South Sudan COVID-19 Weekly Epidemiologic Bulletin

Issue #: 04

26 October – 1 November 2020

Epidemiologic Week 44

Summary statistics for Epidemiologic Week 44

45	2933	3	59	4	43241	85
New Confirmed Cases	Total Confirmed Cases	New Deaths	Total Deaths	New Discharges	Cumulative Samples Tested	New Contacts Under Follow-

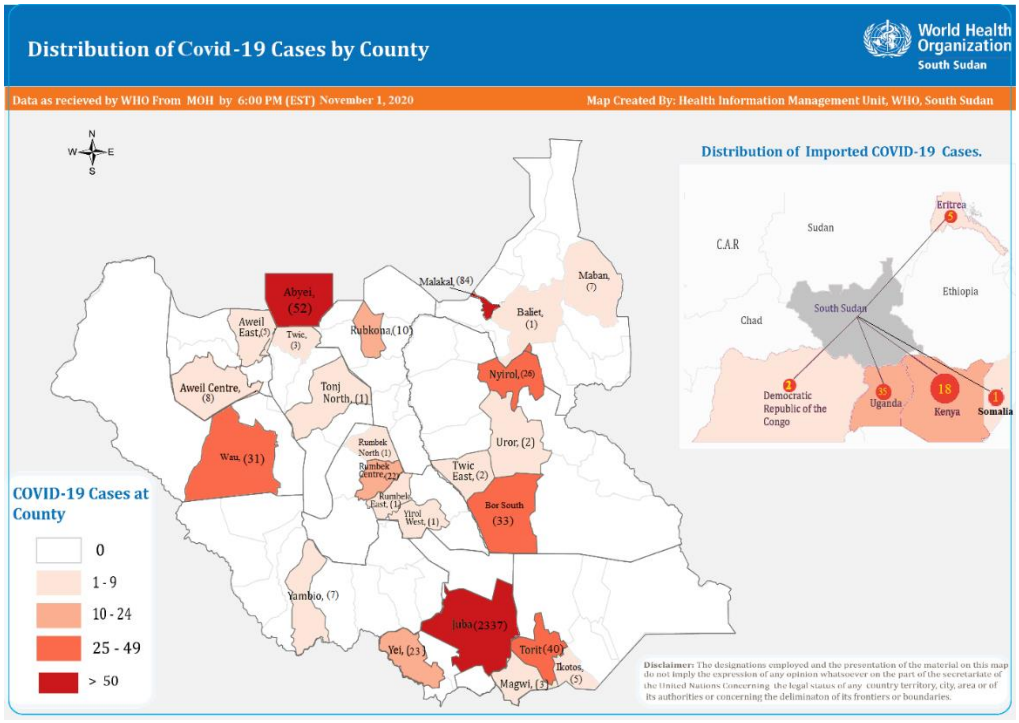


Figure 1. Map of cumulative reported COVID-19 cases by state. Map sourced from WHO weekly bulletin.

