



NATIONAL PUBLIC HEALTH EMERGENCY OPERATION CENTER (PHEOC), ETHIOPIA

COVID-19 PANDEMIC PREPAREDNESS AND RESPONSE IN ETHIOPIA

WEEKLY BULLETIN

WHO Epi-Week-38 (September 14–September 20, 2020)

BULLETIN No: 21

Issue Date: September 21, 2020

I. HIGHLIGHTS

- Total of 64,806 laboratory samples were tested in the WHO-Epi-Week-38, which is a 31.06% decrease compared to the WHO-Epi-Week-37.
- 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%).
- A total of 4,519 new confirmed COVID-19 cases and 83 COVID-19 related deaths were reported during the WHO Epi-Week-38 bringing the total cases and death to 68,820 and 1,096 respectively.
- The number of COVID-19 confirmed cases and deaths in Ethiopia have decreased by 19.72% and 12.63% respectively, in the WHO-Epi-Week-38 compared to the reports in Epi-Week-37.
- There were total of 3,331 newly recovered COVID-19 cases during the WHO Epi-Week-38, bringing the total number of recovered cases to 28,314.
- A total of 16,450 COVID-19 confirmed cases have been on Home Based Isolation and Care.
- A total of 7,523 contacts were identified during the WHO Epi-week-38.
- [Interim Guideline for Children Protection at Quarantine, Isolation and Treatment Centers in COVID-19 Pandemic](#) is published.

