



<b>COVID-19 Situational Report</b>			
<b>Country</b>	South Sudan	<b>Date</b>	20-26 April 2020
<b>Prepared by</b>	PHEOC, with support from WHO & OCHA Secretariat		

## 1. HIGHLIGHTS

### Summary of new and cumulative cases as of 25 April 2020

<b>6</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>593</b>	<b>242</b>
<b>Total Confirmed Cases</b>	<b>Cases reported in reporting period</b>	<b>Deaths</b>	<b>Recoveries</b>	<b>Cumulative Samples tested (Alerts &amp; Contacts)</b>	<b>Cumulative contacts</b>

South Sudan confirmed its first case on 5 April 2020, and subsequent cases on 7, 8, 10, 23, and 25 April 2020. The third and fourth cases are epidemiologically linked to the first case, having been a contact of this individual. The sixth case is a 60-year old male who was screened as a part of a new government directive to test travellers departing Juba to the States. The contacts of the fifth and sixth case are currently being investigated to collect more epidemiological details. The contact tracing team is also monitoring a contact of a confirmed case reported outside of South Sudan. The Ministry of Health, with technical support from WHO, US Centers for Disease Control (CDC) and partners, are responding to the outbreak by conducting outbreak investigation activities and scaling up active and sentinel surveillance, risk communication, coordination, IPC and case management activities.

### Summary of key issues and challenges

Tracking of funding commitments from donors indicates that around US\$35 million has been provisioned against the financial requirement set out in the South Sudan COVID-19 Preparedness and Response plan of around US\$11 million. The ongoing process to update the plan will allow for greater alignment between the scope of envisaged activities and resource requirements. Gaps and challenges are still reported across all pillars and States, including:

- Laboratory capacity to test samples remains below that required, with constraints in terms of equipment, supplies and skilled personnel
- Gaps are evident in identification of, and resources for, quarantine sites
- Some contacts continue to refuse to comply with contact tracing procedures and quarantine measures
- Human resources are limited to implement more aggressive active surveillance in the States.
- Stigmatization poses challenges for follow-up of contacts, as well as for conducting active surveillance at the PoC sites where IDPs have expressed concerns about being forced to leave the sites if positive
- Scarcity of essential medicines, medical supplies and equipment due to global shortages and constraints on business activities.

## 2. BACKGROUND

After confirmation of the COVID-19 index case on 5 April 2020, five (5) more cases have been confirmed by the National Public Health Laboratory, bringing the cumulative number of confirmed cases to six (6). The first case developed symptoms about one month after arrival in the country, whilst the second case developed symptoms just nine days after arrival. The third and fourth cases were contacts of the first case. The fifth and sixth cases do not seem to be linked to the other cases, neither have a history of travel outside of the country in the past 14 days, pointing to the likelihood of community transmission. More information is being collected on these two most recent cases to determine possible modes of transmission and potential connections. Five of the confirmed cases are currently in isolation in the country, while one confirmed case has been evacuated to Kenya.



