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

(13 May 2020)

Coronavirus Disease 2019 (COVID-19)

Situation Report - 36

Data as reported by States and Regions by 11:00 PM MST 12 May 2020

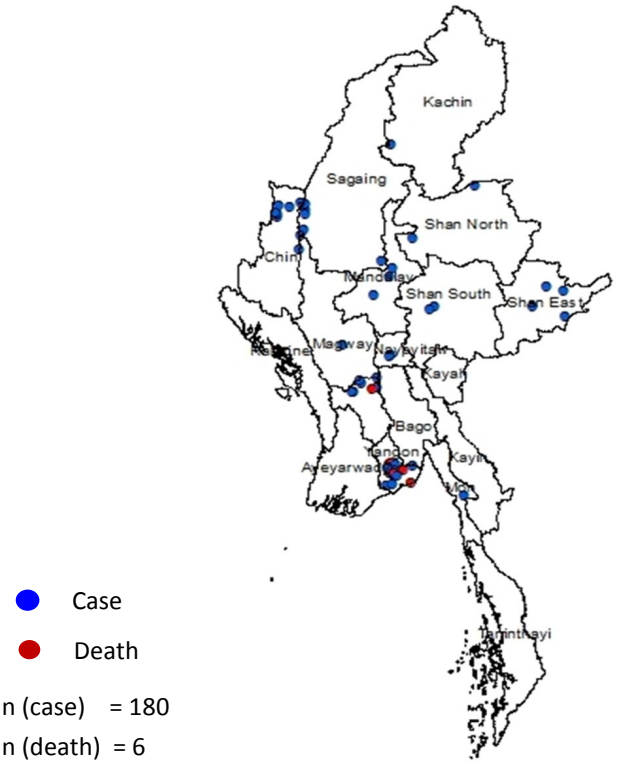
Global Situation

(according to WHO situation report - 113, data as of 14:30 MST 12 May 2020)

Confirmed cases	Deaths
4,088,848	283,153

Myanmar

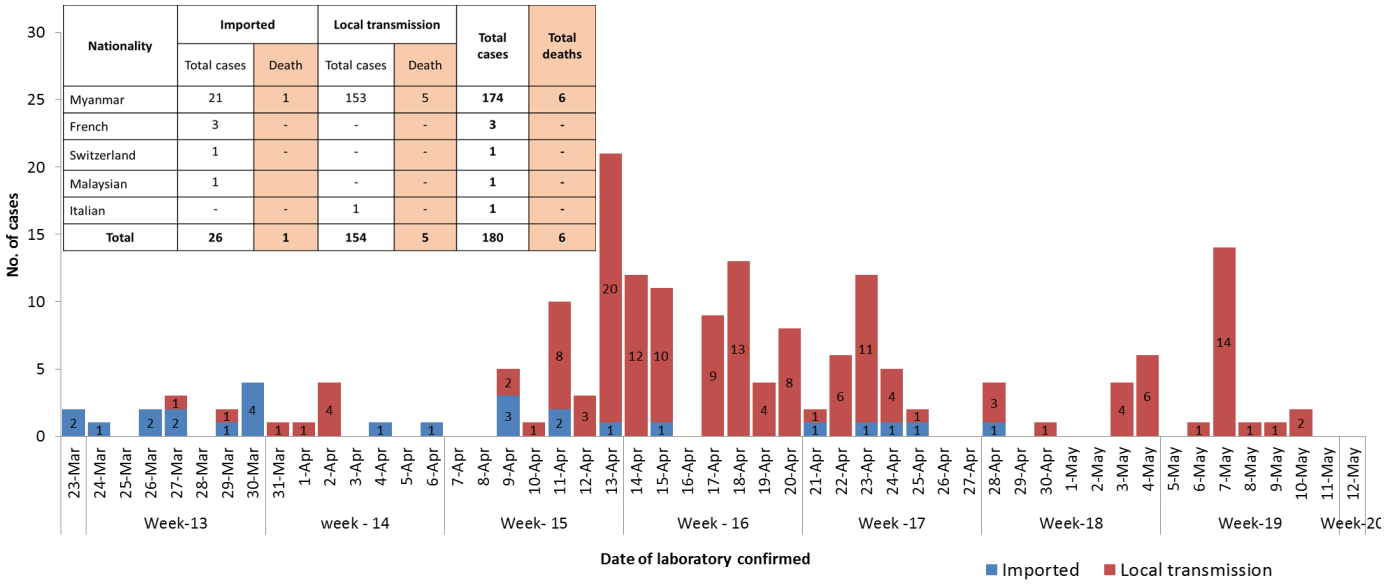
Map showing COVID-19 laboratory confirmed cases



