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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- 05 (February 01 – 07, 2021)

BULLETIN Nº: 41

Issue Date: February 18, 2021

# I. HIGHLIGHTS

- The total number of laboratory samples tested for COVID-19 in Ethiopia surpassed 2 million.
- A total of 41,760 laboratory samples were tested in the WHO-Epi-Week-05.
- The laboratory test positivity rate for the WHO-Epi-Week-05 is 11.23%, which is higher than that of the preceding week (9.05%).
- A total of 4,688 new confirmed COVID-19 cases and 55 COVID-19 related deaths were reported during the WHO Epi-Week-05 bringing the total cases and death to 142,338 and 2,148 respectively.
- A total of 87,496 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 2,716 of these are enrolled in the WHO-Epi-Week-05.
- Out of a total of 319,005 contacts of COVID-19 confirmed cases, 1,362 contacts were identified during the WHO Epi-week-05.
- The national "No Mask No Service" has officially been started in schools.



"No Mask No Service" in Menelik II Preparatory School, Feb. 02, 2021, Addis Ababa, Ethiopia.

## 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.

# **II. EPIDEMIOLOGICAL SITUATION**

### **Global Situation**

- Between December 31, 2019 and February 07, 2021, COVID-19 pandemic affected 235 countries/territories causing 103,910,714 cases and 2,287,112 deaths (CFR=2.22%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 3,075,689 cases and 87,456 deaths were reported during the WHO Epi-Week-05 of the year 2021.
- The United States of America (USA) reported the highest number of cases (24,980,028) with CFR of 1.83% followed by India (10,690,713) cases) with a CFR of 1.45%.
- In Africa, 57 countries/territories have reported COVID-19 cases.
- As of February 07, 2021, a total of 3,674,954 cases and 94,649 deaths were reported across the continent (CFR=2.58%). Of these 107,251 cases and 4,297 deaths were reported during the WHO-Epi-Week-05.
- In Africa, South Africa reported the highest number of cases (1,473,700) with CFR of 3.13% followed by Morocco (474,966 cases) with a CFR of 1.76%.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.

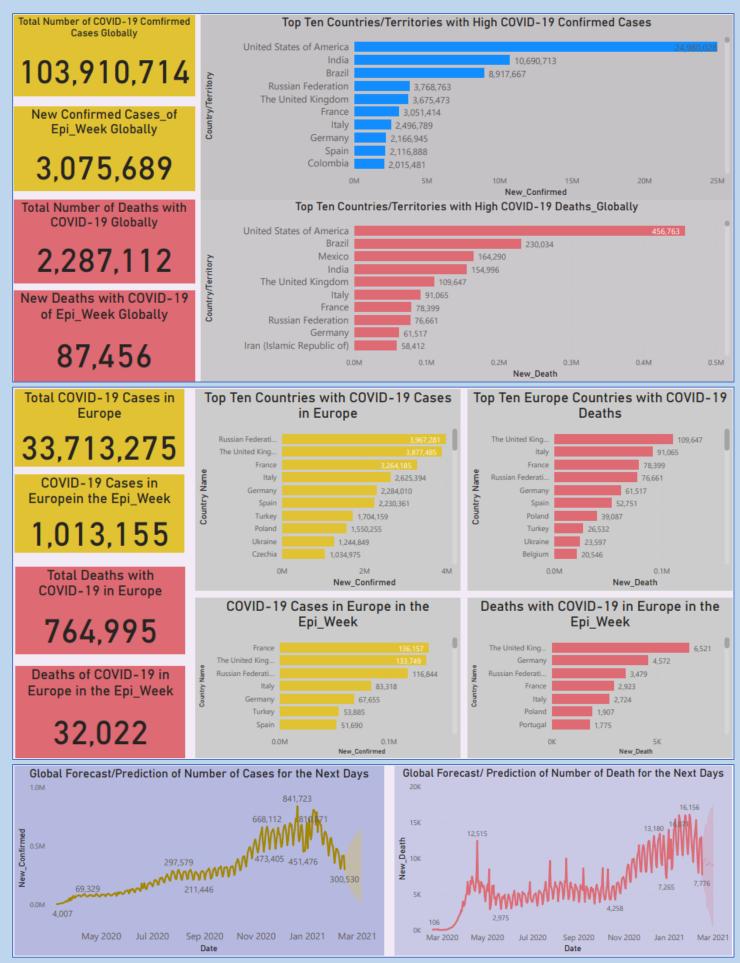


Fig. 1: COVID-19 Global Situation Update as of February 07, 2021 (Source: WHO)

