

## AFRO WEEKLY COVID-19 LITERATURE UPDATE

**2021/09/01-2021/09/07**

Prepared by AFRO COVID-19 IMST through  
its information management cell, together with  
DAK team of the ARD's office

**Issue No. 2**

Due to the abundance of information and literature produced on COVID-19 in the world in general and in Africa in particular, the WHO Regional Office for Africa is publishing a weekly "Weekly COVID Literature Update" to highlight the most important literature. Each week we will select some articles per topic as well as reports and grey literature when available.

The aim is to provide an easy-to-read summary of each publication. This Bulletin is organised according to several categories of interest.

The publications shared are the result of a bibliographic research work carried out regularly on several online information sources with a major search strategy "COVID-19 AND Africa" in combination with the following keywords: **epidemiology ( response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors**. For this issue, the list of information sources is as follows: WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), Bulletin of WHO, PLOS, Google scholar.

The list is subject to change and kindly note that the choice of the publications to be included in this update is subjective.

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En raison de l'abondance d'informations et de littérature produites sur la COVID-19 dans le monde en général et en Afrique en particulier, le Bureau régional de l'OMS pour l'Afrique publie chaque semaine "Weekly COVID Literature Update" pour mettre en évidence la littérature la plus importante. Chaque semaine, nous sélectionnerons quelques articles par sujet ainsi que les rapports et la littérature grise quand c'est disponible.

L'objectif est de fournir un résumé facile à lire de chaque publication. Ce bulletin est organisé suivant plusieurs catégories d'intérêt.

Les publications partagées sont le résultat d'un travail de recherche bibliographique effectué régulièrement sur plusieurs sources d'information en ligne avec une comme stratégie de recherche majeure "COVID-19 ET Afrique" combinés aux mots clés suivants : **epidemiology ( response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors**. Pour ce numéro, la liste des sources d'information utilisées est la suivante : WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), Bulletin of WHO, PLOS, Google scholar. Cette liste est susceptible d'être modifiée. Veuillez noter que le choix des publications à inclure dans cette mise à jour est subjectif.

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Devido à abundância de informação e literatura produzida sobre a COVID-19 no mundo em geral e em África em particular, o Escritório Regional da OMS para África está a publicar semanalmente uma "Weekly COVID Literature Update" para destacar a literatura mais importante. Cada semana iremos seleccionar alguns artigos por tópico, bem como relatórios e literatura cinzenta, quando disponível.

O objectivo é fornecer um resumo de fácil leitura de cada publicação. Este boletim está organizado de acordo com várias categorias de interesse.

As publicações partilhadas são o resultado de um trabalho de pesquisa bibliográfica realizado regularmente em várias fontes de informação em linha com uma grande estratégia de pesquisa "COVID-19 E África" em combinação com as seguintes palavras-chave: **epidemiology ( response activities OR hygiene practices OR social distancing OR case management), vaccination, public perceptions , other diseases and other sectors**. Para esta edição, a lista de fontes de informação é a seguinte: WHO Covid-19 database, PubMed, BioMed Central, Lancet (including sister journals), One library, African Index Medicus, Cochrane, Nature (including sister journals), Science (including sister journals), Bulletin of WHO, PLOS, Google scholar.

A lista está sujeita a alterações e note-se que a escolha das publicações a serem incluídas nesta actualização é subjectiva.

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### A. COVID-19 EPIDEMIOLOGY/ SURVEILLANCE (trends/ distribution)

**Title:** Clinical Characteristics and Histopathology of Coronavirus Disease 2019-Related Deaths in African Children

**Journal:** The Pediatric Infectious Disease Journal

**Publish Date:** September 2021

**URL:**

[https://journals.lww.com/pidj/Fulltext/2021/09000/Clinical\\_Characteristics\\_and\\_Histopathology\\_of.1.aspx](https://journals.lww.com/pidj/Fulltext/2021/09000/Clinical_Characteristics_and_Histopathology_of.1.aspx)

**Abstract:**

**Background:**

Globally, very few childhood deaths have been attributed to coronavirus disease 2019 (COVID-19). We evaluated clinical, microbiologic and postmortem histopathologic findings in childhood deaths in whom severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was identified antemortem or postmortem.

**Methods:**

Surveillance of childhood deaths was ongoing during the initial COVID-19 outbreak in South Africa from April 14, 2020, to August 31, 2020. All children hospitalized during this time had a SARS-CoV-2 test done as part of standard of care. Postmortem sampling included minimally invasive tissue sampling (MITS) of lung, liver and heart tissue; blood and lung samples for bacterial culture and molecular detection of viruses (including SARS-CoV-2) and bacteria. The cause of death attribution was undertaken by a multidisciplinary team and reported using World Health Organization framework for cause of death attribution.

