



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

WHO Epi-Week- 02 (January 11 – 17, 2021)

BULLETIN No: 38

Issue Date: January 25, 2021

I. HIGHLIGHTS

- A total of 36,839 laboratory samples were tested in the WHO-Epi-Week-02 of 2021.
- The laboratory test positivity rate for the WHO-Epi-Week-02 is 7.82%, which is a bit lower than the preceding week (8.38%).
- A total of 2,879 new confirmed COVID-19 cases and 36 COVID-19 related deaths were reported during the WHO Epi-Week-02 bringing the total cases and deaths to 131,195 and 2,030 respectively.
- A total of 79,306 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 2,561 of these are enrolled in the WHO-Epi-Week-02.
- Out of a total of 315,121 contacts of COVID-19 confirmed cases, 1,428 contacts were identified during the WHO Epi-week-02.
- “NO MASK NO SERVICE” movement launched jointly by the MOH, EPHI, Addis Ababa city admin health bureau and the Addis Ababa city admin.



“NO MASK NO SERVICE”
movement
launching
ceremony, Addis
Ababa, Ethiopia,
Jan. 23, 2021.

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 January 17, 2021, COVID-19 pandemic affected 235 countries/territories causing 93,246,429 cases and 2,011,868 deaths (CFR=2.16%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 4,893,014 cases and 93,439 deaths were reported during the WHO Epi-Week-02 of the year 2021.
- The United States of America (USA) reported the highest number of cases (23,344,423) with CFR of 1.67% followed by India (10,557,985) cases) with a CFR of 1.44%.
- In Africa, 57 countries/territories have reported COVID-19 cases.
- As of January 17, 2021, a total of 3,247,582 cases and 78,343 deaths were reported across the continent (CFR=2.41%). Of these 214,975 cases and 6,133 deaths were reported during the WHO-Epi-Week-02.
- In Africa, South Africa reported the highest number of cases (1,325,659) with CFR of 2.78% followed by Morocco (458,865 cases) with a CFR of 1.72%.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.

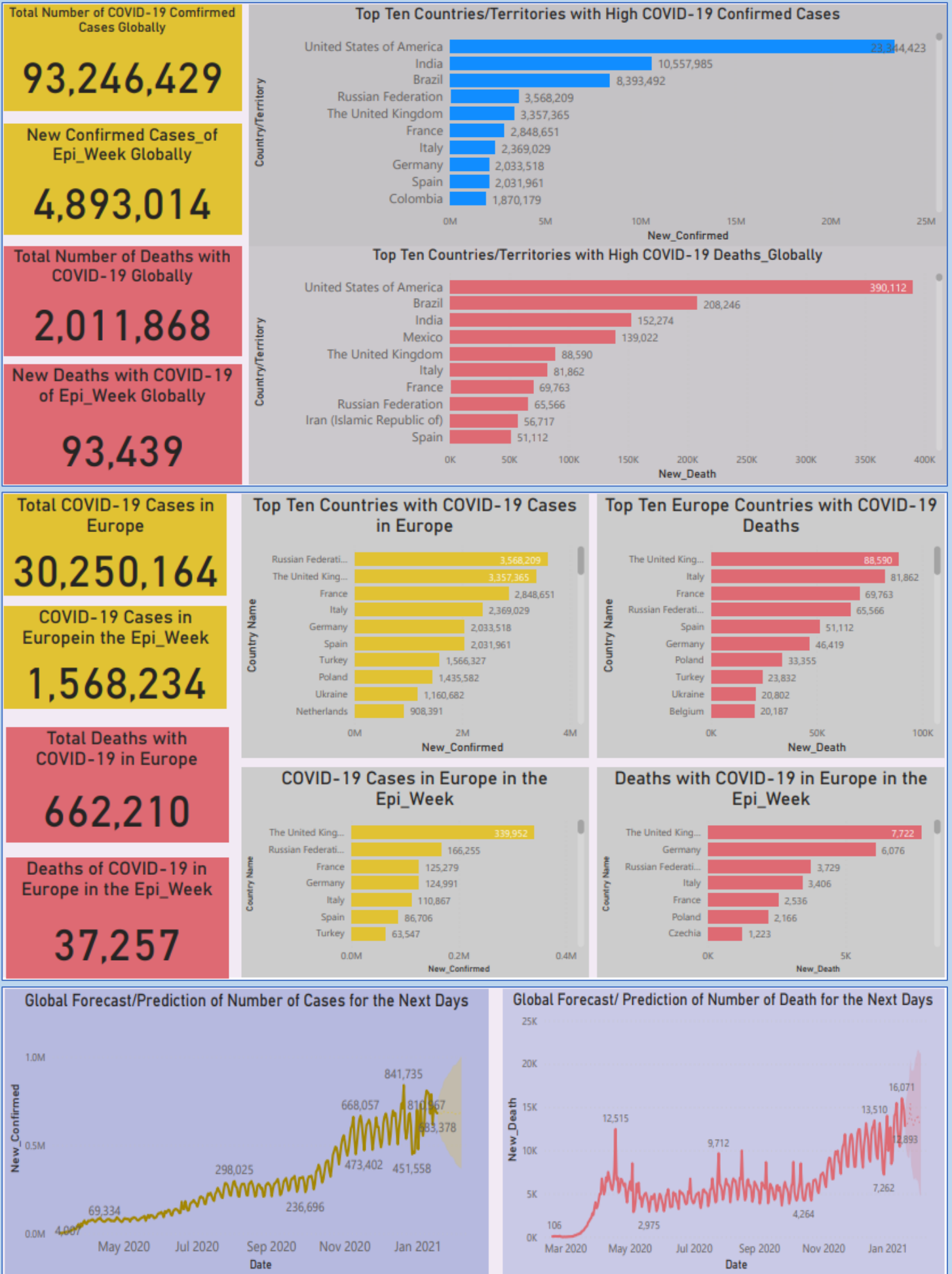


Fig. 1: COVID-19 Global Situation Update as of January 17, 2021 (Source: WHO)