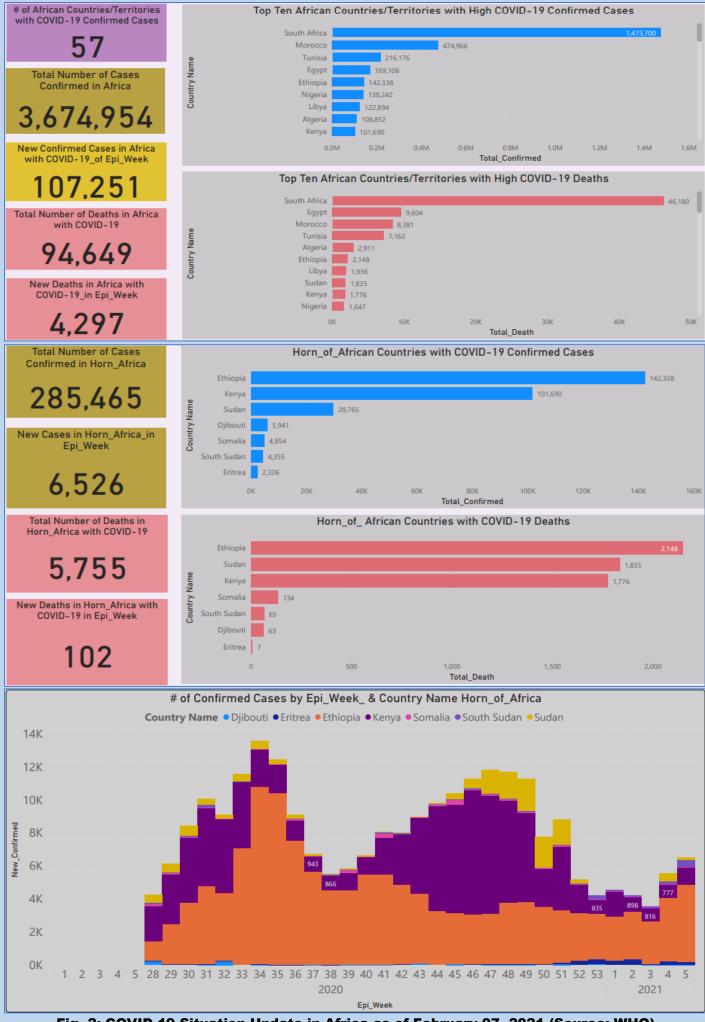


Fig. 2: COVID-19 Situation Update in Africa as of February 07, 2021 (Source: WHO)

## **National COVID-19 situation:**

- Four-thousand-six-hundred-eighty-eight (4,688) newly confirmed COVID-19 cases (21% increase compared to that of Epi-Week-04) and 55 COVID-19 related deaths (100% increase compared to that of Epi-Week-04) were reported during the WHO Epi-Week-05.
- As of February 07, 2021, a total of 142,338 confirmed COVID-19 cases and 2,148 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-05 of 2021

Regions	New_Tested	New_Case	New_HF_Admission	New_Deaths	Positivity Rate	# of Recovery
Addis Ababa	33122	3833	669	44	11.6	2452
Oromia	3242	680	50	7	20.6	128
SNNPR	1535	39	4	1	2.7	62
Afar	1171	10	0	0	0.9	36
Sidama	918	46	13	1	4.3	36
Amhara	831	53	10	0	8.3	4
Benshangul	365	0	0	0	0.0	8
Harari	253	18	4	2	6.6	6
Dire Dawa	145	7	0	0	3.1	25
Somali	96	2	1	0	0.3	0
Gambella	82	0	0	0	0.0	0
Tigray	0	0	0	0	0.0	0
Total	41760	4688	751	55	4.9	2757
**** Positivity Rate is the Weighted Averages of Regional Distributions of Rates						
Confirmed Case in Ethiopia					overy in Ethioni	

