

SA's Covid-19 epidemic: Trends & Next steps

Prepared for Minister of Health Zweli Mkhize



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Prepared on 13th April 2020 by Salim S. Abdool Karim, *FRS*

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Adjunct Professor of Medicine: Cornell University

Pro Vice-Chancellor (Research): University of KwaZulu-Natal

Director: DSI-NRF Centre of Excellence in HIV Prevention

Outline

Part 1: The Coronavirus epidemic

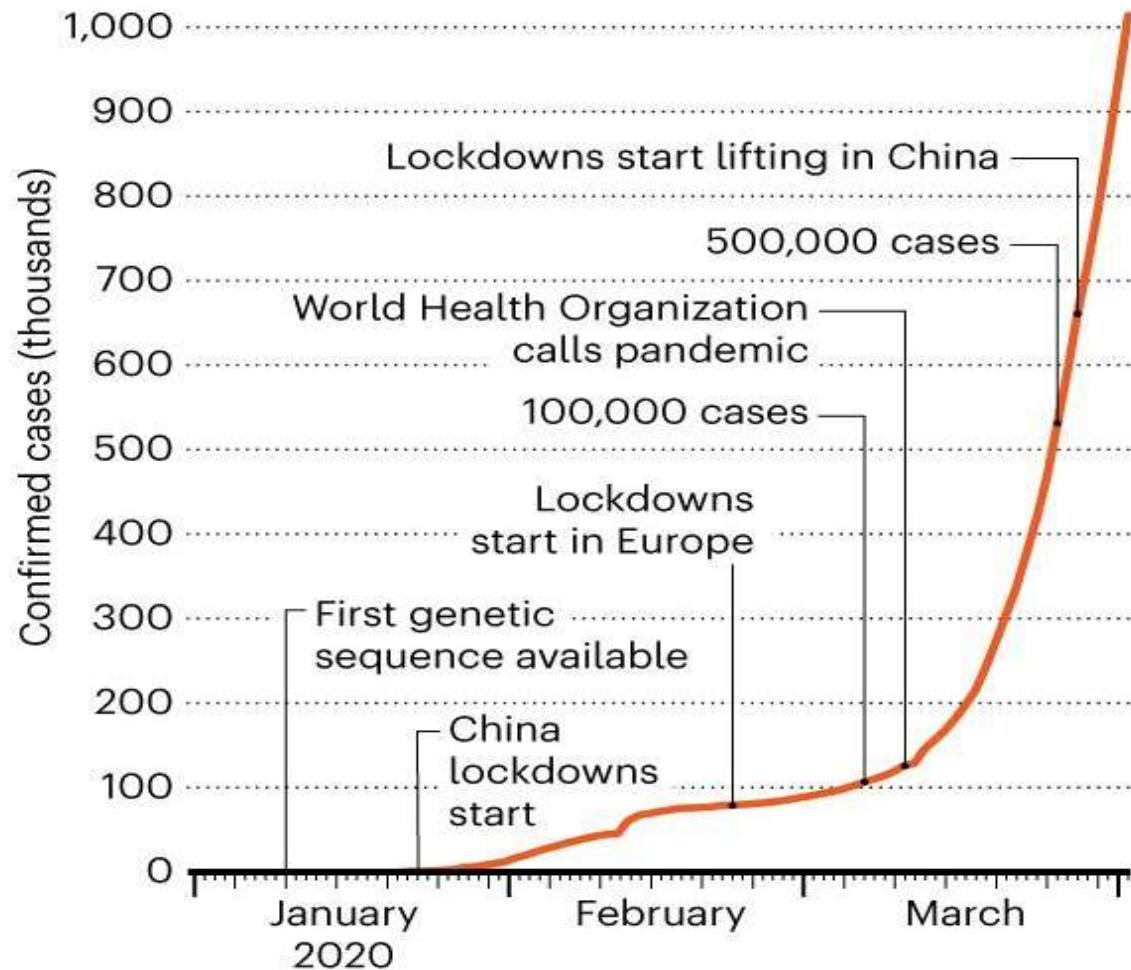
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- Why is South Africa not on the expected Covid epidemic trajectory?
- How much community transmission in SA?
- Some future epidemic scenarios

Part 2: South Africa's Covid-19 response

- Stages of the SA Covid-19 response
- Next steps: Stopping small flames to reduce the risk of raging fires
- Conclusion

