

COVID-19 CASES IN THE GAZA STRIP

Weekly epidemiological bulletin from (28/02 TO 06/03 2021) AND (07/03 TO 13/03)

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

GENERAL

Reporting Period	Weekly cases		Cumulative
	28-02-21 06-03-21	07-03-21 13-03-21	accumulative since 23/8/2020
# of samples tested	total 12,860	14,596	396,801
# of positive cases	total 1,054	918	57,151
# of closed cases	total 54,321	55,086	
# recovered cases (%closed)	53,761 (99%)	54,520 (99%)	
# reported deaths (%closed)	560 (1%)	566 (1%)	
Classification of positive cases by severity*	Mild	1021	875
	Moderate	6	29
	Severe	23	6
	Critical	4	8
Positivity rates (weekly)	total	8.20%	14.4%
	contacts	28.7%	23.8%
	suspect	16.6%	20.2%
	surveillance	1.6%	1.4%

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

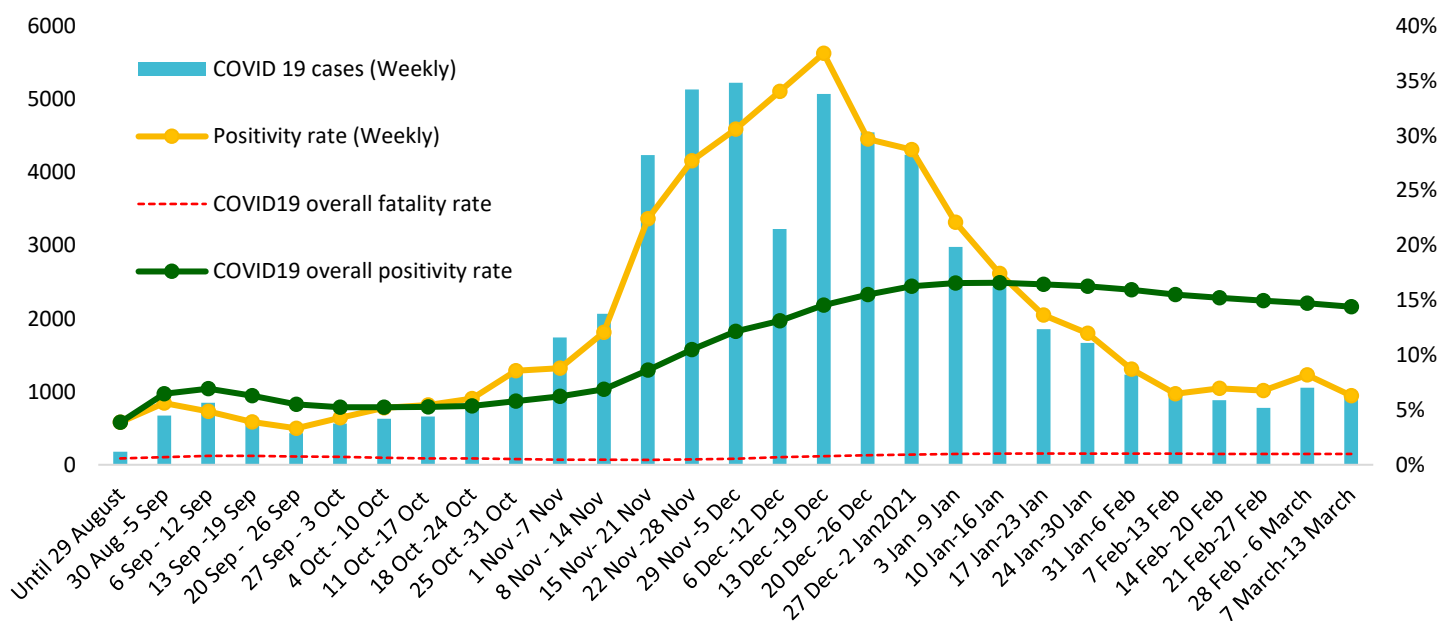


Figure 1: Reported weekly COVID-19 cases, weekly positivity rates, overall positivity rates and overall fatality rates

- Increase in number of conducted tests to 14,596 between 7-13 March from 12,860 between 28 February-6 March 2021.
- Decrease in number of newly reported cases to 918 between 7-13 March from 1,054 between 28 February-6 March (Figure 1).
- Decrease in newly reported COVID-19 cases in all districts except for North district (Figure 2).
- Decrease in incidence per 100,000 population in all districts except for North district (Figure 3).

