

**EPHI, NATIONAL DATA MANAGEMENT CENTER FOR HEALTH (NDMC):- QUICK UPDATE ON COVID-19, 057<sup>th</sup>**

**This update summarizes:**

- ***ETHIOPIA'S COVID-19 SITUATION UPDATE.***
- ***GLOBAL AND REGIONAL BURDEN OF COVID-19.***
- ***DECREASED MORTALITY RATE AMONG COVID-19 PATIENTS PRESCRIBED STATINS.***
- ***COVID-19 IN THE WHO AFRICAN REGION: USING RISK ASSESSMENT TO INFORM DECISIONS ON PUBLIC HEALTH AND SOCIAL MEASURES.***
- ***THE CHALLENGE OF CORONAVIRUS COVID-19 ON HOMELESSNESS.***
- ***TUBERCULOSIS IN THE TIME OF COVID-19: QUALITY OF LIFE AND DIGITAL INNOVATION.***

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

- Since the last brief (May 6 April 2021), 4,228 new confirmed corona virus disease 2019 (COVID-19) cases and 143 new deaths have been reported nationally. To date, a total of 264,367 COVID-19 cases and 3,938 related deaths (case fatality rate (CFR): 1.49) have been reported from 9 regions and 2 city administrations in the country. Compared to the cases and deaths reported a week ago, the national cumulative case and deaths showed increment by 1% and 2% respectively.
- There are 46,278 active cases currently, of which 659 (1.42%) of them are critical. So far 214,808 cases have recovered from COVID-19, out of which 11,400 recoveries were over the last one week period which increased by 4% compared to the last week (Fig 1).

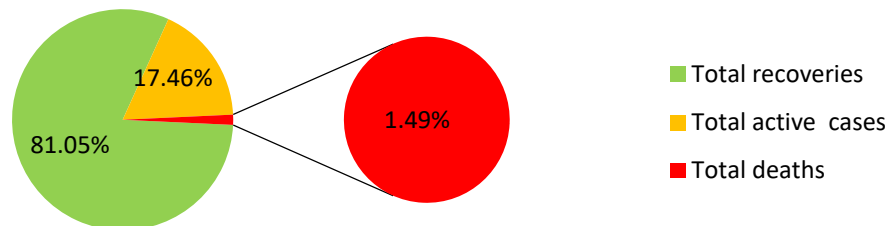


Fig 1: Proportions of active cases, recoveries and death as of May 13, 2021.

- The total number of tests done to date is 2,634,674. Among 35,212 laboratory samples tested over the last one week duration, 4,228 of them tested positive for COVID-19, yielding a positivity rate of 12.0%.
- The distribution of cumulative cases by region is top in Addis Ababa (172,198) followed by Oromia (36,873). Over the last 14 days, top new case reporting regions were Addis Ababa and Oromia region, each reported more than 6k and 1k new cases respectively. Those two top reporting regions account for 72.9 % of new cases identified over the week (Fig 2).

