

COVID-19 CASES IN THE GAZA STRIP

Weekly epidemiological bulletin from (21/02 TO 27/02 2021) AND (28/02 TO 06/03)

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

GENERAL

Reporting Period	Weekly cases		Cumulative
	21-02-21 27-02-21	28-02-21 06-03-21	accumulative since 23/8/2020
# of samples tested	total 11,524	12,860	382,205
# of positive cases	total 780	1,054	56,233
# of closed cases	total 53,441	54,321	
# recovered cases (%closed)	52,891 (99%)	53,761 (99%)	
# reported deaths (%closed)	550 (1%)	560 (1%)	
Classification of positive cases by severity*	Mild	750	1,021
	Moderate	19	6
	Severe	8	23
	Critical	3	4
Positivity rates (weekly)	total	6.77%	14.7%
	contacts	21.8%	28.7%
	suspect	17.0%	16.6%
	surveillance	1.6%	1.6%

* 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.

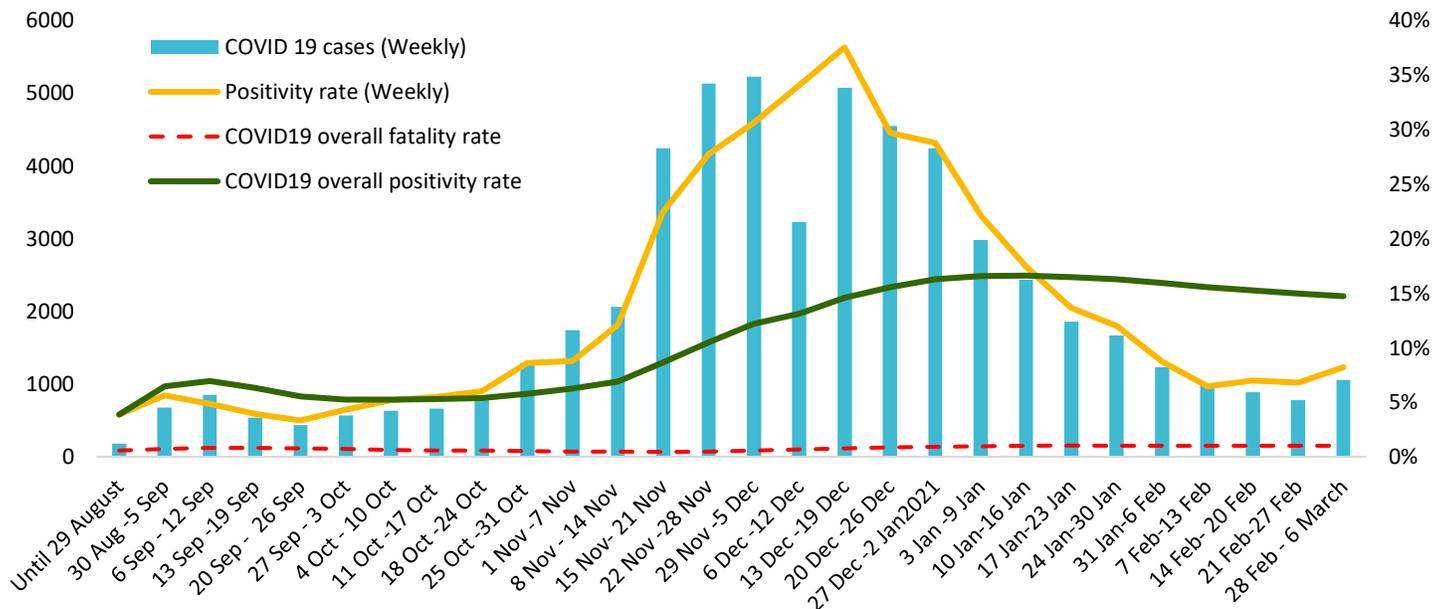


Figure 1: Reported weekly COVID-19 cases, weekly positivity rates, overall positivity rates and overall fatality rates

- Increase in total COVID-19 reported cases in all Gaza Strip districts (Figure 2).
- Increase in total number of conducted tests to 12,860 between 28 February-6 March from 11,524 between 21-27 February 2021.
- Increase in incidence per 100,000 populations in all Gaza Strip districts after a period of eight weeks of decrease (Figure 3).

