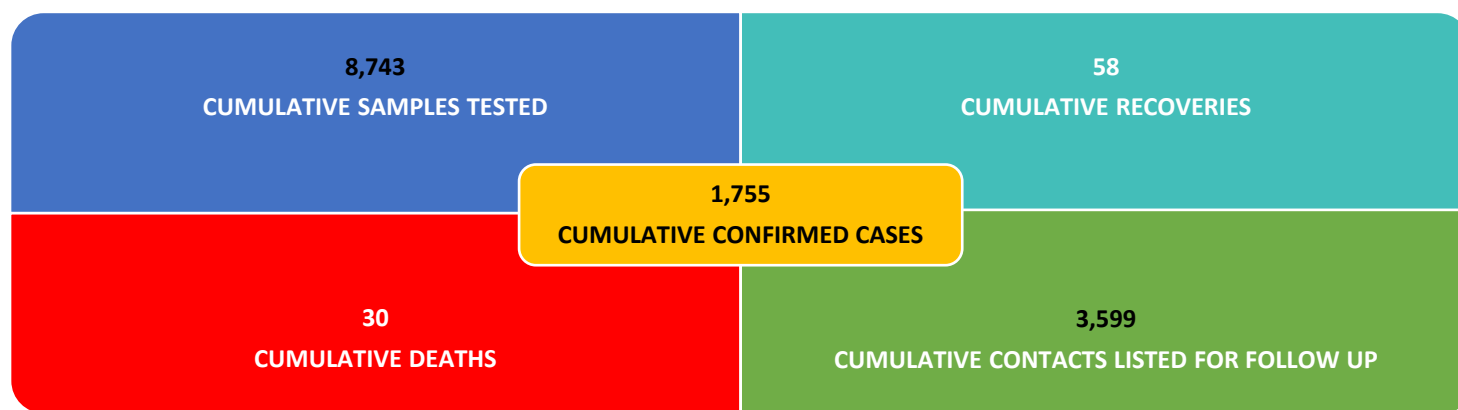




COVID-19 WEEKLY SITUATION REPORT

Issue No: 15

Reporting Period: June 8-14, 2020 (week 24)



1. KEY HIGHLIGHTS

- A cumulative total of **1,755 confirmed** cases have been registered including **32** imported cases as of 14 June 2020.
- **7** cases are currently isolated in health facilities in the Country: 1 is in moderate condition and 1 in severe condition. Currently the Juba Infectious Disease Unit (IDU) has 90% occupancy available.
- **58** recoveries (9 new) and **30** deaths have been recorded to date with case fatality rate (CFR) of **1.7%**.
- **55** health care workers have been infected since the beginning of the outbreak.
- **3,599** cumulative contacts have been registered of which **2,214** have completed the 14-day quarantine and **1,385** are being followed.
- A total of **8,743** laboratory tests have been performed to date.
- There is cumulative total of **534** alerts of which 87% (n=**344**) have been verified and sampled; Most alerts have come from Central Equatoria **85%** (n=454) and Eastern Equatoria States **4%** (n=21)
- 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 , to date 1,755 cases have been confirmed by the National Public Health Laboratory with 58 recoveries and 30 deaths, yielding case fatality rate (CFR) of 1.7%. 2% (n=32) of confirmed cases are imported and 98% (n=1,723) are locally transmitted. South Sudan is classified as having clusters of transmission.

3. EPIDEMIOLOGY AND SURVEILLANCE

Descriptive epidemiology

This report includes analysis for 1,755 confirmed cases the Public Health Emergency Operation Centre (PHEOC) has listed cumulatively. There are 58 recoveries and 30 deaths with case fatality rate (CFR) of 1.7%. Cases detected among South Sudanese nationals account for 89% (n=1,444), whereas 6% (n=96) are foreigners and 5% (n=64) 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 36.7 years; 76% (n=1,334) of confirmed cases were diagnosed in males, 23% (n=404) female, and 1% (n=18) unknown. Only 17% (n=289) of cases reported symptoms, including cough (18%), fever (14%), runny nose (13%), headache (11%), fatigue (10%), shortness of breath (9%), sore throat (7%), muscle aches (6%) and others (12%). 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 respectively.



