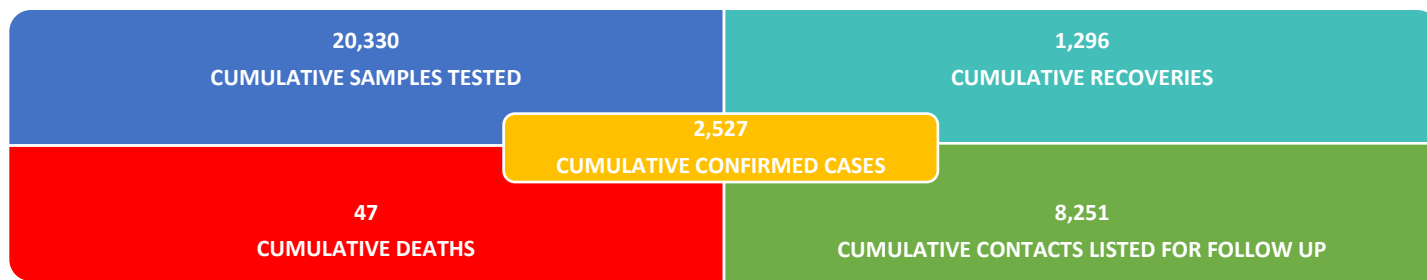




COVID-19 WEEKLY SITUATION REPORT

Issue NO: 26

Reporting Period: 24 - 30 August 2020 (week 35)



1. KEY HIGHLIGHTS

- A cumulative total of **2,527** cases have been confirmed and **47** deaths have been recorded, with case fatality rate (CFR) of **1.8%** including **78** imported cases as of 30 August 2020.
- **2** cases are currently isolated in health facilities in the Country; and the National IDU has 97% percent bed occupancy available.
- **1,296** recoveries have been recorded, accounting for a recovery rate of 51.3 percent.
- **126** Health Care Workers have been infected since the beginning of the outbreak with one death.
- **8,251** cumulative contacts have been registered of which **7,851** have completed the 14-day quarantine and **400** contacts are being followed. 8.7 percent (n=717) contacts have converted to cases thus far; accounting for 28.4 percent of all confirmed cases.
- Cumulatively **20,330** laboratory tests have been performed with **12** percent positivity rate.
- There is cumulative total of **1080** alerts of which 83.8 percent (n=905) have been verified and sampled; 85.2 percent of the alerts are reported from three states: majority have come from Central Equatoria **79.2** percent (n=855); Western Bahr El-Ghazal **3.4** percent (n=35); Eastern Equatoria **2.8** percent (n=30); and the remaining **17.6** percent (n=190) from the other states and Administrative Areas.
- As of 23 August 2020, **24** counties (**30%**) out of 80 counties of ten states of South Sudan are affected with 38 unknown.

2. BACKGROUND

South Sudan confirmed its first COVID-19 case on 5 April 2020. To date 2,527 cases have been confirmed out of 20,330 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 1,296 recoveries and 47 deaths, yielding case fatality rate (CFR) of 1.8 percent. Up to 3 percent (n=78) confirmed cases are imported and 97 percent (n=2,449) 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 2,527 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 1,296 recoveries and 47 deaths with case fatality rate (CFR) of 1.8 percent. Cases detected among South Sudanese nationals account for 83 percent (n=2097) of all cases, whereas 11 percent (n=278) are foreigners and 6 percent (n=152) unknown. There have been 77 imported cases: 17 from Kenya, 14 from Uganda, 4 from Eritrea, 1 from DRC, 1 from Somalia, 2 South Sudanese Returnees, and 38 are unknowns.



MINISTRY OF HEALTH (MOH)

Confirmed cases range from age 2 months to 90 years with an average of 36.8 years; 73.8 percent (n=1,865) of confirmed cases were diagnosed in males, 23.6 percent (n=596) female and 2.6 percent (n=66) were unknown. Young men within the 30-39 age group are the most at risk for COVID-19.