**Results:**

SARS-CoV-2 was identified on antemortem and/or postmortem sampling in 11.7% (20/171) of deceased children, including 13.2% (12/91) in whom MITS was done. Eighteen (90%) of 20 deaths with SARS-CoV-2 infection were <12 months age. COVID-19 was attributed in the causal pathway to death in 91.7% (11/12) and 87.5% (7/8) cases with and without MITS, respectively. Lung histopathologic features in COVID-19–related deaths included diffuse alveolar damage (n = 6, 54.5%), type 2 pneumocyte proliferation (n = 6, 54.5%) and hyaline membrane formation (n = 5, 36.4%). Culture-confirmed invasive

bacterial disease was evident in 54.5% (6/11) of COVID-19 attributed deaths investigated with MITS.

**Conclusions:**

COVID-19 was in the causal pathway of 10.5% (18/171) of all childhood deaths under surveillance. The postmortem histopathologic features in fatal COVID-19 cases in children were consistent with reports on COVID-19 deaths in adults; although there was a high prevalence of invasive bacterial disease in the children.

**Title:** Monitoring changes in COVID-19 infection using wastewater-based epidemiology: A South African perspective.

**Journal:** Science of The Total Environment

**Publish Date:** September 2021

**URL:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8062404/pdf/main.pdf>

**Abstract:**

Monitoring of COVID-19 infections within communities via wastewater-based epidemiology could provide a cost-effective alternative to clinical testing. This approach, however, still requires improvement for its efficient application. In this paper, we present the use of wastewater-based epidemiology in monitoring COVID-19 infection dynamics in the KwaZulu-Natal province of South Africa, focusing on four wastewater treatment plants for 14 weeks. The SARS-CoV-2 viral load in influent wastewater was determined using droplet digital PCR, and the number of people infected was estimated using published models as well as using a modified model to improve efficiency. On average, viral loads ranged between 0 and  $2.73 \times 10^5$  copies/100 ml,  $0-1.52 \times 10^5$  copies/100 ml,  $3 \times 10^4-7.32 \times 10^5$  copies/100 ml and  $1.55 \times 10^4-4.12 \times 10^5$  copies/100 ml in the four wastewater treatment plants studied. The peak in viral load corresponded to the reported COVID-19 infections within the districts where these catchments are located. In addition, we also observed that easing of lockdown restrictions by authorities corresponded with an increase in viral load in the untreated wastewater. Estimation of infection numbers based on the viral load showed that a higher number of people could potentially be infected, compared to the number of cases reported based on clinical testing. The findings reported in this paper contribute to the field of wastewater-based epidemiology for COVID-19 surveillance, whilst highlighting some of the challenges associated with this approach, especially in developing countries.

**Title:** SARS-CoV-2 Infection among Pregnant and Postpartum Women, Kenya, 2020–2021

**Journal:** Emerging Infectious Diseases

**URL:**<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8386793/pdf/21-0849.pdf>

**Abstract:**

We determined incidence of severe acute respiratory syndrome coronavirus 2 and influenza virus infections among pregnant and postpartum women and their infants in Kenya during 2020–2021. Incidence of severe acute respiratory syndrome coronavirus 2 was highest among pregnant women, followed by postpartum women and infants. No influenza virus infections were identified.

**Title:** Rapid mortality surveillance using a national population register to monitor excess deaths during SARS-CoV-2 pandemic in South Africa

**Journal:** Genus

**Publish Date:** 2021 September 3

**URL:**[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8414474/pdf/41118\\_2021\\_Article\\_134.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8414474/pdf/41118_2021_Article_134.pdf)

**Abstract**

This paper describes how an up-to-date national population register recording deaths by age and sex, whether deaths were due to natural or unnatural causes, and the offices at which the deaths were recorded can be used to monitor excess death during the SARS-CoV-2 pandemic, both nationally, and sub-nationally, in a country with a vital registration system that is neither up to date nor complete. Apart from suggesting an approach for estimating completeness of reporting at a sub-national level, the application produces estimates of the number of deaths in excess of those expected in the absence of the SARS-CoV-2 epidemic that are highly correlated with the confirmed number of COVID-19 deaths over time, but at a level 2.5 to 3 times higher than the official numbers of COVID-19 deaths. Apportioning the observed excess deaths more precisely to COVID, COVID-related and collateral deaths, and non-COVID deaths averted by interventions with reduced mobility and gatherings, etc., requires access to real-time cause-of-death information. It is suggested that the transition from ICD-10 to ICD-11 should be used as an opportunity to change from a paper-based system to electronic capture of the medical cause-of-death information.

