



Republic of South Sudan

Cholera in South Sudan

Situation Report # 58 as at 23:59 Hours, 13 July 2014

Situation Update

As of 13 July 2014, a total of 3,403 cholera cases including 80 deaths (CFR 2.4%) had been reported in South Sudan as summarized in Tables 1 and 2.

Table 1: Summary of cholera cases reported in Juba County, 23 April - 13 July 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	1	3	0	6	16	0	16	1351	1373
Gurei CTC	0	0	0	2	2	0	2	349	353
Tongping CTC	2	1	0	2	2	1	3	51	56
Jube 3/UN House CTC	1	2	0	2	0	0	0	45	47
Nyakuron West CTC	0	0	0	3	0	0	0	14	17
Gumbo CTC	0	0	0	0	0	0	0	48	48
Nyakuron ORP	0	0	0	0	0	0	0	20	20
Munuki ORP	0	0	0	0	0	0	0	8	8
Gumbo ORP	0	0	0	0	0	3	3	67	70
Other sites	0	0	0	0	1	14	15	1	16
Total	4	6	0	15	21	18	39	1954	2008

Table 2: Summary of cholera cases reported outside Juba County, 23 April - 13 July 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	3	1	2	3	48	54
	Yei Hospital	0	0	0	0	0	2	2	45	47
WES	Lanyi- Mundri East	0	0	0	0	0	0	0	3	3
Jonglei	Kolmanyang, Bor	0	0	0	0	0	0	0	1	1
EES	Nimule Hospital	0	0	0	2	0	0	0	17	19
	OTC PHCC, Magwi	0	0	0	4	7	0	7	99	110
	Magwi PHCC	0	0	0	0	0	0	0	1	1
	Pajok PHCC, Magwi	0	0	0	1	0	0	0	0	1
	Torit Hospital	19	17	0	41	6	9	15	759	815
	Idali PHCU, Lafon	0	0	0	9	3	0	3	57	69
	Bur Mutram PHCU, Bur Payam, Torit	0	0	0	6	0	1	1	53	60
	Ohiri PHCC, Bur Payam, Torit	0	0	0	1	3	0	3	12	16
	Ohila PHCC, Bur Payam, Torit	0	0	0	6	0	0	0	0	6
	Imurok PHCU, Imurok Payam, Torit	0	0	0	2	0	0	0	2	4
	Hiyala PHCC, Torit	0	0	0	14	0	0	0	79	93
	Olere PHCU, Imurok Payam, Torit	0	0	0	0	0	0	0	4	4
	Osito PHCU, Bur payam, Torit	0	0	0	17	0	0	0	26	43
	Ileu PHCU, Hiyala payam, Torit	0	0	0	18	6	0	6	0	24
	Hileu PHCC, Himodonge Payam, Torit	0	0	0	0	0	0	0	4	4
	Ofiri PHCU, Kudo Payam, Torit	0	0	0	0	0	0	0	5	5
	Other sites	0	0	0	0	0	1	1	14	15
Upper Nile	Kaka	0	0	0	0	0	0	0	0	1
Total		19	17	0	124	26	15	41	1229	1395

