



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

WHO Epi-Week-32 (August 03-August 09, 2020)

BULLETIN No: 15

Issue Date: August 10, 2020

I. HIGHLIGHTS

- Ethiopia's COVID-19 cases surpassed 20,000.
- Community Based activities and Testing (ComBaT) campaign is ongoing to enhance COVID-19 response efforts.
- About half a million COVID-19 laboratory tests were done and more than 10,000 people have recovered.
- Among a total of 60,652 samples tested in the WHO-Epi-Week-32, 4112 turned positive with a positivity rate of 6.78%.
- The number of COVID-19 confirmed cases in Ethiopia decreased by 13% in the WHO-Epi-Week-32 while the number of deaths have increased by 12% compared to the reports in the Epi-Week-31.
- A total of 4,112 new confirmed COVID-19 cases and 97 COVID-19 related deaths was reported during the WHO Epi-Week-32.
- As of August 09, 2020, a total of 22,818 COVID-19 confirmed cases and 407 deaths have been reported in Ethiopia.
- There were total of 2,605 new recovered COVID-19 cases during the WHO Epi-Week-32, bringing the total number of recovered cases to 10,206.
- A total of 19,295 (16.83%) contacts were identified during the WHO Epi-week-32.
- HE Dr Lia Tadesse, Minister-Ministry of Health, appreciates the role of religious leaders for COVID-19 response.
- Two months regional support efforts were reviewed and update has been presented by the deployed team and discussion was conducted on the issues at the presence of the MOH State Minister Dr. Dereje Duguma.



Discussion on the regional support update with the State Minister of MOH and COVID-19 Reponse National Incident Manager

II. BACKGROUND

The Ministry of Health (MOH) and Ethiopian Public Health Institute (EPHI) in collaboration with partners have intensified response efforts to prevent the spread and severity of Corona Virus Disease 2019 (COVID-19) in Ethiopia. The central and the regional Public Health Emergency Operation Centers (PHEOC) have been activated and laboratory diagnosis capacity has been expanded to other national institutions, subnational and private laboratories.

The national and regional PHEOC are playing a pivotal role in coordinating resources from different responding agencies and coordinating COVID-19 related information through a regular EOC meetings and partners' coordination forums. The MOH and EPHI are providing information to the general public and stakeholders on a regular and uninterrupted manner using different means of communication modalities.

The WHO and other partners are currently supporting in scaling-up preparedness and response efforts and implementation of related recommendations suggested by the IHR Emergency Committee.

III. EPIDEMIOLOGICAL SITUATION

Global Situation

- Between December 2019 and August 09, 2020, COVID-19 pandemic affected 216 countries/territories causing 19,462,112 cases and 722,285 deaths (CFR=3.71%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 1,801,589 (3.91% decrement compared to Epi-week-31) cases and 41,391 (1.25% increment compared to Epi-week-31) deaths were reported during the WHO Epi-Week-32.
- The United States of America (USA) reported the highest number of cases (4,897,958) and deaths (159,930) with CFR of 3.27% followed by Brazil (2,962,442 cases and 99,572 deaths with a CFR of 3.36%). Among the confirmed cases, the highest proportion of death occurred in the United Kingdom with CFR of 15.03%.
- In Africa, the number of COVID-19 confirmed cases have surpassed 1 Million and 56 countries/territories have reported COVID-19 cases.
- As of August 09, 2020, a total of 1,039,526 cases and 22,959 deaths were reported across the continent (CFR=2.21%).
- During the WHO-Epi-Week-32, a total of 92,093 cases and 2,945 deaths were reported across the continent.
- More than half of the total COVID-19 confirmed cases, 553,188 (53%) and more than one third of the deaths, 10,210 (45%) in Africa were reported from South Africa. See the summary dashboard below.

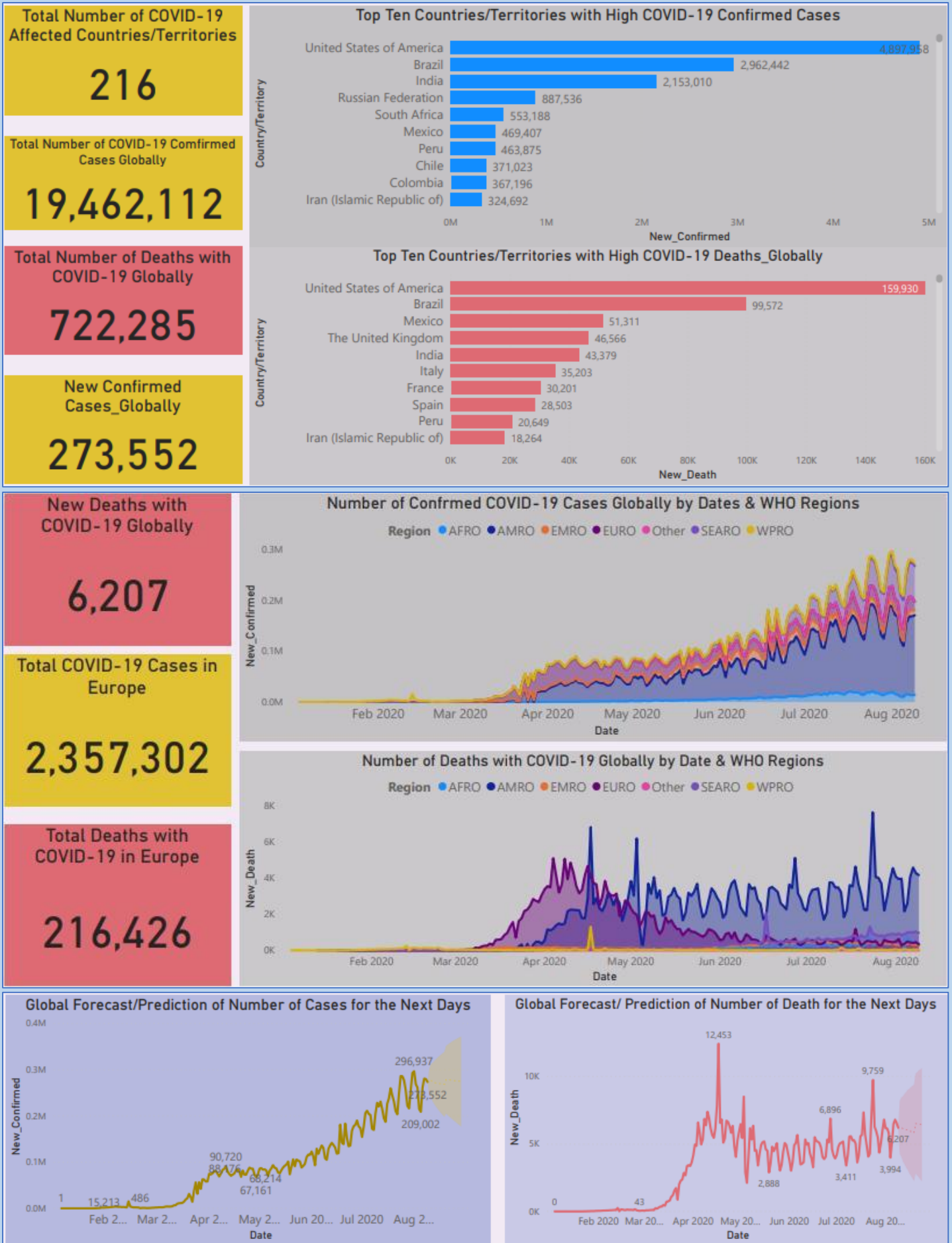


Fig. 1: Global Situation Update as of August 09, 2020 (Source: WHO)

