

This update summarizes

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ETHIOPIA'S COVID-19 SITUATION UPDATES

- As of December 17, 2020, there were a total of 118,006 COVID-19 cases and 1,818 deaths across the country. Compared to the cases and deaths reported a week ago, both the cumulative case and deaths respectively showed increment by 2%. So far 97,969 cases have recovered from COVID-19 which increased by 9% compared to the last week. Of the 18,522 active cases currently, 305 are critical which forms 1% of them (Fig 1). The total number of tests stands at 1 72,041 showing a 1% increase compared to last week.

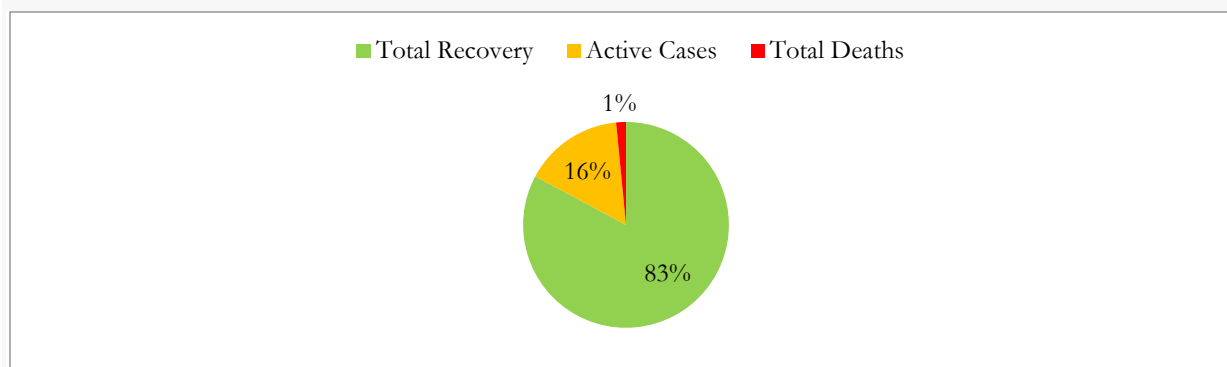


Fig. 1. Showing cumulative COVID-19 cases, recoveries and death as of Dec 17, 2020.

Case Management and Infection Prevention Control (Ipc):

- This week, Dec 10 – Dec 17, 2020, there are **10,771** newly recovered cases bringing the total number of COVID-19 recovered cases to **97, 969**
- This week, Dec10 – Dec 17, 2020, **257** suspected cases are admitted
- This week,**213** initially suspected cases are discharged after laboratory test became negative

Home Based Isolation and Care (HBIC):

Since Home Based Isolation and Care (HBIC) is started in Ethiopia:

- A total **60, 231** COVID-19 confirmed cases were followed in the HBIC as of December 17, 2020, of which **54,458** of them have recovered and **5,921** cases are currently on HBIC
- **7** COVID-19 related deaths have occurred in the HBIC

- 467 cases have been transferred from treatment centers to HBIC
- 312 cases have been transferred from HBIC to treatment centers

EPHI and FMOH COVID 19 response highlights of the week /trainings and supply

- COVID-19 Quality Improvement training started on Dec 10, 2020 for 20 regional Health bureau Health professionals at Hawassa city.
- Two days training on stress management for COVID-19 Health Work Force working at EPHI is conducted from Dec 12-13, 2020 at Bishoftu town.
- There is on-going distribution of PPE, Viral Transport Media (VTM), swabs, pharmaceuticals and other medical supplies isolation and treatment centers.

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2. Public Health Emergency Operations Centers (PHEOC), Ethiopia https://twitter.com/lia_tadesse

GLOBAL AND REGIONAL BURDEN OF COVID-19

- Globally the total number of cases extended to 74,534,155 as of December 17, 2020. A total of 52,372,534 cases recovered and 1,655,226 people died since the beginning of the outbreak. Globally, in a week time, from December 10 to December 17, 2020, COVID-19 cases increased by 7.7% and deaths by 5%.
- Europe continued to take the lead in terms of both cases and deaths followed by North America and Asia (Fig 2).

