

**Republic of South Sudan**



**Ministry of Health**

**Coronavirus Disease (COVID 19) Outbreak: Standard Operating Procedure for Points of Entry (POE)**

**Juba, South Sudan**

**April 2020**

**Version-1**

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## **Abbreviation and Acronym**

ASO	Aviation Security Officer
COVID-19	Corona Virus Disease
EVD	Ebola virus disease
DRC	Democratic Republic of Congo
IEC	Information, Education and Communication
IATA	International Air Transport Association
MOH	Ministry of Health
PoE	Points of Entry
PHO	Public Health Officers
PPE	Personal Protective Equipment
SOP	Standard Operating Procedure
VIP	Very Important Person
WHO	World Health Organization

# 1. Introduction

Points of Entry (PoE) are specialized areas for international and /or local entry or exit of travelers, baggage, cargo, containers, conveyances, goods, and postal parcels into the country and/or state or any place of convergence. In this context of preparedness and response, World Health Organization (WHO), International Organization for Migration (IOM) and other partners in collaboration with the Ministry of Health (MoH) has identified strategic PoE at which travelers entering the country are screened for symptoms of Corona Virus disease (COVID-19). The PoEs were identified through a criteria that was determined through the COVID-19 PoE Technical Working Group (TWG) which includes the following:

1. Areas in South Sudan with high incoming population flows from outbreak affected areas in neighboring countries.
2. Entry points receiving long distance commercial and general travel (Including supply routes).
3. Convergence points (Major urban centers and IDP & Refugees camps and camp like settings).
4. Entry points with significant links to major populations centers (Major urban centers and IDP & Refugees camps and camp like settings) in South Sudan.
5. Areas of diversion of population movement due to border closure (Alternative Routes).

The aim of this is to ensure travelers entering via Juba International Airport or any of the other airports with international and domestic flights, local entry points to areas with major population centers and convergence points and high-risk border points (border from affected areas) are systematically screened to identify COVID-19 suspect cases.

The PoEs are managed by trained Public Health Officers (PHOs) who are equipped with the necessary tools for identification of signs/symptoms and/or history that would lead to informed decision making on the next step i.e. to release or isolate the patient for further investigation.

Should a patient be identified at a PoE as having signs/symptoms that meet the case definition for COVID-19 s/he is immediately separated from the rest of the travelers and escorted to the holding area isolated in the holding area where the Secondary Screening will be conducted. Upon alerting the Rapid Response Team (RRT) transport by the RRT will occur as soon as possible to an Isolation Facility where they will be further investigated and admitted if necessary. For travelers arriving at a PoE from any affected country will be quarantined for 14 days as per the WHO global recommended guidelines.

## **Purpose**

The Point of Entry Standard Operating Procedures (SOP) has been developed by National Ministry of Health and other partner organizations. It includes the methods, tools, and sequence of screening; determining resource needs; communication messages; and the legal considerations of screening. The SOP is to be utilized to direct the implementation of exit/entry screening at all airport and border crossing areas.

## **2. Overall objectives**

- i. To outline the procedures for operationalizing a system for identifying, assessing, and managing alert or suspected COVID-19 cases or potentially exposed persons (entry and exit screening).
- ii. To ensure public health measures and systems are put in place in border points, convergence points and entry points with significant links to major population centers to identify, investigate and collaborate with the other pillar partners on contact tracing. This includes strengthening the capacities of including health workers, immigration, civil authority and airlines' operators at all PoEs deployed or operating at the border points are sensitized and given the tools to mitigate the risk, of COVID-19 spread to and or within the Republic of South Sudan. As there are already cases indicating local transmission, ring screening is to be conducted at points of entry to the country, including at state level, health facilities, Protection of Civilian Sites (POCs) and camplike settings and other public places.

## **3. Key principles**

As per the International Health Regulation (IHR) 2005 a Point of Entry is defined as "a passage for international entry or exit of travelers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as agencies and areas providing services to them on entry or exit".

Depending on the context and location, PoEs are purpose-built (e.g. permanent or semi-permanent structure such as tent or prefab) structures through which every traveler must pass, and screening is conducted for all travelers. However, in some contexts screening can be implemented without a structure in place. At this site the following activities occur:

- a) Primary screening (Annex 3)
  - Temperature screening (using a non-contact thermometer)
  - Visual observations for signs of illness
  - Review of International Arrival Health Form and General Declaration (airport only) if available and provided to the traveler before or during entry at the PoE (Annexes 1 and 2)
- b) If necessary, Secondary screening (see Annex 5)
  - Additional temperature screening (using a non-contact thermometer)
  - Interview on history of travel or exposure (attended a funeral, came from an affected

- country or was in contact with a suspected/confirmed case and/ or area within the country)
  - And other screening by clinical staff as per the COVID-19 case definition signs and symptoms
- c) Provision of language appropriate health education material (and/or advise where appropriate)
- d) Referral of suspect cases (see Annex 7 –COVID-19 case investigation form and Annex 8 – contact tracking form) to be conducted once the Rapid Response Team (RRT) has been alerted and has arrived on site.

## 4. Overview of Entry Screening Operations

### 4.1 Primary screening

- Purpose: Identify travelers who could be at risk of having COVID-19, either due to symptoms or exposure history whether through travel or contact with a case or attended a funeral. This is particularly because with asymptomatic transmission people may not show signs or may not know they were exposed. (Annex 3)
- Can be conducted by staff without medical or public health training (Port Health desk officers). These port health officers need to have been trained on how to use appropriate personal protective equipment and how to mitigate the risk of getting infected by COVID-19 from potentially infected travelers.
- FOR AIRPORT: Use Annex 3 flow chart to carry out primary screening. Use primary screener checklist to ensure that you have all required material to complete primary screening. Additionally, staff should use primary screener job aid to support the implementation of primary screening.
- FOR GROUND CROSSINGS: Use Annex 5 to carry out primary screenings at ground crossings.
- Screening teams will be trained on the screening protocols designed to identify alert or suspect cases and to avoid undue inconveniences to travelers.
- Availability of Job Aids in all POEs to assist the health workers Job Aids (Annex: Job Aid on hand washing; Annex: Screening Annex: Donning and Doffing of PPEs)
- Availability of a checklist on what is needed in a Primary Screening point

### 4.2 Secondary screening

- Purpose: identify travelers with symptoms or exposure history requiring further evaluation (Annex 5 and 6)
- Usually conducted by staff with medical or public health training, such as a clinical officer or public health officer).
- Secondary Screening area will be staffed by at least two health workers whose main tasks will entail assessing alert or suspected cases or contacts, providing information on COVID-19 prevention and control to travelers, and supporting the rapid evacuation of alert or suspected cases to the designated isolation facilities (where available).

