

## **EPHI, NATIONAL DATA MANAGEMENT CENTER FOR HEALTH (NDMC):- QUICK UPDATE ON COVID-19, 063<sup>rd</sup>**

**This update summarizes:**

- **Ethiopia’s Covid-19 Situation Updates**
- **Global and Regional Burden Of Covid-19**
- **Comparative Analysis of COVID-19 from January 21 to June, 22-2021 in Ethiopia**
- **Maternity care provision during the COVID-19 pandemic worldwide**

### **Ethiopia’s Covid-19 Situation Updates**

- Since the last brief (10 June 2021), 901 new confirmed corona virus disease 2019 (COVID-19) cases and 30 new deaths have been reported nationally. To date, a total of 275,502 COVID-19 cases and 4,292 related deaths (case fatality rate (CFR): 1.56, which is similar compared to the last week’s rate) 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 death reported this week remained nearly stable without increment.
- There are 14,608 active cases currently, of which 187 (1.30%, fairly similar rate compared to last week’s report) of them are critical. However, the number of active cases and critical cases have shown reduction by 3,517 and 50 cases respectively compared to the last week. So far 256,787 cases have recovered from COVID-19, out of which 4,336 recoveries were over the last one-week period which increased by 1% compared to the last week.
- The proportion of active cases among the total cases so far has decreased by around 1.30% while that of recoveries increased by the similar rate compared to the last week. However, the proportion of death remained nearly the same over the last one week period (Fig 1).

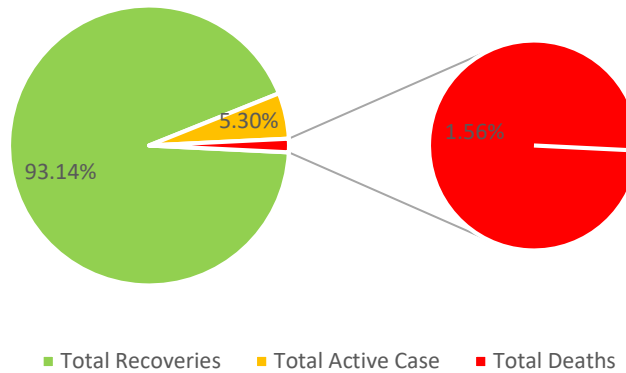


Fig 1: Proportions of active cases, recoveries and death as of June 24, 2021.

- The total number of tests done to date is 2,835,342. Among 37,984 laboratory samples tested over the last one-week duration, 901 of them tested positive for COVID-19, yielding a positivity rate of 2.3%; showing a 1.5% reduction from the last week's positivity rate.
- The distribution of cumulative cases indicate Addis Ababa, Oromia and Amhara regions took the lead in total case load sequentially. Over the last 7 days, top new case reporting regions that reported over one hundred cases were Addis Ababa, Oromia, and Tigray regions. Those three top reporting regions (Addis Ababa, Oromia and Tigray) account for 86.8 % of new cases identified over the week time (fig 2).

