

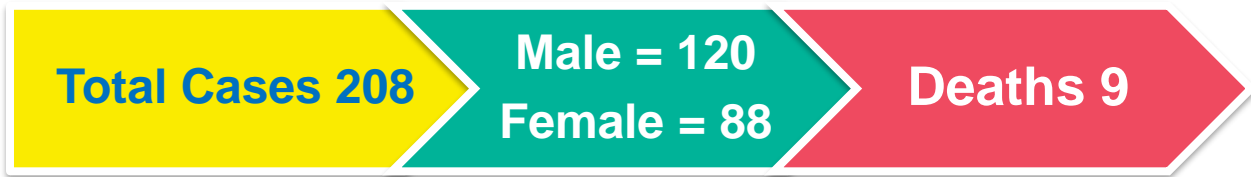


COVID-19 OUTBREAK IN KENYA

DAILY SITUATION REPORT - 027

1. KEY HIGHLIGHTS

1. **Eleven new** confirmed COVID-19 cases were reported in the last 24 hours bringing the total number of confirmed cases in Kenya **to two hundred and eight (208) cases** as of April 13, 2020. Four of the new cases have history of travel to the United Arab Emirates. The new cases have been reported from **Nairobi (4), Mombasa (3) and Mandera (4) Counties**.
2. One death of a 48-year-old male in Nairobi County reported in the last 24 hours bringing the total deaths to **nine with CFR of four percent**.
3. As of today, **11 counties** have reported cases namely: Nairobi (151), Mombasa (32), Kilifi (9), Nakuru (2), Kitui (2), Kajiado (2), Kwale (1), Kakamega (1), Mandera (6), Uasin Gishu (1) and Siaya (1).
4. **Seventy-four (36 percent)** of the 208 confirmed cases are local transmissions.
5. **A total of 2,308 contacts** have been registered, of which **1,706** of them have completed the mandatory 14 days follow up and have been discharged from daily follow up. **Six hundred and two (602)** contacts are under follow up
6. **Thirteen** alerts were received today- Nairobi-12 and Kiambu-1.
7. **Five hundred and twenty-eight (528)** contacts were traced today. **Seventy-four (74)** contacts were not traced today.
8. In the last 24 hours, **674 samples** were tested across various laboratories of which **11 samples** turned positive for COVID-19.
9. As per **H. E. The President's directive** issued on the 6th April, restricted movement in and out of the counties of Nairobi metropolis, Mombasa, Kilifi and Kwale has taken effect from 8th April 2020 for the next 21 days.



1.1 Epidemiology

Since 13 March 2020 when the first case was confirmed in Kenya, a total of 208 confirmed cases have been line listed. Of these, 134 (64 percent) were imported cases and 74 cases (36 percent) are local transmissions. Nine deaths, all Kenyan citizens, have been reported so far: -two females and seven males (Fig 5). The epi-curve (Fig 1) below shows both categories of populations; quarantine individuals in Nairobi (majority being asymptomatic) and within the community. Mandatory quarantine was instituted on 25 March 2020 with testing of all quarantined people starting on 29 March 2020.

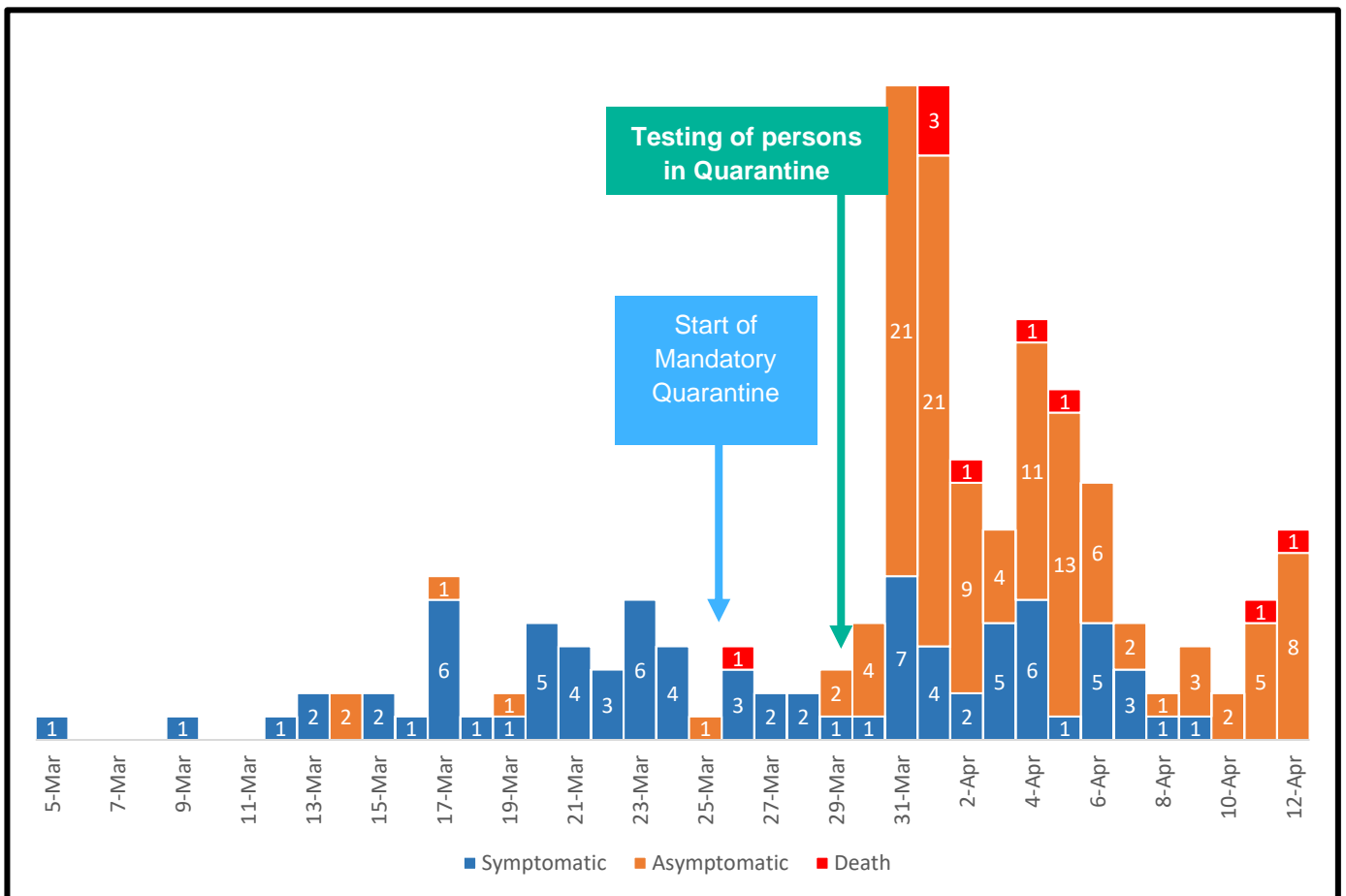


Figure 1 EPI Curve of COVID-19 Outbreak Kenya



1.2 Distribution of confirmed COVID-19 cases by presentation

Of the 208 confirmed cases, 91 cases (44 percent) presented with symptoms (fig 2) with fever (55 percent) and cough (48 percent) being predominant presenting symptoms (Fig 3).

