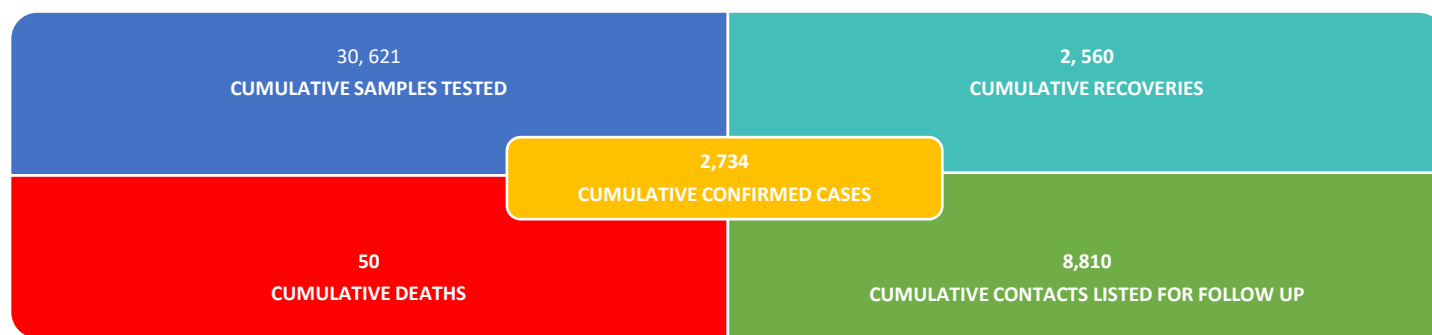




COVID-19 WEEKLY SITUATION REPORT

Issue NO: 31

Reporting Period: 28 September– 4 October 2020 (week 40)



1. KEY HIGHLIGHTS

- A cumulative total of 2,734 cases have been confirmed and 50 deaths have been recorded, with case fatality rate (CFR) of 1.8 percent including 181 imported cases as of 4 October 2020.
- 0 cases are currently isolated in health facilities in the Country; and the National IDU has 100% percent bed occupancy available.
- 2,560 recoveries have been recorded, accounting for a recovery rate of 53.3 percent.
- 130 Health Care Workers have been infected since the beginning of the outbreak with one death.
- 8,810 cumulative contacts have been registered of which 8,573 have completed the 14-day quarantine. Currently, 273 contacts are being followed of these 82.3 percent (n=195) contacts were reached.
- 718 contacts have converted to cases thus far; accounting for 26.2 percent of all confirmed cases.
- Cumulatively 28,258 laboratory tests have been performed with 9.5 percent positivity rate.
- There is cumulative total of 1,311 alerts of which 85.3 percent (n=1,119) have been verified and sampled; Most alerts have come from Central Equatoria (76.4%), Eastern Equatoria (4.2%); Western Bahr el Ghazal (2.9%), and the remaining 16.5% from the other states and administrative areas.
- As of 4 October, 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 2,734 cases have been confirmed out of 30,621 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 2,560 recoveries and 50 deaths, yielding the case fatality rate (CFR) of 1.8 percent. Up to 6.6 percent (n=181) 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