### 3. EPIDEMIOLOGY & SURVEILLANCE

#### Descriptive epidemiology

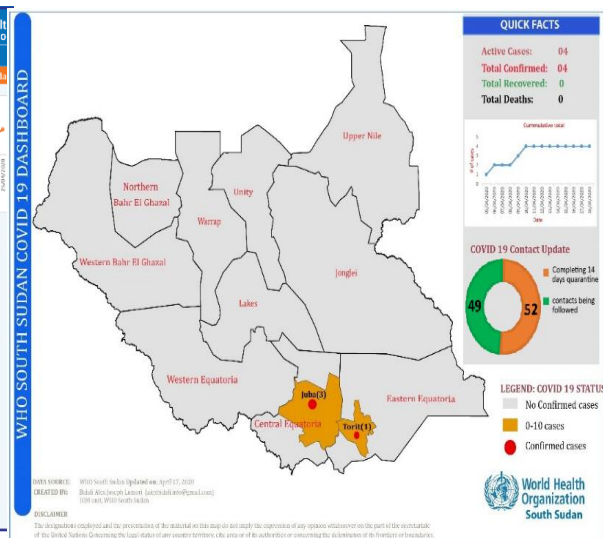
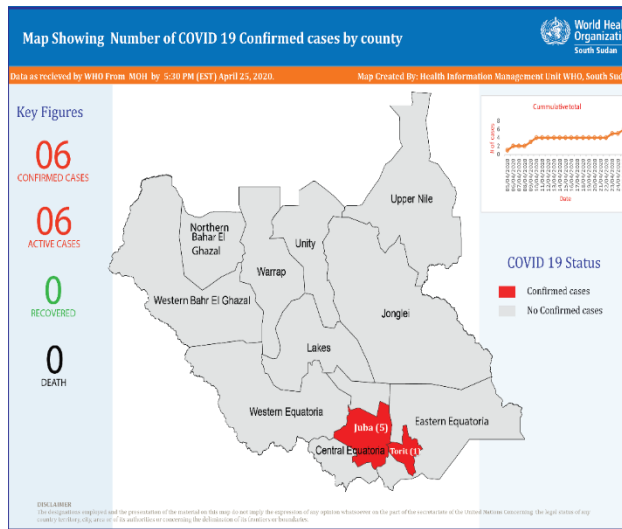
There have been a total of 90 COVID-19 alerts to date, all have been verified and specimens collected for testing. Most of the alerts were from Central Equatoria (43 per cent) and Eastern Equatoria (17 per cent), and have resulted in two confirmed cases. Contacts of the first confirmed case were followed up and samples obtained for testing as part of outbreak investigation, yielding two (2) additional confirmed cases. The fifth and sixth cases were confirmed as a result of new requirements for testing people wishing to travel within the country. See figure 1 showing counties with confirmed cases. All are adults; 50 per cent are female and 50 per cent male. Nationals and foreigners each account for 50 per cent. 33 per cent reported travel history, while 67 per cent did not. The mean age is 42.8 years (spread 28 – 60 years). One has been identified with risk factors, but the rest do not have any known risk factors.

**Table 1: Case / person characteristics**

Date of confirmation	No. of cases	Age/ Years	Sex	Risk factor
05 April 2020	1	29	Female	No
07 April 2020	1	53	Female	Yes
09 April 2020	1	28	Female	No
10 April 2020	1	56	Male	No
23 April 2020	1	31	Male	No
25 April 2020	1	60	Male	No
<b>Total</b>	<b>6</b>			

**Figure 1: Map showing the Counties with COVID-19 confirmed cases**

**Figure 2: Time trends and geographical distribution**



**Table 2: Clinical description of the confirmed cases**

Cases	Symptoms and signs						Hospitalization/ Isolation	Severe illness	Critical condition
	Dry Cough	Headache	Running nose	breathlessness	Body aches	Fatigue			
Case 1	+	+	+	+	-	-	+	-	-
Case 2	+	-	-	-	-	+	+	-	-
Case 3	-	-	+	+	-	-	+	-	-
Case 4	-	-	-	-	-	-	+	-	-
Case 5	-	-	-	-	-	-	+	-	-
Case 6	-	-	-	-	-	-	+	-	-



## Contact tracing and outbreak investigation summary

- A total of 242 individuals have been monitored as contacts with the majority residing in Juba.
- Two contacts of case 1 went on to become cases themselves, but no other contacts have become confirmed cases.
- 95 contacts have completed the 14-day quarantine period, including all of those linked to cases 1, 2 and 3.
- Many of the fifth case's contacts were investigated by 25 April 2020, including 43 family members residing in the same house. Samples were collected from all but two family members, as well as from a group of healthcare workers potentially exposed to the case. An extensive list of co-workers and other family members are also being investigated
- The details of case contacts of the sixth case are under review at the time of writing
- In total there are currently 120 contacts being followed up on a daily basis

**Table 3: COVID-19 contact tracing overview as of 25 April 2020**

Confirmed cases	Total number of contacts listed	Number of contacts listed		No. of contacts who have completed quarantine	No. of contacts followed up on 25 April 2020 (n=120)
		In Juba	Outside Juba		
1 <sup>st</sup> Case	47	46	1	47	0
2 <sup>nd</sup> Case	5	5	0	5	0
3 <sup>rd</sup> Case	15	0	15	15	0
4 <sup>th</sup> Case	34	34	0	28	6
5 <sup>th</sup> Case	133	133	0	0	49
6 <sup>th</sup> Case	-	-	-	-	-
Regional Case (outside of SS)	1	0	1	0	1
<b>Total</b>	<b>235</b>	<b>218</b>	<b>17</b>	<b>95 (40%)</b>	<b>56 (47%)</b>

## 4. LABORATORY INVESTIGATIONS

The laboratory and testing capacity in the country continues to improve with support from the government and partners, but is insufficient to meet demands for testing:

- 111 samples were tested raising the cumulative number of samples tested to date to 593. six samples have tested positive. The use of the DaAN kit commenced on 21 April.
- In Juba County, the MoH has put in place a new testing strategy for Juba County five Zones, further divided into Payams, as per the HLTF directive to increase weekly testing. Plans are underway to increase staffing capacity in order to meet planned targets.
- Three RealStar® SARS-COV2 RT-PCR kits 1.0 (Altona Diagnostics) were received from the East Africa Community (EAC) for mobile laboratory.
- To strengthen response capacity in Nimule, MoH dispatched the following items on 20 April: 1000 VTM/Swabs; 500 masks; 1,500 gloves; and 12 pieces of Triple package to add to existing stock.
- The Jack Ma Foundation through the African CDC donated assorted laboratory items, including 05 Ventilators; 36 Thermo scanners; VTM's with swabs for 19,600 cases; Extraction kits for 18,720 samples; 3,800 medical disposable protective clothing; 3,800 face shields; 19,000 medical gloves; and 10,960 pieces of mouth-face masks.
- WHO processed procurement for Qiagene Kit Quantification for 5000 tests.



## 5. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

### 5.1 LEADERSHIP & COORDINATION

- The High Level Task Force (HLTF) continues to meet frequently, chaired by the First Vice President of the Republic of South Sudan, to provide strategic guidance and support for COVID-19 response.
- On 25 April, the HLTF directed the Administrations of the defunct States to form unified State Task Forces in each capital of the 10 States, and County Covid-19 Committees as soon as possible, aimed at streamlining preparedness and response activities at all governance levels.
- On a case by case basis, the HLTF continues to grant special permission to organizations and embassies for essential staff to enter the country to ensure business continuity on condition they have COVID-19 free certificates from countries of origin and will be quarantined for 14 days upon arrival in South Sudan.
- On 25 April, the HLTF resolved that passengers returning to their home countries will be allowed to leave the country without a requirement to provide COVID-19 free certificates.
- WFP UNHAS was granted special permission to fly both within and abroad to facilitate transportation of humanitarian cargos and personnel. Staff leaving Juba to field locations must be tested for COVID-19 prior to travel.
- The HLTF continues to received notification of pledges and donations from partners to support COVID-19 responses. Africa Development Bank pledged an amount USD \$3.9 Million.
- In Yei, the MoH Director General (MoH) Chairperson to the COVID-19 STF, mobilized the Counties of Yei, Lainya, Morobo and Kajo-Keji to immediately constitute a COVID-19 Task Force to ensure leadership and coordination in COVID preparedness and response. These committees are tasked to coordinate with the Yei EVD/COVID 19 Task Force (YTF). Kajo-Keji has immediately responded with functional Task Force.
- In the West Equatoria State (WES), COVID-19 response plan is due to be completed, based on the National Plan. The WES High-Level Task Force chaired by the Acting Governor continues to implement the Presidential directives on COVID-19, including monitoring illegal border crossings and enforcing 14-days quarantine. The disused VIP Hotel is being rehabilitated with support from the humanitarian partners for use as quarantine facility.
- At both National and State levels, coordination meetings are ongoing virtually, while social distancing measures is maintained for physical attendance for limited number of participants.

### 5.2 SURVEILLANCE

- Sentinel site/COVID-19 active surveillance sites increased from 12 to 45 sites in Juba-area health facilities. 10-person team will visit these facilities daily to examine patient records for those who meet case definition for influenza-like illness, SARI, COVID-19 and also those presenting with pneumonias.
- Laboratory, Surveillance, and Case Management TWGs have agreed to the following priority for testing COVID-19 specimens: Alerts (suspect cases), contacts of confirmed cases, specimens from sentinel sites, cargo truck drivers and passengers, and people seeking to travel within the country.
- The Triage SOP for coordination with Case management TWG is being reviewed.
- In Nimule, effective 24 April, MoH with support from WHO have initiated sample taking from all truck drivers and their assistants/ passengers before being granted entry in South Sudan. All samples will be shipped to the national reference laboratory for testing against Covid-19. A one-page case investigation form for COVID-19 cargo truck testing pilot has been developed.
- The TWG continues to collaborate with BH/POE TWG to develop prioritization of COVID-19 testing at borders points of entry. Nimule is a pilot, and later to be extended to Abyei and possibly Renk – the decision is based on assessment report from IOM and WFP on COVID-19 screening at official borders.
- In Nimule, orientations have been conducted in 10 HFs by WHO on COVID-19 to heighten HF-based surveillance. Two alerts which met case definition were investigated by RRT on 20 & 21 April, and result being awaited.
- In Yei, surveillance and reporting on suspected cases of COVID-19 are now included in IDSR. Of the 57 functional HFs supported by SSUHA in Kajo-Keji, Morobo, Lainya and Yei, 75 per cent are sending IDSR reports. 40 community-based key informants were trained in Kajo-Keji on detecting COVID-19 cases by SPEDP as part of its community based surveillance program.



