

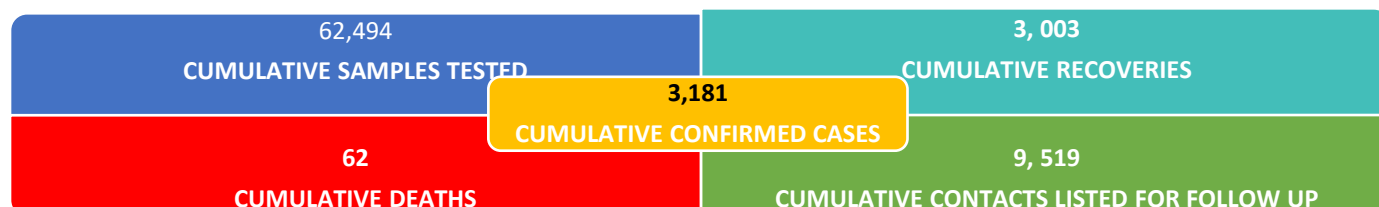


PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Issue No: 40

Reporting Period: 30 November-6 December (week 49)



1. KEY HIGHLIGHTS

- A cumulative total of **3,181** cases have been confirmed and **62** deaths with case fatality rate (CFR) of 1.95 percent have been recorded, including **249** imported cases as 30 December 2020.
- **1** Severe COVID-19 patient currently admitted in the Infectious Disease Unit (IDU) and 0 cases are currently isolated in health facilities in the Country; thus the National IDU has 99 percent bed occupancy available.
- **3,003** cases have been discharged to date with recovery rate of 94.4 percent.
- 140 Health Care Workers have been infected since the beginning of the outbreak with one death.
- **9,519** cumulative contacts have been registered, of which **9,030** have completed the 14-day quarantine. Currently, 255 contacts are being followed.
- Cumulatively, 62,494 laboratory tests have been performed with 5.3 percent positivity rate.
- There was cumulative total of **1,592** alerts of which 93.3 percent (n=1,485) 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 6 December 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 3,181 cases have been confirmed out of 62,494 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 3,003 recoveries and 62 deaths, yielding the case fatality rate (CFR) of 1.95 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 3,181 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 2,003 recoveries and 62 deaths with case fatality rate (CFR) of 1.95 percent. Cases detected among South Sudanese nationals accounted for (77 percent) of all cases, whereas (14.3 percent) are foreigners and 8.7 percent unknown. There have been 24 imported cases (6 new) have been registered to date coming mostly from Kenya (18), Uganda (39), Eritrea (5), DRC (2), Somalia (1), Netherlands(1) and South Sudanese returnees (105), and 70 unknowns.



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Confirmed cases range from 2 months - 90 years of age with an average of 34.5 years. As for gender, 72.0 percent of confirmed cases were diagnosed in men, 23.8 percent in women, and 4.2 percent unknown. Young men within the 30-39 age groups are the most at risk for COVID-19. Only 19.1 percent (n=609) 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.

