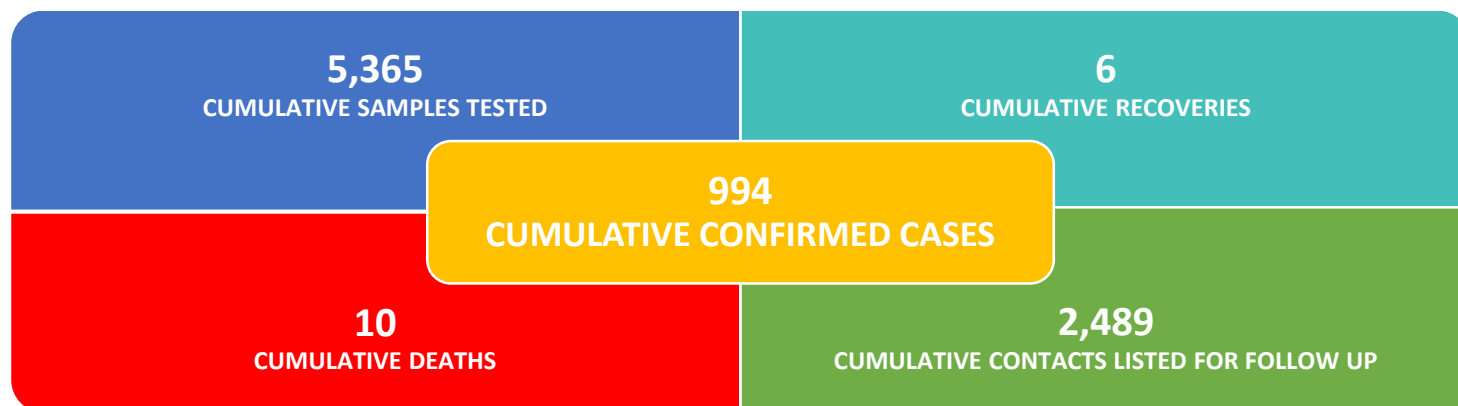




**PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)**

**COVID-19 WEEKLY SITUATION REPORT**

Reporting Period: May, 25-31, 2020 (week 22, Issue 12)



**1. KEY HIGHLIGHTS**

- A cumulative total of **994** cases have been registered including **17** imported cases as of 31 May 2020.
- **26** cases are currently isolated in health facilities in the country: 22 cases in Juba, 3 in Abyei county and 1 in Rubkona county. 74% bed occupancy remains available at Dr. John Garang IDU in Juba.
- **6** recoveries and **10** deaths have been recorded to date with case fatality rate (CFR) of 1%.
- **2,489** cumulative contacts have been registered of which **965** have completed the 14-day quarantine and **1,524** contacts being followed.
- A total of **5,365** laboratory tests have been performed to date.
- There is cumulative total of **373** alerts of which 89% (n=**333**) have been verified and sampled; Most alerts have come from Central Equatoria **83%** (n=309) and Eastern Equatoria States **5%** (n=18).

**2. BACKGROUND**

South Sudan confirmed its first COVID-19 case on 5 April 2020 and to date 994 cases have been confirmed by the National Public Health Laboratory with 6 recoveries and 10 deaths. Two percent (n=17) of confirmed cases are imported and 98 per cent (n=775) are locally transmitted. South Sudan is classified as having clusters of transmission.

**3. EPIDEMIOLOGY AND SURVEILLANCE**

**Descriptive epidemiology**

South Sudan confirmed its first COVID-19 case on 5 April 2020 and has since recorded 994 cumulative cases and 10 deaths. This report includes analysis for 819 cases the PHEOC has line-listed out of the 994 that have been confirmed. Cases detected among South Sudanese nationals account for 95% (n=944) of all cases, whereas 4% (n=40) are foreigners and 1% (n=10) unknown. There have been 17 imported cases: 8 from Kenya, 6 from Uganda, 1 from DRC, 1 from Eritrea, and 1 is unknown. Confirmed cases range from age 3 months - 85 years with an average of 37.2 years; 76% (n=755) of confirmed cases were diagnosed in males, 23% (n=229) female and 1% (n=10) were unknown. In South Sudan 85% (n=840) have been diagnosed in asymptomatic patients and young men within 30-39 age group are the most at risk for COVID-19. Only 15% (n=154) cases reported symptoms, of which the most frequent have been cough (105), fever (79), runny nose (74), and headache (62). 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 respectively. The affected Counties Alphabetically are: Abyei (n=4), Aweil (n=2), Fangak (n=3), Juba (772), Malakal (1), Nyirol (1), Torit (3), Rubkona (2), Rumbek Center (5), Yei (7) and Wau (2).



