



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

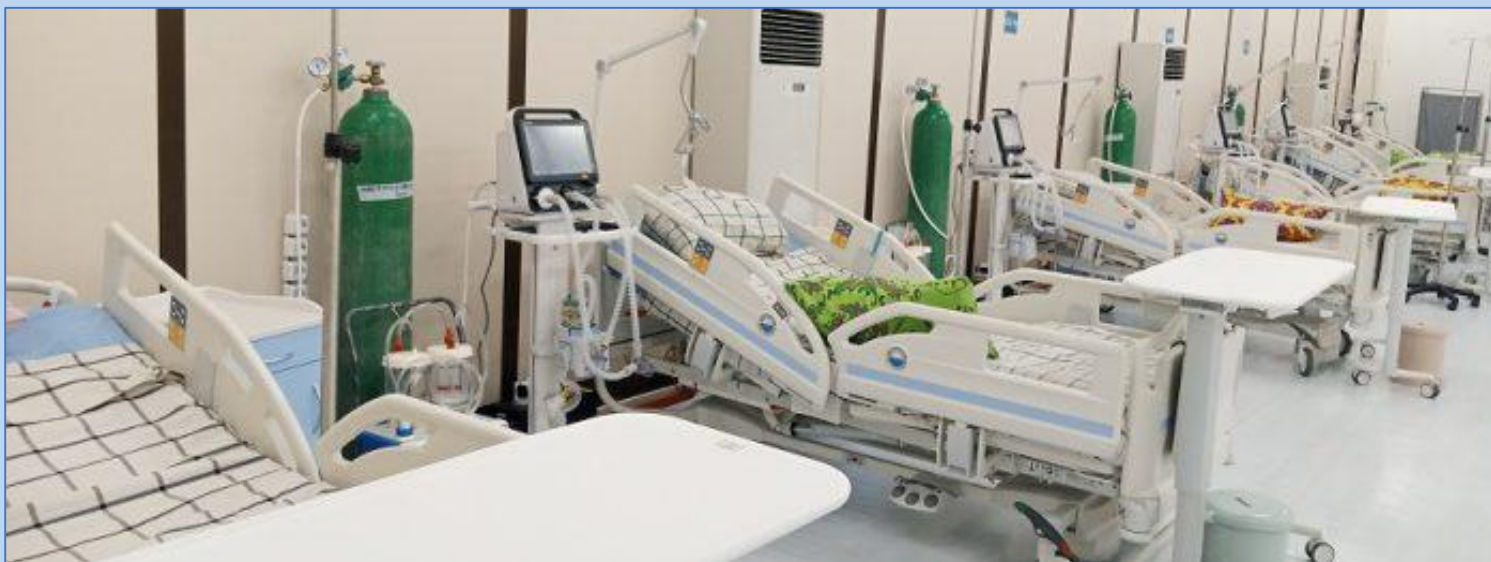
WEEKLY BULLETIN

Dates Covered by this Bulletin: June 01-07, 2020

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Issue Date: June 08, 2020

I. HIGHLIGHTS

- The total number of COVID-19 cases in Ethiopia surpassed 2,000.
- Eight-hundred-forty-eight new confirmed COVID-19 cases (accounted for 42% of total cases) and sixteen COVID-19 related deaths (accounted for 59% of the total deaths) were reported during the WHO Epi-Week-23.
- As of June 07, 2020, a total of 2,020 COVID-19 confirmed cases and 27 deaths have been reported in Ethiopia so far.
- One-hundred-thirty-five people, which contribute 39.24% of the total recovery, have newly recovered from COVID-19 during the WHO Epi-Week-23 bringing the total number of recovered cases to 344.
- A total of 18,133 contacts of confirmed cases have been identified as of June 07, 2020. Of these, 5,373 (29.6% of the total contacts) contacts were identified during the WHO Epi-week-23.
- Thirty-two laboratories across the country are conducting COVID-19 testing.
- COVID-19 patients' admission started in Millennium Hall COVID-19 treatment center.



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 minimize the 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 on a regular and uninterrupted manner 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 to June 07, 2020, COVID-19 pandemic affected 216 countries/territories causing 6,812,371 cases and 374,954 deaths (CFR=5.50%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 866,261 (12.72%) cases and 29,474 (7.86%) deaths were reported during the WHO Epi-Week-23.
- The United States of America (USA) reported the highest number of cases (1,886,794) and deaths (110,066) with CFR of 5.83%. The second highest number of deaths, 40,465 (CFR=14.15%) are reported in the United Kingdom.
- In Africa, 56 countries/territories have reported COVID-19 cases.
- As of June 07, 2020, a total of 186,583 cases and 5,079 deaths were reported across the continent (CFR=2.72%).
- During the WHO-Epi-Week-23, a total of 43,014 (23.05%) cases and 994 (19.57%) deaths were reported across the continent.
- The highest number of cases were reported from South Africa, 45,973 (24.64%) cases followed by Egypt, 32,612 (17.48%) cases, and Nigeria, 12,233 (6.56%). See the summary dashboard below.