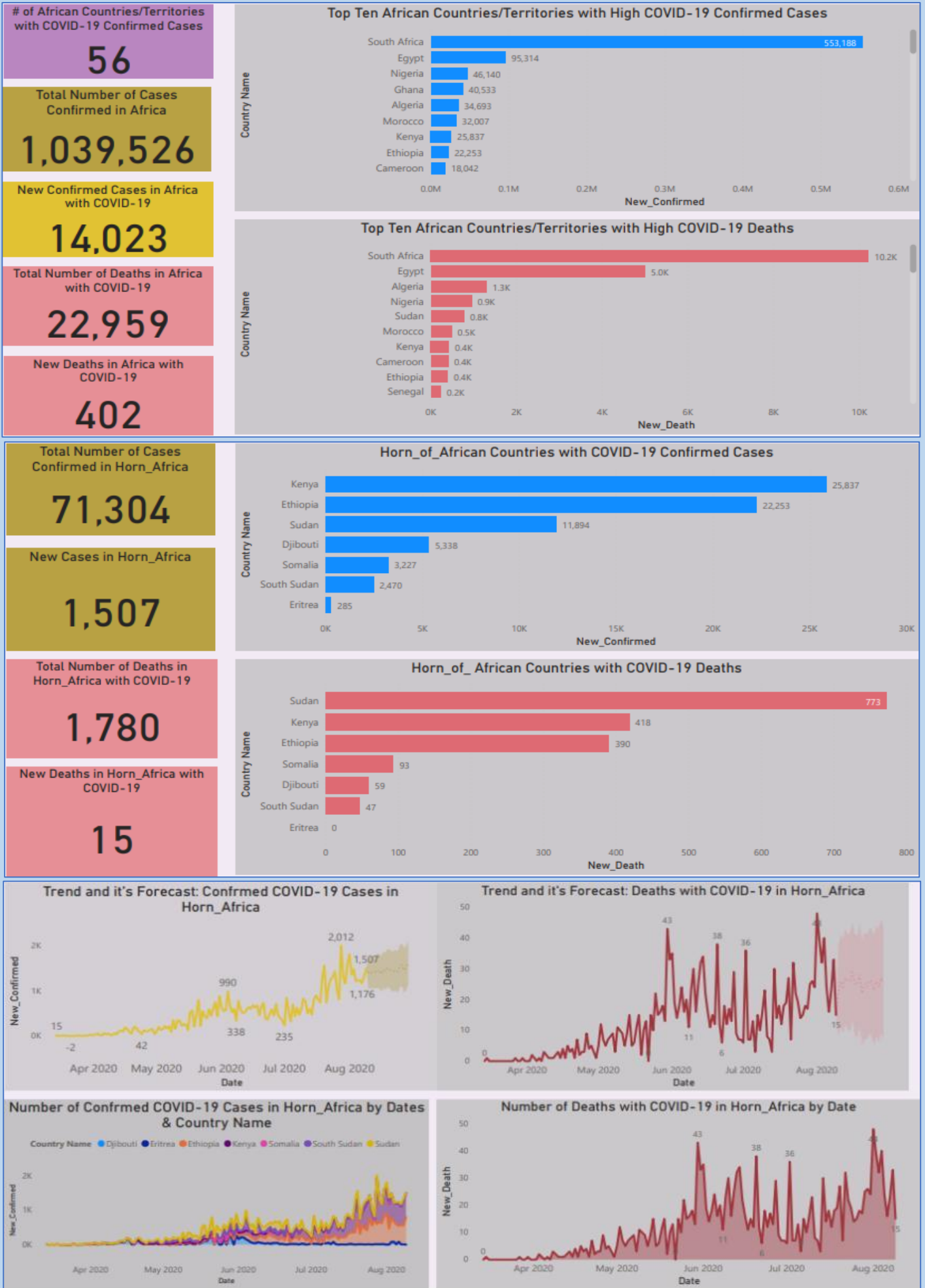


Fig. 2: Africa Situation Update as of August 09, 2020 (Source: WHO)

National COVID-19 situation

- Ethiopia's COVID-19 cases surpassed 20,000.
- Four-thousand-one-hundred-twelve (4,112) newly confirmed COVID-19 cases (13% decrement compared to that of Epi-Week-31) and 97 COVID-19 related deaths (12% decrement compared to that of Epi-Week-31) were reported during the WHO Epi-Week-32.
- As of August 09, a total of 22,818 confirmed COVID-19 cases and 407 deaths are recorded in the country. For detail, see the summary dashboard below.

