



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

Epi-Week- 14 (April 05 – 11, 2021)

BULLETIN No: 50

Issue Date: April 14, 2021

I. HIGHLIGHTS

- A total of 56,020 laboratory samples were tested in the Epi-Week-14 brings the total tests so far to 2,445,578.
- A total of 13,807 new confirmed COVID-19 cases and 211 COVID-19 related deaths were reported during the Epi-Week-14 bringing the total cases and death to 228,996 and 3,174 respectively.
- A total of 141,507 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 8799 of these are enrolled in the Epi-Week-14.
- Out of total of 342,145 contacts of COVID-19 confirmed cases, 5,797 contacts were identified during the Epi-week-14.
- Tigray regional state started reporting COVID-19 related update.
- The EU, IGAD and UNOPS donated medical supplies for the second time to the Government of the Federal Democratic Republic of Ethiopia to support its national response to combat the COVID-19 pandemic.



Fig. 1: Medical supplies donation from EU, IGAD and UNOPS to FDRE, April 07, 2021

II. Subject in focus: Post-COVID-19 Syndrome

i. Post-COVID-19 Syndrome

- Different reports indicate some patients may develop a so-called “post-acute COVID-19 syndrome” in which they experience persistent symptoms after recovering from their initial illness. The syndrome appears to affect those with mild as well as moderate-to-severe disease. The incidence, natural history and etiology of these symptoms is currently unknown.
- COVID-19 symptoms can sometimes persist for months. The virus can damage the lungs, heart and brain, which increases the risk of long-term health problems (Mayo Clinic, 2021).
- In a cohort study of 1,733 patients with COVID-19 assessed 6 months after discharge, most patients exhibited at least one symptom, particularly fatigue or muscle weakness, sleep difficulties, and anxiety or depression. More severely ill patients had increased risk of pulmonary diffusion abnormality, fatigue or muscle weakness, and anxiety or depression. The seropositivity and titers of the neutralizing antibodies were significantly lower than at acute phase (Huang *et al.*, 2021).
- In an observational cohort of patients hospitalized with COVID-19 in Michigan, nearly 1 in 3 patients died during hospitalization or within 60 days of discharge. For most patients who survived, ongoing morbidity, including the inability to return to normal activities, physical and emotional symptoms, and financial loss, was common, confirming that the toll of COVID-19 extends well beyond hospitalization (Chopra *et al.*, 2020).
- In a descriptive clinical follow-up study of 150 non-critical patients with COVID-19, two-thirds of adults experienced persistent symptoms up to 2 months after symptom onset, primarily anosmia/ageusia, dyspnea or asthenia (Carvalho-Schneider *et al.*, 2021).
- In a study of patients with COVID-19 discharged from the hospital and interviewed over 3 months post diagnosis, the majority of patients experienced continued symptoms, most commonly including fatigue and dyspnea (Garrigues *et al.*, 2020).
- In a study of patients with COVID-19 discharged from the hospital with SARS-CoV-2 RNA clearance by RT-PCR and interviewed approximately 2 months after diagnosis, the majority of patients experienced continued symptoms, with the most common symptoms being fatigue and dyspnea (Carfi, Bernabei and Landi, 2020).
- In a study of patients who were diagnosed with COVID-19 in the outpatient setting, primarily had mild disease and were interviewed a median of 16 days post diagnosis, the majority had continued symptoms. The most common symptoms included cough and fatigue (Tenforde *et al.*, 2020).
- A comprehensive review of the current literature on post-acute COVID-19, its pathophysiology and its organ-specific sequelae shows that the multi-organ sequelae of COVID-19 beyond the acute phase of infection are increasingly being appreciated as data and clinical experience in this timeframe accrue. The syndrome include, general sequelae; Fatigue, joint pain, muscular pain, Fever, Respiratory sequelae; Dyspnea, Cough, Cardiovascular sequelae; Chest pain, Palpitations, Neuropsychiatric sequelae; Anxiety/depression, Sleep disturbances, PTSD, Loss of taste/smell, Headache, Gastrointestinal sequelae; Diarrhea, Dermatologic sequelae; Hair loss and Skin rash. The post COVID-19 symptoms may last from 1 month (in Italy) to 6 months (in China) (Nalbandian *et al.*, 2021).

ii. WHO recommendation on SARS-CoV-2 Variants

- The potential for virus mutation increases with the frequency of human and animal infections. Therefore, reducing transmission of SARS-CoV-2 by using established disease control methods as well as avoiding introductions to animal populations, are critical aspects to the global strategy to reduce the occurrence of mutations that have negative public health implications.
- PHSM remain critically important to curb the spread of SARS-CoV-2, including newly reported variants. Evidence from multiple countries with extensive transmission of VOCs has indicated that the implementation of physical distancing and other PHSM, as well as infection prevention and control (IPC) measures in health facilities, has been effective in reducing COVID-19 case incidence, hospitalizations and deaths.
- Findings from new studies evaluating transmission, severity and impact on medical countermeasures will continue to help inform PHSM and IPC measures employed by Member States. National and local authorities are encouraged to continue strengthening existing PHSM, IPC and disease control activities, including epidemiological surveillance, strategic testing, and systematic sequencing of SARS-CoV-2 where feasible.

Source: World Health Organization (2020) 'Weekly Epidemiological Update on COVID-19', World Health Organization, (3 November), p. 1;4. Available at: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---13-april-2021> (Accessed: 14 April 2021)

III. EPIDEMIOLOGICAL SITUATION

i. Global Situation

- Globally, new COVID-19 cases rose for a seventh consecutive week, with over 4.8 million new cases reported in the last week (Figure 2).
- The number of new deaths increased for the fourth consecutive week, increasing by 21% compared to last week, with over 108 thousand new deaths reported.
- As of April 11, 2021, a total of 131,859,819 COVID-19 cases and 2,865,672 deaths (CFR=2.17%) have occurred globally. Of the total cases and deaths reported since the beginning of the outbreak, 4,830,394 cases and 108,572 deaths were reported during the Epi-Week-14.
- The United States of America (USA) reported the highest number of cases (29,686,647) with CFR of 1.85% followed by India (13,166,054) cases) with a CFR of 1.28%.
- In Africa, as of April 11, 2021, a total of 4,368,970 cases and 115,271 deaths were reported across the continent (CFR=2.64%). Of these 84,343 cases and 2,126 deaths were reported during the Epi-Week-14.
- In Africa, South Africa reported the highest number of cases (1,551,501) with CFR of 3.41% followed by Morocco (497,832) cases) with a CFR of 1.78%.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.