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

- Number of COVID-19 confirmed cases passed 30 million globally.
- Between December 31, 2019 and September 20, 2020, COVID-19 pandemic affected 216 countries/territories causing 30,675,675 cases and 955,881 deaths (CFR=3.12%) globally.
- Of the total cases and deaths reported since the beginning of the outbreak, 2,037,723 cases and 37,000 deaths were reported during the WHO Epi-Week-38.
- The United States of America (USA) reported the highest number of cases (6,662,003) with CFR of 2.98% followed by India (5,400,619 cases) with a CFR of 1.61%.
- In Africa, 56 countries/territories have reported COVID-19 cases.
- As of September 20, 2020, a total of 1,406,420 cases and 33,878 deaths were reported across the continent (CFR=2.41%). Of these 53,585 cases and 1,328 deaths were reported during the WHO-Epi-Week-38.
- Ethiopia reported the highest number of COVID-19 confirmed cases in East Africa. See the summary dashboard below.

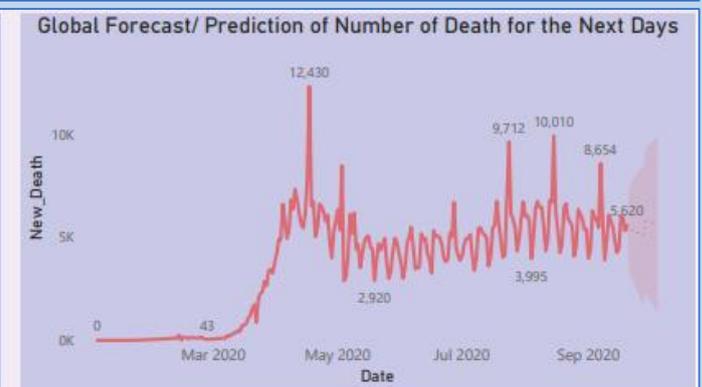
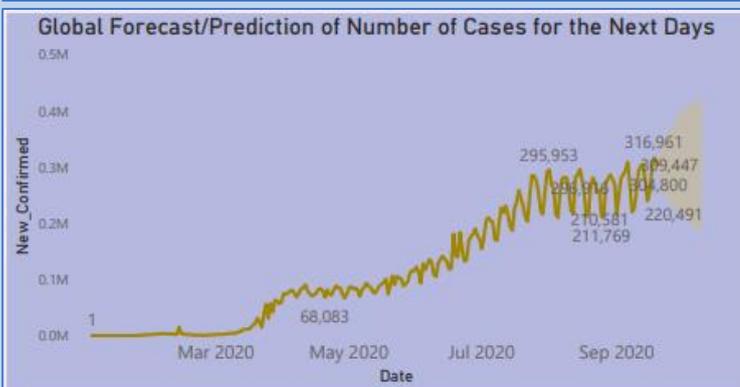
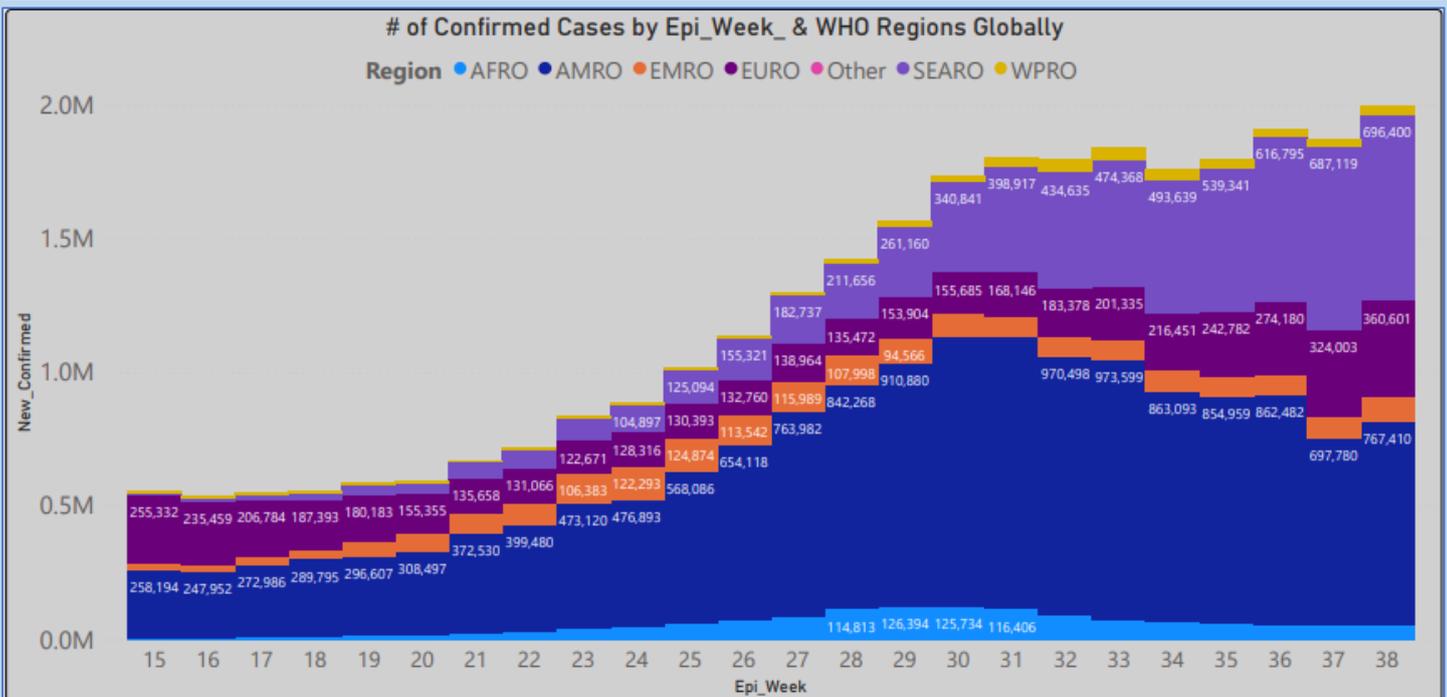
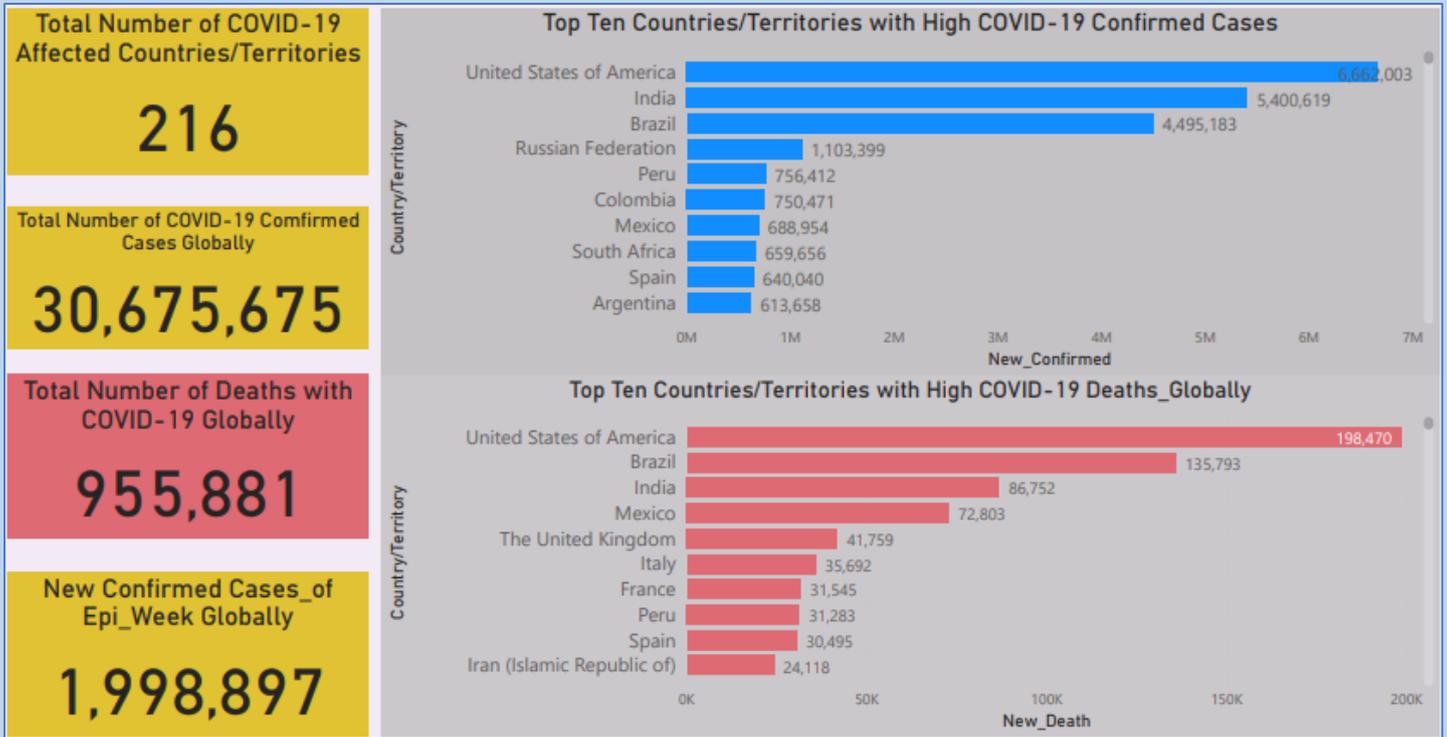


