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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-43 (October 19-25, 2020)

BULLETIN Nº: 26

Issue Date: October 26, 2020

I. HIGHLIGHTS

- A total of 47,194 laboratory samples were tested in the WHO-Epi-Week-43, which is almost an equivalent increase to that of the WHO-Epi-Week-42.
- The laboratory test positivity rate for the WHO-Epi-Week-43 is 8.91%, which is lower than the preceding week (10.36%).
- A total of 4,206 new confirmed COVID-19 cases and 74 COVID-19 related deaths were reported during the WHO Epi-Week-43 bringing the total cases and death to 93,343 and 1,426 respectively.
- There were total of 4,894 newly recovered COVID-19 cases during the WHO Epi-Week-43, bringing the total number of recovered cases to 47,543.
- A total of 25,735 COVID-19 confirmed cases have been at Home Based Isolation and Care.
- A total of 8,211 contacts were identified during the WHO Epi-week-43.
- A one-year COVID-19 National Cohort Study is launched.
- First quarter Public Health Emergency Management Forum (PHEM forum) conducted in Jimma Town,
 Ethiopia.



PHEM forum, October 22-24, 2020, Jimma Town, Ethiopia

II. BACKGROUND

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

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

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

III. EPIDEMIOLOGICAL SITUATION

Global Situation

- Between December 31, 2019 and October 25, 2020, COVID-19 pandemic affected 235 countries/territories causing 42,542,610 cases and 1,148,523 deaths (CFR=2.67%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 2,850,608 cases and 39,470 deaths were reported during the WHO Epi-Week-43.
- The United States of America (USA) reported the highest number of cases (8,403,121) with CFR of 2.66% followed by India (7,864,811 cases) with a CFR of 1.51%.
- In Africa, 57 countries/territories have reported COVID-19 cases.
- As of October 25, 2020, a total of 1,719,157 cases and 41,222 deaths were reported across the continent (CFR=2.40%). Of these 70,756 cases and 1,549 deaths were reported during the WHO-Epi-Week-43.
- In Africa, South Africa reported the highest number of cases (714,246) with CFR of 2.65% followed by Morocco (194,461 cases) with a CFR of 1.70%.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.

