

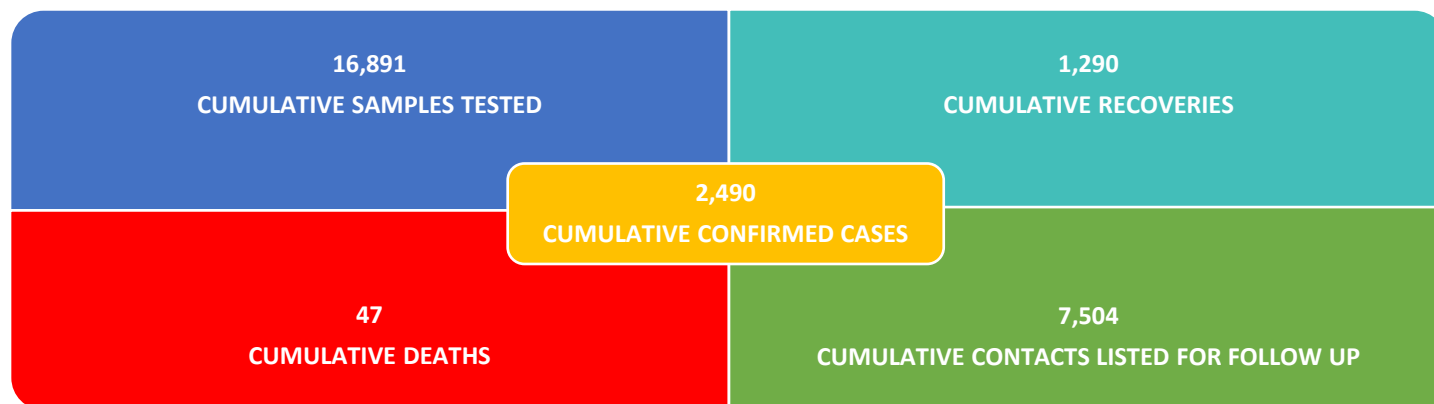


PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Issue NO: 24

Reporting Period: 10 - 16 August 2020 (week 33)



1. KEY HIGHLIGHTS

- A cumulative total of **2,490** cases have been confirmed and **47** deaths have been recorded, with case fatality rate (CFR) of **1.9%** including **60** imported cases as of 16 August 2020.
- **1** case is currently isolated in health facilities in the Country and stable. Currently the National IDU has 100 percent bed occupancy available with no admitted case.
- **1,290** recoveries have been recorded, accounting for a recovery rate of 51.8 percent.
- **126** Health Care Workers have been infected since the beginning of the outbreak with one death.
- **7,504** cumulative contacts have been registered of which **6,850** have completed the 14-day quarantine and **654** contacts are being followed. 9.5 percent (n=716) contacts have converted to cases thus far; accounting for 28.8 percent of all confirmed cases.
- Cumulatively **16,891** laboratory tests have been performed with 14.7 percent positivity rate.
- There is cumulative total of **972** alerts of which 82 percent (n=**801**) have been verified and sampled; 86 percent of the alerts are reported from three states: majority have come from Central Equatoria **79** percent; Western Bahr El-Ghazal **4** percent; Eastern Equatoria **3** percent; and the remaining **14** percent from the other states and administrative areas.
- As of 16 August 2020, **22** counties (**28%**) out of 80 counties of ten states of South Sudan are affected with 11 unknown.