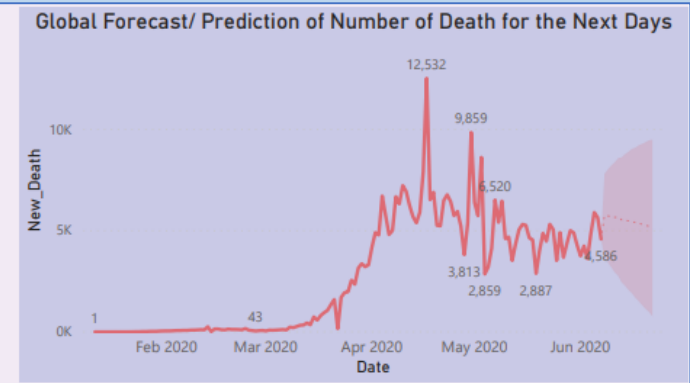
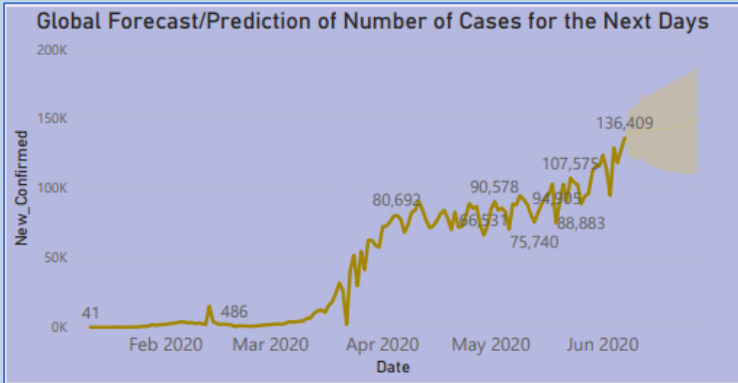
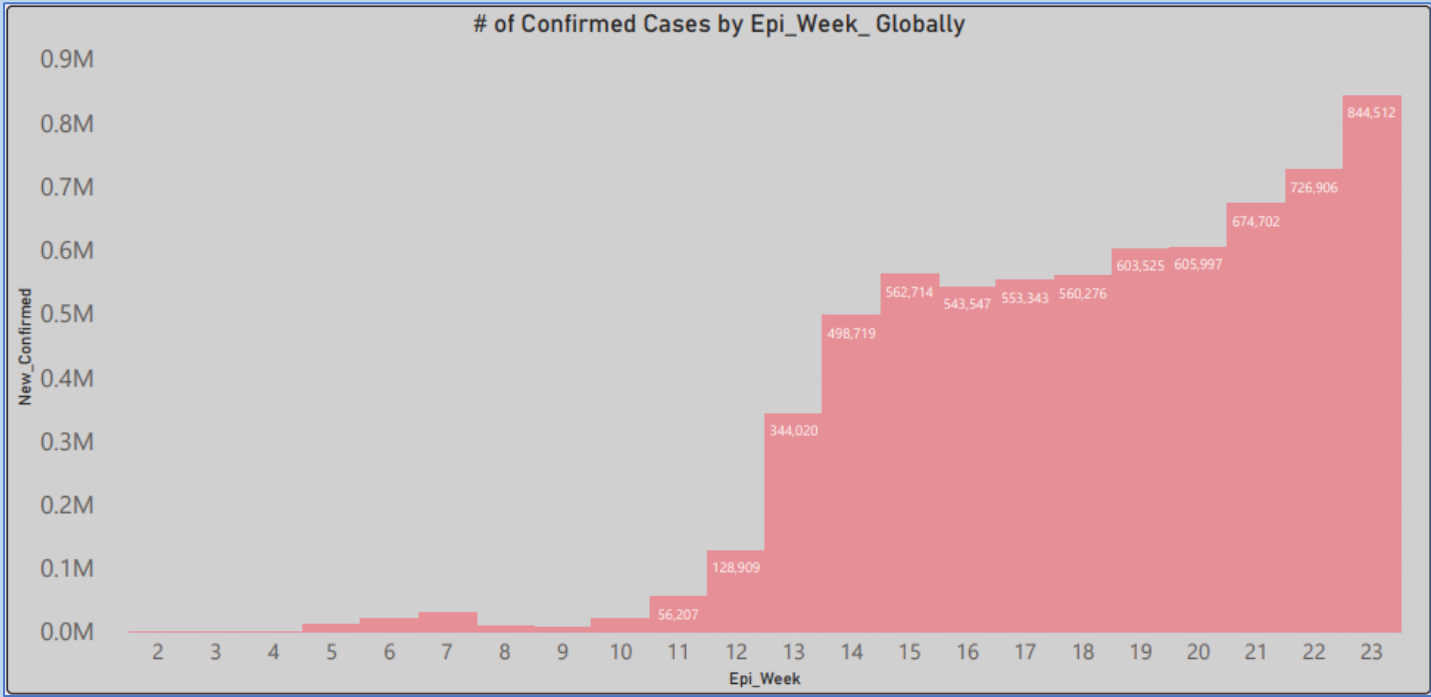
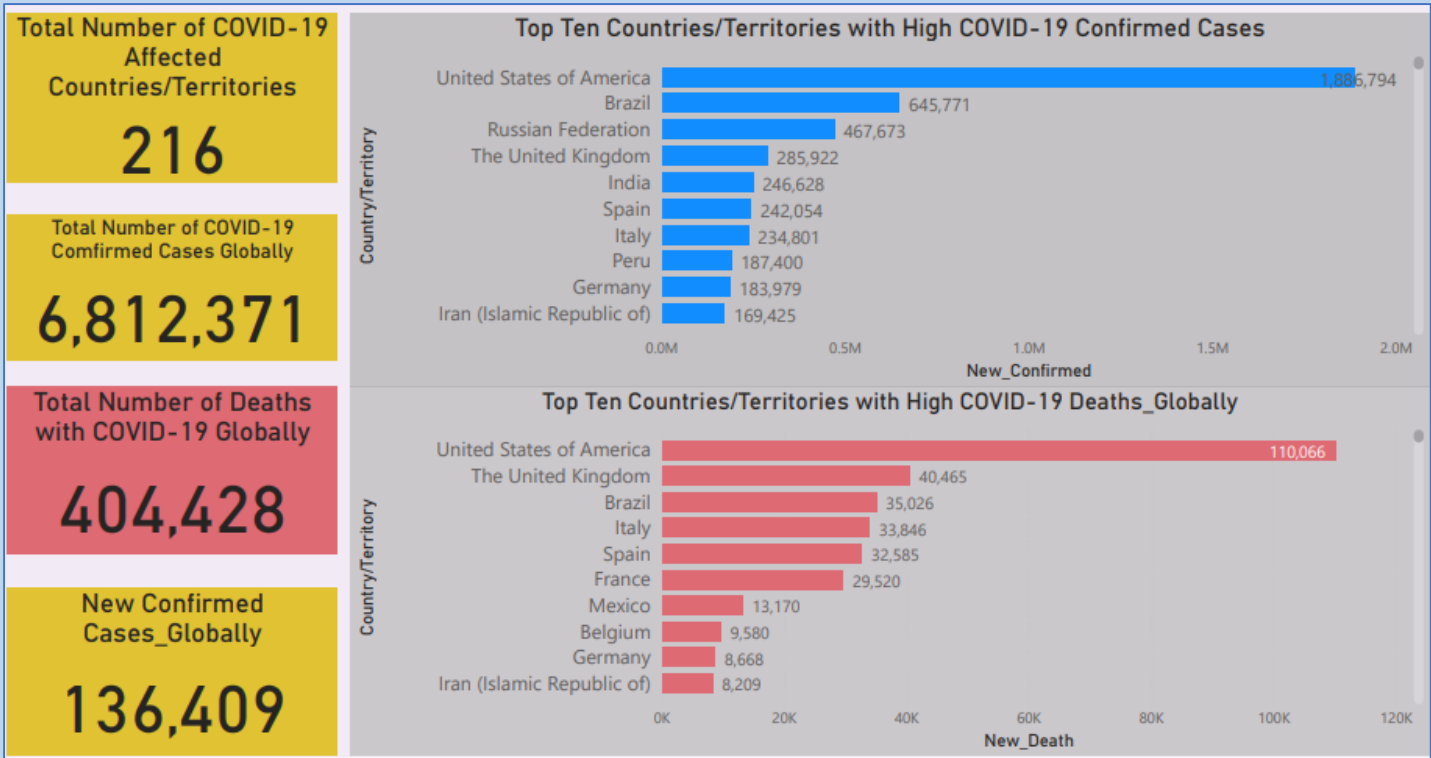


Fig. 1: Global Situation Update as of May June 07, 2020 (Source: WHO)

