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MINISTRY OF HEALTH-ETHIOPIA
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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), 25 March 2020)

25 March 2020

ISSUE
NO

62

HIGHLIGHTS

- So far, there are 12 confirmed COVID-19 cases detected in Ethiopia.
- H.E Prime Minister launched national resource mobilization committee.
- 51 new rumors /alerts were received. Of these, 16 of them fulfill the suspected case definition
- There is a total of 197 suspected cases so far.
- About 292 contacts of the confirmed cases have been identified

COVID-19 NATIONAL UPDATE

669,413

PASSENGERS SCREENED

ALL POEs Starting from 24 January 2020

13,194

PASSENGERS SCREENED

FROM COVID-19 REPORTING COUNTRIES

1023

TRAVELERS

UNDER PHONE FOLLOW UP

386

RUMORS/alerts

RECEIVED and INVESTIGATED

197

SUSPECTED CASES
DETECTED

12

TOTAL CASE
CONFIRMED

292

Contacts of the confirmed cases

13

SUSPECTED CASES IN THE
ISOLATION UNIT

COVID-19 GLOBAL UPDATE

Access link for WHO COVID-19 monitoring dashboard:

<https://experience.arcgis.com/experience/685d0ace521648f8a5beee1b9125cd>

Dashboard: Global Situation Update as of March 25, 2020 Source: WHO

Total Number of COVID-19 Affected Countries

195

Total Number of COVID-19 Confirmed Cases Globally

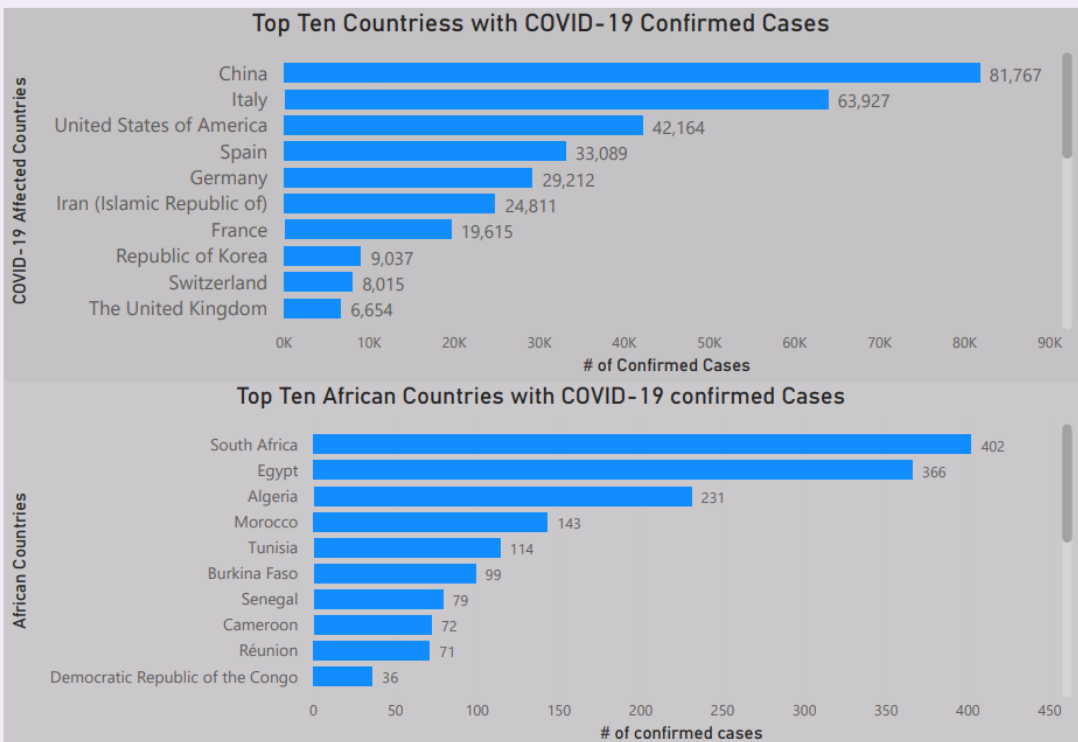
375,498

of African Countries with COVID-19 Confirmed Cases

45

Total Number of Cases Confirmed in Africa

1,935



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. 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:

- Sample collection from severe pneumonia cases to test for COVID-19 is started in selected referral hospitals.
- Daily morning briefing is ongoing keeping appropriate physical distancing.
- The emergency response plan is being revised considering the worst scenario called scenario 3.

