



Recrudescence Cases of COVID-19 in Central Africa in and Perceived Vulnerability in 2020

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Abstract

Coronaviruses are common RNA viruses, of the family *Coronaviridae*, which are responsible for digestive and respiratory infections in humans and animals. The behavior of individuals would have a significant impact on the evolution of the 2019 coronavirus epidemic (COVID-19). A discrepancy in beliefs about the mortality and contagiousness of the virus has been noted. Several vulnerability factors could be cited. Despite the measures put in place by governments, the spread is to mention problems related to hygiene and sanitation.

Keywords: Vulnerability; COVID-19, Epidemic, Central Africa; Recrudescence

Introduction

Coronaviruses are common RNA viruses, of the family *Coronaviridae*, responsible for digestive and respiratory infections in humans and animals. Behavior influenced by the perceptions of individuals would have a significant impact on the resurgence of cases at COVID-19 [1].

According to the Africa Center for Strategic Studies of April 13th, 2020, "while exposure to international contacts was critical in the initial phase of the pandemic, vulnerabilities related to transmission within the African continent and countries will prevail now that the virus has become established on the continent". According to Lepira et al. [2], several factors of vulnerability could be cited among others the fragility of the health system and the economy, the promiscuity between individuals, the extreme poverty of populations living day to day without provisions, the endemicity of certain chronic diseases such as HIV/AIDS, malaria, sickle cell disease, malnutrition, access to drinking water and essential drugs, the denial of the disease due to illiteracy and intense trade with foreign countries.

Background

The COVID-19 epidemic is spreading around the world. In December 2019, China was faced with the emergence of a new viral infectious pathology called COVID-19 which spread with 403,000 deaths recorded and 7 million cases diagnosed in early June in 196 countries worldwide, compared to 13,323,530 cases in mid-July. In the United States, a discrepancy in the beliefs on the mortality and contagiousness of the virus was noted in March 2020 by Fetzer et al. [3]. This country now has the largest number of cases with a lethality of about 3.97% against 2.2% in Africa; 189,677 cases in Africa on June 9th, 2020 according to the CDC Africa with 5,192 deaths in 54 African countries. The lethality is about 5.78% in the world against 2.73% in Africa in early June. In the CEMAC countries about 2.17% of the lethality, 15,464 cases with 336 deaths in early June. As of April 2020, 749 cases in Central Africa including 45 in Congo, 21 in Gabon, 16 in Equatorial Guinea, nine in Tchad, eight in Central African Republic, 650 cases in Cameroon; 16 deaths in Central Africa, nine in Cameroon, five in Congo, one in Gabon, none in Equatorial Guinea, one in Tchad, none in Central African Republic. Lethality in Central Africa has increased from 2.13% in early April to 2.17% in June 2020. At the beginning of June, more than 15,000 cases with more than 8,000 cases in Cameroon, more than 400 cases in Tchad, more than 1,900 cases in CAR, more than 700 cases in Congo, more than 1,300 cases in Equatorial Guinea and more than 3,100 cases in Gabon. Unfortunately, 336 deaths with 208 deaths in Cameroon, 5 deaths in CAR, 70 in Chad, 22 deaths in Congo, 12 deaths in Equatorial Guinea, 21 deaths in Gabon as of 8 June 2020. Despite the measures put in place by governments, the spread is significant and worrying. The most vulnerable countries are not necessarily those that recorded the first cases.

