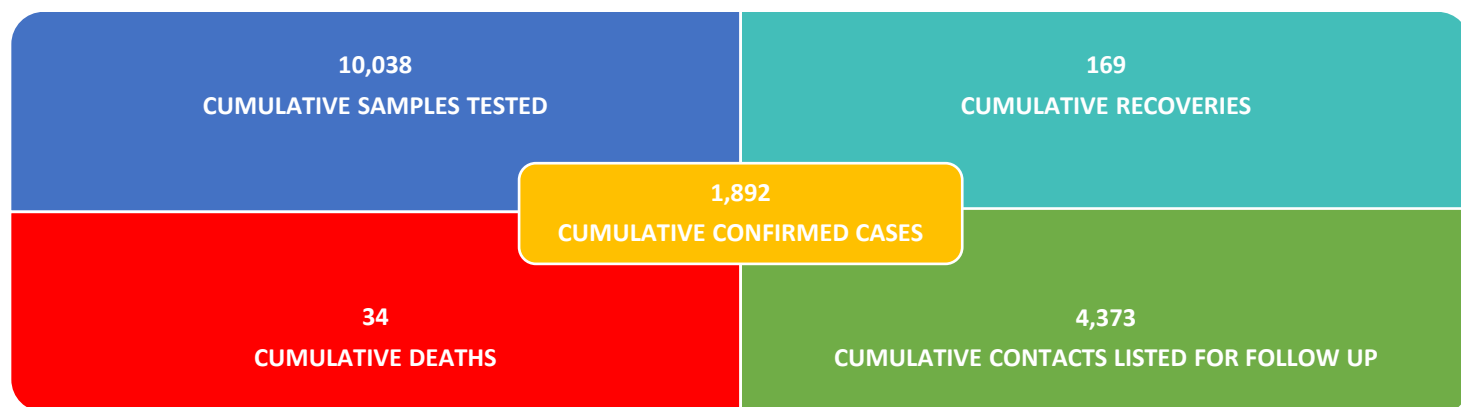




COVID-19 WEEKLY SITUATION REPORT

Issue No: 16

Reporting Period: June 15-21, 2020 (week 25)



1. KEY HIGHLIGHTS

- A cumulative number of 1,892 cases have been confirmed as of 21 June, including 32 imported cases.
- 6 cases are currently isolated in health facilities in the country: one is in severe condition. Currently the national Infectious Disease Unit (IDU) in Juba has 93 per cent bed occupancy available.
- 169 recoveries (47 new) have been recorded countrywide to date
- 34 deaths have been recorded countrywide to date with case fatality rate (CFR) of 1.8 per cent.
- 86 health care workers (2 new) are confirmed to have been infected since the beginning of the outbreak.
- 4,373 cumulative contacts have been listed for follow up of which 3,280 have completed the 14-day quarantine and 1,093 are being followed.
- A total of 10,038 laboratory tests have been performed to date (19%) of the cumulative confirmed cases.
- There is cumulative total of 587 alerts of which 81 per cent (n=474) have been verified and sampled.
- There are **17 (21%)** COVID-19 affected counties among the 80 counties of South Sudan

2. BACKGROUND

South Sudan confirmed its first COVID-19 case on 5 April 2020 and to date 1,892 cases have been confirmed by the National Public Health Laboratory with 169 recoveries and 34 deaths, yielding a case fatality rate (CFR) of 1.8 per cent. Two per cent (n=32) confirmed cases are imported and 98 per cent (n=1,860) are locally transmitted. South Sudan is classified as having clusters of transmission.

