



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

WHO Epi-Week-30 (July 20–July 26, 2020)

BULLETIN No: 13
Issue Date: July 27, 2020

I. HIGHLIGHTS

- The number of COVID-19 confirmed cases and deaths in the WHO-Epi-Week-30 has increased by 54% and 26% respectively compared to Epi-Week-29.
- A total of 3,761 new confirmed COVID-19 cases and fifty-three (53) COVID-19 related deaths was reported during the WHO Epi-Week-30.
- As of July 26, 2020, a total of 13,968 COVID-19 confirmed cases and 223 deaths have been reported in Ethiopia.
- There was a total of 1,079 new recovered COVID-19 cases during the WHO Epi-Week-30 bringing the total number of recovered cases to 6,216.
- A total of 82,920 contacts of confirmed cases have been identified as of July 26, 2020. Of these, 25,213(30.4%) contacts were identified during the WHO Epi-week-30.
- Inter-Action Review (IAR) of the National Public Health Emergency Operations Center (PHEOC) on COVID-19 Preparedness and Response Incident Management System has been started and is ongoing.
- Ethiopian Public Health Institute launched a new telegram channel, <https://t.me/EthPHI>, to ease dissemination of public health information.
- Orientation on the concept of the PHEOC operation has been provided for the newly joining IMS staff for the third shift.



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 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 and July 26, 2020, COVID-19 pandemic affected 216 countries/territories causing 15,785,641 cases and 640,016 deaths (CFR=4.05%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 1,693,394 cases and 41,211 deaths were reported during the WHO Epi-Week-30.
- The United States of America (USA) reported the highest number of cases (4,009,808) and deaths (143,663) with CFR of 3.58% followed by Brazil (2,343,366 cases and 85,238 deaths with a CFR of 3.64%). Among the confirmed cases, the highest proportion of death occurred in the United Kingdom with CFR of 15.31%.
- In Africa, 56 countries/territories have reported COVID-19 cases.
- As of July 26, 2020, a total of 831,027 cases and 17,547 deaths were reported across the continent (CFR=2.11%).
- During the WHO-Epi-Week-30, a total of 142,587 cases and 2,711 deaths were reported across the continent.
- More than half of the COVID-19 cases (60%) and deaths (59%) in Africa were reported from South Africa and Egypt. See the summary dashboard below.

Total Number of COVID-19 Affected Countries/Territories

216

Total Number of COVID-19 Confirmed Cases Globally

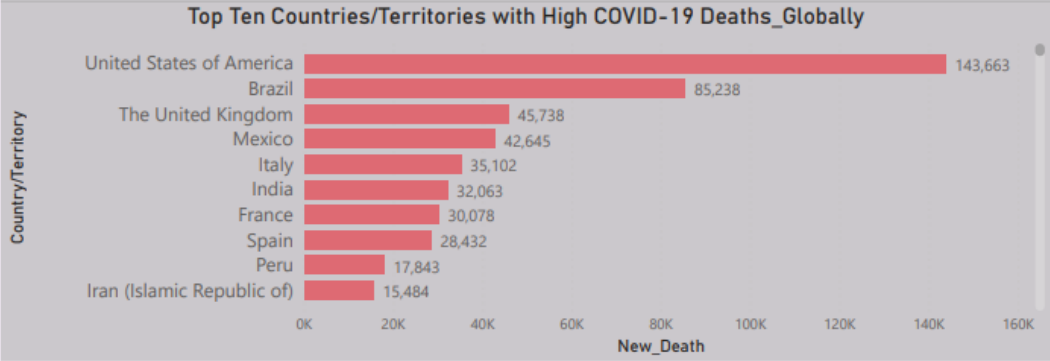
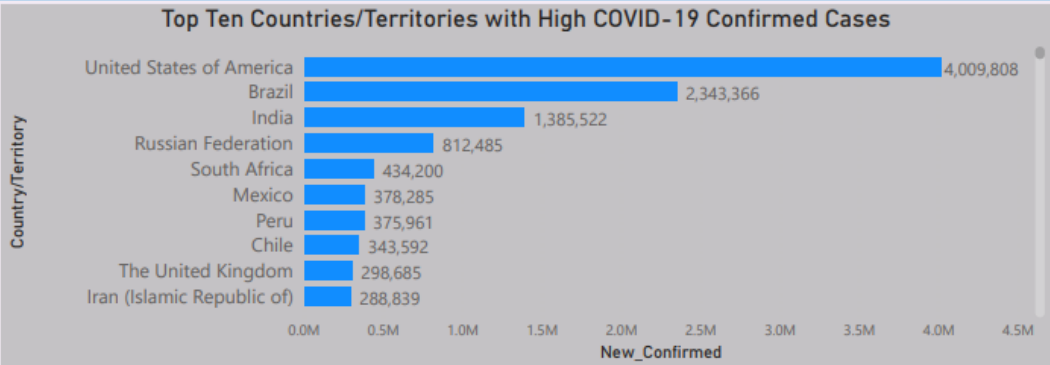
15,785,641

