I. HIGHLIGHTS

- The total number of COVID-19 cases in Ethiopia surpassed 3,000.
- One-thousand-three-hundred-twenty-five new confirmed COVID-19 cases (40% of the total cases) and thirty COVID-19 related deaths (52% of the total deaths) were reported during the WHO Epi-Week-24.
- As of June 14, 2020, a total of 3,345 COVID-19 confirmed cases and 57 deaths have been reported in Ethiopia.
- Two-hundred-one (201) people, which contribute 37% of the total recovery, have newly recovered from COVID-19 during the WHO Epi-Week-24 bringing the total number of recovered cases to 545.
- A total of 24,973 contacts of confirmed cases have been identified as of June 14, 2020. Of these, 6,840 contacts are identified during the WHO Epi-week-24.
- EPHI has published guidance on Mental health and psychological-social services in quarantine (Amharic and English Versions) and Self-care tips in maintaining mental health and psychosocial well-being.
- Response strategies revision is ongoing and draft document developed to revise the overall containment and mitigation approach for COVID-19 pandemic.
- Dire Dawa Public Health Research and Reference Laboratory started COVID-19 testing.
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 central and the regional Public Health Emergency Operation Centers (PHEOC) have been activated and laboratory diagnosis capacity has been expanded to other national institutions, subnational and private laboratories.

The national and regional PHEOC are playing a pivotal role in coordinating resources from different responding agencies and coordinating COVID-19 related information through a regular EOC meetings and partners’ coordination forums. The MOH and EPHI are providing information to the general public and stakeholders on a regular and uninterrupted manner using different means of communication modalities.

The WHO and other partners are currently supporting in scaling-up preparedness and response efforts and implementation of related recommendations suggested by the IHR Emergency Committee.

III. EPIDEMIOLOGICAL SITUATION

Global Situation

- Between December 2019 to June 14, 2020, COVID-19 pandemic affected 216 countries/territories causing 7,703,366 cases and 434,674 deaths (CFR=5.64%) globally.

- Of the total cases and deaths reported since the beginning of the outbreak, 890,995 (11.57%) cases and 59,720 (13.74%) deaths were reported during the WHO Epi-Week-24.

- The United States of America (USA) reported the highest number of cases (2,032,524) and deaths (115,494) with CFR of 5.68% followed by Brazil (828,810 cases and 41,662 deaths with a CFR of 5.03%). Among the confirmed cases the highest proportion of death occurred in the United Kingdom with CFR of 14.10%.

- In Africa, 56 countries/territories have reported COVID-19 cases.

- As of June 14, 2020, a total of 235,399 cases and 6,334 deaths were reported across the continent (CFR=2.69%).

- During the WHO-Epi-Week-24, a total of 48,816 (20.74%) cases and 1,255 (19.81%) deaths were reported across the continent.

- The highest number of cases were reported from South Africa, 65,736 (27.93%) cases followed by Egypt, 42,980 (18.26%) cases, and Nigeria, 15,181 (6.45%). See the summary dashboard below.
Fig. 1: Global Situation Update as of June 14, 2020 (Source: WHO)
Fig. 2: Africa Situation Update as of June 14, 2020 (Source: WHO)
National COVID-19 situation

- In Ethiopia, the first COVID-19 case was reported on March 13, 2020.
- It took 77 days to surpass the first 1000 cases; 7 days to surpass two thousand cases and only 6 days to surpass three thousand cases. This shows that there is an alarming increment of the number of COVID-19 cases in the country and community transmission is ongoing.
- One-thousand-three-hundred-twenty-five new confirmed COVID-19 cases (39% of the total cases reported so far) and 30 COVID-19 related deaths (more than half of the total deaths reported so far) were reported during the WHO Epi-Week-24.
- The number of cases are increasing alarmingly mostly from the community and contacts of confirmed cases.
- As of 14 June 2020, a total of 3,345 confirmed COVID-19 cases and 57 deaths are recorded in the country.

National COVID-19 updates

![Fig. 3: Summary of the COVID-19 situation in Ethiopia as of June 14, 2020](image-url)
Fig. 4: Geographical distribution of COVID-19 confirmed cases in horn of Africa and Ethiopia, as of June 14, 2020

Fig. 5: Trend of COVID-19 confirmed cases, death and recovery by date of reporting till June 14, 2020

Fig. 6: COVID-19 confirmed cases by WHO Epi-Week as of June 14, 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 and 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 and laboratory investigation of suspected cases, quarantined individuals, contacts of confirmed cases, SARI/pneumonia cases and community members.

