Weekly Update on Ebola Virus Disease (EVD) Preparedness Activities in South Sudan

Update # 53
Week 42: October 21-27
Date: 28 October 2019
1. Highlights of the week

- In week 42 there were three EVD alerts reported from Nimule, Maridi and Yambio; of these, two met case definition and rapid response teams (RRTs) were activated to investigate, all samples were transported to the National Public Health Laboratory (NPHL) and tested negative for EVD and other haemorrhagic virus diseases.
- In week 42, a total of 61,902 travelers were screened at points of entry (PoE), leading to 62 secondary screenings. From August 2018 to 29 October 2019 a total of 3,568,504 people passed through primary screening at 32 PoEs in South Sudan.
- The NPHL is now equipped to conduct malaria rapid-test screening on all EVD blood samples received.
- Ministry of Health with the support from the World Health Organization assessed Yambio State Public Hospital laboratory for capacity to conduct EVD testing using a GeneXpert. The laboratory requires modifications to make it fit for purpose.
- During the reporting period fourteen members of Yei River State Rapid Response Team (RRT) were trained on infection prevention and control, risk communication and social mobilization. Thematic training will be conducted on a regular bases as part of the ongoing capacity building for the state RRT.
- The inter-technical working group along with technical working group leads reviewed performance indicators for preparedness activities with the intention of strengthening core activities.

2. Situation update - Democratic Republic of Congo (DRC)

- As of 24 October, a total of 3,250 Ebola virus disease (EVD) cases were reported, of which 2,171 cases died (case fatality ratio 66.8 %).
- During the past 21 days (from 2 – 22 October), 50 confirmed cases were reported from eight active health zones in North Kivu and Ituri provinces with the majority reported in three health zones: Mandima (52%, n=26), Mambasa (12%, n=6), and Mabalako (10%, n=5).
- The major metropolitan area Butembo city, comprising Katwa and Butembo health zones, which reported almost 1000 cases to date, recently recorded 21 days without newly detected cases.
- There has been general decline in the weekly number of new cases reported since week 38. However, the proportion of confirmed cases listed as contacts has increased from 13% to 57%. Similarly, in the past week there has been an increase from 47% to 90%.
- Marked increase in case incidence in Biakato Mine Health Area, Mandima Health Zone in Ituri province bordering South Sudan.
3. South Sudan EVD preparedness and readiness update

3.1 Coordination

- Coordination mechanisms are in place at national and state level with weekly national and state task force meetings lead by the MOH and co-chaired by WHO or OCHA. During the reporting week an inter-Technical Working Group Leads and Co-leads meeting was held to review progress towards preparedness targets, and to discuss preparedness standards at health facilities.
- National Emergency Operation Center (EOC) is operational.

3.2 EPI-Surveillance and Laboratory

- In week 42, three EVD alert were reported, one each from Nimule, Maridi and Yambio. In response, the Rapid Response Team (RRT) was deployed for investigation and sample collection.
- Of the three alerts, two met case definition and samples were collected and tested negative for EVD by GeneXpert. Besides, the samples also tested negative for eight other haemorrhagic fevers by Polymerase Chain Reaction (PCR) method. The samples were received in the laboratory and processed with an average turn-around time of 6 hours, with all samples meeting internal Quality Control (QC) and Quality Assurance (QA) requirements for reporting.
- After alerts were responded to each state, Nimule, Yambio and Maridi convened a meeting to conduct an after action review and shared findings with national team. The after action review captures action taken, success, challenges and support required from the National Task force (NTF) and respective technical working groups.
- From August 2018 to date, a total of 102 alerts have been reported from Gbudue, Torit, Tambura, Yei River, Maridi, Northern Upper Nile, Terkeka and Western Lake States; of these alerts, 49 met case definition. Accordingly, blood samples were collected and tested negative using GeneXpert and PCR(NPHL).
- The NPHL implemented a trial of malaria rapid-test screening for all EVD blood samples received, along with eight other hemorrhagic fevers tested

3.3 Case Management, Infection Prevention and Control (IPC)- WASH

- 230 Health facilities from the seven high risk states will be covered for IPC support from October 2019 to March 2020.
- All four Isolation facilities and six holding units are fully operational.

3.4 Border Health and Points of Entry (PoE) Screening

- A total of 61,902 primary and 62 secondary screenings were conducted at 32 points of entry across seven high-risk states. So far 3,498,679 cumulative screening conducted

Table 1: Summary of screenings from 31 points of entry.

<table>
<thead>
<tr>
<th>Reporting Week</th>
<th>Primary screened</th>
<th>Secondary screened</th>
<th>Alerts</th>
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<tr>
<td></td>
<td>Cumulative</td>
<td>Reporting Week</td>
<td>Cumulative</td>
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<tr>
<td>61,902</td>
<td>3,568,504</td>
<td>42</td>
<td>2,459</td>
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3.5. Resource mobilization

- Following the mid-term review of the operational plan, financial requirements for EVD preparedness were revised from US$12.2 million for the period April-September 2019 to US$16.7 million for the period from April-December 2019. Extending the plan period by an additional 3 months aims to synchronize planning cycles with those in the DRC. An additional US$10.1 million was made available from the World Bank through UNICEF to be allocated across the different technical pillars and partners. Challenges/Gaps
- Lack of understanding of alert management Standard Operating Procedure (SOP) by the 6666 hotline watch officer.
- Poor network coverage in Ibba county Maridi state caused delay in communication with the Maridi EVD team for alert investigation.
- No holding unit in Ibba county and lack of ambulance dedicated for EVD.

4. Donors and partners involved in EVD preparedness and readiness

MOH, AAH, ACROSS, ALIMA, AMREF, ARC, Canada, CDC, CERF, CMNB, CONCERN, COPE, CORDAID, CUAMM, DFCA, ECHO, ECSS, GAVI, Germany, GOAL, HELP, HLSS, HPF, IFRC, CONCERN, JUHANITTER, IMC-UK, Internews, IOM, IRC, JICA, MEDAIR, MSF, OXFAM, REACH, SAC, Samaritan’s Purse, Save the Children, Solidarity International, SSPDF, Ministry of Interior, SSDO, SSHF, SSRC, SSSUA, TRISS, UK/DFID, UMCOR, UNHCR, UNDP,
UNICEF, UNMISS, UNOCHA, USAID/OFDA, WFP, WHO, World Bank, WVSS.

For more information, please contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Richard Lako Lino</td>
<td>Incident Manager</td>
<td><a href="mailto:richardlako@yahoo.com">richardlako@yahoo.com</a></td>
<td>+211 926 592 520</td>
</tr>
<tr>
<td>Dr Pinyin Nyimol Mawien</td>
<td>Director-General PHS</td>
<td><a href="mailto:pinyiaupur@gmail.com">pinyiaupur@gmail.com</a></td>
<td>+211 916 285 676</td>
</tr>
<tr>
<td>Dr Mathew Tut Kol</td>
<td>Director EPR/PHEOC Manager</td>
<td><a href="mailto:tut1988@yahoo.com">tut1988@yahoo.com</a></td>
<td>+211 922 202 028</td>
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NB: This update is compiled by the Ministry of Health and World Health Organization in collaboration with partners.