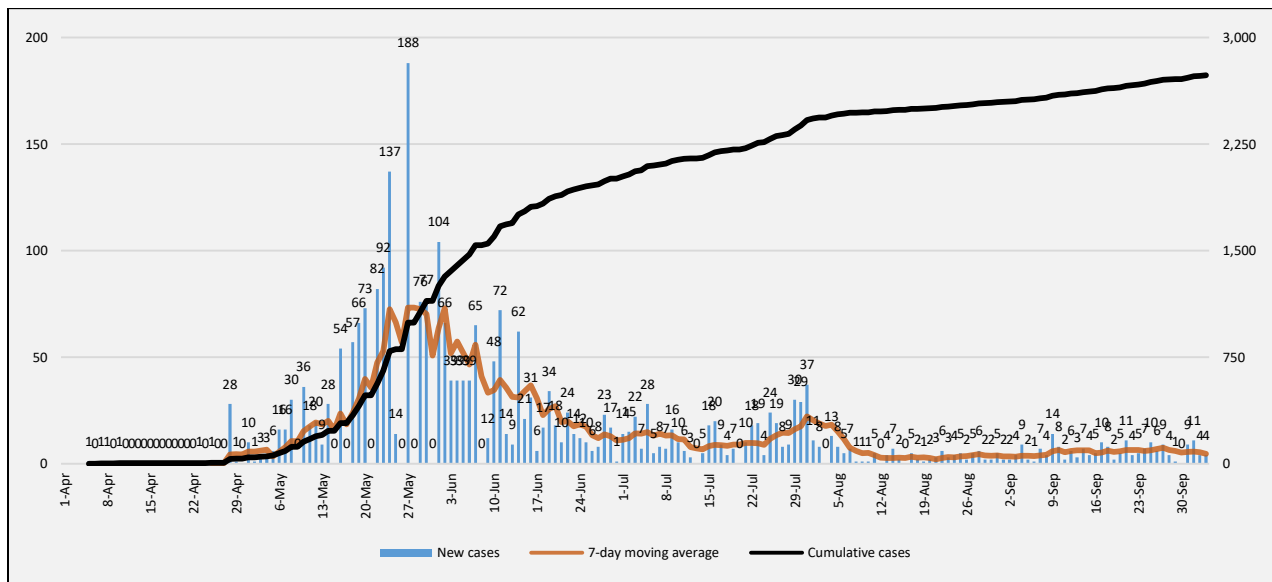
- This report includes analysis for 2,734 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 2,560 recoveries and 40 deaths with case fatality rate (CFR) of 1.8 percent. Cases detected among South Sudanese nationals accounted for (80 percent) of all cases, whereas (11 percent) are foreigners and 9 percent unknown. There have been 181 imported cases (20 new) have been registered to date coming mostly from Kenya (17), Uganda (25), Eritria (4), DRC (2), Somalia (1) and South Sudanese returnees (62), and 70 unknown.



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- Confirmed cases range from 2 months - 90 years of age with an average of 36.6 years. As for gender, 72.8 percent of confirmed cases were diagnosed in men, 23.3% in women, and 3.8% unknown. Young men within the 30-39 age groups are the most at risk for COVID-19.
- Only 22.0 percent (n=599) cases reported symptoms, of which the most frequent have been cough 399 (18.7%), fever 345 (16.2%), runny nose 253 (11.9%), 224 shortness of breath (10.5%), fatigue 221 (10.4%), headache 201 (9.4%), sore throat 135 (6.3%), muscle aches 128 (6%) and others 225 (10.6%). 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 4 October 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (7), Aweil East (5), Baliel (1), Ikotos (5), Juba (2,182), Maban (7), Magwi (3), Malakal (83), Nyirol (26), Rubkona (10), Rumbek North (1), Rumbek Center (22), Rumbek East (1), South Bor (32), Tonj North (1), Torit (38), Twic Warrap (3), Twic East (2), Uror (2), Wau (29), Yambio (7), Yei (23), Yirol West (1), Unknown (10).

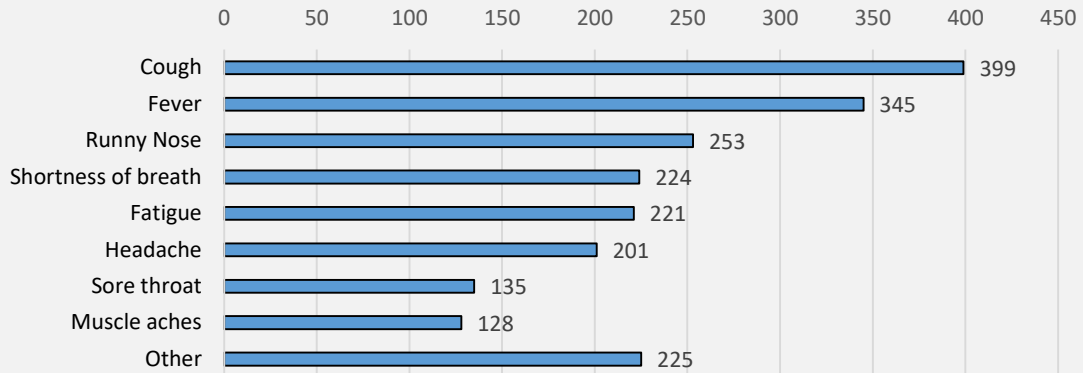
Figure 1: New and cumulative confirmed COVID cases by notification date as of 4 October 2020





