



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH-ETHIOPIA
የዜጎች ጤና ለሃገር ብልፅግና
HEALTHIER CITIZENS FOR PROSPEROUS NATION



የኢትዮጵያ የሕብረተሰብ ጤና ኢንስቲትዩት
ETHIOPIAN PUBLIC HEALTH INSTITUTE

PUBLIC HEALTH EMERGENCY OPERATIONS CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE DAILY SITUATION REPORT ETHIOPIA

(Data reported as at 16:30hrs EAT (GMT+3), 12 April 2020)

12 April 2020

ISSUE
No

80

HIGHLIGHTS

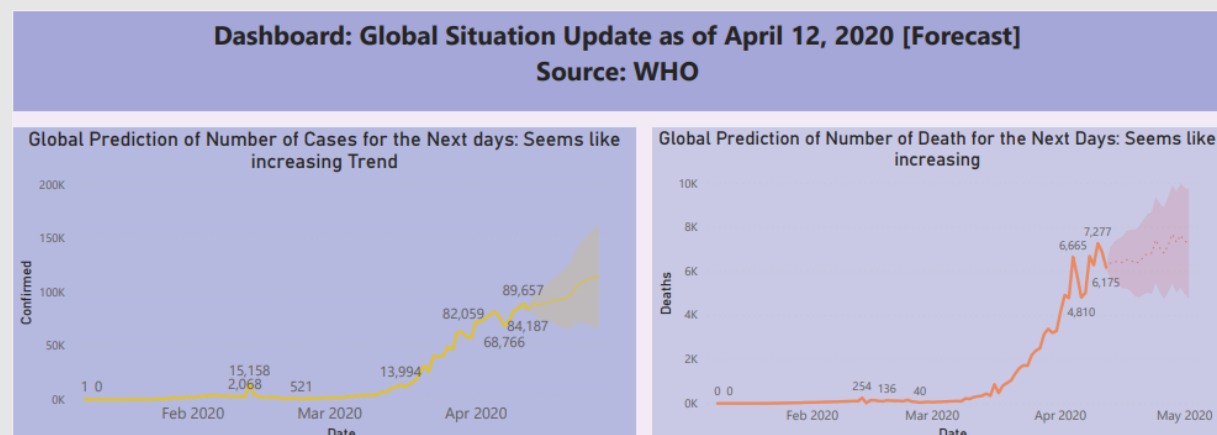
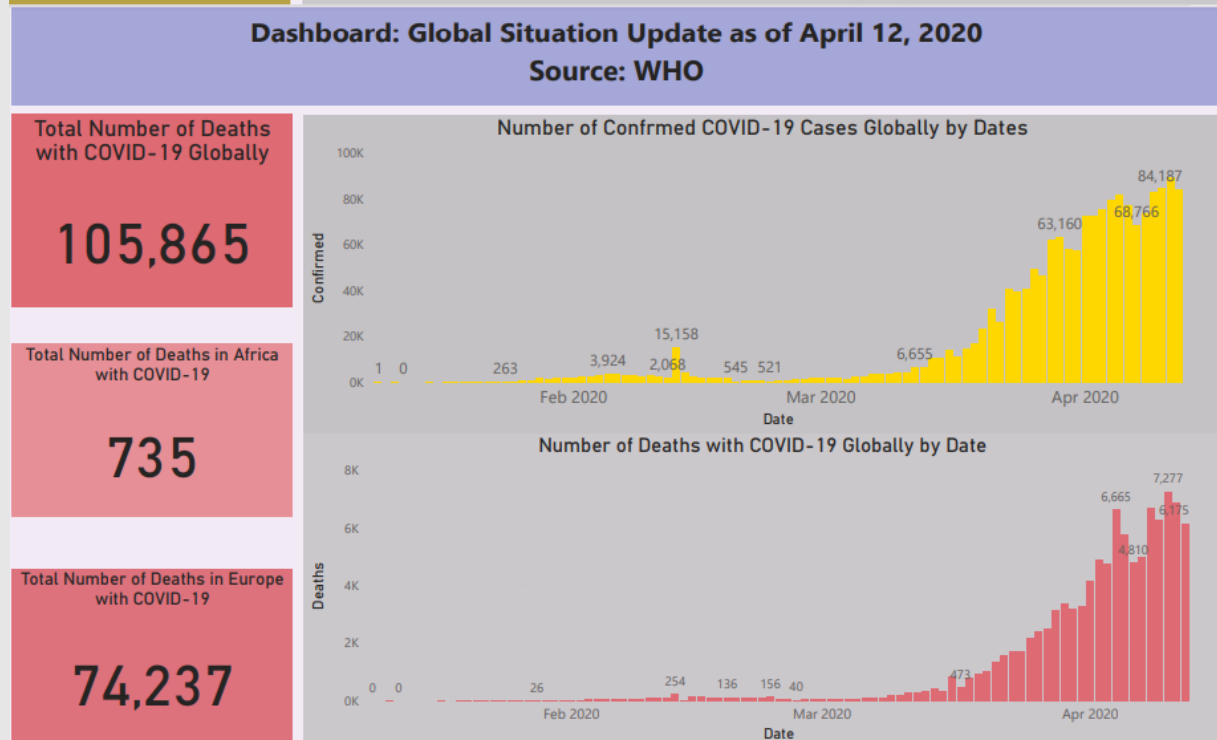
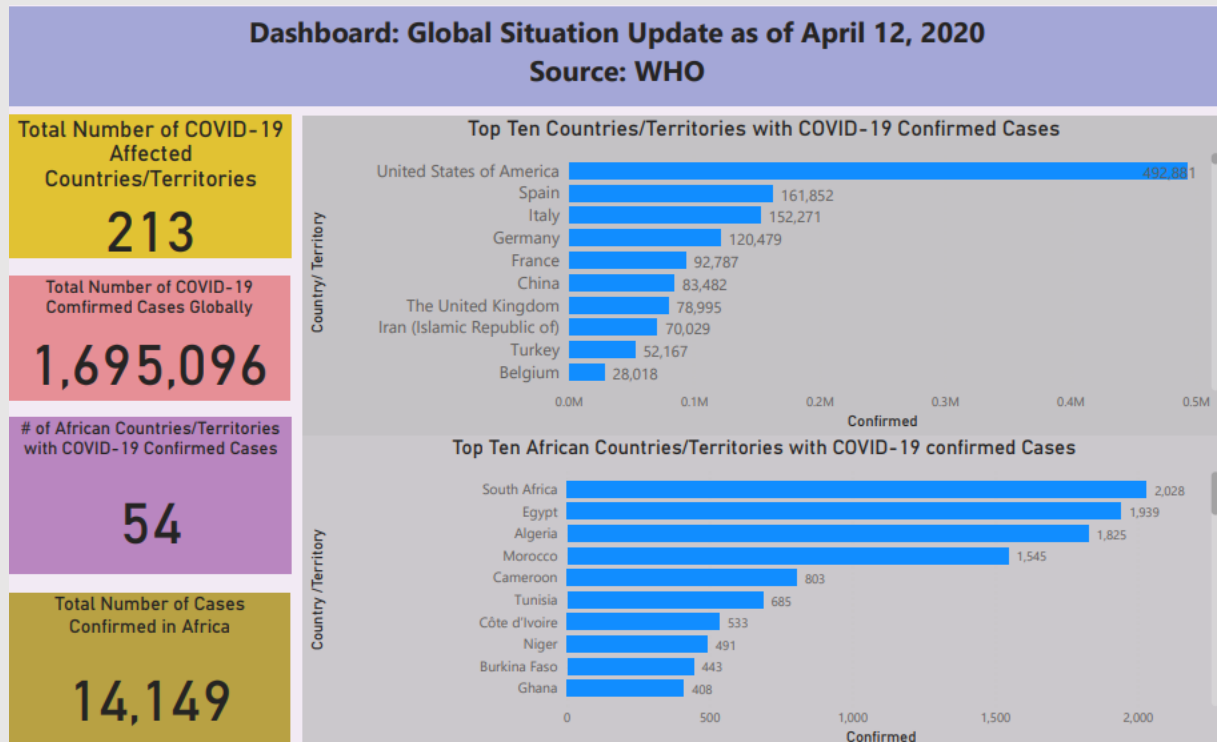
- There are 2 newly detected COVID-19 cases bringing the total confirmed cases to 71 in the country.
- Of the 41 new rumors /alerts were received today, 27 fulfilled the suspected case definition.
- 88 new contacts of confirmed cases have been identified today bringing the number of contacts identified so far to about 1478.
- 286 COVID-19 laboratory samples were tested within the last 24 hours (2 positive and 284 negative).
- Additional staffs assigned from each core IMS function to strengthen the night shift critical COVID-19 response related continuity plan and coordination mechanism
- Distribution of the second round Alibaba donations to African countries is ongoing
- National COVID-19 related working documents availed online on website, can be accessed from: <https://www.ephi.gov.et/index.php/public-health-emergency/novel-corona-virus-update/guidelines>

