



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

Epi-Week- 15 (April 12 – 18, 2021)

BULLETIN No: 51

Issue Date: April 23, 2021

I. HIGHLIGHTS

- A total of 55,992 laboratory samples were tested in the Epi-Week-15 bringing the total number of samples tested to 2,501,570.
- A total of 13,082 new confirmed COVID-19 cases and 196 COVID-19 related deaths were reported during the Epi-Week-15 bringing the total cases and death to 242,028 and 3,370 respectively.
- The cases have been decreased for two consecutive weeks which may be attributed to enhanced implementation of directive 30/2020.
- A total of 151,096 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 9,589 of these are enrolled in the Epi-Week-15.
- Out of total of 347,431 contacts of COVID-19 confirmed cases, 5,286 contacts were identified during the Epi-week-15.
- More than 430 thousand individuals are vaccinated the first dose of COVID-19 vaccine since the start of vaccination on March 13, 2021.
- The U.S. CDC Launches nearly \$20 Million Coronavirus Aid, Relief, and Economic Security (CARES) Project in Ethiopia to Strengthen the Country's Core Public Health Emergency Management Capabilities.



II. Subject in focus

i. COVID-19, COVID-19 vaccines and blood clot

- Patients with COVID-19 may have thrombotic and coagulation abnormalities, promoting a hypercoagulable state and resulting in an increased rate of thrombotic and thromboembolic events. The interaction of SARS-CoV-2 with the ACE2 receptor and subsequent endothelial activation and inflammation can trigger an intense thrombo-inflammatory state (Ortega-Paz *et al.*, 2021).
- Blood clots after COVID-19 vaccination is linked to immune response. Pathologic antibodies to platelet factor 4 (PF4) are found in patients presenting with thrombosis with thrombocytopenia after receiving the ChAd0x1 nCoV-19 vaccine (AstraZeneca) for SARS-CoV-2 (Scully *et al.*, 2021). This pathogenic PF4-dependent syndrome has been dubbed vaccine-induced immune thrombotic thrombocytopenia (VITT) (Scully *et al.*, 2021).
- As safety concerns delay the use of two COVID-19 vaccines (a vaccine made by Johnson & Johnson (J&J) of New Brunswick, New Jersey, and the Oxford–AstraZeneca vaccine, developed by AstraZeneca in Cambridge and the University of Oxford)(Ledford, 2021).
- European Medicines Agency (EMA)'s Pharmacovigilance Risk Assessment Committee (PRAC) is reviewing very rare cases of unusual blood clots that occurred in the United States following the use of Janssen's COVID-19 vaccine. The type of blood clot reported, cerebral venous sinus thrombosis (CVST), occurred in most cases in combination with low levels of blood platelets (thrombocytopenia) (EMA, 2021). The US FDA and CDC recommended that the use of the vaccine should be paused while they review six reported cases in the United States (US FDA, 2021)
- Health researchers have confirmed a possible link between the AstraZeneca Covid-19 vaccine and a small number of blood clot cases, but are yet to establish a definite causal relation (Jimenez, 2021).
- However, the chance of developing cerebral venous sinus thrombosis was nearly 10 times higher in the two weeks following a diagnosis of SARS-CoV-2 infection than after receiving an mRNA vaccine. A COVID-19 diagnosis is associated with a 39-in-1-million chance of developing a rare blood clot condition, compared with about a 4-in-1-million chance after receiving the Pfizer or Moderna mRNA vaccines against the disease (Maxime Taquet *et al.*, 2021).
- A study notes that the European Medicines Agency's latest estimate for the risk of Cerebral Venous Sinus Thrombosis (CVST) associated with the AstraZeneca vaccine is 5 per 1 million.
- Researchers say COVID-19 markedly increases the risk of Cerebral Venous Thrombosis (CVT) and the COVID-19 risk is higher than seen with the current vaccines, even for those under 30; something that should be taken into account when considering the balances between risks and benefits for vaccination (Mahase, 2021).

References

EMA (2021) *Meeting highlights from the Pharmacovigilance Risk Assessment Committee (PRAC) 6-9 April 2021* | European Medicines Agency. Available at: <https://www.ema.europa.eu/en/news/meeting-highlights-pharmacovigilance-risk-assessment-committee-prac-6-9-april-2021> (Accessed: 20 April 2021).

Jimenez, D. (2021) *AZ Covid-19 vaccine and blood clots: the risks explained*. Available at: <https://www.pharmaceutical->

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Ledford, H. (2021) 'COVID vaccines and blood clots: five key questions.', *Nature*. doi: 10.1038/d41586-021-00998-w.

Mahase, E. (2021) 'AstraZeneca vaccine: Blood clots are "extremely rare" and benefits outweigh risks, regulators conclude'. British Medical Journal Publishing Group.

Maxime Taquet *et al.* (2021) 'Cerebral venous thrombosis: a retrospective cohort study of 513,284 confirmed COVID-19 cases and a comparison with 489,871 people receiving a COVID-19 mRNA vaccine', *not published*. Available at: <https://osf.io/a9jdq/>.

Ortega- Paz, L. *et al.* (2021) 'Coronavirus disease 2019–associated thrombosis and coagulopathy: Review of the pathophysiological characteristics and implications for antithrombotic management', *Journal of the American Heart Association: Cardiovascular and Cerebrovascular Disease*, 10(3).

Scully, M. *et al.* (2021) 'Pathologic Antibodies to Platelet Factor 4 after ChAdOx1 nCoV-19 Vaccination.', *The New England journal of medicine*. doi: 10.1056/NEJMoa2105385.

US FDA (2021) *Joint CDC and FDA Statement on Johnson & Johnson COVID-19 Vaccine | FDA*. Available at: <https://www.fda.gov/news-events/press-announcements/joint-cdc-and-fda-statement-johnson-johnson-covid-19-vaccine> (Accessed: 20 April 2021).

ii. WHO recommendation on SARS-COV-2 Variants

The potential for virus mutation increases with the frequency of human and animal infections. Therefore, reducing transmission of SARS-CoV-2 by using established disease control methods as well as avoiding introductions to animal populations, are critical aspects to the global strategy to reduce the occurrence of mutations that have negative public health implications. PHSM remain critically important to curb the spread of SARS-CoV-2, including newly reported variants. Evidence from multiple countries with extensive transmission of VOCs has indicated that the implementation of physical distancing and other PHSM, as well as infection prevention and control (IPC) measures in health facilities, has been effective in reducing COVID19 case incidence, hospitalizations and deaths. Findings from new studies evaluating transmission, severity and impact on medical countermeasures will continue to help inform PHSM and IPC measures employed by Member States. National and local authorities are encouraged to continue strengthening existing PHSM, IPC and disease control activities, including epidemiological surveillance, strategic testing, and systematic sequencing of SARS-CoV-2 where feasible.

Source: World Health Organization (2020) 'Weekly Epidemiological Update on COVID-19', World Health Organization, (3 November), p. 1;4. Available at: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---13-april-2021> (Accessed: 14 April 2021)

III. EPIDEMIOLOGICAL SITUATION

i. Global Situation

- Globally, new COVID-19 cases rose for an eighth consecutive week, with over 5.7 million new cases reported in the last week (Figure 2).
- The number of new deaths increased for the fifth consecutive week, increasing by 17% compared to last week, with over 127 thousand new deaths reported.
- As of April 18, 2021, a total of 137,033,536 COVID-19 cases and 2,948,282 deaths (CFR=2.15%) have occurred globally. Of the total cases and deaths reported since the beginning of the outbreak, 5,728,634 cases and 127,255 deaths were reported during the Epi-Week-15.
- The United States of America (USA) reported the highest number of cases (30,164,425) with CFR of 1.83% followed by India (14,595,358) cases) with a CFR of 1.21%.
- In Africa, as of April 18, 2021, a total of 4,450,314 cases and 117,436 deaths were reported across the continent (CFR=2.64%). Of these 84,343 cases and 2,505 deaths were reported during the Epi-Week-15.
- In Africa, South Africa reported the highest number of cases (1,565,680) with CFR of 3.43% followed by Morocco (505,447) cases) with a CFR of 1.77%.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.

