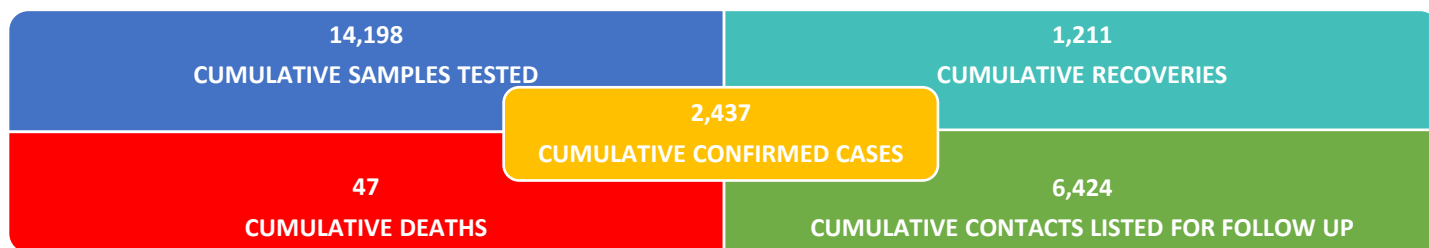




COVID-19 WEEKLY SITUATION REPORT

Issue NO: 22

Reporting Period: June 27 July-2 August 2020 (week 31)



1. KEY HIGHLIGHTS

A cumulative total of **2,437** cases have been confirmed and **47** deaths have been recorded, with case fatality rate (CFR) of **1.9%** including including **47** imported cases as of 2 August 2020.

1 case is currently isolated in health facilities in the Country and is in mild condition. Currently the National IDU has 99 percent bed occupancy available.

1,211 recoveries have been recorded, accounting for a recovery rate of 49.7 percent.

122 Health Care Workers have been infected since the beginning of the outbreak with one death.

6,424 cumulative contacts have been registered of which **5,780** have completed the 14-day quarantine and **644** contacts are being followed. 11.1 percent (n=710) contacts have converted to cases thus far; accounting for 29.1 percent of all confirmed cases.

Cumulative **14,198** laboratory tests have been performed accounting for 17.2 percent positivity rate.

There is cumulative total of **842** alerts of which 80.9 percent (n=**682**) have been verified and sampled; Most alerts have come from **Central Equatoria 82.3 percent; Eastern Equatoria 3.2 percent; Western Bahr El-Ghazal 3.3 percent.**

As of 2 August 2020, **22** counties (**28%**) out of 80 counties of ten states of South Sudan are affected.

2. BACKGROUND

South Sudan confirmed its first COVID-19 case on 5 April 2020. To date 2,437 cases have been confirmed by the National Public Health Laboratory (NPHL) out of 14,198 tests performed with 1,211 recoveries and 47 deaths, yielding case fatality rate (CFR) of 1.9 percent. Up to 1.9 percent (n=47) confirmed cases are imported and 98.1 percent (n=2,390) are locally transmitted.

South Sudan is classified as having clusters of transmission in general and community transmission in Juba, the capital city.



MINISTRY OF HEALTH (MOH)

