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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: June 15-21, 2020

BULLETIN No: 8
Issue Date: June 22, 2020

I. HIGHLIGHTS

- One-thousand-one-hundred-eighty-seven new confirmed COVID-19 cases and seventeen COVID-19 related deaths were reported during the WHO Epi-Week-25.
- As of June 21, 2020, a total of 4,532 COVID-19 confirmed cases and 74 deaths, and 1213 recoveries have been reported in Ethiopia.
- During WHO Epi-week 25, 668 cases have recovered which accounts for 55% of the total recoveries so far,
- A total of 31,753 contacts of confirmed cases have been identified as of June 21, 2020 of which, 6,780 contacts were identified during the WHO Epi-week-25.
- Ethiopian Field Epidemiology and Laboratory Training Program residents and graduates are playing key roles in COVID-19 response at national and regional Public Health Emergency Operations centers (PHEOCs)
- Amendments to dead body management, case management and mandatory quarantine procedure have been made in line with the State of Emergency regulations in response to the current situation of the COVID-19 Pandemic.
- 100 days have passed since the first confirmed COVID-19 case was reported in Ethiopia on 13 March 2020.

31,573 MANDATORY QUARANTINED PASSENGERS	20,254 RUMORS/ALERTS RECEIVED AND INVESTIGATED	31,753 CONTACTS OF THE CONFIRMED CASES	12,146 SUSPECTED CASES DETECTED
708 CONFIRMED CASES AMONG MANDATORY QUARANTINED	4,500 ADDITIONAL HEALTH PROFESSIONALS EMPLOYED	12,000 VOLUNTEERS ASSIGNED	764,948 PASSENGERS FOLLOWED
905,534 CALLS RECEIVED THROUGH 8335/952 CALL CENTER	32,000,000 HOUSE TO HOUSE COMMUNITY SCREENING	513,000,000 PPE AND MEDICAL SUPPLIES DISTRIBUTED (WORTH IN ETB)	17,435 BEDS IN TREATMENT AND ISOLATION CENTERS
216,328 TOTAL LABORATORY TESTS DONE	4,532 TOTAL CONFIRMED CASE	1,213 TOTAL RECOVERED	74 TOTAL DEATH

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, universities, subnational and private laboratories.

The national and regional PHEOCs are playing a pivotal role in coordinating resources from different responding agencies and coordinating COVID-19 related information through a regular PHEOC 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 21, 2020, COVID-19 pandemic affected 216 countries/territories causing 8,732,984 cases and 468,761 deaths (CFR=5.37%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 1,029,618 (11.79%) cases and 34,087 (7.23%) deaths were reported during the WHO Epi-Week-25.
- The United States of America (USA) reported the highest number of cases (2,208,829) and deaths (119,923) with CFR of 5.43% followed by Brazil (1,032,913 cases and 48,954 deaths with a CFR of 4.74%). Among the confirmed cases the highest proportion of death occurred in the United Kingdom with CFR of 14.02%.
- In Africa, 56 countries/territories have reported COVID-19 cases.
- As of June 21, 2020, a total of 298,832 cases and 7,917 deaths were reported across the continent (CFR=2.65%).
- During the WHO-Epi-Week-25, a total of 63,433 (21.23%) cases and 1,583 (19.99%) deaths were reported across the continent.
- The highest number of cases were reported from South Africa, 92,681 (31.01%) cases followed by Egypt, 53,758 (17.99%) cases, and Nigeria, 19,808 (6.63%). See the summary dashboard below.

Total Number of COVID-19 Affected Countries/Territories

216

Total Number of COVID-19 Confirmed Cases Globally

8,732,984

Total Number of Deaths with COVID-19 Globally

468,761

New Confirmed Cases_Globally

183,020

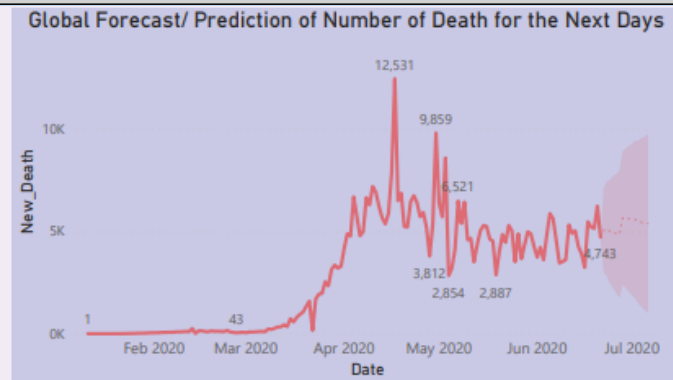
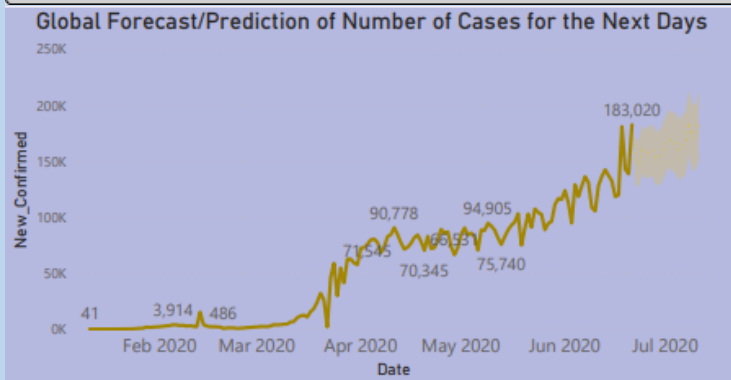
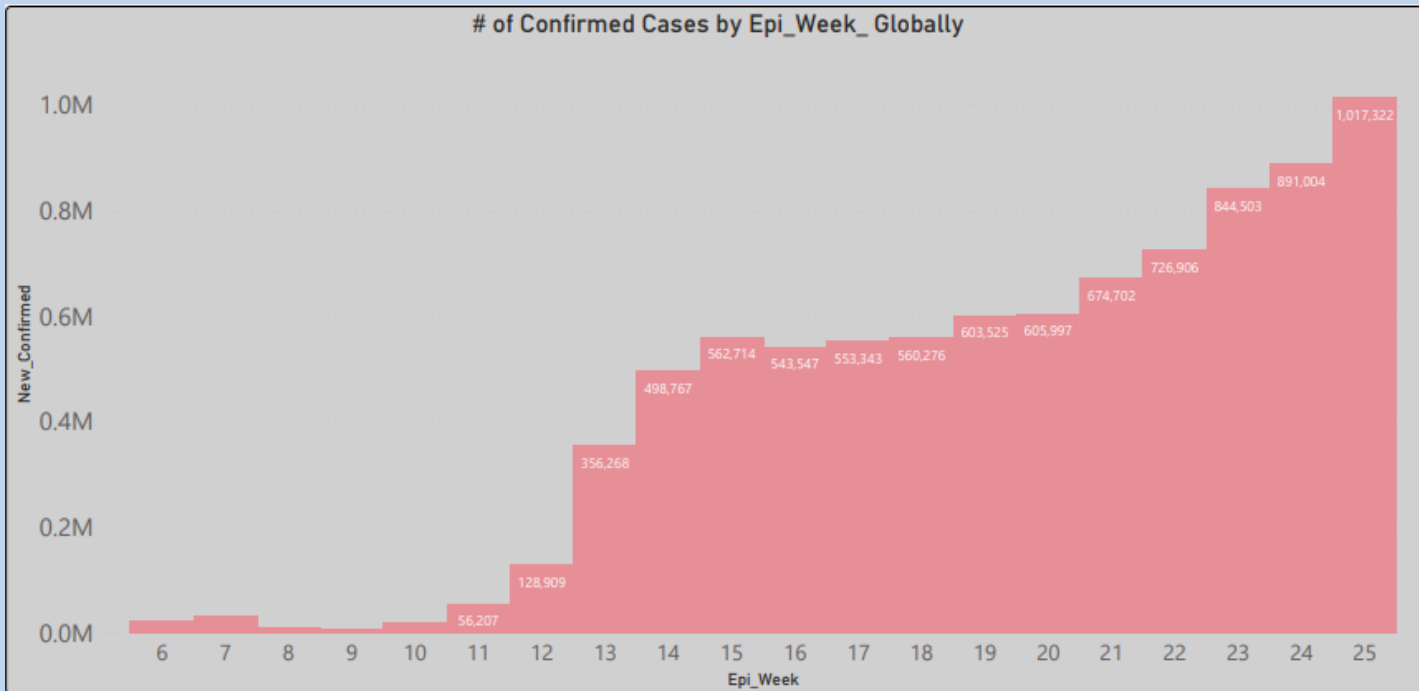
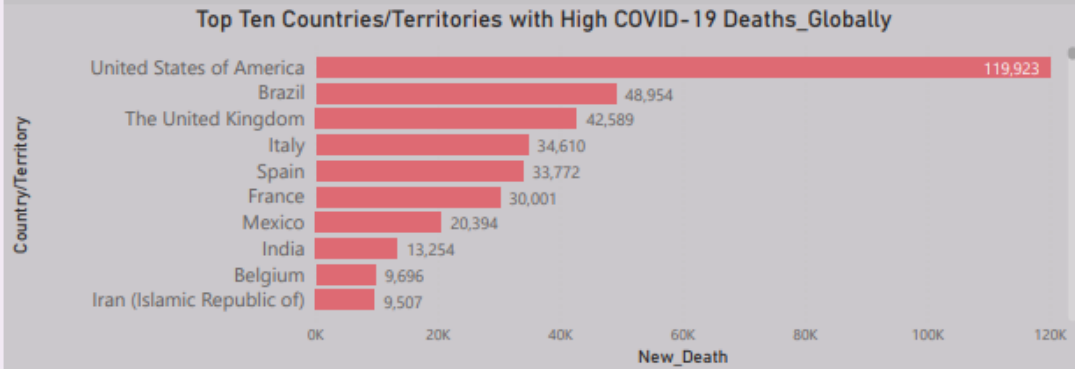
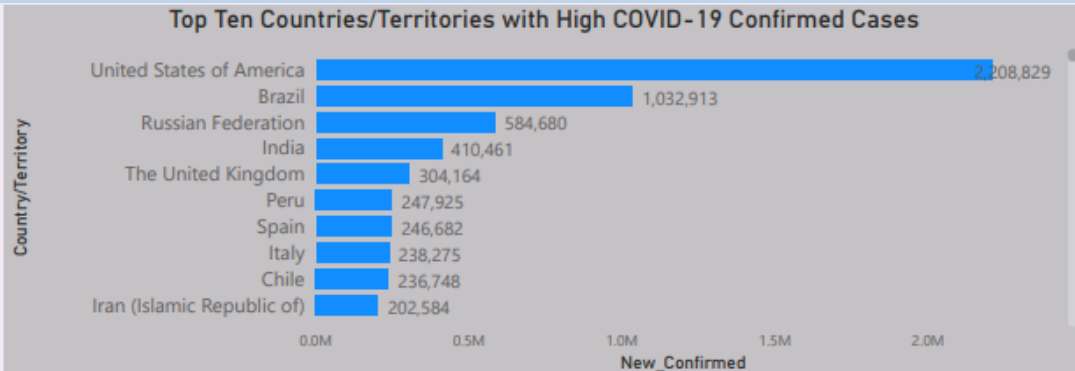


