

COVID-19 CASES IN THE GAZA STRIP

Monthly epidemiological bulletin from (16/07 TO 15/08 2021) AND (16/08 TO 15/09 2021)

DATA SOURCES: MINISTRY OF HEALTH (MOH) DAILY REPORTS ON COVID-19 IN GAZA STRIP

GENERAL

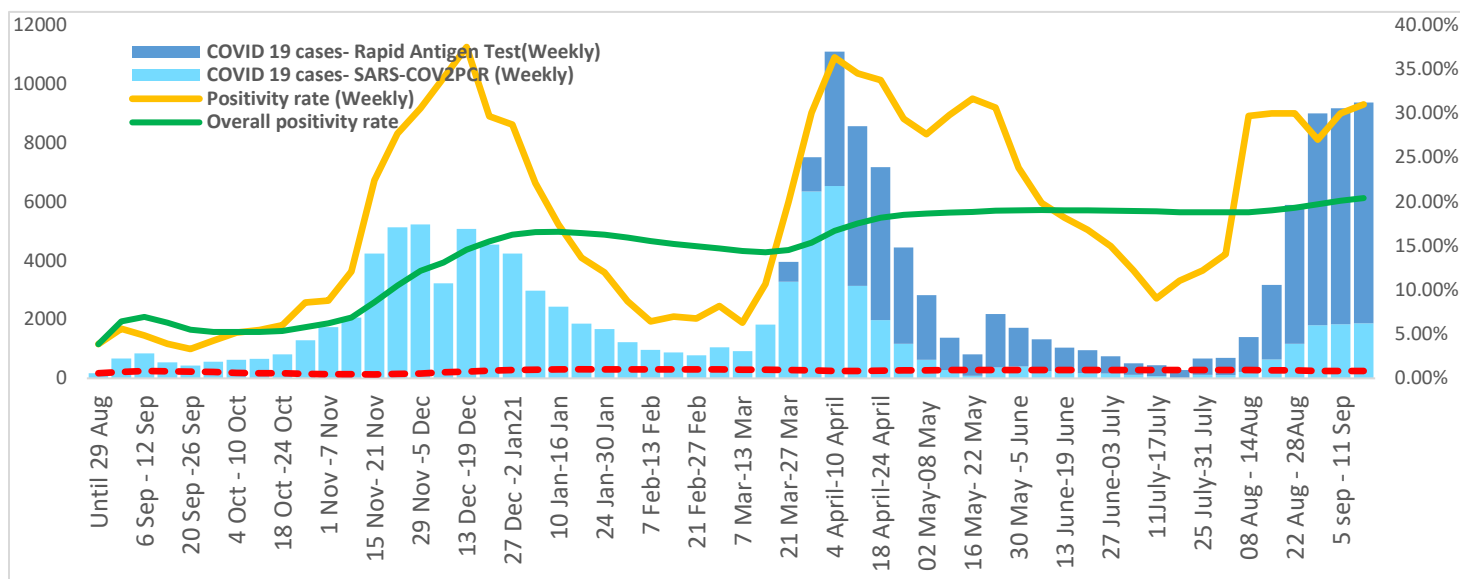


Figure 1: Reported weekly COVID-19 cases, weekly positivity rates, overall positivity rates and overall fatality rate

Reporting Period	Weekly cases (Biweekly for this report)		Cumulative
	16/07/2021 15/08/2021	16/08/2021 15/09/2021	accumulative since 23/8/2020
Total No. of samples tested	20,144	114,910	747,579
Total No. of positive cases	3458	33,387	152,390
Total No. of closed cases	116545	131211	
Total No. recovered cases (%closed)	115433 (99%)	129966(99.4%)	
Total No. reported deaths (%closed)	1112 (1%)	1245(0.6%)	
Classification of positive cases by severity*	Mild	3318	32,883
	Moderate	55	193
	Severe	67	195
	Critical	18	116
Positivity rates (weekly)	Total	17.2%	29.05%
	- contacts	18.1%	24.6%
	- suspect	20.4%	30.2%
	- surveillance	1.0%	13.2%

* The reported classification of positive cases by severity reflects the status at first day of admission to the last day of the reporting week. This classification may change over time according to progression of COVID-19 infection among patients.

