

COVID-19 CASES IN THE GAZA STRIP

Weekly epidemiological bulletin from (03/01 TO 09/01 2021) AND (10/01 TO 17/01 2021)

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

GENERAL

Reporting Period	Weekly cases		Cumulative	
	03-01-2021 09-01-21	10-01-21 16-01-21	accumulative since 23/8/2020	
# of samples tested	total	13,486	13,964	288,556
# of positive cases	total	2,979	2,434	47,791
Classification of positive cases by severity*	mild	2,946	2,412	
	moderate	15	9	
	severe	11	2	
	critical	7	11	
Positivity rate	total	22.1%	17.43%	16.6%
	contacts	21.8%	25.4%	
	suspect	32.3%	26.8%	
	surveillance	13.6%	5.6%	

* 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.

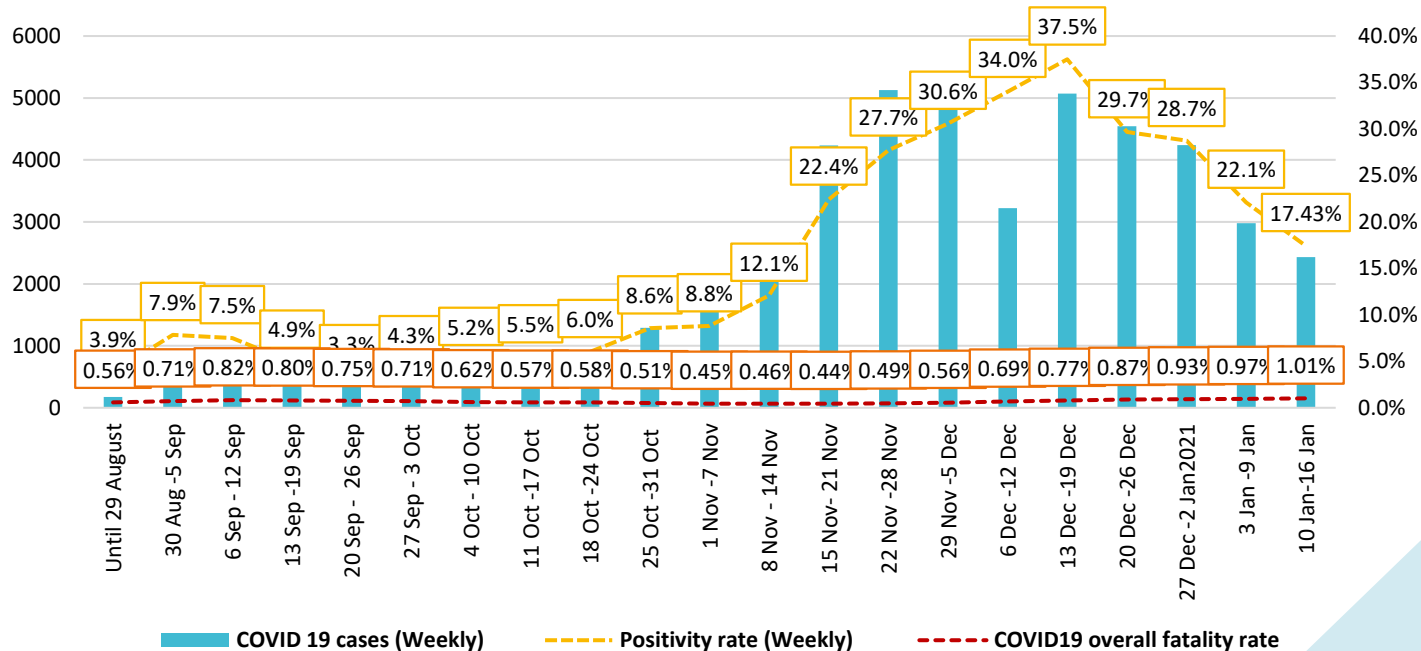


Figure 1: Reported weekly COVID-19 cases, positivity rates and fatality rates

- Figure 1 shows a gradual decrease in positivity rates and number of newly reported COVID-19 cases during the last four weeks.
- Total number of tests increased to 13,964 between 10-16 January from 13,486 between 3-9 January 2021.
- The lowest number of new COVID-19 cases and incidence per 100,000 populations in the two reporting periods were reported in the North district (Figure 2 and 3).
