



Ministry of Health and Sports (Myanmar)

Department of Public Health

Central Epidemiology Unit

(15 May 2020)

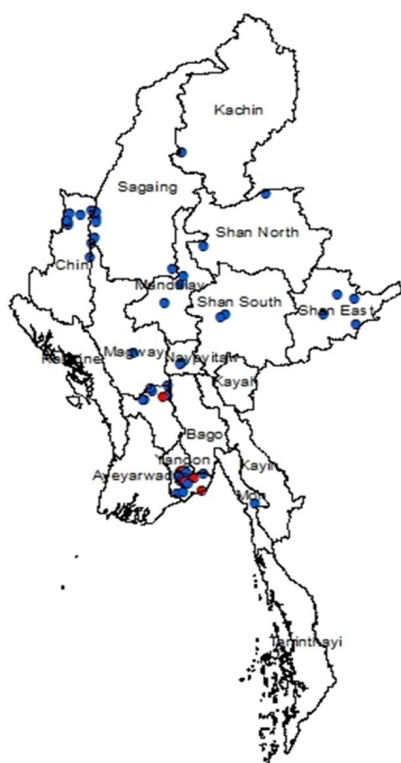
Situation Report - 38 Data as reported by States and Regions by 00:30 AM MST 15 May 2020

Global Situation
(according to WHO situation report - 115, data as of 14:30 MST 14 May 2020)

