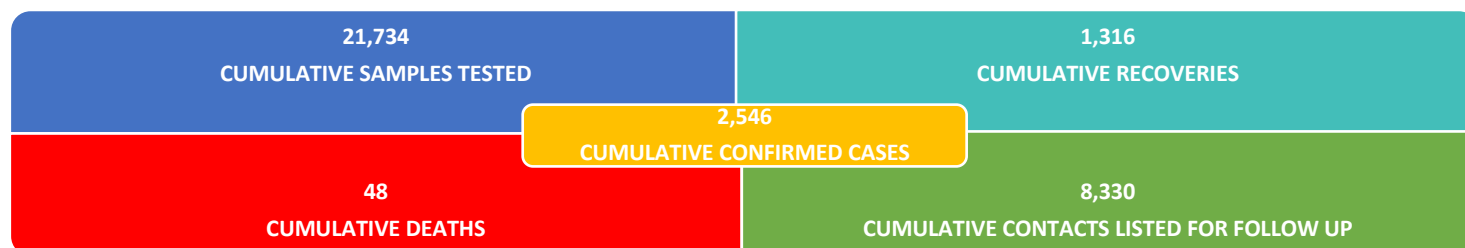




## COVID-19 WEEKLY SITUATION REPORT

Reporting Period: 31 August-6 Sept 2020 (week 36)



## 1. KEY HIGHLIGHTS

- A cumulative total confirmed cases of 2,546 including 82 imported cases as of 06 September 2020.
- 48 deaths have been recorded, with case fatality rate (CFR) of 1.8%.
- Nil (0) cases are currently isolated in health facilities in the Country; and the National IDU has 100% percent bed occupancy available.
- 1,316 recoveries have been recorded, accounting for a recovery rate of 51.7 percent.
- 126 Health Care Workers have been infected since the beginning of the outbreak with one death.
- 8,336 cumulative contacts have been registered of which 8,067 have completed the 14-day quarantine. Currently, 269 contacts are being followed of these 87.0 percent (n=234) contacts were reached. 717 contacts have converted to cases thus far; accounting for 28.4 percent of all confirmed cases.
- Cumulatively, 21,952 laboratory tests have been performed with 11.6 percent positivity rate.
- There is cumulative total of 1,128 alerts of which 84.1 percent (n=949) have been verified and sampled; Most alerts have come from Central Equatoria (79.2 percent), Western Bahr el Ghazal (3.1 percent), and Eastern Equatoria (2.7 percent); and the remaining 15 Percent from the other States and Administrative Areas.
- As of 06 September, 25 counties (31.3%) 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, 2,546 cases have been confirmed out of 21,952 tests performed by the National Public Health Laboratory (NPHL) and other decentralized Public Health Laboratories Network in Nimule, Bor Hospital, Malakal and UN Clinic in Juba, with 1,316 recoveries and 48 deaths, yielding case fatality rate (CFR) of 1.8 percent. Up to 3.3 percent (n=83) confirmed cases are imported and 96.7 percent (n=2,463) are locally transmitted. 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 2,546 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as confirmed cumulative cases. There are 1,316 recoveries and 48 deaths with case fatality rate (CFR) of 1.8 percent. Cases detected among South Sudanese nationals account for (82 percent) of all cases, whereas (11 percent) are foreigners, and 7 percent unknown. There have been cumulative 91 imported cases (1 new): 17 from Kenya, 16 from Uganda, 4 from Eritrea, 2 from DRC, 1 from Somalia, 7 South Sudanese Returnees, and 44 are unknowns.

