



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

WHO Epi-Week-45 (November 02- 08, 2020)

BULLETIN No: 28

Issue Date: November 09, 2020

I. HIGHLIGHTS

- A total of 38,951 laboratory samples were tested in the WHO-Epi-Week-45, which is an 8.84% decrease compared to that of the WHO-Epi-Week-44.
- The laboratory test positivity rate for the WHO-Epi-Week-45 is 7.94%, which is a slightly higher than the preceding week (7.58%).
- A total of 3,092 new confirmed COVID-19 cases and 45 COVID-19 related deaths were reported during the WHO Epi-Week-45 bringing the total cases and deaths to 99,675 and 1,523 respectively.
- There were total of 6,314 newly recovered COVID-19 cases during the WHO Epi-Week-45, bringing the total number of recovered cases to 59,766.
- A total of 28,441 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 1,398 of these are enrolled in the WHO-Epi-Week-45.
- A total of 3,523 contacts were identified during the WHO Epi-week-45.
- The 22nd Health Sector Annual Review Meeting conducted with the theme 'Building Resilient Health System for stronger Public Health Emergency Preparedness and Response'



22nd Health Sector Annual Review Meeting, November 04-06, 2020, Addis Ababa, Ethiopia

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 national and the regional Public Health Emergency Operations Center (PHEOC) has 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 regular EOC meetings and partners' coordination forums. The MOH and EPHI are providing information to the 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 31, 2019 and November 08, 2020, COVID-19 pandemic affected 235 countries/territories causing 49,605,590 cases and 1,246,990 deaths (CFR=2.51%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 3,632,090 cases and 53,086 deaths were reported during the WHO Epi-Week-45.
- The United States of America (USA) reported the highest number of cases (9,504,758) with CFR of 2.47% followed by India (8,507,754 cases) with a CFR of 1.48%.
- In Africa, 57 countries/territories have reported COVID-19 cases.
- As of November 08, 2020, a total of 1,880,325 cases and 44,956 deaths were reported across the continent (CFR=2.39%). Of these 84,452 cases and 1,992 deaths were reported during the WHO-Epi-Week-45.
- In Africa, South Africa reported the highest number of cases (735,906) with CFR of 2.69% followed by Morocco (252,185 cases) with a CFR of 1.67%.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.

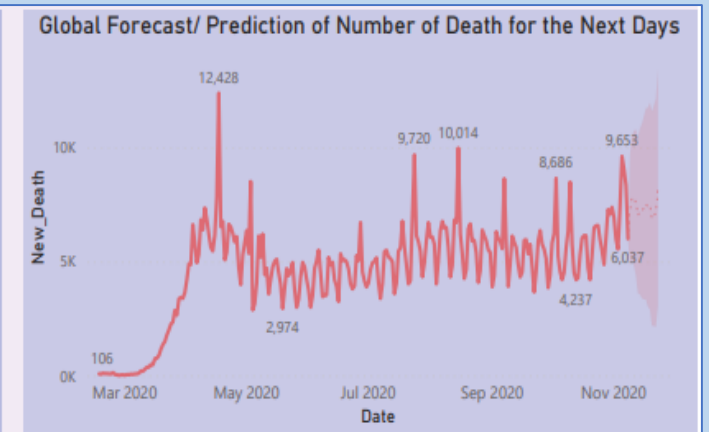
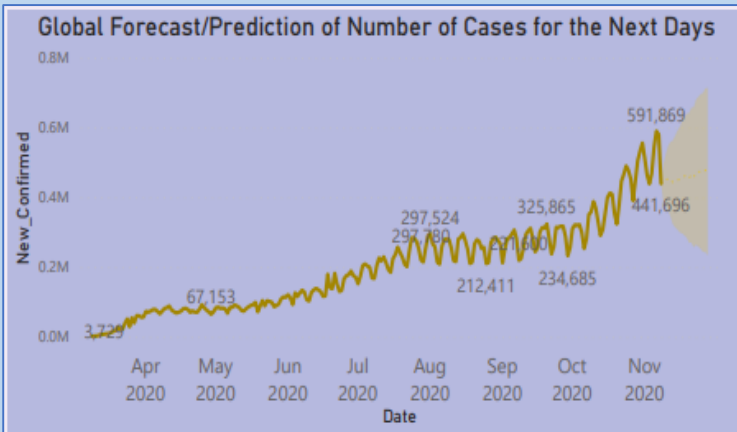
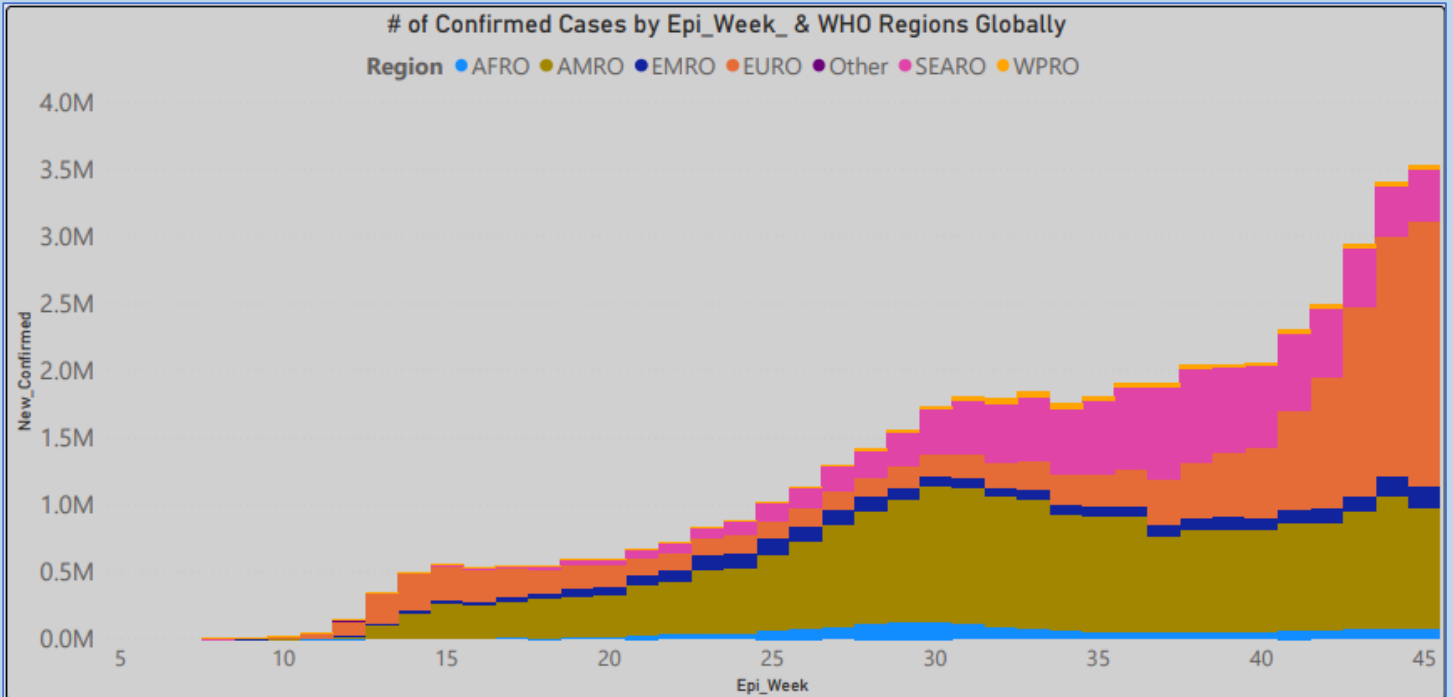
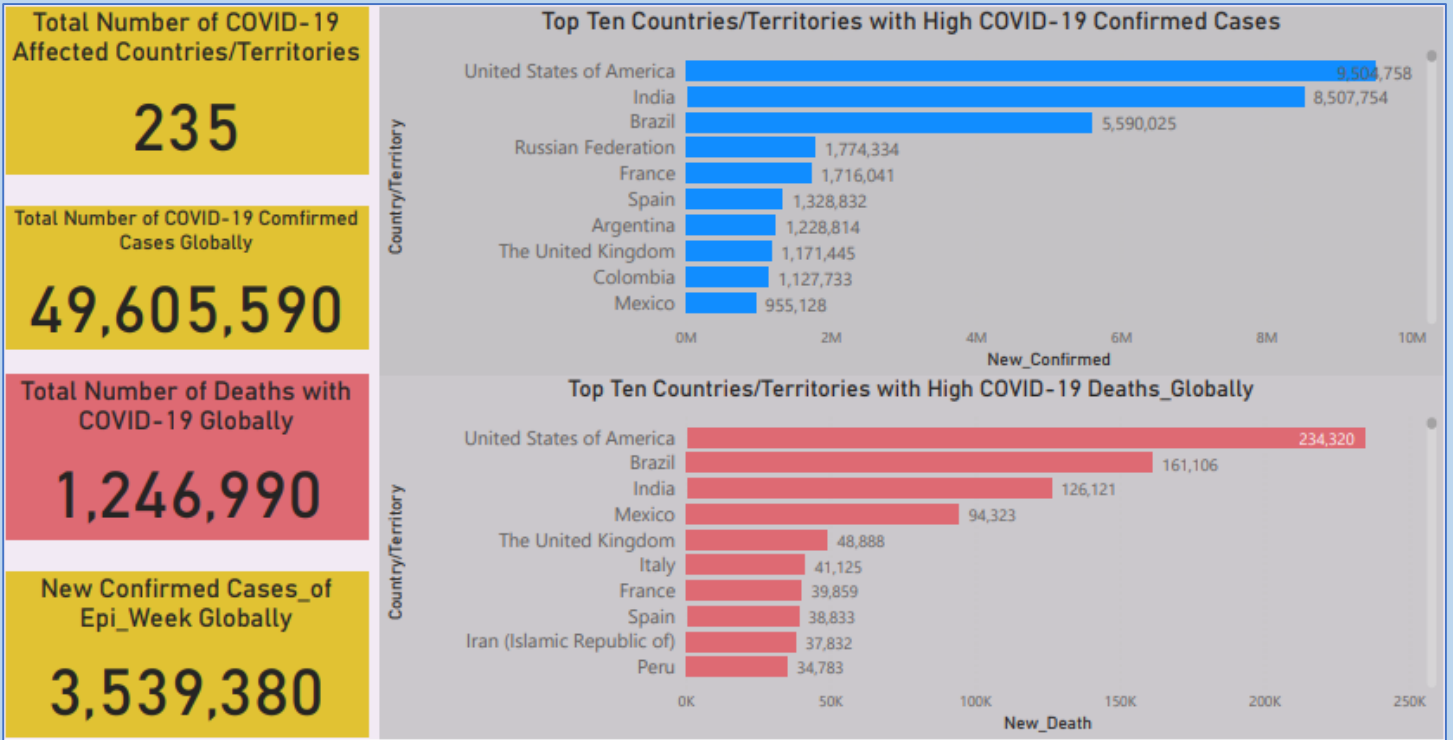