- Once a suspected case is identified and reported to the Rapid Response Team (RRT), coordinate with the RRT for referral to an isolation facility. The isolation facility’s emergency medical service personnel will arrange or provide transport for ill persons for medical evaluation, diagnosis, and medical care.

1)

- Screening teams will be trained on the screening protocols designed to identify alert or suspect cases and to avoid undue inconveniences to travelers, whilst maintaining Infection prevention protocols to mitigate the risk of transmission at the PoE

## 5. Enhanced screening of travelers at PoE

At every point of entry, information, education, and communication (IEC) materials, handwashing facilities, disinfectants, personal protective equipment (PPE), standard operating procedures (SOPs), and International Health Arrival (IHA) forms will be made available at the airports (once the flights resume) receiving International and Domestic flights including (Juba International Airport and Wau Airport). At the Juba International Airport (JIA) a Senior Medical Officer or Public Health Officer will be appointed to oversee, supervise, and support the efficient execution of recommended public health measures at the health desk.

### Other Operational issues:

- Port Health desks should be operational during daytime according to the local/official border opening and closer time appropriately during which travelers may cross. Staff should work in shifts of up to eight hours, or as necessary.
- All Port Health desk officers should be trained on, and have available, appropriate PPE commensurate with perceived risk, as per WHO guidelines<sup>1</sup>. During primary entry screening, officers need to:
  - Maintain physical distance of at least 1 meter.
  - Ideally, build a glass/plastic screen to create a barrier between the screener and patients
  - No PPE required
  - When physical distance is not feasible, yet no patient contact, use mask and eye protection.
  - Perform hand hygiene
- All secondary screeners should be trained, on, and have available appropriate PPE commensurate with perceived risk, as per WHO guidelines<sup>2</sup>. During secondary entry screening need to:

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<sup>1</sup> Updated WHO guideline

[https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC\\_PPE\\_use-2020.3-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf)

<sup>2</sup> Updated WHO guideline

- Maintain physical distance of at least 1 meter.
  - Medical mask
  - Gloves
  - Perform hand hygiene
- All Port Health desk officers and secondary screeners should be trained on proper hand hygiene and have hand washing stations (either soap and water or alcohol-based hand rub, or 0.05% chlorine solution if soap or alcohol-based hand rub is not available) available for the staff and travelers.

## 5.1 Instructions at airports (For International and Domestic Flights)

- While travelers are still onboard arriving aircraft, the pilot/and or the aircraft team will make an announcement about the public health measures (health screening) instituted by the Ministry of Health to mitigate the risk of COVID-19 introduction and spread in South Sudan.
- For international arrivals, travelers will be provided the International Health Arrival Form (Annex 2) while onboard the aircraft or upon arrival and present the completed form to the health desk.
- Port Health desk officers will follow the COVID-19 Screening Protocol for airports (Annex 3).
- If the traveler requires immediate medical care, the Port Health desk officer will separate the traveler from others, contact their supervisor, and notify the national/state Taskforce.
- If the traveler does not require immediate medical care, the following must be conducted:
  - COVID-19 Port Health desk officers will review the International Arrivals Health Form (Annex 2) completed by the traveler. Primary screening personnel should review the answers to this questionnaire, while observing travelers for symptoms and signs consistent with COVID-19. Travelers who answer “yes” to any part of the questionnaire should be referred to secondary screening for further evaluation. If the form has not been completed, primary screeners will ask the traveler about their travel history within the past 14 days. Additional verbal questions may be asked to the traveler to get more travel history details.
  - The COVID-19 Port Health desk officer will also conduct a non-contact temperature measurement (or guide the traveler through a thermal scanner and wait for a few seconds. However, this will only be at the Juba International Airport (JIA).
  - If a traveler has an elevated temperature (38 degrees Celsius and above), the Port Health desk officer will separate the traveler from others after the initial elevated reading.
  - If the traveler has sustained elevation of temperature after three readings taken three minutes apart, or

if the traveler has any of the COVID-19 signs and symptoms (dry cough, difficulty breathing) the Port Health Desk officer will transfer the patient to the secondary screening area and notify the PoE clinical officer or county/state surveillance officer if the PoE clinical officer is not present, to conduct secondary screening with the Case Investigation Form (Annex 7).

- POE clinical officer or county/state surveillance officer will immediately notify state/national Taskforce of any alert or suspect cases that need transportation to an isolation facility.
- Upon arrival of the RRT the Port Health desk officer and RRT team leader will collect Contact Tracing Forms for all companions of the transported traveler as well as others that were sitting close to the traveler through the flight manifest. (Annex 8).
- The supervisor will inform the airline for airplane disinfection before it departs South Sudan. The measures for disinfection will be conducted with the Case Management team led by MOH and WHO.
- If a traveler has neither an elevated temperature or any other signs and symptoms of COVID-19 (dry cough, difficulty breathing), the Port Health desk officer will ask the traveler if, in the past 14 days, they have traveled to any of the COVID-19 affected countries or had contact with a suspected or confirmed case of COVID-19<sup>3</sup>. If yes to any, the traveler will be directed to the secondary screening area to answer basic information (name, contact information and place they are going to/lodging in the Case Investigation Form (which will be partially filled in-Part 1 with the screener and remaining part when the RRT arrives<sup>4</sup>). The passenger will then be provided a fact sheet and explained that if they become ill to call the hotline (6666). As for the States the factsheet will contain numbers of the local RRT team leader, or County Health Department (CHD).
- For travelers allowed to proceed, the Port Health desk officer will keep the International Arrivals Health Form (IHA) for a period of one month and then hand them over to the Ministry of Health (MOH). The technical partners will support the MOH to ensure the forms are well-stored and/or entered in soft copies into the Public Health Emergency Operations Center (PHEOC) database.

## 5.2 Instructions at ground crossings

- All travelers (including drivers) will be directed to disembark conveyances (e.g., car, bus, truck, etc.) in order to walk through health screening, as possible.
- Port Health desk officers will follow the COVID-19 Screening Protocol for ground crossings (Annex 5).
- If the traveler requires immediate medical care, the Port Health desk officer will separate the traveler from

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<sup>3</sup> Due to the nature of COVID-19 asymptomatic and pre-symptomatic cases may be positive and not know. The details they are requested to fill and the fact that they are informed to call the hotline when get ill is important.

<sup>4</sup> The Case Investigation Form should be filled in by the RRT not by the screener, the screener could fill in the first part that requires basic details like name and age. The rest should be filled in by the RRT when they arrive.

others, contact their supervisor, and notify the state surveillance officer.

