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

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NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

WHO Epi-Week-50 (December 08 – 13, 2020)

BULLETIN №: 33

Issue Date: December 22, 2020

I. HIGHLIGHTS

- A total of 36,567 laboratory samples were tested in the WHO-Epi-Week-50, which is a 3.37% decrease compared to that of the WHO-Epi-Week-49.
- The laboratory test positivity rate for the WHO-Epi-Week-50 is 9.50%, which is a bit lower than the preceding week (9.94%).
- A total of 3,474 new confirmed COVID-19 cases and 59 COVID-19 related deaths were reported during the WHO Epi-Week-50 bringing the total cases and death to 116,769 and 1,806 respectively.
- There were total of 13,059 newly recovered COVID-19 cases during the WHO Epi-Week-50, bringing the total number of recovered cases to 93,890.
- A total of 57,766 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 12,157 of these are enrolled in the WHO-Epi-Week-50.
- Out of a total of 307,511 contacts of COVID-19 confirmed cases, 930 contacts were identified during the WHO Epi-week-50.
- Press statement was provided by the H.E Dr. Lia, MOH Minister to remind that the prevention and control of the COVID-19 pandemic should be given due attention.
- Consultative workshop was conducted to put a way forward to conduct researches on traditional medicines for COVID-19 and others following a One Health approach.
- State Party Self-Assessment Annual Reporting (SPAR) for 2020 International Health Regulation (IHR) Report has been conducted.

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 December 13, 2020, COVID-19 pandemic affected 235 countries/territories causing 69,766,975, cases and 1,589,820 deaths (CFR=2.28%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 4,297,567 cases and 74,410 deaths were reported during the WHO Epi-Week-50.
- The United States of America (USA) reported the highest number of cases (15,467,248) with CFR of 1.89% followed by India (9,857,029) cases) with a CFR of 1.45%.
- In Africa, 57 countries/territories have reported COVID-19 cases.
- As of December 13, 2020, a total of 2,368,343 cases and 55,680 deaths were reported across the continent (CFR=2.35%). Of these 110,435 cases and 2,325 deaths were reported during the WHO-Epi-Week-50.
- In Africa, South Africa reported the highest number of cases (852,965) with CFR of 2.71% followed by Morocco (397,597 cases) with a CFR of 1.66%.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.

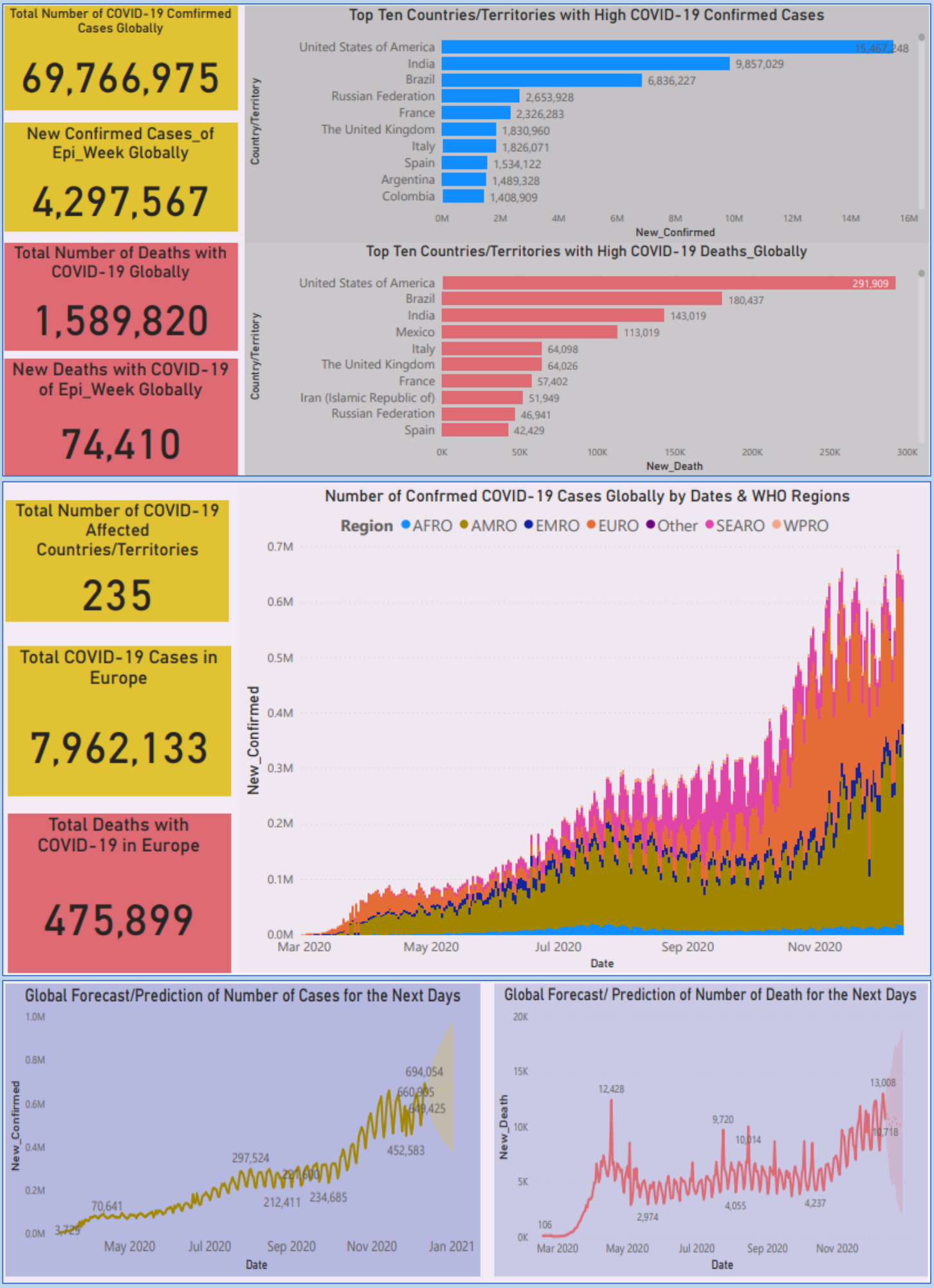


Fig. 1: COVID-19 Global Situation Update as of December 13, 2020 (Source: WHO)