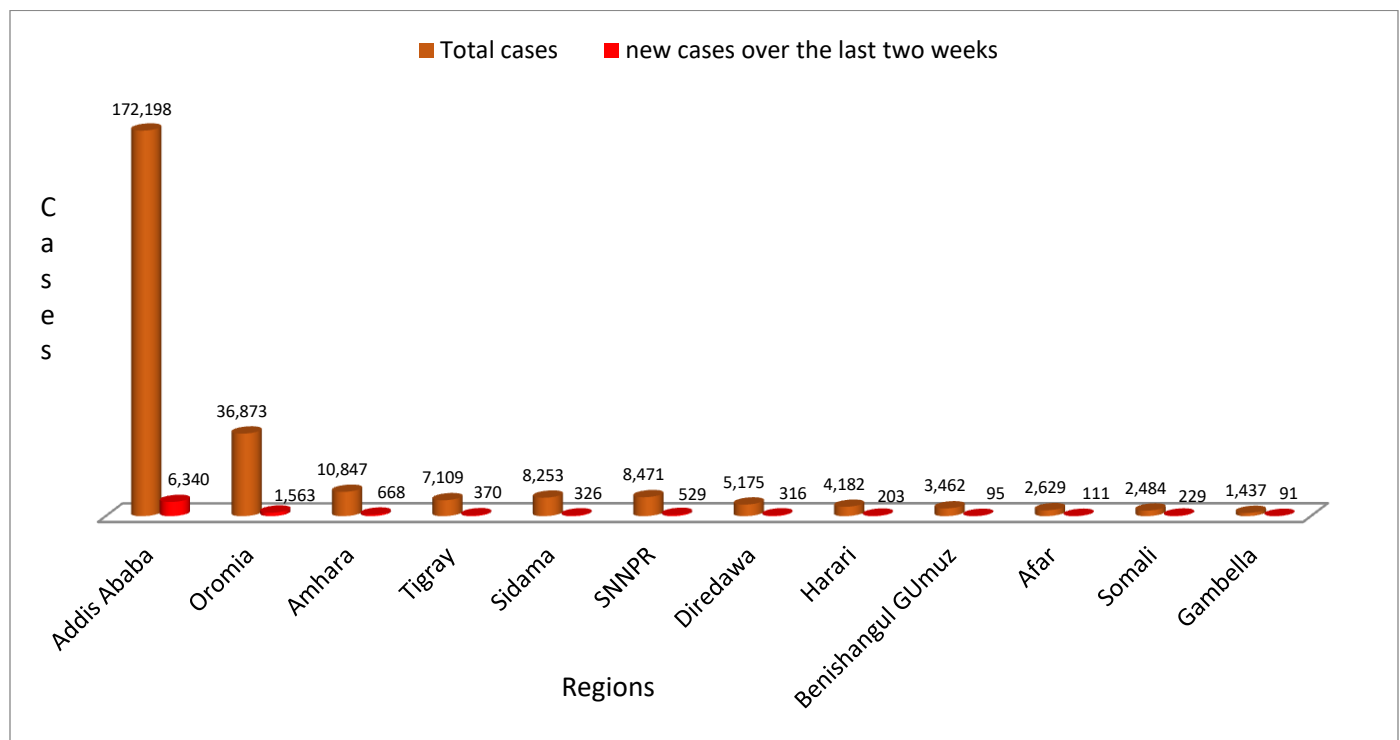


Fig2: Total cases and new cases (over two weeks time) by region.

### Case Management and Infection Prevention Control (Ipc).

- This week, May 6- May 13, 2021, there are 9159 newly recovered cases bringing the total number of COVID-19 recovered cases to 214, 808.
- There are 659 patients in severe condition as of May 13, 2021 and all the other patients are on medical care in stable condition.

## Home Based Isolation and Care (HBIC).

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

- A total 175, 444 COVID-19 confirmed cases are followed in the HBIC as of May 13, 2021.
- 160,189 of them have recovered in the HBIC as of May 13, 2021.
- 16,461 cases are currently on HBIC.
- 32 COVID-19 related deaths have occurred in the HBIC.
- 2065 cases have been transferred from treatment centers to HBIC.
- 827 cases have been transferred from HBIC to treatment centers.

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

- There is on-going distribution of PPE, Viral Transport Media (VTM), swabs, pharmaceuticals and other medical supplies to isolation and treatment centers.
- Daily morning briefing of the IMS core staff and agency representatives is being conducted on daily basis.
- One day COVID-19 Infection prevention and control Training for General Service staffs (Cleaners, Daily Labourers and Garden Workers) given on May 8, 2021 in National Training Center Hall

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2. [https://twitter.com/lia\\_tadesse](https://twitter.com/lia_tadesse).
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4. *EPHI's PHEM daily COVID-19 SITREP report.*

## GLOBAL AND REGIONAL BURDEN OF COVID-19.

- Globally the total number of cases is extended to 161,099,575 as of May 13, 2021. A total of 139,906,560 cases recovered and 3,345,646 people died since the beginning of the outbreak. Globally, in a week time, from May 6 to 13, 2021, COVID-19 cases increased by 3.4% and deaths by 2.8%. In the past week, Europe was the leading in terms of cases followed by Asia and North America. Europe continued to be became a lead in terms of the number of deaths followed by North and South America (Table 1).