Confirmed cases	Deaths
4,248,389	294,046

Myanmar

Map showing COVID-19 laboratory confirmed cases

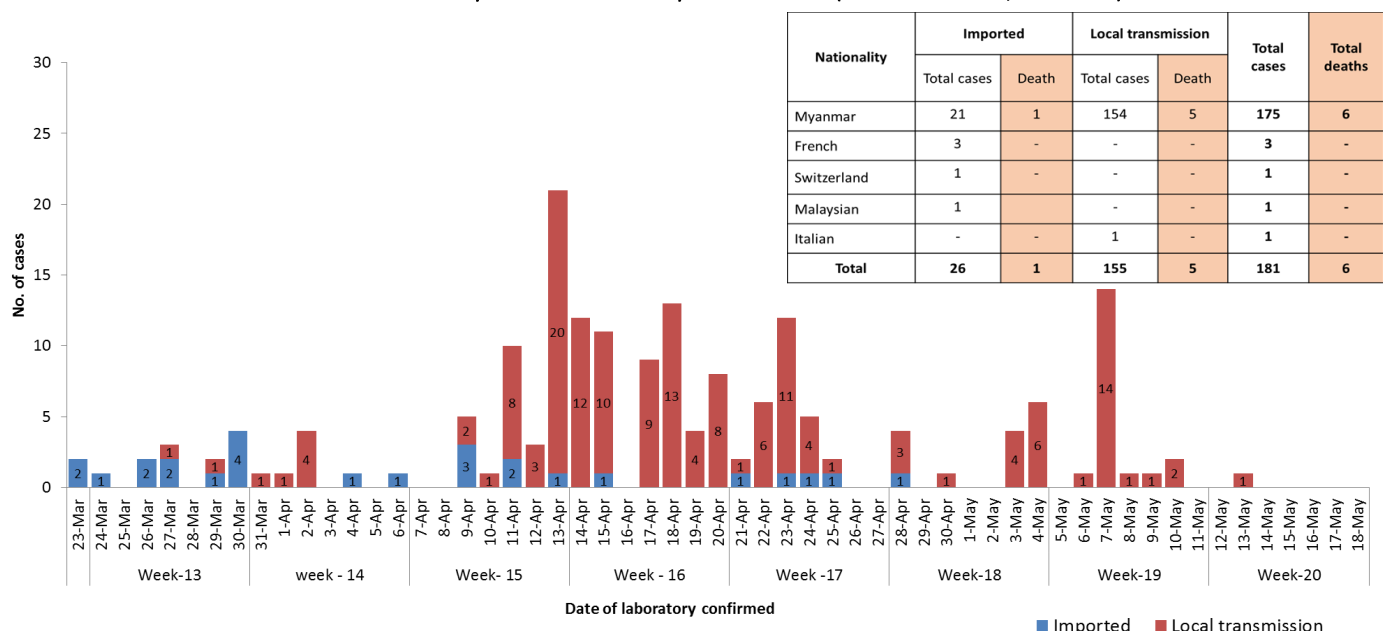


● Case
● Death

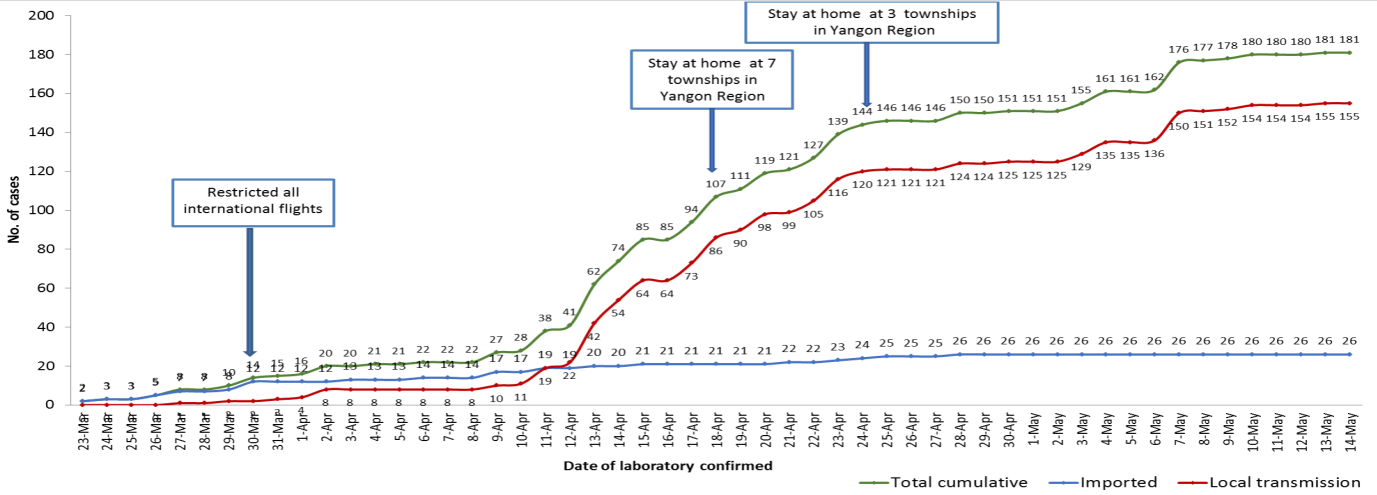
n (case) = 181
n (death) = 6

Total tested Specimen for COVID-19 (as of 15-5-2020, 00:30 AM)				
12,995				
Negative	Positive	Recovered	Deaths	
12,814	181	89	6	
No.	State/Region	COVID-19 Confirmed case	Recovered	Deaths
1.	Yangon	146	68 (2 new)	5
2.	Bago	7	4	1
3.	Sagaing	7	4(3 new)	-
4.	Chin	6	2	-
5.	Shan(East)	3	2	-
6.	Mandalay	3	3	-
7.	Shan(South)	2	1	-
8.	Shan(North)	2	1	-
9.	Naypyitaw	2	1	-
10.	Mon	1	1	-
11.	Magway	1	1	-
12.	Kachin	1	1	-
13.	Kayar	-	-	-
14.	Rakhine	-	-	-
15.	Ayeyarwaddy	-	-	-
16.	Kayin	-	-	-
17.	Thanintharyi	-	-	-
Total		181	89 (5 new)	6