### 5.3 CASE MANAGEMENT & INFECTION PREVENTION AND CONTROL (IPC)

- John Garang IDU continues to provide case management to suspected and confirmed COVID-19 patients, while construction work for expansion of bed capacity is ongoing.
- MOH and IMC organized ToT for 30 Doctors in COVID-19 Case Management and IPC. The trainees will be deployed by MoH to cascade training in all 10 States and Administrative Areas.
- IPC and triage training was conducted by ICAP in collaboration with WHO, IMC and UNICEF for 130 frontline health workers.
- Clinical management guideline for COVID-19 has been drafted, and is currently under review by the MoH.
- In Yambio and Nimule, distribution of hand washing supplies is ongoing with support of MoH and partners. Some 239 hand wash stations have so far been installed in Yambio Hospital, Nzara hospital, government institutions in Mundri West, and in small weekly markets in Yambio and Nzara. In addition, some 8,244 were reached with critical WASH supplies consisting of soap, bucket and water purification tablets in Yambio, Nzara and Mundri West. In Nimule, the SMOH donated 1,000 gloves to frontline workers especially those handling travellers, while SSRC and Humase, a local NGO with funding from UNDP, will jointly assess priority high risk areas to install 200 handwashing facilities.

### 5.4 HAZARD CONTAINMENT (GOVERNMENT RESTRICTIONS, ETC.):

- The HLTF has sustained the mandatory 14-day quarantine requirement for persons arriving in the country through all points of entry. Curfew remains in force from 20:00 hrs to 06:00 hrs.
- In Nimule, Customs department has handed over a facility for quarantine purposes, recognising inability of those quarantined to afford hotels and food costs. The community has stepped in to raise in-kind donations which include so far: posho-100 kgs, salt-5 kgs, and assorted pieces of soap. Two suspected cases are currently in the isolation facility, with results pending for samples despatched to Juba on 23 April.
- In Yei, quarantine site in a government structure 2 miles along Yei-Kaya road was identified and assessed by a team of STF members. The structure has capacity of 50 rooms, a water tank, access to electricity and well fenced. Some renovations especially for the water supply will however be required, with support from NSC partners as the STF lacks required resources.

### 5.5 BORDER HEALTH & POINTS OF ENTRY (BH & PoE)

#### Ongoing activities:

- Ongoing active screening in five (5) Points of Entry (PoEs): Juba International Airport (JIA), Nimule, Wau, Yambio and Gangura supported by IOM and WV (Juba International Airport, Wau Airport, Nimule Ground crossing). 4,668 travellers were screening for COVID-19 and EVD during Epi week 17.
- The SOP for PoEs, and for camp and camp-like settings targeting populations of humanitarian concern was finalized and submitted to MOH for endorsement before final circulation.
- First results of joint initiative on data analysis between UNICEF-REACH-IOM and UNHCR have been presented by the Needs Analysis Working Group (NAWG) to the NSC. The analysis combines flow monitoring data for South Sudan with geographically disaggregated data about COVID-19 cases in neighbouring countries.

#### Populations of Humanitarian Concern (Internally Displaced Populations (IDPs))

- CCCM Cluster continues to engage community leaders in Bentiu and Wau PoC sites, disseminating HCT approved messages to inform IDPs regarding decisions about leaving or staying at the sites in view of COVID-19 risks.
- In Malakal the IOM MHPSS team has initiated production of face masks; 3 women's groups were trained making masks, with total production anticipated to reach 1,080 masks per month.





- In Wau, IOM provided training for identified 27 people (2 males, 25 females) on production of masks in POCAA, Jebel Kheir, and Hai Masna.
- Continued support for IPC activities at the 10 Points of Entry (PoE), PoC sites in Bentiu, Malakal and Wau, and IOM WASH program locations in Juba, Magwi, Twic and Wau.
- Handwashing stations are maintained at the PoC site entry and exit points, Humanitarian Hubs, logistics bases, and community centers in the PoC sites in Bentiu and Malakal.
- Drama team is developing drama series with key messages on COVID-19 and promotion of psychosocial wellbeing, to be recorded and aired on radio (Nile F.M.) (script will be vetted by Upper Nile COVID-19 Task force before recording is finalized).

