

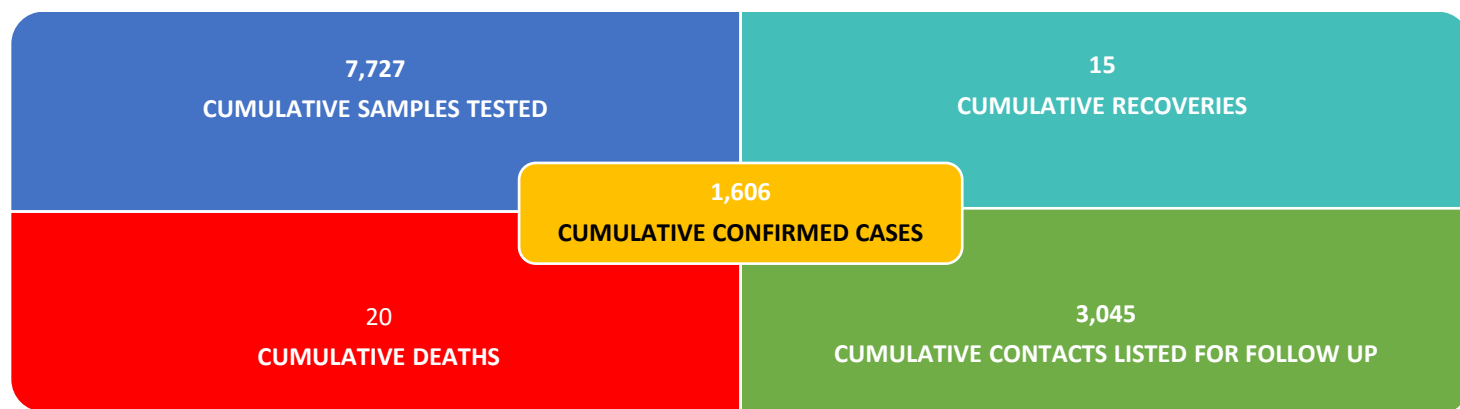


**PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)**

**COVID-19 WEEKLY SITUATION REPORT**

Issue No: 14

Reporting Period: June 1- 7, 2020



**1. KEY HIGHLIGHTS**

- As of 7 June 2020, a cumulative total of **1,606** confirmed cases have been registered including **20** imported cases; .
- 21 cases are currently isolated in COVID-19 facilities: 11 in Juba, one of which is in severe condition; 10 suspected cases in Abyei Administrative Area and Rumbek, Rubkona and Juba Counties. 82% bed occupancy remains available at Dr. John Garang IDU in Juba.
- **15** recoveries and **19** deaths have been recorded to date with case fatality rate (CFR) of 1.2%.
- **3,045** contacts have been registered cumulatively of which **1,507** have completed 14-day quarantine and **1,538** contacts being followed.
- A total of **7,727** laboratory tests have been performed to date.
- The cumulative total of alerts is **437**, of which 87% (n=**381**) have been verified and sampled. Most alerts have come from Central Equatoria **84%** (n=367) and Eastern Equatoria **5%** (n=22)

**2. BACKGROUND**

South Sudan confirmed its first COVID-19 case on 5 April 2020, and to date, cumulative 1,606 cases have been confirmed by the National Public Health Laboratory with 15 recoveries and 19 deaths, yielding case fatality rate (CFR) of 1.2%. One percent (n=20) confirmed cases are imported and 99% (n=1,584) are locally transmitted. South Sudan is classified as having clusters of transmission.

**3. EPIDEMIOLOGY AND SURVEILLANCE**

**Descriptive epidemiology**

This report includes analysis for 1,604 cases the Public Health Emergency Operation Centre (PHEOC) has line listed as cumulative cases. There are 15 recoveries and 19 deaths cumulatively, with case fatality rate (CFR) of 1.2%. Cases detected among South Sudanese nationals account for 90% (n=1,444) of all cases, whereas 6% (n=96) are foreigners and 4% (n=64) unknown. There have been 20 imported cases: 10 from Kenya, 7 from Uganda, 1 from DRC, 1 from Eritrea, and 1 is unknown. Confirmed cases range from age 3 months to 85 years with an average of 37.2 years; 76% (n=1,219) of confirmed cases were diagnosed in males, 23% (n=369) female,



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and 1% (n=16) were unknown. Only 18% cases reported symptoms, of which the most frequent have been cough (158), fever (127), runny nose (111), headache (99), fatigue (85), shortness of breath (79), sore throat (68), Muscle aches (48) and others (86).