Figure 1: South Sudan cholera epidemic curve, 23 April– 13 July 2014

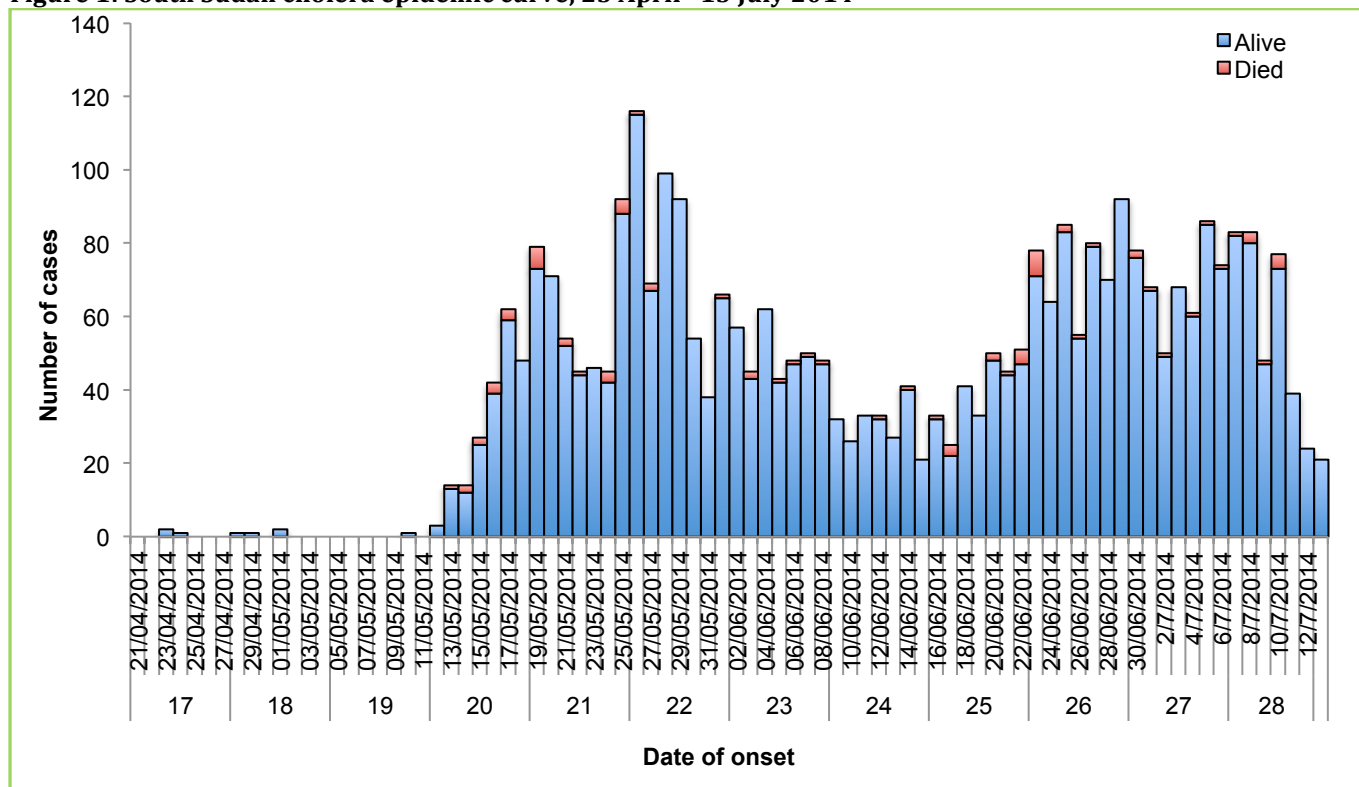


Figure 2: Central Equatoria State (Juba/Kajo-Keji/Yei counties) Epicurve, 23 April– 13 July 2014

