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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 PANDEMIC PREPAREDNESS AND RESPONSE DAILY SITUATION REPORT ETHIOPIA

(Data reported as at 16:30hrs EAT (GMT+3), 23 March 2020)

23 March 2020

ISSUE  
NO

60

## HIGHLIGHTS

- Two Japanese nationals, who have tested positive for COVID-19 in Ethiopia, airlifted in collaboration with Japan Embassy. The two Japanese are among the 11 confirmed cases in Ethiopia.
- Thus, there are a total of nine confirmed cases in Ethiopia. The cases are under close medical follow up.
- Ethiopia closed ground points of entry at borders to prevent spread of COVID-19
- As part of efforts to fight the spread of coronavirus, Ethiopia has instituted a mandatory quarantine of all passengers entering Ethiopia.
- Nine new rumors /alerts were received and all of them fulfill the suspected case definition
- There are a total of 178 suspected cases so far.
- 261 contacts of the confirmed cases have been identified and contact tracing is ongoing

## COVID-19 NATIONAL UPDATE

668,476

PASSENGERS SCREENED

ALL POEs Starting from 24 January 2020

12,245

PASSENGERS SCREENED  
FROM COVID-19 REPORTING COUNTRIES

1923

TRAVELERS

UNDER PHONE FOLLOW UP

309

RUMORS/alerts  
RECEIVED and INVESTIGATED

178

SUSPECTED CASES  
DETECTED

11

TOTAL CASE  
CONFIRMED

261

Contacts of the confirmed cases

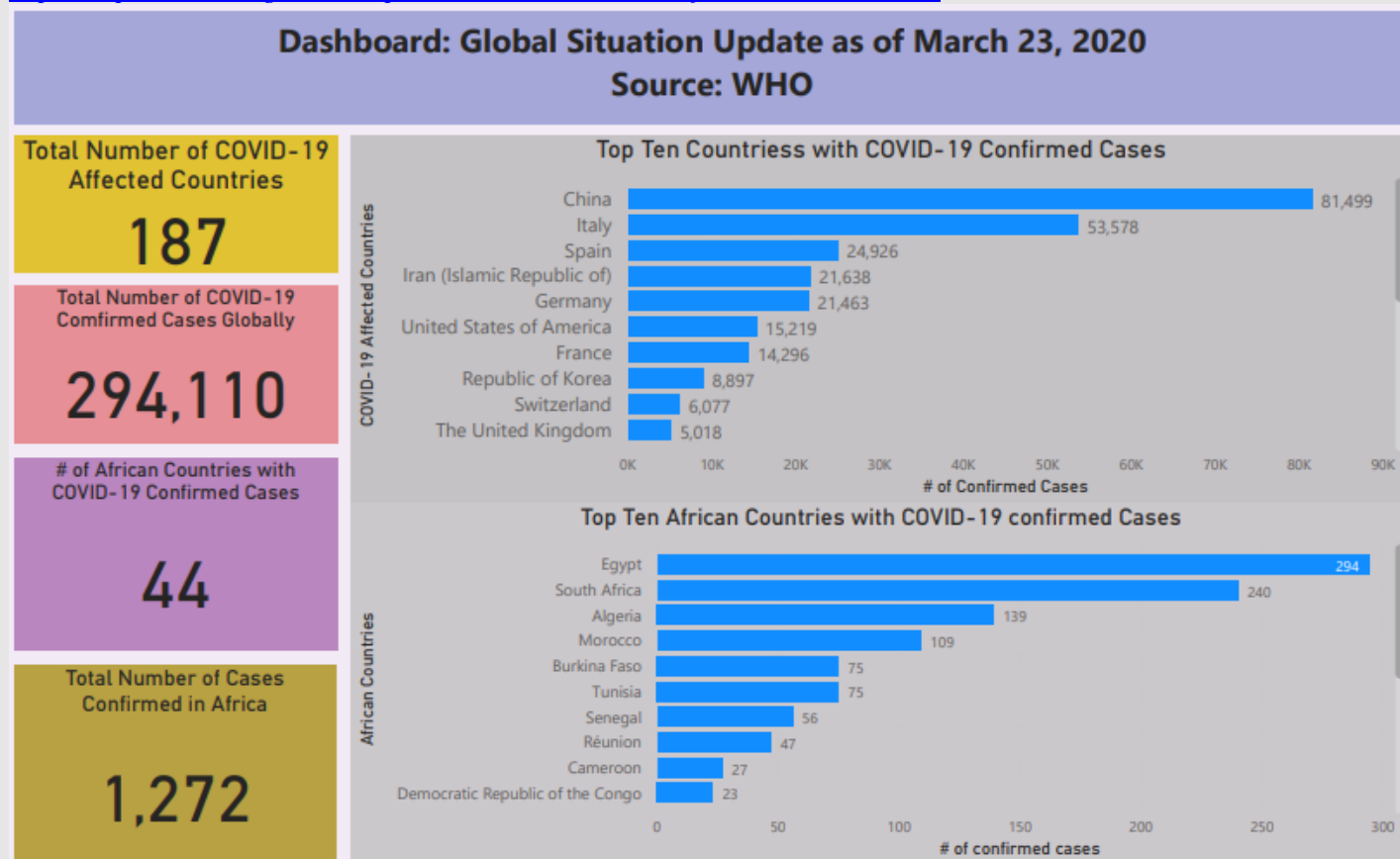
20

SUSPECTED CASES IN THE  
ISOLATION UNIT

# 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:

- Discussion was held with Agency for Refugees and Returnees Affairs on how to quarantine the new arrival asylum seekers/refugees and agreed on restriction of the movement of refugees to other places.
- Law enforcement actors were engaged to enforce the forced quarantine for all passengers arriving to Ethiopia
- COVID-19 surveillance platform for Ethiopia was developed by USAID support and will be launched by March 23, 2020
- Discussion has been undertaken with religious organizations regarding implementation of Prime Ministers decision; 31 participants have been engaged in the discussion.

### EPIDEMIOLOGY and LABORATORY SURVEILLANCE

#### CONFIRMED COVID-19 CASES

- As of March 23, 2020, eleven confirmed cases are detected in Ethiopia. Two of those cases were airlifted in collaboration with Japan Embassy. Others are currently under close medical follow up at the pre-designated isolation facility. One of the case is on oxygen treatment while others are in stable condition.

## Contact tracing and follow-up:

- So far, a total of 261 contacts are identified. 37 of them have completed the 14 days follow up so far; 3 contacts have returned back to Japan before completing the follow up.
- A total of seven individuals among the close contacts of the confirmed cases became symptomatic. Of these, four tested positive for COVID-19.