Fig. 1: Global Situation Update as of June 21, 2020 (Source: WHO)

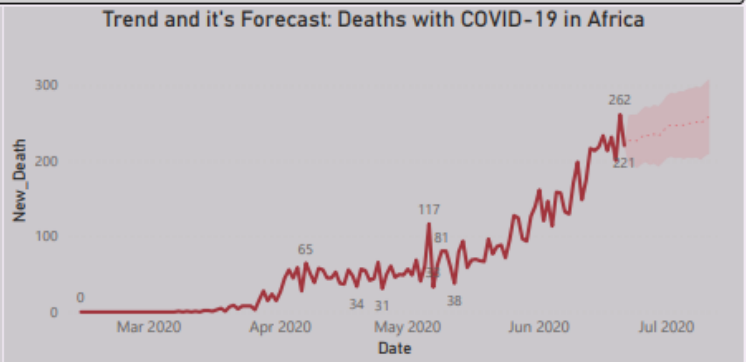
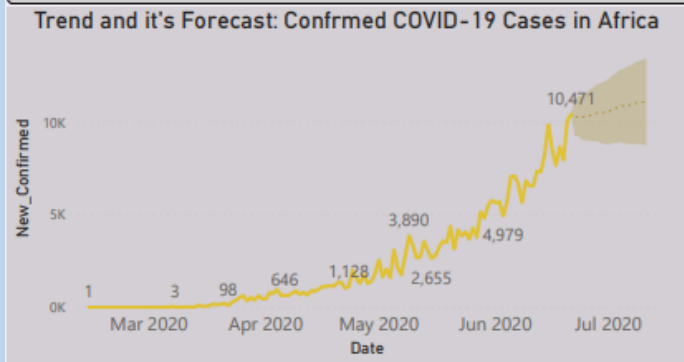
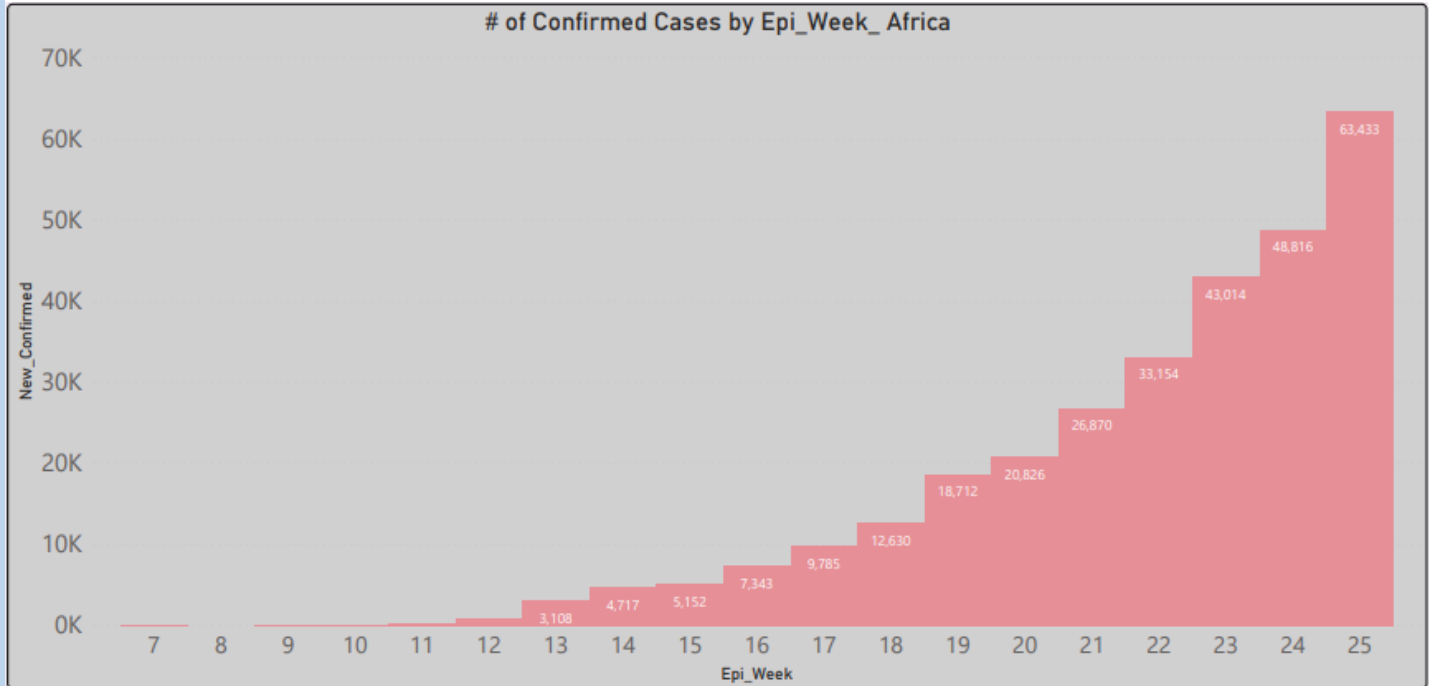
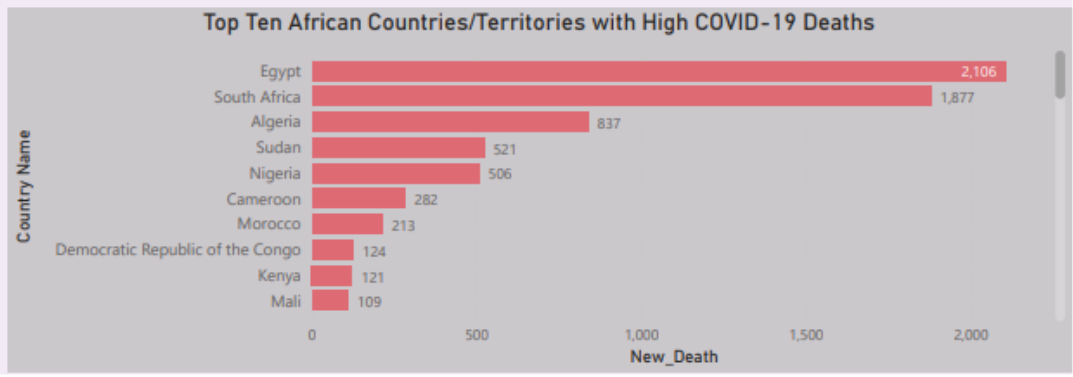
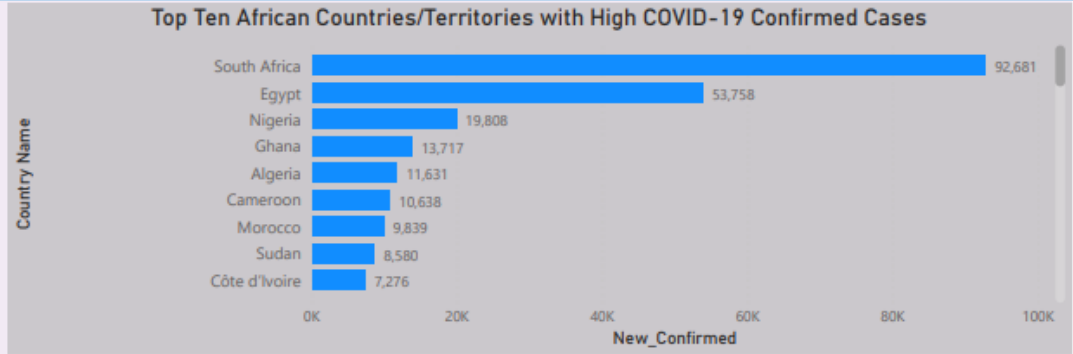
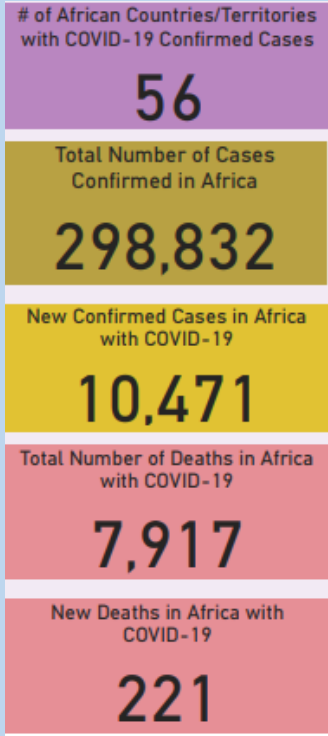


