Eating my words

When I sent my last mini editorial[1] to my copy editing team, I remarked in the accompanying email that I hoped I wouldn't have to eat my words. Well, now it seems I am having to do just that. To be fair to myself, my initial editorial was about the media response to the coronavirus disease 2019 (COVID-19) outbreak, and I would still say that it was overhyped. But at the time of writing I don't think that I had grasped the potential for the virus to spread across the globe as rapidly as it has.

The World Health Organization (WHO) African Region publication, the *Weekly Bulletin on Outbreaks and Other Emergencies*, of 17 March 2020[2] reported that a further 19 countries in the WHO African Region had reported confirmed cases of the virus, adding to Algeria, Cameroon, Nigeria, Senegal, Togo and South Africa (SA), which had reported confirmed cases a week earlier. Four other African countries that are not WHO Member States have also reported confirmed cases. At the time that this bulletin was published, there were 175 confirmed cases and 4 deaths (case fatality ratio 2.3%). This total does not include the 4 countries outside the WHO African Region, which add a further 158 confirmed cases and 4 deaths (case fatality ratio 2.5%). Worryingly for SA, at the time the bulletin (which was published roughly 24 hours later) was written, the number of local confirmed cases was only 51. As of today (18 March 2020) that number has risen to 116, just 10 hours after the Department of Health released a statement on Tuesday (17 March 2020) that the number of local cases had risen by 23, to 85.[3] We now have the most cases on the continent after Egypt, with evidence of local transmission in 6 cases with no history of international travel. We are at a critical stage of the curve of infections, and, as Preiser, Van Zyl and Dramowski[4] point out in their letter to the Editor in this issue of *SAMJ*, COVID-19 has important characteristics that complicate control measures, namely infectiousness during the incubation period, infectivity of asymptomatic patients and a large proportion of clinically mild cases who will remain unidentified during normal surveillance and so mobile and at risk of transmitting infection. When I first looked at the scatter of cases across Africa, all in people who had recently travelled to hot spots, I remarked to a WHO colleague in Geneva that it looked as though there must be large numbers of asymptomatic people transmitting infections in these hot spot areas. She responded that 'transmission is vast' and that we are only now starting to get an idea of just how many people are infected.

As Preiser *et al*. point out, although the imported cases in SA have been isolated and contact tracing has been initiated, it is likely that some cases have not been detected and that low-level community spread was already established by early March 2020. This means that, given the trajectory of the outbreak in China and Italy, SA can expect a high level of infections by May 2020, overlapping with our usual seasonal influenza and a peak in other respiratory tract infections. We therefore have to take serious measures to prevent this happening, and social distancing must be widely and rapidly implemented.

Shortly before Preiser *et al*.'s letter was published online in the *SAMJ*, we had the declaration of a State of Alert in SA, with a rational and measured address by our President, Cyril Rhamaposa, proposing widespread social distancing measures. I understand from friends in Cape Town that there is far less traffic on the road than usual and that many people who can are working from home. There is less evidence of that in the Garden Route, where I now live, but behavioural change takes longer in smaller communities. I have managed, with a lot of persuasion, to get my local running club to cancel weekly time trials (or at least the socialising in the bar afterwards) for the time being, and also another relatively large running event that was planned for this coming weekend. Some local festivals have been postponed, and on a national scale, the Two Oceans Marathon will now not take place over the Easter weekend. Park Runs are also cancelled. What we also need is for people to restrict their social interaction with others, stop going to restaurants, shop less frequently, not take their children to malls, play parks and other gatherings during the holidays, and start to take this outbreak seriously. The consequences of not doing so are potentially disastrous for the country.

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1. Farham B. 'More dangerous than terrorism' – the media versus the facts. S Afr Med J 2020;110(3):169. https://doi.org/10.7196/SAMJ.2020.v110i3.14654
2. World Health Organization Africa. Weekly Bulletin on Outbreaks and Other Emergencies. Week 11: 9 - 15 March 2020. https://apps.who.int/iris/bitstream/handle/10665/331451/OEW11-0915032020.pdf (accessed 18 March 2020).
3. SANews.gov.za: South African Government News Agency. Confirmed cases of COVID-19 stand at 116. https://www.sanews.gov.za/south-africa/confirmed-cases-covid-19-stand-116 (accessed 18 March 2020).
4. Preiser W, van Zyl G, Dramowski A. COVID-19: Getting ahead of the epidemic curve by early implementation of social distancing. S Afr Med J 2020;110(4):258. https://doi.org/10.7196/SAMJ.2020.v110i4.14720

S Afr Med J. Published online 19 March 2020. https://doi.org/10.7196/SAMJ.14731.
v110i4.14720