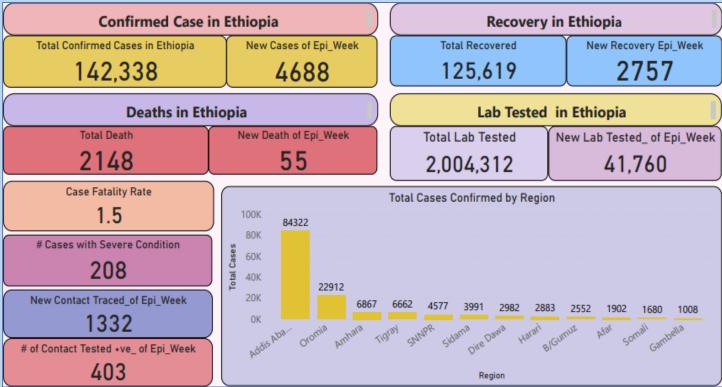


Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of February 07, 2021, Ethiopia

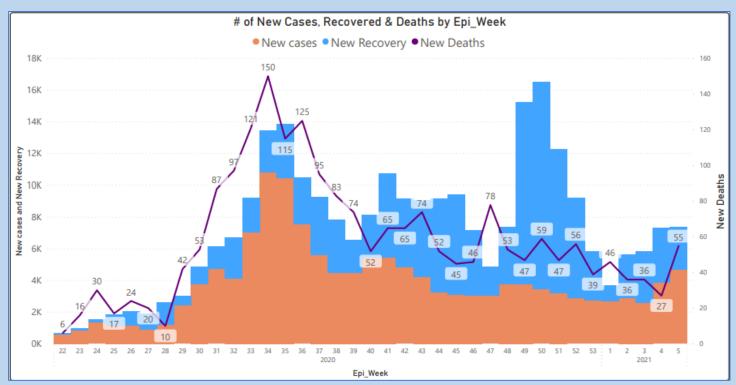


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of February 07, 2021, Ethiopia

## **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, surveillance and assessment in school and congregated setting communities.

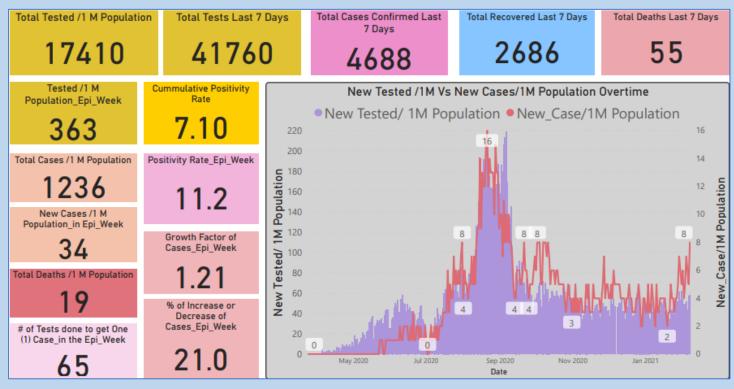


Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of February 07, 2021.

#### Contact tracing and follow-up:

- As of February 07, 2021:
  - A total of 319,005 contacts of confirmed cases have been identified. Of these, 1,362 contacts were identified in the WHO-Epi-Week-05.
  - Of total contacts, 290,612 (91.09%) have completed 14 days follow-up, while 1,102 contacts are still on follow-up.
  - 716 (0.23%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 566 (79.05%) have tested positive.
- Overall, 27,716 (8.68%) of the contacts (symptomatic plus asymptomatic) have been tested positive.
- Contacts of the confirmed cases contributed for the 19.49% of the total cases.

