

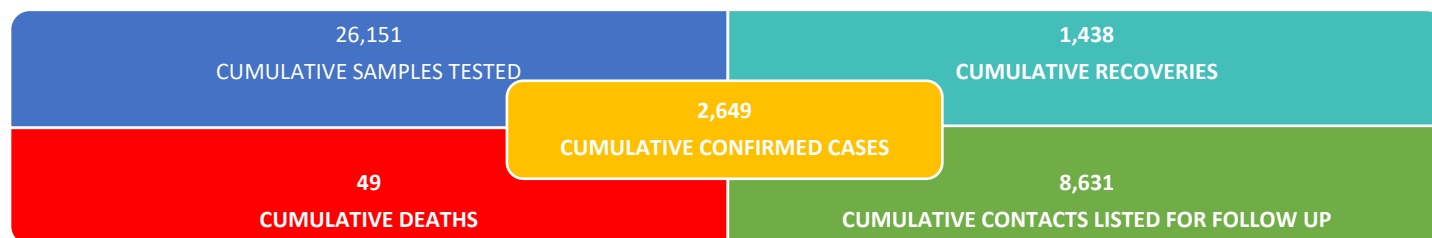


PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Issue NO: 29

Reporting Period: 14-20 Sept 2020 (week 38)



1. KEY HIGHLIGHTS

- A cumulative total of 2,649 cases have been confirmed and 49 deaths have been recorded, with case fatality rate (CFR) of 1.8 percent including 126 imported cases as of 20 September 2020.
- 0 cases are currently isolated in health facilities in the Country; and the National IDU has 100% percent bed occupancy available.
- 1,438 recoveries have been recorded, accounting for a recovery rate of 54.3 percent.
- 128 Health Care Workers have been infected since the beginning of the outbreak with one death.
- 8,631 cumulative contacts have been registered of which 8,350 have completed the 14-days' quarantine. Currently, 281 contacts are being followed, of these 78.6 percent (n=221) contacts were reached.
- 718 contacts have converted to cases todate; accounting for 27.1 percent of all confirmed cases.
- Cumulatively, 26,151 laboratory tests have been performed with 10.1 percent positivity rate.
- There is cumulative total of 1,208 alerts of which 85.0 percent (n=1, 027) have been verified and sampled. Most alerts have come from Central Equatoria (79.1 percent), Western Bahr el Ghazal (3.1 percent), and Eastern Equatoria (2.6 percent); and the remaining 1.9 percent from the other States and Administrative Areas.
- As of 20 September, 25 Counties (31.3 percent) out of 80 Counties of ten States of South Sudan are affected (figure 4).

2. BACKGROUND

South Sudan confirmed its first COVID-19 case on 5 April 2020. To date 2,649 cases have been confirmed out of 26,151 tests performed by the National Public Health Laboratory (NPHL) and other decentralized Public Health Laboratories Networks in Nimule, Bor, and Malakal and UN clinics in Juba, with 1,438 recoveries and 49 deaths, yielding case fatality rate (CFR) of 1.9 percent. Up to 4.7 percent (n=126) confirmed cases are imported, and 95.3 percent (n=2,523) are locally transmitted. South Sudan is classified as having clusters of transmission in general and community transmission in Juba, the capital city.

3. EPIDEMIOLOGY AND SURVEILLANCE

Descriptive epidemiology

This report includes analysis for 2,649 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 1,438 recoveries and 49 deaths with case fatality rate (CFR) of 1.9 percent. Cases detected among South Sudanese nationals accounted for 79 percent of all cases, whereas 13 percent are foreigners and 8 percent unknown. There have been 126 imported cases (17 new) have been registered to date coming mostly from: Kenya (17), Uganda (18), Eretria (4), DRC (2), Somalia (1) and South Sudanese returnees (29), and unknown (55).

Confirmed cases range from 2 months - 90 years of age with an average of 36.7 years. Disaggregated by gender, 73.3 percent of confirmed cases were diagnosed in men, 23.4 percent in women, and 3.3 percent unknown. Young men within the 30-39 age groups are the most at risk for COVID-19.

Only 23 percent (n=599) cases reported symptoms, of which the most frequent have been: cough- 399 (18.7 percent), fever- 345 (16.2 percent), runny nose- 253 (11.9 percent), shortness of breath-224 (10.5 percent), fatigue -221 (10.4 percent), headache -201 (9.4



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percent), sore throat -135 (6.3 percent), muscle aches-128 (6 percent) and others- 225 (10.6 percent). New and cumulative; age, sex; frequency of symptoms; and geographical distribution of COVID-19 confirmed cases are shown in figures 1, 2, 3 and 4 and table 1 respectively.