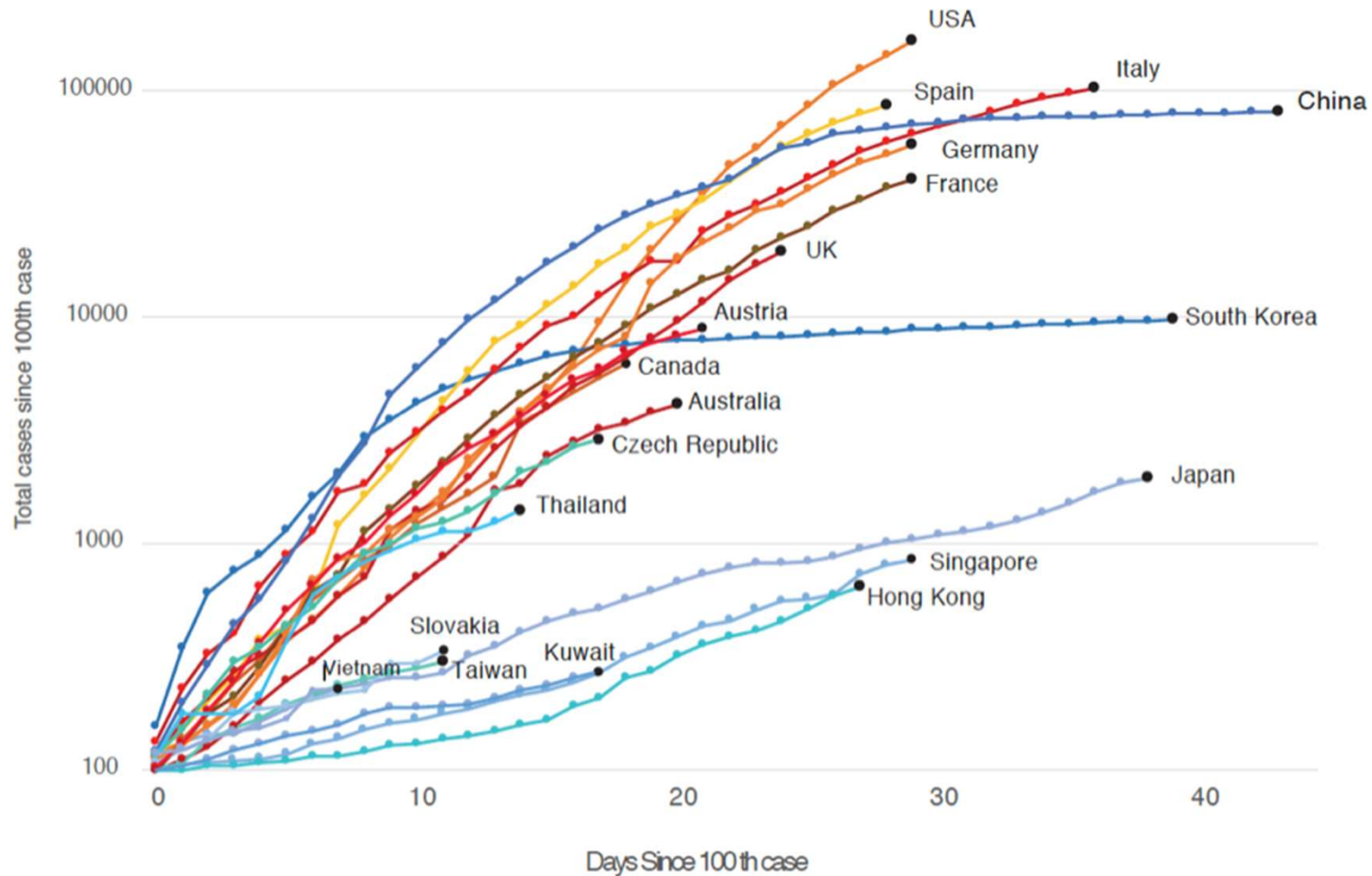
The first million cases of Covid-19

Wuhan seafood market



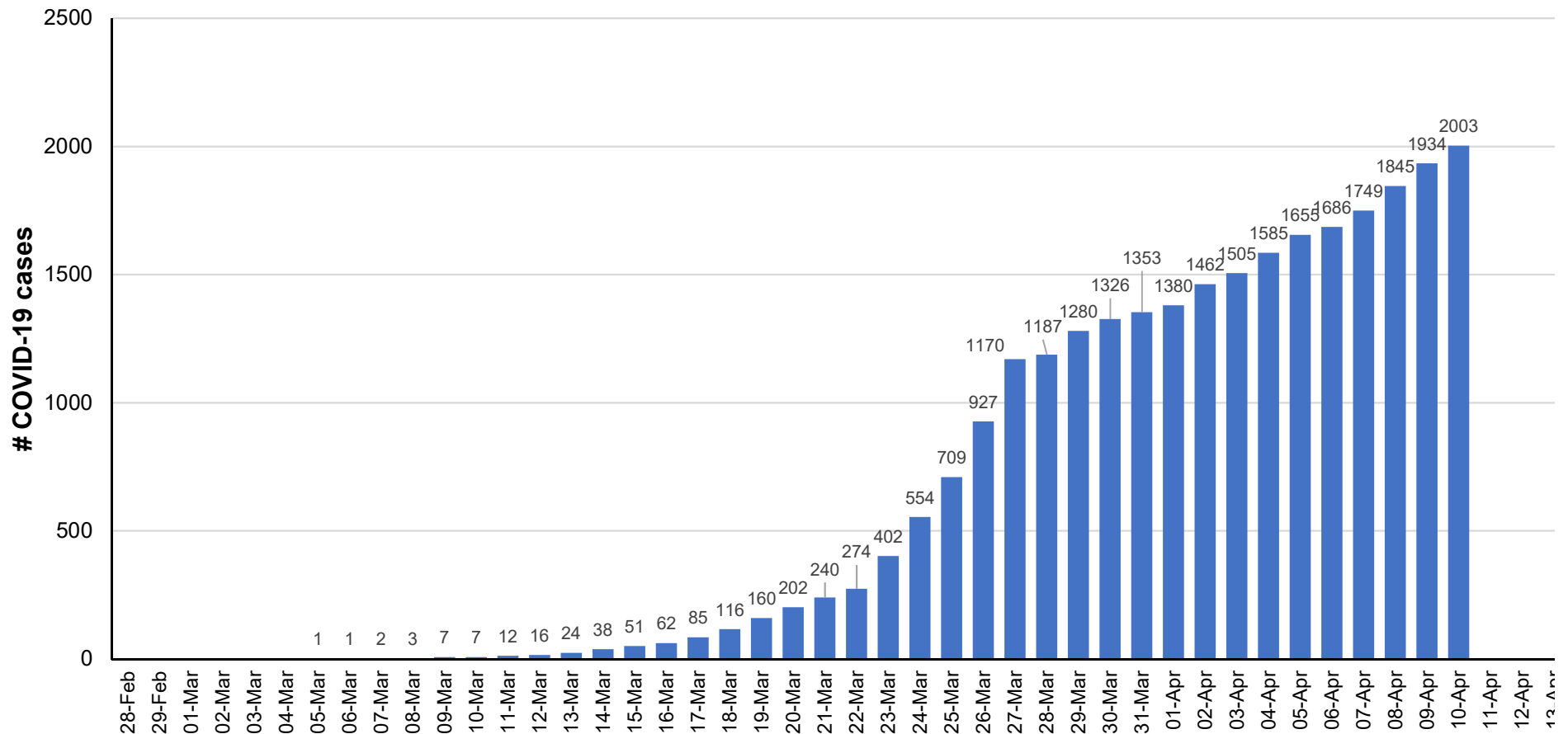
Data correct as of 3 April 2020 Source: Nature 2020 ©nature

