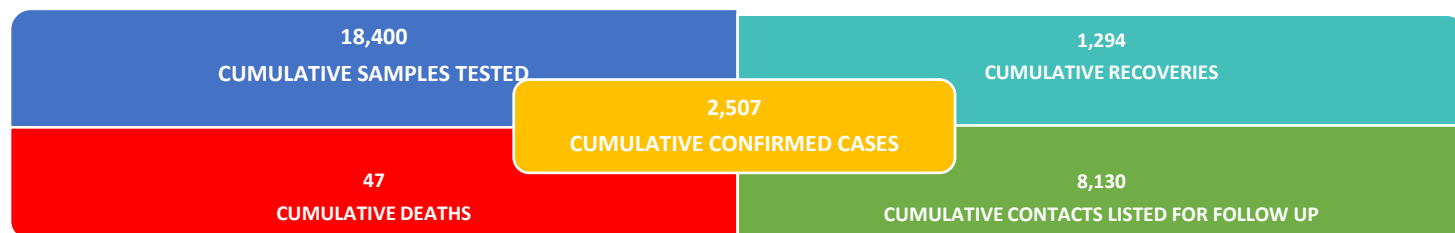




COVID-19 WEEKLY SITUATION REPORT

Issue NO: 25

Reporting Period: 17 - 23 August 2020 (week 34)



1. KEY HIGHLIGHTS

- A cumulative total of **2,507** cases have been confirmed and **47** deaths have been recorded, with case fatality rate (CFR) of **1.9 percent** including **64** imported cases as of 23 August 2020.
- **2** cases are currently isolated in health facilities in the Country; and the National IDU has 97% percent bed occupancy available.
- **1,294** recoveries have been recorded, accounting for a recovery rate of 51.6 percent.
- **126** Health Care Workers (HCW) have been infected since the beginning of the outbreak with one death.
- **8,130** cumulative contacts have been registered of which **7,572** have completed the 14-day quarantine and **558** contacts are being followed. 8.8 percent (n=716) contacts have converted to cases thus far; accounting for 28.6 percent of all confirmed cases.
- Cumulatively **18,400** laboratory tests have been performed with **14** percent positivity rate.
- There is cumulative total of **1,046** alerts of which 80 percent (n=801) have been verified and sampled; 86 percent of the alerts are reported from three states: majority have come from Central Equatoria **79.6** percent; Western Bahr El-Ghazal **3.4** percent; Eastern Equatoria **2.8** percent; and the remaining **13.8** 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 2,507 cases have been confirmed out of 18,400 tests performed by the National Public Health Laboratory (NPHL) and other decentralized Public Health Laboratories Network in Nimule, Bor Hospital, Malakal and UN Clinic in Juba with 1,294 recoveries and 47 deaths, yielding case fatality rate (CFR) of 1.9 percent. Up to 3 percent (n=64) confirmed cases are imported and 97 percent (n=2,443) 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 2,507 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 1,294 recoveries and 47 deaths with case fatality rate (CFR) of 1.9 percent. Cases detected among South Sudanese nationals account for 83 percent (n=2081) of all cases, whereas 11 percent (n=276) are foreigners and 6 percent (n=150) unknown. There have been 65 imported cases: 17 from Kenya, 14 from Uganda, 4 from Eritrea, 1 from DRC, 1 from Somalia and 31 are unknowns.

Confirmed cases range from age 2 months to 90 years with an average of 36.8 years; 74.2 percent (n=1,860) of confirmed cases were diagnosed in males, 24 percent (n=594) female and 2.1 percent (n=53) were unknown. Young men within the 30-39 age group are the most at risk for COVID-19.

Only 24 percent (n=596) cases reported symptoms, of which the most frequent have been cough (19%), fever (16%), runny nose (12%), headache (9%), fatigue (10%), shortness of breath (11%), sore throat (6%), muscle aches (6%) and others (11%). 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.



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As of 23 August 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (7), Aweil East (5), Baliet (1), Ikotos (5), Juba (2,108), Maban (7), Magwi (1), Malakal (56), Nyirol (24), 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 (7), Yei (23), Yirol West (1), Unknown (12).

