

**Cholera Outbreak in Juba, Central Equatoria State
Situation Report (Sitrep No. 10) as at 23:59 Hours, 25 May 2014**

Background

On 29 April 2014, a suspected case of cholera was reported from MSF clinic at UN House/Juba III IDP camp. The previous day he had visited relatives in Gudele where he developed severe diarrhoea. One of the contacts in the household had developed acute watery diarrhea on the 23 April 2014. Following field investigations and laboratory confirmation, on 15 May 2014, the Ministry of Health declared an outbreak of cholera in Juba. Since then, several suspected cases have been recorded and laboratory confirmed from different suburbs in Juba.

Situation Update

The table below summarizes the number of suspected and confirmed cases reported in Juba.

Table 1 Summary of Cholera Cases

No.	Summary of cases	JTH CTC	Gurei CTC	Tongping CTC	UN House (Juba 3)	Total
A	Total new admissions today	48	16	0	1	65
B	Total new discharges today	26	20	1	1	48
C	Total new deaths today	3	0	0	0	3
D	Total number of cases currently admitted	99	5	0	1	105
E	Total facility deaths since the onset of the outbreak	13	0	0	0	13
F	Community deaths since the onset of the outbreak	9	0	0	0	9
G	Cumulative deaths since the onset of the outbreaks	22	0	0	0	22
H	Cumulative cases discharged	422	26	2	7	457
I	Cumulative number of cases seen in community	12	0	0	0	12
J	Cumulative cases (D+E+H+I)	546	31	2	7	586
K	Number of cases with laboratory confirmation by culture	6	0	0	0	6

- On 25 May 2014, 65 new cases were admitted at the cholera treatment centres (CTC) in Juba and 48 cases discharged leaving 105 patients on admission in the cholera treatment centres.
- Cases have been reported from eight Payams in Juba county with the most affected being Muniki 141 (25%).
- Since the beginning of the outbreak on 23 April 2014, 586 cumulative cholera cases including 22 deaths (13 institutional and 09 community deaths) (CFR 4.0%) have been reported. The majority of the deaths reported in hospital died on arrival.

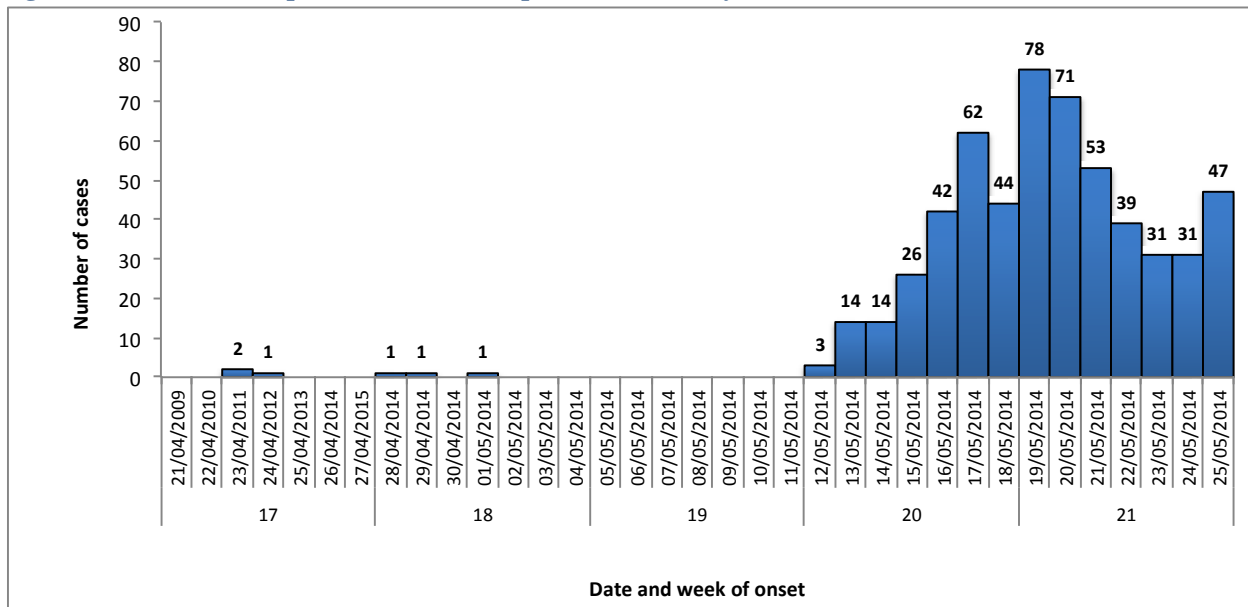
Table 2 Cholera cases by area of origin in Juba, 25 May 2014

Payam	Week 17	Week 18	Week 19	Week 20	Week 21	Total by Payam (%)
Northern Bari	1	2	0	63	68	134 (24)
Muniki	0	0	0	70	71	141 (25)
Juba	0	0	0	26	88	114 (21)
Rejaf	1	0	0	22	53	76 (14)
Kator	1	0	0	14	36	51 (9)
Missing	0	1	0	4	23	28 (5)
Gondokoro	0	0	0	3	2	5 (1)
Lirya	0	0	0	1	0	1 (0)

Payam	Week 17	Week 18	Week 19	Week 20	Week 21	Total by Payam (%)
Lokiriri	0	0	0	2	1	3 (1)
Total by epi-week	3	3	0	205	342	553 (100)

Figure 1 shows the outbreak trend since its start on 23 April 2013. An assessment of risk factors is underway, however, preliminary results indicate that most people are drinking untreated water from the River Nile and eating un-hygienically prepared food from markets. However, most restaurants and roadside food vendors have been closed down in the past few days by Juba City Council.

