

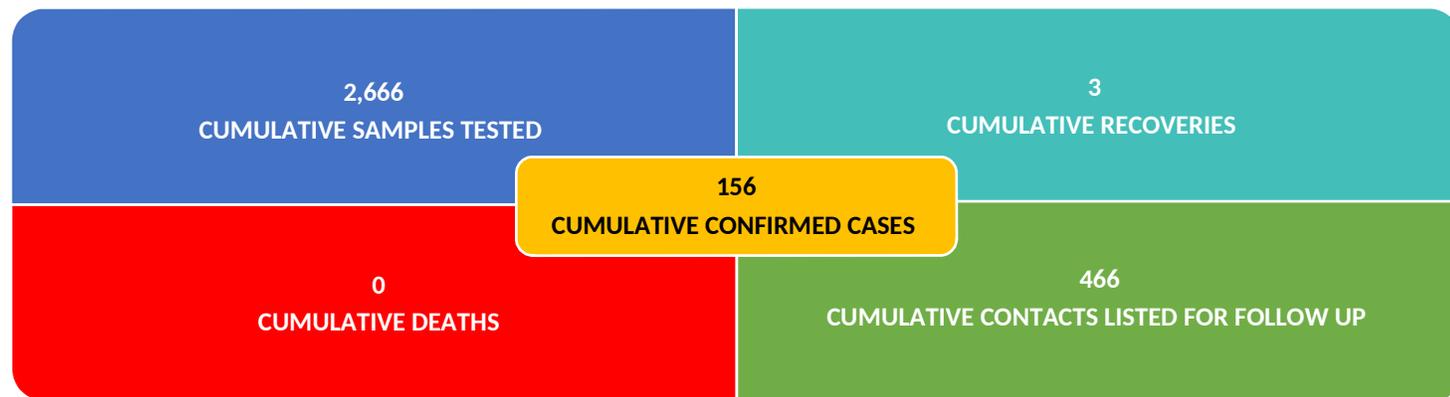


PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Issue No: xx

Reporting Period: May 4- 10, 2020



1. KEY HIGHLIGHTS

- The cumulative total of confirmed cases as of 10 May 2020 is 156.
- **Three** recoveries and zero deaths have been recorded to date.
- **Five counties** have reported cases: Juba (133), Yei (8), Abyei (2), Rubkona (1), and Torit (1). There have been **11 imported** cases, 7 from Kenya, 3 from Uganda, and 1 unknown.
- **466** cumulative contacts have been listed for follow up. Of these, 262 have completed the 14-day quarantine and 204 still being followed respectively.
- The cumulative number of alerts as of 9 May 2020 is **226**, of which, **214** (95%), have been verified with samples collected. Most alerts have come from Central Equatoria (75%) and Eastern Equatoria (8%).

2. BACKGROUND

South Sudan confirmed its first COVID-19 case on 5 April 2020 and to date 156 cases have been confirmed by the National Public Health Laboratory. Confirmed cases are both imported (n=11) and locally transmitted (n=145). South Sudan is classified as having sporadic transmission. The most recent cases (n=36) were confirmed on 10 May 2020. Five Counties have reported confirmed cases.

3. EPIDEMIOLOGY AND SURVEILLANCE

Descriptive epidemiology

Most COVID-19 cases in South Sudan are citizens (86 %, n=134), while some are foreign residents and truck drivers (14%; n=22). There are 11 imported cases, mostly detected from Nimule border crossing point; from Kenya (n=7) and Uganda (n=3), and 1 pending further investigation. Patients range from age 1 - 71 years with an average age of 36.5 years. Out of the 156 confirmed cases males account for (72%; n=112), while females are (28%; n=44). Most confirmed cases were asymptomatic at the time of detection by active surveillance or through contact tracing, though some have subsequently exhibited symptoms; thus far, 20 per cent of confirmed cases have shown symptoms.

Figure 1: New and cumulative confirmed COVID cases by notification date as of 9 May 2020