As of 20 September 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (9), Aweil East (5), Baliet (1), Ikotos (5), Juba (2,155), Maban (7), Magwi (3), Malakal (83), Nyirol (26), Rubkona (10), Rumbek North (1), Rumbek Center (21), Rumbek East (1), South Bor (32), Tonj North (1), Torit (36), Twic Warrap (3), Twic East (2),Uror (2),Wau (29), Yambio (7), Yei (23), Yirol West (1), Unknown (10).

Figure 1: New and cumulative confirmed COVID cases by notification date as of 20 September 2020

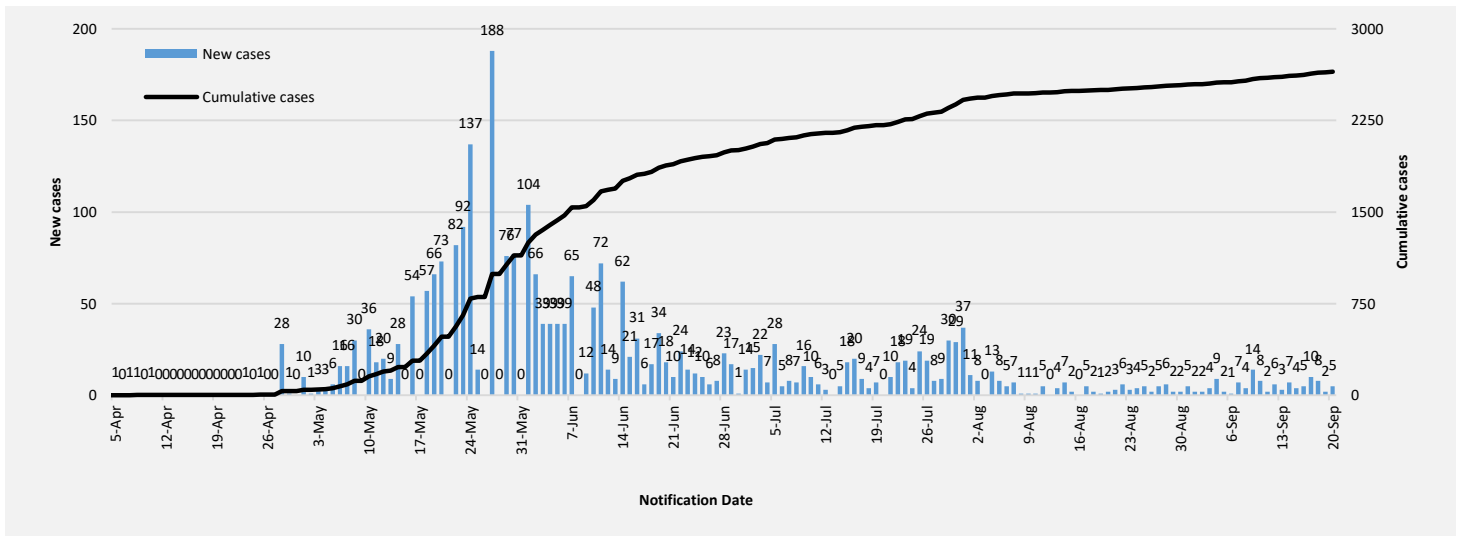


Figure 2. Age and sex distribution of COVID-19 confirmed cases (n=2 423[‡])

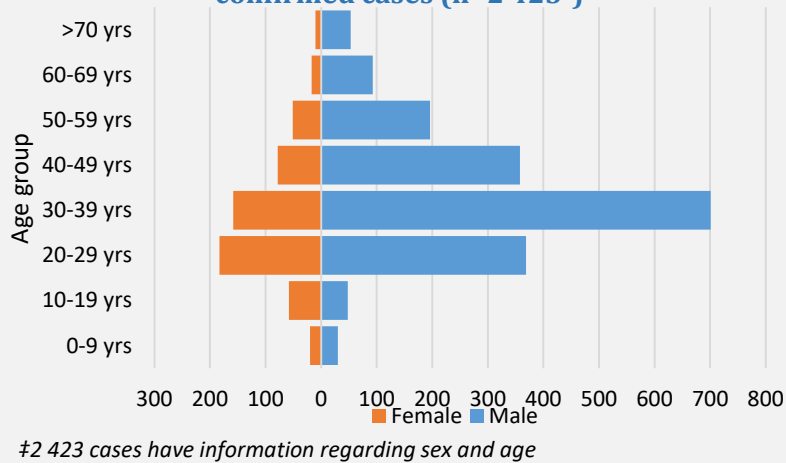
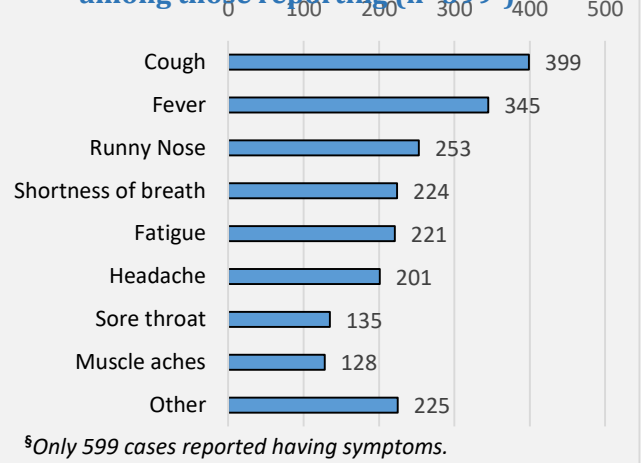