Fig. 1: COVID-19 Global Situation Update as of November 08, 2020 (Source: WHO)

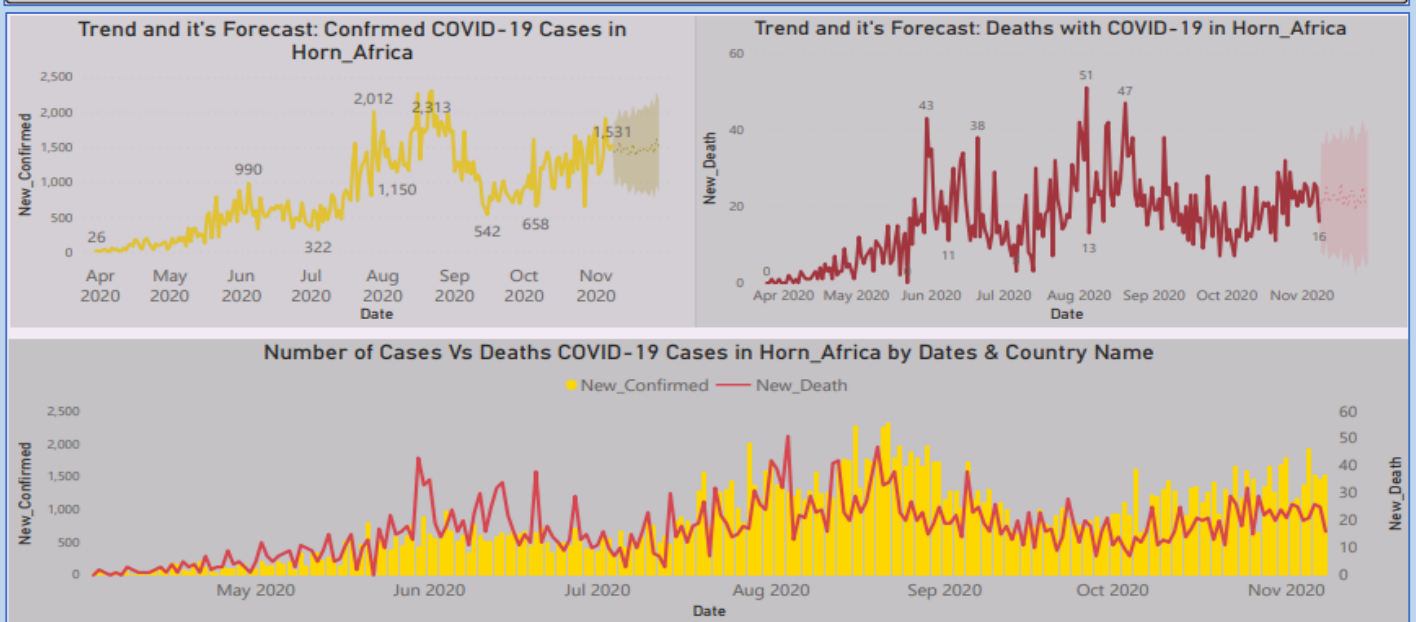
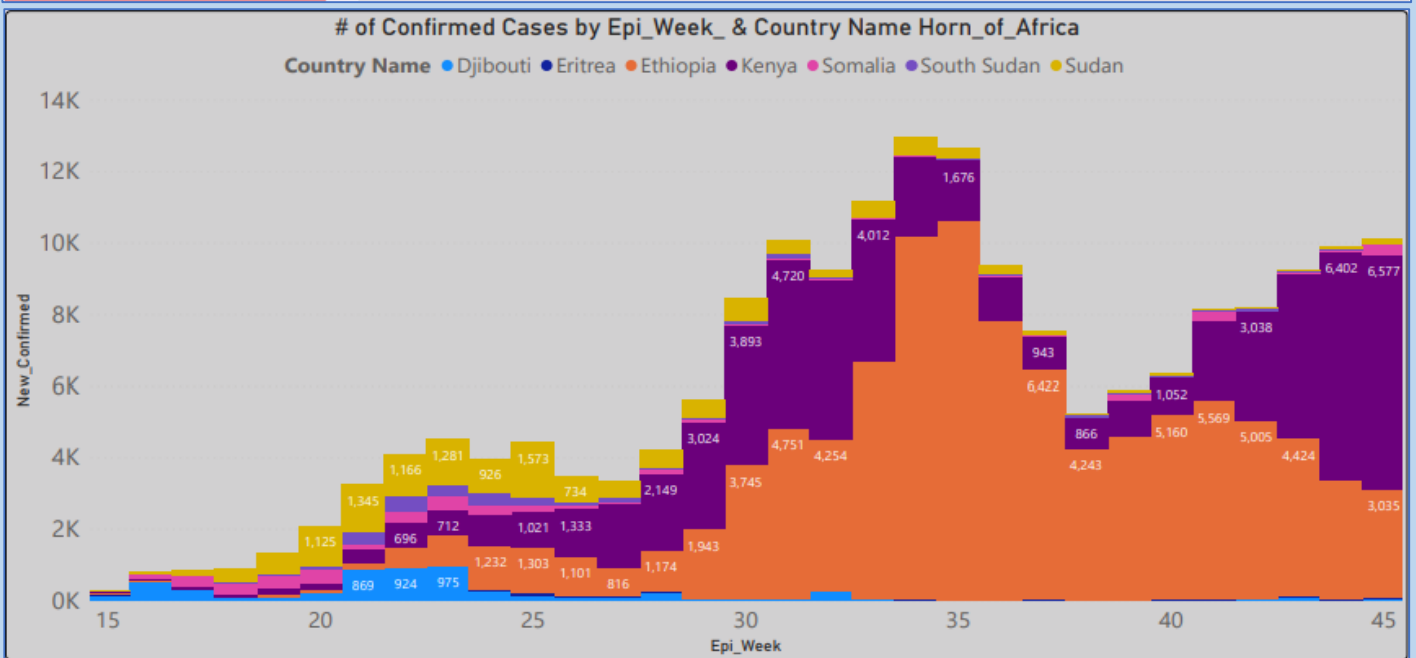
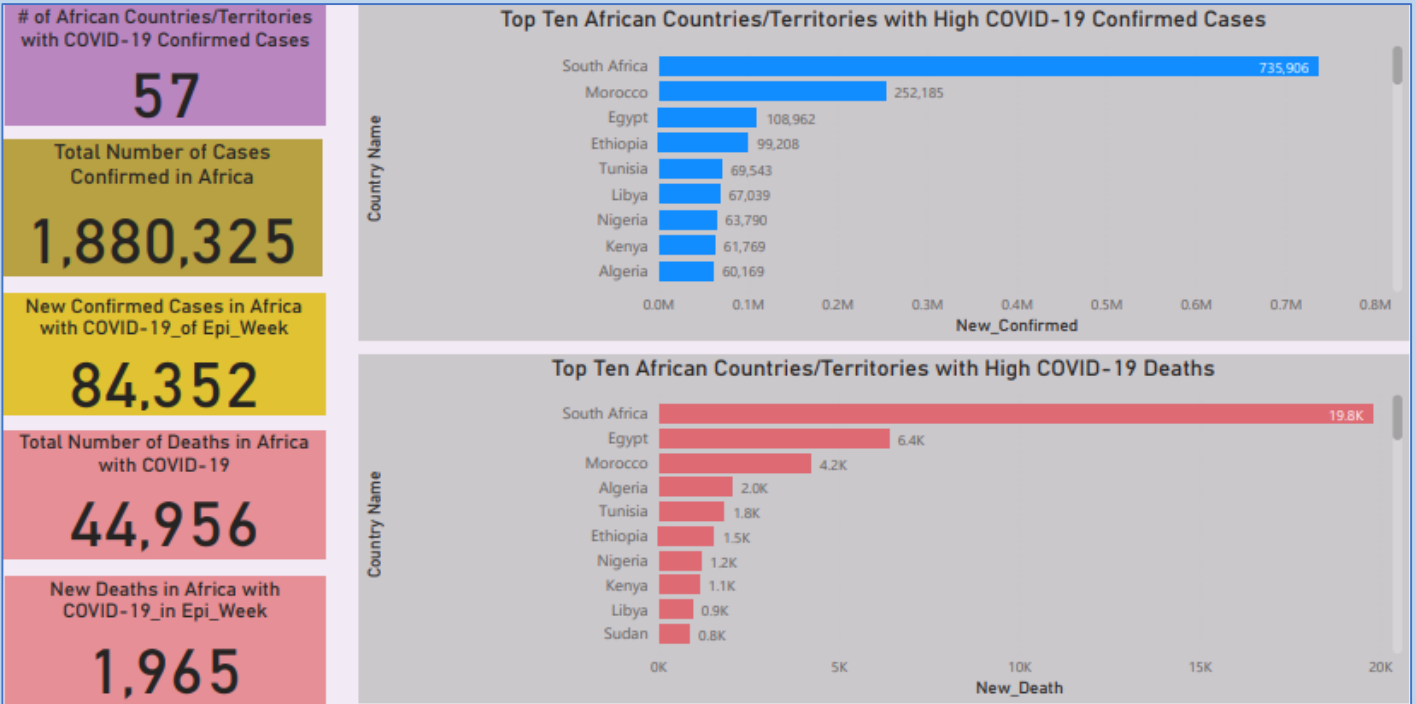


Fig. 2: COVID-19 Situation Update in Africa as of November 08, 2020 (Source: WHO)

National COVID-19 situation

- Three-thousand-ninety-two (3,092) newly confirmed COVID-19 cases (5% decrease compared to that of Epi-Week-44) and 45 COVID-19 related deaths (13% decrease compared to that of Epi-Week-44) were reported during the WHO Epi-Week-45.
- As of November 08, a total of 99,675 confirmed COVID-19 cases and 1,523 deaths were recorded in the country.
- For detail, see the summary dashboard below.

