



## NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

### COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

## WEEKLY BULLETIN

WHO Epi-Week-52 (December 21 – 27, 2020)

BULLETIN No: 35

Issue Date: January 3, 2020

## I. HIGHLIGHTS

- A total of 37,298 laboratory samples were tested in the WHO-Epi-Week-52.
- The laboratory test positivity rate for the WHO-Epi-Week-52 is 7.81%, which is lower than the preceding week (8.52%).
- The number of COVID-19 confirmed cases in Ethiopia surpassed 120,000 while the number of COVID-19 related deaths surpassed 1,900.
- A total of 2,913 new confirmed COVID-19 cases and 56 COVID-19 related deaths were reported during the WHO Epi-Week-52 bringing the total cases and death to 122,864 and 1,909 respectively.
- A total of 73,035 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 5,893 of these are enrolled in the WHO-Epi-Week-52.
- Out of a total of 310,286 contacts of COVID-19 confirmed cases, 1,709 contacts were identified during the WHO Epi-week-52.
- It is stated that stakeholders and sector offices need to be strengthened in advocating public adherence to public health and social measures to prevent and control COVID-19 pandemic.

## 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.

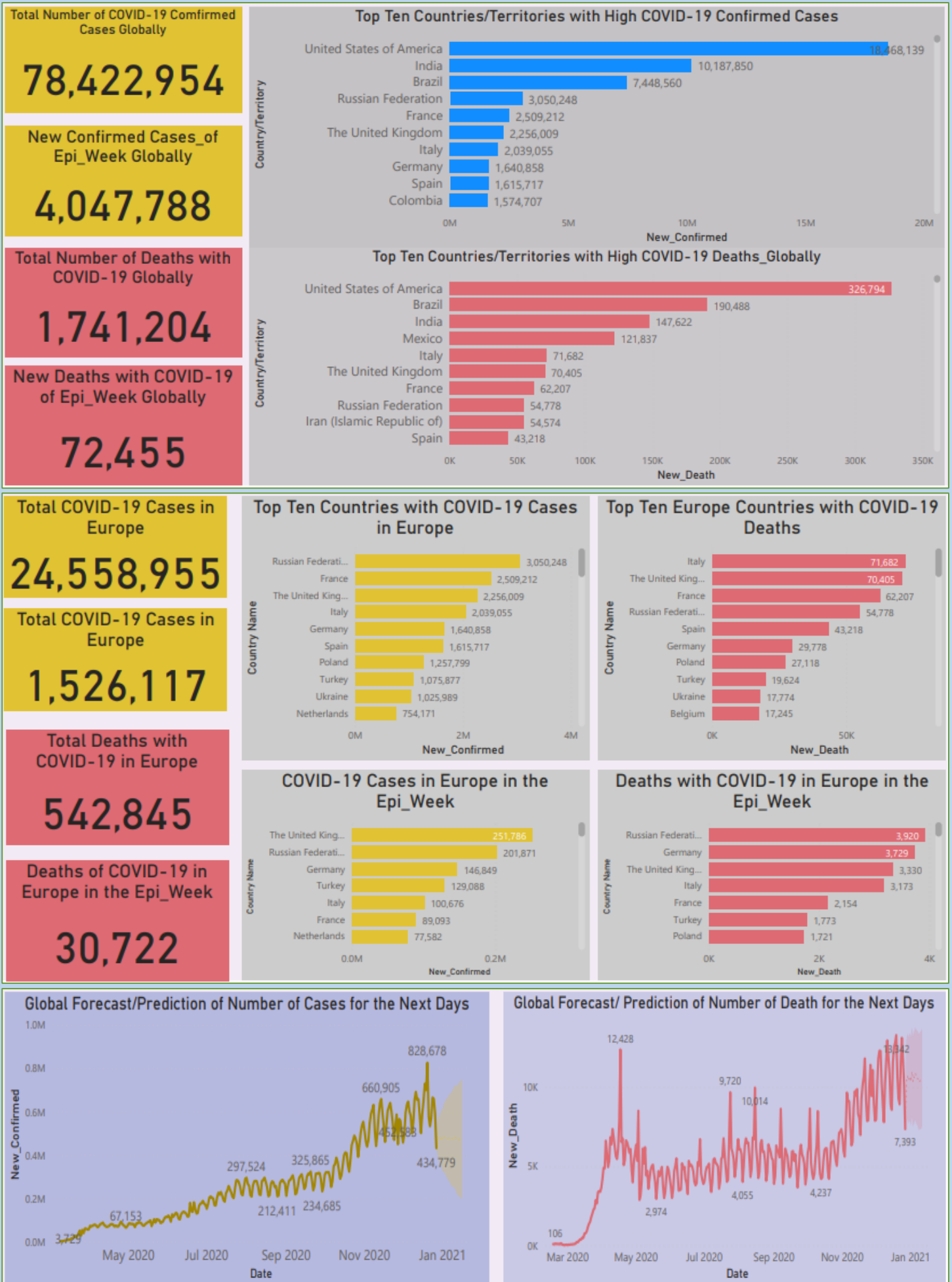
The national and regional PHEOC are playing a pivotal role in coordinating resources from different responding agencies and coordinating COVID-19 related information through regular EOC meetings and partners' coordination forums. The MOH and EPHI are providing information to the public and stakeholders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