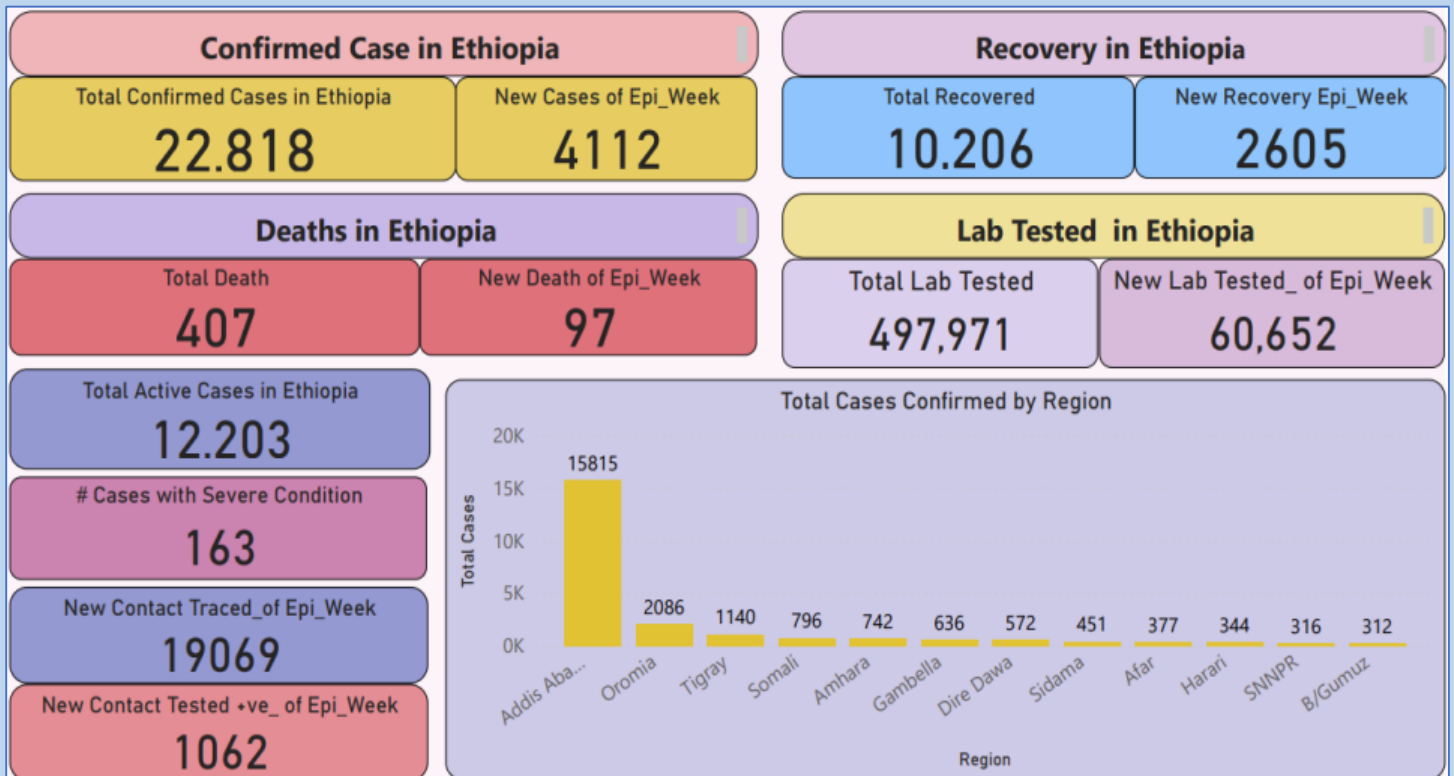


Fig. 3: Weekly Summary of the COVID-19 situation in Ethiopia, August 09, 2020

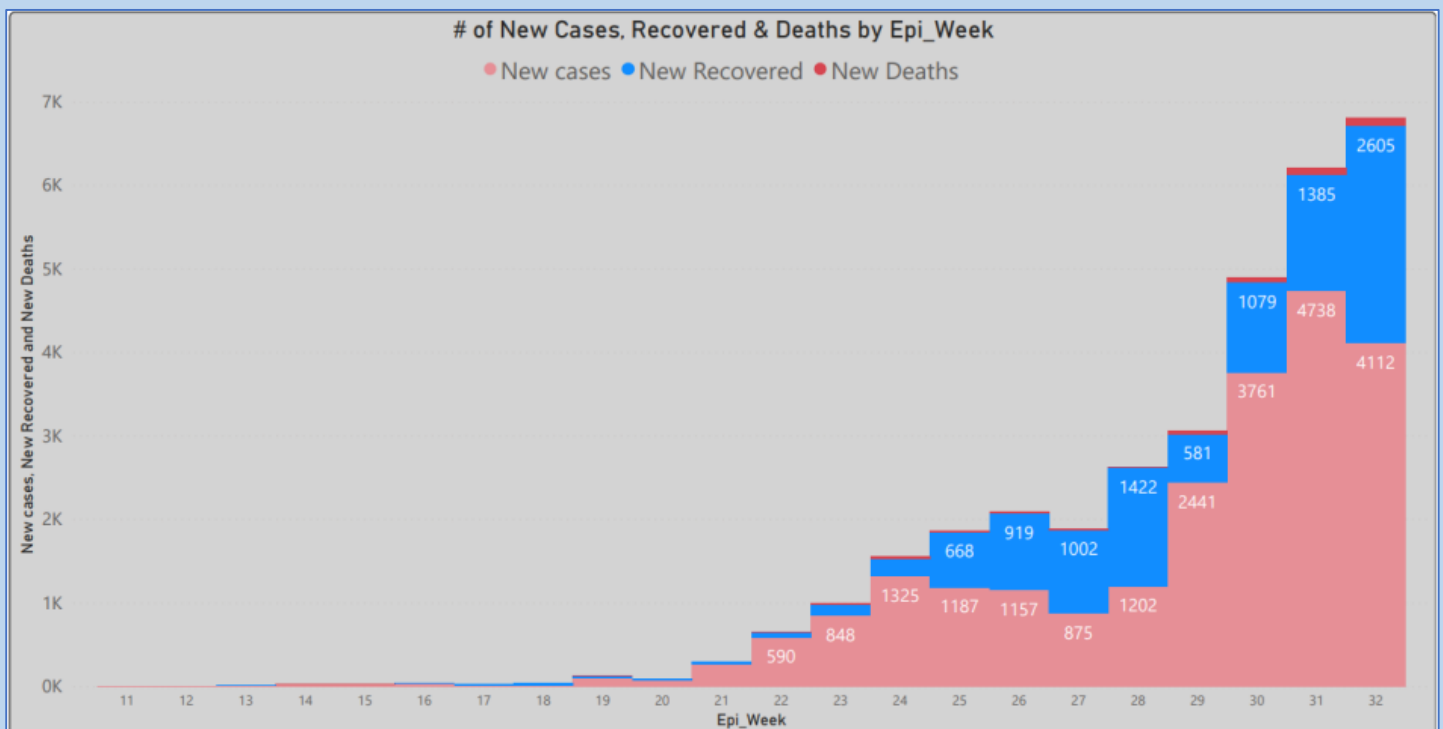


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of August 09, 2020, Ethiopia

Trend & its Forecast[95% CI]: Confirmed Cases in Ethiopia Based on the data as of Aug 9, 2020
 Source: EPHI & MoH, Ethiopia
 Insight: Trend of Cases for next consecutive days[if we consider or incorporate predicting factors such testing capacity, social distancing and so on ...-> one may improve the power of prediction & Forecasting power of the model].

