

# COVID-19 CASES IN THE GAZA STRIP

Weekly epidemiological bulletin from (07/03 TO 13/03 2021) AND (14/03 TO 20/03)

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

## GENERAL

Reporting Period	Weekly cases		Cumulative
	07-03-21 13-03-21	14-03-2021 20-03-2021	accumulative since 23/8/2020
# of samples tested	<b>total</b> 14,596	17,067	413,868
# of positive cases	<b>total</b> 918	1,822	58,972
# of closed cases	<b>total</b> 55,086	56,068	
# recovered cases (%closed)	54,520 (99%)	55,486 (99%)	
# reported deaths (%closed)	566 (1%)	582 (1%)	
Classification of positive cases by severity*	<b>Mild</b>	875	1,773
	<b>Moderate</b>	29	12
	<b>Severe</b>	6	35
	<b>Critical</b>	8	2
Positivity rates (weekly)	<b>total</b>	6.29%	14.2%
	<b>contacts</b>	23.8%	29.7%
	<b>suspect</b>	20.2%	29.0%
	<b>surveillance</b>	1.4%	2.7%

\* 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.

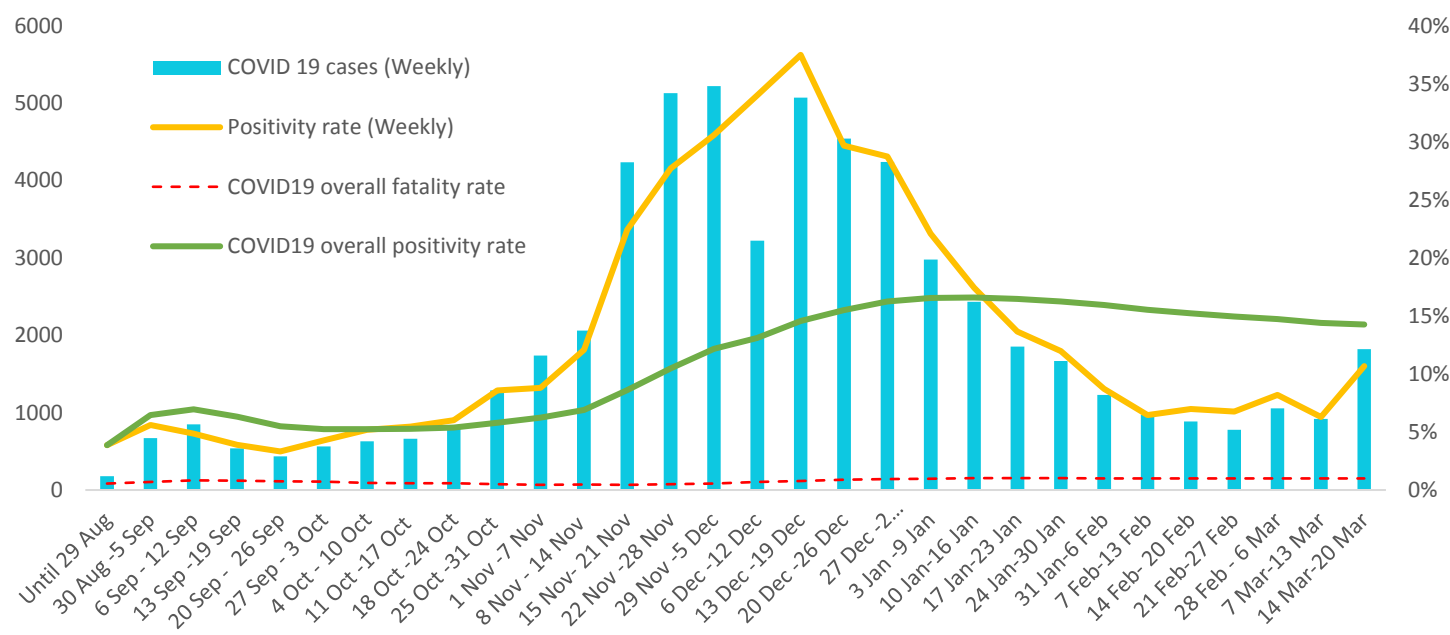


Figure 1: Reported weekly COVID-19 cases, weekly positivity rates, overall positivity rates and overall fatality rates

- Total number of conducted tests increased to 17,067 between 14-20 March from 14596 between 6-13 March 2021.
- Number of newly reported COVID19 cases jumped to 1822 between 14-20 March compared with 918 between 6-13 March (Figure 1). Disaggregated by districts, both newly reported COVID19 cases and incidence per 100,000 (Figures 2,3).