Country level epidemic trajectories



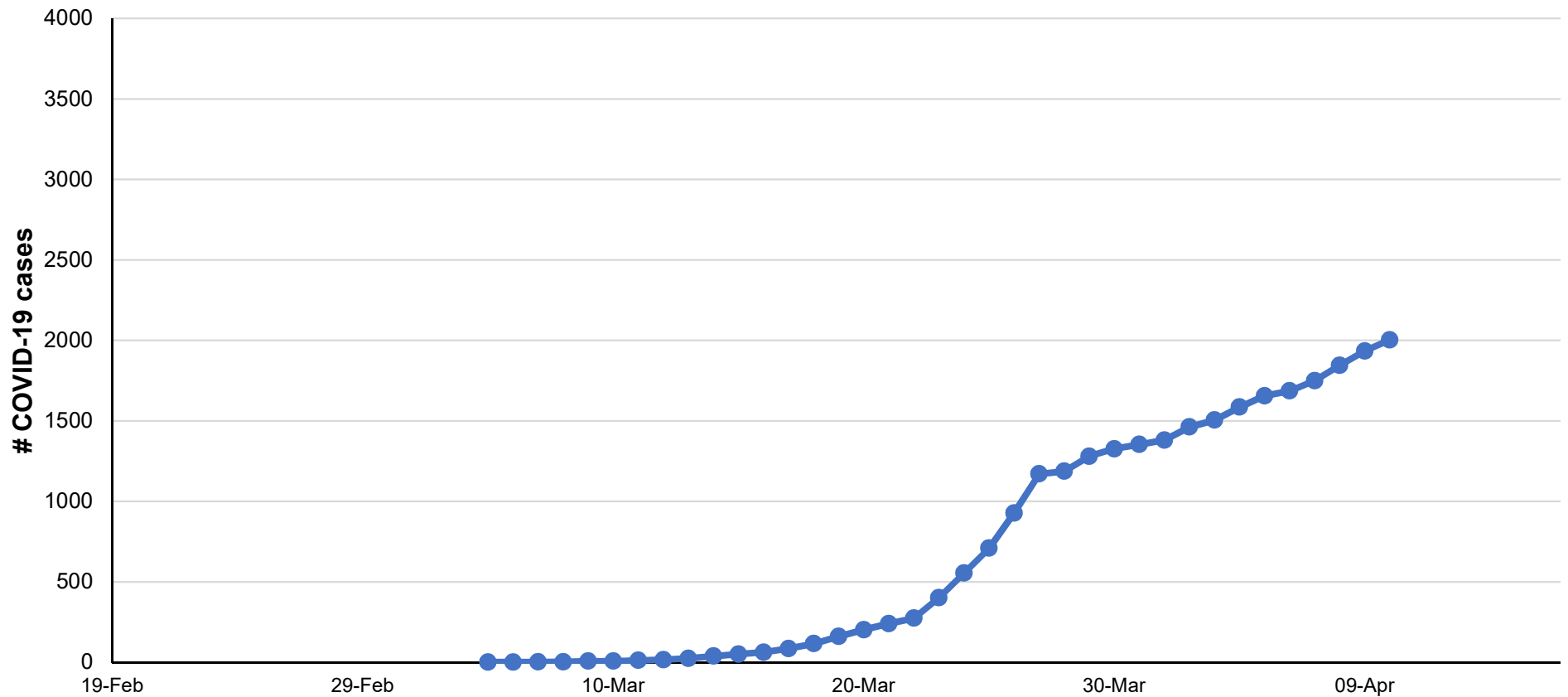
SA's SARS-CoV-2 epidemic - 1

Cumulative number of cases



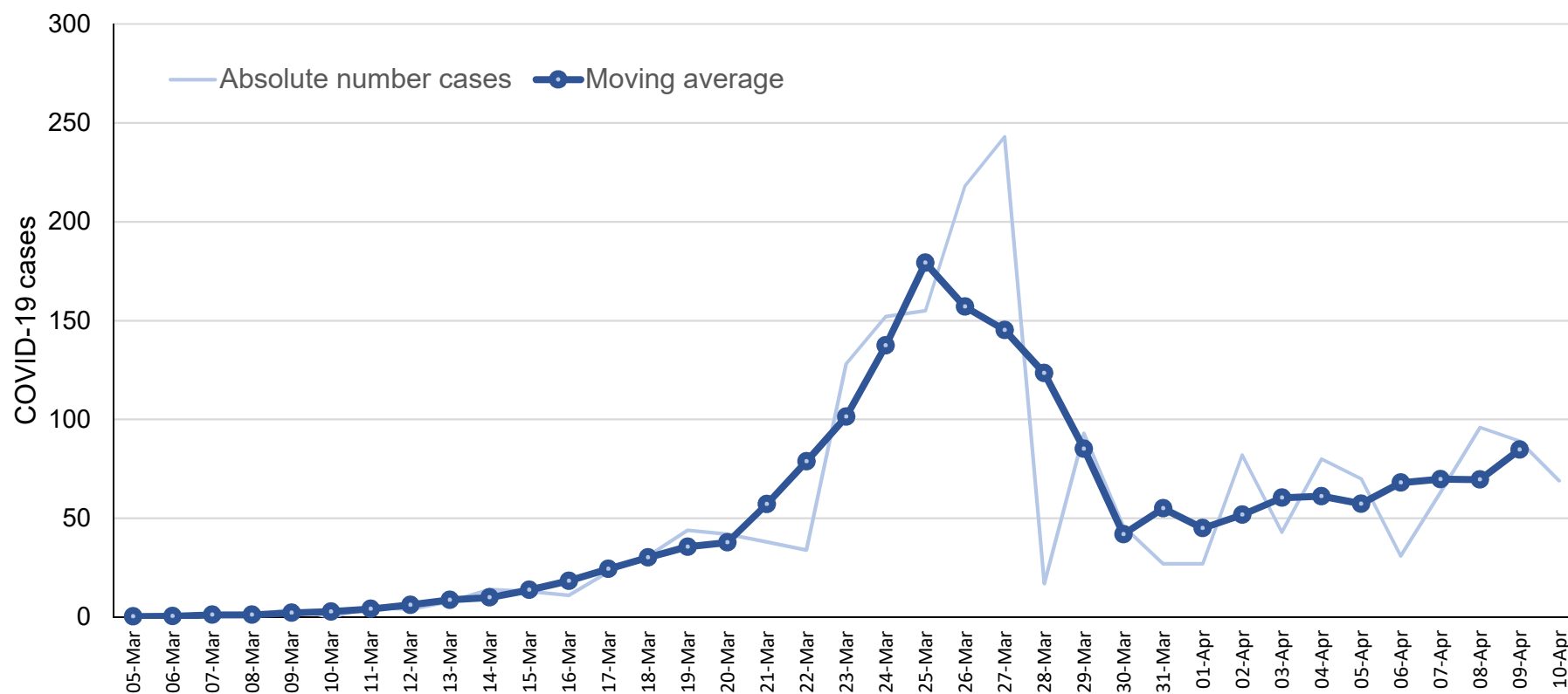
SA's SARS-CoV-2 epidemic - 2

Trends in cumulative cases



SA's SARS-CoV-2 epidemic - 3

Trends in new cases



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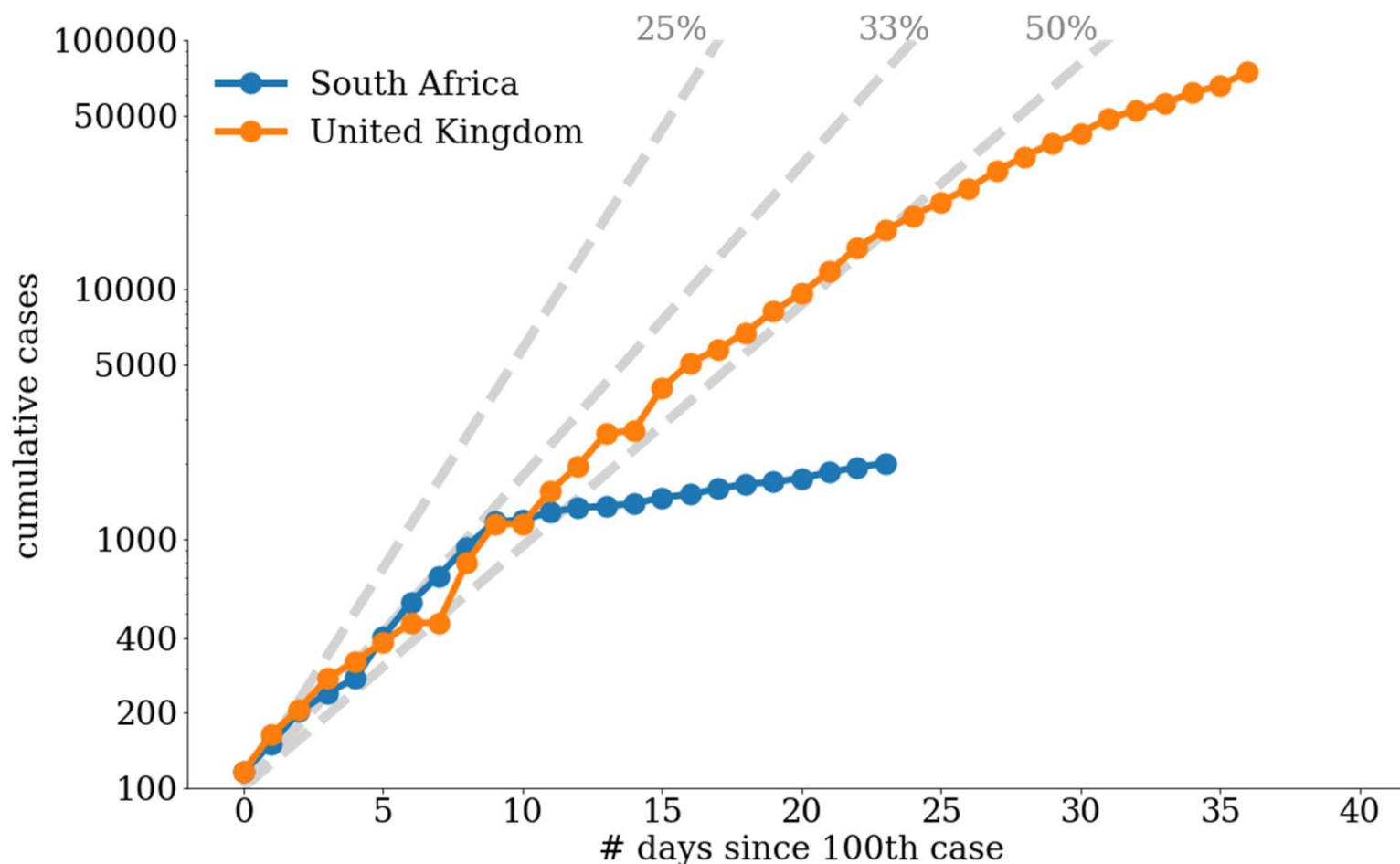
