



COVID-19 WEEKLY SITUATION REPORT

Issue NO: 21

Reporting Period: June 20-26 July 2020 (week 30)



1. KEY HIGHLIGHTS

- A cumulative total of **2,305** cases have been confirmed including **45** imported cases as of 26 July 2020.
- **45** deaths have been recorded, with case fatality rate (CFR) of **2.0 %**
- **1** case is currently isolated in health facilities in the Country. Currently the National IDU has **99 %** bed occupancy available.
- **1,190** recoveries have been recorded, accounting to a recovery rate of **52%**
- **118** Health Care Workers (HCW) have been infected since the beginning of the outbreak with one death.
- **5,171** cumulative contacts have been registered of which **4,946** have completed the 14-day quarantine, and **225** contacts are being followed. **13.4 %** (n=692) contacts have converted to cases, accounting for **30%** of all confirmed cases.
- Cumulative **13,423** laboratory tests have been performed accounting for **17.2%** positivity rate.
- There is cumulative total of **789** alerts of which **81.7%** (n=645) have been verified and sampled; Most alerts have come from Central Equatoria **83.1%**; Eastern Equatoria **3.4%** ; Western Bahr El-Ghazal **3.0%**.

2. BACKGROUND

- South Sudan confirmed its first COVID-19 case on 5 April 2020. To date 2,305 cases have been confirmed by the National Public Health Laboratory (NPHL) with 1,190 recoveries and 46 deaths, yielding case fatality rate (CFR) of 2 percent. Up to 2 percent (n=46) confirmed cases are imported and 98 percent (n=2,259) are locally transmitted.
- South Sudan is classified as having clusters of transmission in general and community transmission in the Capital City Juba.

3. EPIDEMIOLOGY AND SURVEILLANCE

Descriptive epidemiology

This report includes analysis for 2,305 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as cumulative cases. There are 1,190 recoveries and 46 deaths with case fatality rate (CFR) of 2 percent. Cases detected among South Sudanese nationals account for 86 percent (n=1,982) of all cases, whereas 8 percent (n=184) are foreigners and 6 percent (n=138) unknown. There have been 45 imported cases: 17 from Kenya, 12 from Uganda, 1 from DRC, 2 from Eritrea, and 13 are unknown.

Confirmed cases range from age 2 months to 90 years with an average of 36.7 years; 75.2 percent (n=1,733) of confirmed cases were diagnosed in males, 23.7. percent (n=546) female and 1.1 percent (n=25) were unknown. Young men within the 30-39 age group are the most at risk for COVID-19.

Only 23.9 percent (n=552) cases reported symptoms, of which the most frequent have been cough (18.6%), fever (15.9%), runny nose (11.2), headache (10.3%), fatigue (9.6), shortness of breath (9.6%), sore throat (7.0%), Muscle aches (6.5%) and others (13.3%). 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 26 July 2020, the affected Counties are alphabetically: Abyei (47), Aweil Center (7), Aweil East (5), Juba (1,946), Magwi (1), Malakal (42), Nyirol (22), Rubkona (9), Rumbek North (1), Rumbek Center (22), South Bor (26), Tonj North (1), Torit (36), Twic Warrap (3), Twic East (1) Uror (2) Wau (25), Yambio (6), Yei (22), Yirol West (1), Unknown (9).

Figure 1: New and cumulative confirmed COVID cases by notification date as of 26 July 2020