Concerning the transmission of COVID-19, Coronaviruses or "crown viruses" are believed to cause respiratory infections ranging from mild nasal discharge to severe and sometimes lethal

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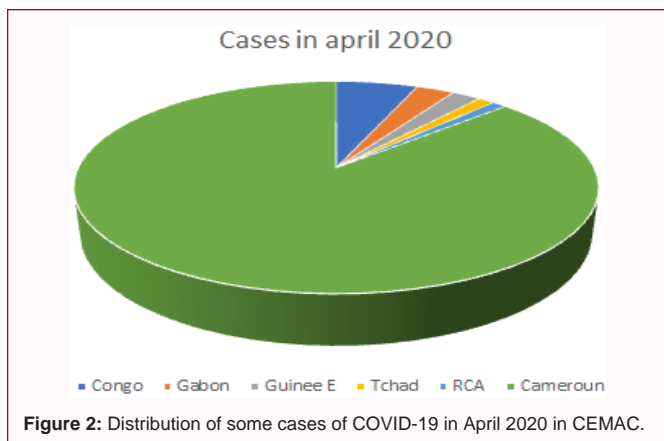
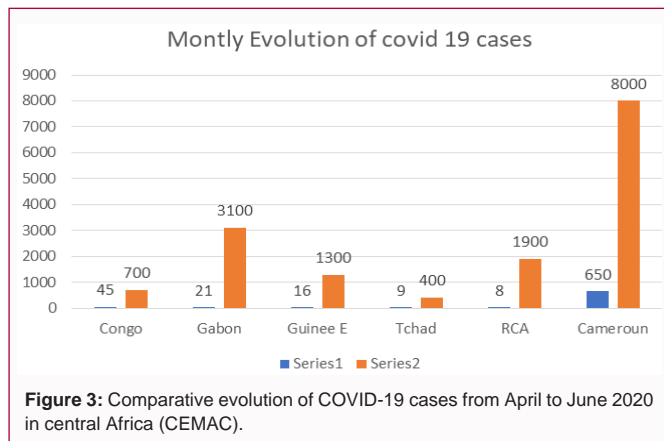
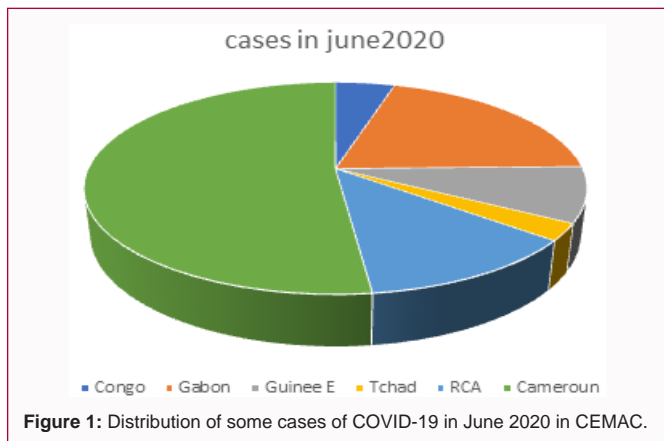
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lung disease [4]. The modes of transmission are multiple among others: By droplets (coughing, sneezing), saliva; contact with patients (handshakes); Oro-fecal (dirty hands); Animals (bats and pangolins); Possible mother to child transmission [5].

Discussion

Although one is exposed to both national and international contacts, the ability to react to a threat, the perception and acceptance of one's vulnerability seems to be sufficient to protect against contamination. What has been advocated: Containment before the peak of the epidemic seems to have been an effective response, but it would seem that vulnerability factors interact. Overcrowding, especially in urban areas, and promiscuity in households. With high population densities raise concerns about the devastating effect of overcrowding, and the rate of transmission increases if the density is higher than 282 hts/km².

The hypothesis of the effectiveness of local sensitization should be taken into account since one cannot claim to eradicate all pathologies likely to aggravate the patient's condition.

The hypothesis of strengthening community action with the recruitment of champions among representatives of civil society and patients already cured could improve perception.

Conclusion

An effective sensitization has been established, barrier measures respected (social distancing, wearing a mask, coughing into the elbow, staying at home, going out only if necessary, washing hands with running water and soap or hydro alcoholic gel, not reaching out, no hugging, no gathering of more than 50 people..). The issue of overcrowding in households, urban overpopulation, poverty and other problems remain pitfalls and bottlenecks, not to mention problems related to hygiene and sanitation.

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