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Keeping the COVID-19 Story on the news agenda

Three years into the coronavirus's deadly spread, most governments have lifted restrictions, many people have returned to work, masks have been abandoned and social distancing has become a thing of the past. Pandemic fatigue, for many, has set in and in most parts of the world the perception is that life has returned to normal.

Yet public health experts have insisted that the pandemic is not over. Now they are keeping a close watch on how the surge in infections in China at the end December might impact the global spread of COVID-19.

Is the pandemic over? If not, then when?

In September 2022 US President Joe Biden and World Health Organisation Director-General Tedros Adhanom Ghebreyesus both weighed in on this question expressing optimism that the COVID-19 crisis may be ending.

At a press interview (September 18) President Biden said, "We still have a problem with COVID. We're still doing a lot of work on it. But the pandemic is over. If you notice, no one's wearing masks. Everybody seems to be in pretty good shape. And so, I think it's changing."

Biden's comments prompted swift and sharp criticism from public health experts who expressed that with around 400 daily COVID-19 deaths and over 57,000 new infections per day at that time, the US was not yet out of the woods. They said the end of the pandemic would depend on future virus variants and increased vaccination coverage.

A few days earlier the WHO chief Dr Tedros gave a more measured, upbeat response. At a virtual press conference (September 15) he said the end of the COVID-19 pandemic "is in sight" but warned that "hard work" was needed to make sure "we cross the finish line". He urged countries to take a hard look at their policies and strengthen them for COVID-19 and future viruses.

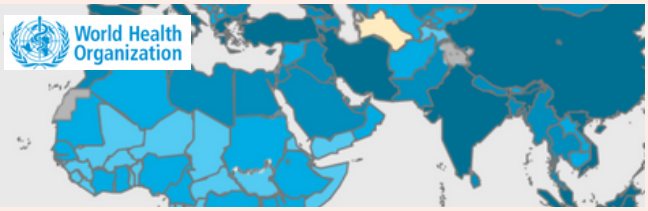
By mid-December 2022, the weekly death rate in the US remains at roughly the same level as in September and the daily number of new infections has risen.

As recently as 12 December 2022, the head of the GAVI global vaccine alliance, Dr Seth Berkley suggested it was too early to call an end to the COVID-19 emergency, saying the pandemic could still get worse.

There is no clear epidemiological definition for an "end to the pandemic" however, infectious disease experts have said pandemics are not declared over based on policy decisions, but scientific consensus. And with new variants and subvariants, it is important to be truthful that scientists do not know what the future holds.

The next date to watch is end January 2023, when WHO advisory committee members will deliberate on whether the Public Health Emergency of International Concern (PHEIC) designation for COVID, in place since January 2020, will be removed. WHO chief Tedros Adhanom Ghebreyesus is not obligated to follow the committee's recommendation.

Access the WHO's COVID-19 dashboard here:



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Finding new angles for COVID-19 stories

NEWS ALERT

Pandemic-weary journalists are having to cover other health stories including mpox, Ebola, polio, and measles outbreaks, while being challenged with finding new angles and hooks for the COVID-19 story. Some editors may feel the story is tired and are reluctant to take pitches from journalists. As a start, it is a good idea to continue keeping an eye on new infections and deaths from COVID-19 at a global level and a regional level to compare with what is happening in your own country. In addition to the WHO's COVID-19 Dashboard linked to on the previous page, the COVID-19 page on Our World in Data is also an excellent resource. As a journalist, do you want to pitch COVID stories, but they seem stale? Here are some ideas on topics to follow to keep the story on the news agenda.

Variants

It is crucial that journalists follow the science of evolving variants. This is the information your audience will need to make decisions on vaccines and boosters. In late 2021, the Omicron variant of the SARS-Cov-2 virus was identified and became the dominant variant globally. In 2022, Omicron has become known for its subvariants B.1 to BA.5 with BA.5 now dominant.

The WHO are tracking at least 24 subvariants of BA.4 and while BA.4 is decreasing BA4.6 is increasing in some countries. Since the start of the pandemic, SARS-COV-2 has evolved and mutated, making it difficult for public health experts to keep ahead of the virus. Experts warn that it is not possible to predict how long the pandemic will last or how the virus will evolve.

How the story evolves in China has impacts that may be global in scale. As the virus spreads domestically, the potential for new variants to emerge keeps rising and these would rapidly make their way around the world. At end December the United States required all travelers from China to show a negative COVID-19 test result before flying to the US.