Table 1. Global cases (top) and deaths (bottom) reported as of May, 2021.

	<b>COVID cases</b>	<b>Weekly % change</b>	<b>deaths</b>	<b>Weekly % change</b>
Global	161,099,575	3.4	3,345,646	2.8
Europe	45,775,899	1.5	1,042,287	1.6
Asia	45,273,653	7.9	586,634	7.2

North America	39,014,490	1.0	874,919	0.9
South America	26,270,468	3.3	714,869	3.5
Africa	4,699,194	1.3	125,704	1.7
Oceania	65,150	2.9	1,218	0.8

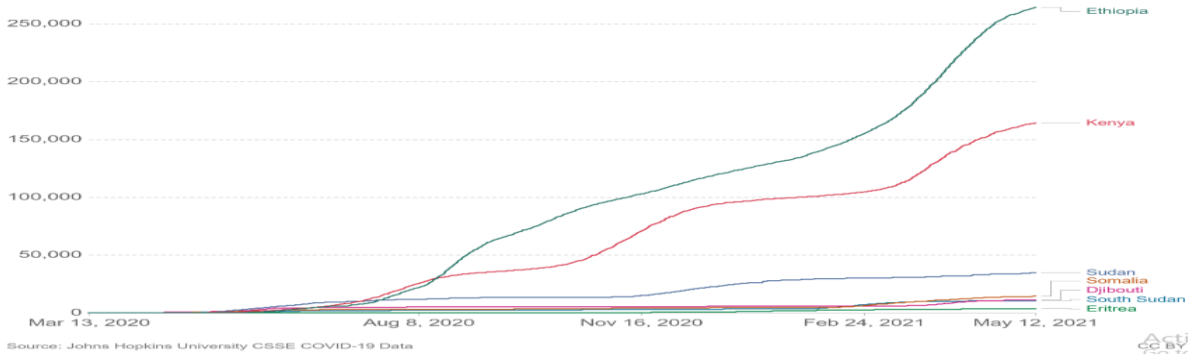
- USA has recorded the highest number of cases 0.8% (33,321,244 to 33,586,136 cases) and 0.8% (593,148 to 597,785 deaths) that accounts 20.8% of the total global cases and carried 17.9% of global deaths as of May 13, 2021, showed declining trend.
  - India is the 2<sup>nd</sup> highest in terms of cases in a week time by 12.5% (21,077,410 to 23,703,665) and deaths by 12.2% (230,168 to 258,351).
  - Brazil became the 2<sup>3d</sup> rand worldwide with increased number of cases in a week time by 2.8% (14,936,464 to 15,361,686) and deaths by 3.3% (414,645 to 428,256).
  - France ranked 4<sup>th</sup> globally with 5,821,668 cases and 107,119 deaths.
  - Turkey ranked 5<sup>th</sup> globally replaced Russia with 5,072,462 cases and 43,821deaths.
- The line share of Africa to the global COVID-19 pandemic was 2.9% and 3.8% of the global cases and deaths as of May 13). The cases in the continent have increased by 1.3% in a week time (4,636,622 to 4,699,194 cases). Similarly, the total number of deaths in Africa has increased from 123,554 to 125,704 showing 1.7%. Total recoveries stand at 4,235,490.
- South Africa is the leading in the continent with 1,602,031 cases and 54,968 deaths. Morocco (514,432 cases, 9,088 deaths), Tunisia (324,103 cases, 11,637 deaths), Ethiopia (264,367 cases, 3,938 deaths) and Egypt (240,927 cases, 14,091deaths) are the most four leading countries next to South Africa in reporting COVID-19 cases in Africa. (See table below).

Africa	May 6		May 13	
	Cases	Deaths	Cases	Deaths
South Africa	1,588,221	54,557	1,602,031	54,968
Morocco	512,656	9,043	514,432	9,088
Tunisia	315,600	11,122	324,103	11,637
Ethiopia	260,139	3,795	264,367	3,938
Egypt	232,905	13,655	240,927	14,091

- In East African, COVID-19 cases and deaths have shown fast progress. As of March, Ethiopia and Kenya continued to be the major drivers of the COVID 19 burden in east African countries.

