

2020

COVID-19 Outbreak Response Toolkit for State Public Health Emergency Operations Centre



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WHAT IS A PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE?

A Public Health Emergency Operations Centre (PHEOC) is an emergency operations center (EOC) that specializes in the **command, control, and coordination requirements** of responding to **emergencies** that involve **health consequences and public health threats**. An EOC is a **physical location** for the **coordination of information and resources** to support **incident management activities for any type of incident**. EOC personnel are responsible for: Planning, Coordinating, Organizing, Acquiring & allocating resources and Providing direction, control and focusing these activities on responding to an emergency¹. This centre may be a **temporary facility** or may be established in a **permanent location**.

A PHEOC brings together highly trained experts and state-of-the-art technology to coordinate resources, information, and crisis and emergency risk communication to strengthen Nigeria's (and States') ability to detect and respond to public health threats e.g. COVID-19, Lassa fever, Cerebrospinal Meningitis etc.

As such a COVID-19 EOC requires **critical elements** and **core attributes** to function seamlessly. See figure 1 and 2 below. All PHEOC's must ensure these are available to have a functional PHEOC.

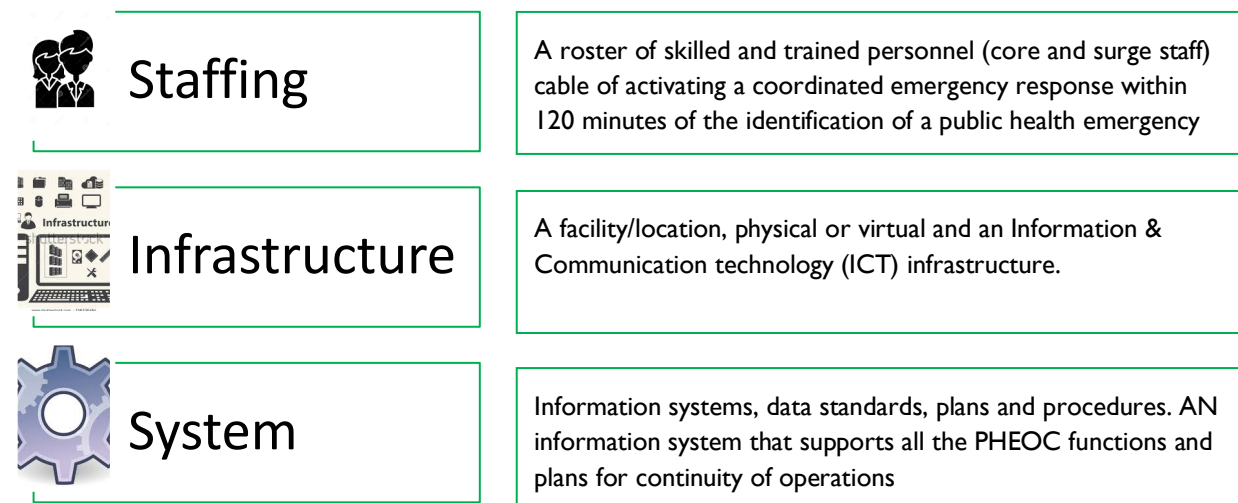


Figure 1: Essential Elements of a PHEOC

¹ Framework for a Public Health Emergency Operations Centre (WHO 2015)

A PHEOC needs these three core attributes to be successful

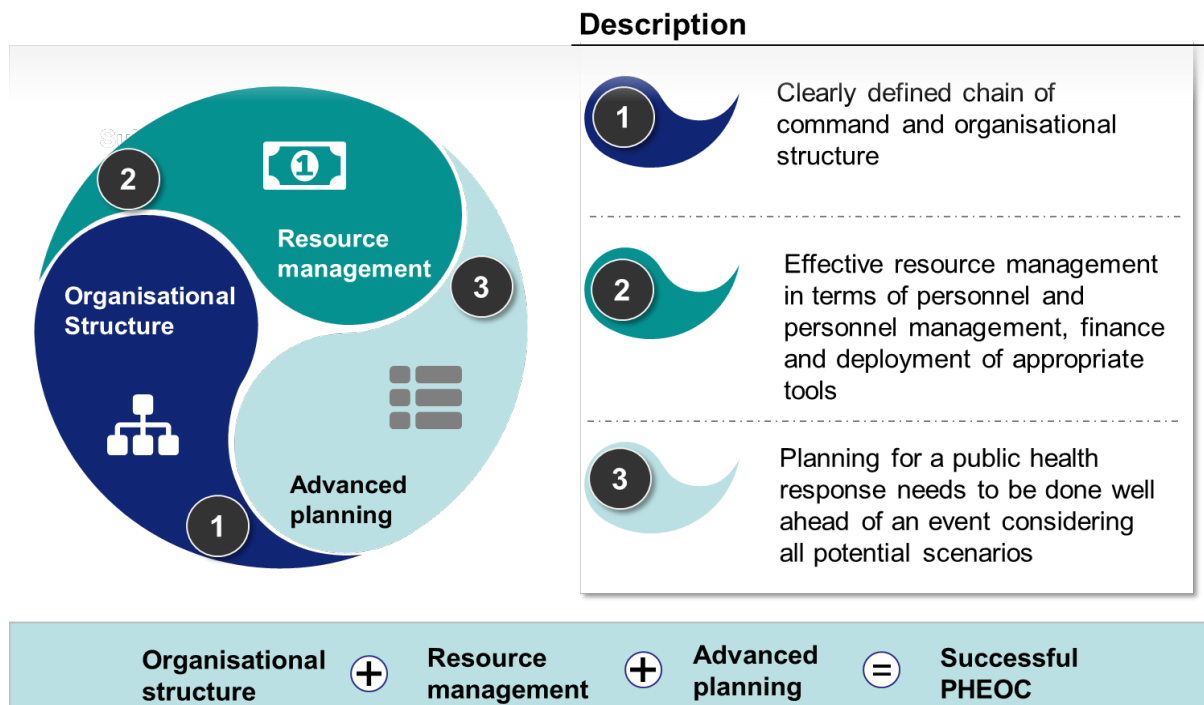


Figure 2 Core attributes of a successful PHEOC

HOW DO YOU SET-UP A PHEOC?

Setting up a COVID-19 EOC includes five basic steps. In conjunction with the three essential elements and core attributes, the framework to have an efficiently run COVID-19 EOC is established. The type of PHEOC set-up will depend on the function it should serve (See annex A and D for details for checklist for setting-up a PHEOC for COVID19 and other public health emergencies).

Five basic steps to setting-up a PHEOC

Steps

1	Ensure that the appropriate laws and policies are in place to legitimize and allow for the PHEOC to function and deliver on its purpose.
2	Identify relevant personnel e.g. incident manager, PHEOC pillar leads, a rapid response team etc.
3	Determine the location of the PHEOC. This could be temporary or permanent
4	Use existing resources to develop incident management plans or incident action plans, SOPs and advisories relevant to the emergency
5	Train on a routine basis to keep personnel skills active and relevant. This ensures the PHEOC can be activated in the event of an emergency without the need for extensive training sessions and capacity building activities

SOURCE: US Centres for Disease Control and Prevention

3

Figure 3 Steps required to set-up a PHEOC for COVID-19

SUMMARY

- ❖ A response is dependent on the strength and depth of the root of the EOC. Ensure you deepen the roots of the EOC through the three essential elements (staffing, Systems and Infrastructure) and three core attributes (Organizational structure, Resource Management, advanced planning)
- ❖ Start planning before the emergency or public health event occurs
- ❖ Act FAST! A critical window of opportunity to mitigate an outbreak is in the first 48 hours

HOW DOES A COVID-19 EOC FUNCTION?

The governance and operational structure of the COVID-19 EOC is based on the Incident management system (IMS) and its functions. An Incident Management System (IMS) is an emergency management structure and set of protocols used to guide and coordinate the actions of:

- Government agencies,
- Private sector,
- Nongovernmental organizations,
- and Other actors to respond and mitigate the effects of all emergency types.

The IMS may be used to support other aspects of emergency management, including preparedness and recovery. It provides a **standardized approach to response management**. It is **modular, scalable and adaptable**.

A function is one of the five major activities in the Incident Management System (IMS): **Management, Operations, Plans, Logistics, Finance and Administration**. If needed, other functions such as Intelligence/Investigations, may be established to meet incident management needs

In IMS, each person is assigned a specific role and follows a set command structure. The level of complexity of an incident dictate which roles are activated. In certain scenarios, incident management staff may cover more than one role at a time. Figure 4 below provides a snapshot of the advantages of the IMS.

Incident management helps with

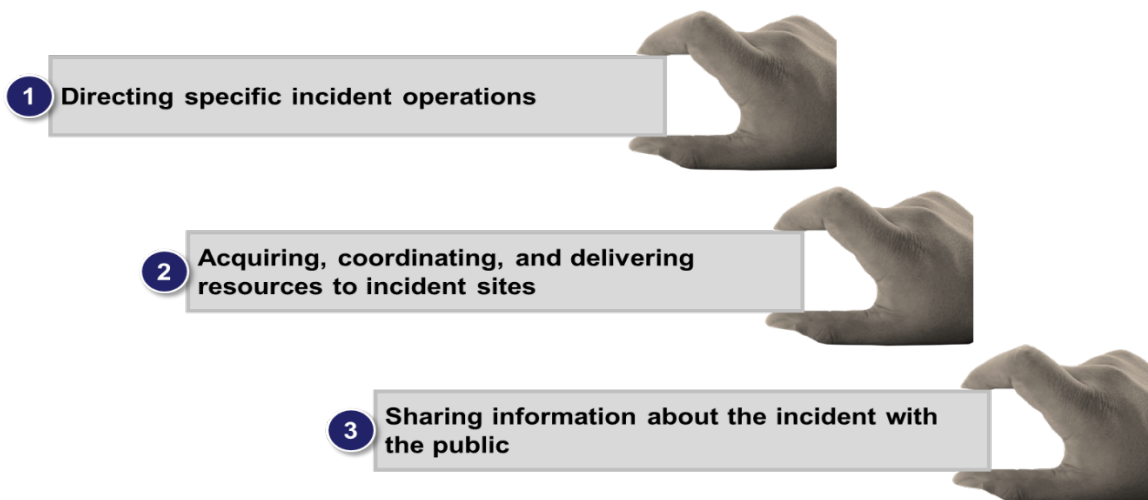


Figure 4 Advantages of Incident Management Structure

An IMS is a flexible, integrated system that can be used for any incident regardless of cause, size, location, or complexity.

The five sections (or pillars) within a COVID-19 EOC according to the IMS are; Management section, Planning section, Operations section, Logistics section, Finance and Administration section². See figure 5 and 6 for minimum requirements in a COVID-19 EOC. These pillars are responsible for contributing to the generation of all COVID-19 EOC outputs (e.g. Situation reports, Incident Action plans, Analysis, Reports of after-action reviews, meeting notes, public health advisories etc.).