- If the traveler does not require immediate medical care, the following must be conducted:
  - Port Health desk will measure the temperature of the traveler by the non-contact thermometer (or guide the traveler through a thermal scanner and wait for a few seconds. However, this will only be at the Nimule check point once installed). If the traveler's temperature is  $\geq 38^{\circ}$  C, the traveler will be directed to sit for three minutes between second and third temperature readings.
  - The Port Health desk officer will separate the traveler from others after the initial elevated reading. If the traveler has sustained elevation of temperature or if the traveler has any of the COVID-19 signs and symptoms including a dry cough, and difficulty breathing, the Port Health desk officer will contact their supervisor, and notify the POE clinical officer or county/state surveillance officer, to conduct secondary screening with the Case Investigation Form (which will be partially filled in-Part 1 with the screener and remaining part when the RRT arrives)<sup>5</sup>.
  - POE clinical officer or county/state surveillance officer will immediately notify state/national taskforce of any suspect cases that need further investigation and possible transportation to an isolation facility.
  - PortHealth desk officers will collect Contact Tracing Forms for all companions of transported traveler as well as well as others that were sitting close to the traveler. If the passenger arrived with other companions they will be immediately notified on site, if the traveler arrived by boda boda or bus, the other travelers will be notified as well as the bus company notified<sup>6</sup>. The supervisor will inform the vehicle driver/owner about the need to disinfect the vehicle before it leaves the border post.
- If a traveler has neither an elevated temperature or a dry cough or difficulty in breathing, the Port Health desk officer will ask the traveler if, in the past 14 days, they have traveled to DRC, or had contact with a suspected or confirmed case of Ebola. If yes to any of the above, the traveler will be directed to complete part 1 of the Contact Tracing Form. Once the RRT arrives they will be required to ask the remaining questions and fill in the remaining part.
- For travelers allowed to proceed, the health desk officer will advise the traveler to protect himself or herself traveler an COVID-19 factsheet.

## 6. Additional public health measures

Other points of entry into convergence areas such as Protection of Civilian Sites (POCs), camps and camp-like settings will follow protocols developed for ground crossings;<sup>7</sup>

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<sup>5</sup> The Case Investigation Form should be filled in by the RRT not by the screener, the screener could fill in the first part that requires basic details like name and age. The rest should be filled in by the RRT when they arrive.

<sup>6</sup> Contact tracing will be conducted through the contact tracing teams on ground led by the MOH, WHO and other Epidemiology Surveillance Technical Working Group partners

<sup>7</sup> Refer to the COVID-19 SOP for Camps and Cam like setting in South Sudan (Sub-set of this SOP)

## 6.1 Information and health education on COVID-19

- The Port Health desk will provide travelers with language appropriate information on COVID-19 prevention and control. Travelers will be informed of the 6666 COVID-19 Hotline to call in the event they develop suspicious COVID-19 symptoms.
- Information will be shared through:
  - One-on-one interactions between the health worker and a traveler whilst maintaining the WHO recommendations for social distancing.
  - Posters, brochures, and flyers.
  - Non-health worker staff, if sensitization training for non-health staff at airports and ground crossings has been conducted

## 6.2 Policy on travel restrictions

- South Sudan announced the closure of all its borders on 25 March 2020. All international flights were banned from entering into the country except for cargo flights on exceptional basis as approved by the High-Level Task Force for COVID-19. On Monday 13<sup>th</sup> all other domestic flights were also banned for travel between Juba and the states.

# 7. Roles and responsibilities of various actors

## 7.1 Role of Port Health desk officers at the Health Desk

- The primary screening health desks will be staffed by at least two persons every working shift to coordinate screening of arriving travelers using the procedures listed in Section 5 above.

## 7.2 Role of the Ministry of Health

- The Directorate of International Health Regulations and external relations in the Ministry of Health will be responsible for supervising the activities of all health desks and PoEs to ensure adherence to the public health measures.

## 7.3 Role of Cabin Crew and Air Traffic Control<sup>8</sup>

- Cabin crew should inform travelers about the public health measures instituted by the government to mitigate the

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<sup>8</sup> This will be relevant upon the country lifting the travel restrictions and also dependent on the situation of the pandemic in-country and in the neighboring countries.

risk of COVID-19 introduction into South Sudan.

- Cabin crew should be on the lookout for passengers who appear to be unwell or those with symptoms suggestive of COVID-19 (see case definition in the appendix Annex 7).<sup>9</sup>
- All passengers with illness suggestive of COVID-19 while on board should be handled using procedures outlined in the International Air Transport Association (IATA) communicable disease control guide.<sup>10</sup>
- The pilot in command should call air traffic control prior to arrival to inform them about the suspected COVID-19 case on board.
- Air traffic control should alert the health desk at the airport to initiate arrangements to receive and evacuate the suspected case to the designated isolation facility.
- All international flights arriving at Juba International Airport should hand over the health part of the general declaration (Annex 1) to the Port Health desk at the airport.
- All international flights arriving at Juba International Airport should ensure that suspected COVID-19 cases are handed over to the Port Health desk along with the passenger locator cards of the contacts.

#### 7.4 Role of the Operators of Other Modes of Transportation at Ground Crossings

- Drivers/conductors should inform travelers about the public health measures instituted by the government to mitigate the risk of COVID-19 introduction into South Sudan.<sup>11</sup> Due to the current travel restrictions and border closure, this will only be applicable to cargo trucks.
- Drivers/conductors should be on the lookout for passengers who appear to be unwell or those with symptoms suggestive of COVID-19 (Annex 9).
- The driver should inform the immigration at the exit/entry points and/or call toll-free number 6666 prior to arrival to inform them about the suspected COVID-19 case on board.

#### 7.5 Role of the Immigration officers

- Immigration officers should ensure that all international travelers go to the Port Health desk for screening before proceeding to immigration for clearance.<sup>12</sup>
- If informed by a driver of an ill person on board a conveyance, Immigration should alert the health desk at the point of entry to initiate arrangements to receive and evacuate the suspected case to the designated

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<sup>9</sup> Cabin crew can also be the ones that are ill therefore not just the passengers. However, the airline should already identify someone among the crew to regularly monitor their temperature and screening.

<sup>10</sup> Same applies to cabin crew for domestic flights. Cabin crew can also be the ones that are ill therefore not just the passengers. However, the airline should already identify someone among the crew to regularly monitor their temperature and screening.

<sup>11</sup> This will be relevant upon the country lifting the travel restrictions and also dependent on the situation of the pandemic in-country and in the neighboring countries.