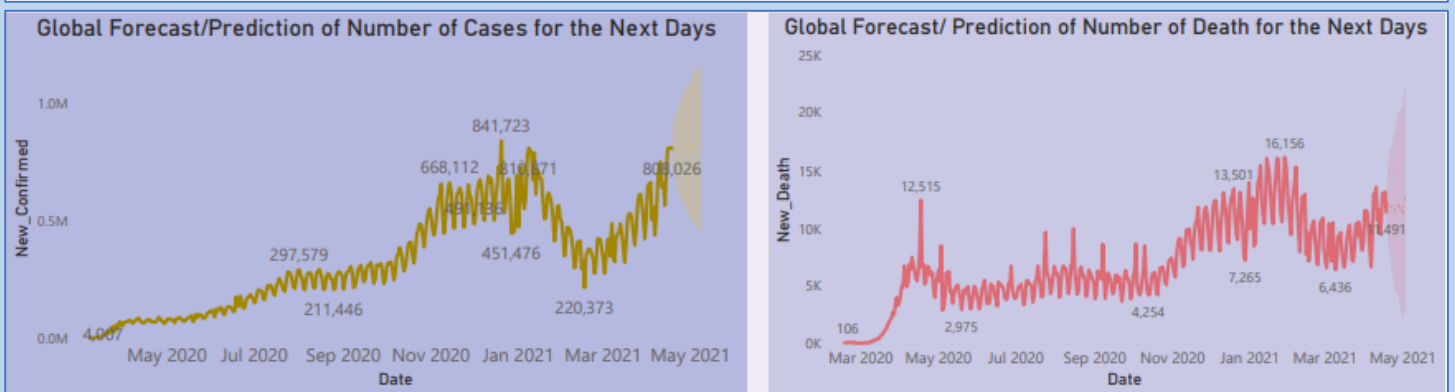
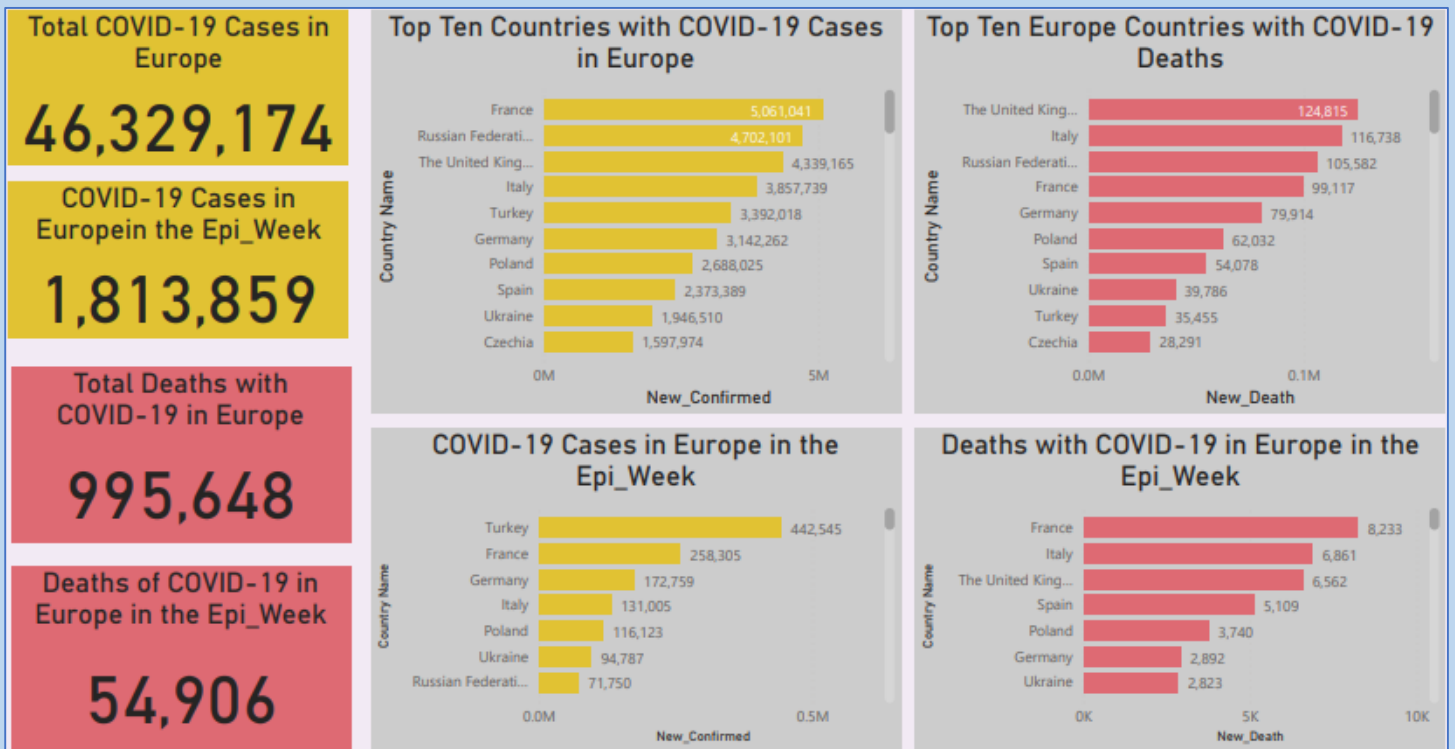
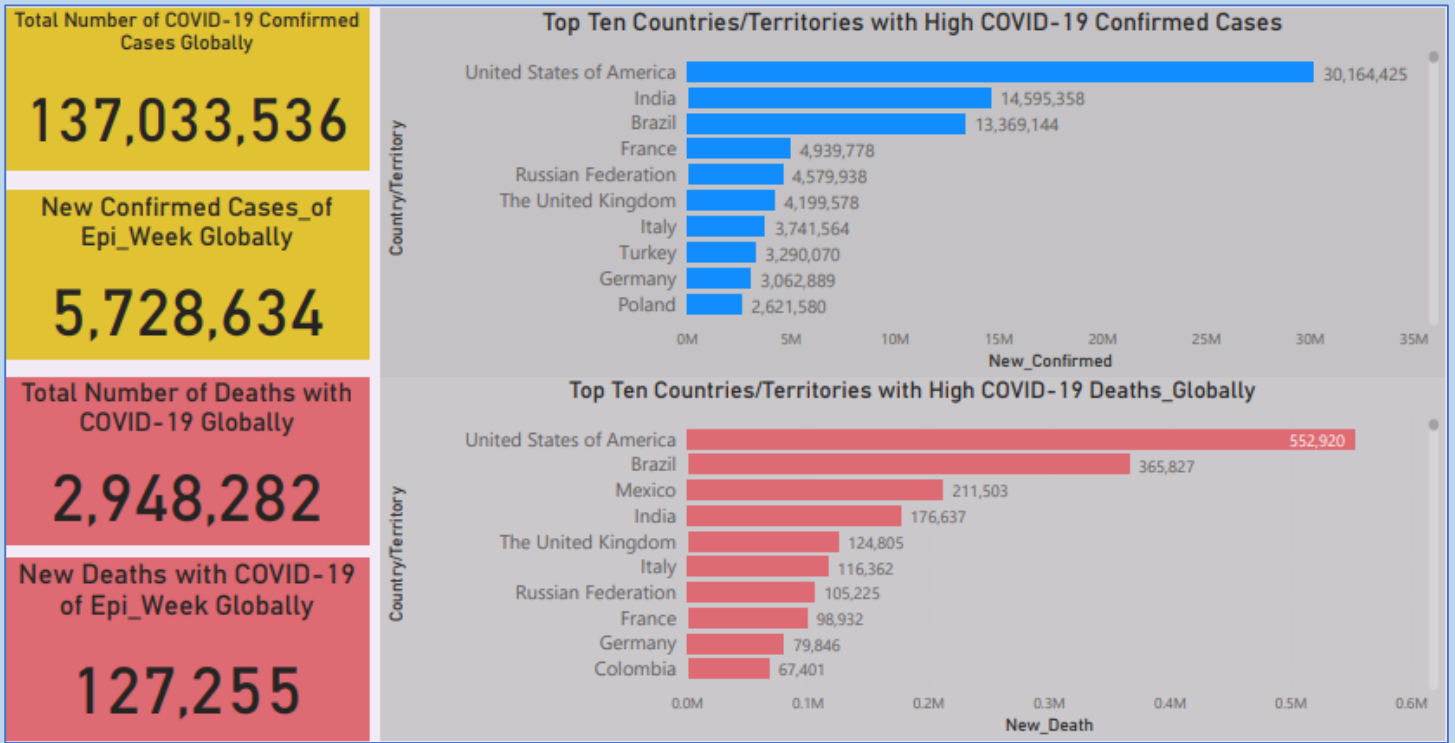


Fig. 2: COVID-19 Global Situation Update as of April 18, 2021 (Source: WHO)

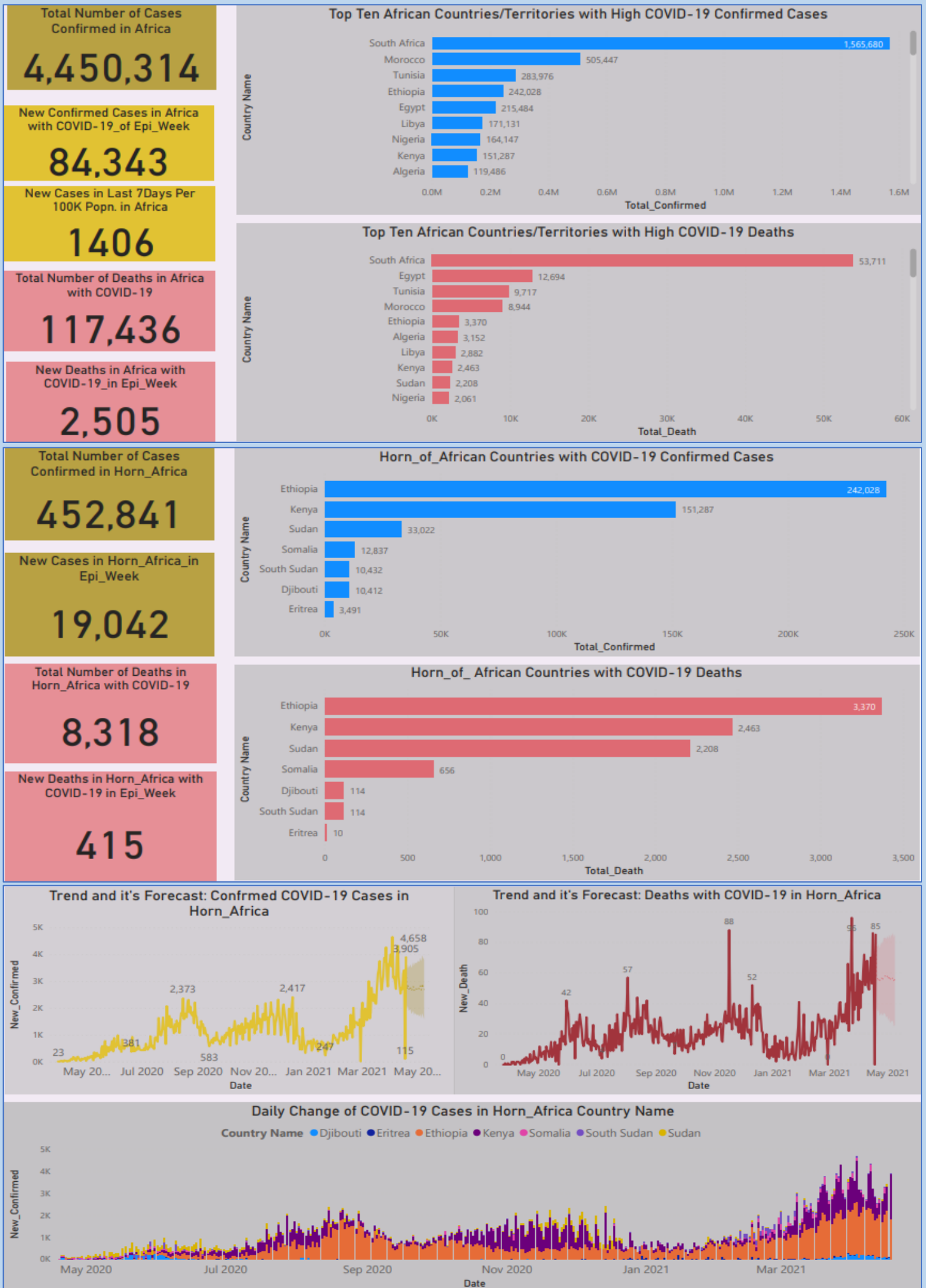


Fig. 3: COVID-19 Situation Update in Africa as of April 18, 2021 (Source: WHO)

ii. National COVID-19 situation:

- As of April 18, 2021, a total of 242,028 confirmed COVID-19 cases and 3,370 deaths were recorded in the country with a case fatality rate of 1.39%. 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.
- Thirteen-thousand-thirty-two (13,032) newly confirmed COVID-19 cases and 196 COVID-19 related deaths were reported during the Epi-Week-15.
- In this week, there is a slight decrease (6%) in the number of COVID-19 confirmed cases (for two consecutive weeks) and the number of COVID-19 related deaths have decreased 7% which may be attributed to the enhanced implementation of directive 30/2020.
- Most of the cases are from Addis Ababa City Administration which may be as result of different reasons. High number of laboratory tests, high transmission of the disease due to the occurrence of super spreading events, decreased adherence to the public health and social measures and highest risk of variant of concern importation.
- For detail, see the summary dashboard below.