**Title:** sssHigh seroprevalence of SARS-CoV-2 but low infection fatality ratio eight months after introduction in Nairobi, Kenya

**Journal:** International Journal of Infectious Diseases



**Publish date:** September 2, 2021

**URL:** <https://www.ijidonline.com/action/showPdf?pii=S1201-9712%2821%2900696-2>

## **Abstract**

### **Background**

The lower-than-expected COVID-19 morbidity and mortality in Africa has been attributed to multiple factors, including weak surveillance. We estimated the burden of SARS-CoV-2 infections eight months into the epidemic in Nairobi, Kenya.

### **Methods**

We conducted a population-based cross-sectional survey using multi-stage random sampling to select households within Nairobi in November 2020. Sera from consenting household members were tested for antibodies to SARS-CoV-2. Seroprevalence was estimated after adjusting for population structure and test performance. Infection fatality ratios (IFRs) were calculated by comparing study estimates to reported cases and deaths.

### **Results**

Among 1,164 individuals, the adjusted seroprevalence was 34.7% (95%CI 31.8-37.6). Half the enrolled households had at least one positive participant. Seropositivity increased in more densely populated areas (spearman's  $r=0.63$ ;  $p=0.009$ ). Individuals aged 20-59 years had at least 2-fold higher seropositivity than those aged 0-9 years. The IFR was 40 per 100,000 infections, with individuals  $\geq 60$  years old having higher IFRs.

### **Conclusion**

Over one-third of Nairobi residents had been exposed to SARS-CoV-2 by November 2020, indicating extensive transmission. However, the IFR was  $>10$ -fold lower than that reported in Europe and the United States, supporting the perceived lower morbidity and mortality in sub-Saharan Africa.

## **B. COVID-19 RESPONSE ACTIVITIES** **(hygiene practices, social distancing, case management)**

**Title:** COVID-19 risk factors: The curious case of Africa's governance and preparedness

**Journal:** Scientific African

**Publish Date:** September 2021

**URL:** <https://www.sciencedirect.com/sdfe/reader/pii/S2468227621002398/pdf>

## **Abstract**



COVID-19 is now established in Africa, and requires appropriate prioritization of resources and customized control measures. Although there have been lower than predicted number of COVID-19 cases (6,839,159 (3.4% of global cases)) and fatalities (172,413 (4.1% of cases in Africa)) compared to global estimates from other regions, as of 3rd August 2021. The World Health Organization (WHO) has warned that poor mitigation strategies could worsen the current situation in African countries. Several aspects have been attributed to the lower COVID-19 magnitude observed in Africa that include: warmer climate, a youthful population, and previous experience in managing infectious diseases. However, the level of COVID-19 risk of exposure and vulnerability to develop complications varies greatly across the continent. At present, most COVID-19 disease trajectories have been predicted using mathematical models focused solely on demographic factors. We compared the global health security and governance indices in forty-one African countries, with a population of more than 2.5 million, and matched these to the magnitude of COVID-19 burden, to establish whether there is correlation. These findings suggests that more accurate comparisons of responses to COVID-19 can only be made within clusters of African countries that share similar governance and preparedness standards. We conclude that proper implementation of the continental framework on disaster preparedness and management is required for management of the COVID-19 pandemic.

**Title:** 'Fighting a Global War Using a Local Strategy': Contextualism in COVID-19 response in Africa

**Journal:** BMJ Innovations

**Publish Date:** September 2021

**URL:** <https://innovations.bmj.com/content/bmjinnov/7/2/347.full.pdf>

**Abstract:**

With a considerably high level of poverty, high population density and relatively fragile health systems, most African countries have a predominance of factors that could contribute to the rapid spread of the COVID-19 pandemic. Despite these challenges, the continent has shown capacity in its response to the pandemic. This may be related to the continent's experience in responding to several infectious disease outbreaks such as Ebola disease, Lassa fever and cholera. Since the beginning of the COVID-19 pandemic, several local innovations have been developed and implemented. These innovations take into consideration unique circumstances in countries such as multiple government levels, belief in traditional medicine, limited access to medical supplies and others. This paper describes the various strategies developed in African countries across leadership and coordination, surveillance, laboratory

capacity, case management, infection, prevention and control, risk communications, points of entry, research, logistics and supply chain, partnership, food security and education. We highlight the impact of these strategies on the response so far, and lessons that other regions across the world can learn from Africa's response to COVID-19. Finally, we recommend the urgent need for increased investment in African health and social institutions to enable the development of African-owned and led strategies in response to disease outbreaks.