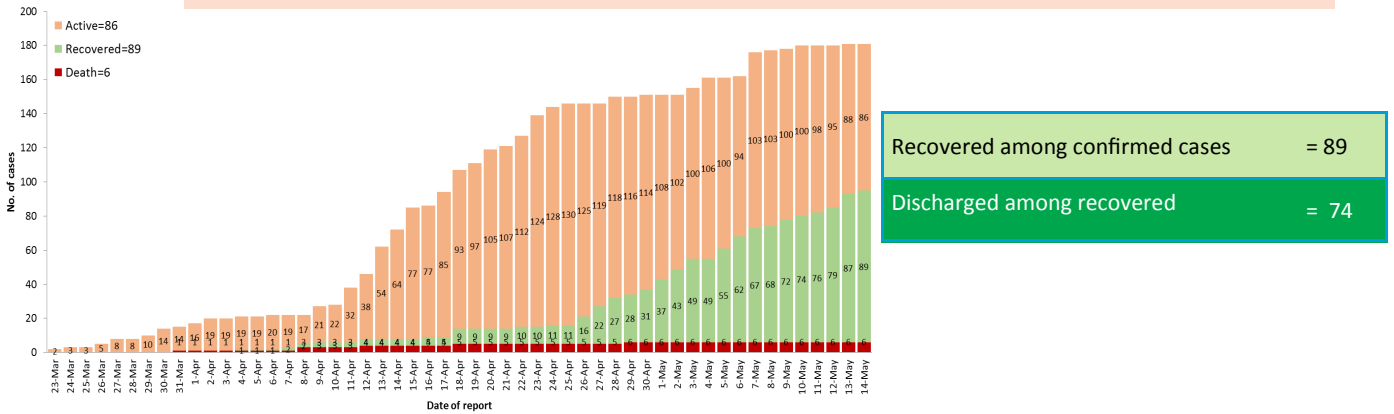
COVID-19 confirmed cases by date of laboratory confirmation (as of 15-5-2020,00:30 AM) n=181



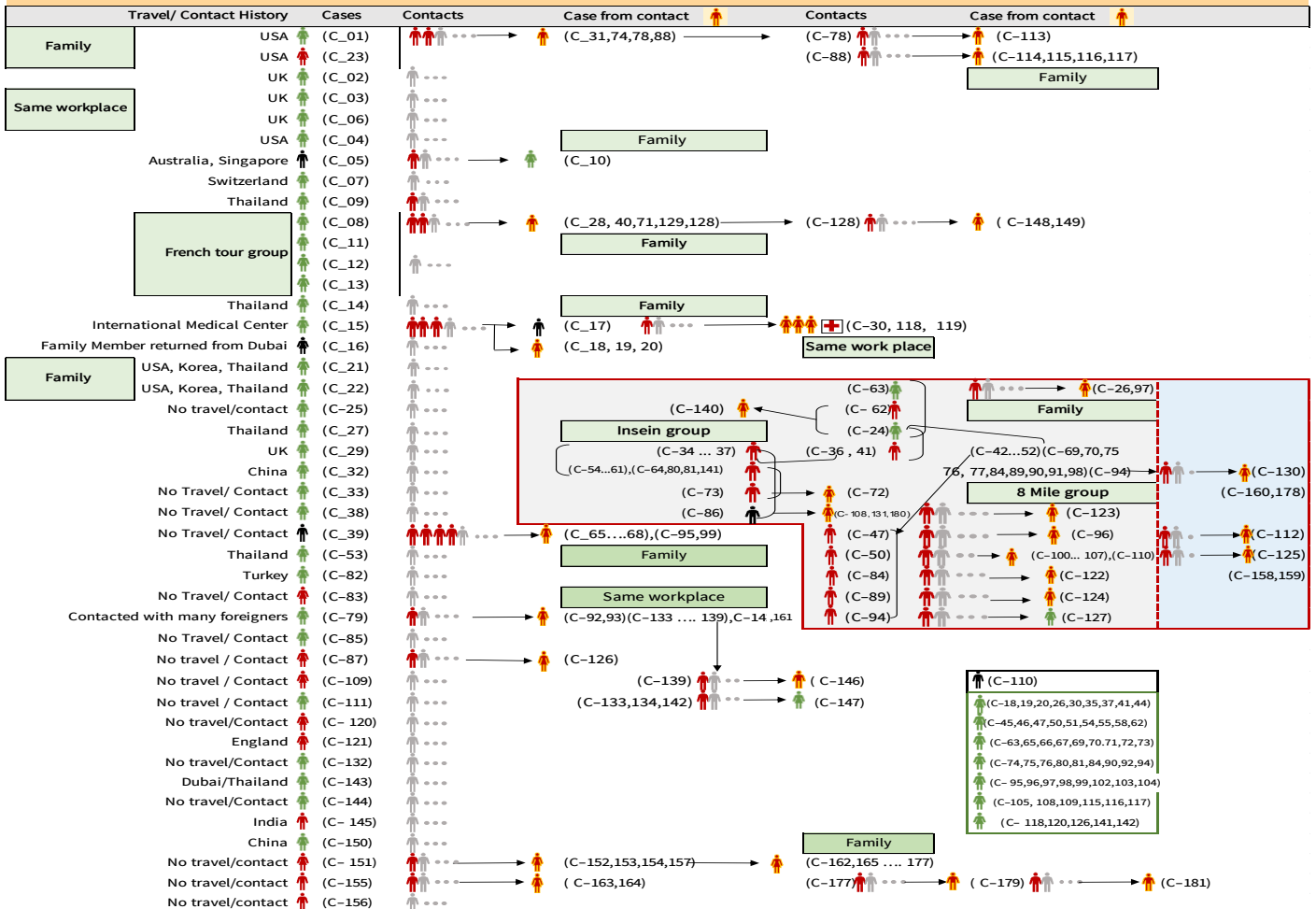
Total laboratory confirmed cases by date (as of 15.5.2020, 00:30 AM), n= 181



