COVID-19 CASES IN THE GAZA STRIP

Weekly epidemiological bulletin from(27/12 2020 TO 02/01 2021) AND (03/01 TO 09/01 2021)

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

GENERAL

		Weekly cases		Cumulative
Reporting Period		**27-12-2020 02-01-21**	**03-01-2021 09-01-21**	**accumulative since 23/8/2020**
# of samples tested	total	14,757	13,486	274,592
# of positive cases	total	4241	2,979	45,357
Classification of positive cases by severity*	mild	4216	2,946	
	moderate	12	15	
	severe	11	11	
	critical	2	7	
Positivity rate	total	28.7%	22.1%	16.5%
	contacts	32.7%	21.8%	
	suspect	35.3%	32.3%	
	surveillance	10.7%	13.6%	

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

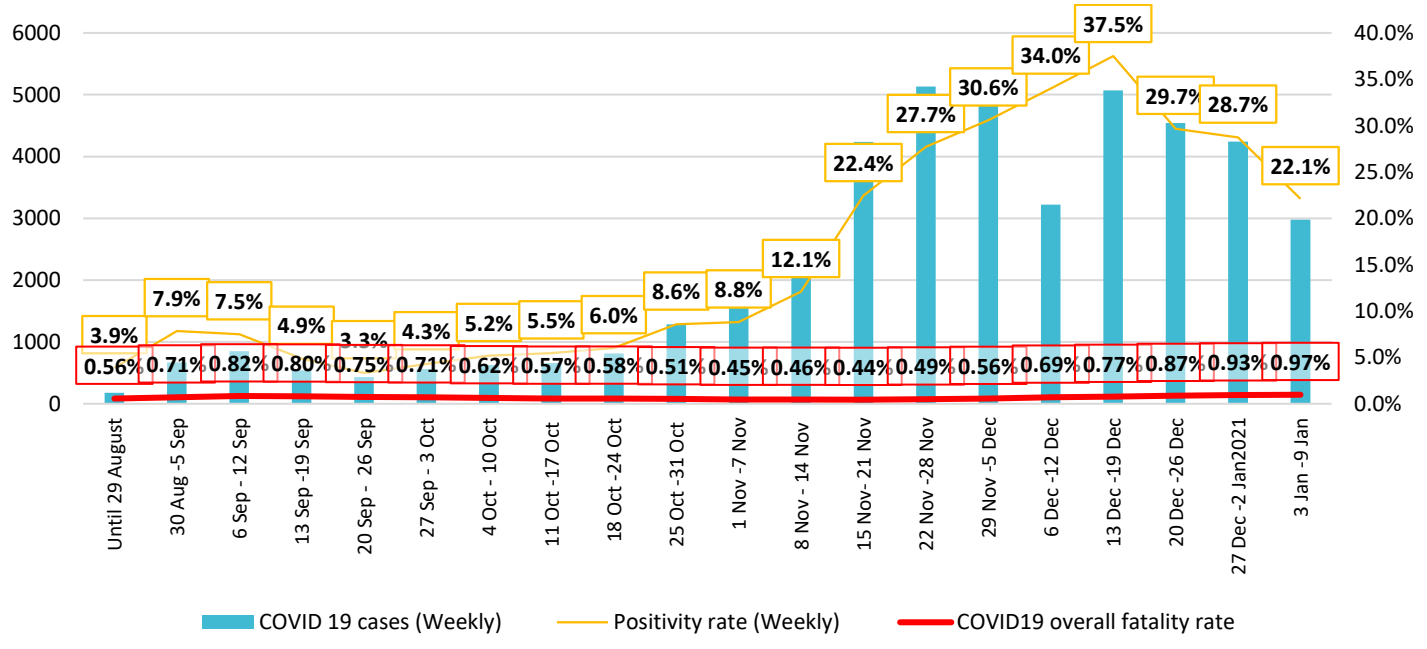


Figure 1: Reported weekly COVID-19 cases, positivity rates and fatality rates

- Figure 1 presents the weekly reported COVID-19 cases together with weekly positivity rates and overall fatality rates, showing a gradual decrease in positivity rates and number of newly reported COVID-19 cases in the last four weeks.
- Total number of tests decreased to 13,486 between 3-9 January from 14,757 between 27 December-2 January 2021. The decrease can be attributed to a decrease in the number of suspected cases and close contacts to be tested.
- The number of weekly newly reported cases (Figure 2) decreased in all districts. The reported weekly COVID-19 incidence per 100,000 populations (Figure 3) also decreased in all districts.