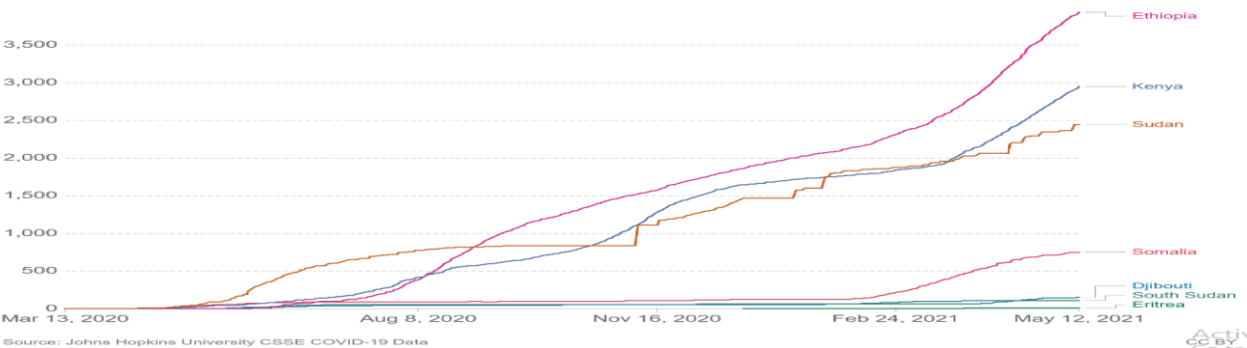
### Cumulative confirmed COVID-19 cases

The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



### Cumulative confirmed COVID-19 deaths

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.



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3. Africa CDC: *COVID 19 Surveillance*; <https://au.int/covid19>
4. Our World: <https://ourworldindata.org/covid-cases>

## DECREASED MORTALITY RATE AMONG COVID-19 PATIENTS PRESCRIBED STATINS.

- Since its outbreak, the coronavirus disease 2019 (COVID-19) pandemic has taken millions lives to date.
- The severe respiratory illness due to SARS-CoV-2, the virus responsible for coronavirus disease 2019 (COVID-19), is triggered by an intense pro-inflammatory host response.
- Statins medications routinely prescribed for cholesterol and lipid lowering are also known to have anti-inflammatory and immunomodulatory properties, capable of reducing inflammatory responses and oxidative stress.
- However, the therapeutic benefits of statin treatment are not only related to lowering endogenous cholesterol, suggesting that other effects and mechanisms come into play.

- Furthermore, several observational studies have indicated that statin use may be effective in reducing mortality and hospitalization due to viral infections, such as influenza.
- Statins have also been shown to be beneficial for patients with various autoimmune inflammatory conditions via several pathways.
- Finding from recent study reassuring in that the use of statins was not associated with an increased mortality among elderly patients with COVID-19.
- However, the observation that there might be some increased risk associated with statin use in individuals with Type-2 diabetes warrants some caution.
- Statins are widely used, low-cost medications that, if proven an effective mitigating treatment, could be an affordable option to reduce the mortality of COVID-19 even in low-income countries.
- Numerous experimental and clinical trials in recent years have led to the widely accepted scientific concept of pleiotropic effects of statin treatment independent of HMG-CoA inhibition, including restoration of endothelial dysfunction, stabilization of atherosclerotic plaques, regulation of angiogenesis, antifibrotic, antithrombotic and antifibrotic effects.
- The pleiotropic effects of statins may result in potential therapeutic benefits in the patient under treatment and COVID-19 positive, particularly for properties in thrombotic manifestations that may occur in the more severe stages of SARS-CoV-2 infections.
- The use of statins correlates significantly with lower mortality in patients with COVID-19, consistent with the findings in patients with pneumonia.
- Statins were associated with significantly lower mortality of COVID-19, consistent with usual pneumonia patients.
- Overall, the findings of different reviewed articles suggest that statins might be considered as a part of the supportive regimen during the treatment of COVID-19. The prospective randomized studies might be warranted to confirm the benefit of statins in COVID-19.

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2. Lee, H. Y. et al. (2021) 'Beneficial Effect of Statins in COVID-19-Related Outcomes- Brief Report: A National Population-Based Cohort Study', *Arteriosclerosis*,

*Thrombosis, and Vascular Biology*, 41, pp. E175–E182. doi: 10.1161/ATVBAHA.120.315551.