- This report compares two months: the period 16 July to 15 August 2021, to the period 16 August to 15 September 2021. MOH considered that the acceleration in reported cases during September represent the third wave of COVID-19 in Gaza strip.
- Ministry of Health (MOH) has stopped random testing in areas with high previous infection rates or high vaccination coverage since June 2021, while focusing on testing suspected cases, and a small number of contacts and traveler who need Covid19 free certificate.
- MOH has increased the use of rapid test for suspected cases while SARS-COV2-PCR is currently used mainly for unconfirmed cases and for travelers.
- There is a fivefold increase in total number of conducted tests (both COVID-19 Antigen Rapid test and SARS-COV2-PCR test) from **20144** between 16 June-15 Aug. 2021, to **114910** between 16 Aug-15 Sep.
- There is a significant acceleration in reported cases during second period, there is tenfold increase in number of newly reported COVID-19 cases: from **3458** between 15 July-16 Aug. 2021, to **3,3387** between 16 Aug-15 Sep..
- Increase in new reported cases and in incidence rate of COVID-19 infection per 100,000 population in all districts was noticed during the second period (Figures 2 and 3).
- Since the MOH stopped random testing, they stopped working on traffic light system and the distribution of cases on a map.

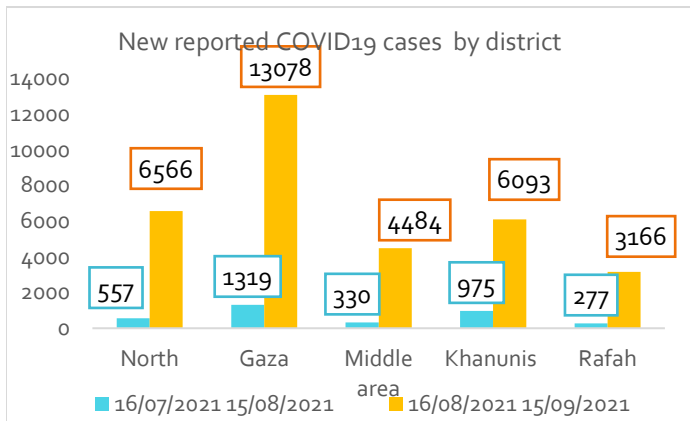


Figure 2: Newly reported weekly number of COVID-19 cases in the Gaza Strip districts

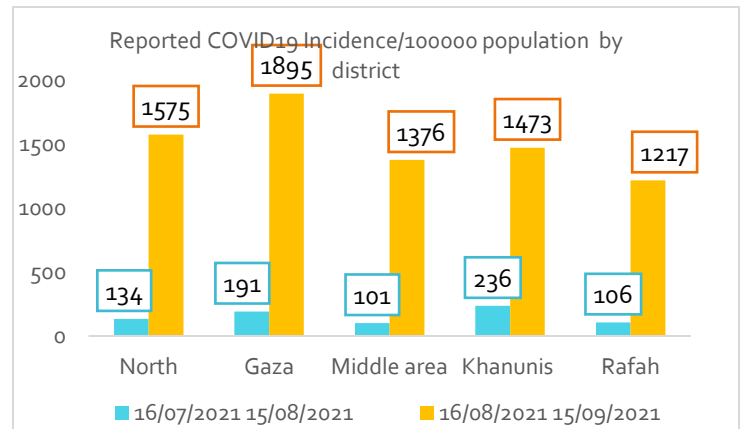


Figure 3: Incidence of weekly COVID-19 reported cases per 100,000 population in the Gaza Strip districts

POSITIVITY RATES

- Increase in total positivity rate from 17 in first period to 29 in the second period (Table on page 1).
- Two-fold increase in COVID-19 positivity rate in second period with average 30% in all districts (figure 4).
- Comparing between the two periods, positivity rates increased among all targeted categories (contact, suspected, and surveillance) (Table on page 1).