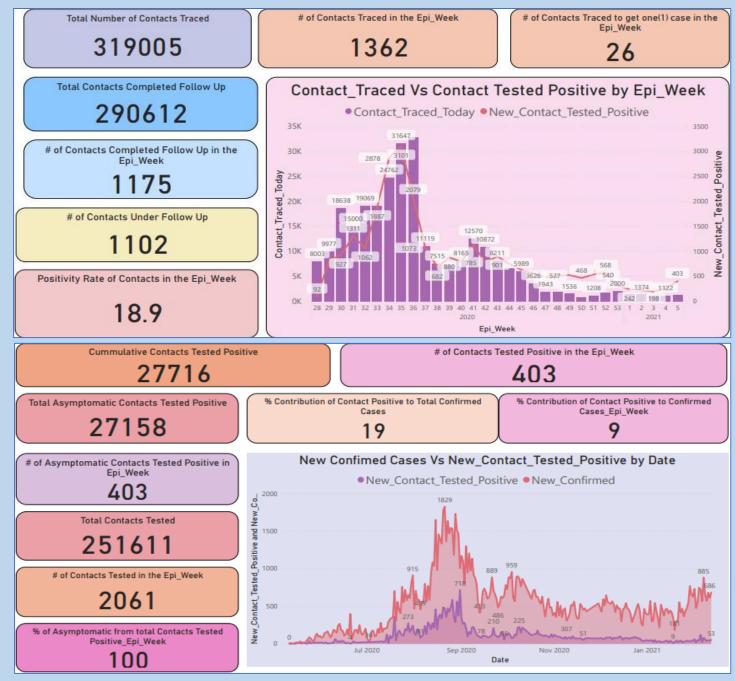
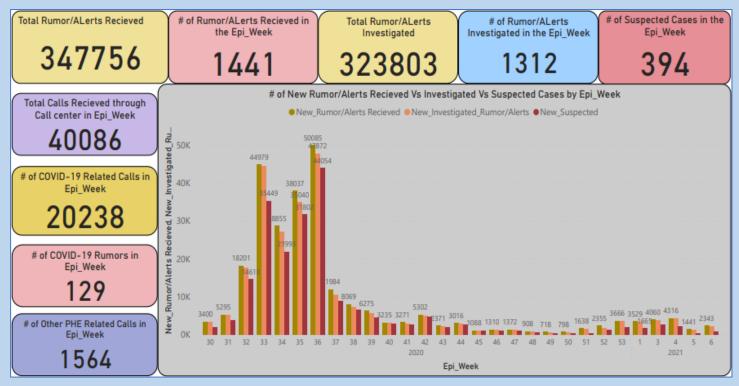


Fig. 6: Summary of COVID-19 contact tracing as of February 07, 2021, Ethiopia.

#### Rumors collection and verification from all sources

- As of February 07, 2021:
  - 347,756 rumors/alerts have been received and investigated. Of these, 1,441 rumors were reported in the WHO-Epi-Week-05.
  - o 262,385 (75.45%) of the rumors/alerts have fulfilled the suspected case definition.



#### Fig. 7: Summary of COVID-19 rumor/alert investigation as of February 07, 2021, Ethiopia.

#### Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,663,163 passengers have been screened at the Point of Entries of Ethiopia and 599,997 (36.07%) of them were screened at Bole International Airport.
- Of the total passengers screened, 30,112 were screened for COVID-19 in the Epi-Week-05.
- As of February 07, 2021, among the passengers coming with COVID-19 PCR test result certificates, 194,166 passengers had PCR negative certificates while 38 passengers with PCR positive certificates were identified during health screening. Sixty one (61) SARS-COV-2 positive cases have been detected after arrival laboratory test.



#### Fig. 8: Summary of Passengers screening for COVID-19 as of February 07, 2021, Ethiopia.

#### Laboratory related activities

- The total number of laboratory samples tested for COVID-19 in Ethiopia surpassed 2 million.
- As of 07 February 2021, a total of 2,004,312 samples have been tested for COVID-19 by laboratories across the country.
- 41,760 laboratory tests were processed during the WHO Epi-Week-05.
- The laboratory test positivity rate for the WHO-Epi-Week-05 is 11.23%, which is higher than that of the preceding week (9.05%).
- The overall positivity rate for the laboratory test since the occurrence of the disease in the country is 7.10%.