<sup>12</sup> This will only be applicable after the border closure and flight restriction eases off and dependent on the situation of the pandemic.

isolation facility.

Immigration officers should ensure that suspected COVID-19 cases are handed over to the Port Health desk and ensure the travelers start to fill in Part 1 of the Contact Tracing Form while the RRT is being alerted. The remaining part of the form is to be filled in with the RRT.

#### 7.6 Role of Aviation Security Officers (ASO)

- The ASOs should direct the travelers to the screening health desk. ASOs should also inform or notify the Port Health screening desk in advance in case of VIP on board to ensure screening is done appropriately.

Annexes

Annex 1: General Declaration

<b>GENERAL DECLARATION</b> (Outward/Inward)		
Operator ..... .....		
<b>FLIGHT ROUTING</b> (“Place” Column always to list origin, every en-route stop and destination)		
PLACE	NAMES OF CREW*	NUMBER OF PASSENGERS ON
		<i>Departure Place:</i>
		Embarking .....
		.....
		Through on same flight .....
		.....
<p><i>Declaration of Health</i></p> <p>Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever is a temperature 38°C/100°F or greater associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop .....</p> <p>.....</p> <p>.....</p>		For official use only

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

Size of the document to be 210 mm × 297 mm (or 8 1/4 × 11 3/4 inches).

\* To be completed when required by the State.

\*\* Not to be completed when passenger manifests are presented and to be completed only when required by the State.

## Annex 2: International Arrivals Health Form (Attached as annex is the full Form)

**Republic of South Sudan**



**Ministry of Health**

**International Arrivals Health Form (IHR 2005)**

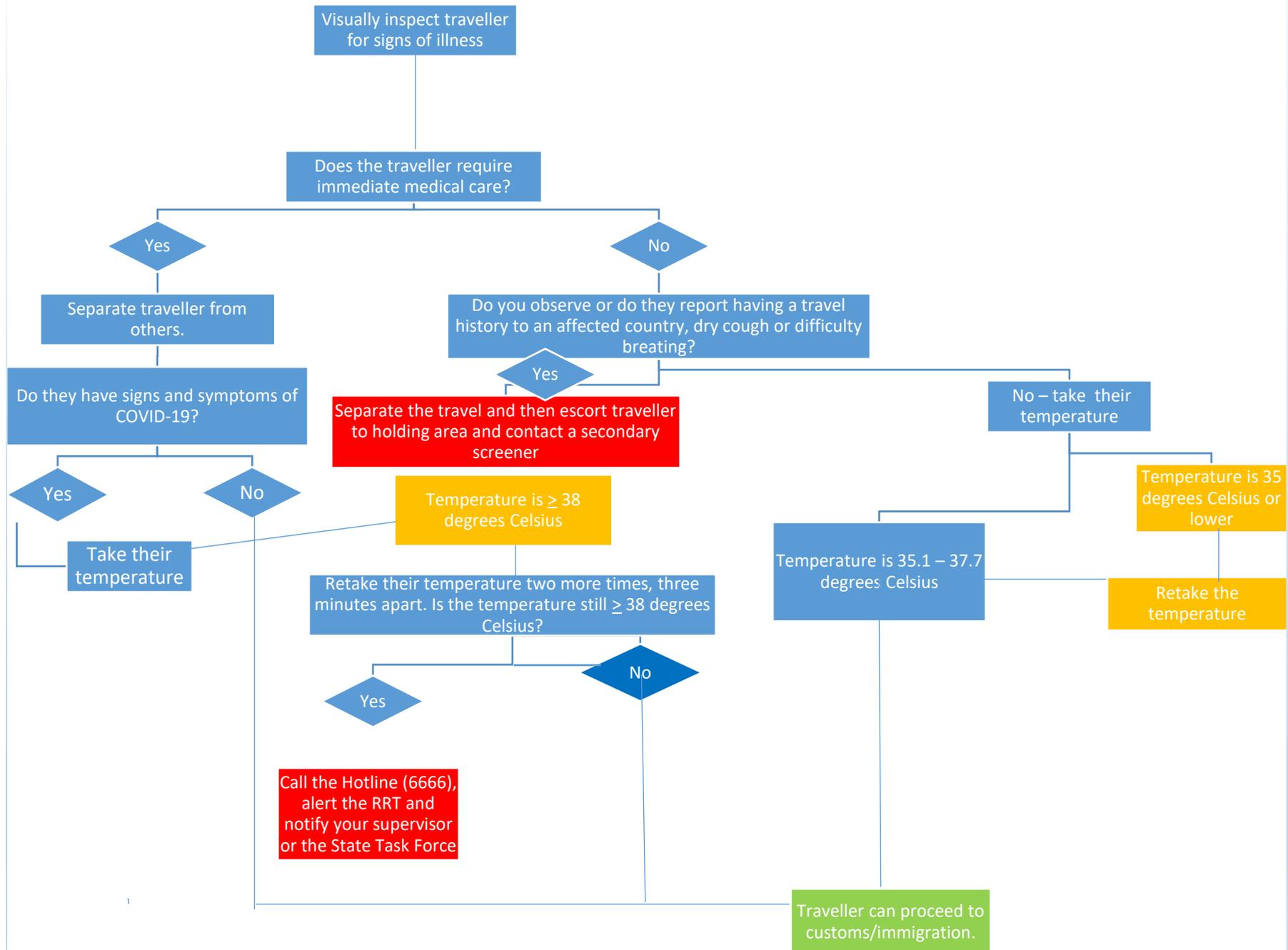
All incoming travelers are required to fill this health information form/所有入境人员需填写此健康信息表.

