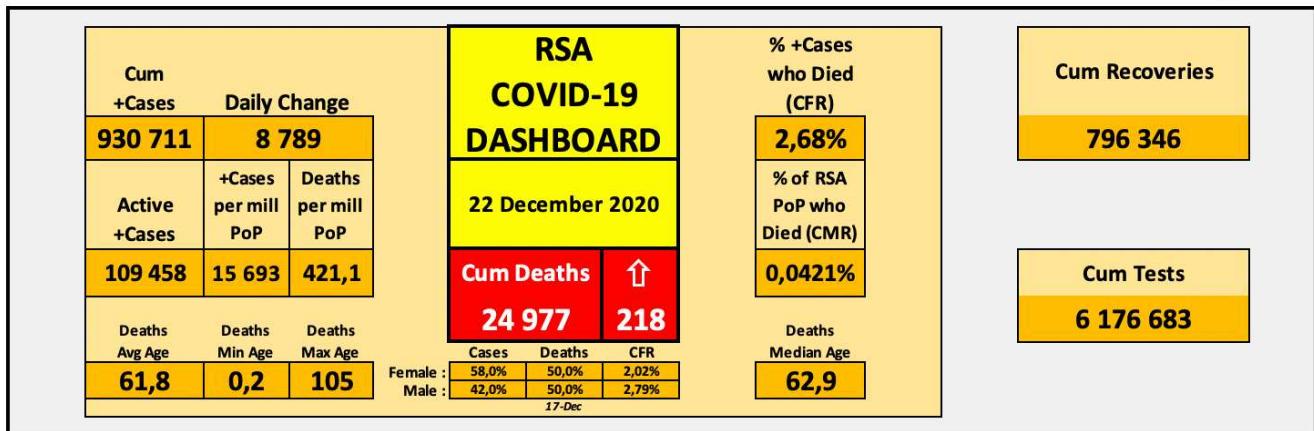
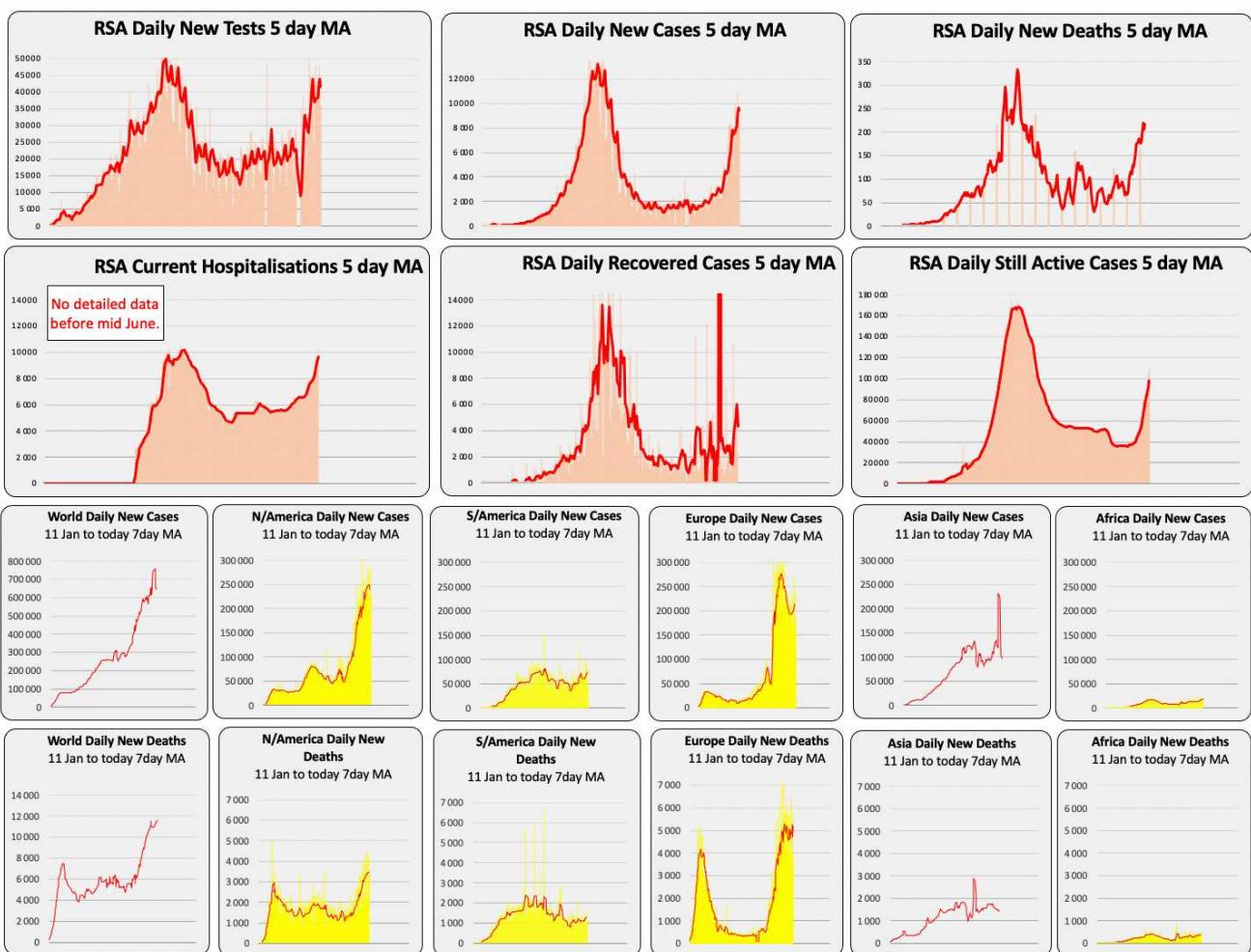
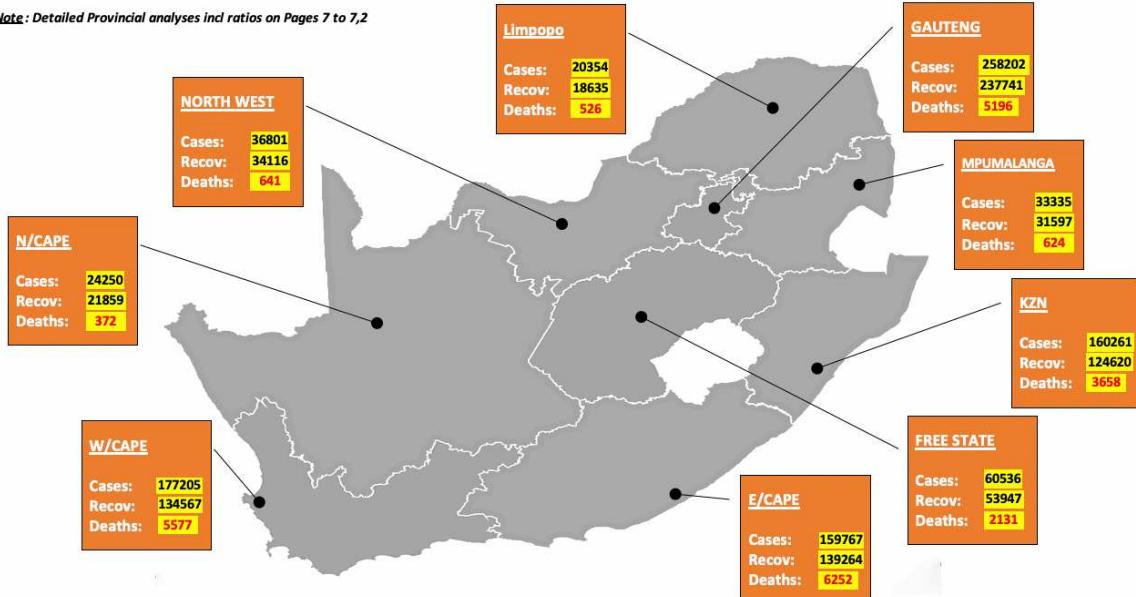


