

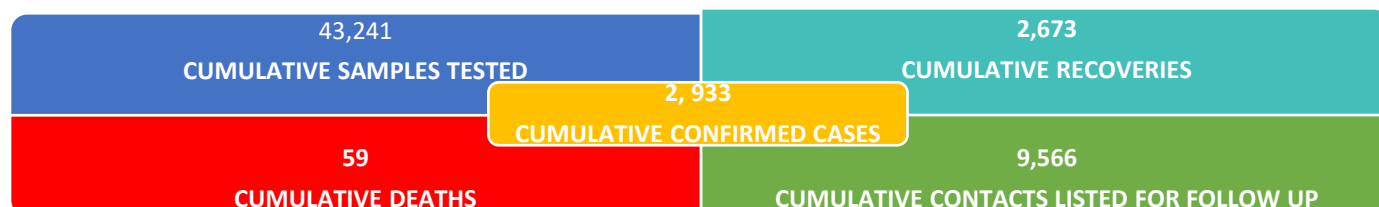


PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Issue No: 35

Reporting Period: 25 October-1 November 2020 (week 44)



1. KEY HIGHLIGHTS

- A cumulative total of **2,933** cases have been confirmed and 59 deaths with case fatality rate (CFR) of 2.1 percent have been recorded, including 217 imported cases as 1 November 2020.
- **2** cases are currently isolated in health facilities in the Country; and the National IDU has 99% percent bed occupancy available.
- **2, 673** cases (0 new) have been discharged to date.
- **136** Health Care Workers have been infected since the beginning of the outbreak with one death.
- **9,566** cumulative contacts have been registered of which **8,922** have completed the 14-day quarantine. Currently, 644 contacts are being followed; of these 55 percent (n=355) contacts were reached.
- 722 contacts have converted to cases thus far; accounting for 25.0 percent of all confirmed cases.
- Cumulatively **43,241** laboratory tests have been performed with 6.9 percent positivity rate.
- There were cumulative total of 1,454 alerts of which 86.9 percent (n=1, 265) have been verified and sampled; Most alerts have come from Central Equatorial (75.1%), Eastern Equatoria (4.3%); Upper Nile State (3.3%) and the remaining 17.3 Percent from the other states and administrative areas.
- As of 1st November, 24 counties (30.0%) out of 80 counties of ten states of South Sudan are affected (figure 4).

2. BACKGROUND

South Sudan confirmed its first COVID-19 case on 5 April 2020. To date 2, 933 cases have been confirmed out of 43,2411 tests performed by the National Public Health Laboratory (NPHL) and other decentralized Public Health Laboratories Networks in Nimule, Bor, and Malakal and UN clinics in Juba with 2, 673 recoveries and 59 deaths, yielding the case fatality rate (CFR) of 2.0percent. Up to 7.4 percent (n=217) confirmed cases were imported.

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 2,933 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 2, 673 recoveries and 59 deaths with case fatality rate (CFR) of 2.1 percent. Cases detected among South Sudanese nationals accounted for (79 percent) of all cases, whereas (12 percent) are foreigners and 9 percent unknown. There have been 217 imported cases (2 new) have been registered to date coming mostly from Kenya (18), Uganda (35), Eritrea (5), DRC (2), Somalia (1), South Sudanese returnees (89), and 67 unknown. Confirmed cases range from 2 months - 90 years of age with an average of 36.5 years. As for gender, 72.3 percent of confirmed cases were diagnosed in men, 23.5% in women, and 4.2% unknown. Young men within the 30-39 age groups are the most at risk for COVID-19.

Only 21.0 percent (n=603) cases reported symptoms, of which the most frequent have been cough 405, fever 352, runny nose 257, 230 shortness of breath, fatigue 227, headache 203, sore throat 136, muscle aches 129 and others 226



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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 29 October 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (8), Aweil East (5), Baliet (1), Ikotos (5), Juba (2,337), Maban (7), Magwi (3), Malakal (84), Nyirol (26), Rubkona (10), Rumbek North (1), Rumbek Center (22), Rumbek East (1), South Bor (33), Tonj North (1), Torit (40), Twic Warrap (3), Twic East (2), Uror (2), Wau (31), Yambio (7), Yei (23), Yirol West (1), Unknown (11).

