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COVID-19 news from SAMED, Government and Abroad.

SAMED & SALDA IN THE SPOTLIGHT

SAMED and SALDA issued a joint press release on COVID-19 testing types and the application for these different test types. Sarah Cohen, Executive Officer of SALDA, was elected as the spokesperson on the topic.

The [article](#) has been picked up by ENCA, [SABC News](#), SA FM, [the South African Retail Brief Africa](#), and [Medical Brief](#). This is part of on-going efforts to educate the media and the public on COVID-19 medical technology and the safe and effective procurement and use thereof.

ALERT: ITAC OFFICE CLOSURES UNTIL 30 JULY 2020

Kindly note that due to a suspected case of COVID19 at ITAC's Block E offices, their services in Tariff Investigations, Trade Remedies and Corporate Services will be disrupted. The Block E offices, where these services are found, will be closed from 27 July 2020 for fogging and disinfection. It is anticipated that the offices will re-open on Thursday, 30 July 2020.

Any queries in relation to the above-mentioned business units should be addressed to the following Senior Managers:

- Tariff Investigations: Rika Theart – rtheart@itac.org.za
- Nomonde Somdaka – nsomdaka@itac.org.za
- Trade Remedies: Zoleka Xabendlini – zxabendlini@itac.org.za
- Carina Van Vuuren – cgrove@itac.org.za and,
- Corporate Services: Phillip Semela – psemela@itac.org.za

[Back to top](#)

COIDA DIRECTIVE AS ISSUED BY THE DEPARTMENT OF EMPLOYMENT AND LABOUR

Compensation fund records rising claims as a result of COVID-19 infections

A total of 2361 claims have been lodged for compensation with regard to being exposed to COVID-19 at work. Of these, 1412 have been lodged directly with the Compensation Fund (CF) while 900 were lodged with Rand Mutual and 49 with Federated Employees.

Of those lodged directly with CF, the highest number of claimants come from Western Cape with 1068 claims. Liability has been accepted for a total of 590 cases, 115 repudiated, 363 are pending adjudication. The second highest province with regard to claimants is Eastern Cape with 160 claims of which 78 have been accepted, 4 repudiated and 78 are pending adjudication.

The province of Kwa-Zulu Natal has the third-highest number of claims at 108. A total of 67 have been accepted, 7 repudiated and 34 await adjudication. Gauteng is next with 54 claims of which 31 have been accepted while 7 were repudiated and 16 await adjudication.

From Mpumalanga, 17 claims have been received. A total of 13 have been accepted, 1 repudiated and 3 await adjudication. Limpopo has lodged 3 claims, one has been accepted and 2 repudiated while the North West has logged 2 cases, one has been repudiated and one awaits adjudication.

repudiated, this could change if we are given more information about the particular claim. This then should not be read as having had the door slammed in the face of the claimants.

“Where we accept the claim, this means that we have accepted the claim as a valid occupational injury or disease and we accept responsibility for the costs related to the claim (medical aid costs and disability costs). Those awaiting adjudication means the claims have been received but no decision has been made on the claim due to outstanding information or claim has not been attended to as yet,” says Vuyo Mafata, the Commissioner of the Compensation Fund

As part of its stated commitment to in dealing with the Coronavirus pandemic, the Fund:

- Pays out for temporary disablement while the worker is in quarantine, self-isolation or hospitalized;
- pays medical expenses; and
- where, tragically, the illness results in fatality the Fund will pay out survivor benefits to dependents in the form of a monthly pension and funeral benefit.
- In addition, during the lockdown the Fund boasts:
 - Over 20,000 claims registered in CompEasy by employers;
 - 146,000 medical invoices processed;
 - R 921 million was paid to healthcare practitioners for the period 01 April 2020 to 13 July 2020;
 - R15 million was paid in total temporary disablement benefits to beneficiaries; and
 - R276 million was paid to the 24,000 pension beneficiaries of the Fund.

Download the COIDA Directive [here](#).

[Back to top](#)

COVID-19 DEVELOPMENTS

TRACKING THE PANDEMIC

Chair of the Ministerial Advisory Committee on COVID-19, **Prof Salim Abdool Karim**, was interviewed on SAfm this morning and made some interesting observations on the course of the epidemic, which are summarised below:

- The epidemic in South Africa was **peaking later** than he had initially expected, and more gradually than in many other countries. This was probably because measures such as social distancing and mask-wearing were introduced relatively early and sustained.
- The lesson from the United States is **not to relax infection control measures too quickly** once infection rates begin to drop. We should not get complacent and should “remain steadfast in maintaining protection”.
- Another hard lockdown would be **unlikely to achieve** the impressive results of the first hard lockdown because a measure of fatigue has set in.
- Approximately **10 – 20%** of the population who resist mask-wearing and social distancing are **responsible for 80% of new infections**. Super-spreading occurs in large gatherings, such as funerals, where infected individuals are in prolonged contact with large numbers of people.
- The situation in **KwaZulu-Natal** is of concern as new cases are increasing very fast and the pattern of settlements could contribute to the spread. This means the province could **very soon experience a substantial peak** (though not as high as Gauteng).
- As a country, we are likely to see our **maximum number of cases in early August** with a plateau established then and lasting for quite a number of weeks before a slow decline. Conditions should improve in late September and October. “This is when vigilance is so important” if we want a situation more like “the low simmering” epidemic Europe and unlike the surge in the US.
- The 17 000 **excess deaths** measured recently by the Medical Research Council (that is, natural deaths that are so much higher than historic patterns for the relevant period) are similar to what has happened in many other countries during COVID-19. Some deaths may be COVID-related – especially where people have died out of hospital. But also when the health system is under pressure, death reporting suffers and staff focus on saving lives. In South Africa, as elsewhere, the **figures would be reviewed and adjusted** at a later stage.
- Even if South Africa’s **case fatality rate** due to COVID-19 were to be adjusted upwards – “even if it was doubled or trebled” – it would be **low in comparison** to many other countries. This is partly due to our young population, partly to the fact that we learnt from other countries how to prepare for the epidemic and also because we have not experienced such a rapid peaking of infections – as, for example, in the UK where infections went from a handful to peak in just a few weeks.
- In terms of the risk of schools being open, “there is **no strong case to be made that teachers are at risk**”. Gauteng data up to 8 July showed that the infection rate among teachers was 0.8% – exactly the same as for the general population of the province (and lower than among retail

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- The decision to permit **taxis to load to 100%** of capacity was made on **economic grounds** not on health science. It was not ideal but even under these conditions, measures could be put in place to mitigate the risk.



Arguably the most important point to note from recent statistics is the fact that **Gauteng's total number of new cases for last week was lower** than in the previous two weeks. **Health and clinical research**

A feature article by Spotlight, carried on Health24, focuses on the National Income Dynamics Study – **Coronavirus Rapid Mobile Survey (NIDS-CRAM)** that shows how **access to medication and services has been affected across the board** during the COVID-19 epidemic. Interviews were conducted with some 7 000 participants and another 3 000 responses were collected through the MomConnect mHealth platform for pregnant women and new mothers. The survey found:

- One in 10 HIV positive new and pregnant mothers **ran out of ARTs** in May and June. A total of 1 610 mothers reported needing ART, but 175 (11%) said they ran out of medication. When asked why 40% "selected 'afraid of getting the coronavirus' while 21% said the health facility was out of stock.
- Many pregnant women are skipping important antenatal visits, largely due to fear. One in six mothers and pregnant women reported at least a two-month gap in visits to their designated clinic or hospital. Of those who did not go to the clinic, 37% cited coronavirus fears.
- Only 78% of people in need of healthcare for acute conditions actually sought help and visited a healthcare facility, meaning 22% chose to stay at home despite their symptoms.
- Of the 1 524 respondents with a chronic condition, 705 (39%) reported that they could not access medicine, condoms or contraception," according to the survey.

Professor of Vaccinology at the University of the Witwatersrand, Shabir Madhi, said this could have a severe impact on the country's [immunisation programme](#). "We've seen a 25% reduction in childhood immunisation over the past few months.

eNCA reports that the **National Ventilator Project is set to start delivering non-invasive ventilators**. "We are finding supply chains is constrained a little bit," said project manager Willem Esterhuysen. "But we're fairly comfortable that we will have around 250 to 300 ventilators by the end of this month, and 10 000 ventilators early in September." The project received dozens of proposals from companies vying to develop ventilation equipment. Stringent testing was done to determine the best out of 95 devices. "Over the last couple of months, it's become clear that the CPAP option, which is essentially a form of oxygen-air therapy where you provide a mixture of air and oxygen to a patient at a constant pressure, is really effective at treating COVID patients," Esterhuysen said. The Uni-Life 100 is one of three ventilators approved by the South African Health Products Regulatory Authority and is ready to be manufactured on a large scale.

City Press carried a feature article on COVID-19 fatigue and infection risk-taking in many communities, noting that Health Minister Zweli Mkhize recently expressed his concern about those who were letting their guard down: "We see poor or no social distancing in communities. Masks are being abandoned or not worn properly and there is laxity setting in around frequent hand washing." he said.

The article also cites Jacqueline Gollan, associate professor of psychiatry and behavioural sciences at the Asher Centre for the Study and Treatment of Depressive Disorders at Northwestern University Feinberg School of Medicine in the US and Dr Melinda Ring, executive director of the Osher Centre for Integrative Medicine at Northwestern University, who spoke about the concept of "caution fatigue" experienced by people in their umpteenth week or month under lockdown.

semblance of your previous schedule so as to not lose sight of your health goal," Gollan explained.

