



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

WHO Epi-Week-37 (September 07-September 13, 2020)

BULLETIN No: 20

Issue Date: September 14, 2020

I. HIGHLIGHTS

- Total of 94,007 laboratory samples were tested in the WHO-Epi-Week-37, which is a 38.59% decrease compared to the WHO-Epi-Week-36.
- The laboratory test positivity rate for the WHO-Epi-Week-37 is 5.99%, which is a bit higher than the preceding week (4.93%).
- Number of deaths due to COVID-19 in Ethiopia surpassed 1,000.
- A total of 5,629 new confirmed COVID-19 cases and 95 COVID-19 related deaths were reported during the WHO Epi-Week-37 bringing the total cases and death to 64,301 and 1,013 respectively.
- The number of COVID-19 confirmed cases and deaths in Ethiopia have decreased by 25.4% and 24.0% respectively, in the WHO-Epi-Week-37 compared to the reports in Epi-Week-36.
- There were total of 3,676 newly recovered COVID-19 cases during the WHO Epi-Week-37, bringing the total number of recovered cases to 24,983.
- A total of 14,016 COVID-19 confirmed cases have been on Home Based Isolation and Care.
- A total of 11,119 contacts were identified during the WHO Epi-week-37.
- BGI Health Ethiopia has commenced commercial production of COVID-19 PCR diagnostic testing kits.



Inauguration of COVID-19 PCR diagnostic testing kits factory, September 13, 2020, Addis Ababa, Ethiopia

II. BACKGROUND

The Ministry of Health (MOH) and Ethiopian Public Health Institute (EPHI) in collaboration with partners have intensified response efforts to prevent the spread and severity of Corona Virus Disease 2019 (COVID-19) in Ethiopia. The national and the regional Public Health Emergency Operation Centers (PHEOC) have 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 a regular EOC meetings and partners' coordination forums. The MOH and EPHI are providing information to the general 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 September 13, 2020, COVID-19 pandemic affected 216 countries/territories causing 28,637,952 cases and 918,881 deaths (CFR=3.21%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 1,874,735 cases and 40,801 deaths were reported during the WHO Epi-Week-37.
- The United States of America (USA) reported the highest number of cases (6,386,832) with CFR of 3.02% followed by India (4,754,356 cases) with a CFR of 1.65%.
- In Africa, 56 countries/territories have reported COVID-19 cases.
- As of September 13, 2020, a total of 1,352,835 cases and 32,550 deaths were reported across the continent (CFR=2.41%). Of these 55,815 cases and 1,426 deaths were reported during the WHO-Epi-Week-37.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.

Total Number of COVID-19 Affected Countries/Territories

216

Total Number of COVID-19 Confirmed Cases Globally

28,637,952

Total Number of Deaths with COVID-19 Globally

918,881

New Confirmed Cases_Globally

307,930

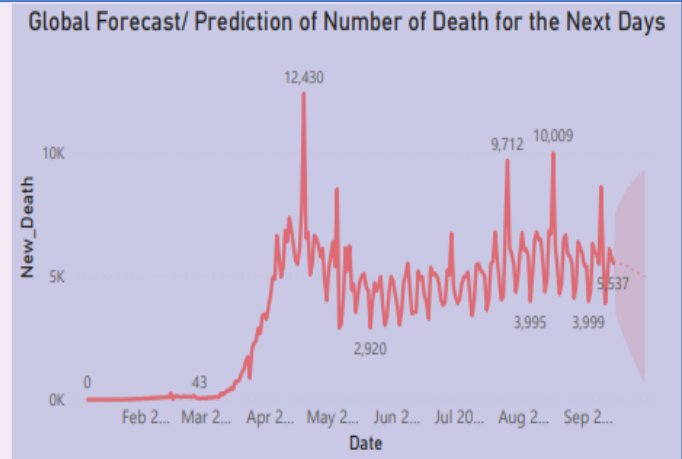
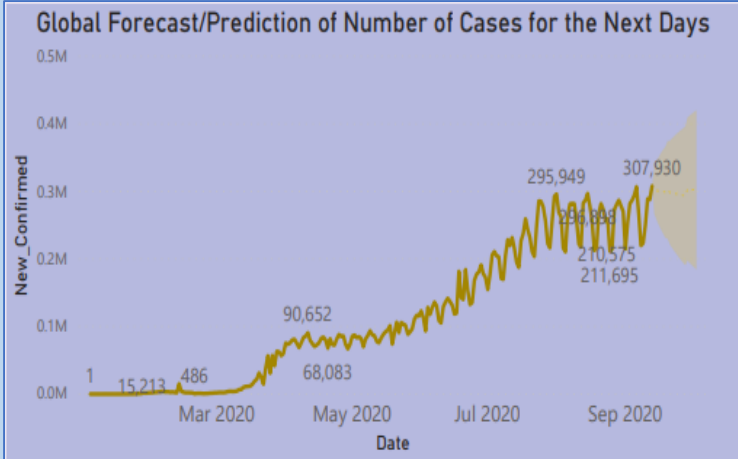
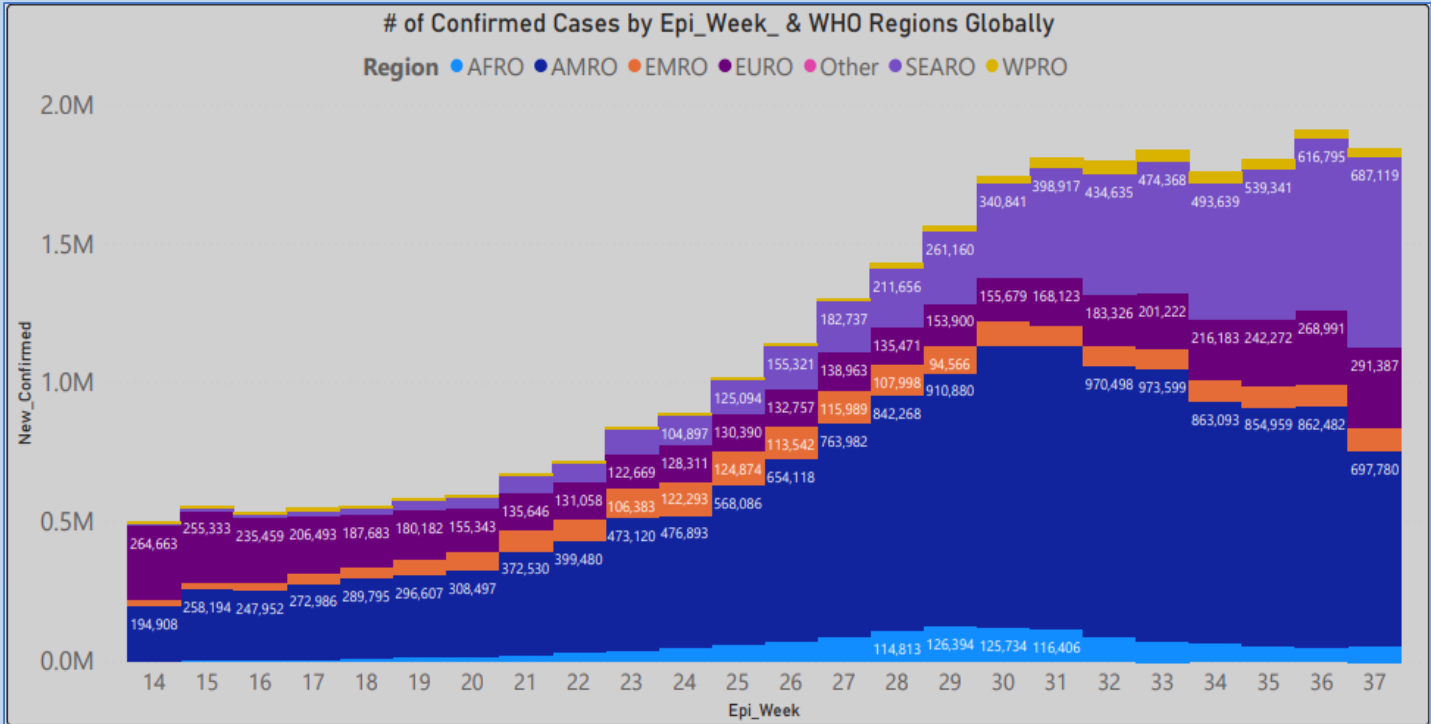
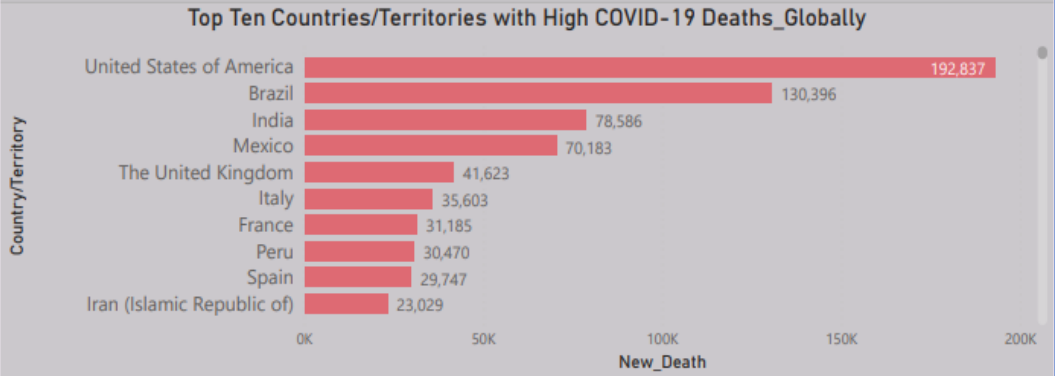
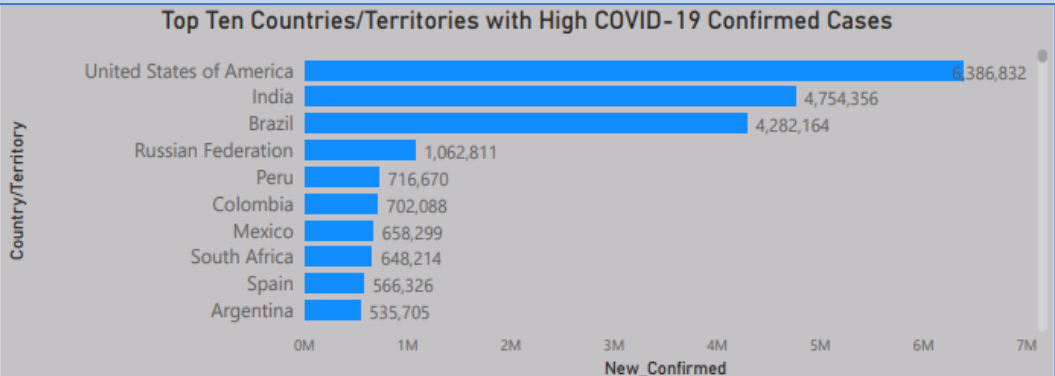