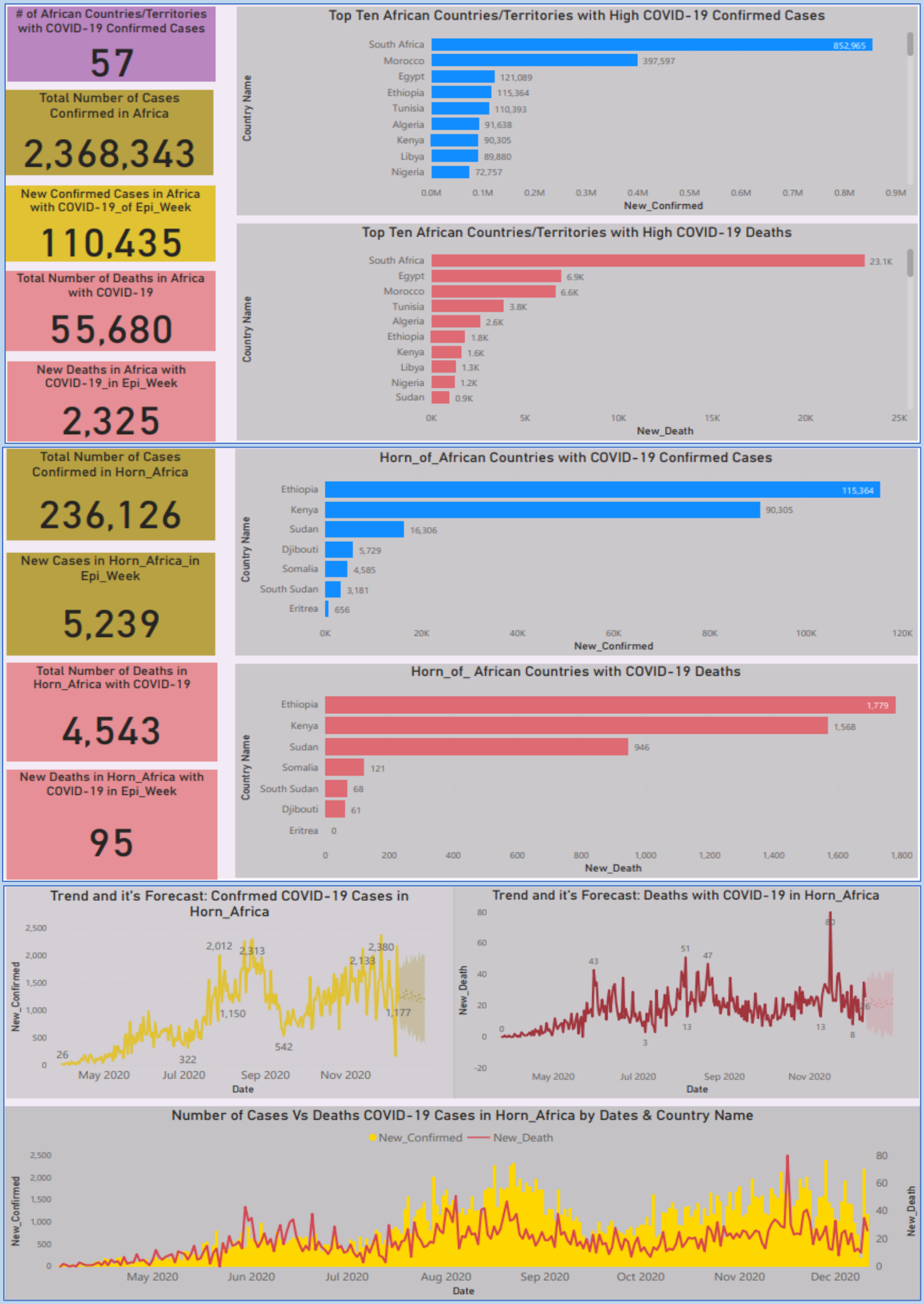


Fig. 2: COVID-19 Situation Update in Africa as of December 13, 2020 (Source: WHO)

National COVID-19 situation

- Three-thousand-four-hundred-seventy-four (3,474) newly confirmed COVID-19 cases (8% decrease compared to that of Epi-Week-49) and 59 COVID-19 related deaths (26% increase compared to that of Epi-Week-49) were reported during the WHO Epi-Week-50.
- As of December 13, a total of 116,769 confirmed COVID-19 cases and 1,806 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-50

Regions	New_Tested	New_Case	New_HF_Admission	New Death	Positivity Rate	Recovery Rate
Addis Ababa	25155	2776	398	34	11.4	28.0
Oromia	3584	516	58	14	15.0	24.0
SNNPR	2763	46	0	1	2.1	94.6
Somali	1451	0	0	0	0.0	30.0
Afar	1310	10	0	0	0.7	44.0
Amhara	903	38	16	6	4.9	53.0
Sidama	609	58	5	1	10.1	74.7
Benshangul	465	9	18	0	2.0	26.9
Harari	175	12	14	2	8.4	28.7
Dire Dawa	152	9	4	1	3.7	35.0
Gambella	0	0	0	0	0.0	60.0
Tigray	0	0	0	0	0.0	76.0
Total	**36567**	**3474**	**513**	**59**	****** 4.9**	****** 47.9**

