

SA's mass testing hits limits as virus spreads

With an expert flick of the wrist, nurse Bhelekazi Mdlalose collected throat swabs from young men lining up for coronavirus testing at a rundown hostel in downtown Johannesburg.

Health workers were sent to the overcrowded block of single-room flats — mainly occupied by men from rural areas doing odd jobs in the city — as part of a mass community screening and testing (CST) campaign launched by the government last month.

Mdlalose, who is employed by Doctors Without Borders (MSF), left her family and usual job in the northwestern town of Rustenberg in March to support community work in Johannesburg.

Aged 51, she trains government health workers to handle suspected coronavirus patients correctly, checking in on CST teams deployed to townships, offices and shopping malls.

“We identify those that are Covid-19 positive and those that have symptoms,” said Mdlalose.

“These are vulnerable peo-

ple,” she added, pointing out that most would not even think to visit a clinic when sick. “By being here we actually target the right group.”

But as SA's coronavirus outbreak picks up pace — with confirmed cases creeping over 13,500, including 247 deaths — Mdlalose and other health experts are beginning to see the limits of the country's lauded community screening strategy.

“It's definitely a very high resource activity,” admitted MSF doctor Claire Keene, who monitors CST in Cape Town's sprawling Khayelitsha township.

“I think we are approaching capacity in what we can do, both to detect cases but also to follow them up.”

SA's Africa's aggressive Covid-19 screening and testing approach is modelled on years of experience fighting tuberculosis and HIV.

“We decided that we shouldn't just wait in hospitals for patients to arrive,” said the government's top coronavirus advisor Salim Abdool Karim.

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“We had to have a more proactive approach and go out there.”

But labs have been struggling to keep up and medical staff say it can now take up to two weeks for test results to arrive, up from an initial two to three days.

“The labs are being filled with community testing,” said doctor Ian Proudfoot, MSF clinical educator in Khayelitsha.

“With longer and longer turnaround times ... someone somewhere has got to make a decision about where the [testing] priority lies,” he added.

Health department spokesperson Popo Maja admitted that labs were “struggling”.

“We expected this,” he said. “This is by far the largest pandemic known to humankind.”

Mdlalose sighed in frustration earlier this week as she pulled on protective gear and counted up swab kits to test the 20-odd workers of a community clinic outside Johannesburg.

She was sent after the clinic manager failed to submit swab samples from staff, who as medical workers should all be test-

ed.

“They didn't have enough test kits,” said Mdlalose.

The small facility was already struggling to swab an average of four suspected cases per day coming from the surrounding township.

“I don't think mass swabbing is a good idea,” Mdlalose muttered as she fastened a blue protective apron around her waist. “The test kits and the resources to do this are not there.”

Experts have voiced similar concerns.

SA “is dependent on foreign companies for testing materials and kits,” cautioned researchers Marc Mendelson and Shabir Madhi in a paper this week.

“We ... need to prioritise testing in suspected severe Covid-19 that requires admission to hospital.”

Mendelson and Madhi said it had become an “unrealistic goal” to pursue CST when hundreds of new cases are reported each day, adding thousands to the lists of people to track and screen. — AFP