

COVID-19 OUTBREAK IN KENYA

DAILY SITUATION REPORT - 116

1.0 KEY HIGHLIGHTS

- 1. Two hundred and seventy-eight (278)** new confirmed COVID-19 cases were reported in the last 24 hours bringing the total number of confirmed cases in Kenya to **9,726 cases** as of 11 July 2020. Two hundred and seventy-three (273) of the cases are Kenya nationals while five (5) of the cases are non-Kenyans. Counties reporting new cases are **Nairobi (162), Kajiado (40), Kiambu(28), Machakos (22), Nakuru (16), Mombasa (2), Siaya(2), Nyamira (1), Homa Bay (1), Uasin Gichu (1), Murangá(1), Meru(1), Nyandarua (1).**
- 2. Three (3) deaths have been reported over the last 24 hours.** The total number of deaths reported since the beginning of the outbreak is **184, case fatality rate (CFR) is 1.9 percent**
- 3. In the last 24 hours, night nine (99)** COVID-19 patients recovered and were discharged bringing the total number of recoveries and discharges for COVID-19 to **two thousand eight hundred and thirty two (2832).**
- 4. As of today, forty-two (42) out of 47 counties** have reported cases namely: Nairobi (5349), Mombasa (1720), Busia (512), Kiambu (451), Kajiado (446), Machakos (253), Migori (171), Uasin Gishu (137), Nakuru (131), Kilifi (70), Kwale (54), Makueni (45), Taita Taveta (41), Kisumu (36), Garissa (33), Siaya (31), Narok (28), Turkana (20), Kitui (18), Mandera (18), Meru (18), Wajir (17), Murang'a (17), Kericho (12), Isiolo (11), Nyeri (10), Lamu (9), Vihiga (9), Bungoma (8), Kakamega (7), Nandi (7), Kisii (6), Laikipia (6), Homa Bay (6), Marsabit (4), Trans Nzoia (4), Embu (2), Kirinyaga (2), Nyamira (3), Bomet (1), Elgeyo Marakwet (1) and Nyandarua (2).
- 5. Mombasa and Nairobi City** Counties have the highest attack rates of COVID-19 at **142.3** and **121.6** per **100,000** population respectively when compared to **20.4 per 100,000** for the whole country and need enhanced interventions. In addition, the COVID-19 outbreak has so far spread to **89 percent** of the counties in the country. **Risk communication, laboratory testing, and contact tracing** have been identified as key challenges.
- 6. Of the 3523 contacts under follow-up 3495 (99 percent)** were followed up today
- 7. In the last 24 hours, 1,403 samples** were tested across various laboratories of which **278 samples** turned positive for COVID-19. A total of **207,987 cumulative tests** have so far been conducted.

2.0 KEY ACTIONS

2.1 Coordination

- The Cabinet Secretary for Health addressed the nation today updating the country on the current trend of the COVID-19 pandemic while touring Kwale County to evaluate their level of preparedness and implementation of response activities.

2.2 Case Management and Infection Prevention & Control

- In the last 24 hours, 99 COVID-19 patients recovered and were discharged bringing the total number of recoveries and discharges for COVID-19 to 2,832.
- Successful capacity building organized by MOH and WHO critical for critical care in isolation centres for 20 healthcare workers in Mombasa has ended. Participants, drawn from both the public and private sectors were equipped with skills on critical care management of cases of COVID 19 cases. Participants included medical specialists/ medical officers, anaesthesiologist/ anaesthetists, critical care nurses, nutritionists, clinical pharmacists, and physiotherapists among other cadres it was funded by ECHO.
- The weekly webinar for clinicians and hosted by Kenyatta National Hospital (KNH) to share experiences, and connecting over 500 clinicians from the counties and key treatment facilities was held. The meeting focused on the current increasing trend of cases of symptomatic moderate to severe cases presenting in hospitals. In some facilities, up to half of cases are now presenting with symptoms. This is causing an increasing demand on oxygen for critical care patients and calls for investment in oxygen production plants and oxygen tanks.
- Counties are expanding their critical care capacity including ICU beds and the critical care skills needed to manage cases.
- Another emerging trend is the increasing numbers of HCW being infected. This was attributed to more work load due to severely ill patients and fatigue. It was recommended that more staff be hired to reduce work shift time. Adopt universal use PPE for all healthcare workers including those outside the isolation areas.

2.3 Surveillance, Laboratory and Points of Entry

- All alerts were responded to and contact tracing continued in all affected counties.
- In the last 24 hours, 1403 samples were tested across various laboratories of which 278 samples turned positive for COVID-19. A total of 207,987 cumulative tests have so far been conducted.
- The scaling up of rapid response, contact tracing and integrated data management for county and sub-county health teams have been successfully conducted across the following counties, namely: Taita Taveta (20), Bungoma (45), Murang'a (35), Meru (45) and Siaya (30).