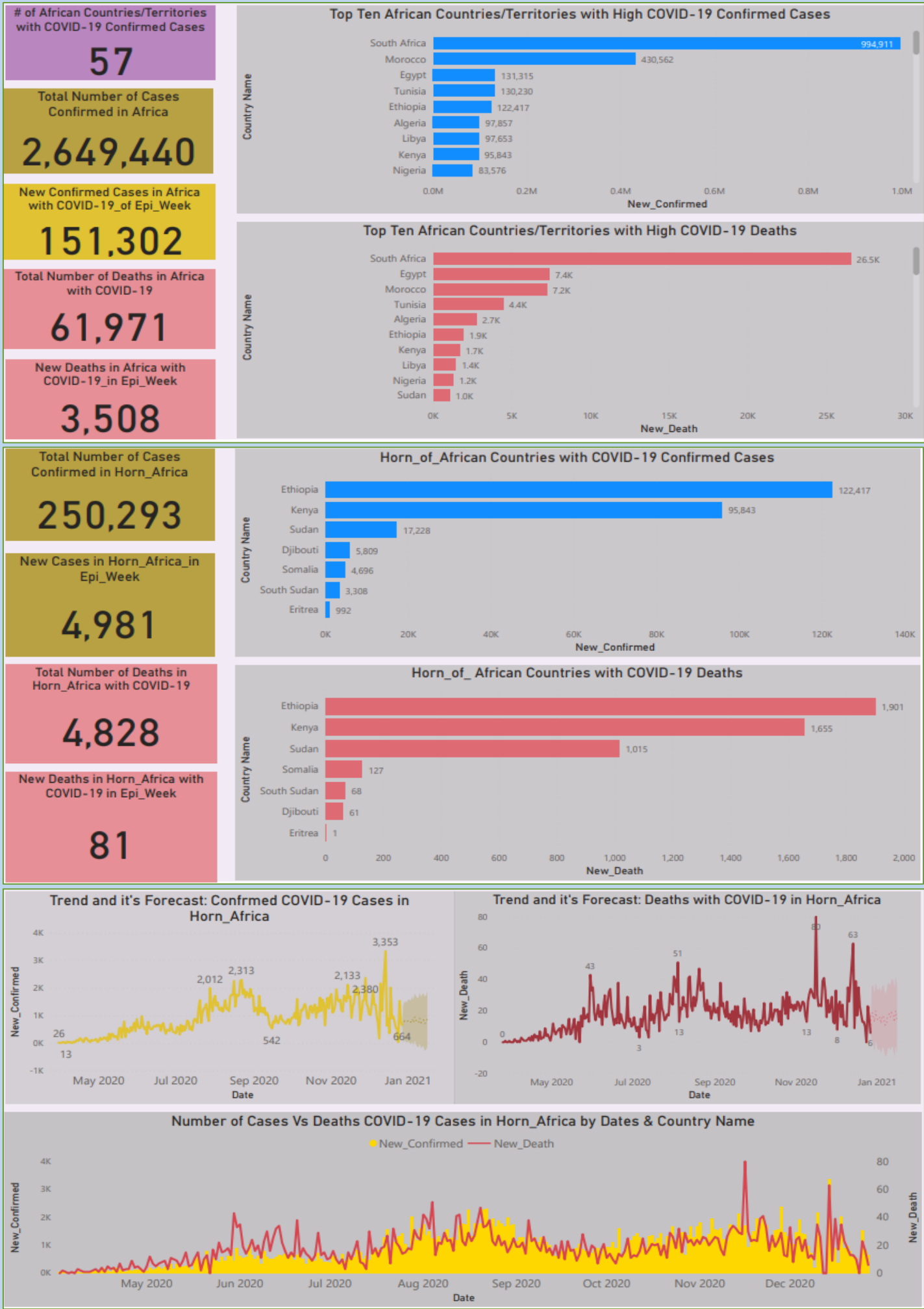
## III. EPIDEMIOLOGICAL SITUATION

### Global Situation

- Between December 31, 2019 and December 27, 2020, COVID-19 pandemic affected 235 countries/territories causing 78,422,954 cases and 1,741,204 deaths (CFR=2.22%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 4,047,788 cases and 72,455 deaths were reported during the WHO Epi-Week-52.
- The United States of America (USA) reported the highest number of cases (18,468,139) with CFR of 1.77% followed by India (10,187,850) cases) with a CFR of 1.45%.
- In Africa, 57 countries/territories have reported COVID-19 cases.
- As of December 27, 2020, a total of 2,649,440 cases and 61,971 deaths were reported across the continent (CFR=2.34%). Of these 151,302 cases and 3,508 deaths were reported during the WHO-Epi-Week-52.
- In Africa, South Africa reported the highest number of cases (994,911) with CFR of 2.68% followed by Morocco (430,562 cases) with a CFR of 1.67%.
- 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 27, 2020 (Source: WHO)**



**Fig. 2: COVID-19 Situation Update in Africa as of December 27, 2020 (Source: WHO)**

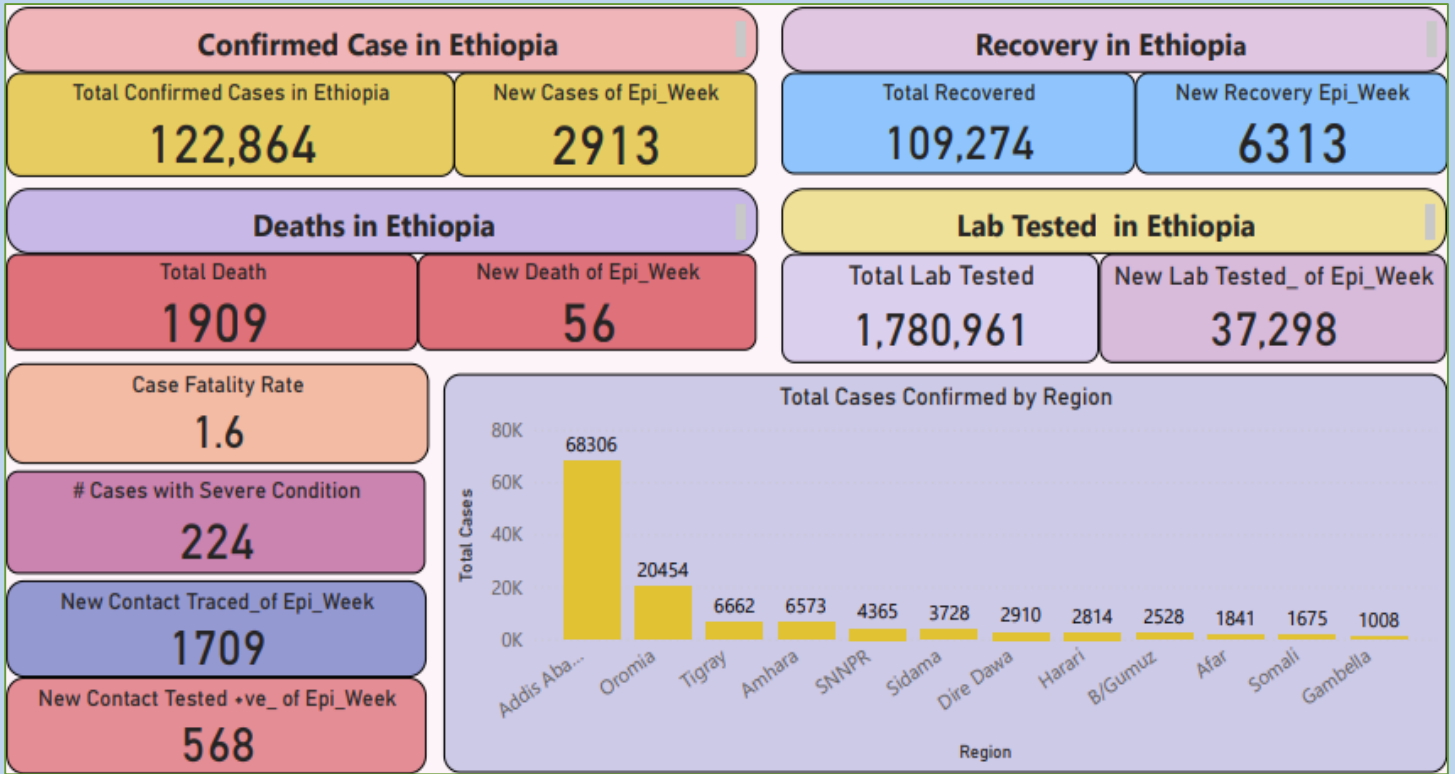
## National COVID-19 situation:

- The number of COVID-19 confirmed cases in Ethiopia surpassed 120,000 while the number of COVID-19 related deaths surpassed 1,900.
- Two-thousand-nine-hundred-thirteen (2,913) newly confirmed COVID-19 cases (8% decrease compared to that of Epi-Week-51) and 56 COVID-19 related deaths (19% increase compared to that of Epi-Week-51) were reported during the WHO Epi-Week-52.
- As of December 27, a total of 122,864 confirmed COVID-19 cases and 1,909 deaths were recorded in the country.
- For detail, see the summary dashboard below.

