

## COVID-19 Results Briefing

### The African Region

November 17, 2021

This document contains summary information on the latest projections from the IHME model on COVID-19 in African Region. The model was run on November 16, 2021, with data through November 15, 2021.

Key indicators including reported cases, deaths, and hospitalizations continue to decline in the African Region. However, daily estimated infections increased marginally, and with 16 countries recording an effective  $R$  greater than 1, the threats of ongoing transmission and future resurgence remain. Very low vaccine coverage due to ongoing global inequities, high mobility, and limited mask use throughout the region, but especially in West, Central, and parts of East Africa, exacerbate these threats. In our reference scenario, we expect the declining trend in reported cases, deaths, and hospitalizations to reverse in early December and continue rising through mid-February. We project an additional 19,000 reported deaths between November 15 and March 1. Our reference scenario does not explicitly take into account the waning of natural or vaccine-derived immunity; our model that does explicitly model vaccine-specific waning immunity and waning natural immunity is likely to be released in early December. It is already clear from testing and development of this new model that we may see even larger surges in the latter months of 2021 and the early months of 2022 in some countries. Policy strategies to address future surges fall into three categories: First, increasing mask use, which can have an immediate impact on transmission, through mandates and public awareness campaigns. Any increase above the current regional level of 43% will be beneficial. If universal mask use (95%) could be achieved, nearly 75% of the additional deaths expected between now and March 1 could be prevented. Second, increasing vaccination through all means available, including expanded donations, reducing barriers for local production and distribution, and targeted outreach to vaccine-hesitant populations. Third, expanding testing and routine data collection and reporting of key indicators by age, sex, and vaccination status. With regional infection-detection rates currently estimated to be close to 1% and only 14 diagnostic tests per 100,000 people in the African Region on November 15, a substantial risk remains that disease surveillance systems may not immediately detect surges, putting health systems at risk and delaying response. Some combination of all three of these strategies may be able to prevent significant health system stress and save lives in the next four months.

### Current situation

- Estimated daily infections in the last week increased to 339,800 per day on average compared to 323,600 the week before (Figure 1.1). Daily hospital census in the last week (through November 15) decreased to 15,700 per day on average compared to 17,500 the week before.
- Daily reported cases in the last week decreased to 1,900 per day on average compared to 2,100 the week before (Figure 2.1).

- Reported deaths due to COVID-19 in the last week decreased to 67 per day on average compared to 78 the week before (Figure 3.1).
- Total deaths due to COVID-19 in the last week decreased to 650 per day on average compared to 770 the week before (Figure 3.1). This makes COVID-19 the number 9 cause of death in African Region this week (Table 1). **Estimated total daily deaths due to COVID-19 in the past week were 9.7 times larger than the reported number of deaths.**
- The daily rate of reported deaths due to COVID-19 is greater than 4 per million in Mauritius (Figure 4.1).
- The daily rate of total deaths due to COVID-19 is greater than 4 per million in Eritrea, Gabon, and Mauritius (Figure 4.2).
- We estimate that 55% of people in African Region have been infected as of November 15 (Figure 6.1).
- Effective R, computed using cases, hospitalizations, and deaths, is greater than 1 in 16 locations. (Figure 7.1).
- The infection-detection rate in African Region was close to 1% on November 15 (Figure 8.1).
- Based on the GISAID and various national databases, combined with our variant spread model, we estimate the current prevalence of variants of concern (Figure 9.1). We estimate that the Beta variant is circulating in three countries, that the Delta variant is circulating in 42 countries, and that the Gamma variant is circulating in 12 countries in the region.

## Trends in drivers of transmission

- Mobility last week was 23% higher than the pre-COVID-19 baseline (Figure 11.1). Mobility was near baseline (within 10%) in 44 countries. Mobility was lower than 30% of baseline in no locations.
- As of November 15, in the COVID-19 Trends and Impact Survey, 43% of people self-report that they always wore a mask when leaving their home, the same as last week (Figure 13.1).
- There were 14 diagnostic tests per 100,000 people on November 15 (Figure 15.1).
- As of November 15, two countries have reached 70% or more of the population who have received at least one vaccine dose and one country has reached 70% or more of the population who are fully vaccinated (Figure 17.1).
- In our current reference scenario, we expect that 160.2 million people will be vaccinated with at least one dose by March 1 (Figure 20.1). We expect that 10% of the population will be fully vaccinated by March 1.

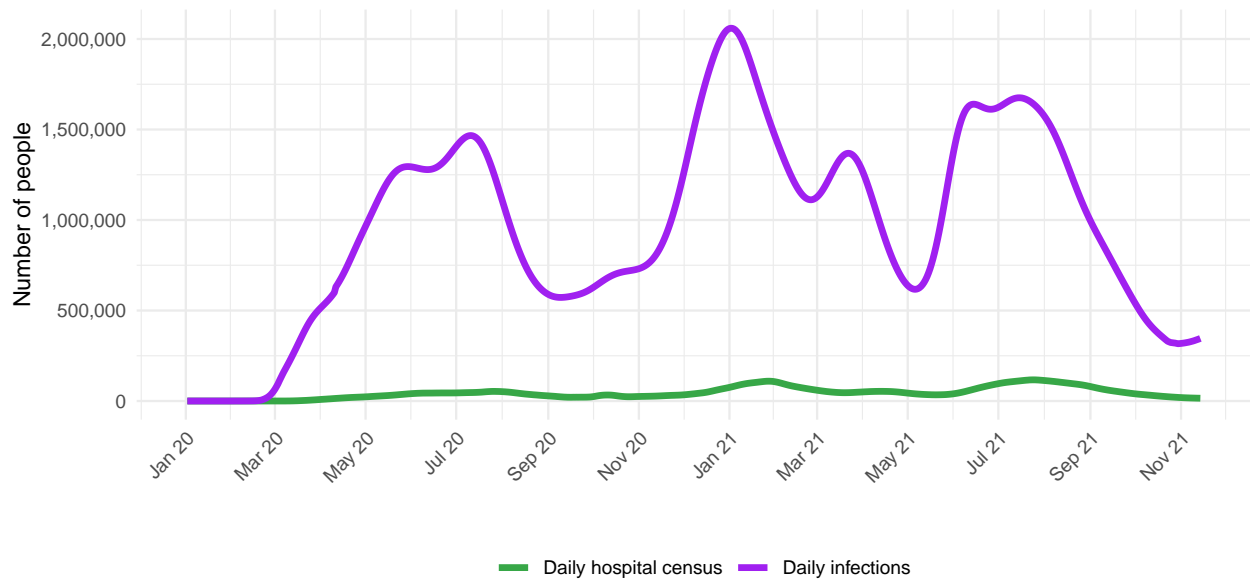
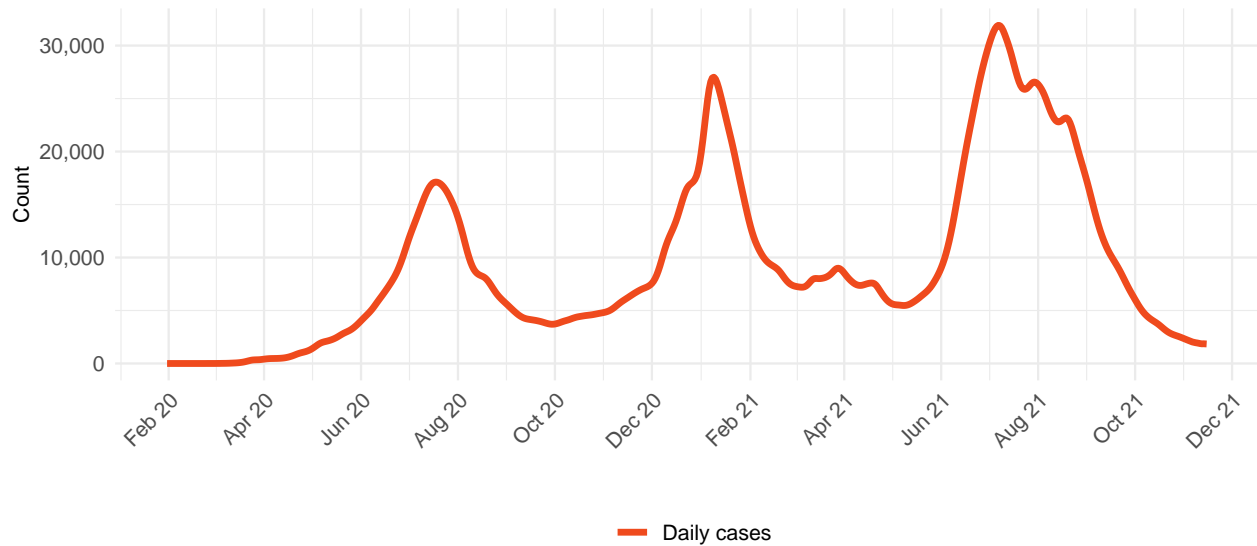
- Based on the estimate of the population that have been infected with COVID-19 and vaccinated to date, combined with assumptions on protection against infection with the Delta variant provided by either natural infection, vaccination, or both, we estimate that 43% of the region is immune to the Delta variant. In our current reference scenario, we expect that by March 1, 53% of people will be immune to the Delta variant (Figure 21.1). These two calculations do not take into account waning of natural or vaccine-derived immunity.

## Projections

- In our **reference scenario**, which represents what we think is most likely to happen, our model projects 169,000 cumulative reported deaths due to COVID-19 on March 1. This represents 19,000 additional deaths from November 15 to March 1. Daily reported deaths will rise to 390 by February 16, 2022 (Figure 22.1).
- Under our **reference scenario**, our model projects 1,191,000 cumulative total deaths due to COVID-19 on March 1. This represents 178,000 additional deaths from November 15 to March 1 (Figure 22.1).
- If **universal mask coverage (95%)** were attained in the next week, our model projects 14,000 fewer cumulative reported deaths compared to the reference scenario on March 1.
- Under our **worse scenario**, our model projects 174,000 cumulative reported deaths on March 1, an additional 4,500 deaths compared to our reference scenario. Daily reported deaths in the **worse scenario** will rise to 500 by February 15, 2022 (Figure 22.1).
- Daily infections in the **reference scenario** will rise to 1,150,830 by January 24, 2022 (Figure 22.3). Daily infections in the **worse scenario** will rise to 1,366,650 by January 23, 2022 (Figure 22.3).
- Daily cases in the **reference scenario** will rise to 12,280 by February 5, 2022 (Figure 22.4). Daily cases in the **worse scenario** will rise to 15,700 by February 3, 2022 (Figure 22.4).
- Daily hospital census in the **reference scenario** will rise to 62,610 by February 10, 2022 (Figure 22.5). Daily hospital census in the **worse scenario** will rise to 74,310 by February 8, 2022 (Figure 22.5).
- Figure 23.1 compares our reference scenario forecasts to other publicly archived models. Forecasts are widely divergent.
- At some point from November through March 1, eight countries will have high or extreme stress on hospital beds (Figure 24.1). At some point from November through March 1, 33 countries will have high or extreme stress on intensive care unit (ICU) capacity (Figure 25.1).