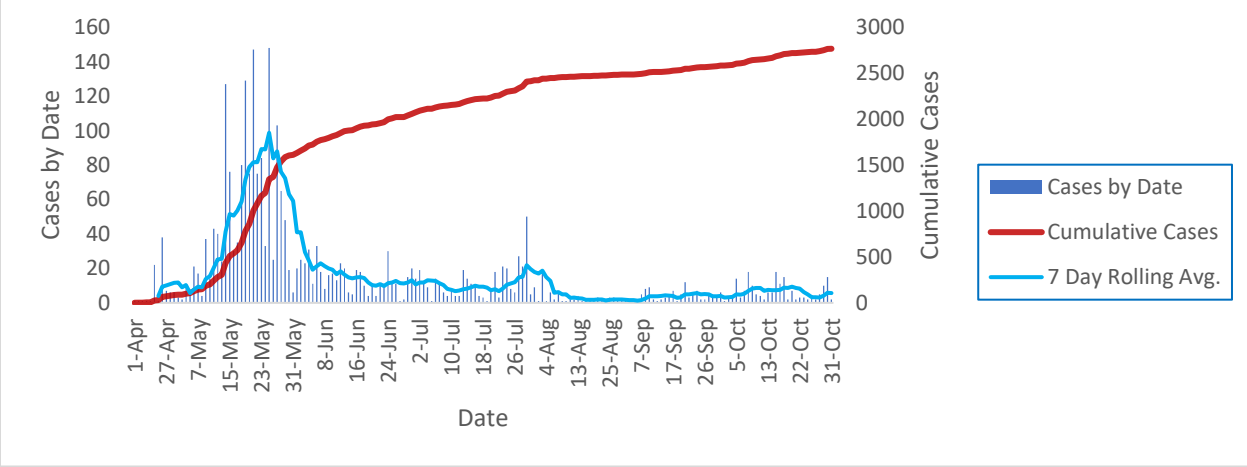


Figure 2. Epidemiological curve of reported cases through Week 44, showing new cases (blue bars), rolling 7-day average of reported cases (blue line), and total cumulative reported cases (red line)

Epidemiology and Surveillance Update

Forty-five new cases were identified in Week 44, bringing the cumulative number of confirmed cases to 2933. The case curve has remained low and relatively flat since August [Fig 2]. Cumulatively, the age distribution of cases reported is skewed towards people under 40 years old with most cases occurring in the 30-39 age group and skewed heavily towards males [Fig 3]. Most cases reported their nationality as South Sudanese (75.8%) [Fig 4]. In Week 44, most positive cases were reported through travel screening [Fig 5A], although if cases are looked at cumulatively, most are sourced from contact tracing or alerts while only 7% are from travel screening. Again, almost all new reported cases this week were from CES [Fig 6].