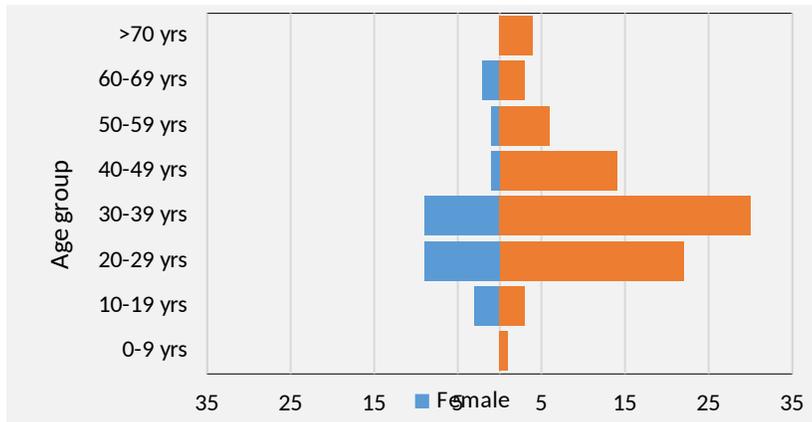
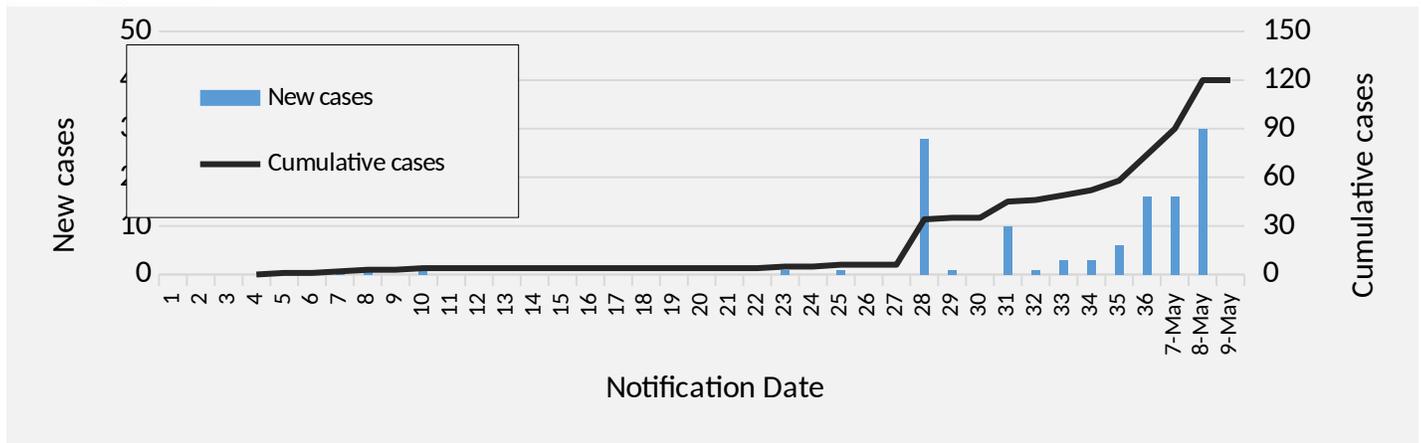
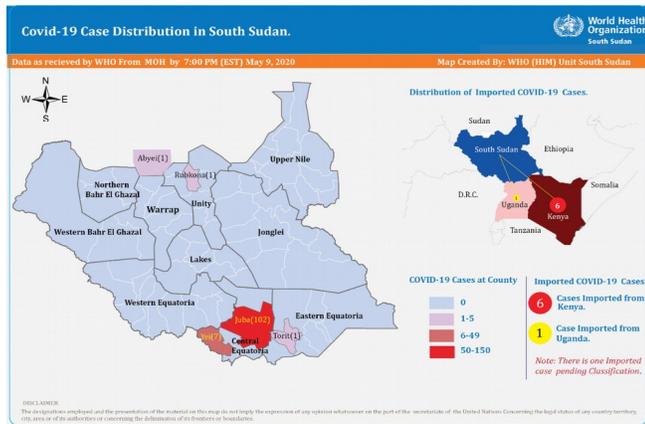


Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=120), 9 May 2020
 Figure 3: Distribution of confirmed COVID-19 cases according to counties



Contact tracing summary as of 9 May 2020

- A cumulative total of 466 individuals have been listed as contacts of a case.
- 44 contacts (9.4 per cent) have converted into confirmed cases, including from two large households detected as clusters of cases through contact tracing.
- 259 contacts (53 per cent) have completed the 14-day quarantine period.



- Currently 204 contacts are being monitored daily for signs and symptoms of COVID-19.

4. LABORATORY

- Cumulative number of cases tested as of 10 May 2020 is 2,666.
- Cumulative number of positive cases confirmed is 156 across the country.
- Sentinel surveillance data is available from SARI/ILI sentinel sites in Juba County only, where cumulative total of 5,329 samples have been collected yielding 12 positive results so far, with many of these sample still to be tested.
- Ongoing plan includes procurement of three PCR machines from Sudan; deployment of Mobile Laboratory to Nimule to cover testing of high number of truck drivers and passengers. AMREF is to support establishment of sample reception site in the Public Health Laboratory (PHL) to cater for people coming for testing.