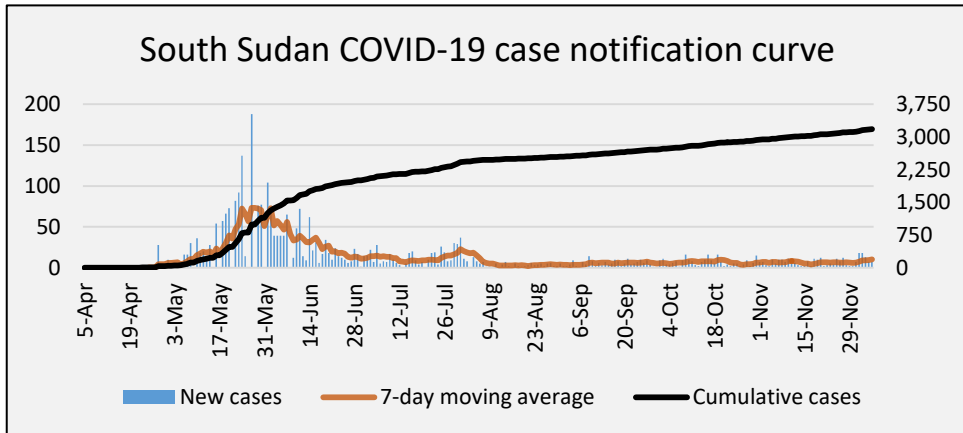
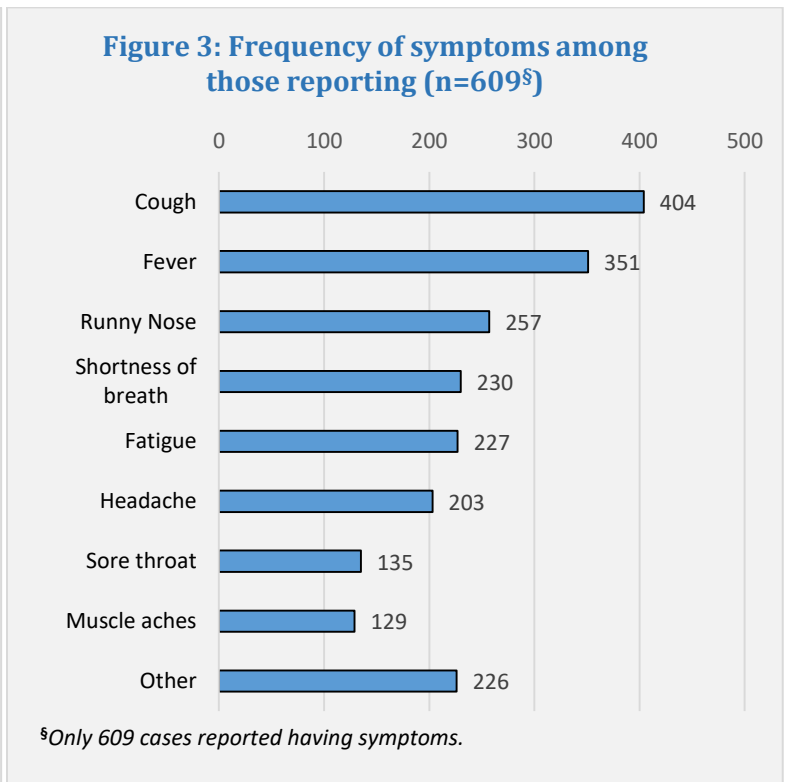
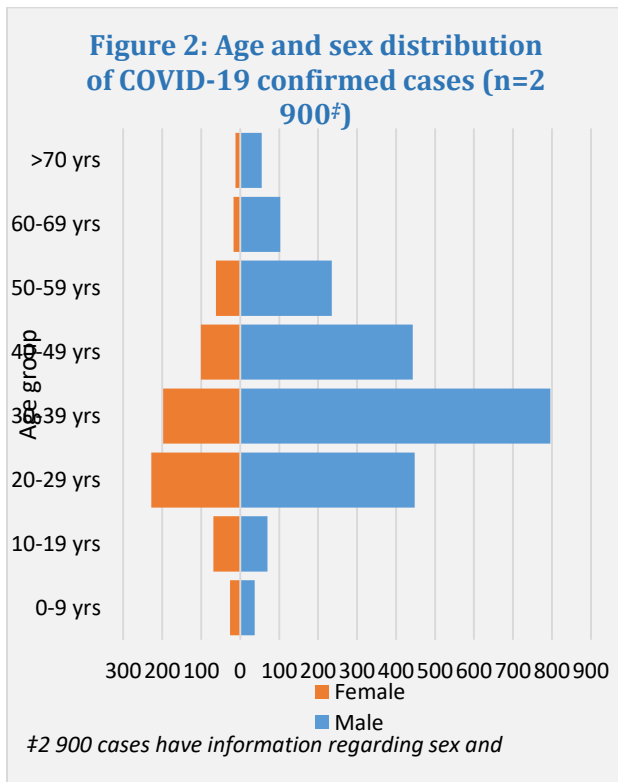


Figure 1. COVID-19 Case Notification Curve

As of 6 December 2020, the affected

Counties are alphabetically: Abyei (52), Aweil Center (8), Aweil East (5), Baliet (1), Ikotos (5), Juba (2,544), 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).