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The affected counties are Abyei (8), Aweil Center (6), Aweil East (1), Bor South (1), Fangak (3) Juba (1605), Kajo-keji (1), Magwi (1), Malakal (1), Nyirol (2), Rubkona (4), Rumbek Center (7), Tonj North (1), Torit (6), Wau (2), Yambio (1) and Yei (14) .

Table Below shows the affected state counties:

State	Counties	Number of cases	Total Cases
Central Equatoria	Juba	1605	1620
	Kajo-Keji	1	
	Yei	14	
Warrap	Abyei	8	9
	Tonj North	1	
Northern Bar-El-Ghazal	Aweil center	6	7
	Aweil East	1	
Jonglei	Bor South	1	6
	Fangak	3	
	Nyirol	2	
Eastern Equatoria	Magwi	1	7
	Torit	6	
Upper Nile	Malakal	1	1
Unity	Rubkona	4	4
Lakes	Rumbek Center	7	7
Western Equatoria	Yambio	1	1
Western Bar-El-Ghazal	Wau	2	2

Figure 1: New and cumulative confirmed COVID cases by notification date as of 14 June 2020

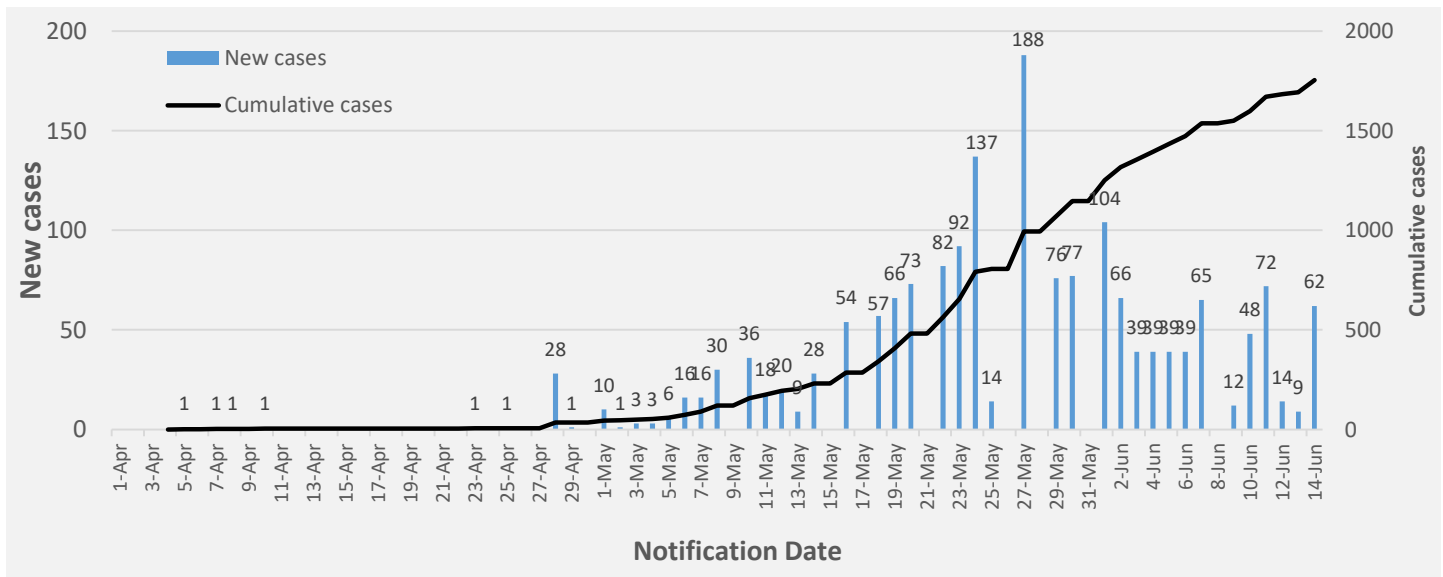




Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=1,606), 14 June 2020

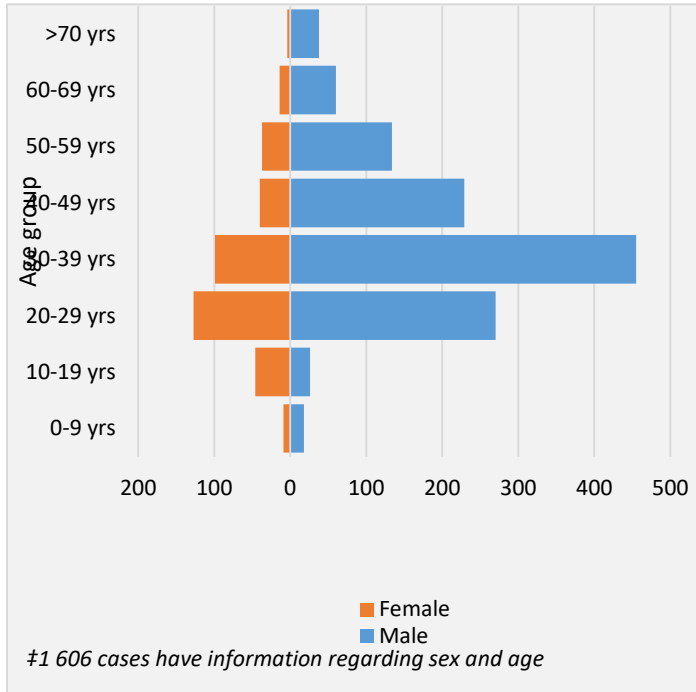
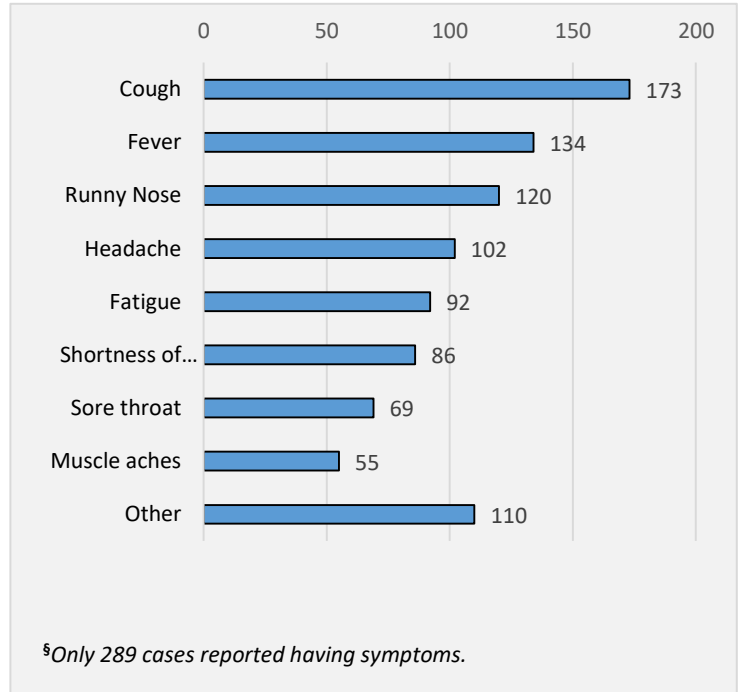


