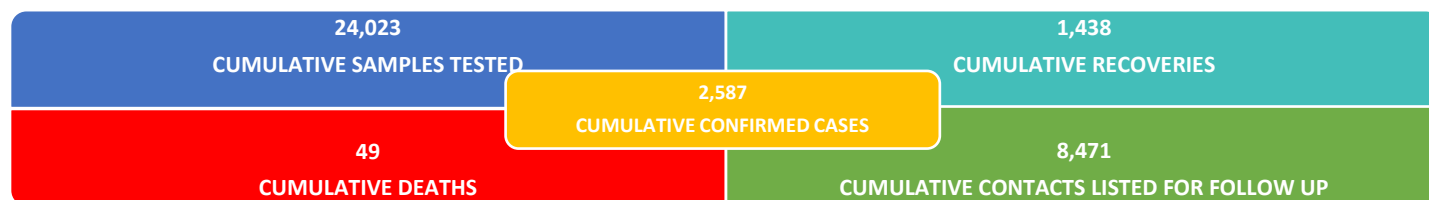




PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Reporting Period: 7-13 Sept 2020 (week 37)



1. KEY HIGHLIGHTS

- A cumulative total of 2,587 cases have been confirmed, including 109 imported cases as of 13 September 2020.
- 49 deaths have been recorded, with case fatality rate (CFR) of 1.9 percent.
- 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 55.6 percent.
- 128 Health Care Workers have been infected since the beginning of the outbreak with one death.
- 8,471 cumulative contacts have been registered of which 8,308 have completed the 14-days' quarantine. Currently, 163 contacts are being followed, of these 85.0 percent (n=140) contacts were reached.
- 717 contacts have converted to cases to date; accounting for 27.7 percent of all confirmed cases.
- Cumulatively, 24,023 laboratory tests have been performed with 10.7 percent positivity rate.
- There is cumulative total of 1,167 alerts of which 84.7 percent (n=989) have been verified and sampled; Most alerts have come from Central Equatoria (79.3 percent), Western Bahr el Ghazal (3.0 percent), and Eastern Equatoria (2.7 percent); and the remaining 1.9 percent from the other States and Administrative Areas.
- As of 13 September, 25 Counties (31.3 percent) out of 80 Counties of the 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 2,587 cases have been confirmed out of 24,023 tests performed by the National Public Health Laboratory (NPHL) and other decentralized Public Health Laboratories networks in Nimule, Bor Hospital, Malakal and UN Clinic in Juba, with 1,438 recoveries and 49 deaths, yielding case fatality rate (CFR) of 1.9 percent. Up to 4.2 percent (n=109) confirmed cases are imported and 95.8 percent (n=2,478) 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 2,587 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 account for 81 percent of all cases, whereas 12 percent are foreigners, and 7 percent unknown. There have been 109 imported cases (18 new) registered to date mostly from Kenya (17), Uganda (17), Eritria (4), DRC (2), Somalia (1) and South Sudanese returnees (18), and 50 are unknown.

Confirmed cases range from 2 months - 90 years of age with an average of 36.8 years. As for gender, 73.4 percent of confirmed cases were diagnosed in men, 23.5 percent in women, and 3.1 percent unknown. Young men within the 30-39 age group 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), 224 shortness of breath (10.5 percent), fatigue 221 (10.4 percent), headache 201 (9.4 percent),



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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 13 September 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (9), Aweil East (5), Baliet (1), Ikotos (5), Juba (2,138), Maban (7), Magwi (2), Malakal (58), Nyirol (26), Rubkona (10), Rumbek North (1), Rumbek Center (21), Rumbek East (1), South Bor (30), Tonj North (1), Torit (35), Twic Warrap (3), Twic East (2), Uror (2), Wau (28), Yambio (7), Yei (23), Yirol West (1), Unknown (10).