COVID-19 NATIONAL UPDATE

3,489 PASSENGERS UNDER MANDATORY QUARANTINE	107 TRAVELERS UNDER PHONE FOLLOW UP	962 RUMORS/ALERTS RECEIVED AND INVESTIGATED	1478 CONTACTS OF THE CONFIRMED CASES
533 SUSPECTED CASES DETECTED	71 TOTAL CONFIRMED CASE	10 TOTAL RECOVERED	3 TOTAL DEATH

COVID-19 GLOBAL UPDATE

Access link for WHO COVID-19 monitoring dashboard: <https://who.sprinklr.com/>



MAJOR COVID-19 PREPAREDNESS AND RESPONSE EFFORTS IN ETHIOPIA

BACKGROUND

Ethiopia activated its IMS under the national PHEOC. WHO and its partners are currently supporting in scaling up preparedness efforts and implementation of related recommendations suggested by the IHR Emergency Committee. Different layer so coordination platform revitalized and the PHEOC is working collaboratively with various agency representative, Partners, Embassies, hospitality sector, Industrial parks and others. There is strong communication and updating from other countries through IHR-NFPs. The sub-national level is well engaged in the preparedness and response efforts. Joint regular media briefing sessions are being conducted.

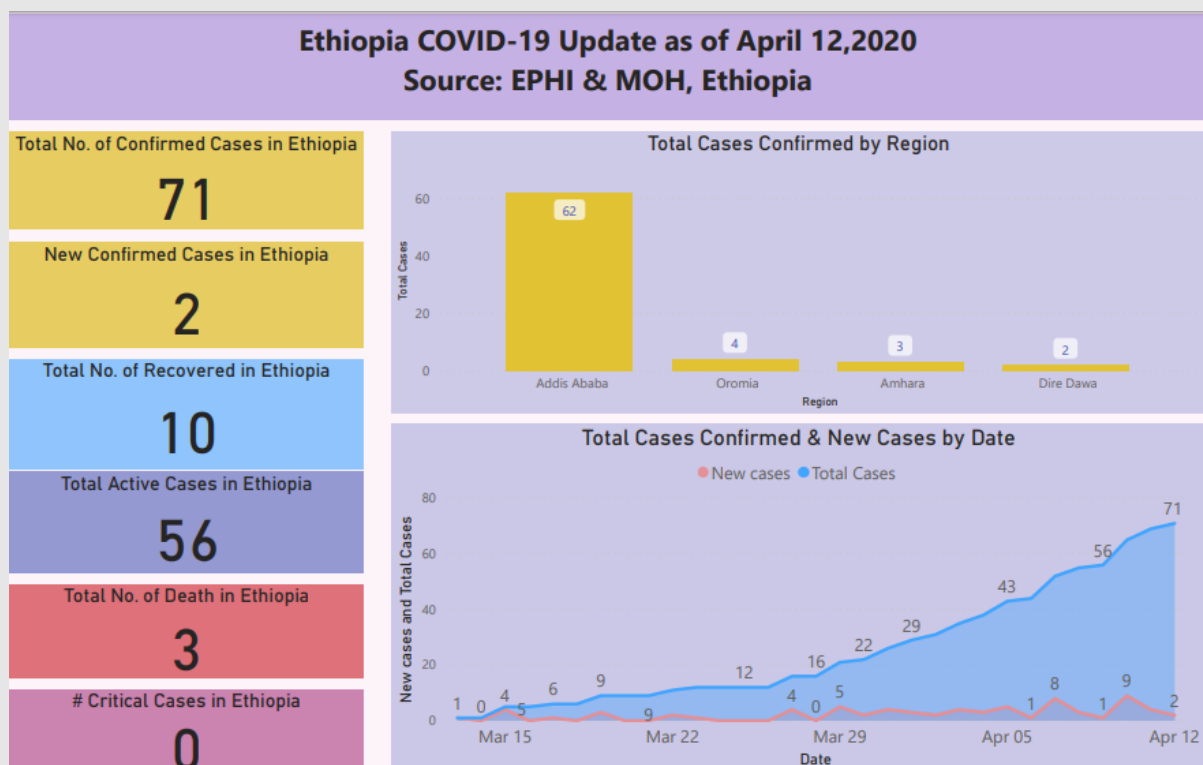
COORDINATION and COLLABORATION:

- Daily morning and evening briefing of the IMS core staffs and agency representatives is being conducted on daily basis.
- Night shift coordination and PHEOC operation revisited and additional staffs from core IMS functions (case management, surveillance, laboratory, quarantine and isolation management) and logistics assigned as per the night shift critical business continuity plan and coordination mechanism.

EPIDEMIOLOGY and LABORATORY SURVEILLANCE

Confirmed COVID-19 cases and death:

- There are 2 newly detected COVID-19 case bringing the total confirmed cases to 71 in the country.
- A total of 3 COVID-19 related deaths is recorded so far.
- Ten of the COVID-19 confirmed cases have recovered.

