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MINISTRY OF HEALTH - ETHIOPIA
የዜጎች ጤና ለሃገር ብልጽግና
HEALTHIER CITIZENS FOR PROSPEROUS NATION

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NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

Dates Covered by this Bulletin: 25-31 May

BULLETIN №: 5
Issue Date: June 01, 2020

I. HIGHLIGHTS

- The total number of COVID-19 cases in Ethiopia surpassed 1,000.
- Five-hundred-ninety new confirmed COVID-19 cases (more than half of the total cases), Six COVID-19 related deaths, and 57 recoveries were reported during the WHO Epi-Week-22.
- A total of 1,172 COVID-19 confirmed cases including 11 deaths, and 209 recoveries have been reported in Ethiopia as of end of WHO Epi-Week-22.
- 75% of the total COVID-19 cases in Ethiopia were reported in the last two weeks.
- Source of infection of 175 (47.27%) reported cases is not yet identified.
- A total of 12,760 contacts of confirmed cases have been identified as of May 31, 2020, and half of these contacts were identified during the Epi-week-22.
- Thirty-two laboratories across the country are conducting COVID-19 testing.
- As of May 31, 2020, a total of 109,451 lab testing conducted for COVID-19 of which1,172 (1.07%) are positive.
- Two mobile applications were launched for COVID-19 information provision for health care providers: https://play.google.com/store/apps/details?id=et.gov.moh.oppia.covid and to expedite identification of contacts with COVID-19 cases: https://debo.ephi.gov.et
- The government of Ethiopia issued mandatory face/cloth mask wearing order.
- H.E. Minister, MOH has visited the Addis Ababa COVID-19 Field Hospital construction and inaugurated.

II. BACKGROUND

The Ministry of health (MOH) and Ethiopian Public Health Institute (EPHI) in collaboration with partners have intensified response efforts to prevent the spread and severity of Corona Virus Disease 2019 (COVID-19) in Ethiopia. The central and the regional Public Health Emergency Operation Centers (PHEOC) have been activated and laboratory diagnosis capacity has been expanded to other national institutions, subnational and private laboratories.

The national and regional PHEOC are playing a pivotal role in coordinating resources from different responding agencies and coordinating COVID-19 related information through a regular EOC meetings and partners' coordination forums. The MOH and EPHI are providing information to the general public and stakeholders regularly using different means of communication modalities.

The WHO and other partners are currently supporting in scaling-up preparedness and response efforts and implementation of related recommendations suggested by the IHR Emergency Committee.

III. EPIDEMIOLOGICAL SITUATION

Global Situation

- Between December 2019 and May 31, 2020, COVID-19 pandemic affected 216 countries/territories causing 5,946,110 cases and 374,954 deaths (CFR=6.31%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 734,165 (12.35%) cases and 33,601 (8.96%) deaths were reported during WHO Epi-Week-22.
- The United States of America (USA) reported the highest number of cases (1,716,276) and deaths (104,959) with CFR of 6.12%. The second highest number of deaths, 38,376 (CFR=14.01%) were reported in the United Kingdom.
- In Africa, 56 countries/territories have reported COVID-19 cases.
- As of May 31, 2020, a total of 143,569 cases and 4,085 deaths were reported across the continent (CFR=2.91%).
- During the WHO-Epi-Week-22, a total of 33,154 (23.09%) cases and 807 deaths (19.75%) were reported across the continent.
- The highest number of cases were reported from South Africa, 30,967 (21.57%) followed by Egypt, 23,449 (16.33%), and Nigeria, 9,855 (6.86%). See the summary dashboard below.

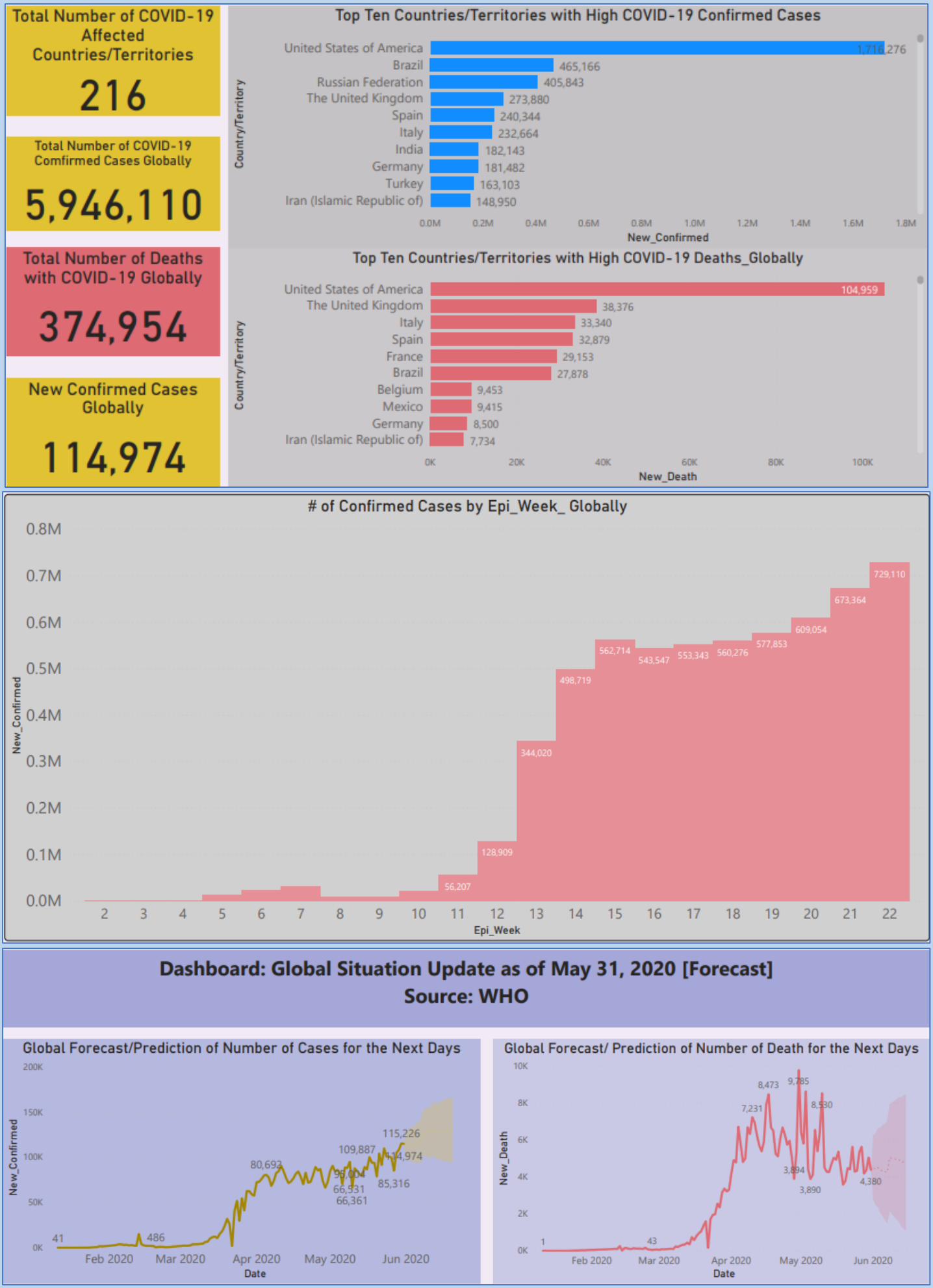


Fig. 1: Global Situation Update as of May 31, 2020 (Source: WHO)

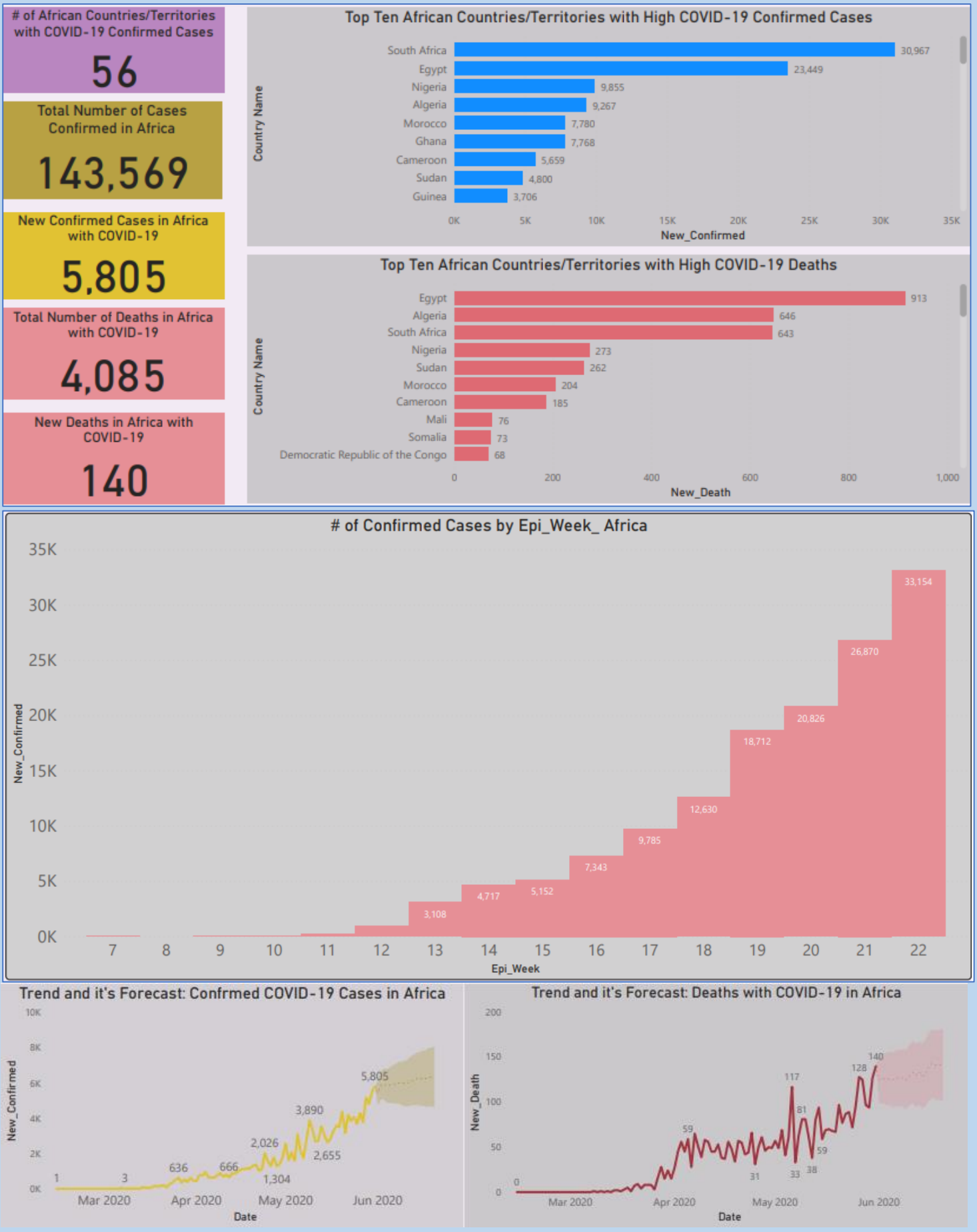
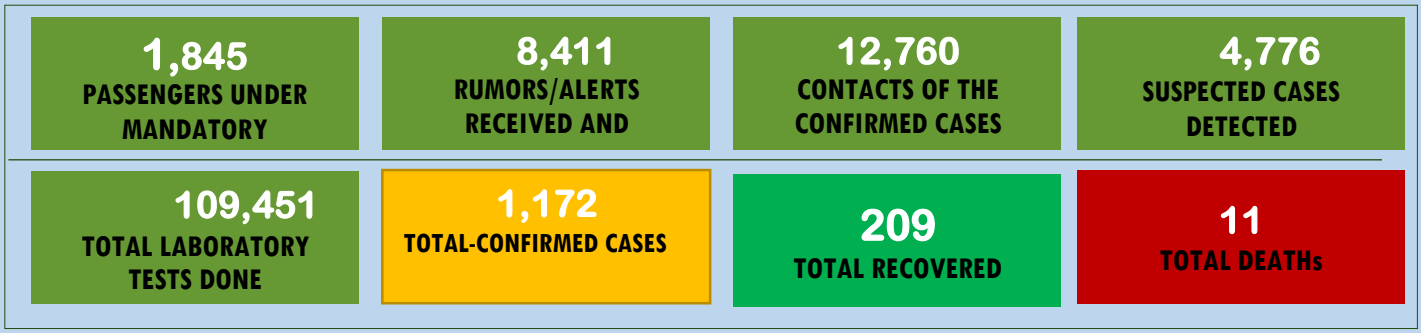