2.4 Community Engagement

- The WHO partnered with Kenya Red Cross Society, m-Health Kenya (partner supporting *Jitenge*) and Mombasa County Health Management Team to support the training of trainers on Home Based Care where 25 healthcare workers were reached. The training was supported by KRCS and the expectation is that they will cascade the trainings in the sub counties.
- This week, the Kenya National Bureau of statistics (KNBS) reported on the survey conducted on the Socioeconomic Impact of COVID-19 on Households between 30 May and 6 June 2020. A synopsis of the report:
 - The proportion of individuals absent from work due to COVID-9 related challenges was 61.9 percent up from 49.9 percent that was recorded in May 2020. Of the individuals absent from work, 77.8 percent were not sure when they would resume.
 - Countrywide, 59.2 percent of the respondents reported a change in their cost of travel due to the pandemic. 14.4 percent changed their main means of transport out of which 62.2 percent opted to walk while 19.4 percent opted to use commercial motor bikes.
 - Nationally, 37.0 percent of households indicated that they were unable to pay rent for May 2020, while 31.6 percent reported having paid the rent on time. Most (61.0 percent) of the households that were unable to pay rent cited reduced income as the main reason for defaulting. Only 0.7 percent of households in rented dwellings had received waiver or relief from landlords. A third of the households had not put in place any coping mechanism to counter the effect of COVID-19 on their ability to pay rent.
 - Nationally, 78.1 percent of households reported to be food secure. About four out of five (78.8 percent) of the households indicated that there was an increase in food prices due to COVID-19 pandemic. Approximately 77.6 percent of the households

reported having no challenges in accessing market/grocery store to purchase food items.

- Nationally, 65.8 percent of the surveyed households reported to have at least one member who usually attend a learning institution. Self-learning at home was reported as the main coping mechanism used by majority (57.5 percent) of these households. However, 17.0 percent of households with members who usually attend a learning institution were not using any method to continue with learning.
- To mitigate the financial distress caused by the pandemic, majority (41.9 percent) of the households cut on financial spending on non-essential commodities although a notable proportion of individuals (36.7 percent) did not take any measures to overcome the financial distress caused by the COVID-19.
- Almost a quarter (24.1 percent) of population aged 18 years and above who were servicing a loan had successfully renegotiated repayment terms. The proportion of households that reported to have received cash transfers from relatives or friends since COVID-19 was reported of in the country stood at 18.4 percent.
- Nationally, 23.6 percent of the respondents reported to have witnessed or heard cases of domestic violence in their communities.
- The majority (72.5 percent) of the households reported COVID-19 as their main cause of worry while 21.6 percent were mainly worried about food security.
- Knowledge of COVID-19 among the population aged 18 years and above is almost universal at 99.0 percent.

2.5 Logistics and Partnerships

- The WHO extraction kits, swabs and sample collection kits for the laboratories valued at over USD 300,000.00 have been procured for MOH and will arrive in the country on 12 July 2020.
- WFP -purchased 4000 test kits (the GeneXpert system with the newly developed Xpress SARS-CoV-2 cartridge for the testing of humanitarian and truck drivers in Mombasa. In addition, WFP and Trademark East Africa (TMEA) have signed a partnership agreement to roll out Electronic Cargo and Truck Driver monitoring tool. The tool is envisaged to be rolled out in Kenya. In addition, UNOPS through Trademark East Africa has purchased PPES for all the border points in Kenya and WFP has provided warehouse storage in Nairobi.
- UNICEF- procured 50 oxygen concentrators arriving over the weekend. UNICEF also donated 1,000 litres hand sanitizer to the Nairobi Metropolitan Services Health



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Department. UNICEF in collaboration with Unilever Copenhagen and in-kind donation donated 312,850 cakes of soap.

- UNEP donated USD 20,000 to MOH and Nairobi Metropolitan Services for the filling of critical gaps in the COVID-19 response.

3.0 KEY CHALLENGES

- Emerging reports of personal protective equipment (PPE) of poor quality being distributed to healthcare workers and facilities. The health workers are requesting for standardization of the materials and compliance with sizes of the PPEs.
- Suboptimal utilization of the digitized COVID-19 case investigation form.
- Suboptimal contact tracing and delay from counties in submitting reports to PHEOC
- The long turnaround time for relying laboratory results to clients in most counties is causing delay in public health action.
- Increasing complacency by community despite established community transmission. Some people still want to see what COVID-19 patient looks like. They think it is a myth and this is contributing to some laxity in observing some prevention and control measures such as hand washing.
- Limited resources/logistical support for field teams including vehicles to conduct community visits, contact tracing and case follow up at the sub-national level.



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4.0 NEXT STEPS

- Address concern of poor quality of PPEs being distributed to the sub – national level.
- Strengthen utilization of the integrated data management system moving forward by incentivizing its use.
- Ensure capacity building of the sub – county teams from the remaining 20 counties on rapid response, contact tracing and use of the data management systems. Training of additional 5 counties on RRT/Contact tracing and data management with support from WHO is planned will go ahead next week.
- Strengthen COVID-19 diagnostic quality assurance systems.

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