**Model updates**

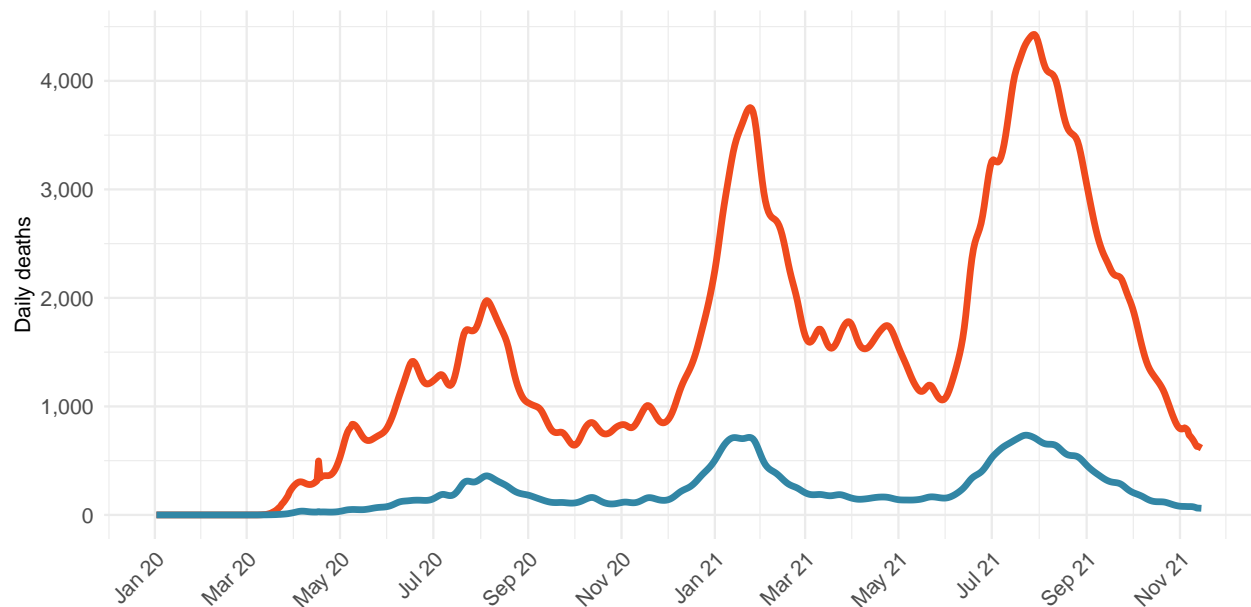
No model updates.

**Figure 1.1.** Daily COVID-19 hospital census and infections

**Figure 2.1.** Reported daily COVID-19 cases, moving average


**Table 1.** Ranking of total deaths due to COVID-19 among the leading causes of mortality this week, assuming uniform deaths of non-COVID causes throughout the year

Cause name	Weekly deaths	Ranking
Neonatal disorders	14,422	1
Lower respiratory infections	12,732	2
HIV/AIDS	12,224	3
Malaria	11,351	4
Diarrheal diseases	11,088	5
Ischemic heart disease	8,306	6
Stroke	8,063	7
Tuberculosis	7,097	8
COVID-19	4,538	9
Congenital birth defects	3,721	10

**Figure 3.1.** Smoothed trend estimate of reported daily COVID-19 deaths (blue) and total daily deaths due to COVID-19 (orange)

