

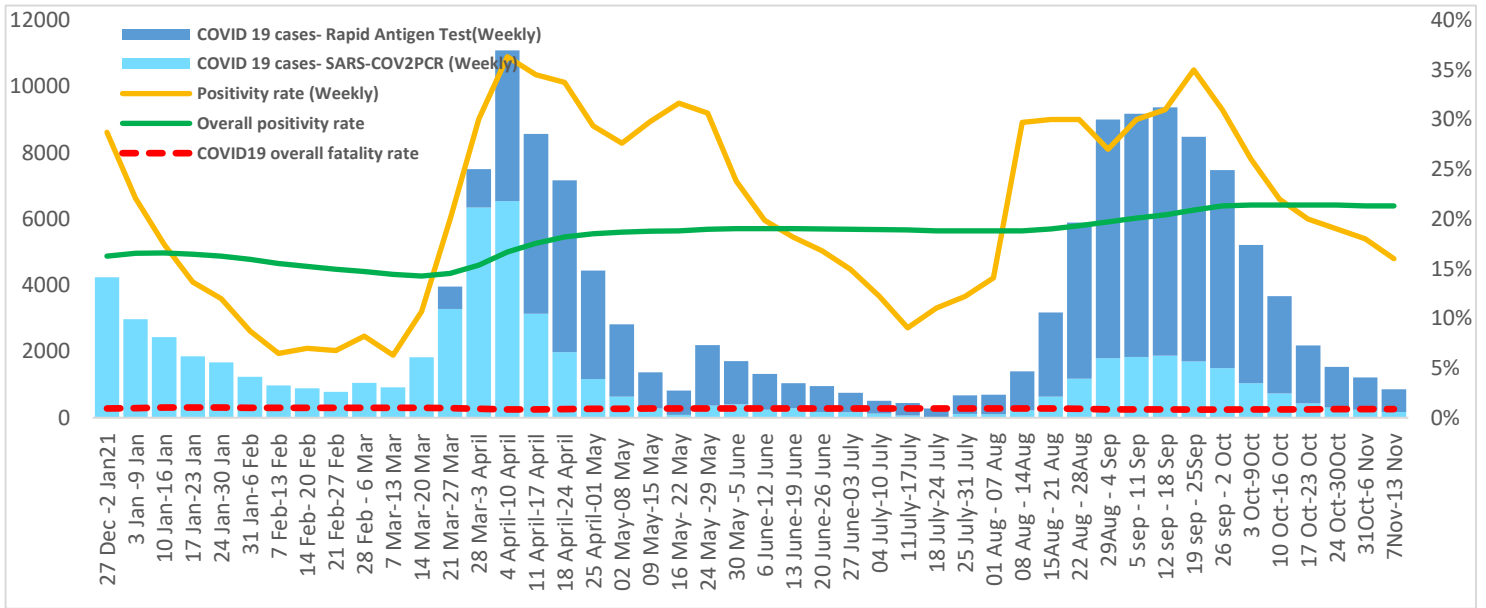
COVID-19 CASES IN THE GAZA STRIP

Monthly epidemiological bulletin from (16/09 TO 15/10 2021) AND from (16/10 TO 16/11 2021)

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

GENERAL

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



	Monthly cases		Cumulative	
Reporting Period	16/09/2021 15/10/2021	16/10/2021 15/11/2021	accumulative since 23/8/2020	
Total No. of samples tested	91819	33649	873047	
Total No. of positive cases	27247	6225	185862	
Total No. of closed cases	169855	184121		
Total No. recovered cases (%closed)	168354 (99.11%)	182496(99.12%)		
Total No. reported deaths (%closed)	1507 (0.89%)	1625(0.88%)		
Classification of positive cases by severity*	Mild	27016	6110	
	Moderate	68	46	
	Severe	106	31	
	Critical	39	38	
Positivity rates	Total	29.7%	18.5%	21.3%
	- contacts	12.3%	0%	
	- suspect	30.1%	18.7%	
	-surveillance	9.9%	6.4%	