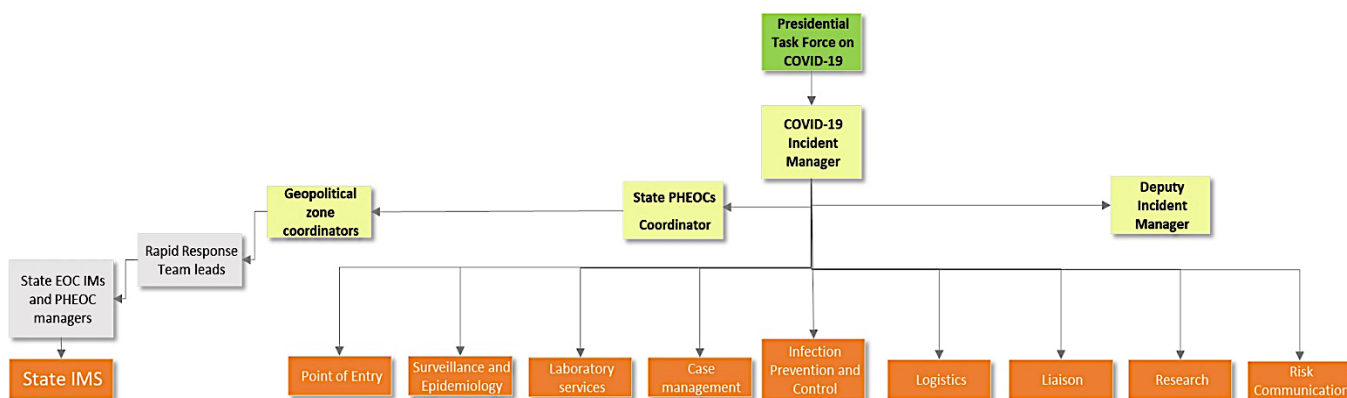


Figure 5 Minimum requirement for setting-up of a COVID-19 EOC

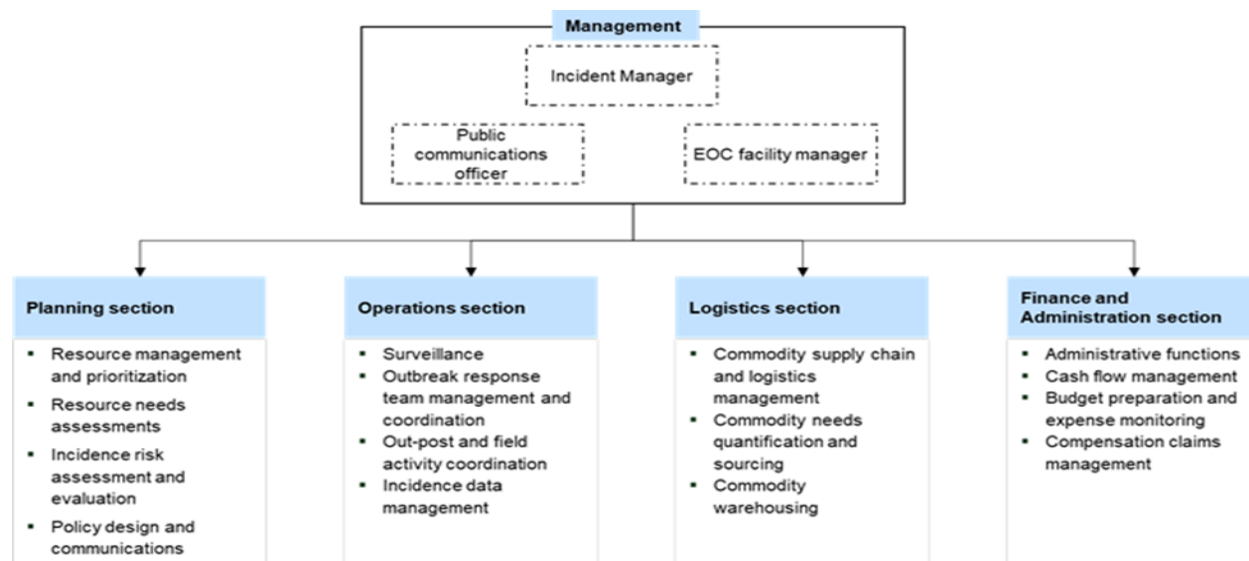


Figure 6 IMS structure and functional sections supporting the COVID-19 EOC

² WHO Framework for a PHEOC, 2015

WHAT IS THE CONCEPT OF OPERATIONS (CONOPS) AND WHY IS IT IMPORTANT TO THE EOC IMS FRAMEWORK?

Public Health Emergencies can involve multiple agencies, sectors, and jurisdictions. A concept of operations (CONOPS) identifies roles and responsibilities in a coordinated response, outlining how organizations work together. CONOPS³ (see figure 7) uses the incident management system to address the command and control arrangements for effective coordination of responding agencies from different sectors and jurisdictions, and of multiple levels of response (national, subnational and local level).

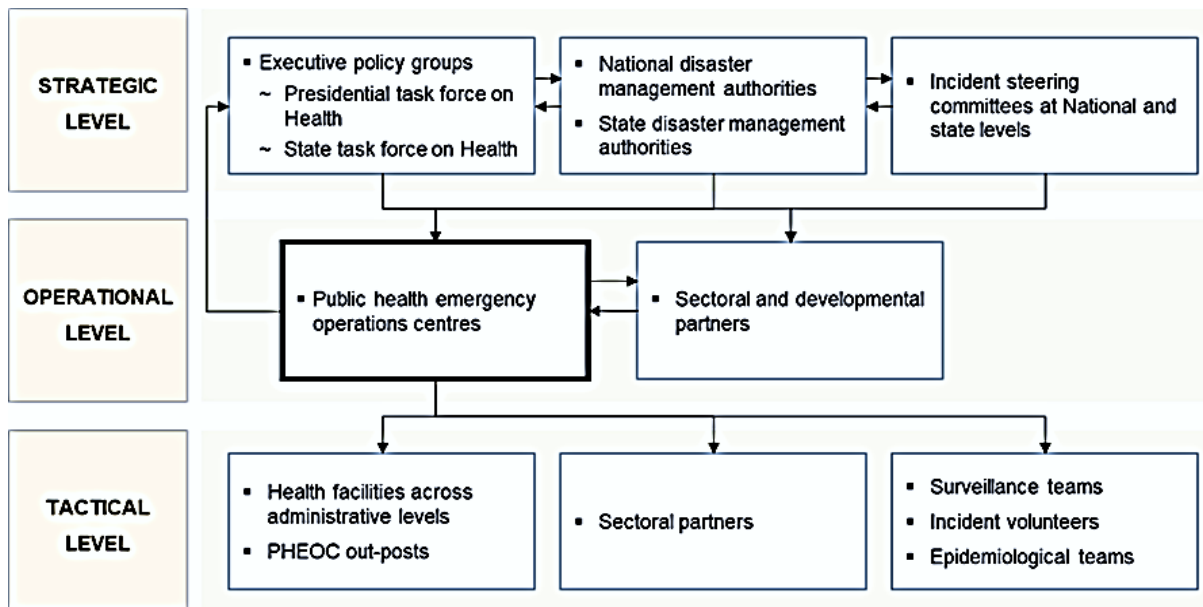


Figure 7 Organisational structure for command and control within an IMS framework

³ The principle of principle of ‘subsidiarity,’ which means decisions are made at the lowest appropriate level should be emphasised. In the case of Nigeria and has provided for by the 1999 Constitution of the Federal Republic of Nigeria, this decision resides with State Governments.

WHO SHOULD LEAD AT THE STRATEGIC, OPERATIONAL AND TACTICAL LEVELS

Leading a team during a public health response is critical to its success. One of the core elements in a PHEOC IMS structure are the **people**. They should be able to make decisions based on available data being generated from the COVID-19 EOC (see section 3 below) while able to manage available resources efficiently (see figure 8 below).

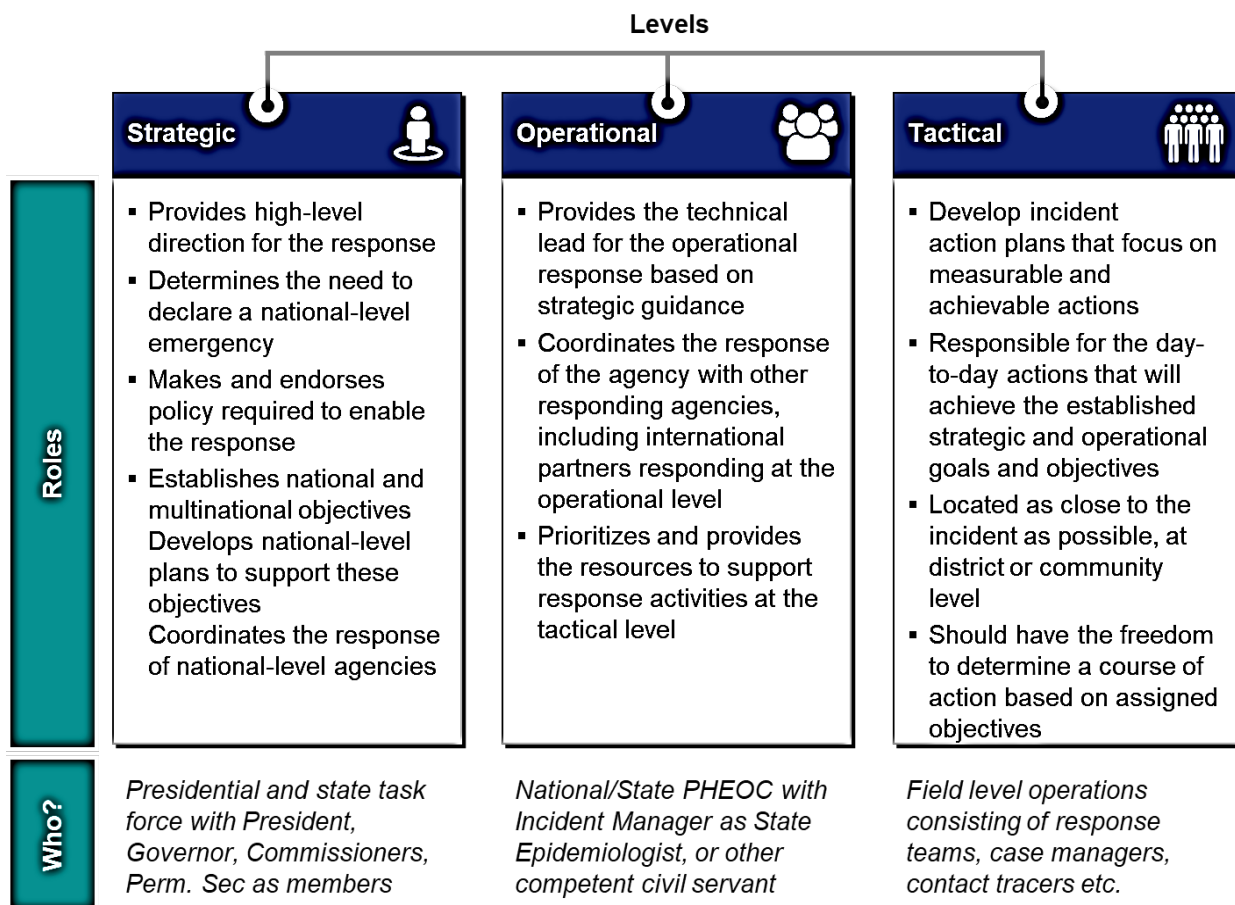


Figure 8 Roles across different levels in a CONOPs framework and responsible personnel

WHAT ESSENTIAL TOOLS ARE REQUIRED TO SUPPORT PHEOC FUNCTIONS?

COVID-19 EOC’s need to develop operational plans based on the objectives set-out during the activation of EOC. **One critical document that details the plan of action is the Incident Action Plan (IAP).**

An incident action plan describes the specific objectives that need to be achieved in succession in order to achieve **larger incident management goals**. It details priorities and strategies for operational and supporting activities. Incident action plans will be developed with coordination by the planning section, and they provide all PHEOC personnel with a road map on how to convert stated objectives into results for an effective emergency response for current and future situations (See Annex C for IAP sample template, see section 3 for list of more documents).

STEPS TO DEVELOPING AN INCIDENT ACTION PLAN FOR COVID-19

Development of an IAP typically starts before the onset of an incident and continues until the situation is resolved and a response evaluation is completed. **There are two levels to setting up an incident action plan**; initial action plan and ongoing action plan.

INITIAL ACTION PLAN

This follows immediately after the COVID-19 EOC is activated. The following activities are carried out while developing an initial incident action plan;

- Develop initial situational awareness by collecting and analysing information to gain an understanding of the nature, magnitude and impact of the emergency
- Identify resources available, response partners and stakeholders, and potential participants in a unified management group
- Assemble a planning team within the planning section, involving representatives of agencies that may participate and identifying priorities of incident management
- Address the resource requirements of staffing and supporting the COVID-19 EOC
- Issue statements of intent by leadership about the most important things to be accomplished and initiating action planning for the first operational period.

ONGOING ACTION PLAN

Ongoing action plans are developed mid-response to an incident, they are required if the initial priorities or situation of a response changes. The development steps for an IAP needs to be re-implemented to ensure the plan is comprehensive. Ongoing plans are reviewed on the basis of:

- Agency mandate and policy,
- Incident priorities,
- Direction from the policy group or strategic level of CONOPs (e.g. State Task force on COVID-19),
- The realities of the situation and the experience and judgement of COVID-19 EOC team members.

See *figure 9* below for an overview of the critical steps required when developing an IAP.