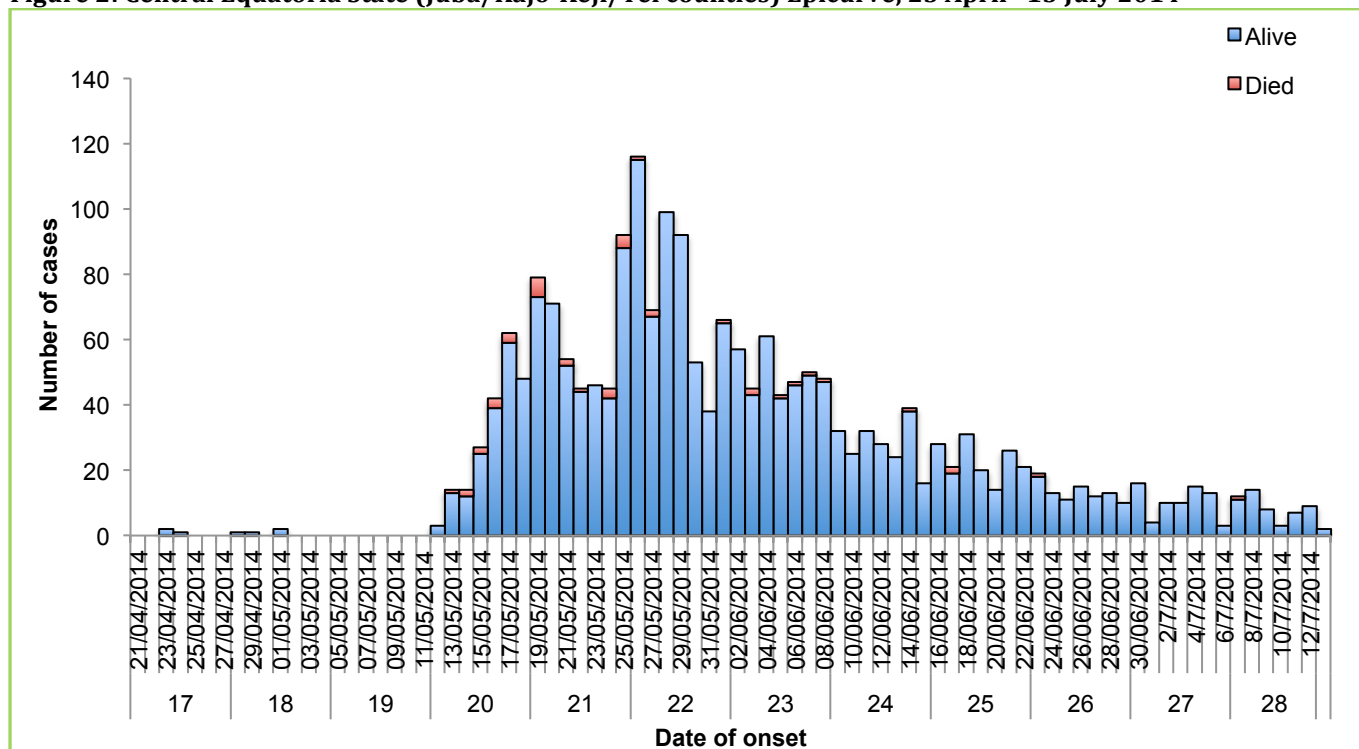


Figure 3: Distribution of cases by place of residence, Juba County, 07 –13 July 2014