3. EPIDEMIOLOGY AND SURVEILLANCE

Descriptive epidemiology

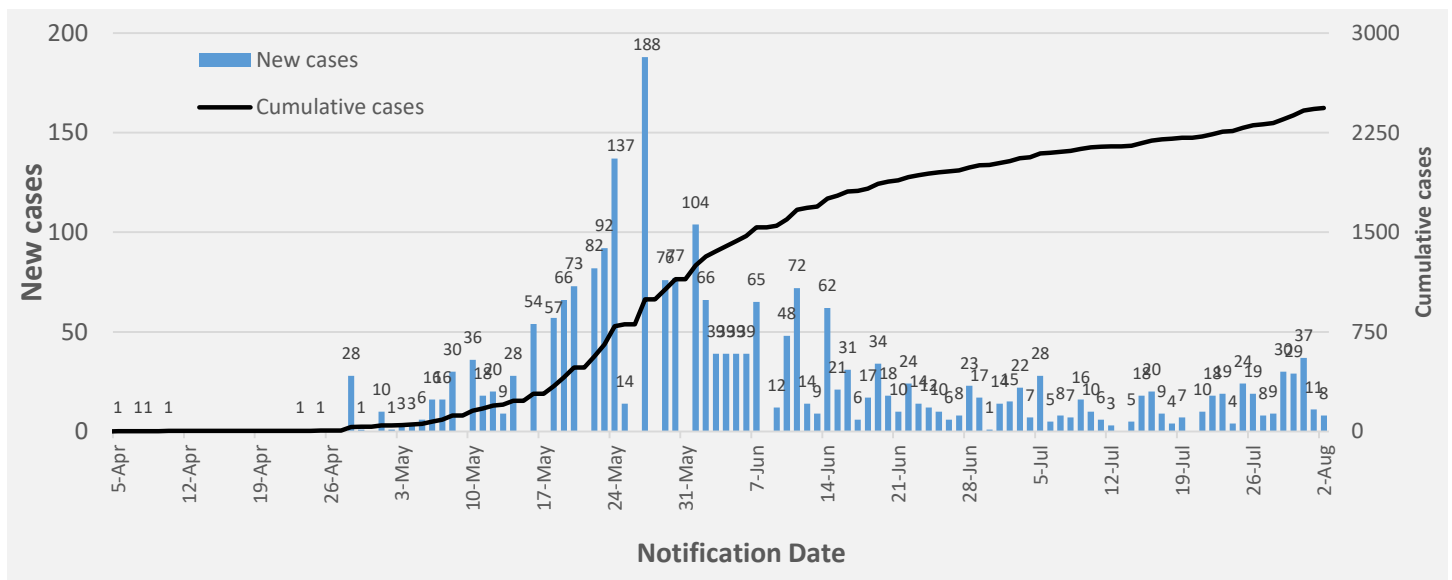
This report includes analysis for 2,437 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 1,211 recoveries and 47 deaths with case fatality rate (CFR) of 1.9 percent. Cases detected among South Sudanese nationals account for 85 percent (n=2071) of all cases, whereas 9 percent (n=219) are foreigners, and 6 percent (n=146) unknown. There have been 47 imported cases: 17 from Kenya, 12 from Uganda, 1 from DRC, 2 from Eritrea, 1 from Netherlands and 15 are unknown.

Confirmed cases range from age 2 months to 90 years with an average of 36.8 years; 75 percent (n=1,828) of confirmed cases were diagnosed in males, 24 Percent (n=585) female and 1 percent (n=24) were unknown. Young men within the 30-39 age group are the most at risk for COVID-19; an average of 35 years.

Only 23.6 percent (n=576) cases reported symptoms, of which the most frequent have been cough (18.6 percent), fever (16.0 percent), runny nose (11.5 percent), headache (9.9 percent), fatigue (10.0 percent), shortness of breath (10.1 percent), sore throat (6.6 percent), Muscle aches (6.3 percent) and others (11.0 percent). 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 2 August 2020, the affected Counties are alphabetically: Abyei (51), Aweil Center (7), Aweil East (5), Juba (2,069), Maban (5), Magwi (1), Malakal (51), Nyirol (22), Rubkona (10), Rumbek North (1), Rumbek Center (21), Rumbek East, South Bor (26), Tonj North (1), Torit (34), Twic Warrap (3), Twic East (2) Uror (2) Wau (26), Yambio (6), Yei (22), Yirol West (1), Unknown (9).

Figure 1: New and cumulative confirmed COVID cases by notification date as of 2 August 2020





MINISTRY OF HEALTH (MOH)

Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=2,284), 2 August 2020

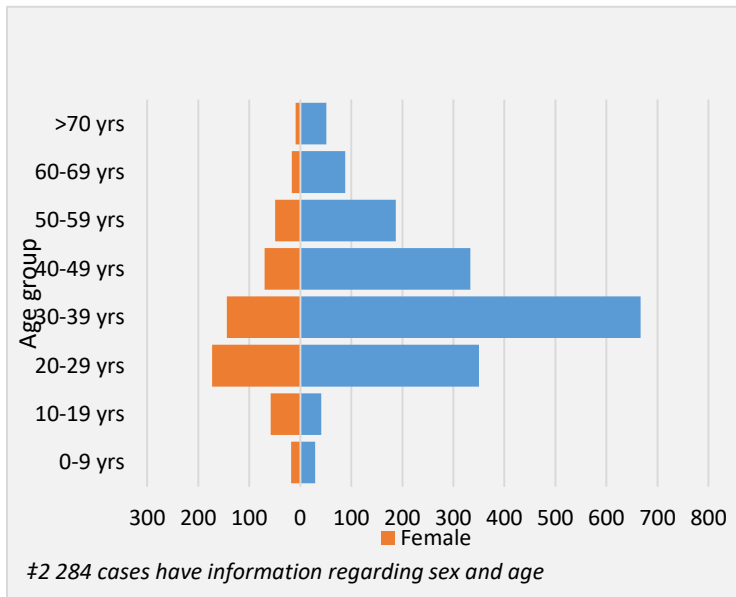
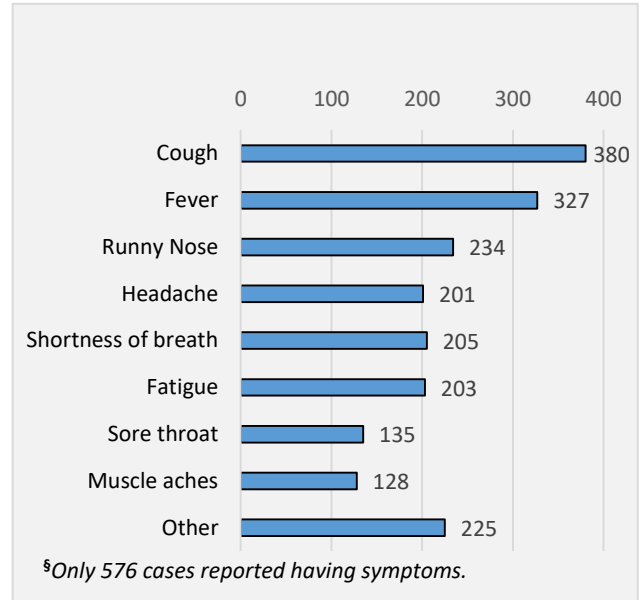
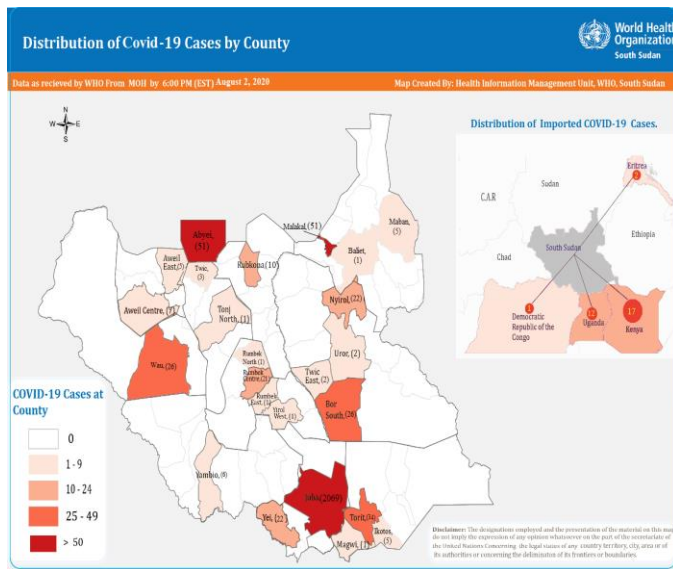


Figure 3. Frequency of symptoms among symptomatic cases



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



Geographical information is available for 2 405 cases.

Table 1: Summary of COVID-19 Cases by State as of 2 August 2020

State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	0	2 091	0	36
Eastern Equatoria	0	40	0	2
Jonglei	0	52	0	1
Lakes	0	24	0	5
Northern Bahr el Ghazal	0	12	0	0
Unity	0	10	0	0
Upper Nile	0	57	0	1
Warrap (including Abyei)	0	55	0	0
Western Bahr el Ghazal	0	26	0	0
Western Equatoria	0	6	0	0
Imported	0	47	0	1
Unknown	0	9	0	0
Pending classification	8	8	1	1
Total	8	2 437	1	47

Contact tracing summary

- As of 2 August 2020, the total number of contacts (old and new) that have been monitored has reached **6,424** Out of these, 90 percent (n=5,780) contacts have completed 14-day quarantine period.
- Currently 644 known contacts are being monitored daily for signs and symptoms of COVID-19
- 11.1 percent (n=710) contacts have converted to cases thus far; accounting for 29.1 percent of all confirmed cases.



