Estimating cases for COVID-19 in South Africa Update: 19 May 2020

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on behalf of the South African COVID-19 Modelling Consortium

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Division of the National Health Laboratory Service

Introduction

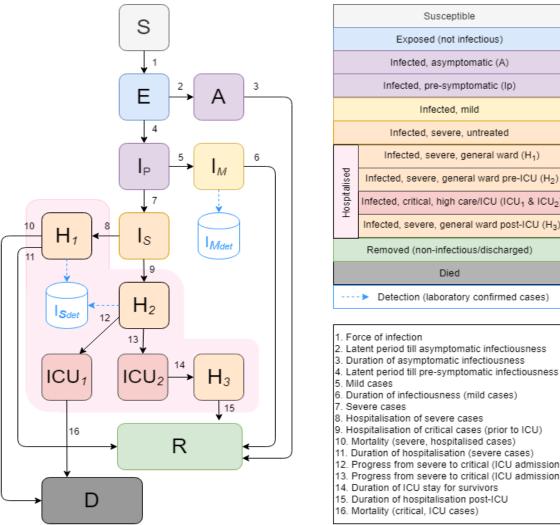
- South African COVID-19 Modelling Consortium
- Uncertainty regarding both the true scale and spatial distribution as a result of PUI criteria and testing coverage
- Models developed by MASHA, SACEMA and HE2RO in conjunction with the NICD
- Extensive and ongoing input from clinicians, virologists, intensivists and epidemiologists to refine key model assumptions and parameters
- Projections will be updated weekly

COVID-19 STATISTICS IN SA



National COVID Models

- National COVID-19 Epi Model
 - Generalised SEIR model
 - Disease severity (asymptomatic, mild, severe, critical)
 - Treatment pathway (outpatients, non-ICU, ICU)
- National COVID-19 Cost Model
 - Inputs from a range of resources to represent the type, number and price of ingredients to cost response
- Inform resource requirements and predict where gaps may arise based on available resources



| | Susceptible | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | Exposed (not infectious) | | | | | | | |
| | Infected, asymptomatic (A) | | | | | | | |
| | Infected, pre-symptomatic (lp) | | | | | | | |
| | Infected, mild | | | | | | | |
| | Infected, severe, untreated | | | | | | | |
| | Infected, severe, general ward (H1) | | | | | | | |
| | Infected, severe, general ward pre-ICU $({\rm H_2})$ | | | | | | | |
| | Infected, critical, high care/ICU (ICU ₁ & ICU ₂) | | | | | | | |
| | Infected, severe, general ward post-ICU $(\mathrm{H_3})$ | | | | | | | |
| | Removed (non-infectious/discharged) | | | | | | | |
| Died | | | | | | | | |
| Detection (laboratory confirmed cases) | | | | | | | | |
| | | | | | | | | |
| orce of infection atent period till asymptomatic infectiousness | | | | | | | | |

Two scenarios

Assumption: Level 4 continues until 31 May followed by social distancing measures

Optimistic scenario

- Lockdown reduced transmissibility by **60%**
- Level 4 from 1 May to 31 May: **35%**
- Social distancing measures after 31 May reduces transmissibility by **20%**