Table 1: Summary of National COVID-19 situation in the WHO-Epi-Week-45

Regions	New_Tested	New_Case	New_HF_Admission	New Death	Positivity Rate	Recovery Rate
Addis Ababa	19896	1898	267	25	9.6	32.0
SNNPR	7069	118	143	0	1.7	91.0
Oromia	4110	589	76	8	16.3	22.9
Amhara	2205	110	42	3	5.1	52.1
Somali	1337	18	5	0	2.0	30.0
Afar	1215	39	0	0	5.0	46.1
Tigray	1056	43	16	2	1.6	75.0
Sidama	740	119	63	2	16.6	76.1
Dire Dawa	600	55	10	0	8.9	35.0
Benishangul G	292	55	0	1	19.0	27.0
Harari	278	48	14	4	18.1	29.0
Gambella	153	0	0	0	0.0	60.7
Total	38951	3092	636	45	****8.8	****48.1

**** Positivity & Recovery Rates are Weighted Averages of Regional Distributions of Rates

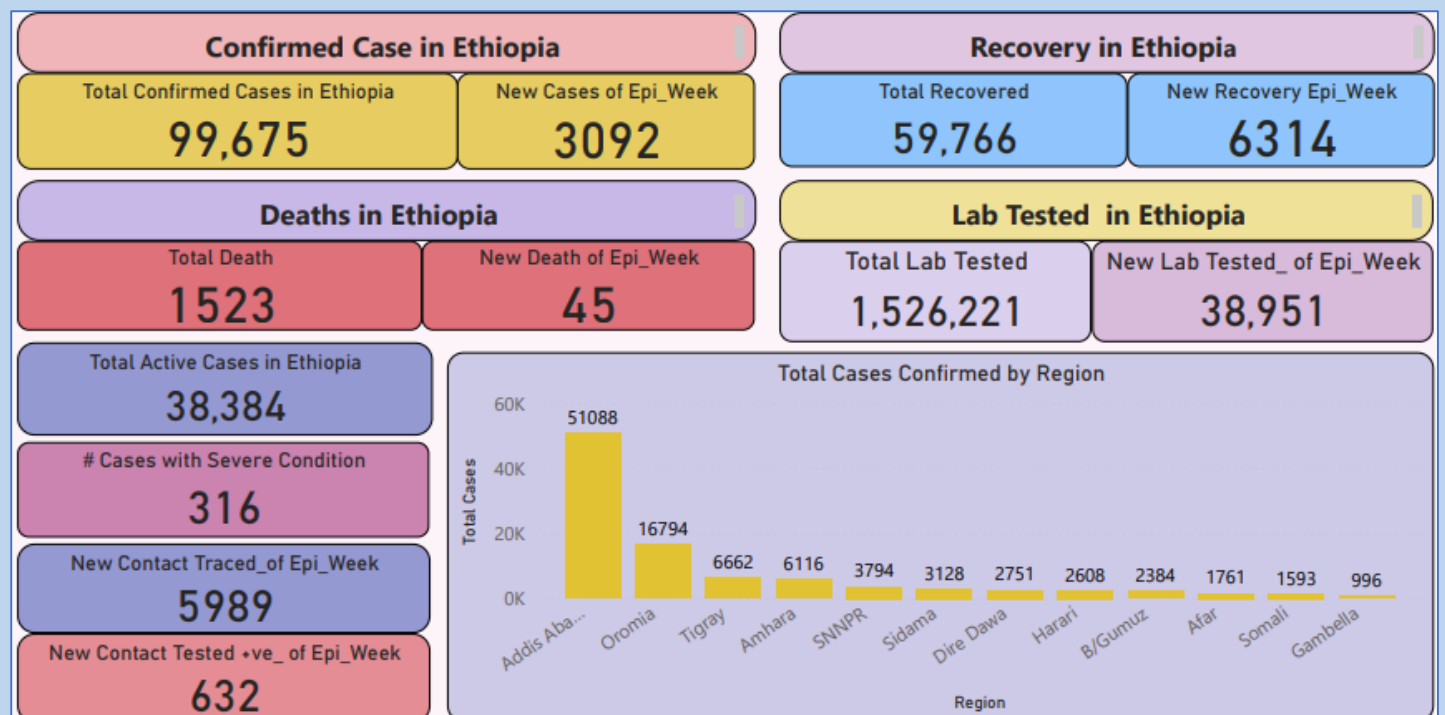


Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of November 08, 2020, Ethiopia

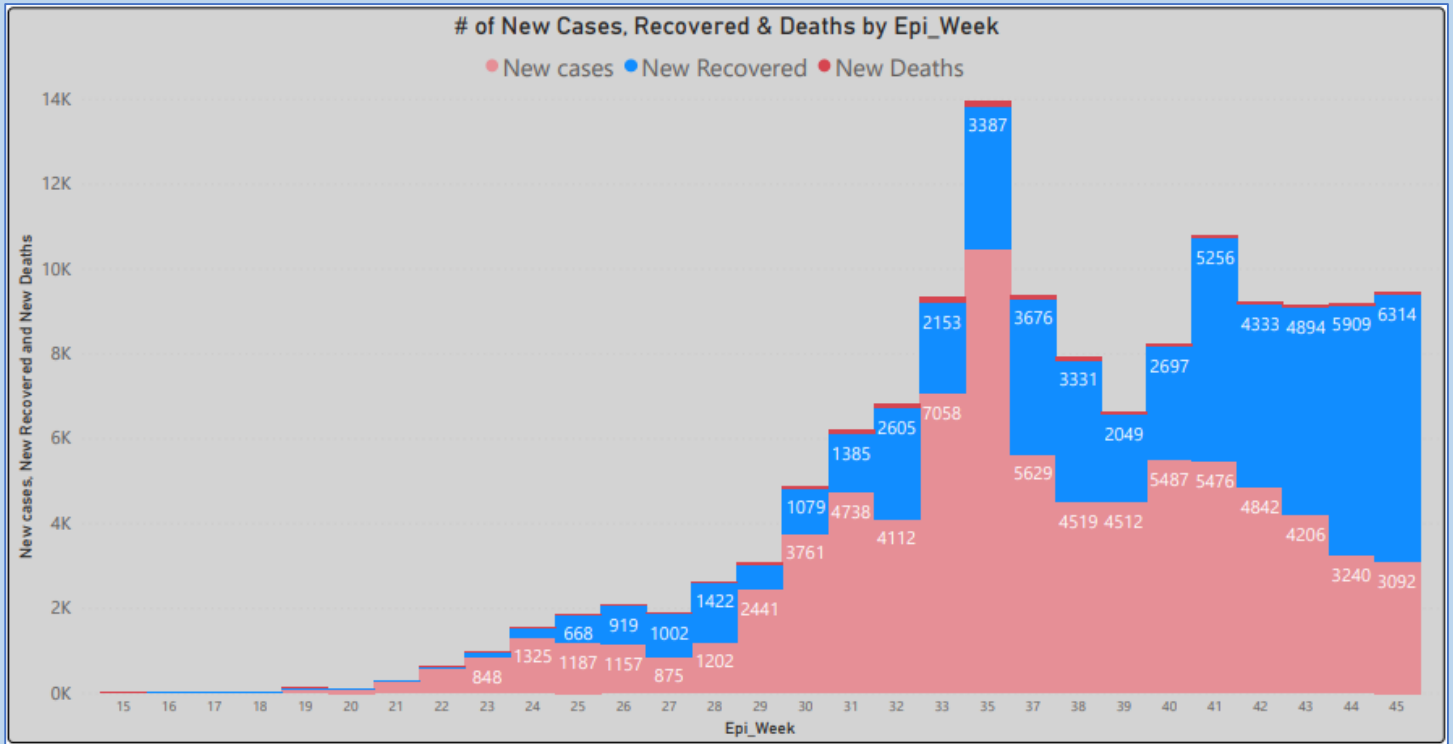


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of November 08, 2020, Ethiopia

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, 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. There is also laboratory investigation of suspected cases, contacts of confirmed cases, SARI/pneumonia cases and community members.

