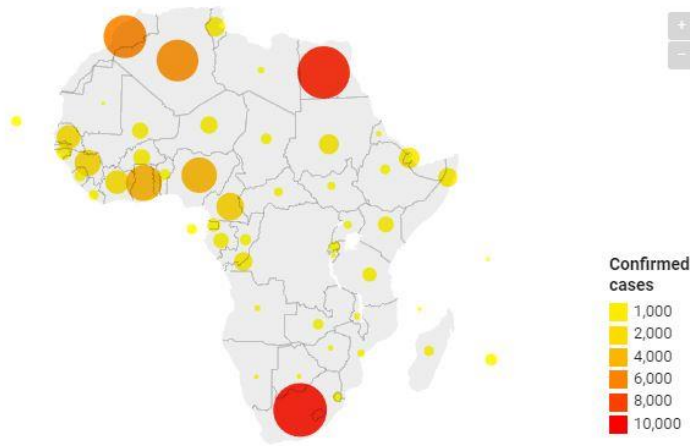


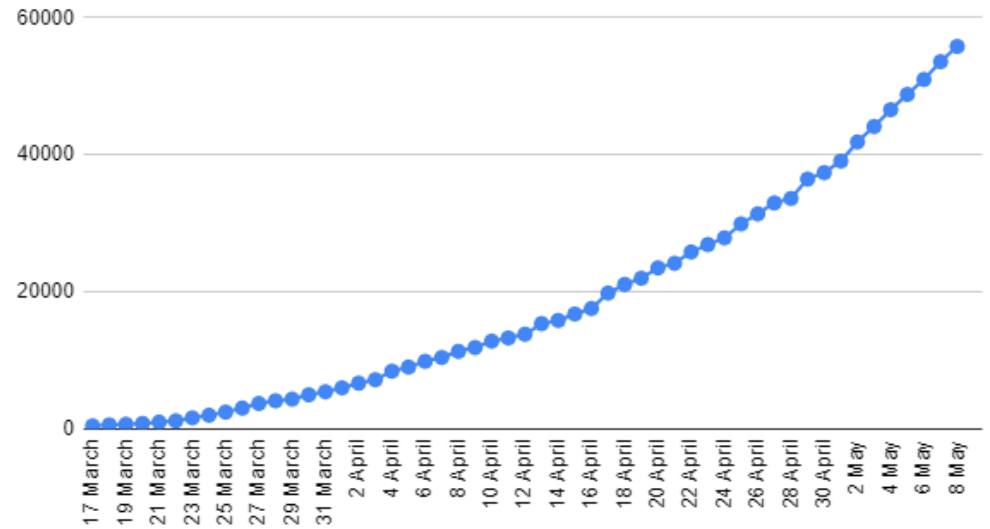
Confirmed coronavirus cases in Africa: 59,804

Recovered: 20,598; Confirmed coronavirus deaths: 2,193

Last updated: 9 May 19:50 GMT. Source: Africa CDC; Johns Hopkins; nCoV.