Fig. 1: COVID-19 Global Situation Update as of September 13, 2020 (Source: WHO)

of African Countries/Territories with COVID-19 Confirmed Cases

56

Total Number of Cases Confirmed in Africa

1,352,835

New Confirmed Cases in Africa with COVID-19

7,843

Total Number of Deaths in Africa with COVID-19

32,550

New Deaths in Africa with COVID-19

147

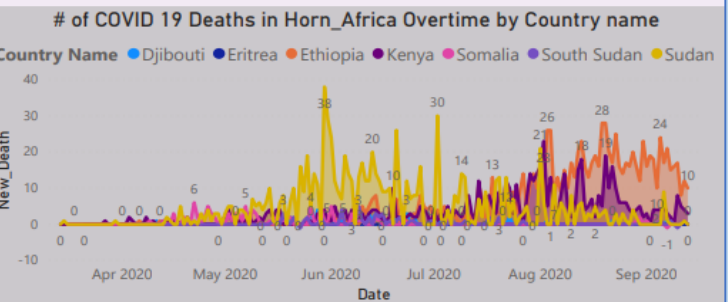
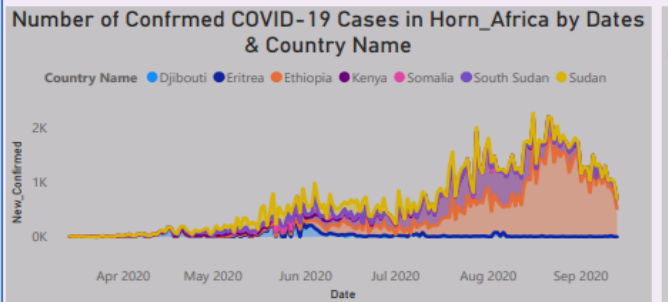
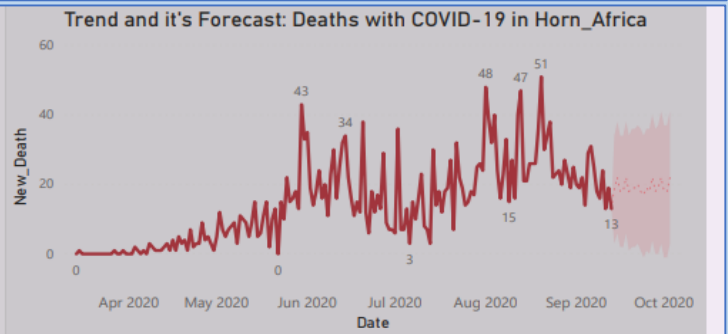
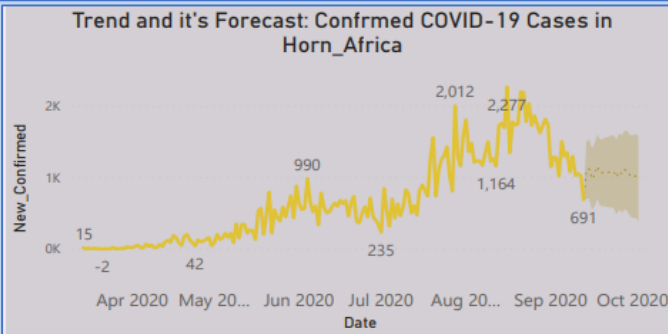
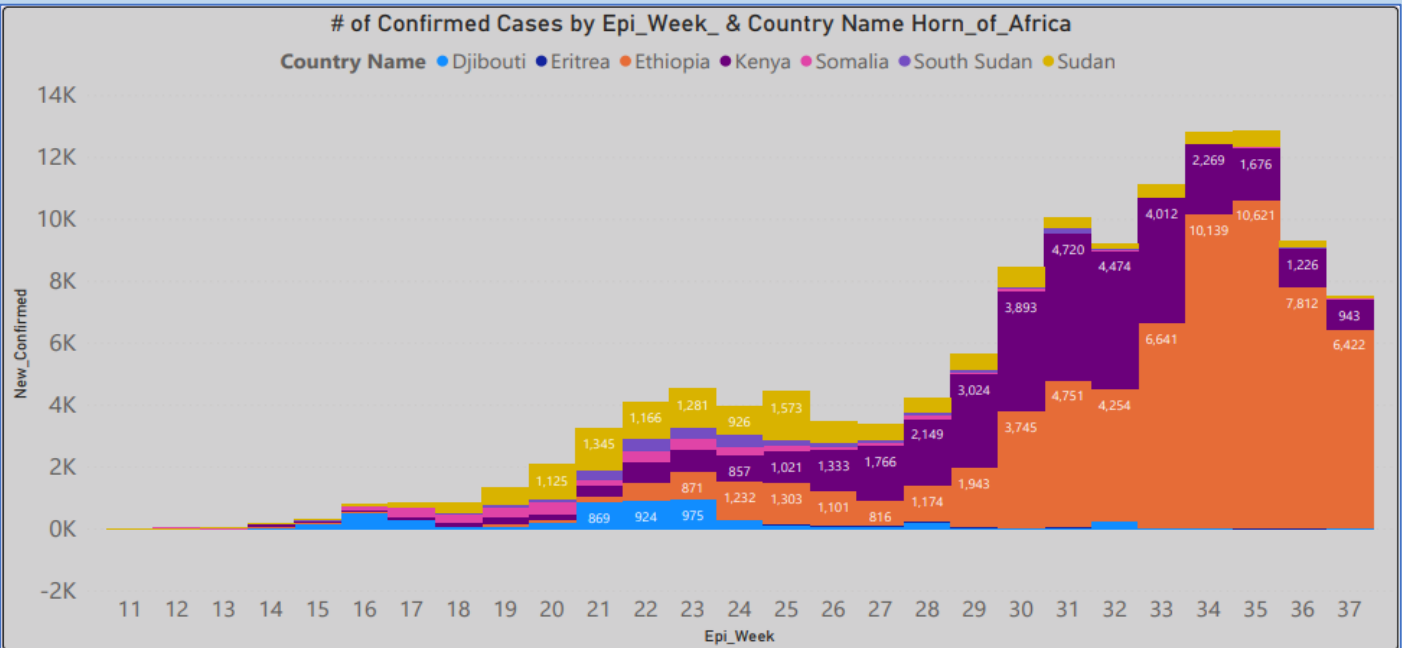
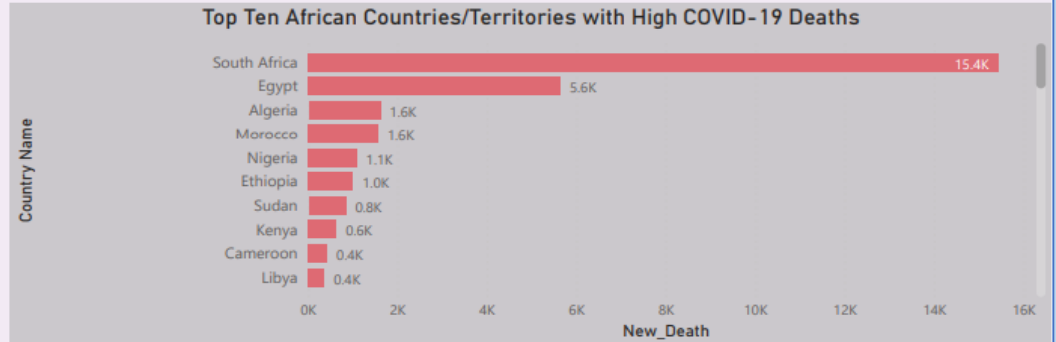
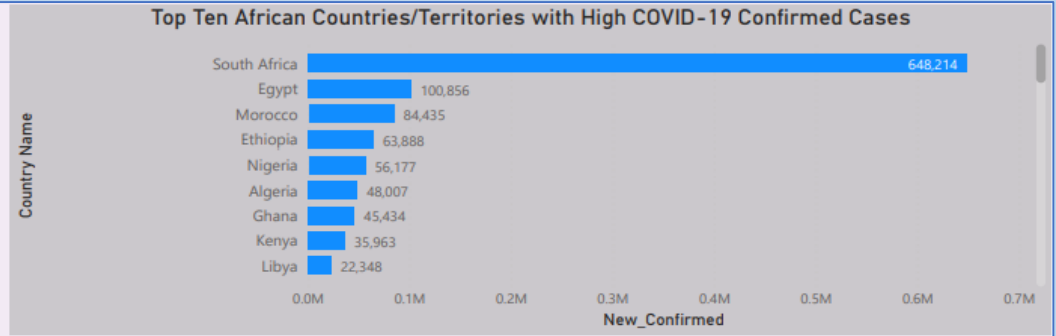