Confirmed cases range from 2 months - 90 years of age with an average of 36.8 years. As for gender, 73.5% of confirmed cases were diagnosed in men, 23.4% in women, and 3.1% unknown. Young men within the 30-39 age group are the most at risk for COVID-19

Only 24 percent (n=599) cases reported symptoms, of which the most frequent have been cough 399 (18.7%), fever 345 (16.2%), runny nose 253 (11.9%), 224 shortness of breath (10.5%), fatigue 221 (10.4%), headache 201 (9.4%), sore throat 135 (6.3%), muscle aches 128

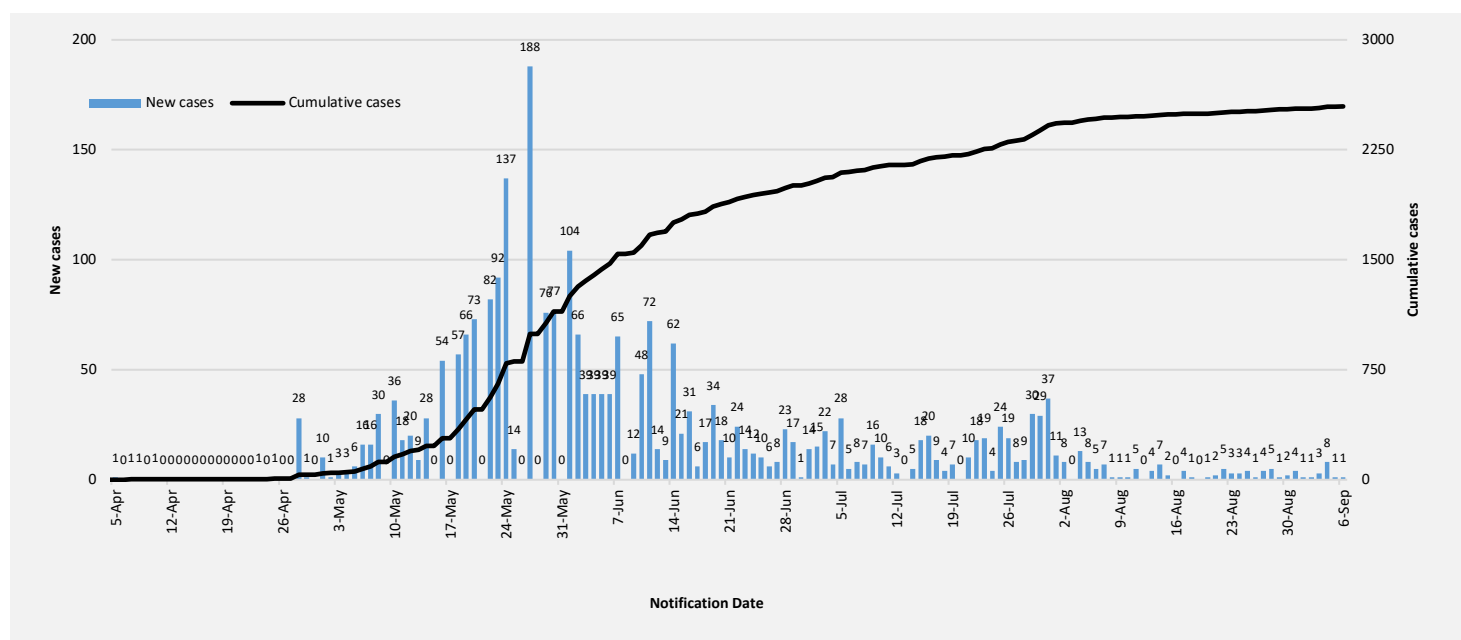


# MINISTRY OF HEALTH (MOH)

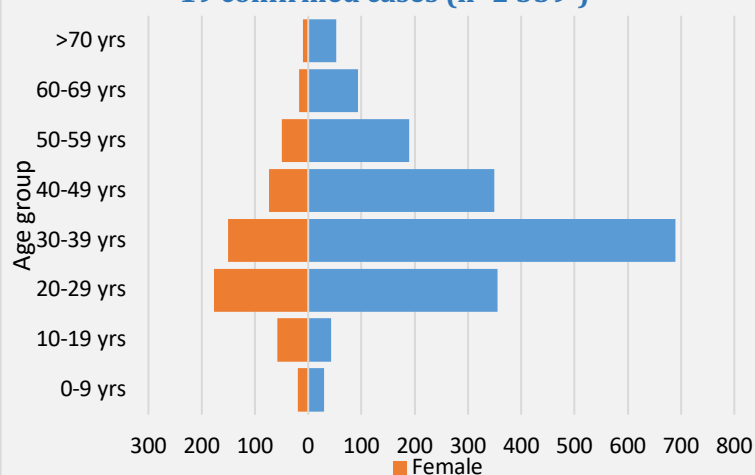
(6%) and others 225 (10.6%). New and cumulative; age, sex; frequency of symptoms; and geographical distribution of COVID-19 confirmed cases are shown in Figures 1, 2, 3 and 4 and Table 1 respectively.