of African Countries/Territories with COVID-19 Confirmed Cases

56

Total Number of Cases Confirmed in Africa

186,583

New Confirmed Cases in Africa with COVID-19

6,704

Total Number of Deaths in Africa with COVID-19

5,079

New Deaths in Africa with COVID-19

133

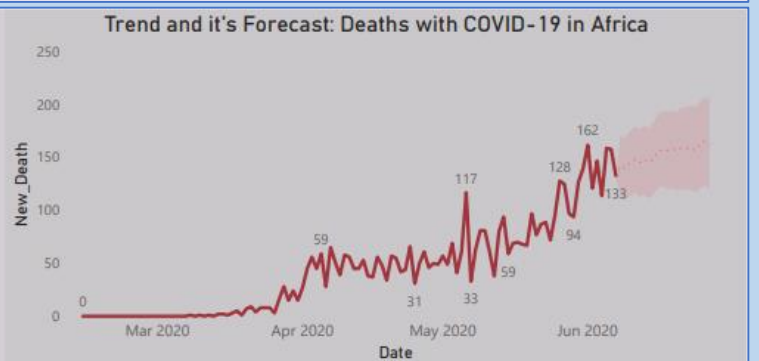
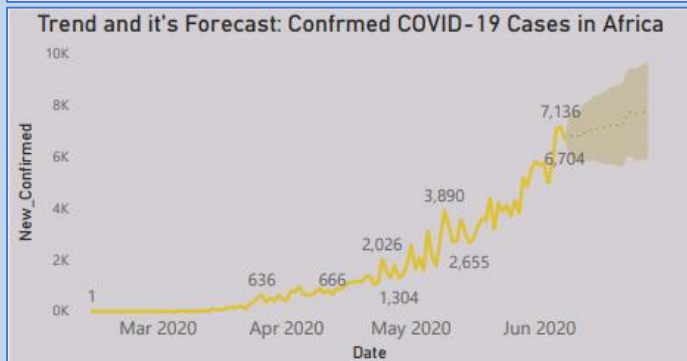
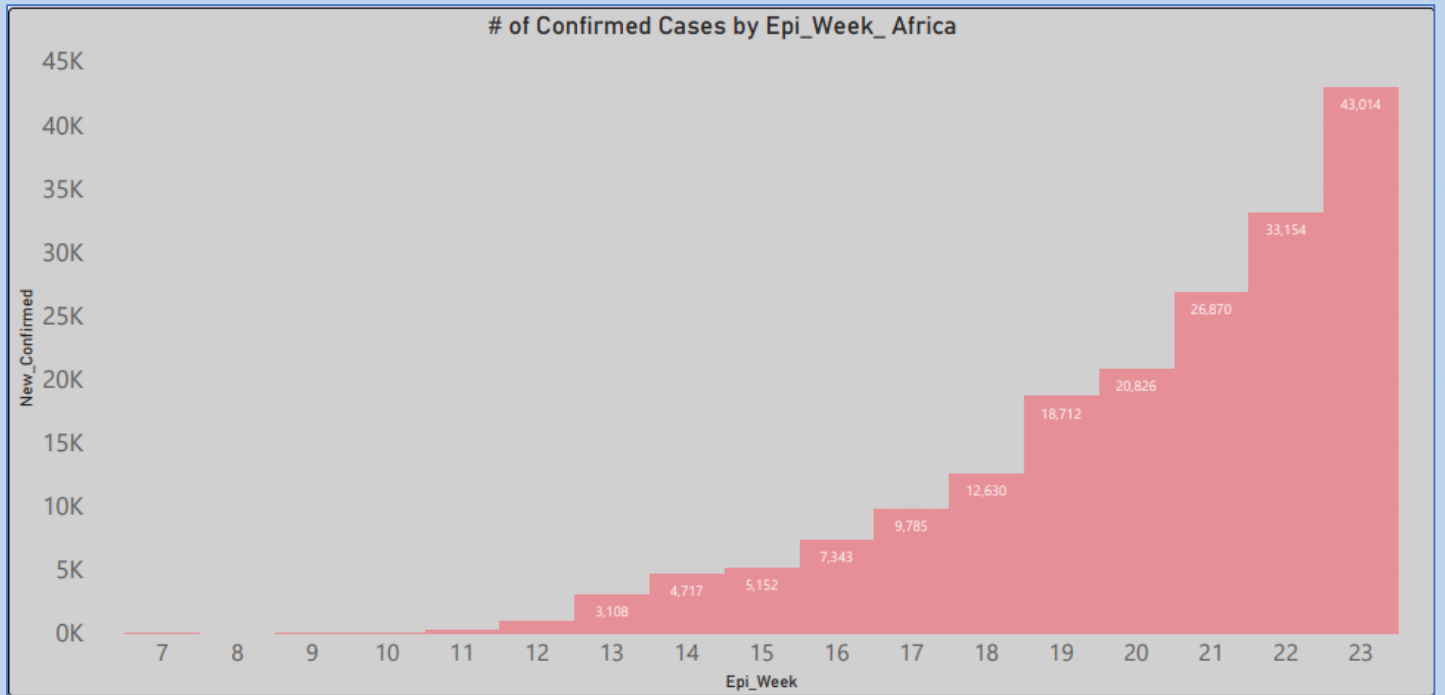
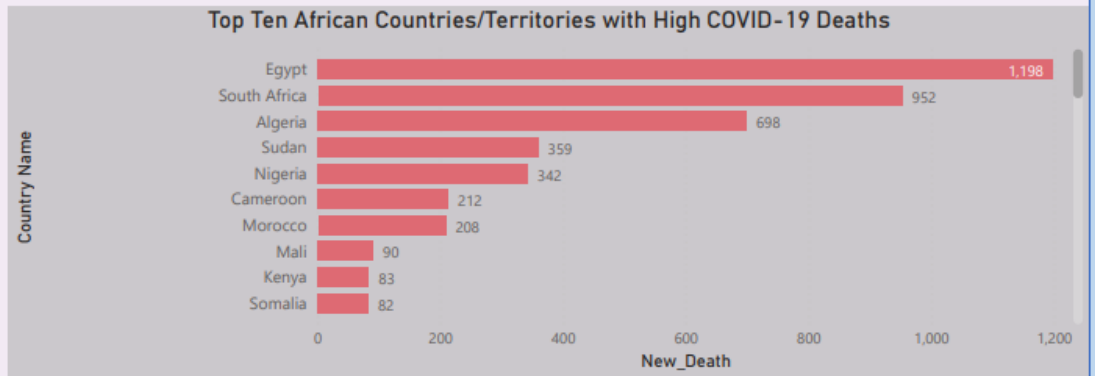
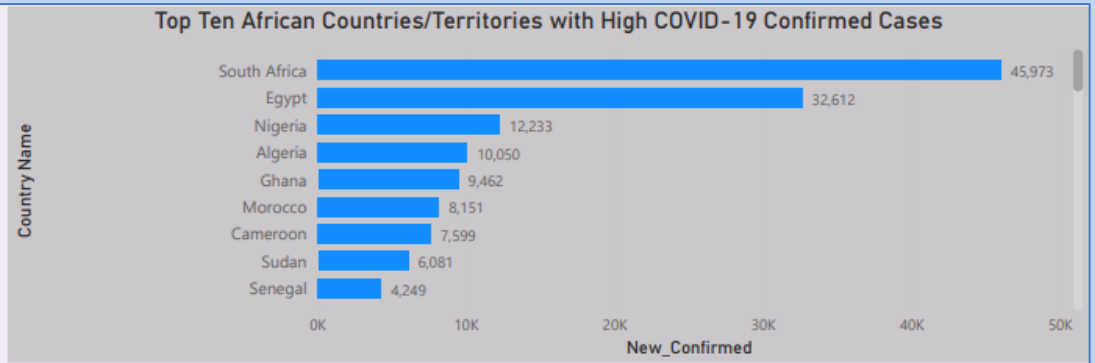


Fig. 2: Africa Situation Update as of June 07, 2020 (Source: WHO)

National COVID-19 situation

- In Ethiopia, the first COVID-19 case was reported on March 13, 2020.
- It took 77 days to surpass the first 1000 cases; however it took only 7 days to record the second thousand cases. This shows that there is an alarming increment of the number of cases in the country.
- Eight-hundred-forty-eight new confirmed COVID-19 cases (about half of the total cases reported so far) and sixteen COVID-19 related deaths were reported during the WHO Epi-Week-23.
- The number of cases are increasing alarmingly from imported cases, contacts of confirmed cases and localized transmission.
- So far, a total of 2,020 confirmed COVID-19 cases and 27 deaths have been recorded in the country.