Figure 1: New and cumulative confirmed COVID cases by notification date as of 1st November 2020

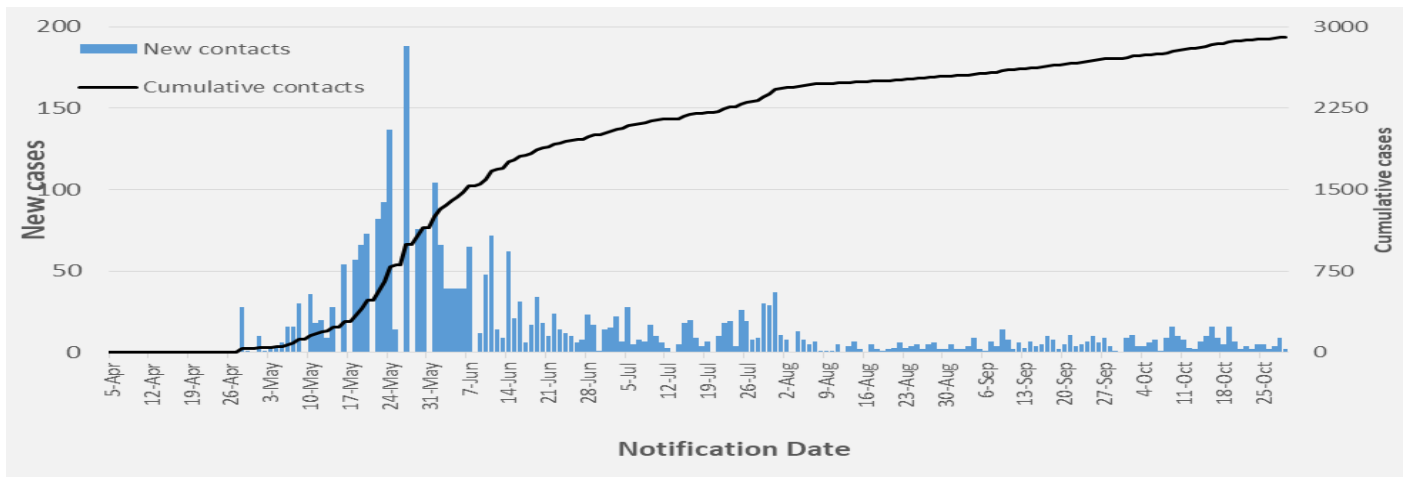


Figure 2. Age and sex distribution of COVID-19 confirmed cases (n=2 643[‡])

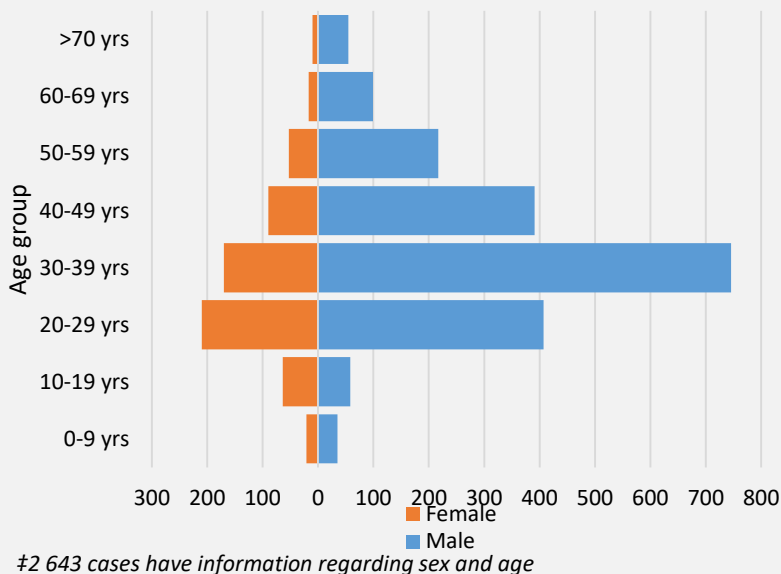
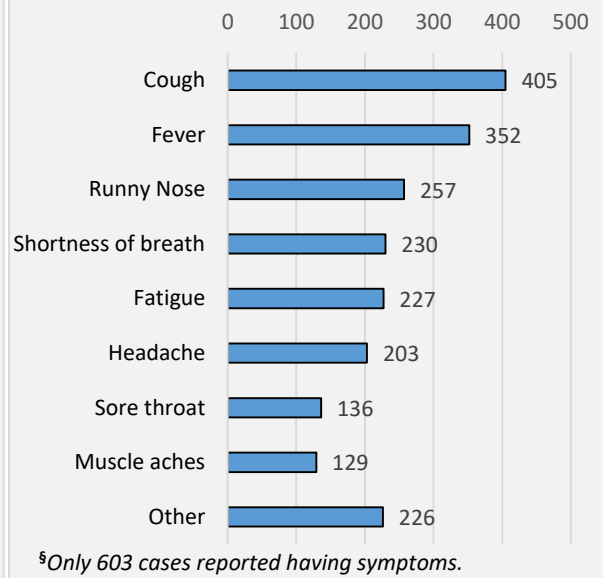


