

## CALL FOR COLLECTIVE ACTION

# A hepatitis, Covid connection?

THE World Health director general's opening remarks at the World Hepatitis Summit under the theme "Achieving the elimination of viral hepatitis within the evolving health systems" on June 7 assert that: "Hepatitis is one of most devastating diseases on Earth, but it's also one of the most preventable and treatable, with services that can be delivered easily and cheaply at the primary health care level".

In this the irony is true, due to the fact that this disease is still unknown and complex. This will hinder the prevention and control of spread of the diseases. The link of Sars-CoV-2 (Covid) infection, followed by adenovirus or other viruses, cannot be ruled out at this stage.

World Hepatitis Day on July 28 coincides with Nelson Mandela's United Nations month. Inspired and encouraged by Madiba's legacy on health care to children, at the current juncture, the core related fundamental plight of a "new variant of a known virus causing acute hepatitis in children" demands global humanity for practical and urgent collective action!

After the outbreak of Covid-19, acute hepatitis of unknown aetiology swept across Europe and America.

In April this year, the UK informed the World Health Organization (WHO) that more than a dozen children with unexplained severe hepatitis had been found in Scotland. On April 15, the WHO issued a document advising countries to identify, investigate and report cases of unexplained acute hepatitis in children that meet the definition. Since then, France, Israel, the US, Japan, Spain and other places have reported that acute hepatitis in children with unknown causes has gradually spread.

On May 27, the WHO said 650 suspected cases of unexplained acute hepatitis in children had been reported in 33 countries and regions. It is noteworthy that compared with the previous reports of unexplained acute hepatitis in children, the clinical



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symptoms of those cases were more serious and the proportion of acute liver failure was higher. However, due to many factors, the aetiology of this disease was still unknown, which hinders the prevention and control of the spread of the disease.

At present, health departments in various countries are actively studying the causes of the disease. At present, there are the following conjectures:

First, a new variant of a known virus caused acute hepatitis in children. It may be adenovirus, but the possibility of other pathogens cannot be ruled out, such as variants of coronavirus, rhinovirus, enterovirus and parainfluenza virus.

The British health and safety authority listed adenovirus as the first hypothesis for children with unexplained acute hepatitis because, through the aetiological investigation of British cases, it was found many patients were positive for adenovirus.

At present, the data show 68% of the testers are positive, the main sample comes from blood, and the most common one is type 41E. However, adenovirus infection is usually self-limiting, leading to only minor diseases or symptoms.

Acute hepatitis caused by adenovirus infection is uncommon, especially in children with normal immune function.

Secondly, epidemic prevention and control during the epidemic of coronavirus disease in 2019 may reduce the

contact between some young children and common pathogens, resulting in the development of their immune system being different from that of children of the same age before the epidemic of coronavirus disease in 2019. When children are subsequently infected with common pathogens such as adenovirus, they have different immune responses or disease manifestations from their peers in the past.

It is also possible that Sars-CoV-2 infection is followed by adenovirus or other viruses, or Sars-CoV-2 co-infection with adenovirus or other viruses produces an unusual immune response or disease manifestations.

On June 10, researchers in the paediatrics intensive care unit of King's College Hospital, London, published an article in *Intensive Care Medicine* with the title "Outbreak of hepatitis in children: clinical course of children with acute liver failure admitted to the intensive care unit".

The article mentioned that among eight children with severe hepatitis of unknown cause, six cases had been infected with Covid-19 and there was no adenovirus in their liver.

On the same day, *JPGN*, an international journal of gastroenterology and hepatology, published a study on acute hepatitis of unknown aetiology from Israel.

After a thorough examination, the study excluded other known causes, classified children's cases with common clinical, radiological and histopathological features, and reported two distinct patterns of potentially long Covid-19 liver manifestations in children, suggesting the relationship between children's acute hepatitis and Covid-19.

Academic and clinical analysis shows Covid-19 plays an important role in children's acute hepatitis. To suppress the occurrence of acute hepatitis in children, we must first stop the spread of the Covid-19 epidemic at the source.

At present, in the international community there are two completely

different ways to deal with the Covid-19 epidemic. One is a group immunisation strategy led by European and American countries, which forms immunity to viruses through the popularisation of vaccines and natural infection.