Name of traveller/Nom du Voyageur/旅行者姓名:		Nationality/Nationalite/国籍:		Port of Entry/ Port d'entrée/入境口岸:	
Passeport Number/护照号:		Issuing country/签发国家			
Other passports (Number)/其他证件号:		Issuing country/ organisation/签发国家或机构			
Date/日期: .... / .... /..... (dd/mm/yyyy) Age (年龄) : ... Sex (性别) : ... Duration of stay in South Sudan/Duree du sejour au Soudan du Sud/在南停留时间 .....					
Airport of departure/ Aéroport de départ/出境口岸		Country/Pays/国家:		Flight number/Vehicle Reg number/ Numéro de vol/ Véhicule no. Reg/航班号或车辆注册号.	
1. Physical address while in South Sudan/ Adresse physique tandis que dans le Sud-Soudan/在南停留期间居住地址:					
2. Contact phone number and email while in South Sudan/numero du telephone en Sud Soudan/在南停留期间联系号码及邮箱:					
3. Name of countries visited in the last 21 days/ Nom de pays visités au cours des 21 derniers jours/近21天到过的国家:					
4. In the past 21 days, have you had contact with a suspected or confirmed Ebola case? /Au cours des 21 derniers jours, avez-vous etes en contact avec un cas suspect our confirme d'Ebola/近21天是否接触过埃博拉疑似或确诊病例?				Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>
5. In the past 14 days, have you had contact with a suspect or confirmed case of the coronavirus disease (COVID-19)/ 近14天, 是否接触过新冠肺炎疑似或确诊病例?				Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>
6. In the past 21 days, have you had contact with a sick or dead animal? /Au cours des 21 derniers jours, avez-vous etes en contact avec un animal mort ou malade/近21天是否接触过患病或死亡动物?				Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>
7. Do you have any of these symptoms/ Avez-vous ressentil l'un de ces symptoms au cours des 48 demieres heures/是否有以下症状?					
8. Sudden onset of fever/ Apparition soudaine de fièvre/突然发热	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>	Temperature/体温:		
9. Unexplained bleeding/ Les saignements inexplicqués/不明原因出血	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
10. Muscle pain/ La douleur musculaire/肌肉疼痛	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
11. Headache/ mal de tête /头疼	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
12. Difficulty in swallowing/ Difficulite a avaler/吞咽困难	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
13. Loss of appetite/perte d'appetit/食欲不振	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
14. Vomiting / vomissement/呕吐	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
15. Diarrhoea / diarrhée/腹泻	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
16. Lethargy (general weakness) /lethargie/疲倦	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
17. Stomach pain/ Douleur d'estomac /胃部不适	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
18. Skin rash/ Une éruption cutanée/皮疹	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
19. Breathing difficulties/Difficultes respiratoires/呼吸困难	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
20. Hiccups/ Hiccups /打嗝	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
21. Cough/咳嗽	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			
22. Sore throat/咽喉不适	Yes/oui/是 <input type="checkbox"/>	No/non/否 <input type="checkbox"/>			

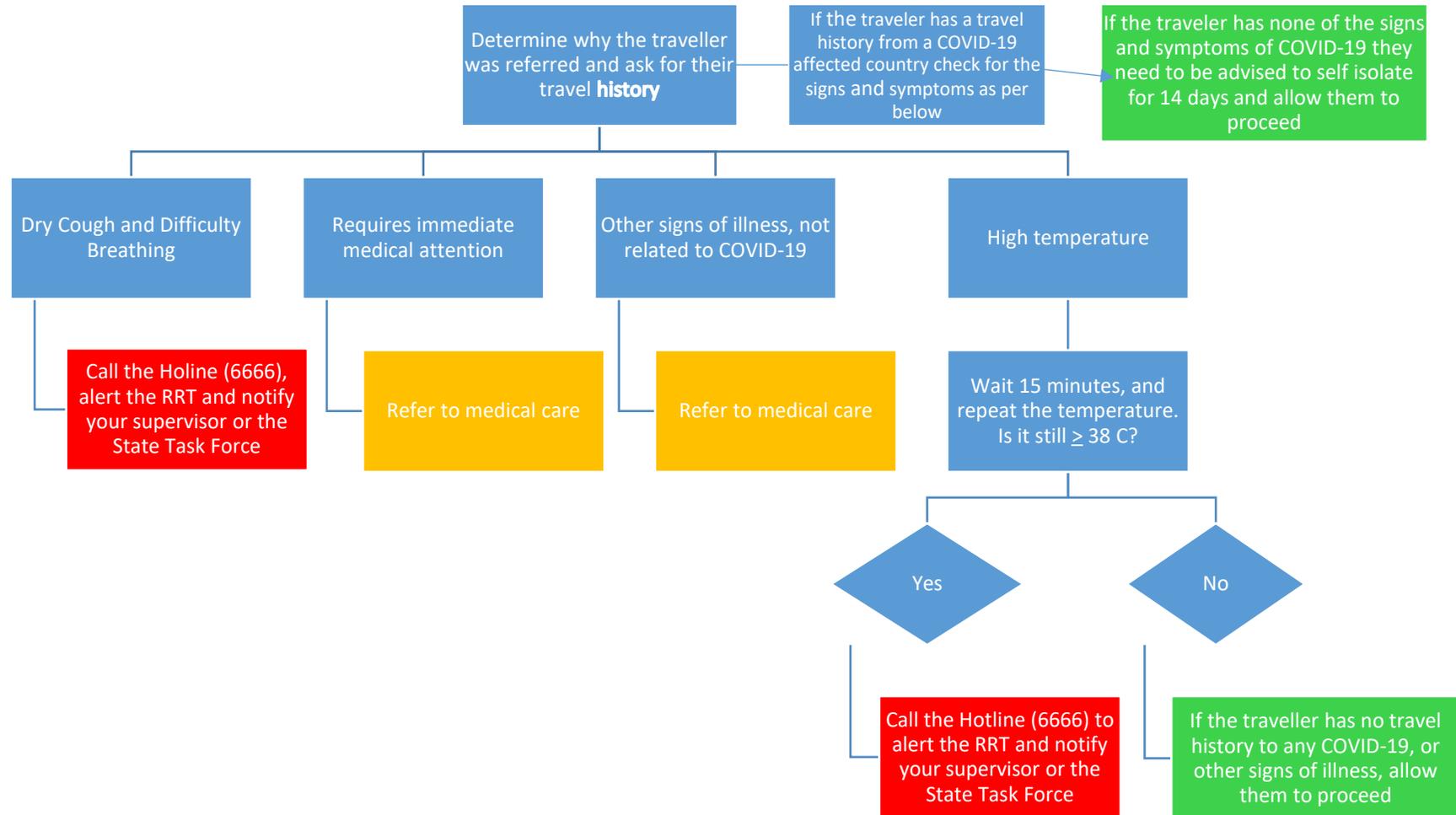
---

1 A person suffering from Coronavirus disease (COVID-19) develops fever, cough, and breathing difficulties within 14 days of being exposed to a case confirmed or suspected to have COVID-19.