3. Marić, I. et al. (2021) 'Decreased Mortality Rate Among COVID-19 Patients Prescribed Statins: Data From Electronic Health Records in the US', *Frontiers in Medicine*, 8, p. 639804. doi: 10.3389/fmed.2021.639804.

## COVID-19 IN THE WHO AFRICAN REGION: USING RISK ASSESSMENT TO INFORM DECISIONS ON PUBLIC HEALTH AND SOCIAL MEASURES

- Successive waves of COVID-19 transmission have led to exponential increases in new infections globally. Between 1 and 31 December 2020, 46 countries out of 47 meeting the study inclusion criteria reported a total of 387,493 confirmed cases and 8,875 deaths, giving a case fatality ratio of 2.3%. Tanzania was the only country that did not formally report new cases to WHO during the period and was therefore excluded. **Transmission classification** and **health system capacity** were used to assess the risk level of each country to guide implementation and adjustments to public health and social measures (PHSM). Two (Mauritius and Eritrea) out of 46 assessed met the criteria for sporadic transmission, one country (Seychelles) for clusters of cases, and 43 (93.5%) for community transmission including three with uncontrolled disease incidence (Eswatini, Namibia and South Africa).
- Health system response's capacities were assessed as adequate in two countries (4.3%), moderate in 13 countries (28.3%), and limited in 31 countries (64.4%).
- The risk level, calculated as a combination of transmission classification and health system response's capacities, was assessed at level 0 in one country (2.1%), level 1 in two countries (4.3%), level 2 in 11 countries (23.9%), and level 3 in 32 (69.6%) countries. None of the countries assessed met the criteria of level 4. The scale of severity ranged from 0 to 4, with 0 the lowest.
- Community transmission coupled with limited response capacity resulted in a level 3 risk assessment in most countries. Countries at level 3 should be considered as priority focus for additional assistance, in order to prevent the risk rising to level 4, which may necessitate enforcing hard and costly lockdown measures. The large number of countries at level 3 indicate the need for an effective risk management system to be used as a basis for adjusting PHSM at national and sub-national level.

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## THE CHALLENGE OF CORONAVIRUS COVID-19 ON HOMELESSNESS.

- The Coronavirus COVID-19 pandemic has likely substantially compounded hardships for people experiencing homelessness. In addition to their already heightened health risks, shelter-in-place orders and recommended physical distancing have constrained available services.
- Though people experiencing homelessness have surely also been impacted economically, the extent of these impacts remains unclear.
- Existing study documents self-reported disease and economic impacts of the coronavirus pandemic for people experiencing homelessness in Sacramento, California. The study analyzes survey data from 198 homelessness people in October 2020. The article contextualizes these data with comparisons to Sacramento's point-in-time survey of homelessness and a sample of low-income housed Californians. The results suggest relatively limited exposure to COVID-19 among people experiencing homelessness in Sacramento. Income and employment losses were more common, but still less pronounced for people experiencing homelessness than for low-income housed. However, these lower economic losses mainly reflect enduring deprivation prior to the pandemic. People experiencing homelessness also received stimulus funds in the spring of 2020 at much lower rates than low-income housed Californians. Overall, the study adds to an emerging empirical literature on the diverse impacts of the COVID-19 pandemic for people experiencing homelessness.
- We looked at the status of health centers dedicated to helping people experiencing homelessness and other at-risk populations. Throughout the pandemic, each month health centers have closed due to increased costs and social distancing requirements. However, the average number of health centers closed each month has fallen by about 400 health centers. This availability of health care may have helped reduce the spread of COVID-19 in homeless



populations, which has fallen to a prevalence of 9% on average. Still, that prevalence is especially high.

