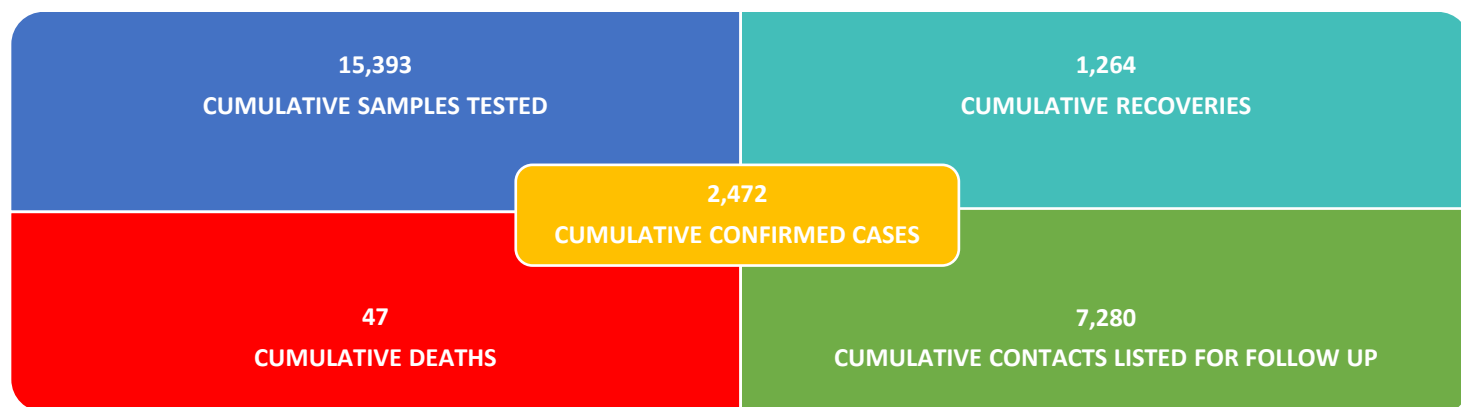




COVID-19 WEEKLY SITUATION REPORT

Issue NO: 23

Reporting Period: 2 - 9 August 2020 (week 32)



1. KEY HIGHLIGHTS

- A cumulative total of **2,472** cases have been confirmed and **47** deaths have been recorded, with case fatality rate (CFR) of **1.9%** including **54** imported cases as of 9 August 2020.
- **No** case is currently isolated in health facilities in the Country. Currently the National IDU has 100 percent bed occupancy available.
- **1,264** recoveries have been recorded, accounting for a recovery rate of 51 percent.
- **126** Health Care Workers have been infected since the beginning of the outbreak with one death.
- **7,280** cumulative contacts have been registered of which **6,554** have completed the 14-day quarantine and **726** contacts are being followed. 10 percent (n=714) contacts have converted to cases thus far; accounting for 29 percent of all confirmed cases.
- Cumulatively **15,393** laboratory tests have been performed accounting for 16.1 percent positivity rate.
- There is cumulative total of **938** alerts of which 82 percent (n=**767**) have been verified and sampled; Most alerts have come from Central Equatoria **79.4** percent; Eastern Equatoria **3.5** percent; Western Bahr El-Ghazal **3.2** percent; and the remaining **14** percent from the other states and administrative areas.
- As of 2 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 2,472 cases have been confirmed out of 15,393 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 1,264 recoveries and 47 deaths, yielding case fatality rate (CFR) of 1.9 percent. Up to 2.2 percent (n=54) confirmed cases are imported and 97.8 percent (n=2,418) 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 2,472 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 1,264 recoveries and 47 deaths with case fatality rate (CFR) of 1.9 percent. Cases detected among South



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Sudanese nationals account for 83 percent (n=2052) of all cases, whereas 11 percent (n=272) are foreigners and 6 percent (n=148) unknown. There have been 54 imported cases: 17 from Kenya, 13 from Uganda, 2 from Eritrea, 1 from DRC, 1 from Somalia, 1 from Netherlands and 20 are unknowns.

Confirmed cases range from age 2 months to 90 years with an average of 36.8 years; 75 percent (n=1,854) of confirmed cases were diagnosed in males, 24 percent (n=593) 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 23.7 percent (n=587) cases reported symptoms, of which the most frequent have been cough (18.7%), fever (16.1%), runny nose (11.7), headache (9.6%), fatigue (10.2), shortness of breath (10.3%), sore throat (6.5%), Muscle aches (6.1%) and others (10.8%). 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 9 August 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (7), Aweil East (5), Juba (2,092), Maban (7), Magwi (1), Malakal (54), 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 (22), Yirol West (1), Unknown (11).