Only 23.7 percent (n=599) 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.

As of 23 August 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (7), Aweil East (5), Baliect (1), Ikotos (5), Juba (2,112), Maban (7), Magwi (1), Malakal (58), Nyirol (26), Rubkona (10), Rumbek North (1), Rumbek Center (21), Rumbek East (1), South Bor (29), Tonj North (1), Torit (34), Twic Warrap (3), Twic East (2) Uror (2) Wau (28), Yambio (7), Yei (23), Yirol West (1), Unknown (38).

Figure 1: New and cumulative confirmed COVID cases by notification date as of 30 August 2020

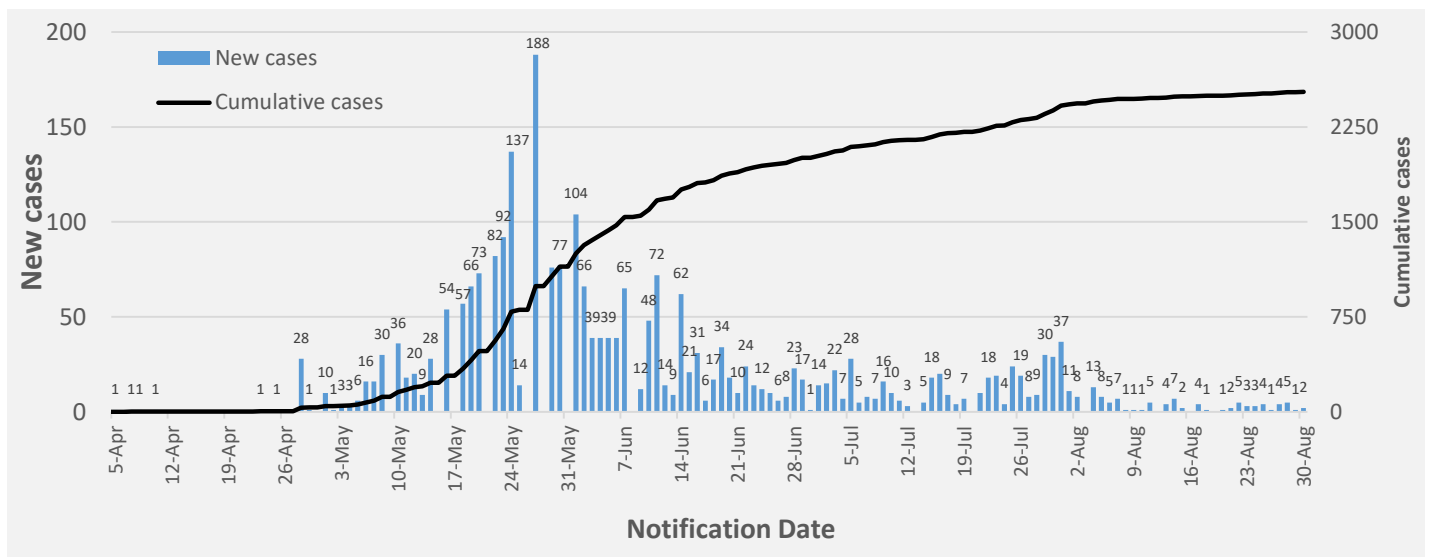


Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=2,346), 30 August 2020

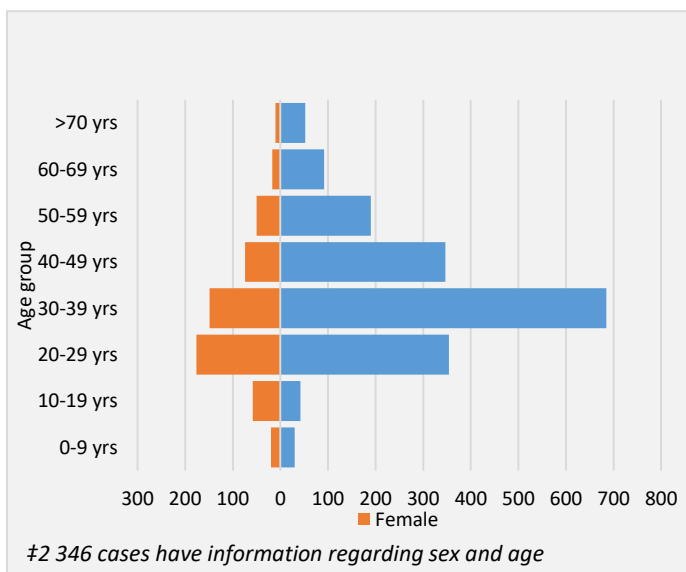
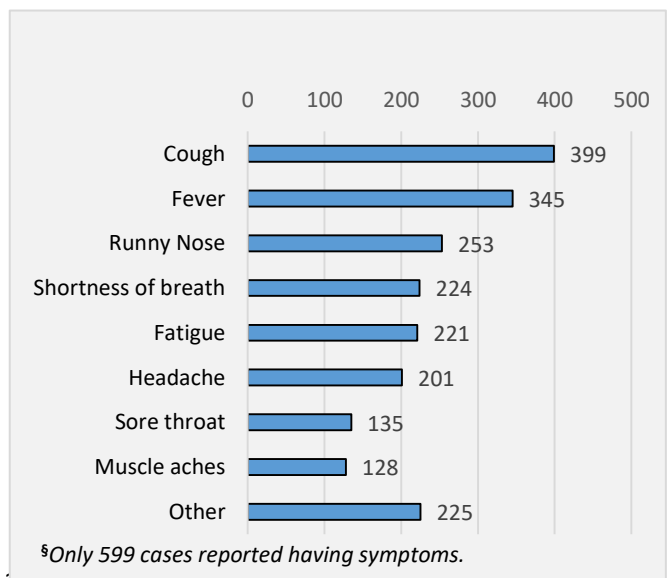