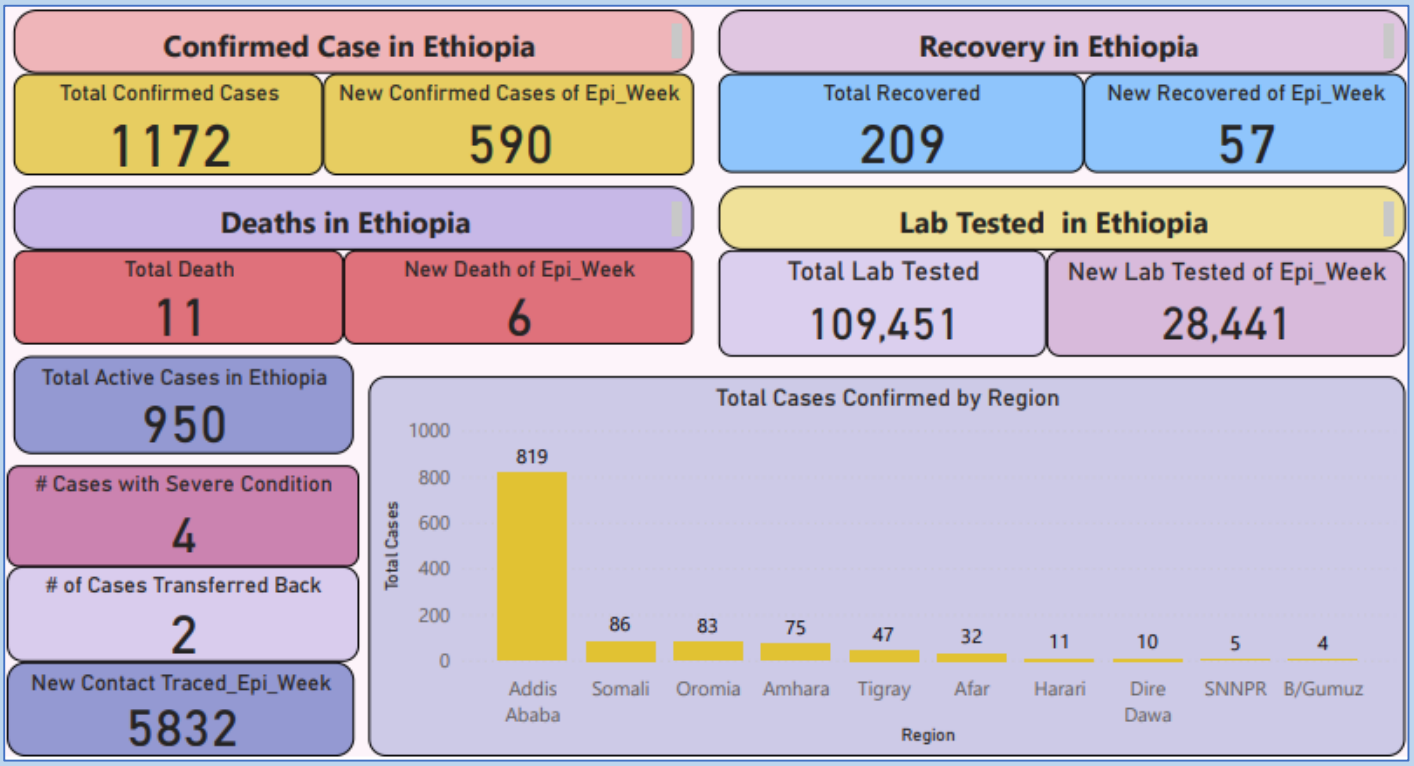
Fig. 2: Africa Situation Update as of May 31, 2020 (Source: WHO)

National COVID-19 situation

- In Ethiopia, the first COVID-19 case was reported on March 13, 2020.
- Five-hundred-ninety new confirmed COVID-19 cases (more than half of the total cases reported so far) and six COVID-19 related deaths were reported during the WHO Epi-Week-22.
- The number of cases is increasing alarmingly from localized transmission, imported cases, and contacts of confirmed cases.
- So far, a total of 1,172 confirmed COVID-19 cases and 11 deaths are recorded in the country as of end of WHO Epi week-22.
- Among the total cases reported, 351 (29.95%) are imported, 267 (22.78%) are close contacts of confirmed cases, and the source of infection not identified for 175 (47.27%) cases.

National COVID-19 updates





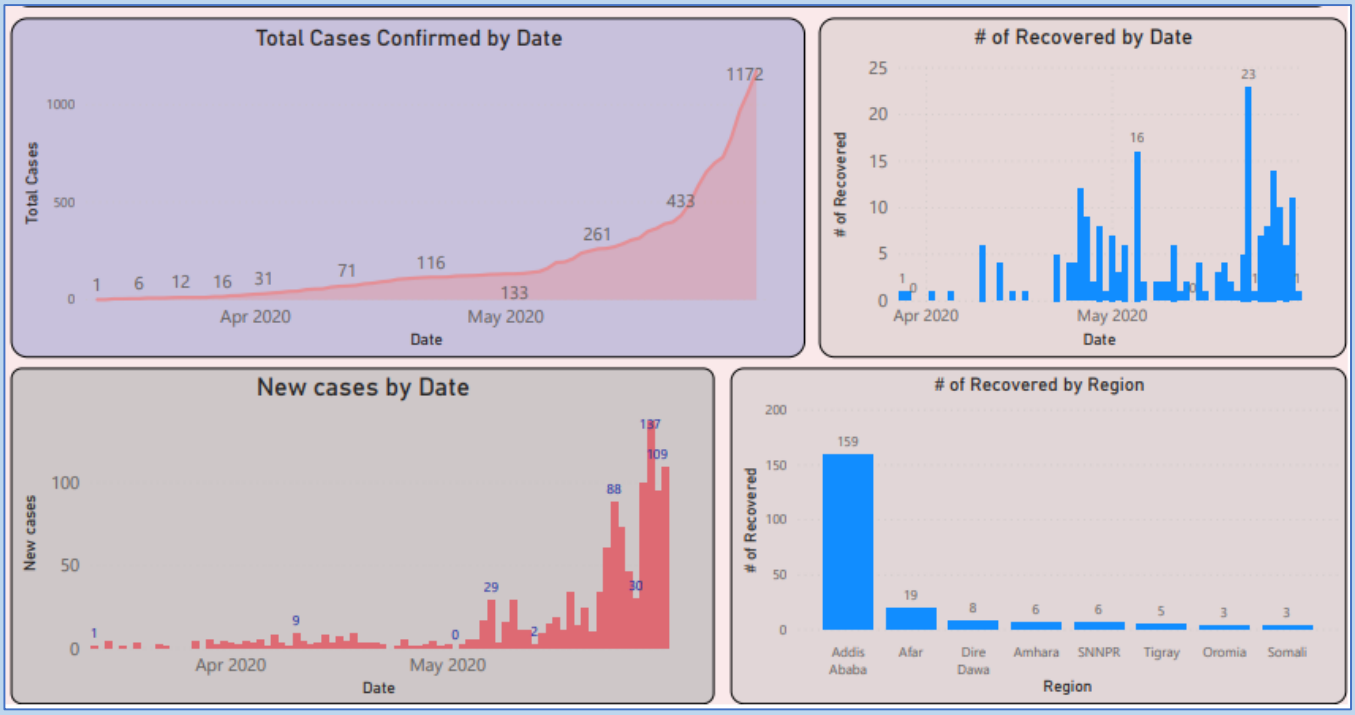


Fig. 3: Summary of the confirmed cases, deaths and recovered cases by location and date of confirmation, Ethiopia, May 31, 2020 (Source: EPHI and MOH, Ethiopia)

