



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

WHO Epi-Week-47 (November 16- 22, 2020)

BULLETIN No: 30

Issue Date: November 23, 2020

I. HIGHLIGHTS

- A total of 33,635 laboratory samples were tested in the WHO-Epi-Week-47, which is a 6.01% decrease compared to that of the WHO-Epi-Week-46.
- The laboratory test positivity rate for the WHO-Epi-Week-47 is 9.11%, which is a bit higher than the preceding week (8.51%).
- A total of 3,065 new confirmed COVID-19 cases and 78 COVID-19 related deaths were reported during the WHO Epi-Week-47 bringing the total cases and death to 105,785 and 1,647 respectively.
- There were total of 1,825 newly recovered COVID-19 cases during the WHO Epi-Week-47, bringing the total number of recovered cases to 65,691.
- A total of 31,226 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 1,515 of these are enrolled in the WHO-Epi-Week-47.
- A total of 1,943 contacts were identified during the WHO Epi-week-47.

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.

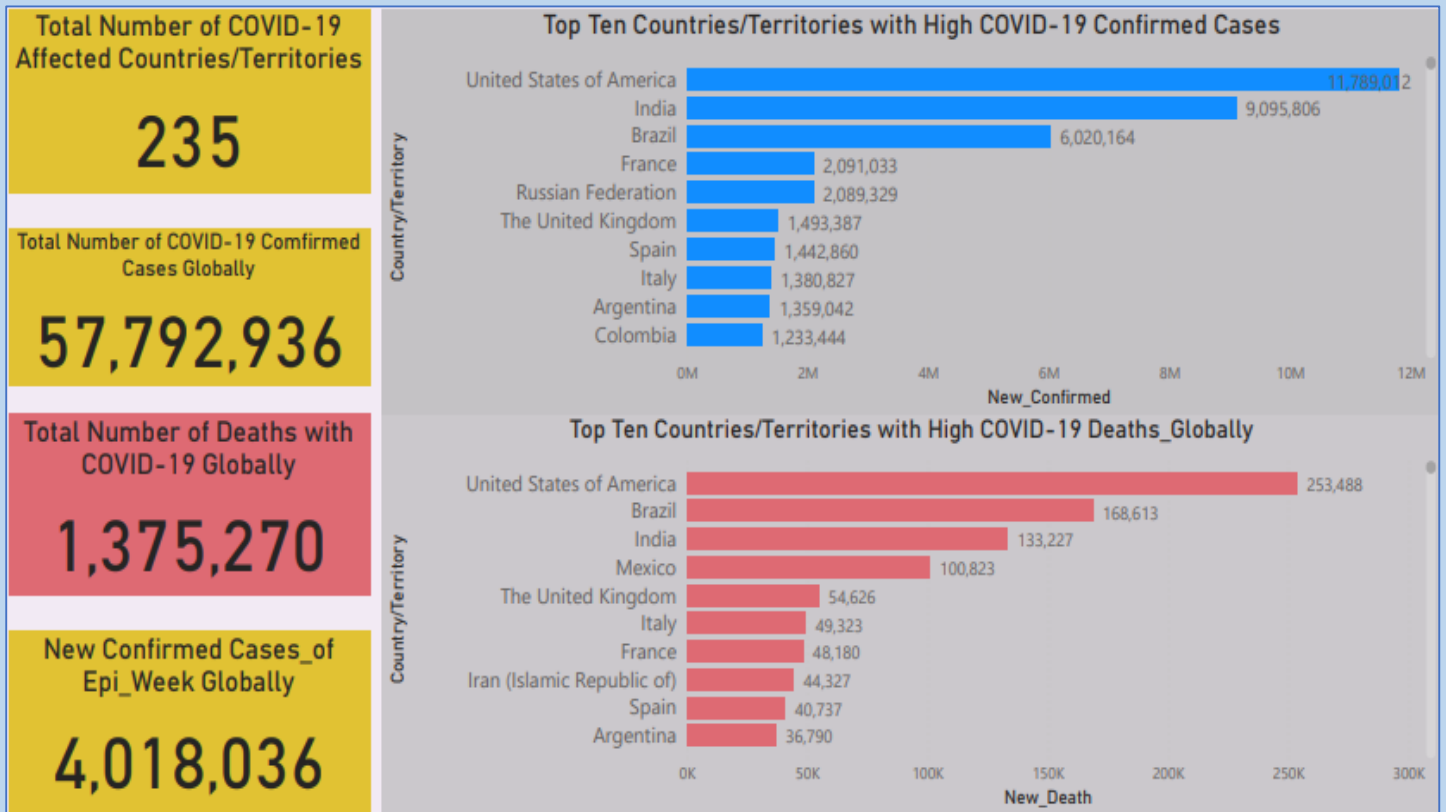
The national and regional PHEOC are playing a pivotal role in coordinating resources from different responding agencies and coordinating COVID-19 related information through regular EOC meetings and partners' coordination forums. The MOH and EPHI are providing information to the public and stakeholders 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 November 22, 2020, COVID-19 pandemic affected 235 countries/territories causing 57,792,936 cases and 1,375,270 deaths (CFR=2.38%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 4,020,044 cases and 66,587 deaths were reported during the WHO Epi-Week-47.
- The United States of America (USA) reported the highest number of cases (11,789,012) with CFR of 2.15% followed by India (9,095,806) cases) with a CFR of 1.46%.
- In Africa, 57 countries/territories have reported COVID-19 cases.
- As of November 22, 2020, a total of 2,069,927 cases and 49,298 deaths were reported across the continent (CFR=2.38%). Of these 95,254 cases and 2,357 deaths were reported during the WHO-Epi-Week-47.
- In Africa, South Africa reported the highest number of cases (765,409) with CFR of 2.72% followed by Morocco (320,962 cases) with a CFR of 1.65%.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.



