

Third Wave Damage Exceeded 1st And 2nd Combined – Doctor

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CORONAVIRUS / COVID-19 DEATHS

Doctor Grant Murewanhema has said the third wave of the coronavirus has exceeded that of the first and second waves combined. We present his article below.

THE COVID-19 third wave has been something else in Zimbabwe. It has exceeded the damage caused by the first and second waves combined by a huge margin, and many lives have been claimed. Several families have lost two or more members, and the extent of social disruption is unimaginable.

I have come across families that have lost both parents, young couples have been disrupted, pregnant mothers have departed from us, and some have left their neonates. This indeed has been a very sad time for us Zimbabweans and has been very draining both emotionally and physically for us healthcare workers.

The strategies for prevention in the first and second waves were largely human dependent and included personal level strategies and government-imposed/controlled strategies. The personal level strategies have included physical distancing, hand hygiene, face masking and avoiding going into congested spaces.

On the other hand, the government has imposed restrictive measures, including lockdowns, and restrictions of population movement. One thing is for certain, these measures are tiring, and also have negative socio-economic consequences, especially for a population that largely relies on informal trading for sustenance, and with non-existent central social support. The concept of pandemic fatigue has been well described in the literature, and is not surprising, given that human beings are social beings, with many needs that depend on their going out.

The search for effective biomedical interventions for both treatment and prevention has gone on at an alarming speed and has built on several years of advancements in research. Like the HIV virus, the realisation has been that no single basket can fit all, and therefore several interventions are necessary.

The search for an effective prophylactic pharmacological agent has largely been futile, despite marked noise from certain segments of society that some may be effective. The correct position, for now, is that there is no magic bullet for COVID-19 prevention.

One of the best interventions and success stories of public health has been the discovery of vaccines. Starting from Edward Jenner's discoveries several decades back, science has refined vaccine technology over the years, to come up with very safe and effective vaccines, which have emerged as the best public health intervention to deal with the spread, morbidity and mortality associated with infectious diseases.

Infectious diseases don't always result in death but can leave one with a debilitating disability. Over a dozen diseases are now vaccine-preventable, and some have totally been eliminated from the population. Mortality from tuberculosis, diphtheria, tetanus, whooping cough, pneumococcus, Haemophilus and many other diseases has been substantially reduced, and we are now looking forward to the prospects of substantially reducing, and eventually eliminating cervical cancer, thanks to the advent of the human papillomavirus vaccines.

Substantial reductions in mortality are gained annually in the USA and Europe through influenza vaccinations for vulnerable groups. Owing to significant mutations among the influenza viruses during antigenic shifts and antigenic drifts, the vaccines have to be modified periodically, and people receive booster shots, sometimes on an annual basis. Substantial reductions in mortality from the meningococcus have also been realised, and we have also administered vaccines for cholera and typhoid. Indeed, vaccines have been lifesavers over the years.

Of course, other diseases have been largely elusive, but the search for effective vaccines has continued; these include HIV and ebola viral disease. Success has been noted with tetravalent dengue vaccines, and we remain hopeful that we will succeed with HIV and Ebola vaccines in the near future. Based on all these years of vaccinology research, it is not surprising that COVID-19 vaccine research proceeded at an incredible pace.

Scientists capitalised on the experiences of yesteryears, and the availability of huge numbers of willing volunteers to participate in large scale clinical trials. Therefore, it's not true that COVID-19 vaccines were not investigated adequately; in fact, some of the trials have been the most robust, with huge sample sizes, and owing to the high incidence of disease, it hasn't been difficult to attain the numbers needed to assess their safety and effectiveness.

COVID-19 vaccines fall into several groups, including mRNA-based, viral-vector driven, recombinant and inactivated viral vaccines. Zimbabwe started the programme using the Chinese-made Sinopharm vaccines, which are inactivated COVID-19 virus particles which have no ability to cause disease but teach the body to respond to future attacks. In studies, these vaccines have been noted to reduce death, severe disease, hospitalisation, and also in others, infection with the virus.

The greatest benefit comes from reduced death, severe morbidity and hospitalisation. This is very important for a country such as ours with a very fragile health sector, and accessing treatment services

can be a huge nightmare, especially during the peak of the waves, such as we are currently experiencing.”

Some of the myths have been that the vaccines are the mark of the beast, they contain microchips, they alter human beings into transhuman beings or zombies etc. False rumours have included associations with failure to conceive, acquisition of COVID-19 from the vaccines, and that the vaccines have been resulting in death. Of course, these positions are largely false, unverifiable, untraceable, and have been propagated by anti-vaxxers on social media, causing serious vaccine hesitancy among citizens, and slowing down the pace of vaccination in settings where vaccines are available. Of course, this will delay the attainment of herd immunity, which is critical for obtaining the maximum benefits of population vaccination.

What remains important is for people to realise that vaccines will not provide complete protection against the virus, and even among the vaccinated there will be some infections, some will have severe disease, and some will even die, but many more will benefit from vaccination. It remains important to realise that vaccines are for prevention and not for treatment. One must seek testing and treatment services when they suspect they may have COVID-19, and when they have been contacts of confirmed cases.

It also remains important to adhere to preventive services when one has been vaccinated, especially after receiving the first dose, as optimal protection comes after the second jab. It’s also important to realise that due to ongoing mutations, we may need repeated vaccinations in the future, but for now, let’s get vaccinated to obtain protection from the current tide.

The elderly and those with chronic diseases such as hypertension, diabetes and heart diseases are particularly vulnerable to worse outcomes from COVID-19 and should be among the priority groups for vaccination. It is also my personal and humble opinion that pregnant women must also be vaccinated. Whenever one is not sure whether they should be vaccinated or not, it’s important to seek clarification with real healthcare workers, and not on social media, as one may then be misled.

Vaccination is a critical issue for epidemic control at both the population and personal level, and we must make sure we are making the right and informed decisions. In all we do, we must seek wisdom, and we must seek understanding, and from the right places. There is so much misinformation, even from the Nicodemuses of social media, who shun vaccination in public and seek the services in private. Therefore, make considerations that benefit and protect you at a personal level. As your healthcare workers, we are available for you.

God bless you abundantly.
Doctor Grant Murewanhema

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