

PERC Weekly Update: COVID-19 Epidemiology and Policy in Africa

Reporting period: 1-7 February 2021 (Africa CDC Epi Week 5)

KEY TAKEAWAYS:

- Although the total number of new cases reported fell across the continent this week, the case fatality rate continues to increase and the test performed per case is less than the recommended range, indicating cases are likely going undetected.
- While wealthy countries are starting to roll out vaccinations, only six African Union Member States (**Algeria, Egypt, Guinea, Mauritius, Morocco, Seychelles**) have started to vaccinate some health care workers. **South Africa** decided to temporarily halt the distribution of AstraZeneca's vaccine after a small initial [trial](#) found its vaccine did not demonstrate efficacy against mild to moderate COVID-19 caused by non-variant or 501Y.V1 variant strains. However, in a press briefing, WHO emphasized that despite recent study results, the AstraZeneca vaccine should not be dismissed and that additional research is needed to determine whether or not the vaccine is still effective at preventing severe illness and death from the variant.
- **South Africa**—for the first time since the detection of the 501Y.V1 variant—announced the easing of restrictions, including the reopening of beaches and parks, as well as indoor gatherings (although with strict capacity limitations). **South Africa** also joined a number of Member States that announced plans to reopen schools, including **Zambia, Nigeria, Angola, and Uganda**.

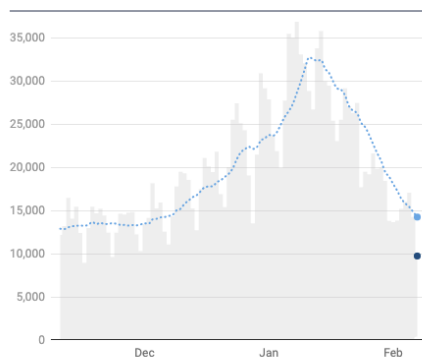
DISEASE DYNAMICS ([Reference](#): Africa Centres for Disease Control and Prevention Outbreak Brief #56)

Total Daily New Cases

7-day average

14,244

-24.7% week-over-week change



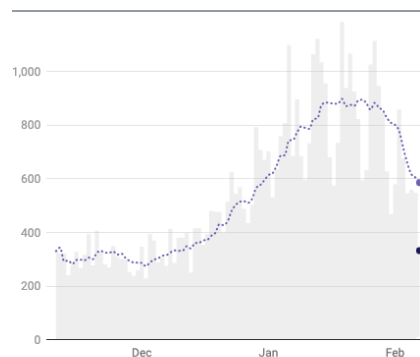
Source: Africa CDC • Created with [Datawrapper](#)

Total Daily New Deaths

7-day average

586

-27.6% week-over-week change



Source: Africa CDC • Created with [Datawrapper](#)

Total Daily New Tests Conducted

7-day average

110,691

-23.8% week-over-week change



Source: Africa CDC • Created with [Datawrapper](#)

Figure 1. Africa CDC epidemiological data on PERC hotspot [dashboard](#)

- In Africa, the total number of reported new cases and deaths fell by about 25% and 28%, respectively, between Epi Week 4 (25-31 January) and Epi Week 5 (1-7 February). Excluding **South Africa**, reported new cases and deaths decreased by 16% and 17%, respectively.
- However, the case fatality rate has been increasing in Africa and is currently at 2.6% as of 7 February, higher than the global average of 2.2%. The reported number of tests performed also fell by 24% across the continent this week, and by more than half in **Cabo Verde, Cameroon, Gambia, Ghana, Liberia and Nigeria**. This week,

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there were about 8 tests performed per case across the continent, which is lower than Africa CDC recommended range of 10 to 30 tests per case, and indicates that many cases are likely going undetected.