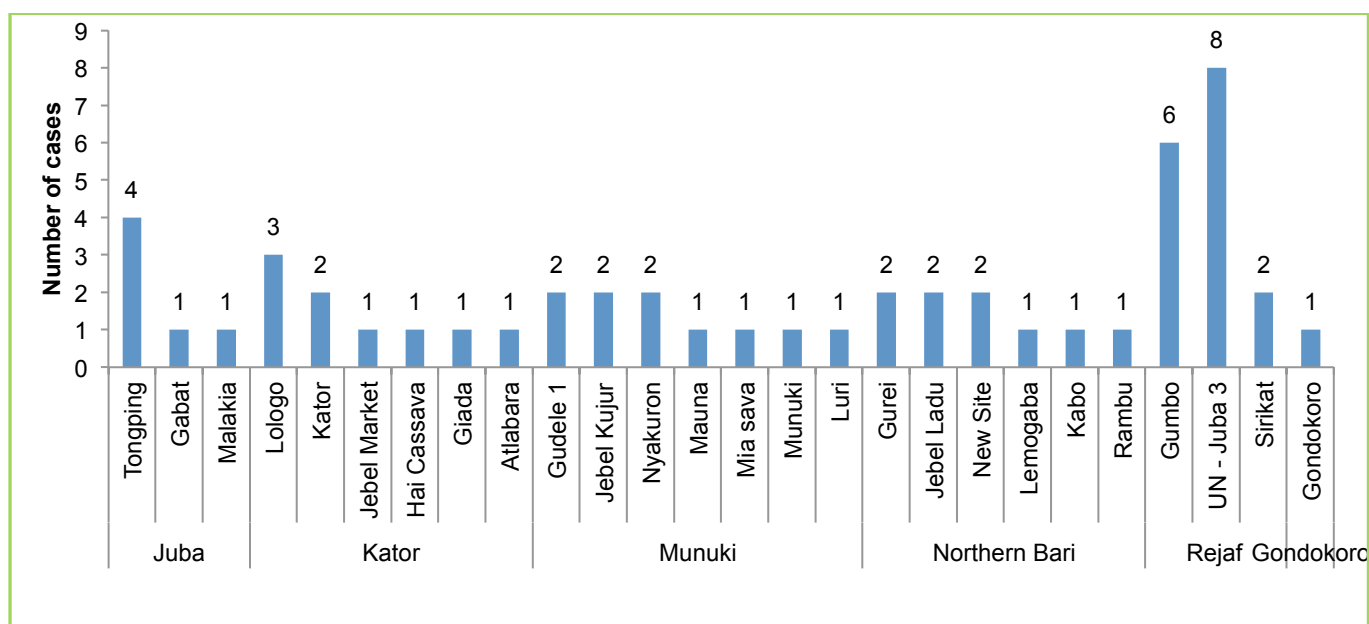


Figure 4: Distribution of cholera cases by age and sex, Central Equatoria State (Juba/Kajo-Keji/Yei counties), 07 - 13 July 2014

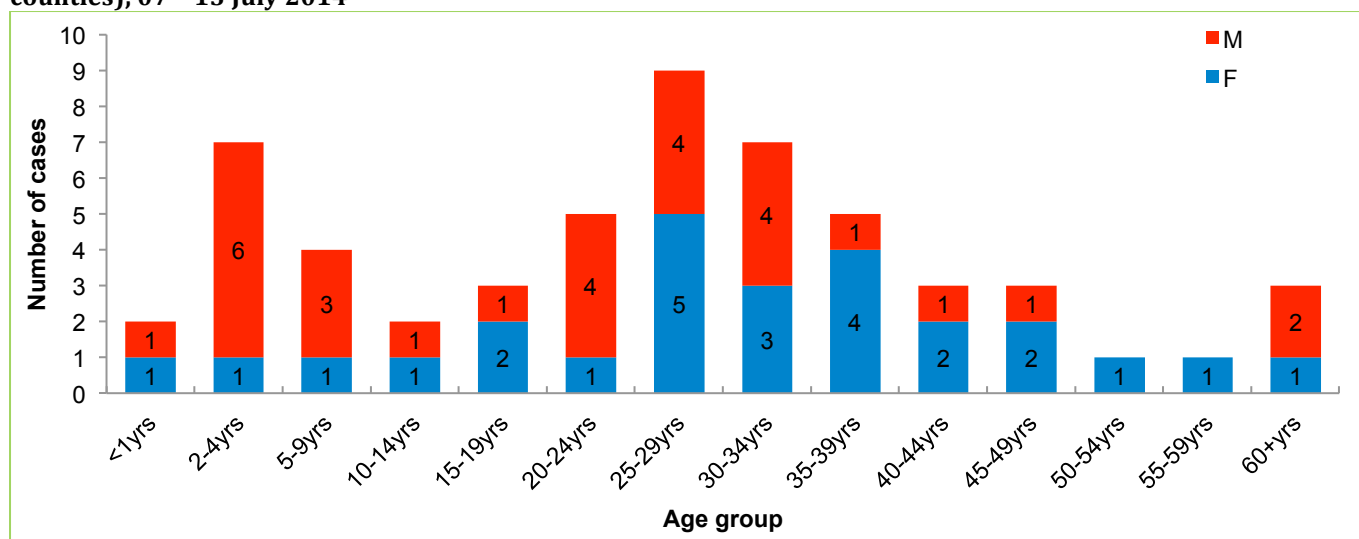


Figure 5: Eastern Equatoria State (Lafon, Magwi, Torit counties) cholera epidemic curve, 10 June -13 July 2014

