

# #OnTheFrontLine with the Abdool Karims

 By [Nicci Botha](#)

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#OnTheFrontLine offers a behind-the-scenes glimpse into the lives of the healthcare warriors tackling Covid-19 head on. As the chair of the ministerial advisory committee on the virus, Professor Salim Abdool Karim leapt into the country's consciousness one Monday evening in April with his clear, understandable analysis of the state of pandemic in South Africa. He and his wife, Quarraisha, another of the country's most eminent epidemiologists, are translating their vast knowledge and learnings from years of HIV/Aids research into guiding the fight against the virus.



Professors Quarraisha and Salim Abdool Karim

One of the first things the couple made very clear in a recent webinar is that there is no way of stopping the virus from spreading, and we have to find a way to live with this virus. “We have to find a way to accept that this virus poses a threat to us, and go on with our lives every day, while doing everything we can to minimise that threat. That is how we need to think about our lives going forward,” says Salim, or Slim as he is popularly known. The nickname (Afrikaans for clever) is one he picked up in school because of the similarity to his name.

He adds that studying viruses is their job and it is their responsibility to make whatever knowledge they have available.

“So we do quite a lot of Q&As because we believe that if you empower people with facts, then the fake news will just fade into the background. And ignorance and over reaction become less of an issue. People then know the threat, they know the problem and the know what to expect. Because we are in this field, we can tell where things are.

“We find that people often just need that little clarity. That little clarity changes the amount of stress they are under or the way in which they are looking at the problem. With a clearer understanding they are able to function better and relax. In some small way we are happy to make that contribution,” Slim says.

The couple has been married for 32 years, and most of that time they have spent working together on HIV. Quaarisha says that as epidemiologists they are like fire fighters. “We run towards the fire not away from it.

“We’ve had three children in the midst of all that, who are all now grown up. One works for Bhekisisa Centre for Health Journalism, one’s a lawyer and one’s an IT student.”

She says she often wonders why none of the children are in the scientific field “because most of their lives they have been exposed to a lot of science and a lot of what we do because we don’t really separate work from home, it’s one continuous thing. It’s really a privilege to us to be able to contribute this way to the public”.

“ *There’s no question that we flattened the curve* ”

They explain that unlike countries such as US, Italy and the UK which have rapidly spreading epidemics, South Africa took a turn on 26 March, the date of lockdown.

Prior to that date, the epidemic was doubling in South Africa every two days, since then, the epidemic is doubling about every 15 days.

“So there is no question that we have flattened the curve. The rate at which we are growing the epidemic has slowed to a significant extent. We are now in a similar situation to countries which are doing perhaps the best in the work. Countries like South Korea, Singapore and New Zealand. So you can see we are in the company of those who are doing well,” Slim says.

He went on to explain that the way the number of daily cases is analysed has had to change since 7 April, when the method of collecting data changed from passive (patients presenting themselves at healthcare facilities for testing) to active (the team of 30,000 health workers going door-to-door screening households).

“You might recall I talked (in the television broadcast) about having cut off levels between 45 and 89. Those numbers would only apply if we did not change drastically the number of tests we run or who we were testing.

“The situation now is very different. So we need a different approach that is scientifically sound.

“We have now screened just over six-million people and when they find somebody with symptoms they refer them for testing. Obviously when you bring in a new kind of testing, the cases must increase. The number of tests we are doing in the community is increasing rapidly. The more you test the more cases you will find. So you can’t just measure the number of cases anymore,” he says.

He points out that the more accurate measure now is the percentage of tests that are positive.

“In a healthcare setting we remain in a narrow range of between 2.7% and 3.5%. So we are seeing little if any difference of those that are testing positive over the last five weeks. That tells us that in our healthcare settings the epidemic is pretty stable.

“In community setting the number of tests have steadily increased, and if you look at the percentage of those testing positive, it is between 2.7% and 3.8% in the last four weeks.

“This tells us that we have a pretty low level of transmission within our communities. That means the level of transmission in our communities remains at a controllable level,” he says.

Quarraisha says South Africa is unique in its comorbidities of HIV and TB, whereas many of the countries with severe Covid-19 epidemics they have had much smaller HIV and/ or TB epidemics.

“In South Africa we have to understand better the co-infection of HIV. If you’re not on ARVs and you are not virally suppressed, and then you get SARS-CoV2, what will the outcome be? This is really an opportunity for us to collaborate in that space and to generate the data and more evidence-based decision making. As Slim said we have to learn to live with the virus. We can’t go back to a pre-March 6 world, that is a bygone era,” she says.

“ *At some point we will see an inflection* ”

Of course, now that lockdown has come to an end, the Abdool Karims say the number of cases will begin to rise and there will be many more outbreaks.

“We are going to see flames everywhere. That is just how this virus continues to spread. The key thing is not to get worked up about it. We know it is coming we can put into place factors of mitigation. It is coming no matter what we do.

“We are going to see a slow and steady increase, and then at some point there will be an inflection, where we will see a rapid rise in the number of cases, we should expect that there will be action taken to try and flatten the curve again,” Slim says.

He says that by his back-of-the-envelope calculation the inflection should hit around July, while the mathematicians are saying the peak will be end of August or September.

“That means that we have got the next two to three months to get back into our lives, back to our job, back to school. We can then expect when viral transmission starts occurring rapidly that the alert levels will start going back up again and the situation we have just come out of, may be one of the situations that may occur again. But in the pathway to that, we will see lots of outbreaks.

“If we over react I think we will find ourselves continually on the back foot. When we find these flames, we send in the teams to try to do their best to douse it and keep it under control so it doesn’t become a raging fire.

“That’s our overall strategy. Flatten the curve, douse the flames, flatten the curve, douse the flames. That approach seems to have worked very well in several countries and that is what we are following,” he says.

ABOUT NICCI BOTHA

Nicci Botha has been wordsmithing for more than 20 years, covering just about every subject under the sun and then some. She's strung together words on sustainable development, maritime matters, mining, marketing, medical, lifestyle... and that elixir of life - chocolate. Nicci has worked for local and international media houses including Primedia, Caxton, Lloyd's and Reuters. Her new passion is digital media.

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