Table 1: Summary of National COVID-19 situation in the Epi-Week-15 of 2021

Regions	New_Tested	New_Case	New_HF_Admission	New_Deaths	Positivity Rate	# of Recovery
Addis Ababa	39783	8661	471	76	21.9	5595
Oromia	6083	1695	165	38	28.9	1463
SNNPR	3390	462	68	17	13.9	583
Amhara	2256	634	89	12	28.6	237
Afar	1019	98	0	0	11.7	97
Dire Dawa	898	515	13	10	58.3	16
Sidama	712	372	67	17	50.0	403
Benshangul	651	199	15	1	34.7	100
Harari	498	184	50	19	34.3	30
Gambella	462	81	32	0	18.5	60
Somali	173	111	6	6	54.2	98
Tigray	67	20	0	0	30.0	0
Total	55992	13032	976	196	**** 31.7	8682

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

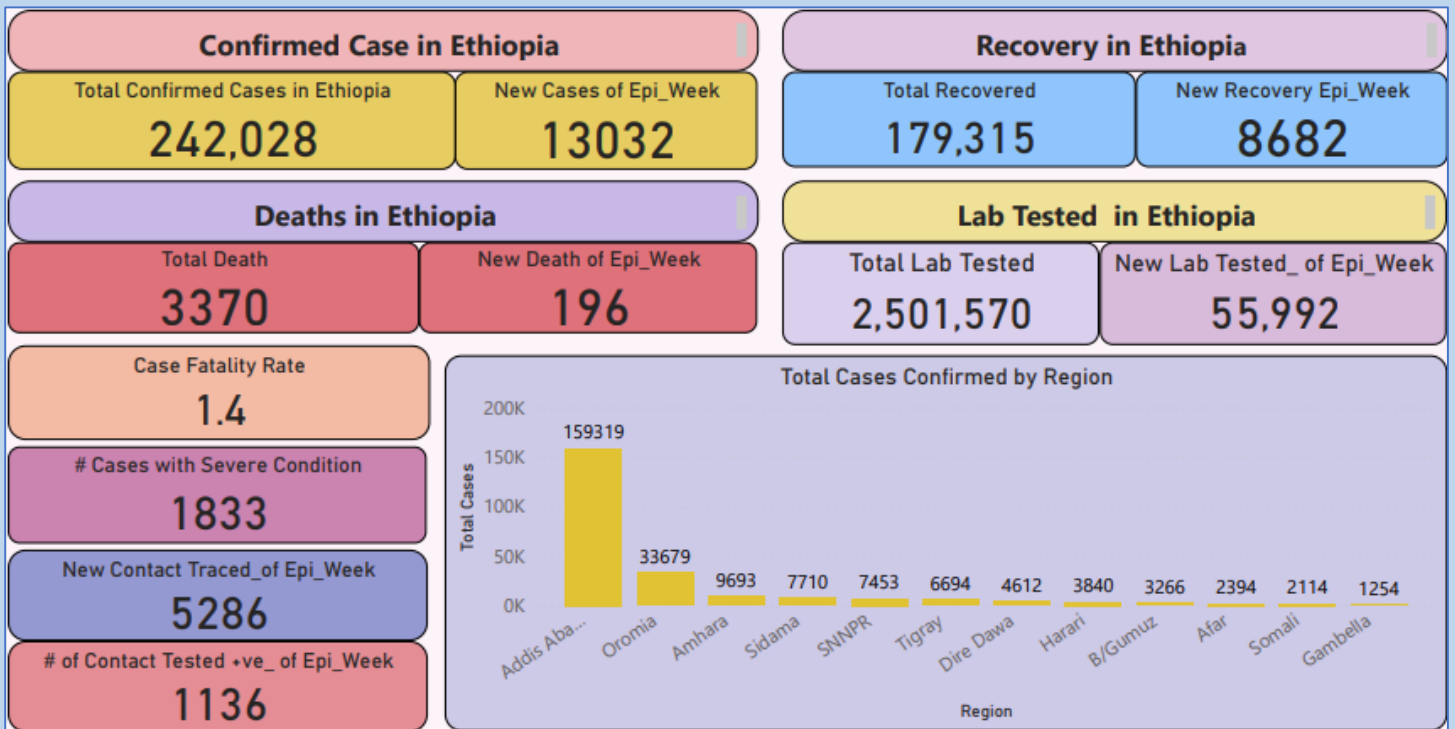


Fig. 4: Weekly summary of the COVID-19 situation in Ethiopia as of April 18, 2021, Ethiopia

- The trend of number of COVID-19 confirmed cases in the country shows that another wave of the pandemic is happening in Ethiopia. The current trend surpasses the peak that was observed in the month of August, 2020 (Epi-week-33 to 36) when the highest number of COVID-19 cases were recorded in the country (figure 5 and 6 below) as a result of COMBAT campaign at which time there was increased community-based laboratory testing for COVID-19.
- The current increment in the number of COVID-19 cases may be attributed to the spread of the disease in the community due to relaxation of public health and social measures (PHSM) and fatigue around adhering to PSHM measures compounded by highest risk of importation VOCs.

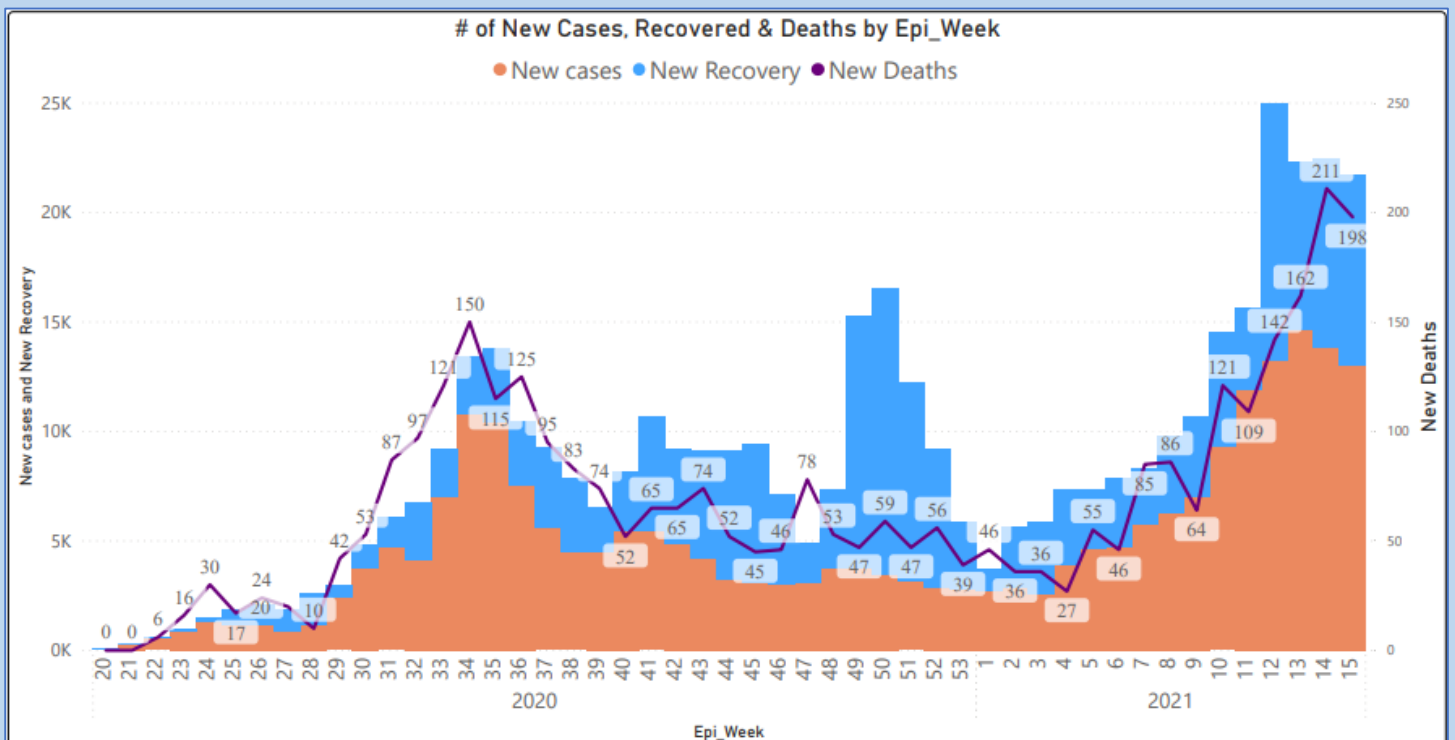


Fig. 5: COVID-19 confirmed cases, recovery and death by Epi-Week as of April 18, 2021, Ethiopia

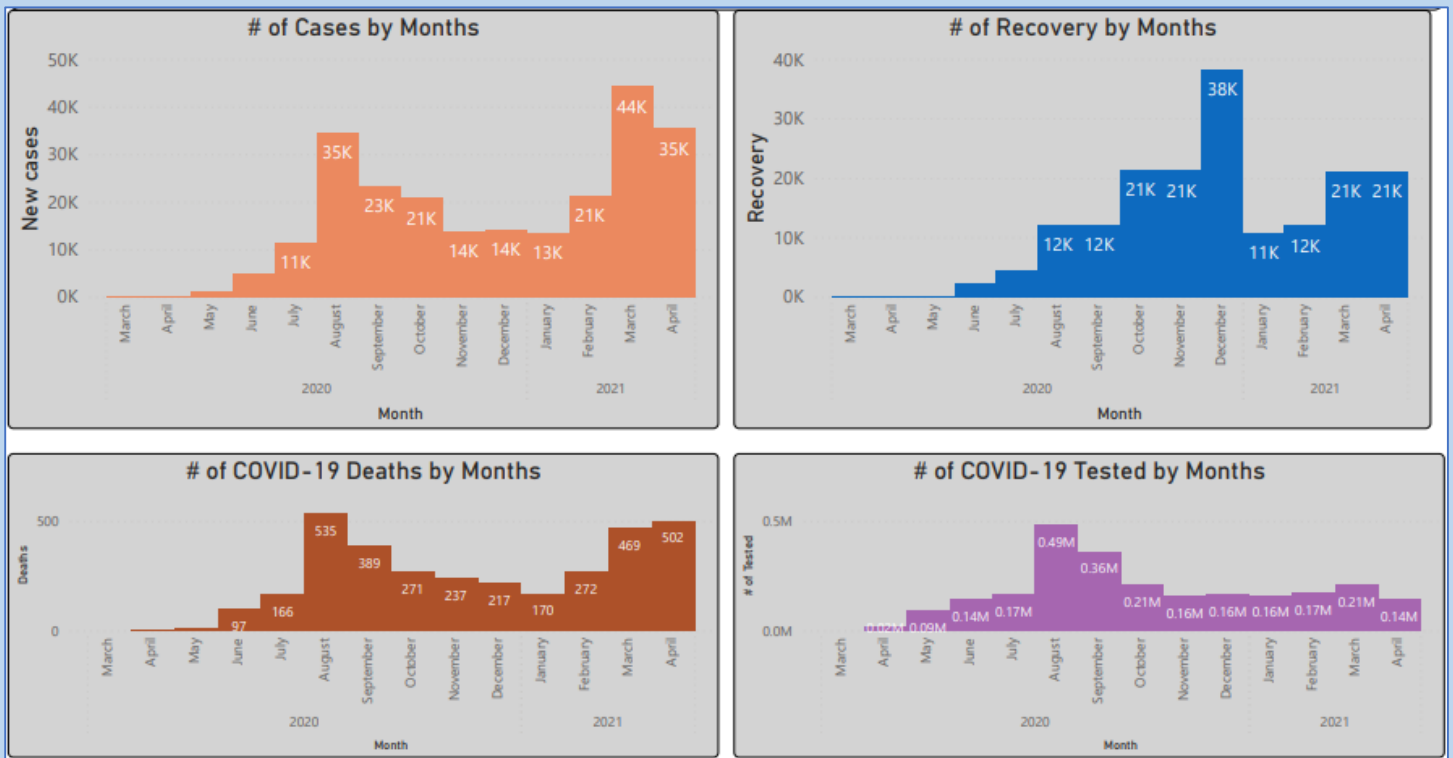


Fig. 6: Summary of monthly trend of COVID-19 situation in Ethiopia as of April 18, 2021.

iii. 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.