- The number of newly weekly reported cases (Figure 2) decreased in Gaza, Middle area and Khanunis districts. The slight increase in numbers in the North district in new reporting period is not significant, while a higher increase is reported in Rafah district in the newly reported cases and incidence per 100,000 populations.

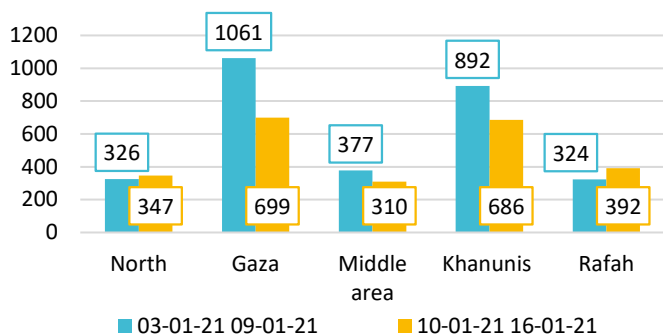


Figure 2: Newly reported weekly COVID-19 cases in Gaza Strip districts

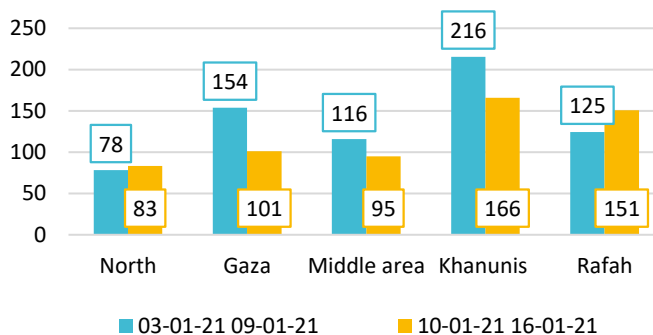
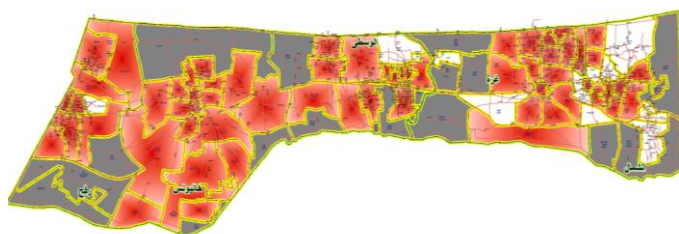
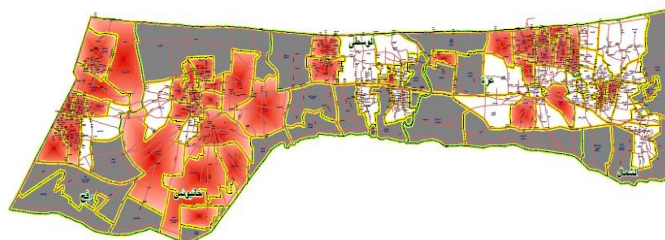


Figure 3: Incidence of weekly COVID-19 reported cases per 100,000 population in Gaza Strip districts

- 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.
- Figure 4 shows the number of red coded areas decreased to 39 on 12 January, from 60 on 5 January 2021.



5 January 2021



12 January 2021

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

POSITIVITY RATES

- COVID-19 tests positivity rates decreased in all districts with a slight increase in the Middle area (Figure 5).
- The total positivity rate decreased to 17.4%, from 22.1% when comparing the two reporting periods.
- The positivity rates decreased among suspected cases and among random surveillance cases while slightly increased among contacts.
- The overall positivity rate reached 16.6%.