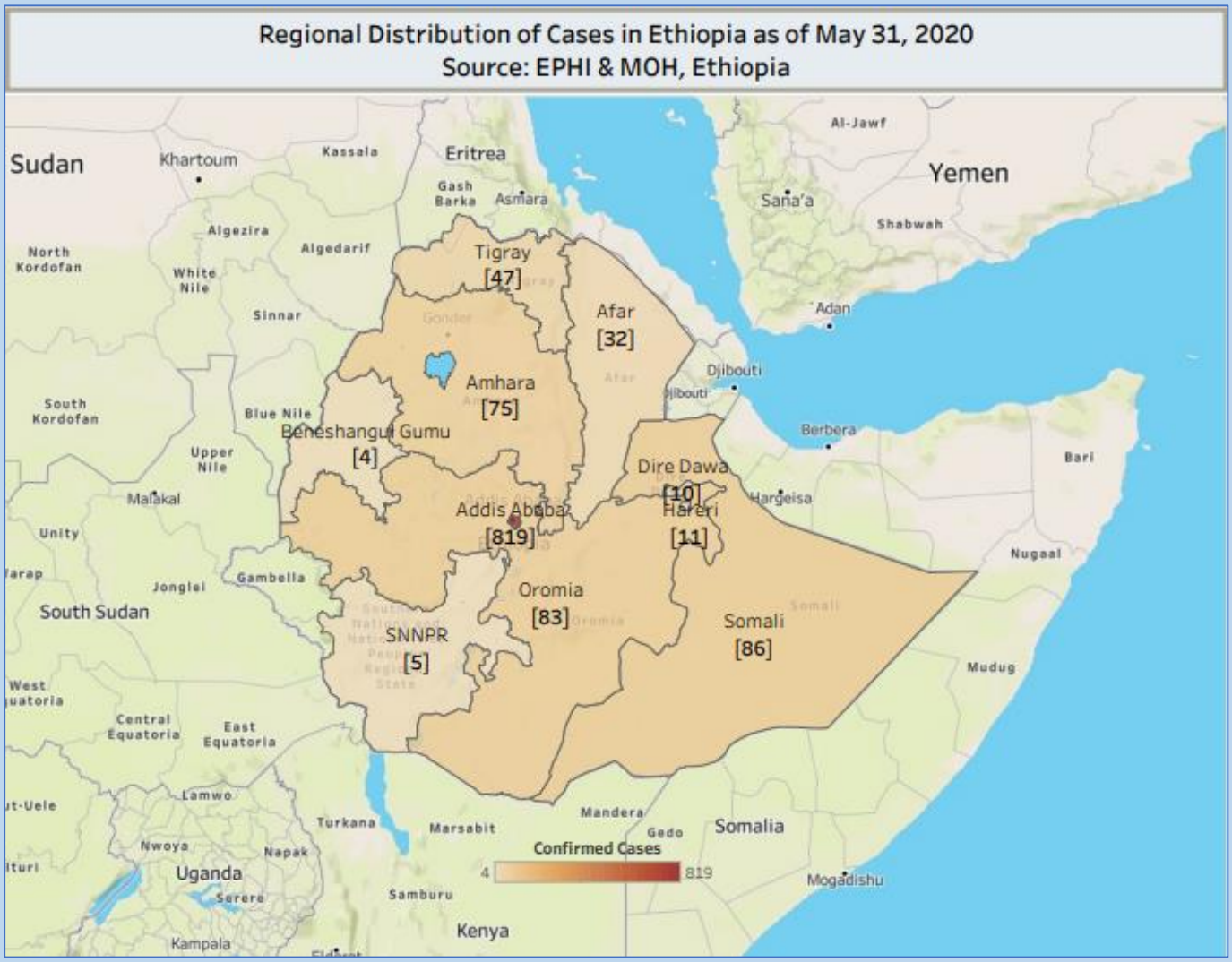


Fig. 4: Geographical distribution of COVID-19 confirmed cases in Ethiopia, as of May 31, 2020

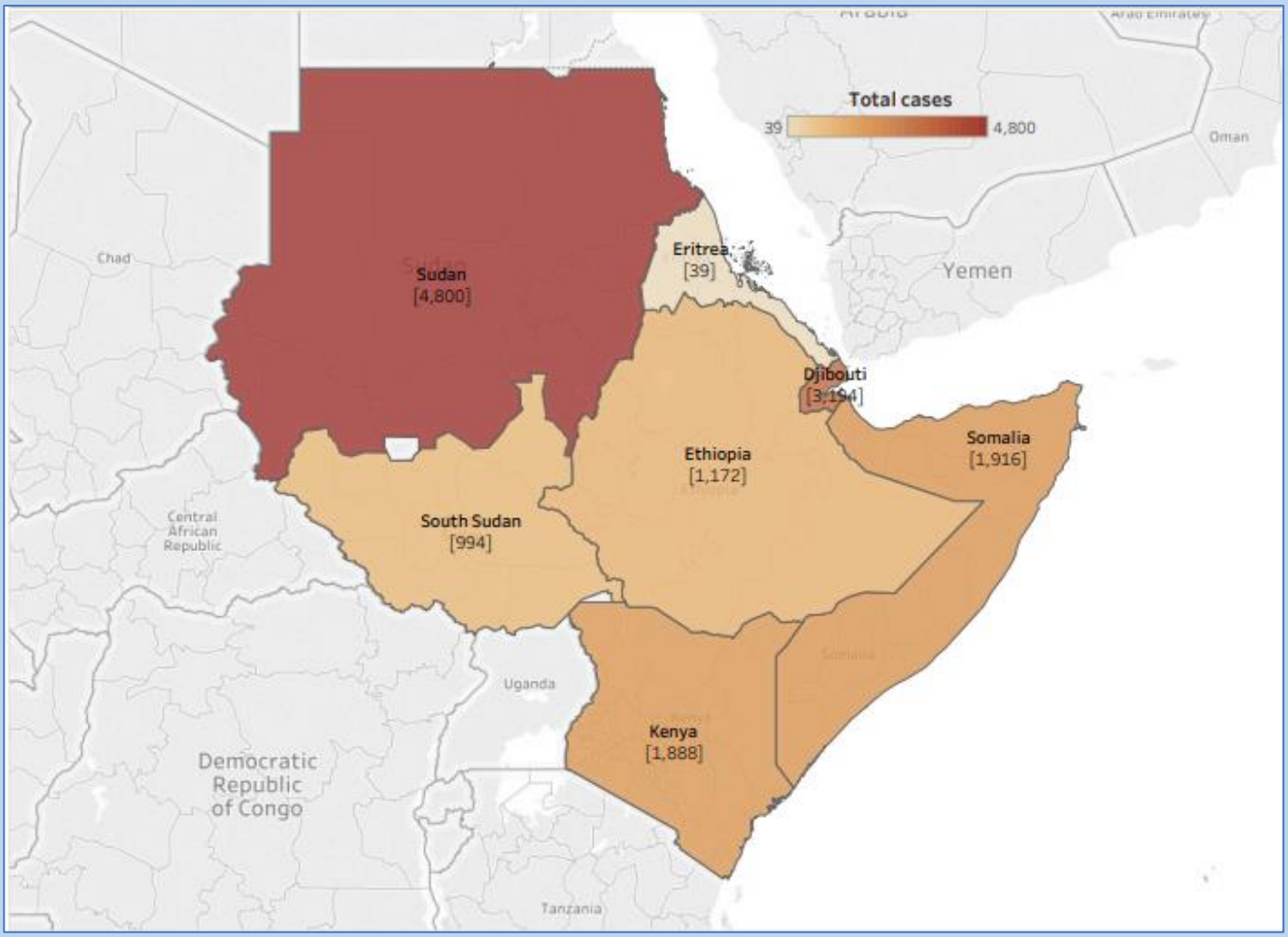


Fig. 5: Distribution of COVID-19 cases in the horn of African countries, as of May 31, 2020

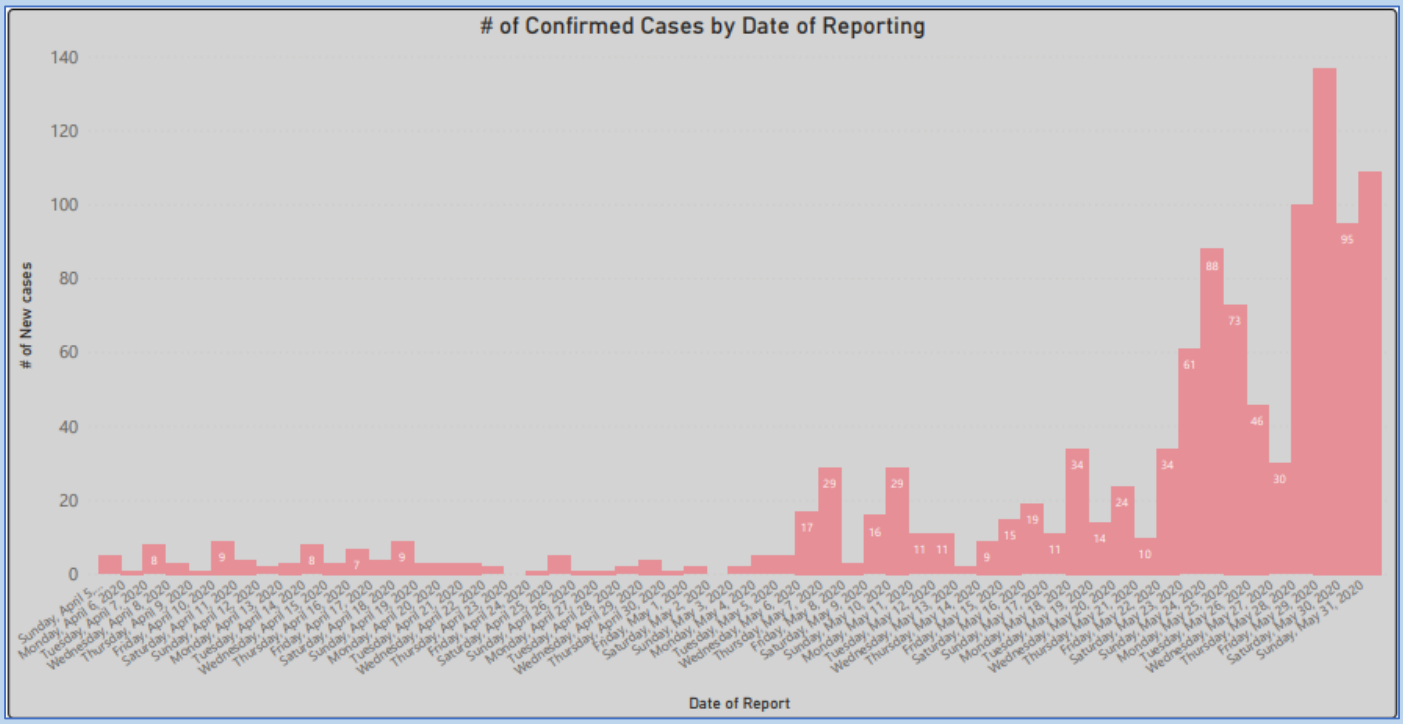


Fig. 6: Trend of COVID-19 cases in Ethiopia by date of reporting as of May 31, 2020