EPIDEMIOLOGY and LABORATORY SURVEILLANCE

CONFIRMED COVID-19 CASES

- As of March 25, 2020, twelve confirmed cases are detected in Ethiopia. Ten of them are on medical care in stable condition and two cases were airlifted in collaboration with Japan Embassy.

Contact tracing and follow-up:

- So far, a total of 292 contacts are identified. 87 of these have completed the 14 days follow up; 3 contacts have gone back to Japan before completing the follow up.
- 218 contacts are under follow up currently

- A total of eight individuals among the close contacts of the confirmed cases became symptomatic. Of these, four tested positive, which are among the confirmed positive cases.

Rumors collection and verification from all sources

- Today, 51 new rumors/alerts received from all sources. 16 of the alerts fulfilled the case definition of suspected cases.
- So far, 386 rumors/alerts have been received and investigated. Of these, 197 rumors/alerts have fulfilled the case definition of suspected case.
- On 25th March 2020, a total of 6,024 COVID-19 related calls are received through toll-free call center. Of these calls, sixteen were rumors.

Phone Follow-Up of Travelers from Affected Countries

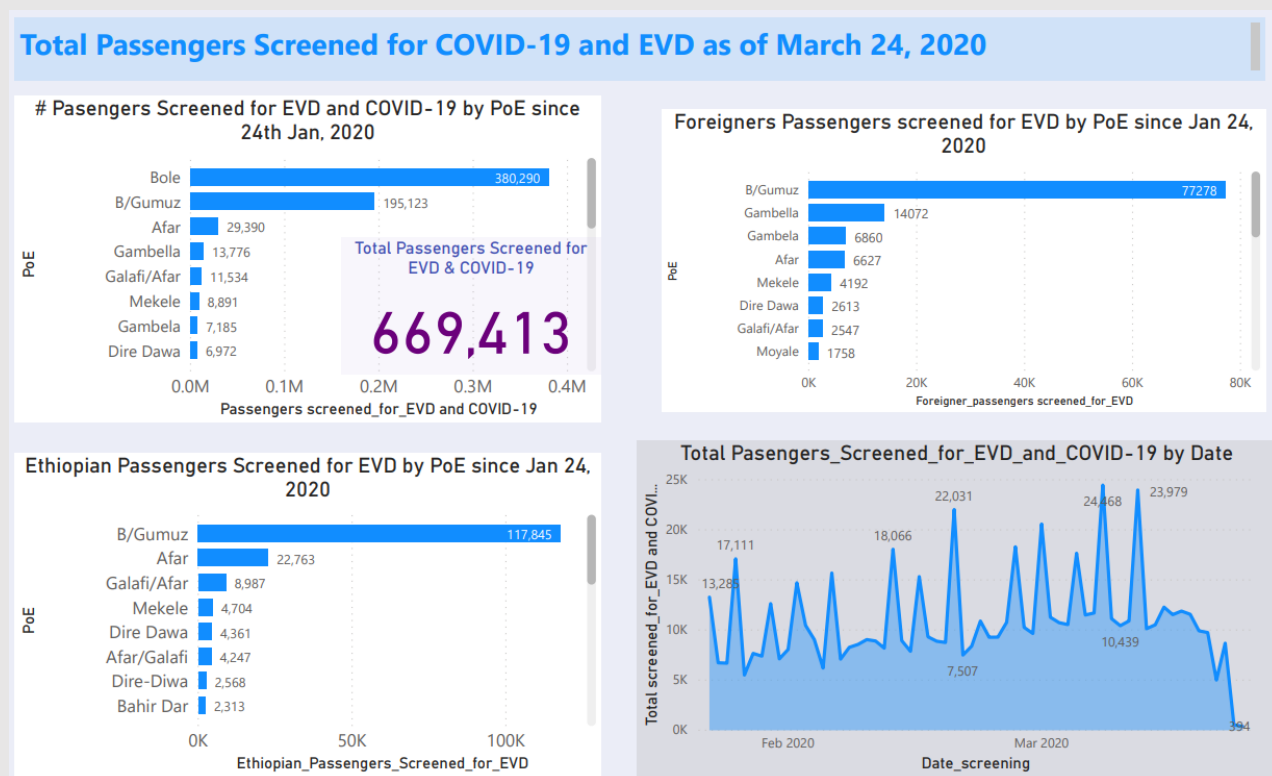
- As of the 25th of March 2020:
 - 1023 travelers are under follow-up.
 - 750 (15 new) travelers that were under follow-up departed back.
 - 1,831 travelers (28 new) have completed 14 days of follow-up and graduated from follow-up.

