World Health Organization
REGIONAL OFFICE FOR Africa

# AFRO Weekly COVID-19 Literature Update

**2021/10/02-2021/10/08**

**Prepared by AFRO COVID-19 IMST through its information management cell, together with DAK team of the ARD's office**

**Issue No. 7**

Due to the abundance of information and literature produced on COVID-19 in the world in general and in Africa in particular, the WHO Regional Office for Africa is publishing a weekly "Weekly COVID Literature Update" to highlight the most important literature. Each week we will select some articles per topic as well as reports and grey literature when available.

The aim is to provide an easy-to-read summary of each publication. This Bulletin is organised according to several categories of interest.

The publications shared are the result of a bibliographic research work carried out regularly on several online information sources with a major search strategy "COVID-19 AND Africa" in combination with the following keywords: **epidemiology ( response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors**. For this issue, the list of information sources is as follows: WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, Oxford Academic.
The list is subject to change and kindly note that the choice of the publications to be included in this update is subjective.

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En raison de l'abondance d'informations et de littérature produites sur la COVID-19 dans le monde en général et en Afrique en particulier, le Bureau régional de l'OMS pour l'Afrique publie chaque semaine "Weekly COVID Literature Update" pour mettre en évidence la littérature la plus importante. Chaque semaine, nous sélectionnerons quelques articles par sujet ainsi que les rapports et la littérature grise quand c'est disponible.

L'objectif est de fournir un résumé facile à lire de chaque publication. Ce bulletin est organisé suivant plusieurs catégories d'intérêt.

Les publications partagées sont le résultat d'un travail de recherche bibliographique effectué régulièrement sur plusieurs sources d'information en ligne avec une comme stratégie de recherche majeure "COVID-19 ET Afrique" combinés aux mots clés suivants : **epidemiology ( response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors.** Pour ce numéro, la liste des sources d'information utilisées est la suivante : WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, Oxford Academic.
Cette liste est susceptible d'être modifiée. Veuillez noter que le choix des publications à inclure dans cette mise à jour est subjectif.

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Devido à abundância de informação e literatura produzida sobre a COVID-19 no mundo em geral e em África em particular, o Escritório Regional da OMS para África está a publicar semanalmente uma "Weekly COVID Literature Update" para destacar a literatura mais importante. Cada semana iremos seleccionar alguns artigos por tópico, bem como relatórios e literatura cinzenta, quando disponível.

O objectivo é fornecer um resumo de fácil leitura de cada publicação. Este boletim está organizado de acordo com várias categorias de interesse.

As publicações partilhadas são o resultado de um trabalho de pesquisa bibliográfica realizado regularmente em várias fontes de informação em linha com uma grande estratégia de pesquisa "COVID-19 E África" em combinação com as seguintes palavras-chave: **epidemiology ( response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors. Para esta edição, a lista de fontes de informação é a seguinte:** WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), PLOS, Google scholar, Oxford Academic.
A lista está sujeita a alterações e note-se que a escolha das publicações a serem incluídas nesta actualização é subjectiva.

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# Topics

## A. COVID-19 EPIDEMIOLOGY/ SURVEILLANCE (trends/ distribution)

**Title:** Unrecognized introduction of SARS-CoV-2 variants of concern to Central Africa: Import and local transmission of B.1.1.7 in Gabon in the very early stage of the variant spread to the African continent
**Journal:** Journal of Medical Virology
**Publish Date:** October 2021
**URL:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8426813/pdf/JMV-93-6054.pdf
**Abstract:**
The rapid spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) variant of concern with higher infectivity has already resulted in the enormous increase in infection cases worldwide. We report an unrecognized introduction of the variant B.1.1.7 in Gabon in December 2020, which was the initial phase of the variant introduction to Africa. The B.1.1.7 variant was also detected in a hospitalized patient in January 2021, indicating a rapid spread of the variant in Gabon since its first detection. Phylogenetic analysis revealed that the detected B.1.1.7 variants originated from the distinct regions, strongly suggesting that the B.1.1.7 variant had been repeatedly introduced to Gabon since December 2020. These results provide insights on the unrecognized risks of infections with variants of concern, and show the necessity to conduct continuous genomic monitoring for immediate alert and control of novel SARS-CoV-2 variant infections.

**Title**: Introduction of SARS-CoV-2 variant of concern 20h/501Y.V2 (B.1.351) from Malawi to Italy
**Journal:** Emerging Microbes & Infections
**Publish Date:** October **2021**
**URL:**
https://www.tandfonline.com/doi/epub/10.1080/22221751.2021.1906757?needAccess=true
**Abstract:**
We report here an imported case of SARS-CoV-2 variant of concern B.1.1.351 (also known as 20H/501Y.V2 or “South African variant” or VOC 202012/02) in a 66-years old symptomatic male who returned from Malawi to Italy.

**Title:** Factors shaping the COVID-19 epidemic curve: a multi-country analysis
**Journal:** BMC Infectious Diseases
**Publish Date: 2 October 2021**
**URL:** https://bmcinfectdis.biomedcentral.com/track/pdf/10.1186/s12879-021-06714-3.pdf

Abstract:

**Background**

Lockdown measures are the backbone of containment measures for the COVID-19 pandemic both in high-income countries (HICs) and low- and middle-income countries (LMICs). However, in view of the inevitably-occurring second and third global covid-19 wave, assessing the success and impact of containment measures on the epidemic curve of COVID-19 and people's compliance with such measures is crucial for more effective policies. To determine the containment measures influencing the COVID-19 epidemic curve in nine targeted countries across high-, middle-, and low-income nations.

**Methods**

Four HICs (Germany, Sweden, Italy, and South Korea) and five LMICs (Mexico, Colombia, India, Nigeria, and Nepal) were selected to assess the association using interrupted time series analysis of daily case numbers and deaths of COVID-19 considering the following factors: The "stringency index (SI)" indicating how tight the containment measures were implemented in each country; and the level of compliance with the prescribed measures using human mobility data. Additionally, a scoping review was conducted to contextualize the findings.