Figure 3. Frequency of symptoms among those reporting (n=603[§])

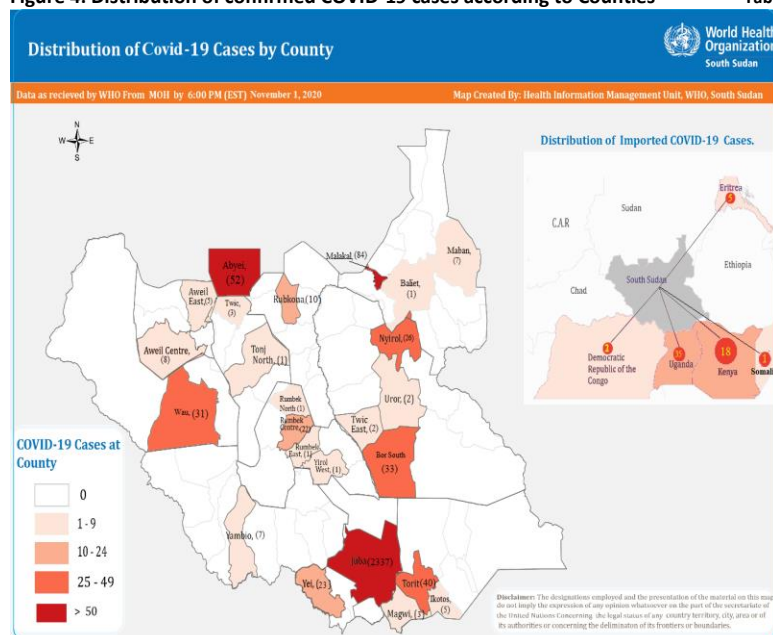




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Figure 4: Distribution of confirmed COVID-19 cases according to Counties

Table 1: Summary of COVID-19 Cases by State including imported as of 1 November 2020



State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	46	2,358	3	6
Eastern Equatoria	5	264	0	2
Jonglei	1	61	0	1
Lakes	0	25	0	5
Northern Bahr el Ghazal	0	12	0	0
Unity	0	11	0	1
Upper Nile	0	92	0	4
Warrap (including Abyei)	0	56	0	0
Western Bahr el Ghazal	0	47	0	0
Western Equatoria	0	7	0	0
Total	52	2,933	3	59

Contact tracing summary

- As of 1 November 2020, the total number of contacts (old and new) that have been monitored has reached **9,566**. Out of these 93.7 percent (n=8,922) contacts have completed 14-day quarantine period.
- Currently, 644 contacts are being followed; of these 55 percent (n=355) contacts were reached.
- 722 contacts have converted to cases thus far; accounting for 24.8percent of all confirmed cases.

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 COVID-19 intra-action workshop was conducted from 26-27 October, with the overall objective to review the ongoing COVID-19 pandemic response and preparedness in South Sudan across all pillars, and to document the best practices and lessons learned to improve the ongoing response and preparedness. The workshop was facilitated by MoH/PHEOC and WHO, with participation of subject matter experts and stakeholders including National Steering Committee (NSC) members, State Task Force (STF) members, Technical Working Group leads (TWGs) and implementing partners.
- Having issued the South Sudan Guidelines on COVID-19, the Medical Advisory Panel (MAP) of the NTF is yet to provide written documentation and confirmation on pending issues regarding the Guidelines such as the COVID-19 negative certificate validity period, issues around quarantine (Q14), exemption for category of people including humanitarian actors from Q14, and guidance on use of Rapid Diagnostic Tests (RDT), amongst others. The written guidance will provide clarity to different actors including Airport Authority, Airlines, and travellers.
- COVID-19 Transitional Roadmap discussions amongst stakeholders are ongoing including with the NSC and the Inter-Agency Leadership Team for mainstreaming COVID-19 into other response and coordination structures aimed at strengthening incident management system in both the short and long terms for humanitarian and development activities.

