EPHI, NATIONAL DATA MANAGEMENT CENTER FOR HEALTH (NDMC):- QUICK UPDATE ON COVID-19, 69th

This update summarizes :

- **Situation Updates of COVID-19 in Ethiopia**

- **Global and Regional Burden of COVID-19**

- **COVID-19 Vaccine Equity for Racial and Ethnic Minority Groups**

- **Do Coronavirus Containment Measures Work? Worldwide Evidence**

Situation Updates of COVID-19 in Ethiopia

- Until August 05, 2021 there have been a total of 281,811 COVID-19 cases, 264,008 recoveries and 4,403 deaths in Ethiopia.

- During this week (July 29 to August 05, 2021), there have been 2,658 newly confirmed cases, 942 recoveries and 27 new deaths resulted from it. The cases and deaths of COVID-19 have increased by 0.94% and 0.61 % respectively on a national basis. The overall cumulative case fatality rate is 1.56%.

- Currently, there are 13,706 active cases, of which 308 (2.25%) are in critical condition (0.36% increase compared to the last week's report).

- The proportion of active cases among the total cases in this week increased by 0.59% while that of recoveries has decreased by similar rate compared to last week. However, the proportion of death decreased by 0.01% (Figure 1).
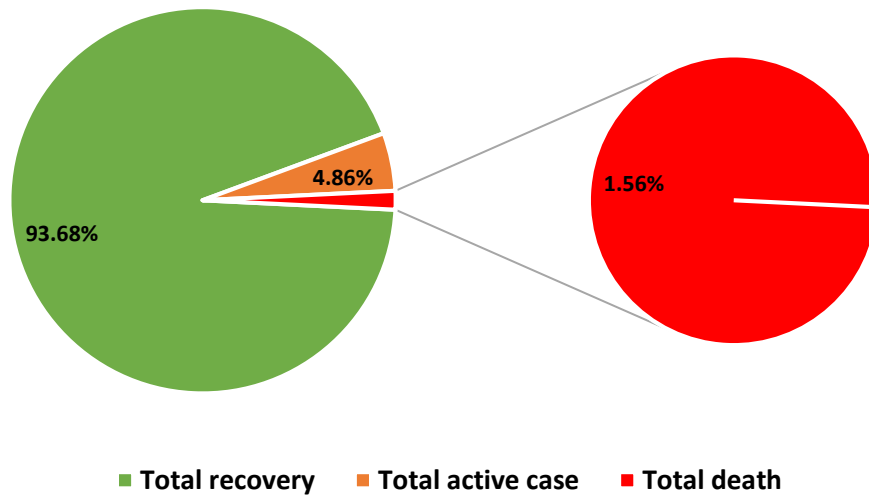
Figure 1: Proportions of active cases, recoveries and death up to August 05, 2021.

- The total number of tests done to date is 3,040,755. Among 41,076 laboratory samples tested for COVID 19 in this week, 2,658 have tested positive, yielding a positivity rate of 6.5%. This shows a 3.4% increase from the last week's report of positivity rate.

- The distribution of cumulative cases indicate Addis Ababa, Oromia and Amhara regions took the lead sequentially in total case load. Addis Ababa is the leading in the country with 183,954 cases that accounts 65.4 % of the total case until August 05/2021.