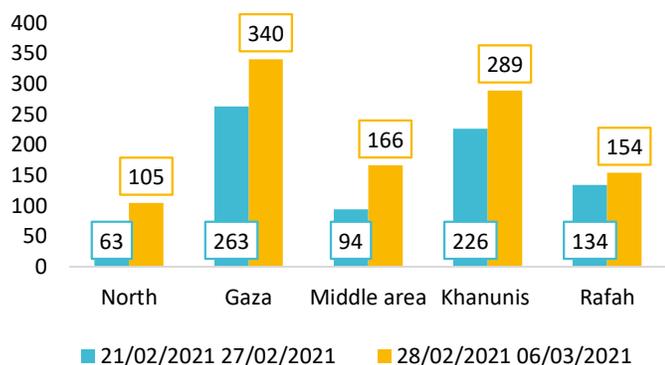


Figure 2: Newly reported weekly COVID-19 cases in Gaza Strip districts

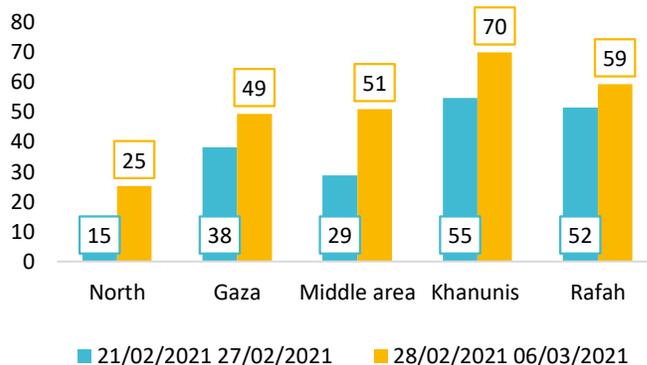
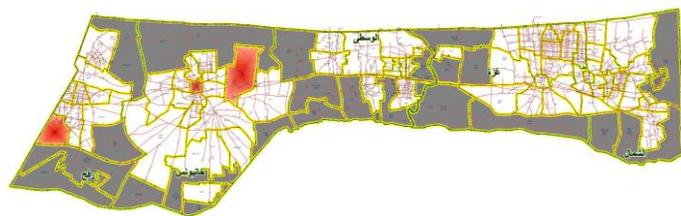


Figure 3: Incidence of weekly COVID-19 reported cases per 100,000 population in Gaza Strip districts

- No red coded area on 2 March 2021 compared to three red coded areas on 23 February 2021. The newly reported COVID-19 cases were detected at Primary Health Care (PHC) centres and respiratory isolation points, hence did not lead to localized outbreaks in specific areas.



23 February 2021



2 March 2021

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

POSITIVITY RATES

- Increase in weekly COVID-19 positivity rates between 28 February-6 March to 8.2% from 6.77% between 21-27 February 2021 (Table on page 1).
- Increase in positivity rates along all Gaza Strip districts (Figure 5).
- Increase in weekly positivity rates among contacts (from 21.8% between 21-27 February to 28.7% between 28 February-6 March 2021)
- Decrease in weekly positivity rates among suspected cases
- No change in weekly positivity rates among random surveillance cases.
- Overall positivity rate up to 6 March 2021 continued to decrease and reached 14.7%.