* 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 two months: the period between Sep 16th and Oct 15th, 2021, and between the period Oct 16th and November 15th, 2021.
- During both periods, Ministry of Health (MoH) tested for COVID-19 only for suspected cases and travelers who need Covid-19 free certificate. There were no tests conducted for contacts of COVID-19 patients during the period between Oct 16th and November 15th, 2021.
- There was a decrease in the number of conducted COVID-19 tests between the two periods from **91819** to **33649**. Accordingly, there was a significant decrease in reported cases from **27247** between Sep 16th and 15 Oct 15th to **6225** between 16th and November 15th. As shown in Figures 2 and 3, there was a decrease in the total number of new cases and the incidence rate of COVID-19 infection per 100,000 population in all districts during the second period.
- Due to the decline in the incidence of COVID-19 infection, MoH considered the period between Oct 16th and November 15th, 2021 as the last phase of the third epidemiological wave.

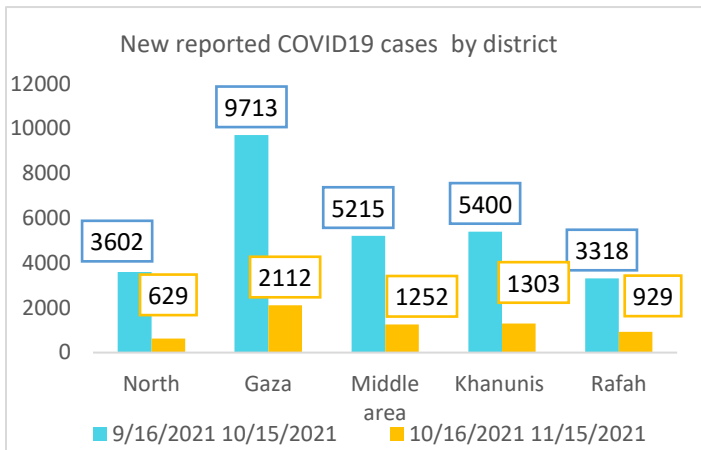


Figure 2: Newly reported weekly number of COVID-19 cases in the Gaza Strip districts

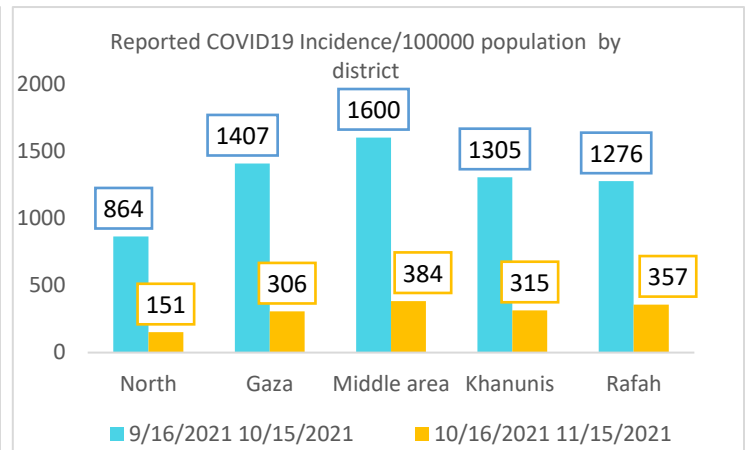
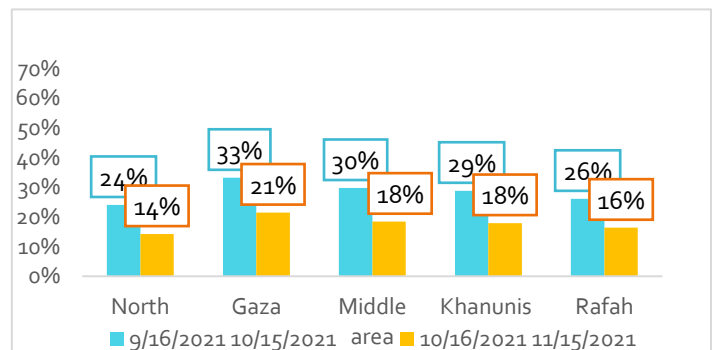


Figure 3: Incidence of weekly COVID-19 reported cases per 100,000 population in the Gaza Strip districts

POSITIVITY RATES

- Decrease in total positivity rate from 29.7% in first period to 18.5% in the second period (Table 1).
- Comparing between the two periods, positivity rates decreased among all targeted categories (suspected, and surveillance) (Table on page 1).