QUICK TIPS

To counter myths that the pandemic is over, journalists can interview public health experts and scientists. Find out what variant is dominant in your country and consult the WHO's variant tracker for the latest information. Also consult Internews' resource on the Omicron variant and its subvariants:

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A JOURNALISTS' GUIDE
The Omicron variant and its subvariants:
Making sense of them for your audiences

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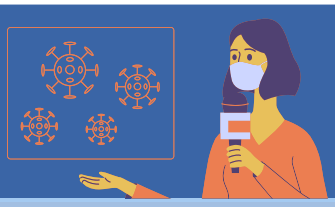


New vaccines

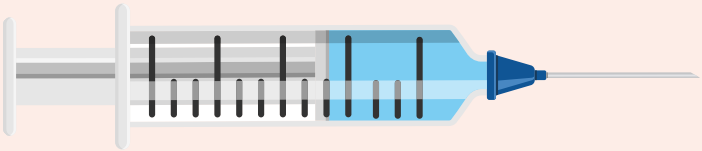
The pickings are rich for journalists covering this topic. You are likely to find new and interesting developments as research and clinical trials continue for new COVID-19 vaccines. Although the science can be complex vaccines and their ability to protect against infection and reinfections are what audience want to know about.

In response to the original strain of SARS-CoV-2, a first generation of safe and highly effectives vaccines was developed tested and rolled out. However, Omicron and its subvariants are better at suppressing and evading the immune system which is why so many people are becoming reinfected.

To broaden the immune response, variant adaptive booster vaccines have been developed, approved and are being rolled out in the US, UK, and other countries. Called bivalent (two strain) boosters, these vaccines have both the original ancestral strain and an Omicron strain (BA.4 or BA.5). It is hoped that these adapted Pfizer-BioNTech and Moderna mRNA vaccines will help to restore protection that has waned since previous vaccination by targeting variants.

The current COVID-19 vaccines, generate blood antibodies throughout the body which provide protection in most organs but do not generate many antibodies in the nose and upper airway where the virus enters your body.

Research has shown that local (mucosal) antibodies in these areas are needed to protect your upper airway and brain from infection, which is another reason the intramuscular vaccines do not completely stop infection.



New nasal spray second generation COVID-19 vaccines which work in the lining of the nose (mucosa) are being developed and now approved in some countries (India, China) that will generate these mucosal antibodies.

Thinking further down the line, third generation vaccines will be about managing COVID-19 long-term. Within three to five years, scientists will be looking at developing vaccines which cover and protect against multiple variants of SARS CoV-2, and even against multiple coronaviruses, a vaccine which has been referred to as a Pan-coronavirus vaccine. Research is ongoing with some companies beginning clinical trials.

QUICK TIPS

The development of new vaccines is an important story to follow as it is likely your audiences want to know whether they will be protected from variants now and in the future.

Read and report on current research, interview scientists and public health officials on the implications of new vaccines and the future of vaccine development.

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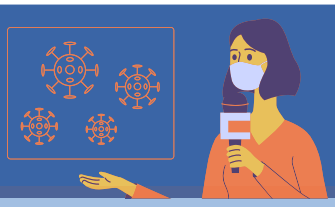

Therapeutics

It's worthwhile watching out for the latest information on the drugs and therapies used to treat COVID-19. Following this story will help you inform your audience of the available treatment options and what they can expect.

The WHO Therapeutics and COVID-19: living guideline contains the Organization's most up-to-date recommendations for the use of therapeutics in the treatment of COVID-19.

Consult the African Union's COVID-19 Test to Treat guidelines for Africa- specific and up-to-date information.

QUICK TIPS

Find out what treatments are available in your country and if the most updated drugs and therapeutics are being used? If not, why not?

Long COVID

Long COVID is a term used to describe the effects of COVID-19 that continue for weeks or months beyond the initial illness and that affects millions of people globally. You may have relatives, friends, or colleagues who have complained of breathlessness, fatigue, muscle pain, cognition problems including brain fog, depression and anxiety and other ongoing symptoms months after SARS-CoV-2 infection.

In severe cases, people have had to give up their jobs, stop their studies, are no longer active members of society and some are even confined to their beds. Initially health practitioners turned these people away suggesting that they get some rest. This is now an area of intense research as Long COVID has been acknowledged as a medical condition.

