



COVID-19 Situational Report			
Country	South Sudan	Date	13-19 April 2020
Prepared by	PHEOC, with support from WHO & OCHA Secretariat		

1. HIGHLIGHTS

Summary of new and cumulative cases as of 18 April 2020

4 Confirmed Cases	0 Cases reported in the last 24 hours	0 Deaths	0 Recoveries	172 Samples tested (Alerts & Contacts)	101 Cumulative contacts
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All confirmed cases are stable and under isolation. 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. One additional confirmed case brings the total number to four (4). Since confirmation of the fourth case on the 10 April 2020 there have been no new confirmed cases. The total number of alerts to date is 56, of which 50 (89 per cent) have been verified and specimens collected for testing. Most of the alerts were from Central Equatoria (41 per cent) and Eastern Equatoria (18 per cent).

Summary of key issues and challenges

With funding gaps reported across all TWGs and States, implementation of planned activities is constrained. Inadequate provision of essential supplies such as PPE was reported across all States.

Challenges remain in management of persons under quarantine especially at State level, noting issues reported regarding costs for accommodation, food, and adherence to completion of the recommended 14-day quarantine. There is urgent need for necessary resources to implement the quarantine.

2. BACKGROUND

The Ministry of Health, with technical support from WHO, US Centers for Disease Control (CDC), Technical Working Groups (TWGs), 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.

3. EPIDEMIOLOGY & SURVEILLANCE

Descriptive epidemiology

There are four confirmed COVID-19 cases in South Sudan to date. The index case was confirmed on the 5 April 2020 and the most recent case on 10 April 2020. All confirmed cases are adults, 75% are female and 25% male. One has been identified with risk factor, but the rest do not have any known risk factors as outlined in Table 1.



Table 1: Case / person characteristics

Date of confirmation	No. of cases	Age/ Years	Sex	Risk factor
05 April 2020	1	29	Female	No
06 April 2020	0	0	0	-
07 April 2020	1	53	Female	Yes
08 April 2020	0	0	0	-
09 April 2020	1	28	Female	No
10 April 2020	1	56	Male	No
11 April 2020	0	0	0	-
12 April 2020	0	0	0	-
Total	4			

