



PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Issue NO: 32

Reporting Period: 6–11 October 2020 (week 41)



1. KEY HIGHLIGHTS

- A cumulative total of 2,795 cases have been confirmed and 55 deaths have been recorded, with case fatality rate (CFR) of 1.9 percent including 196 imported cases as of 11 October 2020.
- 0 cases are currently isolated in health facilities in the Country; and the National IDU has 100 percent bed occupancy available.
- 2,604 cases (0 new) have been discharged to date.
- 133 Health Care Workers have been infected since the beginning of the outbreak with one death.
- 8,923 cumulative contacts have been registered of which 8,783 have completed the 14-days quarantine. Currently, 140 contacts are being followed, of these 88.6 percent (n=124) contacts were reached.
- 719 contacts have converted to cases thus far; accounting for 25.7 percent of all confirmed cases.
- Cumulatively 33,675 laboratory tests have been performed with 7.4 percent positivity rate.
- There is cumulative total of 1,348 alerts of which 86.1 percent (n=1,160) have been verified and sampled; Most alerts have come from Central Equatorial State (75.4 percent), Eastern Equatoria State (4.5 percent); Upper Nile State (3.1 percent) and the remaining 17.0 Percent from the other States and Administrative Areas.
- As of 11 October, 24 Counties (30.0 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 2,795 cases have been confirmed out of 33,675 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 2,604 recoveries and 55 deaths, yielding the case fatality rate (CFR) of 1.9 percent. Up to 7.0 percent (n=196) 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:

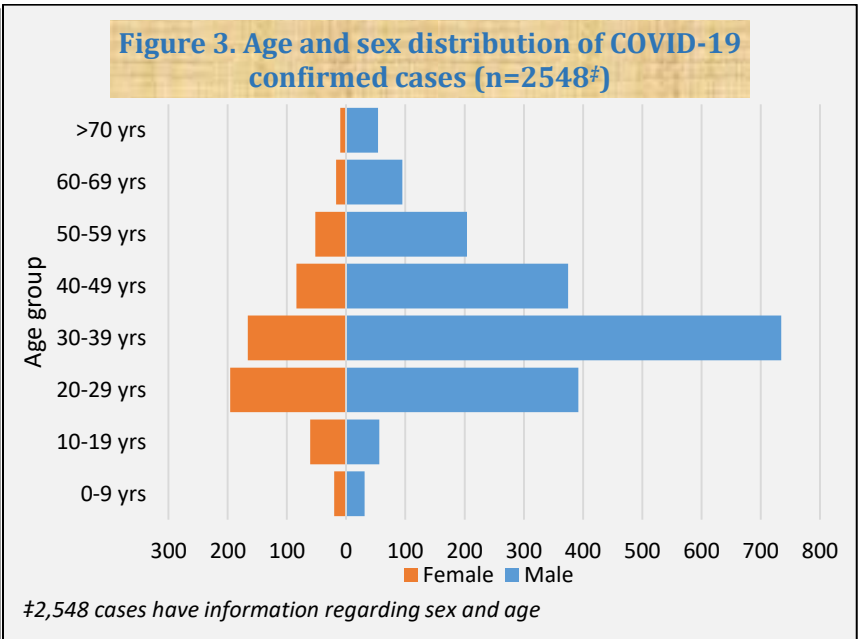
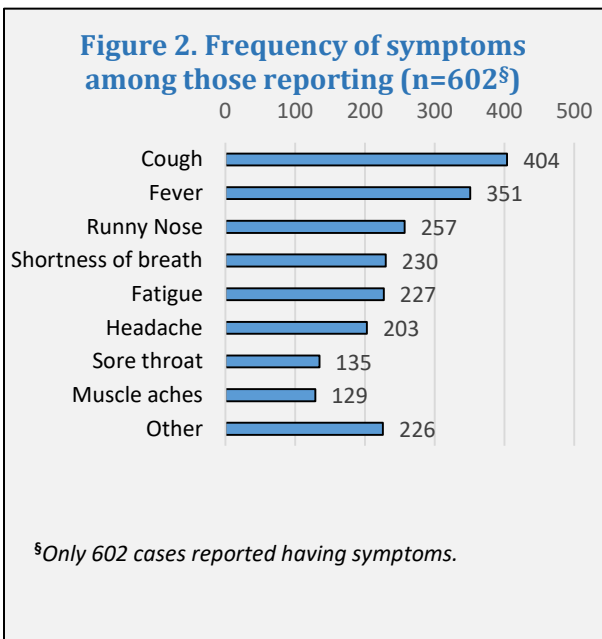
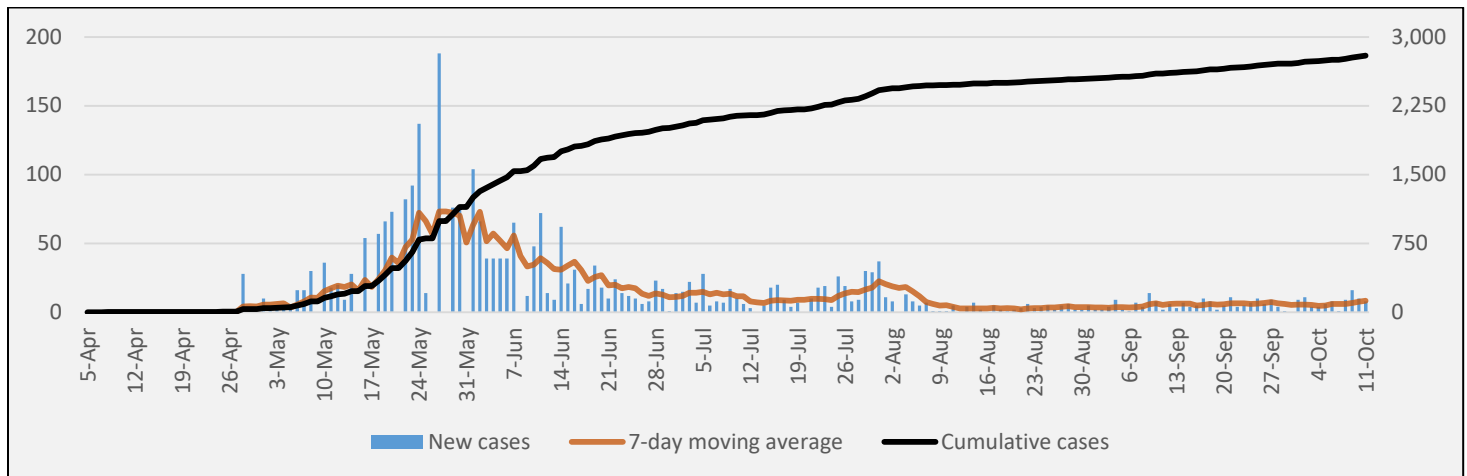
- This report includes analysis for 2,795 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 2,604 recoveries and 55 deaths with case fatality rate (CFR) of 1.9 percent. Cases detected among South Sudanese nationals accounted for 80 percent of all cases, whereas 11 percent are foreigners, and 9 percent unknown. There have been 196 imported cases (15 new) registered to date coming mostly from: Kenya (17), Uganda (27), Eretria (4), DRC (2), Somalia (1), South Sudanese returnees (74), and unknown (71).
- Confirmed cases range from 2 months-90 years of age, with an average of 36.6 years. Interns of gender, 72.8 percent of confirmed cases were diagnosed in men, 23.3 percent in women, and 3.8 percent unknown. Young men within the 30-39 age groups are the most at risk for COVID-19.
- Only 22.0 percent (n=602) cases reported symptoms, of which the most frequently manifested are cough (404), fever (351), runny nose (257), shortness of breath (230), fatigue(227), headache (203), sore throat (135), muscle aches (129), and others (226).
- 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.