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



DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER

- There was a significant decrease in the reported number of cases among all age groups between the two periods (Figure 5)
- The highest decrease in the reported new cases COVID-19 cases was among males and females between the ages 18 to 50 years (Figure 5)

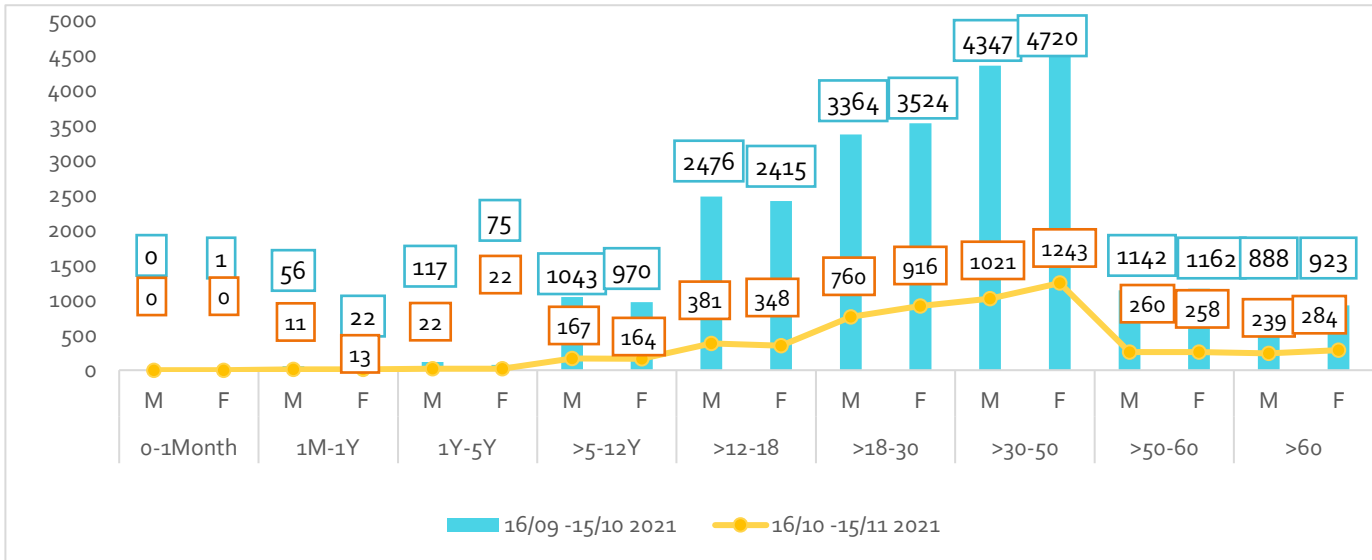


Figure 5: Weekly newly reported COVID-19 cases distributed by age groups and sex

DISTRIBUTION OF COVID-19 DEATHS

- The total number of deaths decreased between the two study periods: from 262 to 118, respectively. COVID-19 deaths decreased from 133 to 51 deaths among males, to 129 to 67 among females.
- The majority of reported COVID-19 deaths were among males and females aged 60 years and older (Figure 6).
- Since the beginning of COVID-19 outbreak in the Gaza Strip until 15 Nov, the total number of reported deaths was **1625** with an accumulative COVID-19 fatality rate around 0.88%. Out of the **1625** COVID19 reported deaths, **899 (55%)** were males and **726 (45%)** were females.
- Out of the 726 reported COVID-19 deaths among females, **21** deaths were of pregnant women or women who just gave birth. It is worth mentioning that the number of total maternal mortality cases from beginning 1/1//2021-15/11/2021 is **30 cases**.