of African Countries/Territories with COVID-19 Confirmed Cases

57

Total Number of Cases Confirmed in Africa

3,247,582

New Confirmed Cases in Africa with COVID-19_of Epi_Week

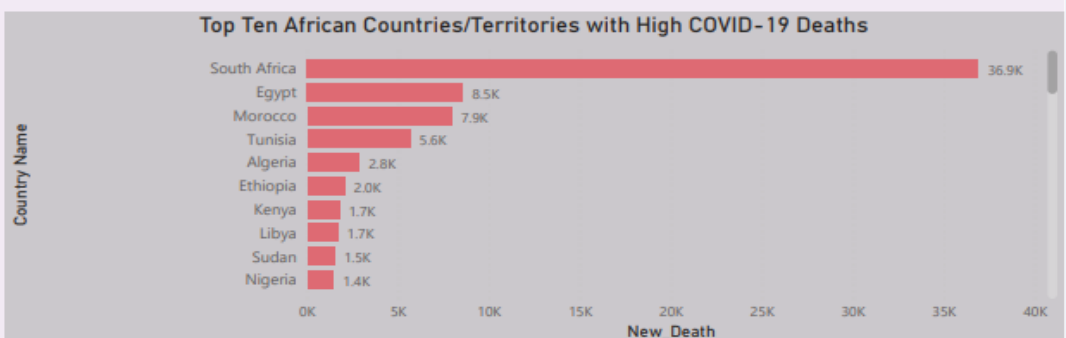
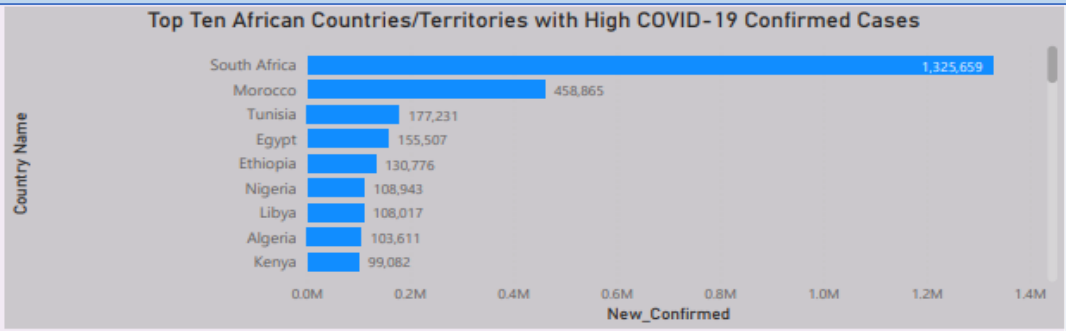
214,975

Total Number of Deaths in Africa with COVID-19

78,343

New Deaths in Africa with COVID-19_in Epi_Week

6,133



Total Number of Cases Confirmed in Horn_Africa

269,401

New Cases in Horn_Africa_in Epi_Week

4,307

Total Number of Deaths in Horn_Africa with COVID-19

5,493

New Deaths in Horn_Africa with COVID-19 in Epi_Week

68

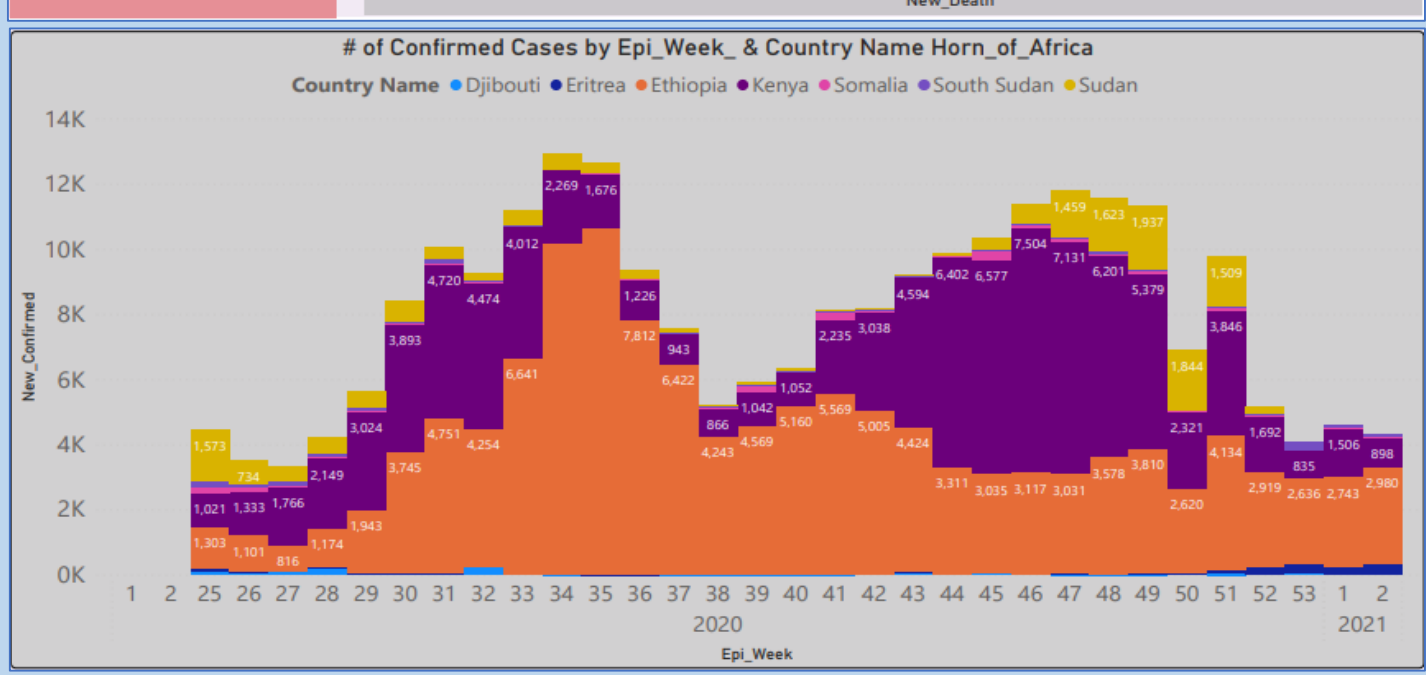
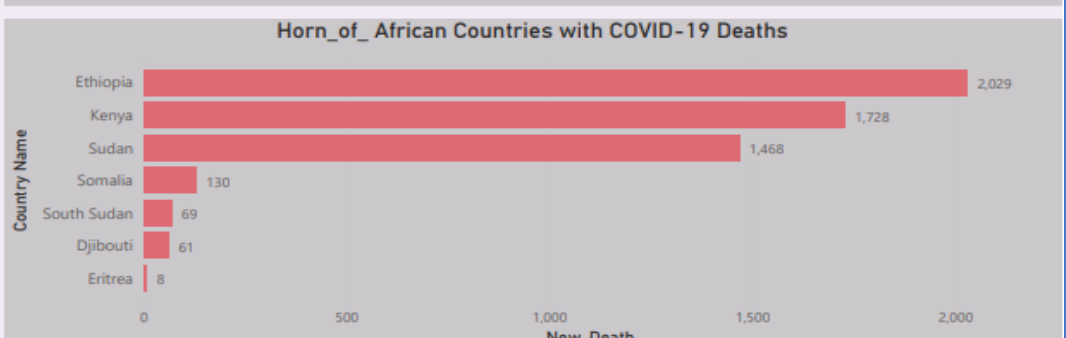
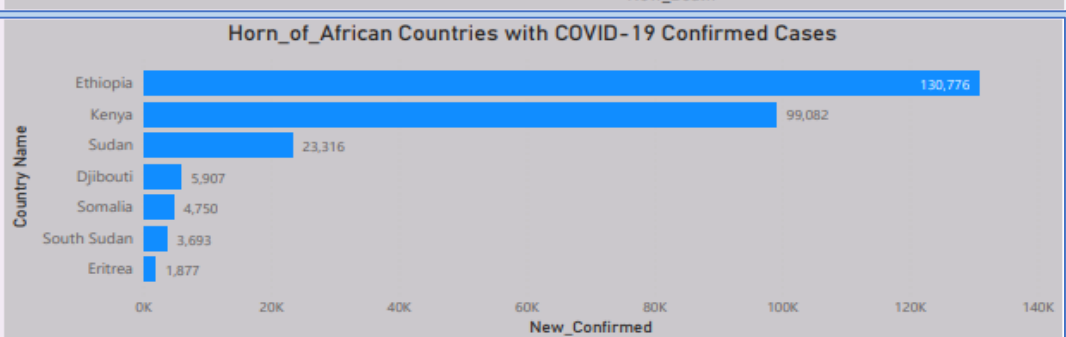