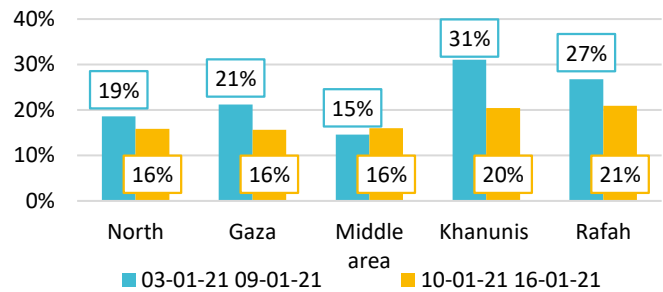


Figure 5 : Reported COVID-19 weekly positivity rates at Gaza Strip districts

DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER

- Figure 6 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.
- 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 among this age group since mid-December 2020.

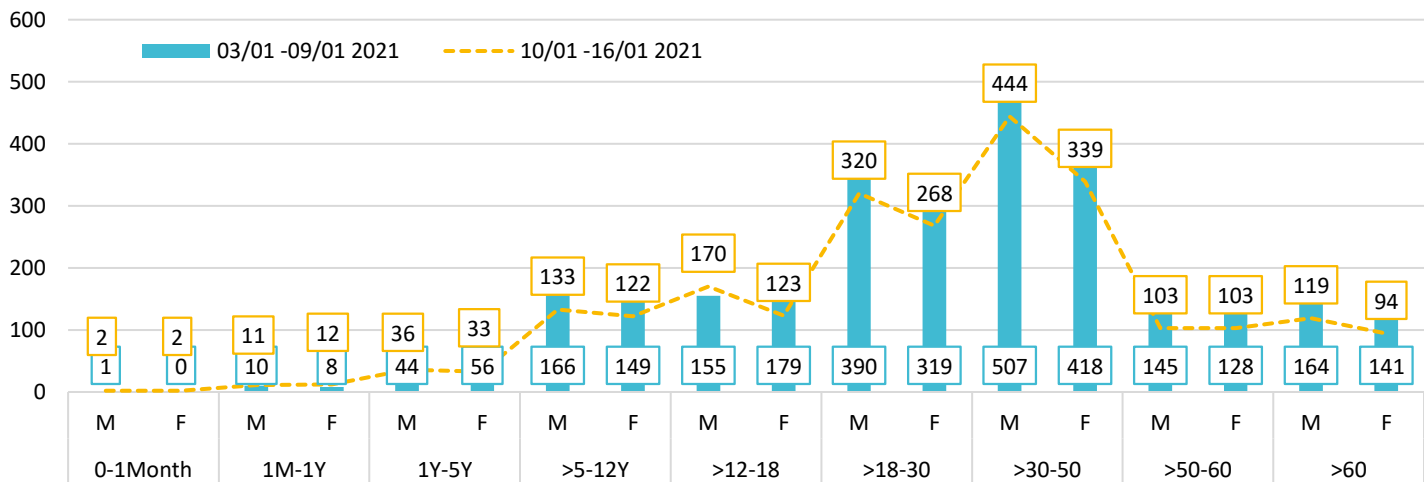


Figure 6: New weekly reported COVID-19 cases distributed by age groups and gender

DISTRIBUTION OF COVID-19 DEATHS

- Similar to previous reports, the reported deaths continued to decrease: 43 COVID-19 deaths were reported between 10-16 January compared to 48 between 3-9 January (Figure 7). Unless this decrease will continue to appear in the coming periods, no conclusions can be drawn at this stage.
- Among the age group >50-60, 5 deaths were reported between 10-16 January compared to 6 deaths between 3-9 January.
- The majority of reported COVID-19 deaths are from the age group above 60. A total of 37 deaths (23 males and 14 females) were reported between 10-16 January, compared to 39 deaths (20 males and 19 females) between 3-9 January 2021.
- According to MOH, the total reported deaths since the start of COVID-19 outbreak in the Gaza Strip until 16 January 2021 reached 484 with an accumulative COVID-19 fatality rate of 1.01% (484 deaths out of 47,791 COVID-19 cases).
- Out of the 484 deaths, 267 were males (55%) and 217 were females (45%).

