

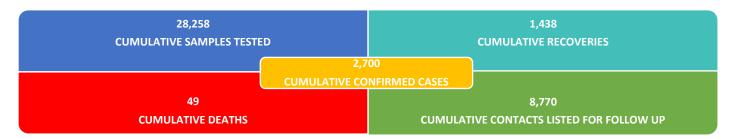


# **MINISTRY OF HEALTH (MOH)**

# PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

## **COVID-19 WEEKLY SITUATION REPORT**

Issue NO: 30 Reporting Period: 21-27 Sept 2020 (week 39)



#### 1. KEY HIGHLIGHTS

- A cumulative total of 2,700 cases have been confirmed and 49 deaths have been recorded, with case fatality rate (CFR) of 1.8 percent including 161 imported cases as of 27 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 53.3 percent.
- 128 Health Care Workers have been infected since the beginning of the outbreak with one death.
- 8,770 cumulative contacts have been registered of which 8,474 have completed the 14-day quarantine. Currently, 305 contacts are being followed of these 86.2 percent (n=263) contacts were reached.
- 718 contacts have converted to cases thus far; accounting for 26.6 percent of all confirmed cases.
- Cumulatively 28, 258 laboratory tests have been performed with 9.5 percent positivity rate.
- There is cumulative total of 1,246 alerts of which 84.6 percent (n=1, 054) have been verified and sampled; Most alerts have come from Central Equatorial (79.1 percent), Western Bahr el Ghazal (3.0 percent), and Eastern Equatoria (2.5 percent).; and the remaining 15.4 Percent from the other States and Administrative Areas.
- As of 27 September, 24 Counties (30.0 percent) out of 80 Counties of the 10 States of South Sudan are affected (figure 4).

# 2. BACKGROUND

South Sudan confirmed its first COVID-19 case on 5 April 2020. To date 2,700 cases have been confirmed out of 28,258 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 the case fatality rate (CFR) of 1.8 percent. Up to 6.0 percent (n=161) confirmed cases were imported. 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 2,700 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 1.8 percent. Cases detected among South Sudanese nationals accounted for (81 percent) of all cases, whereas (11 percent) are foreigners and 8 percent unknown. There have been 161 imported cases (35 new) registered to date coming mostly from Kenya (17), Uganda (22), Eretria (4), DRC (2), Somalia (1) and South Sudanese returnees (50), and 65 unknown.
- Confirmed cases range from 2 months 90 years of age with an average of 36.6 years. As for gender, 73.0 percent of confirmed cases were diagnosed in men, 23.3 percent in women, and 3.7 percent unknown. Young men within the 30-39 age groups are the most at risk for COVID-19.

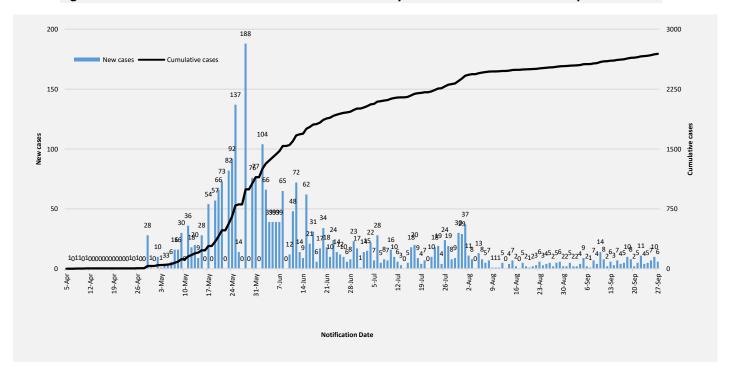




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- Only 22.0 percent (n=599) cases reported symptoms, of which the most frequent have been: cough- 399 (18.7 percent), fever-345 (16.2 percent), runny nose- 253 (11.9 percent), shortness of breath-224 (10.5 percent), fatigue -221 (10.4 percent), headache -201 (9.4 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 27 September 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (7), Aweil East (5), Baliet (1), Ikotos (5), Juba (2,169), 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 (38), 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 27 September 2020







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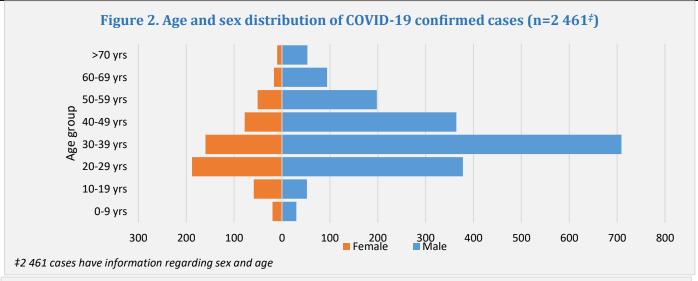


Figure 3. Frequency of symptoms among those reporting (n=599§) 100 150 200 250 300 350 400 450 399 Cough Fever 345 Runny Nose 253 Shortness of breath 224 Fatigue 221 Headache 201 Sore throat 135 Muscle aches 128

225

# **Contact tracing summery**

Other

§Only 599 cases reported having symptoms.