Fig. 2: COVID-19 Situation Update in Africa as of January 10, 2021 (Source: WHO)

National COVID-19 situation:

- Two-thousand-eight-hundred-seventy-nine (2,879) newly confirmed COVID-19 cases (7% increase compared to that of Epi-Week-01) and 36 COVID-19 related deaths (22% decrease compared to that of Epi-Week-01) were reported during the WHO Epi-Week-02 of 2021.
- As of January 17, 2021, a total of 131,195 confirmed COVID-19 cases and 2,030 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-02 of 2021

Regions	New_Tested	New_Case	New_Admission	New_Death	New_Recovered	Positivity Rate	Admission_Rate
Addis Ababa	27180	2442	222	30	198	9.1	25.1
Oromia	3801	307	41	3	64	10.6	23.0
SNNPR	1495	23	0	2	7	1.3	85.6
Sidama	1233	33	2	0	4	2.4	70.6
Afar	1024	15	0	0	0	1.3	43.1
Somali	647	2	0	0	0	0.1	29.1
Amhara	604	37	9	1	11	7.3	53.0
Benshangul	340	1	0	0	0	0.9	26.0
Dire Dawa	274	8	1	0	1	3.1	35.0
Harari	229	11	5	0	7	6.7	29.0
Gambella	72	0	5	0	1	0.0	60.0
Tigray	0	0	0	0	0	0.0	76.0
Total	36899	2879	285	36	293	Weighted Positivity rate 3.6	46.3

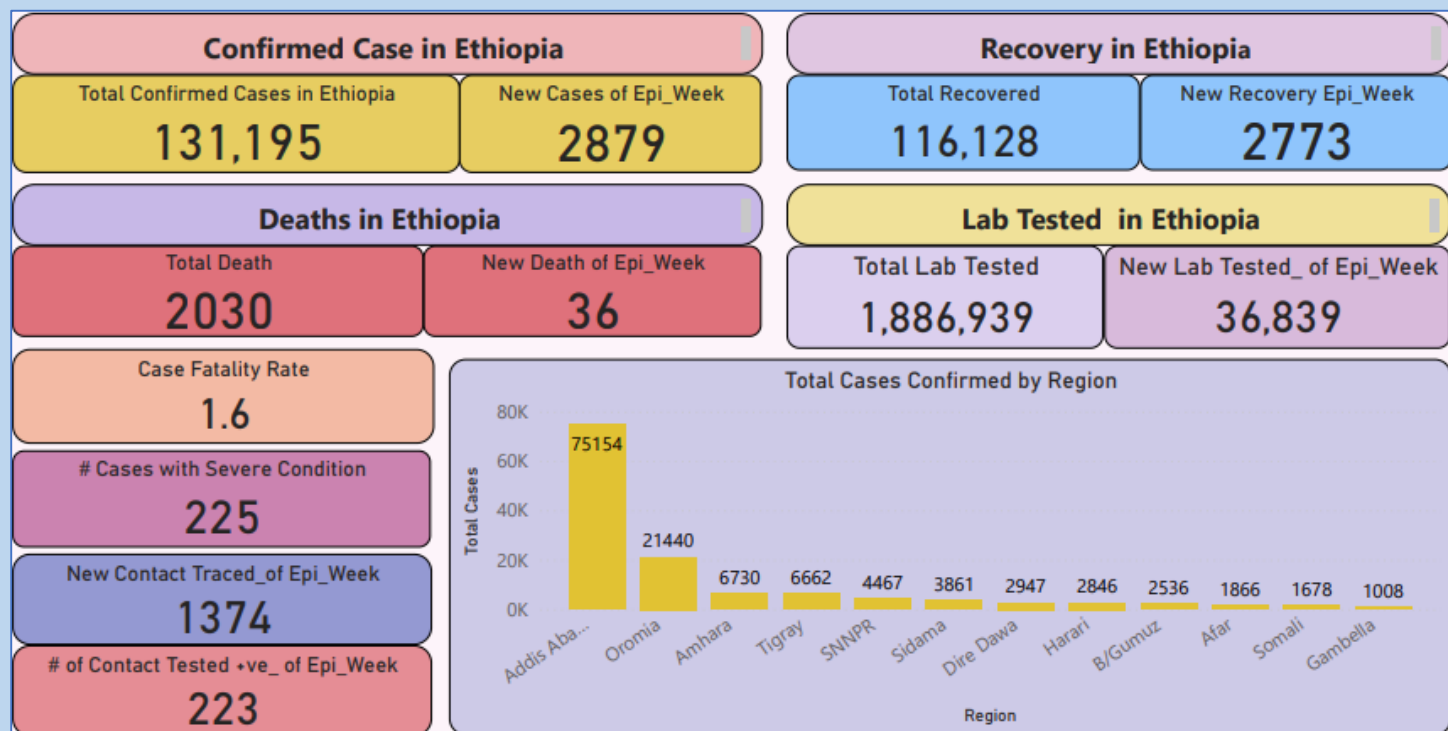


Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of January 17, 2021, Ethiopia