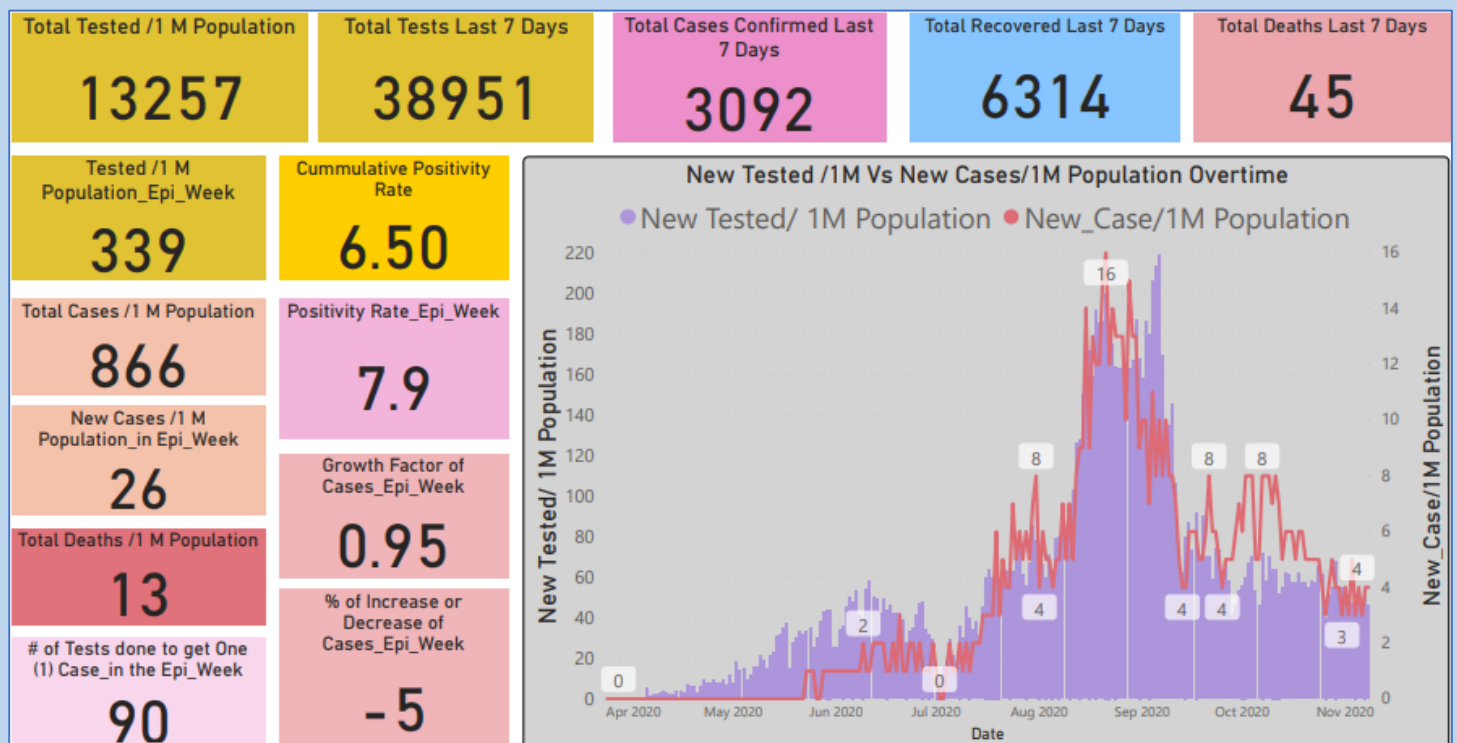


Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of November 08, 2020.

Contact tracing and follow-up:

- As of November 08, 2020:
 - A total of 297,538 contacts of confirmed cases have been identified. Of these, 3,523 contacts were identified in the WHO-Epi-Week-45.
 - Of total contacts, 270,571 (90.94%) have completed 14 days follow-up, while 4,155 contacts are still on follow-up.
 - 444 (0.15%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 404 (90.99%) have tested positive.
- Overall, 22,527 (7.57%) of the contacts (symptomatic plus asymptomatic) have tested positive.
- Contacts of the confirmed cases contributed for the 22.60% of the total cases.

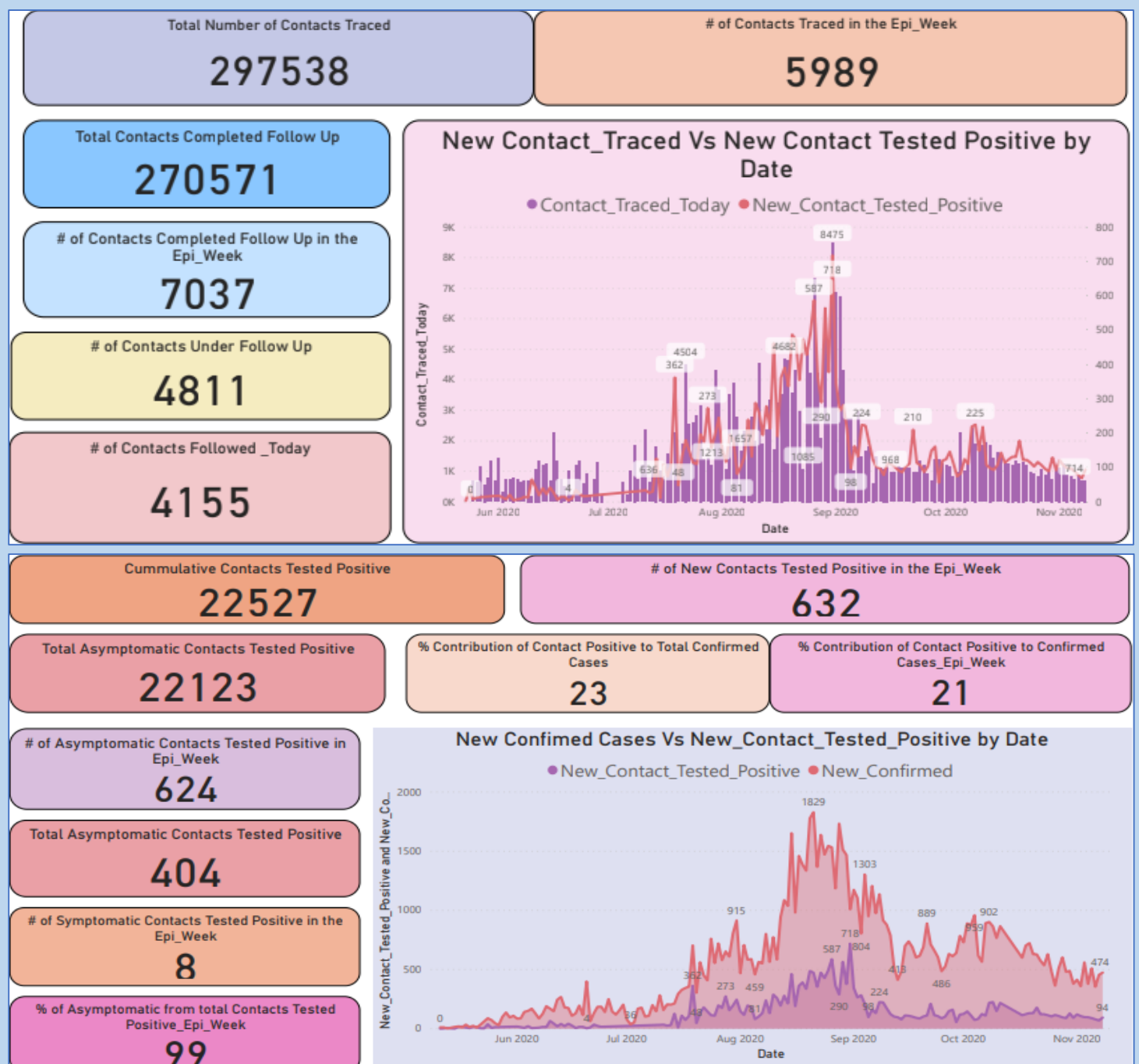


Fig. 6: Summary of COVID-19 contact tracing as of November 08, 2020, Ethiopia.

