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MINISTRY OF HEALTH-ETHIOPIA  
የዜጎች ጤና ለሃገር ብልጽግና  
HEALTHIER CITIZENS FOR PROSPEROUS NATION



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ETHIOPIAN PUBLIC HEALTH INSTITUTE

# COVID-19 PREPAREDNESS AND RESPONSE DAILY SITUATION REPORT ETHIOPIA

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

16 March 2020

ISSUE  
NO

53

## HIGHLIGHTS

- Prime Minister of Ethiopia declared closure of schools and public events for the next 15 days
- There is a total of five COVID-19 confirmed cases in Ethiopia (one additional since last reporting time)
- A total of 207 contacts of the confirmed cases are identified
- 22 samples collected from the contacts quarantined in Oromia region tested negative
- 68 newly recruited medical doctors and environmental health professionals
- 27 rumors received. Of these 3 do not fulfill the case definition, while 24 are under investigation
- 2734 calls are reported via the call center

## COVID-19 NATIONAL UPDATE

600,080

PASSENGERS SCREENED  
ALL POEs Starting from 24 January 2020

8,985

PASSENGERS SCREENED  
FROM COVID-19 REPORTING COUNTRIES

992

TRAVELERS  
UNDER PHONE FOLLOW UP

193

RUMORS/alerts  
RECEIVED and INVESTIGATED

92

SUSPECTED CASES  
DETECTED

66

SUSPECTED CASES  
TESTED -ve

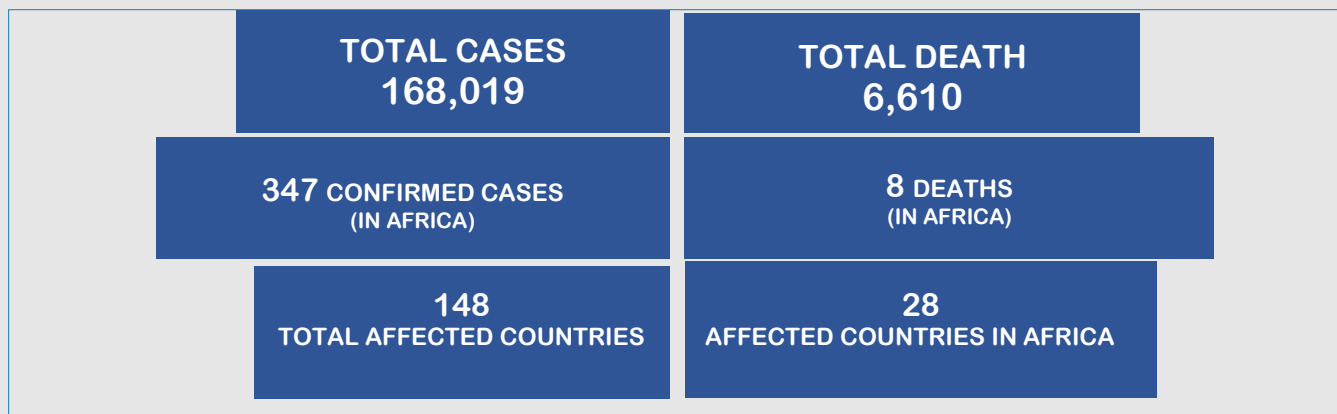
5

TOTAL CASE  
CONFIRMED

12

SUSPECTED CASES IN THE  
ISOLATION UNIT

## COVID-19 GLOBAL UPDATE



Access link for WHO COVID-19 monitoring dashboard:

<https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd>

Situation in Africa			
S. N <sup>o</sup>	Country	Total confirmed cases	Death
1	Egypt	126	2
2	South Africa	51	0
3	Algeria	49	4
4	Morocco	28	1
5	Senegal	26	0
6	Tunisia	18	0
7	Re Union	9	0
8	Ethiopia	5	0
9	Burkina Faso	3	0
10	Cameroon	5	0
11	Cote d Ivoire	3	0
12	Democratic Republic of Congo	2	0
13	Ghana	2	0
14	Nigeria	2	0
15	Namibia	2	0
16	Seychelles	4	0
17	Gabon	1	0
18	Guinea	1	0
19	Kenya	1	0
20	Sudan	1	1
21	Togo	1	0
22	Equatorial Guinea	1	0
23	Eswatini	1	0
24	Mauritania	1	0
25	Central African Republic	1	0
26	Congo	1	0
27	Rwanda	1	0
28	Mayotte	1	0
<b>Total</b>		<b>347</b>	<b>8</b>