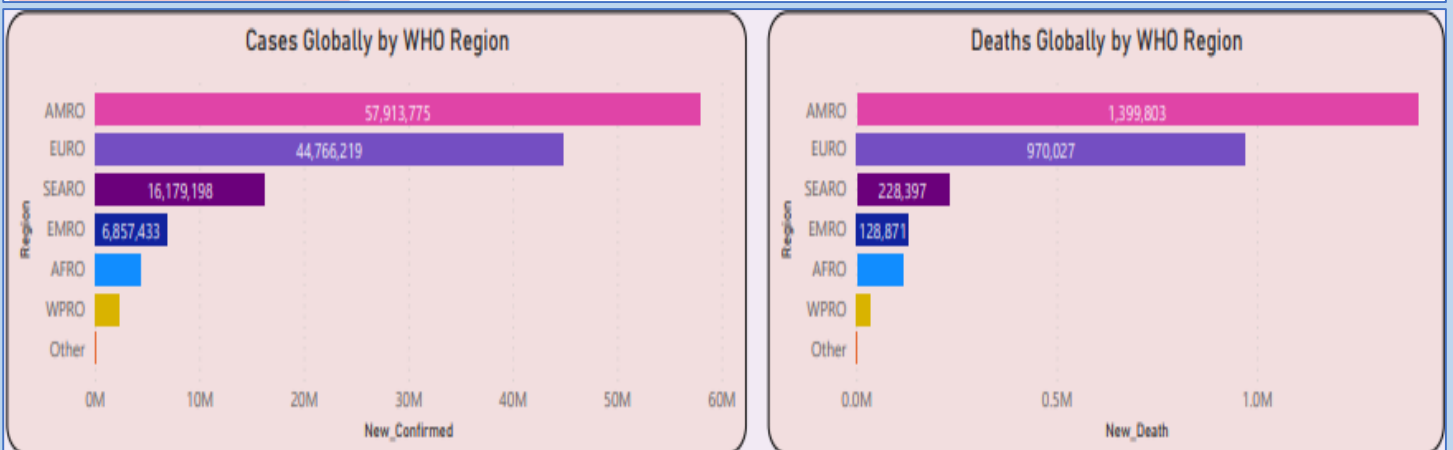
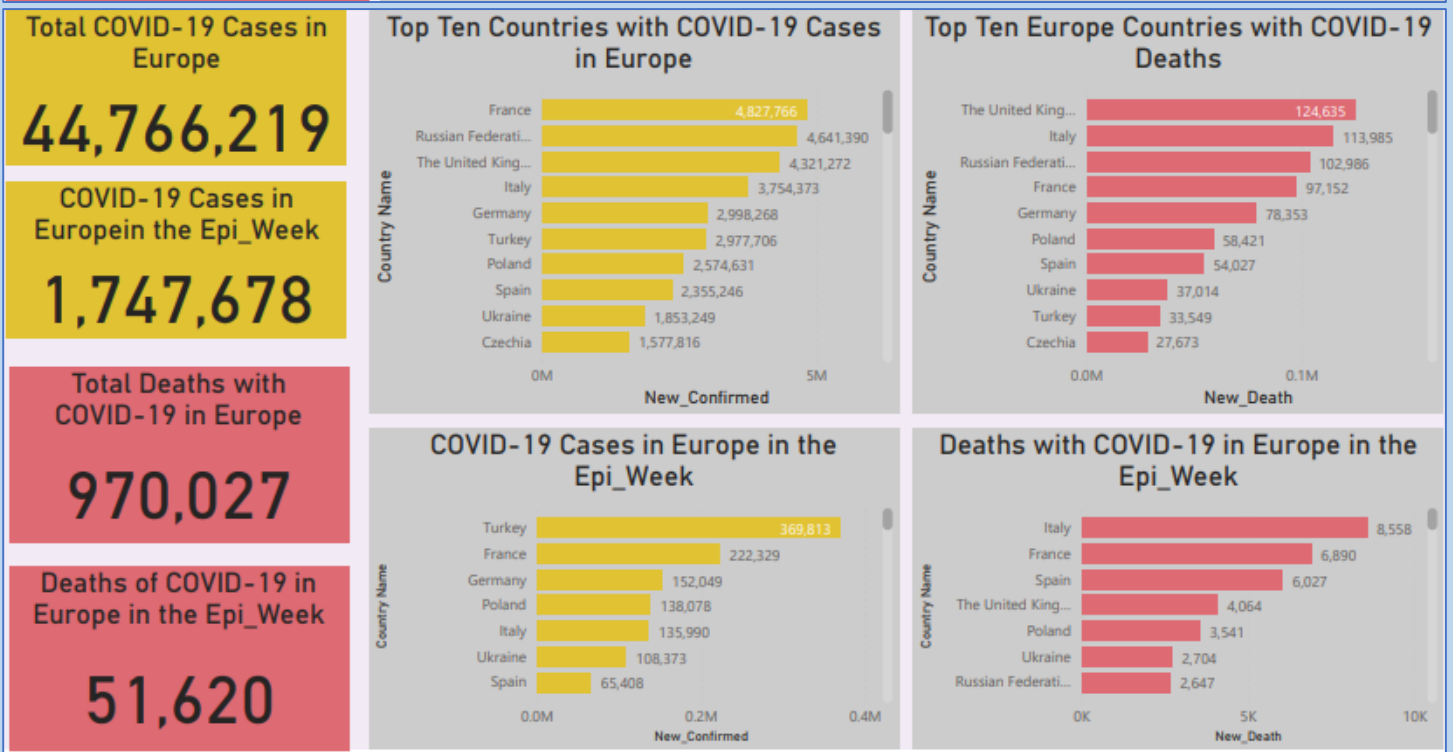
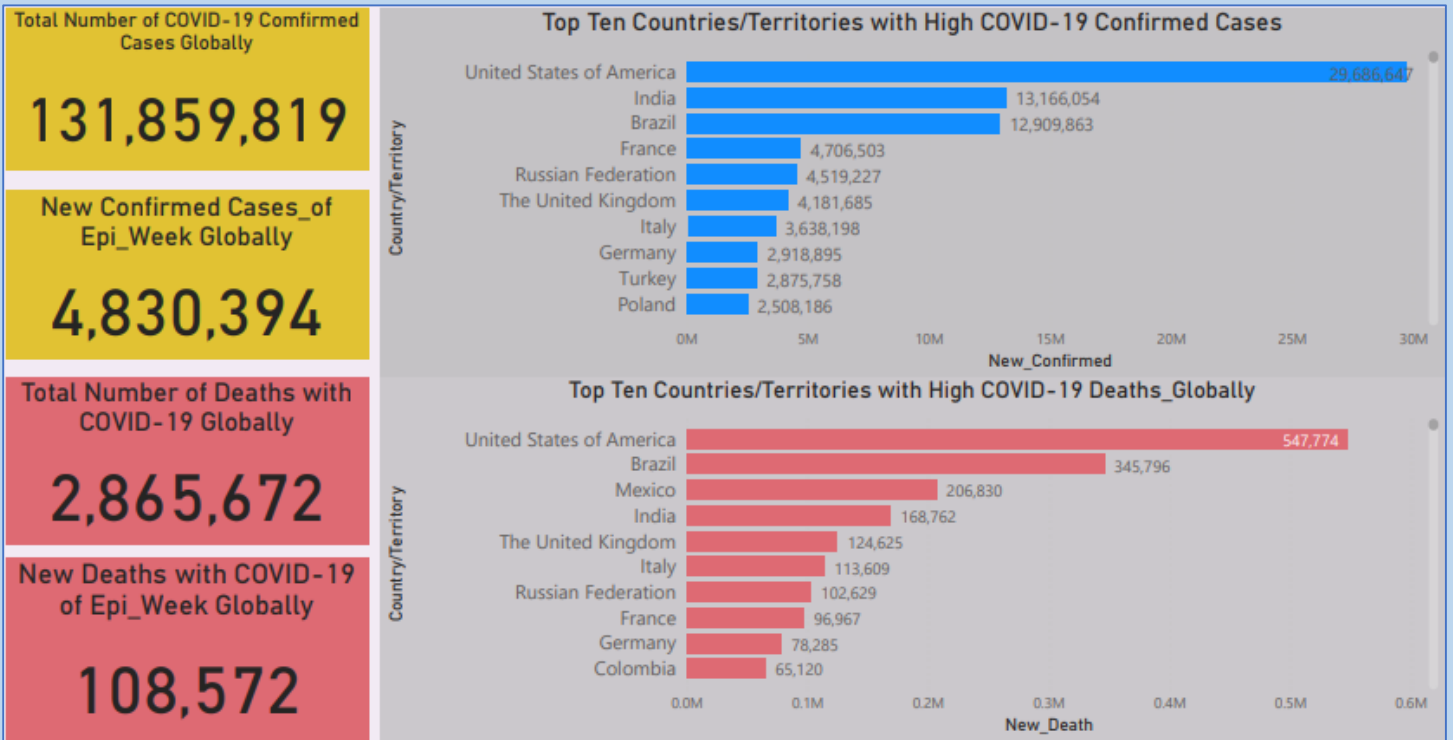


Fig. 2: COVID-19 Global Situation Update as of April 11, 2021 (Source: WHO)

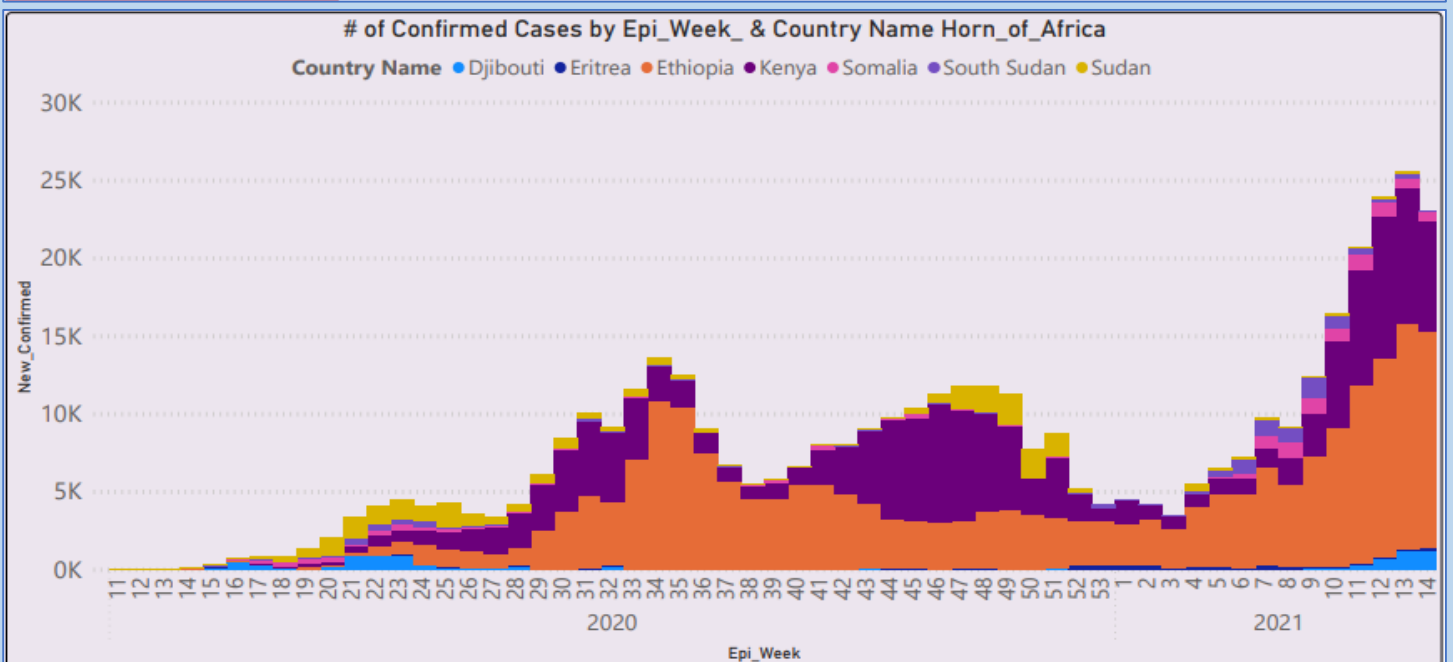
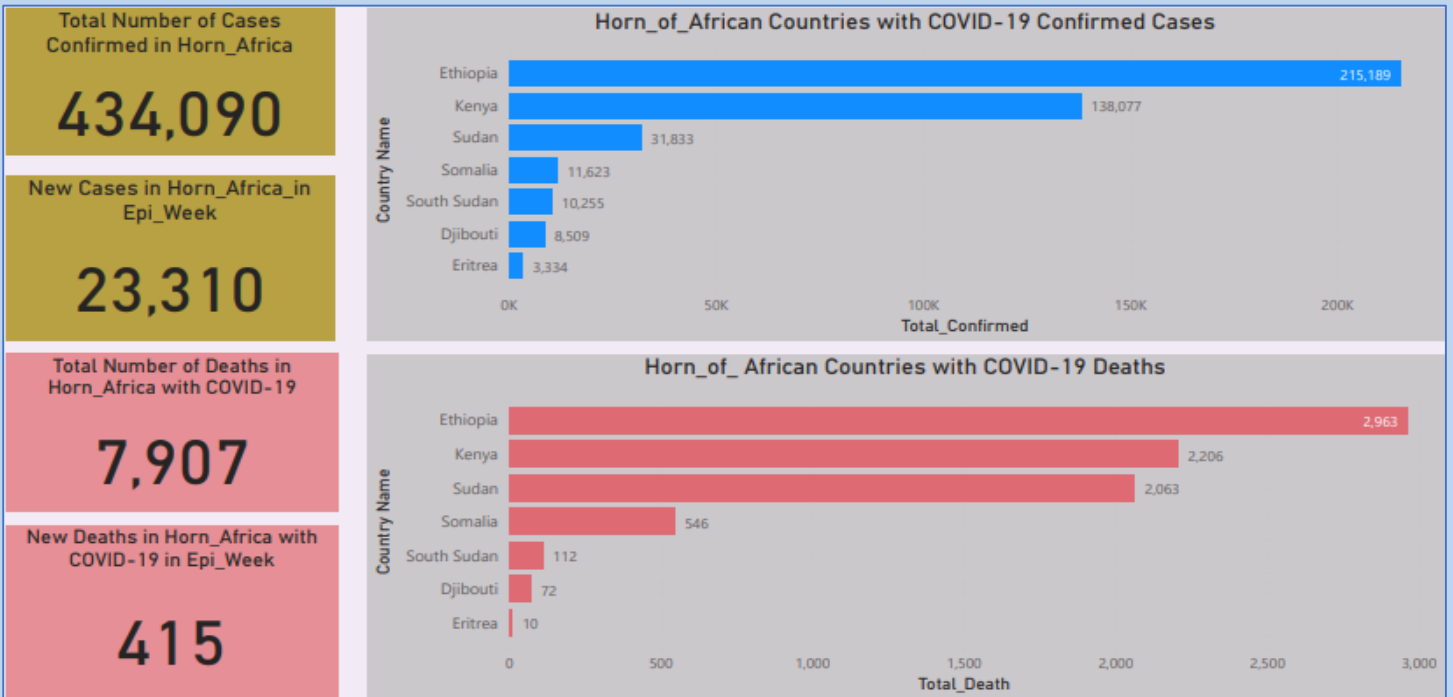
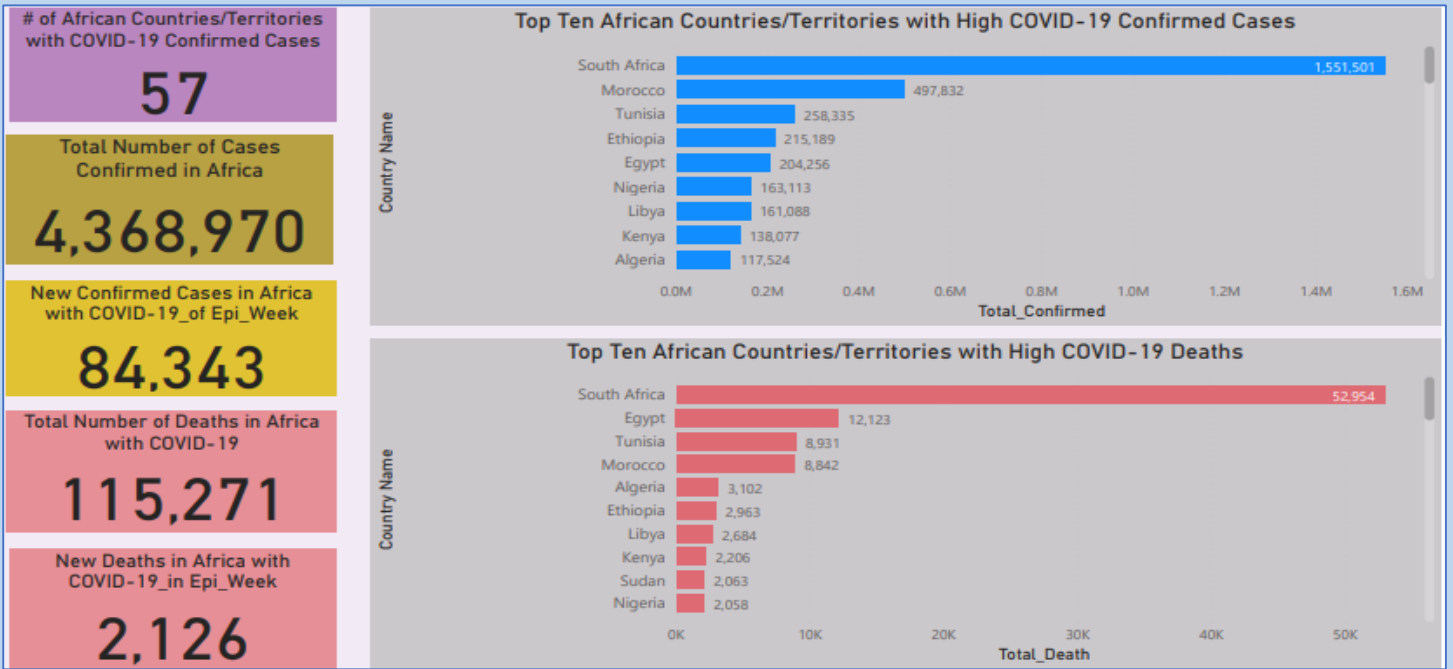


