

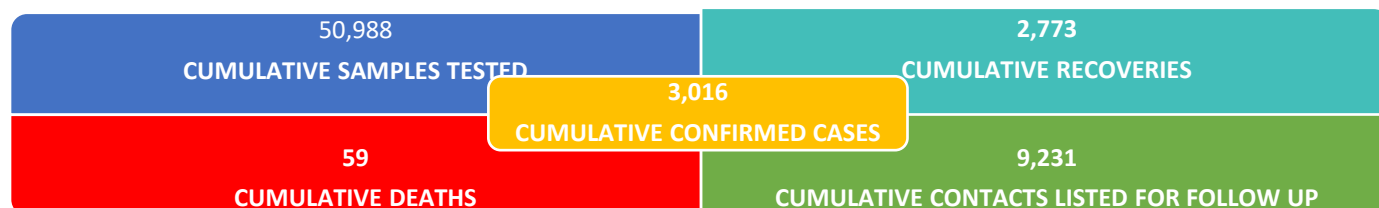


PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Issue No: 37

Reporting Period: 9-15 November 2020 (week 46)



1. KEY HIGHLIGHTS

- A cumulative total of 3,016 cases have been confirmed and 59 deaths with case fatality rate (CFR) of 1.9 percent have been recorded, including 227 imported cases as 15 November 2020.
- 0 cases are currently isolated in health facilities in the Country; and the National IDU has 100 percent bed occupancy available.
- 2,773 cases (0 new) have been discharged to date.
- 138 Health Care Workers have been infected since the beginning of the outbreak with one death.
- 9,231 cumulative contacts have been registered, of which **8,938** have completed the 14-day quarantine. Currently, 80 contacts are being followed.
- 722 contacts have converted to cases thus far; accounting for 23.9 percent of all confirmed cases.
- Cumulatively, 50, 988 laboratory tests have been performed with 5.9 percent positivity rate.
- There was cumulative total of **1,524** alerts of which 93.1 percent (n=1,419) have been verified and sampled; Most alerts have come from Central Equatorial (75.4 percent), Eastern Equatorial (4.1percent); Upper Nile State (3.4 percent) and the remaining 17.1 Percent from the other States and Administrative Areas.
- As of 15 November, 24 Counties (30.0 percent) 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 3,016 cases have been confirmed out of 50,988 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 2,777 recoveries and 59 deaths, yielding the case fatality rate (CFR) of 1.9 percent. South Sudan is classified as having clusters of transmission in general and community transmission in Juba, the capital city.