Fig. 2: Africa Situation Update as of June 21, 2020 (Source: WHO)

National COVID-19 situation

- 100 days have passed since Ethiopia reported its first COVID-19 confirmed case on 13 March, 2020.
- It took 77 days to surpass the first 1000 cases; 7 days to surpass second thousand cases, 6 days for the third thousand cases and only five days for the fourth thousand cases. This shows that there is an alarming increment of the number of COVID-19 cases in the country.
- One-thousand-one-hundred-eight-seven new confirmed COVID-19 cases (26.19% of the total cases reported so far) and seventeen COVID-19 related deaths (around quarter of the total deaths reported so far) were reported during the WHO Epi-Week-25.
- The number of cases are increasing alarmingly from imported cases, contacts of confirmed cases and localized transmission.
- So far, a total of 4,532 confirmed COVID-19 cases and 74 deaths are recorded in the country.

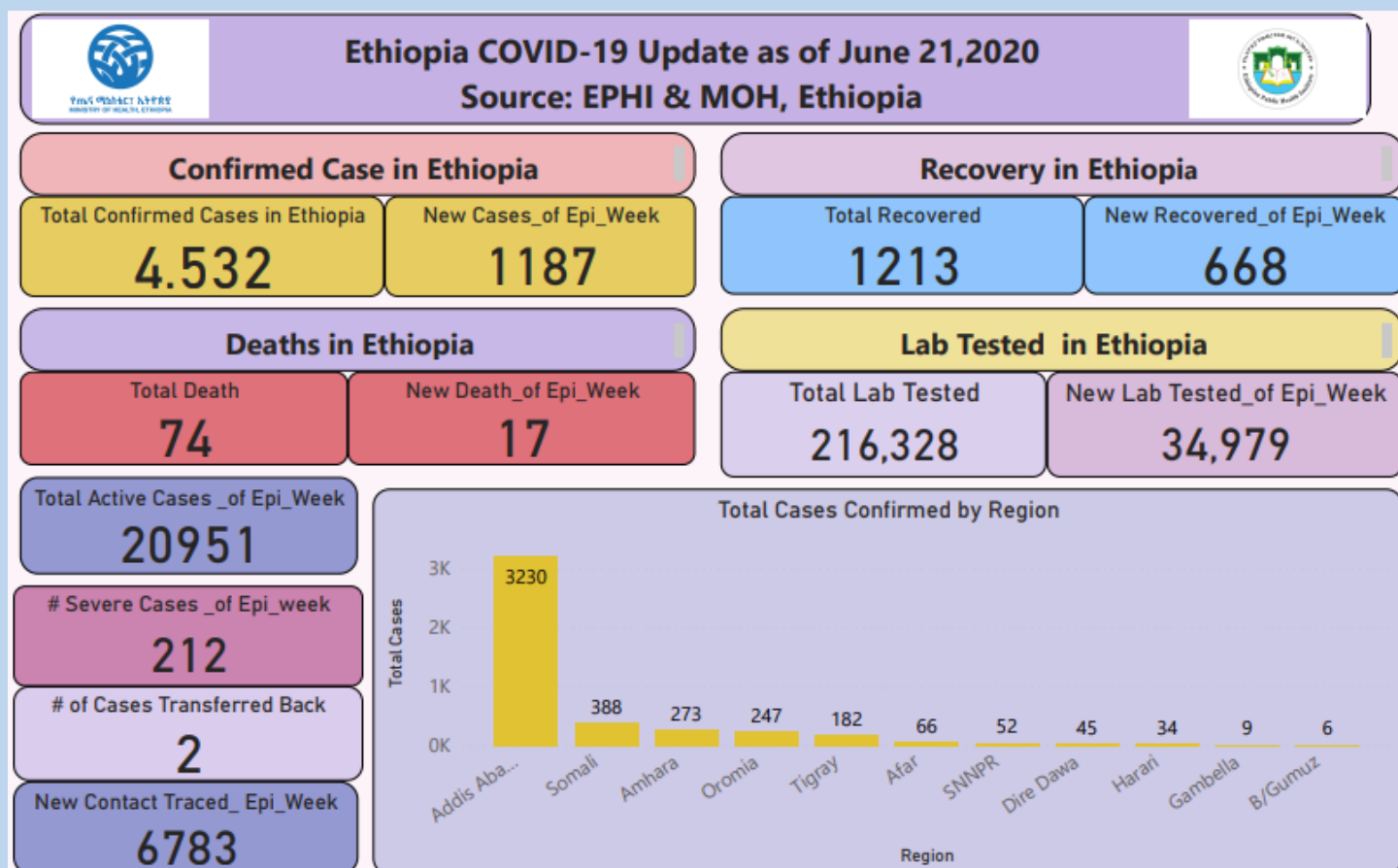


Fig. 3: Weekly Summary of the COVID-19 situation of in Ethiopia, June 21, 2020 (Source: EPHI and MOH, Ethiopia)