Fig. 2: COVID-19 Situation Update in Africa as of September 13, 2020 (Source: WHO)

National COVID-19 situation

- Five-thousand-six-hundred-twenty-nine (5,629) newly confirmed COVID-19 cases (25.44% decrease compared to that of Epi-Week-36) and 95 COVID-19 related deaths (24.00% decrease compared to that of Epi-Week-37) were reported during the WHO Epi-Week-37.
- Number of deaths due to COVID-19 in Ethiopia surpassed 1,000. It took a total of 184 days since the occurrence of the first confirmed case to reach 1,000 deaths due to COVID-19 in the country.
- As of September 13, a total of 64,301 confirmed COVID-19 cases and 1,013 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-37

Regions	New_Testeds	New_Case	New_Admission	New_Death	New_Recovered	Positivity Rate	Admission_Rate
Addis Ababa	25938	2107	320	64	650	8.1	35.0
Amhara	21955	456	265	5	370	2.3	55.3
Oromia	16115	1220	430	4	379	7.6	22.7
SNNPR	9120	356	293	0	441	5.7	55.0
Tigray	6161	614	559	0	710	9.4	62.6
Harari	3945	128	34	0	34	3.0	26.7
Benishangul G	2979	348	57	0	60	17.4	33.9
Sidama	2310	200	213	0	229	10.6	60.1
Gambella	2209	62	37	1	52	3.4	48.1
Somali	1417	47	4	1	6	4.9	32.0
Diredawa	738	73	20	4	13	7.1	62.7
Afar	521	18	125	0	99	1.1	36.0
Total	93408	5629	2357	79	3043	6.7	44.2

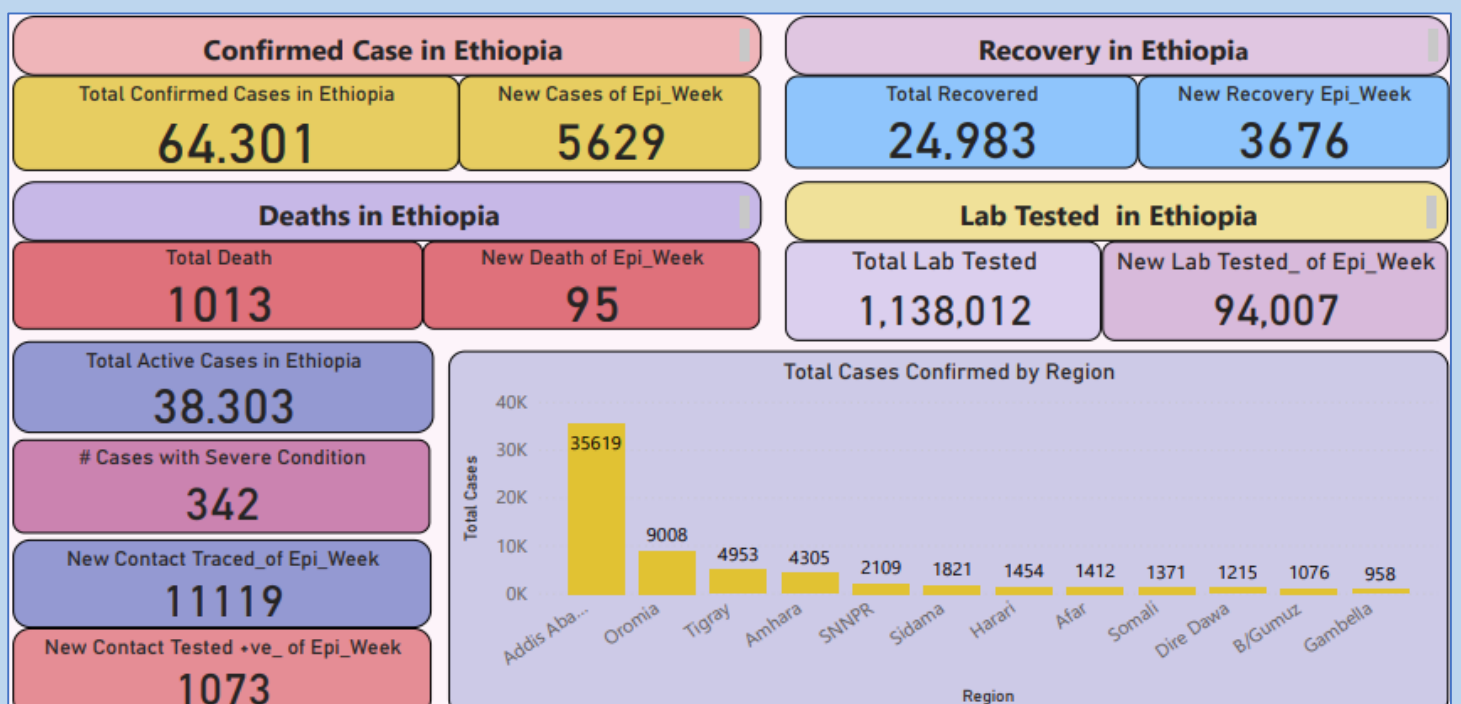


Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of September 13, 2020, Ethiopia

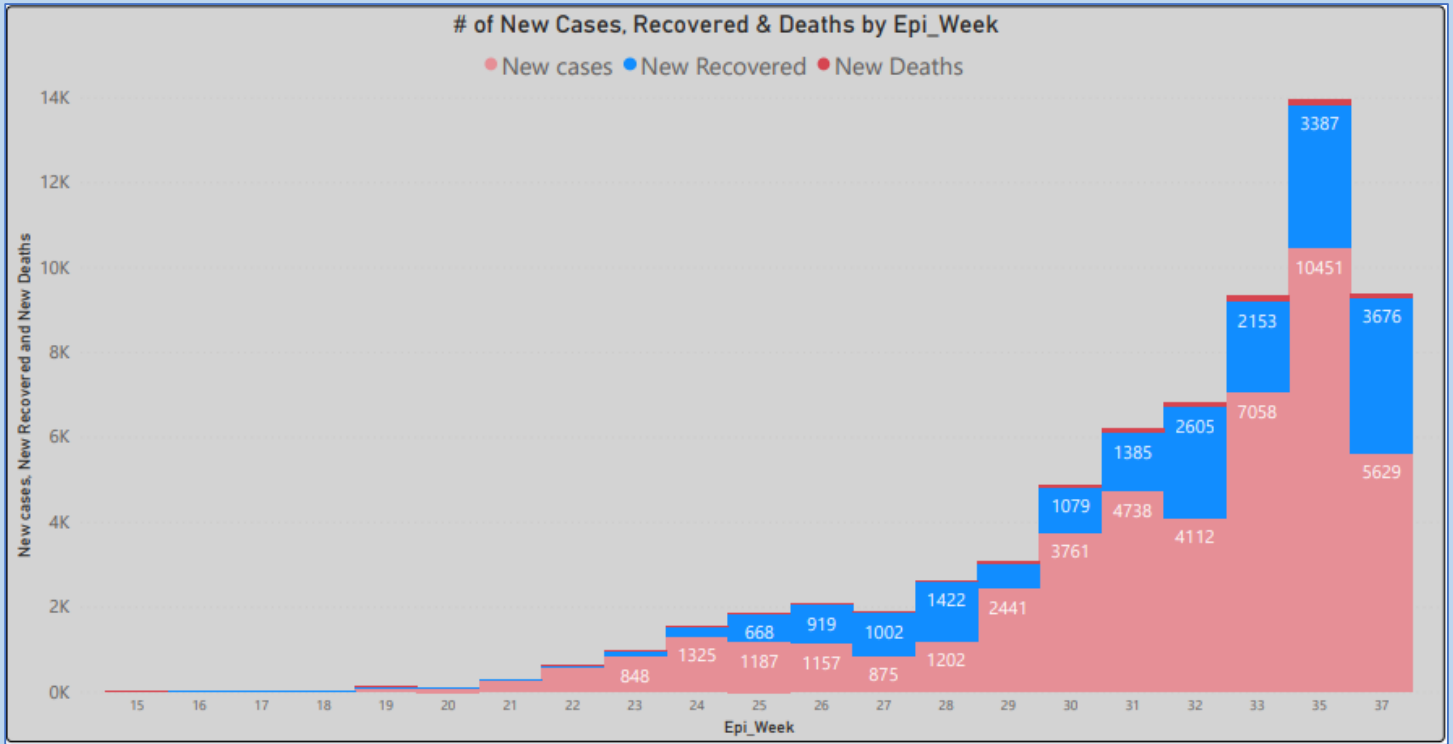


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of September 13, 2020, Ethiopia