Figure 1: New and cumulative confirmed COVID-19 cases by notification date as of 31 May 2020

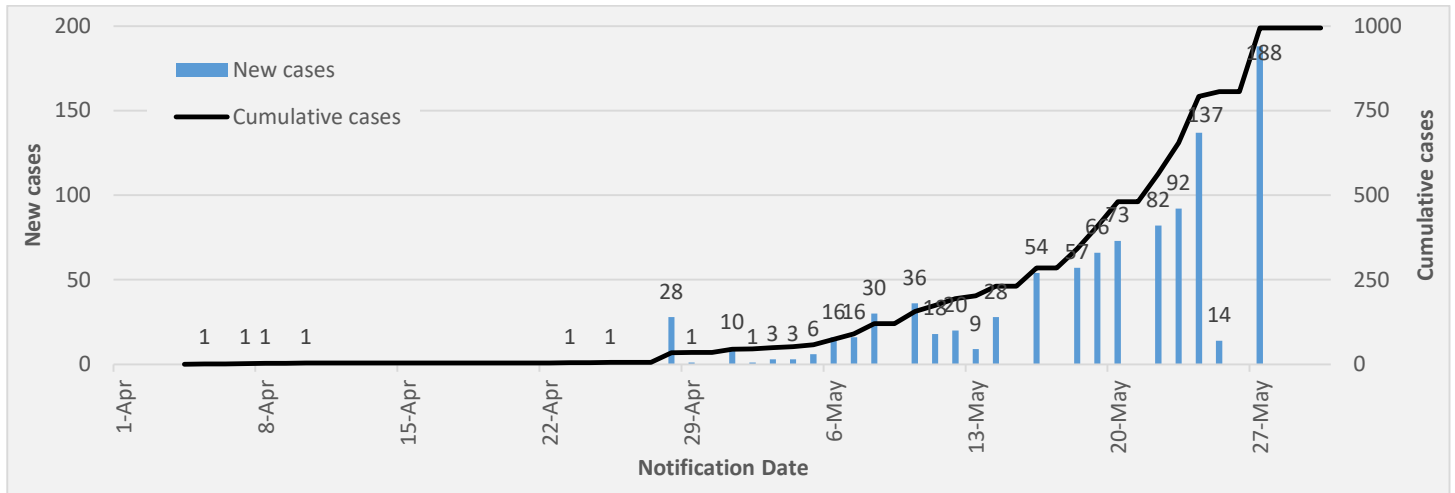


Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=772), 31 May 2020

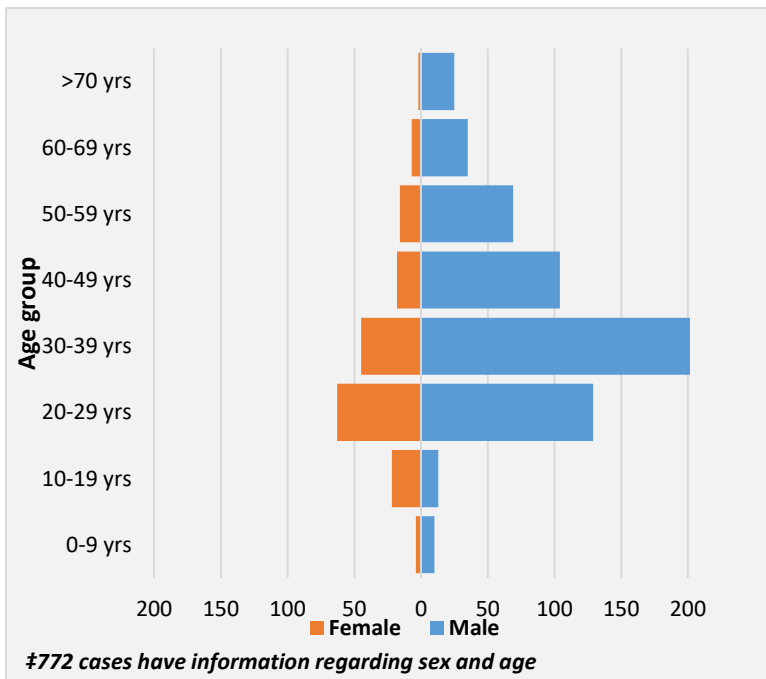
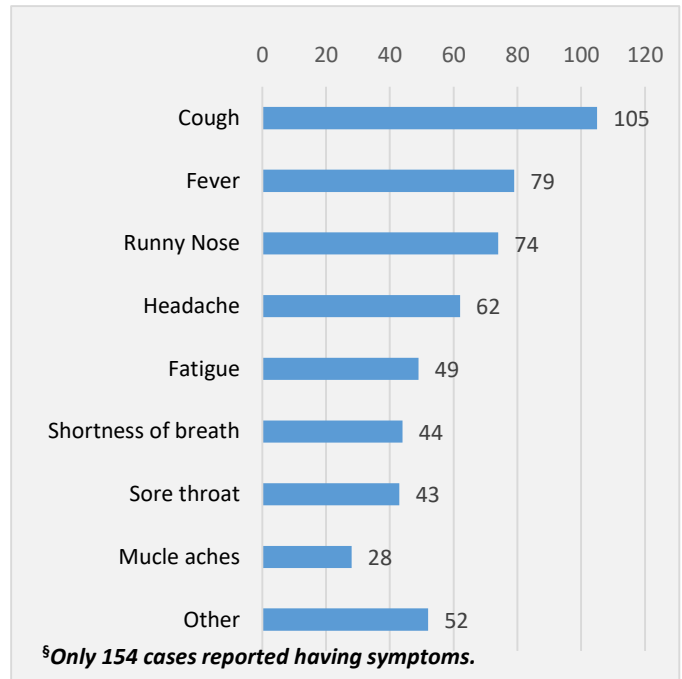


