In this reporting period WHO,

- Participated in a field visit to Internally Displaced Persons camp in Jaac, North Aweil county Northern Bahr el Ghazal state.
- Supported the State Ministry of Health (SMOH), Jonglei state with medical evacuations of three injured patients from Pibor county and surgical management of the gunshot wound casualties from communal clashes in the county.
- Supported all the State Ministries of Health to plan for the National Immunization Days for polio.
- Supported the Ministry of Health, National Malaria Control Programme Republic of South Sudan with test kits and other supplies to mark World Malaria Day, and
- Supported the MOH to investigate suspected meningitis outbreak in Upper Nile and Gogrial west counties.

Humanitarian Situation

- The security situation in Jonglei state remained precarious especially in Pibor county. Insecurity continued to restrict delivery of humanitarian assistance in most parts of the state with the humanitarian capacity to respond to the displaced remaining extremely limited. In Eastern Equatoria State, tension remained high following tribal and ethnic clashes in Budi county that led to over 20 fatalities including death of one health worker. Isolated incidents of attacks in Gogrial East county and Unity state also continued to be reported in this period.

- Returnee movement into the country continued this reporting period. According to IOM 36 households with 103 individual new arrivals were reported and verified. The returnees arrived in Bentiu, Unity state from Sudan through Renk and Malakal on 23 April. These are currently at a transit site at Kilo “8” in Bentiu awaiting IOM to support their transportation to their final destinations in Pariang, Koch, Leer and Mayendit County headquarter. Another total of 1,032 returnees were airlifted to Northern Bahr el Ghazal Western Bahr el Ghazal, Lakes and Warrap states as the areas of final destination. Over 906 returnees were tracked and found to have moved to areas of final their destination. As returnees arrive in various states, a need arises to increase the capacity of health services within the communities where they will integrate.

- Over 180,000 refugees are currently living in Maban and Yida Refugee camps in Upper Nile and Unity states respectively, although the pace of refugees crossing into South Sudan slowed down in the past weeks. The two camps have reported Hepatitis E outbreak in the past month, but partners working here continue to respond to the outbreak.
Public Health Concerns

- A total of 31 cases with two deaths of Meningitis were reported from Upper Nile state this reporting period. This poses public health risk as more cases are more likely to be reported from this state.

- The number of fatalities and injured persons continue to be reported following isolated inter-communal clashes. During this time a total of 22 injuries with gunshot wounds were recorded in Budi county Eastern Equatoria State, Gogrial East county, Warrap state and in Pochala county, Jonglei state. However, the health facilities in these areas continue having limited capacity to handle injured cases.

- In this reporting period, 18 cases of measles were reported from Deim Zubier Primary Health Care Center, 15 from Yambio and 2 from Mundri, Western Equatoria state, 9 from Northern Bahr el Ghazal state and one from Wau teaching hospital. Samples were collected from all the states and sent to Juba for further investigations. Samples collected from Northern Bahr el Ghazal state showed that the 9 samples tested positive for measles. In the past weeks, many states have been reporting cases of measles, indicating a likely increase in the number of cases. WHO will mobilize partners to carry out interventions to prevent further outbreak of measles.

- Seven AFP cases were also reported and four investigated in this reporting period. One case was reported from Alel Thony, two reported from Aweil West and Aweil East counties, Northern Bahr el Ghazal state, One from Unity state, one from Mundiri West, Western Equatoria State, One from Western Bahr el Ghazal state and another from Kapoeta North County in Eastern Equatoria state. Specimen was collected from all the mentioned areas and sent to Juba for further analysis. However plans are under way to investigate one other case reported from Duong Primary Health Care Center, Nyal, Panjiyar County Unity state.

- In Maban and Yida counties, the hepatitis E outbreak has continued affecting refugees in the camps. As of week 15, a total of 9,730 cases and 175 related deaths have been reported from Maban county, while in Yida camp, a total of 269 and 12 deaths have been reported since the outbreak was first detected in May and September 2012 respectively. In this week alone 192 cases of hepatitis E and 2 related deaths were recorded. Maban county accounted for 83.9% of all the reported cases while Yida accounted for 15% of the cases reported. Health partners conducting hygiene and promotion activities in the camps are ongoing with community awareness in order to lower the number of reported cases further.

- Cases of anthrax continue being reported from Western Bahr el Ghazal state. This reporting period, 3 new cases of anthrax were reported from Jur River county. WHO continues supporting the State Ministry of Health ensure a coordinated effort and health promotion activities in the state focusing on cutaneous anthrax.

Health Situation

Communicable Diseases

- In this reporting period, WHO supported the State Ministry of Health Lakes state to conduct 60 days AFP follow up and Detailed Case Investigation in Aweriaal, Yirol West and Tirol East in Lakes state and suspected measles
cases in Yirol west. During the visits, the team conducted investigations and collected samples which were forwarded to Juba for further analysis.