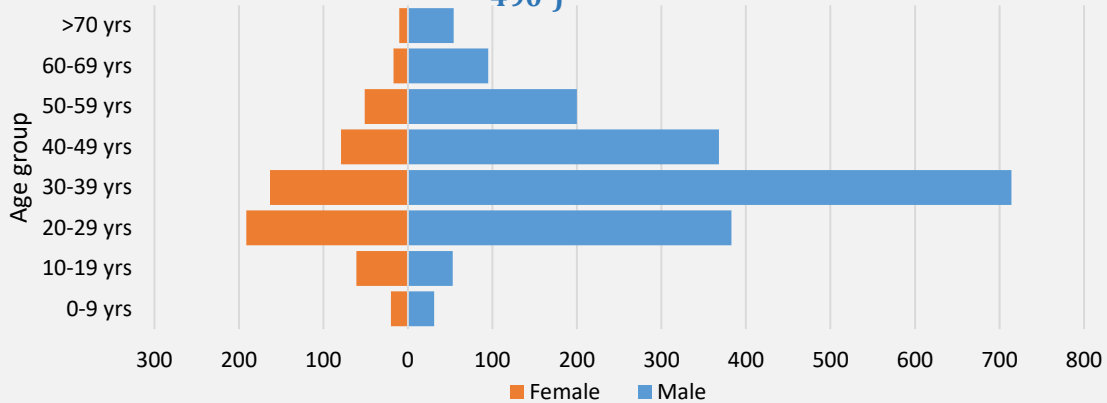
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Figure 2. Frequency of symptoms among those reporting (n=599§)



§Only 599 cases reported having symptoms.

Figure 3. Age and sex distribution of COVID-19 confirmed cases (n=2 490#)



#2 490 cases have information regarding sex and age

Contact tracing summary

- As of 4 October 2020, the total number of contacts (old and new) that have been monitored has reached **8,810**. Out of these 97.3 percent (n=8,573) contacts have completed 14-day quarantine period.
- Currently, 273 contacts are being followed of these 82.3 percent (n=195) contacts were reached.
- 718 contacts have converted to cases thus far; accounting for 26.2 percent of all confirmed cases.