Epi-Surveillance and Laboratory Related Activities

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

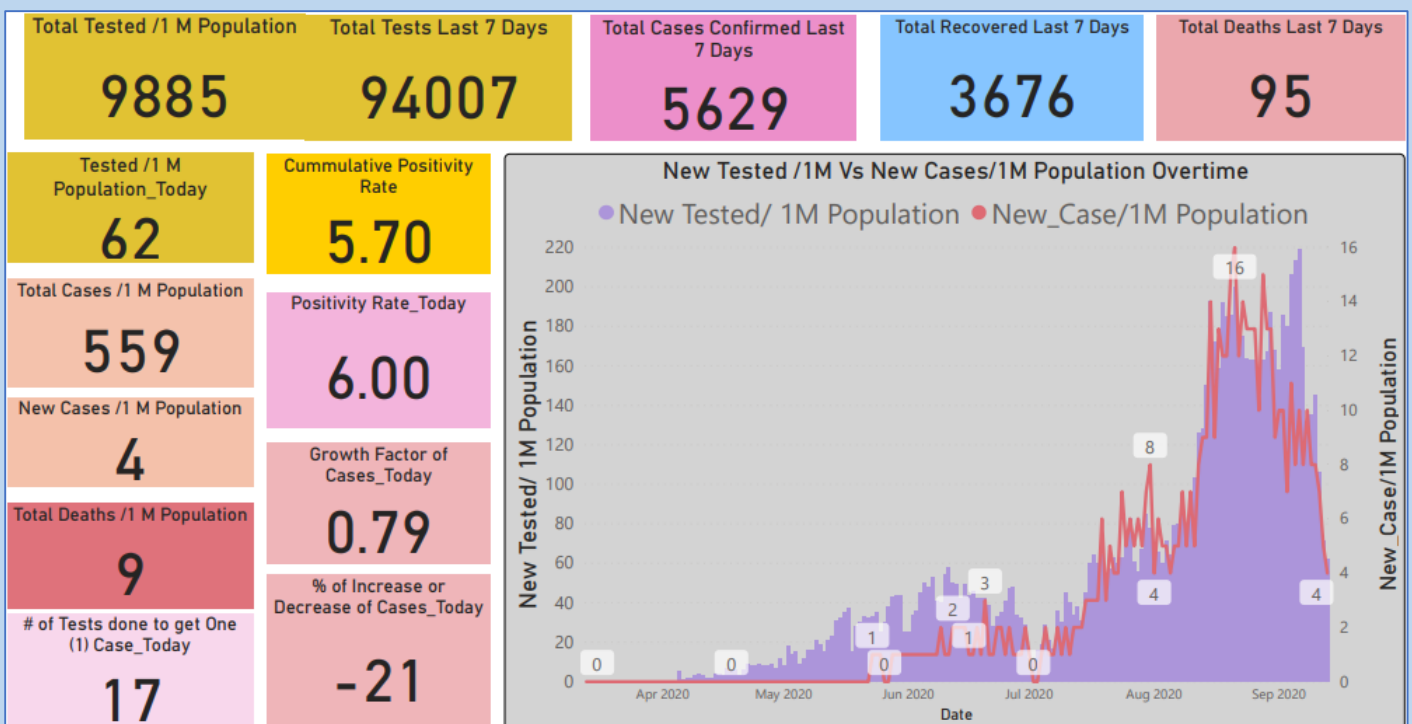


Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of September 13, 2020.

Contact tracing and follow-up:

- As of September 13, 2020:
 - A total of 234,912 contacts of confirmed cases have been identified. Of these 11,119 contacts were identified in the WHO-Epi-Week-37.
 - Of total contacts, 150,574 (64.10%) have completed 14 days follow-up, while 62,523 contacts are still on follow-up.
 - 374 (0.16%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 341 (91.18%) have tested positive.
- Overall, 16,362 (6.97%) of the contacts (symptomatic plus asymptomatic) have tested positive so far.
- Contacts contributed for the 25.45% of the total cases.

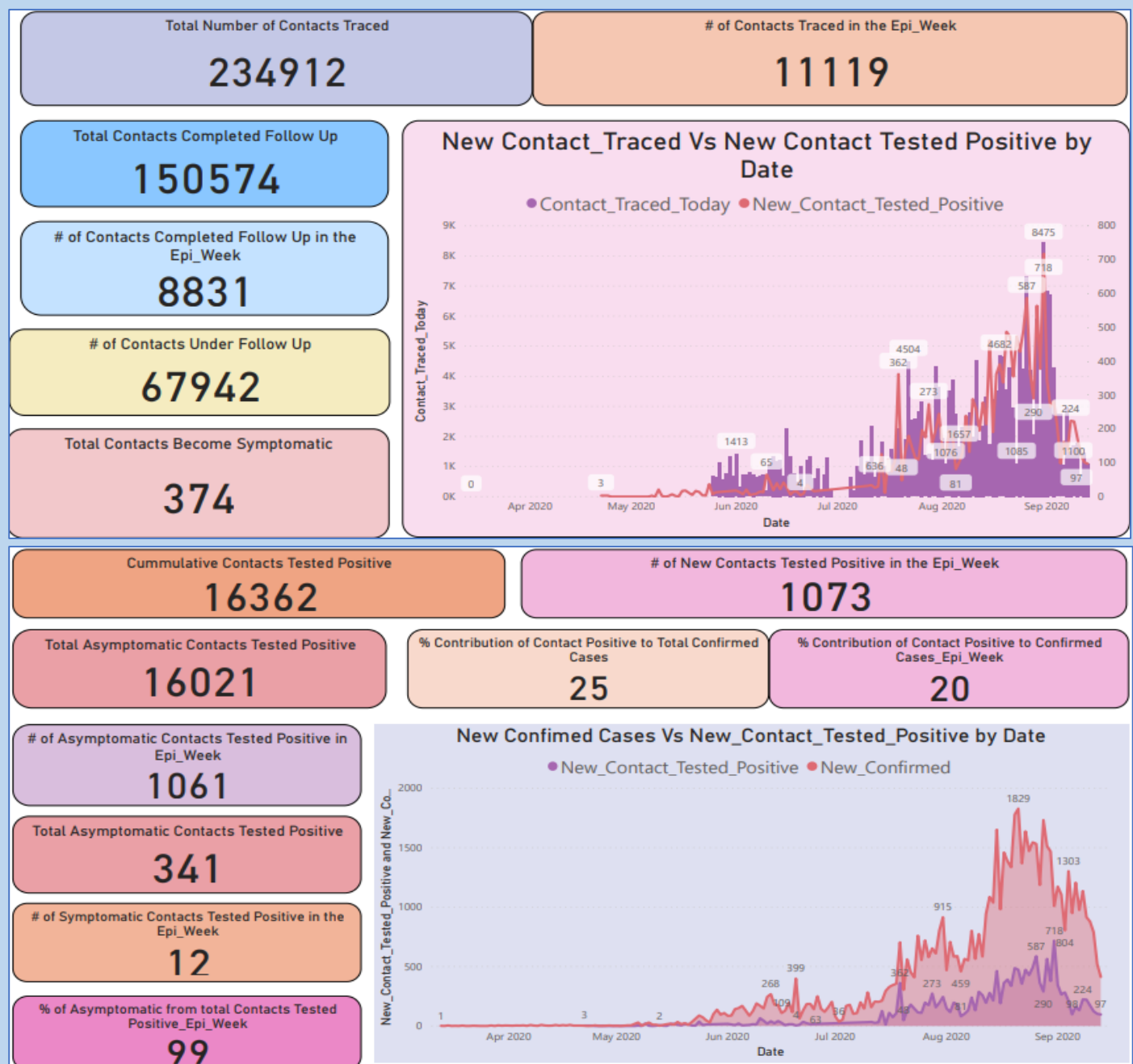


Fig. 6: Summary of COVID-19 contact tracing as of September 13, 2020, Ethiopia.

Rumors collection and verification from all sources

- As of September 13, 2020:
 - 257,089 rumors/alerts have been received and investigated. Of these, 22,331 rumors were reported in the WHO-Epi-Week-37.
 - 200,741 (78.08%) of the rumors/alerts have fulfilled the suspected case definition