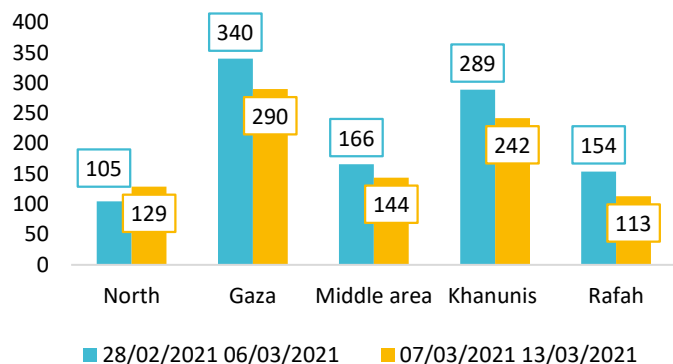


Figure 2: Newly reported weekly COVID-19 cases in Gaza Strip districts

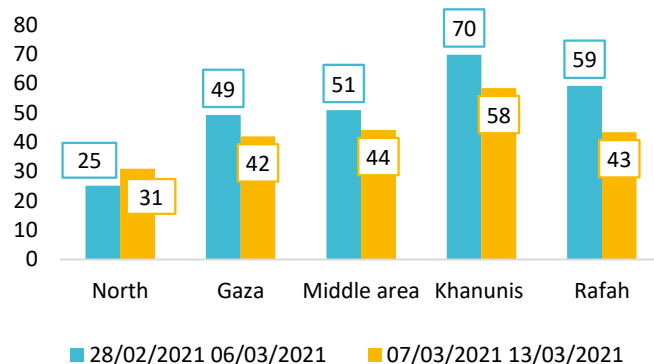


Figure 3: Incidence of weekly COVID-19 reported cases per 100,000 population in Gaza Strip districts

- As presented in figure 4, the COVID-19 epidemiological map remained the same on 3 March and 11 March 2021 where the incidence of COVID-19 cases in all Gaza Strip areas did not reach the cut-off point for red code.



3 March 2021



11 March 2021

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

POSITIVITY RATES

- Decrease in weekly COVID-19 positivity rate between 7-13 March to 6.29% from 8.2% between 28 February-6 March 2021 (Table on page 1).
- Decrease in weekly positivity rates along all Gaza Strip districts (Figure 5).
- Increase in weekly positivity rates among suspected cases (20.2% between 7-13 March 2021 compared to 16.6% between 28 February-6 March)
- Decrease in weekly positivity rates among contacts and random surveillance cases within the same comparison periods.
- Decrease in overall positivity rate to 14.4% on 13 March from 14.7% on 6 March 2021.

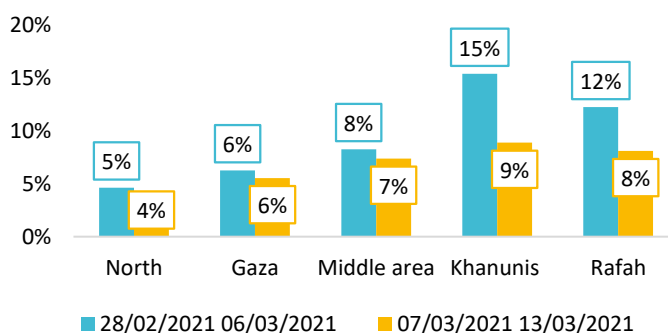


Figure 5: COVID19 weekly positivity rates distributed by districts

DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER

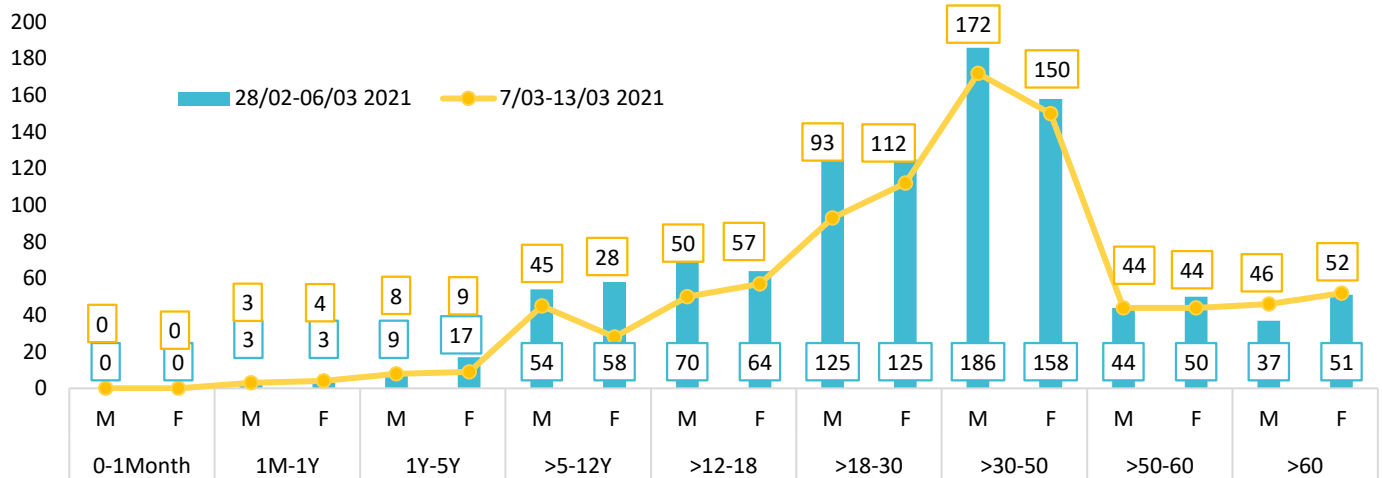


Figure 6: Weekly newly reported COVID-19 cases distributed by age groups and gender

- Decrease in cases among most age groups between 7-13 March compared to the previous week.
- Slight increase among older age groups above 60 both males and females between 7-13 March compared to 28 February-6 March. This increase should be closely monitored.
- Highest reported COVID-19 cases among people aged 18 to 50 both males and females in the two reporting periods.

DISTRIBUTION OF COVID-19 DEATHS

- Decrease in number of reported COVID-19 deaths to 6 between 7-13 March from 10 between 28 February-6 March 2021 (Figure 7).
- Majority of reported COVID-19 deaths are people aged 60 years and older (Figure 7): 3 male and 2 female deaths were reported between 7-13 March 2021 compared to 4 male and 4 female deaths between 28 February-6 March 2021.
- Total reported deaths since the start of COVID-19 outbreak in the Gaza Strip until 13 March reached 566 with accumulative COVID-19 fatality rate of 1%. Out of the 566 COVID-19 reported deaths, 322 were males (57%) and 244 were females (43%).

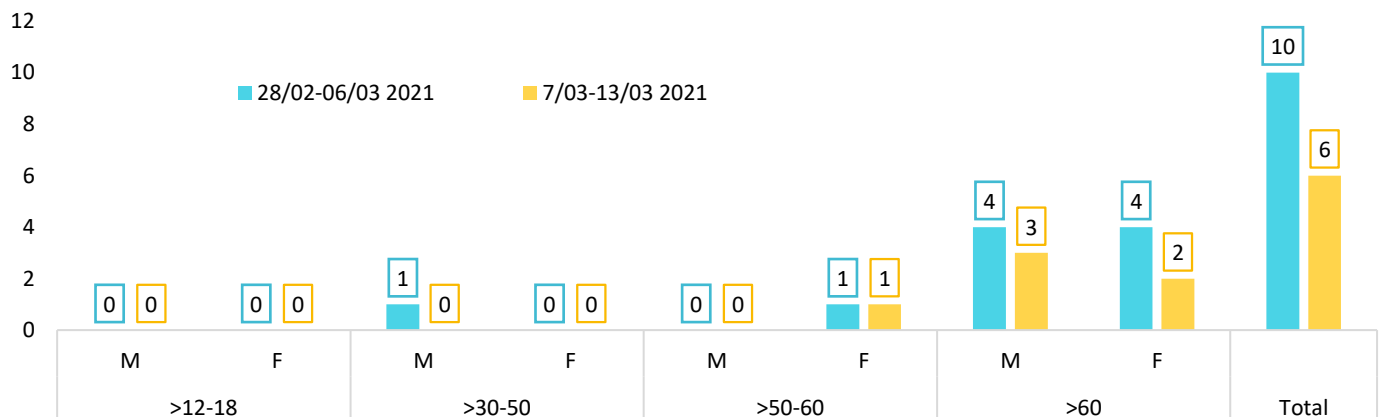


Figure 7: Distribution of reported COVID-19 deaths by age groups and gender

DISTRIBUTION OF COVID-19 CASES BY SEVERITY

- Increase in cumulative moderate cases admitted to hospitals to 25 on 13 March from 16 cases on 6 March 2021
- Decrease in cumulative severe cases admitted to hospitals to 31 cases on 13 March from 34 cases on 27 February 2021 (Figure 8).
- Increase in cumulative critical cases admitted to hospitals to 17 on 13 March from 9 on 6 March 2021. This increase might be related to the increase in newly reported cases among older age groups (above 60) in the last two weeks.

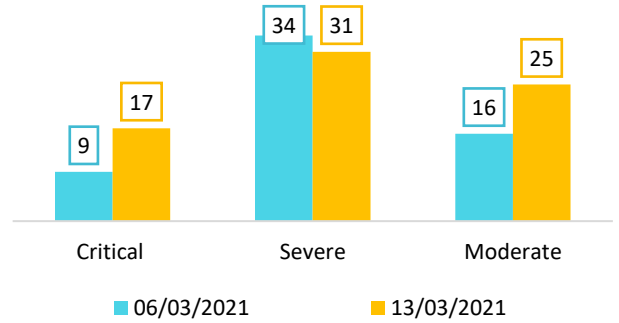


Figure 8: Classification of cumulative hospital admitted COVID-19 patients by severity

HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

- Increase in total COVID-19 bed occupancy rate to 19% on 13 March from 14% on 6 March 2021.
- Slight increase in high dependency and ICU occupancy rate to 20% on 13 March from 18% on 6 March 2021, in line with the increase in cumulative number of hospital-admitted COVID-19 patients in severe and critical condition (Figure 9).

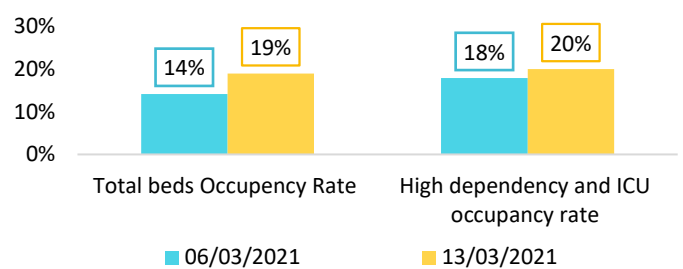


Figure 9: Occupancy rates of COVID-19 beds classified by type of bed

HEALTH CARE WORKERS INFECTIONS¹

- Increase in total number of active COVID-19 cases among health workers to 67 on 13 March from 48 on 6 March 2021. The increase is mainly among doctors and nurses (Figure 10).
- Small change in newly reported COVID-19 infections among health workforce to 33 between 7-13 March from 34 between 28 February-6 March (Figure 11).
- Fluctuating number of newly infected health care workers with COVID-19 in the last four weeks may reflect underreporting.
- Around 50% of the newly infected workers between 7-13 March were working at hospitals (Figure 11).

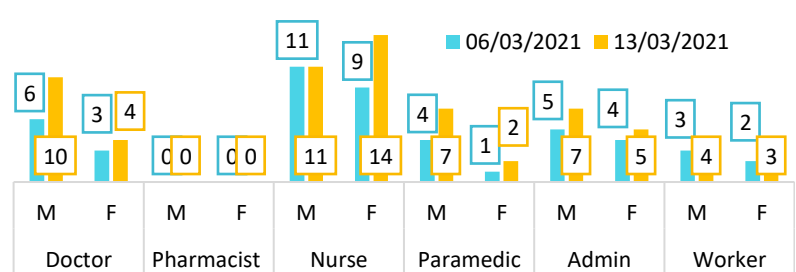


Figure 10: Active reported COVID-19 cases among health workforce distributed

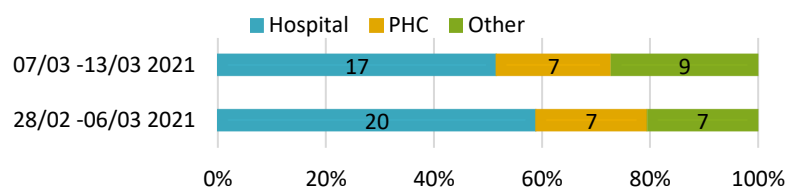


Figure 11: Distribution of newly weekly reported COVID-19 cases among health workforce distributed by work setting

¹ Number of reported COVID-19 cases among health care workers was incomplete between 28 February-6 March 2021. The figures in this report present the true figures.

COVID-19 VACCINATION

- National vaccination campaign was launched in Gaza Strip on 22 February 2021 in line with globally agreed upon vaccine distribution criteria for (frontline) health care workers, elderly with chronic health conditions, and other patients with life-threatening health conditions.
- So far, 60,700 doses of COVID-19 vaccines have been delivered in Gaza from the Palestinian Authority (2,000 doses) and two separate donations from UAE (20,000 doses and 38,700 doses).
- Up to 13 March 2021, 7,137 frontline health workers and community members received COVID-19 vaccinations in three MOH clinics (3,206 doses administered) and three UNRWA clinics (3,031 doses administered). More vaccination points will be opened once more vaccines will arrive.

CONCLUSIONS AND RECOMMENDATIONS

- Decrease in newly reported COVID-19 cases between 7-13 March except among people aged over 60. This increase should be closely monitored.
- Increase in cases in critical condition admitted to hospital.
- Increase in number of COVID-19 infections among health workers, showing need for increased awareness on strict adherence to Infection Prevention Control in health facilities.
- Authorities in Gaza eased most social preventive measures and declared the re-opening of wedding halls and sport clubs. Clear monitoring, strong surveillance and trend analysis, and contact tracing should remain in place to evaluate the results of easing the measures during the coming weeks, combined with maintaining strict adherence to COVID-19 mitigation measures.
- 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 provide early supportive care to prevent the deterioration of their health conditions and late access to lifesaving care.
- Fluctuations in reported numbers of COVID-19 infection among health care workers during the last weeks may reflect inconsistent testing for health care workers. Further monitoring is required.
- Strengthening of Risk Communication and Community Engagement (RCCE) efforts to address vaccine hesitancy among the population and raise awareness of the urgency to get vaccinated including for those previously infected by COVID-19 in view of the unknown duration of immunity and the risk of re-infection.
- RCCE messaging on public health measures among the broader population need to be urgently stepped up to prevent a potential resurgence in cases considering the easing of restrictions.