





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

		Weekly cases		Cumulative
Reporting Period		07-03-21 13-03-21	14-03-2021 20-03-2021	accumulative since 23/8/2020
# of samples tested	total	14,596	17,067	413,868
# of positive cases	total	918	1,822	58,972
# of closed cases	total	55,086	56,068	
# recovered cases (%closed)		54,520 (99%)	55,486 (99%)	
# reported deaths (%closed)		566 (1%)	582 (1%)	
Classification of positive	Mild	875	1,773	
cases by severity*	Moderate	29	12	
	Severe	6	35	
	Critical	8	2	
Positivity rates (weekly)	total	6.29%	10.68%	14.2%
	contacts	23.8%	29.7%	
	suspect	20.2%	29.0%	
	surveillance	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.

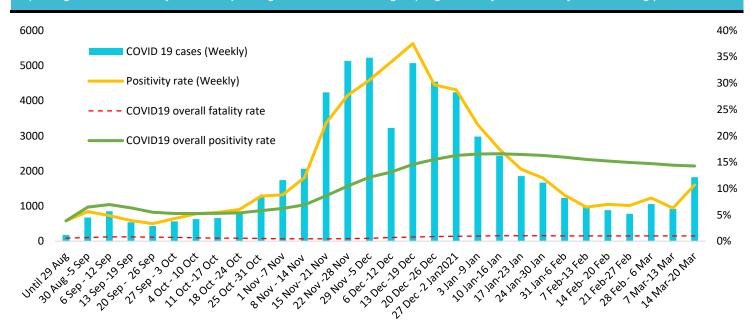
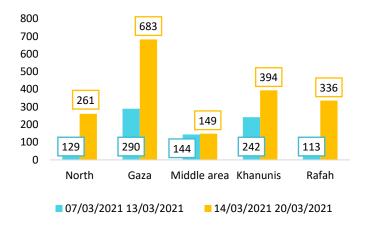


Figure 1: Reported weekly COVID-19 cases, weekly positivity rates, overall positivity rates and overall fatality rates

- Increase in total number of conducted tests to 17,067 between 14-20 March from 14,596 between 6-13 March 2021.
- Increase in incidence per 100,000 and newly reported number of COVID-19 cases to 1,822 between 14-20 March from 918 between 6-13 March, in all Gaza Strip districts.



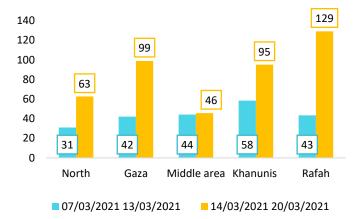


Figure 2: Newly reported weekly COVID-19 cases in Gaza Strip districts

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

• Three areas in Khanunis and Rafah districts were coded red coded on 15 March, with another 12 areas coded yellow reflecting that these areas might become red if the increase continues during the coming 7 days.



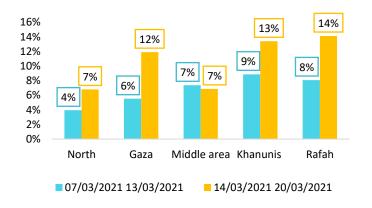
Figure 4: Geographical distribution of newly reported COVID-19 cases (7 days average) in Gaza Strip neighborhoods

POSITIVITY RATES

 Increase in weekly COVID-19 positivity rate between 14-20 March to 10.68% compared to 6.29% between 6-13 March 2021.

11 March 2021

- Increase in weekly positivity rate among the three testing categories (Contacts, surveillance, and suspected cases) comparing between the two weeks (Table on page 1).
- Increase in weekly positivity rates along all Gaza Strip districts (Figure 5).
- Overall positivity rate up to 20 March 2021 reached 14.2%.



15 March 2021

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

DISTRIBUTION OF COVID-19 CASES AMONG AGE GROUPS AND GENDER

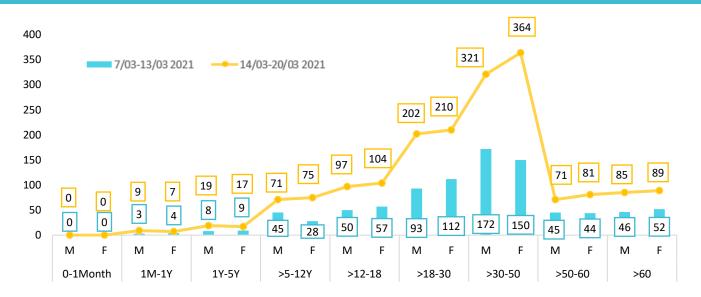


Figure 6: Weekly newly reported COVID-19 cases distributed by age groups and gender

- Increase among all age groups between 14-20 March compared to the period between 7-13 March 2021.
- Highest reported COVID-19 cases among people aged 18 to 50 among males and females at the two reporting periods.

DISTRIBUTION OF COVID-19 DEATHS

- Increase in number of reported COVID-19 deaths 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. Two deaths among younger age groups (>30-50 years) 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 COVID-19 reported deaths, 331 were males (57%) and 251 were females (43%).

