



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

WHO Epi-Week-49 (November 30 – December 07, 2020)

BULLETIN No: 32

Issue Date: December 12, 2020

I. HIGHLIGHTS

- A total of 37,842 laboratory samples were tested in the WHO-Epi-Week-49, which is a 4.34% increase compared to that of the WHO-Epi-Week-48.
- The laboratory test positivity rate for the WHO-Epi-Week-49 is 9.94%, which is a bit lower than the preceding week (10.34%).
- A total of 3,761 new confirmed COVID-19 cases and 47 COVID-19 related deaths were reported during the WHO Epi-Week-49 bringing the total cases and death to 113,295 and 1,747 respectively.
- There were total of 11,497 newly recovered COVID-19 cases during the WHO Epi-Week-49, bringing the total number of recovered cases to 80,812.
- A total of 45,609 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 11,596 of these are enrolled in the WHO-Epi-Week-49.
- A total of 1,536 contacts were identified during the WHO Epi-week-49.

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

- The number of COVID-19 related death surpassed 1.5 million globally.
- Between December 31, 2019 and December 06, 2020, COVID-19 pandemic affected 235 countries/territories causing 66,019,434 cases and 1,524,178 deaths (CFR=2.31%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 3,950,397 cases and 72,999 deaths were reported during the WHO Epi-Week-49.
- The United States of America (USA) reported the highest number of cases (14,216,285) with CFR of 1.96% followed by India (9,677,203) cases) with a CFR of 1.45%.
- In Africa, 57 countries/territories have reported COVID-19 cases.
- As of December 06, 2020, a total of 2,271,957 cases and 53,658 deaths were reported across the continent (CFR=2.36%). Of these 95,530 cases and 2,007 deaths were reported during the WHO-Epi-Week-49.
- In Africa, South Africa reported the highest number of cases (810,449) with CFR of 2.73% followed by Morocco (376,738 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.

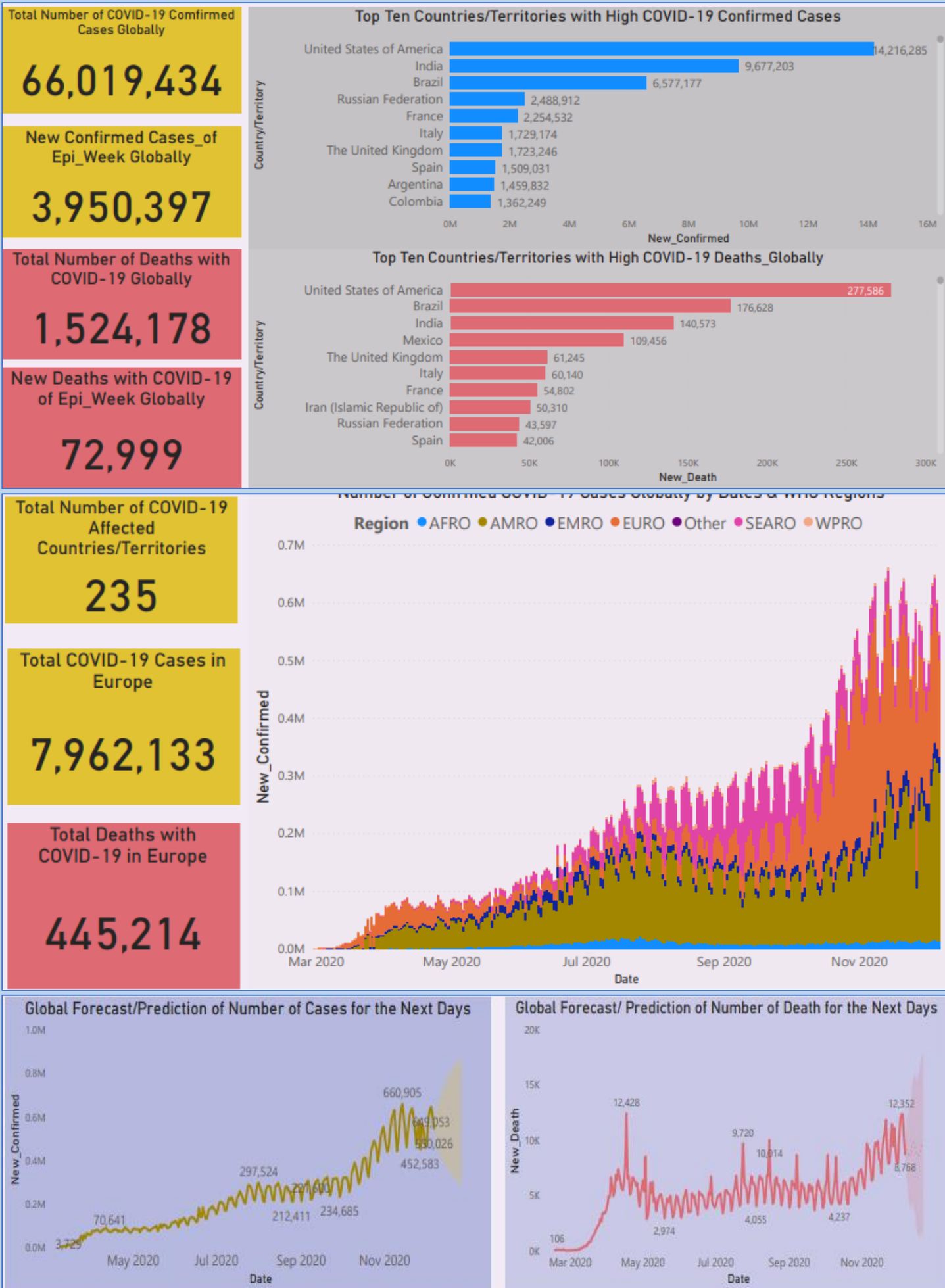


Fig. 1: COVID-19 Global Situation Update as of December 06, 2020 (Source: WHO)

of African Countries/Territories with COVID-19 Confirmed Cases

57

Total Number of Cases Confirmed in Africa

2,271,957

New Confirmed Cases in Africa with COVID-19_of Epi_Week

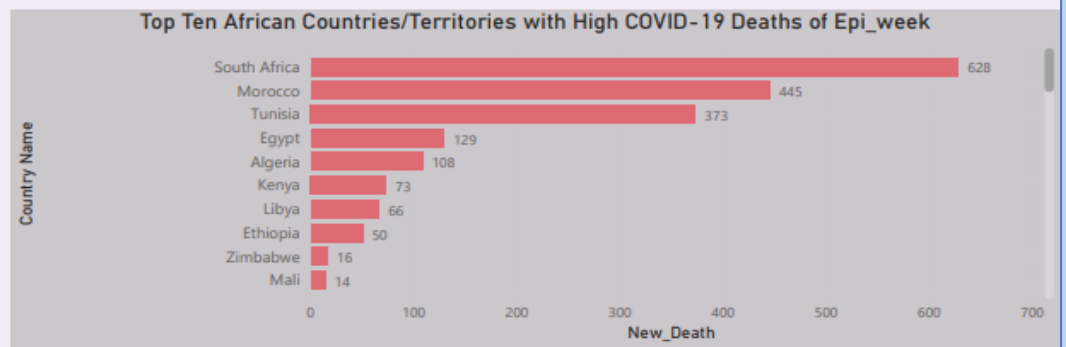
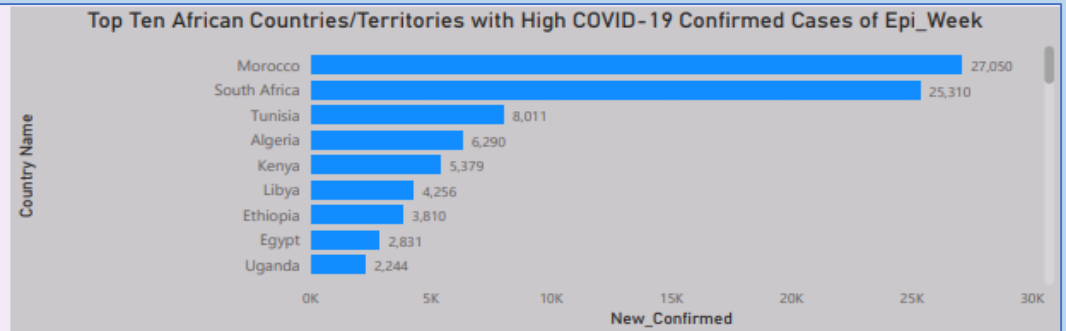
95,530