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

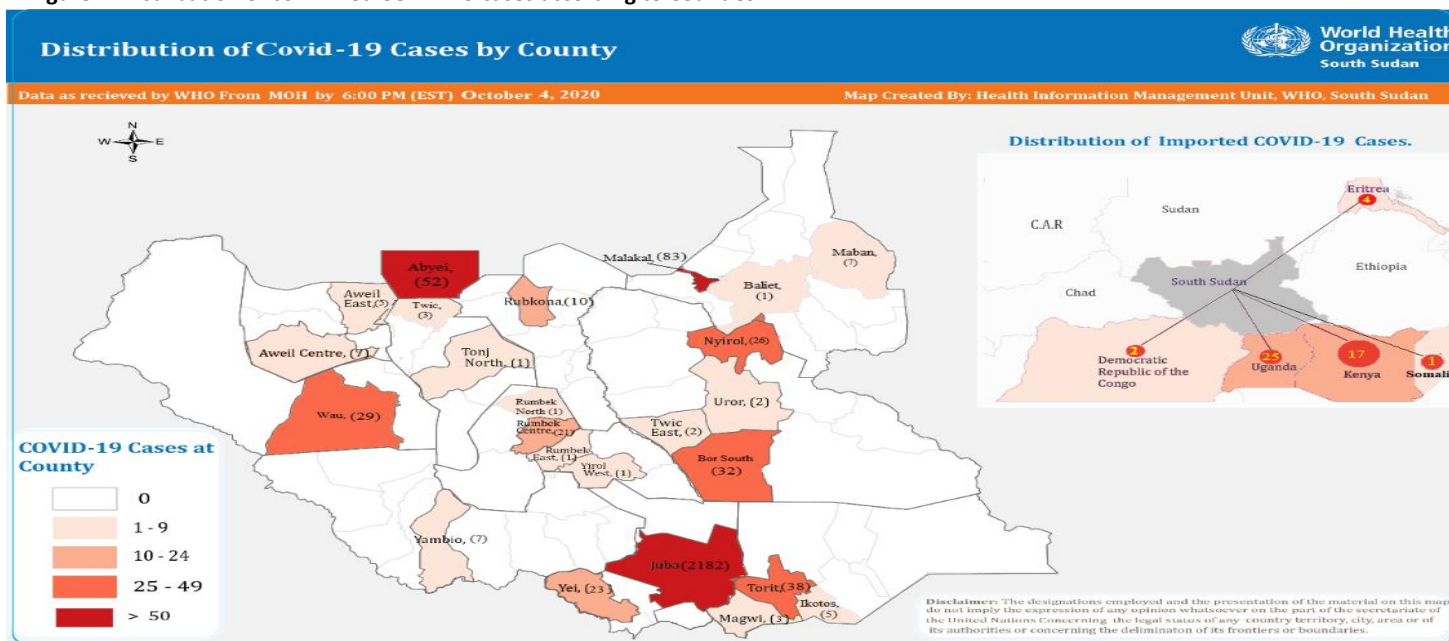


Table 1: Summary of COVID-19 Cases by State as of 4 October 2020

State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	1	2206	0	39
Eastern Equatoria	0	45	0	2
Jonglei	0	62	0	1
Lakes	0	25	0	6
Northern Bahr el Ghazal	0	12	0	0
Unity	0	10	0	0
Upper Nile	0	91	0	1
Warrap (including Abyei)	0	56	0	0
Western Bahr el Ghazal	0	29	0	0
Western Equatoria	0	7	0	0
Imported	3	181	0	1
Unknown	0	10	0	0
Pending classification	0	0	0	0
Total	4	2734	0	50

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).



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- Ongoing COVID-19 Transitional Roadmap discussions by stakeholders including 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.
- Following pronouncement by the Government of Uganda to open its borders /points of entry (air, sea & land) on 1 October 2020, the border on the South Sudanese side remain closed until capacity for the anticipated increase in crossings to and from Uganda and South Sudan- amongst returnees, refugees, traders- in terms of screening, sampling, testing, contact tracing , Q14 are scaled up.
- In South Sudan, the requirement for both the 72-hours validity negative certificate and Q14 is only applied for international arrivals by air, while for land and sea arrivals, this is not enforced except for truck drivers who are required to have 14-days' valid negative certificate but no Q14 requirement. Uganda has removed Q14 in lieu of availability of a 72-hours valid COVID-19 negative certificate.

4.2 LABORATORY

- Cumulative 30,621 samples tested as of 4 October 2020.
- Cumulative 2,734 positive cases confirmed across the country with 7.5% 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.

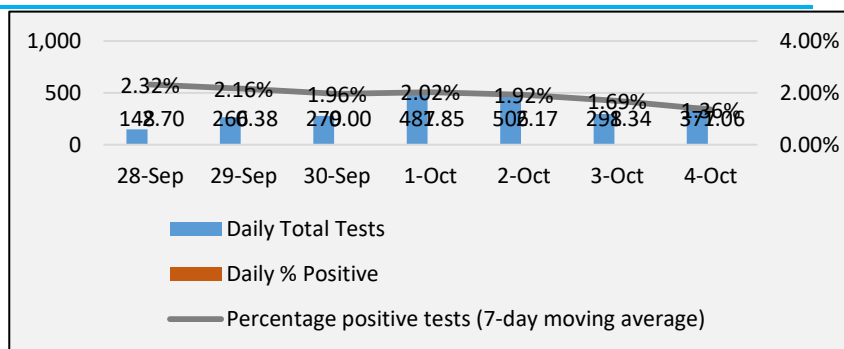


Figure 5: Lab testing positivity data: 7-day count and moving average, 28 Sept- 4 Oct 2020.

4.3 SURVEILLANCE

- Epi-Surveillance participated in joint supervisory visit to the Nimule POE with IOM, 25-30 September. Report forthcoming – focal areas: mobile lab, cargo screening and testing, returnee screening and testing, isolation & quarantine capacity, and data documentation and reporting
- Presented preliminary findings of joint supervisory visit to Nimule with the NSC and MAP, 1 October
- Co-hosted meeting with UNHCR, BH/POE TWG, IOM, and Protection Reference Group on the “systems” response needed in Nimule to accommodate opening of the border with Uganda and the opening of schools – both of them can be super-spreader events for COVID-19
- TWG provided feedback to MAP’s Nimule recommendations at the NSC meeting, 1st October – available in the NSC meeting minutes
- TWG approved changes to the case investigation form to reflect the updated COVID-19 case definition and sent to the Data Management TWG for review and approval to assure consistency with DHIS2 requirements.

4.4 CASE MANAGEMENT

MHPSS regional hotline reached to 775 individual in Wau, 776 in Bentiu, 778 in Malakal, Yei and Torit, and 779 in Yambio
 386 Health care workers trained on Case Management across the country
 No severe COVID-19 patient admitted in any of the 20 COVID-19 facility country wide for 3 weeks now
 Nimule isolation facility will be operationalized by United Networks for Health to admit severe COVID-19 patients
 Wau COVID-19 facility fully functional at Al Muktah PHCC by IMC but has not admitted any case yet
 Solidarity, ACF and Medair distributed home based kits to 28 household in Juba
 Home based care by Medair has recorded 25 New admission this week while 27 patients were discharged after recovery



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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 continue 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. Based on reports received from 11 partners (UNHCR, UNICEF, IOM, ACTED, AHA, CARE, CEDS, IRC, NSDO, SP, WVI) below achievements were collectively implemented across the Country.