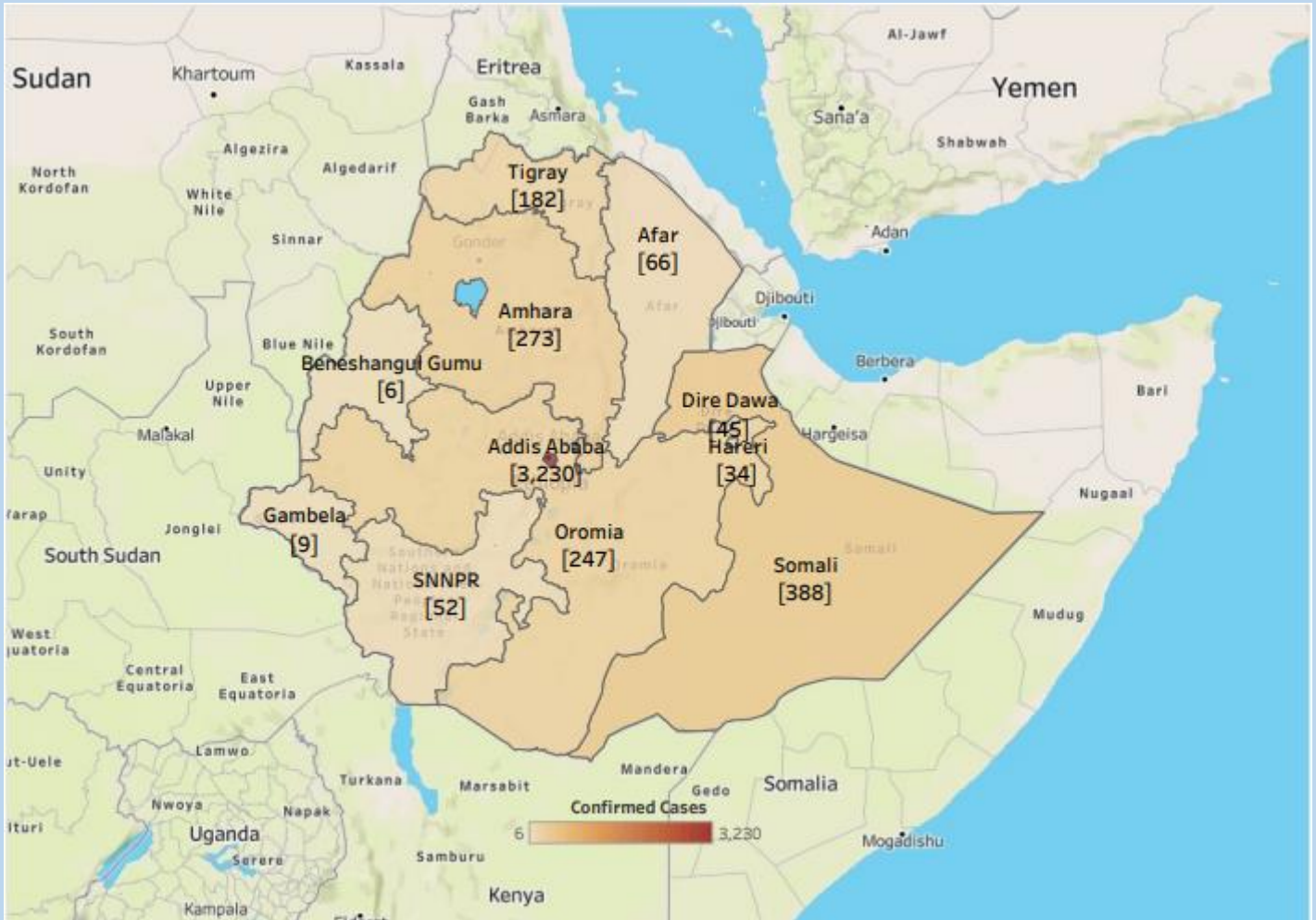


Fig. 4: Geographical distribution of COVID-19 confirmed cases in Ethiopia, as of June 21, 2020

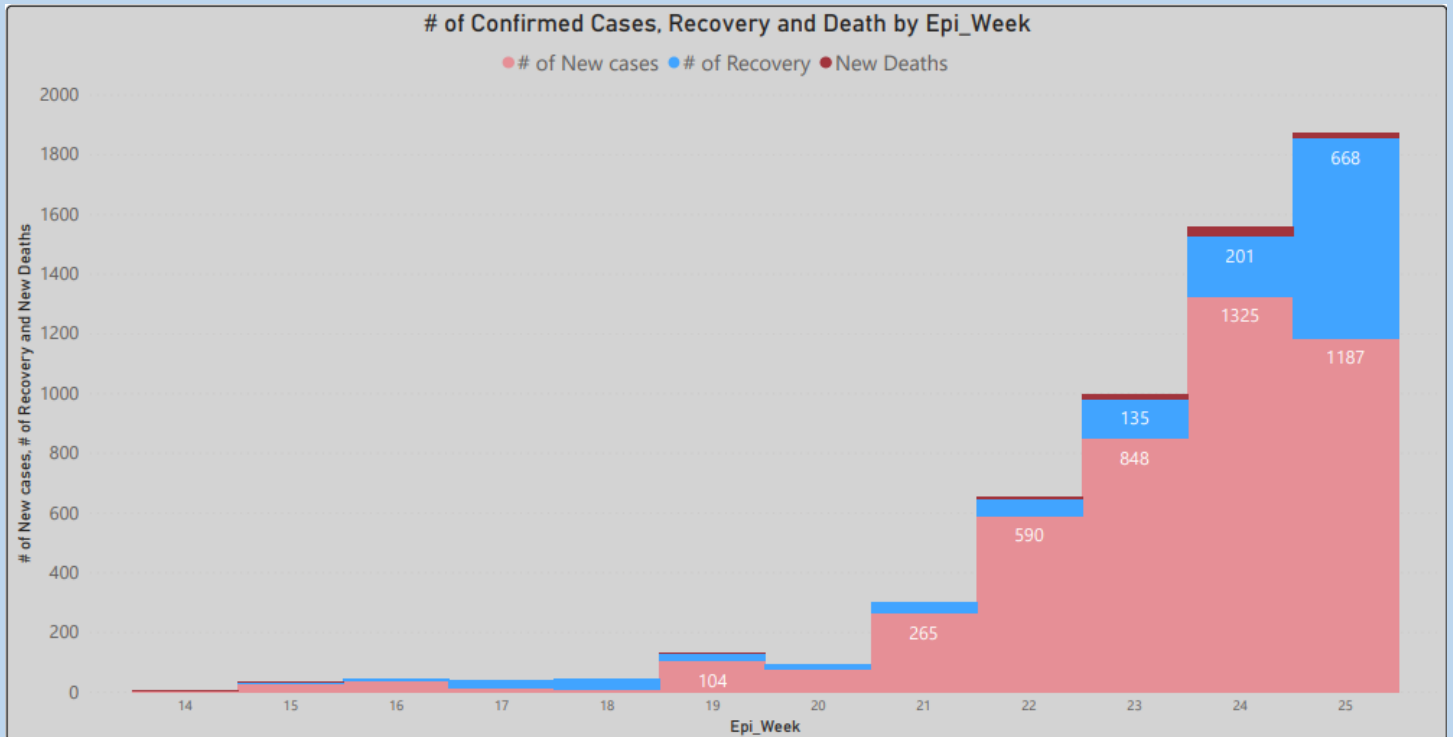


Fig. 5: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of June 21, 2020, Ethiopia

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.

