

Social Challenges of Viral Infections in Africa: Experiencing COVID-19 in Cameroon

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Abstract

The experiences of viral infections in Africa have been a nightmare to the medical and social scientists in the way these diseases create their clinical and social histories. Social responses differ according to the context. Like HIV and Ebola viruses, COVID-19 makes another scene in the way this community responds and copes with this health challenge. Coping strategies towards the Corona pandemic are problematic with health behaviors minimizing the government instructions towards prevention. This study presents the social challenges experienced within this community at the individual and collective levels by infected and affected persons. The respect of preventive measures to the COVID-19 pandemic has been challenging in Cameroon due to their culture that bind by social closeness and connectedness. A contribution to the literature on the social dimension of viral diseases in Africa, this qualitative study critically analyzes the situational experiences in the Cameroonian community with data collected through critical observation from a sample population in the city of Yaounde which is the highest city affected by this virus. Sample units consisted of an affected family, an infected person and a health care provider. The content was analyzed using the Social Bond theory of Travis Hirschi 1969. Stigma and fear kills persons with COVID-19 than the disease itself. Social distance leads to emotional distance and causes social death prior to physical death.

Keywords

Social challenges, viral infections, experience, Africa, COVID-19

1. Introduction

Medical scientists are facing challenges in the field of viral infections as they keep the public in suspense for questions that are unanswered. Yesterday was the question to know where HIV and Ebola viruses come from and today it is the Corona virus. An uncertainty reigns in people's minds and especially Africans their continent has become a settle grounds for these diseases. The clinical, epidemiological and social experiences of viral infections in Africa have called for concern. Some factors such as poverty contribute to the challenges faced is the medical management of these diseases, but certain cultural values such as social proximity, connectedness, closeness and community spirit contribute most in the social impacts of these diseases. Cameroonians like many Africans communities are rooted in this culture that promotes a collective life with a strong social bond that tie members within this community together. This is manifested in almost all of their economic, cultural and social activities through social proximity and a face-to-face contact. For example, in this community, better negotiations and agreements are made when people seat in a face-to-face arrangement than other contact means such as telephone or social media. The COVID-19 pandemic has broken most of these bonds such as Youth community and holiday activities like sports that were usually organized in many small re-

mote villages and urban quarters for leisure and entertainment. Sport provides aspects of community agency through participation, organization and volunteerism (Drummond et al., 2020). This generation can be called a “generation of lost” at this time when the usual face-to-face social interactions are temporarily suspended. Although, it has been advised to use alternative measures to reach out to others, this modern technology such as Skype, WhatsApp, Facebook, Zoom are still limited in this context where technology is still underdeveloped with power shortage nearly every time and everywhere. To help maintain a sense of closeness and connection to friends, family and vital services Sheerman et al. (2020) proposed the use of the above cited modern technologies. Technological limitation in this context gives an important place to face-to-face contact that is the usual social lifestyle.

To maintain a sense of closeness and connectedness to family members and friends, social proximity is necessary. Thus, social distance as one of the preventive measures for COVID-19 becomes a challenge in the living and working pattern. The challenges in the living and working conditions through intensive utilization of information and communication technologies (Salama, 2020) are enormous. This is one of the challenges faced by the Cameroonian government in the global management process of COVID-19, coupled with a number of structural and technical factors. The problem does not only lie at the level of lack of infrastructure to receive the increasing number of persons diagnosed with this virus, or the shortage of human resources to support the growing number of patients, the lack of motivation from the health care providers due to their perception of safety, threat and risk of contagion (Hamouche, 2020) is a major concern. Patients are not handled with care and love within this health care sector due to fear of being contaminated. Acknowledging the fact that, they too are humans that can be infected by this virus, adequate and appropriate measures have not been put in place by the government to ease their working conditions.