- Reported new cases decreased by a total of 54% across the Southern region. However, the 7-day average of reported new cases—although decreasing slightly—still remains high in **Botswana, Mozambique and Zambia**.
 - In **Zimbabwe**, although reported new cases have appeared to peak, local **Zimbabwean** news outlet *The Standard* [reported](#) that many were dying outside of hospitals accessing treatment. Shortage of beds and oxygen supplies have been cited as persistent challenges.
- The total number of reported new cases also decreased in the Northern (16%) and Western (13%) regions. However, reported new cases increased in a number of Member States in the Western region, including in **Benin, Guinea-Bissau, Gambia and Senegal**. In **Senegal**, the 7-day average of reported new cases is at the highest reported yet, and continues to climb. Recently, **Senegal** [reported](#) that it detected the 501Y.V1 variant.
- The total number of reported new cases decreased by less than 1% in the Eastern region, and increased in the Central region by 20%. In the Eastern region, reported new cases increased in **Ethiopia, Kenya, Somalia, and South Sudan** (and slightly in **Mauritius and Djibouti**). In the Central region, reported new cases increased in **Cameroon, Central African Republic, Congo Republic, Gabon, and Sao Tome and Principe**.

PUBLIC HEALTH AND SOCIAL MEASURE (PHSM) HIGHLIGHTS

Hotspot Warning Levels

Warning Level 0: Gray No data available.	Warning Level 1: Green Relatively low spread and no evidence of a growing outbreak.	Warning Level 2: Yellow A moderate outbreak or the possible start of a growing outbreak.	Warning Level 3: Orange A widespread or growing outbreak.	Warning Level 4: Red A very widespread or fast-growing outbreak.
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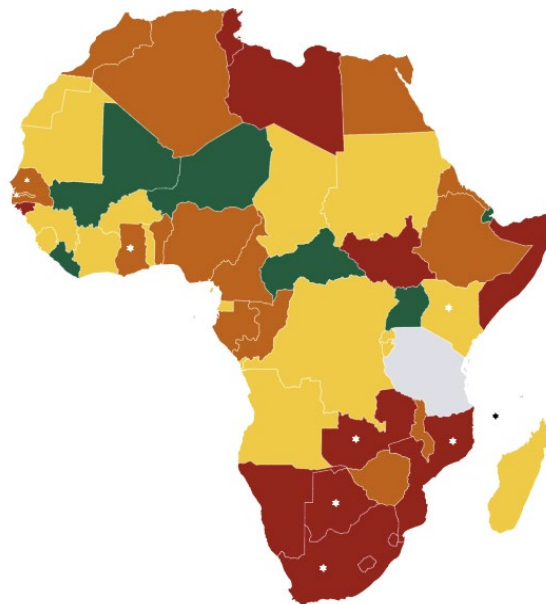


Figure 2. Map of AU Member States by hotspot level on PERC [dashboard](#). This system is intended to highlight AU Member States in need of attention due to an increasing or widespread outbreak. For specifics on calculations, refer to the dashboard [methodology](#). Member States with asterisk (*) reported presence of the 501Y.V2 variant (note, at present, global genomic surveillance is limited). The delineation of the international and other boundaries used on this map do not imply official endorsement or acceptance by the AU and Africa CDC.

The validity of the hotspot warning levels is dependent on the data quality, reporting frequency and testing strategy being implemented within specific Member States. Interpret cautiously for countries with low testing rates.

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The table below highlights changes in PHSMs by PERC hotspot warning level based on data from the [Oxford COVID-19 Government Response Tracker](#). An up arrow indicates new PHSMs announced. Horizontal arrow indicates PHSMs extended. Down arrow indicates PHSMs loosened/expired.