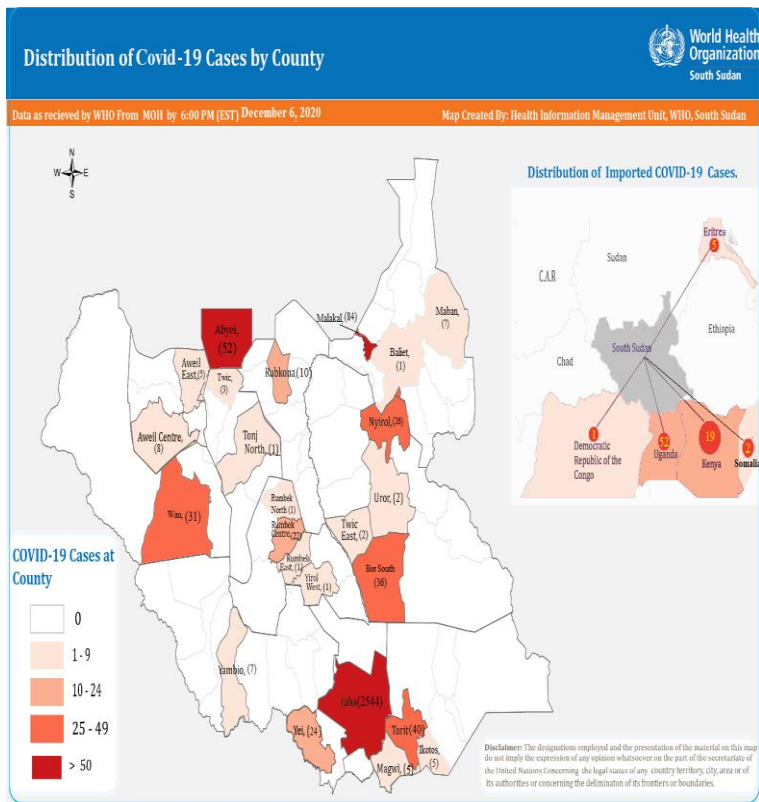


[§]Only 609 cases reported having symptoms.



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Figure 4: Distribution of confirmed COVID-19 cases according to Counties Table1: Summary of COVID-19 Cases by State including imported as of 6 Dec.



State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	61	2568	1	46
Eastern Equatoria	0	50	0	3
Jonglei	0	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
<i>Imported</i>	8	249	0	1
<i>Unknown</i>	0	11	0	0
<i>Pending classification</i>	3	3	0	0
Total	72	3181	1	62

Contact tracing summary

- 9,519 cumulative contacts have been registered of which 9,030 have completed the 14-day quarantine. Currently, 255 contacts are being followed;
- As of 6 December 2020, the total number of contacts (old and new) that have been monitored has reached 9,519. Out of these 94.8 percent (n=9, 030) contacts have completed 14-day quarantine period.
- Currently, 255 contacts are being followed; of these 134 (52.5%) contacts were reached.

4. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

4.1 COORDINATION AND LEADERSHIP

- During the last week of November, the monthly Inter-Pillar meeting was held. This monthly meeting aims to reflect on the status of activities for the respective pillars as planned in the National Response Plan and the progress in relation to the Key Performance Indicators. The meeting also allows the pillar leads and co-leads to collate challenges that need assistance from the National Steering Committee and any cross-cutting items.
- The last week of November also witnessed an ad-hoc National Steering Committee meeting during which the individual pillars presented their transition plans. Due to limited funding, the anticipated chronic presence of the pandemic and the approaching end time of the National Response Plan, March 2021, it was proposed pillars and implementing partners develop transitioning plans for the activities within each pillar and integration into existing or proposed structures such as the Clusters, Emergency Preparedness & Response



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(EP&R) and the Public Health Emergency Operations Center (PHEOC). On the contrary, some activities will end by December 2020 and other by the end of the NRP (March 2021)

- The PHEOC continues to coordinate and respond to community alerts and triaging of cases under home based care. This coordination is extended to provision of state support.
- On December 3, 2020 a national steering committee meeting was held, this meeting has been shifted to fortnightly.
- The NSC and pillars await feedback from the Medical Advisory Panel on clarity regarding travel and quarantine guidelines.
- Secretariat activities for COVID-19 has been shifted from UNOCHA to the PHEOC. The PHEOC will be supported by partners in the relevant departments to facilitate the transition and with continuity of activities.

4.2 LABORATORY

4.3 SURVEILLANCE

- The Epidemiology/Surveillance Technical Working Group (TWG) met with Public Health Emergency Operations Center (PHEOC) Manager and DG for Preventive Medicine on the transition plan to epidemic preparedness and response (EP&R) platform.
- Swabbing of all contacts (irrespective of symptoms) of cases resumed the week of 30th November.
- Household transmission investigation extended until 31st December. 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 were released on 3rd December to PHEOC for dissemination.
- TWG drafted an SOP for the COVID-19 Case Investigation Form (CIF) – currently under review; final approval will be with data management TWG.
- The proposed final COVID-19 Epi-Surveillance TWG weekly meeting is scheduled for 14th December. After that date, COVID-19 Epi-surveillance issues will be folded into the Wednesday EP&R meetings at 2PM.