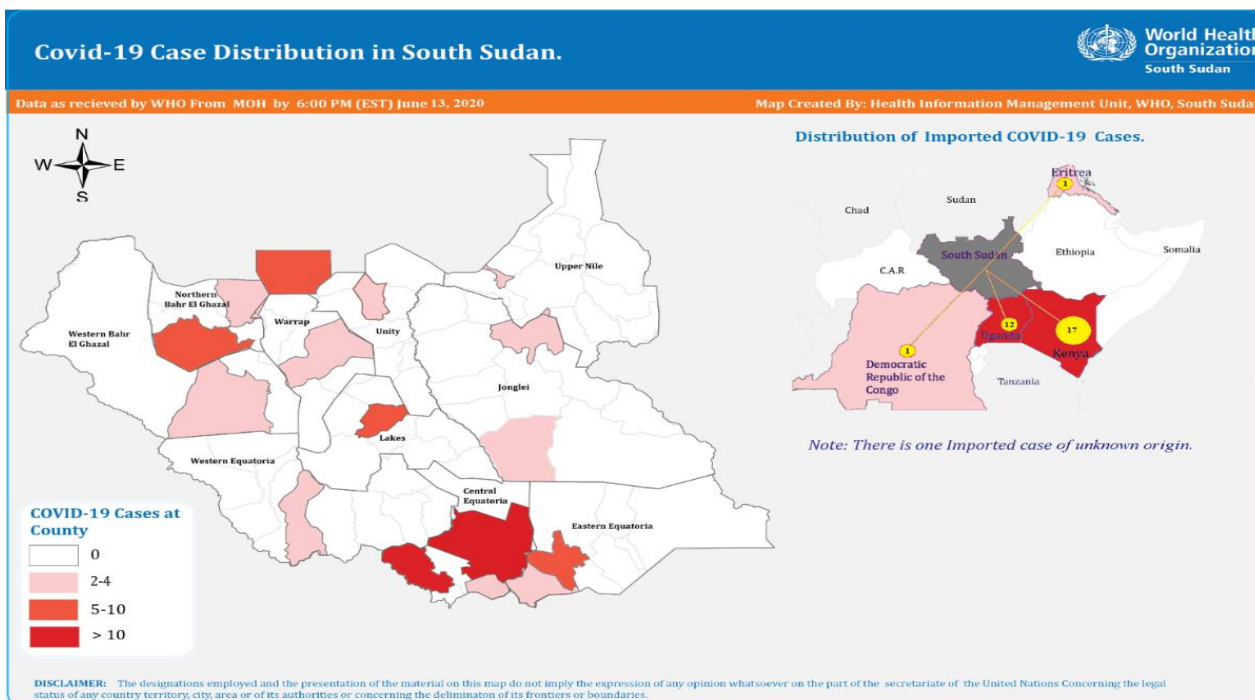
Figure 3. Frequency of symptoms among symptomatic case



Contact tracing summary

- As of 14 June 2020, the cumulative total number of contacts that have been monitored has reached 3,599. Out of these 62% (n=2,214) contacts have completed 14-days.
- Currently 1,385 known contacts are being monitored daily for signs and symptoms of COVID-19
- 518 contacts have converted to cases thus far; accounting for 26% of all confirmed cases.

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



Geographic information is available for 1 692 cases.



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 have also been established across the States.

4.2 LABORATORY

- Cumulative number of cases tested as of 14 June 2020 is 7,743.
- Cumulative number of positive cases confirmed is 1,755 across the country.
- The National Laboratory received 60 COVID-19 E-gene and 6 RdRp test kits from Africa CDC, for the analysis of 6,000 samples.
- An electronic database was established for COVID-9 testing in the National Public Health Laboratory (NHPL), which can be extended to the PHEOC for accelerated reporting.
- To enhance human resource capacity in the NHPL, with support from MSF-Holland eight additional staff have been recruited: sample reception area (3), data entry (2), and inactivation and extraction (3).
- Expansion of COVID-19 testing to Yei, Yambio, and Bentiu with GeneXpert machines. In Western Equatoria State (WES), following engagement between the State HLTF and MOH Incident Manager, AMREF was authorized to support installation of three GeneXpert machines in Yambio, Nzara, and Makpandu refugee camp, and train technicians on the usage of the machines and testing.