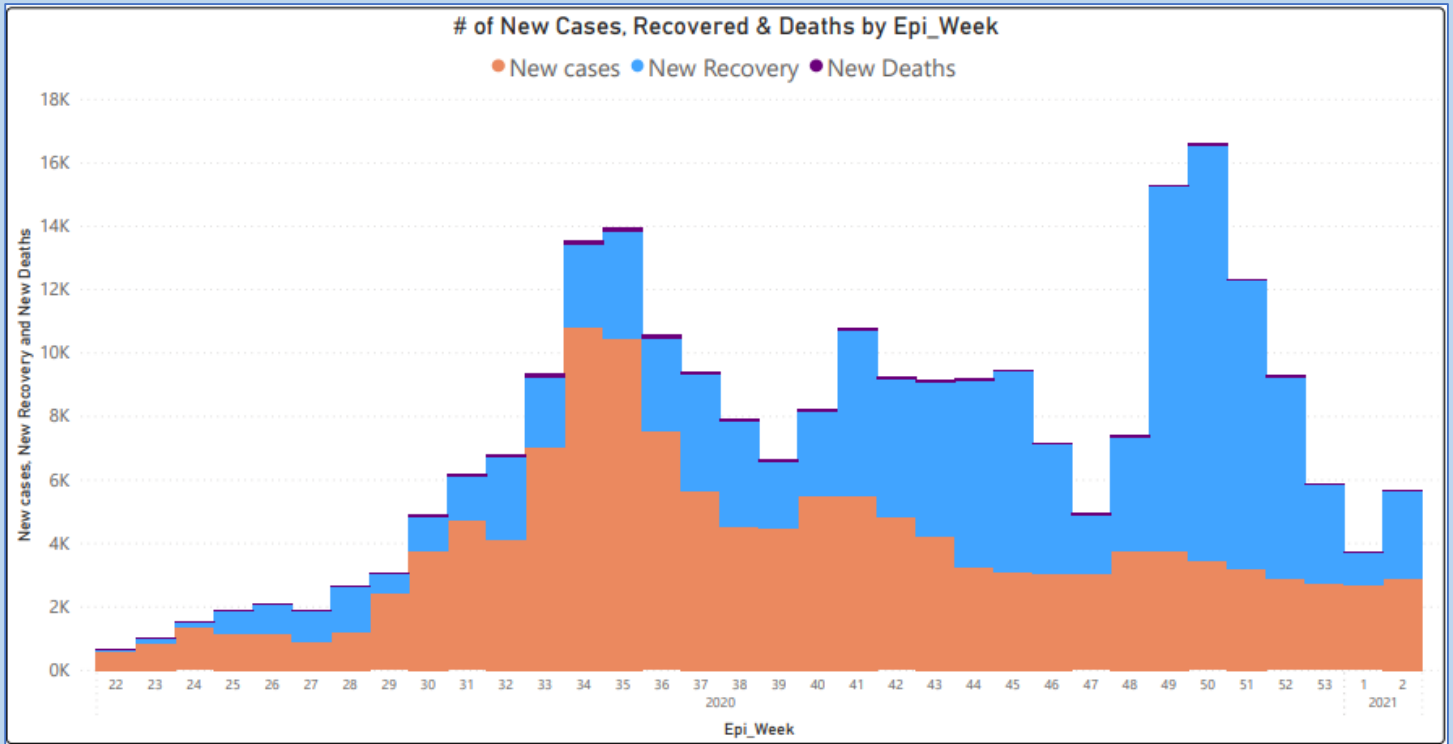


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of January 17, 2021, Ethiopia

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.

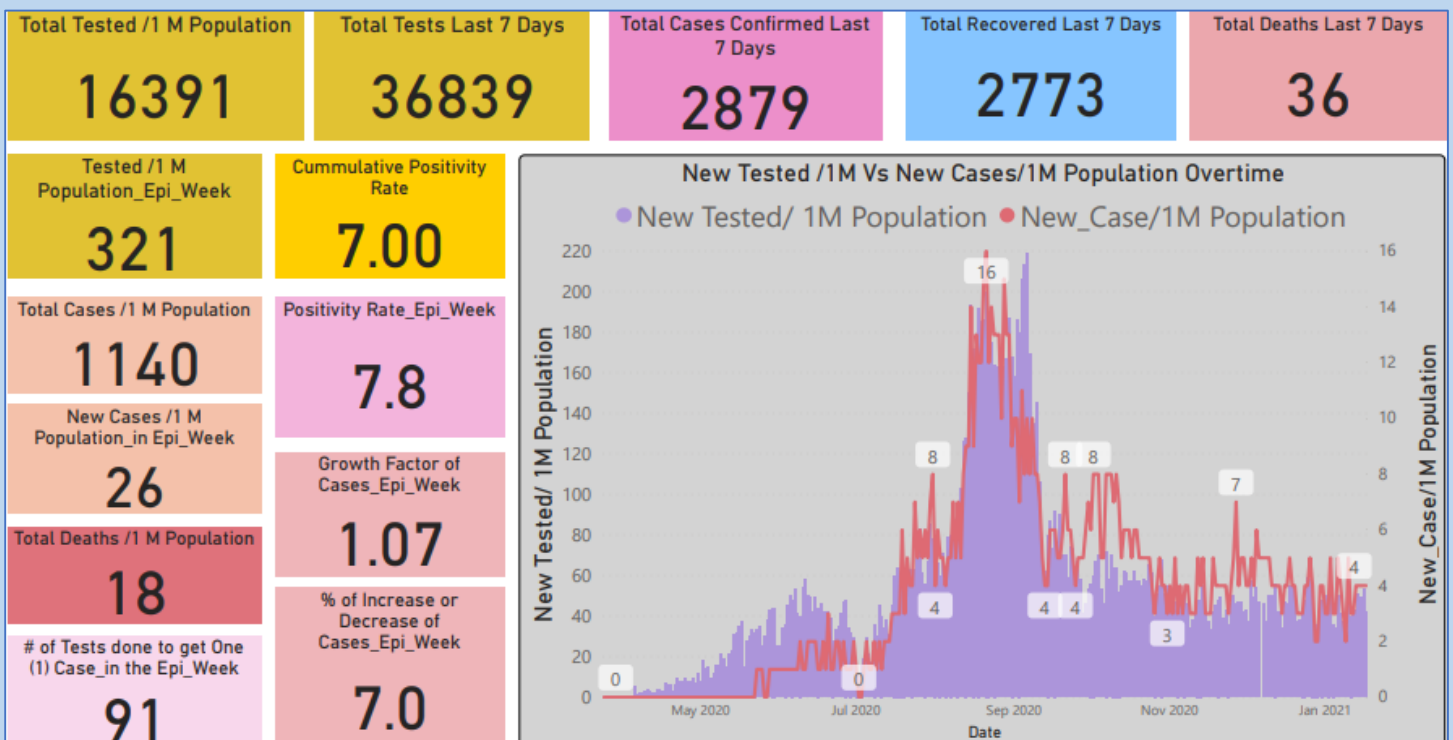


Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of January 17, 2021.

Contact tracing and follow-up:

- As of January 17, 2021:
 - A total of 315,121 contacts of confirmed cases have been identified. Of these, 3,374 contacts were identified in the WHO-Epi-Week-02 of 2021.
 - Of total contacts, 287,450 (91.21%) 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, 26,855 (8.52%) of the contacts (symptomatic plus asymptomatic) have been tested positive.
- Contacts of the confirmed cases contributed for the 20.47% of the total cases.