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. The affected Counties alphabetically are: Abyei (n=8), Aweil (n=4), Aweil East (1), Fangak (n=3), Juba (1,362), Malakal (1), Nyirol (2), Tonj North (1), Torit (3), Rubkona (3), Rumbek Center (7), Yambio (1), Yei (11) and Wau (2).

Figure 1: New and cumulative confirmed COVID cases by notification date as of 7 June 2020

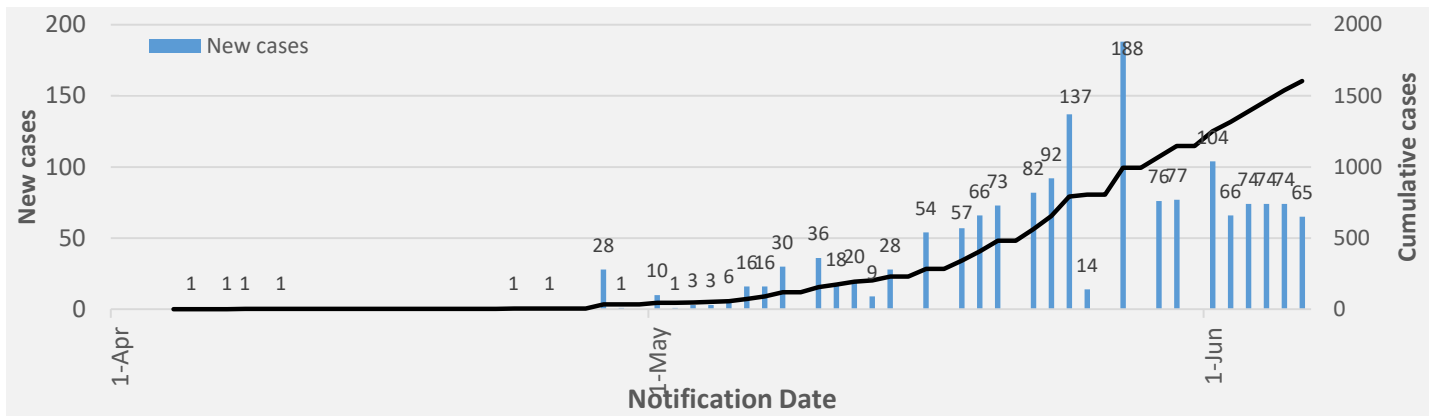


Figure 2: Age and sex distribution of COVID-19 confirmed cases (n=1,363), 7 June 2020

