

EPHI, NATIONAL DATA MANAGEMENT CENTER FOR HEALTH (NDMC):- QUICK UPDATE ON COVID-19, 067th

This update summarizes:

- **Ethiopia's Covid-19 Situation Updates**
- **Global and Regional Burden Of Covid-19**
- **COVID-19 vaccine acceptance**
- **Estimating global and regional disruptions to routine childhood vaccine coverage during the COVID-19 pandemic in 2020**

Ethiopia's Covid-19 Situation Updates

- Since the last brief (July 15, 2021), 559 new confirmed corona virus disease 2019 (COVID-19) cases and 10 new deaths have been reported nationally. To date, a total of 277,877 COVID-19 cases and 4,359 related deaths (case fatality rate (CFR): 1.57, 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 11,110 active cases currently, of which 144 (1.03%, slightly reduced rate compared to last week's report) of them are critical. The number of active cases have shown increment by 185 while the critical cases reduced by 19 case compared to the last week. So far 262550 cases have recovered from COVID-19, out of which 3 recoveries were over the last one-week period which is minimal compared to the last week's report.
- The proportion of active cases among the total cases so far has continued increasing for the second consecutive weeks slightly as well (by 0.06%) while that of recoveries decreased 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).

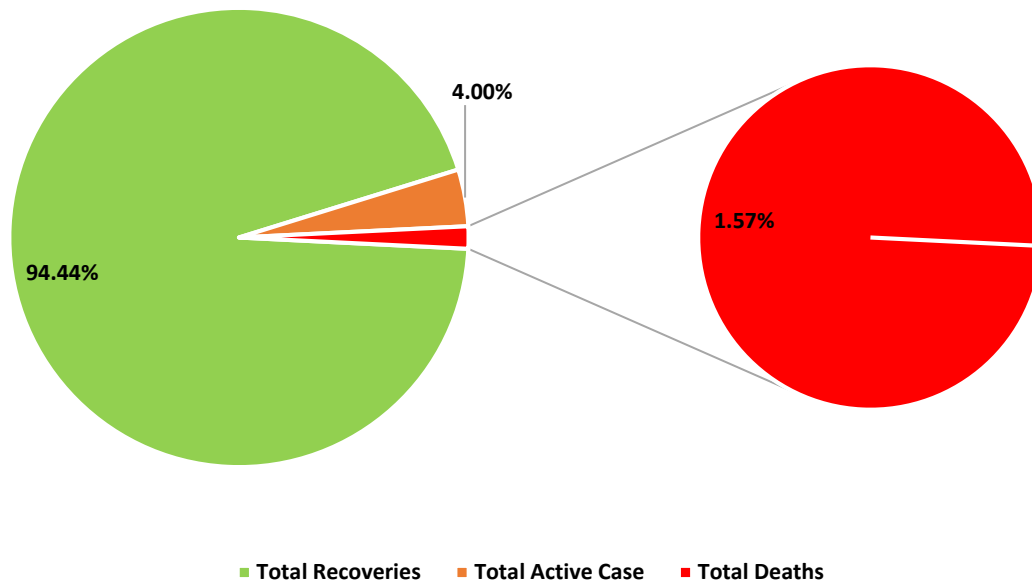


Fig 1: Proportions of active cases, recoveries and death as of July 15, 2021.

- The total number of tests done to date is 2,958,987. Among 23, 572 laboratory samples tested over the last one-week duration, 559 of them tested positive for COVID-19, yielding a positivity rate of 2.7% ; showing a (0.9%) increase from the last week’s positivity rate which is for the second consecutive week.
- The distribution of cumulative cases indicate Addis Ababa, Oromia and Amhara regions took the lead sequentially in total case load. Over the last 7 days, only Addis Ababa reported few hundreds of cases. The rest top reporting regions, Oromia, Tigray and Amhara regions reported less than hundred. While Addis Ababa alone accounts for 73.1% of new cases over the last 3 weeks; whereas 89.3% of new cases were from the top three reporting regions stated (fig 2).