2. BACKGROUND

South Sudan confirmed its first COVID-19 case on 5 April 2020. To date 2,490 cases have been confirmed out of 16,891 tests performed by the National Public Health Laboratory (NPHL) and other decentralized Public Health Laboratories Network in Nimule, Bor Hospital and UN Clinic in Juba with 1,290 recoveries and 47 deaths, yielding case fatality rate (CFR) of 1.9 percent. Up to 2.4 percent (n=60) confirmed cases are imported and 97.6 percent (n=2,430) 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 2,490 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 1,290 recoveries and 47 deaths with case fatality rate (CFR) of 1.9 percent. Cases detected among South Sudanese nationals account for 83 percent (n=2067) of all cases, whereas 11 percent (n=274) are foreigners and 6 percent



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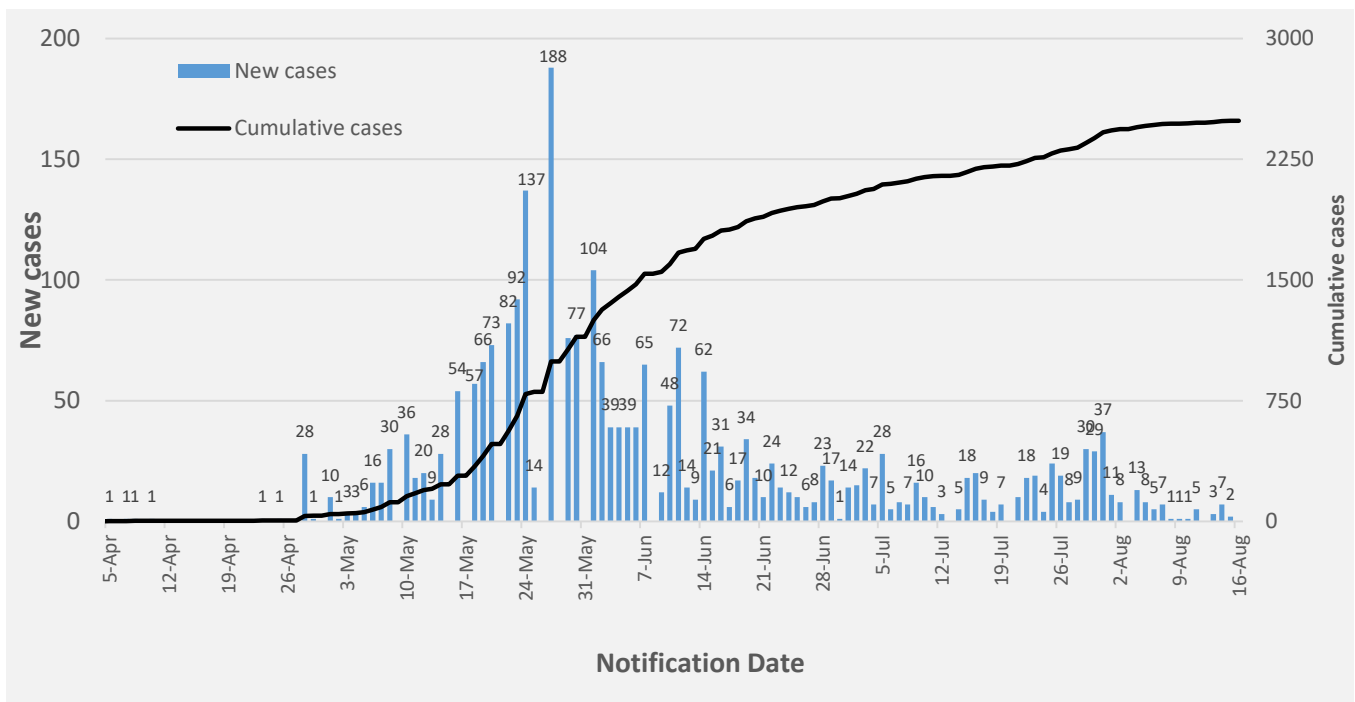
(n=149) unknown. There have been 60 imported cases: 17 from Kenya, 13 from Uganda, 4 from Eritrea, 1 from DRC, 1 from Somalia, 1 from Netherlands and 24 are unknowns.

Confirmed cases range from age 2 months to 90 years with an average of 36.8 years; 75 percent (n=1,868) of confirmed cases were diagnosed in males, 24 percent (n=598) female and 1 percent (n=25) were unknown. Young men within the 30-39 age group are the most at risk for COVID-19; an average of 35 years.

