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**Webinar presented by Prof. Shabir Madhi**

**Hosted by: Ronald Abvajee**

**Presented by: My Health Live**

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## **TOPIC: COVID-19 AND REOPENING THE SCHOOLS**

### **1. The Current Status**

#### **1.1. We are at the early stages of the epidemic in South Africa:**

- We can expect COVID-19 to peak over the next 2 – 3 months (up to 6000 cases per day).

#### **1.2. In terms of the statistics regarding COVID-19 presented to us:**

- We get very little information in terms of infections.
- We are not testing enough with our current testing strategy, and not testing at scale (should be testing between 15 000 – 20 000 people per day).
- Results should be given back to the patient as soon as possible, because the aim of testing is to put a person into quarantine if necessary, and trace their contacts.
- This will help to slow the rate of the spread of the virus.
- Currently feedback from test results is 5 – 10 days which is problematic, as the person may no longer be infectious by the time the results return.
- We need to trace the people the person came into contact with 3 days prior to becoming symptomatic, up to when they went into isolation.
- We need to test 90% of the contacts that the person came into contact with to slow down the spread of the virus.
- Our current stats are distorted, as two thirds of testing are done in the Western Cape, therefore they have higher numbers, but necessarily because they are the "hotspot".
- If we can't improve the current testing process, we need to reassess this process of testing.

#### **1.3. New information that has arisen regarding COVID-19**

- Not everyone who gets COVID-19 becomes ill (50 – 80% will have no symptoms)
- Majority of people who have been infected won't even be tested.

### **2. Adults and COVID 19**

#### **2.1. Some important information to emphasise:**

- There is no avoiding or preventing infection, as two thirds of the population need to become infected (as in herd immunity) with COVID-19.
- Only virus that was ever eliminated was the smallpox virus, due to the development of the vaccine.

- We need to develop immunity so that the virus can become less.
- COVID-19 is very effective in its transmission, as we can infect 2 - 3 people within 3 – 4 days.
- This virus is not leaving, and we need to make plans for the next 2 – 3 years. All of our decisions must be for the long term, not the short term.
- There were 4 waves of the Spanish flu. We can expect 2/3 waves of COVID-19 over the next few years.

## **2.2. Using an example of 1000 adult (over 18 years old) in South Africa over a 2 year period:**

- Two thirds will become infected over the next 2 – 3 years.
- One third (50 – 80%) will be asymptomatic
  - It is important to know if we are infectious (you can spread it to other people) or infected (you have had the virus but no longer infectious to others).
    - Infectious testing – nasal swab
    - Infected testing – blood test
- 25% of people will be symptomatic with:
  - Mild self-limiting illness lasting 3 days – 1 week
  - Similar to flu
  - Won't end up in hospital
  - No antibiotic treatment, as your body will use its immune system to fight the virus
  - Treat symptoms
- Remaining 5 – 6% of people will end up in hospital (25 people out of 1000)
  - About 5 people will end up dying
  - 18 – 40 years group (who are healthy with no illness): 2 or 3 people may end up in hospital, with almost no deaths in this group
  - Over 65 years group (people with hypertension, diabetes etc.): 100 people will be hospitalised, with 20 -25 people dying.
- The danger is that because we might be healthy, we will become the vectors of the virus to others.
- Masks will not protect you from becoming infected, but they will prevent you from transmitting the virus.
- Hand washing and social distancing is what can help us

## **3. Children and COVID-19**

### **3.1. Using an example of 1000 children (under 18 years old) in South Africa over a 2 year period:**

- Good news:
  - Only a few thousand children make up the world's population with COVID-19, even though they are 20% of the world's population.
  - Children don't seem to be severely affected. Reasons aren't really clear why.
  - Children who are at risk:
    - Children with type 2 diabetes (not type 1), cancer, or obesity
    - Only children with chronic illnesses have died

### **3.2. Reality:**

- Children are going to be infected; this is not something we can avoid.
- Seasonal influenza kills around 12 000 people in South Africa every year.
- There are 400 seasonal coronaviruses
- 1 in 10 children will currently have a form of a coronavirus. This may be why they are protected more than adults. It may also be due to their viral load being different to an adult. It is all speculation at this stage.
- A very big concern at the moment is children not getting their regular vaccinations at the moment. This has far reaching implications in the future.
- We need to think of this as a respiratory virus.
- The RSV virus :
  - This virus is very common in children
  - It kills 60 000 – 100 000 children every year.