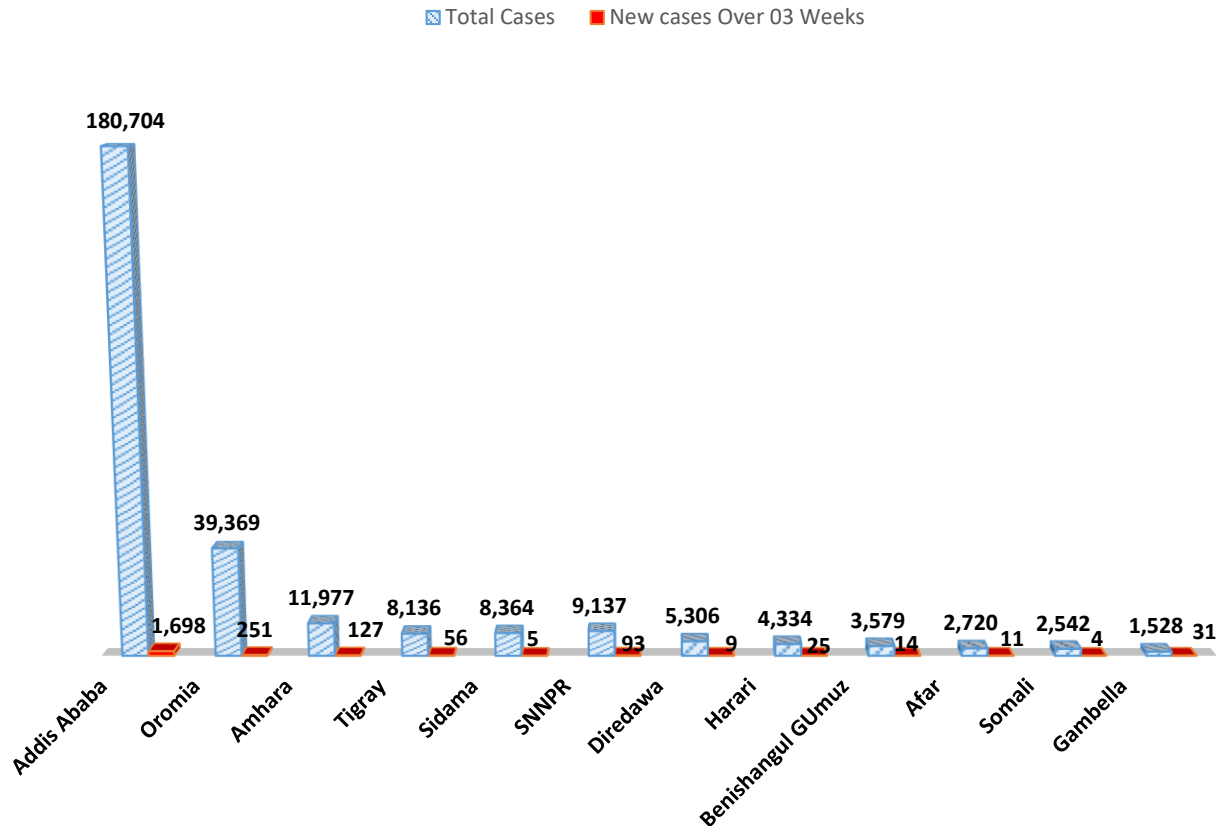


Fig2: Total cases and new cases (over 03 weeks time) by region based on available reports.

Case Management and Infection Prevention Control (Ipc)

- This week, July 16- July 22, 2021, there are **421** newly recovered cases bringing the total number of COVID-19 recovered cases to **262, 588**
- There are **153** patients in severe condition as of July 22, 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 **207, 444** COVID-19 confirmed cases are followed in the HBIC as of July 22, 2021
- **207, 019** of them have recovered in the HBIC as of July 22, 2021
- **1,086** cases are currently on HBIC
- **33** COVID-19 related deaths have occurred in the HBIC
- **2,185** cases have been transferred from treatment centers to HBIC
- **900** 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 ongoing 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.
3. <http://www.covid19.et/covid-19/>.

Global and Regional Burden of Covid-19

- Globally the total number of cases is extended to 192,841,870 as of July 22, 2021. A total of 175,358,502 cases recovered and 4,142,699 people died since the beginning of the outbreak. Globally, in a week time, from July 15 to July 22, 2021, COVID-19 cases increased by 1.9% and deaths by 1.7%. 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 July, 2021.