Figure 3. Frequency of symptoms among symptomatic cases



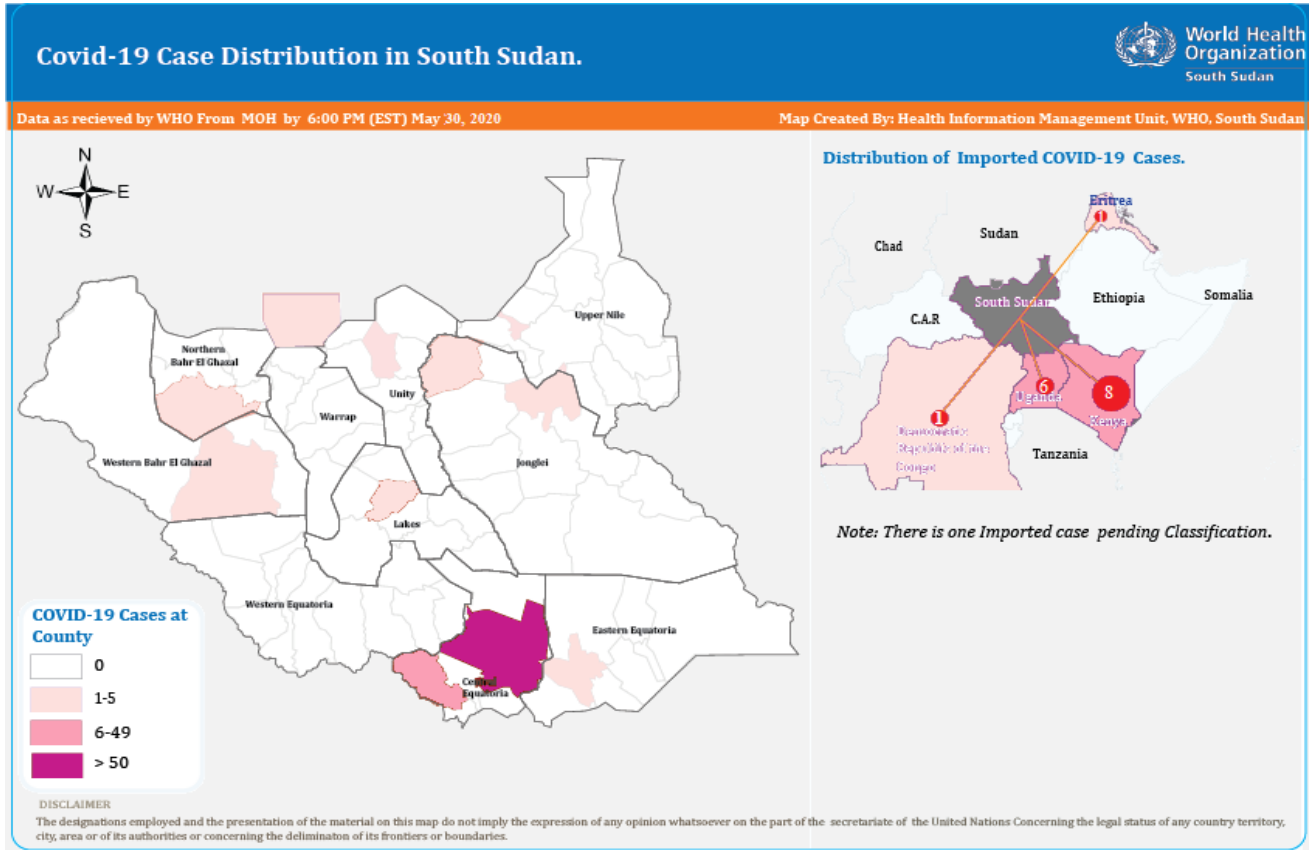


Figure 4: Distribution of confirmed COVID-19 cases according to Counties

## Contact tracing summary

- As of 30 May 2020, the total number of contacts (old and new) that have been monitored has reached 2,489. Out of these 39% (n=965) contacts have completed 14-days.
- Currently 1,524 known contacts are being monitored daily for signs and symptoms of COVID-19.

## 4. PUBLIC HEALTH ACTION/RESPONSE INTERVENTIONS

### 4.1 COORDINATION and LEADERSHIP

- The National Task Force (NTF) continues to meet regularly to deliberate on high level COVID-19 preparedness and response decision making; while National Steering Committee (NSC) and the State Task Forces (STF) meet on a weekly basis to discuss technical issues. County Committees are also being established gradually in several States as per directive of the former High Level Task Force (HLTF).
- The NSC reviewed and endorsed a draft proposal for operationalization of verifiable 14-day quarantine, in response to earlier directives from the former HLTF. If adopted by the NTF, the proposal would provide an alternative to the requirement for pre-travel laboratory testing for humanitarian personnel. It is important that humanitarian operations, including COVID-19 operations, are empowered through the safe movement of personnel, particularly in view of the onset of the wet season and increased humanitarian needs.
- Technical Working Groups (TWG) for each of the pillars and their respective leadership and partners continued towards finalizing the draft for the update of the National Plan, although an envisaged presentation to the NSC was not possible.
- Dr. Richard Lino Lako, D/G Policy, Planning, Budgeting and Research was appointed as the Ministry of Health (MoH) Incident Manager for COVID-19, replacing Dr. Angok Gordon Kuol.



## 4.2 LABORATORY

- Cumulative number of cases tested as of 30 May 2020 is 5,365.
- Cumulative number of positive cases confirmed is 994 across the Country.