Figure 3. Frequency of symptoms among those reporting (n=599[§])



Contact tracing summery

- As of 20 September 2020, the total number of contacts (old and new) that have been monitored has reached 8,631. Out of these 98.8 percent (n=8,350) contacts have completed 14-day quarantine period.
- Currently, 281contacts are being followed of these 78.6 percent (n=221) contacts were reached.



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- improving sample integrity, and results outcome. The training is further planned for regional capitals of Wau, and Malakal targeting 90 participants per region.
- The TWG received below assorted consignment through the African CDC donated by governments of Morocco, South Korea, Germany; and China Jack Ma Foundation and African CDC;
 - ✓ E-Gene/96 test kits, RdRp, Qiamp Viral RNA, and 1-STEP RT-PCR laboratory kits.
 - ✓ Chlorine Dioxide Disinfectant tablets.
 - ✓ Kp94 masks, protective suits, medical gloves, hygiene caps, and thermometers

4.3 SURVEILLANCE

- Phase 2 of testing at local GeneXpert sites in Nzara and Makpandu commenced on 18 September, facilitating use of cartridges to test local COVID-19 alerts and contacts of confirmed cases without transporting to NPHL in Juba.
- Training of community-based contact tracers and their Supervisors was completed on 16 September on ICAP coordinates.
- Community survey and the first few X cases and contacts (FFX) investigation protocol for COVID-19 have closed with all swabs and blood specimens stored at NPHL for processing (PCR for swabs and ELISA for antibody for the blood specimens).
- Household transmission of COVID-19 investigation in non-Juba Counties in CES, Lakes, and Jonglei States is ongoing, with 15 cases enrolled to date.

4.4 CASE MANAGEMENT

Below are achievements and ongoing activities:

- In Wau/WBG, State MoH officially handed over Muktha PHCC to IMC as an COVID-19 isolation facility until end of the contract, with funding from USAID. A total of 22 staff are currently undergoing orientation at the facility. In addition, IMC and RRT have established a referral mechanism for Covid-19 alerts. Cumulatively, there are 20 functional COVID-19 facilities with 317 bed capacity countrywide.
- As of 19 Sept, the following active cases under home-based care were registered: in Juba- 25, NBG-10, WBG-38 and Warrap-53.
- 99 percent of beneficiaries discharged reports to be satisfied with the support provided during their home isolation by Medair.
- Nil (0) severe COVID 19 positive cases admitted in isolation facilities around the Country.
- Nil (0) COVID 19 death recorded for the past one week in the Country.
- The TWG developed new impact-oriented case management indicators for weekly epidemiologic bulletin.
- 87 Volunteers trained by Red Cross Society on mortality surveillance, mass burial, and IPC in various States.
- In NBG, Samaritan’s Purse trained 20 staff from Lighthouse COVID-19 designed isolation facility on referral pathway, waste management, screening, and management of severe cases of COVID-19, enhancing response effectiveness.

**Medair Home Care Support System
11 – 17 September**

| Confirmed positive cases referred to Medair | | | Alerts referred to Medair | | |
|---|------------|-------------|---------------------------|------------|-------------|
| # Referred to Medair | Reached | Not Reached | # Referred to Medair | Reached | Not Reached |
| 18 | 72.2% (13) | 27.8% (5) | 29 | 41.3% (12) | 58.7% (17) |
| Phone unanswered | | 4 | Phone unanswered | | 16 |
| Incorrect phone number | | 1 | Incorrect phone number | | 1 |

4.5 INFECTION PREVENTION AND CONTROL (IPC)

IPC TWG leadership continues to support National and State level coordination, finalization of guidelines and harmonization of training materials. Partners continues to scale up activities with improved collaboration of an integration of WASH services with RCCE, Health and Nutrition actors in health facilities, POCs, and communities at risk. Based on reports received from 11 partners (UNICEF, IOM, UNHCR, ACTED, AHA, CEDS, IAS, IRC, NSDO, Samaritan Purse & WVI) below achievements were collectively implemented across the Country.