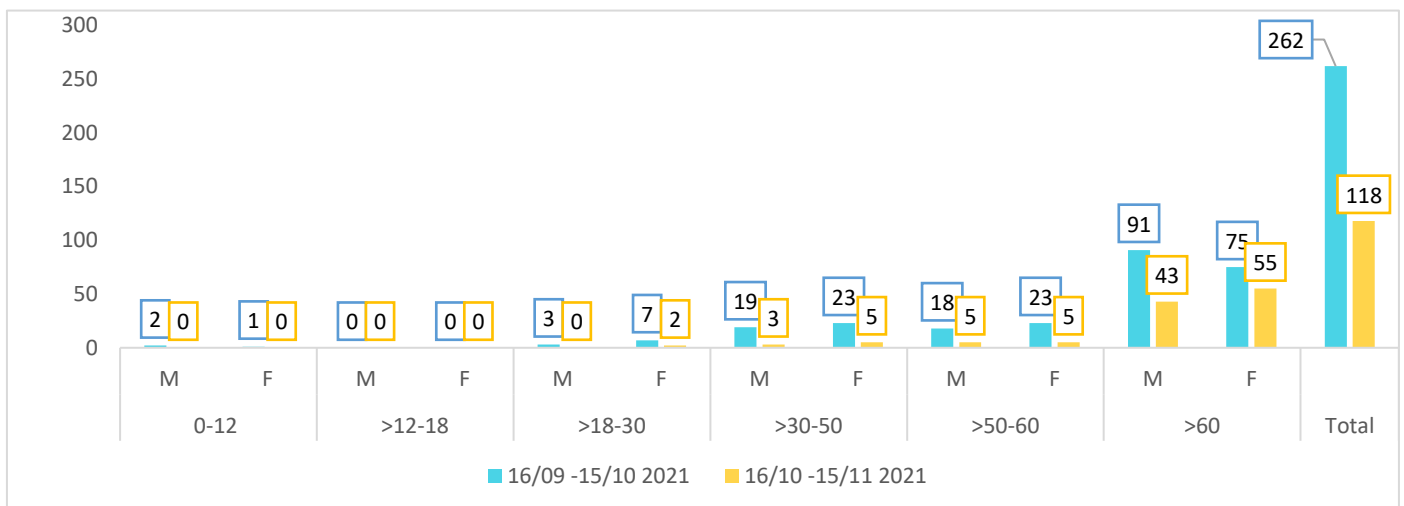


Figure 6: Distribution of reported COVID-19 deaths by age groups and gender

DISTRIBUTION OF COVID-19 CASES BY SEVERITY

- The cumulative number of critical and severe cases admitted to hospitals decreased from 136 in the first period to 48 cases in the second period (Figure 7).

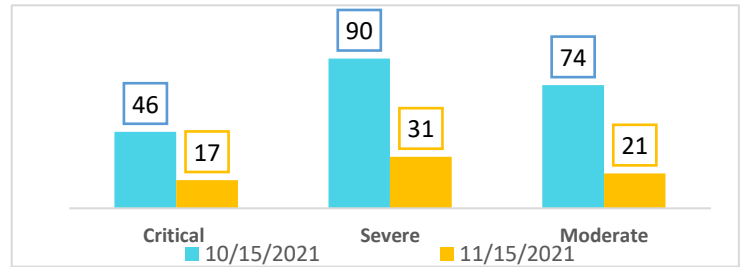
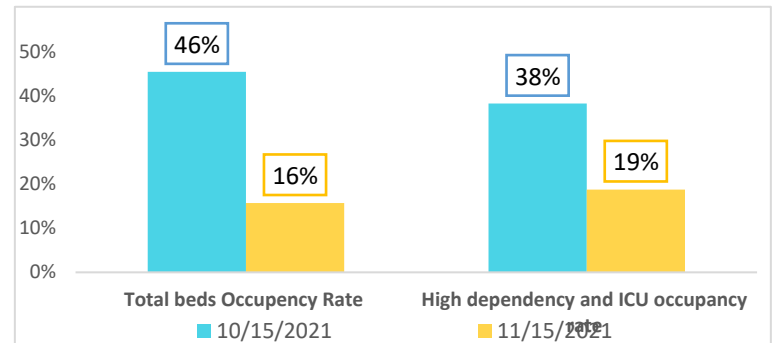


Figure 7: Classification of cumulative hospital admitted COVID-19 patients by severity

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.
- Between Oct 15th, 2021 to Nov 15th 2021, total COVID-19 bed occupancy rates decreased from 46% to 16% (Figure 8) and the Occupancy rate decreased from 38% to 19% for ICU and high dependency beds.