![Chart showing contact tracing summary dashboard as of June 14, 2020](chart.png)
Fig. 9: Mandatory quarantine update as of June 14, 2020, Ethiopia

Laboratory related activities

- Laboratory testing capacity is increasing nationally from time to time in number of tests daily and a total of 34 laboratories are currently conducting COVID19 testing.
- As of June 14, 2020, a total of 181,349 samples have been tested for COVID-19 by laboratories in the country.
- A total of 38,389 (21.17%) of the total laboratory tests were done during the WHO Epi-Week-24
- Laboratory Information System (LIS) - DHIS II Digitization piloting is ongoing.
- Dire Dawa Public Health Research and Reference Laboratory started COVID-19 testing

Specimen Collection by Site and Performance

Nationally

- Weekly performance was 93.2%
- In average 2,962 specimen collected per day
- The community sample collection site includes:
  - Different private and public services providers
  - Market Area
  - Overcrowding area (Bus station)
  - Most at risk group (Elders, Children Homeless and Chronic disease patients)
- Health facility and Community screening activity account for 87.4% the total specimen collection

**COVID-19 Laboratory Testing Performance**

### COVID-19 Test Conducted Vs. Test Result Issued with 24 TAT

<table>
<thead>
<tr>
<th>Date</th>
<th>Test Done</th>
<th>Test Result Issued within 24 Hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-Jun-20</td>
<td>4517</td>
<td>2755</td>
</tr>
<tr>
<td>9-Jun-20</td>
<td>6032</td>
<td>3293</td>
</tr>
<tr>
<td>10-Jun-20</td>
<td>6630</td>
<td>4104</td>
</tr>
<tr>
<td>11-Jun-20</td>
<td>5331</td>
<td>2692</td>
</tr>
<tr>
<td>12-Jun-20</td>
<td>5649</td>
<td>3079</td>
</tr>
<tr>
<td>13-Jun-20</td>
<td>4845</td>
<td>2674</td>
</tr>
<tr>
<td>14-Jun-20</td>
<td>4804</td>
<td>2503</td>
</tr>
</tbody>
</table>

- Total of 37,808 tests conducted in the Week
- 21,101 (57.5%) result issued within 24hr after receiving the specimen
- 20.0% of the total test conducted was done in this week

- The positivity rate is significantly high among the dead body test compared to the general population
- The Overall proportion of Turnaround Time of issuing test results within 24hr after receiving of specimen is 60.1%. 
IV. Coordination and Leadership

- Since its activation, the national PHEOC is collaboratively working with stakeholders: government agencies, partner organizations, UN agencies, embassies, hospitality sector, Industrial parks and others.

- The team led by H.E State Minister, MOH and EPHI DDG visited Harari Region and Dire Dawa City Administration COVID19 preparedness and response activities and non-COVID-19 essential services.

- Dire Dawa City Administration announced the COVID19 testing capacity at regional laboratory.

- Weekly virtual (zoom) meeting being conducted with technical working group members, which comprises members from subnational level focal, key partners and stakeholders.

- Morning briefing of IMS core staffs and key partners’ representatives is being conducted on daily basis.
Weekly leadership and strategic virtual meeting, chaired by the H.E MOH Minister being conducted. The main agenda was the need of overall strategic shift as the epidemic overwhelming and community transmission is ongoing in Addis Ababa City Admin and imminent in the other regions.

Supports (financial, logistic and technical) are being received from partners, private institutions, individuals and donors.

V. Case Management and IPC

- As of June 14, 2020, about 57% of the total cases in the treatment centers were asymptomatic.
- There were twenty nine patients in severe condition, three in critical condition and all the other patients are on medical care in stable condition.
- Two-hundred-one cases recovered in WHO Epi-Week-24 which brings a total recovered case to 545.

VI. Risk Communication and Community Engagement (RCCE)

- Different poster, brochures, audio and video messages focusing on COVID-19 risk perception and practice developed.
- Daily press statement is being provided on COVID-19 situation on daily basis
- There is ongoing production of COVID-19 informative audio and video messages.
VII. Logistic and Supplies

- There are ongoing distribution of pharmaceuticals and medical supplies to quarantine, isolation and treatment centers and other health facilities and regions.

