

Spike in Covid-19 cases is from the start of lockdown

Experts says the third week is probably the best indicator of infections after shutdown

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Prof Salim Abdool Karim, who has quickly become a household name in South Africa, is the government's chief adviser on Covid-19.

He impressed the country on Easter Monday when he laid out the government's strategy to tackle the coronavirus. On Friday morning, he gave a webinar through the Centre for the Programme of Research in SA, where he is a scientific director. He said the spike in the past week comprised infections from the beginning of lockdown

Abdool Karim said positive laboratory results pertained to an infection that occurred, on average, two weeks prior.

"What we are seeing now in terms of the spike is a result of improved data from the roll out of the community health-care worker programme.

"The first two weeks of cases that we see after lockdown actually occurred before the lockdown. The third week of lockdown is probably our best indicator of infections that occurred straight after the lockdown," he ex-

plained.

The initial drop was not because of the lockdown, but the declaration of a state of disaster which resulted in measures including schools being closed, physical distancing and restrictions on airports.

He said this phase "had a marked impact that took our daily number of cases to quite a low level".

"Now this week what we are seeing is the result of us initiating a community health-worker programme with more than a million screenings having taken place," he said.

"When you compare the number of cases in the third week to the second week, we are not comparing apples with apples. Now we have apples and oranges. It's too simplistic a way to look at data just to focus on the spike," he said.

Abdool Karim said those who had taken the condition seriously and understood its reproductive rate of between two and three would know the virus "has an edge over anything we could do in a population that has absolutely zero antibodies".

"Everyone is a sitting duck. Everyone is at risk. You have to treat it as a condition that is going to affect everyone and you need to put in measures that deal with that kind of ap-



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proach," he said.

"If we want to really grapple with this particular virus, it is not a condition we should underestimate," said Abdool Karim, adding that other countries had underestimated "the enemy. As in the art of war, one of the biggest flaws is to underestimate the enemy. We should not do that with this virus."

"Nobody ever thought we would need to deal with something like this," said Abdool Karim, adding that, at the very least, the Fifa Soccer World Cup in 2010 gave us an edge.

"At the Council for Scientific and Industrial Research [CSIR], we had put in place an amazing ops centre for the World Cup. It is a wall full of big television screens showing maps of the country, where police stations are and so on. What we now had to do was add data into the system of where the cases are."

That's where the community health workers came in, using cellphone technology, he said.

"The community health-care workers have to enter information on a cellphone and it sends the locations to the ops room. The location pings at the CSIR. That is how we know where we have covered the country with our screening."