

COVID-19 CASES IN THE GAZA STRIP

Weekly epidemiological bulletin from (20/12 TO 26/12) AND (27/12 TO 02/01 2021)

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

GENERAL

Reporting Period	Weekly cases		Cumulative
	20-26/12/20	27-12-20/02-01-21	accumulative since 23/8/2020
# of samples tested	total 15,310	14,757	259,342
# of positive cases	total 4,543	4,240	42,198
Classification of positive cases by severity*	mild 4,482	4,215	
	moderate 38	12	
	severe 14	11	
	critical 9	2	
Positivity rate	total 29.67%	28.73%	16.3%
	contacts 33.7%	32.7%	
	suspect 35.7%	35.3%	
	surveillance 14.1%	10.7%	

* 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 decreased to 14,757 between 27 December-2 January 2021 from 15,310 between 20-26 December 2020.
- The number of newly weekly reported cases (Figure 1) increased in the Khanunis and Middle area districts with a decrease in the North, Gaza and Rafah districts. The reported weekly COVID-19 incidence per 100,000 populations (Figure 2) decreased in the North, Gaza and Rafah districts with an increase in the Middle area and Khanunis districts.

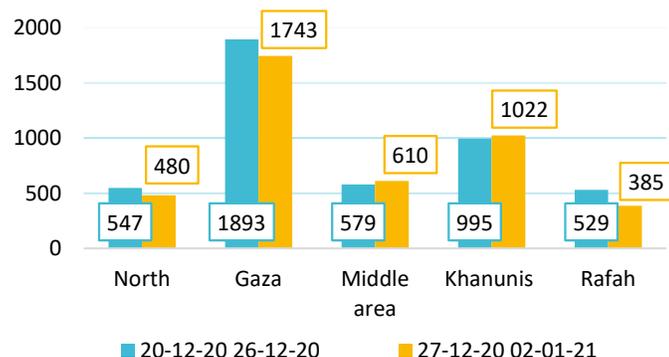


Figure 1: Newly reported weekly COVID-19 cases in Gaza Strip districts

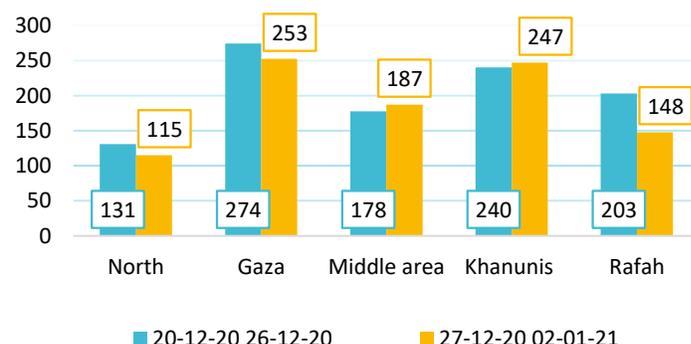


Figure 2: Incidence of weekly COVID-19 reported cases per 100,000 population in Gaza Strip districts

- 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.
- Comparing the two maps (Figure 3) produced on 21 and 30 December, the number of red coded neighbourhoods decreased by almost 12 areas.



Figure 3: Geographical distribution of newly reported COVID-19 cases (7days average) in Gaza Strip neighborhoods

POSITIVITY RATES

- COVID-19 tests positivity rates slightly increased in the Gaza and Middle Area districts, with a decrease in the North, Khanunis and Rafah districts (Figure 4).
- The total positivity rate slightly decreased from 29.6% to 28.7% when comparing the two reporting periods.
- The positivity rates also decreased among all testing categories as presented in the table above.
- The overall positivity rate reached 16.3%.