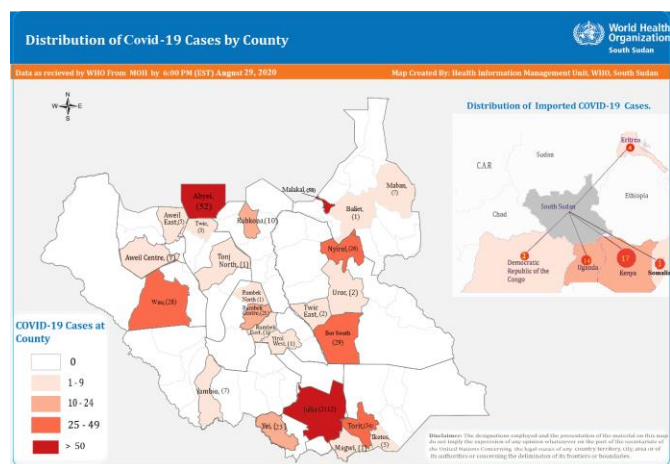


Figure 3. Frequency of symptoms among symptomatic cases





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



Geographical information is available for 2 477 cases.

Contact tracing summery

- As of 30 August 2020, the total number of contacts (old and new) that have been monitored has reached 8,251 Out of these 95.2 percent (n=7851) contacts have completed 14-day quarantine period.
- Currently 400 known contacts are being monitored daily for signs and symptoms of COVID-19.
- 8.7 percent (n=717) contacts have converted to cases todate; accounting for 28.4 percent of all confirmed cases.
- 73 percent (n=6,023) contacts have been reported in Juba and 27 percent (n=2,228) from the States.