As of 06 September 2020, the affected Counties are alphabetically: Abyei (52), Aweil Center (7), Aweil East (5), Baliet (1), Ikotos (5), Juba (2,119), Maban (7), Magwi (1), Malakal (58), Nyirol (26), Rubkona (10), Rumbek North (1), Rumbek Center (21), Rumbek East (1), South Bor (30), Tonj North (1), Torit (34), Twic Warrap (3), Twic East (2) Uror (2) Wau (28), Yambio (7), Yei (23), Yirol West (1), Unknown (10).

**Figure 1: New and cumulative confirmed COVID cases by notification date as of 6 September 2020**

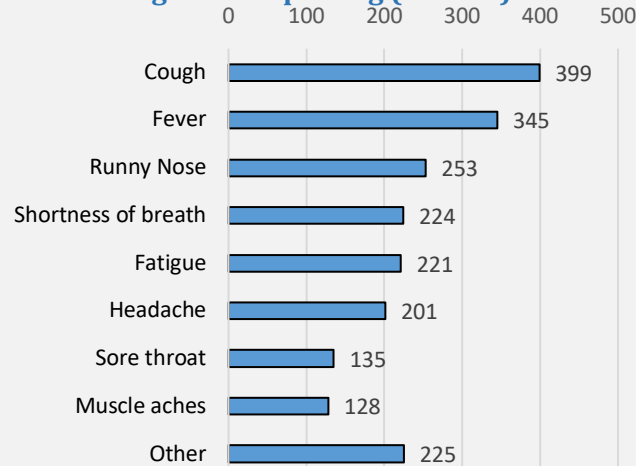


**Figure 2. Age and sex distribution of COVID-19 confirmed cases (n=2 359<sup>§</sup>)**



<sup>§</sup>2 359 cases have information regarding sex and age

**Figure 3. Frequency of symptoms among those reporting (n=599<sup>§</sup>)**



<sup>§</sup>Only 599 cases reported having symptoms.