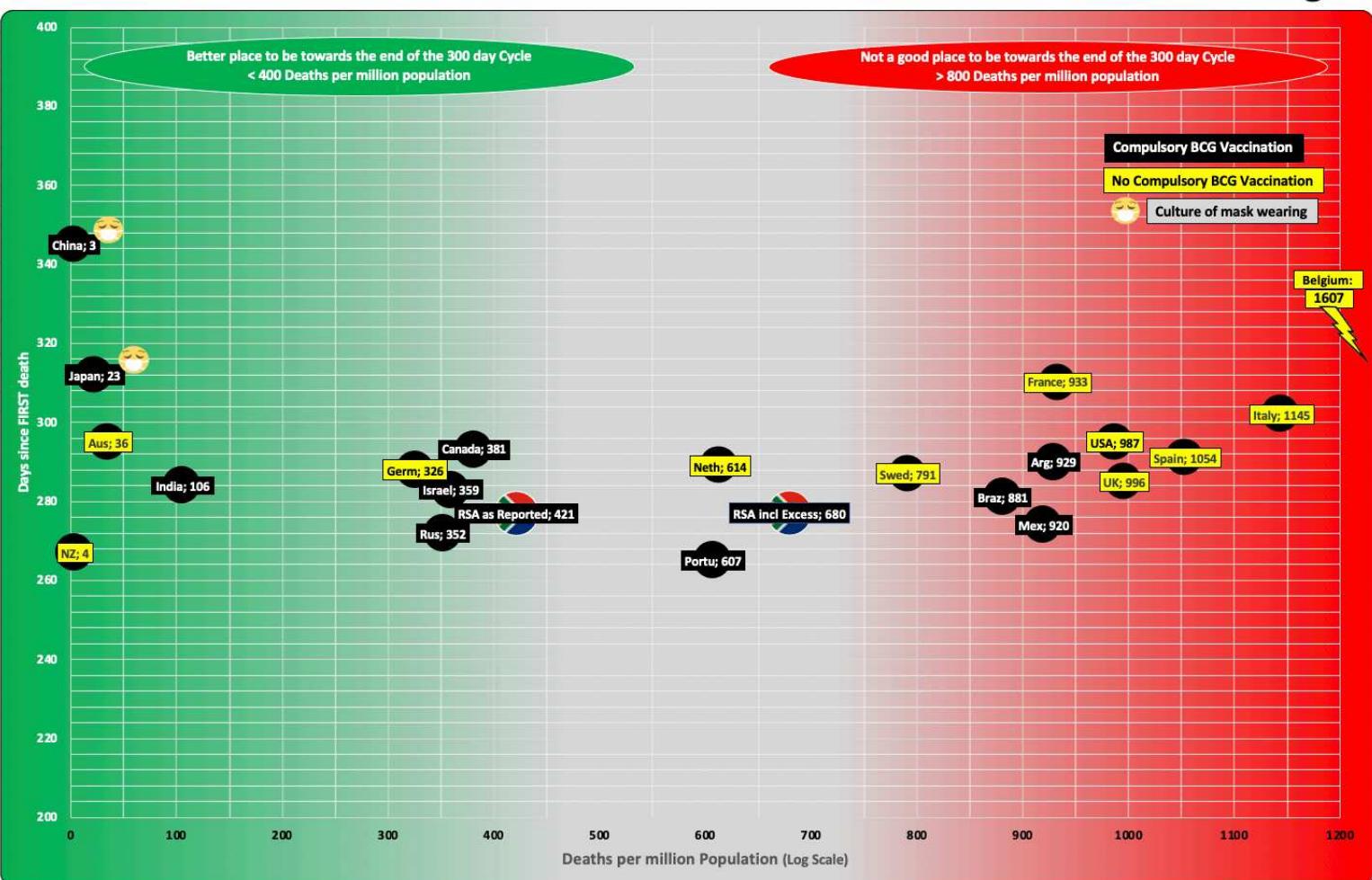
HarryG COVID-19 Dashboard

Page 1

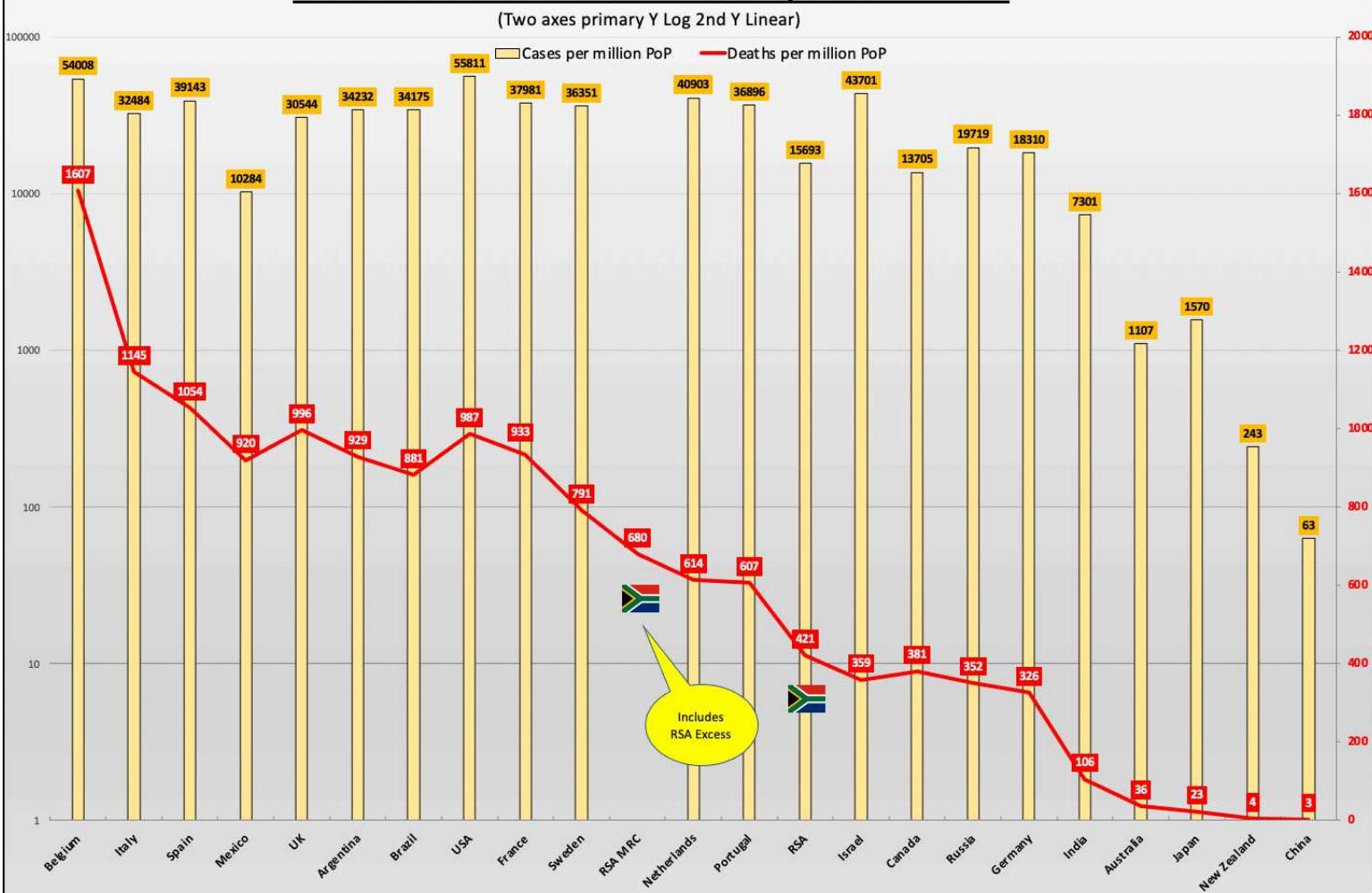


Note: Detailed Provincial analyses incl ratios on Pages 7 to 7,2



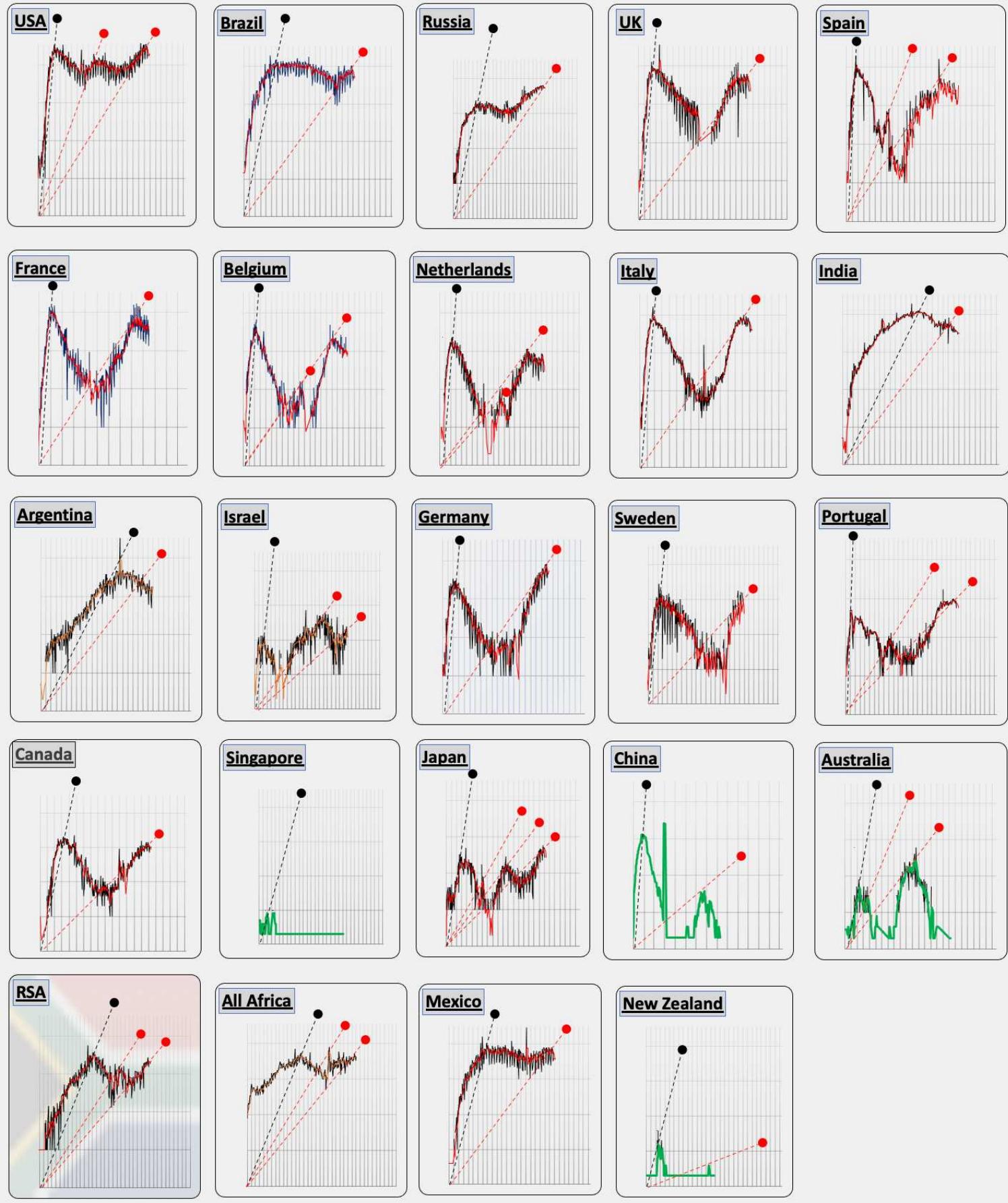


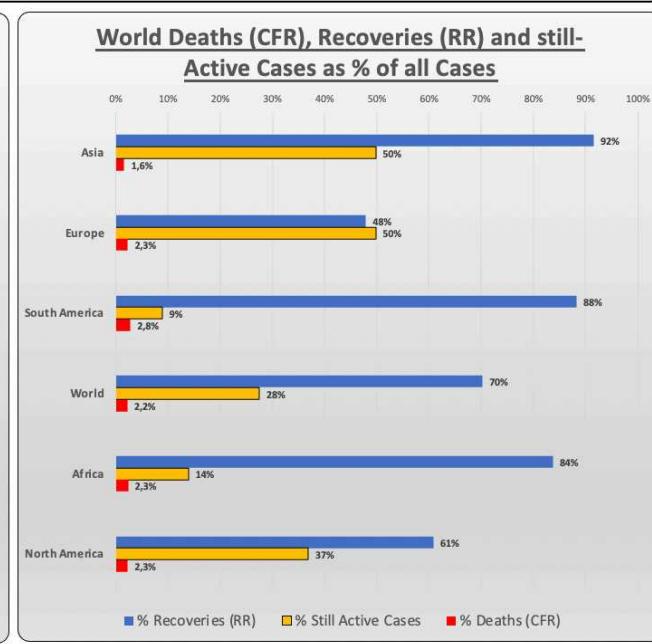
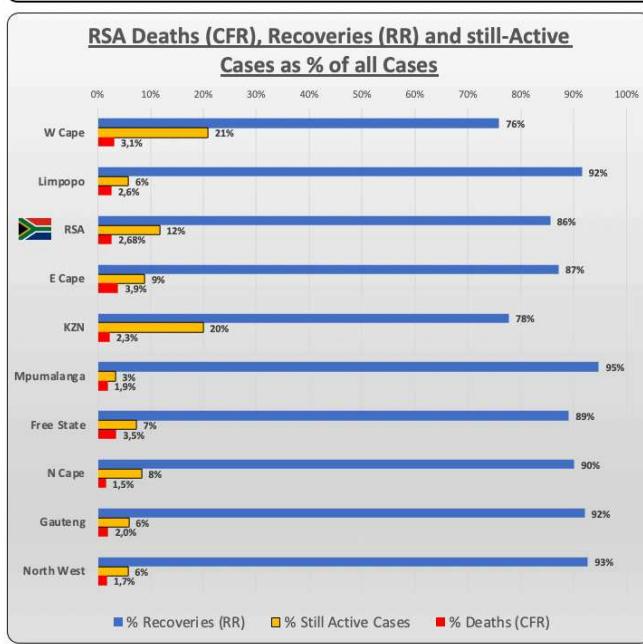
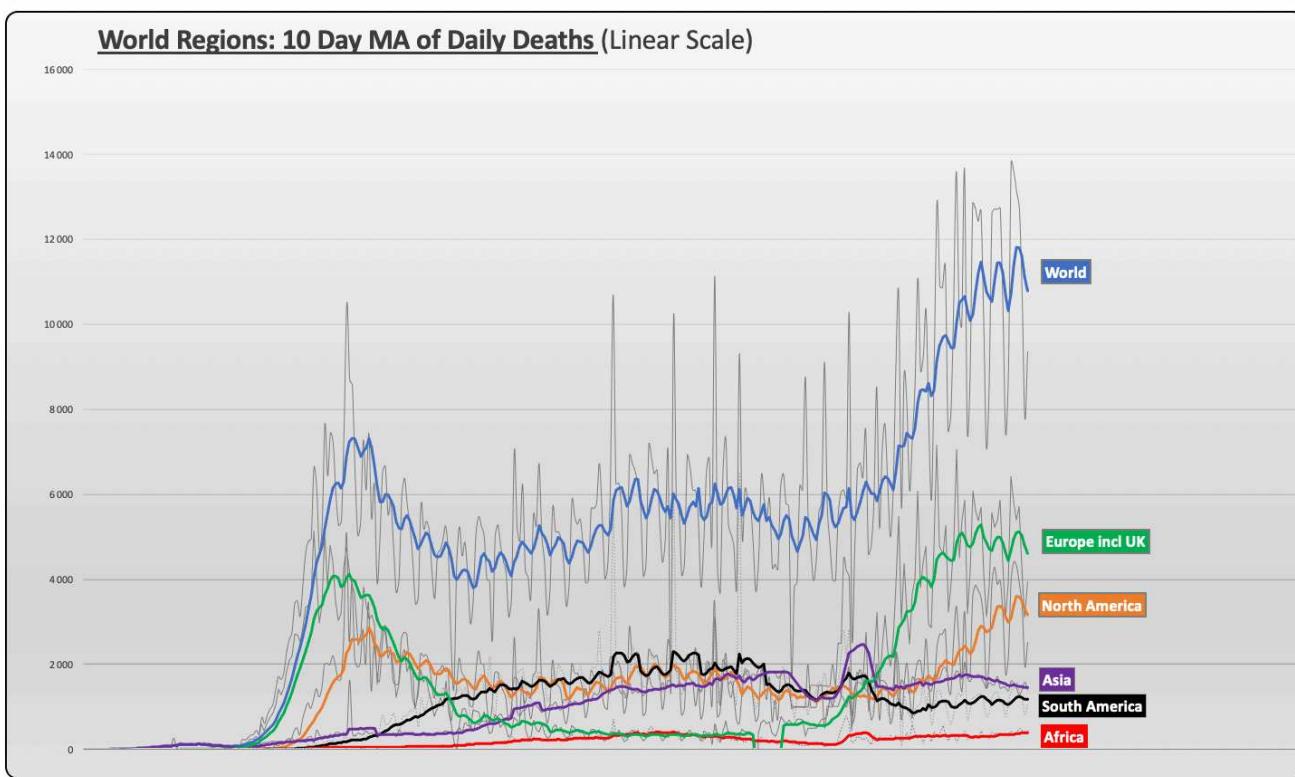
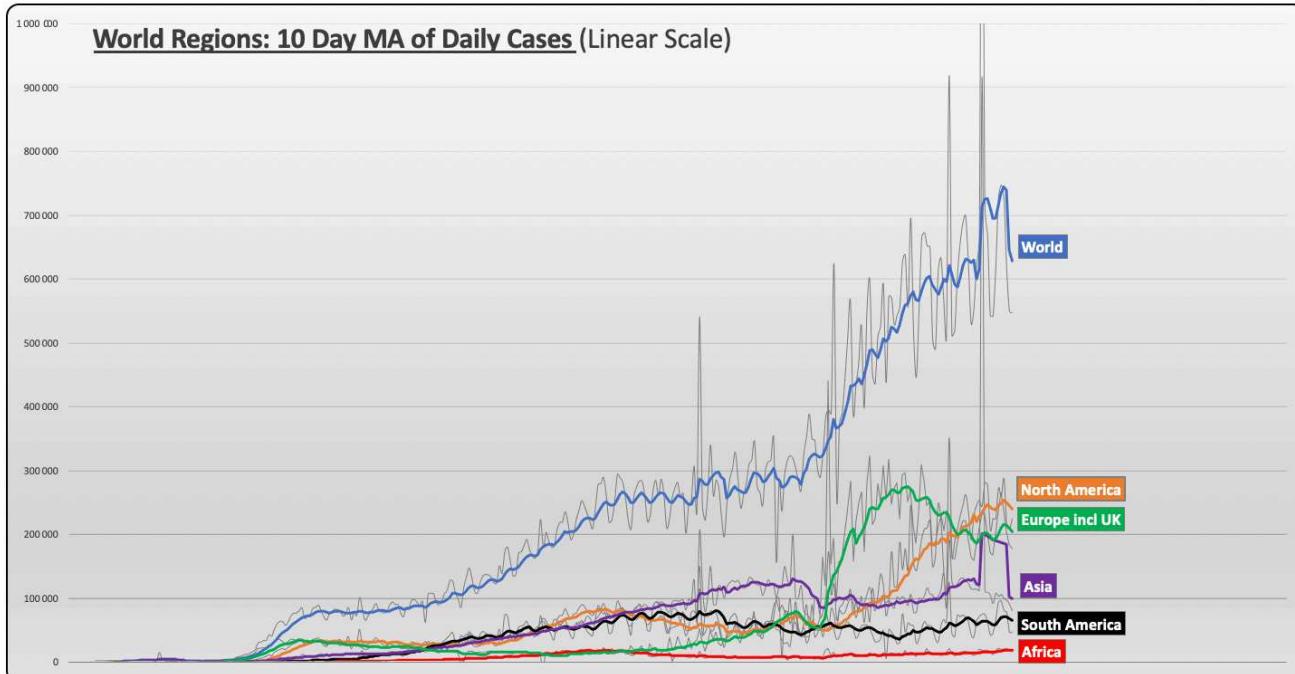
Current Cum Cases & Cum Deaths per million PoP

