

## Novel 2019 Coronavirus: AFRAA Bulletin no. 2, 05 March 2020

### OVERVIEW

This document provides WHO checklists for risk communication and community engagement (RCCE) readiness and initial response for novel coronaviruses (nCoV) recently identified in Wuhan, China (2019-nCoV). The objective of this document is to provide actionable guidance for countries to implement effective RCCE strategies which will help protect the public’s health in the early response to nCoV. This document includes recommended RCCE goals and actions for countries preparing for nCoV cases and for countries that have confirmed -nCoV cases.

AFRAA continues with its engagements at various levels including participating in Webinars organized by various entities to ensure that there is an African presence and our airlines are represented. These interactions enable AFRAA to gather and share Important information and material with all the relevant stakeholders to enable the effective monitoring and detection of cases and or potentially risk cases at the port of entry or departure. The following were identified as the key roles of the aviation stakeholders and industry players:

- 1) **Improve detection** – mostly at the primary and community care level
- 2) **Prevention** – deploy Artificial Intelligence and big data to predict and prevent outbreaks
- 3) **Disease management** – use of mobile technology for effective information dissemination and disease management
- 4) **Sustainable ongoing Research & Development** – particular focus on investment to enhance prevention at care centers and identification areas such as ports of entry

### UPDATE ON THE VIRUS CASES

As of Tuesday 03 March, 2020, the following cases had been reported in Africa:

Country	Cases reported	Deaths
Egypt	3	0
Senegal	4	0
Morocco	2	0
Nigeria	1	0
Tunisia	1	0
Alegria	17	0
South Africa	1	0

The summary of cases as of 06 March, 2020 is as follows:

	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Total Recovered	Serious Critical
Total	98 765	498	3 389	32	39 712	55 664	6 238

Source: Worldometer

The risk associated with COVID-19 infection for people in the EU/EEA and UK is currently considered moderate to high. The possibility of new introductions from other countries outside China into the EU/EEA appears to be increasing as the number of countries reporting cases continues to rise.

**The risk of acquiring the disease for people from the EU/EEA and the UK travelling/resident in areas with no cases, or multiple imported cases, or limited local transmission, is currently considered low to moderate. This is assuming surveillance in the area is activated, tests are carried out on suspected cases and that there is sufficient testing capacity in the area. If these surveillance and case detection conditions are not met, the risk is considered moderate to high, but with a high level of uncertainty.**

As the number of reported COVID-19 cases in the EU/EEA and the UK is increasing, the probability of widespread infection is increasing from low to moderate. If there is a significant increase in COVID-19 cases in the coming weeks, the potential impact on the public health and overall healthcare systems would be high. Increasing numbers of imported cases and local transmission chains would require additional resources for case management, surveillance, and contact tracing. Risk communication to concerned members of the public and healthcare professionals would tie up further resources. Further increased transmission could result in a significant increase of hospital admissions at a time when healthcare systems may already be under pressure from the current influenza season. This would be exacerbated if substantial numbers of healthcare workers became infected. Specimens for COVID-19 could therefore lead to bottlenecks not only in healthcare but also in diagnostic capacity. Containment measures intended to slow down the spread of the virus in the population are therefore extremely important as outlined below in the ‘Options for response’ and recent European Centre for Disease Control (ECDC) guidance documents.

## **PREPAREDNESS**

### **Options for preparedness and response:**

The following five scenarios, adapted from ECDC’s strategic analysis, are used to describe the possible progression of the COVID-19 outbreak in EU/EEA countries. Currently, countries worldwide and in the EU/EEA are in different scenarios and could move rapidly from one scenario to another due to the evolving situation, particularly if there is widespread local transmission in another country or countries, and/or when testing for COVID-19 in the country increases. Current epidemiology suggests scenario 1 for EU/EEA level, which may be rapidly evolving to scenario 2.



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**Scenario 0** describes a situation with no reported cases in the country. **Most African countries are in this category** but must stay alert and prepared to institute rapid detection and isolation of individual cases to prevent domestic transmission chains, and to prepare for the response once cases are detected in the country.

**Scenario 1** describes a situation with multiple introductions and limited local transmission in the country. In this situation, the objective is containment of the outbreak by blocking transmission opportunities, through early detection of imported and locally-transmitted COVID-19 cases in order to try to avoid or at least delay the spread of infection and the associated burden on healthcare systems. Delaying the start of local transmission will allow the current influenza season to end, freeing up some healthcare capacity. **As of 2 March 2020, five countries in Africa had reported limited local transmission and were considered to be in this scenario.**

**Scenario 2** describes a situation with increasing number of introductions and of more widespread reports of localised human-to-human transmission in the country (more than two generations of cases outside of sporadic clusters with known epidemiological links). In this situation, the objective remains to contain where practicable and otherwise slow down the transmission of the infection. This will increase the time available for development, production and distribution of PPE and effective therapeutic options, and would play a crucial role in reducing the burden on the healthcare system and other sectors, particularly if wider transmission of COVID-19 is delayed beyond the ongoing influenza season.