Total Number of Deaths in Africa with COVID-19

53,658

New Deaths in Africa with COVID-19_in Epi_Week

2,007



Total Number of Cases Confirmed in Horn_Africa

231,862

New Cases in Horn_Africa_in Epi_Week

9,605

Total Number of Deaths in Horn_Africa with COVID-19

4,459

New Deaths in Horn_Africa with COVID-19 in Epi_Week

143

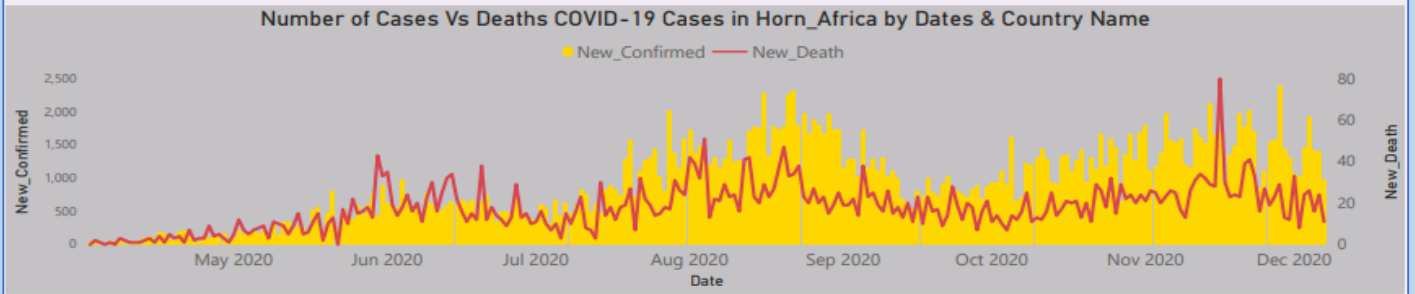
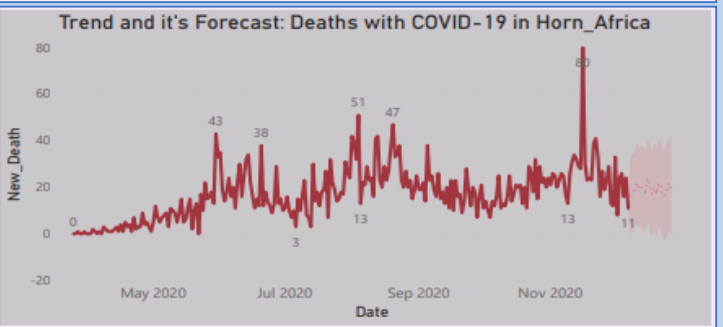
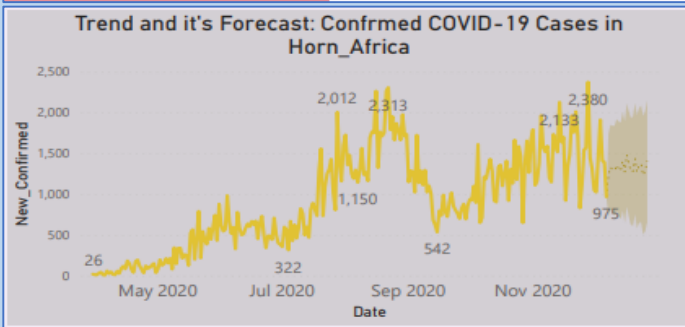
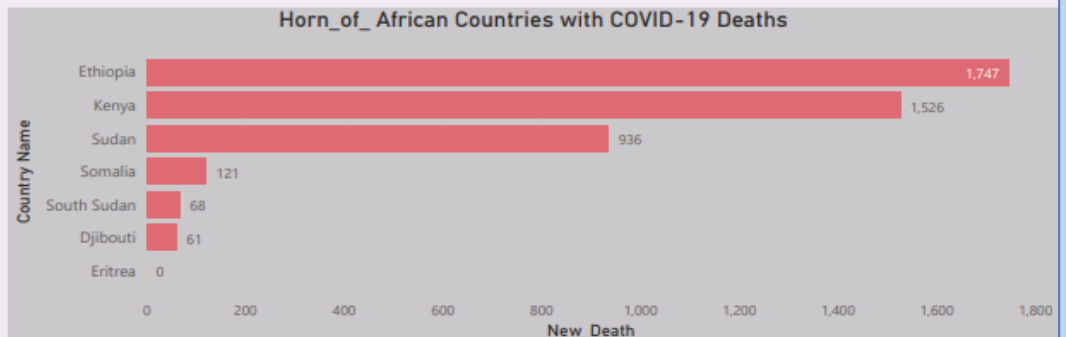
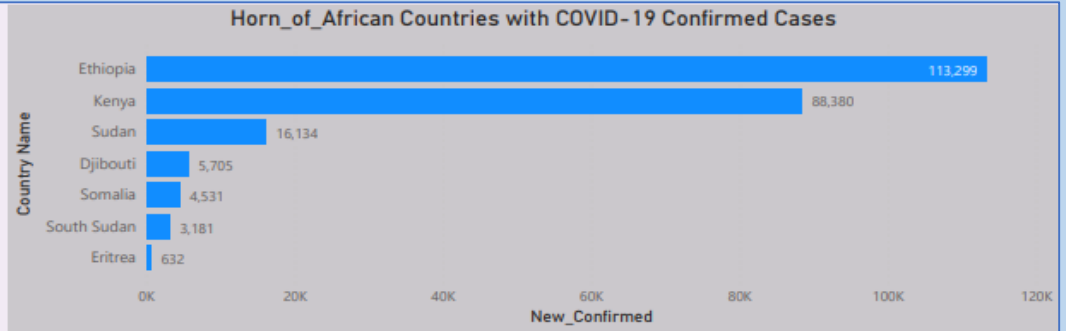


Fig. 2: COVID-19 Situation Update in Africa as of December 06, 2020 (Source: WHO)

National COVID-19 situation

- Three-thousand-seven-hundred-sixty-one (3,761) newly confirmed COVID-19 cases (which is equivalent compared to that of Epi-Week-48) and 47 COVID-19 related deaths (11% decrease compared to that of Epi-Week-48) were reported during the WHO Epi-Week-49.
- As of December 06, a total of 113,295 confirmed COVID-19 cases and 1,747 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-49