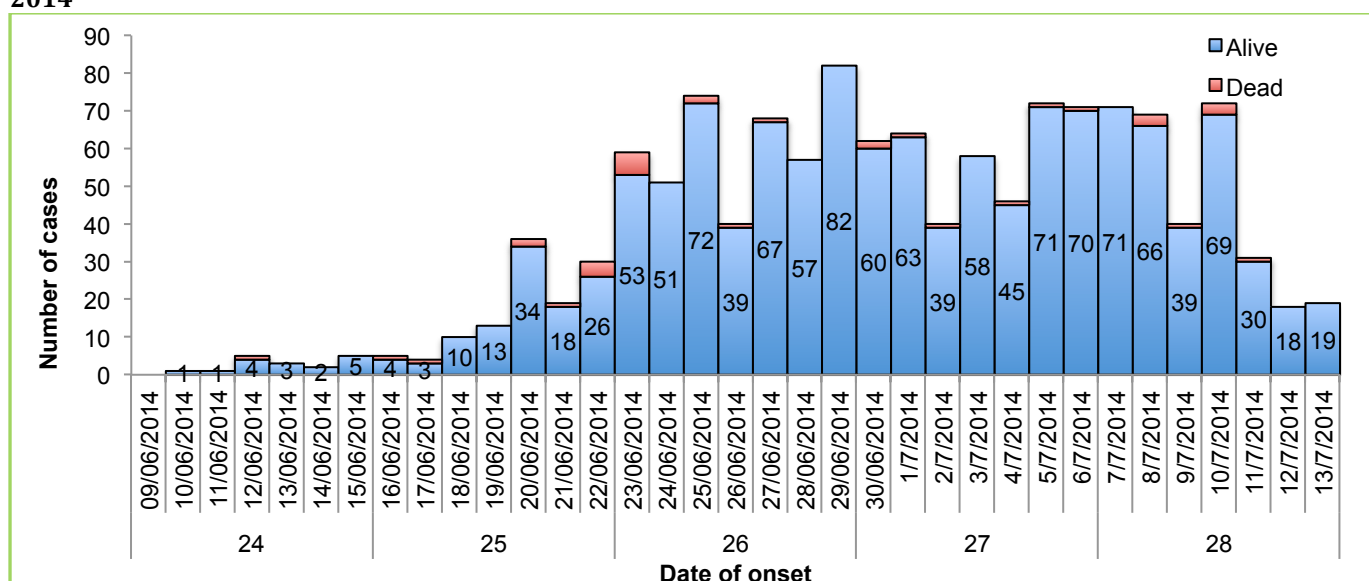


Figure 6: Distribution of cholera cases by age and sex, Eastern Equatoria State, 07 - 13 July 2014

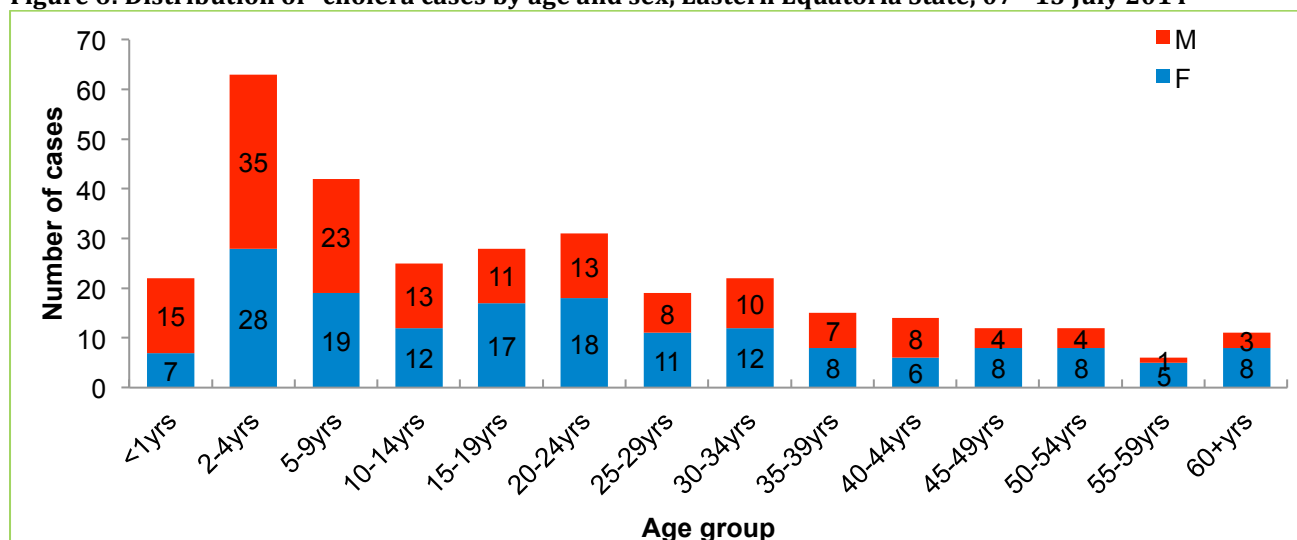


Figure 7: Distribution of cholera cases by place of residence, Torit County, 07 - 13 June 2014