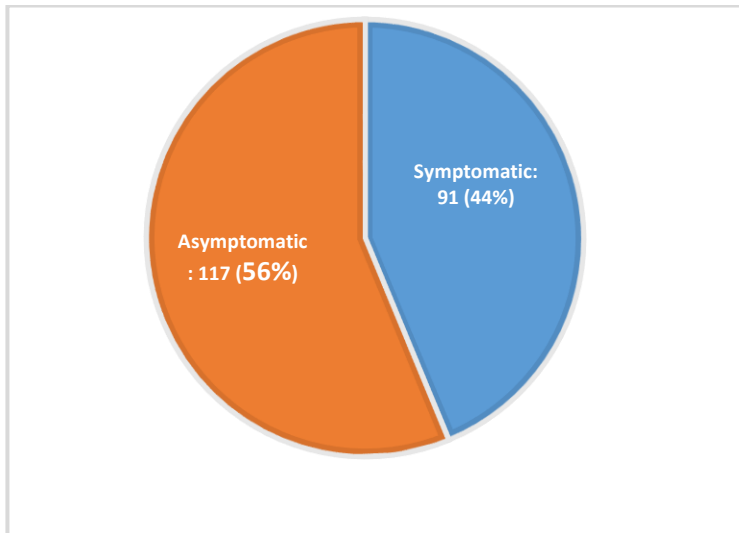


Figure 2 Distribution of confirmed COVID-19 cases by presentation

1.3 Distribution of confirmed COVID-19 Cases by symptoms

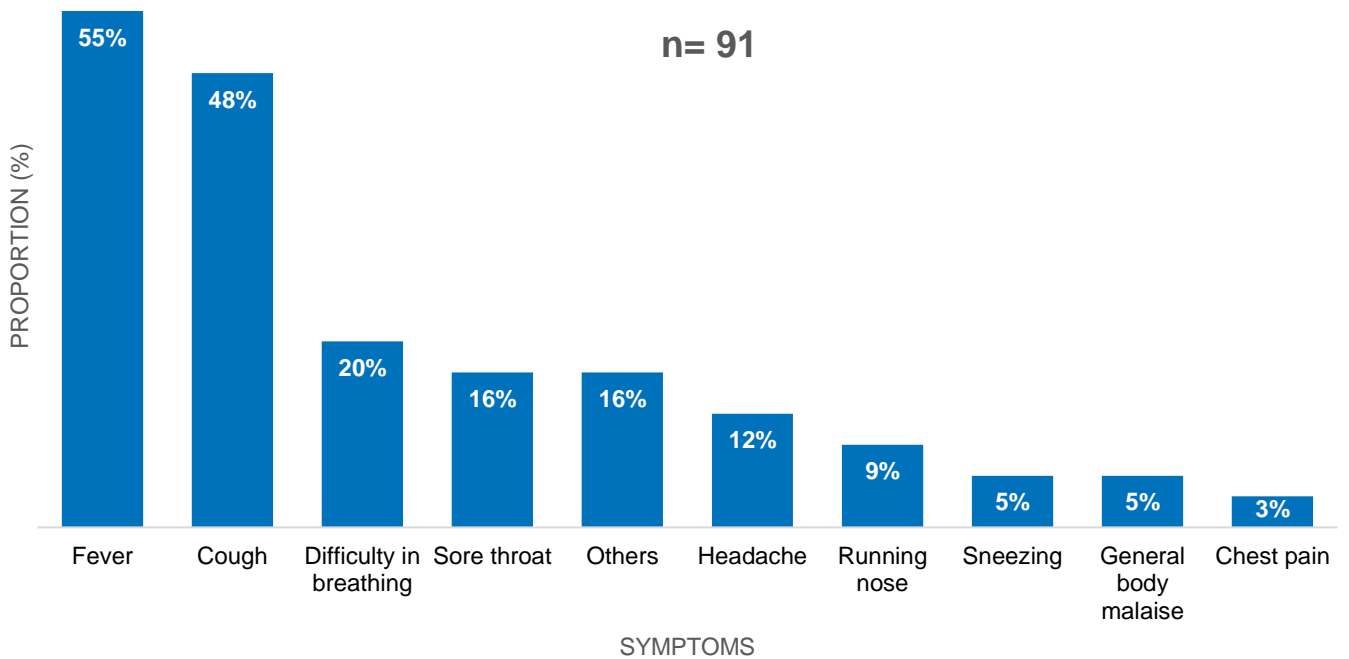


Figure 3 Distribution of confirmed COVID-19 Cases by symptoms



1.4 Age and Sex Distribution of COVID confirmed cases

One hundred and twenty cases (58 percent) are males and 88 (42 percent) are females. The majority, 134 (64 percent) are in the age group of 30-59 years. The figure below shows age and sex distribution of Covid-19 cases (Fig 4).

