

How deadly is Covid-19?

By [GroundUp](#) and [Spotlight staff](#)

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The official Covid-19 death toll is now over 450,000, but this is a considerable underestimate. An ongoing *Financial Times* [analysis](#) shows that excess deaths in many European countries far exceed their Covid-19 official death tolls.



Image source: Getty/Gallo

Official death figures from many, perhaps most, countries, such as [Russia](#), are not even in the ballpark. Only conspiracy theorists can at this point compare Covid-19 to seasonal flu. Here is a [useful analysis](#) in *Nature* of the risk of dying if infected by SARS-CoV-2. There is still great uncertainty. It also differs substantially by geography, influenced by age and health of the population, quality of the health system and whether hospitals get overrun. A rough estimate is that the overall risk of dying if infected, including asymptomatic cases, is 0.5 to 2%. There's also [considerable morbidity](#) for many people who don't die of the disease.

A [model in *The Lancet*](#) estimates global, regional and national numbers of people at risk of severe Covid-19 because of underlying health risks. The authors estimate that 1.7-billion people (22% of the world population) have at least one condition putting them at increased risk of severe Covid-19. It estimates that 349-million people are at severe risk of hospital admission if infected.

So how is South Africa doing?

We are still in the early stages of our epidemic. The [weekly MRC mortality report](#) is helping us understand the effect of both the lockdown and the epidemic. It now includes data up to 9 June but the writers of the report have placed a big warning at the top of it:

“The Department of Home Affairs is facing sporadic temporary office closures, particularly in areas that are more affected by Covid-19. This may affect our allocation of a death to a metro area. For example, a death that occurred in the City of Cape Town might have been registered at an office outside of the City because of the temporary closure. Closure may also cause a delay in the processing of the death registration which would result in an underestimate of the deaths in the most recent week.”

Despite this we learn the following from the latest report:

- Overall mortality in the country remains at or slightly below historical levels.
- The drop in unnatural deaths (homicides, vehicle collisions etc) that we saw during lockdown is a thing of the past. Unnatural deaths have shot up to usual levels the past couple of weeks.
- In Cape Town and Port Elizabeth natural deaths are exceeding what would be expected. This can only be explained by the rise in Covid-19 deaths (or pressure from Covid-19 reducing access to care for other diseases).

The Western Cape government has published data on factors associated with Covid-19 deaths. A worry has been whether TB or HIV increases the risk of dying of Covid-19. The answer seems to be yes, but not nearly as much as diabetes or old age. There's an [excellent summary](#) of this data on HIV i-Base.

Doctors we've spoken to have stressed that they are seeing many obese people in their wards often with poor outcomes. Unfortunately there is not yet any published South African data on this.

Beyond the statistics this is a [poignant description](#) in the *New England Journal of Medicine* of the unique difficulties patients, doctors and families face because of Covid-19. In AIM a doctor [describes her experience facing death](#).

And this [dispatch](#) by UK doctor Rachel Clarke is a devastating portrayal of the death of a patient as well as an indictment of her government.

This article is a excerpt from GroundUp's Covid-19 Report 7. To read the full article, click [here](#).

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