- Number of governmental and Non-Governmental organizations, individuals and partners have donated different medical supplies and infrastructures for COVID-19 response.

- Customs clearance for donations’ shipment is ongoing.

VIII. Training and Orientation Activities

- There is ongoing virtual and in person training and orientation for health professionals on COVID-19.

- COVID-19 training has been ongoing for the health workers of the Ministry of Defense and Federal Police Health Departments in different rounds.

- Mobile based training for Health Extension Workers (HEWs) is ongoing.

- So far, a total of 3,233 HEWs enrolled and 2,038 completed the mobile-based HEWs training both in Addis Ababa City Admin and Amhara Region.

- WASH and IPC TOT was provided for health professionals in Amhara, Somali and Afar Regions. The TOT is being provided for Harari and Oromia Regions and Dire Dawa City administration.
IX. Challenges and Way Forward

Challenges

- Report incompleteness from some regions.
- Increasing number of COVID-19 related community deaths detected during dead body testing.
- Treatment and isolation centers are overwhelmed that require strategic shift in case management.
- Low face mask stock and personal protective equipment for the health workers.
- Failure to adhere to physical/social distancing and other preventions advises among the public.
- Competing priorities due to superimposed disease outbreaks in some areas.

Way Forward

- Revise the response strategies in light with the changing the situation and demands.
- Suppress the spread and enhance the mitigation activities as per revised strategies for areas confirmed of community transmission.
- Conduct intensive testing and investigation to generate evidences for appropriate strategic action.
- Enhance active surveillance for COVID-19 including house-to-house case search and detection in the community.
- 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.
- Intensification of a capacity building activities 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:

- The number of COVID-19 cases are increasing rapidly due to community transmission.
- It is important to be informed of the situation and take appropriate measures to protect yourself and your family.
  - Stay at home
  - Wash hands frequently
  - Don’t touch your mouth, nose or eye by unwashed hands
  - Keep physical distancing; avoid mass gathering, shaking hands and
- 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

<table>
<thead>
<tr>
<th>MOH/EPHI/Region</th>
<th>Facebook page</th>
<th>Toll-free hotline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopian Public Health Institute</td>
<td><a href="https://www.ephi.gov.et/">Main Website</a></td>
<td>8335</td>
</tr>
<tr>
<td>Ethiopian Public Health Institute</td>
<td><a href="https://covid19.ephi.gov.et/">COVID-19 Website</a></td>
<td></td>
</tr>
<tr>
<td>Ethiopian Public Health Institute</td>
<td><a href="https://www.facebook.com/ephipage/">Facebook Page</a></td>
<td></td>
</tr>
<tr>
<td>Ethiopian Public Health Institute</td>
<td><a href="https://twitter.com/EPHIEthiopia">Twitter Page</a></td>
<td></td>
</tr>
<tr>
<td>Ministry of Health, Ethiopia Website</td>
<td><a href="https://www.moh.gov.et">Website</a></td>
<td>952</td>
</tr>
<tr>
<td>Ministry of Health, Ethiopia Facebook</td>
<td><a href="https://www.facebook.com/EthiopiaFMoH/">Page</a></td>
<td></td>
</tr>
<tr>
<td>Afar Regional Health Bureau</td>
<td><a href="https://www.facebook.com/afarrhb.org/">Website</a></td>
<td>6220</td>
</tr>
<tr>
<td>Amhara Regional Health Bureau</td>
<td><a href="https://www.facebook.com/Amhara-Healthbureau-682065755146948/">Website</a></td>
<td>6981</td>
</tr>
<tr>
<td>Benishangul Gumuz Regional Health Bureau</td>
<td><a href="https://www.facebook.com/Benishangul-Gumuz-Health-Bureau-1676282159265517/">Website</a></td>
<td>6016</td>
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<tr>
<td>Gambela Regional Health Bureau</td>
<td><a href="https://fb.me/gambellaregionhealthbureau">Website</a></td>
<td>6184</td>
</tr>
<tr>
<td>Harari Regional Health Bureau</td>
<td><a href="https://www.facebook.com/Harari-Regional-Health-Bureau-1464182130355007/">Website</a></td>
<td>6864</td>
</tr>
<tr>
<td>Oromia Regional Health Bureau</td>
<td><a href="https://www.facebook.com/OromiaHealth/">Website</a></td>
<td>6955</td>
</tr>
<tr>
<td>Somali Regional Health Bureau</td>
<td><a href="https://www.facebook.com/srhbdotcom/">Website</a></td>
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<tr>
<td>SNNP Regional Health Bureau</td>
<td><a href="https://www.facebook.com/snprhealthbureau/?ref=br_rs">Website</a></td>
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<tr>
<td>Tigray Regional Health Bureau</td>
<td><a href="https://www.facebook.com/tigrayrhh/">Website</a></td>
<td>6244</td>
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<tr>
<td>Dire Dawa city Administration Health Bureau</td>
<td><a href="https://www.facebook.com/Dire-Dawa-Administration-Health-Bureau-1371606266279524/">Website</a></td>
<td>6407</td>
</tr>
<tr>
<td>Addis Ababa City Administration Health Bureau</td>
<td><a href="https://www.facebook.com/aahb.gov.et/">Website</a></td>
<td>6406</td>
</tr>
</tbody>
</table>
### Health evidence summary:

<table>
<thead>
<tr>
<th>Articles/Comment/Correspondence/Editorials</th>
<th>Summary</th>
</tr>
</thead>
</table>
| **Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis.** [https://doi.org/10.1016/S0140-6736(20)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9) | - A systematic review and meta-analysis was done to investigate the optimum distance for avoiding person-to-person virus transmission and to assess the use of face masks and eye protection to prevent transmission of viruses.  
- Transmission of viruses was lower with physical distancing of 1 m or more, compared with a distance of less than 1 m (moderate certainty).  
- Protection was increased as distance was lengthened (moderate certainty).  
- Face mask use could result in a large reduction in risk of infection, with stronger associations with N95 or similar respirators compared with disposable surgical masks or similar (low certainty).  
- Eye protection also was associated with less infection (low certainty). |
| **Significance of Clinical Phenomes of Patients With COVID-19 Infection: A Learning From 3795 Patients in 80 Reports.** [https://doi.org/10.1002/ctm2.17](https://doi.org/10.1002/ctm2.17) | - This paper summarized clinical phenomes of 3,795 patients with COVID-19 based on 80 published reports.  
- Clinical phenomes of patients with SARS-CoV-2 infection are critical in distinguishing it from other respiratory infections.  
- Findings show, the extent and characteristics of phenomes varied depending on the severities of the infection, for example, beginning with fever or a mild cough, progressed with signs of pneumonia, and worsened with severe or even fatal respiratory difficulty in acute respiratory distress syndrome.  
- The data show that the incidence of male patients was higher than that of females and the level of C-reactive protein was increased as well as most patients' imaging included ground-glass opacity. |
| **Epidemiological Characteristics of and Containment Measures for Coronavirus Disease 2019 in Busan Metropolitan City, South Korea.** [https://doi.org/10.4178/epih.e2020035](https://doi.org/10.4178/epih.e2020035) | - In this study any individual who tested positive for COVID-19 was classified as a confirmed case and measures were taken to identify the source of infection and trace and quarantine contacts.  
- All confirmed cases were placed in isolation at hospitals.  
- With regard to symptoms at the time of diagnosis, cough and fever were most common; and 12 cases (11.1%) were asymptomatic.  
- The source of infection was identified in 99 cases (91.7%). A total of 3,223 contacts were identified and quarantined.  
- Household contacts accounted for 196, and the household secondary attack rate was 8.2%.  
- The mean serial interval was estimated to be 5.54 days.  
- After February 26, R_t remained below 1 in Busan.  
- In conclusion, the early containment strategy implemented in Busan shows that control is possible if outbreaks are of limited scope. |
| **Mental Health Outcomes of Quarantine and Isolation for Infection Prevention: A Systematic Umbrella Review of the Global Evidence.** [https://doi.org/10.4178/epih.e2020038](https://doi.org/10.4178/epih.e2020038) | - This study aimed to synthesize the available evidence on mental health outcomes of quarantine and isolation for preventing infectious diseases and eight reviews met the criteria.  
- These articles reported a high burden of mental health problems among patients, informal caregivers, and healthcare providers who experienced quarantine or isolation.  
- Prevalent mental health problems among the affected individuals include depression, anxiety, mood disorders, psychological distress, posttraumatic stress disorder, insomnia, fear, stigmatization, low self-esteem, lack of self-control, and other adverse mental health outcomes. |
| **Seroprevalence of SARS-CoV-2 in Hong Kong and in residents evacuated from Hubei province, China: a multicohort study.** [https://doi.org/10.1016/S2666-5247(20)30053-7](https://doi.org/10.1016/S2666-5247(20)30053-7) | - A multicohort study in a hospital and university in Hong Kong was done.  