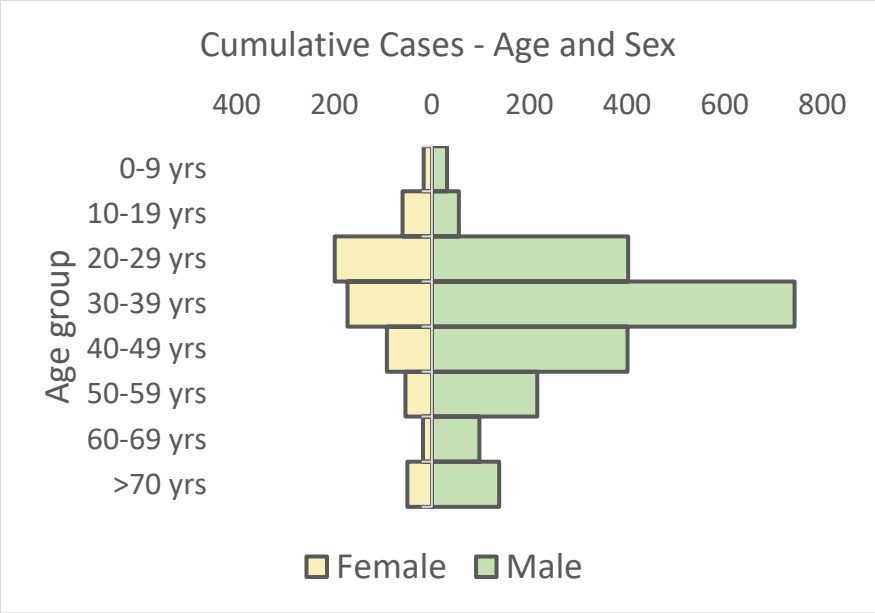


Figure 3. Distribution of cumulative reported cases by age and sex

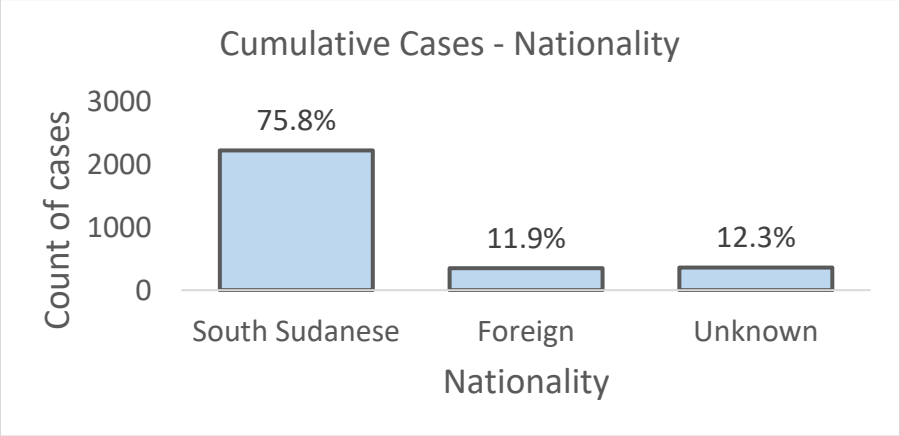
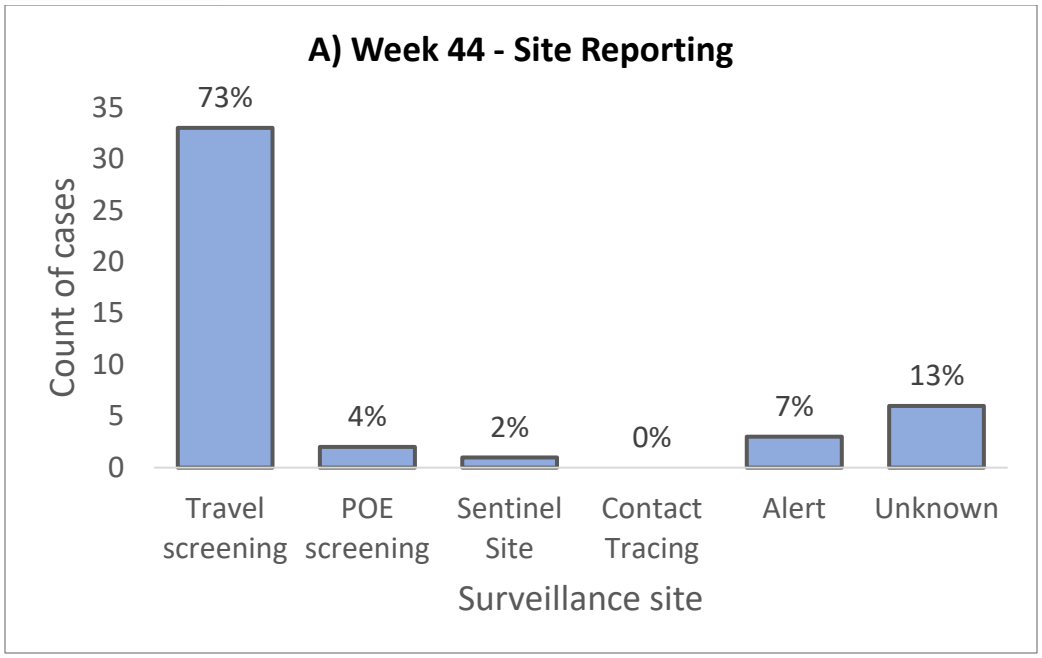