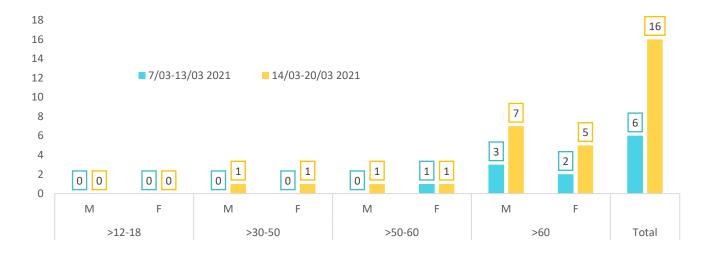


Figure 7: Distribution of reported COVID-19 deaths by age groups and gender

DISTRIBUTION OF COVID-19 CASES BY SEVERITY

- Decrease in cumulative moderate cases admitted to hospitals to 22 on 20 March compared to 25 cases on 13 March 2021.
- Increase in cumulative severe cases admitted to hospitals to 58 cases on 20 March compared to 31 on 13 March 2021.
- Decrease in cumulative critical cases admitted to hospitals to 14 cases on 20 March compared to 17 cases on 13 March 2021. This apparent decrease might be explained by the high increase in reported COVID-19 deaths after being admitted at critical health situation during the week 14-20 March.

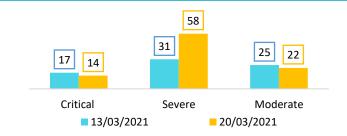
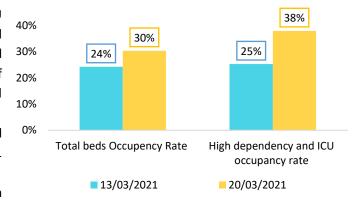


Figure 8: Classification of cumulative hospital admitted **COVID-19** patients by severity

HEALTH SYSTEM CAPACITY (COVID-19 MANAGEMENT)

- Increase in number of available high dependency and ICU beds to 190 (145 high dependency and 45 ICU) and total number of COVID-19 beds to 392, after MOH re-arranged COVID-19 bed capacity in governmental hospitals. In cases of emergency, MOH plans to increase the high dependency and ICU bed capacity up to 292 beds.
- Based on higher bed availability, total COVID-19 bed occupancy rates increased to 30% on 20 March 2021 compared with 24% on 13 March 2021.
- Increase in occupancy rate at high dependency and ICU from 25% up to 38% comparing between 13 March 2021 and 20 March 2021, in line with increase in hospital-admitted COVID- Figure 9: Occupancy rates of COVID-19 beds classified by type 19 patients at severe and critical conditions.



of bed

HEALTH CARE WORKERS INFECTIONS

- Increase in total number of active COVID-19 cases among health workers to 81 on 20 March from 67 on 13 March 2021, mainly among both male and female doctors. nurses paramedics.
- Increase in newly reported COVID-19 infections among health workforce to 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).

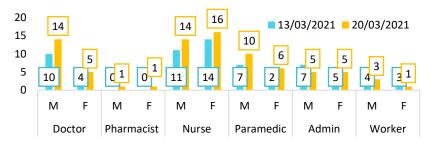


Figure 10: Active reported COVID-19 cases among health workforce distributed by gender and profession

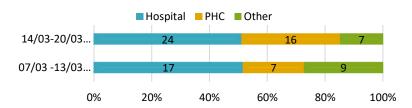


Figure 11: Distribution of newly weekly reported COVID-19 cases among health workforce distributed by work setting

COVID-19 VACCINATION

 National vaccination campaign launched in Gaza Strip on 22 February 2021 in line with established specific vaccine distribution criteria for elderly with chronic health conditions, frontline health

No	Date	Vaccine route	Delivered vaccine doses
1	February 2021	Palestinian Authority	2,000
2	February 2021	Donations from UAE	20,000
3	11 March 2021	Donations from UAE	38,700
4	17 March 2021	COVAX	11,700 + 9600

- care workers and other patients with life-threatening health conditions.
- On 17 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. Up to 20 March 2021, 12,267 frontline health workers and community members received COVID-19 vaccinations (5,910 at MOH clinics, 6,357 at UNRWA clinics).

CONCLUSIONS AND RECOMMENDATIONS

- Increase in total newly reported COVID-19 cases and weekly positivity rate between 14-20 March 2021, among both males and females from all age groups and along all five Gaza Strip districts.
- Increase in total admitted COVID-19 patients in severe situation and related high increase in reported COVID-19 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 COVID-19 situation and resurgence of
 cases considering the easing of restrictions and low compliance with safety measures at community level.
- Increase in reported COVID-19 infection among health workers during the last three weeks. Further enforcement of IPC
 measures at health facilitates levels is urgently needed. Joined with extensive awareness campaigns among health
 workers to encourage them to receive COVID-19 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.