

This is what a voluntary lockdown until September means

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A voluntary partial Covid-19 lockdown may be in place in SA until at least September, as part of the ongoing measures to protect the most vulnerable, with the elderly requiring particular care.

The government also has plans to build field hospitals for triage processes, which are used in emergency health care programmes to decide what measure of treatment to provide to people who arrive at medical facilities.

One of the country's top epidemiologists, who chairs the ministerial advisory group on Covid-19, Prof Salim Abdool Karim, detailed the measures in a nationally televised presentation on Monday night.

He said protecting the elderly was among a raft of measures

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which needed to be put in place — “preferably those above 60 or 65 because mortality is still higher in that group but above 70, we're really concerned”.

Government was considering a “voluntary partial lockdown” until September “when we think most of the wave of this epidemic will be over”.

“If we can offer something to protect our elderly — and especially those with other conditions, like diabetes, heart disease, lung disease — those individuals can be provided with protected self-quarantine and self-isolation.

“Our children will go to school — when they go home, they can't play with granny or grandpa because they will pose a risk to transmit the virus to their grandparents.

Karim stressed the end of September was just a target in

government's planning as there was no way of knowing that the epidemic would be over by then.

He said the interventions introduced by the government had slowed the viral spread and the country had gained some time, but the virus would still have a huge negative impact on the population's health.

“As much as we have succeeded in stemming the flow of this virus in our communities, keeping the transmission at reasonably low levels so far and having the success that no-one else has achieved, we cannot escape this epidemic — unless SA has some protective factor, let's call it a mojo, (unless) we have a mojo that protects us, that is not present anywhere else in the world.

“Our population is at high risk because all of us have no

immunity to this virus.”

Nonetheless, the delay was vital because there simply are not enough hospital beds across the country to accommodate the thousands of people who will need them if the numbers increase rapidly.

“We simply cannot provide care to so many people at one time,” he said.

“What we would hope for is that the number of new cases will steadily decline and disappear.

“I'm sorry to tell you that's very unlikely. The more likely scenario is that once we end the lockdown, and we're going to have to end it at some stage, as soon as the opportunity arises for this virus again, we will see the exponential curve again.”

Prof Karim says future interventions the government needs to address include:

● Identifying hotspots where the virus has broken out. “We need to find out where the clusters of infection are occurring, and we need to slow it down. We need to be very careful that every hotspot that emerges, we can deal with it.”

● Medical care has to be ready when patients start arriving, including having triage facilities in field hospitals outside the established facilities — “we need to hold the pressure off the main hospitals who are treating the seriously ill patients” to avoid them becoming overwhelmed.

● Dealing with the challenges of bereavement, mental health and social consequences of death and dying.

Delaying the peak impact on hospitals also buys time to find faster testing abilities and secure a vaccine.