National COVID-19 updates

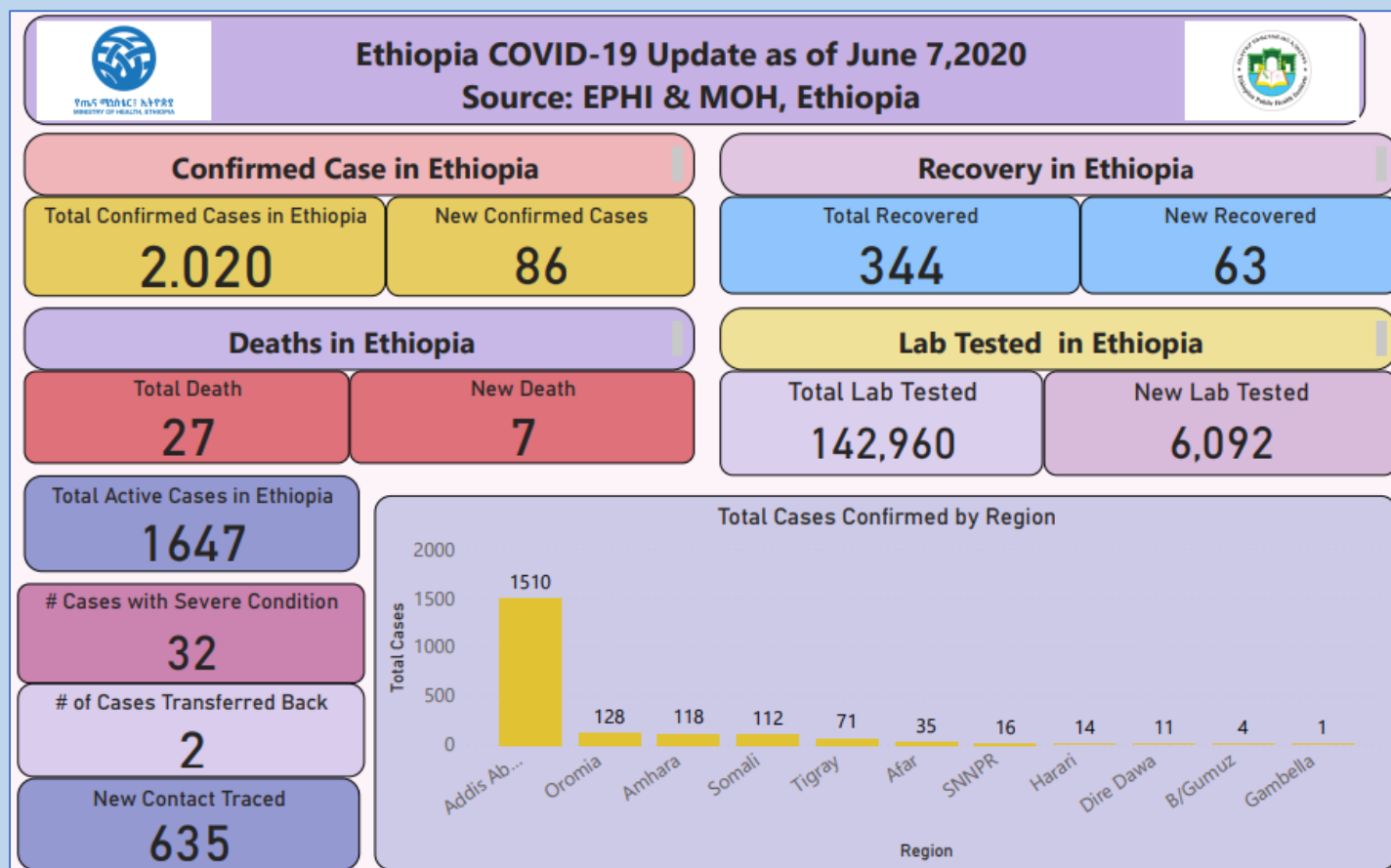
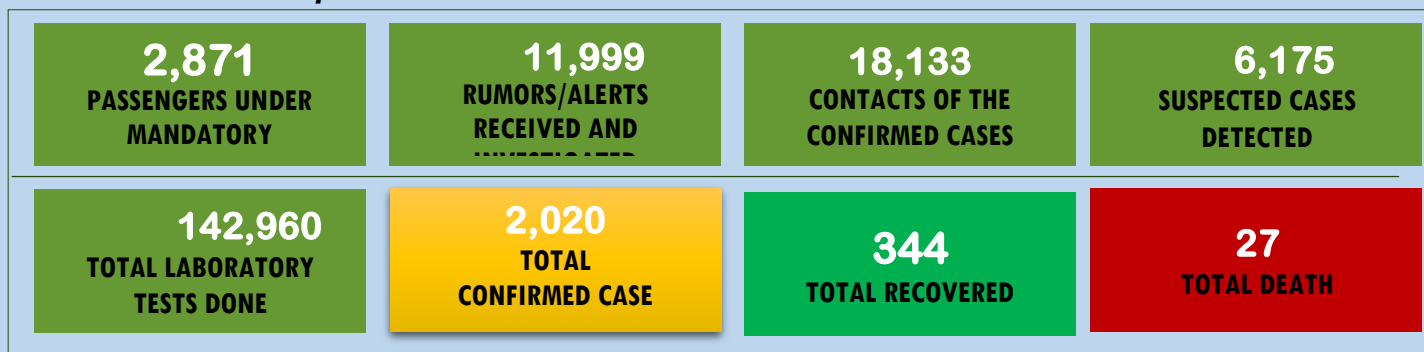


Fig. 3: Summary of the COVID-19 situation in Ethiopia, June 7, 2020 (Source: EPHI and MOH, Ethiopia)

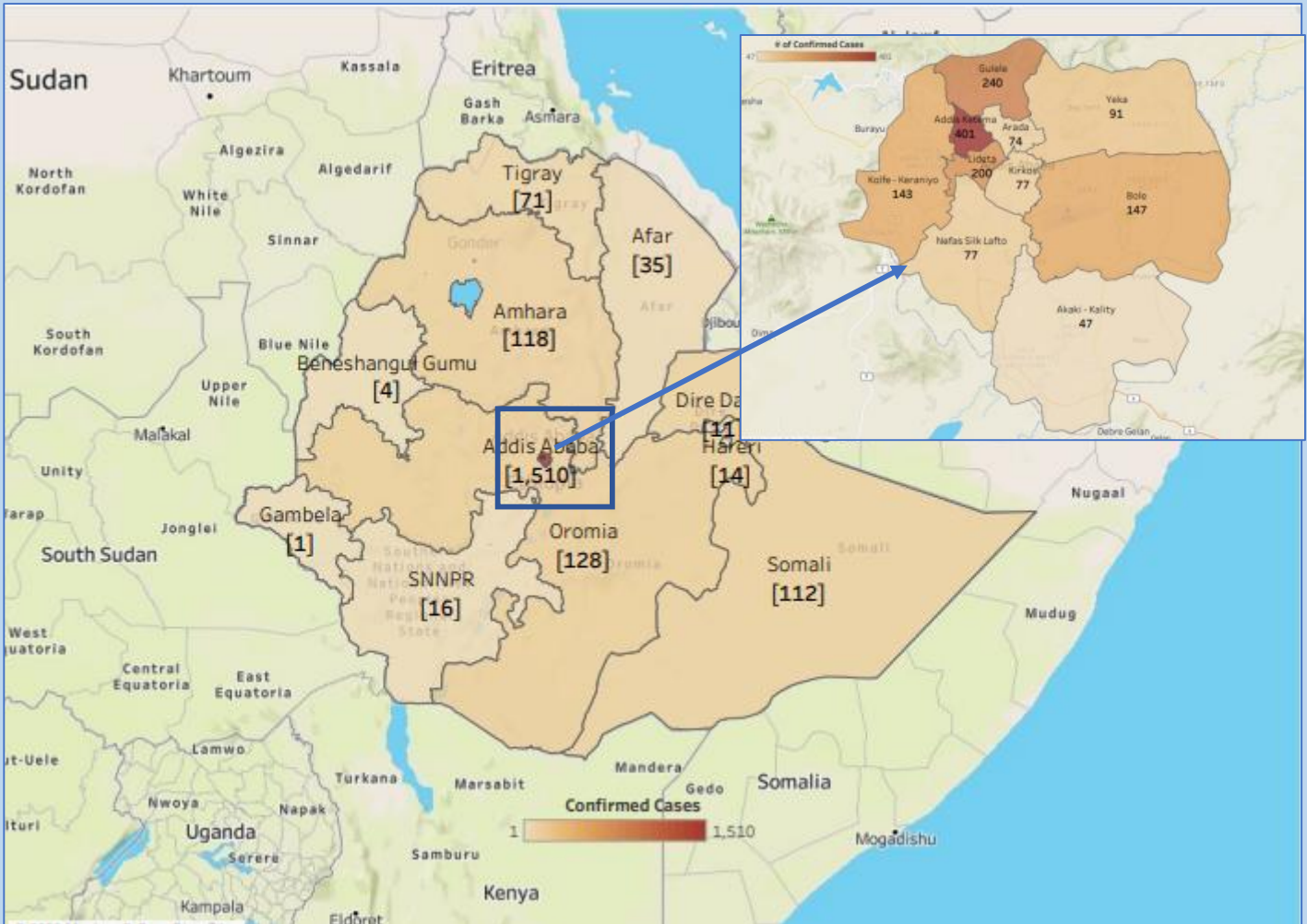


Fig. 4: Geographical distribution of COVID-19 confirmed cases in Ethiopia, as of June 07, 2020

