During this reporting period, WHO;

- Stepped up its efforts in order to contain the meningitis outbreak in Malakal county, Upper Nile state.
- Supported the health cluster partners to review the Mid Year CAP strategy for 2012.
- Supported Bor and Torit Hospitals with surgical and trauma supplies to strengthen surgical capacity in preparation for potential causalities.
- Conducted support supervision visits to Ikotos county, Eastern Equatoria State.
- Responded to measles outbreak in in five counties in five states targeting 1,225,221 children below 5 years.

**Humanitarian Situation**

The humanitarian situation in the southern part of Jonglei state continues to unfold due to reported hostilities affecting two counties of Pibor and Pochalla where an estimated 227,000 persons are affected in the whole state. Humanitarian supplies and health facilities in the two counties of Pibor and Pochala, Jonglei state have been vandalized, property looted and the towns dissented and humanitarian aces still limited. Health service provision at the health facilities in Pochalla and Pibor counties have been suspended. Over 11,000 people fled Jonglei state and sought refuge in Juba. Another 12,000 remain displaced in Jonglei state.

- Over 18,000 refugees are being relocated to a new camp in Upper Nile State to prevent them from being affected by floods. UNHCR has reported significant reduction in the number of new arrivals however this has not affected the population trends of refugees in Upper Nile state. As of 12 May, a total of 233 new refugees were reported to have arrived Yida camp, bringing the cumulative population in Yida camp to 71,663 individuals (17,633 households). As the populations increase in the areas, the effectiveness of health service delivery for affected populations gets stretched beyond its capacity.
- By 12 May 2013, the total number of returnees reported to have arrived South Sudan from South since January 2013 was estimated at 28,664 while those stranded at the way stations remain at 19,166. In this reporting week 1,004 individuals were trucked do to their final destinations. Congestion at this station poses a public health concern as the capacity of the way station is over stretched.
- The Ministry of Health, WHO and health partners continued to respond to three disease outbreaks in this reporting period. These include; meningitis in Malakal, Upper Nile state, hepatitis E in Maban, Upper Nile state and Yida in Unity state and measles in Tumbura county, Western Equatoria state, Aweil East, Northern Bahr el Ghaza state, Torit, Eastern Equatoria state, Juba, Central Equatoria state and Yirol West, Lakes states.

<table>
<thead>
<tr>
<th>Affected population 2013</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total target for emergency health services</td>
<td>2,900,000</td>
</tr>
<tr>
<td>Newly Internally Displaced Persons (Jan 2013 to date)</td>
<td>12,433</td>
</tr>
<tr>
<td>Refugees from the North</td>
<td>223,969</td>
</tr>
<tr>
<td>Returnees from Sudan (Jan 2013 to date)</td>
<td>28,664</td>
</tr>
<tr>
<td>Returnees stranded in transit sites</td>
<td>19,166</td>
</tr>
</tbody>
</table>
Public Health Concerns

- Cases of meningitis continue to be reported in Upper Nile state. A total of 141 cases and seven deaths have so far been line listed and managed in the treatment centre in Malakal Teaching Hospital.

- Humanitarian access in Jonglei state remains limited. Conflict related displacement continued in Pibor, Jonglei state and the surrounding counties of Pochalla and Kapoeta, Eastern Equatoria state. Most of the health facilities in Pibor have been looted and abandoned, communities are fleeing to the bushes with no access to health services. Over 12,000 people remain displaced with over 227,000 affected by the hostilities.

- During this period, cases of measles continued rising in Yirol West and Yirol East, Lakes state, bringing the total number of cases reported from these two counties to 34. Four cases were also reported at Yambio hospital, Western Equatoria, and one from Budi, Eastern Equatoria state. Currently outbreaks have been confirmed in five counties of Juba, Central Equatoria State, Aweil East, Northern Bahr el Ghazal state, Yirol, Lakes states, Torit, Eastern Equatoria state and Yambio, Western Equatoria state.

- As the rainy season sets in, most states have started experiencing flash floods leaving some areas inaccessible cut off. It’s expected that as flooding continues in various state, service delivery for health in over fifty percent (50%) of the 80 counties will be affected.