## Rumors collection and verification from all sources

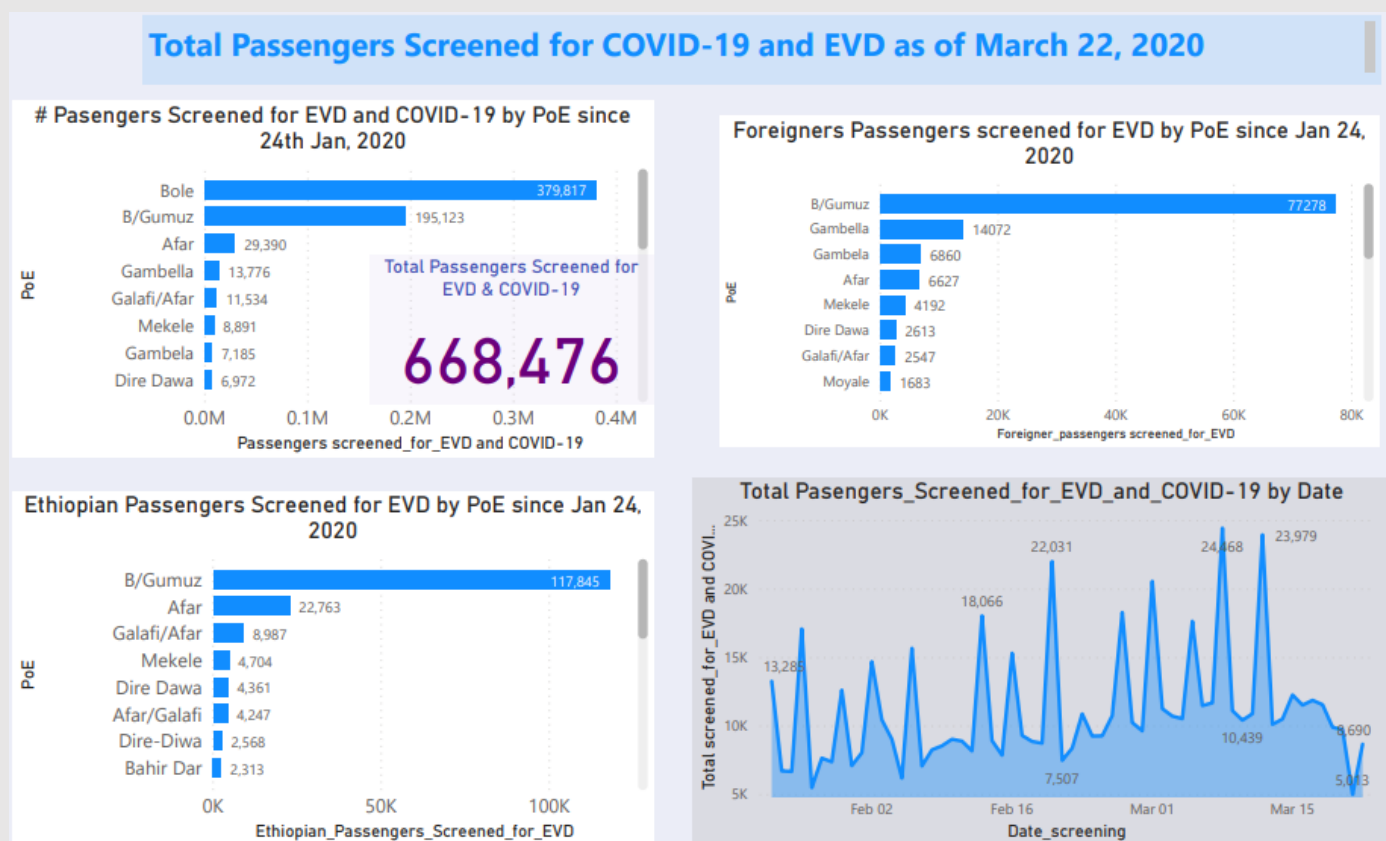
- Today, 9 new rumors/alerts received from all sources. All the alerts fulfilled the case definition of suspected case.
- So far, 309 rumors/alerts have been received and investigated. Of these, 178 rumors/alerts have fulfilled the case definition of suspected cases.
- On 23<sup>rd</sup> March 2020, a total of 6,240 COVID-19 related calls are received through toll-free call center.

## Phone Follow-Up of Travelers from Affected Countries

- As of the 23<sup>rd</sup> of March 2020:
  - 1923 travelers are under follow-up.
  - 731 (16 new) travelers that were under follow-up departed back.
  - 1,772 travelers (11 new) have completed 14 days of follow-up and graduated from follow-up.

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

- On the 22<sup>nd</sup> of March 2020; **383** travelers who have travel history to COVID-19 affected countries have been screened.



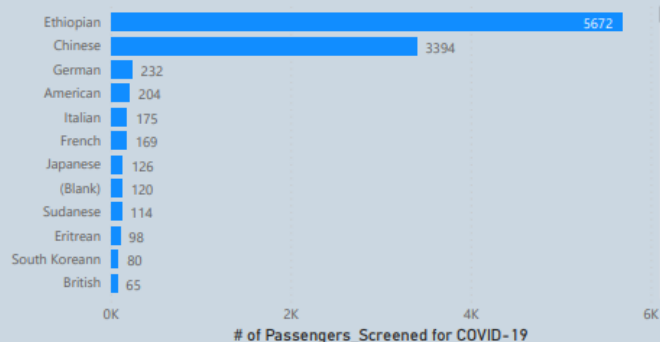
<sup>1</sup> The date is lagging one day back as most of the international flights are at night and the reports are compiled and count on the following date.