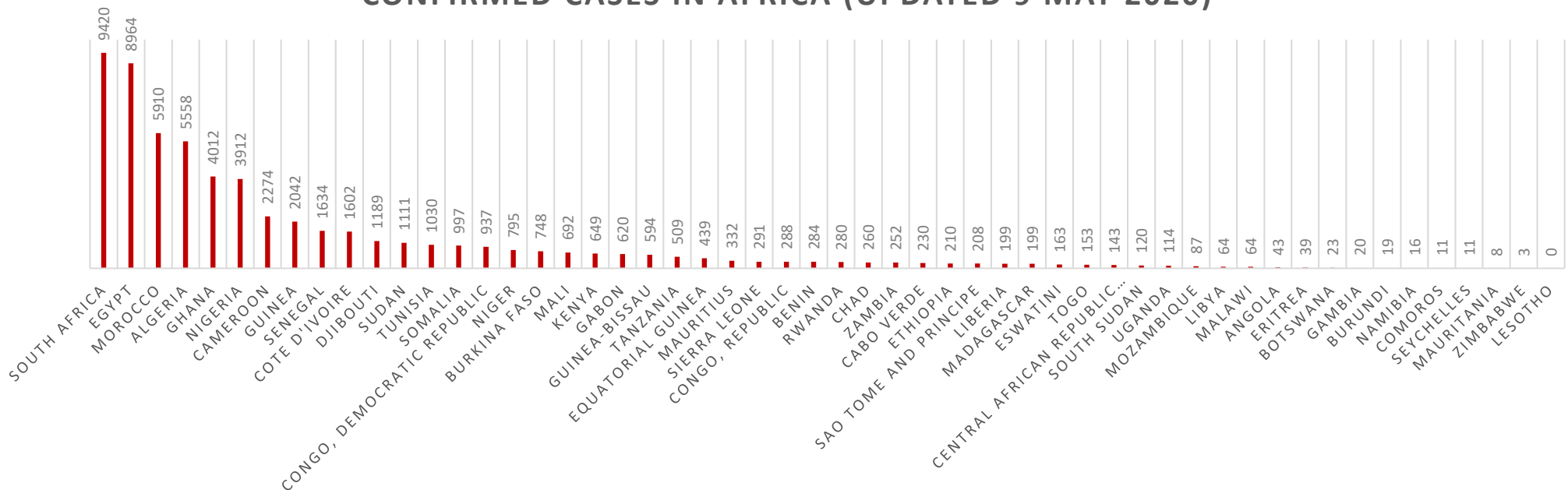


Confirmed COVID-19 cases in Africa over time



Map: James Wan, African Arguments - Created with Datawrapper

CONFIRMED CASES IN AFRICA (UPDATED 9 MAY 2020)



1. WHO's stand on the pandemic in Africa

Dr Matshidiso Moeti, the WHO Regional Director for Africa presented during the WHO Africa Media Leader virtual press conference, findings of a recent study which predicts COVID-19 related deaths to be between **83,000** and **190,000** for the first year of the pandemic if the containment measures are not strictly respected and fail. According to the study, the slower rate of transmission in Africa suggests the prolongation of the outbreak for few years. WHO, thus recommend to prioritize containment measures and respect the six criteria to take into consideration while easing lockdown restrictions.

In order to develop a safe and effective vaccine against covid-19 and considering the urgent need for highly ethical but well designed and conducted researches, an approach proposed for testing the many existing candidate vaccines is **Controlled human infection studies**, also known as **Human challenge studies**. To ensure that such researches are conducted to the highest ethical standards, WHO developed **eight key ethical criteria** they will have to meet.

Considering the impact of the COVID-19 pandemic on healthcare systems and healthcare delivery especially in poor setting countries like in Africa, WHO is trying to help for the response by establishing new collaboration such as the partnership with the European Union (EU) to help Somalia in the fight against this pandemic by providing transportation of vital medical supplies and personnel throughout the vast country, and

Table 1. Eight criteria for SARS-CoV-2 challenge studies

Scientific and ethical assessments		
Criterion 1	Scientific justification	SARS-CoV-2 challenge studies must have strong scientific justification
Criterion 2	Assessment of risks and potential benefits	It must be reasonable to expect that the potential benefits of SARS-CoV-2 challenge studies outweigh risks
Consultation and coordination		
Criterion 3	Consultation and engagement	SARS-CoV-2 challenge research programmes should be informed by consultation and engagement with the public as well as relevant experts and policy-makers
Criterion 4	Coordination	SARS-CoV-2 challenge study research programmes should involve close coordination between researchers, funders, policy-makers and regulators
Selection criteria		
Criterion 5	Site selection	SARS-CoV-2 challenge studies should be situated where the research can be conducted to the highest scientific, clinical and ethical standards
Criterion 6	Participant selection	SARS-CoV-2 challenge study researchers should ensure that participant selection criteria limit and minimize risk
Review and consent		
Criterion 7	Expert review	SARS-CoV-2 challenge studies should be reviewed by a specialized independent committee
Criterion 8	Informed consent	SARS-CoV-2 challenge studies must involve rigorous informed consent

encouraging adaptation of the existing healthcare delivery system for example by keeping community based healthcare working even in this COVID-19 context whenever the benefit of it outweighs the risks of contamination.

2. Africa50 Supports COVID-19 response with US\$300,000 grant to Africa CDC

Africa50 has announced a grant of US\$300,000 to Africa CDC to support response to the COVID-19 pandemic in Africa. The grant will be used specifically for the purchase of test kits and other medical equipment and to mobilize frontline responders, as highlighted in the Africa Joint Continental Strategy for COVID-19. Africa50, a pan-African infrastructure investment platform that contributes to Africa's growth by developing and investing in high-impact national and regional projects and mobilizing private sector funding, awarded the grant as part of Phase 1 of the COVID-19 Relief Support Initiative (RSI) of Africa50, which aims to respond to immediate public health needs in Africa.

The donation was acknowledged by Dr John Nkengasong, Director, Africa CDC, as a good example of the kind of solidarity that Africa needs from individuals and institutions in Africa. This donation contributes to efforts towards The Partnership to Accelerate COVID-19 Testing (PACT): Trace, Test & Track launched by the African Union Commission in April 2020 which aims to support testing 20 million Africans by the end of 2020 and the deployment of one million community healthcare workers to support contact tracing.
(Source: Africa CDC)

3. Madagascar's Herbal Remedy

The African Union is in discussion with the Republic of Madagascar, through its embassy in



Madagascar President Andry Rajoelina takes a sip of the CovidOrganics remedy to show his solidarity with the medicine. PHOTO Courtesy: President Andry Rajoelina – Twitter.

