

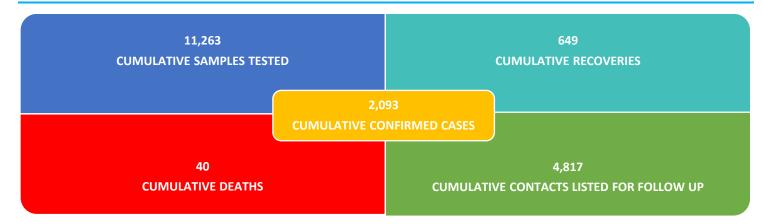


MINISTRY OF HEALTH (MOH)

PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Issue NO: 18 Reporting Period: June 29-July 5, 2020 (week 27)



1. KEY HIGHLIGHTS

- A cumulative total of **2,093** confirmed cases and **40** deaths have been recorded to date with case fatality rate (CFR) of 1.9 per cent, including 41 imported cases as of 5 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.
- 649 recoveries have been recorded, accounting to recovery rate of 31%.
- 103 Health Care Workers have been infected since the beginning of the outbreak with one death.
- **4,817** cumulative contacts have been registered of which **4,375** have completed the 14-day quarantine and **442** contacts are being followed. 14% (n=665) contacts have converted to cases thus far; accounting for 21% of all confirmed cases.
- Cumulative 11,263 laboratory tests have been performed, accounting to 19% percentage positive rate.
- There is cumulative total of **639** alerts. All have been verified and sampled; Most alerts have come from Central Equatoria **84** %(n=**537**).
- 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 2,093 cases have been confirmed by the National Public Health Laboratory (NPHL) with 649 recoveries and 40 deaths, yielding case fatality rate (CFR) of 1.9 percent. Two percent (n=42) confirmed cases are imported and 98 percent (n=2,051) 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 2,093 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as cumulative cases. There are 649 recoveries and 40 deaths with case fatality rate (CFR) of 1.9 percent. Cases detected among South Sudanese nationals account for 87 percent (n=1,821) of all cases, whereas 7 percent (n=147) are foreigners and 6 percent (n=126) unknown. There have been 41 imported cases: 17 from Kenya, 12 from Uganda, 1 from DRC, 2 from Eritrea, 1 from Netherlands and 8 are unknown.





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Confirmed cases range from age 2 months to 85 years with an average of 36.6 years; 75 percent (n=1,570) of confirmed cases were diagnosed as males, 24.5 percent (n=513) female and 0.5 percent (n=10) were unknown. Young men within the 30-39 age group are the most at risk for COVID-19.

Only 21.5 percent (n=450) cases reported symptoms, of which the most frequent have been cough (19%), fever (16%), runny nose (12), headache (11%), fatigue (10), shortness of breath (9%), sore throat (8), Muscle aches (6%) and others (9). 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 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 5 July 2020

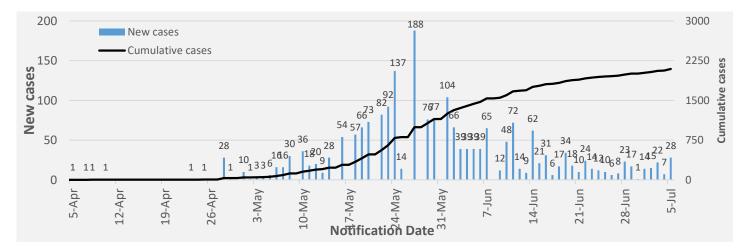


Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=1,950), 5 July 2020

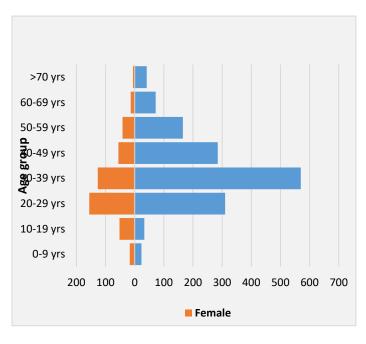
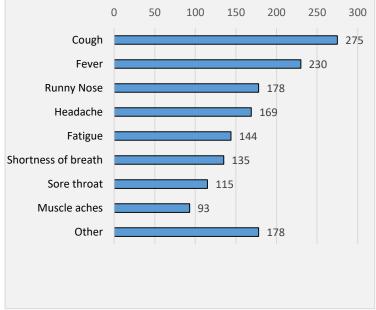