## Passengers Screened with Travel History of COVID-19 Affected Countries as of March 22, 2020

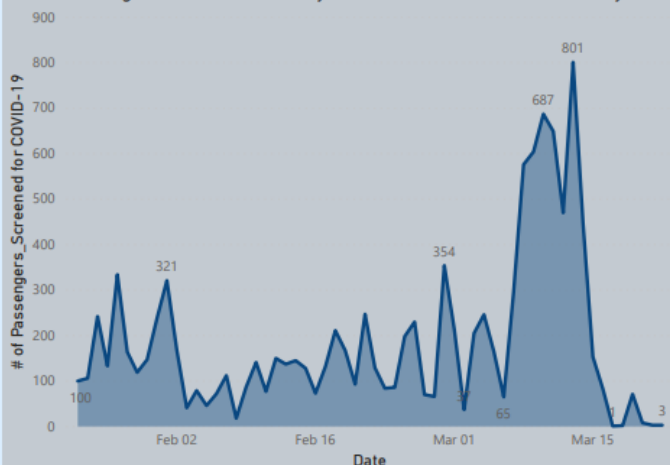
Total Passengers Screened for COVID-19 since Jan 24, 2020

12,476

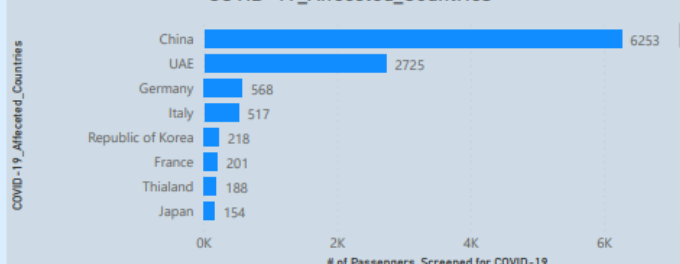
Screened Passengers by Nationality



# of Passengers with Travel History of COVID-19 Countries Screened by Date



# of Passengers Screened for COVID-19 by COVID-19 Affected Countries



## OTHER POEs RELATED ACTIVITIES

- Infrared thermo-meters calibration is finalized, distribution plan as per the need of the region prepared and provided for follow up purpose at the designated hotels
- Follow up team assigned to the designated hotels for passengers on quarantine and follow up started
- Discussion was held with Agency for Refugees and Returnees Affairs on how to quarantine the new arrival asylum seekers/refugees and agreed on restriction of the movement of refugees to other places.

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

- Additional hotels for forced quarantine identified
- Orientation for designated hotels staffs for forced quarantine of passengers arriving to Ethiopia provided
- PPE materials supported to designated hotels for forced quarantine of passengers arriving to Ethiopia
- Two confirmed Japanese cases are successfully airlifted in collaboration with Japanese Embassy
- Concept note prepared for engagement of private health care facilities.

## LOGISTICS, ADMINISTRATION AND RELATED ACTIVITIES:

- Quantification data of medical supplies is submitted for procurement.
- Three additional ambulances with drivers mobilized
- Distribution of PPEs to different government sectors/offices ongoing
- The necessary equipments for ambulance are collected from the EPSA
- PPEs support from Ministry of Agriculture is received

## RISK COMMUNICATION:

- Production of additional posters, stickers and business cards describing COVID-19 prevention and control measures are ordered; already printed business cards are redesigned and translated.
- Draft note for press conference is prepared
- Discussion has been undertaken with religious organizations regarding implementation of Prime Ministers decision; 31 participants have been engaged in the discussion.

## TRAINING AND ORIENTATION:

- Training on COVID-19 prevention and control is given for 29 professionals from sugar factories and Federal Prison Administrations. Well ventilated auditorium is used and physical distancing is being implemented as observed on the picture.