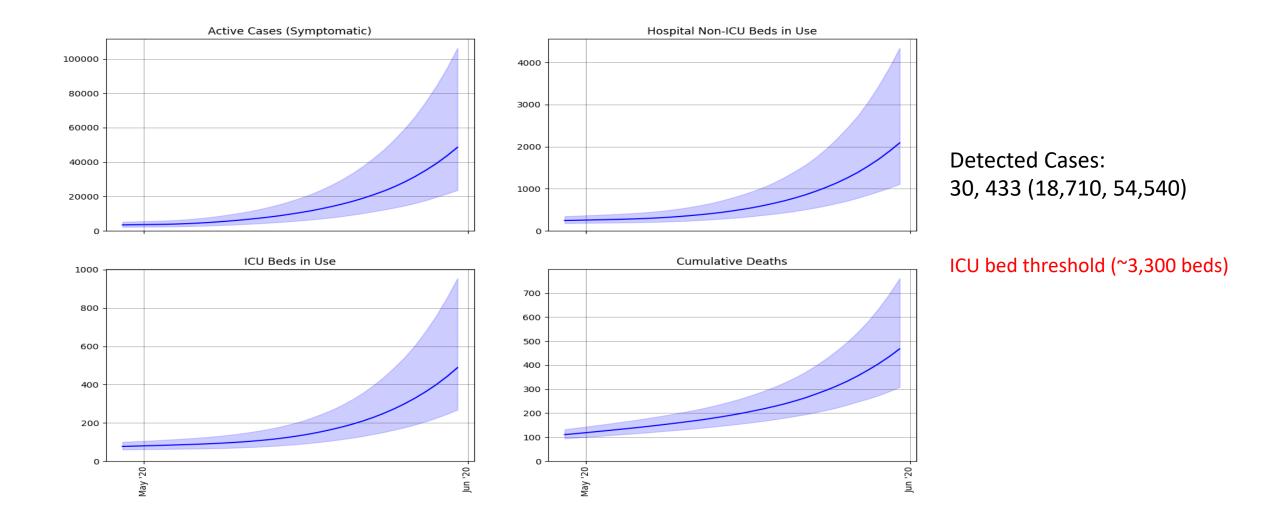
Pessimistic scenario

- Lockdown reduced transmissibility by **40%**
- Level 4 from 1 May to 31 May: **25%**
- Social distancing measures after 31 May reduces transmissibility by **10%**

Projections in Context

- Projections at a population level do not capture clustering of cases
 - E.g. Sharp increases in cases in the Eastern Cape
 - A spatial model with additional granularity is required (forthcoming)
- Models project total need for hospital beds and ICU beds
 - Do not account for stricter criteria to entry and existing capacity
- Population behaviour/response to mortality
 - Lessons from Ebola epidemic (adaptive behaviour to decrease mortality)
- Projections will improve with new data
 - Hospitalisation (public and private)
 - Length of stay
- Short term vs Long term Projections

Short-term projections

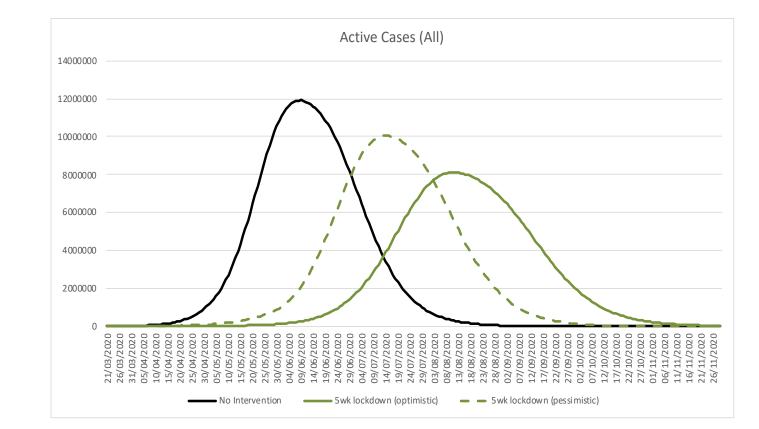


Long-term projections

NATIONAL

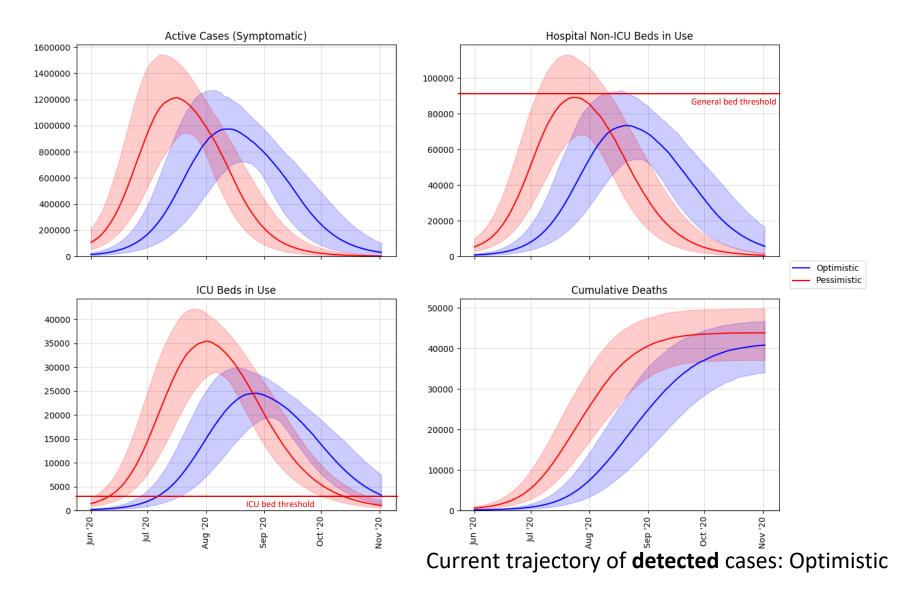
Long-term projections: Impact of lock-down