Rumors collection and verification from all sources

- As of November 08, 2020:
 - 308,805 rumors/alerts have been received and investigated. Of these, 2,537 rumors were reported in the WHO-Epi-Week-45.
 - 239,028 (77.40%) of the rumors/alerts have fulfilled the suspected case definition.

Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,318,680 passengers have been screened at the Point of Entries of Ethiopia and 495,877 (37.64%) of them were screened at Bole International Airport.
- Of the total passengers screened, 30,954 were screened for COVID-19 in the Epi-Week-45.
- Based on Directive 30/2020 there is no Institutional Quarantine at the national level because all international passengers who pass through the point of entries should bring negative valid RT-PCR test result.
- The total number of population quarantined since March 23 to October 3, 2020 was 69,383.

Laboratory related activities

- As of November 08, 2020, a total of 1,526,221 samples have been tested for COVID-19 by laboratories across the country.
- 38,951 laboratory tests were processed during the WHO Epi-Week-45, which is 8.84% decrease compared to that of Epi-Week-44.
- The laboratory test positivity rate for the WHO-Epi-Week-45 is 7.94%, which is a bit higher than the preceding week (7.58%).
- The overall positivity rate for the laboratory test since the occurrence of the disease in the country is 7.56%.

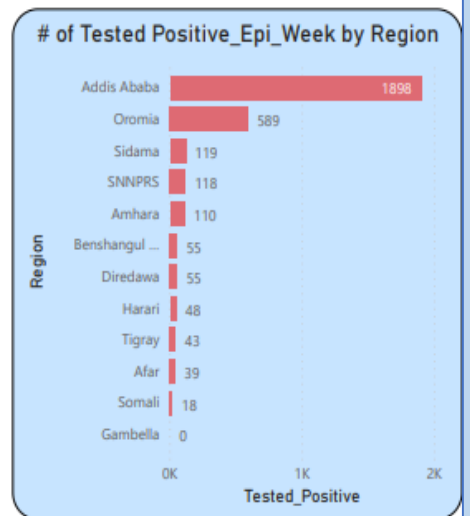
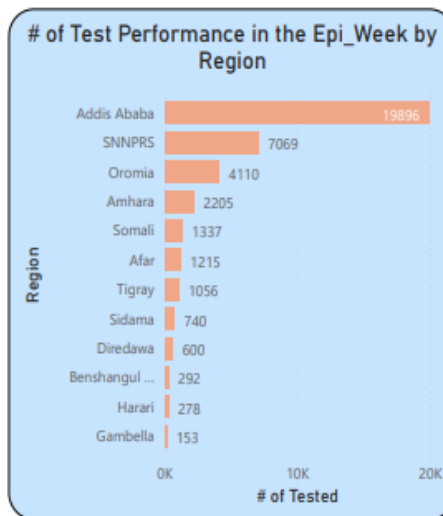
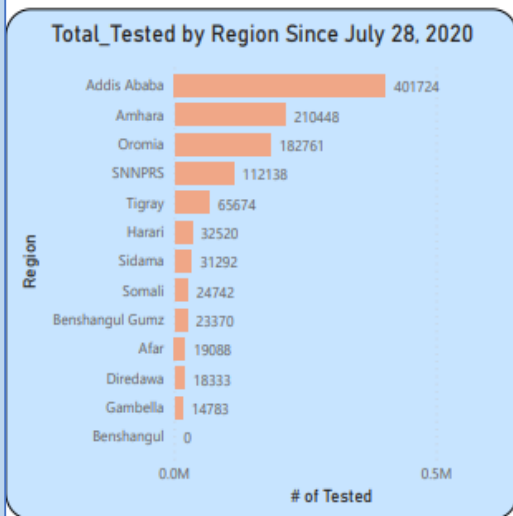
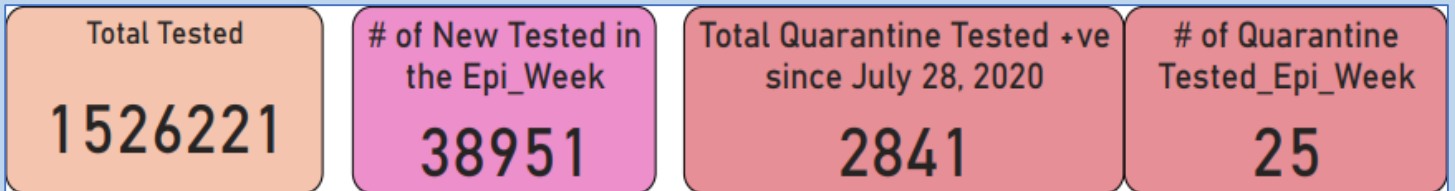
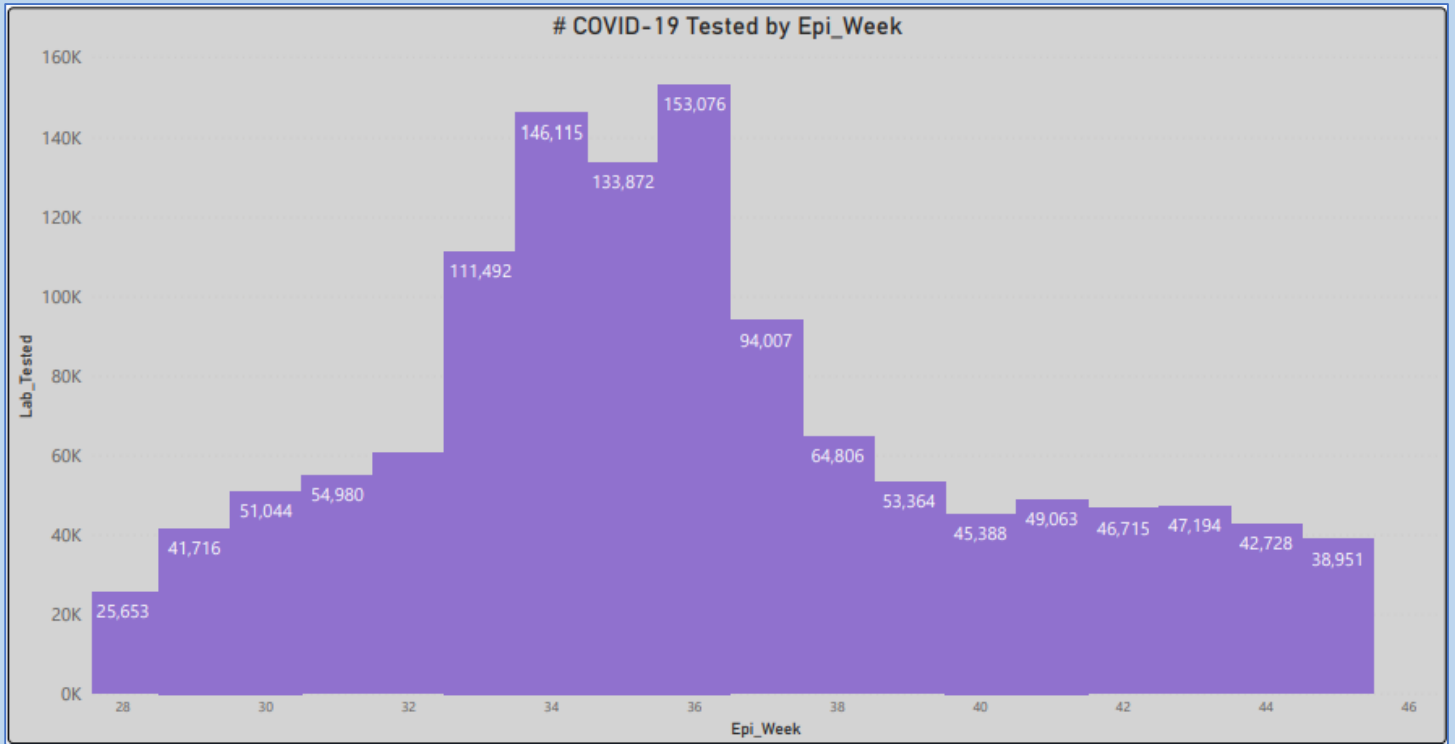


