

COVID-19 CASES IN THE GAZA STRIP

Weekly epidemiological bulletin from (13/12 TO 19/12) AND (20/12 TO 26/12 2020)

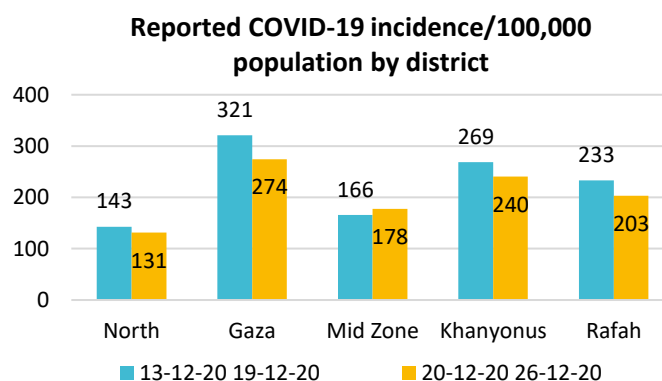
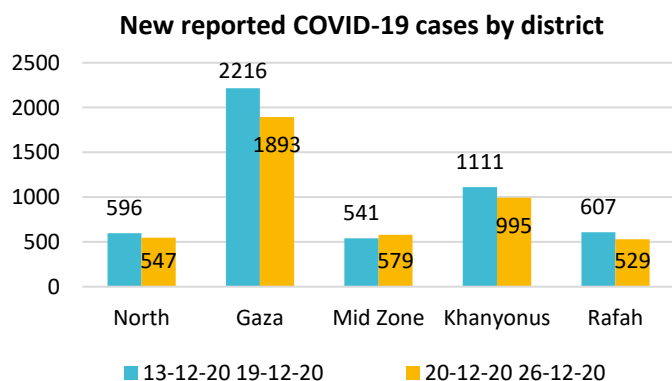
DATA SOURCES: MINISTRY OF HEALTH (MOH) DAILY REPORTS ON COVID-19 IN GAZA STRIP

GENERAL

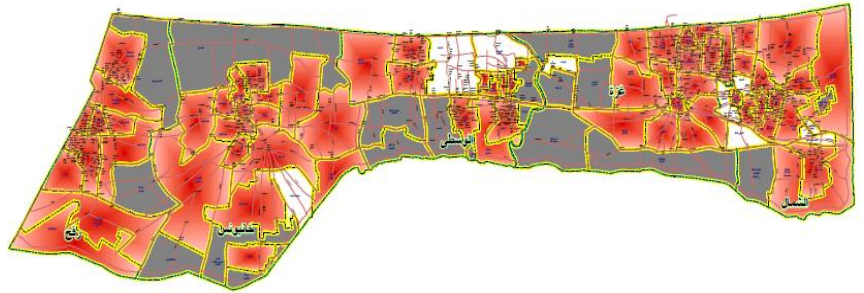
Reporting Period		Weekly cases		Cumulative
		19-12-20	26-12-20	accumulative since 23/8/2020
# of samples tested	total	13,523	15,310	244,585
	# of positive cases	5071	4,543	37,958
Classification of positive cases by severity*	mild	5017	4,482	
	moderate	2	38	
	severe	40	14	
	critical	12	9	
Positivity rate	total	37.5%	29.67%	15.5%
	contacts	38.1%	33.7%	
	suspect	49.1%	35.7%	
	surveillance	26.4%	14.1%	

* 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.

- Total number of tests increased to 15,310 between 20-26 December, from 13,523 between 13-19 December 2020.
- Total number of reported cases and incidence per 100,000 population decreased in all Gaza Strip districts except for the Middle Area, where a slight increase was reported.



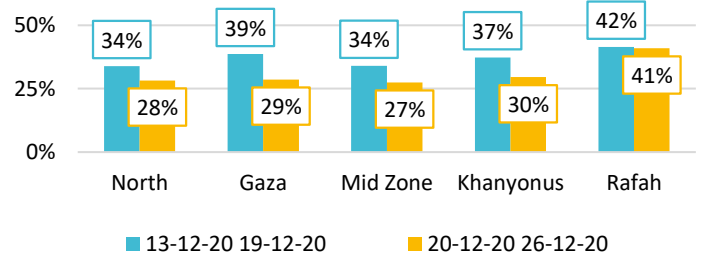
- The PNIPH/WHO supported MOH in developing a traffic light system (TLS) which distributes the newly detected COVID-19 cases geographically throughout the Gaza Strip neighbourhoods during the previous 7 days. This system classifies the neighbourhoods by colour code (Red, Yellow, Green) to visualise the high-risk areas and support decisions.
- The latest MAP produced on 21 December reflects the overall spread of COVID-19 cases all along Gaza Strip areas.



POSITIVITY RATES

- As illustrated in the graph on the right, positivity rates decreased at all districts in Gaza Strip.
- Highest positivity rates were at Rafah district.
- Total positivity rate decreased from 37.5% down to 29.67%.
- The positivity rates also decreased among all testing categories as presented in the table above.