3. EPIDEMIOLOGY AND SURVEILLANCE

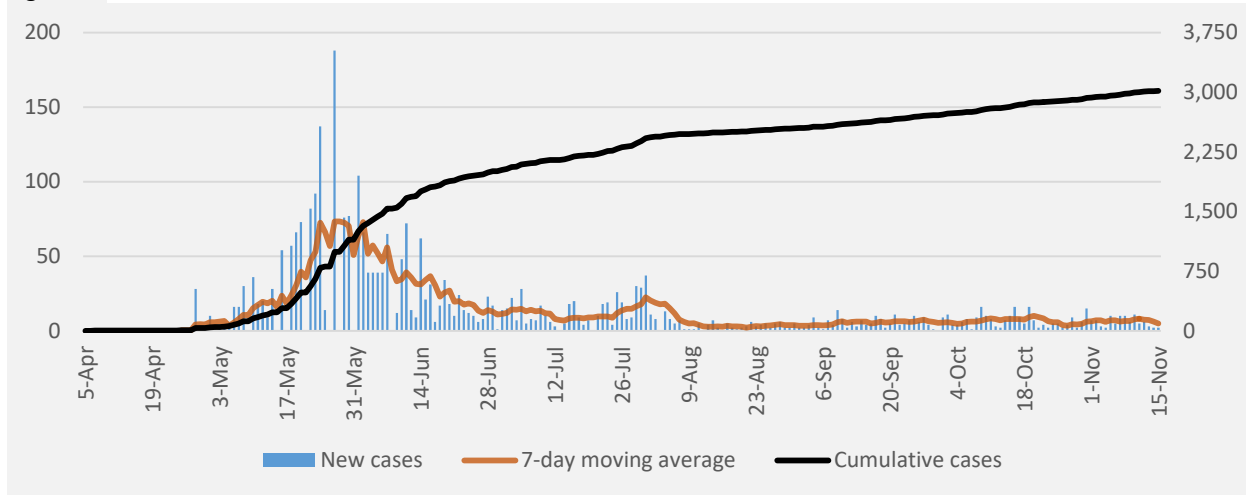
Descriptive epidemiology

This report includes analysis for 3, 016 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 2,777 recoveries and 59 deaths with case fatality rate (CFR) of 1.9 percent. Cases detected among South Sudanese nationals accounted for (78.4 percent) of all cases, whereas (13.0 percent) are foreigners and 8.7 percent unknown. There have been 227 imported cases (7 new) have been registered to date coming mostly from Kenya (18), Uganda (39), Eritrea (5), DRC (2), Somalia (1) and South Sudanese returnees (92), and 70 unknowns.

Confirmed cases range from 2 months - 90 years of age with an average of 36.5 years. As for gender, 72.2 percent of confirmed cases were diagnosed in men, 23.5 percent in women, and 4.2 percent unknown. Young men within the 30-39 age groups are the most at risk for COVID-19.



Figure 1: COVID-19 case notification curve



Only 20.0 percent (n=605) cases reported symptoms, of which the most frequent have been: cough- 404, fever- 351, runny nose - 257, shortness of breath- 230, fatigue -227, headache- 203, sore throat- 135, muscle aches -129, and others -226. 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 15 November 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (8), Aweil East (5), Baliet (1), Ikotos (5), Juba (2,406), 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).



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Figure 2. Age and sex distribution of COVID-19 confirmed cases (n=2 747[#])

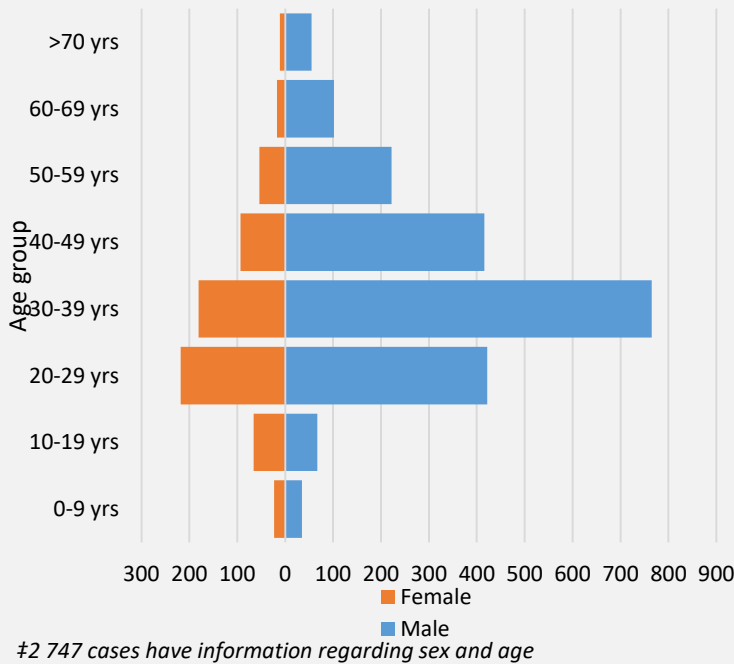


Figure 3. Frequency of symptoms among those reporting (n=605[§])