Figure 1: Time trends and geographical distribution

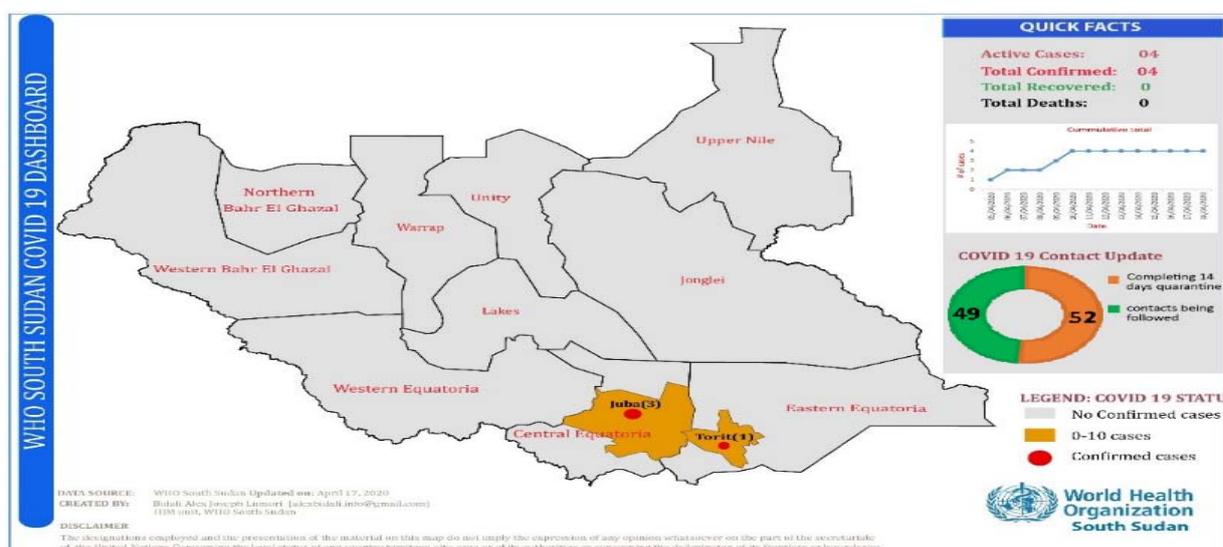


Table 2: Clinical description of the confirmed cases

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

Contact tracing and outbreak investigation summary

Contact tracing and follow up for all the four cases is ongoing. Detailed timelines of exposure of the patients, chronology of symptoms and contacts are being established to better understand the transmission dynamics of all the cases, in line with WHO’s First Few X cases and contacts (FFX) investigation protocol for COVID-19. Rapid Response Teams (RRTs) are conducting active surveillance, with sentinel sites to detect COVID-19 cases in patients with Influenza-like Illnesses (ILI) and Severe Acute Respiratory Infections (SARI). Trainings are being conducted by the Ministry of Health with support from WHO and US Centre for Disease Control and other partners including but not limited to training of health care workers in sentinel sites in Juba and partners in



Yambio in order to detect potential cases of COVID-19, to be expanded to other states. Outcomes of COVID-19 contacts investigation in South Sudan is summarized in Table 3.

Table 3: Contact tracing overview

Confirmed cases	Number of contacts listed			No. of contacts who have completed quarantine	No. of contacts followed up todate (n=49)	Total no. of samples collected
	Total	In Juba	Outside Juba			
1 st Case	47	46	1	37	10	47 (100%)
2 nd Case	5	5	0	3	2	5 (100%)
3 rd Case	15	0	15	9	6	15 (100%)
4 th Case	34	34	0	3	31	34 (100%)
Total	101	85	16	52 (51%)	49 (100%)	101 (100%)

4. LABORATORY INVESTIGATIONS

Total number of samples tested to date is 172. Four (4) tested positive for SARS-COV2 and the rest were negative. No other laboratory typing and sequencing is being done. Twelve sites in Juba, including Juba Teaching Hospital and Al Sabah Children’s Hospital, are acting as sentinel sites to detect COVID-19 cases in patients with Influenza-like Illnesses (ILI) and Severe Acute Respiratory Infections (SARI).

The Pillar has developed response and Lab COVID-19 Testing Strategy aimed at increasing effectiveness. Testing capacity is expected to increase as per HLTF directive to 500 samples per week. Additional staff are required to manage work shifts in line with increasing workload.

On 17 April, extraction and sample collection kits were received from the Jack Ma Foundation. In Yei, 20 COVID-19 sample collection kits were received from WHO.

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. The MoH was directed by the HLTF to take necessary action to divide Juba into five zones to facilitate increase in testing by selected clinics with required capacity. The HLTF continues to approve on a case-by-case basis special permission for humanitarian movements and flights to facilitate continuity of humanitarian work.

In addition, to support COVID-19 response, the private sector continues to make donations/pledges through the HLTF. Three ventilators, testing kits, a contribution towards payment of incentives for 65 Health Workers at the PHEOC was pledged. 7,600 litres of fuel supply for 3 months (for PHEOC, Isolation facility, Public Health Lab and Staff vehicles), assorted cleaning Material (2,500 hand sanitizers, 1,000 liquid soap, 100 dettol liquidsoap, 100 Glass shiner, 1,000 Toilet Paper and 50 moppers) and 10,000 N95 face masks were donated by Trinity Energy. Pacific Petroleum Limited donated beds (21 single crank beds, 29 double crank beds and 50 mattress), Personal protective equipment (100 Protective suits, 20 boxes of N95 mask, 1,000 Gloves, 100 Gumboots and 100 mosquito nets).