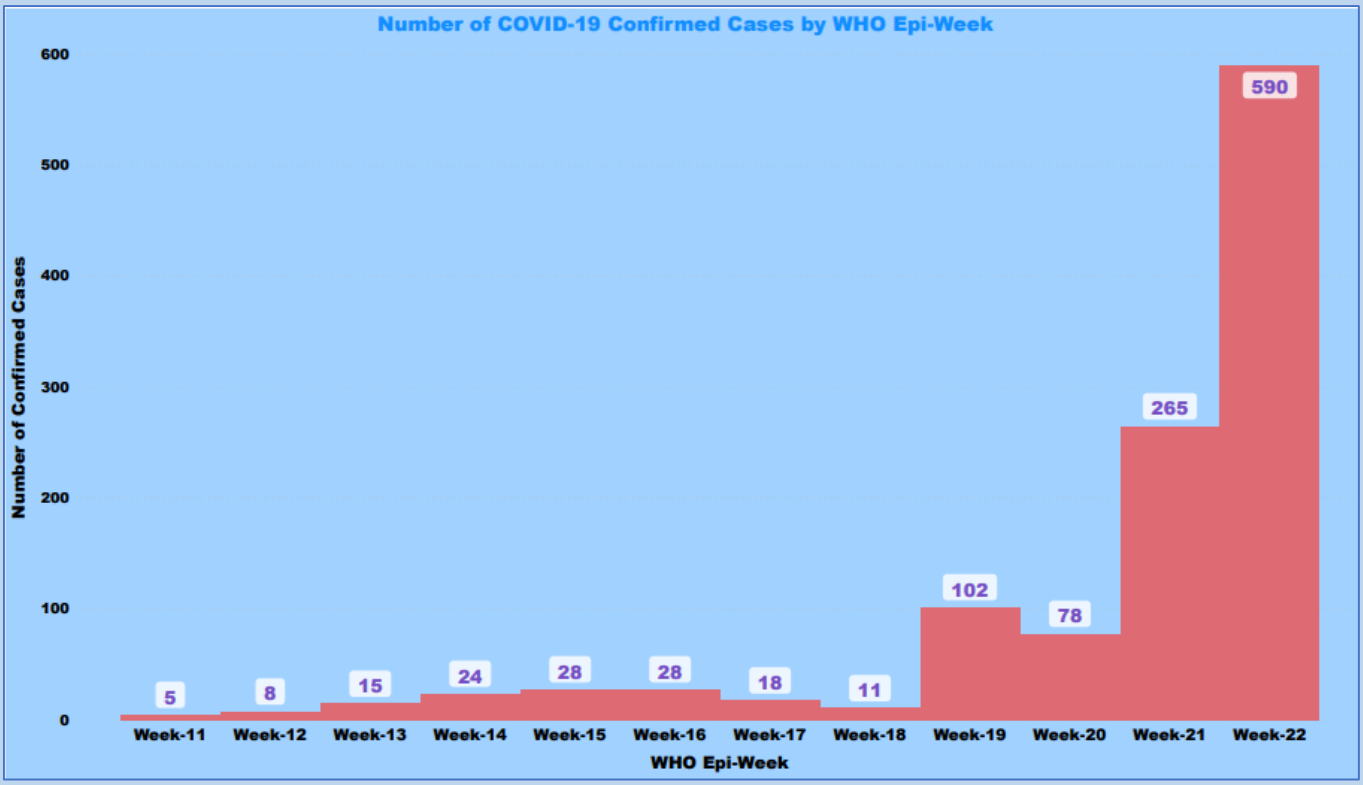
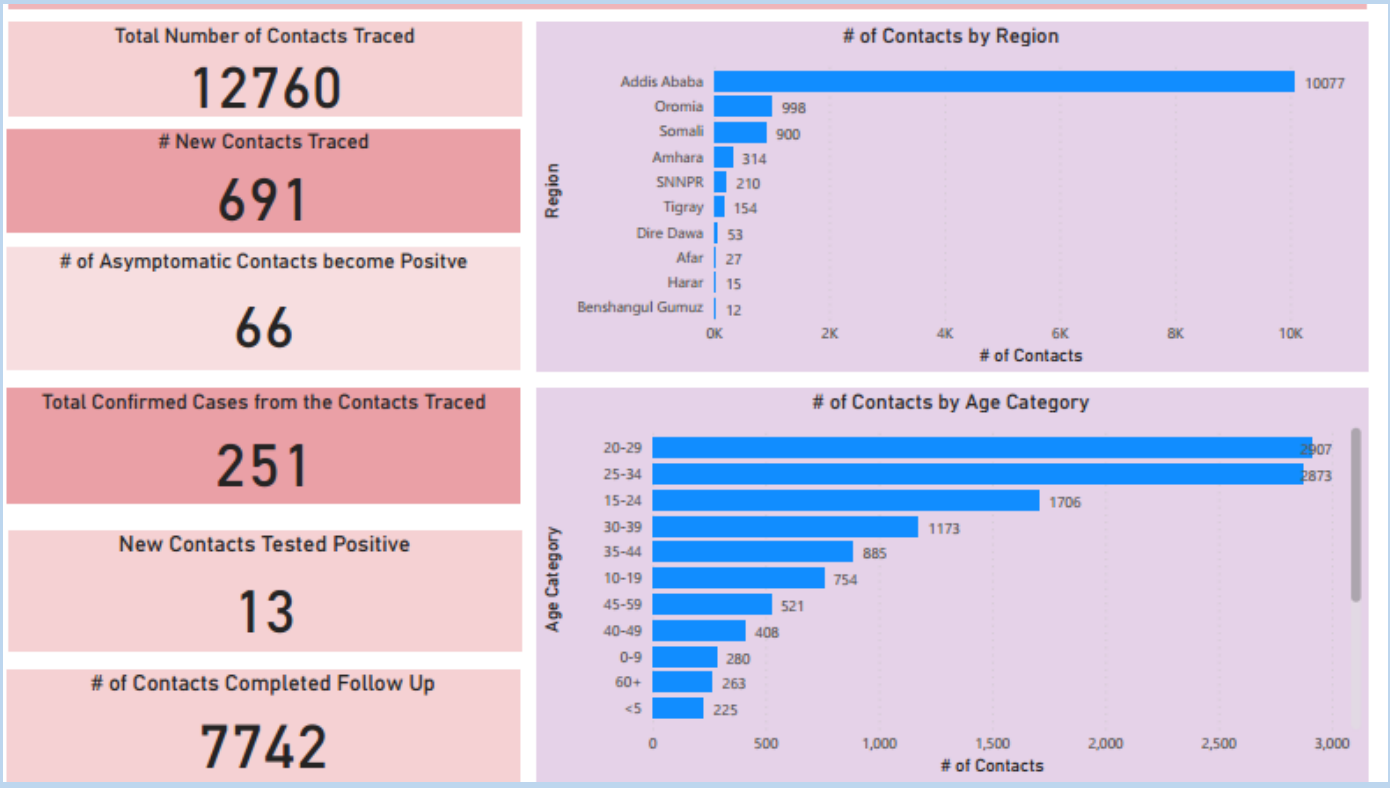


Fig. 7: COVID-19 confirmed cases by WHO Epi-Week as of May 31, 2020, Ethiopia

Epi Surveillance and Laboratory Related Activities

There is ongoing travelers' health screening at point of entries (POEs), follow-up of international travelers, mandatory quarantine of passengers coming to Ethiopia, rumor collection, verification and investigation and information provision via toll free call center, active case detection by house to house search, contact listing, tracing and follow-up of persons who had contact with confirmed cases and laboratory investigation of suspected cases, quarantined individuals, contacts of confirmed cases, random SARI/pneumonia cases and community members.