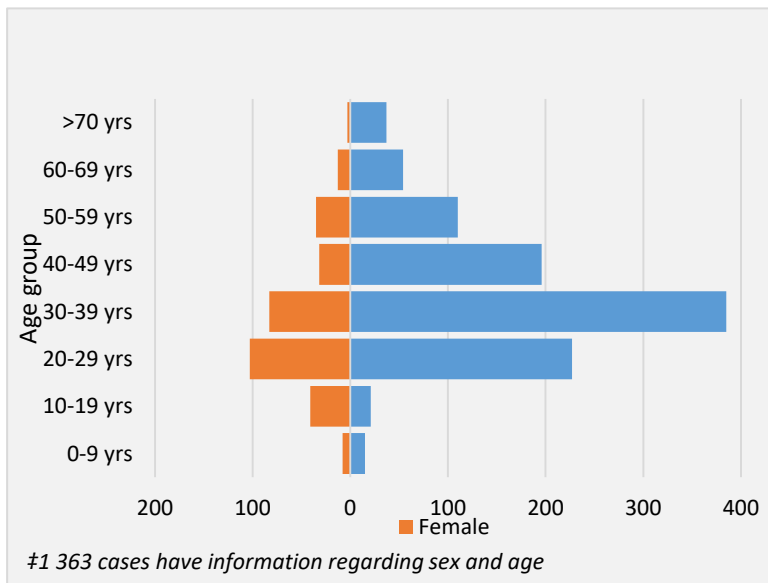


Figure 3. Frequency of symptoms among symptomatic cases

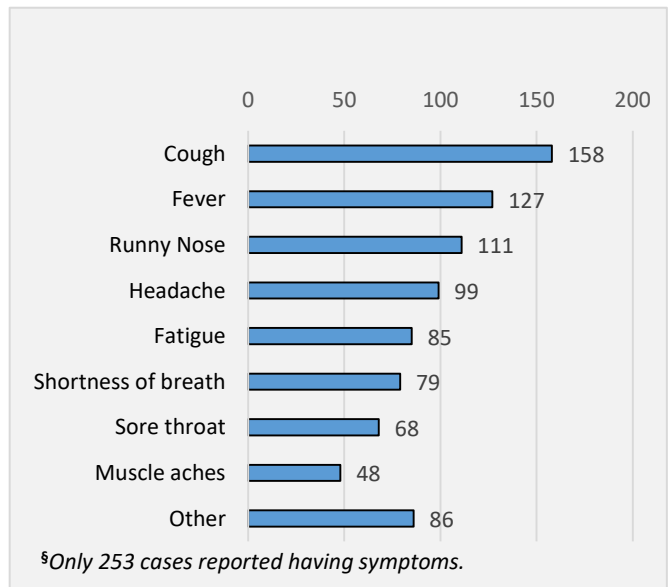
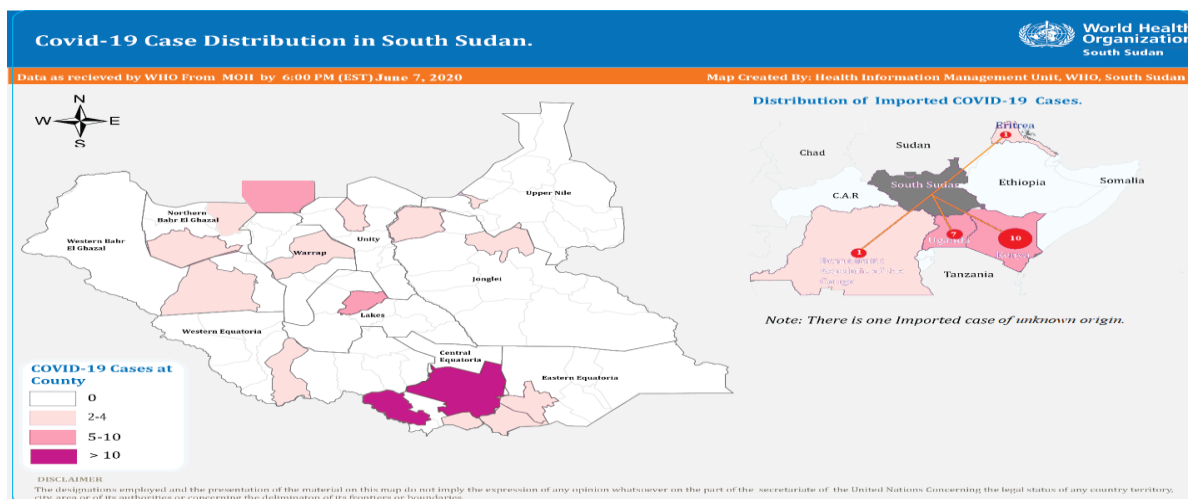




Figure 4: Distribution of confirmed COVID-19 cases according to Counties



*Geographic information is available for 1,428 cases.*

#### Contact tracing summary

- As of 7 June 2020, the total number of contacts (old and new) that have been monitored has reached **3,045**. Out of these 49% (n=1,507) contacts have completed 14-days.
- Currently 1,538 known contacts are being monitored daily for signs and symptoms of COVID-19.
- 418 contacts have converted to cases thus far; accounting for 26% of all confirmed cases.

#### 4.1 COORDINATION AND LEADERSHIP

In a Ministerial Order signed by the Health Minister on 3 June 2020, the issuance of COVID-19 negativity certificates was suspended with immediate effect till further notice. The measure was taken in view of ongoing illegal issuance of fake certificates, particularly around Juba International Airport.

