

**This update summarizes:**

- ETHIOPIA'S COVID-19 SITUATION UPDATE.
- GLOBAL AND REGIONAL BURDEN OF COVID-19.
- HEALTH KNOWLEDGE AND NON-PHARMACEUTICAL INTERVENTIONS DURING THE COVID-19 PANDEMIC IN AFRICA.
- AFRICA SHOULD PRESS FOR EQUITABLE, TIMELY ACCESS TO SAFE AND EFFECTIVE COVID-19 VACCINES.

**ETHIOPIA'S COVID-19 SITUATION UPDATES**

- As of February 04, 2021, there were a total of 139,408 COVID-19 cases and 2,122 deaths across the country. Compared to the cases and deaths reported a week ago, the cumulative case and deaths respectively showed increment by 2% and 1%. So far 123,988 cases have recovered from COVID-19 which increased by 1% compared to the last week. Of the 13,511 active cases currently, 215 are critical which forms 1% of them (Fig 1).

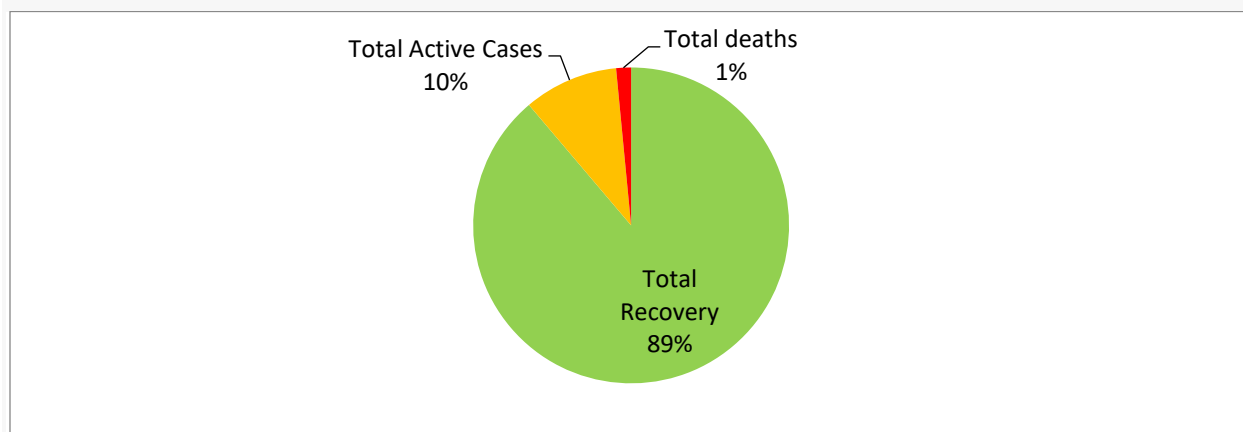


Fig. 1. Showing cumulative COVID-19 cases, recoveries and death as of February 04, 2021.

**Case Management and Infection Prevention Control (Ipc):**

- This week, Jan 29– Feb 4, 2021, there are **2,394** newly recovered cases bringing the total number of COVID-19 recovered cases to **123, 988**.
- This week, Jan 29– Feb 4, 2021, **45** suspected cases are admitted.
- This week, **21** 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 **85, 758** COVID-19 confirmed cases are followed in the HBIC as of February 4, 2021
- **80,050** of them have recovered in the HBIC as of February 4, 2021 **6,202** cases are currently on HBIC
- **12** COVID-19 related deaths have occurred in the HBIC

- 871 cases have been transferred from treatment centers to HBIC
- 365 cases have been transferred from HBIC to treatment centers

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

- Three days Basic COVID-19 Infection Prevention and control training for 28 Federal Police Health Professionals working in federal and regional health facility completed on Jan 29/2021 at Jimma city.
- There is on-going distribution of PPE, Viral Transport Media (VTM), swabs, pharmaceuticals and other medical supplies isolation and treatment centers.

**References**

1. Public Health Emergency Operations Centers (PHEOC), Ethiopia [https://twitter.com/lia\\_tadesse](https://twitter.com/lia_tadesse)
2. <http://www.covid19.et/covid-19/>

**GLOBAL AND REGIONAL BURDEN OF COVID-19**

- Globally the total number of cases is extended to 104,906,374 as of February 4, 2021. A total of 76,776,652 cases recovered and 2,278,524 people died since the beginning of the outbreak. Globally, in a week time, from January 28 to February 4, 2021, COVID-19 cases increased by 3.4% and deaths by 4.3%. North America was the leading in terms of cases followed by Europe and Asia. Europe continued to be became a lead in terms of the number of deaths followed by North and South America (Fig 2).