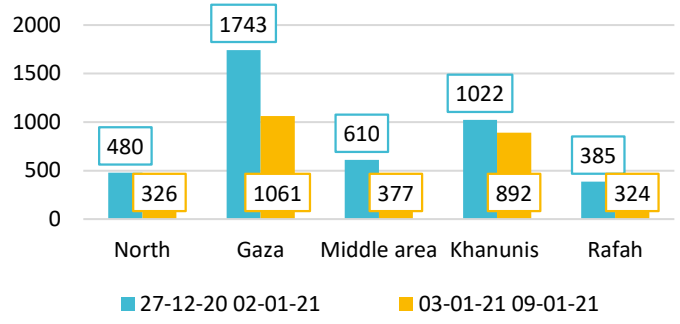


Figure 2: Newly reported weekly COVID-19 cases in Gaza Strip districts

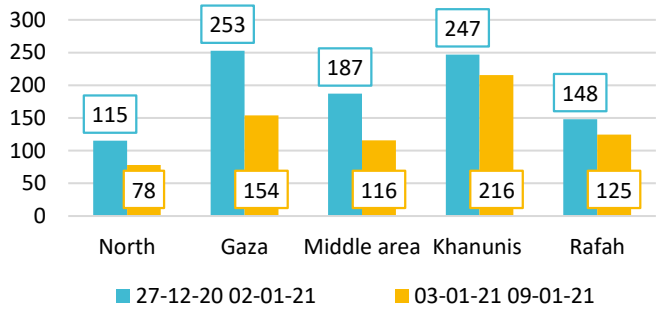
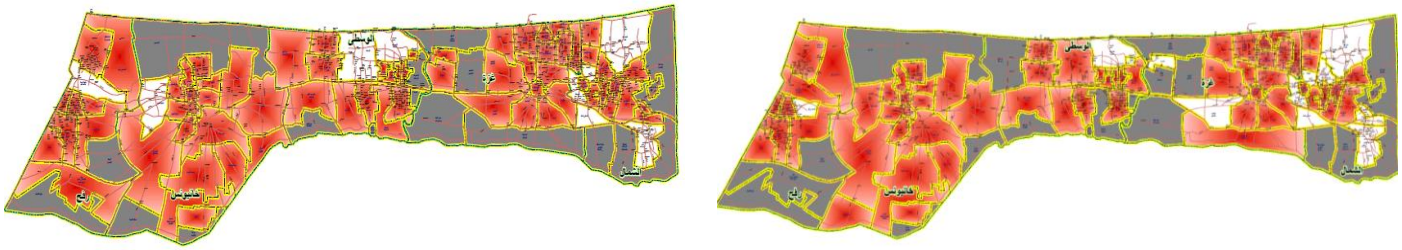


Figure 3: Incidence of weekly COVID-19 reported cases per 100,000 population in Gaza Strip districts

- The PNIPH/WHO supported MOH in developing a traffic light system (TLS) which distributes the newly detected COVID-19 cases geographically throughout the Gaza Strip neighbourhoods during the previous 7 days. This system classifies the neighbourhoods by colour code (Red, Yellow, Green) to visualise the high-risk areas, and support decisions.
- Comparing the two maps (Figure 4) produced on 30 December and 5 January, the number of red coded neighbourhoods decreased by almost 15 areas.



30 December 2020 **5 January 2021**

Figure 4: Geographical distribution of newly reported COVID-19 cases (7-day average) in Gaza Strip neighborhoods

POSITIVITY RATES

- COVID-19 tests positivity rates slightly increased in Khanunis area with a noticeable decrease in the North, Gaza, Middle area and Rafah districts (Figure 5).
- The total positivity rate decreased to 22.1% from 28.7% when comparing the two reporting periods.
- Positivity rates decreased among contacts and suspect cases, and slightly increased among random surveillance cases.
- The overall positivity rate reached 16.6%