Like HIV virus that caused emotional distancing as patients were advised to abstain from sex or use a condom during sexual activities, the corona virus has come with social distancing as a way to ease its prevention. This is challenging because, this measure breaks the social bond between individuals and families as their daily activities. As the government of Cameroon tries to implement preventive measures and social distance as one of them, there has been a great violation of this measure. The violations of norms related to people’s movement (G. Ruiu & M. L. Ruiu, 2020) have contributed to the rising number of new COVID-19 positive cases. People have developed coping strategies that contribute to the present challenges in the management of the COVID-19 in Cameroon. Social distancing caused emotional stress as some newly married couples were denied the right to do a public embrace. Social distancing has broken many social bonds that make up the foundation of this community. In isolation and quarantine centres, many patients are cut off from their close and love relations causing loneliness, depression and psychological stress. The lack of leisure, animation and distractive devices in these centres contributed to the stressful experiences of patients. In order to reduce the stress of loneliness, Marston and Kowert (2020), focused on the ways games can be tools for social connectedness and psychological healing for older adults and intergenerationally, the role games can play for post-traumatic stress cannot be neglected.

The main objective of this study is to present the social challenges experienced in the course of the COVID-19 pandemic in Cameroon with a critical analysis of the social responses and health behaviours in the coping strategies. There is a remarkable difference in the collective experience and social modifications in this community. This community’s response towards this new deadly disease that breaks social bonds through social distancing has created a new social. The situation that we are trying to present is why social distancing is problematic in the course of implementing the preventive measures of the Corona pandemic. The following analysis explains the social challenges faced in this community as the members cope with the Corona pandemic.

2. Methodology

The methodology used is qualitative and makes use of critical and situational observations of case studies to collect data in the city of Yaounde in Cameroon which is the highest city affected by the Corona virus. A content analysis and interpretation of data using the social bond theory of Travis Hirschi 1969 that uses elements of attachment, commitment, involvement and benefits as a way of approaching and explaining social problems. This new awareness and knowledge fill some research gaps in health science from an Anthropological perspective. An inductive design respects the move from specific observations to a broader generalization. The research participants were persons directly affected with COVID 19 infection through infected loved ones, families that have lost loved ones and health care providers. Data collection techniques used were; critical observations, in-depth interviews and a recount of life history. The reliability and trustworthiness of this method depended on the less cost, short time, a small sample, and direct contact with participants to collect rich data in a short time.

3. Results

These research findings reveal that the concept of social distancing problematic in the way the health care providers mystify it in the handling of patients. Infected persons with the Corona virus are not only isolated, but neglected and rejected by health care providers who give no room for visit from family members and love ones. This really creates a social distance that do not only affect the infected person psychologically and emotionally, but also family members and the social entourage that suffer from trauma as their love sick ones are deprived from their care and support. The social distance created by health care providers towards individuals and families in relations to their sick ones in isolation centres causes fear and the uncertainty about the next outcome that can only be death. Social distancing in the context of Corona virus is a cause of the stigma manifested social and emotional lives stress that has broken the social bond that reigns among members of this community. Acknowledging the importance of psychosocial and emotional support during a sick period, a good number of patients die due to this social distance that is interpreted by many patients as the end of life.

Like HIV virus that killed due to stigma from emotional distance, COVID-19 makes a different in the way it kills without a distinction of the social category. The poor and the rich patients of COVID-19 are treated alike. There are no preferential treatments as corps are buried without the delay or any funeral arrangements as is custom of these people. The respect and honour given to the members of this community that had the means to travel to abroad completely died out as they are seen as victors of this disease transmission. These classes of people also live a life with a form of social rejection and stigmatization and brings down their prestigious position in this community. Psychological depression and social death also result from the way in which sensitization activities are carried out. There has been a mixed up and confusion of clinical symptoms that leads to a suspect and diagnosis of Corona virus, causing a total disarray in the way this disease is perceived and interpreted. Having a common headed, cold, fever, cough, respiratory tract infections is automatically related to the Corona virus. Most patients suffering from these diseases have been neglected to the point of death as health care providers waiting for a confirmatory test for COVID-19 with the administration of any care. This has discouraged many who are sick of these infections to go and seek medical help from public health institutions.

Most sick people for this reason have opted for private health institutions for their health problems or stay back at home for indigenous or alternative treatments. There has also been a great reluctance in the voluntary screening for the Corona virus. Corona patients are not treated well from the lack of motivation from the health care providers who are afraid to be contaminated. The trial-and-error hypothesis of medical aid scares many people from trusting public health institutions. The inability to find a proper cure has motivated many people to turn to indigenous therapies with nearly everybody being auto-medics. That is has been made possible through the community spirit of connectedness and closeness.

