


**Republic of South Sudan**

## Cholera in South Sudan

### Situation Report # 38 as at 23:59 Hours, 22 & 23 June 2014

**Situation Update**

As of 23 June 2014, a total of 2,003 cholera cases including 42 deaths (CFR 2.1%) had been reported in South Sudan as summarized in Table 1.

**Table 1: Summary of cholera cases reported in Juba County, 23 April - 23 June 2014**

Reporting Sites	New admissions today	New discharges today	New deaths today	Total cases currently admitted	Total facility deaths	Total community deaths	Total deaths	Total cases discharged	Total cases
JTH CTC	7	10	0	9	16	0	16	1155	1304
Gurei CTC	5	0	0	10	1	0	1	300	318
Tongping CTC	0	1	0	2	2	0	2	27	32
Jube 3/UN House CTC	2	0	0	3	0	0	0	26	32
Nyakuron West CTC	0	0	0	0	0	0	0	2	2
Gumbo CTC	0	0	0	3	0	0	0	18	24
Nyakuron ORP	0	0	0	0	0	0	0	16	16
Munuki ORP	0	0	0	0	0	0	0	8	8
Gumbo ORP	1	0	0	1	0	3	3	70	75
Other sites	0	0	0	0	1	14	15	0	16
<b>Total</b>	<b>15</b>	<b>11</b>	<b>0</b>	<b>28</b>	<b>23</b>	<b>19</b>	<b>43</b>	<b>1622</b>	<b>1,827</b>

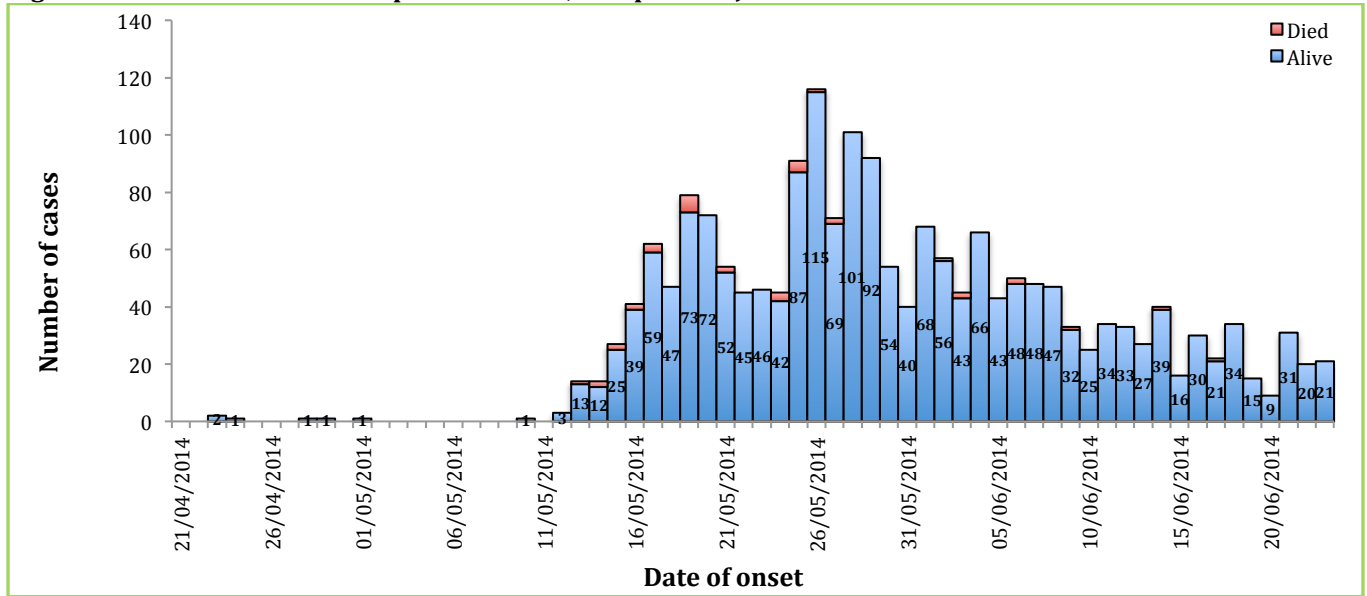
**Table 2: Summary of cholera cases reported outside Juba County, 23 April - 23 June 2014**