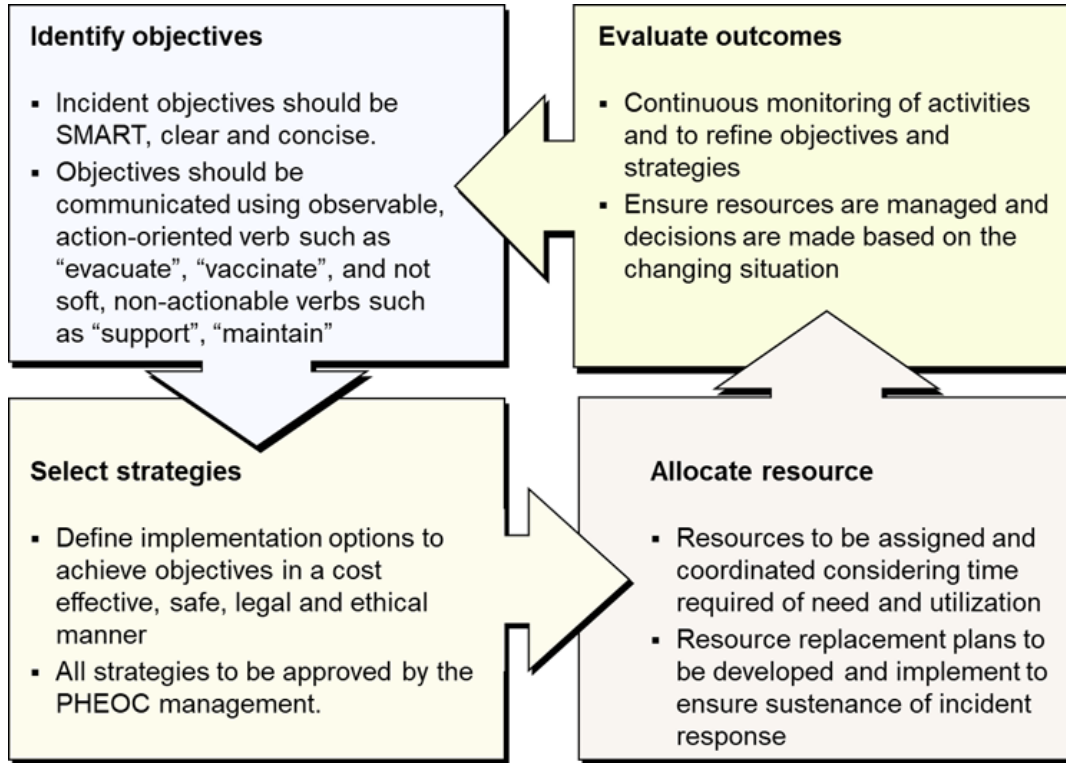


Figure 9 Steps to developing an incident action plan

WHAT IS EXPECTED OF EACH PILLAR WITHIN THE IMS STRUCTURE FOR COVID-19 RESPONSE?

Table 1 Expected objectives of the COVID-19 EOC by pillar

Pillar	Objectives
Surveillance and Epidemiology	<ul style="list-style-type: none"> Carry out intensified surveillance (active case search) for early detection and reporting, contact tracing, outbreak characterization and data analysis for response decision making on COVID-19 Analyse surveillance data and provide recommendations to the EOC for action
Case Management	<ul style="list-style-type: none"> Prompt isolation and management of suspected/ confirmed cases with improved outcomes
Infection Prevention and Control (IPC)	<ul style="list-style-type: none"> Ensure effective IPC protocols are in place and implemented to break the chain of transmission at POE, health facilities and communities Accreditation of isolation centres based on existing guidelines
Laboratory	<ul style="list-style-type: none"> Early laboratory confirmation of suspected cases as well as facilitate sample transportation to the laboratory Identify and establish sample collection points across states and LGAs (<i>see Annex J</i>)
Risk communication	<ul style="list-style-type: none"> Sensitise the community on preventive and protective measures, media engagement for awareness creation and appropriate reporting and advocacy for community participation and ownership Actively conduct rumour monitoring and countering misinformation
Point of Entry (PoE)	<ul style="list-style-type: none"> Screening of international and local passengers at POEs arrival points (at airport, land border and seaport) for early detection of high-risk passengers for follow-up, isolation of symptomatic and asymptomatic passengers and transfer of passengers to the designated isolation centres for testing
Logistics and supplies	<ul style="list-style-type: none"> Ensure there is adequate forecasting and quantification, prepositioning, tracking of drugs, lab reagent and health care products

SUMMARY

- ❖ A COVID-19 EOC should function at the Operational level of a command and structure, it should utilize an incident management system (IMS) for its operations and identify competent personnel to manage the COVID-19 EOC through an equally competent team
- ❖ According to the IMS, a COVID-19 EOC should have five sections to implement its operations – Management, Planning, Logistics, Operations, Data management. Each pillar has a minimum set of deliverables to ensure the EOC is functional and responsive to the ongoing outbreak
- ❖ The most critical operational tool of the COVID-19 EOC is the Incident Action Plan (IAP), it describes all initiatives to be deployed in the management of an incident in alignment with the objective and agreed strategies. IAPs can be categorized into Initial IAP and Ongoing IAP with flexibility to review based on how an incident evolves
- ❖ To develop an IAP; identify the objectives of activating the COVID-19 EOC, select strategies to achieve the objectives, allocate resources and evaluate outcomes

HOW DOES THE COVID-19 EOC COMMUNICATE & WHAT ARE THE INFORMATION NEEDS?

Communication within the sectors and pillars of the COVID-19 EOC is essential to coordinate the operations of every section of the COVID-19 EOC. Communication mechanisms include virtual or physical meeting platforms, communication tools (vertical reports, briefs, presentations etc.) and channels established by the COVID-19 EOC. Periodic communication plans should be developed by the various sections which will be shared upwards and sideways by the operational leads. See section 3.1 for tools used for communication once a COVID-19 EOC has been activated. *Table 2* provides an example of expected communication output from a COVID-19 EOC.

Table 2 Examples of communication materials generated at different times in an covid-19 EOC

Situation	Expected outputs
Before an outbreak	<ul style="list-style-type: none"> ● Pre-Incident action plan ● Incident action plan ● Database of available personnel ● Preparedness reports ● Public health advisories (Pre-incident) ● Case definitions and analytic reports
During an outbreak	<ul style="list-style-type: none"> ● Situation reports (SitReps) ● Analytic reports ● Case definitions ● In-process reports ● Public health advisories (Intra-incident)
After an outbreak	<ul style="list-style-type: none"> ● After action report ● Event evaluation reports ● Public health advisories (Post-incident)

EOC information needs helps provide answers to key activities during a response such as;

- Supporting the key business processes of public health professionals at the local level
- Helping decision makers prioritize immediate needs and guide future system enhancements by identifying the critical cues of potential public health events

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- Providing real-time information using data filters to enable understanding of what is happening, and how, when and where it is happening
- Determining the availability of staff to deliver services during routine and emergency operations
- Improving the design, testing, and execution of plans, preparedness, mitigation, coordination, and communication

To make these decisions, the COVID-19 EOC needs access to varied data sources. Examples of such data sources are listed in *Table 3* below⁴.

Table 3 Examples of data sources for EOC operations and decision-making

S/No.	Source	Example
1	Indicator-based surveillance system	<ul style="list-style-type: none"> • IDSR 002 • IDSR 003
2	Case-based surveillance system	<ul style="list-style-type: none"> • SORMAS
3	Event-based surveillance	<ul style="list-style-type: none"> • Taatafo
4	Syndromic surveillance	<ul style="list-style-type: none"> • Community volunteer reports
5	Healthcare facility/Laboratory/Pharmacy	<ul style="list-style-type: none"> • Hospital records (electronic and paper based) • Mortality registry • Discharge summaries • Pharmacy prescriptions • Laboratory data • Immunization records
6	Civil registration and vital statistics system	<ul style="list-style-type: none"> • Verbal autopsy
7	Employee records	<ul style="list-style-type: none"> • Absenteeism reports

⁴ NB. Data sources are examples and not exhaustive. Additional and relevant data sources may be explored across EOCs. However, quality of data and relevance should be a priority as these data sources are explored.

A COVID-19 EOC information and communication system includes six components:

1. Resources e.g. financial, human resources, infrastructure
2. Indicators e.g. morbidity, mortality, vaccine coverage
3. Data sources e.g. common operational datasets, health facilities data, reports from health management teams, financial data
4. Data management e.g. collection, analysis, use for action
5. A collaborative platform for information sharing
6. Information products e.g. situation reports, case summaries (*See annex H for SitRep sample*)

INFORMATION AND COMMUNICATIONS TECHNOLOGY INFRASTRUCTURE

As the daily COVID-19 EOC operations rely on a variety of information and communication technology (ICT) infrastructure (*See annex B for suggested list of EOC ICT requirements*). Key aspects of information management for COVID-19 EOC include:

- A telecommunications system or network comprising a variety of choices depending on available connectivity options, workstation computers with internet connections and phones for personnel
- For remote locations and public health incidents which require little human contact, communication infrastructure such as satellite telephones, **virtual communication applications such as Skype, Zoom, WhatsApp etc. may be required.**
- Large screen video displays which support the visual representation of the status of the event and its contextual aspects that influence decision-making. In addition, media monitoring capacity (television, radio, etc.) is required. It is useful to have video recording and playback capability.

The goal of an effective COVID-19 EOC information system is to increase the availability, accessibility, quality, timeliness, and usefulness of emergency operations information for public health action. Such an information system should support all the functions of the COVID-19 EOC, and have the capacity to:

- Ensure data security, privacy, and confidentiality (*See annex F for sample Non-disclosure agreements*)
- Ensure uninterrupted operation of systems and sharing of data
- Adopt data and information technology standards, to ensure interoperable COVID-19 EOC information systems that integrate seamlessly with other relevant national health information systems

WHAT ARE THE COMMUNICATION CHANNELS?

Channels of communication include (but not limited to); media briefings, press releases and use of innovative communication strategies to increase community awareness and behavioural change through risk communication. More examples are seen in Figure 10 below.

	Channels	Examples
Internal communication	❖ Coordination meetings	❖ Inter-section coordination meetings ❖ Working group meetings ❖ Strategy alignment / planning meetings
	❖ Internal periodicals	❖ Internal memos ❖ Incident status reports
External communication	❖ External periodicals	❖ Public health advisories ❖ Policy briefs ❖ Position papers and opinion papers ❖ Standard operating procedures ❖ Case management protocols ❖ Situation reports (SitReps)

Figure 10 Internal and external communication and potential channels of communication in the COVID-19 EOC

SUMMARY

- ❖ COVID-19 EOCs generate and provide information from existing or newly curated data sources and disseminates such through established channels. Such information should be shared freely across all levels to the strategic levels (e.g. Policy makers) and to the tactical levels (e.g. Incident response teams, health facilities)
- ❖ COVID-19 EOCs require ICT support such as teleconferencing applications and equipment, computers with internet connectivity at all times to ease communication and receipt of feedback
- ❖ COVID-19 EOCs require data security and confidentiality mechanisms to protect the integrity of generated data. Data management systems should be interoperable across all exiting platforms without undermining data quality or confidentiality
- ❖ Appropriate communication channels need to be established to ensure reliable and credible information is disseminated promptly at all times to internal and external stakeholders

How is COVID-19 EOC performance measured?

Monitoring and evaluation in COVID-19 EOC's are often focused on the effectiveness of the plans, procedures and infrastructure employed by the COVID-19 EOC. Identifying and correcting deficiencies in effectiveness provide the basis for continuous improvement. The IMS incorporates a process for capturing information about how well or how badly an event was managed, based on the plans for that event and from the perspectives of those involved. The COVID-19 EOC will have to measure performance through routine monitoring and evaluation as events evolve.

MONITORING COVID-19 EOC PERFORMANCE

Performance monitoring involves the routine reviews of a COVID-19 EOC's delivery of its mandate. This will often involve an appraisal of tactical operations such as follow and execution of action points for scheduled COVID-19 EOC meetings, progress with implementation of the IAP, tracking resources allocated etc. For these routine monitoring activities, few indicators of interest may include;

1. Status of action points (completed, delayed or not commenced) from COVID-19 EOC meetings
2. Time from request of rapid response team (RRT) to deployment
3. Laboratory turn-around time for confirmation of cases
4. Number of healthcare workers infected
5. Case fatality rates (CFR) by treatment/isolation centres
6. Length of hospital stay of confirmed cases in care/isolation centres

The COVID-19 EOC is at liberty to determine indicators to track progress during a response. This will be based on how data can be collected and what is feasible given disparities across geographies and demographics.

EVALUATING COVID-19 EOC PERFORMANCE

Evaluation will often involve the review of mid to long-term strategic objectives set out at the beginning of an outbreak or public health event. It usually happens after an outbreak/event is declared over or EOC has been de-escalated and takes two forms – **After Action Reviews (see WHO guide on conduct of AARs⁵)** and the **event response evaluation**. These customarily result in a report containing recommendations for overall improvement. During protracted events there is also the option of an in-process review.