Figure 1: New and cumulative confirmed COVID cases by notification date as of 13 September 2020

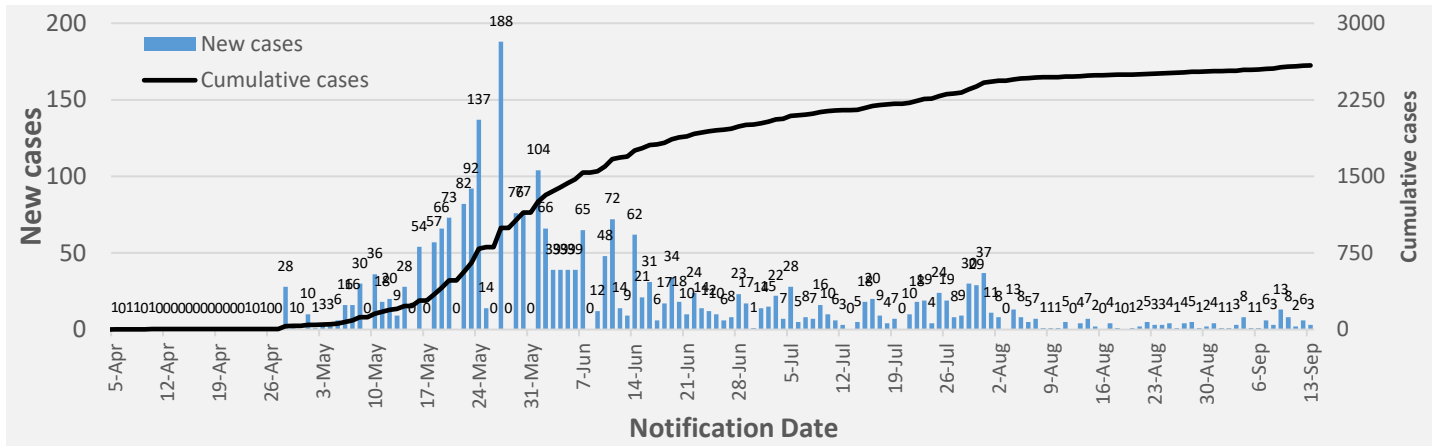


Figure 2. Age and sex distribution of COVID-19 confirmed cases (n=2 393[‡])

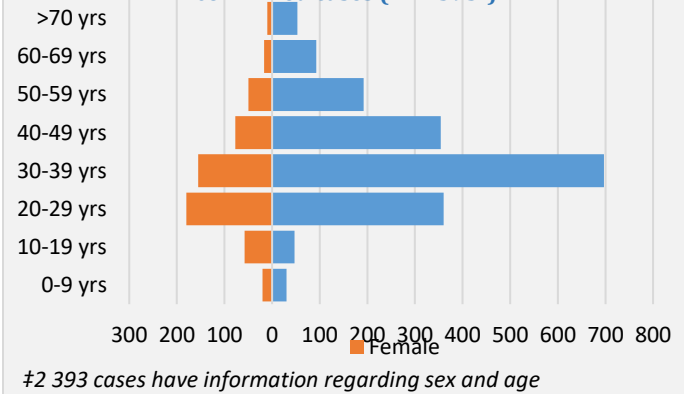
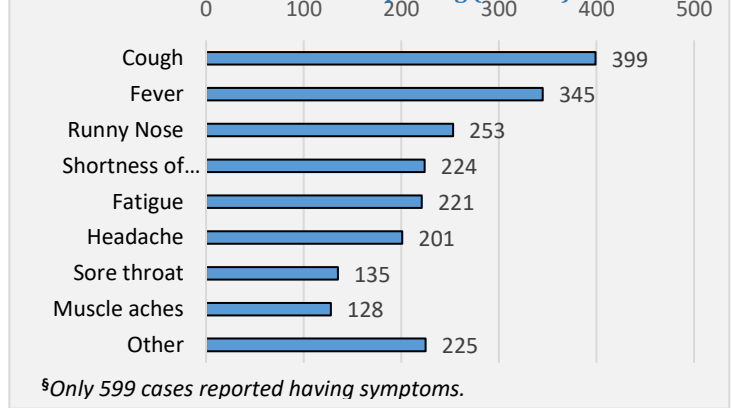


Figure 3. Frequency of symptoms among those reporting (n=599[§])



Contact tracing summery

- As of 13 September 2020, the total number of contacts (old and new) that have been monitored has reached 8,471. Out of these 98.8 percent (n=8,308) contacts have completed 14-day quarantine period.
- Currently, 163 contacts are being followed of these 85.0 percent (n=140) contacts were reached.
- Todate, 8.5 Percent (n=717) contacts have converted to cases, accounting for 27.7 percent of all confirmed cases.