4.3 SURVEILLANCE

- Line listing undertaken of all health worker cases in all States, in order to implement enhanced surveillance and follow-up.
- Study on household transmission of COVID-19 orientation and planning meeting with Central Equatoria State MoH completed.
- Revision of interim guidance on community deaths and interim case investigation form completed for approval by MoH/ PHEOC.
- Case notification team (n=5) identified to act as bridge between case management and contact tracing teams with objectives to provide: a) notification of positive results, b) counselling on what those results mean and what the newly identified case should do to prevent spread, c) first-line assessment as to whether case is eligible for admission to IDU vs home isolation, and d) listing of case's contacts to pass on to contact tracing team.
- Mortality team organized and will conduct active surveillance for deaths at key sites (e.g. Juba Teaching Hospital and Juba Military Hospital morgues) in order to a) swab deceased for testing or b) if testing is not possible, conduct oral autopsies to determine if death could be COVID-19 related.
- ICAP conducted facility-based training for 750 CHWs and auxiliary nurses (health workers who are unlikely to participate in ECHO/web-based trainings) in face-to-face practical exercises related to community-based surveillance and community-based contact tracing in Equatoria, Lakes, and Bahr el Ghazal States.
- In Eastern Equatoria State (EES), WHO with MOH trained 21 Rapid Response Team (RRT) members and contact tracers in Magwi and Torit on epidemiology and surveillance. 8 Health Workers in Gogrial West in Warrap State were trained on Surveillance and contact tracing by SMOH and WHO, with plans to roll out in all Counties. In Lakes State, MoH trained 34 Boma Health Workers on contact tracing and surveillance; in addition, 23 Health Workers from private clinics were oriented on case detection and reporting.

4.4 CASE MANAGEMENT:

- 1,148 confirmed cases isolated at home are under follow up and monitoring by the mobile case management team providing psychosocial support and monitoring symptoms of patients to ensure quick referral as necessary, in Juba.
- New discharge criteria has been endorsed by the National Steering Committee (NSC) for referring of patients from COVID-19 facilities if clinically stable for 4 days to home-based isolation.
- In Lakes State, two tents were erected in Cuebiet Hospital in preparedness for COVID-19 case management; while renovation of COVID-19 facility in Rumbek Hospital was completed by UNMISS pending hand over to SMOH.



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- In CES, triage set-up is ongoing in Yei Civil hospital, Hope Medical Center in Mahad, and seven health facilities supported by SSUHA.
- State level mask distribution is ongoing in EES, with 10,042 face masks and 105 gumboots distributed in Torit for Health Workers, at SSPDF HQ and the Wildlife Office. In Wau 42,874 reusable masks were produced by mental health and psychosocial support (MHPSS) and Rapid Response Fund (RRF) beneficiaries, pending distribution.

4.5 INFECTION PREVENTION AND CONTROL (IPC):

- In WBG, IOM constructed 5 permanent handwashing facilities in Hajar Market, Wau Main Market, Jou Market, Wau Teaching Hospital, and Eastern Bank benefitting a total of 10,928 individuals. Furthermore, IOM reached 57,709 individuals through COVID-19 specific hygiene promotion sessions held at water points and households. In Wau PoCAA, Camp Management continued to implement the site de-congestion plan to relocate crowded households to empty shelters mapped in different areas of the PoC site.
- In EES, some 13 boreholes were constructed by NCA to enhance IPC response in Ikotos, Magwi, & Torit, with nine hand washing facilities installed at the health facilities. Mapping of handwashing facilities and IPC/WASH activities was completed in Nimule, aimed at addressing duplication and gaps. In Yei, SSDO constructed 6 block latrines for Gezira IDPs; while SSDO distributed IPC/WASH supplies to Lainya and Lokurubang IDPs benefitting 751 households and 1,780 households respectively. In Upper Nile, UNICEF distributed 16 cartons of hand washing soap, and 400 water buckets to community members in Lul and Wau Shilluk.

