Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

COVID-19 in Africa

As reported in more detail in an article recently published on the European Science-Media Hub website,[1] Africa, despite having the world's greatest infectious disease burden, has a weak epidemiological surveillance system. Even in Europe, with its more advanced information systems, the official data on the coronavirus disease 2019 (COVID-19) are controversial because of poor standardisation. The data on COVID-19 in several African countries are currently scarce and uncertain, which does not allow for an objective analysis of the present situation. Some evidence also shows that several African countries exert tight control over public data and information. The World Health Organization recently rebuked the Tanzanian government for refusing to share information on alleged Ebola cases, the country denying the existence of any such cases.[2] Furthermore, it is not uncommon for journalists disclosing information on COVID-19 to be subject to intimidation by public authorities.[3] Interpretation of the pandemic's trend in Africa should consider three major factors: the undernotification of cases, the slower development of the epidemic and a comparatively lower incidence to other continents. Previous epidemics were subject to catastrophic predictions (the AIDS epidemic in the 1980s–90s, the more recent Ebola epidemic), predictions which did not eventually occur. Therefore, caution should be exercised in regards to the extremely negative predictions of the present pandemic.

In health emergencies (especially epidemics), one of the most frequent risks in Africa is the suspension of essential prevention and treatment health services. The new SARS-CoV-2 emergency threatens to absorb resources destined for other preventable disease conditions, which – unlike COVID-19 – have known therapies: common paediatric infectious diseases, obstetric complications, vaccinations campaigns, etc. Avoidable morbidity and mortality of common diseases could therefore inflict more damage and claim more victims than the epidemic itself, as was the case in the recent Ebola epidemic.[4,5] Aid and, more importantly, other forms of sustainable assistance that would alter African socioeconomic trajectories – if and when they will be sent in the difficult times we are facing – will have to seriously consider the health systems.

Finally, in Africa, particularly in the sub-Saharan region, there are no nation-wide health systems capable of enduring a wave of patients suffering acute respiratory failure. The massive and short-term intensive care requiring assisted breathing and other organ-failure support would be very challenging. As in Europe, and likely on a greater scale, any epidemic pressure will have to be addressed with home care under supervised self-medication. Large-scale diagnostics will not be affordable, and so it will be necessary to prioritise triage based on clinical case definition or presumptive diagnosis.[6,7]

Disclaimer

The views expressed in this publication are the sole responsibility of the authors and do not necessarily reflect the views of the affiliated organizations.

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