States	Reporting Sites	New admissions today	New discharges today	New deaths today	Total cases currently admitted	Total facility deaths	Total community deaths	Total deaths	Total cases discharged	Total cases
CES	Kajo-Keji civil hospital	0	0	0	0	1	0	1	28	29
	Yei Hospital	0	0	0	0	1	2	2	39	41
WES	Lanyi- Mundri East	0	0	0	0	0	0	0	3	3
Jonglei	Kolmanyang, Bor	0	0	0	0	0	0	0	0	1
EES	Nimule Hospital	2	0	0	1	0	0	0	11	12
	Torit Hospital	22	0	0	0	0	0	1	0	82
	Idali PHCU, Torit	0	0	0	0	2	0	2	0	7
Upper Nile	Kaka	0	0	0	0	0	0	0	0	1
<b>Total</b>		<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>81</b>	<b>176</b>

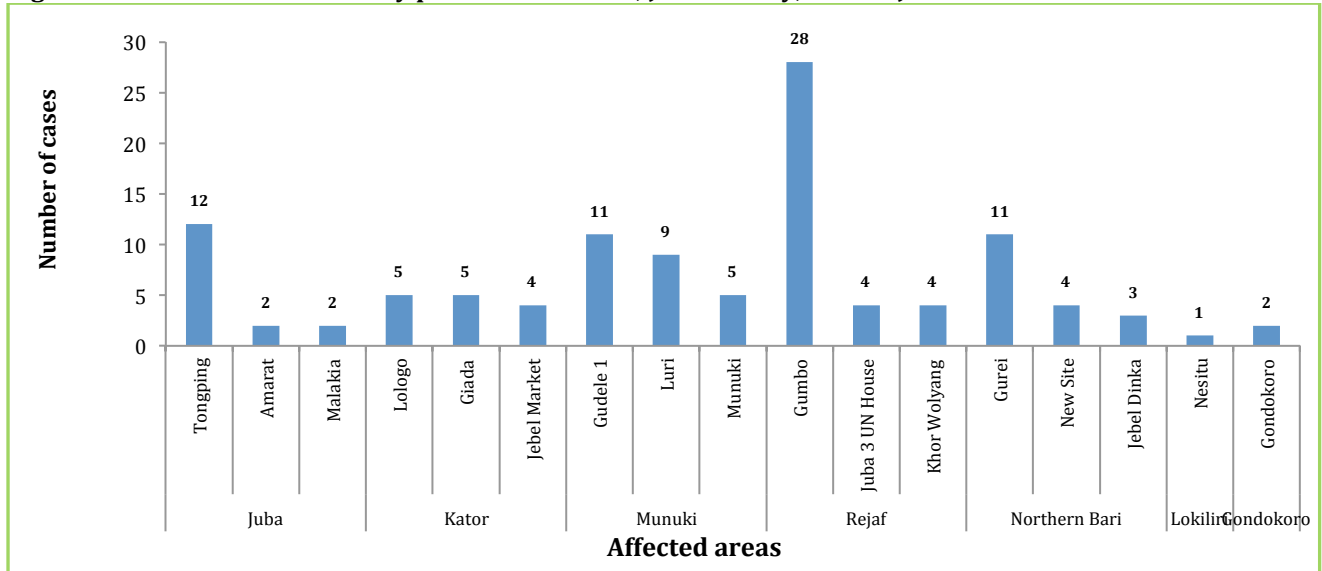
**Table 3: Distribution of positive cholera cases by place of residence, 23 April 2014 - 23 June 2013**

States	County	Payam/Location	Total n=86
CES	Juba	Tongping IDP camp	5
		Juba 3 IDP camp	11
		Other places	57
	Yei	Mahad	4
	Kajo keji	Mose	3
WES	Mundri East	Kasa	1
Upper Nile	Manyo	Kaka	1
Jonglei	Bor	Kolmanyang	1
EES	Torit	Ngong	1
	Magwi	Nimule	2

