*

MINISTRY OF HEALTH

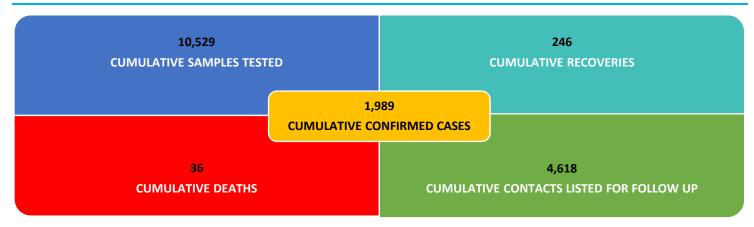


PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

COVID-19 WEEKLY SITUATION REPORT

Issue NO: 17

Reporting Period: June 22-28, 2020 (week 26)



1. KEY HIGHLIGHTS

- A cumulative total of 1,989 confirmed cases and 36 deaths have been recorded to date with case fatality rate (CFR) of 1.8 per cent, including 32 imported cases as of 28 June 2020.
- 4 cases are currently isolated in health facilities, one is in severe condition. Currently the national Infectious Disease Unit in Juba has 95 perc cent bed occupancy available.
- 246 recoveries have been recorded to date accounting to recovery rate of 13%.
- 89 health care workers have been infected since the beginning of the outbreak with one death.
- 4,618 contacts have been registered cumulatively, of which 3,930 have completed the 14-day quarantine and 688 contacts being followed. 16 per cent (n=649) contacts have converted to cases thus far; accounting for 35 per cent of all confirmed cases.
- A total of 10,397 laboratory tests have been performed to date accounting to 5% percentage rate.
- There is cumulative total of 572 alerts of which 83 per cent (n=473) have been verified and sampled; most alerts have come from Central Equatoria 86 per cent (n=475) and Eastern Equatoria States 4 per cent (n=23)
- **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 on 5 April 2020 and to date 1,989 cases have been confirmed by the National Public Health Laboratory with 246 recoveries and 36 deaths, yielding a case fatality rate (CFR) of 1.8 per cent. Two percent (n=32) of confirmed cases are imported and 98 per cent (n=1,934) are locally transmitted. South Sudan is classified as having clusters of transmission.

3. EPIDEMIOLOGY AND SURVEILLANCE

Descriptive epidemiology

The cumulative cases recorded to date were 1989; among which 246 cases recovered with 36 deaths accounting to case fatality rate (CFR) of 1.8 per cent. Cases detected among South Sudanese nationals account for 88 per cent (n=1,750) of all cases, whereas 7 per cent (n=139) are foreigners and 5 per cent (n=99) unknown. There have been 32 imported cases: 17 from Kenya, 12 from Uganda, 1 from DRC, 1 from Eritrea, and 1 from Netherlands. Confirmed cases range from age 3 months - 85 years with majority of the confirmed cases between 20-39 ;an average of 39.5 years. 75 per cent (n=1,492) of confirmed cases were diagnosed as males, 24 per cent (n=477) as females and 1 per cent (n=20) unknown. Young men within the 30-39 age group are the most at risk.





MINISTRY OF HEALTH

Only 20 per cent (n=398) of cases reported symptoms, of which the most frequent have been cough (18 per cent), fever (15 per cent), runny nose (12 per cent), headache (11 per cent), fatigue (10 per cent), shortness of breath (9 per cent), sore throat (8 per cent), muscle aches (6 per cent) and others (11 per cent). 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 27 June 2020, the affected counties are, alphabetically: Abyei (18), Aweil Center (7), Aweil East (1), Juba (1,795), Kajo-keji (1), Magwi (1), Malakal (2), Nyirol (2), Rubkona (6), Rumbek Center (20), South Bor (25), Tonj North (1), Torit (26), Twic (1), Wau (8), Yambio (3), Yei (17) and Yirol West (1).

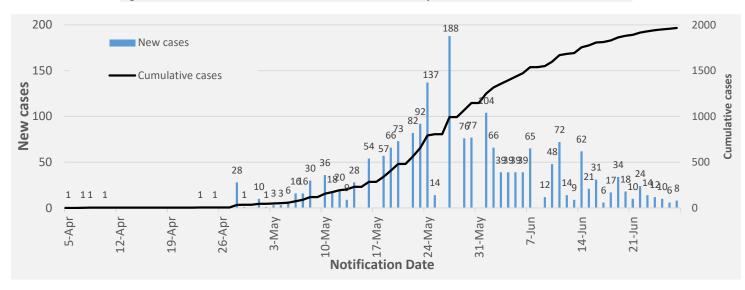
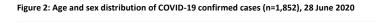
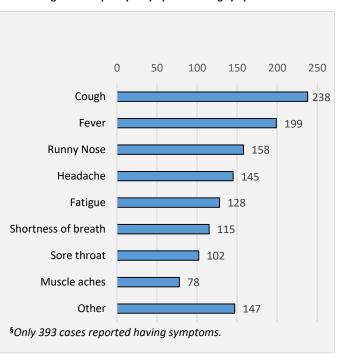
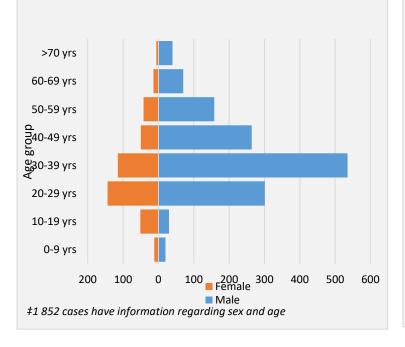