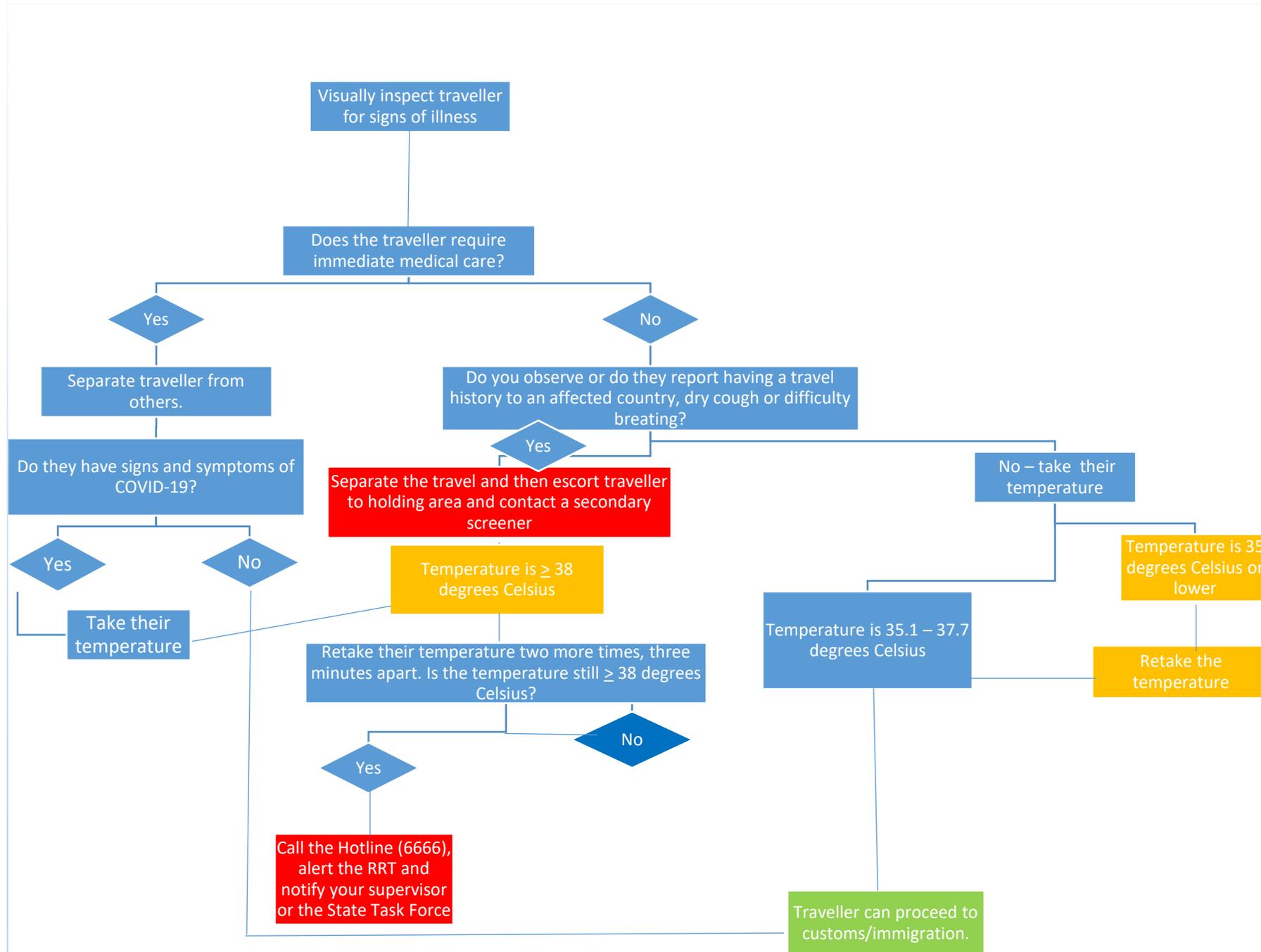
### Annex 3: Primary Screening Procedure at the Airport



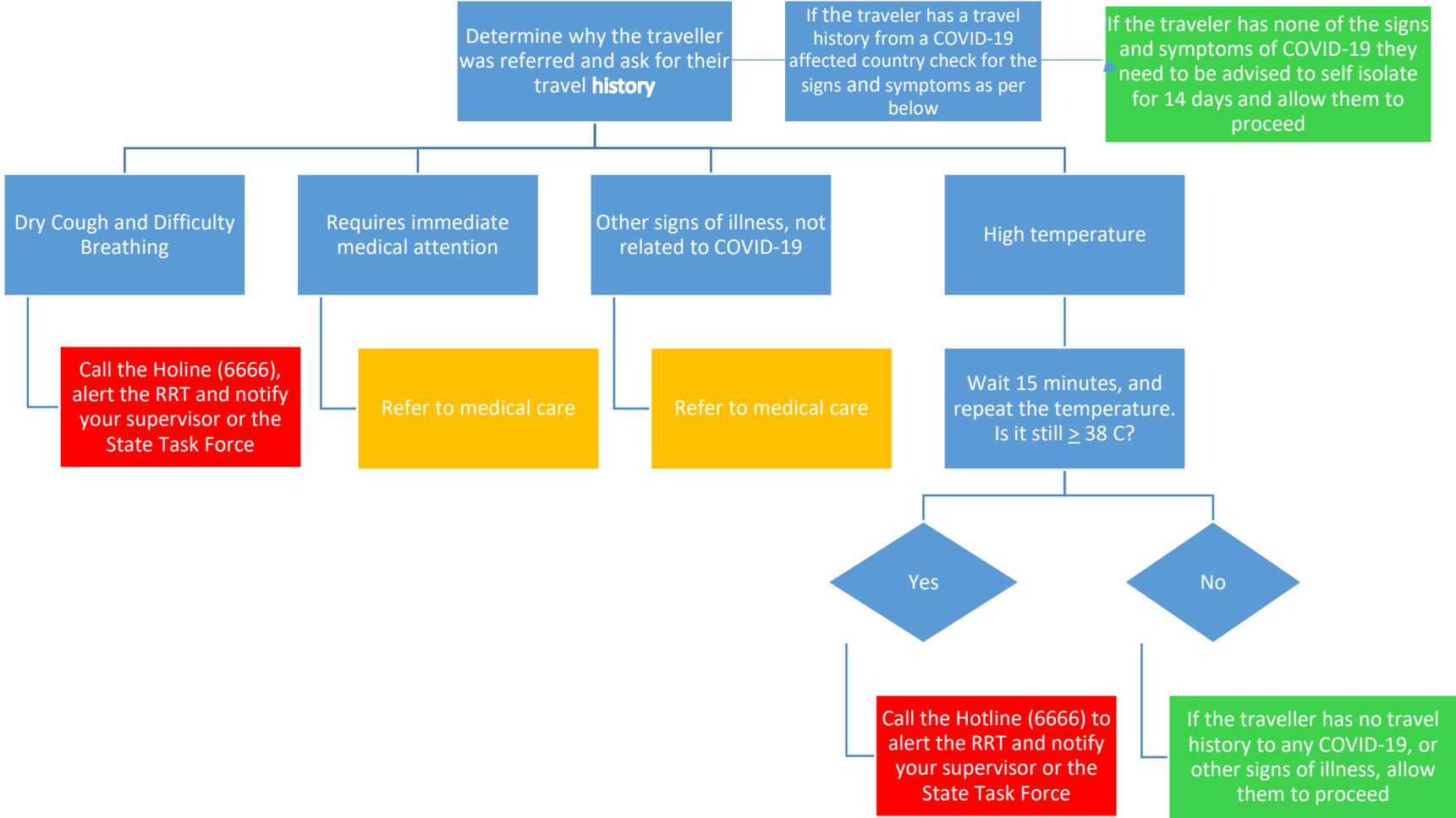
## Annex 4: Secondary Screening Procedure at the Airport