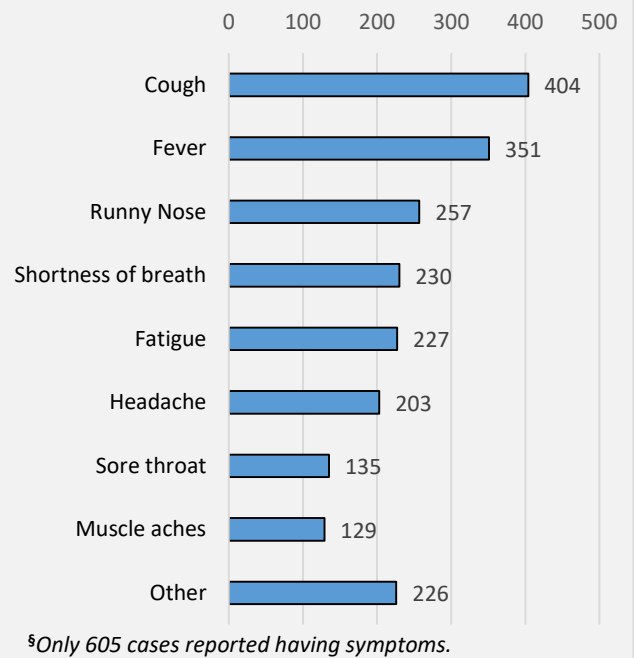


Figure 4: Distribution of confirmed COVID-19 cases according to Counties 2020

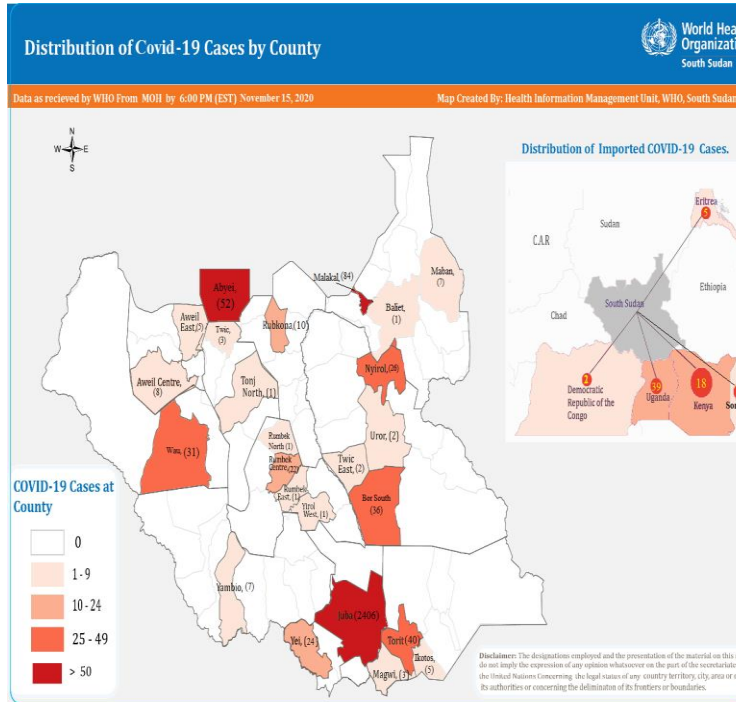


Table 1: Summary of COVID-19 Cases by State including imported as of 15 Nov 2020

State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	28	2430	0	44
Eastern Equatoria	0	48	0	2
Jonglei	1	66	0	1
Lakes	0	25	0	6
Northern Bahr el Ghazal	0	13	0	0
Unity	0	10	0	1
Upper Nile	0	92	0	4
Warrap (including Abyei)	0	56	0	0
Western Bahr el Ghazal	0	31	0	0
Western Equatoria	0	7	0	0
Imported	7	227	0	1
Unknown	0	11	0	0
Pending classification	0	0	0	0
Total	36	3016	0	59



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Contact tracing summary

- 9,231 cumulative contacts have been registered of which 8,938 have completed the 14-day quarantine. Currently, 80 contacts are being followed;
- As of 15 November 2020, the total number of contacts (old and new) that have been monitored has reached 9,231. Out of these 96.8 percent (n=8,938) contacts have completed 14-day quarantine period.
- Currently, 229 contacts are being followed; of these 95 percent (n=185) contacts were reached.
- 722 contacts have converted to cases thus far; accounting for 23.9 percent of all confirmed cases.

4. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

4.1 COORDINATION AND LEADERSHIP

Below are key highlights of achievements for the week:

- A meeting was held on the 12th November to engage with the Medical Advisory Panel (MAP), to discuss the guidelines; to clarify outstanding issues 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.
- 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.
- Signed copy of the NRP was uploaded on HR.info South Sudan [COVID Page](#)
- In an effort to have an overview of the various pillar's transition planning for the COVID-19 National Response Plan, the COVID-19 Secretariat developed and sent a template with the pillar's activities stated for further discussion within the respective technical working groups.