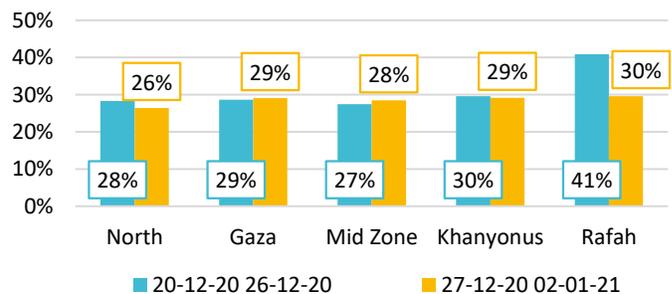


Figure 4 : Reported COVID19 weekly positivity rates at Gaza Strip districts

DISTRIBUTION OF COVID-19 DEATHS

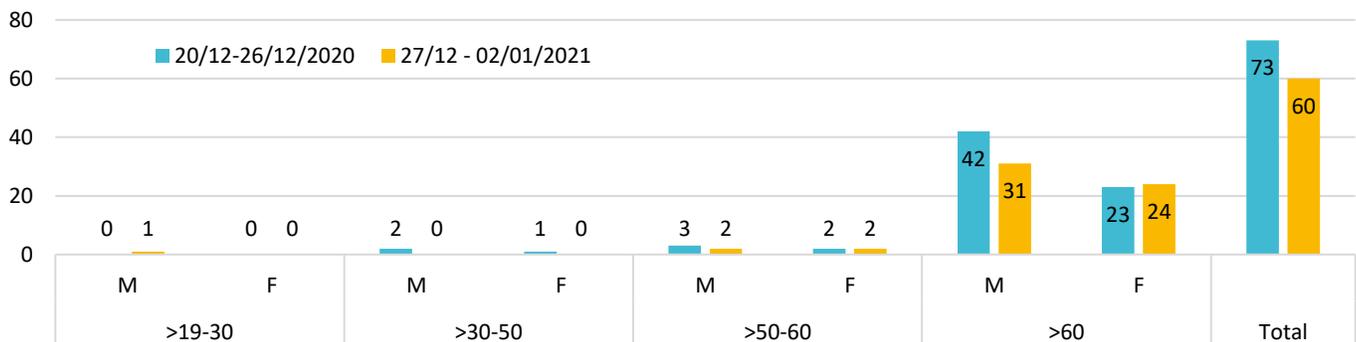


Figure 5 : Distribution of COVID-19 reported weekly deaths by age groups and gender

- Figure 5 illustrates the distribution of deaths by gender and age groups in the two reporting weeks.
- After the continual increase in reporting of COVID-19 deaths during November and December 2020, the reported deaths between 27 December to 2 January 2021 decreased to 60 compared to 73 reported deaths between 20-26 December 2020. Unless this decrease will continue to appear in the coming periods, no conclusions can be drawn at this stage.
- Similar to earlier reports, the majority of reported COVID-19 deaths are from the age group above 60.

- A total of 65 deaths (42 Males and 23 females) were reported among the age group above 60 between 20-26 December with a decrease to 55 (23 Males and 24 females) in the previous period.
- According to MOH, the total reported deaths since the start of COVID-19 outbreak in the Gaza Strip up to 2 January 2021 reached 391 with an accumulative COVID-19 fatality rate of 0.92% (391 deaths out of 42,198 COVID-19 cases).
- Out of the 391 deaths, 216 were males (55%) and 175 were females (45%).

DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER

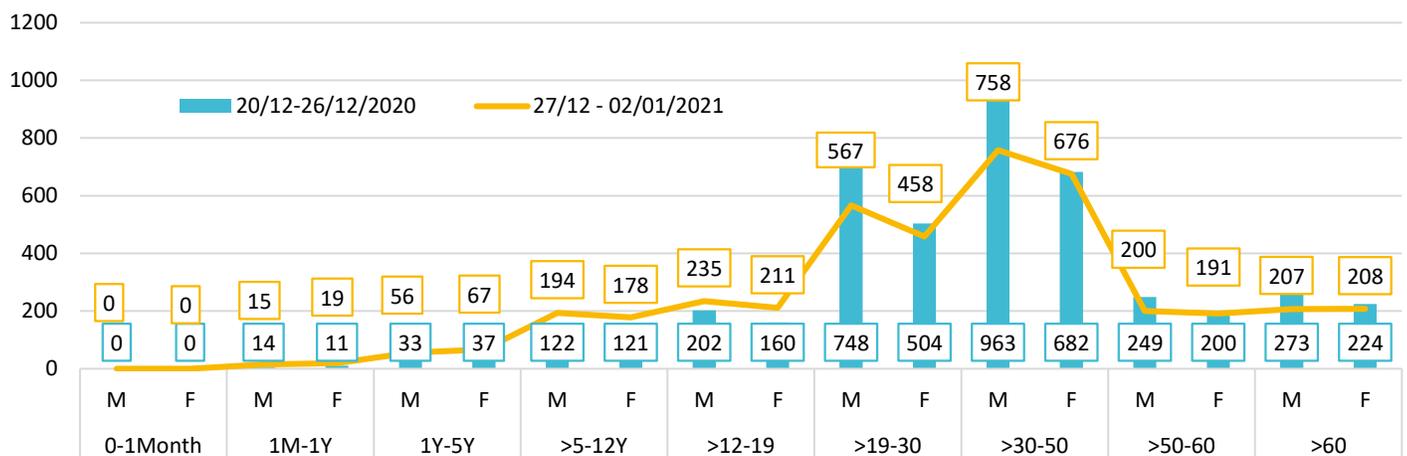


Figure 6: New weekly reported COVID-19 cases distributed by age groups and gender

- Figure 6 presents the newly reported COVID-19 cases distributed by age group and gender comparing between the two reporting weeks.
- Although the number of newly reported COVID-19 cases decreased among all age groups above 19 years, an increase in reported cases appeared among younger age groups (19 and below) noting that no changes in social measures occurred during the two reporting periods. This observation requires further monitoring
- There is a slight decrease in reported COVID-19 cases among older age groups (above 60) but this decrease is not significant, hence further measures should be considered to protect this vulnerable group.
- 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.

DISTRIBUTION OF COVID-19 CASES BY SEVERITY

- The total accumulative admitted moderate cases increased to 62 cases on 2 January 2021 from 51 on 26 December 2020.
- Accumulative admitted severe cases decreased to 144 from 175 cases and critical admitted cases decreased to 31 from 37.
- This decrease come in line with decrease in number of newly reported COVID-19 cases and the lower number of reported deaths. Yet, the number of admitted cases at severe level is still higher than moderate cases, reflecting inadequate access to care at early stage before deterioration to severe and critical.

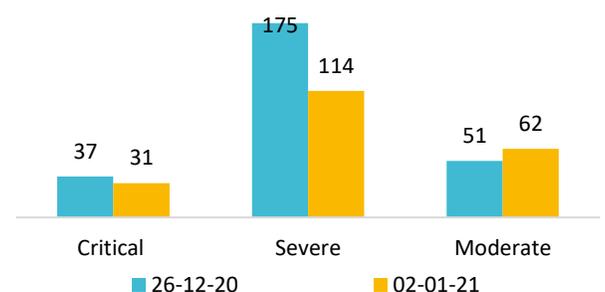


Figure 7: Classification of hospital admitted COVID-19 patients by severity

HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

- MOH declared increasing their high dependency and ICU bed capacity up to 240 beds: 200 at COVID-19 assigned health facilities (European Gaza Hospital and Turkish hospital) and 40 located in other hospitals in the Gaza Strip (Shifa, Al Aqsa, Indonesian and Nasir hospital).
- The total COVID-19 bed occupancy rates decreased to 55% on 2 January 2021 from 73% on 26 December 2020 (Figure 8).
- The high dependency and ICU occupancy rates decreased to 60% on 2 January 2021 from 88% on 26 December 2020.