Fig. 1: COVID-19 Global Situation Update as of September 20, 2020 (Source: WHO)

of African Countries/Territories with COVID-19 Confirmed Cases

56

Total Number of Cases Confirmed in Africa

1,406,420

New Confirmed Cases in Africa with COVID-19_of Epi_Week

53,585

Total Number of Deaths in Africa with COVID-19

33,878

New Deaths in Africa with COVID-19_in Epi_Week

1,328

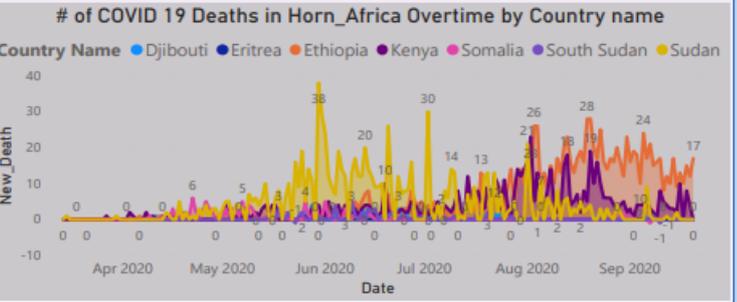
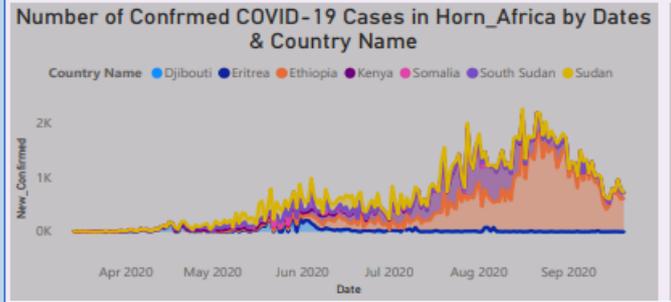
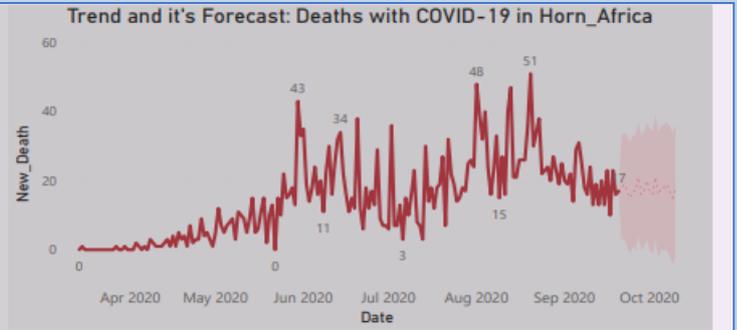
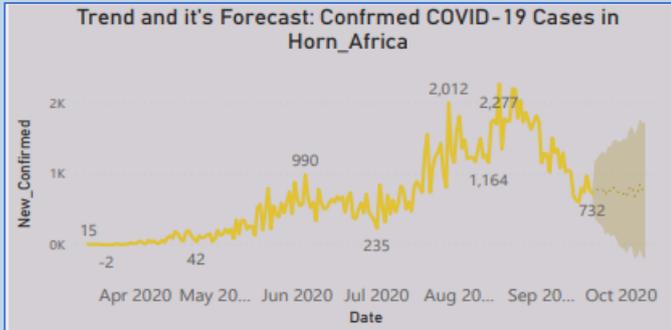
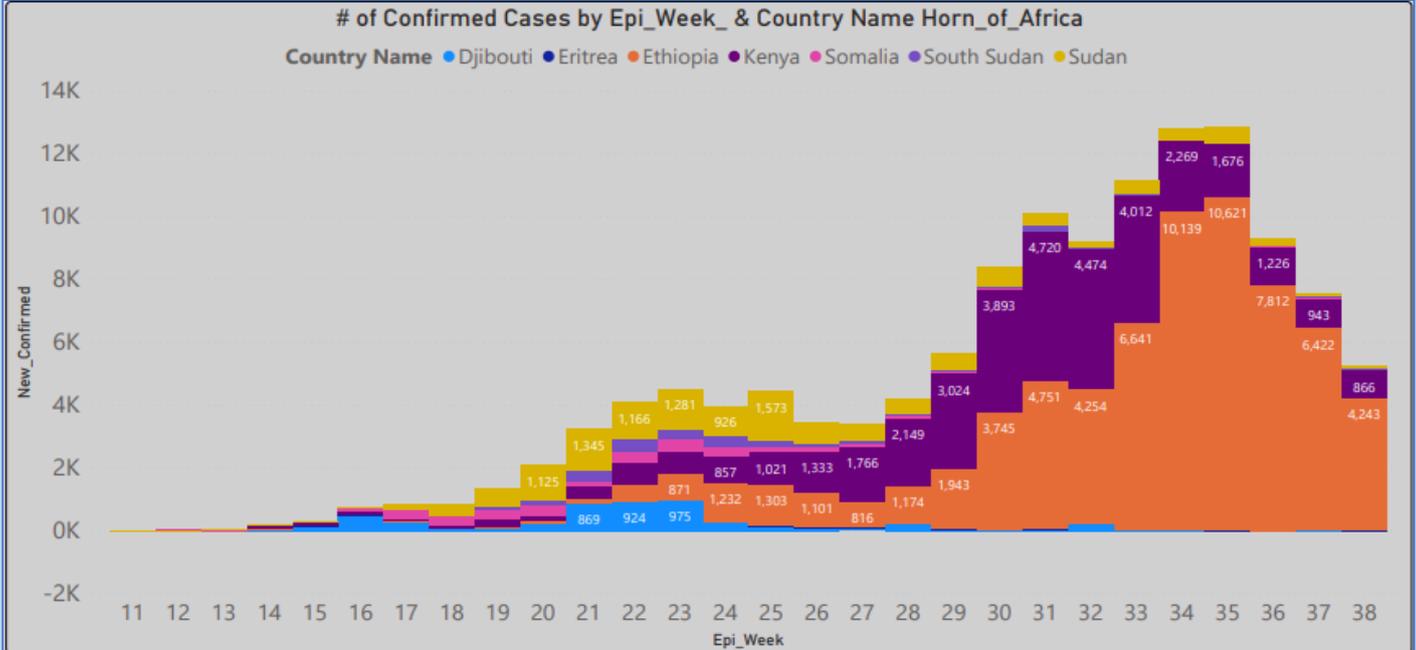
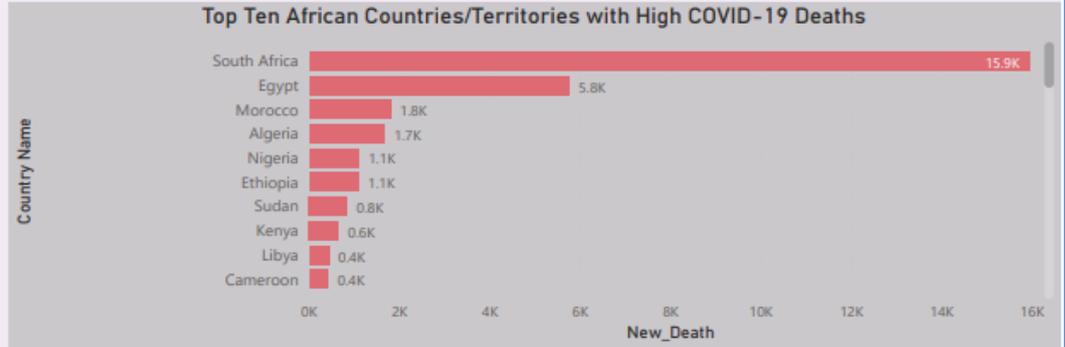
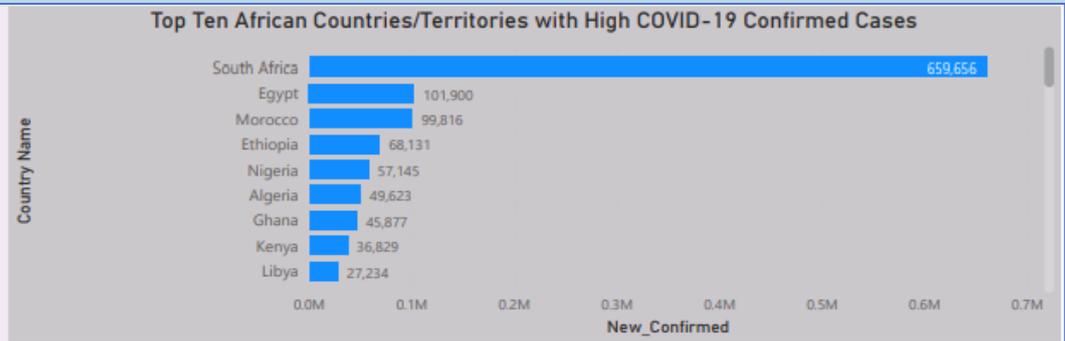


Fig. 2: COVID-19 Situation Update in Africa as of September 20, 2020 (Source: WHO)

National COVID-19 situation

- Four-thousand-five-hundred-nineteen (4,519) newly confirmed COVID-19 cases (19.72% decrease compared to that of Epi-Week-37) and 83 COVID-19 related deaths (12.63% decrease compared to that of Epi-Week-37) were reported during the WHO Epi-Week-38.
- As of September 20, a total of 68,820 confirmed COVID-19 cases and 1,096 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-38

COVID-19 Summary Information of Epi_Week								
Regions	New_Tested	New_Case	New_Admission	New_Death	New_Recovered	Positivity Rate	Admission_Rate	
Addis Ababa	26841	2207	420	77	693	8.4	35.0	
Amhara	10583	196	111	1	371	1.7	65.7	
Oromia	9474	893	143	3	304	10.3	23.0	
SNNPR	5462	188	155	0	430	4.4	66.9	
Tigray	4495	499	176	2	487	11.1	61.6	
Harari	2515	65	4	2	20	3.0	26.3	
Sidama	1318	188	78	2	354	14.4	68.9	
Diredawa	1129	74	51	1	72	8.4	72.6	
Afar	955	58	91	2	187	11.9	75.6	
Benishangul G	955	117	105	0	32	9.3	53.4	
Somali	928	29	3	0	84	4.6	32.0	
Gambella	151	5	48	0	51	0.4	67.7	
Total	64806	4519	1385	90	3085	7.3	54.0	