Fig. 7: Summary of COVID-19 laboratory testing as of November 08, 2020, Ethiopia.

IV. Coordination and Leadership

- 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 every day by core IMS staffs and key partners' representatives.
- Biweekly 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 meeting, chaired by the H.E MOH Minister, is being conducted to oversee and guide the response efforts.
- The 22nd Health Sector Annual Review Meeting conducted with the theme 'Building Resilient Health System for stronger Public Health Emergency Preparedness and Response'. Among several agenda in the review meeting, update on the COVID-19 pandemic preparedness and response activities in Ethiopia was presented by Dr Mizan Kiros, COVID-19 response task force coordinator at the Minister-Ministry of Health.



Fig. 8: 22nd Health Sector Annual Review Meeting, November 04-06, 2020, Addis Ababa, Ethiopia

V. Case Management and IPC

- As of November 08, 2020:
 - A total of 23,513 suspected COVID-19 cases are admitted to isolation centers. Of these, 251 suspected cases are admitted in the Epi-Week-45.
 - 20,599 (151 in the Epi-week-45) initially suspected cases are discharged after laboratory test became negative.
- Among the currently existing COVID-19 cases, there are 316 patients in severe clinical condition.

Home Based Isolation and Care (HBIC):

- So far, 28,441 COVID-19 confirmed cases have been on HBIC. Of them 22,042 (77.50%), have recovered and 5 died.
- Of these, 1,393 cases have been enrolled to HBIC and 1,654 cases have recovered on the WHO-Epi-Week-45.
- As of November 08, 2020, there are 6,296 cases on HBIC.
- So far, 162 of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 260 (12 of them in Epi-Week-42) of the cases have been transferred from HBIC to treatment centers for better care.

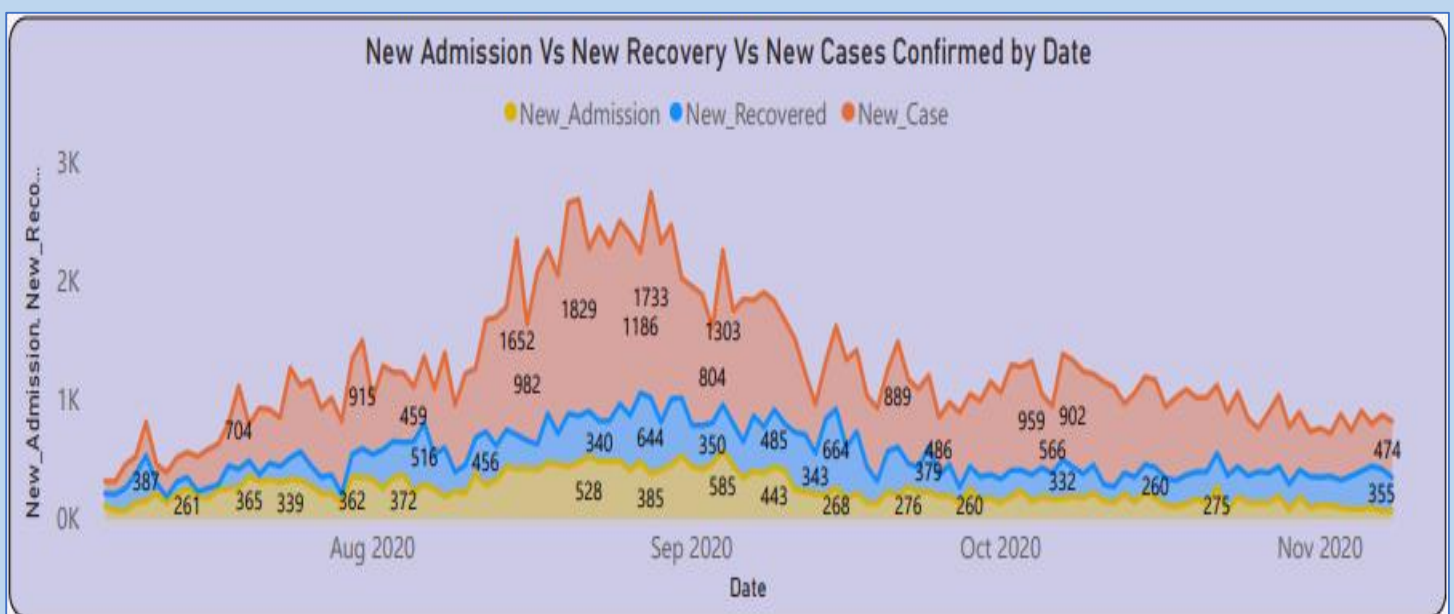


Fig. 9: Trends of New confirmed cases, admission and recoveries as of November 08, 2020.

VI. WASH and IPC:

- Communication with and follow up of each regions by assigned staff from the national Emergency Operations Center regarding WASH and IPC activities.
- Regular phone follow-up and support and compilation of regional reports.
- Communication with regions on Monitoring of IPC practice in Non-COVID health care facilities, regular phone follow-up and support, compiling reports.
- Facilitation of disinfection whenever there is positive confirmed case and sending disinfectant based on need.

VII. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- COVID-19 related key messages shared on social media.



Fig. 10: COVID-19 related key messages developed for social media post

VIII. Logistic and Supplies

- There is ongoing distribution of PPE, Viral Transport Media (VTM), swabs, pharmaceuticals and other medical supplies to quarantine, isolation and treatment centers.

Training and Orientation Activities

- There is ongoing training and orientation for the public and health professionals on COVID-19.
- Three days COVID-19 Mental Health and Psychosocial Support (MHPSS) training for 38 health workers working in federal and regional Hospitals is provided at Hawassa city.
- Risk Communication and Community Engagement (RCCE) training on school reopening provided for more than 80 attendees for Sidama, SNNPR and Afar regional, zonal health office and education bureau representatives at Hawassa city.



Fig. 11: School reopening COVID-19 RCCE training for health and educational professionals in Hawassa city, November 07, 2020.

- Four days COVID-19 school reopening training for 135 regional health and education bureau workers working in zonal and woreda level is completed at Hawassa and Bishoftu town.