Cumulative Number of active confirmed cases , recovered and death (23.3.2020-15.5.2020) , n= 181



Summary of COVID-19 confirmed cases (as of 15-5-2020) ,n= 3,722



Summary of situation (13.5.2020– 14.5.2020)

Type	New	Total (as of 14.5.2020)
Suspected and Person Under Investigation (PUI)	82	4148
Hospital Quarantine	5	65
Facility Quarantine	3,109	59,539

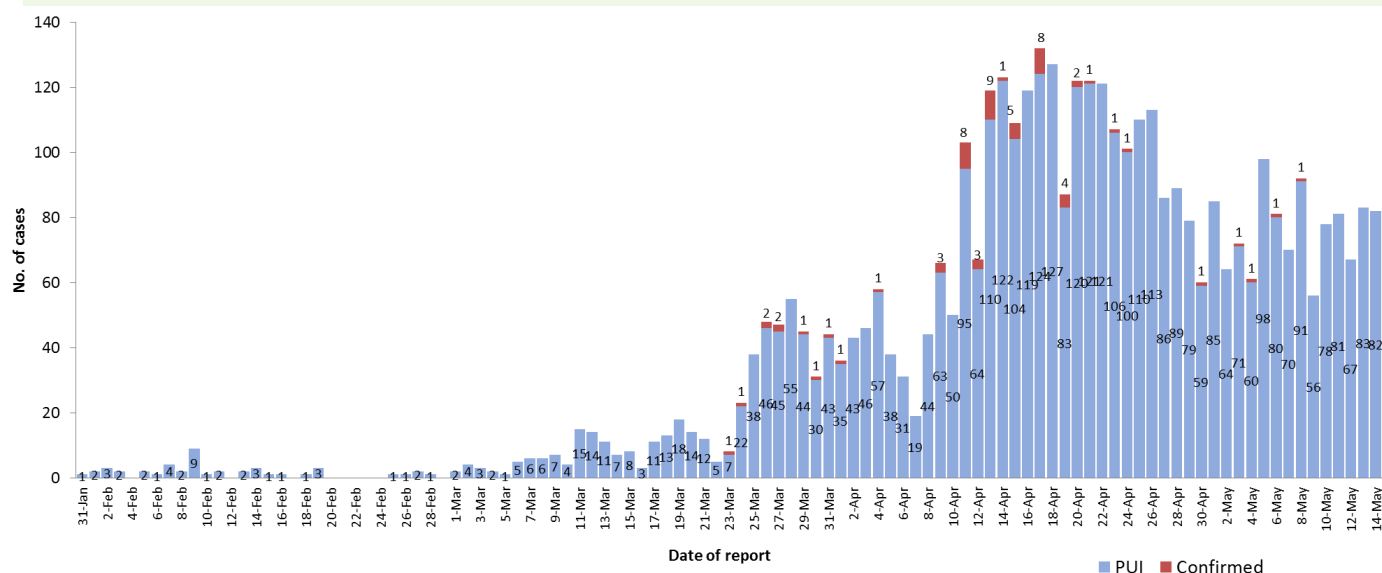
Person under Investigation (PUI) by State/Region hospitals (31.1.2020 – 14.5.2020) n= 4148

