

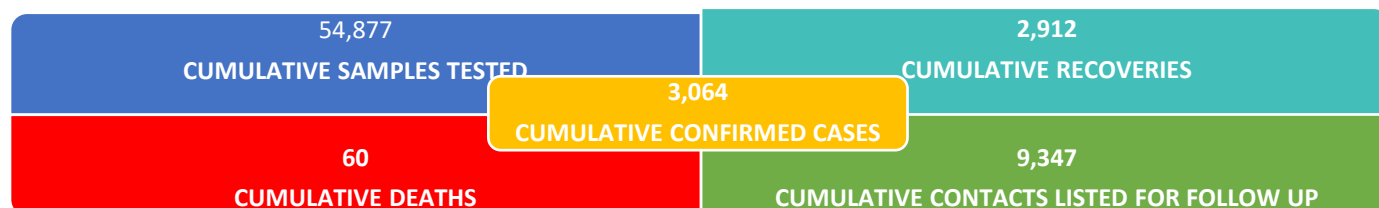


PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Issue No: 38

Reporting Period: 16-22 November 2020 (week 47)



1. KEY HIGHLIGHTS

- A cumulative total of 3,064 cases have been confirmed and 60 deaths with case fatality rate (CFR) of 2 percent have been recorded, including 235 imported cases as 22 November 2020.
- 1 Severe COVID-19 patient currently admitted in the IDU and 0 cases are currently isolated in health facilities in the Country; thus the National IDU has 99 percent bed occupancy available.
- 2,912 cases (0 new) have been discharged to date.
- 138 Health Care Workers have been infected since the beginning of the outbreak with one death.
- 9,347 cumulative contacts have been registered, of which 8,994 have completed the 14-day quarantine. Currently, 180 contacts are being followed.
- Cumulatively, 54,877 laboratory tests have been performed with 5.6 percent positivity rate.
- There was cumulative total of 1562 alerts of which 93.1 percent (n=1,455) have been verified and sampled; Most alerts have come from Central Equatorial (75.4 percent), Eastern Equatorial (4.1percent); Upper Nile State (3.4 percent) and the remaining 17.1 Percent from the other States and Administrative Areas.
- As of 22 November, 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 3,064 cases have been confirmed out of 54,877 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 2,912 recoveries and 60 deaths, yielding the case fatality rate (CFR) of 2 percent. 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

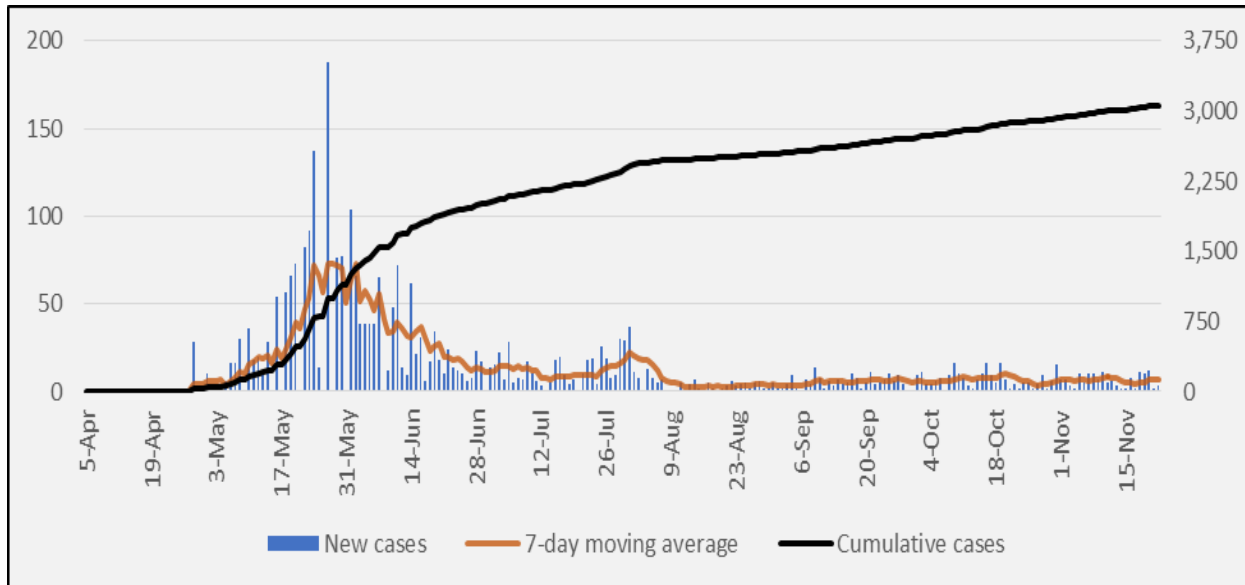
This report includes analysis for 3,064 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 2,912 recoveries and 60 deaths with case fatality rate (CFR) of 2 percent. Cases detected among South Sudanese nationals accounted for (78.4 percent) of all cases, whereas (13.0 percent) are foreigners and 8.7 percent unknown. There have been 235 imported cases (8 new) have been registered to date coming mostly from Kenya (18), Uganda (39), Eritrea (5), DRC (2), Somalia (1), Netherlands(1) and South Sudanese returnees (99), and 70 unknowns.