The leadership of the National Steering Committee (NSC) continue to review and endorse SOPs prepared by Technical Working Groups (TWGs) to ensure adherence to quality standards in COVID-19 preparedness and response. This week, SOPs for Laboratory, IPC, and Dead Body Management were reviewed, with changes to be incorporated prior to final endorsement. The NSC further discussed dead body management and crowd control at funerals, noting associated challenges including cultural practices, lack of social distancing, and limited use of face coverings.

A final close-to-final draft of the updated National COVID-19 Preparedness and Response Plan was considered by the NSC. TWGs and State Taskforces (STFs) continue to meet weekly.

#### 4.2 LABORATORY

- Cumulative number of cases tested is 7,727 as of 7 June 2020.
- Cumulative number of positive cases confirmed is 1,604 across the country.
- 2,500 GeneXperts cartridges were received from the Global Fund through UNDP, with an additional 500 expected shortly. The GeneXpert software was installed, and quality control for the new cartridges was conducted for both positive and negative samples and all were passed without errors. Plans for installation of GeneXpert testing capability in high community transmission areas are under discussion.



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- An unspecified number of laboratory testing and case management items were received from the Jack Ma Foundation through the African CDC Office in Addis Ababa/ Ethiopia. In addition, assorted items including hand sanitizers were donated for the Laboratory and PHEOC by the Lou Trading Company. An ECHO TV was received to facilitate meetings for the Laboratory team.

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**4.3 SURVEILLANCE**

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- Sentinel site expansion to Unity, Upper Nile, and Western Equatoria States at health facilities serving refugee populations is ongoing.
- Training of teams to conduct interviews and take swabs was completed for community COVID-19 testing via household clusters in Juba. The aim is to clarify community epidemiology of COVID-19, with a 7-day timeline to interview and swab up to 2,500 individuals.
- Enhanced surveillance of health workers who test positive for COVID-19 is ongoing through a tracking system. The goal is to identify positive health workers quickly for isolation and quarantining of their contacts so as to prevent nosocomial transmission of disease.
- Household transmission of COVID-19 study. A State MoH initiative in Lakes, Central Equatoria, Jonglei, and Unity, the objective of the study is to examine transmission patterns and calculate secondary attack rates of COVID-19; focus is on portions of the country where there have been few cases, to be able to examine the first few cases at different sub-national levels.
- Training of 25 new Rapid Response Team (RRT) members in Terekeka County, Central Equatoria State, was completed on 5 June with support of CORE Group covering various topics including IPC, epidemiology of disease, surveillance, and laboratory.
- The SOPs for Contact Tracing and Community-Based Surveillance, and training materials to include a module on patient confidentiality and privacy, were updated.
- In Lakes State, WHO supported orientation of 30 RRT members and 31 Boma Health supervisors and social mobilizers in Rumbek East and Rumbek Centre counties on COVID 19 surveillance, contact tracing, monitoring and use of face masks. In Nimule, 88 Contact Tracers' were trained with WHO support.
- In Unity State, WHO trained 14 health care workers on COVID-19 detection, reporting investigation and sample collection for testing. All the 55 contacts of the first and second cases in the State have completed 14-days quarantine. In WES, ongoing renovation of VIP hotel as treatment facility in Yambio, with 20 beds ready for use.