- New internally displaced persons have been reported in Northern Bahr el Ghazal state in the areas of Jarkol/walang/Garam and Chalek. The Health cluster partners in Aweil are responding an estimated 10,000 internally displaced persons in these locations.

- In Upper Nile and Unity states, the hepatitis E outbreak continued in the refugee camps of Maban and Yida. In this reporting period a total 1117 new cases and 2 deaths were recorded in the refugee camps in Maban and Yida. Health partners continue to carry out interventions to contain the outbreak that has seen over 10,339 cases recorded since the onset of the outbreak. Both Yida and Maban counties host 223,969 refugees who fled from the Sudan.

Health Situation

Communicable Diseases

- In this section of the report, figures reported are those of week 19 of the surveillance weeks. During this period a total of 117 suspected Acute Jaundice Syndrome (AJS) cases with one (1) related deaths were recorded from health facilities across the country. Over 90.7% of the new AJS cases were recorded from Maban refugee camps and 9.3% from Yida camps. There were no cases reported from the host communities in Maban and Yida. As shown in figures 1 and 2, the cumulative AJS cases recorded from Maban refugee camps was 9,990 and 176 related deaths, while 349 AJS cases and 12 related deaths were recorded from Yida since the beginning of the outbreak. Cases reported from
Yida dropped slightly during this reporting week. The new cases recorded in Maban refugee camps continued to decline for the 13th week in a row. When compared to previous weeks, AJS/HEV cases from Batil reduced significantly since mid-February although the attack rate remains the highest of all the camps. Gendrassa and Jamam reported high numbers of AJS/HEV cases this week compared to the past weeks. In general the epidemic is on the decline. This is the sixth week in which cases below 200 have been registered since December 2012.

Community awareness, good sanitation and hygiene practices need to be stepped up in areas where WASH levels are still below standards. The Ministry of Health, WHO, UNHCR, and other health and WASH partners continued to implement different activities to improve the control of the outbreak. No case has been reported from the host community in this week 19.

- As of 27 May 2012, a total of 141 cases of meningitis were reported from Malakal county with five related deaths while two others were reported from Jonglei state. Eight cases were also reported from Aweil West county. The Ministry of health declared an outbreak of meningitis in Malakal in week 16, case management and community sensitization have been stepped up, as arrangements to vaccinate 154,000 people in the 6 payams of Malakal started.

- WHO carried out investigation visits to areas where Acute Flaccid Paralysis (AFP) cases were reported. The cases were reported from Lopa, Magwi and Ikotos counties, in Eastern Equatoria state; Ayod and Urror counties, in Jonglei state, and Ezo County in Western Equatoria State. Samples were collected and sent to Juba for onward transmission to Nairobi for further analysis. In Lakes and Unity states, AFP surveillance visits were undertaken to Rumbek East and Nyal counties respectively.
Immunization

- Following the confirmation of Vaccine Derived Polio Virus from Warrap state, the WHO team in collaboration with the State Ministry of Health conducted an investigation visit to Malek-Kuei village, Kuac South Payam/Gogrial West County. The team’s main objective was to determine risk factors contributing to the cause of the Vaccine Derived Polio Virus (VDPV) in this area. It was established that, there was no residual paralysis with the index case and the child in questions is in good health. Although the immunity profile of the U5 years in this area was low during the National Immunization Days held in Dec, the vaccination coverage survey conducted in the past few weeks showed progressive improvement.

Response

- In this reporting period, WHO in collaboration with other partners supported the Ministry of Health to conduct a vaccination campaign for meningitis following the confirmed outbreak in Upper Nile. A total of 12,35,22 have been vaccinated which translated to 80% of the target. Surveillance has been enhanced in Upper Nile state and together with the Ministry of Health, three technical officers and an epidemiologist have been deployed to support the response.

