New COVID Strain – EG. 5 SARS-COV-2 Subvariant

Just when it seems it’s all over, the World Health Organization on the 9th of August announced the EG.5 SARS-COV-2 (the latest Coronavirus strain) as a Covid variant of interest due to the increasing cases of infection and hospitalization reported. These cases have been reported from five regions globally: Africa, America, Asia, Europe and Oceania. In Africa, reports have been obtained from Egypt, Cape Verde, South Africa and Uganda.

The EG.5 is commonly known for its advanced growth capability and immune escape properties; infecting the upper respiratory tract just like the former strains of the COVID virus. Symptoms such as runny nose, sore throat and other cold-like symptoms are prominent. However, though very easily transmissible, the EG.5 strain has not been shown to cause worse cases of COVID-19 compared to prior strains.
Marburg Virus Disease outbreak in Equatorial Guinea ends

The outbreak, which was declared on 13 February, was the first of its kind in Equatorial Guinea. A total of 17 laboratory-confirmed cases and 12 deaths were recorded. All the 23 probable cases reported died. Four patients recovered from the virus and have been enrolled in a survivors programme to receive psychosocial and other post-recovery support.

While outbreak-prone diseases continue to pose a major health threat in Africa, we can bank on the region’s growing expertise in health emergency response to act quickly and decisively to safeguard health and avert widespread loss of life. WHO declares Equatorial Guinea free of Marburg Virus disease.
South Africa’s response to cholera outbreak

Even though the first case was reported in Hammanskraal, a town in the northern Gauteng province, on the 19th of May 2023, about 1290 cholera cases have been suspected since 1 February 2023. Of these, 199 cases have been confirmed and 47 deaths occurred (20 among the confirmed cases). Three days after the report of the first case, a triage centre within Jubilee Hospital was erected by the South African response team of the Health Department, supported by the World Health Organization and other partners. With the passage of just a few days, a field hospital was established in Kanana, the epicentre of the outbreak, in just six hours. On the night of that same day, health workers attended to the first patient. This field hospital, established within the community, helped relieve the influx of patients into Jubilee Hospital.

In addition, outbreak response team were dispatched to communities suspected of any cholera cases. Team members would often collect samples, identify possible cases and promote the use of safe water and healthy hygiene among community members. Information materials and hygiene kits for cholera were further disseminated to all households within 100 to 250 meter radius of any household positive for cholera.

With such intensified and active involvement by the health team, the cases subsided rapidly from 392 cases per week in May to just 6 per week in June.
What a response!
Indeed, South Africa's Health Team is one to be imitated and lauded. For with such commitment to the health of the public, infectious diseases can be eliminated.
Mauritius is the first in Africa to adopt WHO full-scale tobacco control measures

The African region is expected to be home to more than 50 million smokers by 2025 unless more is done urgently to halt the tobacco epidemic. About 12 million others are estimated to be using smokeless tobacco products such as chewing tobacco or snuff.

Mauritius has become the first African country to fully implement the entire World Health Organization’s (WHO) package of tobacco control measures aimed at reducing tobacco use and reducing related deaths.

The WHO tobacco control package, called MPOWER Package, is a set of six measures to help countries monitor tobacco use and the effectiveness of preventive measures; establish measures to protect people from tobacco smoke and help them quit; ensure warning about the dangers of tobacco; enforce bans on tobacco advertising, promotion and sponsorship; and raise taxes on tobacco. These measures are aimed at assisting countries to curb the demand for tobacco.
The number of internally displaced persons in the Democratic Republic of the Congo has more than doubled to 6.3 million since the end of 2022 amid a spike in conflict and insecurity, as well as natural disasters and disease outbreaks that are deepening the plight of millions of people and exponentially heightening health needs.

United Nations humanitarian agencies have sounded the alarm over the rising humanitarian needs in the eastern Democratic Republic of the Congo and called for an immediate step-up of operations to assist the affected population. With the deterioration of the humanitarian situation in Mai-Ndombe, Kasai and Tshopo, the World Health Organization (WHO) is also immediately scaling up emergency health assistance to respond to the rising needs.
References

- Statement on the New COVID Strain, EG.5 SARS-COV-2 Subvariant

- Marburg Virus Disease outbreak in Equatorial Guinea ends

- Rapid response ends cholera outbreak

- Combatting disease threats among people fleeing the Sudan conflict

- Democratic Republic of the Congo faces acute health crisis amid rising violence
TRIVIA

1. Are you aware of the latest Covid Strain?
2. Is there still Marburg Virus Outbreak? Yes/No
3. Should South Africa’s Health Team be lauded for their manner of response to the recent cholera outbreak?
4. Do you know the expected number of smokers by 2025?
5. How many countries in Africa have adopted WHO full-scale tobacco control measures?

To answer our Trivia questions, please use the comment section of our post on any of our social media platforms below:

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