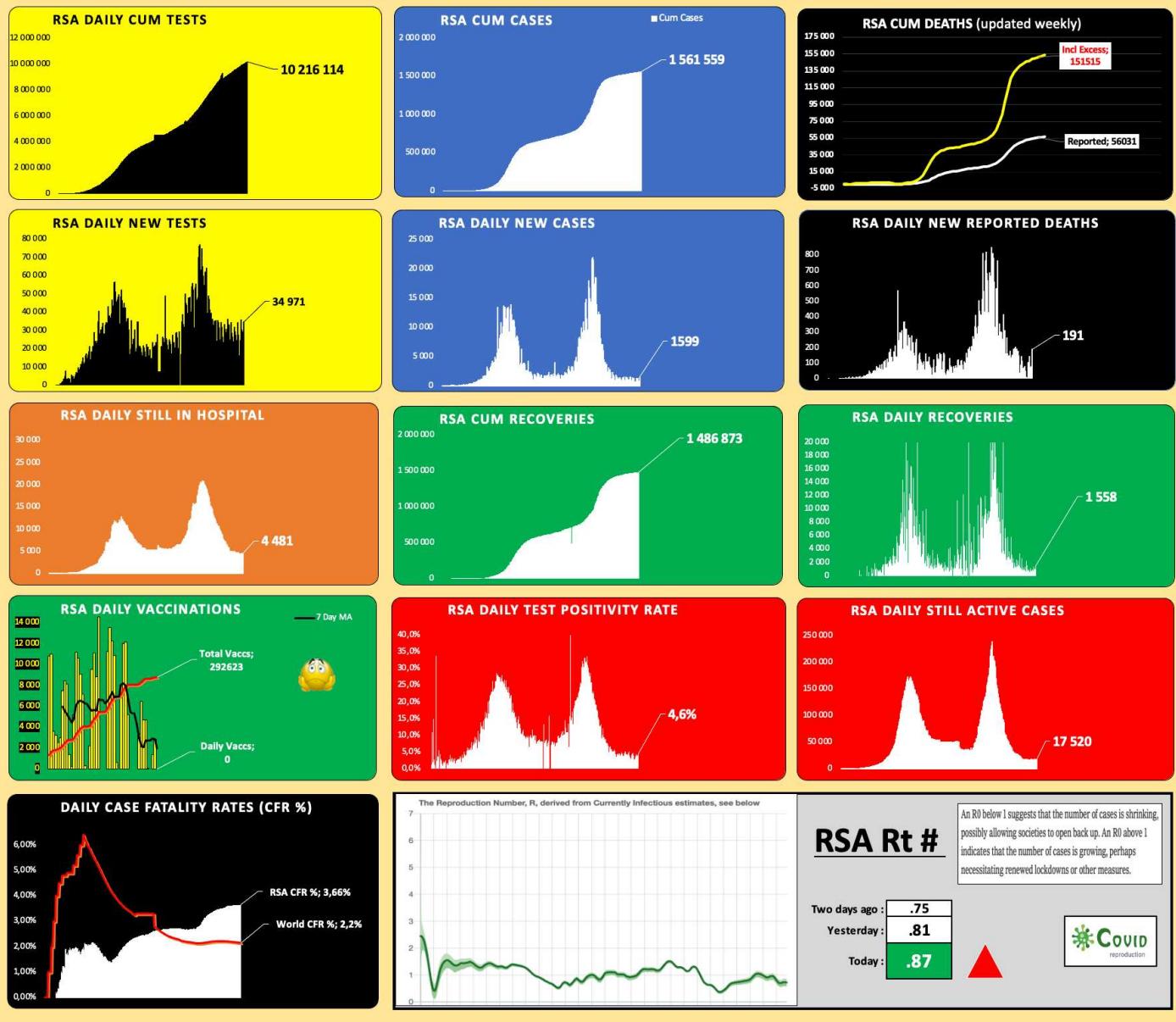


HarryG COVID-19 Dashboard

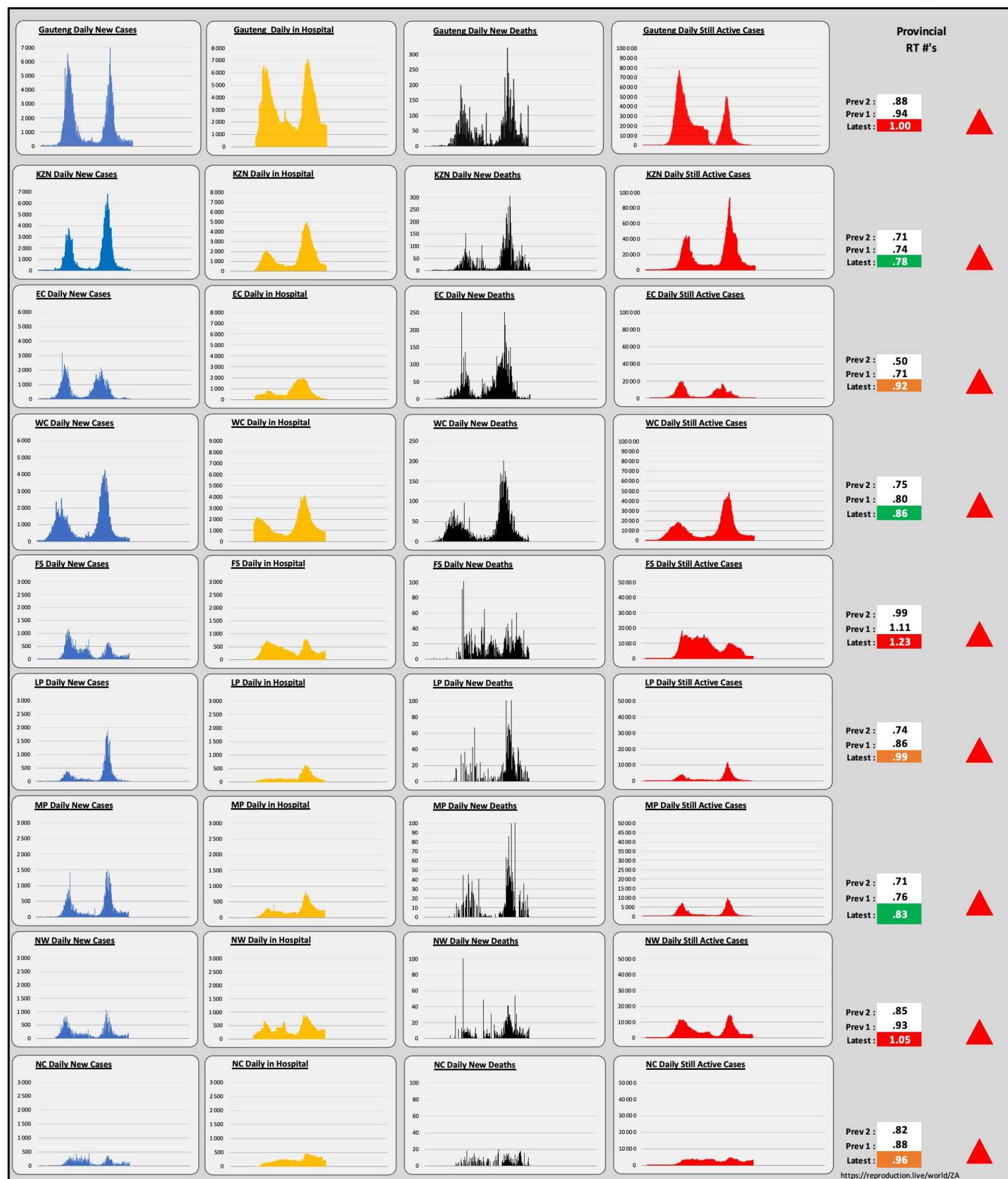
Page 1

Cum Cases			Daily Cases		RSA COVID-19 DASHBOARD		Daily Still in Hospitals	% of Reported Cum Cases who Died (CFR)	Vaccinations:		
Still Active +Cases	Cum Cases p mill PoP	Cum Deaths p mill PoP					4481	3,66%	Total	Yesterday	Avg
17 520 ▼	26 079	955							292 623	0	5 852
Deaths Avg Age	Deaths Min Age	Deaths Max Age							% of RSA PoP who have died to date: Reported Incl Excess		
62,3	0,2	105							0,095% 0,192%		
Female : Male :			Cases	Deaths	CFR	Median Age			Cum Recoveries:		
57,8%	52,1%	3,05%				58,2	1 486 873	95,2%			
42,2%	47,9%	3,84%									
07-Apr											