4.4 CASE MANAGEMENT

Key highlights of achievements for the week were:

- 52 Infectious Disease Unit (IDU) Nurses, doctors and clinical officers were trained on Point of Care Ultrasound, Basic Life Support (BLS), hyperglycemia, and respiratory system meanwhile the Nurses were trained on basic Life Support
- 1 Severe COVID-19 patient currently admitted in Juba IDU and 1 suspected case admitted in Wau COVID-19 facility
- Nil (0) Severe confirmed patient currently admitted in other COVID-19 facilities

**Medair Home Care Support System
24th -30th Nov, 2020**

- Active patients by COB 30/11: 23
- Discharged: 20

Total Reached (Alerts + confirmed cases)	Enrolled	Declined	Admitted to IDU at time of first call	Deceased at time of first call	Not qualified
33	70% (23)	27% (9)	0% (0)	0% (0)	3% (1)

Total Enrolled	Male	Female	Asymptomatic	Mild	Moderate	Severe
23	74% (17)	26% (6)	69.6% (16)	26.1% (6)	4.3% (1)	0% (0)



Figure 2. Medair Home Care Support System



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- 38 individuals working in case management were reached for the Mental Health Psychosocial Support (MHPSS) from regional hotline. They were all provided with counseling, information on stress coping mechanism during covid-19 isolation and other psychosocial support.

4.5 INFECTION PREVENTION AND CONTROL (IPC):

- A total of 7,846 individuals (4,014 females and 3,832 males) were engaged and reached with integrated COVID-19 and hygiene promotion services.
- A total of 8,954 individuals (5,344 females and 3,610 males) were reached with WASH facility upgrades (water supply and sanitation facility repairs, rehabilitation and new construction).

4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE):

- A total of 78,866 individuals (44,215 females and 34,651 males) were reached with key COVID-19 messages by community mobilisers through interpersonal awareness sessions at the 20,895 household visits.
- An estimated 45,900 persons received key COVID-19 messages through megaphone-walks.
- During this week, 32 community influencers received training / orientation on Risk Communication and Community Mobilization issues on COVID-19 including the religious leaders, teachers, women and youth leaders. And 149 community engagement meetings were conducted.
- 18 Banners, 140 Posters and 140 Flyers were distributed among the partners and displayed at the strategic locations.
- 719 radio jingles were aired in 10 local languages through 40 radio stations across all 10 states in the country. 53 weekly talk shows on COVID-19 have been hosted, in which different content experts and influencers participated.

4.7 OPERATION SUPPORT AND LOGISTICS (OSL)

- 5 World Food Program 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, 12 requests received from 7 organizations (Aweil Capacity Building and Empowerment Initiative-ACBEI, Concern Worldwide, Help Food Security and Livelihood-Africa, Medair, Touch Africa Development Organization, VSF-Germany and WHO). All request forms have been approved by the Inter-Agency technical team on 2 December, totaling 27,352 PPE items allocated from the common pool to be received in 7 locations across the country (Aweil East, Bentiu, Jondoru, Juba, Magwi, Nimule and Ulang).
- 6 Between 30 November and 4 December, 9 COVID-19 samples have been transported by air from Rubkona to Juba for testing.
- 7 The movement of Rapid Response Team for COVID-19 related activities continues to be supported by the provision of 9 vehicles in Juba (7) and Nimule (2).

7.6 POINTS OF ENTRY (POE)

- A total of **15,567** travelers underwent primary screening at various screening points in Juba, Wau and Nimule. (5,140 JIA, 5,459 Nimule, 1,591 Wau, 3,375 Amiet market -Abyei and Renk (2) conducted by the International



Figure 3. COVID-19 sensitization including hand washing steps to a truck driver at the Wunthuo POE in Renk



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Organization for Migration (IOM). There was no traveler who underwent secondary screening. At the land crossing borders, most of the travelers are truck drivers and returnees [crossing on foot]. This week shows a notable increase in the number of travelers compared to the last week [W47].

- The joint mission led by the national Ministry of Health (MOH) to Nadapal via Kapoeta from 2-9 December is currently on-going. The mission members include CORE Group, International Organization for Migration (IOM), United Nations High Commission for Refugees (UNHCR) and Comitata Collaborazione Medico (CCM). The team have met with the County Health Department (CHD) in Kapoeta and will proceed to assess the land crossing point which is a route used by travellers from the Kenya side of the border including returnees as well as long distance truck drivers. IOM also intends to conduct a COVID-19 sensitization workshop to the border officials in Nadapal during this period.
- The final joint supportive supervision will be conducted to Maban refugee camp 7-11 December in collaboration with UNHCR, CHD and World Health Organization (WHO).

5. MAJOR CHALLENGES

- High water level in some of the roads and insecurity in some locations in Lakes state is causing hindrances in implementing the planned community engagement activities.
- Expiry of most partnership agreement for COVID-19 response.
- Finalize the transition plan for IPC.
- Funding gap to continue support critical Case management activities from January 2021.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Polio campaign in 4 states (Greater Equatoria and Jonglei) during 8-11 December will be the prioritized activity during the next week
- Finalize the transitional road map for the CM TWG.
- Continue establishment of triage and operationalization of COVID-19 facilities

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.

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