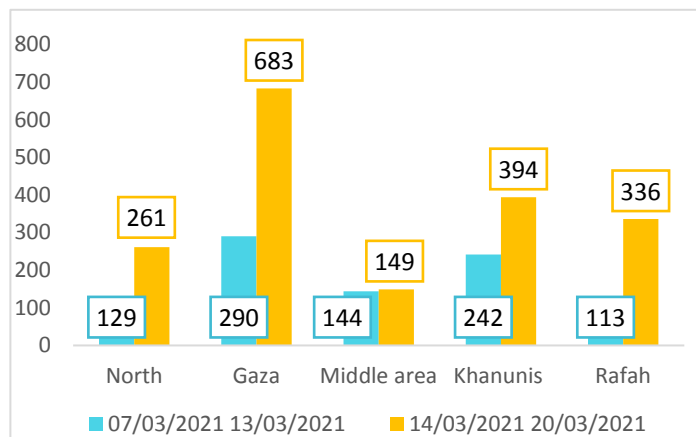


Figure 2: Newly reported weekly COVID-19 cases in Gaza Strip districts

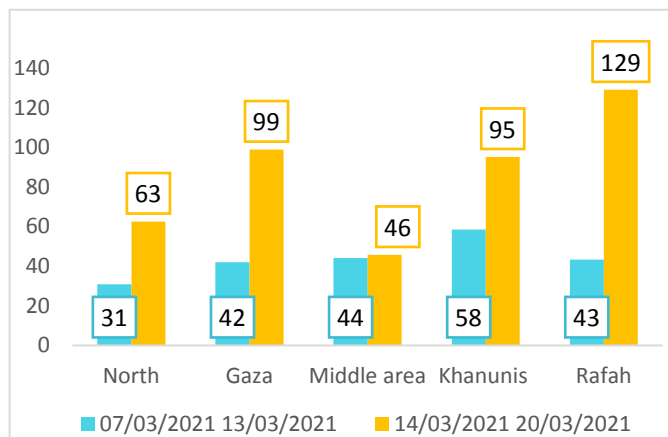


Figure 3: Incidence of weekly COVID-19 reported cases per 100,000 population in Gaza Strip districts

- As presented in figure 4, three areas located at Khanunis and Rafah districts became red coded on 15<sup>th</sup> March. In addition, around 12 areas are coded with yellow colour reflecting that these areas might become red coded if the increase continued during the coming 7 days.



11 March 2021



15 March 2021

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

## POSITIVITY RATES

- An increase in weekly COVID-19 positivity rate was observed between 14-20 March where it reached 10.68% compared to 6.29% between 6-13 March 2021. Weekly positivity rates also increased among the three testing categories (Contacts, surveillance, and suspected cases) comparing between the two weeks (Table on page 1).
- An increase in weekly positivity rates was observed along Gaza Strip five districts (Figure 5).
- Overall positivity rate up to 20 March 2021 reached 14.2%.