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

RCCE strategy for COVID-19 has been strengthened to promote sustainable positive behaviour change, with below achievements:

- Sensitization through house to house visits, public announcements through megaphones and radio messaging is ongoing and reports received on time from all States. However, partner reporting rate is still low.
- A total of 497,051 individuals were reached with COVID-19 messaging by community mobilisers through interpersonal awareness sessions and street announcements through megaphone-walks.
- Capacity building has continued, with 125 community mobilisers trained and 331 community influencers oriented on COVID-19 including component on mental health and psychosocial support.
- A total of 19,540 communication materials on use of face masks were distributed to partners and States. These include 5,030 posters, 10 banners and 14,500 flyers.
- Radio messaging continued with an average 08 radio jingles aired daily in 10 local languages across 42 radio stations in 10 states, as well as, weekly talk shows on COVID-19 hosting different content experts and influencers that answered common questions alongside spreading awareness. New radio jingles in 4 languages developed, accessible on URL <https://we.tl/t-OroVmPzbMU>.
- New caller tune messages in English and Juba Arabic, have started running on MTN & ZAIN mobile telecommunication networks.
- Under Mental Health & Psycho-Social Support (MHPSS), 100 journalists and the 24 MoH 6666 hotline officers were trained on mental health issues, psychological first aid (PFA), COVID-19 related social stigma and discrimination prevention.
- Continued training of community mobilisers on social stigma, discrimination prevention and self-care implemented in Juba. In addition, 6 online sessions have been held for different clusters, covering 100 participants.
- UNICEF and partners have conducted online humanitarian staff perception survey which focuses on uptake of risk communications messages in relation to social norms on handshakes and group eating during COVID-19. Data analysis was completed and preliminary findings to be shared.
- As part of evident generation UNICEF together with IOM continue to roll out KAP study in 10 states. Tools have been reviewed and training of data collection teams underway.



Promotion of use of face masks. Photo Credit: UNICEF

- In Yei UNMISS donated 100 Solar radios for RCCE COVID-19 response, UNICEF is supporting onward distribution.
- In NGB, South Sudan Red Cross (SSRC) reached 1,677 people in Aweil North and Aweil town with key messages on prevention of COVID-19; while in Yei, 37,614 people were reached with RCCE messages through different communication channels.

4.6 POINTS OF ENTRY (POE):



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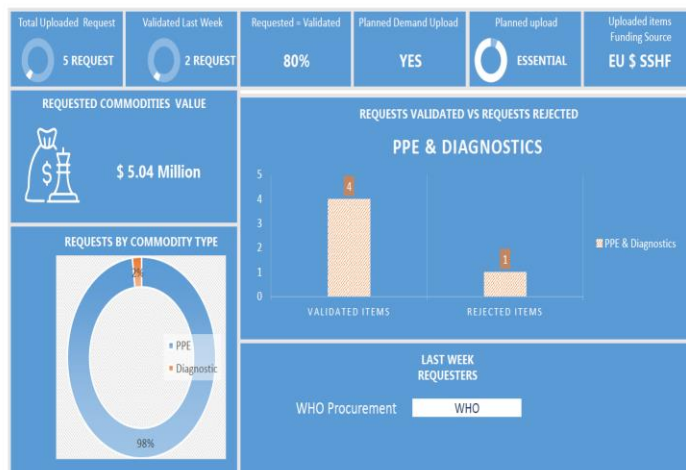
- 2,878 travellers were screened for COVID-19 at Juba International Airport, Nimule Ground Crossing, and Wau Airport. In Nadapal, Kapoeta East, 374 individuals were screened of which 132 were truck drivers. Screening at the PoC site in Bor is being undertaken by ACTED, in Juba by IMC, and in Abyei at Amiet IDU by Save the children, in addition to contact tracing.
- IOM continued to conduct weekly assessment of mobility and COVID-19 preparedness at 14 displacement sites and 54 points of entry/transit hubs, including those prioritized by the PoE TWG, with the latest weekly updates shared.
- Following a joint WASH-DTM assessment in Juba in April, DTM is finalizing operational preparations to launch three new flow monitoring points (FMPs) in Nesitu Checkpoint, Customs Bus Station, and Juba Port. FMPs will be fully functional in the next two weeks.
- IOM gathered weekly multi-sectoral updates on population movements at key transit points, areas and sites, affected population categories, type of measures imposed, ongoing response and needs, to inform the ongoing COVID-19 response, with data collated.
- Plans are ongoing to conduct inter-pillar joint technical assessment in Majok Yinthuo (Aweil East) and Kiir Adem (Aweil North) which are among the highly prioritized PoEs.
- A Cross Border webinar between East and Southern Africa countries including South Sudan, Kenya, Uganda, Tanzania and Burundi was held on 11 June 2020 with the below objectives:
 - ✓ raise awareness of sub-Regional Strategy for Cross-Border Management of COVID-19 in East and Southern Africa Sub-Region;
 - ✓ build consensus on steps toward the full implementation of key components of the strategy: information sharing, harmonization of laboratory testing, case tracking and contact tracing, PoE surveillance, and IPC services for truck drivers.
 - ✓ identify key steps for a joint roadmap for the implementation of the strategies and guiding documents.
 - ✓ share experience and strengthen inter-country collaboration.
- In Nimule, long queue of trucks at the Nimule truck parking yard has been cleared, with continuing verification of COVID-19 free certificates from truck drivers crossing into South Sudan from Uganda. In Warrap State, two PoE screening sites were established at Amiet market on the Abyei/Sudan border. In Unity, 8 Health Workers were trained on screening support and supervision. In Yei, as per the EVD preparedness phase out plan, IOM has notified the SMOH of the phase out of screening at Yei airstrip and Kaya border point by end of June 2020.



