



## COVID-19 WEEKLY SITUATION REPORT

Issue NO: 19

Reporting Period: June 6-12 July 2020 (week 28)



## 1. KEY HIGHLIGHTS

- A cumulative total of **2,148** cases have been confirmed and **41** deaths have been recorded, with case fatality rate (CFR) of 1.9% including 41 imported cases as of 12 July 2020.
- **4** cases are currently isolated in health facilities in the Country: one is in severe condition. Currently the National IDU has 95 percent bed occupancy available.
- **1,135** recoveries have been recorded, accounting to recovery rate of 53 %.
- **109** Health Care Workers have been infected since the beginning of the outbreak with one death.
- **4,921** cumulative contacts have been registered of which **4,508** have completed the 14-day quarantine and 413 contacts are being followed. 13.8% (n=681) contacts have converted to cases thus far; accounting for 31.7% of all confirmed cases.
- Cumulative **11,927** laboratory tests have been performed accounting to 18% positivity rate.
- There is cumulative total of **691** alerts of which 83.4% (n=576) have been verified and sampled; Most alerts have come from Central Equatoria 85.1% (n=588); Eastern Equatoria 3.5% (n=24); Western Equatoria 3.3% (n=23); Western Bahr El-Ghazal 2.5% (n= 17); and other states 6% (n=39).
- **18** counties (**22.5%**) out of 80 counties of ten states of South Sudan are affected.

## 2. BACKGROUND

- South Sudan confirmed its first COVID-19 case exactly three months ago on 5 April 2020. To date 2,148 cases have been confirmed by the National Public Health Laboratory (NPHL) with 1,135 recoveries and 41 deaths, yielding case fatality rate (CFR) of 1.9 percent. Up to 1.9 percent (n=41) confirmed cases are imported and 98.1 percent (n=2,107) are locally transmitted.
- South Sudan is classified as having clusters of transmission in general and community transmission in Juba, the capital city of South Sudan.

## 3. EPIDEMIOLOGY AND SURVEILLANCE

### Descriptive epidemiology

This report includes analysis for 2,148 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as cumulative cases. There are 1,135 recoveries and 41 deaths with case fatality rate (CFR) of 1.9 percent. Cases detected among South Sudanese nationals account for 85.9 percent (n=1,845) of all cases, whereas 8.8 percent (n=189) are foreigners and 5.3 percent (n=114) unknown. There have been 41 imported cases: 17 from Kenya, 12 from Uganda, 1 from DRC, 2 from Eritrea, 1 from Netherlands and 9 are unknown.

Confirmed cases range from age 2 months to 85 years with an average of 36.6 years; 75 percent (n=1,611) of confirmed cases were diagnosed in males, 24 percent (n=516) female and 1 percent (n=21) were unknown. Young men within the 30-39 age group are the most at risk for COVID-19.

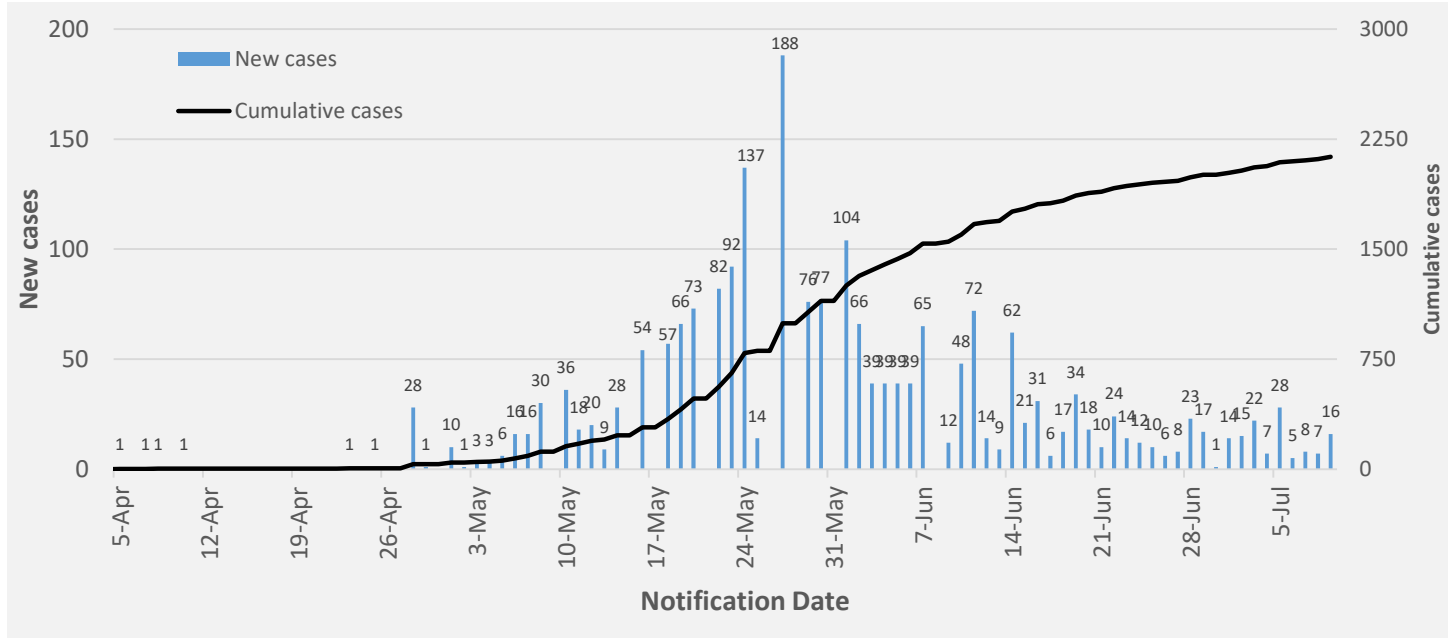
Only 22 percent (n=473) cases reported symptoms, of which the most frequent have been cough (18%), fever (16%), runny nose (12%), headache (11%), fatigue (10%), shortness of breath (9%), sore throat (7%), Muscle aches (6%) and others (11%). New and cumulative; age, sex; frequency of symptoms; and geographical distribution of COVID-19 confirmed cases are shown in figures 1, 2, 3 and 4 and table 1 respectively.