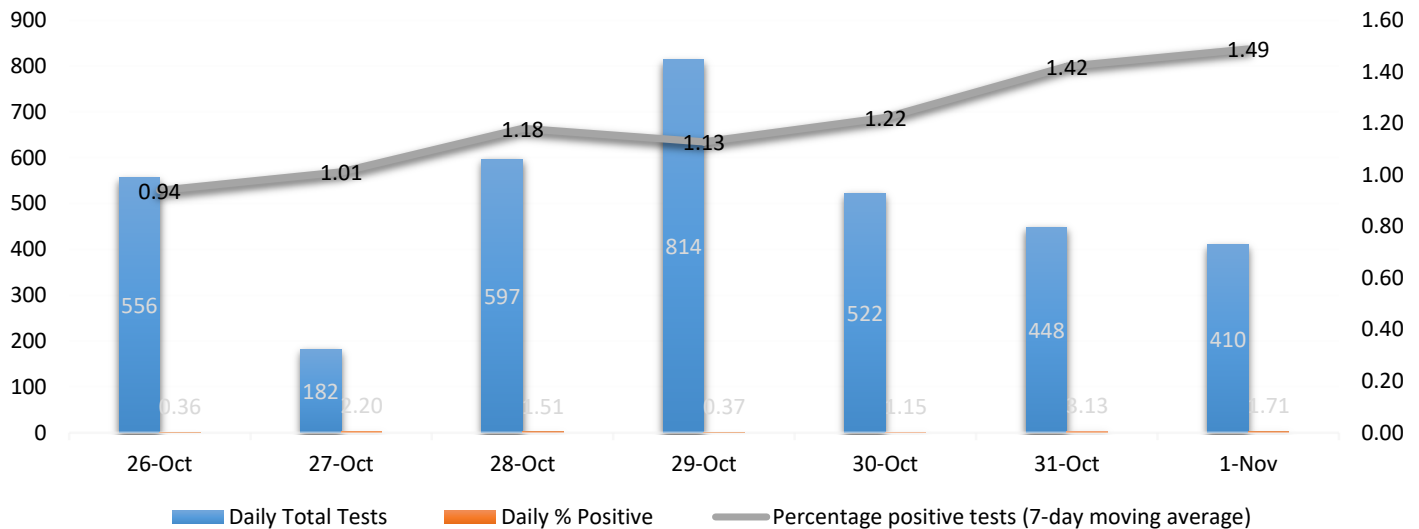


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4.2 LABORATORY

- Cumulative 43,241 samples tested as of 1 November 2020.
- Cumulative 2,933 positive cases confirmed across the country with 6.9 percent 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 Pillar continues to collaborate with Surveillance and Case Management TWGs to review the RDT protocol.
- The second phase of GeneXpert decentralization for COVID-19 testing has been complete and functional in seven sites: Maban, Tonj, Kapoeta, Awiel, Yirol, Makpondu, and Nzara, with training provided to Lab Technicians. WFP/UNHAS coordinated and facilitated GeneXpert transportation to all the sites. The third phase is planned to cover mostly sites bordering Sudan that are to be upgraded by WHO and the UNDP/Global Fund. The sites include amongst others Renk, Agok in Abyei, and Kuajok.

Figure 5: Laboratory testing positivity data: 7-day count and moving average, 26 October-1 November 2020.



4.3 SURVEILLANCE

- The NTF, MAP, and the Data Management TWG approved the revised case definition, case investigation form, and lab request form. Soft copies were distributed through the TWG networks.
- The TWG collaborated with PoE TWG to respond to the MAP protocols on issues of COVID-19 negative certification entry and exit requirements at land, river, and air borders. MAP response to queries raised on operationalizing the protocols are still pending.
- Household transmission investigation continues, with 53 cases and household contacts enrolled in Lakes State (Rumbek), Jonglei State (Bor), CES (Terekeka, Rajaf), and EES (Nimule) until 30 November. Oral and nasal swabs, blood specimens, and in-depth interviews of those enrolled will continue over the course of four visits for the duration of the investigation.
- TWG presented its evaluation data on proportion of COVID-19 and ARI alerts reported through the IDSR system, numbers of contact tracers on standby, and proportion of COVID-19 alerts verified for the month of September at the monthly Inter-pillar meeting on 30th October.
- Plans to integrate the epidemiology and surveillance response capacities into IDSR is ongoing, aimed at integration of the TWG into the EP&R model as part of the transition into a more comprehensive horizontal response and preparedness to the pandemic waves.