## Annex 5: Primary Screening Procedure at Ground Crossings



Annex 6: Secondary Screening Procedure at Ground Crossings



## Annex 7: Screening Site Checklist

- Personnel (these numbers are increased for larger crossing sites)
  - 1 clinical officer or public health officer
  - 1 Surveillance officer or clinical officer
  - 1 Nurse
  - 1 Nurse assistant
  - 1 Site supervisor
  - 2 Support staff
  - 1 Hygienist
- Site-setup
  - 2 tents (One for Primary Screening and One for Secondary Screening)
  - 2 handwashing stations (One for Primary Screening and One for Secondary Screening)
  - 2 water-resistant beds
  - Don/off areas for each tent
  - Designated area for potentially hazardous waste (for PPE and other materials)
  - Lavatory (One at the Primary Screening point for travelers and screeners/staff with gender disaggregation) however the one at the Secondary screening is only for suspected cases.
- Job-aids
  - Operations
    - SOP
    - Primary screener job aid
    - Primary screener checklist
    - Primary screener flowchart ground/airport
    - Secondary screener checklist
    - Secondary screener flowchart ground/airport
    - Secondary screener job aid
    - Using a non-contact thermometer (Job Aid/guideline attached)
  - Hygiene (Job Aids attached as annexes)
    - Preparation of chlorine solution (0.5% for cleaning and 0.05% for handwashing)
    - Clean handwashing with chlorine or soap liquid/powder
    - How to remove and discard gloves.
    - Steps for proper handwashing with soap.
    - How to hand rub with sanitizer.
- Forms
  - Primary screening log

- Secondary screening log
- Contact tracing form
- VHF case investigation form
- International Arrivals Health form (airport only)
- Declaration form (airport only – usually the responsibility of the airline)
- Passenger locator card (airport only)
- PPE (Primary Screening Point)
  - Eye protection (goggles or face shield)
  - Disposable gloves (variety of sizes)
  - Disposable face masks (surgical or N95)
- PPE (Secondary Screening Point)
  - Heavy duty boots
  - Disposable gowns
  - Disposable gloves (Heavy duty)
  - Disposable face masks (surgical or N95)<sup>13</sup>
  - Face shields/or Goggles
- Communication Materials (Available in PHEOC folder to all partners under the RCCE Pillar)
  - Risk awareness posters
  - Risk communication handouts
  - Health education materials
  - List of reporting contact information
- Equipment
  - 2 Non-contact thermometers
  - Batteries (including spare)
  - Hand sanitizer
  - Oral rehydration solution
  - Disinfection and cleaning supplies (Cleaning and disinfection guidelines attached)

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<sup>13</sup> If using N95 need to have them fit tested

Annex 8: VHF case investigation form (Section 1 to be filled in by secondary screener)



**Interim case Investigation form for Coronavirus disease 2019 (COVID-19)**  
**MoH Minimum Data Set Report Form**

Date of reporting to national health authority: [D][D]/[M][M]/[Y][Y][Y][Y]

Reporting institution: \_\_\_\_\_

Reporting country: \_\_\_\_\_

Case classification:  Alert  Suspected  Confirmed  Probable

Detected at point of entry  No  Yes  Unknown If yes, date [D][D]/[M][M]/[Y][Y][Y][Y]

**Section 1: Patient information**

Unique Case Identifier (barcode): \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: [D][D]/[M][M]/[Y][Y][Y][Y] or estimated age: [ ] [ ] [ ] in years  
 if < 1 year old, [ ] [ ] in months or if < 1 month, [ ] [ ] in days

Sex at birth:  Male  Female

Place where the case was diagnosed: Country: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Payam: \_\_\_\_\_

Patient usual place of residency: State: \_\_\_\_\_ County: \_\_\_\_\_ Payam: \_\_\_\_\_

Village: \_\_\_\_\_ Patient contact: \_\_\_\_\_ Phone Number next of kin \_\_\_\_\_

**Section 2: Clinical information**

**Patient clinical course**

Date of onset of symptoms: [D][D]/[M][M]/[Y][Y][Y][Y]  Asymptomatic  Unknown

**Patient symptoms** (check all reported symptoms):

- History of fever / chills
- Shortness of breath
- Pain (check all that apply)
- General weakness
- Diarrhoea
- ( ) Muscular ( ) Chest
- Cough
- Nausea/vomiting
- ( ) Abdominal ( ) Joint
- Sore throat
- Headache
- Runny nose
- Irritability/Confusion
- Other, specify \_\_\_\_\_

**Patient signs:**

Temperature: [ ] [ ] [ ] °C /  F

Check all observed signs:

- Pharyngeal exudate
- Coma
- Abnormal lung X-Ray findings
- Conjunctival injection
- Dyspnea / tachypnea
- Seizure
- Abnormal lung auscultation
- Other, specify: \_\_\_\_\_

**Underlying conditions and comorbidity** (check all that apply):

- Pregnancy (trimester: \_\_\_\_\_)
- Post-partum (< 6 weeks)
- Cardiovascular disease, including hypertension
- Immunodeficiency, including HIV
- Diabetes
- Renal disease
- Liver disease
- Chronic lung disease

- Chronic neurological or neuromuscular disease
- Malignancy
- Malaria
- Other, specify: \_\_\_\_\_

**Hospitalization**

Admission to hospital:  No  Yes  Unknown  
 First date of admission to hospital: [D][D]/[M][M]/[Y][Y][Y][Y]  
 Name of hospital: \_\_\_\_\_  
 Patient Isolated:  No  Yes  
 Date of isolation: [D][D]/[M][M]/[Y][Y][Y][Y]  
 Was the patient ventilated:  No  Yes  Unknown  
 Health status (circle) at time of reporting: recovered / not recovered / death / unknown  
 Date of death, if applicable: [D][D]/[M][M]/[Y][Y][Y][Y]