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

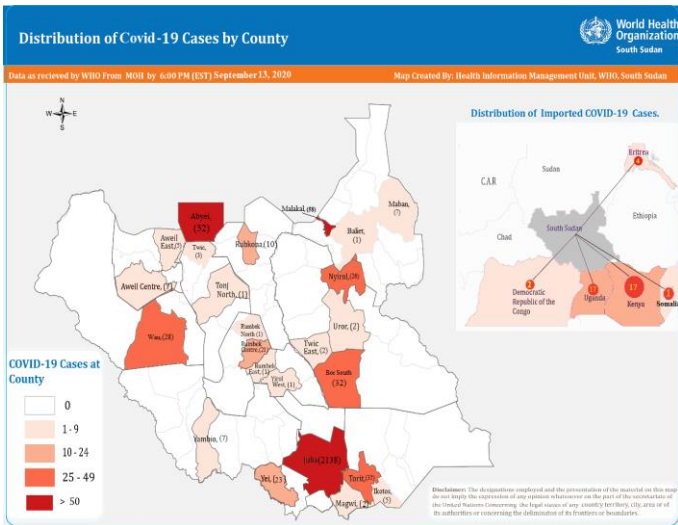


Table 1: Summary of COVID-19 Cases by State as of 13 Sept 2020

State	Cases		Deaths	
	New	Cumulative	New	Cumulative
CES	1	2 162	0	39
EES	0	41	0	2
Jonglei	0	62	0	1
Lakes	0	24	0	5
NBG	0	12	0	0
Unity	0	10	0	0
Upper Nile	0	66	0	1
Warrap /Abyei	0	56	0	0
WBG	0	28	0	0
WES	0	7	0	0
Imported	2	109	0	1
Unknown	0	10	0	0
Pending classification	0	0	0	0
Total	3	2 587	0	49

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 discussion to extend validity of COVID-19 negative certificate from 72 hours to atleast 120 hours for entry to the country. The Surveillance TWG however recommended 14 days validity consistent with Nimule PoE certification for truck drivers. The NSC is following up with the NTF.
- The NTF has shared two official communiques affirming lifting of restrictions on movements for UN and Humanitarian organizations in South Sudan once already in-county and have undergone Q14 to facilitate effective emergency responses; and Communication # 73 (Resolution #3 on page 3) which reaffirms the endorsement of the COVID-19 National Response Plan (with amendments). Funding shortfalls across all pillars and States were partly attributed to Donors’ reluctance to funding a plan that was not endorsed by NTF.

4.2 LABORATORY

- Cumulative 24, 023 samples tested as of 13 September 2020.
- Cumulative 2,587 positive cases confirmed across the Country with 10.7% 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 show the percentage of tests conducted each day that were positive.
- 45 Participants from Teh Juba town health facilities covering the five zones were trained on samples collection, management, packaging, shipment, and biosafety of laboratory by the NPHL with African-CDC support, strengthening further COVID-19 lab interventions. The training is planned for the three regional capitals of Juba, Wau, and Malakal targeting 90 participants per region.
- A new guideline for travelers’ testing has been issued.

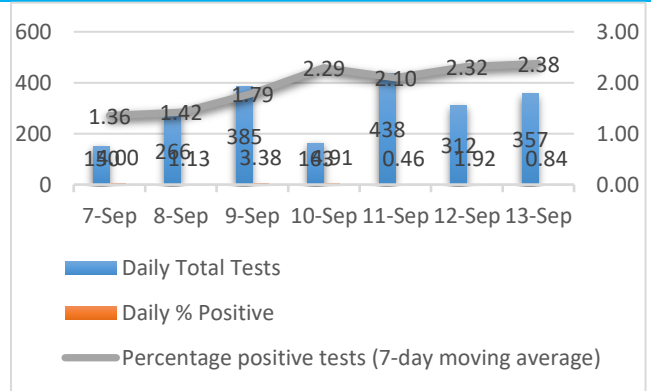


Figure 5: Lab testing positivity data: 7-day count and moving average, 7-13 Sept 2020.