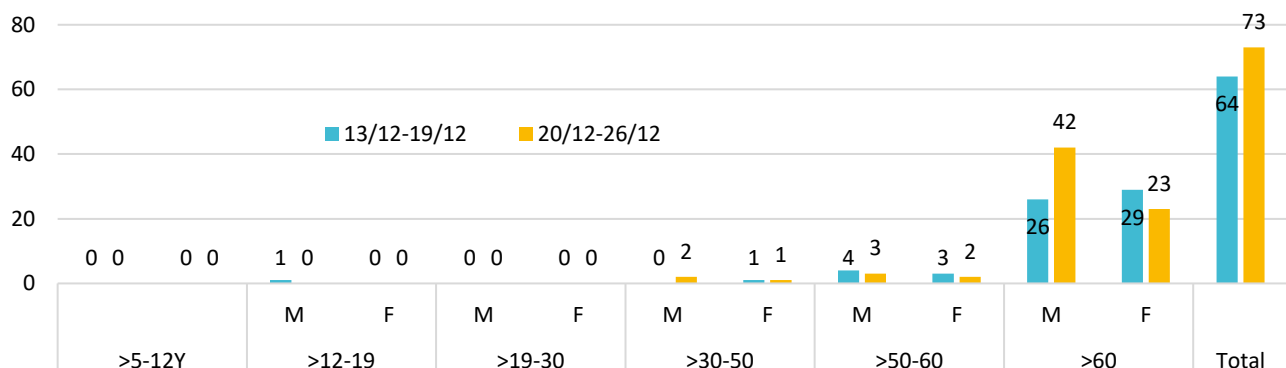
Reported COVID-19 Positivity Rates by district



DISTRIBUTION OF COVID-19 DEATHS

- The figure below 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 four reporting periods. 73 deaths were reported between 20-26 December compared to 64 between 13-19 December 2020.
- The bulk of reported deaths between 13-19 December were from age groups >60. Among that age group, deaths increased from 55 up to 65 comparing between the two reporting periods. In earlier week deaths among males above 60 were double the reported deaths among females at the same age group.
- **According to MOH, the total reported deaths since the start of COVID-19 outbreak in Gaza Strip until 26 December 2020 reached 333 with an accumulative COVID-19 fatality rate of 0.9% (333 deaths out of 38,137 COVID-19 cases).**

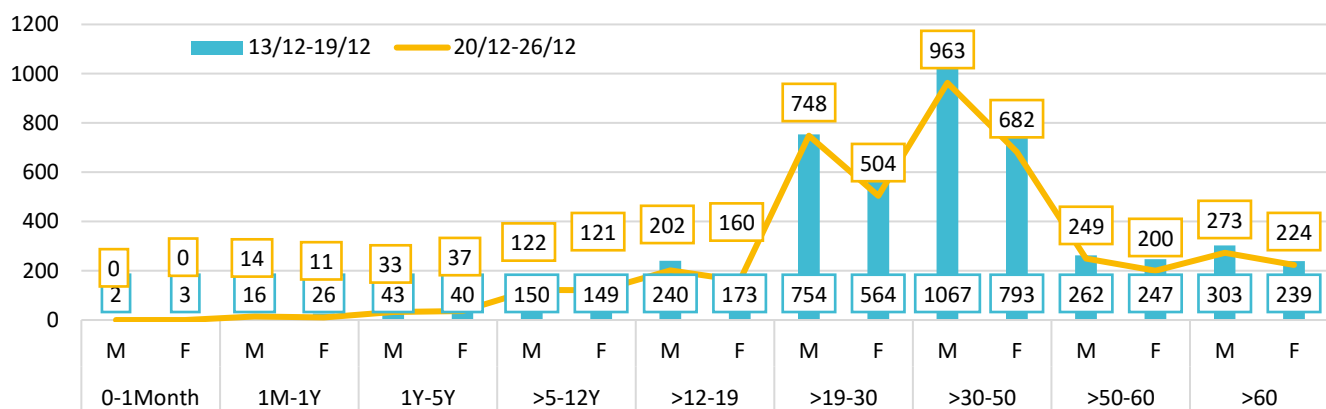
Reported COVID-19 deaths distributed by age group and gender



DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER

- The figure below illustrates the newly reported COVID-19 cases distributed by age group and gender comparing between the two reporting weeks. The newly reported COVID-19 cases decreased among all age groups both among males and females at the same age group comparing between the two reporting weeks without any reported change in testing criteria.
- The highest reported new COVID-19 cases were among the age group >30-50 where it reached 963 among males and 682 among females between 20-26 December 2020.

