being collected by investigating team.

7. Communication and Social Mobilization

- ❖ The State Task Force officially informed about the outbreak.
- ❖ Public awareness is ongoing with weekly radio discussion programme.

- ❖ Weekly Risk communication / Social Mobilization partners meeting to harmonize messaging.
- ❖ Standard Operation Procedures on Risk Communication shared amongst partners.
- ❖ Orientation meeting for 160 religious and traditional leaders conducted by World Vision.
- ❖ More households reached by community mobilizers.

8. Case Management / Infection Prevention and Control

- ❖ Mentoring of Health facility staff on universal precautions.
- ❖ Hand hygiene practices reinforced at health facilities and communities.
- ❖ Additional IPC supplies delivered at Sekure PoE.
- ❖ Supportive therapy to confirmed case.

9. Immunization

- ❖ Currently, there are no vaccines available for yellow fever in South Sudan. Hence, yellow fever vaccine coverage is zero percent.

10. Challenges

- ❖ Delay in setting up proper isolation units (Yambio Hospital).
- ❖ Poor network coverage in some parts of the counties to communicate suspected cases in time.

11. Planned Activities

- ❖ The health staff will continue surveillance activities in the counties.
- ❖ Training for Rapid Response Team, Contact tracers and Surveillance officers for the three counties.
- ❖ Training for Religious leaders, health workers and civil society on Risk Communication and Yellow Fever messaging.
- ❖ Distribution of Information, Communication and Education materials.
- ❖ Orientation of Social Mobilizers on messaging for Community engagement.
- ❖ Training of Health workers on Safe and Dignified Burials.

- ❖ Request for additional supply of Personal Protective Equipment including Infrared thermometers for use at screening points of entry.
- ❖ Weekly Risk communication and Task Force meetings
- ❖ Field investigating team to complete work and submit findings.

12. Conclusion

- ❖ Based on the history of the confirmed case and interviews with the community, in addition to the active case search, the team is yet to determine where he was actually exposed as further investigations are presently ongoing.

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