

**EDITORIAL****POST COVID-19 REOPENING**

The COVID-19 pandemic has wrecked unprecedented havoc worldwide with catastrophic ramifications. The disease broke out in Wuhan, China in December 2019 and spread globally unabated, fueled by international travel and business interactions that have become the hallmarks of the global-local continuum. In response, governments enforced crippling restrictions on economic, academic and social activities epitomized by numerous lock-downs which literally brought life to a standstill. Once again mankind with all the intelligence and technology was caught off guard thus exposing the folly of complacency in infectious disease control. The situation is reminiscent of 'God's wrath', a feature of many religious teachings as recorded in divine references, both written or folkloric. To contextualize, the COVID-19 scenario, three citations of past pandemics are instructive.

The black death (1347-1351) resulting from the dreaded bubonic plague claimed over 75 million lives with devastating economic, social and religious consequences. The eerie atmosphere created by the disease is best illustrated by the 'Danse Macabre' (Dance of Death) allegory. The Black Death was so transformative that it is thought to have borne the renaissance of Europe. The disaster occurred during the era of the quasi-religious belief in the 'Miasma Theory' of disease. This theory posited that epidemics were caused by 'bad air', emanating from rotting organic matter. Consequently, responses to deadly pandemics were sub-optimal and hardly evidence based leading to high mortality rates.

The 19th century cholera epidemic (1846-1860) marked a new understanding of infection etiology. The 1854 London phase heralded the revolutionary 'Germ Theory' of disease postulated by John Snow, which was later confirmed by Louis Pasteur and Robert Koch.

The 20th century made its mark through the deadly Spanish flu (1918-1919) caused by the H1N1 virus. The just ended first World War may have exacerbated the damage inflicted by the pandemic, accounting for the high death toll over a relatively short period.

These three pandemics had a huge death toll, collectively estimated to be over 100 million, leading to altered global demographics. Furthermore, they were characterized by several spikes due to ineffective preventive measures coupled with poor infrastructure and limited healthcare knowledge. Since no specific pharmacological interventions were available, public health measures to curb infection transmission and socio-economic adaptations were employed. For this purpose, hygiene practices such as hand washing, the use of face-masks and social distancing though basic are effective in preventing transmission of many communicable diseases. The current COVID-19 pandemic is not any different in character and impact.

It has been stressed by the World Health Organization (WHO) and many relevant in-country authorities that re-opening of international or regional travel, educational institutions and certain economic activities heavily depends on flattening of the curve. Flattening the curve, represents a convergence of multiple mitigation measures and interventions that signal containment of the pandemic. New infections and severe disease should remain low enough for effective management. Otherwise, the number of infections exceeds the capability of the health care system which gets overwhelmed and then breaks down. Historically, termination of viral pandemics coincided with development of herd immunity and mutation to less virulent strains.

In the current COVID-19 state, there is a push by populations to return to the normalcy of their economic, religious and academic calendars. Countries are also yearning for re-opening economies to avert recession. With global travel paralysed, economic drivers such the airline, export/import, manufacturing and service

industries have collapsed which may force countries into economic decline. Countries planning to re-open should institute suitable measures to mitigate against high transmission and mortality rates. Syndromic surveillance to monitor spread in the community and targeted testing among high-risk groups (such as health care workers and persons in the transportation industry) may be adopted to identify susceptible individuals for protection.

Re-opening too soon or improperly may lead to resurgences due to widespread community transmission that could undermine the gains of containment measures hitherto imposed. Preventive actions such as physical distancing, hand washing, use of hand sanitizers, masking and temperature monitoring must be implemented and strictly observed. The proviso for re-opening the Kenyan economy in July 2020 was based on individuals exercising personal responsibility in maintaining the prescribed hygiene measures. This however, assumes that the general public adequately deciphers the impact of COVID-19 to prioritize personal safety. Yet informal street interviews by local media have revealed that some people do not believe the pandemic is real or are too pressed for economic survival to worry about the effects of COVID-19. Therefore, COVID-19 preventive campaigns may require solidarity and concordance with all players.

During re-opening, human activities will have to be commenced slowly, allowing time to adapt followed by gradual progress to full capacity. Business recovery is likely to be slow due to a lag in demand, especially for establishments whose operations involve physical proximity with clients. Incidentally, healthcare facilities fall in this category, which poses the danger of cross infections as well as people not getting treated for other illnesses. A supportive infrastructure is necessary including tax concessions, school calendar adjustments and household recovery strategies.

Case management protocols using specific pharmacological agents is a necessary strategy for COVID-19 treatment. For this purpose, remdesivir and lopinavir-ritonavir are undergoing clinical trials in several African countries. The long-term solution for the disease is vaccine development to protect populations from SARS-CoV-2 infection. It is encouraging that the African Union Commission has launched the Consortium for COVID-19 Vaccine Clinical Trial (CONCVACT). The consortium aims to foster collaboration among academics, researchers and the private sector in order to secure late stage vaccine clinical trials for market entry. This will greatly support the three pillars of the Africa Joint Continental Strategy for COVID-19, i.e., limiting transmission, reducing mortality and advancing towards socio-economic recovery.

As countries plan to gradually open up for business, they need to borrow heavily from historical experiences. For this purpose, the concerned government organs should engage in practical approaches duly informed by scientific data. Whatever, the re-opening strategy, the COVID-19 pandemic has changed long held societal norms and stamped its place in history books.

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