Figure 1: New and cumulative confirmed COVID cases by notification date as of 28 June 2020













MINISTRY OF HEALTH

Distribution of Covid-19 Cases by County	World Heal Organizativ South Sudan
ta as recieved by WHO From MOII by 6:00 PM (EST) June 27, 2020	Map Created By: Health Information Management Unit, WHO, South Suda
W S S	Distribution of Imported COVID-19 Cases.
	CAR Sudan
Abyei (18) Haislan	.(1) Ethiopia
Averi Centre, () 7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	al, (2) Demorsteit Republic of the Demorsteit
IVID-19 Cases at	Compo Note: There is one Imported case of unknown origin.
unty Vied Bir So (23)	
1-9 10-24	la m
25 - 49 > 50	Territ25) Bioletaneny The decignment employed and the prevention of the minimum an thin derive intend Russes Concerning the bight sums of any contributer territory using any contributer the intend Russes Concerning the bight sums of any contributer territory using any contributer the submitteries or concerning the bight sums of any contributer territory using any contributer the submitteries of the intendence of the submitteries of the intervent boundaries.

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

State	Cases		Deaths	
State	New	Cumulative	New	Cumulative
Central Equatoria	1	1 812	0	32
Eastern Equatoria	0	27	0	1
Jonglei	7	27	0	1
Lakes	0	21	0	2
Northern Bahr el				
Ghazal	0	8	0	0
Unity	0	6	0	0
Upper Nile	0	2	0	0
Warrap (including				
Abyei)	0	20	0	0
Western Bahr el				
Ghazal	0	8	0	0
Western Equatoria	0	3	0	0
Imported	0	32	0	0
Pending				
classification	0	0	0	0
Total	8	1,966	0	36

Table 1: Summary of COVID-19 Cases by State as of 28 June 2010

Geographic information is available for 1 965 cases.

Contact tracing summery

- As of 28 June 2020, the total number of contacts (old and new) that have been monitored has reached 4,618. Out of these 85 per cent (n=3,930) contacts have completed 14-days.
- Currently 688 known contacts are being monitored daily for signs and symptoms of COVID-19.
- 16 per cent (n=649) contacts have converted to cases thus far; accounting for 35 per cent 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 weekly.
- South Sudan government secured US\$4.1 million to support its emergency response for coronavirus and strengthen capacity of
 the health system for emergency preparedness. The grant-based partnership was signed with the African Development Bank and
 WHO on June 24, 2020. The project was inaugurated by the Ministry of Finance and Planning and the Ministry of Health during the
 first virtual meeting of the Project Steering Committee. It has three components: to support COVID-19 prevention and enhance
 the capacity of health facilities for case management; to build health system capacity to detect COVID-19 cases and follow up
 contacts; and project management and coordination.

4.2 LABORATORY

- Cumulative number of samples tested as of 28 June 2020 is 10,397.
- Cumulative number of positive cases confirmed is 1,966 across the Country.





MINISTRY OF HEALTH

- In Nimule the mobile laboratory was installed, and testing commenced on 25 June, expected to reduce delays in receipt of results particularly for truck drivers and passengers.
- In WES, UNICEF trained 22 faith-based youth participants from the Christian Got Talent (CGT) association in Yambio on COVID-19
 preventive messages. A Gene Expert machine was installed at Makpandu PHCC and 8 health workers trained. Cartridges are not
 yet available, similarly in other States where Gene Expert machines are in place.

4.3 SURVEILLANCE

- In Abyei COVID-19 testing was integrated into Point of Entry (PoE) screening, while a timeline was established for integrating testing at additional PoE sites along the northern border with Sudan.
- Contact tracing, community-based surveillance, and RRT SOPs and training materials were updated to include more detail on confidentiality, contact listing, and field security.