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Confirmed cases range from 2 months - 90 years of age with an average of 36.5 years. As for gender, 72.2 percent of confirmed cases were diagnosed in men, 23.5 percent in women, and 4.2 percent unknown. Young men within the 30-39 age groups are the most at risk for COVID-19.

Figure 1: COVID-19 case notification curve



Only 20.0 percent (n=606) cases reported symptoms, of which the most frequent have been: 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.

As of 15 November 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (8), Aweil East (5), Baliet (1), Ikotos (5), Juba (2,406), Maban (7), Magwi (3), Malakal (84), Nyirol (26), Rubkona (10), Rumbek North (1), Rumbek Center (22), Rumbek East (1), South Bor (33), Tonj North (1), Torit (40), Twic Warrap (3), Twic East (2), Uror (2), Wau (31), Yambio (7), Yei (23), Yirol West (1), Unknown (11).



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Figure 2. Age and sex distribution of COVID-19 confirmed cases (n=2 788[‡])

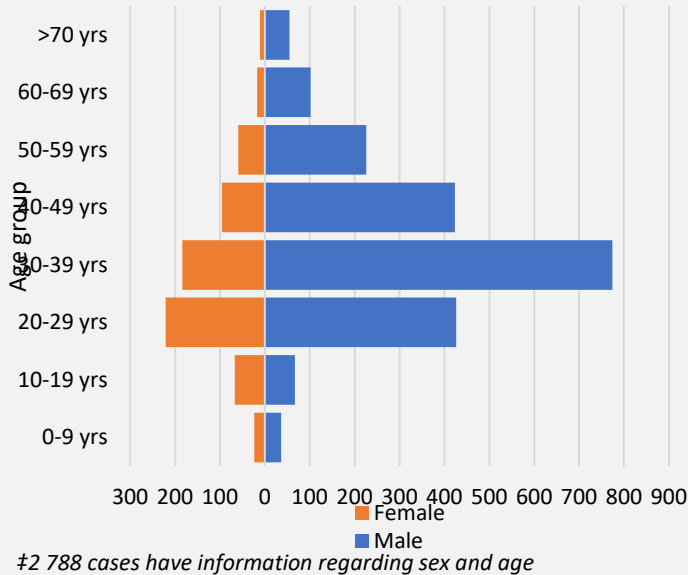
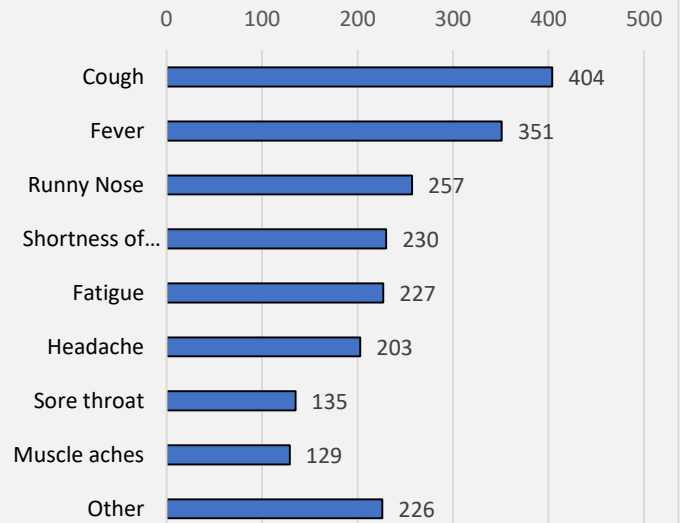
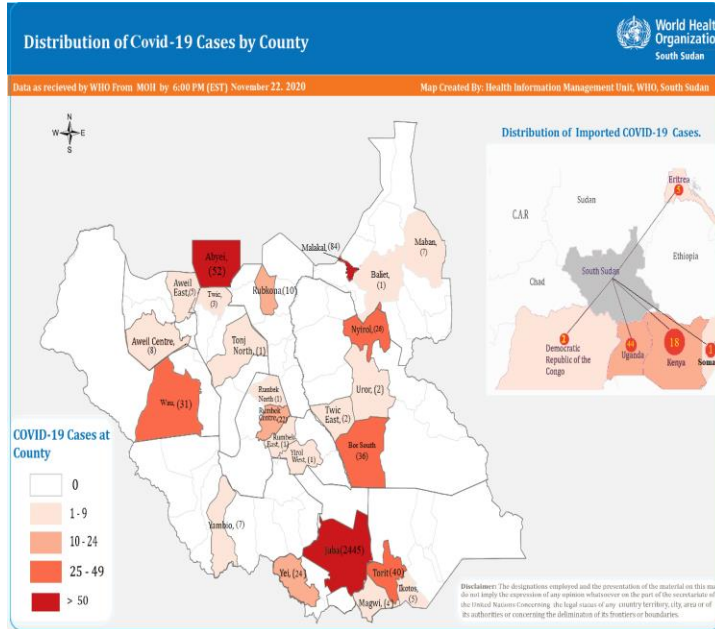