Fig. 3: COVID-19 Situation Update in Africa as of April 11, 2021 (Source: WHO)

ii. National COVID-19 situation:

- As of April 11, 2021, a total of 228,996 confirmed COVID-19 cases and 3,174 deaths were recorded in the country with a case fatality rate of 1.39%. This puts Ethiopia in the fourth position by the number of confirmed cases and in the sixth position by the number of deaths due to COVID-19 in Africa.
- Thirteen-thousand-eight-hundred-seven (13,807) newly confirmed COVID-19 cases and 211 COVID-19 related deaths were reported during the Epi-Week-14.
- In this week, there is a slight decrease (6%) in the number of COVID-19 confirmed cases while the number of COVID-19 related deaths have increased by 30%.
- The number of COVID-19 confirmed cases showed a slight decrease after increment for 10 consecutive weeks.
- Most of the cases are from Addis Ababa City Administration which may be as result of different reasons. High number of laboratory tests, high transmission of the disease due to the occurrence of super spreading events, decreased adherence to the public health and social measures and highest risk of variant of concern importation.
- For detail, see the summary dashboard below.

Table 1: Summary of National COVID-19 situation in the Epi-Week-14 of 2021

Regions	New_Tested	New_Case	New_HF_Admission	New_Deaths	Positivity Rate	# of Recovery
Addis Ababa	39609	9103	685	103	22.7	5951
Oromia	5975	1728	241	33	29.6	1436
SNNPR	2922	542	27	15	19.3	491
Amhara	2247	658	101	26	31.9	57
Sidama	1215	599	84	12	48.2	404
Afar	1076	99	0	0	9.3	115
Dire Dawa	1020	436	16	3	42.7	17
Benshangul	586	138	40	2	29.0	98
Harari	583	282	43	13	49.9	33
Gambella	497	81	8	0	18.3	17
Somali	250	129	30	4	49.9	45
Tigray	40	12	0	0	35.0	0
Total	56020	13807	1275	211	32.3	8664

**** Positivity Rate is the Weighted Averages of Regional Distributions of Rates

- The number of COVID-19 confirmed cases in the regional states of Ethiopia is determined by the number of laboratory tests done for COVID-19 in the region.

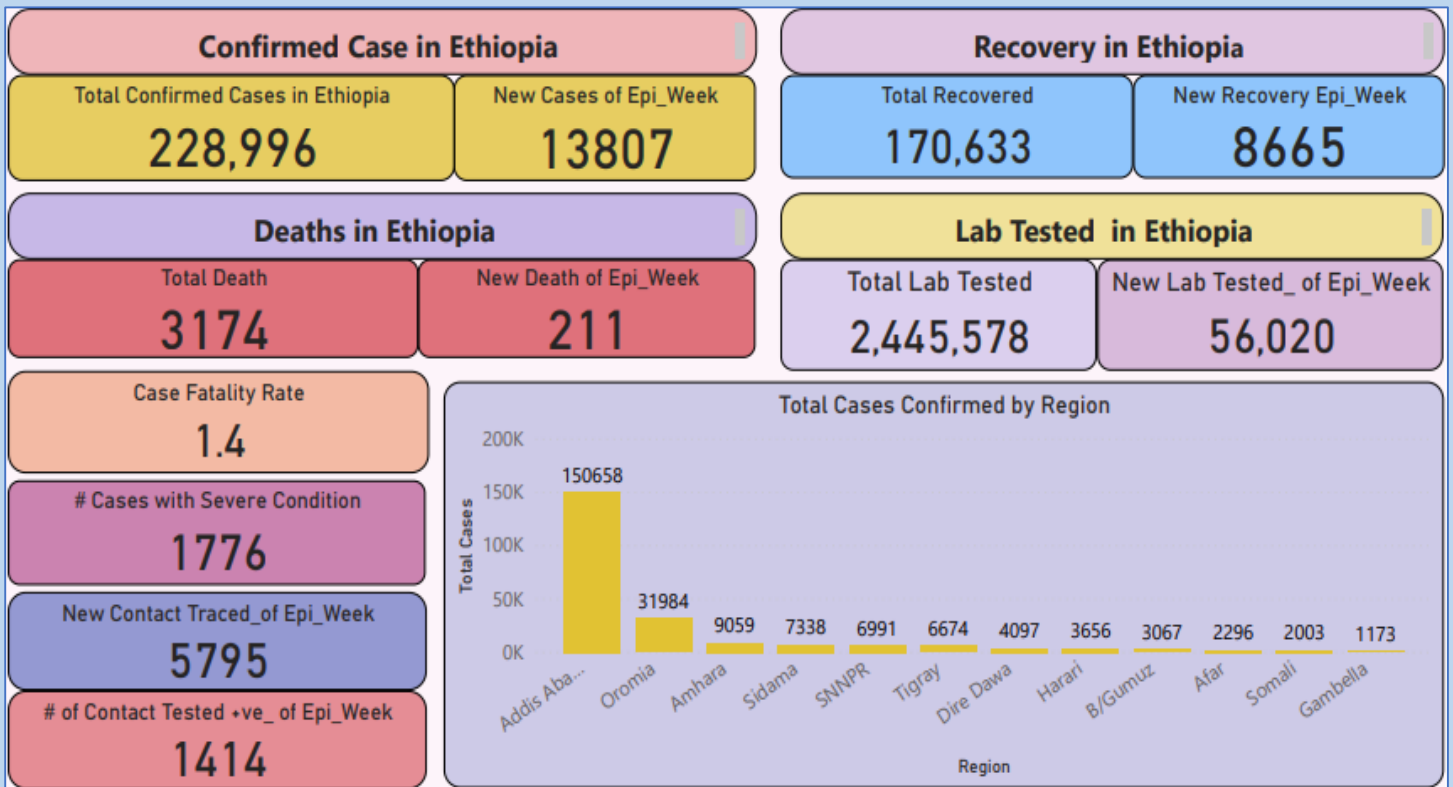


Fig. 4: Weekly summary of the COVID-19 situation in Ethiopia as of April 11, 2021, Ethiopia

- The trend of number of COVID-19 confirmed cases in the country shows that another wave of the pandemic is happening in Ethiopia. The current trend surpasses the peak that was observed in the month of August, 2020 (Epi-week-33 to 36) when the highest number of COVID-19 cases were recorded in the country (figure 5 and 6 below) as a result of COMBAT campaign at which time there was increased community-based laboratory testing for COVID-19.
- The current increment in the number of COVID-19 cases may be attributed to the spread of the disease in the community due to relaxation of public health and social measures (PHSM) and fatigue around adhering to PSHM measures compounded by highest risk of importation VOCs.