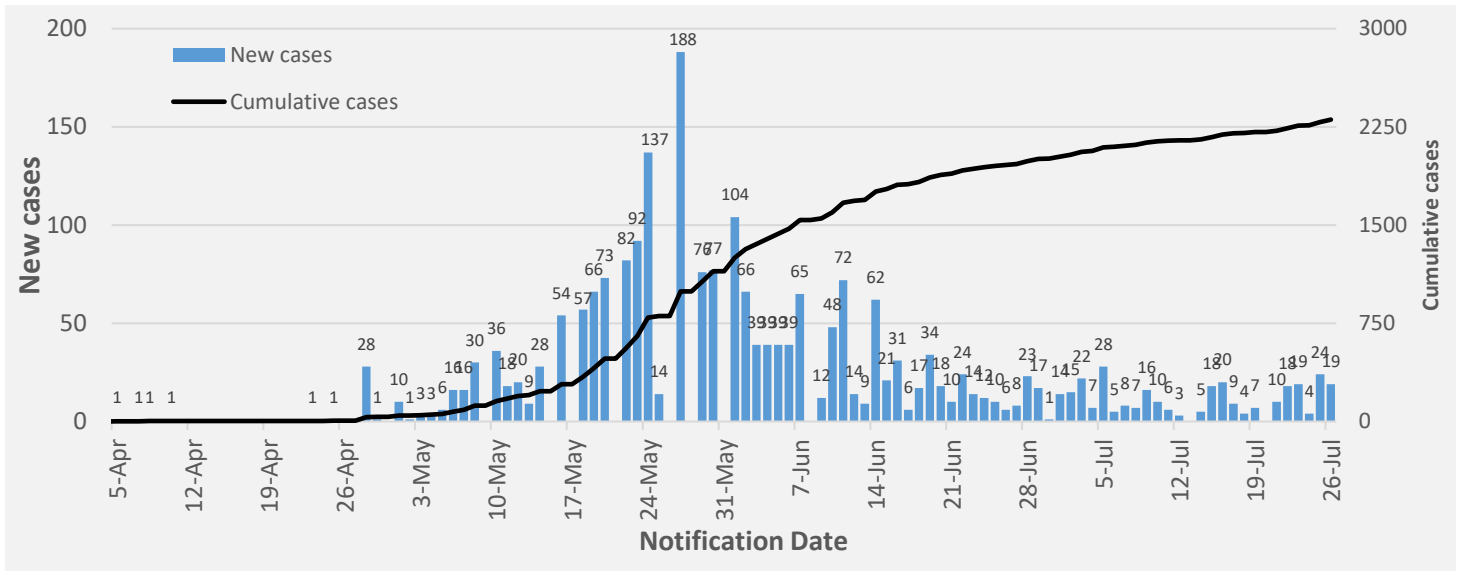


Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=2,146), 26 July 2020

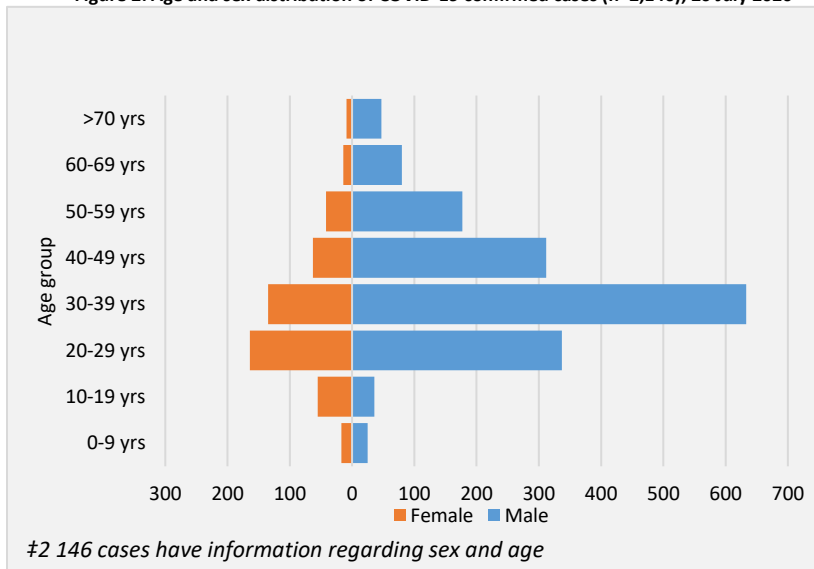
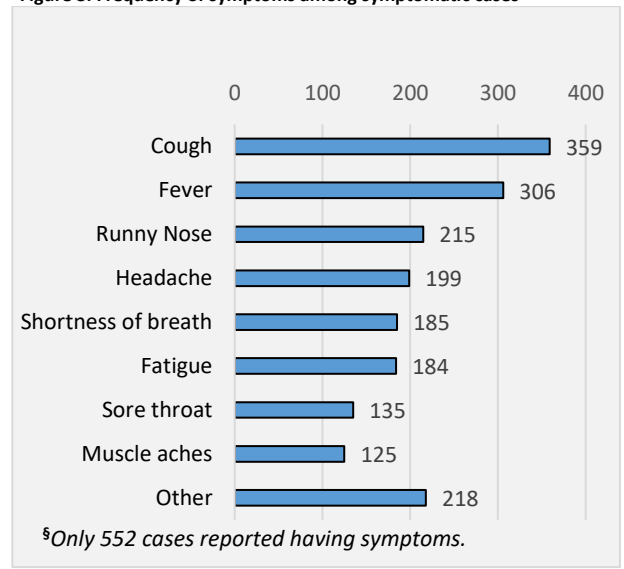