- Supervision is undertaken and orientation provided on COVID-19 IPC measures for Makedonia-Home for the Elderly and Mentally Disabled-residents.
- Orientation on passengers handling, started yesterday, provided for the staffs of the hotels selected as centers for mandatory quarantine of passengers coming from abroad.
- Orientation provided for Ethiopian News Agency (ENA) journalists.

## CASE DEFINITION OF COVID-19 AND DEFINITION OF CONTACTS<sup>2</sup>:

- WHO has updated the case definition:

### **Suspect case:**

- A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset. OR
- A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset; OR
- A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

### **Probable case:**

- A suspect case for whom testing for the COVID-19 virus is inconclusive.
- Inconclusive being the result of the test reported by the laboratory.

OR

- A suspect case for whom testing could not be performed for any reason.

### **Confirmed case:**

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

### **Definition of contact:**

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
2. Direct physical contact with a probable or confirmed case;
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR
4. Other situations as indicated by local risk assessments.

<sup>2</sup> The case definition and definition of contact is adopted from World Health Organization

**Note:** for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.

## **MEDIA / WEB SCANNING:**

### **News:**

- Ethiopia Closes Borders To Prevent Spread Of COVID19: (<https://www.fanabc.com/english/ethiopia-closes-borders-to-prevent-spread-of-covid19/>)
- Italy has moved to stop all domestic travel, as the country's death toll from COVID-19 climbed past 5,400. (<https://www.aljazeera.com/news/2020/03/italy-bans-internal-travel-stop-virus-spread-live-updates-200322235532945.html>)

### **Research findings:**

#### **Low-income countries: COVID-19 control**

- Border closures, social distancing and quarantine measures are being implemented in low-income countries (1).
- A draconian containment strategy may be useful for a limited time to allow countries to better prepare (1).
- Extreme population-wide social distancing and travel restrictions, if sustained over a long period,
  - o Could be very harmful for fragile, export-dependent economies and
  - o Stretch livelihoods beyond people's coping ability,
    - ❖ In turn dis-incentivizing adherence to control measures (1).
- Some interventions such as:
  - o Maintaining NCD, TB and HIV case detection and treatment coverage;
  - o Intermittent presumptive treatment to reduce other co-morbidities;
  - o Freeing up health care capacity by postponing non-essential services
    - ❖ Could help and should be pursued quickly (1).
- Scaling up intensive care to the levels required and isolation of cases in dedicated wards might offer neither clinical benefit nor meaningful transmission reductions given most transmission is attributable to low-risk infections(1,2,3) and high proportion of the infectiousness is spent pre-admission (4,5).
- Protecting the most vulnerable will be more impactful and efficient where dispersive strategies targeting the general population are difficult to implement and/or sustain (6, 7).
- In low-income or crisis-affected populations the high-risk definition could be extended to those aged 60 years or above and consider those living with TB or HIV, and malnourished adults, in the absence of evidence to the contrary (1).
- Any shielding strategy needs to be based on sound, locally informed behavioral science, monitored for effectiveness and undertaken simultaneously (1).
- It is imperative that low-resource countries plan and introduce evidence-based, long-term strategies to mitigate COVID-19 epidemics (1).
- Not all interventions are of equal value, and the opportunity costs of emphasizing one over the other should be considered. The price of inaction may be high (1).

#### **Smoking and COVID-19**

- Smoking rates in countries that report sizable outbreaks of covid-19 (e.g. China, South Korea, Italy) remain high at approximately 19-27% of the population (8).



- A study with a population of 1099 patients showed there were higher percentage of smokers among patients that needed ICU support, mechanical ventilation or had died, and a higher percentage of smokers among the severe cases (9).
- A systematic review found that smokers were 1.4 times more likely to have severe symptoms of COVID-19 and approximately 2.4 times more likely to be admitted to an ICU, need mechanical ventilation or die compared to non-smokers while calculating their published data (results are unadjusted for other factors that may impact disease progression) (10).

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**Call-Centers**  
**FOR MORE INFO and**  
**ALERT NOTIFICATION on**  
**COVID-19**



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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