

n (death) = 6

# Ministry of Health and Sports (Myanmar) Department of Public Health Central Epidemiology Unit

(11 May 2020)

#### Situation Report - 34

#### **Coronavirus Disease 2019 (COVID-19)**

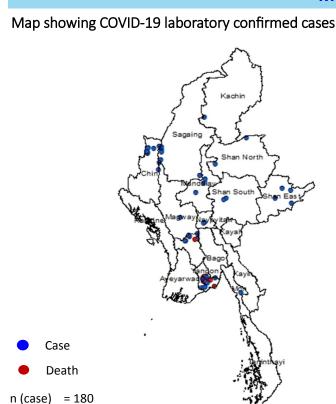
Data as reported by States and Regions by 10:00 PM MST 10 May 2020

#### **Global Situation**

(according to WHO situation report - 111, data as of 14:30 MST 10 May 2020)

Confirmed cases	Deaths
3,917,366	274,361

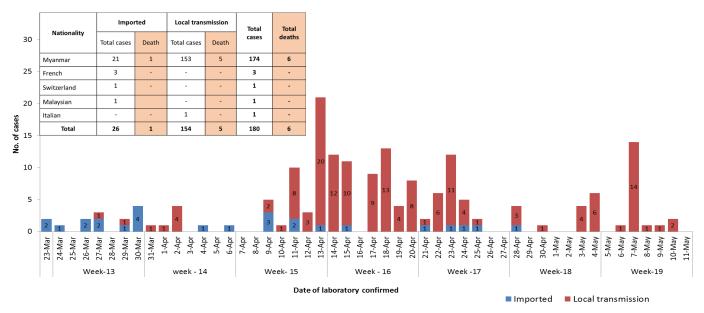
#### **Myanmar**

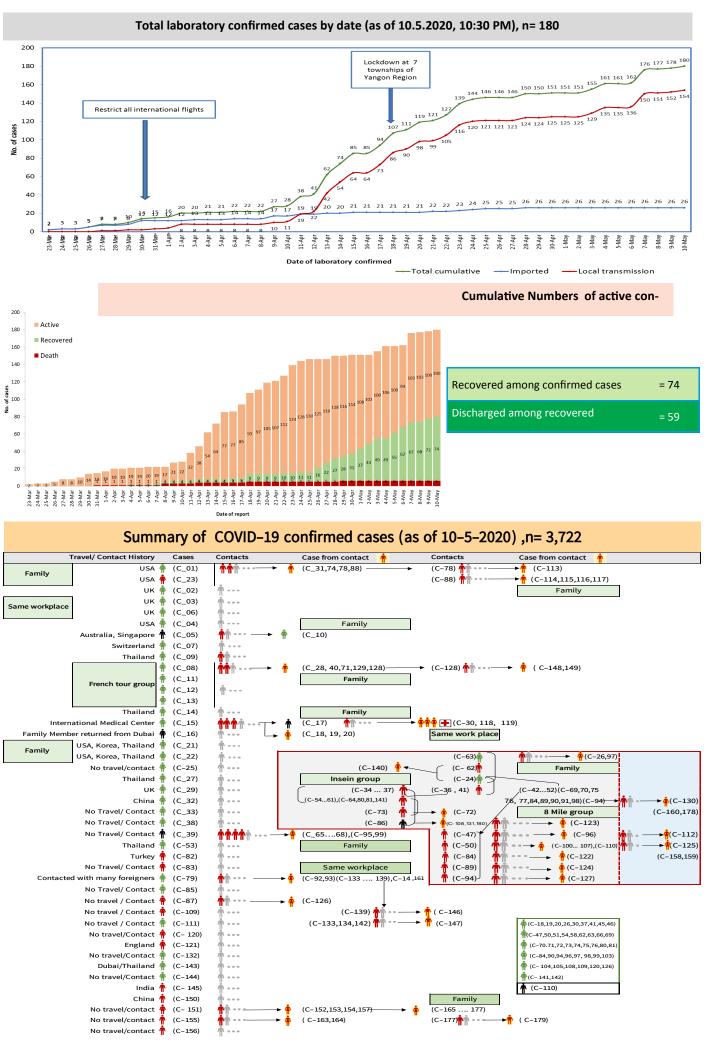


(as of 10-5-2020, 10:00 PM)						
11,482						
Neg	ative	Po	sitive Recovered		Deaths	
11,	,302	1	L80		74	6
No.	State/R	egion	COVID - Confirmed		Recovered	l Deaths
1.	Yangon		145 (2 1	new)	58 ( 1 new	) 5
2.	Bago		7		4 ( 1 new)	1
3.	Sagaing		7		1	-
4.	Chin		6		1	-
5.	Shan(East)	)	3		2	
6.	Mandalay		3	3		-
7.	Shan(Sout	th) 2			1	-
8.	Shan(Nort	orth) 2			1	
9.	Naypyitaw	1	2		1	-
10.	Mon		1		1	-
11.	Magway		1		1	-
12.	Kachin		1		1	
13.	Kayar		-		-	-
14.	Rakhine		-		-	-
15.	Ayeyarwa	ddy	-		-	-
16.	Kayin		-		-	-
17.	Thanintha	ryi	-		-	-
<b>Total</b> 180 ( 2 new) 74 ( 2 new) 6			) 6			

Total tested Specimen for COVID-19