- The seropositivity of the general population of Hong Kong before and after the pandemic had begun was compared, and determined the seropositivity of Hong Kong residents evacuated from Hubei province, China, in March, 2020. |
| Pulmonary post-mortem findings in a series of COVID-19 cases from northern Italy: a two-center descriptive study. [Link](https://doi.org/10.1016/S1473-3099(20)30434-5) | We systematically analyzed lung tissue samples from 38 patients who died from COVID-19 in two hospitals in northern Italy between Feb 29 and March 24, 2020.  
The predominant pattern of lung lesions in patients with COVID-19 patients is diffuse alveolar damage, as described in patients infected with severe acute respiratory syndrome and Middle East respiratory syndrome coronaviruses.  
Hyaline membrane formation and pneumocyte atypical hyperplasia are frequent.  
Importantly, the presence of platelet-fibrin thrombi in small arterial vessels is consistent with coagulopathy, which appears to be common in patients with COVID-19 and should be one of the main targets of therapy. |
|---|---|
| Optimizing SARS-CoV-2 pooled testing for low-resource Settings. [Link](https://www.thelancet.com/pdfs/journals/lanmic/PIIS2666-5247(20)30056-2.pdf) | Several policy proposals have been supporting mass individual testing to suppress SARS-CoV-2 but with restricted testing capacity.  
Such testing is not only infeasible for low-income countries, but also an inefficient use of scarce testing kits that adversely affects the global supply of testing kits.  
Three approaches to group testing that are benchmarked against individual testing are discussed: Approach 1 discusses prevalence estimation, and approaches 2 and 3 discuss strategies to relax lockdowns with maximum laboratory capacities of pooling  
The study in conclusion shows group testing offers a viable alternative. |
| Correlation between Heart fatty acid binding protein and severe COVID-19: A case-control study. [Link](https://doi.org/10.1371/journal.pone.0231687) | Retrospective screening of 46 patients was done and 16 cases with confirmed COVID-19 were tested for Heart-fatty acid binding protein (HFABP) HFABP> 7 ng / mL upon admission  
The data in this study indicate that the elevation of HFABP is closely related to the severity of COVID-19 in the patients, and the elevated HFABP may cause rapid development of patients with mild COVID-19 into severe COVID-19. |
| The effect of large-scale anti-contagion policies on the COVID-19 pandemic. [Link](https://www.nature.com/articles/s41586-020-2404-8) | We compile new data on 1,717 local, regional, and national non-pharmaceutical interventions deployed in the ongoing pandemic across localities  
Analysis was done to empirically evaluate the effect that these anti-contagion policies have had on the growth rate of infections  
In the absence of policy actions, we estimate that early infections of COVID-19 exhibit exponential growth rates of roughly 38% per day  
These findings may help inform whether or when these policies should be deployed, intensified, or lifted, and they can support decision-making in places where COVID-19 has been reported. |
As SARS-CoV-2 has many characteristics in common with two other viruses, SARS-CoV and MERS-CoV that causes Middle East respiratory syndrome (MERS), the experiences learned from the use of passive immunity in treatment can be applied to COVID-19.  
Convalescent plasma obtained from patients recovered from the illness with high titers of neutralizing antibodies was successful in treating many COVID-19 patients. |
<table>
<thead>
<tr>
<th>Title</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and neonatal outcomes associated with COVID-19 infection: A</td>
<td>• As there are no approved vaccines against all three viruses, it remains a challenge in the ongoing development for an effective vaccine for COVID-19.</td>
</tr>
<tr>
<td>systematic review. <a href="https://doi.org/10.1371/journal.pone.0234187">https://doi.org/10.1371/journal.pone.0234187</a></td>
<td>• This systematic review was conducted to systematically evaluate the literature and report the maternal and neonatal outcomes associated with COVID-19</td>
</tr>
<tr>
<td></td>
<td>• Included studies show that maternal mortality rate was 0% and only one patient required intensive care and ventilation.</td>