Regions	New_Tested	New_Case	New_HF_Admission	New Death	Positivity Rate	Recovery Rate
Addis Ababa	27038	2845	357	42	10.9	28.9
Oromia	3406	602	69	1	18.7	24.0
SNNPR	2532	63	7	0	2.6	96.0
Afar	1185	10	0	0	0.7	44.0
Amhara	902	68	32	2	7.7	53.0
Somali	890	2	6	0	0.4	29.4
Sidama	743	80	24	1	9.9	75.4
Benshangul	412	27	3	0	5.7	26.0
Dire Dawa	398	27	4	1	5.3	35.0
Harari	259	33	5	0	15.4	29.0
Gambella	80	4	1	0	0.7	60.0
Tigray	0	0	0	0	0.0	76.0
Total	37845	3761	508	47	**** 6.5	**** 48.1

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

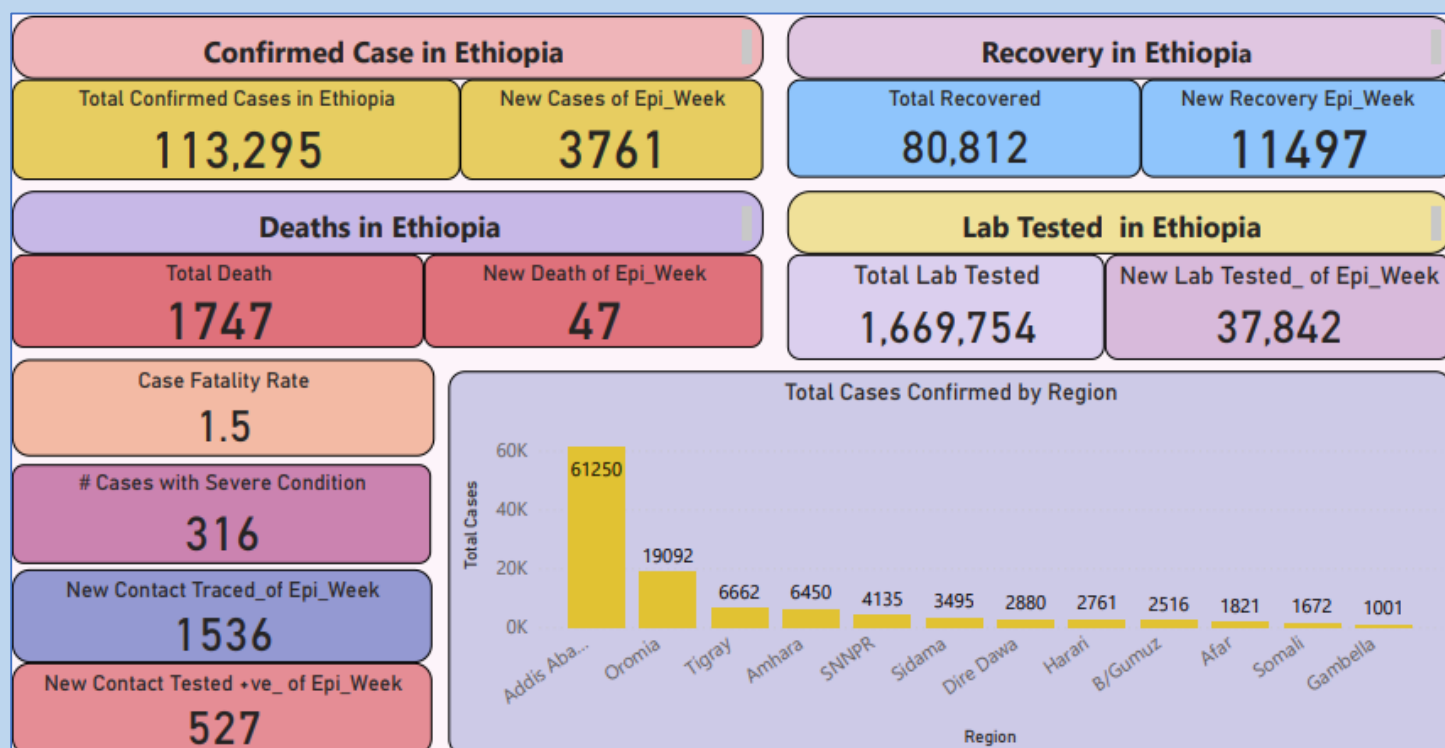


Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of December 06, 2020, Ethiopia

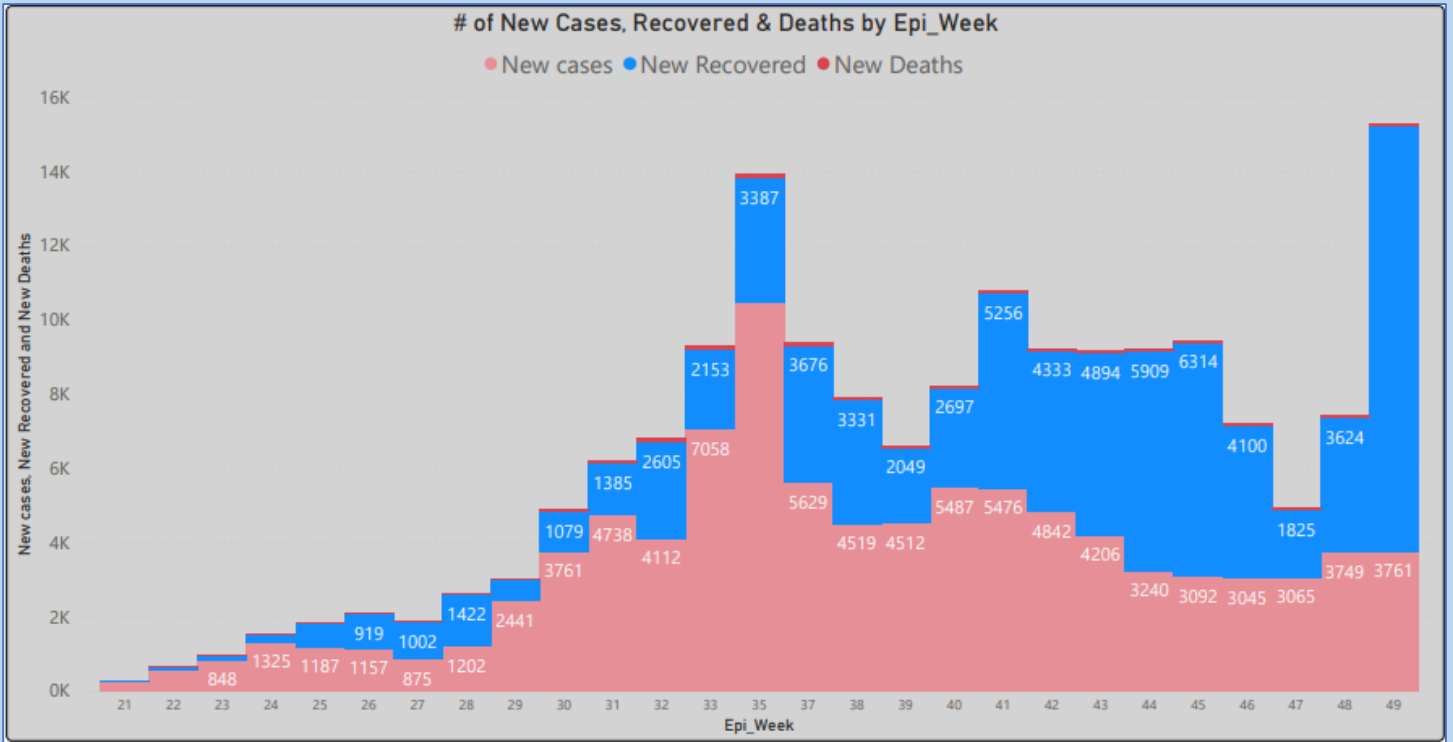


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of December 06, 2020, Ethiopia