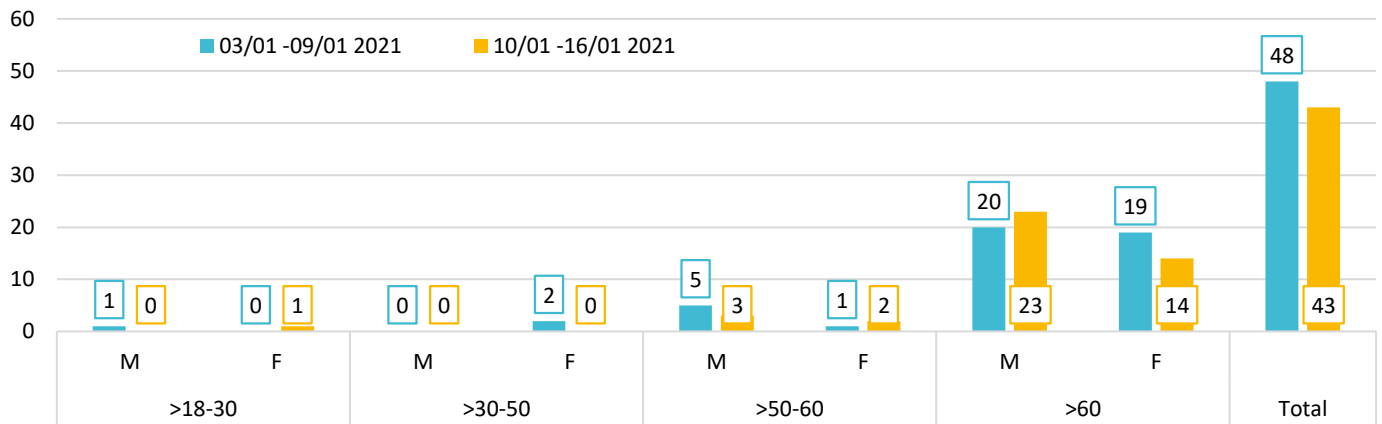


Figure 7: Distribution of reported COVID-19 deaths by age groups and gender

DISTRIBUTION OF COVID-19 CASES BY SEVERITY

- As illustrated in figure 8, the total accumulative admitted moderate cases decreased to 54 cases on 16 January from 61 on 9 January 2021.
- Accumulative admitted severe cases decreased to 73 cases on 16 January compared to 115 on 9 January. A decrease was also reported among critical admitted cases reaching 17 on 16 January compared to 24 on 9 January 2021.
- This decrease is in line with the lower number of newly reported COVID-19 cases and deaths. Yet, the number of admitted cases at severe level is still higher than moderate cases, which may indicate inadequate access to care at early stage before deterioration to severe and critical.

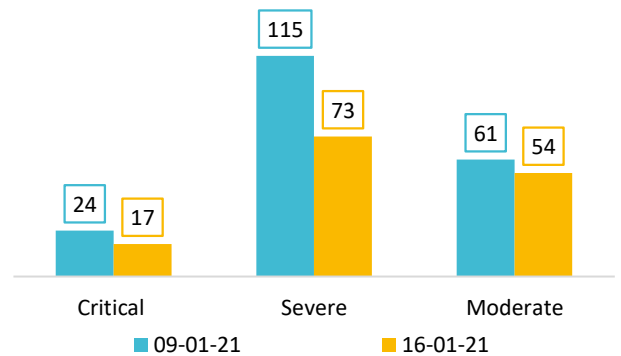


Figure 6: Classification of accumulative hospital admitted COVID-19 patients by severity

HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

- After the gradual decrease in number of hospital-admitted COVID-19 patients, the total bed occupancy rate and high dependency and ICU unit occupancy rate is decreasing in the last four weeks.
- As illustrated in figure 9, the total COVID-19 bed occupancy rate decreased to 36% on 16 January compared to 53% on 9 January 2021.
- The high dependency and ICU occupancy rates decreased to 38% on 16 January from 58% on 9 January 2021.