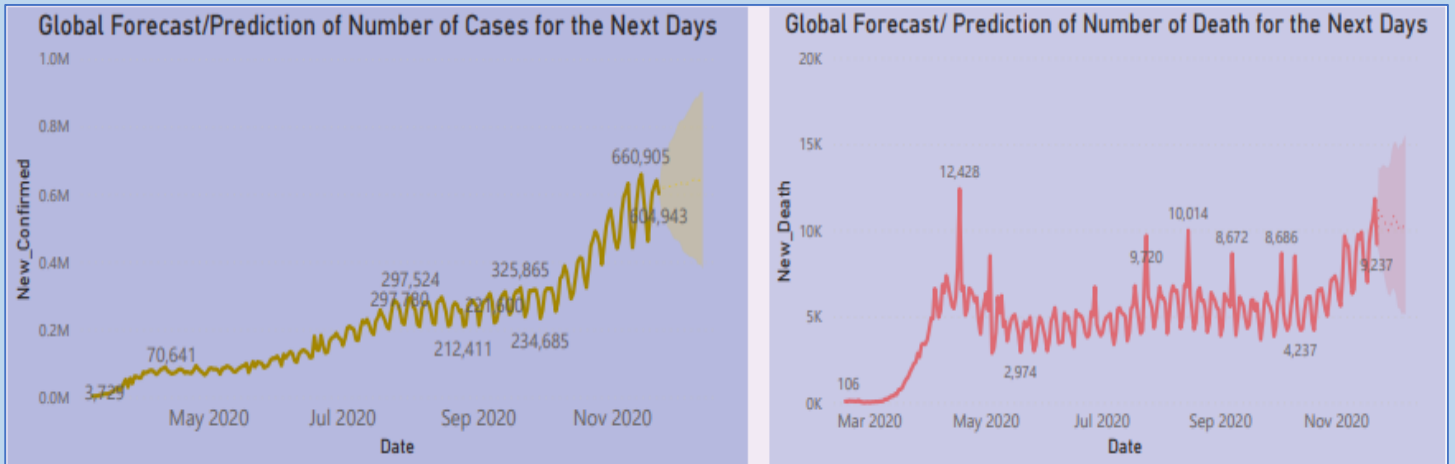
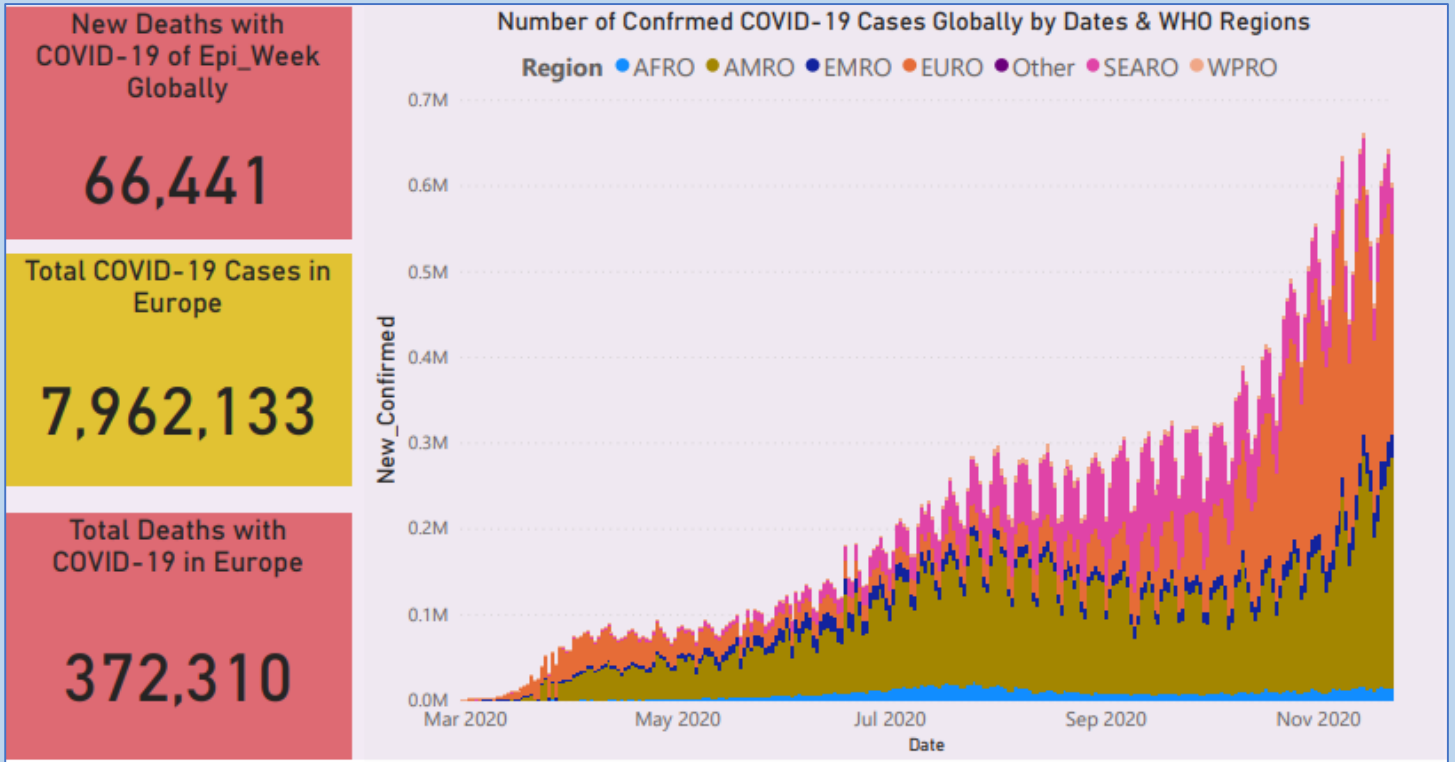
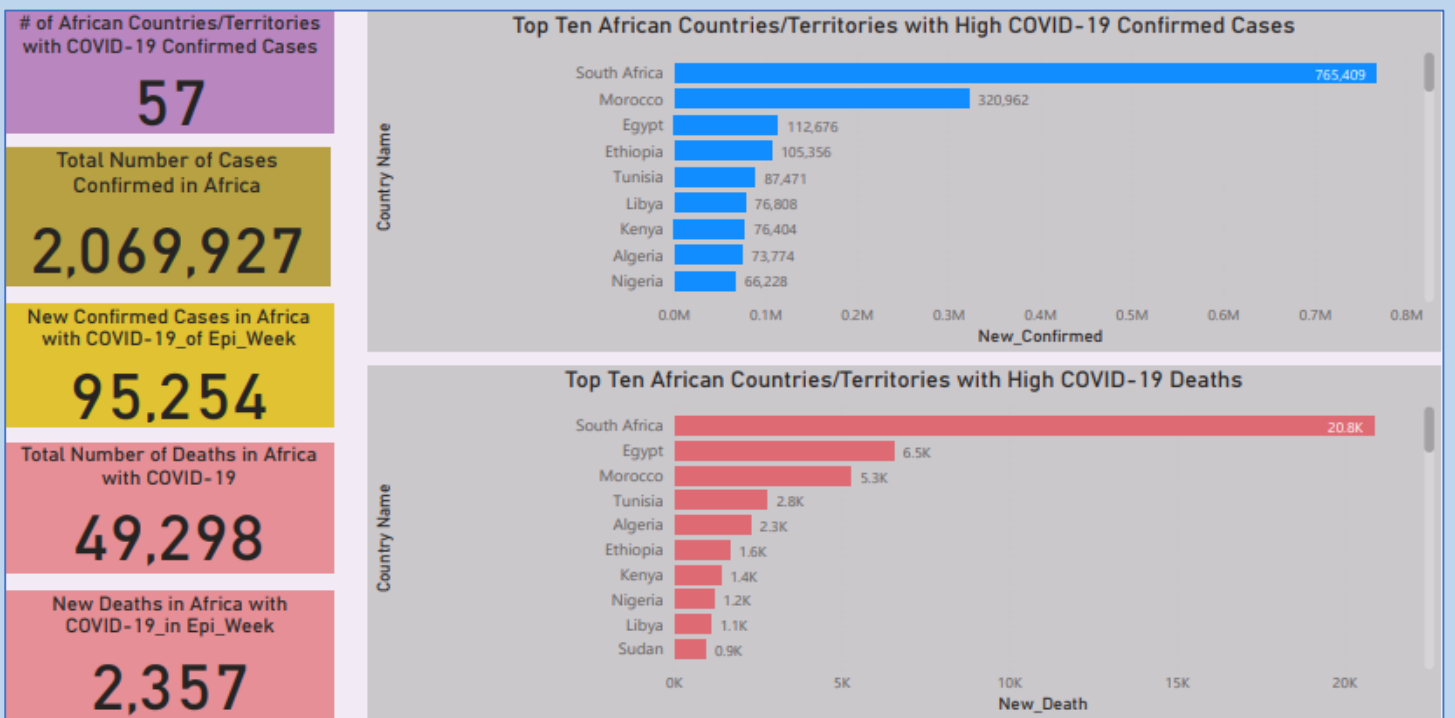


Fig. 1: COVID-19 Global Situation Update as of November 22, 2020 (Source: WHO)