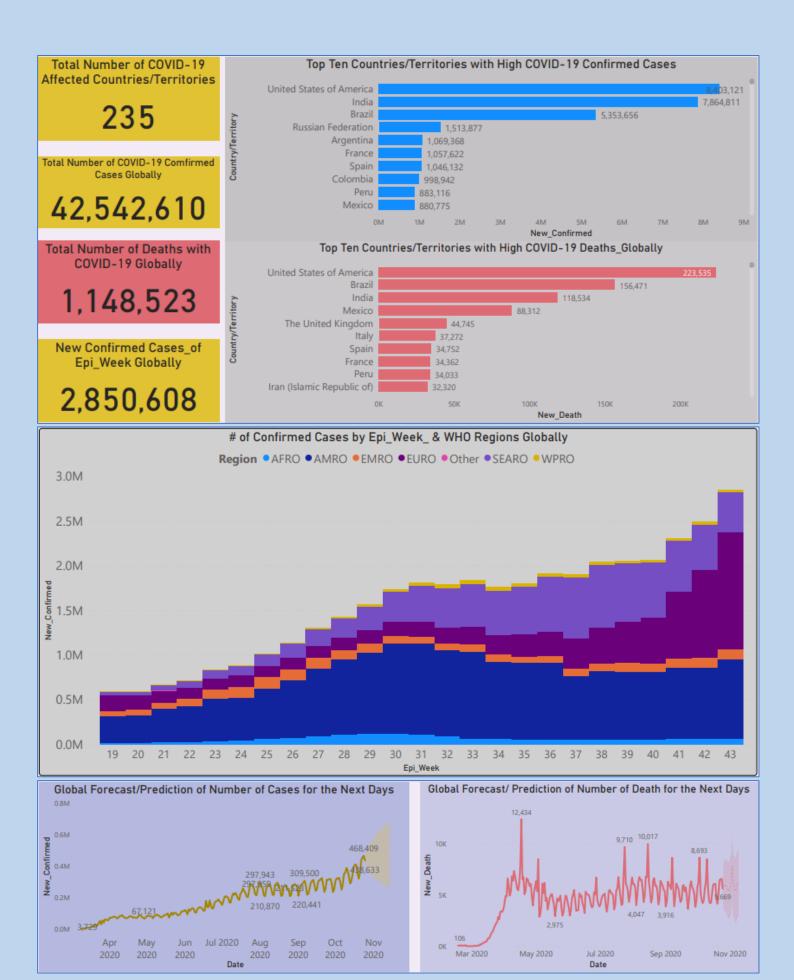


Fig. 1: COVID-19 Global Situation Update as of October 25, 2020 (Source: WHO)

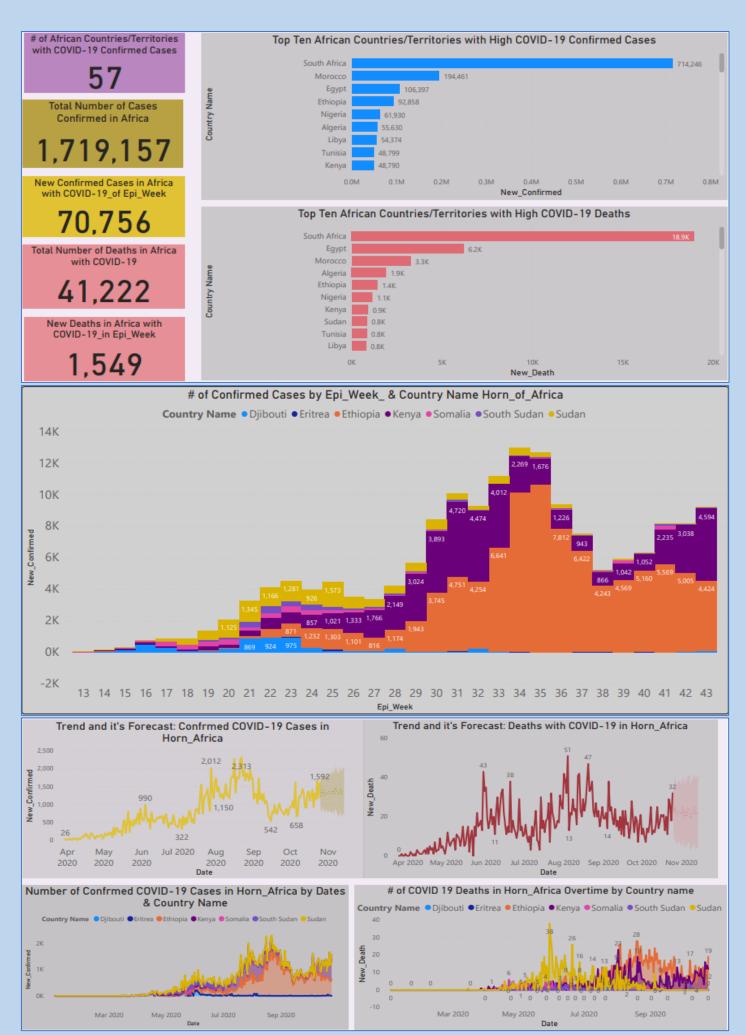
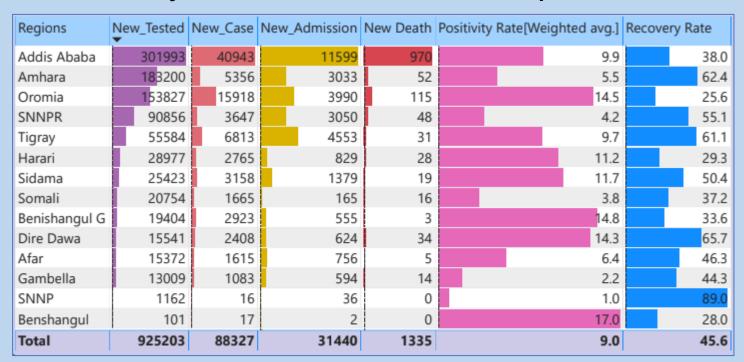


