



COVID-19 – CMEFS WEEKLY NEWSLETTER

FRIDAY 12-06-2020

Hello. I do hope that this week's edition of our newsletter finds you and your family as well as can be.

COVID-19

I was chatting to someone today about just how we (the world, not just SA) are going to get on top of this Covid-19 thing, when she reminded me of the fact that as of 8th June 2020, New Zealand had no active cases of Covid-19.

I have just checked on Google for an update on this situation and it seems that as of today this is still very much the status quo.

How did they manage to do this?

Well, outside of the obvious things which we are all doing "as one" world-wide, washing hands, personal distancing, wearing masks, tracker apps, etc., they have a significant advantage from a demographic point of view.

A quick comparison between New Zealand and New York City, which has been much in the news of late, highlights this major difference.

Detail	New Zealand	New York
Total population (Approx)	5 000 000	8 300 000
Population density	46 people per square mile	27 000 people per square mile

As can be seen from the above, the population density of New York is way more virus friendly than that of New Zealand, and I do not doubt that the much smaller population along with the much lower population density made it much easier for New Zealand to contain the spread of virus than it would have been for New Yorkers.

This being said, and even assuming that New Zealand is 100% free of the virus, it is still not ‘free’ of the virus from all other perspectives in that until “the world” is free of the virus, or until a cure or vaccine is found, everything they do will be constrained by what is happening in these other parts of the world.

And then we have, within the first week of “back-to-school” here in South Africa, a good number of schools closing down as a result of either the teachers, learners, or both, having become infected with the virus.

And it could happen again after they come back after 14 (or so) days in self-quarantine.

And then again and again.

How on earth are we going to be able to prepare all learners equally for the year-end exams so they can move up to the next grade on this “stop-start” basis?

And then, of course, the very big question, “Are we putting our children at risk by sending them back to school” as up until now, it has been widely believed that other than the possible very rare exception, children are virtually immune from the disease, even though they can still be carriers of the virus.

Well, apparently not so. (Emphasis my own)

A report posted on the 8th June talks of a test developed by experts in Birmingham offering evidence confirming COVID-19 to be the *cause* of a *newly emerged* multi-system inflammatory syndrome in children, who have tested negative for the virus by the PCR test.

This raises the possibility that children who may have had the virus in their system, even if they haven’t been unwell, could be at risk of developing this new condition.

Reports have emerged in recent weeks of the COVID-19 pandemic of children presenting with symptoms similar to those seen in Kawasaki disease; a rare condition, usually seen in under-fives, that causes a persistently high temperature, rashes and inflammation of the blood vessels.

This new condition has recently been termed Paediatric Inflammatory Multi-System Syndrome - Temporally associated with SARS-CoV-2 (PIMS-TS) and to date has affected around 100 children in the UK with further reports of cases across Europe and the United States.

This latest research demonstrates the value of an antibody test, developed by a team at the University of Birmingham, to confirm the diagnosis of children hospitalised with symptoms consistent with PIMS-TS.

All of the children tested negative for the SARS-CoV-2 virus by PCR.

This research was the product of a collaboration between the University of Birmingham, Birmingham Women's and Children's NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust, the University of Southampton and The Binding Site Group Ltd, and was supported by the NIHR Birmingham Biomedical Research Centre.

The blood test, which demonstrates the presence of different types of antibodies to the virus, showed that **every** child had high levels of anti-SARS-CoV-2 antibodies. The pattern of antibodies indicated that the infection most likely occurred ***weeks or even months*** previously.

End of report.

This is scary and worrisome stuff as it seems now that children should NOT be exposed to the virus given the possibility that either weeks, months (or even years?) later they could present with the syndrome spoken of above, and although no children have as yet died, some have needed intensive care after presenting with the syndrome.

And of course, this is not confined to the UK. As mentioned, countries all over the world are reporting the same phenomenon with children.

So, should we be sending our children back to school just yet?

Based on the above, my guess would be, um...no.

I am now at a point in my thinking where it may well be that we have vastly over-estimated our scientific capabilities and abilities as humans, and, equally as vastly, underestimated just how difficult it is going to be to beat this virus, as until a cure or vaccine is found, we are pretty much at its mercy.

We read about job losses and business closures, but do we fully comprehend what this means until we lose our jobs, and with it the means with which to house, clothe and feed ourselves and our families? My guess is, no. As I read sometime back, a recession is what happens when your neighbour loses his job. A depression is what happens when you lose yours.

I think we are already talking close to 1 million jobs being lost in the next few months in SA alone – and I believe that number to be optimistic.