3. EPIDEMIOLOGY AND SURVEILLANCE

Descriptive epidemiology

This report includes analysis for 1,892 confirmed cases as per data from the Public Health Emergency Operations Centre (PHEOC). To date there are 169 recoveries and 34 deaths with case fatality rate (CFR) of 1.8 per cent. Cases detected among South Sudanese nationals account for 89 per cent (n=1,684) of all cases, whereas 7 per cent (n=132) are foreigners and 4 per cent (n=76) unknown. There have been 32 imported cases: 17 from Kenya, 12 from Uganda, 1 from DRC, 1 from Eritrea, and 1 is unknown. Confirmed cases range from age 3 months - 85 years with an average of 36.6 years; 75 per cent (n=1,419) of confirmed cases were diagnosed in males, 24 per cent (n=454) in females and 1 per cent (n=19) unknown. Country-wide, only 19 per cent (n=366) of cases reported symptoms, of which the most frequent have been cough (18 per cent), fever (15 per cent), runny nose (13 per cent), headache (11 per cent), fatigue (10 per cent), shortness of breath (9 per cent), sore throat (7 per cent), muscle aches (6 per cent) and others (11 per cent). New and



MINISTRY OF HEALTH

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. The affected counties are, alphabetically: Abyei (17), Aweil Center (7), Aweil East (1), Juba (1,742), Kajo-keji (1), Magwi (1), Malakal (1), Nyirol (2), Rubkona (6), Rumbek Center (15), South Bor (17), Tonj North (1), Torit (21), Twic (1), Wau (8), Yambio (2) and Yei (17), and imported(32).

Figure 1: New and cumulative confirmed COVID cases by notification date as of 21 June 2020