Quarantined passengers follow up:

- Passengers are being mandatorily quarantined since March 24, 2020, in a designated hotels and school. So far 266 (106 quarantined today) passengers are under mandatory quarantine and follow-up.
 - No alert case has been identified among the passengers under mandatory quarantine and follow-up.

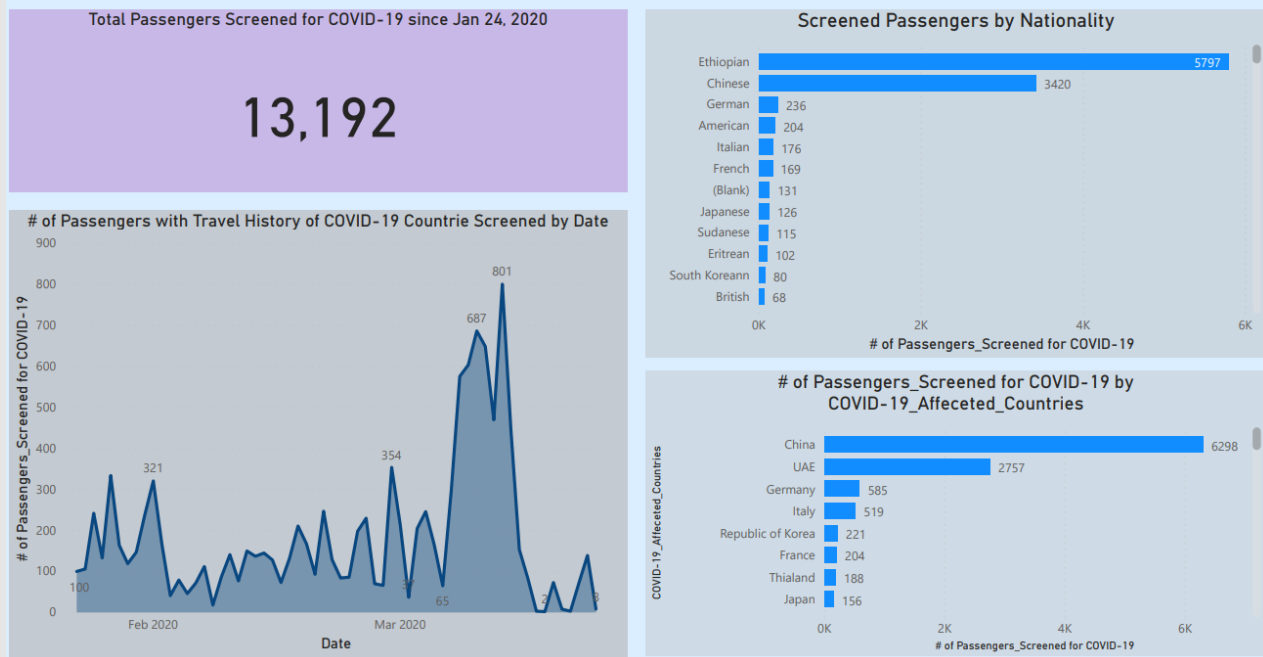
PASSENGERS SCREENING¹

- On the 24th of March 2020; **222** travelers who have travel history to COVID-19 affected countries have been screened.



