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CORONAVIRUS OP-ED


President Ramaphosa's latest announcement on the lockdown is too little, too late

By Wim de Villiers and Eugene Cloete • 14 May 2020



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 An SANDF soldier mans a 24-hour roadblock on the N2 near Khayelitsha. (Photo: Roger Sedrus / Gallo Images via Getty Images)

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While the vast majority of South Africans who contract Covid-19 will survive, the ongoing lockdown is destroying the livelihoods of millions of people. It is not being lifted fast enough, and we are still not getting sufficient data to determine the real risk of the pandemic.



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Lockdown regulations were imposed by governments worldwide to slow the spread of Covid-19. They worked initially, but it has become patently clear that strict lockdown regulations are wreaking economic havoc.

Professor Shabir Madhi, an infectious disease expert who serves on South Africa's Ministerial Advisory Committee on Health, said in a *Daily Maverick* webinar on Sunday 10 May that "the main reason why the lockdown was important was that health facilities were not ready. It bought them time to prepare bed capacity, oxygen points, personal protective equipment and so on".

However, "continuing the lockdown will not stop the wave of community transmissions from hitting South Africa, and continuing it will prolong the collateral damage that it is causing".

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In a contribution to *The Lancet Global Health*, Professor Wolfgang Preiser, head of the Division of Medical Virology at Stellenbosch University's (SU) Faculty of Medicine and Health Sciences, joins others in warning of the "deprivation and hunger that will result from prolonged economic disruption".

We have clearly reached the stage where the threat to livelihoods because of job losses and increased poverty is far greater than the threat to lives because of Covid-19. The announcements by President Cyril Ramaphosa last night, 13 May, did not go far enough.

Dr Nick Spaull of SU's Economics Department, describes the coronavirus pandemic as the "largest shock of our generation" – one that is "having profound social and economic impacts on our country". He is the principal investigator of a large new study to track the economic impacts of Covid-19 in South Africa – a collaboration between SU and the Universities of Cape Town and the Witwatersrand.

His colleague, Dr Nwabisa Makaluza, a member of SU's Research on Socioeconomic Policy Group, argues that the most important question at the moment is how Covid-19 is affecting the lives of the most marginalised people in South Africa.

In addition to the growing economic and humanitarian crisis caused by the stringent lockdown restrictions, there is also the disruptive effect of the current situation on access to essential health services. This includes access to childhood immunisation for the prevention of serious diseases, like measles, and the diagnosis and treatment of conditions, such as HIV, TB, and diabetes. This may ultimately result in more suffering and death than that caused by Covid-19.

What are opinions further afield? Dr Johan Giesecke, a Swedish physician and Professor Emeritus at the Karolinska Institute in Stockholm, writes in *The Lancet Global Health*, “There is very little we can do to prevent this spread: a lockdown might delay severe cases for a while, but once restrictions are eased, cases will reappear.”

In a recent interview, Sweden's state epidemiologist, Dr Anders Tegnell, defended his nation's approach of not imposing a blanket lockdown but instead focusing on high-risk areas, such as the elderly and nursing homes, coupled with guidelines for voluntary social distancing and emphasis on handwashing in the general population. They relied on the population's cooperation – and got it, because public trust levels are high in Sweden.

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Dr John Lee, a recently retired professor of pathology and a former consultant pathologist for the National Health Service in the United Kingdom, agrees that Sweden's model seems equally effective, but with much lower cost. Knowing that Covid-19 affects children the least, they kept schools open. And they kept the economy going.

Lockdown is not sustainable, Dr Lee writes in *The Spectator*: “No country has ever improved the health of its population by making itself poorer.”

He points out that the lockdown directly harms those who will be largely unaffected by coronavirus: “The vast majority of people under 65, and almost everyone under 50, will be no more inconvenienced by this disease than by a cold.”

Scientific data shows that age plays a significant role in Covid-19. The older you are, the higher the risk of mortality, especially if you have an underlying disease. Among people known to be infected with coronavirus, the risk of death if you are over the age of 80 is 14.8%, but for those under the age of 60 it drops to 1.3%, and it decreases to less than 0.4% if you are under the age of 50.

Let us put that into context. The average age of South Africans is 27 years, with 10 million people under the age of 10 (risk nearly zero), 40 million people under the age of 40 (death risk 0.2%) and about two million people over 70 years. Around 90% of deaths in South Africa due to Covid-19 have been of people older than 70 years.

Given this, the vast majority of the population in South Africa that contract the disease will survive, and by far most will be completely asymptomatic or only ever have mild symptoms.

Currently we only receive a small amount of descriptive data about those affected by Covid-19. This means that we get the total number of new infections on a daily basis and the total number of deaths. This falls far short of what is needed to determine the real risk of the pandemic.

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Giving a daily cumulative number of confirmed infections is of no use, unless the total number of tests for a particular day is also provided, so that the percentage of positive tests can be calculated.

Because more tests are done in the Western Cape than elsewhere, means that there will be more positive tests. This does not make the province the epicentre of the disease, it merely reflects more efficiency in tracking the disease.

Epidemiology is much more than just descriptive. What is missing at the moment is analytical epidemiology, which evaluates risk factors for disease outcomes and explores causal relationships. Factors other than age all play a role in determining risk, including health status as well as socioeconomic and environmental factors.

Based on official South African statistics, the overall case fatality rate among those who test positive for Covid-19 is 1.9%. Those who are tested for coronavirus likely represent people with severe symptoms and poorer outcomes. The true population-based mortality rate, which includes all infected people regardless of the presence or severity of their symptoms, can be expected to be much lower. We therefore need more information to understand this risk better.

