

Update: 6-8 June, 2020

UPDATE ON GLOBAL, REGIONAL AND NATIONAL DEVELOPMENTS ON COVID-19

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Summary

- As of June 8, 14:00 GMT, more than seven million (7,123,759) people are infected with coronavirus worldwide causing 406,777 deaths and 3,478,030 recoveries.
- Africa reported a total of 189,434 cases, 5,175 deaths and 82,888 recoveries as of June 8th, 5:00 PM EAT.
- A potential rapid antigen detection test was evaluated against the standard diagnostic tool and was found to have 93.9% sensitivity and reported to be an important tool for early diagnosis of SARS-CoV-2, particularly in situations with limited access to molecular methods.
- A meta-analysis reported the contribution of physical distancing in reducing transmission:
 - I-meter physical distancing recommendation set the absolute risk of developing the infection at 12.8% among the population at risk and increasing the distancing recommendation to 2 meters reduced the risk of developing the infection to a mere 2.8%.
 - The absolute risk of developing the infection, among the exposed, when using face mask versus not using any was 3.1% and 17.4% with different types of facemask having different protection rates. N-95 or similar masks with respirators offered more protection.
- WHO has updated its guidance to advise that to prevent COVID-19 transmission effectively in areas of community transmission, governments should encourage the general public to wear masks in specific situations and settings as part of a comprehensive approach to suppress SARS-CoV-2 transmission. It was stated non-medical masks should include three layers.
- Regarding mental wellbeing of health professionals, it was commented that strategies should be developed by National Health Services to protect mental health of health workers post COVID-19.

Update on Epidemiology (Incidence, mortality, recovery & epidemiologic parameters) *Global*

- As of June 8, 14:00 GMT, more than seven million (7,123,759) people are infected with coronavirus worldwide causing 406,777 deaths and 3,478,030 recoveries.
- The percentage of recoveries is gradually increasing from 85 % at the beginning of the pandemic to 90 % this week.
- Out of the total active cases, 98% (3,185,044) of them have mild illness and only 2% (53,908) have critical or serious condition.

- On June 5th, additional 130, 622 cases were reported globally which is the highest number of new cases recorded since the pandemic started.
- In the United States of America (USA), more than 2 million (2,008,792) people are infected with corona virus and the country also reported the highest number of deaths (112,506 deaths) as of June 8th, 14:00 GMT.
- In the last three consecutive days, both the number of new cases and new deaths in the USA were decreasing; with a total of 25,393 new cases and 975 deaths on June 5th and 18,903 new cases and 373 deaths on June 7th.
- California (131,710 cases) became the third most affected state next to New Jersey (166,006 cases) and New York (398,828 cases).
- Brazil (691,962), Russia (476,658), Spain (288,630) and United Kingdom (287,399) are other most affected countries in the world next to USA.
- High number of deaths also reported from the United Kingdom (40,597), Brazil (37,312), Italy (33,899), France (29,155) and Spain (27,136).

Africa

- According to Africa CDC, a total of 189,434 cases, 5,175 deaths and 82,888 recoveries were reported as of June 8th, 5:00 PM EAT.
- The total number with infection in South Africa is approaching 50,000 (48,285 cases), which accounted for one fourth (25.5%) of total cases reported in the continent. However, the number of new cases in the country is decreasing slightly in the last three days; from 2,642 new cases on June 5th to 2,312 new cases on June 7th.
- In similar pattern, the number of new cases in Egypt was progressively increasing through time but it's slightly decreased yesterday (1,467 new cases) compared to the previous day's report (1,497 new cases). So far, a total of 34,079 cases are reported in the country contributing for 17.9 % of total cases in Africa.
- Egypt is also the leading country with high number of deaths in the continent and as of June 8th 5:00 EAT, 1,237 people have died in the country.
- Other African countries with high number of COVID-19 cases and deaths include; Nigeria (12,486 cases and 354 deaths), Algeria (10,154 cases and 707 deaths), Ghana (9,638 cases and 44 deaths), Morocco (8,250 cases and 208 deaths) and Cameroon (8,060 cases and 212 deaths).

Ethiopia

 According to the Ministry of Health report, a total of 16,367 laboratory tests were carried out in the past three days and 351 additional COVID-19 cases were identified in the country.

- Three hundred thirty four (334) of these cases are Ethiopians while the rest 17 are citizen of other countries. The age of the additional cases ranges from 1 to 97 years and more than half 211 (60.1%) of them are males.
- More than three fourth 282 (80.3%) of these cases were reported from Addis Ababa, 21 from Oromia, 19 from Tigray, 11 from Amhara, 8 from Somali, 5 from SNNPR, 3 from Hareri, 1 from Dire Dawa and 1 from Gambella region.
- The ministry also reported that additional 99 people (64 from Addis Ababa, 14 from Somali, 8 from Afar, 6 from Amhara, 3 from Oromia, 2 from Tigray and 2 from Benshangul) are fully recovered from the disease raising the total number of recoveries to 361.
- In addition, eight people (5 females and 3 males) have passed away on June 6th and June
 7thraising the total number of deaths in the country to 27.
- Therefore, a total of 147,735 laboratory tests were conducted and 2,156 confirmed cases, 27 deaths and 361 recoveries were reported as of June 8th, 6:00 PM EAT.
- Out of the total 1,766 active cases, 32 of them are in critical condition and receiving treatment in the intensive care unit, while the others are having mild form of the disease.

