



PREPAREDNESS AND RESPONSE DAILY SITUATION REPORT ETHIOPIA

30 March 2020

ISSUE
NO

67

HIGHLIGHTS

- There are 2 newly detected COVID-19 cases bringing the total confirmed cases to 22 in the country.
- A case reported as positive while testing for Severe Acute Respiratory Illness (SARI) samples is found negative after three successive negative laboratory tests.
- Three of the COVID-19 confirmed cases recovered.
- There are three critical cases among the confirmed
- 30 new rumors /alerts were received today. Of these, 19 of them fulfill the suspected case definition
- 16 new contacts of confirmed cases have been identified
- 87 new arrival passengers under the mandatory quarantine at designated hotels
- Ten alert cases identified from passengers under quarantine.
- IGAD Heads of State and Government Adopt a Regional Approach to Combating COVID-19
- Training being given for health professionals from Mekedonia elderly and mentally disabled care

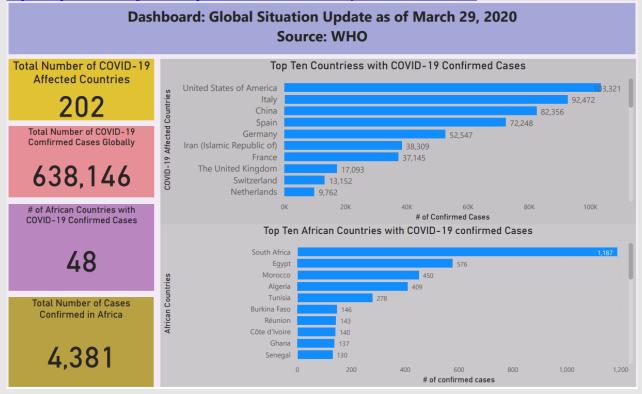
COVID-19 NATIONAL UPDATE

969 Passengers under mandatory quarantine	567 TRAVELERS UNDER PHONE FOLLOW UP	555 RUMORS/Alerts RECEIVED and INVESTIGATED	540 Contacts of the confirmed cases
276 SUSPECTED CASES DETECTED	22 Total Case Confirmed	0 TOTAL DEATH	3 Total recovered

COVID-19 GLOBAL UPDATE

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:

- The Heads of State and Government of the Inter-Governmental Authority on Development (IGAD), convening via video-conference at the Extraordinary Summit on coronavirus diseases (COVID-19) pandemic
- Daily morning briefing of the IMS core staffs and agency representatives is being conducted on daily basis.
- The revised Incident Management Structure is finalized and endorsed.
- Discussion held with the NDRMC to improve multi-sectoral coordination and engagement
- The revised Incident Management Structure has finalized and endorsed.

EPIDEMIOLOGY and LABORATORY SURVEILLANCE

Confirmed COVID-19 cases:

- There are 2 newly detected COVID-19 cases bringing the total confirmed cases to 22 in the country. Both of the newly detected cases are in Amhara region.
- The cases reported previously as positive among the sample tested for Severe Acute Respiratory Illness (SARI) patients is found negative after three successive negative laboratory tests and the case ruled out.
- Three of the COVID-19 confirmed cases have recovered.

Laboratory test:

Today a total of 33 samples received. Of these, three were from contacts and 20 from SARI/Pneumonia)

Contact tracing and follow-up:

- As of March 30, 2020:
 - o a total of 540 (16 new) contacts of confirmed cases have been identified.
 - o 193 (13 new) have completed the 14 days follow-up, while 341 contacts are still on follow-up.
 - o Sixteen (two new) contacts developed COVID-19 suggestive symptoms.
 - Six of the symptomatic contacts were tested positive, which are among the currently existing confirmed positive cases.
 - o There have been no contacts lost to follow-up.

Rumors collection and verification from all sources

- As of March 30, 2020:
 - o 555 rumors/alerts have been received and investigated. Of these 30 new (21 via the call center)
 - o 276 rumors/alerts (19 new) have fulfilled the suspected case definition.
- On 30th March 2020, a total of 9,946 calls received and responded via toll-free call centers.

