

Coronavirus

Africa passes 1mn

India hits 2m cases as volunteers strike

NEW DELHI, Aug 8, (AP): As India hit another grim milestone in the coronavirus pandemic on Friday, crossing 2 million confirmed cases and more than 41,000 deaths, community health volunteers went on strike complaining they were ill-equipped to respond to the wave of infection in rural areas.

Even as India has maintained comparatively low mortality rates, the disease has spread widely across the country, with the burden shifting in recent weeks from cities with robust health systems to rural areas, where resources are scarce or nonexistent.

The Health Ministry reported 62,538 cases in the past 24 hours, raising the nation's confirmed total to 2,027,074. It said 886 more people had died, for a total of 41,585.

But the ministry said that recoveries were growing. India has the third-highest caseload in the world after the United States and Brazil. It has the fifth-most deaths but its fatality rate of about 2% is far lower than the top two hardest-hit countries. The rate in the US is 3.3%, and in Brazil 3.4%, Johns Hopkins University figures show.

The caseload in the country of 1.3 billion has quickly expanded since the government began lifting a monthslong lockdown hoping to jump-start a moribund economy. India is projecting an economic contraction in 2020.

Life cautiously returned to the streets of the capital of New Delhi and the financial hub Mumbai, which appear to have passed their peaks.

In Mayur Vihar, a neighborhood in east Delhi, shopkeeper and pharmacist Rajiv Singhal described the daily phone calls he received when he tested positive for COVID-19 from officials within the Delhi state government, the Delhi police and the federal government to check on his condition.

"Despite our huge population and rampant illiteracy, if we have only 2 million cases so far, it shows that the government has played a big role in reducing the spread," he said.

Lockdowns

But authorities elsewhere in India were reimposing lockdowns after sharp spikes in cases, including in Uttar Pradesh, a state of 220 million residents where infections in every district are weighing heavily on the fragile health system. After fully reopening in June, the state reimposed a weekend lockdown in July.

Around 900,000 members of an all-female community health force began a two-day strike on Friday, protesting that they were being roped in to help with contact tracing, personal hygiene drives and in quarantine centers, but weren't given personal protective equipment or additional pay, according to organizer A.R. Sindhu.

The health workers, known as Accredited Social Health Activists, or ASHA, which means 'hope' in several Indian languages, have been deployed in each village on behalf of the Health Ministry. Their work ranges from escorting children to immunization clinics to counseling women on childbirth.

But while their regular work hasn't reduced, they are increasingly being involved by state governments in the fight against the pandemic, said Sindhu.

"But ASHA workers don't have masks or PPEs or even sanitizers," she said.

She added that although the work has increased and become more dangerous, their salaries remain static at roughly 2,000 rupees (\$27) per month. And the families of at least a dozen women who she said died from the virus didn't receive compensation from India's federal insurance for front-line health care workers because their deaths were not recorded as COVID-19 deaths.

Manisha Verma, a spokesperson for the Health Ministry, did not immediately respond to a request for comment.

In Mumbai, the capital of central Maharashtra state, cases had plateaued after months of steady growth. But rural parts were seeing an opposite trend.

Dr S.P. Kalantri, the director of a hospital in the village of Sevagram in Maharashtra, about 74 kilometers (46 miles) from the city of Nagpur, said that younger people were cavalier about social distancing and masks. Fatigue and increased familiarity with the disease, which has been most fatal to Indians above the age of 60 with comorbidities, had resulted in people not being as vigilant, he said.

Africa's confirmed coronavirus cases have surpassed 1 million, but global health experts say the true toll is likely several times higher, reflecting the gaping lack of testing for the continent's 1.3 billion people.

While experts say infection tolls in richer nations can be significant undercounts, large numbers of undetected cases are a greater danger for Africa, with many of the world's weakest health systems. More than 22,000 people have died of COVID-19.

The World Health Organization calls the milestone a "pivotal point" for Africa as infections in several countries are surging. The virus has spread beyond major cities "into distant hinterlands" where few health resources exist and reaching care could take days.

Supplies

Immediately knowing they were at a disadvantage, African nations banded together early in the pandemic to pursue badly needed testing and medical supplies and advocate for equitable access to any successful vaccine. Swift border closures delayed the virus' spread.

But Africa's most developed country, South Africa, has strained to cope as hospital beds fill up and confirmed cases are over a half-million, ranking fifth in the world. The country has Africa's most extensive testing and data collection, and yet a South African Medical Research Council report last week showed many COVID-19 deaths were going uncounted. Other deaths were attributed to other diseases as people avoid health centers and resources are diverted to the pandemic.

It's all a warning for Africa's other 53 countries of what might lie ahead. While dire early predictions for the pandemic have not played out, "we think it's going to be here at a slow burn," the WHO's Africa chief, Matshidiso Moeti, said Thursday.