There is no global consensus among researchers and clinicians on a definition for Long COVID, there is no diagnostic test for it and the cause of patients developing Long COVID are still theoretical. However, scientists are finding that the brain, lungs, circulatory and immune systems are affected.

QUICK TIPS

Get to know this field of research by reading the latest studies and information. Interview members of the community who have ongoing symptoms months after infection. How are they coping? What is being done to care for them? Have any recovered? Interview scientists, public health officials and doctors in your country. This is a story that will be around for years to come.

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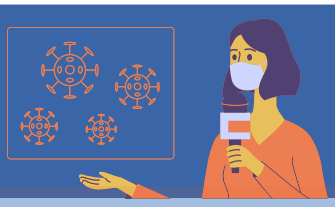

Equity

The equitable access to vaccines remains an especially important story. According to the vaccine tracker on Our World in Data as of 26 September, 67.9% of the world population have received at least one dose of a COVID-19 vaccine. However, only 22.3% of people in low-income countries have received a single dose. Serious inequities still exist between wealthy and poor nations. This is despite there being enough vaccine supply to protect 70% of the population in 91 lower income countries.

To close the equity gap, COVAX - a global collaboration to accelerate the development, production, and equitable access to COVID-19 vaccines - has urgently called on countries to set ambitious vaccination targets backed by concrete plans for implementation. It says priority needs to be given to full coverage of high-risk groups. It urges partners to provide countries with the resources needed to accelerate and expand national strategies, stimulate demand, and overcome operational bottlenecks.

COVAX

CEPI Gavi The Vaccine Alliance unicef World Health Organization

QUICK TIPS

Is there adequate COVID-19 vaccine supply in your country? If so, are these vaccines getting into people's arms? If uptake is low, what is the government doing to increase demand?

What is your government doing about vaccine hesitancy? Are vaccines being used within their expiry date?

Have vaccines expired, if so, why have they not been used?

All these questions and more will keep your audiences updated and hold our government to account for the health of its citizens.

Find out more about COVAX here:

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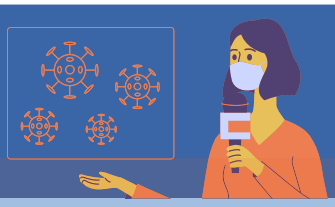


mRNA technology Transfer

To address the vaccine access problem in low- and middle countries, the WHO is expanding manufacturing of vaccines through their messenger RNA (mRNA) technology transfer programme. The mRNA COVID-19 vaccines have been a game changer during the pandemic and the technology is now being used to find vaccines for other infectious diseases such as HIV (Human Immunodeficiency Virus), TB, Ebola, and parasitic diseases such as malaria.

In a boost for Africa, the first six countries to receive the technology needed to produce mRNA vaccines on the continent are Egypt, Kenya, Nigeria, Senegal, South Africa, and Tunisia.

The first mRNA technology hub was established in South Africa in 2021 and provides a facility to train local manufacturers in vaccine production and obtaining licenses to do so.

In June 2022, German vaccine manufacturer Pfizer BioNTech partnered with the Rwandan government in building the first mRNA vaccine production plant in Africa. The plant is in the Rwandan capital of Kigali.

The African Development Bank committed $3 bn over 10 years to develop vaccine manufacturing and reach the AU's goal to make 60% of vaccines used in Africa by 2040.

QUICK TIPS

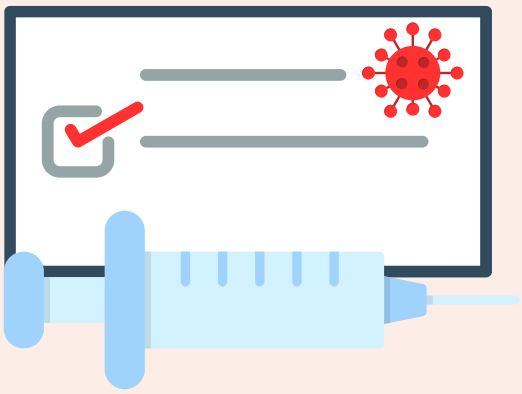
This is a key story for journalists in Africa to follow. Questions that can be asked include:

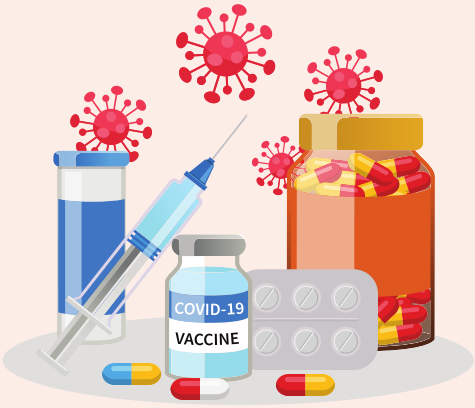
When will the Rwanda factory be completed?