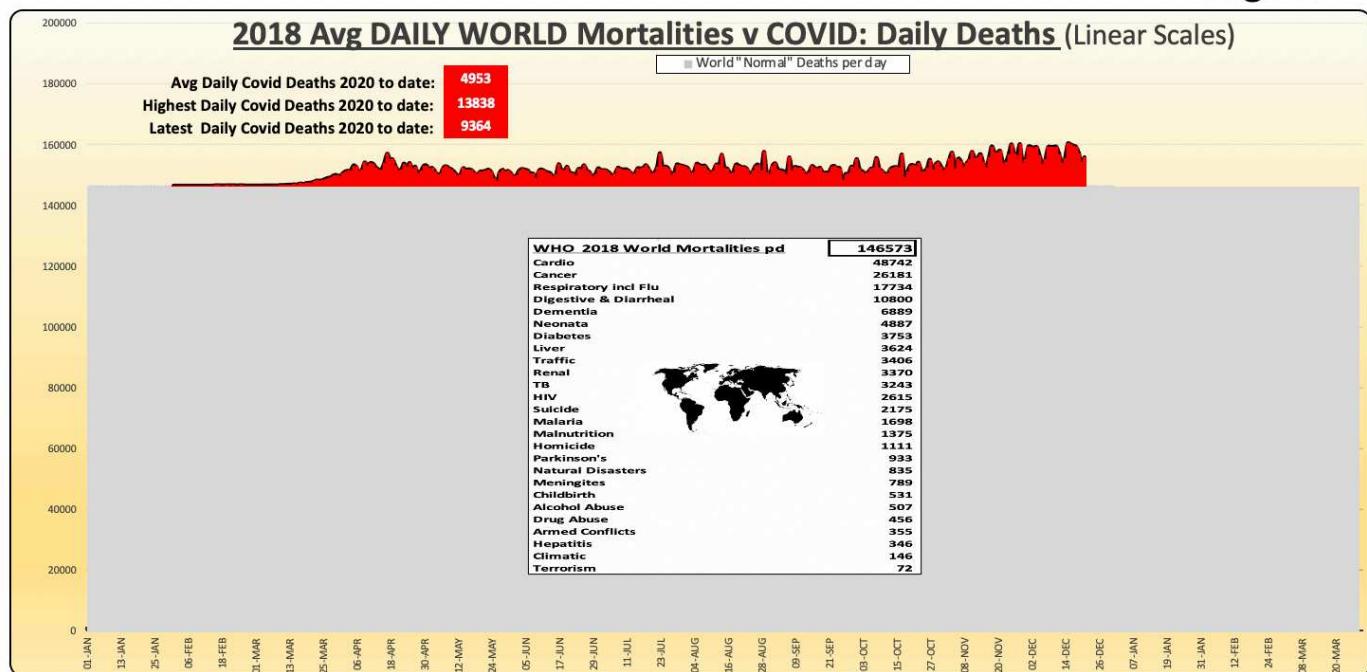


Daily Deaths Curves & Rate of Onset/next Wave "Inclinometers"

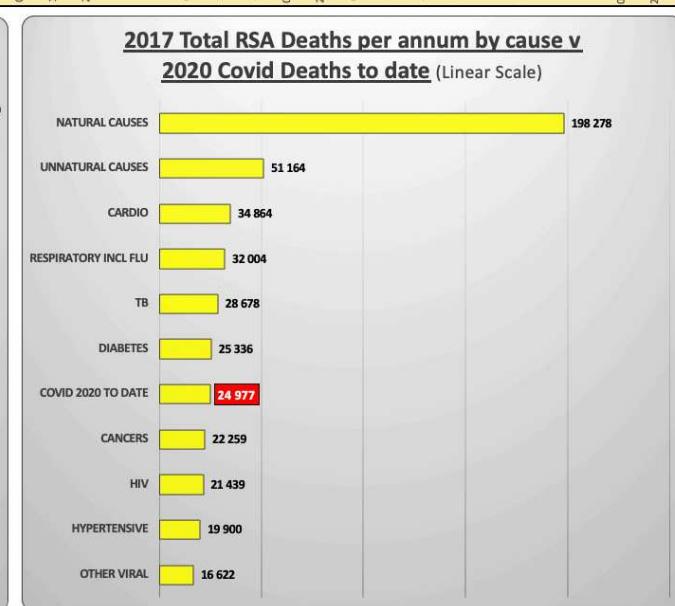
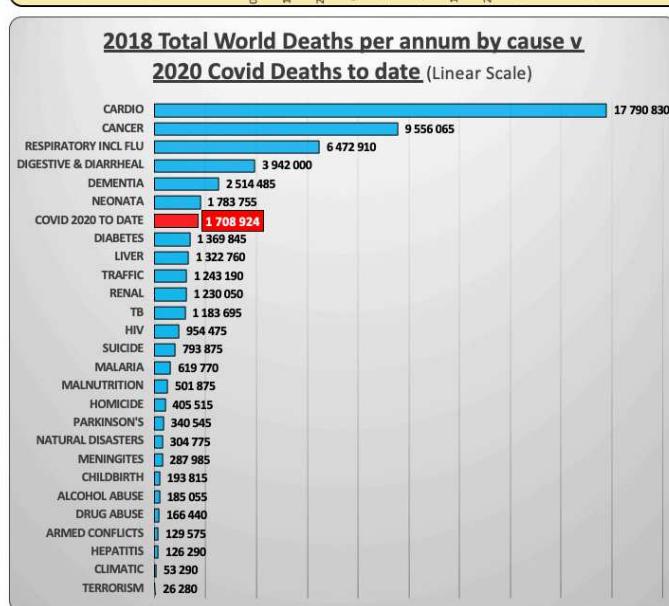
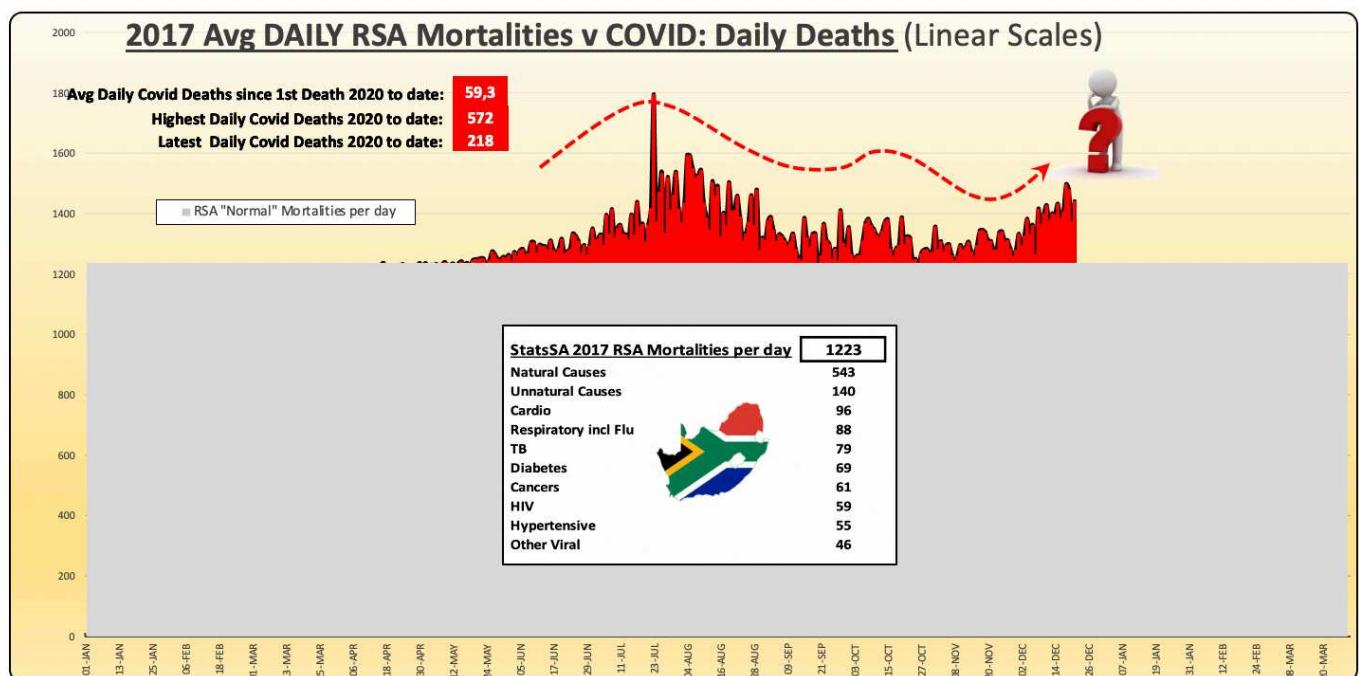
5 day MA Trendline from date of 1st death (all on Log Scale)







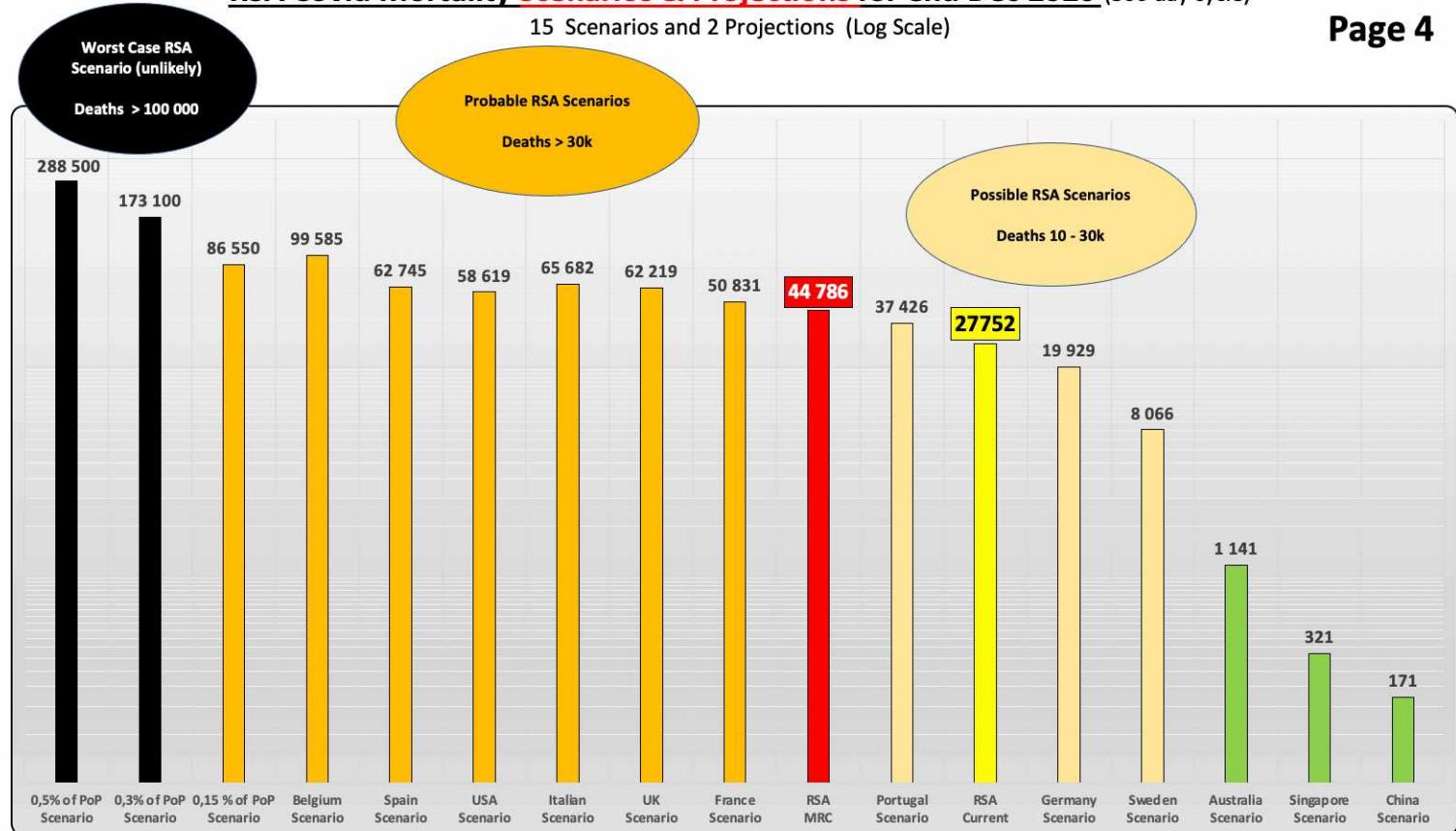
The two graphs WORLD (above) and RSA (below) attempt to put the number of Covid Deaths into some sort of perspective graphically.
The big GREY blocks are TOTAL Daily Avg Deaths from ALL causes over a full calendar year.
The RED area/lines on top of the Grey blocks are the INCREMENTAL Actual Daily Deaths due to Covid.
Obviously some of the Covid Deaths will "overlap" with the "normal" Deaths due to comorbidities.