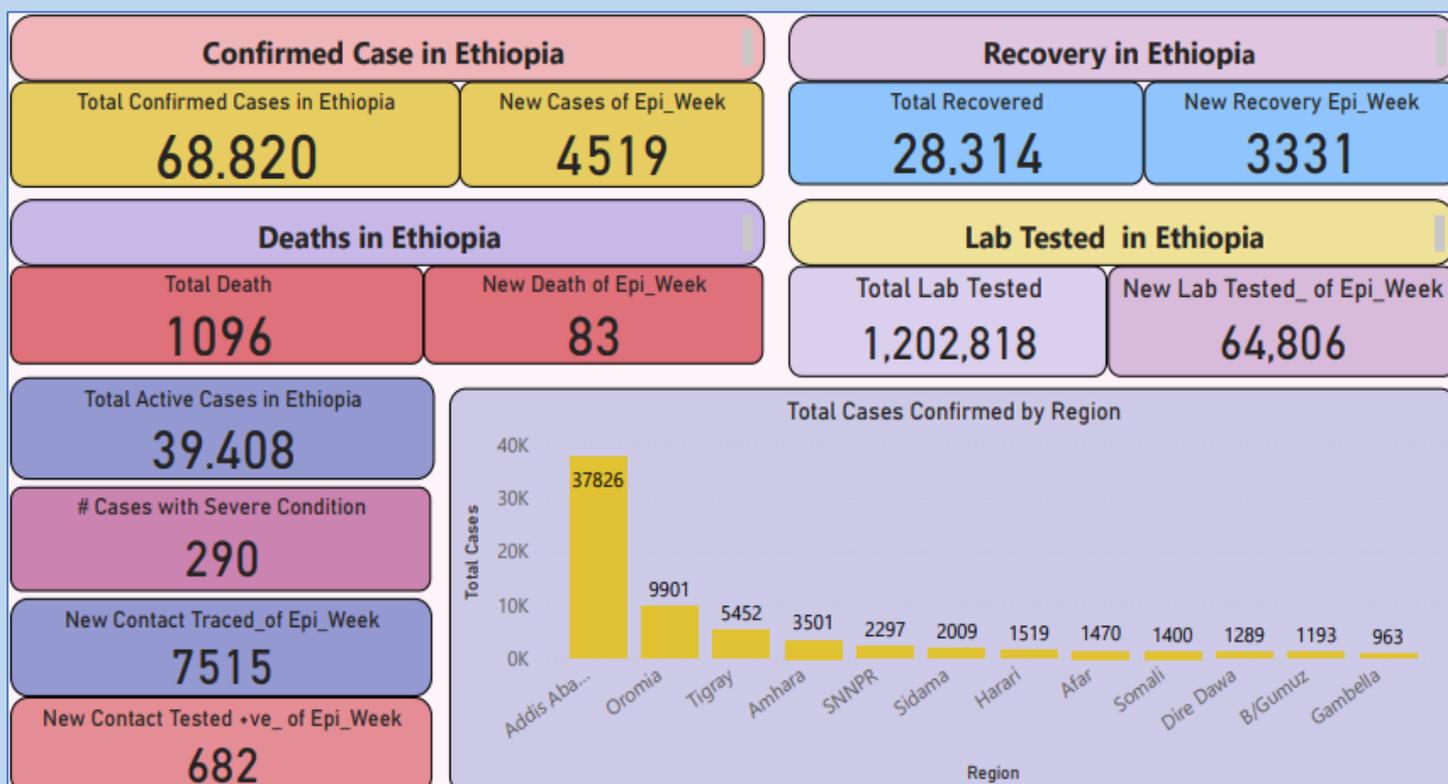


Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of September 20, 2020, Ethiopia

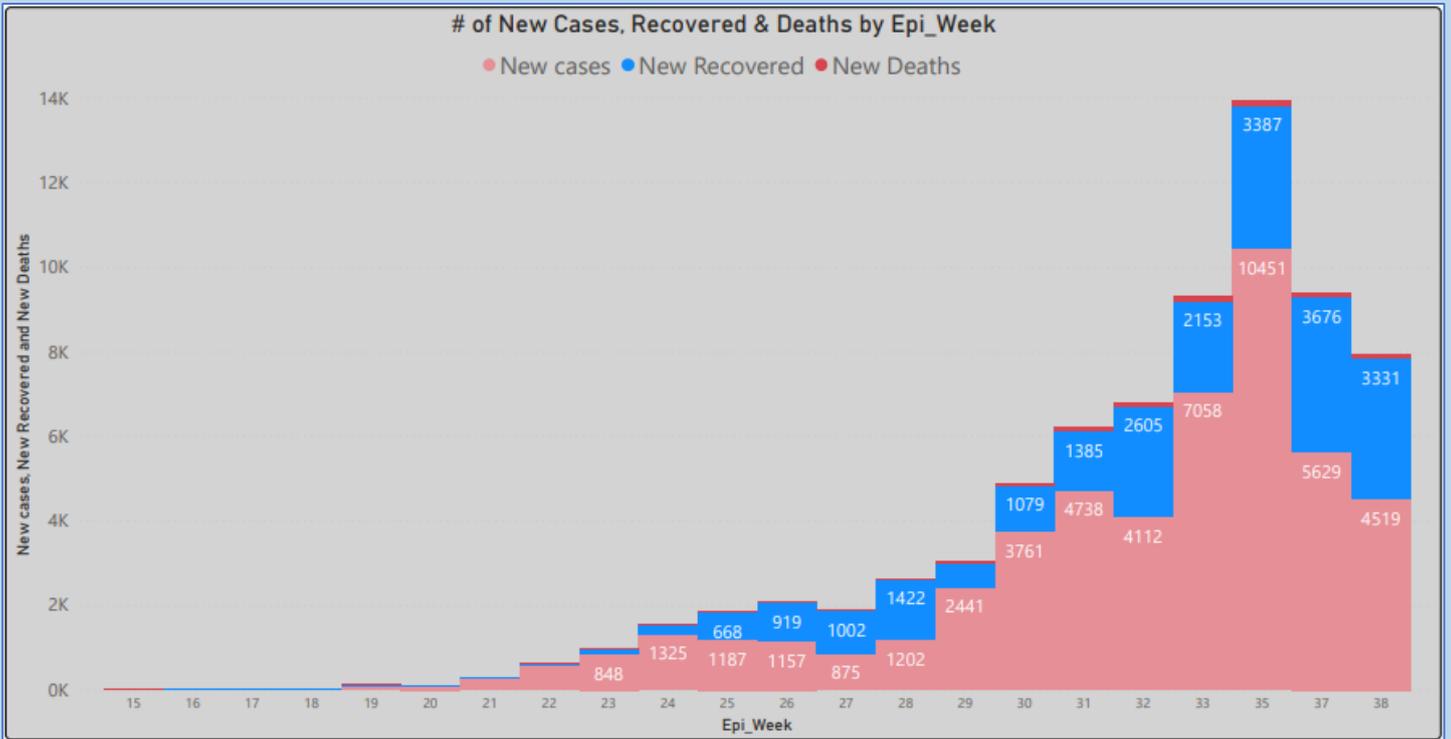


Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of September 20, 2020, Ethiopia

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.