4. Analysis

In the history of pandemic diseases, viral infections have caused the worst health disasters in the way they are transmitted and the disaster caused on humanity. Social and medical scientists have not been able to give a convincing answer to the worries of the society concerning the origin or the causes of these viruses due to the absence of a proper treatment or vaccine. HIV and Ebola viruses for example have caused a lot of health and social disaster especially in African countries in the way they have killed and destroyed families and communities. Viral infections have proven to be very challenging due to unanswered questions by both social and medical sciences. The answer to know the origin of these viruses is not yet convincing and that is why their management is challenging and determines the health beliefs and social responses surrounding them. Coping strategies are also developed at both individual and collective levels to overcome the devastating effects of these diseases.

COVID-19 has been among the most challenging health problems in the world where the mortality and morbidity rates have gone beyond human expectations. Viral infections in Africa have always been a nightmare to the medical corps due to the diseases spread and kill humans. Although there are several factors that may account for this, insufficient human resources, infrastructural limitations and inadequate or poor technical plate forms are some of the pressing things that contribute to the poor management of health pandemics. Most African countries did not learn a lesson from the HIV/AIDS pandemic that infected a consistent number of patients who kept on increasing until the hospitals could not contain them. Although emergency measures of Home-Based-Care were made, it was a place for the governments of these countries to make prospectations for future pandemics. In Cameroon, there has been a great problem in the creation of isolation centres for the care of infected persons with the Corona virus and even centres for observations. Acknowledging the limited human resources in the health sector of Cameroon, the weight of the work that came as a result of this virus to the health care providers also contributed to their demotivation to render the best services. The government never took and

motivational measures to support the work load for the health care providers. In order to prevent the fear within the population, only statistic of cases diagnosed was communicated without précising the different localities. This was to prevent the population from deserting these areas. The homes of diagnosed cases of Corona patients were not disinfected for fear that the neighborhood might notice and create an alarm through stigma. The growing number of patients makes the health care provider to complaint of a tedious and cumbersome work in taking care of these patients. They could not give their best in preparing persons for pre- and post-diagnostic counseling test to assure the people of management measures. This is another reason for the poor management of COVID-19 patients who are traumatized leading many to their early graves and some people refusing to do the screening test for fear to be treated in the same manner

Negligence of most of the preventive measures of the Corona virus makes the social distancing phenomenon a myth in this context where community spirit is very strong and people count on social connectedness and face-to-face contacts for daily activities of survival. It is by the chance and mercy that most Cameroonians did not died from the COVID-19 as compared to other parts of the world where social distance is scrupulously respected but the number of deaths registered is consistent. This shows that social distancing is not pertinent enough to detect the course of this virus contrary to this philosophy, a substantial proportion of persons in the UK felt that they had become more involved in neighborhood life following the lockdown and had an interest in becoming more involved in future (Jones et al., 2020). Social distancing implies a complete or partial breakage of the social ties and has negative effect on this community in the way affected and infected persons are managed. Creating a social distance is a means to be cut off from the main stream which is the community spirit. It is a form of stigma and a cause of many deaths from Corona virus. The isolation of patients and suspected cases of the Corona virus has been mishandled as many patients see it as social death prior to physical death.

Acknowledging the importance of the psychological and moral support from relations to the patients, most patients see their isolation as a social death and those who are under quarantine consider themselves as being on the same track. Corona patients and their families are psychologically tortured with families members not allowed to pay visits to their sick ones or give any form of assistance. The isolation of patients has been considered as a poor treatment that has caused trauma to both patients and their relations. This measure has not only been mystify by the health care providers who deny visits to Corona patients who are under isolation or suspected cases that are under observation called quarantine, the isolation of patients is form of nightmare that is worse than the disease itself. It is the main cause of depression to the infected persons who see themselves being cut-off from their families and social networks before their physical deaths. Meanwhile, psychosocial support is necessary for all patients to stimulate their quick recovery, this is denied from COVID-19 patients. Many patients who died of COVID-19 is a result of negligence and rejection from the care providers who are afraid to administer care and family members who are not given the chance to give psychosocial support to their sick relations. The lack of psychosocial support from love ones breaks the community spirit in the way the patients are isolated by health care providers. Infected persons are most often abandoned by health care providers who themselves are afraid to frequently visit them for the fear of being infected themselves. This creates a social and emotional distance towards infected and affected persons who are lonely and depressed.

