

There needs to be a change in Covid-19 strategy, says Professor Shabir Madhi



11 May 2020

The government needs to relook at its Covid-19 lockdown and testing strategy, because it's not going to stem the tide of community transmission, infectious disease specialist and member of the Ministerial Advisory Committee on Health, Professor Shabir Madhi told *Maverick Citizen* editor, Mark Heywood during a webinar.

"I am not saying that we should not have gone into lockdown. The timing of the lockdown, in relation to what should be the main purpose of the lockdown (containing community transmission), was not correct. Had our testing capacity been intact and if we had the right criteria of who should be tested, we would have been more successful to identify infected individuals and prevent transmission," Madhi said.

"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. We can sort of tick this one, because we are not too sure exactly what is going to come our way. You do not build health systems in three to five weeks. It probably required much more time for health facilities to equip themselves to deal with what is going to be an inevitable issue that there is going to be a surge of cases," he said.

If you test more, then you are going to find more cases

He said the country's chances of fighting the spread of community transmission was damaged by imposing the lockdown before the country was ready for mass testing. The current test-and-trace strategy is also unsustainable because test results are taking up to two weeks to be released. This means the number of contacts that need to traced skyrockets.

"If we can't get a result back within 12 to 24 hours those tests are meaningless. The most important metric should be how many of these tests are coming back within 24 hours; how many contacts are identified and what percentage were traced and tested and put in isolation and quarantine. This is a mammoth task. It works at the start of a pandemic when there are few cases. You reach a tipping point when it becomes implausible," Madhi said.

The number of tests dropped in the first two weeks of lockdown

"There was a belief that we could have interrupted community transmission through lockdown. We cannot do this, but there was a perception that this was the purpose of the lockdown. This is not about interrupting community transmission. Each year we have influenza and other viruses. You cannot interrupt them. You can try to reduce the rate of transmission. We did reduce community transmission, there was some reduction, even though the exact nature is difficult to quantify," he said.

In the first two weeks of lockdown the number of tests decreased to less than 1,000 a day countrywide. Before lockdown was imposed between 2,000 and 3,000 tests were done. Towards the end of the hard lockdown period (that ended on April 30) there was a tenfold increase in the number of tests and then about 400 new cases a day were being diagnosed, Madhi said.

He went on to say that in South Africa, individuals, especially those who use public transport, could have up to 120 contacts that would have to be traced if one assumes that test results will be available within 24 hours.

The strategy is fundamentally flawed

He said, in his opinion, it would be more important to limit tests to those in hospitals to protect health workers and provide doctors with the best treatment strategy – and make sure these are available within a day. Instead, he added, rapid antibody tests should be implemented to do community testing and identify hotspots. He questioned the wisdom of using health workers to do household visits and screen individuals.

"The reason why no other country in the world does this is that we are talking about a respiratory virus. People can develop symptoms of the virus the next day. We need better access for testing facilities in the communities. If we are serious about identifying this – our window of opportunity is closing in on us, if it hadn't passed us by already.

"I am not saying, throw community testing out of the window – the testing available in the country does not lend itself to what we are setting out to do. With a rapid antibody test you can map how an epidemic is evolving. We must change strategy."

A lockdown is not a magic bullet 77

But Madhi said what the lockdown has not done, and what no future intervention is going to do, is reduce the number of people who will be infected in South Africa. "Be it over a six-month period, be it over a two-year period, this infection is going to be with us at least until 2021 or 2022. There is no getting away from it.

"Unless citizens take collective responsibility, there isn't anything that government can do. If citizens don't do what they are requested to be doing, we will have a quicker transmission and a greater peak," Madhi said.

"The government can come with every policy in the world. I am talking about non-therapeutic interventions: wearing a non-surgical mask, personal distancing and hand hygiene," it won't protect people completely but it will help us reduce the rate

of infection.

"We are looking at three to four waves of infections. We must plan. That is the message that needs to sink in."

Roughly 60% of SA will get infected irrespective of what we do before we develop herd immunity

He explained that this is not as apocalyptic as it sounds, as 70% of those infected will be asymptomatic, 25 to 26 out of 1,000 will need to be hospitalised and three to four people unfortunately might die. Of these, he added, 90% will be older than 65 with co-morbidities.

ABOUT NICCI BOTHA

Nicci Botha has been wordsmithing for more than 20 years, covering just about every subject under the sun and then some. She's strung together words on sustainable development, maritime matters, mining, marketing, medical, lifestyle... and that elixir of life - chocolate. Nicci has worked for local and international media houses including Primedia, Caxton, Lloyd's and Reuters. Her new passion is digital media.

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