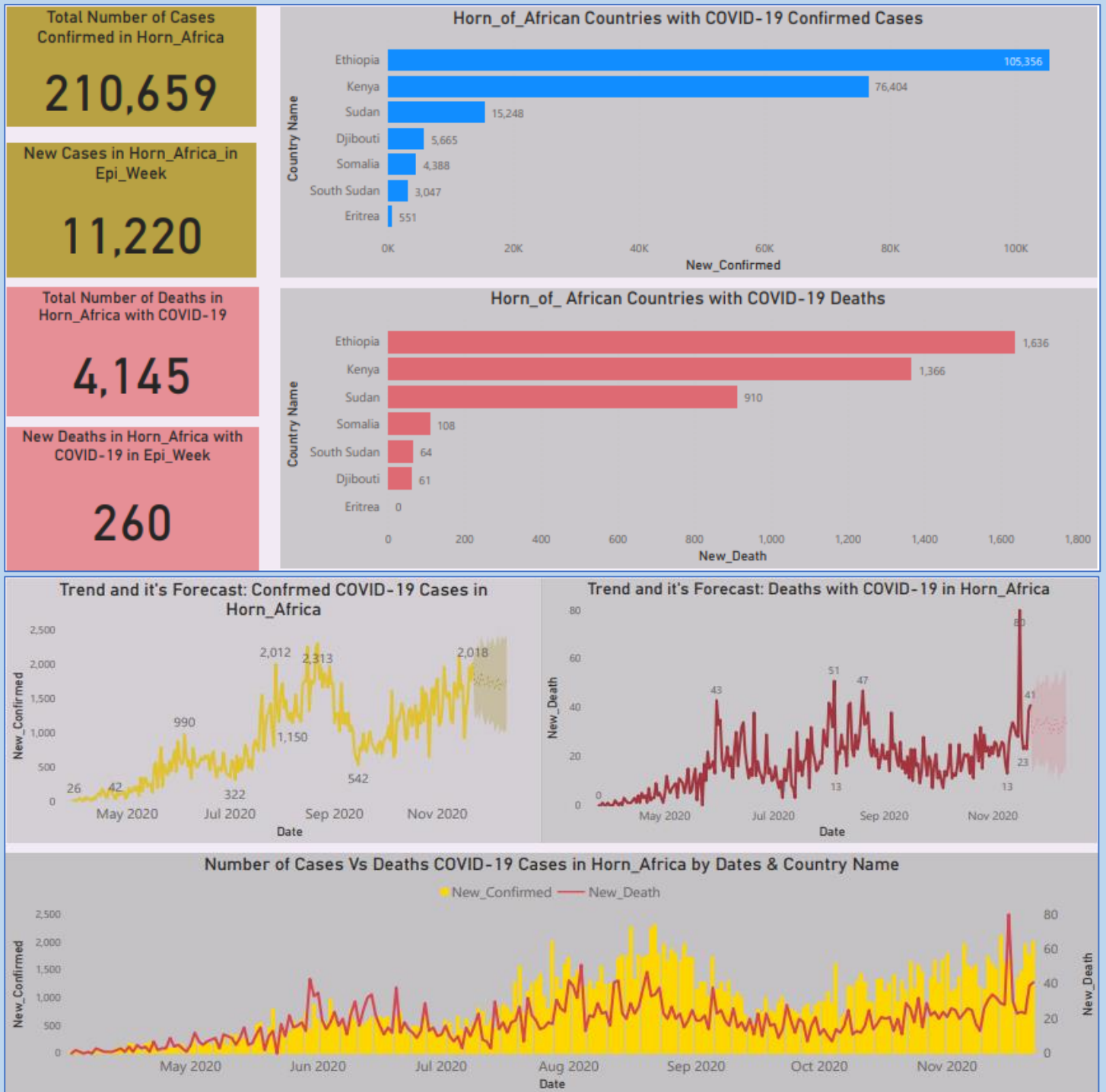


Fig. 2: COVID-19 Situation Update in Africa as of November 22, 2020 (Source: WHO)

National COVID-19 situation

- Three-thousand-sixty-five (3,065) newly confirmed COVID-19 cases (an equivalent increase to that of Epi-Week-46) and 78 COVID-19 related deaths (70% increase compared to that of Epi-Week-46) were reported during the WHO Epi-Week-47.
- As of November 22, a total of 105,785 confirmed COVID-19 cases and 1,647 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-47

Regions	New_Tested	New_Case	New_HF_Admission	New Death	Positivity Rate	Recovery Rate
Addis Ababa	22058	2238	336	52	10.1	30.7
SNNPR	4661	66	39	0	2.1	93.4
Oromia	2647	452	94	6	17.3	24.3
Afar	1198	19	0	0	1.6	45.0
Amhara	934	88	32	6	11.1	53.3
Sidama	694	72	30	7	11.4	75.4
Somali	563	21	2	2	4.3	30.0
Benishangul G	340	25	1	1	22.9	26.0
Harari	284	64	11	3	17.6	28.4
Dire Dawa	256	20	5	1	6.6	35.0
Gambella	0	0	0	0	0.0	61.0
Tigray	0	0	0	0	0.0	75.7
Total	33635	3065	550	78	8.8	48.2

**** Positivity & Recovery Rates are Weighted Averages of Regional Distributions of Rates

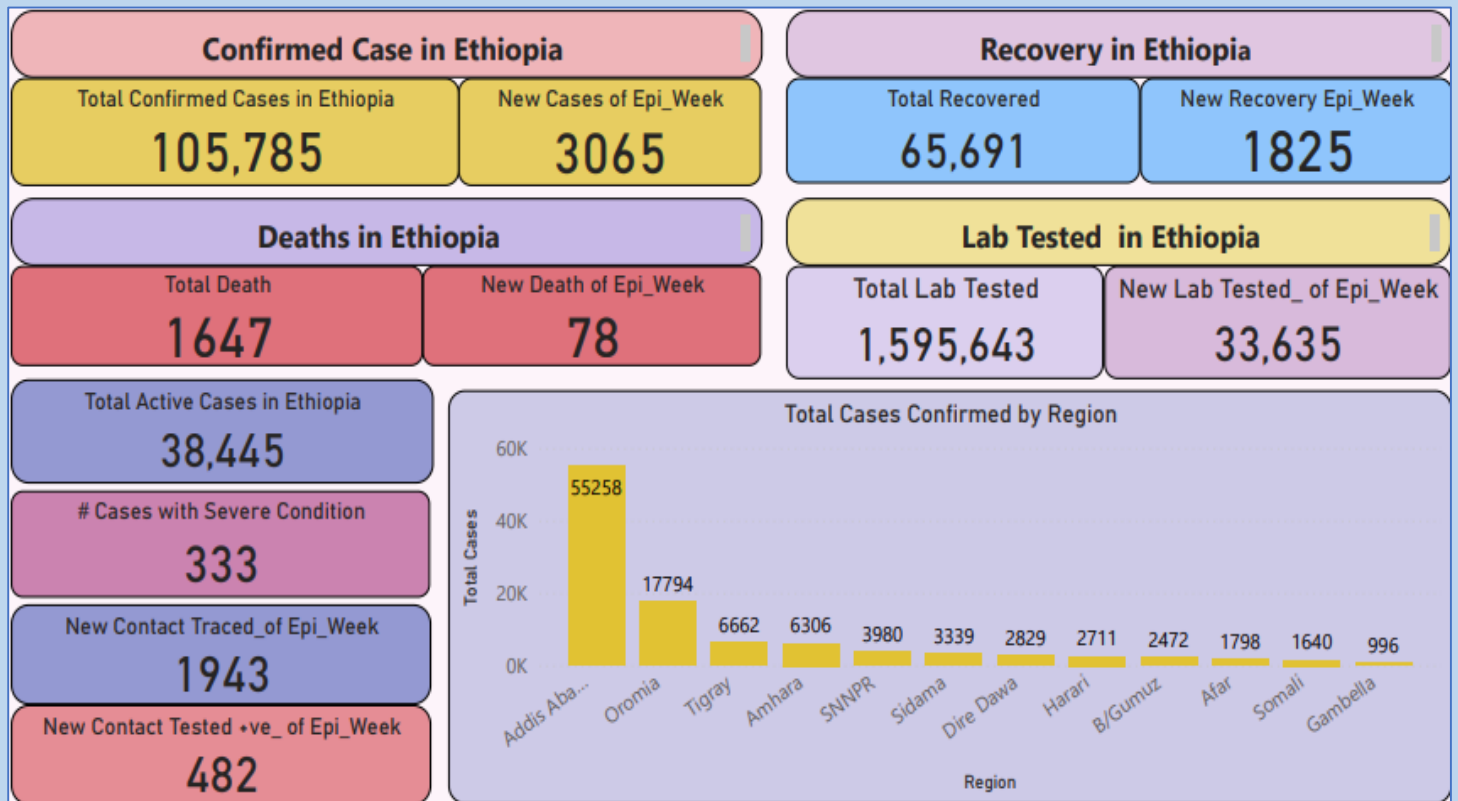


Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of November 22, 2020, Ethiopia