Total Number of Deaths with COVID-19 Globally

640,016

New Confirmed Cases_Globally

200,625



Total Number of COVID-19 Affected Countries/Territories

216

Total Number of COVID-19 Confirmed Cases Globally

15,785,641

Total Number of Deaths with COVID-19 Globally

640,016

New Confirmed Cases_Globally

200,625

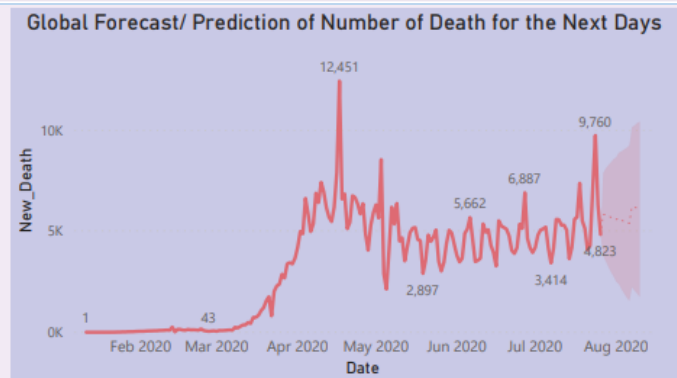
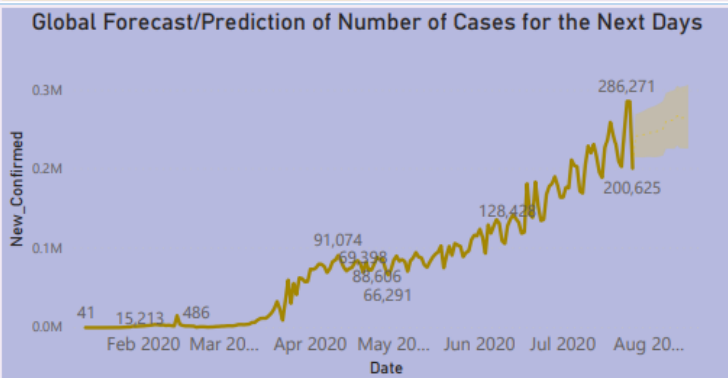
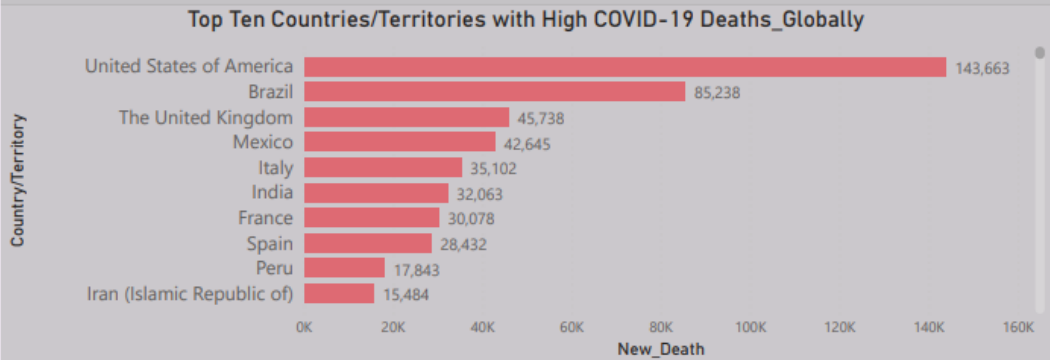
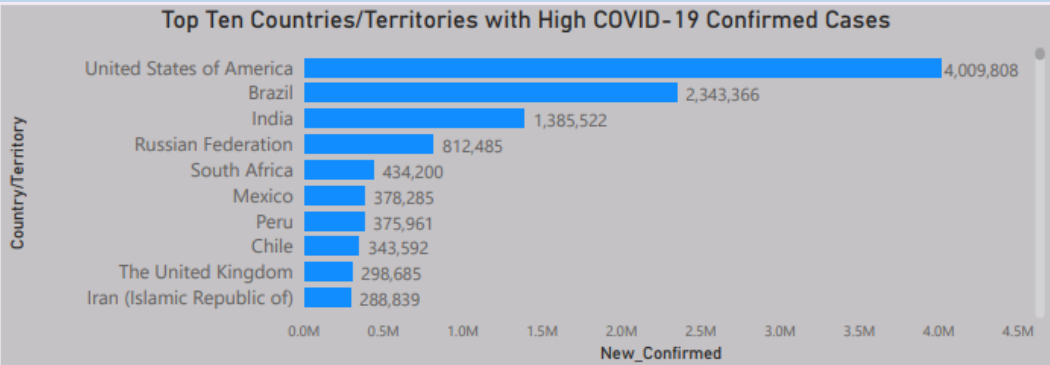


Fig. 1: Global Situation Update as of May July 26, 2020 (Source: WHO)

