During this reporting period, WHO;

- Updated and revised the response plan for the Pibor crisis with special emphasis on provision of life saving surgery and medical evacuations.
- Led the coordination of the humanitarian health response in Jonglei State, through supporting the Ministry of Health to convene weekly emergency preparedness and response meetings.
- Supported the management of 176 patients with gunshot wounds by providing two trauma kits to Bor State Hospital.
- Deployed two technical officers in the state capital Bor to oversee and coordinate the emergency response.

Humanitarian Situation

In this reporting week, Jonglei state continued experiencing unrest as humanitarian response to civilians in need continued. Over the past week, clashes have been reported in Manayabol with over 176 injuries and a considerable number of fatalities. Humanitarian concerns mounted in this reporting period with increased displacement and population movement around Pibor town and its boundaries. The current insecurity is restricting delivery of humanitarian assistance in most parts of the county with limited humanitarian capacity.

Public Health Concerns

Humanitarian access in Jonglei state remained limited due to persistent tension and insecurity in the area thus affecting the delivery of health services. Pochala County remained relatively stable with minimal health service provision. An estimated 100,000 persons affected by the crisis are in dire need of emergency health services. The security situation in Jonglei’s Pibor County also remained tense, but response to civilians in need in other areas of the state continued. Major concerns are on the injured that have not been accessed by the humanitarian actors and the number of displaced that are not accessing humanitarian assistance.

A total of 111,961 AJS cases and 184 deaths have been recorded in all camps (in Maban and Yida) since the epidemic started. In Yida (Yida camp), a cumulative figure of 483 cases (of which 4 were reported from the host community), and a total of 15 deaths have been reported and registered (since the outbreak started at the end of August 2012), translating to a Case Fatality Rate (CFR) of 3.2% (within acceptable range of 1-4%). An inter-sectoral response is being rolled out to control the outbreak.

The measles outbreaks reported from various states remains a public health concern. In this week, mop up campaigns were conducted in Unity state and Western Equatorial state. Others response activities also continued in Old Fangak where suspected measles cases. This adds up to other counties that reported cases of measles in the past weeks. These include; Juba, Central Equatoria State, Aweil East, Northern Bahr el Ghazal state, Yirol, Lakes states, Torit and Lopafan, Eastern Equatoria state, Longecuk in Upper Nile, Ayod in Jonglei. This is a concern to the
Health Situation

- The data in this section of the report focuses on week 27. In this reporting period, a total of 42,121 health events cases and 37 deaths were reported from 66% of the functional health facilities this reporting period. Malaria accounted for 73% of the reported health events followed by acute watery diarrhea at 20%. Completeness and timelines of reporting period was at 66% (compared to 75% in week 26) and 8% (compared to 36% in week 26) respectively.

Hepatitis E Outbreak

- In this reporting period, two hundred and twenty two (222) suspected Acute Jaundice Syndrome (AJS) cases and one (1) related death were recorded from health facilities across the country. Maban camps reported majority of cases at 93% while Yida camps reported the least cases at 7%. Other areas that reported suspected AJS cases included the host community in Maban, Terekeka and Wau counties. A total of 63 cases and one death were reported from the host community.

- Figure1 shows that the cumulative AJS cases recorded from Maban refugee camps stood at 111,961 and 184 related deaths, while 449 AJS cases and 14 related deaths were recorded in Yida since the start of the outbreak. New cases recorded in Maban refugee camps continued to present an irregular pattern for several weeks in a row. As compared to previous weeks, cases reported from Batil have remarkably reduced since mid-February. Gendrassa and Jamam (Now Kaya) continue reporting high numbers of AJS/HEV cases compared to the previous month. Cases from Doro increased this week again.

Information obtained from the community in the Doro camp, shows that most Hepatitis E suspected cases are not visiting health facilities, but instead they prefer visiting traditional healers. Similarly, deaths in the community due to Hepatitis E are not being captured in the reported figures. The Ministry of Health in collaboration with UNHCR and partners are introducing a community reporting mechanism and health promotion program to improve the epidemic reporting and create more awareness at the host community.

