# South Sudan COVID-19 Weekly Epidemiologic Bulletin

## Issue #: 06

## 9– 15 November 2020

## Epidemiologic Week 46

# Summary statistics for Epidemiologic Week 46

| 36 | 3016 | 0 | 60 | 86 | 50988 |
|---|---|---|---|---|---|
| New Confirmed Cases | Total Confirmed Cases | New Deaths | Total Deaths | New Contacts Under Follow-up | Cumulative Samples Tested |

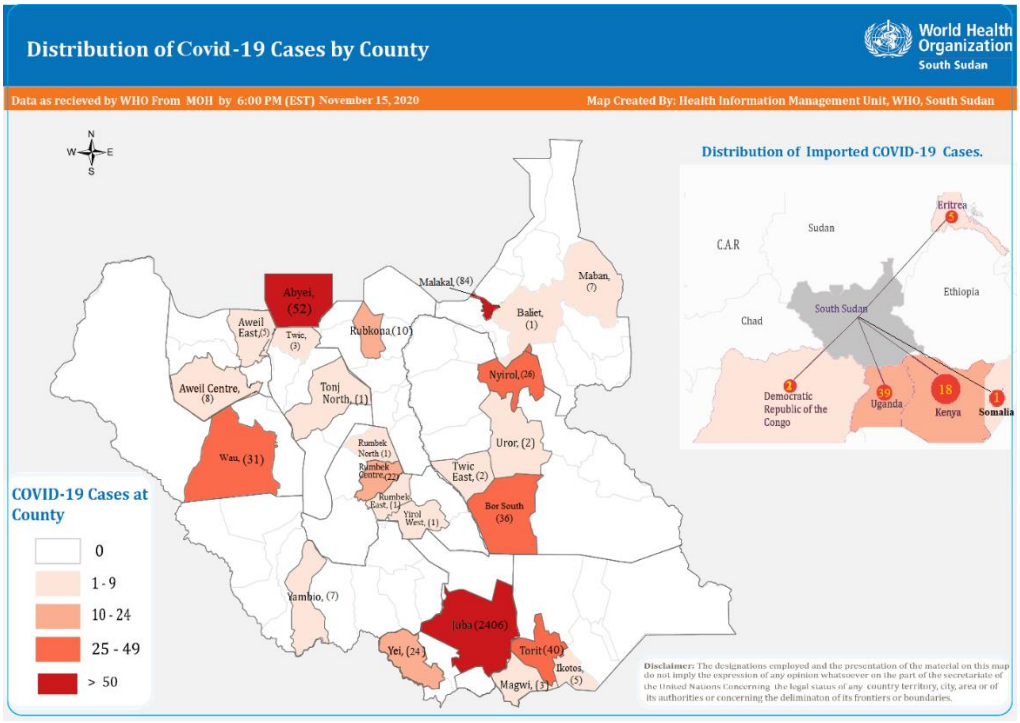


Figure 1. Map of cumulative reported COVID-19 cases, by state

Map source: WHO weekly bulletin

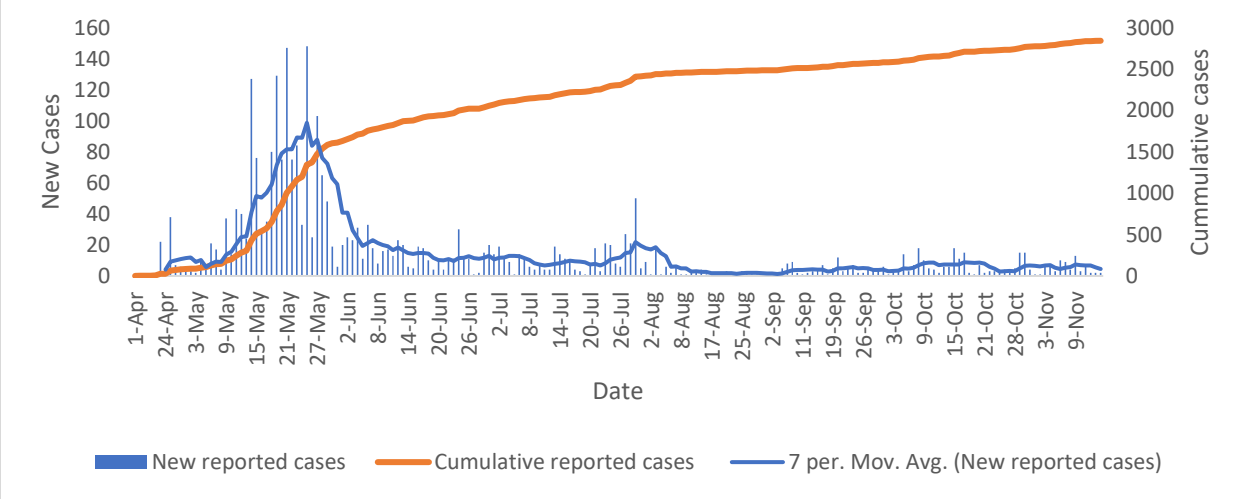

Figure 2. Epidemiological curve of reported cases through Week 46, showing new cases (blue bars), rolling 7-day average of reported cases (blue line), and total cumulative reported cases (red line)

# Epidemiology and Surveillance Update

Thirty-six new cases were identified in Week 46, bringing the cumulative number of confirmed cases to 3016. The case curve has remained low and relatively flat since August [Figure 2]. Cumulatively, the age distribution of cases reported is skewed towards people under 50 years old, with most cases occurring in the 20-49 age group and skewed heavily towards males [Figure 3]. Most cases reported their nationality as South Sudanese (75.4%) [Figure 4]. In Week 46, most positive cases were reported through travel screening [Fig 5A], although if cases are looked at cumulatively, most originate from contact tracing (35%) or alerts (26%), while only 9% are from travel screening [Figure 5B]. The recent shift to travel screening as the main source of cases is likely due to the uptick in traveler-related testing due to international travel requirements. Currently traveler screening accounts for the bulk of testing done in the country. Similar to past weekly reports, almost all new reported cases this week were from CES (81%) [Figure 6].