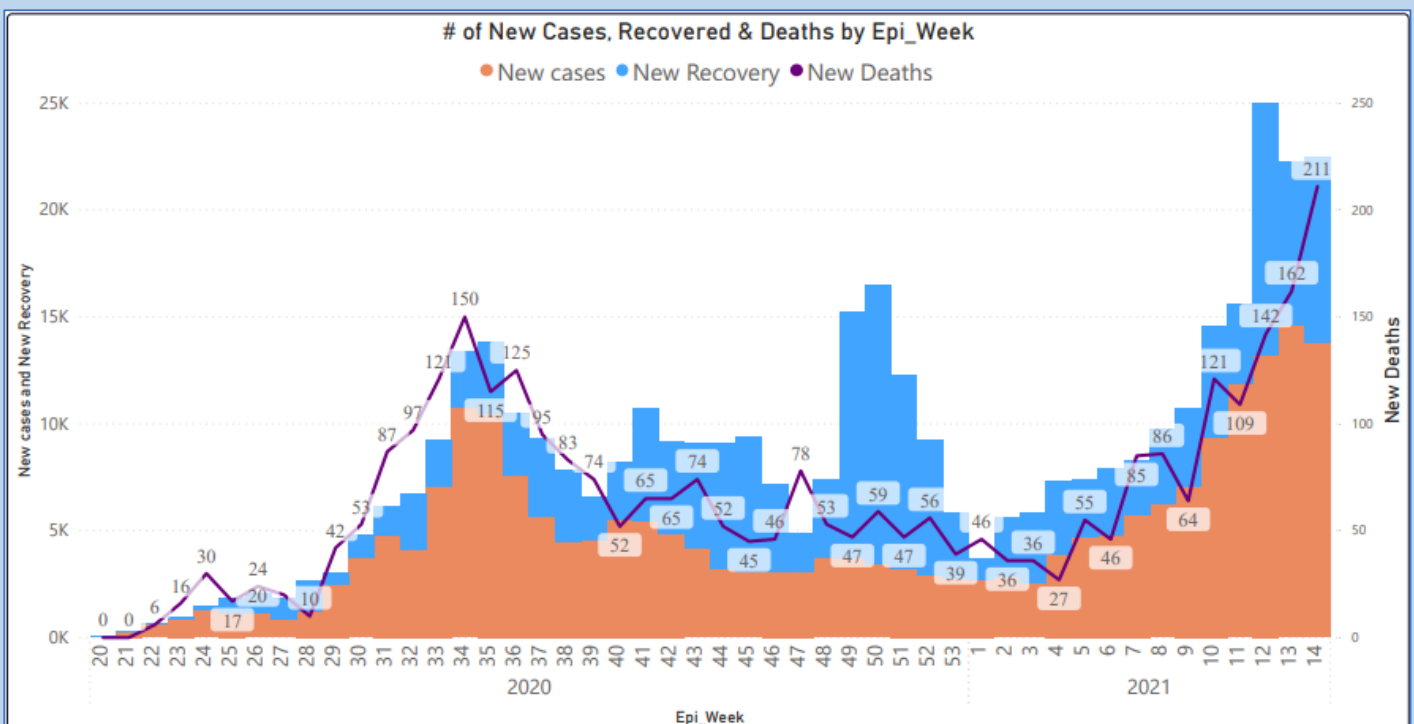


Fig. 5: COVID-19 confirmed cases, recovery and death by Epi-Week as of April 11, 2021, Ethiopia

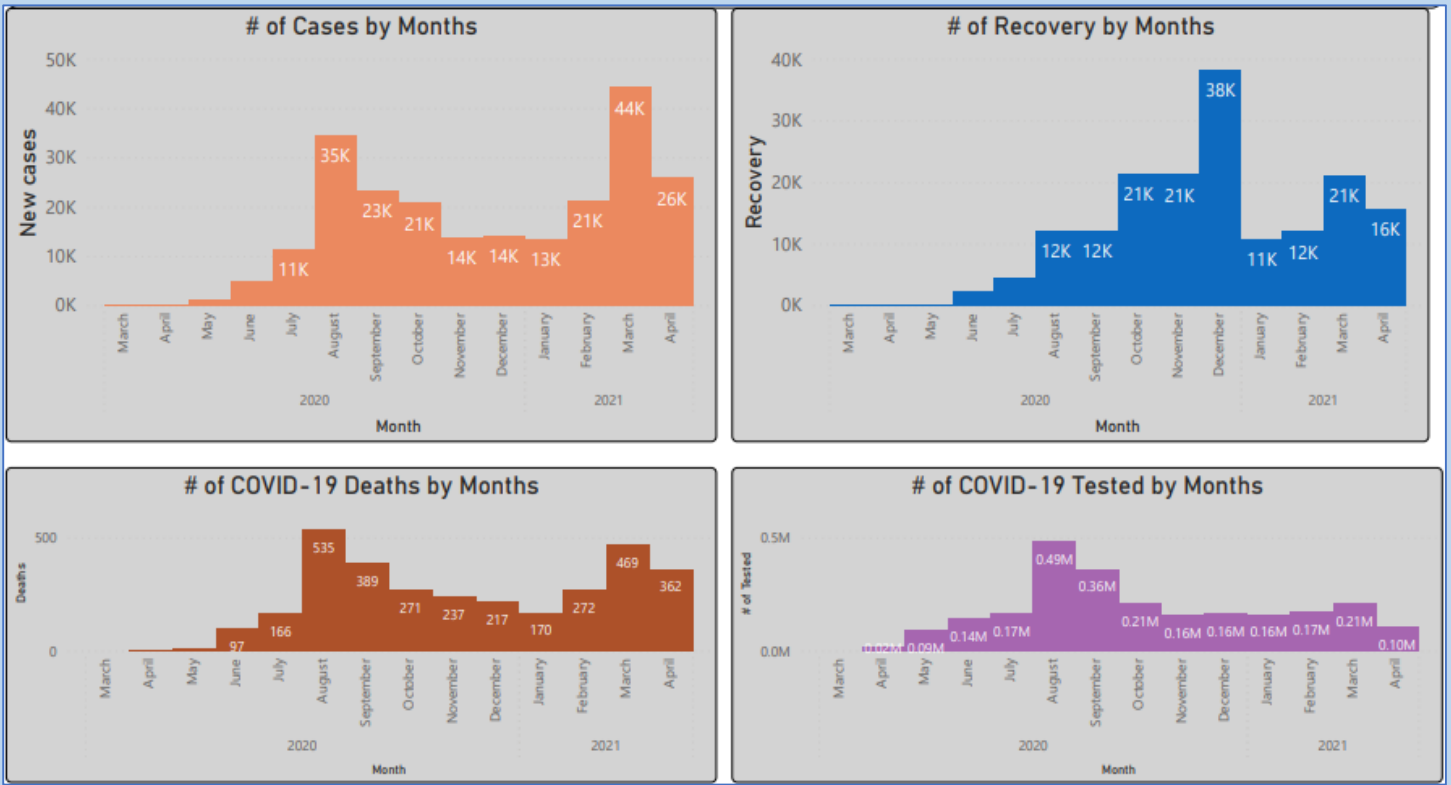


Fig. 6: Summary of monthly trend of COVID-19 situation in Ethiopia as of April 11, 2021.

iii. Other Epi-Surveillance 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.

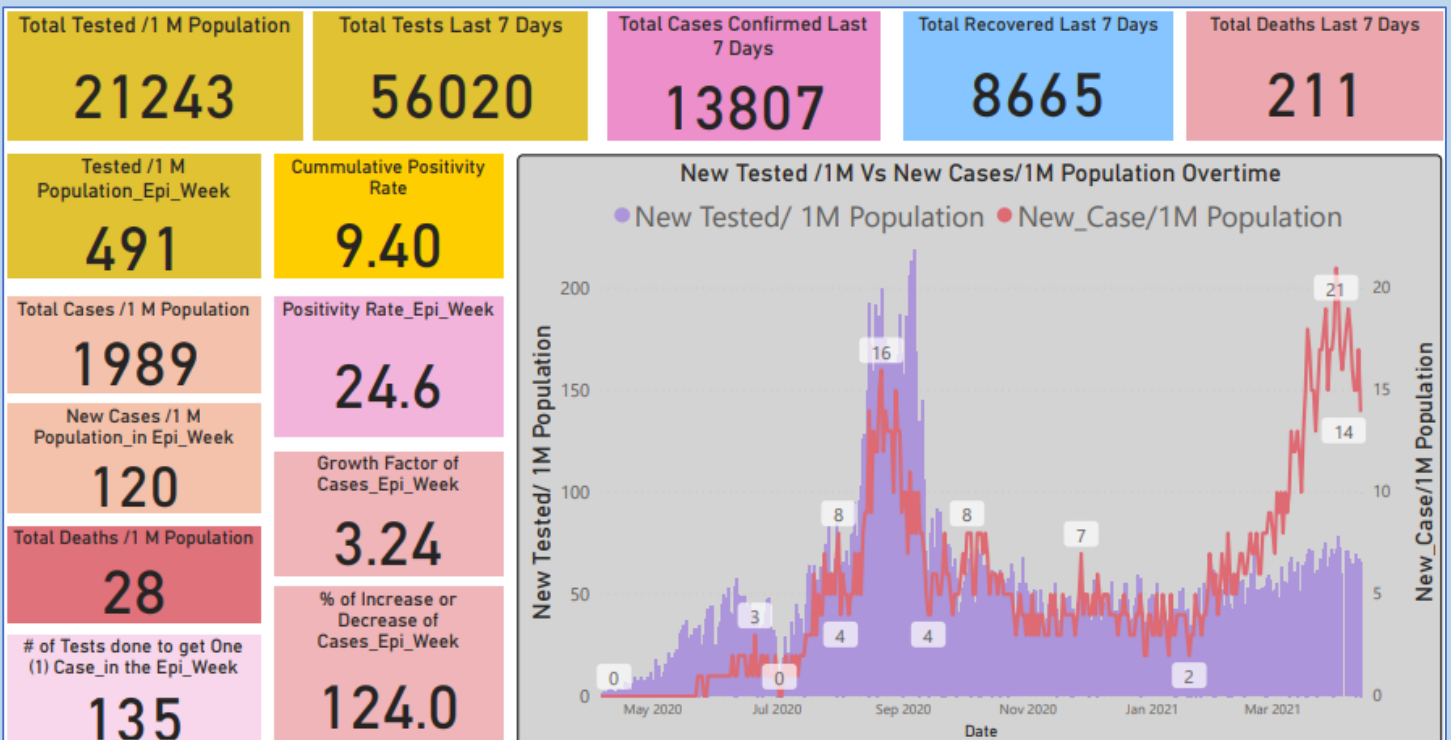
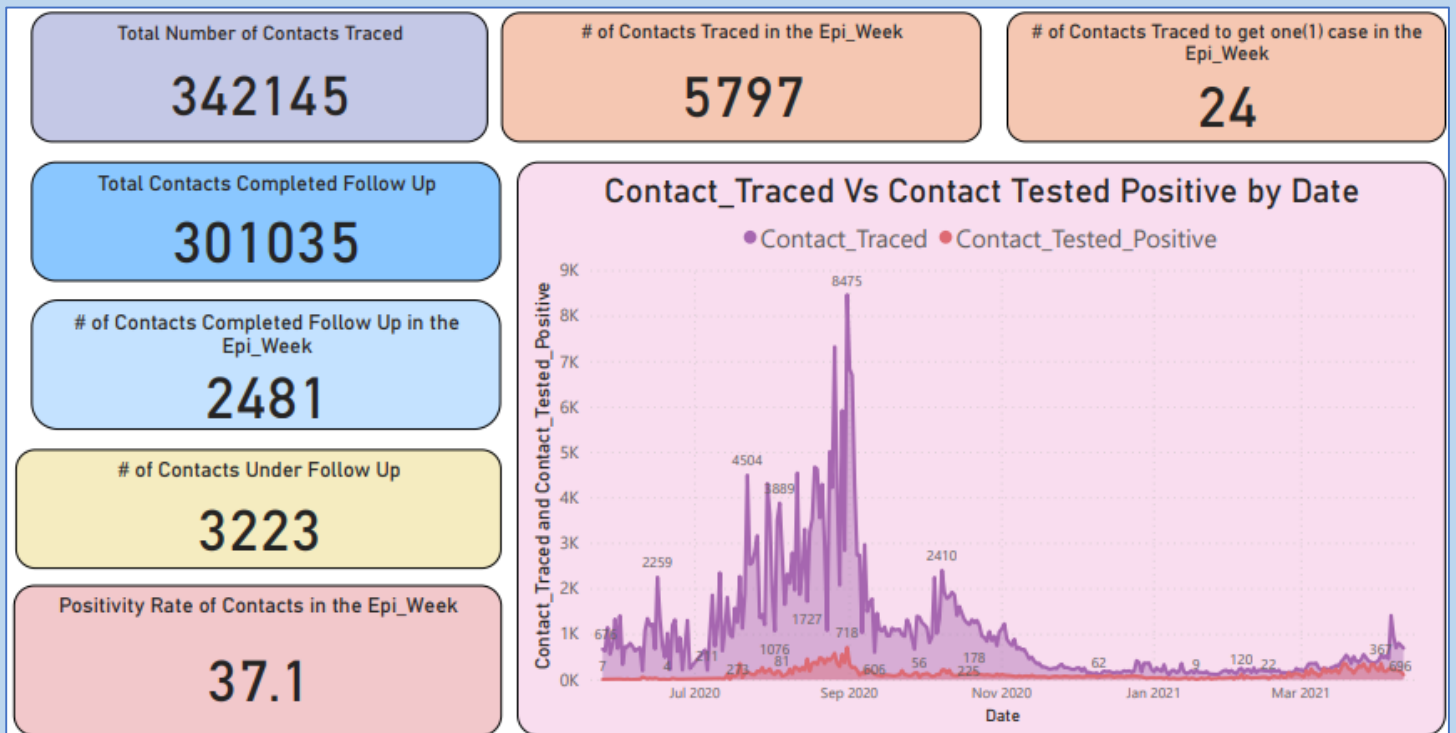


