

COVID-19 CASES IN THE GAZA STRIP

Weekly epidemiological bulletin from (6/12 TO 12/12) AND (13/12 TO 19/12 2020)

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

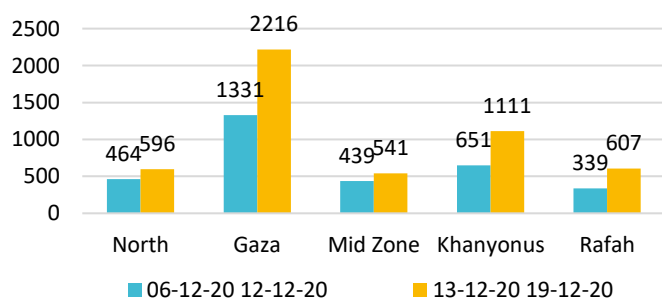
GENERAL

Reporting Period	Weekly cases		Cumulative	
	6/12-12/12	13/12-19/12		
# of samples tested	total	9,477	13,523	229,275
	# of positive cases	3,224	5,071	33,415
Classification of positive cases by severity*	mild	3169	5,017	
	moderate	24	2	
	severe	25	40	
	critical	6	12	
Positivity rate	total	34.0%	37.50%	14.6%
	contacts	43.5%	38.1%	
	suspect	48.5%	49.1%	
	surveillance	15.9%	26.4%	

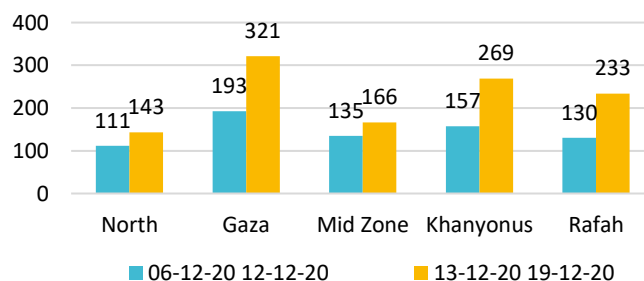
* The reported classification of positive cases by severity reflects the status at first day of detection. This classification may change over time according to progression of COVID-19 infection among patients.

- On 1 December 2020, the MOH declared changing the testing criteria for COVID-19 where the test for contacts will be done only for people above 50 years and younger people with known co-morbidities, decreasing the number of random tests in accordance to the availability of testing kits. Testing for suspect cases remains unchanged. As soon as testing kits became available again, MOH resumed testing in line with the previous criteria, increasing the total number of tests to 13,523 between 13 and 19 December, from 9,477 tests between 6 and 12 December 2020.
- Accordingly, the newly reported COVID-19 cases continue to increase in all Gaza Strip districts. As illustrated in the figure below there is a noticeable increase in incidence of COVID-19 per 100,000 population.

New reported COVID-19 cases by district



Reported COVID-19 incidence/100,000 population by district



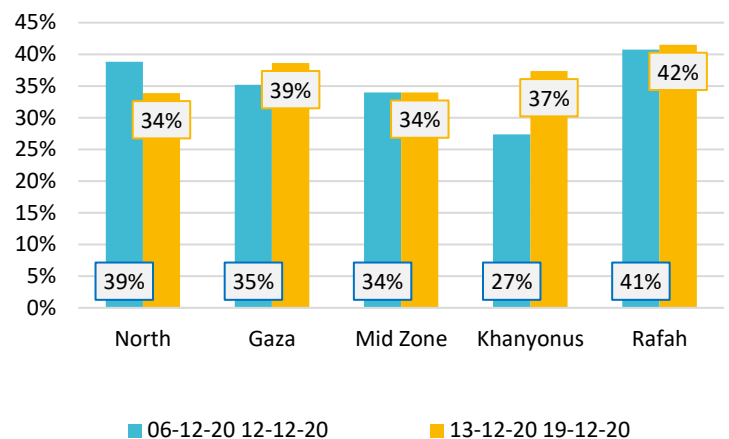
- The PNIPH/WHO supported MOH in developing a traffic light system (TLS) which distributes the newly detected COVID-19 cases geographically throughout the Gaza Strip neighbourhoods during the previous 7 days. This system classifies the neighbourhoods by colour code (Red, Yellow, Green) to visualise the high-risk areas and support decisions.
- The latest MAP was produced on 6 December reflecting the overall spread of COVID-19 cases all along Gaza Strip areas. The situation did not change since then were the total newly reported COVID-19 cases increased and the positivity rates also kept increasing during the last period.