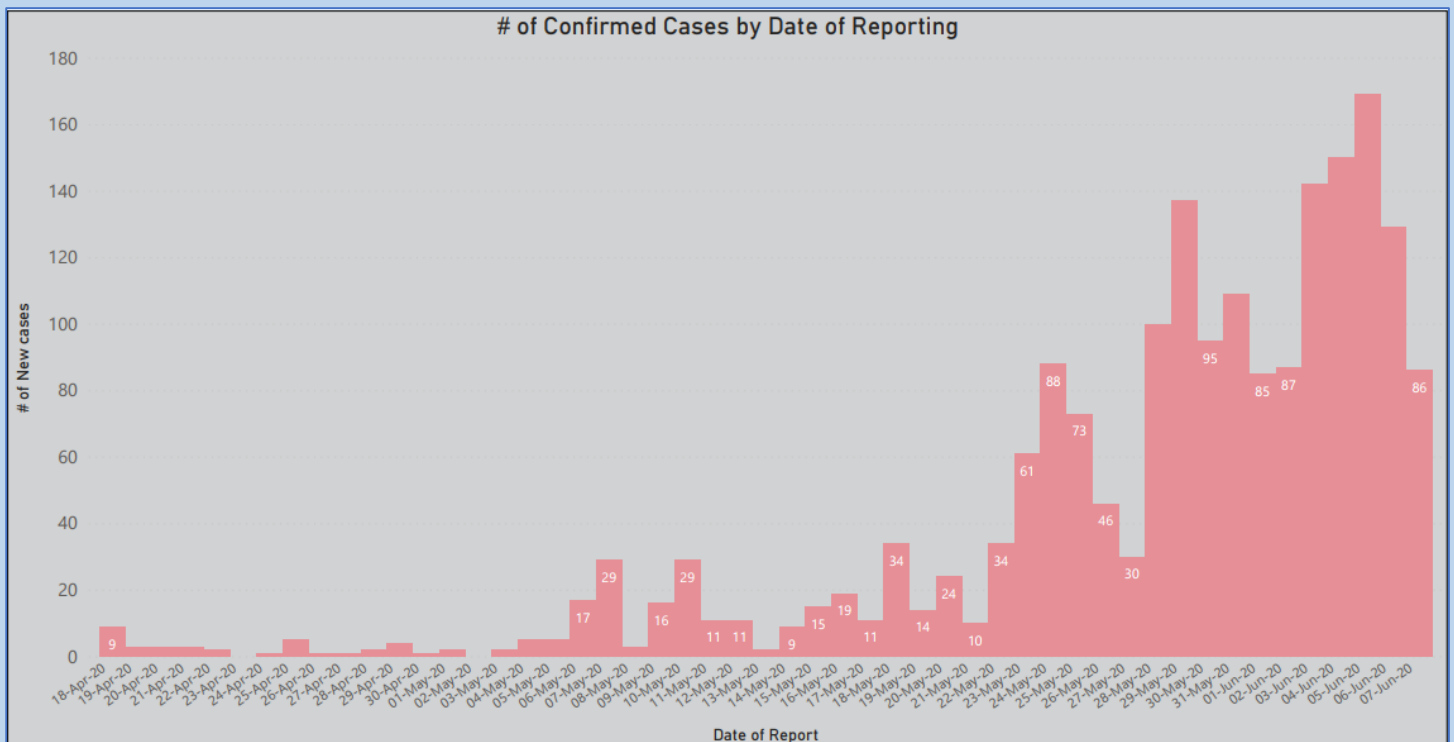


Fig. 5: Trend of COVID-19 cases in Ethiopia by date of reporting as of June 07, 2020

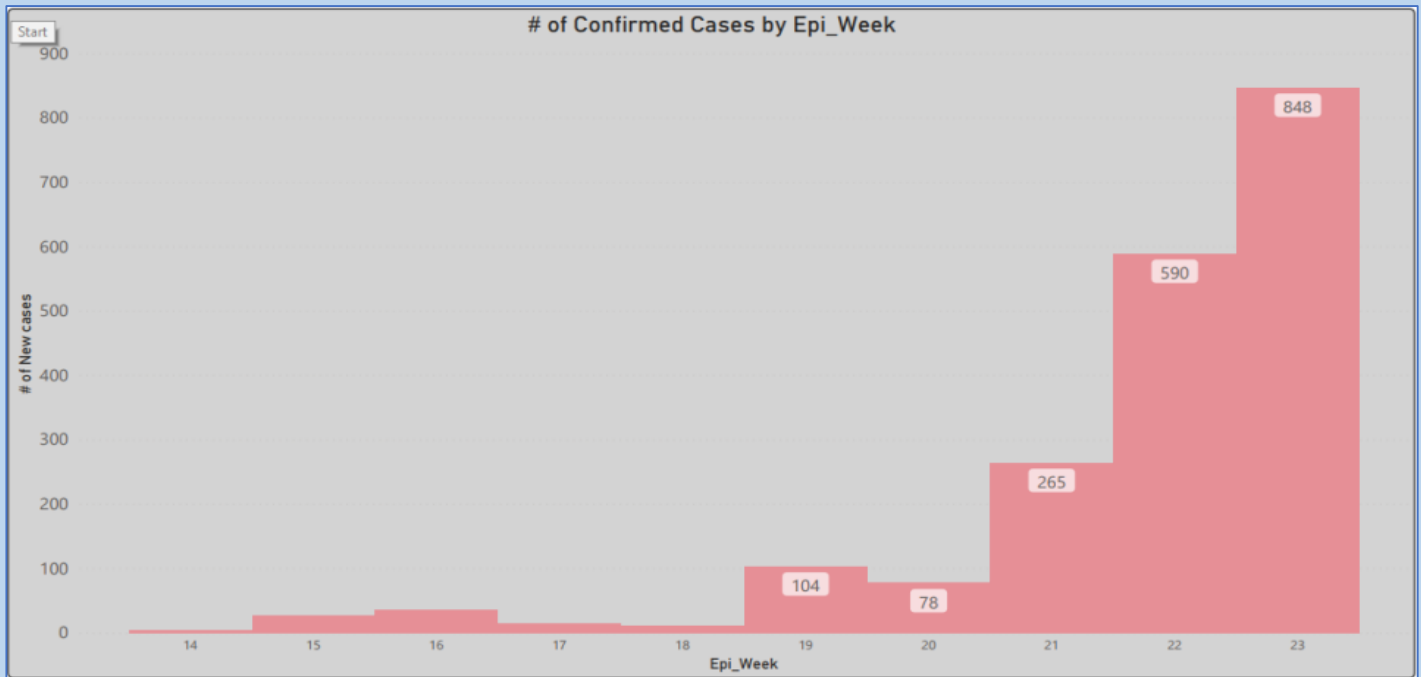


Fig. 6: COVID-19 confirmed cases by WHO Epi-Week as of June 07, 2020, Ethiopia

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, SARI/pneumonia cases and community members.