However, many variations in Covid-19, insufficient vaccination rates and other factors make the traditional group immunisation strategy ineffective, and the number of confirmed cases of Covid-19 in Europe and America is still high. Since the outbreak of Covid-19, more than a million Americans have lost their lives, 200 000 children have become "Covid-19 orphans", and countless American families have been fragmented.

The root cause of this human tragedy is that the epidemic prevention and control in the US have always served "capital first" and "political self-interest first".

Faced with the failure of the anti-epidemic, California took the lead in February this year to announce that it had entered the stage of "coexistence with the virus".

In March, all states in the US lifted the mask order, which led to a sharp increase in the number of confirmed and hospitalised cases of Covid-19.

America's "lying down" anti-epidemic is essentially the extreme disregard for life and the inaction of policymakers.

On the other hand, in China, although there are occasional outbreaks due to virus mutation, the Chinese government has always adhered to the principle of "people first, life first", and "dynamic clearing", and found and put out an epidemic, so as to prevent the epidemic from rebounding on a large scale.

The purpose is to achieve the maximum prevention and control effect at the lowest cost and to maximise the protection of people's lives and health, and normal production and living order.

Compared with the group immunisation strategy of the US, the

number of infected people, the number of deaths and the trend of virus mutation in Covid-19 have decreased.

Based on this strict anti-epidemic measure, China's economy has been rapidly rejuvenated, and the resumption of work and production has been steadily advanced, effectively filling the global supply and demand gap, stabilising the global industrial chain, and making its own contribution to the international community.

Going forward, other countries must draw lessons from China's solid anti-epidemic policy.

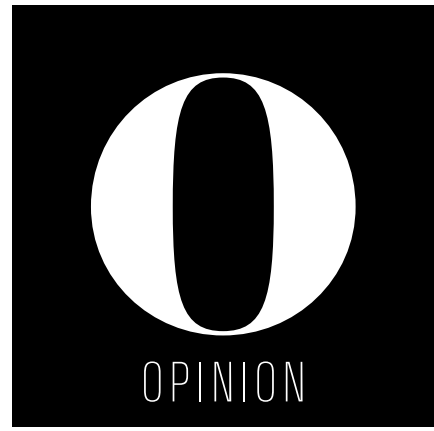
Thirdly, there is a new pathogen that has not yet been discovered or non-infectious factors, such as environmental toxins and drugs.

Although no cases of acute hepatitis in children have been reported in South Africa, in view of the current situation we still need to take precautions.

South Africa, as a leading expertise country on communicable disease surveillance through the National Institute for Communicable Diseases of South Africa, should take measures to detect and respond to public health threats in order to prevent communicable and non-communicable disease outbreaks, and as the protocol will report to the minister of health and other policymakers and notify the WHO as the multilateral body concerned.

Residents who need to leave the country in the near future should consider avoiding going to the epidemic places as much as possible: avoiding children going to crowded public places with poor air circulation, cutting off droplet contact and faecal transmission, ensuring children's adequate sleep and nutrition, regularly cleaning children's clothes and articles that are often in contact, washing hands frequently, wearing masks, and keeping social distance.

If children have hepatitis symptoms such as jaundice and digestive tract symptoms, they should seek medical attention in time.



## Cele shows he's the problem, not solution

POLICE Minister Bheki Cele never ceases to amaze. We are now convinced he suffers from foot and mouth disease.

The diatribe and bile he spewed in the Western Cape this week was uncalled for. With his verbal diarrhoea, he became the problem rather than a solution.

As police minister, a custodian of our safety and security, we are now more afraid of him than the marauding criminals freely roaming our streets.

The issues raised by the white Capetonian in the audience could have been handled differently, with professionalism and etiquette expected of a minister.

Our minister, instead, stooped and descended to the belly and bowels of a cesspit.

The political and Struggle rhetoric and credentials we often hear from him and his colleagues in the ANC are now tired, boring, monotonous, and a political blackmail. It is like blaming apartheid, almost 30 years into democracy, for ANC misadministration.

South Africans do not care about time spent on Robben Island and or in Tanzania and Zambia. We do not care a hoot about the ANC, the DA, the EFF.