The most stigmatizing aspect around COVID-19 is the mislabeling and misinterpretation of clinical symptoms. It is an abomination in this community to have a high temperature, cough, cold or respiratory problems. All these are misdiagnosed as first signs of the Corona virus. This has made many people to be afraid to visit public health institutions and has caused many people to refuse to seek for medical assistance. Many families have suffered from trauma due to the way their patients are handled in public health institutions as the nurses and doctors try to test them for the Corona virus. Affected persons are those whose love ones or relations are infected with this virus. These categories of persons have been under two major types of stress. Psychological stress resulting from the prevention of paying visits to their love ones who are under quarantine or isolation centres. They have been cut off from the social bond that binds them and their sick love ones. They are traumatized and can easily develop other psychological illnesses such as depression in the way their love ones are handled. Their entourage rejects them for fear to be infected.

The way at which the government treats death persons of COVID-19 has affected the public at large. Family members and love ones are not allowed to see the death bodies of their love ones nor to see where and how they are being buried. This culture respects the last remains of the love ones through funeral ceremonies carried out to this respect. This can be noted in the grandeur of funeral ceremonies before the arrival of COVID 19. Deaths from COVID-19 are treated like dogs and has put bad memories in this social setup as those whose relations have died from this disease are not given the opportunity to pay the last respect they deserve. Many people decide to hide in their sick patients at home and seek for alternative treatments. There is an absolute denial for voluntary screening in public institutions for health services and a preference for private health services and indigenous or alternative therapies.

The social impact of the disease is enormous as infected and affected persons within this community live with fear

and trauma. The fear and trauma have caused disabilities within the social lives as people strive for survival. The rapid spread of the COVID-19 virus can be justified by the inability to break a culture of social ties that is practiced within this community through unconscious habits of hand shake, frequent visits to neighbors and friends, embracing close family members and friends, social attachments to community members, and sharing as a sign of love. These habits are all contrary to social distancing and the limitation of unnecessary movements and social gathering are a strong shock on community spirit. Most cultural practices are unconsciously manifested in the lifestyles of the members of this community through face-to-face contact and social closeness. Creating a social distance among members of a family or a community especially in time of sickness and other social challenges becomes very difficult. It is seen as a cut off from the mainstream. There is therefore an urgent need to create coping strategies to overcome the stigma and fear surrounding the disease situation.

5. Discussion

Social distancing has been a challenge in this context where community spirit controls all aspects of human life. Isolation centres are considered as deserted areas that promote the social death of the patient before the physical death. This is because social ties and social proximities are cut off from infected individuals who have been living a life that is interwoven among family members and other social networks both at home and beyond. Family life is extended to other relations who are in constant contact and closeness to each other. Stereotypic ignorance has caused some important social modifications in this community due to the social burdens put on patients, family members and care takers. The main changes that have occurred within their lifestyles as far as their social and emotional lives are concerned in a context where the custom of social bond stands at the center of human existence. The arrival of COVID-19 has left many families in bitter memories in the way their loved ones died and were buried. In a culture where the bond of love, oneness and community spirit reigns, the presence of this virus has scattered practices that were made during sad and good times. Many families are left in a suspense with orphans, widows, widowers who cannot say anything concerning the where the remains of their loved ones who died of COVID-19 are found.

In this situation, social distancing is very challenging as infected and affected persons with COVID-19 suffer from detachment at the psychological and emotional levels. Social distancing in this regard is considered as the abandonment without any social support and company by the patient and the relations. The phenomenon of isolation has been one of the main causes of depression and stress to many patients of COVID-19 as they see it as a form of social death prior to physical death. When these patients are isolated, they feel stigmatized and rejected. A major cause of psychological trauma that pushes the patient to an early grave. Acknowledging the role of psychological support to every human being and especially when that person is sick and needs to benefit from the sick role, isolation in hospital wards without visit has not been the best for COVID-19 patients in Cameroon. In isolation wards, these patients are lonely and cut down from the basic human needs for satisfying social and emotional ties. Stigma from isolation has caused some patients with very mild symptoms to die even if they were not symptoms of COVID-19.