of African Countries/Territories with COVID-19 Confirmed Cases

56

Total Number of Cases Confirmed in Africa

831,027

New Confirmed Cases in Africa with COVID-19

17,797

Total Number of Deaths in Africa with COVID-19

17,547

New Deaths in Africa with COVID-19

417

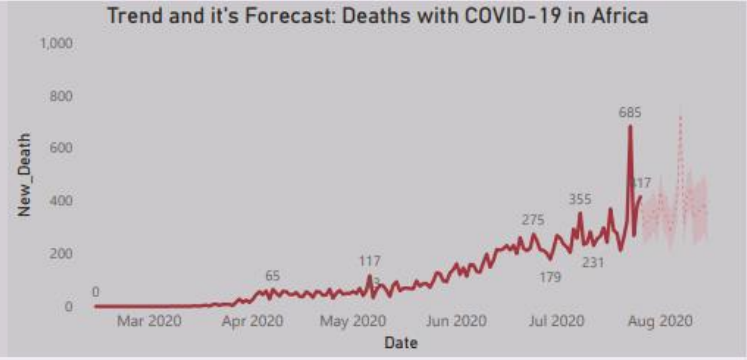
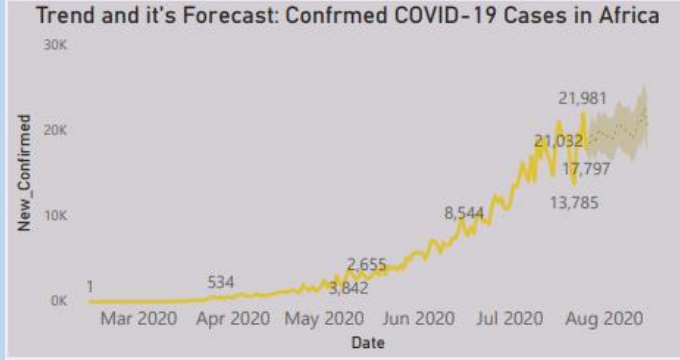
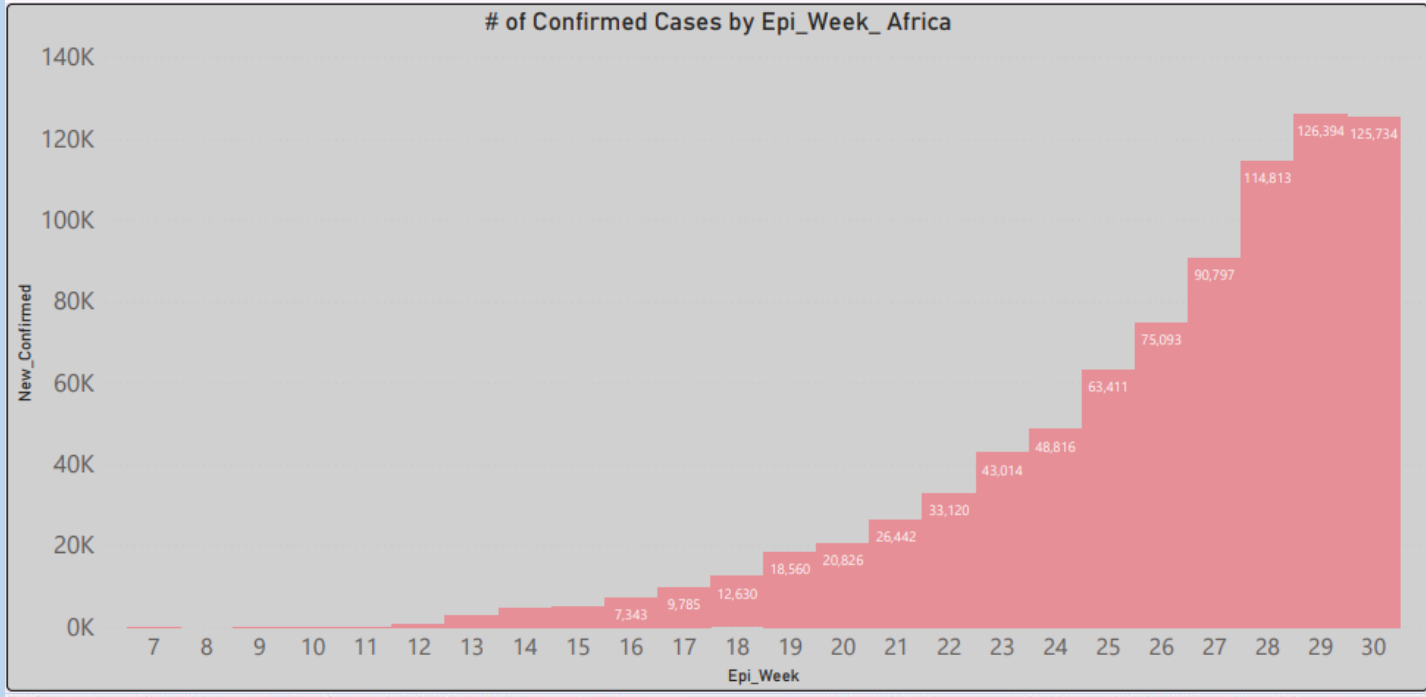
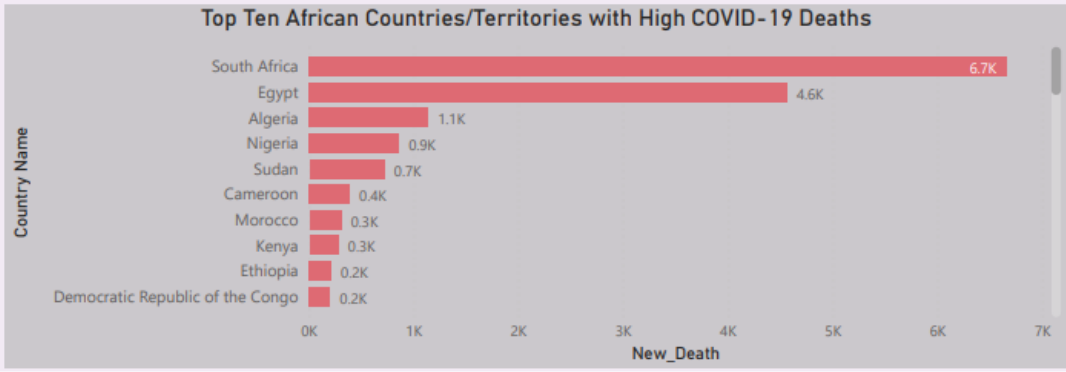
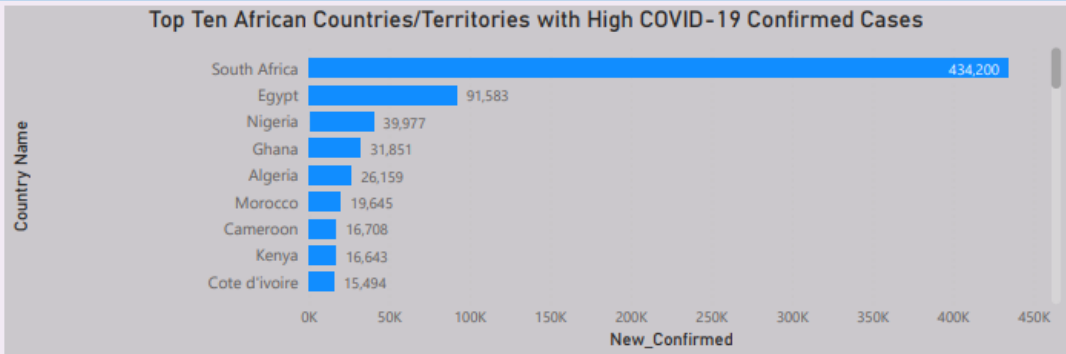


Fig. 2: Africa Situation Update as of July 26, 2020 (Source: WHO)

National COVID-19 situation

- Three-thousand-seven-hundred-sixty-one (3,761) new confirmed COVID-19 cases and fifty-three (53) COVID-19 related deaths were reported during the WHO Epi-Week-30.
- As of July 26, a total of 13,968 confirmed COVID-19 cases and 223 deaths are recorded in the country. For detail, see the summary dashboard below