- Over the last 14 days, only Addis Ababa reported 3,250 cases. The rest top reporting regions, Oromia, SNNP and Amhara reported 262,43 and 23 cases respectively. While Addis Ababa alone accounts for 90 % of new cases over the last 2 weeks; (figure2).
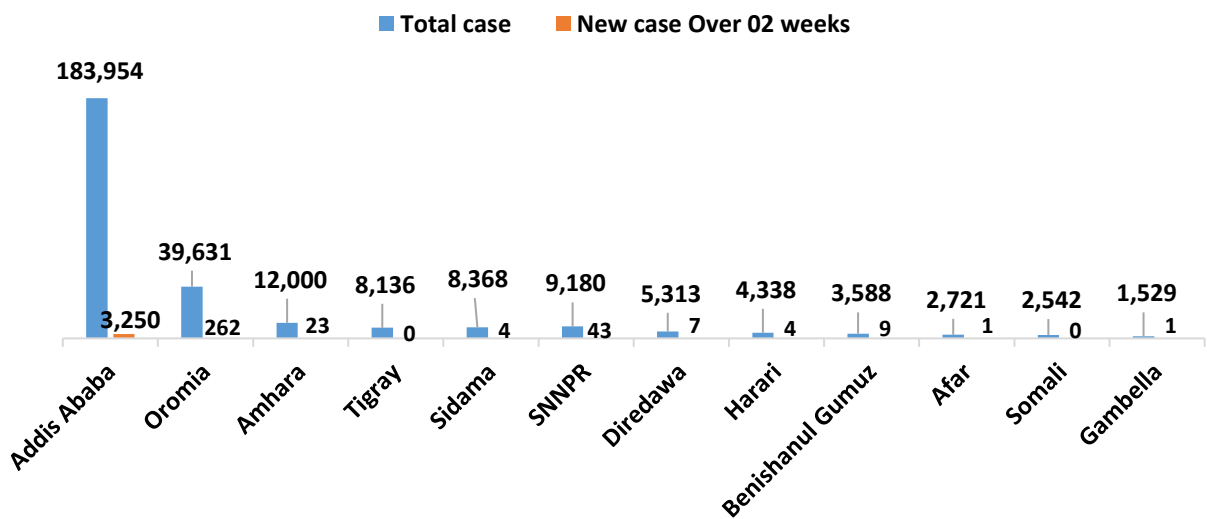
Figure 2: Total cases and new cases (over 02 weeks' time) by region based on available reports

Home Based Isolation and Care (HBIC)

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

- A total of **209, 513** COVID-19 confirmed cases have been followed in the HBIC as of August 5, 2021

- **208, 462** of them have recovered in the HBIC as of August 5, 2021

- **1,733** cases are currently on HBIC

- **35** COVID-19 related deaths have occurred in the HBIC

- **1,634** cases have been transferred from treatment centers to HBIC

- **917** 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. http://www.covid19.et/covid-19/
2. *Public Health Emergency Operations Centers (PHEOC), Ethiopia.*
3. *https://twitter.com/lia_tadesse.*

Global and Regional Burden of Covid-19

- Globally the cumulative COVID 19 cases have increased to 201,005,476 as of August 5, 2021. A total of 181,006,410 cases have recovered and 4,270,233 people died since the beginning of the outbreak.

- Globally, in a week time, from July 29 to August 5, 2021, COVID-19 cases have increased by 2.2% and the death has increased by 1.6%. Asia is the leading in terms of cases followed by Europe and North America. Europe continues to lead in terms of the number of deaths followed by South and North America (Table 1).

Table 1. Global cases and deaths reported up to August, 2021.

	COVID cases	Weekly % change	deaths	Weekly % change
Global	201,005,476	2.2	4,270,233	1.6
Europe	51,969,457	1.6	1,137,815	0.7
North America	43,150,660	2.2	945,372	0.8

Asia	63,112,958	3.0	914,752	3.5
South America	35,744,589	1.2	1,096,301	1.2
Africa	6,915,200	4.2	174,394	4.1
Oceania	111,891	11.1	1,584	4.6

- USA has recorded the highest COVID 19 burden, 36,176,471 cases and 631,299 deaths that accounts for 18% of the total global cases and 14.8% of global deaths as of August 5, 2021. The number of cases and deaths has shown 1.9% and 0.5% increases respectively in a week time.

- India ranked second highest country in terms of cases in a week time by 0.9% (31,528,114 to 31,810,782) and deaths by 0.9% (422,695 to 426,321).

- Brazil has taken the third rank worldwide with an increased number of cases in a week time by 1.2% (19,797,516 to 20,026,533) and deaths with 1.2% (553,272 to 559,715).

- Russia ranked at the fourth place with 6,356,784 cases and 161,715 deaths.

- France ranked fifth place globally with 6,207,416 cases and 112,046 deaths.

