



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

Epi-Week- 17 (April 26 – May 02, 2021)

BULLETIN No: 53

Issue Date: May 07, 2021

I. HIGHLIGHTS

- The number of cases recovered from COVID-19 in Ethiopia surpassed 200,000.
- A total of 35,689 laboratory samples were tested in the Epi-Week-17 bringing the total number of samples tested to 2,586,083.
- A total of 6,105 new confirmed COVID-19 cases and 175 COVID-19 related deaths were reported during the Epi-Week-17 bringing the total cases and death to 258,384 and 3,726 respectively.
- A total of 167,353 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 6,844 of these are enrolled in the Epi-Week-17.
- Out of total of 357,758 contacts of COVID-19 confirmed cases, 4,831 contacts were identified during the Epi-week-17.
- Supportive supervision is conducted in regions and all regional Public Health Emergency Operations Centers are currently functional. Audio video conference tools were installed for all regions to strengthen PHEOC networking.
- National COVID-19 Response Incident Management System staffs celebrated Easter at the National Public Health Emergency Operations Center.



Fig. 1: COVID-19 responders celebrating Easter at the National PHEOC, May 02, 2021

II. Subjects in focus

a. SARS-CoV-2 Variants

- Viruses mutate all the time, producing different versions or variants of themselves. Some mutations or combinations of mutations may provide the virus with a selective advantage, such as increased transmissibility or the ability to evade the host immune response (Ecdc, 2021).
- Most of these mutations are insignificant - and some may even make the virus less dangerous - but others can make it more contagious and harder to vaccinate against.
- The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) have established new criteria to classify variants of SARS-CoV-2 as Variants of Concern (VOC) and Variants of Interest (VOI) (CDC, 2021; WHO, 2021).

Table 1: SARS-CoV-2 variants of interest (VOI) and variants of concern (VOC), as of April 2021 (WHO, 2021)

	Nextstrain clade	Pango lineage	GISAID clade	Alternate name	First detected in	Earliest samples	Characteristic spike mutations
VOC	20I/501Y.V1	B.1.1.7	GR/501Y.V1	VOC 202012/01*	United Kingdom	Sep 2020	69/70del, 144del, N501Y, A570D, D614G, P681H, T716I, S982A, D1118H
	20H/501Y.V2 [†]	B.1.351	GH/501Y.V2 [†]	VOC 202012/02	South Africa	Aug 2020	D80A, D215G, 241/243del, K417N, E484K, N501Y, D614G, A701V
	20J/501Y.V3	B.1.1.28.1, alias P.1 [†]	GR/501Y.V3	VOC 202101/02	Brazil and Japan	Dec 2020	L18F, T20N, P26S, D138Y, R190S, K417T, E484K, N501Y, D614G H655Y, T1027I, V1176F
VOI	20A/S.484K	B.1.525	G/484K.V3	-	United Kingdom and Nigeria	Dec 2020	Q52R, A67V, 69/70del, 144del, E484K, D614G, Q677H, F888L
	20C/S.452R	B.1.427/ B.1.429	GH/452R.V1	CAL.20C/L452R	United States of America	Jun 2020	S13I, W152C, L452R, D614G
	20B/S.484K	B.1.1.28.2, alias P.2	GR	-	Brazil	Apr 2020	E484K, D614G, V1176F
	-	B.1.1.28.3, alias P.3	-	PHL-B.1.1.28	Philippines and Japan	Feb 2021	141/143del, E484K, N501Y, D614G P681H, E1092K, H1101Y, V1176F
	20C	B.1.526 with E484K or S477N	GH	-	United States of America	Nov 2020	L5F, T95I, D253G, D614G, A701V, E484K or S477N
	20C	B.1.616	GH	-	France	Jan 2021	H66D, G142V, 144del, D215G, V483A, D614G, H655Y, G669S, Q949R, N1187D
	-	B.1.617 [†]	G/452R.V3	-	India	Oct 2020	L452R, D614G, P681R, ±E484Q

**While work is ongoing to establish standardized nomenclature for key variants, these are the names by which WHO will refer to them in this publication.*

- Among the new variants of concern, B.1.1.7 is reported in 139 countries, B.1.351 in 87 countries and P.1 in 54 countries so far.
- WHO, in collaboration with national authorities, institutions and researchers, continues to monitor the public health events associated with SARS-CoV-2 variants (WHO, 2021).

- Research groups have sequenced SARS-CoV-2 and shared these on public databases, including [GISAID](#).
- In order to assess the spread of the variants in the country, genomic sequencing for the new SARS-CoV-2 variants is started in Ethiopia.

References

CDC (2021) *SARS-CoV-2 Variants of Concern* | CDC. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html> (Accessed: 30 April 2021).

Ecdc (2021) *Risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA-first update*. Available at: <https://beta.microreact.org/project/r8vBmatkC9mcfJJ6bUtNr-cog-uk-2021-01-09-sars-cov-2-in-the-uk/> (Accessed: 23 March 2021).

WHO (2021) *COVID-19 Weekly Epidemiological Update*. Available at: [Weekly epidemiological update on COVID-19 - 27 April 2021](#) (Accessed: 30 April 2021).

b. Non-Pharmaceutical Interventions

- In response to COVID-19, Ethiopia put in place a range of public health and social measures. These measures, known as Non-Pharmaceutical Interventions, are the Public Health and Social Measures (PHSM) a nomenclated by the World Health Organization.
- Public Health and Social Measures (PHSMs) are measures or actions by individuals, institutions, communities, local and national governments and international bodies to slow or stop the spread of an infectious disease, such as COVID-19.
- In Ethiopia, in order to implement these Non-Pharmaceutical Interventions:
 - All regional states have launched the Non-Pharmaceutical Interventions.
 - Directive 30/2013 has been put in place to implement PHSM at individual, community & organizational levels
 - Intensive Risk Communication and Community Engagement activities are performed to enhance public awareness on the COVID-19 prevention and control measures.
 - Infection prevention and control protocols prepared on safety precaution during election, holidays (Ramadan and Easter) celebrations and shared with all concerned bodies.
 - Media houses and religious leaders have been playing great role dissemination information on COVID-19 prevention and response.

III. EPIDEMIOLOGICAL SITUATION

a. Global Situation

- Globally, new COVID-19 cases increased for a tenth consecutive week, with over 6.2 million new cases reported in the last week (Figure 2).
- The number of new deaths decreased after increment for six consecutive week, decreasing by 2% compared to last week, with around 136 thousand new deaths reported.
- As of May 02, 2021, a total of 148,329,992 COVID-19 cases and 3,128,852 deaths (CFR=2.11%) have occurred globally. Of the total cases and deaths reported since the beginning of the outbreak, 6,231,832 cases and 135,821 deaths were reported during the Epi-Week-17.
- The United States of America (USA) reported the highest number of cases (30,916,118) with CFR of 1.82% followed by India (19,364,706) cases) with a CFR of 1.11%.
- In Africa, as of May 02, 2021, a total of 4,595,357 cases and 121,737 deaths were reported across the continent (CFR=2.65%). Of these 76,847 cases and 2,499 deaths were reported during the Epi-Week-17.
- In Africa, South Africa reported the highest number of cases (1,581,210) with CFR of 3.44% followed by Morocco (511,249) cases) with a CFR of 1.76%.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.