4.3 SURVEILLANCE

- TWG submitted a request to NSC and NTF to allow the validity of negative COVID-19 results to be consistent with the land border sites, such as Nimule, which is 14 days validity upon presentation for entry into South Sudan, to replace the current 72 hours. This is still an ongoing discussion pending NTF decision.
- TWG advised case management TWG on method for removing uncooperative, unenrolled, and hard to reach COVID cases – advised to drop them from active followup after 14 days of attempts to follow-up with them for enrollment.
- TWG requested that laboratory pillar move the local GeneXpert testing sites to phase 2 so that routine testing of local COVID-19 alerts can take place.
- NSC/NTF approved revised COVID-19 case definition – subsequent actions now involve updating SOPs and other guidance documents.
- In Lakes, WHO with support of SMOH trained 14 health workers on COVID-19 contact tracing in Cueibet County, bringing cumulative trained health workers to 100 in 8 Counties in Lakes State.

4.4 CASE MANAGEMENT

Below are achievements and ongoing activities:

- 19 COVID-19 facilities are currently fully functional with 307 bed capacity countrywide based on the assessment conducted by the TWG.
- Nil (0) severe COVID 19 positive cases admitted in isolation facilities around the Country.
- Nil (0) COVID 19 death recorded for the past 1 week in the Country.
- CM and Surveillance TWGs finalizing the classification of 620 cases termed as active cases on follow up are actually unreachable
- Cumulative 254 Health care workers trained on COVID-19 case management and mental health & psychosocial support (MHPSS)
- A total of 29,035 PPE items were distributed to health care workers in various COVID-19 facilities.
- The TWG approved new weekly case management reporting tool.
- Further, received approval of TWG to pilot referral from health facilities to Medair’s Home Care Support.
- Working with the NPHL administration and WHO State Coordinator to address issues related to delay of sample shipment from the field/states to the NPHL, and timely test result feedback.
- In NBG, Christ Mission to the world and Samaritan’s Purse commenced construction of COVID-19 facility for case management, with plans to recruit staff. Some 2,000 facemasks were received and distributed to health workers and community.
- In Yei/CES, MSF, UNICEF, and WHO co-facilitated COVID-19 community case management training for 65 volunteers.

**Medair Home Care Support System
04th September – 10 September**

Confirmed positive cases referred to Medair			Alerts referred to Medair		
# Referred to Medair	Reached	Not Reached	# Referred to Medair	Reached	Not Reached
15	40% (6)	60% (9)	6	50% (3)	50% (3)
Phone unanswered		8	Phone unanswered		1
Incorrect phone number		1	Incorrect phone number		2

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 13 partners (UNICEF, IOM, UNHCR, ACTED, AHA, CARE, SSRC, CEDS, IAS, IRC, NSDO, SP & WVI) below achievements were collectively implemented across the Country.

- 314 people reached with critical WASH supplies/hygiene items and services.
- 323, 458 people engaged and reached with integrated COVID-19 and hygiene promotion services.
- 102,896 people reached with WASH facility upgrades through repairs, rehabilitation, and new construction.
- 342 people were reached with cloth face masks distributed in communities in Malakal.
- 96 Health Workers and community WASH workers trained in IPC measures.
- 2 Health facilities assessed on IPC WASH status in Lirya and Lokiliri Payams in Juba County.



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- 5 health facilities including COVID-19 facilities supported with PPE and IPC supplies.
- 682 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution.
- 2 triages and screening areas set up as per SOP in Lokiliri Payam in Juba County.

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:

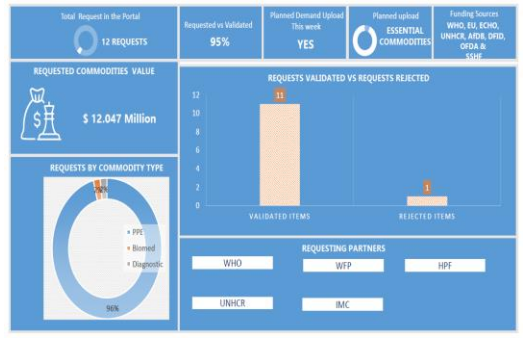
- A total of 208,218 individuals were reached with key COVID-19 messages by community mobilisers through interpersonal awareness sessions and street announcements through megaphone-walks. During this month 37,700 households were reached by the Community Mobilizers across 10 states and 3 administrative areas.
- 142 community influencers, including religious leaders, traditional healers, Teachers, women and youth leaders were oriented on COVID-19; and mental health & psychosocial support.
- 1,855 radio jingles with key messages on COVID-19 were aired in 10 local languages through 40 radio stations across all 10 states. In addition, 37 talk shows on COVID-19 were hosted, in which different content experts and influencers participated.