Figure 3. Frequency of symptoms among those reporting (n=606[§])



[§]Only 606 cases reported having symptoms.

Figure 4: Distribution of confirmed COVID-19 cases according to Counties Table 1: Summary of COVID-19 Cases by State including imported as of 22 Nov 2020



State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	39	2469	0	45
Eastern Equatoria	1	49	0	2
Jonglei	0	66	0	1
Lakes	0	25	0	6
Northern Bahr el Ghazal	0	13	0	0
Unity	0	10	0	1
Upper Nile	0	92	0	4
Warrap (including Abyei)	0	56	0	0
Western Bahr el Ghazal	0	31	0	0
Western Equatoria	0	7	0	0
Imported	8	235	0	1
Unknown	0	11	0	0
Pending classification	0	0	0	0
Total	48	3064	0	60

Contact tracing summary

- 9,347 cumulative contacts have been registered of which 8,994 have completed the 14-day quarantine. Currently, 180 contacts are being followed;
- As of 22 November 2020, the total number of contacts (old and new) that have been monitored has reached 9,347. Out of these 96.2 percent (n=8,994) contacts have completed 14-day quarantine period.
- Currently, 180 contacts are being followed; of these 67.8 percent (n=122) contacts were reached.



4. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

4.1 COORDINATION AND LEADERSHIP

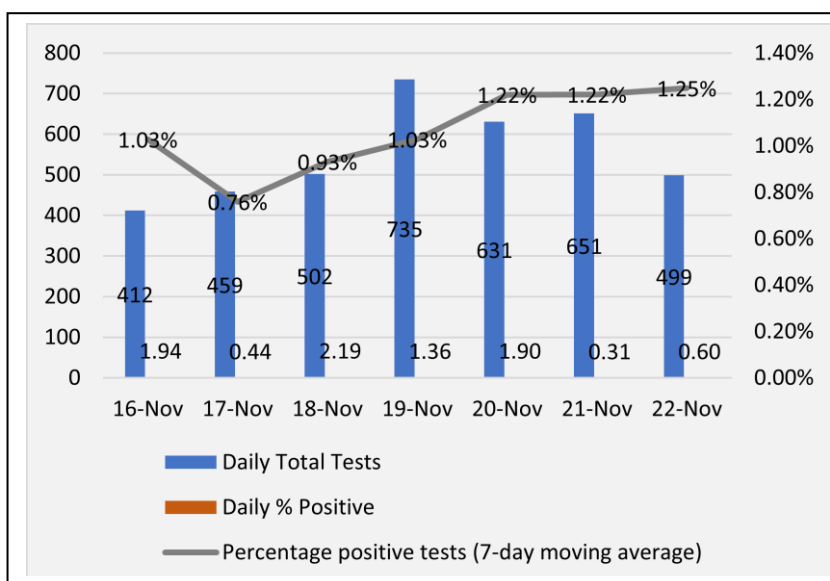
At the time of this publication no information had been submitted from the TWG