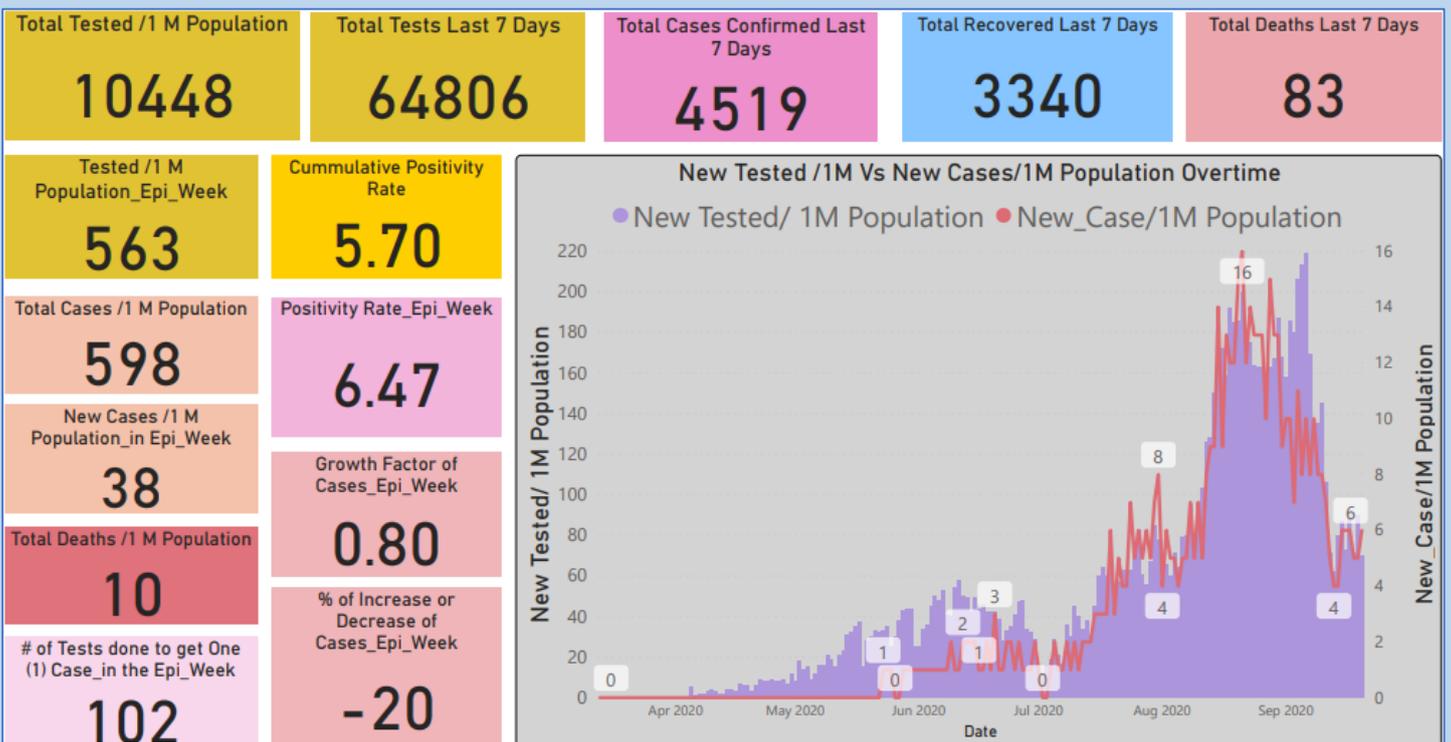


Fig. 5: Summary of COVID-19 confirmed cases in Ethiopia as of September 20, 2020.

Contact tracing and follow-up:

- As of September 13, 2020:
 - A total of 242,435 contacts of confirmed cases have been identified. Of these 7,523 contacts were identified in the WHO-Epi-Week-38.
 - Of total contacts, 191,271 (78.90%) have completed 14 days follow-up, while 30,085 contacts are still on follow-up.
 - 377 (0.16%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 341 (90.45%) have tested positive.
- Overall, 16,942 (6.99%) of the contacts (symptomatic plus asymptomatic) have tested positive, which are among the currently existing confirmed positive cases.
- Contacts contributed for the 24.62% of the total cases.