## 5.6 RISK COMMUNICATION & COMMUNITY ENGAGEMENT (RCCE)

- All the seven subcommittees of the COVID-19 TWG are functional and holding regular meetings, aimed at enhancing coordination amongst partners.
- Community awareness efforts on COVID-19 are ongoing country-wide. A total of 863,126 individuals were reached with COVID-19 key messages in 50 counties and 4 PoC sites across the 10 States. 1,648 SSRC volunteers deployed in 29 counties have cumulatively reached 491,644 individuals.
- Media engagements with 42 radio stations continue to air radio jingles and conduct talk shows and interviews with subject matter specialists, in 10 languages. 17 talk shows were conducted by SSRC countrywide. RAK Media Group company is supporting the MoH by raising awareness on COVID-19 using around Juba as part of their corporate social responsibility, using a truck mounted with megaphones.
- Distribution of IEC materials on COVID-19 to compliment awareness is ongoing:
  - ✓ Cumulatively UNICEF has procured 659,300 assorted COVID-19 communication materials of which 276,741 have been effectively distributed- 20,970 poster in 5 languages (English, Arabic, Nuer, Dinka and Zande), 6,647 banners, 232,360 fliers, 1,769 megaphones and 14,995 pieces of batteries have been distributed to States and partners.
  - ✓ SSRC printed 27,100 IEC material in English and Arabic most of which have been dispatched to the field.
  - ✓ Todate, HPF has printed 8,000 IEC materials in 16 languages, and plans to print additional 15,850 in 26 languages. 5,500 BHW flipcharts have also been printed.
- A total of 2,657 community mobilisers and 6,196 community influencers including religious leaders were oriented on key COVID-19 messages countrywide. HPF trained 80 BHWs in Juba.
- Effective 29 March, UNICEF continues to conduct orientation sessions for humanitarian partners. Cumulatively 404 individuals have been reached aimed to support implementation of the National RCCE strategy for COVID-19.
- Through the online rumor tracking tool, 12 rumors were reported, followed up and verified- in Yei (8) and Lainya (2), while 2 were anonymous.

## 5.7 LOGISTICS & OPERATIONS

The WFP-led Logistics Cluster continues to provide coordination, information management, and common logistics services, including transportation and storage, to the humanitarian community in South Sudan.

- The Logistics Cluster is organizing the warehousing to maximise space to accommodate the anticipated demand for storage of critical WASH supplies (buckets, soap, chlorine), Personal Protective Equipment (PPE) and other COVID-19 related materials from partners.
- The Logistics Cluster was requested to track and manage all incoming PPE stocks on behalf of WHO. WFP-procured PPE stocks (25 x VHF 500 PPE kits) are currently stored and managed in Juba. Four kits were dispatched to Health Pool Fund (HPF).
- A common request system using an interagency email group is being set up for partners requesting PPE and this will be reviewed by a technical team for prioritised locations based on the needs. WFP will take the lead in setting up the system, but will manage and transport supplies only.
- The installation of the mobile tent-like structure of 320 m<sup>2</sup> at the John Garang Infectious Diseases Unit (IDU) is ongoing. The expansion will enhance space for COVID-19 patient treatment.
- WFP UNHAS is observing an increase in requests for COVID-19 suspected samples collection (26 samples to be collected on 25 April from Torit and Nimule). The increasing demand will require a more cost effective planning, and fast track of flights for timely collection and delivery of samples.



## 6 MAJOR CHALLENGES/GAPS

### Case Management:

- Lack of funds to operationalize Isolation Facilities in Yei, Yambio and Nimule to manage COVID-19 cases.
- Case Management and IPC TWG is not involved in PPEs distribution, however for better monitoring of the limited PPE resource the TWG is available to provide support to the Logistic Cluster to filter requests. Shortage of PPE is reported country wide.
- Inadequate stock of PPE at IDU and in Health Facilities.

### RCCE

- Slow adoption of preventive practices such as social distancing, communal gatherings, communal eating, and hand shaking by the community.
- Rumours and misinformation continue to undermine RCCE efforts. Mitigation measures being heightened through the relevant committee.
- Travel restrictions including suspension of domestic flights to states as a measure to curb the transmission is affecting supportive supervision and monitoring of COVID-19 activities.