- The share of Africa to the global COVID-19 pandemic has been 3.4% and 4.1% of the global cases and deaths until August 5, 2021. The cases in the continent have increased by 4.2% in a week time (6,638,983 to 6,915,200 cases). Similarly, the total number of deaths in Africa has increased from 167,572 to 174,394 showing 4.1%. Total recoveries stand at 6,039,060.

- South Africa is the leading country in Africa with 2,484,009 cases and 73,415 deaths. Morocco (653,286 cases, 10,015 deaths), Tunisia (602,757 cases, 20,550 deaths), Egypt (284,472 cases, 16,550 deaths) and Ethiopia continued to be the 5th rank with (281,811 cases, 4,403 deaths). These are the most four leading countries next to South Africa in reporting COVID-19 cases in Africa. (See the table below).

Table 2. Case and death reported in selected African countries up to August, 2021

Africa	July 29		August 5	
	Cases	Deaths	Cases	Deaths
South Africa	2,408,525	70,908	2,484,009	73,415
Morocco	597,876	9,665	653,286	10,015
Tunisia	578,962	19,027	602,757	20,550
Egypt	284,128	16,507	284,472	16,550
Ethiopia	279,153	4,376	281,811	4,403

- In East African region, as of March 2021, Ethiopia and Kenya have continued to be the major drivers of the pandemic's burden in the region.

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.
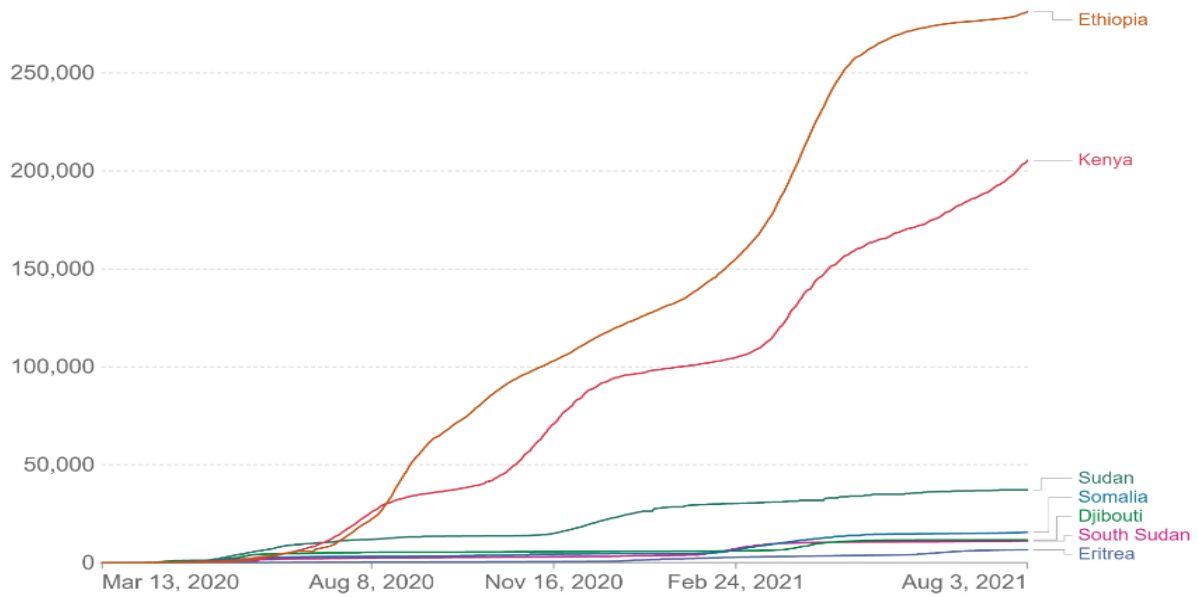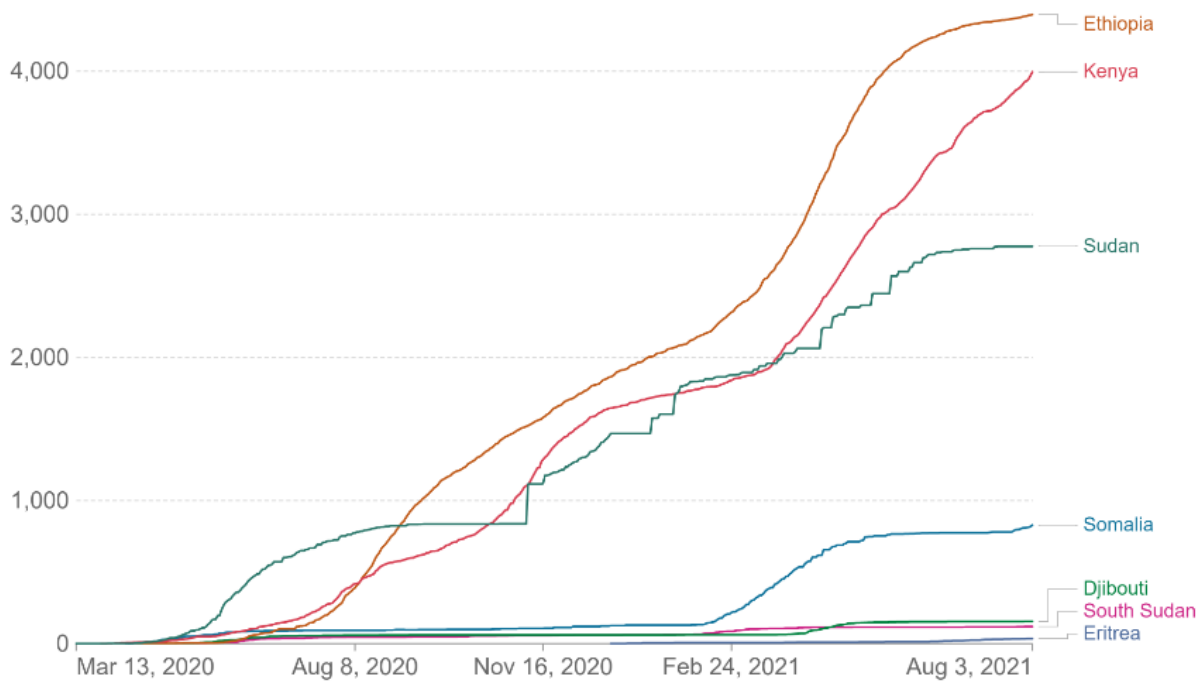
Source: Johns Hopkins University CSSE COVID-19 Data