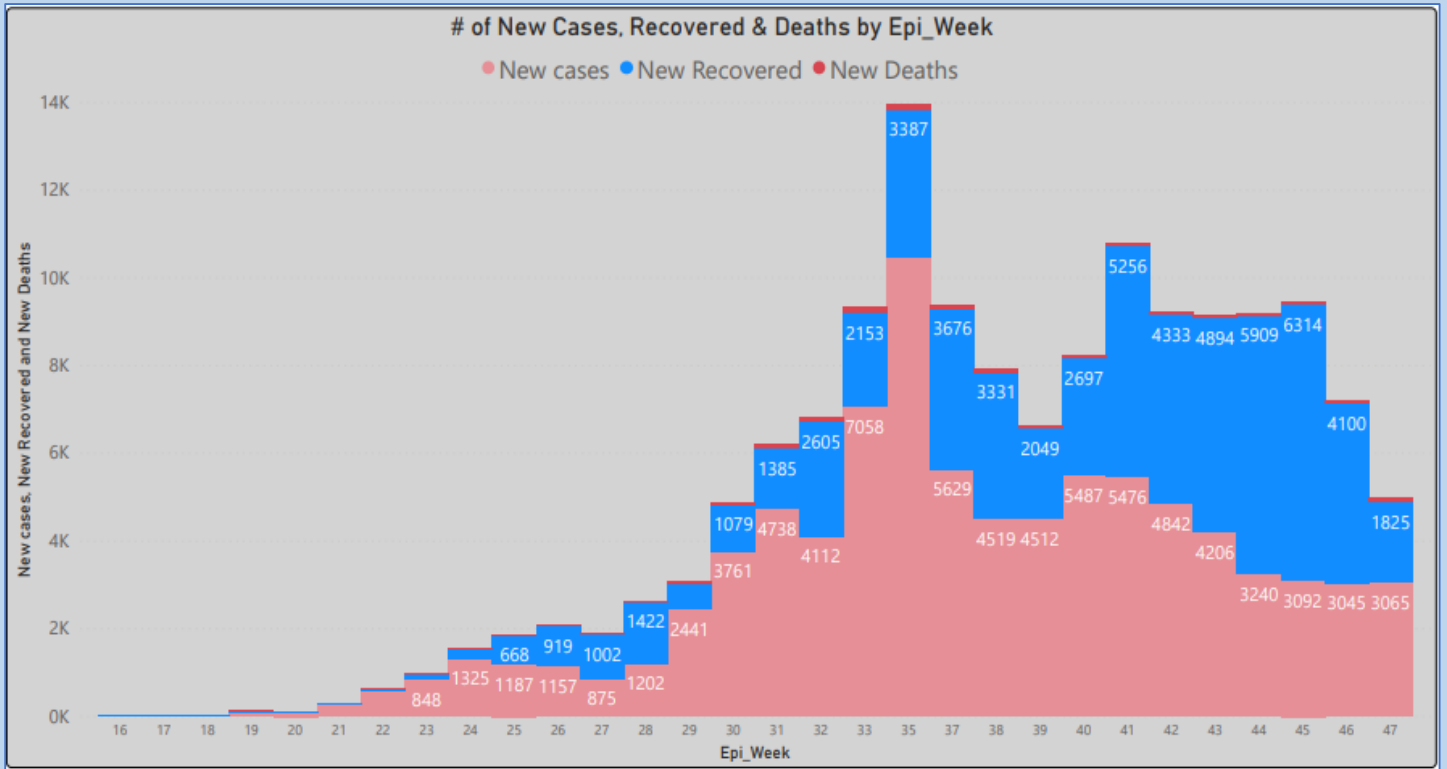


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of November 22, 2020, Ethiopia

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, contacts of confirmed cases, SARI/pneumonia cases and community members.

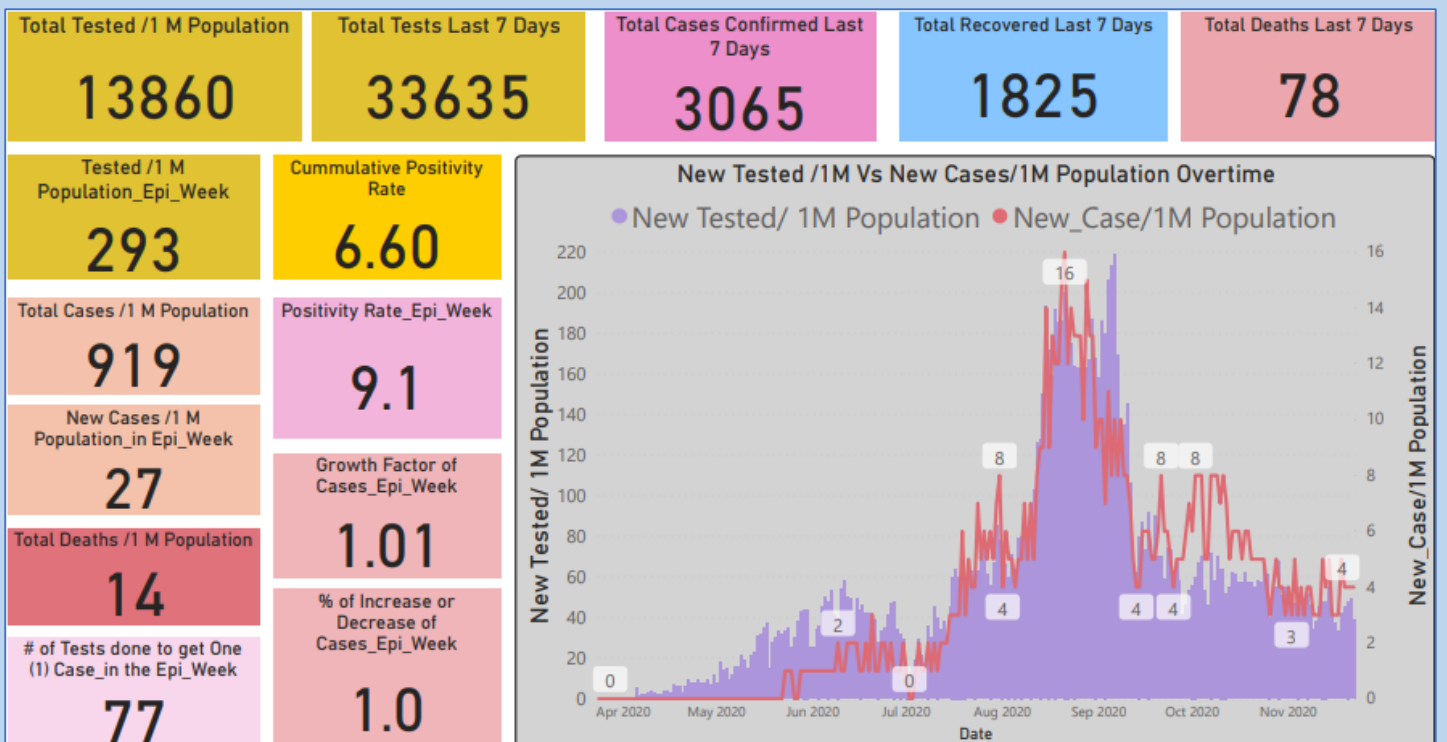


Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of November 22, 2020.