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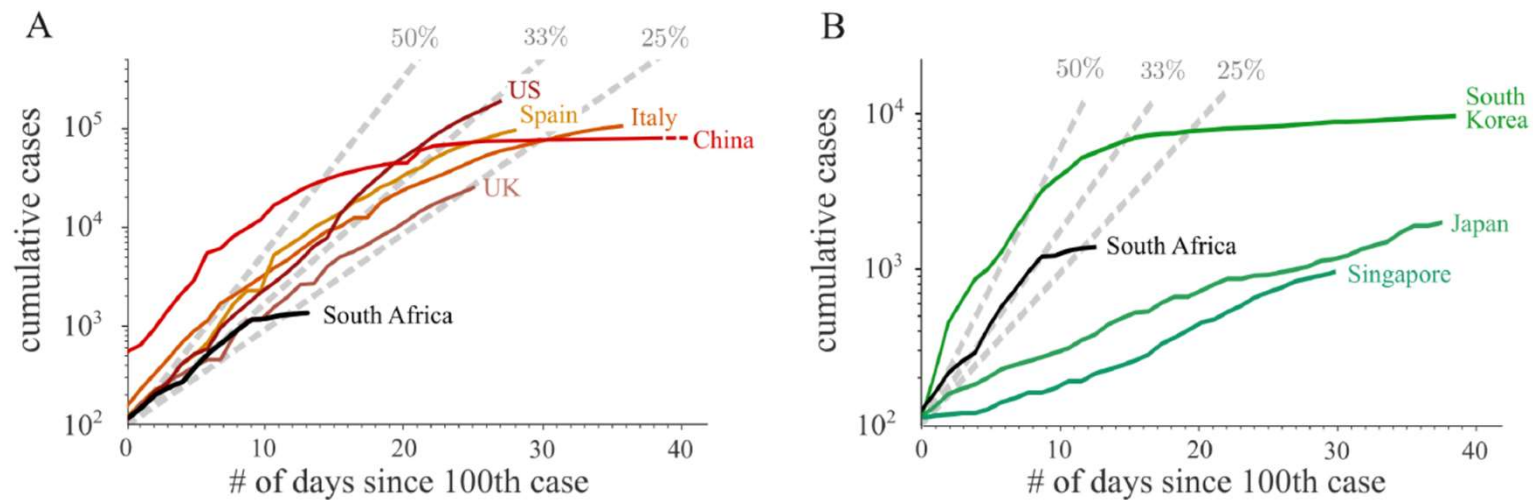
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Covid-19 cases - SA vs UK

SA's expected vs actual trajectory



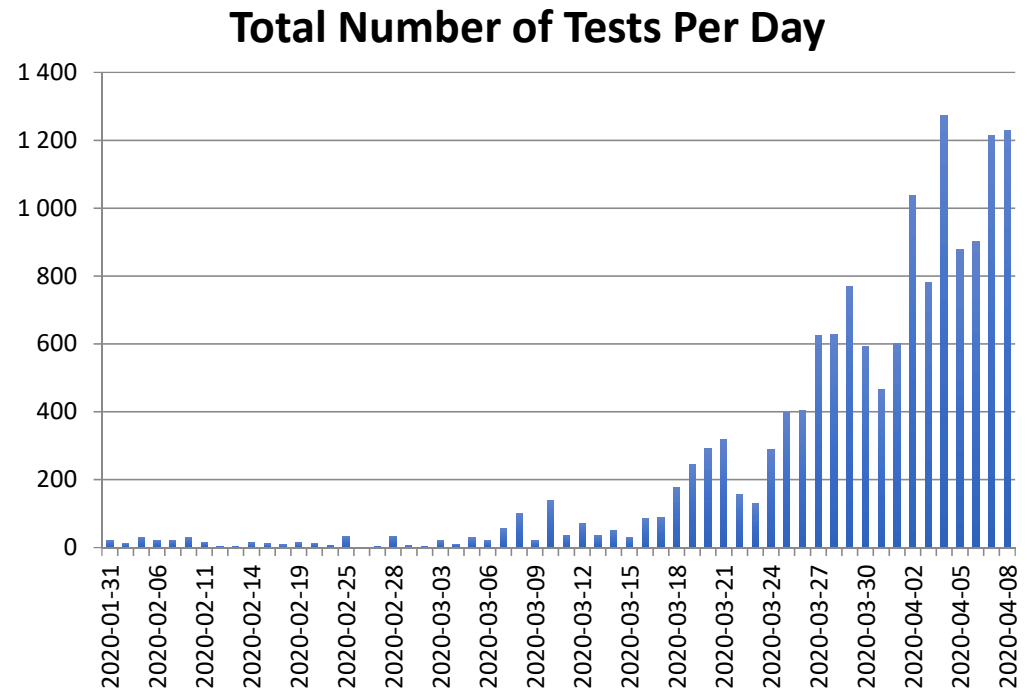
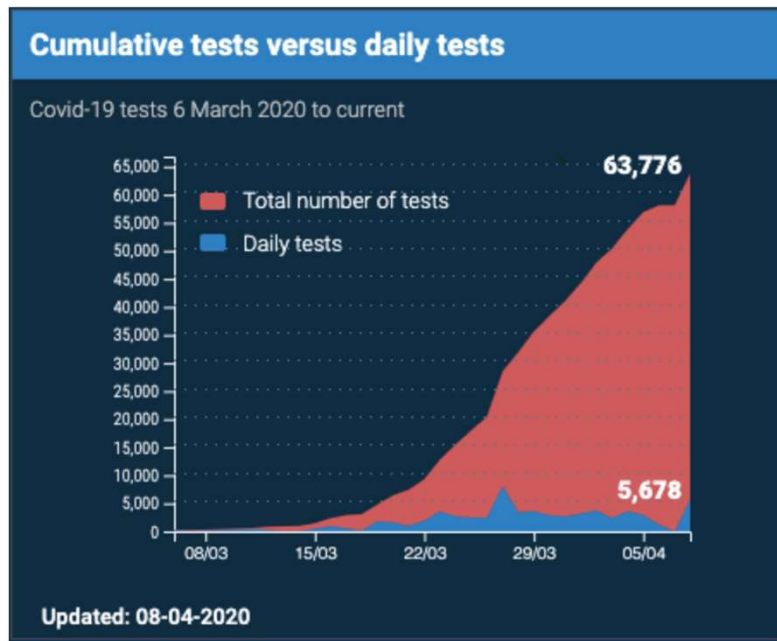
SA's epidemic trajectory is unique...