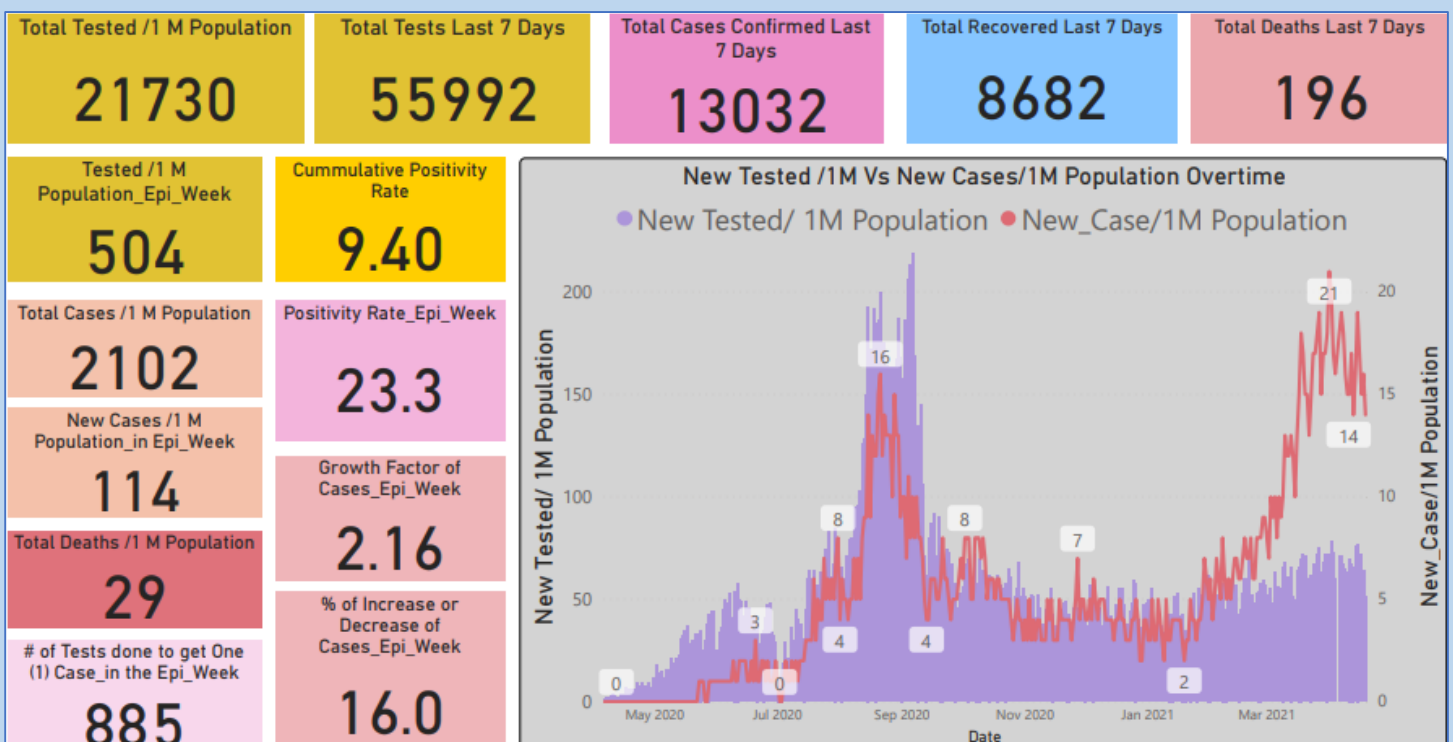


Fig. 7: Summary of COVID-19 confirmed cases in Ethiopia as of April 18, 2021.

a. 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 April 18, 2021:
 - A total of 347,431 contacts of confirmed cases have been identified. Of these, 5,286 contacts were identified in the Epi-Week-15.
 - Of total contacts, 304,037 (87.51%) have completed 14 days follow-up, while 4,180 contacts are still on follow-up.
- Overall, 39,479 (11.36%) of the contacts (symptomatic plus asymptomatic) have been tested positive.
- Contacts of the confirmed cases contributed for the 16.31% 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.

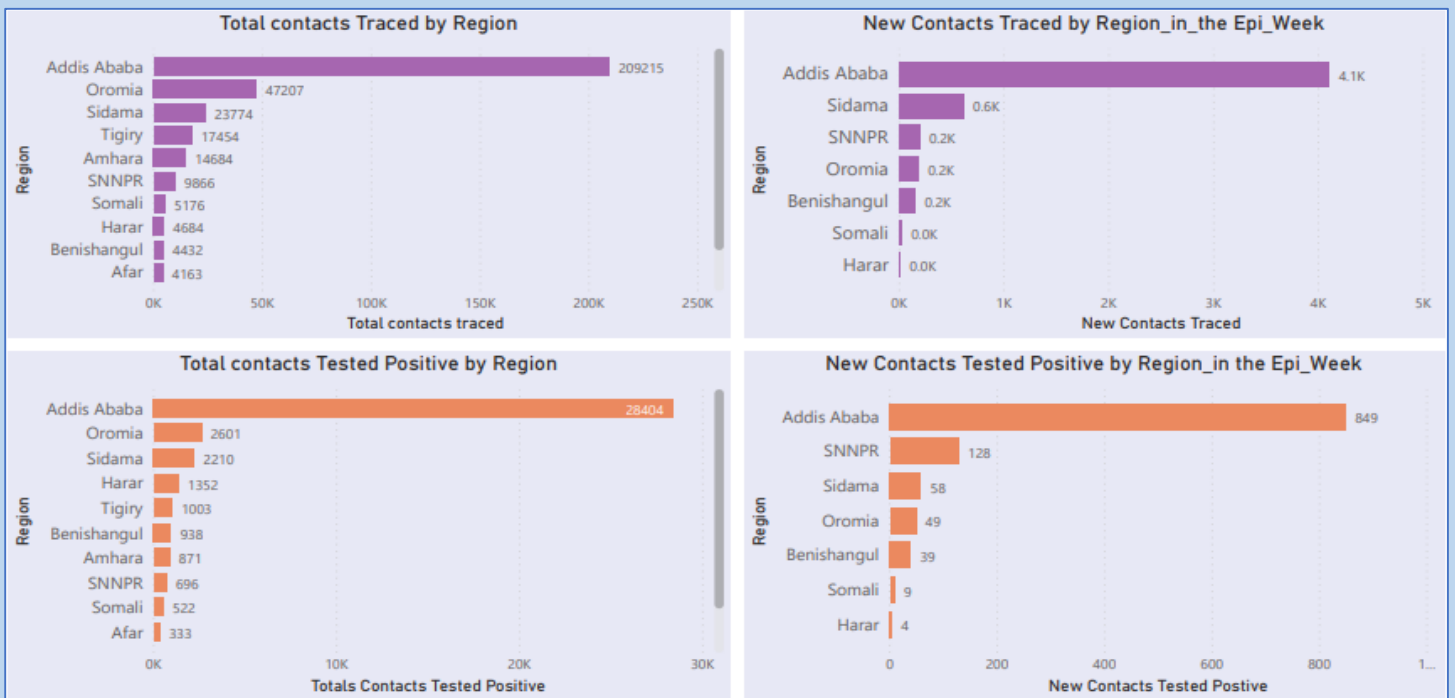
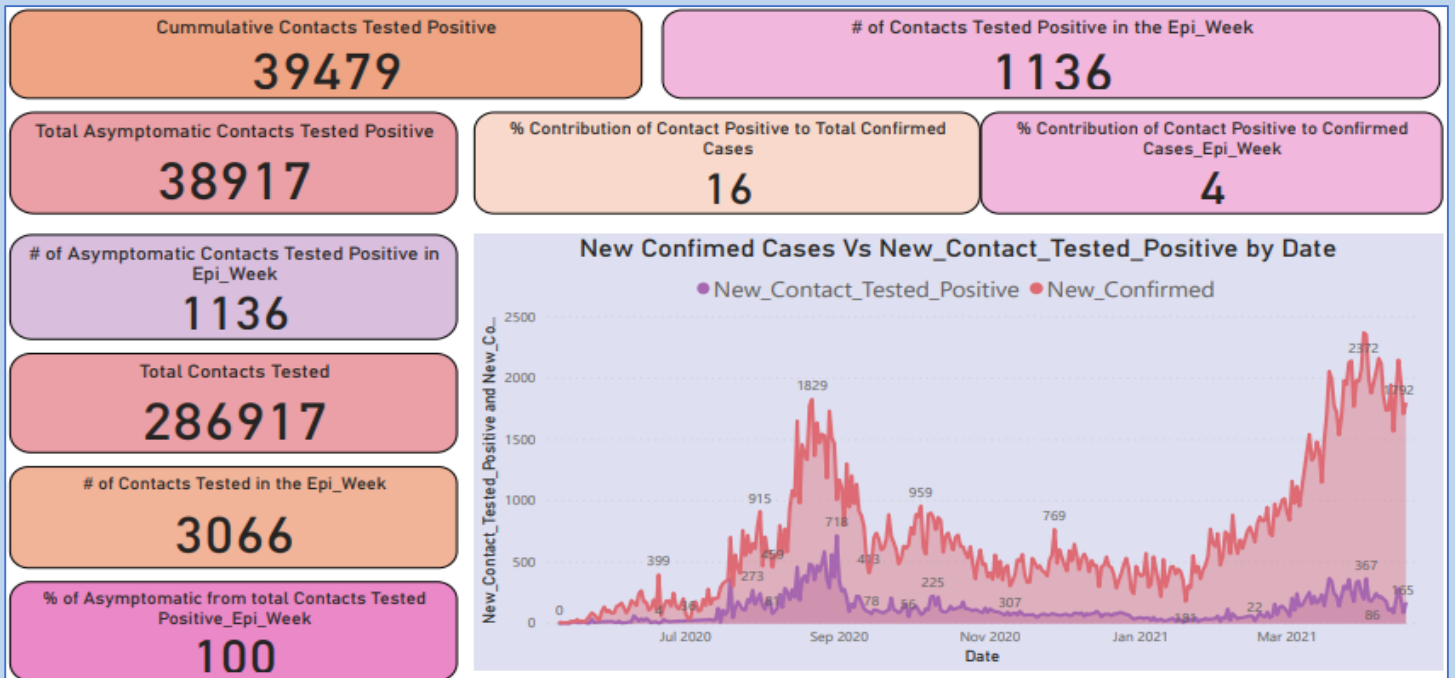
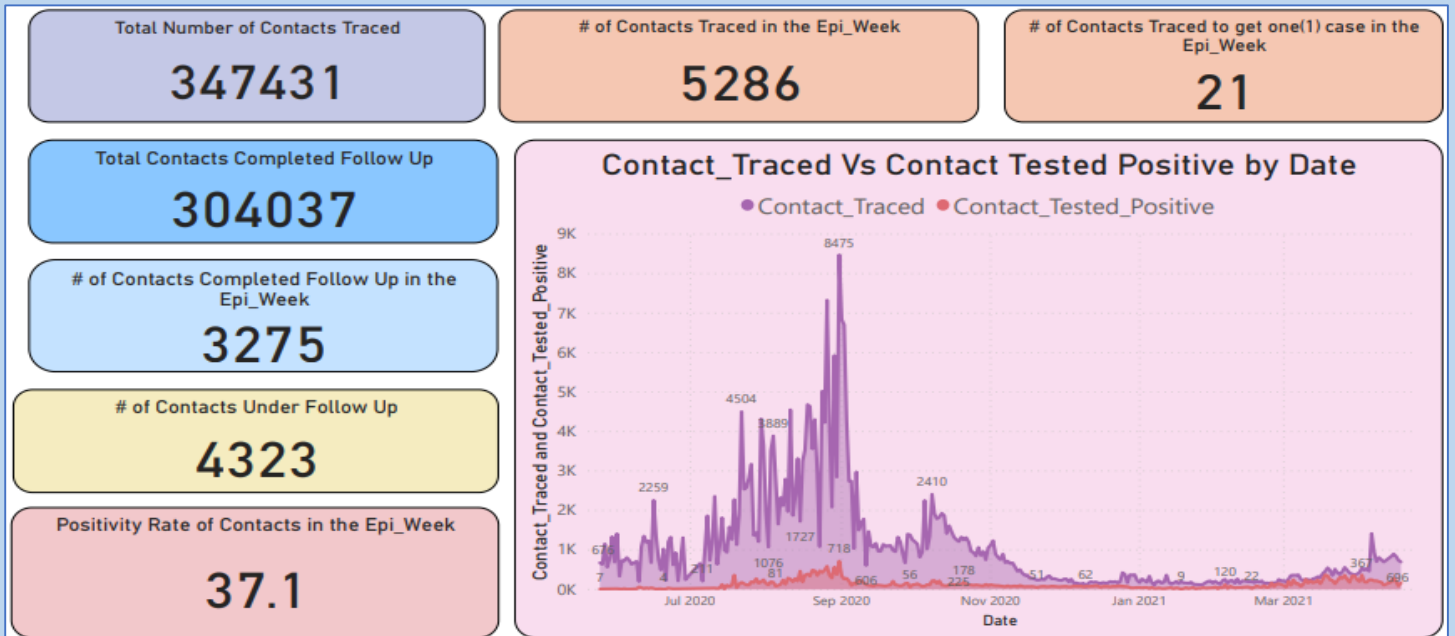