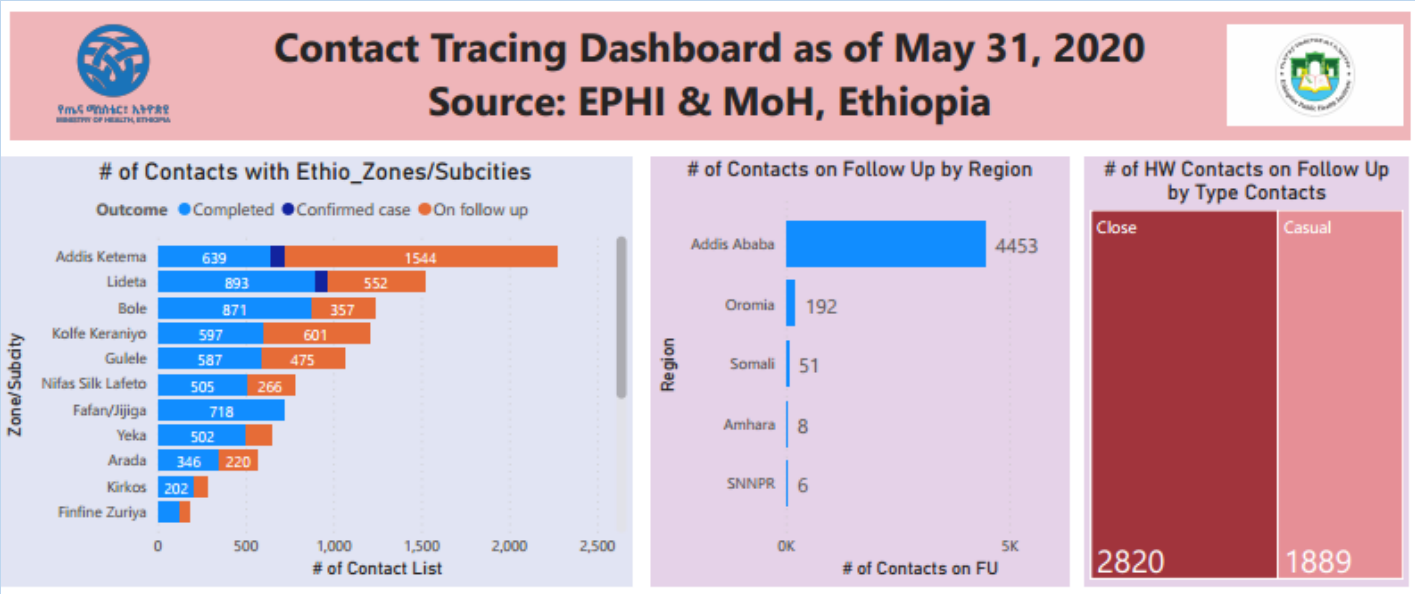


Fig. 8 and 9: Contact tracing summary dashboard as of May 31, 2020

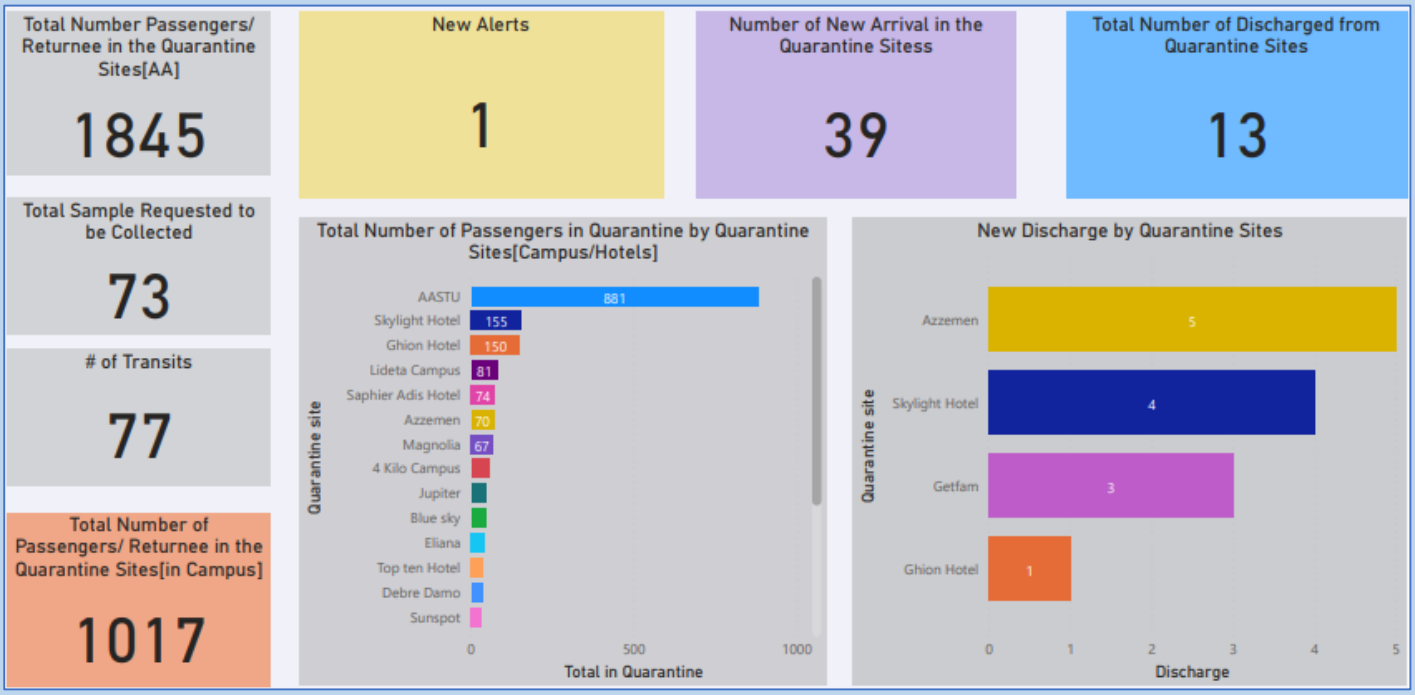


Fig. 10: Mandatory quarantine update as of May 31, 2020, Ethiopia

Laboratory related activities

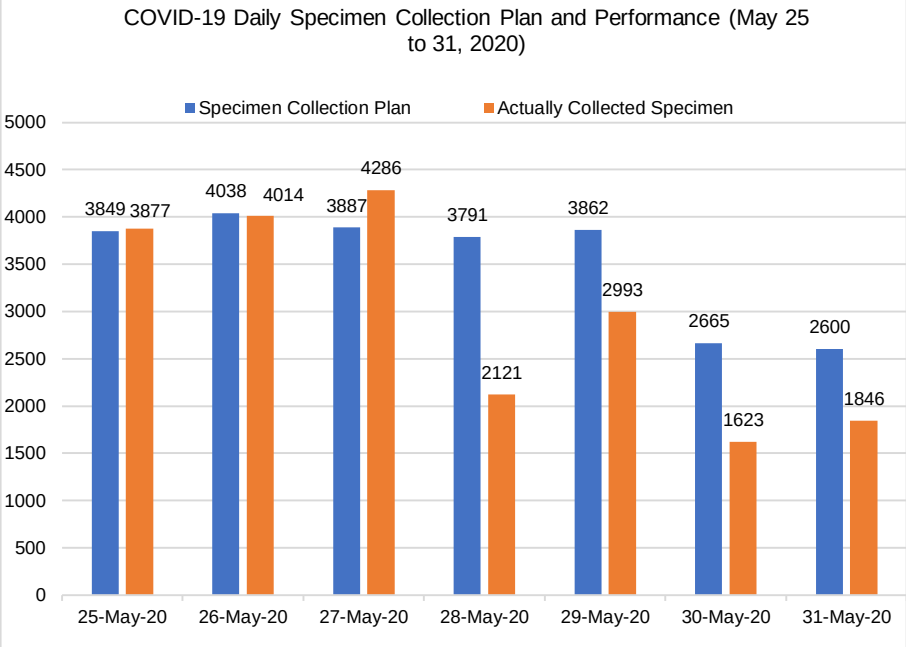
- The number and capacity of the COVID-19 testing laboratories are increasing from time to time throughout the country.
- During the WHO Epi-Week 22, a total of 28,553 laboratory tests were conducted.
- Laboratory Information System (LIS) -DHIS II Digitization is on piloting.

***Table 1**: Summary of laboratory expansion and testing capacity, as of May 31, 2020.*

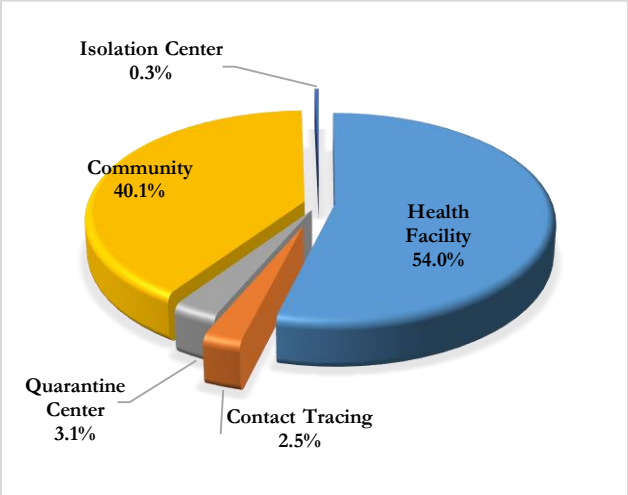
Status	Number of Laboratories	Testing Capacity	Remark
Functional/Reporting Laboratories	32	8269	• At least one lab in all regions (4 at EPHI)
Ready	5	500	
Under Verification Process	4	1224	
Candidates	18	5504	• Training and Verification planned
Total	**59**	**15,497**	

Specimen Collection

- About 84.1% of the weekly lab samples collection achieved
- On average 2,966 specimen per day collected



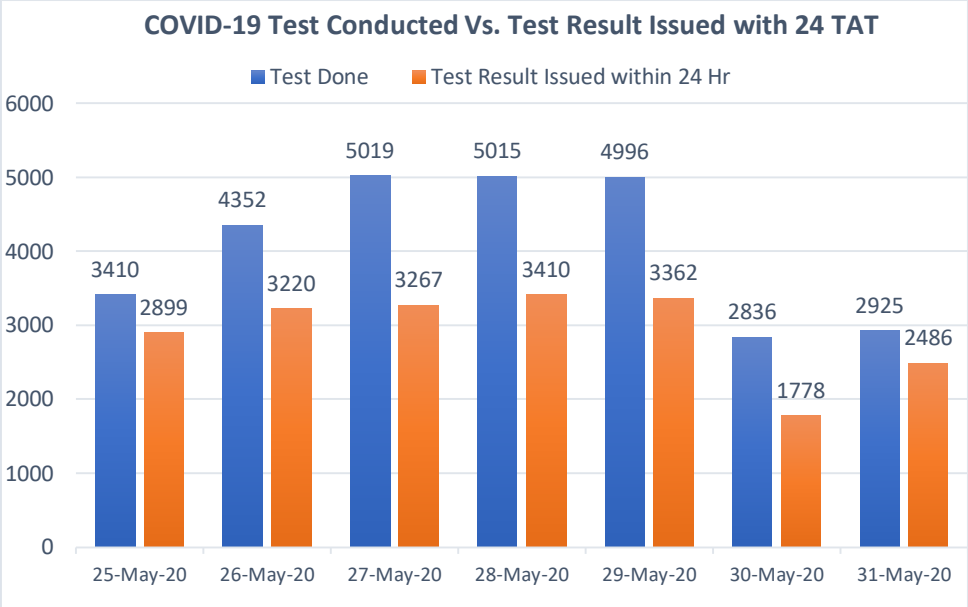
Specimen Collection by site



The community sample collection includes:

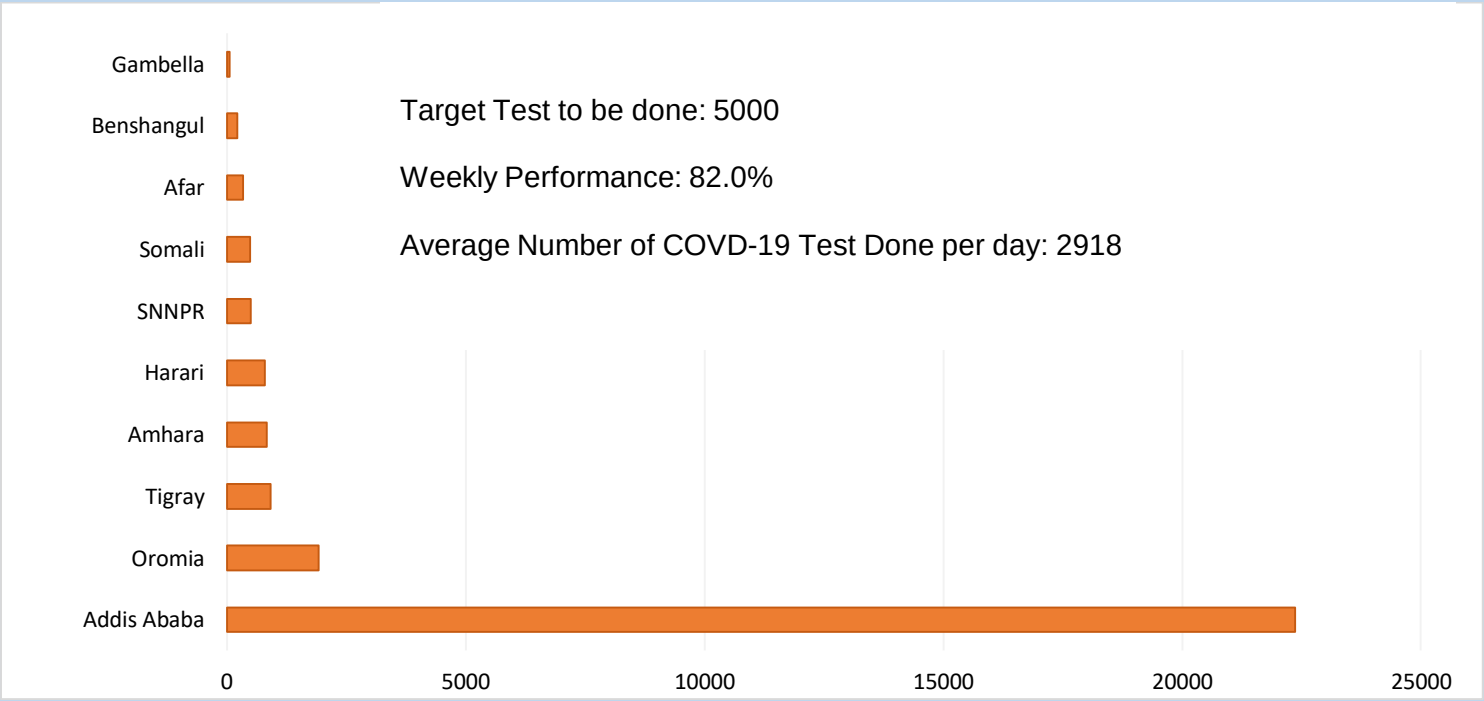
- Most at risk groups (Elders, Children Homeless and Chronic disease patients)
- Overcrowded areas (Bus station)
- Market Areas (Merkato and Other city moles)
- Services Providers (Hotel, Bank,)
- Health facility screening activity contributes for 54% of the total specimen's collected

Testing Performance



- Total of 28,553 tests conducted in the Week.
- About 20.4(72.0%) test results issued within 24 hours after receiving the specimen in the lab.
- 25% of the total tests conducted during the week.

COVID-19 Laboratory test by region



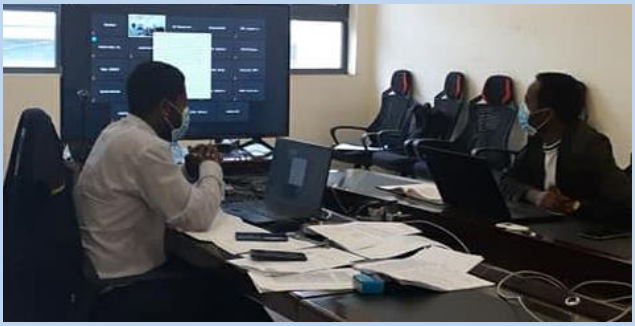
IV. Coordination and Leadership

- Since its activation, the national PHEOC is collaboratively working with stakeholders: government agencies, partner organizations, UN agencies, embassies, hospitality sector, Industrial parks and others.
- Addis Ababa COVID-19 Field Hospital construction with a financial support of World Food Program (WFP) is inaugurated. The construction of the hospital is on a 25,000 m^2 plot of land secured around Bole Bulbula area behind the Addis Ababa Bole International Airport.

- H.E Dr Lia Tadesse, Minister, MOH visited and inaugurated the ongoing construction of the hospital with Dr. David Beasley (Executive Director of the WFP), Dr. Were (WFP Country Director), Dr. Boureima (country representative of the WHO) and Dr. Catherine Sozi (UN Resident Coordinator in Ethiopia).

- Morning briefing of IMS core staffs and key partners' representatives is being conducted on daily basis.

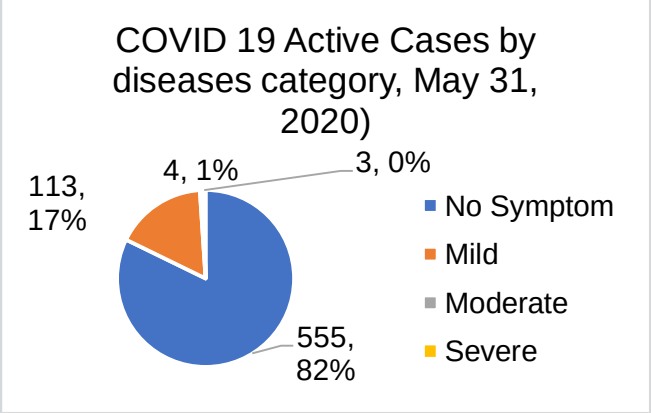
- Weekly virtual (zoom) meeting being conducted with technical working group members, which comprises members from subnational level focal, key partners and stakeholders.



- Weekly leadership and strategic virtual (zoom) meeting, chaired by the H.E MOH Minster being conducted.
- Supports (financial, logistic and technical) are being received from partners, private institutions, individuals and donors.

V. Case Management and IPC

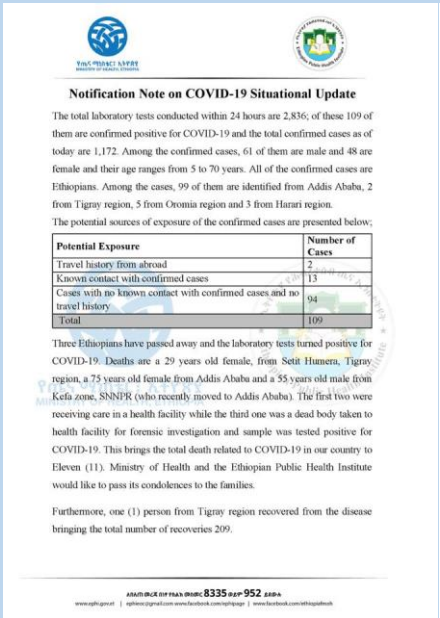
- As of May 31, 2020, a total of 950 confirmed cases are in the treatment centers f which four of them are in critical condition
- Fifty-seven cases recovered in WHO Epi-Week-22 which brings the total recovered cases to 209.



VI. Risk Communication and Community Engagement (RCCE)

- Two mobile applications are launched.
    - One of the applications helps to provide knowledge aid on COVID-19 for health care providers. https://play.google.com/store/apps/details?id=et.gov.moh.oppia.covid
    - The other one is to expedite and advance identification of people who have contacts with COVID-19 confirmed cases. https://debo.ephi.gov.et
- Content revised for the Ethio-telecom voice message during a call based on the current COVID-19 situation and updates.
- Ethiopian government issued mandatory face/cloth mask wearing order. The Federal Attorney General has issued a strict directive on May 27, 2020 that makes wearing a face mask in all public places' compulsory.
- Daily dissemination of appropriate and timely COVID-19 related messages to the public and governmental stakeholders is ongoing.

- Daily press statement is being provide on COVID-19 situation on daily basis



Notification Note on COVID-19 Situational Update

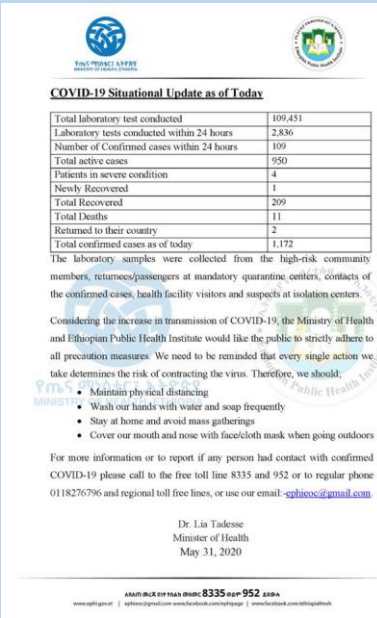
The total laboratory tests conducted within 24 hours are 2,836; of these 109 of them are confirmed positive for COVID-19 and the total confirmed cases as of today are 1,172. Among the confirmed cases, 61 of them are male and 48 are female and their age ranges from 5 to 70 years. All of the confirmed cases are Ethiopians. Among the cases, 99 of them are identified from Addis Ababa, 2 from Tigray region, 5 from Oromia region and 3 from Harari region.

The potential sources of exposure of the confirmed cases are presented below;

Potential Exposure	Number of Cases
Travel history from abroad	2
Known contact with confirmed cases	13
Cases with no known contact with confirmed cases and no travel history	94
Total	109

Three Ethiopians have passed away and the laboratory tests turned positive for COVID-19. Deaths are a 29 years old female, from Setit Humera, Tigray region, a 75 years old female from Addis Ababa and a 55 years old male from Kefa zone, SNNPR (who recently moved to Addis Ababa). The first two were receiving care in a health facility while the third one was a dead body taken to health facility for forensic investigation and sample was tested positive for COVID-19. This brings the total death related to COVID-19 in our country to Eleven (11). Ministry of Health and the Ethiopian Public Health Institute would like to pass its condolences to the families.

Furthermore, one (1) person from Tigray region recovered from the disease bringing the total number of recoveries 209.



COVID-19 Situational Update as of Today

Total laboratory test conducted	109,451
Laboratory tests conducted within 24 hours	2,836
Number of Confirmed cases within 24 hours	109
Total active cases	950
Patients in severe condition	4
Newly Recovered	1
Total Recovered	209
Total Deaths	11
Returned to their country	2
Total confirmed cases as of today	1,172

The laboratory samples were collected from the high-risk community members, returnees/passengers at mandatory quarantine centers, contacts of the confirmed cases, health facility visitors and suspects at isolation centers.