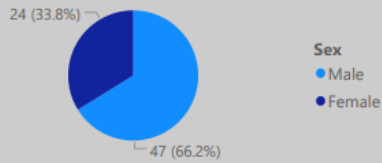


COVID-19 Confirmed Cases Summary Dashboard as of April 12, 2020

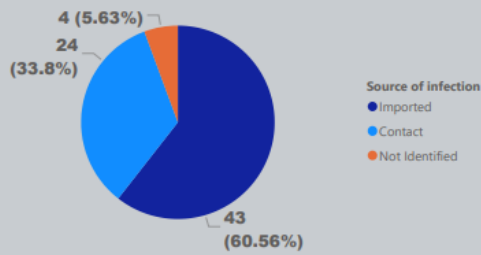
Total Confirmed Cases in Ethiopia

71

COVID-19 Confirmed Cases by Gender

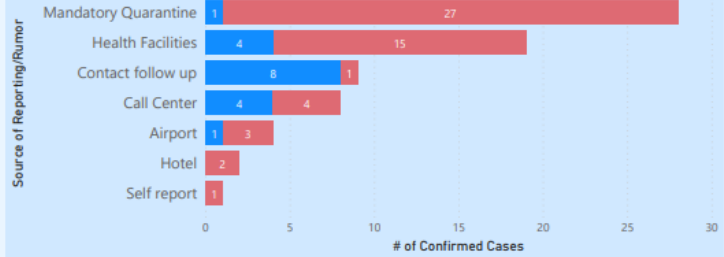


Confirmed Cases by Source of Infection



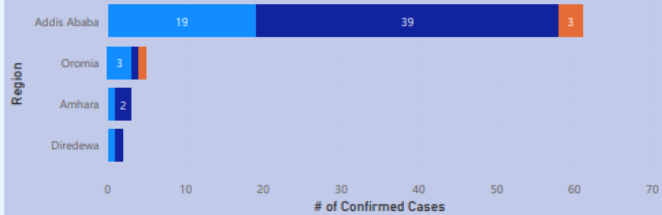
of Confirmed Cases by Source of Reporting/Rumor and Travel History in the last 14 days

Travel History in the last 14 days ● No ● Yes



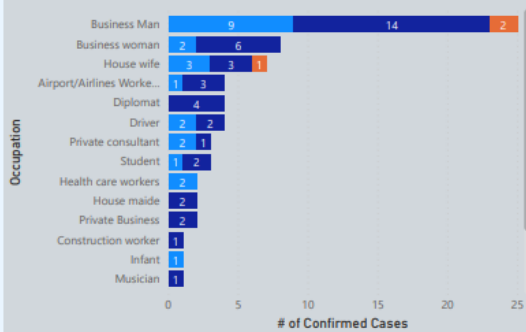
of Confirmed Cases by Region and Source of infection

Source of infection ● Contact ● Imported ● Not Identified



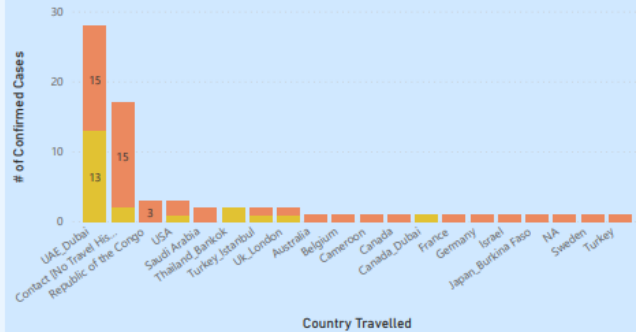
of Confirmed Cases by Occupation and Close contact with Cases

Source of infection ● Contact ● Imported ● Not Identified



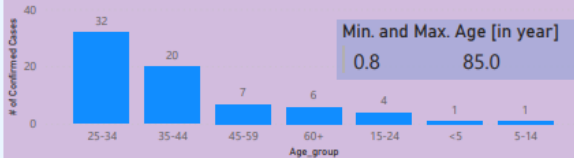
of Confirmed Cases by Country Travelled and Symptomatic

Symptomatic ● No ● Yes



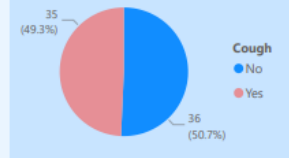
Confirmed Cases by Age Category (in Years)

of Confirmed Cases by Age_group



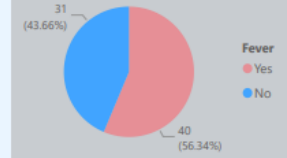
of Confirmed Cases by Cough

Cough ● No ● Yes



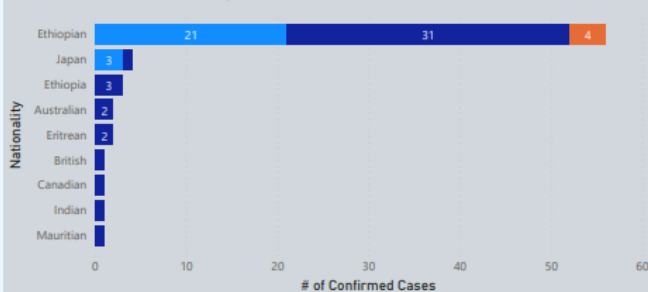
of Confirmed Cases by Fever

Fever ● Yes ● No



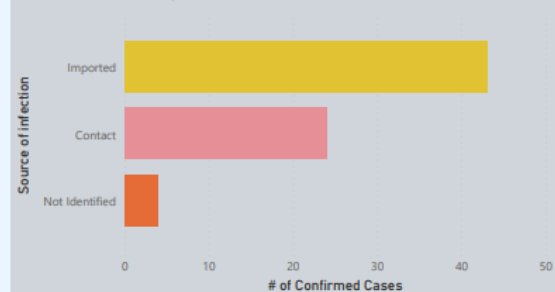
of Confirmed Cases by Nationality and Source of infection