	COVID cases	Weekly % change	deaths	Weekly % change
Global	192,841,870	1.9	4,142,699	1.7
Europe	50,248,845	2.0	1,122,784	0.6
North America	41,659,994	1.1	931,567	0.5
Asia	59,659,603	2.5	856,450	3.1
South America	34,796,041	1.6	1,069,414	2.4
Africa	6,383,635	4.3	161,038	3.9
Oceania	93,031	10.8	1,431	7.0

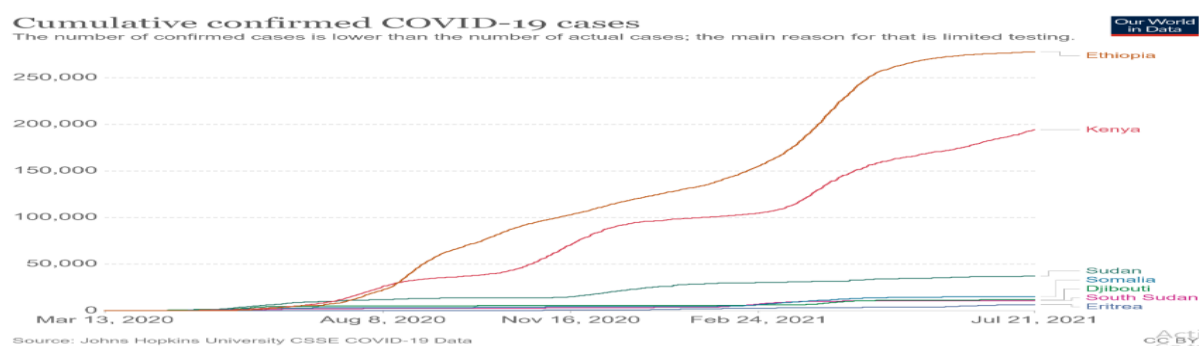
- USA has recorded the highest number of cases 0.9% (34,848,068 to 35,146,476 cases) and 0.3% (623,838 to 625,808 deaths) that accounts 18.2% of the total global cases and carried 15.1% of global deaths as of July 22, 2021.
- India is the 2nd highest in terms of cases in a week time by 0.9% (30,986,803 to 31,257,720) and deaths by 1.7% (412,019 to 419,021).

- Brazil became the 3rd rank worldwide with increased number of cases in a week time by 1.4% (19,209,729 to 19,474,489) and the 2nd by deaths with 1.5% (537,498 to 545,690).
- Russia ranked 4th globally with 6,030,240 cases and 150,705 deaths.
- UK ranked 5th globally with 5,563,006 cases and 128,896 deaths.
- The line share of Africa to the global COVID-19 pandemic was 3.3% and 3.9% of the global cases and deaths as of July 22). The cases in the continent have increased by 4.3% in a week time (6,119,864 to 6,383,635 cases). Similarly, the total number of deaths in Africa has increased from 154,981 to 161,038 showing 3.9%. Total recoveries stand at 5,572,399.
- South Africa is the leading in the continent with 2,327,472 cases and 68,192 deaths. Morocco (566,356 cases, 9,498 deaths), Tunisia (555,997 cases, 17,913 deaths), Egypt (283,862 cases, 16,465 deaths) and Ethiopia continued to be the 5th rank with (277,959 cases, 4,360 deaths). These are the most four leading countries next to South Africa in reporting COVID-19 cases in Africa. (See table below).

Table 2: Case and death reported in selected African countries as of July 2021

Africa	July 15		July 22	
	Cases	Deaths	Cases	Deaths
South Africa	2,236,805	65,595	2,327,472	68,192
Morocco	547,273	9,404	566,356	9,498
Tunisia	518,609	16,845	555,997	17,913
Egypt	283,409	16,418	283,862	16,465
Ethiopia	277,318	4,349	277,959	4,360

- 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.