Fig. 8: Summary of COVID-19 contact tracing as of April 18, 2021, Ethiopia.

b. 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 April 18, 2021:
 - 385,255 rumors/alerts have been received and investigated. Of these, 3,544 rumors were reported in the Epi-Week-15.
 - 277,219 (71.95%) of the rumors/alerts have fulfilled the suspected case definition.
- 36,965 COVID-19 related calls are received through call centers in this Epi-week.

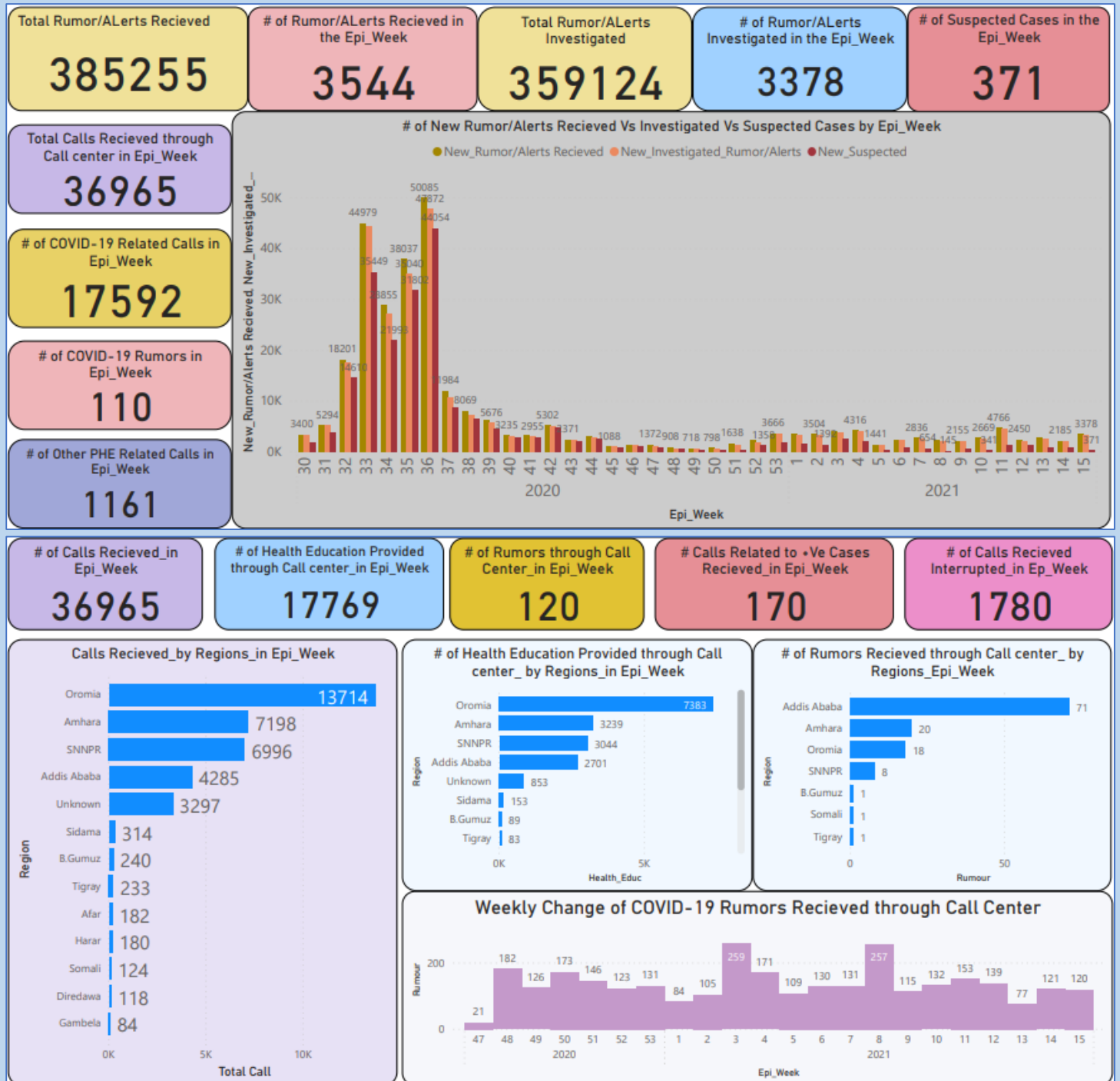


Fig. 9: Summary of COVID-19 rumor/alert investigation as of April 18, 2021, Ethiopia.

c. Point of entry and Quarantine related activities

- The number of passengers screened for COVID-19 in all Point of Entries in Ethiopia surpassed 2 million.
- Since the start of the outbreak, 2,006,282 passengers have been screened at the Point of Entries of Ethiopia and 684,892 (34.13%) of them were screened at Bole International Airport.
- Of the total passengers screened, 36,614 were screened for COVID-19 in the Epi-Week-15.
- As of April 18, 2021, among the passengers coming with COVID-19 PCR test result certificates, 276,016 passengers (5,764 in Epi-week-15) had PCR negative certificates while 44 (1 in Epi-week-15) passengers with PCR positive certificates were identified during health screening. A total of 85 SARS-COV-2 positive cases have been detected after arrival laboratory test.

