



# PUBLIC HEALTH EMERGENCY OPERATIONS CENTER (PHEOC), ETHIOPIA

# PREPAREDNESS AND RESPONSE DAILY SITUATION REPORT

(Data reported as at 16:30hrs EAT (GMT+3), 08 April 2020)

08 April 2020

ISSUE Nº

76

# **HIGHLIGHTS**

**ETHIOPIA** 

- There are 3 newly detected COVID-19 cases bringing the total confirmed cases to 55 in the country.
- 4 of the COVID-19 confirmed cases recovered.
- Of the 33 new rumors /alerts received today, 24 of them fulfill the suspected case definition.
- 61 new contacts of confirmed cases have been identified today bringing the number of contacts identified so far to about 1138
- 4 alert cases are identified among the passengers under quarantine.
- two close contacts of confirmed cases developed COVID-19 suggestive symptoms
- 104 new specimens were tested within the last 24 hrs. (3 positive and 109 negative) which increased the number of total specimens tested to 2271.
- 14 international travelers have arrived last night and go in to the mandatory

# **COVID-19 NATIONAL UPDATE**

1,936
Passengers under mandatory quarantine

28
TRAVELERS
UNDER PHONE FOLLOW UP

842
RUMORS/Alerts
RECEIVED and INVESTIGATED

1138
Contacts of the confirmed cases

469
SUSPECTED CASES
DETECTED

# **COVID-19 GLOBAL UPDATE**

Feb 2020

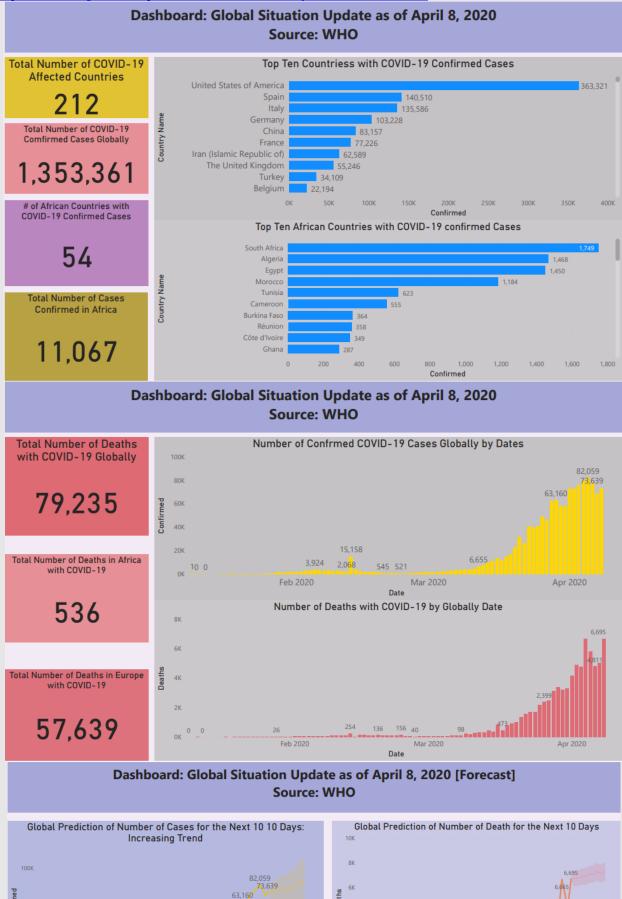
Mar 2020

Apr 2020

Apr 2020

Access link for WHO COVID-19 monitoring dashboard:

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



# 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.

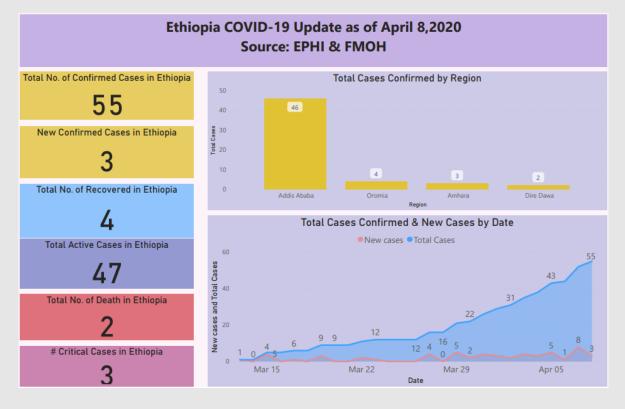
# **COORDINATION and COLLABORATION:**

- Daily morning and evening briefing of the IMS core staffs and agency representatives is being conducted on daily basis.
- Weekly meeting with the CEOs of hospitals in Addis Ababa held and discuss on the COVID-19 response and health facility readiness

# **EPIDEMIOLOGY and LABORATORY SURVEILLANCE**

### Confirmed COVID-19 cases and death:

- There are 3 newly detected COVID-19 case bringing the total confirmed cases to 55 in the country.
- Four of the COVID-19 confirmed cases have recovered.
- Three of the patients are getting care in Intensive Care Unit.