Figure 1: Juba cholera epidemic curve, 23 April 2014 - 25 May 2014



- Of the 586 cholera cases reported, majority 328 (59%) is male, and 242 (44%) aged 20-34 years.

Figure 2: Distribution of cholera cases by age, Juba, 23 April - 25 May 2014

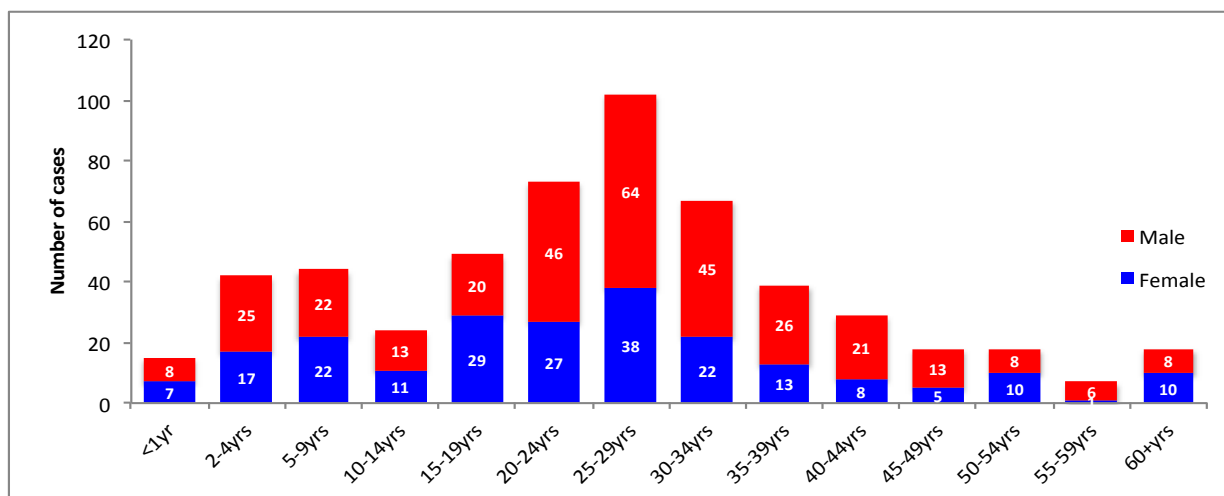
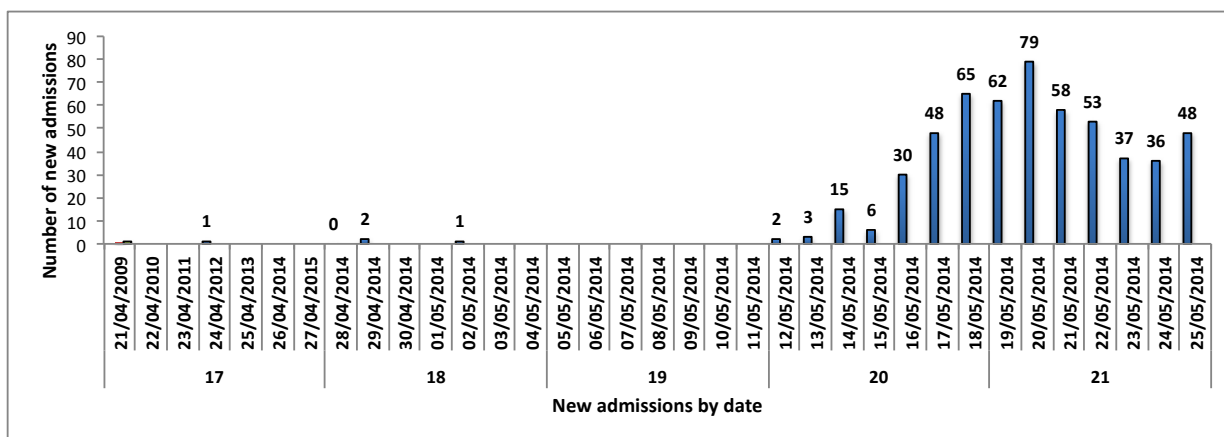


Figure 3: Number of daily admissions at the Juba CTCs, 02 – 23 May 2014



The main risk factors for cholera in Juba are suspected to include the following:

- Drinking of untreated river water which in Juba is primarily supplied by water tankers,
- Poor latrine use,
- Eating foods sold on the roadside and at makeshift markets.
- Poor personal hygiene practices (for example hand washing) and community hygiene.
- In addition, open defecation, consumption of water from unsafe sources such as surface water-river and ponds, poor community handling of dead bodies and unsupervised burials are other factors that increase the risk of the Juba community to contracting cholera.