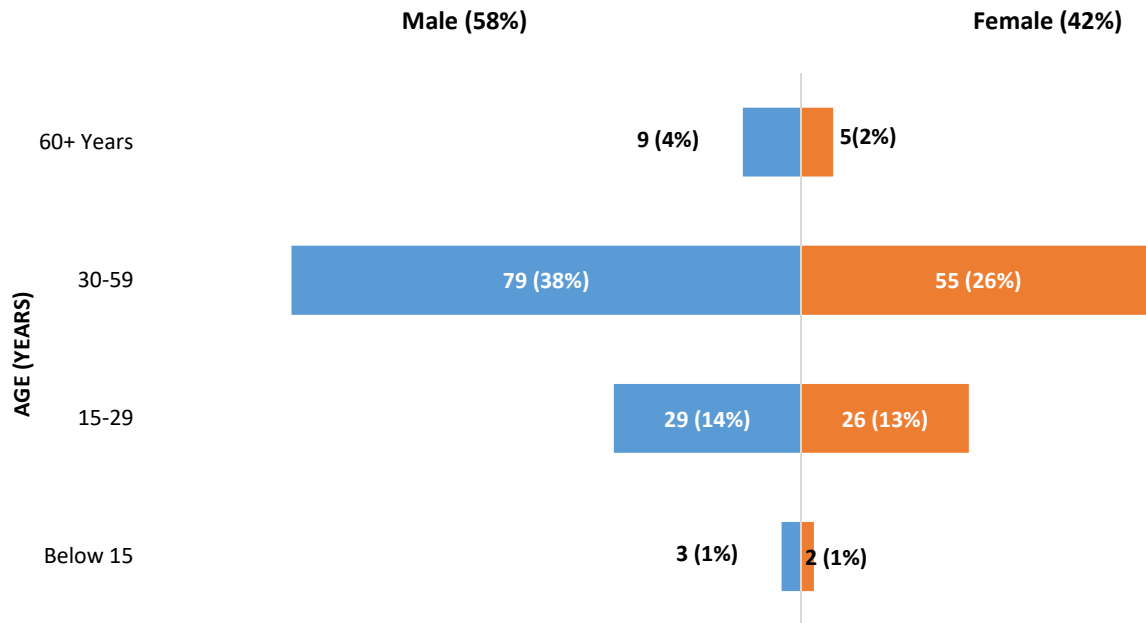


Figure 4 Age and Sex Distribution of COVID-19 Cases Kenya

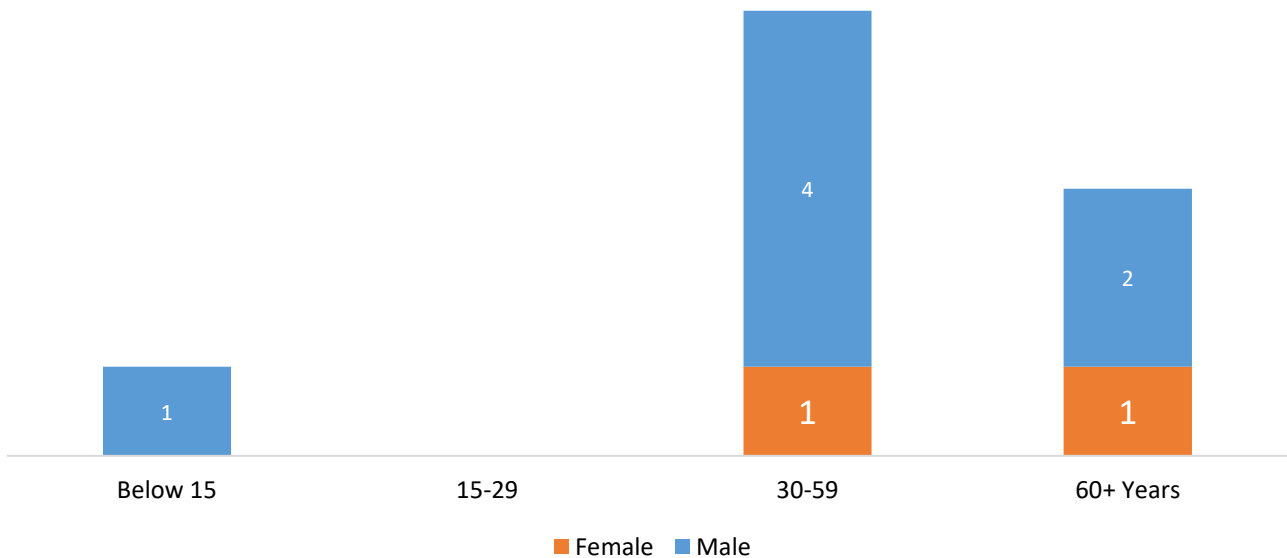


Figure 5 Distribution of case fatality by age and sex



1.5 Distribution of confirmed COVID-19 Cases by County and transmission classification

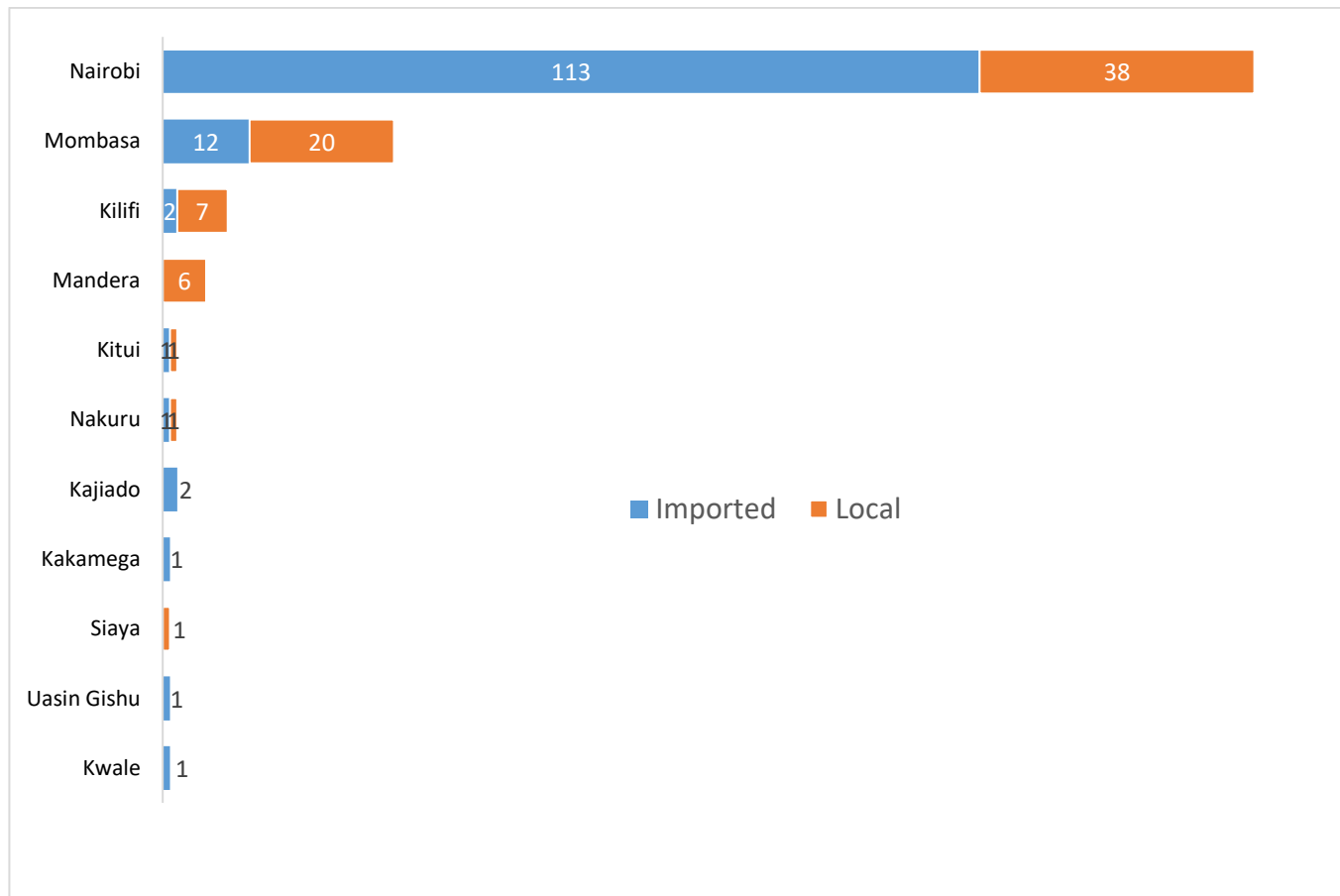
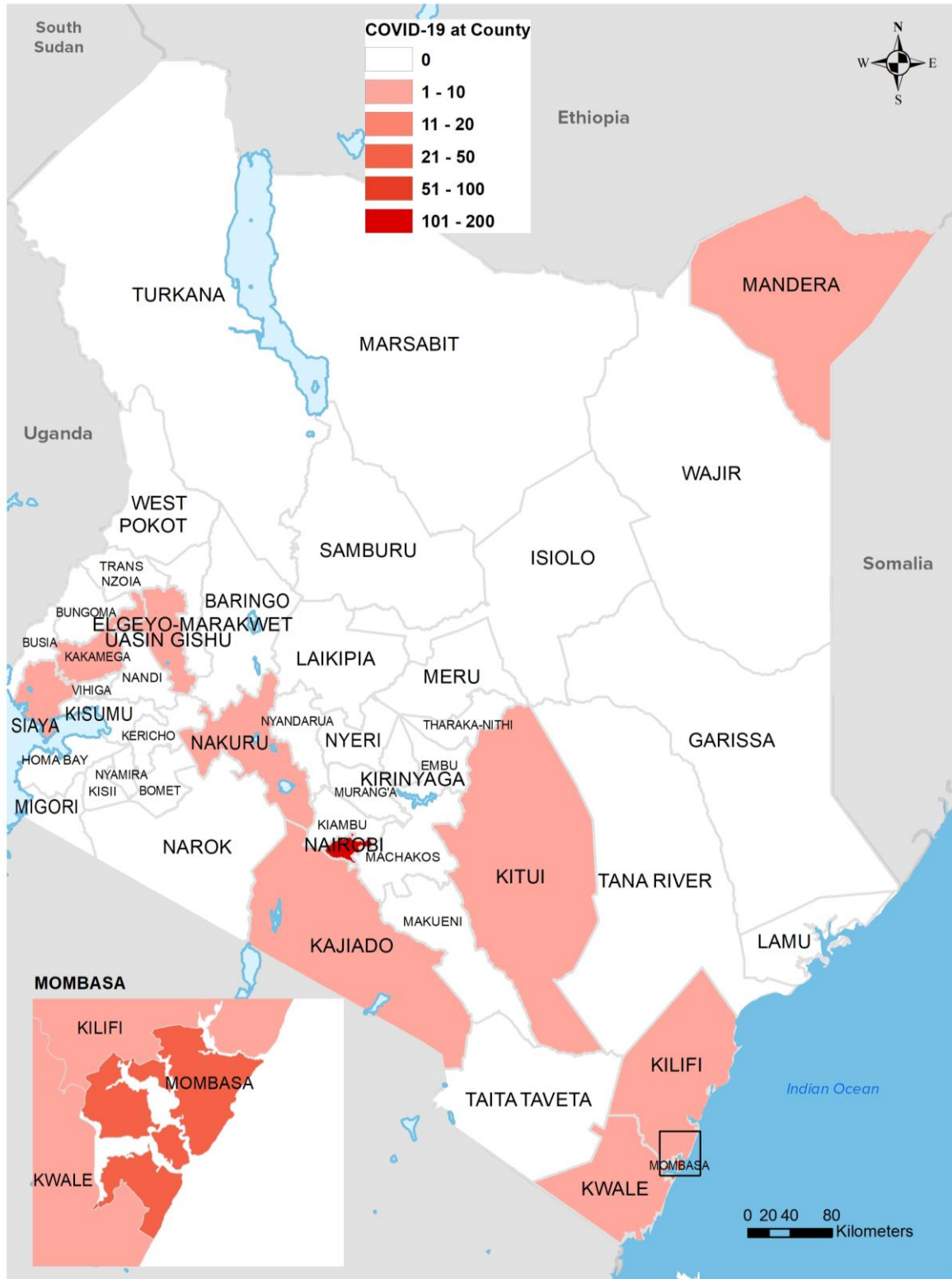


Figure 6 Distribution of confirmed COVID-19 Cases by County and transmission classification



1.6 Map of Kenya showing distribution of confirmed COVID-19 cases by county



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Figure 7 Distribution of confirmed COVID-19 cases by county



DATA AS REPORTED BY 1700 HOURS 13 APRIL 2020

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1.7 Contact follow-up per case since tested positive