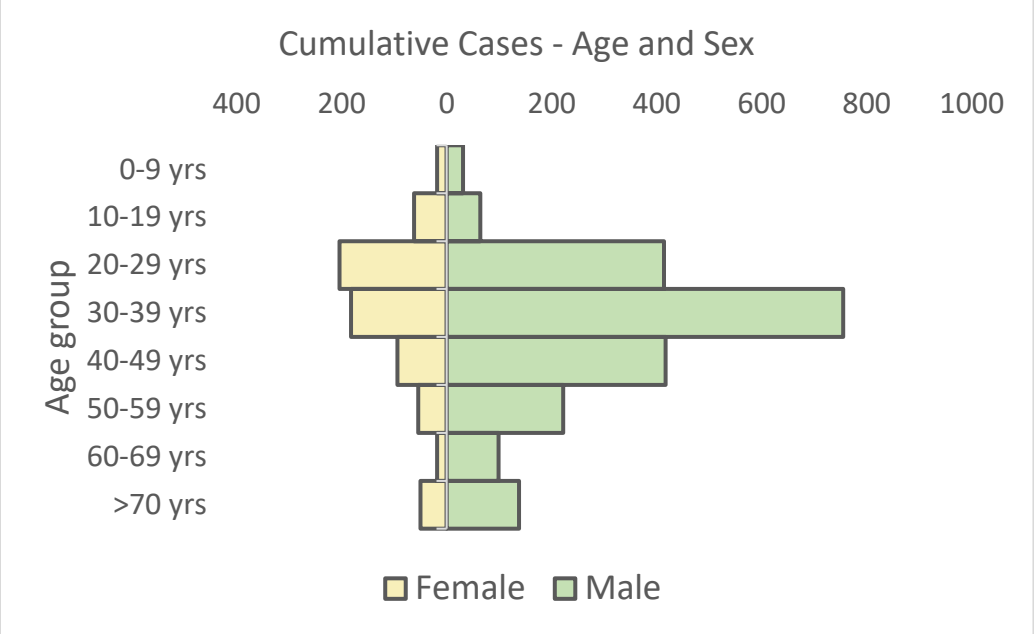


Figure 3. Distribution of cumulative reported cases by age and sex

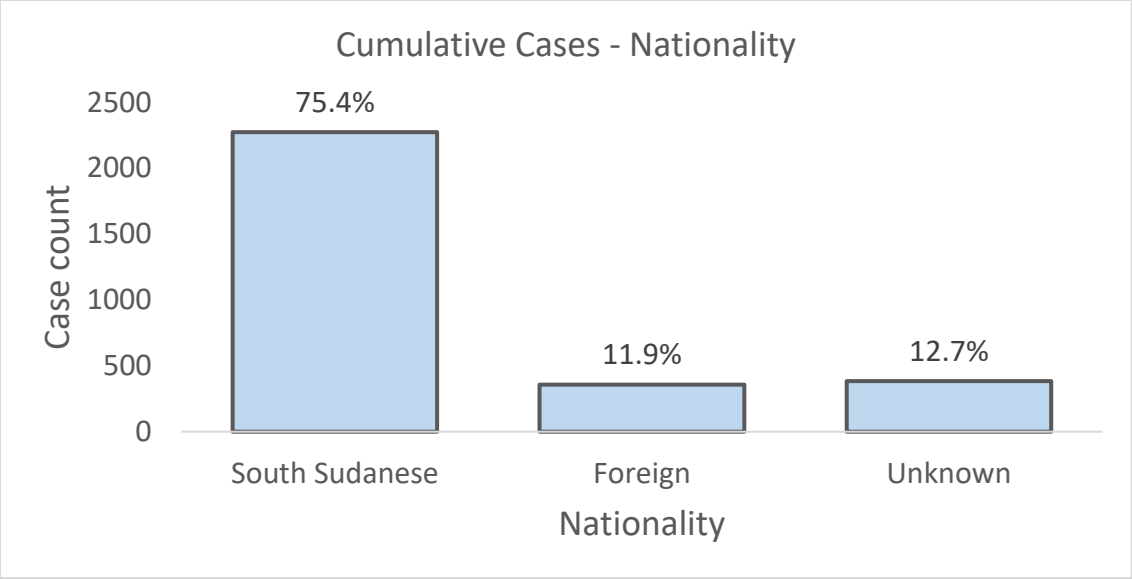


Figure 4. Distribution of cumulative reported cases by nationality