**Title:** Gauging the laboratory responses to coronavirus disease (COVID-19) in Africa

**Journal:** Journal of public affairs

**Publish Date:** 27 August 2021

**URL:** <https://onlinelibrary.wiley.com/doi/epdf/10.1002/pa.2280>

**Abstract:**

The rampaging effect of coronavirus disease (COVID-19) in Africa is huge and have impacted almost every area of life. Across African states, there exist variations in the laboratory measures adopted, and these heterogeneous approaches, in turn, determines the successes or otherwise recorded. In this study, we assessed the various forms of laboratory responses to the containment, risk analyses, structures and features of COVID-19 in high incidence African countries (Nigeria, South Africa, Egypt, Ghana, Algeria, Morocco, etc.) to aid better and efficient laboratory responses to the highly infectious diseases.

**Title:** COVID-19 epidemiological, sociological and anthropological investigation: study protocol for a multidisciplinary mixed methods research in Burkina Faso

**Journal:** BMC Infectious Diseases

**URL:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8414025/pdf/12879\\_2021\\_Article\\_6543.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8414025/pdf/12879_2021_Article_6543.pdf)

**Abstract**

**Background**

The world has high hopes of vaccination against COVID-19 to protect the population, boost economies and return to normal life. Vaccination programmes are being rolled out in high income countries, but the pandemic continues to progress in many low-and middle-income countries (LMICs) despite implementation of strict hygiene measures. We aim to present a

comprehensive research protocol that will generate epidemiological, sociological and anthropological data about the COVID-19 epidemic in Burkina Faso, a landlocked country in West Africa with scarce resources.

### **Methods**

We will perform a multidisciplinary research using mixed methods in the two main cities in Burkina Faso (Ouagadougou and Bobo-Dioulasso). Data will be collected in the general population and in COVID-19 patients, caregivers and health care professionals in reference care centers: (i) to determine cumulative incidence of SARS-CoV-2 infection in the Burkinabe population using blood samples collected from randomly selected households according to the WHO-recommended protocol; (ii) develop a score to predict severe complications of COVID-19 in persons infected with SARS-CoV-2 using retrospective and prospective data; (iii) perform semi-structured interviews and direct observation on site, to describe and analyze the healthcare pathways and experiences of patients with COVID-19 attending reference care centers, and to identify the perceptions, acceptability and application of preventive strategies among the population.

### **Discussion**

This study will generate comprehensive data that will contribute to improving COVID-19 response strategies in Burkina Faso. The lessons learned from the management of this epidemic may serve as examples to the country authorities to better design preventive strategies in the case of future epidemics or pandemics.

**Title:** Rapid mortality surveillance using a national population register to monitor excess deaths during SARS-CoV-2 pandemic in South Africa

**Journal:** Genus

**Publish Date:** 3 September 2021

**URL:**[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8414474/pdf/41118\\_2021\\_Article\\_134.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8414474/pdf/41118_2021_Article_134.pdf)

### **Abstract:**

This paper describes how an up-to-date national population register recording deaths by age and sex, whether deaths were due to natural or unnatural causes, and the offices at which the deaths were recorded can be used to monitor excess death during the SARS-CoV-2 pandemic, both nationally, and sub-nationally, in a country with a vital registration system that is neither up to date nor complete. Apart from suggesting an approach for estimating completeness of reporting at a sub-national level, the application produces estimates of the number of deaths in excess of those expected in the absence of the SARS-CoV-2 epidemic that are highly correlated with the confirmed

number of COVID-19 deaths over time, but at a level 2.5 to 3 times higher than the official numbers of COVID-19 deaths. Apportioning the observed excess deaths more precisely to COVID, COVID-related and collateral deaths, and non-COVID deaths averted by interventions with reduced mobility and gatherings, etc., requires access to real-time cause-of-death information. It is suggested that the transition from ICD-10 to ICD-11 should be used as an opportunity to change from a paper-based system to electronic capture of the medical cause-of-death information.