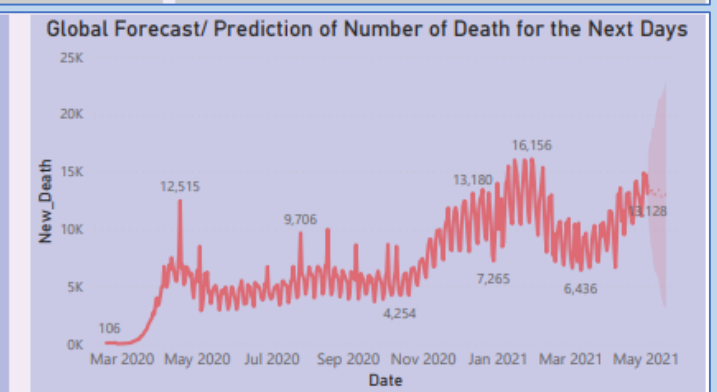
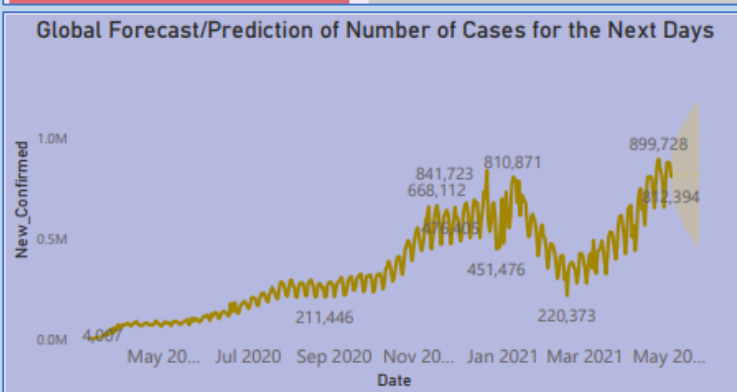
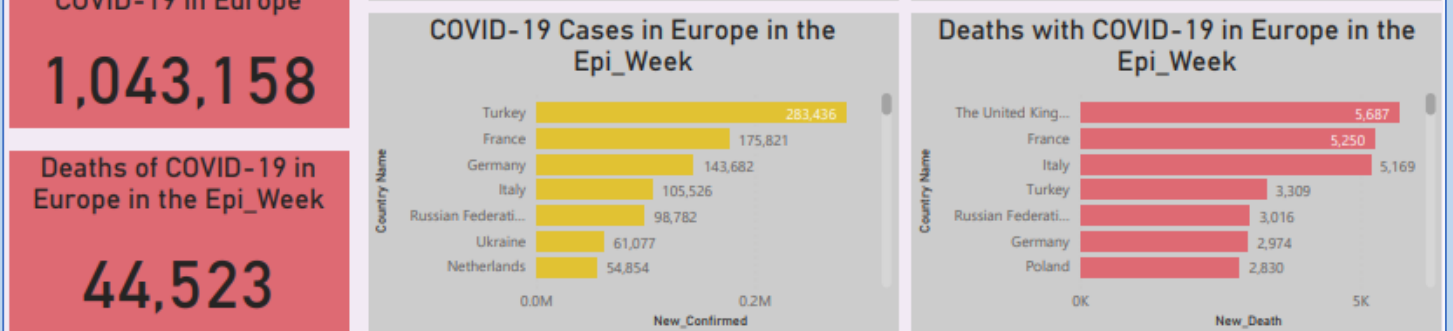
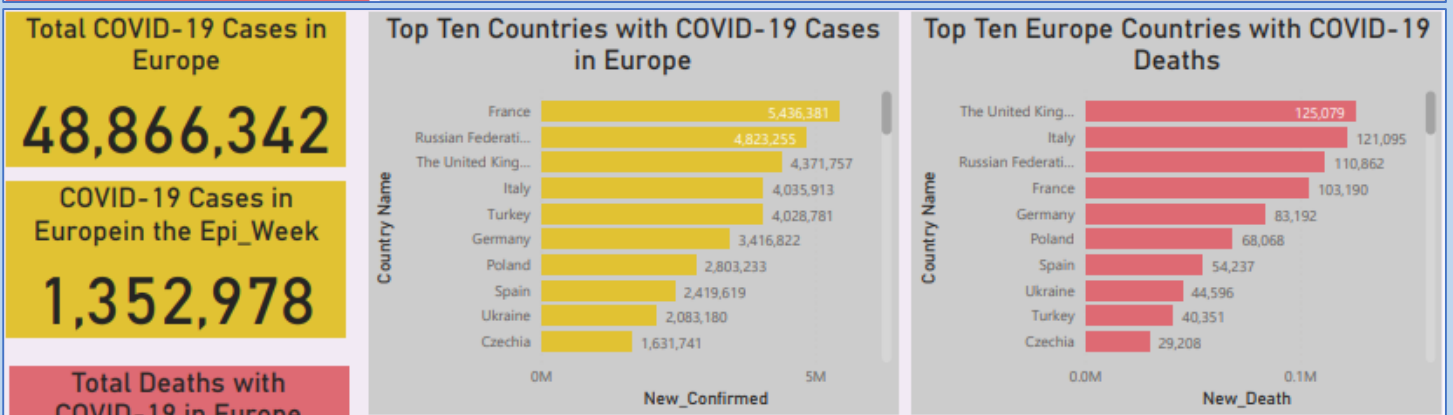
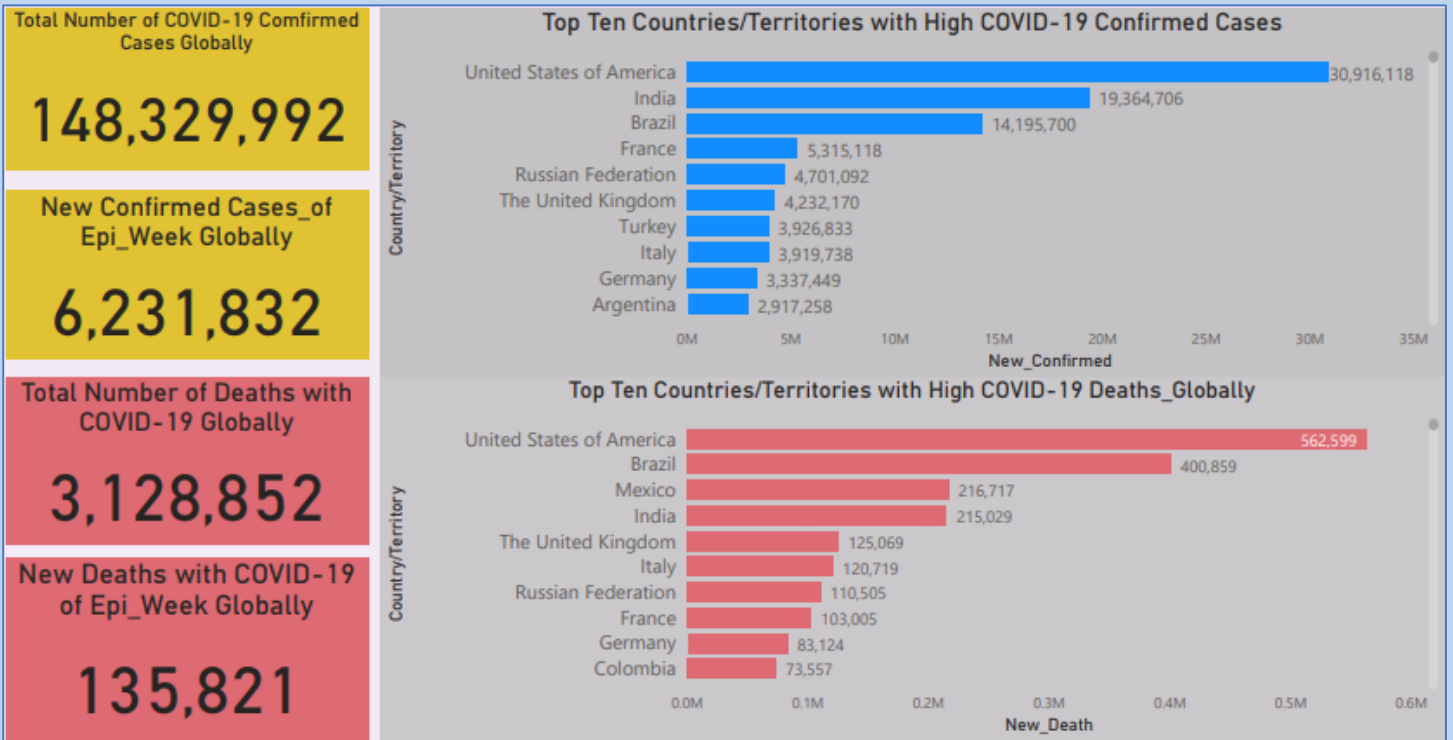


Fig. 2: COVID-19 Global Situation Update as of May 02, 2021 (Source: WHO)

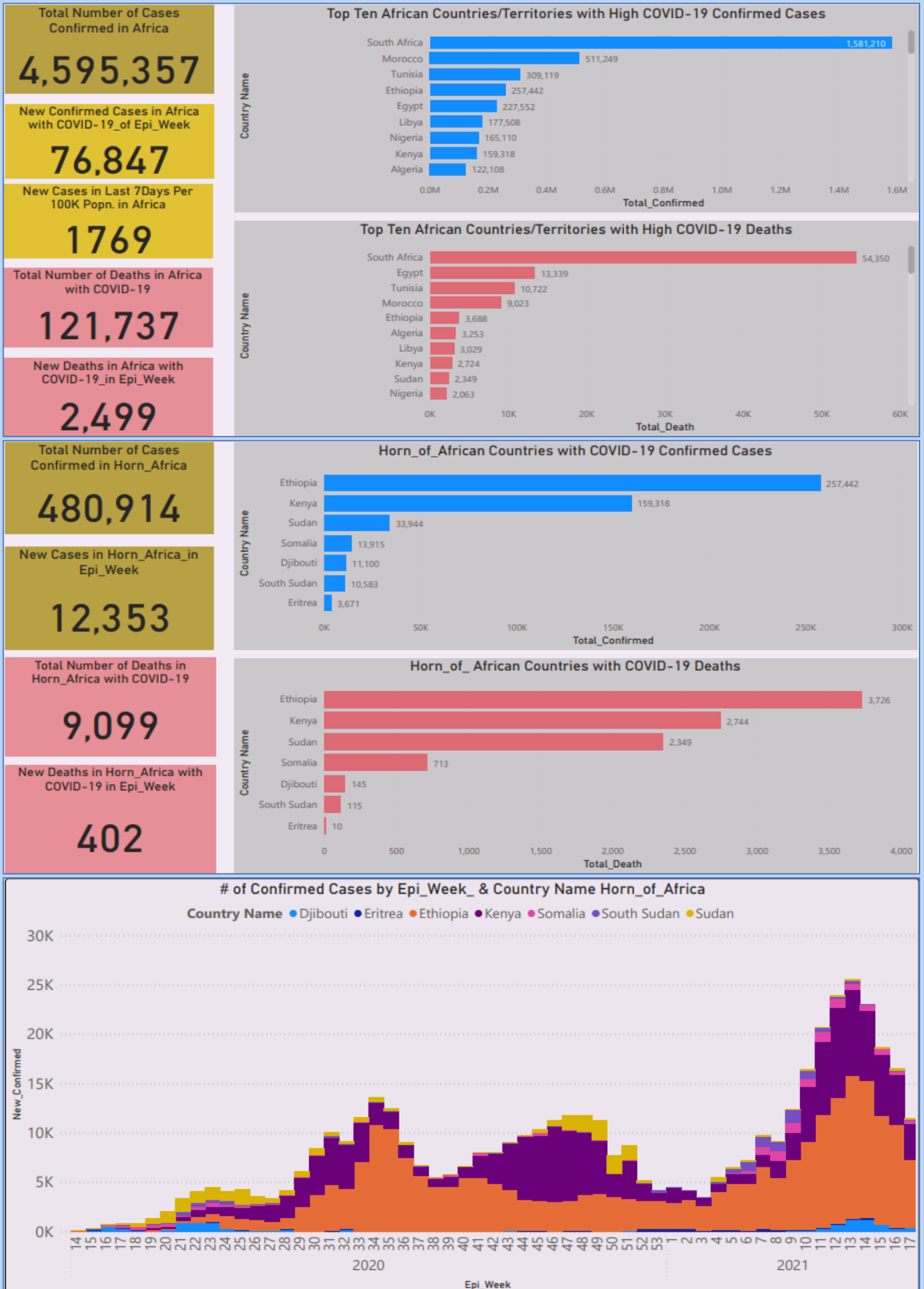


Fig. 3: COVID-19 Situation Update in Africa as of May 02, 2021 (Source: WHO)

b. National COVID-19 situation:

- As of May 02, 2021, a total of 258,384 confirmed COVID-19 cases and 3,726 deaths were recorded in the country with a case fatality rate of 1.44%. This puts Ethiopia in the fourth position by the number of confirmed cases and in the fifth position by the number of deaths due to COVID-19 in Africa.
- Six-thousand-one-hundred-five (6,105) newly confirmed COVID-19 cases and 175 COVID-19 related deaths were reported during the Epi-Week-17.
- In this week, there is a 40% decrease in the number of COVID-19 confirmed cases and the number of COVID-19 related deaths have decreased by 3% (for the third consecutive week).
- The number of COVID-19 confirmed cases showed a slight decrease for the fourth consecutive weeks.
- However, there is also a decrease in the number of samples tested in the week which can be the main reason for the decrease in the number of confirmed cases in the week. It may also attribute to the enhanced implementation of directive 30/2020.
- There is also an increase in the Case Fatality Rate which shows that high number of deaths are occurring among the confirmed cases even though there is decrease in the gross number of deaths and confirmed cases.
- The number of people with COVID-19-related health complications admitted to the Intensive Care Unit (ICU) and the number of COVID-19-related deaths have significantly increased since February; community transmission is also very high.
- At present, the test positivity rate stands at 25 percent, while in cities like Dire Dawa and Hawassa, positivity rate is close to 50 percent.
- Despite this alarming development, the population is not showing significant behavioral change in implementing COVID-19 prevention measures, especially outside Addis Ababa.
- This is despite the directive 30 enhanced implementation (since 29 March) that imposed strict rules to mitigate the spread of the virus.
- For detail, see the summary dashboard below.

Table 2: Summary of National COVID-19 situation in the Epi-Week-17 of 2021

Regions	New_Tested	New_Case	New_HF_Admission	New_Deaths	Positivity Rate	# of Recovery
Addis Ababa	25243	3667	510	86	14.1	4679
Oromia	3048	938	175	33	36.0	1425
SNNPR	1942	214	44	3	10.8	240
Amhara	1823	369	28	12	24.1	497
Benshangul	676	62	6	2	11.9	131
Sidama	479	209	35	13	37.5	226
Dire Dawa	474	166	7	3	34.1	75
Harari	469	123	36	15	24.0	177
Afar	386	54	0	0	14.6	123
SNNP	352	49	14	0	14.0	64
Gambella	331	56	0	0	17.3	14
Tigray	273	113	2	5	43.5	0
Somali	193	85	10	1	46.0	110
Gambela	0	0	5	2		0
Total	35689	6105	872	175	**** 25.0	7761

**** Positivity Rate is the Weighted Averages of Regional Distributions of Rates

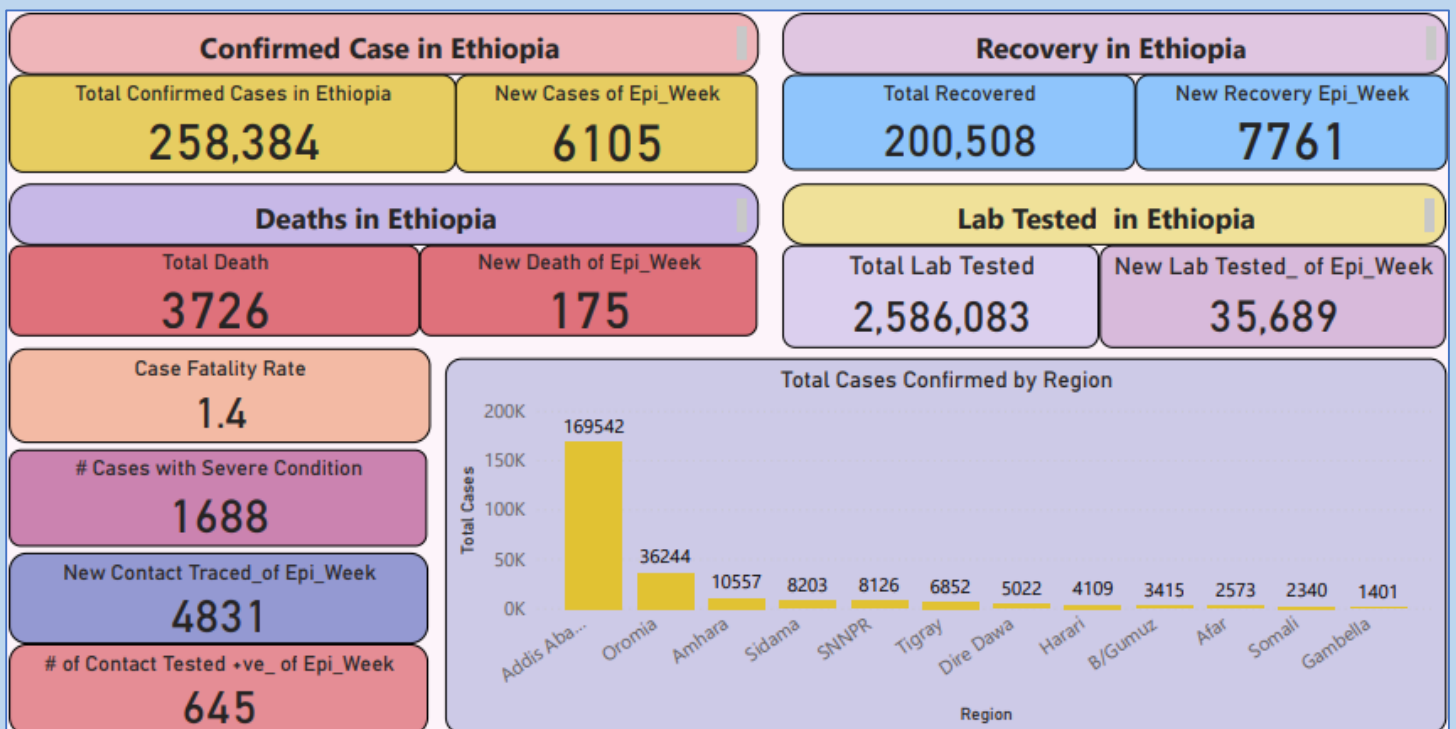


Fig. 4: Weekly summary of the COVID-19 situation in Ethiopia as of May 02, 2021, Ethiopia

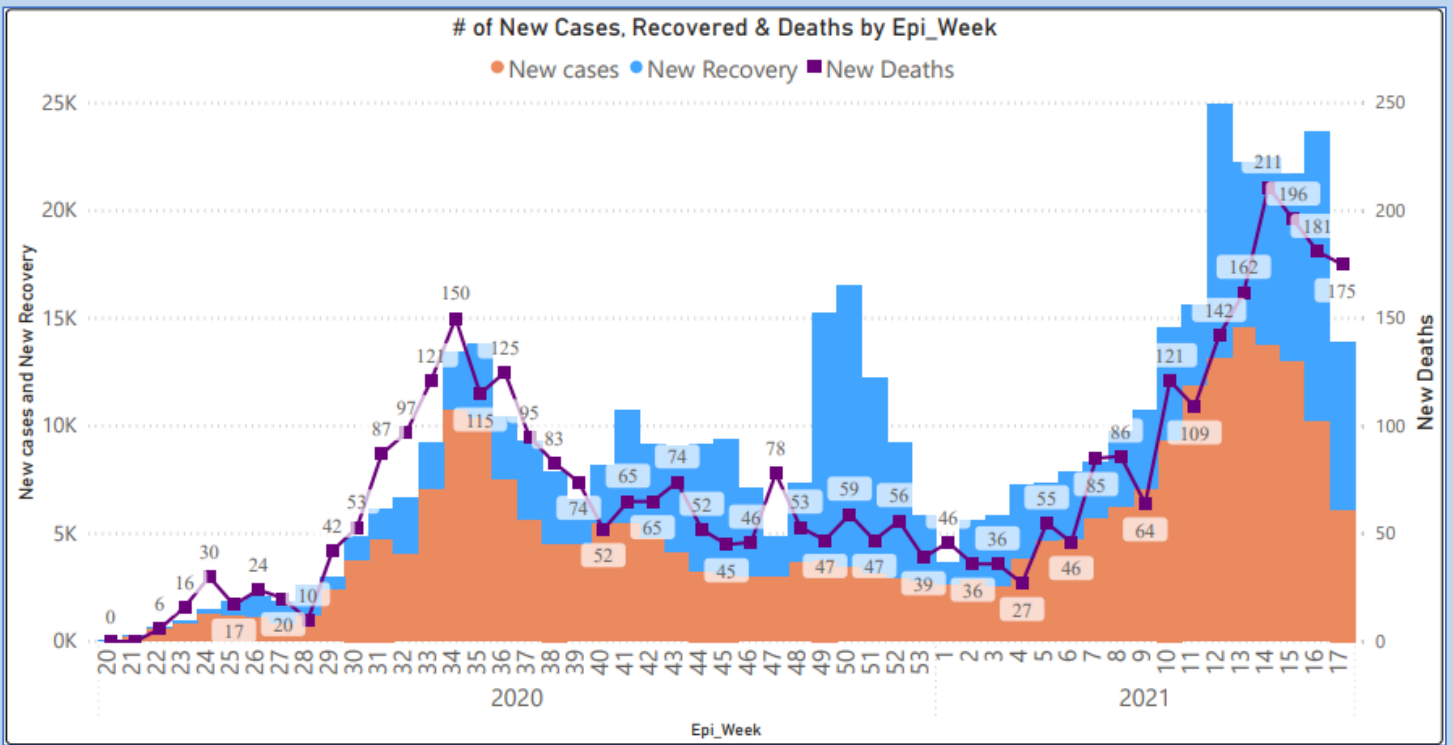


Fig. 5: COVID-19 confirmed cases, recovery and death by Epi-Week as of May 02, 2021, Ethiopia