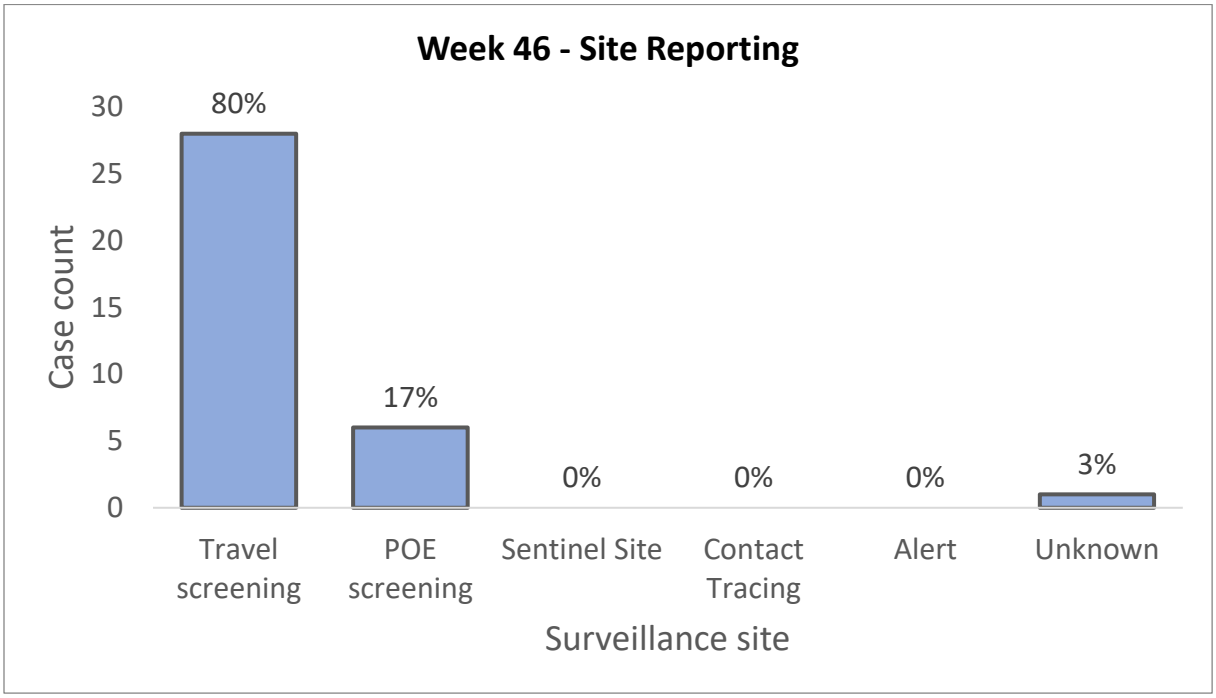


Figure 5A. Case by surveillance site (Week 46)

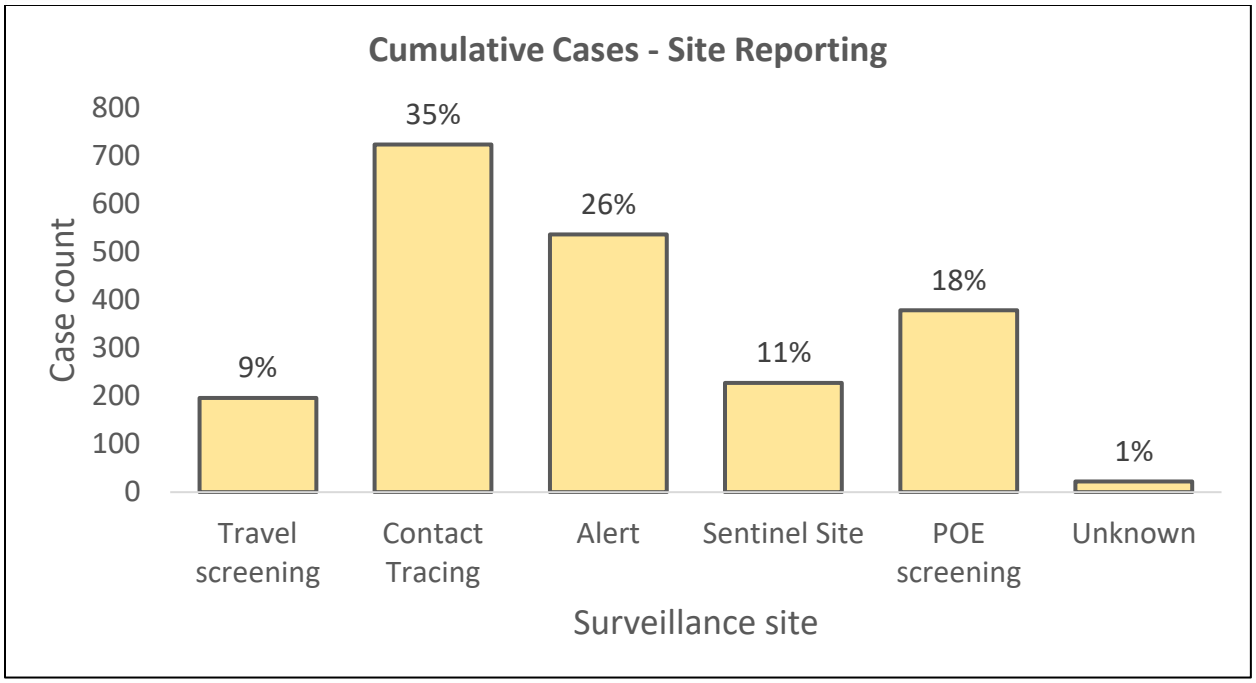


Figure 5B. Cases by surveillance site (cumulative)