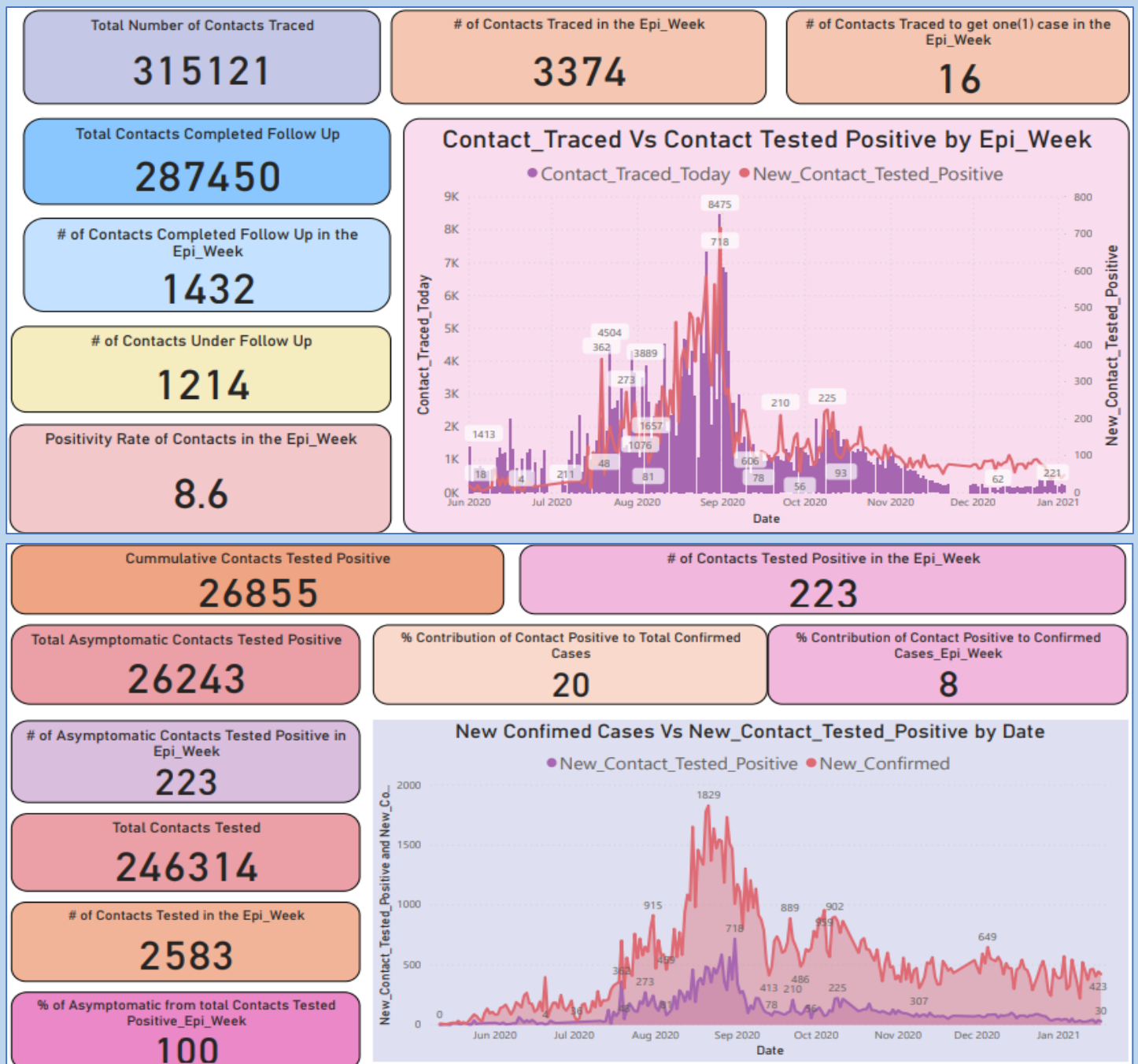


Fig. 6: Summary of COVID-19 contact tracing as of January 17, 2021, Ethiopia.

Rumors collection and verification from all sources

- As of January 17, 2021:
 - 335,601 rumors/alerts have been received and investigated. Of these, 3,504 rumors were reported in the WHO-Epi-Week-02 of 2021.
 - 254,909 (75.95%) of the rumors/alerts have fulfilled the suspected case definition.

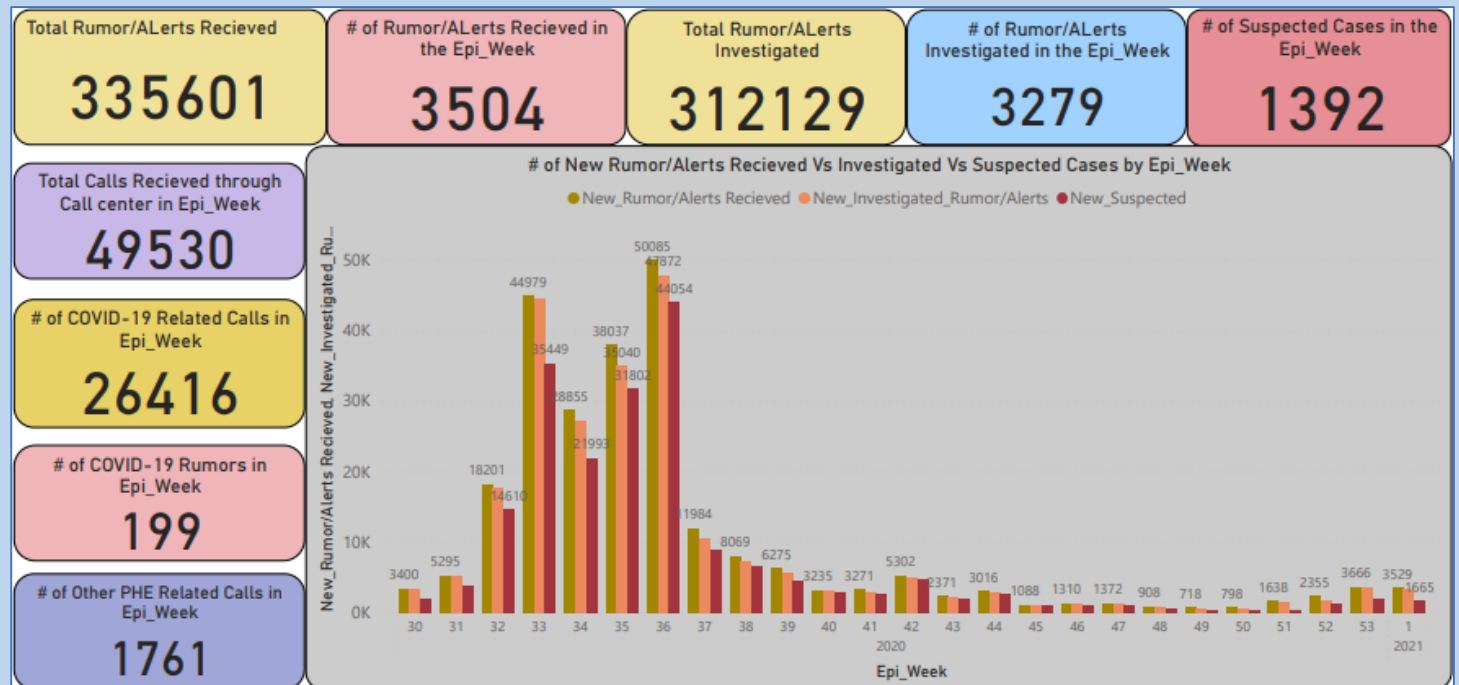


Fig. 7: Summary of COVID-19 rumor/alert investigation as of January 17, 2021, Ethiopia.

Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,580,263 passengers have been screened at the Point of Entries of Ethiopia and 576,344 (36.47%) of them were screened at Bole International Airport.
- Of the total passengers screened, 28,116 were screened for COVID-19 in the Epi-Week-02 of 2021.
- 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.

Laboratory related activities

- As of 17 January 2021, a total of 1,886,939 samples have been tested for COVID-19 by laboratories across the country.
- 36,839 laboratory tests were processed during the WHO Epi-Week-02 of 2021.
- The laboratory test positivity rate for the WHO-Epi-Week-02 is 7.82%, which is a bit lower than the preceding week (8.38%).
- The overall positivity rate for the laboratory test since the occurrence of the disease in the country is 6.95%.

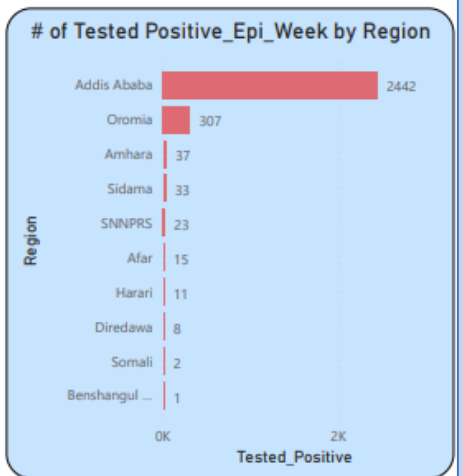
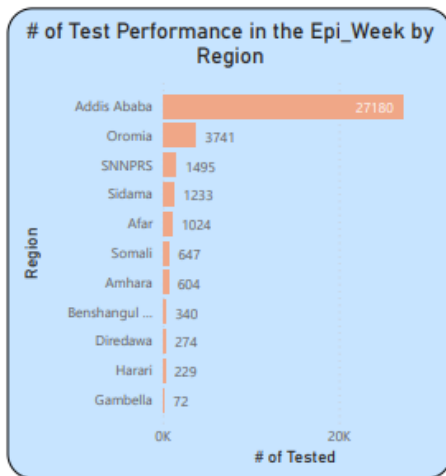
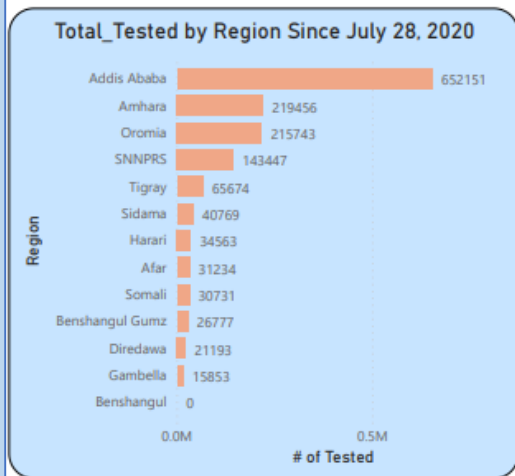
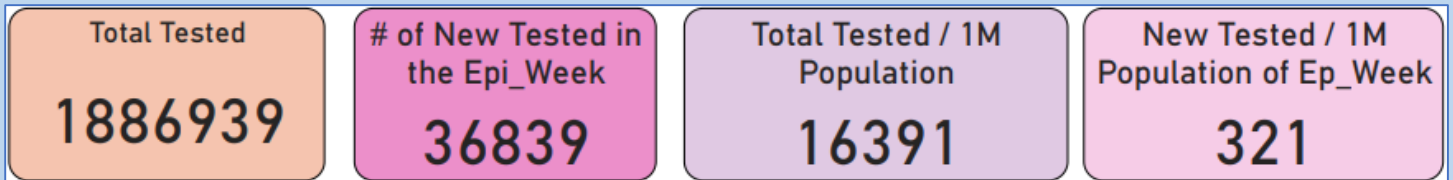
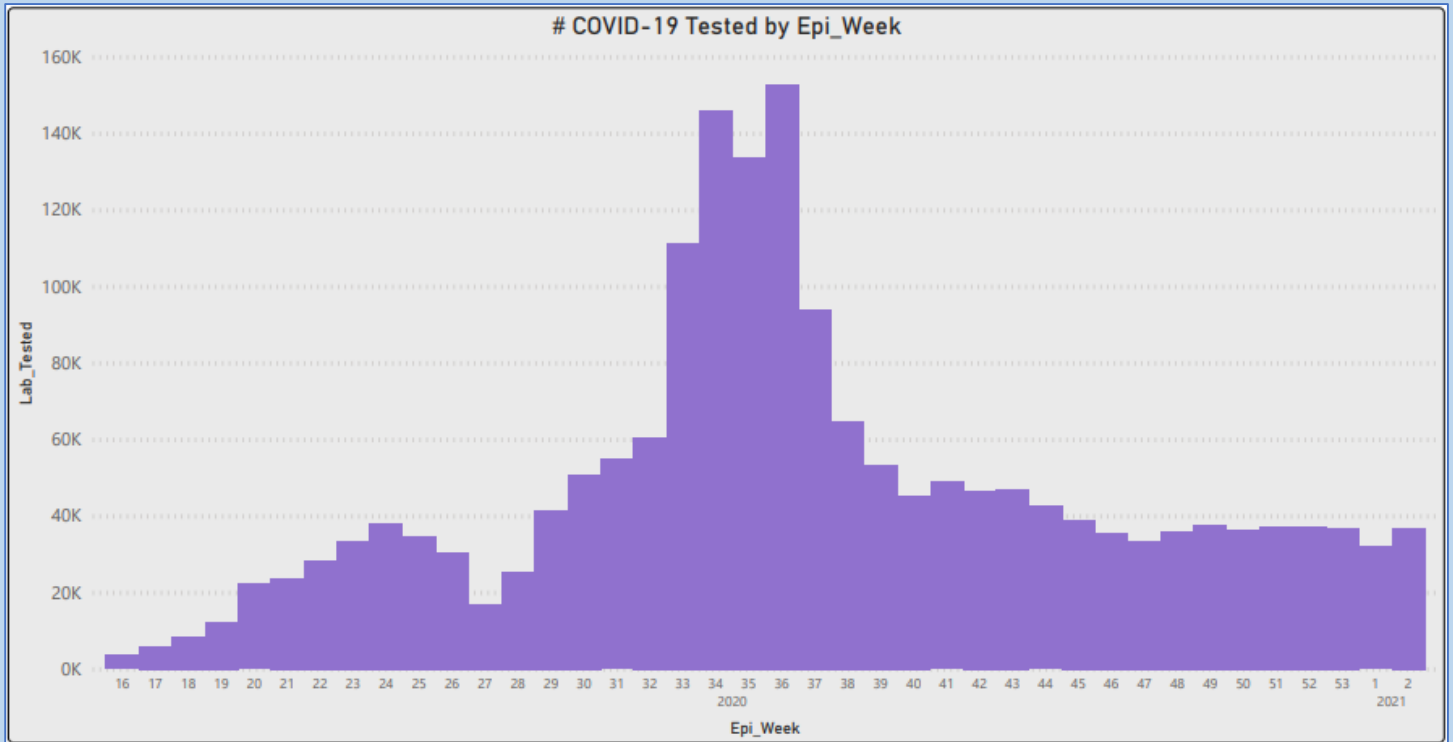