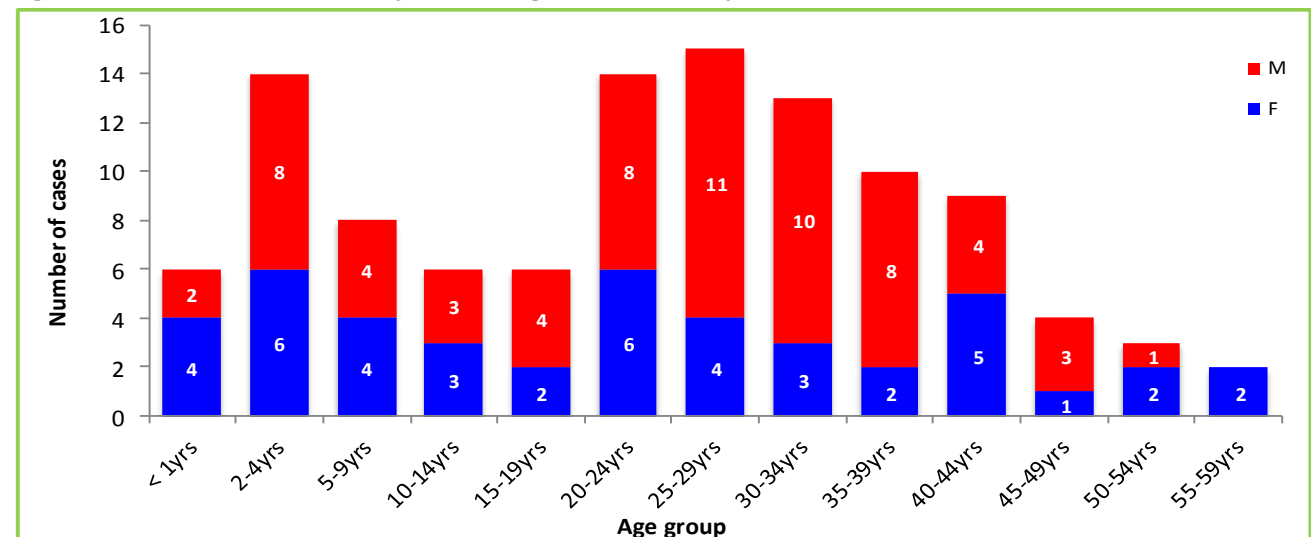
**Figure 1: South Sudan cholera epidemic curve, 23 April– 22 June 2014**