COVID-19 confirmed cases by date of laboratory confirmation (as of 10-5-2020,10:00 PM) n=180





Summary of situation (9.5.2020– 10.5.2020)			
Туре	New	Total (as of 10.5.2020)	
Suspected and Person Under Investigation (PUI)	78	3,835	
Hospital Quarantine	13	81	
Facility Quarantine	3,026	59,262	

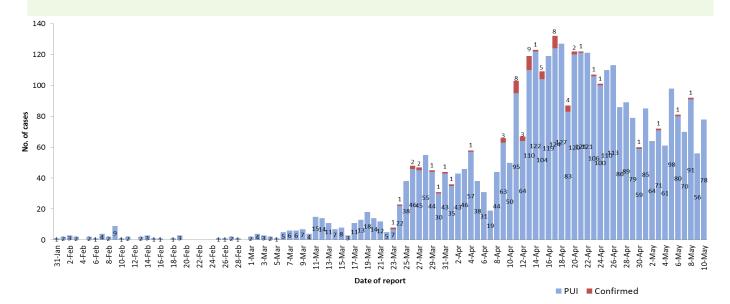
Person under Investigation (PUI) by State/Region hospitals (31.1.2020 – 10.5.2020) n= 3,835

#### Summary of Facility Quarantine List (as of 10.5.2020)

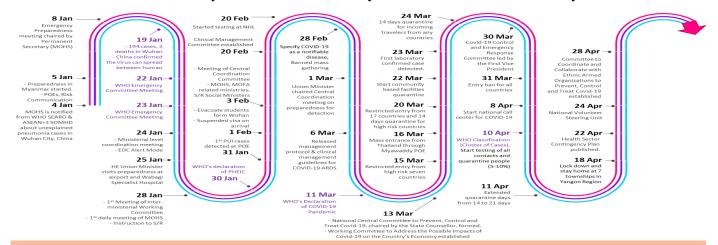
No.	State/Region	PUI	
1.	Yangon	1920	
2.	Mandalay	658	
3.	Bago	160	
4.	Shan (N)	152	
5.	Mon	136	
6.	Magway	133	
7.	Kayin	128	
8.	Shan (E)	82	
9	Ayeyarwaddy	82	
10.	Shan (S)	71	
11.	Sagaing	66	
12.	Kayah	60	
13.	Naypyitaw	58	
14.	Tanintharyi	46	
15.	Rakhine	43	
16.	Kachin	25	
17.	Chin	15	
	Total	3,835	

No.	State/Region	No. of facilities	Total no. of quarantine people
1.	Sagaing	2,069	10,668
2.	Magway	2,661	10,349
3.	Ayeyarwaddy	1,493	7,589
4.	Mandalay	1,077	7,101
5.	Kachin	569	6,723
6.	Rakhine	438	3,694
7.	Bago	509	3,245
8.	Shan (N)	326	2,487
9	Yangon	47	1,803
10.	Naypyitaw	19	1,560
11.	Shan(S)	114	1,018
12.	Tanintharyi	134	985
13.	Shan (E)	39	713
14.	Chin	30	379
15.	Kayin	76	374
16.	Kayah	18	309
17.	Mon	35	265
		9,654	59,262