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

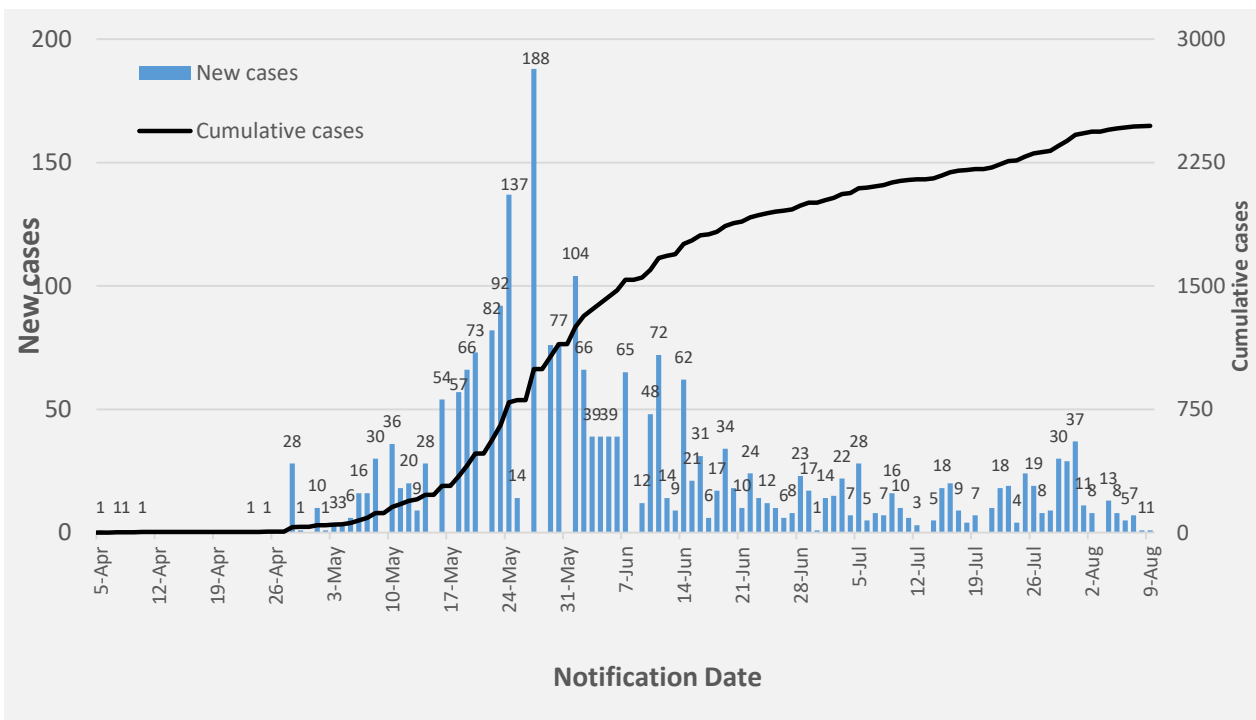




Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=2,318), 9 August 2020

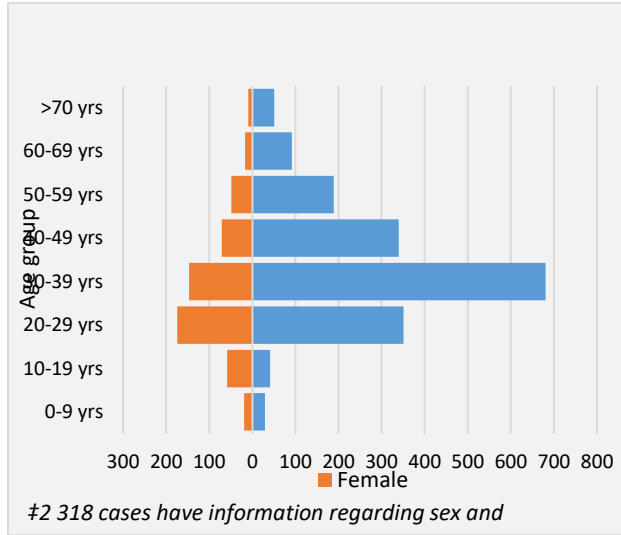