Forces to the limitations of social distancing in this context

There is a strong psychological and social force that binds the lifestyle of people in this community. This spirit is rooted in social closeness and connectedness embedded in social ties and operated in various aspects of this community's life in:

- **Attachment to one another**

The general lifestyle in this community is geared towards the individual and collective wellbeing of its members, families, social groups and the community at large. Like the western communities where the social bond is very weak with an individualistic lifestyle, there is an obligation of communism where one must care of the neighbor and others. Neighborhood love and care starts with simple greetings and other actions that may follow from it. Not greeting a neighbor is an abomination or the by-pass of a person that you know on the way without greeting is a problem. Social connectedness and proximity is inevitable in this community where certain community obligations such as supporting in psychological and physical presence in sad or happy moments are obligatory. The attainment and participation in social gatherings as a means of the reinforcement of the social ties, a medium for social and economic development is a norm. These opportunities are used for social and economic support. For example, gatherings in a condolence support to a member in pain is a sign of attachment to member or family. During such gatherings, moral and financial supports are given to assist that person to catch up with some expenditures spent during this moment. In some cases, a sum of money is gathered as a capital to start or restart an economic activity that has been broken down during this sad moment. Thus, the government proposal to avoid or limit such gatherings and social proximities by using modern technology means to meet up with these social obligations was not welcomed especially in this context of technological underdevelopment and strong social ties.

Local saving methods called “Njangi” a type of a social savings that is made obligatory from members of a small social group in view to raise money through fixed contribution from their members in order to support other members of the group to start or to boost up their economic activity. Behind this economic initiative, lies other social reasons such as the need to meet others in a face-to-face contact. During such meetings, members try to know about the welfare of others. Community meals are also shared during such gatherings to strengthen the union and as a sign of community belonging. This reinforces the social ties between community members with new social and intimate relationships are created. These are also media especially for those who are singles to look for a partner. With all this put together, social distancing and limitations to movement in respect to the preventive measures of the Corona virus in this community has been challenging.

During such social gatherings, there is a need and obligations to express love emotions through social actions such as embracing and hand shake as a sign of greetings. This is in opposition to other preventive measures of the Corona virus pandemic. Thus, these preventive measures caused a social gap and have influenced the way social life activities are carried in this community. In some cases, public marriages were celebrated without the couples embracing each other in the public. The question here is, is it going to continue in the same way back at home?

- **Commitment to social norms and institutions**

This culture in this community makes it in such a way that, people are attached to one another through commitments to social norms and institutions. It is very common and almost a norm that you see different social groups in relation to the various ethnic groups or families. People who have left their villages to the city for one reason or the other, see every reason to gather and as one to maintain the community spirit and membership connectedness that reigned as they were back home (various villages). These groups respect the same institutional norms that rule them as members of the same village. Through these gatherings, socio-cultural projects towards the wellbeing of those within and without the community are discussed. It becomes an obligation to join a village meeting and failure to do so is negatively sanctioned. This is how commitment to social and institutional norms are manifested in this community. This spirit is so strong that, the social bond that tie its members together is difficult to be broken. Thus, social distancing measures of the COVID-19 that instructs shot down and to stay indoors, or to avoid social gathering became a challenge and a myth. The abuse to this challenge became unconscious as most people unconsciously visited, shake hands and embrace each other in secret places and acted as vectors to the wide spread of this disease.

- **Involvement in activities**

In this community, people are involved in many social activities that force them to frequent each other or gather in one place which is against the principle of social distancing. The involvement in social and economic activities is one of the areas that challenge the respect of social distancing, in the sense that, economic activities especially in the marketing system are still underdeveloped and entails going to the market to sell or buy food stuffs. It is not like in developed countries where one can stay indoors and command services to be supplied at home. The government from the beginning had installed some measures to this effect by limiting the market hours. This was not reliable enough to create a social distance as the short time that people go to the markets, they have to be in close contact with one another. The local food stuff markets are so tied up in the way that, the social distance between the tables of the local “buyam-sellam” are minimal. On the other hand, the limiting of market hours contributed to the crowding of many people within a short period of time and could be a good contribution to the spread of this disease.