Figure 4. Distribution of cumulative reported cases by nationality



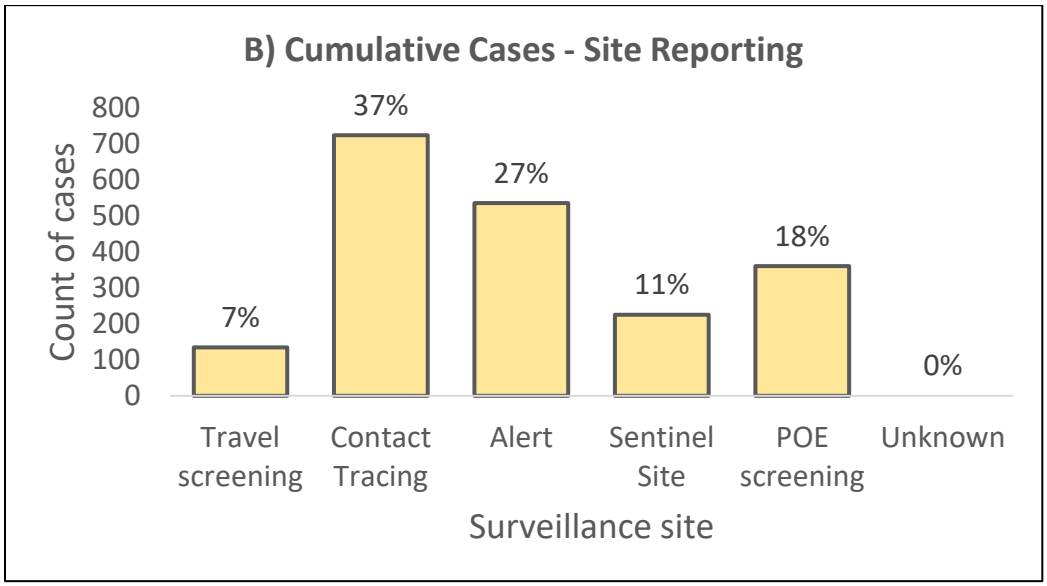


Figure 5. Distribution of reported cases by surveillance site reporting in A) Week 44, and B) cumulatively since COVID-19 surveillance began.

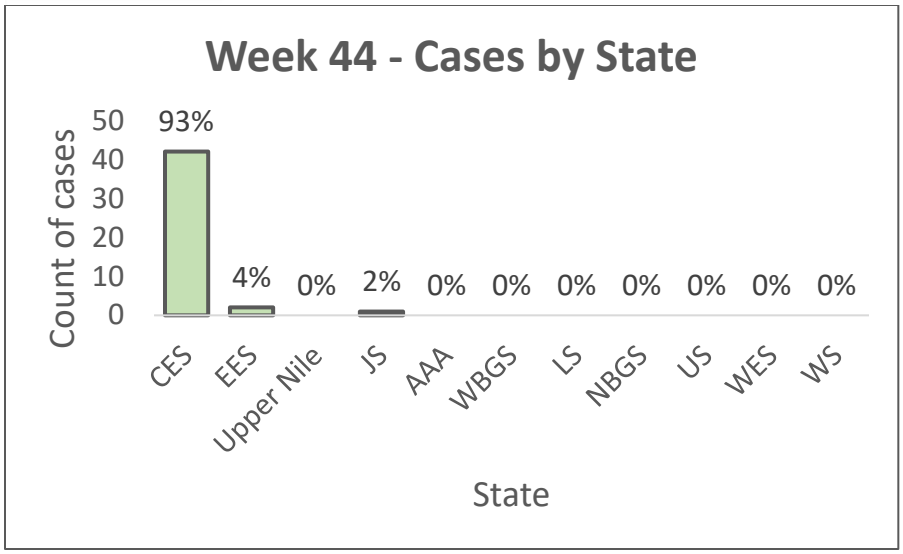


Figure 6. Distribution of reported cases by state in Week 44

Interpretation and recommendation

- The number of reported cases in Week 44 (45) is very similar to Week 43 (42)
- Better data on total people tested through each site and in each state and by nationality, age, and sex would help clarify what is causing observed patterns in case demographics.
- **Travel screening and POE screening represent most cases in Week 44 while no cases were from contact tracing and very few were from alerts. However, cumulatively over all time, most cases were sourced from either contact tracing or alerts. It is not clear why there has been such a dramatic shift in the source of cases over time.**
- Very few cases have been detected from the states, indicating that decentralized testing and communication needs to be improved