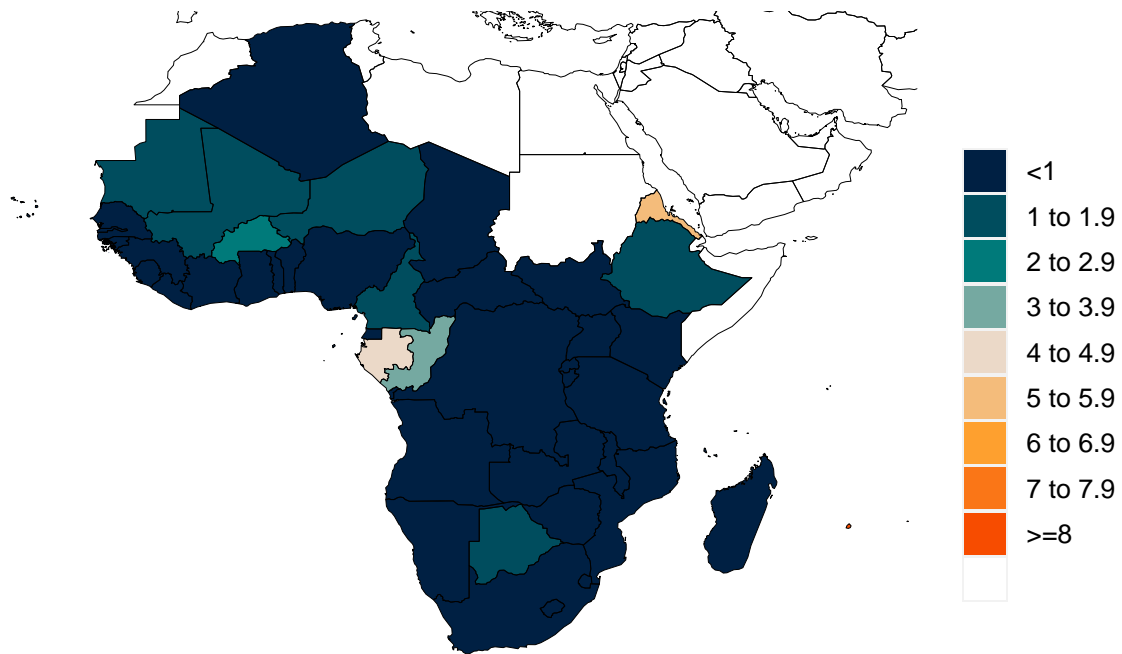


Daily COVID-19 death rate per 1 million on November 15, 2021

Figure 4.1 Daily reported COVID-19 death rate per 1 million

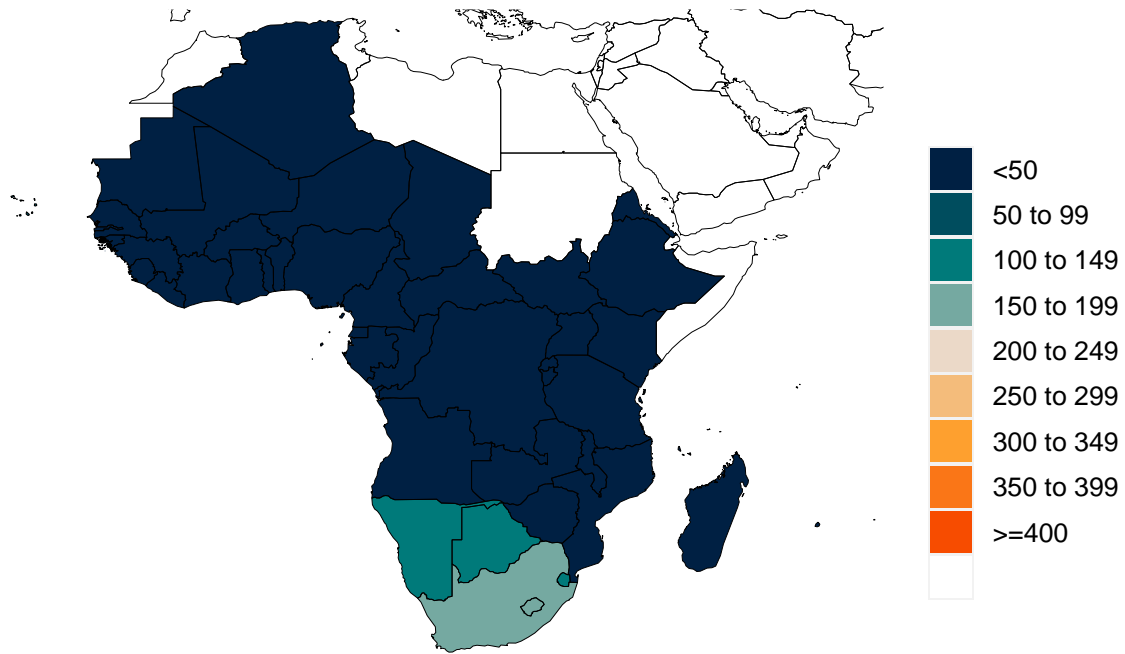


Figure 4.2 Daily total COVID-19 death rate per 1 million

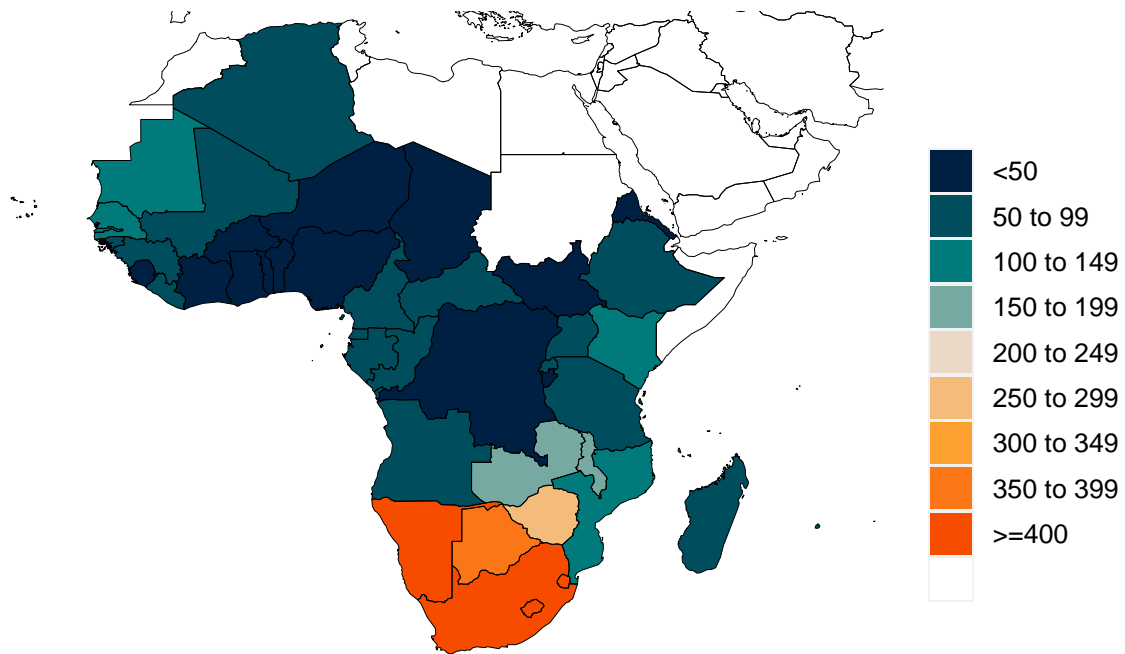


Cumulative COVID-19 deaths per 100,000 on November 15, 2021

**Figure 5.1 Reported cumulative COVID-19 deaths per 100,000**

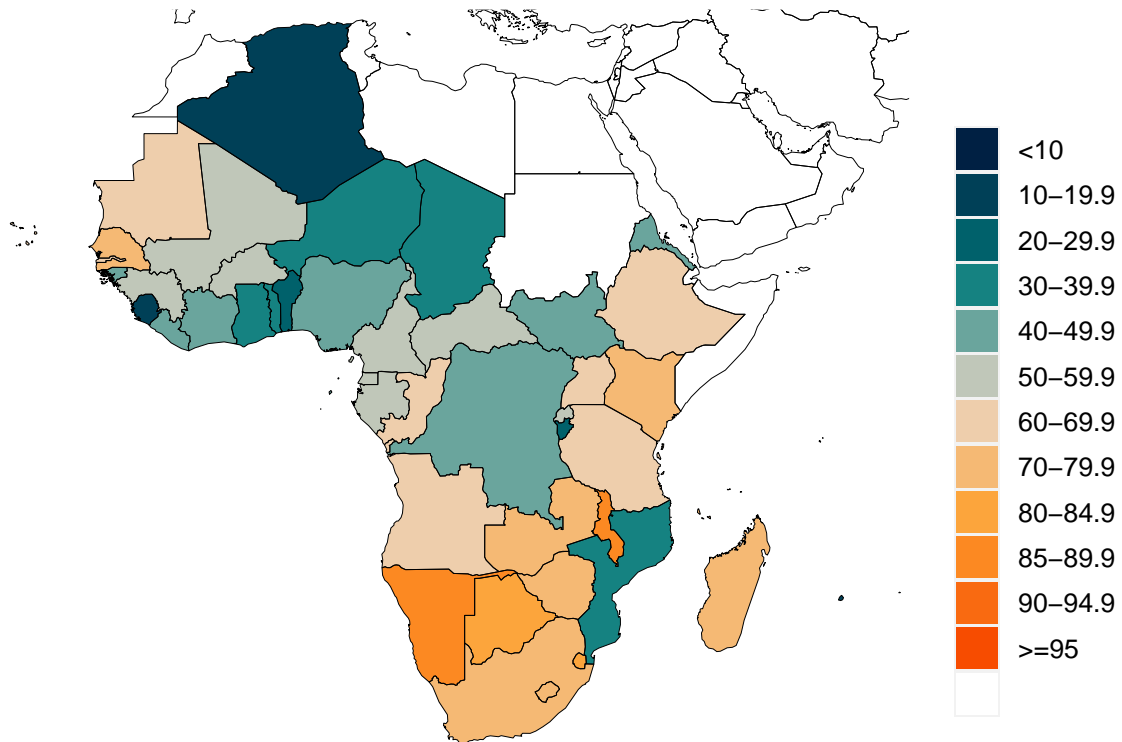


**Figure 5.2 Total cumulative COVID-19 deaths per 100,000**

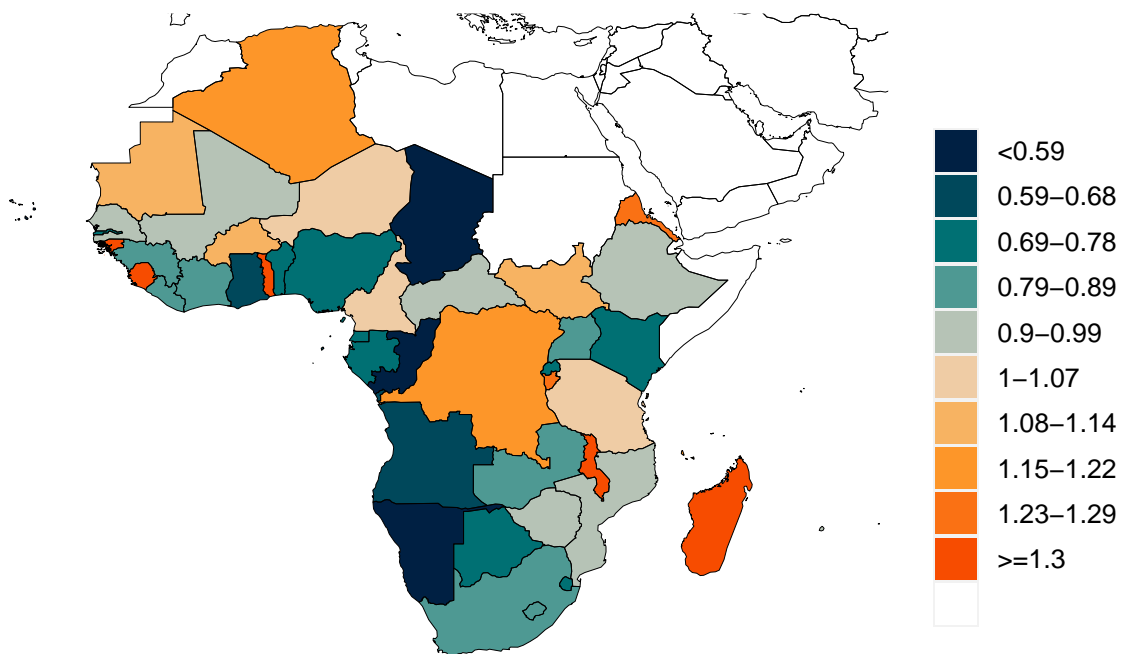




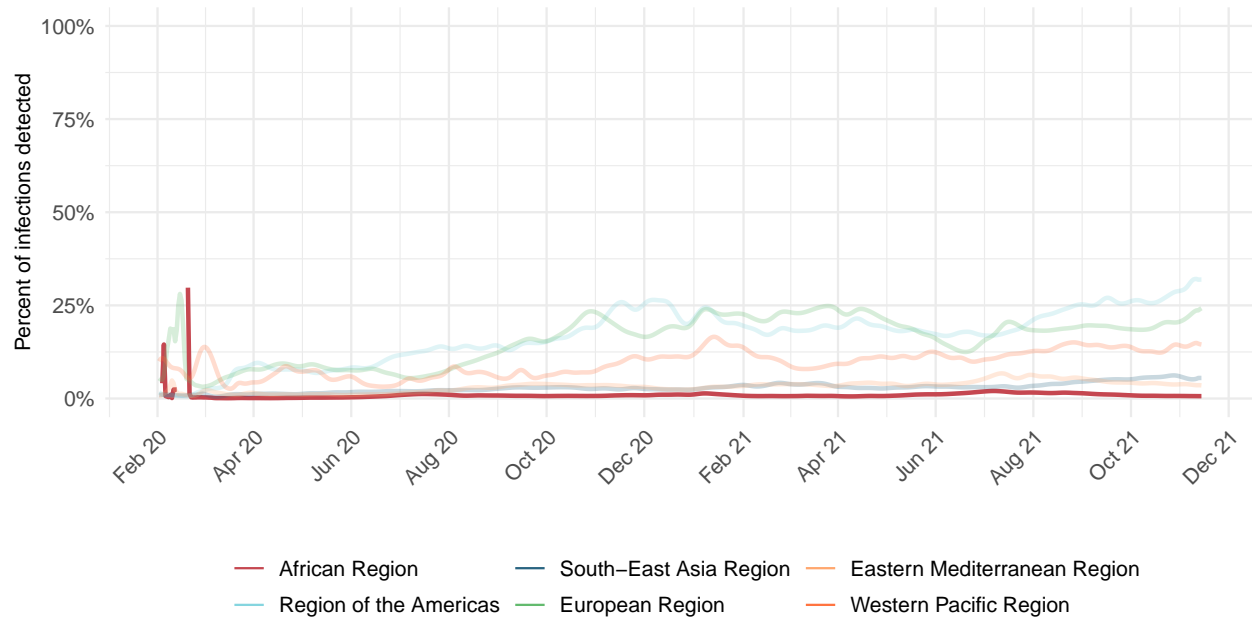
**Figure 6.1.** Estimated percent of the population infected with COVID-19 on November 15, 2021



**Figure 7.1.** Mean effective R on November 4, 2021. Effective R less than 1 means that transmission should decline, all other things being held the same. The estimate of effective R is based on the combined analysis of deaths, case reporting, and hospitalizations where available. Current reported cases reflect infections 11-13 days prior, so estimates of effective R can only be made for the recent past.



**Figure 8.1.** Percent of COVID-19 infections detected. This is estimated as the ratio of reported daily COVID-19 cases to estimated daily COVID-19 infections based on the SEIR disease transmission model. Due to measurement errors in cases and testing rates, the infection-detection rate can exceed 100% at particular points in time.



Estimated percent of circulating SARS-CoV-2 for primary variant families on November 15, 2021

Figure 9.1 Estimated percent Alpha variant

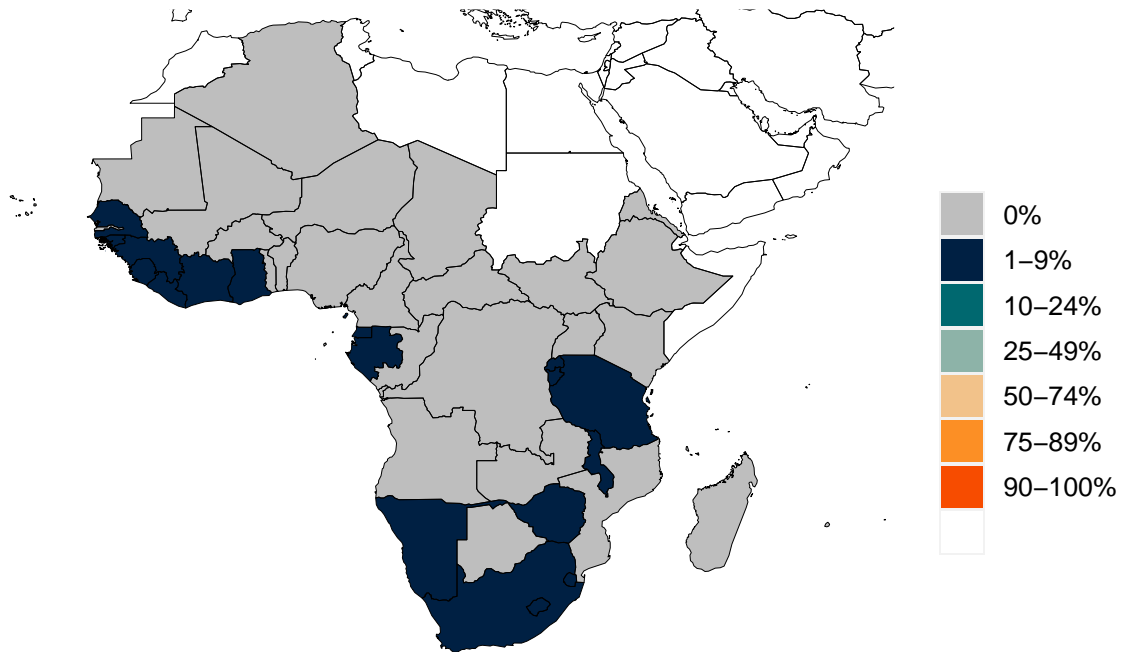


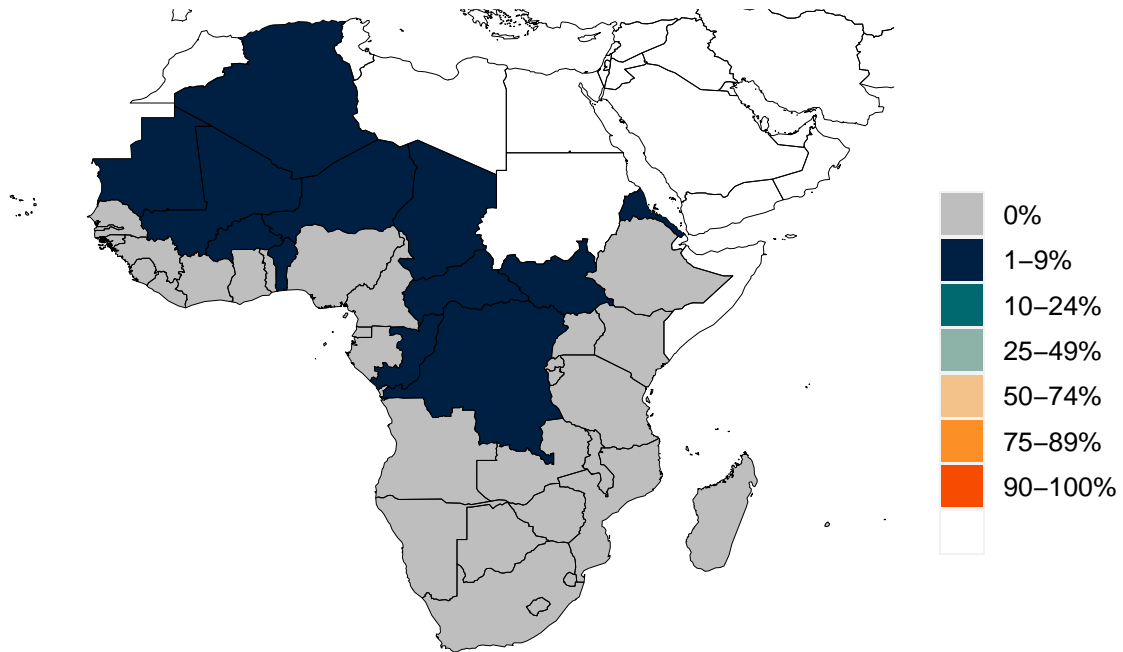
Figure 9.2 Estimated percent Beta variant



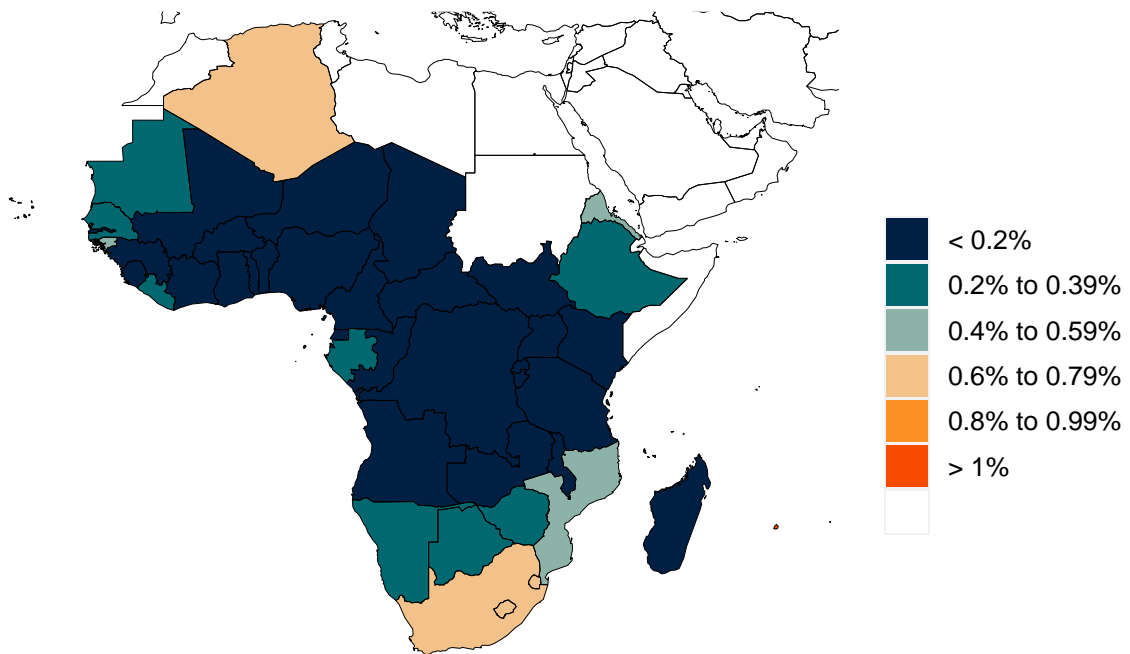
Figure 9.3 Estimated percent Delta variant



Figure 9.4 Estimated percent Gamma variant



**Figure 10.1.** Infection-fatality rate on November 15, 2021. This is estimated as the ratio of COVID-19 deaths to estimated daily COVID-19 infections.