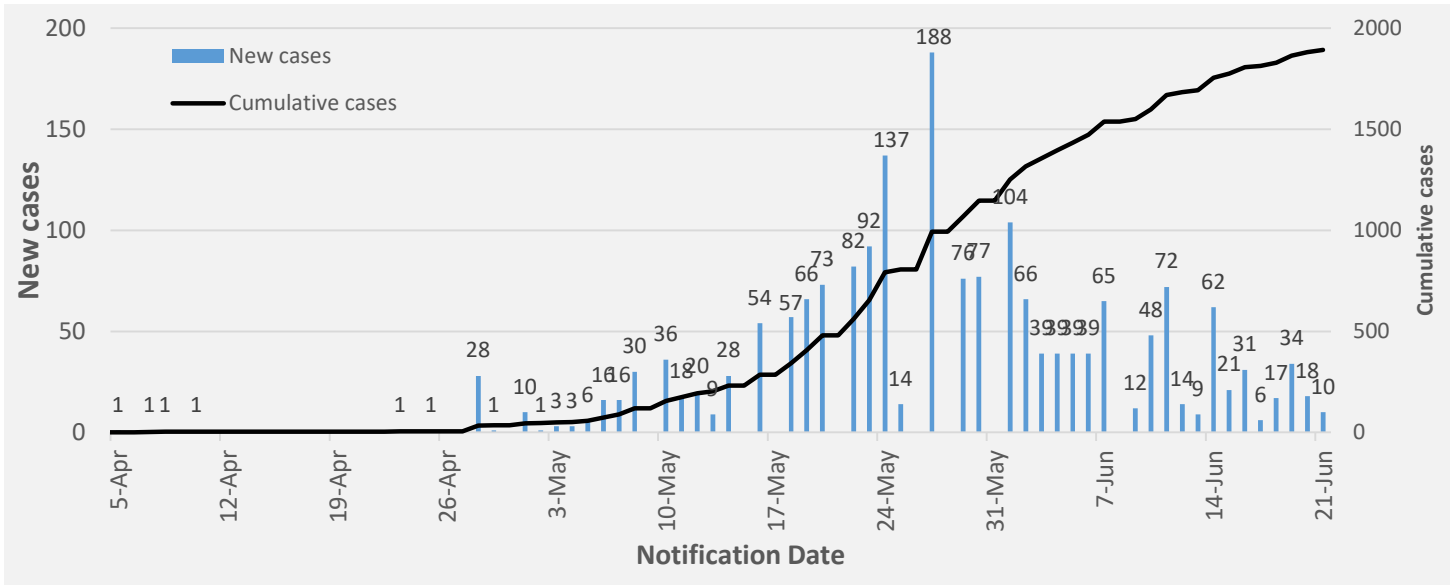


Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=1,785), 21 June 2020

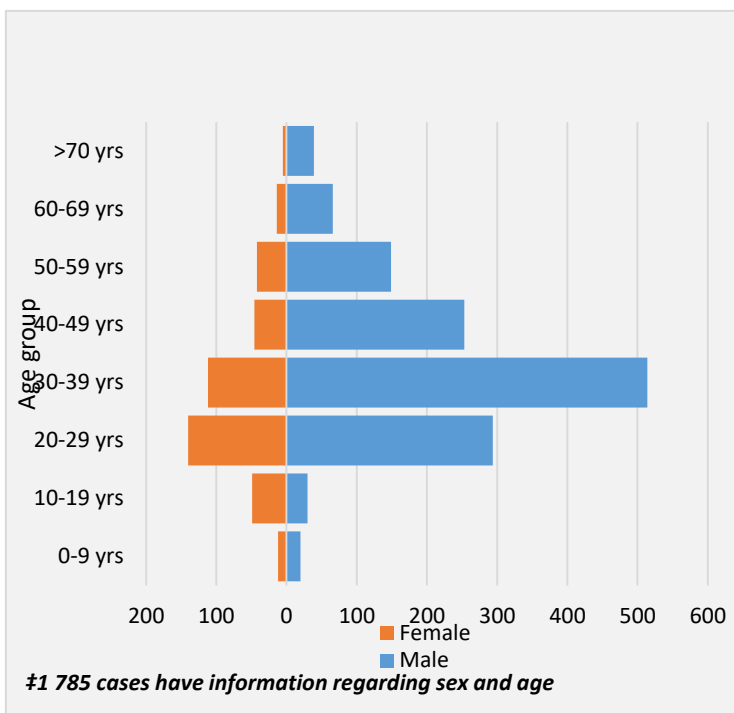


Figure 3. Frequency of symptoms among symptomatic cases

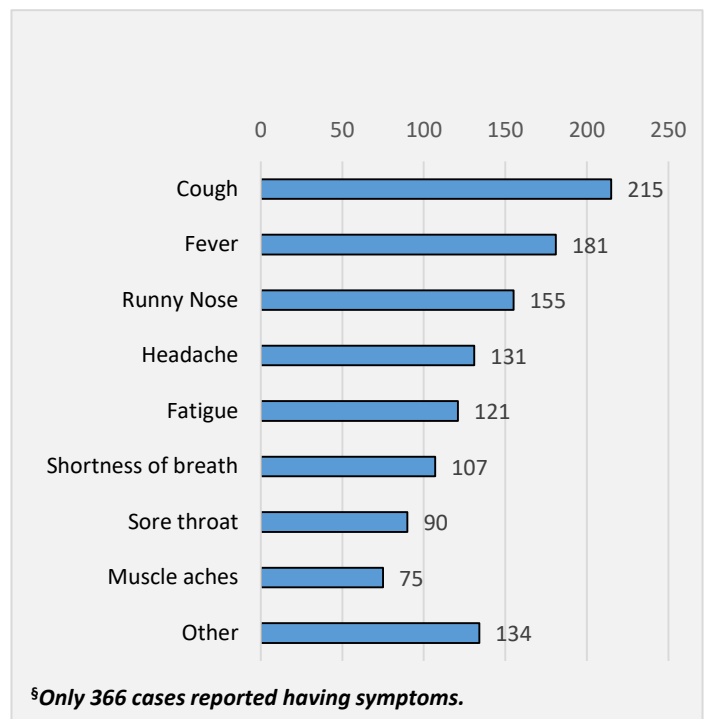
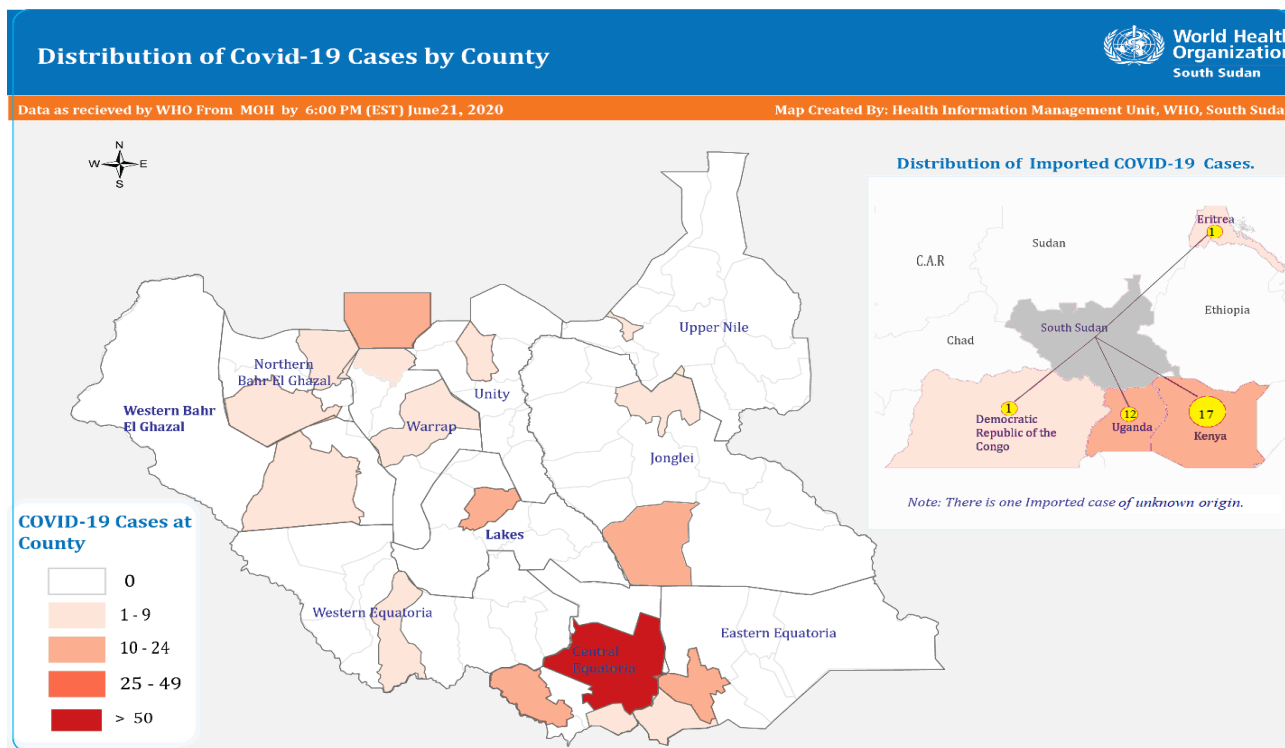




Figure 4: Distribution of confirmed COVID-19 cases according to Counties



Geographic information is available for 1 891 cases.

Table 1: Summary of COVID-19 Cases by State as of 21 June 2020

State	Cases		Deaths	
	New	Cumulative	New	Cumulative
Central Equatoria	140	1760	0	31
Eastern Equatoria	15	22	01	1
Jonglei	13	19	01	1
Lakes	8	15	01	1
NBG	1	8	0	0
Unity	2	6	0	0
Upper Nile	0	1	0	0
Warrap (include Abyei)	10	19	0	0
WBG	6	8	0	0
Western Equatoria	1	2	0	0
Imported	0	32	0	0
Pending investigation	0	0	0	0
Total	196	1892	03	34

Contact tracing summary

- As of 21 June 2020, the total number of contacts (old and new) that have been monitored has reached **4,373**. Out of these 75 per cent (n=2,214) have completed 14 days of quarantine.
- Currently 1,093 known contacts are being monitored daily for signs and symptoms of COVID-19
- 626 contacts have converted to cases so far; accounting for 33 per cent of all confirmed cases.