MINISTRY OF HEALTH (MOH)

- As of 11 October 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (8), Aweil East (5), Baliet (1), Ikotos (5), Juba (2,224), Maban (7), Magwi (3), Malakal (84), Nyirol (26), Rubkona (10), Rumbek North (1), Rumbek Center (22), Rumbek East (1), South Bor (32), Tonj North (1), Torit (40), 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 11 October 2020



Contact tracing summary

- As of 11 October 2020, the total number of contacts (old and new) that have been monitored has reached 8,923. Out of these 98.4 percent (n=8,783) contacts have completed 14-day quarantine period.
- Currently, 140 contacts are being followed of these 88.6 percent (n=124) contacts were reached.
- 719 contacts have converted to cases thus far; accounting for 25.7 percent of all confirmed cases.



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

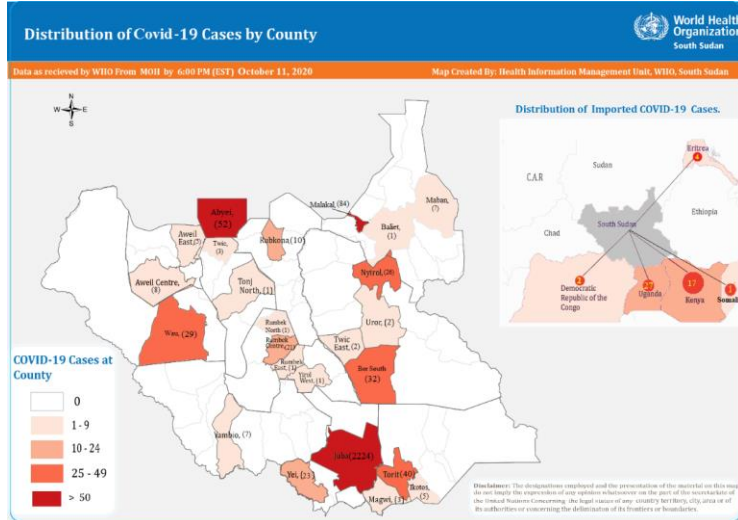


Table 1: Summary of COVID-19 Cases by State as of 11 October 2020

| State | Cases | | Deaths | |
|--------------------------|----------|--------------|----------|------------|
| | New | Cumulative | New | Cumulative |
| Central Equatoria | 7 | 2,248 | 0 | 40 |
| Eastern Equatoria | 0 | 47 | 0 | 2 |
| Jonglei | 0 | 62 | 0 | 1 |
| Lakes | 0 | 25 | 0 | 6 |
| NBG | 0 | 13 | 0 | 0 |
| Unity | 0 | 10 | 0 | 1 |
| Upper Nile | 0 | 92 | 0 | 4 |
| Warrap (including Abyei) | 0 | 56 | 0 | 0 |
| WBG | 0 | 29 | 0 | 0 |
| Western Equatoria | 0 | 7 | 0 | 0 |
| Imported | 1 | 196 | 0 | 1 |
| Unknown | 0 | 10 | 0 | 0 |
| Pending classification | 0 | 0 | 0 | 0 |
| Total | 8 | 2,795 | 0 | 55 |

4. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

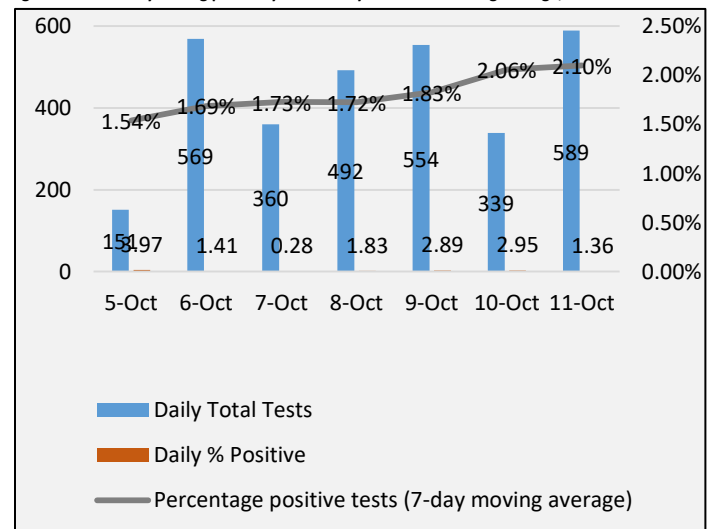
4.1 COORDINATION AND LEADERSHIP

- 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.