- Greater uncertainty
- Lockdown has flattened the curve and pushed the peak later

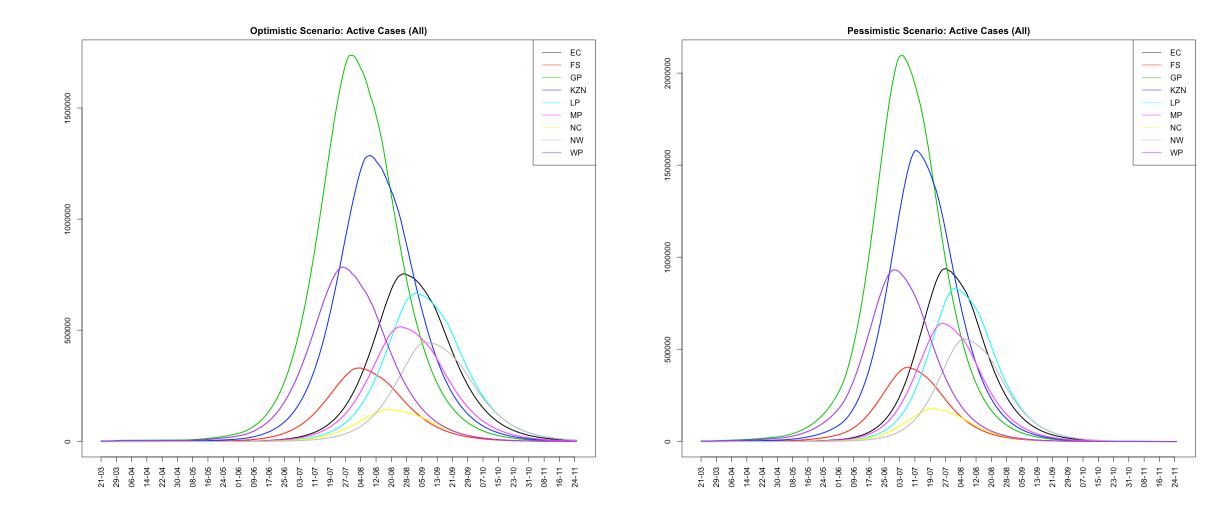


Key Assumption: Asymptomatic proportion of cases: 75%

Long term projections: National

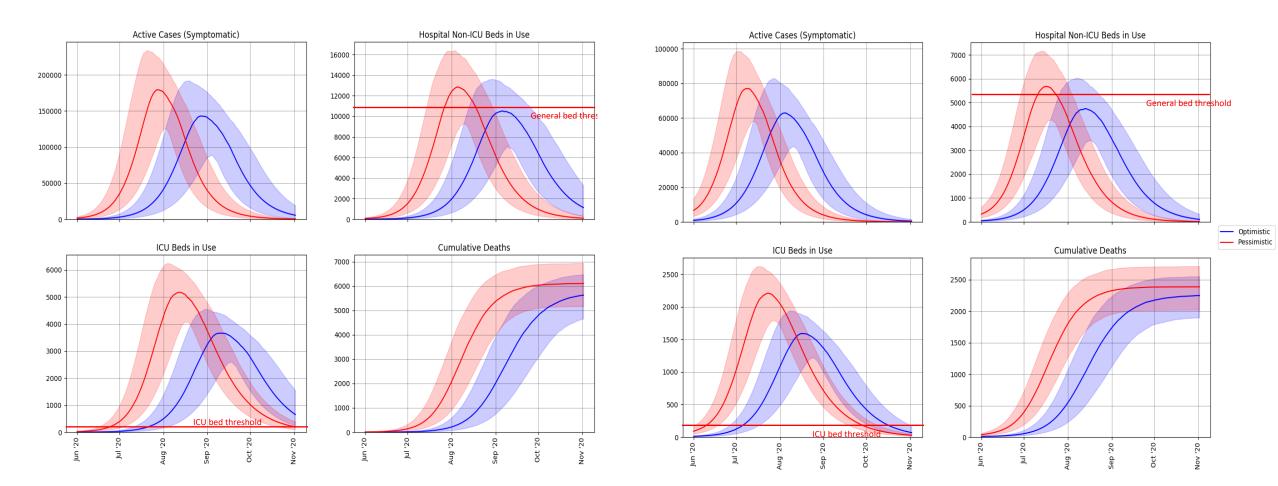


Provincial Projections



Eastern Cape

Free State

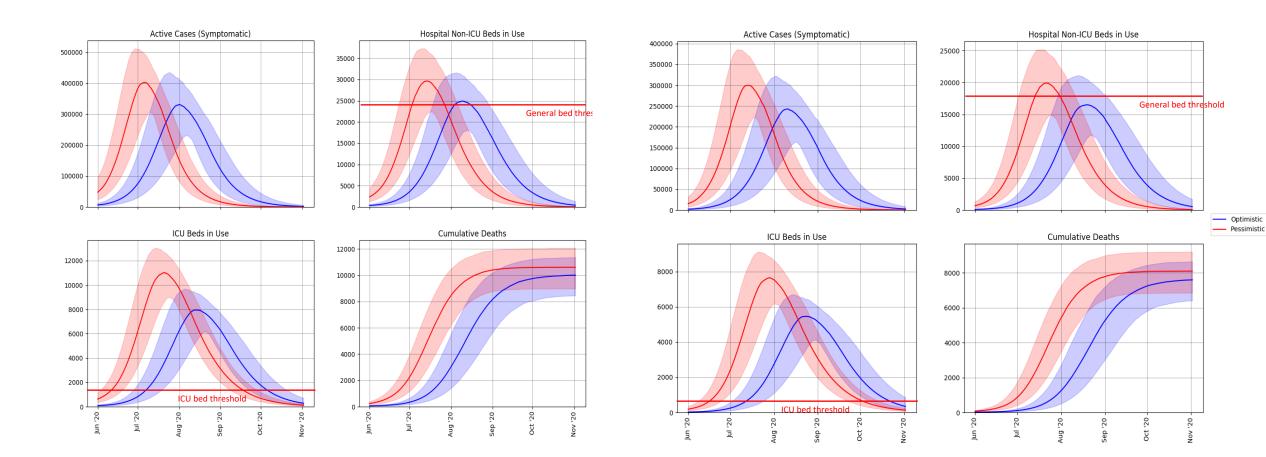


Current trajectory of **detected** cases: Pessimistic

Current trajectory of **detected** cases: Better than optimistic

Gauteng

Kwa-Zulu Natal

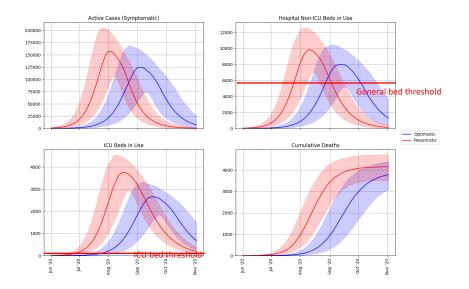


Current trajectory of **detected** cases: Optimistic

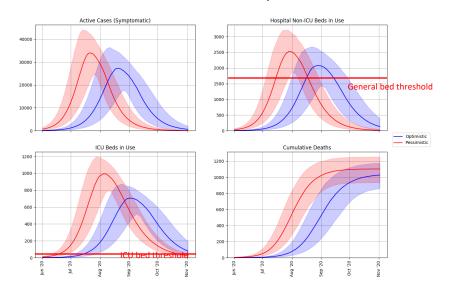
Current trajectory of **detected** cases: Optimistic