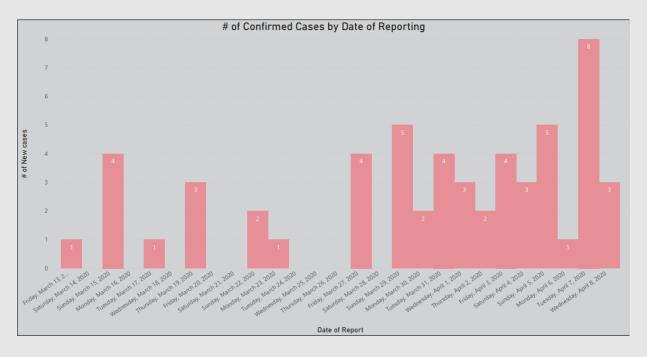
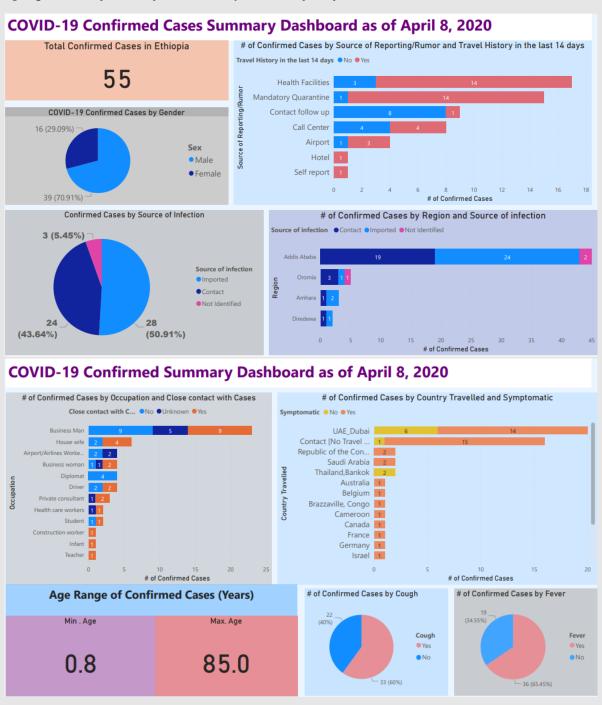
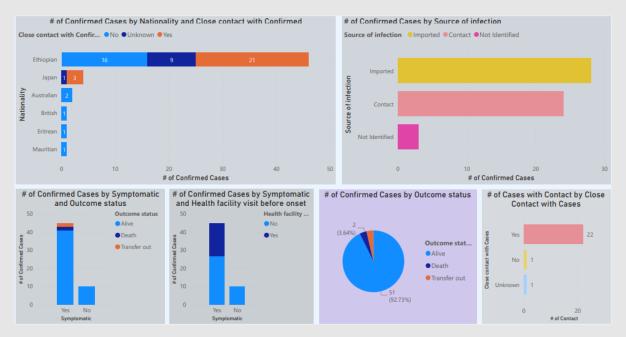


Fig: Epi-Curve of the confirmed case by the date of confirmation





# **Laboratory test:**

- 104 new specimens were analyzed for COVID-19 in the last 24 hours, of these 19 were from contacts of confirmed
  cases, 3 from SARI/Pneumonia cases and 82 from suspected cases. Three of the analyzed specimens were tested
  positive.
- So far, a total of 2,375 specimens were tested from suspected cases, contacts of confirmed cases, SARI/Pneumonia cases from major selected hospitals in Addis Ababa, backlogged influenza samples and community sampling.

# **Contact tracing and follow-up:**

- As of April 8, 2020:
  - o A total of 1138 (61 new) contacts of confirmed cases have been identified.
  - o 436 (25 new) have completed the 14 days follow-up, while 679 contacts are still on follow-up.
  - o 45 (2 new) contacts developed COVID-19 suggestive symptoms.
  - 16 of the symptomatic and 4 asymptomatic contacts were tested positive, which are among the currently existing confirmed positive cases.

# Rumors collection and verification from all sources

- As of April 8, 2020:
  - o 842 rumors/alerts have been received and investigated. Of these, 33 rumors (8 via the call center) are reported today.
  - o 469 rumors/alerts (24 new) have fulfilled the suspected case definition.
- On April 8, 2020, a total of 7,883 calls are received and responded via toll-free call centers.

# **Phone Follow-Up of Travelers**

- As of April 8, 2020:
  - o 28 travelers and discharged suspects are under phone follow-up.
  - o 3,349 travelers (7 new) have completed 14 days of follow-up and graduated from follow-up.
  - o There is no alert case detected during follow up as of today.

# Quarantined passengers follow up

- As of April 8, 2020; a total of 1,936 travelers are under mandatory quarantine at designated Hotels. Among these, 14 are new arrivals overnight.
- Twenty-one alert cases are identified today from passengers under quarantine.

# **PASSENGERS SCREENING**

- A total of 2,946 passengers arrived into the country since March 23, 2020
- Follow up of the mandatory quarantine implementation for passengers coming from abroad via BIA in ongoing.
- Health screening for arriving international passengers is ongoing.