Just two African countries at the start of the pandemic were equipped to test for the virus. Now virtually all have basic capacity, but supplies are often scarce. Some countries have a single testing machine. Some conduct fewer than 500 tests per million people, while richer countries overseas conduct hundreds of thousands. Samples can take days to reach labs. Even in South Africa, turnaround times for many test results have been a week or longer.

"We are fighting this disease in the dark," International Rescue Committee expert Stacey Means said. In addition, Africa has just 1,500 epidemiologists, a deficit of about 4,500.

African nations overall have conducted just 8.8 million tests since the pandemic began, well below the Africa Centers for Disease Control and Prevention's goal of 13 million per month. Countries would love to increase testing if only supplies weren't being snapped up by richer ones elsewhere.

Africa CDC director John Nkengasong said estimating the true number of cases on the continent is "very tricky." Some 70% of infections are asymptomatic, he has said. Africa's young population also might be a factor. Without a dramatic increase in testing, "there's much we don't know."



Dr Kalantri



A medical worker performs a COVID-19 test at a test center at Vnukovo airport outside Moscow, Russia on Aug 7. (AP)

Coronavirus

Headlong rush could backfire: experts

Russia's vaccine race ups concerns

MOSCOW, Aug 8, (AP): Russia boasts that it's about to become the first country to approve a COVID-19 vaccine, with mass vaccinations planned as early as October using shots that are yet to complete clinical trials – and scientists worldwide are sounding the alarm that the headlong rush could backfire.

Moscow sees a Sputnik-like propaganda victory, recalling the Soviet Union's launch of the world's first satellite in 1957. But the experimental COVID-19 shots began first-in-human testing on a few dozen people less than two months ago, and there's no published scientific evidence yet backing Russia's late entry to the global vaccine race, much less explaining why it should be considered a front-runner.

"I'm worried that Russia is cutting corners so that the vaccine that will come out may be not just ineffective, but also unsafe," said Lawrence Gostin, a global public health law expert at Georgetown University. "It doesn't work that way. ... Trials come first. That's really important."

According to Kirill Dmitriev, head of Russia's Direct Investment Fund that bankrolled the effort, a vaccine developed by the Gamaleya research institute in Moscow may be approved in days, before scientists complete what's called a Phase 3 study. That final-stage study, usually involving tens of thousands of people, is the only way to prove if an experimental vaccine is safe and really works.

Risk

Health Minister Mikhail Murashko said members of "risk groups", such as medical workers, may be offered the vaccine this month. He didn't clarify whether they would be part of the Phase 3 study that is said to be completed after the vaccine receives "conditional approval".

Deputy Prime Minister Tatyana Golikova promised to start "industrial production" in September, and Murashko said mass vaccination may begin as early as October.

Dr Anthony Fauci, the top US infectious disease specialist, questioned the fast-track approach last week. "I do hope that the Chinese and the Russians are actually testing a vaccine before they are administering the vaccine to anyone, because claims of having a vaccine ready to distribute before you do testing I think is problematic at best," he said.

Questions about this vaccine candidate come after the US, Britain and Canada last month accused Russia of using hackers to steal vaccine research from Western labs.

Delivering a vaccine first is a matter of national prestige for the Kremlin as it tries to assert the image of Russia as a global power capable of competing with the US and China. The notion of being "the first in the world" dominated state news coverage of the effort, with government officials praising reports of the first-step testing.

In April, President Vladimir Putin ordered state officials to shorten the time of clinical trials for a variety of drugs, including potential coronavirus vaccines.

According to Russia's Association of Clinical Trials Organizations, the order set "an unattainable bar" for scientists who, as a result, "joined in on the mad race, hoping to please those at power."

Power

The association first raised concern in late May, when professor Alexander Gintsburg, head of the Gamaleya institute, said he and other researchers tried the vaccine on themselves.

The move was a "crude violation of the very foundations of clinical research, Russian law and universally accepted international regulations" the group said in an open letter to the government, urging scientists and health officials to adhere to clinical research standards.

But a month later, the Health Ministry authorized clinical trials of the Gamaleya product, with what appeared to be another ethical issue.

Human studies started June 17 among 76 volunteers. Half were injected with a vaccine in liquid form and the other half with a vaccine that came as soluble powder. Some in the first half were recruited from the military, which raised concerns that servicemen may have been pressured to participate.

Some experts said their desire to perform well would affect the findings. "It's no coincidence media reports we see about the trials among the military said no one had any side effects, while the (other group) reported some," said Vasily Vlassov, a public health expert with Moscow's Higher School of Economics.

As the trials were declared completed and looming regulatory approval was announced last week, questions arose about the vaccine's safety and effec-

tiveness. Government assurances the drug produced the desired immune response and caused no significant side effects were hardly convincing without published scientific data describing the findings.