- As of 27 September 2020, the total number of contacts (old and new) that have been monitored has reached 8,770. Out of these 96.6 percent (n=8,474) contacts have completed 14-day quarantine period.
- Currently, 205 contacts are being followed of these 86.2 percent (n=263) contacts were reached.
- 8.2 Percent (n=718) contacts have converted to cases thus far; accounting for 26.6 percent of all confirmed cases.

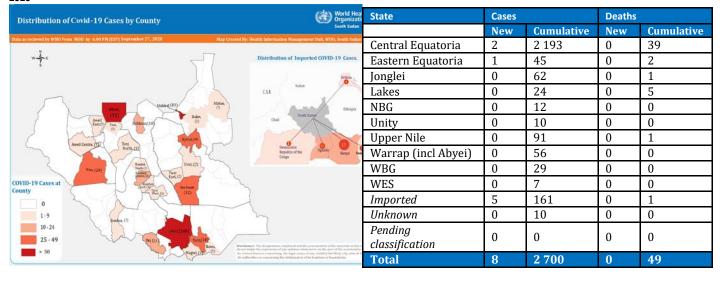




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Figure 4: Distribution of confirmed COVID-19 cases according to Counties 2020

Table 1: Summary of COVID-19 Cases by State as of 27 September



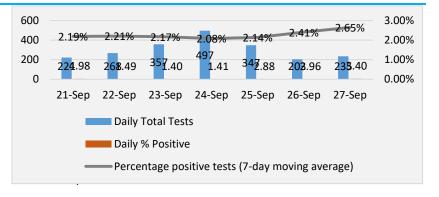
# 4. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

#### 4.1 COORDINATION AND LEADERSHIP

- Coordination is ongoing in the Country through different architectures at National, States and County levels: National Task
  Force (NTF) providing high level strategic decisions; the National Steering Committee (NSC) providing both strategic and
  operational decisions/ guidance; the Technical Working Groups at both National and State levels; and the State Task Forces
  (STF), as well as County Committees (CC).
- Ongoing COVID-19 Transitional Roadmap discussions by stakeholders including the NSC and the Inter-Agency Leadership
  Team for mainstreaming COVID-19 into other response and coordination structures aimed at strengthening incident
  management system in both the short and long terms for humanitarian and development activities.
- Following pronouncement by the Government of Uganda to open its borders /points of entry (air, sea & land) on 1 October 2020, an inter-TWG assessment mission from Juba departed to Nimule boarder to established response and preparedness capacity highlighting the anticipated increase in crossings to and fro Uganda and South Sudan- amongst returnees, refugees, traders- overstretching response capacity interms of screening, sampling, testing, contact tracing, Q14 etc. In South Sudan, the requirement for both the 72-hours validity negative certificate and Q14 is only applied for international arrivals by air, while for land and sea arrivals, this is not enforced except for truck drivers who are required to have 14-days' valid negative certificate but no Q14 requirement. Uganda has removed Q14 in lieu of availability of a 72-hours valid COVID-19 negative certificate.

#### 4.2 LABORATORY

- Cumulative 28,258 samples tested as of 27 September 2020.
- Cumulative 2,700 positive cases confirmed across the Country with 9.6 percent positivity rate.
- South Sudan's daily testing average positivity proportions this reporting week is shown in figure 5. The trend line in gray shows the average percentage of tests that were positive over the last 7 days. The orange bars







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show the percentage of tests conducted each day that were positive.

- NPHL/Lab pillar completed training for all planned 90 laboratory staff from Wau health facilities in Wau town on samples
  collection, management, packaging, shipment, and biosafety of laboratory with support from African-CDC support, aimed at
  improving sample integrity, and results outcome. A total of 180 staff has so far been trained in Wau and Juba. The training
  is further planned for regional capitals of Malakal targeting 90 participants.
- Some 60 GeneXpert cartridges with 40 VTM were contributed by NPHL to the UNHCR clinics in Pariang to facilitate sample testing.

### **4.3 SURVEILLANCE**

• In Nimule/ EES, as of 25 September, 101 active contacts were listed and being followed. Cumulative contacts listed are 431 of whom 330 completed 14-days' of follow up. Of the 207 samples collected and tested during the week from the PoE and a suspected case, 18 samples were returned positive. Todate in Nimule PoE, 3,118 samples have been tested, with 127 positive results. The COVID-19 Isolation facility in Nimule is equipped with oxygen concentrators donated by WHO. With planned Uganda-South Sudan border opening on 1 October, and expected increase in border crossing, sampling and testing for COVID-19 at the PoE is anticipated to be overwhelmed, requiring urgent response support from the NSC/MoH.