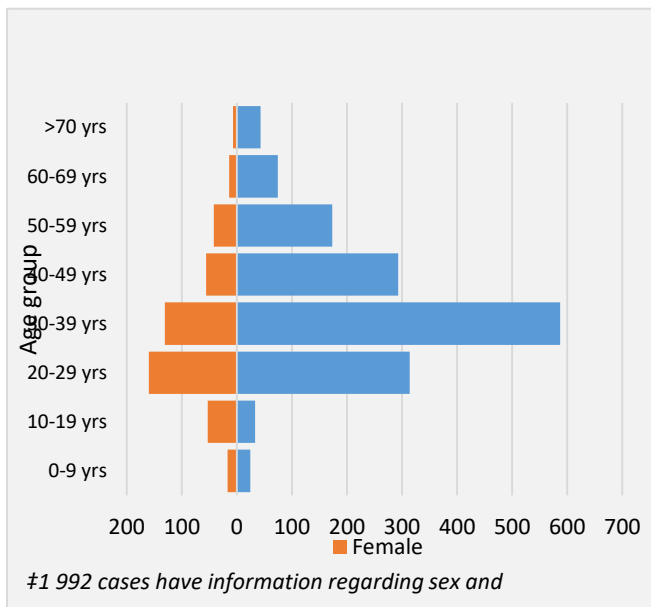
**MINISTRY OF HEALTH (MOH)**

As of 5 July 2020, the affected Counties are alphabetically: Abyei (34), Aweil Center (7), Aweil East (3), , Juba (1,861), Magwi (1), Malakal (8), Nyirol (16), Rubkona (8), Rumbek Center (21), South Bor (25), Tonj North (1), Torit (26), Twic (2), Uror (2) Wau (13), Yambio (5), Yei (17) and Yirol West (1).

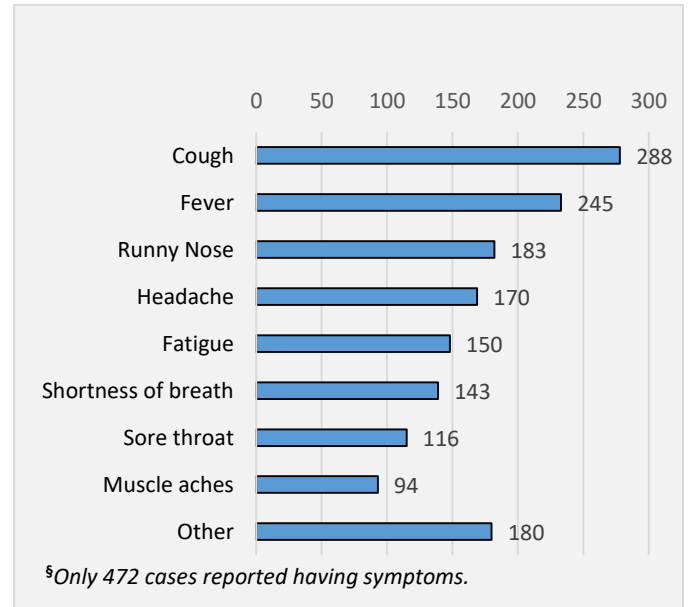
**Figure 1: New and cumulative confirmed COVID cases by notification date as of 12 July 2020**



**Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=1,950), 12 July 2020**



**Figure 3. Frequency of symptoms among symptomatic cases**







#### MINISTRY OF HEALTH (MOH)

- Active surveillance, RRT, and contact tracing indicator data is under review by TWG.
- Household transmission of COVID-19 investigation protocol was submitted for Institutional Review Board (IRB) to review and approve the protocols for the special investigations into COVID-19 infections in health workers and household transmissions.
- Health worker follow-up survey on COVID-19 exposures being developed to track health worker exposure experiences in real time. In addition, The TWG is reviewing roadmap to improve contact tracing within Central Equatoria State outside of Juba.
- In NBG, while confirmed cases are on increase, health workers have been most infected accounting for 7 of 10 confirmed cases impacting response efforts. Some 62 contact Tracers were trained by WHO and partners in all five counties of NBG. In Kajo Keji / CES, 8 RRT team members and 9 contact tracers were trained to support the COVID-19 response.
- In Upper Nile, WHO in collaboration with INTERSOS conducted awareness sessions on COVID-19 WHO for 20 community leaders and youth from Malakal PoC site and Malakal Town.

#### 4.4 CASE MANAGEMENT

- In WBG, Wau Teaching hospital, SMOH, WHO, and CORDAID have mobilized human resources to support COVID-19 patients in critical condition until NGO IMC secures funding for case management. Wau Teaching hospital will deploy two medical doctors to the COVID-19 facility; while SMOH will nominate nurses, cleaners and other support staff formerly supporting Mukthaa PHCC. Incentives are under discussion.
- In Yei/CES, renovations of an in-patient ward for COVID-19 isolation was completed in Lasu settlement to be operated by NGO ACROSS. Furthermore, NGO SSDO completed construction of triage centre in Yei PHC; and UNHCR and UNMISS donated to MoH two motorcycles and two vehicles respectively.
- In Warrap, renovation of COVID-19 facility with 14 bed capacity with electricity and water supply was completed by UNMISS and handed over to the STF; in Juba the John Garang IDU received 15 oxygen concentrators from WHO/DFID.

#### 4.5 INFECTION PREVENTION AND CONTROL (IPC)

Below are accomplishments by the TWG during the reporting period:

- 21,829 people reached with critical WASH supplies/hygiene items and services.
- 86,084 - people engaged and reached with integrated COVID-19 and hygiene promotion services.
- 21,622 - people reached with WASH facility upgrades including repairs, rehabilitation and new construction.
- 1316 - people reached with cloth face masks distributions in public places and other high-risk communities
- 48 - health workers trained by Samaritans Purse, SI and SSRC in COVID 19 IPC measures.
- 6- triage and screening areas were set up during the reporting week.
- 90 community health workers/hygiene promoters/Water user committees oriented on COVID 19 and hygiene awareness conducted across all high-risk locations.
- 152 health facilities provided with PPE and IPC supplies (ongoing distribution in 150 health facilities during the week).
- 1 COVID-19 treatment facility (Maban) supported with PPE and IPC supplies.
- 66 hand washing station installed in health facilities and communities and provided with soap or 0.05% chlorine solution, while installation is ongoing for 654 stations.

#### 4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- A total of 106,879 individuals were reached with key COVID-19 mitigation messages by community mobilisers by interpersonal awareness sessions and street announcements through megaphones-walks.
- Capacity building activities continued with 42 community mobilisers trained and 87 community influencers, including religious leaders, oriented on COVID-19, covering mental health and psychosocial support.
- 955 radio jingles were aired in 10 local languages across 42 radio stations in all 10 States. Weekly talk shows on COVID-19 hosted different content experts and influencers who answered common questions, enhancing awareness.
- 6,753 calls were made to the COVID-19 call centre; enquiries (54.4%), self-reports (32%), suspect/alert reports (2.9%), others (11.1%). All reports were verified by RRTs.
- Distribution of communication materials by UNICEF to the States and partners is ongoing. Some 2000 posters, 50 field booklets, 2000 stickers, 5000 emergency booklets and 2000 fliers were distributed.
- Weekly media briefings on COVID-19 by MoH, supported by subject matter experts continue to update journalists on key emerging issues.
- Ongoing 10 days' ToT training by World Vision for 27 Religious leaders on COVID-19, RCCE, IPC/WASH, home care management, dead body management, and key roles of faith leaders including in community-based surveillance.



Dignity kits distribution while observing physical distancing in Maban © HDC



## MINISTRY OF HEALTH (MOH)

- In NBG, Media Aweil extended awareness campaign reaching 500 prisoners with key messages, buckets and soap.