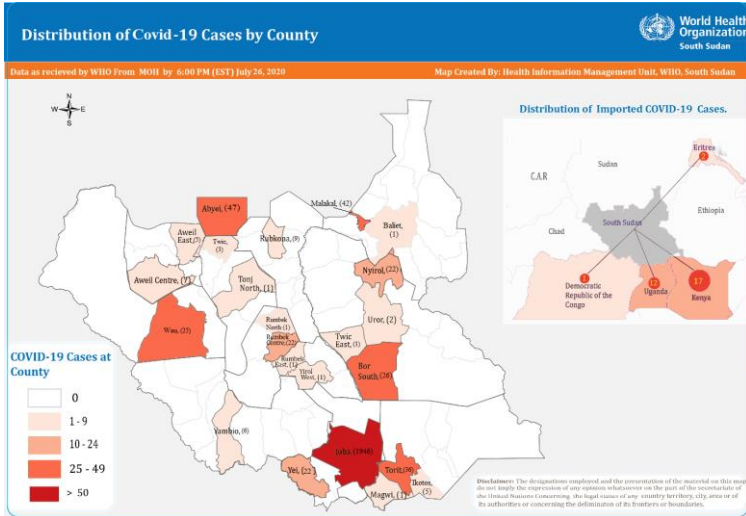
Figure 3: Frequency of symptoms among symptomatic cases





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

Table 1: Summary of COVID-19 Cases by State as of 26 July 2020



State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	0	1 968	1	36
Eastern Equatoria	0	42	0	2
Jonglei	0	51	0	1
Lakes	0	25	0	5
Northern Bahr el Ghazal	0	12	0	0
Unity	0	9	0	0
Upper Nile	0	43	0	1
Warrap (including Abyei)	0	51	0	0
Western Bahr el Ghazal	0	25	0	0
Western Equatoria	0	6	0	0
Imported	0	45	0	1
Pending classification	19	28	0	0
Total	19	2 305	1	46

Geographical information is available for 2 136 cases; *Updated map pending classification of new cases

Contact tracing summary

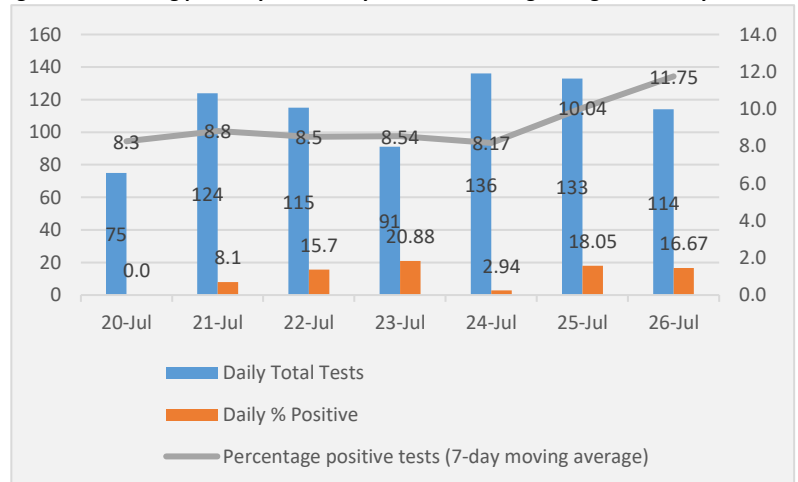
- As of 26 July 2020, the total number of contacts (old and new) that have been monitored has reached **5,171** Out of these 95.6 percent (n=4,946) contacts have completed 14-day quarantine period.
- Currently 225 known contacts are being monitored daily for signs and symptoms of COVID-19.
- 13.4 percent (n=692) contacts have converted to cases, accounting for 30 percent of all confirmed cases.