Fig. 7: Summary of COVID-19 confirmed cases in Ethiopia as of April 11, 2021.

a. Contact tracing and follow-up:

- Contact tracing is a key strategy for interrupting chains of transmission of SARS-CoV-2 and reducing COVID-19-associated mortality.
- As of April 11, 2021:
 - A total of 342,145 contacts of confirmed cases have been identified. Of these, 5,797 contacts were identified in the Epi-Week-14.
 - Of total contacts, 301,035 (87.98%) have completed 14 days follow-up, while 3,223 contacts are still on follow-up.
- Overall, 38,343 (11.21%) of the contacts (symptomatic plus asymptomatic) have been tested positive.
- Contacts of the confirmed cases contributed for the 16.74% of the total cases. However, when there is transmission of the disease at community level, it is known that an individual acquires the disease from unknown contacts.



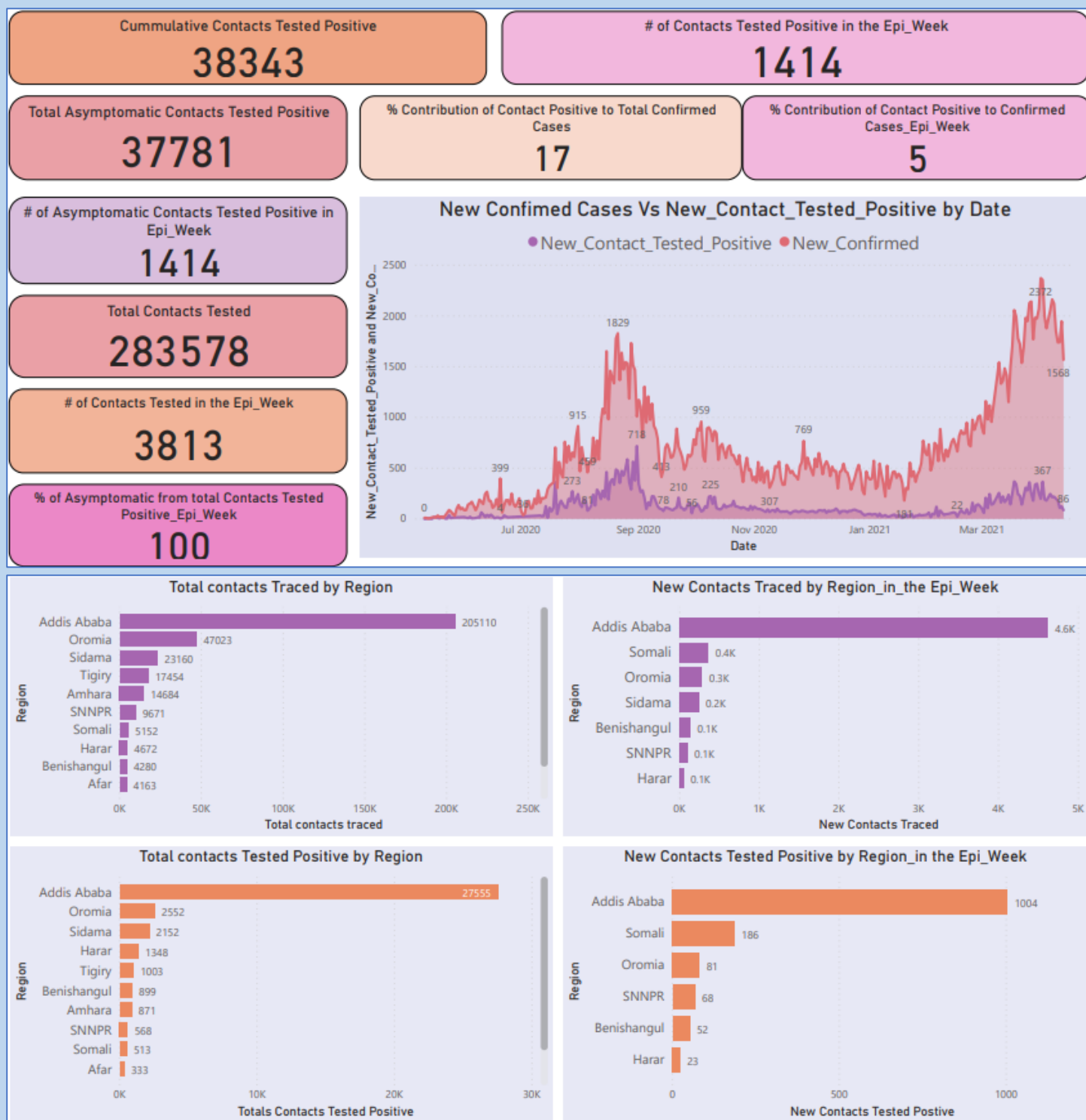


Fig. 8: Summary of COVID-19 contact tracing as of April 11, 2021, Ethiopia.

b. Rumors collection and verification from all sources

- COVID-19 related rumors are received from different sources: Call centers, Health facilities, Contact follow up, Self-report, Travelers follow up, Point of Entry (PoE), Community surveillance and Special Settings.
- As of April 11, 2021:
 - 379,737 rumors/alerts have been received and investigated. Of these, 2,185 rumors were reported in the Epi-Week-14.
 - 276,073 (72.70%) of the rumors/alerts have fulfilled the suspected case definition.
- 32,148 COVID-19 related calls are received through call centers in this Epi-week.

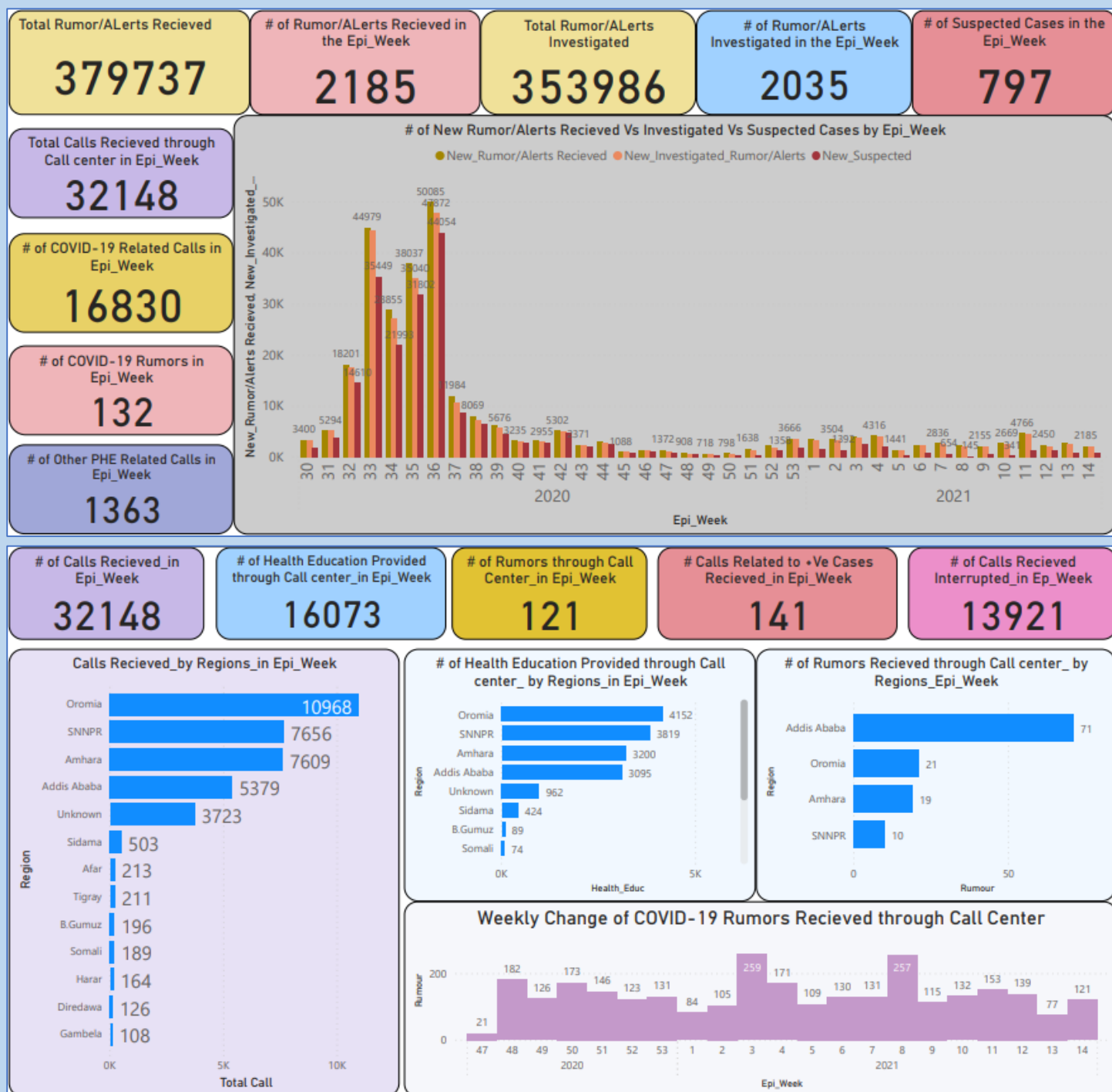


Fig. 9: Summary of COVID-19 rumor/alert investigation as of April 11, 2021, Ethiopia.

c. Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,969,668 passengers have been screened at the Point of Entries of Ethiopia and 678,048 (34.42%) of them were screened at Bole International Airport.
- Of the total passengers screened, 39,011 were screened for COVID-19 in the Epi-Week-14.
- As of April 11, 2021, among the passengers coming with COVID-19 PCR test result certificates, 270,252 passengers (7,660 in Epi-week-14) had PCR negative certificates while 43 (3 in Epi-week-14) passengers with PCR positive certificates were identified during health screening. A total of 84 (1 in Epi-week-14) SARS-COV-2 positive cases have been detected after arrival laboratory test.

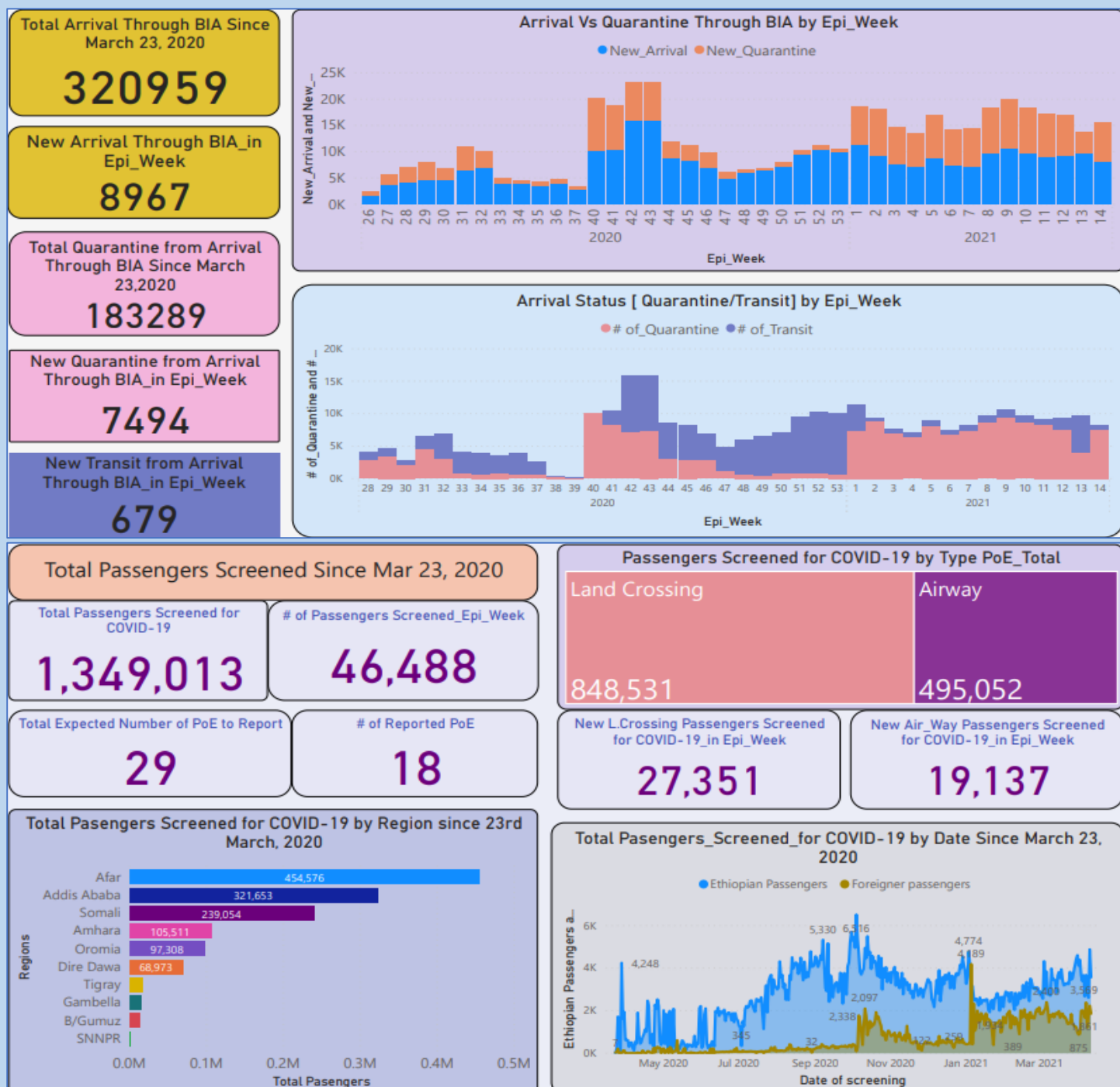
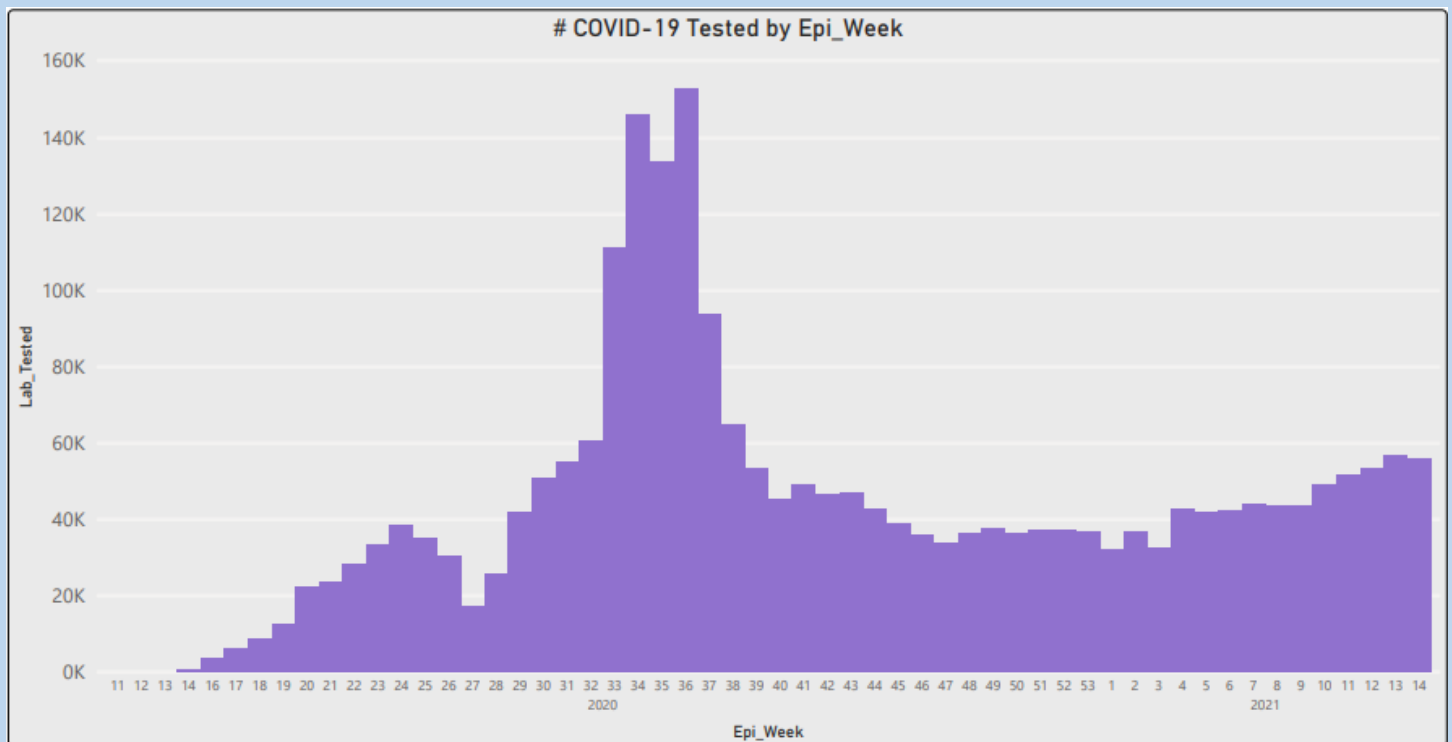


Fig. 10: Summary of Passengers screening for COVID-19 as of April 11, 2021, Ethiopia.

IV. Laboratory related activities

- As of 11 April 2021, a total of 2,445,578 samples have been tested for COVID-19 by laboratories across the country.
- 56,020 laboratory tests were processed during the Epi-Week-14; nearly equivalent to the number of tests performed in the previous week.
- The laboratory test positivity rate for the Epi-Week-14 is 24.65%, which is a bit lower than that of the preceding week (25.74%).
- Among the laboratory tests done, the highest positivity rates are recorded in Somali, Harari and Sidama regional states while the positivity rate in Addis Ababa has showed a decrease (figure 11 below). This shows that the COVID-19 epidemic has got high spread to regions.