**Section 3: Exposure and travel information in the 14 days prior to symptom onset (prior to reporting if symptomatic)**

**Occupation:** (tick any that apply)

- Student
- Health care worker
- Other, specify: \_\_\_\_\_
- Working with animals
- Health laboratory worker

Has the patient **travelled** in the 14 days prior to symptom onset?  No  Yes  Unknown

If yes, please specify the places the patient travelled:

	Country	City	Departure Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Date of arrival in South Sudan: [D][D]/[M][M]/[Y][Y][Y][Y]

Has the patient **visited any health care facility(ies)** in the 14 days prior to symptom onset?  No  Yes  Unkn

Has the patient had **close contact**<sup>1</sup> with a person with acute respiratory infection in the 14 days prior to symptom onset?  
 No  Yes  Unknown

If yes, contact setting (check all that apply):

- Health care setting
- Family setting
- Workplace
- Unknown
- Other, specify: \_\_\_\_\_

Has the patient **had contact with a probable or confirmed case** in the 14 days prior to symptom onset?:

- No
- Yes
- Unknown

If yes, please list unique case identifiers of all probable or confirmed cases:

Case 1 identifier. \_\_\_\_\_ Case 2 identifier. \_\_\_\_\_ Case 3 identifier. \_\_\_\_\_

If yes, contact setting (check all that apply):

- Health care setting
- Family setting
- Workplace
- Unknown
- Other, specify: \_\_\_\_\_

If yes, location/city/country for exposure: \_\_\_\_\_

Have you visited any **live animal markets** in the 14 days prior to symptom onset?  No  Yes  Unknown

If yes, location/city/country for exposure: \_\_\_\_\_

<sup>1</sup> Close contact' is defined as: 1. Health care associated exposure, including providing direct care for nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment of a nCoV patient. 2. Working together in close proximity or sharing the same classroom environment with a with nCoV patient. 3. Traveling together with nCoV patient in any kind of conveyance. 4. Living in the same household as a nCoV patient

#### Section 4: Laboratory Information

Name of confirming laboratory: \_\_\_\_\_

Date of specimen receipt: [D][D]/[M][M]/[Y][Y][Y][Y]

Date of laboratory result: [D][D]/[M][M]/[Y][Y][Y][Y]

Laboratory Result :  Positive  Negative  Indeterminate

Please specify which assay was used: \_\_\_\_\_ Sequencing done?  Yes  No  Unknown

#### Section 5: Case report form completed by:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E.mail: \_\_\_\_\_

Position : \_\_\_\_\_ County \_\_\_\_\_ Health Facility \_\_\_\_\_

Information Provided by :  Patient  proxy ; if proxy, Name : \_\_\_\_\_

Relation to Patient \_\_\_\_\_

#### **SECTION 6 TO BE COMPLETED BY CLINICIAN FROM ISOLATION UNIT**

#### Section 6: Outcome (For confirmed cases complete and re-send the full form as soon as outcome of the disease is known or after 30 days after initial report.)

Date of the re submission of this report: [D][D]/[M][M]/[Y][Y][Y][Y]

If case was asymptomatic at time of specimen collection resulting in first laboratory confirmation, did the case develop any symptoms or signs *at any time* prior to discharge or death?

No (i.e., case remains asymptomatic)

Yes, asymptomatic case (as previously reported) developed symptoms and/or signs of illness

If yes, date of onset of symptoms/signs of illness: [D][D]/[M][M]/[Y][Y][Y][Y]

Unknown

##### **Clinical Course:**

Admission to hospital (may have been previously reported):  No  Yes  Unknown

If admitted to hospital:

First date of admission to hospital: [D][D]/[M][M]/[Y][Y][Y][Y]

Did the case receive care in an intensive care unit (ICU)?  No  Yes  Unknown

Did the case receive ventilation?  No  Yes  Unknown

Did the case receive extracorporeal membrane oxygenation?  No  Yes  Unknown

**Health Outcome:**  Recovered/Healthy  Not recovered  Death  Unknown:  Other:

If other, please explain: \_\_\_\_\_

*Date of Release from isolation/hospital or Date of Death:* [D][D]/[M][M]/[Y][Y][Y][Y]

**If released from hospital /isolation, date of last laboratory test:** [D][D]/[M][M]/[Y][Y][Y][Y]

Results of last test:  positive  negative  Unknown

**Total number of contacts followed for this case:** \_\_\_\_\_  Unknown

Contact Information of Clinician Completing Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E.mail: \_\_\_\_\_

Annex 9: Contact Listing form

**CORONAVIRUS DISEASE 2019 (COVID-19) CONTACT LISTING FORM**

<b>Case Information</b>								
Unique Case ID	Surname	Other Names	Boma/Village	Payam of Residence	County of Residence	Date of Isolation	Date of Symptom Onset	Date of Death

<b>Contact Information</b>													
Surname	Other Names	Sex (M/F)	Age (yrs)	Relation to case	Phone Number	Date of last contact with Case	Head of Household	County	Payam	Boma/village	Boma/village Chief or Community Leader	Healthcare Worker (Y/N) If yes, what facility?	Comments

Contact sheet filled by: Name: ..... Title: ..... Telephone: .....

**RETURN THIS COMPLETED FORM TO THE COUNTY HEALTH TEAM    Date Received DD.....MM.....YY.....**

**Annex II: Contact Tracing Form for Coronavirus disease 2019 (COVID-19)**

Boma \_\_\_\_\_ Payam \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Name of Patient \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ Suspected/Probable/Confirmed Case # \_\_\_\_\_

Patient's Contact Number \_\_\_\_\_ Patient's relative (next of keen) contact number \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Address (Community/Boma/Village) \_\_\_\_\_

Name of Boma Chief or Community Leader: \_\_\_\_\_ Contact Number \_\_\_\_\_

Date of last contact (DD/MM/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SYMPTOMS/SIGNS	DAYS AND DATE OF FOLLOW-UP													
	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Fever														
Cough														
Sore throat														
Shortness of breath														
Chills														
Headache														
Muscle aches														
Vomiting														
Abdominal pain														
Diarrhoea														
Other (specify)														
TEMPERATURE READING														

Instructions: Please write “Y” for yes and “N” for no in the correct cell above

Tracer's name: \_\_\_\_\_ Tracer's Contact Phone number: \_\_\_\_\_

**Guidance Document**

World Health Organization, COVID-19 Strategic Preparedness and Response Plan (Operational Planning Guidelines to Support Country Preparedness and Response) Draft as of 12 February 2020, Geneva <https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf>