I. HIGHLIGHTS

- More than one million laboratory tests have been performed for COVID-19 in Ethiopia so far.

- Total of 153,076 laboratory samples were tested in the WHO-Epi-Week-36, which has decreased by 14.35% to the WHO-Epi-Week-35.

- The positivity rate for the WHO-Epi-Week-36 is 4.93%, which is lower than the preceding week (7.83%).

- A total of 7,550 new confirmed COVID-19 cases and 125 COVID-19 related deaths were reported during the WHO Epi-Week-36 bringing the total cases and death to 58,672 and 918 respectively.

- The number of COVID-19 confirmed cases in Ethiopia have decreased by 27.69% while number of deaths increased by 8.70% in the WHO-Epi-Week-36 compared to the reports in Epi-Week-35.

- There were total of 2,925 newly recovered COVID-19 cases during the WHO Epi-Week-36, bringing the total number of recovered cases to 21,307.

- A total of 11,295 COVID-19 confirmed cases are on Home Based Isolation and Care.

- A total of 30,895 contacts were identified during the WHO Epi-week-36.

- Health professionals and support staff have been awarded the "Bego Sew of the Year" Special Award for their dedicated service in the fight against COVID-19.
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 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 31, 2019 and September 06, 2020, COVID-19 pandemic affected 216 countries/territories causing 26,763,217 cases and 878,080 deaths (CFR=3.28%) globally.

- Of the total cases and deaths reported since the beginning of the outbreak, 1,909,077 cases and 39,156 deaths were reported during the WHO Epi-Week-36.

- The United States of America (USA) reported the highest number of cases (6,144,138) with CFR of 3.05% followed by India (4,113,811 cases) with a CFR of 1.72%.

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

- As of September 06, 2020, a total of 1,297,020 cases and 31,124 deaths were reported across the continent (CFR=2.37%).

- During the WHO-Epi-Week-35, a total of 55,540 cases and 1,662 deaths were reported across the continent.

- 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 06, 2020 (Source: WHO)
Fig. 2: COVID-19 Situation Update in Africa as of September 06, 2020 (Source: WHO)
National COVID-19 situation

- More than one million laboratory tests have been performed for COVID-19 in Ethiopia so far.
- Seven-thousand-five-hundred-fifty (7,550) newly confirmed COVID-19 cases (27.69% decrement compared to that of Epi-Week-35) and 125 COVID-19 related deaths (8.70% increment compared to that of Epi-Week-35) were reported during the WHO Epi-Week-36.
- As of September 06, a total of 58,672 confirmed COVID-19 cases and 918 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-36

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<th>New_Case</th>
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Fig. 3: Weekly summary of the COVID-19 situation in Ethiopia as of September 06, 2020, Ethiopia
Fig. 4: COVID-19 confirmed cases, recovery and death by WHO Epi-Week as of September 06, 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 06, 2020.
Contact tracing and follow-up:
- As of September 06, 2020:
  - A total of 223,793 contacts of confirmed cases have been identified. Of these 26,566 contacts were identified in the WHO-Epi-Week-36.
  - Of total contacts, 141,743 (63.34%) have completed 14 days follow-up, while 60,149 contacts are still on follow-up.
  - 374 (0.17%) contacts have developed COVID-19 suggestive symptoms. Of these symptomatic contacts, 338 (90.37%) have tested positive.
- Overall, 15,289 (6.83%) of the contacts (symptomatic plus asymptomatic) have tested positive, which are among the currently existing confirmed positive cases.
- Contacts contributed for the 26% of the total cases.

Rumors collection and verification from all sources
- As of September 06, 2020:
  - 234,758 rumors/alerts have been received and investigated. Of these, 51,173 rumors were reported in the WHO-Epi-Week-36.
  - 181,677 (77.39%) of the rumors/alerts have fulfilled the suspected case definition.

Point of entry and Quarantine related activities
- Since January 25, 2020, a total of 1,019,997 passengers have been screened and 423,542 (41.52%) of them were screened at Bole International Airport.
- Nationally, 63,099 passengers have been quarantined since March 23, 2020 (when mandatory quarantine started). Of these, 30,745 (48.73%) passengers have been quarantined in Addis Ababa.
- Currently 910 passengers are in quarantine centers across the country.

