

Going viral in a digital world

I listen to my footsteps beat like a drum on the sidewalk in the early autumn mist of a Cape Town sunrise. I have a small window of opportunity to reflect on the arrival of coronavirus disease 2019 (COVID-19) on the shores of our continent. Yes, finally COVID-19 has arrived in Africa. What will happen on this vast landmass plagued by so many other scourges of poverty and inequality? How will this virus impact on the lives of those fighting off the ravages of HIV, tuberculosis (TB), malaria, hepatitis B and so many other pathogens that wage their wars, largely in silence?

Putting this virus in perspective is a healthy way of staying well. Helpful data recently released into the vast ocean of social media [mis]information provide a useful anchor for a sane conversation with the ordinary person on the street.^[1] While the public are being bombarded with endless downloads of media hype and rapidly multiplying myths, we, as health professions educators, are mandated to stay abreast of developments and provide a clear and simple synthesis of available facts. Currently the 'take home' messages about the illness are clear: the majority of infections are mild, most people recover, the elderly are at increased risk of an adverse outcome, and pre-existing cardiovascular, pulmonary or cancer-related comorbidity increases the risk of an adverse outcome.^[2]

From an epidemiological perspective, it is critical to be reminded that the virus is not, as it is being called, 'deadly' when compared with serious life-threatening viral infections that have much higher mortality rates, e.g. avian flu, Ebola, MERS or smallpox, to name just a few the world has encountered in recent times.^[1] Second, we are still learning about the infectivity of the virus, but it is not in the league of notorious childhood 'killer' viruses such as measles and chickenpox.^[1] It is also clear that case fatality rates are country dependent.^[1]

What is more important perhaps, is that this epidemic provides us with an opportunity to remind the world about the ongoing daily global loss of life due to our 'old friends' – the giants of the developing world: TB, HIV, malaria and hepatitis B. Collectively, these four infections account for >8 000 deaths a day.^[1] This daily loss of humanity towers over COVID-19 that has averaged <300 deaths a day to date.^[1] The plight of those who have so little and stand to lose so much remains largely unheard, particularly on the African continent. As health professions educators, we need to raise awareness of this reality whenever we sit in conversations that ruminate about an infection that will never reach the pandemic proportions of the not-so-novel infections we battle on a daily basis.

Looking ahead, what do we need to ponder? The interaction between COVID-19 and our pre-existing untamed healthcare crises, would be my answer. How will this respiratory pathogen engage with communities

struggling with TB and HIV co-infection? We have no idea about this potential looming public healthcare crisis and only time will tell. Once COVID-19 finds its way into high-risk communities by a process of local transmission to non-travellers, we will need to rethink our strategy.

In the southern hemisphere, we are also entering the annual winter influenza season, during which about 11 000 South Africans perish each year.^[3] Many of us recall the impact of the swine flu epidemic on the South African healthcare system that was hardly coping with the colliding epidemics of TB, HIV and annual influenza. Will we see a similar story unfold again this year?

So, what can we do to protect Africa's most vulnerable communities who may carry the greatest risk of an adverse outcome? Fortunately, as is so often the case with big health scares, the public health measures are simple and need to be widely disseminated. We urgently need to go viral with real information.

The message needs to be displayed infographically, which makes it clear and simple – as recently demonstrated by the Johns Hopkins Center for Systems Science and Engineering.^[4] Just the essential facts are required: good, regular handwashing, don't cough or sneeze on anyone, stay home if you are ill and stay away from others who are ill. Just these four measures will keep the vast majority of healthy people safe.

The challenge is to get this message into public spaces in local languages. Digital dissemination in English will miss the majority of high-risk communities. Ironically, this viral campaign needs to be in print – displayed in shopping centres, train stations, bus stations, taxi ranks, schools, and on lampposts and street corners, where access is easy and free. 24/7.

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Afr J Health Professions Educ 2020;12(1):2. DOI:10.7196/AJHPE.2020.v12i1.1342