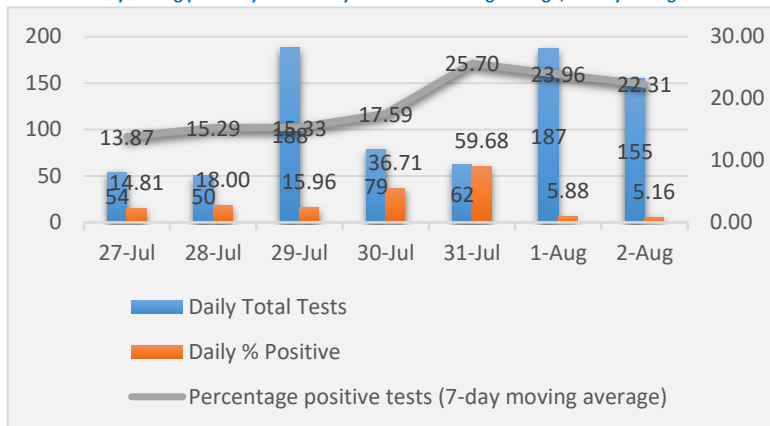
MINISTRY OF HEALTH (MOH)

4. PUBLIC HEALTH ACTION/RESPONSE INTERVENTIONS

4.1 LABORATORY

- Cumulative 14,198 samples tested as of 2 August 2020.

Figure 5: Laboratory testing positivity data: 7-day count and moving average, 27 July- 2 August 2020



- Cumulative 2,437 positive cases confirmed across the Country.
- A cumulative total of 2,652 samples have been collected from active surveillance sites in Juba; of which 198 cases have been detected via active surveillance with 7.5 percent positivity rate.
- South Sudan’s daily testing count does not show a clear trend, while its daily and moving average positivity proportions are fluctuating as 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.
- Dispatch of GeneXpert cartridges escorted by GeneXpert team is rescheduled on 4 August to the prioritized seven sites and States across the Country. Training on COVID-19 software, disease, biosafety, and proper wastes management will be conducted by the team noting that the cartridges are toxic. WFP will facilitate movements of the team and supplies.
- The Laboratory TWG with support from WHO conducted an IPC laboratory training for 40 laboratory staff and other staff from the Data Management team.

4.2 COORDINATION AND LEADERSHIP

- 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.
- Newly appointed Governors who have taken up portfolios have been briefed on the COVID 19 preparedness and response by the State Task Forces (STF) in Lakes and WES.

4.3 SURVEILLANCE

The following activities were accomplished:

- Revisions of Rapid response Team (RRT) SOP completed, pending endorsement from the NSC leadership team.
- Twelve refugee sites enrolled in the active surveillance pilot (sentinel sites) in the following four States: CES, WES, Unity, and Upper Nile.
- The TWG position on pre-travel testing and pre-travel Q14 presented to NSC on 30 July.
- Presentation and endorsement of the prioritized points of entry s to NSC deferred to 6 August NSC meeting. The approval of these prioritized PoE impacts Epi-Surveillance recommendation on integration of COVID-19 testing at border/transport sites.
- In Upper Nile State, cumulative 63 confirmed cases were registered as of 27 July, with 11 new positive case reported from the POC site and UNMISS; with details registered as follows: Malakal (8), PoC (32), UNMISS (14), Humanitarian (9) including 3 from Tri-Star contractors. The PoC site is an epi-center in the Upper Nile. IMC has set



MINISTRY OF HEALTH (MOH)

up two static umbrellas for COVID-19 screening at the Malakal POC site gate to promote quarantine for suspected cases and effect sample collection, noting the increasing community transmission. To update humanitarian staff on current COVID-19 situation, and further to enhance awareness and adherence to preventive measures, UNMISS and COVID -19 STF conducted a town hall meeting with all humanitarian staff. However, the State is challenged by the lack of supplies (IPC, PPE, etc) for COVID-19 response.