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.

Source: Johns Hopkins University CSSE COVID-19 Data

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 Equity for Racial and Ethnic Minority Groups

- There are many social, geographic, political, economic, and environmental factors that create challenges to vaccination access and acceptance, and that often affect racial and ethnic minority groups. Health and social inequities, that put many racial and ethnic minority groups at increased risk of getting sick, having more severe illness, and dying from COVID-19. Racial and ethnic minority groups are also unequally affected by unintended economic, social, and secondary health consequences of COVID-19 mitigation strategies such as social distancing.

- Equitable opportunity includes equal access to and distribution of resources. When policies, programs, and systems that support health are equitable, poor health outcomes can be reduced, health disparities can be prevented, and the whole of society benefits.

- Some racial and ethnic minority groups are disproportionately affected by COVID-19. Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, such as COVID-19 infection, severe illness, and death. These conditions are known as social determinants of health. Long-standing inequities in social determinants of health that affect these groups, such as poverty and healthcare access, are interrelated and influence a wide range of health and quality-of-life risks and outcomes.

- Social determinants of health: The five key topic areas of social determinants of health listed below contribute to racial and ethnic minority groups being disproportionately affected by COVID-19. Discrimination, which includes racism and associated chronic stress, influences each of these key topic areas.

  o Neighborhood and Physical Environment: People from racial and ethnic minority groups are disproportionately affected by difficulties finding affordable and quality housing. This may limit their housing options to neighborhoods and residences with

mostly other racial and ethnic minority groups, crowded conditions, and that lack access to reliable transportation. These conditions may make illnesses, diseases, and injuries more common and more severe, when experienced. In addition, access to nutritious affordable foods may be limited, and they may experience more environmental pollution within their neighborhoods. In some cultures, it is common for family members of many generations to live in one household, which could lead to exposure for older adults who are at increased risk for severe illness from COVID-19.