**Title:** sssHigh seroprevalence of **SARS-CoV-2** but low infection fatality ratio eight months after introduction in Nairobi, Kenya

**Journal:** International Journal of Infectious Diseases

**Publish Date:** 2 September 2021

**URL:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8411609/pdf/main.pdf>

**Abstract:**

### **Background**

The lower-than-expected COVID-19 morbidity and mortality in Africa has been attributed to multiple factors, including weak surveillance. We estimated the burden of SARS-CoV-2 infections eight months into the epidemic in Nairobi, Kenya.

### **Methods**

We conducted a population-based cross-sectional survey using multi-stage random sampling to select households within Nairobi in November 2020. Sera from consenting household members were tested for antibodies to SARS-CoV-2. Seroprevalence was estimated after adjusting for population structure and test performance. Infection fatality ratios (IFRs) were calculated by comparing study estimates to reported cases and deaths.

### **Results**

Among 1,164 individuals, the adjusted seroprevalence was 34.7% (95%CI 31.8-37.6). Half the enrolled households had at least one positive participant. Seropositivity increased in more densely populated areas (spearman's  $r=0.63$ ;  $p=0.009$ ). Individuals aged 20-59 years had at least 2-fold higher seropositivity than those aged 0-9 years. The IFR was 40 per 100,000 infections, with individuals  $\geq 60$  years old having higher IFRs.

### **Conclusion**

Over one-third of Nairobi residents had been exposed to SARS-CoV-2 by November 2020, indicating extensive transmission. However, the IFR was  $>10$ -fold lower than that reported in Europe and the United States, supporting the perceived lower morbidity and mortality in sub-Saharan Africa.

## C. COVID-19 VACCINATION

**Title :**Vaccine hesitancy and other obstacles to COVID-19 control: lessons from smallpox

**Journal:** Panafrican Medical Journal

**Publish date:** 1<sup>st</sup> September 2021

**URL:** <https://www.panafrican-med-journal.com/content/article/40/1/full/>

**Abstract:**

The world confronts today a disease which was unknown as recently as early 2019. Now that there is a safe and effective vaccine against COVID-19, lessons can usefully be drawn from previous well documented vaccination efforts. Of these, the best documented and most successful is the Smallpox Eradication Program (SEP). A review was made of publications by major players in smallpox eradication, respecting the important differences between the disease, this review revealed several points of connection. Cultural factors loomed large both in the eradication of smallpox and progress, to date, in the control of COVID-19. Other points of similarity included political commitment, the set-up of strong surveillance mechanisms, and assurance of uniformly high quality vaccines tested and approved by the World Health Organization. The future of COVID-19 control depends, in part, on lessons learned from previous vaccination efforts. A review of those efforts will avoid repetition of past errors and permit adoption of best practices from the past. Such analyses must, of course, respect the important differences between COVID-19 and smallpox.

**Title :**The long road ahead for COVID-19 vaccination in Africa

**Journal:** The Lancet (World Report)

**Publish date:** September 4, 2021

**URL:** <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901967-X>

## D. COVID-19 PUBLIC PERCEPTIONS AND EFFECTS

**Title:** Health care workers intention to accept COVID-19 vaccine and associated factors in southwestern Ethiopia, 2021

**Journal:** PLOS ONE

**Publish date:** September 3, 2021

**URL:** <https://doi.org/10.1371/journal.pone.0257109>

**Abstract:****Introduction**

Health care workers are the most affected part of the world population due to the COVID-19 pandemic. Countries prioritize vaccinating health workers against COVID-19 because of their susceptibility to the virus. However, the acceptability of the vaccine varies across populations.

Thus, this study aimed to determine the health care worker's intentions to accept the COVID-19 vaccine and its associated factors in southwestern Ethiopia, 2021.

**Methods**

A facility-based cross-sectional study was conducted among health care workers in public hospitals in southwestern Ethiopia from March 15 to 28, 2021. A simple random sampling method was used to select 405 participants from each hospital. Data were collected using self-administered questionnaires. Descriptive statistics, such as frequency and percentage, were calculated. Multivariable logistic regression was also performed to identify factors associated with health care worker's intention to accept the COVID-19 vaccine. Statistically significant variables were selected based on p-values ( $<0.05$ ) and the adjusted odds ratio was used to describe the strength of association with 95% confidence intervals.