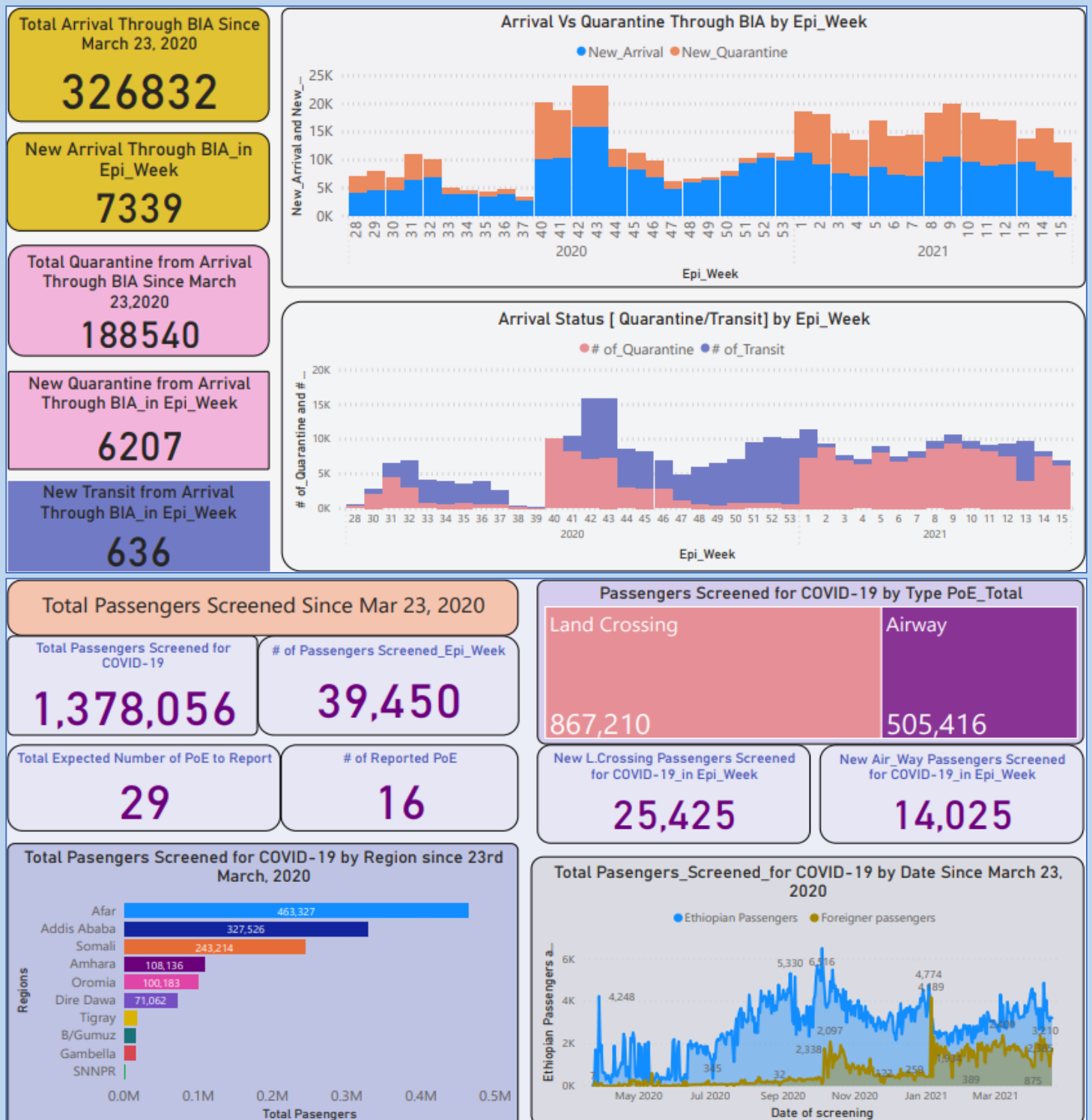
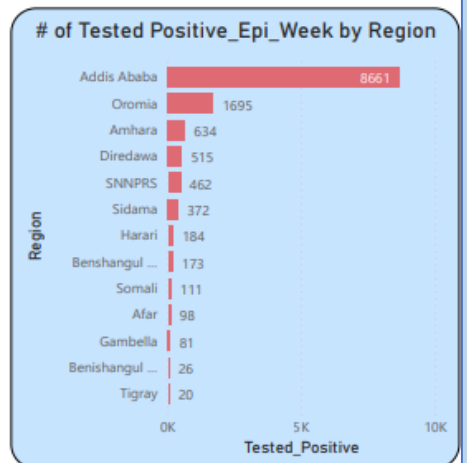
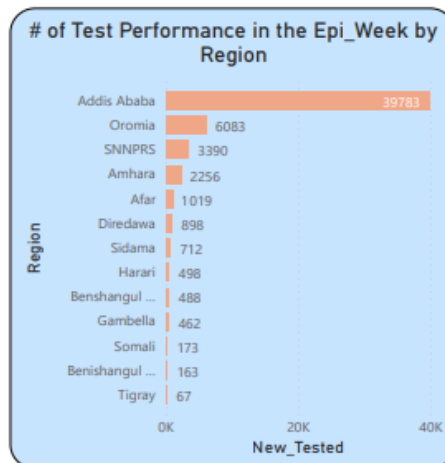
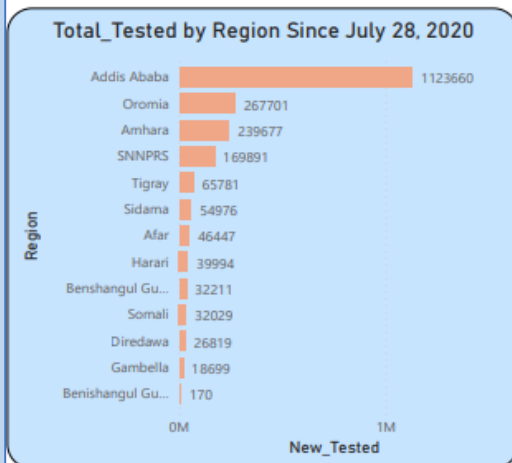
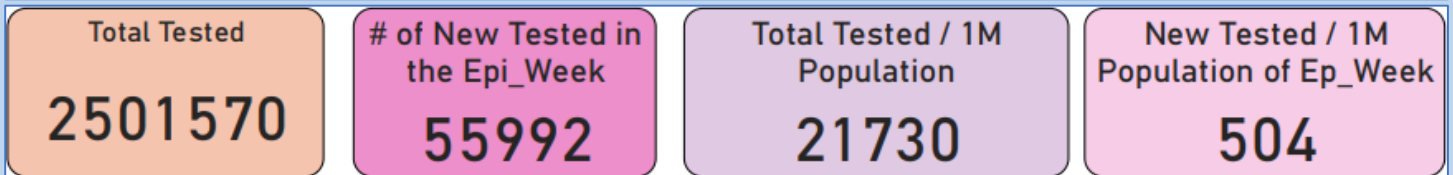
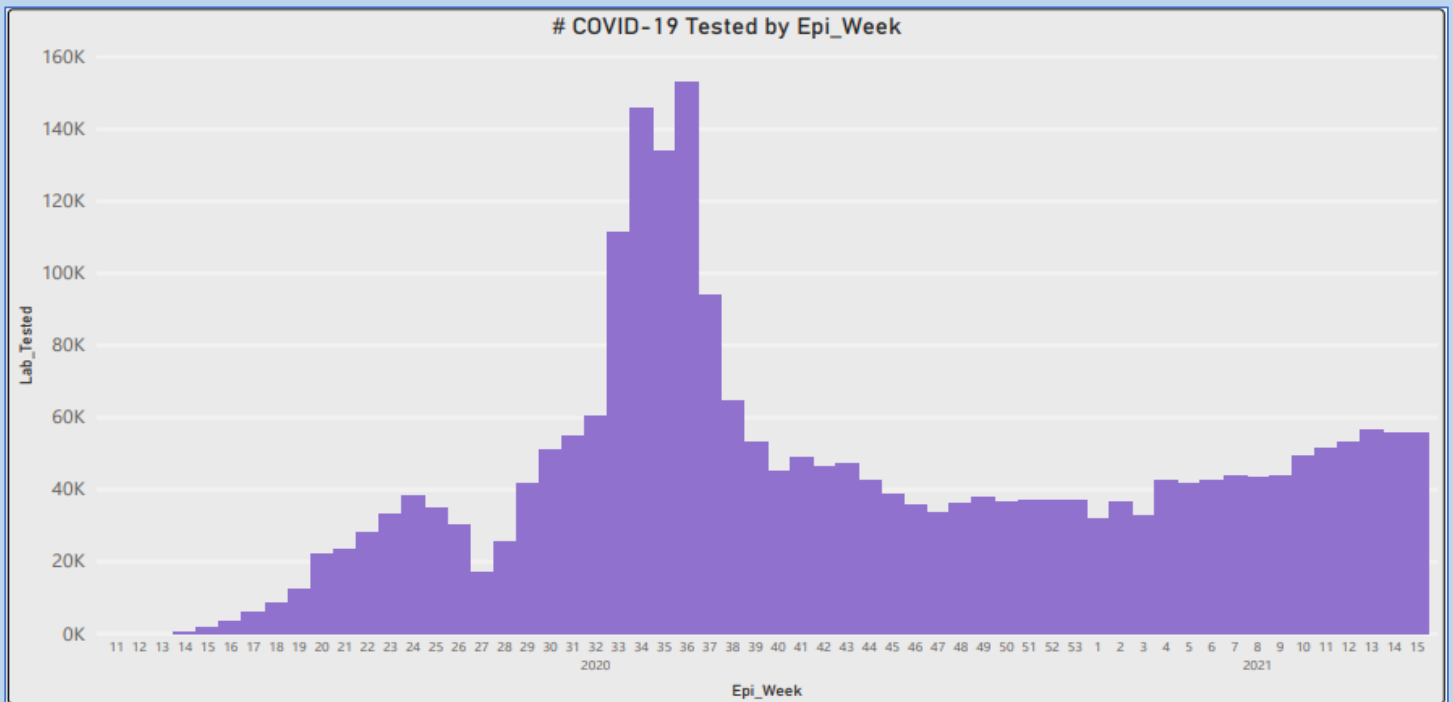


Fig. 10: Summary of Passengers screening for COVID-19 as of April 18, 2021, Ethiopia.

IV. Laboratory related activities

- As of 18 April 2021, a total of 2,501,570 samples have been tested for COVID-19 by laboratories across the country.
- 55,992 laboratory tests were processed during the Epi-Week-15; nearly equivalent to the number of tests performed in the previous week.
- The laboratory test positivity rate for the Epi-Week-15 is 23.36%, which is a bit lower than that of the preceding week (24.65%).
- Dire Dawa City Administration, Somali, Sidama, Benishangul Gumuz and Harari regional states have reported positivity rates higher than the national weighted average while the positivity rate in Addis Ababa has showed a decrement (figure 11 below). This shows that the COVID-19 pandemic is highly spreading to regions.



Region/City Admn	New_Tested	Tested_Positive	New_Deaths	Positivity_Rate
Addis Ababa	39783	8661	76	21.86
Oromia	6083	1695	38	29.04
SNNPRS	3390	462	17	13.84
Amhara	2256	634	12	28.51
Afar	1019	98	0	11.73
Diredawa	898	515	10	58.24
Sidama	712	372	17	49.92
Harari	498	184	19	34.20
Benshangul Gumz	488	173	1	42.94
Gambella	462	81	0	18.38
Somali	173	111	6	54.14
Benishangul Gumuz	163	26	0	14.45
Tigray	67	20	0	29.90
Total	55992	13032	196	31.68

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

Fig. 11: Summary of COVID-19 laboratory testing as of March April 18, 2021, Ethiopia.

V. Case Management and Facility Readiness

- There were total of 8,502 newly recovered COVID-19 cases during the Epi-Week-15, bringing the total number of recovered cases to 179,135.
- The number recovered cases has decreased by 2% compared to the previous week.
- The number COVID-19 patients in severe condition surpassed 1,000. The highest number of daily cases in severe condition (1,031) is recorded in the week. This is the highest number of severe cases in treatment centers so far. This shows that there is and/or may happen scarcity of oxygen concentrators and mechanical ventilators adequate for the alarmingly increasing COVID-19 patients with severe condition.