5. PUBLIC HEALTH ACTION/RESPONSE INTERVENTIONS

5.1 COORDINATION and LEADERSHIP

- The High Level Task Force (HLTF) continues to meet on a regular basis to deliberate on strategic issues of concern to facilitate COVID-19 preparedness and response. Observing the lack of compliance by the community in regards to self-quarantine directives, the HLTF on 4 May resolved to form a 5-member Committee to draft an Emergency Provisional Order for the Enforcement of COVID-19 Pandemic Regulations.
- The HLTF continues to facilitate both domestic and international flights for humanitarian cargo and personnel. The 14-day quarantine directive remains in force for local contacts and persons returning to South Sudan. In addition, persons returning to the country must produce evidence of having completed a 14-day quarantine and a certification of being COVID-19 free following testing. Life-saving medical evacuations from the States and Counties to Juba were authorized by the HLTF, to avoid delays obtaining specific clearances from State and County Authorities.
- The rules and directives of lockdown were relaxed by the Presidency effective 8 May 2020: curfew time from 22:00 hrs to 06:00 hrs (previously 19:00hrs to 06:00hrs); restaurants and shops to reopen during non-curfew time, but should effect social distancing and use of masks. Discussions are ongoing to resume internal travel by land, water and road; as well as regional flights and road transport.
- The National Steering Committee (NSC) held its regular weekly meeting and deliberated on some of the Risk Communication and Community Engagement strategies to improve preparedness and response with focus on: reduced stigmatization, community acceptance of staff and volunteers delivering Risk Communications activities, social distancing and other recommended practices, and rumor tracking. In addition, the NSC / MOH commenced review and approval of Standard Operating Procedures (SoPs) and Guidelines developed by respective Technical Working Groups (TWGs).
- As per directive of HLTF, the four Counties of Yei, Lainya, Morobo and Kajo Keji in Central Equatoria State have established County Task Forces which meet weekly, with RRTs in place. In Jonglei, to enhance coordination, reporting and monitoring, the STF established reporting mechanisms for the 10 counties and GPAA through deep field focal points and WHO Supervisors.

5.2 SURVEILLANCE

- Modified structure of contact tracing team based on increase in Juba cases (1 team lead, 3 supervisors, 22 contact tracers with 36 additional contact tracers to commence on 11 May 2020). NGO Alima to provide an additional 30 contact tracers to cover Juba County cases.
- Nimule cargo drivers' screening enters week 4, with around 150 swabs taken from drivers and passengers daily and 9 positive test results to date.
- Surveillance and COVID-19 testing measures introduced into the BH/POE screening assessment tool, to facilitate implementation of COVID-19 testing of cargo drivers at the northern border with Sudan.
- Sentinel site surveillance in Juba County ongoing, collecting 5329 samples, with 12 positive cases as of 10 May. Cases found at sentinel sites are indicators of community spread of disease vs sporadic occurrences of disease.
- Surveillance-contact tracing-testing 4 W matrix completed



- In Yei active oversight of implementation of precautionary measures put in place by MoH has resulted in 64 travelers from Juba being home quarantined and monitored for 14 days.
- In Morobo, a total of 78 staff from 6 health facilities were trained on COVID-19 - transmission, sign and symptoms, prevention, use of PPE, COVID-19 screening and triage. While in NBG, Jonglei and Lakes States, a total of 71 RRT members were trained by MoH to support surveillance and response activities on COVID-19 at County level.
- To facilitate surveillance activities in Unity and Lakes States, UNMISS donated three vehicles each to support the movement of RRTs. While in East Equatoria State (EES), 2-days' training on Community Based Surveillance for ten Community Based Supervisors was completed by Save the Children in Kapoeta South.

5.3 CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC):

States/STFs continue to identify and establish quarantine and Isolation facilities:

- **In Yei**, the designated 24- bedroom quarantine facility was assessed and handed over to the STF /MoH by the owner of the building on 6 May, with electricity and water systems requiring restoration. While, **in Northern Bahr el Ghazal**, construction of the Isolation unit is ongoing, MSF will be lead agency for case management and paying incentives for staff; while UNMISS pledged to support construction of a waiting bay and incinerator. The facility will require a generator to operationalize. **In Nimule**, 8-bed capacity Isolation unit is available but requires training of health workers on case management, although lack of partner to support CM remains challenge. **In Tambura**, two Isolation units are established in Tambura and Ezo hospitals but both require support in training of HCW on CM, equipment and ambulance management. **In Eastern Equatoria State** Isolation sites for case management in different Counties were identified. And in **Jonglei State**, renovation and expansion of the 30-bed capacity Isolation unit in Bor State Hospital is ongoing. **In Unity State**, AHA is constructing an Isolation center in Hakima Yacub in Ajoungthok Refugee camp. **In Lakes states**, Isolation facilities are constructed in Rumbek State hospital and Yirol hospital, while addition facility is being erected in Cueibet supported by CUAMM.
- **The Yambio STF** continues discussion on Case Management and Surveillance, including screening of inter-State/ inter-Country truck drivers and quarantine strategies, Isolation and treatment facilities.