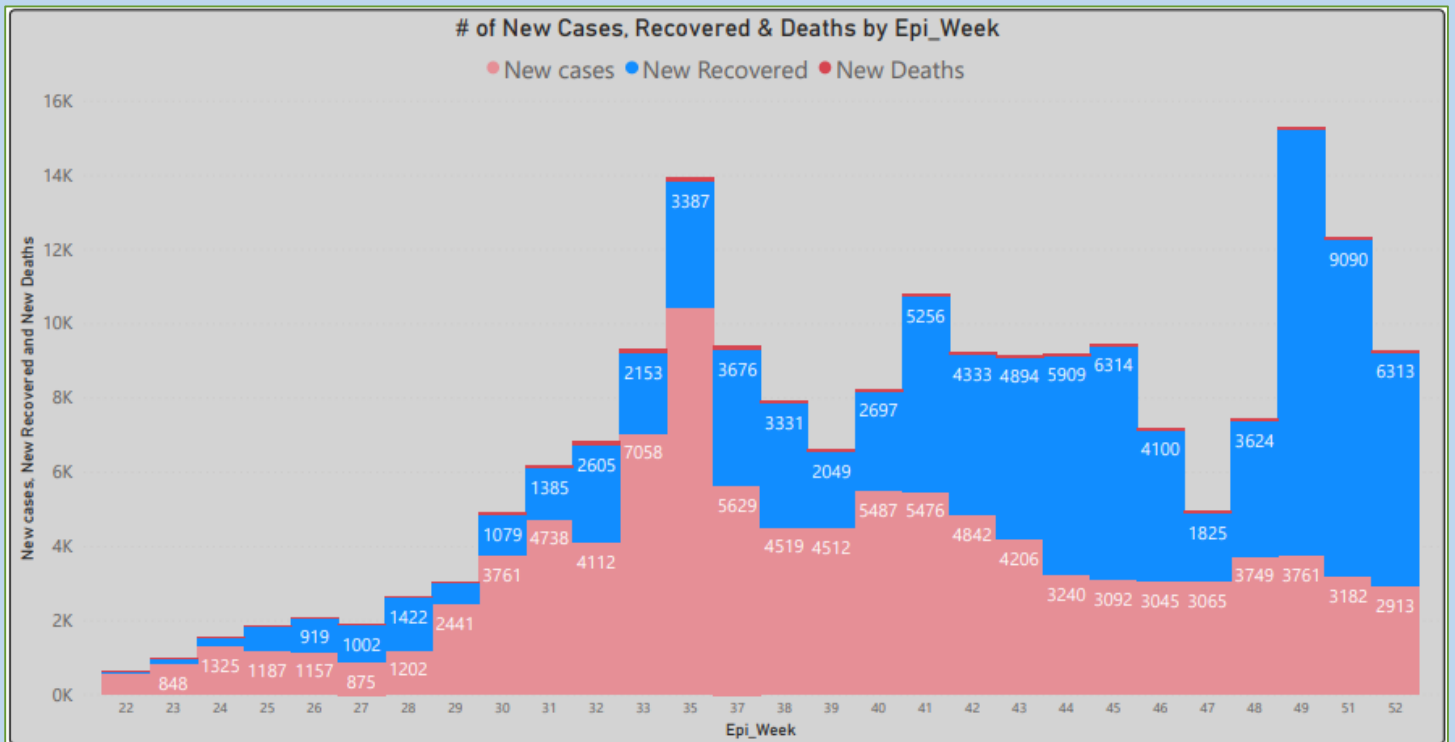
**Table 1: Summary of National COVID-19 situation in the WHO-Epi-Week-52**

Regions	New_Tested	New_Case	New_HF_Admission	New Death	Positivity Rate	Recovery Rate
Addis Ababa	27933	2190	212	47	8.0	27.0
Oromia	3099	475	83	4	16.0	23.0
SNNPR	2043	95	1	0	6.7	89.6
Sidama	1384	71	5	1	5.4	71.6
Afar	1306	0	0	0	0.0	44.0
Amhara	801	41	8	2	6.3	54.0
Somali	282	0	0	0	0.0	30.0
Benshangul	198	0	0	0	0.0	27.0
Harari	133	29	16	1	19.9	29.0
Dire Dawa	119	12	0	1	4.4	35.0
Gambella	0	0	0	0	0.0	60.0
Tigray	0	0	0	0	0.0	76.0
<b>Total</b>	<b>37298</b>	<b>2913</b>	<b>325</b>	<b>56</b>	<b>**** 5.6</b>	<b>**** 47.2</b>

\*\*\*\* 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 27, 2020, Ethiopia**