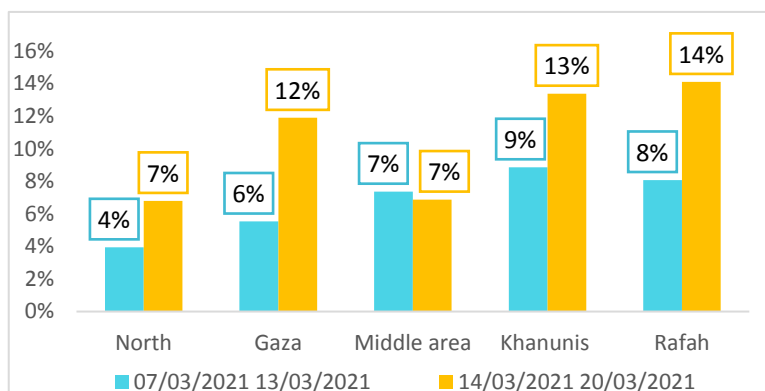


Figure 5: COVID19 weekly positivity rates distributed by districts

## DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER

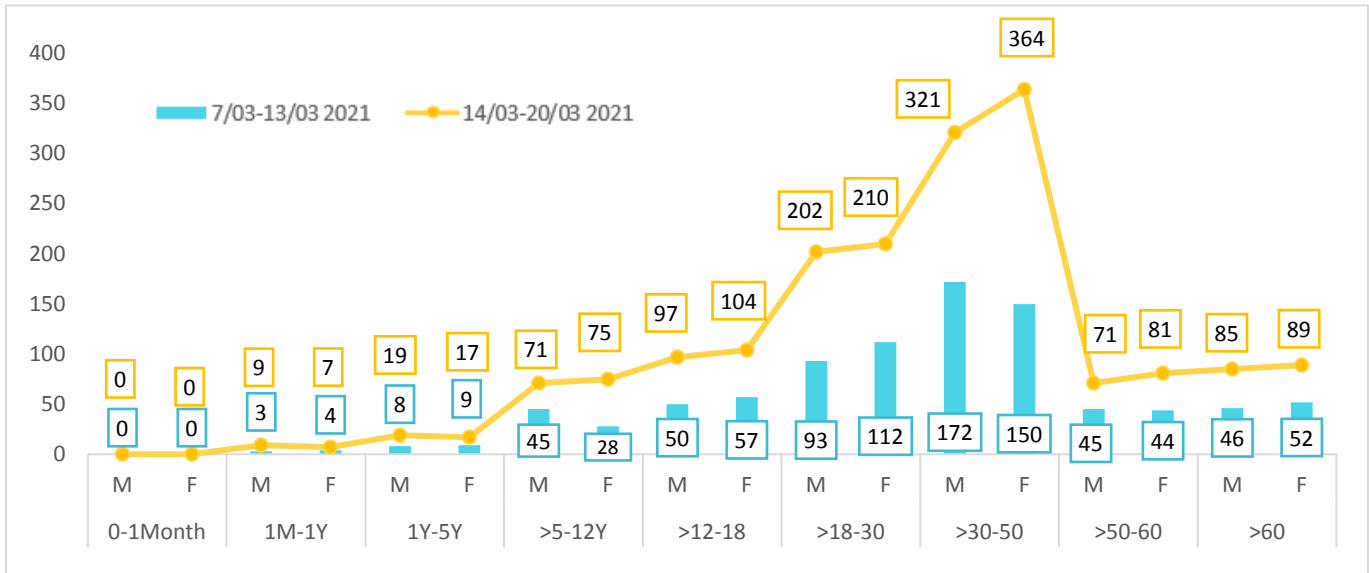


Figure 6: Weekly newly reported COVID-19 cases distributed by age groups and gender

- Increase is observed among all age groups between 14-20 March compared to the period between 6-March 2021.
- As usually reported, highest reported COVID-19 cases are among people aged 18 to 50 among males and females at the two reporting periods.

## DISTRIBUTION OF COVID-19 DEATHS

- Number of reported COVID19 deaths increased to 16 deaths (9 males, 7 females) between 14-20 March compared to 6 reported deaths between 7-13 March 2021 (Figure 7).
- Majority of reported COVID-19 deaths are from people aged 60 years and older (Figure 7). 7 male and 5 female deaths were reported in the period between 14-20 March 2021 in comparison with 3 male deaths and 2 female deaths in the period from 7-13 March 2021. In addition, 2 Deaths among younger age groups (>30-50 years) were reported in the period between 14-20 March.
- Total reported deaths since the start of COVID-19 outbreak in the Gaza Strip until 20 March reached 582 with an accumulative COVID-19 fatality rate of 1%. Out of the 582 COVID19 reported deaths, 331 were males (57%) and 251 were females (43%).

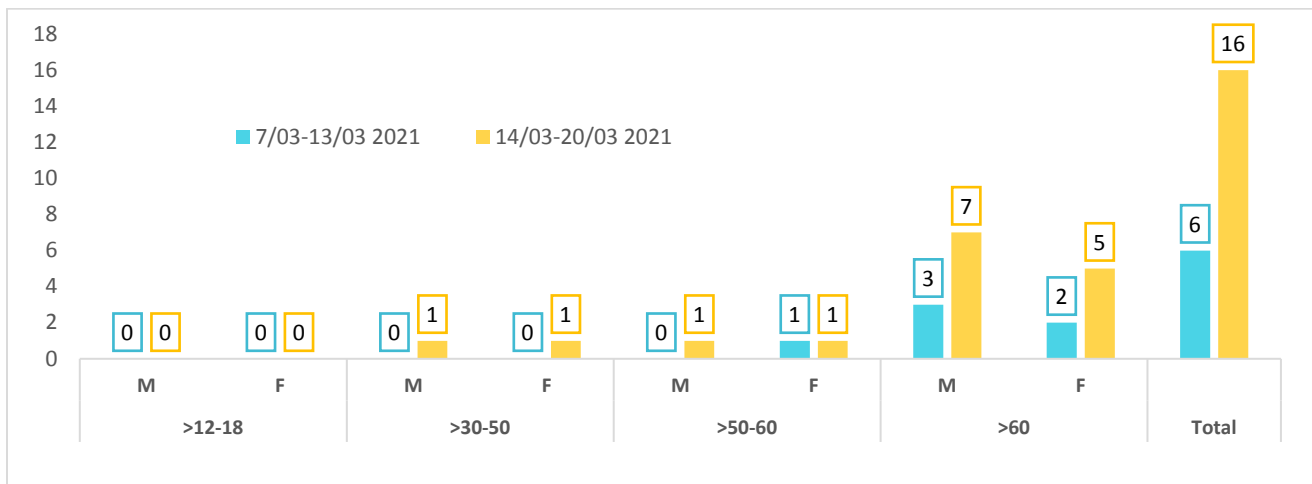


Figure 7: Distribution of reported COVID-19 deaths by age groups and gender

## DISTRIBUTION OF COVID-19 CASES BY SEVERITY

- Cumulative moderate cases admitted to hospitals decreased to 22 on 20 March compared to 25 cases on 13 March 2021 (Figure 8).
- Cumulative severe cases admitted to hospitals increased to 58 cases on 20 March compared to 31 cases on 13 March 2021 (Figure 8).
- Cumulative critical cases admitted to hospitals decreased to 14 cases on 20 March compared to 17 cases on 13 March 2021. This appeared decrease in critical cases might be explained by the high increase in reported COVID19 deaths after being admitted at critical health situation during the week 14-20 March.

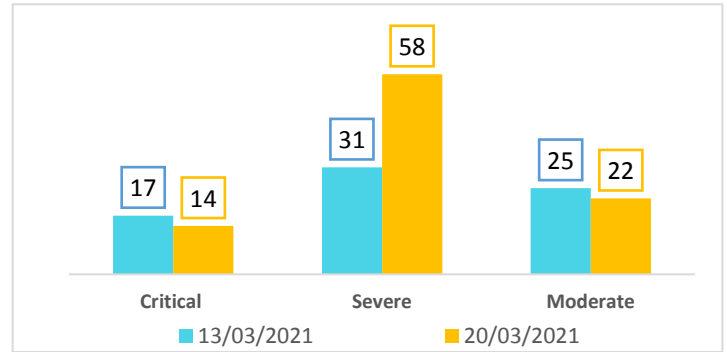


Figure 8: Classification of cumulative hospital admitted COVID-19 patients by severity

## HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

- MOH declared re-arrangements of COVID19 beds capacity at governmental hospitals. Number of available high dependency and ICU beds are 190 (145 high dependency and 45 ICU) and total number of COVID19 beds became 392. In cases of emergency, MOH prepared a plan to increase the high dependency and ICU bed capacity up to 292 beds.
- Based on the new beds availability, total COVID19 bed occupancy rates increased to 30% on 20 March 2021 compared with 24% on 13 March 2021 (Fig 9).
- In line with the increase in cumulative number of hospital-admitted COVID-19 patients at severe and critical conditions, the occupancy rate at high dependency and ICU increased from 25% up to 38% comparing between 13 March 2021 and 20 March 2021 (Figure 9).

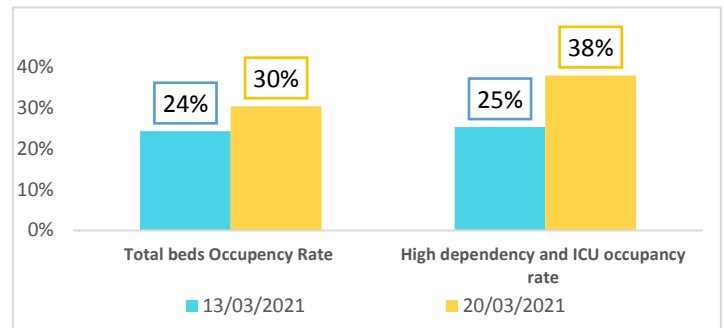


Figure 9: Occupancy rates of COVID-19 beds classified by type of bed

## HEALTH CARE WORKERS INFECTIONS

- Total number of active COVID-19 cases among health workers increased to 81 on 20 March from 67 on 13 March 2021. The increase is mainly among both male and female doctors, nurses and paramedics (Figure 10).
- Newly reported COVID19 infection among health workforce increased where number of newly infected workers reached 47 between 14-20 March and compared to 33 between 7-13 March (Figure 11).
- Around 50% of the newly infected workers between 14-20 March were working at hospitals (Figure 11).