RSA Covid Mortality Scenarios & Projections for end Dec 2020 (300 day cycle)

15 Scenarios and 2 Projections (Log Scale)

Page 4



Key:

All Scenarios duly adjusted for population size and for the different timelines into the deemed 300 day pandemic cycle.

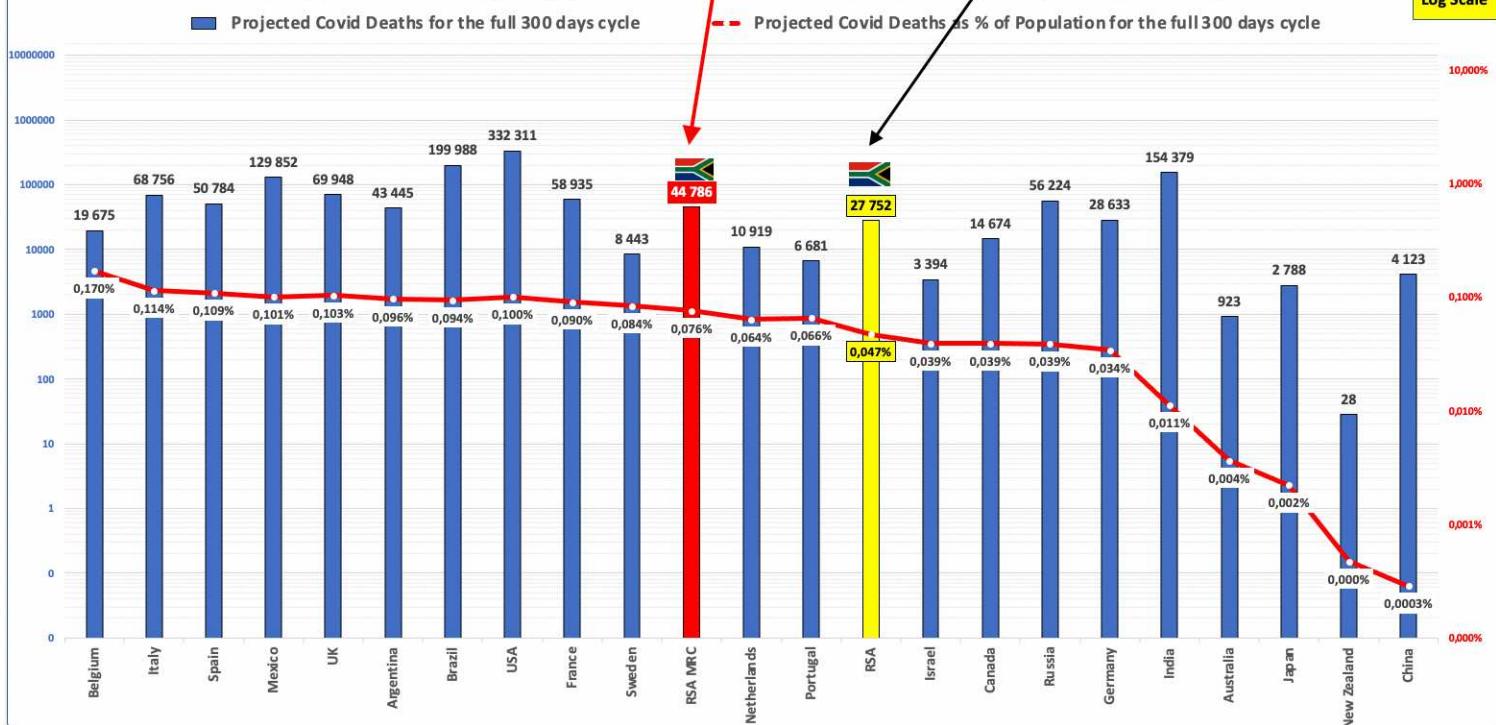
This projection uses the SA Medical Research Council data on "Excess Deaths". The assumption is that 90% of their reported Excess Deaths are probably due to Covid. The ratios are updated bi-weekly by the MRC but I apply these ratios to the official stats on a daily basis for this projection.

This number is simply the avg daily Deaths as reported to date x 300 (deemed cycle).

Projected Deaths by end Dec 2020 per country and % Deaths per Country Populations

at current officially reported Death Numbers as reported by WHO (no "Excess" deaths)

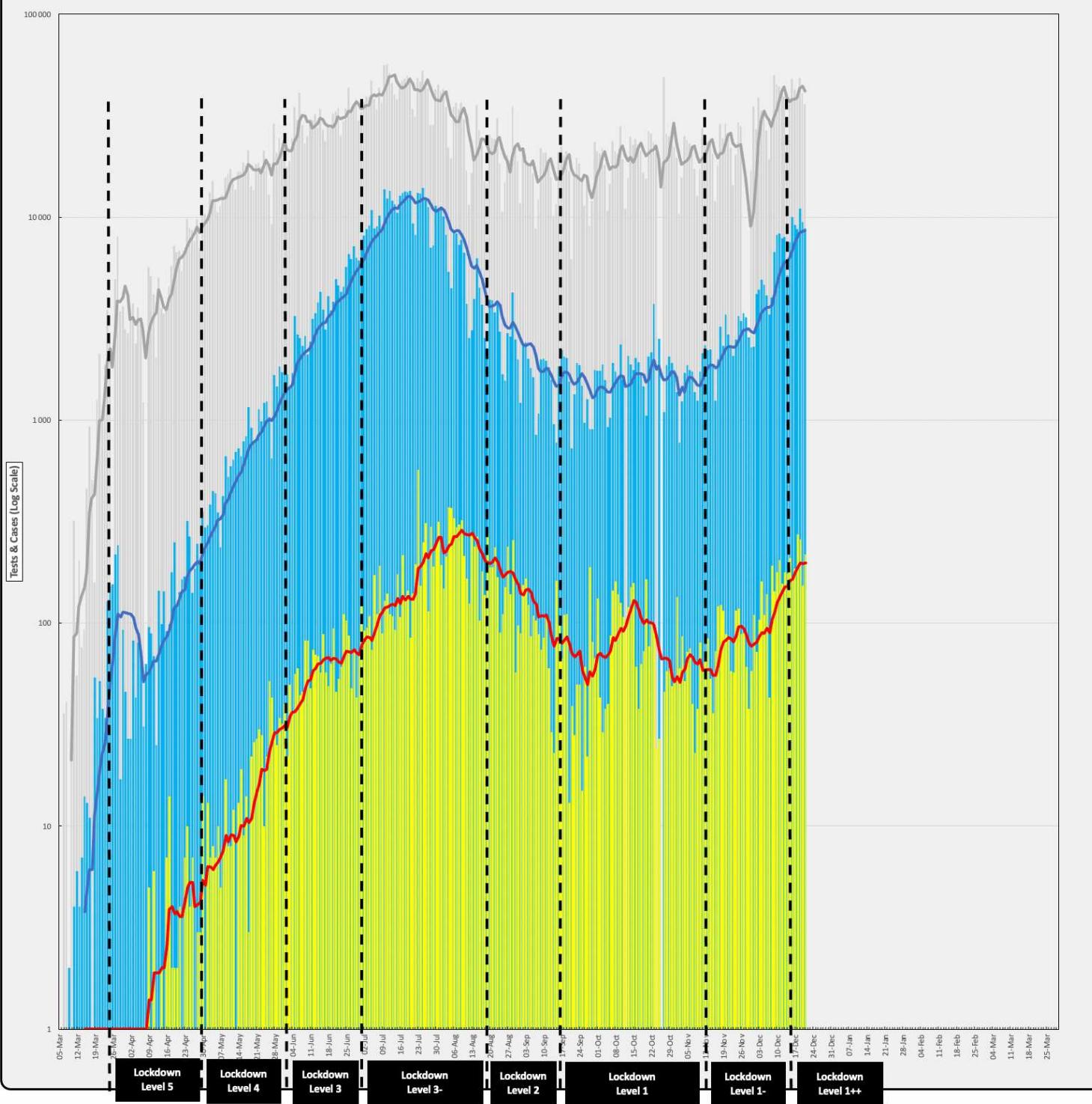
Log Scale



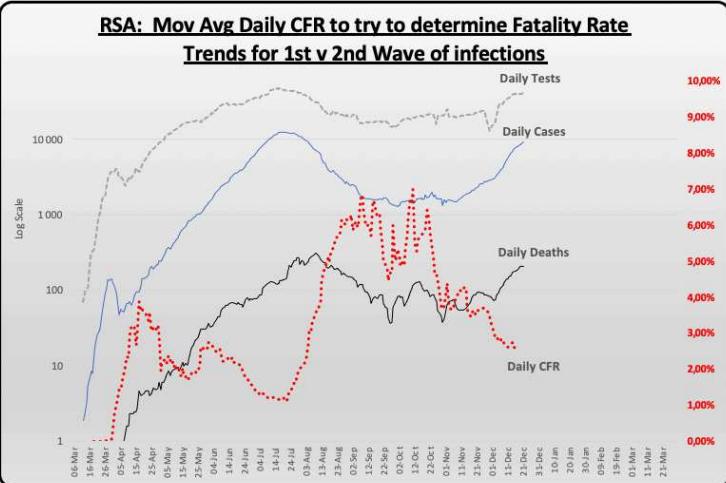
Note: Above Mortality %'s are overall projected mortality of the populations (PMR), NOT deaths of only those infected (CFR).

RSA Daily Testing v Daily Cases v Daily Deaths 5 Day MA log scales

Daily Tests Daily Cases Daily Deaths

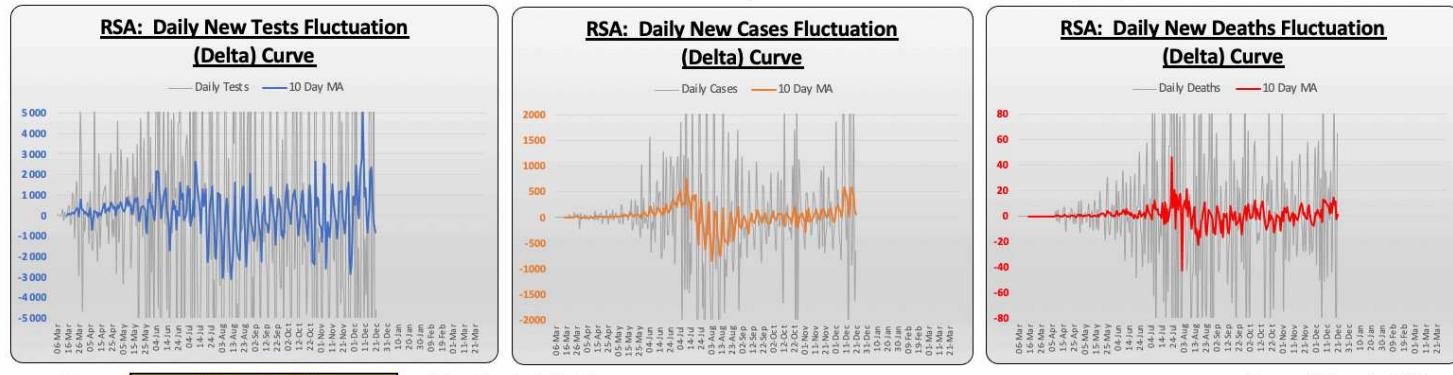
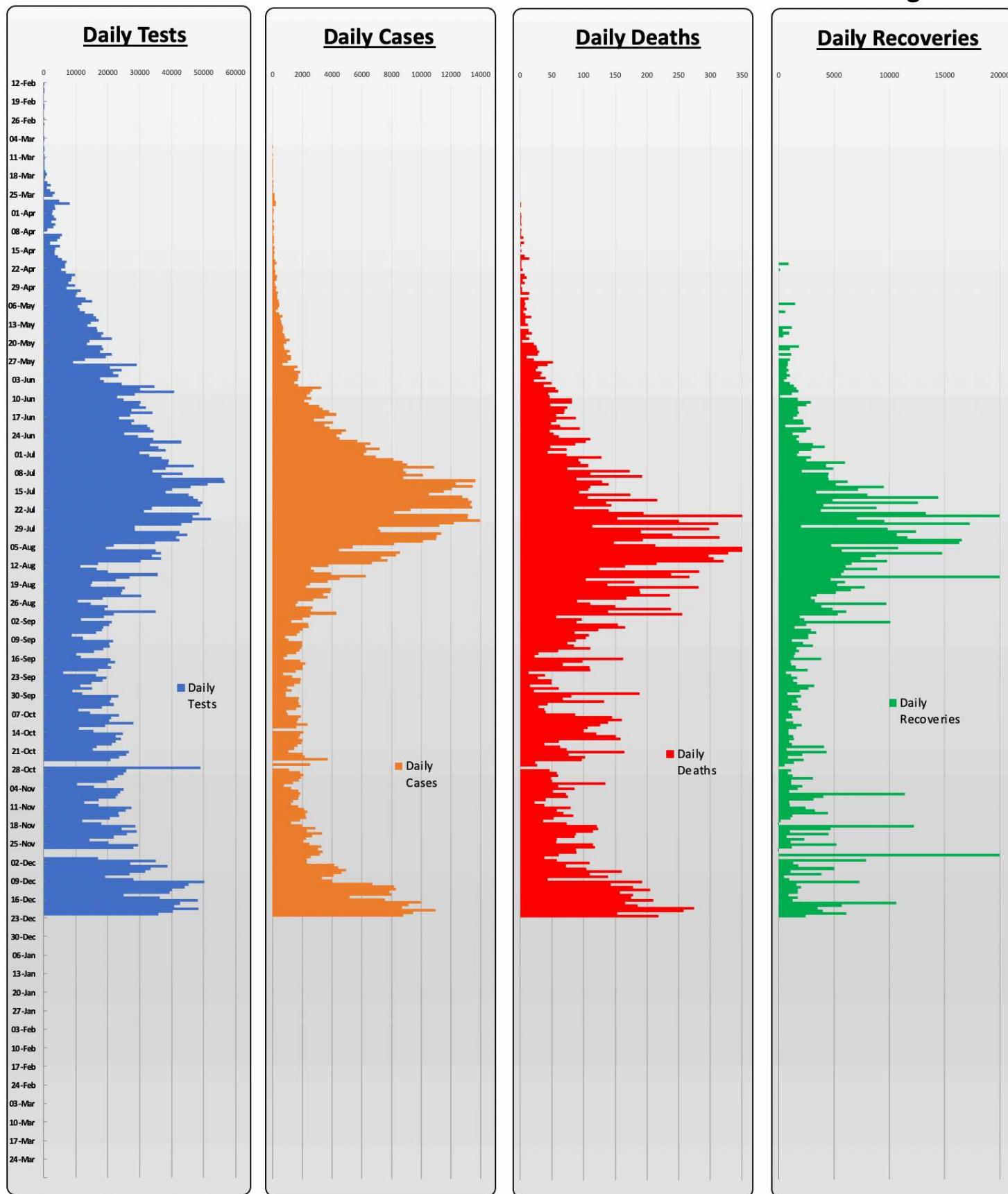
RSA: Mov Avg Daily CFR to try to determine Fatality Rate