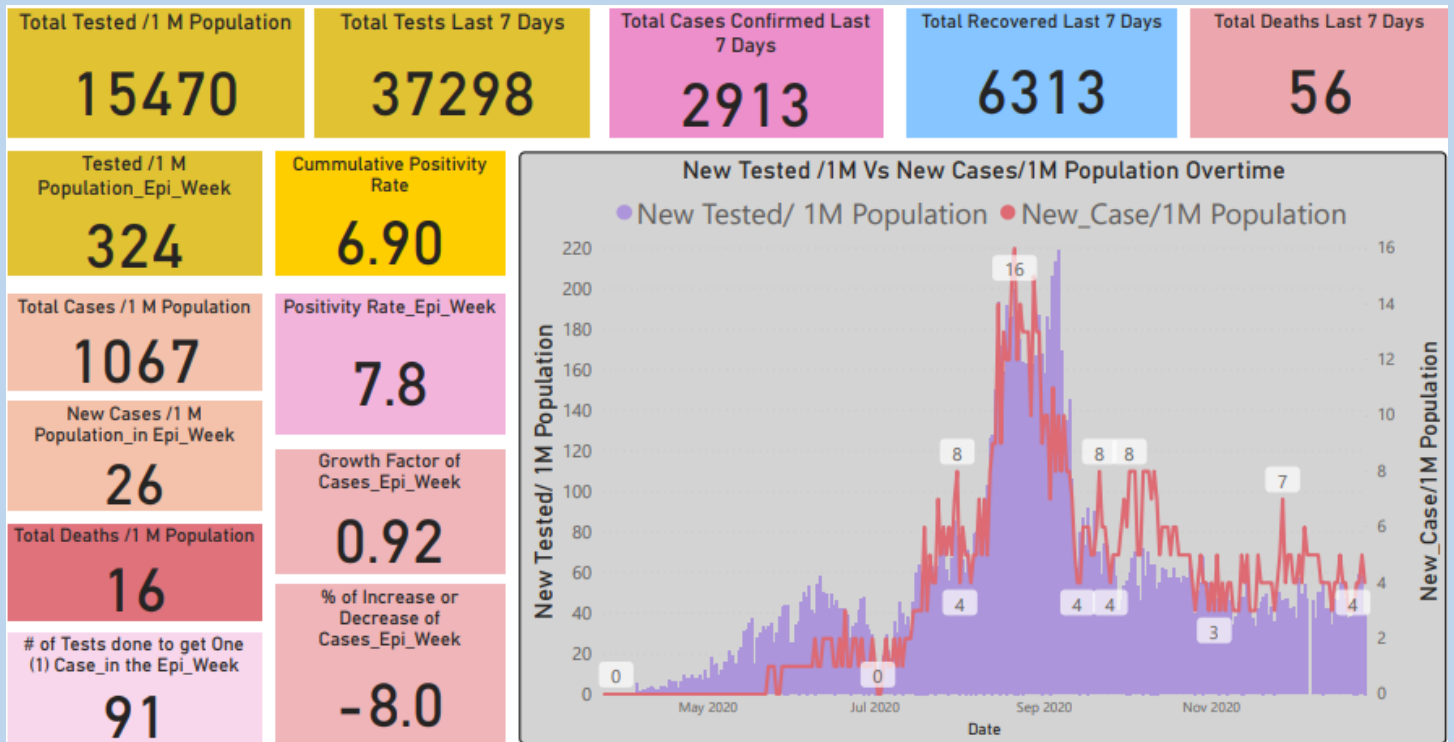


**Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of December 27, 2020, Ethiopia**

### 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.

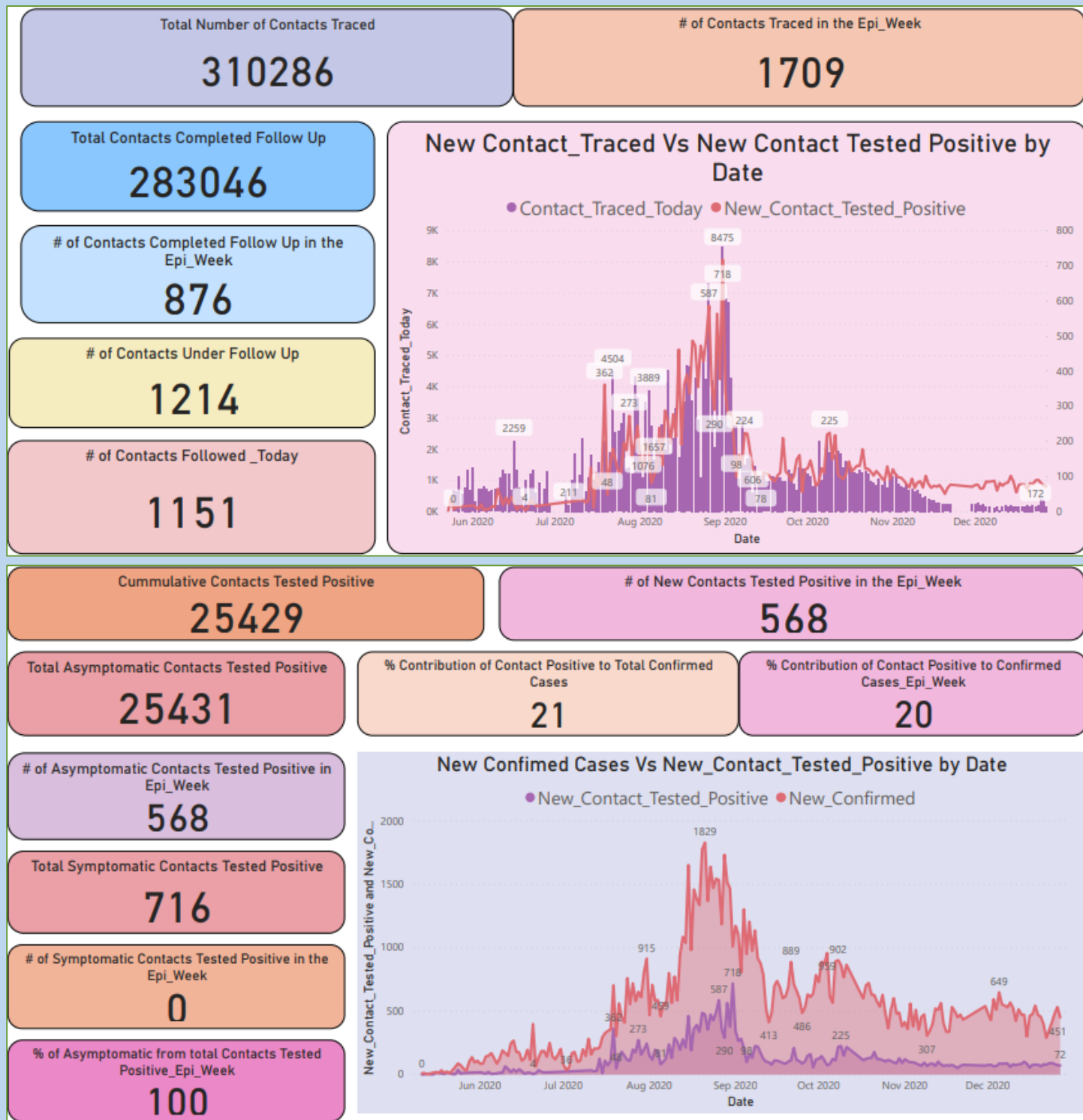




**Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of December 27, 2020.**

#### Contact tracing and follow-up:

- As of December 27, 2020:
  - A total of 310,286 contacts of confirmed cases have been identified. Of these, 1,709 contacts were identified in the WHO-Epi-Week-52.
  - Of total contacts, 283,046 (91.22%) have completed 14 days follow-up, while 1,214 contacts are still on follow-up.
  - 716 (0.23%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 571 (79.75%) have tested positive.
- Overall, 25,997 (8.37%) of the contacts (symptomatic plus asymptomatic) have been tested positive.
- Contacts of the confirmed cases contributed for the 21.16% of the total cases.

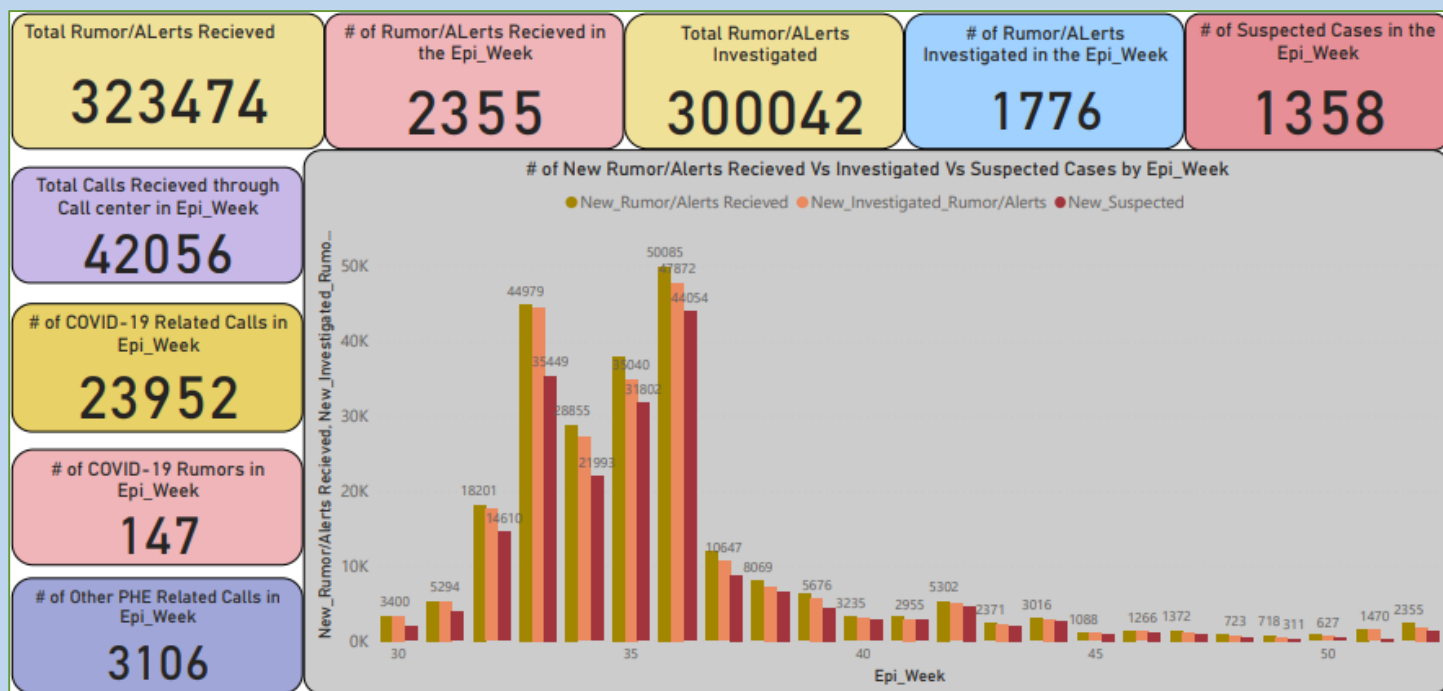


**Fig. 6: Summary of COVID-19 contact tracing as of December 27, 2020, Ethiopia.**

### Rumors collection and verification from all sources

- As of December 27, 2020:
  - 323,474 rumors/alerts have been received and investigated. Of these, 2,355 rumors were reported in the WHO-Epi-Week-52.
  - 248,341 (76.77%) of the rumors/alerts have fulfilled the suspected case definition.