The National Steering Committee (NSC) and TWGs/ Pillars continue to meet on a weekly basis to discuss strategic and operational issues to enhance implementation of the COVID-19 preparedness and response plan. State Task Force (STF) meetings are ongoing on a weekly basis under the leadership of the respective State MoH Director General (DG).

The NSC agreed to re-open and update the National Plan, given rapidly evolving circumstances and recent information about donor intentions following the release of the current plan.

5.2 SURVEILLANCE

- On 14 April, Surveillance and Laboratory TWGs met to develop a protocol for reporting on COVID-19 laboratory results, to reduce the time between patient swab collection and the availability of the test result.
- Surveillance TWG met on 15 April 2020 to review the Alerts Notification protocol, aimed at standardizing procedures across all states.
- On 16 April, WHO State Coordinators agreed on the working agenda for the contact tracing training of master trainers (ToT) workshops to be conducted in all states during April and May.
- On 13 April, the community-based surveillance SOP, printed copies of the case definition, case investigation forms, contact tracing forms, testing guidelines, were distributed to health facilities, State and County health departments, partner agencies and STFs.

5.3 CASE MANAGEMENT

- Works are ongoing supported by MOH and WHO to increase capacity from 24 to 100 beds at the IDU in Juba, with the possibility of further extension.
- Confirmed and suspect cases are being managed at IDU under strict IPC protocols newly developed for case management.
- In Yei County, training of 35 Health Care workers on screening, isolation and notification of suspected cases in Health facilities is ongoing. The training will be extended to health facilities in Lainya, Moroboro and Kajo Keji.
- Authorities in Central Equatoria State have appealed for personal protective equipment (PPE) for health workers. The Administrator of Yei hospital indicated that the facility lacks the protective items needed for staff if a COVID 19 patient is referred. In Western Equatoria State, World Vision distributed 500 masks to Yabua PHCU, Bazunguwa PHCC, Yambio PHCC, Mangmondo PHCU, and Nangbimo PHCU to enhance protection of health workers.
- The TWG completed development of the following: health care facilities guideline which summarizes basic standard precautions; clinical triage procedure; visitors' access; rational use of PPE as well as HCW shifts; and a guideline which indicates discharge criteria based on case severity, clinical diagnosis and laboratory diagnosis.

5.4 HAZARD CONTAINMENT (GOVERNMENT RESTRICTIONS, ETC.):

The HLTF has sustained the mandatory 14-day quarantine to enforce Presidential directive for persons arriving in the country through all points of entry- flights and land; while curfew remains in force from 20:00 hrs to 06:00 hrs.

All land and river borders in South Sudan remain open for humanitarian cargo. The border status is being closely monitored for any changes that may impact crossings of trucks and barges. Restrictions on inter-state travel in South Sudan have begun but this does not so far affect humanitarian cargo.

In Nimule, 22 persons were quarantined after getting into the country illegally from Uganda using unofficial routes. However, overcrowding, lack of money to pay for the place they are quarantined in, lack of food and essential health provision are gaps yet to be addressed, to reduce the likelihood of people abandoning the quarantine location, hence fuelling community transmission.



5.5 INFECTION PREVENTION AND CONTROL (IPC)

- UNICEF distributed IPC materials to implementing partners around the country for onward distribution to supported health facilities.
- WHO completed IPC/WASH baseline assessment in 21 health facilities in Juba.

5.6 BORDER HEALTH & POINTS OF ENTRY (BH & PoE)

- COVID-19 screening is on-going in the following five (5) Points of Entry (PoEs): Juba International Airport (JIA), Nimule, Wau, Yambio and Gangura.
- Humanitarian partners have scaled up activities including screening, handwashing stations, and dissemination of information, including at PoE sites, Protection of Civilians (PoC) sites, and refugee camps.
- An assessment was conducted in Abyei, identifying high priority sites including Abyei Market, Todach, Dukra, Difra and Agok.
- The SOP for screening at PoEs, and for camp and camp-like settings is under finalization.