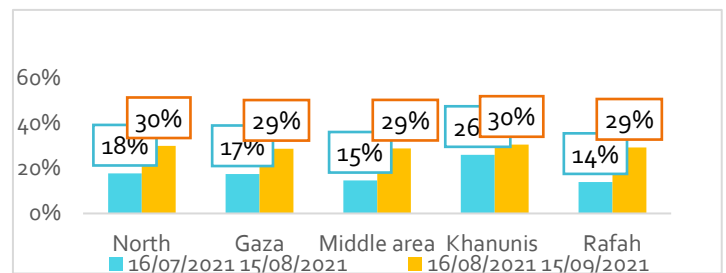


Figure 4: COVID-19 weekly positivity rates distributed by districts

DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER

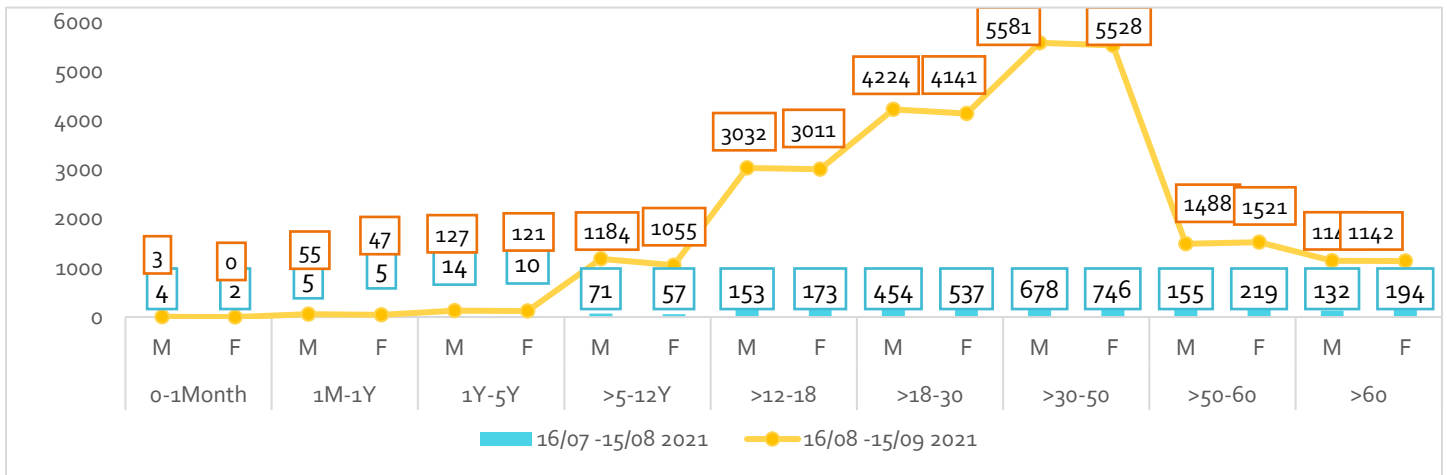


Figure 5: Weekly newly reported COVID-19 cases distributed by age groups and gender

- Figure 5 shows an increase in the reported number of cases among all age groups between 16-Aug-15 -Sep. 2021 compared to the period between 16-July-15 -Aug 2021.
- Highest reported number of COVID-19 cases was among males and females between the ages of 18 to 50 with significant increase in the age group 30-50 years.

DISTRIBUTION OF COVID-19 DEATHS

- Significant increase in number of COVID-19 deaths was reported between 16-Aug-15 -Sep. 2021; where there are 100 excess deaths between the two periods: 33 vs 133, respectively. COVID 19 deaths increase from 20 to 60 among males, and from 13 to 73 among females.
- The majority of reported COVID-19 deaths were among males and females aged 60 years and older, with noticed increase in deaths in younger age groups (30-50, 50-60) (Figure 6).
- Since the beginning of COVID-19 outbreak in the Gaza Strip until 15 Sep, the total number of reported deaths was **1245** with an accumulative COVID-19 fatality rate around 1%. Out of the 1245 COVID19 reported deaths, 715 (57%) were males and 530 (43%).were females
- 9 cases of female deaths during second period were pregnant or just gave birth.