Fig. 8: Summary of COVID-19 laboratory testing as of January 17, 2021, Ethiopia.

IV. Coordination and Leadership

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

- The Federal Ministry of Health together with Addis Ababa City Administration launched "No Mask No service" national and Addis Ababa city campaign on January 13, 2021 to enhance the prevention and halt the spread of COVID-19 in Ethiopia.

V. Case Management and Facility Readiness

- There were total of 2,773 newly recovered COVID-19 cases during the WHO Epi-Week-02, bringing the total number of recovered cases to 116,128.
- As of January 17, 2021:
 - 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 25,258 suspected COVID-19 cases are admitted to isolation centers. Of these, 115 suspected cases are admitted in the Epi-Week-02.
 - 22,363 (70 in the Epi-Week-02) initially suspected cases are discharged after laboratory test became negative.
- Among the currently existing COVID-19 cases, there are 225 patients in severe clinical condition.

Home Based Isolation and Care (HBIC):

- So far, 79,306 COVID-19 confirmed cases have been on HBIC. Of them 72,934 (91.97%), have recovered and 10 (0.013%) died.
- Of these, 2,561 cases have been enrolled to HBIC, 2,573 cases have recovered and one died in the WHO-Epi-Week-02.
- As of January 17, 2021, there are 6,669 cases on HBIC.
- So far, 653 (38 of them in the Epi-Week-02) of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 408 (76 of them in Epi-Week-02) of the cases have been transferred from HBIC to treatment centers for better care.

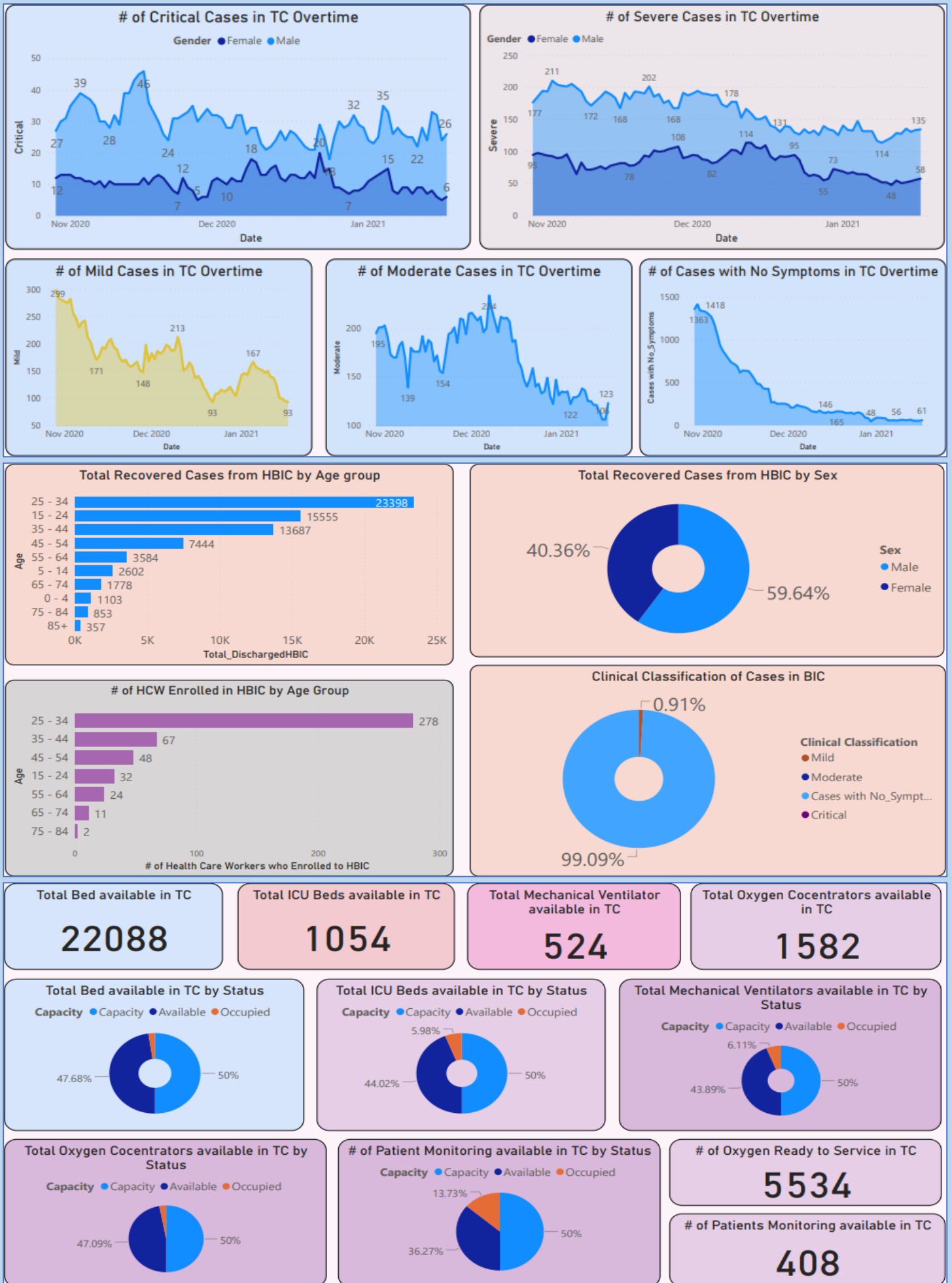


Fig. 9: Summary of COVID-19 case management and facility readiness in Ethiopia, as of January 17, 2021.