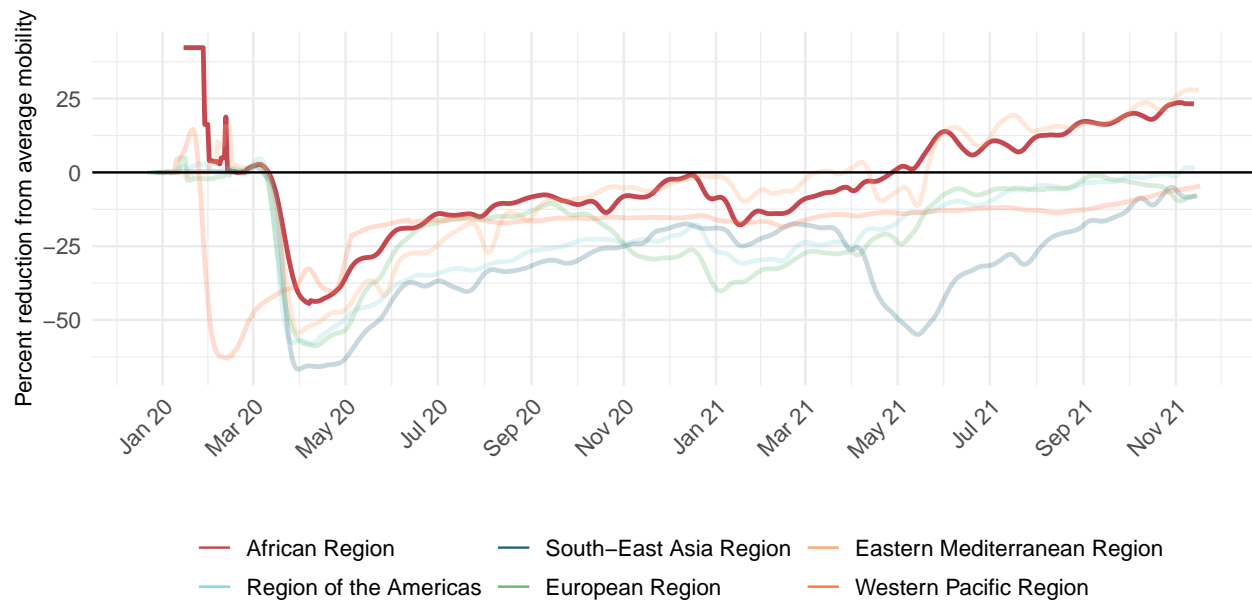


Critical drivers

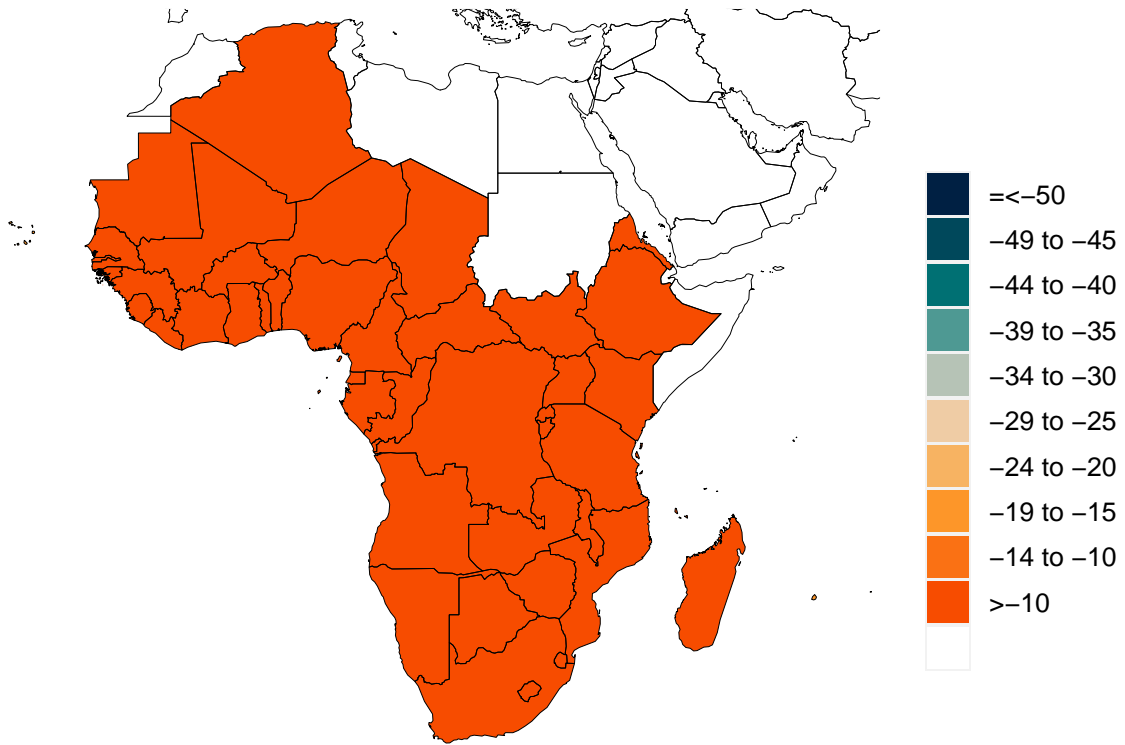
Table 2. Current mandate implementation



**Figure 11.1.** Trend in mobility as measured through smartphone app use, compared to January 2020 baseline

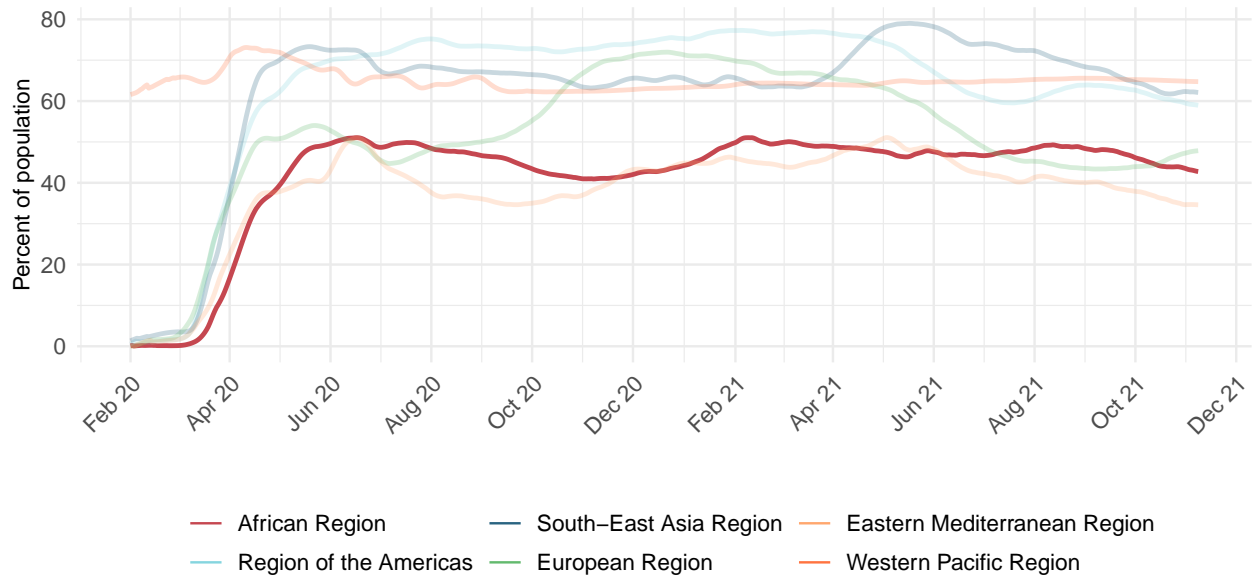


**Figure 12.1.** Mobility level as measured through smartphone app use, compared to January 2020 baseline (percent) on November 15, 2021





**Figure 13.1.** Trend in the proportion of the population reporting always wearing a mask when leaving home



**Figure 14.1.** Proportion of the population reporting always wearing a mask when leaving home on November 15, 2021

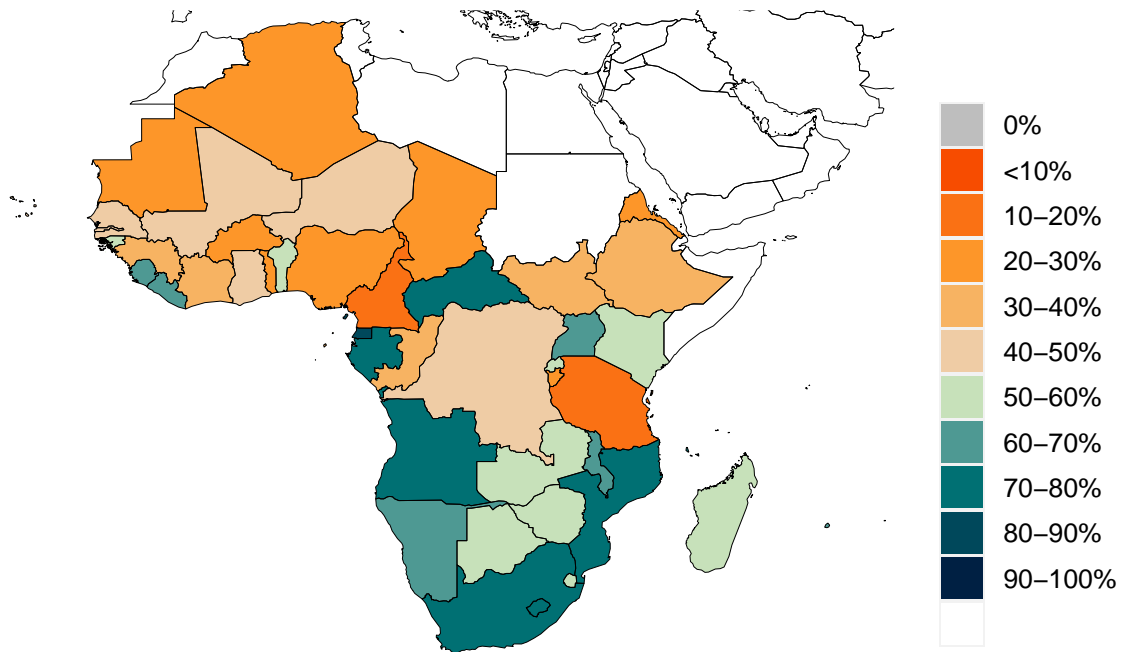


Figure 15.1. Trend in COVID-19 diagnostic tests per 100,000 people

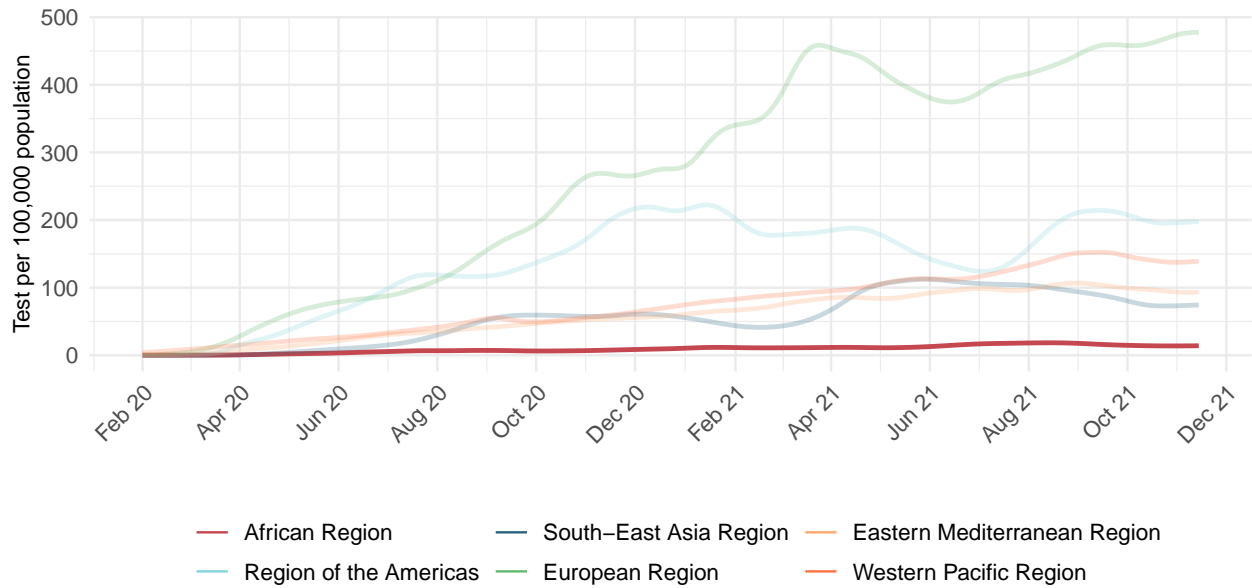
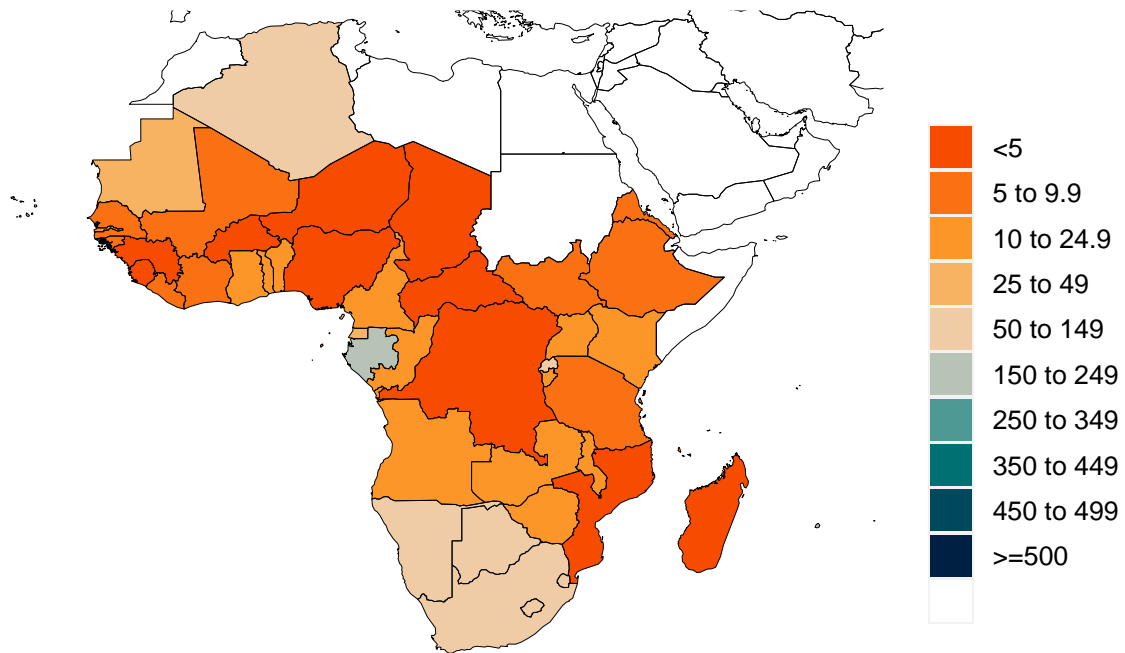


Figure 16.1. COVID-19 diagnostic tests per 100,000 people on November 15, 2021

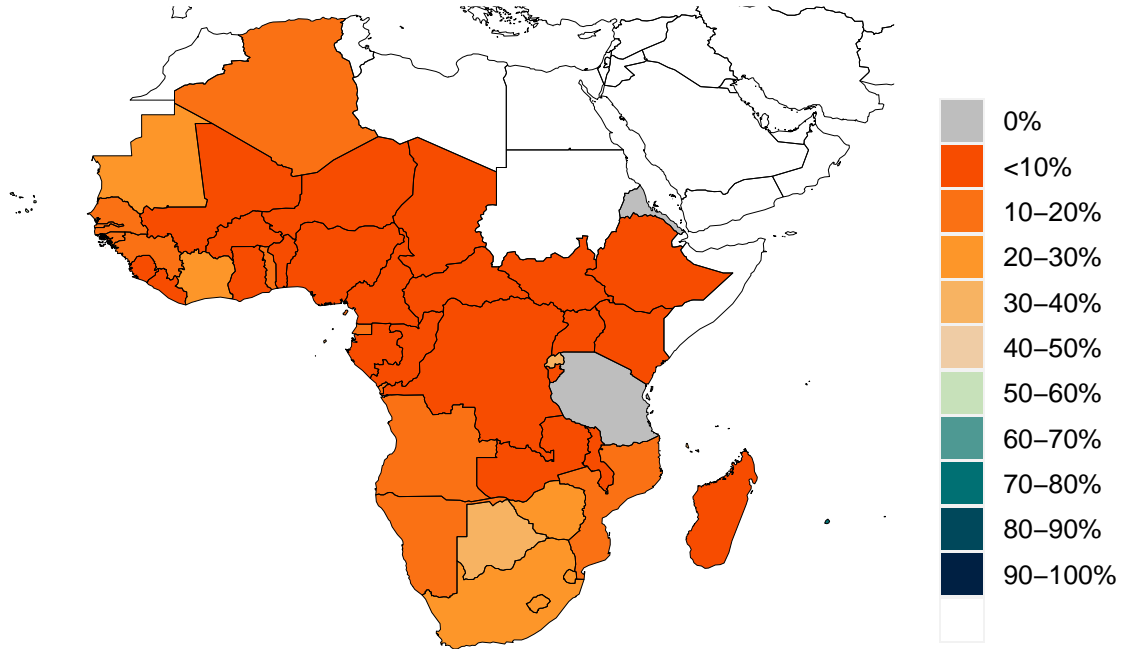


**Table 3.** Estimates of vaccine efficacy for specific vaccines used in the model at preventing disease and infection. The SEIR model uses variant-specific estimates of vaccine efficacy at preventing symptomatic disease and at preventing infection. We use data from clinical trials directly, where available, and make estimates otherwise. More information can be found on our [website](#).