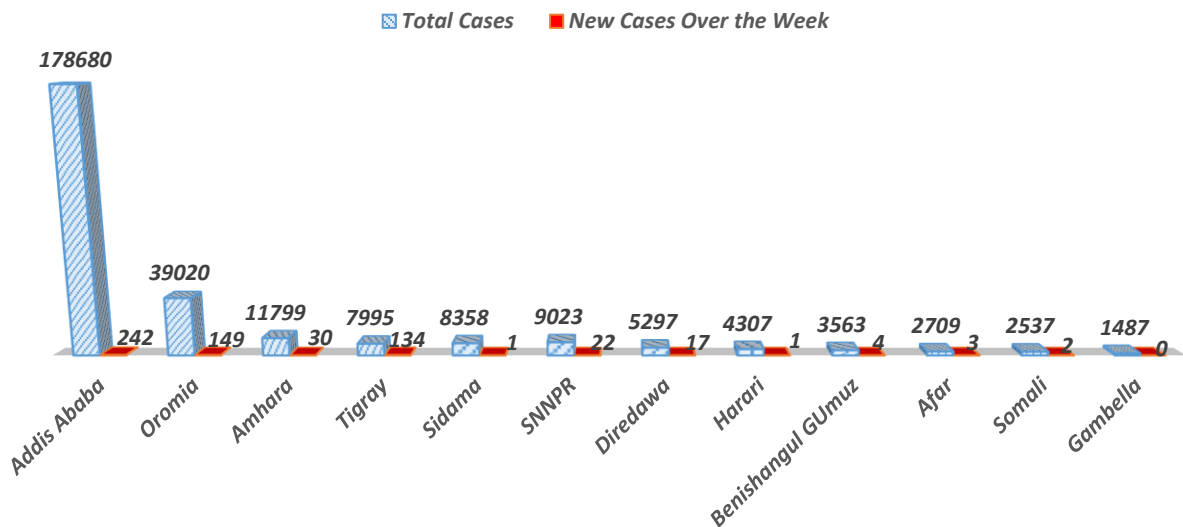


Fig2: Total cases and new cases (over a week time) by region based on available reports.

## Case Management and Infection Prevention Control (Ipc)

- This week, June 18- June 24, 2021, there are 4336 newly recovered cases bringing the total number of COVID-19 recovered cases to 256,787.
- There are 187 patients in severe condition as of June 24, 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 of 202,097 COVID-19 confirmed cases are followed in the HBIC as of June 24, 2021.
- 201, 171 of them have recovered in the HBIC as of June 24, 2021.
- 2,193 cases are currently on HBIC.
- 32 COVID-19 related deaths have occurred in the HBIC.
- 2,190 cases have been transferred from treatment centers to HBIC.
- 891 cases have been transferred from HBIC to treatment centers.

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

- There is the on-going distribution of PPE, Viral Transport Media (VTM), swabs, pharmaceuticals, and other medical supplies to isolation and treatment centers.

## References

1. *Public Health Emergency Operations Centers (PHEOC), Ethiopia.*
2. [https://twitter.com/lia\\_tadesse](https://twitter.com/lia_tadesse).
3. <http://www.covid19.et/covid-19/>.
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 180,360,606 as of June 24, 2021. A total of 165,080,854 cases recovered and 3,907,364 people died since the beginning of the outbreak. Globally, in a week time, from June 17 to June 24, 2021, COVID-19 cases increased by 1.4% and deaths by 1.5%. In the past week, Asia is the leading in terms of cases followed by Europe and North America. Europe continued to be became a lead in terms of the number of deaths followed by South and North America (Table 1).

Table 1. Global cases and deaths reported as of June, 2021.

	<b>COVID cases</b>	<b>Weekly % change</b>	<b>deaths</b>	<b>Weekly % change</b>
Global	180,360,606	1.4	3,907,364	1.5
Europe	47,596,824	0.6	1,095,398	0.6
North America	40,423,582	0.4	914,211	0.5
Asia	54,873,435	1.7	775,029	2.5
South America	32,063,644	3.1	981,933	2.7
Africa	5,330,048	3.5	139,506	2.4
Oceania	72,352	2.2	1,272	1.3