Laboratory Update

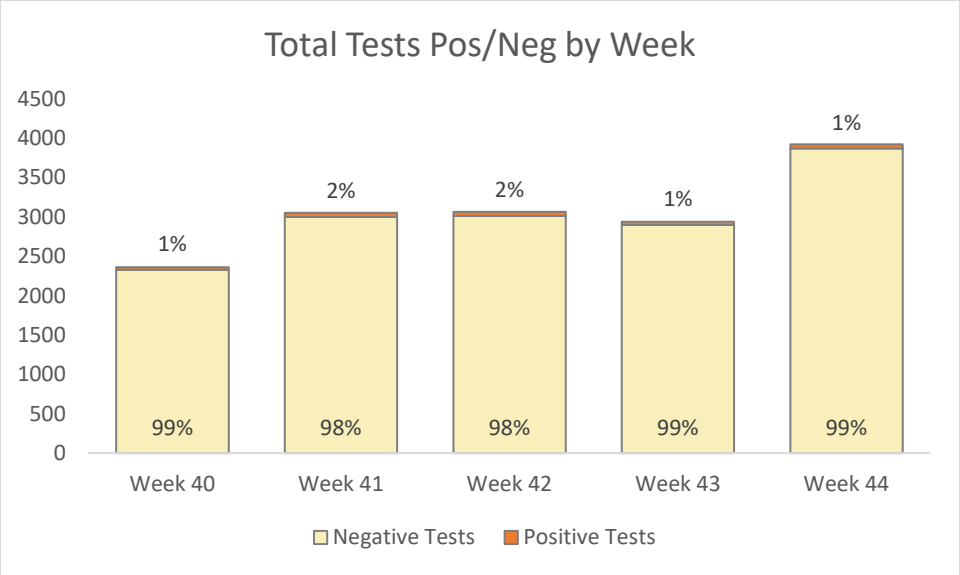


Figure 7. Number of negative and positive tests per week for Weeks 40-43.

Interpretation and recommendation

- The percent positive rate remained stable in Week 44 at 1%, but the overall number of tests went up. **Better data on the number of tests run by testing site would help clarify if this increase in testing is due to greater decentralized testing capacity or increased testing load at the NPHL laboratory.**
- More complete data on total tests run over time since testing began by date, lag between sample receival and result reporting, and total test capacity would provide a more complete picture of the status of testing and laboratory capacity. Further lab data would also enable reporting all other case numbers relative to the number of tests run rather than as an absolute number.

Hotline/Alert System Update

During Week 44, there were 46 potential COVID-19 alerts [Fig 8]. Of these, 33 (72 %) were verified and all (100%) were investigated by the rapid response team (RRT). Samples were collected from 33 (100%) of verified alerts [Figure 8]. About 87% of potential alerts were from Central Equatoria State followed by WBEG State [Fig 9]. Three alerts returned positive for COVID-19.