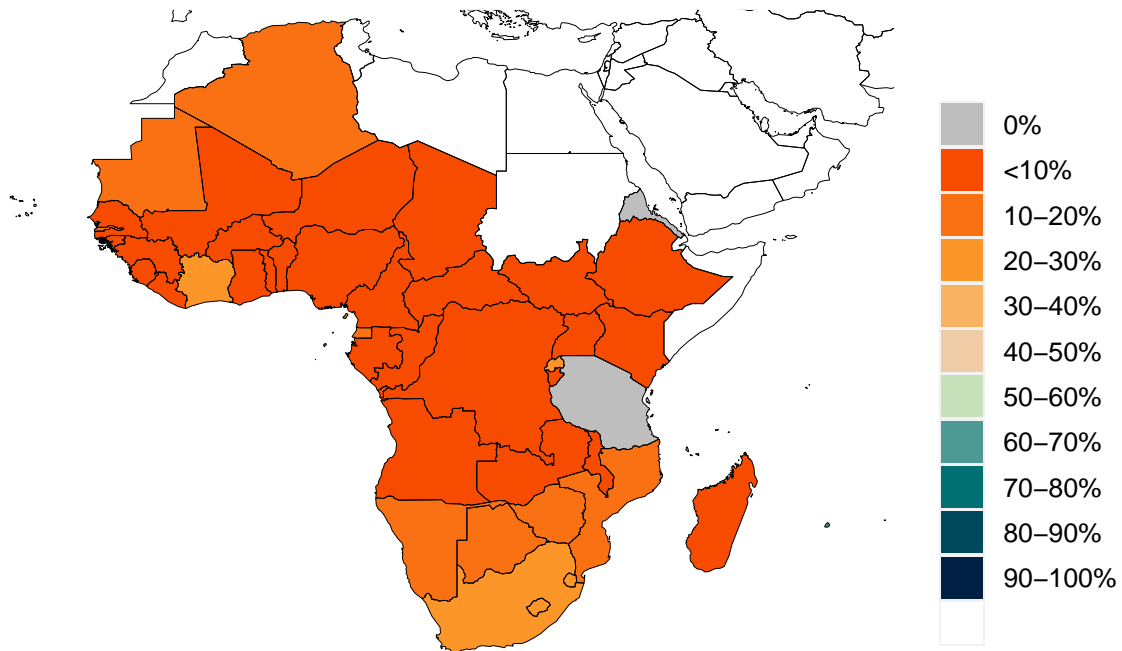
Vaccine	Efficacy at preventing disease: ancestral and Alpha	Efficacy at preventing infection: ancestral and Alpha	Efficacy at preventing disease: Beta, Delta, & Gamma	Efficacy at preventing infection: Beta, Delta, & Gamma
AstraZeneca	90%	52%	85%	49%
CoronaVac	50%	44%	43%	38%
Covaxin	78%	69%	68%	60%
Johnson & Johnson	86%	72%	60%	56%
Moderna	94%	89%	94%	80%
Novavax	89%	79%	79%	69%
Pfizer/BioNTech	94%	86%	85%	78%
Sinopharm	73%	65%	63%	56%
Sputnik-V	92%	81%	80%	70%
Tianjin	66%	58%	57%	50%
CanSino				
Other vaccines	75%	66%	65%	57%
Other vaccines (mRNA)	91%	86%	85%	78%

Percent of the population having received at least one dose (17.1) and fully vaccinated against SARS-CoV-2 (17.2) by November 15, 2021

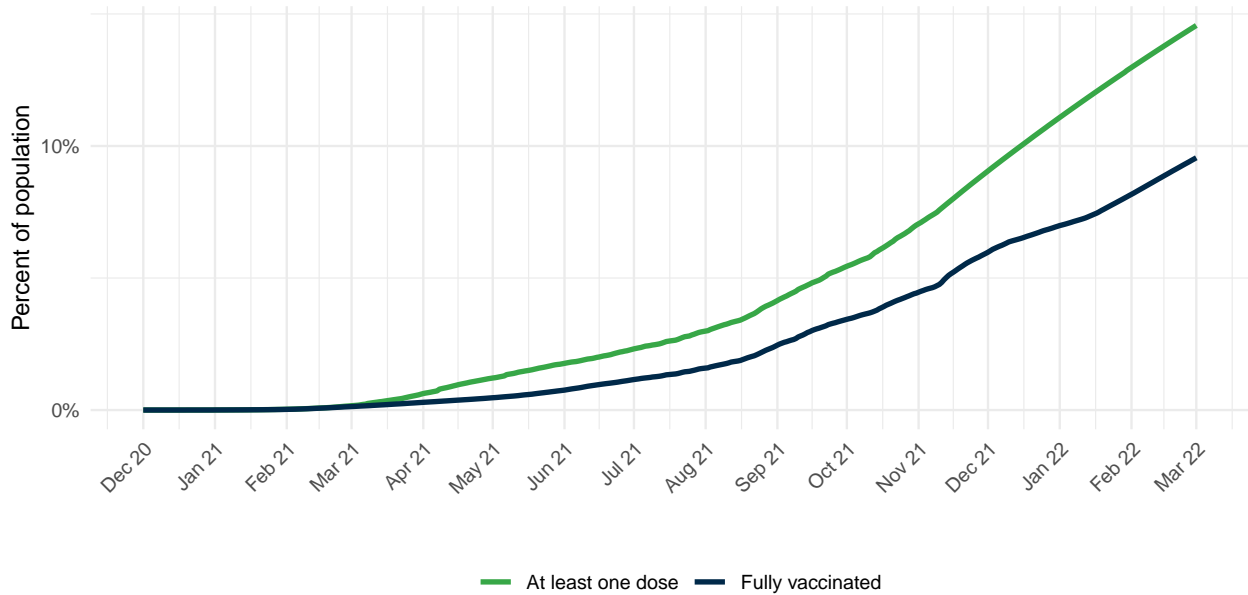
**Figure 17.1 Percent of the population having received one dose of a COVID-19 vaccine**



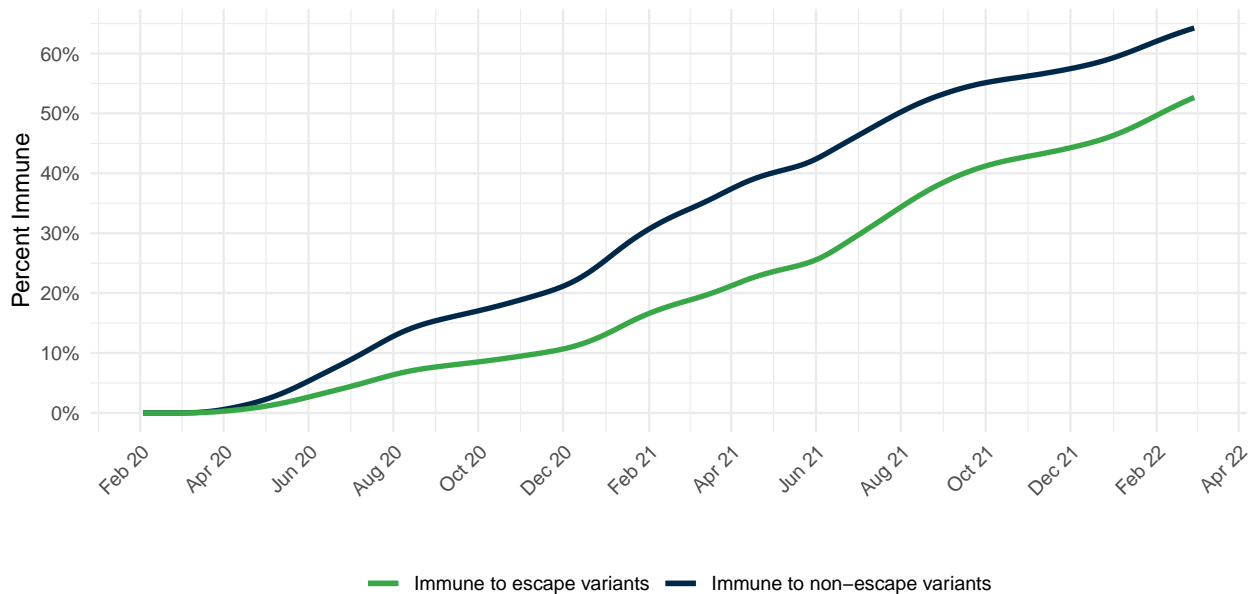
**Figure 17.2 Percent of the population fully vaccinated against SARS-CoV-2**



**Figure 20.1.** Percent of people who receive at least one dose of a COVID-19 vaccine and those who are fully vaccinated



**Figure 21.1.** Percentage of people who are immune to non-escape variants and the percentage of people who are immune to escape variants



## Projections and scenarios

We produce three scenarios when projecting COVID-19. The **reference scenario** is our forecast of what we think is most likely to happen:

- Vaccines are distributed at the expected pace. Brand- and variant-specific vaccine efficacy is updated using the latest available information from peer-reviewed publications and other reports.
- Future mask use is the mean of mask use over the last 7 days.
- Mobility increases as vaccine coverage increases.
- Governments adapt their response by re-imposing social distancing mandates for 6 weeks whenever daily deaths reach 8 per million, unless a location has already spent at least 7 of the last 14 days with daily deaths above this rate, and not yet re-imposed social distancing mandates. In this case, the reference scenario assumes that mandates are re-imposed when daily deaths reach 15 per million.
- Variants Alpha, Beta, Gamma, and Delta continue to spread regionally and globally from locations with sufficient transmission.