Source of infection ● Contact ● Imported ● Not Identified



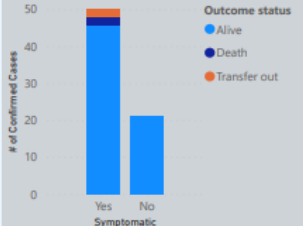
of Confirmed Cases by Source of infection

Source of infection ● Imported ● Contact ● Not Identified



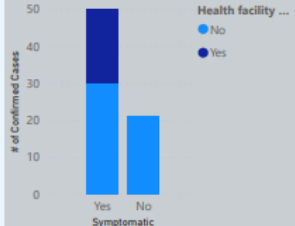
of Confirmed Cases by Symptomatic and Outcome status

Outcome status ● Alive ● Death ● Transfer out



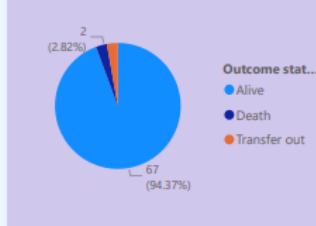
of Confirmed Cases by Symptomatic and Health facility visit before onset

Health facility visit before onset ● No ● Yes



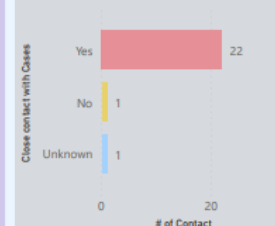
of Confirmed Cases by Outcome status