No.	State/Region	PUI
1.	Yangon	2,113
2.	Mandalay	710
3.	Shan (N)	166
4.	Bago	163
5.	Mon	151
6.	Magway	138
7.	Kayin	133
8.	Ayeyarwaddy	87
9.	Shan (E)	85
10.	Shan (S)	74
11.	Sagaing	71
12.	Kayah	63
13.	Naypyitaw	58
14.	Tanintharyi	48
15.	Rakhine	44
16.	Kachin	26
17.	Chin	18
Total		4,148

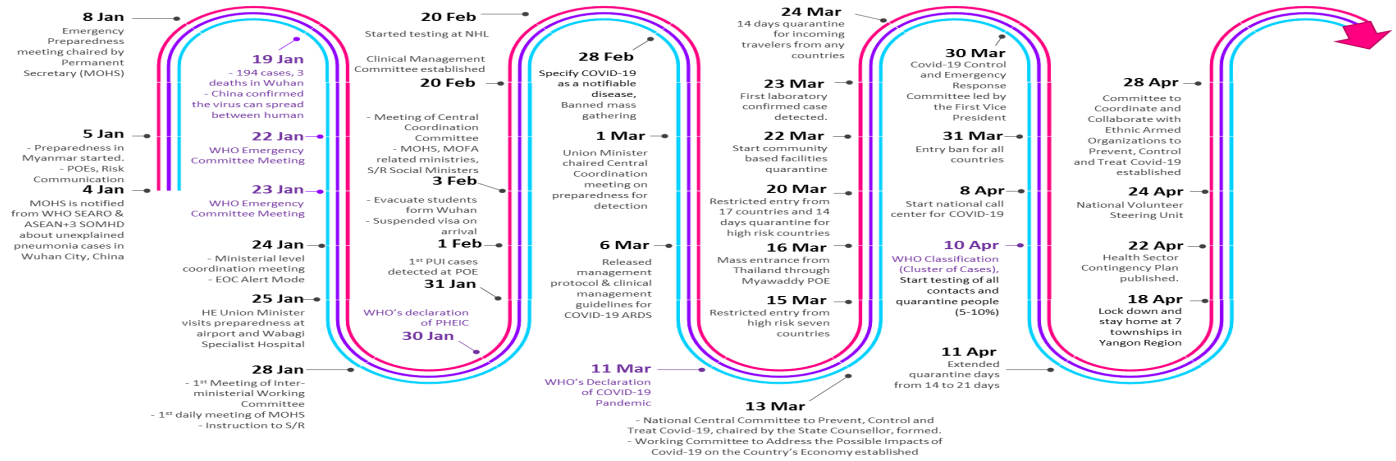
Summary of Facility Quarantine List (as of 14.5.2020)

No.	State/Region	No. of facilities	Total no. of quarantine people
1.	Magway	2,745	11,323
2.	Sagaing	2,076	10,205
3.	Ayeyarwaddy	1,643	7,377
4.	Mandalay	1,164	7,035
5.	Kachin	589	6,801
6.	Rakhine	519	3,594
7.	Bago	506	3,088
8.	Shan (N)	339	2,641
9.	Yangon	46	1,890
10.	Naypyitaw	19	1,232
11.	Shan(S)	113	1,071
12.	Tanintharyi	134	996
13.	Shan (E)	39	712
14.	Kayin	103	606
15.	Chin	35	416
16.	Mon	34	334
17.	Kayah	18	218
		10,122	59,539

COVID-19 laboratory confirmed cases among PUI (31.1.2020-14.5.2020), n(PUI)= 4148, 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 contacts		
Household and community/social contacts	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 congregational/closed settings (prisons, shelters, hostels)	<ul style="list-style-type: none"> • 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 screened 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 self-identify. 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 gatherings (places of worship, workplaces, schools, private social events)	<ul style="list-style-type: none"> • 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 COVID-19 patient as a contact 	<ul style="list-style-type: none"> • 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 self-identify as a potential contact

Hotline Number— 0673420268

Data source - CEU, DMS, NHL, DMR, States and Regions Health Department