Meningitis Updates

- By Saturday 27 April 2013, 31 suspected cases of meningitis and two death (CFR 6.4%) were reported from Malakal. So far, five Cerebral Spinal Fluid (CSF) specimen was collected and analysis conducted using pastorex rapid test at Juba teaching hospital, and 3 of them tested positive for Neisseria Meningitides subtype A and 2 were negative. Two of the positive CSFs were sent to AMREF for culture and waiting the preliminary results. The Ministry of Health together with WHO and MSF technical teams are already in Malakal providing the much needed technical assistance to strengthen case management and laboratory capacity at Malakal teaching hospital. Surveillance has been enhanced and detection of more cases is under way. Figure one shows cases of meningitis reported in Malakal County as of 27 April 2013.

Hepatitis E updates

- A total of one hundred and sixty six (166) suspected Acute Jaundice Syndrome (AJS) cases (or Hepatitis E cases) and four (4) related deaths were recorded from Maban in week 16. No death was reported in Yida this week. As has been the trend, 83.1% of new AJS cases were recorded in Maban refugee camps (figure 2 and 3 for AJS Epi-Curve in Maban and Yida). Of the deaths, two were recorded in Doro, one in Gendrassa, and another in Jamam. Figures 4 and 5 below show a cumulative AJS cases recorded from Maban refugee camps being 9,730 and 175 related deaths, while 297 AJS cases and 12 related deaths were recorded in Yida from the beginning of the outbreak till week 16. Cases in Yida are slowly but steadily increasing every week. New cases recorded in Maban refugee camps continued to decline for the 11th week as compared to the previous weeks. Compared to previous weeks, AJS/HEV cases from Batil have reduced remarkably since mid-February. Gendrassa and Jamam are still reporting high numbers of AJS/HEV cases compared to the past weeks. In general the epidemic is on the decline. This is the third week to register cases below 200 since December last year.
Community awareness, and good sanitation and hygiene practices need to be stepped up in areas both in the camps and host community especially where WASH levels are still below standards. The MOH, WHO, UNHCR, and other health and WASH partners continue to implement different activities to control the outbreak. This week (16) no case was reported from the host community.

Immunization

- To ensure successful National Immunization Days in all the states, WHO supported the State Ministries of Health with the development of micro-plans for the polio campaigns. Advocacy for support from partners to participate in the campaigns through support supervision visits was also done. Partners pledged support in form of vehicles to support vaccine distribution in various counties where there were gaps and to provide support supervision during the campaigns.

- Following the support that WHO provided in the development of micro plans for the National Immunization days, the organization followed this by supporting the immunization activities in all the states of South Sudan. WHO supported by providing logistics, capacity building and technical support for the polio campaigns. The organization was also involved in support supervision during the campaign to support field supervisors ensure the vaccination was being conducted according to all the agreed and recommended procedures that children are not missed and that data was captured and recorded well. Other health cluster partners also supported the campaigns by providing vehicles used to transport vaccines in some states and participated in support supervision.

Response

- In response to the threats of meningitis in Upper Nile and Gogrial West County, WHO supported the SMOH with the investigation of suspected meningitis cases and collection of blood specimen from Malakal hospital. A micro-plan was developed to respond to the potential outbreak. WHO also provided MSF- B, Gogrial Primary Health Care Centre with meningitis rapid test kits to support meningitis investigations at the health facility.

- To assess the situation of the internally displaced persons in Jaac, North Aweil county, Northern Bahr el Ghazal state, WHO participated in an assessment mission to this area. The assessment mission which was jointly conducted with other partner agencies like UNOCHA, WFP, Awoda, and German Agro-Action aimed at assessing the impact of the response that partners provided. WHO and other health partners provided drugs to the displaced population to support the treatment of the returnees, supported mop up campaigns for vaccine preventable diseases in the area and strengthened the surveillance system in the area. The team noted that the health facilities in Jaac had adequate medical supplies and drugs to manage patients.

- To support prompt and timely investigations of meningitis in Gogrial, in Warrap state, WHO provided one rapid test kit (Pastrox test). These were provided to MSF-B Gogrial Primary Health Care Centre following shortage of the rapid test kits at the health facility. Warrap and Upper Nile states are the two states that have reporting suspected cases of meningitis in the past reporting weeks. With the increasing number of cases in Malakal, further verification and analysis is being done to guide decisions regarding the declaration of potential outbreak.
Following reports of suspected outbreaks and priority diseases of public health concerns, WHO supported the State Ministry of Health to conduct investigations of suspected cases of some priority diseases. Among the investigations conducted by WHO were: measles investigations in Lakes, Eastern Equatoria and Northern Bahr el Ghazal states. Acute Flaccid Paralysis investigations in Western Bahr el Ghazal, Northern Bahr Ghazal and Eastern Equatoria states and Meningitis in Upper Nile and Warrap states. Samples were collected and sent to Juba for further investigations. Given the increase in suspected measles cases reported across the country, WHO provided her support to the State Ministry of Health to mobilize partners to support the response.

