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Media Statement

For Immediate Release

Coronavirus Update: Summary of Inter-Ministerial Press Briefing Civitas Building 9 March 2020

On 9 March 2020 the Inter-Ministerial Committee dealing with all matters pertaining to COVID-19 met in Pretoria to address a number of emerging issues and developments in South Africa and globally. The Ministers present at the Interministerial Committee Meeting were:

The Minister of Health Dr Zweli Mkhize

The Minister of DIRCO Ms Naledi Pandor

The Minister of Home Affairs Dr Aaron Motsoaledi

The Minister of COGTA Dr Nkosazana Dlamini Zuma

The Minister of State Security Ms Ayanda Dlodlo

The Minister of Tourism Ms Mmamoloko Kubayi-Ngubane

The Minister of Rural Development, Agriculture and Land Reform Minister Ms Thokoziwe Didiza

The meeting was followed by press briefing wherein the Minister of Health gave a situational update on the current state of affairs in the country and globally.

It was announced that there were four new patients who have tested COVID-19 positive, bringing the total of confirmed COVID-19 positive patients to 7:

- a 38 year old male who was symptomatic in KZN was the first case to test on 3 March. This patient reported 13 contacts
- A 30 year old female who was symptomatic in Gauteng. 13 contacts reported
- A 38 year old female who was asymptomatic in KZN. 15 contacts reported
- A 38 year old female in KZN who was asymptomatic. 16 contacts reported
- A 38 year old male in KZN who was asymptomatic. 15 contacts reported
- A 45 year old male who was symptomatic in KZN. 12 contacts reported
- A 38 year old male in KZN with mild symptoms. 21 contacts reported.

All of these patients belonged to the group that travelled to the Province of Milan in Italy on a ski trip. There were 10 members of that traveling group and one did not return to South Africa but travelled to the UK. The remaining two travelers are currently under home quarantine and await their test results which should take about 48 hours to be concluded.

All the patients are currently in isolation facilities where they are being treated.

All contacts have been traced and are being tested. All contacts are currently under home based quarantine. These quarantine procedures are benchmarked against world standards for home based quarantine and are being strictly monitored by the contact tracing team.

The Minister of Health will promptly announce any new cases testing positive for COVID-19.

We remain aware of the two patients who tested COVID-19 positive on the Princess Diamond Cruise ship. They are still in Japan. The remaining crew members will remain in Japan until their enforced quarantine period has lapsed and they are cleared of COVID-19. They will be able to travel on their own volition thereafter.

We also remain in contact with the authorities in South Korea regarding the COVID-19 positive patient who was traveling back to South Africa from the city of Daegu. He will remain in South Korea until he is cleared of COVID-19 before he may be permitted to return to South Africa

The Difference Between Isolation and Quarantine

Isolation refers to the isolation and confinement of COVID-19 positive individuals and this happens at one of the designated isolation facilities in South Africa.

According to the World Health Organisation Quarantine Guidelines of 2020 “Quarantine implies the use or creation of appropriate facilities in which persons are separated from the community while being attended to...possible settings include “holiday facilities, dormitory or military facilities, amongst others, while home based quarantine may be the only feasible option...”

In the setting of quarantine, the people being attended to are well but have had exposure to COVID-19. They are therefore quarantined to allow the incubation period to pass and wait for the test results when they are conducted.

Screening at Ports of Entry

The process of screening at the Ports of Entry continues to be intensified and escalated. As we are now highly vigilant that the virus may come from any territory we now regard all ports of entry as high risk areas.

- Port Health, a division of the Department of Health, is the division responsible for the functions of monitoring and screening at all ports of entry. All Ports of entry have staff and facilities managed by Port Health
- At the air ports of entry screening begins on board with questionnaires being completed by all arriving passengers
- Port health officials collect those questionnaires and conduct the first round of screening on board the aircraft. They inspect every patient for any sign of illness and conduct temperature screening with thermal scanners. Any patient exhibiting symptoms, recording an elevated temperature or reporting close contact with a confirmed COVID-19 case is immediately removed from the aircraft for further assessment at the Port Health Facility in the airport

- The rest of the passengers are then allowed to disembark and they pass through a second round of scanning either by hand held thermometers or by a distal thermal scanner. Often this second round can go unnoticed if it is a distal scanner but South Africans must be assured it is not possible to pass without being detected by these scanners.
- Any patient found to exhibit symptoms or elevated temperature is also guided towards the facility for further assessment by Port Health officials
- At the ground and sea ports of entry all travelers are similarly screened by questionnaires and thermal scanners. Similarly there are facilities to further manage any individuals who appear unwell or report red flags
- disciplinary measures are taken against any officials who are found to be in derelict of duty
- Staff are provided with the appropriate personal protection required for the work they are doing.