Figure 3. Frequency of symptoms among symptomatic cases







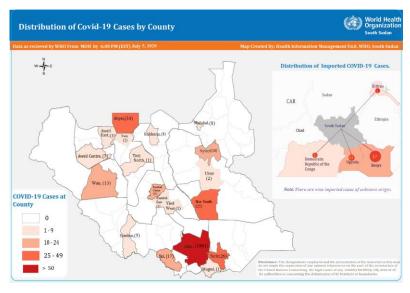


Figure 4: Distribution of confirmed COVID-19 cases according to Counties Table 1: Summary of COVID-19 Cases by State as of 5 July 2020

State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	10	1 878	0	33
Eastern Equatoria	0	27	0	1
Jonglei	2	43	0	1
Lakes	0	23	1	4
Northern Bahr el Ghazal	0	10	0	0
Unity	0	8	0	0
Upper Nile	3	8	0	0
Warrap (including Abyei)	8	37	0	0
Western Bahr el Ghazal	0	13	0	0
Western Equatoria	2	5	0	0
Imported	3	41	1	1
Pending classification	0	0	0	0
Total	28	2 093	2	40

Geographic information is available for 2,084 cases.

Contact tracing summery

- As of 5 July 2020, the total number of contacts (old and new) that have been monitored has reached **4,817** Out of these 91% (n=4375) contacts have completed 14-day quarantine period.
- Currently 442 known contacts are being monitored daily for signs and symptoms of COVID-19
- 14% (n=665) contacts have converted to cases thus far; accounting for 21% of all confirmed cases.

4. KEY HIGHLIGHTS

4.1 COORDINATION AND LEADERSHIP

- The National Steering Committee (NSC), Technical Working Groups (TWGs), and State Task Forces (STFs) continue to meet on a weekly basis to deliberate on COVID-19 response and preparedness. Some County Committees are established and meeting and reporting weekly.
- The PHEOC continues to publish Daily Updates on COVID-19 in South Sudan highlighting overall status of cases and contacts.
- The NSC leadership has accomplished review and approval of all TWG SOPs and Guidelines, with the last session for Laboratory and Surveillance TWG completed on 4 July. The SOPs will be presented to the NSC during next meeting for final endorsement.

4.2 LABORATORY

- Cumulative 11,263 samples tested as of 5 July 2020.
- Cumulative 2,093 positive cases confirmed across the Country.
- Logix Smart COVID-19 kit (new) for 10,000 tests was received in NPHL in Juba and verification completed.
- The COVID-19 NPHL database has been reinforced with new desktops computer, network cables and a higher capability server to accommodate Nimule data and daily reporting.
- A one-day training on the Sample Reception SOP was completed by MSF for the sample reception team.
- In Lakes, seven laboratory technicians were trained on GenExpert testing for COVID-19, HIV and TB in Rumbek State Hospital by the NPHL.





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• In Nimule, the mobile laboratory is operational with screening of cargo truck drivers ongoing for those who do not present certification of negative results, irrespective of symptoms. Screening of symptomatic travellers presenting at the border is also ongoing. As of 5 July, of 127 samples tested 4 were positive. Cumulative number of tests in Nimule is 262, with 8 positives. Among the confirmed cases 3 are truck drivers and 4 are Health Care Workers. 69 contacts have been registered, of which 21 have completed 14 days of follow up and 48 are still under daily follow with MoH and WHO.