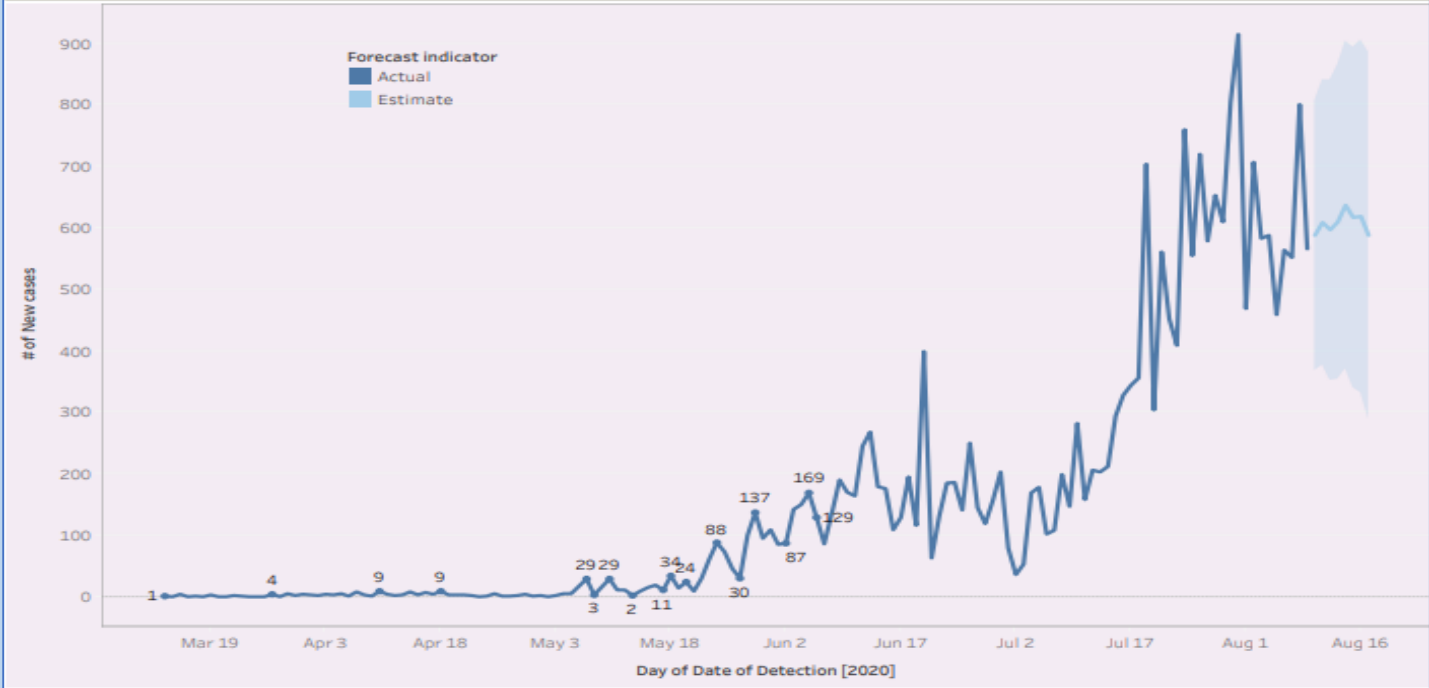


Fig. 5: Forecast on COVID-19 confirmed cases epidemiologic progression in Ethiopia

Epi-Surveillance and Laboratory Related Activities

There is ongoing travelers' health screening at point of entries (POEs), follow-up of international travelers, mandatory quarantine of passengers coming to Ethiopia, rumor collection, verification and investigation and information provision via toll free call center, active case detection by house to house search, contact listing, tracing and follow-up of persons who had contact with confirmed cases and laboratory investigation of suspected cases, quarantined individuals, contacts of confirmed cases, random SARI/pneumonia cases and community members.

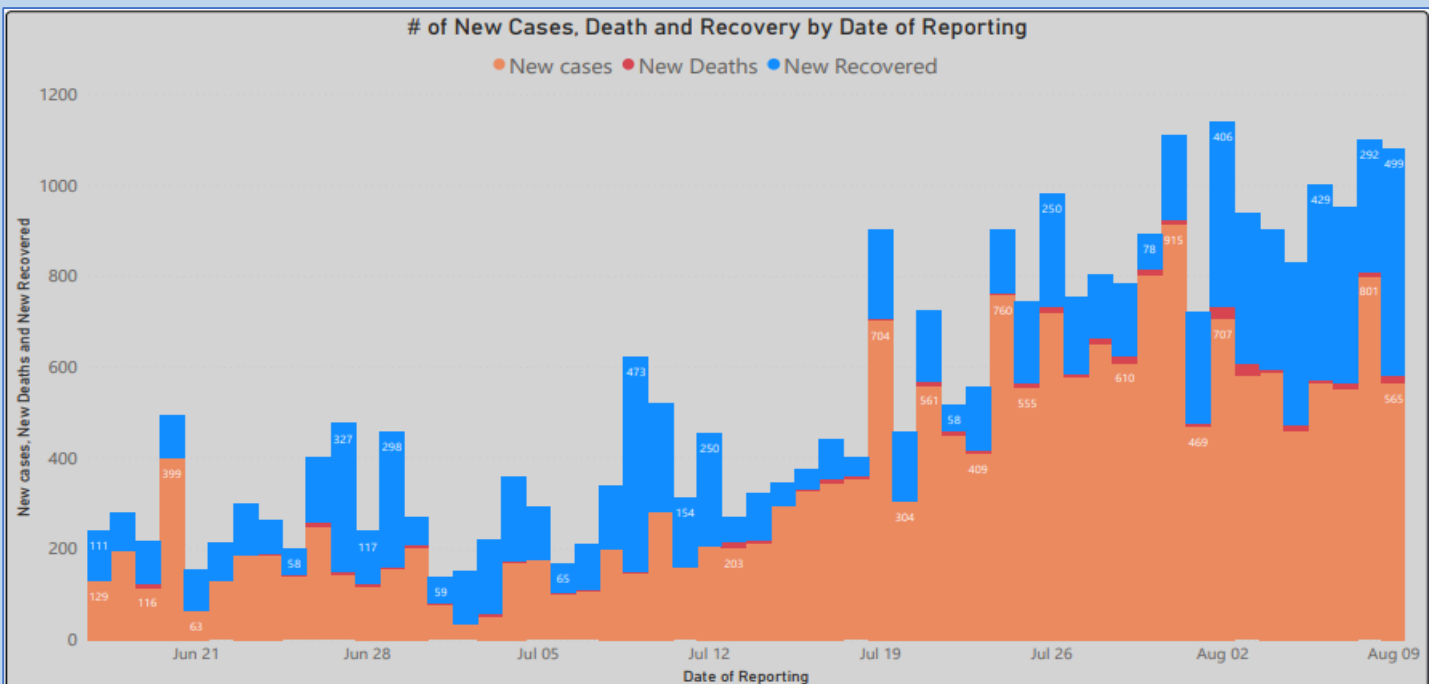


Fig. 6: COVID-19 case contact tracing summary dashboard as of August 09, 2020

Laboratory related activities

- As of August 09, 2020, a total of 497,971 samples have been tested for COVID-19 by laboratories in the country.
- 60,652 laboratory tests were processed during the WHO Epi-Week-32, 10.32% increment compared to that of Epi-Week-30.