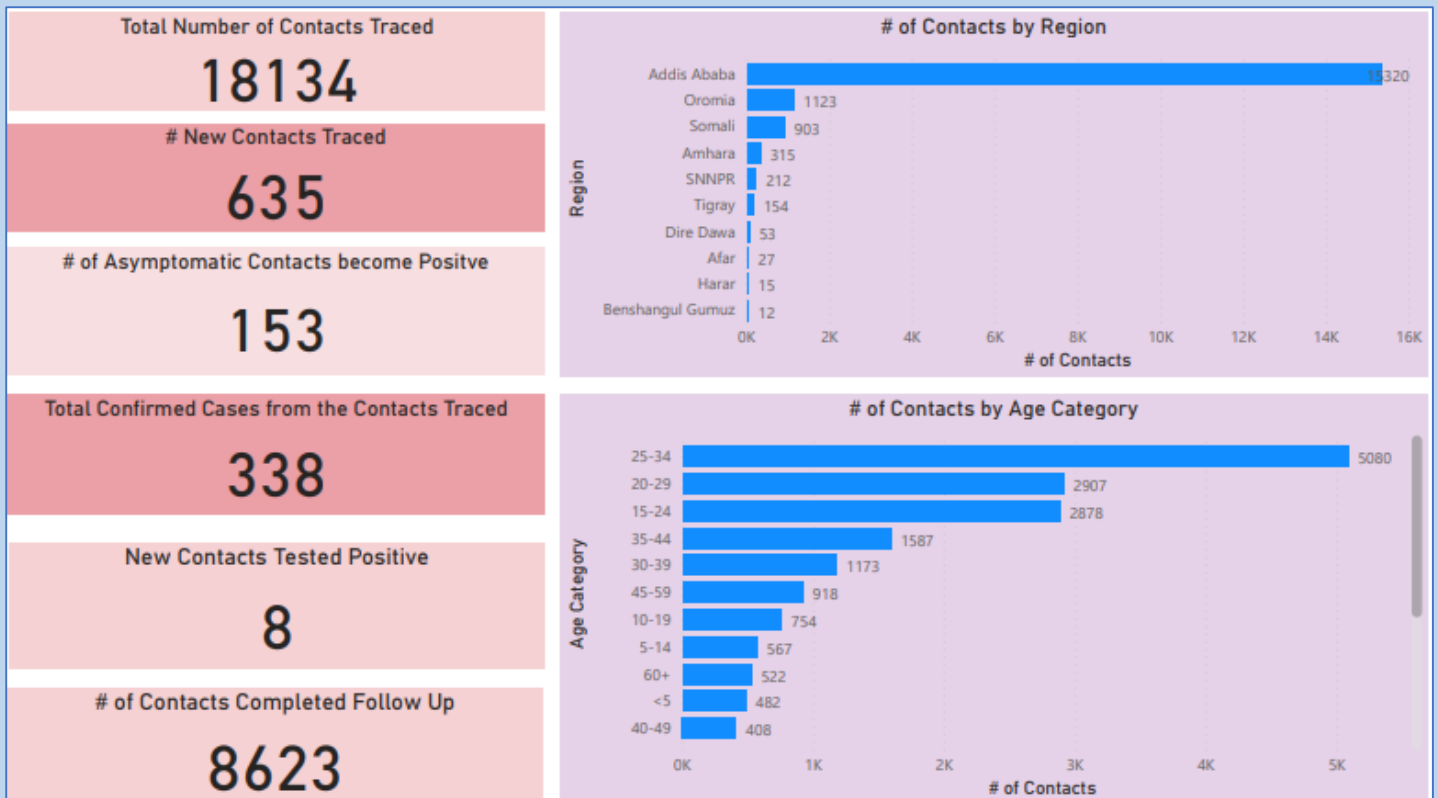


Fig. 7: Contact tracing summary dashboard as of June 07, 2020

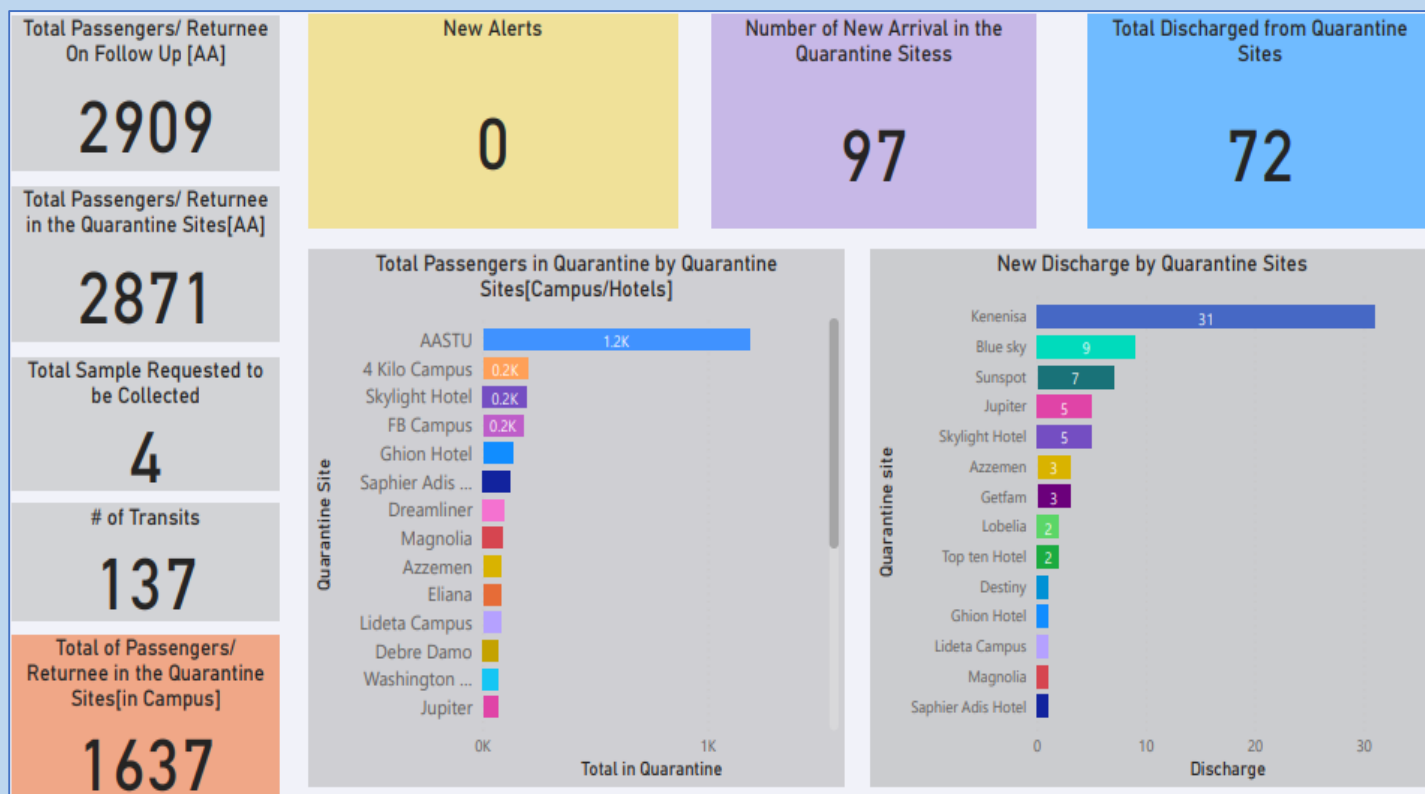


Fig. 8: Mandatory quarantine update as of June 07, 2020, Ethiopia

Laboratory related activities

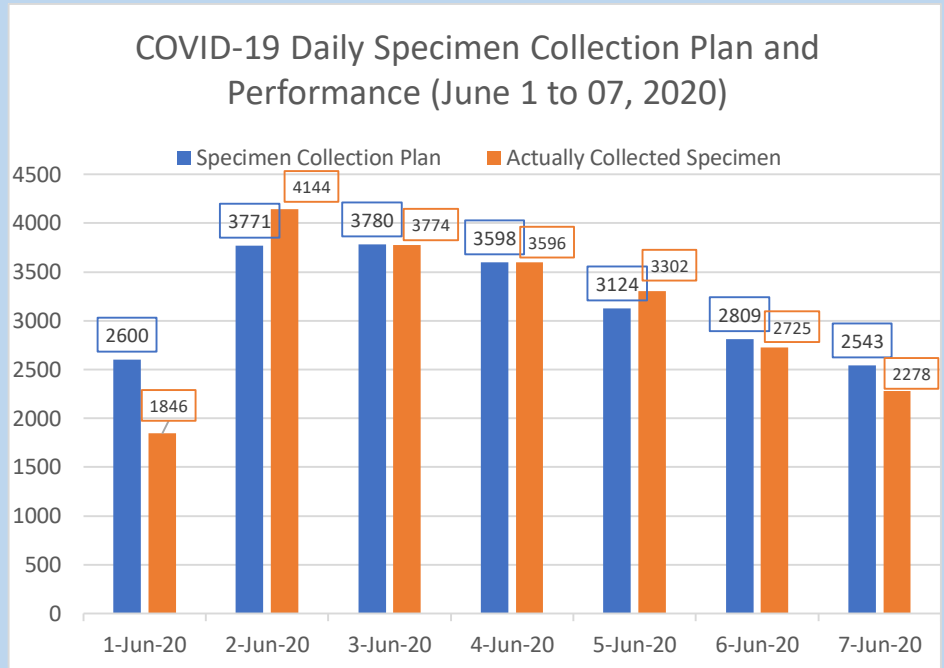
- Laboratory testing capacity is increasing nationally from time to time in number of daily testing capacity.
- As of June 07, 2020, a total of 142,960 samples have been tested for COVID-19 by laboratories in the country, 2,020 (1.41%) of which were positive and 140,940 (98.59%) were negative.
- Of the total laboratory tests 33,509 (23.44%) were done during the WHO Epi-Week-23.
- Laboratory Information System (LIS) -DHIS II Digitization piloting is ongoing.