- Following continued tension and fighting in Pibor and Pochala, Jonglei state and Kapoeta, Eastern Equatoria state, WHO donated emergency supplies and three trauma kits to support the state hospitals of Bor and Torit in anticipation of potential surge of causalities. This is part of a strategy to avail life saving surgery supplies to health facilities in the event that more casualties are recorded at the state hospitals. Discussions on updating the available resources regarding available deployable surgeons from the MOH have been completed and surge plans completed. The kits provided are adequate to support and treat 300 injured patients.

- In Western Bahr el Ghazal state, WHO donated 2 emergency kits to IOM to support the delivery of services for returnee clinics in the state. IOM has initiated two new clinics to support the returnee population in Twic County. WHO continue to provide emergency drugs/basic kits to health cluster partners in support of delivery of health services.

- In Northern Bahr el Ghazal state, new internally displaced persons have been reported in the areas of Jarkol/walang/Garam and Chalek areas. The Health cluster in Aweil are responding to the health needs of the community, IRC, MSF in collaboration with WHO and the SMOH are providing health services to the affected with emphasis on management of childhood illnesses. The most common morbidity is Malaria and ARI. A total of 222 children were vaccinated against measles.

- In addition, WHO, the State Surveillance Officer, Western Bahr el Ghazal state and the County Commissioner of Raja conducted an assessment mission to Raja internally displaced persons camps and returnees sites. The assessment was conducted to assess the general situation of the returnees and the status of social services at the camp. The team established that the returnees have been well reintegrated into the host community and there were no worrying health concerns.

- Over the past few months of 2013, measles cases have been reported and confirmed in the five states of; Northern Bahr Ghazal, Central Equatoria, Lakes, Eastern Equatoria and Western Equatoria. During this period, WHO in collaboration with other health cluster partners provided financial and technical support to the five counties of Juba, Central Equatoria state, Aweil East, Northern Bahr el Ghazal state, Yirol, Lakes states, Torit, Eastern Equatoria state and Yambio, Western Equatoria state to enable vaccination campaigns of children. The exercise targets a population of 1,225,221 children below the age of 5 years. The campaign started on 22 May To date 6878 children have been immunized in the campaign in Aweil east.

- Following the arrival of returnees to Bentiu, Unity state on 18 May from Sudan, WHO supported the State Ministry of Health to conduct a health screening exercise. The exercise aimed at identifying those in need of medical attention, as a result thirty five returnees were found to be in need of medical attention. These found to be ill were mainly diagnosed with acute watery diarrhoea and bloody diarrhoea.
Capacity building

- To strengthen disease surveillance and response at the state level, WHO organized and held 2 on the job trainings for health workers in Wau teaching hospital. The trainings focused on handling and managing of notifiable diseases at the facility level. This was a follow up of other trainings conducted in the past two years that targeted students at health training institutions in Wau aimed at skill building in handling and managing patients at the health facilities. In Unity state, the Organization conducted disease surveillance for silent health facilities among them; Mayendit, Koch, Mayom, Panrieng and Rubkona aimed at strengthening disease surveillance and reporting at health facility level. The team provided on job training for health workers on how to ensure effective and timely reporting.

- To strengthen disease surveillance and response in Ikotos county, WHO conducted a support supervision visit to the county. On job training was conducted for health workers in Ikotos primary health care centre and county health department staff. As part of the on job training, the team managed to detect 2 Acute Flaccid Paralysis cases at the health facility and samples were collected and sent to Juba for further analysis. 60 days follow up visits were also conducted in Lorima and Loteda payams in Ikotos county, Eastern Equatoria state during the same visit.

- Similarly, WHO in collaboration with the State Ministry of Health conducted joint supervision visits to Ibba, marid, Mundri West, and Mundri East, Western Equatoria state. These were conducted to follow up on Acute Flacid Paralysis cases reported in these areas and to strengthen surveillance at the health facilities in the mentioned areas. A pending detailed case investigation and 60 days follow up were completed in three counties of: Maridi, Nzara and Ezo counties. The team established the lack of laboratory registers and reagents in most of visited primary health care centres, inadequate drug supplies (paediatric drugs) and the absence of DPT 3 monitoring charts in the health facilities in addition health workers were unable to develop and plot monitoring charts on their own. As a way of equipping them with skills, the team conducted an on job training for the health workers on how to develop and plot DPT 3 monitoring chart and how to calculate < 1 year target population and provided them with the integrated disease surveillance and response reporting tools and contact persons trained on AFP/measles surveillance as well.