RSA Provinces detailed daily Data and Trends Jan 2020 to Dec 2021

Page 1.1



Data as at: 14 April 2021

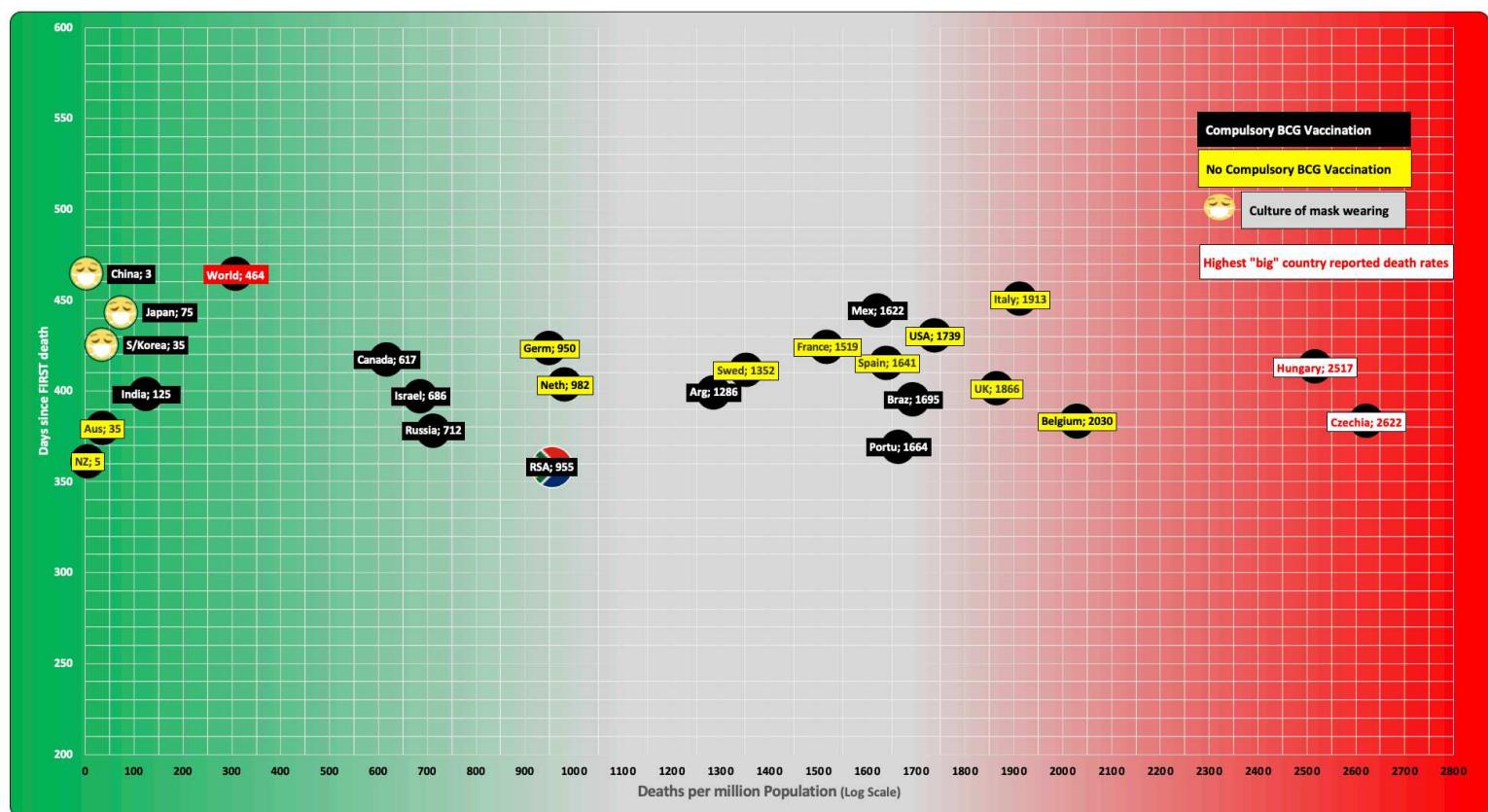
Unless otherwise indicated

hdg 15 April 2021

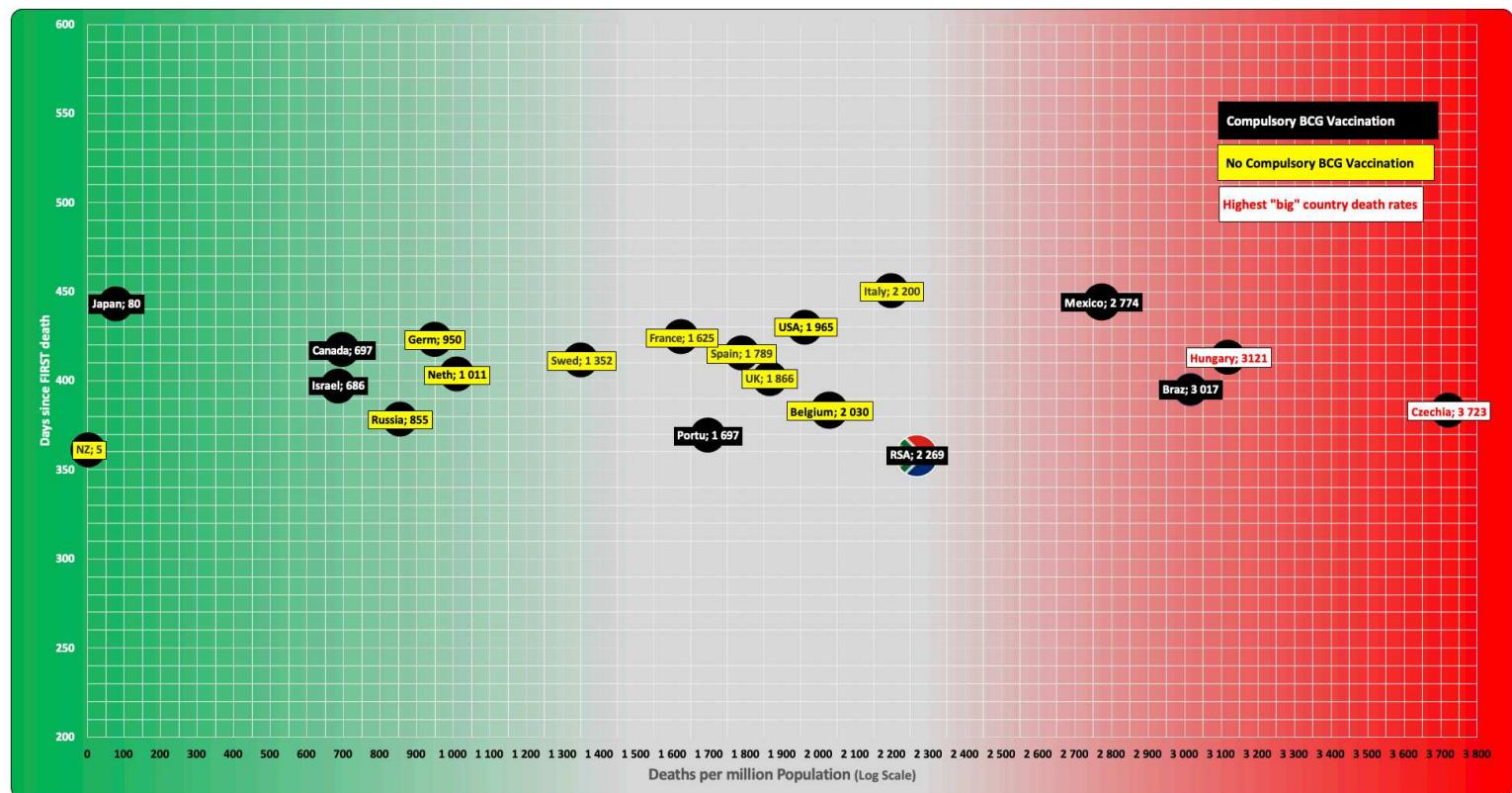
<https://reproduction.live/world/ZA>

Selected Countries' Reported Deaths per mill PoP

Page 2



Selected Countries' Deaths incl Excess Deaths per mill PoP (where data available)



Coronavirus Riskiest Activities

According to 500+ epidemiologists & health professionals

- ⌚ risk factors to consider
- 👤 people how many?
- 📏 space how close is the contact?
- ⌚ time how long the exposure?
- 📍 location inside or outside?
- ➡ surfaces lots of high touch?
- 📍 area high number of cases?
- ⌚ covidicity how likely is compliance?