## 4.3 SURVEILLANCE

- A Household Transmission study (as part of WHO's FFX protocol) will commence on 2 June 2020 to assess transmission patterns in households, targeting four States – Central Equatoria, Jonglei, Lakes and Unity. FFX Protocol is used for investigating 'first few cases' of COVID-19 in terms of case dynamics and clinical manifestation, contacts, and secondary attack rates, and health workers who are exposed and get infected.
- A Health Care Worker Exposure study (as part of WHO's FFX protocol) will commence on 2 June 2020. It will be conducted nationwide to continue documentation of numbers of health workers who are suspect, confirmed, and probable cases.
- Revised case report form approved by PHEOC and Surveillance TWG for dissemination.
- Collaboration with IOM ongoing to implement a "community testing" strategy in specific high-risk neighborhoods in Juba County.
- Interim guidance developed on surveillance for deaths in communities and testing deceased persons for COVID-19.
- In NBG State, bordering Sudan, two cases were confirmed on 24 May 2020 (one was an alert while the second was a traveler from Juba). Eight contacts have identified and contact tracing is ongoing by WHO and RRTs.
- In Upper Nile State, with one confirmed case on 27 May 2020, 15 contacts were identified and are being monitored. WHO/ SMOH deploys CSOs to strengthen surveillance in Renk and Fashoda county, Renk however lacks a COVID-19 facility.

## 4.4 CASE MANAGEMENT

- 22 patients are currently being managed at the Infectious Disease Unit (IDU) in Juba receiving supportive treatment. International Medical Corps (IMC) with funding from OFDA is scaling up the management capacity by increasing human resources and essential commodities for the IDU.
- In Juba, the Case Management Mobile team, comprising of a medical Doctor, Clinical Officers and HCWs is following more than 700 patients isolated at home by monitoring daily vital signs and providing guidance and referral for complicated cases.
- In Malakal and Wau POC adjacent area, the Shelter Non-Food Item (SNFI) cluster completed construction of 20-beds and 25-beds capacity COVID-19 facilities respectively.
- In Nimule, three truck drivers confirmed with SarsCov-2 are still being held at the COVID 19 facility, while 21 contacts listed are being followed up. Some 30 Health Care Workers (HCW) from Nimule hospital and other PHCCs were trained on triage, rational use of PPE, and case management by CORDAID supported by WHO and SMOH.
- In Yambio, construction of the triage centres has commenced in three health facilities: Yambio Prison, Baguga and Christian Medical Centre. The renovation of VIP hotel as a COVID-19 facility was launched by State Secretary General to facilitate management of COVID-19 cases in Yambio. Observing that renovation work may take some weeks, the State has established a temporary facility in the former EVD Isolation facility at Yambio Hospital for immediate use.
- In Northern Bahr el Ghazal (NBG) State, MSF ended its support for case management in the COVID-19 facility as of 24 May 2020, no partner has been identified yet to take over. UNDP donated 4,300 face masks to MoH and CBOs to enhance use of mask at community level. While in the Lakes State, with UNDP support, some 10,000 local cloth masks were produced and distributed to the community, production of additional 10,000 pieces will be completed in two weeks. The Office of Secretary General and SMOH released 70,000 SSP to support COVID-19 patients in the COVID-19 facility, noting gaps in supplies.



Photo 1: VIP hotel COVID-19 facility in Yambio under renovations



MINISTRY OF HEALTH

- In Eastern Equatoria State (EES), training of 20 HCW on case management was completed in Torit by CORDAID supported by WHO. Some 11,000 face mask locally produced with UNDP support were handed over to SMOH. In Jonglei, 15 community health promoters were trained to support awareness raising on COVID-19.

5.4 INFECTION PREVENTION AND CONTROL (IPC):

- COVID-19 orientation training for 32 Community Hygiene Promoters and water point Attendants was completed in Maban refugee camps and Malakal; and 75 Health Care Workers trained in Morobo and Wau.
- Connection of piped water system was accomplished in 11 Health facilities in Maban, and borehole drilling completed at Akoc PHCC in Warrap.
- Cumulative 201,452 individuals were reached with integrated COVID-19 messaging and hygiene promotion this week in Juba, Wau, Abyei, Twic, Yambio, Aweil, Torit, Bentiu POC and Malakal PoC sites.
- A total of 38,450 individuals were supported with WASH supplies in Wau, Torit and Abyei.
- 13 handwashing stations were installed in Juba, Wau, Yei and at Malakal PoC site during the week.
- In WES, assorted IPC items were distributed in 20 health facilities in Yambio and Nzara (3000 masks, 650 pairs of gloves, and 36 bottles of liquid soap); while 4 hand washing facilities were installed in four market places in Yambio town by World Vision.