4.4 CASE MANAGEMENT

- 1,682 confirmed patients are currently under follow up in Juba by case management team. 224 patients have been discharged using the newly approved Discharge Criteria.
- Medair commenced implementation of remote follow up of home isolated patients under its pilot COVID-19 Home Care Support System initiative, with 145 patients so far under follow-up.
- The African Development Bank funded project to be implemented by MoH and WHO will support case management activities including oxygen production and improvements in case management capacities in 17 prioritised locations.
- In Lakes, 17 contact tracers were trained with support from SMoH and WHO in Rumbek North County; while 30 medical staff were trained by CUAMM with SMOH support in case management and IPC in Rumbek hospital. Furthermore, UNICEF completed a COVID-19 KAP survey in Yirol East, Awerial and Rumbek Centre County to determine knowledge, attitude and practices within the State. UNMISS donated two vehicles to SMOH support surveillance/RRT activities and transfer of COVID-19 patients. The IDU was renovated and handed over by UNMISS to SMOH. In Aweil/NBG, UNMISS donated three vehicles (1 bus, 1 ambulance, and 1 hard top) to support STF activities; and WHO with partners trained 14 contacts tracers in Aweil centre and town.



- In Yei/EES, CWW completed construction of 3 triage structures at Kendila PHCU, Geri PHCU, and Morobo Hospital, and conducted triage training. ACROSS conducted sensitization on COVID-19 causes, signs and symptoms, as well as basic preventive measures, in Lasu refugee camp reaching 82 refugees and 131 nationals.
- In Wau, WHO completed a two-day training for 20 contact tracers in Raja; while UNMISS donated an air-conditioned prefab to be used as a morgue. In Lakes, the Ministry of Physical Infrastructure distributed 155 face masks, 28 buckets and 71 cartons of soap.

4.5 INFECTION PREVENTION AND CONTROL (IPC)

IPC TWG leadership and partners continue to support National and State level coordination, finalization of guidelines, and harmonization of training materials. To scale up IPC and WASH in health facilities and communities, the pillar continues to promote integration of WASH, RCCE, health and nutrition activities in health facilities, POC sites and communities. Key achievements included:

- 31,000 people reached with critical WASH supplies/hygiene items and services.
- 116,800 people engaged and reached with integrated COVID-19 and hygiene promotion services.
- 199,600 people reached with WASH facility upgrades.
- 400 people reached with cloth face masks distributions in public places.
- 104 health workers trained in COVID 19 IPC measures.
- triage and screening areas set up as per SOP.
- health facilities assessed on IPC WASH status.
- 22 health facilities provided with PPE and IPC WASH supplies.
- 11 COVID-19 facilities supported with PPE and IPC supplies.



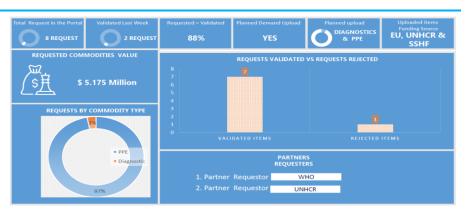


MINISTRY OF HEALTH

168 hand washing stations installed in health facilities and communities and provided with soap or 0.05% chlorine solution (168 installation of another 597 hand washing stations is ongoing).

4.6 LOGISTICS AND OPERATION SUPPORT

- WHO-procured 160 Oxygen Concentrators valued \$108,800 arrived in South Sudan and will be delivered to health facilities in priority locations in the coming period.
- The Operational Support and Logistics (OSL) pillar is supporting mapping of essential COVID-19 commodities in an effort to coordinate and monitor supplies procured by humanitarian organisations.
- Samples collected by air: 11 Aweil, 3 Kuajok, 19 Torit, 11 Yambio, 28 Rumbek, and 19 Bor.



4.7 RISK COMMUNICATION, COMMUNITY ENGAGENT AND SOCIAL MOBILIZATION (RCCE&SM)

- A total of 216,166 individuals were reached with key COVID-19 mitigation messages by community mobilisers through interpersonal awareness sessions and street announcements though megaphones-walks.
- Capacity building activities continued with 25 community mobilisers and 342 community influencers trained, including religious leaders who were oriented on COVID-19 covering components on mental health and psychosocial support.
- 1,611 radio jingles were aired in 10 local languages across 42 radio stations across all 10 states. Weekly talk shows also hosted different COVID-19 experts and influencers who answered common questions.
- 20 participants from Maban were oriented on-line on the Inter-Agency Standing Committee (IASC) MHPSS pyramid of intervention during COVID-19.
- Rumor tracking and community feedback mechanisms continue to be strengthened and reporting harmonized. Updates on trends related to public perception were shared during TWG meetings. 15 rumors were tracked and responded to within 72 hours.
- Evidence generation by different partners continues. IOM conducted six focus group discussions with IDPs in Bentiu PoC site to assess knowledge of COVID-19 messaging and perceptions about COVID-19 testing and the general humanitarian response.
- Approval of new materials and messages on COVID-19 mitigation measures is ongoing: one radio spot and key message
 promoting access to health facilities for routine immunization was approved, along with a radio drama series. Distribution of new
 communication materials by UNICEF is ongoing, with 4000 posters; 400 banners and 19,000 fliers dispatched to Renk, Malakal,
 Aburoc and Maban in Upper Nile.
- In NBG Youth Volunteers completed two weeks of awareness raising on COVID-19 in Aweil town, reaching 45,000 individuals with key messages of prevention; in Tambura/WES, the ECSS team sensitized 2,275 IDPs at the Catholic church premise; in Upper Nile, WHO and UNMISS conducted a radio talk-show fostering awareness following confirmation of first case in Malaka PoC site.