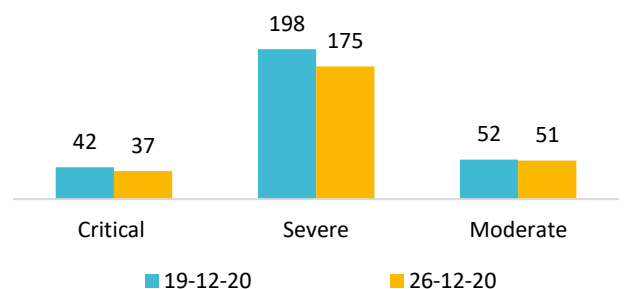
Reported new COVID-19 cases distributed by age groups and gender



DISTRIBUTION OF COVID-19 CASES BY SEVERITY

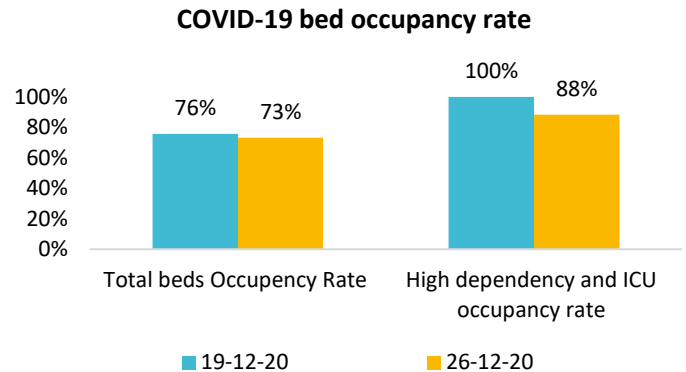
- The total accumulative admitted moderate cases decreased to 51 on 26 December from 52 on 20 December. Accumulative admitted severe cases also decreased from 198 to 175 cases and critical admitted cases decreased from 42 to 37.
- Same observation as last week, the health care system capacity to follow 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 risk for deterioration in patients' conditions.
- This may explain high admission of cases in severe and critical condition and an increase in deaths in the past weeks.

Accumulative reported COVID-19 cases distributed by severity



HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

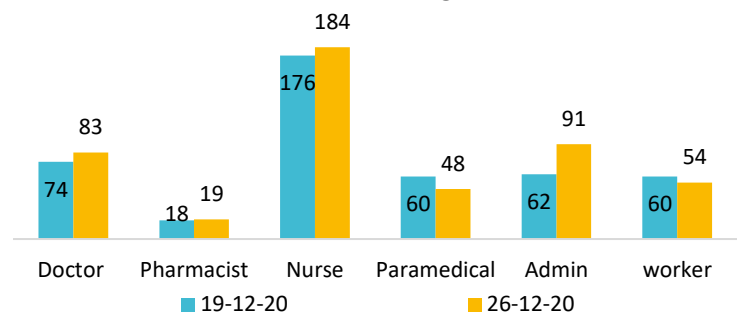
- MOH increased the high dependency and ICU bed capacity to 240 beds: 200 at COVID-19 assigned health facilities (European Gaza Hospital and Turkish hospital) and 40 in other hospitals (Shifa, Al Aqsa, Indonesian and Nasir hospital).
- The high dependency and ICU occupancy rate decreased from 100% to 88%. The number of admitted patients in moderate condition decreased, with overall bed occupancy rate decreasing from 76% on 19 December to 73% on 26 December 2020.



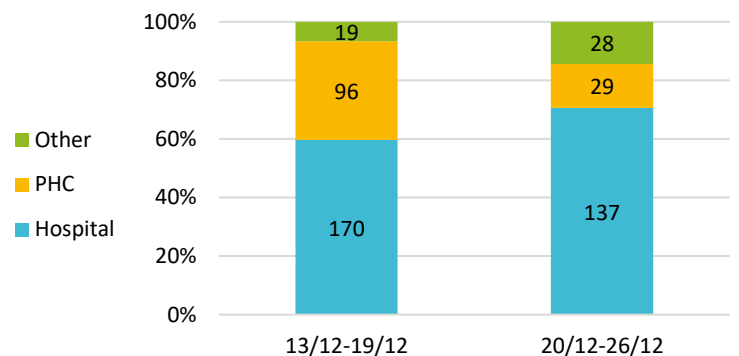
HEALTH CARE WORKERS INFECTIONS

- The number of newly reported COVID-19 infections among health workforce decreased to 195 between 20-26 December, compared with 285 between 13-19 December 2020.
- The table on the right outlines the distribution of active cases distributed by gender on 26 December 2020.
- The number of active COVID-19 cases increased in most of the health workforce groups except among workers and paramedics. The highest active COVID-19 cases were reported among nurses.
- Most newly reported COVID-19 cases were in hospital settings representing around 60% between 13-19 December and around 70% in the preceding reporting period.
- The reported COVID-19 infections among health workforce working at PHC decreased from 30% from the total infections down to almost 20%.
- There is an increase in reported COVID-19 infections among health workforce working at different administrative departments, engineering, pharmacy and supportive services from 19 to 28 cases.

Active COVID-19 cases among health workforce



26 Dec	Doctor	Pharm	Nurse	Paramedic	Admin	Worker
Male	49	11	82	24	72	44
Female	34	8	102	24	19	10



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 breaking chains of transmission at community level.
- Additional awareness campaigns and other active behavioural change communication methods by MOH, UN agencies, local NGOs, INGOs religious leaders, community leaders and social media activists should be urgently strengthened at a larger scale. Without active community support and adherence to COVID-19 mitigation measures, the situation is expected to further deteriorate.
- 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.