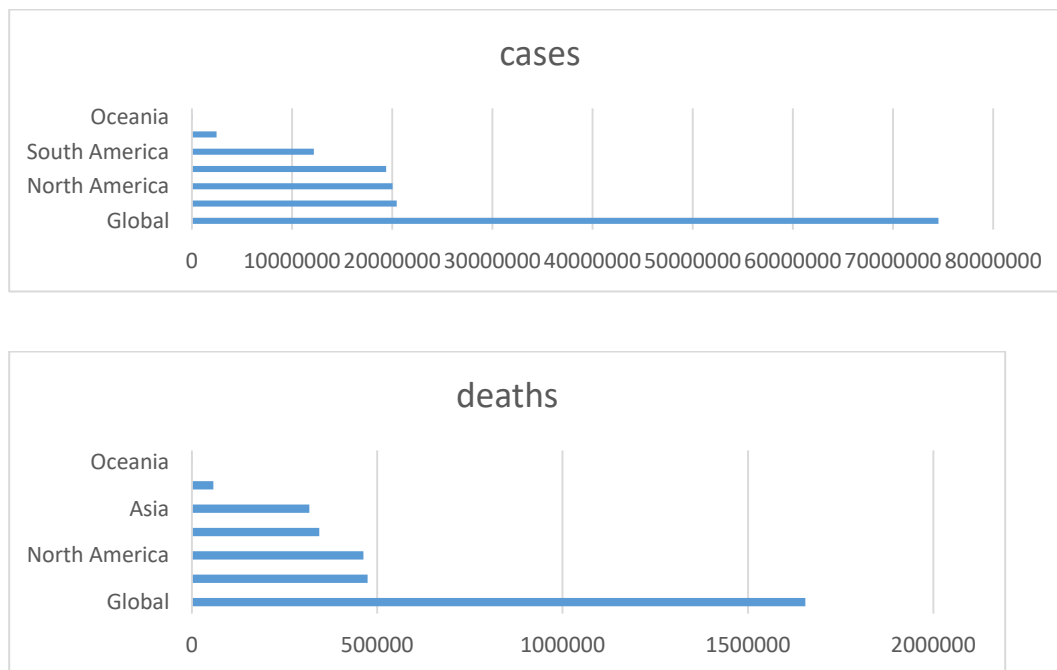


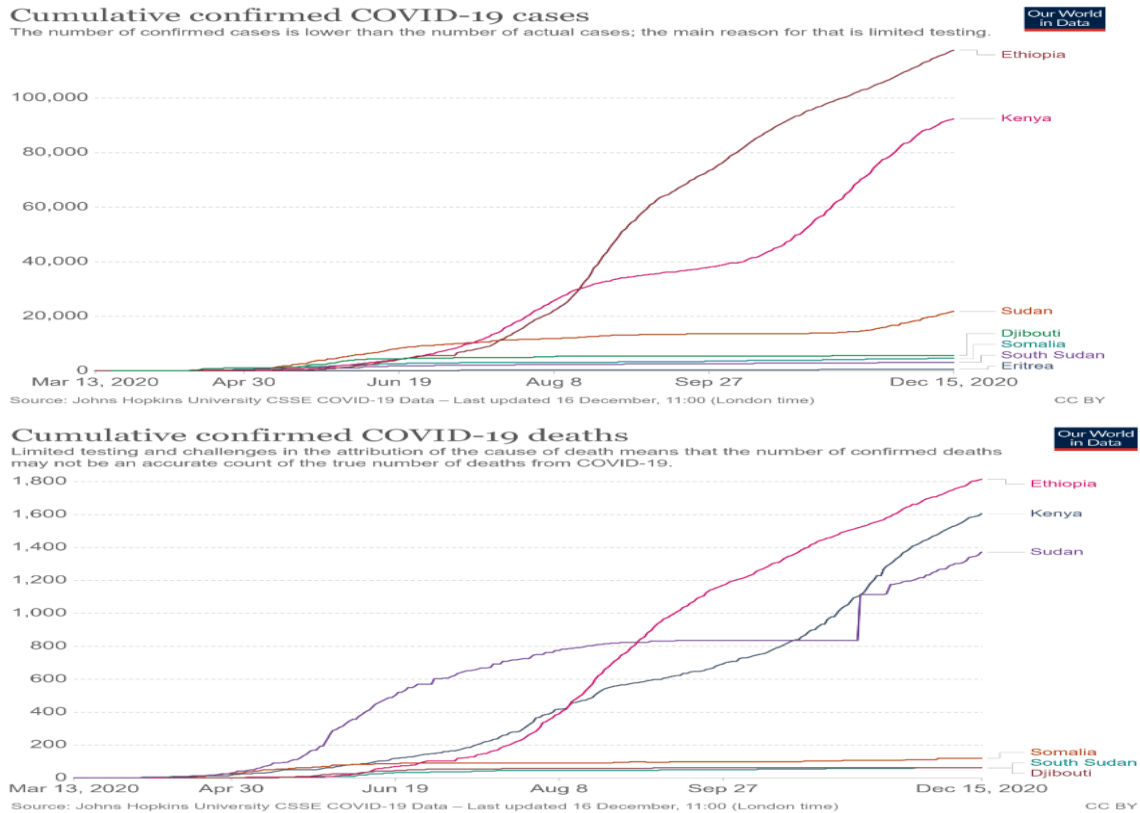
Fig 2. Global cases (top) and deaths (bottom) reported as of December, 2020.