4.2 LABORATORY

Below are key highlights of achievements for the week:

- The Lab Covid-19 TWG has finished reviewing of the Ag-RDT for and awaiting some few inputs for submission to the NSC approval, and the NTF
- The Lab team reviewed the challenges on the poor reporting from the GeneXpert sites so that, they analysed and make appropriate solutions
- The 3rd phase of the GeneXpert testing for Covid-19 has been planned and some two site of Tambura, and Maridi will be finished for upgrading and renovation at the end of November, and the renovations are done by the UNDP/GF
- The new Database for the Laboratory the VLSM has been reviewed and comments and inputs are put for the developer to be incorporated to the system and later, make a pilot study before rolling it for use

4.3 SURVEILLANCE

Below are key highlights of achievements for the week:

- Household transmission investigation continues, with 69 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.
- Health worker COVID-19 exposure survey completed. Slide deck and data pack released by 30th November.
- CDC-led evaluation of the South Sudan COVID-19 response is ongoing, which will complement the findings of the Intra-Action Review held in October.
- The TWG completed the transition matrix to expedite integration of the COVID-19 TWG into existing public health programs, such as IDSR.



4.4 CASE MANAGEMENT

Below are key highlights of achievements for the week:

- The CM TWG reviewed and approved IEC material to support home-based care. The IEC include message on measures to be taken while in Isolation with illustration by pictorial. The material reviewed were developed by UNICEF for the RCCE
- CM data source document has been finalized and handed over to Data working to be included in the DHIS reporting system. This will facilitate CM data collection and analysis that has been a gap for weeks
- IMC is now supporting Malakal Teaching Hospital COVID-19 ward to provide Case Management to Suspected and Confirmed COVID-19 patients. The facility was supported by MSF-E before November 2020.
- IRC has started operationalizing the COVID-19 facility in Abyei.
- Nil admission in all COVID-19 facilities countrywide.

**Medair Home Care Support System
09th 13 Nov, 2020**

- Active patients by COB 12/11: 19
- Discharged: 48

Total Reached (Alerts + confirmed cases)	Enrolled	Declined	Admitted to IDU at time of first call	Deceased at time of first call	Not qualified
49	67.4% (33)	10.2% (5)	0% (0)	2.0% (1)	20.41% (10)

Total Enrolled	Male	Female	Asymptomatic	Mild	Moderate	Severe
33	72.7% (24)	27.3% (9)	51.5% (17)	45.5% (15)	3.0% (1)	0% (0)



4.5 INFECTION PREVENTION AND CONTROL (IPC):

IPC TWG leadership continues to support National and State level coordination, 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 7 implementing partners (UNHCR, UNICEF, IOM, ACTED, SP, IRC, AHA) below activities were collectively implemented across the Country.

- 166,890 people engaged and reached with integrated COVID-19 and hygiene promotion services across the country (Maban, Pariang, Rumbek East, Awerial, Rubkhona, Malakal, Wau, Juba, Nimule PoE, Renk PoE and Abyei PoE)
- 6385 people reached with WASH facility upgrades through repairs, rehabilitation, and new construction in Rajaf (POCs), Wau Central, Wau North and Wau South
- 39 cloth face masks distributed in communities in Juba, Rajaf, kator and Malakal
- 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
- 607 hand washing stations installed/ maintained in health facilities and communities and provided with soap or 0.05% chlorine solution in across the country (Kor-Al-Amer, Jin-Quarter, Jamjang and Puluk payams, Rubkhona, Malakal, Wau and Juba)

4.6 RISK COMMUNICATION AND COMMUNITY ENGAGENT (RCCE):

At the time of this publication no information had been submitted from the TWG

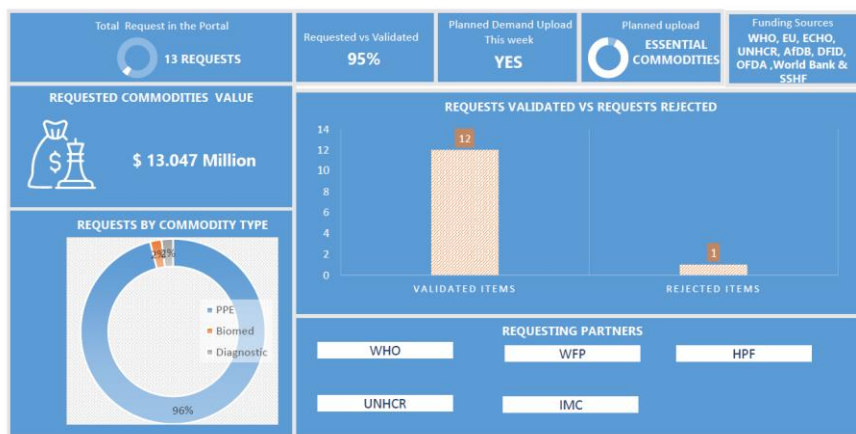


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4.7 OPERATION SUPPORT AND LOGISTICS (OSL)