**Results**

Most countries implemented quite rigorous lockdown measures, particularly the LMICs (India, Nepal, and Colombia) following the model of HICs (Germany and Italy). Exceptions were Sweden and South Korea, which opted for different strategies. The compliance with the restrictions—measured as mobility related to home office, restraining from leisure activities, non-use of local transport and others—was generally good, except in Sweden and South Korea where the restrictions were limited. The endemic curves and time-series analysis showed that the containment measures were successful in HICs but not in LMICs.

**Conclusion**

The imposed lockdown measures are alarming, particularly in resource-constrained settings where such measures are independent of the population segment, which drives the virus transmission. Methods for examining people's movements or hardships that are caused by covid- no work, no food situation are inequitable. Novel and context-adapted approach of dealing with the COVID-19 crisis are therefore crucial.

**Title:** Coronavirus Disease 2019: First Data From Africa
**Journal:** Clinical Infectious Diseases
**Publish Date:** October 2021
**URL:** https://academic.oup.com/cid/article-pdf/73/7/e2016/40511139/ciaa1293.pdf
**Abstract:**
Africa is no stranger to infectious disease pandemics before severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), with recent major outbreaks spanning from Ebola to *Listeria* and measles, and ongoing high background incidence of malaria, human immunodeficiency virus (HIV) and tuberculosis (TB). Most countries on the continent have severe health resource constraints, and the focus of many far richer countries hit by the SARS-CoV-2 epidemic—polymerase chain reaction (PCR)-guided contact tracing to prevent spread, reliance on intensive care and ventilation to deal with those who became severely ill—struck fear into African public health practitioners, health workers, and the public, where sophisticated laboratory infrastructure and high-tech intensive care is often severely rationed.

**Title:** SARS-CoV-2 seroassay performance and optimization in a population with high background reactivity in Mali
**Journal:** Journal of Infectious Diseases
**Publish Date:** 6 October 2021
**URL:** https://academic.oup.com/jid/advance-article-pdf/doi/10.1093/infdis/jiab498/40513855/jiab498.pdf
**Abstract:**
**Background**
False positivity may hinder the utility of SARS-CoV-2 serological tests in sub-Saharan Africa.
**Methods**
From 312 Malian samples collected prior to 2020, we measured antibodies to the commonly tested SARS-CoV-2 antigens and four other betacoronaviruses by ELISA. In a subset of samples, we assessed antibodies to a panel of *P. falciparum* antigens by suspension bead array and functional antiviral activity by SARS-CoV-2 pseudovirus neutralization assay. We then evaluated the performance of an ELISA using SARS-CoV-2 spike protein and receptor-binding domain developed in the US using Malian positive and negative control samples. To optimize test performance, we compared single and two-antigen approaches using existing assay cutoffs and population-specific cutoffs.
**Results**

Background reactivity to SARS-CoV-2 antigens was common in pre-pandemic Malian samples. SARS-CoV-2 reactivity varied between communities, increased with age, and correlated negligibly-weakly with other betacoronavirus and *P. falciparum* antibodies. No pre-pandemic samples demonstrated functional activity. Regardless of the cutoffs applied, test specificity improved using a two-antigen approach. Test performance was optimal using a two-antigen assay with population-specific cutoffs [Sensitivity: 73.9% (51.6-89.8), Specificity: 99.4% (97.7-99.9)].

**Conclusions**

We have addressed the problem of SARS-CoV-2 seroassay performance in Africa by using a two-antigen assay with cutoffs defined by performance in the target population.

**Title:** COVID-19-related research in Africa: a cross-sectional review of the International Clinical Trial Registration Platform (ICTRP)
**Journal:** Trials
**Publish Date:** 7 October 2021
**URL:** https://trialsjournal.biomedcentral.com/track/pdf/10.1186/s13063-021-05621-x.pdf

**Abstract:**

**Objective**

The declaration of the coronavirus disease (COVID-19), a pandemic in early 2020, has seen an upsurge in research globally to fill gaps in the epidemiology of the SARS-CoV-2 virus impact on health care and clinical management, as well as possible prevention and treatment modalities. Published literature on the different types of COVID-19 research conducted globally is varied and is particularly limited in Africa. This study sets out to describe the COVID-19-related research registered and conducted on the African continent.

**Methods**

This is a cross-sectional study of all COVID-19-related studies available in the WHO's International Clinical Trials Registry Platform (ICTRP) repository. We extracted studies registered from March 1, 2020, to July 15, 2021. A descriptive analysis of the extracted data was performed, and the findings were presented.

**Results**

At extraction, a total of 12,533 COVID-19-related studies were listed on the ICTRP portal. We included 9803 studies, after excluding 2060 duplicate records and 686 records without a site/country. While 9347 studies (96%) were conducted outside of Africa, only 456 studies (4%) were conducted in the African continent, of which 270 (59.2%) were interventional studies, and 184 (40.4%) were observational studies. About 80% of the studies were conducted

in Egypt and South Africa, and most of these involved testing of drugs and biologicals.

**Conclusion**

The African continent hosts considerably fewer COVID-19-related research compared to other parts of the world. This may have implications on scientific evidence available for implementing COVID-19 control efforts. There is, therefore, a need for local funding and ownership of research projects and north-south collaboration in research.

**Title:** Assessing the Burden of COVID-19 in Developing Countries: Systematic Review, Meta-Analysis, and Public Policy Implications

**Journal: medRxiv**

**Publish Date:** October 2021

**URL:**https://www.medrxiv.org/content/10.1101/2021.09.29.21264325v1.full.pdf

**Abstract:**

**Introduction** The infection-fatality rate (IFR) of COVID-19 has been carefully measured and analyzed in high-income countries, whereas there has been no systematic analysis of age-specific seroprevalence or IFR for developing countries. Indeed, it has been suggested that the death rate in developing countries may be far lower than in high-income countries—an outcome that would be starkly different from the typical pattern for many other infectious diseases.

