During this reporting period WHO joined other agencies to conduct an interagency assessment to Aweil North where more people have reportedly settled following a fresh outbreak of fighting at the border areas.

Continued providing technical support during the Oral cholera vaccination exercise in Maban county.

WHO also provided drugs for emergency response to International Rescue Committee to support Internally Displaced Person in Aweil North and East.

The organization also supported the Ministry of Health, with support supervision of integrated health services in Kapoeta East County.

In Upper Nile state, WHO conducted training of Rapid Response team to ensure early detection of Epidemic Prone disease.

The security situation in Pibor, Jonglei state remained tense following clashes between two armed factions. Following the clash, an estimated 2,500 people were temporarily displaced from their homes but have returned. This is in addition to the 5,000 already displaced in the previous clashes in Lukangole and Gumuruk areas.

In Maban and Yida camps, over 170,000 refugees remained displaced in refugee camps in Yida and Maban. These people continue to leave under poor conditions with limited water and sanitation facilities, favorable for disease outbreaks.

Following the intertribal fighting in Wau in late December, 2,000 people were temporarily displaced and are reportedly stranded in Tambura and Nagero counties in need of humanitarian support for fear of either returning home or proceeding due to uncertainty. As a result an interagency assessment was conducted to Tambura. It was established that the displaced population are in need of social services like health, food, emergency shelter, water and sanitation. Another 1,288 displaced people were also registered in Raja following an inter communal violence in the area. These are reportedly displaced in to Raja town and are leaving in unacceptable leaving conditions.

In Renk county, Upper Nile state, an estimated 20,000 returnees remain stranded in temporary transit sites and in need of health services among others. Emergency assistance remains a priority to the stranded population.
PUBLIC HEALTH CONCERNS

- Hepatitis E remains a major public health concern in the refugee camps in Maban and Yida areas.
- During this reporting period, three AFP cases were reported and investigated in Cueibet and Rumbek East counties in Lakes states and in Kokoro Kajo-Kei East in Eastern Equatoria state. Stool specimen were collected and sent to Juba for further investigations.
- Suspected cases of measles were reported and investigated in Kajo-Kei, north and east. A total of 31 suspected cases were reported and investigated during this period. In Eastern Equatoria state, 7 suspected cases were reported and blood specimen collected from 5 children with fever, rashes, red eyes, running nose. In Eastern Equatoria state, two cases were reported from Kajo-Kei, one from Kajo-Kei North, and two from Kajo-Kei East. WHO and the State Ministry of Health have strengthened surveillance at the counties to ensure no cases are missed. While in Western Equatoria state, 24 suspected cases were reported, 22 of them from Yambio county and 2 from Tambura. Two specimen were collected and sent to Juba for further analysis.
- Over 4,080 people remain displaced in Jaac Payam Awiel north. These have limited access to humanitarian assistance including water and health.
- In Kajo-Kei civil hospital, suspected cases of meningitis were also reported and investigated by a team of WHO and the State Ministry of Health. It was reported that a patient came from Lachua in Kajo-Kei East county and at the time of investigation was admitted in Kajo-Kei civil hospital in Kajo-Kei county. The tests however turned negative of meningitis.