Total tested Specimen for COVID-19 (as of 12-5-2020, 11:00 PM)			
12,062			
Negative	**Positive**	**Recovered**	**Deaths**
11,882	180	79	6

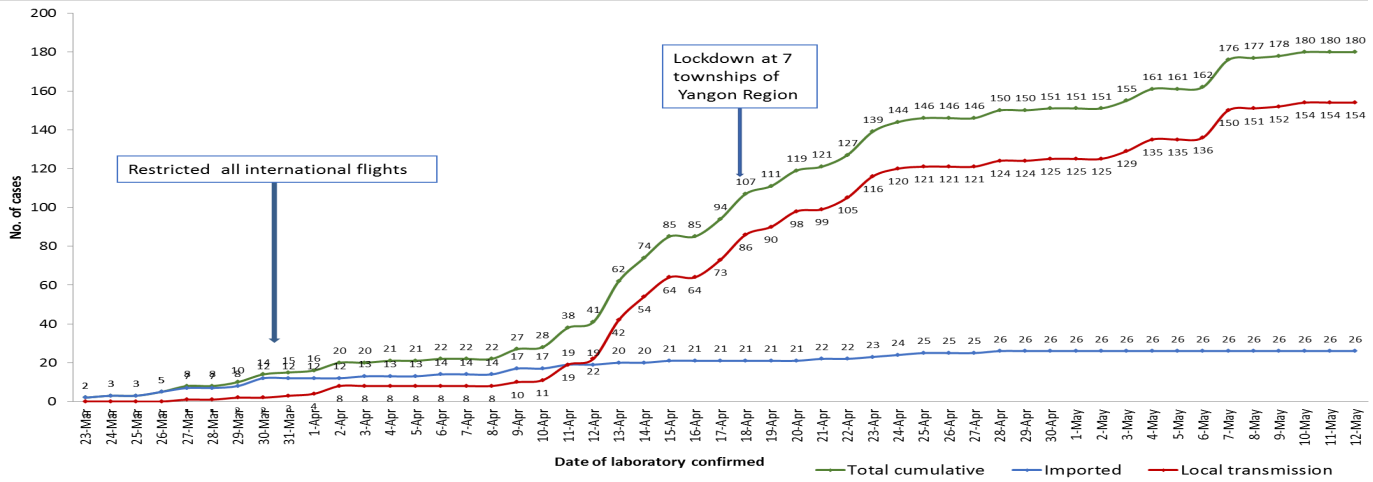
No.	State/Region	COVID –19 Confirmed case	Recovered	Deaths
1.	Yangon	145	61 (2 new)	5
2.	Bago	7	4	1
3.	Sagaing	7	1	-
4.	Chin	6	2 (1 new)	-
5.	Shan(East)	3	2	
6.	Mandalay	3	3	-
7.	Shan(South)	2	1	-
8.	Shan(North)	2	1	
9.	Naypyitaw	2	1	-
10.	Mon	1	1	-
11.	Magway	1	1	-
12.	Kachin	1	1	
13.	Kayar	-	-	-
14.	Rakhine	-	-	-
15.	Ayeyarwaddy	-	-	-
16.	Kayin	-	-	-
17.	Thanintharyi	-	-	-
Total		180	79 (3 new)	6

COVID-19 confirmed cases by date of laboratory confirmation (as of 12-5-2020,11:00 PM) n=180