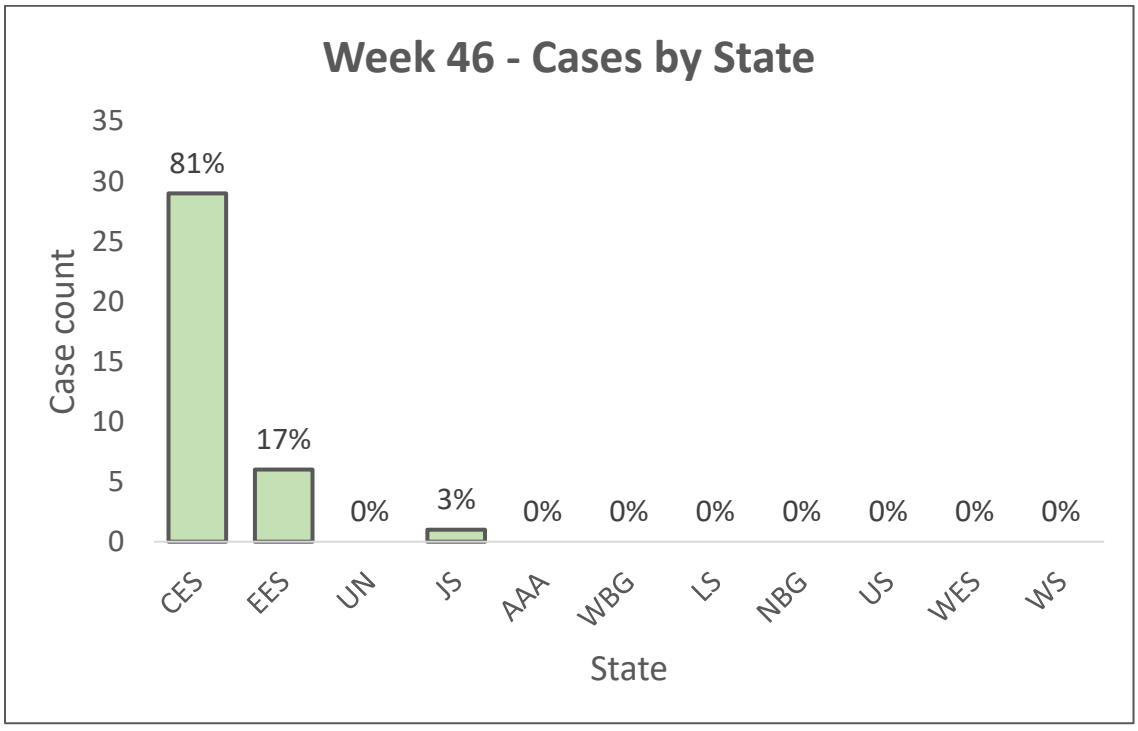


Figure 6. Case distribution by state (Week 46)

## Interpretation and recommendations

- The number of reported cases (36) in Week 46 is slightly lower than the number (45) in Week 45, representing a 20% decrease
- **Improved quality of data collection on individuals tested with key variables including nationality, age, sex remains critical to understand and characterize cases**
- Despite no cases from contact tracing and alerts in Week 46, the cumulative cases originating from contact training (35%) and alerts (26%) remain important to improve case surveillance in these populations with timely screening/testing of suspects or high-risk individuals. **The shift in the majority of cases (80%) in Week 46 from travelers may be attributed to the increase in cases observed from this group (but may also need to be observed to ensure other surveillance locations/sources are appropriately monitored (e.g., RRT response to ensure timely testing of alerts)**
- Very few cases have been detected from the states outside Central Equatoria, indicating that decentralized testing and communication needs to be improved