Photo 2: Handwashing facilities constructed in public places

5.6 POINTS OF ENTRY (POE):

- 3,054 travelers were screened for COVID-19 at Juba International Airport, Nimule Ground Crossing, and Wau Airport supported by IOM. The POC screening is being conducted in Bor by ACTED, in Juba by IMC, and in Abyei at Amiet IDU by Save the children which also conducts contact tracing.
- IOM continued to conduct weekly assessment of mobility and COVID-19 preparedness at eight IDP sites and 47 points of entry/transit hubs, including those prioritized by the POE TWG.
- 2,480 reusable masks were produced by IOM/MHPSS beneficiaries in Wau and Malakal;
- WHO Health Service Functionality (HSF) and IOM’s Displacement Tracking Matrix (DTM) teams produced a joint analysis of health care access for IDPs and returnees in South Sudan. The interactive report provides a countrywide summary of gaps in access to functional health facilities for IDPs and returnees.



Photo 3: IOM’s Rapid Response Partner MaCDA demonstrates temperature screening in Mangateen, Juba. Riya Amani / MaCDA 2020

Through the Needs Analysis Working Group, DTM provided monthly update of flow monitoring data for the COVID-19 countrywide vulnerability framework. The joint analysis examines internal and regional population mobility, linking areas with confirmed cases in neighbouring countries. DTM/IOM further contributed to drafting of part on mobile populations of concern for the UN framework for the immediate socio-economic response to COVID-19 in South Sudan. IOM gathered weekly multi-sectoral updates on population movements at key transit points, areas and sites, affected population categories, type of measures imposed, ongoing response and needs, to feed into ongoing COVID-19 response.



**MINISTRY OF HEALTH**

**5.6 RISK COMMUNICATION, COMMUNITY ENGAGEMENT AND SOCIAL MOBILIZATION:**

- The RCCE TWG Standard Operating Policy (SoP) was presented and approved by the National Steering Committee (NSC).
- Community mobilisers through interpersonal awareness and megaphone announcements, reached a total of 194,199 individuals with COVID-19 messages during the reporting period.
- To enhance behavior, change efforts, 121 community mobilisers were trained and 217 community influencers, including religious leaders were oriented on COVID-19 across the States.
- Six to eight radio jingles continue to be aired daily in 10 local languages across 42 radio stations, as well as weekly talk shows hosting different content experts and influencers.
- To support awareness on the mandatory use of face masks countrywide, 130,000 flyers in English were printed by UNICEF. Translation of these messages into four local languages - Arabic, Dinka, Nuer and Zande is ongoing.
- About 2,940 mixed IEC materials (440 posters, and 2,500 fliers) were distributed to partners.
- On 8 May, virtual sessions were held benefiting 117 participants drawn from 59 risk communication and humanitarian agencies on COVID-19 key messages. An additional content addressing COVID-19 related social stigma and Protection from Sexual Exploitation and Abuse (PSEA) in the COVID-19 was integrated. A YouTube version of the orientation has been developed and the link shared widely.
- Seventeen rumors were collected through the rumor tracking mechanism. The rumors were collected from; Yei (8), Juba (2), Yambio (2), Nzara (2), Torit (1), Morobo (1) and Lainya (1). All were verified and responded to through different platforms. In Yei, 33 community leaders and influencers, and 28 Yamora members & Non-Violent Peace Force were oriented on COVID-19 and rumors tracking.
- In Lakes State, UNMISS donated 300 solar Radios to 300 households in Rumbek center, Rumbek East, and Wulu to enhance community awareness on COVID-19.

**5.7 LOGISTICS AND OPERATION SUPPORT**

- WFP continues to coordinate closely with WHO to assess the pipeline of in-coming supplies, including expected volumes and timelines. The UN COVID-19 Supply Chain System, which will allow to coordinate national demand and leverage global networks to procure the critical COVID-19 items, is being rolled out. To date, three orders from WHO have been submitted in the system and validated by the Country Supply Coordinator.
- Viral Hemorrhagic Fever (VHF) 500 kits were dispatched by the Logistics Cluster to partners to Agok (for MSF Switzerland in Abyei) and to Juba IDU (for IMC). WFP donated 400,000 masks to health partners, which will also be dispatched to critical locations as per WHO guidance.
- There is 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. Currently, there are 21 vehicles rented exclusively to support COVID-19 operations in the country: 17 in Juba, 2 in Nimule, 1 in Tambura and 1 in Maridi.
- 70 samples were collected by air from Bentiu, Agok, Yei, Rumbek and YiroL.