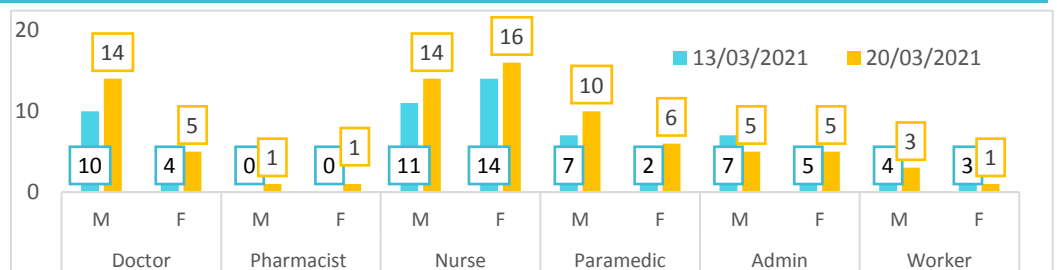


Figure 10: Active reported COVID-19 cases among health workforce distributed by gender and profession

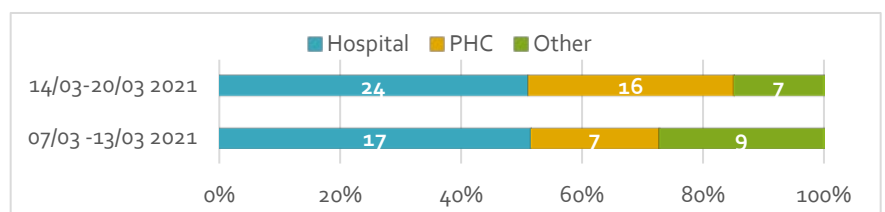


Figure 11: Distribution of newly weekly reported COVID-19 cases among health workforce distributed by work setting

## COVID19 VACCINATION

- National vaccination campaign was launched in Gaza Strip on 22<sup>nd</sup> February 2021 in parallel with established specific vaccine distribution criteria for elders with chronic health conditions, frontline health care workers and other patients with life-threatening health conditions.

No	Date	Vaccine route	Delivered vaccine Doses
1	Feb 2021	Palestinian Authority	2000
2	Feb 2021	Donations from UAE	20,000
3	11 March 2021	Donations from UAE	38,700
4	21 March 2021	COVAX	11,700 + 9600

- The table on the right illustrates delivered vaccine doses. On 21<sup>st</sup> March the first shipment of COVAX vaccines reached Gaza Strip and the next anticipated shipment will be by the end of April 2021.
- Both MOH and UNRWA are jointly running the vaccination process at three MOH clinics and four UNRWA clinics. Until 20 March 2021, 12267 frontline health workers and community members received COVID19 vaccinations (5910 at MOH clinics, 6357 at UNRWA clinics).

## CONCLUSIONS AND RECOMMENDATIONS

- An increase in total newly reported COVID19 cases and weekly positivity rate were observed reflecting the period between 14-20 March 2021. The increase was also witnessed among both males and females from all age groups and along Gaza Strip five districts. Moreover, an increase in total admitted COVID19 patients at severe situation and it is unfortunately joined with high increase in reported COVID19 deaths. These are alarming figures which should be seriously addressed by health authorities in Gaza Strip.
- 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.
- Risk Communication and Community Engagement (RCCE) messaging on public health measures among the broader population need to be urgently stepped up to prevent further deterioration in COVID19 figures and resurgence of cases considering the easing of restrictions and the witnessed low compliance with safety measures at the community level.
- Increase in reported COVID19 infection among health workers is being witnessed during the last three weeks. Further enforcement of IPC measures at health facilitates levels is needed. Joined with extensive awareness campaigns among health workers to encourage them to receive COVID19 vaccine as a preventive measure.
- Strengthening of 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.