Figur4: Distribution of confirmed COVID-19 cases according to Counties

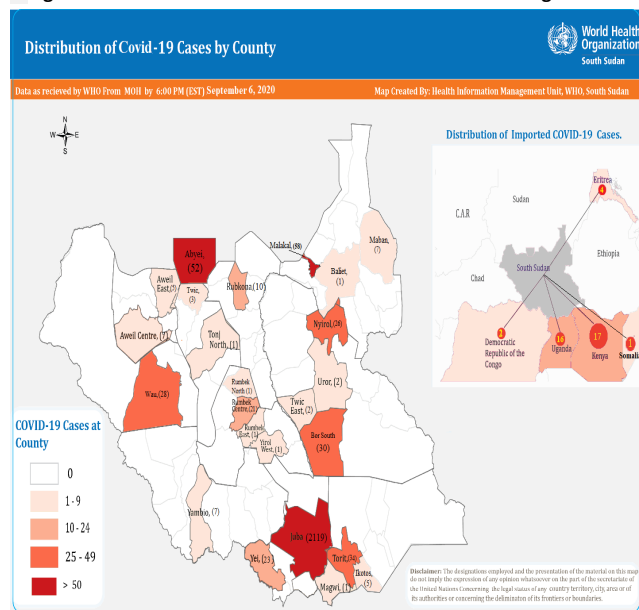


Table 1: Summary of COVID-19 Cases by State as of 6 Sept 2020

State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	0	2 142	0	38
Eastern Equatoria	0	40	0	2
Jonglei	0	60	0	1
Lakes	0	24	0	5
Northern Bahr el Ghazal	0	12	0	0
Unity	0	10	0	0
Upper Nile	0	66	0	1
Warrap (including Abyei)	0	56	0	0
Western Bahr el Ghazal	0	28	0	0
Western Equatoria	0	7	0	0
Imported	1	91	0	1
Unknown	0	10	0	0
Pending classification	0	0	0	0
<b>Total</b>	<b>1</b>	<b>2 546</b>	<b>0</b>	<b>48</b>

### Contact tracing summery

- As of 06 September 2020, the total number of contacts (old and new) that have been monitored has reached 8,336, of which, 96.8 percent (n=8,067) contacts have completed 14-day quarantine period.
- Currently 269 known contacts are being monitored daily for signs and symptoms of COVID-19.
- 28.4 percent (n=717) contacts have converted to cases thus far; accounting for 28.4 percent of all confirmed cases.

## 4. PUBLIC HEALTH ACTION / RESPONSE INTERVENTIONS

### 4.1 COORDINATION AND LEADERSHIP

- On 4 September, the **Humanitarian Coordinator in South Sudan, Alain Noudéhou**, announced the arrival of **US\$5.2 million worth of personal protective equipment (PPE) at Juba International Airport**. The 70 tons of PPEs was procured by the WHO with \$5 million funding from the South Sudan Humanitarian Fund (SSHF) and \$146,000 from the African Development Bank. The supplies include face masks, face shields, respirators, gowns and goggles, and will facilitate protection of frontline health workers and other public health practitioners against COVID-19 transmission. "Our main objective is to ensure that health workers and others performing critical public health functions receive the much-needed PPEs in prioritized locations as soon as possible," Mr. Noudéhou said. Since COVID-19 was confirmed in the Country in April 2020, surveillance, contact tracing, sample collection and case management have been severely affected by the shortage of PPEs. Many health workers across the country are taking risks daily to stem the pandemic. According to the Ministry of Health, as of 30 August 2020, 126 health care workers have tested positive for COVID-19 including one death. There are currently 7,560 health care workers operating in 1,315 health facilities in South Sudan. The Humanitarian Coordinator further called for an end to the violence and for sustained peace to ensure predictable access and to enable delivery of humanitarian and health assistance.
- Ongoing discussion to extend validity of COVID-19 negative certificate from 72 hours to atleast 120 hours for entry to the country. The NSC is following up with the NTF.
- Coordination is ongoing in the Country through different architectures at National, States and County levels: National Task Force (NTF) providing high level strategic decisions; the National Steering Committee (NSC) providing both strategic and operational decisions/ guidance; the Technical Working Groups at both National and State levels; and the State Task Forces (STF), as well as County Committees (CC).



## MINISTRY OF HEALTH (MOH)

### 4.2 LABORATORY

- Cumulative 21,734 samples tested as of 06 September 2020.
- Cumulative 2,546 positive cases confirmed across the Country, with 11.6% positivity rate.
- South Sudan's daily testing average positivity proportions this reporting week is shown in figure 5. The trend line in gray shows the average percentage of tests that were positive over the last 7 days. The orange bars show the percentage of tests conducted each day that were positive.
- The TWG has completed installation and operationalization of GeneXperts, with cartridges deployed in 9 field locations to enhance decentralization of COVID-19 testing, marking end of first phase plan. The following locations were reached: Malakal, Upper Nile, Bentiu POC / Unity State, Yambio/WES, Wau/WBG, Rumbek, Yei, Torit, and Nimule. Training on biosafety and including on waste management and data management were conducted.
- Some 9,000 VTMs were donated by UNDP/Global Fund grant. In addition, the TWG received testing kits and reagents from the African CDC, enhancing further testing capacity.