**Scenario 3** describes a situation with localised outbreaks, which start to merge becoming indistinct. In this scenario, there is sustained human-to-human transmission in the country (more than two generations of cases outside of sporadic clusters with known epidemiological links) and an increasing pressure on healthcare systems. The objective at this stage is to mitigate the impact of the outbreak by decreasing the burden on healthcare systems and protect populations at risk of severe disease. At the same time, operational research should guide developing better and more efficient diagnostic and treatment options.

**Scenario 4** describes a situation with widespread sustained transmission where healthcare systems are overburdened due to a large demand for emergency healthcare services, a strained ICU capacity, overworked healthcare workers and reduced staff availability due to illness, lack of Personal Protective Equipment and lack of diagnostic testing capacity. The objective at this stage is still to mitigate the impact of the outbreak, decrease the burden on healthcare services, protect populations at risk of severe disease and reduce excess mortality. The options proposed for preparedness and response aim to limit the impact of the epidemic.

**The options for preparedness should be conducted as early as possible, ideally while in scenario 0.** Options for preparedness due to the presence of the virus in multiple EU/EEA

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countries, public health authorities are recommended to adapt and activate their pandemic preparedness plans now, if this has not already been done. **All AU Member States must have pandemic preparedness plans, which are applicable to the current situation.** Upon activation of national pandemic preparedness and response strategies, a dedicated multi-disciplinary national crisis team should be established with clear lines of communication to the regional level, and relevant stakeholders and sectors. In addition, the regional level should have clear lines of communication to the local level. The crisis management scheme should be based on public health risk assessments and should evaluate the readiness of the public health system to implement the response measures.

### **RISK COMMUNICATION**

The coronavirus outbreak poses a real threat to the global aviation industry, and even more so for the Africa region due to the ever increasing trade and travel between Africa and China. This means that communication is a critical success factor for the control and prevention of the outbreak in Africa thereby minimizing the impact of the disease on aviation in Africa.

Ensuring the general public is aware of the seriousness of COVID-19 outbreak is of paramount importance. A high degree of population understanding, community engagement and acceptance of the measures put in place (including more stringent social distancing) are key in preventing further spread. It should be made clear through public risk communication and health education that although this is a new and highly contagious disease, outbreaks can be managed with appropriate measures, and the vast majority of infected people will recover. Easily accessible information should be available on the signs and symptoms (i.e. fever and dry cough) of COVID-19, contact details of local health services, the population groups at risk, self-isolation, social distancing measures, travel advice and the need to rigorously implement frequent hand washing and always covering mouth and nose with tissues or elbow when sneezing or coughing.

Risk communication strategies should target different audiences, and a monitoring system should be put in place to observe public perceptions and opinions of both the outbreak, and the response to the outbreak. Risk communication strategies should clearly provide the rationale behind non-pharmaceutical countermeasures. To facilitate the adherence to and implementation of self-isolation by the public and healthcare workers, a support system should be prepared to provide essential services and supplies (e.g. food and medication), and to monitor vulnerable individuals. In order to optimise adherence to these demanding public health measures, consideration should be given to providing compensation for those who have suffered financial loss as a result of them.

### **PROTECTION**

At this stage there is no specific protection protocol against the virus. Clinical analyses and laboratory tests are on – going at various facilities with the aim of coming up with solutions that include but are not limited to protection against the virus. The health authorities are encouraging exposed communities and those that are likely to come into contact with likely



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sources of infection to wear protective face masks at all times. The following are the recommendations of the World Health Organisation:

- Frequently wash hands with an alcohol-based hand rub or warm water and soap
- Cover mouth and nose with a flexed elbow or tissue when sneezing or coughing
- Avoid close contact with anyone who has a fever or cough
- Seek early medical help if having fever, cough and difficulty breathing, and share their travel history with healthcare providers
- Avoid direct, unprotected contact with live animals and surfaces in contact with animals when visiting live markets in affected areas
- Avoid eating raw or undercooked animal products and exercise care when handling raw meat, milk or animal organs to avoid cross-contamination with uncooked foods

### **RECOMMENDED APPROACH**

The recommended approach involves 4 steps as follows:

1. **Detection** – this must be early and quick through screening for temperature, and associated symptoms, to enable informed and decisive action to be taken by the health authorities
2. **Treatment** – once detected, the infected persons must be quarantined and go through effective and efficient treatment regimes
3. **Surveillance** – effective, real time tracking and minimizing the spread of the virus
4. **Mitigation** – track and identify adverse effects clearly

It is accepted that there are resource challenges across the continent which hamper the immediate and effective rollout of the recommended approach. However, by leveraging on the guidance and support of the WHO and Africa Centre for Disease Control as well as the collaboration of global institutions such as the World Health Organisation, and the Africa Center for Disease Control.

### **WAY FORWARD**

The Secretariat will continue to actively engage in industry forums where important information is shared with all parties. It is highly recommended that all stakeholders access and familiarise themselves with the WHO Risk Communication and Community Engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV) interim guidance. The WHO website carries various resources as stated in their write up on the Risk Communication and Community Engagement.

Daily updates from the World Health Organization can be accessed through the link: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>.