- USA has recorded the highest number of cases (17,392,618 cases, 314,577 deaths) that accounts 23.3% of the total global cases and carried 19% of global deaths as of December 17, 2020.
 - India is the 2nd highest in terms of cases in a week time by 1.9% (9,762,326 to 9,951,072) and deaths by 1.9% (141,735 to 144,487).
 - Brazil has increased the number of cases in a week time by 4.6% (6,730,118 to 7,042,695) and deaths by 2.7% (179,032 to 183,822).
 - Russia ranked 4th globally with 2,734,454 cases and 48,564 deaths.
 - France ranked 5th globally with 2,409,062 cases and 59,361 deaths.
- The line share of Africa to the global COVID-19 pandemic was 3.3% and 3.5% of the global cases and deaths as of December 17). The cases in the continent has increased by 5.3% in a week time (2,320,174 to 2,443,850 cases). Similarly, the total number of deaths in Africa has increased from 54,963 to 57,514 showing a 4.6%. Total recoveries stand at 2,066,966.

- South Africa is the leading in the continent with 883,687 cases and 23,827 deaths.
- Morocco (406,970 cases, 6,749 deaths), Egypt (123,153 cases, 6,990 deaths), Ethiopia (118,006 cases, 1,818 deaths), and Tunisia (114,547 cases, 3,997 deaths) are the most four leading countries next to South Africa in reporting COVID-19 cases in Africa. (See table below).

Africa	December 10		December 17	
	Cases	Death	Cases	Deaths
South Africa	828,598	22,574	883,687	23,827
Morocco	388,184	6,427	406,970	6,749
Egypt	119,702	6,832	123,153	6,990
Ethiopia	114,834	1,769	118,006	1,818
Tunisia	106,856	3,717	114,547	3,997

- In East African, COVID-19 cases and deaths have shown fast progress. In a week time, COVID-19 cases and deaths were 2.8% and 2.8% respectively in Ethiopia and 3.6% and 4% respectively in Kenya.
- As of December, Ethiopia and Kenya continued to be the major drivers of the COVID 19 burden in east African countries.
 - The epidemic appears increasing in Sudan with 9.9% cases and 5.9% deaths. However, in Somalia 0.7% cases and zero deaths reported in a week time. Similarly, in Djibouti zero cases and deaths were reported which is low compared to others.



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1. John Hopkins, Corona Virus Resources <https://coronavirus.jhu.edu/map.html>
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3. Africa CDC: COVID 19 Surveillance; <https://au.int/covid19>
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LONG COVID-19 MAY BE A PUBLIC HEALTH CRISIS AFTER THE PANDEMIC