Acute Watery Diarrhea (AWD)

- A total of 8,160 acute watery diarrhoea cases (Incidence rate of 98.78 per 100,000 populations) were reported across the country during this reporting period, with thirteen (13) related deaths (CFR 0.16%). Children below five years of age accounted for 59% of all the reported AWD cases and 85% of the total deaths. Figure 2 shows a comparison of AWD cases by epidemiological week for year 2013 and
Measles

- Twenty two (22) suspected cases of measles (incidence rate of 0.27 per 100,000 populations) with zero related death were reported across the country. Children below five years of age accounted for 91% of all the reported cases. The overall incidence rate significantly increased in week 27 as compared to week 26 (0.15 per 100,000 populations). The suspected measles cases were reported from Juba (1), Kajokeji (1) Eastern Equatoria state, Guit (1), Yirol West (17) and Yirol east (1) both in Lakes state and Maban county, Upper Nile state (1).

Expanded Programme on Immunization/Polio Eradication Initiative

- During the week, WHO supported the State Ministry of Health, Western Equatoria state to conduct social mobilization and implementation of measles mop-up campaign in Tambura County. Preliminary figures of children vaccinated will be shared in the next reporting period. The campaign follows outbreaks of measles reported in the country over the past 3 month. In addition, the organization participated in the supervision exercise of the campaigns and training of 7 Independent Monitors conducted to support the Post Campaign Evaluation in the 4 payams in the county.

- In this reporting period the programme participated in the weekly expanded programme on immunization technical working group meeting. In this meeting WHO agreed to be part of a higher delegation of the ICC to support the Ministry of Health through advocacy to meet Global Alliance for vaccine and Immunization requirements for the introduction of new PENTA vaccines. The project is worth $3.7 million.

- To support the Ministry of Health and State Ministries of Health boost routine immunization to the targeted 80%, WHO participated and supported the central Ministry of Health complete micro-planning an upcoming acceleration campaign planned for third quarter. The campaign is estimated to cost $181,000 US dollars. WHO regularly supports routine immunization through static, outreach and mobile stations targeting hard to reach areas, however given that the targets were low by mid-year, the organization together with Ministry of Health and other partners like UNICEF have decided to conduct accelerated campaigns. In addition, evaluating of submissions for the polio supplementary national immunization days micro-plans submitted by states was done. The intended supplementary national immunization days is targeting 1.4 million children less than 5 years in the four states of: Eastern Equatoria State, central Equatoria State, Jonglei, Upper Nile and Pariang county in Unity state.

- WHO also initiated the preparation of guidelines to support budgeting and implementation of the expanded programme on immunization/ Acute flaccid paralysis training for over 700 health workers at all levels in the country. The training is expected to enhance the skills of health workers in identifying and investigating Acute flaccid paralysis cases and other immunizable diseases.

- In order to strengthen surveillance of priority diseases and vaccination at the boarders between Uganda and South Sudan, WHO supported the Ministry of Health conducted cross boarder meeting on Polio Eradication Initiative in Kajo-Keji and Kaya in Central Equatoria State, and Nimule in Eastern Equatoria State. The meeting agreed on mechanisms to strengthening coordination for early detection of acute flaccid paralysis and improvement in the quality of supplementary immunization days.

Health coordination and response

During this reporting period, a huge focus of WHO response was on Jonglei state. A series of activities were conducted among them;

- WHO continued to lead the coordination of the humanitarian health response in Jonglei State, through supporting the Ministry of Health to convene weekly emergency preparedness and response meetings at both the national
and state levels to discuss the response strategies and challenges faced by health actors responding to this emergency. The major actors in the response in Pibor are; Ministry of Health, ICRC, MSF-B, MSF-H, NDHF, Merlin and International Medical Corps (IMC).