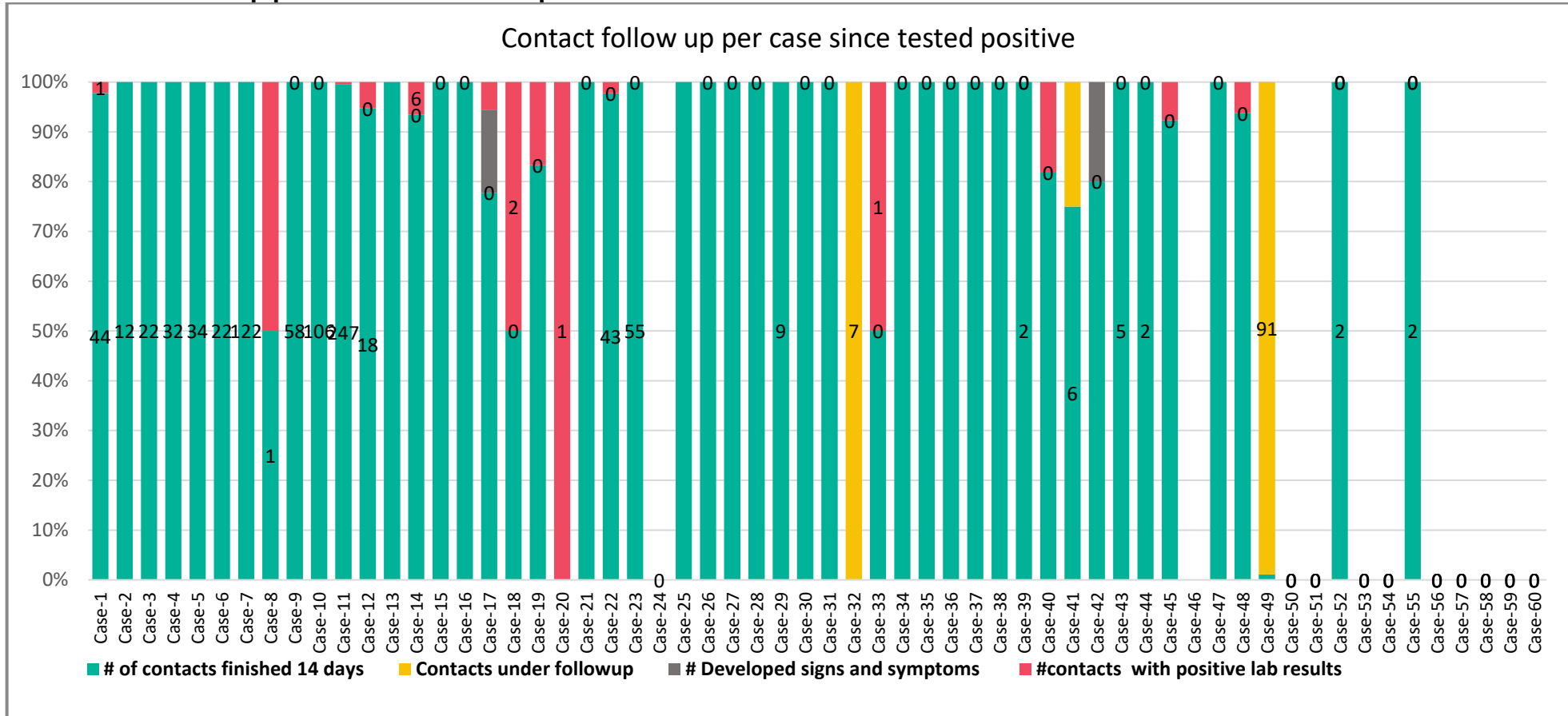


Figure 8 Contact follow up case 1 – 60



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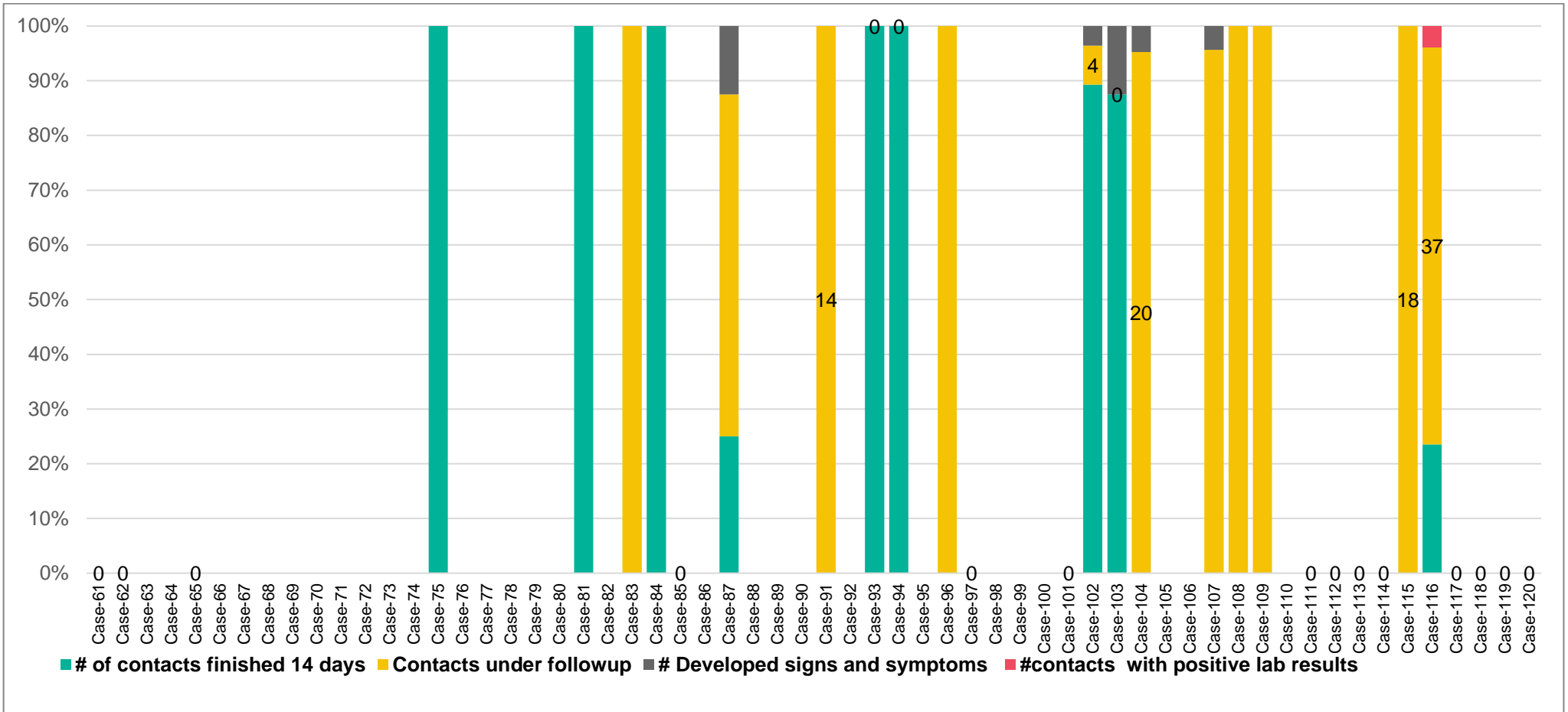