Addis Ababa, with a view to obtain technical data regarding the safety and efficiency of a herbal remedy, recently announced by Madagascar for the reported prevention and treatment of COVID-19.

In this regard, the AU Commissioner for Social Affairs H.E Amira ElFadil convened a meeting with the Chargé d'Affaires of the Republic of Madagascar Mr. Eric Randrianantoandro on 30th April at which it was agreed that the member state would furnish the African Union with necessary details regarding the herbal remedy. Once furnished with the details, the Union, through the Africa Centres for Disease Control and Prevention (Africa

CDC), will review the scientific data gathered so far on the safety and efficacy of the COVID-19 Organics. This review will be based on global technical and ethical norms to garner the necessary scientific evidence regarding the performance of the tonic. (Source: AU Press Release 4 May)

4. Sense of smell or taste altered in two thirds of patients with mild COVID-19 reported

Alterations in the sense of smell or taste as a manifestation of COVID-19 has been reported in the

medical and lay literature. The phone survey was completed by 202 out of 283 patients who were contacted. The patients' median age was 56 years, and 52% were women. Any alteration in the sense of smell or taste was reported by 64.4% of the patients, with median score of 4. The alteration in the sense of smell or taste occurred before the onset of typical COVID-19 symptoms in 11.9% of the patients, and it was the only symptom in 3.0% of patients. Women were significantly more likely than men to report alterations in the sense of smell or taste (72.4% vs. 55.7%).

(Source: New England Journal of Medicine)

5. Multisystem inflammatory disease in children may mimic COVID-19

NHS has reported a small number of cases children presenting with overlapping signs of toxic shock syndrome and atypical Kawasaki Disease with blood work consistent with COVID-19 (i.e., high C-reactive protein, erythrocyte sedimentation rate, and ferritin).

(Source: New England Journal of Medicine)

6. Triple antiviral therapy in treatment of COVID-19

Effective antiviral therapy is important for tackling the coronavirus disease 2019 (COVID-19) pandemic. IN a multicentre, prospective, open-label, randomised, phase 2 trial with adults with COVID-19 who were admitted to six hospitals in Hong Kong, Patients were randomly assigned (2:1) to a 14-day combination of lopinavir 400 mg and ritonavir 100 mg every 12 h, ribavirin 400 mg every 12 h, and three doses of 8 million international units of interferon beta-1b on alternate days (combination group) or to 14 days of lopinavir 400 mg and

ritonavir 100 mg every 12 h (control group). 86 were randomly assigned to the combination group and 41 were assigned to the control group. The combination group had a significantly shorter median time from start of study treatment to negative nasopharyngeal swab (7 days [IQR 5–11]) than the control group (12 days [8–15]; hazard ratio 4.37 [95% CI 1.86–10.24], $p=0.0010$). Early triple antiviral therapy was safe and superior to lopinavir–ritonavir alone in alleviating symptoms and shortening the duration of viral shedding and hospital stay in patients with mild to moderate COVID-19.

(Source: Lancet)

7. Projections on COVID-19 infections on the African continent

A correspondence article, in order to illustrate the potential burden of the pandemic in the most vulnerable countries in Africa simulated a SARS-CoV-2 outbreak in DR Congo in the absence of interventions. It is estimated that there would be over 76 million infections and 319 000 deaths the absence of physical distancing. Physical distancing and other control measures have been implemented in some parts of African countries, including in the capital of DR Congo. However, authorities in Ghana and South Africa have already begun to consider lifting restrictions. Given the dearth of health-care facilities and equipment across Africa, we urge investing heavily in prevention, including lockdowns focused on densely populated areas and shelter-in-place orders for the most vulnerable. Protecting Africa is essential, not only for the continent itself, but also to safeguard the rest of the world. Given the potential for SARS-CoV-2 to reseed, even as some countries extinguish their

current epidemics, the worldwide population is only as safe as its most vulnerable nations.

(Source: Lancet Infectious diseases)

8. Hopes rise for coronavirus drug remdesivir

Despite conflicting studies, results from largest trial yet show the antiviral speeds up recovery, putting it on track to become a standard of care in the United States. An experimental drug — and one of the world’s best hopes for treating COVID-19 — could shorten the time to recovery from coronavirus infection, according to the largest and most rigorous clinical trial of the compound yet. On 1 May, the US Food and Drug Administration (FDA) granted an ‘emergency use authorization’ for clinicians to use the drug, called remdesivir, which is administered intravenously, in hospitals for people with severe COVID-19.

