

Beat: Miscellaneous

## **SOUTH AFRICA HAS 1170 CONFIRMED COVID-19 CASES AS FOR 27 MARCH**

### **28,537 TESTS CONDUCTED TO DATE**

Paris, Washington DC, 31.03.2020, 00:59 Time

**USPA NEWS** - In South Africa As for 27 March, South Africa has 1170 confirmed cases. This is an increase of 243 new cases from Thursday's announcement. The total number of tests conducted to date is 28 537. It was reported that two deaths had occurred as a result of the COVID-19 virus. The first patient was a 48 year old female who tested positive for COVID-19 on the 23rd March 2020. She was suffering from pulmonary embolism. This means she had an underlying disease.

#### **REPORTED DEATH TOLL IN SOUTH AFRICA FOR COVID-19-----**

It was reported that two deaths had occurred as a result of the COVID-19 virus. The first patient was a 48 year old female who tested positive for COVID-19 on the 23rd March 2020. She was suffering from pulmonary embolism. This means she had an underlying disease. The second patient who died was a suspected case based on her clinical presentation. The clinicians who were treating her have reported to us that this was a 28 year old female who had presented at the hospital in respiratory distress. At the time of presentation she was hypoxic. She was intubated and transferred to hospital during the early hours of this morning, (ie 27 March 2020 at 3am). On arrival in ICU, she was declared dead. The clinical picture was suggestive of COVID-19 and therefore a test was conducted. Her laboratory results have since been received at 17:20 and were confirmed negative. Her immediate family was also tested and they are also negative. She is therefore no longer considered a COVID-19 case.

This therefore means there is only one confirmed death caused by COVID-19 in South Africa.-----

I have been informed that the health workers that managed this patient have been debriefed and counselled. I am aware that the public interest around COVID-19 may end up making them feel like they did not perform their duties with outmost care. As a clinician myself, I want reassure them that making such a diagnosis on presentation is line with our plea to them to keep a high index of suspicion so as not to miss a diagnosis of COVID-19. This is common practice, medical doctors often make a diagnosis based on a clinical presentation and physical examination of a patient. They then conduct further tests to confirm or disprove the diagnosis. In this instance, doctors and all health workers involved exercised clinical judgment and took extra precaution in managing this patient. We support this approach.-----

I therefore want to acknowledge and appreciate all our doctors, nurses and all the health workers who were treating these patients. We salute them for their dedication in the service of the nation. We urge them to remain courageous and focused. We also want to assure all our health workers in the country, who remain in the frontline of this pandemic, as the Department of Health and government as a whole, we will do everything in our powers to provide the support required for them to execute their duties. Overwhelming as circumstances may be, we ask you to keep up the fight. This is only the beginning and your commitment assures us that we will overcome.

#### **COUNTRY SYNOPSIS-----**

To give a synopsis of what is currently occurring in the country in relation to confirmed COVID-19 patients:

- Total number of patients in hospitals (both public and private) : 55
- Total number of patients in ICU : 4
- Total number of patients in ventilation : 3
- Total number of recoveries : 31
- Contacts of the patients that have been identified : 4407
- Contacts of the patients that have been traced : 3465

#### **CLINICAL OBSERVATIONS WE HAVE MADE THAT ARE OF CONCERN-----**

1. The infection of people with underlying concomitant diseases is increasing. This is well illustrated by the COVID-19 patient that has passed away in the Western Cape. We therefore urge our citizens to be vigilant, protect themselves and not unnecessarily expose themselves by making contact with a lot of people. It is important to remain in your home, create a distance between yourself and anyone, including family members, that are unwell. These are some of the underlying medical diseases that make people vulnerable:

- HIV Positive people with a low CD4 count: This therefore emphasises the importance everyone to know their status, get tested and immediately start treatment should they test positive.
- Chronic Lung Diseases, including TB, Asthma and COPD

- Auto Immune Diseases of Any Kind
- Chronic Kidney Diseases
- Cancer
- Diabetes

2. Other population groups that are vulnerable are:

- Smokers & dependant alcohol consumers. We encourage smokers to quit smoking and for those who drink alcohol, to do so moderately.

3. The elderly population in our society is vulnerable. To illustrate this, in KwaZulu-Natal, one of the confirmed cases is an 81 year old female who is now in ICU and in a ventilator. She initially presented with pneumonia and was admitted and treated as such. Because of the severity of the pneumonia, she was tested for COVID-19 and was confirmed. This elderly woman lives in an old age home. As a result, all other elderly people from this old age home are regarded as being vulnerable and are being tested. Those who will test positive will then be put in isolation.-----

4. There is an increase in the rate of internal transmissions. Patients without a history of travelling abroad have been detected in many provinces. The Free State province is such an example. The majority of 61 patients infected arose from the church conference which had five international visitors who subsequently tested positive for COVID-19. Amongst these, were various local church leaders who have since tested positive for COVID 19, thus making their own church members direct contacts. These church members have had to be screened and tested. The church leaders and members who were tested have since been put in quarantine. It must be noted that these confirmed cases in the Free State province are concentrated in Mangaung and this requires dedicated focus of interventions. All the above factors have emphasised the need to rapidly expand testing, early detection and early treatment. We are intensifying the offensive.

## 5. TESTING FACILITIES & BACKLOG IN PROCESSING TESTS:

We are aware that there is a significant backlog especially from some private laboratories due to pressure caused by the increasing workload.

We are pleased that the National Health Laboratory Services has increased its testing facilities. There are five laboratories in our academic hospitals in the country. These are in Inkosi Albert Luthuli Hospital, Charlotte Maxeke, Universitas, Tygerberg and Groote Schuur, in addition to the laboratory at the NICD, which is the reference laboratory. We are now extending them to Tshwane Academic, Walter Sisulu and Port Elizabeth.

We have 7 mobile testing laboratories and in April we will have a total of 47 which will spread all over the country. By the end of April, we will be able to do 30 000 tests per day if required and we continue to source suppliers of test kits from different suppliers so that we can meet the demand.

## WORLD HEALTH ORGANISATION INFORMATION SHARING MEETING WITH MINISTERS OF HEALTH-----

This afternoon, the WHO hosted an information sharing virtual meeting with Ministers of Health from all over the world. This follows the G20 leaders virtual meeting that His Excellency, President MC Ramaphosa attended yesterday with other world leaders. Various informative presentations were conducted by the WHO and different countries. A series of questions that we had as Health Ministers were also responded to. It is clear that this pandemic is a major threat to all countries and we must join our hands together to fight it. One of the important factors confirmed in this meeting is that there is no proven therapy for COVID-19. At this stage, there is ongoing therapeutic research and vaccine trials at different stages of progress. There are 50 different candidates of vaccines that are in their early stages. The WHO estimated that it may take a minimum of 18 months to have a vaccine that is confirmed. South African institutions are also participating in the global research program in search of a solution to the COVID-19, under the guidance of WHO.

Dr Zwelini Mkhize. Source : 5. TESTING FACILITIES & BACKLOG IN PROCESSING TESTS-----

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**Article online:**

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