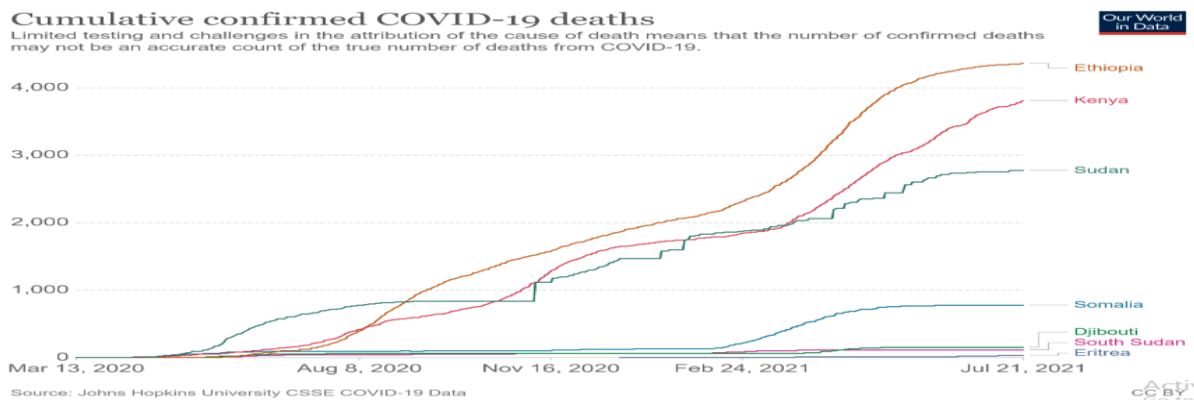


Figure3: The burden of COVID-19 in Eastern African countries.

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>

COVID-19 vaccine acceptance

- Equitable access to safe and effective vaccines is critical to ending the COVID-19 pandemic, so it is hugely encouraging to see so many vaccines proving and going into development. WHO is working tirelessly with partners to develop, manufacture and deploy safe and effective vaccines. Safe and effective vaccines are a game-changing tool: but for the foreseeable future we must continue wearing masks, cleaning our hands, ensuring good ventilation indoors, physically distancing and avoiding crowds
- Four in five people in low- to middle-income countries are willing to get vaccinated against COVID-19 – a significantly higher proportion than in either the United States or Russia – data suggests. The finding, published in *Nature Medicine*, suggests that prioritizing vaccine distribution to the Global South should yield high returns in terms of boosting global immunity against COVID-19.
- Widespread acceptance of COVID-19 vaccines is essential to minimise deaths from the disease and hasten the end of the global pandemic. Yet, even though vaccines have been available for more than six months, we still know relatively little about attitudes towards COVID-19 vaccination in lower-income countries. Here, large-scale vaccination is only just beginning, with an estimated 1% of people in low-income countries having received

at least one dose. The country with the highest rates of vaccine acceptance was Nepal, where 96.6% said they would be willing to be vaccinated against COVID-19.

- “Understanding the drivers of COVID-19 vaccine acceptance is of global concern, because a lag in vaccination in any country may result in the emergence and spread of new variants that can overcome immunity conferred by vaccines and prior disease,” the authors write.
- To investigate, Julio S. Solís Arce at the WZB Berlin Social Science Center in Germany and his colleagues surveyed the attitudes of 44,260 individuals across ten low- and middle-income countries (LMICs) in Asia, Africa and South America, as well as in Russia and the United States.
- They found that COVID-19 vaccine acceptance was considerably higher in the LMICs, compared to in the United States and Russia. Here, 80.3% of people said they’d be willing to get vaccinated (median 78%), compared to 64.6% of Americans and 30.4% of Russians, on average. These high rates of acceptance in LMICs were primarily explained by a desire for personal protection against COVID-19, while the most commonly cited reason for hesitancy was concern about side effects. Health workers were regarded as the most trusted sources of guidance about COVID-19 vaccines.
- Burkina Faso and Pakistan had the lowest rates of COVID-19 vaccine acceptance among the LMICs included in the study, with an average rate of 66.5% in both countries. In the case of Pakistan, this could be related to negative historical experiences with foreign-led vaccination campaigns, while in Burkina Faso, it could represent general vaccine hesitancy. Here, fewer people believe that vaccines in general are safe in than in any other of the surveyed countries, apart from Russia. The country with the highest rates of vaccine acceptance was Nepal, where 96.6% said they would be willing to be vaccinated against COVID-19.
- In general, men were more willing to be vaccinated than women, but there were no consistently significant differences with respect to age or education. Although the researchers cautioned that their data may not be representative of all LMICs, and that some individual samples may not be nationally representative, they said their main finding of greater acceptance in LMICs compared to the US or Russia was consistent across all of the countries they surveyed.
- “The high levels of vaccine acceptance we identify suggest that prioritizing distribution to LMICs may be an efficient way to achieve immunity on a global scale and prevent novel

variants from emerging,” they added. “Vaccination campaigns should focus on converting positive intentions into uptake, which may require investment in local supply chains and delivery.

