

Children in sub-Saharan Africa dying of Covid-19 at a higher rate than others

An international multi-centre study has found that children in sub-Saharan Africa who are hospitalised with Covid-19 are dying at a rate far greater than children in the United States and Europe.



Source: Supplied. Professor Refiloe Masekela, head of UKZN's Discipline of Paediatrics and Child Health.

The study which was published in JAMA Pediatrics was conducted in 25 hospital sites in South Africa, the Democratic Republic Congo, Ghana, Kenya, Nigeria and Uganda between March and December 2020.

Professor Refiloe Masekela, head of UKZN's Discipline of Paediatrics and Child Health led the study at the UKZN site. She commented on the findings, "We are concerned that among African children admitted to 25 hospitals with Covid-19 between March and December 2020, infants younger than one year had nearly five times the risk of death than adolescents aged 15 to 19 years. Our study also found that children of all ages with comorbidities, including high blood pressure, chronic lung diseases, hematological disorders, and cancer, were also at higher risk of dying. HIV-infection also tended to confer a higher risk of death."

Lead author of the study, Professor Jean B. Nachega, associate professor of infectious diseases, microbiology and epidemiology at the University of Pittsburgh Graduate School of Public Health said: "Although our study looked at data from earlier in the pandemic, the situation hasn't changed much for the children of Africa: if anything, it is expected to be worsening with the global emergence of the highly contagious Omicron variant. Vaccines are not yet widely available, and paediatric intensive care is not easily accessible."



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Katja Hamilton 19 Jan 2022



The study examined outcomes in 469 children who ranged in age from 3 months to 19 years with the average age being 5.9 years. A quarter of the children had pre-existing conditions. Eighteen had confirmed or suspected multisystem inflammatory syndrome, a serious complication of Covid-19 where different parts of the body become inflamed.

The study, which included investigators across all six of the African countries that provided data, found that 34.6% of hospitalised children were admitted to an intensive care unit (ICU) or required supplemental oxygen, and 21.2% of those admitted to the ICU required invasive mechanical ventilation. During the time frame studied, 39 – over 8% – of the children died. This is far higher than rates between 0.1% and 0.5% that have been reported in high-income countries.

"The high morbidity and mortality associated with hospitalised children with Covid-19 in our study challenge the existing understanding of Covid-19 as a mild disease in this population," said Nachega, who is also a professor extraordinary of medicine at Stellenbosch University's Faculty of Medicine and Health Sciences. "If a child has a comorbidity, is very young and is in a place where there are limited or no specialised doctors, facilities, or equipment for paediatric intensive care, then that child faces a very real possibility of dying."



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20 Jan 2022



The study recommends an urgent scale-up of Covid-19 vaccination and therapeutic interventions among at-risk eligible children and adolescents in Africa. Further, the study raises the acute need for capacity-building and support for paediatric intensive care in these settings.

Nachega noted recent progress on increasing the Covid-19 vaccine supply in Africa, but emphasised that those vaccines are not yet widely available and only about 5% of the continent's population have been fully vaccinated.

Additional investigators of this study are members of the African Forum for Research and Education in Health Covid-19 Research Collaboration on Children and Adolescents, and are listed in the JAMA Pediatrics article.

This research was supported by National Institutes of Health Fogarty International Center grant 1R25TW011217-01.

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