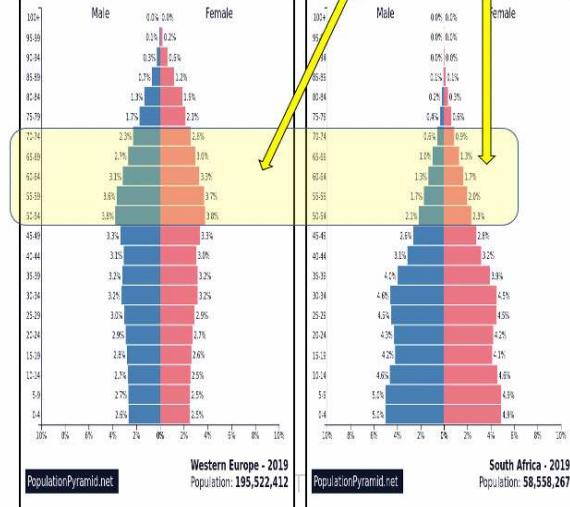
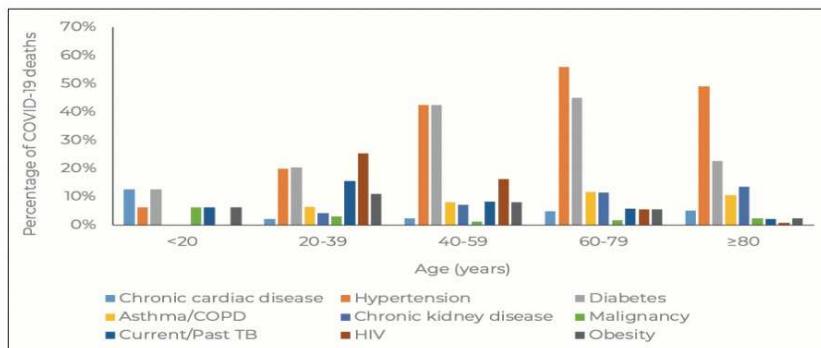
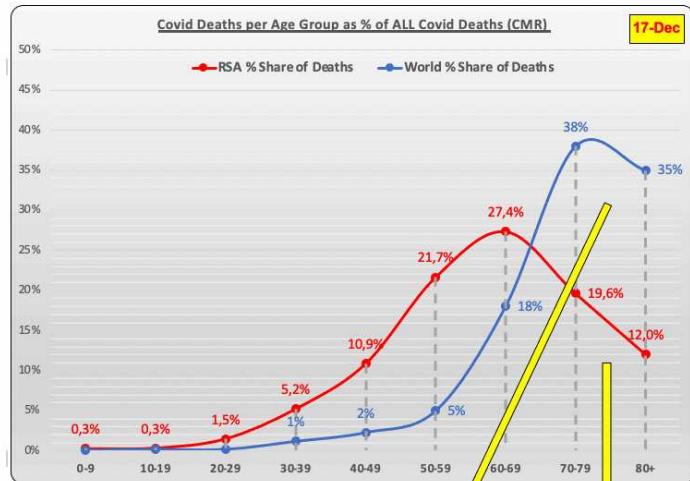
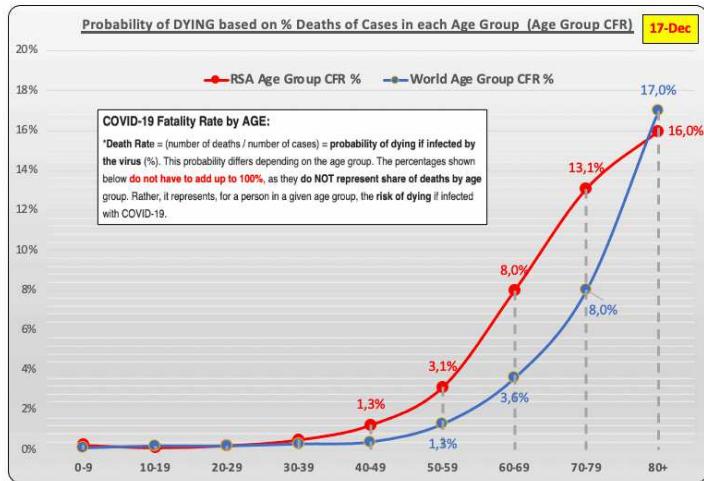
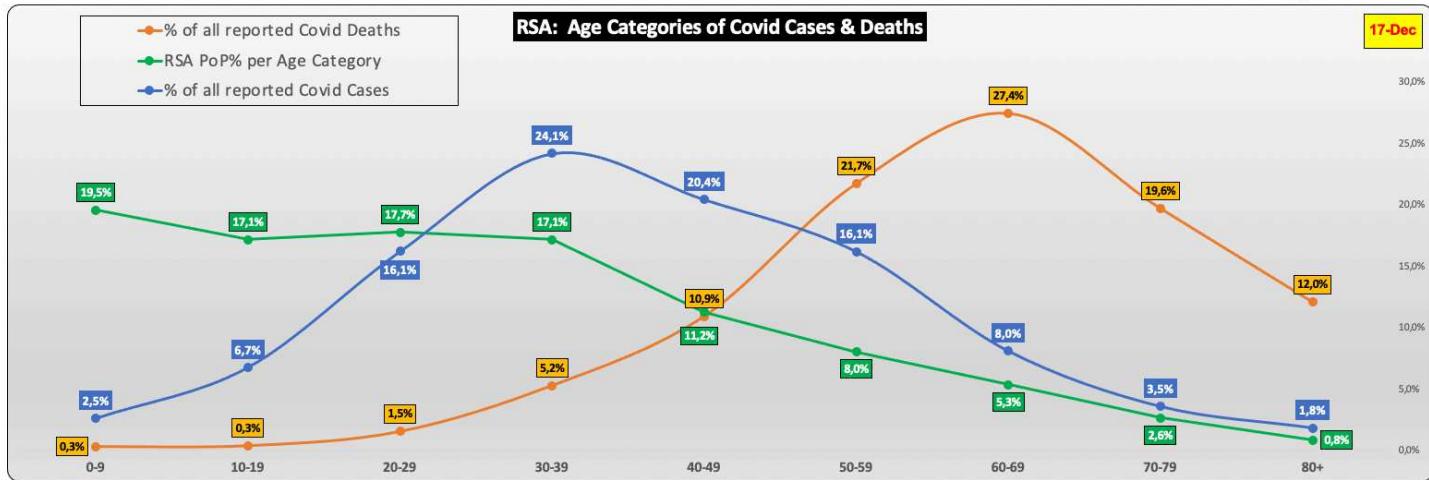
Trends for 1st v 2nd Wave of infections



RSA Daily Raw Data Trackers

Page 5.1





COVID-19 Fatality Rate by AGE:

*Death Rate = (number of deaths / number of cases) = probability of dying if infected by the virus (%). This probability differs depending on the age group. The percentages shown below do not have to add up to 100%, as they do NOT represent share of deaths by age group. Rather, it represents, for a person in a given age group, the risk of dying if infected with COVID-19.

Probability of DYING based on % Deaths of Cases per Age/Comorb Group of HOSPITALISED Covid Cases & Deaths (Source RSA NICD)

30-Nov

CFR & CMR %'s per Age & Gender of HOSPITALISED Covid Cases & Deaths

17-Dec

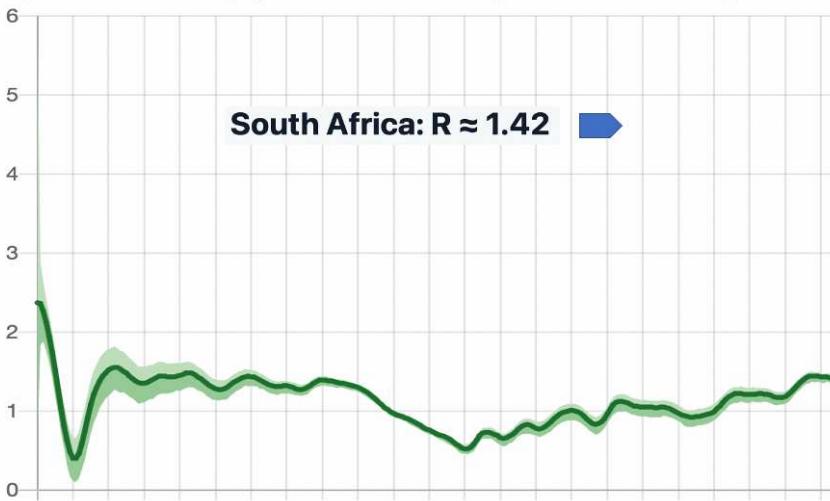
Covid REPRODUCTIVE NUMBER (Rt) in RSA & Provinces

Data as at:

20 December 2020

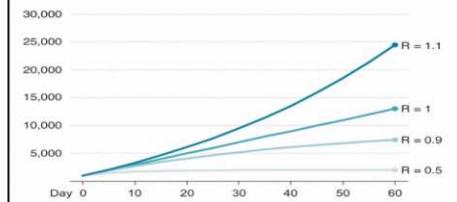
Page 5.3

The Reproduction Number, R, derived from Currently Infectious estimates, see below



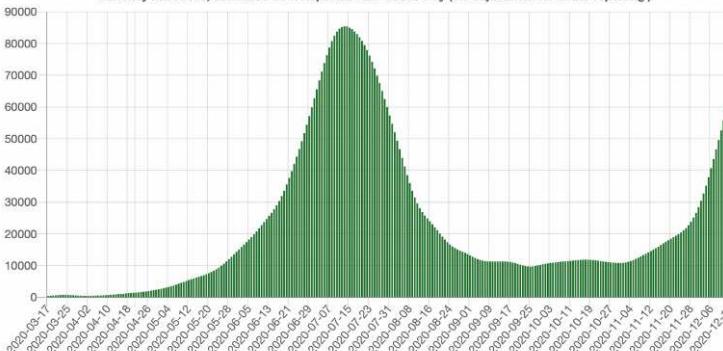
A Rt below 1 suggests that the number of cases is shrinking, possibly allowing societies to open back up.. A Rt above 1 indicates that the number of cases is growing, perhaps necessitating renewed lockdowns or other measures.