Figure 9 Contact follow up case 61 – 120

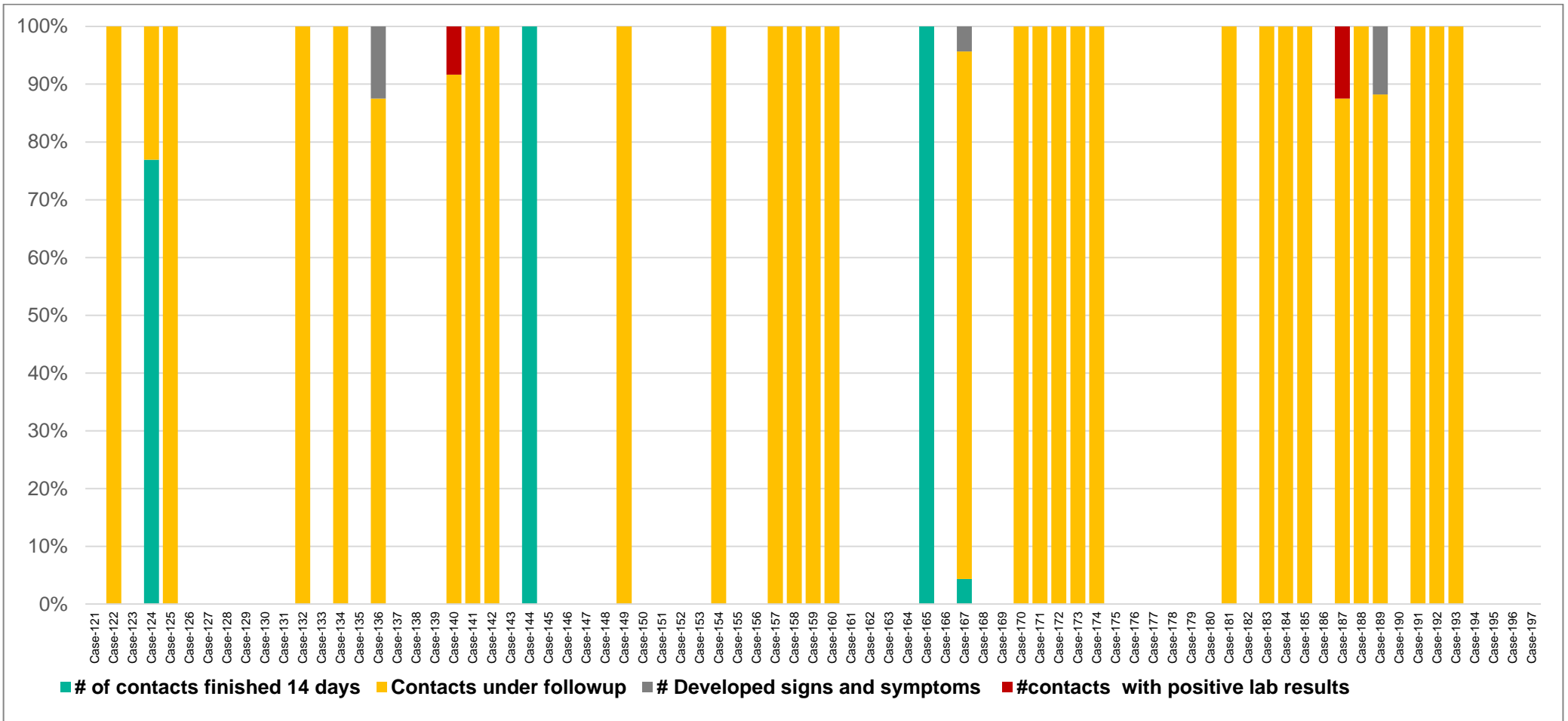


Figure 10 Contact follow up case 121 – 197



1.6 Status of contract tracing as at today

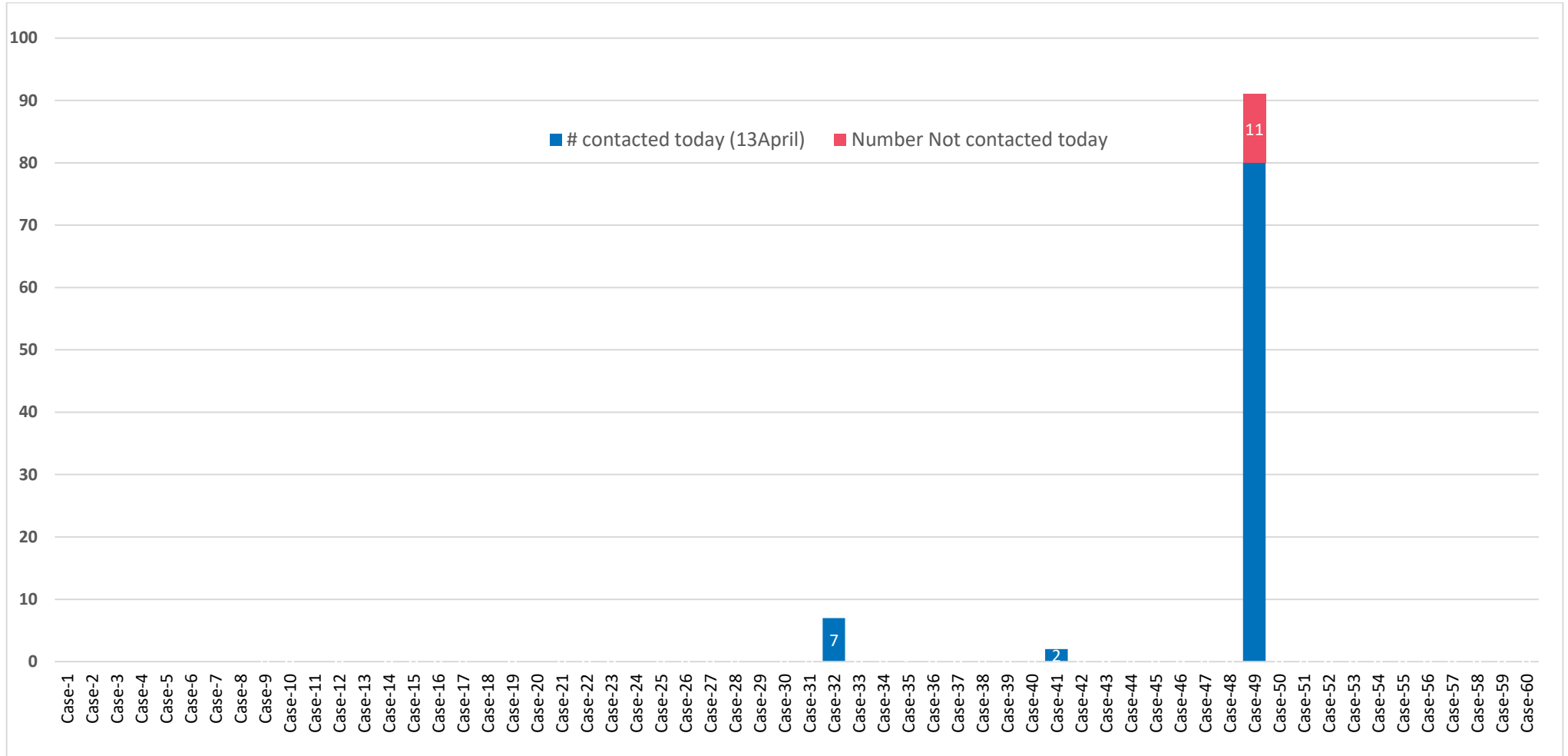


Figure 11 Status of contact tracing as today case 1-60



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DATA AS REPORTED BY 1700 HOURS 13 APRIL 2020