Why is SA different - new cases declining to a plateau:

- Are we missing cases due to low or declining testing coverage?
- Are there missing cases in poor communities due to skewed higher private lab testing?
- Is the reduction genuine and due to the interventions in SA's Covid-19 response?

Trends in cumulative private & NHLS Covid-19 tests show steady increase



Covid-19 cases have declined in the last 2 weeks while NHLS test numbers increased ie. while testing in people and communities without medical aid increased

Note: Overall testing is still below the target of 10-15,000 / day

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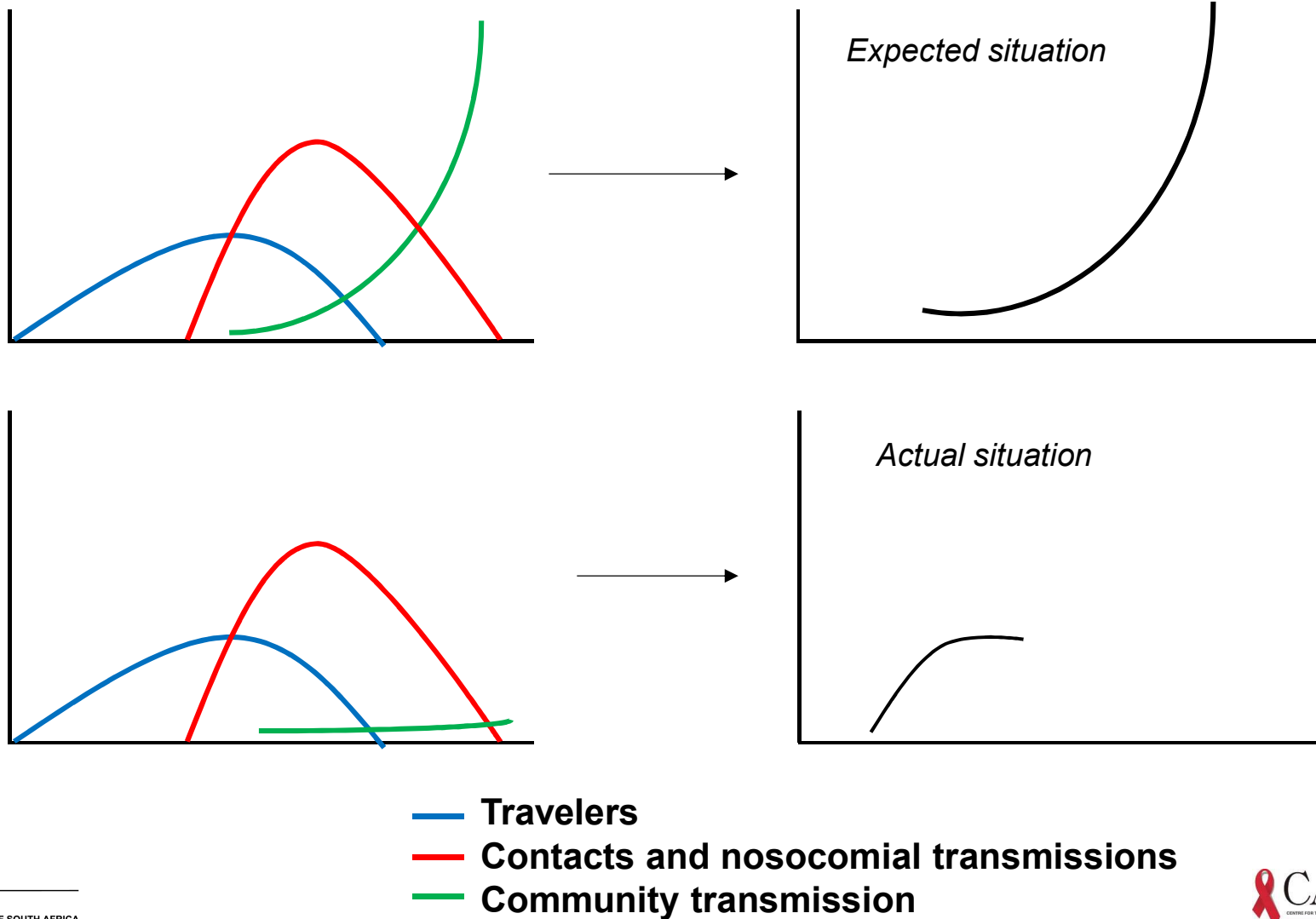
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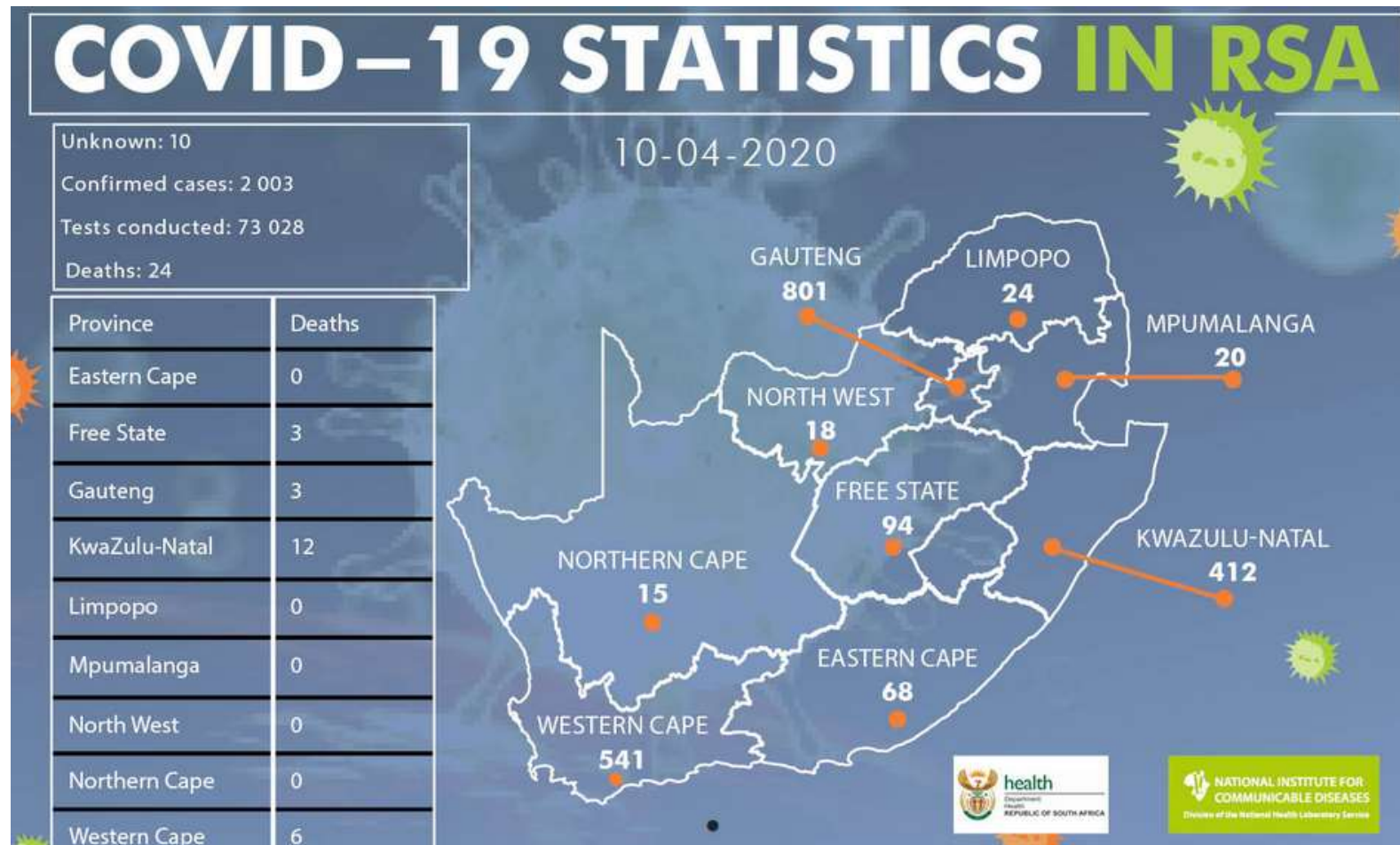
The 3 waves of the SA epidemic



Why did SA not follow the expected epidemic curve?