Epi-Surveillance and Laboratory Related Activities

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

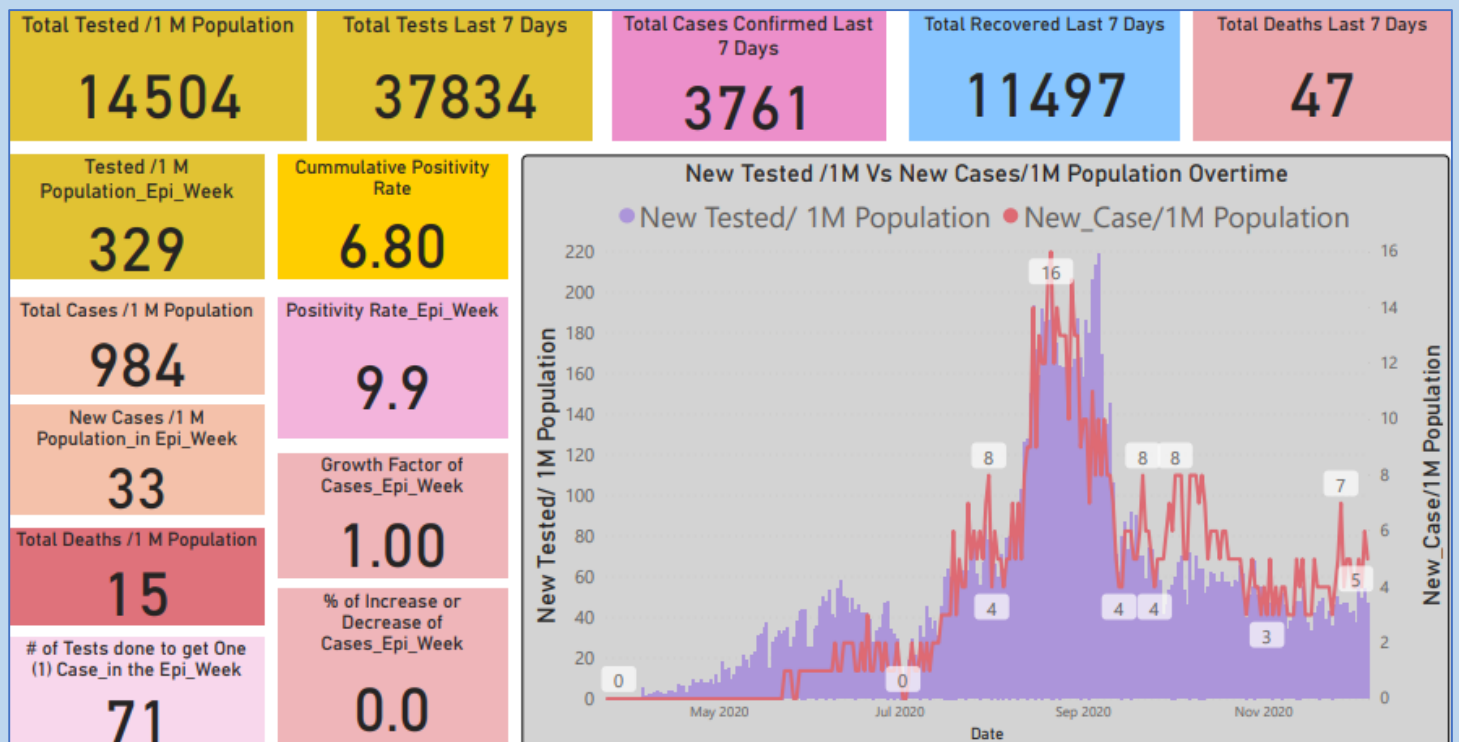


Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of December 06, 2020.

Contact tracing and follow-up:

- As of December 06, 2020:
 - A total of 306,581 contacts of confirmed cases have been identified. Of these, 1,536 contacts were identified in the WHO-Epi-Week-49.
 - Of total contacts, 280,600 (91.53%) have completed 14 days follow-up, while 1,166 contacts are still on follow-up.
 - 612 (0.20%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 562 (91.83%) have tested positive.
- Overall, 24,544 (8.06%) of the contacts (symptomatic plus asymptomatic) have been tested positive.
- Contacts of the confirmed cases contributed for the 21.66% of the total cases.