POSITIVITY RATES

- As illustrated in the graph, the positivity rates increased in three districts in Gaza Strip (Gaza, Khanunis and Rafah) and remained the same in the middle area while decreasing in North Gaza district.
- While the total numbers of tests almost doubled between the two reporting periods, the positivity rate increased from 34% to 37.5% comparing between the two reporting weeks. This is a clear indicator of the deteriorating situation in the Gaza Strip.
- The positivity rate among contacts decreased from 43.5% down to 38.1% among contacts after increasing number of tests for contacts. The positivity rate slightly increased from 48.5% up to 49.1% among suspected samples which is relatively high and increased from 15.9% up to 26.4% among the random surveillance samples.

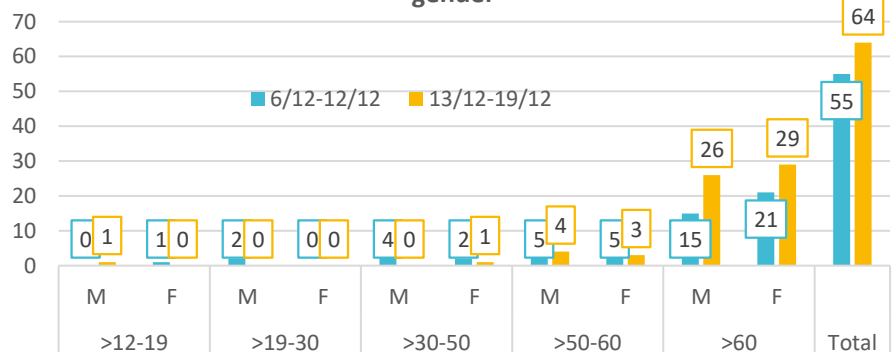
Reported COVID-19 Positivity Rates by districts



DISTRIBUTION OF COVID-19 DEATHS

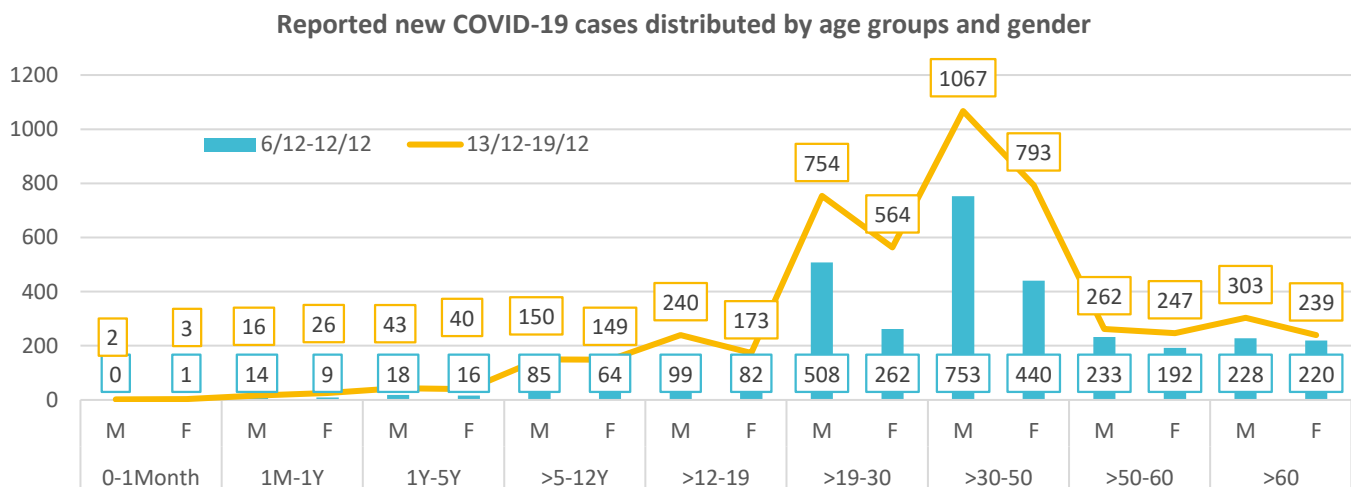
- The figure on the right illustrates the distribution of deaths by gender and age group in the two reporting periods.
- There has been a continuous increase in reported COVID-19 deaths during the last three reporting periods. 64 deaths were reported between 13-19 December compared to 55 between 6-12 December.
- Total reported deaths since 1 December constitutes around 57% of the total reported deaths since the beginning of community transmission of COVID-19 cases.