5.4 INFECTION PREVENTION AND CONTROL (IPC):

- In Aweil/ NBG State UNMISS continues to support IPC COVID-19 response and preparedness with support to renovation of the sewage system in Aweil State hospital including installation of hand washing facilities; and installation of 2,000 liter tank in Aweil Market for hand washing.

5.5 POINTS OF ENTRY (POE):

- IOM continues to conduct weekly assessment of mobility and COVID-19 preparedness at 8 displacement sites and 47 points of entry/transit hubs, including those prioritized by the POE TWG.
- IOM/DTM resumed gate count activities at Wau PoC AA, Bentiu PoC site and Malakal PoC site to provide partners with timely data on population movements in and out of the sites in view of the ongoing COVID-19 preparedness activities.
- Arrivals and departures screening for COVID-19 is ongoing, reaching a total of 2,181 travelers during the reporting period, as follows: 1,956; 210; and 15 individuals screened at Nimule Border Crossing, Juba International Airport, and Wau Airport respectively.
- IOM/DTM's report on the assessment conducted on long distance transport hubs in Juba 22-24 April 2020 was finalized, and shared with Juba City Council; with the following bus stops and docking areas targeted: Gumbo Bus Stop, Custom Bus Stop, Konyokonyo Bus Stop and Juba River Port. Based on field findings, the team extended the area of coverage during the course of the assessment to include Nesitu Check Point and Gabat River Port. The assessment aimed to establish COVID-19 prevention measures put in place to date at the targeted hubs, identify gaps and challenges, assess population and cargo flows, engage relevant local authorities on possibility of setting up WASH and DTM COVID-19 related activities at those hubs.
- UNHCR is currently prepositioning various medical and nutrition items for COVID-19 preparedness and response; while costed camp level COVID-19 Preparedness and Response plans for refugees and the surrounding host populations has also been finalised. Further, UNHCR is establishing Isolation units in various camps, and in two referral hospitals- Bunj hospital and Pariang Hospital.



5.6 RISK COMMUNICATION, COMMUNITY ENGAGEMENT AND SOCIAL MOBILIZATION:

- COVID-19 messages are being disseminated using all media outlets. Between 4-8 May 2020, 426,505 individuals were reached with through interpersonal awareness and megaphone announcements. 673 Community mobilisers were trained, while 894 community influencers including religious leaders were oriented. 967 radio jingles were aired in ten different languages across 42 radio stations.
- 6,720 assorted IEC materials in five languages (740 posters, 160 banners and 5,820 fliers) were distributed to partners and States during the reporting period. Distribution of previously prepositioned materials at State level is ongoing.
- With support from UNICEF, WHO, UNDP, the Ministry of Health (MoH) toll free hotline 6666 remains fully operational with 25 call attendants operating 24/7.
- The UNICEF-CDC Community Feedback and Rumor Tracking Mechanism project will commence with pilot testing in one of the three targeted States of Eastern, Western and Central Equatoria.
- COVID-19 South Sudan Weekly rumor tracking overview bulletin Issue 2 was published by the CCE Working group.
- During the reporting week 20 rumors were tracked through the online tool from Yei (6), Juba (9), Nimule/Torit (2), Maridi (1) and Bor (2). All the rumors collected were verified and responded to through different platforms.
- Through the UNCG and Media engagement subcommittee of the RCCE TWG, 30 journalists from media houses in Juba were oriented on COVID-19 key messages and responsible reporting.