Population flow monitoring data

- IOM DTM, UNHCR and REACH combined their flow monitoring data for South Sudan with geographically disaggregated data about COVID-19 cases in neighbouring countries, aimed at mapping population inflows at risk of COVID-19 transmission. The analysis is indicative of incoming movements from 73 flow monitoring points at South Sudan's borders and internal transport hubs, of which 65 points recorded incoming cross-border travel in March 2020.
- Based on the analysis, the key areas of destination in South Sudan for surveyed travellers coming from affected areas in neighbouring countries were Northern Bahr El Ghazal and Twic, Unity State, the counties bordering Ituri (DRC); and from Uganda, Central and Eastern Equatoria between Morobo and Magwi, and the urban areas of Juba, Wau, Bentiu / Rubkona, Aweil and Yei.
- Areas for further assessment include population flows from Khartoum to Renk and through Renk to other locations in Upper Nile; and the area along the border with Ethiopia in Luakpiny/Nasir and Maiwut. Further analysis and data collection will also focus on internal flows given the confirmed cases in South Sudan.

Geographical re-prioritization exercise for Points of Entry/ Sites

Based on a criteria developed by the TWG for the geographical re-prioritization exercise, the below 16 priority sites were identified and endorsed by the National Steering Committee (NSC) on 16 April:

#	County	Location	Type	#	County	Location	Type
1	Abyei	Abyei (Amiet)	border	9	Magwi	Nimule	border
2	Akobo	Akobo	border	10	Maiwut	Pagak	border
3	Aweil East	Majokynthiou	border	11	Maiwut	Jekow	border
4	Aweil North	Kiir Adem	border	12	Morobo	Kaya	border
5	Juba	Juba International Airport (JIA)	airport	13	Pariang	Jau	border
6	Kapoeta East	Nadapal	border	14	Renk	Renk	border
7	Maban	Elfoj	border	15	Rubkona	Pantou	border
8	Maban	Yabous	border	16	Rubkona	Rubkona Bus Station	internal

5.7 RISK COMMUNICATION & COMMUNITY ENGAGEMENT (RCCE)



- The twice weekly RCCE TWG coordination meeting is ongoing chaired by MoH and Co-Led by UNICEF. On 14 April, the TWG meeting approved its Terms of Reference (TOR), including additional Sub-Committee structures, to strengthen coordination effectiveness. The TWG SOP has been developed and shared with National Steering Committee (NSC) for review and approval.
- A total of 260,226 individuals were reached with COVID-19 key messages in 50 counties and 4 PoC sites across the 10 States through megaphones and mobile public announcement systems by UNICEF partner organizations with funding received from World Bank and DFID.
- SSRC volunteers reached 380,727 community members in Juba. Social distancing, hand washing and use of locally produced cloth masks were promoted.
- Media engagements with 42 radio stations continue to air radio jingles and conduct talk shows and interviews with subject matter specialists, in 10 languages.
- In Juba, eight billboards with key messages on COVID-19 have been put up in strategic locations, in addition to mobile microphones/speakers and street announcements.
- A total of 73,669 assorted IEC materials (posters - 3640, banners -2529, Fliers - 67,500 with COVID-19 key messages in Dinka, Nuer, Arabic and English were distributed to States and partners. Cumulatively 249,199 assorted COVID-19 IEC materials, 1686 megaphones and 14,105 pieces of batteries have been distributed to States and partners. In Western Equatoria State, World Vision reached 1,959 persons with preventive behaviour messages in Yambio and Nzara counties; distributed IEC materials to 5 Health facilities of Yabua PHCU, Bazunguwa PHCC, Yambio PHCC, Mangmondo PHCU, Nangbimo PHCU to enhance knowledge and awareness.
- A total of 1,379 community mobilisers and 1,677 community influencers including religious leaders were oriented on key COVID-19 messages countrywide. UNICEF in partnership with the South Sudan Council of Churches engaged religious leaders in dissemination of COVID-19 messages across the country. In addition, SSRC trained 583 volunteers on COVID-19 messaging.
- On 16 and 17 April, UNICEF conducted two virtual Risk Communication COVID-19 orientation sessions for 28 participants from different organisations. To date, 259 participants in Juba have been oriented on CoVID-19 risk communication strategy through virtual media.
- During the reporting period, a total of 6 high-spread rumours were noted through the online tracking tool, verified and responded to through messaging on different platforms. Use of the online rumour tracking and reporting tool is being scaled up to all States.
- Dissemination of COVID-19 text messages as well as a caller tune for all calls in English and Arabic is ongoing through Mobile operators (MTN and Zain) in partnership with UNICEF and Ministry of Health