### Logistics & Operations

- Following the suspension of internal flights, since 17 April, all UNHAS passenger flights have been cancelled causing major disruptions to humanitarian operations across the country. UNHAS received clearance for a passenger flight from Juba to Bor on 24 April. All passengers were required to obtain a Covid-19 Free Status certificates before the flight and as a result, the flight was cancelled.
- Cargo flights have not been affected, however, UNHAS is experiencing difficulties with light cargo, which is not food or medicine. A written authorization from the HLTF is expected.

### Laboratory

- Increasing demand for testing overwhelms existing capacity. Only one PCR machine is available working for 24/7, causing fear of breakdown. The staffing capacity is yet to be increased to meet the demand. Additional funding is hence required.
- The use of coding system has introduced new challenges for follow up.

## 7 RECOMMENDATIONS & PRIORITY FOLLOW UP ACTIONS

### 7.1 COORDINATION AND LEADERSHIP

NSC to continue engagement with the HLTF to facilitate efforts to ensure continuity of humanitarian activities despite movement restrictions country wide, with clarification on travel procedures.

### 7.2 LABORATORY

Continued advocacy for increased resourcing to facilitate increased and timely sample testing.

### 7.3 CASE MANAGEMENT & IPC

- Identification of Isolation facilities with capacity to manage COVID-19 cases in all States. In Nimule, there is need to identify a case management partner and to further renovate the dilapidated Isolation Facility established during EVD preparedness, to accommodate quarantine/ treatment of suspects.
- Establishment of Triage, and distribution of IPC supplies including PPE in Health Facilities.
- Increase provision of WASH facilities in public places across all States.

### 7.4 HAZARD CONTAINMENT:

- Need to enhance monitoring of new arrivals in all prioritized border points of entry, and points of convergence. In Yei, use of harassments and coercive measures by soldiers in implementing the Presidential directive including social distancing measures is reported. Unregulated crowding of markets and shopping areas is still observed.

### 7.5 Border Health & Points of Entry (BH&PoE)

Challenges continue related to the management of population movement, given porous borders and the lack of guidelines and resources for quarantine at border points.



## 7.6 RISK COMMUNICATION & COMMUNITY ENGAGEMENT (RCCE)

- Active community engagement in preparedness and response across all States. In Yambio, additional megaphones are required.

## 7.7 LOGISTICS & OPERATIONS

- To define requirements for field hospitals in terms of quantity, storage, transportation; as well as timeframe and volume for expected WHO incoming PPEs in order to plan and avail sufficient capacity.
- To ensure the sample collection is not affected by the suspension of internal passenger flights and further restrictions on the humanitarian passenger flights. A dedicated COVID-19 caravan aircraft is expected to be deployed in South Sudan by end of April to support sample transportation.

## 7 CONCLUSIONS

The HLTF, NSC, TWG, and partners continue working collaboratively to enhance COVID-19 preparedness and response activities across all States to minimise infections.

## 8 FUNDING UPDATE

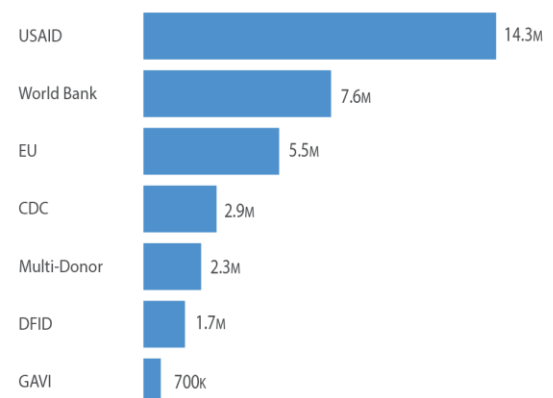
The South Sudan COVID-19 Preparedness and Response Plan is under review, to incorporate changes in the context since its original publication. Funding commitments currently indicated by donors significantly exceed the requirements set out in the original plan. The review process will allow for greater alignment between the envisaged scope of activities and resource.

 **321%** \$35.0M FUNDED TOWARDS TOTAL \$10.9M REQUIRED

### BY PILLAR

	Funded	Required	Coverage %
Infection Prevention and Control	17.0M	0.8M	2210%
Case Management	6.0M	1.3M	111%
Risk Communication and Community Engagement	3.5M	1.2M	302%
Operational Support and Logistics	3.3M	2.9M	113%
Country-level Coordination, Planning & Monitoring	2.3M	1.8M	124%
Surveillance, Rapid Response Teams & Case Investigation	1.0M	1.8M	57%
National Laboratories	1.1M	0.3M	315%
Points of Entry	0.8M	0.7M	107%

### BY DONOR



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