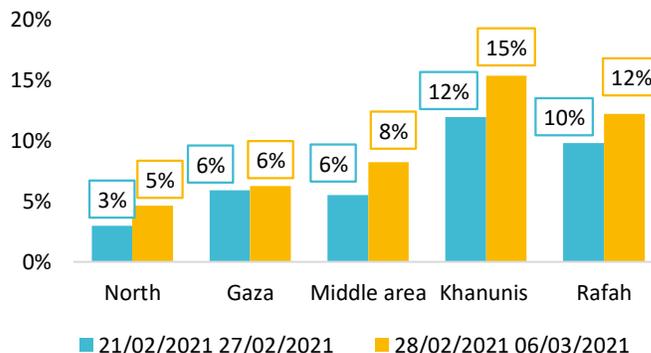


Figure 5: COVID-19 weekly positivity rates distributed by districts

DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER

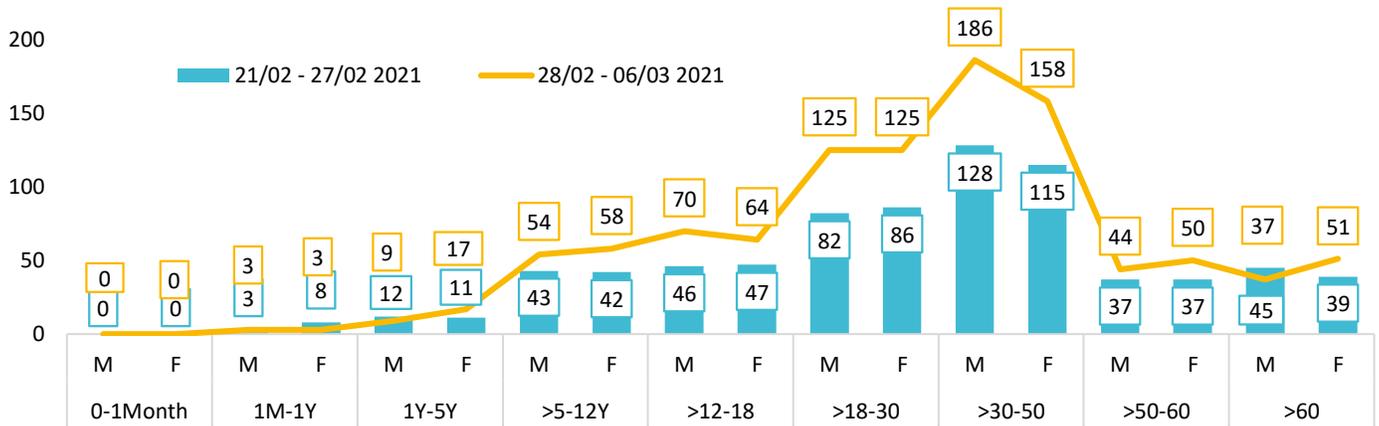


Figure 6: Weekly newly reported COVID-19 cases distributed by age groups and gender

- Increase in reported COVID-19 cases among all age groups (above 5 years) both among males and females (except for males >60 years). This is the first reported increase among all age groups in the past 6 weeks. According to the Ministry of Health (MOH), this increase can be attributed to increased testing for COVID-19 cases at PHC and respiratory isolation points. This increase should be closely monitored especially among older age groups.
- Highest number of COVID-19 cases continues to be reported among people aged 18 to 50 among males and females.

DISTRIBUTION OF COVID-19 DEATHS

- Increase in number of reported COVID-19 deaths to 10 deaths between 28 February-6 March from 7 between 21-27 February 2021 (Figure 7).
- Majority of reported COVID-19 deaths are among people aged 60 years and older (Figure 7). Four male and four female deaths among the over 60 years age group were reported between 28 February-6 March compared to four male deaths between 21-27 February 2021.
- Total reported deaths since the start of COVID-19 outbreak in the Gaza Strip until 27 February 2021 reached 560 with an accumulative COVID-19 fatality rate of 1%. Out of the 560 COVID-19 reported deaths, 319 were males (57%) and 241 were females (43%).

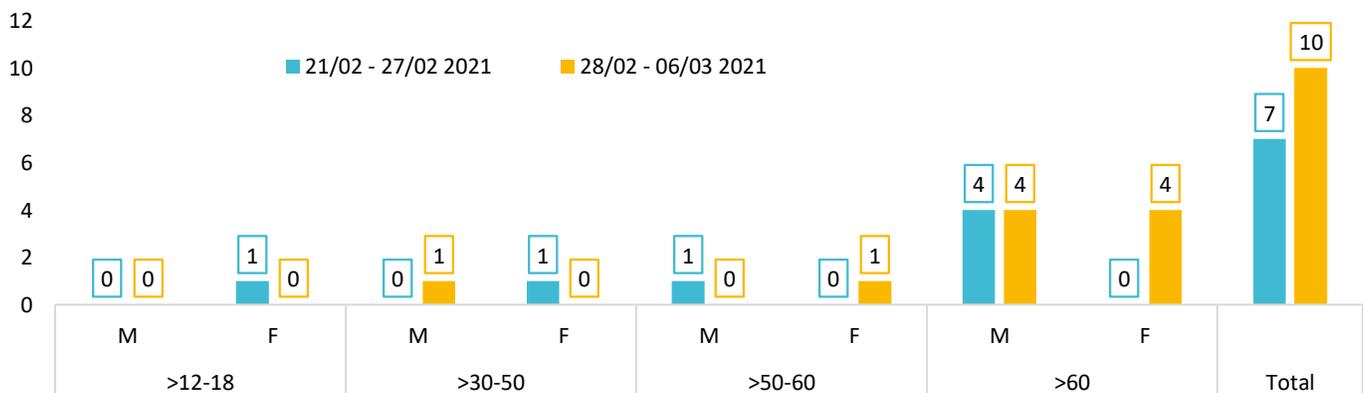


Figure 7: Distribution of reported COVID-19 deaths by age groups and gender

DISTRIBUTION OF COVID-19 CASES BY SEVERITY

- Decrease in accumulative moderate cases admitted to hospitals to 16 on 6 March from 27 cases on 27 February 2021
- Increase in accumulative severe cases admitted to hospitals to 34 cases on 6 March from 16 cases on 27 February 2021 (Figure 8). According to MOH, this increase is due to improved monitoring and follow-up of registration and classification of cases.
- increase in accumulative critical cases admitted to hospitals to 9 cases on 6 March from 8 cases on 27 February 2021.