5.7 LOGISTICS AND OPERATION SUPPORT

- Replenishment of PPEs and other necessary supplies to isolation centre and other health facilities is ongoing. The movement of Rapid Response Team is being facilitated by road and air.
- A Common PPE request system was launched on 4 May to consolidate the requests by WFP for review and prioritization by an inter-agency technical team composed of the MoH, UNICEF, Health Pool Fund (HPF), and WHO. The PPE request form was shared with stakeholders, including TWG and State Coordinators, ICCG and Logistics Clusters to ensure a wide reach. To date, 19 requests from 12 partners were received.
- The air delivery of 1,300 VTMs with swabs, 10 VHF and other PPE kits to State hubs and three Administrative Areas has been completed. A six-month order for the Juba central laboratory consumables was consolidated and launched.
- The laboratory commodities required for Wau PCR were quantified and an international order submitted.
- In addition, the required COVID-19 essential commodities were quantified for a six months' response for Triage, Case Management, Points of Entry, RRT and laboratory.
- The update of the inventory dashboard is ongoing and will be revised to capture also the commodities in pipeline.
- The Juba IDU's capacity was expanded from 24 beds to 60 beds and the construction works are still ongoing to be completed during the month of May with increased capacity of 82 beds.
- Five laptops and a range of consumables were supplied for use at the PHEOC to facilitate emergency operations.
- In Juba, a vehicle was donated to the RRT to support their mobile operations. Currently, there are 16 vehicles rented exclusively to support COVID-19 operations in the country: 12 in Juba, 2 in Nimule, 1 in Tambura and 1 in Maridi.
- Field staff was equipped with the basic commodities for samples preparation, packaging and labelling.

6. STATE HUB COVID-19 UPDATES

All States and Administrative Areas have established COVID-19 Task Forces to coordinate the preparedness and response efforts. However nearly all States have reported limited implementing partners especially for case management, inadequacy of ambulances to transport suspected cases, shortage of sampling kits and PPE, and the urgent need to facilitate operationalization of quarantine, Isolation/ treatment facilities. Funding is major challenge for COVID-19 response in the States, also affecting basic health services.

7. MAJOR CHALLENGES

- Limited laboratory capacity to handle the demand for testing, in terms of supplies, personnel and coordination, with only one testing site at the NPHL in Juba.
- Contacts refusing to comply with quarantine measures, or denying exposure to confirmed cases even when they are known contacts.



- Stigmatization of COVID-19 infection by the community poses a challenge to obtain names of contacts and to conduct sampling within the community.
- Development of an even more aggressive active surveillance within the States which function with much support from partnering NGOs, FBOs, etc. may place a strain on the existing human resource.
- RCCE TWG highlighted limited funding for implementation of planned activities in the National COVID-19 RCCE Response Plan emphasizing that the only funding availability from DFID and the World Bank through UNICEF.
- Access to essential items for entire households when under quarantine is difficult.
- Social distancing remains a problem in public markets and IDP sites. IDPs are not aware of the COVID messages and they have not heard of these in their villages of origin. Radio broadcasts and social mobilizers have not reached these villages.
- Epi-Surveillance TWG and STF (Yambio, Nimule, Yei) highlighted ongoing delay in turnaround time between specimen collected, delivered to NPHL, and delivery of test results to patient reported from
- Better coordination of pass-off between RCCE, Case Management, and Contact Tracing is needed in regard to notifying those who test positive of their results and counselling them on the implications and next steps.
- Lack of ambulances; shortages of sampling kits, PPE, shortage of IPC/WASH supplies was reported in Tambura and NGB State; while in Yei, majority handwashing facilities in public places lack water and soap.

8. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Scale up risk communication and community engagement to address the stigma associated with COVID-19 in South Sudan especially with target groups of IDPs living in PoC camps and with community contacts observing quarantine in large households.
- Advocate for prioritization of South Sudan at the global level in the provision of essential medicines, medical supplies and equipment.
- Advocate with partners to support the COVID-19 response efforts by addressing current gaps such as human resource shortage.
- Revise and update the strategies for surveillance, testing, case management and contact tracing as disease spread goes from sporadic cases to community transmission.
- Public Perception study, development and dissemination of messages to address new issues such as mandatory use of cloth masks, stigmatization, and high risk practices such as group eating.
- Continuation of screening and provision of integrated packages of services at state levels including the Administrative Areas and key POEs.
- To escalate COVID-19 response beyond Juba, to the States where lack of services and supplies are generally highlighted (sampling kits, PPE, IPC supplies, lack of CM IPs, transport, funding, etc).
- Below are recommendations from Epi-Surveillance:
 - ✓ Implement investigational protocol into secondary attack rates among the 6 active clusters of cases in Juba County
 - ✓ Implement investigational protocol into COVID-19 in the positive health care workers identified in Juba County
 - ✓ Implement active case surveillance in states with elevated rates of acute respiratory infections during the first quarter of 2020

9. CONCLUSIONS

Continued collaboration and coordination amongst all actors – HLTF, NSC, TWG, partners & States to facilitate effective implementation of COVID-19 preparedness and response activities.

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