# Laboratory Update

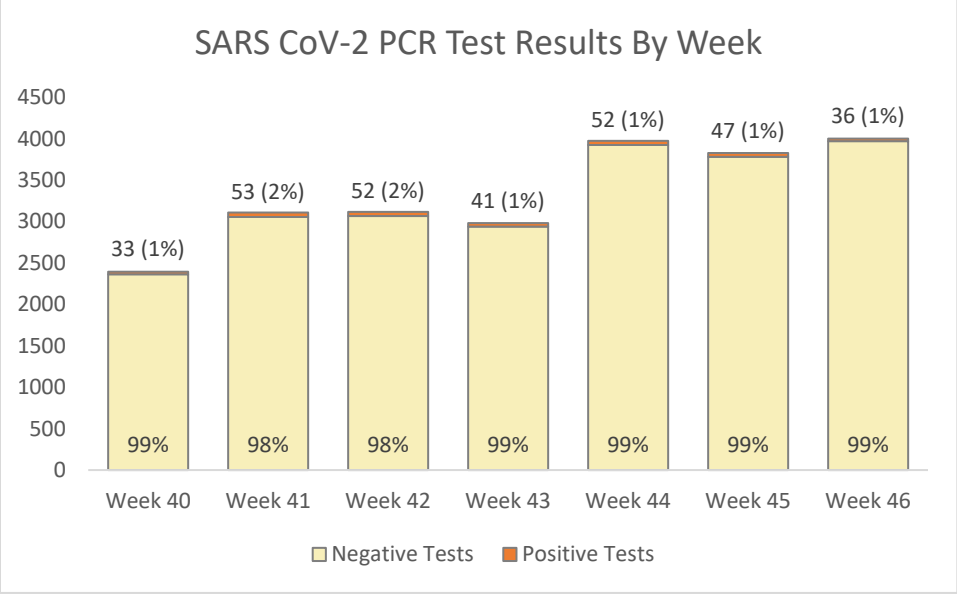


Figure 7. SARS-COV-2 PCR test results by week

## Interpretation and recommendations

- Percent positivity remained stable in Week 46 at 1%, with an observed slight increase in overall testing (from 3779 to 3968), representing a 5% increase
- Accurate completion of CIF with date of sample collection and documentation of dates of laboratory sample receipt, processing, results reporting continues to be needed to understand turnaround times to monitor and remediate specific areas of concern

# Hotline/Alert System Update

During Week 46, there were 26 (20 through the hotline and 6 through self-reporting) potential COVID-19 alerts [Figure 8]. This represents a significant drop from the alerts received in previous weeks. (e.g., there were 63 potential alerts in Week 45), and it's not clear why the number dropped by more than 50 percent. Of the 26 alerts, 25 (96%) were verified and all (100%) were investigated by the rapid response team (RRT). Samples were collected from all 25 (100%) of investigated alerts [Figure 8]. About 73% of the potential alerts were from Central Equatoria followed by Lakes and Jonglei (8% each) [Figure 9]. All alerts tested negative for COVID-19.

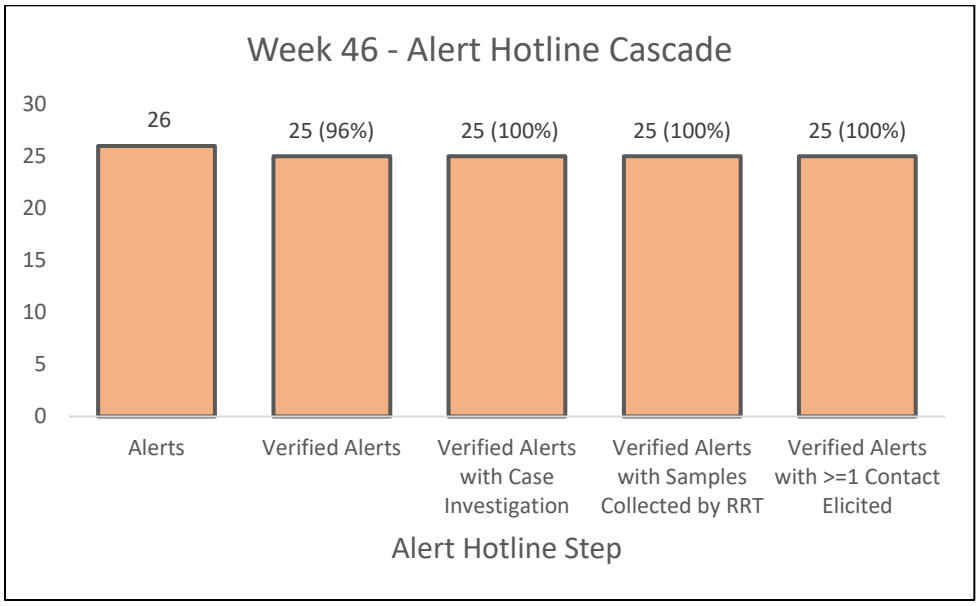


Figure 8: COVID-19 related alerts cascade (Week 46)