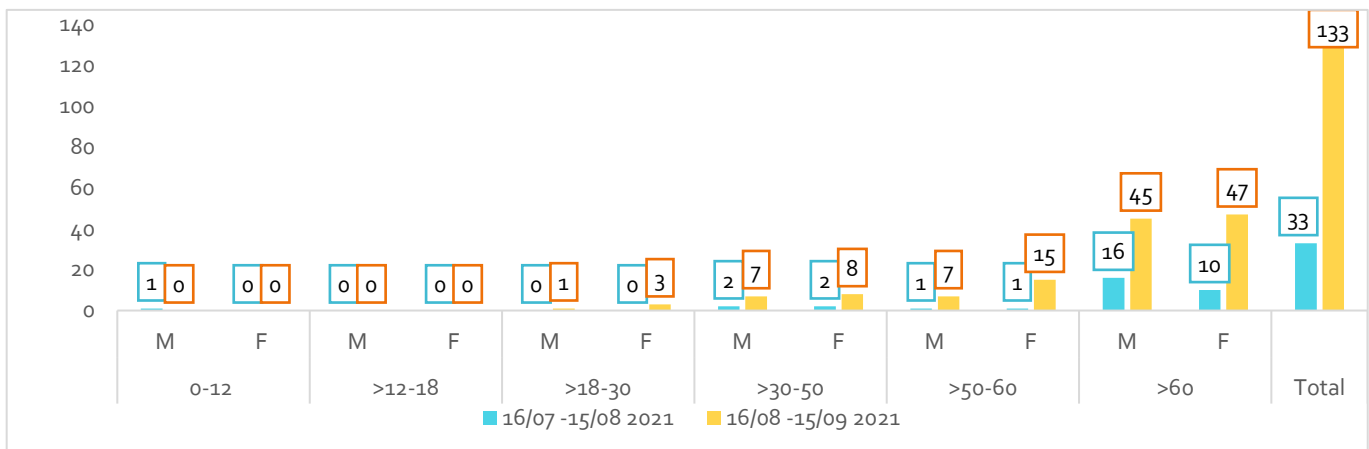


Figure 6: Distribution of reported COVID-19 deaths by age groups and gender

DISTRIBUTION OF COVID-19 CASES BY SEVERITY

- Cumulative number of critical and severe cases admitted to hospitals increased from 62 in the first period to 284 cases in the second period (Figure 7).

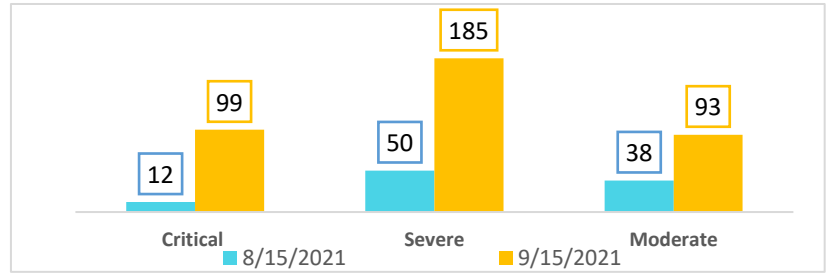


Figure 7: Classification of cumulative hospital admitted COVID-19 patients by severity

HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

- As a response to the increase in COVID-19 reported cases since beginning of August 2021, the MOH has increased the COVID-19 bed capacity at the governmental hospitals from 180 beds to 470 beds (85 ICU, 270 High dependency and 115 for mild and moderate cases). With the continuous increase of new cases, MOH increased further the number of beds since beginning of September to 555 beds (105 ICU, 270 High dependency and 180 for mild and moderate cases).
- Between 15 Aug 2021 to 15 Sep 2021, total COVID-19 bed occupancy rates increased from 23% to 86% (Figure 8).
- Despite the increase in beds capacity during the second period, the occupancy rate at high dependency and ICU units increased from 17% on July 15, 2021 to 80% on Sep. 15, 2021 (Figure 8).

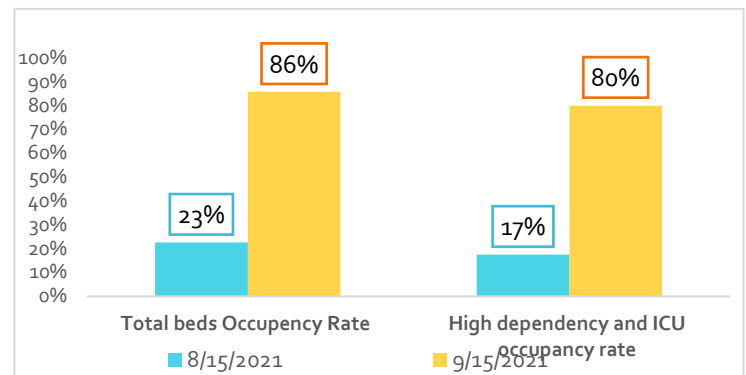


Figure 8: Occupancy rates of COVID-19 beds classified by type of bed

COVID-19 INFECTION AMONG HEALTH CARE WORKERS

- Despite the fact that most of health care workers are vaccinated, the total number of newly reported COVID-19 cases among health workers significantly increased from 44 on Aug 15, 2021, to 477 on 15, Sep. 2021. Figure 9 shows the distribution of cases by sex and profession.
- Increase in number COVID-19 infection was observed among all health care workers, especially nurses (Figure 9).