### WORLD HEALTH ORGANIZATION's RISK ASSESSMENT UPDATE

CHINA  
**VERY HIGH**

REGIONAL LEVEL  
**VERY HIGH**

GLOBAL LEVEL  
**VERY HIGH**



# Novel Coronavirus (COVID-19) Situation



168,019

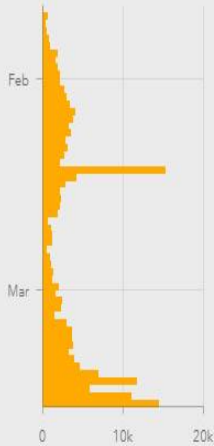
confirmed cases

6,610

deaths

148

countries, areas or territories with cases



Cases by date of report

Last updated: 3/16/2020 16:00 CET



\*Confirmed cases reported between 13 and 19 February 2020 include both laboratory-confirmed and clinically diagnosed (only applicable to Hubei province).

World Health Organization, Esri | WHO

Data source: WHO, National Health Commission of the

## Countries, areas or territories with cases

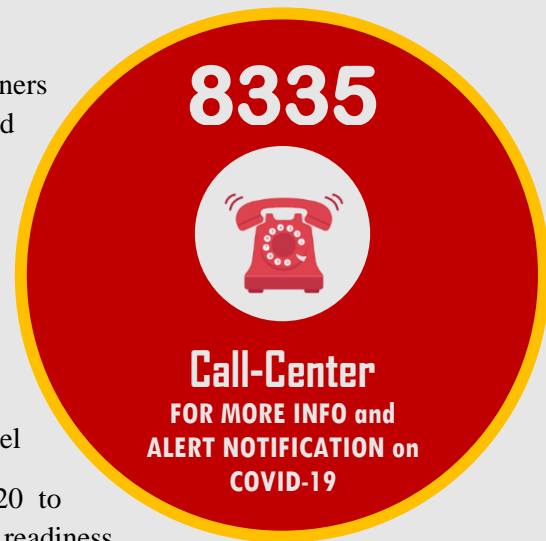
China :81077 cases
Italy :24747 cases
Iran (Islamic Republic of) :14991 cases
Republic of Korea :8236 cases
Spain :7753 cases
France :5380 cases
Germany :4838 cases
Switzerland :2200 cases
United States of America :1678 cases
Netherlands :1413 cases
The United Kingdom :1395 cases
Norway :1169 cases
Belgium :1085 cases
Sweden :992 cases
Austria :959 cases
Denmark :898 cases

Countries, territories

# MAJOR COVID-19 PREPAREDNESS 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. The following is a summary of the major public health actions conducted in ETHIOPIA up until now, as part of the COVID-19 preparedness and readiness efforts.
  - Alerting stakeholders and regular and national and global situation updating
  - Revitalizing coordination platform at national and subnational level
  - The National PHEOC IMS was activated on 27 January 2020 to optimize the national level coordination of the preparedness and readiness efforts,
  - Since its activation, the national PHEOC is collaboratively working with stakeholders: government agencies, partner organizations, UN agencies, embassies, hospitality sector, Industrial parks and others.
  - Regular media briefing sessions are being conducted, twice a week, by the Director General of EPHI and as needed by State Minister of MoH and jointly.
  - 24/7 Toll-free lines (8335) was established to provide information to and receive alert from; the public
  - Country preparedness assessment was conducted and emergency preparedness and response plan were developed
  - Designated isolation and quarantine centers are identified and equipping is ongoing
  - Protocols/guidelines are customized and developed
  - 24/7 rapid response team established
  - Trainings and orientations are ongoing
  - Strict PoE screening and vigilant follow-up procedures being implemented on incoming travelers at International Airports, Ethio-Djibouti Railway and land-crossing entries.
  - Key partners and stakeholders are identified and engaged in the preparedness efforts
  - Joint visit of Prime Minister Office, Africa CDC, WHO Country Office, Addis Ababa City Administration Health Bureau, Ministry of Health and EPHI was conducted to strengthen PoE preparedness and isolation and case management
  - MoH officials led by the State Minister, Dr Lia Tadesse, visited the operations of the national PHEOC and provided guidance on 04 February 2020.
  - With support from WHO; Ethiopia now has a capacity of processing confirmatory testing for COVID-19 at its strengthened National Influenza Laboratory based in EPHI (starting from 08 February 2020).
  - Minister Social Affairs standing committee of the House of Peoples' Representatives (HoPR) visited the National PHEOC on 17 FEB 2020; and received briefing on center's activities achieved and being conducted to prevent COVID-19 delivered by EPHI's Director General, Dr. Ebba Abate.
  - Health partners and donors' groups and China Embassy visited the Public Health Emergency Operation Center and briefed on the activities to prevent the COVID-19