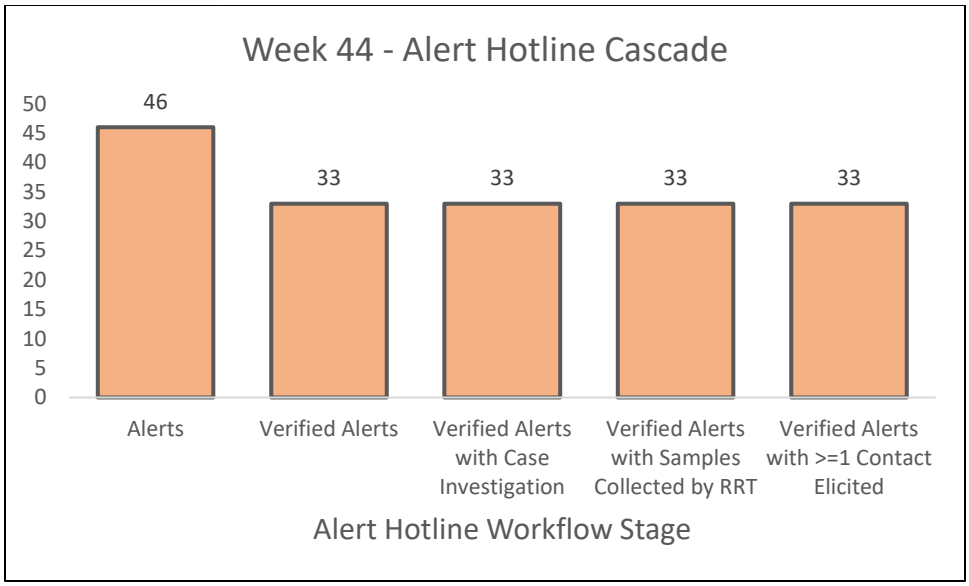


Figure 8: COVID-19 related alerts cascade for Week 44

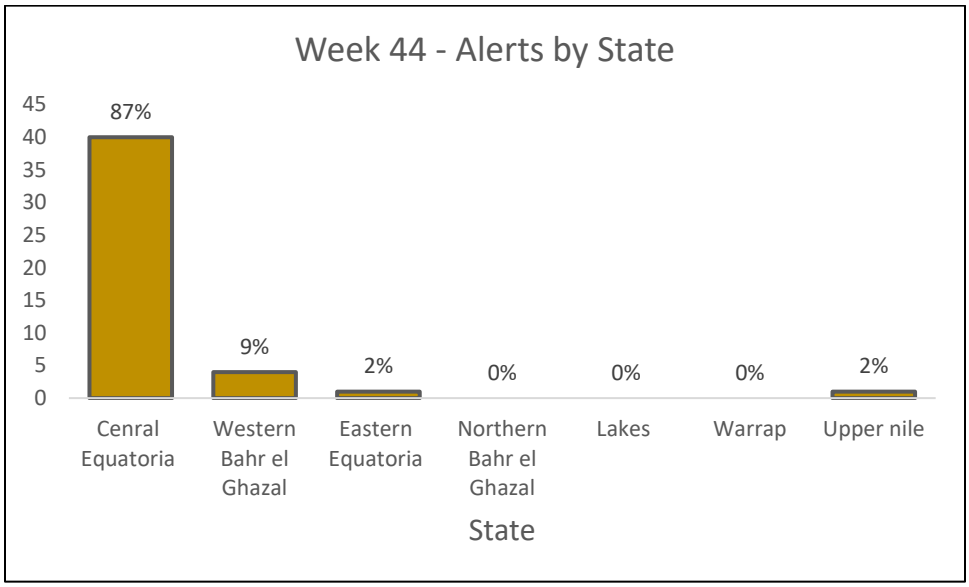


Figure 9: Distribution of Potential COVID-19 alerts by state for Week 44

Interpretation and recommendation

- All verified alerts were screened to meet case definition for COVID-19 and were sampled, indicating that once an alert is received only a certain percentage go on to meet the case definition and test positive.
- Alerts represent a small number of total tests run in South Sudan. Information on why so few alerts come through the hotline would assist in improving this surveillance system.
- Most alerts come from Central Equatoria, indicating gaps in the states mostly due to the ability to reach the system and the subsequent follow-up of the calls reverted to the state RRTs for their action.

Contact Tracing System Update

There were 84 new contacts enrolled this week, bringing the total number of contacts ever enrolled in the program to 9566. This represents a sharp drop in the growth in contacts seen over the previous few weeks; in Week 43, 329 contacts were enrolled, in Week 42, 229 new contacts were enrolled and in Week 41, 113 were enrolled. Contact tracing recently switched to a new, community-based system, and as of Week 44, the new contact tracing program has reached out to 217 index cases. Of the 217 index cases where contact was attempted, 15% are currently pending follow up, 72% were not able to be enrolled, and 13% agreed to list contacts [Table 1]. From those index cases agreeing to list contacts, a total of 148 contacts have been listed. Cumulatively, the case-to-contact ratio stands at about 1:3, but that ratio results from a heavily skewed distribution of contacts reported by index cases: 88% of cases reached out to reported zero contacts, and even among those who reported at least one contact, most report 1-4 contacts, while a small number report a very high number of contacts such as the single index case who reported 39 contacts [Fig 10]. There were no positive cases originating from traced contacts in the past week.