4. PUBLIC HEALTH ACTION/RESPONSE INTERVENTIONS

4.1 LABORATORY

- Cumulative 13,423 samples tested as of 26 July 2020.
- Cumulative 2,305 positive cases confirmed across the Country.
- A cumulative total of 2,559 samples have been collected from active surveillance sites in Juba; of which 190 cases have been detected via this active surveillance.
- South Sudan’s daily testing count does not show a clear trend, while its daily and moving average positivity proportions are trending up as shown in figure 5.
- In Unity State, MSF Bentiu PoC facility and IRC in Pamiri Refugee camp are set to commence the COVID-19 testing but still pending GeneXpert cartridges from NPHL.
- In Nimule, MoH with support from WHO are conducting verification of SarsCov-2 free certificates of truck drivers to ascertain validity period and swabbing those without or with expired certificates.
- Laboratory testing prioritization strategy guidance note for South Sudan was presented to the NSC aimed to improve testing access in the Country.

Figure 5: Lab testing positivity data: 7-day count and moving average, 20-26 July 2020.





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4.2 COORDINATION AND LEADERSHIP

- The MoH/PHEOC continues to issue Daily Updates on COVID-19 response, with government advising the public to strictly observe social distancing, use of face masks, regular hand washing with soap, and other public health measures. In addition, the public is urged to report any suspected case to the nearest health facility or call the toll free call centre hotline 6666.
- The National Steering Committee (NSC), Technical Working Groups (TWGs), and State Task Forces (STFs) continue to meet on a weekly basis to deliberate on COVID-19 response and preparedness. Some County Committees are established and meeting weekly. The PHEOC continues to publish Daily Updates on COVID-19 in South Sudan, highlighting status of cases and contacts.
- The UAE on 20 July dispatched aid plane carrying 7.5 metric tons of medical supplies and testing kits for South Sudan. The aid will assist protection of approximately 7,500 medical professionals as they work to contain the virus while bolstering efforts to curb the spread of COVID-19. According to the UAE Ambassador to Ethiopia and Non-Resident Ambassador to South Sudan, to date, the UAE has responded to the COVID-19 crisis by providing over 1,100 metric tons of aid to 74 countries, supporting more than 1 million medical professionals in the process (Emirates News Agency).

4.3 SURVEILLANCE

The following activities were accomplished:

- The Rapid Response Team (RRT) Standard Operating Procedure (SOP) was revised; while the Testing Strategy document, and Concept Note on cargo testing along Northern border were drafted and shared with the NSC for review.
- In Warrap State, 14 persons in Gogrial East were trained by WHO on surveillance and contact tracing; while in Unity State, 11 health workers were further trained by WHO on COVID-19 detection, investigation, contact identification and tracing in Mayom County, with some 20 complete sets of PPEs distributed in the County to facilitate investigation and sample collection.
- In Nimule, two Primary Health Care Centres (PHCC) were visited and staff oriented on COVID-19 and active case search conducted by SMOH and WHO. 15 RRT from Nimule and Magwi were further trained by the Alima Consortium. In WES, 6 sample collection equipment (kits) were supplied by WHO in Ezo County.

4.4 CASE MANAGEMENT

- Ongoing engagement with Surveillance and Laboratory TWGs to strategize on how to improve COVID-19 case identification, reporting, and testing at health facilities.
- Conducting mortality review of COVID-19 deaths reported in the community.
- Ongoing capacity building in various States: In Renk County, Upper Nile State, 20 health care workers were trained in case management; in WBG, COVID-19 case management TOT training was conducted for five days targeting 20 participants; while in Nimule, a five days' case management training was conducted for 20 HCWs facilitated by Nimule MoH with support from WHO. Furthermore, in Lakes, 18 health workers were trained in Rumbek on cases management, nutrition, psycho-social support and IPC; and in EES, 20 HCW were trained by WHO on case management and IPC in Torit.