Fig. 12: School reopening COVID-19 training for health and educational professionals in Hawassa (Right hand side) and Bishoftu (Left hand side) towns, November 03-07, 2020.

- Orientation is given to religious leaders on school reopening in collaboration with ministry of education and school visit conducted by the regional religious leaders.



Fig. 13: Religious leaders’ orientation on school reopening and schools visit, November 06, 2020.

IX. Challenges and Way Forward

Challenges

- Happenings of super spreading events-Mass gatherings with poor physical distancing and facemask use which exacerbates the spread of COVID-19.
- Increasing number of COVID-19 cases in congregated settings.
- Increasing number of cases being detected in the community.

Way Forward

- Strengthen Home Based Isolation and Care (HBIC).
- Conduct intensive testing of high-risk population group and contacts of confirmed cases 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.
- Intensification of a capacity building trainings and orientation including through virtual/online platforms.
- Strengthen and sustain essential health services other than COVID-19.

X. Public Health Policy Recommendation

Advice for the Public:

- For any individual confirmed to have COVID-19 and who is candidate for Home Based Isolation and Care:
 - Properly isolate from other family members.
 - Take full responsibility in prevention of transmission
 - Strictly adhere to the National Directive of Home-Based Isolation& Care.
 - Provide reliable information during regular follow up either by phone or home visit.
 - Report to nearest health facilities/follow up team in case of any emergency, appearance of new symptoms or worsening of existing symptoms.
- It is important to be informed of the situation and act appropriately to protect yourself and your family.
 - Wash hands frequently
 - Don't touch your mouth, nose or eye by unwashed hands
 - Keep physical distancing; avoid mass gathering and shaking hands.
- 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/	8335/952
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	
Ethiopian Public Health Institute Telegram Channel	https://t.me/EthPHI	
Ethiopian Public Health Institute YouTube Channel	https://www.youtube.com/channel/UCvvTzeY-IJiQfEFBULH9Mkw	
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/srhdotcom/...	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>Effect of pre-exposure use of hydroxychloroquine on COVID-19 mortality: a population-based cohort study in patients with rheumatoid arthritis or systemic lupus erythematosus using the OpenSAFELY platform.</p> <p>https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(20)30378-7/fulltext</p>	<ul style="list-style-type: none"> • A prespecified observational, population-based cohort study using national primary care data and linked death registrations in the OpenSAFELY platform, which covers approximately 40% of the general population in England, UK was conducted. • No evidence of a difference was found in COVID-19 mortality among people who received hydroxychloroquine for treatment of rheumatological disease before the COVID-19 outbreak in England.
<p>SARS-CoV-2 seroprevalence and transmission risk factors among high-risk close contacts: a retrospective cohort study.</p> <p>https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30833-1/fulltext</p>	<ul style="list-style-type: none"> • A retrospective cohort study involving all close contacts of confirmed COVID-19 cases in Singapore, identified between Jan 23 and April 3, 2020 was conducted. • Targeted community measures should include physical distancing and minimizing verbal interactions. • Testing of all household contacts, including asymptomatic individuals, is warranted.
<p>Harms of public health interventions against COVID-19 must not be Ignored.</p> <p>https://www.bmj.com/content/bmj/371/bmj.m4074.full.pdf</p>	<ul style="list-style-type: none"> • Public health policies to combat SARS-CoV-2 mostly rely on models designed to predict their benefits. • The short and long-term adverse health effects of physical distancing measures, including unnecessary deaths, need to be evaluated and vulnerable populations identified. • Economic effects cannot be separated from health effects, and interventions designed to control covid-19 need to take account of unintended consequences.
<p>Clinical characteristics of 116 hospitalized patients with COVID-19 in Wuhan, China: a single-centered, retrospective, observational study.</p> <p>https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-020-05452-2</p>	<ul style="list-style-type: none"> • A retrospective observational study was conducted on 116 patients with laboratory-confirmed COVID-19 who were admitted to the General Hospital of Central Theater Command (Wuhan, China) from January 20 to March 8, 2020. • The infection of SARS-COV-2 was more likely to occur in middle and aged population with cardiovascular comorbidities. • Cardiovascular complications, including new onset hypertension and heart injury were common in severe patients with COVID-19.
<p>The use of intravenous immunoglobulin gamma for the treatment of severe coronavirus disease 2019: a randomized placebo-controlled double-blind clinical trial.</p> <p>https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-020-05507-4</p>	<ul style="list-style-type: none"> • A randomized placebo-controlled double-blind clinical trial was conducted on fifty-nine patients with severe COVID-19 infection who did not respond to initial treatments. • The administration of IVIg in patients with severe COVID-19 infection who did not respond to initial treatment could

	improve their clinical outcome and significantly reduce mortality rate.
The first consecutive 5000 patients with Coronavirus Disease 2019 from Qatar; a nation-wide cohort study. https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-020-05511-8	<ul style="list-style-type: none"> • A retrospective cohort study was conducted on the first consecutive 5000 patients with COVID-19 in Qatar who completed 60 days of follow up by June 17, 2020. • COVID-19 was associated with low all-cause mortality. • Independent risk factors for ICU admission included older age, male sex, higher BMI, and co-existing diabetes or chronic kidney disease.
Potential lessons from the Taiwan and New Zealand health responses to the COVID-19 pandemic. https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(20)30044-4/fulltext	<ul style="list-style-type: none"> • Extensive public health infrastructure established in Taiwan pre-COVID-19 enabled a fast coordinated response, particularly in the domains of early screening, effective methods for isolation/quarantine, digital technologies for identifying potential cases and mass mask use. • This timely and vigorous response allowed Taiwan to avoid the national lockdown used by New Zealand. • Many of Taiwan's pandemic control components could potentially be adopted by other jurisdictions.
Residential context and COVID-19 mortality among adults aged 70 years and older in Stockholm: a population-based, observational study using individual-level data. https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(20)30016-7/fulltext	<ul style="list-style-type: none"> • Data from the cause-of-death register was used to identify recorded COVID-19 mortality and mortality from other causes among individuals (aged ≥70 years) in Stockholm county, Sweden, between March 12 and May 8, 2020. • Compared with living in a household with individuals aged 66 years or older, living with someone of working age (<66 years) was associated with increased COVID-19 mortality. • Living in a care home was associated with an increased risk of COVID-19 mortality compared with living in independent housing.

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 Apple- https://apps.apple.com/us/app/who-academy/id1506019873

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.eph.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.eph.gov.et

PREPARED BY

Fantu Lombamo (MD, MPH) – Planning Section, Situation Unit Lead
Negusse Yohannes (PhD in Statistics) – Planning Section, Situation Unit Member

EDITED AND REVIEWED BY

Shambel Habebe (MPH-Field Epi) - Planning Section Chief
Zewdu Assefa (MPH- Field Epi) - Deputy Incident Manager
Aschalew Abayneh (RN, BSc, MPH) - DDG-EPHI, Incident Manager

FOR MORE INFORMATION and NOTIFICATION

Web: www.eph.gov.et

Follow us on Twitter: @EPHIEthiopia

Facebook: <https://www.facebook.com/EPHIEthiopia>

Telegram: <https://t.me/EthPHI>

Call: 8335/952 (TOLL FREE LINE) or 011 276 5340

Email: ephieoc@gmail.com or phemdatacenter@gmail.com