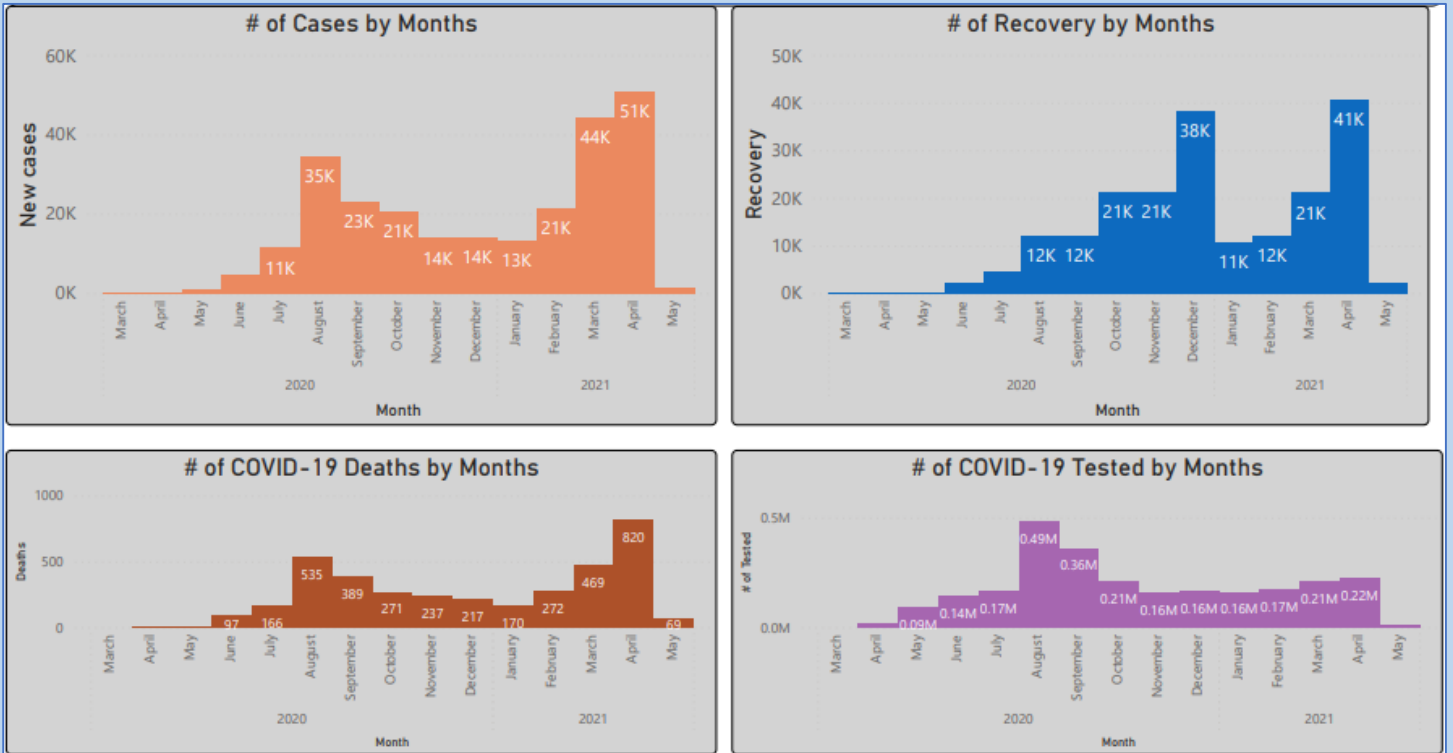


Fig. 6: Summary of monthly trend of COVID-19 situation in Ethiopia as of May 02, 2021.

c. Other Epi-Surveillance 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, surveillance and assessment in school and congregated setting communities.

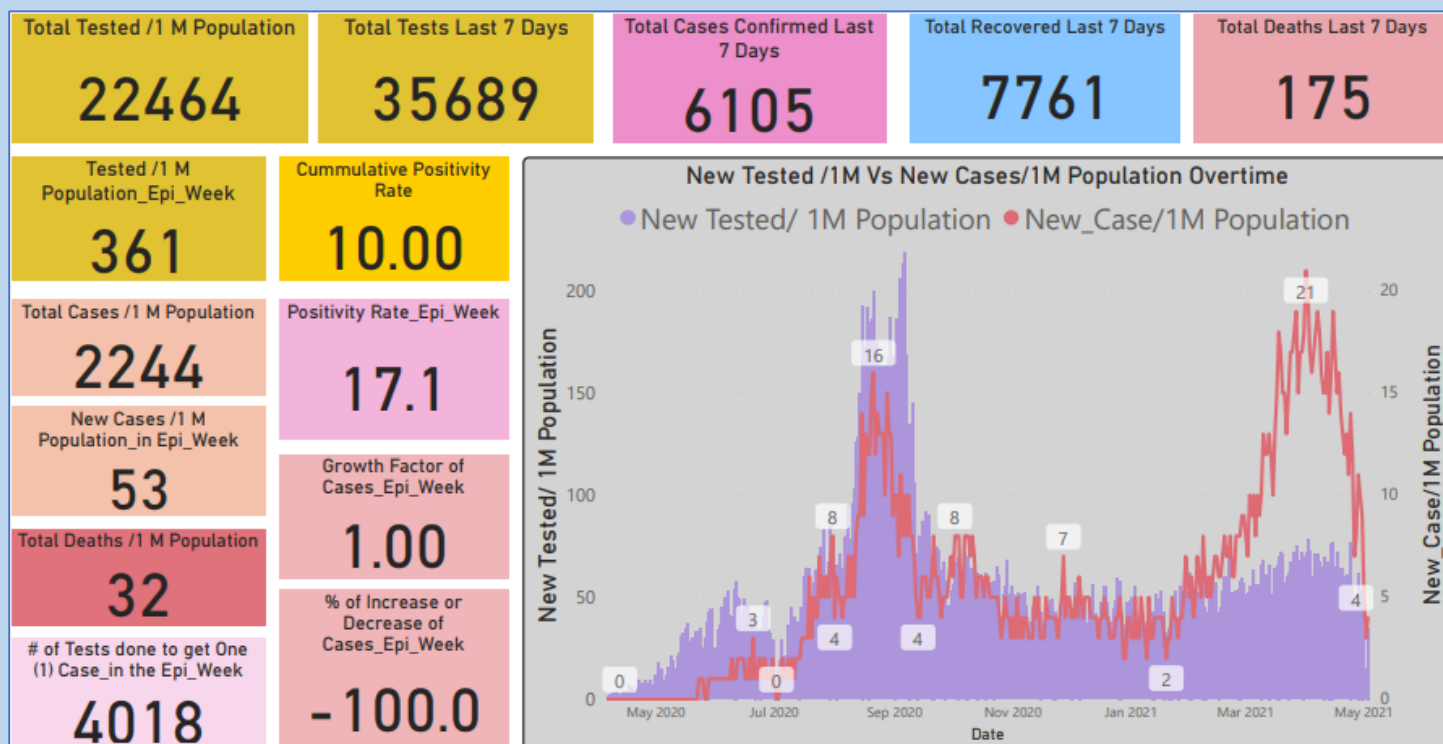


Fig. 7: Summary of COVID-19 confirmed cases in Ethiopia as of May 02, 2021.

i. Contact tracing and follow-up:

- Contact tracing is a key strategy for interrupting chains of transmission of SARS-CoV-2 and reducing COVID-19-associated mortality.
- As of May 02, 2021:
 - A total of 357,758 contacts of confirmed cases have been identified. Of these, 4,831 contacts were identified in the Epi-Week-17.
 - Of total contacts, 311,607 (87.09%) have completed 14 days follow-up, while 5,514 contacts are still on follow-up.
- Overall, 40,495 (11.31%) of the contacts (symptomatic plus asymptomatic) have been tested positive.
- Contacts of the confirmed cases contributed for the 15.67% of the total cases. However, when there is transmission of the disease at community level, it is known that an individual acquires the disease from unknown contacts.