4.5 INFECTION PREVENTION AND CONTROL (IPC)

IPC TWG continues to support National and State level coordination of IPC partners, finalization of KAP Survey Tool and harmonization of IPC training materials for community WASH structures, with below collective accomplishments by IPC -WASH partners in health facilities, POCs and refugee camps and at risk communities across the country:

- 29,200 people reached with critical WASH supplies/hygiene items and services.
- 459,500 people engaged and reached with integrated COVID-19 and hygiene promotion services.
- At least 10,470 people reached with WASH facility upgrades including repairs, rehabilitation and new construction.
- At least 4,760 people reached with cloth face masks distributions in public places and communities.
- 39 health workers trained in COVID-19 IPC measures.
- 2 triage and screening area set-up as per SOP.
- 3 health facilities assessed on IPC WASH status.
- 13 health facilities including treatment facilities supported with PPE and IPC supplies.
- 19 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution. Installation of 695 stations is ongoing.

4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)



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During the reporting week the following achievements were registered:

- In total 149,768 individuals were reached with key COVID-19 key messages by community mobilisers through interpersonal awareness sessions and street announcements through megaphone-walks.
- 53 community mobilisers were trained and 167 community influencers, including religious leaders; were oriented on COVID-19, including mental health and psychosocial support.
- Over 1,065 radio jingles were aired in 10 local languages across 42 radio stations in all the 10 States, while 67 weekly talk shows on COVID-19 hosted by different content experts and influencers. This week, the Director for Health Promotion of MoH was hosted on EBC FM for a talk show on COVID-19 key preventive messages that included hand washing with soap and water, use of masks in public places and social distancing among others.
- The call centre 6666 registered a total of 3000 calls on COVID-19 and related issues.
- UNICEF supplied 764 Posters, 354 banners and 15,000 stickers/fliers to UNIDO a partner at the national level. Onward distribution of already prepositioned communication materials at State level is ongoing.
- A local NGO Blue Bicycle Messenger comprising of youths, presented its initiative to disseminate COVID-19 messages using bicycles mounted with megaphones in four zones in Juba – Gudele, Gumbo, Jebel and Thomping to the RCCE TWG meeting, complimenting the community mobilisers efforts.
- In Yei, ACROSS conducted sensitization in Nyori refugee camp reaching 64 refugees (29 males and 35 females) and 122 Nationals (53 males and 69 males) with key message on COVID-19. While GOAL trained 19 Social Mobilizers from Yei and Morobo Counties on COVID-19.

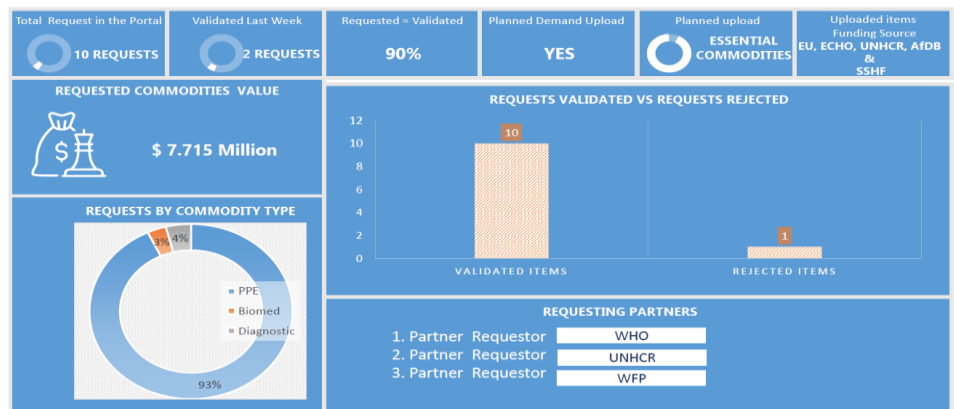


Community Engagement session in Juba on COVID-19 @TRISS

4.7 LOGISTICS AND OPERATION SUPPORT

- Ongoing replenishment of PPEs and other necessary supplies to COVID-19 facilities and other health facilities. The movement of Rapid Response Team is being facilitated by road and air.
- Following discussion with the Central Medical Store on 22 July, WFP will submit Terms of Reference (TOR) describing support that can be further offered using the existing Logistics Cluster training capacity and expertise, which will include support to inventory management, dispatch and receipt procedures etc.