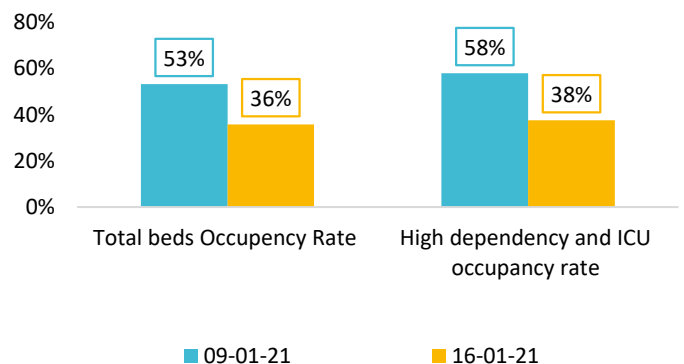


Figure 7: Occupancy rates of COVID-19 beds classified by type of bed

HEALTH CARE WORKERS INFECTIONS

- The number of active COVID-19 cases decreased among all health workforce categories both among males and females as presented in figure 10. The total number of active COVID-19 cases decreased to 166 on 16 January from 228 on 9 January 2021.
- The number of newly reported COVID-19 infections among health workforce decreased to 69 between 10-16 January from 97 between 3-9 January 2021 (Figure 11).
- Most of the newly reported weekly COVID-19 cases among health workforce were in hospital settings (Figure 12).

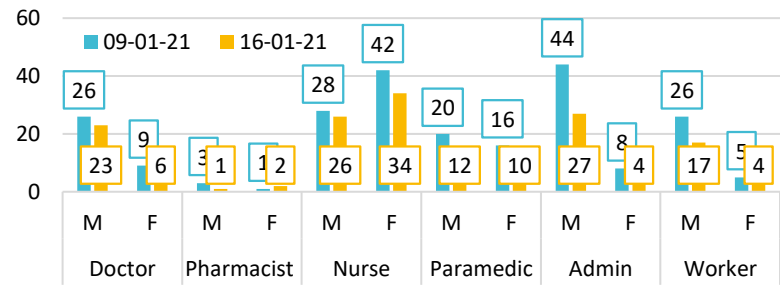


Figure 8: Active reported COVID-19 cases among health workforce distributed by gender and profession

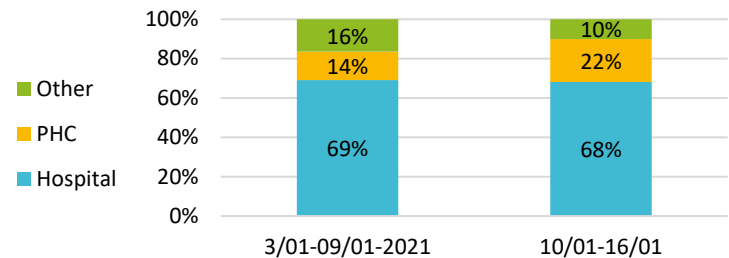


Figure 11: Distribution of newly weekly reported COVID-19 cases among health workforce by work setting

CONCLUSIONS AND RECOMMENDATIONS

- Decrease in the total newly reported COVID-19 cases and positivity rates are continuing since the last five reporting weeks among both males and females and all age groups. This might reflect the success in flattening the curve of COVID-19 infection after implementing stricter public health measures.
- The authorities in Gaza declared the easing of some social measures starting from 3 January 2021, including the expansion of the daily curfew until 20:00 pm instead of 18:30, re-opening of mosques and primary schools while maintaining the total week end 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.
- 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 close monitoring and early supportive care to prevent the deterioration of health conditions and late access to lifesaving care.
- Awareness campaigns and other active behavioural change communication methods should be maintained by MOH, UN agencies, local NGOs, INGOs, 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.
- 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.