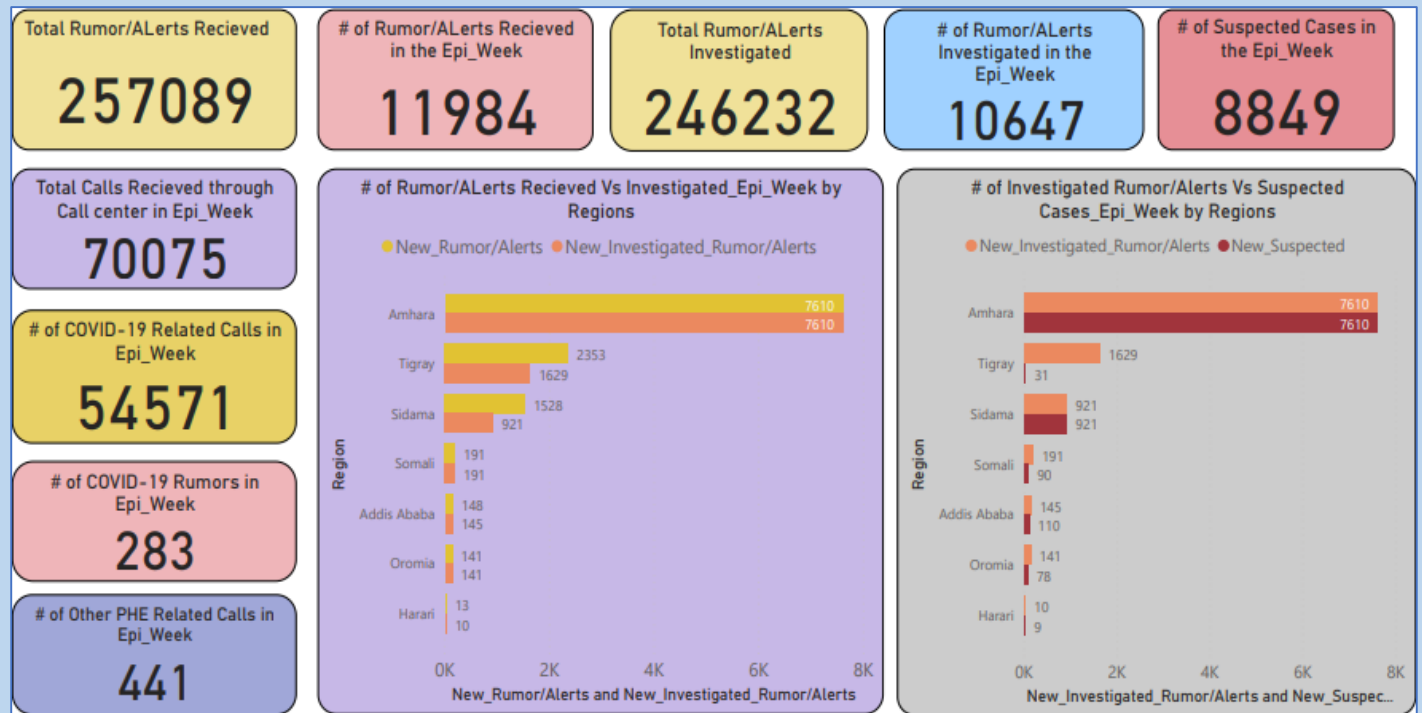


Fig. 7: Summary of COVID-19 rumor/alert investigation as of September 013, 2020, Ethiopia.

Point of entry and quarantine related activities

- Since the start of the outbreak, 1,049,663 passengers have been screened at the Point of Entries of Ethiopia and 426,138 (41.60%) of them were screened at Bole International Airport.
- Of the total passengers screened, 29,666 are screened for COVID-19 in the Epi-Week-37.
- Nationally, 65,237 passengers have been quarantined since March 23, 2020 (when mandatory quarantine started). Of these, 31,964 (49.00%) passengers have been quarantined in Addis Ababa.
- Currently 1,214 passengers are in quarantine centers across the country.

Laboratory related activities

- As of September 13, 2020, a total of 1,138,012 samples have been tested for COVID-19 by laboratories across the country.
- 94,007 laboratory tests were processed during the WHO Epi-Week-36, which is a 38.59% increase compared to that of Epi-Week-36.
- The laboratory test positivity rate for the WHO-Epi-Week-36 is 4.93% which is lower than the preceding week that was 7.83%.

- The overall positivity rate for the laboratory test since the occurrence of the disease in the country is 5.62%.

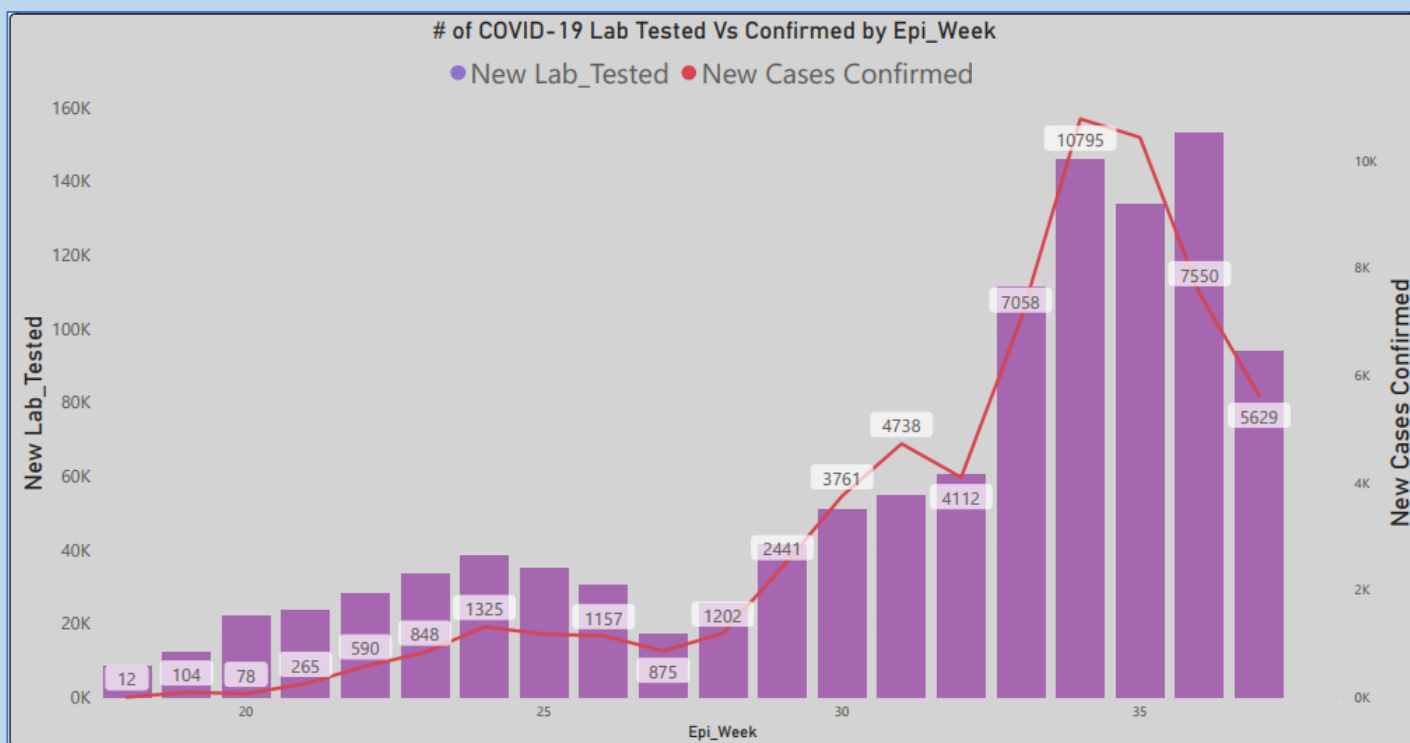


Fig. 8: Trend of COVID-19 laboratory testing by WHO Epi-Week as of September 13, 2020, Ethiopia.

COMMUNITY BASED ACTIVITIES AND TESTING (COMBAT) Summary

- The Community Based Activities and Testing (COMBAT) campaign has been underway for the last one month.
- More than half a million samples were collected and analyzed during the COMBAT period from August 7 to September 6, 2020 with > 100% performance.
- More than 38 thousand new cases were detected across the country, which is 54% increment compared to Pre-COMBAT.
- Six regions have performed more than 100% regarding the test.
- Oromia, Amhara and Addis Ababa contribute to nearly 70% of the tests performed.