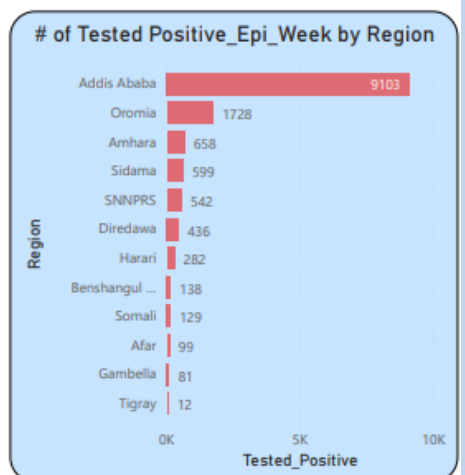
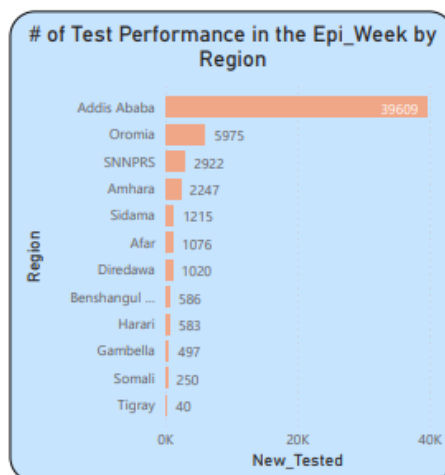
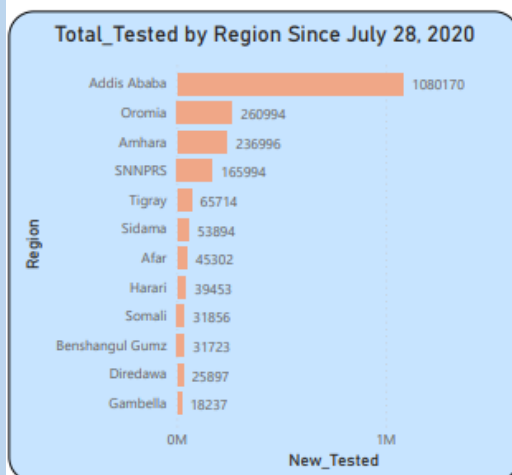


Total Tested
2445578

of New Tested in the Epi_Week
56020

Total Tested / 1M Population
21243

New Tested / 1M Population of Ep_Week
491



Region/City Admn	New_Tested	Tested_Positive	New_Deaths	Positivity_Rate
Addis Ababa	39609	9103	103	23.01
Oromia	5975	1728	30	29.60
SNNPRS	2922	542	15	19.16
Amhara	2247	658	29	31.81
Sidama	1215	599	12	48.05
Afar	1076	99	0	9.17
Diredawa	1020	436	3	42.60
Benshangul Gumz	586	138	2	29.06
Harari	583	282	13	49.90
Gambella	497	81	0	18.18
Somali	250	129	2	49.96
Tigray	40	12	0	23.40
Total	56020	13807	209	31.86

***** Positivity Rate is weighted average of Regional Distr of Rates

Fig. 11: Summary of COVID-19 laboratory testing as of March April 11, 2021, Ethiopia.

V. Case Management and Facility Readiness

- There were total of 8,665 newly recovered COVID-19 cases during the Epi-Week-14, bringing the total number of recovered cases to 170,633.
- The number recovered cases has increased by 13% compared to the previous week.
- Among the currently existing COVID-19 cases, there are 971 patients in severe clinical condition which is higher than the number of patients in severe condition a week back (857). This is the highest number of severe cases in treatment centers so far. This shows that there is and/or may happen scarcity of oxygen concentrators and mechanical ventilators adequate for the alarmingly increasing COVID-19 patients with severe condition.
- The highest number of COVID-19 related death (211) is recorded in this week. This increment is for the third consecutive week which is in line with the increment in the number of cases in severe condition in treatment centers.

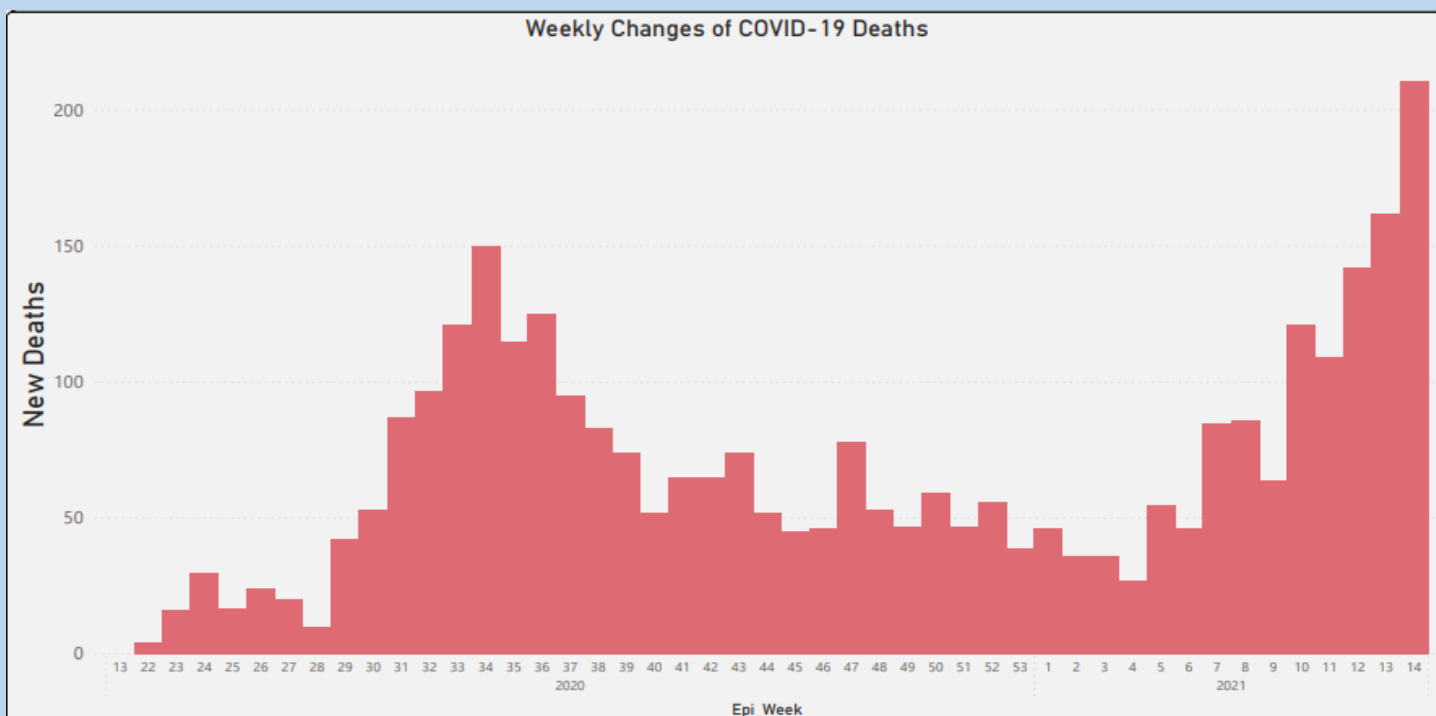


Fig. 12: Weekly trend of COVID-19 related death in Ethiopia, as of April 11, 2021.

Home Based Isolation and Care (HBIC):

- So far, 141,507 COVID-19 confirmed cases have been on HBIC. Of them 121,734 (86.03%), have recovered and 24 (0.017%) died.
- Of these, 8,799 cases have been enrolled to HBIC, 7,857 cases have recovered and one died in the Epi-Week-14.
- As of April 11, 2021, there are 21,257 cases on HBIC.
- So far, 1,773 (23 of them in the Epi-Week-14) of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 640 (81 of them in the Epi-week-14) of the cases have been transferred from HBIC to treatment centers for better care.

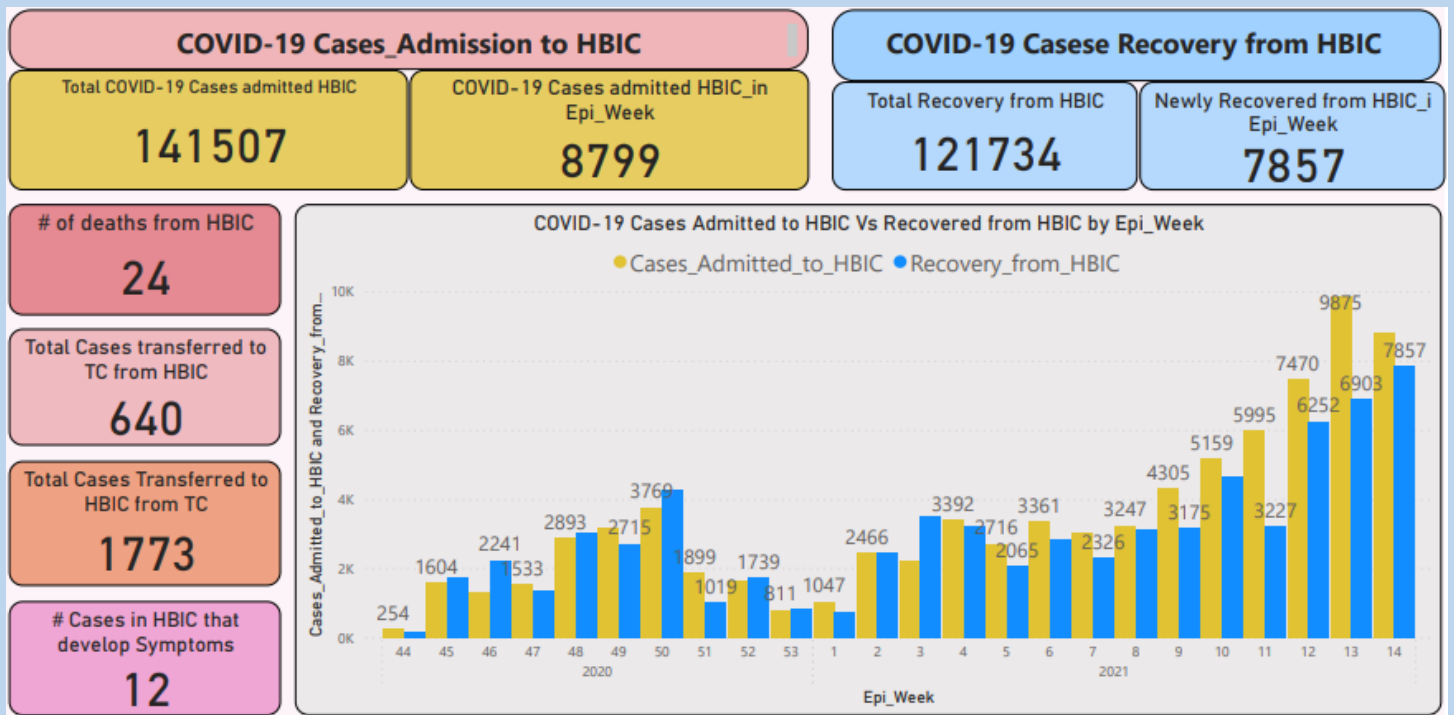


Fig. 13: Summary of COVID-19 Home Based Isolation and Care in Ethiopia, as of April 11, 2021.