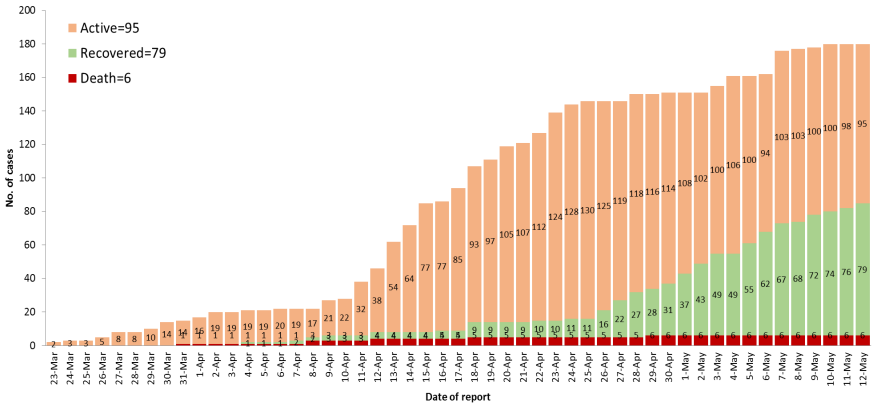


Nationality	Imported		Local transmission		Total cases	Total deaths
	Total cases	Death	Total cases	Death		
Myanmar	21	1	153	5	174	6
French	3	-	-	-	3	-
Switzerland	1	-	-	-	1	-
Malaysian	1		-	-	1	-
Italian	-	-	1	-	1	-
Total	26	1	154	5	180	6