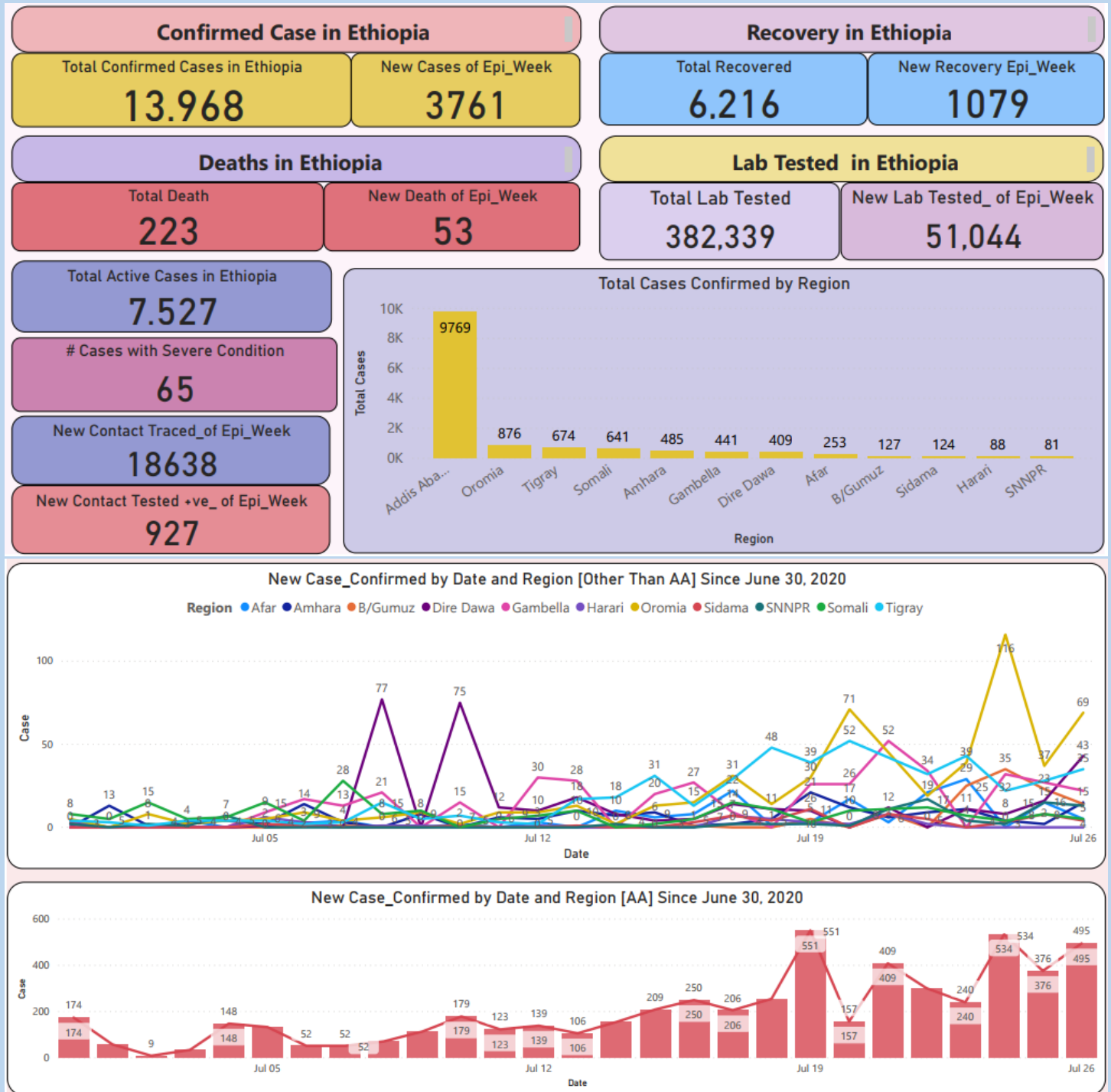


Fig. 3: Weekly Summary of the COVID-19 situation of in Ethiopia, July 26, 2020

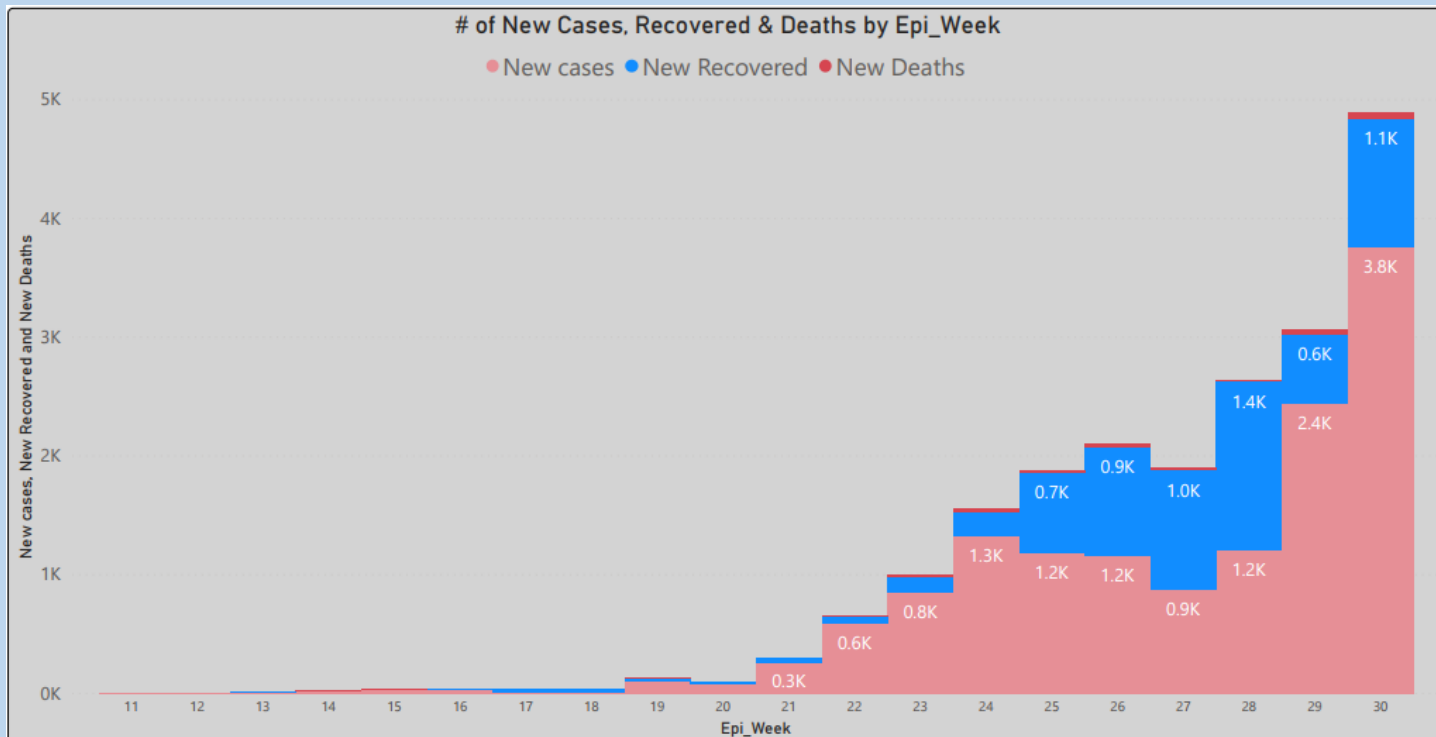


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of July 26, 2020, Ethiopia

An epidemic progression forecast done by an ARIMA model shows that the number of daily confirmed cases may increase.