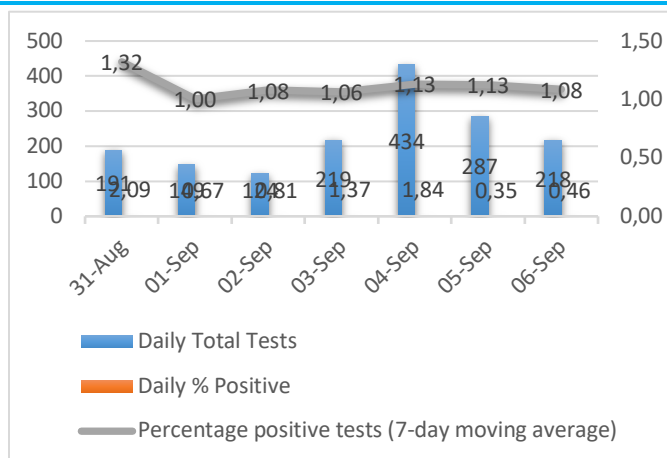


Figure 5: Lab testing positivity data: 7-day count and moving average, 31 Aug-06 Sept 2020.

### 4.3 SURVEILLANCE

- Continuous engagement through the NSC for extension by the NTF of the validity of negative COVID-19 certificate/results to 120 hours for entry to the country.
- TWG collaborated with Laboratory pillar for reporting of retrospective COVID-19 cases from Nimule (May and June results)
- Ongoing analyses of COVID-19 cases and deaths at congregate sites.
- TWG-supported special investigations into household transmission of COVID-19 and health worker exposures are ongoing.
- In Yei/ CES, SPEDP with technical support from WHO trained 16 Boma health promoters on community-based surveillance for the four priority diseases: COVID-19, Measles, AFP and EVD. SPEDP further conducted two days' COVID-19 contact training for 18 participants in Yei County.
- In Nimule/EES, WHO facilitated two days' training of 15 Boma Health Promoters supported by SPEDP to strengthen surveillance and improve on contact tracing.

### 4.4 CASE MANAGEMENT

Below are achievements and ongoing activities:

- Nil (0) severe COVID-19 positive cases admitted in isolation facilities around the country during the week.
- Discussions are on-going to remove from the data system 569 *unaccounted cases* from the States termed as active cases on follow up in the National Dashboard. Further discussions are ongoing to remove from the system another 620 cases from the National Dashboard also termed as active cases on followup, but they are actually unreachable. Case management weekly reporting tool is currently being updated.
- HIV program being integrated with COVID-19 at health facilities in Juba by JHPIEGO.
- In total there are 23 COVID-19 facilities on CM record countrywide, of which 17 facilities were strategically designated by MoH for facility based care. Assessment findings on status of 12 of the 17 facilities are as below:
  - ✓ Power/electricity: 90% with electricity; 80% with generator; and 30% with fuel available.

#### Medair Home Care Support System 29-Aug to 03 Sept

- Confirmed positive cases referred to Medair
- Alerts referred to Medair

# Referred to Medair	Reached	Not Reached
4	50% (2)	50% (2)

# Referred to Medair	Reached	Not Reached
4	75% (3)	25% (1)

Phone unanswered	2
Incorrect phone number	1

Phone unanswered	
Incorrect phone number	1





## MINISTRY OF HEALTH (MOH)

- ✓ **Staff:** 20% facilities lack staff, with no partner with an Anesthetist.
- ✓ **Referral:** 90% have ambulances; 80% have drivers (except Muktah & Nimule); and only 40% have diesel supply.
- ✓ **PPEs:** 90% have limited PPEs: 70% lack head covers; 60% lack heavy duty gloves; 20 % have no gloves (Renk, Light House); 40% lack masks; 40% lack coveralls; and 20% lack gumboots.
- **In Nyamlel PHCC/ NBG,** renovation of the COVID-19 isolation rooms is ongoing with support from Concern World Wide. While in Yei/ CES, WHO conducted case management assessment of the COVID-19 facility.