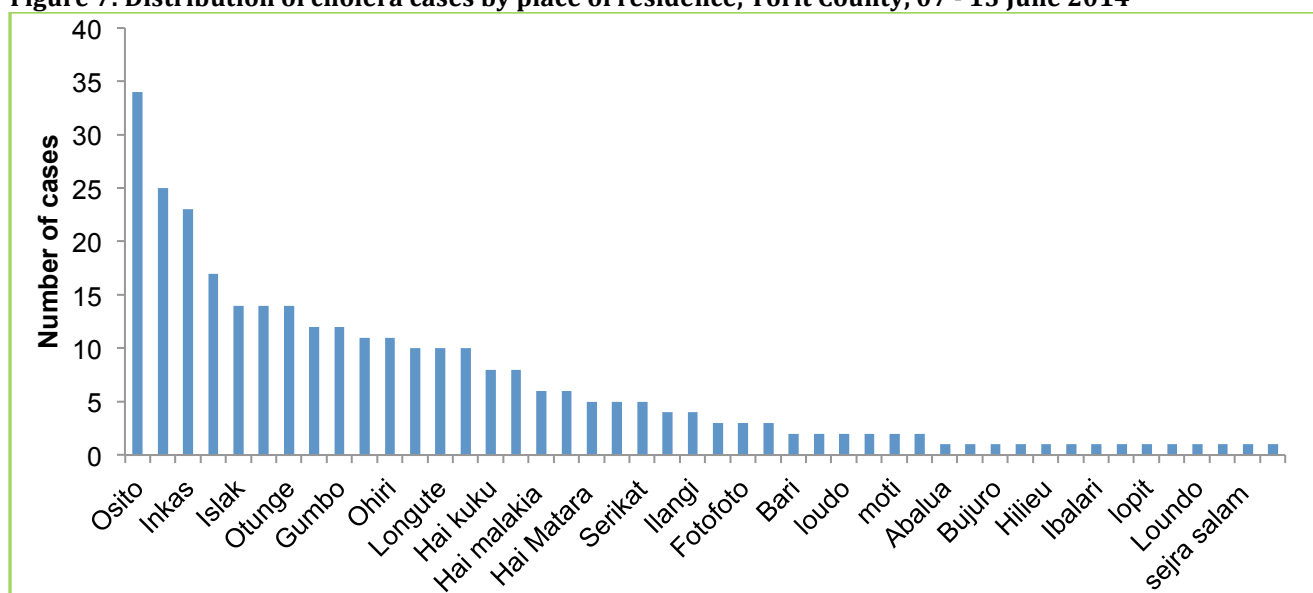


Table 3: Distribution of cholera cases by place of residence, Magwi and Lafon Counties, 07 - 13 June 2014

County	Payam	Village	# cases
Magwi	Iwire	Owiny ki Bul	14
	Nimule	Malakia East	1
		Amiou	1
Lafon	Longiro	Idali	1