Only 23.8 percent (n=592) cases reported symptoms, of which the most frequent have been cough (18.7%), fever (16.1%), runny nose (11.8), headache (9.5%), fatigue (10.3), shortness of breath (11.4%), sore throat (6.4%), muscle aches (6.1%) and others (10.6%). 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 16 August 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (7), Aweil East (5), Juba (2,103), Maban (7), Magwi (1), Malakal (56), Nyirol (23), Rubkona (10), Rumbek North (1), Rumbek Center (21), Rumbek East (1), South Bor (26), Tonj North (1), Torit (34), Twic Warrap (3), Twic East (2) Uror (2) Wau (28), Yambio (6), Yei (23), Yirol West (1), Unknown (11).

Figure 1: New and cumulative confirmed COVID cases by notification date as of 16 August 2020





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Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=2,330), 16 August 2020

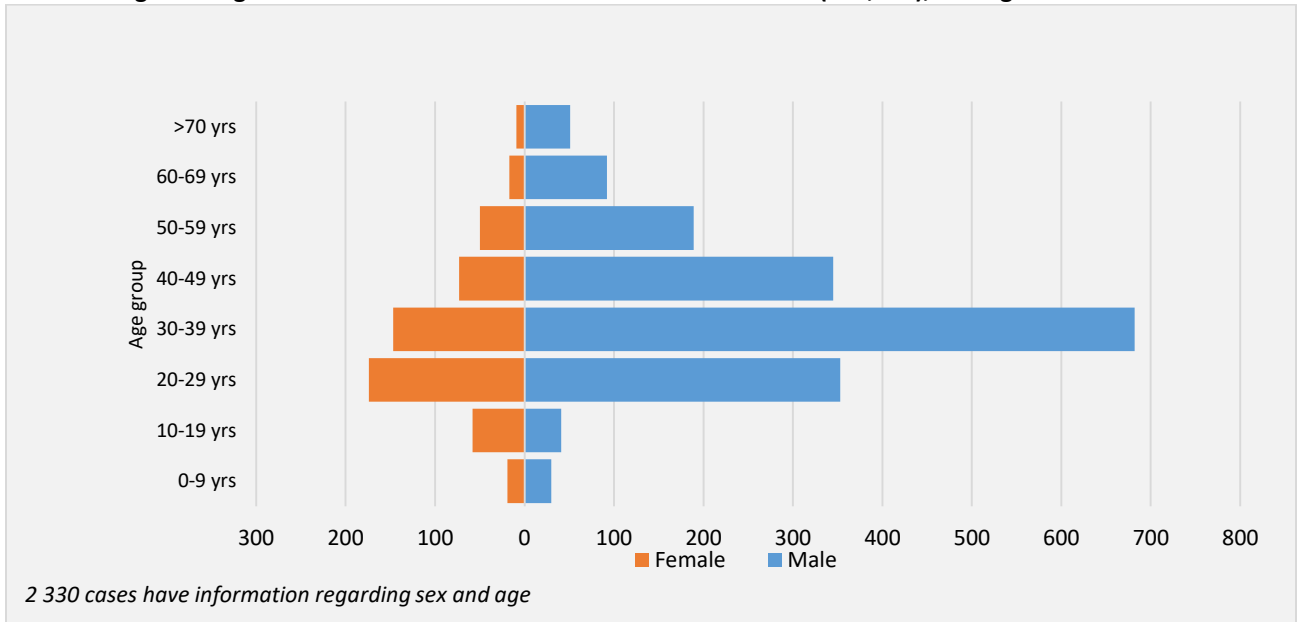
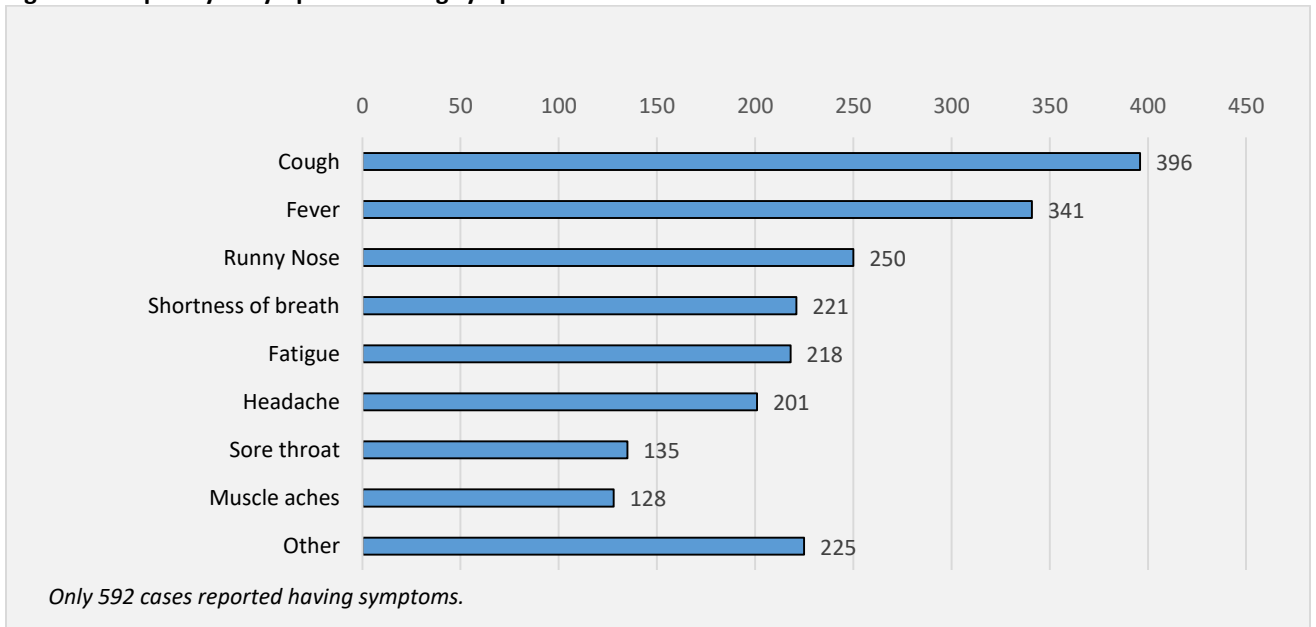