Considering the increase in transmission of COVID-19, the Ministry of Health and Ethiopian Public Health Institute would like the public to strictly adhere to all precaution measures. We need to be reminded that every single action we take determines the risk of contracting the virus. Therefore, we should:

- Maintain physical distancing
- Wash our hands with water and soap frequently
- Stay at home and avoid mass gatherings
- Cover our mouth and nose with face/cloth mask when going outdoors

For more information or to report if any person had contact with confirmed COVID-19 please call to the free toll line 8335 and 952 or to regular phone 0118276796 and regional toll free lines, or use our email:-ephieoc@gmail.com

Dr. Lia Tadesse
Minister of Health
May 31, 2020

የኮሮና ቫይረስ (የኮቪድ-19) በሽታ ምላሽ አሰጣጥን አስመልክቶ የተዘጋጀ መግለጫ

ባለፉት 24 ሰዓት ውስጥ በተደረገው 2836 የላብራቶሪ ምርመራ 109 ሰዎች የኮሮና ቫይረስ ተገኝቶባቸዋል። በአጠቃላይ በሀገራችን ቫይረሱ በምርመራ የተገኘባቸው ሰዎች ቁጥር 1,172 ደርሷል። ቫይረሱ በምርመራ የተገኘባቸው ሰዎች 61 ወንድ እና 48 ሴት ሲሆኑ የዕድሜ ክልላቸው ከ 5 እስከ 70 ዓመት ውስጥ ይገኛል። በዚሚት ሁሉም ኢትዮጵያውያን ናቸው። ቫይረሱ በምርመራ የተገኘባቸው 99 ሰዎች ከአዲስ አበባ ፣ 2 ሰዎች ከትግራይ ክልል፣ 5 ሰዎች ከኦሮሚያ ክልል እና 3 ሰዎች ከሐረሪ ክልል ናቸው።

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የውጭ ሀገር ጉዞ ታሪክ እና በበሽታው ከተያዘ ሰው ጋር የታወቀ ግንኙነት የሌላቸው	94
ድምር	109

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በሌላ መልኩ በትላንትናው ዕለት አንድ (1) ሰው ከትግራይ ክልል ያገገመ ሲሆን በአጠቃላይ በሀገራችን ከበሽታው ያገገሙ ሰዎች ቁጥር 209 ነው።

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- There is ongoing production of COVID-19 informative audio and video messages.

VII. Logistic and Supplies

- There are ongoing distribution of pharmaceuticals and medical supplies to quarantine, isolation and treatment centers.
- Number of governmental and Non-Governmental organizations, individuals and partners have donated different medical supplies and infrastructures for COVID-19 response.
- 550 calibrated infrared thermometers are received from the National Metrology Agency (NMA)
- Customs clearance for donations' shipment is ongoing.

- The government of Qatar donated 8.5 tons of medical supplies including PPEs through Qatar Fund for Development to support Ethiopia for the fight against COVID-19 in Ethiopia.

- Metals and Engineering Corporation donated solar lamps worth of 62,000 ETB to support the COVID-19 response.

VIII. Training and Orientation Activities

- There is ongoing virtual and in person training and orientation the public and health professionals on COVID-19.
- Mobile based training for Health Extension Workers (HEWs) is ongoing; 732 HEWs are enrolled and 427 have completed so far.

- Training on COVID-19 for health care workers from Bole Chefa isolation center defense force health professionals, May 27, 2020

IX. Challenges and Way Forward

Challenges

- Cluster of COVID-19 cases in areas with crowd in Addis Ababa City Administration (in Merkato and Lideta areas)
- Low face mask stock and personal protective equipment for the health workers
- Failure to adhere to physical distancing and other preventions advises among the public.
- Competing priorities due to superimposed disease outbreaks like cholera in some areas of the countries.

Way Forward

- Conduct intensive testing of high-risk areas for COVID-19.
- Enhance technical support, coordination and timely and accurate information sharing at all levels.
- Strengthened collaboration and coordination with key stakeholders and partners.
- Intensify risk communication and community engagement activities.
- Enhance active surveillance for COVID-19 such as house-to-house case search and detection in the community.
- Intensification of a capacity building trainings and orientation including through virtual/online platforms.
- Identify and establish additional case treatment centers and quarantine sites, especially in regions.
- Strengthen and sustain essential health services other than COVID-19.

X. Public Health Policy Recommendations

Advice for the Public:

- It is important to be informed of the situation and take appropriate measures to protect yourself and your family.
    - Stay at home
    - Wash hands frequently
    - Don't touch your mouth, nose or eye by unwashed hands
    - Keep physical distancing; avoid mass gathering, shaking hands and
- For most people, COVID-19 infection will cause mild illness however, it can make some people very ill and, in some people, it can be fatal.
- Older people, and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are at risk for severe disease.
- If anybody had contact with a COVID-19 confirmed patient, he/she should call 8335 or 952 or report to regional toll-free lines or to the nearby health facilities.

Regional Facebook pages and toll-free hotline for COVID-19 information

Region	Facebook page	Toll-free hotline
Afar Regional Health Bureau	https://www.facebook.com/afarrhb.org/	**6220**
Amhara Regional Health Bureau	https://www.facebook.com/Amhara-Healthbureau-682065755146948/	**6981**
Benishangul Gumuz Regional Health Bureau	https://www.facebook.com/Benishangul-Gumuz-Health-Bureau-1676282159265517/	**6016**
Gambela Regional Health Bureau	https://fb.me/gambellaregionhealthbureau	**6184**
Harari Regional Health Bureau	https://www.facebook.com/Harari-Regional-Health-Bureau-1464182130355007/	**6864**
Oromia Regional Health Bureau	https://www.facebook.com/OromiaHealth/	**6955**
Somali Regional Health Bureau	https://www.facebook.com/srhbdotcom/…	**6599**
SNNP Regional Health Bureau	https://www.facebook.com/snnprhealthbureau/?ref=br_rs	**6929**
Tigray Regional Health Bureau	https://www.facebook.com/tigrayrhb/	**6244**
Dire Dawa city Administration Health Bureau	https://www.facebook.com/Dire-Dawa-Administration-Health-Bureau-1371606266279524/	**6407**
Addis Ababa City Administration Health Bureau	https://www.facebook.com/aahb.gov.et/	**6406**

Health evidence summary:

Articles/Comment/ Correspondence/ Editorials	Summary
The effect of non-pharmaceutical interventions (NPIs) on the spread of COVID-19 pandemic in Japan: A modeling study. (Preprint) doi: https://doi.org/10.1101/2020.05.22.20109660	• Authors used open source data and divided the data into three periods: Jan 22 to Feb 25 (Period I), Feb 26 to Apr 6 (Period II), and Apr 7 to May 14 (Period III). • The SIRD model was developed and the Monte Carlo Simulation was applied to estimate a combination of optimal results, including the peak of infected cases, the peak date, and R0.

	• For Period I, the estimated peak infected cases were smaller than the observed ones, the peak date was earlier than the observed one, and the R0 was about 4.66. • For the other two periods, the estimated cases were more, and the peak dates were earlier than the observed ones. • The R0 was 2.50 in Period II, and 1.79 in Period III. • Non-pharmacological interventions (NPIs) taken in Japan might have reduced more than 50% of the daily contacts per people compared to that before COVID-19. • Owing to the effects of NPIs, the Japanese society had avoided collapse of medical service. Nevertheless, the capacity of daily RT-PCR may have restricted the reported confirmed cases.
Herpes Zoster Might Be an Indicator for Latent COVID 19 Infection. https://doi.org/10.1111/dth.13666	• Various cutaneous manifestations have been observed in patients with COVID-19 infection. • In this report we describe two cases COVID infection who first presented with herpes zoster. • Authors suggest that the clinical presentation of HZ at the time of the current pandemic even in patients giving mild or no suggestive history of upper respiratory symptoms should be considered as an alarming sign for a recent subclinical SARS CoV2 infection
Clinical Significance of a High SARS-CoV-2 Viral Load in the Saliva. https://doi.org/10.3346/jkms.2020.35.e195	• The viral dynamics in various body fluid specimens, such as nasopharyngeal swab, oropharyngeal swab, saliva, sputum, and urine specimens, of two patients with COVID-19 from hospital day 1 to 9 was evaluated. • Additional samples of the saliva were taken at 1 hour, 2 hours, and 4 hours after using a chlorhexidine mouthwash. The SARS-CoV-2 viral load was determined by real-time reverse transcriptase polymerase chain reaction (rRT-PCR). • SARS-CoV-2 was detected from all the five specimens of both patients by rRT-PCR. • The viral load was the highest in the nasopharynx, but it was also remarkably high in the saliva. • SARS-CoV-2 was detected up to hospital day 6 (illness day 9 for patient 2) from the saliva of both patients. • The viral load in the saliva decreased transiently for 2 hours after using the chlorhexidine mouthwash. • SARS-CoV-2 viral load was consistently high in the saliva; it was relatively higher than that in the oropharynx during the early stage of COVID-19. • Chlorhexidine mouthwash was effective in reducing the SARS-CoV-2 viral load in the saliva for a short-term period.
Modeling the Effects of Intervention Strategies on COVID-19 Transmission Dynamics. https://doi.org/10.1016/j.jcv.2020.104440	• The stepping-down strategy was the best long-term SD strategy to minimize the peak number of active COVID-19 cases and associated deaths. • The stepping-down strategy also resulted in a reduction in total time required to SD over a two-year period by 6.5 % compared to an intermittent or constant SD strategy. • An 80-day SD time-window was statistically more effective in maintaining control over the COVID-19 pandemic than a 40-day window. • However, the results were dependent upon 50 % of people being cautious (engaging in personal protection measures). • If people exercise caution while in public by protecting themselves the magnitude and duration of SD necessary to maintain control over the pandemic can be reduced. • The models suggest that the most effective way to reduce SD over a two-year period is a stepping-down approach every 80 days.