- Discussion and briefing provided by the EPHI DG to the Medical Corps Representatives
- Strong communication network established and receiving updates from other countries through National IHR-FPs.
- Discussion was held with Resolve to Save Lives team, led by the Vice President of the project, and HOPE Project Coordinator on how to support COVID-19 preparedness efforts
- H. E. Deputy Prime Minister, State Minister of Ministry Peace and MOH State Minister visited the Public Health Emergency Operation Center at EPHI, Eka Kotobe Isolation Center and Bole International Airport screening activities and briefed on the COVID-19 preparedness activities on 7th March 2020

## COORDINATION and COLLABORATION

- Daily follow-up meeting led jointly by the MOH Minister and EPHI DG being conducted on daily basis
- IMS core staffs daily briefing ongoing regularly in the morning and afternoon
- H.E. Prime Minister of Ethiopia declared closure of elementary and secondary schools for the next 15 day on March 16, 2020.
  - University students' movement must be restricted in the campus compounds limiting entry and exits.
  - Premier league plays are banned
  - Meetings with lots of number of participants are also banned

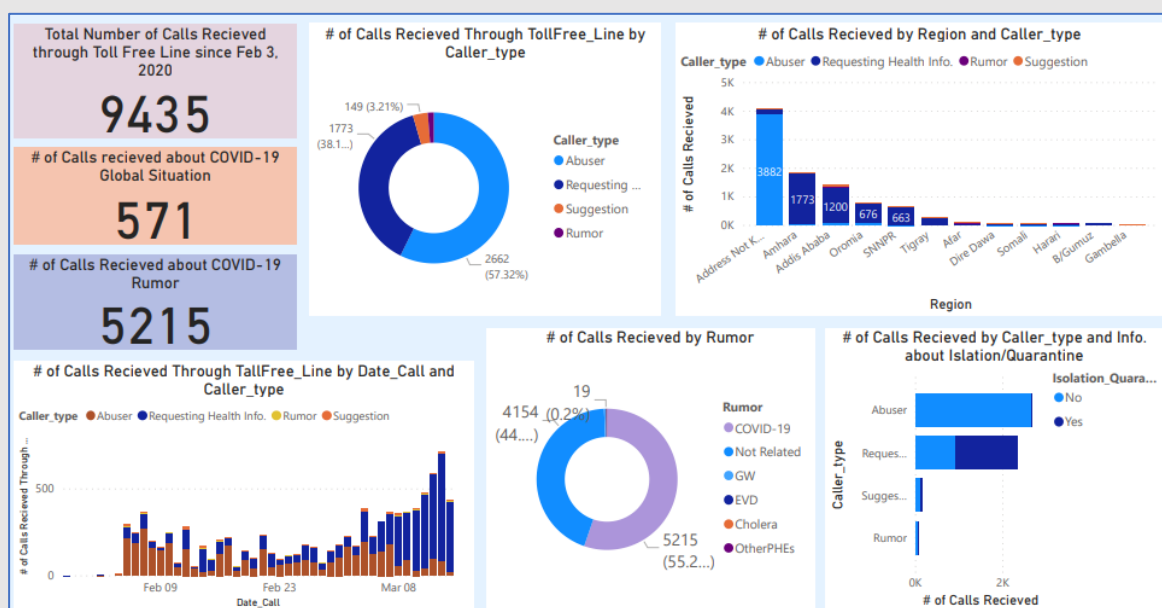
## EPIDEMIOLOGY and LABORATORY SURVEILLANCE

### CONFIRMED COVID-19 CASES

- There are five confirmed COVID-19 cases in Ethiopia. All of them are on medical care in a pre-designated isolation facility and those who have been in contact with the cases are being traced and quarantined.
- Three of the cases had a contact with the initially confirmed patient.