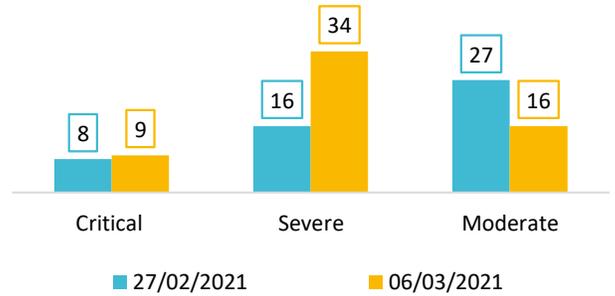


Figure 8: Classification of accumulative hospital admitted COVID-19 patients by severity

HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

- Increase in total COVID-19 bed occupancy rates to 14% on 6 March 2021 compared to 12% on 27 February 2021.
- Increase in occupancy rates at high dependency units and ICU to 18% on 6 March from 10% on 27 February 2021 (Figure 9), in line with the increase in accumulative number of hospital-admitted COVID-19 patients at severe and critical conditions

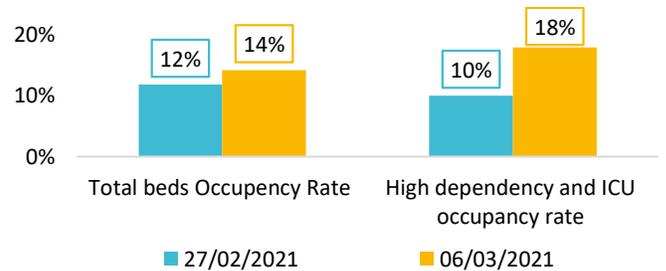


Figure 9: Occupancy rates of COVID-19 beds classified by type of bed

HEALTH CARE WORKERS INFECTIONS

- Decrease in total number of active COVID-19 cases among health care workers to 40 on 6 March from 45 on 27 February 2021 (Figure 10).
- Increase in reported COVID-19 infections among health workforce to 26 between 28 February-6 March from 14 between 21-27 February 2021 (Figure 11).
- Fluctuating number of newly infected health care workers with COVID-19 in the last four weeks may reflect under reporting of cases.
- Around 50% of the newly infected workers between 28 February-6 March were working at hospitals (Figure 11).

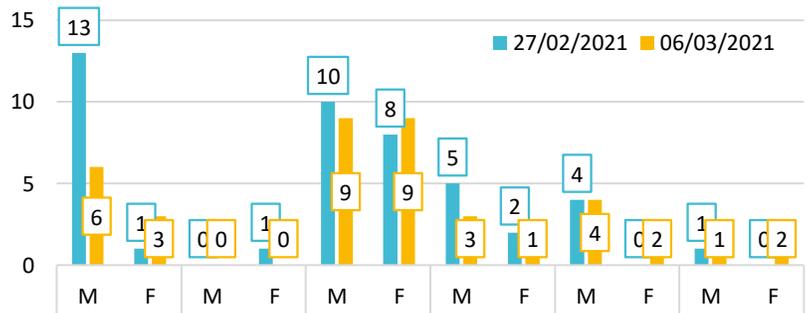


Figure 10: Active reported COVID-19 cases among health workforce distributed by gender and profession

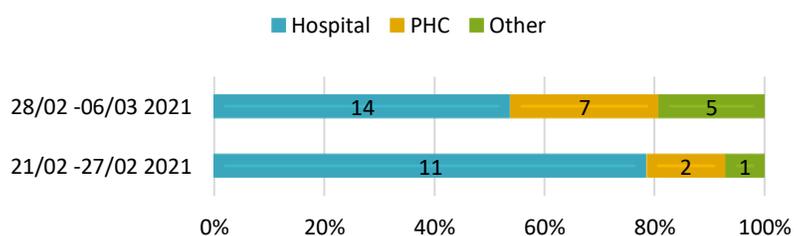


Figure 11: Distribution of newly weekly reported COVID-19 cases among health workforce distributed by work setting

COVID-19 VACCINATION

- National vaccination campaign was launched in Gaza Strip on 22 February 2021 in parallel with established specific vaccine distribution criteria for elderly population with chronic health conditions, frontline health care workers and other patients with life-threatening health conditions.
- So far, 22,000 doses of COVID-19 vaccines have been delivered in Gaza from the Palestinian Authority (2,000 doses) and a donation from UAE (20,000 doses).
- Up to 6 March 2021, 3,415 frontline health workers and community members received COVID-19 vaccinations in three MOH clinics (1,540 doses administered) and three UNRWA clinics (1,875 doses administered). More vaccination points will be opened once more vaccines will arrive.

CONCLUSIONS AND RECOMMENDATIONS

- Increase in newly reported COVID-19 cases and positivity rates among almost all age groups and all Gaza Strip districts, after a seven-week continued decrease. Most cases are detected at PHC clinics and respiratory isolation points.
- 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.