Figure 1: New and cumulative confirmed COVID cases by notification date as of 23 August 2020

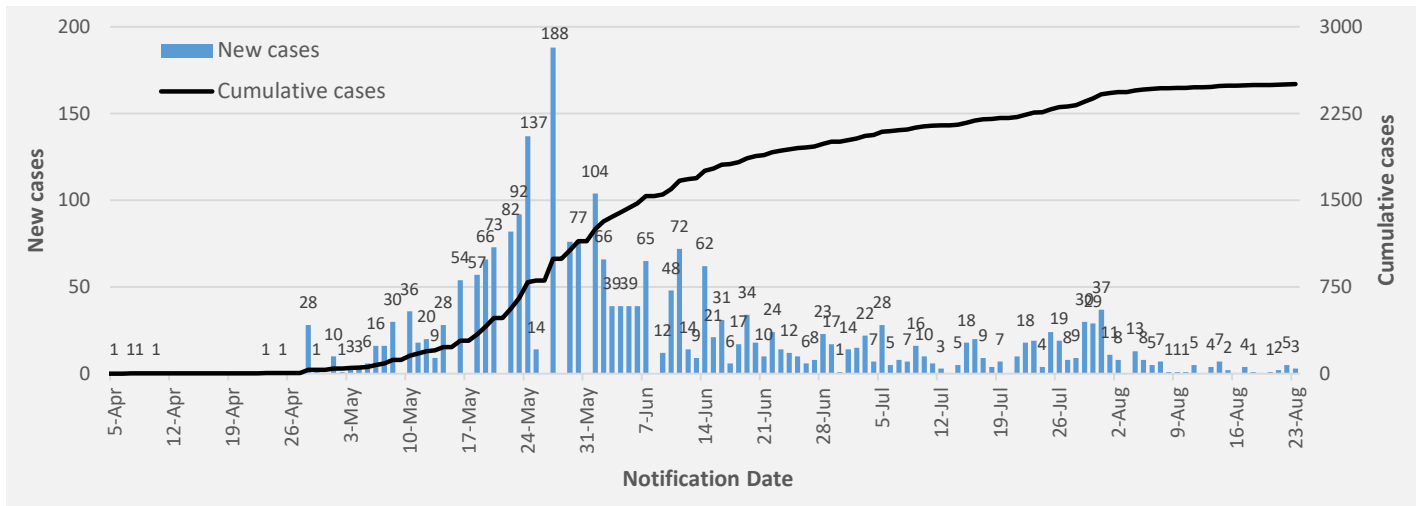


Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=2,330), 23 August 2020

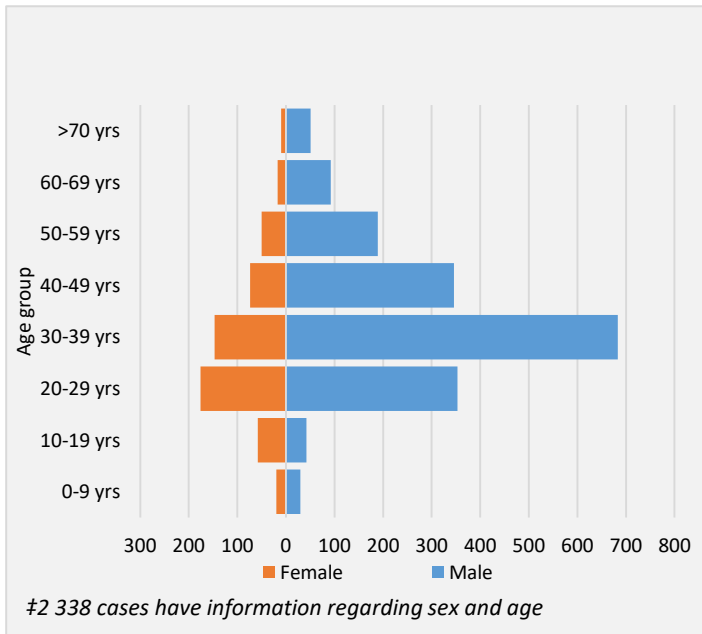
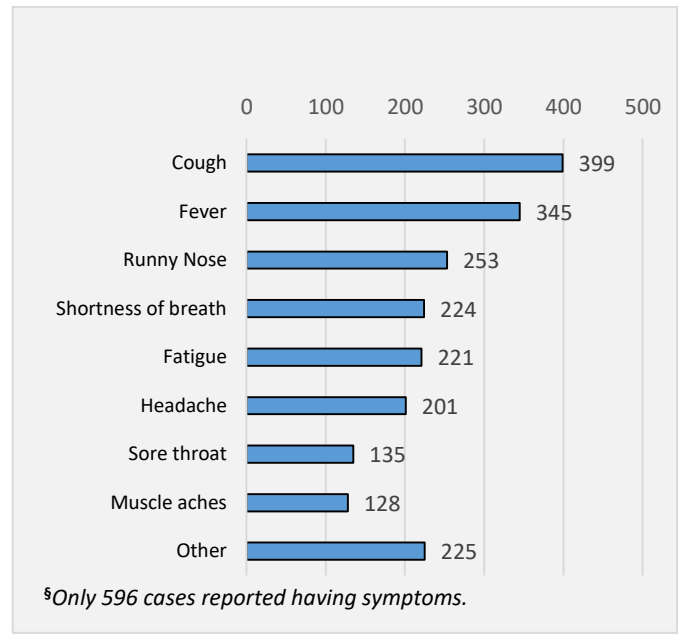