The World Health Organization said all vaccine candidates should go through full stages of testing before being rolled out. "There are established practices and there are guidelines out," WHO spokesman Christian Lindmeier said Tuesday. "Between finding or having a clue of maybe having a vaccine that works, and having gone through all the stages, is a big difference."

Offering an unsafe compound to medical workers on the front lines of the outbreak could make things worse, Georgetown's Gostin said, adding: "What if the vaccine started killing them or making them very ill?"

Vaccines that are not properly tested can cause harm in many ways – from a negative impact on health to creating a false sense of security or undermining trust in vaccinations, said Thomas Bollyky, director of the global health program at the Council on Foreign Relations.

Develop

"It takes several years to develop any drug," said Svetlana Zavidova, executive director of Russia's Association of Clinical Trials Organizations. "Selling something the Gamaleya (institute) tested on 76 volunteers during Phase 1-2 trials as a finished product is just not serious."

Russia has not yet published any scientific data from its first clinical trials. The WHO's list of vaccine candidates in human testing still lists the Gamaleya product as in Phase 1 trials.

It uses a different virus – the common cold-causing adenovirus – that's been modified to carry genes for the "spike" protein that coats the coronavirus, as a way to prime the body to recognize if a real COVID-19 infection comes along. That's similar to vaccines being developed by China's CanSino Biologicals and Britain's Oxford University and AstraZeneca.

It's not the first controversial vaccine Russia developed. Putin mentioned earlier this year that Russian scientists delivered an Ebola vaccine that "proved to be the most effective in the world" and "made a real contribution to fighting the Ebola fever in Africa."

of coronavirus in the fall and winter. Keir Starmer, leader of the main opposition Labour Party, called for an urgent investigation into the way personal protective equipment was acquired. (AP)

Plague in China kills 2: A patient in northern China has died from the plague, the second death from the disease in the country's Inner Mongolia region this week. The victim died Friday from multiple organ failure in a case of bubonic plague, the Bayannaer city health commission said on its website.

The area where the person lived has been sealed off, and seven close contacts have been placed under medical observation, the commission said. They all tested negative for the plague and showed no symptoms.

On Thursday, medical authorities confirmed a different form of the disease as the cause of death of another person four days earlier, the Baotou city health commission said.

China has largely eradicated the plague, but occasional cases are still reported. The last major known outbreak was in 2009, when several people died in the town of Ziketian in Qinghai province on the Tibetan Plateau. (AP)



A health worker takes a nasal swab sample to test for COVID-19 in Hyderabad, India on Aug 8. (AP)



Johnson



Starmer

Health

Swiss ink vaccine deal: The Swiss federal government says it has struck a deal with Moderna to supply Switzerland with 4.5 million doses of a COVID-19 vaccine if the US biotech firm successfully develops one.

The Federal Office of Public Health says the agreement aims "to guarantee Switzerland early access to the vaccine of Moderna" and is one of the first such deals by any government with the company.

"The federal government wants to ensure that the Swiss population has rapid access to a safe and effective COVID-19 vaccine," an office statement said Thursday. "At the same time, Switzerland is supporting multilateral projects for the fair distribution of a future vaccine."

The Moderna deal would make it possible to vaccinate 2.25 million people, because expectations are that two doses would be needed, it said. That would be enough for more than a fourth of the wealthy Alpine country's population of about 8.2 million.

The Swiss government is also in talks with other vaccine companies and has already allocated 300 million Swiss francs (nearly \$330 million) for purchases of COVID-19 vaccine. It did not specify the value of the Moderna deal. (AP)

50mn masks unsafe: The British government says it won't be using 50 million face masks it bought during a scramble to secure protective equipment for medics during the coronavirus outbreak because of concerns they might not be safe.

The admission sparked calls from the political opposition for an urgent inquiry into the way contracts for essential supplies were handed out.

The masks were part of a 252-million-pound (\$332 million) contract the government signed with investment firm Ayanda Capital in April. Papers filed in a court case reveal that the masks won't be distributed because they have ear loops rather than head loops and may not fit tightly enough.

The papers, published Thursday, are part of a lawsuit against the Conservative government by campaigning groups the Good Law Project and EveryDoctor. They want the courts to review contracts signed by the government for personal protective equipment, which they say were not properly scrutinized.

As the coronavirus outbreak accelerated across the UK in March, it became clear that the country lacked enough masks, gloves, gowns and other protective gear for health care workers and nursing home staff. That sparked a race to buy billions of pieces of equipment from suppliers around the world.

Prime Minister Boris Johnson said he was "very disappointed" that the shipment was unusable. But he said Britain

had "achieved a colossal race against time" to obtain supplies of equipment and stockpile it in case of a second wave



A staff member asks the next traveller to test in the Corona Test Center at the airport in Cologne, Germany on Aug 8. As of today, a test for the corona virus is mandatory on returning from a risk area. (AP)