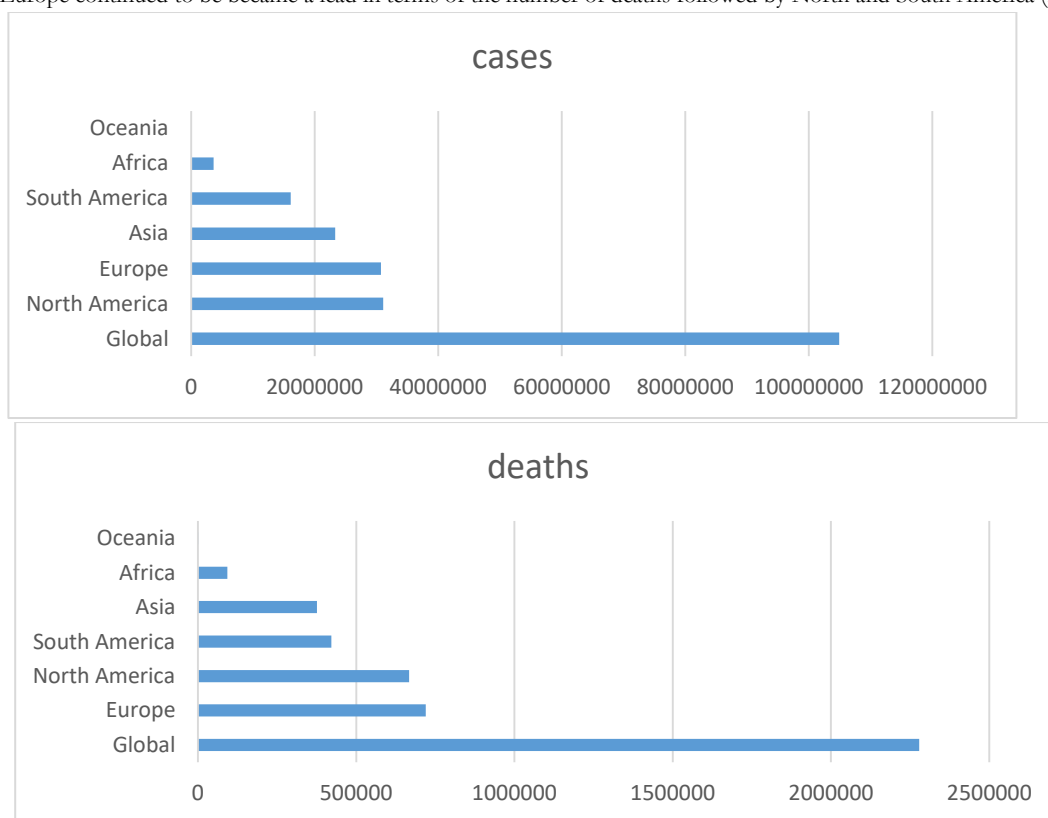


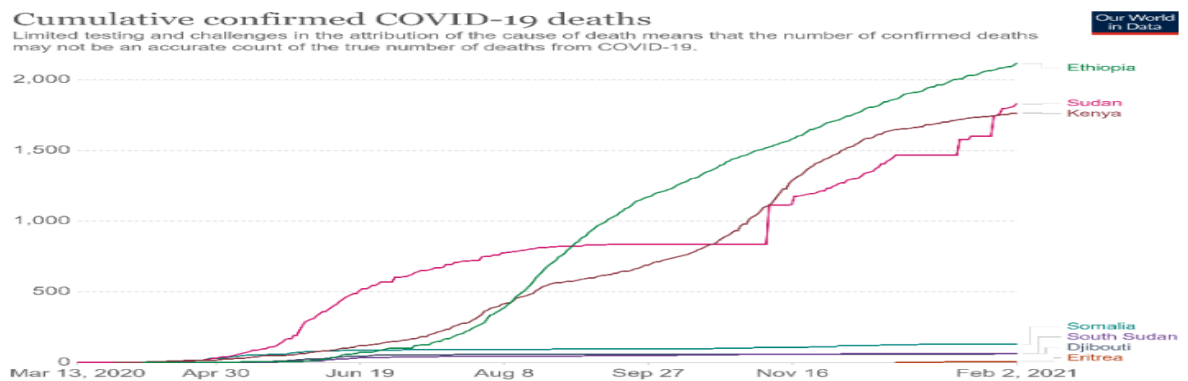
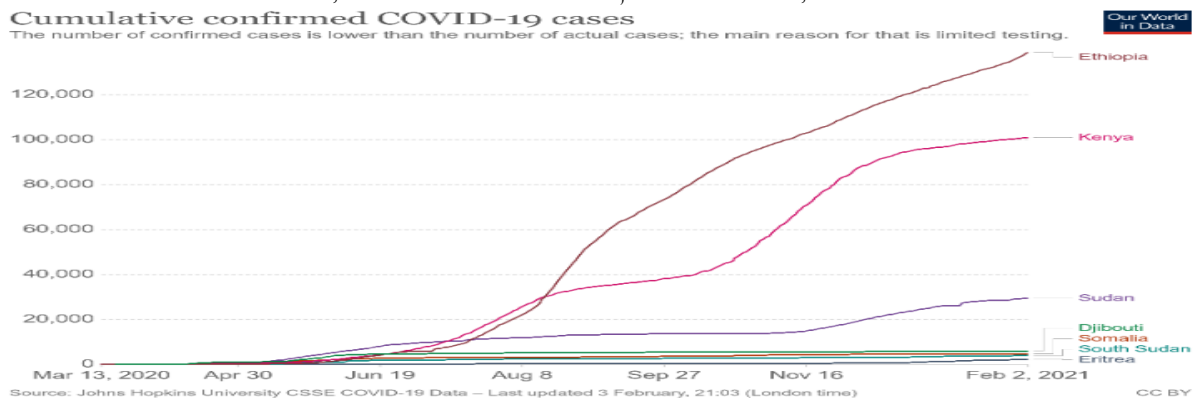
Fig 2. Global cases (top) and deaths (bottom) reported as of February, 2021.

