

CORONAVIRUS: >>THE CONTAMINATION RATE IN AFRICA IS CERTAINLY UNDERESTIMATED<<



Interview with Dr. Olivier Manigart (GFA team leader), Belgian virologist and epidemiologist, who has been living in Burkina Faso for several years now and is the local team leader of a project to strengthen epidemiological surveillance and health systems for ECOWAS countries.

How do you explain the fact that Burkina Faso is one of the African countries most affected by COVID-19?

Indeed, at present, Burkina Faso is the country in West Africa (area of the fifteen countries of ECOWAS - Economic Community of West African States) most affected by this virus with 222 confirmed cases, 12 deaths and 23 recoveries as of 30 March 2020.

Several factors explain this situation: first, the initial cases imported to Burkina Faso were public men and women, who multiplied meetings, gatherings and who, because of this, unfortunately contaminated many people.

Second, these people were not immediately placed in quarantine, even though they came from high-risk areas.

In addition, as in most countries of the world, the response of the health system took some time to develop and, although it was rapid and effective, the virus was able to spread in several separate population groups (clusters).

Do you think that the contamination rate in other African countries is underestimated due to the lack of medical facilities?

The answer is "yes", but this is not only due to the "medical" structures per se. In the context of this SARS-COV-2 virus, transmission can occur during the last days of viral incubation, before symptoms show or at least become significant. This is a viral strategy that has certainly allowed the virus to spread so impressively. Henceforth, the preliminary work mainly needs to be done by the epidemiologists in the field who do what is called "contact tracing" by identifying all those who may have been around confirmed cases. This work is tedious and all the more complicated in our African context where public institutions and the census of individuals are not as structured as in the West. You are certainly aware that, for several years now, the northern and eastern regions of Burkina Faso have been in a state of permanent security instability. There is reason to fear that these areas may suffer seriously from an epidemic of any kind, and certainly from COVID-19, because of the lack of care and treatment

infrastructures in these places. Transmission in the refugee camps would dramatically worsen the already extremely precarious situation and it is necessary to be very vigilant in these high-risk areas, as in several countries in West Africa. Another risk of under-estimating cases is the lack of diagnostic tests or of one of the reagents that constitute them. In view of the demand at international level, the whole world is struggling to obtain all that is necessary to fight the pandemic and Africa is not always in an ideal position to negotiate prices compared to other regions of the world.

Do medical resources in Burkina Faso still allow us to cope with the progress of the epidemic?

For the time being, patient management is going relatively well in the hospitals that have been identified to play this role in Ouagadougou (2) and Bobo-Dioulasso (1) and the system is not overwhelmed, although some tools, such as respirators, are cruelly lacking.

At present, we have recorded 12 deaths for about 20 times the number of confirmed cases, which would correspond to a lethality of 5%. As the global case-fatality is generally lower and severe cases are more easily identified than non-symptomatic or mildly symptomatic cases, it is possible that several sources of the infection may not have been identified. If this is the case and the virus is insidiously transmitted in the population, it is likely that hospital infrastructures will quickly become overwhelmed when the weakest are affected.

How to control the spread. We know that confining people to their homes is virtually impossible in much of Africa?

That's absolutely right. It seems to be an illusion to put in place curfew measures in a context where most people work day in and day out to earn their evening meal, since this would quickly entail riots. ECOWAS countries have opted for a variety of measures ranging from curfews and the closure of markets to the closure of all non-essential businesses. However, this allows to maintain some economic activity such as, for example, restaurants that can continue to serve take-away meals, as in Belgium. Compliance with these measures varies from neighbourhood to neighbourhood and from population group to population group. It is likely that the most undisciplined, but also the most deprived, will be the first to suffer the consequences of the epidemic in their community group.

If you could make an appeal today, what would be your priority?

I think what is currently most needed are the means required for the clinical management of patients whose numbers will inexorably increase. Our hospital infrastructures in Africa are often in a pitiful state and people who have the financial means generally seek treatment elsewhere. However, with the closure of borders, everyone will be forced to seek treatment locally and I hope that one benefit of this unfortunate experience will be the realization that it is essential to improve the hospital system as a whole.

The head of the WHO said that Africa must prepare for the worst with regard to this COVID-19, do you share this warning?

Yes, I do. Not only with regard to the epidemic itself, which is likely to cause many deaths, but, in my view, especially because of the economic impact that will follow. In recent years, Africa has been enjoying an economic boom unprecedented in its history, and some countries were just beginning to demonstrate progress that has brought them out of the slump in which they had been mired for decades for many reasons that cannot be discussed here. The continent's average growth was one of the most envied in the world, and investors started to knock at the door. The human development index improved significantly, including a decline in child mortality and the expansion of education at all levels, as well as the achievement of other millennium development goals. All of this may be wiped out if this crisis drags on and if appropriate measures are not taken to counter the impact of this tragedy. It would be very unfortunate if the economic impact of the health measures that we are putting in place today to prevent deaths was to create even more deaths later on as a consequence of these measures. It is now that we have to think about post-COVID-19 economic measures that will be needed to alleviate these adverse effects.

People talk a lot about the positive effects of Chloroquine for COVID-19, what do you think? Are tests being conducted in Burkina Faso?

Indeed, clinical trials have been programmed in Burkina Faso, including one to test hydroxychloroquine with azithromycin, which will be conducted by Dr Halidou Tinto who has done several training courses in Belgium and is an expert in this type of trials. I think we should wait for the results of these trials, which are making a lot of media noise, before they have scientifically demonstrated the

effectiveness of the drugs. Chloroquine is a molecule that acts non-specifically on the surface proteins of many pathogens to prevent them from entering cells. Therefore, it may be effective against COVID-19 and especially in combination with azithromycin, which prevents bacterial superinfections. However, it is essential to verify this by following scientific protocols and existing regulations of the health authorities, otherwise populations will be treated with ineffective or even dangerous molecules. We are eagerly awaiting the first results of these trials.

We have seen that Burkina Faso, in recent months, had to cope with more and more jihadist attacks. Has this threat diminished since the spread of COVID-19?

I think that there have been fewer attacks in recent weeks, but I do not think that this can be attributed to COVID-19, but rather to the political and strategic measures that have been put in place recently, such as dialogue with rebel groups and the strengthening of armed forces in the sub-region, but this is not my area of expertise. In any case, we are all happy that the violence that has been causing so much suffering here for several years now has diminished.

Most - if not all - Belgians living in Burkina have left the country, why not you?

I am the local team leader of a major sub-regional project to strengthen epidemiological surveillance and health systems, which aims to prepare ECOWAS countries for this type of event. I can't just leave if the situation becomes difficult. We are working with the local teams and I have to stay here in these difficult times, in addition to the fact that I now have dual Belgian and Burkina Faso nationality.

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