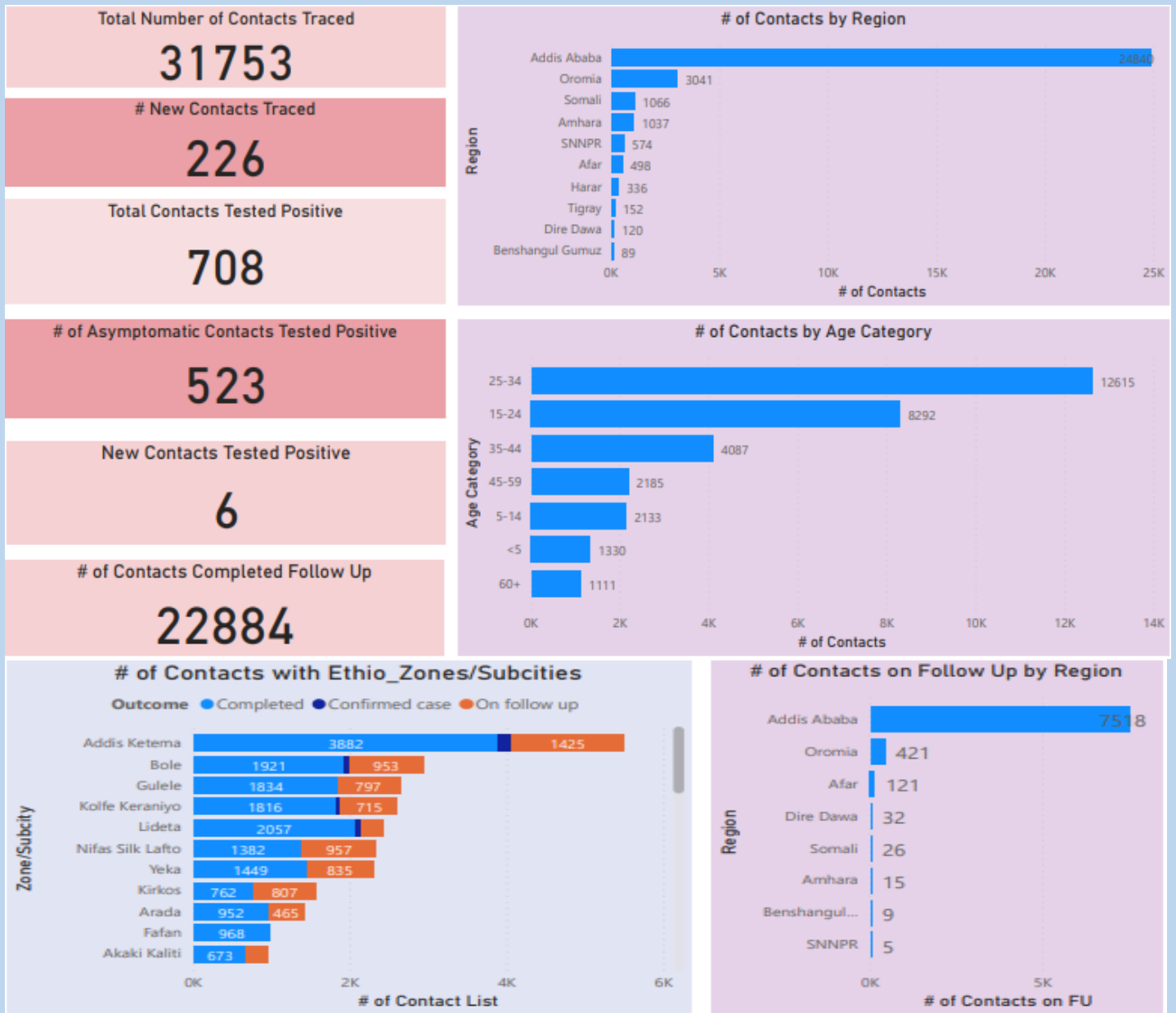


Fig. 6: Contact tracing summary dashboard as of June 21, 2020

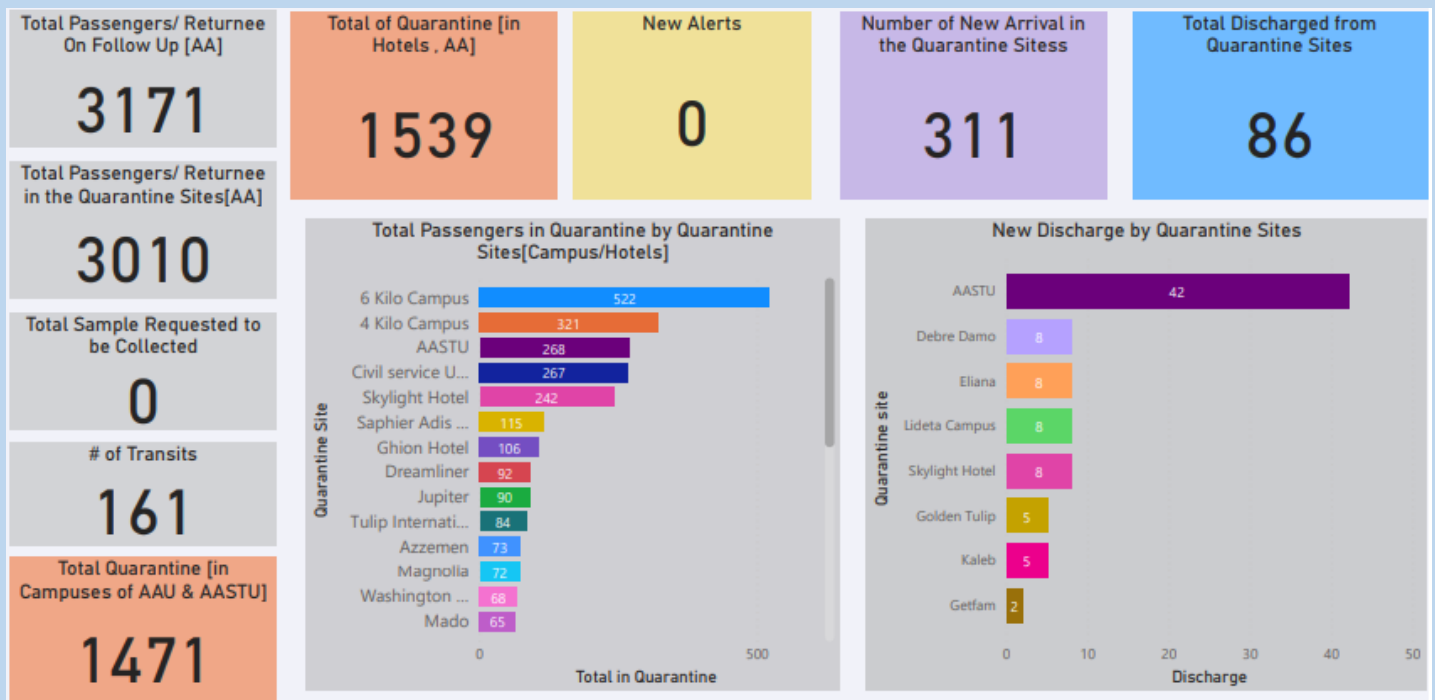


Fig. 7: Mandatory quarantine update as of June 21, 2020, Ethiopia

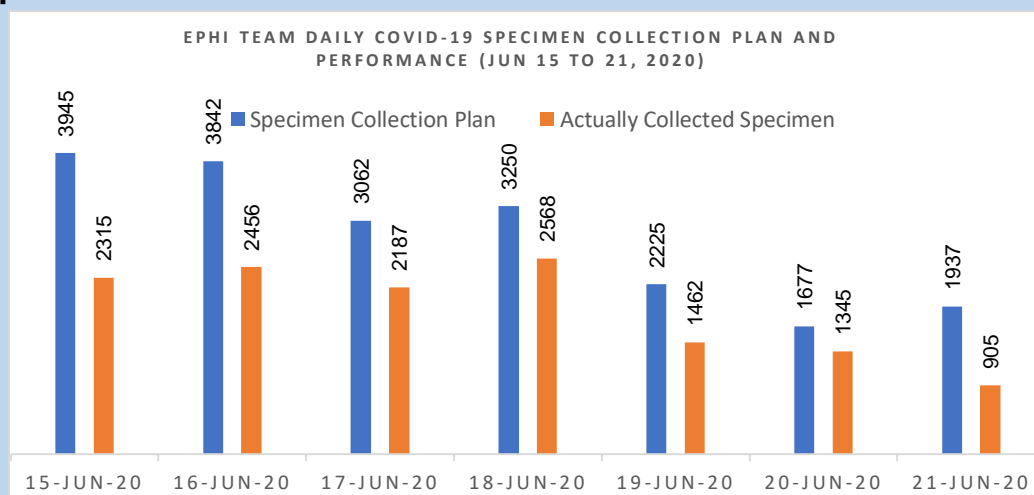
Laboratory related activities

- As of June 21, 2020, a total of 216,328 samples has been tested for COVID-19 by laboratories in the country.
- A total of 34,979 (16.17%) of the total laboratory tests are done during the WHO Epi-Week-25
- Laboratory Information System (LIS) -DHIS II Digitization piloting is ongoing.

Laboratory status of Testing capacity & Expansion

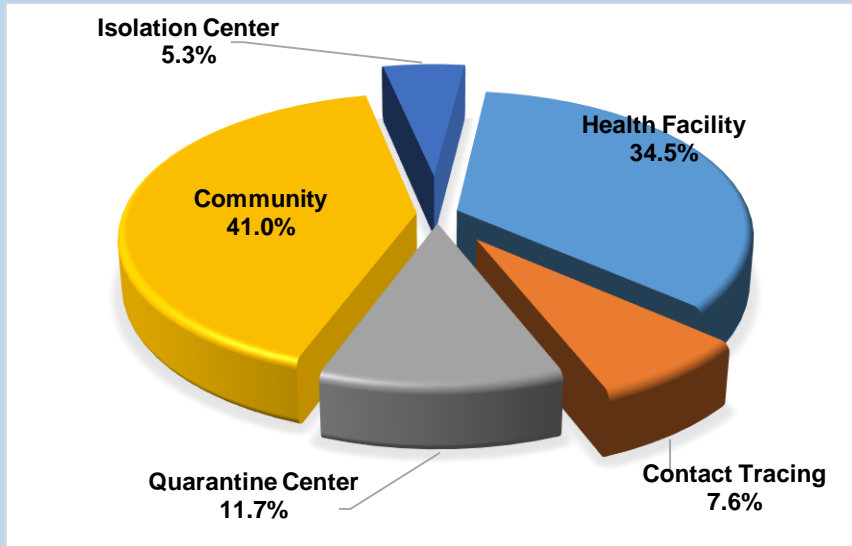
Status	Number of Labs	Number of Machine	Testing Capacity	Remark
Functional/Reporting Labs	37	47	8765	At least one lab in all regions (4 at EPHI)
Ready	6	6	878	
Under Verification Process	3	3	300	
Waiting for Verification	2	2	-	
Candidates	19	19	5232	
Total	67	77	15,175	