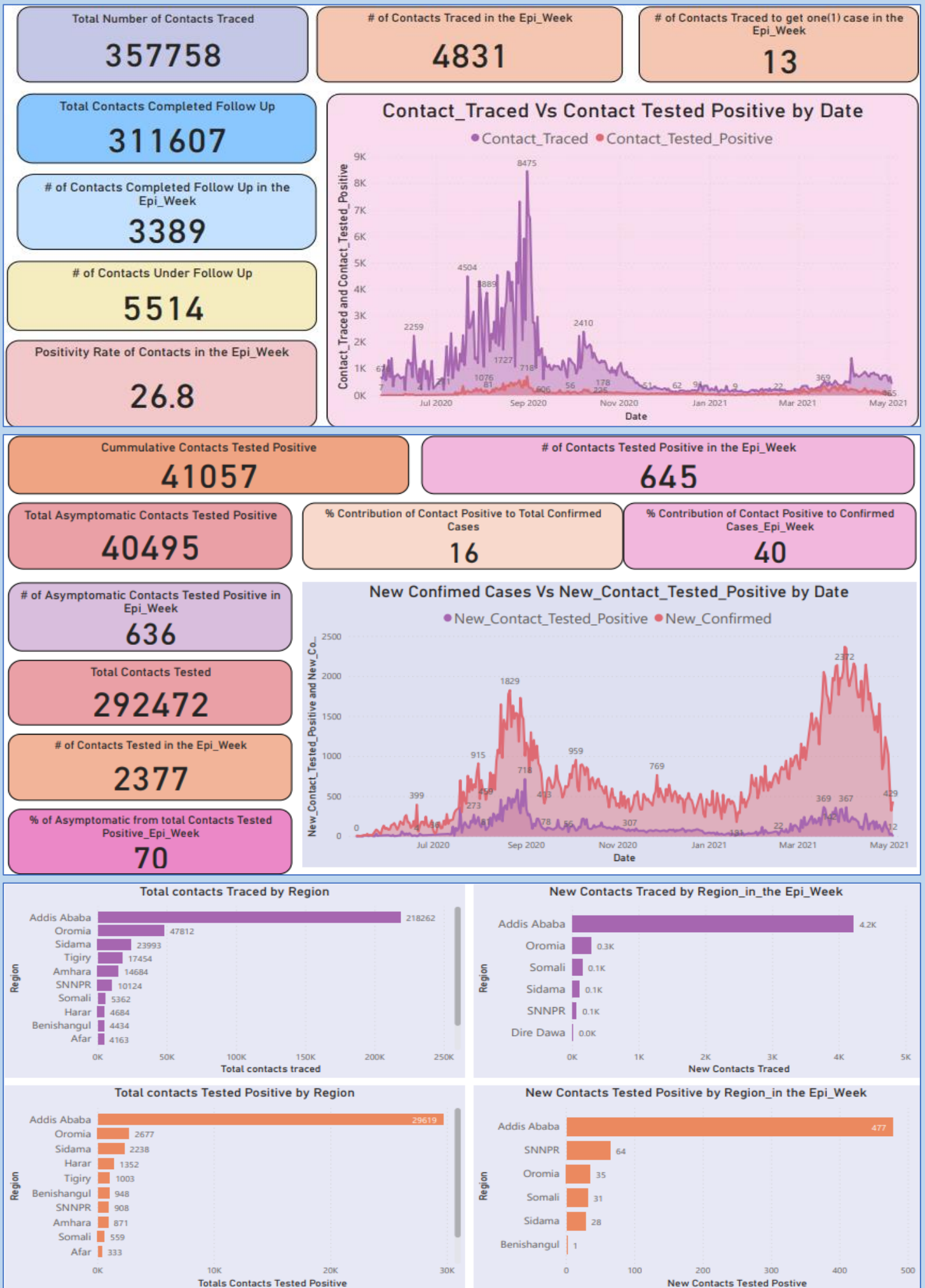


Fig. 8: Summary of COVID-19 contact tracing as of May 02, 2021, Ethiopia.

ii. Rumors collection and verification from all sources

- COVID-19 related rumors are received from different sources: Call centers, Health facilities, Contact follow up, Self-report, Travelers follow up, Point of Entry (PoE), Community surveillance and Special Settings.
- As of May 02, 2021:
 - 388,700 rumors/alerts have been received and investigated. Of these, 395 rumors were reported in the Epi-Week-17.
 - 278,105 (71.54%) of the rumors/alerts have fulfilled the suspected case definition.
- 25,257 COVID-19 related calls are received through call centers in this Epi-week.

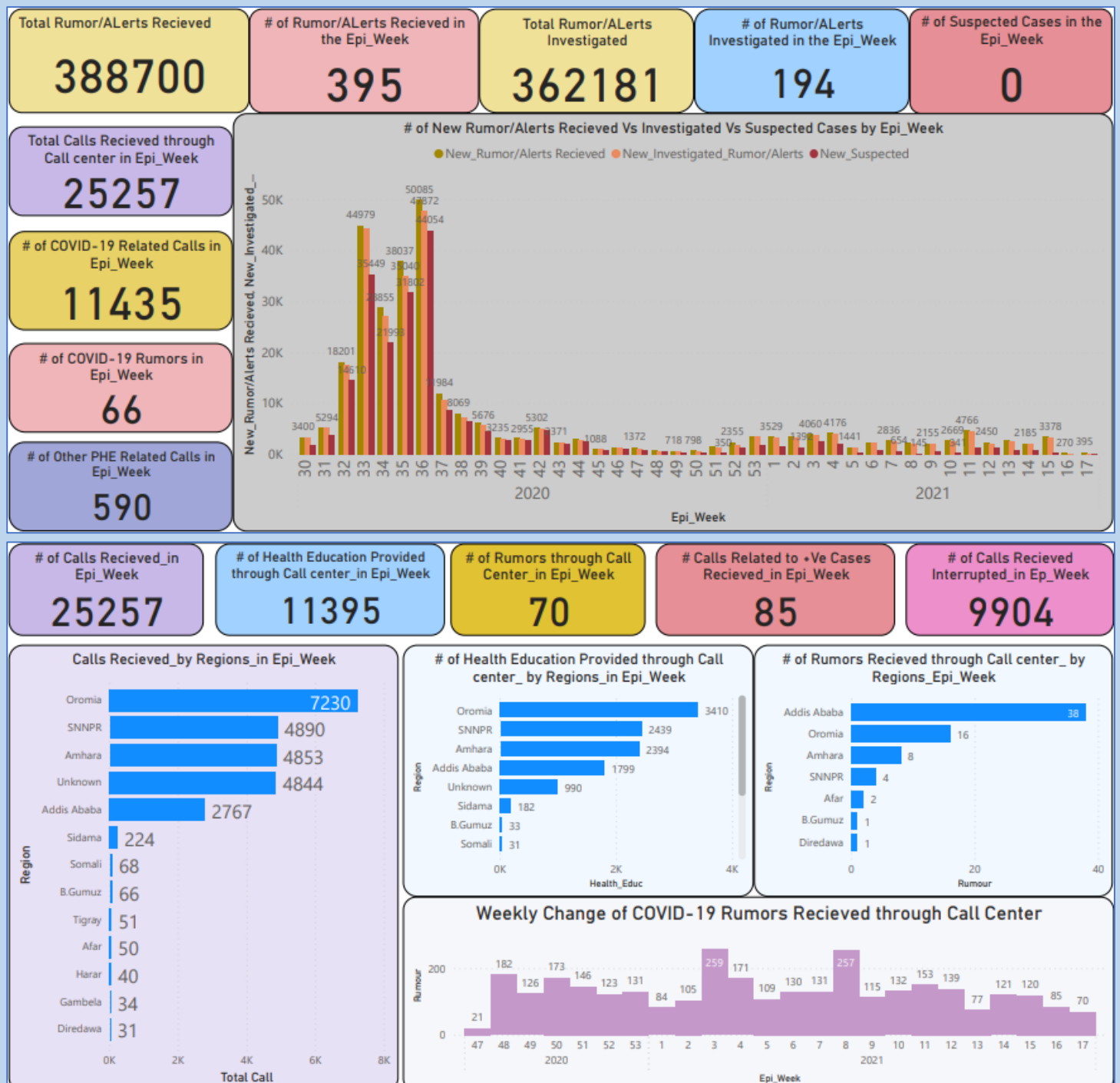


Fig. 9: Summary of COVID-19 rumor/alert investigation as of May 02, 2021, Ethiopia.

iii. Point of entry and Quarantine related activities

- Since the start of the outbreak, 2,078,134 passengers have been screened at the Point of Entries of Ethiopia and 669,264 (32.21%) of them were screened at Bole International Airport.
- Of the total passengers screened, 37,566 were screened for COVID-19 in the Epi-Week-17.
- As of May 02, 2021, among the passengers coming with COVID-19 PCR test result certificates, 296,388 passengers (11,683 in Epi-week-17) had PCR negative certificates while 45 passengers with PCR positive certificates were identified during health screening. A total of 86 SARS-COV-2 positive cases have been detected after arrival laboratory test.