Fig. 2: COVID-19 Situation Update in Africa as of October 25, 2020 (Source: WHO)

National COVID-19 situation

- Four-thousand-two-hundred-six (4,206) newly confirmed COVID-19 cases (13% decrease compared to that
 of Epi-Week-42) and 7465 COVID-19 related deaths (14% increase compared to that of Epi-Week-42) were
 reported during the WHO Epi-Week-43.
- As of October 25, a total of 93,343 confirmed COVID-19 cases and 1,426 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-43



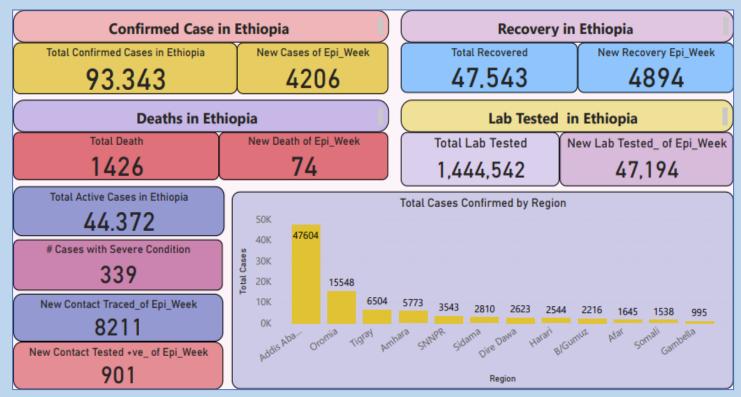


Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of October 25, 2020, Ethiopia

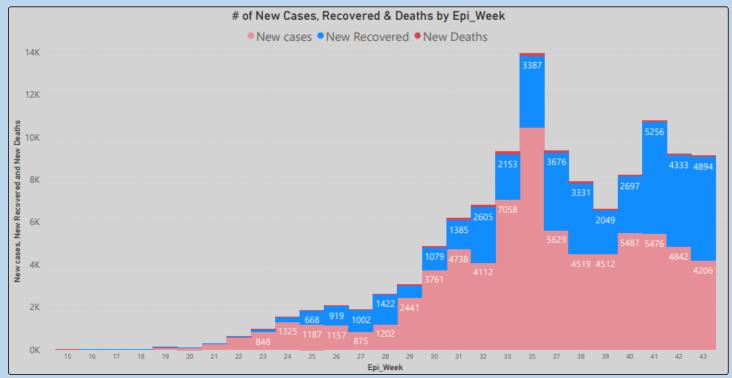


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of October 25, 2020, Ethiopia

Epi-Surveillance and Laboratory Related Activities

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

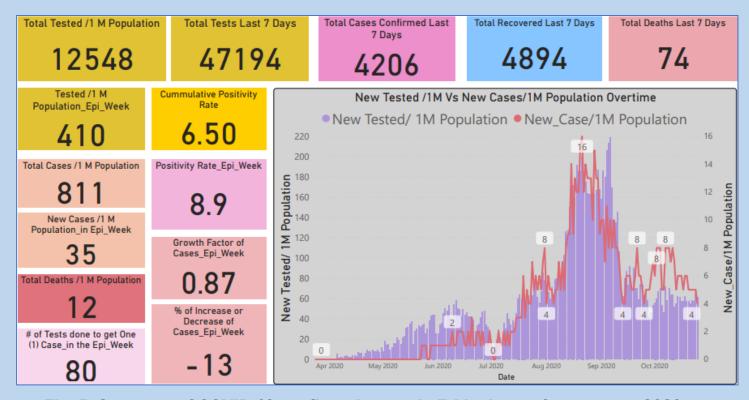


Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of October 25, 2020.