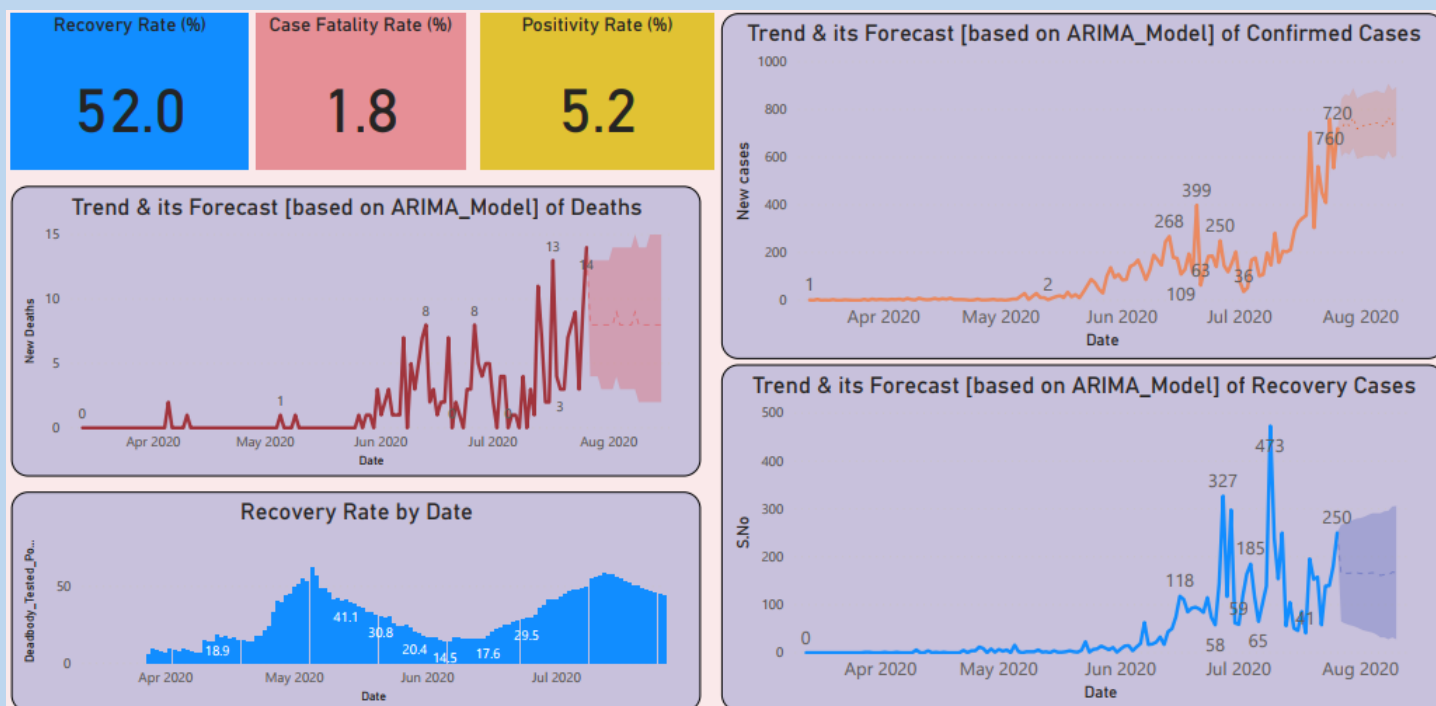


Fig. 5: Summary of forecast on COVID-19 epidemiologic progression in Ethiopia

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.