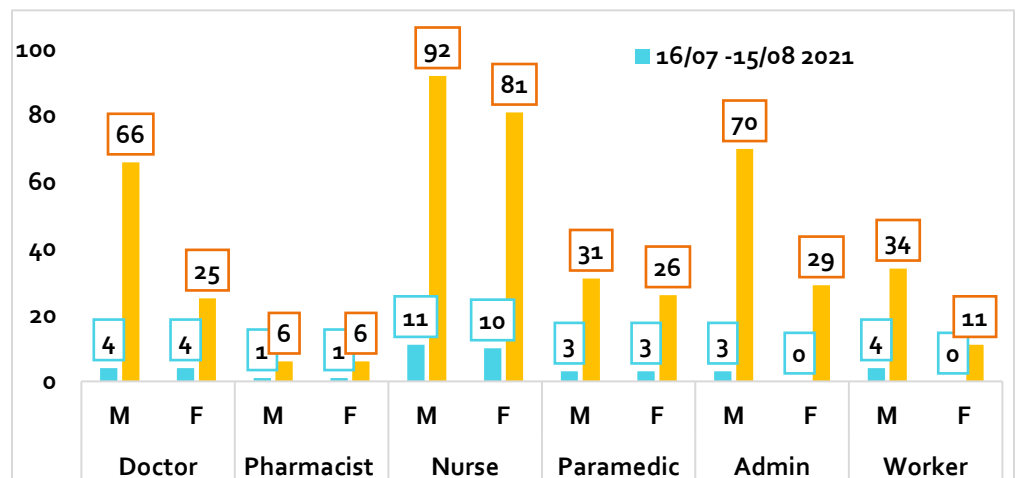


Figure 9: newly reported COVID-19 cases among health workforce distributed by gender and profession

COVID19 VACCINATION

- MOH in Gaza Strip received 768590 doses of COVID-19 vaccine until 15th Sep,2021. Table (2). Out of them 376896 was used and 391694 dose remained.
- Recently, the Ministry of Health has expanded the vaccination campaign to include all ages above 18 years.
- MoH increased the number of awareness campaigns through the social media and direct communication with people in markets or mosques.
- Until Aug 15th, 119670 received their first vaccination dose and 67799 received their second vaccination dose. Until Sep 15, 368755 received their first vaccination dose and 91005 received their second vaccination dose
- Compared to 22979 persons who received their first vaccination dose with average 741 per day during 16-July to 15 Aug 249085 received their first vaccination dose with average 8035 per day during 16-Aug to 15 Sep.

TYPE OF VACCINE	QUANTITY
AstraZeneca	58000
Pfizer	248040
Sputnik V	60700
Sputnik light	181850
Sino-Pharm	20000
Moderna	200000
TOTAL	768590

Table2: Types of delivered vaccines

CONCLUSIONS AND RECOMMENDATIONS

- MOH has increased its bed capacity from 470 to 555 in order to manage anticipated increase in hospitalization. In parallel, MOH needs to increase number of health staff and closely follow on the availability of medicine, supplies and equipment.
- MoH succeeded in increasing COVID-19 vaccine uptake.
- Need to monitor adherence to guidelines during vaccination to prevent infections. MOH need to intensify its effort to secure enough supply of vaccine.
- Strengthening of Risk Communication and Community Engagement (RCCE) efforts to raise awareness about the need to get the vaccine, even if being infected to decrease the risk of re-infection.
- Special attention to vulnerable population infected with COVID-19, such as elderly and patients with co-morbidities and pregnant women. Timely hospital admission for these patients and proper management should be enforced to prevent complications.
- Increasing COVID-19 testing capacity is critical to break transmission chains at community level.
- Further enforcement of IPC measures should be implemented in all hospitals and PHC facilities to avoid further increase in COVID-19 infections among health workforce.
- Regular updating of COVID-19 cases management protocol based on emerging evidence , with activation of multidisciplinary team for cases management could save lives..