**Figure 2: Distribution of cases by place of residence, Juba County, 16 - 23 June 2014**



**Figure 3: Distribution of cases by sex and age in Juba County, 16-23 June 2014**



## Tori cholera outbreak situation update

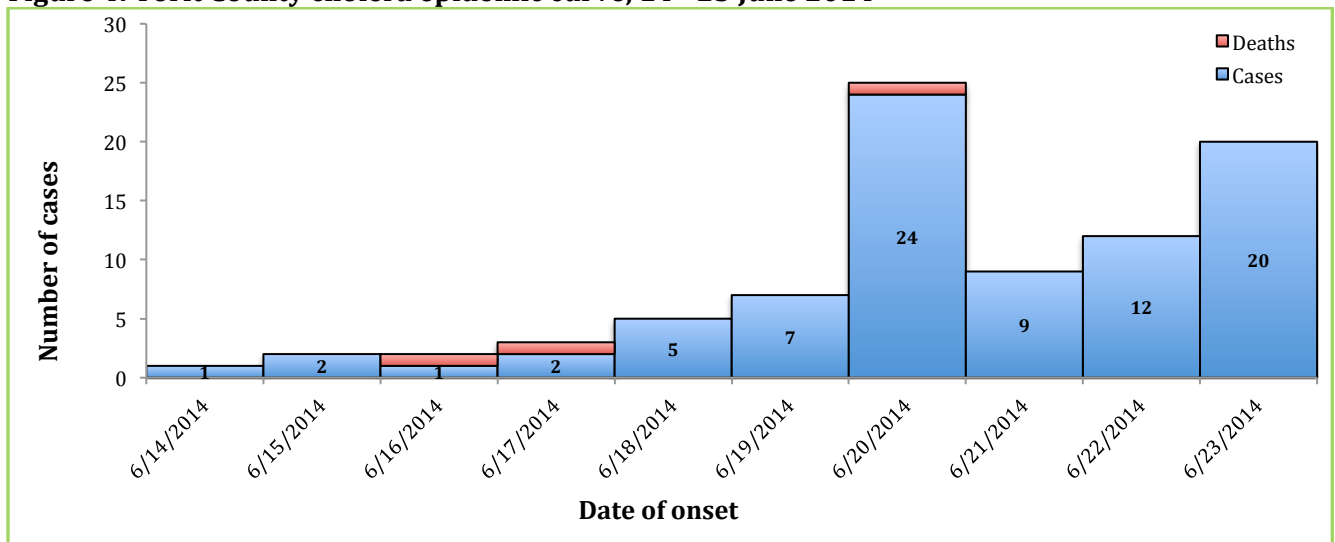
As of 23 June 2014, a total of 89 cholera cases including 3 deaths (CFR 3.4%) have been reported since the beginning of the outbreak on 14 June 2014. Since 19 June 2014, there have been an increased number of reported cases among children under five years of age as shown in figure 6.

In response to the increasing number of cholera cases, a rapid response team travelled to Torit, Eastern Equatoria. The team will support scaling up of response activities, including training in case management & infection control, surveillance and epidemiological data analysis social mobilization and WASH. A WHO Epidemiologist from GOARN will join the team on Thursday 26 June 2014 for a period for one week to provide technical support. Data collection for the case control study will be done as well. Radio spots have been pre-positioned with all the key stations in the state.

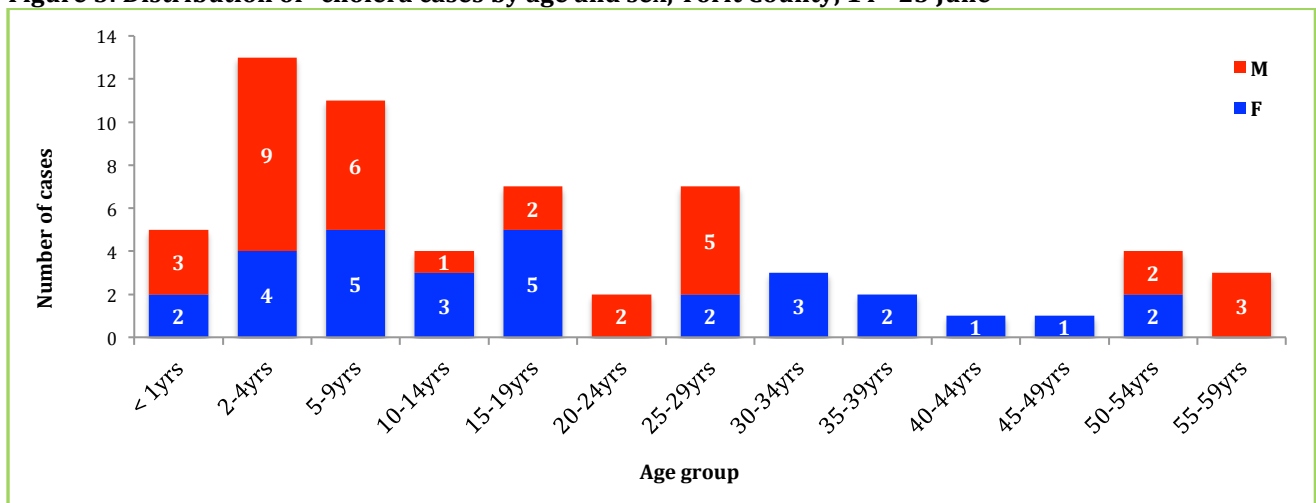
### Urgent needs

- Tents for isolation of cases in Idale PHCU in Lopa Lafon County (1) and Torit Hospital (2)
- Water purification tablets for the community
- Cholera beds for both Idale PHCU and Torit Hospital
- Training of health workers, Village chiefs, Women and Youth leaders