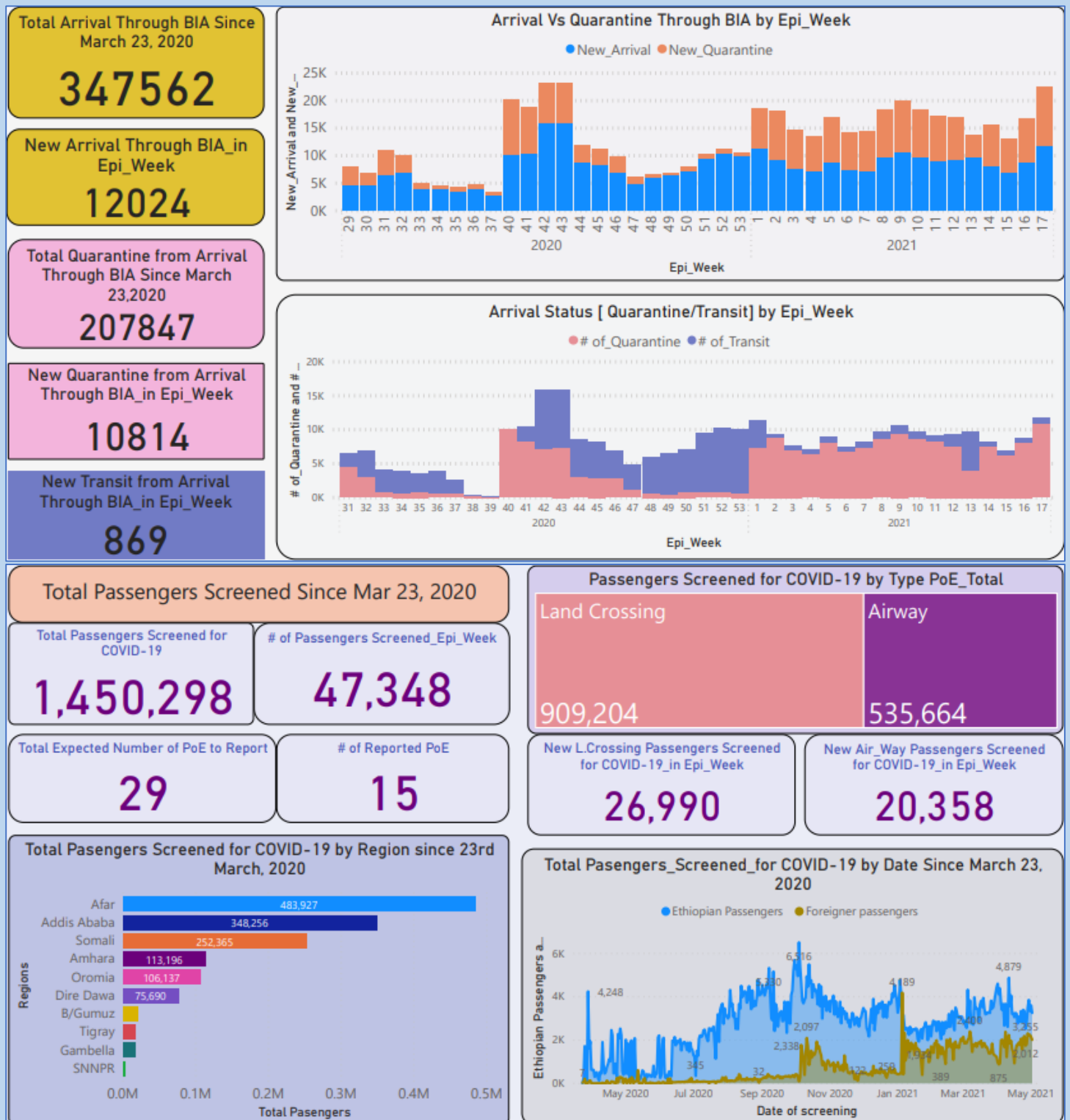
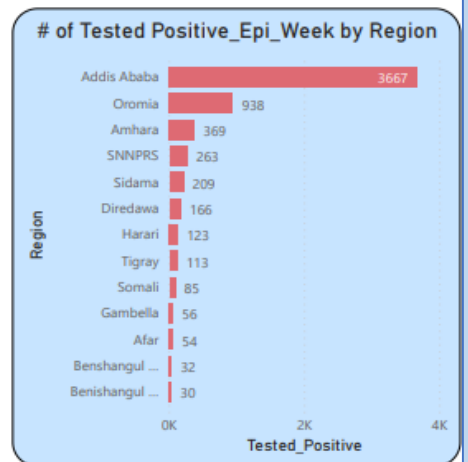
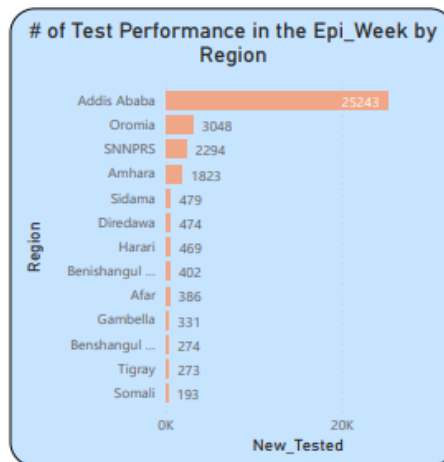
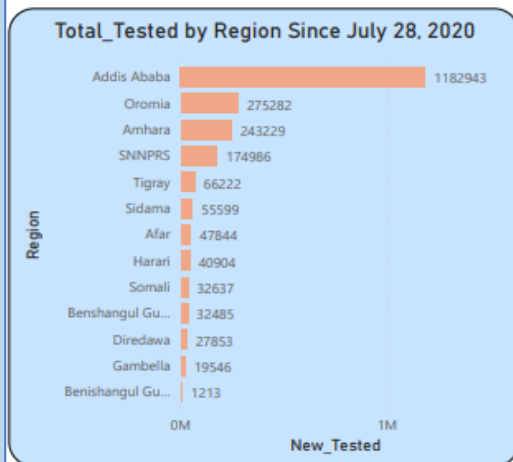
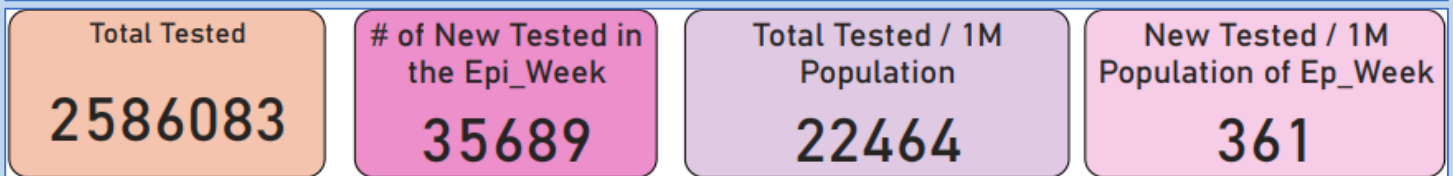
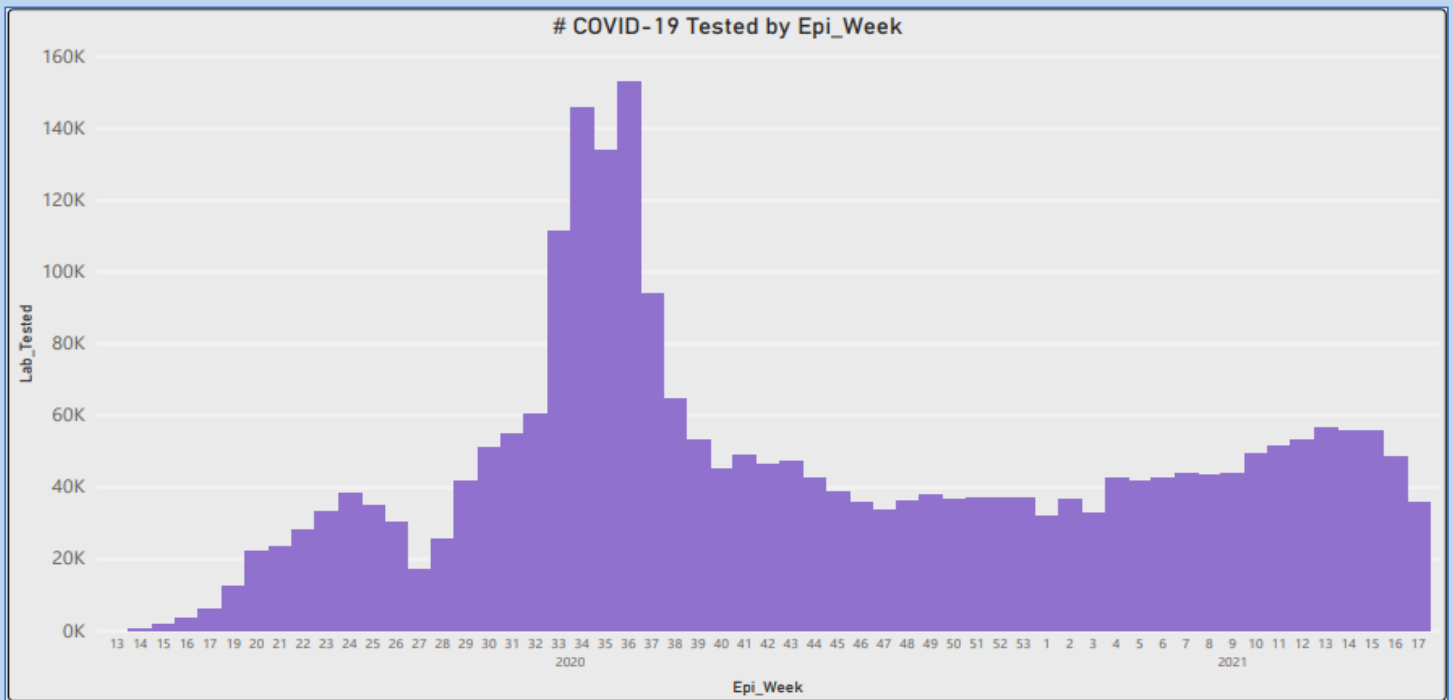


Fig. 10: Summary of Passengers screening for COVID-19 as of May 02, 2021, Ethiopia.