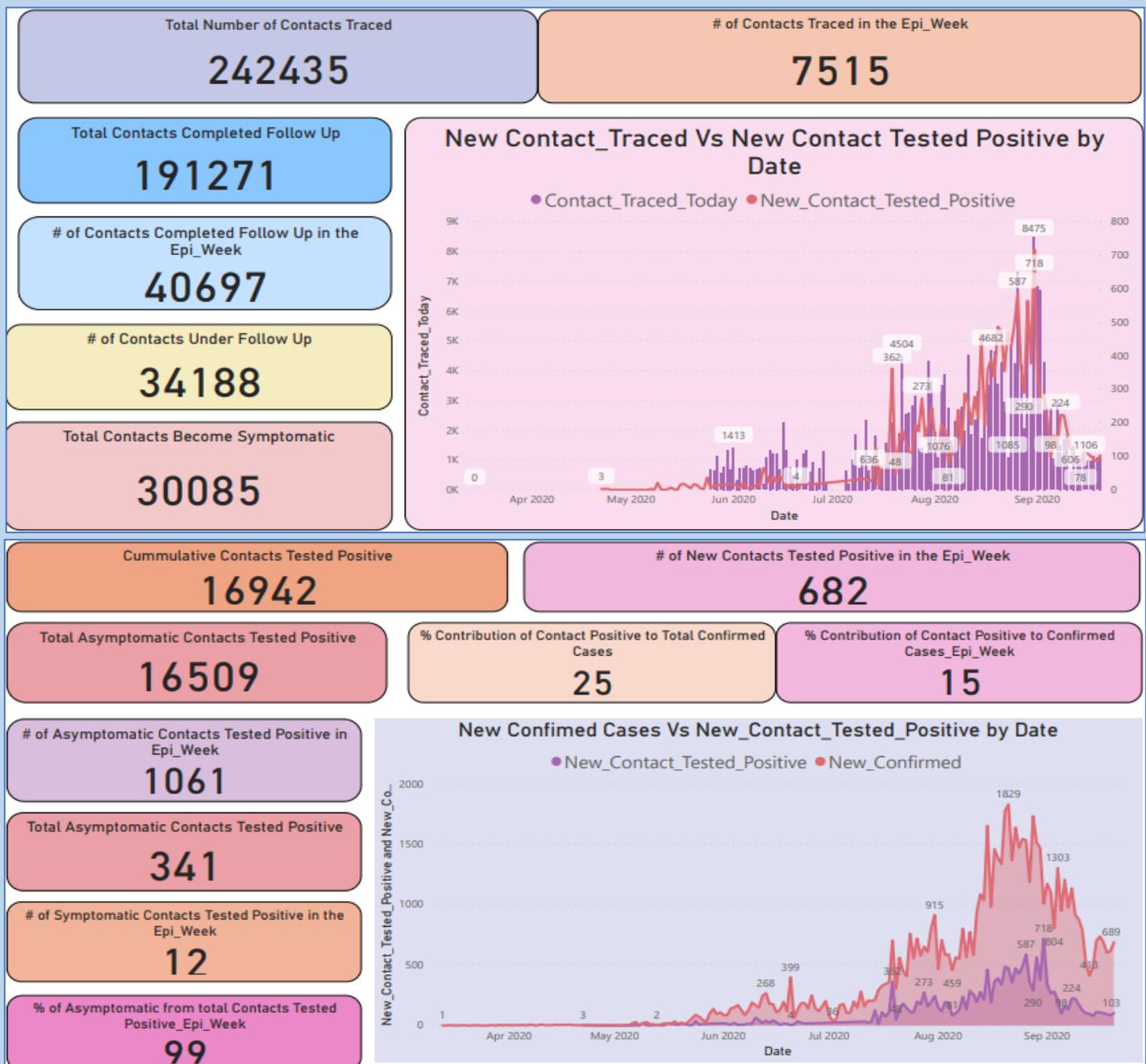


Fig. 6: Summary of COVID-19 contact tracing as of September 20, 2020, Ethiopia.

Rumors collection and verification from all sources

- As of September 20, 2020:
 - 267,178 rumors/alerts have been received and investigated. Of these, 10,089 rumors were reported in the WHO-Epi-Week-38.
 - 208,017 (77.86%) of the rumors/alerts have fulfilled the suspected case definition

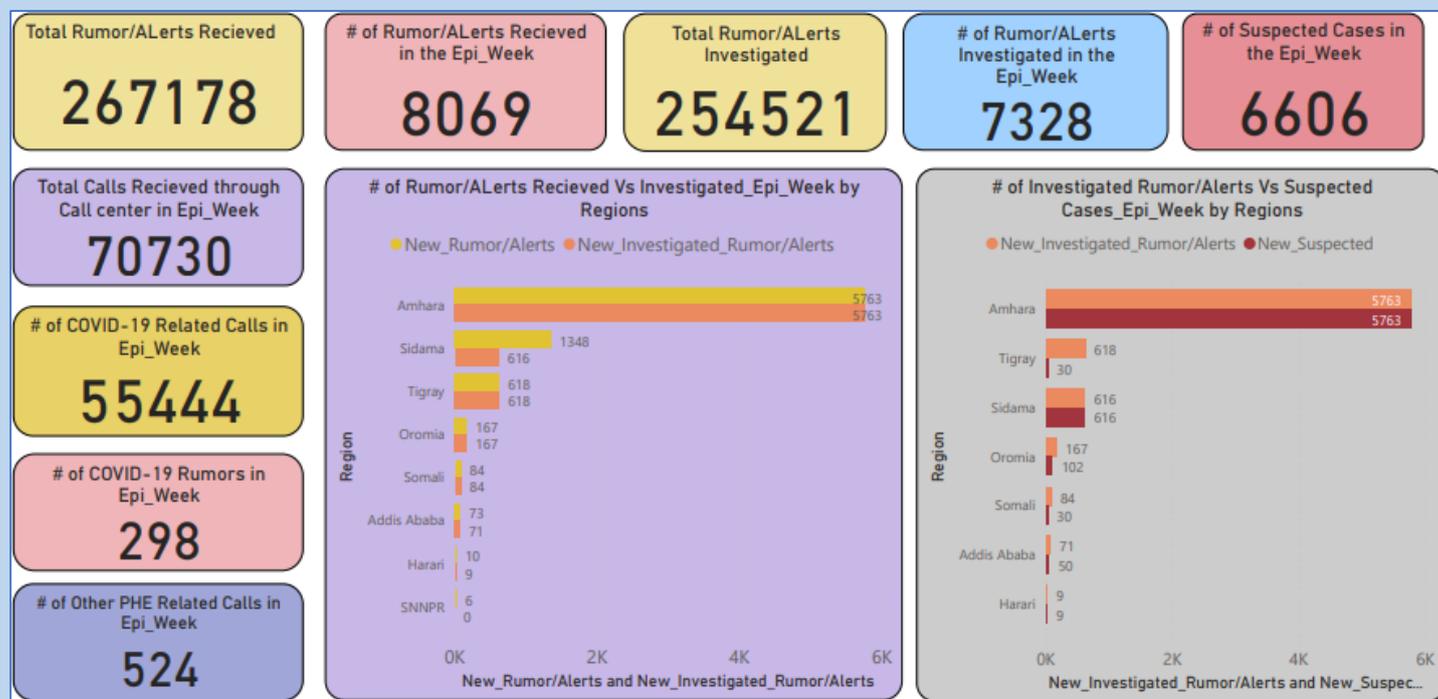


Fig. 7: Summary of COVID-19 rumor/alert investigation as of September 20, 2020, Ethiopia.

Point of entry and Quarantine related activities

- Since the start of the outbreak, 1,072,087 passengers have been screened at the Point of Entries of Ethiopia and 426,543 (39.90%) of them were screened at Bole International Airport.
- Of the total passengers screened, 22,424 are screened for COVID-19 in the Epi-Week-38.
- Nationally, 67,341 passengers have been quarantined since March 23, 2020 (when mandatory quarantine started). Of these, 33199 (49.30%) passengers have been quarantined in Addis Ababa.
- Currently 784 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.
- 64,806 laboratory tests were processed during the WHO Epi-Week-38, which is a 31.06% decrease compared to that of Epi-Week-37.
- The laboratory test positivity rate for the WHO-Epi-Week-38 is 6.97%, which is higher than the preceding week, which was 4.93%.
- The overall positivity rate since the occurrence of the disease in the country is 5.72%.