Figure 3. Frequency of symptoms among symptomatic cases

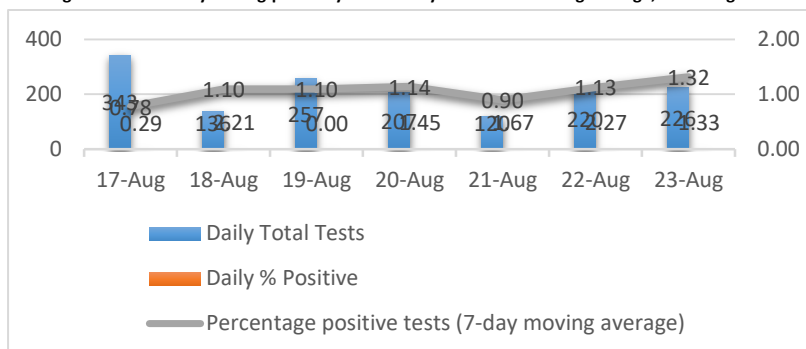




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- Cumulative 2,507 positive cases confirmed across the Country.
- A cumulative total of 3,072 samples have been collected from active surveillance sites in Juba; and thus far, 206 cases have been detected via this active surveillance with 6.7% positivity 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.
- The NPHL has received 300 cartridges from MSF family to strengthen the decentralization plan of the GeneXpert testing for COVID-19 in the Country. In Malakal, Upper Nile, and Bentiu POC / Unity State, GeneXperts were installed and are fully operational. Necessary technical trainings were conducted by the NPHL team for lab staff to operationalize the machines. Meanwhile, ongoing planned field visit by a team of Lab experts to three locations- Rumbek, Wau, and Yambio to accomplish the GeneXpert installations, training on biosafety and especially waste management and Data management.

Figure 5: Laboratory testing positivity data: 7-day count and moving average, 17-23 August 2020.



4.3 SURVEILLANCE

- The TWG submitted updated surveillance and field case definitions to NSC for review and advancement to NTF for approval. The updated case definitions are based on the new WHO global case definition issued on 7 August .
- TWG submitted its final disaggregated recommendations on the national COVID-19 testing strategy to the NSC: the mandatory (pre-travel testing for inter-state travel (No), mandatory testing for international travel (Yes), pre-travel Q14 for interstate travel (No) vs voluntary testing for community members who just want to know their status (No)
- TWG submitted to NSC the final recommendation on expanded testing of cargo drivers at select PoE sites in Akobo, Renk, and Abyei/Ameit.
- In Lakes, WHO has trained 37 contact tracers in Greater Yirol East, Awerial and Yirol East Counties; while PPEs and VTMs were also prepositioned. Furthermore, in Warrap, WHO facilitated training of 14 persons in Gogrial East in COVID-19 Surveillance and contact tracing.
- In WES, RRT were established/ strengthened in 10 Counties of Yambio, Nzara , Eso , Tambura, Ibba, Maridi, Munidri west, Munidri East, Mvolo, Nagero, with contact tracing training ongoing.