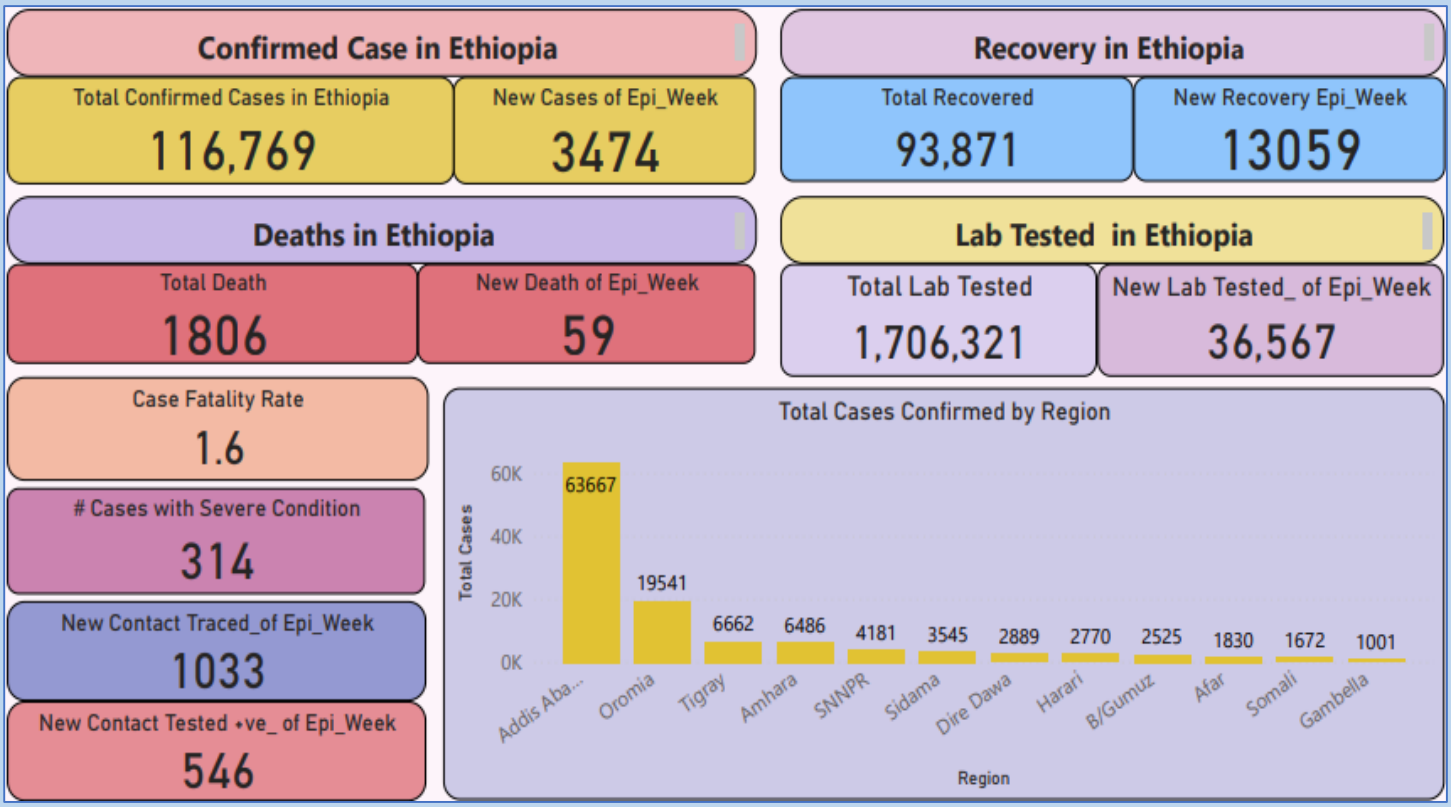


Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of December 13, 2020, Ethiopia

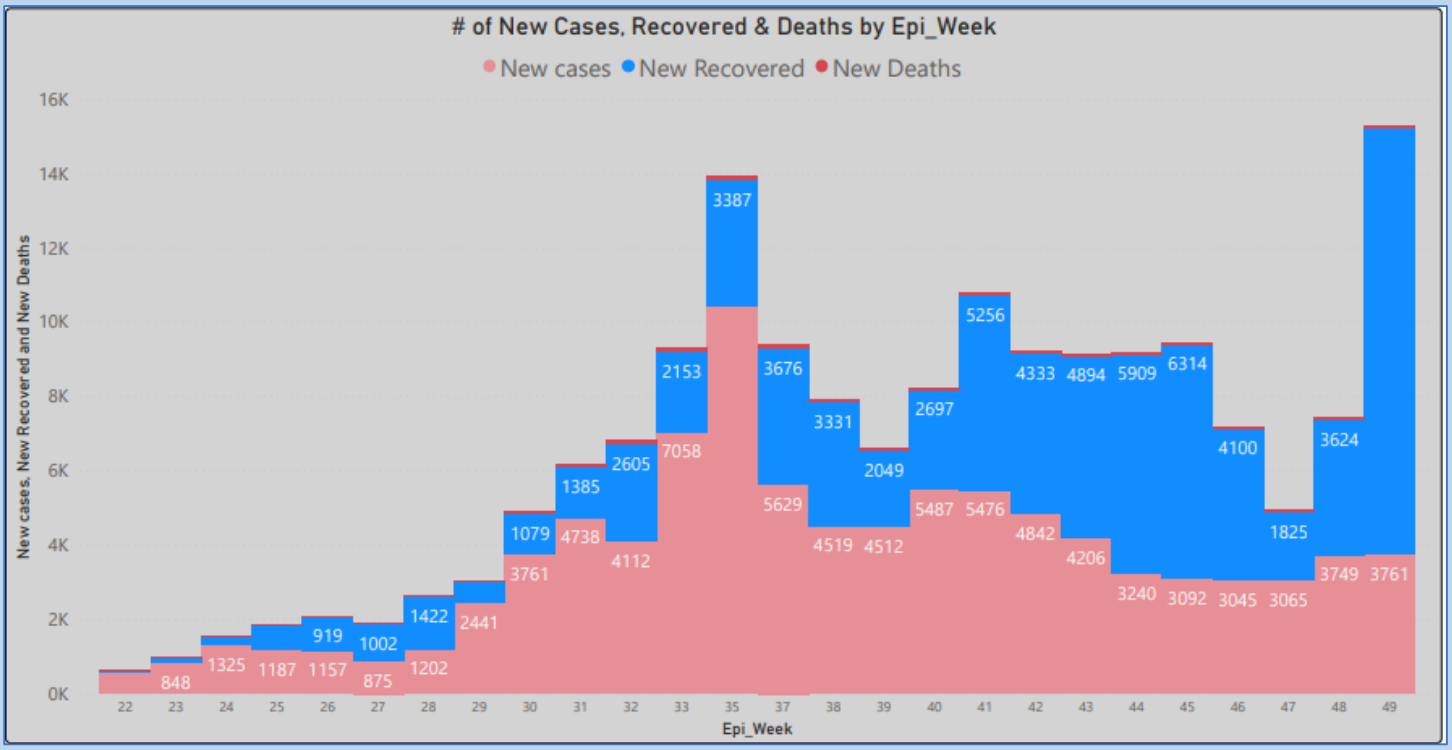


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of December 13, 2020, Ethiopia

Epi-Surveillance and Laboratory Related Activities

There is ongoing travelers' health screening at point of entries (POEs), follow-up of international travelers, 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.