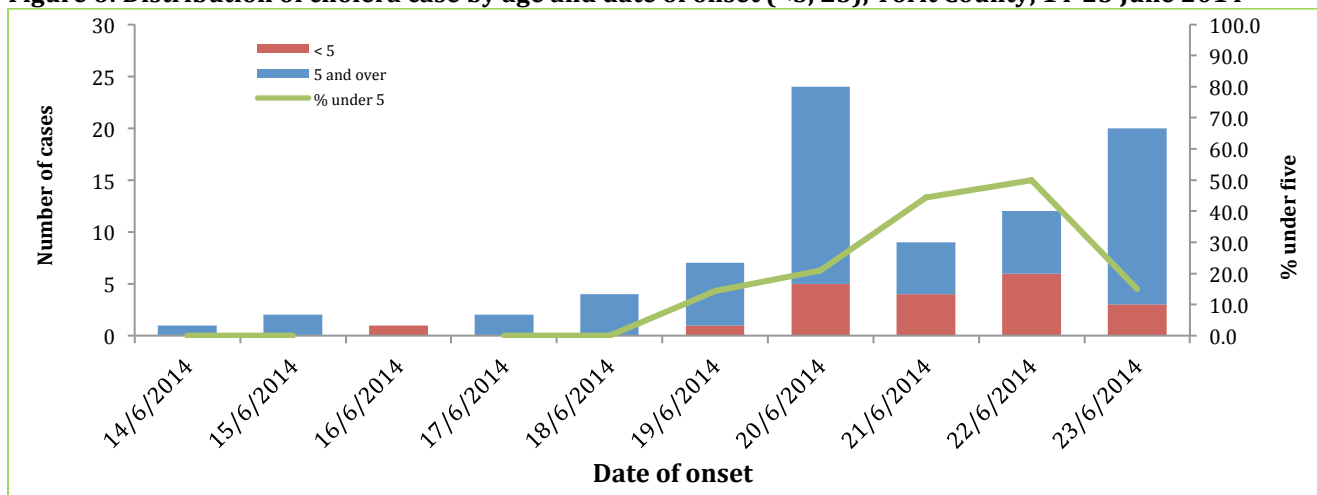
**Figure 4: Torit County cholera epidemic curve, 14 - 23 June 2014**



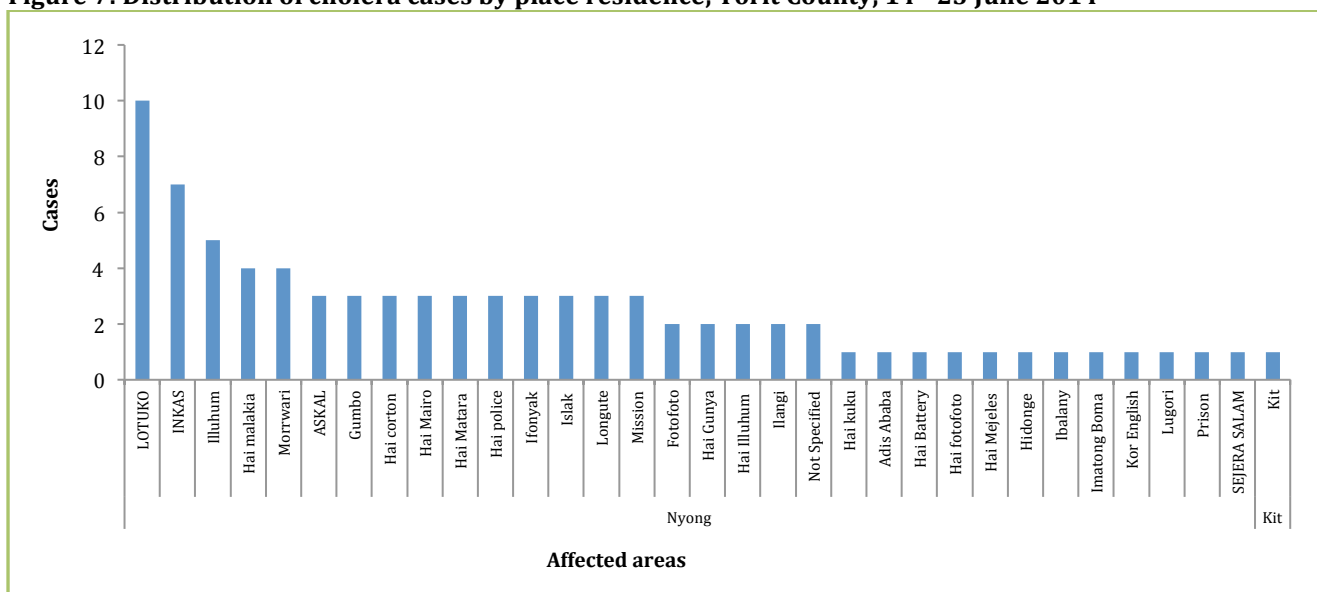
**Figure 5: Distribution of cholera cases by age and sex, Torit County, 14 - 23 June**