- In Lakes states, WHO conducted training on Guinea worm disease for volunteers in Cueibet County. A total of 64 volunteers benefited from this training in Cueibet county and 16 in Yirol county aimed at building skills of the community volunteers to be able to conduct sensitization and community surveillance for Guinea worm cases in Cueibet county. A similar training is currently ongoing in Yirol East County, Lakes state.
Coordination

- In this reporting period, WHO participated in a rapid health assessment in Aweil East in the payams of Warrang/Jac and the Chalek areas to assess the health status of the internally displaced persons and prioritize interventions based on public health risks documented.

- WHO also supported the MoH to convene weekly emergency taskforce meeting for Jonglei response and Meningitis task force to deliberate on the progress of the current interventions in the two states. Humanitarian access in Jonglei area was raised as an issue of concern that is impacting on the delivery of health services. Members were also briefed on the progress on the current response activities of meningitis in Malakal County.

- To review response strategies for the health cluster to match the current health needs, WHO led health cluster members in reviewing and updating their cluster strategies in the mid-year Consolidated Appeal Process (CAP) review. During this process, mid-year achievements were compiled and reviewed, needs analysis revised and caseloads reconsidered. The health cluster will present this to the review team at ONCHA and participate in the defence of the Consolidates Appeal Process. The health cluster has over 80 active members, 33 of them having been considered for CAP.

- In collaboration with the Ministry of Health and other partners, WHO supported the state to carry out medical evacuation of one patient from Pibor to Juba Teaching Hospital. The patient was referred by the UNMIS level two hospital in Pibor following the patient’s presentation with a severe wound following a land mine attack.

- In this reporting period, the Organization coordinated the ongoing vaccination exercise for the response to the meningitis outbreak in Malakal county, Upper Nile state. WHO supported the Ministry of Health to convene the national task force meeting on meningitis to deliberate on the current response plan for the outbreak in Malakal. During the meeting, it was agreed that MSF-Holland supports the State Ministry of Health with case management while Medair take charge of social mobilization and support the State Ministry of Health and WHO with surveillance. An epidemic preparedness response meeting was also convened to discuss the current micro plan and plan measles vaccination campaign in five counties that reported measles outbreaks. Over 80% of the target population have been reached during this campaign.

- To enhance coordination at the state and national levels, WHO participated in the coordination and planning meeting for the introduction of the Pentavalent and Pneumococcal Conjugate Vaccine (PCV) vaccines for refugees and host community in Yida refugee camp. This follows an earlier discussion with MSF-France vaccination coordinator in Yida on the introduction of Pentavalent and PCV vaccines for the refugees. WHO raised concerns of logistical support, preparation and planning activities required like public awareness and social mobilization and IEC materials, documentation and training which MSF-France will take care of.

- In Western Equatoria State, WHO supported the state Ministry of Health to convene health cluster meeting. The meeting discussed issues on Integrated Disease Surveillance and Response (IDSR), Expanded Programme for Immunization (EPI) and National Immunization Days among others. It was agreed that; MSF- Spain submit Yambio measles follow up campaign achievement report to the State Ministry of Health (SMoH), WHO and other partners, partners should include the Expanded Programme on Immunization reports in their monthly health cluster meeting updates, state supervision committee be established and should come up with supervision plan. It was also agreed that the county health department officers should attend the monthly health cluster meeting in order for them to get updated with what partners do in their respective counties, so as to enable their follow up during implementation.

Planned activities

- WHO to support the Ministry of Health conduct a training of trainers for public health officers and health authorities from the State Ministries of Health.

- WHO and MSF-France to follow up on two suspected meningitis cases in Yida camp.

- WHO will conduct support supervision visits to different health facilities in all the 10 states, and in Budi County conduct health assessment, and

- Coordinate requests for drugs and diagnostic tests kits for Kalaazar treatment centres.

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