- USA has recorded the highest number of cases 0.2% (34,365,985 to 34,449,004 cases) and 0.3% (616,150 to 618,294 deaths) that accounts 19.1% of the total global cases and carried 15.8% of global deaths as of June 24, 2021, showed declining trend.
- India is the 2<sup>nd</sup> highest in terms of cases in a week time by 1.3% (29,700,313 to 30,082,169) and deaths by 2.6% (381,931 to 392,014).
- Brazil became the 3<sup>rd</sup> rank worldwide with increased number of cases in a week time by 3.1% (17,629,714 to 18,170,778) and the 2<sup>nd</sup> by deaths with 2.7% (493,837 to 507,240).
- France ranked 4<sup>th</sup> globally with 5,762,322 cases and 110,862 deaths.
- Turkey ranked 5<sup>th</sup> globally with 5,387,545 cases and 49,358 deaths.
- The line share of Africa to the global COVID-19 pandemic was 3% and 3.6% of the global cases and deaths as of June 24). The cases in the continent have increased by 3.5% in a week time (5,330,048 to 139,506 cases). Similarly, the total number of deaths in Africa has increased from 133,746 to 136,254 showing 2.4%. Total recoveries stand at 4,697,800.
- South Africa is the leading in the continent with 1,861,065 cases and 59,258 deaths. Morocco (527,696 cases, 9,254 deaths), Tunisia (391,411 cases, 14,318 deaths), Egypt (278,761 cases, 15,967 deaths) and Ethiopia become the 5<sup>th</sup> rank with (275,502 cases, 4,292 deaths). These are the most four leading countries next to South Africa in reporting COVID-19 cases in Africa. (See table below).

Table 2: Cases and deaths reported in selected African countries as of June, 2021.

<b>Africa</b>	<b>June 17</b>		<b>June 24</b>	
	<b>Cases</b>	<b>Deaths</b>	<b>Cases</b>	<b>Deaths</b>
South Africa	1,774,312	1,774,312	1,861,065	59,258
Morocco	524,975	9,221	527,696	9,254
Tunisia	374,312	13,721	391,411	14,318
Egypt	275,010	15,723	278,761	15,967
Ethiopia	274,601	4,260	275,502	4,292

- 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.

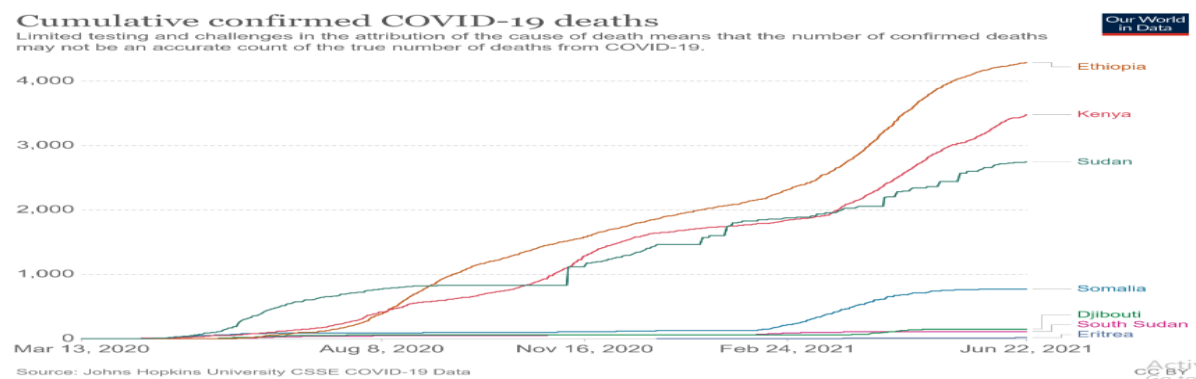
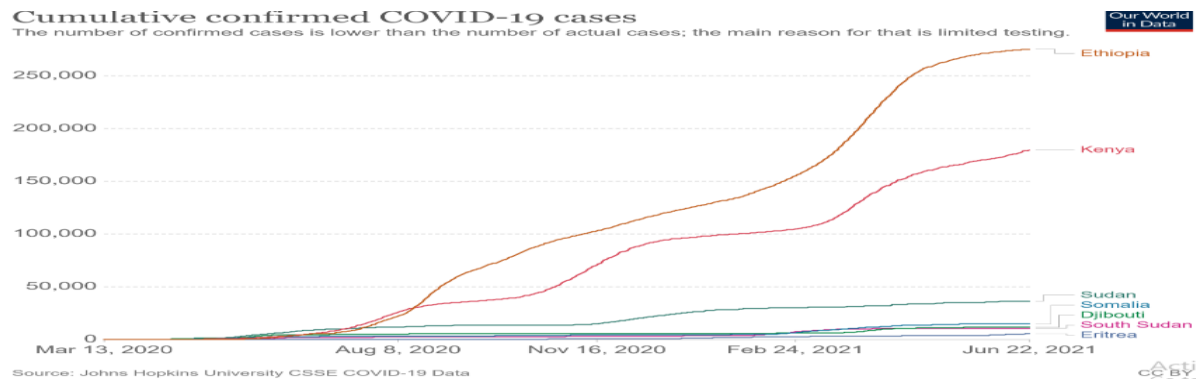