Table 1: Summary of laboratory expansion and testing capacity in Ethiopia, as of June 07, 2020.

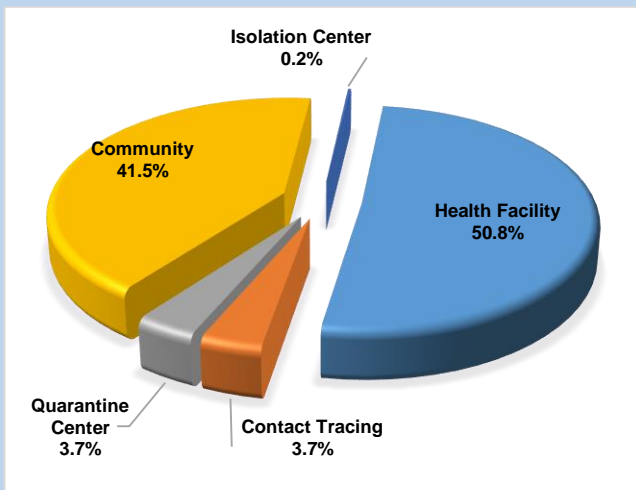
Status	Number of Laboratories	Testing Capacity	Remark
Functional/Reporting Laboratories	32	8041	At least one lab in all regions (4 at EPHI)
Ready	5	700	
Under Verification Process	4	100	
Candidates	18	6156	Training and Verification planned
Total	59	14,997	

Specimen Collection

- Weekly performance is about 95.7%
- Average number of specimens collected per day 3,095



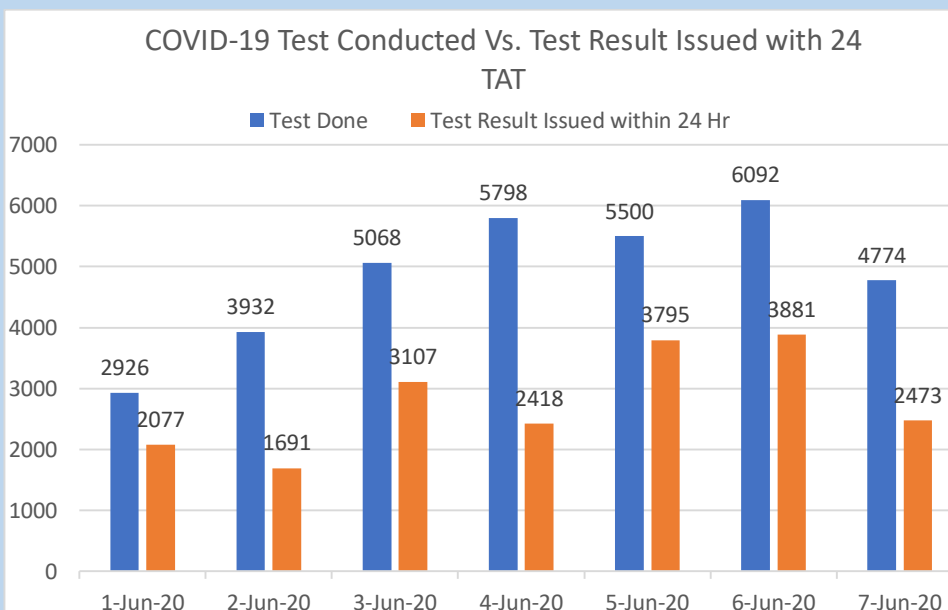
Specimen Collection by site



The community sample collection includes:

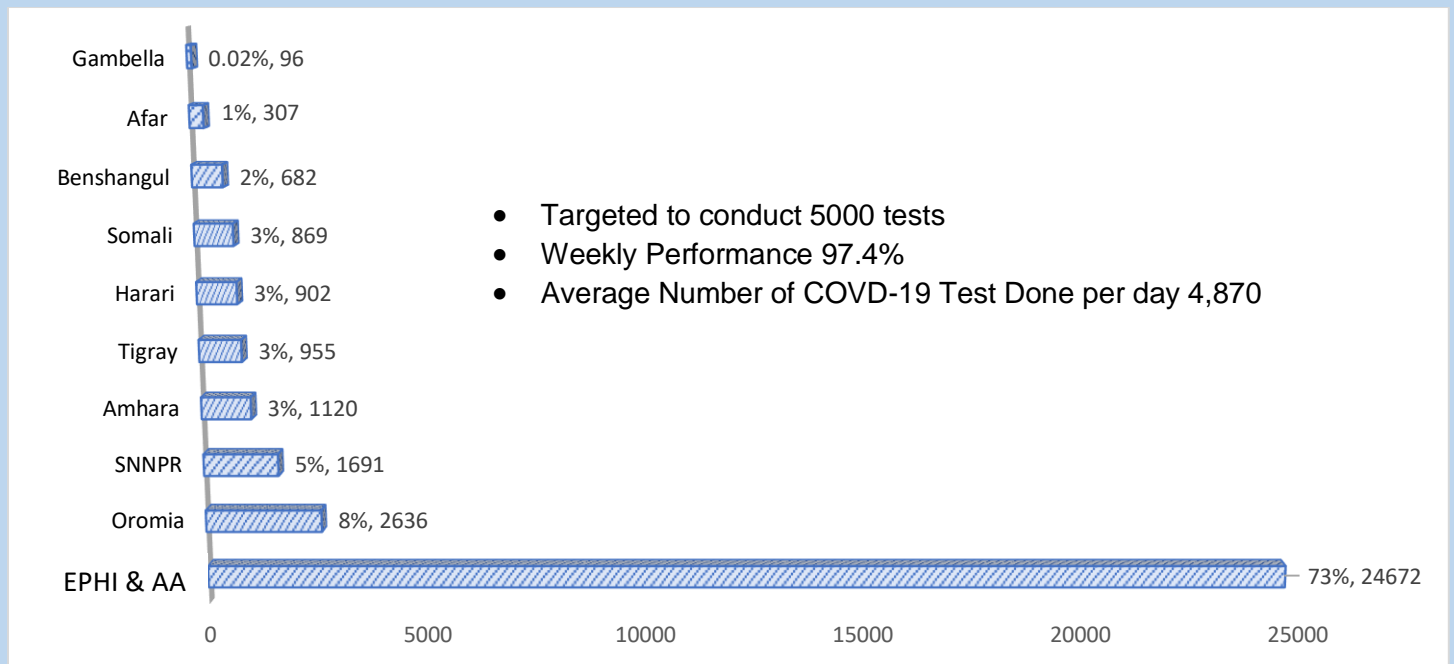
- Market Area (Merkato and Other city malls)
- Services Providers (Hotel, Bank,)
- Overcrowded areas (Bus station)
- Most at risk group (Elders, Children Homeless and Chronic disease patients)
- Health facility and community screening activity contribute for 92% the total specimen collection

Testing Performance



- A total of 34,090 tests conducted in the Week
- About 19,441 (59.1%) result issued within 24 Hr. after receiving the specimen at lab
- 23.1% of the total test conducted was done in this week

COVID-19 Laboratory test by region

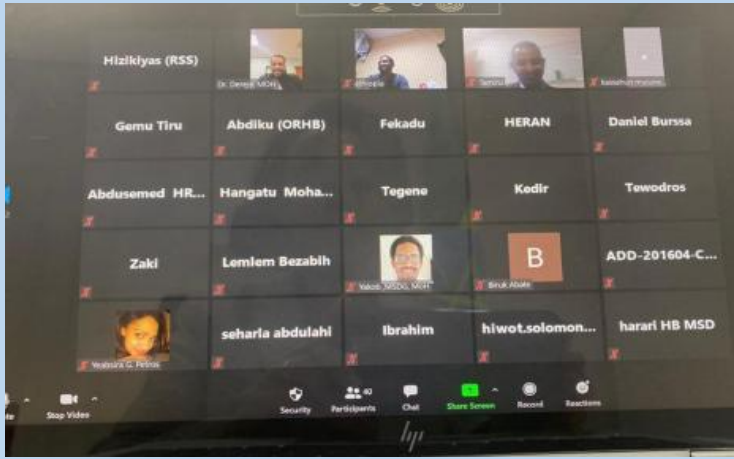


IV. Coordination and Leadership

- Since its activation, the national PHEOC is collaboratively working with stakeholders: government agencies, partner organizations, UN agencies, embassies, hospitality sector, Industrial parks and others.
- Patients' admission is commenced in the Millennium Hall COVID-19 treatment center, which has a capacity to accommodate 1000 patients.