Contact tracing and follow-up:

- As of November 22, 2020:
 - A total of 303,107 contacts of confirmed cases have been identified. Of these, 1,943 contacts were identified in the WHO-Epi-Week-47.
 - Of total contacts, 278,512 (91.89%) have completed 14 days follow-up, while 1,060 contacts are still on follow-up.
 - 540 (0.18%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 490 (90.74%) have tested positive.
- Overall, 23,501 (7.75%) of the contacts (symptomatic plus asymptomatic) have tested positive.
- Contacts of the confirmed cases contributed for the 22.22% of the total cases.

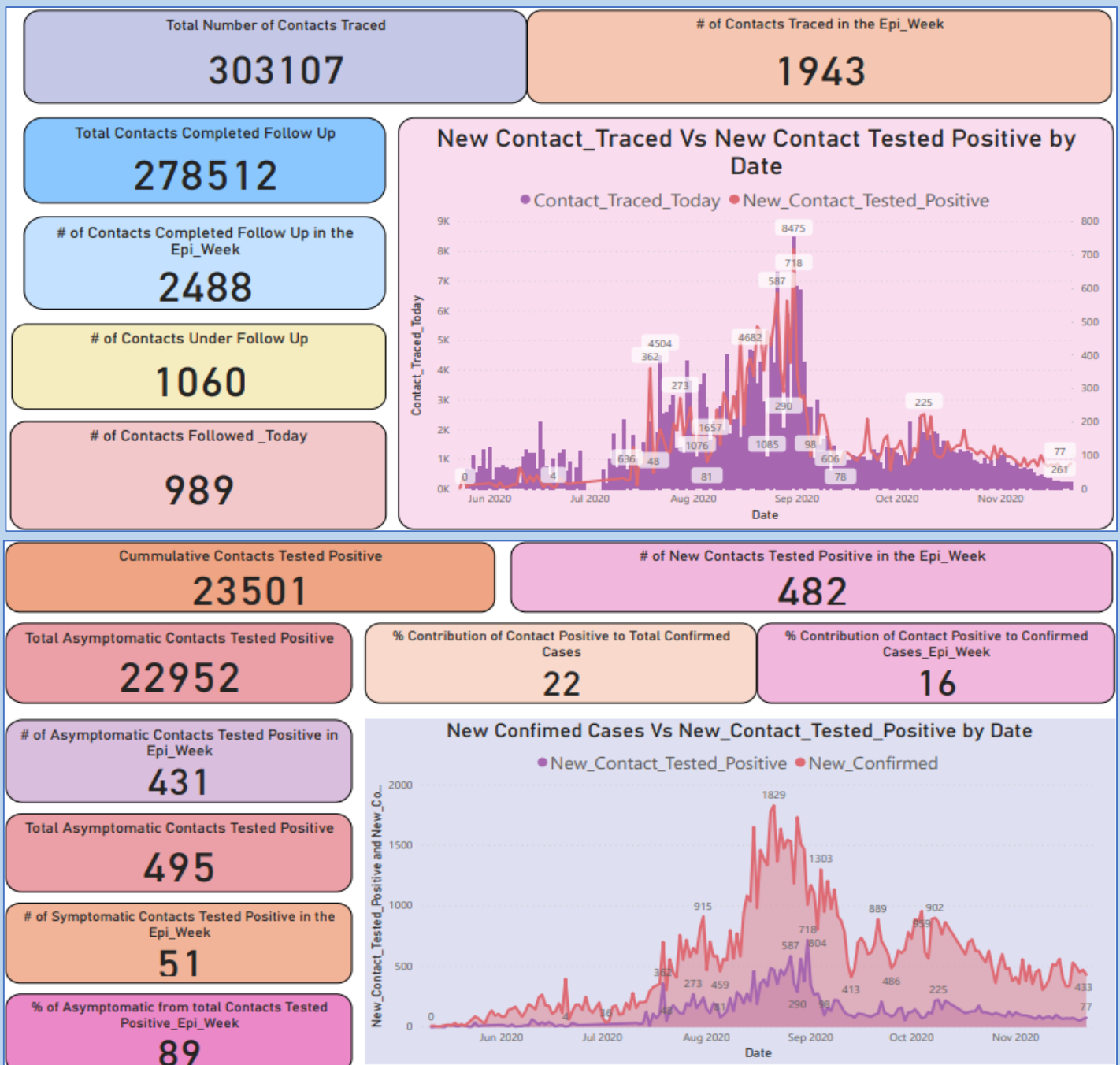


Fig. 6: Summary of COVID-19 contact tracing as of November 22, 2020, Ethiopia.

Rumors collection and verification from all sources

- As of November 22, 2020:
 - 314,299 rumors/alerts have been received and investigated. Of these, 1,372 rumors were reported in the WHO-Epi-Week-47.
 - 243,030 (77.32%) of the rumors/alerts have fulfilled the suspected case definition.