**5. STATE HUB COVID-19 UPDATES**

Coordination meetings through the State Task Forces (STF) are ongoing in all States capitals as per directive of the former HLTF, while County Committees are being slowly established at County level. In WES/ Yambio, an additional State HLTF which was established at the onset of COVID-19 preparedness remains functional chaired by the acting Governor for high level decision making.

While the STFs and NSC continue to address issues raised at the States, challenges still remain impacting effective preparedness and response: community resistance is reported across all States for home based isolation, lack of cooperation in reporting of contacts, lack of adherence to social distancing and wearing of face masks, none compliance to frequent hand washing, especially in public places, insufficient partners for case management, and delays in receiving laboratory test results from Juba. The lack/ inadequate availability of ambulances, PPE, and limited support to COVID-19 facilities and wards were highlighted.

In Jonglei, the go-slow strike by the State RRTs due to insufficient facilitation such as incentives impacted case investigations. In EES, insecurity in parts of Yei, Lainya, Kajo-Keji, Morobo hinders surveillance, social mobilization, risk communication, and general access for COVID-19 preparedness and responses. Furthermore, Jonglei also reported access challenges due to inadequate logistics and poor road network to reach reported suspected cases in the Counties. Several States (e.g NBG, WES, CES (Yei), Unity) have continued to advocate for establishment of additional screening at Points of Entry, emphasizing the high population movements, porous and unofficial border crossings.



## 6. MAJOR CHALLENGES

- Inadequate resources to establish fully functional COVID-19 facilities in the 10 State hospitals and 7 prioritized Counties.
- Limited resources for the Community Health Workers to follow cases isolated at home.
- 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.
- Limited PPE for Health Care Workers in PHCC, PHCUs and Hospitals impacts effective operations.
- Data management bottlenecks from the various sections of the outbreak (such as the laboratory sample reception, patient result notification, handoff to surveillance team, and management of clinical data) are causing delays in the entire response process.
- Limited laboratory capacity to handle a rapid influx of samples, in terms of supplies, personnel and coordination.
- Contacts refusing to comply with quarantine measures or denying exposure with the case though they are known to be a contact.
- Ensuring security for contact tracing activities in light of recent security incidents.
- Access to essential items is difficult when entire households are under quarantine.
- 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.
- Adoption of the recommended preventive measures is slow and the risk of transmission remains high especially maintaining physical distancing in crowded places like markets, IDPs/POC sites, with low risk perception.
- The impact of the lifting of several restriction directives made earlier by the HLTF which were intended to control spread of infection may have contributed to the increasing number of new cases reported.

## 8. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Advocacy for resources for establishment and functionality of COVID-19 facilities in the 10 state hospitals and 7 prioritized counties; and resourcing of activities for community health workers to follow cases isolated at home.
- To explore possibility of in-country production of PPE reiterating the growing demand for use by health care workers in PHCC, PHCUs and Hospitals.
- Wider dissemination of the approved TWG SOPs and Guidelines to enhance standardization of operations amongst all partners and States (Surveillance, Case Management/IPC, RCCE, Operations Support & logistics, and POE TWGs).
- Increased awareness on proper use of face masks through different platforms as mandated by the national task force. Translation of guidelines on how to make masks and dissemination to all States; poster and banners printed and distributed, production of radio jingles and a short video.
- Proactive monitoring of community perceptions relating to the unfolding COVID-19 situation in the country.
- Expand and decentralize testing capacities, and adhere to the criteria developed for the prioritization of testing.

## 9. CONCLUSIONS

- Ongoing coordination and collaboration amongst actors including National Task Force (NTF), National Steering Committee (NSC), MOH/PHEOC and other government ministries, agencies and departments to strengthen the COVID-19 outbreak preparedness and response mechanisms.

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