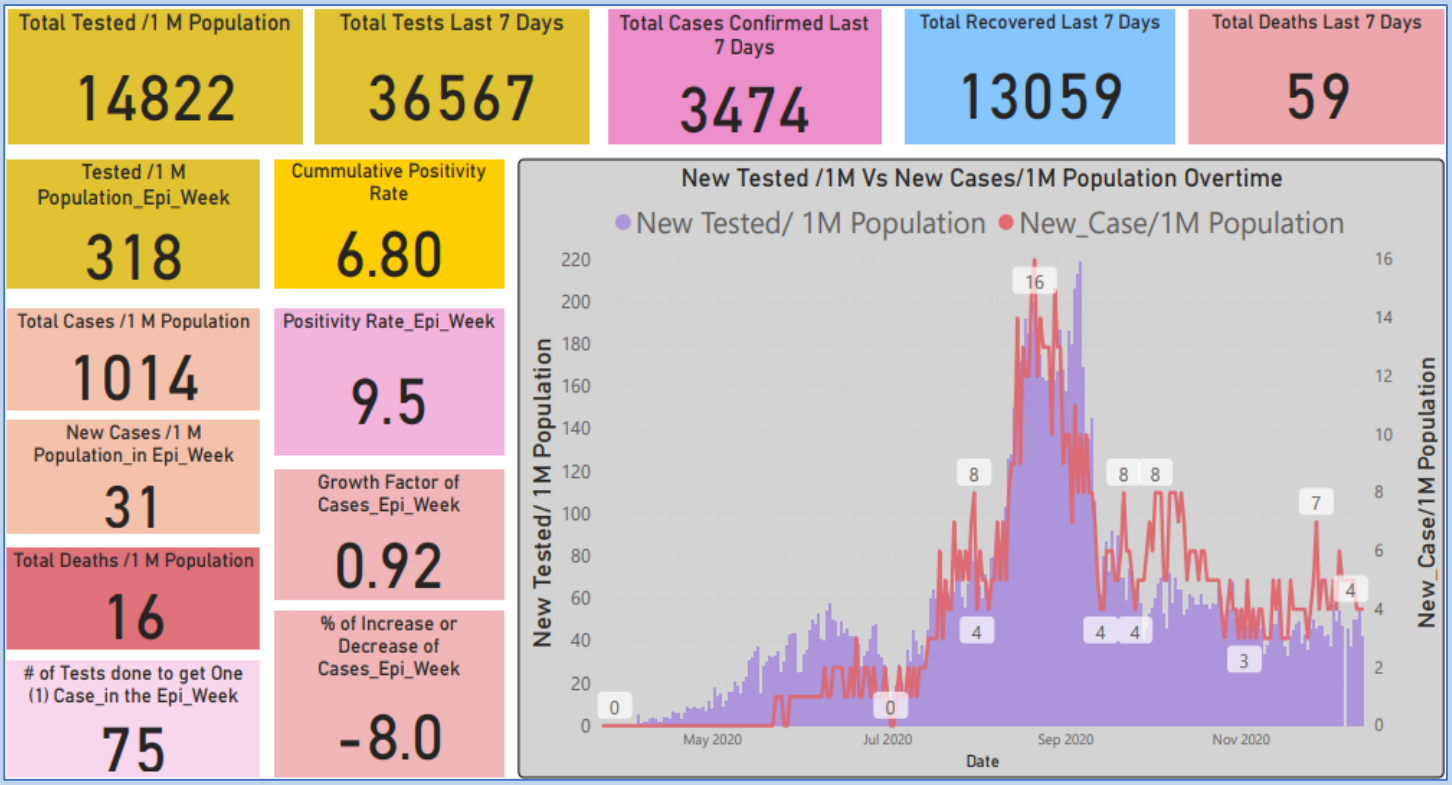


Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of December 13, 2020.

Contact tracing and follow-up:

- As of December 13, 2020:
    - A total of 307,511 contacts of confirmed cases have been identified. Of these, 1,033 contacts were identified in the WHO-Epi-Week-50.
    - Of total contacts, 281,270 (91.47%) have completed 14 days follow-up, while 922 contacts are still on follow-up.
    - 612 (0.20%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 562 (91.83%) have tested positive.
- Overall, 25,090 (8.16%) of the contacts (symptomatic plus asymptomatic) have been tested positive.
- Contacts of the confirmed cases contributed for the 21.46% of the total cases.

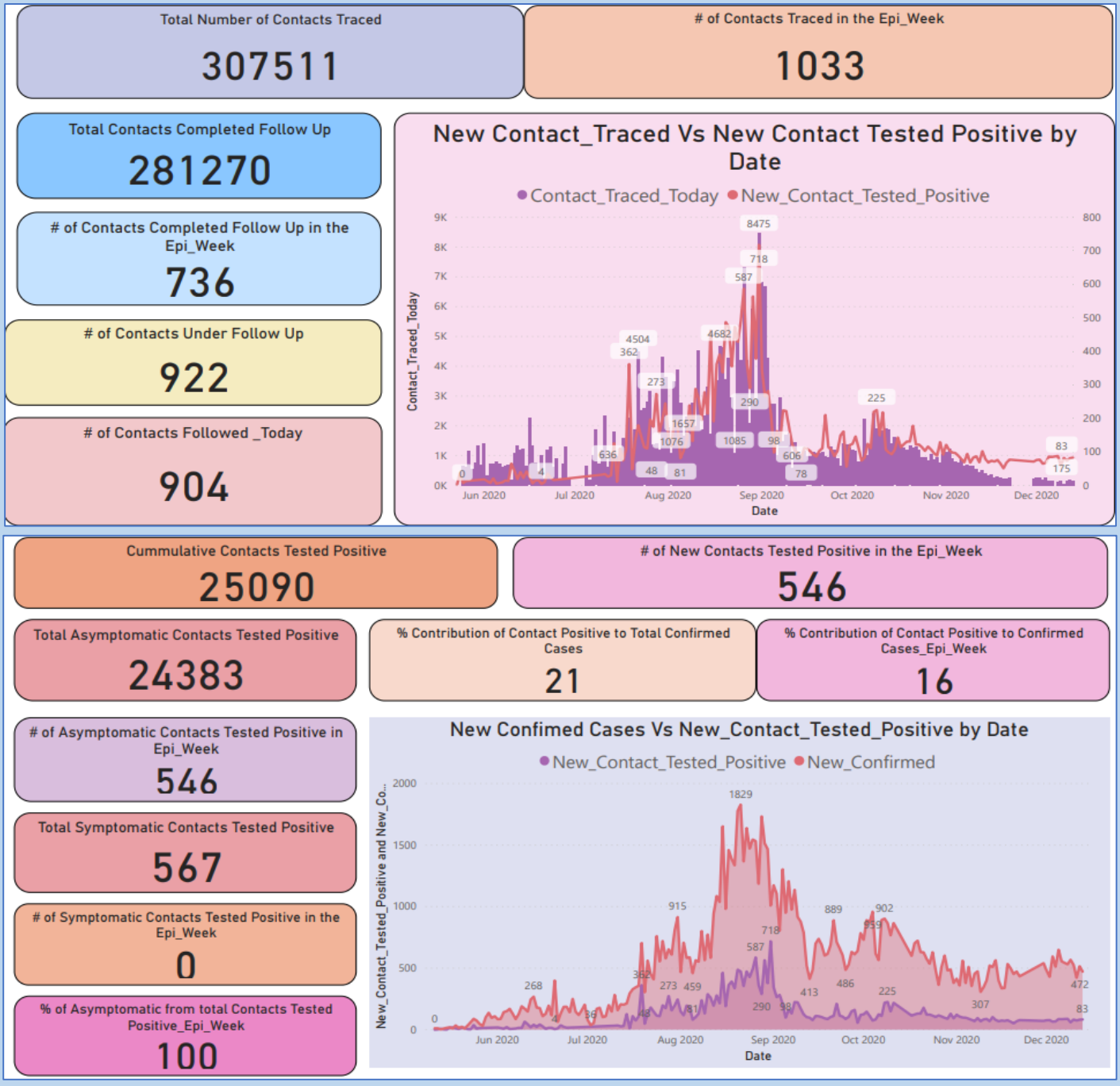


Fig. 6: Summary of COVID-19 contact tracing as of December 13, 2020, Ethiopia.