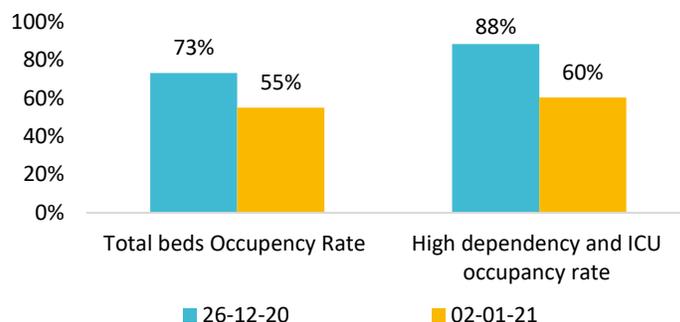


Figure 8: Occupancy rates of COVID-19 beds classified by type of bed

HEALTH CARE WORKERS INFECTIONS¹

- Number of newly reported COVID-19 infections among health workforce decreased to 131 between 27 December to 2 January 2021 compared to 203 between 20-26 December 2020.
- Accordingly, the number of active COVID-19 cases decreased among all health workforce categories both among males and females to 334 cases on 2 January 2021 from 495 on 26 December 2020 (Figure 7).
- Most of the newly reported weekly COVID-19 cases among health workforce were in hospital settings representing around 55% between 27 December 2020-2 Jan 2021 and 68% of total cases between 20-26 December 2020.
- There is an increase in reported COVID-19 infections among health workforce working at different administrative departments, engineering, pharmacy and supportive services, representing 27% of the total newly reported cases between 27 December 2020-2 Jan 2021 compared to 14% in the preceding week.

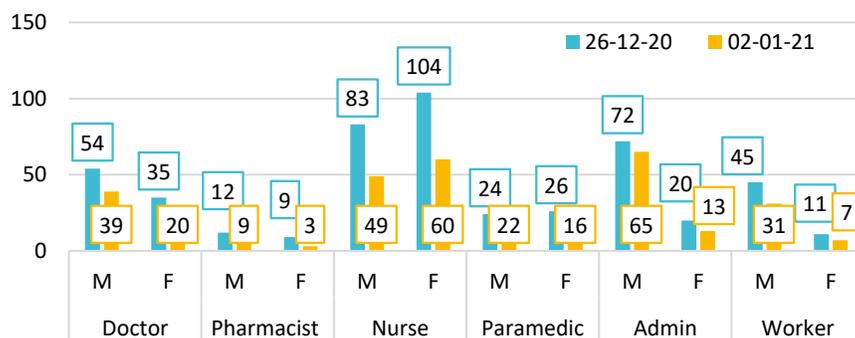


Figure 9: Active COVID-19 cases among health workforce distributed by profession and gender

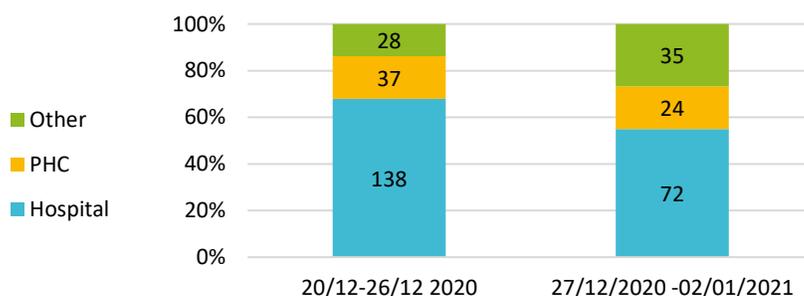


Figure 10: Distribution of newly weekly reported COVID-19 cases among health workforce by work setting

¹ Health workforce data was modified adding NGOs and UNRWA health workforce thus the presented numbers in the period from 20-26 December 2020 are higher than in the previously published report

CONCLUSIONS AND RECOMMENDATIONS

- There is a slight decrease in the total newly reported COVID-19 cases and positivity rates among all testing categories. This observation is noticed during the last three reporting weeks. This might reflect the success in flattening the curve of COVID-19 infection after implementing stricter public health measures. Yet, further monitoring is needed to draw a solid conclusion.
- Although there is a noticeable decrease in reported COVID-19 cases among age groups older than 19, there is an increase in reported cases among age groups of 19 and below. It is recommended to closely monitor this situation and study possible root causes.
- Maintaining the current movement restrictions and other public health measures is crucial. In addition, proper plans should be prepared for gradual ease of the measures if the decline in reporting COVID-19 cases continues. A rapid easing of measures should be avoided at this stage and monitoring processes should be strengthened to manage cases for rapid detection and isolation.
- 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.
- Maintaining and increasing COVID-19 testing capacity is critical in breaking the chains of transmission at community level.
- Awareness campaigns and other active behavioural change communication methods should be maintained by MOH, 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.
- Further enforcement of IPC measures should be implemented at all hospitals and PHC facilities joined with further administrative and operations departments within MOH to avoid further increase of COVID-19 infection.
- 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.