MoHS Statement on Novel Coronavirus (2 March 2020, 8:00PM) (Link)  
(Unofficial translation by OCHA)

1. On monitoring and preventive measures of the COVID-19, which has been spreading in China and 59 countries in the world, the Ministry of Health and Sports (MoHS) has been reporting and exchanging information in a timely manner, in connection with international ministries of health and WHO.

2. The MoHS is scanning on the people who arrive at the international airports in Myanmar, as they have high risks of transmission the disease, and pass only the flight passengers who have completed their contact numbers and address (in Myanmar) in health declaration card.

3. In doing so;
   (a) A 29-year-old Chinese citizen, who has been working at a factory in Hlaingtharyar Township in Yangon Region, went home in Taipei of China on 18 February 2020 and returned to Myanmar on 25 February 2020. The man has suffered from fever, sore throat, coughing and difficult breathing since 28 February 2020. He went to Pung Hlaing Hospital in the afternoon of 1 March 2020 but was transferred to Weibargi Hospital. The patient has been treated in an isolation room as a Person Under Investigation. His nasal swab is being tested.
   (b) A 37-year-old New Zealand citizen left Yangon International Airport on 17 February 2020 and arrived at Kingston Airport via Hong Kong Airport, JFK Airport and Miami Airport. He returned and arrived back at Yangon International Airport on 28 February 2020, from Kingston Airport via Doha Airport in Qatar. The man has suffered from symptoms like COVID-19 since 29 February 2020 and went to Yangon General Hospital. He was transferred to Weibargi Hospital and has been treated in an isolation room as PUI. His nasal swab is being tested.
   (c) A 32-year-old Myanmar student, who had been studying in Hunan of China for three years, returned to Myanmar on 18 February 2020 via Malaysia. He has suffered from symptoms like COVID-19 on 1 March 2020 and went to East Dagon Hospital, before being transferred to Weibargi Hospital on 2 March 2020. He has been treated in an isolation room as a PUI. His nasal swab is being tested.
   (d) A 29-year-old man, who live in Ponnagyun Township of Rakhine State, returned from Thailand on 18 February 2020. He started suffering from fever, coughing and chest pain since 21 February 2020 and went to a private clinic in Sittwe, before being transferred to Sittwe Hospital on 2 March 2020. The man has been treated in an isolation room as a PUI. His nasal swab will be tested.
   (e) Singapore’s Ministry of Health informed Myanmar’s MoHS on 1 March 2020 that, “they have a laboratory-confirmed case of 25-year-old Myanmar woman, who is currently working in Singapore and has a close contact with a COVID-19 positive Singaporean, after they have quarantined the woman at home. The woman has been treated in Singapore”. In addition, Singapore also informed Myanmar that, “a 26-year-old Myanmar man, who had a close contact with the mentioned woman, returned entered Myanmar on 26 February”.

Once receiving the information, a team from the MoHS tracked down and found out that the man has been in Kyaukpadaung Township in Mandalay Region, after checking the flight records and the contacts stated in the health declaration card. The man and his wife as well have now been quarantined in Kyaukpadaung Township Hospital, despite no symptoms currently.
4. As of 6:00 PM on 2 March 2020, five patients have been under treatment at designated hospitals and all were in good health.

5. The MoHS calls on the travelers, who enter Myanmar in flight and voyage, to complete health declaration card.

The MoHS calls on cooperation of the people, who have close contacts with people with COVID-19 or people who came from the countries with high number of cases, the outbreak of disease may occur anytime within despite no symptoms appear during incubation period, and demanding people to inform to nearest health department for the MoHS to take preemptive measures on prevention and quarantine.

Preventive measures like quarantine and monitoring could reduce the severity of the disease and risk of death, and of course prevent from the transmission and spread to the communities, including families.

THE END