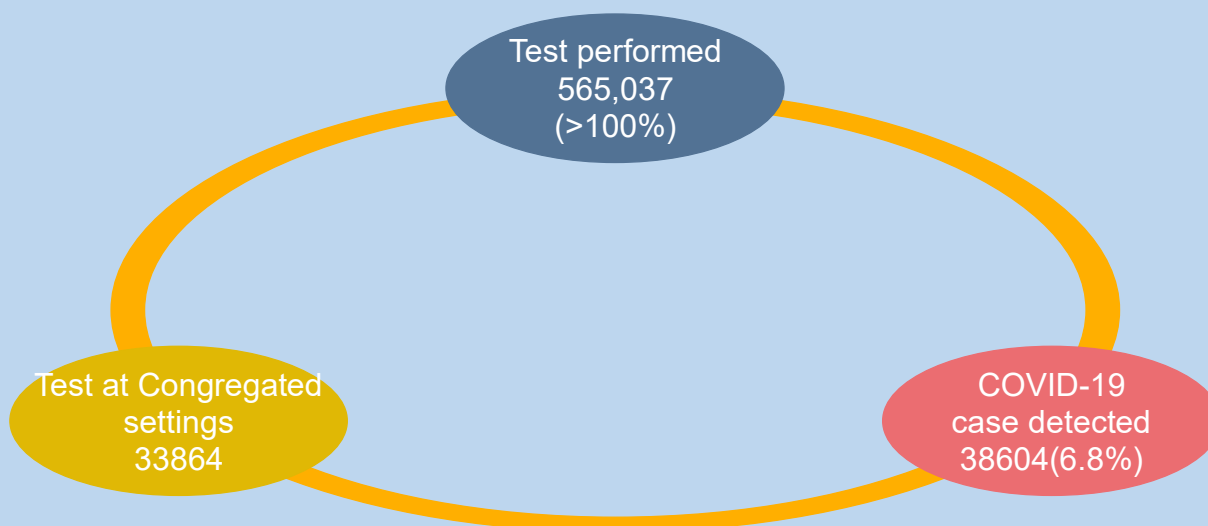


Fig. 9: Summary COMBAT laboratory testing activity in Ethiopia

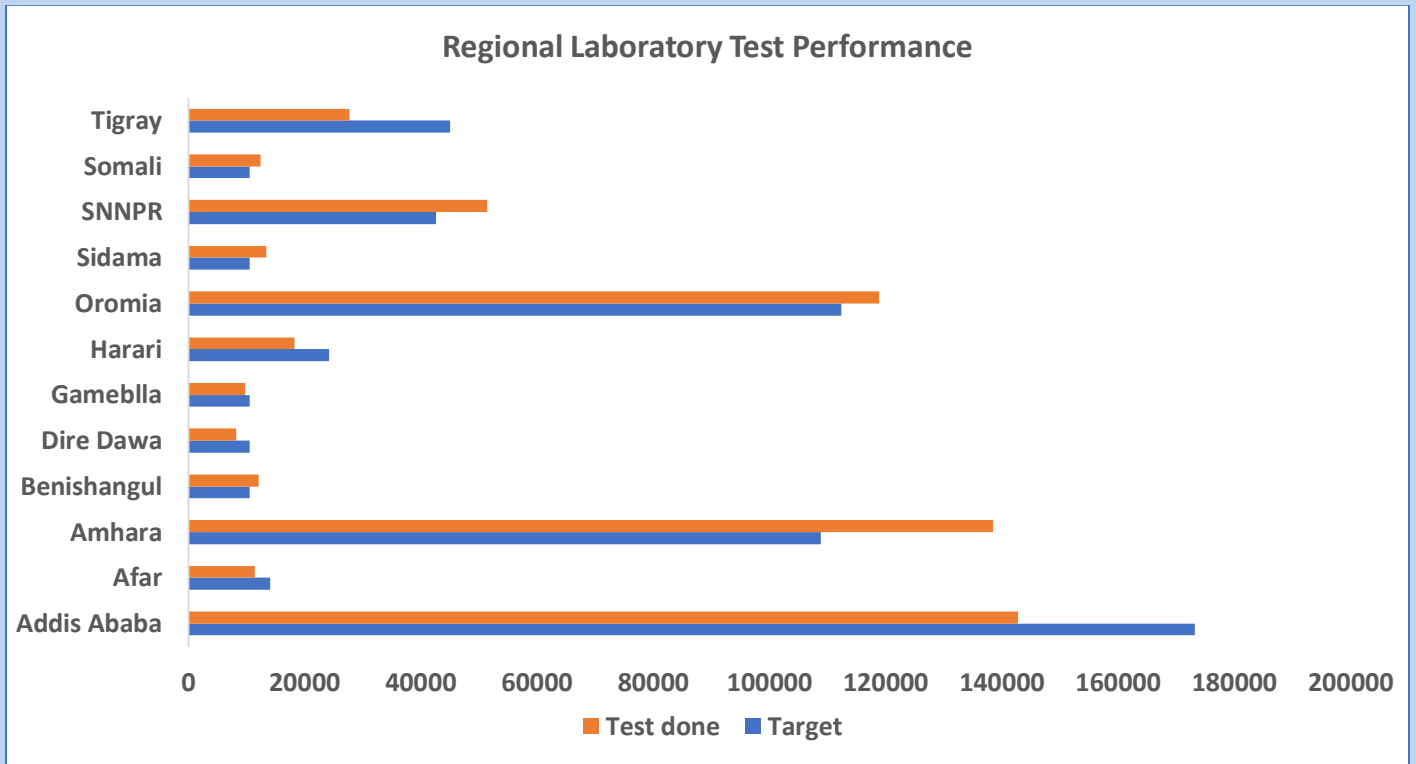


Fig. 10: Comparison of regional laboratory test performance during COMBAT campaign.

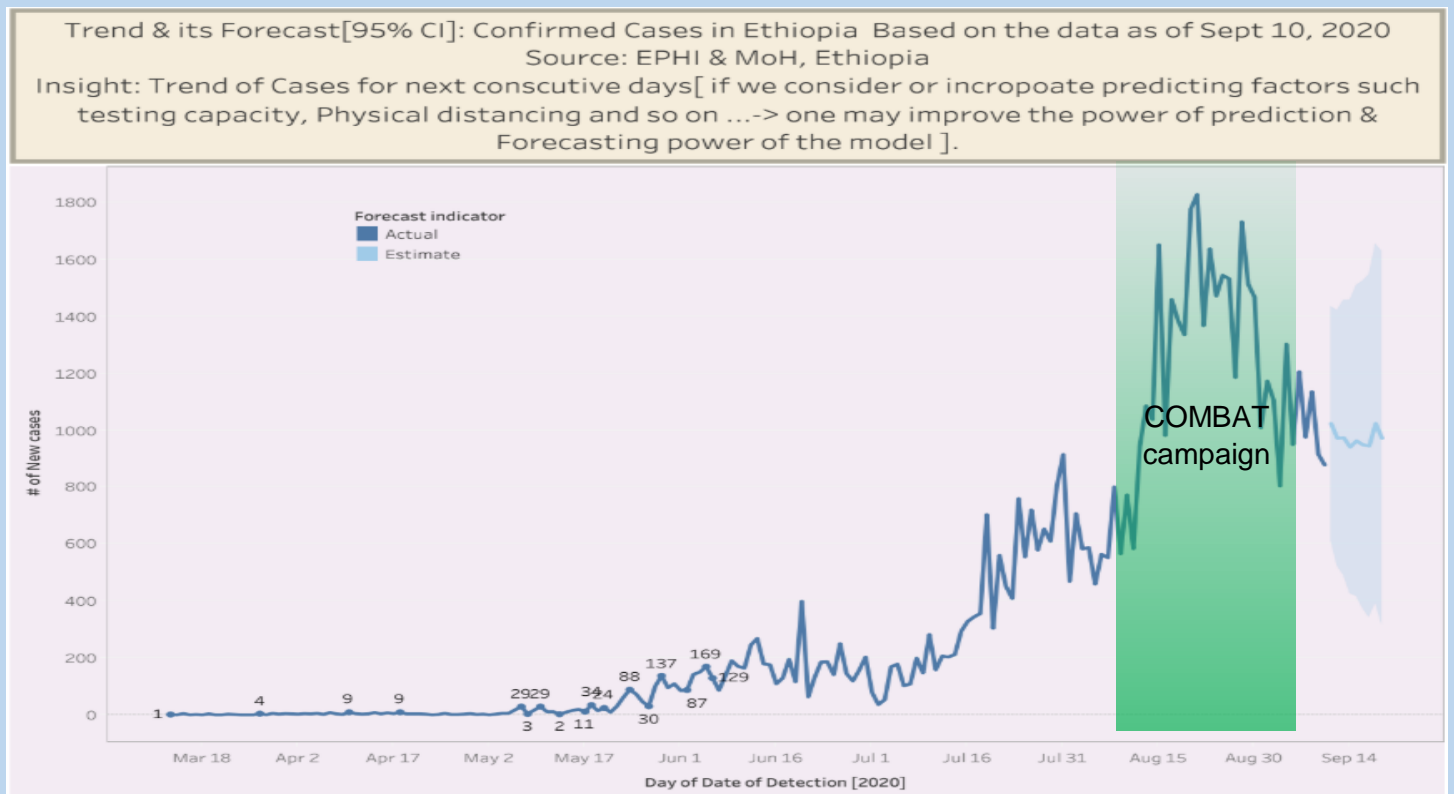


Fig. 11: Trend and forecast of COVID-19 confirmed cases pre, during and post-COMBAT campaign in Ethiopia.

- During the COMBAT campaign: 73% (38,604) of total cases were identified (60% from Addis Ababa); >95% of cases are local cases and every woreda in the country have reported at least a case.