## 4.5 INFECTION PREVENTION AND CONTROL (IPC)

IPC TWG leadership continues to support National and State level coordination, finalization of guidelines and harmonization of training materials. Partners continues to scale up activities with improved collaboration of an integration of WASH services with RCCE, Health and Nutrition actors in health facilities, POCs, and communities at risk. Below achievements were collectively implemented across the Country.

- 45,100 people reached with critical WASH supplies, including hygiene items and services.
- 374, 800 people were engaged and reached with integrated COVID-19 and hygiene promotion services
- 29,650 people reached with WASH facility upgrades through repairs, rehabilitation, and new construction.
- 1,100 cloth face masks were distributed in public places and communities.
- 108 Health Workers and community WASH workers trained in IPC measures.
- 20 Health facilities assessed on IPC WASH status, pending implementation of findings.
- 18 health facilities including COVID-19 treatment facilities were supported with PPE and IPC supplies.
- 720 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution.
- 2 triages and screening areas set up as per SOP in Northern Bari and Bungu payams in Juba County.

## 4.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

Partners continue to implement RCCE activities in different locations across the Country. The following key achievements were registered:

- A total of 229,814 individuals were reached with key COVID-19 messages by community mobilisers through interpersonal awareness sessions and street announcements through megaphone-walks.
- 101 community influencers, including religious leaders, traditional healers, Teachers, women and youth leaders were oriented on COVID-19; as well as mental health and psychosocial support.
- 1,855 radio jingles were aired in 10 local languages through 40 radio stations across all the 10 States and 3 Administrative Areas. During this week 436 weekly talk shows on COVID-19 have been hosted, in which different content experts and influencers participated.
- A total of 2,197 Flyers, 349 posters and 60 banners on COVID-19 were dispatched / displayed at Jonglei, Unity, Lakes, Northern Bahr el Ghazal, Western Bahr el Ghazal, Warrap, Upper Nile, Eastern Equatoria State and Western Equatoria States.



Social mobilizers awareness at household level @ Yei

## 4.7 LOGISTICS AND OPERATION SUPPORT (LOS)

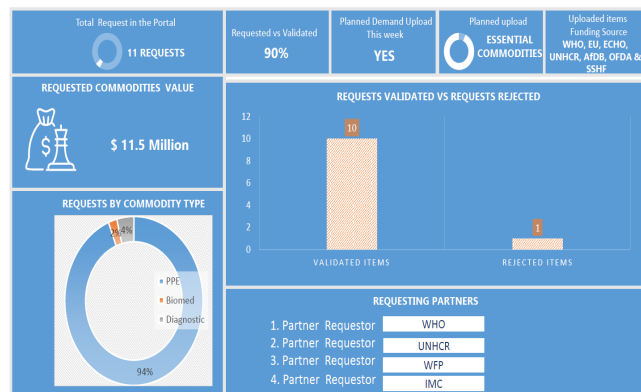
A \$5.2 million worth order of South Sudan Humanitarian Fund (SSHF) and African Development Bank (ADB) funded PPE supply of 70 metric tons procured by WHO through the UN Supply Portal, started arriving in Juba on Thursday 3 September. The OSL pillar through the Logistics Cluster is supporting with the reception and storage of this cargo. The pillar will support transportation to field locations at a later date as per the PPE Common Request System allocations made by the inter-agency technical team in support of the COVID-19 National Response Plan.





## MINISTRY OF HEALTH (MOH)

- The MoH through the Central Medical Stores (CMS) has reached out to the OSL Pillar for support in expediting delivery of COVID-19 essential commodities to the field. The Logistics Cluster started collecting cargo from CMS warehouses to be dispatched next week to Malakal Teaching Hospital and Upper Nile State Ministry of Health.
- WFP continues to work with the National Public Health Laboratory (NPHL) team to facilitate the movement of technical experts and critical testing supplies to field locations to establish COVID-19 testing capacity in support of GeneXpert decentralization. During the reporting week, the last two missions for phase 1 was accomplished in Torit and Yei.
- From 28 August to 3 September, 43 COVID-19 samples were transported to Juba from six locations across the country: Agok, Aweil, Ibba, Mundri, Rubkona and Yambio.
- The movement of Rapid Response Team for COVID-19 related activities continues to be supported by the provision of 13 vehicles both in Juba and Nimule.