- USA has recorded the highest number of cases (27,150,457 cases 461,930 deaths) that accounts 25.9% of the total global cases and carried 20.3% of global deaths as of February 4, 2021.
- India is the 2<sup>nd</sup> highest in terms of cases in a week time by 0.8% (10,702,031 to 10,791,123) and deaths by 0.6% (153,885 to 154,742).

- Brazil has increased the number of cases in a week time by 3.8% (9,000,485 to 9,339,921) and deaths by 3.3% (220,237 to 227,592).
  - Russia ranked 4<sup>th</sup> globally with 3,901,204 cases and 74,684 deaths.
  - UK ranked 5<sup>th</sup> globally with 3,871,825 cases and 109,335 deaths.
- The line share of Africa to the global COVID-19 pandemic was 3.4% and 5.8% of the global cases and deaths as of February 4). The cases in the continent has increased by 3.4% in a week time (3,511,476 to 3,629,345 cases). Similarly, the total number of deaths in Africa has increased from 88,095 to 93,174 showing 5.8%. Total recoveries stand at 3,125,689.
- South Africa is the leading in the continent with 1,463,016 cases and 45,344 deaths. Morocco (473,047 cases, 8,323 deaths), Tunisia (212,679 cases, 6,980 deaths), Egypt (167,525 cases, 9,460 deaths) and Ethiopia (139,408 cases, 2,122 deaths) are the most four leading countries next to South Africa in reporting COVID-19 cases in Africa. (See table below).

Africa	January 28		February 4	
	Cases	Death	Cases	Deaths
South Africa	1,430,648	42,550	1,463,016	45,344
Morocco	468,383	8,207	473,047	8,323
Tunisia	202,323	6,446	212,679	6,980
Egypt	163,761	9,115	167,525	9,460
Ethiopia	135,045	2,083	139,408	2,122

- In East African, COVID-19 cases and deaths have shown fast progress. In a week time, COVID-19 cases and deaths were 3.2% and 1.9% in Ethiopia and 0.8% and 1.0% in Kenya. As of February, Ethiopia and Kenya continued to be the major drivers of the COVID 19 burden in east African countries. The epidemic in Sudan was 27,443 cases and 1,830 deaths. In Eritrea the number of cases were 2,309 with 7 deaths. In South Sudan cases were 3,929 with 64 deaths. In Somalia cases were 4,814 with and 132 deaths. In Djibouti cases were 5,936 with and 63 deaths.