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**4.4 CASE MANAGEMENT:**

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- At Juba IDU, 8 positive cases who had stabilized for 21 days and more were referred for home isolation. The cases will be followed-up by the Case Management Mobile Team.
  - Overall, 650 COVID-19 patients are under monitoring by the Case Management Team including 320 patients who have passed 14-days under isolation in stable clinical conditions.
  - The TWG is updating 'Discharge Criteria' to be discussed and endorsed by the National Steering Committee (NSC).
  - IMC has received funds from OFDA to scale up Supportive Management at the Juba IDU. Additional human resources are being deployed and supplies of medical commodities increased.
  - In WBG State, CORDAID and Care conducted four case management trainings for 220 Health Care Workers from 29 May to 2 June 2020. Disinfection of Mukthaa PHCC as the COVID-19 facility was completed, with UNMISS support.
  - In former Yei River State, 12 Community Mobilizers were trained and deployed in Morobo Hospital (4), Kendila PHCU (4), and Geri PHCU (4). ICAP donated 1 infrared thermometer, 250 face masks, and soap to the Medical Director for Yei Civil Hospital.
  - In WES, construction of 13 triage sites was completed by World Vision in 13 Health Facilities (Mangmondo PHCU, Tindoka PHCU, Naabagu PHCU, Saura 1 PHCU, Yambio prison PHCU, Christian Medical Center, Nayure PHCU, Baguga PHCU, Ri-Rangu PHCU, Nakofa PHCU, Bazumburu PHCU, Kasia PHCU and Nakiri PHCU).
  - In Torit/EES, 28 HCW were trained on COVID-19 in Torit State hospital with support from ICAP, facilitated by MOH and WHO.
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**4.5 INFECTION PREVENTION AND CONTROL (IPC):**

IPC WASH partners continue to scale up COVID-19 preparedness and response activities with improved collaboration for an integrated IPC WASH - RCCE effort in health facilities, POC sites and communities at risk. During the reporting week, the following were realized:

- 27,500 people were reached with critical WASH supplies (soap, buckets, and water purification tablets) to reduce the risk of COVID-19 transmission across the country.
- 69 new hand washing facilities were installed in public places and health facilities and periodic maintenance of existing hand washing facilities ongoing across the country.
- 54 health facilities prioritized in Torit, Wau, Aweil, Renk, Melut, Malakal, Bor and Rumbek and Bentiu received critical IPC and PPE supplies (soap, hand washing buckets, masks, gloves, and triage setup materials) from UNICEF and its implementing partners.
- 6,000 cloth masks distributed by UNICEF/NSDO in Konyokonyo, Kator and Malakia markets within Juba. Face mask distribution was complemented with hygiene promotion and COVID 19 preventive measures. Post distribution monitoring is scheduled for the coming weeks to gather feedback and inform scale up.
- 136 Health facilities staff and community health care workers received training from various partners on infection, prevention and control measures.
- 237,218 people were reached with hygiene promotion and COVID 19 prevention and control messaging from IDP camps / POCs / refugee settlements and communities and other public places.
- Finalization and submission to NSC for endorsement a draft IPC in Frontline Health facilities Guidance. SOP for communities and camp like settings is currently under review by the TWG and will be ready for NSC review by next week.

**4.6 POINTS OF ENTRY (POE):**

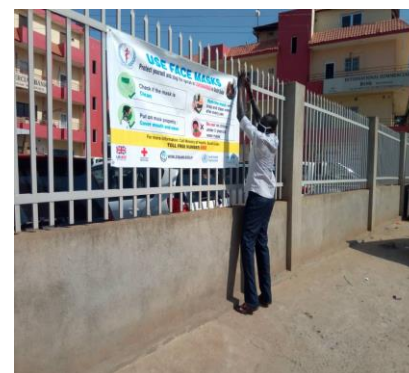
- 2,291 travelers were screened for COVID-19 at Juba International Airport, Nimule Ground Crossing, and Wau Airport supported by IOM.
- In Nadapal, CCM has cumulatively screened 1,201 individuals of which 182 were truck drivers;
- The POC screening is being conducted in Bor by ACTED, in Juba by IMC, and in Abyei at Amiet IDU by Save the children which also conducts contact tracing.
- 40,988 reusable masks were produced by IOM/MHPSS/Rapid Response Fund (RRF).
- 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 feed into ongoing COVID-19 response.
- WHO, MoH, and the COVID-19 Epidemiology-Surveillance Technical Working Group trained 57 UNHCR partners' staff from refugee camps and the two referral hospitals, and 4 UNHCR staff on COVID-19 surveillance, sample collection, packaging, transportation, and testing. Weekly meeting on the roll continued with review of the materials that will help in the implementation of COVID-19 sentinel surveillance in refugee camps: Case definitions, samples swabs, data documentation, submitting specimens for testing, etc.
- UNHCR continued prepositioning of various medical items; preparations finalized to preposition to Makpandu and to Lasu; and various medical equipment and IPC materials to the various camps. PPEs and face masks are airlifted to Maban.