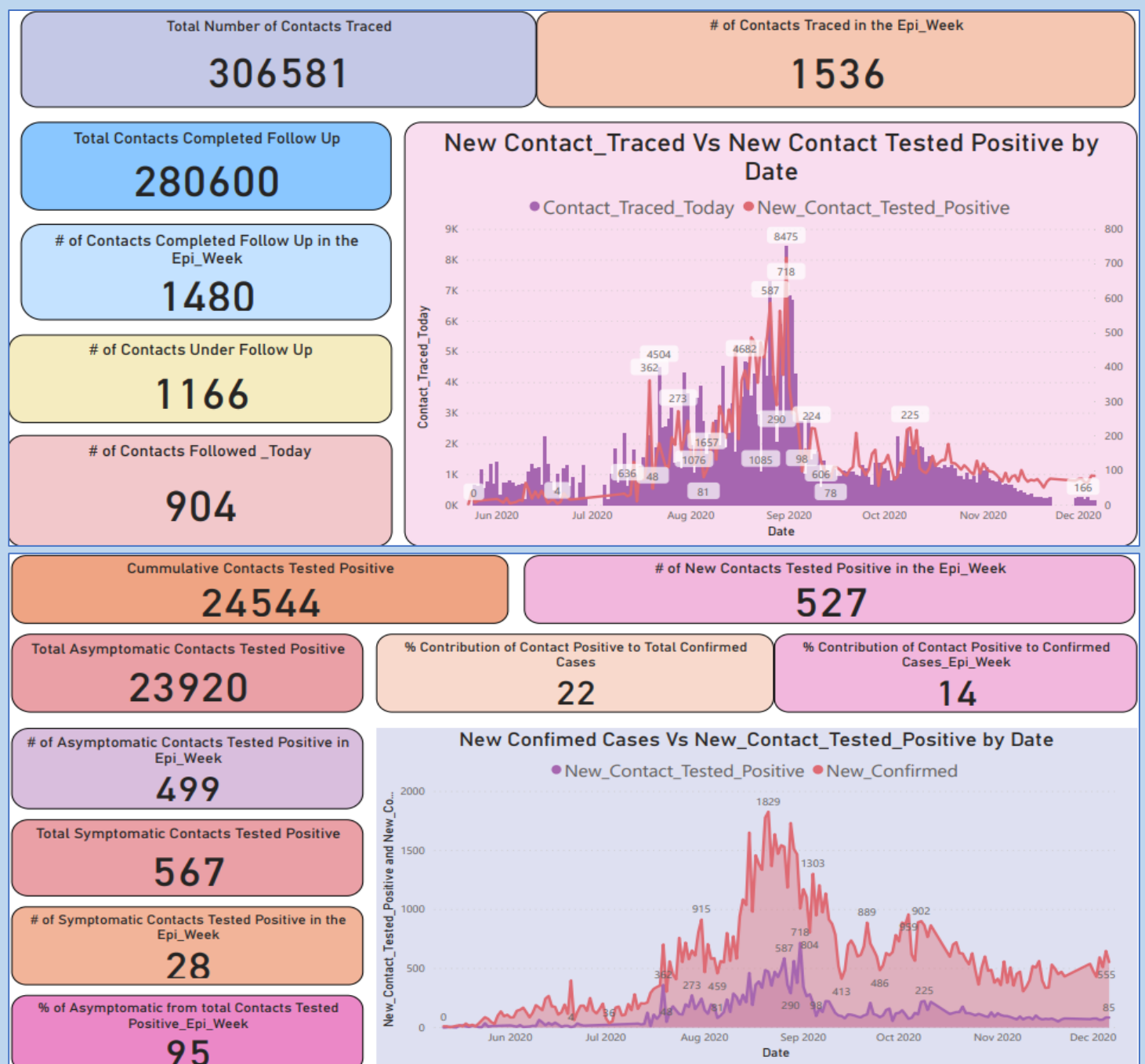


Fig. 6: Summary of COVID-19 contact tracing as of December 06, 2020, Ethiopia.

Rumors collection and verification from all sources

- As of December 06, 2020:
 - 317,232 rumors/alerts have been received and investigated. Of these, 718 rumors were reported in the WHO-Epi-Week-49.
 - 244,699 (77.14%) of the rumors/alerts have fulfilled the suspected case definition.

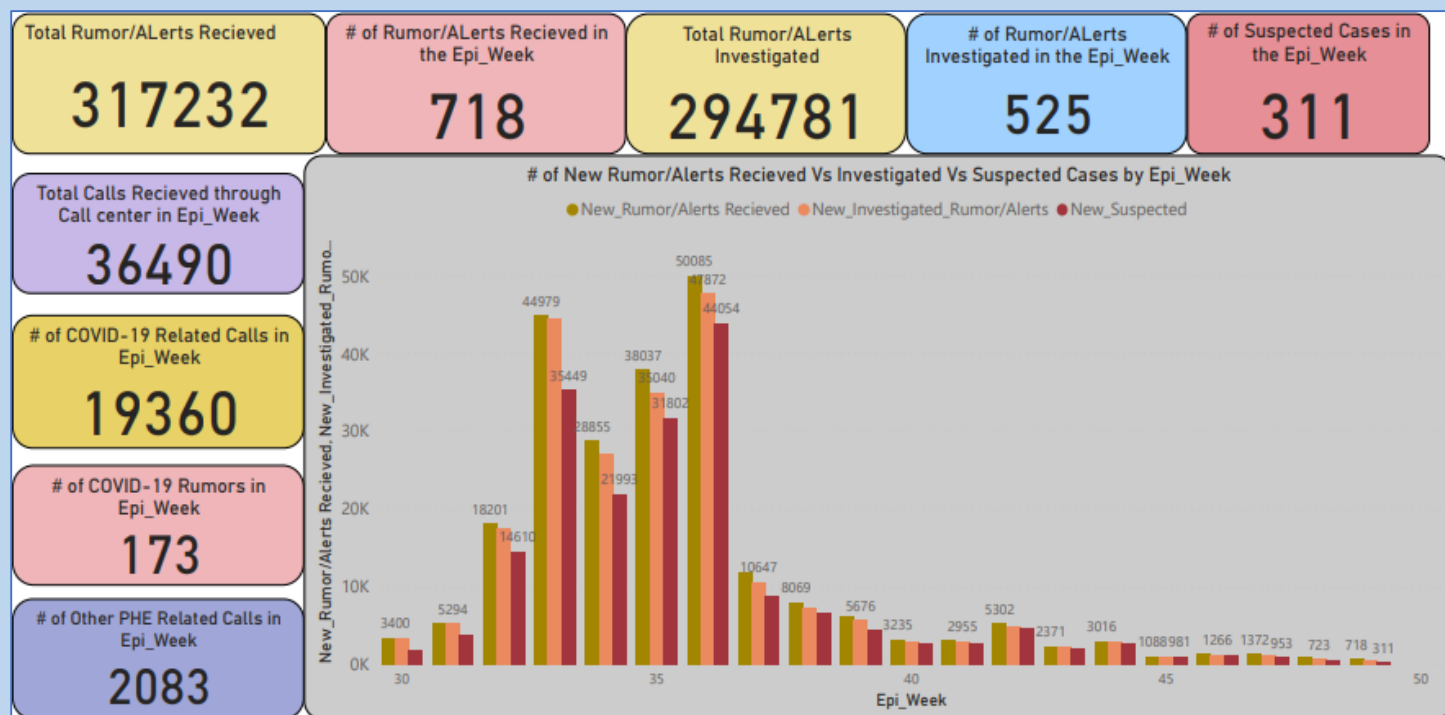


Fig. 7: Summary of COVID-19 rumor/alert investigation as of December 06, 2020, Ethiopia.

Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,419,690 passengers have been screened at the Point of Entries of Ethiopia and 520,162 (37.00%) of them were screened at Bole International Airport.
- Of the total passengers screened, 24,844 were screened for COVID-19 in the Epi-Week-49.
- 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 06 December 2020, a total of 1,669,754 samples have been tested for COVID-19 by laboratories across the country.
- 37,842 laboratory tests were processed during the WHO Epi-Week-49, which is a 4.34% increase compared to that of Epi-Week-48.
- The laboratory test positivity rate for the WHO-Epi-Week-49 is 9.94%, which is a bit lower than the preceding week (10.34%).
- The overall positivity rate for the laboratory test since the occurrence of the disease in the country is 6.79%.