### Rumors collection and verification (through 8335 call center and other sources)

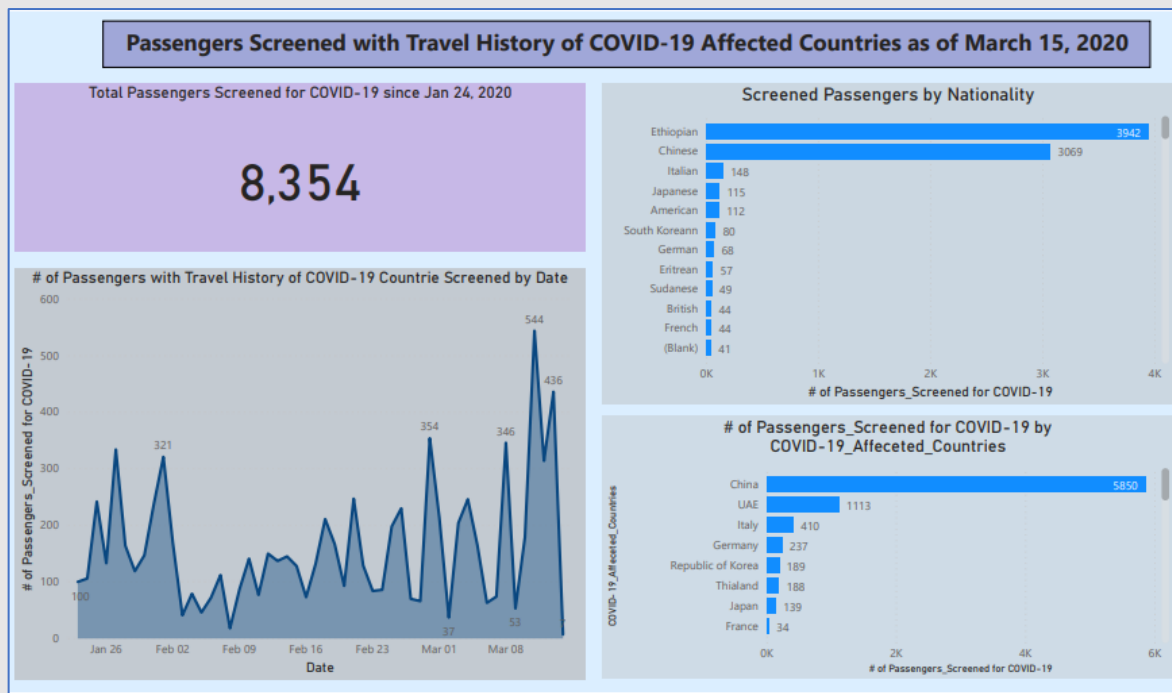
- The 8335 toll-free line upgraded to digitalized call center, which increase reachability for rumor reporting and information provision for the community.
- On 16<sup>th</sup> of March 2020, a total of 2734 calls are reported via the call center. All the calls are COVID-19 related. Six COVID-19 rumors reported via the call center today.



### Phone Follow-Up of Travelers from Affected Countries

- As of the 16<sup>th</sup> of March 2020:

- 992 travelers are under follow-up.
- 597 travelers that were under follow-up departed back.
- 1,285 travelers (80 new) have completed 14 days of follow-up and graduated from follow-up.



## PASSENGERS SCREENING<sup>1</sup>

- On the 15<sup>th</sup> of March 2020; **442** travelers who have travel history to COVID-19 affected countries have been screened (see the dashboard below for the total passenger screened).
- Health screening is started at the Lebu train station.
- Health declaration form is translated to Chinese, Arabic and Amharic languages.
- COVID-19 health screening site is established at Main Department for Immigration and Nationality Affairs.

## CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC):

- Supportive supervision was conducted at Federal Prison Administration and Silk Road General Hospital.
- 12 suspected cases are admitted to isolation center, 8 cases which tested negative are discharged today.

## LOGISTICS, ADMINISTRATION AND RELATED ACTIVITIES:

- Activities initiated to expand alcohol hand rub production to federal and regional hospitals
- Printed materials collected

## RISK COMMUNICATION:

- Press conference note prepared

## TRAININGS AND ORIENTATIONS:

- 68 newly recruited medical doctors and environmental health professionals are oriented on areas of engagement in COVID-19 preparedness and response activities
- Training for the POE screeners ongoing in Dire Dawa city

<sup>1</sup> The date is lagging one day back as most of the international flights are at night and the reports are compiled and count on the following date.



## RECOMMENDATION AND ADVICE FOR THE PUBLIC:

For most people in the community, Personal Protective Equipment (PPE) such as face masks are not recommended. However, for people with symptoms of an acute respiratory infection, we recommend that there may be benefit in wearing a face mask to reduce the spread of infection to other people. Face masks shall be used only by those who have cough, sneezing or any other respiratory illnesses OR by those who treat, live and/or have close contact with those who have cough, sneezing or any other respiratory illnesses. Thus all the individuals should be abstained from buying unnecessary face masks which may create inappropriate shortage of the medical supplies and unnecessary money expenditure besides creating individual induced inflation.

For most people, COVID-19 infection will cause mild illness however, it can make some people very ill and, in some people, it can be fatal. Older people, and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are at risk for severe disease.