Total laboratory confirmed cases by date (as of 12.5.2020, 11:00 PM), n= 180

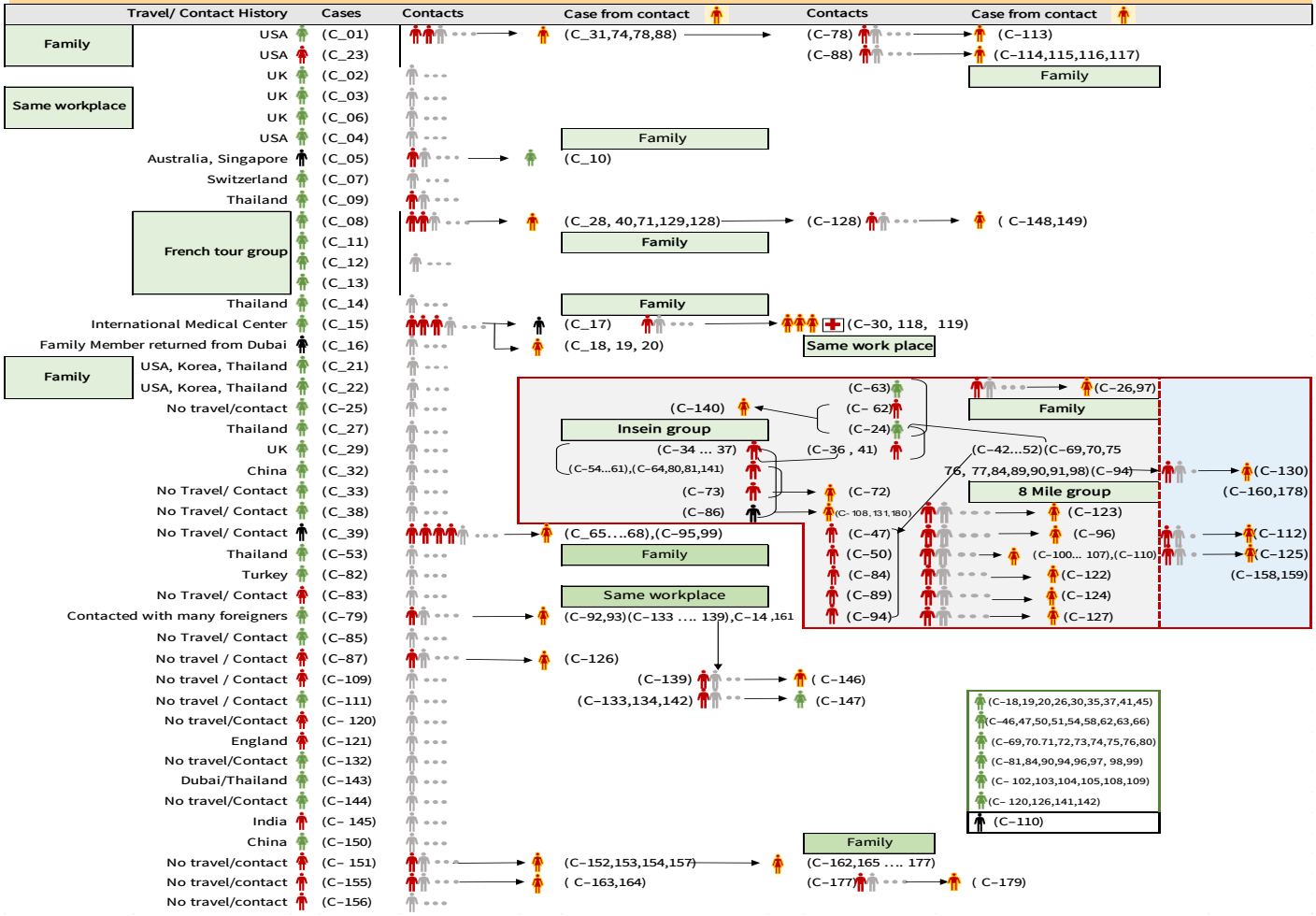


Cumulative Numbers of active confirmed cases , recovered and death (23.3.2020-12.5.2020) , n= 180



Recovered among confirmed cases	= 79
Discharged among recovered	= 65

Summary of COVID-19 confirmed cases (as of 12-5-2020) ,n= 3,722



Summary of situation (11.5.2020– 12.5.2020)

Type	New	Total (as of 12.5.2020)
Suspected and Person Under Investigation (PUI)	67	3,983
Hospital Quarantine	7	72
Facility Quarantine	2,576	57,806

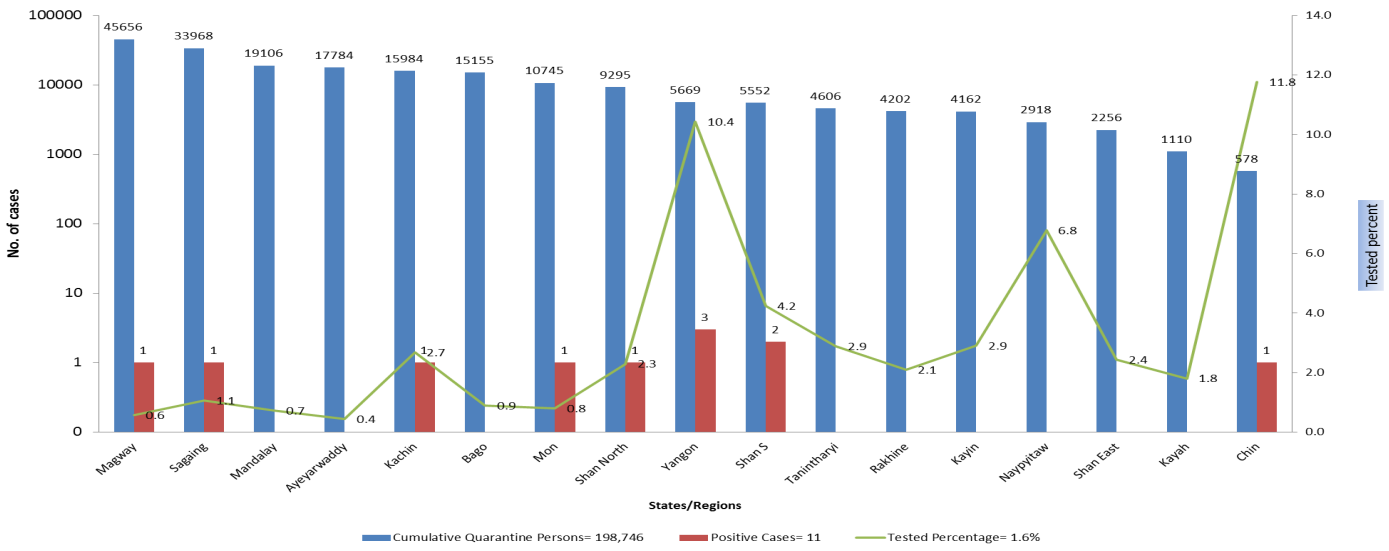
Person under Investigation (PUI) by State/Region hospitals (31.1.2020 – 12.5.2020) n=3,983