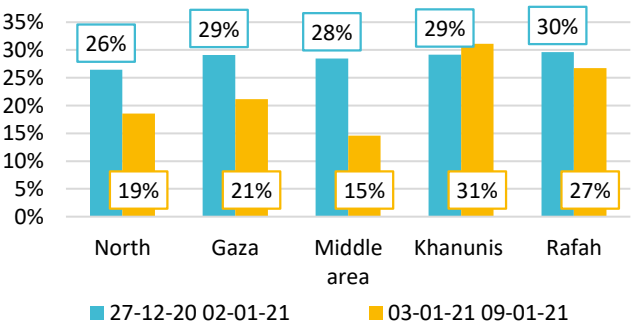


Figure 5: Reported COVID-19 weekly positivity rates in Gaza Strip districts

DISTRIBUTION OF COVID-19 DEATHS

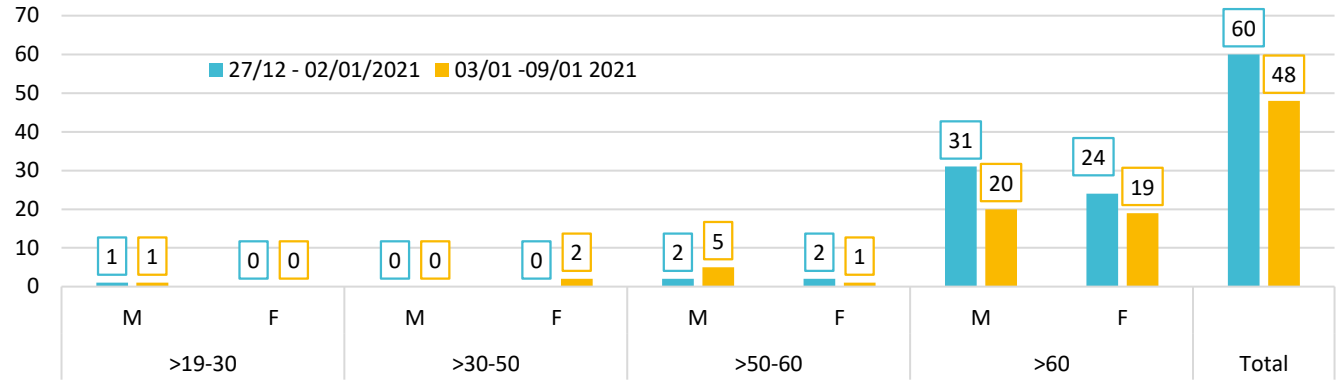


Figure 6: Distribution of COVID-19 reported weekly deaths by age groups and gender

- Similar to the previous report, the reported deaths continued to decrease with 48 COVID-19 deaths between 3-9 January 2021 compared to 60 between 27 December 2020-2 January 2021. Unless this decrease will continue to appear in the coming periods, no conclusions can be drawn at this stage.
- Also, the majority of reported COVID-19 deaths are from the age group above 60. At the same time, deaths among younger age groups slightly increased between 3-9 January 2021 (Figure 6).
- A total of 55 deaths (23 males and 24 females) were reported among the age group above 60 between 27 December 2020-2 January 2021 with a decrease to 39 (20 males and 19 females) in the period from 3-9 January 2021.
- According to MOH, the total reported deaths since the start of the COVID-19 outbreak in the Gaza Strip up to 9 January 2021 reached 441 with an accumulative COVID-19 fatality rate of 0.97% (441 deaths out of 45,357 COVID-19 cases).
- Out of the 439 deaths, 241 were male (55%) and 200 were female (45%).

DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER

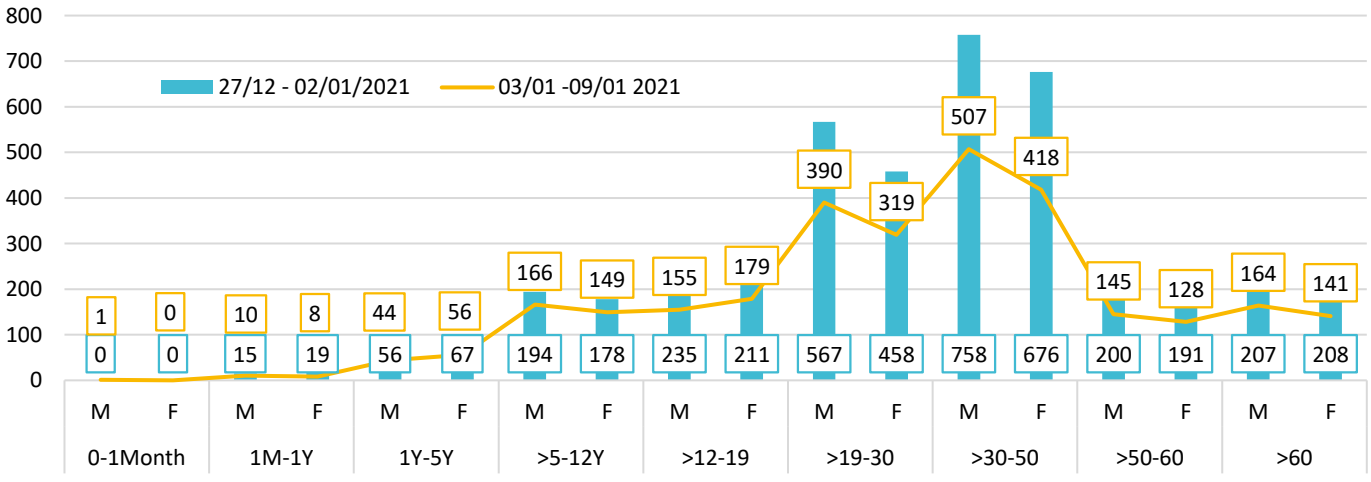


Figure 7: New weekly reported COVID-19 cases distributed by age groups and gender

- Figure 7 presents the newly reported COVID-19 cases distributed by age group and gender comparing between the two reporting weeks. A decrease in reported COVID-19 cases is observed among all age groups both among males and females. This decrease is a continuation of the overall decrease in COVID-19 cases during the last four weeks.
- An increase among age groups 19 and below was highlighted in the previous report, while the number of newly reported cases in that age group started to decrease between 3-9 January 2021.
- The highest reported COVID-19 cases are among the age group >30-50 in the two reporting periods. There has been a continuous decrease in reporting of COVID-19 cases among this age group since mid-December 2020.

DISTRIBUTION OF COVID-19 CASES BY SEVERITY

- The total accumulative admitted moderate cases decreased to 61 cases on 9 January from 62 on 2 January 2021.
- Accumulative admitted severe cases slightly increased to 115 from 114 cases and critical admitted cases decreased to 24 from 31 (Figure 8).
- This decrease is in line with a decrease in the number of newly reported COVID-19 cases and the lower number of reported deaths. Yet, the number of admitted severe cases is still higher than moderate cases, reflecting inadequate access to care at early stage before deterioration to severe and critical.

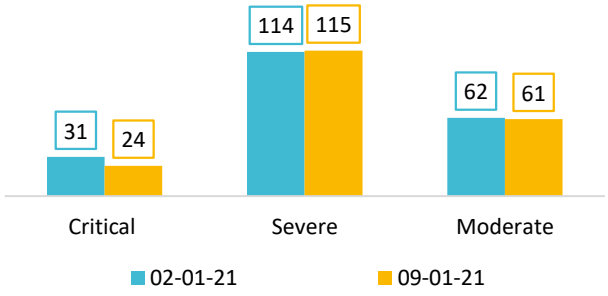


Figure 8: Classification of hospital admitted COVID-19 patients by severity

HEALTH CARE WORKERS INFECTIONS

- Number of newly reported COVID-19 infections among health workforce decreased to 97 between 3-9 January 2021 compared to 131 between 27 December 2020-2 January 2021.
- Accordingly, the number of active COVID-19 cases decreased among all health workforce categories both among males and females to 228 cases on 9 January from 334 on 2 January 2021 (Figure 9).
- Most of the newly reported weekly COVID-19 cases among health workforce were in hospital settings representing around 55% between 27 December 2020-2 January 2021 and 69% of total cases between 3-9 January 2021.

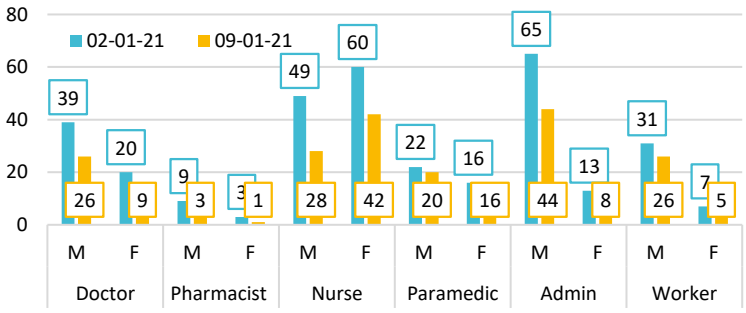


Figure 9: Distribution of newly weekly reported COVID-19 cases among health workforce by work setting

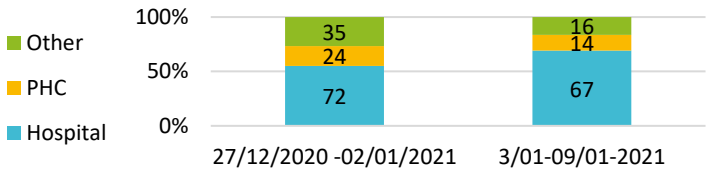


Figure 10: Active COVID-19 cases among health workforce distributed by profession and gender

HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

- MOH increased their high dependency and ICU bed capacity up to 240 beds: 200 at COVID-19 assigned health facilities (European Gaza Hospital and Turkish hospital) and 40 located in other hospitals in the Gaza Strip (Shifa, Al Aqsa, Indonesian and Nasir hospital).
- The total COVID-19 bed occupancy rates decreased to 52% on 9 January from 55% on 2 January 2021 (Figure 11).
- The high dependency and ICU occupancy rates decreased to 58% on 9 January from 60% on 2 January 2021.

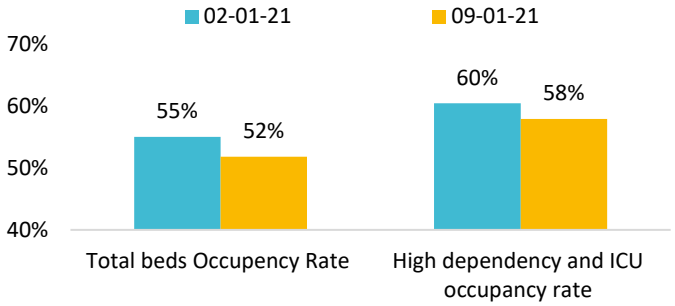


Figure 11: Occupancy rates of COVID-19 beds classified by type of bed

CONCLUSIONS AND RECOMMENDATIONS

- A decrease in the total newly reported COVID-19 cases and positivity rates is observed during the last four reporting weeks along all age groups and among both males and females. This might reflect the success in flattening the curve of COVID-19 infections after implementing stricter public health measures. Yet, further monitoring is needed to draw a solid conclusion.
- The authorities in Gaza declared easing of some measures starting 3 January 2021, including the expansion of the daily curfew to 20:00 from 18:30, re-opening mosques and primary schools, while maintaining the full weekend curfew on Friday and Saturday. Clear monitoring plans should be in place to evaluate the results of easing the measures during the coming weeks. In addition, proper plans should be prepared for gradual ease of the measures if the decline in reporting COVID-19 cases continues. A rapid easing of measures should be avoided at this stage and monitoring processes should be strengthened to manage cases for rapid detection and isolation.
- Protection of the most vulnerable COVID-19 patients such as elderly and patients with known co-morbidities remains vital. The process of early hospital admission for these groups should be enforced to allow close monitoring and early supportive care preventing the deterioration of health conditions and late access to lifesaving care.
- Maintaining and where possible increasing COVID-19 testing capacity is critical in breaking the chains of transmission at community level. The currently observed decrease in the number of daily tests conducted can be attributed to a decrease in the number of suspected cases and close contacts to be tested.
- Awareness campaigns and other active behavioural change communication methods should be maintained by MOH, NGOs, UN agencies, religious leaders, community leaders and social media influencers. Without active community support and adherence to COVID-19 mitigation measures the observed achievements in containing the infection will not be possible.
- Further enforcement of IPC measures should be implemented at all hospitals and PHC facilities
- Economic support and food subsidies for the most vulnerable community members is essential to maintain their resilience and provide an incentive for adhering to public health measures, including home isolation.
- As preparatory steps for receiving COVID-19 vaccines in the near future, it is essential to establish clear distribution criteria among the most vulnerable communities in Gaza. This should be also combined with a tracking system for vaccine storage, monitoring coverage and documenting of possible adverse events following immunization.