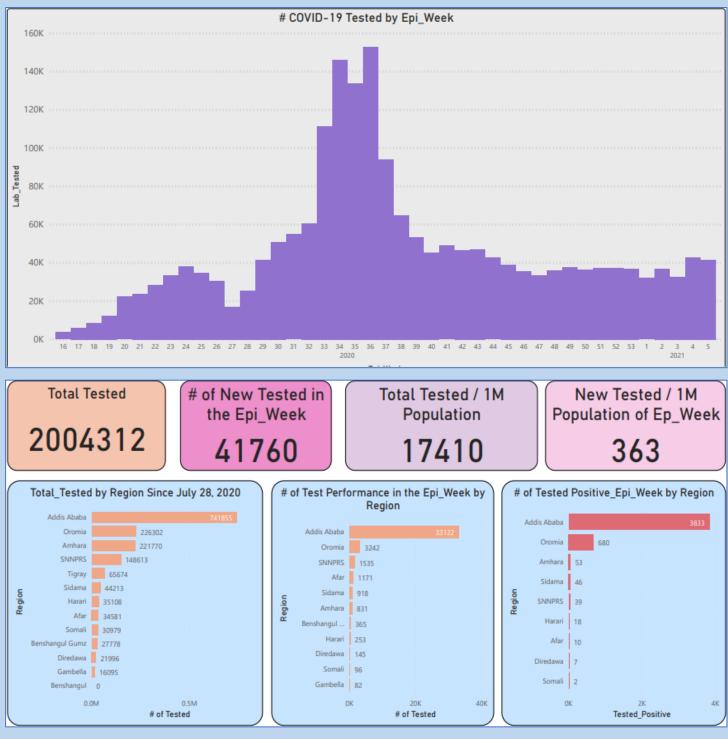


Fig. 9: Summary of COVID-19 laboratory testing as of February 07, 2021, Ethiopia.

## II. 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.
- Weekly leadership and strategic virtual meeting, chaired by the H.E MOH Minster, is being conducted to oversee and guide the response efforts.

The national "No Mask No Service" has officially been started in schools on February 02, 2021. The national
 "No Mask No Service" has been officially launched in schools under the motto "I will use face mask to keep
 the learning process going." The movement was organized by the Ministry of Education in collaboration with
 the Ministry of Health, the Ethiopian Public Health Institute, and the Addis Ababa City Administration
 Education Bureau. Leaders and experts from the Ministry of Education, the Ministry of Health, the Ethiopian
 Public Health Institute and the Addis Ababa Education Bureau officially launched the program at Menelik II
 Preparatory School. It is stated that the movement will be implemented in all schools nationwide.

## **IV. Case Management and Facility Readiness**

- There were total of 19,395 newly recovered COVID-19 cases during the WHO Epi-Week-05, bringing the total number of recovered cases to 122,843.
- As of February 07, 2021, 22,663 (33 in the Epi-Week-05) initially suspected cases are discharged after laboratory test became negative.
- Among the currently existing COVID-19 cases, there are 208 patients in severe clinical condition.

#### Home Based Isolation and Care (HBIC):

- So far, 87,496 COVID-19 confirmed cases have been on HBIC. Of them 81,291 (92.91%), have recovered and 12 (0.014%) died.
- Of these, 2,716 cases have been enrolled to HBIC and 2,083 cases have recovered and one case died in the WHO-Epi-Week-05.
- As of February 07, 2021, there are 6,784 cases on HBIC.
- So far, 964 (218 of them in the Epi-Week-05) of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 373 of the cases have been transferred from HBIC to treatment centers for better care.