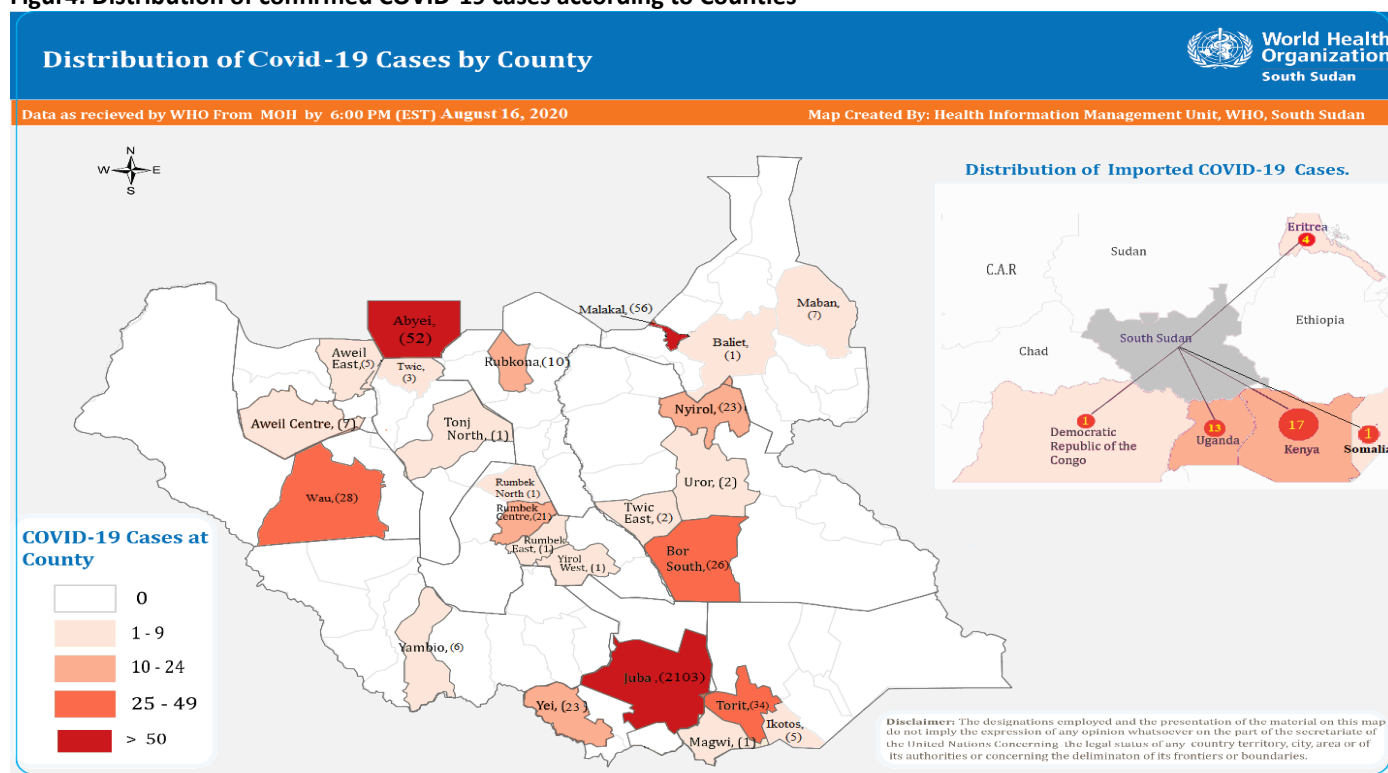
Figure3. Frequency of symptoms among symptomatic cases





