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SERIES 11: COVID-19 RESPONSE CAPACITY WITH THE HEALTH SYSTEM

NUMBER 011-04: COVID-19 related mortality and morbidity among healthcare providers

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1	RAPID POLICY BRIEF NUMBER: 011-04		
2	RESEARCH DOMAIN: COVID-19 RESPONSE CAPACITY WITH THE HEALTH SYSTEM		
3	TITLE: COVID-19 related mortality and morbidity among healthcare providers		
4	DATE OF PUBLICATION: 02/03/2021		
5	BACKGROUND		
	The COVID-19 pandemic has increased health systems burden due to high infection rates, morbidity, and		
	mortality [1–3]. With healthcare systems under pressure to limit the spread of the novel coronavirus, a huge		
	part of this responsibility is being shouldered by frontline health care workers [4,5]. Hence HCWs are		
	inevitably exposed to the virus [4,5], are at high risk of infection and possible mortality [4–6]. This policy brief		
	aims to summarize evidence on COVID-19 related mortality and morbidity among healthcare providers. In		
	this brief, healthcare providers, health care workers are used interchangeably.		
6	SEARCH STRATEGY / RESEARCH METHODS		
	Five databases were searched for studies conducted between December 2019 and 9 th February 2021,		
	including PUBMED, WHO COVID-19 database, Cochrane COVID-19 Study Register, and Google scholar. The		
	search terms used were: "healthcare providers, "health care workers," "physicians," "doctors', "nurses,"		
	"COVID-19", "SARS-CoV-2", "Coronavirus," using relevant Boolean operators. A further search was done,		
	which included "Africa" and a search string of all countries in Africa to identify studies specific to the		
	continent. A total of 11 articles were used to synthesize findings summarized in this policy brief.		
7	SUMMARY OF GLOBALLY PUBLISHED LITERATURE RELATED TO THE SUBJECT		
	As of 24th February 2020, a total of 3387 of the 77,262 patients infected with COVID-19 (4.4%) in China were		
	health care workers or others who worked in medical facilities. By April 3, 23 of these had died. The median		
	age of the 23 health care workers who died was 55 years (range, 29 to 72); 17 were men, and 6 were women.		
	[7]. As of 15th April 2020, a systematic review reported countries with the most physician deaths (n=278)		
	were from Italy (44%), Iran (15%), Philippines 8%, Indonesia 6%, China 6%, Spain 4%, USA 4%, and the UK 4%)		
	[6].		
	A systematic review that estimated global COVID-19 infections and deaths among HCWs showed that as of		
	8th May 2020, a total of 152 888 infections and 1413 deaths were reported. Although the infections were		
	more among women (71.6%, n=14 058) and nurses (38.6%, n=10 706), majority of deaths occurred in men		
	(70.8%, n=550) and doctors (51.4%, n=525). This review also demonstrated that general practitioners and		

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	mental health nurses were at the highest risk for deaths. In HCWs aged over 70 years, deaths occurred in
	37.2 per 100 infections. Furthermore, the highest number of deaths occurred in Europe, with 119 628
	infections and 712 deaths [8].
	A survey among members of the Infectious Diseases International Research Initiative (ID-RI) was conducted
	between 22nd July and 15th August 2020 for 37 nations. This report showed Mexico with the highest number
	of deaths (1162), followed by the US. The UK and Italy had 106 and 214 deaths, respectively. Pakistan had 70
	deaths, while Afghanistan had 50 deaths. Countries like Botswana, Croatia, Czech republic reported zero
	deaths [4].
	As of 2nd September 2020, the Pan American Health Organization report showed that the Americas had the
	highest number of health care workers infected globally, with nearly 570,000 health workers being ill and
	over 2,500 deaths due to the virus. This report also showed that "in the US and Mexico—which have some
	of the highest case counts in the world—health workers represent one in every seventh case," and these two
	countries account for nearly 85% of all COVID deaths among health care workers in the Americas [9].
8	SUMMARY OF AFRICA-SPECIFIC LITERATURE ON THE SUBJECT
	COVID-19 related mortality and morbidity in Africa seem to be lower in Africa than in other parts of the world.
	Despite the lower rate, data on health worker infections is still limited in Africa. As of July 2020, WHO Africa
	reported that 10,000 health care workers in 40 countries were infected with COVID-19 [10]. Preliminary data
	as of July 2020 suggested that 5% of all cases in 14 sub-Saharan countries are among HCWs. In four of these
	countries, 10% of all cases were among HCWs [10].
	In KwaZulu-Natal Province of South Africa, as of 21st December 2020, a total of 7 891 HCWs had been infected
	with COVID-19 in the public sector since the beginning of the pandemic. Of these, 91 died from the disease,
	with nurses being the most infected workers [11]. On the other hand, in Uganda, as of 24th November 2020,
	there were 1238 infections among health workers, and 10 died from the disease [8].
	According to WHO Africa, infections among health care workers have been attributed to inadequate access
	to personal protective equipment or weak infection prevention and control (IPC) measures, weak infection
	prevention and control measures, increased workload, fatigue, inadequate training, especially among health
	care workers who were repurposed for COVID-19 response, lack of infrastructure to implement key IPC
	measures or to prevent overcrowding [10].
9	POLICY FINDINGS

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	 Health care workers are at risk of being infected and dying from COVID-19 Poor access to PPEs, poor training, inadequate IPC, fatigue, and many other factors predispose HCWs to become infected with COVID-19 Data on COVID-19 related mortality and morbidity among healthcare providers in Africa are scarce 		
10	ONGOING RESEARCH IN THE AFRICAN REGION		
	None was identified		
11	AFRO RECOMMENDATIONS FOR FURTHER RESEARCH		
	More recent data is required on the actual number of COVID related mortality and morbidity among health		
	care workers in Africa. Data should, if possible, delineate the infections contracted during work and in the		
	community.		

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