Figure 3. Frequency of symptoms among symptomatic cases

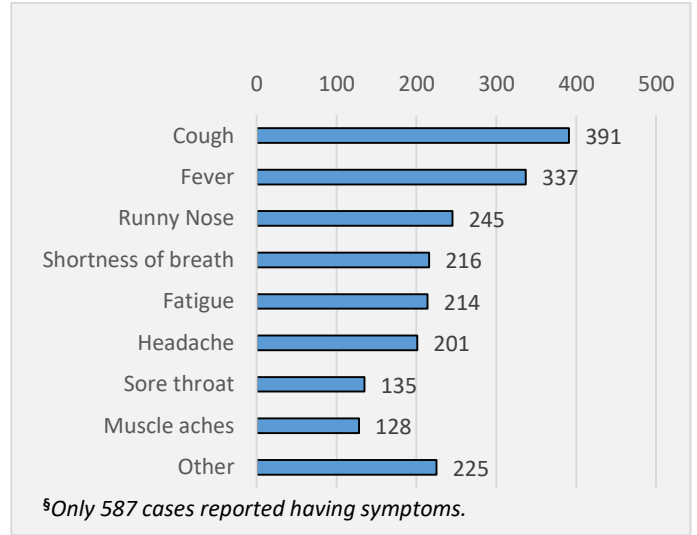
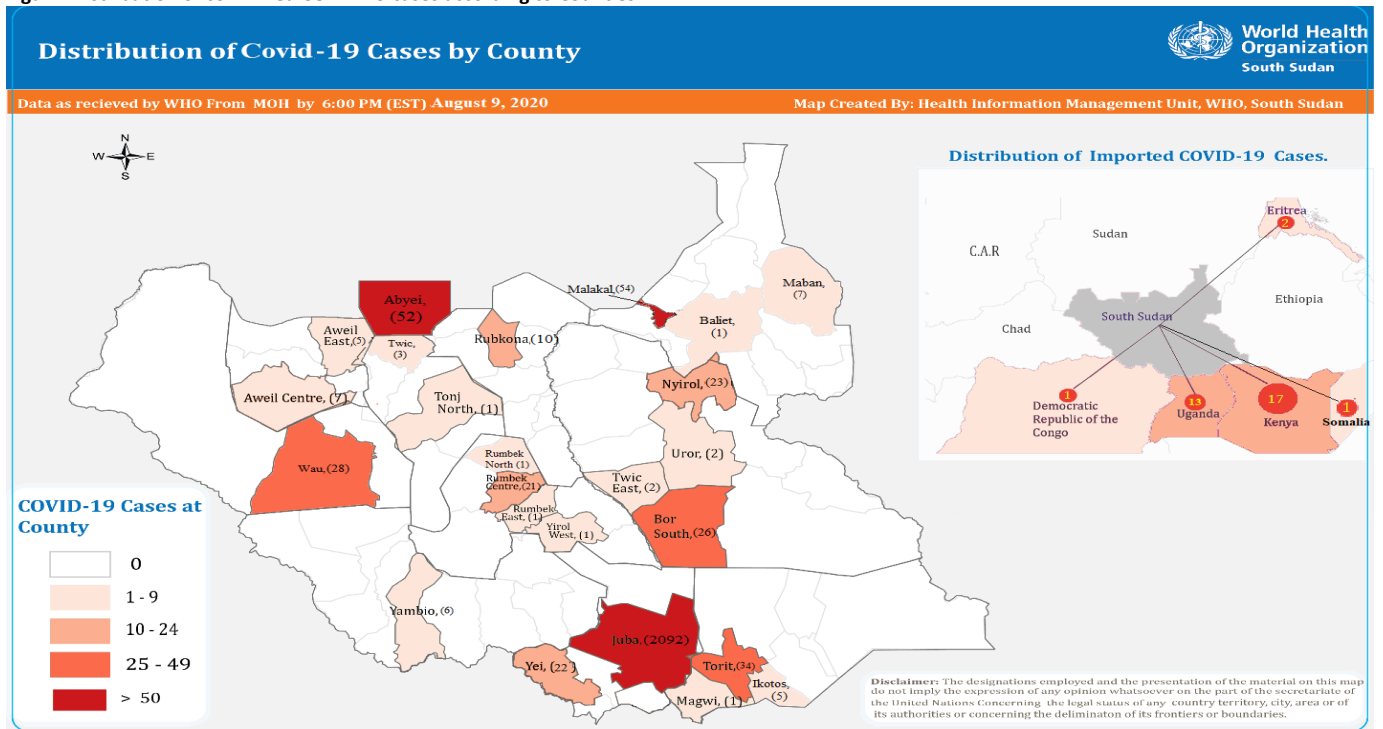


Figure 4: Distribution of confirmed COVID-19 cases according to Counties



Geographical information is available for 2 439 cases.