VI. Risk Communication and Community Engagement (RCCE)

- Media (mass media and social media) monitoring on COVID-19 related information is ongoing.
- COVID-19 related key messages and updates shared on social media.

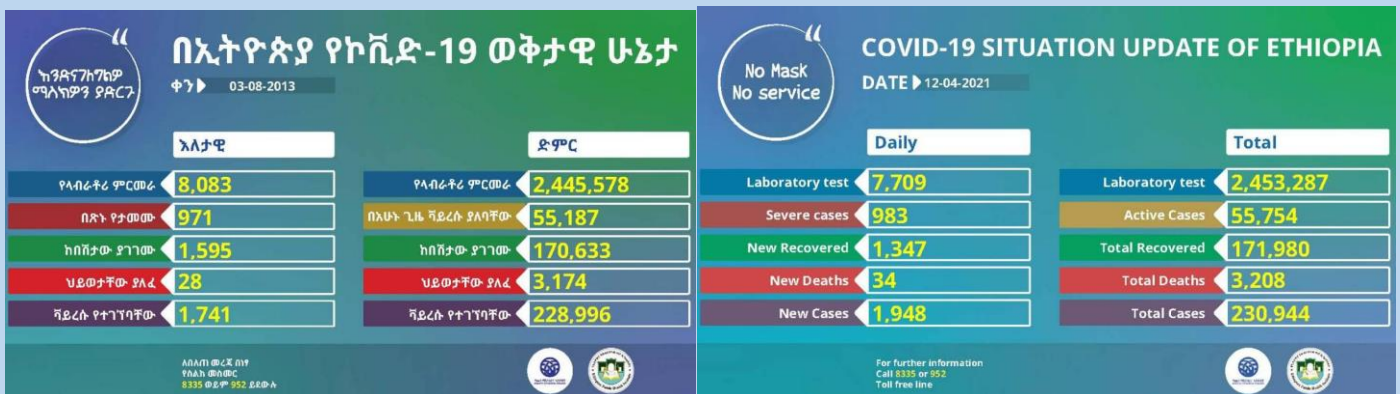


Fig. 14: COVID-19 situation update as of April 11, 2021 shared on social media.

VII. 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.
- Tigray regional state started reporting COVID-19 related update; there has been no report from the region since the last update on November 03, 2020.

- The Intergovernmental Authority on Development (IGAD) donated medical supplies for the second time to the Government of the Federal Democratic Republic of Ethiopia to support its national response to combat the COVID-19 pandemic. The IGAD, in collaboration with the Delegation of the European Union to Ethiopia and the United Nations Office for Project Services (UNOPS) donated medical supplies on a ceremony held at the Ethiopian Public Health Institute (EPHI). The handing over ceremony took place in the presence of H.E. Dr. Workneh Gebeyehu, Executive Secretary of IGAD, H.E. Dr. Dereje Duguma, State Minister, Ministry of Health, Ethiopia, H.E. Mr. Eric Habers, Head of Cooperation at the EU Delegation in Ethiopia, Mrs. Maureen Achieng, IOM Ethiopia Chief of Mission and Representative to the African Union (AU) and United Nations Economic Commission for Africa (UNECA) and Mr. Birhanu Assefa, a representative from UNOPS. The medical supplies consist mostly of Personal Protective Equipment and test kits for COVID-19 response. The EU-IGAD has also donated two standard and two advanced ambulances and a mobile laboratory, which will be handed over to the MOH soon. These will be put in use at cross-border areas.

VIII. Challenges and Way Forward

a. Challenges

- There is shortage of appropriate facilities to manage severely ill and critical patients as the number of patients in need of the Intensive Care Unit (ICU) has risen sharply.
- Happenings of super spreading events-Mass gatherings with poor physical distancing and facemask use which exacerbates the spread of COVID-19.
- Poor public adherence to the public health and social preventive measures.
- Poor adherence to the public health and social measures by public figures and leaders.
- Weak public health and social measures enforcement by the concerned bodies.
- Increasing number of cases being detected in the community and congregated settings and increased deaths.
- Poor attention given to COVID-19 at all levels by all responsible bodies in particular at subnational level.
- Low stock status of personal protective equipment, supplies and consumables.

b. Way Forward

- Enhancing law enforcement to enhance public health and social measures by all responsible bodies.
- Continuing the COVID-19 vaccination.
- Genomic surveillance establishment, networking and strengthening.
- COVID-19 preparedness and response plan revision at national and subnational level.
- 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.

IX. COVID-19 Related News:

- For many sufferers of long Covid, proving they are sick is a big part of the battle: <https://edition.cnn.com/2021/04/11/health/coronavirus-long-covid-intl/index.html>
- As vaccinations keep rising, so do Covid-19 hospitalizations among those who aren't vaccinated: <https://edition.cnn.com/2021/04/11/health/us-coronavirus-sunday/index.html>
- A third of Covid-19 survivors suffer 'brain disease,' study shows: <https://edition.cnn.com/2021/04/06/health/covid-neurological-psychological-lancet-wellness/index.html>
- Women are better at fighting the virus than men, study claims: <https://www.euronews.com/2020/08/27/coronavirus-women-are-better-at-fighting-the-virus-than-men-study-claims>
- Coronavirus: WHO chief criticises 'shocking' global vaccine divide: <https://www.bbc.com/news/world-56698854>
- Rallies, religious gatherings aggravate India's worst COVID surge: <https://www.aljazeera.com/news/2021/4/9/rallies-religious-gatherings-aggravate-indias-worst-covid-surge>
- Australia secures extra Pfizer vaccines after clot fear forces AstraZeneca rethink: https://edition.cnn.com/world/live-news/coronavirus-pandemic-vaccine-updates-04-09-21/h_b617a849bbb8ba5584bde255f7833080
- Countries around the world have announced changes to their vaccination programs after UK and EU regulators found a "possible link" between AstraZeneca's Covid-19 vaccine and "very rare" blood clot cases. Both regulators stressed the vaccine's benefits continue to outweigh the risks.: https://edition.cnn.com/world/live-news/coronavirus-pandemic-vaccine-updates-04-08-21/h_eb1b1024a59c967329289aa7c1e2b70e
- Japanese doctors perform world's first living donor lung transplant to a COVID-19 patient. In June last year, US surgeons performed a successful double lung transplant on a Covid-19 patient -- believed to be the first such operation on a coronavirus patient in the country. Last month, US surgeons completed a "Covid to Covid" double lung transplant, using lungs from a donor who recovered from Covid-19, only to die from another cause, for a patient in his 60s whose lungs were damaged by the disease.: <https://edition.cnn.com/2021/04/09/asia/japan-lung-transplant-covid-intl-hnk/index.html>

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
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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
<p>SARS-CoV-2 infection rates of antibody-positive compared with antibody-negative health-care workers in England: a large, multicentre, prospective cohort study (SIREN)</p> <p>https://doi.org/10.1016/S0140-6736(21)00675-9</p>	<ul style="list-style-type: none"> • A previous history of SARS-CoV-2 infection was associated with an 84% lower risk of infection based on a multicentre, prospective cohort study done in participants recruited from publicly funded hospitals in all regions of England. • The study was conducted on health-care workers, support staff, and administrative staff working at hospitals who could remain engaged in follow-up for 12 months. • The study shows that previous infection with SARS-CoV-2 induces effective immunity to future infections in most individuals.
<p>Early outcomes after lung transplantation for severe COVID-19: a series of the first consecutive cases from four countries</p> <p>https://doi.org/10.1016/S2213-2600(21)00077-1</p>	<ul style="list-style-type: none"> • This paper is about a multi-institutional case series that included the first consecutive transplants for severe COVID-19-associated ARDS known in the USA, Italy, Austria, and India. • All data regarding patient demographics and pre-COVID-19 characteristics, pre-transplantation disease course, perioperative challenges, pathology of explanted lungs, and post-transplantation outcomes were collected. • Between May 1 and Sept 30, 2020, 12 patients with COVID-19-associated ARDS underwent bilateral lung transplantation. • The lung transplant procedure was technically challenging. • Pathology of the explanted lungs showed extensive, ongoing acute lung injury with features of lung fibrosis. • There was no recurrence of SARS-CoV-2 in the allografts. • All patients with COVID-19 could be weaned off extracorporeal support and showed short-term survival similar to that of transplant recipients without COVID-19. • The study found that lung transplantation is the only option for survival in some patients with severe, unresolving COVID-19-associated ARDS.
<p>Prioritising COVID-19 vaccination in changing social and epidemiological</p>	<ul style="list-style-type: none"> • A coupled social–epidemiological model of SARS-CoV-2 transmission in which social and epidemiological dynamics interact with one another was developed.

landscapes: a mathematical modelling study. https://doi.org/10.1016/S1473-3099(21)00057-8	<ul style="list-style-type: none"> • In this study, how population adherence to non-pharmaceutical interventions responds to case incidence was modelled. • The most effective vaccination strategy for reducing mortality due to COVID-19 depends on the time course of the pandemic in the population. • For later vaccination start dates, use of SARS-CoV-2 vaccines to interrupt transmission might prevent more deaths than prioritising vulnerable age groups.
Post-acute COVID-19 syndrome. https://www.nature.com/articles/s41591-021-01283-z	<ul style="list-style-type: none"> • The multi-organ sequelae of COVID-19 beyond the acute phase of infection are increasingly being appreciated as data and clinical experience in this timeframe accrue. • The syndrome include, general sequelae; Fatigue, joint pain, muscular pain, Fever, Respiratory sequelae; Dyspnea, Cough, Cardiovascular sequelae; Chest pain, Palpitations, Neuropsychiatric sequelae; Anxiety/depression, Sleep disturbances, PTSD, Loss of taste/smell, Headache, Gastrointestinal sequelae; Diarrhea, Dermatologic sequelae; Hair loss and Skin rash. • The post COVID-19 symptoms may last from 1 month (in Italy) to 6 months (in China).

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

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Call-Centers
FOR MORE INFO and
ALERT NOTIFICATION on
COVID-19



The above presented Quick Reader (QR) code takes you to a portal that you can access updates and all COVID-19 related information available (<https://www.ephi.gov.et/index.php/public-health-emergency/novel-corona-virus-update>)

DISCLAIMER

This weekly bulletin is produced based on figures pulled from official releases of the World Health Organization and activities and reports of all the sections under the Incident management System.

This Weekly Bulletin series of publications is published by the Ethiopian public health Institute (EPHI), public health emergency operation center (PHEOC). The aim of this bulletin is to inform decision makers within the institute and FMOH, UN agencies and NGOs about COVID-19 preparedness and response activities. All interested health and other professionals can get this bulletin at the Institute website; www.ephi.gov.et

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