Repatriation of Citizens from Wuhan

The Government responded to a call from citizens living under lockdown conditions in Wuhan to be repatriated. Many of these citizens are students who have completed their studies in Wuhan but found themselves under lockdown conditions. Due to the fact that Wuhan was the epicenter of the COVID-19 outbreak, the exposure for these citizens has been significant. It is for this reason that the repatriation process has to be carried out in three phases; namely evacuation, quarantine and reunification; to ensure that there is no risk of further spread of COVID-19 from this particular process.

The Minister has updated that the plans for this process are on track. South Africans will be informed of all the details of this process once all of the administrative and statutory work has been concluded. This was a cabinet decision and the directive was issued from the commander in Chief, President Cyril Ramaphosa. It is therefore a matter that is receiving the highest level of attention, urgency and prudence

Other Travellers from China

Travellers from China that are not from Wuhan or Hubei province come from areas that have a far lower risk of acquiring COVID-19 than Wuhan City or Hubei province. The World Health Organisation has maintained that there is no restriction with travel or trade with China since the outbreak. Be that as it may no-one is allowed to purchase a ticket to leave China without having undergone a screening process to ensure there is no risk of a traveller leaving China who may have come into contact with the virus. We remain satisfied with the processes in place to screen travelers when they leave China and to screen them when they arrive in South Africa. These travelers do not need to be placed under quarantine when they return to South Africa and no-one should be pressurized to self quarantine when they return home.

COVID-19: The Natural History of the Virus and epidemiology

COVID-19 is a virus that causes respiratory disease. It is spread by droplets either in the air or on contact with surfaces with infected droplets. The incubation period, that is the period from the time one acquired the virus to the time they exhibit symptoms, can be up to 14 days. Once the patient becomes symptomatic they can shed the virus through secretions such as saliva, mucous, droplets, tears and sweat. Symptoms can vary from mild flu like symptoms with upper respiratory manifestations such as fever, body aches, runny nose, sneezing, dry cough to more severe disease like pneumonia or lower respiratory tract infection.

Severe disease can manifest as shortness of breath, severe dehydration, weakness and fever. Critical cases may require ventilation and ICU support. 80% of people have mild, self limiting disease. This means they will have mild flu-like symptoms which the body will fight itself and eventually rid itself of the virus. 20 percent of patients have more severe disease and most of them will need hospitalization for oxygen and to treat their symptoms and any other bacterial co-infection that may arise. 5% of patients will need ICU. The mortality rate is 2-4% (depending on the kind of statistics one is looking at).

There was a case that was reported to have only presented with diarrhea and the virus was isolated from the stool.

The virus has not mutated since it was first isolated in humans.

There is currently no anti-viral and no vaccine.

It is for this reason that good daily hygiene and vigilance remains the cornerstone of the spread of the virus: frequent hand-washing, avoiding someone who has symptoms, coughing into a tissue or cloth and immediately discarding that barrier. Cough into your arm rather than your hand if there is no other way of blocking the secretions. Be aware of the surfaces you come into contact with and avoid touching your face. Be aware of high risk areas and delay or avoid travel to those areas if possible.

Group activities, places of learning and the workspace

The Inter- ministerial task team is acutely aware of the concerns that have been raised around activities and places that require the congregation of groups of people.

We are aware of all the major religious, business, political and civilian activities that are on the itinerary for the year. We are also aware that there are school groups, sports groups and cultural touring groups that had planned trips abroad and are now concerned about the global state of affairs.

Decisions to put restrictions on the movement and gathering of people is one that cannot be taken lightly. It will require extensive consultation, on an urgent basis, to ensure that safety of citizens is placed at the forefront of deliberations whilst we weigh up the consequences of such measures. As such, we are not yet at a stage to make major announcements on any types of restriction or travel bans, however South Africans must be assured that the matters are currently being deliberated and will require a cabinet decision.

We reiterate that the safety of our citizens remains sacrosanct.

Fake News and Communications

It will never be possible for government to refute and comment on every bit of fake news that emerges, particularly on social media platforms such as whatsapp and twitter.

The only citizen authorized to announce on COVID-19 positive cases is the Minister of Health.

There are three reliable sources of information:

The Department of Health. The Hotline number is 0800 029 999

The NICD. The same Hotline number may be used

The World Health Organisation through their digital platforms, conferences, training and social engagements.

We would like to thank the media for their partnership with government and its communicators and wish to reassure that government remains committed to transparency and factual communication. We continue to call for restraint and prudence on social media and for members of the public to desist from advancing or spreading fake news.

South Africans are encouraged to be supportive to people affected by COVID-19 and not discriminate against travelers or those who are under quarantine or isolation. South Africa is a nation that values social cohesion therefore stigmatization should not be propagated.

-ENDS-

For Further Information

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