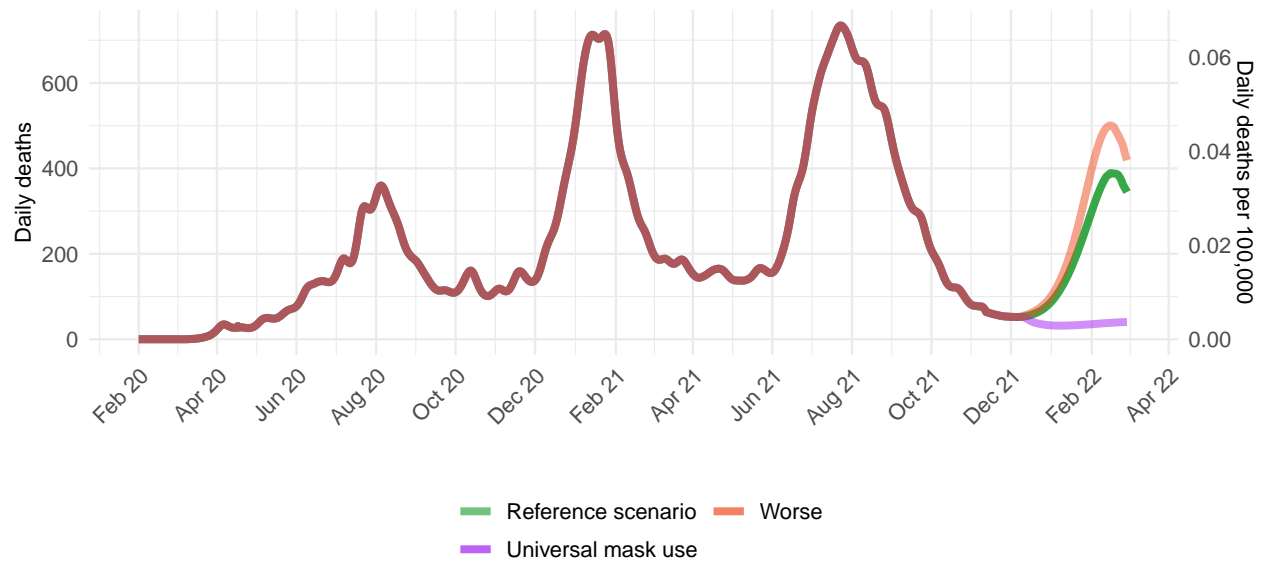
The **worse scenario** modifies the reference scenario assumption in four ways:

- 100% of vaccinated individuals stop using masks.
- Mobility increases in all locations to 25% above the pre-pandemic winter baseline, irrespective of vaccine coverage.
- Governments are more reluctant to re-impose social distancing mandates, waiting until the daily death rate reaches 15 per million, unless a location has already spent at least 7 of the last 14 days with daily deaths above this rate, and not yet re-imposed social distancing mandates. In this case, the reference scenario assumes that mandates are re-imposed when daily deaths reach 38 per million. In either case, we assume social distancing mandates remain in effect for 6 weeks.
- Variants Alpha, Beta, Gamma, and Delta spread between locations twice as fast when compared with our reference scenario.

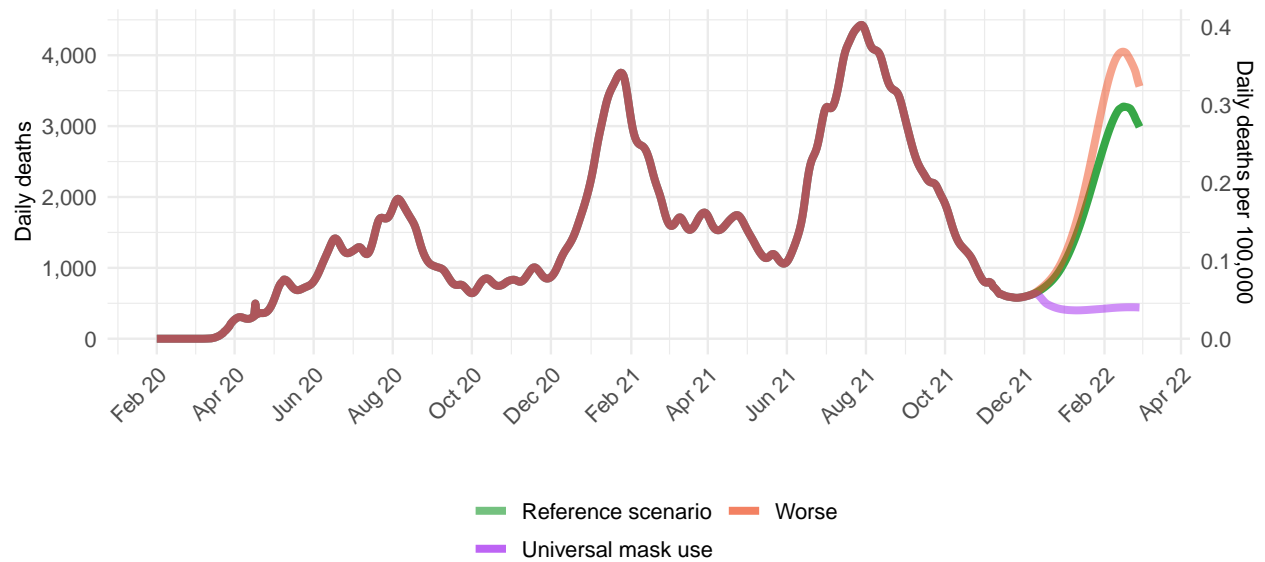
The **universal masks scenario** makes all the same assumptions as the reference scenario but assumes all locations reach 95% mask use within 7 days.

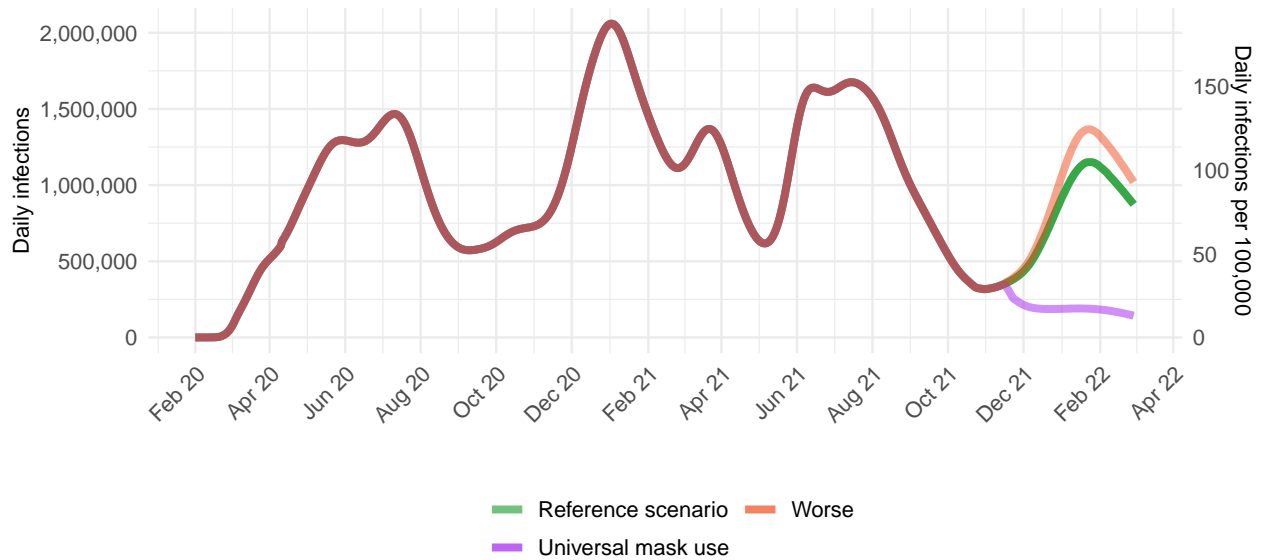
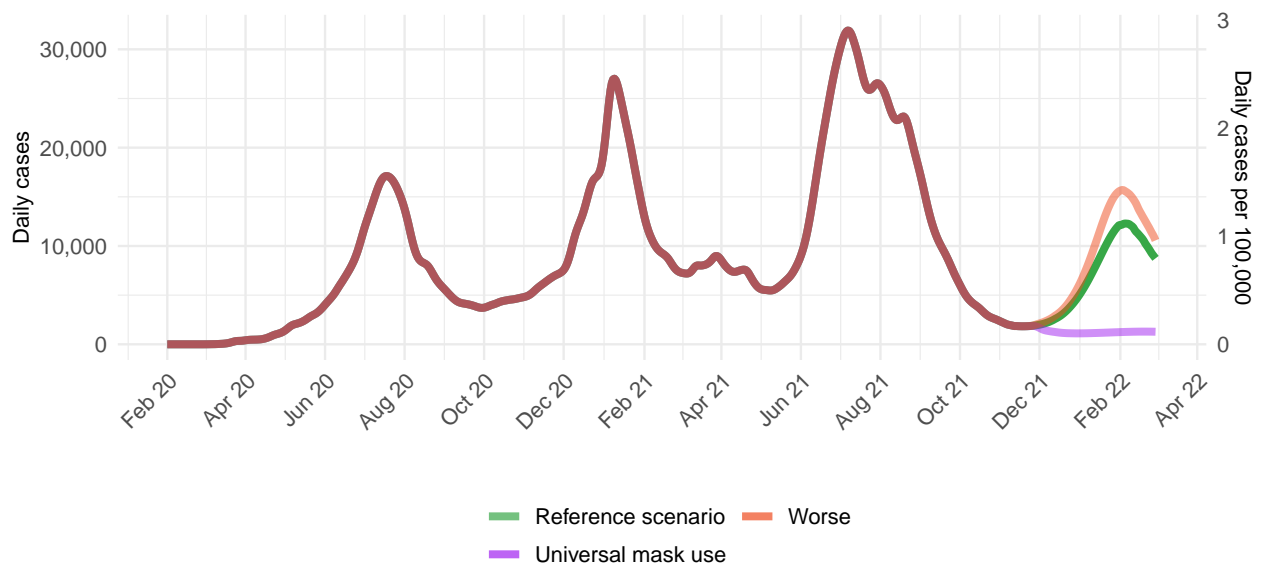
Daily COVID-19 deaths until March 01, 2022 for three scenarios