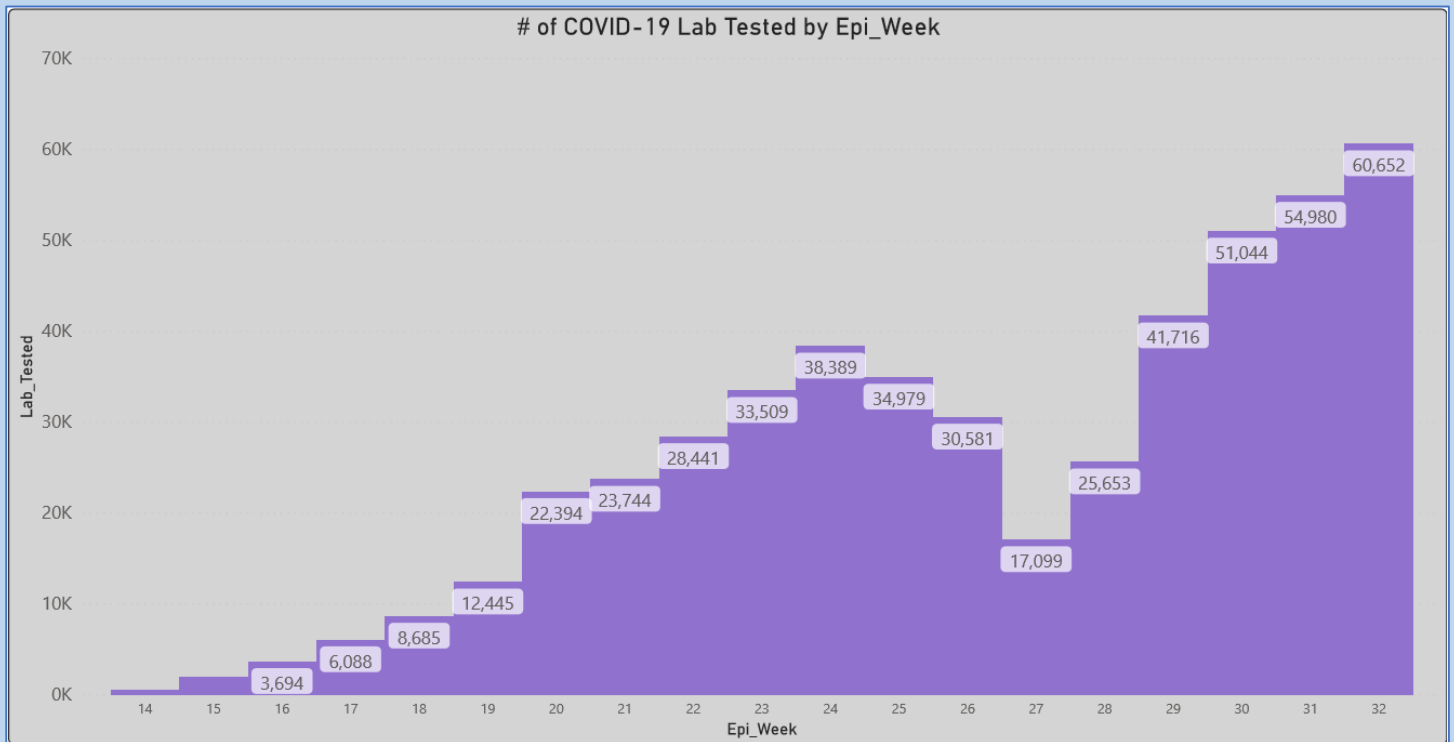


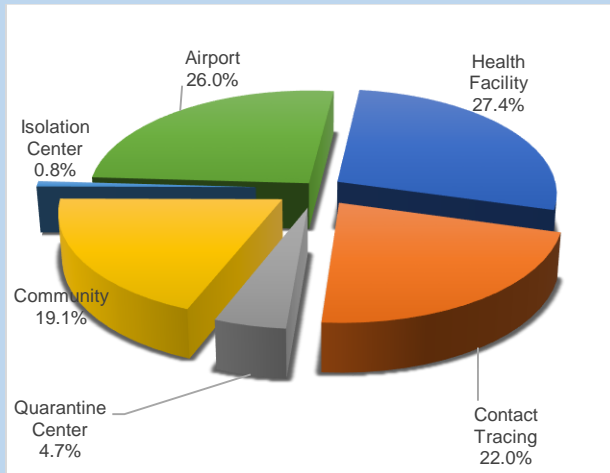
Fig. 7: Trend of COVID-19 laboratory testing by WHO Epi-Week as of August 09, 2020, Ethiopia.

Laboratory testing capacity and expansion

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

Status	Number of Laboratories	Number of Machine	Testing Capacity	Remark
Functional/Reporting Laboratories	49	60	11,848	At least one laboratory in all regions (4 at EPHI)
Ready to conduct test	1	1	20	
Under Verification Process	1	1	100	
Waiting for Verification	1	3	300	
Candidates	12	13	5032	
Total	64	78	16,800	

Specimen Collection by Site



- Specimen collection from contact tracing activity accounts for 22% of the overall specimen collection.

Testing Performance

- The number positive cases are increasing in line with the number of tests performed. As the number of test and target groups (such as contacts) testing increases the number of positive cases increase. Thus increasing the number of testing capacity and high risk group testing is highly recommended to identify infected individuals.
- The newly started Community Based Activities and Testing (ComBaT) strategy is one of the activities planned to achieve this assumption.
- The overall testing positivity rate is 4.68% while it is 6.78% for the WHO Epi-Week-32. According to the World Health Organization, before a region can relax restrictions or begin reopening, the test positivity rate from a comprehensive testing program should be at or below 5% for at least 14 days.

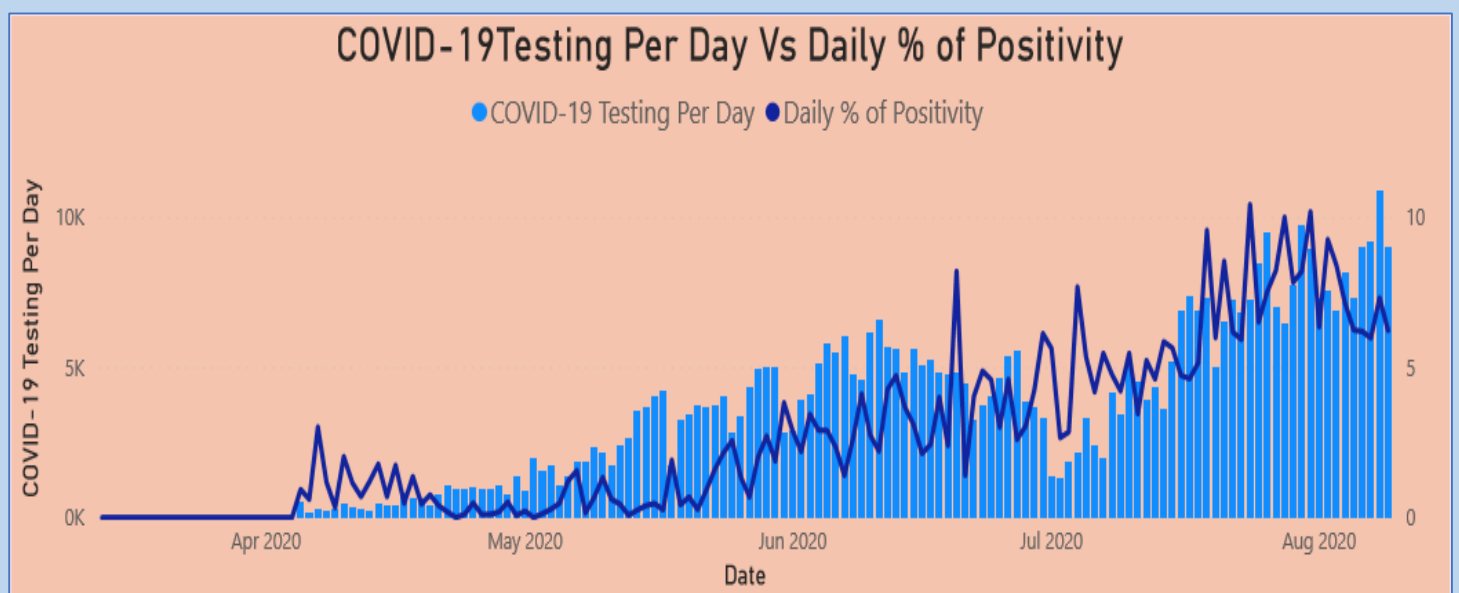


Fig. 08: Trend of total laboratory tests by positivity rate in Ethiopia as of August 09, 2020

- The number of positive cases in regions may vary from region to region which may be mainly from the total number of tests done in each region.