Rumors collection and verification from all sources

- As of December 13, 2020:
    - 318,339 rumors/alerts have been received and investigated. Of these, 798 rumors were reported in the WHO-Epi-Week-50.
    - 245,639 (77.16%) of the rumors/alerts have fulfilled the suspected case definition.

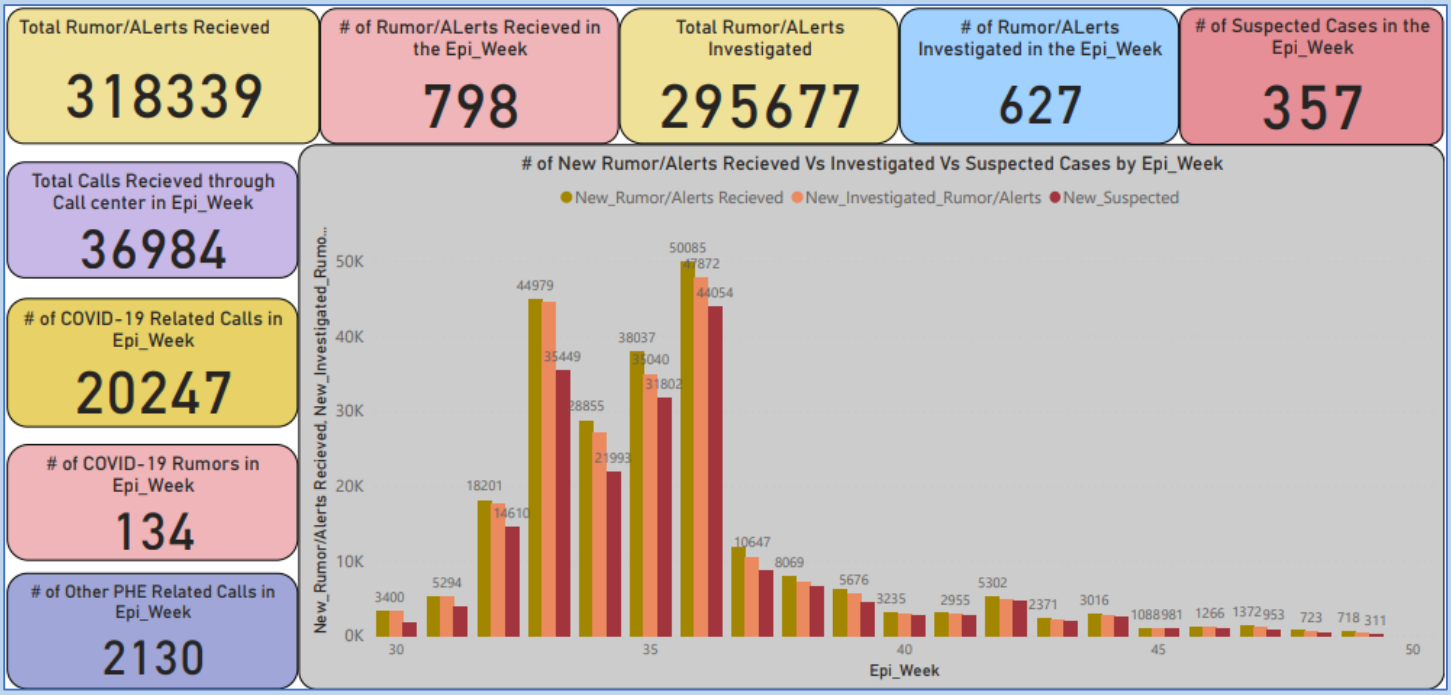


Fig. 7: Summary of COVID-19 rumor/alert investigation as of December 13, 2020, Ethiopia.

Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,443,741 passengers have been screened at the Point of Entries of Ethiopia and 527,268 (36.52%) of them were screened at Bole International Airport.
- Of the total passengers screened, 24,051 were screened for COVID-19 in the Epi-Week-50.
- 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-RCR test result.
- The total number of population quarantined since March 23 to October 3, 2020 was 69,383.

Laboratory related activities

- As of 13 December 2020, a total of 1,706,321 samples have been tested for COVID-19 by laboratories across the country.
- 36,567 laboratory tests were processed during the WHO Epi-Week-50, which is a 3.37% decrease compared to that of Epi-Week-49.
- The laboratory test positivity rate for the WHO-Epi-Week-50 is 9.50%, which is a bit lower than the preceding week (9.94%).
- The overall positivity rate for the laboratory test since the occurrence of the disease in the country is 6.84%.