4.3 SURVEILLANCE

- The Contact Tracing (CT), Community-Based Surveillance (CBS), and RRT SOPs were updated to incorporate detail on confidentiality, contact listing, and field security. The CT and CBS SOPs were reviewed/ approved by the NSC leadership on 4 July, pending NSC endorsement. RRT SOP is under review by TWG.
- A Concept Note for integration and implementation of COVID-19 testing at multiple sites along the northern border with Sudan was drafted.
- In Upper Nile State, WHO conducted two-days' training for 25 RRT members on contact tracing, surveillance, IPC, dead body management and safe burial, with participants from Malakal Teaching Hospital, and Malak, Baliet and Aoka Counties. WHO circulated Case Definitions to six sentinel sites in Maban, Meluth, Malakal, Renk, Malakal PoC site and Kodok to strengthen active surveillance.
- In Lakes, State MoH with WHO trained 15 Health Workers on contact tracing; while in Unity, 25 Health Workers and CHD staff in Leer, Manyendit and Koch Counties were trained by WHO on COVID-19. While in Warrap, WHO facilitated the training of 22 persons on contact tracing.

4.4 CASE MANAGEMENT

- Adoption of Case Management terminologies, which will be added as a glossary to the Case Management guideline.
- Triaging of home-based patients as well as distribution of supportive medications (paracetamol, vitamin C) on-going by the Home
 Care team
- Insufficient funding for case management partners, and insufficient PPE supplies for triage and COVID-19 facilities, have negatively impacted on the implementation of planned activities.
- In Jonglei, a COVID-19 facility which had been renovated was officially opened at Bor State Hospital with an expanded bed capacity from 10 beds to 30 beds.

4.5 INFECTION PREVENTION AND CONTROL (IPC)

IPC TWG leadership and partners continue to support National and State level coordination, scale up IPC and WASH in health facilities, POC sites and communities with below key achievements across the Country:

- 67,420 people reached with critical WASH supplies/hygiene items and services.
- 237,600 people reached with integrated COVID-19 and hygiene promotion services.
- 233,000 people reached through WASH facility upgrades repairs, rehabilitation and new construction.
- 381 people reached with cloth face covering distributions in public places.
- 178 health workers trained in COVID 19 IPC measures.
- 5 triage and screening areas established as per SOP.
- 7 health facilities assessed on IPC WASH status.
- 22 health facilities supplied with PPE; 11 COVID-19 facilities supported with PPE and IPC supplies.
- 168 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution. Installation of 597 hand washing stations ongoing.
- In Lakes, UNICEF and CHADO distributed 30 hand washing buckets and 30 bars of soaps to places of worship, enhancing hygiene.

4.6 RISK COMMUNICATION AND COMMUNITY ENGAGENT (RCCE)

- A total of 197,651 individuals were reached with key COVID-19 mitigation messages by community mobilisers through interpersonal awareness sessions and street announcements through megaphones-walks.
- Capacity building activities continued this week with 69 community mobilisers and 296 community influencers and religious leaders trained and oriented on COVID-19, covering mental health and psychosocial support.





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- 1,415 radio jingles were aired in 10 local languages across 42 radio stations in all 10 states. Weekly talk shows on COVID-19 also hosted different content experts and influencers that answered common questions, enhancing awareness.
- The call center hotline 6666, with an average number of calls per week above 8,000, has established a system for analyzing the details of calls received and actions taken to generate a weekly report and strengthen operations. A call quality assurance tool has been developed for routine assessment of call center staff performance.
- Rumor tracking and community feedback through community mobilisers continues. For this week, based on reports received from all states, 15 rumors were tracked and responded to within 72 hours.
- Distribution of communication materials by UNICEF to the States and partners is ongoing, with a consignment of 19,000 posters; 1,600 banners and 72,000 fliers distributed to the States.
- Engagement of the armed forces and actors in COVID-19 RCCE response by UNICEF is ongoing, with progress update presented at the National steering Committee meeting.
- The TWG held a meeting with Director of Public Health of Juba City Council regarding mitigation of COVID-19 risks during funeral events. Similar meetings are planned over the coming week with influential authorities at municipality and quarter council levels.