Contact tracing and follow-up:

- As of October 25, 2020:
 - A total of 287,353 contacts of confirmed cases have been identified. Of these, 8,211 contacts were identified in the WHO-Epi-Week-43.
 - Of total contacts, 256,794 (89.37%) have completed 14 days follow-up, while 8,623 contacts are still on follow-up.
 - o 426 (0.15%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 391 (91.78%) have tested positive.
- Overall, 21,410 (7.45%) of the contacts (symptomatic plus asymptomatic) have tested positive.
- Contacts of the confirmed cases contributed for the 22.94% of the total cases.

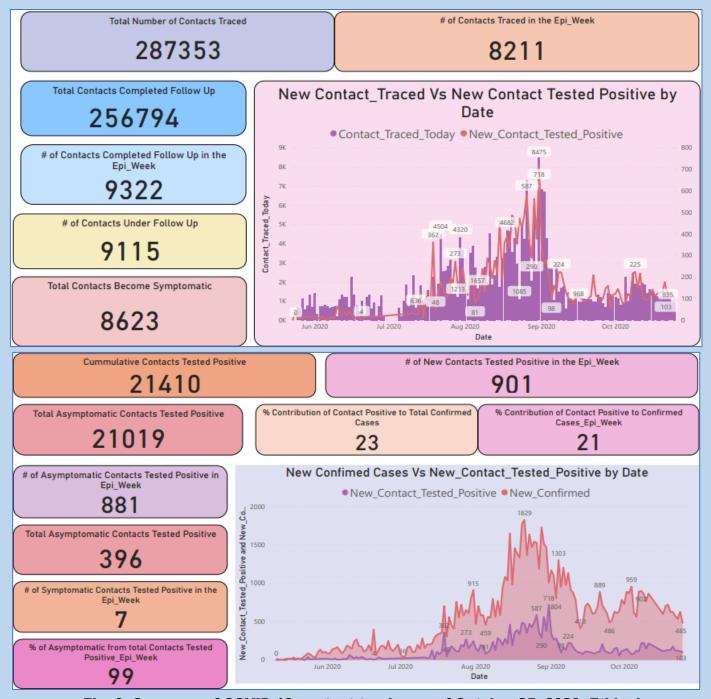


Fig. 6: Summary of COVID-19 contact tracing as of October 25, 2020, Ethiopia.

Rumors collection and verification from all sources

- As of October 25, 2020:
 - 302,002 rumors/alerts have been received and investigated. Of these, 4,188 rumors were reported
 in the WHO-Epi-Week-43.
 - o 233,787 (77.41%) of the rumors/alerts have fulfilled the suspected case definition.

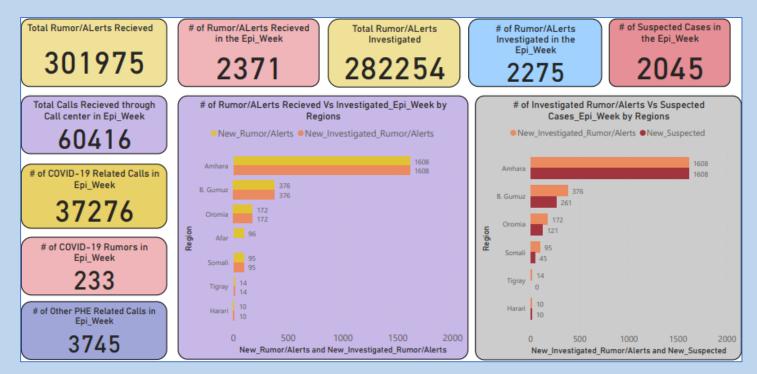


Fig. 7: Summary of COVID-19 rumor/alert investigation as of October 25, 2020, Ethiopia.

Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,255,839 1,216,035 passengers have been screened at the Point of Entries of Ethiopia and 478,957 (38.14%) of them were screened at Bole International Airport.
- Of the total passengers screened, 39,804 were screened for COVID-19 in the Epi-Week-43.
- 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 October 25, 2020, a total of 1,444,542 samples have been tested for COVID-19 by laboratories across
 the country.
- 47,194 laboratory tests were processed during the WHO Epi-Week-43, which is almost an equivalent increase to that of Epi-Week-42.
- The laboratory test positivity rate for the WHO-Epi-Week-43 is 8.91%, which is lower than the preceding week, which was 10.36%.
- The overall positivity rate for the laboratory test since the occurrence of the disease in the country is 6.46%.

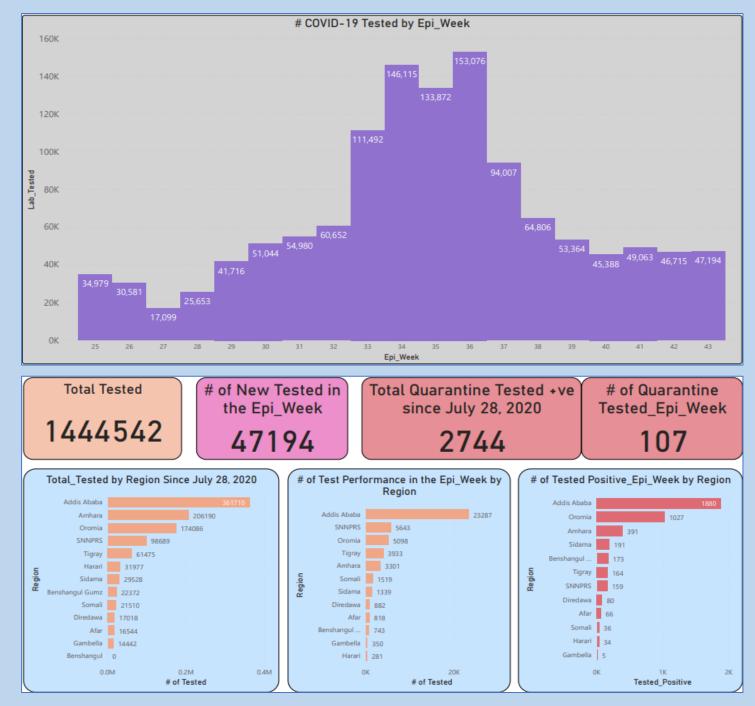


Fig. 8: Summary of COVID-19 laboratory testing as of October 25, 2020, Ethiopia.

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.

• A one-year COVID-19 National Cohort Study is launched. The Cohort Study that involves 45 scientists from local universities, international research institutes, and foreign universities has been launched at the EPHI on October 21, 2020. Over 90 million ETB is allocated for the cohort study that is aimed to determine the natural history of the disease, clinical features, management and epidemiological characteristics of the virus.



Fig. 3: Launching COVID-19 National Cohort Study October 21, 2020, EPHI, Addis Ababa

• 2013 Ethiopian Fiscal Year first quarter Public Health Emergency Management Forum (PHEM forum) is conducted in Jimma Town, Ethiopia from October 22 to 24, 2020. The forum was comprised of PHEM core process owners from each regional states, Deputy Director General and directorate directors from Ethiopian Public Health Institute. PHEM activities in the last three months with a due emphasis given to COVID-19 related activities are evaluated in the forum. Field site visit was conducted at Jimma University in its exemplary role played by establishing PHEOC in collaboration with Jimma Zone, Jimma Town and Oromia Regional State Health Bureau and local technological advance in response to COVID-19 pandemic.



Fig. 4: PHEM forum, October 22-24, 2020, Jimma Town, Ethiopia.

V. Case Management and IPC

- As of October 25, 2020:
 - A total of 22,955 suspected COVID-19 cases are admitted to isolation centers. Of these, 364 suspected cases are admitted in the Epi-Week-43.
 - 20,279 (448 in the Epi-week-43) initially suspected cases are discharged after laboratory test became negative.
- Among the currently existing COVID-19 cases, there are 339 patients in severe clinical condition.