TYPICAL QUESTIONS DURING EVALUATION OR AFTER-ACTION REVIEWS (AAR)

1. What aspects of the exercise or operation met expectations or standards, and how might the plans or the facility be improved?

⁵ Guidance for after action review (AAR) <https://www.who.int/ihr/publications/WHO-WHE-CPI-2019.4/en/>

2. What partially met expectations or standards, and what adjustments are needed to improve the plans or the facility?
3. What did not meet expectations, and what corrections are necessary to the plans or the facility?
4. Which capabilities were satisfactorily demonstrated by the exercise and which were not?

SUMMARY

- ❖ COVID-19 EOC's need to routinely monitor response activities through the approved IAP and other routine activities carried out within the EOC
- ❖ Evaluations are also essential and can be conducted in-process or after the outbreak ends (usually as After Action Review)
- ❖ Monitoring and Evaluation measures and benchmarks should however be established to inform strategic decisions

APPENDIX

A – TYPES OF COVID-19 EOC'S

Basic PHEOC	General PHEOC	Optimum PHEOC
<ul style="list-style-type: none"> ▪ Operates using a national public health emergency preparedness and response plan ▪ Has National public health resources (Human, material, financial) ▪ All personnel trained on PHEOC operations and on demand for response management ▪ 24/7 readiness for activation with 120 minutes ▪ Ability to conduct responses to public health contingencies and coordinate multisectoral response 	<ul style="list-style-type: none"> ▪ Operates using a national public health emergency preparedness and response plan ▪ Has National public health resources (Human, material, financial) ▪ All personnel trained on PHEOC operations and on demand for response management ▪ 24/7 readiness for activation with 120 minutes ▪ Ability to conduct responses to public health contingencies and coordinate multisectoral response ▪ Ability to support regional coordination ▪ Has infrastructure and information system that support expanded missions 	<ul style="list-style-type: none"> ▪ Operates using a national public health emergency preparedness and response plan ▪ Has National public health resources (Human, material, financial) ▪ All personnel trained on PHEOC operations and on demand for response management ▪ 24/7 readiness for activation with 120 minutes ▪ Ability to conduct responses to public health contingencies and coordinate multisectoral response ▪ Ability to support multiple national, regional and international response coordination ▪ Has infrastructure and information system that support expanded missions ▪ Has procedures for accessing extra-jurisdictional resources

B - PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE SETUP AND OPERATIONAL NEEDS IN A GLANCE

- Assessments of risk, vulnerable populations, and an agency's capacity (resources) and capability (competency) to respond. These should be completed along with action or mitigation plans for priority issues or risks
- Resources adequate for a response should be built and maintained – covering physical, financial and human resources (including three-deep cover for key IMT roles)
- All-hazard response plans and standard operating procedures should be in place
- Legal and policy frameworks should be in place
- A standardised, scalable IMS should be identified that allows for effective coordination of all responding agencies
- The IMS should combine the most useful features of the traditional system with the necessary public health functions, such as surveillance, disease control, environmental health and vector control, social mobilisation and communication for behavioural impact
- Trained, competent staff should be available to be deployed at short notice (benchmark: staff deployed to IMT within 60 minutes)
- Surveillance and early warning systems should be in place (benchmark: decrease in time to detect/report public health threats)

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- Minimum, standardised sets of monitoring indicators should be established for the evaluation
- Standardised and validated forms for effective capture of information and data should be available
- Disease control strategies should be in place (benchmarks: decrease in time to identify causes, risk factors and interventions; decrease in time to provide countermeasures and guidance to the affected; demonstrated decline in mortality and morbidity; demonstrated control of transmission rates)
- A risk communication plan should be in place (measure: time to issue a risk communication message to public)
- Methods for developing, maintaining and sharing situational awareness within and across agencies should be in place
- Streamlined, pre-defined processes for decision-making within and across agencies (including clearance and approvals processes) should be in place
- Decision support documents should be available, outlining the risks and benefits of different interventions
- Mutual aid agreements should be in place for sharing resources across jurisdictions and agencies
- Incident action plans (IAPs) should be developed during an emergency, with objectives that are continually measured and corrected during an operation (benchmark: IAP developed before start of second operational period)
- Post-exercise and post-event evaluations should be undertaken and lessons learned captured in after action reports, with subsequent action/implementation plans (measure: time from end of operation to date draft is submitted)

C - INCIDENT ACTION PLAN - SAMPLE TEMPLATE						
INCIDENT Action PLAN						
Incident Name		Operational Period	IAP Type			
			Day	Month	Year	Initial
		From				Updated
		To				Final
Incident No:		Incident Manager				
Risk Status:		Telephone				
Response Level:		E-Mail				
Incident Background						
Response objectives						
Response Strategies						
Pillar objectives and expected results						
IMT	Name	Functional Role	Organization	E-mail/Phone		

OPERATIONAL READINESS ACTIVITIES (to be done across all pillars – Coordination, Surveillance and Epidemiology, Laboratory, Case management, Risk communication, Logistics & supplies, IPC, Research)					
[INSERT PILLAR NAME]					
Pillar objectives: [State pillar objectives]					
Specific objectives:					
• [State specific objectives]					
S/N	Assigned Task(s)	Unit Cost	No Required	Cost(N)	Timeline

Budget Summary:

D - CHECKLIST FOR IMPLEMENTING A PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE

Source: WHO, Framework for implementing a PHEOC, 2015

PHEOC PLANNING GUIDANCE		
	Legal authority	Comments
1	<input type="checkbox"/> Legal authority for PHEOC established <input type="checkbox"/> Government commitment has been secured <input type="checkbox"/> Public health emergencies are recognised as potential national disasters	
2	<input type="checkbox"/> The collaboration mechanism between the Ministry of Health and the National Disaster Management Organization, other Ministries, agencies and sectors during public health emergencies has been defined and agreed	
3	<input type="checkbox"/> Mandate and scope of PHEOC decisions and operations approved by government, partners and stakeholders	
Policy group		
4	<input type="checkbox"/> A policy group to provide policy guidance to PHEOC has been established	
Steering committee		
5	<input type="checkbox"/> A steering committee of PHEOC stakeholders has been established for the planning and development of PHEOC	
6	<input type="checkbox"/> Hazards, vulnerabilities and resulting risks have been identified and prioritized	
7	<input type="checkbox"/> PHEOC objectives have been developed	
Planning		
8	<input type="checkbox"/> An all-hazards national public health emergency management plan, addressing priority risks, has been developed and approved	
9	<input type="checkbox"/> Emergency Response Plan for the health sector is in place.	
10	<input type="checkbox"/> Response plans detail roles and responsibilities for MoH and other response agencies, sectors and jurisdiction at various levels in the response organization, including private sector and NGO organizations.	
11	<input type="checkbox"/> Response plans describe scaled levels of response with resource requirements for each level and procedures for acquiring additional resources	
12	<input type="checkbox"/> Response plans detail the notification, reporting, engagement and coordination requirements	
13	Response plans contain information about laboratories including: <ul style="list-style-type: none"> <input type="checkbox"/> Contact information <input type="checkbox"/> Types, e.g. biosecurity level, locations, business hours, contact information and links to MoH surveillance systems <input type="checkbox"/> Types of specimens or samples tested <input type="checkbox"/> Types of testing provided <input type="checkbox"/> Standard Operating Procedures for collection, packaging, shipping and maintaining chain of custody of specimens and samples. 	

14	<p>Response Plans contain verified location, contact and emergency response information for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hospitals, clinics and treatment centres <input type="checkbox"/> Points of entry <input type="checkbox"/> Pharmacies <input type="checkbox"/> NGO's in-country <input type="checkbox"/> Public health units <input type="checkbox"/> Social services offices <input type="checkbox"/> Shelters <input type="checkbox"/> Partner Government agencies <input type="checkbox"/> IHR Focal Point and WHO IHR contact point <input type="checkbox"/> Other subnational PHEOCs or National coordination centre 	
15	<input type="checkbox"/> Response plans provide SOPs for coordinating with law enforcement and national security agencies.	
IMPLEMENTING A PHEOC		
16	<ul style="list-style-type: none"> <input type="checkbox"/> A clear operational structure based on the IMS and comprising (i) Management, (ii) Operations, (iii) Planning, (iv) Logistics and (v) Finance and Administration functions is in place <input type="checkbox"/> Staff, trained in emergency response management and mission-critical public health activities and objectives, are available to fill key PHEOC roles at all times <input type="checkbox"/> A roster of incident managers is maintained <input type="checkbox"/> The PHEOC facility manager has been appointed <input type="checkbox"/> The information manager has been appointed 	
17	<p>The PHEOC has the capability to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> prepare public health alerts <input type="checkbox"/> conduct web surveillance to detect and correct of rumours, public and interest group concerns and media misinformation 	
18	<ul style="list-style-type: none"> <input type="checkbox"/> Infrastructure, personnel and procedures are in place sufficient to support IHR (2005) notification requirements (surveillance, detection, reporting, IHR focal point) <input type="checkbox"/> The PHEOC has the capability to produce and share a common operational picture 	
19	<input type="checkbox"/> The PHEOC has the capability to direct and support logistical operations for the acquisition, storage, transportation and delivery of PPE, medical equipment, pharmaceuticals, laboratory supplies and medical countermeasure supplies for public health emergency responses in country	
20	<input type="checkbox"/> The PHEOC has the capability to provide logistical and operational support for team(s) and protect the health and safety of deployed teams	
21	<input type="checkbox"/> Administrative policy has been formulated to support emergency contracting, hiring, procurement and management of donor funds.	

CORE COMPONENTS OF A PHEOC	
Plans and procedures	
22	<input type="checkbox"/> PHEOC plans (EOC plan and CONOPS) have been approved
23	<p>The PHEOC plan/handbook for staff includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A concept of operations <input type="checkbox"/> Map of the PHEOC workstations, rooms and inventories of equipment <input type="checkbox"/> Routine staffing requirements <input type="checkbox"/> Standard operating procedures <input type="checkbox"/> Forms and templates for data collection, reporting, briefing etc <input type="checkbox"/> Documentation and records management processes <input type="checkbox"/> Role descriptions and job aids for PHEOC functional positions <input type="checkbox"/> Response levels and thresholds <input type="checkbox"/> Activation, scaling, deactivation thresholds and procedures <input type="checkbox"/> Contact information for key officials and PHEOC personnel <input type="checkbox"/> Notification and communication protocols with host agency, response organizations and partner agencies.
24	<input type="checkbox"/> Procedures and equipment are in place to establish and maintain communications between the IHR Focal Point and WHO Regional and Headquarters offices
25	<input type="checkbox"/> Where relevant, hazard-specific response annexes have been developed to address chemical, infectious disease, radiological or food and water safety threats.
26	<input type="checkbox"/> Procedures in place for credentialing and permitting access for health professionals from other jurisdictions to operate in-country
27	<p>The PHEOC has a Business Continuity Plan (Continuity of Operations Plan) which includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Priority functions that need to be maintained <input type="checkbox"/> Key personnel that are needed to implement the plan <input type="checkbox"/> Alternative/backup PHEOC site(s) and relocation plans <input type="checkbox"/> Records and data management procedures <input type="checkbox"/> Processes for maintaining critical external communications <input type="checkbox"/> Activation, notification and deactivation procedures
28	<p>The PHEOC has a communications plan for emergency public information and warning that outlines:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Triggers for issuing information to general public or specific audiences <input type="checkbox"/> Message templates for priority threats <input type="checkbox"/> Roles and responsibilities for communications staff <input type="checkbox"/> Procedures for developing and approving new messages <input type="checkbox"/> Procedures for issuing risk communications using traditional media, official social media accounts and agency website posting. <input type="checkbox"/> Process for developing linguistically and culturally appropriate messages. <input type="checkbox"/> Approval authorities for external messages.