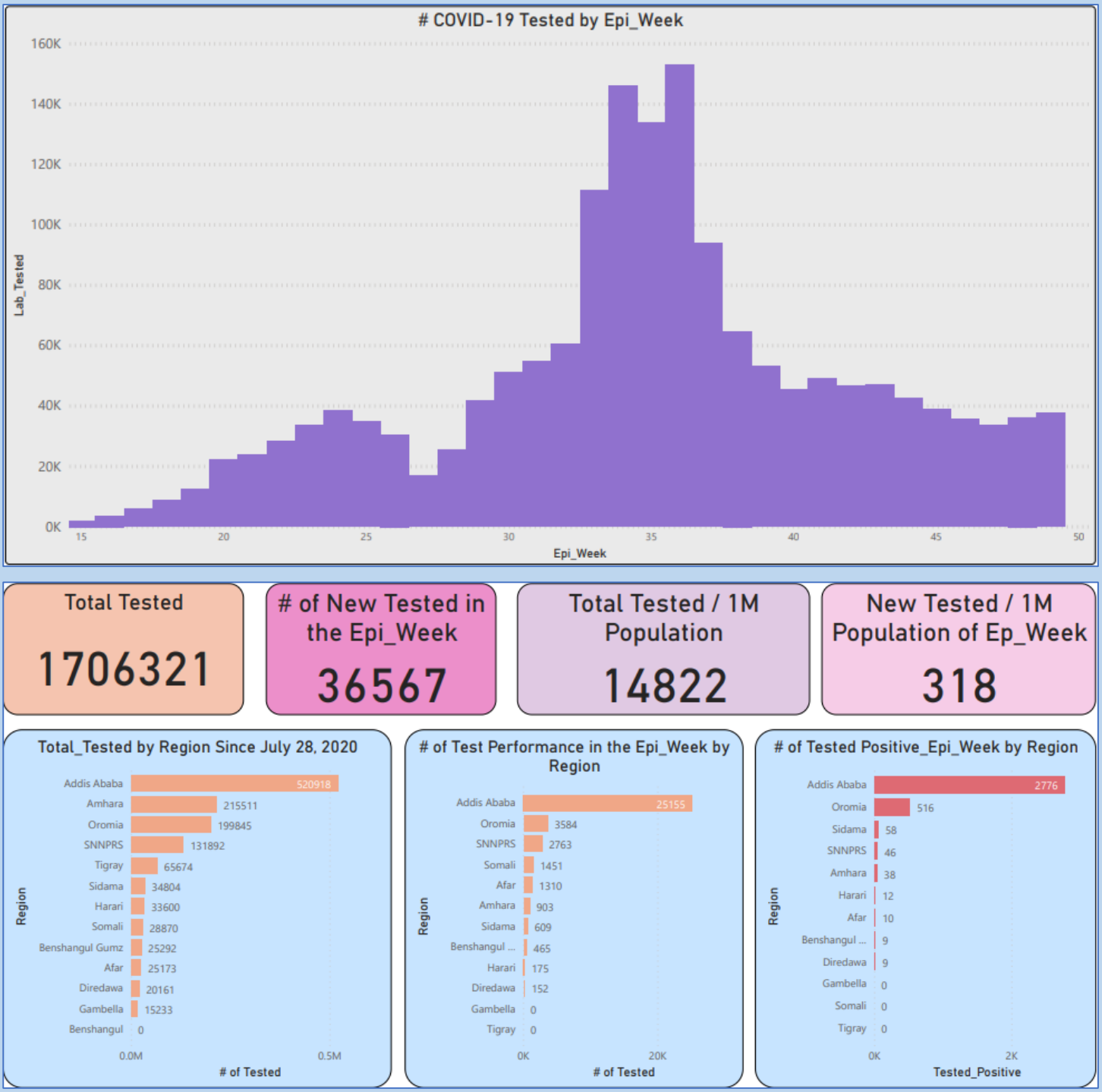


Fig. 8: Summary of COVID-19 laboratory testing as of December 13, 2020, Ethiopia.

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 Minster, is being conducted to oversee and guide the response efforts.

- The Ethiopian Institute of Public Health, in collaboration with the National Animal Health Diagnostic and Investigation Center (NAHDIC) in the presence of state ministers from Ministry of Health and Ministry of Agriculture and Director General and Deputy Directors of the institute, conducted a consultation workshop at Sebeta Town on December 12, 2020. The workshop was intended to put a way forward to conduct researches on traditional medicines for COVID-19 and others through a One Health approach. It was stated that coordination of research institutes is crucial to effectively prevent and control COVID-19 and similar diseases.

Fig. 9: Consultation workshop on collaboration for research on traditional medicines for COVID-19 and other diseases, December 12, 2020, Sebeta, Ethiopia

- Her Excellency Dr. Lia Tadesse (Minister, Ministry of Health) said in a press statement that attention should be given to the prevention and control of the COVID-19 pandemic.

Fig. 10: COVID-19 press statement by the Minister, Ministry of Health, December 10, 2020

- State Party Self-Assessment Annual Reporting (SPAR) for 2020 International Health Regulation (IHR) Report has been conducted. The Ethiopian Public Health Institute (EPHI) along with the World Health Organization (WHO) and other stakeholder ministries and authorities compiled the 2020 International Health Regulation (IHR) report on the Workshop held in Adama from November 08-10, 2020. On the day, detailed presentation on the COVID-19 pandemic response and the lessons learned was presented.

Fig. 11: State Party Self-Assessment Annual Reporting (SPAR) Workshop, November 08-10, 2020, Adama, Ethiopia.

V. Case Management and Facility Readiness

- As of December 13, 2020:
    - Nationally, there are a total 23,716 beds in the COVID-19 treatment centers; out of which 1,052 are Intensive Care Unit beds.
    - A total of 24,517 suspected COVID-19 cases are admitted to isolation centers. Of these, 268 suspected cases are admitted in the Epi-Week-50.
    - 21,742 (87 in the Epi-Week-50) initially suspected cases are discharged after laboratory test became negative.
- Among the currently existing COVID-19 cases, there are 386 patients in severe clinical condition.

Home Based Isolation and Care (HBIC):

- So far, 57,766 COVID-19 confirmed cases have been on HBIC. Of them 52,195 (90.36%), have recovered and seven (0.012%) died.
- Of these, 12,157 cases have been enrolled to HBIC and 12,604 cases have recovered one died on the WHO-Epi-Week-50.
- As of December 13, 2020, there are 5,717 cases on HBIC.
- So far, 462 of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 309 (12 of them in Epi-Week-50) of the cases have been transferred from HBIC to treatment centers for better care.