**Figure 22.1 Reported daily COVID-19 deaths per 100,000**



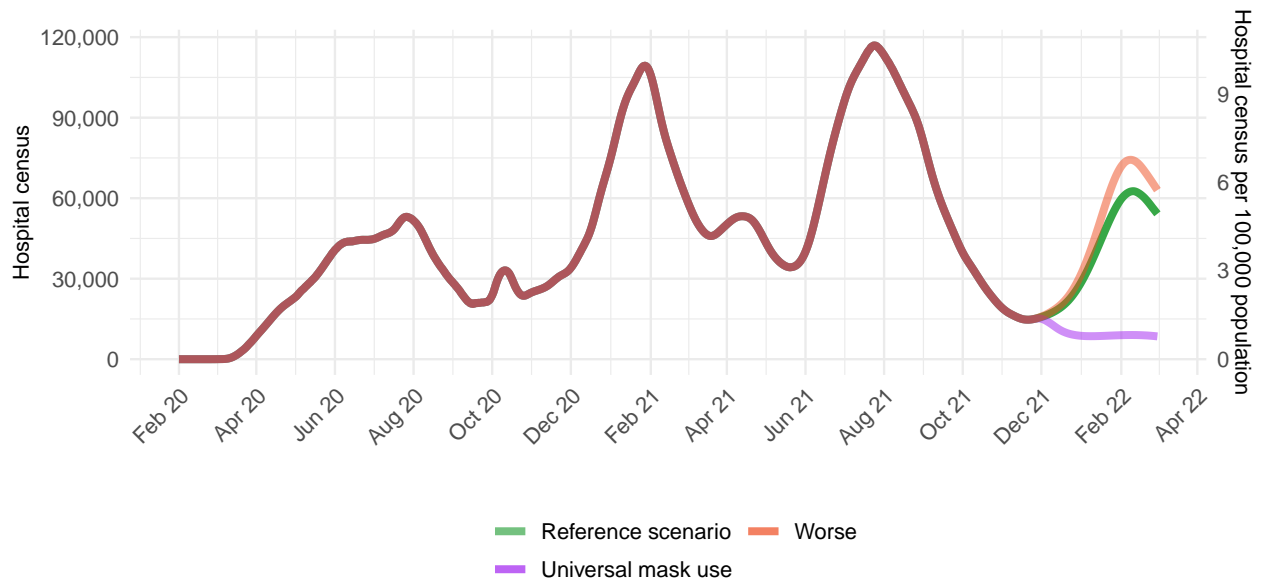
**Figure 22.2 Total daily COVID-19 deaths per 100,000**



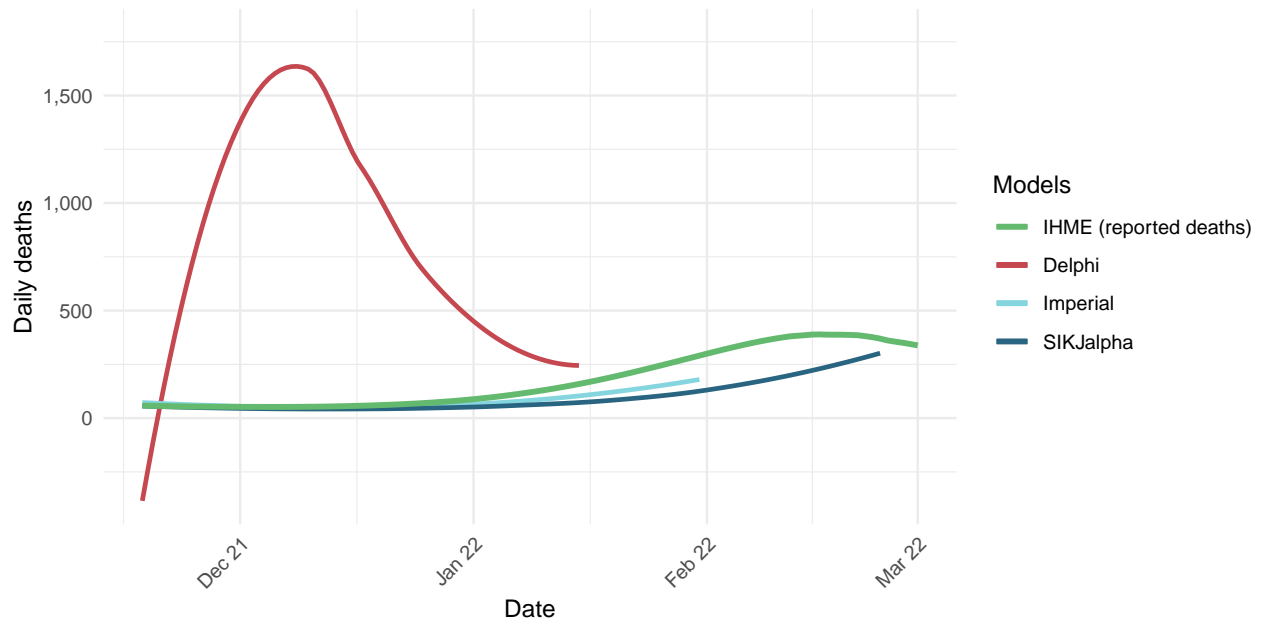
**Figure 22.3.** Daily COVID-19 infections until March 01, 2022 for three scenarios

**Figure 22.4.** Daily COVID-19 reported cases until March 01, 2022 for three scenarios




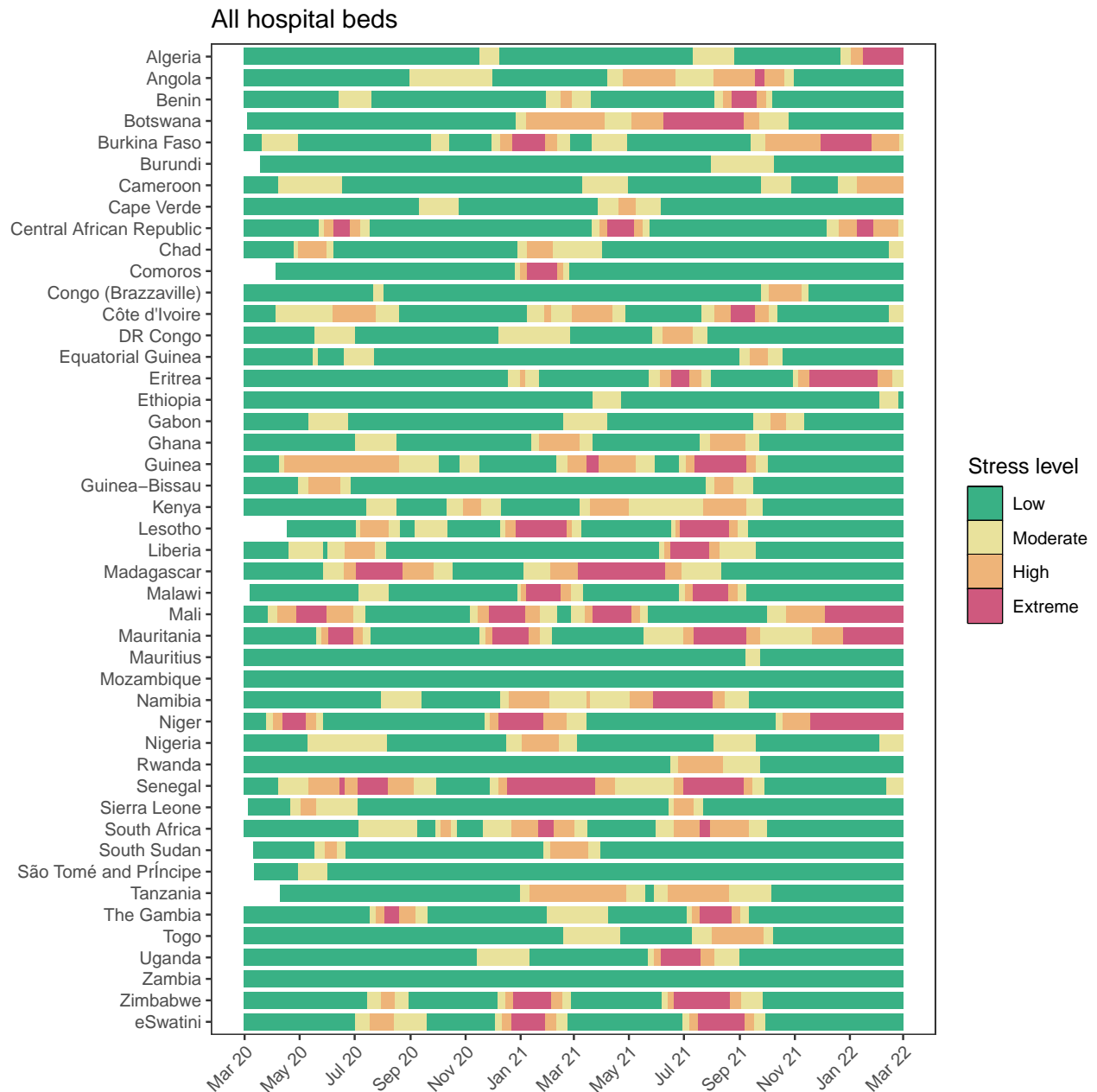
**Figure 22.5.** Daily COVID-19 hospital census until March 01, 2022 for three scenarios



**Figure 23.1.** Comparison of reference model projections with other COVID modeling groups. For this comparison, we are including projections of daily COVID-19 deaths from other modeling groups when available, last model update in brackets: Delphi from the Massachusetts Institute of Technology ([Delphi](#)) [November 17, 2021], Imperial College London ([Imperial](#)) [November 3, 2021], the SI-KJalpha model from the University of Southern California ([SIKJalpha](#)) [November 17, 2021]. Daily deaths from other modeling groups are smoothed to remove inconsistencies with rounding. Regional values are aggregates from available locations in that region.



**Figure 24.1.** The estimated inpatient hospital usage is shown over time. The percent of hospital beds occupied by COVID-19 patients is color-coded based on observed quantiles of the maximum proportion of beds occupied by COVID-19 patients. Less than 5% is considered *low stress*, 5-9% is considered *moderate stress*, 10-19% is considered *high stress*, and 20% or greater is considered *extreme stress*.



**Figure 25.1.** The estimated intensive care unit (ICU) usage is shown over time. The percent of ICU beds occupied by COVID-19 patients is color-coded based on observed quantiles of the maximum proportion of ICU beds occupied by COVID-19 patients. Less than 10% is considered *low stress*, 10-29% is considered *moderate stress*, 30-59% is considered *high stress*, and 60% or greater is considered *extreme stress*.



## More information

### Data sources:

Mask use and vaccine confidence data are from the [The Delphi Group at Carnegie Mellon University and University of Maryland COVID-19 Trends and Impact Surveys](#), in partnership with Facebook. Mask use data are also from [Premise](#), the Kaiser Family Foundation, and the [YouGov COVID-19 Behaviour Tracker](#) survey.

Genetic sequence and metadata are primarily from the GISAID Initiative. Further details available on the COVID-19 model [FAQ page](#).

### A note of thanks:

We wish to warmly acknowledge the support of [these](#) and others who have made our COVID-19 estimation efforts possible.

### More information:

For all COVID-19 resources at IHME, visit <http://www.healthdata.org/covid>.

To download our most recent results, visit our [Data downloads page](#).

Questions? Requests? Feedback? Please contact us at <https://www.healthdata.org/covid/contact-us>.