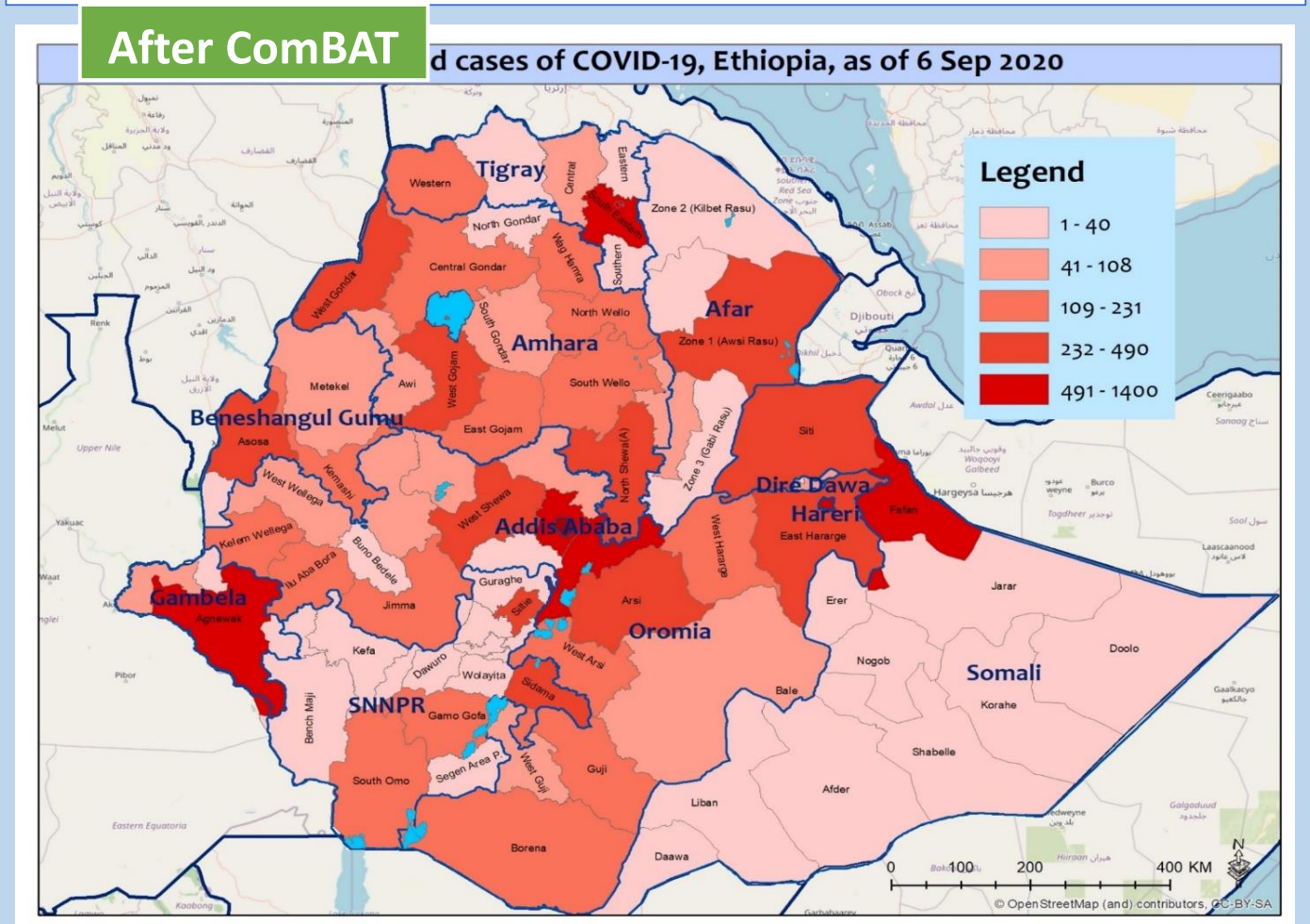
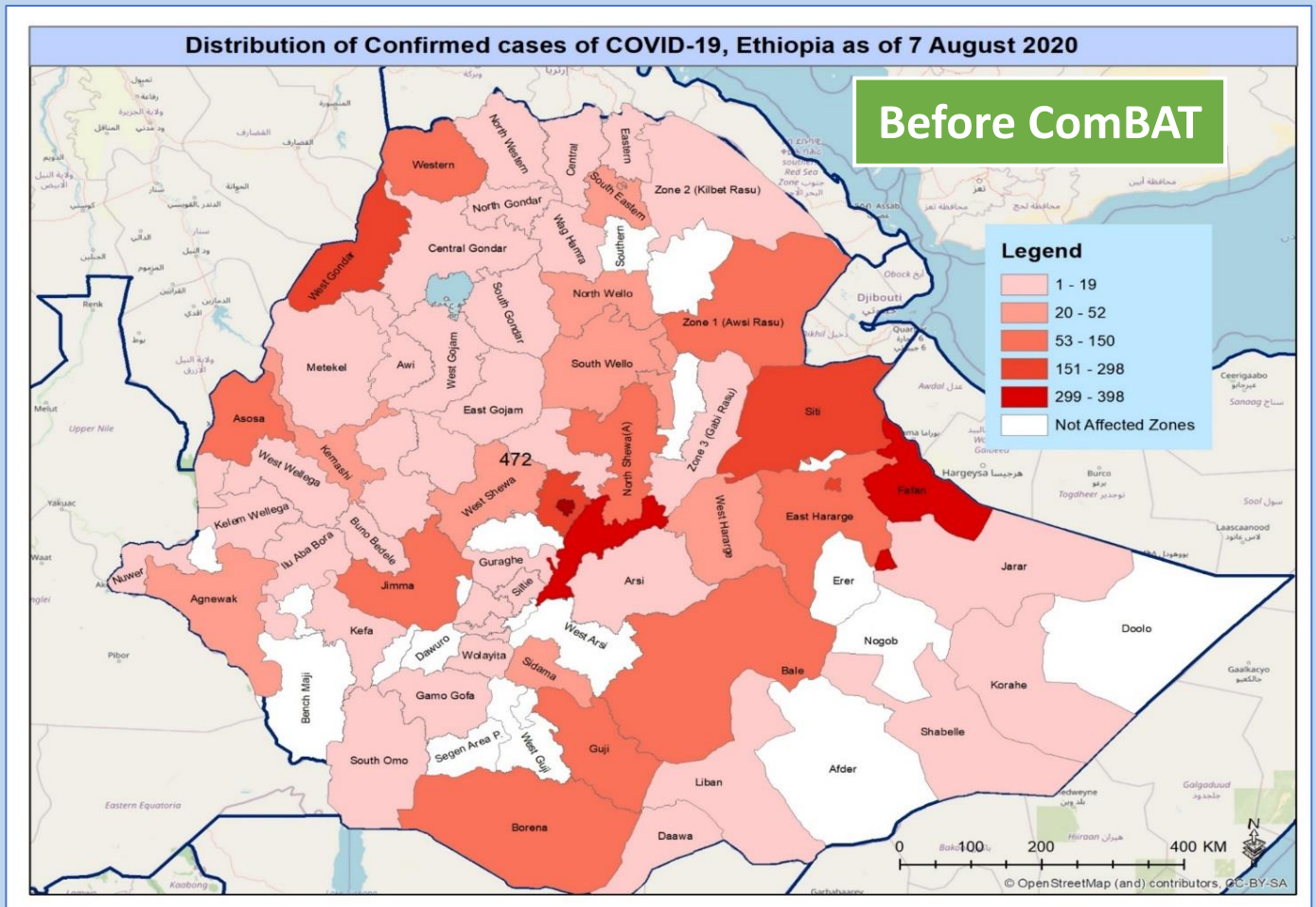
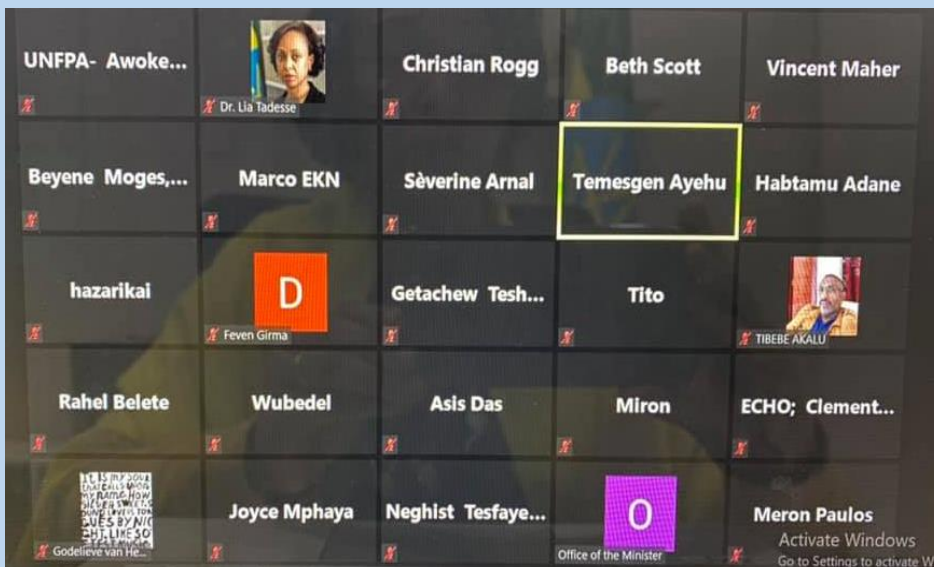


Fig. 12: Comparison of COVID-19 confirmed case distribution in Ethiopia before and after COMBAT in Ethiopia.

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.
- Weekly 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 Minister, is being conducted to oversee and guide the response efforts.
- A Joint Consultative Forum with Health, Population, Nutrition (HPN) partners on COVID-19 response has been conducted. The results of the JANS (Joint Assessment of National Strategy) which showed how to refine the priorities and quality of the next HSTP II are reviewed. The COMBAT campaign and next steps in the COVID-19 response as well as the Roadmap for Health Extension Program optimization which will be instrumental in the vision to achieve UHC through strong PHC are also reviewed.



A virtual consultative forum on COVID-19 with the Health, Population, Nutrition (HPN) partners. September 9, 2020.

- BGI Health Ethiopia has commenced commercial production of Covid-19 PCR diagnostic testing kits for both the export market with a priority to African countries and Ethiopia's domestic demand. The factory will also provide commercial laboratory services for a total of 3 million transit passengers at Bole International Airport and in Addis Ababa city. This will boost the testing capacity of Ethiopia and other African countries.
- After the end of COVID-19 pandemic, the manufacturing center will switch to the production of other types of nucleic acid detection reagents, such as HIV/AIDS testing kits, tuberculosis nucleic acid test kits and other locally needed RT PCR test kit products.



Inauguration of COVID-19 PCR
diagnostic testing kits factory
September 13, 2020, Addis
Ababa, Ethiopia

- The COVID-19 Field Hospital is inaugurated on September 13, 2020 by H.E Abiy Ahmed Ali. It will provide care to patients with severe symptoms, and is equipped with the necessary medical equipment improving our capacity. It will also provide training to Emergency Response Teams.



Inauguration of COVID-19 Field Hospital, September 13, 2020, Addis Ababa, Ethiopia.

Protection:

- Some of the activities performed in Epi-Week-37 are:
 - Meetings conducted with Ministry of Labor and Social Affair (MoLSA) and Ministry of Women, Children and Youth (MoWCY) to discuss COVID-19 response for those vulnerable population groups
 - Onsite supportive supervision and follow-up was conducted to Benishangul Gumuz regional state.
 - Orientation was given to Health extension workers about COVID-19 and deployed to Asayita, Afambo and Dubity IDP site and provide awareness creation active case search
 - 19 shelters/sites of persons with disability living together were mapped and linked to regional protection section.
 - Follow-up of the Aba Samuel treatment center preparation, Kibre Aregawiyen, Macedonia, Saris police station COVID-19 cases management and refugee and IDP sites is being conducted and update received

V. Case Management and IPC

- Currently there are a total of 38,303 active COVID-19 cases in the country.
- Of the active cases, 342 (0.89%) patients are in severe clinical condition.

