Situation Report #6 on Cholera in South Sudan
As at 23:59 Hours, 21 July 2016

Situation Update
Cholera has been confirmed in Juba after 10 (77%) of the samples tested positive for *Vibrio Cholera Inaba* in the National Public Health Laboratory. Jubek state as of 21st July 2016, recorded a total of 155 cholera cases including 3 deaths (CFR 1.93%) have been reported in Juba county. Currently, only the Juba Teaching Hospital has been designated as a CTC, with a total of 22 new cholera cases reported in Juba on 21st July 2016 (Table 1 and Figure 1). The most affected locations in Juba include Gorom, Khor William, and Giada, Tiger area (Fig. 1.1 and 1.2).

In Jonglei state, 29 suspected cholera cases with 4 deaths (CFR 13.79%) have been reported from Duk County involving 5 settlements namely Atuak, Atul, Koyom, Moldova and Watkuac with the date of onset of index case on the 3rd July 2016.

Table 1. Summary of cholera cases reported in Juba as of 21 July 2016

<table>
<thead>
<tr>
<th>Reporting Sites</th>
<th>New admissions</th>
<th>New discharges</th>
<th>New deaths</th>
<th>Total cases currently admitted</th>
<th>Total facility deaths</th>
<th>Total community deaths</th>
<th>Total deaths</th>
<th>Total cases discharged</th>
<th>Total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jubek – Juba County</td>
<td>22</td>
<td>24</td>
<td>1</td>
<td>98</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>54</td>
<td>155</td>
</tr>
<tr>
<td>Jonglei – Duk County</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>25</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>24</td>
<td>1</td>
<td>98</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>79</td>
<td>184</td>
</tr>
</tbody>
</table>

Figure 1.1: Suspected cholera cases by residence Jubek State from 13 to 21 July 2016
Cumulatively, 184 suspected cholera cases including 7 deaths (5 facilities and 2 community) have been reported in South Sudan involving 2 states since the initial case was reported on the 3\textsuperscript{rd} July in Jonglei state and 13\textsuperscript{th} July 2016, for Jubek state.

As seen from Figure 2 increasing community transmission was established in Juba from the 13th July 2016

**Figure 1.2: New Suspected cholera cases admitted by location Jubek State (21 July 2016)**

**Figure 1.3: Cumulative suspected cholera cases by residence Jonglei State as of 21 July 2016**

**Figure 2:1 Epidemic curve for suspected cholera cases in Jubek State, from 13 to 21 July 2016**
Out of the 155 suspected cholera cases in Jubek State, 30(19%) were female, while 125(81%) were male.

Out of the 29 suspected cholera cases, in Jonglei State 9(31%) were female, while 20(69%) were male.
Table 4: Case distribution by gender and age in Juba as of 21 July 2016

<table>
<thead>
<tr>
<th>State</th>
<th>South Sudan</th>
<th>Jubek State</th>
<th>Jonglei State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>184</td>
<td>155</td>
<td>29</td>
</tr>
<tr>
<td>Female</td>
<td>39(21%)</td>
<td>30(19%)</td>
<td>9(31%)</td>
</tr>
<tr>
<td>Male</td>
<td>145(79%)</td>
<td>125(82%)</td>
<td>20(69%)</td>
</tr>
</tbody>
</table>

The probable risk factors fueling transmission include: using untreated water from the River Nile and water tankers; lack of household chlorination of drinking water; eating food from unregulated roadside food vendors or makeshift markets; open defecation/poor latrine use; especially following the conflict.

Laboratory updates

Table 5: Cholera laboratory test results for Juba as of 21 July 2016

<table>
<thead>
<tr>
<th>State</th>
<th>Health Facility</th>
<th>Number of RDT tests</th>
<th>Number of cholera RDT positives</th>
<th>Number of stool cultures</th>
<th>Number of cholera Culture positives</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jubek State</td>
<td>Juba Teaching Hospital</td>
<td>15</td>
<td>13</td>
<td>13</td>
<td>10</td>
<td>Vibrio Cholera Serotype Inaba</td>
</tr>
<tr>
<td>Jonglei State</td>
<td>Koyom Health Facility</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>Awaiting transport to Lab</td>
<td></td>
</tr>
</tbody>
</table>

Response Activities
1. The Minister of Health briefed the Council of Ministers on the current cholera situation and the response rolled out by the National Cholera Taskforce.
2. A joint Health and WASH cluster meeting was held on 22 July 2016. During the meeting the joint Health and WASH cholera response strategy was presented. The strategy focuses on rolling out a comprehensive package of interventions including surveillance, case management, WASH, and oral cholera vaccination in cholera transmission hotspots and enhancing preparedness and readiness in high-risk areas.
3. During the cholera coordination meeting at Juba Teaching Hospital (JTH) Cholera Treatment Center (CTC), it was agreed that a mortality review for the recent cholera deaths is undertaken to improve the quality of care and to prevent further deaths.
4. To improve data collection from new suspect cholera cases in JTH CTC, WHO supported the printing of 5,000 cholera admission forms.
5. Ongoing field activity using the integrated approach (surveillance, hygiene, wash and health education) in areas with high number of cases.
6. Mapping of GIS location of cases to guide plans of action.
8. Monitoring of cholera dedicated line for rumors and other activities.

Planned Activities
- As part of the activities for enhancing cholera response 25 Medical corps and public health officers are going to be trained on 23 July 2016 to support the establishment of an oral rehydration point in Gorom and to support reactive oral cholera vaccination in Gorom and other military locations in Juba.
- Following the confirmation of cholera in Juba, the national cholera preparedness is being updated and costed to inform the current response.
- Reactive oral cholera vaccine campaign is to be conducted in Gorom, Giada, and Kor Williams by Ministry of Health with support from WHO and MSF Swiss.
- Weekly technical meeting by working group.
- Continue GIS mapping of the locations of cases.
- Train rapid response teams in priority counties.