

# COVID-19 CASES IN THE GAZA STRIP

Monthly epidemiological bulletin from (16/10 TO 15/11 2021) AND from (16/11 TO 15/12 2021)

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

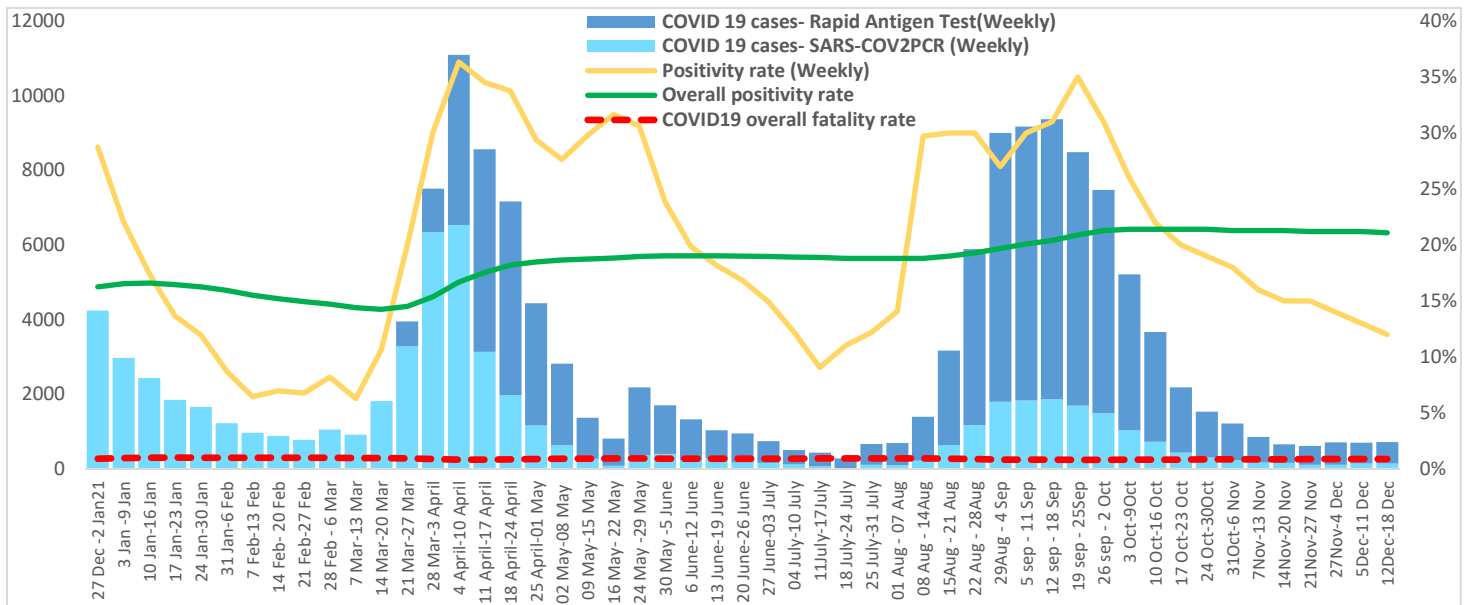


Figure 1: Reported weekly COVID-19 cases, weekly positivity rates, overall positivity rates and overall fatality rate

## GENERAL

Table (1)	Monthly cases		Cumulative
Reporting Period	16/10/2021 15/11/2021	16/11/2021 15/12/2021	accumulative since 23/8/2020
Total No. of samples tested	33,649	22,604	895,651
Total No. of positive cases	6225	3,062	188,924
Total No. of closed cases	184121	187082	
Total No. recovered cases (%closed)	182496 (99.12%)	185412(99.11%)	
Total No. reported deaths (%closed)	1625 (0.88%)	1670(0.89%)	
Classification of positive cases by severity*	<b>Mild</b>	6110 (98.3%)	2,969 (97.0%)
	<b>Moderate</b>	46 (0.7%)	34 (1.1%)
	<b>Severe</b>	31 (0.4%)	37 (1.2%)
	<b>Critical</b>	38 (0.6%)	22 (0.7%)
Positivity rates	<b>Total</b>	18.5%	13.6% 21.3%
	- contacts	0%	0%
	- suspect	18.7%	13.8%
	- surveillance	6.4%	1.2%

\* 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 the COVID-19 cases and deaths in the Gaza Strip in two months: between Oct 16<sup>th</sup> and Nov 15<sup>th</sup>, 2021, and between the period Nov. 16<sup>th</sup> and Dec. 15<sup>th</sup>, 2021.
- Ministry of Health (MoH) is still testing only suspected cases and travelers who need Covid-19 free certificate. During the two study periods, no tests were conducted for close contacts of confirmed COVID-19 cases.
- There was a significant decrease in the number of conducted COVID-19 tests and the number of reported cases between the two periods; from **33649** to **22604** and from **6226** to **3062**, respectively (Table 1). As shown in Figures 2 and 3, the drop in incidence rate of COVID-19 infection was across all districts. This decline in incidence of COVID-19 started on Sep 15<sup>th</sup>.
- Although there has been a steady decline in the number of reported cases since Sep 15<sup>th</sup>, there was almost a **two fold increase in the proportion of severe and critical cases**; from 1.0% to 1.9%. (Table 1)

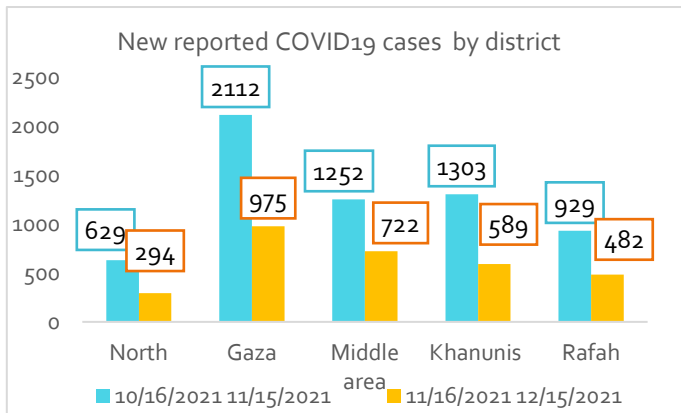


Figure 2: Newly reported weekly number of COVID-19 cases in the Gaza Strip districts

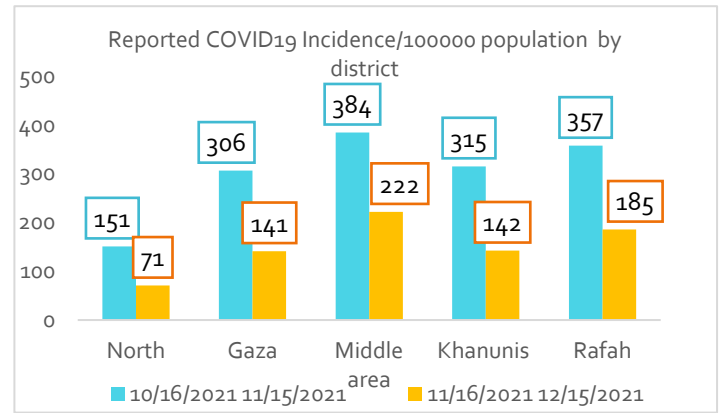


Figure 3: Incidence of weekly COVID-19 reported cases per 100,000 population in the Gaza Strip districts

## POSITIVITY RATES

- Decrease in the total positivity rate from 18.5% in first period to 13.6% in the second period throughout Gaza Strip and across all categories (Table 1).

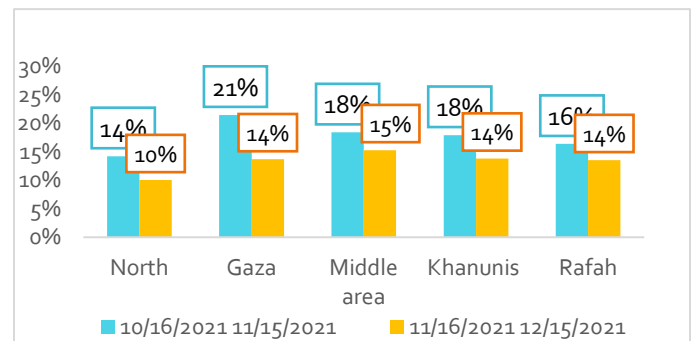


Figure 4: COVID-19 weekly positivity rates distributed by districts

## DISTRIBUTION OF COVID-19 CASES BY AGE AND SEX

- There was a significant drop in the reported cases across all age groups in the second study period (Figure 5). However, one should be cautious in explaining the drop in reported cases as case- detection was not based on random testing of the population, but on testing suspected cases and travellers.
- Among both males and females, the largest drop in the incidence was among those between 18 and 50 years. (Figure 5)

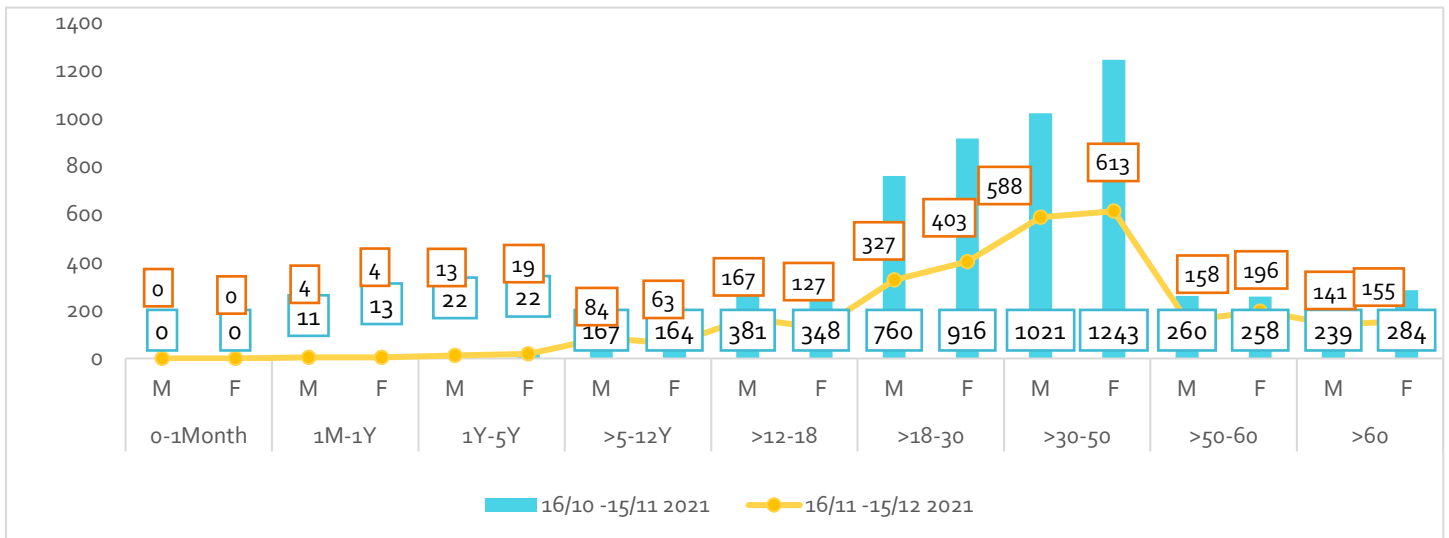


Figure 5: Weekly newly reported COVID-19 cases distributed by age groups and sex

## DISTRIBUTION OF COVID-19 DEATHS

- In the second study period, COVID-19 deaths dropped significantly; from 118 to 45, respectively. Among males, it dropped from 51 to 21 deaths, and among females, it dropped from 67 to 24 deaths.
- The majority of reported COVID-19 deaths were among males and females aged 60 years and above (Figure 6).
- Since the beginning of COVID-19 outbreak in the Gaza Strip until 15 Dec, the total number of reported deaths was **1670** with an accumulative COVID-19 fatality rate around 0.89%. Out of the **1670** COVID19 reported deaths, **920 (55%)** were males and **750 (45%)** were females.
- Out of the 750 reported COVID-19 deaths among females, **22** deaths were of pregnant women or women who just gave birth. It is worth mentioning that the total number of maternal mortality cases from beginning 1/1//2021 till 15/12/2021 was **33 cases**.

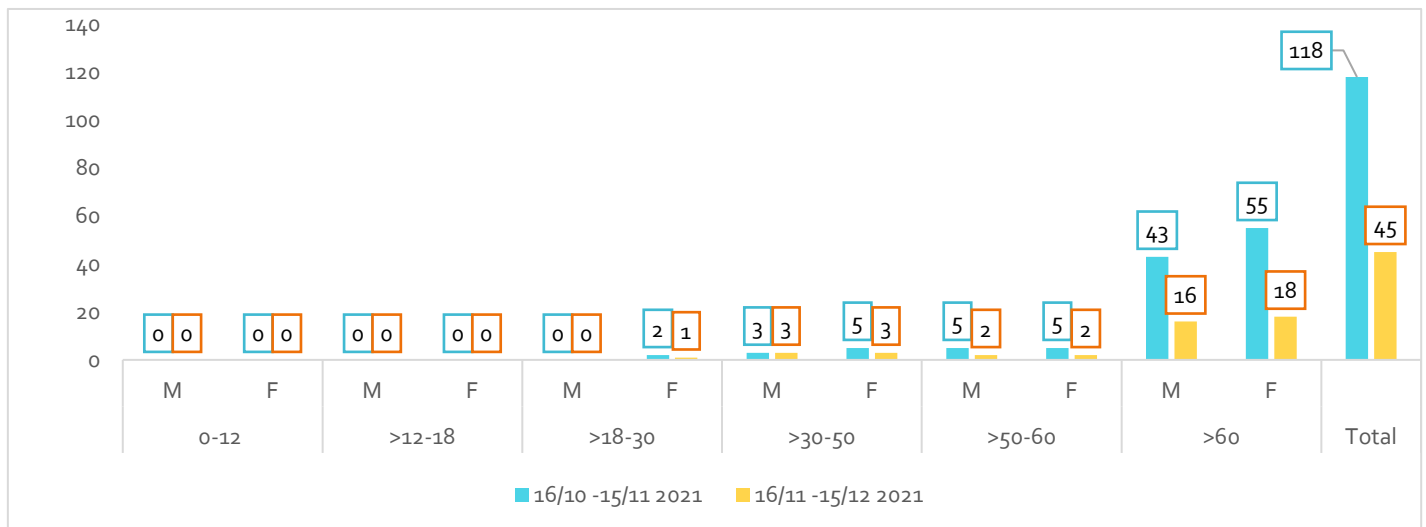


Figure 6: Distribution of reported COVID-19 deaths by age groups and gender

## HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

- MoH has allocated 470 beds (85 ICU, 270 High dependency, and 115 for mild and moderate cases) for COVID 19 cases.
- While there was a drop in the total number of severe and critical cases in the second study period, occupancy rate increased from 19% to 22% for ICU and high dependency beds. This could be explained by both the increase in proportion of critical and severe cases and may reflect better management of severe and critical cases, as noticed in the drop in death rate

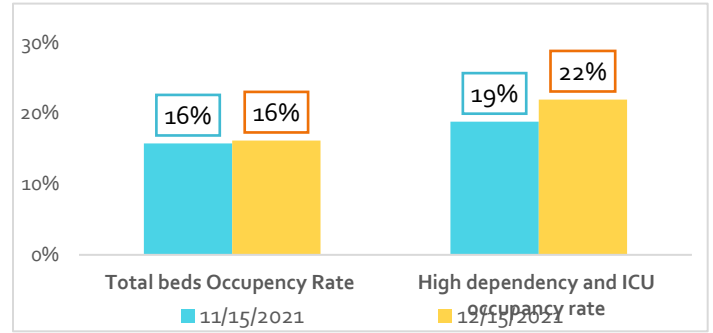


Figure 8: Occupancy rates of COVID-19 beds classified by type of bed

## COVID-19 INFECTION AMONG HEALTH CARE WORKERS

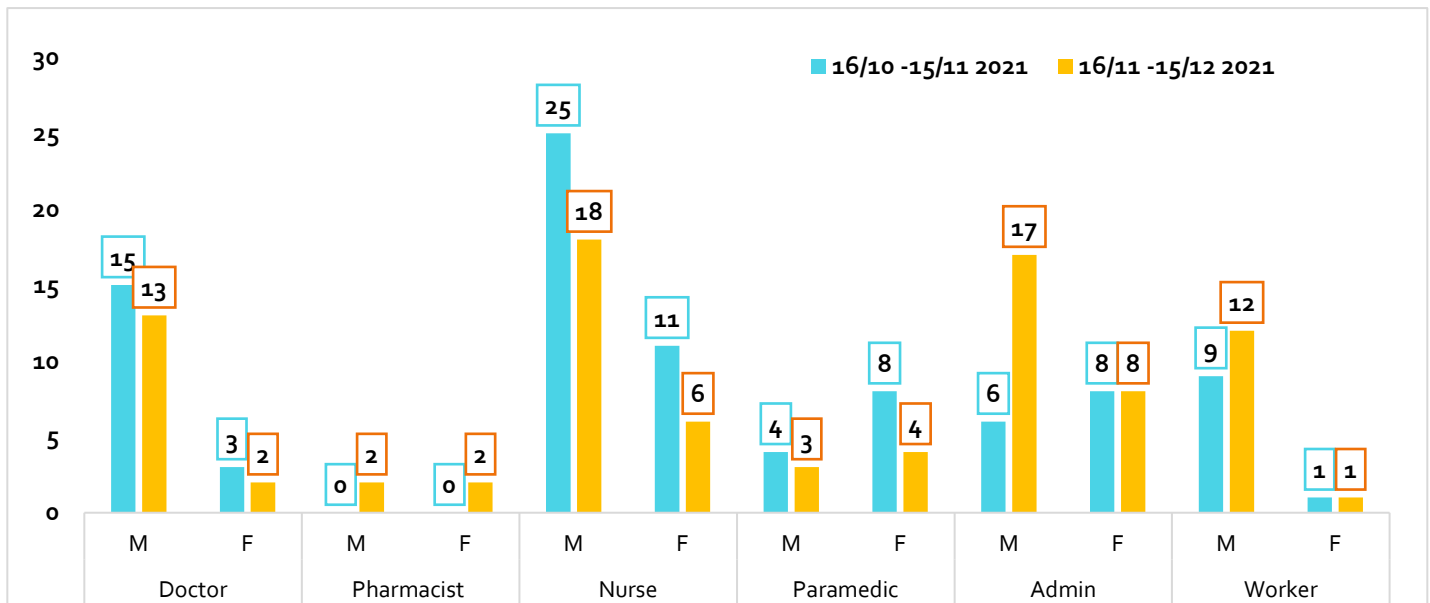


Figure 9: newly reported COVID-19 cases among health workforce distributed by gender and profession

- Overall, COVID-19 infection among health care workers decreased slightly in the second study period; from **90** to **88**. However, there was a significant increase in the number of infected male administrative persons in the second study period; from **6** to **17**. There was also an increase in the number of infected male workers: from **9** to **12**.

## COVID19 VACCINATION

- As of Nov 15, MoH in Gaza Strip received **1606760** doses of COVID-19 vaccine until Dec 15<sup>th</sup>, 2021 (Table 2). No more vaccines were received after Nov 15.
- By Nov 15<sup>th</sup>, **493542** of the population received their first vaccination dose, and **253806** received their second vaccination dose. Only **16521** received their third dose.
- By Dec 15<sup>th</sup>, **524800** received their first vaccination dose, **285367** received their second vaccination dose, and **21913** received their third dose. Remaining doses are **621057**.

TYPE OF VACCINE	RECEIVED QUANTITY	REMAINING QUANTITY
AstraZeneca	58000	0
Pfizer	1056210	619027
Sputnik V	60700	0
Sputnik light	211850	0
Sino-Pharm	20000	2030
Moderna	200000	16211
<b>TOTAL</b>	<b>1606760</b>	<b>621057</b>

*Table2: Types of delivered and available vaccines*

## CONCLUSIONS AND RECOMMENDATIONS

- Despite the decrease in COVID-19 new cases, there is an increase in the proportion of severe and critical cases, and in occupancy rate of high dependency and ICU beds.
- The increase in proportion of severe and critical cases in the second study period could be explained by the delay in testing and starting treatment, or infection with undetected new strains.
- If enough number of PCR test are available, it is advised to test a random sample of the population to verify if the drop in the incidence of COVID-19 is real or due to under detection of COVID-19 cases.
- Per WHO recommendations, MoH needs to continue engaging communities, public and private sectors to scale up the public health system to find and test, isolate, and care for confirmed cases (whether at home or in a medical facility), and identify, trace, quarantine, and support contacts
- Continue to empower communities to protect vulnerable groups, support health workers, and adherence to protective measures, stressing the fact that the epidemic is not over yet, and there is still a risk for another wave, and reinfection from new strains.
- Further enforcement of infection prevention and control measures in all hospitals and primary health care facilities to avoid further increase in COVID-19 infections among health workforces. More attention should be given to persons in assistant Jobs such as administrators and workers
- With the increase in hospitalized cases in ICU, it is vital to maintain full capacity of trained staff, medicines, and supplies to maintain the quality of care for patients.
- Special attention should be given 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.
- Need to revisit the COVID-19 case management protocol based on emerging evidence to strengthen the management of COVID-19 infection and save lives.
- Need for a continuous tracking of the epidemiological map to entry point, imported, isolate cases and spread the transmission of the COVID-19 infection