- 500 people were reached with critical WASH supplies/hygiene items and services in Melut Payam in Melut County (Upper Nile State)
- 416, 152 people were engaged and reached with integrated COVID-19 and hygiene promotion services.
- 9,624 people were reached with WASH facility upgrades through repairs, rehabilitation, and new construction in Nyalath Payam in Aweil Centre County (NBG State); and in Malakal Payam in Malakal County and Anackdiar Payam in Baliet County (Upper Nile State).
- 286 people were reached with cloth face masks distributed in communities in Malakal Payam in Malakal County (Upper Nile State), in Lokiliri and Munuki Payams (CES).



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- 95 Health Workers and community WASH workers were trained in IPC measures in Jamjang Payam in Pariang county (Unity State), and in Lokiliri and Munuki Payams (CES).
- 14 Health facilities assessed on IPC WASH status in Lokiliri, Munuki, Rajaf, Kator, Northern Bari, Juba and Gurei in Juba County (CES) and in Wanjok and Gokmachar payams in Aweil county (NEBG State)
- 5 health facilities including COVID-19 treatment facilities were supported with PPE and IPC supplies in Renk Payam in Renk County (UN State), Jamjang payam in Pariang County (Unity State) and in Munuki payam in Juba County (CES)
- 1,533 hand washing stations were installed in health facilities and communities and provided with soap or 0.05% chlorine solution.

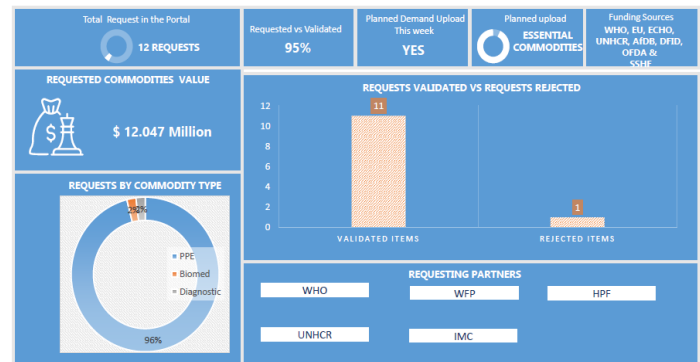
4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

Partners continue to implement RCCE activities in different locations across the Country. The following key achievements were registered:

- A total of 216,030 individuals were reached with key COVID-19 messages by community mobilisers through interpersonal awareness sessions and megaphone-walks. During this month 43,025 households were reached by the Community Mobilizers across 10 States and 3 Administrative Areas.
- 62 community influencers received training / orientation on risk communication and community mobilization issues on COVID-19. In addition, 78 Religious leaders, traditional healers, Teachers, women and youth leaders were oriented on COVID-19; and mental health and psychosocial support.
- 1,858 radio jingles were aired in 10 local languages through 40 radio stations across all 10 States in the Country. 35 weekly talk shows were hosted on COVID-19, in which different content experts and influencers participated.
- A total of 14,700 posters on COVID-19 protection, signs and symptoms, 2,350 banners, and 74,550 Flyers were distributed in various locations of Juba.

4.7 LOGISTICS AND OPERATION SUPPORT (LOS)

- Logistics Cluster finalized the cargo reconciliation of the USD 5.2 million worth of South Sudan Humanitarian Fund (SSHF) and African Development Bank (ADB) PPE cargo. The PPE Common Request Platform was re-launched through National Steering Committee for responders to request PPEs. Notification and request instructions were shared with the NSC partners. One request has been approved by the Inter-agency technical team for delivery of PPEs to five locations. Submission for PPE request can be made by partners to covid19.ss@one.un.org.
- The MoH through the Central Medical Stores reached out to the Laboratory TWG to expedite delivery of essential COVID-19 commodities to Malakal, Bor and Pibor. The Logistics Cluster delivered the COVID-19 cargo to Bor and Malakal and the cargo destined to Pibor is expected to be delivered during the coming week. Health Pooled Fund (HPF) supported the MoH with cargo transportation to another 14 locations.
- The Logistics Cluster is currently facilitating on behalf of WHO the transportation of Oxygen concentrators and case management related commodities. Deliveries were completed for Bentiu, Rumbek, Malakal and Bor. UNHAS will support Viral Transport Medium swab kits' deliveries to field locations on behalf of WHO.
- In addition to the 2,537 metric of common storage space in Juba, the Logistics Cluster acquired an additional 868.5 metric in Juba to ensure all COVID-19 related commodities can be stored prior to dispatches to field locations.
- A total of 38 COVID-19 samples were transported to Juba for testing from five locations across South Sudan: Agok, Mundri, Rubkona, Wau and Yambio.