Tim Harford, an economist and journalist, writes in *The Financial Times* that systematic serological surveys are vital to determine the true spread or prevalence of the disease in the community.

“Serological tests look for the antibodies that suggest a person has already been infected. These antibody tests should give more clarity, but the early results remain a statistical patchwork for now.”

The average mortality in South Africa due to Covid-19 is currently three per day, a total of 206 since 5 March [at the time of writing this on 12 May]. If we compared that to some other causes of death, we see that 194 of the 7.7 million people living with HIV-AIDS in our country die daily, 80 daily as a result of TB, 69 as a result of diabetes, and 26 as a result of influenza.

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While we are grappling with insufficient epidemiological information about the real risk that the novel coronavirus poses, one of the only certainties at the moment is that the pandemic is destroying the livelihoods of millions of people.

That is why President Ramaphosa's announcements last night were too little, too late. Dragging the lockdown out any further is not a good idea.

Informed decisions need to be made on when and how the economy and the education sector are opened up again. We cannot continue to make decisions – some of which seem irrational – on the information that is currently being presented and used. **DM**

Professor Wim de Villiers, a gastroenterologist, is rector and vice-chancellor of Stellenbosch University. Professor Eugene Cloete, a microbiologist, is vice-rector for research, innovation and postgraduate studies, and head of SU's Covid-19 medical advisory committee.

Covid-19 has fundamentally changed the world we live in. We worry about our parents, our children, our jobs and lives. **This pandemic is the most successful terrorist of all time**, leaving the entire world in a communal state of anxiety and fear. Amid the chaos, some good has surfaced: science, the oft-ignored nerdy little brother of popular culture, is finally taking its rightful place in the spotlight. Facts matter. Expertise is, once again, held in high regard.

Journalists have also been categorised as 'essential services'. Our team has been working tirelessly to provide factual information and to ensure that the 24-hour Covid-19 news cycle is written and reported with due care and process. In their careers, they have covered harrowing events but only time will tell if this pandemic will be categorised as 'the worst'. As one of the few online dailies without a paywall, or ever intending to put up a paywall, we welcome every new reader because by having them on our site we know that our public service journalism is working, that we are the trusted source of factual information in a time of wholesale misinformation and outright lies.

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Belinda Roxburgh 1 week ago

Absolutely spot on. This morning I passed a respectable, well spoken man eating out of a dustbin. We exchanged greetings and I was struck by his expression of shame and obvious loss of dignity. Yesterday I chatted to an organic Dehli owner who was practically in tears after having to lay off staff from the now closed tea garden. Full time and part time staff that depend on tips and wages to support children and extended families. I am a locum Vet at clinic in Khayelitsha so am extremely aware of the fall out of the poorest of the poor, their children and pets. How is this lock down morally justifiable? Already both Vet Clinics there have been victim to armed robberies in last few weeks.. The lockdown's contribution to escalation of crime, the starvation and worsening of living conditions, the suicides, mental and physical health disasters on top of covid-19 simply doesn't bear thinking about. The reality is we cannot stop this virus and the healthier we all are physically and mentally the better our chances. The Media has such a big responsibility to stop the fear mongering and rather present a balanced perspective as this article does. Thank you!

Tom Boyles 1 week ago

There is obviously a down side to the lockdown. The article states that there are 2M over 70s in SA with a death rate around 10%. If only half of them get it that will be 100,000 deaths. People are not giving this enough weight in their arguments- its as if, well they've had a good innings so what. It all need to be a balance.

Belinda Roxburgh 1 week ago

"Around 90% of deaths in South Africa due to Covid-19 have been of people older than 70 years." , I'm not sure this means that 10% of 70+ year olds will die. It does mean though that if you are elderly or at risk in anyway that you should definitely take every extra precaution to stay healthy. And the point is that the lockdown is not going to stop anyone from getting the virus it is merely slowing down the spread. Personally I would rather be exposed now while its sunny and warm than during winter. Yes, some of us are going to die but continuing lockdown means a double whammy- those same some of us will still die but many millions are going to suffer devastating consequences of economic shut down for years to come.

Tom Boyles 1 week ago

Belinda- The mortality rate for over 80s with COVID is around 14% and for 70-80s is around 8%. The precise death rate for all over 70 depends on the exact demographic but a first

0%. The precise death rate for an over 70 depends on the exact demographic but a first approximation of 10% is reasonable. People may wish to break the lockdown and risk dying- morally I have no problem with that except that if 1 million older people are infected and 500,000 end up in hospital it will lead to a chain reaction such that many more people will die due to system overload. In general people are free to take risks like smoking and riding motorbikes but these things are very costly to the nation and in a low resource setting like the SA public sector mean that less resources are available to people who made better choices. That is one of the reasons we have speed limits on motorways, the lockdown is similar, you might want to take risks for yourself, but by getting sick and going to hospital you put other people at risk.

Tom Boyles 1 week ago

This is another example of doctors thinking they know everything- these 2 are a gastroenterologist and a microbiologist- hardly the qualifications required to determine the National lockdown strategy. The truth is the NOBODY outside the presidency has the data to make calls on the lockdown and some humility in embracing the uncertainty is warranted, particularly from doctors, who typically think they know everything. There are 2 truths in this piece. Firstly, that the government should be far more open with its data and its models so they can be independently scrutinised and then perhaps we can make reasonable pronouncements about the lockdown. The second is "the most important question at the moment is how Covid-19 is affecting the lives of the most marginalised people in South Africa". So far we have seen hardly any data on this, just confident statements about how the lockdown is causing "massive collateral damage". That may be so. and there are some indicators such as TB diagnoses. but

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