#### **4.4 CASE MANAGEMENT**

Below are achievements and ongoing activities:

- 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.
- Medair received approval from MoH to pilot referral from health facilities to Home Care Support. Previously the referral
  had to transit through MoH and WHO home based team which delayed the patient care process. Currently 29 active cases
  are under home based follow up by Medair in Juba, with 25 discharged during the reporting week.
- Remote psychosocial contact line established in Malakal, Wau and Juba Protection of Civilian sites (POCS) to provide remote psychosocial support to COVID-19 patients under home based care.
- WHO distributed assorted medical supplies to the newly open COVID-19 facility in Wau managed by IMC. 34 health care workers are prepositioned for case management at Wau COVID-19 facility trained on Case Management, IPC and rational use of PPE by IMC to enhance response.
- In NBG, Samaritan's Purse to continue with the training of 20 staffs from Light house COVID-19 designed isolation facility on referral past way, waste management, screening and severe cases management of COVID-19. Two oxygen concentrators each with drugs were donated by WHO to the Isolation facility /SMOH in NBG, Yei/CES and Warrap.
- In WBG, SMoH officially handed over Muktha PHCC to IMC as a COVID-19 Isolation facility with 22 staff trained on COVID-19 at the facility. IMC and RRT have established a referral mechanism for Covid-19 alerts.

#### 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. Below achievements were collectively implemented across the Country.

- 399 people reached with critical WASH supplies/hygiene items and services in Melut Payam in Melut County (GUN State) and Kudo Payam in Torit (EES).
- 419, 981 people engaged and reached with integrated COVID-19 and hygiene promotion services.
- 33,482 people reached with WASH facility upgrades through repairs, rehabilitation, and new construction in Malual East and North Payams in Aweil North County (NBeG State), Malakal Payam in Malakal County, Renk in Renk County, Anackdiar Payam in Baliet County (GUN State), in Nyong Payam in Torit County (EES) and in Nimule Payam in Magwi County (NBG)
- 281 people were reached with cloth face masks distributed in communities in Malakal Payam in Malakal county (GUN State), in Munuki Payam in Juba County (CES) and in Wanyjok Payam in Aweil East County (NBeG)
- 165 Health Workers and community WASH workers trained in IPC measures in Jamjang and Pamir (Pamir Refugee Camp) Payams in Pariang County (US), in Lirya Payam in Juba County (CES) and in Wanyjok payam in Aweil East County.





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- 20 Health facilities assessed on IPC WASH status in Bor (POC) Payam in Anyidi County (Jonglei State), in Lirya Payam in Juba County (CES), in Wanyjok and Aroyo Payams in Aweil Centre County (NBeG) in Mangar Tong, Madhol, Malual Baai, Mangok, Wunlang Payams in Aweil East County, in Gokmachar, Nyamlell, Ariath, Malual Center and Pamat Payams in Aweil North County.
- 7 health facilities including COVID-19 treatment facilities supported with PPE and IPC supplies in Renk Payam in Renk County (GUN state), in Yambio Payam (WES), in Lirya Payam in Juba County (CES) and in Wanyjok Payam in Aweil East County.
- 671 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution.

## 4.6 RISK COMMUNICATION AND COMMUNITY ENGAGENT (RCCE)

Partners continue to implement RCCE activities in different locations across the Country, with following key achievements registered:

- A total of 183,606 individuals were reached with key COVID-19 messages by community mobilisers through interpersonal
  awareness sessions and megaphone-walks. During this Week, 34,043 households were reached by the Community
  Mobilizers across 10 states and 3 Administrative Areas.
- 68 community influencers received training and orientation on risk communication and community mobilization, including religious leaders, teachers, women and youth leaders were oriented on COVID-19 mental health and psychosocial support.
- 1,852 radio jingles were aired in 10 local languages through 62 radio stations across all 10 states in the country. 59 weekly talk shows on COVID-19 have been hosted, in which different content experts and influencers participated.
- A total of 2,500 Flyers and 180 posters on COVID-19 were displayed in different strategic locations in the country.
- 10 rumors were tracked and responded within 72 hours during the week.

## 4.7 LOGISTICS AND OPERATION SUPPORT (LOS)

Following the arrival of SSHF funded COVID-19 PPE commodities in South Sudan, WFP through the Logistics Cluster (LC) and WHO re-launched the PPE Common Request System, aiming at consolidating requests of in-country COVID-19 PPE commodities. The LC is consolidating requests on a weekly basis for the Inter-agency technical team to review and



allocate the COVID-19 PPE commodities for onward cargo transportation. As of 21 September 2020, 24 requests have been received from 13 organisations, of which 22 were approved.