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4.4 CASE MANAGEMENT

- The Juba John Garang IDU has 01 patient still in admission carried forward from previous week. The patient who was admitted in severe state is improving. While in Western Bahr al-Ghazal State, 2 suspected cases were admitted in the newly opened Wau COVID-19 facility at Al Muktah PHC. No (Nil) admission is currently reported in other COVID-19 facilities countrywide.
- In Upper Nile, Malakal Teaching Hospital new COVID-19 ward was inaugurated by the State Governor. The COVID-19 ward was renovated by MSF and will be supported by International Medical Corps (IMC) to care for severe COVID-19 cases.
- Home Base Care partners continue to distribute kits that include food and hygiene supplies for patients isolated at home in Juba and Nimule.
- Currently there are 20 functional COVID-19 facilities in the Country; and cumulative 302 functional triage facilities for COVID-19 countrywide; while 17 facilities for referral systems were targeted, to date 11 have been reached attributed to funding challenges for the procurement of ambulances.
- Emergency Medical Team (EMT) conducted assessment to Juba Teaching Hospital and the IDU for setting up of a critical care unit. Finding and recommendation to be shared in coming week.

Medair Home Care Support System

Confirmed positive cases referred to Medair			Alerts, contacts, and facility referrals to Medair		
# Referred to Medair	Reached	Not Reached	# Referred to Medair	Reached	Not Reached
21	57.2% (12)	42.8% (9)	13	100% (13)	0% (0)
Phone unanswered		2	Phone unanswered		0
Incorrect phone number		4	Incorrect phone number		0
Awaiting call		0	Awaiting call		0

4.5 INFECTION PREVENTION AND CONTROL (IPC)

IPC TWG leadership continues to support National and State level coordination, as partners continue to scale up activities with improved collaboration of an integration of WASH services with RCCE, Health and Nutrition actors in health facilities, PoC sites, and communities at risk. Based on reports received from 10 partners (UNHCR, UNICEF, ACTED, AHA, CEDS, IAS, NSDO, OXFAM, SP, WVI). below achievements were collectively implemented across the Country.

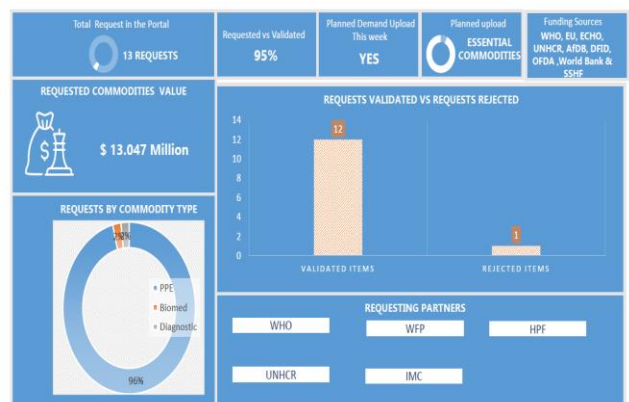
- 417 out of 1,200 people observed to use handwashing stations on entering churches, health facilities and schools, markets, and other public places in Torit, Rajaf POCs, Aweil and Maban.
- 77 out of 300 people who received a facemask each actually wear them during sensitization activities organized in Torit, Juba, Aweil and Maban.
- 300,098 people engaged and reached with integrated COVID-19 hygiene promotion services across the country.
- 8,700 people reached with WASH facility upgrades through repairs, rehabilitation, and new construction in Aweil, Torit, Yambio, Malakal and Anackdiar.
- 218 Health care workers and community WASH workers trained in IPC measures in Juba, Malakal, Magwi and Wau and Aweil.
- 33 health facilities including COVID-19 treatment facilities supported with PPE and IPC supplies in Juba, Rajaf and Kator, Aweil and Maban.
- 234 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution in across the country.