IV. Laboratory related activities

- As of 02 May 2021, a total of 2,586,083 samples have been tested for COVID-19 by laboratories across the country.
- 35,689 laboratory tests were processed during the Epi-Week-17 which is a 27% decrease compared to number of tests performed in the previous week.
- The laboratory test positivity rate for the Epi-Week-17 is 17.11%, which is lower than that of the preceding week (21.00%).
- Somali, Tigray, Sidama and Oromia regional states and Dire Dawa city administration have reported positivity rates higher than the national weighted average while the positivity rate in Addis Ababa has showed a decrease (figure 11 below). This shows that the COVID-19 epidemic has got high spread to regions.



Region/City Admn	New_Tested	Tested_Positive	New_Deaths	Positivity_Rate
Addis Ababa	25243	3667	85	14.14
Oromia	3048	938	32	35.94
SNNPRS	2294	263	5	11.34
Amhara	1823	369	12	24.16
Sidama	479	209	11	37.20
Diredawa	474	166	3	34.13
Harari	469	123	15	24.03
Benshangul Gumuz	402	30	2	7.60
Afar	386	54	0	14.56
Gambella	331	56	2	17.23
Benshangul Gumz	274	32	0	17.60
Tigray	273	113	7	43.60
Somali	193	85	1	46.25
Total	35689	6105	175	24.96

***** Positivity Rate is weighted average of Regional Distn of Rates

Fig. 11: Summary of COVID-19 laboratory testing as of March May 02, 2021, Ethiopia.

V. Case Management and Facility Readiness

a. COVID-19 treatment center

- The number of cases recovered from COVID-19 in Ethiopia surpassed 200,000.
- There were total of 10,495 newly recovered COVID-19 cases during the Epi-Week-17, bringing the total number of recovered cases to 200,508 (both from COVID-19 treatment center and from HBIC).
- The number recovered cases has decreased by 4% compared to the previous week.
- The highest number of daily cases in severe condition reported in this week is 990.

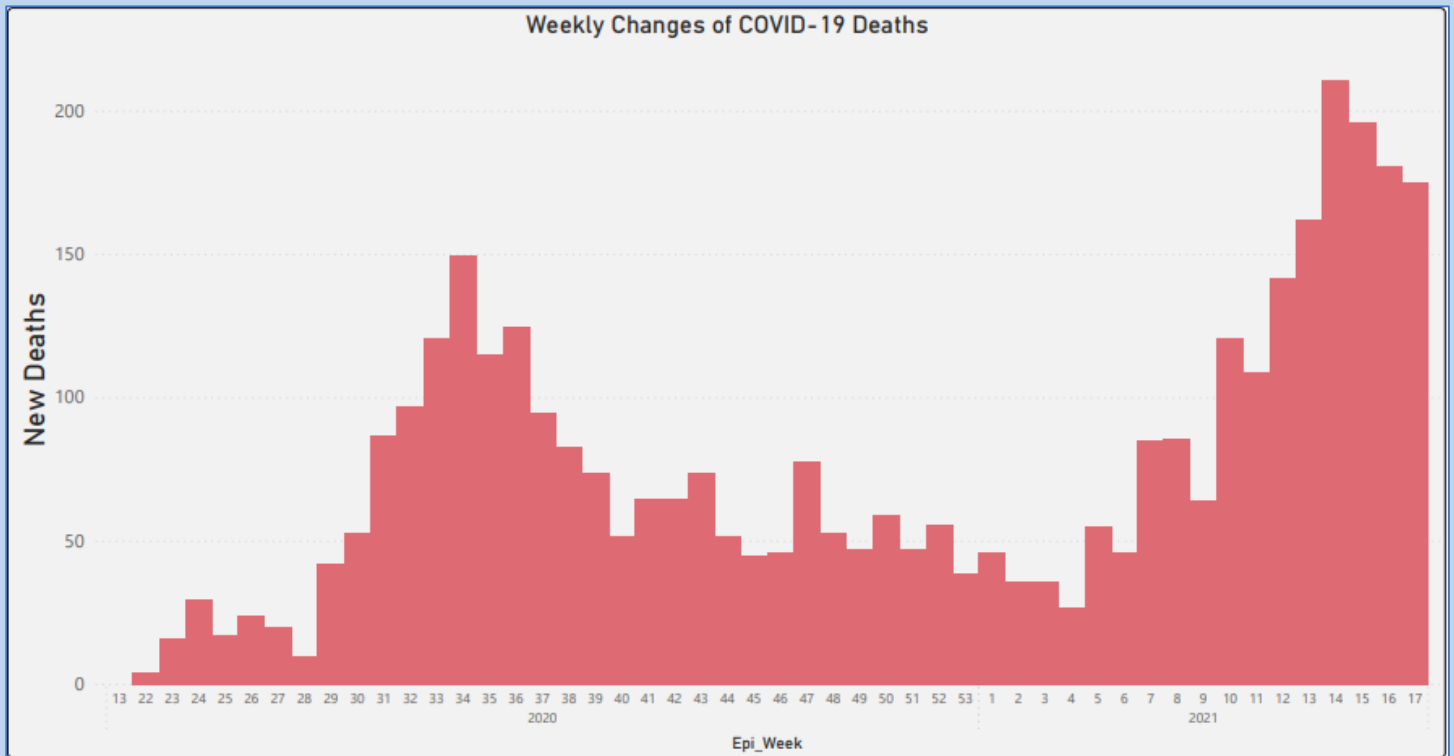


Fig. 12: Weekly trend of COVID-19 related death in Ethiopia, as of May 02, 2021.

- The number of patients in severe condition and those in need of Intensive care are rising sharply creating shortage of Intensive Care Unit (ICU) beds and mechanical ventilators.

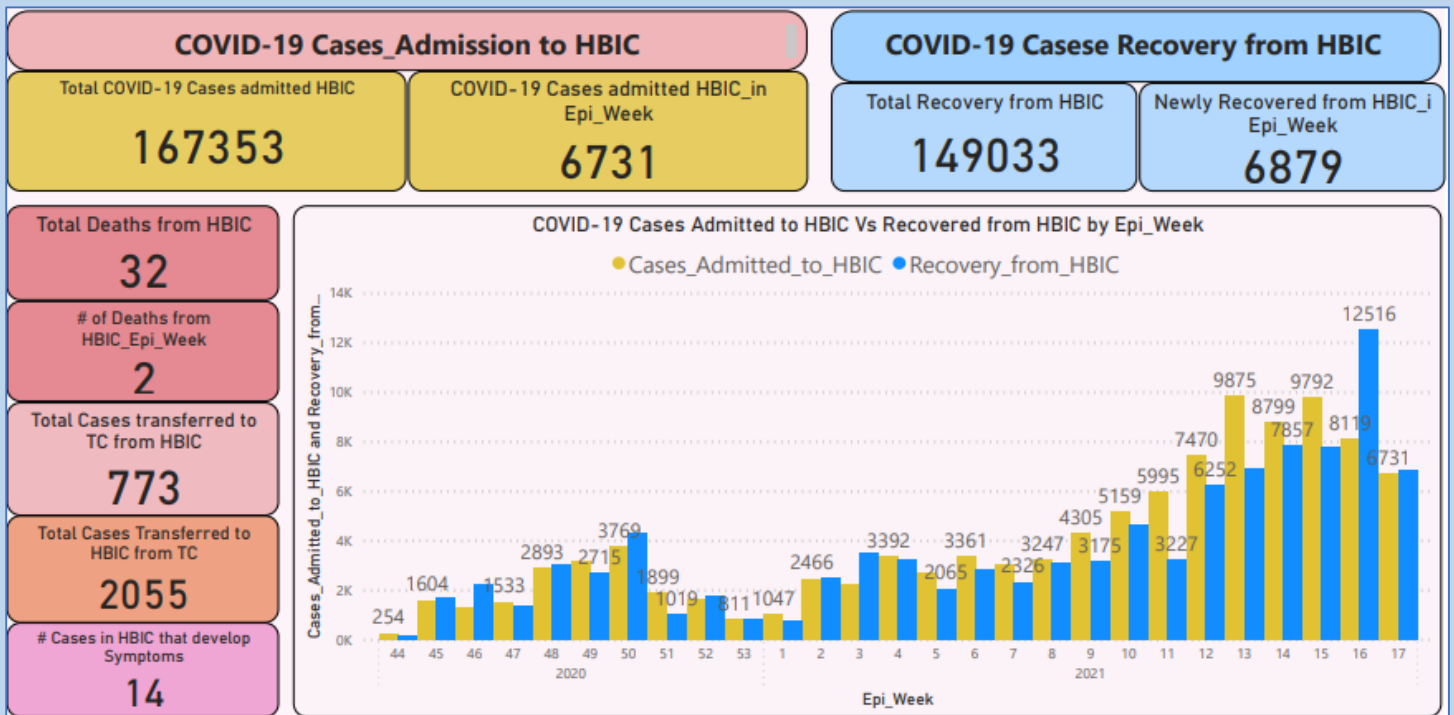


Fig. 14: Summary of COVID-19 Home Based Isolation and Care in Ethiopia, as of May 02, 2021.

VI. Risk Communication and Community Engagement (RCCE)

- Media (mass media and social media) monitoring on COVID-19 related information is ongoing.
- COVID-19 related key messages and updates shared on social media.