**Methods** We systematically reviewed the literature to identify all serology studies in developing countries that were conducted using representative samples of specimens collected by early 2021. For each of the antibody assays used in these serology studies, we identified data on assay characteristics, including the extent of seroreversion over time. We analyzed the serology data using a Bayesian model that incorporates conventional sampling uncertainty as well as uncertainties about assay sensitivity and specificity. We then calculated IFRs using individual case reports or aggregated public health updates, including age-specific estimates whenever feasible.

**Results** Seroprevalence in many developing country locations was markedly higher than in high-income countries but still far short of herd immunity. In most locations, seroprevalence among older adults was similar to that of younger age-groups. Age-specific IFRs were 1.3-2.5x higher than in high-income countries. The median value of population IFR was 0.5% among developing countries with satisfactory death reporting as of 2016, compared to a median of 0.05% for other developing countries.

**Conclusion** The burden of COVID-19 is far higher in developing countries than in high-income countries, reflecting a combination of elevated transmission to middle-aged and older adults as well as limited access to adequate healthcare. These results underscore the critical need to accelerate the provision of vaccine doses to vulnerable populations in developing countries.

## B. COVID-19 RESPONSE ACTIVITIES
## (hygiene practices, social distancing, case management)

**Title:** The Emerging Role of Telestroke in the Middle East and North Africa Region in the Era of COVID-19
**Journal:** Primary Care Companion for CNS Disorders
**Publish Date:** 30 September 2021
**URL:** https://www.psychiatrist.com/read-pdf/37189
**Abstract:**
Stroke is the second most common cause of death worldwide. It is a medical emergency demanding immediate recognition to provide time-sensitive acute management. The coronavirus disease 2019 (COVID-19) pandemic has challenged acute stroke care, and alternate models of treatment are needed. Telestroke is well proven as a valid tool for acute stroke assessment and has been utilized successfully to manage patients remotely in many parts of the world, though it is underutilized in the Middle East and North Africa region. Given the challenges associated with the COVID-19 pandemic, such as risk of physician exposure to infection, implementation of a telestroke system is critical to provide consultant stroke physician coverage. This article provides a proposed model for coordinated telestroke. Implementation of telestroke in the Middle East and North Africa region and other underdeveloped areas will optimize stroke management, especially during the COVID-19 era.

**Title:** "Ubuntu" I am because we are: COVID-19 and the legal framework for addressing communicable disease in the South African prison system
**Journal:** International Journal of Prisoner Health
**Publish Date:** October 2021
**URL:** DOI: 10.1108/IJPH-05-2021-0046
**Abstract:**
**Purpose:** The purpose of the paper was to conduct a legal-realist assessment of the South African prison system response to COVID-19. Severely congested and ill-resourced prison systems in Africa face unprecedented challenges

amplified by COVID-19. South Africa has recorded the highest COVID-19 positivity rate in Africa and, on March 15th 2020, declared a national state of disaster. The first prison system case was notified on April 6th 2020.
**Design/methodology/approach:** A legal-realist assessment of the South African prison system response to COVID-19 in the 12 months following initial case notification focused on the minimum State obligations to comply with human rights norms, and the extent to which human, health and occupational health rights of prisoners and staff were upheld during disaster measures.
**Findings:** A legal-realist account was developed, which revealed the indeterminate nature of application of South African COVID-19 government directives, ill-resourced COVID-19 mitigation measures, alarming occupational health and prison conditions and inadequate standards of health care in prisons when evaluated against the rule of law during State declaration of disaster.
**Originality/value:** This legal-realist assessment is original by virtue of its unique evaluation of the South African prison system approach to tackling COVID-19. It acknowledged State efforts, policymaking processes and outcomes and how these operated within the prison system itself. By moving beyond the deleterious impacts of the COVID-19 pandemic on the already precarious South African prison system, the authors argue for rights assurance for those who live and work in its prisons, improved infrastructure and greater substantive equality of all deprived of their liberty in South Africa.

**Title:** 'We would rather die from Covid-19 than from hunger' - Exploring lockdown stringencies in five African countries
**Journal:** Human Vaccines & Immunotherapeutics
**Publish Date:** Octobre 2021
**URL:** DOI: 10.1080/21645515.2021.1886558
**Abstract:**
Research on how to promote vaccination among victims of conflict is scarce. In this study, we conducted an experiment to determine how an artistic illustration communication intervention delivered alongside counseling will influence the behavior intention toward COVID-19 vaccination. The study involved 470 respondents (n = 235 control) and (n = 235 treatment). Variables from social cognitive theory and theory of planned behavior were used to develop the study hypotheses. The result of the study showed that victims of conflict who are exposed to visual messages on COVID-19 vaccination reported greater self-efficacy than those who are not. Also, victims of conflict who are exposed to visual messages on COVID-19 vaccination reported

greater task efficacy than those who are not. Furthermore, victims of conflict who are exposed to visual arts on COVID-19 vaccination reported more positive outcome expectancy from the vaccine than those who are not. Finally, the result showed that victims of conflict who are exposed to visual messages on COVID-19 vaccination reported intention to make themselves available for vaccination than those who are not. We discussed these findings and highlighted the nexus between insecurity and health promotion.