VI. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- Five key messages were developed on COVID-19 preventive measures during the celebration of Christmas Holidays and posted on EPHI & MoH Facebook page.
- Two mobile SMS Messages were prepared and sent to all mobile users on Home Based Care and Isolation implementation and testing of COVID-19.
- Printing and distribution of Communication materials for national launching of ‘No Mask No Services’ Initiatives was performed and utilized on the launching program.
- COVID-19 related key messages and updates shared on social media.



VII. Training and Orientation

- Two days Revised COVID-19 Home Based Isolation and Care (HBIC) integration guide with contact tracing, laboratory and National TB program training provided for 50 Regional health bureau focals at Adama City.



Fig. 10: Training on COVID-19 HBIC integration guide with contact tracing, laboratory and National TB program, Jan. 15-16, 2021, Adama, Ethiopia

VIII. 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.

IX. Challenges and Way Forward

Challenges

- Very weak public adherence to the public health and social preventive measures across the country.
- 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-large mass gatherings for sport activities, religious and social purposes 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

- Intensify risk communication and community engagement activities.
- Strengthened collaboration and coordination with key stakeholders and partners.
- Advocate and strengthen Home Based Isolation and Care (HBIC).
- Conduct intensive testing of high-risk population group and contacts of confirmed cases for COVID-19.
- Enhance technical support, coordination and timely and accurate information sharing at all levels.
- Enhance active surveillance for COVID-19 such as house-to-house case search and detection in the community.
- Intensification of a capacity building trainings and orientation including through virtual/online platforms.
- Strengthen and sustain essential health services other than COVID-19.

X. COVID-19 Related News:

- How Covid-19 Threatens Native Languages and its impacts beyond health: <https://www.nytimes.com/2021/01/24/opinion/covid-lakota-language.html>
- U.S. virus cases are falling in the U.S., but the circulation of variants could erase progress: <https://www.nytimes.com/live/2021/01/22/world/covid-19-coronavirus>
- Has China Done Too Well Against Covid-19? : <https://www.nytimes.com/2021/01/24/opinion/china-covid-vaccine.html?action=click&module=Opinion&pgtype=Homepage>
- Coronavirus Vaccine Tracker: <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>
- Global report: France warned of third lockdown, as Dutch protests turn violent: <https://www.theguardian.com/world/2021/jan/24/global-report-covid-variant-overwhelms-state-in-brazil-as-china-fights-new-cluster>
- WHO plans to deliver 600 million Covid-19 vaccine doses to Africa by end of the year: https://edition.cnn.com/world/live-news/coronavirus-pandemic-vaccine-updates-01-22-21/h_a0c315e33d3ef27654dd4f15268ba205

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	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>Estimated Number of N95 Respirators Needed for Healthcare Workers in Acute Care Hospitals During the COVID-19 Coronavirus Pandemic</p> <p>https://doi.org/10.1017/ice.2020.1418</p>	<ul style="list-style-type: none"> • A model was developed to determine the number of N95 respirators needed for HCWs both in a single acute care hospital and the United States. • For an acute care hospital with 400 all-cause monthly admissions, the number of N95 respirators needed to manage COVID-19 patients admitted during a month ranges from 113 if 0.5% of admissions are COVID-19 patients to 22,101 if 100% of admissions are COVID-19 patients (assuming single use per respirator, and 10 encounters between HCWs and each COVID-19 patient per day). • This study quantifies the number of N95 respirators needed for a given acute care hospital and nationally during the COVID-19 pandemic under varying conditions.
<p>Routine saliva testing for the identification of silent COVID-19 infections in healthcare workers</p> <p>https://doi.org/10.1017/ice.2020.1413</p>	<ul style="list-style-type: none"> • The aim of this study was to estimate case detection percentages with various routine NP and saliva testing frequencies. • A sensitivity function based on the average infectiousness profile of symptomatic COVID-19 cases was constructed to determine the probability of being identified at the time of testing. • Routine bi-weekly NP testing, once every two weeks, identified an average of 90.7% (SD: 0.18) of cases during the infectious period and 19.7% (SD: 0.98) during the pre-symptomatic stage. • The findings highlight the utility of routine non-invasive saliva testing for frontline healthcare workers to protect vulnerable patient populations. • A 5-day saliva testing schedule should be considered to help identify silent infections and prevent outbreaks in nursing homes and healthcare facilities.
<p>Risk of adverse outcome of COVID-19 among patients in secure psychiatric services: observational cohort study</p> <p>https://doi.org/10.1192/bjo.2020.169</p>	<ul style="list-style-type: none"> • Structured assessment tools exist to ascertain the risk of adverse outcome in the event of SARS-CoV-2 infection. • In this study high rates of relevant physical comorbidities were found. • Patients in secure forensic psychiatric services represent a high-risk group for adverse outcomes in the event of SARS-COV-2 infection. • Population-based guidance on self-isolation and other precautions based on chronological age may not be sufficient.
<p>Risk factors associated with mortality of COVID-19 in 3125 counties of the United States</p> <p>https://doi.org/10.1186/s40249-020-00786-0</p>	<ul style="list-style-type: none"> • A total of 3125 infected counties were assigned into three classes corresponding to low, median, and high prevalence levels of infection. • Several risk factors were significantly associated with the mortality counts of COVID-19, where higher level of air pollution (0.153, $P < 0.001$) increased the mortality in the low prevalence counties and elder individuals were more vulnerable in both the median (0.049, $P < 0.001$) and high (0.114, $P < 0.001$) prevalence counties. • The mortality of COVID-19 depended on sex, race/ethnicity, and outdoor environment. • The increasing awareness of the impact of these significant factors may help decision makers, the public health officials, and the general public better control the

risk of pandemic, particularly in the reduction in the mortality of COVID-19.

COVID-19 updates and sources of evidence:

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

8335 / 952



Call-Centers
FOR MORE INFO and
ALERT NOTIFICATION on
COVID-19



The above presented Quick Reader (QR) code takes you to a portal that you can access updates and all COVID-19 related information available (<https://www.ephi.gov.et/index.php/public-health-emergency/novel-corona-virus-update>)

DISCLAIMER

This weekly bulletin is produced based on figures pulled from official releases of the World Health Organization and activities and reports of all the sections under the Incident management System.

This Weekly Bulletin series of publications is published by the Ethiopian public health Institute (EPHI), public health emergency operation center (PHEOC). The aim of this bulletin is to inform decision makers within the institute and FMOH, UN agencies and NGOs about COVID-19 preparedness and response activities. All interested health and other professionals can get this bulletin at the Institute website; www.ephi.gov.et

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