## 4.8 POINTS OF ENTRY (POE)

- 18,922 travelers underwent primary screening at various screening points in Juba, Wau, Nimule, and Yambio with the following records: JIA-3,619; Nimule-2,593; Wau-851 conducted by IOM; and Yambio-11,859 conducted by World Vision.
- At Juba International Airport (JIA), screeners received refresher trainings on the calibration of infrared non-contact thermometers. Similar refresher trainings are planned for Nimule and Wau PoEs.
- PoE Pillar partners continue to integrate Risk communication and IPC/WASH activities at the various PoEs but whose outputs are reported within the respective TWGs to avoid duplication in reporting.
- Due to funding constraints Save the Children International (SCI) ended management the PoE in Abyei as of 31<sup>st</sup> August. SCI is in the process of handing over to IOM which will soon re-establish the PoE activities including the integration of screening and testing of truck drivers.
- IOM team is currently in Renk establishing a PoE and starting up an integrated package of services including IPC/WASH and RCCE in Wunthou border crossing.
- The PoE TWG is collaborating with the South Sudan CORE Group on strengthening Cross border collaboration including establishment of cross border surveillance committees in Yei, Morobo, Kajo-Keji, Magwi, and Kapoeta East



IOM screening for COVID-19 at Wau Airport (Credit: Beatrice Maneno)

## 5. MAJOR CHALLENGES

- Continued delays in dispatched of test results to the States from the NHPL.
- Delayed process for supplying VTMs and test kits to the States and key State health facilities.
- Varying differences in number of discharged cases in States and PHEOC.
- Improving state-to-national reporting mechanism on key COVID-19 response indicators.
- Challenge of lab staff and EOC staff not following protocol on testing documentation, results documentation, providing test results over the phone to random callers, and delivery of lab results to people before documenting results in the Excel-based data sets.
- Process of getting epidemiology data on suspect cases in States to the National database and then getting test results of cases in the States up to the responsible parties in the States/Administrative Areas.
- Critical funding shortage for partners in PoE and Case Management, resulting in scaling down/withdrawing from pillar activities. 4 partners of PoE pillar have hence withdrawn from Yambio, Kajokeji and Abyei. Also due to limited funding, some IPC partners are now limiting the number of items purchased and distributed to Health care facilities. Likewise, awareness campaigns are getting reduced due to limited resources to support hygiene promoters.
- Poor adherence to COVID-19 preventive measures (social distancing, no hand shaking) and guidelines due to socio-cultural practices.
- In Yambio County/WES, limited staff and medical supplies to keep several health facilities operational.



## MINISTRY OF HEALTH (MOH)

- In Yei County, Churches are beginning to reopen with no preventive measures or guidelines adhered to- for example: social distancing, lack of handwashing stations, limited use of masks, etc. Low supply of sample collection kits was also reported.
- Shortage of PPE, IPC stations/ supplies in States (Nimule, NGB, EES, Upper Nile).
- Due to rainy season (flooding) and insecurity in certain areas, access to health facilities and communities have been impeded.

## 6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Critical funding gap across pillars, most critical for PoE pillar, to ensure continuity of response activities.
- NTF decision on extension of the validity of COVID-19 negative certificate/results for entry into the country- the Surveillance TWG recommends eliminating this requirement entirely.

## 7. CONCLUSIONS

Ongoing coordination and collaboration amongst actors including National Task Force (NTF), National Steering Committee (NSC), Technical Working Groups/Pillars, State Task Forces (STFs), MOH/PHEOC and other government Ministries, agencies and departments is needed to strengthen the COVID-19 outbreak preparedness and response mechanisms. Critical funding challenges continues to be reported across TWGs and States requiring urgent attention.

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