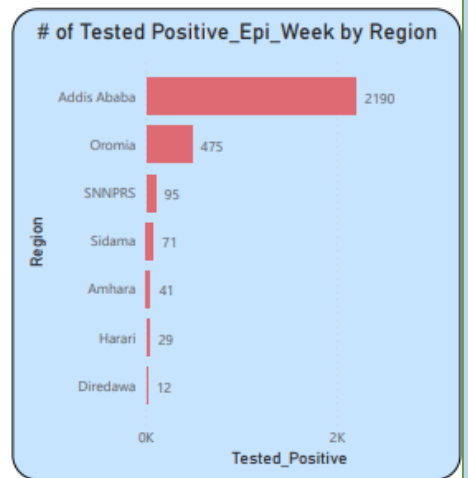
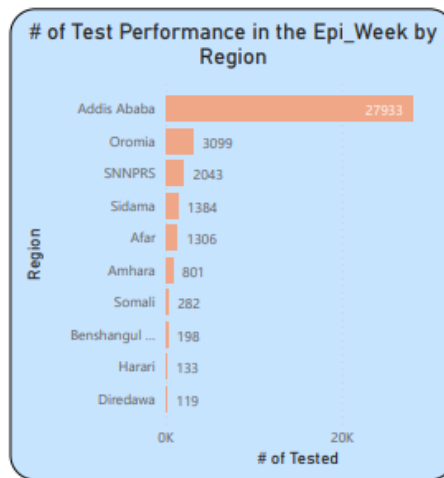
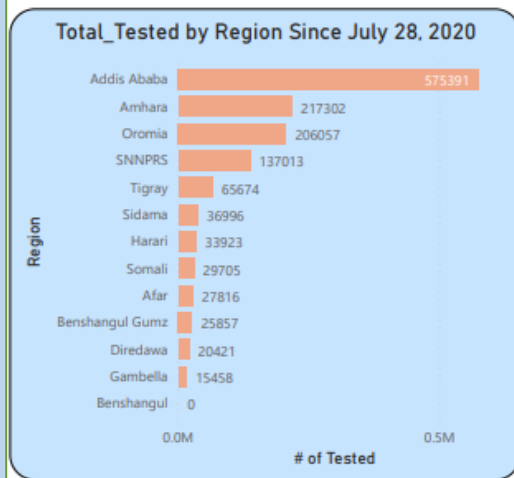
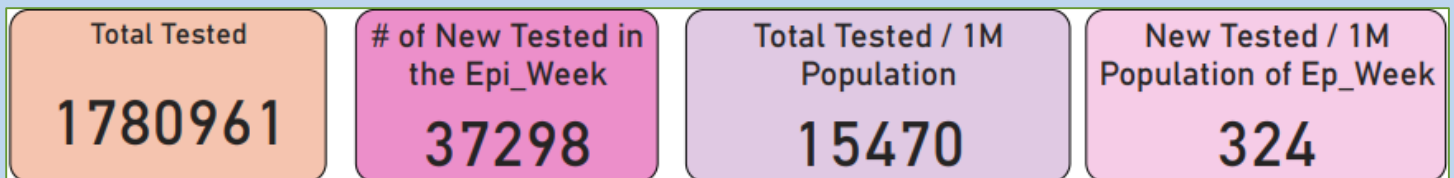
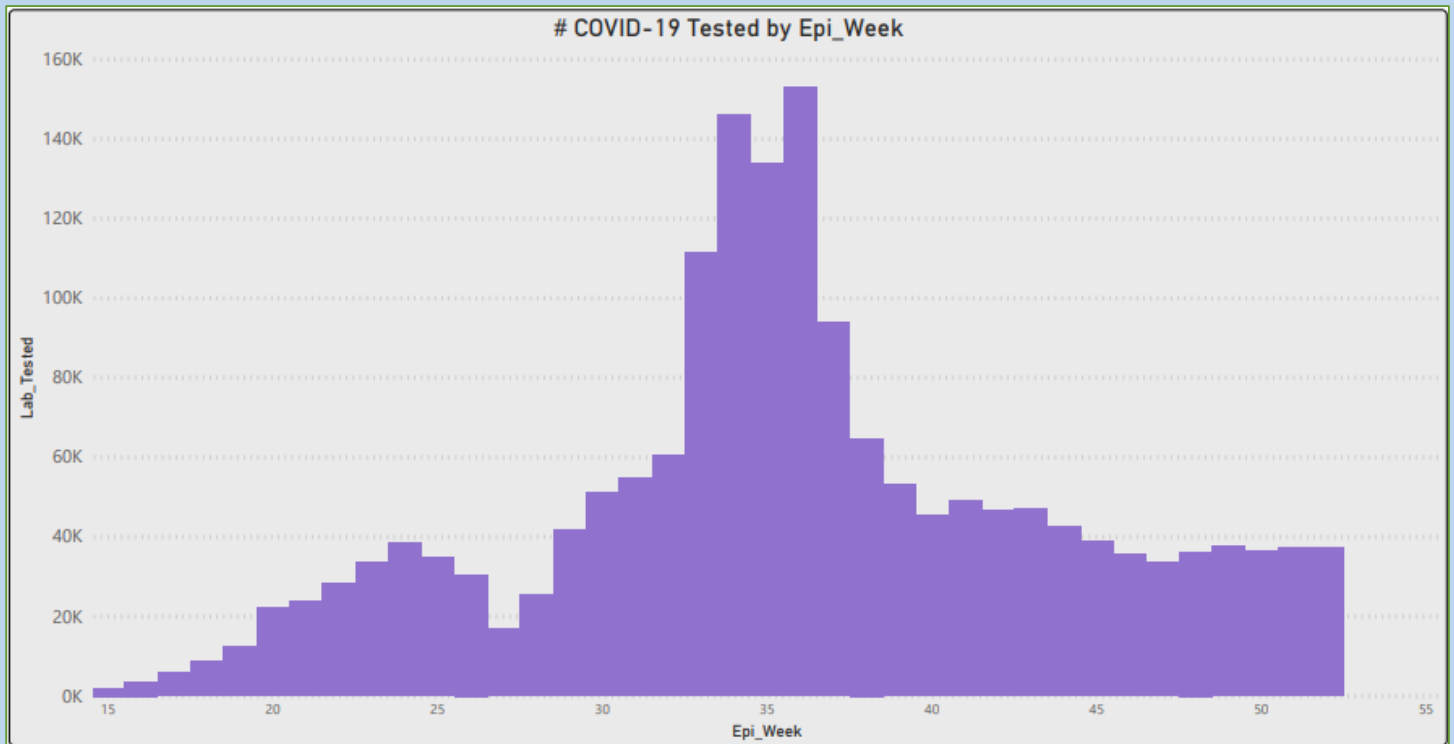
**Fig. 7: Summary of COVID-19 rumor/alert investigation as of December 27, 2020, Ethiopia.**

#### Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,492,790 passengers have been screened at the Point of Entries of Ethiopia and 545,845 (36.56%) of them were screened at Bole International Airport.
- Of the total passengers screened, 27,415 were screened for COVID-19 in the Epi-Week-52.
- 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 27 December 2020, a total of 1,780,961 samples have been tested for COVID-19 by laboratories across the country.
- 37,298 laboratory tests were processed during the WHO Epi-Week-52.
- The laboratory test positivity rate for the WHO-Epi-Week-52 is 7.81%, which is a bit lower than the preceding week (8.52%).
- The overall positivity rate for the laboratory test since the occurrence of the disease in the country is 6.90%.