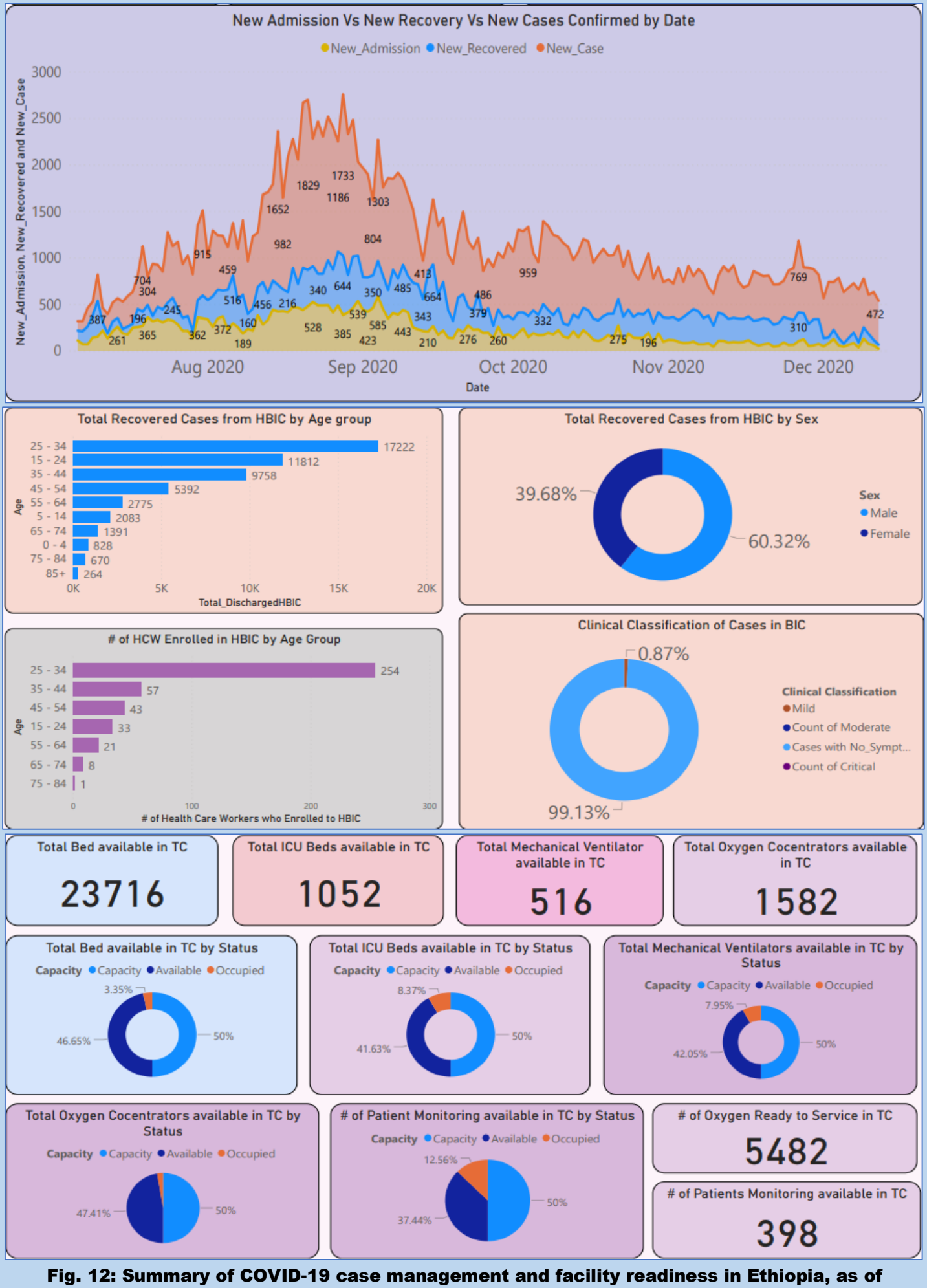
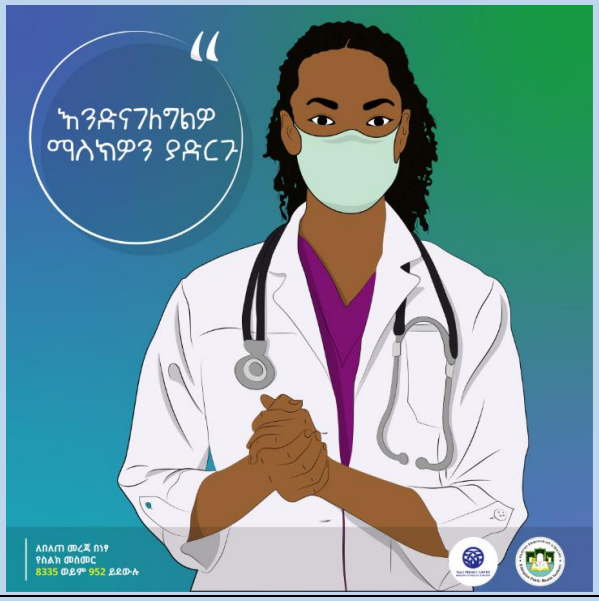


Fig. 12: Summary of COVID-19 case management and facility readiness in Ethiopia, as of December 13, 2020.

VI. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- One SMS text message on face mask was disseminated for mobile users.
- Dissemination of audio & video messages on different TV and radio media houses were monitored according to the developed schedule.
- Routine follow up and technical support was provided for regional RCCE team and graphic designers.
- Ten final audio messages were broadcasted on six different radio stations namely Fana 98.1, FM 97.1, Bisrat, National radio, Sheger & Ethio FM and seven video messages were broadcasted on five different TV stations, Fana BC, Afrihealth, EBS, Walta, Asham as well as the remaining our four video messages (3 spots and 1 documentary) were sent for 7 TV station for broadcasting.
- COVID-19 related key messages and updates shared on social media.



VII. Logistic and Supplies

- There is ongoing distribution of PPE, Viral Transport Media (VTM), swabs, pharmaceuticals and other medical supplies to isolation and treatment centers.
- Weekly stock status analysis report (Stock on hand, procurement, stock on pipeline, distribution update) was performed by incorporating the regional stock reports and laboratory commodity procurement was followed and monitored.

VIII. Training and Orientation

- Training provided for youth volunteers and community platforms on COVID-19 prevention at SNNPR.
- School reopening training provided for 47 regional education bureau special need focal at Bishoftu town.
- COVID-19 response quality Improvement training provided for 20 regional Health bureau Health professionals at Hawassa city.
- Work place orientation workshop in COVID-19 response was conducted for federal ministries on directives 30 and action plan developed.

Fig. 13: Orientation on COVID-19 new directive for staff from federal ministries, December 08, 2020

- Two days training on stress management for COVID-19 Health Work Force working at EPHI provided at Bishoftu.

Fig. 14: Stress management training for COVID-19 HWF working at EPHI, December 12-13, 2020, Bishoftu, Ethiopia

IX. Challenges and Way Forward

Challenges

- Weak public adherence to the public health and social preventive measures
- Shortage of case management facilities for the critical cases.
- Increasing number of COVID-19 cases in congregated settings.
- Increasing number of cases being detected in the community.
- Happenings of super spreading events-Mass gatherings with poor physical distancing and facemask use which exacerbates the spread of COVID-19.
- Low stock status of personal protective equipment.

Way Forward

- Intensify risk communication and community engagement activities.
- Strengthened collaboration and coordination with key stakeholders and partners.
- Advocate and 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.
- 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.
- 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.