Reported COVID-19 deaths distributed by age group and gender



- No deaths were reported among the age group of >19-30 in the second reporting period while two deaths were reported in the first reporting period. Six deaths among the age group >30-50 were reported in the first reporting week, compared to one death in the second reporting week.
- The bulk of reported deaths between 13-19 December were from age groups >50-60 and above 60. Among the age group >60, deaths increased from 36 to 55 comparing between the two reporting periods.
- Two of the reported deaths were healthcare workers, one cardiologist from Shifa hospital and one nurse from Al Najjar Hospital. This raised the deaths among health workers to three since the beginning of the COVID-19 outbreak in Gaza Strip.
- Deaths among both males and females above 60 years increased from 15 to 26 and from 21 to 29 respectively.
- According to MOH, the total reported deaths since the start of COVID-19 outbreak in Gaza Strip until 19 December 2020 reached 260 with an accumulative COVID-19 fatality rate of 0.77% (260 deaths out of 33,594 COVID-19 cases).

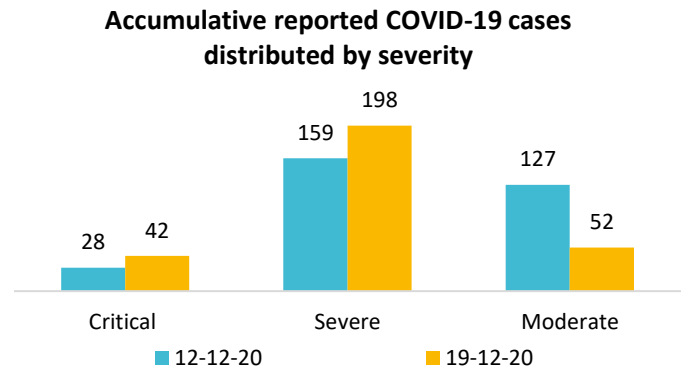
DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER



- The figure above illustrates the newly reported COVID-19 cases distributed by age group and gender comparing between the two reporting weeks. As the MOH stopped the limited testing for contacts, the newly reported COVID-19 cases started to increase among all age groups. The highest reported new COVID-19 cases were among the age group >30-40 where it reached 1,067 among males and 793 among females between 13-19 December 2020.
- The reporting of COVID-19 cases among older age groups >60 years continued to increase from 448 in the first reporting period to 542 in the second reporting period.
- Monitoring of the figures during the coming week will give a better indication for the real distribution of COVID-19 cases among age groups after comparing two periods with same testing criteria.

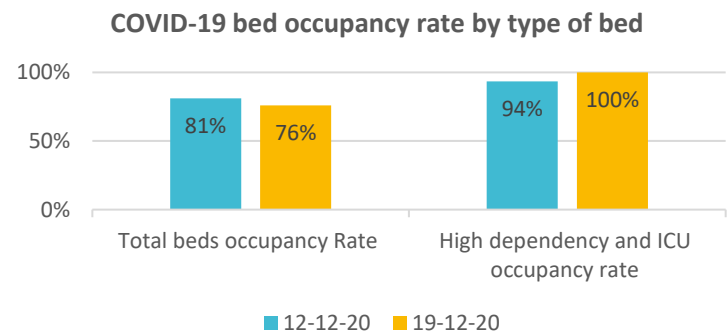
DISTRIBUTION OF COVID-19 CASES BY SEVERITY

- The total accumulative admitted moderate cases decreased to 52 on 19 December from 127 cases on 12 December. Accumulative admitted severe cases increased from 159 to 198 cases and critical admitted cases increased from 28 to 42 cases.
- The health care system capacity to follow up patients in home isolation was negatively affected by the high influx of new COVID-19 cases. Consequently, individual care givers at home were left to take the decision on whether to seek hospital care, often resulting in late admission, increasing the chances for a deterioration in patients' health condition.
- This may explain high admission of cases in severe and critical condition and increase in deaths in the last two-three weeks.



HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

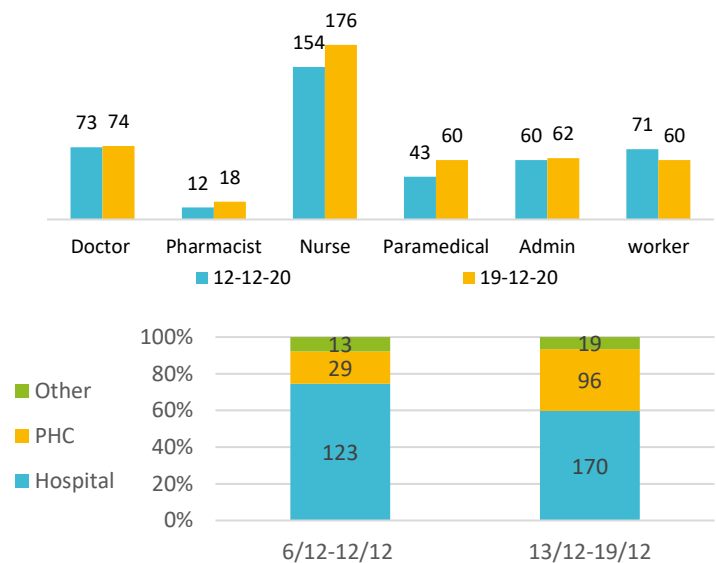
- When the high dependency and ICU occupancy rates nearly reached 100% during last week, MOH increased the high dependency and ICU beds capacity from 170 up to 200 beds, to provide care for the increasing numbers of COVID-19 patients. This includes an additional 40 ICU beds located in three other hospitals other than the dedicated COVID-19 hospitals in Gaza Strip (Shifa, Indonesian and Nasir hospital). The increase in ICU beds for COVID-19 patients directly affects the ICU capacity for non-COVID-19 patients in need of ICU care.
- The high dependency and ICU occupancy rates increased from 94% up to 100%. The number of admitted patients in moderate condition decreased and the overall bed occupancy rate decreased from 81% on 12 December to 76% on 19 December 2020.
- These figures reflect a potentially catastrophic situation for health care capacity to respond to COVID-19 patients and will have a direct negative impact on overall health services delivery during the coming weeks.



HEALTH CARE WORKERS INFECTIONS

- The number of newly reported COVID-19 infections among health workforce increased to 285 between 13-19 December from 165 in the preceding week.
- The number of active COVID-19 cases increased among most of the health workforce groups except the workers' category. The highest active COVID-19 cases were reported among nurses.
- Most of the newly reported COVID-19 cases were in hospital settings representing around 60% between 13-19 December and around 75% in the preceding reporting period.
- The number of reported COVID-19 infections are increasing among health workforce at primary health care facilities. This situation should be closely monitored.

Active COVID-19 cases among health workforce



RECOMMENDATIONS

- Admitting COVID-19 patients in non-dedicated COVID-19 hospitals needs to be closely monitored to provide immediate support when required, especially to guarantee the continued provision of essential health care services at Gaza Strip hospitals for both non-COVID-19 and COVID-19 patients.
- Protection of the most vulnerable COVID-19 patients such as elderly and patients with known co-morbidities is critical at this stage. The process of early hospital admission for these groups should be enforced to provide close monitoring and to provide early supportive care to prevent the deterioration of their health condition and late access to lifesaving care.
- Maintaining and increasing COVID-19 testing capacity is critical in the breaking chains of transmission at community level.
- Additional awareness campaigns and other active behavioural change communication methods by MOH, local NGOs, INGOs religious leaders, community leaders and social media activists should be strengthened at a larger scale. Without active community support and adherence to COVID-19 mitigation measures, the situation will be only deteriorate further.
- Further enforcement of IPC measures should be implemented at all hospitals and PHC facilities to avoid further increase of COVID-19 infection among health workforce and admitted patients at these facilities.
- Maintaining the current movement restrictions and other public health measures is crucial. Further, stricter public health measures are recommended for a longer period of time, to flatten the COVID-19 infection curve and to prevent the health care system from collapsing. 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.