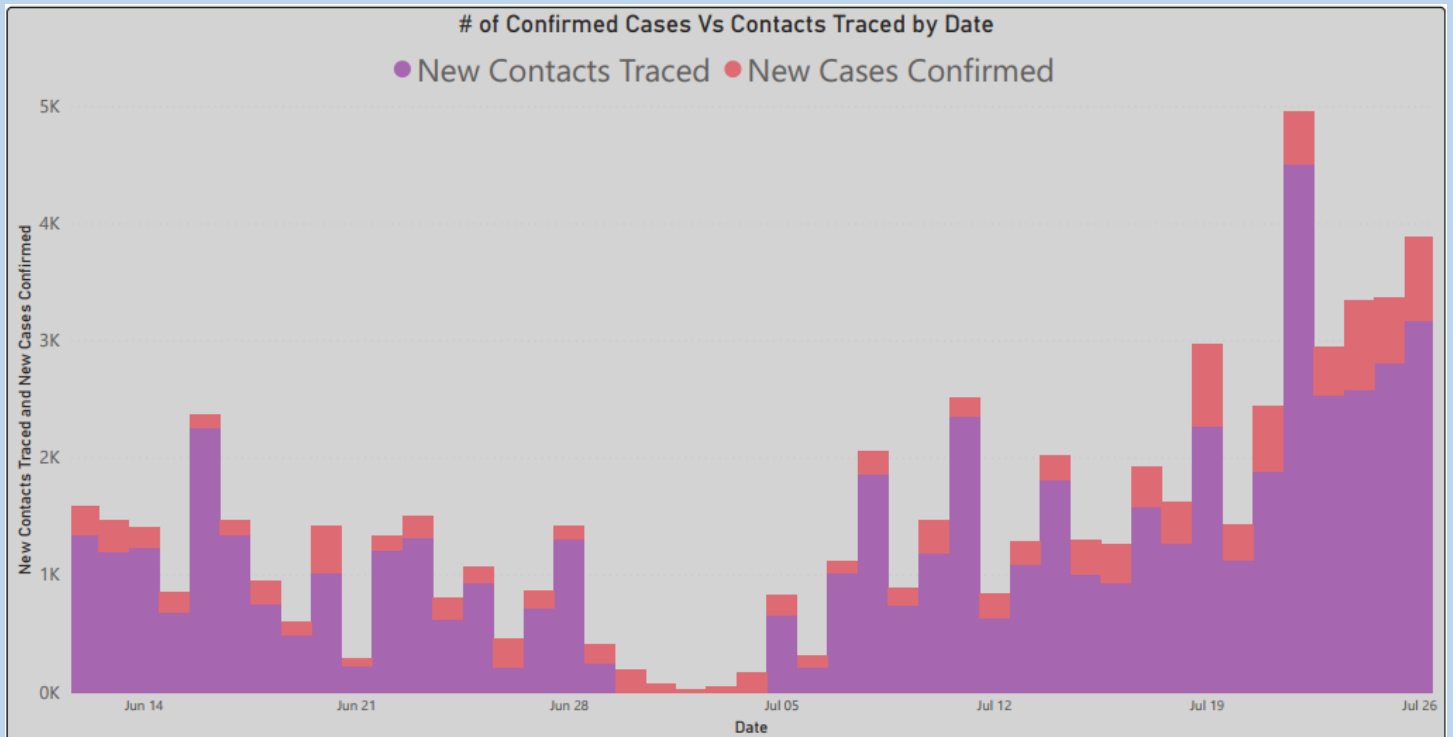


Fig. 6: Contact tracing summary dashboard as of July 26, 2020

Laboratory related activities

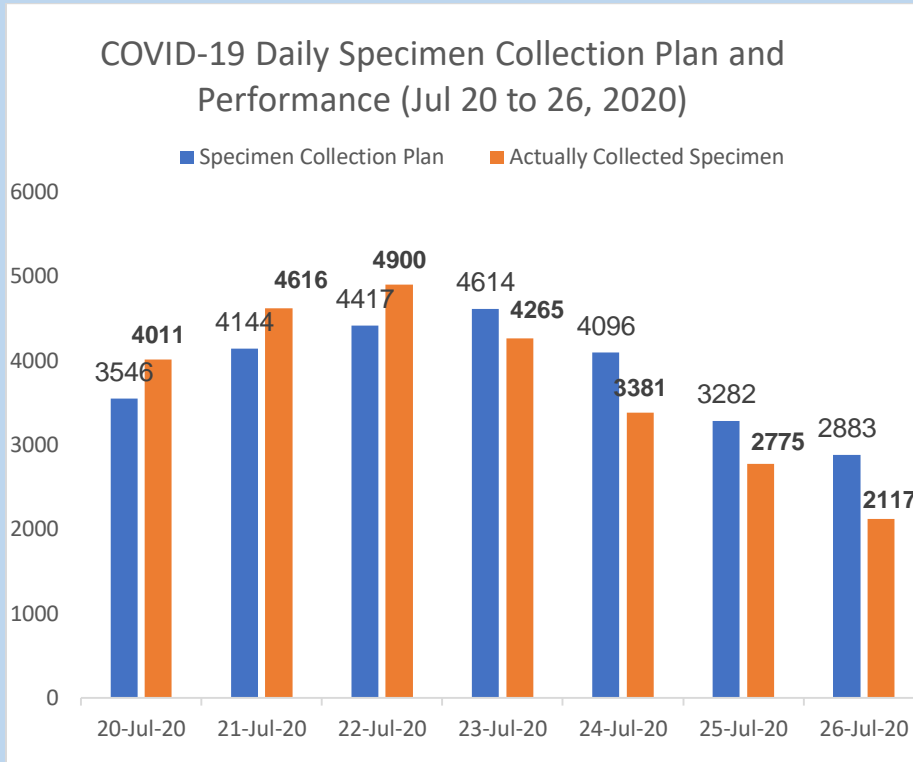
- As of July 26, 2020, a total of 331,266 samples has been tested for COVID-19 by laboratories in the country.
- A total of 51,073 laboratory tests was processed during the WHO Epi-Week-30 (22% increment compared to that of Epi-Week-29).

Laboratory testing capacity and expansion

Table 1: Details of laboratory testing capacity and expansion in Ethiopia

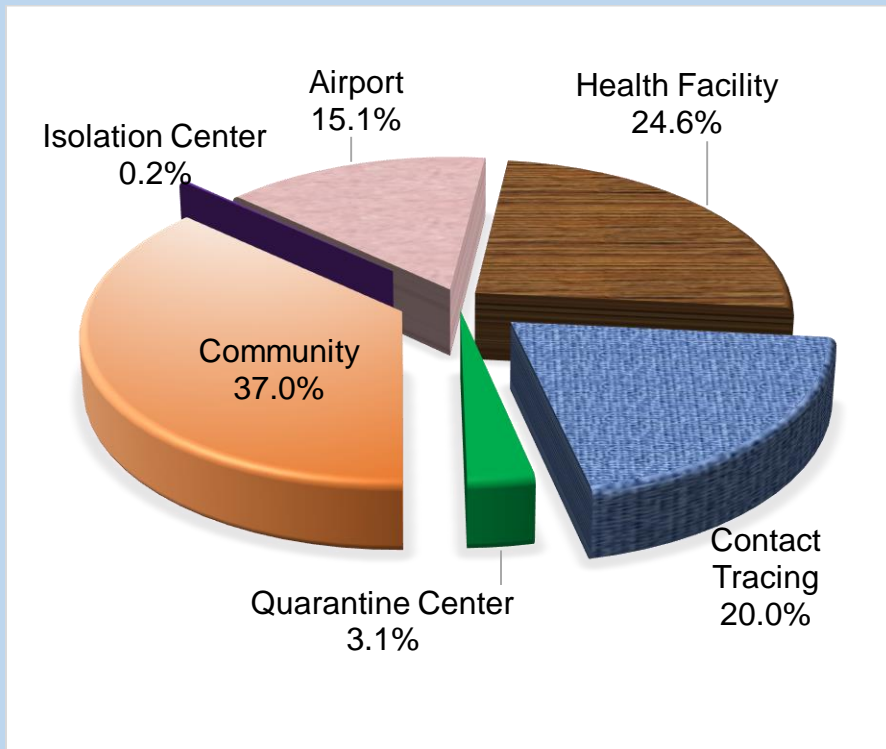
Status	Number of Laboratories	Number of Machine	Testing Capacity	Remark
Functional/Reporting Laboratories	46	59	11,448	At least one laboratory in all regions (4 at EPHI)
Ready to conduct test	3	3	220	
Under Verification Process	1	1	100	
Waiting for Verification	2	3	300	
Candidates	12	13	5032	
Total	64	78	16,800	

Daily Specimen Collection



- Weekly Performance.....96.6%
- Average Number of Specimen collected per day by EPHI team3724

Specimen Collection by Site



- Nearly 37% of the specimen collected from the community and health facility (24.6%)
- Specimen collection from contact tracing activity increased from 13.3% to 20% compared to Epi-Week-29.