## References

1. John Hopkins, Corona Virus Resources <https://coronavirus.jhu.edu/map.html>
2. Worldometer, Corona Virus <https://www.worldometers.info/coronavirus/>
3. Africa CDC: COVID 19 Surveillance; <https://au.int/covid19>
4. Our World: <https://ourworldindata.org/covid-cases>

## NEW DIABETES CASES LINKED TO COVID-19

- Researchers have been tracking a possible connection between COVID-19 and new-onset diabetes. As many as 14.4% of patients hospitalized with severe cases of infection have been affected, an international group of researchers reported in *Diabetes, Obesity and Metabolism* last November after analyzing data from more than 3,700 COVID-19 patients in eight different studies. It remains unclear whether the infection stimulates a blood-glucose imbalance that is already emerging or if it actually causes the condition.
- As early as January 2020, doctors in Wuhan, China, noticed elevated blood sugar in patients with COVID-19. Physicians in Italy, another early hot spot, wondered whether diabetes diagnoses might follow, given the long-observed association between viral infections and the onset of diabetes. That association was seen in past outbreaks of other coronavirus illnesses such as influenza and SARS.
- A year after the pandemic began; the precise nature and scope of the COVID-diabetes link remain a mystery. Many of those who develop diabetes during or after COVID-19 have risk factors, such as obesity or a family history of the disease. Elevated blood glucose levels also are common among those taking dexamethasone, a steroid that is a front-line treatment for COVID-19. At the same time, some diabetes diagnoses in the COVID population have been assessed in patients with no predisposition or risk factors for the disease. And some cases develop months after the body has cleared the virus.
- Investigators do not know if the new diabetes cases are permanent, or just a temporary complication of COVID-19. They also are entertaining the possibility that coronavirus may have spawned a hybrid type of diabetes, with a different pathogenesis from known forms of the disease.
- Although COVID-19 often attacks the lungs, it is increasingly associated with a range of problems including blood clots, neurological disorders, and kidney and heart damage. Researchers say new-onset diabetes may soon be added to those complications — both Type 1, in which people cannot make the insulin needed to regulate their blood sugar, and Type 2, in which they make too little insulin or become resistant to their insulin, causing their blood sugar levels to rise. But scientists do not know whether COVID-19 might hasten already developing problems or actually cause them — or both.
- Researchers do not understand exactly how COVID-19 might trigger Type 1 or Type 2 diabetes, or whether the cases are temporary or permanent. But they are racing to find answers to these and other questions, including whether the novel coronavirus may have spawned an entirely new type of diabetes that might play out differently from the traditional forms of the disease.

## References

1. Rubino F, Amiel SA, Zimmet P, Alberti G, Bornstein S, Eckel RH, et al. New-Onset Diabetes in Covid-19. *New England Journal of Medicine*. 2020;383(8):789-90.
2. Sachdeva S, Desai R, Gupta U, Prakash A, Jain A, Aggarwal A. Admission Hyperglycemia in Non-diabetics Predicts Mortality and Disease Severity in COVID-19: a Pooled Analysis and Meta-summary of Literature. *SN Compr Clin Med*. 2020:1-6.
3. Sathish T, Kapoor N, Cao Y, Tapp RJ, Zimmet P. Proportion of newly diagnosed diabetes in COVID-19 patients: A systematic review and meta-analysis. *Diabetes, Obesity and Metabolism*.n/a(n/a).

## HEALTH KNOWLEDGE AND NON-PHARMACEUTICAL INTERVENTIONS DURING THE COVID-19 PANDEMIC IN AFRICA.

- Absent a vaccine, countries relied on information campaigns to encourage individual non-pharmaceutical interventions (NPIs)—social distancing, hand washing, and mask wearing, and imposing community NPIs closures of schools, businesses, and/or houses of worship.

- Providing health information is a non-pharmaceutical intervention designed to reduce disease transmission and infection risk by encouraging behavior change.
- But does knowledge change behavior? A study tested whether coronavirus health knowledge promotes protective risk mitigation behaviours early in the COVID-19 pandemic across four African countries (Ghana, Malawi, Sierra Leone, and Tanzania).
- The study found that, despite reputations for weak health sectors and low average levels of education, health knowledge of the symptoms and transmission mechanisms was high in all countries in the two months after the virus entered the country.
- Higher knowledge is associated with increased protective measures that would likely lower disease risk with one exception knowledge is inversely correlated with social distancing.
- Respondents largely adhered to mask mandates and lockdowns, but continued coming into contact with others at small, informal gatherings, gatherings not affected by mandates.
- Knowledge alone appears unlikely to reduce all risky activities, especially gatherings within other people's homes. Even early in the pandemic income loss or stress were commonly reported.
- Our results suggest that early and consistent government provision of health information, likely reduced the severity of the pandemic in Africa but was not a panacea.

## Reference

1. Anne E. et al. Health Knowledge and Non-Pharmaceutical Interventions During the COVID-19 Pandemic in Africa. NBER Working Paper No. 28316. January 2021.