Home Based Isolation and Care (HBIC):

- So far, 25,735 COVID-19 confirmed cases have been on HBIC. Of them 19,195 (74.59%), have recovered and 5 died.
- Of these, 2,253 cases have been enrolled to HBIC and 1,095 cases have recovered on the WHO-Epi-Week 43.
- As of October 25, 2020, there are 6,490 cases on HBIC.
- So far, 188 (6 of them in Epi-Week-43) of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 233 (14 of them in Epi-Week-43) of the cases have been transferred from HBIC to treatment centers for better care.

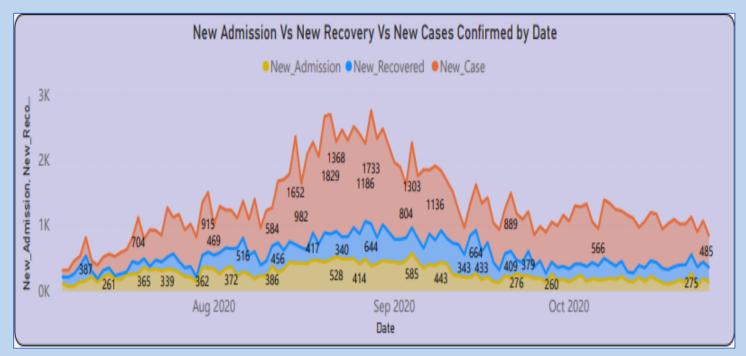


Fig. 10: Trends of New confirmed cases, admission and recoveries as of October 25, 2020.

VI. WASH and IPC:

- Communication with regions on Monitoring of IPC practice in Non-COVID health care facilities, regular phone follow-up and support, compiling reports.
- Facilitation of disinfection whenever there is positive confirmed case and sending disinfectant based on need.

VII. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- News on yellow fever vaccination campaign shared on social Media. It's promoted to integrate COVID-19 interventions while conducting the vaccination campaign.



Fig. 9: Yellow Fever vaccination campaign, October 24, 2020

COVID-19 related key messages developed and shared on social media.





VIII. Logistic and Supplies

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

Training and Orientation Activities

- There is ongoing training and orientation for the public and health professionals on COVID-19.
- Training on the new COVID-19 directive and school reopening is provided for 224 youth volunteers at Sidama and SNNP regions in five zones.



Fig. 10: Training on the new COVID-19 directive and school reopening in Sidama (right hand side) and SNNPR (left hand side), October 24-25, 2020.

 Three days comprehensive COVID-19 training provided for 50 health professionals from confined settings.



Fig. 11: Comprehensive COVID-19 training for health professionals from confined settings, October 23-25, 2020, Bishoftu, Ethiopia.

IX. Challenges and Way Forward

Challenges

- Happenings of super spreading events-Mass gatherings with poor physical distancing and facemask use which exacerbates the spread of COVID-19.
- Increasing number of COVID-19 cases in congregated settings.
- Increasing number of cases being detected in the community.
- Low stock status of personal protective equipment is still a problem.

Way Forward

- 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.
- 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 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:
 - o Properly isolate from other family members.
 - o Take full responsibility in prevention of transmission
 - o Strictly adhere to the National Directive of Home-Based Isolation& Care.
 - Provide reliable information during regular follow up either by phone or home visit.
 - Report to nearest health facilities/follow up team in case of any emergency, appearance of new symptoms or worsening of existing symptoms.
- It is important to be informed of the situation and act appropriately to protect yourself and your family.
 - Wash hands frequently
 - Don't touch your mouth, nose or eye by unwashed hands
 - Keep physical distancing; avoid mass gathering and shaking hands.
- For most people, COVID-19 infection will cause mild illness however, it can make some people very ill and, in some people, it can be fatal.
- Older people, and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are at risk for severe disease.
- If anybody had contact with a COVID-19 confirmed patient, he/she should call 8335 or 952 or report to regional toll-free lines or to the nearby health facilities.