LOW RISK

- gas/petrol station
- older kid playdates
- takeout food
- outdoor exercise
- tennis
- golf
- camping
- vacation overnight (if driving)
- see your doctor
- walk in busy downtown
- beach
- grocery shopping
- outdoor dining
- library/museum
- vacation home with another family
- but not if you can't social distance
- but avoid crowds
- consider cleaning afterwards
- take care in waiting room

MEDIUM RISK

- stay at a hotel
- small backyard barbecue
- small outdoor picnic
- public pool
- use a public restroom
- visit a mall
- get a haircut
- work in a shared office
- young kid playdates
- play ground
- cinema/movie theatre
- ride the subway/bus
- eat at a restaurant (dine-in)
- watch for shared condiments
- limit time in common areas like lobbies

HIGH RISK

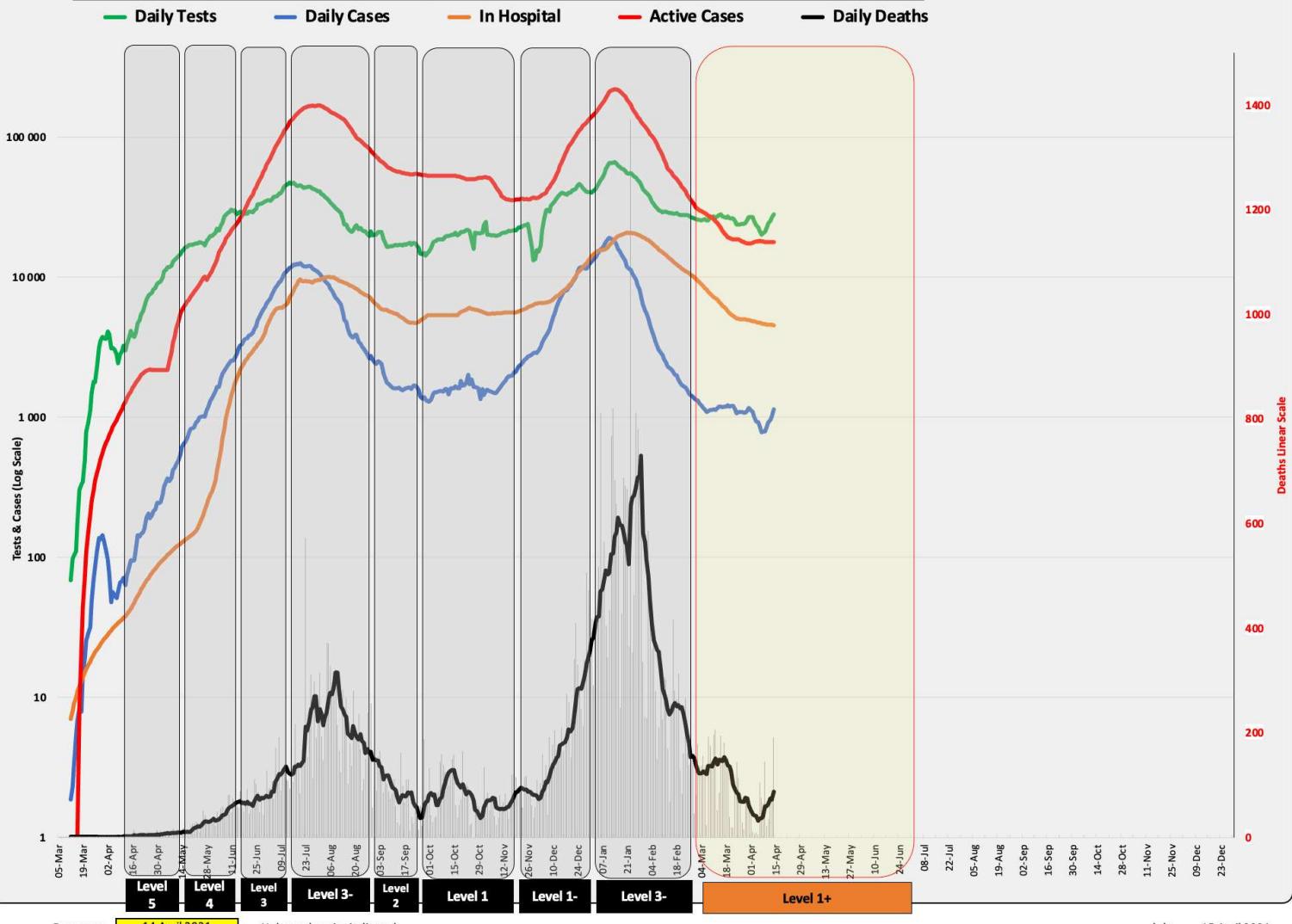
- airplane
- visit an elder in their home
- basketball
- bowling
- casino
- exercise at a gym
- ride the subway/bus
- eat at a restaurant (dine-in)
- church
- buffet
- singing is very high risk; increases airborne viral spread
- nightclub
- attend a wedding or funeral
- see a concert or play
- hug or shake hands
- indoor party
- indoor bar
- sports stadium
- amusement park
- stop routinely wearing a face mask
- go out with someone you don't know well