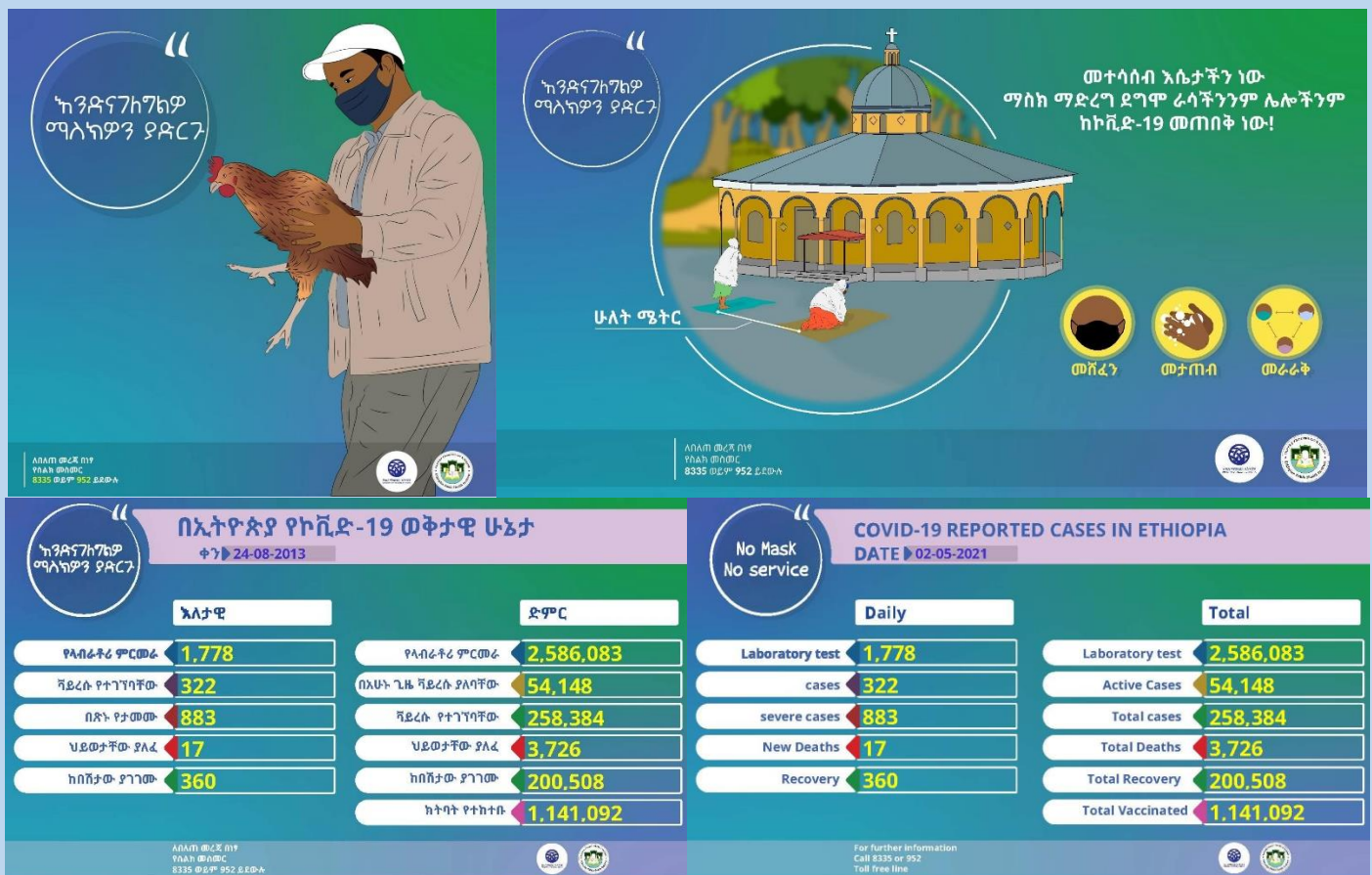


Fig. 15: COVID-19 related key messages situation update as of May 02, 2021 shared on social media.

VII. 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.
- Weekly leadership and strategic virtual meeting, chaired by the H.E MOH Minister, is being conducted to oversee and guide the response efforts.
- Weekly joint meeting is started (every Monday) among the national and regional Emergency Operations Centers to evaluate weekly situations and challenges faced.
- COVID-19 preparedness and response plan revision is ongoing at national level.
- National COVID-19 Response Incident Management System staffs celebrated Easter at the National Public Health Emergency Operations Center. The Ethiopian Public Health Institute's Deputy Director and COVID-19 response Incident Manager, Mr. Aschalew Abayneh and other coordinators and team members have attended the celebration. Mr. Aschalew Abayneh opened the program by offering prayers for those who lost their lives while responding to the pandemic.



Fig. 16: COVID-19 responders celebrating Easter at the National PHEOC, May 02, 2021

- Supportive supervision is conducted in regions and all regional Public Health Emergency Operations Centers (PHEOCs) are currently functional. Tigray Regional State's Public Health Emergency Operations Center is also reactivated with strong support from the national Public Health Emergency Operations Center. Health work force hired in supporting the regional EOCs.
- Conference camera (audio visual) systems are procured and installed for all regional PHEOCs to enhance their virtual communication and PHEOCs networking.



Fig. 17: Conference Camera systems installed in regional PHEOCs to enhance virtual communication

VIII. Challenges and Way Forward

a. Challenges

- There is shortage of appropriate facilities to manage severely ill and critical patients as the number of patients in need of the Intensive Care Unit (ICU) has risen sharply.
- Happenings of super spreading events-Mass gatherings with poor physical distancing and facemask use which exacerbates the spread of COVID-19.
- Poor public adherence to the public health and social preventive measures.
- Poor adherence to the public health and social measures by public figures and leaders.
- Increasing number of cases being detected in the community and congregated settings.
- Poor attention given to COVID-19 at all levels by all responsible bodies in particular at subnational level.
- Low stock status of personal protective equipment, laboratory reagents, supplies and consumables. .

b. Way Forward

- Enhancing law enforcement to enhance public health and social measures by all responsible bodies.
- Continuing the COVID-19 vaccination.
- Genomic surveillance establishment, networking and strengthening.
- COVID-19 preparedness and response plan revision at national and subnational level.
- 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 other essential health services besides COVID-19 response.

IX. COVID-19 Related News:

- One person was killed and two others were injured Friday after an oxygen cylinder exploded at a refilling unit in northern Indian state of Uttar Pradesh. : http://www.xinhuanet.com/english/2021-04/30/c_139917090.htm
- At least 82 people have been killed in a fire at a hospital treating coronavirus patients in the capital of Iraq, Baghdad. More than 100 others were injured in the blaze, which erupted at the Ibn Khatib hospital on Saturday night (April 24, 2021). Reports say an accident had caused an oxygen tank to explode, sparking the blaze. : <https://www.bbc.com/news/world-middle-east-56875804>
- A single dose of a coronavirus vaccine can reduce household transmission of the virus by up to half, a study shows. Those given a first dose of either the Pfizer or AstraZeneca vaccines - or who became infected three weeks later - were between 38% and 49% less likely to pass the virus on than unvaccinated people, PHE found.: <https://www.bbc.com/news/health-56904993>
- The US Centers for Disease Control and Prevention on Tuesday issued new guidance on outdoor mask use for fully vaccinated Americans. Fully vaccinated people can now unmask at small outdoor gatherings, or when dining outside with friends from multiple households. The CDC is telling unvaccinated people that they still need to wear a mask at such gatherings. : <https://edition.cnn.com/2021/04/27/health/cdc-mask-guidance-fully-vaccinated-bn/index.html>
- The US Centers for Disease Control and Prevention and Food and Drug Administration lifted their recommended pause on use of Johnson & Johnson's coronavirus vaccine Friday and said the label will be updated to warn of blood clot risks.: <https://edition.cnn.com/2021/04/23/health/johnson-vaccine-acip-recommendation/index.html>
- India's COVID-19 infections crossed the 18 million mark on Thursday (Apr 29) with almost 380,000 new cases, breaking another world record for new daily infections.: <https://newsaf.cgtn.com/news/2021-04-30/India-s-daily-COVID-19-cases-spike-to-new-global-record-ZRLYNuJ9U4/index.html>
- Britain's medicine regulator on Thursday said there had been a further 41 reports of rare blood clots after doses of AstraZeneca's COVID-19 vaccine, but that the benefits of the shot continued to outweigh the risks for the majority of people.: <https://news.cgtn.com/news/2021-04-30/British-regulator-reports-41-more-blood-clots-after-AstraZeneca-shots-ZScPccXkeA/index.html>

X. Public Health Policy Recommendation

Advice for the Public:

- The World Health Organization (WHO), the European Medicines Agency (EMA) and other medical agencies have reaffirmed that there is no link between the Oxford-AstraZeneca COVID-19 vaccine and blood clotting

in patients. The Federal Ministry of Health and Ethiopian Public Health Institute will continue safety monitoring of the vaccines to ensure public safety.

- 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/UCvwTzeY-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

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

XI. Statement of condolences

- The Ethiopian Public Health Institute provides vehicles and drivers support to all regions to strengthen Public Health Emergency Management centers.
- Accordingly, Mr. Biniyam Moges has been deployed and working as a driver to Benishangul regional state Field Epidemiology field base.
- He acquired COVID-19 and passed away in this week while he was being treated in COVID-19 treatment center.
- Mr. Biniyam has been serving his country relentlessly.
- Ethiopian Public Health Institute passes its condolences to Mr. Biniam's family, friends and colleagues.



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.eph.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.eph.gov.et

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