COVID-19 laboratory confirmed cases among PUI by date of report(31.1.2020-10.5.2020),n(PUI)= 3,835, n (confirmed)=62



### Timeline of Preparedness and Response to COVID-19 in Myanmar



## Identifying the contacts (Reference; WHO) (10.5.2020)

To identify contacts, a detailed case investigation and interview with the COVID-19 patient or their caregiver are needed and can be found here. Table 1 provides examples of ways contact tracing teams can identify contacts in various settings. Public health officials will need to identify contacts depending on the local context and culturally appropriate measures.

Table 1: Examples of identifying contacts in different settings Setting

Setting	Specific contact by setting	Ways to identify contacts
Known/identifiable cor	ntacts	
Household and community/social contacts	Face-to-face contact with a case within 1 metre and for >15 mins     Direct physical contact with a COVID-19 patient     Providing direct care for a COVID-19 patient in the home without proper PPE     Anyone living in the household	Direct interview with the COVID-19 patient and/or their caregiver (s). This could be done in person or by telephone
Closed settings, such as longterm living facilities, and other high-risk congrega- tional/closed settings (prisons, shelters, hostels)	Face-to-face contact with a case within 1 metre and for >15 mins  • Direct physical contact with a COVID-19 patient  • Providing direct care for a COVID-19 patient in the home without proper PPE  • Sharing a room, meal, or other space with a confirmed patient  • If contact events are difficult to assess, a wider definition may be used to ensure that all residents, especially high-risk residents, and staff are being monitored and screene	Direct interview with the COVID-19 patient and/or their caregiver     List of residents, visitors, and all staff members working during the relevant timeframe     Interview with coordinator or manager of facility
Healthcare settings	Health care workers: any staff in direct contact with a COVID-19 patient, where strict adherence to PPE has failed.     Contacts exposed during hospitalization: any patient hospitalized in the same room or sharing the same bathroom as a COVID-19 patient, visitors to the patient, or other patient in the same room; other situations as dictated by risk assessment     Contacts exposed during outpatient visits: Anyone in the waiting room or equivalent closed environment at the same time as a COVID-19 should be listed as a contact     Anyone within 1 metre of the COVID-19 patient in any part of the hospital for >15 minutes	Identify all staff who have been in direct contact with the COVID-19 patient or who may have been within 1 metre of the COVID-19 patient without PPE for >15 minutes without direct contact (e.g. chaplain) Review the list of patients hospitalized in the same room or room sharing same bathroom List of visitors who visited the patient or another patient in the same room during the relevant timeframe Undertake a local risk assessment to determine whether any additional exposures may be relevant, such as in common dining facilities
Public or shared transport	Anyone within 1 metre of the COVID-19 patient for >15 minutes Direct physical contact with a COVID-19 patient Anyone sitting within two rows of a COVID-19 patient for >15 minutes and any staff (e.g. train or airline crew) in direct contact with the case	Contact identification is generally possible only where there is allocated seating     Airlines/transport authorities should be contacted to obtain details of passengers and flight manifests     For public or shared transport where passenger lists or allocated seating is not available, a media release may be required to request passengers to selfidentify. Media release may specify the date, time, pick-up location and arrival/destination, and stops along the way, requesting people self-identify as a potential contact
Other well-defined settings and gather- ings (places of wor- ship, workplaces, schools, private social events)	Anyone within 1 metre of the COVID-19 patient for >15 minutes  • Direct physical contact with a COVID-19 patient  • When events are difficult to assess, the local risk assessment may consider anyone staying in the same close and confined environment as a COVID19 patient as a contact	Undertake a local risk assessment and collaborate with organizers/leadership to notify potential contacts either actively or passively (for example, through 'warn and inform' messages to an audience of potential attendees) Communication with focal points, such as faith leaders, about potential transmission events to raise awareness ('warn and inform') For private social events, work from guest registration and booking lists When necessary, consider media release specifying the event day and time, with request for people to selfidentify as a potential contact