These 1 million people, and their families, will still need food, clothing, and shelter. The loss of a job is not going to take this very real need away.

In so far as a vaccine is concerned, let's imagine one arrives on the scene tomorrow. Let's further imagine that an infinite quantity of this vaccine could be produced and distributed worldwide the very next day. What then? Keep in mind that we are not talking about vaccinating a few thousand or a few million people, but a few ***billion*** people.

Are we happy to do this ***without having any idea whatsoever*** about its medium or long term side effects? What if it turns out that the vaccine is just what the virus needed over the medium to long term to mutate into something even more deadly?

This is why vaccines take so long to come to the market. They have to be trialed thoroughly and sufficient time *must* be allowed to elapse to monitor for any unwanted or unexpected side effects.

We simply do not know what we do now know, as has now been found with children who have been exposed to the virus, been asymptomatic, and then either weeks or months later finding themselves in intensive care suffering from Paediatric Inflammatory Multi-System Syndrome.

It is interesting to me that these same children, in effect, have been ‘self-vaccinated’ against the virus in that the test for this syndrome is to see if they have had high levels of anti-SARS-CoV-2 antibodies, the very thing that being vaccinated against the virus will introduce into our system so that we, too, can carry these antibodies against the virus.

I don’t have a clue as to whether there is a difference between an actual vaccination and having become infected with the virus and thereafter carrying these anti-bodies, as I am neither a virologist nor an epidemiologist. But it does give me pause for thought.

Further to the above, the World Health Organisation (WHO) has issued a statement saying that there is no evidence that once having become infected with the virus one cannot become infected again.

And so it goes. Oh, joy!

It seems the more we find out about the virus, the less we know, and that worries me.

To me, right now, it seems our only hope of finding a workable and SAFE *short-term* solution to the problem is to “re-discover” and EXISTING drug that has been around for YEARS (thus its long term side effects are well documented) that ALSO has the effect of knocking the virus out in at least 90% of the cases that require hospitalisation.

Other than that, we need to either “take our chances” when a NEW drug or vaccine arrives on the scene and simply “hope for the best”, OR, we need to accept that this virus, along with all of the problems associated with it, both personal and economic, is going to be with us for a very long time to come.

To end this week's Corona discussion, I have just glanced at the Worldometer stats on Coronavirus cases and right now, we have 7, 653, 802 diagnosed cases worldwide, including recovered cases. This might sound like a lot, but against a world population of around 7.8 billion people, it represents a mere 0.1% of the world’s population, so our building a “herd-immunity” is certainly not going to happen anytime soon.

It looks like we may well be in for the proverbial “very long haul”. Hope not!

That’s all for now and I trust you enjoyed the read.

Nine sends love and thoughts to all, as always.

Until next time then, from all of us at CMEFS, do take good care of yourselves. Kind regards. Charles.

Name	Division	Cell Number	Detail
Alicia	Wealth	063 434 8074	Learner. Servicing attaching to the following classes of business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Andrew	Wealth	063 321 7399	Intern. New business and servicing. Medical Aids & GAP Cover. In the process of migrating across to the Wealth Division.
Andrisha	Wealth	063 378 1473	Representative. New business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Bernelee	Tax	078 708 4536	Administrator providing admin support to Geraldine and understudy to Geraldine.
Brady	Wealth	071 843 3933	Representative. New business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Felicia	Risk	071 880 9576	Learner. Servicing attaching to Short-Term insurance, assisting Stella. Starting to obtain some exposure to Medical Aids, GAP Cover and Life Insurance.
Geraldine	Tax	083 754 1699	Head of tax division.
Jamie	Wealth	071 850 1389	Learner. Core responsibility being to produce and send out the monthly investment statements and to handle any queries connected to them. Satellite responsibility to assist where possible in the Wealth Division.
Luh	Bookkeeping	063 102 3313	Head of Bookkeeping Division. Professional Accountant (SA) SAIPA 30345
Nadean	Tax	063 026 1351	Intern. Administrator providing admin support to Bernelee and understudy to Bernelee.
Siso	Risk	060 376 6605	Learner. Starting to obtain some exposure to Short-Term insurance Medical Aids, GAP Cover and Life Insurance.
Stella	Risk	078 784 6462	Head of Short-Term Insurance Division.
Terisha	Books	071 858 3373	Intern. Bookkeeping Division. Data Capture and other functions relating to the bookkeeping Division.
Thabo	Risk	078 004 3864	Learner. Starting to obtain some exposure to Short-Term insurance Medical Aids, GAP Cover and Life Insurance.