National/Regional official websites, social media pages and toll-free hotline for COVID-19 information

MOH/EPHI/Region	Facebook page	Toll-free hotline
Ethiopian Public Health Institute Main Website	https://www.ephi.gov.et/	8335/952
Ethiopian Public Health Institute COVID-19 Website	https://covid19.ephi.gov.et/	
Ethiopian Public Health Institute Facebook Page	https://www.facebook.com/ephipage/	
Ethiopian Public Health Institute Twitter Page	https://twitter.com/EPHIEthiopia	
Ethiopian Public Health Institute Telegram Channel	https://t.me/EthPHI	
Ethiopian Public Health Institute YouTube Channel	https://www.youtube.com/channel/UCvvTzeY- IJiQfEFBULH9Mkw	
Ministry of Health, Ethiopia Website	www.moh.gov.et	952
Ministry of Health, Ethiopia Facebook Page	https://www.facebook.com/EthiopiaFMoH/	
Afar Regional Health Bureau	https://www.facebook.com/afarrhb.org/	6220
Amhara Regional Health Bureau	https://www.facebook.com/Amhara-Healthbureau-682065755146948/	6981
Benishangul Gumuz Regional Health Bureau	https://www.facebook.com/Benishangul-Gumuz-Health-Bureau-1676282159265517/	6016
Gambela Regional Health Bureau	https://fb.me/gambellaregionhealthbureau	6184
Harari Regional Health Bureau	https://www.facebook.com/Harari-Regional-Health-Bureau-1464182130355007/	6864
Oromia Regional Health Bureau	https://www.facebook.com/OromiaHealth/	6955
Somali Regional Health Bureau	https://www.facebook.com/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	https://www.facebook.com/Dire-Dawa-Administration-	6407
Health Bureau	Health-Bureau-1371606266279524/	
Addis Ababa City Administration Health Bureau	https://www.facebook.com/aahb.gov.et/	6406

Health Evidence summary

Articles/Comment/ Correspondence/ Editorials	Summary
Clinical characteristics of 116 hospitalized patients with COVID-19 in Wuhan, China: a single-centered, retrospective, observational study. https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-020-05452-2	 A retrospective observational study was conducted on 116 patients with laboratory-confirmed COVID-19 who were admitted to the General Hospital of Central Theater Command (Wuhan, China) from January 20 to March 8, 2020. The infection of SARS-COV-2 was more likely to occur in middle and aged population with cardiovascular comorbidities. Cardiovascular complications, including new onset hypertension and heart injury were common in severe patients with COVID-19.

The use of intravenous immunoglobulin gamma for the treatment of severe coronavirus disease 2019: a randomized placebo-controlled double-blind clinical trial. https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-020-05507-4	 A randomized placebo-controlled double-blind clinical trial was conducted on fifty-nine patients with severe COVID-19 infection who did not respond to initial treatments. The administration of IVIg in patients with severe COVID-19 infection who did not respond to initial treatment could improve their clinical outcome and significantly reduce mortality rate.
The first consecutive 5000 patients with Coronavirus Disease 2019 from Qatar; a nation-wide cohort study. https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-020-05511-8	 A retrospective cohort study was conducted on the first consecutive 5000 patients with COVID-19 in Qatar who completed 60 days of follow up by June 17, 2020. COVID-19 was associated with low all-cause mortality. Independent risk factors for ICU admission included older age, male sex, higher BMI, and co-existing diabetes or chronic kidney disease.
Early indicators and risk factors associated with mental health problems during COVID-19 quarantine: Is there a relationship with the number of confirmed cases and deaths? https://journals.sagepub.com/doi/pdf/10.1177/0020764020966020	 A strong impact on mental health impact was revealed on a cross-sectional study conducted on 1985 respondents between March 29 and April 12. Prevalence of anxiety depression, stress and insomnia was measured on the study. Monitoring of the population at risk over time and early interventions were recommended to avoid long-lasting mental health problems.
Beyond pandemic management: How WHO can address post-COVID-19 futures https://journals.sagepub.com/doi/pdf/10.117	

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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