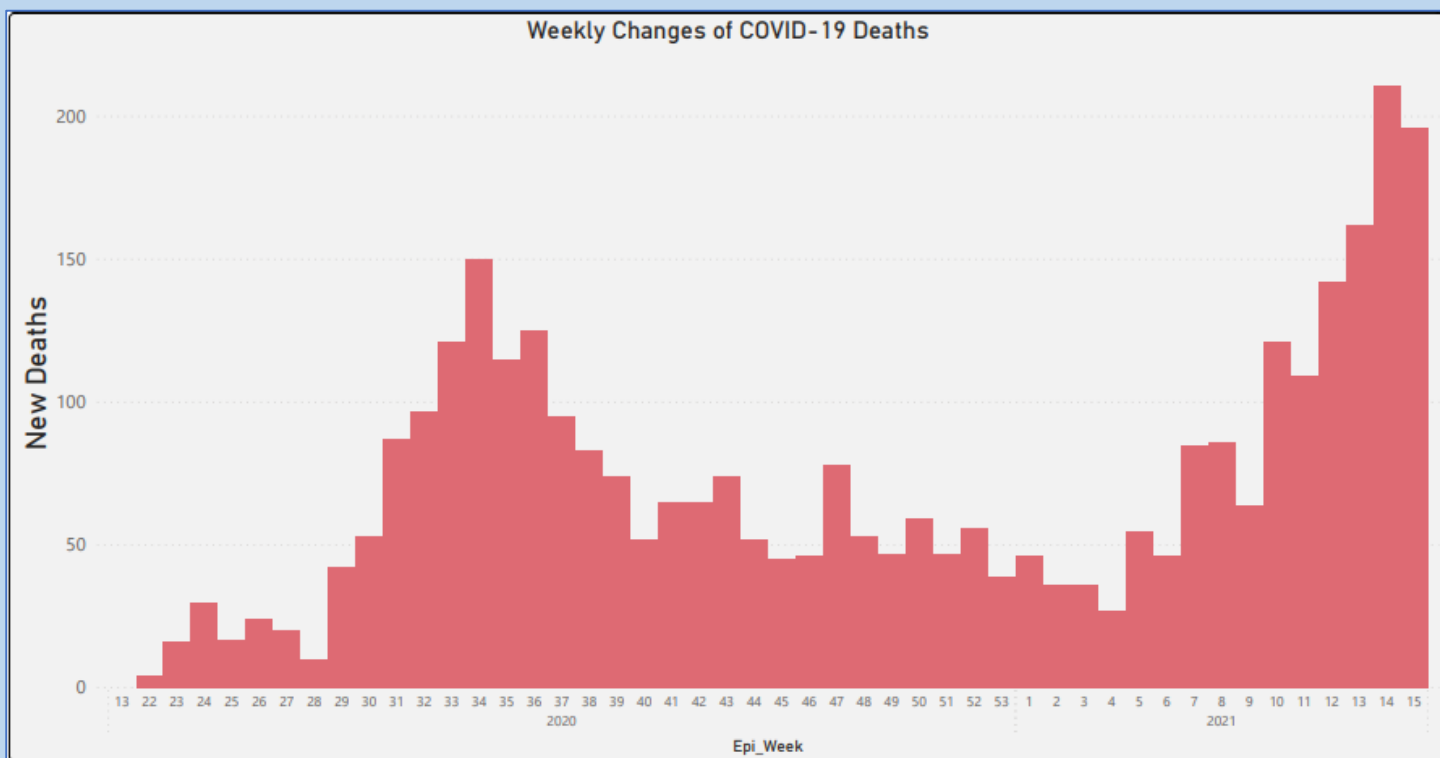


Fig. 12: Weekly trend of COVID-19 related death in Ethiopia, as of April 18, 2021.

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

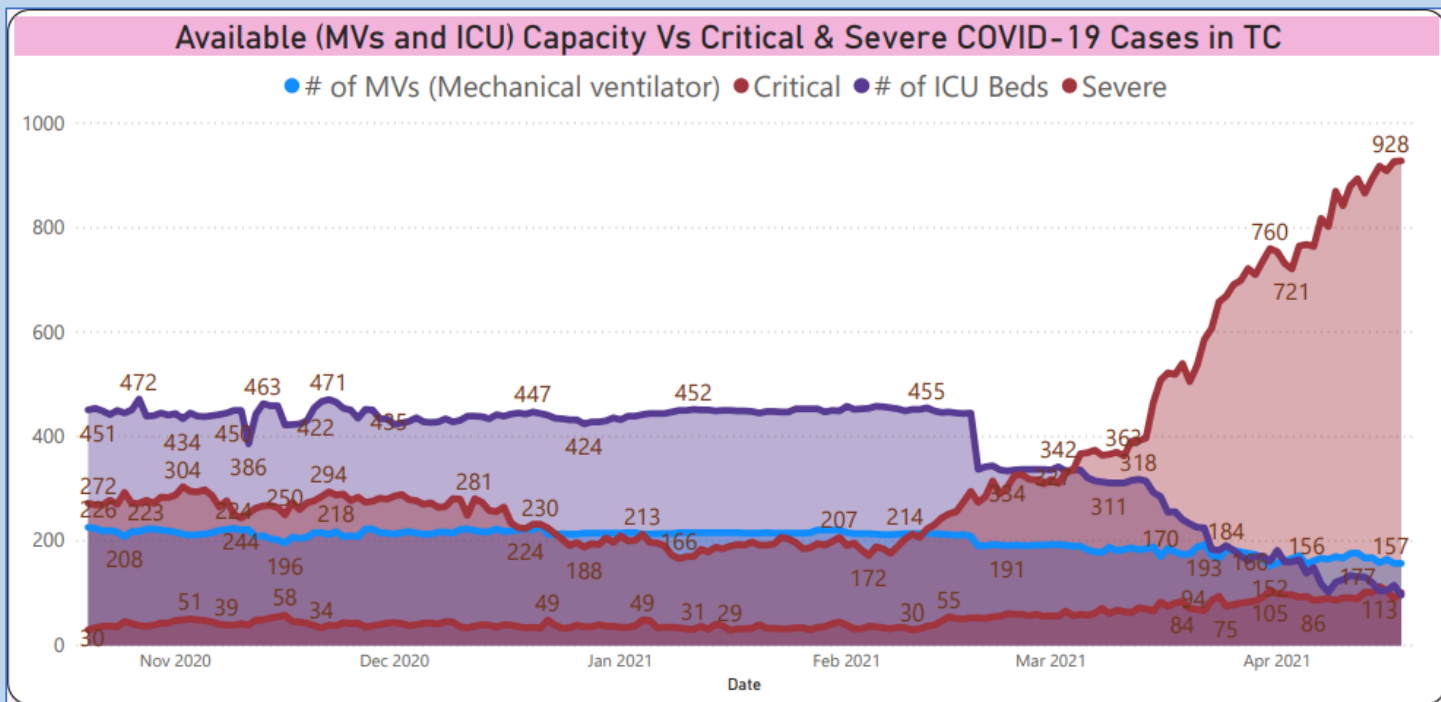


Fig. 13: Trend of mechanical Ventilators and ICU beds in COVID-19 treatment centers in relation to patients in severe condition as of March April 18, 2021, Ethiopia.

Home Based Isolation and Care (HBIC):

- So far, 151,096 COVID-19 confirmed cases have been on HBIC. Of them 129,569 (85.75%), have recovered and 26 (0.017%) died.
- Of these, 9,589 cases have been enrolled to HBIC, 7,835 cases have recovered and two died in the Epi-Week-15.
- As of April 18, 2021, there are 23,209 cases on HBIC.
- So far, 1,869 (96 of them in the Epi-Week-15) of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 671 (31 of them in the Epi-week-15) of the cases have been transferred from HBIC to treatment centers for better care.

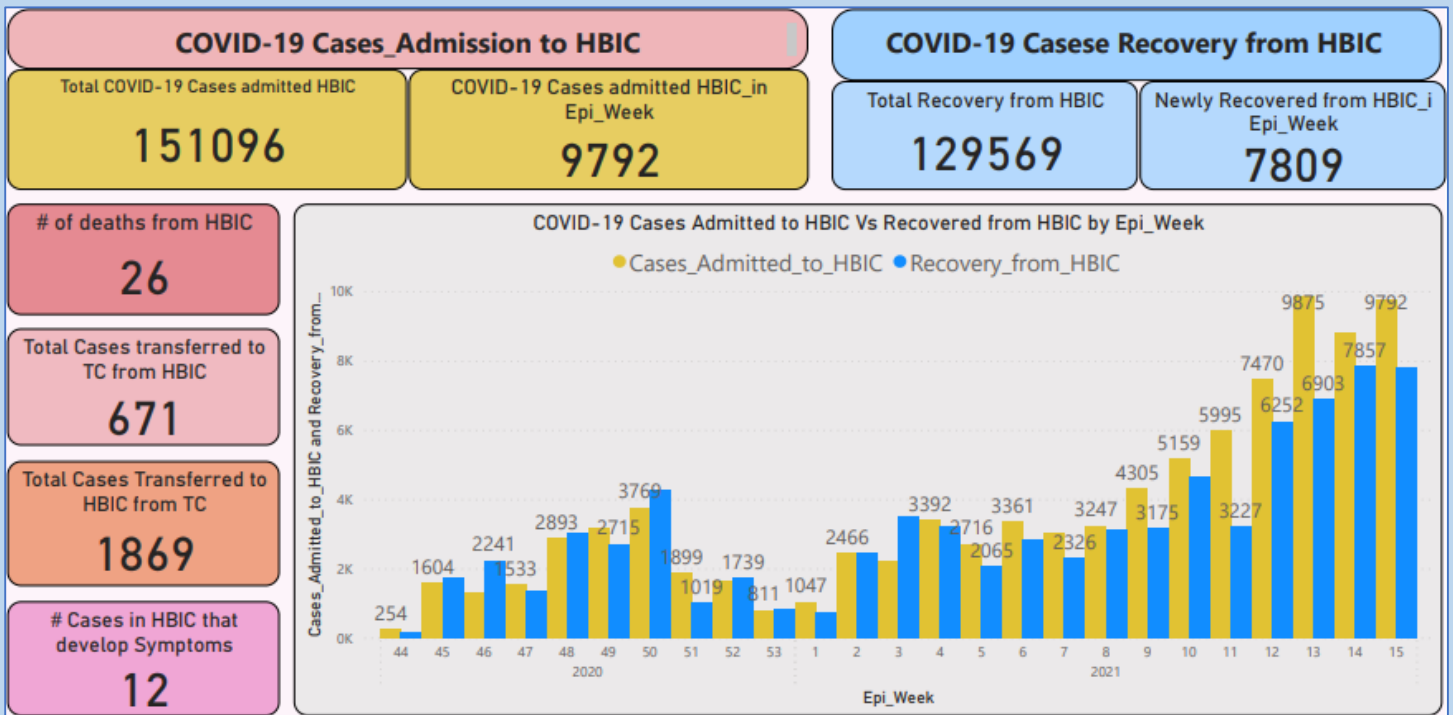


Fig. 14: Summary of COVID-19 Home Based Isolation and Care in Ethiopia, as of April 18, 2021.

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 April 11, 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.
- As of 16 April 2021, more than 430 thousand individuals are vaccinated the first dose of COVID-19 vaccine since the start of vaccination on March 13, 2021. Activities are under way to import more vaccines.
- The U.S. Centers for Disease Control and Prevention (CDC) has committed nearly \$20 Million to strengthen Ethiopia's capabilities in disease surveillance, laboratory diagnostics, vaccination, and emergency management through partnership with the Ethiopian Public Health Institute (EPHI), regional health bureaus and other key partners. These supports are funded through the Coronavirus Aid, Relief, and Economic Security (CARES) Act originally published on March 27, 2020. As a lead public health institute representing the Government of Ethiopia, the EPHI provides governance and strategic guidance for execution of the CARES funding and related systems strengthening support including emergency operations, surveillance, work force development, information systems and laboratory support to the COVID 19 response. US CDC also provided support to National and Regional immunization programs to ensure continuity of routine immunizations during the COVID-19 and strengthening the COVID-19 vaccine roll-out.

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.
- Weak public health and social measures enforcement by the concerned bodies.
- Increasing number of cases being detected in the community and congregated settings and increased deaths.
- 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, 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.