- “Messages highlighting vaccine efficacy and safety, delivered by healthcare workers, could be effective for addressing any remaining hesitancy in the analysed LMICs.”
- The countries included in the survey were: Burkina Faso, Mozambique, Rwanda, Sierra Leone and Uganda (low-income countries); India, Nepal, Nigeria and Pakistan (lower-middle-income countries); Columbia and Russia (upper-middle income countries); and the United States (high income country).

Reference

1. <https://www.gavi.org/vaccineswork/willing-and-waiting-high-levels-covid-19-vaccine-acceptance-identified-global-south>
2. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>

Estimating global and regional disruptions to routine childhood vaccine coverage during the COVID-19 pandemic in 2020

- Globally, marked disruptions to routine immunisation services occurred in 2020, estimated vaccine coverage was 76.7% for DTP3 and 78.9% for MCV1, representing relative reductions of 7.7% for DTP3 and 7.9% for MCV1, compared to expected doses delivered in the absence of the COVID-19 pandemic.
- From January to December, 2020, we estimated that 30.0 million children missed doses of DTP3 and 27.2 million children missed MCV1 doses. Compared to expected gaps in coverage for eligible children in 2020, these estimates represented an additional 8.5 million children not routinely vaccinated with DTP3 and an additional 8.9 million children not routinely vaccinated with MCV1 attributable to the COVID-19 pandemic.
- Globally, monthly disruptions were highest in April, 2020, across all GBD super-regions, with 4.6 million children missing doses of DTP3 and 4.4 million children missing doses of MCV1. Every GBD super-region saw reductions in vaccine coverage in March and April, with the most severe annual impacts in north Africa and the Middle East, south Asia, and Latin America and the Caribbean.

- In the absence of the COVID-19 pandemic, expected global coverage in 2020 was predicted to be 83.3% for DTP3 and 85.9% for MCV1. After accounting for pandemic-associated disruptions, however, estimated coverage in 2020 was 76.7% for DTP3 and 78.9% for MCV1.
- Among all GBD super-regions, south Asia experienced the largest acute declines, with DTP3 doses administered falling by 58.3% and MCV1 doses falling by 43.1% in April 2020 compared to expected levels
- The lowest annual reductions in vaccine delivery in sub-Saharan Africa, where disruptions remained minimal throughout the year.
- For some super-regions, including southeast Asia, east Asia, and Oceania for both DTP3 and MCV1, the high-income super-region for DTP3, and south Asia for MCV1, estimates suggest that monthly doses were delivered at or above expected levels during the second half of 2020.
- At the end of 2020, an estimated 30.0 million eligible children remained without doses of DTP3, as did 27.2 million children without MCV1 doses globally. These estimates represent an additional 8.5 million children missing doses of DTP3 and 8.9 million children missing doses of MCV1 in 2020 compared to expectations without the COVID-19 pandemic.
- The COVID-19 pandemic led to unparalleled disruptions in vaccine delivery, with global coverage of DTP3 and MCV1 in 2020 estimated to have fallen to levels not seen in more than a decade. Although signs of recovery emerged in the second half of 2020, the COVID-19 pandemic and its disruptive effects continue, and only returning to pre-pandemic vaccination rates would still leave millions of children under-vaccinated or unvaccinated and at risk of vaccine-preventable diseases.
- During the next phase of the pandemic, wherein a major focus is scaling up COVID-19 vaccines and containing new variants, routine immunisation catch-up and expansion efforts must be sustained, otherwise the world's fragile progress could easily give way to vaccine preventable disease outbreaks in 2021 and beyond. Moving forward, the world should build upon the lessons learned about adaptive and resilient routine immunisation programmes during COVID-19 and strive to provide more equitable sustainable vaccine services for all.

Reference

1. *Kate C. Nancy F. Reed J D. Natalie C G. Peng Z. et al. Estimating global and regional disruptions to routine childhood vaccine coverage during the COVID-19 pandemic in 2020: a modelling study: available on [https://doi.org/10.1016/S0140-6736\(21\)01337-4](https://doi.org/10.1016/S0140-6736(21)01337-4)*