COVID-19 INFECTION AMONG HEALTH CARE WORKERS

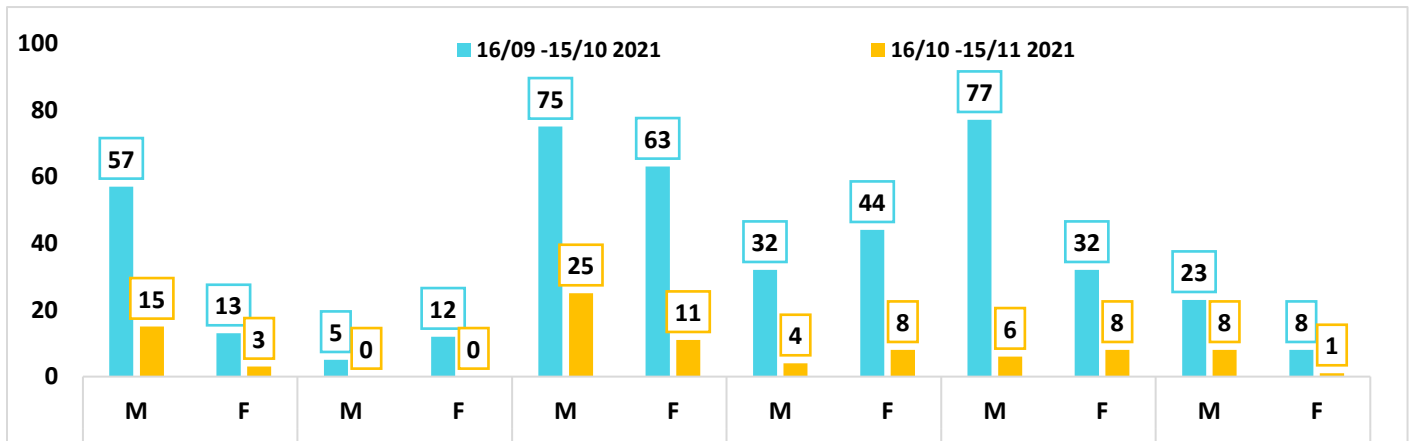


Figure 9: newly reported COVID-19 cases among health workforce distributed by gender and profession

- Between the two study periods, reported COVID-19 cases among health care workers significantly decreased from 441 to 89 cases. The decrease in the number of COVID-19 infections was observed among all health care workers. Figure 9 shows the distribution of cases by sex and profession.

COVID19 VACCINATION

- MoH in Gaza Strip received **1606760** doses of COVID-19 vaccine until Nov 15th ,2021 (Table 2).
- Until Nov 15th, **493542** received their first vaccination dose ,**253806** received their second vaccination dose. and **16521** received their third dose. Remaining doses are **842891**.

TYPE OF VACCINE	QUANTITY
AstraZeneca	58000
Pfizer	1056210
Sputnik V	60700
Sputnik light	211850
Sino-Pharm	20000
Moderna	200000
TOTAL	1606760

Table2: Types of delivered vaccines

CONCLUSIONS AND RECOMMENDATIONS

- Despite the decrease in recorded cases, the possibility of a new wave still exists, and all necessary precautions must be taken to reduce the risks.
- Per WHO recommendations, MoH need 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
- 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.
- It is vital to maintain full capacity of trained staff, medicines, and supplies to maintain the quality of care for patients and be prepared for any coming rise in cases.
- Need for investigation of the 21 cases of maternal mortality due to COVID-19 infection for lessons learned to prevent future deaths.
- 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 isolate cases and spread the transmission of the COVID-19 infection