Home Based Isolation and Care (HBIC):

- So far, total 14,016 COVID-19 confirmed cases have been on HBIC. Of them 6405 (45.70%), have recovered and 3 died.
- Of these, 2,721 cases are enrolled to HBIC, 1,657 cases have recovered and 1 case died on the WHO-Epi-Week-37.
- Currently 7,631 cases are on HBIC.
- So far, 134 of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 117 of the cases have been transferred from HBIC to treatment centers for better care.

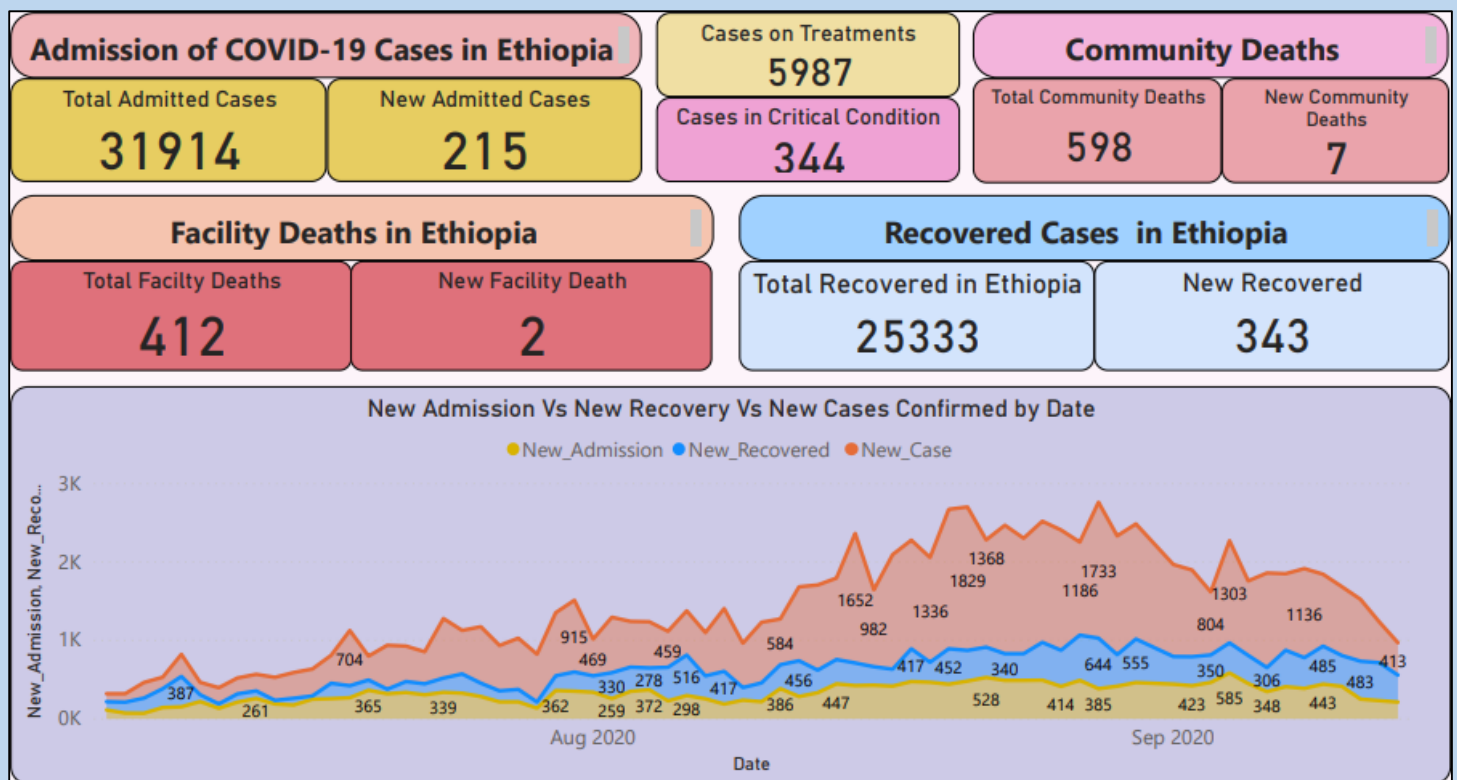


Fig. 13: Summary of case management update as of September 13, 2020.

VI. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- Different posters, brochures, audio and video messages, focusing on COVID-19 risk perception and practice, are being developed and posted on the social media and other communication portals.



VII. Logistic and Supplies

- There are ongoing distribution of pharmaceuticals and medical supplies to quarantine, isolation and treatment centers.
- Number of governmental and Non-Governmental organizations, private institutions, individuals and partners have been donating different medical supplies and infrastructures for COVID-19 response.

VIII. Training and Orientation Activities

- There is ongoing training and orientation for the public and health professionals on COVID-19.
- Developing of six EOC training materials based on instructional design skill framework developed
- Home based isolation and care TOT training have been provided for 157 health participants from health bureaus of Addis Ababa, Oromia, Harari, and Somali.
- Risk communication and community engagement (RCCE) orientation delivered for 50 disables

IX. Challenges and Way Forward

Challenges

- Weak adherence to physical distancing and other preventions advises by the public.
- Increasing number of cases being detected in the community and by dead body surveillance and testing.
- Low stock status of personal protective equipment is still a problem.
- There is critical shortage of beds for COVID-19 patients.

Way Forward

- Advocate and strengthen Home Based Isolation and Care (HBIC).
- Conduct intensive testing of high-risk areas for COVID-19.
- Enhance technical support, coordination and timely and accurate information sharing at all levels.
- Strengthened collaboration and coordination with key stakeholders and partners.
- Intensify risk communication and community engagement activities.
- Enhance active surveillance for COVID-19 such as house-to-house case search and detection in the community.
- Intensification of a capacity building trainings and orientation including through virtual/online platforms.
- Identify and establish additional case treatment centers and quarantine sites, especially in regions.
- 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 take appropriate measures 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>COVID-19: Lessons Learned in Public Procurement. Time for a New Normal? https://ssrn.com/abstract=3685860</p>	<ul style="list-style-type: none"> • The COVID-19 crisis upended markets and assumptions in public procurement, and posed an almost existential threat to traditional procurement systems. • Seismic changes in economic relationships – governments were no longer monopolists, government officials failed as economic intermediaries between suppliers and the public, and supplies that were traditionally treated as private (such as medical equipment) suddenly became “public” goods under worldwide demand. • Traditional trade rules were rendered irrelevant, as the goal was no longer simply to open individual procurements but rather to open borders to intense global demand.

	<ul style="list-style-type: none"> Although the disruption was revolutionary, ironically the solution is to return to first principles of transparency and integrity to preserve governments' fragile legitimacy in a crisis.
Saliva as a Candidate for COVID-19 Diagnostic Testing: A Meta-Analysis https://dx.doi.org/10.3389%2Ffmed.2020.00465	<ul style="list-style-type: none"> Saliva tests offer a promising alternative to nasopharyngeal swab (NPS) for COVID-19 diagnosis. However, further diagnostic accuracy studies are needed to improve their specificity and sensitivity.
The Prevalence of Antibodies to SARS-CoV-2 Among Blood Donors in China https://ssrn.com/abstract=3633170	<ul style="list-style-type: none"> The prevalence of antibodies to SARS-CoV-2 among blood donors in China was low, even in Wuhan city. According to the data, the earliest emergence of SARS-CoV-2 in Wuhan's donors should not earlier than January, 2020. As most of population of China remained uninfected during the early wave of COVID-19 pandemic, effective public health measures are still certainly required to block viral spread before a vaccine is widely available.
Are the steroids a blanket solution for COVID-19? a systematic review and meta-analysis https://doi.org/10.1002/jmv.26483	<ul style="list-style-type: none"> Systemic steroid therapy may not be effective for reducing mortality, duration of hospitalization, and period of viral shedding. Studies are mostly heterogeneous.
Various Combination of Antiviral Treatment of COVID-19 Pneumonia; A Preliminary Observational Study https://ssrn.com/abstract=3633173	<ul style="list-style-type: none"> The combination of lopinavir/ritonavir plus high-dose oseltamivir exhibited a trend of superiority compared to the combination of darunavir/ritonavir plus hydroxychloroquine and favipiravir and no antiviral treatment. However, the efficacy of the combinations of antiviral cocktail treatment of COVID-19 pneumonia should be further investigated in a randomized control study.
Incubation period of COVID-19: a rapid systematic review and meta-analysis of observational research https://doi.org/10.1136/bmjopen-2020-039652	<ul style="list-style-type: none"> The choice of which parameter values are adopted will depend on how the information is used, the associated risks and the perceived consequences of decisions to be taken. These recommendations will need to be revisited once further relevant information becomes available.
Risk Factors for COVID-19: Community Exposure and Mask-Wearing https://dx.doi.org/10.2139/ssrn.3676570	<ul style="list-style-type: none"> Based on the IFR and the number of deaths, estimations about the total number of infections in similar demographic areas with different infection rates can be made. Comparing this number with the number of officially reported infections leads to an estimate of unreported cases. Occupational, living-situation, and behavioral data may aid in the identification of non-clinical factors affecting SARS-CoV-2 exposure and infection.

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

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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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National COVID-19 Response PHEOC

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