Figure3: The burden of COVID-19 in Eastern African countries.

## 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>

## Comparative Analysis of COVID-19 from January 21 to June, 22\_2021 in Ethiopia

- In Ethiopia, the total number of cases extended to 275,502 as of June 22, 2021. A total of 256, 787 cases recovered and 4,292 people died since the beginning of the outbreak. In the Country, in a monthly time, from January 01,2021 to June 22, 2021, COVID-19 cases increased by 2.92%, 9.47 %, 1.21%, -13.34%, and -3.68, and deaths by 2.38%, 5.31%, 25.42%, -15.56, and -18.55%.

Table 3. Covid-19 cases, deaths, and recovered were reported as of June 22, 2021.

COVID-19 IN ETHIOPIA FROM JAN-JUNE 22_2021									
Months	Cases	%	Changes in Months	Deaths	%	Changes in Months	Recovered	%	Changes in Months
Jan-21	13386	4.86		170	3.96		10766	4.19	
Feb-21	21422	7.78	2.92	272	6.34	2.38	11996	4.67	0.48
Mar-21	47517	17.25	9.47	500	11.65	5.31	23251	9.05	4.38
Apr-21	50853	18.46	1.21	1591	37.07	25.42	40753	15.87	6.82
May-21	14099	5.12	-13.34	923	21.51	-15.56	39872	15.53	-0.34
Jun-21	3961	1.44	-3.68	127	2.96	-18.55	18053	7.03	-8.50
Total From, 3 March 2020 to June 22_2021	275502			4292			256787		

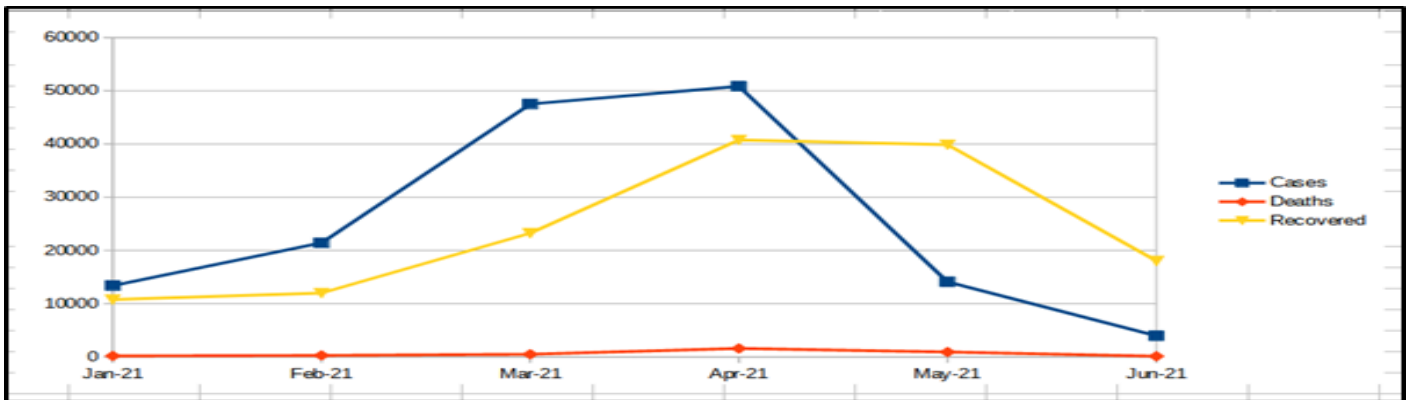


Figure4: The trend of burden of COVID-19 in Ethiopia.