Specimen Collection



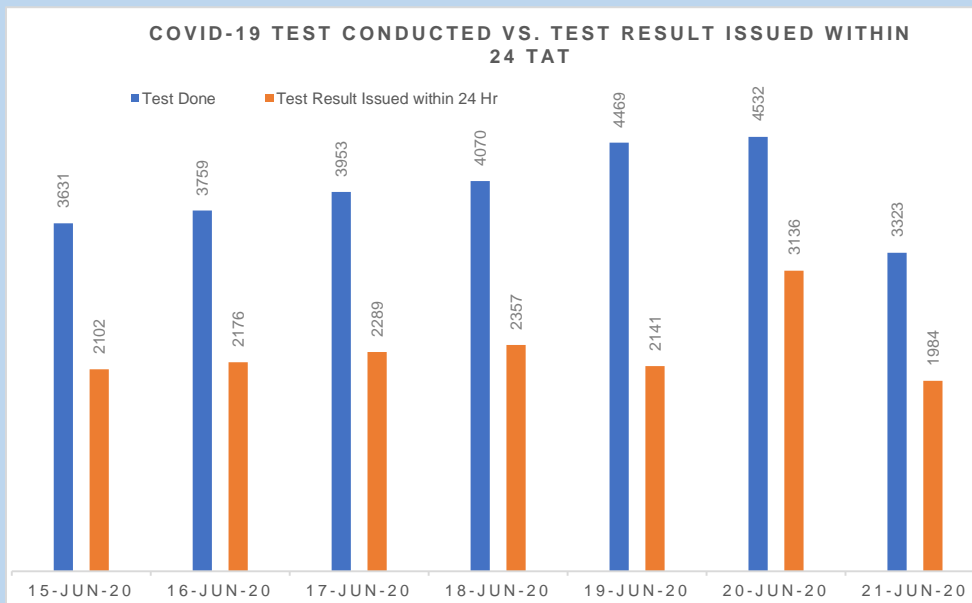
- Weekly Performance.....66.4%
- Average Number of Specimen collected per day1891

Specimen Collection by site



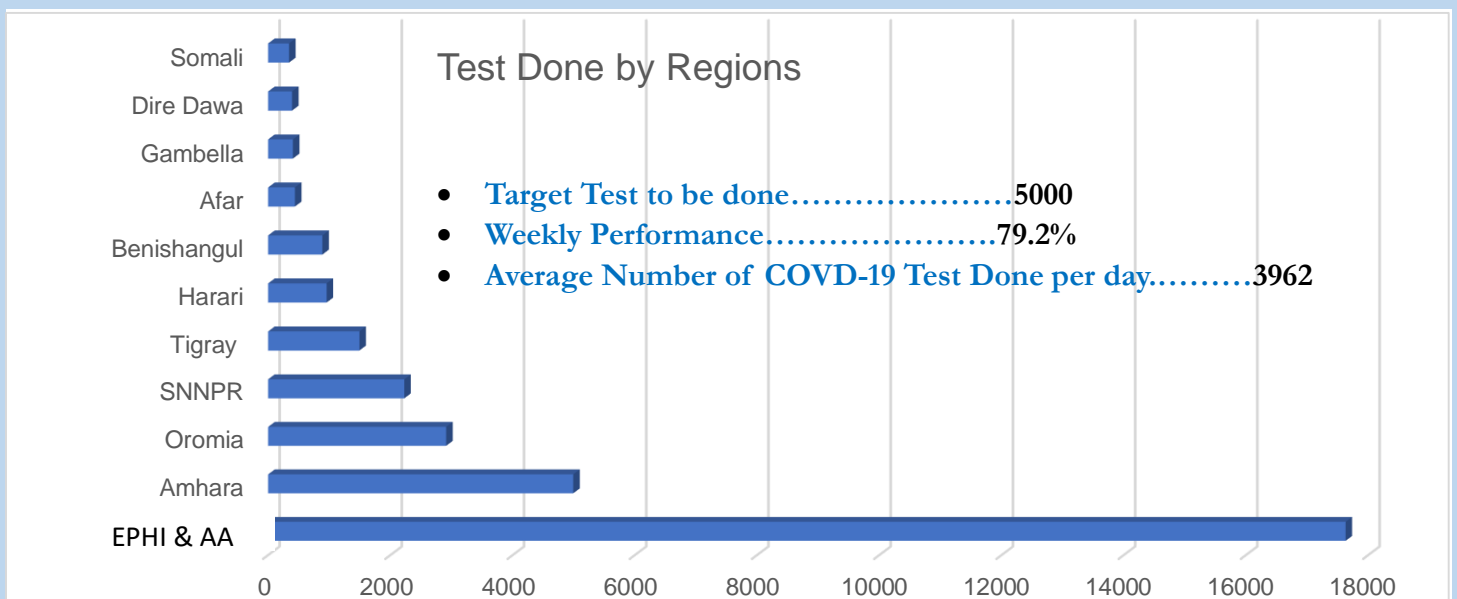
- Specimen collection from isolation centers and contact show increment compared to last week (Week-24).
 - Isolation: from 2.6% to 5.3%
 - Contact: from 2.7 % to 7.6%

Testing Performance



- Total Number of test conducted in the Week days.....**27,737**
- Result issued within 24 Hr. after receiving the specimen....**16,184 (58.3%)**

COVID-19 Laboratory test by region



- Target Test to be done.....**5000**
- Weekly Performance.....**79.2%**
- Average Number of COVID-19 Test Done per day.....**3962**

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.
- 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 Regional PHEOCs, 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.
- The State of Emergency Inquiry Board visited the Ethiopian Public Health Institute. The board observed the COVID-19 response Public Health Emergency Operations Center coordination activities and had discussion with the COVID-19 response leadership by the Institute.



- Amendments have been made on the following directives in line with the State of Emergency regulations in response to the current situation of the COVID-19 Pandemic.
 - For all deaths at home or in health facilities, funeral and burial arrangements to be held by family at their preferred burial ground; once sample collection is completed there will be no requirement to wait for results but precautions in preparation of the body will be the same for all deaths to follow the COVID-19 deaths procedure. Funeral will still be held by not more than 50 people.
 - All travelers arriving at Bole International Airport who can bring certificate of negative PCR SAR-CoV-2 test done up to 72 hours before arrival to Ethiopia, will be required mandatory 14 day self-quarantine at home after giving sample upon arrival.
 - All travelers with NO certificate of negative PCR SAR-CoV-2 test results as well as returnees will be quarantined for 7 days in the designated sites, tested, and then self-isolate for additional 7 days at home.
 - Individuals suspected for COVID-19 or who tested positive with mild or no symptoms will be asked to self-isolate at home if they have the resources, the support, are willing and fulfill the criteria. Individuals who do not meet self-isolation criteria will be isolated in non-clinical facilities.
- Ethiopian Field Epidemiology and Laboratory training Program residents and graduates are playing key roles in COVID-19 response at national and regional Public Health Emergency Operations centers (PHEOCs).
 - As of June 2020, 138 residents and 81 graduates of the Ethiopia FELTP were involved in COVID-19 response.
 - Graduates are leading the response by taking the roles of Incident Manager, Deputy Incident Manager, Planning Section Chief, Epi-Surveillance Section Chief, Points of Entry Screening Section Chief, and PoE Section Chief etc.
 - Residents and graduates are involved in contact tracing, rapid response teams, screening at points of entry, call centers, emergency preparedness and response planning, protocol development,

quarantine management and follow-up, risk communication and community engagement activities, and situation reporting.



V. Case Management and IPC

- There are 3,245 cases in the case treatment centers currently.
- There are thirty-two patients in severe condition and all the other patients are on medical care in stable condition.