4.8 POINTS OF ENTRY (POE)



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- 10,339 travelers underwent primary screening at various screening points in Juba, Wau, Nimule, and Yambio conducted by IOM and HDC: JIA-4,631, Nimule-2,422, Wau- 396 arrivals & 402 departures; and Shatta-1,465 & Khortumbark-1,023 both in Maban conducted by HDC.
- IOM in collaboration with the Ministry of Interior (MOI) and the MoH conducted a training for Immigration Officials and Border Officers on 15 & 16 September in Juba. Similar trainings are planned to be rolled out in Wau, Awiel East and Wunthou border crossing in Renk.
- CORE Group South Sudan is conducting integrated community based surveillance and RCCE (COVID-19, EVD, Polio, Measles) in Kapoeta East, Kapoeta South, Budi, Magwi (Nimule), Kajo-keji, Yei, Lainya, Morobo, Yambio, Nzara, Ezo and Tambura. They are also in the process of finalizing the re-establishment of cross border surveillance committee in Magwi (Nimule).
- WHO in collaboration with MoH conducted a Cross Border meeting in Elegu, Uganda on 14th September 2020 with below objectives:
 - ✓ Reactivate and strengthen the established cross-border zone surveillance committee to coordinate and implement the proposed cross-border interventions.
 - ✓ Establish a cross border community-based surveillance networks and other surveillance structures including- alert management, contact tracing, quarantine, and Points of Entry teams- to increase case detection, notification and management across the borderline.
 - ✓ Establish a cross border risk communication strategy for rebooting preventive measures among cross border communities.
 - ✓ Set up a cross border (informal and formal) platform for data and information sharing across borders.

5. MAJOR CHALLENGES

- Increase crowd at IDU as it has been recently designated to be a site for sample collection of travelers. This increases the risk of cross infection to IDU HCWs noting lack of compliance with basic preventive measures including wearing mask and social distancing.
- Limited action to move testing materials out to the States and Administrative Areas – daily testing continues to be dominated by testing travelers instead of those priority groups outlined in the NTF-approved testing strategy.
- Inclusion of late-reported NPHL-confirmed lab results from Malakal and Nimule -challenge is making the decision of where to include on the case count calendar.
- Advocacy with NTF on extension of the 72 hours validity of negative COVID-19 results for entry into the country. Surveillance TWG recommends eliminating this requirement entirely.
- Delay in getting approval for shipment of PPEs and other essential commodities to States, observing shortage of PPE in several States e.g Nimule/EES, NBG, EES, Upper Nile.
- Funding shortfalls reported across all pillars with PoE, Surveillance and Case Management TWGs most critical, resulting in scale down of activities.
- Poor adherence to COVID-19 preventive measures (social distancing, no hand shaking) and guidelines due to socio-cultural practices.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Need for the laboratory pillar to collaborate with PoE and Epi-Surveillance to develop a statement on use of COVID-19 test results from other accredited laboratories. within the country as proof to leave the country, highlighting that those results will be accepted by airlines and the destination Countries.
- Continue operation in all COVID-19 facilities and home-based support
- Advocacy for additional funding highlighting critical gaps across all pillars, most impacted are PoE, Case Management, and Surveillance pillars, to ensure continuity of response activities.
- Continued advocacy with NTF on extension of the validity of COVID-19 negative certificate/results for entry into the Country.

7. CONCLUSIONS

Ongoing coordination and collaboration amongst actors including National Task Force (NTF), National Steering Committee (NSC), Technical Working Groups/Pillars, State Tasks Forces (STFs), MOH/PHEOC and other government Ministries, agencies and departments is needed to strengthen the COVID-19 outbreak preparedness and response mechanisms.



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Following recommendation by the NSC and the Inter-Agency Leadership Team, discussion on transitional strategy from COVID-19 has commenced with efforts to strengthen Health System.

Critical funding challenges continues to be reported across TWGs and States requiring urgent attention.

For any clarifications, please contact

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