I. HIGHLIGHTS

• A total of 42,540 laboratory samples were tested in the WHO-Epi-Week-06.

• A total of 4,754 new confirmed COVID-19 cases and 46 COVID-19 related deaths were reported during the WHO Epi-Week-06 bringing the total cases and death to 147,092 and 2,194 respectively.

• A total of 90,862 COVID-19 confirmed cases have been at Home Based Isolation and Care so far; 3,366 of these are enrolled in the WHO-Epi-Week-06.

• Out of total of 320,623 contacts of COVID-19 confirmed cases, 1,440 contacts were identified during the WHO Epi-week-06.

• Activities are underway for COVID-19 vaccines rollout in the next two months.

• Restoration of COVID-19 pandemic response services by health facilities in Tigray is progressing with increasing number of health facilities functioning fully or partially and commencing their routine activities.

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.
II. EPIDEMIOLOGICAL SITUATION

Global Situation


- Of the total cases and deaths reported since the beginning of the outbreak, 2,589,324 cases and 75,244 deaths were reported during the WHO Epi-Week-06 of the year 2021.

- The United States of America (USA) reported the highest number of cases (25,562,323) with CFR of 1.85% followed by India (10,769,290) cases) with a CFR of 1.45%.

- In Africa, 57 countries/territories have reported COVID-19 cases.

- As of February 14, 2021, a total of 3,761,512 cases and 98,088 deaths were reported across the continent (CFR=2.61%). Of these 86,558 cases and 3,439 deaths were reported during the WHO-Epi-Week-06.

- In Africa, South Africa reported the highest number of cases (1,490,063) with CFR of 3.21% followed by Morocco (478,135 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. 1: COVID-19 Global Situation Update as of February 14, 2021 (Source: WHO)
Fig. 2: COVID-19 Situation Update in Africa as of February 14, 2021 (Source: WHO)

National COVID-19 situation:

- Four-thousand-seven-hundred-fifty-four (4,754) newly confirmed COVID-19 cases (1% increase compared to that of Epi-Week-05) and 46 COVID-19 related deaths (16% decrease compared to that of Epi-Week-05) were reported during the WHO Epi-Week-06.

- As of February 14, 2021, a total of 147,092 confirmed COVID-19 cases and 2,194 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-06 of 2021

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

Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of February 14, 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, surveillance and assessment in school and congregated setting communities.

Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of February 14, 2021.
Contact tracing and follow-up:

- As of February 14, 2021:
  
  - A total of 320,623 contacts of confirmed cases have been identified. Of these, 1,440 contacts were identified in the WHO-Epi-Week-06.
  
  - Of total contacts, 291,791 (91.01%) have completed 14 days follow-up, while 1,156 contacts are still on follow-up.
  
  - 716 (0.22%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 566 (79.05%) have tested positive.

- Overall, 28,096 (8.76%) of the contacts (symptomatic plus asymptomatic) have been tested positive.

- Contacts of the confirmed cases contributed for the 19.10% of the total cases.

![Summary of COVID-19 contact tracing as of February 14, 2021, Ethiopia.](image-url)
Rumors collection and verification from all sources

- As of February 14, 2021:
  
  o 351,227 rumors/alerts have been received and investigated. Of these, 2,343 rumors were reported in the WHO-Epi-Week-06.
  
  o 264,427 (75.29%) of the rumors/alerts have fulfilled the suspected case definition.

![Fig. 7: Summary of COVID-19 rumor/alert investigation as of February 14, 2021, Ethiopia.](image)

Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,690,896 passengers have been screened at the Point of Entries of Ethiopia and 604,860 (35.82%) of them were screened at Bole International Airport.

- Of the total passengers screened, 27,733 were screened for COVID-19 in the Epi-Week-06.

- As of February 14, 2021, among the passengers coming with COVID-19 PCR test result certificates, 201,634 passengers (7,468 in Epi-week-06) had PCR negative certificates while 38 passengers with PCR positive certificates were identified during health screening. Seventy-three (73) SARS-COV-2 positive cases have been detected after arrival laboratory test.
Laboratory related activities

- As of 14 February 2021, a total of 2,046,852 samples have been tested for COVID-19 by laboratories across the country.

- 42,540 laboratory tests were processed during the WHO Epi-Week-06.

- The laboratory test positivity rate for the WHO-Epi-Week-06 is 11.18%, which is equivalent to that of the preceding week (11.23%).

- The overall positivity rate for the laboratory test since the occurrence of the disease in the country is 7.19%.
III. 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.

- Three days COVID-19 Response plan budget gap identification and request preparation workshop by the COVID-19 Incident Management System (IMS) staff working in EPHI and MOH is conducted, February 08-10, 2021 at Adama, Ethiopia.

- Restoration of COVID-19 pandemic response services by health facilities in Tigray is progressing with increasing number of health facilities functioning fully or partially and commencing their routine activities. To facilitate this, MOH/EPHI is closely working with Tigray region interim government and the joint Emergency Coordination Centers established on the spot, other sectors and partners and supporting monitoring the progress on daily basis.