Country	PHSM Trend	PHSM Change
Warning Level 4: Red A very widespread or fast-growing outbreak.		
Cabo Verde	→	Cabo Verde maintained a state of calamity on the island of São Vicente until 15 February, which includes measures such as mandatory face masks in public, social distancing, and limited hours of operation for businesses. The nation's other islands were downgraded to a state of contingency.
Comoros	↑	Comoros instituted new restrictions on the islands of Grande-Comore and Anjouan, including a ban on religious services and the closure of all schools. A nightly curfew also remains in place.
Mozambique	↑	Mozambique imposed a nighttime curfew from 21:00-4:00 in capital city Maputo and the surrounding areas. Additional restrictions include a ban on all religious services, school closures, suspension of sports, and a ban on all private gatherings except for weddings. These will be in effect until 7 March.
Namibia	→	Namibia extended existing restrictions, which includes a ban on gatherings of 50 or more people and limits on the sale of alcohol, until 24 February. Namibia also adjusted the nightly curfew to begin at 22:00 and end at 5:00, a slight shift from the previous curfew of 21:00-4:00.
South Africa	↓	South Africa eased multiple lockdown restrictions. Public places, including beaches and swimming pools, will reopen, as will religious institutions, which have a 50 person capacity limitation on indoor services. Hours of curfew have also been reduced, and restrictions on the sale of alcohol have largely been lifted. Schools will reopen on 15 February, a two-week delay from the original reopening date of 27 January.
South Sudan	↑	South Sudan imposed a partial lockdown for at least one month. New restrictions include a ban on all social and religious gatherings, closure of schools, and mandatory mask-wearing in public.
Zambia	↓	Schools in Zambia reopened on 1 February after multiple delays.
Warning Level 3: Orange A widespread or growing outbreak.		
Algeria	↓	Algeria shortened the nightly curfew in Algiers Province, which is now from 22:00 until 5:00 (previously 20:00-5:00). This will remain in effect until 15 February.
Ghana	↑	Ghana reimposed a ban on public gatherings, including weddings, concerts, theatre, and parties. Funerals with fewer than 25 guests are permitted as long as social distancing and mask-wearing is in effect.
Malawi	→	Malawi delayed school reopening until 22 February as transmission continues to rise.

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Morocco	→	Morocco extended the state of emergency until 10 March, which entails maintaining a nightly curfew and bans on public and private gatherings.
Nigeria	↓	Some states in Nigeria reopened primary and secondary schools on 1 February, including Kaduna, Akwa Ibom , Lagos, and Edo. However, a strike among teachers in Edo state complicated reopening efforts.
Warning Level 2: Yellow A moderate outbreak or the possible start of a growing outbreak.		
Angola	↓	In Angola , primary schools are expected to reopen on 10 February after multiple delays.
Rwanda	→	Rwanda extended a lockdown in capital city Kigali until 8 February, and announced that new measures, including a nightly curfew, will be imposed once the lockdown expires.
Warning Level 1: Green Relatively low spread and no evidence of a growing outbreak.		
Uganda	↓	In Uganda , President Museveni announced that schools and higher education institutes will begin phased reopening as of 1 March; however, nursery schools for children ages 3-6 will remain closed.

SECONDARY BURDENS OF COVID-19 AND PHSMS

- A new case of Ebola was [detected](#) in North Kivu Province, **DRC**. WHO reported that already more than 70 contacts have been tracked in relation to the case. The emergence of more Ebola cases could [complicate](#) efforts to respond to COVID-19, including vaccination campaigns meant to start in the coming months.
- Social media users in **South Sudan** expressed concern over the new government-imposed lockdown, worried that it “could hurt people’s livelihood”, especially in the capital city, Juba. Local news outlet *The Insider* [reported](#) that “residents say it’s not fair to impose lockdown when many are struggling to meet their basic needs”.
- The humanitarian situation across [Tigray](#), **Ethiopia** continues to deteriorate rapidly. Economic activity, electricity, communication and basic health services remain largely disrupted, with an estimated 80% of hospitals remaining dysfunctional. The conflict occurred during harvest season, affecting the volume of crops harvested, and reducing food supply in markets. This occurs on top of high rates of malnutrition due to COVID-19 lockdowns and desert locusts.
- [Refugees](#) continue to flee from **Cote d’Ivoire** to **Liberia** due to increasing insecurity, resulting in an increase in COVID-19 cases within **Liberia**. Population movements from [Central African Republic](#) to **DRC**, **Cameroon**, **Chad** and the **Congo** as well as a recent uptick in movement into [Sudan](#) from **Ethiopia**, could also lead to increased transmission of COVID-19.
- Relief efforts for those affected by [Cyclone Eloise](#), which made landfall in **Mozambique** and **Zimbabwe** in mid-January, have been overshadowed by the response to the virus. Both Member States are experiencing continual flooding and mudslides that are displacing people from their homes, destroying livelihoods, and reducing access to clean water, sanitation and hygiene services—all crucial in the fight against COVID-19.