- 4, 832 people reached with critical WASH supplies/hygiene items and services in Munuk and Juba Payams in Juba County (CES)
- 281, 114 people engaged and reached with integrated COVID-19 and hygiene promotion services
- 30,579 people reached with WASH facility upgrades through repairs, rehabilitation, and new construction in Baac, Mangar Tong, Yar-got payams in Aweil East County (NBeG), Ayat East Payam in Aweil west County (NBeG), Renk Payam in Renk County (GUN), Malakal Payam in Malakal County (GUN), Anackdiar Payam in Baliet County (GUN) and Rajaf Payam in Juba County (CES)
- 245 people were reached with cloth face masks distributed in communities in Malakal Payam in Malakal county (GUN State), in Gondokoro Payam in Juba County (CES) and in Wanyjok Payam in Aweil East County (NBeG) and in Aroyo Payam in Aweil Centre County (NBeG)
- 231 Health Workers and community WASH workers trained in IPC measures in Jamjang and Pamir (Pamir Refugee Camp) payams in Pariang County (US), Gondokoro Payam in Juba County (CES), Wanyjok Payam in Aweil East County (NBeG) and in Aroyo Payam in Aweil Centre County (NBeG)
- 11 health facilities including COVID-19 treatment facilities supported with PPE and IPC supplies in Renk Payam in Renk County (GUN state), in Yambio Payam in Yambio County (WEQ), Wanyjok Payam in Aweil East County (NBeG), Aroyo Payam in Aweil Centre County (NBeG), Juba and Munuki Payams in Juba County (CES)
- triage and screening area set up as per SOP in Munuki, Lokiliri, Northern Bari and Rajaf Payams in Juba County (CES)
- 754 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution

4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- A total of 187,645 individuals were reached with key COVID-19 messages by community mobilisers through interpersonal awareness sessions and megaphone-walks. During this Week 49,324 households were reached by the Community Mobilizers across 10 states and 3 administrative areas.
- During this week 58 community influencers received training / orientation on Risk Communication and Community Mobilization issues on COVID-19. This includes religious leaders; teachers, women and youth leaders were oriented on COVID-19; as well as mental health and psychosocial support.
- 1,871 radio jingles were aired in 10 local languages through 40 radio stations across all 10 states in the country. 42 weekly talk shows on COVID-19 have been hosted, in which different content experts and influencers participated.
- A total of 15,649 Flyers and 2,087 Posters and 1,899 Banners on COVID-19 were displayed at different strategic locations in the county.
- A total 234 community mobilizers have been trained on COVID-19



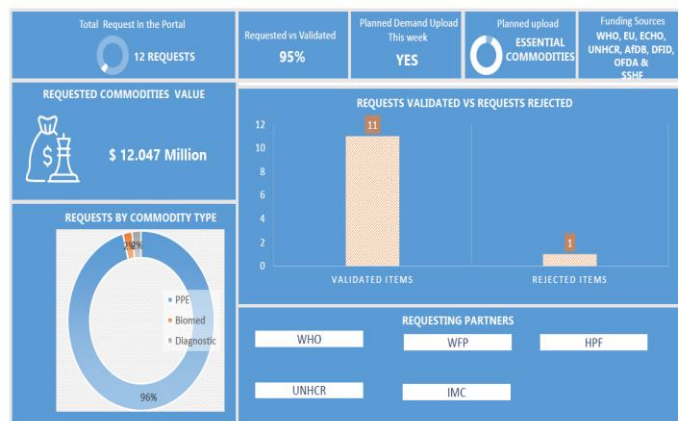
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4.7 LOGISTICS AND OPERATION SUPPORT (LOS)

- 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 of the National Response Plan, re-launched the Personal Protective Equipment (PPE) Common Request System, aiming at consolidating requests of in-country COVID-19 PPE commodities. The Logistics Cluster is consolidating requests on a weekly basis for the Inter-agency technical team to review and allocate the COVID-19 PPE commodities. During the reporting week, 96 requests forms has been received from 44 organisations. All request forms have been approved by the inter-agency technical team on 28 September (with adjustments made based on available quantities for certain requests), totalizing 306,795 PPE allocated from the common pool to be received in 70 locations across South Sudan.
- The movement of Rapid Response Team for COVID-19 related activities continues to be supported by the provision of 13 vehicles both in Juba and Nimule.