Other business sectors still suffer the same effect such as the transport sector where people are bound to seat close to each other. This sector is very important as it luck down makes it impossible in every aspect. Most African communities and especially Cameroon live from hand to mouth as people have to look for a daily bread to survive. They have no means to stock food in their homes that can sustain them for a long time. Owners of big restaurants and bars on the other hand had to develop other measures of survival such as closing the main doors to their bars and selling indoors.

The struggle for survival in this community where an average person live from hand to mouth became more difficult than the respecting lockdown. The “Hardship virus” became more dangerous than the corona virus disease itself. People preferred to risk during their lives than to stay in confinement and die of hunger. This has been the most difficult aspect in the preventive measures against the Corona virus in Cameroon.

The socio-political situation in Cameroon also contributed to this virus transmission as many families that have relations in the two major cities of Yaounde and Douala experienced overcrowding as they hosted internally displaced persons from the Anglophone crisis. This contributed to the registration of the highest number of cases of the Corona virus. Confinement do not only forced people to be socially disconnected, but caused other social disasters such as economic hardship.

- **Believe that these things are beneficial**

The poor economic situation in Cameroon has made many people not see the benefits in the State measures to limit the spread of the Corona virus. The efforts made were mostly on sensitization without any accompaniment measures such as the provision of face masks or the reduction of taxes on business that were locked up during this period. Even health care providers were not given enough working materials such as the face masks and hand gloves. In families that are large and very poor, the bread earner sees the acquisition of face masks for every family member as a waste for this money could be used to feed the family for a day.

6. Conclusion

The Corona virus is feared most as the scientific perception is quite challenging due to the absence of a specific drug for its treatment. Social distancing as a preventive measure of COVID-19 is a mystery in this context. The absence of a psychosocial support from family members in the management of COVID-19 demands not only the management of clinical symptoms but a global care for clinical, psychological, emotional and social symptoms. Fear to be infected by health care providers has developed into different forms patient's rejection that result into social stigma. The social distance involved in the management of this infection is influenced by social ties that tamper with the culture of social closeness and connectedness. The concept of social distancing has been misinterpreted by health care providers and has broken many social relations leading to social, emotional and physical death. Like other infections that are not highly contagious, health care providers lack the motivation to handle Corona virus patients adequately. They are afraid to be infected, thus contributing to the management challenges in this community. This study recommends a health care system capable of implementing individual and collective counseling as an integral part of managing all health issues and most especially in pandemic situations.

References

- Drummond, M., Elliott, S., Drummond, C., and Prichard, I. (2020). Youth sport and COVID-19: a potential generation lost. *Emerald Open Res.*, 2020, 2: 27 (<https://doi.org/10.35241/emeraldopenres.13661.1>).
- Hamouche, S. (2020). COVID-19 and employees' mental health: stressors, moderators and agenda for organizational actions. *Emerald Open Res.*, 2020, 2: 15 (<https://doi.org/10.35241/emeraldopenres.13550.1>).
- Jones, M., Beardmore, A., Biddle, M., et al. (2020). Apart but not Alone? A cross-sectional study of neighbour support in a major UK urban area during the COVID-19 lockdown. *Emerald Open Res.*, 2020, 2: 37 (<https://doi.org/10.35241/emeraldopenres.13731.1>).
- Marston, H. R. and Kowert, R. (2020). What role can videogames play in the COVID-19 pandemic? *Emerald Open Res.*, 2020, 2: 34 (<https://doi.org/10.35241/emeraldopenres.13727.1>).
- Ruiu, G. and Ruiu, M. L. (2020). Violation of lockdown norms and peaks in daily number of positive cases to COVID-19 in Italy. *Emerald Open Res.*, 2020, 2: 25. (<https://doi.org/10.35241/emeraldopenres.13699.1>).
- Salama, A. M. (2020). Coronavirus questions that will not go away: interrogating urban and socio-spatial implications of COVID-19 measures. *Emerald Open Res.*, 2020, 2: 14 (<https://doi.org/10.35241/emeraldopenres.13561.1>).
- Sheerman, L., Marston, H. R., Musselwhite, C., and Morgan, D. (2020). COVID-19 and the secret virtual assistants: the social weapons for a state of emergency. *Emerald Open Res.*, 2020, 2: 19 (<https://doi.org/10.35241/emeraldopenres.13571.1>).

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