- In Lakes, cumulative 27 confirmed cases have been registered as of 30 July, with Rumbek town accounting for 81 percent, while Cueibet and Yirol West accounted for 19 percent cases. Age group between 35-44 years account for 67 percent of confirmed cases as compared to other age groups. Males account for 85 percent as compared to 15 percent females. Todate, 2 Health Workers have been infected.
- In WES, RRT are established in 10 Counties of Yambio, Nzara, Ezo, Tambura, Ibba, Maridi, Munidri west, Munidri East, Mvolo and Nagero to enhance response to alerts, contact tracing, and other activities. Training of Contact Tracing Team is ongoing facilitated by MOH and WHO.

4.4 CASE MANAGEMENT

- 1 patient is currently admitted at IDU (Juba) in stable, while 3 COVID-19 cases are admitted in Yambio managed by CMMB.
- 9 Doctors, 10 clinical officers, 20 Nurses, 30 Hygienists working at the IDU were trained by IMC on psychosocial first aid.
- 4 additional triage points were established in Malakal and Wau Protection of Civilians (POC) sites.
- Home based care is ongoing for mild COVID-19 patients in Juba and Malakal POC sites.
- In Tambura County/WES, WVI with funding from the Health Pool Fund (HPF) will support case management, filling gap that has been outstanding for several months. IPC/WAS activities will also be supported in 54 HF in the County.

Medair Home Care Support System

• **Updates 20-25 July**

# Referred to Medair	Reached	Not Reached
29	62% (18)	38% (11)

Total Reached	Enrolled	Declined	Admitted to IDU at time of first call	Deceased at time of first call	Not qualified
18	100% (18)	0	0	0	0

Total Enrolled	Male	Female	Asymptomatic	Mild	Moderate	Severe
18	78% (14)	22% (4)	83% (15)	17% (3)	0	0

- Active patients by COB 25/7: 27
- Discharged: 10

4.5 INFECTION PREVENTION AND CONTROL (IPC)

Below are activities collectively implemented by IPC WASH partners in health facilities, POCs and refugee camps and at-risk communities across the Country.

- 8,799 people reached with critical WASH supplies/hygiene items and services across the Country.
- 334,685 people engaged and reached with integrated COVID-19 and hygiene promotion services
- At least 11,969 people reached with WASH facility upgrades through repairs, rehabilitation and new construction works.
- At least 8,821 people reached with cloth face masks distributions in public places and communities
- 91 health workers trained in COVID 19 IPC measures
- 441 community health workers/hygiene promoters/Water user committees oriented on COVID 19 and hygiene awareness
- Triage and screening area set up as per SOP
- 4 health facilities assessed on IPC WASH status
- 9 health facilities including treatment facilities supported with PPE and IPC supplies.
- 58 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution; with ongoing works to install 185 stations



4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

RCCE activities continued to be implemented and monitored by partners to assess impact, with the following key achievements registered:



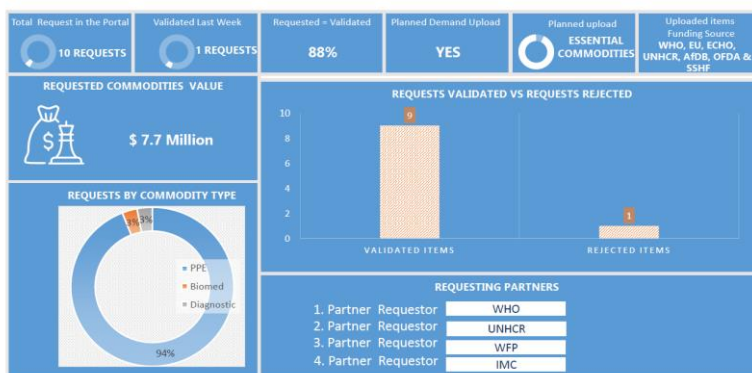
Photo: The RCCE activities impacted by flood@ Payinjar