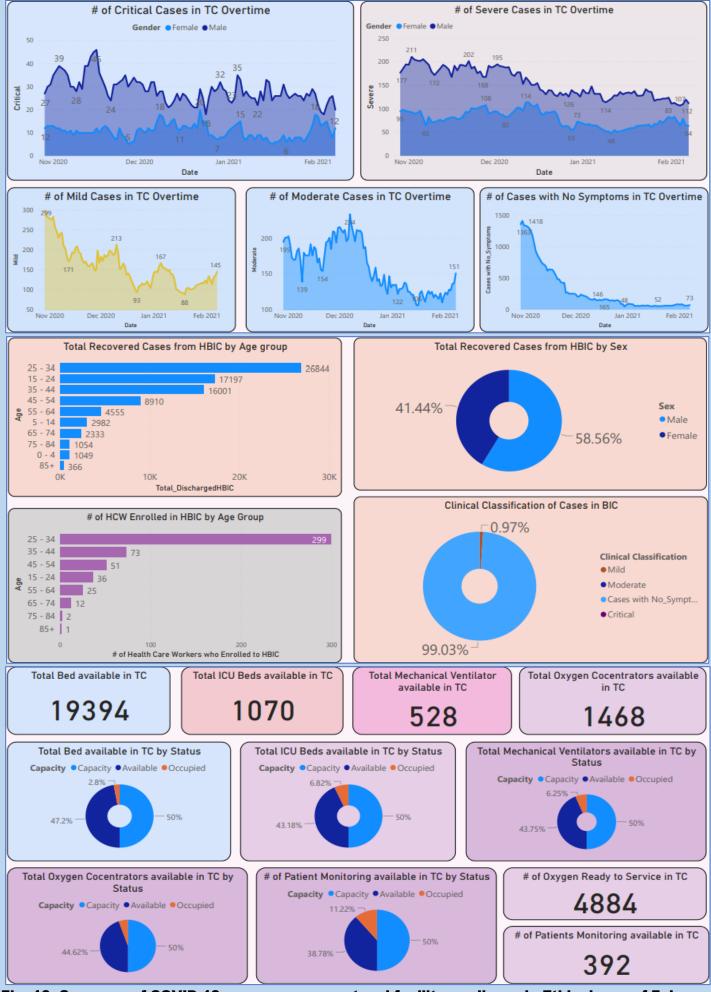


Fig. 10: Summary of COVID-19 case management and facility readiness in Ethiopia, as of February 07, 2021.

## V. 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 and updates shared on social media.



## **VI. 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.
- PPE, COVID-19 commodities and items which were included in the 10th round distribution were sent to all
  regions according to the break down and regions have received the PPE allocated for them. During the follow
  up 100% arrival of COVID-19 items distribution to allocated sites and facilities, it is ensured that all facilities
  have received their breakdown/allocation.
- EPHI store was refilled with 6,000 biohazard bag, 1,000 coveralls, 25,996 medical facemask, VTM and swab 50,000 kit by onetime refilling during the reporting period.

## VII. 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.
- Weak public adherence to the public health and social preventive measures.
- Increasing number of cases being detected in the community.
- Decreased leadership engagement and reluctant sub-national structure to sustain the pandemic response coordination.
- Low stock status of personal protective equipment is still a problem.

## 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 other essential health services besides COVID-19.

# VIII. COVID-19 Related News:

 After a 12-day visit, a World Health Organization mission to Wuhan appeared no closer Tuesday to solving the mystery of the pandemic's origins, reiterating that the coronavirus likely spread to humans from an animal and casting doubt on theories it leaked from a lab.: <u>https://www.washingtonpost.com/world/asia\_pacific/coronavirus-who-china-investigation-</u>

wuhan/2021/02/09/2af3c44c-6a79-11eb-a66e-e27046e9e898\_story.html

- 'Australian Beef' May be the Source of Covid-19, Not Wuhan Wet-Food Market, WHO Team Finds: <u>https://www.washingtonpost.com/world/asia\_pacific/coronavirus-who-china-investigation-</u> <u>wuhan/2021/02/09/2af3c44c-6a79-11eb-a66e-e27046e9e898\_story.html</u>
- 'Major stones unturned': COVID origin search must continue after WHO report, say scientists: <u>https://www.nature.com/articles/d41586-021-00375-7</u>
- One year of COVID-19: Vaccines bring hope, but Africa must be included. There are three main reasons the world must ensure Africa is not forgotten:
  - First is the humanitarian imperative: Every life is important.
  - Second is the epidemiological argument: Pockets of unvaccinated people can lead to viral replication and the possible emergence of variants that vaccines don't cover.
  - And third is the economic argument: The impact of COVID-19 will continue to harm local, national and global economies. Vaccinating vulnerable groups across the globe makes economic sense.:

https://reliefweb.int/report/world/one-year-covid-19-vaccines-bring-hope-africa-must-be-included