Health Situation

Communicable Diseases

- A total of six hundred and eighty five (685) Hepatitis E cases and 10 related deaths were reported from refugee camps in Maban in epidemiological week 4. Of these cases, 73% of the cases and 80% of deaths were reported from Yusuf Batil camp, where the upsurge of hepatitis E was recorded to date. As seen in figure 1, a total of 4,700 hepatitis E cases and over 100 related deaths have been reported since the beginning of the outbreak in the five refugee camps in Maban and Pariang counties, Upper Nile and Unity States respectively. Cases and deaths recorded in Yusuf Batil in the past 8 weeks increased four folds as compared to the cumulative cases recorded since the beginning of the outbreak. Jamam, Gendrasa and Doro also recorded more cases of hepatitis E in the past 8 weeks. The Ministry of Health together with WHO and UNHCR technical officers conducted a comprehensive assessment to determine factors fuelling the outbreak in Maban refugee camps. The team established the main factors fuelling the hepatitis E situation in Maban as poor water and sanitation conditions like; poor hygiene at the household and camp levels, shortage of safe drinking water in some areas in the camps, limited sanitation and hand-washing facilities. UNHCR and other partners committed to scaling up water and sanitation.
Two suspected measles cases were reported from Doro Refugee camp in Maban County in week 4. Health cluster partners supporting health service delivery in the camp are currently investigating the suspected cases and collecting blood specimen. Measles surveillance has been enhanced in the refugee camps after nine suspected cases were reported in Batil. Two of these suspected cases tested positive for measles IgM at Juba reference laboratory. Although the measles coverage among refugee population is considered moderate, the risk of a measles outbreak is very high due to the many unvaccinated and malnourishment children.

In this reporting period, the completeness and timeliness level of reporting from health facilities across the country was below average. This could be associated to public holidays and communication problems. In week 3, the average completeness rate of reporting from health facilities in all the states was 40% (350 out 993 facilities), while the average timeliness of reporting from various facilities across the states stood at 32% (320 out of 993 facilities). None of the health facilities in Eastern Equatoria, Central Equatoria, Jonglei and Lakes states submitted the weekly surveillance report in week 3.

Malaria remained the leading cause of morbidity and mortality reported in week 3 contributing to 70% of all cases, and 65% of all deaths reported in the week. A total of 10,591 suspected malaria cases and 17 related deaths were reported across the country in week 3.

Response

To support the response of persons displaced in Aweil East following conflicts at the border areas, WHO provided 2 basic unit Interagency Emergency Health Kits and 1 anti malaria kit to International Rescue Committee (IRC). These supplies will be used to support a mobile health clinic in the area run by IRC and is expected to treat an estimated 1,535 displaced persons.

During this reporting period, WHO in collaboration with the State Ministry of Health and UNICEF participated in the Training of Trainers for the Maternal and Neonatal Tetanus (MNT) campaign. In Warrap state, a total of 40 participants from all the counties in the state benefited from this training. The training was organised with the aim of refreshing participant’s knowledge and skills to enable further train MNT vaccinators within their respective counties.
To strengthen the Rapid Response Team at the county level in Upper Nile state WHO conducted a training of health care workers. A total of 30 participants including; Expanded Programme for Immunization (EPI) officers, County Surveillance Officers, State Surveillance Officers, Statisticians, Nurses and County Health Department Officers. Those trained were from the counties of Balite, Meluth, Fasoda Manyo, Nasir and Panukaing. The training aimed to help counties ensure that Rapid Response Teams (RRTs) are in place so as to ensure early detection and rapid response to epidemic-prone diseases.

In Eastern Equatoria state, WHO in collaboration with the State Ministry of Health conducted a joint supervision visit to Kapoeta South, North and East counties. This follows rumours of a suspected Acute Flaccid Paralysis in Kokoro Kapoeta East county. Samples of the suspected case were collected and sent to Juba for further analysis. In addition, thirty one suspected cases of measles were also detected and investigated in Kapoeta south, north and east in Eastern Equatoria state and in Yambio and Tambura counties in Western Equatoria state. Samples were also collected and forwarded to Juba for further investigation. From Eastern Equatoria state, stool specimen was collected from 5 children with fever, rashes, red eyes, running nose, and these sent to Juba while in Western Equatoria state, 2 samples were also collected. Of the suspected cases in Eastern Equatoria state, two were reported from Kapoeta south, one from Kapoeta North, and two from Kapoeta East. While in Western Equatoria state, 22 cases were reported from Yambio and 2 from Tambura. WHO and the State Ministry of Health have strengthened surveillance at the counties to ensure no cases are missed. While in Kapoeta civil hospital, WHO supported the State Ministry of Health to investigate suspected cases of meningitis reported from Lachua in Kapoeta east counties but admitted at a civil hospital in Kapoeta counties.