5.8 LOGISTICS & OPERATIONS

- The WFP-led Logistics Cluster continues to provide logistics services to the humanitarian community in terms of coordination, information management, transportation and storage.
- **Coordination and Information Management:** The Cluster continues to work closely with other UN agencies to define the support and intervention needed for the COVID-19 response, including support required for home-based care kits (content and distribution modalities), field hospitals, Mobile Storage Units. To clarify the Logistics Cluster South Sudan's support to Covid-19 preparedness and response in country, a guidance document ([Logistics Cluster Activities for COVID-19 Response](#)) was published.
- **Storage:** Additional storage space for COVID-19 related materials, such as Personal Protective Equipment (PPE), buckets, chlorine, soap, has been availed in Juba at the Lologo warehouse compound. Storage space is also available in the cluster's field hubs of Bentiu, Bor, Malakal, Nimule, Rumbek, Wau, Yambio, and Yei. In anticipation of and increased demand of COVID-19 related materials, the Logistics Cluster plans to identify additional storage site in Juba.
- **Transport:** The Cluster continues to provide humanitarian cargo transportation services to the humanitarian community. During the reporting week, 160 metric tons of UNICEF Covid-19 preparedness cargo was transported to Torit and Kapoeta.
- **Sample collection:** The Cluster continues to support WHO and MoH with sample collections. A dedicated COVID-19 caravan aircraft is expected to be deployed in South Sudan effective 20 April to support sample transportation. An SOP has been developed to streamline the process and define responsibilities for sample collection process.



- **Restrictions on humanitarian air operations:** On 13 April the High-Level Taskforce on COVID-19 Pandemic suspended all passenger internal flights, with a provision of exemptions available on a case-by-case basis. As a result, UNHAS introduced a revised weekly schedule with passenger flights to operate temporarily on Monday, Wednesday and Friday only. Moreover, during the initial period of two weeks (16-19 April), all UNHAS passenger flights will be subject to an approval and a 72-hour notice is required by authorities. However, despite the earlier agreements with the Civil Aviation Authority, all UNHAS passenger flights scheduled on 17 April were cancelled. WFP is liaising with the Government counter parts to engage and facilitate timely travels for humanitarian operation.

6 MAJOR CHALLENGES/GAPS

- In Tambura, community awareness is still limited and community resistance was observed, despite guidance to maintain social distancing and avoid communal gatherings, communal funerals and hand shaking were still observed. There is urgent need to train health care workers on COVID-19 to facilitate best practices at health facility and community levels.
- Rumours and misinformation are undermining RCCE efforts for example some religious and cultural leaders claiming to cure COVID-19.
- Stigmatization and hate speech are further deterring self-reporting, early detection, identification, contact tracing and reporting of COVID-19 suspects.
- The Surveillance TWG reported data gaps at PHEOC due to incomplete case investigation and SpotRep forms.
- Transport restrictions: self-quarantine preventive measures being imposed on transporters are expected to cause delays in humanitarian cargo delivery across the country. For example, in Malakal, the Upper Nile State COVID-19 taskforce enforced self-quarantine for all in-coming barge crew members. The PoE TWG also reported travel restriction challenges which have delayed the Renk assessment mission for two weeks.
- In Yei and Tambura, there are no dedicated partners supporting case management, including at the Isolation Facility established during Ebola preparedness. In addition, during Joint Supportive Supervision conducted in several health facilities, the lack of basic PPE was highlighted.
- The Lab Pillar continues to report inadequate PCR buffer in the testing phase, insufficient PPE, logistics and administrative constraints including lack of colour printer and accessories, the need to review incentive rates for staff, and the need for security permits and accommodation to enable night time duties due to increased workload.
- Funding challenges remain across all States and TWGs, constraining COVID-19 interventions by partners.

