KEY HIGHLIGHTS

1. **Seven (7) new** confirmed COVID-19 cases reported in the last 24 hours, all from Nairobi County: four Kenyans, two Congolese and one Chinese national. Total confirmed cases are **Thirty-eight (38)** as of March 28, 2020.
2. Currently, six counties have reported cases; Nairobi, Kajiado, Kilifi, Kwale, Mombasa and Kakamega.
3. Twelve (12) of the 38 confirmed cases are local transmission.
4. A total of **1,145** contacts have been registered, two hundred and fifteen (215) of them have completed the mandatory 14 days follow up and have been discharged from daily follow up.
5. Three hundred and six (306) contacts were traced yesterday.
6. Seven (7) alerts were received today and 8 samples collected awaiting results.
7. In the last 24 hours, a total of 81 samples from suspected cases have been tested in various laboratories, of which 7 were positive for COVID-19.
8. The Cabinet Secretary for Health in his address to the nation this afternoon gave the following updates:
   a. He called on everyone to comply with the mandatory national curfew that took effect from yesterday for the next twenty-one (21) days except for critical and essential services providers.
   b. Starting tomorrow **Sunday March 29, 2020** mandatory laboratory testing of all persons in mandatory quarantine.
   c. Close contacts of confirmed cases will be mandatorily quarantined.
1.1 Epidemiology

Since 13 March 2020 when the first case was confirmed in Kenya a total of 38 cases have been line listed of these 26 are imported cases and 12 are local transmissions, one case has recovered and been discharged from hospital. One death was reported of a 66-year-old-male Kenyan known diabetic on treatment who was admitted on 21st of March 2020 and died on 26 March 2020 (Fig 1)

![EPI Curve of COVID-19 Outbreak Kenya](image)

**Fig 1:EPI Curve of COVID-19 Outbreak Kenya**

**Age and Gender Distribution**

Sixty-one percent of the cases are males, 65 percent (20) are in the age range of 15 - 49 years while 32 percent (10) are aged 50 – 64 years (Fig 2).
Fig 2: Age and Sex Distribution of COVID-19 Cases Kenya

Fig 3: Distribution of confirmed COVID-19 Cases by County and transmission classification
1.2 Coordination

1.2.1 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 continues to meet.

1.2.2 MOH incident management team meets daily at the EOC.

1.3 Case Management and Infection Prevention & Control

1.3.1 KNH, Mbagathi County Hospital, Nairobi Hospital, Aga Khan Hospitals in Nairobi and Mombasa are providing case management in their isolation units.

1.3.2 7 cases are self-isolating in their homes.

1.3.3 Two confirmed cases have tested negative and are awaiting the second test within 48hrs

1.4 Surveillance and Laboratory

1.4.1 The 25,000 testing kits donated by Jack Ma were validated and approved for use.

1.4.2 Rapid response team training for 33 counties completed yesterday.
1.5 Risk Communication
1.5.1 Daily press briefings by the Cabinet Secretary for Health
1.5.2 National and county coordination mechanisms for Community engagement have been activated with the goal of ensuring all households are reached with COVID-19 prevention and control measures.
1.5.3 A total of 188 Community Volunteers have been trained as Trainers. 41,400 Community Health Volunteers have begun the sensitization process through digital platforms out of the targeted 63,000.
1.5.4 Community engagement activities have been intensified in the identified high-risk counties.

1.6 Data Management
1.6.1 Key data collection tools finalized contact SOPs, contact follow up form and case investigation form for sharing with counties.
1.6.2 Online system for travel surveillance, case investigation and contact tracing set up completed and ready for use. Alert component has been in cooperated in to the online platform

1.7 Logistics
1.7.1 Negotiations ongoing with NGOs to ensure uninterrupted distribution of supplies
1.7.2 UNOPS and UNICEF are engaged on procurement and fast tracking of delivery of response items funded by World Bank.

1.8 Challenges
1.8.1 Number of contacts traced daily is still low and will require immediate investigation by contact tracing sub-committee.
1.8.2 Inadequate number of trained and skilled health care workers on case management, IPC and response in the event of large-scale outbreak.
1.8.3 Sub-optimal risk communication and information dissemination to the general public (contact tracers and frontline health workers).
1.8.4 Inadequate coordination between National Task Force and County Governments.

1.9 Next Steps
1.9.1 Training of RRTs and Contact Tracing Teams funded by WHO to be conducted next week in the 47 counties
1.9.2 Platform developed for online updating of SitRep provided by UNOCHA today and will be rolled out next week.
1.9.3 Coordination from national to county level needs to be streamlined.

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