### 4.7 LOGISTICS AND OPERATION SUPPORT

- Ongoing replenishment of PPE and other supplies to COVID-19 and other health facilities, with movement of RRTs facilitated by road and air.
- 42 samples collected by air; WES/Yambio-1, EES/Torit-25, Jonglei/Bor-2, Lakes/Rumbek-6, Upper Nile/Malakal-2, CES/Yei-6.
- The Logistics Cluster is supporting delivery of 160 oxygen concentrators procured by WHO to health facilities in priority locations. In the reporting period, 34 oxygen concentrators were delivered to Juba and Malakal.
- One Viral Hemorrhagic Fever (VHF) 500 kit and 950 disposable masks donated by WFP were dispatched to the UNDP clinic in Juba.
- WFP was granted USD 2,004,453 by ECHO for procurement of PPE in support of the National COVID-19 Response Plan. The funding will be used to address national needs as recommended by WHO and other health partners. WFP will order PPE using the WHO Global Supply Portal. Logistics Cluster warehousing and transport capacity will be used to ensure the supplies are efficiently delivered to locations with most need.

### 4.8 POINTS OF ENTRY (POE)

- Screening of 5,399 travelers conducted in the various POE sites supported by IOM and UNHCR: Juba-JIA-2,306; Nimule Check point-1,892; Wau-522; and Maban (UNHCR)-679. Screening also ongoing in Nadapal, Ameiet in Abyei, Yambio and Gangura though no data was submitted. ACTED and IMC continue to support screening at Bor and Juba PoC sites respectively.
- MSF conducted training on sample collection for the screeners in Abyei which is part of the on-going establishment of screening and testing of truck drivers in Abyei.
- In NBG an inter-TWG/inter-agency assessment was conducted at Aweil East (Kiir Adem) and Aweil North (Majok Yinthup), led by MoH, to ascertain the need for establishment of PoE activities including screening. Findings will be presented to the NSC.
- Concept Note development on integration of testing at POEs at prioritized locations was presented to the NSC, pending finalization.
- Planned virtual workshop on 22 July for partners on the geographical re-prioritization exercise on POE screening sites.
- IOM is conducting weekly assessments of mobility and COVID-19 preparedness at 19 displacement sites and 56 points of entry/transit hubs.
- In Unity, eight points of entry currently identified have no ongoing screening due to lack of partners and funding. While in Tambura, WVI activities ended in June 2020 impacting screening in health facilities.

## 5. MAJOR CHALLENGES

- Unity, NBG, Warrap, and Yei/CES reported lack of funding to support case management and IPC activities, inadequate PPE stocks, lack of ambulances, lack of support for POE screening and cross-border collaboration. While NBG and Upper Nile reported lack of partners to support COVID-19 facilities, lack of case management activities especially at the Sudan and Ethiopia POEs, and insufficient PPE including boots and face masks.
- Funding challenges were highlighted by Surveillance, impacting effective response in some locations including by RRTs.
- Delays in training of State and County laboratory staff to expedite decentralization of COVID-19 testing noted by Surveillance TWG.
- Documentation of surveillance, contact tracing, and RRT trainings conducted by partners was reported as a challenge.
- The high risk of COVID-19 transmission during public events including funerals is an ongoing concern requiring NTF and NSC support for implementation of a multi-sectoral approach and campaigns to promote preventive measures, such as physical distancing, and use of face masks.
- Juba is experiencing community transmission whereas sporadic and clustered transmission persists outside the capital requiring a range of response strategies for the country.
- 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.

## 6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Continue weekly educational meetings with health workers implementing the sentinel surveillance and testing strategy in refugee and POC sites in Upper Nile, Unity, CES, and WES.



## MINISTRY OF HEALTH (MOH)

- Improved surveillance and increased testing in the States with emphasis on congested settings such as POC sites and refugee camps; and enhanced delivery of services to high-risk groups, e.g. people with HIV, TB, or undernourished.
- Dissemination of link for COVID-19 Screening App through RCCE pillar, to encourage general public and facilities to download and test, as the application is customised to the country context.
- Continued engagement of City Council Authorities in mitigation campaigns to reduce the risk of transmission during community events like funerals and wedding.
- Advocate for prioritization of South Sudan at the global level in the provision of essential medicines, medical supplies and equipment.
- Advocate with partners to support the COVID-19 response efforts by addressing current gaps such as human resource shortage.
- There is need for a context specific case management strategy adapted for South Sudan and other African Countries, where home-based care may not be feasible and facility care is limited due to the weak health systems with inadequate health infrastructure and human resources.
- An effective public health response strategy is needed for the large vulnerable populations of IDPs and refugees in overcrowded camp-like settings, who are not able to relocate, noting the congestion.
- It is paramount that essential health services are maintained, following lessons learnt from the Ebola outbreak where there was significant reduction in access to routine healthcare services leading to substantially increased mortality from preventable diseases e.g. malaria, measles, cholera, malnutrition, HIV/AIDS and TB.

## 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
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](mailto:sspheoc@gmail.com)