**Fig. 8: Summary of COVID-19 laboratory testing as of December 27, 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 missionary meeting with Ministers, State Ministers & delegates from religious institutes has been held with the objective to work jointly on increasing public awareness and risk perception about COVID-19, to improve community engagement and ownership, to enforce implementation of Non-Pharmaceutical Interventions (NPIs) through bringing relevant sectors & stakeholders to play their respective roles in revitalization and organization of a taskforce team. An official launching for catalyzing the Directive 30 which came into force on October 05, 2020 will be held in the coming few days and stakeholders will plan how they will implement the intensive and maintenance phases in line with their sector/organization expected role in COVID-19 response.



**Fig. 9: Consultative meeting with Ministers, state ministers and delegates from religious institutes on increasing COVID-19 public awareness and risk perception, December 22, 2020.**

- The United Nations, Ethiopia (UN) donated 2 Nissan Civilians to the Ethiopian Public Health Institute (EPHI) which will have a great impact on the organization through tackling several challenges it faced due to the shortage of vehicles for conveying its staffs fighting against the pandemic. Due to the receipt of the vehicles, the institute will be in a position to plan its operation ahead of time and work towards effectively achieving the set plans as it can utilize its budget and avoid unanticipated expenditures. This adds a great value by meeting our urgent need on top of reducing the costs that the institute will incur.



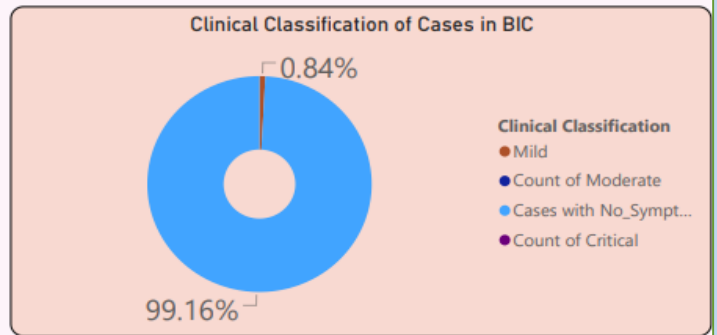
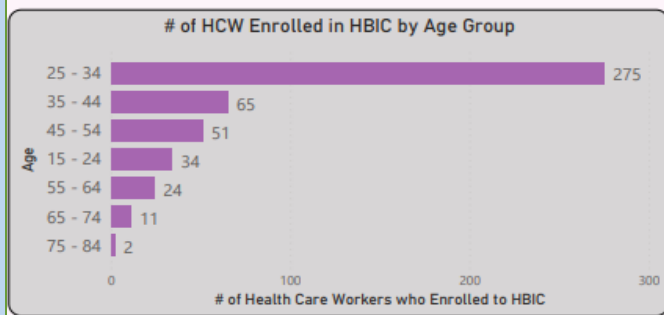
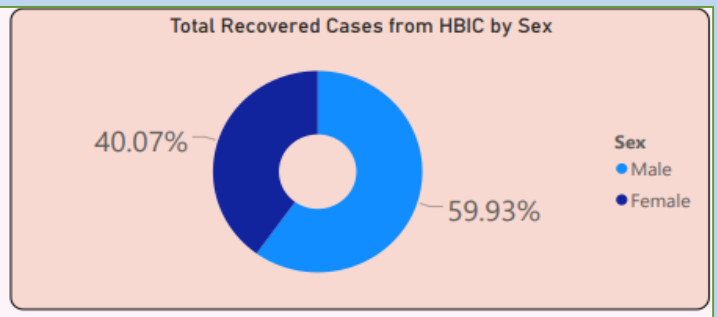
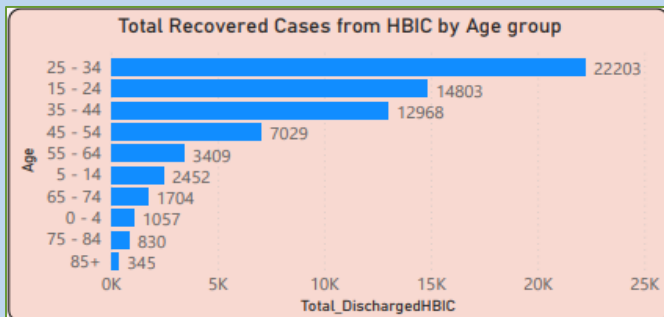
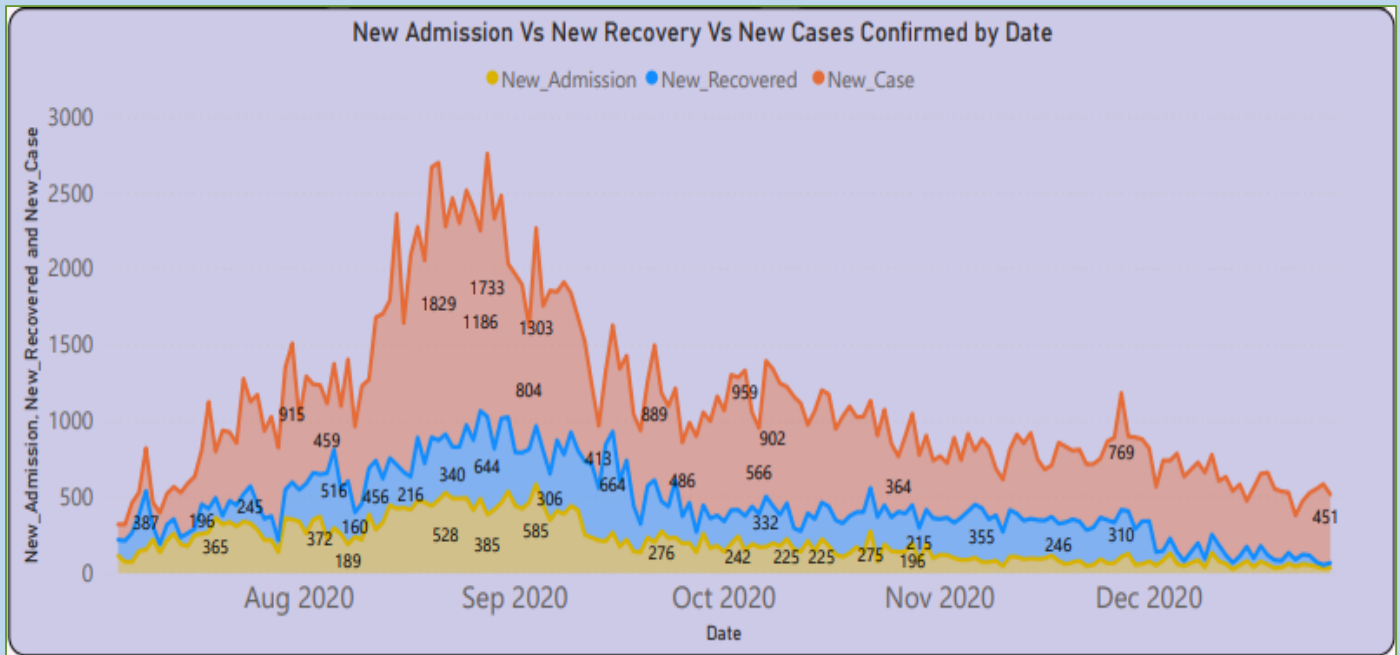
**Fig. 10: Donation of vehicles from the United Nations to the Ethiopian Public Health, December 24, 2020.**

## V. Case Management and Facility Readiness

- There were total of 6,313 newly recovered COVID-19 cases during the WHO Epi-Week-52, bringing the total number of recovered cases to 109,293.
- As of December 27, 2020:
  - Nationally, there are a total 22,088 beds in the COVID-19 treatment centers; out of which 1,054 are Intensive Care Unit beds.
  - A total of 24,814 suspected COVID-19 cases are admitted to isolation centers. Of these, 112 suspected cases are admitted in the Epi-Week-52.
  - 21,986 (25 in the Epi-Week-52) initially suspected cases are discharged after laboratory test became negative.
- Among the currently existing COVID-19 cases, there are 224 patients in severe clinical condition.