How 1,000 cases would increase under different infection rates

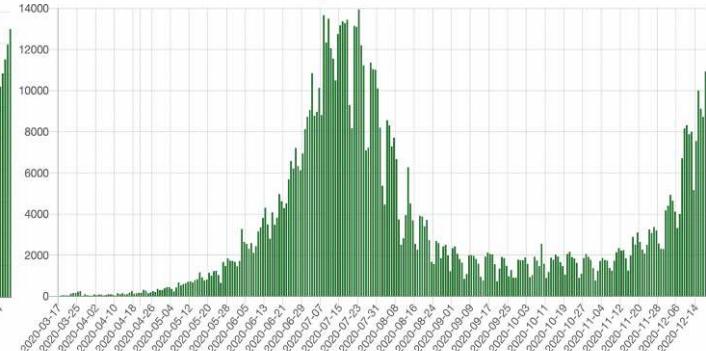


Movement from previous reporting
➡ Red ➡ Green ➡ Blue

Currently Infectious, estimated from Reported New Cases only (no adjustment for under-reporting)



Reported New Cases



LIMPOPO



NORTH WEST



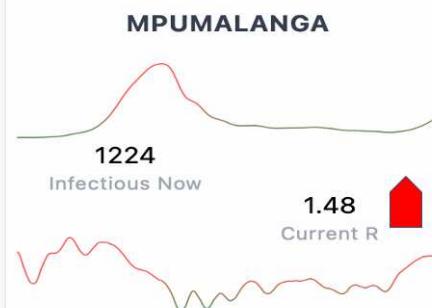
KWAZULU-NATAL



GAUTENG



MPUMALANGA



WESTERN CAPE



NORTHERN CAPE



FREE STATE



EASTERN CAPE



Data as at:

Latest Available

Unless otherwise indicated

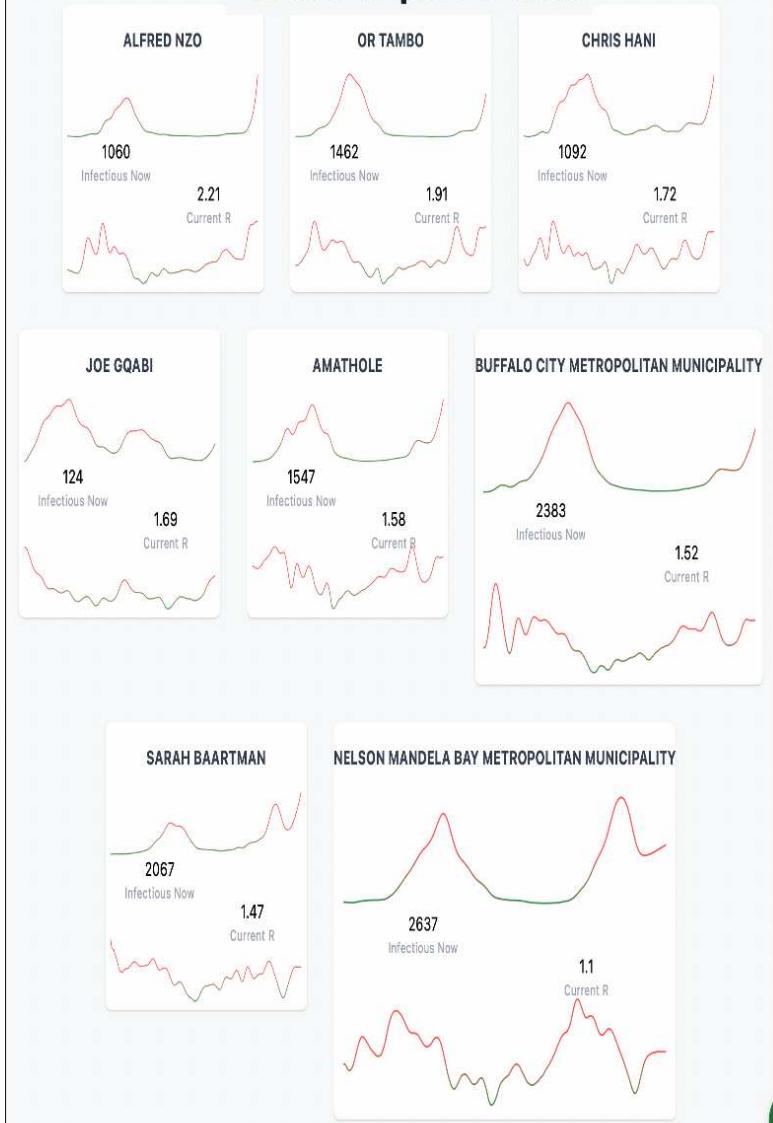
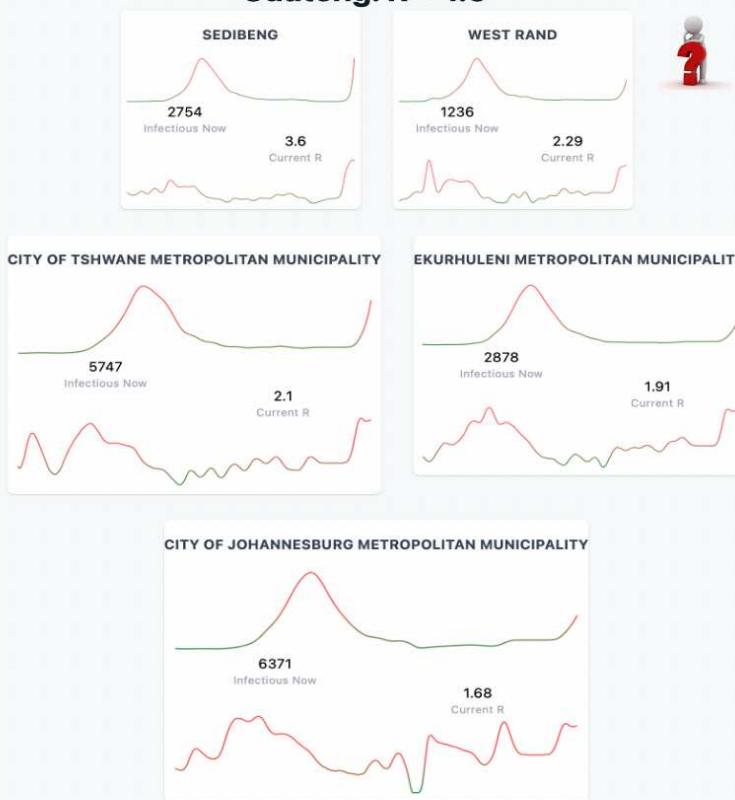
Rt graphs from:

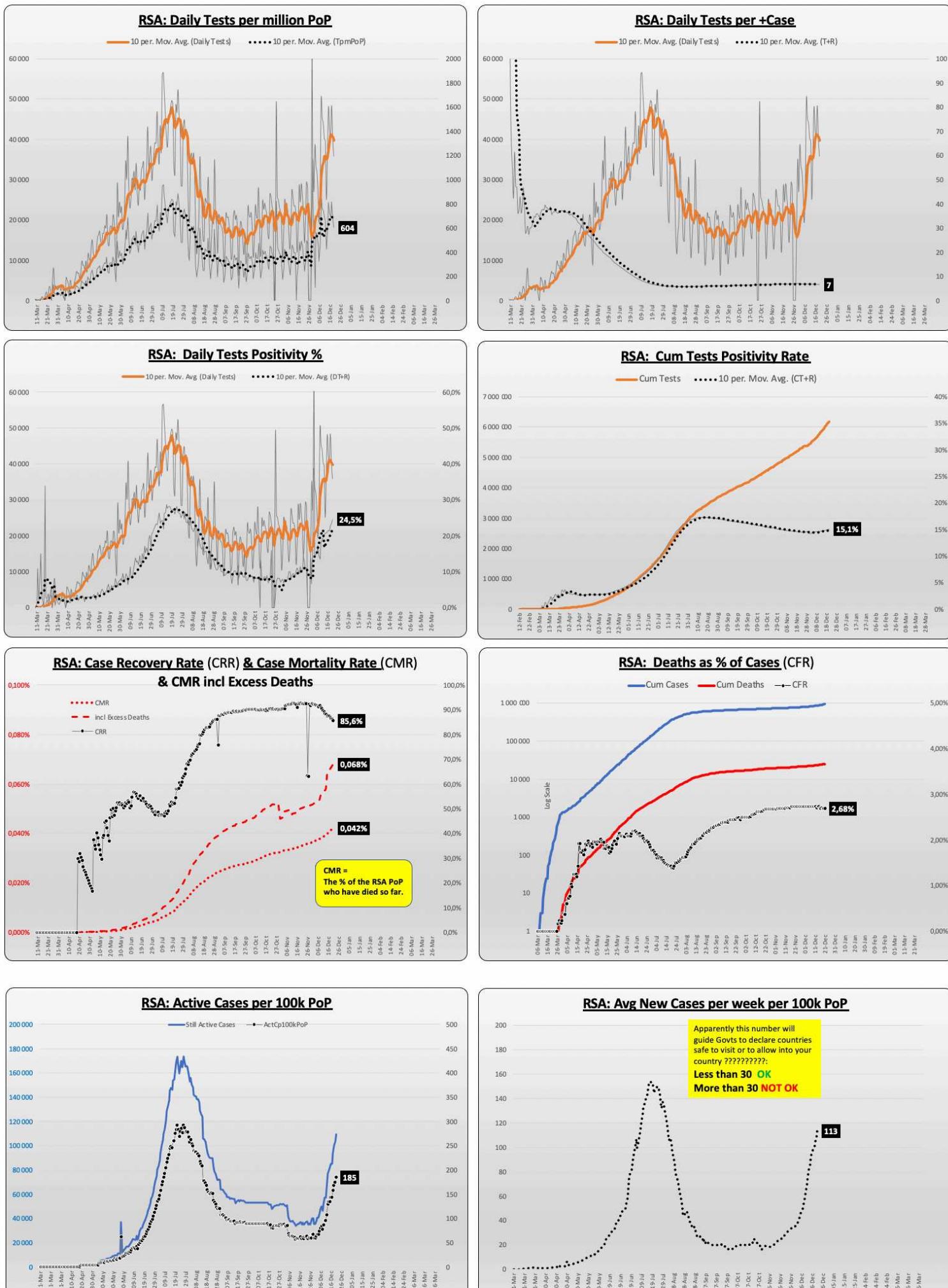


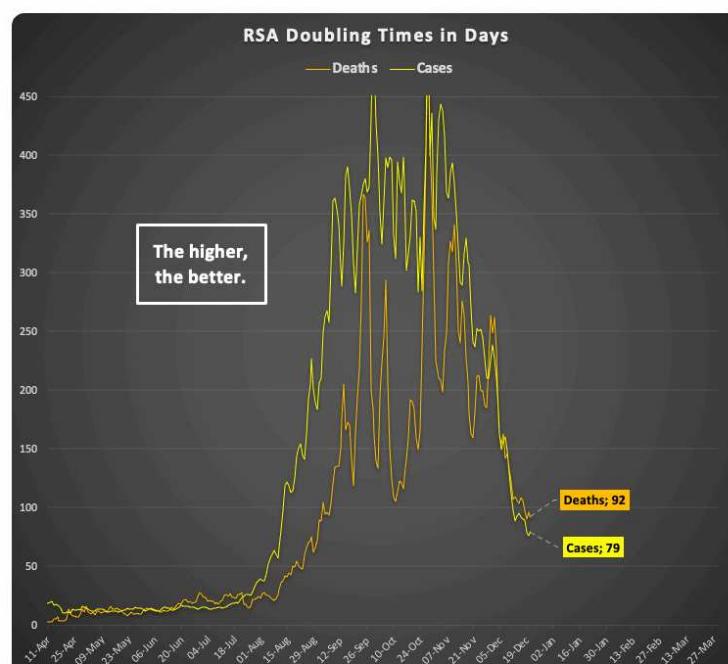
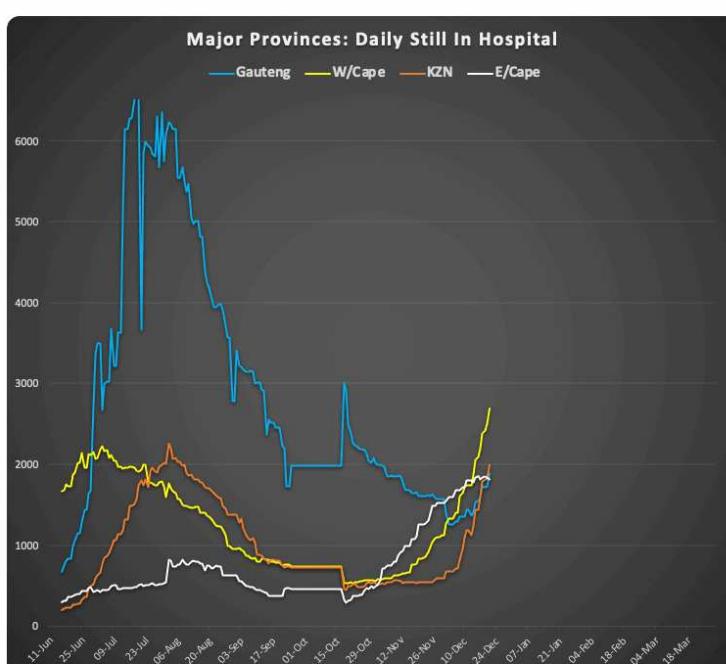
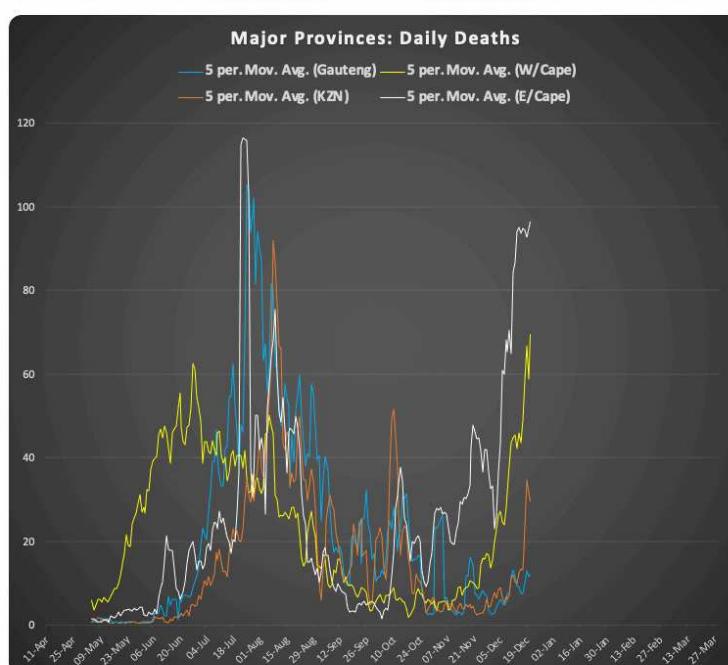
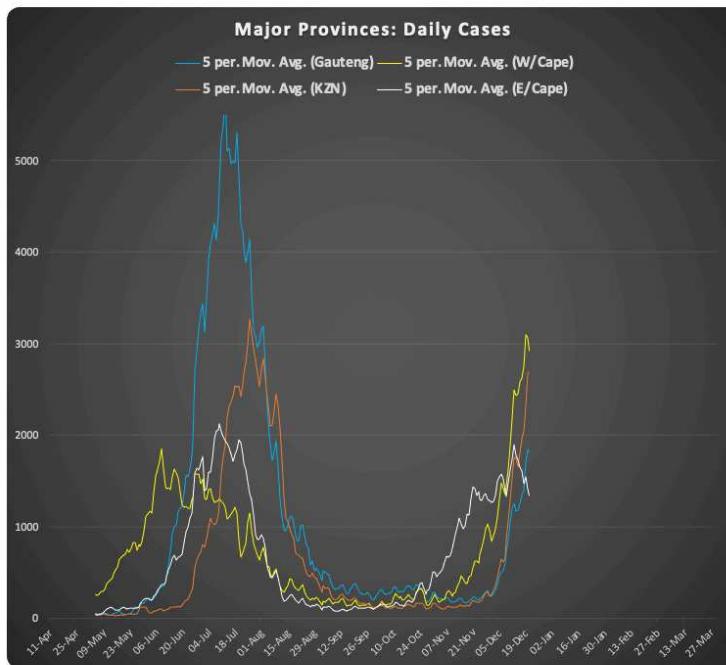
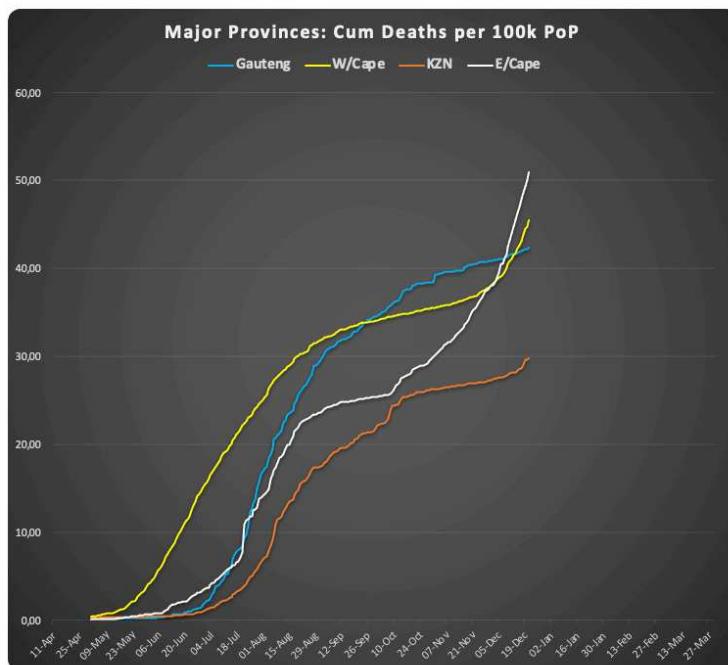
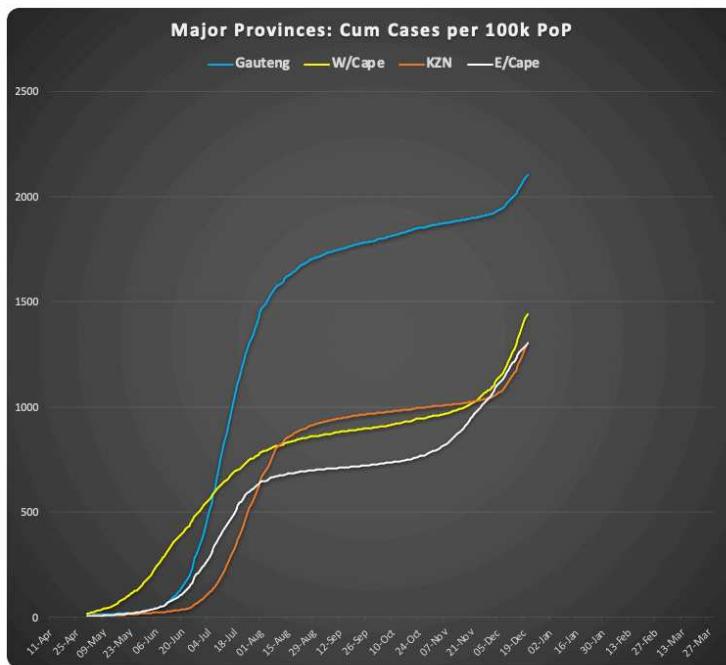
<https://reproduction.live/world/ZA>