**Title:** COVID-19 water, sanitation, and hygiene response: Review of measures and initiatives adopted by governments, regulators, utilities, and other stakeholders in 84 countries
**Journal:** Science of The Total Environment
**Publish Date:** November 2021
**URL:** https://doi.org/10.1016/j.scitotenv.2021.148789
**Abstract:**
The COVID-19 pandemic has shone a light on handwashing as an inexpensive, widely applicable response measure. In consequence, most governments have taken action to promote access to water and sanitation services for all. This paper documents an overview of initiatives and interventions that countries have implemented during the first months of the COVID-19 response. Initiatives have been identified across 84 countries worldwide, and categorized into those that aimed at securing water, sanitation, and hygiene (WASH) for all, and those that sought to provide technical and financial support to service providers. The pandemic has not hit countries in the same way. Accordingly, results show disparities in the response between and within regions, with the level of activity found in the countries varying largely in terms of ambition and scope. Hygiene promotion and infection prevention and control (IPC) has been widely adopted – at least one response measure found in 94% of mapped countries -, although not always matched in ambition with the assured availability of soap, water, and handwashing facilities. Support to vulnerable households to promote basic access to WASH services at scale was weak (38% of countries) or implemented locally (25%), and requiring additional focus, particularly in rural areas and small towns. In addition, parallel support needs to be extended to service providers or to households themselves in the form of cash transfers, in order to ensure the financial viability and the continuity of services.
All lessons learned distilled from the pandemic should help strengthen the enabling environment for more resilient services in future emergencies. Areas for focus could include developing specific pandemic response strategies and

plans; strengthening coordination; and establishing emergency financial support mechanisms for water operators, for example. Overall, findings presented herein contribute to enhance current and future pandemics prevention, mitigation, and recovery.

**Title:** Validaton of Commercial SARS-CoV-2 Immunoassays in a Nigerian Population
**Journal:** Microbiology Spectrum
**Publish Date:** October 2021
**URL:** https://journals.asm.org/doi/reader/10.1128/Spectrum.00680-21
**Abstract:**
Validated assays are essential for reliable serosurveys; however, most SARS-CoV-2 immunoassays have been validated using specimens from China, Europe, or U.S. populations. We evaluated the performance of five commercial SARS-CoV-2 immunoassays to inform their use in serosurveys in Nigeria. Four semiquantitative enzyme-linked immunosorbent assays (ELISAs) (Euroimmun anti-SARS-CoV-2 nucleocapsid protein [NCP] immunoglobulin G [IgG], Euroimmun spike SARS-CoV-2 IgG, Mologic Omega COVID-19 IgG, Bio-Rad Platelia SARS-CoV-2 Total Ab) and one chemiluminescent microparticle immunoassay (Abbott Architect SARS-CoV-2 IgG) were evaluated. We estimated the analytical performance characteristics using plasma from 100 SARS-CoV-2 PCR-positive patients from varied time points post-PCR confirmation and 100 prepandemic samples (50 HIV positive and 50 hepatitis B positive). The Bio-Rad assay failed the manufacturer-specified validation steps. The Euroimmun NCP, Euroimmun spike, and Mologic assays had sensitivities of 73.7%, 74.4%, and 76.9%, respectively, on samples taken 15 to 58 days after PCR confirmation and specificities of 97%, 100%, and 83.8%, respectively. The Abbott assay had 71.3% sensitivity and 100% specificity on the same panel. Parallel or serial algorithms combining two tests did not substantially improve the sensitivity or specificity. Our results showed lower sensitivity and, for one immunoassay, lower specificity compared to the manufacturers' results and other reported validations. Seroprevalence estimates using these assays might need to be interpreted with caution in Nigeria and similar settings. These findings highlight the importance of in-country validations of SARS-CoV-2 serological assays prior to use to ensure that accurate results are available for public health decision-making to control the COVID-19 pandemic in Africa.
**IMPORTANCE** This study used positive and negative sample panels from Nigeria to test the performance of several commercially available SARS-CoV-

2 serological assays. Using these prepandemic and SARS-CoV-2-positive samples, we found much lower levels of sensitivity in four commercially available assays than most assay manufacturer reports and independent evaluations. The use of these assays with suboptimal sensitivity and specificity in Nigeria or countries with population exposure to similar endemic pathogens could lead to a biased estimate of the seroprevalence, over- or underestimating the true disease prevalence, and limit efforts to stop the spread of SARS-CoV-2. It is important to conduct in-country validations of serological SARS-CoV-2 assays prior to their widespread use, especially in countries with limited representation in published assay validations.

**Title:** Priority setting and equity in COVID-19 pandemic plans: a comparative analysis of 18 African countries
**Journal:** Health Policy and Planning
**Publish Date**: 7 October 2021
**URL:** https://academic.oup.com/heapol/advance-article-pdf/doi/10.1093/heapol/czab113/40516972/czab113.pdf
**Abstract:**
Priority setting represents an even bigger challenge during public health emergencies than routine times. This is because such emergencies compete with routine programmes for the available health resources, strain health systems and shift health-care attention and resources towards containing the spread of the epidemic and treating those that fall seriously ill. This paper is part of a larger global study, the aim of which is to evaluate the degree to which national COVID-19 preparedness and response plans incorporated priority setting concepts. It provides important insights into what and how priority decisions were made in the context of a pandemic. Specifically, with a focus on a sample of 18 African countries' pandemic plans, the paper aims to: (1) explore the degree to which the documented priority setting processes adhere to established quality indicators of effective priority setting and (2) examine if there is a relationship between the number of quality indicators present in the pandemic plans and the country's economic context, health system and prior experiences with disease outbreaks. All the reviewed plans contained some aspects of expected priority setting processes but none of the national plans addressed all quality parameters. Most of the parameters were mentioned by less than 10 of the 18 country plans reviewed, and several plans identified one or two aspects of fair priority setting processes. Very few plans identified equity as a criterion for priority setting. Since the parameters are relevant to the quality of priority setting that is implemented during public health emergencies and

most of the countries have pre-existing pandemic plans; it would be advisable that, for the future (if not already happening), countries consider priority setting as a critical part of their routine health emergency and disease outbreak plans. Such an approach would ensure that priority setting is integral to pandemic planning, response and recovery.

