Study finds that half of confirmed COVID patients in Africa now suffer from Long COVID

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A recent study published in *Nature Scientific Reports* found that 48.6 percent—or nearly half—of individuals with documented SARS-CoV-2 infection in Africa subsequently developed Long COVID. This result is astonishing. Previous research has estimated that the rate of Long COVID in SARS-CoV-2 infection worldwide was roughly 10 percent, one-fifth the rate in Africa determined by this study.

The study was a meta-analysis of 25 previous studies published in the English-language scientific literature. The researchers conducted a thorough literature search according to state-of-the-art methods, which include publishing the protocol for the review and meta-analysis prior to conducting it. This method avoids bias, because the researchers cannot go back and tweak the search criteria to manipulate which studies get included.

The most common category of symptoms of Long COVID in Africa cumulatively was psychiatric disorders, with 25.8 percent of all individuals with Long COVID experiencing symptoms of post-traumatic stress disorder. That was followed by anxiety at 24.4 percent, sleep disorders at 20.3 percent, and depression at 18.2 percent. These results, as the researchers note, are fully consistent with prior research into Long COVID and thus are confirmatory of prior research.

The most common individual symptom of Long COVID was fatigue, at 35.4 percent of all individuals with a confirmed SARS-CoV-2 infection. There were also high percentages of patients with muscle aches (15.5 percent) and joint pain (17.3 percent). The study noted, “Overall, self-reported poor quality of life (25.4%) was extremely frequent.”

The results for organ-system-specific symptoms were also quite similar to past research. The most common neurological, respiratory, cardiac and gastrointestinal symptoms were, respectively, cognitive impairment (15.0 percent), shortness of breath (18.3 percent), palpitations (11.0 percent), and loss of appetite (12.7 percent).

The study found that age was a risk factor for subsequent development of symptoms of Long COVID. For every increase in age of one year, the risk of Long COVID increased by 10 percent.

Contrary to prior research, which has found that female gender was associated with a higher incidence of Long COVID, the investigators found that gender was not a significant risk factor for developing Long COVID among patients in Africa. The study found that the relative risk of Long COVID for females versus males was zero. This means that not only was the association with gender not statistically significant, it was not even different at all.

The lack of association with gender occurred despite the fact that females made up the majority of individuals studied at, 59.3 percent of the total overall population. Furthermore, female gender was not associated with the development of any particular symptom. The researchers did not offer any potential explanations for this finding or why it might contrast with prior studies.

The study also found that the severity of the initial SARS-CoV-2 infection was only a very minor risk factor for subsequent development of Long COVID. For every 1 percent increase in hospitalization, the incidence of Long COVID increased by just 0.003 percent. This result was statistically significant despite the small effect. The association with stay in an

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intensive care unit was not significant.

The researchers noted that given the differences in availability and character of hospital and ICU care in Africa compared to the developed world, and the differences in availability of particular data items (e.g., whether the patient required mechanical ventilation), that comparisons were extremely hard to make with any confidence.

Finally, the study looked at regional differences, dividing the continent into four regions: Eastern, Western, Northern, and Southern. They found that the incidence of Long COVID was highest in Southern (48.9 percent) and Northern (47.7 percent) Africa, and lowest in Western (17.0 percent) and Eastern Africa (5.1 percent).

The researchers do not explicitly state a possible explanation for these regional differences, but the fact that the 20 of the 25 studies they analyzed were in northern Africa strongly suggests that both SARS-CoV-2 infection and Long COVID are both under-determined in the rest of the continent, due to poverty and other severe resource constraints.

The researchers noted limitations to their study. First, they only reviewed English-language studies, and thus many studies published only in common languages in Africa, especially Arabic, were not included. The study was also unable to determine associations between pre-existing conditions and the subsequent risk of developing Long COVID, due to the poor and variable information on co-morbidities in the source studies. Similarly, the source studies did not provide sufficient information on vaccinations to enable study of whether vaccinations reduced risk of Long COVID.

The researchers noted the dramatic implications of their findings. The health care system in Africa generally, already under-resourced and over-burdened, is confronted with millions more individuals with chronic illnesses. Specifically, they note that in Africa there are only 1.4 mental health workers per 100,000 population, versus a global average of 9.0 mental health workers per 100,000. An already under-resourced and strained healthcare system in Africa is ill-equipped to handle millions of new patients with psychiatric disorders due to Long COVID.

Although not discussed in the study, one possible reason Africa has a much higher incidence rate of Long COVID is that vaccination rates are far lower than in developed nations. According to Our World In Data, only 32.5 percent of Africans have completed the initial vaccine series, with only 6.9 percent having received a booster shot.

Although the study could not measure the effect of vaccination on the risk of developing Long COVID, past studies have consistently shown such an effect. One study based on electronic health records in the United States found consistent reductions in Long COVID risk associated with SARS-CoV-2 vaccination.

The study reinforces the massive social crime committed by the ruling class in promoting the infection of billions of people worldwide by a novel coronavirus. SARS-CoV-2 infection has unprecedented impacts on human health, and one of the most significant is Long COVID, believed to now be impacting potentially hundreds of millions of people worldwide.

Another facet of this crime is the refusal of the pharmaceutical giants to waive their intellectual property rights on the vaccines. As a result, developing nations have struggled to afford sufficient quantities of vaccine to immunize their populations, leaving Africa much more vulnerable to the acute and long-term impacts of COVID-19.

The lesson for the working class is that to protect itself from the ongoing COVID-19 pandemic and from future pandemics, it must re-organize society around the principle of providing for human needs, not the private profit interests of a tiny layer of oligarchs.

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