- **First & second waves did not bridge spread effectively into the general community**
 - No exponential increase in cases
 - If $R_0 > 1$ daily average cases each fortnight/week would go up
 - Infectiousness is ~2 weeks - fortnight average of 65 cases/day before and 72 cases/day after lockdown suggests $R_0 \sim 1$ around lockdown (Note: all cases are infections before lockdown)
 - No evident national increases in acute respiratory distress (may have some pockets)
- **If community transmission is low, cases decline**
- **If community transmission is increasing then cases will increase and exponential curve will start again**

Where is the highest risk of community transmissions in SA?



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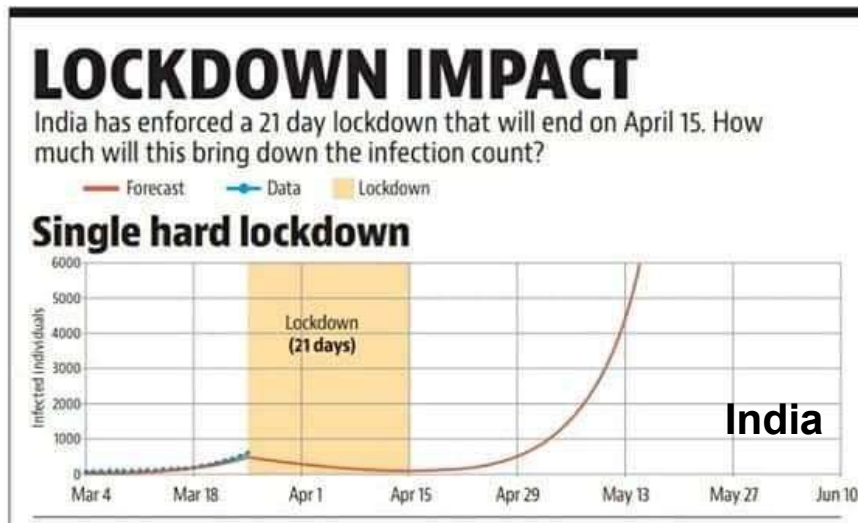
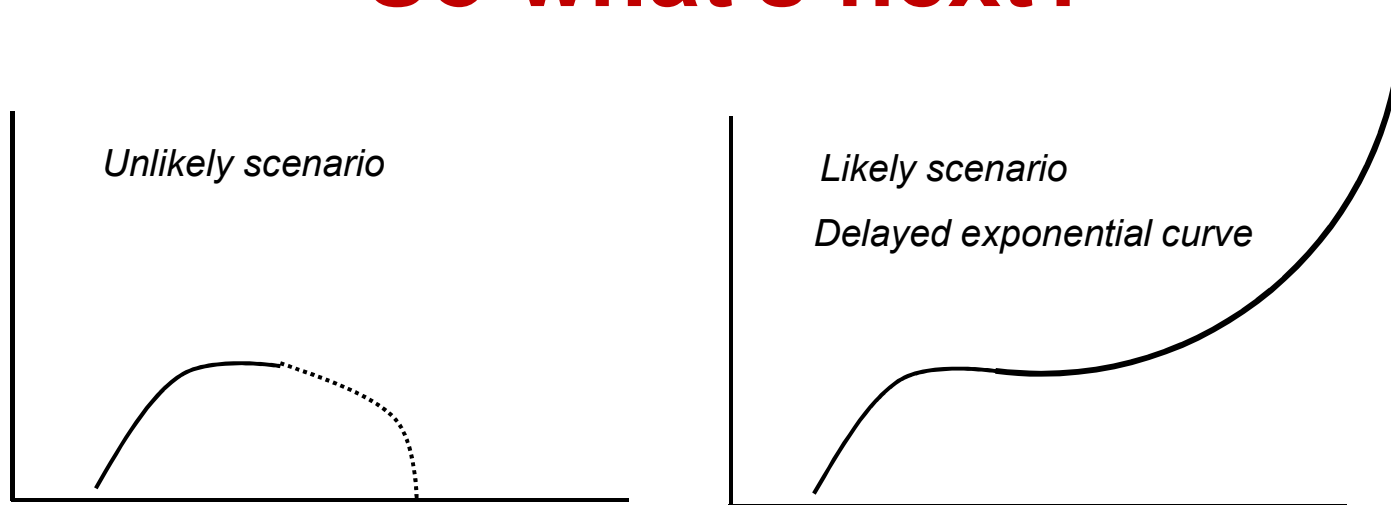
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So what's next?



Predicted lockdown impact in India and Wuhan



A difficult truth...

Can SA escape the worst of this epidemic? Is exponential spread avoidable?

- **No! Not unless SA has a special protective factor (mojo) not present anywhere else in the world**
- **Our population will be at high risk again after the lockdown**
 - **Infectiousness period includes 4-7 days before symptoms ie. people can spread it without knowing**
 - **The virus spreads too fast normally**
- **Government interventions have slowed viral spread, the curve has been impacted and we have gained some time**

Why the delay is important?

- Time to flatten the curve even more
- South Africa has a unique component to its response, ie. active case finding
- Only South Africa has >28,000 community health care workers going house-to-house in vulnerable community for screening & testing to find cases
- New quicker and simpler diagnostics becoming available
- New treatments become available
- Time to prepare for the medical care needs

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Current stages of SA's response

Stage 1: Preparation

- Community education
- Establishing lab capacity
- Surveillance

Stage 2: Primary prevention

- Social distancing & hand-washing
- Closing schools and reduced gathering
- Close the borders to international travel