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Figur4: Distribution of confirmed COVID-19 cases according to Counties



Geographical information is available for 2 455cases.

Table 1: Summary of COVID-19 Cases by State as of 16 August 2020

State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	0	2 126	0	36
Eastern Equatoria	0	40	0	2
Jonglei	0	53	0	1
Lakes	0	24	0	5
Northern Bahr el Ghazal	0	12	0	0
Unity	0	10	0	0
Upper Nile	0	64	0	1
Warrap (including Abyei)	0	56	0	0
Western Bahr el Ghazal	0	28	0	0
Western Equatoria	0	6	0	0
Imported	0	60	0	1
Unknown	0	11	0	0
Pending classification	0	0	1	1
Total	0	2 490	1	47



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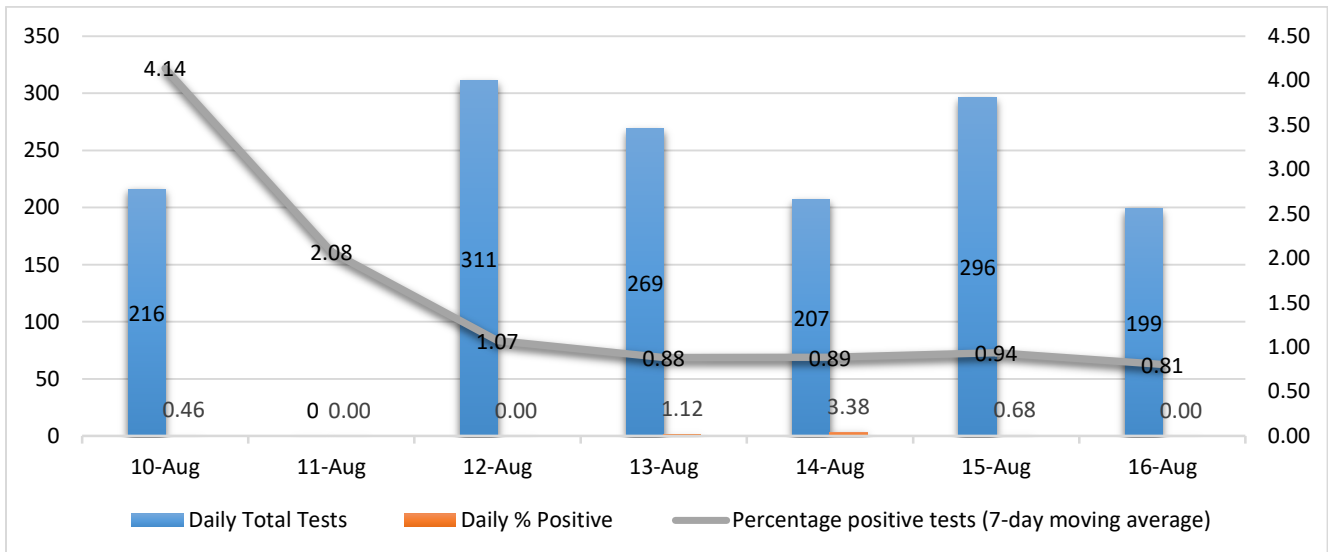
Contact tracing summary