- Children are much more at risk for this virus than COVID-19
- Children have multiple infections with RSV, especially at the beginning of when they start going to creche
- Children are often hospitalised for this virus.

### 3.3. School closure and reopening:

- Initially it was believed that this was the best approach
  - This was based on our previous experiences with the flu in schools
  - Children are an important vector on the transmission of influenza
    - To their parents at home
    - To their teachers at school
  - E.g. when schools return after June/July holidays and there is a spike in infections of influenza in South Africa.
- Right now the aim is to slow the spread of the virus into the community
- Current situation:
  - Have since learned that children are not the vectors of the virus. It is the **adults** infecting the children.
  - *Children are not infecting adults*
  - Adults infect about 10% of people in their environment
  - Adults typically infect people in their own age group.
  - Children are not effective transmitters of the virus.
- A greater risk right now is that families are being pushed below the poverty line, which can result in malnutrition among other things. Children are also not being vaccinated (*this was a recurring concern for the Prof*)
- It is not in the interest of children to have schools closed:
  - Children are missing out on learning opportunities
  - Children younger than 7 are especially vulnerable developmentally to be missing learning opportunities.
- We have to learn that COVID-19 is not going away. We are not going to “go back to normal” for 2 – 3 years.
- Asking a 5 year old to wear a mask is impossible, and can rather encourage social distancing
- Other options to consider include staggering the school day (some grades in the morning, some in the afternoon), focussing on specific subjects to prioritise.
- Hand sanitizer is important, but more than that is soap and water.
- We need to minimise the gathering of children (no assemblies)
- Children should be limited to one classroom, with teachers moving around the school instead.
- Children need a break and fresh air to move around
- Face masks should be worn where practical.
- Teachers are more the risk than the children.
- Close contact = 15 – 30 minutes spent with someone less than 1.5 m away from them.
- Sharing of desks would be close contact.
- When making decisions, we need to consider what our objective is:
  - To not get infected is a meaningless aim
  - Teachers infecting teachers is the biggest concern
  - Teacher should naturally have physical distance from learners
  - Staff meetings must rather be in the open, with all wearing masks, and sanitizer carried in pockets
- COVID-19 is going to come back next year.
- Some of our decisions are out of our control at the moment
  - Screening serves zero purpose, as thermal screening is irrelevant.
  - If you are symptomatic do not go back to work
- TB is a much bigger concern for us in South Africa than COVID-19
  - TB infects 500 out of 1 million people in one year

- COVID-19 infects 750 out of 1 million in two years.
- We might have more people die from TB than COVID-9 due to not being tested for TB at the moment.

#### 4. Question responses (asked in webinar)

- Even with managed comorbidities you are still at risk. Maybe lower than someone who does not manage theirs, but you are still at risk
- You shouldn't be going to school if you're not feeling well

#### 5. Conclusions

- There are many issues (lack of sanitation, water etc) that are not issues of COVID-19, but fundamental human rights of children that should have been addressed in the past years of democracy.
- These are not going to be addressed overnight, or over the next few months.
- Main question to ask ourselves: to what extent are we willing, to sacrifice the future of children, at multiple levels, by being extremely stringent in terms of the restrictions, that we are putting by not allowing schools to reopen.
  - This is not just in terms of social and educational, but health, welfare and wellbeing.
  - Many children are dependant on the feeding schemes provided by their schools to be adequately nourished. This will lead to increased mortality and morbidity in children.
- We cannot risk putting the lives of children on the line, indirectly, by responding to COVID-19 for the benefit of a segment of the population. There are trade offs in life, and we need to look at what we facing, and what we can control. It is estimated that 45 000 – 75 000 people may die due to COVID-19 in South Africa over the next 2 years. Is that sufficient to compromise the lives of 18 million children in our country? Very difficult questions with no easy answers, but we need to consider these factors.