Table 1. Count and percent of index cases who agreed or declined to list contacts

Index Case Contact Listing Status	Count by Status	Percent by Status
Agreed to list contacts	28	12.90%
Being followed by WHO	1	0.46%
Declined call/Denied results	2	0.92%
Declined call/language barrier	1	0.46%
Died	1	0.46%
Dropped	152	70.05%
Pending	32	14.75%
Grand Total	**217**	**100.00%**

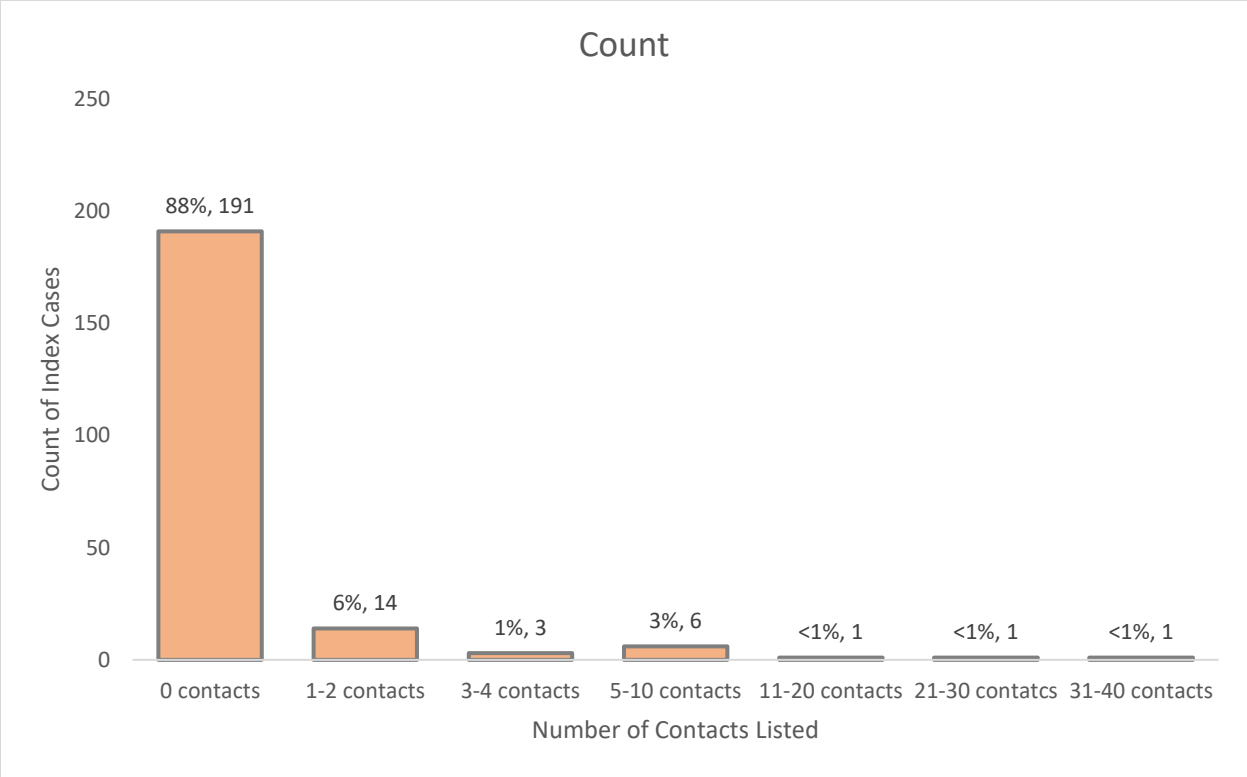


Figure 10. The distribution of contacts reported by each index case.

Interpretation and recommendation

- **Most cases report zero contacts, and the contact to case ratio is driven by a very small number of index cases who report a very large number of contacts.**
- **The number of contacts enrolled has increased significantly over the past few weeks. This reflects the addition of more than 40 contact tracers to the team in the past week.**
- The main barriers to successfully enroll contacts are
    1) A lack of cooperation from cases to share contacts
    2) Difficulty finding the correct contact address for contacts
    3) Difficulty getting contacts to respond to phone calls

Case Management Update

Most cases that record the type of case management are managed at home, with very few admitted to a health facility or hospital. Many cases have no case management type recorded at first contact with patient, and in Week 44 case management type was not recorded for any case. 90.5% of all cases are discharged as of Week 44. Fifty-nine total have died according to recorded data yielding a case fatality rate of 2% [Fig 11].