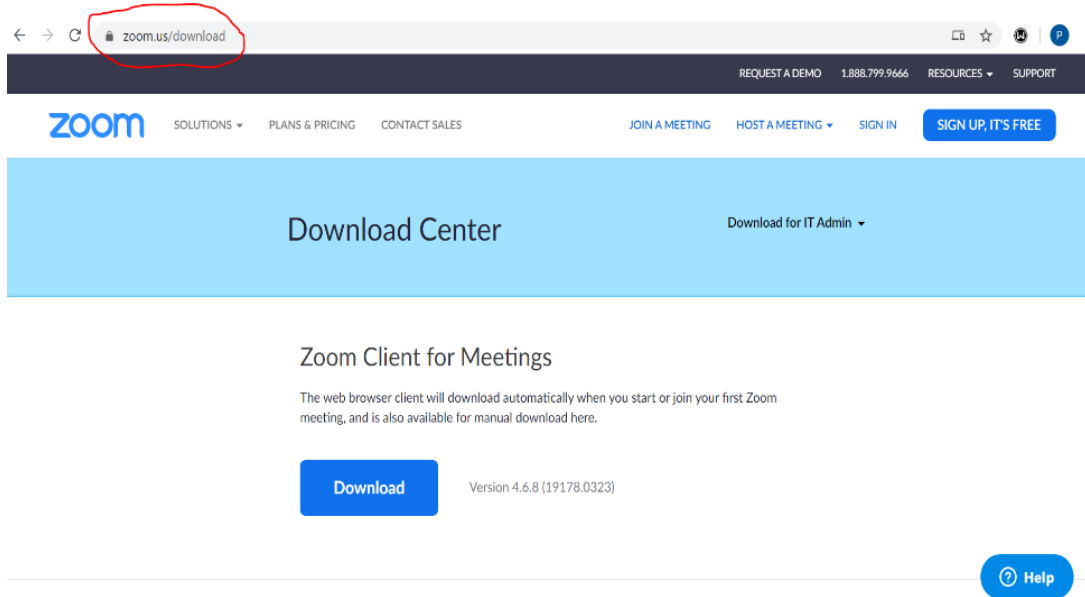
29	<input type="checkbox"/> Deactivation and demobilization plans describe procedures for notification, closing procedures, debriefings, records management, restoring and repatriating staff and supplies to pre-incident levels or to regular roles.	
Physical infrastructure		
30	<input type="checkbox"/> A PHEOC suitable facility is available <input type="checkbox"/> A multi-use facility can be converted in one hour to an adequate operational PHEOC <input type="checkbox"/> A suitable facility has been acquired but not yet developed as an operational PHEOC	
31	<input type="checkbox"/> The PHEOC meets requirements for accessibility, security, structural integrity and resistance to natural and human generated hazards. <input type="checkbox"/> The PHEOC has adequate space for the all expected PHEOC functions, private meetings, surge staff, secure communications, IT equipment and support personnel <input type="checkbox"/> The PHEOC has audiovisual functionality to project operational, contextual and event status information, tested and maintained	
32	The PHEOC has: <ul style="list-style-type: none"> <input type="checkbox"/> sufficient potable water supply and adequate water to address sanitary requirements <input type="checkbox"/> structural maintenance, janitorial and waste removal services <input type="checkbox"/> toilet and sanitary facilities scaled for the expected occupancy <input type="checkbox"/> approved quantity of first aid supplies <input type="checkbox"/> an approved fire suppression system and/or equipment <input type="checkbox"/> a staff evacuation plan <input type="checkbox"/> security measures to control access <input type="checkbox"/> a backup site that can be activated if the primary site becomes untenable 	
Information and communications technology (ICT) infrastructure		
33	<input type="checkbox"/> The PHEOC has sufficient computer workstations with necessary application software loaded and tested.	
34	<input type="checkbox"/> PHEOC servers and backups, with needed applications are maintained and routinely tested	
35	<input type="checkbox"/> The PHEOC has sufficient tested telephonic and/ or interoperable radio communications for every workstation and meeting space, with spares.	
36	<input type="checkbox"/> There is tested web or video conferencing equipment in a private meeting space.	
37	<input type="checkbox"/> There are sufficient printers, copiers, fax machines and scanners are maintained and functional.	
38	<input type="checkbox"/> There is sufficient quantity of electricity including backup capacity (generator and fuel, UPS for critical data storage and processing)	
39	<input type="checkbox"/> The facility has an HVAC system sufficient to maintain comfort for occupants and keep IT equipment cool.	

Information systems and data standards		
40	<p>The PHEOC has the capability to receive, analyse, display, report and share reports of reportable and unusual diseases and health conditions from:</p> <ul style="list-style-type: none"> <input type="checkbox"/> public and private sector healthcare providers and facilities <input type="checkbox"/> sub-national offices and units <input type="checkbox"/> veterinary and animal health sources <input type="checkbox"/> points of entry <input type="checkbox"/> NGOs <input type="checkbox"/> Other national governments and international agencies <input type="checkbox"/> Other arms and branches of government and Community based sources 	
41	<ul style="list-style-type: none"> <input type="checkbox"/> The PHEOC has the capability to collect, process and share field epidemiological and other investigational data (including (i) receiving, aggregating and analyzing field data, and (ii) visualization of epidemiological information and timely preparation of reports in standardized format for decision making and sharing with partners) 	
42	<ul style="list-style-type: none"> <input type="checkbox"/> The PHEOC is linked to a national surveillance information structure for monitoring and responding to priority risks. 	
43	<p>The PHEOC has the capability to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> receive and share public health laboratory data related to outbreaks and events <input type="checkbox"/> receive, produce and share integrated surveillance information containing epidemiological findings and laboratory results at individual and aggregated levels <input type="checkbox"/> provide data analytic support for other events of public health interest (eg: mass gatherings) <input type="checkbox"/> produce geospatial information such as maps and other visualizations from common operational datasets <input type="checkbox"/> ascertain the status and report key external partner/resource information such as hospital bed availability, treatment centres, laboratories etc. <input type="checkbox"/> monitor the status and needs of deployed field teams and other responder personnel including assisting international support and NGOs <input type="checkbox"/> display contextual operational information such as population distribution, administrative and political boundaries, transportation infrastructure, hydrology and elevations 	
44	<ul style="list-style-type: none"> <input type="checkbox"/> The PHEOC datasets include identification of information necessary to develop a common operational picture for priority risks 	
45	<ul style="list-style-type: none"> <input type="checkbox"/> The PHEOC can access, display and track status information regarding affected persons and vulnerable populations 	
46	<ul style="list-style-type: none"> <input type="checkbox"/> The PHEOC has the capability to monitor and account for all resources utilized in a response 	
47	<ul style="list-style-type: none"> <input type="checkbox"/> The PHEOC has the capability to track and display the status of tasks and objectives 	
48	<ul style="list-style-type: none"> <input type="checkbox"/> Staff filling IMS functional roles are trained to use relevant software 	

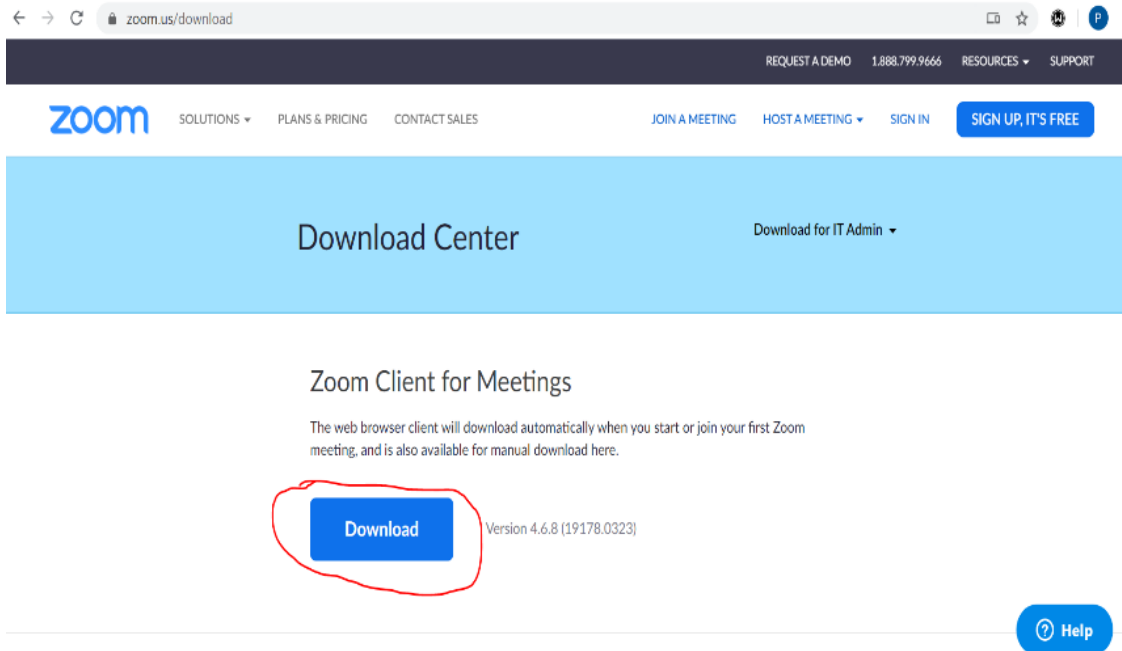
Human Resources		
49	<input type="checkbox"/>	The PHEOC has designated non-emergency staffing to manage the facility
50	<input type="checkbox"/>	Technical personnel are available for the operation, maintenance and repair of audio-visual, telecommunications and computer equipment.
51	<input type="checkbox"/>	There are personnel trained in emergency management and PHEOC standard operating procedures
52	<input type="checkbox"/>	There is sufficient trained staff to activate the PHEOC on short notice
53	<input type="checkbox"/>	The PHEOC has the capability to identify and contact a roster of trained personnel, equipment and supplies for deployment to field sites responders (e.g. rapid response teams)
TRAINING AND EXERCISES		
54	<input type="checkbox"/>	The PHEOC has a dedicated training program based on a training needs assessment for incident management personnel that addresses staff roles during response operations; utilization of communications and data processing equipment and software; and hazard-specific response knowledge.
55	<input type="checkbox"/>	The PHEOC has a comprehensive, progressive exercise program for all staff and partners, national and NGO agencies and produces evaluation reports that identify corrective actions required.
MONITORING AND EVALUATION		
56	<input type="checkbox"/>	The PHEOC training and exercise programs are primary components of a performance monitoring and evaluation system focused on continuous improvement of public health emergency management capability and effectiveness.
COSTING, FUNDING AND SUSTAINING A PHEOC		
57	<input type="checkbox"/>	The PHEOC plan includes an itemised schedule of costs
58	<input type="checkbox"/>	There is funding plan and funding mechanism to support the PHEOC
59	<input type="checkbox"/>	Funds are available to develop and sustain the PHEOC

E - INSTALLATION GUIDELINES FOR ZOOM TELECONFERENCING APP

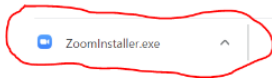
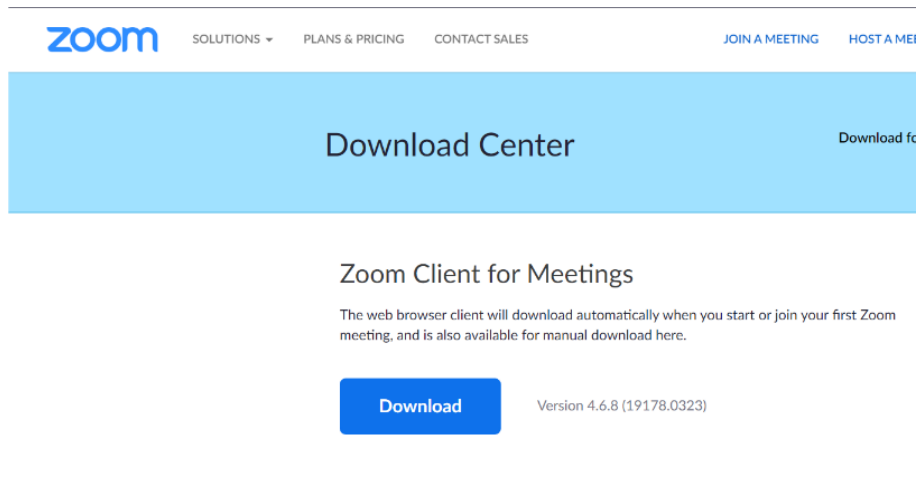
- 1) Ensure that you are connected to the internet.
- 2) Open your web browser and enter the URL: <https://zoom.us/download>