We want a government and a ministry that will ensure we sleep peacefully at night in our homes, that we walk without fear in our neighbourhood to the convenient shops, that we drive in our cars without worrying about being hijacked.

Is that asking for too much from our government and our minister?

It is a nightmare to have such a political head full of himself thinking that South Africans feel protected and sleep better at night by seeing him opening his mouth at the drop of the hat to unleash his non-existent policing talents on us, the poor public.

We do not buy the narrative that the white Capetonian would not have attacked the minister if he were white, and the mess the country is in is after all apartheid legacy.

For 28 years the ANC had all the wherewithal and time at its disposal to have addressed that. What did the cadre deployees do? Nothing. Zilch!

Mr Minister, you have no right to tell people to shut up when they are, day and night, under attack – robbed, raped, killed, assaulted, hijacked, kidnapped – by criminals.

## IMAGE OF THE DAY



A PALESTINIAN woman walks with her daughter during a heatwave in Gaza City yesterday. | AFP

## WOMEN FACED DISPROPORTIONATE HARM IN THE PANDEMIC

## Removing masks revealed government failings

BELLA MKHABELA

THE South African government recently announced the public is no longer required to wear masks indoors and outdoors.

This marks the beginning of several Covid-19 regulations being relaxed, an indication that for South Africa the Covid-19 pandemic is a distant nightmare.

How wise this stance is, remains to be seen. What cannot be ignored are the effects the pandemic had on the whole country, some groups to a greater degree than others.

For all people across the world, Covid-19 changed the way everyday life looked. Whether socially, politically, financially or psychologically, people were affected by Covid-19 in ways that changed how they engage society and governments.

For South Africa, Covid-19 was a revelation of the fundamental prob-

lems the nation has been battling, and seemingly failing to address, for a long time. From old problems that had been plaguing South Africa since the formation of a democratic state, to newer issues that had been deprioritised due to a lack of awareness.

In a nation like South Africa, a developing nation with a colonial history, inequality is at the heart of most problems. Covid-19 wasn't any different, the impact of Covid-19 was far more detrimental for minority groups like women and people of colour.

Covid-19 became one of the most dangerous diseases of the decade due to its contagiousness. The rapid spread of the disease forced governments to make drastic changes to all public spheres, health, education and even workplaces.

On March 26, 2020 South Africa went into nationwide lockdown. No one could have foreseen the damage the lockdown would do to the country

and specifically vulnerable groups.

South Africa is one of the most dangerous places for women to live in, issues of inequality and abuse stem from a toxic history and oppressive government. Today South African women face threats of violence, unequal pay and sexual harassment, women live in constant fear of danger.

Despite the alarming statistics, gender-based violence is still largely ignored or deprioritised by the government. After the announcement of the nationwide lockdown matters only got worse.

In South Africa women were faced with unique harms during the pandemic; an overburdened health system had to neglect critical health services. Services such as pre-and post-natal care and other reproductive and sexual health services were the first to go.

There was an increased risk of domestic abuse occurring in homes during the pandemic, and already

stretched services for survivors had no relief support from the government.

Women faced disproportionate job loss, which is a huge setback because of how difficult it is for women to enter the labour force in the first place. The work done to achieve equal pay for women has been reversed due to the decreased visibility of women in the workplace over the past two years.

Studies have shown that less than 20% of Covid-19 response policies were targeted toward addressing harms faced by women and other vulnerable groups. The issue is that governments, specifically the South African government, view gender-specific challenges as a separate and secondary consideration when making policies, resulting in a lack of gender-sensitive policies that will empower women and target the specific vulnerabilities faced by women.

The creation of gender-sensitive policies requires that the government

recognises that the pandemic is gendered (among other things) and that women have been under-prioritised in most policies addressing the pandemic.

The government is already behind on creating policies that address women, so more information is needed to properly implement gender-sensitive policies. Without proper implementation, the policies will be of no use to women, and women need access to resources right now.

Addressing the pandemic's gendered impacts on society is essential to safeguard the progress that has been made to protect women's rights. The protection of women and other vulnerable groups is crucial in building a thriving and prosperous society.

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