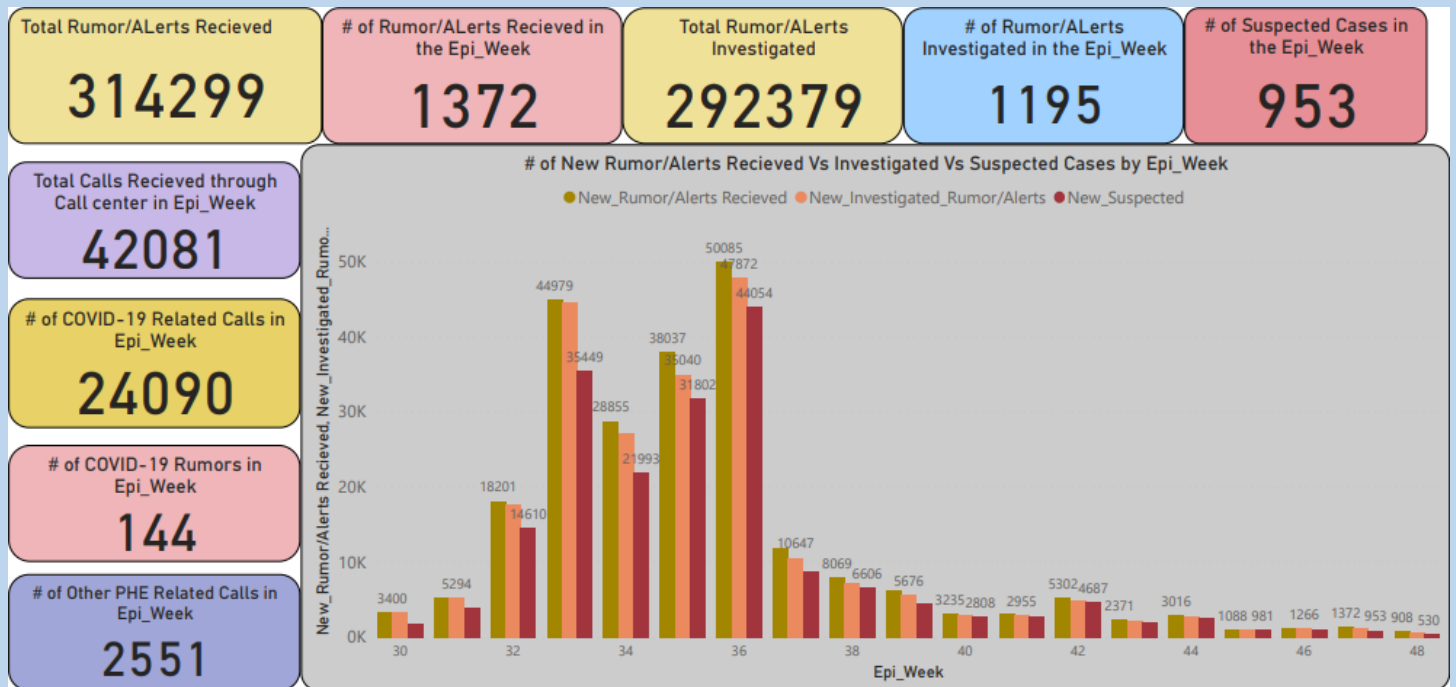


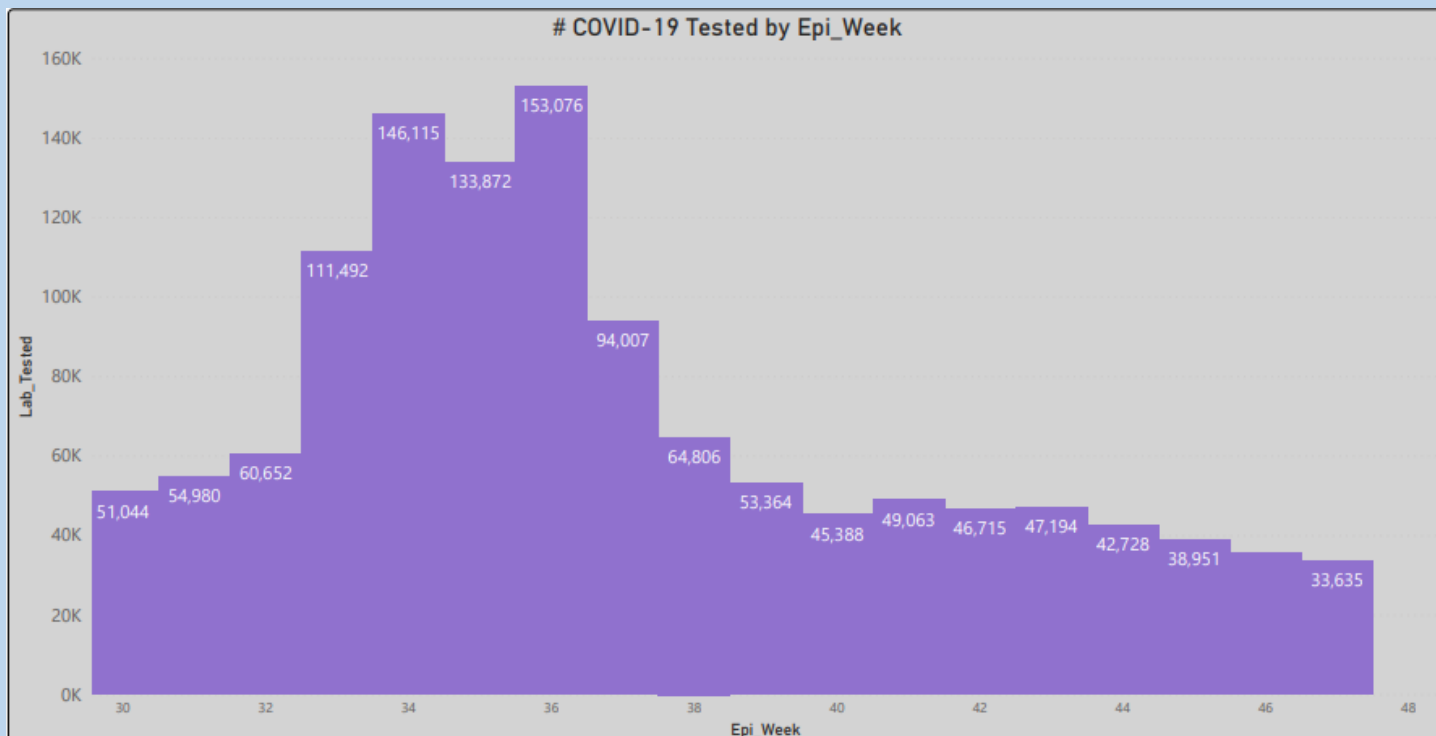
Fig. 7: Summary of COVID-19 rumor/alert investigation as of November 22, 2020, Ethiopia.

Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,372,248 passengers have been screened at the Point of Entries of Ethiopia and 507,718 (37.00%) of them were screened at Bole International Airport.
- Of the total passengers screened, 24,847 were screened for COVID-19 in the Epi-Week-47.
- The total number of people quarantined since March 23 to October 3, 2020 was 69,383.

Laboratory related activities

- As of November 22, 2020, a total of 1,595,643 samples have been tested for COVID-19 by laboratories across the country.
- 33,635 laboratory tests were processed during the WHO Epi-Week-47, which is a 6.01% decrease compared to that of Epi-Week-46.
- The laboratory test positivity rate for the WHO-Epi-Week-47 is 9.11%, which is a bit higher than the preceding week (8.51%).
- The overall positivity rate for the laboratory test since the occurrence of the disease in the country is 6.63%.



Total Tested
1595643

of New Tested in the Epi_Week
33635

Total Tested / 1M Population
13860

New Tested / 1M Population of Ep_Week
293

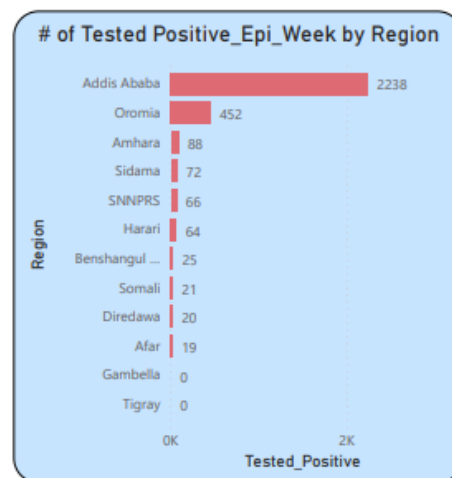
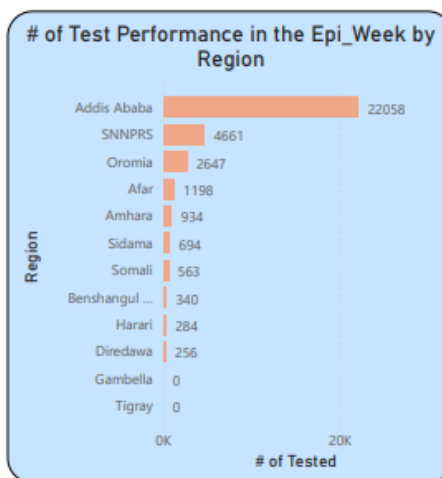
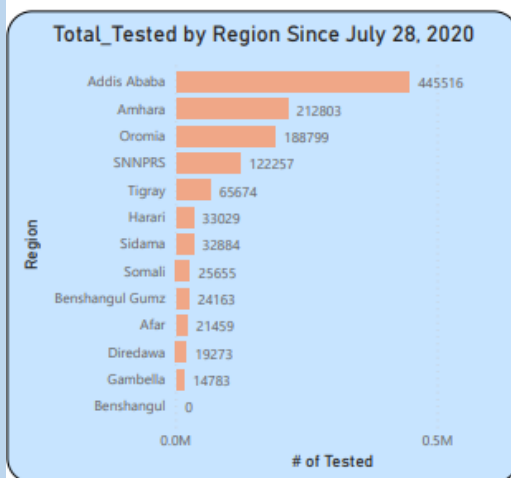


Fig. 8: Summary of COVID-19 laboratory testing as of November 22, 2020, Ethiopia.

IV. Coordination and Leadership

- The national PHEOC is collaboratively working with stakeholders: government agencies, partner organizations, UN agencies, embassies, hospitals, Industrial parks and others.
- Morning briefing of IMS is being conducted every day by core IMS staffs and key partners' representatives.
- Biweekly virtual (zoom) meeting is being conducted with technical working group members, which comprises members from subnational level focal, key partners and stakeholders.
- Weekly leadership and strategic virtual meeting, chaired by the H.E MOH Minster, is being conducted to oversee and guide the response efforts.