Why is it important?

For those journalists in Rwanda, a trip to the completed plant could make a captivating feature story.

All too often the research of international scientists takes center stage. Profiling scientists who work within the African context is an idea worth pursuing





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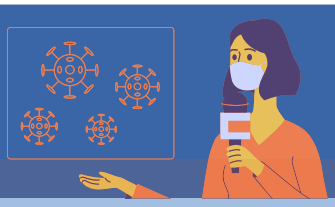

Pandemic preparedness and health systems

The global pandemic caught many countries on the back foot, affecting those with weak health systems the most.

Many countries have been in a cycle of panic and neglect. Available resources have been hurriedly ramped up in response to an outbreak and then fall back into neglect once the disease is controlled.

Lock downs and other containment measures meant routine immunizations, access to chronic medication and other interventions were interrupted. Hard-won gains against HIV, tuberculosis (TB) and malaria are being reversed, with devastating consequences for the poorest and most vulnerable communities.

We have seen outbreaks of measles, polio, Ebola and mpox, which have spread to several countries. Added to this, climate change and increasing conflict and displacement are affecting the epidemiology of existing diseases and facilitating the emergence of new ones.

It is not a question of if we will face the next pandemic threat, but when.

Currently three out of every four infectious diseases are zoonotic in nature - meaning they originated in animals and spilled over to humans. The WHO estimates that zoonoses are responsible for about one billion cases of illness and millions of deaths globally every year.

Epidemic and/or pandemic preparedness means having systems in place that can prevent, detect, and respond to disease outbreaks and emerging health threats.
Among other steps, a resilient health system will have resources to quickly provide relevant and high-quality health services in response to a disease outbreak or epidemic.

The system will initiate a timely and coordinated response with a competent and well-trained workforce. It will have a functioning surveillance system that tracks and timeously communicates data along the continuum from identification of a pathogen, diagnosis of disease, treatment, prevention to control.

QUICK TIPS

Get to know the field of Zoonoses research. Understanding zoonoses and the actions required to mitigate its impact are critical to preparedness. Interview scientists who work in areas where zoonosis frequently occurs. Journalists can highlight neglected research on the continent and help uplift the voices of African scientists who work in areas where zoonosis frequently occurs.

Many people have lost trust in governments' ability to deliver health care services. Do you have a functioning health system in your country? What are the gaps and what is being done to solve problems? Are there enough trained health staff? Is routine immunization up and running or are their vaccine stock outs? What is your government doing to prepare for the next pandemic?

Resources:

[A Journalist's Guide to Covering Zoonotic Diseases]

[One-Health Toolkit: Reporting on Mpox]

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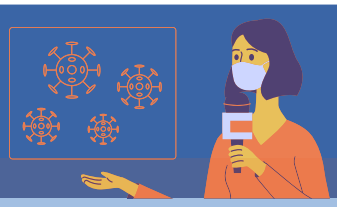

One Health

Building resilience and reducing the risk of future health emergencies needs an integrated approach to health. This is the One Health concept, which recognizes the interdependence of human and animal health and how the environment impacts both. It is an under-reported area.

As journalists, we tend to report in silos. We report on zoonoses, human health and environment separately without understanding the connections between them.

We need to report on the socio-economic, social, scientific, and behavioral factors that are contributing to zoonotic disease outbreaks.

Human-activity driven factors such as climate change, urbanization, animal migration and trade, travel and tourism continue to influence and increase the emergence, re-emergence, distribution, and patterns of zoonotic diseases.

QUICK TIPS

To better understand these factors in your region, look at the bigger picture. Interview epidemiologists, veterinarians, anthropologists, and public health officials. Ask them to make the One health connection.

These guides have more tips:

[A Journalist's Guide to Covering and Implementing the One Health Approach in Reporting]

[Journalism for One Health: the Internews Approach]

This guidance was produced by Adele Baleta, an Internews pandemic media mentor.