Table 4. Cholera alerts reported between 1 to 13 July 2014

Date of notification	Details of the alert	Area	Action
13/07/2014	Four suspected cholera cases reported from Obira, Ikotos county	Obira, Ikotos county, EES	County surveillance team dispatched to verify the reports. Updated report will be provided in due course.
11/07/2014	Five suspect cholera cases have been reported in Malakal Teaching Hospital OPD. Three cases originated from Detang PHCU; 1 case from Makal PHCU; & 1 case from Wau Shilluk	Malakal Teaching Hospital OPD	MSF-S assessed the facilities at Malakal Teaching Hospital OPD and decided that all new suspects be transported to the UNMISS camp where they have set up a CTC. An ambulance has been provided to facilitate case referral to the CTC. Assessment and prepositioning of supplies in Detung was interrupted by heavy rains on 10/07/2014
05/07/2014	The number of suspect cholera cases in Malakal PoC has risen to 30 with two deaths.	Malakal PoC	Three blood samples have been collected and will be shipped to the national reference laboratory to facilitate laboratory confirmation. Two epidemiologists from the WHO are on the ground to support response efforts. Suspected cases are being managed at the CTC that has been setup in the PoC.
05/07/2014	The number of AWD (suspect cholera cases) has risen to 13 cases with five (5) deaths in Bol PHCU	Bol, Lul Payam, Fashoda county, Upper Nile State	CORDAID working with partners (ICRC, MSF) and the health team from Kodok hospital have set up a cholera treatment centre to manage cases in Bol & are coordinating other cholera response activities. WHO will support the response with one DDK kit, cholera RDTs, and Cary Blair for specimen collection and shipment?
01/07/2014	Four suspected cases of cholera were initially reported in Irwoto town, Kapoeta North. The cases have now risen to 47 with one death as of 13 July 2014. Two cases are currently admitted at Irwoto PHCC.	Kapoeta North, Eastern Equatoria State	Rumors were verified/investigated. Laboratory confirmation is still pending. Three samples were obtained and were sent on 14 July 2014 to Juba for laboratory testing. Field teams urged to continue submitting samples from suspect cases as they emerge.
01/07/2014	To date 16 suspected cholera cases have been reported in Bentiu.	Bentiu PoC	Updates from the national reference lab show that all the seven samples submitted to Juba tested negative for cholera. Earlier field tests showed that 11 samples tested positive using cholera RDTs. Preparedness and cholera response activities are ongoing in the Po area.
29/06/2014	The suspected cholera cases in Wau Shilluk have risen to 716 with 18 deaths. A CTC and several CTUs have been set up to ensure prompt initiation of treatment. 147 patients are currently on admission at the CTC.	Wau Shilluk, Upper Nile State	A total of 20 samples were collected and delivered to the National Reference Laboratory though test results are still pending. MSF-Spain is in charge of the Isolation ward and is being supported by IMA. The State Ministry of Health has stepped up response efforts with support from partners, IMA, MSF-Spain, WHO and UNICEF.

Surveillance and laboratory

- New laboratory results were received on 11 July 2014.
 - 10/25 (40%) samples collected were positive for cholera. 6 of the positive samples were in children Under 5 years old.
 - So far 124/303 (40%) of the total samples collected have tested positive for cholera.
 - 36/303 (11%) samples are still pending (35 from Juba).
 - 143/303 (47%) have tested negative for cholera, five from Bentiu and two from Pariang¹; 113 from CES, 11 from EES, three from Mingkaman², three from Kaka (Manyo), one from Gogrial West and Gogrial PHCC, four from Mundri East.
- In Eastern Equatoria state:

¹ All the samples tested negative for cholera by culture

² All the samples collected tested negative by culture

- Seven new laboratory samples were collected from Kapoeta North (3 samples); Hiyala, Torit (3 samples), and Ilieu, Torit (1 sample).
 - A suspect cholera alert in Ikotos County was verified by the county surveillance team and found to be false.
 - No new cases reported from Idali, Nimule, and Owiny Kibul.
- Surveillance activities are ongoing in all counties and states, with every state reached daily for zero reporting through the alert and notification system.

Case management

- Case management activities are being conducted at CTCs and at community level through Oral Rehydration Points (ORPs) in the various hot spot areas.
- In Eastern Equatoria State:
 - WHO, MSF, Save the Children-UK, and ARC have continued to support case management in Torit State hospital CTC, Idali, Kapoeta North, Nimule, Magwi & Owiny Kibul
 - Six new ORPs have been opened in Torit; three of these in Torit town with support from Healthlink and another three in Nyong Payam, Torit with support from South Sudanese Red Cross

Social mobilization

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

- In Eastern Equatoria State: A radio talk show focusing on management of dead bodies, open defecation, and hand washing with soap was conducted. Five Hundred and fifty four (545) households (HHs) were reached through door-to-door sensitization and 4650 aqua tablet, and 1190 ORS distributed.
- In Central Equatoria state:
 - Partners have reached 95,320 HHs with messages and health and hygiene supplies since the beginning of the response. In Lokiri and Lirya Payams, 41 trained social mobilizers reached 1,331 households this week, while four mobilizers in Gondokoro Island Payam conducted house-to-house sensitization covering 6600 households in three Bomas.
 - Several community meetings were conducted and 607 community leaders reached including Boma administrators, headmen, chiefs, youth and mother groups.
 - Street announcements continued in high risk areas such as Northern Bari, Munuki, Gudele, New site, Rajaf, Kator and Eastern payams of Juba County.
- In Jonglei, communication response plan for cholera was developed and finalized by members of the state taskforce. Sixty women were reached during cholera awareness sessions conducted at RRC compound in Bor town. Information, Education and Communication (IEC) materials on 5 steps of prevention including health seeking behaviours were widely disseminated.
- In Upper Nile:
 - During the registration exercise of IDPs in the POC, cholera promotion preventive messages were disseminated using megaphones and interpersonal and group communication with women, children and men conducted.
 - Forty-one community health workers were trained on cholera comprehensive module and in interpersonal communication skills. 81 hygiene promoters are conducting community and house-to-house sensitizations in Wau Shilluk and other community cholera awareness activities in Lul and Kodok.