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**Table 1: Summary of COVID-19 Cases by State as of 9 August 2020**

State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	0	2 114	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	62	0	1
Warrap (including Abyei)	0	56	0	0
Western Bahr el Ghazal	0	28	0	0
Western Equatoria	0	6	0	0
<i>Imported</i>	0	54	0	1
<i>Unknown</i>	0	11	0	0
<i>Pending classification</i>	1	2	1	1
<b>Total</b>	<b>1</b>	<b>2 472</b>	<b>1</b>	<b>47</b>

**Contact tracing summary**

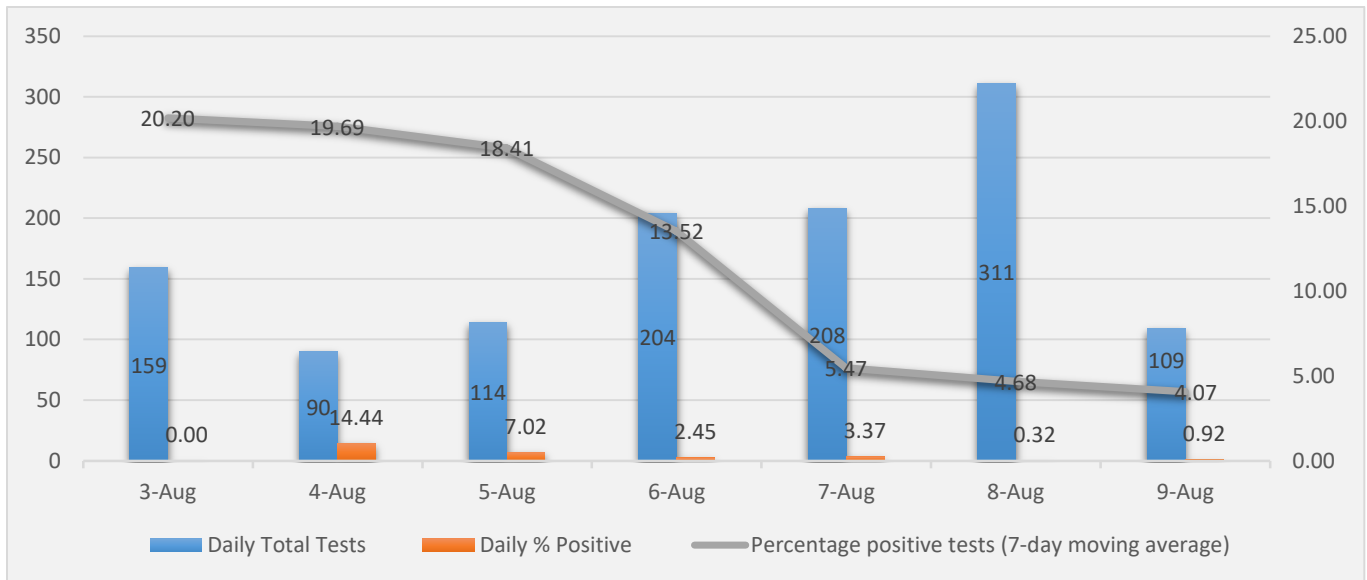
- As of 9 August 2020, the total number of contacts (old and new) that have been monitored has reached **7,280** Out of these 90% (n=6554) contacts have completed 14-day quarantine period.
- Currently 726 known contacts are being monitored daily for signs and symptoms of COVID-19.
- 9.8% (n=714) contacts have converted to cases thus far; accounting for 28.9% of all confirmed cases.

**4.1 LABORATORY**

- Cumulative 14,198 samples tested as of 2 August 2020.
- Cumulative 2,437 positive cases confirmed across the Country.
- A cumulative total of 2,787 samples have been collected from active surveillance sites in Juba; and thus far, 201 cases have been detected via this active surveillance with 7.2% positivity rate.
- South Sudan’s daily testing average positivity proportions this week I 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.



Figure 5: Laboratory testing positivity data: 7-day count and moving average, 2 – 9 August 2020.