**Figure 6: Distribution of cholera case by age and date of onset (<5, ≥5), Torit County, 14-23 June 2014**



**Figure 7: Distribution of cholera cases by place residence, Torit County, 14 - 23 June 2014**



### Surveillance and laboratory

- An investigation is being conducted to determine the basis of the increasing number of cases of cholera reported among children under five years of age. Analysis is ongoing and laboratory samples are being collected to confirm cholera.
- In response to the expansion of the outbreak to areas outside Juba, an alert and response protocol has been finalized to augment the current system.
- On job training of five laboratory technicians on turbidity and chlorine residual testing. Formal training for Juba public laboratory technicians and Juba county Public Health Officers in water quality monitoring will be conducted in coming weeks.

### Social mobilization

This week, social mobilization activities were implemented in various parts of the county, through a number of strategies listed below:

- A high level advocacy meeting, chaired by the Hon Minister of Health Dr Riek Gai Kok, was held at the office of the Mayor of Juba City Council, with the partners of the Cholera Taskforce to strategize on ways to overcome challenges faced in controlling the cholera. Key among the outcomes of the meeting was a decision to propose and enforce by laws on construction of latrines and food handling. In addition, the enforcement of chlorination of trucked water was discussed and strategies to address it proposed.

- Announcements/dissemination of key cholera prevention and awareness messages at 70 churches and mosques in Juba City.
- House to house visits reaching 5,220 households in Munuki A, B, C, Gudele 1, 2, 3, Lologo, Gumbo including Gumbo IDP camp. Households benefitted from demonstrations and distribution of 53,302 sachets of PuR, 4,305 strips of water purification tablets, 5312 sachets of ORS and 2721 bars of soap.
- Neighbourhood mapping was done in Juba Na Bari Quarter (Tongping, Amarat, Gonya and Ministries), to identify the main risky areas and zones already affected by cholera. Mass hygiene promotion activities started in the most critical zones identified during the mapping exercise (markets, schools, restaurants and households) in Hai Buluk, Zendia, Soura, commercial & Game, Nimra Talata & Neem, Nyakama, Negli, Mouzifin and Mayo. 11,289 people were reached and 313 kits (of soap and water disinfectant) distributed in 8 different locations targeting the households of people affected by cholera and the surrounding households, benefiting 2246 people. In addition, disinfection of cholera affected households was done.
- 55 quarter council volunteers received a one day training in cholera awareness and key messages;
- Mobilization activities including community meetings, school education sessions and house to house campaigns were initiated in Wonduruba Payam, Dolo Payam, Rokon Payam, Ganji Payam Tijor Payam, and Bangu Payams, outside Juba city;
- In Jonglei, a state level social mobilization and communication plan for cholera prevention was developed. The following activities were conducted:
  - Community awareness through radios, churches and public address systems in Bor town;
  - 130 hygiene promoters were trained to conduct awareness activities in Bor town and the PoC;
  - Distribution of IEC materials including banners and posters at strategic location within the town and POC.

