



COVID-19 – CMEFS WEEKLY NEWSLETTER

FRIDAY 31-07-2020

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

COVID-19

This week, I share some edited newspaper headlines and extracts published over the last week or two, along with some of my own comments *[in italics in brackets]*

Immunity in doubt after virus reinfection

[This was the attention-grabbing headline and I do not doubt that it created in the minds of many an even greater fear of the virus]

If you have recovered from the Covid-19 virus, you still have to take proper precautions because you could be re-infected, as was the case for a Durban woman recently.

[If you read through to the end of the news article (how many do?) you will see that there is some/much doubt around the whole re-infection issue, and yet the sentence almost appears as a statement of fact but for the word "could"]

Durban-based general practitioner Dr. Yvan Maharaj confirmed that one of his patients had again tested positive for the virus three months after recovering from the first bout.

Maharaj warned that immunity was not guaranteed after a person was infected with the virus.

Please don't take it for granted," he warned.

[Again read through to the end]

Maharaj said he contacted the National Institute of Communicable Diseases (NICD) and their experts were monitoring the case.

The NICD's Professor Cheryl Cohen said there had been several *[but clearly not many]* reports of patients re-infected with the virus from different countries.

However, each case needed to be investigated on its own merits.

“Each case should be investigated to establish whether it is a true case of re-infection or perhaps an incidence of variable viral shedding.

*[Wikipedia. **Viral shedding** refers to the expulsion and release of virus progeny following successful reproduction during a host-cell infection. Once replication has been completed and the host cell is exhausted of all resources in making viral progeny, the viruses may begin to leave the cell by several methods.]*

*[**Variable** viral shedding refers to the time period over which these virus progeny are released, which could be different periods for different persons depending on the specifics of the case]*

It is at this stage unclear to what extent reinfection with SarsCov2 (the virus that causes Covid-19) can occur Cohen added.

[Therefore if one reads past the headline it is clear that it is not clear whether what are reported as re-infections are in fact re-infections as opposed to some other phenomenon associated with the virus.

Further to this, there is a growing body of evidence (I will talk about this next week) that it might be possible to build what is known as “herd immunity” provided a sufficiently large portion of a country’s population is exposed to the virus and recover from it.

Keep in mind that many many years of past exposure to the common flu virus means that it is no longer the killer disease that it was when it first made its appearance.

*By way of an example, many Native American Indian tribes were wiped out almost if not **entirely** when they first became exposed to the common flu virus, small-pox and measles, as their immune systems had had no previous exposure to these viruses.*

It is estimated that 95% of the indigenous populations were wiped out, believed at that time to be around 8 million lives – and we think we have got problems with Covid-19!

This could be seen as a strong argument to allow maximum exposure to the virus in order to continue to strengthen our immune systems rather than find ourselves 100 years from now in the same position as those unfortunate native American Indians.]

RISING TREND IN NATURAL DEATHS, STUDY REVEALS

The South African Medical Research Council (SMARC) has observed a concerning trend of excess natural deaths sharply increasing and going against historical trends.

[Excess natural deaths are simply the number of people dying in any given month of natural causes as compared to the average number that have died of these natural causes over the previous number of years. So if on average, one expected 100 000 natural deaths in July, and the figure came in at 120 000, the excess natural deaths would be 20 000 and would indicate that something else was afoot causing this anomaly.]

The council released the report of its weekly deaths, which aims to analyse trends in the country's reported deaths, on Wednesday.

What was observed in the past week of July was excess natural deaths increasing by **59%** across the country. These increases go against historical expected trends, but most notably there is a **considerable gap** between reported Covid-19 related deaths and deaths from natural causes.

In perspective, the country recorded excess natural deaths of 17 090 between May 6 and July 14. Confirmed Covid-19 related deaths stood at 4 346 on July 14.

[That is to say, assuming those who died as a result of Covid-19 related causes would not otherwise have died had they not become infected with the virus, then the "unaccounted for" excess deaths would total $17\ 090 - 4\ 346 = 12\ 744$.

*Now even doubling the number of confirmed Covid-19 related deaths to 8 692 (which my gut tells me would be an **over-provision**) to provide for all of those "unreported" Covid-19 deaths, we are still left with an excess natural death rate number of $17\ 090 - 8\ 692 = 8\ 398$.*

*What this tells us is that **non-Covid-19 related deaths** have increased by 8 692 above the average number of deaths normally reported over the period measured.*

These non-Covid-19 related deaths are in all likelihood (in my mind) attributable to a variety of Covid-19 related issues such as the lockdown(resulting in Starvation, Malnutrition, Loneliness, etc) and the fear of being exposed to the virus when visiting clinics, hospitals, and doctors surgeries, and thus putting off these necessary visits.

*If one then goes even further and uses the "net" excess death rate due to Covid-19 (that is after bringing these additional excess deaths due to natural causes to account, one ends up with a net Covid-19 excess death count of $8\ 692 - 8\ 398 = 294$, **a net figure that I'm guessing would be decidedly lower than those dying from seasonal flu over the exact same period.***

Now if you were running a country and had to decide as to whether you were going to shut down an economy or not for a net excess death rate of 294, would you do so?

My guess is your answer would be "definitely not".

And yet this is what we are doing on an almost global scale.

And this, to my mind, is where true leadership comes in.

Epidemiologists, for example, would be entirely focused on one thing and one thing only, that being either preventing or containing the spread of the virus.

They WILL NOT be looking at the bigger picture.

It is the job of the leader to consult with these various specialists (that is to say those of very narrow, but specialist, vision) in their respective fields and then to make decisions based on the BIG picture and not based on the advice of any one or more of these specialists, or for that matter community of specialists such as scientists, bakers and candlestick makers.

How often have we now heard, “our decisions must be based on science.” I disagree. It must be based on the BIG picture. Science can only ever have a very narrow view on any issue. What is the sense in saving 1 000 lives at the cost of another 1 000 along the way, which is effectively what is happening now in SA (at best) along with completely destroying an already fragile economy?

In saying this I am NOT saying we should just adopt a “laissez-faire “ approach to the whole thing. No. Isolate those most vulnerable, we know who they are, and thereafter take every sensible precaution to slow down (not necessarily stop) the spread of the virus so as to not overwhelm our hospitals, and let the virus run its course. In this way, we will create herd immunity to the virus going forward, as well as strengthen our immune systems to make us less vulnerable to other similar viruses that will manifest in the future.

I do not doubt that such a course of action would not be very popular, but it is not the job of a leader to take the “populist” route in order to gain brownie points in the eyes of a usually very misinformed public – given that they will not have the same access to the specialists that the leader will have. To take the populist route is to simply “cop-out” from the responsibilities of your job for the sake of being seen as Mr/s. Nice Guy.

Wow, I see I am now already on my fourth page, which I did not intend, so I had better bring this week’s Newsletter to an end now for fear of spilling over into yet another page.

To summarise, when we were still working out of our offices, at one of the Monday morning meetings I remember remarking that it is highly likely that when looked back on, it will be observed that the Covid-19 pandemic was very badly managed, mainly due to a vacuum of true leadership globally with everyone (with a few notable exceptions) opting the “follow-my-leader” (scientific) approach rather than an individual country-specific big picture approach.

Time will tell whether I must have been smoking something at the time, or whether there was any substance in that statement.

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.