#### 4.2 COORDINATION AND LEADERSHIP

- 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/daily_updates.php), <http://moh.gov.ss/covid-19.php>

#### 4.3 SURVEILLANCE

- Revised Rapid Response Teams (RRTs) SOP sent to NSC for consideration/approval
- Concept note on testing of cargo drivers at 3 additional POE sites revised by POE TWG
- Sentinel sites team expanded to 3 additional states and includes health facilities that serve refugee camps and their host communities
- Household transmission investigation started on 3 August
- Health worker follow-up surveys launched 4<sup>th</sup> August
- Data management ad hoc group identified multi-pillar indicators for inclusion in weekly Covid-19 epi bulletin



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**4.4 CASE MANAGEMENT**

- 16 patients discharge from home based isolation in Juba (Juba town and POC) by Medair and MOH
- 10 patients discharged from Home based care in Malakal by IMC
- 2 patients discharged from the Juba IDU in past 1 week
- Successful management of suspect and confirmed cases at COVID 19 facilities in Juba, Maban and Yei
- Successful training of frontline health care workers on case detection by MOH and WHO
- Finalization of case management data daily collection tool for COVID 19 facilities

Upcoming activities

- Discuss with MOH on prioritization of cases on home based care in the states
- Follow up with Risk communication TWG on messaging to understand the stigmatization of COVID-19 facilities
- Consolidate data sharing between home base team, IDU team and TWG

**4.5 INFECTION PREVENTION AND CONTROL (IPC)**

- During the reporting week, PC partners continue to reach more people at risk with hygiene promotion and COVID 19 risk mitigation and prevention messages, enhancing IPC measures at targeted frontline health care facilities.
- 32,600 people reached with critical WASH supplies/hygiene items and services
- 305,200 people engaged and reached with integrated COVID-19 and hygiene promotion services
- At least 18, 600 people reached with WASH facility upgrades (repairs, rehabilitation and new construction)
- At least 6,670 cloth face masks were distributed to public laces and communities
- 316 health workers and community hygiene promoters were trained in IPC measures
- 3 triage and screening area set up as per SOP
- 16 health facilities assessed on IPC WASH status
- 13 health facilities including COVID-19 treatment facilities supported with PPE and IPC supplies
- 37 hand washing station installed in health facilities and communities and provided with soap or 0.05% chlorine solution
- More than 2,000,000 (cumulatively) people reached with critical WASH supplies/hygiene items and services. The distribution of WASH supplies completed with hygiene promotion and COVID-19 awareness and prevention messages
- More than 680 health facilities provided with IPC and PPE supplies, 310 triage and screening area set up and approx. 6,000 health workers trained in COVID-19 IPC measures
- With technical support from WHO and partnership with UNHCR, DRC, HDC, UNMISS Civil Affairs and local communities in Malakal POC/town, the COVID -19 TF have started production of face/cloth masks to help reduce the community transmission of the COVID-19. A total of 5041 face masks have been produced and distributed among the IDPs and frontline community/health workers by the RCCE TWG

**4.6 RISK COMMUNICATION AND COMMUNITY ENGAGENT (RCCE)**

The RCCE TWG meetings will now be held once a week on Wednesday 2-4pm. The subcommittees will continue with their weekly meetings and regularly updating the TWG. The following key achievements were registered:

- A total 157,282 individuals were reached with key COVID-19 messages by community mobilisers through interpersonal awareness sessions and street announcements through megaphone-walks.
- An additional 80 community mobilisers were trained and 98 community influencers, including religious leaders; were oriented on COVID-19; as well as mental health and psychosocial support.
- Over 1,107, 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.
- UNICEF supplied 1250 posters, 450 banners and 43,000, stickers/flyers to implementing partners - APDA in CES in Juba CES. Onward distribution of already prepositioned communication materials at state level is ongoing.