- The Standing Committee on Women, Youth and Social Affairs of the House of Peoples' Representatives held a training and discussion forum on Directive No. 30/2013 on the Prevention and Control of the COVID-19 Pandemic in Bishoftu Ethiopia. The Deputy Director General of EPHI and the Chairperson of the Standing Committee of Women, Youth and Social Affairs of the House of Peoples' Representatives participated at the training and discussion forum. It was agreed that everyone should play his/her part in the implementation of the directive.



Fig. 9: Training and discussion forum on COVID-19 directive No. 30/2013, Nov. 21, 2020, Bishoftu, Ethiopia

V. Case Management and IPC

- As of November 22, 2020:
 - A total of 23,817 suspected COVID-19 cases are admitted to isolation centers. Of these, 166 suspected cases are admitted in the Epi-Week-47.
 - 30,755 (1,130 in the Epi-week-47) initially suspected cases are discharged after laboratory test became negative.
- Among the currently existing COVID-19 cases, there are 157 patients in severe clinical condition.

Home Based Isolation and Care (HBIC):

- So far, 31,226 COVID-19 confirmed cases have been on HBIC. Of them 25,603 (81.99%), have recovered and 5 died.
- Of these, 1,515 cases have been enrolled to HBIC and 1,371 cases have recovered on the WHO-Epi-Week-47.
- As of November 22, 2020, there are 5,377 cases on HBIC.
- So far, 260 (59 of them in Epi-Week-47) of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 283 (10 of them in Epi-Week-47) of the cases have been transferred from HBIC to treatment centers for better care.

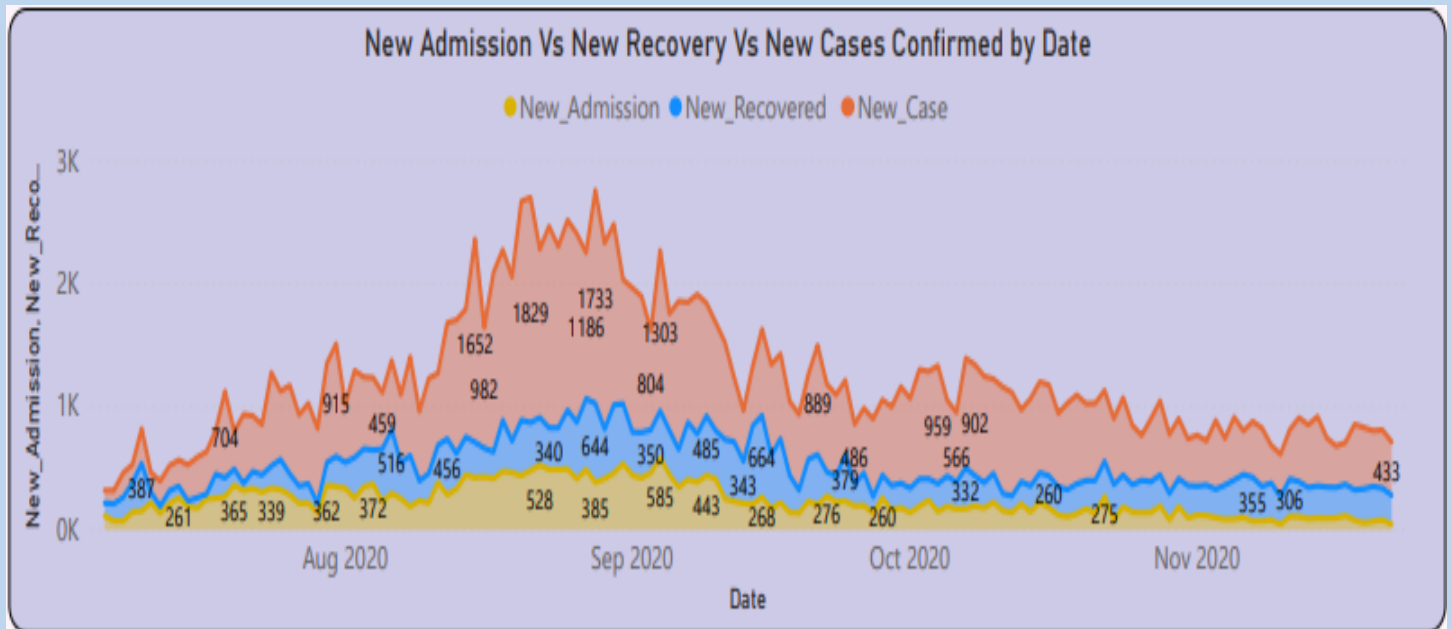


Fig. 10: Trends of New confirmed cases, admission and recoveries as of November 22, 2020.

VI. WASH and IPC:

- Regular follow up and support of all regions was done for monitoring of IPC practice in essential health care facilities and reports of the regions were collected, compiled & communicated accordingly.
- Two schools from Bole and Yeka sub cities were assessed concerning WASH and IPC readiness and performances done for COVID-19 prevention and control.

VII. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- Media relation, live panel discussion on COVI-19 prevention and updating media engagement activities were conducted.
- Contents of media agenda for the week were developed and sent to all media houses. The contents focus on current situation and measures to be taken to prevent COVID-19, the issues of new directives, school reopening, home based care and working on people with routine follow-up and chronic case conducted and these issues were broad casted on EBS TV during the program of 'Addis Neger'.
- COVID-19 related key messages and messages are shared on social media.



VIII. Logistic and Supplies

- There is ongoing distribution of PPE, Viral Transport Media (VTM), swabs, pharmaceuticals and other medical supplies to quarantine, 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
- Expansion of automation data tracking system to Afar, Somali, Harari, Dire Dawa and Amhara regions conducted and training provided for the professionals working on this system.

Training and Orientation Activities

- Mental health and psychosocial support training given for 28 regional hospital psychiatrists, psychologists and social workers at Bishoftu town.



Fig. 11: Mental Health and Psychosocial Support training, November 16, 2020, Bishoftu, Ethiopia.

- Two days COVID-19 risk perceptions and behavioral assessment tool development and finalization workshop comprised of 15 participants conducted at Bishoftu Town.



Fig. 12: Workshop on COVID-19 risk perceptions and behavioral assessment tool development, November 19-20, 2020, Bishoftu, Ethiopia.

- Orientation on Non Pharmaceutical Intervention (NPI) revitalization plan provided for 55 House of Peoples Representatives at Bishoftu.



Fig. 13: Non Pharmaceutical Intervention revitalization plan Orientation, Nov. 21, 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.

Way Forward

- Intensify risk communication and community engagement activities.
- 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.
- Strengthen Home Based Isolation and Care (HBIC).
- Enhance active surveillance for COVID-19 such as house-to-house case search and detection in the community.
- Intensification of a capacity building trainings and orientation including through virtual/online platforms.
- Strengthen and sustain essential health services other than COVID-19.

X. Public Health Policy Recommendation

Advice for the Public:

- For any individual confirmed to have COVID-19 and who is candidate for Home Based Isolation and Care:
 - Properly isolate from other family members.
 - Take full responsibility in prevention of transmission
 - Strictly adhere to the National Directive of Home-Based Isolation& Care.
 - Provide reliable information during regular follow up either by phone or home visit.
 - Report to nearest health facilities/follow up team in case of any emergency, appearance of new symptoms or worsening of existing symptoms.
- It is important to be informed of the situation and act appropriately to protect yourself and your family.
 - Wash hands frequently
 - Don't touch your mouth, nose or eye by unwashed hands
 - Keep physical distancing; avoid mass gathering and shaking hands.
- For most people, COVID-19 infection will cause mild illness however, it can make some people very ill and, in some people, it can be fatal.

- Older people, and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are at risk for severe disease.
- If anybody had contact with a COVID-19 confirmed patient, he/she should call 8335 or 952 or report to regional toll-free lines or to the nearby health facilities.