Outcome status ● Alive ● Death ● Transfer out



of Cases with Contact by Close Contact with Cases

Close contact with Cases ● Yes ● No ● Unknown



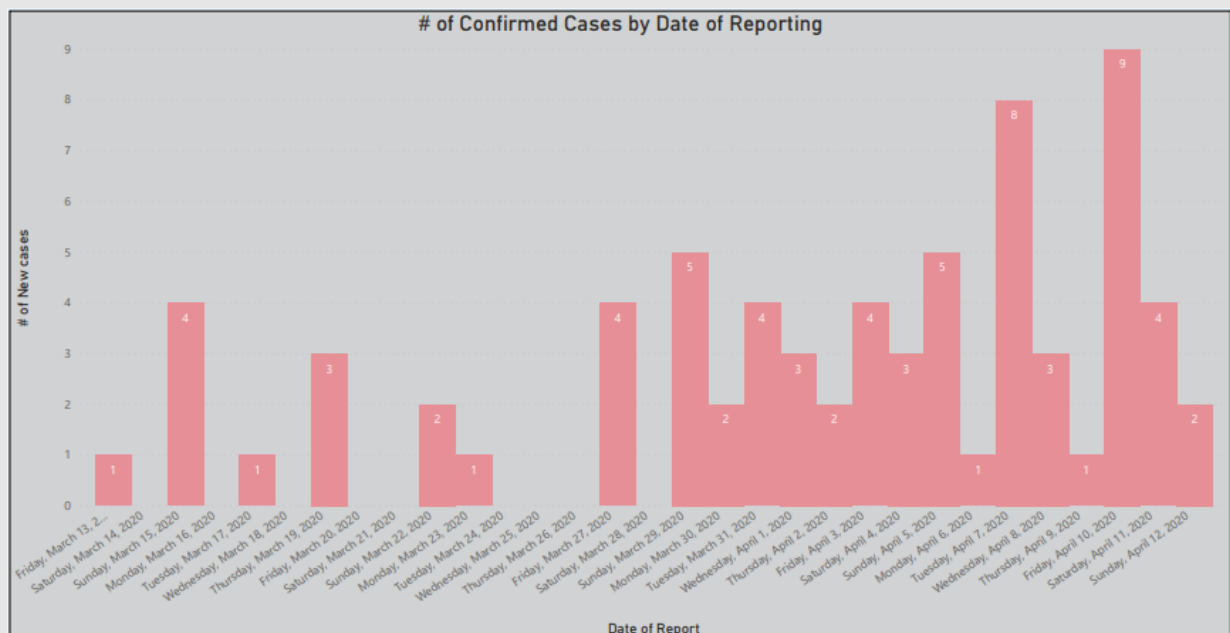


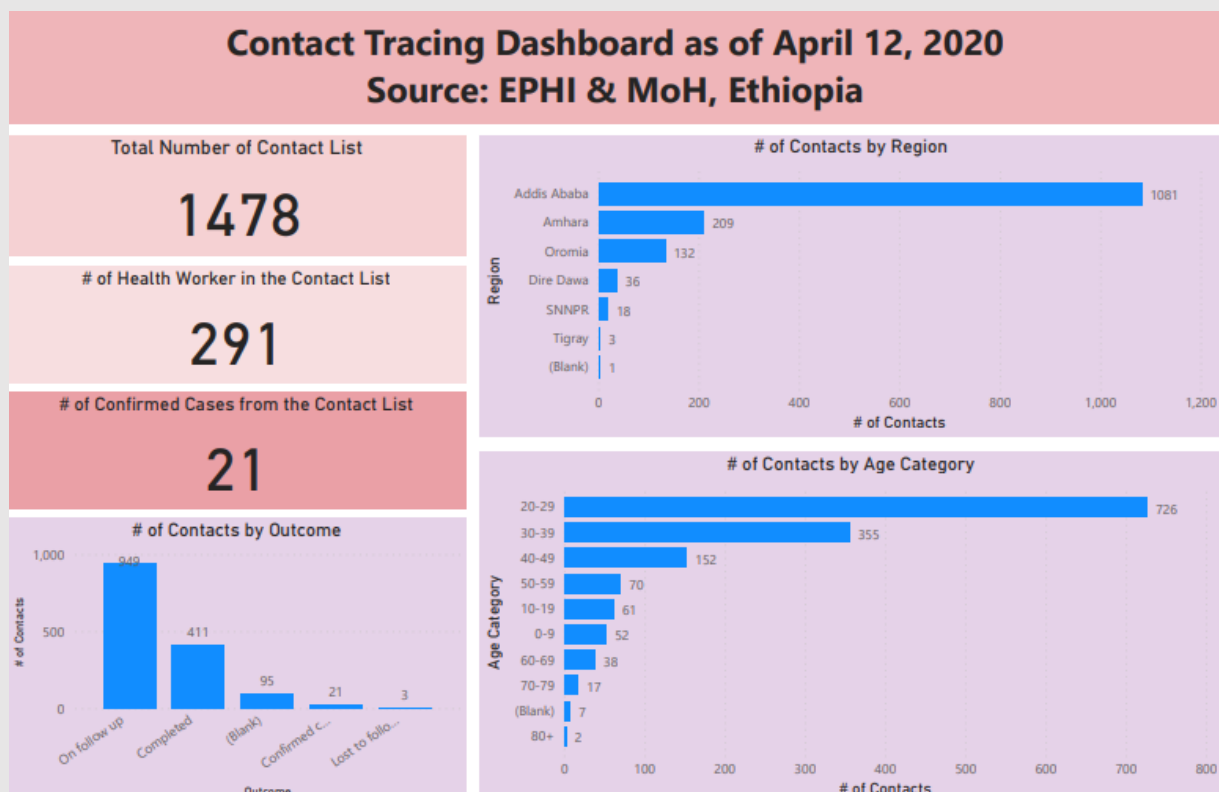
Fig: Epi-curve of confirmed cases by date of confirmation

Laboratory test:

- Of 286 laboratory samples tested for COVID-19 in the last 24 hours, 2 positives were detected and 284 were negative
- A total of 3,863 samples were tested for COVID-19 so far.

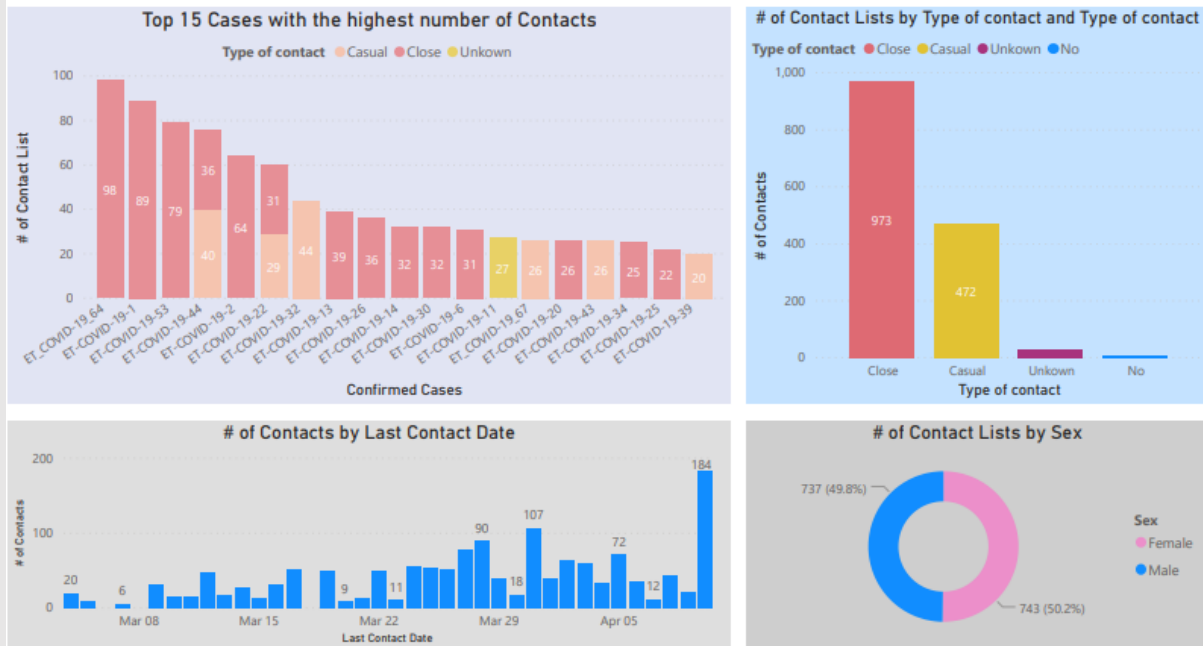
Contact tracing and follow-up:

- As of April 12, 2020:
 - A total of 1,478 (88 new) contacts of confirmed cases have been identified.
 - 592 (82 new) have completed the 14 days follow-up, while 861 contacts are still on follow-up.
 - 57 contacts developed COVID-19 suggestive symptoms.
 - 18 of the symptomatic and 4 asymptomatic contacts were tested positive, which are among the currently existing confirmed positive cases.



Contact Tracing Dashboard as of April 12, 2020

Source: EPHI & MoH, Ethiopia



Rumors collection and verification from all sources

- As of April 12, 2020:
 - 962 rumors/alerts have been received and investigated. Of these, 41 rumors (27 via the call center) are reported today.
 - 533 rumors/alerts (27 new) have fulfilled the suspected case definition.
- On April 12, 2020, a total of 6,042 calls are received and responded via toll-free call centers.

Phone Follow-Up of Travelers and discharged suspected cases

- As of April 12, 2020:
 - 107 travelers and discharged suspects are under follow-up.
 - 3,364 (3 new) travelers have completed 14 days of follow-up and graduated from follow-up.
 - There is no alert case detected during follow up as of today.

Quarantined Passenger Follow-Up and Confined Population Related Activities

- As of April 12, 2020; a total of 3,489 travelers under mandatory quarantine at designated hotels and returnees located within universities, schools and other selected sites in Addis Ababa. The reports of returnees arriving through border from neighboring countries not incorporated because there are no verified figures.
- Three alerts identified from passengers under quarantine at hotels.

PASSENGERS SCREENING:

- A total of 3,210 passengers arrived into the country since March 23, 2020 through the airport. The number didn't include the forced returnees coming in from different countries.
- Follow up of the quarantine implementation ongoing for passengers coming from abroad and returnees from different countries.
- Health screening for arriving international passengers and returnees are ongoing.

- Returnee population need assessment is done in Arat Kilo, Sidist Kilo and Civil Service University quarantine sites.
- Prisons and Geriatric centers readiness assessment has conducted.

CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC):

- There are 62 confirmed cases in the case treatment centers currently. Of these, three are under treatment in the designated treatment center in Bahir Dar, Amhara regional state and two are in Dire Dawa city administration
- There is no critical case and all are on medical care in stable condition.
- A total of ten people fully recovered.
- 21 suspected cases are admitted today.
- 23 initially suspected cases are discharged after laboratory test became negative.
- There are 36 suspected cases in the isolation centers waiting for laboratory results.

LOGISTICS, ADMINISTRATION AND RELATED ACTIVITIES:

- Follow up of distribution status of the second round Alibaba donations to African countries is ongoing.

RISK COMMUNICATION:

- Press release on newly confirmed COVID-19 cases shared for the public.

TRAINING AND ORIENTATION:

- The three days training on COVID-19 (started yesterday) is ongoing for 81 medical doctors and nurses (in three rounds) to be deployed to Eka Kotebe and St. Peter Specialized Hospital COVID-19 treatment centers.



NATIONAL COVID-19 RELATED DOCUMENTS AVAILABLE ONLINE:

- Health Care Waste Management SOP for COVID-19.
- Case management protocol for Corona Virus Disease-19 (COVID-19) in Ethiopia
- Ethiopian health care facility COVID-19 Preparedness and response protocol
- Patient Flow Protocol for COVID -19 Patients
- Pre-triage format for COVID-19 infection
- Protocol for transporting COVID-19 patients
- Laboratory testing for 2019 novel coronavirus(2019-nCoV) in suspected human cases

- Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts Interim guidance
- Global Surveillance for human infection with novel coronavirus
- Household transmission investigation protocol for 2019-novel coronavirus infection
- Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected
- National Capacities Review Tool for a novel coronavirus (nCoV)
- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected
- Risk communication and community engagement readiness and initial response for novel coronaviruses.