- Multi-organ symptoms after COVID-19 are being reported by increasing numbers of patients. They range from cough and shortness of breath, to fatigue, headache, palpitations, chest pain, joint pain, physical limitations, depression, and insomnia, and affect people of varying ages. Long COVID-19 is a term to describe the effects of Covid-19 that continue for weeks or months beyond the initial illness. At the Lancet–Chinese Academy of Medical Sciences conference on Nov 23, Bin Cao presented data (in press at The Lancet) on the long-term consequences of COVID-19 for patients in Wuhan, and warned that dysfunctions and complications could persist in some discharged patients for at least 6 months. So-called long COVID is a burgeoning health concern and action is needed now to address it.
- The occurrence of multi-organ complications is not unexpected, given that the SARS-CoV-2 entry receptor ACE2 is expressed in multiple tissues. Globally, there is a growing response to long COVID. On Dec 3–4, the US National Institute of Allergy and Infectious Diseases held the federal government’s first workshop on long COVID. In the UK, the NHS announced the launch of 40 long COVID clinics to tackle persistent symptoms and NICE will

release its first clinical guidelines shortly. WHO is planning to update its guidance and resources for clinical management of COVID-19 to include long COVID.

- Nevertheless, there is much that remains unknown, and the response to long COVID is still in its infancy. What are the diagnoses, definitions, and phenotypes of illness that are grouped under the term long COVID? How long does it last? Who is at risk of serious or prolonged sequelae? What are the underlying causes and mechanisms? How do we prevent or reduce the effects of such sequelae on patient health and wellbeing? Are there any effective treatments to aid patient recovery and the regain of full function? What rehabilitation is needed?
- Robust data and scientific evidence are essential to answer these questions. Large and long-term cohort studies are urgently needed to help better understand the trajectory, complications, and biological mechanisms that drive the long-term health consequences of COVID-19. These studies should include diverse populations, with both hospitalized and non-hospitalized patients, patients from primary and secondary care, and patients from a range of high-income, low-income, and middle-income countries. Minority ethnic groups and older people have been disproportionately affected by the pandemic, so ethnic and demographic factors must also be considered during patient recruitment. Patient perspectives regarding terminology of symptoms and recovery should be incorporated into study designs to ensure clinically meaningful research questions and outcomes. Multidisciplinary, multicenter, and multinational collaborations and approaches to data collection are required. Digital services and systems should be able to collect data on symptoms in real time.
- Meanwhile, how do we address long COVID? First, health professionals must listen to patients to understand their concerns, validate their experiences, and manage their symptoms and co-morbidities, referring patients as needed. Many patients already feel dismissed or overlooked. Without clear clinical definitions of long COVID, and in the absence of either a diagnostic test or an effective treatment, health professionals are in a difficult position to help their patients. The slowly evolving knowledge of other poorly understood conditions (such as chronic pain and functional disorders) shows the risks for patients who feel that their symptoms are being diminished or ignored. Without clear acknowledgment, honest communication, and careful patient-centered research, patients face unsatisfactory outcomes. Such mistakes must not be repeated for long COVID.
- Second, discharged patients should have long-term access to multidisciplinary health care, including rehabilitation services and telehealth, as well as social and financial support. Third, long COVID affects even young adults, so effective public health messaging for such individuals about the risks of infection is warranted. Fourth, primary care services need the capacity to deal with patients with long COVID. Finally, health-care workers themselves are likely to have a high burden of long COVID and they must have adequate occupational health provision.
- Although vaccination has become the immediate focus of the pandemic response for many countries, patients with long COVID must not be forgotten or sidelined as countries begin to consider the end of the pandemic. Acknowledging the potential scale of the problem now and the complexities and variabilities of the disease course, and pressing for better research and care, could avoid years of struggle and mismanagement for patients with long COVID.

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PRINCIPLES FOR COVID-19 VACCINE DISTRIBUTION, ALLOCATION AND MASS IMMUNIZATION.