### **Home Based Isolation and Care (HBIC):**

- So far, 73,035 COVID-19 confirmed cases have been on HBIC. Of them 68,800 (94.20%), have recovered and seven (0.010%) died.
- Of these, 5,893 cases have been enrolled to HBIC and 7,981 cases have recovered in the WHO-Epi-Week-52.
- As of December 27, 2020, there are 6,443 cases on HBIC.
- So far, 542 (59 of them in the Epi-Week-52) of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 326 (9 of them in Epi-Week-52) of the cases have been transferred from HBIC to treatment centers for better care.

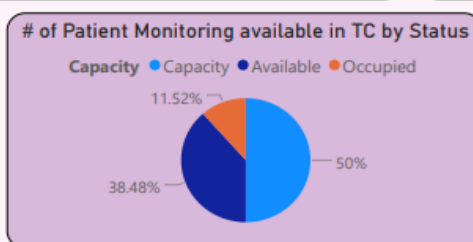
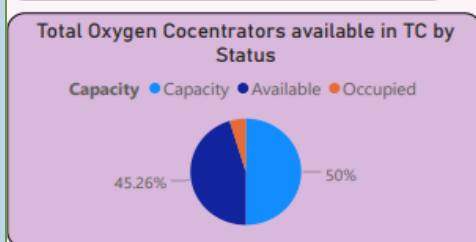
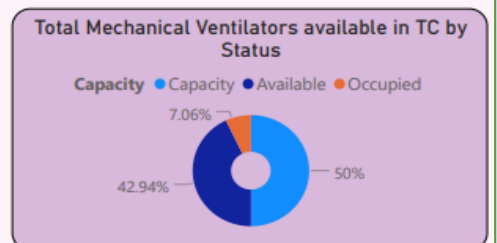
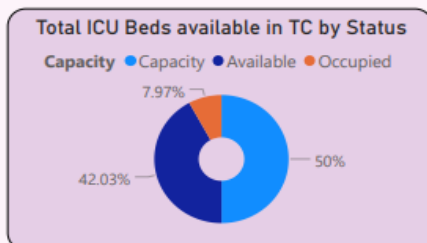
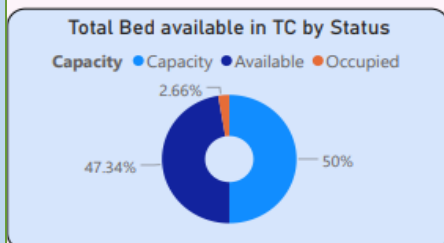


Total Bed available in TC  
**22088**

Total ICU Beds available in TC  
**1054**

Total Mechanical Ventilator available in TC  
**524**

Total Oxygen Cocentrators available in TC  
**1582**



# of Oxygen Ready to Service in TC  
**5534**

# of Patients Monitoring available in TC  
**408**

**Fig. 11: Summary of COVID-19 case management and facility readiness in Ethiopia, as of December 27, 2020.**



## VI. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- Two mobile SMS messages targeting general population prepared and disseminated to around 34,000,000 mobile users.
- Key radio messages (8 audio spot messages through 3 radio stations and 10 video spot messages through 7 TV stations) prepared and broadcasted through the national Medias on enhancing the COVID-19 preventive measures.
- It is stated that stakeholders and sector offices need to be strengthened in advocating public adherence to Non-pharmaceutical Interventions (NPI) to prevent and control COVID-19 pandemic. A consultative workshop and discussions were held with senior officials and stakeholders of various sectors on December 22, 2020, on the need to refocus on the prevention and control of the COVID-19 pandemic. On the consultative meeting, the national COVID-19 situation update and the way forward was presented. As a way forward NPI shall be advocated and the NPI campaign will be launched nationally in the near future.



**Fig. 12: COVID-19 stakeholders' consultative workshop on NPI for the pandemic prevention and control, December 22, 2020.**



- 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.

## VIII. Training and Orientation

- Training provided for youth volunteers and community platforms on COVID-19 prevention at SNNPR.
- Three days Basic COVID-19 Infection Prevention and control training provided for 28 Federal Police Health Professionals working in federal and regional health facility at Jimma city.
- Two days COVID-19 Basic RCCE orientation provided for 150 Disability Association Members from different region Completed today at Bahir Dar City.



**Fig. 13: Training on COVID-19 infection prevention and control, Dec. 26-28, 2020, Jimma, Ethiopia**

- Basic ICU Management Training for Health Care Providers provided. The training was organized by World Health Organization (WHO) in collaboration with Ministry of Health, Ethiopia (MOH), Ethiopian Public Health Institute (EPHI), and Korea International Cooperation Agency (KOICA) provided interactive teaching and simulation on how to deliver mechanical ventilation safely and how to provide high quality daily care to the COVID-19 ventilated patients, while implementing key infection prevention and control measures.

## IX. Challenges and Way Forward

### Challenges

- New variant detection in different parts of the world and risk of importation
- 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 is still a problem.

### Way Forward

- Enhancing PoE screening activities
- Initiating genomic surveillance

- 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.

## **X. Strengthen and sustain essential health services other than COVID-19**

### **Related News:**

- Scientists call for UK lockdown after rapid spread of Covid-19 variant:  
<https://www.theguardian.com/world/2020/dec/27/scientists-call-for-nationwide-lockdown-after-rapid-spread-of-covid-19-variant>
- The coronavirus crisis will not be the last pandemic, and attempts to improve human health are "doomed" without tackling climate change and animal welfare, the World Health Organization's chief said:  
<https://www.channelnewsasia.com/news/world/covid-19-pandemic-will-not-be-the-last-who-chief-13846848>
- Coronavirus: Cases of new variant appear worldwide:  
<https://www.bbc.com/news/world-europe-55452262>
- EU launches mass Covid-19 vaccination as new variant spreads:  
<https://www.theguardian.com/world/2020/dec/27/eu-launches-mass-covid-19-vaccination-new-variant-spreads-pfizer-vaccine>