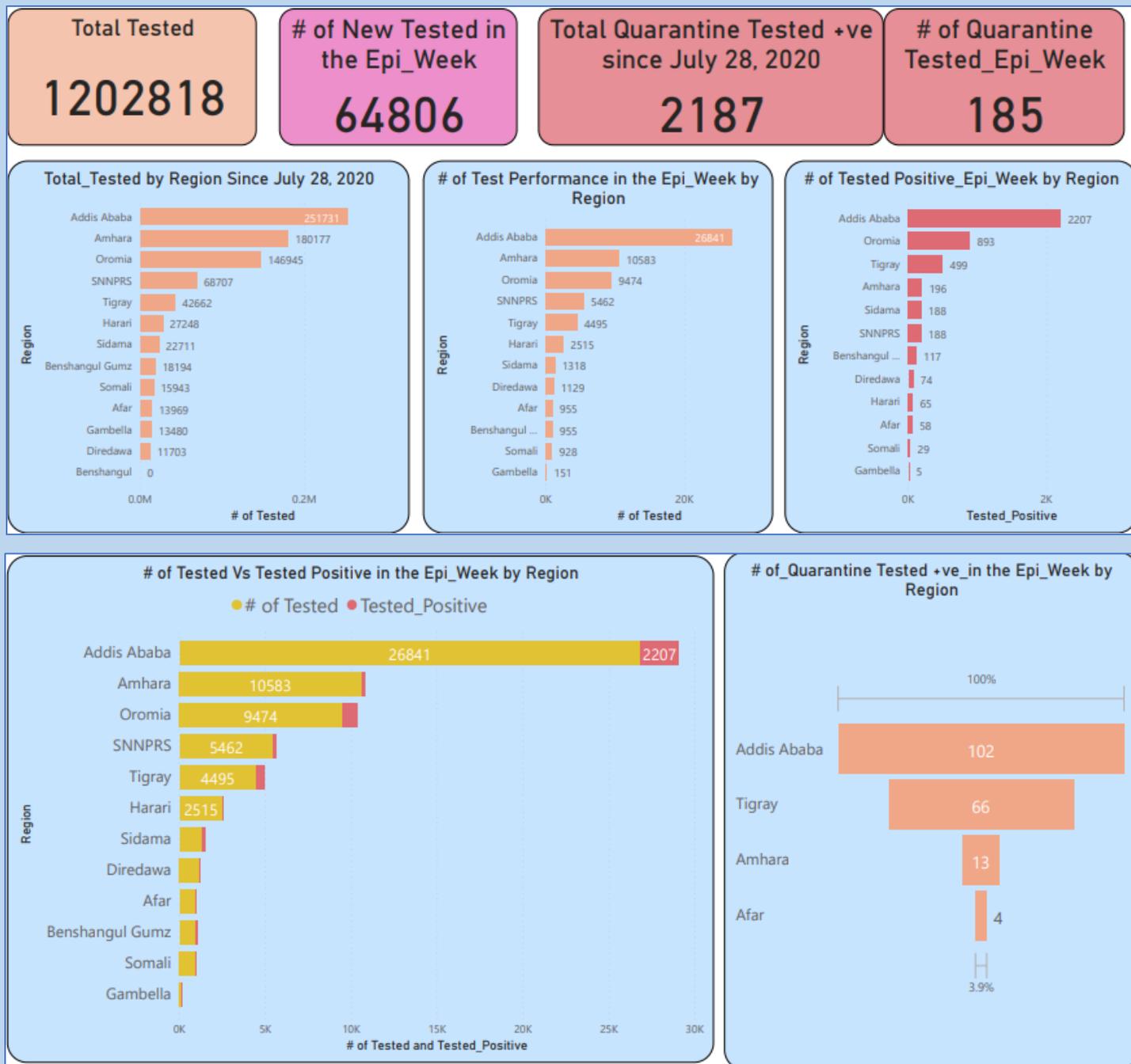


Fig. 8: Summary of COVID-19 laboratory testing as of September 20, 2020, Ethiopia.

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.
- Consultative meeting conducted with ministry of education how to work on school reopening.

- Coordination meeting conducted with National Disaster Risk Management Commission team to identify natural disaster at risk areas.
- Weekly zoom meeting done with regional Risk Communication and Community Engagement (RCCE) team to discuss on three-month plan and action to be taken on school re-opening.

V. Case Management and IPC

- Currently there are 39,408 active COVID-19 cases in the country.
- Of the active cases, 290 (0.74%) patients are in severe clinical condition.

Home Based Isolation and Care (HBIC):

- So far, total 16,450 COVID-19 confirmed cases have been on HBIC. Of them 9,952 (60.50%), have recovered and 4 died.
- Of these, 2,434 cases are enrolled to HBIC, 3547 cases have recovered and 1 case died on the WHO-Epi-Week-38.
- Currently 6,574 cases are on HBIC.
- So far, 152 of the cases have been transferred from treatment centers to HBIC after improvement.
- So far, 134 of the cases have been transferred from HBIC to treatment centers for better care.

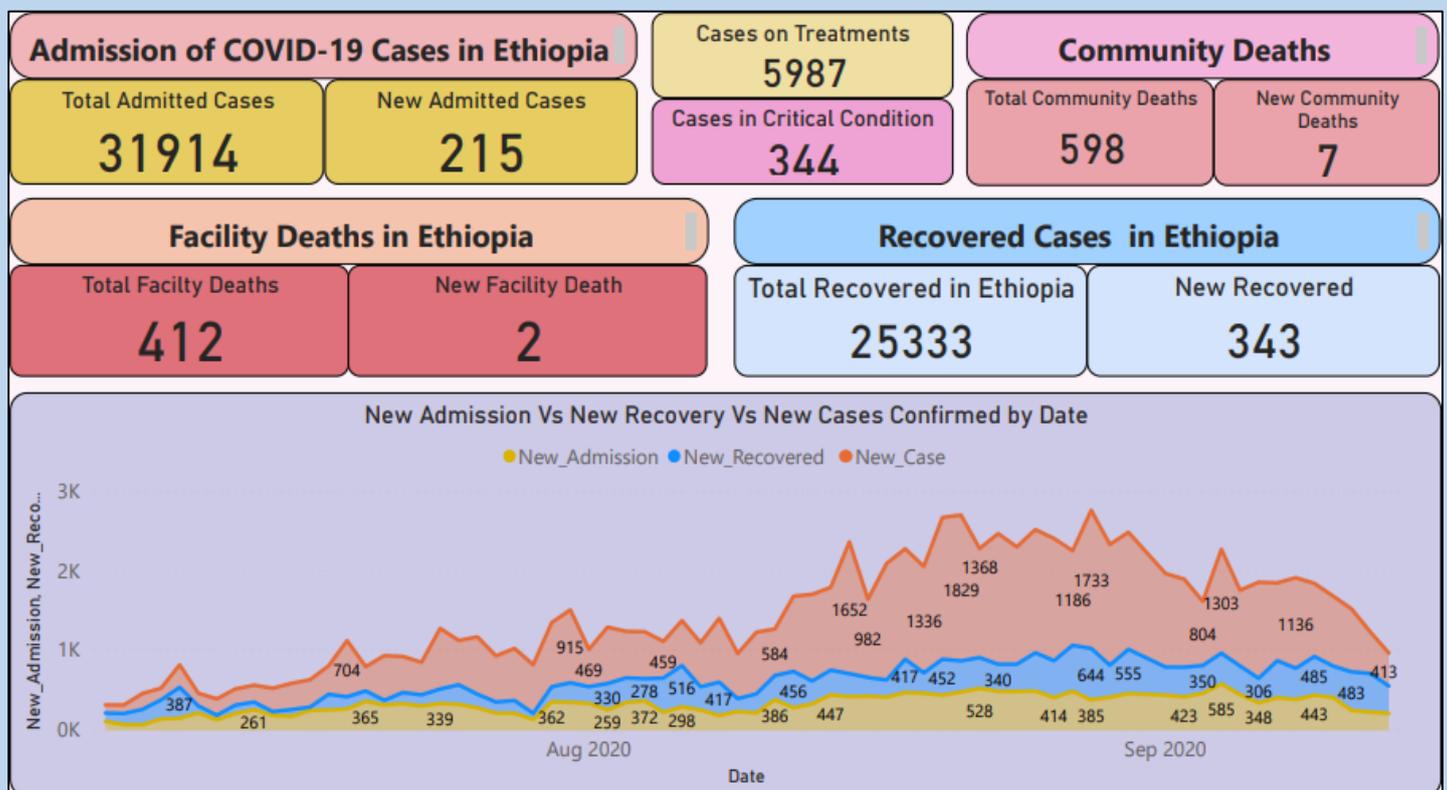


Fig. 13: Summary of case management update as of September 13, 2020.