## MEDIA / WEB SCANNING:

- According to the WHO, Europe has now become an epicenter of the pandemic, with more reported cases and deaths than the rest of the world combined, apart from China: [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200314-sitrep-54-covid-19.pdf?sfvrsn=dcd46351\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200314-sitrep-54-covid-19.pdf?sfvrsn=dcd46351_2).
- **Individual response to COVID-19 is ‘as important’ as government action:**
  - How individuals respond to government advice on preventing the spread of COVID-19 will be at least as important, if not more important, than government action (1,2).
  - Voluntary plus mandated quarantine, stopping mass gatherings, closure of educational institutes or places of work where infection has been identified, isolation of households, towns, or cities, emphasizing individual responsibility for implementing recommended personal-level actions and focusing on settings that provide critical infrastructure or services to individuals at increased risk of severe are some of the important measures for mitigation of the disease spread.
  - Some of the lessons from analyses of influenza A apply for COVID-19, but there are also differences. Social distancing measures reduce the value of the effective reproduction number. School closure, a major pillar of the response to pandemic influenza A, (3) is unlikely to be effective given the apparent low rate of infection among children, although data are scarce. Avoiding large gatherings of people will reduce the number of super-spreading events; however, if prolonged contact is required for transmission, this measure might only reduce a small proportion of transmissions. Therefore, broader-scale social distancing is likely to be needed, as was put in place in China.
- **Viral shedding:**
  - The longest observed duration of viral shedding in survivors found to be 37 days where the median duration of viral shedding was 20 days in survivors. But SARS-CoV-2 was detectable until death in non-survivors (4).
  - Prolonged viral shedding provides the rationale for a strategy of isolation of infected patients and optimal antiviral interventions in the future (4).
- **Hypokalemia and COVID-19:**
  - Hypokalemia is prevailing in patients with COVID-19 and the correction is challenging because of continuous renal K<sup>+</sup> loss resulting from the degradation of angiotensin I converting enzyme<sup>2</sup> (ACE2) (5).

- The end of urine K<sup>+</sup> loss indicates a good prognosis and may be a reliable, in-time and sensitive biomarker directly reflecting the end of adverse effects (5).

- **Implementation of Mitigation Strategies for Communities**

- Public health control activities for None to Minimal level COVID-19 community transmission (6):
  - Continue contact tracing, monitor and observe contacts to maximize containment around cases.
  - Isolation of confirmed COVID-19 cases until no longer considered infectious.
  - Consideration of movement restrictions for asymptomatic close contacts exposed to a confirmed COVID-19 case based on risk level.
  - Monitoring of close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources.
  - Test individuals with signs and symptoms compatible with COVID-19.
  - Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges and other first responders, technology etc.).
  - Encourage healthcare personnel to develop phone triage and telemedicine practices.
- Each community is unique, and appropriate mitigation strategies will vary based on (6):
  - The level of community transmission,
  - Characteristics of the community and their populations, and
  - The local capacity to implement strategies.


- **Lessons on COVID-19 control: Taiwan, Singapore and Hong Kong (7, 8)**

- Early and aggressive response.
- Reliance on historical experience rather than waiting for cues.
- Strict enforcement of quarantine and isolation protocols.
- Quick implementation of health checks on passengers.
- **(Taiwan) (7, 8)**
  - Taiwan established a central command center for epidemics after the 2013 SARS epidemic, putting it a few steps ahead of other places in Asia
  - This command center made it easier for medical authorities to gather data, redistribute resources, investigate potential cases and follow up on their contact history, while they also were able to quickly isolate patients found to be carrying the virus.
  - By the first week of February, Taiwan started regulating surgical masks and restricting the entry of passengers with a travel history in China, while requiring 14-day quarantine for those who had been to Macau and Hong Kong.
  - The Taiwan CDC and other agencies issued daily mobile phone alerts about the latest cases and information on the places they had visited.
- **Rigorous detection and strict quarantine (Singapore) (7, 8)**
  - Singapore's health authorities decided early on to test all influenza-like and pneumonia cases.
  - Singapore detects almost three times more cases than the global average due to its strong disease surveillance and contact tracing (9).
  - **Government advertisements** carried on the front page of Singapore's largest daily newspaper urge readers with even mild symptoms to see a doctor and refrain from going to school or work.



- **Testing is free**, and the government foots the hospital bills for Singaporean residents who have suspected or confirmed cases.
- **Effective communication** (Singapore) (7, 8)
  - Singapore's Prime Minister delivered a speech to the nation in three of the city-state's four official languages which appeared to have an immediate effect in calming the community.
- **Social distancing and banning mass gatherings** (Hong Kong) (7, 8)
  - Located just across the border from the mainland's health crisis, Hong Kong quickly put social distancing into practice and cancelling mass gatherings.

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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

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