No.	State/Region	PUI
1.	Yangon	2,010
2.	Mandalay	684
3.	Bago	162
4.	Shan (N)	159
5.	Mon	144
6.	Magway	138
7.	Kayin	130
8.	Ayeyarwaddy	85
9	Shan (E)	83
10.	Shan (S)	71
11.	Sagaing	67
12.	Kayah	60
13.	Naypyitaw	58
14.	Tanintharyi	46
15.	Rakhine	44
16.	Kachin	25
17.	Chin	17
Total		3,983

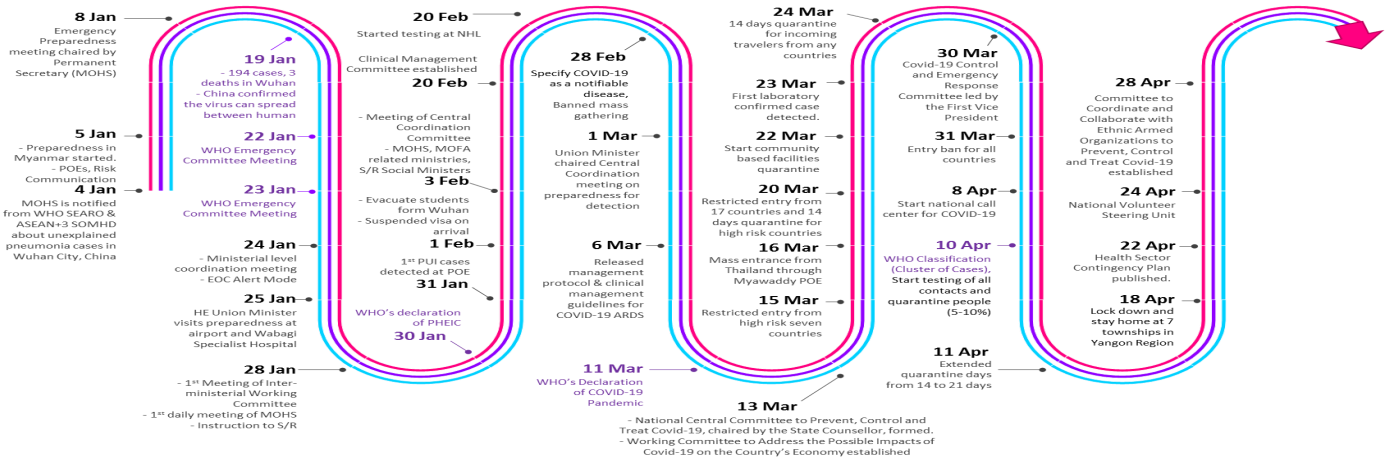
Summary of Facility Quarantine List (as of 12.5.2020)

No.	State/Region	No. of facilities	Total no. of quarantine people
1.	Sagaing	2,076	10,648
2.	Magway	2,685	10,604
3.	Ayeyarwaddy	1,540	7,599
4.	Mandalay	1,118	7,108
5.	Kachin	583	6,700
6.	Rakhine	465	3,271
7.	Bago	522	3,216
8.	Yangon	47	1,955
9	Naypyitaw	19	1,453
10.	Shan (N)	206	1,426
11.	Shan(S)	114	1,069
12.	Tanintharyi	134	1,040
13.	Kayin	88	454
14.	Shan (E)	39	426
15.	Chin	19	352
16.	Mon	36	246
17.	Kayah	18	239
Total		9,709	57,806

Cumulative number of Quarantine persons, laboratory testing status by States/Regions (as of 12.5.2020)



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	• 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 congregational/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 gatherings (places of worship, 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

Hotline Number— 0673420268

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