## **XI. 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	<a href="https://www.eph.gov.et/">https://www.eph.gov.et/</a>	<b>8335/952</b>
Ethiopian Public Health Institute COVID-19 Website	<a href="https://covid19.eph.gov.et/">https://covid19.eph.gov.et/</a>	
Ethiopian Public Health Institute Facebook Page	<a href="https://www.facebook.com/ephpage/">https://www.facebook.com/ephpage/</a>	
Ethiopian Public Health Institute Twitter Page	<a href="https://twitter.com/EPHIethiopia">https://twitter.com/EPHIethiopia</a>	
Ethiopian Public Health Institute Telegram Channel	<a href="https://t.me/EthPHI">https://t.me/EthPHI</a>	
Ethiopian Public Health Institute YouTube Channel	<a href="https://www.youtube.com/channel/UCvvtzeY-IJiQfEFBULH9Mkw">https://www.youtube.com/channel/UCvvtzeY-IJiQfEFBULH9Mkw</a>	
Ministry of Health, Ethiopia Website	<a href="http://www.moh.gov.et">www.moh.gov.et</a>	<b>952</b>
Ministry of Health, Ethiopia Facebook Page	<a href="https://www.facebook.com/EthiopiaFMoH/">https://www.facebook.com/EthiopiaFMoH/</a>	
Afar Regional Health Bureau	<a href="https://www.facebook.com/afarrhb.org/">https://www.facebook.com/afarrhb.org/</a>	<b>6220</b>
Amhara Regional Health Bureau	<a href="https://www.facebook.com/Amhara-Healthbureau-682065755146948/">https://www.facebook.com/Amhara-Healthbureau-682065755146948/</a>	<b>6981</b>
Benishangul Gumuz Regional Health Bureau	<a href="https://www.facebook.com/Benishangul-Gumuz-Health-Bureau-1676282159265517/">https://www.facebook.com/Benishangul-Gumuz-Health-Bureau-1676282159265517/</a>	<b>6016</b>
Gambela Regional Health Bureau	<a href="https://fb.me/gambellaregionhealthbureau">https://fb.me/gambellaregionhealthbureau</a>	<b>6184</b>
Harari Regional Health Bureau	<a href="https://www.facebook.com/Harari-Regional-Health-Bureau-1464182130355007/">https://www.facebook.com/Harari-Regional-Health-Bureau-1464182130355007/</a>	<b>6864</b>
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Somali Regional Health Bureau	<a href="https://www.facebook.com/srhbdotcom/">https://www.facebook.com/srhbdotcom/...</a>	<b>6599</b>
SNNP Regional Health Bureau	<a href="https://www.facebook.com/snnprhealthbureau/?ref=br_rs">https://www.facebook.com/snnprhealthbureau/?ref=br_rs</a>	<b>6929</b>
Tigray Regional Health Bureau	<a href="https://www.facebook.com/tigrayrhb/">https://www.facebook.com/tigrayrhb/</a>	<b>6244</b>
Dire Dawa city Administration Health Bureau	<a href="https://www.facebook.com/Dire-Dawa-Administration-Health-Bureau-1371606266279524/">https://www.facebook.com/Dire-Dawa-Administration-Health-Bureau-1371606266279524/</a>	<b>6407</b>
Addis Ababa City Administration Health Bureau	<a href="https://www.facebook.com/aahb.gov.et/">https://www.facebook.com/aahb.gov.et/</a>	<b>6406</b>

## Health Evidence summary

<a href="#">Articles/Comment/ Correspondence/ Editorials</a>	<a href="#">Summary</a>
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<p>Infectivity of Asymptomatic vs. Symptomatic COVID-19</p> <p><a href="https://doi.org/10.106/S0140-6736(20)32651-9">https://doi.org/10.106/S0140-6736(20)32651-9</a></p>	<ul style="list-style-type: none"> <li>• 628 people were included in this analysis and 3790 people who had close contact (less than 2 meters for 30 or more minutes or had intimate contact) were included as well.</li> <li>• On average 6 people from the community were quarantined per index case. Overall 89 (2%) of 3790 close community contacts developed COVID while in quarantine. Of these, 50 (56%) of 89 contacts were quarantined because of an asymptomatic index case, whereas 39 (44%) contacts were quarantined because of a symptomatic case.</li> <li>• The findings suggested that people who were asymptomatic carriers of COVID-19 were infectious but less infectious than symptomatic carriers.</li> </ul>
<p>Comparison of the characteristics, morbidity, and mortality of COVID-19 and seasonal influenza: a nationwide, population-based retrospective cohort study</p> <p><a href="https://doi.org/10.1016/S2213-2600(20)30527-0">https://doi.org/10.1016/S2213-2600(20)30527-0</a></p>	<ul style="list-style-type: none"> <li>• All patients hospitalized for COVID-19 from March 1 to April 30, 2020, and all patients hospitalized for influenza between Dec 1, 2018, and Feb 28, 2019, were included (as per French national administrative database)</li> <li>• 89,530 patients with COVID-19 and 45,819 patients with influenza were hospitalized during the respective study periods. The median age of patients was 68 years for COVID-19 and 71 for influenza</li> <li>• In-hospital mortality was higher in patients of COVID-19 than in patients with influenza (15,104 [16.9%] of 89,530 vs. 2640 [5.8%] of 45,819 Severe acute respiratory syndrome covid is likely to have a higher potential for respiratory pathogenicity, leading to more respiratory complications and to higher mortality.</li> </ul>
<p>Risks of and risk factors for COVID-19 disease in people with diabetes: a cohort study of the total population of Scotland</p> <p><a href="https://doi.org/10.1016/S2213-8587(20)30405-88">https://doi.org/10.1016/S2213-8587(20)30405-88</a></p>	<ul style="list-style-type: none"> <li>• In this cohort study, the data encompassing the first wave of the pandemic in Scotland, from March 1, 2020, when the first case was identified, to July 31, 2020, when infection rates had dropped sufficiently that shielding measures were officially terminated was collected.</li> <li>• This research shows that Overall risks of fatal or critical care unit-treated COVID-19 were substantially elevated in those with type 1 and type 2 diabetes compared with the background population.</li> <li>• The risk of fatal or critical care unit-treated COVID-19, and therefore the need for special protective measures, varies widely among those with diabetes but can be predicted reasonably well using previous clinical history.</li> </ul>
<p>Temporal trends in severe COVID-19 outcomes in patients with rheumatic disease: a cohort study.</p> <p><a href="https://doi.org/10.1016/S2665-9913(20)30422-7">https://doi.org/10.1016/S2665-9913(20)30422-7</a></p>	<ul style="list-style-type: none"> <li>• A comparative cohort study of patients with rheumatic and musculoskeletal diseases who were diagnosed with COVID-19 was done during the first 90 days of the pandemic (early cohort) compared with the second 90 days of the pandemic (late cohort), matched (1:1) for demographics, comorbidities, laboratory results, glucocorticoid use, and previous hospitalizations using an exposure score method.</li> <li>• Outcomes were assessed within 30 days of COVID-19 diagnosis.</li> <li>• The research showed that the risks of severe COVID-19 outcomes have improved over time in patients with rheumatic and musculoskeletal disease but remain substantial.</li> </ul>

**COVID-19 updates and sources of evidence:**

Source	Link
WHO Coronavirus (COVID-19) dashboard	<a href="https://covid19.who.int/">https://covid19.who.int/</a>
Africa CDC Dashboard, COVID-19 Surveillance Dashboard	<a href="https://au.int/en/covid19">https://au.int/en/covid19</a>
WHO COVID-19 daily situation reports	<a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports">https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports</a>
WHO Academy mobile learning app for health workers, COVID-19 information	Android- <a href="https://play.google.com/store/apps/details?id=org.who.WHOA">https://play.google.com/store/apps/details?id=org.who.WHOA</a> Apple- <a href="https://apps.apple.com/us/app/who-academy/id1506019873">https://apps.apple.com/us/app/who-academy/id1506019873</a>



**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](http://www.ephi.gov.et)

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