- Weekly virtual meeting has been held with Regional Health Bureau Heads & Agencies. The issue of protecting the health workers, and ensuring access & continuity of essential health care services while we aggressively work to minimize impact of COVID19 in Ethiopia has been discussed.

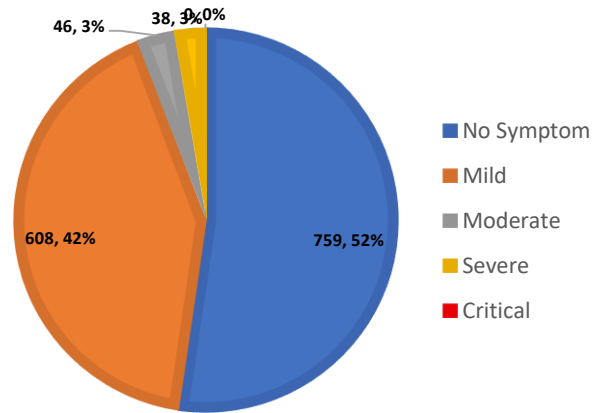


- Morning briefing of IMS core staffs and key partners' representatives is being conducted on daily basis.
- Weekly virtual (zoom) meeting being conducted with technical working group members, which comprises members from subnational level focal, key partners and stakeholders.
- Weekly leadership and strategic virtual (zoom) meeting, chaired by the H.E MOH Minister being conducted.
- Supports (financial, logistic and technical) are being received from partners, private institutions, individuals and donors.

V. Case Management and IPC

- As of June 07, 2020, about 52% of the total cases in the treatment centers were asymptomatic.
- There are thirty-eight cases in severe condition among the cases
- One-hundred-thirty-five cases recovered in WHO Epi-Week-23 which brings a total recovered case to 344.

COVID-19 Active cases by diseases category ,June 7,2020



VI. Risk Communication and Community Engagement (RCCE)

- Different poster, brochures, audio and video messages focusing on COVID-19 risk perception and practice developed.
- Daily press statement is being provide on COVID-19 situation on daily basis
- 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 and other health facilities and regions.
- Number of governmental and Non-Governmental organizations, individuals and partners have donated different medical supplies and infrastructures for COVID-19 response.
- Customs clearance for donations' shipment is ongoing.
- Ethiopian Diaspora Trust Fund presented Personal Protective Equipment and medical supplies worth of 40 million ETB to support the fight against COVID-19 pandemic in Ethiopia.





- SATO Ethiopia donated 50 hand washing containers each worth of 5000 ETB to support the COVID-19 prevention and control measures in Ethiopia.

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. As of June 7, 2020, in Amhara region a total of 1,539 enrolled and 747 completed the training and in Addis Ababa a total of 856 enrolled, 592 completed the training.
- WASH and IPC TOT is provided for health professionals in Amhara and Somali regions

IX. Challenges and Way Forward

Challenges

- Increasing number of COVID-19 related community deaths detected during dead body testing.
- 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

- Review the response strategies
- 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 Recommendation

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.

Global COVID-19 updates and sources of evidence:

Source	Link
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/Regional official websites, social media pages and toll-free hotline for COVID-19 information

MOH/EPHI/Region	Facebook page	Toll-free hotline
Ethiopian Public Health Institute Main Website	https://www.ephi.gov.et/	8335
Ethiopian Public Health Institute COVID-19 Website	https://covid19.ephi.gov.et/	
Ethiopian Public Health Institute Facebook Page	https://www.facebook.com/ephipage/	
Ethiopian Public Health Institute Twitter Page	https://twitter.com/EPHIEthiopia	
Ministry of Health, Ethiopia Website	www.moh.gov.et	952
Ministry of Health, Ethiopia Facebook Page	https://www.facebook.com/EthiopiaFMoH/	
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
<p>Incidence of COVID-19 and Connections with Air Pollution Exposure http://documents.worldbank.org/curated/en/462481587756439003/pdf/Incidence-of-COVID-19-and-Connections-with-Air-Pollution-Exposure-Evidence-from-the-Netherlands.pdf</p>	<ul style="list-style-type: none"> • The results show that atmospheric particulate matter with diameter less than 2.5 is a highly significant predictor of the number of confirmed COVID-19 cases and related hospital admissions. The estimates suggest that expected COVID-19 cases increase by nearly 100 percent when pollution concentrations increase by 20 percent. However, the results were dependent upon 50 % of people being cautious (engaging in personal protection measures). • The association between air pollution and case incidence is robust in the presence of data on health-related preconditions, proxies for symptom severity, and demographic control variables. The results are obtained with ground-measurements and satellite-derived measures of atmospheric particulate matter as well as COVID-19 data from alternative dates. The findings call for further investigation into the association between air pollution and SARS-CoV-2 infection risk. If particulate matter plays a significant role in COVID-19 incidence, it has strong implications for the mitigation strategies required to prevent spreading.
<p>Face Masks Against COVID-19: An Evidence Review</p>	<ul style="list-style-type: none"> • Policymakers need guidance on how masks should be used by the general population to combat the COVID-19 pandemic. Here, we synthesize the relevant literature to inform multiple areas: 1) transmission characteristics of

<p>https://www.preprints.org/manuscript/202004.0203/v1</p>	<p>COVID-19, 2) filtering characteristics and efficacy of masks, 3) estimated population impacts of widespread community mask use, and 4) sociological considerations for policies concerning mask-wearing. A primary route of transmission of COVID-19 is likely via small respiratory droplets, and is known to be transmissible from pre-symptomatic and asymptomatic individuals. Reducing disease spread requires two things: first, limit contacts of infected individuals via physical distancing and contact tracing with appropriate quarantine, and second, reduce the transmission probability per contact by wearing masks in public, among other measures.</p> <ul style="list-style-type: none"> • The preponderance of evidence indicates that mask wearing reduces the transmissibility per contact by reducing transmission of infected droplets in both laboratory and clinical contexts. • Public mask wearing is most effective at stopping spread of the virus when compliance is high. The decreased transmissibility could substantially reduce the death toll and economic impact while the cost of the intervention is low. • Thus we recommend the adoption of public cloth mask wearing, as an effective form of source control, in conjunction with existing hygiene, distancing, and contact tracing strategies. • We recommend that public officials and governments strongly encourage the use of widespread face masks in public, including the use of appropriate regulation.
<p>A Review of Neurological Complications of COVID-19 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7170017/</p>	<p>The COVID-19 is just in its inception, but there is significant signal of neurological involvement. The review suggests that neurological involvement in COVID-19 can have detrimental effect in the overall quality of life. These review of pathophysiology hypothesized by various authors seems to indicate that CNS manifestations predominantly arises due to inflammatory causes, PNS due to immune-mediated mechanisms, and skeletal muscle injury due to the direct effects of the virus. However, study at the bio-molecular levels are needed to accept or refute such theories with conviction. This would help in classifying the whole spectrum of neuropathology better, which in turn would help in developing consensus regarding better treatment modalities.</p>
<p style="text-align: center;">Guide</p>	<p style="text-align: center;">Link</p>
<p>Country & technical guidance coronavirus disease (COVID-19).</p>	<p>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance</p>
<p>COVID-19 - CLINICAL GUIDELINES. Medscape</p>	<p>https://www.medscape.com/index/list_13405_0</p>

8335 / 952



Call-Centers
FOR MORE INFO and
ALERT NOTIFICATION on
COVID-19



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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