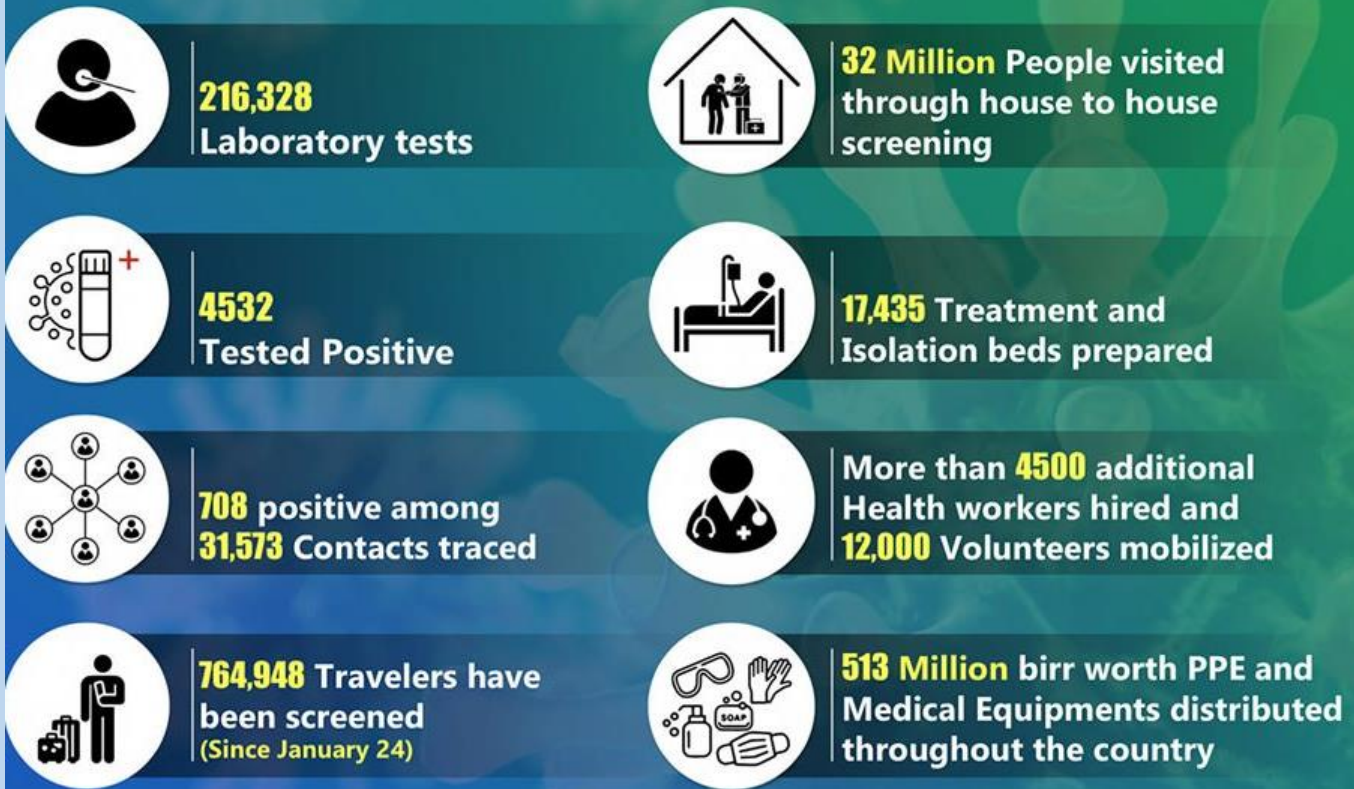
VI. Risk Communication and Community Engagement (RCCE)

- 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. The following illustration shows COVID-19 situation and progress in the last 100 days.

100 Days of COVID-19 in Ethiopia



- 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.



Nisir Microfinance Institution Share Company donated temperature screening devices worth of half a million birr to support the COVID-19 response. June 19, 2020.



REY import export PLC donated COVID-19 related laboratory equipment worth of 1.3 million birr to support the national response to the pandemic. June 15, 2020.

- Customs clearance for donations' shipment is ongoing.

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.
- WASH and IPC TOT is provided for health professionals in Oromia, Amhara, Afar and Somali regions. Currently, the training is ongoing in Benishangul Gumuz, Tigray, Gambella and SNNPR.

IX. Challenges and Way Forward

Challenges

- Increasing number of community deaths and late confirmation of COVID-19 by forensic investigation.
- 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 Recommendation

Advice for the Public:

- It is announced that Dexamethasone reduces the risk of death among COVID-19 patients who require oxygen and/or mechanical ventilation. Following this the Ministry of Health recommends emergency use of low dose dexamethasone for COVID-19 patients who require oxygen and/or mechanical ventilation for treatment. However we should understand the potential harm may outweigh the benefit if it is taken without prescription by a health professionals. Therefore, the public should not take the drug without physician prescription and pharmacies and health professionals must not sell the drug without a prescription by a health professional.
- The number of COVID-19 cases are increasing rapidly due to the presence of community transmission. Anyone of Can be the next person to acquire COVID-19, but we can prevent it if we act now. We need to practice all of the COVID-19 prevention methods in order to stay alive and healthy.
- 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.

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/snphealthbureau/?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
Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. https://doi.org/10.1016/S0140-6736(20)31142-9	<ul style="list-style-type: none"> • A systematic review and meta-analysis was done to investigate the optimum distance for avoiding person-to-person virus transmission and to assess the use of face masks and eye protection to prevent transmission of viruses. • Transmission of viruses was lower with physical distancing of 1 m or more, compared with a distance of less than 1 m (moderate certainty). • protection was increased as distance was lengthened (moderate certainty) • Face mask use could result in a large reduction in risk of infection, with stronger associations with N95 or similar respirators compared with disposable surgical masks or similar (low certainty) • Eye protection also was associated with less infection (low certainty).
Significance of Clinical Phenomes of Patients With COVID-19 Infection: A Learning From 3795 Patients in 80 Reports. https://doi.org/10.1002/ctm2.17	<ul style="list-style-type: none"> • This paper summarized clinical phenomes of 3,795 patients with COVID-19 based on 80 published reports. • Clinical phenomes of patients with SARS-CoV-2 infection are critical in distinguishing it from other respiratory infections. • Findings show, the extent and characteristics of phenomes varied depending on the severities of the infection, for example, beginning with fever or a mild cough, progressed with signs of pneumonia, and worsened with severe or even fatal respiratory difficulty in acute respiratory distress syndrome. • The data show that the incidence of male patients was higher than that of females and the level of C-reaction protein was increased as well as most patients' imaging included ground-glass opacity.
Epidemiological Characteristics of and Containment Measures for Coronavirus Disease 2019 in Busan Metropolitan City, South Korea. https://doi.org/10.4178/epih.e2020035	<ul style="list-style-type: none"> • In this study any individual who tested positive for COVID-19 was classified as a confirmed case and measures were taken to identify the source of infection and trace and quarantine contacts. • All confirmed cases were placed in isolation at hospitals. • With regard to symptoms at the time of diagnosis, cough and fever were most common; and 12 cases (11.1%) were asymptomatic. • The source of infection was identified in 99 cases (91.7%). A total of 3,223 contacts were identified and quarantined. • Household contacts accounted for 196, and the household secondary attack rate was 8.2%. • The mean serial interval was estimated to be 5.54 days. • After February 26, R_t remained below 1 in Busan. • In conclusion, the early containment strategy implemented in Busan shows that control is possible if outbreaks are of limited scope.
Mental Health Outcomes of Quarantine and Isolation for Infection Prevention: A	<ul style="list-style-type: none"> • This study aimed to synthesize the available evidence on mental health outcomes of quarantine and isolation for preventing infectious diseases and eight reviews met the criteria.

