

COVID-19 in Mozambique and its Comparison with Neighbouring Countries Such as South Africa, Swaziland, Malawi and Zimbabwe

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Coronavirus Disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. COVID-19 disease can cause serious respiratory infection, such as pneumonia, and is transmitted through close contact with infected people or contaminated surfaces and objects. The pathology is transmitted through droplets released from the nose or mouth when coughing or sneezing, which can directly enter the mouth, nose and eyes of others. Droplets can also fall on objects or surfaces around the infected person. In turn, other people can become infected by touching these objects or surfaces with their hands and then touching their eyes, nose or mouth [1].

The estimated incubation period for the disease, the time from exposure to the virus to the onset of symptoms, ranges from 2 to 14 days. The most common symptoms associated with infection are fever, cough, and shortness of breath, muscle pain, headache, and general weakness [1]. Recently, two vaccines were produced and tested in Russia, as well as several pills for COVID-19, which gives us hope that in the coming months we can take control of the pandemic.

While the world awaits the results of research to combat COVID-19, with the onset of the harsh winter, cases of new daily infections are very high, making it difficult to receive and treat patients. In Mozambique and neighbouring countries, despite the hot period, isolated cases of an increase in the number of people infected with COVID-19 continue to be recorded.

Since mid-September, the number of new cases in Mozambique has increased significantly - up to 300 cases per day, which may be due to the opening of national borders, which led to a large influx of people from countries with a higher level of population affected by COVID-19. Age group, the most affected by COVID-19 in Mozambique is between 20 and 44 years old, with age deterioration between 25 and 29 years old. In all age groups, the male sex registers more cases than the female [2].

Table 1 shows statistics on new cases from October 20 to November 5, according to official information from the governments of Mozambique, South Africa, Swaziland, Malawi and Zimbabwe:

Table 1: State statistics of new cases of infection with COVID – 19, from October 20 to November 5 [2–6].

Country	Period	Total number
Mozambique	20/10 by 2/11	2122
South Africa	23/10 by 5/11	21899
Swaziland	23/10 by 5/11	170
Malawi	23/10 by 5/11	70
Zimbabwe	23/10 by 5/11	212

According to table 1, there are a lot of people affected by COVID-19 in South Africa compared to other neighbouring states, although they have about the same temperature in summer. This clearly demonstrates that a large influx of people from countries hardest hit by COVID-19 is accelerating the spread of the disease.

Table 2: Coronavirus status in Mozambique, South Africa, Swaziland, Malawi and Zimbabwe from the start of the pandemic in March to November 5 [2–6].

Country	Total patients	Cured	Lethal Outcomes
Mozambique	13391	11177	97
South Africa	735936	675593	19821
Swaziland	5979	-	-
Malawi	5946	-	-
Zimbabwe	8444	7975	248

A significant increase in the number of people with COVID-19 in South Africa is suspected by the fact that it is the departure and arrival point of almost all international flights and the largest tourist destination in the Southern Region.

South Africa's leadership in the number of people affected has been revealed since the start of the pandemic. Good medical care to avoid mass deaths, as in some countries it is considered a very developed health system, but access to treatment is not free. In practice, it can be said that it is not enough to have a highly developed healthcare system to fight the coronavirus, but rather to have a healthcare system accessible to the population of all social levels, a good organization of the population in accordance with the measures to prevent and combat pandemic.

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