MINISTRY OF HEALTH

4. PUBLIC HEALTH ACTION/RESPONSE INTERVENTIONS

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. Several County Committees are established in the States.
- The NSC Leadership team this week reviewed and endorsed TWG SOPs and Guidelines which included: IPC/WASH Guidelines for Community & Camplike settings; Guidance Note on Detecting & Reporting Community Deaths; Dead Body Management; and Case Management Discharge Criteria Guideline. The documents will be soon shared with NTF and NSC members.
- In NBG, the STF met with the Vice President who is also the Chairperson of the NTF, who pledged to support isolation with incentives, ventilators and oxygen concentrators.
- The African Development Bank (AfDB) approved a 4.16 million U.S. dollar grant to South Sudan to support the emergency response to COVID-19 and strengthen the country's fragile health system capacity to detect cases and curb the spread of the virus.
- The COVID-19 Addendum (June 2020) to the South Sudan Humanitarian Response Plan 2020 was launched in Juba by the Minister of Humanitarian Affairs & Disaster Management and the Humanitarian Coordinator, with the objective to contain and prevent spread of COVID-19, while maintaining pre-COVID life-saving response activities. An additional 390 Million USD is required for the Addendum, bringing the overall 2020 HRP requirement to 1.9 Billion USD. Within the total requirement, eight pillars will be supported as per the update of the National COVID-19 Response Plan.

4.2 LABORATORY

- Cumulative number of samples tested as of 21 June 2020 is 10,038.
- Cumulative number of positive cases confirmed is 1,892 across the country.
- In Nimule, preparation is underway to receive the laboratory PCR machine, to be used for testing truck drivers, and perform testing for other Counties of Eastern Equatoria. Turnaround time for the machine is less than 24 hours. The installation of the machine will accelerate testing of especially truck drivers and passengers' backlog.

4.3 SURVEILLANCE

- Mortality teams continue to conduct surveillance and swabbing of reported deaths in communities and at key sites including Juba Teaching Hospital and Juba Military Hospital morgues to ascertain if cause of death is COVID-19.
- COVID-19 testing has been integrated into health screenings at Abyei for all cargo truck drivers and passengers, irrespective of symptoms; and other travelers who are symptomatic.
- Household transmission enrolment of new cases commenced on 16 June supported by the TWG.
- In NBG, WHO with support from implementing partners trained 24 contacts tracers, while SPEDP trained 60 community key informants in Morobo in CES on COVID-19 surveillance. In Juba, WHO trained 35 contact tracers.
- In Lakes, UNMISS donated two vehicles to support surveillance and case management activities; while in Unity, WHO trained 30 health workers from Guit and Rubkona Counties on case detection and investigation as well as contact tracing.

4.4 CASE MANAGEMENT:

- 1469 cases are under follow up by Case Management team in Juba, including 10 patients admitted at IDU, among whom, one is severe. 89 patients have recovered from COVID-19 including 8 patients who were previously severe and managed at IDU.
- With approval from MOH, NGO Medair has commenced implementation of a pilot COVID-19 Home Care Support System initiative. The phone-based programme targets suspected and confirmed patients. Enrollment is based on a symptomatic approach to provide support at an early stage even before test results are received. Medair will call patients to review their symptoms, follow disease progression, and remotely assess the living condition and vulnerability status of family members. The Home Care Support Team offers individualized advice to the patients including remote medical advice, psychosocial support, and extensive health and hygiene promotion. Medair is working closely with the MoH/WHO Case Management team to ensure clinical follow up for patients developing severe symptoms. Plans are underway to further develop referral pathways with multisectoral implementing partners in Juba to provide a comprehensive package of services to patients at home. The programme is designed for wider geographical roll-out scope after successful implementation in Juba. The program team can be contacted on erthealth-southsudan@medair.org



MINISTRY OF HEALTH

- The new discharge criteria have been endorsed by the National Steering Committee (NSC) and disseminated. Patients will be discharged based on clinical criteria developed by the Case Management TWG.
- The Rumbek State hospital supported by CUAMM has a dedicated 15-bed COVID-19 ward to manage all COVID-19 cases. One suspected case in need of oxygen was admitted on 15 June, but later died. Other COVID-19 Wards are being established in Cueibet, Lui, Maridi, Rumbek, and in Yirol Hospitals & PHCC.
- 30 staff from Yei hospital were trained by ICAP on triage and IPC/WASH ; while another 16 staff were trained in Morobo and Kandela by CWW. In NBG, construction of 7 health triage centers in 7 health facilities in Aweil East, Aweil Centre, Aweil North, and Aweil West was completed; in addition, in CES/Yei, SSDO completed COVID-19 triage facility construction at Hope Medical Clinic; and IPC TWG reported cumulative 39 triage and screening areas set up as per SOP.
- In Upper Nile, handover process is ongoing to transfer the COVID-19 facility in Malakal Town to SMOH. MSF will however continue to support the COVID-19 facility for the PoC site.