- The data analysis from COVID-19 tests in health centers, rates of COVID-19 among populations of people experiencing homelessness and other underserved populations are high.
- According to Johns Hopkins University's Coronavirus Resource Center, the highest single 7-day rate of positive COVID tests for the entire United States population between the months of June and October was 7.8%. The National Health Care for the Homeless Council reported that COVID-19 positivity rates for those experiencing homelessness fall in an average range of 9-12% for that same time period. Augmenting the general dangers presented by increased positivity rates among a given population, the CDC reports that since many people experiencing homelessness are often older adults or have underlying medical conditions, they may face even more severe illness due to COVID-19.
- The sum total of the data we collected and analyzed for this piece paints a dispiriting picture for those experiencing homelessness as well as the services and people dedicated to helping them.
- The COVID-19 pandemic has only served to exacerbate existing issues for those who are homeless, while also adding scores to their ranks. Job and income loss throughout the country have seen people from coast to coast get evicted from their homes, creating a major increase in the number of people seeking out resources and support systems designed to help the homeless.
- This is happening at the same time that the virus and restrictions designed to curb its spread have forced homeless shelters across the nation to shutter their doors, in some cases permanently.
- Not even cities with strong support systems in place have been immune to these realities.
- Beyond all of those concerns, there is still the reality of the virus itself, and the impacts it has had and will continue to have on the health of individuals experiencing homelessness in this country.
- Given the advanced ages and underlying health issues many people experiencing homelessness have to deal with in the best of times, the increased infection rates and lack of healthcare resources represents a significant threat to America's homeless population.

- With this data reflecting that homelessness during COVID-19 is widespread and far-reaching in its impacts, it is so important that the public health of this population is carefully considered.
- As we move beyond the pandemic, and lingering effects of homelessness shape the lives of so many people, awareness of how public health, household budgets and social services interact will be essential. COVID-19 and associated public health control measures pose particular challenges and increased risks of harm for people experiencing low income and homelessness.
- Measures have been implemented across the US and Canada to increase capacity to allow safe physical distancing for homeless people, including arranging temporary housing, enlarging shelter spaces and creating isolation sites for homeless people with COVID-19. However, the diverse needs of various subgroups of people experiencing homelessness must be considered to ensure implementation of effective and equity-focused interventions.
- The COVID-19 pandemic has highlighted the importance of housing as a social determinant of health and raises the question of whether current approaches to addressing homelessness should be re-evaluated.

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[CrossRef] [Google Scholar]

## TUBERCULOSIS IN THE TIME OF COVID-19: QUALITY OF LIFE AND DIGITAL INNOVATION.

- COVID-19 has had a severe impact on a number of parties. For healthy individuals, there has been the worldwide implementation of social distancing measures, lockdown, an unprecedented economic crisis with resultant unemployment, and a feeling of not knowing when it will end. This has generated anxiety and an increase in mental health issues and in some cases has led to suicide.
- With regard to patients, numbers have varied globally, with increased mortality amongst the elderly and patients with pre-existing comorbidities. The socioeconomic consequences of the storm are contributing to increased poverty, deprivation, isolation, malnutrition and related morbidity and mortality (1). And for healthcare professionals, the situation has been a nightmare: the request to focus on COVID-19 as a priority; redistribution of healthcare workers into clinical duties; devoting all their energy to preventing, diagnosing and treating this new disease, with limited possibilities to rest and enjoy their family. All this whilst observing an unprecedented pressure on the health system and seeing many colleagues admitted (3.8% in China, 6% in the UK, 10% in Spain) and, unfortunately, dying.
- A lack of staff, protective equipment, tests and drugs are all well known in the management of TB in diverse settings; this has now unfortunately spread to other programmes and systems. COVID-19 will invariably affect the lung health of many and potentially lead to a greater incidence of TB over the coming years. It is already evident that the pandemic has delayed our ambitious End-TB Strategy timelines, so that greater attention and investments will now be needed to control TB (2).
- The rehabilitation and Quality of Life (QoL) of TB patients is gaining traction as we understand that patients continue to have sequelae beyond TB treatment completion, and more effort is required to improve QoL and raise life expectancy in this group of patients. COVID-19 is radically changing the way we manage TB in the immediate future and is

forcing us to accelerate the adoption of digital innovations that simplify and facilitate the workload of healthcare workers. COVID-19 has also unmasked and laid bare several vulnerabilities already well known in the TB world; innovation and digital technologies will need to be adopted to help us get back on track (2).

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