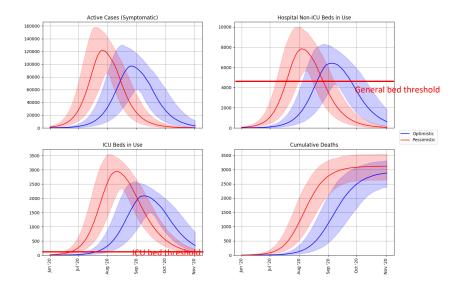


Mpumalanga

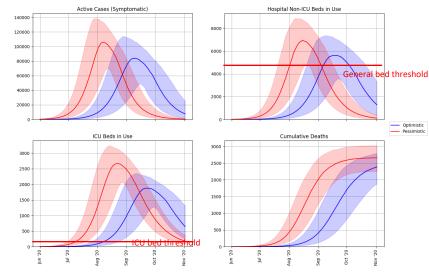


Northern Cape



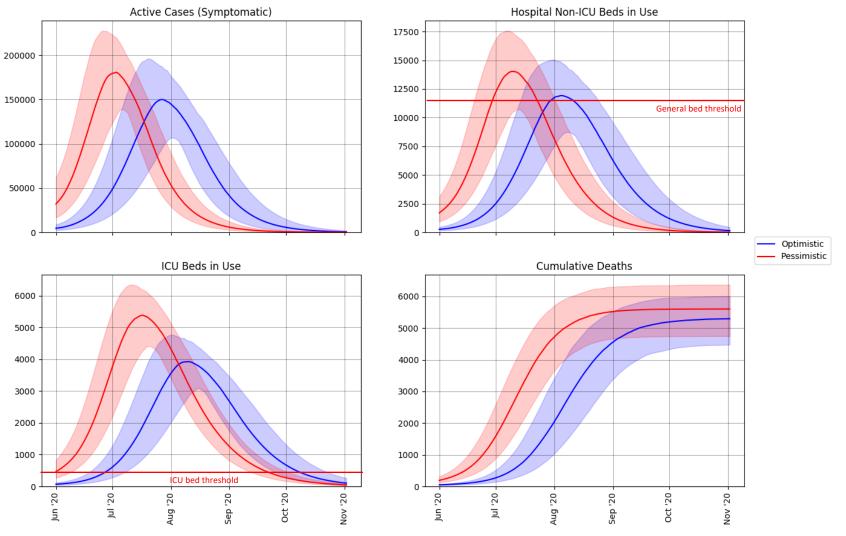


North West



Current trajectory of **detected** cases: Optimistic

Western Cape



Current trajectory of **detected** cases: Pessimistic

Provincial budgets (Optimistic scenario) [mil 2019/20 R]

| | PPE | ICU beds and staff | Ventilators | Testing | 02 | Hospital beds | Drugs | PHC staff | TOTAL |
|-------|-------|-----------------------|-------------|---------|-------|------------------|-------|-----------|--------|
| EC | 700 | 759 | 316 | 167 | 212 | - | 325 | 716 | 3,196 |
| FS | 227 | 334 | 88 | 126 | 110 | _ | 163 | 320 | 1,368 |
| | | | | | | | | | |
| GP | 983 | 1,526 | 295 | 454 | 566 | 1 | 839 | 1,686 | 6,350 |
| KZN | 1,105 | 1,207 | 217 | 396 | 371 | - | 571 | 1,254 | 5,123 |
| LP | 582 | 529 | - | 120 | 141 | 61 | 235 | 625 | 2,293 |
| MP | 318 | 453 | - | 125 | 126 | 31 | 201 | 495 | 1,750 |
| NW | 303 | 157 | 3 | 59 | 45 | 4 | 67 | 138 | 776 |
| NC | 114 | 300 | - | 16 | 89 | 23 | 148 | 404 | 1,094 |
| wc | 496 | 844 | 196 | 162 | 280 | 2 | 407 | 758 | 3,146 |
| TOTAL | 4,828 | 6,110 | 1,115 | 1,626 | 1,940 | 123 | 2,955 | 6,396 | 25,095 |

Provincial budgets (Pessimistic scenario) [mil 2019/20 R]

| | PPE | ICU beds and staff | Ventilators | Testing | 02 | Hospital beds | Drugs | PHC staff | TOTAL |
|-------|-------|-----------------------|-------------|---------|-------|------------------|-------|-----------|--------|
| EC | 700 | 1,266 | 431 | 167 | 318 | 27 | 463 | 797 | 4,169 |
| FS | 227 | 480 | 120 | 126 | 143 | 5 | 206 | 341 | 1,648 |
| GP | 983 | 2,205 | 212 | 454 | 728 | 126 | 1,053 | 1,791 | 7,552 |
| KZN | 1,105 | 1,759 | 338 | 396 | 492 | 15 | 730 | 1,346 | 6,180 |
| LP | 582 | 943 | - | 120 | 230 | 131 | 351 | 714 | 3,071 |
| МР | 318 | 734 | - | 125 | 185 | 87 | 279 | 549 | 2,278 |
| NW | 303 | 241 | - | 59 | 63 | 11 | 90 | 150 | 917 |
| NC | 114 | 611 | - | 16 | 159 | 71 | 241 | 479 | 1,690 |
| wc | 496 | 1,204 | 205 | 162 | 357 | 53 | 508 | 801 | 3,786 |
| TOTAL | 4,828 | 9,443 | 1,306 | 1,626 | 2,674 | 524 | 3,921 | 6,968 | 31,291 |