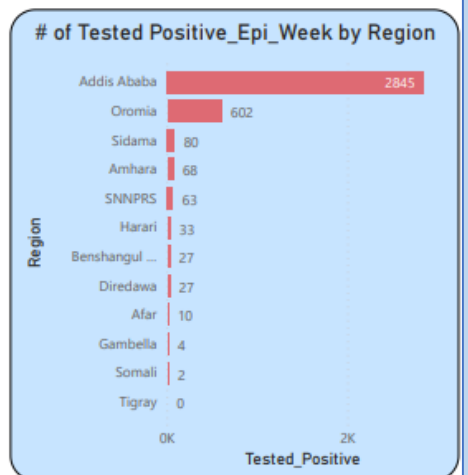
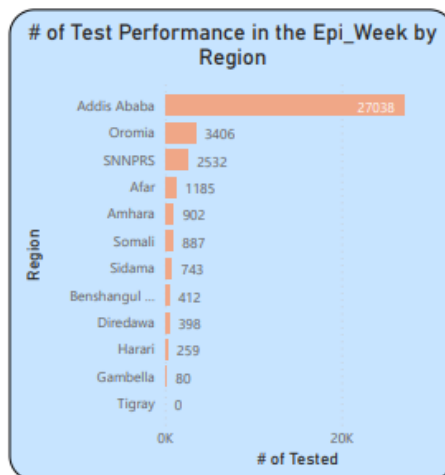
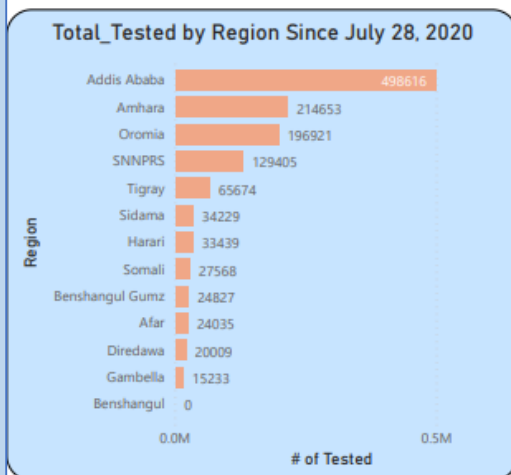
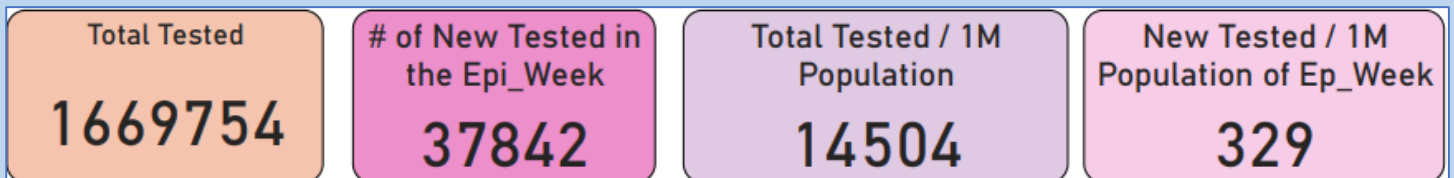
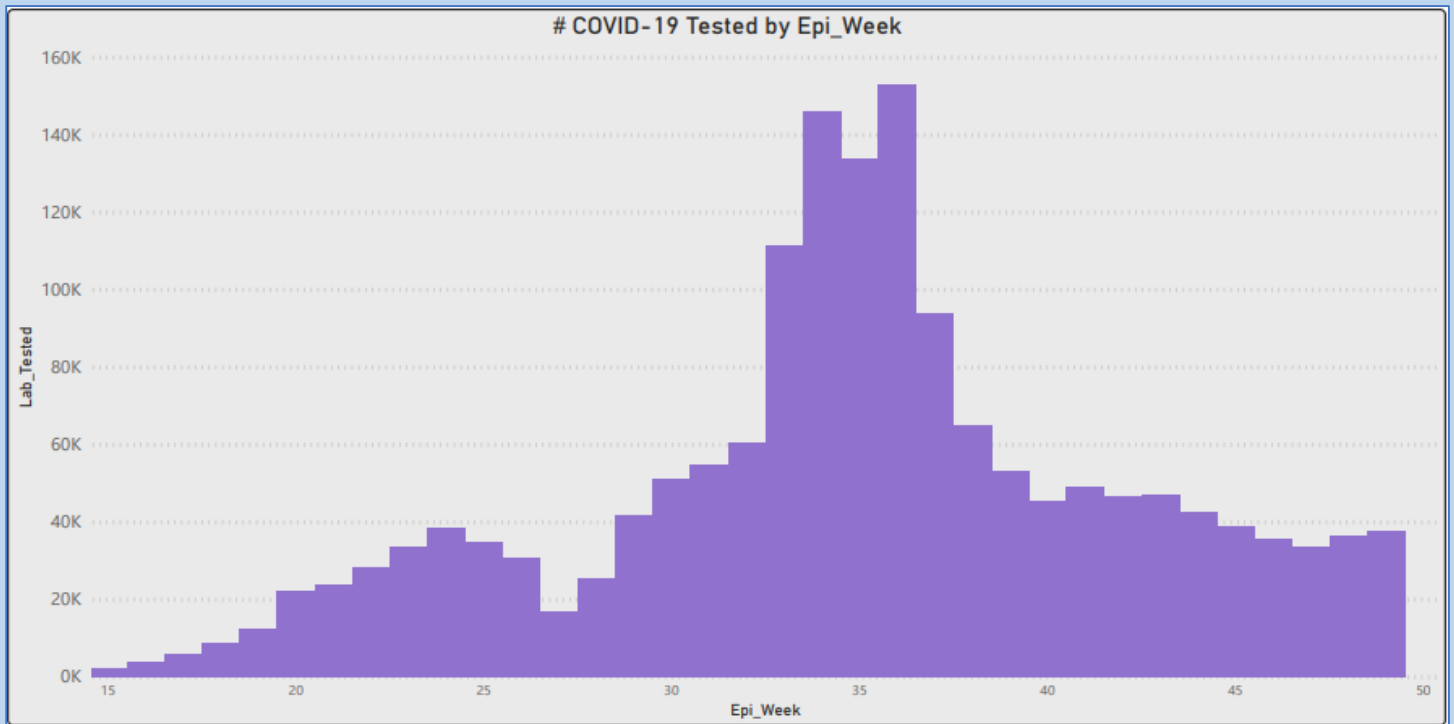


Fig. 8: Summary of COVID-19 laboratory testing as of December 06, 2020, Ethiopia.

IV. Coordination and Leadership

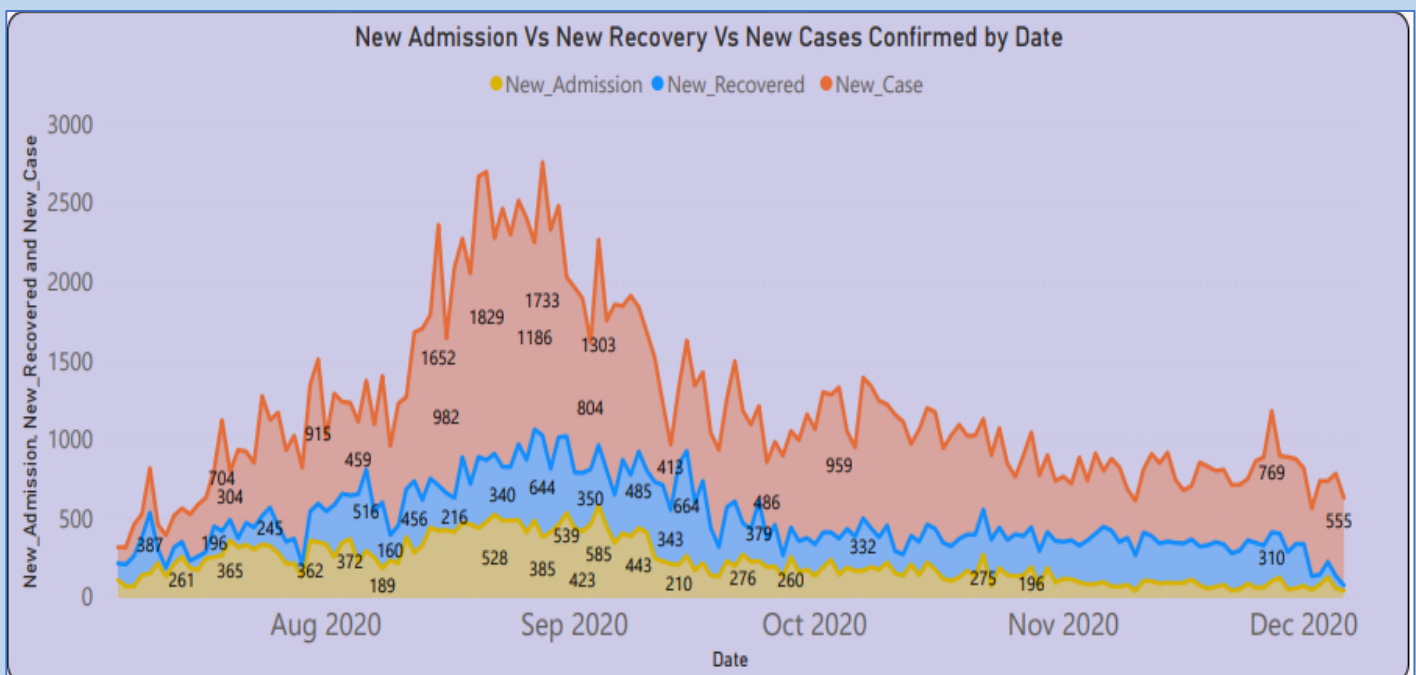
- The national PHEOC is collaboratively working with stakeholders: government agencies, partner organizations, UN agencies, embassies, hospitals, Industrial parks and others.
- Morning briefing of IMS is being conducted every day by core IMS staffs and key partners' representatives.
- Biweekly virtual (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.