Coordination

WHO participated in an interagency humanitarian coordination meeting for refugees in Maban County. The meeting chaired by UNHCR was called with the objective of addressing current gaps in health, nutrition, and Water, Sanitation and hygiene. It was also intended to find solutions to the challenges affecting the delivery of basic services for the affected people at the county. During the meeting, it was agreed that Water and sanitation facilities and health education and promotion activities be strengthened and improved in the camps.

In addition, the agency participated in an emergency placing meeting in Rumbek following clashes in Rumbek East County. During the meeting, it was recommended that a health risk assessment be conducted in areas that reported high numbers of casualties and reported displacements. This would guide interventions of partners as a cluster in the event of observable displacements.

In Eastern Equatoria state, WHO in collaboration with the state ministry of health conducted a joint support supervision visit in Kapoeta East, in Eastern Equatoria State. The objectives of the team were to investigate and verify rumors of suspected measles cases reported from the state. The team also investigated suspected AFP case in Kapoeta East, conducted 60 day follows up of pending AFP cases, distribution of Integrated Disease Surveillance and Response materials, and sensitized field teams on surveillance and EPI in addition to supporting counties with the supervision of round two of Tetanus vaccination.

In collaborating with the State Ministry of Health, Northern Bahr el Ghazal state, WHO convened an emergency Expanded Programme on Immunization consultative meeting with focus on Aweil North county. The meeting was called with the aim of discussing with partners support towards EPI services and support supervision in Warichum Internally Displaced People’s camp.

WHO led the health cluster partners to finalize the contingency plan at the national and state levels, for the period Jan to June 2013. The planning assumptions were for the worst case scenario looking at a projected population of 4,350,000. The plans were prepared in case of an increase in cross border aggression, tribal conflict as well as militia attacks, which may lead to increasing numbers of injured persons, Internally Displaced Persons, refugees and vulnerable communities in addition to increased mortality and morbidity numbers.
Health Assessments

- During this reporting period, WHO joined the State Ministry of Health, Northern Bahr el Ghazal state, Concern, ARC, IRC, Health net TPO, UNICEF, CHF, NRC, WFP, Moa, GAA, IOM and AODA to Aweil north to conduct an interagency assessment following reports of more displaced people in the area. This follows fighting that broke out at the border areas. The newly displaced persons added to the initial Internally Displaced Persons. The team established that there was an additional 5,144 persons were displaced in to Jaac and Warchum camps. Jaac received the most number of the newly displaced persons at 4,028 while Warchum had 1,116. WHO is partnering with Health net TPO, Concern Worldwide, IRC to ensure emergency drug supplies reaches the frontline health facilities are received on time and is working closely with the State Ministry of Health, Expanded Programme on Immunization section, to ensure that immunization services are provided to Internally Displaced persons. IRC provides outreaches services to Jaac Primary Health Care Unit while Warchum is being supported by Health net TPO with immunization and outreaches.

- In Lakes state, WHO participated in an interagency assessment to the conflict affected area of Amonhom - Nyang and Payon-Joth, Rumbek East. The team visited the area to establish the number of people displaced and their needs including health as a result of the conflict in Makuriric county. The team included UN agencies, NGO’s and government representatives. The report of the assessment will be shared at a later time.

Health Needs/Gaps & Challenges

- Humanitarian access continues to be hampered by infrastructure, violence and hostilities in the frontline states that host over 80% of the vulnerable population in South Sudan who are in need of humanitarian assistance.

Planned Activities for the next week

- In collaboration with the State Ministry of Health, conduct Integrated Management of Childhood Illnesses training in Bor, Jonglei State.

- Together with the State Ministry of Health, conduct rapid response training in Bor and Yambio, Western Equatoria State for health care workers.

- Support the state ministry of health in Western Equatoria state, conduct health cluster coordination meeting.

For more information contact:

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