- Here's the latest on COVID-19 vaccines: <u>https://www.nationalgeographic.com/science/health-and-human-body/human-diseases/coronavirus-vaccine-tracker-how-they-work-latest-developments-cvd/</u>
- UNICEF announced today the signing of an agreement with Pfizer on behalf of the COVAX Facility for the supply of the Pfizer-BioNTech COVID-19 Vaccine through 2021.: <u>https://www.unicef.org/press-</u> releases/unicef-signs-supply-agreement-pfizerbiontech-covid-19-vaccine

## IX. 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
  - o Strictly adhere to the National Directive of Home-Based Isolation& Care.
  - o 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/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**

Articlas/Commont/ Correspondence/	Summary
Articles/Comment/ Correspondence/ Editorials	Summary
Evolution of antibody immunity to SARS- CoV-2 https://doi.org/10.1038/s41586-021-03207-w	<ul> <li>This is a report on the humoral memory response in a cohort of 87 individuals assessed at 1.3 and 6.2 months after infection.</li> <li>IgM, and IgG anti-SARS-CoV-2 spike protein receptor binding domain (RBD) antibody titres decrease significantly with IgA being less affected.</li> <li>Analysis of intestinal biopsies obtained from asymptomatic individuals 4 months after the onset of coronavirus disease-2019 (COVID-19), using immunofluorescence, or polymerase chain reaction, revealed persistence of SARS-CoV-2 nucleic acids and immunoreactivity in the small bowel of 7 out of 14 volunteers.</li> <li>In conclusion the memory B cell response to SARS-CoV-2 evolves between 1.3 and 6.2 months after infection in a</li> </ul>
HIV and SARS-CoV-2 co-infection: cross- sectional findings from a German 'hotspot' https://doi.org/10.1007/s15010-020-01564-8	<ul> <li>manner that is consistent with antigen persistence.</li> <li>This study aimed to determine the proportion of people living with HIV with anti-SARS-CoV-2 IgG antibodies in a sample from a large single HIV center in Munich, Germany, after the first phase of the coronavirus pandemic and to infer the prevalence of SARS-CoV-2 co- infection in people living with HIV.</li> <li>Anti-SARS-CoV-2 IgG antibodies were measured using the recomWell SARS-CoV-2 IgG ELISA (Mikrogen, Neuried, Germany) in this prospective sub-study of the ongoing ArcHIV cohort between May and July 2020.</li> <li>Overall, 500 people living with HIV were included in the study (83% male, median age 51 years).</li> <li>The seroprevalence of SARS-CoV-2 co-infection in people living with HIV as found in the study does not seem to exceed previous reports from general populations of 'hot-sport' areas.</li> </ul>
Broad and potent activity against SARS-like viruses by an engineered human monoclonal antibody <u>https://science.sciencemag.org/content/early</u> /2021/01/22/science.abf4830	<ul> <li>A directed evolution approach to engineer three SARS-CoV-2 antibodies for enhanced neutralization breadth and potency.</li> <li>In immunocompetent mouse models of SARS and COVID-19, prophylactic administration of ADG-2 provided complete protection against respiratory burden, viral replication in the lungs, and lung pathology.</li> <li>Altogether, ADG-2 represents a promising broad-spectrum therapeutic candidate against clade 1 sarbecoviruses.</li> </ul>

## **COVID-19 updates and sources of evidence:**

Source	Link
WHO Coronavirus (COVID-19) dashboard	https://covid19.who.int/
Africa CDC Dashboard, COVID-19	https://au.int/en/covid19
Surveillance Dashboard	
WHO COVID-19 daily situation reports	https://www.who.int/emergencies/diseases/novel-
	coronavirus-2019/situation-reports
WHO Academy mobile learning app for health	Android-
workers, COVID-19 information	https://play.google.com/store/apps/details?id=org.who.WH
	OA 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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