Laboratory related activities
- The number of COVID-19 laboratory tests performed is increasing from time to time.
- More than 1 million laboratory tests have been performed for COVID-19 in Ethiopia so far.
- The Community Based Activities and Testing (COMBAT) campaign has enhanced the number of COVID-19 laboratory tests and cases detected.
- As of September 06, 2020, a total of 1,044,005 samples have been tested for COVID-19 by laboratories across the country.
- 153,076 laboratory tests were processed during the WHO Epi-Week-36, which has increased by 14.35% compared to that of Epi-Week-35.
- The positivity rate for the WHO-Epi-Week-36 is 4.93% which is lower than the preceding week that was 7.83%.
- The overall positivity rate since the occurrence of the disease in the country is 5.62%.

Fig. 7: Trend of COVID-19 laboratory testing by WHO Epi-Week as of September 06, 2020, Ethiopia.
IV. Coordination and Leadership

- Since its activation, 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 daily 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 (zoom) meeting, chaired by the H.E MOH Minster, is being conducted to oversee and guide the response efforts.

- Partners, private institutions, individuals and donors have been providing financial, logistic and technical assistance.

- Health professionals and support staff have been awarded the "Bego Sew of the Year" Special Award for their dedicated service in the fight against COVID-19. The award is an annual award to honor and recognize people who have made greater contribution to Ethiopia and its people/society.

- H.E. Dr. Lia Tadesse, Minister, Ministry of Health, received the award representing the Health Professionals and she thanked the organizers for recognizing our Health workers for their outstanding service and all the colleagues for their service and sacrifice to their communities during this difficult time.
Regional Support

- Team deployed to all regions, 42 staffs mobilized from EPHI/MOH, 18 public health professional contracted by the Africa CDC and 74 public health professionals contracted by Ohio State University, to support the sub-national COVID-19 response efforts and more than 15 rented vehicles by the EPHI and Africa CDC in addition to the Field epidemiology training program vehicles are being engaged on the COVID-19 activities.

- Contract staffs have been hired to support the sub-national response capacity with the financial support of the World Bank COVID-19 Emergency Project.

V. Case Management and IPC

- Currently there are a total of 36,445 active COVID-19 cases in the country.

- Of the active cases, 308 (0.85%) patients are in severe clinical condition.

Home Based Isolation and Care:

- So far, total 11,295 COVID-19 confirmed cases have been on HBIC and 4,748 (42.01%) of them have recovered. Of these, 3,320 cases are enrolled to HBIC and 2,473 cases have recovered on the WHO-Epi-Week-36.

- 6,557 cases are currently on HBIC.

- Of cases on HBIC, only 2 have deceased.

- So far, 75 of the cases have been transferred from treatment centers to HBIC after improvement.

- So far, 115 of the cases have been transferred from HBIC to treatment centers for better care.
Fig. 9: Trend of case admission, new cases and recovery as of September 06, 2020.

VI. Risk Communication and Community Engagement (RCCE)

- Daily press statement is being given on COVID-19 situation on daily basis through Mass Media.
- 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, individuals and partners have been donating different medical supplies and infrastructures for COVID-19 response.
- COVID-19 supplies disinfection guide preparation is ongoing.
- Automation of data tracking system is started at the Addis Ababa Health Bureau PHEOC.
- USAID has supported laboratory equipment and other supplies, which worth over $77 million, to strengthen laboratory and testing capacity in response to coronavirus in Ethiopia.

*Photos: USAID Infectious Disease Detection and Surveillance Project*

- The EU Commission provided donation of COVID-19 medical supplies & commodities & financial support to IGAD member states focusing on vulnerable groups including internally displaced, refugees & migrants to mitigate the health and socioeconomic impact of the pandemic.