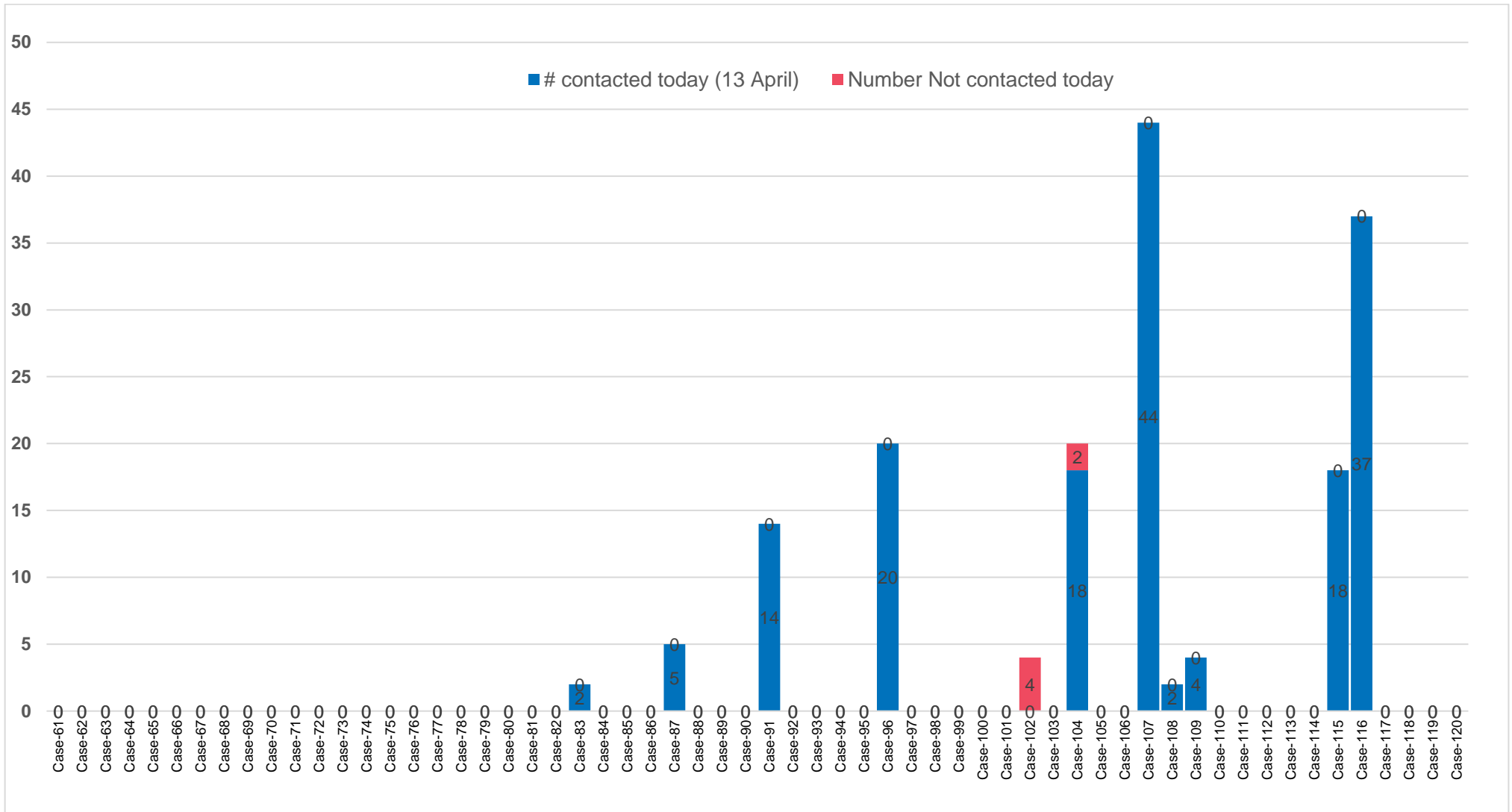


Figure 12 Status of contact tracing as today case 61-120

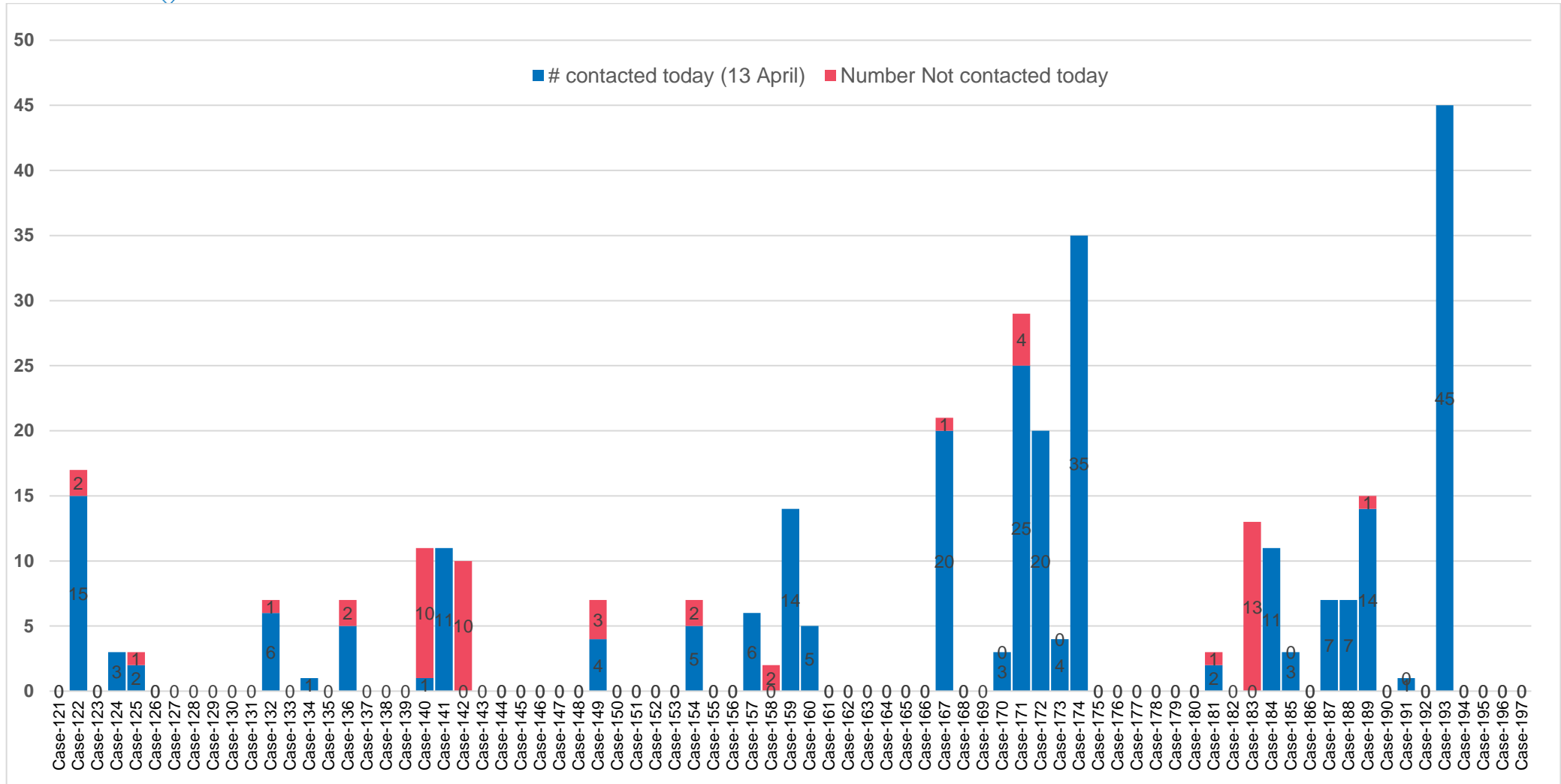


Figure 13 Status of contact tracing as today case 121-197



MINISTRY OF HEALTH

2.0 KEY ACTIONS

2.1 Coordination

- The National Emergency Response Committee involving other sectors outside of health e.g. security, transport, education, finance, trade and chaired by the Cabinet Minister of Health and the MOH incident management team continues to meet regularly.
- Flash Appeal USD 267 million was launched by the Cabinet Secretary of the National Treasury and the Resident Coordinator on 3rd April 2020 targeting 10.4 million persons in need of support for COVID-19, floods, food insecurity and refugees.
- The Kenya Humanitarian Partners (KHPT) is activating the eight operational hubs across the country to support national and county government in coordination of the non-state actors including International Red Cross, Kenya Red Cross Society, ACF, Médecins Sans Frontières, Save the Children and the key UN Agencies.

2.2 Case Management and Infection Prevention & Control

- Hospitals currently providing case management in isolation units for the confirmed COVID-19 cases are :
 - In Nairobi: Kenyatta National Hospital, Mbagathi County Hospital, Nairobi Hospital, Aga Khan University Hospital, MP Shah Hospital, Avenue Hospital and Kenyatta University Teaching Referral and Research Hospital.
 - In Mombasa: Mombasa County Referral Hospital, Aga Khan Hospital and Premier Hospital.
 - In Nakuru : Nakuru County Referral Hospital
 - In Mandera : Mandera County Referral Hospital
- Training of health care workers on case management is ongoing in different counties.
- 42 National RRT and Contact tracing teams were sensitized on COVID-19. National trainings targeting 94 county officers planned to start on 15th of April.

2.3 Risk Communication

A. Daily press briefing by the cabinet Secretary for Health continues

B. Messaging & Material

- Interactive voice response (IVR) The Safaricom supported system IVR Hits since the first case was reported on 13th March 2020 hit 1,700,000 with 1,200,000 users going through the complete menu interactions.
 - IVR Calls were 169,000 with 154,000 calls being answered.
 - A total of 2,043 calls transferred for further action to NASCOP. Yesterday, 21,000,000 people have accessed COVID-19 educative information through USSD (*719#).
 - Yesterday 1698 calls were received with 209 transferred as follows: (169 calls to NASCOP, 40 to KRCS and 51 didn't provide information to agents).
 - 70% of respondents were male while 30% were female.
- Most calls came from Nairobi, Mombasa and Kakamega. Those who were reporting themselves as suspect cases reporting the following symptoms: Cough, fever, cold, headache among others.
- Mass media: public awareness on COVID-19 has continued through dissemination of key messages through the mainstream media both Radio and Television and print media