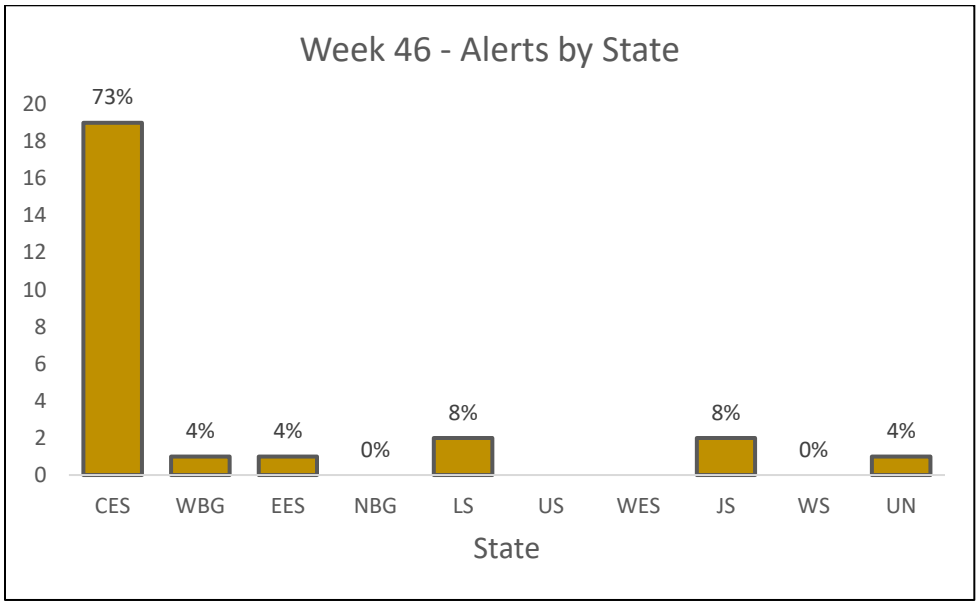


Figure 9: COVID-19 related alerts by state (Week 46)

## Interpretation and recommendation

- All verified alerts (25) screened to meet case definition for COVID-19 were investigated and sampled
- Alerts represent a small number of total tests run in South Sudan. Understanding the reasons behind the low number of alerts via the call center/hotline should be investigated to identify root causes and potential drivers to remediate. Alerts outside of Central Equatoria are limited. Ongoing discussions to strengthen the hotline system and RRT, case investigation, contact tracing continue to be needed

# Contact Tracing System Update

During Week 46, sixty-four cases (44 male, 20 female) were presented for follow-up. Of this, 31 (48%) were within the jurisdiction of the Juba contact tracing team and were followed up. From the follow-up, 9 cases (29%) agreed to provide contacts, 3 refused to provide contacts, while the rest (19) either did not pick up their phone or had their phones switched or unavailable. From the 9 cases (3 male, 6 female) who agreed to provide contacts, a total of 86 contacts were listed, providing a case ratio of 1:10. However, the ratio results are from a heavily skewed distribution of contacts reported by two cases (27 and 49 contacts who were passengers in a public transportation vehicle). Four cases reported zero contacts. There were no positive cases originating from traced contacts in Week 46.