VACCINE UPDATE

- More than [130 million doses](#) of various COVID-19 vaccines have been administered in 73 countries globally. Rollout has been largely [concentrated in the world’s richest countries](#), while only six AU Member States have begun administration: **Algeria**, **Morocco**, **Seychelles**, **Egypt**, **Guinea**, and **Mauritius**.

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- **South Africa** [announced](#) on 8 February that it halted the rollout of the Oxford-AstraZeneca vaccine after a small initial [trial](#) (involving 1,750 participants of median age 31 years) did not demonstrate efficacy against mild-moderate COVID-19 caused by non-variant or 501Y.V1 variant strains with confidence, and efficacy against severe COVID-19 could not be assessed. This is following the African Union's [announcement](#) on 28 January that it had secured 400 million doses of the AstraZeneca vaccine for distribution.
 - However, in a press briefing, WHO emphasized that despite recent study results, the AstraZeneca vaccine should not be dismissed and that additional research is needed to determine whether or not the vaccine is still effective at preventing severe illness and death from the variant.
- **South Africa** is shifting focus to the Pfizer and Johnson & Johnson (J&J) vaccines, announcing plans to vaccinate some health care workers with the J&J vaccine in the coming weeks. However, interim data from [Novavax Inc.](#) and [J&J](#) also showed reduced vaccine efficacy against disease caused by the 501Y.V1 variant. In **South Africa**, the Novavax vaccine had an efficacy of 60% in preventing mild, moderate and severe COVID-19 among HIV negative participants (versus >89% in the UK). The J&J vaccine was 57% effective in preventing moderate to severe COVID-19 in South Africa (versus 72% in the US). When considering the prevention of severe COVID-19 alone, the vaccine was 85% effective in **South Africa** (as well as in other study sites).
- There have also been concerns over the equity of pricing. **Uganda**, for example, paid nearly triple the price per dose for the AstraZeneca vaccine compared to the European Union, inciting outrage among advocates around the world. A senior Ugandan health official [defended](#) the pharmaceutical giant, saying it was unfair to compare prices between countries.
- On Wednesday, the WHO COVAX Facility published [indicative allocation estimates](#) for all participating economies based on current supply predictions. According to this interim forecast, **Cabo Verde, Rwanda, South Africa, and Tunisia** are the Member States expected to receive a portion of the 40 million Pfizer doses [secured by the facility](#). Distribution of these doses is expected to begin by the [end of February](#).
- Multiple countries in Africa have [secured doses](#) of vaccine bilaterally in addition to the COVAX facility and African Union allocations. **Algeria** and **Guinea** have both begun rollout with the Russian-developed Sputnik V vaccine, and **Egypt** has purchased Sputnik V doses and is currently conducting clinical trials. **Egypt, Morocco, Seychelles, Botswana, Democratic Republic of Congo, and Senegal** have all secured doses or are in talks with China to secure doses of their Sinopharm vaccine. The Sputnik V, Sinopharm, and AstraZeneca vaccines require the standard 2-8 °C cold chain, rather than freezers or ultra-cold equipment, making them the most feasible options for wide distribution across Africa.
 - A [report](#) that Chinese police arrested more than 80 people suspected to be selling fake COVID-19 vaccines in Beijing and two eastern provinces gained traction on social media in Africa. Social media users in **Benin, Botswana, Cameroon, Ghana, Kenya, Nigeria, South Africa, and Tunisia** expressed concern in comments on the report, and questioned the authenticity of the vaccines that China is selling to African countries.
- Two Member States have announced publicly that they will not accept COVID-19 vaccines yet. In **Burundi**, Minister of Health Thaddee Ndikumana [stated that](#), with a 95% survival rate in the country, current preventative measures proved sufficient against the virus already. In **Tanzania**, Health Minister Dorothy Gwajima [confirmed](#) that the nation has no plans to receive the vaccine after President Magufuli warned against them.