- The Ethiopian Pharmaceutical supply agency branches in Mekelle and Shire are fully operational and working to ensure the distribution of the needed medicine and supplies for health facilities to be able to provide the needed services. So far, the number of health facilities confirmed to have resumed their services with medicines and supplies delivered has reached 88 in all five zones of Tigray. Out of the total 40 hospitals, 15 hospitals are currently functioning at full capacity and 5 are providing services partially, while 68 health centers out of 224 are fully operational.
Activities are underway to rollout COVID-19 vaccines in the next two months. H.E Dr. Lia Tadesse, said Ethiopia is to start importing COVID-19 vaccines in March and April, 2021. The Ministry of Health, in collaboration with the World Health Organization and other vaccine companies, will provide the vaccine to health workers, community service workers, teachers and the elderly and patients with other comorbid illnesses.

IV. Case Management and Facility Readiness

- There were total of 5,899 newly recovered COVID-19 cases during the WHO Epi-Week-06, bringing the total number of recovered cases to 128,742.
- As of February 14, 2021, 22,694 (31 in the Epi-Week-06) initially suspected cases are discharged after laboratory test became negative.
- Among the currently existing COVID-19 cases, there are 291 patients in severe clinical condition.
Fig. 10: Summary of COVID-19 case management and facility readiness in Ethiopia, as of February 14, 2021.

Home Based Isolation and Care (HBIC):

- So far, 90,862 COVID-19 confirmed cases have been on HBIC. Of them 84,146 (92.61%), have recovered and 12 (0.013%) died.
- Of these, 3,366 cases have been enrolled to HBIC and 2,855 cases have recovered in the WHO-Epi-Week-06.
- As of February 14, 2021, there are 7,379 cases on HBIC.
- So far, 1,053 (89 of them in the Epi-Week-06) of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 386 (13 of them in the Epi-Week-06) of the cases have been transferred from HBIC to treatment centers for better care.

Fig. 11: Summary of COVID-19 Home Based Isolation and Care in Ethiopia, as of February 14, 2021.
V. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- Two Mobile SMS messages were shared to all mobile users on the possibility of reinfection and home-based care & isolation services for the students.
- Technical support was provided to Tigray regional Risk Communication and Community Engagement (RCCE) team to restore COVID-19 RCCE activities.
- COVID-19 related key messages and updates shared on social media.

VI. 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.

VII. Training and Orientation

- Two days COVID-19 Creative art group orientation workshop on content development and production of print for 50 Art professionals is provided from February 09-10, 2021 at Adama city.
- Two days orientation on COVID-19 Planning provided for 50 health workers working in Amhara Region at Bahirdar City.
VIII. Challenges and Way Forward

Challenges

- Happenings of super spreading events-Mass gatherings with poor physical distancing and facemask use which exacerbates the spread of COVID-19.
- Weak public adherence to the public health and social preventive measures.
- Increasing number of cases being detected in the community.
- Poor adherence to public health and social measures by public figures and leaders.
- Deteriorated engagement at different levels to sustain the pandemic response coordination.
- 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 other essential health services besides COVID-19.
IX. COVID-19 Related News:

- China ‘refused to give data’ to WHO team: https://www.bbc.com/news/world-asia-china-56054468

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**

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**Health Evidence summary**

**Articles/Comment/Correspondence/Editorials**

| https://doi.org/10.1016/S2468-2667(21)00001-3 | - A cross-sectional seroprevalence study was conducted at food distribution sites, emergency shelters, and workers’ residences that were provided medical services by Médecins Sans Frontières in Paris and Seine-Saint-Denis in the Ile-de-France region.  
- Between June 23 and July 2, 2020, 426 (52%) of 818 individuals recruited tested positive in 14 sites.  
- This study showed high exposure to SARS-CoV-2 with important variations between those at different study sites.  
- Living in crowded conditions was the strongest factor associated with exposure level. |
This study underscores the importance of providing safe, uncrowded accommodation, alongside adequate testing and public health information.

A multiscale model that incorporates SARS-CoV-2 transmission at the population level and daily viral load dynamics at the individual level was used to assess eight surveillance testing strategies that varied by testing frequency (from daily to monthly testing) and isolation period (1 or 2 weeks), compared with the status-quo strategy of symptom-based testing and isolation.

Daily testing combined with a 2-week isolation period was the most costly strategy considered, reflecting increased costs with greater test frequency and length of isolation period.

This study found that extensive expansion of SARS-CoV-2 testing programmes with more frequent and rapid tests across communities coupled with isolation of individuals with confirmed infection is essential for mitigating the COVID-19 pandemic.

In this randomised, controlled, open-label, adaptive platform trial (Randomised Evaluation of COVID-19 Therapy [RECOVERY]), several possible treatments were compared with usual care in patients admitted to hospital with COVID-19 in the UK.

Between April 7 and Nov 27, 2020, of 16,442 patients enrolled in the RECOVERY trial, 9,433 (57%) were eligible and 7,763 were included in the assessment of azithromycin.

In patients admitted to hospital with COVID-19, azithromycin did not improve survival or other prespecified clinical outcomes.

Azithromycin use in patients admitted to hospital with COVID-19 should be restricted to patients in whom there is a clear antimicrobial indication.

COVID-19 updates and sources of evidence:

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The above presented Quick Reader (QR) code takes you to a portal that you can access updates and all COVID-19 related information available

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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