Table 1: Summary of COVID-19 Cases by State as of 30 August 2020

State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	0	2 135	0	36
Eastern Equatoria	0	40	0	2
Jonglei	0	59	0	1
Lakes	0	24	0	5
Northern Bahr el Ghazal	0	12	0	0
Unity	0	10	0	0
Upper Nile	0	66	0	1
Warrap (including Abyei)	0	56	0	0
Western Bahr el Ghazal	0	28	0	0
Western Equatoria	0	7	0	0
Imported	1	78	0	1
Unknown	0	10	0	1
Pending classification	1	2	0	0
Total	2	2 527	0	47

4. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

4.1 COORDINATION AND LEADERSHIP

- Coordination is ongoing in the Country through different architectures at National, States and County levels: National Task Force (NTF) providing high level strategic decisions; the National Steering Committee (NSC) providing both strategic and operational decisions/ guidance; the Technical Working Groups at both National and State levels; and the State Task Forces (STF), as well as County Committees (CC).
- The South Sudan MoH COVID-19 site is online, posting COVID-19 Updates and reports including daily updates, weekly epi-bulletins, SOPs and guidelines, job aids, NTF meeting minutes and other special technical reports found at <http://moh.gov.ss>, http://moh.gov.ss/daily_updates.php, <http://moh.gov.ss/covid-19.php>
- The MoH Incident Manager confirmed decision made by the NTF to drop the **Q14 measure for domestic/ interstate travels**. However, for people arriving in South Sudan from abroad, adherence to Q14 and COVID-19 negative certificate (72 hours prior to arrival) are still required.

4.2 SURVEILLANCE

- The 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 completed the gender analysis of South Sudan COVID-19 laboratory and PHEOC data.
- UNFPA collaborated with WHO to investigate the paucity of female cases of COVID-19 in SSD; UNICEF presented the findings on Wednesday, 26 August.



MINISTRY OF HEALTH (MOH)

- In WES, RRT are established/ strengthened in 10 Counties of Yambio, Nzara, Eso ,Tambura, Ibba, Maridi, Muidri west, Muidri East, Mvolo and Nagero, enhancing response capacity.
- In Warrap, WHO has facilitated training of 14 persons at Warrap in COVID-19 Surveillance, contact tracing, with plan to expand to Tonj, once security improves.

4.3 LABORATORY

- Cumulative 20,330 samples tested as of 30 August 2020.
- Cumulative 2,527 positive cases confirmed across the Country.
- A cumulative total of 3,214 samples have been collected from active surveillance sites in Juba; and thus far, 329 cases have been detected via this active surveillance with 10.2 percent positivity rate; and accounting for 13 percent of total confirmed cases.
- 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.

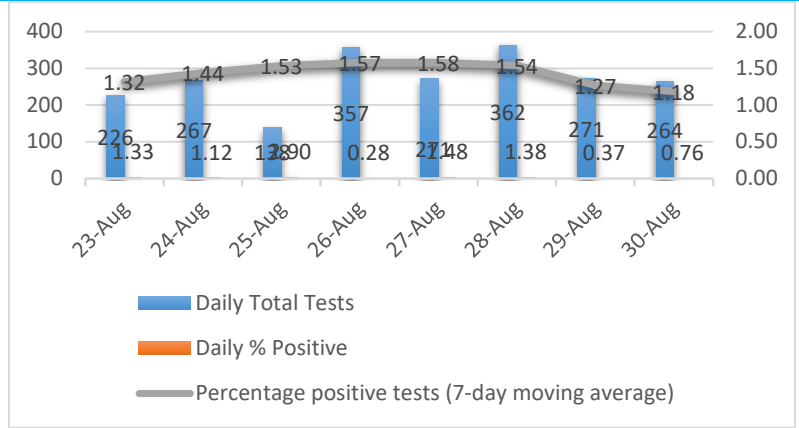


Figure 5: Laboratory testing positivity data: 7-day count and moving average, 23 – 30 August 2020

- The NPHL has received 300 cartridges from MSF family to strengthen the decentralization plan of the GeneXpert testing for COVID-19 in the Country. Todate, GeneXperts are installed and operational in seven locations, and cartilages deployed – in Malakal, Upper Nile, and Bentiu POC / Unity State, with Yambio, Wau and Rumbek installed this week, and training conducted Covid-19 testing, biosafety including on waste management, and Data management. Yei and Torit are planned for 31 August marking completion of the decentralization plan in nine locations enhancing timely COVID-19 testing capacity, and emergencies like medical evacuation in their respective States. Second phase of decentralization will be rolled out upon arrival of cartridges donated by UNDP.
- The TWG is following up with the African CDC in Ethiopia to track some kits and reagents that, the document was shared and the Lab Covid-19 TWG has to follow it up.