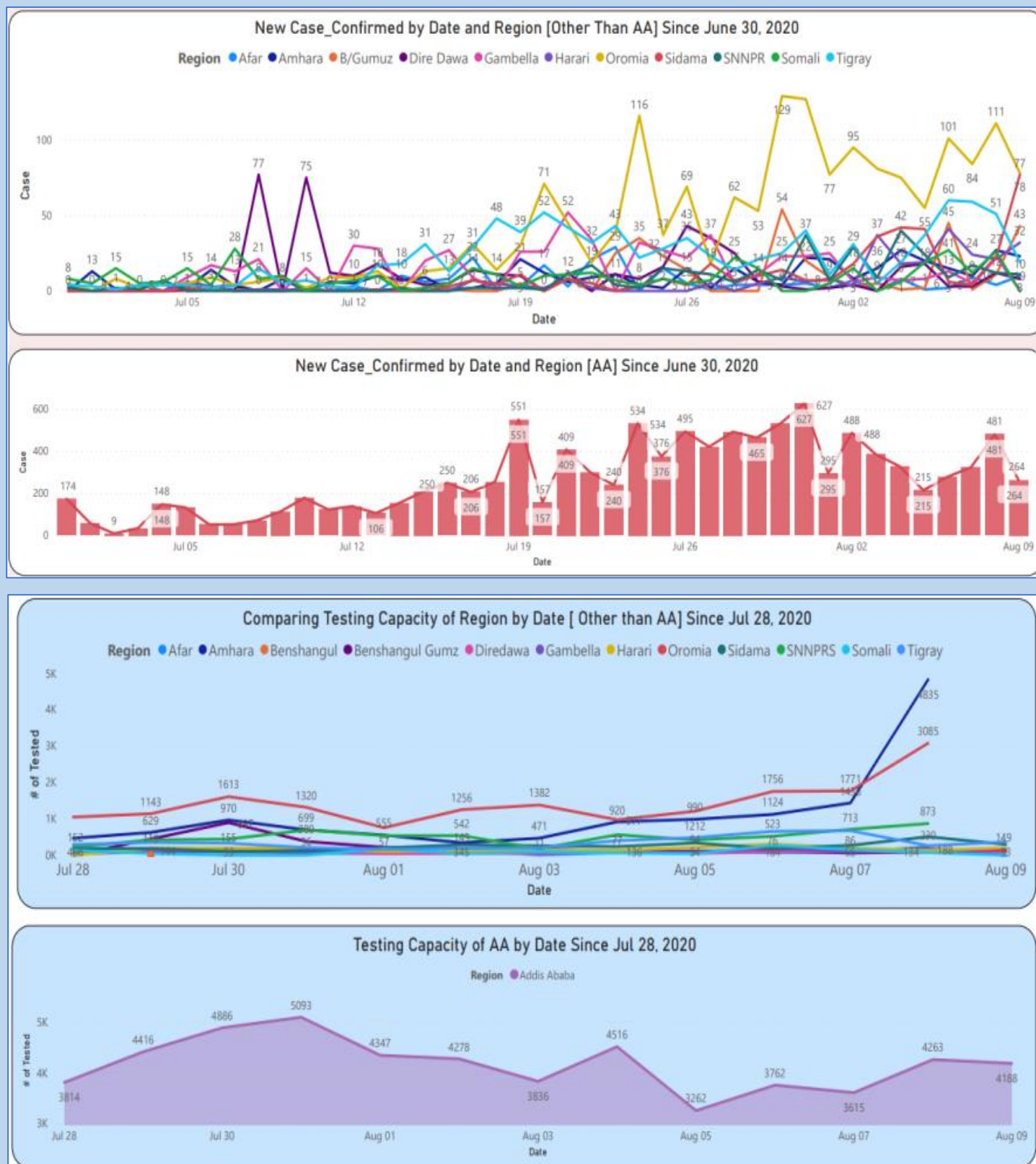


Fig. 09: Summary of trend of new cases and testing capacity in regions as of August 09, 2020

IV. Coordination and Leadership

- Since its activation, the national PHEOC is collaboratively working with stakeholders: government agencies, partner organizations, UN agencies, embassies, hospitals, Industrial parks and others.
- Morning briefing of IMS is being conducted daily by core IMS staffs and key partners' representatives
- Weekly virtual (zoom) meeting is being conducted with technical working group members, which comprises members from subnational level focal, key partners and stakeholders.
- Weekly leadership and strategic virtual (zoom) meeting, chaired by the H.E MOH Minister, is being conducted.
- Supports (financial, logistic and technical) are being received from partners, private institutions, individuals and donors.
- H.E. Dr Lia, Minister, Ministry of Health appreciated the role of religious leaders on COVID-19 response. She also emphasized that the religious leaders shall continue their prayer and teaching congregations about the COVID-19 preventive measures.



Fig. 10: H.E Dr Lia Tadesse, Minster-MOH, addressing the role role of religious leaders on the fight against COVID-19, August 05, 2020

V. Regional Support

- Regional Support update has been presented and discussion has been made on the related issues.
- The Ethiopian Public Health Institute (EPHI) and Ministry of Health (MOH) made evaluation of technical support given to regions on COVID 19 preparedness and response.
- A team from EPHI, MOH and African CDC consisting 70 members deployed to all regions from May 25 to July 25 /2020 reported finding of support to EPHI and MOH leaders. During the two months stay 91 zones, 492 districts, 211 isolation centers, 107 health facilities and 33 testing sites were visited by deployed team.
- In addition to liaising between national EOC and regional EOC, the team deployed for technical assistance coordinated the serology survey activities conducted in respective regions and at PoE.
- The regional support efforts was reviewed and discussion was conducted on the identified gaps and challenges with the State Minister of the Ministry of Health and the COVID-19 Response National Incident Manager. The MOH State Minister Dr. Dereje Duguma appreciated activities done by deployed team and told the support will continue going forward. The Deputy Director General of EPHI and COVID-19 Response National Incident Manager Mr. Aschalew Abayneh also acknowledged the key role played by the nationally deployed team in control of COVID-19 and importance of need based support to regions by including other public health priority disease like malaria, measles and dengue fever and essential health services.



Fig. 11: Discussion on the regional support update with the State Minister of MOH and COVID-19 Response National Incident Manager, August 05, 2020

VI. Case Management and IPC

- Currently there are a total of 10,793 active COVID-19 cases in the country.
- There are 153 patients in severe condition and the rest are in stable condition.
- Home-based isolation and care provision continued.