hdg

22 December 2020

Major Provinces: Rt #'s & Active Cases by District**KwaZulu-Natal: R ≈ 1.62****Eastern Cape: R ≈ 0.98****Gauteng: R ≈ 1.5****Western Cape: R ≈ 1.41**



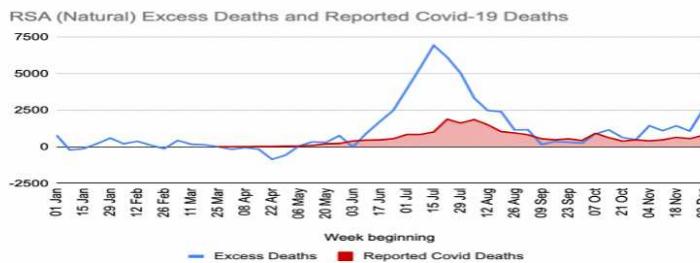




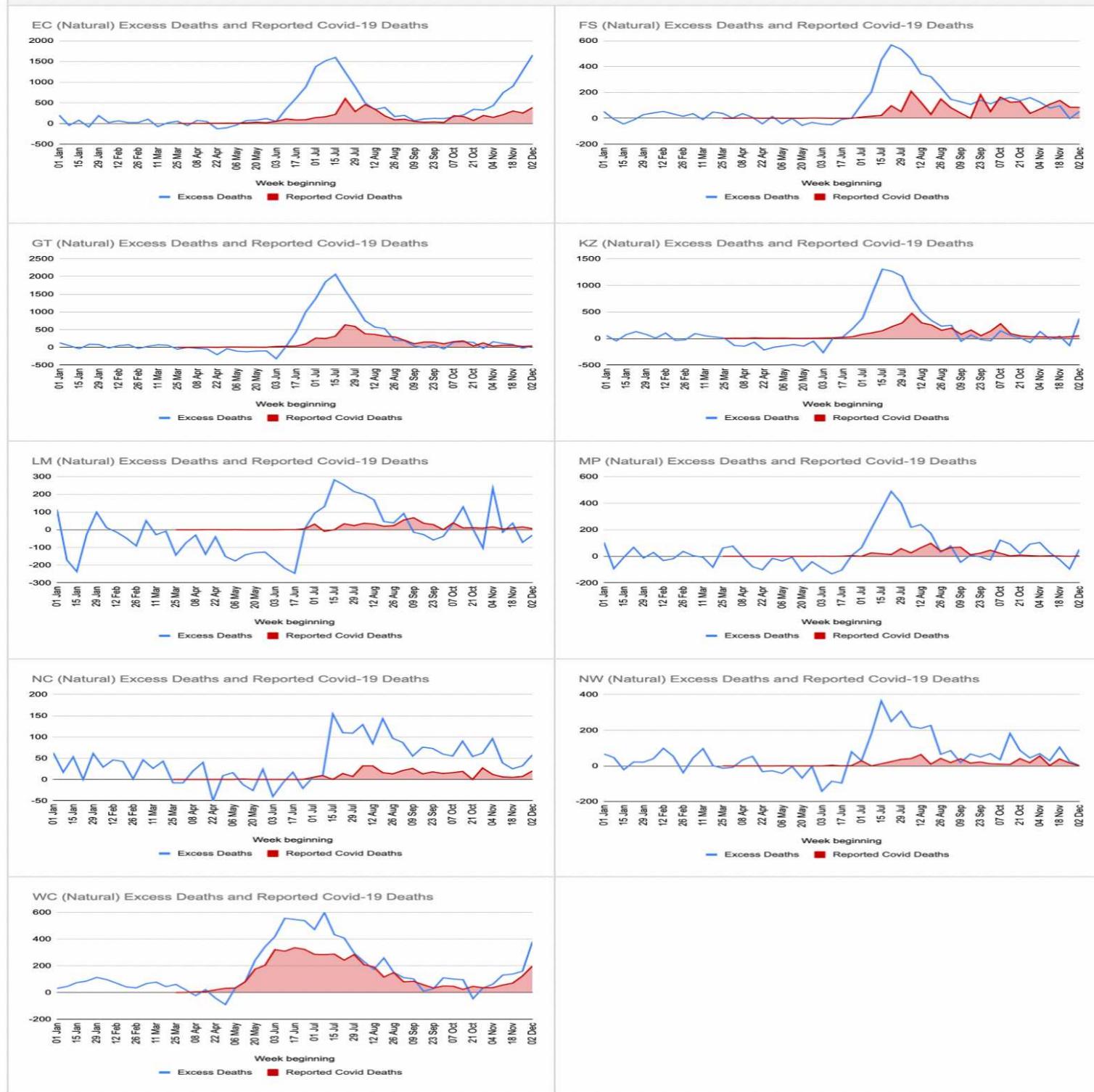
RSA Excess Deaths as per SA Medical Research Council

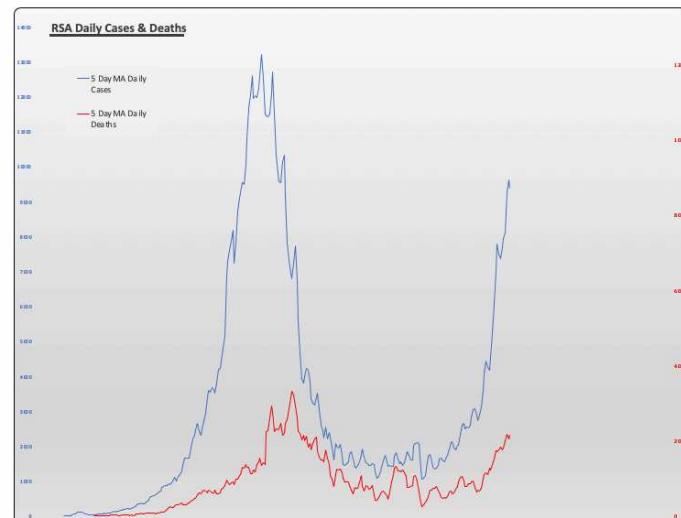
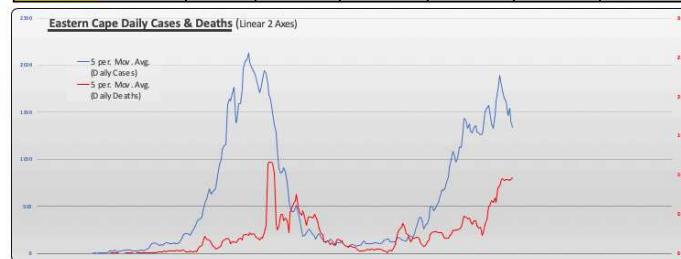
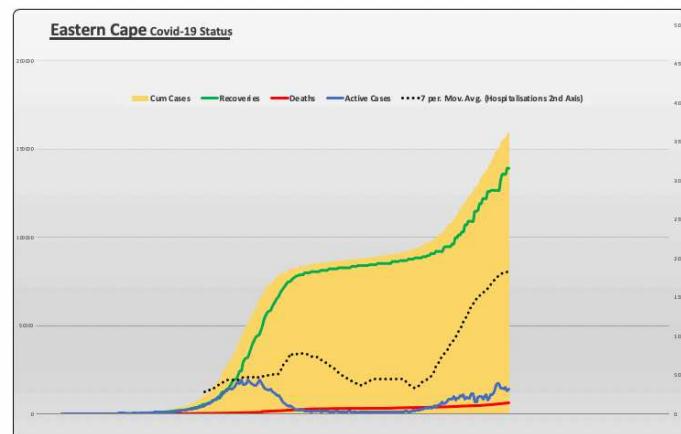
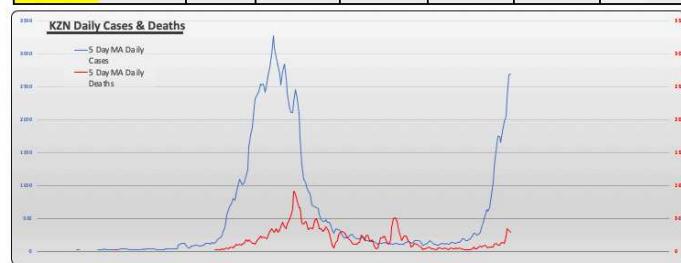
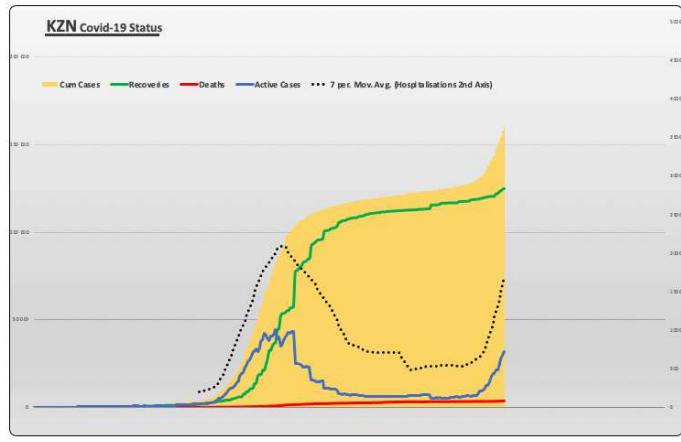
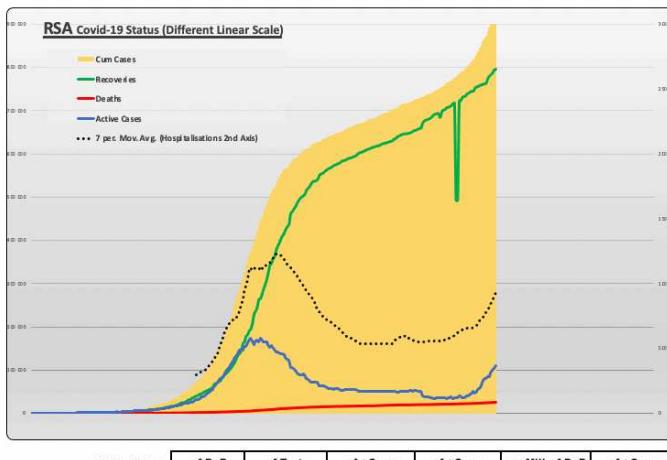
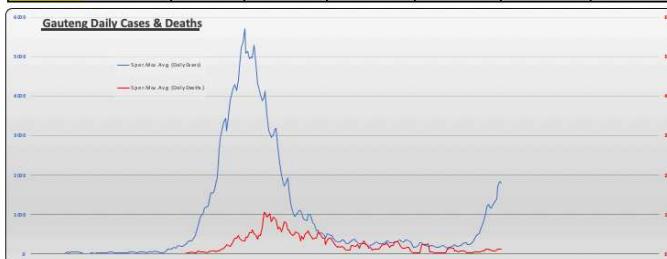
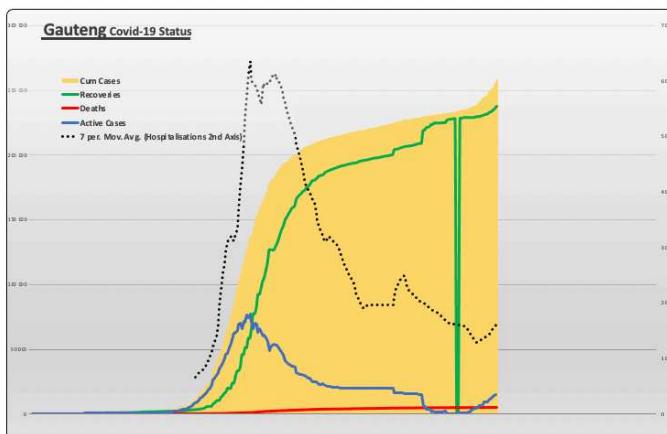
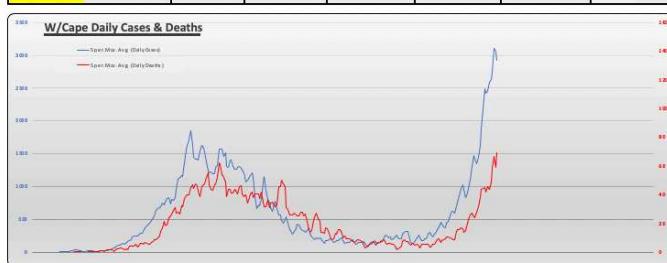
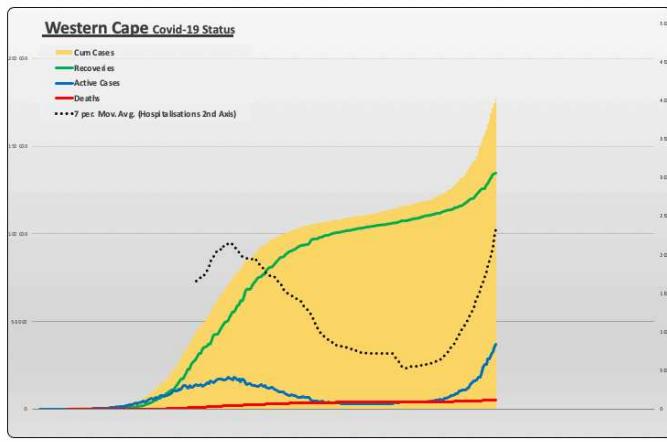
Page 6.1