Update on Diagnosis

In one study a novel rapid antigen detection test for SARS-CoV-2 was evaluated in respiratory samples. The test is a fluorescence immunochromatographic SARS-CoV-2 antigen test produced by Bioeasy Biotechnology Co., Shenzhen, China and it was evaluated using universal transport medium with nasopharyngeal and oropharyngeal swabs from suspected COVID-19 cases. The accuracy was determined in comparison to SARS-CoV-2 RT-PCR. A total of 127 samples were included in the study out of which 82 were RT-PCR positive. Of these, 93.7% were from the first week after symptom onset. Overall, the sensitivity and specificity were found to be 93.9% and 100%, respectively, with a diagnostic accuracy of 96.1% and Kappa coefficient of 0.9. It was noted the sensitivity was significantly higher in samples with high viral loads. The authors indicated the assay has the potential to become an important tool for early diagnosis of SARS-CoV-2, particularly in situations with limited access to molecular methods (Porte et al., 2020).

Update on Public Health Control measures

- A meta-analysis involving 172 observational studies conducted measuring the effect of nonpharmaceutical interventions (face mask, physical distancing, and face shield) on the transmission of viruses under the Coronaviridae family which caused MERS, SARS, COVID-19.
- The recommendation on physical distancing has contributed for a decrease in the transmission of the disease. This analysis involved a range of physical distancing interventions, with a notable difference in the absolute risk (AR) as the distancing recommendation increased. A 1 meter physical distancing recommendation set the absolute risk of developing the infection at 12.8% among the population at risk. However, increasing the distancing recommendation to 2 meters reduced the risk of developing the infection to a mere 2.8%.
- Consistent use of face mask also showed a significant decrease in the risk of transmission. The absolute risk of developing the infection, among the exposed, when using face mask versus not using any was 3.1% and 17.4%. But the type of face mask was an important determinant of the degree of protection. N-95 or similar masks with respirators offered more protection (aOR 0.04, 95% CI 0.004 to 0.30) than other masks (aOR 0.33, 95% CI 0.17 to 0.61). (Chu DK, et al, 2020).

Update on personal protective equipment

Face mask use

WHO has changed its advice on the use of masks by the general public in its new guidance released on 5th June. It was noted that currently the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and that there are potential benefits and harms to consider. However, it was stated WHO has updated its guidance to advise that to prevent COVID-19 transmission effectively in areas of community transmission, governments should encourage the general public to wear masks in specific situations and settings as part of a comprehensive approach to suppress SARS-CoV-2 transmission. They indicated this decision was reached after taking into account the available studies evaluating pre- and asymptomatic transmission, a growing

compendium of observational evidence on the use of masks by the general public in several countries, individual values and preferences, as well as the difficulty of physical distancing in many circumstances. WHO recommends people aged ≥ 60 years and people with underlying comorbidities to wear medical masks in settings where physical distancing cannot be achieved and there is increased risk of infection and/or negative outcomes. It also recommends a person with any symptoms suggestive of COVID-19 to wear medical masks in any setting in the community. The guidance also presented the ideal combination of material for non-medical masks. Accordingly, it was stated non-medical masks should include three layers; an innermost layer of a hydrophilic material (e.g., polypropylene, polyester, or their blends) which may limit external contamination from penetration through to the wearer's nose and mouth and a middle hydrophobic layer of synthetic non-woven material such as polypropylene or a cotton layer which may enhance filtration or retain droplets(WHO, 2020).

Psychosocial wellbeing updates

- A commentary in lancet psychiatry shared a strategy to protect mental health of health workers post COVID 19. A recovery plan is important to promote mental wellbeing of health workers during and after the COVID 19 pandemic. Acknowledging health workers contribution in this challenging time, make sure that they are able and mentally well to restart working after the outbreak, check if any of the staff were experiencing post-traumatic stress and promote group discussion about the emotional and social aspect of their work as well as to support each other to reduce risks of self harm (Greenberg et al., 2020).
- African centres for disease control and prevention has shared a Guidance for mental health and psychosocial support for COVID 19. This document was aimed at guiding member states on how to handle COVID 19 related psycho social problems. It includes key tips and messages to health care workers, for isolated or quarantined people, for community including media and vulnerable people such as elderly, children and people with mental illness. The key messages for the health care workers are: It is okay to feel stressed, focus only on the things you can control, take care of your physical and mental health, and keep up your social support system (African CDC, 2020).
- The lesson from China (Liu 2020) is the importance of mental preparedness to the new change that is coming and yet to come in the work environment and daily life. Since our

country is in its early phase of the outbreak familiarising health workers with the impending situation is useful.

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