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

MOH/EPHI/Region	Facebook page	Toll-free hotline
Ethiopian Public Health Institute Main Website	https://www.ephi.gov.et/	8335/952
Ethiopian Public Health Institute COVID-19 Website	https://covid19.ephi.gov.et/	
Ethiopian Public Health Institute Facebook Page	https://www.facebook.com/ephipage/	
Ethiopian Public Health Institute Twitter Page	https://twitter.com/EPHIethiopia	
Ethiopian Public Health Institute Telegram Channel	https://t.me/EthPHI	
Ethiopian Public Health Institute YouTube Channel	https://www.youtube.com/channel/UCvvTzeY-IJiQfEFBULH9Mkw	
Ministry of Health, Ethiopia Website	www.moh.gov.et	952
Ministry of Health, Ethiopia Facebook Page	https://www.facebook.com/EthiopiaFMoH/	
Afar Regional Health Bureau	https://www.facebook.com/afarrhb.org/	6220
Amhara Regional Health Bureau	https://www.facebook.com/Amhara-Healthbureau-682065755146948/	6981
Benishangul Gumuz Regional Health Bureau	https://www.facebook.com/Benishangul-Gumuz-Health-Bureau-1676282159265517/	6016
Gambela Regional Health Bureau	https://fb.me/gambellaregionhealthbureau	6184
Harari Regional Health Bureau	https://www.facebook.com/Harari-Regional-Health-Bureau-1464182130355007/	6864
Oromia Regional Health Bureau	https://www.facebook.com/OromiaHealth/	6955
Somali Regional Health Bureau	https://www.facebook.com/srhbdotcom/...	6599
SNNP Regional Health Bureau	https://www.facebook.com/snnprhealthbureau/?ref=br_rs	6929
Tigray Regional Health Bureau	https://www.facebook.com/tigrayrhb/	6244
Dire Dawa city Administration Health Bureau	https://www.facebook.com/Dire-Dawa-Administration-Health-Bureau-1371606266279524/	6407
Addis Ababa City Administration Health Bureau	https://www.facebook.com/aahb.gov.et/	6406

Health Evidence summary

Articles/Comment/ Correspondence/ Editorials	Summary
Prevalence of asymptomatic COVID-19 infection using a seroepidemiological survey DOI: https://doi.org/10.1017/S0950268820002745	<ul style="list-style-type: none"> • A cross-sectional seroprevalence survey, aimed to determine the prevalence of asymptomatic infection using serosurvey on general population, was conducted in Guilan province, Iran, the specific antibody against COVID-19 in a representative sample was detected using rapid test kits. • The prevalence of asymptomatic infection was found to be 57.2%.

	<ul style="list-style-type: none"> • More than half of the infected COVID-19 patients had no symptoms.
<p>CPAP management of COVID-19 respiratory failure: a first quantitative analysis from an inpatient service evaluation. https://bmjopenrespres.bmj.com/content/7/1/e000692</p>	<ul style="list-style-type: none"> • Retrospective case-controlled service evaluation for a single UK National Health Service (NHS) Trust during March–June 2020 was conducted to evaluate the role of continuous positive air pressure (CPAP) in the management of respiratory failure associated with COVID-19 infection. • On 206 patients with antigen confirmed COVID-19 disease and severe acute respiratory syndrome, CPAP was found to be significantly associated with lower risk of death in patients with hospital stay equal to, or below 7 days. • This paper indicates that CPAP is a potentially viable treatment option for COVID-19 patients during the first days of hospital admission.
<p>SARS-CoV-2 Transmission among Marine Recruits during Quarantine. https://www.nejm.org/doi/full/10.1056/NEJMOA2029717?query=featured_coronavirus</p>	<ul style="list-style-type: none"> • SARS-CoV-2 infections was investigated among U.S. Marine Corps recruits who underwent a 2-week quarantine at home followed by a second supervised 2-week quarantine at a closed college campus that involved mask wearing, social distancing, and daily temperature and symptom monitoring. • Among a total of 1848 Marine Corps recruits volunteered to participate in the study, approximately 2% who had previously had negative results for SARS-CoV-2 at the beginning of supervised quarantine, and less than 2% of recruits with unknown previous status, tested positive by day 14. • Most recruits who tested positive were asymptomatic, and no infections were detected through daily symptom monitoring.
<p>Characteristics of Clinically Asymptomatic Patients with SARSCoV-2 Infections, Case Series. https://www.cambridge.org/core/services/aopcambridgecore/content/view/193C153D35820EEDE7A4BC0C46F771E,5/S1049023X20001466a.pdf/characteristics_of_clinically_asymptomatic_patients_with_sarscov2_infections_case_series.pdf</p>	<ul style="list-style-type: none"> • A case series study that describes key features and the nature of asymptomatic and pauci-symptomatic SARS-CoV-2 infected patients. • This case series demonstrates that asymptomatic and paucisymptomatic patients may play a role in infection transmission by demonstrating probable transmission among asymptomatic spouses and by demonstrating a viable virus via a cell culture. • Additionally, asymptomatic and pauci-symptomatic patients can have lung pathology and developing IgG antibodies.
<p>Assessment of Eating Habits and Lifestyle during Coronavirus Pandemic in the MENA region: A Cross-Sectional Study https://www.cambridge.org/core/services/aopcambridgecore/content/view/9045B0EC96C6FF92082DFD7F2849321B/S0007114520004547a.pdf/assessment_of_eating_habits_and_lifestyle_during_coronavirus_pandemic_in_the_mena_region_a_crosssectional_study.pdf</p>	<ul style="list-style-type: none"> • A cross-sectional study among adult residents of the Middle East and North Africa (MENA) region to assess eating habits and lifestyle behaviors among residents of the (MENA) region during the lockdown. • The study highlights that the lockdown due to the COVID-19 pandemic caused a variety of lifestyle changes, physical inactivity, and psychological problems among adults in the MENA region.
<p>Safety, tolerability, and immunogenicity of an inactivated SARS-CoV-2 vaccine in healthy adults aged 18–59 years: a randomized, double-blind, placebo-controlled, phase 1/2 clinical trial. https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930843-4</p>	<ul style="list-style-type: none"> • A clinical trial that studied on an inactivated vaccine candidate against COVID-19, containing inactivated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), for its safety, tolerability and immunogenicity. • This study indicated that CoronaVac was well tolerated and induced humoral responses against SARS-CoV-2, which supported the approval of emergency use of CoronaVac in China and in three phase 3 studies.

	<ul style="list-style-type: none"> The protective efficacy of CoronaVac remains to be determined.
<p>Epidemiological and clinical characteristics of SARS-CoV-2 infection among healthcare workers in Hubei Province of China https://www.cambridge.org/core/services/aopcambridgecore/content/view/4863DDE1E4C4E9BCD484099FA01AB8C3/S0899823X20013215a.pdf/epidemiological_and_clinical_characteristics_of_sarscov2_infection_among_healthcare_workers_in_hubei_province_of_china.pdf</p>	<ul style="list-style-type: none"> A retrospective-Cohort study that evaluated the epidemiological and clinical characteristics of SARS-CoV-2 infection among healthcare workers in Hubei Province, China. This study revealed that Compared with COVID-19 cases in other occupational groups, healthcare workers with COVID-19 have half the risk of death, although they have been shown to have higher rates of fatigue and myalgia.
<p>Symptoms associated with personal protective equipment among frontline healthcare professionals during the COVID-19 pandemic. https://www.cambridge.org/core/services/aopcambridgecore/content/view/FD3DF0B1437D8E4C9C577D09A2295C68/S1935789320004553a.pdf/symptoms_associated_with_personal_protective_equipment_among_frontline_healthcare_professionals_during_the_covid19_pandemic.pdf</p>	<ul style="list-style-type: none"> A cross-sectional study that aimed to investigate risk factors related with new-onset symptoms hypothesizing that new-onset symptoms among HCPs may be associated with extended use of PPE. This study demonstrated that most common new-onset symptom was headache followed by breathing difficulty-palpitation and dermatitis. Extended use of PPE, smoking, and overweight were independently associated with developing new-onset symptoms.

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

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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