V. Case Management and Facility Readiness

- As of December 06, 2020:
 - Nationally, there are a total 29,268 beds in the COVID-19 treatment centers; out of which 1,042 are Intensive Care Unit beds.
 - A total of 24,249 suspected COVID-19 cases are admitted to isolation centers. Of these, 250 suspected cases are admitted in the Epi-Week-49.
 - 21,655 (159 in the Epi-Week-49) initially suspected cases are discharged after laboratory test became negative.
- Among the currently existing COVID-19 cases, there are 316 patients in severe clinical condition.

Home Based Isolation and Care (HBIC):

- So far, 45,609 COVID-19 confirmed cases have been on HBIC. Of them 39,591 (86.80%), have recovered and six (0.013%) died.
- Of these, 11,596 cases have been enrolled to HBIC and 11,021 cases have recovered on the WHO-Epi-Week-49.
- As of December 06, 2020, there are 6,218 cases on HBIC.
- So far, 503 (66 of them in Epi-Week-49) of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 297 (10 of them in Epi-Week-49) of the cases have been transferred from HBIC to treatment centers for better care.



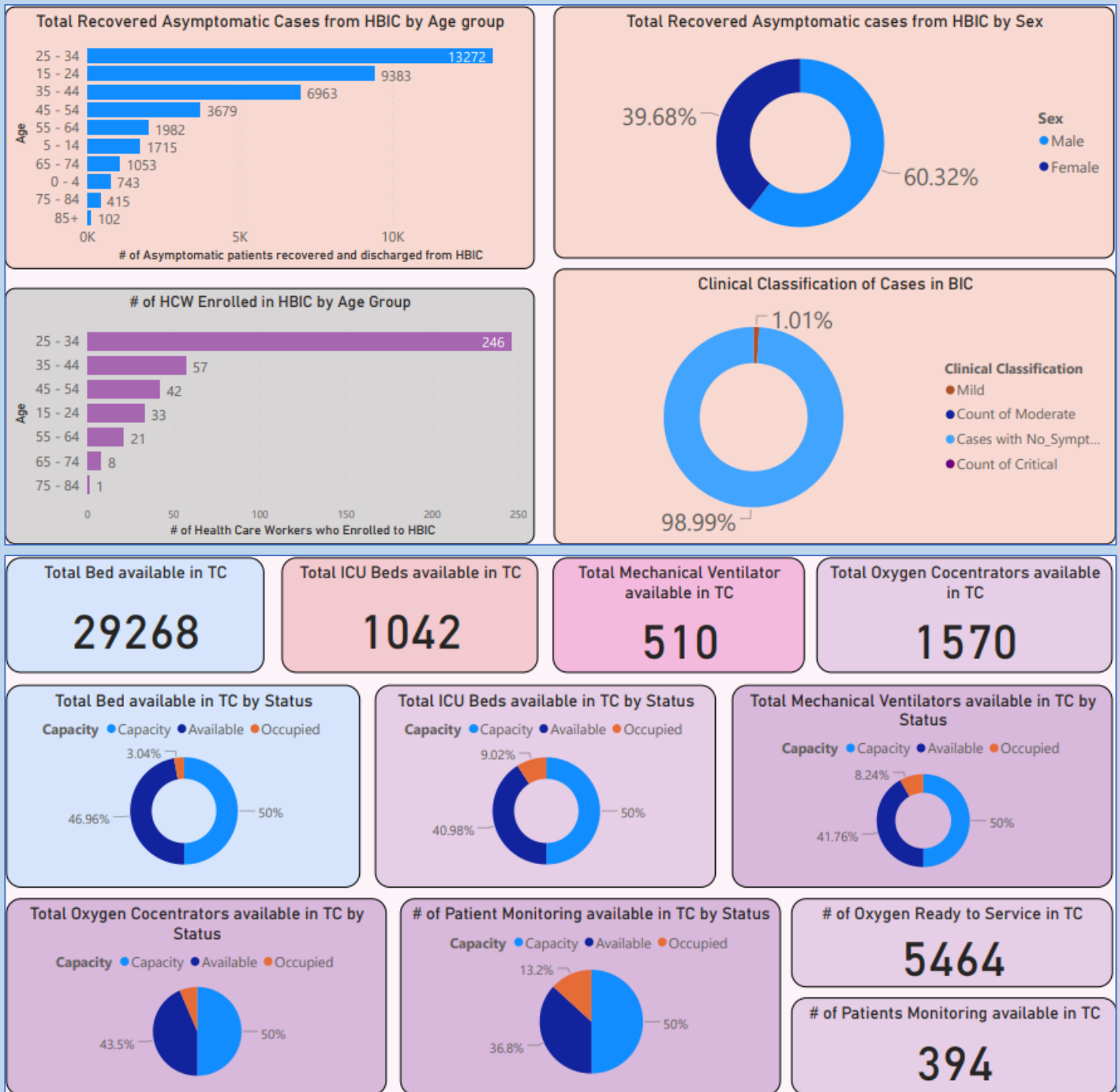


Fig. 9: Summary of COVID-19 case management and facility readiness in Ethiopia, as of December 06, 2020.