4.2 LABORATORY

Below are key highlights of achievements for the week:

The Lab Covid-19 TWG and the National Public Health Laboratory leadership has met with the team from Khartoum Company representatives who came to install, train and sort out all the issues for the extraction machine

- The Lab Covid-19 TWG has developed an inventory template for easy monitoring of the stocks in the warehouse of the National Public Health Laboratory
- The Lab Covid-19 TWG in conjunction with Amref health Adftica and support from the UNDP/GF has started the supportive supervision for the GeneXpert decentralization and Covid-19 testing sites to check on the gaps of reporting and feedback, Data reporting tools and the implementing partners supporting each site on the ground
- There are plans to review the VLSM Database and the DHIS-2 for final review and harmonization to be sedated and put in use for the laboratory Data usage in the National Public Health Laboratory and the states level



4.3 SURVEILLANCE

At the time of this publication no information had been submitted from the TWG

4.4 CASE MANAGEMENT

Key highlights of achievements for the week were:

- 10 additional Health Facilities have reported functional triage points bringing the total to 312 health facilities with Triage points as of 30 October 2020.
- 1 additional COVID-19 facility is being operationalized in Unity State by IRC bringing the total to 21 COVID-19 facility and Ward ready to admit patients.
- 1 Severe COVID-19 patient currently admitted in Juba IDU
- Nil (0) Severe confirmed patient currently admitted in other COVID-19 facility countrywide
- The TWG has reviewed IEC material with pictorial to support Home based care
- Under USAID funding, IMC is operationalizing the COVID-19 Ward at Malakal Teaching Hospital that has been renovated by MSF
- IDU staff being trained by the EMT as part of effort to establish a level 1 ICU for management of critical patients at IDU.



4.5 INFECTION PREVENTION AND CONTROL (IPC):

IPC TWG leadership continues to support National and State level coordination, 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 7 implementing partners (ACTED, AHA, IRC, CARE, UNHCR, UNICEF, WVI) ;Below were the activities collectively implemented across the Country in Maban, Pariang Bentiu, Yambio, Renk, Malakal , Melut, Wau, and Juba counties:

- 215 out of 800 people observed to use hand washing stations on entering churches, health facilities and schools, markets, and other public places
- 104 out of 500 people who received a face mask and actually wear it during community mobilization sensitization activities
- 267,000 people engaged and reached with integrated COVID-19 and hygiene promotion services across the country
- 5800 people reached with WASH facility upgrades through repairs, rehabilitation, and new construction
- 499 cloth face masks distributed in communities and public places and schools
- 169 health care workers and community WASH workers trained in IPC measures
- 22 health facilities including COVID-19 treatment facilities supported with PPE and IPC supplies across the country
- 96 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution in across the country

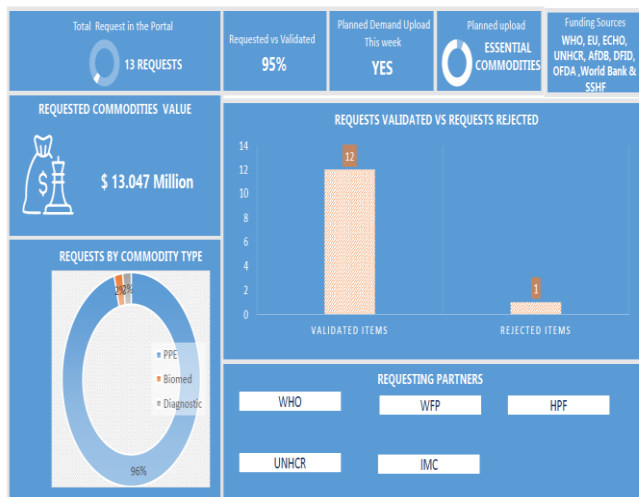
4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE):