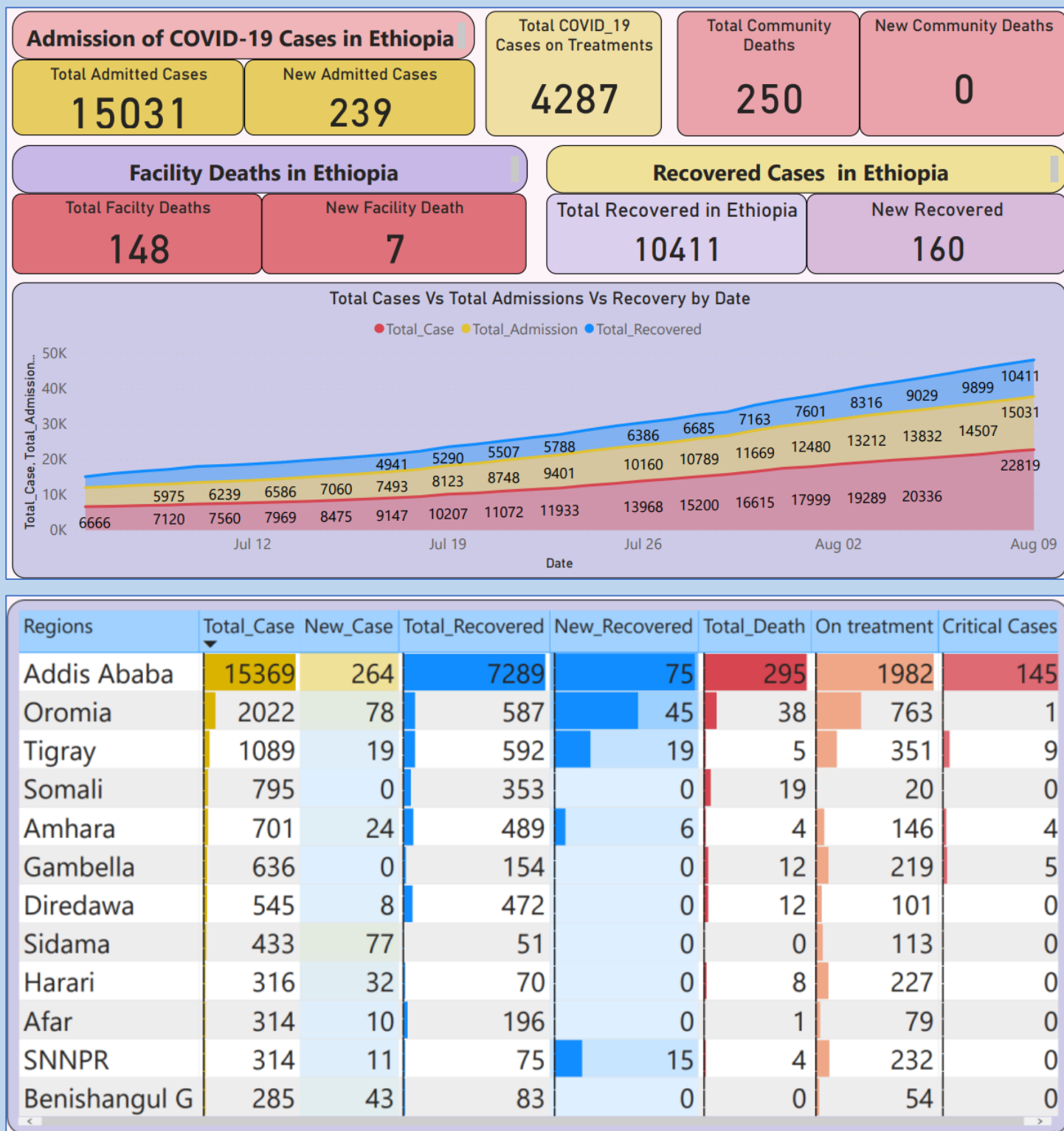


Fig. 12: Summary of case management update as of August 09, 2020

VII. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being provided on COVID-19 situation on daily basis.
- Seven SMS messages focusing on the current situation are developed in Amharic and Afan Oromo.
- Five different video messages with different key messages (Careless youth, wise youth, old women, COVID-19 song for children and messages for people with disability) were sent to five regional RCCE team for COVID-19 prevention interventions.
- Key messages developed on getting tested for ComBaT (Community Based Activities and Testing).



- Key notice messages developed on COVID-19 sample collection and testing and responsible health offices and facilities.



- The combat “ምክንያት አልሆንም” key message published on social media.



VIII. Logistic and Supplies

- The Africa CDC has provided about 54,000 tests, 50,000 pieces of masks, and 32 cartons of disinfectants on 4 August 2020 to support Community Based activities and Testing (ComBaT) strategy in Ethiopia.
- There are ongoing distribution of pharmaceuticals and medical supplies to quarantine, isolation and treatment centers.
- Number of governmental and Non-Governmental organizations, individuals and partners have donated different medical supplies for COVID-19 response.

IX. Training and Orientation Activities

- There is ongoing training and orientation for the public and health professionals on COVID-19.
- So far, a total of 9,857 Health Extension Workers (HEWs) and supervisors are enrolled to the Mobile based COVID-19 training and 7,994 completed the training from Addis Ababa, Afar, Amhara, Oromia, Tigray, SNNPR and Benishangul Gumuz Regions.
- In the WHO Epi-Week-32:
 - Training on role of Medias on COVID-19 prevention provided for Media Houses and Public Relation experts in Wolaita and Gamo Zones.
 - Training provided for 46 supportive staffs on Risk Communication and Community Engagement and Mental Health and Psychosocial Support.
 - Orientation on ComBaT provided for regional PHEM focal persons and National RCCE team members.
 - Five days TOT on Home-Based Isolation and Care provided for 21 HCWs from Addis Ababa City Admin Health Bureau and sub-cities health office.



Fig. 13: Health care workers from Addis Ababa training on Home-Based Isolation and Care, August 06, 2020

X. Challenges and Way Forward

Challenges

- Poor adherence to physical distancing and other preventions advises among the public.
- Increasing number of community deaths and late confirmation of COVID-19 by dead body surveillance and testing.
- Happening of super spreading events could in contribute to the increment of number and distribution of COVID-19 cases.
- Low stock status of personal protective equipment
- There is critical shortage of beds for COVID-19 patients
- Refugee site and quarantine area problems specially in Gambella region

Way Forward

- Enhance response efforts by implementing Community-based Activities and Testing (ComBaT) strategy
- Rapid assessment of community death.
- Conduct intensive testing of high-risk areas for COVID-19.
- Enhance technical support, coordination and timely and accurate information sharing at all levels.
- Strengthened collaboration and coordination with key stakeholders and partners.
- Intensify risk communication and community engagement activities.
- Enhance active surveillance for COVID-19 such as house-to-house case search and detection in the community.
- Intensification of a capacity building including through virtual/online platforms.
- Identify and establish additional case treatment centers and quarantine sites, especially in regions.
- Strengthen and sustain essential health services other than COVID-19.

XI. Public Health Policy Recommendation

Advice for the Public:

- It is important to be informed of the situation and take appropriate measures to protect yourself and your family.
 - Stay at home
 - Wash hands frequently
 - Don't touch your mouth, nose or eye by unwashed hands
 - Keep physical distancing; avoid mass gathering and shaking hands.
- Adhering to all these precaution measures is also highly recommended during planting trees in this summer season.
- 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