Cholera Alerts:

No information has been received since the last situation report # 09. Find below a summary of the alerts shared in situation report # 09.

Table 3 Summary of cholera alerts

No	Date received	Details of the alert	Area	Needs/Actions taken
1.	25/05/2014	Four alerts of community deaths were reported. Several alerts of suspected cases reported from Gumbo	<ul style="list-style-type: none"> • Juba prison, • Mia Sava, • Konyokonyo, • Gieda • Military HQ 	<ul style="list-style-type: none"> • State MoH, MoH in collaboration with WHO investigated and verified these four deaths • Homes of the deceased were disinfected • Health education provided to family members and neighbors • Patients were transferred to JTH

Response Actions Today

Case Management

- Ambulance services have been operationalized. A 24-hour shift service is now available for referral of patients from the community to various CTCs in the city.
- Juba Teaching Hospital CTC received IV fluids and cannulas.
- Infection control activities at community level have been initiated and include burial supervision, dead body and household disinfection.
- Active case finding and community based surveillance activities are being conducted in Juba.
- Re-admissions of two patients from Gumbo, suggesting the possibility of continued exposure to contamination at household level.

Surveillance and Laboratory

- Epidemiological analysis of cholera patient data is ongoing. The results are being used to inform/guide the public health response.
- The surveillance teams continue to receive and investigate all alerts of suspect cholera cases throughout the country.
- Following the death of an inmate on 25/05/2014, a meeting was held with the officials of Juba Prison to ensure that prisoners with suspected cholera are immediately reported to MoH, and transferred to JTH CTC for prompt treatment. Cholera awareness and prevention was initiated.
- A laboratory scientist from AMREF, Nairobi, Kenya arrived in Juba today to conduct assessment of technical capacity of National reference Laboratory in Juba and to start microbiological examination of samples for cholera

Social Mobilization

- Medair continued with promotion of cholera prevention practices in public places, markets and schools in Munuki.
- To date over 3,000 households have been visited and demonstrations on hand washing with soap, PUR, Chlorination and ORS preparation were conducted in Gudele and Lologo.
- 76 Social Mobilizers are conducting house to house mobilization in Kator, Rajaf Payam and Juba block.
- 36 Medical corps were oriented in Social mobilization and Communication for Cholera Prevention and Control.
- Megaphone announcements are being conducted in Kator, Rajaf and Juba blocks.
- To date about 600 spots have been aired on 7 Radio stations.
- IEC materials were distributed in Twic East and Mingkaman.

WASH

In Ghabat:

- 40,000 L of treated water served
- 3 tap stands installed
- Solid waste collection ongoing daily
- 1,508 people reached by awareness sessions
- 1200 PuR sachets distributed at HH level
- 2 Hand Washing Stations installed in market

In MTC:

- 4 Hand Washing Stations installed
- Solid waste collection done
- Cholera awareness and prevention messages shared by public address system in Konyo Konyo Market, Hai Malakal, and Malakia area.
- 98 SSRC volunteers were deployed to Gudele 1, Gudele 2, and Lologo. Total of 2,020 HHs were visited and given ORS

At Juba III/UN House PoC

- Water containers cleaned and disinfected.
- Disinfection of latrines, garbage, showers continues daily.
- Foot spraying is ongoing at each gate.

At Tong ping PoC

- Hygiene promotion activities continue at an increased rate (as noted in earlier updates)
- Additional Hand Washing Stations continue to be in use
- Spraying at entry/exit continues

Current gaps

- Chlorination of water at water sources.
- Monitoring of quality of water at household level.
- Community engagement is still limited.

Planned Activities

- Mapping of operational presence and response capacity of health partners in PoCs across South Sudan.
- Scale up training of both private and government health workers in cholera case management.
- Support the collection and transportation of all collected samples from new sites to Juba for culture.
- Investigate all alerts of cholera and continue with active case searching.
- Conduct burial supervision, disinfection of dead bodies and patients' households.

Conclusion and Recommendation

Additional partners continue to join the response. There is a risk of the outbreak spreading to other surrounding counties and villages if community interventions are not rigorously conducted. Plans and budgets for community level interventions have been developed, however their implementation is challenging due to financial constraints. From all indications, if community level interventions are implemented, the spread of cholera will be interrupted. The inadequate number of human resources to support case management at the CTC is a challenge that needs to be urgently addressed.

Partners

The following partners are supporting the Ministry of Health to conduct the response:

Case management: Medair, MSF, UNICEF and WHO

Social mobilization: ART, Medair, South Sudan Red Cross, UNICEF and WHO

Surveillance and Laboratory: WHO

WASH: Medair, Norwegian People's Aid, OXFAM, People In Need and UNICEF

Contacts

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