All the documents can be accessed from: <https://www.ephi.gov.et/index.php/public-health-emergency/novel-coronavirus-update/guidelines>

MEDIA / WEB SCANNING:

COVID-19 in correctional facilities:

- Prisons and other custodial settings are integral parts of the public health response to coronavirus disease 2019 (COVID-19) given that (1):
 - Infection can be transmitted between prisoners, staff and visitors, and to and from the community.
 - Prisons concentrate individuals who are susceptible to infection and those with a higher risk of complications.
 - There is inadequate investment in prison, substantial overcrowding, and rigid security processes with the potential to delay diagnosis and treatment.
- Prisoners are at much higher risk of infectious diseases than communities outside and this highly affects progress (2).
 - On 20 February 2020, over 500 new covid-19 cases in five prisons ended 16 days of continuous decline in new cases in China (excluding Hubei province) (3).
- **What should be done to respond? (4)**
 - Joint planning
 - Include prison health and correctional authorities in the overall public health response, rather than permitting them to plan and operate in isolation.
 - Risk management
 - Design and implement adequate systems for limiting importation and exportation of cases from or to the community, and transmission and spread within prisons.
 - Prevention and control
 - Develop protocols for entry screening, personal protection measures, social distancing, environmental cleaning and disinfection, and restriction of movement, including limitation of transfers and access for non-essential staff and visitors.
 - Treatment
 - Explicitly and transparently align prison health systems with the wider health and emergency planning systems, including transfer protocols for patients requiring specialized care (5, 6).
 - Isolate cases and contacts, with a special consideration of the potentially serious mental health effects of isolation in these settings (5,6).

- Information sharing
 - Close collaboration between health and justice ministries for an effective, coordinated, and whole-of-government response (7).
 - Governance of prison health by a ministry of health, rather than a ministry of justice, is likely to facilitate timely information sharing (7).

- **Interventions to flatten the curve of Covid-19 cases among incarcerated (8)**

- “decarcerating,” or releasing prisoners;
- Suspend arresting and sentencing people for low-level crimes and misdemeanors;
- Isolating and separating incarcerated persons who are infected and those who are under investigation from the general prison population; and
- Hospitalizing those who are seriously ill.

References:

1. Simooya OO. Infections in prison in low- and middle-income countries: prevalence and prevention strategies. *Open Infect Dis* 2010; 4:33-7. [doi:10.2174/1874279301004010033](https://doi.org/10.2174/1874279301004010033)
2. Yang Hong, Thompson Julian R. Fighting covid-19 outbreaks in prisons *BMJ* 2020; 369: m1362
3. China Central Government. Report of covid-19 on 21 February 2020. <http://www.gov.cn/xinwen/gwylflkjz25/wzsl.htm>
4. Kinner, S. A., Young, J. T., Snow, K., Southalan, L., Lopez-Acuña, D., Ferreira-Borges, C., & O'Moore, É. (2020). Prisons and custodial settings are part of a comprehensive response to COVID-19. *The Lancet. Public health*, 5(4), e188–e189. [https://doi.org/10.1016/S2468-2667\(20\)30058-X](https://doi.org/10.1016/S2468-2667(20)30058-X)
5. Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 2020; published online Feb 26 [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8).
6. Wildeman C, Andersen LH. Solitary confinement placement and post-release mortality risk among formerly incarcerated individuals: a population-based study. *Lancet Public Health* 2020; 5: e107–13.
7. McLeod K, Butler A, Young JT, et al. Global prison healthcare governance and health equity: a critical lack of evidence. *Am J Public Health* 2020; 110: 303–08.
8. Akiyama, M. J., Spaulding, A. C., & Rich, J. D. (2020). Flattening the Curve for Incarcerated Populations - Covid-19 in Jails and Prisons. *The New England journal of medicine*, 10.1056/NEJMp2005687. Advance online publication. <https://doi.org/10.1056/NEJMp2005687>



The above presented Quick Reader (QR) code takes you to a portal that you can access updates and all COVID-19 related information available (<https://www.ephi.gov.et/index.php/public-health-emergency/novel-corona-virus-update>)

DISCLAIMER

Figures presented in this situation report are pulled from official releases of the World Health Organization, Other sources from the web, as well as report compiled by the National Incidence Response Team

PREPARED BY

Fantu Lombamo (MD, MPH) and Negusse Yohannis (PhD)
National PHEOC, Planning Section, Situation Unit team

CONTRIBUTORS

Firmaye Bogale (Planning Section, Situation Unit Member)

EDITED and REVIEWED BY

Shambel Habebe (Planning Section Chief) and
Zewdu Assefa (COVID-19 Deputy Incident Manager)

FOR MORE INFORMATION and NOTIFICATION

Web: www.ephi.gov.et

Follow us on Twitter: @EPHIethiopia

Call: 8335 (TOLL FREE LINE) or 011 276 5340

Email: ephieoc@gmail.com or phemdatacenter@gmail.com

ETHIOPIAN PUBLIC HEALTH INSTITUTE

National Public Health Emergency Operation Center
Center for Public Health Emergency Management

WITH A TECHNICAL ASSISTANCE FROM



**World Health
Organization**

ETHIOPIA COUNTRY OFFICE