## WASH

This week, WASH partners continue to respond in the hotspot areas within Juba

- WASH Cluster has a new Global WASH Cluster Surge who is serving as the new Focal Point for the cholera response.
- WASH partners implemented activities in Ghabat, MTC, Tong Ping, Amarat, Gonya, Ministries Hai Commercial, Buluk, Konyo Konyo, Munuki, Gudele, Gurei, Gumbo, Lologo and Hai Zendiya. These included:
  - Distribution of over 1,000,000 litres of clean water
  - Installation of 57 hand washing stations
  - Training of 189 hygiene promoters
  - Distribution of 580,234 sachets of PuR, 458 buckets, 717 filter clothes, 45,515 ORS, 3,086 pieces of soap and 811 garbage bags
  - Spraying of 1,227 sites
  - Construction of 14 emergency latrines
  - Rehabilitation of 14 water pumps
  - Garbage collection and disposal of almost 7 tonnes
  - Training of 140 food handlers in appropriate food handling practices and
  - Bucket chlorination reaching 29,758 people.
- 28 Quarter Volunteers received ½ day training on spraying disinfection and a spraying kit was donated to them in Northern Bari and in Hai Buluk, Zendia, Soura, Commercial & Game, Nimra Talata & Neem, Nyakama, Negli, Mouzifin and Mayo.

## Gaps and needs

### Surveillance and laboratory

- Inadequate community surveillance activities including active case finding
- Reporting by health facilities still needs to be strengthened
- Cary Blair transport media and triple packaging should be made available in all states

### Case management

- Need to increase the number of ORPs and monitor the quality
- Increase capacity to scale up CTCs outside Juba
- Increase cholera management capacity outside Juba

### WASH

- Control of Water Quality
  - Need to increase water coverage by Urban Water Corporation and ensure safe water supply.
  - Better monitoring of water pumping by water trucks from Nile River
  - Improve supervision of the chlorinators by Juba City Council
  - Long-term: Mobilization and Allocation of Government Resources for improving the water supply system in Juba City
- Control of Urban Sanitation
  - Control dumping of solid waste along Nile to reduce the risk of contamination of the water
  - Enforcement of public health laws with regard to latrine usage and food safety
  - Allocation of land and construction of sludge treatment site for Juba City in the long run

### Social mobilization

- Increase the number of social mobilizers (190 additional) to reach communities in Northern Bari, Mangala South, Lobonok, Lirya, Gondokoro Island and Lokiliri Payams.
- Address the issue of sustainability of incentives to Social Mobilizers and community volunteers, Administrative Officials and Supervisors.

## Conclusions and Recommendations

Although the number of cases is decreasing, new areas are being affected specifically outside Juba County. The following are the key recommendations:

- Strengthen and sustain current interventions in Juba county in the areas of case management, surveillance and laboratory, social mobilization and WASH.
- Studies are planned to refocus the response. These include a:
  - Case control study to determine risk factors for cholera
  - KAP survey to measure hygiene practices
  - OCV efficacy study in the IDP camps
- The capacity to manage cholera outside Juba should be urgently enhanced by:
  - Stepping up surveillance activities at all levels
  - Training of health workers in case management and infection control
  - Identification of key partners to set up and operate CTCs and ORPs
  - Review emergency stocks available at state level

Many thanks to the staff at CTCs, MoH at national level and state levels, especially the Department of IDSR, who have helped to gather the information presented here. Situation Reports are posted on the WHO website: <http://www.who.int/hac/crises/ssd/en/> as well as on the Humanitarian Info webpage: <http://southsudan.humanitarianresponse.info/clusters/health>.

The MoH/WHO surveillance team welcomes feedback and data provided by individual agencies. Given the fast evolving nature of this epidemic, errors and omissions are inevitable: we will be grateful for any information that helps to rectify these. Send any comments and feedback to: E-mail: [outbreak\\_ss\\_2007@yahoo.com](mailto:outbreak_ss_2007@yahoo.com), **The Toll free numbers for alerts** are: **Gemtel: 9999, Vivacell: 0952000098 and Zain: 0912000098.**

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