4.4 CASE MANAGEMENT

- To overcome low reporting on case management data and information by partners, the COVID-19 Incident Manager has directed State Director Generals and Heads of State Task Force (STF) and Administrative Areas to ensure reporting by CM partners to the National MOH, PHEOC, and the CM TWG Lead to facilitate effective planning and response.
- To promote home base care throughout the Country, NGOs AAH and IMC have joined Medair in home based care support, which has for the past months successful follow up cases in home based care and subsequent discharge.
- The RRTs are currently supporting supervision of safe dead body burials, sample collections, follow up, and sharing the results & psychosocial support to families.
- In Aweil, NBG State, Lighthouse Medical Isolation ward with 30 bed capacity received donation of one ambulance and staff bus from UNMISS, though fuel and maintenance costs remain a gap. In addition, two generators were donated by Samaritan Purse. In Wau, International Medical Corps (IMC) has commenced implementation of case management project at Muktha COVID-19 facility and has deployed staff to manage the facility. In WES/ Yambio, CMMB has taken responsibility in supporting case management at the COVID-19 facility.
- In Unity, IRC has received funding for case management at the COVID -19 facility, bridging critical gaps in CM response.
- In Warrap, UNMISS further donated two vehicles to State MoH for case management and contact tracing activities, while some 6,000 local face masks produced by CBO in Tonj were also distributed to the community.
- In Yei, EES, three hospital staff have been identified to be incentivized by State Administrator’s office to attend strictly to any confirmed or suspected COVID-19 patient in the available two- patients capacity isolation tukul. SSRC has conducted six days’



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training in dead body safe management for 60 participants drawn from Government dead body management team, religious leaders, community leaders and SSRC volunteers.

- In Upper Nile, COVID-19 Case Management and IPC trainings were conducted for 20 Health workers from Malaka, Baleit and Akoka Counties.

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. Below achievements were collectively implemented across the Country.

- 4,789 people reached with critical WASH supplies/hygiene items and services
- 346, 555 people engaged and reached with integrated COVID-19 and hygiene promotion services
- At least 9,456 people reached with WASH facility upgrades through repairs, rehabilitation and new construction.
- At least 7,345 cloth face masks were distributed to public places and communities.
- 89 Health Workers and community WASH workers trained in IPC measures.
- 13 health facilities including COVID-19 treatment facilities supported with PPE and IPC supplies.
- 112 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution.

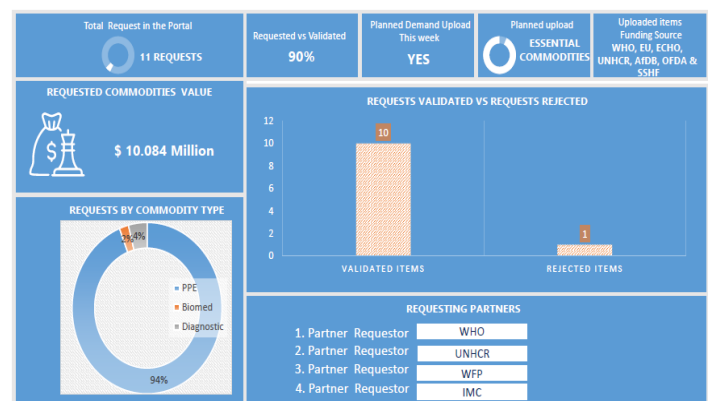
4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

Partners continue to implement RCCE activities in different locations across the Country. The following key achievements were registered:

- A total 189,353 individuals were reached with key COVID-19 messages by community mobilisers through interpersonal awareness sessions and street announcements through megaphone-walks.
- Additional 29 community mobilisers were trained and 124 community influencers, including religious leaders; were oriented on COVID-19; as well as mental health and psychosocial support.
- Over 1,773 radio jingles were aired in 10 local languages across 40 radio stations in all the 10 states. 56 weekly talk shows on COVID-19 hosted different content experts and influencers.
- COVID-19 IEC materials distribution continued at national and State level. UNICEF distributed 2700 posters, 320 banners and 22,000 flyers to CIDO Organization, TRISS and Juba State MOH.
- With support from Africa-CDC, the MOH and partners conducted 2 sessions of RCCE and psychosocial First Aid training of trainers covering 50 participants including that included CSOs, Religious leader, Community Leaders, and MOH staff. The participants will roll out the training at National and State level.
- In Maban County, the RCCE-WG continues to track and manage COVID-19 rumors, with more than 50 rumors gathered in August through an inter-agency rumor management portal that is utilized by all humanitarian partners in Maban. Through an inter-agency rumor management pathway, government and humanitarian partners are working together to address the rumors and ensure accountability to affected populations.

4.7 LOGISTICS AND OPERATION SUPPORT (LOS)

- WFP continues to work with the National Public Health Laboratory (NPHL) team to facilitate the movement of technical experts and critical testing supplies to the field to establish and enhance COVID-19 testing capacity in seven areas in support of GeneXpert decentralization. The second official mission was conducted in Bentiu, Unity State during the week; while ongoing plan to facilitate movements to Rumbek and Wau on 24 and 27 August; and to Yambio on 25 August.





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- A total of 40 COVID-19 samples have been transported to Juba from five locations across the Country: Agok, Kuajok, Rumbek, Wau and Yambio.

4.8 POINTS OF ENTRY (POE)

- 10,234 travelers were screened at the five operational Points of Entry (PoE) screening sites: at Juba International Airport (JIA), Wau Airstrip, Nimule ground Crossing, and 2 screening sites in Abyei.
- The Access Working group (AWG) continued to conduct flow monitoring (FMP) of travellers at 51 Flow monitoring points managed by IOM (35), UNHCR (11) and REACH (5), key in determining the demographics of the population along the border areas and in guiding PoE activities including surveillance and 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 60 truck drivers were screened during the reporting week.
- IOM has completed construction of 2 blocks of latrines at Jelei parking yard in Nimule. The completed sanitation facilities were handed over to the Pageri county authorities in Nimule.
- 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.
- In Nimule, 27 participants from Customs, Immigration, Border Police, CHD, CMI and Traffic Police were trained on COVID-19 and related PoE activities and preventive measures, facilitating support for PoE response and preparedness. Furthermore, WHO continues to support sample collection from truck drivers at the PoE without COVID-19 test certificates: to date, cumulative 1,332 samples have been tested; 31 confirmed positive, and 20 have recovered. Out of 202 cumulative contacts, 36 are active.

5. MAJOR CHALLENGES

- Low case numbers being reported to home based care, Isolation facilities, and the mortality surveillance teams.
- Delays in getting results from laboratory and incorrect information of patients which makes enrollment into home based care challenging.
- Lack of funding for case managing partners and activities in the States.
- Lack of funding for PoE partners resulting in limited POE establishment against the set targets and assessed needs.
- Slow process for supplying VTMs and kits to the States and key state health facilities that want to do more testing of suspect cases.
- 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.
- Challenge of lab and PHEOC staff not following protocol on testing documentation, results documentation, providing test results over the phone to random callers, and delivery of lab results to people before documenting results in the Excel-based data sets.
- Contacts refusing to comply with quarantine measures or denying exposure with the case though they are known to be a contact.
- Persistent low compliance and adherence to COVID-19 preventive measures, noting increasing evidence of community transmission, mistrust in the COVID-19 response despite increased awareness. The NSC to continue with engagement / advocacy with NTF.
- 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.
- Shortage of PPE, IPC stations/ supplies in States (Nimule, NBG, EES, Upper Nile).

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Finalization of case management data collection tools.
- Review assessment data of health Care Workers infection and strategize to improve infection prevention of HCW.
- Complete case management training for the 18 COVID-19 facilities.
- Continued support and monitoring of implementation of the Maban RCCE COVID-19 response strategy.
- RCCE TWG to hold a brainstorming meeting with the health cluster partners to strengthen RCCE activities and address poor adherence of Health Care workers to preventive measures including basic IPC.



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- Continued advocacy 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 clustered cases to community transmission.

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.

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