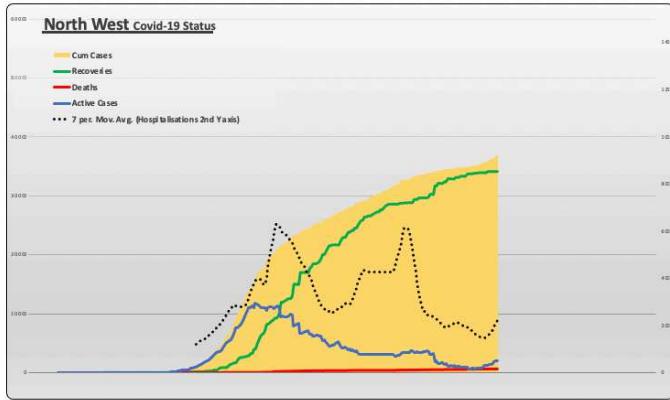
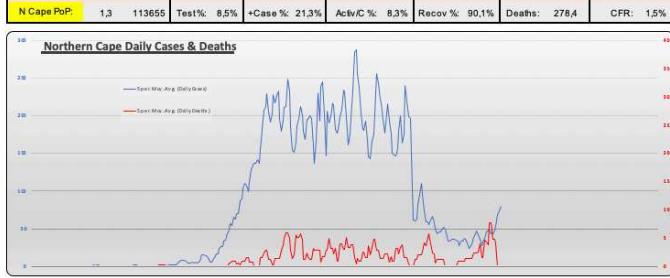
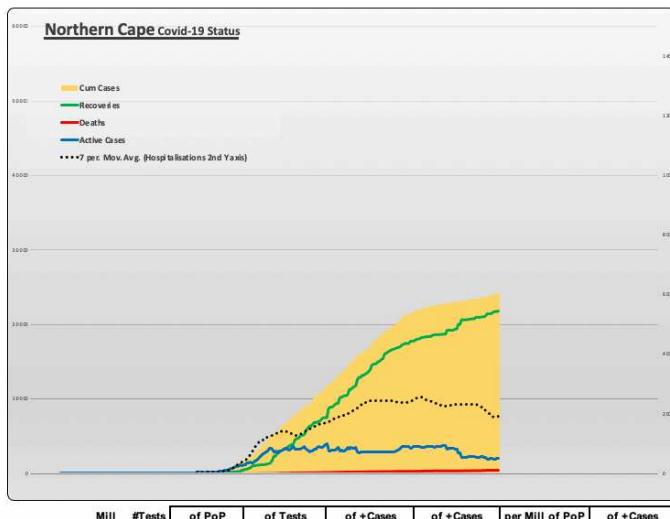
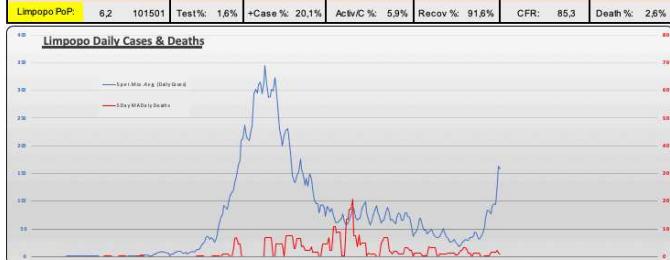
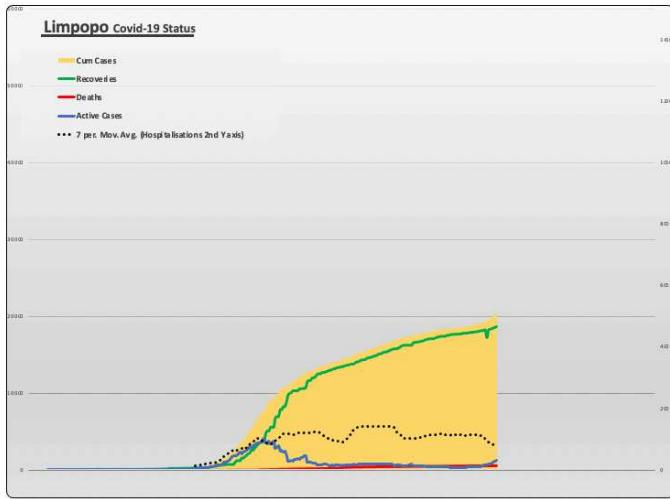
One approach to aid understanding of the emerging COVID-19 mortality is to compare the estimated weekly excess deaths with the number of COVID-19 deaths reported by the Minister of Health as shown in the figure below. This comparison is hampered to some degree by the fact that the excess deaths are classified by week in which the death occurred; the reported COVID-19 deaths are classified by date the numbers are reported to the Department. If all excess natural deaths were due to COVID-19, and all COVID-19 deaths were perfectly identified and reported, the two series would be identical. The number of estimated excess deaths has begun to decrease, consistent with the trend in the number of confirmed COVID-19 deaths. Although more data are needed on the underlying causes of death, this observation is strongly supportive that a significant proportion of the current excess mortality being observed in South Africa is likely to be attributable to COVID-19.



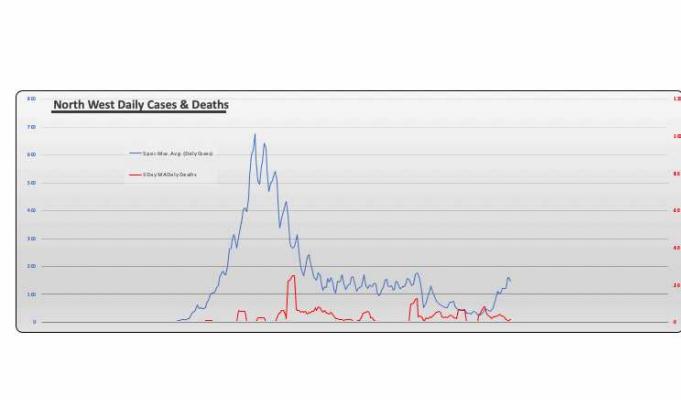
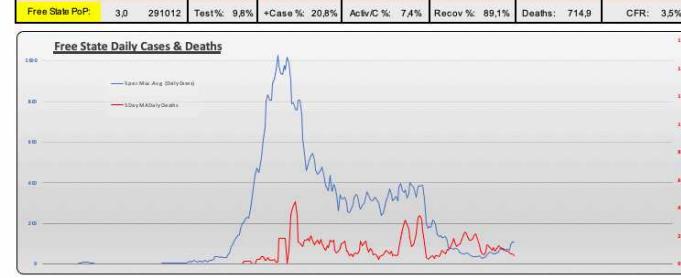
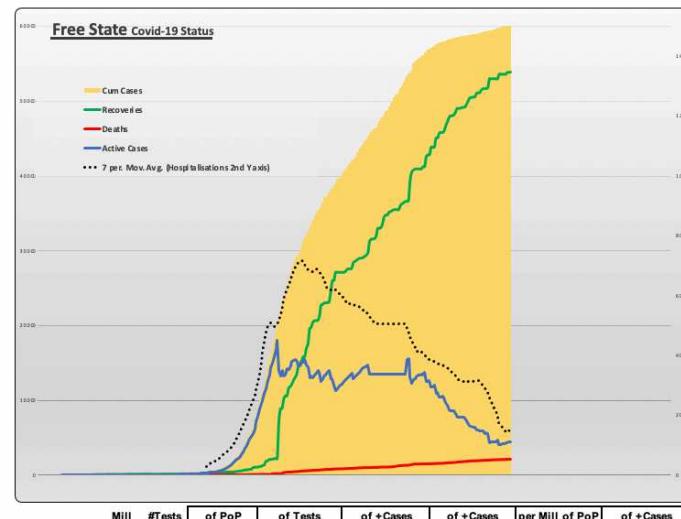
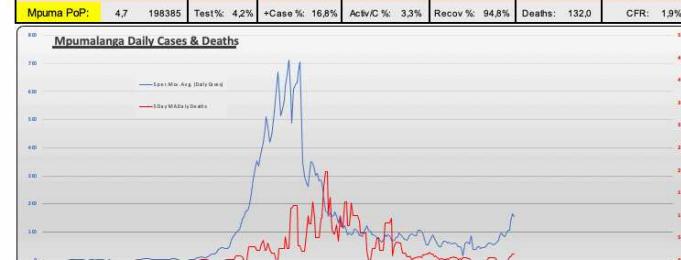
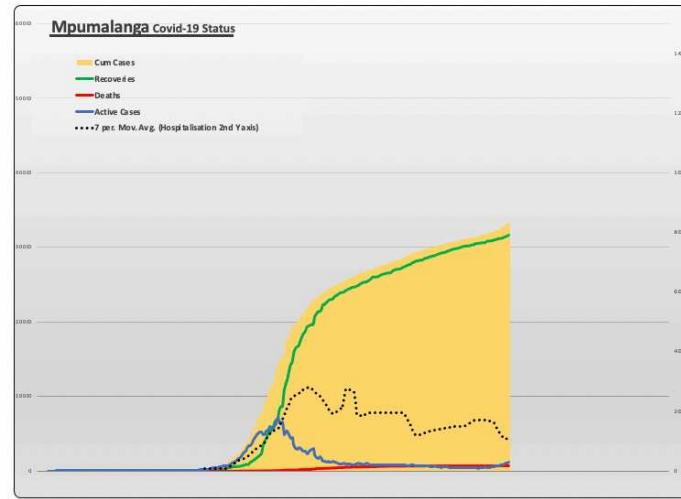
Provinces







Data as at 21 October 2020 Unless otherwise indicated





A mask is better than a
ventilator , Home is
better than ICU.
Prevention is better
than Cure.
It's not CURFEW, it's
CARE FOR U.