- WFP through the Logistics Cluster, and WHO, as co-leads of the Operational Support and Logistics Pillar of the National Response Plan, manage the Personal Protective Equipment (PPE) Common Request System, aiming at consolidating requests of in-country COVID-19 PPE commodities. During the reporting week, 11 request forms were received from 5 organisations (Africa stand for Children development, Medair, Rights and support to vulnerable people, WHO, WVI). The Inter-Agency technical team has approved all request forms on 11 November, totalizing 210,332 PPE items allocated from the common pool to be received in 6 locations across South Sudan (Jale, Juba, Kaya, Magwi, Nadapal).
- Over 65 mt of PPE worth EUR 4 mln funded by the European Commission’s Civil Protection and Humanitarian Aid Operations department (ECHO) and the European Union’s General Directorate for International Cooperation and Development (DEVCO) arrived in Juba in the last two weeks. The supplies, which were procured by WFP through the UN COVID-19 Supply Portal, became part of the common PPE pool and stored at the Logistics Cluster common warehouse in Juba before being released to humanitarian partners through the Common Request System.
- The grant duration to support humanitarian workers with a dedicated aircraft for COVID-19 response was 6 months and completed in October 2020. UNHAS confirmed that 100% of the funding was fully utilized. No additional funds were made available to sustain the dedicated COVID-19 aircraft, however, UNHAS agreed to use its regular fleet and apply the cost recovery principle to continue supporting the humanitarian community responding to COVID-19, including sample collection.
- The movement of Rapid Response Team for COVID-19 related activities continues to be supported by the provision of 9 vehicles in Bentiu, Juba, Nimule, and Tambura.

SUPPLY PORTAL ACTIVITIES DASHBOARD





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4.8 POINTS OF ENTRY (POE)

- Epi week #45: 13,065 travelers underwent primary screening at various screening points in Juba, Wau and Nimule. (5,543 JIA, 3,571 Nimule, 1,430 Wau, 2,521 Amiet market -Abyei conducted by the International Organization for Migration (IOM). Renk (Wunthuo POE) no passengers arrived or screening activities took place due to the blockage of trucks at the borders in the past weeks.
- MOH and IOM conducted a COVID-19 sensitization workshop for border officials in Wunthuo, Renk. The team also held a meeting with the government’s inter-agency stakeholders and discussed setting up Integrated Border Management Committee, a whole-of-government response to address challenges identified at the border region.
- Joint supportive supervision that was conducted to Abyei from 2-5 November went well. The visit included provided support to the team at the POE on ground in Amiet market, meeting with the DG MOH, community elders, visit to the Amenthbeq hospital and looking at the coordination mechanism and how better to link it with the national response, streamlining the mechanism for raising alerts among others.
- CORE Group pledged to continue supporting the Nadapal POE following the closure by Comitate Collaborazione Medico (CCM) on 31st October due to lack of funding
- Joint supervision and assessment to Renk, Akobo and Maban will be conducted in the coming weeks.



Photo 2: Border Officials in Renk following the concluded COVID-19 And Integrated Border Management session by MOH and IOM in Renk. Photo Credit (Mading Nhial Cienggan/IOM)

5. MAJOR CHALLENGES

- Partners reporting on Case Management still an issue, as many are not sharing updates.
- The key challenges for IPC pillar remain limited monitoring and supportive supervision at field visits due to reduced funding among partners and limited participation of partners in TWGs.
- Limited PPE availability for COVID-19 facilities and Triage points highlighted across all States.
- There is need for funding for the IPC pillar to sustain intervention in the high-risk locations.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Work with Risk Communication on mitigation of Stigma affecting patients with COVID-19 under home-based care

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.

For any clarifications, please contact

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