VI. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- Orientation on COVID-19 response was given to 12 media house journalists who visited the Debre-Birhan, Adama and Wolkite COVID-19 treatment centers. They also observed how the community is practicing COVID-19 preventions measures.
- Live panel discussion conducted on Fana TV Laboratory updates and strict measures to be taken for prevention of COVID -19.



Panel discussion on COVID-19 prevention and control, September 16, 2020, Fana TV

- Mask Ethiopia Video and dangler messages prepared.



- 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.
- The US and UK government's donated 380 Oxygen concentrators (USAID 200 and DFID 180) that are essential in treating patients with a moderate to severe form of COVID-19.



Donation of oxygen concentrators by USAID and DFID to support COVID-19 response in Ethiopia, September 18, 2020, Addis Ababa, Ethiopia

VIII. Training and Orientation Activities

- There is ongoing training and orientation for the public and health professionals on COVID-19.
- Three days basic IPC training started in Addis Ababa for 15 health professionals to be deployed as IPC technical advisors for regions.



Basic IPC training for health professionals, September 14-16, 2020, Addis Ababa,

- Four days Home-Based Isolation and Care (HBIC) TOT for health professionals conducted for a total 40 health professionals (20 from Benishangul Gumuz region at Asosa town and 20 from Gambella region at Gambella town).



TOT for health professionals on HBIC, September 18-21, 2020, Asosa, Ethiopia

IX. Challenges and Way Forward

Challenges

- Weak adherence to physical distancing and other preventions advised 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.

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 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>How to Make COVID-19 Contact Tracing Apps Work: Insights From Behavioral Economics https://dx.doi.org/10.2139/ssrn.3689805</p>	<ul style="list-style-type: none"> • Contact Tracing Apps (CTAs) should be re-framed as Behavioral Feedback Apps (BFAs). • The main function of BFAs would be providing users with information on how to minimize the risk of contracting COVID-19, like how crowded a store is likely to be. • Moreover, the BFA could have a rating system that allows users to flag stores that do not respect safety norms like wearing masks.

	<ul style="list-style-type: none"> • These functions can inform the behavior of app users, thus playing a key role in containing the spread of the virus even if a small percentage of people download the BFA. • While effective contact tracing is impossible when only 3% of the population downloads the app, less risk taking by small portions of the population can produce large benefits. • BFAs can be programmed so that users can also activate a tracing function akin to the one currently carried out by CTAs. • Making contact tracing an ancillary, opt-in function might facilitate a wider acceptance of BFAs.
<p>Application of telemedicine during the coronavirus disease epidemics: A rapid review and meta-analysis http://dx.doi.org/10.21037/atm-20-3315</p>	<ul style="list-style-type: none"> • Telemedicine services should focus on the issues that the public is most concerned about, such as the symptoms, prevention and treatment of the disease, and provide reasonable advice to patients with symptoms or people with epidemic history.
<p>Community-Onset SARS-CoV-2 Infection in Young Infants: A Systematic Review https://dx.doi.org/10.1016%2Fj.jpeds.2020.09.008</p>	<ul style="list-style-type: none"> • Among young infants with laboratory-confirmed SARS-CoV-2 infection, most cases were mild to moderate and improved with supportive care. • The results demonstrate a need for a high index of suspicion for SARS-CoV-2 infection in young infants presenting with generalized symptoms such as fever or decreased feeding, even in the absence of respiratory symptoms.
<p>A Systematic Review of the Neuropathologic Findings of Post-Viral Olfactory Dysfunction: Implications and Novel Insight for the COVID-19 Pandemic https://doi.org/10.1177%2F1945892420957853</p>	<ul style="list-style-type: none"> • The mechanism of post-viral olfactory dysfunction is highly complex, virus-dependent, and involves a combination of insults at multiple levels of the olfactory pathway. • This will have important implications for future diagnostic and therapeutic developments for patients infected with COVID-19.
<p>Acute Kidney Injury is Associated with Worse Prognosis In COVID-19 Patients: A Systematic Review and Meta-analysis https://doi.org/10.23750/abm.v9i1i3.10222</p>	<ul style="list-style-type: none"> • According to current data, Acute Kidney Injury (AKI) seems to be associated with worse prognosis in COVID-19 -patients. • Further investigation of the underlying mechanism of renal disease in COVID-19 would be needed to clarify possible therapeutic targets. • AKI could be used as a clinical characteristic in severity classification and risk-stratification.
<p>Body Mass Index and Prognosis of COVID-19 Infection. A Systematic Review https://dx.doi.org/10.3389%2Ffendo.2020.00562</p>	<ul style="list-style-type: none"> • Most of the included studies showed some degree of association to: <ul style="list-style-type: none"> ○ Higher BMI and worse clinical presentation and ○ Obesity and need of hospitalization. • The results were inconsistent about the impact of obesity on mortality. • Based on limited methodological quality studies, obesity seems to predict poor clinical evolution in patients with COVID-19.
<p>Gastrointestinal Symptoms Are Associated with the Increased Risk of Progression from Non-Severe to Severe Illness in COVID-19 Patients: A Multicenter, Retrospective Study https://ssrn.com/abstract=3666289</p>	<ul style="list-style-type: none"> • The occurrence of Gastro-intestinal symptoms is proved the independent risk factor for progression from non-severe to severe illness, which might be a crucial indicator in the early prevention of illness deterioration.

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

PREPARED BY

Fantu Lombamo (MD, MPH) – Planning Section, Situation Unit Lead
Negusse Yohannes (PhD in Statistics) – Planning Section, Situation Unit Member

CONTRIBUTORS

Zelalem Kebede (MPH) – Planning Section, Situation Unit Member
Haftom Taame (MPH-Field Epi) - Africa CDC
Lehageru Gizachew (MD, MPH) – Planning Section, Situation Unit Member

EDITED AND REVIEWED BY

Shambel Habebe (MPH-Field Epi) - Planning Section Chief
Zewdu Assefa (MPH- Field Epi) - Deputy Incident Manager
Aschalew Abayneh (RN, BSc, MPH) - DDG-EPHI, Incident Manager

National PHEOC COVID-19 Response

FOR MORE INFORMATION and NOTIFICATION

Web: www.ephi.gov.et

Follow us on Twitter: @EPHIethiopia

Call: 8335/952 (TOLL FREE LINE) or 011 276 5340

Email: ephieoc@gmail.com or pheodatacenter@gmail.com