4.4 CASE MANAGEMENT

Below are achievements and ongoing activities:

- Active cases are being recorded in the National Dashboard to be reviewed and if meeting discharge criteria, would be subsequently removed from the system.
- No COVID 19 death recorded for the past one week in the country.
- 12 Health Care Workers confirmed COVID-19 in the past 2 weeks in Malakal, Torit and Juba.
- In Nimule, EES, WHO donated 4 oxygen concentrators to the isolation facility in Nimule hospital
- Al Muhktah PHCC has been designated as COVID 19 ward in Wau with IMC supporting the facility; while in Yei, CMMB will take over case management activities.
- In Wau/WBG, NRC has partnered with IMC to support Home Based Case management with food basket and/or possibly with cash-for-food. Further discussions ongoing.
- MOH designated COVID-19 wards around the country have been reviewed and necessary changes made. NRC has partnered with IMC to support Home Based Case management with food basket and/or possibly with cash-for-food. Further discussions ongoing.

Medair Home Care Support System 21-28 August

- Confirmed positive cases referred to Medair
- Alerts referred to Medair

# Referred to Medair	Reached	Not Reached
4	100% (4)	0% (0)

Wrong/no phone number	0
Out of service	0
Phone off	0
No answer	0
Number not of patient	0
Number busy	0

# Referred to Medair	Reached	Not Reached
16	56% (9)	44% (7)

Wrong/no phone number	0
Out of service	0
Phone off	0
No answer	3
Number not of patient	4
Number busy	0





MINISTRY OF HEALTH (MOH)

- Successful follow up of cases in home based care and subsequent discharge
- Mortality surveillance team continued investigation of deaths which all turned negative.

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.

- 5,538 people reached with critical WASH supplies/hygiene items and services.
- 350, 507 people engaged and reached with integrated COVID-19 and hygiene promotion services.
- At least 25,121 people reached with WASH facility upgrades through repairs, rehabilitation, and new construction.
- 2,955 cloth face masks were distributed to public places and communities.
- 37 Health Workers and community WASH workers trained in IPC measures.
- 20 Health facilities assessed on IPC WASH status
- 20 health facilities including COVID-19 treatment facilities supported with PPE and IPC supplies.
- 64 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution.
- 17 hands washing point assistants trained for continuous and smooth running of hand washing facilities.
- 1,110 WMC members and Pump attendants received COVID-19 Orientation Training.
- 256 triages and screening areas set up as per Standard Operation Procedures (SOP).

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 216,279 individuals were reached with key COVID-19 messages by community mobilisers through interpersonal awareness sessions and street announcements through megaphone-walks.
- An additional 70 community mobilisers were trained and 145 community influencers, including religious leaders; were oriented on COVID-19; as well as mental health and psychosocial support. SSRC trained 35 volunteers and staff on Psychological First Aid and psychosocial support.
- Over 1,839 , radio jingles were aired in 10 local languages across 40 radio stations in all the 10 states. 58 weekly talk shows on COVID-19 hosted different content experts and influencers.
- A total of 15,850 posters, 1,400 banners and 102,000 flyers on COVID-19 were dispatched to Jonglei, Unity, Lakes, Northern Bahr el Ghazal, Western Bahr el Ghazal, Warrap, Upper Nile, Eastern Equatoria State and Western Equatoria State.
- MHPSS team is supporting MOH to train 40 participants including contact tracers on RCCE, MHPSS, PFA and Self Care. The training will also equip participants with skills on basic Psychosocial First Aid. Social mobilizers awareness at household level @ Yei