Social mobilizer demonstrating hand washing @ Yei

4.7 LOGISTICS AND OPERATION SUPPORT (LOS)

- A \$5.2 million worth order of Sudan Humanitarian Fund (SSHF) and African Development Bank (ADB) funded PPE order (70 mt), and procured by WHO through the UN Supply Portal, started arrived in Juba between 3-7 September. The Logistics Cluster/Operational Support and Logistics (OSL) Pillar are facilitating reception and storage of the consignment, and later field transportation based on the PPE Common Request System allocations by the inter-agency technical team.
- The pillar re-launched the PPE Common Request System through the NSC, aimed at consolidating requests for review and prioritization of in-country COVID-19 commodities.
- In addition to the 2,537 metric tons of common storage space in Juba, the Logistics Cluster acquired an additional 868.5 metric tons in Juba to ensure all COVID-19 related commodities are safely stored prior to dispatches to field locations.
- The Logistics Cluster dispatched COVID-19 related items destined for Malakal Teaching Hospital and to SMOH in Upper Nile State, as per requested support by MoH/ Central Medical Stores. Cargo destined for Bor (Jonglei SMOH) and Pibor are next in plan.
- A total of 28 COVID-19 samples were transported from six locations to Juba NPHL between 4-10 September: Agok, Kapoeta, Kuajok, Torit, Wau and Yambio.
- 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)

- 8,464 travelers underwent primary screening at various screening points in Juba, Wau, Nimule, and Yambio, the highest crossing being Juba International Airport (4,466) and Nimule (2,370). The screening were conducted by IOM (Juba, Wau, Yambio, & Nimule), and in Nadapal by Comitato Collaborazione Medico (CCM).
- IOM in collaboration with the Ministry of Interior (MoI) is planning to conduct sensitization for immigration and other categories of border officials on 15 and 16 September. Similar trainings will be rolled out in Wau, Awiel East, and Wunthou border crossing in Renk.





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- IOM/DTM South Sudan conducted the regular weekly assessment of COVID-19 preparedness and response measures across 88 locations, combining land and water border points, airports, internal transit points and areas, assessing the impact of restrictions on different population groups (IDPs, migrants, host communities). An updated overview of country-specific inputs is part of the Global DTM Mobility Impact [interactive geoportal](#).
- Juba International Airport authorities and PoE TWG met and communicated to all international airlines operating at JIA to avail to passengers COVID-19 screening forms which was not the practice previously.
- In Upper Nile, SMOH and partners identified PoE with international borders and deployed Civil Society Organizations to strengthen surveillance in Renk and Fashoda Counties. Despite being a busy crossing point, Renk however lack COVID-19 facility.

5. MAJOR CHALLENGES

- Lack of COVID-19 facility/Ward at Nimule where reports suggesting increased number of COVID-19 cases among truck drivers. In addition, contact tracers face challenges of some positive COVID-19 truck drivers and returnees giving false telephone numbers or switching off phones.
- Decision required from NTF on extension of the validity of negative COVID-19 results for entry into the country. Surveillance TWG recommends eliminating this requirement entirely.
- 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.
- Shortage of PPE, IPC stations/ supplies in States (Nimule, 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.
- In Yei County, Churches are beginning to reopen with no preventive measures or guidelines adhered to- for example: social distancing, lack of handwashing stations, limited use of masks, etc. Low supply of sample collection kits was also reported.
- Due to rainy season (flooding) and insecurity in certain areas, access to health facilities and communities have been impeded.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- 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.
- NTF decision on extension of the validity of COVID-19 negative certificate/results for entry into the Country- the Surveillance TWG recommends eliminating this requirement entirely.
- Update the CM indicators to be reported to the COVID-19 dashboard; and Finalization of case management data collection tools.

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

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