At the time of this publication no information had been submitted from the TWG

4.7 OPERATION SUPPORT AND LOGISTICS (OSL)

- WFP through the Logistics Cluster, and WHO, as co-leads of the Operational Support and Logistics Pillar of the National Response Plan, manage the Personal Protective Equipment (PPE) Common Request System, aiming at consolidating requests of in-country COVID-19 PPE commodities. During the reporting week, 6 request forms were received from organizations (Greenbelt Women initiative for development, Greenland Youth Development Association). All request forms have been approved by the Inter-Agency technical team on 18 November, totalizing 4,999 PPE items allocated from the common pool to be received in locations (Magwi and Yei).
- Between 16 and 20 November, 25 COVID-19 samples have been transported from Aweil (11)

SUPPLY PORTAL ACTIVITIES DASHBOARD





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and Mundri (14) to Juba for testing.

- The movement of Rapid Response Team for COVID-19 related activities continues to be supported by the provision of 9 vehicles in Bentiu (1), Juba (5), Nimule (2), and Tambura (1).

4.8 POINTS OF ENTRY (POE)

Epi week #46: 14,647 travelers underwent primary screening at various screening points in Juba, Wau and Nimule. (5,618 JIA, 3,734 Nimule, 1,215 Wau, 3,992 Amiet market -Abyei and Renk (88) conducted by the International Organization for Migration (IOM). There was no traveler who underwent secondary screening.

- The International Health Arrival Form (IHAF) was updated and translated based on the revision of the Case Definition. The revised form was endorsed by the TWG and circulated to all the airlines in Juba and hardcopies printed and shared with officials at the POE at the Juba International Airport (JIA).
- Joint supportive supervision was conducted to Renk from 17-20 November in collaboration with County Health Department (CHD), IOM, WHO, Access for Humanity. The visit included provided support to the team at the POE on ground in Wunthuo, meeting with CHD, RRC, volunteers at the POE site and community health promoters (CHPs) that conduct awareness and sensitization among the community in Wunthuo border and nearby villages.ism and how better to link it with the national response, streamlining the mechanism for raising alerts among others.
- The next joint mission is planned to Nadapal from 2-9 December. The main objectives will be for CORE Group meet with Comitate Collaborazione Medicost (CCM) on handover of the POE which was suspended by CCM on 31st October due to lack of funding. IOM intends to conduct a COVID-19 sensitization workshop to the border officials in Nadapal during this period as well.
- The final joint supportive supervision will be conducted to Maban refugee camp 14-17 December in collaboration with UNHCR and other partners.



Photo: Truck Driver arriving from Sudan washing his hands at one of the hand washing stations at the Wunthuo (Renk) PoE before going for COVID-19 screening. Photo Credit (Dr. Mary Alai/IOM)

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.
- The Case Management TWG and STFs have consistently raised the lack of funding and partners for many of the COVID-19 facilities and activities.
- Limited PPE availability for COVID-19 facilities and Triage points highlighted across all States.
- 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.
- 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.
- In Lakes, insecurity in some areas (e.g Cueibet) was reported as making it challenging to conduct training, surveillance, and other activities.



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- Partners reporting on Case Management still an issue as many are not sharing updates
- Funding gap to continue support critical care at Yambio COVID-19 facility

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- NSC to raise to the NTF the need for community testing across the Country.
- NSC take up the issue of distribution of VTMs and kits to the States and implementing partners so that they can actually implement the lab testing strategy and improve COVID-19 surveillance and testing rates across the Country.
- Development of guide to improve case identification and reporting at Health Facilities.
- Establishment of remote meeting devices to the operational COVID-19 facilities for online experience sharing and trainings.
- Dissemination of evidence generated on COVID-19 through the community feedback pilot project, KAP, humanitarian staff perception survey and post masks distribution survey.
- Continue engagement with the Juba City Council and State authorities for mitigation campaign aimed at reducing the risk of COVID-19 transmission during community events including funerals and wedding.
- Finalize the transitional road map for the CM TWG
- Continue establishment of triage and operationalization of COVID-19 facilities

7. CONCLUSIONS

Ongoing stakeholders’ discussions including amongst TWGs on the COVID-19 transitioning roadmap into other response and coordination structures aimed at strengthening Incident Management System in both the short and long terms for humanitarian and development activities.

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