- A total 109,026 individuals were reached with key COVID-19 key messages by community mobilisers through interpersonal awareness sessions and street announcements through megaphone-walks.
- 23 community mobilisers were trained and 84 community influencers, including religious leaders; were oriented on COVID-19 as well as mental health and psychosocial support.
- Over 639 radio jingles were aired in 10 local languages by 40 radio stations in all the 10 States, while 32 weekly talk-shows on COVID-19 were hosted by different content experts and influencers.
- The MoH 6666 call center registered a total of 5,718 inbound calls (an average of 817 calls per day) received on COVID-19 and related issues.
- UNICEF through its implementing partners APDA in CES (Juba) supplied 200 posters, 100 banners and 25,000 stickers/flyers. Onward distribution of already prepositioned communication materials at State level is ongoing.
- COVID-19 sensitization and hygiene promotion activities to communities are being implemented by IOM in 9 locations in Juba (Suk Libya Market Bus Station, Juba River Port, Juba Bus Station, Jebel Market, Gudele 2 Bus Station, Hai Baitara Market, Mangateen Bus Station, Jonderu 1 Market /Bus Station, and Jonderu 2 Bus Station, reaching cumulatively 370,203 individuals (58,970 girls, 57,825 boys, 122,588 women, 125,282 men, including 5,538 people with special needs).

4.7 LOGISTICS AND OPERATION SUPPORT

- Ongoing replenishment of PPEs and other necessary supplies to the COVID-19 facilities, and other health facilities. The movement of Rapid Response Team is being facilitated by road and air.
- WFP is working with the MOH National Public Health (NPHL) Laboratory team to facilitate the movement of technical experts and critical testing supplies to the field to establish COVID19 testing capacity to seven States in support of GeneXpert decentralization.
- WFP will facilitate a high-level mission to Nimule by MoH officials to oversee COVID-19 control and preventive measures on 5 August 2020.

SUPPLY PORTAL ACTIVITIES DASHBOARD



4.7 POINTS OF ENTRY (POE)

- The TWG will continue collaboration with Epi-Surveillance TWG on the pilot testing of truck drivers in other locations including Abyei and Renk.



MINISTRY OF HEALTH (MOH)

- Ongoing screen by IMC in Juba at the POC site main gates; ACTED in Bor POC site; IOM in JIA, Nimule checkpoint, Bentiu, Wau and Malakal at Health Facilities (PHCUs at the POCs); CCM in Nadapa; and further screening in Maban and Amiet.
- On-going scale up of prevention activities including screening, handwashing stations, dissemination of information in all operational POEs, POC sites and refugee camps.

5. MAJOR CHALLENGES

- Critical to fast-track process for general dispatch 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. Upper Nile, EES/ Yei, and WBG in particular have reported running low on VTM, triple packaging boxes, sample collection kits, and cartilages where GeneXperts are installed.
- Data management SOP and Decentralized COVID-19 protocol are still lacking.
- 12 Health Care Workers confirmed COVID-19 in the past 2 weeks in Malakal, Torit and Juba.
- General lack of Case Management partners in States attributed to lack of funding including in Isolation/COVID-19 facilities (CM TWG, Yei, NBG, Nimule, and Upper Nile –Renk).
- Inadequate/ shortage of PPE (for HCW) in several States, e.g - NBG, EES, Lakes, Upper Nile & Nimule.
- Lack of PoE screening in several active crossing points (e.g Yei, Unity & UNS.)
- Transport challenges for RRT, contact tracers and for supervision reported in NBG, EES and Nimule.
- 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.
- Poor road condition impacting accessibility due to the rainy season.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Cessation of weekly educational sessions to refugee camp health facilities noting they are currently fully enrolled in the sentinel sites pilot (12 HFs deliver health services for refugee camps and host communities in WES, CES, Unity, and Upper Nile States; 18 HFs in Juba and 2 POCs remain enrolled for Juba County).
- Inter-pillar Data Management working group to conduct weekly meeting on Friday 8 August to review all data submitted by TWGs.
- Health worker retrospective follow-up COVID-19 survey launches on 3 August.
- Health worker cross-sectional SMS survey will launch on 10th August.
- Finalization of case management data collection tools
- Review assessment data of health care workers infection and strategize to improve infection prevention of HCW
- Conduct case management training for the 18 COVID-19 facilities across the Country.
- Strengthen collaboration between RCCE TWG and Health Cluster partners in COVID-19 RCCE community engagement and related activities.
- 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



MINISTRY OF HEALTH (MOH)

Ongoing preparedness and response activities by partners at both National and State levels. 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