Remdesivir interferes with the replication of some viruses, including SARS-CoV-2, which is responsible for the current pandemic. On 29 April, Anthony Fauci, director of the US National Institute of Allergy and Infectious Diseases (NIAID), announced that a clinical trial in more than 1,000 people had showed that those taking remdesivir recovered in 11 days on average, compared with 15 days for those on a placebo. Although a 31% improvement doesn’t seem like a knockout 100%, it is a very important proof of concept, What it has proven is that a drug can block this virus (Source: Nature)

9. Beat COVID-19 through innovation

“COVID-19 presents the world with a brutal choice between economic and public health. Innovation investments are essential to avoiding that choice—yet tiny in cost compared to current economic losses and other emergency programs. Even the slight acceleration of advances will bring massive benefits.”

(Source: Science)

10. Persistence of viral RNA in stool samples from patients recovering from covid-19

In a linked study by Zheng and colleagues, it has been found that among patients with SARS-CoV-2 tested using polymerase chain reaction (PCR) techniques during four weeks of hospital admission more than 50% of the patients still tested positive for SARS-CoV-2 in respiratory samples and a third of patients in stool samples. Suggesting worrying implications for disease control. This may warrant keeping to meticulous hand and toilet hygiene and should reduce considerably the clinical relevance of viral shedding from stool.

(Source: British Medical Journal)

11. Community Screening and Testing

First approach: Screen and test. Important to focus on rural communities where there is a lack of health centres. Second approach: targeting testing in locations where infection is most likely to be found. E.g. nursing homes, old-age homes, factories apartments, certain businesses. Test areas which are common points of congregation such as grocery stores or pharmacies. Third approach: reserve tests for random population screening. This provides benchmark for assessing whether sentinel sites are

efficiently detecting persons with infections. These efforts (and virtually all community testing) will be wasted if those found to have infections cannot be convinced to isolate in their homes or elsewhere. (Journal of American Medical Association)

12. Association of Use of Angiotensin-Converting Enzyme Inhibitors (ACEI) and Angiotensin II Receptor Blockers (ARB) With Testing Positive for Coronavirus Disease 2019 (COVID-19)

The role of ACEI and ARB in the setting of the coronavirus disease 2019 (COVID-19) pandemic is hotly debated. A retrospective cohort study of 18472 patients investigates the use of ACE-I and ARBs with testing positive for COVID-19. The severity of clinical outcome was also studied. This study found no association between ACEI or ARB use and COVID-19 test positivity. These clinical data support current professional society guidelines to not discontinue ACEIs or ARBs in the setting of the COVID-19. However, further studies with greater sample size is warranted.

(Source: Journal of American Medical Association)

13. New COVID-19 Findings from autopsy data

A prospective cohort study conducted in Germany, tried to compare the clinical findings of SARS-COV 2 with data from autopsy. 12 consecutive deaths with COVID-19 confirmed by PCR antemortem underwent medical autopsy, post-mortem computed tomography, histopathologic and virologic analysis. Age of the patients ranged from 52 to 87 years, 9 out of twelve were male. Comorbidities were mostly coronary heart disease, asthma or COPD. The autopsy revealed deep venous thrombosis in 7 out of 12 patients from whom 4 died due to pulmonary embolism. Virological tests showed high concentration of SARS-COV 2 RNA in the lungs of all patients and high concentration in liver, kidney or heart of 5 out 12 patients. Histopathology showed diffuse alveolar damage with almost air free lungs. Though this complication was more observed in younger patients because older ones tend to die before. This study findings suggest a COVID-19 induced coagulopathy due to the high incidence of thromboembolic events, even though the incidence

may be overestimated due to the limited sample size of the study.

(Source: Annals of Internal Medicine)

14. Healthcare Workers highly exposed during the pandemic

A rapid living review study funded by the WHO and published on May 5, 2020 shows that SARS-COV 2 constitute a significant burden of healthcare works where in Wuhan, China, for example on February 11, 2020 Healthcare workers were 3.8% of PCR confirmed COVID-19 cases. A higher incidence of depression, anxiety and other mental issues have been observed among healthcare workers and their family members. Risk factors for SARS-COV 2 infection in health care workers included working in a high risk service, suboptimal handwashing before and after patient contact, improper PPE use and longer hours of work among others. Infection control training and PPE use were associated with decreased risk for healthcare workers.

(Source: Annals of Internal Medicine)

Information sourced and researched by the COVID-19 FTWG Research Subcommittee.

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