## **AFRICA SHOULD PRESS FOR EQUITABLE, TIMELY ACCESS TO SAFE AND EFFECTIVE COVID-19 VACCINES.**

- While the development and approval of safe and effective vaccines less than a year after the emergence of COVID-19 is a stunning achievement, Africa is in danger of being left behind as countries in other regions strike bilateral deals, driving up prices.
- As of early this week 40 million COVID-19 vaccine doses have been administered in 50 mostly high-income countries. However, in Africa, Guinea is the sole low-income nation to provide vaccines and to date these have only been administered to 25 people. Seychelles, which is a high-income country, is the only one on the continent to start a national vaccination campaign.
- We first, not me first, is the only way to end the pandemic. Vaccine hoarding will only prolong the ordeal and delay Africa's recovery. It is deeply unjust that the most vulnerable Africans are forced to wait for vaccines while lower-risk groups in rich countries are made safe," said Dr Matshidiso Moeti, the World Health Organization (WHO) Regional Director for Africa. "Health workers and vulnerable people in Africa need urgent access to safe and effective COVID-19 vaccines."
- The COVAX Facility – which is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, and WHO – has secured 2 billion doses of vaccine from five producers, with options for over one billion more doses.
- COVAX is on track to start delivering vaccine doses and begin ensuring global access to vaccines, said Thabani Maphosa, Managing Director, Country Programmes, GAVI. This massive international undertaking has been made possible thanks to donations, work towards dose-sharing deals and deals with manufacturers that have brought us to almost two billion doses secured.
- Looking forward to rollout in the coming weeks, in Africa, the coalition has committed to vaccinating at least 20% of the population by the end of 2021 by providing a maximum of 600 million doses based on two doses per individual disbursed in phases.
- An initial 30 million doses are expected to start arriving in countries by March with the aim of covering 3% of the general population, prioritizing mainly healthcare workers and other priority groups and then expanding to cover additional vulnerable groups, such as the elderly and those with pre-existing conditions.
- Most of the doses are expected to arrive in the second half of the year. These timelines and quantities could change if candidate vaccines fail to meet regulatory approval or production, delivery, and funding face challenges.
- To make sure that vaccines are transported and stored adequately to remain effective, WHO, Gavi, UNICEF and other partners are working with countries to support their readiness to receive vaccines by mapping existing cold chain equipment and storage capacity as well as providing technical support for countries to be ready to receive and manage the vaccines.

- According to the WHO vaccine introduction readiness assessment tool, African nations are on average 42% ready for their mass-vaccination campaigns, which is an improvement on the starting point of 33% two months ago. However, there is still a long way to go to reach the desired benchmark of 80%.
- As the largest vaccine buyer in the world, procuring more than 2 billion doses annually for routine immunization and outbreak response on behalf of nearly 100 countries, UNICEF is coordinating and supporting the procurement, international freight, and delivery of COVID-19 vaccines for the COVAX Facility.
- This is the biggest, most sophisticated ground operation in the history of immunization. UNICEF is stockpiling one billion syringes and buying 10 million safety boxes so that used syringes and needles can be disposed in a safe manner by personnel at health facilities, thus preventing the risk of injuries and blood borne diseases.
- UNICEF has put in place a global network of freight forwarders and logistics providers to deliver vaccines as quickly and safely as possible as part of this historic operation.
- All the 54 countries on the continent have expressed interest in the COVAX Facility. Eight higher and middle-income countries will self-finance their own participation, while lower-middle income and low-income countries will access the vaccines at no cost through the Facility.
- The vaccines distributed by COVAX will have received WHO Emergency Use Listing authorization and as such will have undergone stringent validation of their safety and effectiveness. However, vaccine nationalism is threatening the COVAX initiative.
- The COVAX initiative has raised US \$6 billion in pledges but needs an additional US \$2.8 billion in 2021 and WHO and partners are urging countries and donors to contribute and help end the pandemic globally.
- This initiative has the potential to benefit African countries if it succeeds in getting sufficient vaccine supplies at affordable prices that minimize debt.
- But even with this help, the continent would not have nearly enough doses to vaccinate 60 per cent of the population. That is why other global initiatives are essential to address vaccine scarcity and ensure universal and equitable access can be a reality.

## References

1. National Academies of Sciences, Engineering, and Medicine. (2020). Framework for equitable allocation of COVID-19 vaccine.
2. Nkengasong, J. N., Ndembi, N., Tshangela, A., & Raji, T. (2020). COVID-19 vaccines: how to ensure Africa has access.
3. Mellet, J., & Pepper, M. S. (2021). A COVID-19 Vaccine: Big Strides Come with Big Challenges. *Vaccines*, 9(1), 39.