**Result**

Among the respondents, 48.4% [95% CI: 38.6, 58.2] of health care workers intended to accept COVID-19. Intention to accept COVID-19 vaccination was significantly associated with physicians (AOR = 9.27, 95% CI: 1.27–27.32), professionals with a history of chronic illness (AOR = 4.07, 95% CI: 2.02–8.21), perceived degree of risk of COVID-19 infection (AOR = 4.63, 95% CI: 1.26–16.98), positive attitude toward COVID-19 prevention (AOR = 6.08, 95% CI: 3.39–10.91) and good preventive practices (AOR = 2.83, 95% CI: 1.58–5.08).

**Conclusion**

In this study, the intention of health care workers to accept the COVID-19 vaccine was low. Professional types, history of chronic illness, perceived degree of risk to COVID-19 infection, attitude toward COVID-19 and preventive practices were found to be factors for intention to accept COVID-19 vaccine in professionals. It is important to consider professional types, history of chronic illness, perceived degree of risk to COVID-19, attitude of professionals and preventive behaviors to improve the intention of professionals' vaccine acceptance.

**Title:** Attitude, preparedness, and perceived self-efficacy in controlling COVID-19 pandemics and associated factors among university students during school reopening

**Journal:** PLOS ONE

**Publish date:** September 2, 2021

**URL:** <https://doi.org/10.1371/journal.pone.0255121>

**Abstract:**

### **Introduction**

The coronavirus disease 2019 (COVID-19) pandemic remains a significant public health problem globally. In Ethiopia, the number of infected peoples and deaths due to COVID-19 has increased dramatically in the past. Currently, students are resuming to face to face education with strict prevention measures. University students are more dynamic and more susceptible to acquiring and spreading the virus.

### **Objective**

To assess the attitude, preparedness, and self-efficacy to prevent and control COVID-19 and associated factors among university students during school reopening, Northeast Ethiopia.

### **Method**

A cross-sectional study was conducted among Debre Berhan University (DBU) students from December 1 to 15/2020, when students return to campus. A multistage sampling technique was applied to recruit 682 participants. The ReadyScore criteria were used to classify the level of preparedness. Epi-Data version 4.6 was used for data entry, while SPSS version 25 for analysis. Descriptive and Binary logistic regression analysis was computed, and a p-value < 0.05 was considered statistically significant.

### **Result**

The overall level of favourable attitude, good preparedness, and high self-efficacy among students were 67.2%, 17.9%, and 50.4%, respectively. Only mothers' education was associated with attitude. Female gender, open relationships, health science faculty, heart disease, and favourable attitude were significant preparedness factors. Whereas being undergraduate, parents' education, residing in dorm being four and above, having kidney disease, having friend/family history of COVID-19 infection and death, favourable attitude, and good preparedness were predictors of self-efficacy.



## E. COVID-19 EFFECTS ON OTHER DISEASES AND SECTORS

**Title:** 'I am not at peace': Covid-19 impacts on mental health of adolescents in Tanzania'

**Journal:** ODI Publications

**Publish date:** 31 August 2021

**URL:** [https://odi.org/documents/7877/ODI\\_Covid-19\\_impacts\\_on\\_mental\\_health\\_of\\_adolescents\\_in\\_Tanzania\\_310821\\_S2RCry0.pdf](https://odi.org/documents/7877/ODI_Covid-19_impacts_on_mental_health_of_adolescents_in_Tanzania_310821_S2RCry0.pdf)

**Title:** The spread of Yellow fever amidst the COVID-19 pandemic in Africa and the ongoing efforts to mitigate it

**Journal:** Journal of Medical Virology

**Publish date:** September 2021

**URL:** <https://doi.org/10.1002/jmv.27027>

**Title:** Assessing governments response to exogenous shocks: Considering the COVID-19 pandemic in the Ghanaian context

**Journal:** Journal of Public Affairs

**Publish date:** 31 August 2021

**URL:** <https://doi.org/10.1002/pa.2755>

**Abstract:**

Amid the COVID-19 pandemic, governments in most countries have played two key roles. First, to limit the disease's spread, and second to support small enterprises (SMEs) to revamp their operations. This study employs the best-worst method technique to evaluate data from 150 managers to assess these government policies' effectiveness to quicken SMEs' operations amid COVID-19 using Ghana as a case study. Our findings show that the three most effective government interventions in quickening SMEs' operations are soft loan, guarantee support, and interventions on statutory payments. We recommend that although the government should allocate greater resources to those policies with strategies contributing to the recovery process, they should not neglect the policies with lesser weights but should reduce their capital allocation. Our study offers insights into how governments can contribute to SMEs operations during exogenous shock. The findings can be useful to both researchers and policymakers towards revamping economies amid COVID-19 pandemic.