IX. COVID-19 Related News:

- The US, South Africa and European Union will temporarily stop the rollout of the Johnson & Johnson (J&J) Covid jab, after reports of rare blood clotting. Six cases were detected in more than 6.8 million doses of the vaccine, the US Food and Drug Administration (FDA) said.: <https://www.bbc.com/news/world-us-canada-56733715>
- Two new studies suggest that the B.1.1.7 coronavirus variant, which was first identified in the United Kingdom, is more transmissible, but the variant does not appear to impact disease severity. One of the studies, published on Monday in The Lancet Infectious Diseases, found no evidence in a sample of hospitalized patients that the B.1.1.7 variant is associated with severe Covid-19. However, the variant was associated with increased viral load, which supports the growing evidence that it is more easily transmitted. The other study, also published Monday in The Lancet Public Health, found no statistically significant association between the B.1.1.7 variant and the types or duration of Covid-19 symptoms people said that they experienced.:
<https://edition.cnn.com/2021/04/12/health/b117-variant-covid-19-lancet-studies/index.html>
- Nigeria has begun clinical trials for the two covid-19 vaccines developed in the country.: <https://www.africanews.com/2021/04/05/clinical-trials-begin-for-2-covid-19-vaccines-developed-in-nigeria/>
- Denmark has ceased giving the Oxford-AstraZeneca Covid vaccine amid concerns about rare cases of blood clots, the first European country to do so fully.: <https://www.bbc.com/news/world-europe-56744474>
- But despite the overwhelming evidence that Covid-19 rarely kills young children, in Brazil 1,300 babies have died from the virus.: <https://www.bbc.com/news/world-latin-america-56696907>

- Chile sees Covid surge despite vaccination success: <https://www.bbc.com/news/world-latin-america-56731801>
- Myanmar's control of Covid-19 collapses after coup: <https://edition.cnn.com/videos/world/2021/04/15/myanmar-covid-19-coronavirus-watson-pkg-intl-hnk-vpx.cnn>
- So far, 5,800 fully vaccinated people have caught Covid anyway in US, CDC says: <https://edition.cnn.com/2021/04/14/health/breakthrough-infections-covid-vaccines-cdc/index.html>
- Desperate Covid-19 patients turn to black market for drugs: <https://www.bbc.com/news/world-asia-india-56757405>
- Women are being urged not to stop taking contraceptive pills after blood clots fears were sparked by the Covid vaccine rollout.: <https://www.bbc.com/news/uk-wales-56749387>
- The world's biggest vaccine producer (Serum Institute India) is running out of Covid-19 vaccines, as second wave accelerates: <https://edition.cnn.com/2021/04/17/india/covid-vaccine-shortage-covishield-covaxin-intl-hnk-dst/index.html>
- CDC, FDA taking reports of blood clots and J&J Covid-19 vaccine 'seriously': <https://edition.cnn.com/2021/04/13/health/johnson-vaccine-blood-clots-cdc-fda/index.html>

X. Public Health Policy Recommendation

Advice for the Public:

- For any individual confirmed to have COVID-19 and who is candidate for Home Based Isolation and Care:
 - Properly isolate from other family members.
 - Take full responsibility in prevention of transmission
 - Strictly adhere to the National Directive of Home-Based Isolation& Care.
 - Provide reliable information during regular follow up either by phone or home visit.
 - Report to nearest health facilities/follow up team in case of any emergency, appearance of new symptoms or worsening of existing symptoms.
- It is important to be informed of the situation and act appropriately to protect yourself and your family.
 - Wash hands frequently
 - Don't touch your mouth, nose or eye by unwashed hands
 - Keep physical distancing; avoid mass gathering and shaking hands.
- For most people, COVID-19 infection will cause mild illness however, it can make some people very ill and, in some people, it can be fatal.
- Older people, and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are at risk for severe disease.
- If anybody had contact with a COVID-19 confirmed patient, he/she should call 8335 or 952 or report to regional toll-free lines or to the nearby health facilities.

National/Regional official websites, social media pages and toll-free hotline for COVID-19 information

MOH/EPHI/Region	Facebook page	Toll-free hotline
Ethiopian Public Health Institute Main Website	https://www.ephi.gov.et/	8335/952
Ethiopian Public Health Institute COVID-19 Website	https://covid19.ephi.gov.et/	
Ethiopian Public Health Institute Facebook Page	https://www.facebook.com/ephipage/	
Ethiopian Public Health Institute Twitter Page	https://twitter.com/EPHIethiopia	
Ethiopian Public Health Institute Telegram Channel	https://t.me/EthPHI	
Ethiopian Public Health Institute YouTube Channel	https://www.youtube.com/channel/UCvvTzeY-IJiQfEFBULH9Mkw	
Ministry of Health, Ethiopia Website	www.moh.gov.et	952
Ministry of Health, Ethiopia Facebook Page	https://www.facebook.com/EthiopiaFMoH/	
Afar Regional Health Bureau	https://www.facebook.com/afarrhb.org/	6220
Amhara Regional Health Bureau	https://www.facebook.com/Amhara-Healthbureau-682065755146948/	6981
Benishangul Gumuz Regional Health Bureau	https://www.facebook.com/Benishangul-Gumuz-Health-Bureau-1676282159265517/	6016
Gambela Regional Health Bureau	https://fb.me/gambellaregionhealthbureau	6184
Harari Regional Health Bureau	https://www.facebook.com/Harari-Regional-Health-Bureau-1464182130355007/	6864
Oromia Regional Health Bureau	https://www.facebook.com/OromiaHealth/	6955
Somali Regional Health Bureau	https://www.facebook.com/srhbdotcom/...	6599
SNNP Regional Health Bureau	https://www.facebook.com/snnprhealthbureau/?ref=br_rs	6929
Tigray Regional Health Bureau	https://www.facebook.com/tigrayrhb/	6244
Dire Dawa city Administration Health Bureau	https://www.facebook.com/Dire-Dawa-Administration-Health-Bureau-1371606266279524/	6407
Addis Ababa City Administration Health Bureau	https://www.facebook.com/aahb.gov.et/	6406

Health Evidence summary

Articles/Comment/ Correspondence/ Editorials	Summary
<p>Ten scientific reasons in support of airborne transmission of SARS-CoV-2.</p> <p>https://doi.org/10.1016/S0140-6736(21)00869-2</p>	<ul style="list-style-type: none"> • Ten streams of evidence collectively support the hypothesis that SARS-CoV-2 is transmitted primarily by the airborne route. • First, superspreading events account for substantial SARS-CoV-2 transmission. • Second, long-range transmission of SARS-CoV-2 between people in adjacent rooms but never in each other's presence has been documented in quarantine hotels. • Third, asymptomatic or presymptomatic transmission of SARS-CoV-2 from people who are not coughing or sneezing is likely to account for at least a third, and perhaps up to 59%, of all transmission globally. • Fourth, transmission of SARS-CoV-2 is higher indoors than outdoors.

	<ul style="list-style-type: none"> • Fifth, nosocomial infections have been documented in health-care organisations, where there have been strict IPC but not for aerosol exposure. • Sixth, viable SARS-CoV-2 has been detected in the air. • Seventh, SARS-CoV-2 has been identified in air filters and building ducts in hospitals. • Eighth, studies involving infected caged animals that were connected to separately caged uninfected animals via an air duct have shown transmission of SARS-CoV-2. • Ninth, no study has provided strong or consistent evidence to refute the hypothesis of airborne SARS-CoV-2 transmission. • Tenth, there is limited evidence to support other dominant routes of transmission, i.e., respiratory droplet or fomite.
<p>SARS-CoV-2 seropositivity and subsequent infection risk in healthy young adults: a prospective cohort study. https://doi.org/10.1016/S2213-2600(21)00158-2</p>	<ul style="list-style-type: none"> • The prospective COVID-19 Health Action Response for Marines study (CHARM) included predominantly male US Marine recruits, aged 18–20 years, following a 2-week unsupervised quarantine at home. • Among 189 seropositive participants, 19 (10%) had at least one positive PCR test for SARS-CoV-2 during the 6-week follow-up (1.1 cases per person-year). In contrast, 1079 (48%) of 2247 seronegative participants tested positive (6.2 cases per person-year). • Seropositive young adults had about one-fifth the risk of subsequent infection compared with seronegative individuals. • Although antibodies induced by initial infection are largely protective, they do not guarantee effective SARS-CoV-2 neutralisation activity or immunity against subsequent infection.
<p>Diagnostic performance of different sampling approaches for SARS-CoV-2 RT-PCR testing: a systematic review and meta-analysis. https://doi.org/10.1016/S1473-3099(21)00146-8</p>	<ul style="list-style-type: none"> • Compared with the gold standard of nasopharyngeal swabs, pooled nasal and throat swabs offered the best diagnostic performance of the alternative sampling approaches for diagnosis of SARS-CoV-2 infection in ambulatory care. • Saliva and nasal swabs gave comparable and very good diagnostic performance and are clinically acceptable alternative specimen collection methods. • Throat swabs gave a much lower sensitivity and positive predictive value and should not be recommended. • Self-collection for pooled nasal and throat swabs and nasal swabs was not associated with any significant impairment of diagnostic accuracy.
<p>Genomic characteristics and clinical effect of the emergent SARS-CoV-2 B.1.1.7 lineage in London, UK: a whole-genome sequencing and hospital-based cohort study. https://doi.org/10.1016/S1473-3099(21)00170-5</p>	<ul style="list-style-type: none"> • This study included data on 496 people who were admitted to hospitals in London and tested positive for coronavirus infection. • Patients with B.1.1.7 were younger and had fewer comorbidities. • No difference was found in the outcome of severe disease or death between the variant and other lineages. • The researchers identified increased viral load among the B.1.1.7 patients.
<p>Changes in symptomatology, reinfection, and transmissibility associated with the SARS-CoV-2 variant B.1.1.7: an ecological study.</p>	<ul style="list-style-type: none"> • An ecological study to examine the association between the regional proportion of infections with the SARS-CoV-2 B.1.1.7 variant and reported symptoms, disease course, rates of reinfection, and transmissibility.

https://doi.org/10.1016/S2468-2667(21)00055-4	<ul style="list-style-type: none"> • The lack of change in symptoms identified in this study indicates that existing testing and surveillance infrastructure do not need to change specifically for the B.1.1.7 variant. • In addition, given that there was no apparent increase in the reinfection rate, vaccines are likely to remain effective against the B.1.1.7 variant.
<p>Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis.</p> https://doi.org/10.1016/S2214-109X(21)00079-6	<ul style="list-style-type: none"> • A systematic review and meta-analysis of studies on the effects of the pandemic on maternal, fetal, and neonatal outcomes. • Global maternal and fetal outcomes have worsened during the COVID-19 pandemic, with an increase in maternal deaths, stillbirth, ruptured ectopic pregnancies, and maternal depression. • There is an urgent need to prioritise safe, accessible, and equitable maternity care within the strategic response to this pandemic and in future health crises.

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.WHOAcademy 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.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.

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