SUPPLY PORTAL ACTIVITIES DASHBOARD



4.7 POINTS OF ENTRY (POE)

- Cumulative 4,448 travelers were reported screened: Juba-JIA-2,189, Nimule Check point-1,657, Wau-602 supported by IOM. Ongoing screening in Amiet market in Abyei, Yambio and Gangura although no data was shared. Screening is also being conducted in Nadapal which includes screening of truck drivers.
- Funding for Save the Children (SCI) which has been conducting screening and testing of truck drivers in Amiet Market will end by 31 July 2020. Additional resources are required urgently to sustain the activities.
- The PoE TWG held a virtual re-prioritisation workshop led by the Ministry of Health and facilitated by IOM on 22 July, to ensure PoE programming can best respond to changing circumstances. As part of the workshop, IOM DTM, UNHCR and WHO





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delivered presentations based on available data to inform a participatory discussion open to TWG members. The TWG is currently compiling the results of the discussion and will share its new prioritisation with the NSC for endorsement.

- Weekly assessments of mobility and COVID-19 preparedness at 19 displacement sites and 56 points of entry/transit hubs is ongoing by IOM/DTM.
- In WES, total of 6,997 people were screened at the HPF supported health facilities in Tambura and Nagero ; while World Vision supplied Tambura and Ezo Counties with 24 thermo-flash for health facilities screening.

5. MAJOR CHALLENGES

- Need to speed up process for general supply of Viral transport Media (VTM) and kits to the States and key State health facilities to accelerate more testing of suspect cases of COVID-19. Yei and Yambio in particular have reported running low on VTM and triple packaging boxes.
- 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 still lacks consistent reporting to PHEOC, hence requires follow-up by State Health Clusters and emphasis by MoH/PHEOC.
- Lack of border screening due to funding challenges, Case management partners/activities, PPE, and inadequate IPC supplies are reported in several States.
- Contacts refusing to comply with quarantine measures or denying exposure with the case though they are known to be a contact.
- Poor adherence and uptake of risk communication preventive measures, despite the heightened awareness of COVID-19 is associated with weak enabling environment, low risk perception and growing mistrust. High level advocacy from government (NTF/NSC) is required to encourage the population to adopt the recommended behaviors.
- Insecurity and access concerns reported in Warrap State due to influx of nomadic population into Abyei from Sudan; while Lakes reported inaccessibility of roads due rainy season.

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 laboratory 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.
- Conduct weekly inter-pillar Data Management Working Group meetings to collect, collate, review, and analyse all-pillar data to develop a weekly COVID-19 profile for South Sudan.
- Completion of health worker COVID-19 exposure web-based survey.
- Engage with different stakeholders to develop action plans for operationalizing the findings and recommendations of the recent RCCE Studies.
- 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.
- Public awareness on the importance and proper use of the 6666 hot line through popular mass media channels.

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.

For any clarifications, please contact

	Name	Title	Contact	Email address
1	Dr. Richard Lako	COVID -19 Incident Manager-MOH	+211926592520	Lakorichard08@gmail.com
2	Mathew Tut	PHEOC Manager	+211916010382	Tut1988@yahoo.com
3	Henry Gray	COVID -19 Incident Manager-WHO	211928740879	grayj@who.int
4	Stella Ajwang	HAO, OCHA COVID-19 Secretariat	+211922473132	ajwang@un.org

FOR MORE INFORMATION and NOTIFICATION

Call: 6666 (TOLL FREE LINE) or +211922202028; Email: sspheoc@gmail.com