Table 2. Distribution of case management types for cumulative cases, showing total count and as a percent of total cases. Data is taken at date of first contact with patient.

Case management at first detection	Count	Percent of total cases
Home management	1699	59%
Hospital	15	1%
Isolation center	4	0%
UN health facility	2	0%
UN home management	3	0%
Died	10	0%
Unknown	1130	39%

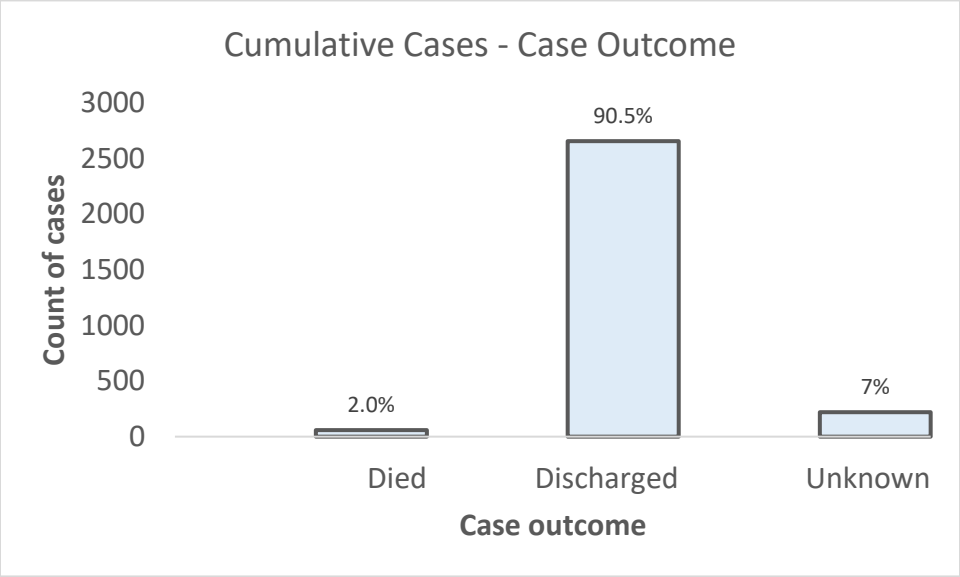


Figure 11. Distribution of case outcome for cumulative cases

Interpretation and recommendation

- Almost all cases with a case management type are managed at home. About a third of cases do not have case management type reported.
- **Case management type has not been recorded at all in the current database for Week 44 or for the previous three weeks. Final outcomes other than deaths have not been updated for several weeks either. This is most likely due to a break-down of data communication between case management and centralized MOH case data recording.**
- The recorded death rate stands cumulatively at about 2%.

Risk Communication Update

A table summarizing cumulative indicators for risk communication is below.

Indicator	Count
Number of people reached through HH and megaphone announcement	156,578
Number of community mobilizers trained	46
Number Religious leaders oriented	34
# Radio talk shows conducted	19
# Radio jingles aired in different local languages	1,428
# Rumours tracked and responded to within 72 hours	8

Table 3. Count of risk communication indicators since activities began

Interpretation and recommendation

- Risk communication is vital to ensure compliance with COVID-19 mitigation measures. More detailed descriptions of ongoing risk communication activities and indicator measures would help to make more specific and clear recommendations and interpretations.

Points of Entry Update

This epidemiological week, IOM screened a total of 11,597 travelers from four PoEs, at Juba International, Nimule land crossing, Wau Airstrip and Abyei - Amiet land crossing. There was no traveler who undergo secondary screening during this reporting week.

In Nimule, most of the travelers were returnees from camps. In Renk border – Wunthou land crossing, no passengers arrived, or screening activities took place as Sudanese communities residing in Joda bordering South Sudan blocked trucks from crossing the border.

For more information please contact the South Sudan Public Health Emergency Operation Centre {PHEOC]

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Tel #: +211922202028
For additional information follow these links:
http://moh.gov.ss/daily_updates.php
http://moh.gov.ss/covid-19.php

Note: COVID-19 testing in South Sudan is free of charge