o Health and Healthcare: People from racial and ethnic minority groups are disproportionately affected by lack of access to quality health care, health insurance, and/or linguistically and culturally responsive health care. Inequities in treatment may result in distrust of government and healthcare systems. Such barriers increase risks for poor health and health outcomes by limiting health promotion, disease and injury prevention, and condition management activities.

o Occupation and Job Conditions: People from racial and ethnic minority groups are disproportionately represented in essential work settings external icon such as healthcare facilities, farms, factories, food production and processing, grocery stores, and public transportation. People who work in these settings have more chances to be exposed to COVID-19 because these types of jobs require frequent or close contact with the public or other workers, involve activities that cannot be done from home, and may lack benefits such as paid sick days.

o Income and Wealth: People from some racial and ethnic minority groups have lower incomes, experience barriers to wealth accumulation, and carry greater debt. Such challenges may make managing expenses, paying medical bills, and accessing affordable quality housing, nutritious food, and reliable childcare difficult.

o Education: People from racial and ethnic minority groups are disproportionately affected by inequities in access to high-quality education which can lead to lower literacy and numeracy levels, lower high school completion rates, and barriers to college entrance. In addition to educational barriers, limited access to quality job training or programs tailored to the language needs of some racial and ethnic

minority groups may limit future job options and lead to lower paying or less stable jobs.

- These factors may increase risk of COVID-19 exposure, illness, hospitalization, long-term health and social consequences, and death. To stop the spread of COVID-19, we need to ensure resources are equitably available for everyone to maintain physical and mental health. Resources include easy access to information, goods and services, affordable testing, and medical and mental healthcare that are all tailored to meet the needs of people from diverse communities.

Reference

1. Khubchandani, J., & Macias, Y. (2021). COVID-19 Vaccination Hesitancy in Hispanics and African-Americans: A Review and Recommendations for Practice. Brain, behavior, & immunity-health, 100277.
2. CDC COVID Data Tracker Vaccination Demographics Trend

Do Coronavirus Containment Measures Work? Worldwide Evidence

- Using a daily data base covering 158 countries during January to August 2020, this paper assesses the effectiveness of coronavirus containment measures in reducing contagion and death rates.
- To estimate the effectiveness of different containment measures, the paper uses a methodological approach that takes into consideration the persistence in the dynamics between coronavirus containment measures and contagion/death rates, countries' idiosyncratic characteristics, and the endogeneity of the containment measures.
- To obtain efficient estimates of the effect of coronavirus containment measures on contagion and death rates, a dynamic panel-data technique is used, complemented by efficient instruments for the decision of adopting coronavirus containment measures.
- The results show that countries with better health systems, higher temperatures, and more democratic regimes tended to delay the adoption of coronavirus containment measures.
- The results also detect demonstration effects as the early adoption of coronavirus containment measures in Western Europe led other countries to accelerate their adoption.

- Using predictions from the estimated model, it is possible to benchmark the timing of adoption of coronavirus containment measures and assess whether their adoption was timely or not and if they were lifted prematurely or not.

- The findings of this exercise show that countries with timely adopted coronavirus containment measures restricted activities, meanwhile they lagged in the adoption of measures restricting individual liberties.

- The evidence indicates that most countries resisted the urge to lift restrictions in advance, once they have been in place: over 60 percent of the countries have reacted as predicted by our econometric models, maintaining coronavirus containment measures in place until contagion rates receded.

- Nevertheless, around one-quarter of the countries lifted their restrictions one month or more ahead of what the worldwide evidence would have suggested, in particular by removing lockdowns and re-opening workplaces.

- Finally, the results show that coronavirus containment measures have been effective in reducing contagion and death rates, but there are differences in the effectiveness among them, and restrictions on activities have been more effective than restrictions on personal liberties.

Reference

1. Blanco, Fernando; Emrullahu, Drilona; Soto, Raimundo. 2020. Do Coronavirus Containment Measures Work? Worldwide Evidence. Policy Research Working Paper; No. 9490. World Bank, Washington, DC. © World Bank. https://openknowledge.worldbank.org/handle/10986/34912 License: CC BY 3.0 IGO.