4.8 POINTS OF ENTRY (POE)

- 5,139 travelers were screened at five PoE site of Juba-JIA, Nimule check point, Wau, Amiet and Nadapal supported by IOM, SCI and CCM. Screening at PoC sites in Bor and Juba is being implemented by ACTED and IMC. In Upper Nile, WHO trained 15 screeners on use of the thermo-guns and temperature readings.
- IOM continued with COVID-19 awareness and hygiene promotion activities in Bentiu and Malakal PoC sites; as well as outside the PoC sites in Wau, Twic, and Juba.
- As per the transition envisaged in the National EVD Preparedness and Response Plan IOM officially handed over Yei Airstrip PoE to SMoH,







MINISTRY OF HEALTH

as part of the scaling down and closure of IOM-managed EVD screening. However, IOM will continue some activities including flow monitoring at the Yei bus park as it continues to mobilize resources for COVID-19 activities within Yei.

 IOM WASH team completed WASH/IPC assessment at Jelei parking yard in Nimule where truck drivers assemble to wait for clearance to cross the border. A 4-stance latrine is being constructed and the selection process for the recruitment of 10 Community Hygiene Promoters is underway. IOM will collaborate with other partners in Nimule to ensure that COVID-19 activities are complimentary.

5. MAJOR CHALLENGES

- Juba is experiencing community transmission whereas sporadic and clustered transmission persists outside the capital requiring a range of response strategies for the Country.
- In Nimule, lack of staffing and supplies to manage patients in the COVID-19 facility. Shortage of PPE for frontline HCWs was reported in Nimule, NBG and Upper Nile.
- Lack of partners to lead case management at COVID-19 facilities continues to be reported, attributed to lack of funding (Wau, NBG, EES).
- POE and Surveillance TWGs awaiting formal letter from MoH COVID-19 Incident Manager to the counterpart in Sudan to facilitate testing of cargo truck drivers and passengers crossing into South Sudan.
- Communications platform between South Sudan MoH and counterparts in all six neighbouring countries is required. Do date agreements are in place with Kenya and Uganda.
- Pending development and implementation of SOP for integrated, inter-pillar data management.
- Limited Points of Entry screening in the former Yei River State following closure of activities by IOM as part of the planned phasing out of EVD preparedness activities.
- High risk of COVID-19 transmission during public events including funerals. There is a need to strengthen a multi sectoral approach and campaigns to promote preventive measures such as physical distancing and use of face masks.
- Ongoing concern around sporadic inter-tribal conflicts and violence in POC sites and other locations continues to disrupt RCCE activities and other humanitarian services.

6. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- Continue to proactively monitor and address community perceptions related to the COVID-19 situation in the country.
- 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.
- Support resource mobilization for case management activities, including at COVID-19 facilities 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.

Name	Title	Contact	Email address				
Dr. Richard Lako	COVID -19 Incident Manager-MOH	+211926592520	Lakorichard08@gmail.com				
Mathew Tut	PHEOC Manager	+211916010382	Tut1988@yahoo.com				
Henry Gray	COVID -19 Incident Manager-WHO	211928740879	<u>grayj@who.int</u>				
David Throp	Coordinator, OCHA COVID-19 Secretariat	+211922406061	throp@un.org				
	NameDr. Richard LakoMathew TutHenry Gray	NameTitleDr. Richard LakoCOVID -19 Incident Manager-MOHMathew TutPHEOC ManagerHenry GrayCOVID -19 Incident Manager-WHO	NameTitleContactDr. Richard LakoCOVID -19 Incident Manager-MOH+211926592520Mathew TutPHEOC Manager+211916010382Henry GrayCOVID -19 Incident Manager-WHO211928740879				

For any clarifications, please contact

FOR MORE INFORMATION and NOTIFICATION Call: 6666 (TOLL FREE LINE) or +211922202028; Email: sspheoc@gmail.com