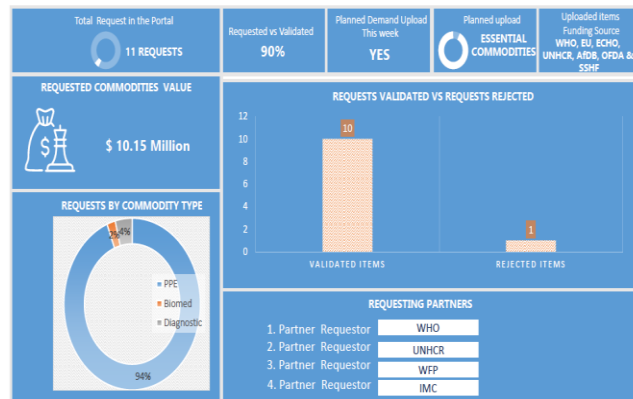
4.6 POINTS OF ENTRY (POE)

- 11592 travelers underwent primary screening, 31 of whom were referred for secondary screening and later to the nearby health facilities at the various screening points in Juba, Wau, Nimule, Maban and Abyei.
- The PoE TWG in collaboration with the Epi-surveillance TWG have developed a concept note for the integration of screening and testing of truck drivers across major ground crossings, already on-going at Nimule, and sampling is slated to begin at the PoE in Abyei where 45 truck drivers 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.



MINISTRY OF HEALTH (MOH)

- However, funding shortage for partners under the PoE pillar has resulted in five partners out of seven partners which include , CORDAID, CUAM, World vision, Concern Worldwide, and Save the Children, scaling down/withdrawing from PoE activities in Yambio, Kajokeji and Abyei.



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 support of GeneXpert decentralization, with three missions conducted during the week to Rumbek, Wau and Yambio; while Yei and Torit are planned for 31 August.
- A total of 18 COVID-19 samples have been transported to Juba from six locations across the Country: Agok, Aweil, Rumbek, Torit, Wau and Yei for testing.
- The movement of Rapid Response Team for COVID-19 related activities continues to be supported by the provision of 21 vehicles both in Juba and Nimule.
- The Logistics Cluster facilitated on behalf of WHO the transportation of oxygen concentrators to Nimule. WFP also donated to WHO COVID-19 assorted materials to support the response in Aweil, Bentiu, Malakal, Rumbek, Yambio and Wau. Additional COVID-19 related cargo has been transported on behalf of GOAL and Healthcare Foundation Organization to Juaibor, Old Fangak and Paloich.

5. MAJOR CHALLENGES

- Continued delays in dispatched of test results to the States from the NHPL.
- Delayed process for supplying VTMs and test kits to the States and key State health facilities.
- Varying differences in number of discharged cases in States and PHEOC.
- Improving state-to-national reporting mechanism on key COVID-19 response indicators.
- Challenge of lab staff and EOC 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.
- No case management partner for Yei.
- Critical funding shortage for partners in PoE and Case Management, resulting in scaling down/withdrawing from pillar activities. Also due to limited funding, some IPC partners are now limiting the number of items purchased and distributed to Health care facilities. Likewise, awareness campaigns are getting reduced due to limited resources to support hygiene promoters.
- Poor adherence to COVID-19 preventive measures (social distancing, no hand shaking) and guidelines due to socio-cultural practices.
- 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).
- Due to rainy season (flooding) and insecurity in certain areas, access to health facilities and community have been impeded.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Critical funding gap across pillars, most critical for PoE pillar, to ensure continuity of response activities.
- Follow up with the consultative meetings with the Juba City Council on the advocacy plan for mitigating risk of COVID-19 during funerals.
- Conduct 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.



MINISTRY OF HEALTH (MOH)

- Continued support and monitoring of implementation of the Maban RCCE COVID-19 response strategy.

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. Critical funding challenges have been reported across TWGs and State requiring urgent attention.

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