**Title:** COVID-19 information dissemination in Uganda: Perspectives from sub-national health workers
**Journal:** BMC Health Services Research
**Publish Date:** 7 October 2021
**URL:** https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-07068-x.pdf
**Abstract:**
Background
In many places, health workers at the sub-national level are on the frontlines of disseminating information about coronavirus (COVID-19) to communities. To ensure communities are receiving timely and accurate information, it is vital health workers are kept abreast of the most recent recommendations, and guidance.
**Methods**
An electronic survey was implemented to provide insights about the dissemination and utilisation of information and evidence related to the COVID-19 pandemic by health workers engaged at sub-national levels of the Ugandan health system. The aim of this survey was to provide insights about the dissemination and utilisation of information and evidence related to the coronavirus (COVID-19) pandemic by individuals engaged at sub-national levels of the health system.
**Results**
Mass media and public health campaigns and outreach activities were deemed the most suitable means to reach communities with COVID-19 information. Given the reported disruption to public outreach campaigns, this is a particularly important consideration for the provision of information to communities. All materials should be adapted to the local context. The need for information on homecare of COVID-19 patients was highlighted, along with the need for updated local statistics as to COVID-19 cases to be relayed for health workers at sub-national levels.
**Conclusions**
Understanding the sources of information used by health workers can facilitate the transfer of relevant and timely information, which in turn increases the use

of such information by the Ugandan population. It is vital that these issues are continued to be monitored, and communication modes and content are actively responsive to the time- and place-specific needs of health workers and community members.

## C. COVID-19 VACCINATION

**Title:** COVID-19 outbreak: a potential threat to routine vaccination programme activities in Nigeria
**Journal:** Human Vaccines & Immunotherapeutics
**Publish Date:** 29 September 2021
**URL:**https://www.tandfonline.com/doi/pdf/10.1080/21645515.2020.1815490?needAccess=true
**Abstract:**
COVID-19 is an infectious disease caused by the most recently discovered coronavirus (SARS-CoV-2). The virus and disease were unknown before the outbreak began in the city of Wuhan, China, in December 2019. Nigeria and other sub-Sahara Africa countries like the rest of the world introduced several lockdown measures as part of their public health response to mitigate the spread of the virus. This, however, was not without the likelihood of consequences considering the weak health systems. The access and supply side of vaccination was more likely to have been affected by the lockdown measures. When vaccination services are disrupted even for brief periods during emergencies, the risk of outbreak-prone vaccine-preventable diseases increases, leading to excess morbidity and mortality. This highlights the importance of maintaining essential services such as vaccination in times of emergency. There is therefore an urgent need to ensure that children are protected against those diseases for which vaccines already exist. The COVID-19 outbreak has posed a new hindrance to vaccination activities in Nigeria and across Sub-Saharan Africa with associated threat to surveillance of vaccine-preventable diseases. Achieving and sustaining high levels of vaccination coverage during this period must, therefore, be a priority for all health systems.

**Title:** Le vaccin anti-COVID-19 : l'heure des choix pour l'Afrique
**Journal:** La lettre médicale du Congo
**Publish Date:** September 2021
**URL**: Le vaccin anti-COVID-19 _ l'heure des choix pour l'Afrique.pdf (who.int)

**Title:** Booster shots for COVID-19—the debate continues
**Journal:** The Lancet Infectious Journal
**Publish Date:** October 2021
**URL:** https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900574-0

**Title:** We must increase people's access to and willingness to take COVID-19 vaccines
**Journal:** BMJ Global Health
**Publish Date:** October 2021
**URL:** We must increase people's access to and willingness to take COVID-19 vaccines - BMJ Global Health blog

**Title:** COVID-19 vaccination intention and vaccine characteristics influencing vaccination acceptance: a global survey of 17 countries
**Journal:** Infectious Diseases of Poverty
**Publish Date:** 7 October 2021
**URL:** https://idpjournal.biomedcentral.com/track/pdf/10.1186/s40249-021-00900-w.pdf
**Abstract:**
**Background**
The availability of various types of COVID-19 vaccines and diverse characteristics of the vaccines present a dilemma in vaccination choices, which may result in individuals refusing a particular COVID-19 vaccine offered, hence presenting a threat to immunisation coverage and reaching herd immunity. The study aimed to assess global COVID-19 vaccination intention, vaccine characteristics influencing vaccination acceptance and desirable vaccine characteristics influencing the choice of vaccines.
**Methods**
An anonymous cross-sectional survey was conducted between 4 January and 5 March 2021 in 17 countries worldwide. Proportions and the corresponding 95% confidence intervals (*CI*) of COVID-19 vaccine acceptance and vaccine characteristics influencing vaccination acceptance were generated and compared across countries and regions. Multivariable logistic regression analysis was used to determine the factors associated with COVID-19 vaccine hesitancy.
**Results**

Of the 19,714 responses received, 90.4% (95% *CI* 81.8–95.3) reported likely or extremely likely to receive COVID-19 vaccine. A high proportion of *likely* or *extremely likely* to receive the COVID-19 vaccine was reported in Australia (96.4%), China (95.3%) and Norway (95.3%), while a high proportion reported being *unlikely* or *extremely unlikely* to receive the vaccine in Japan (34.6%), the U.S. (29.4%) and Iran (27.9%). Males, those with a lower educational level and those of older age expressed a higher level of COVID-19 vaccine hesitancy. Less than two-thirds (59.7%; 95% *CI* 58.4–61.0) reported only being willing to accept a vaccine with an effectiveness of more than 90%, and 74.5% (95% *CI* 73.4–75.5) said they would accept a COVID-19 vaccine with minor adverse reactions. A total of 21.0% (95% *CI* 20.0–22.0) reported not accepting an mRNA vaccine and 51.8% (95% *CI* 50.3–53.1) reported that they would only accept a COVID-19 vaccine from a specific country-of-origin. Countries from the Southeast Asia region reported the highest proportion of not accepting mRNA technology. The highest proportion from Europe and the Americas would only accept a vaccine produced by certain countries. The foremost important vaccine characteristic influencing vaccine choice is adverse reactions (40.6%; 95% *CI* 39.3–41.9) of a vaccine and effectiveness threshold (35.1%; 95% *CI* 33.9–36.4).

