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 *COVID-19 WHO African Region External Situation Report 4*, of 25 March 2020[2] reported that, since 18 March 2020, a further 11 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 2 weeks earlier. Six other African countries that are not WHO Member States have also reported confirmed cases. At the time that this report was published, there were 1 716 confirmed cases and 30 deaths (case fatality ratio 1.8%). This total does not include the 4 countries outside the WHO African Region, which add a further 482 confirmed cases and 17 deaths (case fatality ratio 3.5%). As of 25 March 2020, the number of confirmed cases in SA is 709.[3] We now have the most cases on the continent after Egypt, with evidence of local transmission in 16 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 on-line 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. Since then, in the face of rising numbers of cases, a total lockdown has been implemented, starting at midnight on Thursday 26 March 2020 and lasting for 21 days. This lockdown is wide ranging and unprecedented in our history, confining people to their homes except for essential workers, and for trips for essentials such as food, medicines and visits to the doctor. The list of 'essential work' is limited and will leave millions of people potentially without income, which the government is attempting to address through financial mitigation measures that will themselves confound an already precarious economic situation in our country. We are among 25 countries in Africa that have implemented closure of their national borders. These measures across the continent and in our country are already limiting the deployment of experts to aid in response to the virus, as well as movement of essentials such as laboratory reagents and personal protective equipment. While it is hoped that these lockdown measures will slow the spread of the virus, our government needs to be mindful of the words of the WHO Director-General, Tedros Adhanom Ghebreyesus, on 25 March 2020, when he said that while the WHO understands that countries that have implemented lockdowns are now trying to assess when and how they will be able to ease these measures, they need to take advantage of this 'second window of opportunity'. 'The answer depends on what countries do while these population-wide measures are in place,' he said. There are six key actions recommended: expand, train and deploy healthcare and the public health workforce; implement case finding at community level; ramp up production capacity and availability of testing; identify, adapt and equip facilities used for treating patients; develop a clear plan for quarantine; and refocus the whole of government on suppressing and controlling COVID-19.[5]

Let us not squander this window of opportunity.

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