To support South Sudan commemorate World Malaria Day, WHO provided the Ministry of Health with 3,000 first response Malaria Rapid tests, 2,700 doses of First Line ACTs (Artesunate and Amodiaquie) drugs, two large outdoor tents, first aid Kits with IV fluids and cash as contribution to mark the day. To encourage testing as a strategy to control malaria, WHO provided the above items to support outreach services to a community in and around Lologo in Juba Central Equatoria state aimed at enabling the people know their malaria status. Hundreds of people turned up for testing, however the team managed to test an estimated 700 people within the three days, 200 having tested positive for malaria. Mosquito nets were also distributed to children and pregnant women who turned up for testing.

To strengthen the capacity of the State Ministry of Health and other partners in Unity state, WHO actively participated and provided technical support to the State Ministry of Health during 2 day workshop conducted by Health Pooled Fund (HPF). A summary of requests for proposal and scope of work was given high priority while focusing on high quality and responsive Primary Health Care delivery, strengthening of health system and financial management. Health Pool Fund is one of the health financing options that will be rolled out in South Sudan as the country transitions form Humanitarian Funding to Development funding for health services.

In order to ensure timely and completeness in reporting at the health facility levels in silent counties, WHO in collaboration with the State Ministry of Health, Northern Bahr el Ghazal state, held a meeting with the County Health Department heads, County surveillance officers and NGO health focal persons to explore challenges of poor reporting from health facilities. During the meeting it was agreed that county surveillance officers in 3 counties of Aweil South, Aweil East and Aweil Centre need to get more involved in weekly surveillance reporting so as to improve reporting from the health facilities whose reporting is poor.

Assessments

In Abyei Administrative Area (AAA), WHO participated in an interagency assessment to the north east parts of Abyei; Um Khariet and Domboloya. These areas are nomadic settlements that severely lack health services. The teams established that the nearest health service points to these areas are either seven hours drive to Muglad or three hours drive to Abyei town. It was agreed that advocacy for service provisions covering these areas be strengthened. As part of health cluster response, GOAL and MSF-Swiss continue to provide health services through mobile outreaches as a means of accessing the affected populations.

In Northern Bahr el Ghazal state, WHO participated in an Inter agency assessment in Jaac in North Aweil county. The assessment was conducted with the objective assessing quality of assistance provided by other...
Coordination

- Following reports of meningitis outbreak in Malakal Upper Nile state, an emergency National and state task force were convened to discuss the evolving situation of outbreak in Upper Nile state. As a result a micro plan was developed for the upcoming mass vaccination as a response to the meningitis and how to handle case management, surveillance and social mobilization in the affected area.

- WHO in collaboration with IMC and UNOCHA coordinated the medical evacuation of the patients from Pochala to Malakal and Juba teaching hospital. The patients sustained gunshot wounds that needed surgical intervention. In addition, WHO supported Juba teaching hospital by providing trauma supplies and kits to manage the patients who were evacuated.

- In Eastern Equatoria State, WHO together with the SMOH supported Torit Hospital with surgical supplies for patients injured during inter communal clashes in Budu county. In addition, WHO and the SMOH coordinated the management of 15 patients who sustained gunshot wounds during the community clash.

- To strengthen health service provision and response to health emergencies in the country where the health services and provision are fragile, coordination is an important component for concerted health efforts. Being a Health Cluster lead, WHO supported the Ministry of Health at the central and state levels to convene health cluster meetings at both levels. At the central level, the health cluster meeting was chaired by the Ministry of health and attended by over 40 health cluster partners. During this time, it was agreed that all health cluster partners participate in the Mid Year Review for CAP for South Sudan. While at the state levels, discussions mainly focused on the National Immunization Days. At various states, health cluster partners pledged their support towards the campaigns by providing vehicles for the transportation of vaccines to the counties and participate in supervision of the campaigns.

- In Abyei Administrative Area, partners continue providing health services to the vulnerable population in the Abyei area. MSF-CH continues to provide both primary and secondary health services at Agok hospital and mobile clinics at different locations within Abyei Area with the exception of areas in the northern parts where ongoing discussions with authorities are still on for permission to access these areas. GOAL also continued providing health services at five health facilities in Abyei area and conducting mobile clinics three times a week at Abyei hospital. IOM is rehabilitating five health facilities within Abyei Area while Caritas is in the initial process of kick starting support to provide health services to three health facilities within Abyei Area. To strengthen coordination of health efforts in Abyei area, a health cluster meeting convened by the Health authorities in the areas, with support from WHO was done. It was agreed that the next meeting discussions and solutions on health priority needs be discussed and a way forward agreed.

- To ensure coordinated and timely prepositioning of kala azar drugs, MSF-Holland facilitated the transportation of 5,500 Paromomycin, 3,400 SSG and 500 Ambisome Kala azar drugs and diagnostic kits (1,950 Rapid Test) from Juba to Bentiu, Unity state. These drugs are meant to support treatment of kala azar patients for a period of 6 month. WHO is the sole provider of all kala azar drugs in the country.

For more information contact:

WHO Country Office: Dr Abdi Aden Mohamed, Head of Office WHO South South, mohameda@nbo.emro.who.int Or Ms Pauline Ajello, Communication Officer, ajellopa@nbo.emro.who.int
WHO Regional Office for the Eastern Mediterranean: shoc@emro.who.int
Website: www.who.int/emro/aha