Small fires and flattened curves

A co-ordinated response and collaboration are key to minimising Covid-19’s effects, say experts

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In a Monday night public briefing by Health Minister Dr Zweli Mkhize and health experts providing insights on Covid-19 in the South African context, epidemiologist Professor Salim Abdool Karim shared facts that helped the public to understand our current situation — and the way forward.

After highlighting SA’s “unique trajectory” due to early intervention successfully curtailing widespread community transmission, he said: “We probably can’t escape the exponential growth, but the lockdown has bought us some time to be proactive.”

What forms will this proactive approach take?

Looking for fires

The best known metaphor for fighting Covid-19 is “flattening the curve”; ensuring that the illness spreads slowly, which allows healthcare facilities to treat cases properly, instead of being overwhelmed by a “spike” of infections. Professor Abdool Karim introduced a new image: that of “small fires”, extinguished before they turn into large, unmanageable conflagrations. Mass testing is a way of seeking out hotspots of infection, “putting our community health workers onto the ground, looking for the fires”.

Given South Africa’s unique position of being able to find small outbreaks of infection before they become unmanageable, this large-scale response may be what saves us from outbreaks such as those in the US, the UK and Italy that have ravaged the healthcare systems of those countries.

Emergency measures

Considering the efficacy of seeking out infections to proactively treat and isolate positive cases, it is clear that the public, where able, should help to fight the spread of Coronavirus with a series of common-sense interventions: avoiding doctor’s rooms and health facilities when consultations can be conducted telephonically; having medication delivered; and seeking testing when displaying symptoms of Coronavirus — ideally at a facility where minimal contact with others is incurred, such as the drive-through testing offered by Dis-Chem.

“What you don’t want is for people who don’t need to go to hospital, to go there,” said Karim.

In keeping with this aim, the public medical response is using the time that South Africa has bought to set up emergency facilities for the diagnosis and treatment of an increased number of patients. Sites for field hospitals and triage facilities have been identified, aimed at keeping the pressure off hospitals themselves, and staff are being prepared while personal protective equipment (PPE) is sourced to avoid a shortage.

“We need to make sure that they are well-supported, protected and trained,” said Professor Glenda Grey during Monday’s briefing. “We need public-private partnerships,” she added, “to work together for the country’s ultimate goal of minimising deaths resulting from Covid-19.”

Protecting the most vulnerable

“We saw from New York that blacks and Hispanics had twice the death rate of whites,” Karim said, pointing to the fact that access to healthcare is what separates the prognosis for privileged sufferers of Covid-19 from those who do not have the means to pay for treatment. New York health commissioner Dr Howard Zucker has acknowledged and expanded upon this disparity; in his context as in South Africa’s, race aligns with poverty due to historical injustice, and as a result, “One of the challenges is that some of the communities have challenges with their health in general,” Zucker said. “So anytime anyone who has underlying medical conditions ends up with this virus, or any other virus, it puts them more at risk.”

In South Africa, special consideration is being given to the intersection of Covid-19 and TB, as well as the half a million immunocompromised HIV+ patients with a low CD4 count. Looking to the future, the health department is investigating protective measures for those with heart and liver conditions, as well as the elderly, including a “voluntary lockdown” until September.