¹ 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 24, 2020



OTHER POEs RELATED ACTIVITIES

- A total of 14 follow up teams were oriented and made ready for follow up of the quarantined passengers.
- Two follow up teams, each containing one physician and one nurse were assigned to Elianna and Bon Plaza Hotels.
- A total of 88 and 18 passengers arrived at BIA during the day shift were put under mandatory quarantine at designated hotels and Kokebe Tsibah School respectively.
- 12 of 160 passengers at Ghion Hotel and all passengers at Skylight were followed up by temperature checking.

CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL (IPC):

- Case management and other four protocols were sent to health facilities.
- 6 suspected cases are admitted today; 1 initially suspected case is discharged after laboratory test became negative.
- There is a total of 13 suspected cases waiting for their laboratory result in Eka Kotebe treatment center.

LOGISTICS, ADMINISTRATION AND RELATED ACTIVITIES:

- Though distribution of supplies donated by the Jack Ma donation for Africa countries ongoing, there are delays for 17 countries due to flight cancellations.
- COVID-19 case management kit is prepared.

RISK COMMUNICATION:

- There is routinely ongoing media scanning
- Press conference conducted

TRAINING AND ORIENTATION:

- Orientation is given for the intercontinental hotel staffs on physical staffing
- Training for the internal medicine, emergency medicine and critical care residents and postgraduate critical care students is ongoing.



MEDIA / WEB SCANNING:

News:

- Prime Minister Launches National Resource Mobilization Committee: (<https://www.fanabc.com/english/pm-launches-national-resource-mobilisation-committee-for-covid-19-emergency-preparedness/>)
- Spain has recorded more than 700 deaths over the past 24 hours, surpassing China in the total death toll, making the country now second to only Italy. (<https://www.aljazeera.com/news/2020/03/india-joins-coronavirus-lockdown-warns-live-updates-200325000843329.html>)

Strategies for Optimizing the Supply of Facemasks:

- Three general strata are classified to help manage a sudden and unexpected increase in patient volume.
 1. **Conventional Capacity Strategies:** patient care without any change in daily practices
 - Use facemasks according to product labeling and local, state, and federal requirements.
 2. **Contingency Capacity Strategies:** may change daily standard practices but may not have any significant impact on care given to patient or on safety of healthcare personnel (HCP).
 - Facemasks can be available to symptomatic patients upon check in at entry points.
 - Implement extended use of facemasks:
 - Wear the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.
 - The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
 - HCP must not touch their facemask. If they touch it they must immediately perform hand hygiene.
 - HCP should leave the patient care area if they need to remove the facemask.
 - Restrict facemasks to use by HCP: have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.
 3. **Crisis Capacity Strategies:** are not proportionate with standards of care. These measures may need to be considered during periods of known facemask shortages.
 - Use facemasks beyond the manufacturer-designated shelf life during patient care activities.
 - Implement limited re-use of facemasks: i.e. by one HCP for multiple encounters with different patients but removing it after each encounter.
 - HCP should leave patient care area if they need to remove the facemask.
 - Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage.

- The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
- Prioritize facemasks for selected activities
- When No Facemasks Are Available, Options Include
 - Exclude HCP at higher risk for severe illness of COVID-19 from contact with known or suspected COVID-19 patients.
 - Designate recovering HCP for provision of care to known or suspected COVID-19 patients
 - Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed
 - Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.
 - Consider use of convenient patient isolation rooms for risk reduction.
 - Portable fan devices with high-efficiency particulate air (HEPA) filtration that are carefully placed.
 - Consider use of ventilated headboards
 - HCP use of homemade masks (e.g. Bandana, scarf) as a last resort
 - Homemade masks are not considered PPE.
 - Homemade masks should ideally be used in combination with a face shield that covers the entire front.

Source: Strategies for Optimizing the Supply of PPE. National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases, Centers for Disease Control and Prevention; available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

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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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