Phone Follow-Up of Travelers from Affected Countries

- As of the 30th of March 2020:
 - o 567 travelers are under follow-up.
 - o 782 (1 new) travelers that were under follow-up were departed back.
 - o 2,516 travelers (8 new) have completed 14 days of follow-up and graduated from follow-up.

Quarantined passengers follow up:

- As of 30th March 2020, a total of 969 passengers are under mandatory quarantine at designated Hotels. Of these 87 are new arrival.
- Ten alert cases are identified from passengers under quarantine.

PASSENGERS SCREENING

- 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):

• As of March 30, 2020:

- o Three critical case in the ICU and the remaining cases are on medical care in stable condition.
- o 13 suspected cases are admitted today, while 38 initially suspected cases are discharged after laboratory test became negative.

LOGISTICS, ADMINISTRATION AND RELATED ACTIVITIES:

• PPE distributed to Addis Ababa city administration.

RISK COMMUNICATION:

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

TRAINING AND ORIENTATION:

• 16 health professionals from Mekedonia elderly and mentally disabled care are being trained on COVID-19



MEDIA / WEB SCANNING:

News:

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Responding to COVID-19

• In times of crisis with health systems stressed, public authorities and professional bodies must make hard decisions to best ensure optimal health outcomes and fair distribution (1).

- Scarcity

- Regions experiencing limited levels of COVID-19 could loan equipment, and deploy first responders, to regions where health system capacity is strained (1).
- Retired health workers or trained health workers not presently practicing could return to service (2).
- Higher authorities could also call in the military for assistance with logistics, supply chains, and even building clinics (1).

- Ethically balance physicians' duties to patients and to the community

- o To avoid harm, health agencies and organizations should not wait until the disease is widely detected in the community to plan implementation of national crisis standards of care (1).
- o In time of crisis, standard of care may be shifted to emphasize the needs of the community while still providing the best possible individual-level care (3, 4).
- o Actions like postponing nonemergency tests and procedures could be undertaken (1).

- Ethically allocate scarce resources (1, 5)

- The first emphasis is protecting health workers delivering care in the midst of the crisis, for without them the entire health system would collapse.
- This goes together with ensuring that health workers are adequately trained in infection control and supplied with protective equipment.

- The health system should designate health workers a top priority for receiving scarce resources that are vital for their own protection, care, and treatment.
- Decisions about who is tested or receives treatment must focus on
 - Prevention of transmission.
 - Protection of individuals at the highest risk,
 - Meeting societal needs, and
 - Promoting social justice.
- Even with mass closures during COVID-19, critical (essential) services must continue. Essential services could include
 - Public safety,
 - Fire protection, and sanitation,
 - Producers and suppliers of essential goods
 - Services, like food and medicine.
- Decision-making about the allocation of scarce resources should be planned ahead of time, transparent and based on scientific evidence and take all the necessary considerations.

- Ethical Physical Distancing

• Ample evidence shows extreme COVID-19 risk in congregate settings such as cruise ships, nursing homes, prisons, churches, shelters, and dorms (6).

- Protecting the most vulnerable

- We must protect against disease outbreaks at these congregate sites, by ensuring good medical care, sanitary facilities, and good hygiene.
- o Large-scale and immediate use of compassionate release programs can protect nonviolent prisoners, especially if they are elderly or vulnerable, without compromising public safety (7, 8).
- The government should enable people who are homeless and currently unsheltered to have safe shelter, by developing emergency shelters designed to enable physical distancing.

- Informed and trusted communication

- Physical distancing policy must go hand in hand with informed and transparent public communication strategies.
- A trusted source of information must inform the public about known risks, unknown risks, and what steps are being taken to learn more.
- The public must be properly informed about good hygiene practices that can help prevent COVID-19's spread, and about how they can access hygiene products.

- Isolation and Quarantine

- Self-isolation, when properly informed and practiced, has benefit above and beyond limiting people's civil liberties:(1,9)
 - If hospitals become overwhelmed, as in South Korea and Italy, self-isolation of people with mild symptoms can help make more hospital beds available for sicker patients.
- Where voluntary compliance is not an option, governments may need to enforce containment orders in the interest of public health.
- O During large-scale quarantines individualized risk assessment should be done.

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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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