- High COVID-19 vaccination rates are essential to protect our communities from worsening and future outbreaks. Mass distribution, allocation, and administration of hundreds of millions of doses of vaccine will require extraordinary planning and execution.
- Although COVID-19 vaccination may be the largest single vaccination effort the global community has ever undertaken, there are best practices and lessons learned in pandemic preparedness, supply chain management, distribution, and clinical practice to guide us as we immunize against SARS-CoV-2.
- American Journal of health-system pharmacy offers the following 10 principles for COVID-19 vaccine development, distribution, allocation, mass vaccination, monitoring, and surveillance.
 1. Enforce a transparent and rigorous process for vaccine development, approval, and post-marketing surveillance
 2. Collaborate and coordinate with domestic and international public health partners to establish and implement a framework for the ethical and equitable global distribution of COVID-19 vaccines
 3. Engage, prepare, and protect the immunizer workforce
 4. Expand patient access to COVID-19 vaccines by leveraging a highly qualified and empowered health workforce in all settings of care.
 5. Adhere to established best practices for proper storage and handling of COVID-19 vaccines throughout the supply chain, from distribution to patient administration.
 - To distribute COVID-19 vaccines effectively, storage procedures must be employed to ensure maximum shelf-life capacity and minimize deterioration and waste of what will likely be a constrained supply of vaccine.
 - Another important aspect of judicious vaccine allotment includes the ability to track and monitor vaccine distribution at the organizational, state, federal, and international levels.
 6. Ensure equitable allocation of COVID-19 vaccines across populations and communities, prioritized for greatest public health impact.
 - Enabling and operationalizing multiple, broad access points of administration (eg, physician offices, pharmacies, churches, community centers) will ensure vaccination efforts reach vulnerable and at-risk populations.
 7. Achieve high acceptance and uptake of COVID-19 vaccines of by minimizing vaccine hesitancy and misinformation.

8. Seek innovative solutions for adverse drug event monitoring and documentation to improve the thoroughness, accuracy, and usefulness of data collection for improved vaccine safety.

- Although vaccine-related adverse events are rare compared to the millions of doses administered yearly, it will be critical to identify any adverse event signals with accuracy and expediency.

9. Ensure patient access to COVID-19 vaccines by preventing and removing financial barriers.

10. Remain vigilant with continued research and comprehensive surveillance procedures for COVID-19 vaccine use, safety, and effectiveness.

Conclusion

- It is imperative that COVID-19 vaccines are distributed in an ethical, equitable, and efficient manner to maximize population protection from SARS-CoV-2.
- To achieve this goal, extraordinary efforts will be required to coordinate, prepare, and mobilize an immunization workforce while operationalizing the critical infrastructure for the vaccine supply chain.
- We acknowledge the multifaceted approaches required for the continuum of mass immunization efforts and is committed to advancing resources and support.

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THE SPREAD OF MISINFORMATION HINDERS THE PANDEMIC CONTROL EFFORT.

- Recently there has been a global rise in the spread of misinformation that has plagued the scientific community and the general public. Separation between scientific consensus and members of the public on topics such as mode of transmission, treatment, origin of disease, vaccine safety, has existed for several years.
- This has created an optimal environment for antiscience community to gain support and propagate their false theories and information. Just as the coronavirus itself, misinformation has spread far and wide, drowning out credible sources of information. Over the last couple of months, posts from the WHO, the CDC and MOH have cumulatively only achieved several engagements, considerably eclipsed by hoax and conspiracy theory sites, which have amassed over 52 million. This serves to emphasise the popularity of unverified sources of information.
- Similarly, misinformation was widespread during the early years of the HIV epidemic. It too was plagued by conspiracy theories, rumours, and misinformation for many years, with the effects still visible in regions to this day. Many people continue to argue that HIV does not exist, or cause AIDS, and that its therapies are toxic to human health. All the arguments proposed by these deniers have been criticized through a large number of scientific publications and debate. Yet, they continue to persist.
- Whilst healthcare professionals and scientists are still learning about the virus, the media has already begun to speculate about the potential health impact that the virus can have, and by publishing the potential worst effects of the virus, it only serves to fuel panic amongst the public.
- As COVID-19 turns into full-fledged public health crisis, multiple theories regarding the virus' origin have taken hold on the medias, all with a common theme. This misinformation originated from social media accounts and websites with no credible evidence to support their claims. These posts have amassed over 20 million engagements,

rising each day, and the theories continue to gain traction and following on the internet, despite scientists from multiple nations analysing the genome of COVID-19 and coming to the decisive conclusion that the virus originated in nature from an animal source.

- If powerful and clear statements are not made denouncing these fabrications, then the impact is devastating. Furthermore, basic information on how to reduce transmission and exposure to the virus has been confused by uncredited sources.
- Spread of false information drowns out credible sources and in turn results in further public confusion, ultimately leading to greater spread, and inefficient mitigation of virus transmission. In the face of a pandemic, it is important for governments to be transparent and relay clear, honest information to the public. Public confusion leaves unprepared for combatting a public health crisis. The message from government leaders needs to be consistent so that the public can regain trust.

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