</tr>
<tr>
<td></td>
<td>• There was one indeterminate case of potential vertical transmission.</td>
</tr>
<tr>
<td></td>
<td>• In conclusion, COVID-19-positive pregnant women present with fewer symptoms than the general population and may be RT-PCR negative despite having signs of viral pneumonia. And the incidence of preterm births, low birth weight, C-section, NICU admission appear higher than the general population.</td>
</tr>
<tr>
<td>Predictive Value of Sudden Olfactory Loss in the Diagnosis of COVID-19.</td>
<td>• Out of the 500 patients, 69 presented with olfactory loss. Twenty-two of them subsequently tested positive for SARS-CoV-2.</td>
</tr>
<tr>
<td><a href="https://doi.org/10.1159/000509143">https://doi.org/10.1159/000509143</a></td>
<td>• Only 12 out of the patients without olfactory loss tested positive, resulting in a frequency of 64.7% for the symptom &quot;sudden smell loss&quot; in COVID-19 patients.</td>
</tr>
<tr>
<td></td>
<td>• Changes in nasal airflow were significantly more pronounced in SARS-CoV-2 negative patients with olfactory complaints compared to the patients with smell loss who tested positive for SARS-CoV-2.</td>
</tr>
<tr>
<td></td>
<td>• In conclusion, considering the high frequency of smell loss in non-hospitalized COVID-19 patients, acute olfactory impairment should be recognized as an early symptom of the disease and should be tested for on a regular basis.</td>
</tr>
<tr>
<td></td>
<td>• In contrast to other acute viral smell impairment, COVID-19-associated smell loss seems to be only rarely accompanied by a severely blocked nose.</td>
</tr>
<tr>
<td>Maternal Transmission of SARS-COV-2 to the Neonate, and Possible</td>
<td>• Two biomedical databases were searched to estimate the risk of the neonate becoming infected with SARS-COV-2 by mode of delivery, type of infant feeding and mother-infant interaction</td>
</tr>
<tr>
<td>Routes for Such Transmission: A Systematic Review and Critical</td>
<td>• 28/666 (4%) neonates had confirmed COVID-19 infection postnatally.</td>
</tr>
<tr>
<td>Analysis. <a href="https://doi.org/10.1111/1471-0528.16362">https://doi.org/10.1111/1471-0528.16362</a></td>
<td>• Of the 291 women who delivered vaginally, 8/292 (2.7%) neonates were positive and of the 364 women who had a Caesarean birth 20/374 (5.3%) neonates were positive.</td>
</tr>
<tr>
<td></td>
<td>• Of the 28 neonates with confirmed COVID-19 infection, 7 were breast fed, 3 formula fed, 1 was given expressed breast milk and in 17 neonates the method of infant feeding was not reported.</td>
</tr>
<tr>
<td></td>
<td>• In conclusion, neonatal COVID-19 infection is uncommon, uncommonly symptomatic, and the rate of infection is no greater when the baby is born vaginally, breastfed or allowed contact with the mother.</td>
</tr>
<tr>
<td></td>
<td>• This document provides advice on the use of masks in communities, during home care, and in health care settings in areas that have reported cases of COVID-19.</td>
</tr>
<tr>
<td></td>
<td>• It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCWs), and community health workers.</td>
</tr>
<tr>
<td></td>
<td>• This version includes a section on Advice to decision makers on the use of masks for healthy people in community settings.</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
  - The primary goal is to identify all deaths due to COVID-19 in all countries, including those not yet following WHO international norms and standards for medical certificates of cause of death and ICD mortality coding. |
| Technical specifications for Pressure Swing Adsorption (PSA) Oxygen Plants. | - This document provides technical specifications as the minimum requirements that a PSA Oxygen Plant must meet for use for the administration of medical-grade oxygen. |
| COVID-19 - CLINICAL GUIDELINES. Medscape | https://www.medscape.com/index/list_13405_0 |

**COVID-19 updates and sources of evidence:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Coronavirus (COVID-19) dashboard</td>
<td><a href="https://covid19.who.int/">https://covid19.who.int/</a></td>
</tr>
</tbody>
</table>
PREPARED BY
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