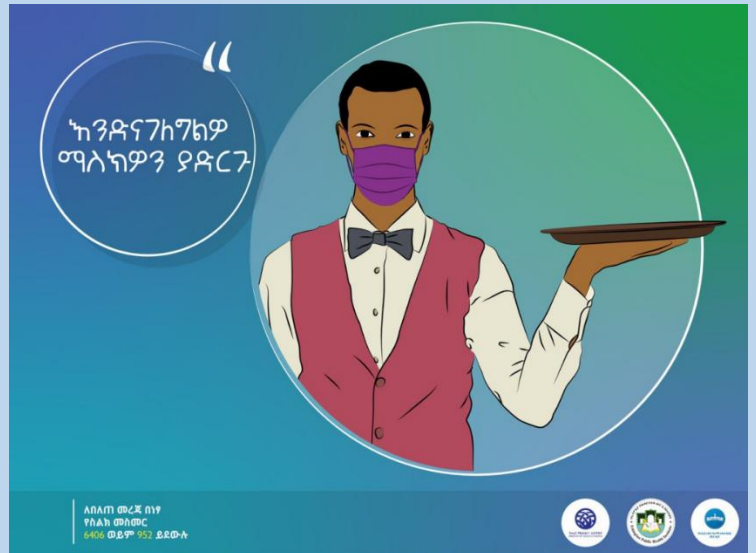
VI. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- Nine daily audio messages on COVID-19 prevention and control broadcasted and monitored on Fana 98.1 and 97.1, Ethio FM, Sheger FM, Bisrat and national radios.
- Five daily video messages on COVID-19 prevention and control broadcasted and monitored on, Walta, Afri health, Asham, EBS, Fana and EBC televisions.
- Plan revitalization and message harmonization workshop conducted with all regional RCCE team comprised of 44 participants at Hawassa city.



Fig. 10: Plan revitalization and message harmonization workshop, Dec. 03, 2020, Hawassa, Ethiopia

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



VII. Logistic and Supplies

- There is ongoing distribution of PPE, Viral Transport Media (VTM), swabs, pharmaceuticals and other medical supplies to isolation and treatment centers.
- Weekly stock status analysis report (Stock on hand, procurement, stock on pipeline, distribution update) was performed by incorporating the regional stock reports and laboratory commodity procurement was followed and monitored.
- 370 boxes of examination gloves, 30,000 pieces of medical facemask, 107 Infrared thermometers and 105 pieces of pulse oximeter are donated from Embassy of Ethiopia in France to support the fight against COVID-19 pandemic in Ethiopia.

VIII. Training and Orientation

- Training provided for youth volunteers and community platforms on COVID-19 prevention at SNNPR.
- Orientation provided for recruited data collectors and supervisors for rapid assessment on community perception towards COVID 19 response.
- Three days COVID-19 Infection prevention and control training provided for 30 industrial park and mega project staffs at Hawassa city



Fig. 11: Infection prevention and control training, 30 November - 02 December 2020 Hawassa, Ethiopia

IX. Challenges and Way Forward

Challenges

- Weak public adherence to the public health and social preventive measures
- Shortage of case management facilities for the critical cases.
- Increasing number of COVID-19 cases in congregated settings.
- Increasing number of cases being detected in the community.
- Happenings of super spreading events-Mass gatherings with poor physical distancing and facemask use which exacerbates the spread of COVID-19.
- Low stock status of personal protective equipment.

Way Forward

- Intensify risk communication and community engagement activities.
- Strengthened collaboration and coordination with key stakeholders and partners.
- Advocate and strengthen Home Based Isolation and Care (HBIC).
- Conduct intensive testing of high-risk population group and contacts of confirmed cases for COVID-19.
- Enhance technical support, coordination and timely and accurate information sharing at all levels.
- Enhance active surveillance for COVID-19 such as house-to-house case search and detection in the community.
- Intensification of a capacity building trainings and orientation including through virtual/online platforms.
- Strengthen and sustain 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
<p>Incidence and risk factors of kidney impairment on patients with COVID-19: A meta-analysis of 10180 patients.</p> <p>https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0241953</p>	<ul style="list-style-type: none"> • In this paper, articles from the PubMed, Embase and MedRxiv databases were searched until May 1, 2020. • In the sum of 24 studies with 10180 patients were included in the analysis. • Kidney dysfunction may be a risk factor for COVID-19 patients developing into the severe condition. • In reverse, COVID-19 can also cause damage to the kidney.
<p>Epidemiology, risk factors and clinical course of SARS-CoV-2 infected patients in a Swiss university hospital: An observational retrospective study.</p> <p>https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0240781</p>	<ul style="list-style-type: none"> • This is a retrospective observational study, which included all adult patients hospitalized with a laboratory confirmed SARS-CoV-2 infection from March 1 to March 25, 2020. • This study gives some insight in the epidemiology and clinical course of patients admitted in a European tertiary hospital with SARS-CoV-2 infection. • Age, male sex, high qSOFA score, CRP of 40 mg/l or greater and a bilateral radiological infiltrate could help clinicians identify patients at high risk for mechanical ventilation.
<p>Superspreading events in the transmission dynamics of SARS-CoV-2: Opportunities for interventions and control.</p> <p>https://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.3000897</p>	<ul style="list-style-type: none"> • The basic reproduction number, which has been widely used—appropriately and less appropriately—to characterize the transmissibility of the virus, hides the fact that transmission is stochastic, often dominated by a small number of individuals, and heavily influenced by superspreading events (SSEs). • Many explosive SSEs have occurred in indoor settings, stoking the pandemic and shaping its spread, such as long-term care facilities, prisons, meat-packing plants, produce processing facilities, fish factories, cruise ships, family gatherings, parties, and nightclubs. • In this article the different types of SSEs, how they influence transmission, empirical evidence for their role in the COVID-19 pandemic are described.
<p>Clinical outcomes and characteristics of patients hospitalized for Influenza or COVID-19 in Germany.</p> <p>https://www.ijidonline.com/article/S1201-9712(20)32520-0/fulltext</p>	<ul style="list-style-type: none"> • This study used anonymized German healthcare claims data. • A total of 2343 hospitalized COVID-19 patients and 6762 hospitalized Influenza patients were included. • Discussions suggesting that COVID-19 and seasonal Influenza have similar severity cannot be based on clinical evidence. • COVID-19 resulted in higher in-hospital mortality and worse clinical outcomes than Influenza. • This was not attributable to demographic characteristics, pre-existing comorbidities or patient triage, since the German healthcare system had not reached its limits in the pandemic.
<p>Clinical features and medical care factors associated with mortality in French nursing homes during COVID-19 outbreak.</p> <p>https://www.ijidonline.com/article/S1201-9712(20)32527-3/fulltext</p>	<ul style="list-style-type: none"> • The aim of this study was to identify demographic, clinical and medical care factors associated with mortality in three nursing homes. • The study suggests that high mortality rates in some nursing homes during COVID-19 outbreak might be favoured by a lack of medical care management.

<p>COVID-19 Convalescent Plasma (CCP) Treatment of Moderate and Severe Cases of SARS-CoV-2 Infection: A Multicenter Interventional Study. https://www.ijidonline.com/article/S1201-9712(20)32513-3/fulltext</p>	<ul style="list-style-type: none"> • This non-randomized prospective cohort study was conducted from May 21, 2020, to June 30, 2020, at four major tertiary hospitals in Kuwait with aim of studying the effectiveness of CCP therapy for moderate and severe COVID-19 disease patients. • Among those with moderate COVID-19 disease, time to clinical improvement was 7 days in the CCP group versus 8 days in the control group (p = 0.006). • Administration of CCP is a safe treatment option for patients with COVID-19 disease, with a favorable outcome in the rate and time to clinical improvement.
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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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