**Conclusions**

The inter-regional and individual country disparities in COVID-19 vaccine hesitancy highlight the importance of designing an efficient plan for the delivery of interventions dynamically tailored to the local population.

**Title:** COVID-19 vaccination climbing slowly in Africa
**Source:** CIDRAP
**Publish Date:** 5 October 2021
**URL:** COVID-19 vaccination climbing slowly in Africa | CIDRAP (umn.edu)

**Abstract:**

Though the pace of COVID-19 vaccination in Africa is well behind the rest of the world due to persistent supply inequity, the region is making modest progress, with some countries reaching the goal of immunizing 10% of their population by the end of September, the World Health Organization (WHO) African regional office said today in its latest outbreaks and health emergencies update.

## D. COVID-19 PUBLIC PERCEPTIONS AND EFFECTS

**Title:** Prevalence and predictors of burnout among nurses during COVID-19: a cross-sectional study in hospitals in central Uganda
**Journal:** BMJ Open
**Publish Date:** September 2021
**URL:** https://bmjopen.bmj.com/content/bmjopen/11/9/e054284.full.pdf
**Abstract:**
**Objective:** To determine the prevalence of burnout and associated factors among nurses during COVID-19 in central Uganda. Design A cross-sectional design. Setting Nurse from one referral and four general hospitals. These were reception centres and cared for patients with COVID-19 in central Uganda. Participants 395 nurses. Main outcome measures Burnout scores. Results Of the total 395 participants, 65.1% (n=257) were female; 40% (n=158) had a diploma; 47.1% (n=186) were single; and 39.2% (n=155) had worked for 11–15 years. The results show that 40% (n=158), 41.77% (n=165) and 18.23% (n=77) reported high, average and low levels of burnout, respectively. The results show that the predictors of nurses' burnout were personal protective equipment (PPE) (OR: 7.1, 95% CI 4.08 to 12.31) and increased workload (OR 4.3, 95% CI 2.43 to 7.93). Conclusion This study of nurses working in hospitals dealing with patients with COVID-19 in central Uganda reported high rates of burnout, and it was associated with PPE and workload. Interventions like contracting new nurses to reduce workload, the WHO guidelines on PPE, adjusting working hours and ensuring hours of effective rest should be adapted.

**Title:** Use of WhatsApp®, for distance teaching during COVID-19 pandemic: Experience and perception from a sub-Saharan African setting
**Journal:** BMC Medical Education
**Publish Date:** 2 October 2021
**URL:** https://bmcmededuc.biomedcentral.com/track/pdf/10.1186/s12909-021-02953-9.pdf
**Abstract:**
**Background**
In the midst of the COVID-19 pandemic, to palliate to the lockdown and cover academic programs, the faculty of medicine and pharmaceutical sciences (FMPS) of the university of Dschang (UDs) in Cameroon has implemented e-learning using WhatsApp®.
**Aim**

Describe the opinion of students and lecturers after its implementation of e-learning at the FMPS of UDs.

**Methods**

We designed a uniform teaching scheme using WhatsApp® during the university lockdown. Students and members of the teaching staff of the FMPS of UDs were enrolled after receiving clear information on the study implementation. At the end of the online-teaching period of two and a half months, we surveyed our students and teaching staff. Sociodemographic characteristics and opinions about e-learning were collected using a standard questionnaire.

**Results**

We enrolled 229 students and 40 lecturers of the FMPS. Students reported a decremented quality of internet connection ($p < 0.001$, p-homogeneity < 0.001) despite an increased expenditure related to internet use. Electronic devices were broadly used before the implementation of mobile learning. The use of course materials was significantly more challenging among students because of the size/format of lecture notes and internet connection/cost (all $p < 0.05$). Perception of discipline compared to classroom-based lessons was not significantly different among students compared to lecturers (all $p > 0.05$). While lecturers were mainly more comfortable conveying the contents of their lectures, students tended to be less prone to actively participate. The motivation and satisfaction of the latter group toward e-learning were modest compared to classroom-based lectures while their feedback about the organization was positive.

**Conclusions**

E-learning using WhatsApp® could be an effective alternative to conventional classroom-based lessons in the context of COVID-19 pandemic. The use of a blended-learning program including classroom-based sessions could help improve its limitations.

## E. COVID-19 EFFECTS ON OTHER DISEASES AND SECTORS

**Title:** Measles crisis in Africa amidst the COVID-19 pandemic: Delayed measles vaccine administration may cause a measles outbreak in Africa.
**Journal:** Journal of Medical Virology
**Publish Date:** October 2021
**URL:**
**Abstract:**

Even though a vaccine is available, measles still poses a risk in many parts of the world,[1, 2] including Africa.[3] The disease is caused by a highly contagious virus that spreads from person to person via airborne transmission including breathing, coughing, and sneezing. Among other symptoms, infected individuals often experience rash, high fever, cough, runny rose, and irritated red, watery eyes. Contagious people can spread the disease up to 4 days before and 4 days after the presence of a rash, with the highest infectivity during symptomatic stages involving fever, cough, and runny nose.