	• According to our model, this method would prevent a second peak and the number of intensive care units needed per day would be within the threshold of those currently available.
COVID-19-associated hyperviscosity: a link between inflammation and thrombophilia? https://doi.org/10.1016/S0140-6736(20)31209-5	• COVID-19-associated hyperviscosity, a potentially severe consequence of infection with severe acute respiratory syndrome coronavirus 2, is described in 15 patients critically ill with COVID-19. • Five patients with D-dimer concentrations of 3 μg/mL or higher and known (or highly suspected) thrombosis received therapeutic anticoagulation. • The 15 patients had plasma viscosity exceeding 95% of normal. • Notably, four patients with plasma viscosity above 3•5 Cp • (centipoise) had a documented thrombotic complication: one patient had pulmonary embolism, one patient had limb ischaemia and suspected pulmonary embolism, and two patients had continuous renal replacement therapy-related clotting. • Consistent with reports of hyperfibrinogenaemia in patients with COVID-19, these patients had substantially increased fibrinogen concentrations. • Authors conclude that any causal relationship between hyperviscosity and thrombotic complications in COVID-19 warrants immediate investigation given the potential to impact clinical care.
Prone Positioning to Improve Oxygenation and Relieve Respiratory Symptoms in Awake, Spontaneously Breathing Non-Intubated Patients With COVID-19 Pneumonia. https://doi.org/10.1016/j.rmcr.2020.101096	• Emergency departments are facing an unprecedented challenge in dealing with patients who have coronavirus disease 2019 (COVID-19). • In this context, therapeutic and oxygenation support strategy that conserves medical resources should be welcomed. • This study shows the successful management of two COVID-19-positive patients who were admitted with respiratory failure with self-proning and noninvasive oxygenation without the need for intubation.
Non-steroidal Anti-Inflammatory Drugs in Management of Covid-19; A systematic Review on Current Evidence. Doi:10.1111/ijcp.13557	• Six clinical trials on application of NSAIDs in viral respiratory infections were included • The studies show that ibuprofen and naproxen not only have positive effects in controlling cold symptoms but also do not cause serious side effects in rhinovirus infections. • It was also found that clarithromycin leads to decrease in mortality rate and duration of hospitalization in patients with pneumonia due to influenza. • In conclusion, although the existing evidence shows NSADIs have been effective in treating respiratory infections caused by influenza and rhinovirus, since there is no clinical trial on COVID-19 and case reports and clinical experiences are indicative of elongation of treatment duration and exacerbation of the clinical course of patients with COVID-19, it is recommended to use substitutes such as acetaminophen for controlling fever and inflammation and be cautious about using NSAIDs in management of patients.
Clinical and Sociodemographic Profile of the First 33 COVID 19 Cases Treated at Dedicated Treatment Center in Ethiopia. https://dx.doi.org/10.21203/rs.3.rs-27800/v1	• Descriptive study was conducted on the first 33 consecutive RT-PCR confirmed COVID 19 cases at Ekka-Kotebe COVID treatment center in Addis Ababa, Ethiopia. • Seventy-five percent of the patients (n = 25) had mild illness at the time of admission. • All cases were treated with chloroquine sulphate 500 mg PO BID for five days and Azithromycin 500 mg PO/ day for three days.

	• Five patients were admitted to intensive care units and four of them were mechanically ventilated where three patients on mechanical ventilator in the ICU died, possible cause of death being sever hypoxia secondary to ARDS. • Medical comorbidities were identified in 15% (n = 5) of cases. • Two of the three deaths had diabetes and one had hypertension. • Duration of intensive care unit stay ranges from 3 to 8 days and patients who died in the ICU stayed for an average of five days in the hospital. • The oldest patient among the 33 cases in this report was 84 years old critical COVID with no comorbidity, was admitted to the ICU, discharged after full recovery. • The presenting symptoms in 70% of the patients was cough while nearly half of the patients had fever and another half had headache. • Among the rare symptoms in this study are diarrhea in 6(18%), sore throats in 5(15%) and dysuria in 2(6%), loss of taste and/or smell sensation was reported in 4(12%) patients. • On laboratory investigations, 18 patients (54.5%) had lymphopenia, 10/23 (43.4%) of them had raised creatinine and more than two third of the patients had raised AST and ALP. • Chest X-ray was performed for ten patients, 6 was reported normal, 2 patients had bilateral pleural effusion and additional 2 patients had bilateral diffuse infiltration. • It is recommended that more lung pathologies could have been identified if CT scan was accessible in the center.
Guide	**Link /Focus**
Key Considerations for COVID-19 Management in Marginalized Populations in Southeast Asia: Transnational Migrants, Informal Workers, and People Living in Informal Settlements.	• This brief presents considerations for COVID-19 management among structurally vulnerable populations in SE Asia, including transnational migrants, people working in the informal economy, and people living in informal urban and peri-urban settlements. • The brief summarizes the vulnerabilities associated with the limited legal and social protection of these groups and includes information on alternative, parallel, or informal responses that are relevant to COVID-19 control in the region.
Surveillance protocol for SARS-CoV-2 infection among health workers. https://www.who.int/publications-detail/WHO-2019-nCoV-HCW_Surveillance_Protocol-2020.1	• This is a technical tool and service that WHO is providing to countries who want to better understand the characteristics and exposure of health workers infected with COVID-19. • The protocol allows for timely investigation of COVID-19 among health workers and their related exposure, thus informing public health responses and policy decisions.
Country & technical guidance coronavirus disease (COVID-19).	https://www.who.int/publications-detail/draft-operational-planning-guidance-for-un-country-teams
COVID-19 - CLINICAL GUIDELINES. Medscape	https://www.medscape.com/index/list_13405_0

COVID-19 updates and sources of evidence:

Source	Link
EPHI COVID-19	https://covid19.ephi.gov.et/
WHO Coronavirus (COVID-19) dashboard	https://covid19.who.int/
Africa CDC Dashboard, COVID-19 Surveillance Dashboard	https://au.int/en/covid19
WHO COVID-19 daily situation reports	https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports
WHO Academy mobile learning app for health workers, COVID-19 information	Android:https://play.google.com/store/apps/details?id=org.who.WHOA

National COVID-19 documents (online): ***click the document name to get access to the material.***

- EPHI_PHEOC_COVID-19_Death_Care_Burial_Management_Eng.pdf
- EPHI_PHEOC_COVID-19_Cleaning_Disinfection_Protocol_Eng.pdf
- EPHI_PHEOC_COVID-19_Guide_for_Rational_Use_PPE_Eng.pdf
- EPHI_PHEOC_COVID-19_WaSH_Guideline_Eng
- EPHI_PHEOC_COVID-19_IPC_Interim_Guideline_Eng
- EPHI_PHEOC_COVID-19_SOP_for_Mask_and_Glove_Utilization_Eng
- EPHI_PHEOC_COVID-19_Discharge_Criteria_Eng
- EPHI_PHEOC_COVID-19_Laboratory_Diagnosis_Eng
- EPHI_PHEOC_COVID-19_Long_Truck_Drivers_Management_Eng
- EPHI_PHEOC_COVID-19_Minimum_Standards_Quarantine_Isolation_Treatment_Eng
- EPHI_PHEOC_COVID-19_Risk_Communication_Guide_Eng
- Infection Prevention and Control Interim Protocol for COVID-19 In Health Care Settings in Ethiopia
- Health Care Waste Management SOP for COVID-19
- Case management protocol for Corona Virus Disease-19 (COVID-19) in Ethiopia
- Ethiopian health care facility COVID-19 Preparedness and response protocol
- Patient Flow Protocol for COVID -19 Patients
- Pre-triage format for COVID-19 infection
- Protocol for transporting COVID-19 patients
- Laboratory testing for 2019 novel coronavirus(2019-nCoV) in suspected human cases
- Home care for patients with the suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts Interim guidance
- Global Surveillance for human infection with novel coronavirus
- Household transmission investigation protocol for 2019-novel coronavirus infection
- Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected
- Novel Coronavirus (nCoV) v1
- National Capacities Review Tool for a novel coronavirus (nCoV)
- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected
- Risk communication and community engagement readiness and initial response for novel coronaviruses

COVID-19 Related Events and Activities Flow Timeline

Dec. 31, 2019

China alerts WHO to several pneumonia cases of unknown cause

Jan. 21, 2020

WHO confirms human-to-human transmission of the virus

Jan. 27, 2020

PHEOC activated for 2019-nCOV preparedness and IM assigned

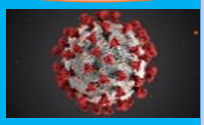
Jan. 30, 2020

WHO declares the outbreak a PHEIC

Feb. 07, 2020

Ethiopia starts laboratory test for COVID-19

Feb. 11, 2020



WHO names the novel corona virus: COVID-19

Feb. 14, 2020

Egypt confirms Africa's first case

Dec. 31, 2020

WHO declares the COVID-19 outbreak a PANDEMIC

Mar. 13, 2020

Ethiopia reports the first COVID-19 case

Mar. 15, 2020

8335 toll free hotline upgraded to digital call center

Mar. 16, 2020

Prime Minister of Ethiopia declared closure of schools and mass gatherings.

Mar. 20, 2020

Ethiopian Airlines suspends flight to around 30 countries

Mar. 23, 2020

14-days mandatory quarantine for all travelers arriving in Ethiopia started

Mar. 24, 2020

IMS structure revised and the new EPHI-DDG assumed the IM position

Mar. 25, 2020

PM of Ethiopia launched national COVID-19 resource mobilization committee

Mar. 28, 2020

The first recovered patient reported in Ethiopia

Apr. 01, 2020

COVID-19 laboratory testing started in AHRI and NAHDIC

Apr. 05, 2020

The first death reported in Ethiopia

Apr. 08, 2020

Ethiopia declares state of emergency to fight COVID-19

May 22, 2020

COVID-19 cases in Africa surpassed 100,000

May 22, 2020

COVID-19 +ve mother delivered COVID-19 -ve child in the Rx center by CS

May 23, 2020

China reported zero new infections for the first time since January

May 27, 2020

Ethiopian government issues mandatory face/cloth mask wearing order

May 30, 2020

COVID-19 confirmed cases in Ethiopia surpassed 1,000

The above presented Quick Reader (QR) code takes you to a portal that you can access updates and all COVID-19 related information available (https://www.ephi.gov.et/index.php/public-health-emergency/novel-corona-virus-update)

DISCLAIMER

This weekly bulletin is produced based on figures pulled from official releases of the World Health Organization and activities and reports of all the sections under the Incident management System. This Weekly Bulletin series of publications is published by the Ethiopian public health Institute (EPHI), public health emergency operation center (PHEOC). The aim of this bulletin is to inform decision makers within the institute and FMOH, UN agencies and NGOs about COVID-19 preparedness and response activities. All interested health and other professionals can get this bulletin at the Institute website; www.ephi.gov.et

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