C. Community Engagement

- Advocacy, communication and social mobilisations activities are ongoing in all counties coordinated by Health promotion officers and community strategy focal points.

3.0 CHALLENGES

3.1 Coordination

- Suboptimal coordination between National Task Force and County Governments.

3.2 Case Management and Infection Prevention & Control

- Inadequate number of trained and skilled health care workers on case management, IPC and response in the event of large-scale outbreak.
- Lack of adequate essential supplies (personal protective equipment) and life saving basic equipment in the event of a large-scale outbreak.
- Need to provide accomodation for the entire Public Health Emergency Centre team in a hotel for the period of the response as an IPC precautionary measure.

3.3 Surveillance and Laboratory

- Suboptimal contact tracing observed at county level.
- Need to optimize utilization of the integrated data management system in investigation of all alerts, contact tracing and follow – up at the sub – national level (counties and sub – counties).
- In addition to the daily IMT meeting, the WHO IMT had a second meeting in the afternoon to analyze the contact tracing data and information. Below are some of the challenges which will be addressed
- it is still difficult to tell whether the number of contacts in self isolation and mandatory quarantine facilities. Reported that the teams managing quarantine facilities are totally different from contact tracers and not responsible to EOC hence can only be accessed through Director General of Health. Noted that once a contact is taken to mandatory quarantine facility, they cut off contact with contact tracers
- Low alerts reporting highlights weak preparedness level by counties to adequately detect and respond to COVID-19 Cases. There is an urgent matter that must be taken up by all counties to strengthen their readiness
- MOH to follow up with counties to undertake further investigations to establish epidemiological linkages with existing listed cases and if no progress is made on this front, these cases be pronounced as locally transmitted cases. Nairobi Transmission chain yet to be designed though noted the complexity on Nairobi cases and contacts

4.0 NEXT STEPS

- Training of 97 health workers from the 47 county teams on rapid response and contact tracing is planned to start on Wednesday, April 15, 2020 in ten locations across the country. This will address the gaps currently being encountered. WHO is funding the training and also providing technical support. Prior to departure, the facilitators will be briefed on the identified gaps for their incorporation into the training agenda.

Emergency Operation Center:

Telephone: 0729 471 414, 0732 353 535, 0800 721316(Toll Free)

COVID-19 Call center: *719# (short message only), 719 (Audio)

Email: manager.eockenya@gmail.com