WASH

This week, WASH partners continue to respond in the hotspot areas in Central Equatoria, and Eastern Equatoria states, as well as continuing to enhance interventions in Unity and Upper Nile states in response to increasing reports of acute watery diarrhoea.

Wau Shilluk, Upper Nile state:

- Access to and quantity of water is being increased from 180 to 320 cubic meters.
- Eighty hygiene promoters are providing prevention and cholera awareness messages, conducting soap blanket distribution and have supported the set up of 26 ORS points.
- Construction of 39 trenches of 3 cubicles as an emergency sanitation solution is being implemented
- Chlorine spraying of shelters and other high risk areas ongoing. 100 hand washing stations installed.

Malakal, Upper Nile state:

- A new water treatment plant is being installed to increase water quantity from 150 to 400 cubic meters.
- Seventy-five hygiene promoters are conducting a mass cholera prevention and awareness campaign.

- One hundred hand washing stations installed.

Torit town, Eastern Equatoria State

- Over 100 hygiene promoters/community mobilizers are working on house-to-house sensitization for cholera control and prevention with distribution of soap, water treatment products and ORS. A total of 13,846 households have been covered, mass media and community hygiene promotion ongoing in the whole town. Trained volunteers are actively involved in case finding and referral, 53 cases have been referred to CTC/ORP.
- Repair of boreholes/hand pumps is being done, so far 26 have been completed and 12 are ongoing. Four surface treatment water treatment plants have been installed.
- Latrines have been constructed in strategic points such as ORS points (5 completed, 1 ongoing) and CTCs (10 completed).
- In Lopa-Lafon and Kapoeta North, Eastern Equatoria State: Wash in CTC and targeted interventions of Hygiene promotion and chlorine distribution to ensure safe drinking water at household level is on-going in neighborhoods where cases come from.
- Bentiu, Unity State: Scale up of WASH activities, especially hygiene promotion.
- Juba, Central Equatoria State: Cholera response activities ongoing.

Gaps and Needs

The following are the main challenges currently faced in the response:

- In Torit:
 - Inadequate human resources at Hiyala CTC and CTU.
 - Lack of a proper waste disposal area for the liquid waste at the CTCs.
 - Need to extend social mobilization activities to Ileu, Hiyala Tukubak and Iloli bomas of Hiyala payam.
 - Urgent need for the establishment of ORPs in Ileu, Idali and Owiny Ki Bul.
 - Poor referral system of patients from the community to the CTC (late arrivals).
- Although there has been significant scaling up of activities in Torit town, WASH partners' capacity to respond is very limited in the other cholera affected counties of EES. The WASH Cluster is advocating for more partners and funding in order to scale up the response in those areas.
- Despite enhanced hygiene promotion activities and methodologies being implemented, open defecation and slow behavior change of the population continue to be a challenge for WASH prevention/control measures at community level.
- Delays in transportation of stool specimens for laboratory culture from the field, caused in part by the reluctance to carry what is deemed as hazardous material. These result in delayed laboratory confirmation.

Conclusions and Recommendations

- There is need to scale up/enhance response activities in both the newly affected and high risk areas in Eastern Equatoria State including Torit, Lopa/Lafon, Magwi, Ikotos, and Kapoeta North; Wau Shilluk, Bol, Detang and Lul in Upper Nile State and Bentiu, Unity state.
- In addition, current interventions in Juba should be sustained and the situation monitored closely to avoid an upsurge in cases, especially following the heavy rains.

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, **The Toll free numbers for alerts are: Gemtel: 9999, Vivacell: 0952000098 and Zain: 0912000098.**

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