- As of 16 August 2020, the total number of contacts (old and new) that have been monitored has reached **7,504** Out of these 91 percent (n=6554) contacts have completed 14-day quarantine period.
- Currently 654 known contacts are being monitored daily for signs and symptoms of COVID-19.
- 9.5 percent (n=716) contacts have converted to cases thus far; accounting for 28.8 percent of all confirmed cases.
- 78 percent (n=5853) contacts have been reported in Juba and 22 percent (n=1651) from the States.

4.1 LABORATORY

- Cumulative 16,891 samples tested as of 16 August 2020.
- Cumulative 2,490 positive cases confirmed across the Country.
- A cumulative total of 2,953 samples have been collected from active surveillance sites in Juba; and thus far, 201 cases have been detected via this active surveillance with 6.8% 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.
- Submitted the second quarter report to the Secretariat (May-July). This submission is reporting against the targets of the operational plan
- Conducted a meeting with the DHIS2 team and donors to have a database that can include all laboratory variables for the health facilities across the country and the Covid-19 testing within the NPHL
- Completed an Algorithm for testing strategy in the National Public health Laboratory for all the kits that are being used in the lab

Figure 5: Laboratory testing positivity data: 7-day count and moving average, 10 – 16 August 2020.





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4.2 COORDINATION AND LEADERSHIP

With the increase in the number of COVID-19 positive cases, there is a need for strengthened integration to find ways to live with the virus in the medium term as there will not be a quick vaccine and there are many other health and humanitarian priorities.

- Coordination is ongoing in the country as the MOH/ PHEOC continues to work collaboratively with various donor agencies/embassies, technical and implementing partners, private companies and other volunteers to contain the pandemic.
- At the national level, there is a National High Level Task Force (NHLTF) which includes donor agencies/embassies, technical partners and IM leadership. This NHLTF meets regularly to and is briefed by MoH on current COVID-19 country situation and recommends policies to be implemented.
- South Sudan has also National Task force Steering Committee that conducts weekly meetings chaired by Incident manager represented by different UN agencies, USG agencies and implementing partners. There are different technical working groups in the different thematic areas coordinated by incident management team
- The South Sudan MoH COVID-19 site is online, posting COVID Updates and reports including daily updates, weekly epi bulletins, SOPs and guidelines, job aids, NTF meeting reports and other special technical reports. For the special technical reports, CDC will coordinate working with the partners on specific technical and operational updates and reports, to generate drafts that will then be reviewed and vetted by the Data Management Working Group (DMWG) and the Incident Manager / NSC before being posted online
<http://moh.gov.ss>, http://moh.gov.ss/daily_updates.php, <http://moh.gov.ss/covid-19.php>