4.2 LABORATORY

- Cumulative 33, 675 samples tested as of 11 October 2020.
- Cumulative 2,795 positive cases confirmed across the country with 8.3% 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.
- The 2nd phase of GeneXpert decentralization has commenced with Maban, Tonj, and Kapoeta reached, and Aweil in plan for week 42. The decentralization activities include installation of the software for testing Covid-19; training on samples collection and packaging with shipment; data recording and reporting to the NPHL. Ongoing plan to integrate the lab DHIS-2 and the VLSM Data to have a one database for the Laboratory tiered system at the States and national level.
- The pillar is following up on the sites that were programed for the UNDP Genexpert upgrade and renovation in Tambura, Bor, and other sites.

Figure 5: Laboratory testing positivity data: 7-day count and moving average, 5-11 Oct 2020





4.3 SURVEILLANCE

- Epi-Surveillance collaborated with POE and Lab TWGs, WHO, and CDC to develop guidance document on uptake and use of rapid diagnostic Tests (RDTs) for enhanced COVID-19 screening. The goal is to use this guidance, as part of the application to access allocation of the Global Fund USD 120 million for RDTs that WHO is making available to Low Middle Income Countries (LMIC).
- Follow-up with Nimule mobile lab continues to develop protocol on doubling the daily testing capacity to 100 samples per day in order to accommodate the expected increase in cross-border traffic when the South Sudan side with Uganda border officially opens.
- All Epi-Surveillance materials have been updated and proposal made to the OCHA COVID-19 Secretariat for a review and approval meeting of the SOPs (contact tracing, community-based surveillance, RRT), new case definition, updated case investigation form, updated lab request form.
- Ongoing review of developing cross-pillar SOPs for surveillance and testing in congregate settings like schools, POCs, refugee camps, large hospitals.
- Epi-Bulletin framework and indicator data collected and draft scheduled to present to Data Management TWG on 12 October.

4.4 CASE MANAGEMENT

- 1 Severe COVID-19 patient case is in admission at Juba IDU, while there are no patients hospitalized in other 19 COVID-19 facilities in the Country.
- 18 active COVID-19 patients under home based care registered by Medair this week.
- Continuous Medical Education (CME) conducted to 120 IDU staff by IMC under OFDA funding.
- Ongoing triage in 302 health facilities which are reported to have functional COVID-19 triage points
- IMC is deploying Emergency Medical Team to Juba Teaching Hospital and IDU for setting up of a level 2 Intensive Care Unit to take care of Critical patients.
- Wau COVID-19 facility fully functional at Al Muktah PHCC by IMC with no admission yet.
- Training of HCW on COVID-19 case management conducted in Maban by Samaritan Purse where 20 HCW attended

4.5 INFECTION PREVENTION AND CONTROL (IPC)

IPC TWG leadership continues to support National and State level coordination. Partners continue 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 10 partners (UNHCR, UNICEF, IOM, ACTED, AHA, CEDS, IRC, NSDO, SP, WVI) below achievements were collectively implemented across the Country:

- 1, 097 people reached with critical WASH supplies/hygiene items and services in Madhol payam in Aweil East County (NBeG) and in Rajaf Payams in Juba County (CES)
- 298, 716 people engaged and reached with integrated COVID-19 and hygiene promotion services
- 29,627 people reached with WASH facility upgrades through repairs, rehabilitation, and new construction in Renk Payam in Renk County (GUN), Malakal Payam in Malakal County (GUN), Anackdiar Payam in Baliet County (GUN), in Baac and Yar-got Payams in Aweil East County (NBeG)
- 658 people were reached with cloth face masks distributed in communities in Malakal Payam in Malakal county (GUN State), in Juba, Lokiliri and Rajaf Payams in Juba County (CES), in Wanyjok Payam in Aweil East County (NBeG) and in Aroyo Payam in Aweil Centre County (NBeG)
- 136 Health Workers and community WASH workers trained in IPC measures in Awerial payam in Awerial County (Lakes), Aduel Payam in Aduel County (Lakes), Rumbek town in Rumbek County (Lakes), Juba, Lokiliri and Rajaf payams in Juba County (CES), Aroyo Payam in Aweil Centre County (NBeG) and Wanyjok Payam in Aweil East County (NBeG)
- 8 health facilities including COVID-19 treatment facilities supported with PPE and IPC supplies in Renk Payam in Renk County (GUN state), in Juba, Lokiliri and Rajaf Payams in Juba County (CES), in Wanyjok Payam in Aweil East County (NBeG) and in Aroyo Payam in Aweil Centre County (NBeG)
- 1 triage and screening area set up as per SOP in Bunj Payam in Maban County (GUN)
- 745 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution.



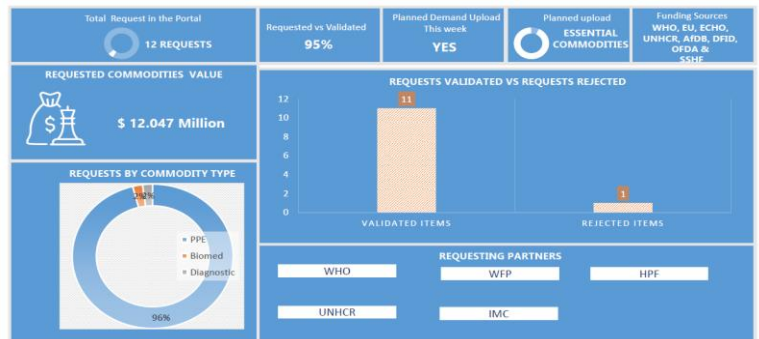
4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

The following key achievements were registered during the reporting period:

- A total of 147,178 (Female: 87,821 and Male: 59,357,) individuals were reached with key COVID-19 messages by community mobilisers through interpersonal awareness sessions. Another 85,292 persons were reached through megaphone-walks.
- 71 religious leaders, teachers, women and youth leaders were oriented on COVID-19; as well as mental health and psychosocial support.
- 2,195 radio jingles were aired in 10 local languages through 40 radio stations across all 10 states in the country. 40 weekly talk shows on COVID-19 have been hosted, in which different content experts and influencers participated.
- A total of 12,530 flyers, 2,000 posters and 750 banners on COVID-19 were displayed at different strategic locations in the County.

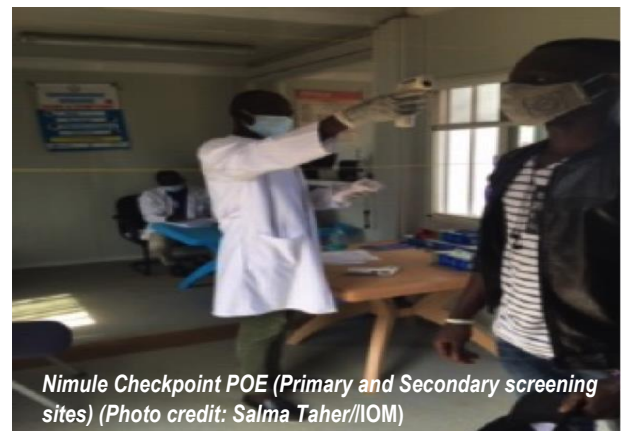
4.7 LOGISTICS AND OPERATION SUPPORT (LOS)