Articles/Comments/ Correspondence/ Editorials	Summary
Physical rehabilitation with telemedicine during the COVID-19 pandemic / Physical rehabilitation with telemedicine during the COVID-19 pandemic https://search.bvsa.lud.org/portal/resource/en/bibliography/1100160	<ul style="list-style-type: none"> • Low- quality evidence suggests that physical rehabilitation with telemedicine would be no less effective than face-to-face rehabilitation or usual care without rehabilitation. • There is great variability in the techniques of tele- rehabilitation employed, including the phone, the video, virtual reality and programs of internet. • The Scientific Societies on Physical Rehabilitation of the United States, Canada, Australia and UK recommend using tele- rehabilitation during isolation by COVID-19. • The Superintendency of Health Services of Argentina recommends that during the "social isolation, preventive and mandatory" by the pandemic COVID-19, funders of social security and private should implement and promote the use of telecare and / or teleconsultation, to In order to guarantee essential demand benefits.
Prevalence of comorbidities in patients and mortality cases affected by SARS-CoV2: a systematic review and meta-analysis. https://www.epistemikos.org/en/documents/01aaed93d3507d48ea9b817c4fc1b27b31f32d00	<ul style="list-style-type: none"> • The pooled prevalence was estimated using the random effects model, and odds ratios were used to measure the probability of death for a patient with a comorbidity. • The total prevalence of comorbidities in patients with COVID-19 was 42% (95% CI: 25-60), 61% (95% CI: 42-80) in those admitted to the ICU, and 77% (95% CI: 68-86) among death cases; males were the most affected. • Hypertension was the most prevalent comorbidity in all three groups studied, accounting for 32%, 26%, and 35%, respectively. The odds ratio of death for a patient with a comorbidity compared to one with no comorbidity was 2.4 (P < 0.0001). • The higher the prevalence of comorbidities the higher the odds that the COVID-19 patient will need intensive care or will die, especially if the pre-existing disease is hypertension, heart disease, or diabetes.
Profiling the positive detection rate of SARS-CoV-2 using polymerase chain reaction in different types of clinical specimens: a systematic review and meta-analysis https://doi.org/10.1101/2020.06.11.20128389	<ul style="list-style-type: none"> • A total of 8136 different clinical specimens were analyzed to detect SARS-CoV-2, with majority being nasopharyngeal swabs (69.6%). • The major findings are as follow: <ul style="list-style-type: none"> ○ Lower respiratory tract (LRT) specimens had a PR of 71.3% (95% CI: 60.3%-82.3%) ○ No virus was detected from the urinogenital specimens ○ Bronchoalveolar lavage fluid (BLF) specimen had the PR of 91.8% (95% CI: 79.9 103.7%) ○ Rectal swabs had the PR of 87.8 % (95% CI: 78.6%-96.9%) ○ Sputum had the PR of 68.1% (95%CI: 56.9%- 79.4%) ○ Lower PR was observed in oropharyngeal swabs, 7.6% (95% CI: 5.7%-9.6%) and blood samples, 1.0% (95% CI: -0.1%-2.1%), whilst no SARS-CoV-2 was detected in urine samples ○ Nasopharyngeal swab, a widely used specimen, had a PR of 45.5% (95% CI: 31.2%-59.7%).
To breastfeed or not to breastfeed? Lack of evidence	<ul style="list-style-type: none"> • A rapid systematic review was carried out to evaluate the current evidence related to the presence of SARS-CoV-2 in breast milk from pregnant women with COVID-19.

<p>on the presence of SARS-CoV-2 in breastmilk of pregnant women with COVID-19 https://www.epistemonikos.org/en/documents/60c1d06debe6a41673aebdde1cab4e951c2bab6f</p>	<ul style="list-style-type: none"> • Eight studies analyzing the presence of SARS-CoV-2 RNA in the breast milk of 24 pregnant women with COVID-19 during the third trimester of pregnancy were found. • All patients had fever and/or symptoms of acute respiratory illness and chest computed tomography images indicative of COVID-19 pneumonia. • Most pregnant women had cesarean delivery (91.7%) and two neonates had low birthweight (< 2 500 g). Biological samples collected immediately after birth from upper respiratory tract (throat or nasopharyngeal) of neonates and placental tissues showed negative results for the presence SARS-CoV-2 by RT-PCR test. No breast milk samples were positive for SARS-CoV-2 and, to date, there is no evidence on the presence of SARS-CoV-2 in breast milk of pregnant women with COVID-19. • However, data are still limited and breastfeeding of women with COVID-19 remains a controversial issue. There are no restrictions on the use of milk from a human breast milk bank.
<p>Pooling Data From Individual Clinical Trials in the COVID-19 Era doi:10.1001/jama.2020.13042</p>	<ul style="list-style-type: none"> • Combining information from multiple trials that were not originally configured as a network of sites is another potential approach. • Such a pooling effort must be scientifically justified, pre specified, inferentially rigorous, and convincing to the medical community; • it must also be valid to honor the participation and risk assumed by the cohorts of study participants who deserve the maximal opportunity to have their participation result in useful findings. • This Viewpoint proposes a practical approach for real-time pooling of individual patient data from RCTs during a pandemic. • Although the model could be extensible to any relevant set of trials and group of institutions, the ideas are illustrated with a specific example for estimating the therapeutic effects of convalescent plasma in hospitalized patients with COVID-19 by pooling data from several studies, each one of which is at risk of failing because of inability to recruit enough patients. • The perspectives of investigators that should be considered in pooling data include establishing rules for publication and dissemination of individual and pooled trial findings, funding and sponsorship, and ownership of data and other intellectual property considerations. • The biostatistical challenges are significant but not insurmountable. The analytic approach for pooling individual patient data from multiple studies must address variation across trials and provide a valid estimate of treatment efficacy.
<p>Use of ultraviolet light to disinfect hospital environments or surfaces in the context of SARS-CoV-2 / Use of ultraviolet light to disinfect hospital environments or surfaces in the context of SARS-CoV-2 https://search.bvsalud.org/portal/resource/en/bibliography/1100100</p>	<ul style="list-style-type: none"> • No studies have been found that determine the efficacy of ultraviolet light for disinfection of hospital environments or surfaces. • The use of ultraviolet lighting hospital environments has been described in publications of experiences carried out in China, which report its use as a procedure for disinfection of hospital environments that is carried out for 20 to 60 minutes without having more details on the type of ultraviolet light used, light sources used and coverage area of the ultraviolet light source according to the type of hospital area. • It is important to mention that the irradiation of ultraviolet light for the disinfection of environments or hospital surfaces requires that the rooms be without patients or health personnel due to the potential damage that can cause overexposure to skin and eyes (Yan et al. 2020, Barnard, Eadie, and Wood 2020, Talbot et al. 2002). Therefore, with the evidence available to date (June 7, 2020), it is not possible to establish whether ultraviolet light is effective in inactivating the SARS-CoV-2 virus; however, previous experiences and a guide from the World Health Organization include type C ultraviolet light as a disinfection medium.

	<ul style="list-style-type: none"> After a manual cleaning procedure in environments intended for the care of patients with COVID-19. Future research is needed to determine the efficacy of ultraviolet light on SARS-Cov-2 given the previous results of studies with other coronaviruses.
<p>COVID-19: a lonely pandemic https://www.tandfonline.com/doi/full/10.1080/23748834.2020.1788770</p>	<ul style="list-style-type: none"> Social distancing is considered a key mechanism in the global effort to slow the spread of COVID-19. However, social distancing may inadvertently lead to social isolation and exacerbate loneliness. Internet-based communication such as videoconferencing has replaced many formerly physical interactions. However, internet access, proficiency, and online social networks are not equally distributed across society. Older adults are particularly vulnerable as they are less likely to engage online and most susceptible to COVID-19. We must take this opportunity to strengthen social bonds while physically distancing and support the development of blended communities.

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.WHO.A 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.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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