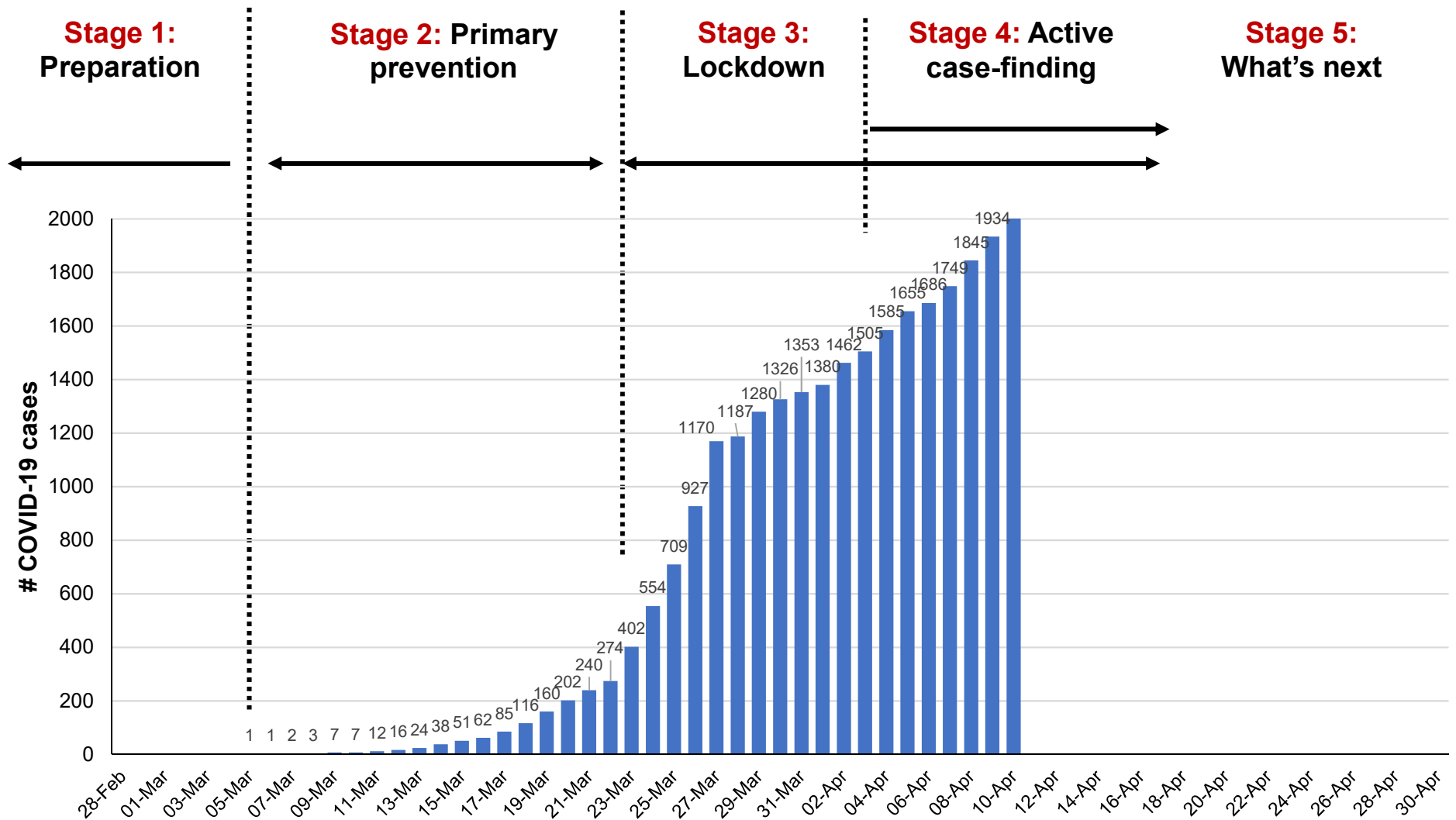
Stage 3: Lockdown

- Intensifying curtailment of human interaction

Stage 4: Surveillance & active case-finding

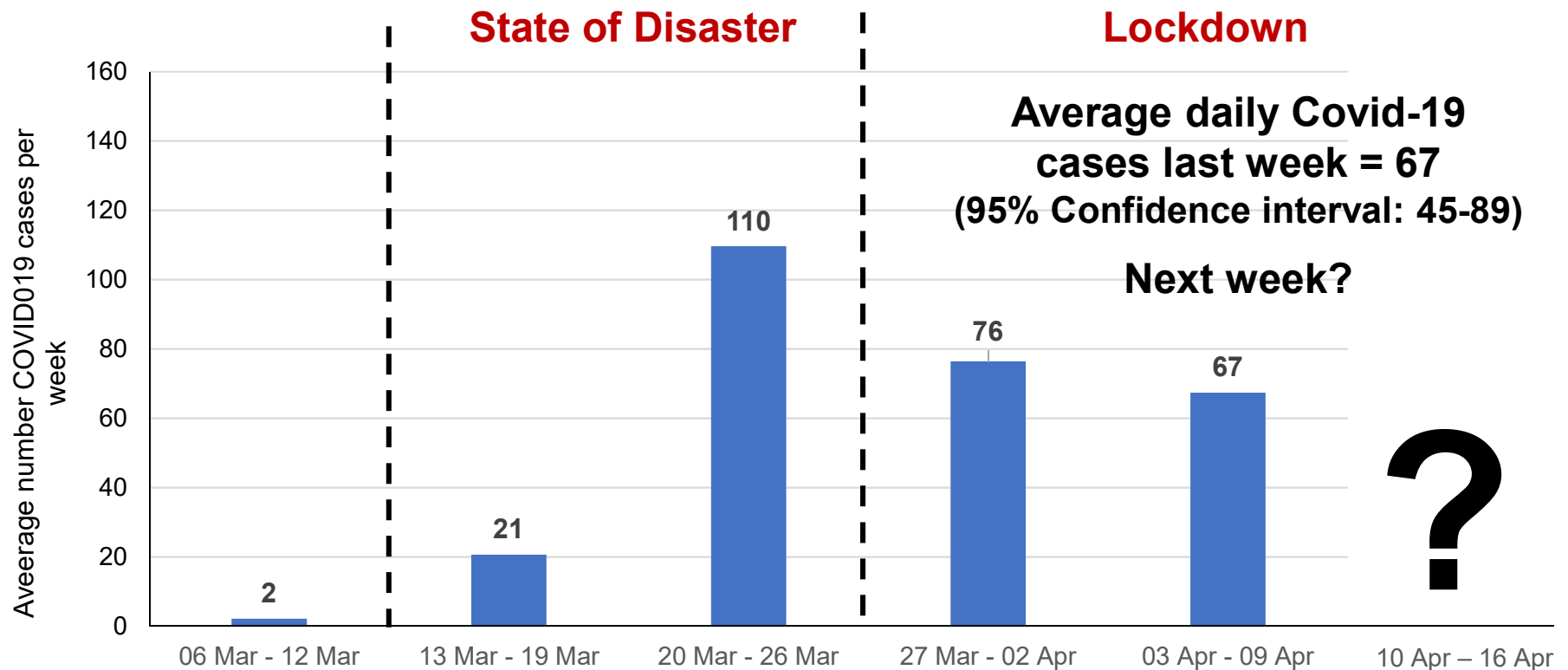
- The Community response: door-to-door screening, testing, isolation and contact tracing

Stages of SA's COVID-19 response



What should we do this week?