- The Logistics Cluster continues to consolidate requests on a weekly basis for the Inter-agency technical team to review and allocate the COVID-19 PPE commodities. During the reporting week, 49 requests forms have been received from 21 organizations. All request forms have been reviewed and approved on 7 October for a total of 414,794 PPE allocations from the common pool for 44 locations across the Country.
- From 28 August to 3 September, a total of 23 samples were transported from six locations for testing in Juba: Agok, Aweil, Ibba, Raja, Rubkona and Yambio. This included nineteen (19) COVID-19 samples, and 4 EVD alert samples following the EVD suspect case in Raja County.
- The movement of Rapid Response Team for COVID-19 related activities continues to be supported by the provision of 10 vehicles both in Juba and Nimule.



4.8 POINTS OF ENTRY (POE)

- 13,492 travelers underwent primary screening at various screening points in Juba, Wau, Nimule, and Maban- (JIA-4,299, Nimule-3,982, Wau- 940 and 22 travellers in Wunthuo & Renk conducted by IOM. In Maban (Shatta, Khortumbark, Dangaji and Kaya, a total of 3,702 refugees were screened by HDC (UNHCR partner); while 547 were screened in Nadapal by Comitatie Collaborazione Medica (CCM).
- As requested by the NSC/MOH Incident Manager a meeting between the Protection Reference Group (PRG), IOM, UNHCR, WHO and the two TWGs (POE and Epi Surveillance) was held on Friday 1st October to follow up on the issues arising in Nimule on protection among returnees. Ongoing plan to have a follow up meeting with this group and the MoH/IM within.
- The POE TWG is currently updating the Standard Operating Procedures (SOPs) for border crossings and camp and camp like settings based on the updated Case Definition for South Sudan.



5. MAJOR CHALLENGES

- Despite the high level of knowledge registered; there still persistent low perception of risk among the population requiring regular advocacy by all stakeholders including NSC and NTF. Stigmatization of COVID-19 cases and contacts remains ongoing challenge.



MINISTRY OF HEALTH (MOH)

- Shortage of funding across pillars. The Case Management TWG and STFs have consistently raised the lack of funding and partners for many of the COVID-19 facilities and activities. PoE pillars remains least funded at 7 percent of the NRP.
- In Unity State, lack of PoE screening, IPC supplies, and ambulance was raised. While EES, 2 Medical Officers resign from Torit State COVID-19 Case Management team due to lack of risk allowances.
- Documentation of surveillance, contact tracing, and RRT trainings conducted by partners in the States and Counties lack consistent reporting to PHEOC, hence requires follow-up by State health clusters and emphasis by MoH/PHEOC.
- Limited PPE availability for COVID-19 facilities and Triage points highlighted across all States.
- Some referral from MoH to Medair Home Based Care is done without MOH numbers for some cases making it difficult to follow up on the patients.
- Access constraints reported in many States due to heavy rains resulting into flooding and destruction to road networks, impeding access. Logistical challenges and insecurity were further reported.
- Contacts refusing to comply with quarantine measures or denying exposure with the case though they are known to be a contact.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Continue to address NSC recommendation regarding findings by MAP following its mission to Nimule.
- NTF/NSC to continue engagement for acquisition of RDTs for mass testing in schools, for returnees and other target groups.
- Urgently issue Guidelines for Travellers- for exit and entry, to standardize COVID-19 response at all PoEs- including on revisiting Q14 guidance and COVID-19 negative test certificate validity period.
- Continued advocacy for funding for the COVID-19 NRP and other health system plans integrating COVID-19.
- Revise and update the strategies for surveillance, testing, case management and contact tracing as the outbreak evolves.
- 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.

7. CONCLUSIONS

Ongoing coordination and collaboration amongst actors including National Task Force (NTF), National Steering Committee (NSC), 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. Follow up on implementation of recommendations by NSC and MAP to enhance response for border opening across pillars/ TWG.

For any clarifications, please contact

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