The City Press article links the failure to observe social distancing or wear masks to despondency or fatalism in poor communities, where hunger and despair have eaten away at motivation to preserve lives.

- Thabiso Hlatshwayo, a 29-year-old from Tembisa in Gauteng: "For people, this thing is draining actually ... Even when it comes to the point of unemployment, I've been running around Randburg dropping off my CVs, but before you even get to the reception area, you see the notice board saying 'No jobs'. So it's also frustrating and I blame it on COVID-19. Right now, I think people have this attitude of, 'If I die, I die', due to the frustration. "
- Siyabonga Ndlovu (34) from Thokoza (who was not wearing or carrying a mask): "When you don't work, you don't get paid, obviously, so we had been doing a lot of stopping and starting in terms of work. I can't live on the money I was getting there during this lockdown. Now it's become about working to have food in my stomach each day, not even about my future."
- Bandile Ncube (38) who lives in Randburg: "The only reason one goes out to work is for the wellbeing of the family, and if you're going to go out and be rebellious and make your family sick, given the fact that we have a lot of people with HIV and TB, then what is the point? Because your investment in your family is then wasted if they catch the virus and die."
- Uber driver Nicholas Phakati (26) who lives in the south of Johannesburg: "I am also just tired of everything because there is no way forward. The worst thing for me is that it seems there is no hope. They keep telling us to stay at home and sanitise, but they are not telling us how far they are in getting this vaccine; instead they are giving us figures and numbers of people dying."

When a **COVID-19 vaccine** is eventually found, it is likely to require **more than one injection** to establish immunity – just like those that protect against measles, mumps, and rubella, an article in Business Insider points out. Several of the early candidate vaccines have shown a better response to a two-injection regimen.

- Pfizer researchers observed the highest level of neutralising antibodies one week after their trial participants received a second dose.
- [Moderna's clinical trial](#) involves giving participants two shots four weeks apart.
- [AstraZeneca's ongoing trial](#) is testing both a single vaccine dose and two doses given one month apart.

"This is probably going to be a two-series vaccine, which is not the end of the world. But it certainly would be far more convenient for it to be a single dose," said Christopher Gill, an infectious disease researcher. But it could be challenging for healthcare systems around the world to ensure that people come back for the critical second dose.

BUSINESS & THE ECONOMY

President Cyril Ramaphosa's focus on COVID-19 corruption during his address to the nation has provoked an outpouring of outrage from the public (as evidenced during talk radio shows), business organisations and political role-players, such as Finance Minister Tito Mboweni. Sandile Zungu, president of the Black Business Council, was among those reacting and he made it clear that he regarded corruption as a perversion of black empowerment. "We now have to put it on record that these are not black businesses, but thieves," he told the Sunday Times.

[Back to top](#)


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Level 3 restrictions remain in place

Schools:



The **current academic year** will be **extended** beyond the end of 2020

National School Nutrition Programme will continue to **operate during the break** so that learners can collect food directly from schools

The entire country remains at Level 3 to contain the spread of coronavirus

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Level 3 restrictions remain in place

Schools:



Public schools will **close for 4 weeks** from **27 July** and re-open on **24 August** – except for:

Grade 12 learners, who will have a **1 week** break and return on **3 August**

Grade 7 learners who will have a **2 week** break and return on **10 August**

The entire country remains at Level 3 to contain the spread of coronavirus

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As at 23 July 2020



Small business support:
R1.5 billion disbursed to date

Loan guarantee scheme:
R12 billion paid to more than **8,600 SMEs**

Tax relief:
R70 billion in relief extended to companies

The entire country remains at Level 3 to contain the spread of coronavirus

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**Social and economic relief:**

As at 23 July 2020



Social grant recipients:
R5 billion in additional top-up payments per month

Special Covid-19 grant:
R2.2 billion paid to more than **4.4 million applicants**

UIF Covid-19 Benefit:
R34 billion paid to **7.5 million workers**

The entire country remains at Level 3 to contain the spread of coronavirus

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**COVID-19 EVENTS****IHRM: Webinar Update on the Impact of COVID-19**

IHRM invites you to join them for a webinar on 31 July at 09h00 when Christoff Raath, Joint CEO of Insight Actuaries and Consultants, will provide an updated analysis on the Impact of COVID-19 on Medical Schemes and Private Hospitals, as South Africa reaches the peak of the pandemic.

For more details or to register [click here](#).

[Back to top](#)

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SAMED is the voice of the South African medical technology industry. The not-for-gain-association was formed in 1985 and aims to provide members with a collective, objective and credible platform to engage with stakeholders. SAMED's members include individual medical technology companies, associate members and associations.

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