Testing Performance

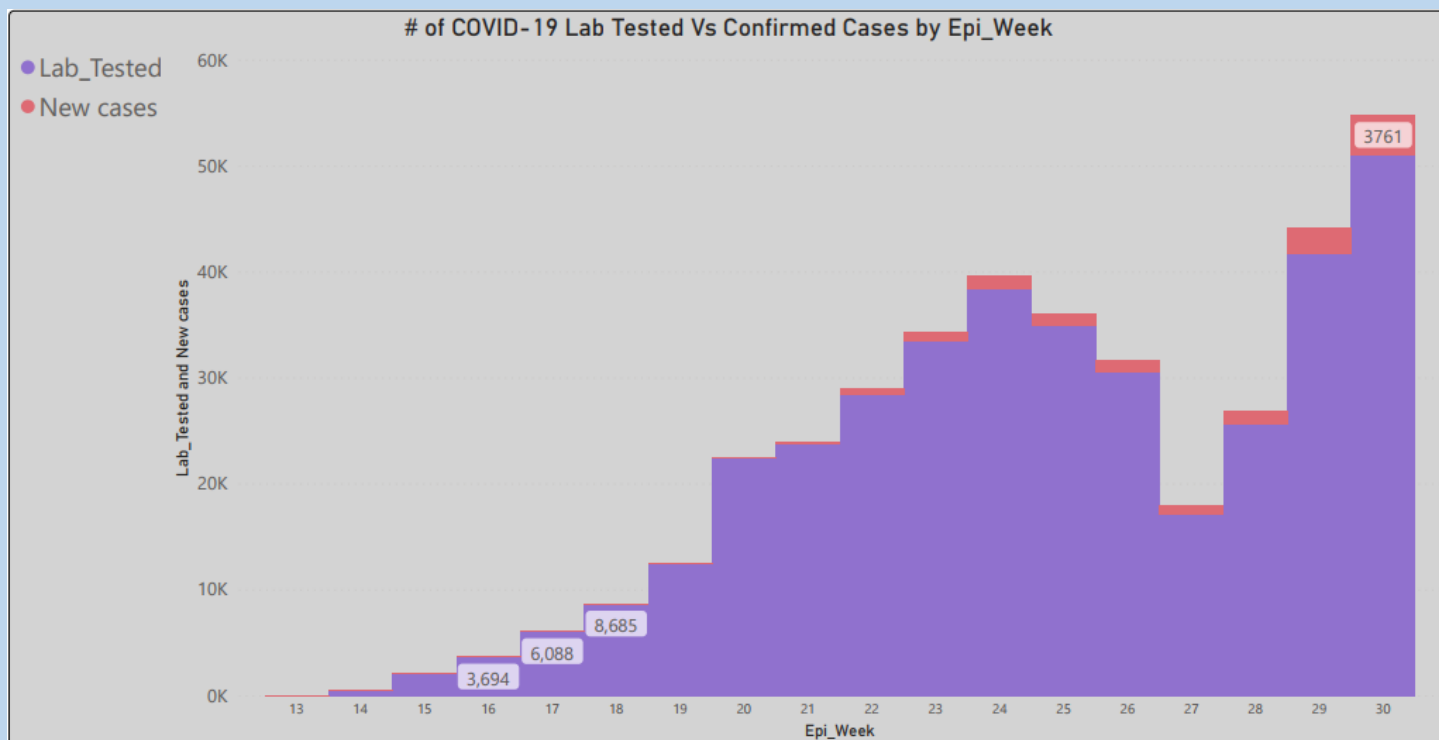


Fig. 7: Trend of COVID-19 laboratory testing by WHO Epi-Week as of July 26, 2020, Ethiopia

IV. Coordination and Leadership

- Since its activation, the national PHEOC is collaboratively working with stakeholders: government agencies, partner organizations, UN agencies, embassies, hospitals, Industrial parks and others.
- Morning briefing of IMS is being conducted daily by core IMS staffs and key partners' representatives
- Weekly virtual (zoom) meeting is 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, is being conducted.
- Supports (financial, logistic and technical) are being received from partners, private institutions, individuals and donors.
- Orientation on the concept of the PHEOC operation has been provided for the newly joining IMS staff by the COVID-19 Response Incident Manager. The Incident Manager also appreciated the efforts and dedication of the staff that has participated so far and welcomed the newly joining staff for the shift. The IMS staff shifting has happened for the third time.
- Inter-Action Review (IAR) of the National Public Health Emergency Operations Center (PHEOC) on COVID-19 Preparedness and Response Incident Management System is ongoing. The objective of the IAR is to identify the good practices and challenges experienced by the National PHEOC over the last five months (end of January – June 2020) of COVID-19 preparedness and response and identify improvements needed as we continue to respond to COVID-19. The review includes group discussion in each pillar under the IMS and plenary session for debriefing.



V. Case Management and IPC

- Currently there are a total of 7,527 active COVID-19 cases in the country.
- There are 65 patients in severe condition and the rest are 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 provided on COVID-19 situation on daily basis through Mass Media.
- 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.
- Customs clearance for donations' shipment is ongoing.

VIII. Training and Orientation Activities

- There is ongoing virtual and in person training and orientation for the public and health professionals on COVID-19.
- So far, a total of 7,011 Health Extension Workers (HEWs) and supervisors are enrolled to the Mobile based COVID-19 training and 5,476 completed the training from Addis Ababa, Afar, Amhara, Oromia, Tigray, SNNPR and Benishangul Gumuz Regions.
- In the WHO Epi-Week-30:
 - Basic COVID-19 training was provided for two groups of 25 health care workers each from Addis Ababa Police Health facilities.
 - Five days TOT on IPC for 25 Health Care workers from federal and defense force health facilities is completed in Addis Ababa.



IX. Challenges and Way Forward

Challenges

- Failure to adhere to physical distancing and other preventions advised among the public.
- Competing priorities due to superimposed disease outbreaks like cholera in some areas of the country.
- Increasing number of community deaths and late confirmation of COVID-19 by forensic investigation.
- There is critical shortage of beds for admission of COVID-19 cases
- Cases management challenges in confined settings and quarantine sites inadequacy in particular in Gambella region

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:

- 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.eph.gov.et/	8335/952
Ethiopian Public Health Institute COVID-19 Website	https://covid19.eph.gov.et/	
Ethiopian Public Health Institute Facebook Page	https://www.facebook.com/ephpage/	
Ethiopian Public Health Institute Twitter Page	https://twitter.com/EPHIethiopia	
Ethiopian Public Health Institute Telegram Channel	https://t.me/EthPHI	
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
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<p>Organization of Primary Health Care in pandemics: a rapid systematic review of the literature in times of COVID-19</p> <p>https://doi.org/10.1101/2020.07.05.20146811</p>	<ul style="list-style-type: none"> • In this system review seven articles were included and, which studied the responses to different epidemics in different parts of the world. • In terms of access, the studies suggest positive results with the adoption of adjustments of work processes of the teams and the structure of the services, combined with diversification of actions (including call center), adequate provision of inputs and personal protective equipment, adequate action plans and communication strategies, and effective integration with public health services and other levels of care. • No study analyzed population morbidity and mortality. The included studies suggest also that community-oriented PHC is more effective in crisis scenarios, indicating the necessity of strengthening of the Family Health Strategy.
<p>Factors Associated With Death in Critically Ill Patients With Coronavirus Disease 2019 in the US</p> <p>doi:10.1001/jamainternmed.2020.3596</p>	<ul style="list-style-type: none"> • In a cohort of 2215 adults with COVID-19 who were admitted to intensive care units at 65 sites, 784 (35.4%) died within 28 days, with wide variation among hospitals. • Factors associated with death included older age, male sex, obesity, coronary artery disease, cancer, acute organ dysfunction, and admission to a hospital with fewer intensive care unit beds.
<p>Targeting virus–host interaction by novel pyrimidine derivative: an in silico approach towards discovery of potential drug against COVID-19</p> <p>https://doi.org/10.1080/07391102.2020.1794969</p>	<ul style="list-style-type: none"> • The spike glycoprotein binds to the human angiotensin-converting enzyme-2 (hACE2) cell surface receptor abundantly expressed in lung tissues, and this binding phenomenon is a primary determinant of cell tropism and pathogenesis. • Pyrimidine derivative AP-NP may be explored as an effective inhibitor for hACE2-S complex. Furthermore, in vitro and in vivo studies will strengthen the use of these inhibitors as suitable drug candidates against SARS-COV-2.
<p>Responding to the COVID-19 Pandemic The Need for a Structurally Competent Health Care System</p> <p>https://jamanetwork.com/journals/jama/fullarticle/2767027?resultClick=1</p>	<ul style="list-style-type: none"> • The coronavirus disease 2019 (COVID-19) pandemic has exposed the consequences of inequality • The virus that causes COVID-19 disease, the resulting illness and the distribution of deaths reinforces systems of discriminatory housing, education, employment, earnings, health care, and criminal justice. • Each stage of the pandemic, from containment, to mitigation, to reopening, highlights the extent to which certain populations were rendered vulnerable long before the virus arrived. As a result, marginalized, minoritized, and communities of low wealth have been at highest risk. • Understanding how these processes operate requires not only acknowledging the social determinants of health, but more important, moving farther upstream to address the structural drivers that generate poverty and other aspects of social disadvantage. • Thus Increasing numbers of medical students and physicians that understand the social determinants of health and its clinical adaptation, structural competency. • Structural competency calls on methods from sociology, economics, urban planning, and other disciplines to systematically train health care professionals and others to “recognize ways that institutions, neighborhood conditions, market forces, public policies, and health care delivery systems shape symptoms and diseases. • Broad institutional leadership is needed to support medical interventions that reduce inequities. The crisis calls for radical change to how many health centers and hospitals operate, and in ways that ensure the health of individuals by also maintaining the health of communities, structures, and environments.
<p>Pooling Data From Individual Clinical Trials in the COVID-19 Era</p> <p>doi:10.1001/jama.2020.13042</p>	<ul style="list-style-type: none"> • Combining information from multiple trials that were not originally configured as a network of sites is another potential approach. • Such a pooling effort must be scientifically justified, pre specified, inferentially rigorous, and convincing to the medical community; it must also be valid to honor the participation and risk assumed by the cohorts

	<p>of study participants who deserve the maximal opportunity to have their participation result in useful findings.</p> <ul style="list-style-type: none"> • This Viewpoint proposes a practical approach for real-time pooling of individual patient data from RCTs during a pandemic. • Although the model could be extensible to any relevant set of trials and group of institutions, the ideas are illustrated with a specific example for estimating the therapeutic effects of convalescent plasma in hospitalized patients with COVID-19 by pooling data from several studies, each one of which is at risk of failing because of inability to recruit enough patients. • The perspectives of investigators that should be considered in pooling data include establishing rules for publication and dissemination of individual and pooled trial findings, funding and sponsorship, and ownership of data and other intellectual property considerations. • The biostatistical challenges are significant but not insurmountable. The analytic approach for pooling individual patient data from multiple studies must address variation across trials and provide a valid estimate of treatment efficacy.
<p>Covid-19 induced superimposed bacterial infection https://doi.org/10.1080/07391102.2020.1772110</p>	<ul style="list-style-type: none"> • Viral respiratory infections are very common and they are frequently eliminated from the body without any detrimental consequences. • Secondary serious bacterial infection has been an apprehension expressed by health care providers, and this fear has been exacerbated in the era of Covid-19. • Several published studies have shown an association between Covid-19 illness and secondary bacterial infection. • However, the proposed mechanism by which a virus can develop a secondary bacterial infection is not well delineated
<p>Assessing the impact of coordinated COVID-19 exit strategies across Europe https://science.sciencemag.org/content/early/2020/07/16/science.abc5096</p>	<ul style="list-style-type: none"> • As rates of new COVID-19 cases decline across Europe due to non-pharmaceutical interventions such as social distancing policies and lockdown measures, countries require guidance on how to ease restrictions while minimizing the risk of resurgent outbreaks. • Here, we use mobility and case data to quantify how coordinated exit strategies could delay continental resurgence and limit community transmission of COVID-19. • We find that a resurgent continental epidemic could occur as many as 5 weeks earlier when well-connected countries with stringent existing interventions end their interventions prematurely. • Further, we found that appropriate coordination can greatly improve the likelihood of eliminating community transmission throughout Europe. • In particular, synchronizing intermittent lockdowns across Europe meant half as many lockdown periods were required to end community transmission continent-wide.

COVID-19 updates and sources of evidence:

Source	Link
WHO Coronavirus (COVID-19) dashboard	https://covid19.who.int/
COVID-19 CORONAVIRUS PANDEMIC Worldometer	https://www.worldometers.info/coronavirus/
Johns Hopkins University, Coronavirus Resource Center	https://coronavirus.jhu.edu/map.html
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
BMJ's Coronavirus (covid-19) Hub	https://www.bmj.com/coronavirus
The Lancet COVID-19 Resource Centre	https://www.thelancet.com/coronavirus

Elsevier's Novel Coronavirus Information Center	https://www.elsevier.com/connect/coronavirus-information-center
Wiley Covid-19: Novel Coronavirus Content	https://novel-coronavirus.onlinelibrary.wiley.com/
The New England Journal Of Medicine	https://www.nejm.org/coronavirus
Cochrane library- special collection	https://www.cochranelibrary.com/collections/doi/SC000040/full
JBI COVID-19 Special Collection	https://joannabriggs.org/ebp/covid-19
PLOS	https://plos.org/blog/announcement/plos-one-publishes-additional-coronavirus-related-papers/
Cell press Coronavirus	https://www.cell.com/COVID-19
WHO Academy mobile learning app for health workers, COVID-19 information	Android- https://play.google.com/store/apps/details?id=org.who.WHOA Apple- https://apps.apple.com/us/app/who-academy/id1506019873
NIH coronavirus information center	https://www.nih.gov/coronavirus
COVID-19 Evidence Network to Support Decision-making (COVID-END)	https://www.mcmasterforum.org/networks/covid-end
WHO Academy mobile learning app for health workers, COVID-19 information	Android: https://play.google.com/store/apps/details?id=org.who.WHOA

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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