<p>Systematic Umbrella Review of the Global Evidence. https://doi.org/10.4178/epih.e2020038</p>	<ul style="list-style-type: none"> • These articles reported a high burden of mental health problems among patients, informal caregivers, and healthcare providers who experienced quarantine or isolation. • Prevalent mental health problems among the affected individuals include depression, anxiety, mood disorders, psychological distress, posttraumatic stress disorder, insomnia, fear, stigmatization, low self-esteem, lack of self-control, and other adverse mental health outcomes.
<p>Seroprevalence of SARS-CoV-2 in Hong Kong and in residents evacuated from Hubei province, China: a multicohort study. https://doi.org/10.1016/S2666-5247(20)30053-7</p>	<ul style="list-style-type: none"> • A multicohort study in a hospital and university in Hong Kong was done. • The seropositivity of the general population of Hong Kong before and after the pandemic had begun was compared, and determined the seropositivity of Hong Kong residents evacuated from Hubei province, China, in March, 2020. • Between Feb 26 and March 18, 2020, RT-PCR samples from 45 patients who had recovered from COVID-19 was assessed to establish the sensitivity of our enzyme immunoassay and microneutralisation assay. • To establish the specificity of these assays, archived serum was retrieved. • Our serological data suggest that SARS-CoV-2 is a new emerging virus. The seropositivity rate in Hubei returnees indicates that RT-PCR-confirmed patients only represent a small proportion of the total number of cases. • The low seroprevalence suggests that most of the population remain susceptible to COVID-19. Future waves of the outbreak are inevitable without a vaccine or antiviral prophylaxis.
<p>Pulmonary post-mortem findings in a series of COVID-19 cases from northern Italy: a two-centre descriptive study. https://doi.org/10.1016/S1473-3099(20)30434-5</p>	<ul style="list-style-type: none"> • We systematically analysed lung tissue samples from 38 patients who died from COVID-19 in two hospitals in northern Italy between Feb 29 and March 24, 2020. • The predominant pattern of lung lesions in patients with COVID-19 patients is diffuse alveolar damage, as described in patients infected with severe acute respiratory syndrome and Middle East respiratory syndrome coronaviruses. • Hyaline membrane formation and pneumocyte atypical hyperplasia are frequent. • Importantly, the presence of platelet–fibrin thrombi in small arterial vessels is consistent with coagulopathy, which appears to be common in patients with COVID-19 and should be one of the main targets of therapy.
<p>Optimizing SARS-CoV-2 pooled testing for low-resource Settings. https://www.thelancet.com/pdfs/journals/lanmic/PIIS2666-5247(20)30056-2.pdf</p>	<ul style="list-style-type: none"> • Several policy proposals have been supporting mass individual testing to suppress SARS-CoV-2 but with restricted testing capacity. • Such testing is not only infeasible for low-income countries, but also an inefficient use of scarce testing kits that adversely affects the global supply of testing kits. • Three approaches to group testing that are benchmarked against individual testing are discussed: Approach 1 discusses prevalence estimation, and approaches 2 and 3 discuss strategies to relax lockdowns with maximum laboratory capacities of pooling • The study in conclusion shows group testing offers a viable alternative.
<p>Correlation between Heart fatty acid binding protein and severe COVID-19: A case-control study. https://doi.org/10.1371/journal.pone.0231687</p>	<ul style="list-style-type: none"> • Retrospective screening of 46 patients was done and 16 cases with confirmed COVID-19 were tested for Heart-fatty acid binding protein (HFABP) HFABP > 7 ng / mL upon admission • The data in this study indicate that the elevation of HFABP is closely related to the severity of COVID-19 in the patients, and the elevated HFABP may cause rapid development of patients with mild COVID-19 into severe COVID-19.
<p>The effect of large-scale anti-contagion policies on the COVID-19 pandemic. https://www.nature.com/articles/s41586-020-2404-8</p>	<ul style="list-style-type: none"> • We compile new data on 1,717 local, regional, and national non-pharmaceutical interventions deployed in the ongoing pandemic across localities • Analysis was done to empirically evaluate the effect that these anti-contagion policies have had on the growth rate of infections

	<ul style="list-style-type: none"> • In the absence of policy actions, we estimate that early infections of COVID-19 exhibit exponential growth rates of roughly 38% per day • These findings may help inform whether or when these policies should be deployed, intensified, or lifted, and they can support decision-making in places where COVID-19 has been reported.
<p>Passive Immunity for Coronavirus Disease 2019: A Commentary on Therapeutic Aspects Including Convalescent Plasma.</p> <p>https://doi.org/10.1055/s-0040-1712157</p>	<ul style="list-style-type: none"> • The immune responses of COVID-19 patients are reviewed in this study. • As SARS-CoV-2 has many characteristics in common with two other viruses, SARS-CoV and MERS-CoV that causes Middle East respiratory syndrome (MERS), the experiences learned from the use of passive immunity in treatment can be applied to COVID-19. • Convalescent plasma obtained from patients recovered from the illness with high titers of neutralizing antibodies was successful in treating many COVID-19 patients. • As there are no approved vaccines against all three viruses, it remains a challenge in the ongoing development for an effective vaccine for COVID-19.
<p>Maternal and neonatal outcomes associated with COVID-19 infection: A systematic review.</p> <p>https://doi.org/10.1371/journal.pone.0234187</p>	<ul style="list-style-type: none"> • This systematic review was conducted to systematically evaluate the literature and report the maternal and neonatal outcomes associated with COVID-19 • Included studies show that maternal mortality rate was 0% and only one patient required intensive care and ventilation. • There was one indeterminate case of potential vertical transmission. • In conclusion, COVID-19-positive pregnant women present with fewer symptoms than the general population and may be RT-PCR negative despite having signs of viral pneumonia. And the incidence of preterm births, low birth weight, C-section, NICU admission appear higher than the general population.
<p>Predictive Value of Sudden Olfactory Loss in the Diagnosis of COVID-19.</p> <p>https://doi.org/10.1159/000509143</p>	<ul style="list-style-type: none"> • Out of the 500 patients, 69 presented with olfactory loss. Twenty-two of them subsequently tested positive for SARS-CoV-2. • Only 12 out of the patients without olfactory loss tested positive, resulting in a frequency of 64.7% for the symptom "sudden smell loss" in COVID-19 patients. • Changes in nasal airflow were significantly more pronounced in SARS-CoV-2 negative patients with olfactory complaints compared to the patients with smell loss who tested positive for SARS-CoV-2. • In conclusion, considering the high frequency of smell loss in non-hospitalized COVID-19 patients, acute olfactory impairment should be recognized as an early symptom of the disease and should be tested for on a regular basis. • In contrast to other acute viral smell impairment, COVID-19-associated smell loss seems to be only rarely accompanied by a severely blocked nose.
<p>Maternal Transmission of SARS-COV-2 to the Neonate, and Possible Routes for Such Transmission: A Systematic Review and Critical Analysis.</p> <p>https://doi.org/10.1111/1471-0528.16362</p>	<ul style="list-style-type: none"> • Two biomedical databases were searched to estimate the risk of the neonate becoming infected with SARS-COV-2 by mode of delivery, type of infant feeding and mother-infant interaction • 28/666 (4%) neonates had confirmed COVID-19 infection postnatally. • Of the 291 women who delivered vaginally, 8/292 (2.7%) neonates were positive and of the 364 women who had a Caesarean birth 20/374 (5.3%) neonates were positive. • Of the 28 neonates with confirmed COVID-19 infection, 7 were breast fed, 3 formula fed, 1 was given expressed breast milk and in 17 neonates the method of infant feeding was not reported. • In conclusion, neonatal COVID-19 infection is uncommon, uncommonly symptomatic, and the rate of infection is no greater when the baby is born vaginally, breastfed or allowed contact with the mother.
Guide	Link /Focus
<p>Advice on the use of masks in the context of COVID-19.</p> <p>https://www.who.int/publicat</p>	<ul style="list-style-type: none"> • This document provides advice on the use of masks in communities, during home care, and in health care settings in areas that have reported cases of COVID-19.

ions/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak	<ul style="list-style-type: none"> • It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCWs), and community health workers. • This version includes a section on Advice to decision makers on the use of masks for healthy people in community settings.
Country & technical guidance coronavirus disease (COVID-19).	https://www.who.int/publications-detail/draft-operational-planning-guidance-for-un-country-teams
Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19. https://www.who.int/publications/i/item/WHO-2019-nCoV-mortality-reporting-2020-1	<ul style="list-style-type: none"> • This technical note describes medical certification of cause of death and classification (International Classification of Diseases [ICD] mortality coding) of deaths related to COVID-19. • The primary goal is to identify all deaths due to COVID-19 in all countries, including those not yet following WHO international norms and standards for medical certificates of cause of death and ICD mortality coding.
COVID-19 Parenting - Talking about COVID-19	https://www.who.int/publications/m/item/covid-19-parenting-talking-about-covid-19
COVID-19 Parenting - Family budgeting in times of financial stress	https://www.who.int/publications/m/item/covid-19-parenting---family-budgeting-in-times-of-financial-stress
COVID-19 Parenting - Tips for children with disabilities	https://www.who.int/publications/m/item/covid-19-parenting-children-with-disabilities
Technical specifications for Pressure Swing Adsorption(PSA) Oxygen Plants. https://www.who.int/publications/i/item/technical-specifications-for-pressure-swing-adsorption(psa)-oxygen-plants	<ul style="list-style-type: none"> • This document provides technical specifications as the minimum requirements that a PSA Oxygen Plant must meet for use for the administration of medical-grade oxygen.
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
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

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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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