Follow the lockdown rules and monitor community transmission by average daily cases & community positivity/screened



Community transmission levels to guide next steps & the lockdown

- By 18th April, will know if community transmission interpretation accurate (~67 cases/day; CI: 45 - 89)
- Epidemiological (R_0) criterion for lockdown - if average daily cases (- active screening) from 10 – 16 April is:
 - 90+, then continue lockdown
 - 45 - 89 AND CHW rate is $>0.1\%$ then continue lockdown
 - 45 - 89 AND CHW rate is $\leq 0.1\%$ then ease lockdown
 - ≤ 44 , then ease lockdown
- Expect large daily variations & some increases in +ve tests due to active case-finding (passive vs active cases)
- Abrupt return may increase spread – plan the systematic easing of the lockdown over several days:
 - Stepwise approach to reduce risk of rapid transmission taking economic imperatives & social disruption into consideration

Next stages of South Africa's response

Stage 5: Hotspots

- Surveillance to identify & intervene in hotspots
- Spatial monitoring of new cases
- Outbreak investigation & intervention teams

Stage 6: Medical Care (for the peak)

- Surveillance on case load & capacity
- Managing staff exposures and infections
- Building field hospitals for triage
- Expand ICU bed and ventilator numbers

**Field hospital in
Central Park, New York**

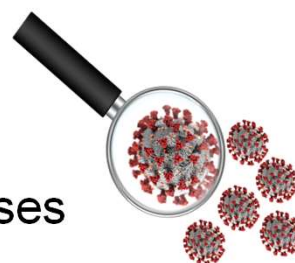


Stage 7: Bereavement & the Aftermath

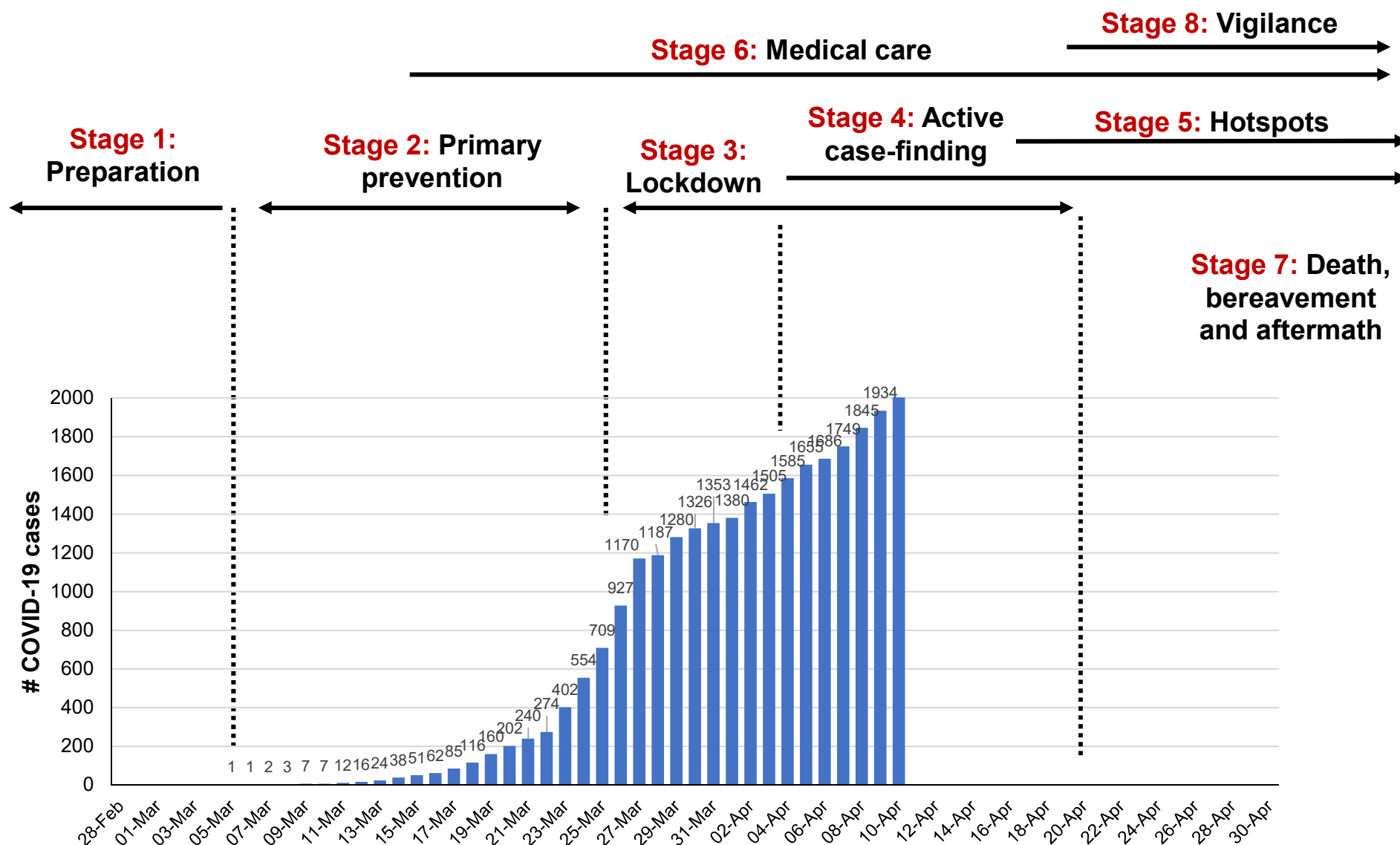
- Expanding burial capacity
- Regulations on funerals
- Managing psychological and social impact

Stage 8: Ongoing Vigilance

- Monitoring Ab levels
- Administer vaccines, if available
- Ongoing surveillance for new cases



Stages of SA's COVID-19 response



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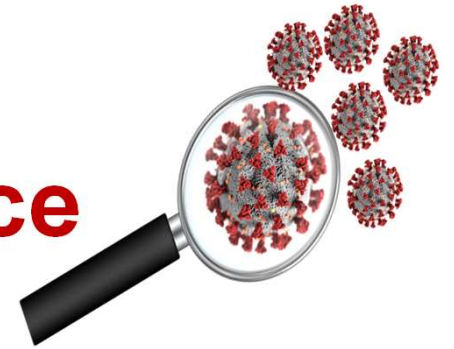
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Stage 8: Vigilance / surveillance



- **Need to stay one step ahead of viral spread and not wait for patients to arrive in hospitals to act**
- **3 components to surveillance:**
 - Ongoing CHW house-to-house screening and testing especially in vulnerable communities
 - One day each month – health worker surveillance
 - One day each month - National surveillance day for schools, mines, prisons & big companies
 - For now self-taken swabs (later change to fingerprick) from a small sample of people in each setting

Major concerns for stage 6 – The medical care response

- **Poor health care access = ↑ deaths (NY)**
- **Need an effective ambulance system**
- **HIV+ (not on ART) & TB patients may ↑ severity**
- **Both Covid & Flu epidemics intermingled**
- **Need a voluntary partial lockdown until end September just for old people (>70 or >60) and those with co-morbidities to reduce exposure**
- **Field hospitals for triage, mainly in big cities**
- **Getting staff ready for the exponential curve, hospitals with makeshift ICUs, more ventilators & PPE**

Conclusions

- **SA has a unique epidemic trajectory**
- **Current trajectory due to curtailed community transmission from effective early interventions**
- **The exponential curve is almost inevitable**
- **Lockdown bought SA some time** (about 4 to 6 weeks) **and will likely reduce peak case load** (flattened curve)
- **Systematic approach to keeping infection rates low while easing lockdown in stages**
- **Focus shifts to Stage 5 of hotspot identification and intervention** (fighting flames before they become fires), **to Stage 6 – preparing for peak medical care response & Stage 8 – Vigilance & national surveillance**

Acknowledgements

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- **Jane, Janine and Amanda of the secretariat**
- **NatJoints Committee members**
- **The Ministerial Advisory Committee for Covid-19**
- **The National Covid Command Council**
- **All the hard-working people tackling the Coronavirus epidemic, especially health care workers on the frontline**