*EU Commission donation of COVID-19 medical supplies and commodities to IGAD Member states, August 31, 2020*
VIII. Training and Orientation Activities

- There is ongoing training and orientation for the public and health professionals on COVID-19.
- Six days Instructional Design Skill (IDS) training provided for 20 participants from the COVID-19 response Public Health Emergency Operation Center in collaboration with Management Sciences for Health (MSH). The training will be followed by training module development to start online learning/eLearning.
IX. Challenges and Way Forward

Challenges

- Weak adherence to physical distancing and other preventions advises 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.
- There is critical shortage of beds for COVID-19 patients.

Way Forward

- Advocate and strengthen Home Based Isolation and Care (HBIC).
- Enhance response efforts by maintaining the capacities achieved during the Community-based Actions and Testing (COMBAT) campaigns.
- Conduct intensive testing at 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 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 and shaking hands.

- Adhering to all these precaution measures is also highly recommended during planting trees in this summer season.
- 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>
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- The COVID-19 crisis upended markets and assumptions in public procurement, and posed an almost existential threat to traditional procurement systems.
- Seismic changes in economic relationships – governments were no longer monopolists, government officials failed as economic intermediaries between suppliers and the public, and supplies that were traditionally treated as private (such as medical equipment) suddenly became “public” goods under worldwide demand.
- Traditional trade rules were rendered irrelevant, as the goal was no longer simply to open individual procurements but rather to open borders to intense global demand. Although the disruption was revolutionary, ironically the solution is to return to first principles of transparency and integrity to preserve governments’ fragile legitimacy in a crisis.

## Airborne transmission of covid-19 [http://dx.doi.org/10.1136/bmj.m3206](http://dx.doi.org/10.1136/bmj.m3206)

- Airborne transmission of covid-19 is now the plausible cause of superspreading events in a call centre in Korea, a choir practice in Skagit County, US, and a restaurant in Guangzhou, China.
- How should infection control practice be changed if we provisionally accept that aerosols have an important role in viral transmission?
- Accepting the importance of airborne transmission may prove a crucial breakthrough and should not be delayed further.

## Integrative Imaging Reveals SARS-CoV-2 Induced Reshaping of Subcellular Morphologies [https://ssrn.com/abstract=3668344](https://ssrn.com/abstract=3668344)

- Pathogenesis induced by SARS-CoV-2 is thought to result from both an inflammation dominated cytokine response and virus-induced cell perturbation causing cell death.

## Are the steroids a blanket solution for COVID-19? a systematic review and meta-analysis [https://doi.org/10.1002/jmv.26483](https://doi.org/10.1002/jmv.26483)

- Systemic steroid therapy may not be effective for reducing mortality, duration of hospitalization, and period of viral shedding. Studies are mostly heterogeneous.


- COVID-19 is associated with a severe disease course in about 23% and mortality in about 6% of infected persons. Individuals with comorbidities and clinical features associated with severity should be monitored closely, and preventive efforts should especially target those with diabetes, malignancy and immunosuppression.

## Incubation period of COVID-19: a rapid systematic review and meta-analysis of observational research [https://doi.org/10.1136/bmjopen-2020-039652](https://doi.org/10.1136/bmjopen-2020-039652)

- The choice of which parameter values are adopted will depend on how the information is used, the associated risks and the perceived consequences of decisions to be taken. These recommendations will need to be revisited once further relevant information becomes available.
Medical masks vs N95 respirators for preventing COVID-19 in healthcare workers: A systematic review and meta-analysis of randomized trials


- Low certainty evidence suggests that medical masks and N95 respirators offer similar protection against viral respiratory infection including coronavirus in health care workers during non-aerosol generating care. Preservation of N95 respirators for high-risk, aerosol generating procedures in this pandemic should be considered when in short supply.

COVID-19 updates and sources of evidence:

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

DISCLAIMER
This weekly bulletin is produced based on figures pulled from official releases of the World Health Organization and activities and reports of all the sections under the Incident management System.
This Weekly Bulletin series of publications is published by the Ethiopian public health Institute (EPHI), public health emergency operation center (PHEOC). The aim of this bulletin is to inform decision makers within the institute and FMOH, UN agencies and NGOs about COVID-19 preparedness and response activities. All interested health and other professionals can get this bulletin at the Institute website; www.ephi.gov.et

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COVID-19 Response
National PHEOC

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