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MINISTRY OF HEALTH-ETHIOPIA

COVID 19 Sample collection site and Sample collectors

S.No	COVID 19 Sample collection site	Sample collector team leader	Remark
1	Kirkos Sub City, Kasanchis Health Center	T1 (Dawit: 0911739640)	
2	Kirkos Sub City, Hiwot Amba Health Center	T15 (Achenef: 0948803472)	
3	Kirkos subcity, Meshualekia health center	T7 (Henok: 0928503308)	
4	Yeka Sub City, Yeka Health Center	T14 (Dr.Yotor: 0929480120)	
5	Yeka Sub City, Entoto Num2 Health Center	T20 (Worku: 0910199986)	
6	Yeka Sub City, Hidase Health Center	T2 (Tofik: 0910700220)	
7	Kolfe Sub City, Alem Bank Health Center	T6 (Kifle: 0939176982)	
8	Kolfe Sub City, Woreda 3 Health Center	T9 (Aminat: 0913926385)	
9	Bole Sub City, Dilfre Health Center	T8 (Dr.Newal: 0944166985)	
10	Bole Sub City, Amoraw Health Center	T18(Tsegaye: 09155300030	
11	Bole Sub City, Bulbula Health Center	T10 (Yisak: 0912421414)	
12	Gulele Sub City, Shegole Health Center	T13 (Tagay: 0917950772)	
13	Gulele Sub City, Addisu Gebeya Health Center	T4 (Dr. Tsion: 0912863892)	
14	Arada Sub City, Arada Health Center	T12 (Yimiserach: 0922857156)	
15	Arada Sub City, Afenchober Health Center	T21 (Dawit B: 0912069506)	
16	Addis Ketema Sub City, Ginbot 20 Health Center	T16 (Sultan: 0913335940)	
17	Addiss Ketma Subcity, Mesalemiya Health Center	T19 (Habtamu: 0920500792)	
18	Lideta Sub City, Teklehayimnot Health Center	T17 (Dr.Ashenafi: 0913669296)	
19	Akaki Kality Sub City, Akaki Health Center	T22 (Dr.Liya: 0924143875)	
20	Nifassilk Sub City, Woreda11 Health Center	T23 (Beza: 0912992576)	
21	Federal organization/institution Requisite from EOC order	T3(Dr. Molawork:0912906933)	
22	ABET Hospital	Hana(0912128745)	
23	Minilik Hospital	Dr.Alef(0910820385)	
24	Entoto Fana Health Center	Mihretu(0922115484)	
25	Hidassie Health Center	Dr Eden(0911048627)	
26	St Paul Hospital	Ayana(0913281164)	
27	EPHI(Ethiopian public health institute)	Alfiya(0924908932)	
28	Yekatit 12 Hospital	Meti(0938936024)	
29	Ras Desta Hospital	Dr Liwam(0912642887)	
30	Zewditu Hospital	Dr Meron(0921300452)	
31	Tirunesh Beljing Hospital	Miressa(0929954537)	
32	Ghandi Hospital	Dr.Feven(0920221706)	
33	Special Population:	Dejene(0921103354)	
34	Special Population:	Endalkachew(0913186148)	

NB: If there is any COVID19 suspected individuals or anyone who want to know his COVID19 status it is better to link him in these selected health facilities

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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/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
Efficacy of Tocilizumab in Patients Hospitalized with Covid-19. https://www.nejm.org/doi/full/10.1056/NEJMoa2028836	• A randomized, double-blind, placebo-controlled trial was performed involving patients with confirmed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection, hyperinflammatory states, and at least two of the following signs: fever (body temperature >38°C), pulmonary infiltrates, or the need for supplemental oxygen in order to maintain an oxygen saturation greater than 92%. • 243 patients; 141 (58%) men and 102 (42%) women were enrolled in the study. • Tocilizumab was not effective for preventing intubation or death in moderately ill hospitalized patients with Covid-19.

The dynamics of humoral immune responses following SARS-CoV-2 infection and the potential for reinfection. https://www.microbiologyresearch.org/content/journal/jgv/10.1099/jgv.0.001439	• In this paper what is known about the human humoral immune response to epidemic SARS CoV and MERS CoV and to the seasonal, endemic coronaviruses were reviewed. • Then the recent, mostly non-peer reviewed, studies into SARS-CoV-2 serology and reinfection in humans and non-human primates were summarized. • Most people infected with SARS-CoV-2 display an antibody response between 10 and 14 days after infection. • In some mild cases, detection of antibodies requires a long time after symptoms, and in a small number of cases, antibodies are not detected at all, at least during the time scale of the reported studies.
SARS-CoV-2 infection and transmission in educational settings: a prospective, cross-sectional analysis of infection clusters and outbreaks in England. https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30882-3/fulltext	• In this prospective, cross-sectional analysis, Public Health England initiated enhanced national surveillance in educational settings in England that had reopened after the first national lockdown, from June 1 to July 17, 2020. • SARS-CoV-2 infections and outbreaks were uncommon in educational settings during the summer half-term in England. • The strong association with regional COVID-19 incidence emphasises the importance of controlling community transmission to protect educational settings. • Interventions should focus on reducing transmission in and among staff.
Effect of internationally imported cases on internal spread of COVID-19: a mathematical modelling study. https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30263-2/fulltext	• The ratio of expected COVID-19 cases from international travel (assuming no travel restrictions) to expected cases arising from internal spread on an average day in May and September, 2020, in each country was calculated to inform decisions about international travel restrictions. • Stringent travel restrictions might have little impact on epidemic dynamics except in countries with low COVID-19 incidence and large numbers of arrivals from other countries, or where epidemics are close to tipping points for exponential growth. • Countries should consider local COVID-19 incidence, local epidemic growth, and travel volumes before implementing such restrictions.
Repurposed Antiviral Drugs for Covid-19 — Interim WHO Solidarity Trial Results. https://www.nejm.org/doi/full/10.1056/NEJMoa2023184	• Inpatients with Covid-19 were randomly assigned equally between one of the trial drug regimens that was locally available and open control (up to five options, four active and the local standard of care). • At 405 hospitals in 30 countries, 11,330 adults underwent randomization; 2750 were assigned to receive remdesivir, 954 to hydroxychloroquine, 1411 to lopinavir (without interferon), 2063 to interferon (including 651 to interferon plus lopinavir), and 4088 to no trial drug. • Remdesivir, hydroxychloroquine, lopinavir, and interferon regimens had little or no effect on hospitalized patients with Covid-19, as indicated by overall mortality, initiation of ventilation, and duration of hospital stay.
Saliva is a Promising Alternative Specimen for the Detection of SARS-CoV-2 in Children and Adults. https://jcm.asm.org/content/early/2020/11/24/JCM.02686-20	• The simple and painless process of saliva collection allows for widespread testing, but enthusiasm is hampered by variable performance compared to nasopharyngeal swab (NPS) samples. • Collected paired NPS and saliva samples were collected from a total of 300 unique adult and pediatric patients. • Performance of saliva and NPS were compared against the total number of positives regardless of specimen type.

	• The overall concordance for saliva and NPS was 91.0% (273/300) and 94.7% (284/300), respectively. • With lower cost and self-collection capabilities, saliva can be an appropriate alternative sample choice to NPS for detection of SARS-CoV-2 in children and adults.
Evaluating Ten Commercially-Available SARS-CoV-2 Rapid Serological Tests Using the STARD (Standards for Reporting of Diagnostic Accuracy Studies) Method. https://jcm.asm.org/content/early/2020/11/24/JCM.02342-20	• In this study, 10 commercially-available SARS-CoV-2 rapid serological tests were evaluated and compared using the STARD methodology (Standards for Reporting of Diagnostic Accuracy Studies). • Overall, the performances between tests varied greatly, with only a third meeting acceptable specificity and sensitivity thresholds. • Knowing the analytical performance of these tests will allow clinicians and most importantly laboratorians to use them with more confidence, could help determine the general population's immunological status, and may help to diagnose some patients with false-negative RT-PCR results.

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

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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