

AFRICA STUMBLES: THE THIRD WAVE OF COVID-19

Stumbling in the darkness of the third wave and its aftermath, Africa today is showing a drastic increase in cases of Covid-19 infection in many of its countries, showing signs of overburdened hospitals and growing deaths. The vaccination numbers are still too low, due to a shortage of vaccines but also due to logistical, distribution, and diffidence on the part of the population.

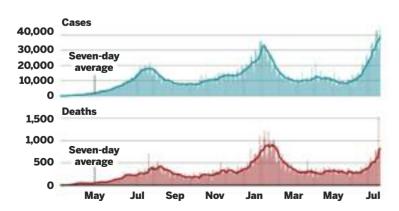
TEXT BY / GIOVANNI PUTOTO / DOCTORS WITH AFRICA CUAMM

Here we are again. The third wave of Covid-19 infections in Africa has started. With the usual note of caution about the reliability of data – very few tests and scant reporting – this is the situation on July 15: over 6 million positive cases reported and 153,549 deaths¹. Trends: in over 30 African countries there has been an increase in positive cases of almost 30% on a weekly basis starting from June, exceeding the peak from last January (**Figure 1**).

This means 1 million additional cases were recorded in the last month. It is the fastest increase seen so far. According to CDC Africa, deaths related to Covid-19 have increased by 48% in the last week (July 7-15) led by South Africa (39%), the Democratic Republic of the Congo (24%), Uganda, Zambia, Tunisia, and Namibia². The number of excess deaths recorded in South Africa from May 3, 2020, to July 7, 2021, reached 193,204 cases, largely attributable to Covid³. In other words, regarding the spread of Covid-19 in African and the effects in terms of morbidity and mortality, the title of the 2005 Lancet editorial "Stumbling around in the dark" unfortunately still applies.

Yes, there is a tendency to over-the-top catastrophizing but there is a tend to minimalize as well, and the latter is prevalent in the recent public discussion. What about on the ground? The local and international press and the Cuamm volunteers themselves report a very critical situation in the African cities of the most af-

FIGURE 1 / NUMBER OF DAILY CASES AND DEATHS IN AFRICA



Note: Deaths on 5 July 2021 include historic deaths in Uganda that were reclassified Source: Johns Hopkins University, July 7, 2021

fected countries regarding hospitals that are overloaded with patients and lacking essential resources such as oxygen for ventilators 4. Many governments have been forced to reinstate lockdown measures by restricting various social activities, such as religious and school activities as well as economic ones such as markets. Meanwhile, Africa is in recession with serious implications in terms of unemployment, violence, inequality, and food insecurity 5. In this sense, what is happening in South Africa is emblematic 6.

VARIANT SPREAD AND VACCINE SHORTAGE

What are the underlying causes of this new epidemic spike in Africa? There appear to be three causes: the spread of the Delta variant, low vaccination coverage rate, and public fatigue in applying individual prevention measures (mask, distancing, hand hygiene). The Delta variant has established itself as the dominant one in 21 African countries where genomic sequencing tests are possible. It is more contagious than the other variants (about 60% more) and affects young people more. Over 66% of complicated clinical cases involve people under the age of 45. There is also the Beta variant first recorded in South Africa and in over 30 African countries, and the Alpha variant, first found in England, which then spread to Africa.

As for vaccines, less than 2% of the African population of 1.3 billion has been vaccinated. Just over 70 million doses of the vaccine have been administered so far across the continent.7 Only about 20 million people have completed the vaccination course. Morocco has a complete vaccination coverage of 27%, South Sudan, 0.2%; South Africa, 13.6% compared to 0.8% in the Central African Republic. So far, the suspension of patents as well as solemn promises from rich countries to donate (sic!) excess batches vaccines have so far remained just words. The result is that in many African countries, vaccination campaigns have been suspended due to lack of vaccines, and 90% of the African countries part of the Covax initiative will not reach the target of 10% of the vaccinated population by September⁸. According to WHO Africa, 43,101 doses of vaccine have expired and been destroyed due to shipping delays,9 while they are aiming to develop vaccine production centers in Senegal and South Africa within a year to reduce dependence on other countries.

THE SURGE OF CASES IN UGANDA

The emergency situation in Uganda is paradigmatic. In June, there was a surge of over 33,000 cases, 42% of all cases recorded so far. There were over 2,000 recorded deaths, and the few ICUs in Ugandan hospitals were overrun with Covid patients with respiratory failure during a national crisis in the availability of oxygen cylinders. The surge in the epidemic has been driven by the Delta variant, spreading mainly in young people. The vaccination campaign, which has so far delivered just over 1 million doses, mostly Astrazeneca, has been paralyzed by the shortage of vaccines. Those who have been vaccinated (one dose) as of July 5 were 58% of the 24,421 health workers, 56% of the 250,000 security units, 26% of the 550,000 teachers, and 7% of the 3,348 million elderly over 50 years of age 10. Vaccination campaigns in the field had to face many difficulties: financial, human, and logistical resources (transport, cold chain, etc.), and registration.

It is estimated that for every 1 dollar spent on the vaccine, it takes 5 to get to the actual injection. **Overall*, just over 1% of the population in Uganda has been vaccinated. New batches of Covax vaccine and a donation from the Norwegian government are expected in August. However, it is not enough to reach the 10% target set for the end of September. Meanwhile, a study of 600 medical students showed low acceptance of the vaccine (37%), low perception of risk, high hesitancy, and strong propensity to form an

opinion from social media 12, which is to say that it is also urgent in Uganda to have a well-designed, well-conducted communication campaign to avoid the spread of fake news.

ECONOMIC EFFECTS ON FAMILIES

However, the social and economic effects of the epidemic and the lockdowns in rural areas are the most dramatic. A study conducted by the University of Florence with Cuamm in the Oyam district showed a drastic drop in business for those who had non-agricultural businesses; the monthly savings accumulated by households have been nearly halved, and the total expenses on a monthly basis have fallen by 20% in the last year¹³. Finally, the use of loans and debt to meet the needs of families increased significantly among the interviewees. All this has translated individually into a marked decrease in the use of health services¹⁴.

Urgency is growing, as recently reported in Nature by researcher Andrea Taylor of the Global Health Innovation Center, Duke University in Durham, North Carolina, "Timing is extremely important. Doses shared now will be so much more impactful than doses in six months. We need wealthy countries to send doses immediately." The most realistic forecasts for achieving vaccination globally are 2023, but policies to support fragile countries must start immediately.

NOTES AND BIBLIOGRAPHIC REFERENCES

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- 11 COVID-19 in Africa: a lesson in solidarity, "Lancet" 2021.
- **12** Acceptance of the coronavirus disease-2019 vaccine among medical students in Uganda, Tropical Medicine and Health, 2021.
- 13 https://www.saluteinternazionale.info/2021/07/covid-in-africa-la-terza-ondata/