- Following request by MoH / Central Medical Stores to the pillar to deliver essential COVID-19 commodities to the field, delivery to Pibor (Pibor Administrative Area MoH) is being finalised after identification of a partner on the ground to support with cargo reception and transportation to MoH warehouse.
- The LC is currently facilitating on behalf of WHO the transportation of Oxygen concentrators and Case Management related commodities. Deliveries have been completed for Agok, Aweil Bentiu, Kuajok, Malakal, Rumbek, and Wau. Further, UNHAS is supporting delivery of these commodities to Raja, Renk, Torit, Yambio and Yei.
- A total of 24 COVID-19 samples have been transported to Juba for testing from three locations: Agok, Aweil and Rubkona.
- The movement of Rapid Response Team for COVID-19 related activities continues to be supported by the provision of 13 vehicles both in Juba and Nimule.

#### 4.8 POINTS OF ENTRY (POE)

Below are key achievements of the week:

• 12,877 travelers underwent primary screening at various screening points: in Juba/JIA (4,272), Wau (940), Nimule (1,920) conducted by the International Organization for Migration (IOM); and in Maban- (Shatta-1,465, Khortumbark -1,023, Dangaji- 3,257 and Kaya by HDC (UNHCR partner).





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- IOM in collaboration with the Ministry of Interior (MoI) conducted COVID-19 training for Immigration and Border Officials of JIA in Juba on 15 and 16 September aimed at enhancing knowledge to facilitate effective PoE response. Similar trainings are to be rolled out in Wau, Awiel East, and Wunthou border crossing in Renk.
- IOM has established two new POEs in Renk and Abyei with an integrated package of services including IPC/WASH and RCCE
  in Wunthou border crossing.
- The POE TWG has established a Cross-Border collaboration taskforce that meets every two weeks to strengthen Cross border activities.
- MOH in collaboration with WHO conducted a Cross Border meeting in Elegu border of Uganda on 16<sup>th</sup> and 17<sup>th</sup> of September 2020. Key resolutions of this meeting includes re-opening of the Uganda-South Sudan border, Joint supportive supervision, network of key community informants, clarification on testing fees at the border and periodic cross border meetings.
- A joint/ inter-TWG mission by PoE and Epi Surveillance TWGs are ongoing in Nimule from 25 to 30 September to assess the readiness of screening, testing and surveillance prior to opening of the Uganda-South Sudan border planned on 1<sup>st</sup> October 2020. The mission will meet with the State Task Force (STF) and implementing partner of CORE group in Nimule to ascertain Cross Border response preparedness. The mission will further meet the newly established cross border committee in Nimule (South Sudan) & Elegu (Uganda) and discuss the next steps in strengthening cross border collaboration.

  PoE @IOM



Newly Established Primary &Screening site at Renk

### 5. MAJOR CHALLENGES

- Contacts refusing to comply with quarantine measures or denying exposure with the case though they are known to be a contact. Also, cases tested positive refuse test results and to isolate, others continue to travel freely to the States increasing community risk of infection and spread.
- Stigmatization of COVID-19 infection by the community poses a challenge to obtain names for contacts from cases as well as sampling of contacts that live within the community.
- Lack of compliance by the community with basic COVID-19 preventive measures including wearing mask and social distancing due to socio-cultural practices.
- Repeated calls by alerts through the hotline causing double reporting.
- Development of an aggressive active surveillance within the States which function with support from partner NGOs, CBOs, etc, may place a strain on the existing human resource.
- Funding shortfalls reported across all pillars with PoE, Surveillance and Case Management TWGs most critical, resulting in scale down of activities.
- Access constraints in several locations due to heavy rain/flooding, inadequate logistics (transport & communication network coverage), and insecurity.

#### 6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- NSC to enhance overall response capacity at Nimule PoE with the planned opening of Uganda-South Sudan border by 1 October, including screening, sampling, testing, and Q14.
- Continued advocacy with NTF on extension of the validity of COVID-19 negative certificate for entry into the Country.
- Engaging stakeholders for preparation for school reopening highlighting compliance to COVID-19 preventive measures/ SOP. RCCE intervention planning underway.
- 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.





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# 7. CONCLUSIONS

Ongoing coordination and collaboration amongst actors including NTF, NSC, TWG, STF, County Committees, MOH/PHEOC and other government Ministries, agencies and departments is needed to strengthen COVID-19 outbreak preparedness and response mechanisms. Ongoing discussion on transitional roadmap/strategy from COVID-19 with efforts to strengthen Health System.

A critical funding challenge continues to be reported across TWGs and States requiring urgent attention.

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