**4.7 RISK COMMUNICATION, COMMUNITY ENGAGEMENT AND SOCIAL MOBILIZATION:**

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

- An additional 70,600 communication materials on the use of masks were printed by UNICEF, with so far 100 posters, 100 banners and 2000 flyers have been distributed in Juba.
- 349,330 individuals were reached with COVID-19 by Community Mobilisers through interpersonal awareness and megaphone announcements.





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- 172 Community Mobilisers were trained and 363 Community Influencers, including Religious leaders were oriented on COVID-19.
- On average eight radio jingles continue to be aired daily in 10 local languages across 42 radio stations, as well as weekly talk shows hosting different content experts and influencers.
- MHPSS cluster is spearheading the training of community mobilisers on social stigma, discrimination and self-care starting with Juba. In addition, 6 online sessions have been held for clusters covering 100 participants. In Tambura, the Core Group community mobilizers reached a total of 838 community members with COVID-19 messages in Tambura, Source Yubu and Mupoï payams.
- In Lakes States, 120 Solar Radios were distributed to community members in Cuebiet County to increase awareness on COVID-19. While in Yei, UNICEF oriented 26 primary school teachers on COVID-19 key messages.

### 4.8 LOGISTICS AND OPERATION SUPPORT

- A COVID-19 Essential Commodities Pipeline Tool was developed and shared for inputs with key stakeholders in support of engagement with the global COVID-19 Supply Portal. Organisations were asked to provide information on essential commodities procured both locally and internationally before the launch of the Supply Portal, indicating quantities and lead times. This information will ensure better visibility on the pipeline outside the Supply Portal and help identify gaps.
- 74,000 WFP-procured masks were dispatched to MSF Belgium, MSF France, MSF Spain and WHO across the country. In total, WFP plans to donate 300,000 masks to the frontline health workers. The Logistics Cluster is providing a free-to-user air transport service, when needed.
- Samples transfer: 28 samples were transported by air to Juba from Yambio, Agok, Wau, Bor and Torit.

## 4. MAJOR CHALLENGES

- Lack of accuracy and completeness of case report forms at both National and State level impacts data quality.
- Surveillance and epidemiology contact tracing and case management teams are not using Open Data kit (ODK) to conduct follow-up interviews and assessments of cases and their contacts, instead are using paper-based data collection.
- Poor lines of communication from National- State-County levels, including training coordination and data flows for cases, contacts, deaths, etc.
- Limited adoption of Q14 as an alternative to testing prior to travel, with formal endorsement from NTF pending.
- Funding for the Laboratory testing team to reside in a designated hotel to facilitate overnight testing has expired. This will affect efforts to reduce the backlog of pending tests.
- Delay in issuance of laboratory results for patients under home follow up and those admitted in COVID-19 facilities causing resistance by patients to collaborate with CM team.
- Inadequate availability of PPE in COVID-19 facilities and the 1300+ functional health facilities.
- Stigmatization of Health Care Workers by community members because of working in COVID-19 facilities.
- Low community risk perception and growing community mistrust of the COVID-19 testing procedures- linked to late release of test results. This is coupled with the relaxing of restrictions intended to control the spread of the COVID-19 which is perceived as an indication that the disease is not in South Sudan.

## 5. RECOMMENDATIONS AND PRIORITY FOLLOW UP ACTIONS

- The mechanism for Q14 as an alternative to testing prior to travel to be reviewed and finalized.
- Involve Boma Health Initiative to support the Case Management strategy.
- Continue management of severe COVID-19 patients in available COVID-19 facilities, and mobilization of funds to operationalize 17 COVID-19 wards in 17 state and county hospitals.
- 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.
- Identification of a dedicated case notification team within the PHEOC to assure notification of cases within 24-hours of release of test results.



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- Review the community engagement strategy to address the persisting low risk perception and mistrust of the COVID-19 test procedures. Proactively monitoring the community perceptions relating to the unfolding COVID-19 situation in the country.
- Enhanced and continued targeted RC engagement activities in all the States reporting confirmed cases of COVID including PoC sites and with a focus on promoting physical distancing and use of masks.

**6. 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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