4.5 INFECTION PREVENTION AND CONTROL (IPC):

IPC TWG continues to reach more people with hygiene promotion and COVID 19 risk mitigation and prevention messaging and enhancing IPC measures at targeted frontline health care facilities. Key deliverables include;

- Standard Operating Procedures (SOP) for IPC in Communities and Camp-Like settings were endorsed by the NSC leadership team.
- 256 health workers were trained in COVID-19 IPC measures; and 50 health facilities including COVID-19 facilities were supported with PPE and IPC supplies.
- 1,300 Handwashing stations were set up in health facilities and public places across the country; and 374,00 people were reached with critical WASH supplies/hygiene items and services.
- 7,100 face masks were distributed in communities/public places; while 684,000 people were reached and engaged with integrated COVID-19 and hygiene promotion services. In WES, 4,000 facemasks locally produced with UNDP funding were distributed by partners in Maridi, Mundri East, Mundri West and Mvolo.
- Priorities activities for coming week include; the dissemination of approved SOPs and guidelines, updating and harmonization of IPC training materials based on approved SOPs, distribution of IPC supplies at health facilities, continued assessments and monitoring of IPC status in health facilities and support to state level coordination mechanisms.

4.6 RISK COMMUNICATION, COMMUNITY ENGAGEMENT AND SOCIAL MOBILIZATION (RCCE&SM):

During the reporting period the RCCE TWG registered the following achievements:

- A total of 228,616 individuals were reached by community mobilisers through interpersonal awareness sessions and street announcements (megaphones-walks).
- Capacity building has continued with 77 community mobilisers trained, and 246 community influencers, including religious leaders oriented on COVID-19 including on mental health and psychosocial support.
- As a strategy to engage Religious Leaders, UNICEF in partnership with South Sudan Council of Churches established and launched a call center 2222 to focus on coping strategies.
- In Yambio/WES, STF with technical support from MOH/UNICEF conducted risk communications training for 20 high level stakeholders which included government departments, prisons, YWCA, Bishops, and CSOs aimed influencing policy and sustained political commitment
- Display of new communication material pertaining to prevention messaging including social distancing and use of masks at strategic points in Juba is ongoing.
- Cumulatively, 1,517 radio jingles have been aired in 10 local languages across
- 24 hotline (6666) operators were trained on mental health issues, psychological first aid (PFA), and COVID-19 related social stigma and discrimination prevention. In addition, 45 Community Mobilisers were trained by UNICEF on social stigma, discrimination prevention, and self-care. 29 aid workers were trained online on PFA adapted for COVID-19.
- A Perception Survey conducted by UNICEF among humanitarian workers with 473 respondents (26% females and 74% males; 76% national staff and 24% international staff) established that the survey risk perception among humanitarian staff stands at 70% and as key influencers their risk informed behavior should be at 100%. The majority of humanitarian staff challenged normative



Hygiene promoters supporting training on COVID-19 in Akobo at Morwari Residential. Credit: SCI



MINISTRY OF HEALTH

expectations for handshaking and group eating. Key recommendations highlight that COVID-19 measures should be strictly adhered to by aid workers and in turn influence community perceptions by promoting positive behaviors.