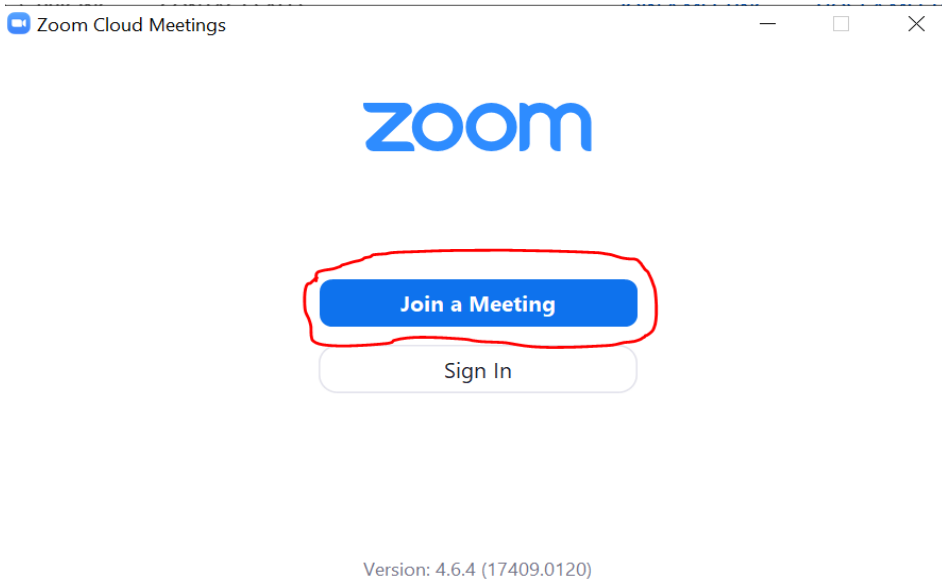
- 3) Click on the Download button



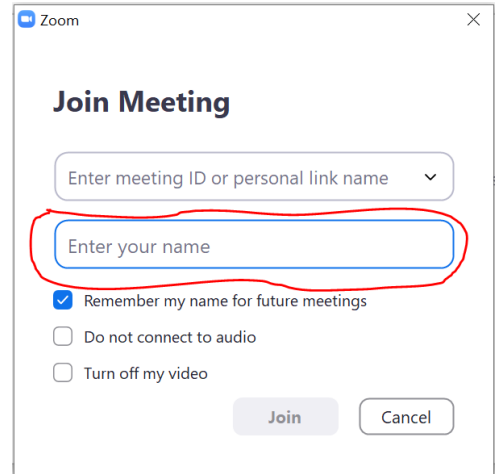
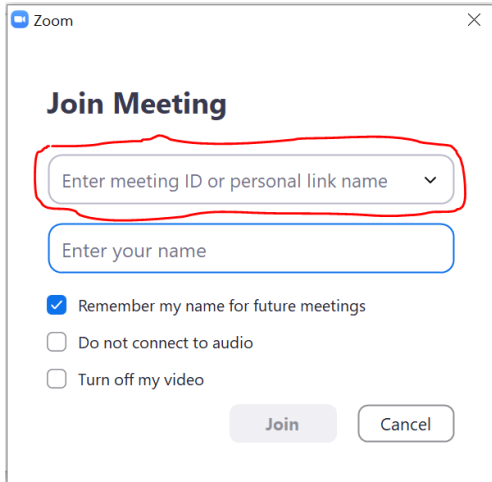
- 4) This application will automatically download.
- 5) Click on the ZoomInstaller.exe to install zoom.



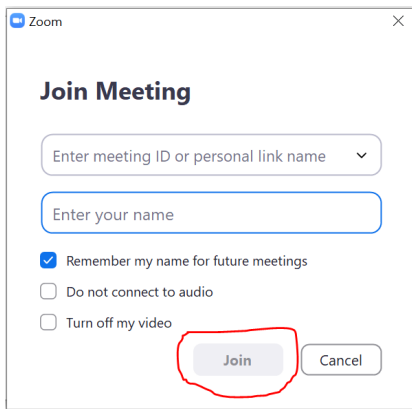
- 6) After installation, select “Start Zoom” from the Start Menu to start the zoom app. Click on “Join a Meeting” to join a meeting.



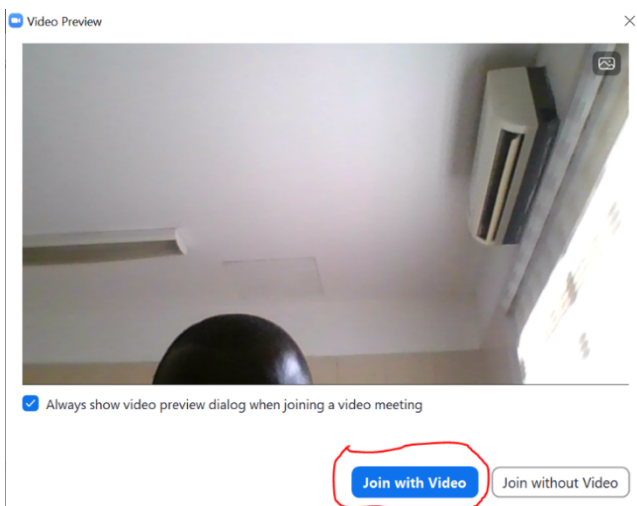
- 7) Enter the zoom meeting ID or link sent to you in the “Enter meeting ID or personal link name” box. Enter your name too in the “Enter your name” box.



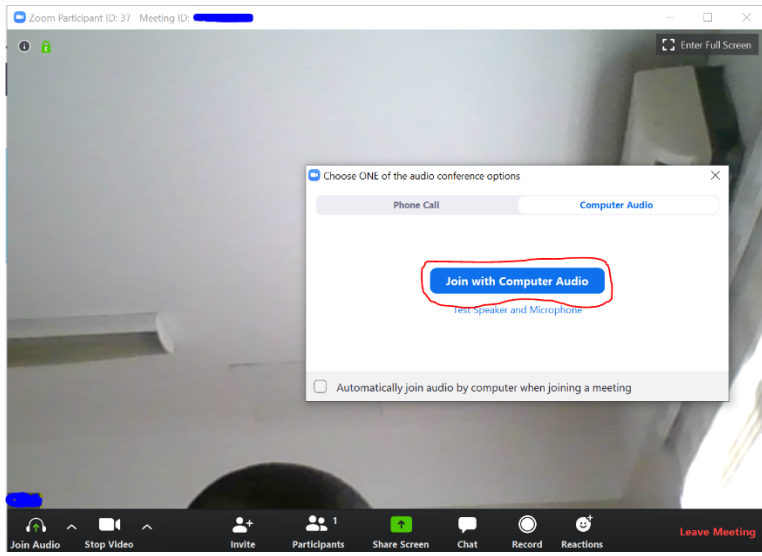
8) Click on "Join"



9) On the next window click on "Join with Video" to join the meeting with video or "Join without Video" to join the meeting without video.



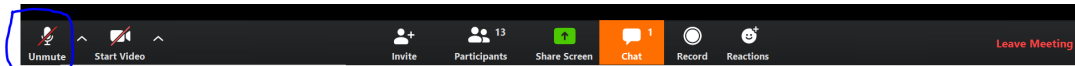
10) Click on "Join with Computer Audio" to join the meeting with computer audio.



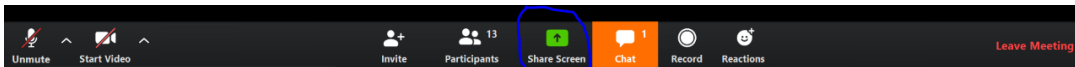
11) You have successfully joined a meeting on zoom.

Other Functions

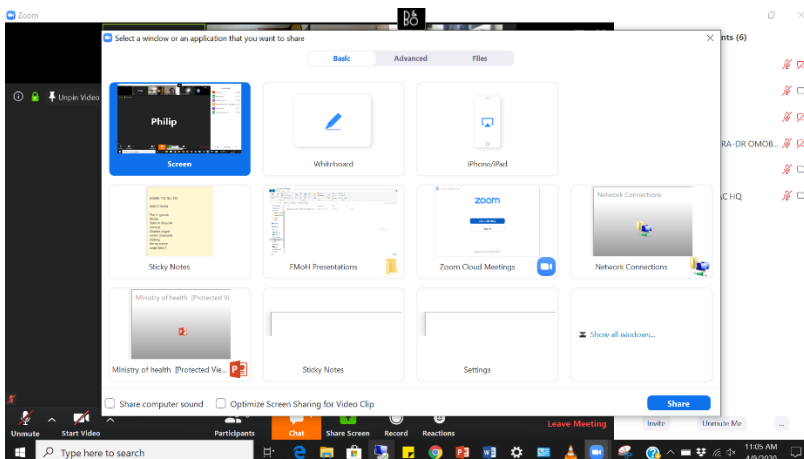
12) To mute and unmute your microphone, click on the microphone icon.



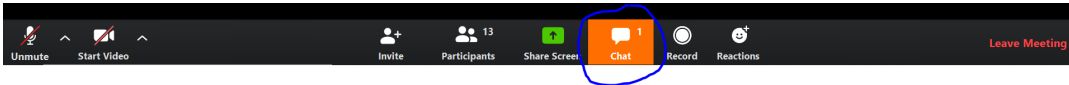
13) To share your screen, click on the green button "Share Screen".



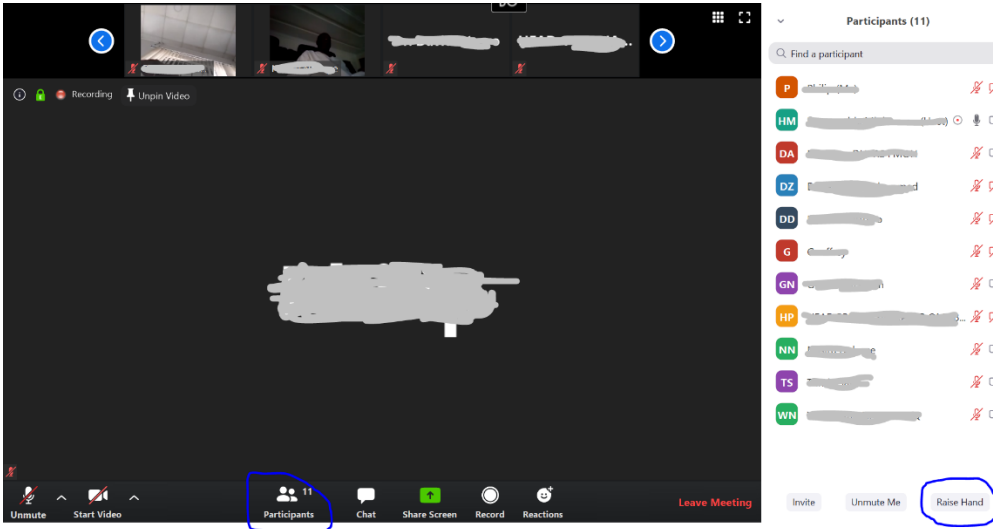
Select the screen to share and click on the Blue "Share" Button.



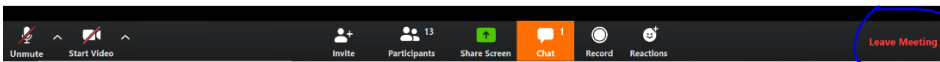
14) To view and send messages or chat to participants, click on the “Chat” button.



15) TO use the Raise hand function, click on the “Participants” icon, locate the “Raise Hand” function and click on it.



16) To leave the meeting click on “Leave Meeting”.



F – COVID-19 NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT

NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT

Background Information

The Nigeria Centre for Disease Control (NCDC), has the mandate to lead the preparedness, detection and response to infectious disease outbreaks and public health emergencies. The Bill for an Act to establish NCDC was signed into law in November 2018, by President Muhammadu Buhari, having administrative Headquarter at Plot 801 Ebitu Ukiwe Street, Jabi, FCT (also hereinafter, “NCDC”).

Where a staff of NCDC or a partner or individual or organization is engaged to carry out or support the NCDC or any public health outbreak coordinated by the NCDC, the appropriate confidentiality and security requirements must be followed.

The standard specified in the agreement should be consistent with the Information Governance standards expected of the NCDC and other public sector organisations. In addition, for support functions that do not directly process data but may become party to it, it is a requirement to keep information confidential.

In addition, the NCDC requires that any staff, contracted individual, volunteer, representative of a partner or organisation adheres to this agreement with respect to any document or information relating with health security implications, commercial confidentiality and intellectual property claimed by the NCDC in the provision and handling of the documentation and information.

Outbreak related information, surveillance information, details of staff deployed to the field, patient information, particularly their health or treatment details, is highly sensitive. If such information was leaked to the wrong people, it could cause severe embarrassment to the patients concerned, their families and to the organisation and or put the lives of staff at risk. There could be legal action following such a breach of confidentiality.

In addition, any inappropriate or unauthorised disclosure of sensitive information or unlicensed reuse of intellectual property could be subject to legal action.

The Agreement: This agreement relates to requirements of the Public Service Rules 2008, Nigeria Data Protection Regulation 2019, National Health Act 2014, the ‘common law duty of confidentiality’ and the Freedom of Information Act 2011.