- To further strengthen and ensure a well coordinated and organized response, the agency in collaboration with a state selected taskforce, supported the Ministry of Health and partners to develop a health emergency response plan. The plan underscores the prompt provision of emergency supplies namely; trauma kits, major and minor surgical kits, anaesthetic kits, outbreak investigation kits and the need for surge capacity plan. The plan was shared with Ministry of Health and partners and it’s expected that this will enhance the emergency response in Pibor county.

- As support to the response plan, WHO is providing financial and logistic support to the county health department. This will be used to initiate and extend mobile clinics in the villages of Lukongole and Gurumuk for the displaced persons. With support from WHO, an updated roster of health workers who will be deployed in the areas of Pibor,Gurumuk,Lukongole and Akobo has been compiled and shared with partners. The health workers in the roster will support the County Health Department (CHD), and other health partners to deliver the much needed health services focusing on surgical management, expanded programme on Immunization, maternal health and other health related services.

- In addition, WHO has also deployed two technical officers in the state capital Bor to oversee and coordinate the emergency response. This team will work closely with the State Ministry of Health and other partners to ensure injured are attended to in a timely manner. One National Public health officer has also been positioned at the State Ministry of Health to closely coordinate with the ministry of health to ensure life saving surgery is accessed by all injured patients.

- To support the management of patients with gunshot wounds, WHO provided two trauma kits to Bor State Hospital. A total of 176 patients received life saving surgery in the past three days. Additional two trauma kits were dispatched to the same hospital to enhance preparedness and response capacity of the hospital. Furthermore, the organization is supporting Bor hospital to expand admission space by by providing emergency tents as partners anticipate more injured patients to be brought to the hospital. Together with ICRC, WHO supported the Ministry of Health to enhance the surgical capacity of Malakal Teaching Hospital which is a fallback position for the response of causalities from Pibor.

- With support from the Central Emergency Response Fund (CERF) funds, the WHO country office is mobilizing two emergency surgeons to be deployed in Bor state hospital to support the response. In addition 20 Trauma kits are expected in the country and later to the state to ensure that adequate trauma kits, anaesthetic kits, major and minor surgical kits are available in country in anticipation of the mass admissions expected in Bor and Juba teaching Hospitals.

- In response to the ongoing health crisis in Pibor, Jonglei state, the Health cluster continued its coordination role in collaboration with the Ministries of health at the national and state levels to ensure an effective response.
Among the area that the health cluster is supporting to coordinate is strengthening of surgical capacity for those injured during the clashes.

- As part of a strategy to scale up health interventions in Pibor county, WHO supported Medair with assorted drugs and anti-malaria drugs to ensure services are provided to the community in Dorein payam. The life saving medicines will be used to treat over 2000 people displaced in this payam. In addition, training of health workers on integrated management of childhood illnesses will be conducted to strengthen case management of common illnesses.

Capacity building activities

- In this reporting period, WHO finalised preparations to conduct refresher training for health workers in Bor hospital on the basic principles of surgery and first aid services. Those trained will be deployed to the emergency ward of Bor hospital to strengthen the capacity of the hospital to support management of gunshot wounds.

- The organization also conducted support supervision visits to Tonj South County. The visits were made with the objectives of carrying out support supervision to health facilities in order to strengthen disease surveillance, Immunization and integrated disease surveillance and response tools etc, conduct detailed case and 60 days follow up investigations for acute flaccid paralysis cases and to sensitize health workers and provide them with on job training. During this time, 5 health facilities were visited among them; Tonj hospital, Don Bosco primary health care centre, Indeed and Truth primary health care centre ,Thiet primary health care centre and Jak primary health care unit.

Planned Activities

WHO plans to:

- Continue working with the department of emergency preparedness and response of the national ministry of health and state ministry of health in Bor to ensure that the health response capacity of the state and county hospitals is enhanced.
- Conduct cross borderer meetings in Narus and Akobo bordering Kenya and Ethiopia respectively.
- Facilitate the measles campaign in Guit county Unity state.
- And support the measles vaccination of the host community in Maban county.

For more information contact:

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