**Title:** COVID-19 outbreak and dental health care provision in Nigeria: a national survey
**Journal: BMC Oral health**
**Publish Date: October 2021**
**URL:**https://bmcoralhealth.biomedcentral.com/track/pdf/10.1186/s12903-021-01860-1.pdf
**Abstract:**
**Background**
The impact of the COVID-19 pandemic on the world is unprecedented, posing greater threats to vulnerable healthcare systems, especially in developing countries. This study aimed to assess the knowledge of dental healthcare providers in Nigeria about the disease and evaluate their responses to the preventive measures necessitated by COVID-19.
**Methods**
This was an online self-administered questionnaire-based study conducted among dentists practicing in Nigeria. A message containing the link to the survey was sent widely via social medial platforms and electronic mails to dentists practicing in Nigeria. The data collection was done between the 2nd of June and 3rd of July 2020.
**Results**
A total of 314 responses was recorded. Fever was the most specified generalized symptom (97.5%), while the use of masks (100%), hand hygiene (99.7%), social distancing (97.7%) and surface cleaning (99.4%) were the most commonly employed general preventive methods. The main identified risk of transmission in the clinic was aerosol generating procedures (98.7%).
**Conclusion**
The general knowledge of dental personnel in our study population appears to be adequate on the common clinical features of COVID-19 but less adequate regarding the less common features. The COVID-19 pandemic has also modified some aspects of dental service delivery but more needs to be done

in this regard. Preventive measures against the transmission of COVID-19 in dental practice settings include proper utilization of teledentistry, clinical triage, preprocedural 1% hydrogen peroxide oral rinses, and the use of appropriate Personal Protective Equipment (PPE) which should always be encouraged.

**Title:** Examining migration governance: evidence of rising insecurities due to COVID-19 in China, Ethiopia, Kyrgyzstan, Moldova, Morocco, Nepal and Thailand
**Journal:** Comparative Migration Studies
**Publish Date:** October 2021
**URL:**
https://comparativemigrationstudies.springeropen.com/track/pdf/10.1186/s40878-021-00254-0.pdf
**Abstract:**
The COVID-19 pandemic has significantly changed the context of global migration. From a migration perspective, the pandemic is a source of insecurities that challenge migrants, their livelihoods and migration governance. Meanwhile, curtailment in movement has led to economic decline affecting labour markets. For migrant origin and hosting countries, this poses multidimensional development challenges. Analysis from March to August 2020 of China, Ethiopia, Kyrgyzstan, Moldova, Morocco, Nepal and Thailand highlights the varying ways in which they are all severely affected by the disruptions in migration, suggesting a potentially emerging complex situation in migration patterns and pathways. The disruptions in migration and remittances have had a profound impact on migrants and migrant-sending households. The uncertainty of migration returning to pre-pandemic levels and the potential of lasting consequences on migrants and migration patterns and pathways, suggests a future of greater risk and exploitation, and a wider gap between formal and informal migration. This paper calls for greater mobility cooperation between countries and suggests strengthening mobility migration frameworks and policies for safer migration and for the rights of migrants.

**Title:** The syndemic burden of HIV/AIDS in Africa amidst the COVID-19 pandemic
**Journal:** Immunity, Inflammation and Disease
**Publish Date:** October 2021
**URL:** https://onlinelibrary.wiley.com/doi/epdf/10.1002/iid3.544
**Abstract:**

**Introduction:** The human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) has long affected millions of individuals across the globe. Historically, the prevalence of this disease is particularly noted within the African continent. Before the coronavirus disease 2019 (COVID-19) pandemic, many African countries struggled to effectively manage the increasing burden associated with HIV/AIDS. There is now a need to reassess this in a COVID-19 pandemic context so that the impact of COVID-19 on HIV/AIDS healthcare within Africa can be adequately evaluated.
**Methods:** Data collection was performed on the PubMed, Ovid MEDLINE and Embase bibliographical databases with a predefined search strategy. Searches were performed in blind duplicate and all articles considering COVID-19 and HIV/AIDS within African healthcare were considered.
**Results:** The COVID-19 pandemic has severely exacerbated the many issues surrounding HIV/AIDS care within many African countries. These impacts are noticeable in medical, psychological, and socio-political contexts.
**Conclusions:** Before efforts are made to improve the provision of HIV/AIDS and COVID-19 care within Africa, it is important that this issue is brought to the attention of the scientific and clinical community so that the continent can receive the necessary support and aid.

**Title:** COVID-19 impacts on coastal communities in Kenya
**Journal:** Marine Policy
**Publish Date:** December 2021
**URL:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8455284/pdf/main.pdf
**Abstract:**
COVID-19 is continuing to have far-reaching impacts around the world, including on small-scale fishing communities. This study details the findings from 39 in-depth interviews with community members, community leaders, and fish traders in five communities in Kenya about their experiences since the beginning of the COVID-19 pandemic in March, 2020. The interviews were conducted by mobile phone between late August and early October 2020. In each community, people were impacted by curfews, rules about gathering, closed travel routes, and bans on certain activities. Fish trade and fisheries livelihoods were greatly disrupted. Respondents from all communities emphasized how COVID-19 had disrupted relationships between fishers, traders, and customers; changed market demand; and ultimately made fishing and fish trading livelihoods very difficult to sustain. While COVID-19 impacted different groups in the communities—i.e., fishers, female fish traders, and male fish traders—all experienced a loss of income and livelihoods, reduced cash

flow, declining food security, and impacts on wellbeing. As such, although small-scale fisheries can act as a crucial safety net in times of stress, the extent of COVID-19 disruptions to alternative and informal livelihoods stemmed cash flow across communities, and meant that fishing was unable to fulfil a safety net function as it may have done during past disruptions. As the pandemic continues to unfold, ensuring that COVID-19 safe policies and protocols support continued fishing or diversification into other informal livelihoods, and that COVID-19 support reaches the most vulnerable, will be critical in safeguarding the wellbeing of families in these coastal communities.