1. The following terms apply where an external organisation or its staff may gain access to, or have provided to it, personal identifiable information (defined within the terms of the Nigeria Data Protection Regulation 2019) when working for NCDC. It also applies where the third party is privileged to classified information, security related information and any intellectual property of NCDC.
2. The access referred to in point 1 above may include:
 - a. Access to or sharing of information held in any electronic format or on paper
 - b. Information that is part of verbal discussions
3. All personal identifiable information, sensitive data or classified data (as defined by the Official Secrets Act) will be treated as confidential and will not be disclosed to any other persons.

4. Where the activities performed by a staff, partner, or volunteer do not require them to process information, but they may become party to it by overseeing or overhearing, they will be required to keep such information confidential.
5. The obligations of either party under this Agreement shall not extend to any part of the data:
 - a. that can be demonstrated to have been in the public domain or publicly known and readily available to the trade or the public prior to the date of the disclosure; or
 - b. that can be demonstrated by written records to have been in the possession of the other party or readily available from another source prior to the disclosure; or
 - c. that becomes part of the public domain or publicly known by publication or otherwise, not due to any unauthorized act by the other party; or
 - d. that can be demonstrated by written records to have been developed independent of this agreement.
6. In the event a party is required by judicial or administrative process to disclose any of this data, such party shall promptly notify the other and allow a reasonable time to oppose such process.
7. Each party's obligations under this Agreement shall extend for a period of one (1) year from the Effective Date of this Agreement unless a party informs the other to the contrary, in which case the obligations herein shall extend for a further period of three (3) years.
8. Any breach of the terms of this agreement may result in termination of arrangements (including formal contracts) and legal action may be taken.

Declaration

I agree to the above terms and conditions (Recipient)

Recipient

Representative of PHEOC

Authorized Signature and date

Authorized Signature and date

Print Name and Title

Print Name and Title

Organization (if applicable)

Organization (if applicable)

G - REQUIRED KNOWLEDGE, SKILLS AND ABILITIES FOR PHEOC FUNCTIONS

(Source: WHO, Framework for implementing a PHEOC, 2015)

Policy

- Identify current health trends and gather information that can inform options for policies, programmes and services
- Recognize the value in having an incident command structure during an emergency situation
- Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits
- Describe the legal authorities related to the distribution and dispensation of medical supplies and the effect of a state and/or federal emergency or public health declaration on those authorities

Planning

- Contribute to the development and implementation of the organizational strategic plan and emergency plans
- Gather appropriate information for evaluating policies, programmes and services
- Apply strategies for continuous quality improvement
- Verify the credibility of information sources
- Use analytical tools to analyse information and recommend specific actions

Command

- Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources
- Demonstrate an ability to fulfil functional roles in response to a public health emergency
- Develop staff by providing opportunities for professional development for individuals and teams (e.g. training, mentoring, peer advising, coaching) and encouraging use of professional development opportunities by individuals and teams
- Manage organizational change to modify practices in consideration of changes (e.g. social, political, economic, scientific)
- Facilitate collaboration with internal and external emergency response partners
- Demonstrate advanced problem solving skills under emergency conditions
- Utilise staff and technology to maintain situational awareness
- Distinguish the roles of staff involved in collecting and disseminating information for audiences (e.g. coordinator, public information officer, technology/IT departments, etc.)
- Distinguish routine from urgent management information

- Classify information for internal and external audiences
- Clarify the roles of team members in an incident management system
- Summarize the roles and responsibilities of public health personnel in a variety of public health emergencies and in the incident management system
- Demonstrate commitment to safety of personnel by employing protective behaviours according to changing conditions, personal limitations and threats
- Categorize and evaluate potential threats and emergencies
- Describe the relationship between protective measures and behaviours and reduction of worker risk of injury or illness
- Employ practices to minimize exposure to agents and hazards during an emergency
- Know and act within the scope of federal, state, tribal, and local statutory and regulatory authority during public health emergencies and through state and/or federal declarations of emergency

Communications

- Differentiate between risk communication and emergency crisis communication
- Prepare and deliver messages using the principles and guidelines for crisis and risk communication
- Demonstrate cultural sensitivity as essential to communicating with diverse populations
- Convey information to professionals, personnel and the public using a variety of approaches (e.g., reports, presentations, press releases, emails, social media, etc.)
- Communicate effectively in writing and orally, in person and through electronic means, with linguistic and cultural proficiency
- Maintain relationships with diverse community partners to assist with communicating preparedness planning and population-specific messages
- Verify the credibility of information and sources

Operations

- Interpret and communicate procedures in emergency operations plans related to information management
- Recognize and report information potentially relevant to the identification and control of an emergency through the chain of command
- Know and manage or apply decontamination or disinfection procedures as necessary
- Use information technology in accessing, collecting, analysing, using, maintaining, and disseminating data and information
- Use informatics standards
- Apply ethical principles in accessing, collecting, analysing, using, maintaining, and disseminating data and information
- Determine quantitative and qualitative data and information

- Collect, analyse and interpret data to determine validity and reliability
- Practice process improvement

Logistics

- Support information systems development
- Administer procurement procedures and protocols, particularly those most relevant to public health
- Perform IT systems operations and maintenance
- Use inventory management systems
- Plan and implement distribution systems
- Know hazardous materials regulations
- Practice supply chain management
- Know human resource policy, procedures, recruitment and rostering practices
- Provide or administer facilities maintenance services
- Develop and maintain database of contact persons, experts, facilities, logistics, etc.
- Utilize records management systems for important documents and financial records that satisfy agency standards
- Distinguish between different types of electronic information and sources
- Describe and utilize the financial planning, budgetary and cashflow processes of the agency
- Design and implement financial plans for assigned operational projects
- Prepare proposals for funding (e.g. to foundations, government agencies, corporations, etc.)
- Negotiate contracts and other agreements for programmes and services
- Process compensation claims (incentives, insurance, expenses).

H – SITUATION REPORT (SITREP) TEMPLATE

COVID-19 SITUATION REPORT

SITUATION REPORT 59

Monday, 27th April 2020

DATA AS REPORTED AND ACCURATE BY NCDC by Midnight 27th April 2020

- ### HIGHLIGHTS
- No new states reported a COVID-19 case in Nigeria. The total number of states that have reported at least one confirmed case in Nigeria is still **33** (32 states + FCT).
 - Sixty-four (**64**) cases were reported in the last 24 hours – Lagos (34), FCT (15), Borno (11), Taraba (2), Gombe (2).
 - The DG NCDC focused on efforts to coordinate a calibrated response to the case surge in Kano
 - President Muhammadu Buhari, in an address to the nation, announced the one-week extension of the lockdown in Lagos, Ogun and the FCT and the commencement of a two-week lockdown in Kano state to curb the spread of the virus

UPDATES IN NUMBERS

Total (New in the last 24 hours)

SAMPLES TESTED
12,004 (578)

CONFIRMED CASES
1337 (64)

AFFECTED STATES INCLUDING FCT
33 (0)

DISCHARGED CASES
251 (16)

CONFIRMED FATALITIES
40 (0) – 3% CFR

DEMOGRAPHICS
MALE – 888 (66%)
FEMALE – 449 (34%)

MOST AFFECTED AGE GROUP
31 - 40 (22%)

TOTAL NUMBER OF PEOPLE OF INTEREST
9295 (Total)
9,213 (99% - Exceeded Follow Up)

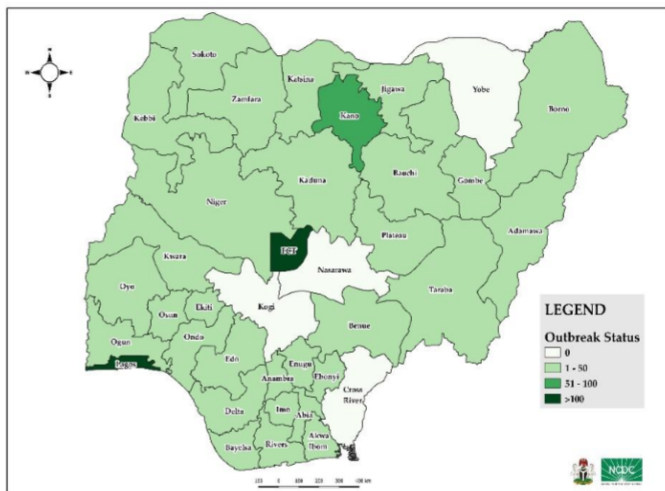
PROVENANCE
TRAVEL HISTORY – **210 (16%)**
CONTACTS – **356 (27%)**
NO EPIDEMIOLOGIC LINK – **648 (48%)**
INCOMPLETE – **123 (9%)**

GLOBAL UPDATES
TOTAL NUMBER OF CASES
2,878,196 (198,668 deaths)

COUNTRIES AFFECTED*
210
Excluding the 2 International Conveyances

STATE OF THE NATION

Figure 1: Map of Nigeria showing 32 states and FCT affected by COVID-19



GENERAL FACT SHEET – DATA AS AT APRIL 27TH 2020

Table 1: States with reported laboratory-confirmed COVID-19 cases, recoveries, deaths and days since last reported case

STATES	CONFIRMED CASES		DISCHARGED CASES		DEATHS		TOTAL ACTIVE CASES	DAYS SINCE LAST REPORTED CASE
	CUMULATIVE	NEW	CUMULATIVE	NEW	CUMULATIVE	NEW		
Lagos	764	34	143	15	19	0	602	0
FCT	157	15	36	1	3	0	118	0
Kano	77	0	0	0	1	0	76	2
Borno	41	11	0	0	2	0	39	0
Gombe	37	2	0	0	0	0	37	0
Ogun	35	0	5	0	1	0	29	3
Osun	34	0	18	0	2	0	14	1
Katsina	30	0	0	0	2	0	28	2
Edo	25	0	8	0	3	0	14	1
Oyo	21	0	9	0	2	0	10	1
Kaduna	15	0	6	0	0	0	9	1
Bauchi	14	0	6	0	0	0	8	1
Akwa Ibom	12	0	9	0	1	0	2	1
Kwara	11	0	2	0	0	0	9	4
Sokoto	10	0	0	0	0	0	10	1
Ekiti	8	0	2	0	1	0	5	2
Ondo	8	0	2	0	0	0	6	1
Taraba	8	2	0	0	0	0	8	0
Delta	6	0	0	0	1	0	5	5
Rivers	6	0	2	0	2	0	2	1
Abia	2	0	0	0	0	0	2	7
Enugu	2	0	2	0	0	0	0	31
Jigawa	2	0	0	0	0	0	2	8
Niger	2	0	0	0	0	0	2	12
Zamfara	2	0	0	0	0	0	2	3
Adamawa	1	0	0	0	0	0	1	5
Anambra	1	0	1	0	0	0	0	17
Bayelsa	1	0	0	0	0	0	1	1
Benue	1	0	0	0	0	0	1	30
Ebonyi	1	0	0	0	0	0	1	1
Imo	1	0	0	0	0	0	1	2
Kebbi	1	0	0	0	0	0	1	1
Plateau	1	0	0	0	0	0	1	4
TOTAL	1337	64	251	16	40	0	1046	

States including FCT are arranged in descending order by number of total confirmed cases

SELECTED CHARTS

Figure 2: Daily Epidemic Curve of Confirmed Cases (WK9 – WK18)