- Rumor tracking and community feedback mechanisms continue to be strengthened and reporting harmonized. Updates on public perception analysis trends are provided in weekly TWG meetings. Four rumors were collected through the online tracking tool from Yei (3) and Wau (1), of which two were verified as false, and two were unverified. A new rumor tracking tool on Organizational Network Analysis (ONA) has been developed for use by partners and can be accessed at: <https://enketo.ona.io/x/#zt7QSHok>

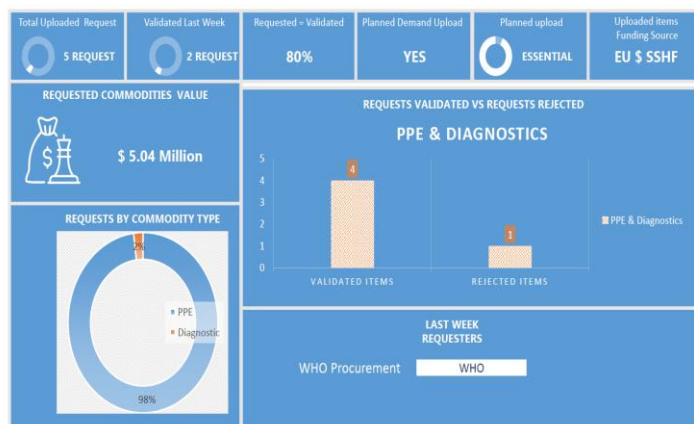
4.6 POINTS OF ENTRY (POE):

- 4,750 travellers were screened in Juba-JIA, Nimule Check point, Wau Airport, Amiet, and Nadapal, supported by IOM, CCM and SCI. Screening includes truck drivers and passengers in Nimule and Nadapal. ACTED and IMC continue to conduct screening in Bor and Juba PoC sites respectively.
- In Bentiu and Malakal PoC sites, and outside the PoC sites in Wau, Twic, and Juba, IOM continued with COVID-19 community awareness and hygiene promotion activities. In Wau, IOM’s 121 MHPSS psychosocial support team members conducted risk communication on COVID-19 in POC sites, collective sites, and bomas, reaching 2,777 beneficiaries; while in Bentiu PoC site the MHPSS teams conducted 71 awareness raising activities, reaching 5,026 beneficiaries.
- 37,218 reusable masks were produced by IOM MHPSS and Rapid Response Fund (RRF) beneficiaries.
- IOM/DTM conducted weekly assessments of mobility and COVID-19 preparedness at 14 displacement sites and 54 points of entry/transit hubs.

4.7 LOGISTICS AND OPERATION SUPPORT

- 160 oxygen concentrators procured by WHO were delivered to Juba.
- Samples collected by air: Jonglei/Bor (37), Unity/Rubkona (2), WBG/Wau (7), CES/Yei (15), EES/Torit (15), and Lakes/Rumbek (3).
- As the South Sudan Government opened its airspace in May 2020 for commercial flights and Ethiopian Airlines resumed its passenger flights to South Sudan, WFP flights between Addis Ababa and Juba have been terminated. Instead, United Nations Humanitarian Air Service (UNHAS) in South Sudan will be operating ad-hoc flights between Juba and Addis Ababa as part of its regular service to temporarily complement commercial flights until full reliability has been restored. For further information, organizations can contact: unhas.southsudan@wfp.org.

SUPPLY PORTAL ACTIVITIES DASHBOARD



5. MAJOR CHALLENGES

- Delayed release of test results is creating mistrust in communities and resentment towards contact tracers and RRTs and has resulted in protracted home isolation for asymptomatic cases, impacting on household livelihoods.
- Lack of IPC supplies for prioritised front line facilities, and limited funding to scale up activities in at-risk locations.
- Lack of funding to operate COVID-19 Wards in 17 State and Country hospitals, and limited partners to support Case Management.
- Lack of ambulances and IEC materials was reported in several States (CES, Upper Nile, NBG, Unity).
- Insufficient PPE for case management and triage points continues to be reported.
- Difficulty reaching some confirmed cases to undertake monitoring due to lack of phone numbers, denial, uncooperative contacts.
- Persistent incidents of inter-communal conflict and violence disrupting RCCE planned activities and humanitarian services.



MINISTRY OF HEALTH

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- 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.
- Improve the service delivery aspects of COVID-19 testing capacity and speed, as well as capacities of RRTs and case management services, to enhance effective response.
- Dissemination of new messages on physical distancing and safety measures in markets and other business locations, safe management of COVID-19 related dead bodies and burials, case management and contact tracing.
- 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.
- Improve community and facility-based surveillance in the States.

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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