4.3 SURVEILLANCE

- TWG approved adoption of new WHO case definition - will develop surveillance and community versions and present to NSC for approval next week
- TWG disaggregated the mandatory vs voluntary testing and will make individual recommendations (with justifications) on each
- TWG approved (with contingencies) expanded testing of cargo drivers at select POE sites (Akobo, Renk, Abyei/Ameit)
- Epi-Surveillance TWG collaborated with other pillars to create a draft of the weekly Epi-Bulletin to be produced by the EOC

4.4 CASE MANAGEMENT

- Nil (0) COVID 19 death recorded for the past 1 week in the country
 - 1 patient admitted in Juba IDU and discharged in the past 1 week
 - 1 patient admitted in Yei isolation and currently stable
 - Training of Dead body management team completed
 - MHPSS Helpline for patients in need of PSS and care providers in process
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Medair Home Care Support System

• Updates 3-8 August

# Referred to Medair	Reached	Not Reached
73	63% (46)	38% (27)

Total Reached	Enrolled	Declined	Admitted to IDU at time of first call	Deceased at time of first call	Not qualified
46	89% (41)	11% (5)	0	0	0

Total Enrolled	Male	Female	Asymptomatic	Mild	Moderate	Severe
41	66% (27)	34% (14)	85% (35)	12% (5)	2% (1)	0

- Active patients by COB 8/8: 37
- Discharged: 43

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South Sudan Public Health Emergency Operations Center (PHEOC)



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. During the reporting week, the below achievements were collectively implemented across the country.

- 4,537 people reached with critical WASH supplies/hygiene items and services
- 265,186 people engaged and reached with integrated COVID-19 and hygiene promotion services
- At least 18,186 people reached with WASH facility upgrades (repairs, rehabilitation and new construction)
- At least 931 cloth face masks were distributed to public places and communities
- 124 health workers and community WASH workers trained in IPC measures
- 3 health facilities assessed on IPC WASH status
- 39 health facilities including COVID-19 treatment facilities supported with PPE and IPC supplies
- 82 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)

Partners continue to implement RCCE activities in different locations across the country. The following key achievements were registered during the reporting week:

- A total 157,583 individuals were reached with key COVID-19 messages by community mobilisers through interpersonal awareness sessions and street announcements through megaphone-walks.



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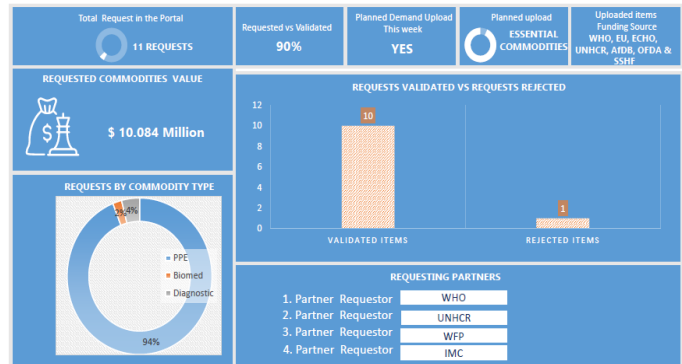
- An additional 10 community mobilisers were trained and 96 community influencers, including religious leaders; were oriented on COVID-19; as well as mental health and psychosocial support.
- Over 1,776 radio jingles were aired in 10 local languages across 40 radio stations in all the 10 states. 44 weekly talk shows on COVID-19 hosted different content experts and influencers.
- The COVID-19 messages to support the RCCE response in Maban were cleared by the IEC materials subcommittee and the response is ongoing with support from the different partners.
- South Sudan Red Cross distributed 10 bicycles to Kapoeta branch to support the volunteers in carrying out RCCE activities (awareness. In addition they distributed NFI (Blankets, mats, carpets, mosquito nets, soaps, buckets, sandals, water purifiers and utensils) to 25 households who took refuge in Agoro Village of Magwi County

4.7 LOGISTICS AND OPERATION SUPPORT

There is ongoing replenishment of PPEs and other necessary supplies to isolation Centre and other health facilities. Over the reporting week, PPEs have been delivered to field teams in Agok and Bor. A total of 21 vehicles have been hired to support the movement of Rapid Response Team for COVID-19 related activities. As of 16 August 2020, 13 vehicles are being used in Juba and Nimule.