- As shown from the above figure, in the consecutive six months the highest cases, deaths, and recovered were 18.46% (50,853 to 275,502) and 37.07% (1,591 to 4,292 deaths) and recovered 15.87% (40,753 to 256,787) respectively. Therefore the numbers of cases, deaths, and recovered are also registered in April were the highest. However, the reports of COVID-19 in June 22, 2021 has been shown in the figure was the lowest one. These were COVID -19 cases 1.44% (3,961 to 275,502), death, 2.96% (127 to 4,292), and recovered 7.03% (18,053 to 256,787) respectively. But further investigation on Covid-19 will be conducted in Ethiopia.

### References

1. John Hopkins, Corona Virus: GITHUB REPOSITORY Archive
2. John Hopkins, Corona Virus Resources <https://coronavirus.jhu.edu/map.html>

## Maternity care provision during the COVID-19 pandemic worldwide

- Reduced maternity healthcare-seeking and healthcare provision during the COVID-19 pandemic has been global, and must be considered as potentially contributing to worsening of pregnancy outcomes observed during the pandemic, significant increases in maternal mortality, stillbirth and maternal depression have been identified.
- At the same time there has been a reduction in preterm birth in high income settings. The mechanisms underlying the observed changes are unclear, but proposed drivers include the widespread behavioural change associated with national ‘lockdowns’ and other pandemic mitigation measures as well as the restructuring of clinical services that might have led to a reduction of pregnancy care contacts and increased barriers to accessing care.
- Reports from low resource settings noted a particularly profound reduction in antenatal care contacts. One hospital in Ethiopia noted a fall in antenatal clinic attendance of over 29% (from an average of 86 pregnant women per week to 61) even while delivery rates were maintained, whilst another found that only 29.3% of (114 out of 389) women giving birth had accessed all recommended antenatal visits
- A multicentre study identified reduced antenatal clinic attendance in Bangladesh, Nigeria and South Africa during the pandemic response with similar findings in two additional reports from India. Women cited both difficulties in travel and fear of contracting COVID-19 in healthcare settings as their reasons for not attending.
- A study in Ghana revealed over one third (25 of 71) missed an antenatal clinic appointment; public transport was seriously restricted during lockdown and virtual appointments were not possible. In contrast, a report from a New York program serving primarily women of low socioeconomic status reported no change in clinic attendance during the pandemic response.
- Many reports described new provision of virtual services that enabled clinical contact to continue while reducing in-person clinic visits. A wide variety of protocols were described encompassing both routine care and specialist clinics providing care for the hypertensive disorders of pregnancy, diabetes, women at risk of preterm birth and women with inflammatory bowel disease.

- In one obstetric service in New York, telemedicine via either audio or video link was introduced for most high-risk prenatal care, including gestational diabetes education, genetic counselling and maternal-foetal medicine consultations.
- The telemedicine protocol included self-monitoring of blood pressure via the provision of automated sphygmomanometers but not foetal heart auscultation, and the majority of contacts were conducted via video link. For 91 women studied, 29% of visits were conducted using telemedicine; patient non-attendance was decreased and both patients (86.9%) and providers (87.8%) reported satisfaction with the service.
- The benefits of virtual appointments cited by patients included reduced requirement to use public transport during the pandemic, less time away from work, and less need to arrange childcare assistance.
- Postnatal care is critical to the long term health of both mother and child – several studies highlighted reduced postpartum visit attendance, which was in some cases associated with reduced uptake of postnatal long acting contraception.

#### **Reference**

1. Rosemary T, Barbara C, et.al. Global changes in maternity care provision during the COVID-19 pandemic: A systematic review and meta-analysis, Volume 37,2021, <https://doi.org/10.1016/j.eclinm.2021.100947>.