4.8 POINTS OF ENTRY (POE)

- 9,150 travelers underwent primary screening at various screening points in Juba, Wau, Nimule, and Renk. (4,728 JIA, 3,411 Nimule, 514 arrivals and 450 departures in Wau and 47 Renk conducted by the International Organization for Migration (IOM)
- A joint inter-pillar joint supervision mission was conducted to Nimule consisting of the Points of Entry (POE) and Epidemiological Surveillance (Epi Surveillance) Technical Working Groups (TWGs) to Nimule from 25-30 September. The main objectives of the mission were as follows:
 - To provide supportive supervision to teams on the ground at the Point of Entry (POE), sample collection site, mobile laboratory, IPC/WASH at Nimule hospital and RCCE
 - To conduct a readiness assessment and provide additional support needed prior to opening of the Uganda –South Sudan border on 1s October 2020
 - To discuss the next steps and way forward following the recent Cross Border meeting held in Elegu 16-17 September as per the resolutions
 - To follow up on the recommendations made by the Medical Advisory Panel (MAP assessment) conducted in Nimule
 - Assure ongoing integrated & cross-border active surveillance for EVD, COVID-19, and Yellow Fever
 - The key achievements of the mission presented to the National Steering Committee (NSC) on Thursday 1st October included:
 - Consultative meetings with the Executive Director (ED) and Director of County Health Department, Chief of Immigration, Nimule Hospital Medical Director and Chief Matron.
 - Participation of the TWG at state level and State Task Force and discussed the pertinent issues that the state requires particularly Nimule prior to opening of the Uganda -South Sudan border.
 - Conducted a refresher training for the POE staff and to emphasize the new Case Definition.
 - Printed and provided additional IEC materials and job aids at POE and Nimule hospital and in customs.
 - At immigration, discussions were held on enforcement of preventive measures: social distancing, wearing of masks, foot marks placed at the immigration for the social distancing.
 - **Among the key recommendations included the following:**
 - Need for rapid, mass screening (POEs/re-settlement of mobile populations) for entry/exit requirements.
 - Need for support to the County Health Department (CHD) and immigration on clear guideline on requirements for arrival (written documentation) especially with the Uganda -South Sudan border opening.
 - Explore expansion of the secondary screening site/or a holding site at the POE for family members of suspected cases prior to arrival of RRT.





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- Provision of Psychosocial Support (PSS) and food at the Isolation site for confirmed COVID-19 Cases and their family members (for returnees). The key recommendations will be discussed and followed up at the national level in collaboration with the state.

5. MAJOR CHALLENGES

- Repeated calls by alerts through the hotline causing double reporting.
- Positive case travelling to states causing continuation of spread of covid-19
- Limited action to move testing materials out to the states and administrative areas – daily testing continues to be dominated by testing travelers instead of those priority groups outlined in the NTF-approved testing strategy
- JIA authorities and BH/POE TWG met and communicated to all international airlines operating at JIA to hand out EVD and COVID-19 screening forms (they were not doing this previously)
- Process of getting epidemiology data on suspect cases in states to the national database and then getting test results of cases in the states up to the responsible parties in the states/administrative areas
- Clarity is needed on NTF decision on expansion of the validity of negative COVID-19 results to enter the country (the TWGs recommends eliminating this requirement entirely)
- Lack of funding for partners under the PoE pillar resulting in four partners withdrawing from PoE activities in Yambio, Kajokeji and Abyei.
- South Sudan is currently facing multiple challenges both in terms of COVID-19 and non-COVID emergencies, particularly Flooding, cVDPV2 and Yellow Fever outbreak which have increasing the demand for RCCE’s intervention and support. Quick capacity update, especially for the community mobilizers and the partners supporting the responses are the need of the hour.
- Poor compliance to COVID-19 preventive measures by the community continues to persist requiring high-level leadership intervention.
- Limited access and mobility to communities and health facilities: due to insecurity, poor road access due to heavy rains/flooding and logistical challenges.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Analyze COVID-19 data on suspects and cases by gender and geography
- Critical need for funding support to the PoE pillar to ensure continuity of response activities
- As the Government planned to reopen schools on 5 October, RCCE partners needs to work in close coordination with WASH and Education clusters and the IPs working in the respective Areas.

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
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