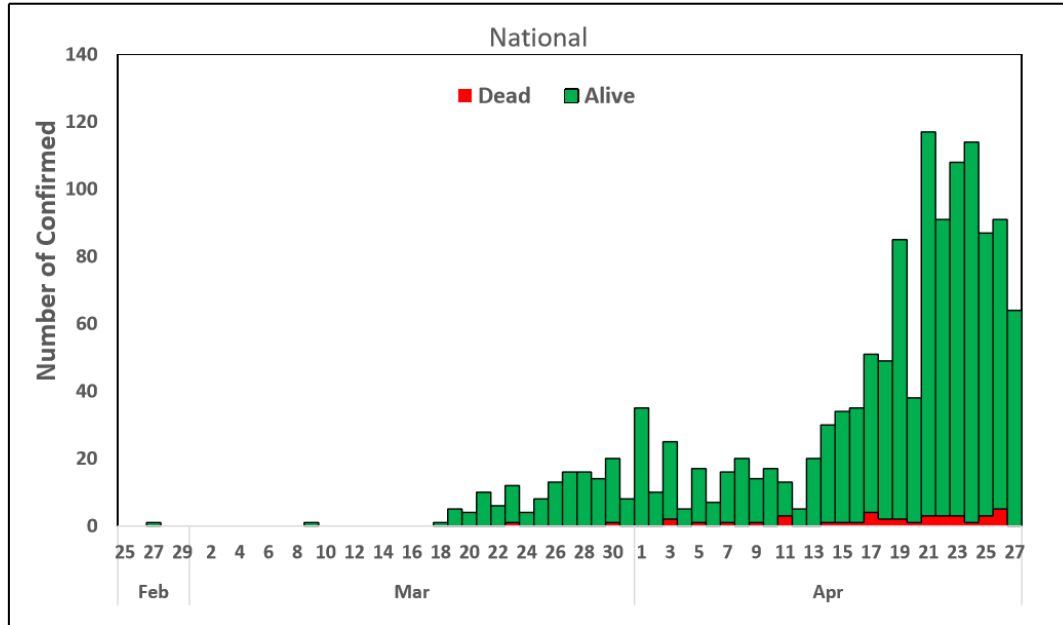
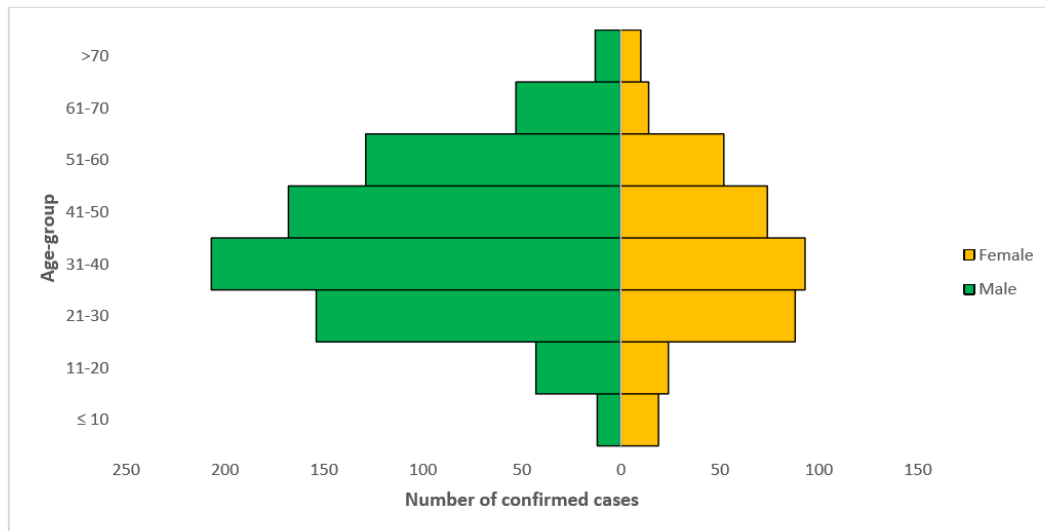


Figure 3: Age-Sex Distribution of Confirmed Cases (WK9 – WK18)



PREPAREDNESS

As at 27th February, the NCDC has released several advisories and statements in response to the pandemic

- Ahead of the Ramadan fasting period, an [Advisory for Ramadan](#) has been issued.
- NCDC releases periodic [public health advisories](#) to Nigerians on the COVID-19 disease, and recently released an [advisory on the use of face masks](#).
- NCDC has released guidelines for the [management of pregnant women and nursing mothers](#) during the pandemic, as well [PPE recommendations during health care delivery](#).
- This is also an updated [case definition](#) for the COVID-19 Coronavirus.
- Guidelines for [businesses](#) and [social distancing](#) have been released.
- To address burials of loved ones who die from COVID-19, guidelines have been issued to advise on the [management of dead bodies](#).
- NCDC has released a [Self-Isolation and Quarantine Guide](#) to help those who are exposed to COVID-19 confirmed cases or returnees to Nigeria.
- For health centres managing cases, the following documents have been released- an [Infection Prevention and Control guideline](#) and a guideline for the [Rational Use of Personal Protective Equipment in the care of COVID-19 cases](#).
- As part of plans to increase the testing capacity of the country, the NCDC published a [National Strategy to Scale Up Access to Coronavirus Disease Testing in Nigeria](#) document
- The Presidential Task Force has published policies and announcements on COVID-19 [available on the website of the Presidency](#) – including presidential addresses, task force updates and information on livelihood and economic support.

RESPONSE

On February 28th 2020, a multi-sectoral Emergency Operations Centre (EOC) was activated at Level 3 – the highest emergency level in Nigeria – to be led by the NCDC and to coordinate with the State Public Health EOCs (PHEOC) on a nationwide response

- **National COVID-19 EOC held virtual strategy coordination meeting with Osun EOC to address state specific response challenges**
- Two new labs have been added to the Lab network for COVID-19, UDU-Sokoto and ABU-Zaria
- Developed case management indicator for SORMAS
- Deployed additional response commodities and supplies to all States
- Engaged with government agencies on integration of risk communication in the planned training for Primary Healthcare workers in the country
- Validation of Cobas system at National Reference Laboratory for activation of throughput testing
- Deployment of Rapid Response Team (RRT) to support response in all states with confirmed case(s)
Currently 30 RRTs deployed
- All education materials can be found via www.covid19.ncdc.gov.ng

I - ADDITIONAL COVID-19 RESOURCES AND ADVISORIES FROM NCDC

1. Click [here](#) for COVID-19 public health advisory
2. Click [here](#) for COVID-19 testing strategy
3. Click for [here](#) COVID-19 self-isolation quarantine guide
4. Click [here](#) for guidance for safe mass gatherings in Nigeria
5. Click [here](#) COVID-19 guidance for pregnant women
6. Click [here](#) for COVID-19 parenting guide
7. Click [here](#) for COVID-19 testing strategy
8. Click [here](#) for guidance on use of face masks
9. Click [here](#) for guidance on management of dead bodies
10. Click [here](#) for guidance on the use of PPEs
11. Click [here](#) for guidance on COVID-19 community case definition
12. Click [here](#) for COVID-19 public health advisories
13. Click [here](#) for implementation guidelines on the containment of COVID-19
14. Click [here](#) for guidance use of cloth face masks
15. Click [here](#) for IEC materials (Audio, video and pictures)
16. Click [here](#) for Frequently Asked Questions on COVID-19

J – OPERATIONAL PROTOCOL FOR FCT SAMPLE COLLECTION CENTRE (EXAMPLE)

1. Operational Period: Daily on two (2) shifts

(a) Morning shift: 0800hrs – 1300hrs

(b) Afternoon shift: 1300hrs – 1800hrs

(c) Standby vehicle transports triple packaged samples at intervals of 2 hours to NRL, Gaduwa

2. Eligibility: Who is to access this service(s)?

(a) Anyone with travel history outside Nigeria, who presents with fever, cough or breathing difficulties within 14 days of arrival

(b) Anyone who is a contact of a confirmed case and presents with symptoms within 14 days

(c) Must be resident within Abuja and its environs at this time

3. Process: How to access the service(s)?

(a) Anybody who meets either or one of the above eligibility criteria calls a FCT assigned

COVID-19 line

- 08099936312

- 07080631500

(b) The call centre appraises the case and determine suitability for enrolment

(c) A dedicated unique identifier code is issued through short message service (SMS) to the caller's phone number booking appointment as follows:

- Code (COVID19/FCT/SCC/001) etc.

- Date to present for sample collection

- Time to present for sample collection

- Location (Venue)

(d) A follow up call to confirm receipt of the appointment message is put through, explaining further safety measures to observe when coming (face mask must be worn from home until return)

4. Mode of transportation to the centre

(a) For mild symptomatic cases who can drive; wear protective face mask and safely drive to the location alone, if a company must escort the case, they should seat distantly apart in front and back rows of the car

(b) Mild symptomatic who cannot drive, a driver should safely drive or taxi the case to the location

- Both driver and case should be on protective mask
- Seat distantly apart in front and back rows of the car each
- Should not physically contact each other
- Car should immediately be disinfected upon return

(c) For critically ill cases, an arrangement should be sought with dedicated ambulance who goes to their locations to collect swab and bring back to the Centre

5. Arrival: What happens at the gate?

(a) Access is controlled by the security men manning the gate

(b) Issued appointment and code is verified by a protocol officer at the gate

(c) The protocol officer directs and guides the case to the testing scene

6. Expectations: What they should expect at the Centres

(a) Reception – welcome and registration

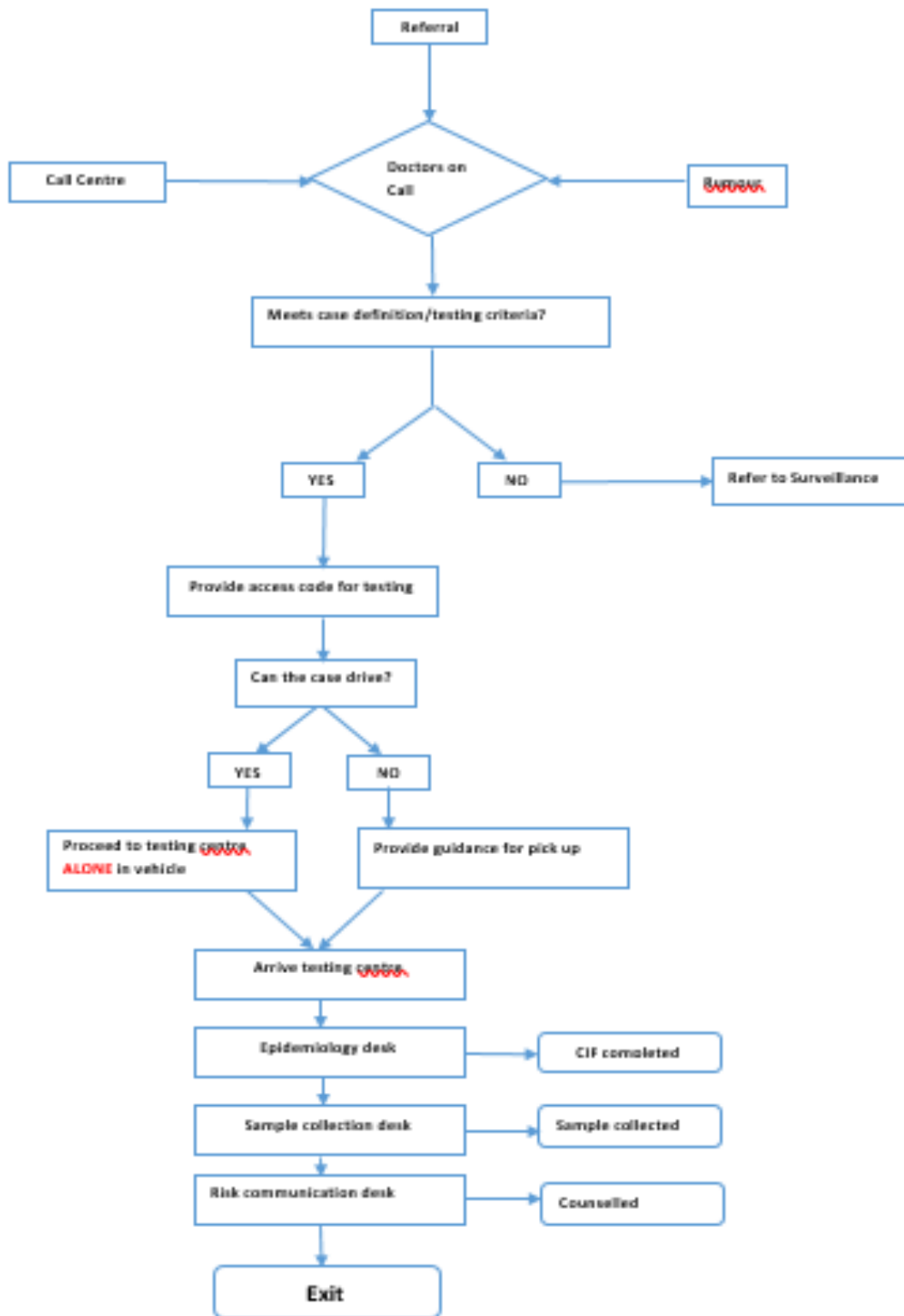
(b) Surveillance – Data capture using electronic or manual DCTs

(c) Risk Communication – Informational materials and talk on further safety measures including compliance to self-isolation pending outcome of test result, likely time to communicate result

(d) Laboratory – Swab sample collection

7. The protocol officer upon completion of all task by the case directs the case through point of exit in a unidirectional flow

K - TESTING CENTRE FLOW CHART



L – ACKNOWLEDGEMENTS