**Title:** Diabetes and COVID-19 in Congolese patients
**Journal:** African Health Sciences
**Publish Date:** September 2021
**URL:** https://dx.doi.org/10.4314/ahs.v21i3.18
**Abstract:**
**Background:** The global pandemic Coronavirus Disease 2019 (COVID-19) due to the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is reported to be potentially severe in patients with morbid conditions. One common reported comorbidities is diabetes. We aimed in this study to precise the clinical characteristics and outcomes in a series of Congolese diabetic patients affected by COVID-19 infection.
**Patients and methods:** We retrospectely studied from 256 COVID-19 patients, a cohort of 30 persons with previously known diabetes. The glycaemia controls have been obtained by plasma glucose assay. All patients have been tested positive to SARS-CoV-2 by RT-PCR method.
**Results:** The COVID-19 diabetic patients represented 11,7% of all COVID-19 patients with confidence interval of 95% [7,77-15,65]. Older individuals and male sex were predominent. Dyspnea and sauration of oxygen < 90 were significatives and added risk factors were noted in 63.3% of patients, particulary hyperglycaemia with hypertension or obesity. The mortality rate at the percentage of 36.7% was more prevalent in patients with added comorbidities (30%) versus without comorbidities (6.7%).
**Conclusion:** Congolese COVID-19 diabetic patients of male sex and older age exhibiting arterial hypertension and obesity are the most exposed to severe COVID-19 and increasead mortality rate.

**Title:** Microbial co-infections and super-infections in critical COVID-19: A Kenyan retrospective cohort analysis

**Journal:** International Journal of Infectious Diseases
**Publish Date:** October 2021
**URL:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8489262/pdf/main.pdf
**Abstract:**
**Objectives**
To outline the burden, risk factors and outcomes for critical COVID-19 patients with co-infections or superinfections.
**Methods**
This was a retrospective descriptive study of adults who were admitted with critical COVID-19 for ≥ 24 hours. Data collected included demographic profiles and other baseline characteristics, laboratory and radiological investigations, medical interventions, and clinical outcomes. Outcomes of interest included presence or absence of co-infections and superinfections and in-hospital mortality. Differences between those with and without co-infections and superinfections were compared for statistical significance.
**Results**
We reviewed 321 patient records. Baseline characteristics included a median age (IQR) of 61.4 (51.4-72.9) years, male (71.3%) and African/black predominance (66.4%). Death occurred in 132 (44.1%) patients with significant difference noted between those with added infections (58.2%) compared to those with none (36.6%) ($p = 0.002$, odds ratio (OR) = 2.41). One patient had co-infection with pulmonary tuberculosis. Approximately two-thirds of patients received broad-spectrum antimicrobial therapy.
**Conclusion**
Added infections in critically ill COVID-19 patients were relatively uncommon but where present, were associated with higher mortality. Empiric use of broad spectrum antimicrobials was common and may have led to selection of multidrug resistant organisms. More robust local data on antimicrobial susceptibility patterns may help in appropriate antibiotic selection to improve outcomes without driving up rates of drug resistant pathogens.

**Title:** Depressive symptoms in higher education students during the first wave of the COVID-19 pandemic. An examination of the association with various social risk factors across multiple high- and middle-income countries.
**Journal:** SSM - Population Health
**Publish Date:** 1 October 2021
**URL:** 10.1016/j.ssmph.2021.100936
**Abstract:**

Higher-education students face substantial risks for developing depressive symptoms during the COVID-19 pandemic or experiencing exacerbated pre-existing depressive symptoms. This study uses data from the COVID-19 International Student Well-Being Study, which collected data through a non-representative convenience sample in 125 higher-education institutions (HEI) across 26 high- and middle-income countries (N: 20,103) during the first wave of the COVID-19 pandemic. It describes the prevalence of depressive symptoms in higher-education students. We find substantial cross-national variation in depressive symptoms, with lowest mean levels established in the Nordic countries and France, while highest mean levels of depressive symptoms were found in Turkey, South Africa, Spain and the USA. Elevated risk for depressive symptoms was found in female students, students with fewer social support resources and in a more disadvantaged socioeconomic position, and students with a migrant background. COVID-19 related stressors, such as reduced social contact, increased financial insecurity, and academic stress explained a relatively larger proportion of the variance in depressive symptoms compared to non-COVID-19 related stressors. This finding shows that not the pandemic itself, but rather the secondary effects of the pandemic relate to students' mental health. Our results enable HEIs to be better equipped to target groups that are particularly at risk during a pandemic.

**Title:** Antibiotic-resistant bacteria: COVID-19 hasn't made the challenge go away
**Journal:** Respirology
**Publish date:** 01 October 2021
**URL:** https://doi.org/10.1111/resp.14166
**Abstract:**
We are currently immersed in the problems of the COVID-19 pandemic and the whole world is now acutely aware of the threat that respiratory infections have long posed to human beings. Part of the cultural upheaval generated by COVID-19 is probably the underlying general feeling in the community that infections had largely been ‘beaten’ by modern antibiotic and anti-viral therapy, a phenomena many clinicians have faced when confronted with informing a family that a relatively young and previously healthy person has died of pneumonia or some other cause of sepsis.

**Title:** SARS-CoV-2 antibody seroprevalence and associated risk factors in an urban district in Cameroon
**Journal:** Nature Communications
**Publish Date:** 6 October 2021
**URL:** https://www.nature.com/articles/s41467-021-25946-0.pdf
**Abstract:**
The extent of SARS-CoV-2 circulation in many African countries remains unclear, underlining the need for antibody sero-surveys to assess the cumulative attack rate. Here, we present the results of a cross-sectional sero-survey of a random sample of residents of a health district in Yaounde, Cameroon, conducted from October 14 to November 26, 2020. Among the 971 participants, the test-adjusted seroprevalence of anti-SARS-CoV-2 IgG antibodies was 29·2% (95% CI 24·3–34·1). This is about 322 times greater than the 0.09% nationwide attack rate implied by COVID-19 case counts at the time. Men, obese individuals and those living in large households were significantly more likely to be seropositive, and the majority (64·2% [58·7–69·4]) of seropositive individuals reported no symptoms. Despite the high seroprevalence, most of the population had not been infected with SARS-CoV-2, highlighting the importance of continued measures to control viral spread and quick vaccine deployment to protect the vulnerable.

**Title:** Reflecting on pandemic publishing, now and then: COVID-19 and HIV
**Journal:** African Journal of AIDS Research
**Publish Date:** 5 October 2021
**URL:** https://doi.org/10.2989/16085906.2021.1984039