4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE): NTR

4.7 OPERATION SUPPORT AND LOGISTICS (OSL)

- Following the arrival of SSHF funded COVID-19 PPE commodities in South Sudan, WFP through the Logistics Cluster, and WHO, as co-leads of the Operational Support and Logistics Pillar, re-launched the Personal Protective Equipment (PPE) Common Request System, aimed at consolidating requests of in-country COVID-19 PPE commodities. During the reporting week, nine requests were received and approved by the Inter-Agency technical team on 28 October from five organisations (Malaria

SUPPLY PORTAL ACTIVITIES DASHBOARD





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Consortium, UNICEF, Alima, Medair, and Medair), and to reach eight locations (Aweil, Ayod, Juba, Leer, Manyo, Raja, Renk and Wau), totaling 206,909 PPE items allocated from the common pool.

- During the reporting week, four COVID-19 samples were transported from Agok to Juba for testing by the NPHL.
- The movement of Rapid Response Team for COVID-19 related activities continues to be supported by the provision of nine vehicles in Bentiu (1), Juba (5), Nimule (2), and Tambura(1).

4.8 POINTS OF ENTRY (POE)

- 11,676 travelers underwent primary screening at various screening points in Juba/JIA (4,722), Wau (621), Nimule (3,488), Wunthuo-Renk (10), Amiet-Abyei (2,352) conducted by the International Organization for Migration (IOM).
- There is on-going hygiene promotion and risk communication and community engagement activities by various PoE partners at their respective PoE locations.
- The POE TWG is currently updating the Standard Operating Procedures (SOPs) for border crossings and camp and camp like settings based on the updated case definition for South Sudan.



IOM PoE Screening of a traveler at Wau Airport. (Photo credit: Peter

Ocaya)

5. MAJOR CHALLENGES

- Testing from the states where no testing facility is available, still problematic, (sample collection not done in a timely manner as well as transportation to Juba, compounded by poor motivation due to unpaid incentives for RRT).
- Stigma reported against COVID-19 patients discouraging new cases to seek for medical care. The TWG is working on addressing this issue together with all Home based care partner and RCCE TWG.
- Contacts refusing to comply with quarantine measures or denying exposure with the case though they are known to be a contact.
- Funding challenges across pillars especially for case management and PoE. For the PoE pillar, continuous lack of funding for partners have resulted in four partners withdrawing from PoE activities in Yambio, Kajokeji and Abyei.
- Limited PPE availability for COVID-19 facilities and Triage points highlighted across all States. Despite the high level of knowledge registered, there still persistent low perception of risk among the population requiring regular advocacy by all stakeholders including NSC. Stigma reported against COVID-19 patients also discouraging new cases to seek for medical care.
- Limited monitoring and supportive supervision at field visits- due to access challenges- security, poor road network, flooding, and logistical, as well as reduced partners presence due to reduced funding. This has further impacted participation of partners in TWGs meetings and other activities, and reduction of reporting of activities implemented.
- Limited access and mobility to communities and health facilities due to heaving rains/ flooding, poor logistics, and insecurity. Also Protest by Youths in Upper Nile (Renk and Melut) interrupted some COVID-19 intervention including case management. Also, IPC TWG reported low monitoring and supportive field supervision -due to travel restrictions and low funding.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Review and update of South Sudan COVID-19 Guidelines on COVID-19, and dissemination to wider audience.
- Revise and update the strategies for surveillance, testing, case management and contact tracing as the outbreak evolves.
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- NSC take up the issue of distribution of VTMs and kits to the States and implementing partners so that they can actually implement the lab testing strategy and improve COVID-19 surveillance and testing rates across the Country.
- Establishment of remote meeting devices to the operational COVID-19 facilities for online experience sharing and trainings.



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- Continue engagement with the National and State authorities for mitigation campaign aimed at reducing the risk of COVID-19 transmission during community events including funerals and wedding.
- 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.

7. CONCLUSIONS

Ongoing stakeholders discussions including amongst TWGs on the COVID-19 transitioning roadmap into other response and coordination structures aimed at strengthening incident management system in both the short and long terms for humanitarian and development activities. Furthermore, engagement on inter-action review of lesson learnt to date, challenges, innovation and best practices for COVID-19 response and preparedness. Major funding gaps remains across all pillars for the COVID-19 National Response Plan (NRP) implementation, only funded at 51 percent todate.

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