WFP is working with the Ministry of Health of the Republic of South Sudan national laboratory team to help facilitate the movement of technical experts and critical testing supplies to the field to establish COVID-19 testing capacity to seven different areas in support of GeneXpert decentralization. The first mission is currently underway in Malakal, Upper Nile State and the next one is expected to take place in Bentiu.

Over the reporting period, a total of 28 COVID-19 samples have been transported from six locations across South Sudan (Agok, Mundri, Rumbek, Torit, Yambio and Yei) to Juba for testing.



4.7 POINTS OF ENTRY (POE)

- **8,015** travelers were screened at the various screening points in Juba, Wau, Nimule and Abyei at the 5 Operational PoE screening sites at Juba International Airport, Wau Airstrip, Nimule ground Crossing and 2 screening sites in Abyei
- Partners constituting the Access Working group (AWG) continued to conduct flow monitoring at 51 Flow monitoring points managed by IOM (35 FMPs), UNHCR (11FMP) and REACH (5FMPs). The monitoring of movement of travelers across the various points of entry is key in determining the demographics of the population along the border areas and in guiding PoE activities including surveillance testing for COVID-19.
- The PoE TWG in collaboration with the Epi-surveillance TWG have been developing a concept note for the integration of screening and testing of truck drivers across major ground crossings, this is already on-going at Nimule and sampling is slated to begin at the PoE in Abyei where 47 truck driver were screened during the reporting week.
- PoE Pillar partners continue to integrate Risk communication and IPC/WASH activities at the various PoEs but whose outputs are reported within the respective TWGs to avoid duplication in reporting.



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5. MAJOR CHALLENGES

- Access to essential items is difficult when entire households are under quarantine.
- Cases rejecting their laboratory results when positive denying they have COVID-19.
- Contacts refusing to comply with quarantine measures or denying exposure with the case though they are known to be a contact.
- Stigmatization of COVID-19 infection by the community poses a challenge to obtain names for contacts from cases as well as sampling of contacts who live 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.
- Process for supplying VTMs and kits to the states and key state health facilities that want to do more testing of suspect cases of COVID-19
- Getting states to report on key COVID-19 response indicators
- Process of getting epidemiology data on suspect cases in states to the national database and then getting test results of cases in the states up to the responsible parties in the states/administrative areas
- Low compliance and adherence to COVID-19 preventive measures and increasing evidence of community mistrust in the COVID-19 response despite increased awareness. The NSC should continue to undertake upstream engagement with government officials (President, VPs, State Governors, etc.) to conduct public advocacy and encourage the population to adopt the recommended behaviours.
- Lack of funding for partners under the PoE pillar resulting in establishment of a limited number of PoEs against the set targets by the pillar and despite requests by various state authorities for the establishment of PoEs.
- Funding for case managing partners in the states
- Follow up with partners in the state for cases being managed and finalization of COVID 19 facilities assessment.
- Prioritization of cases on home based care in the states

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Holding meeting between IM at EOC, OCHA Secretariat, and pillar leads about the lack of consistent reporting from the states
- Analyse COVID-19 data on suspects and cases by gender and geography
- Training of trainers - With support from Africa CDC the Ministry of Health and partners will conduct 2 sessions of RCCE and psychosocial First Aid training of trainers covering 50 participants including 20 CSOs, 10 religious leader, 10 community leaders and 10 Ministry of Health staff. The participants are expected to roll out the training at national and state level.
- Follow up and address persistent rumors in Bentiu POC and in communities, such as; - 'COVID-19 causes male infertility'.
- Continue supporting Maban RCCE COVID-19 response strategy.
- 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 national COVID-19 response plan as the situation evolves.
- Revise and update the strategies for surveillance, testing, case management and contact tracing as disease spread goes from clustered cases to community transmission.



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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.

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