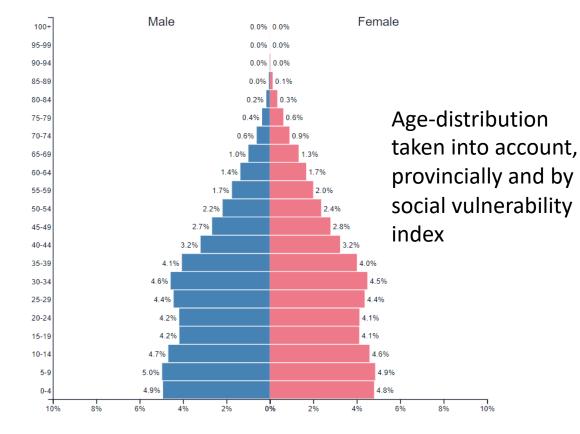
Conclusions

- The initial social distancing and lockdown measures have worked:
 - Epidemic curve has flattened and peak been delayed
 - Extension of lockdown to 5 weeks bought us critical additional time to ramp up community testing and prepare mitigation measures for the oncoming wave
- Peak in active cases likely between early July (pessimistic) and early Aug (optimistic). This will be affected by post-lockdown measures.
- Considerable variation in timing and scale of peaks between Provinces. Variation will be greater between districts and sub-districts.
- Under almost all scenarios hospital and ICU capacity will be exceeded though timing and extent is uncertain. Requires a flexible approach to resource acquisition with initial purchases now and additional orders as more information becomes available

Disease severity with age-specific adjustment for South Africa

| | Severe cases (hospitalized) of confirmed cases | Critical (of severe) | Fatal (of critical) |
|----------|--|-------------------------|------------------------|
| 0 to 9 | 2% | 0% | 0% |
| 10 to 19 | 2% | 0% | 0% |
| 20 to 29 | 10% | 12% | 5% |
| 30 to 39 | 15% | 16% | 5% |
| 40 to 49 | 21% | 19% | 7% |
| 50 to 59 | 25% | 23% | 17% |
| 60 to 69 | 31% | 25% | 28% |
| 70 to 79 | 40% | 30% | 34% |
| 80+ | 47% | 30% | 83% |

Source: Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — CDC COVID-19 Response Team, United States, February 12–March 16, 2020



Of those with symptomatic infection

~96% Mild ~2.8% Severe ~1.2% Critical

Key Model Parameters

| | Parameter | Value*(range) | Sources | | |
|-------------|--|---------------------|-------------------------------|--|--|
| | Proportion of cases that are asymptomatic | 75% | [1], [2], [3] | | |
| Infection | Mild to moderate cases among the symptomatic | (95.64%, 96.78%) | | | |
| severity** | Severe cases among the symptomatic | (2.46%-3.64%) | [5] | | |
| | Critical cases among the symptomatic | (1.16%-1.45%) | | | |
| | Proportion of cases that are fatal | (0.30%, 0.412%) | [4], [5] | | |
| | Time from infection to onset of infectiousness | 4 days (2·0-9·0) | | | |
| | Time from onset of infectiousness to onset of symptoms | 2 days (1·0-4·0) | | | |
| | Duration of infectiousness from onset of symptoms | 5 days | | | |
| Timeframes | Time from onset of mild symptoms to testing | 4 days (2.0-4.0) | [4], [6], [7], [8], [9], [10] | | |
| & treatment | Time from onset of symptoms to hospitalisation | 5 days (4·0–8·0) | with input from analysis of | | |
| durations | Time from onset of symptoms to ICU admission | 9 days (8·0–17·0) | NICD data. | | |
| | Duration of hospital stay | 12 days (7·0–16·0) | | | |
| | Duration from ICU admission to discharge | 18 days (14·0–18·0) | | | |
| | Duration from ICU admission to death | 5 days (4.0-7.0) | | | |

* Parameter values have been selected for use by an expert panel of clinicians on the SA Covid-19 Modelling Consortium. Ranges are informed by sources.

** Accounts for population age structure in South Africa [11].

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