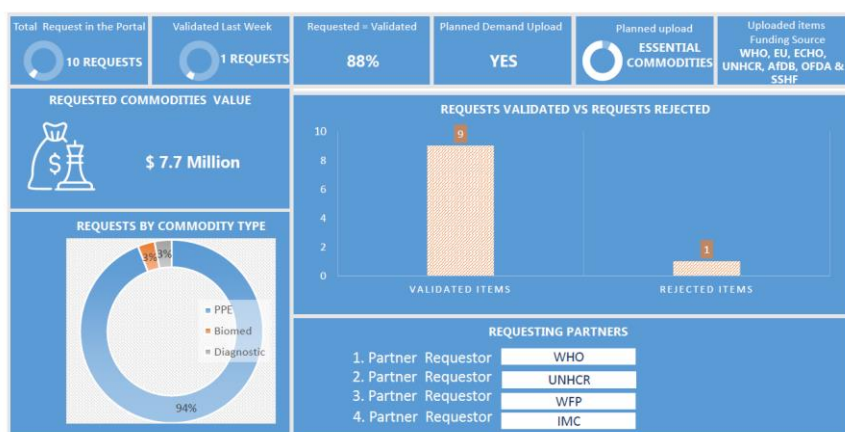


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- Inter-faith based group in Aweil with support from UNICEF, launched the awareness campaign on COVID-19. Other local media houses like Miraya, Akol Yam, and SSTV covered the event. See below article from Radio Tamazuj. <https://radiotamazuj.org/en/news/article/faith-based-groups-launch-covid-19-awareness-campaign-in-n-bahr-el-ghazal>
- A meeting to strengthen collaboration between RCCE TWG and Health Cluster partners in COVID-19 RCCE community engagement and other related activities was held on 4<sup>th</sup> August and key actions for follow up agreed upon.
- As part of the roll out plan for the CDC -UNICEF supported COVID-19 community feedback mechanism, which was successfully piloted, 3 one day training sessions for 33 data teams (22 note takers and 11 data entry officers) from 3 states of Greater Equatoria (Central Equatoria, Eastern Equatoria and Western Equatoria), were conducted in Juba supported by UNICEF in collaboration with The Rescue Initiative (TRI-SS). The participants are expected to roll out orientation training to the social mobilizers in their respective field locations to improve the quality of data collection.
- Following the confirmation of COVID-19 in Maban the RCCE TWG is supporting the RCCE working group in Maban to strengthen the response strategy including mental health and psychosocial support.

### 4.7 LOGISTICS AND OPERATION SUPPORT

- There is ongoing replenishment of PPEs and other necessary supplies to isolation centre and other health facilities. The movement of Rapid Response Team is being facilitated by road and 19 vehicles are currently hired for COVID-19 related activities.
- Two Mobile Storage Units (MSUs) were installed by WFP for COVID-19 screening at the Nadapal border crossing and handed over to the local authorities (County Health Department representatives and the Executive Director of Kapoeta East).
- WFP is working with the MoH national laboratory team to help facilitate the movement of technical experts and critical testing supplies to the field to establish COVID19 testing capacity to seven different areas in support of Genexpert decentralization. The first flight is planned for Monday, 10 August.



### 4.7 POINTS OF ENTRY (POE)

- 13225 travellers were screened at the various screening points in Juba, Yei, Wau, Nimule, Abyei and Maban
- The PoE partners and stakeholders completed the PoE Re-prioritization exercise results of which has been presented to the National Steering Committee
- The construction of the quarantine centre in Yei was completed with support from UNMISS
- Quarantine of returnees and business people continue in Yambus in Blue Nile

## 5. MAJOR CHALLENGES

- 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
- Data management SOP and decentralized COVID-19 protocol are still lacking
- Documentation of surveillance, contact tracing, and RRT trainings conducted by partners in the states and counties – lack of consistent reporting to PHEOC (requires follow-up by state health clusters and emphasis by MoH/PHEOC)



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- 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 behaviors.
- Low adherence to IPC measures in health facilities. Less than 50% of 1,315 IDSR targeted health facilities supported with IPC and PPE supplies.
- Low uptake on use cloth face mask among population. Higher number of people at risk of COVID-19 do not have access to face masks.
- Infrequent/under-reporting reporting from states and partners
- Funding gaps for case managing partners in the states
- 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.

## 6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- NSC to raise the issue of the chaos caused by interstate pre-travel testing and quarantine – there are no evidence that this is preventive and is not logical in that it only applies to the least common mode of travel – airplane, whereas travel by bus between states is the most common, and riskiest, mode of travel by most residents of South Sudan
- NSC to raise issue of integration of COVID-19 testing into the health screening that is taking place at key border crossings (concept note presented at NSC weekly meeting on 17 July)
- Focus on sustaining effective delivery of mass media communication to sustain uptake of key COVID-19 risk communication messages within communities through:
- Introduction of a variety of mobile caller tunes that address the use of face masks, keeping social distances, stop spitting in public etc.
- Explore options for weekly talk shows on South Sudan Broadcasting Corporation TV to educate the communities in South Sudan on COVID-19 and create opportunities for dialogue and debate on ongoing issues related to COVID-19 risk communication.
- 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.

## 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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