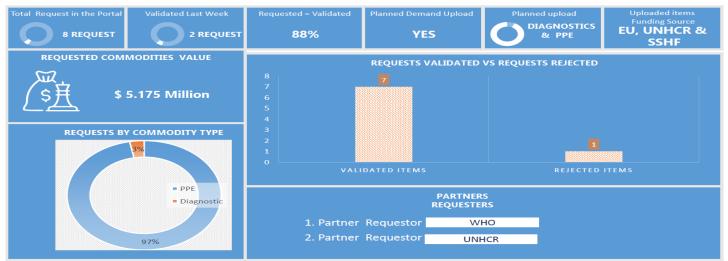


Training of the armed forces on COVID-19. Photo credit: UNICEF

4.7 LOGISTICS AND OPERATION SUPPORT

Samples collected by air: 35 samples collected from Unity/Rubkona (3), WBG/Wau (11), Lakes/Rumbek (7), and NBG/Aweil-(14).

WHO Supply Portal Dashboard



4.8 POINTS OF ENTRY (POE)

- In total, 7,155 travelers were screened in the various POE sites supported by IOM, SCI & CCM: Juba-JIA-2,118; Nimule Check point-1,888; Wau-352; Amiet-2,392; and Nadapal-318 including 134 trucks. Screening at Bor and Juba PoC sites is being conducted by ACTED and IMC respectively.
- IOM continued with COVID-19 awareness raising and hygiene promotion activities in Bentiu and Malakal PoC sites; as well as outside the PoC sites in Wau, Twic, and Juba. IOM conducted weekly assessments of mobility and COVID-19 preparedness at 19 displacement sites and 56 POE and transit hubs.
- Ongoing assessment in Aweil North (Majok Yinthuo) and Aweil East (Kiir Adem) led by the MoH.
- Collaboration is ongoing between POE and Surveillance TWGs for start of screening and testing of truck drivers in Abyei.



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- In Warrap, two PoEs were established and are functional at Amiet market on Abyei-Sudan border; while Amen-Abek hospital in Abyei is planned for use as a temporary COVID-19 facility for transit to Agok.
- All EVD Border Health & POE activities for the EVD Preparedness plan, have been concluded as per the EVD Strategy to phase-out and handover to the MOH or County Health Department (CHD) by 30 June 2020. Out of the 29 POEs, only 5 have been maintained for COVID-19 screening: JIA, Nimule, Wau, Yambio and Gangura. There are ongoing assessments to open POEs screening in the Southern and Northern borders, the Pillar has huge funding gap being only 12 percent funded of total \$12 Million budget.





5. MAJOR CHALLENGES

- The high risk for COVID-19 transmission during public events including funerals is an ongoing concern requiring NTF and NSC support.
- POE and Epi-Surveillance TWGs are to engage with the COVID-19 Incident Manager (IM) for a formal letter to the counterpart Sudan MOH IM to initiate implementation of testing of cargo truck drivers moving between South Sudan and Sudan. A communications platform between South Sudan IM and the IM structures in all six border Countries is required, currently there are agreements only with Kenya and Uganda.
- Shortage of IPC/WASH materials and PPEs for health facilities was reported in Nimule, Lakes, Upper Nile, and Unity States.
- In WES, lack of screening at PoEs and multiple illegal PoEs create challenges in Tambura and Ezo Counties. In Upper Nile, lack of
 screening and testing at Renk PoE implies high population movement is unchecked for COVID-19 including truck drivers. Screening
 and COVID-19 facilities are also advocated for at POEs with Sudan and Ethiopia, and in Jonglei. Unity State lacks screening in 8
 PoEs.
- Lack of COVID-19 facilities and case management partners, with limited supported reported across States.

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 Upper Nile, Unity, CES, and WES
- Develop algorithm for reporting results for COVID-19 tests conducted in the states
- Develop algorithm for reporting epi data on suspect cases tested in the states (without waiting for laboratory results)
- Continue engagement in bilateral and regional cross-border discussions for COVID-19 preparedness and response, integrating COVID-19 testing at screening sites along the Sudan-South Sudan border.
- Engage the Juba City Council authorities in planning a mitigation campaign to reduce the risk of transmission during community events like funerals and wedding.
- Continue to proactively monitor and address emerging community perceptions related to the COVID-19 situation in the Country.
- 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.

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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