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

- There are 47 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
- Three critical cases are in the ICU, 5 of them are on oxygen and the remaining cases are on medical care in stable condition.
- 16 suspected cases are admitted today.
- 5 initially suspected cases are discharged after laboratory test became negative.
- There are 94 suspected cases in the isolation centers waiting for laboratory results.

# LOGISTICS, ADMINISTRATION AND RELATED ACTIVITIES:

- All EOC supply chain staffs are trained on ODK.
- Resource mobilization implementation manual has drafted.

# **RISK COMMUNICATION:**

- Key messages developed for frontline health workers.
- Key messages intended for pregnancy and breast feeding designed
- Key messages developed on getting tested for COVID
- RCCE assessment is in Addis Ababa Science and Technology University to identify RCCE needs for returnees in quarantine and isolation center.
- Press release on newly confirmed COVID-19 cases shared for the public.

# **MEDIA / WEB SCANNING:**

# **Intensive care management of COVID-19**

- The ICU community must prepare for a potentially overwhelming surge of patients and optimize workflows in advance (1).
- In a large report, 49% of all 2087 critically ill patients with COVID-19 in China died (2).
- Although another multicenter study in Wuhan showed that 97% of patients on invasive mechanical ventilation died it should be noted that mortality is affected by local practices (3).

### - ICU infrastructure:

- Ideally, critically ill patients with suspected or confirmed COVID-19 should be admitted to an airborne infection isolation room (AIIR) that is at negative pressure relative to surrounding areas (4).
- If AIIRs are unavailable, patients can be placed in adequately ventilated single rooms with the doors closed, as recommended by WHO (4).
- Where single ICU rooms are unavailable, cohorting of cases in shared rooms with dedicated staff is an alternative, with beds spaced apart (4).
- The number of single rooms and AIIRs was generally lowest in low-income countries.

# - ICU capacity:

- National and regional modeling of needs for intensive care is crucial (5,6).
- Many countries might not have enough ICU beds in the first place, let alone isolation or single rooms.
  - The median number of critical care beds per 100 000 population was 2·3 in ten low-income and lower-middle-income countries in one analysis (7)
- ICU practitioners, hospital administrators, governments, and policy makers must plan in advance for a substantial increase in critical care bed capacity (5,6).
  - Adding beds into a pre-existing ICU is a possibility, but space constraints and nosocomial transmission from crowding limit this option (8).
- Other options include the (6,9)
  - o Transfer of patients to designated hospitals and ICUs
  - o Provision of intensive care outside ICUs, such as in
    - High-dependency units,
    - Remodelled general wards,
    - Post-anaesthesia care units,
    - Emergency departments, or
    - Deployable field units.
- A substantial increase in ICU capacity involves increases not only in bed numbers, but also in equipment, pharmaceuticals, and staffing (6, 8).
- Critical care triage that prioritizes patients for intensive care and rations scarce resources will be required (10).
- Training of external staff on general intensive care management and specific COVID-19 protocols is crucial (8).

### References

- 1. Intensive care management of coronavirus disease 2019 (COVID-19): challenges and recommendations. Jason Phua, MRCP,Li Weng, Lowell Ling, Moritoki Egi, Chae-Man Lim, Jigeeshu Vasishtha Divatia, et al.April 06, 2020 DOI:https://doi.org/10.1016/S2213-2600(20)30161-2
- 2. Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72314 cases from the Chinese Center for Disease Control and Prevention. *JAMA*. 2020; (published online Feb 24.) DOI:10.1001/jama.2020.2648
- 3. Ruan Q, Yang K, Wang W, Jiang L, Song J.Clinical predictors of mortality due to COVID-19 based on an analysis of data of 150 patients from Wuhan, China. *Intensive Care Med.* 2020; (published online March 3.) DOI:10.1007/s00134-020-05991-x
- 4. WHO. Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected: interim guidance. https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125
- 5. Grasselli G, Pesenti A, Cecconi M. Critical care utilization for the COVID-19 outbreak in Lombardy, Italy: early experience and forecast during an emergency response. *JAMA*. 2020; (published online March 13.) DOI:10.1001/jama.2020.4031
- 6. Remuzzi A, Remuzzi G. COVID-19 and Italy: what next? *Lancet*. 2020; (published online March 13.) https://doi.org/10.1016/S0140-6736(20)30627-9
- 7. Phua J, Faruq MO, Kulkarni AP et al. Critical care bed capacity in Asian countries and regions. *Crit Care Med.* 2020; (published online Jan 9.) DOI:10.1097/CCM.0000000000004222
- 8. Qiu H,Tong Z, Ma P et al. Intensive care during the coronavirus epidemic. *Intensive Care Med.* 2020; 46: 576-578
- 9. Einav S, Hick JL, Hanfling D et al. Surge capacity logistics: care of the critically ill and injured during pandemics and disasters: CHEST consensus statement. *Chest.* 2014; 146: e17S-e43S
- 10. Christian MD, Sprung CL, King MA et al. Triage: care of the critically ill and injured during pandemics and disasters: CHEST consensus statement. *Chest.* 2014; 146: e61S-e74S





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, documentation Unit

### **CONTRIBUTORS**

Firmaye Bogale (Planning Section, PHEOC)

# **EDITED and REVIEWED BY**

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