7 RECOMMENDATIONS & PRIORITY FOLLOW UP ACTIONS

7.1 COORDINATION AND LEADERSHIP

- The HLTF and the NSC will continue to facilitate efforts to ensure continuity of humanitarian activities despite the lockdown / movement restrictions country wide.

7.2 SURVEILLANCE

- Host weekly workshop with RRT members and Watch Officers on the importance of data completion and accuracy during an outbreak to improve data quality.
- Partner with ICAP to use their technology to host virtual TWG meetings weekly, noting challenges at PHEOC.
- In Yei, roll out of training of health facilities workers on screening, triaging, and isolation of covid-19 suspected cases in health facilities in Morobo, Lainya and Kajo-keji Counties is recommended.



7.3 LABORATORY

- Capacity building at State level for sample collection and management. Training for two personnel in Wau to be able to operate the PCR machine which is soon to be deployed.
- Installation of the Glovebox from the EAC for mobile lab to be used in inactivation, processing, of samples from the field.
- Plan for open testing for health facilities in Juba to increase testing capacity.
- In Tambura, urgent need to rollout the Health Care Workers laboratory training.

7.4 CASE MANAGEMENT & IPC

- The following Guidelines are pending revision and approval by TWG members: South Sudan National Case Management strategy; Checklist for readiness of Holding Units and Isolation Units; South Sudan COVID 19 Case Management guideline in treatment centres; COVID-19 Triage and Infection Prevention and Control SOPs for Health Workers
- In Yei and Tambura, urgent need to provide PPE at health facilities.
- Distribution of hand washing facilities kits in public places is recommended in Yei, Morobo, Kajo-keji and Lainya.
- Urgent need for IPC/WASH partners to conduct inventory of their supplies and share with the Pillar so that the missing essential IPC items are identified, and restocked for effective preparedness response.

7.5 HAZARD CONTAINMENT:

7.6 Border Health & Points of Entry (BH&PoE)

- An assessment mission to Renk for the establishment of PoE screening is scheduled for 21-23 April, although challenges are expected on movement.
- Challenges continue related to the management of population movement, given porous borders and the lack of guidelines and resources for quarantine at border points.

7.7 RISK COMMUNICATION & COMMUNITY ENGAGEMENT (RCCE)

- Development of a national strategy to address stigma, home-based care, early identification and reporting of suspects.
- Scaling up RCCE intervention countrywide including engagement of teachers to support for RCCE activities.
- Scale up the hotline (toll-free line 6666) with increased private sector support.
- Expand stakeholders' training for journalists, teachers, political, religious leaders and uniformed personnel on their particular role and scope for support.
- Support blue messenger news cyclists (volunteer-based with megaphones) and expand to areas outside Juba, with street announcements and mobile microphones, along with increasing the number of megaphone announcements.

7.8 LOGISTICS & OPERATIONS

- To facilitate expansion of the John Garang Infectious Diseases Unit, the TWG will donate and support installation of a mobile tent-like structure of 320 m2.



8 CONCLUSIONS

- Implementation of COVID-19 prioritized response activities are ongoing across all Pillars/TWGs and States.
- Funding remains challenging. Private sector contributions were highlighted during the week.

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