## Interpretation and recommendations

- 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, especially after attending weddings and funerals or traveling in a public transportation vehicle
- The cumulative number of contacts enrolled has continued to increase since community-based contact tracing was established, with an anticipated growth over time
- The main barriers to successfully contact enrolment include:
    1) Unwillingness of cases to share contacts
    2) Incorrect contact addresses (physical location and phone number)
    3) Contacts not answering their phones

# Case Management Update

Most cases that record the type of case management are managed at home (56%), with very few admitted to a health facility or hospital. A significant proportion of cases have “unknown” (37%) case management type at first contact. Notably, no case management type was recorded for any case in several weeks now. Eighty-eight percent (2655) of all cases were discharged as of Week 46. Sixty total cases have died according to recorded data, yielding a case fatality rate of 2% [Fig 11].

| Case management at first detection | Count | Percent of total cases |
|---|---|---|
| Home management | 1699 | 56% |
| Hospital | 15 | 1% |
| Isolation center | 4 | 0% |
| UN health facility | 2 | 0% |
| UN home management | 3 | 0% |
| Died | 10 | 0% |
| Unknown | 1130 | 38% |

Table 1. Distribution of case management types for cumulative cases, showing total count and as a percent of total cases. Data obtained for date of first contact with the patient

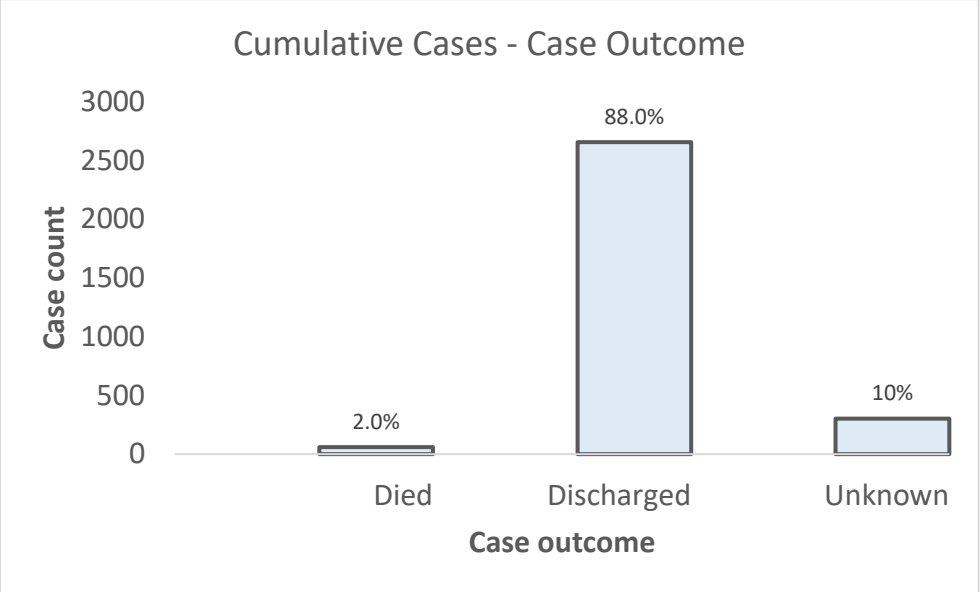


Figure 11. Distribution of case outcome for cumulative cases

## Interpretation and recommendations

- Most cases with a case management type are managed at home. Slightly more than a third of cases do not have case management type reported, with documentation entirely absent in several of the recent reporting weeks
- Case management type has not been recorded since mid-June even though case management partners have been collecting, recording, and sharing data. Final outcomes other than death have also not been updated for several weeks. Data recording issue needs to be remediated immediately
- The case fatality rate stands at about 2%

# Risk Communication and Community Engagement Update

No data were provided for Week 46 by the pillar lead.

# Points of Entry Update

This epidemiological week (W46), IOM screened a total of 14,647 travelers through five POEs, at Juba International Airport (5,618), Nimule land crossing (3,734), Wau Airstrip (1,215), Abyei - Amiet land crossing (3,992), and Renk border – in Wunthou land crossing (88) entering South Sudan. There was no traveler who underwent secondary screening during this reporting week.

At the land crossing borders, most of the travelers were truck drivers and returnees (walking). Week 46 shows an increase of 12% in the number of travelers screened compared to Week 45.

IOM continues to actively participate in all the established coordination mechanisms for COVID-19 including technical working groups, state task force and national task force meetings in Juba, Wau, Nimule, Renk and Abyei.

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

Email: sspheoc@gmail.com
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