4.7 LOGISTICS AND OPERATION SUPPORT

- The inter-agency COVID-19 technical team recommended dispatch of 124,000 WFP-procured masks to IMC, MSF Belgium, MSF France, MSF Holland, MSF Spain and WHO across the country. In total, WFP will donate 300,000 masks for frontline health workers.
- The Logistics Cluster is providing a free-to-user air transport service, when required.
- An SOP and reference documents on Q14 as an alternative to testing prior to travel developed and used by WFP was shared through various mailing lists. It serves as a recommendation to standardize the Q14 process. The Q14 letter currently needs to be countersigned by the MoH Incident Manager, however, an alternative procedure without the need for countersignature was endorsed by the National Steering Committee and is awaiting consideration by the National Task Force.
- 13 samples were transported to Juba by air from Kuajok (1), Aweil (2), Agok(1), Wau(2), Torit (2), Kapoeta (2) & Rumbek (3).
- A shed for temporary medical waste storage at the NPHL was built to enhance safe handling of medical waste.
- WFP Logistics Cluster/ OSL pillar published an article on COVID-19 preparedness and response activities on 8 June found on <https://logcluster.org/blog/just-what-doctor-ordered>.

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.
- Delayed response time of RRTs following alerts received through the 6666 hotlines. In some cases, patients have sought alternative support services, or have died, prior to the arrival of the RRTs.
- With low death rates reported, in some cases concerning high-profile individuals, community perceptions may be that COVID-19 is only of concern to VIPs, affecting the acceptance of prevention messaging.
- Lack of COVID-19 facilities and partners supporting COVID-19 case management. COVID-19 facilities in some States are not yet operational due to lack funding and/or essential commodities. In Yei/EES MSF Belgium withdrew from leading Case Management.
- Inadequate IPC/WASH items and PPE in health facilities reported in several States. In Yambio, some handwashing facilities installed at the public places are not suitable for use by persons with disabilities and requiring adaption for inclusivity.
- Lack of accuracy and completeness of case report forms at both National and State level impacts data quality.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Continue weekly educational meetings with health workers implementing sentinel surveillance and testing strategy in refugee and PoC sites in Upper Nile, Unity, CES, and WES to enhance preparedness and response.
- Continue engagement in bilateral and regional cross-border discussions for COVID-9 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 RRTs and case management services, to enhance effective response.
- Continue proactively monitoring community perceptions relating to emerging issues related to the COVID-19 situation.
- Revise and update the strategies for surveillance, testing, case management and contact tracing as disease spread goes from sporadic cases to community transmission.
- 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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