Risk reduced by wearing a mask, social distancing & washing hands

informationisbeautiful

sources: New York Times, Reuters, NPR, SF Gate & others

RSA Daily Testing v Daily Cases v Daily Deaths 7 Day MA



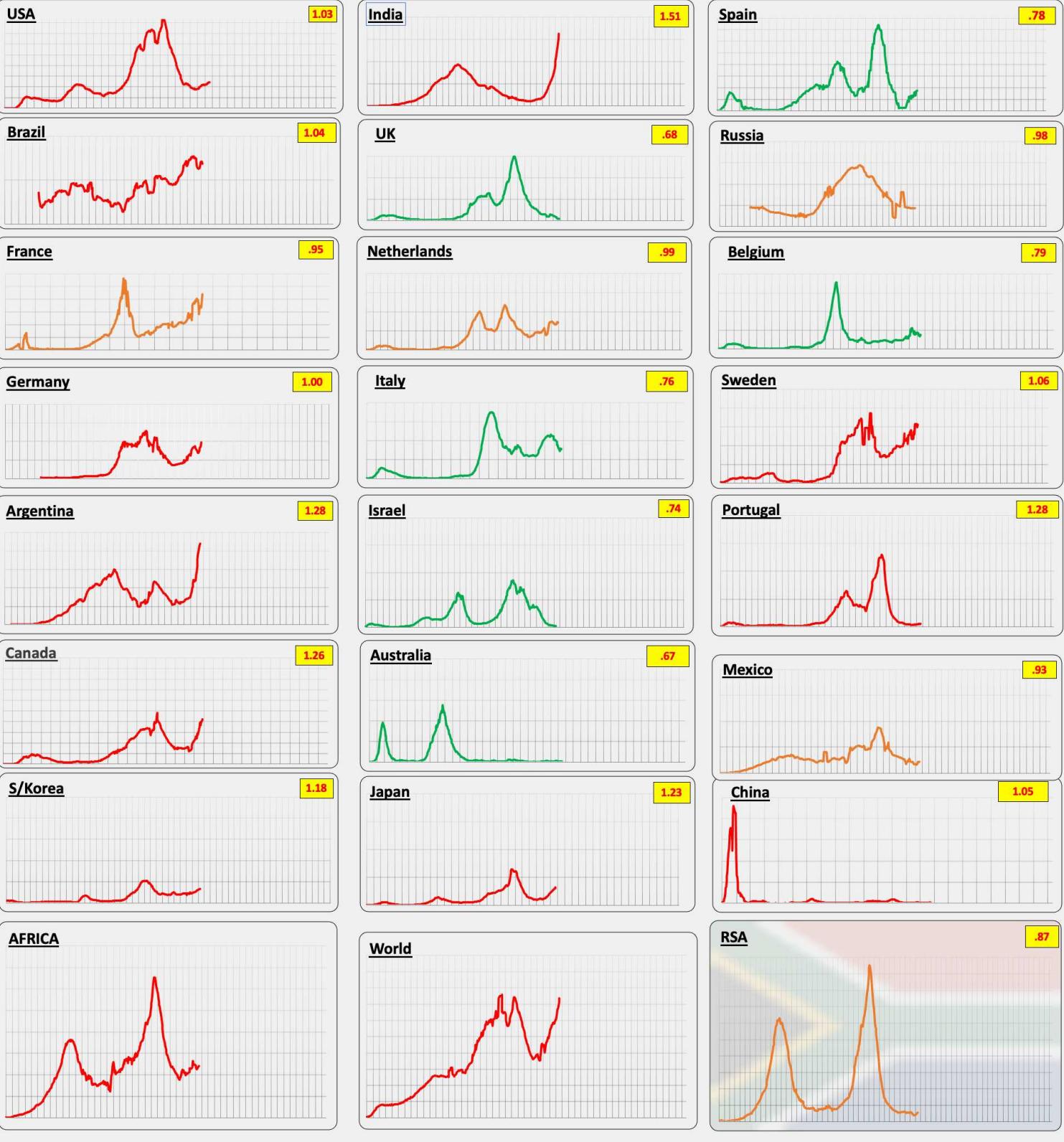
Data as at: 14 April 2021

Unless otherwise indicated

hdg 15 April 2021

World Daily Reported New Cases 7 Day MA

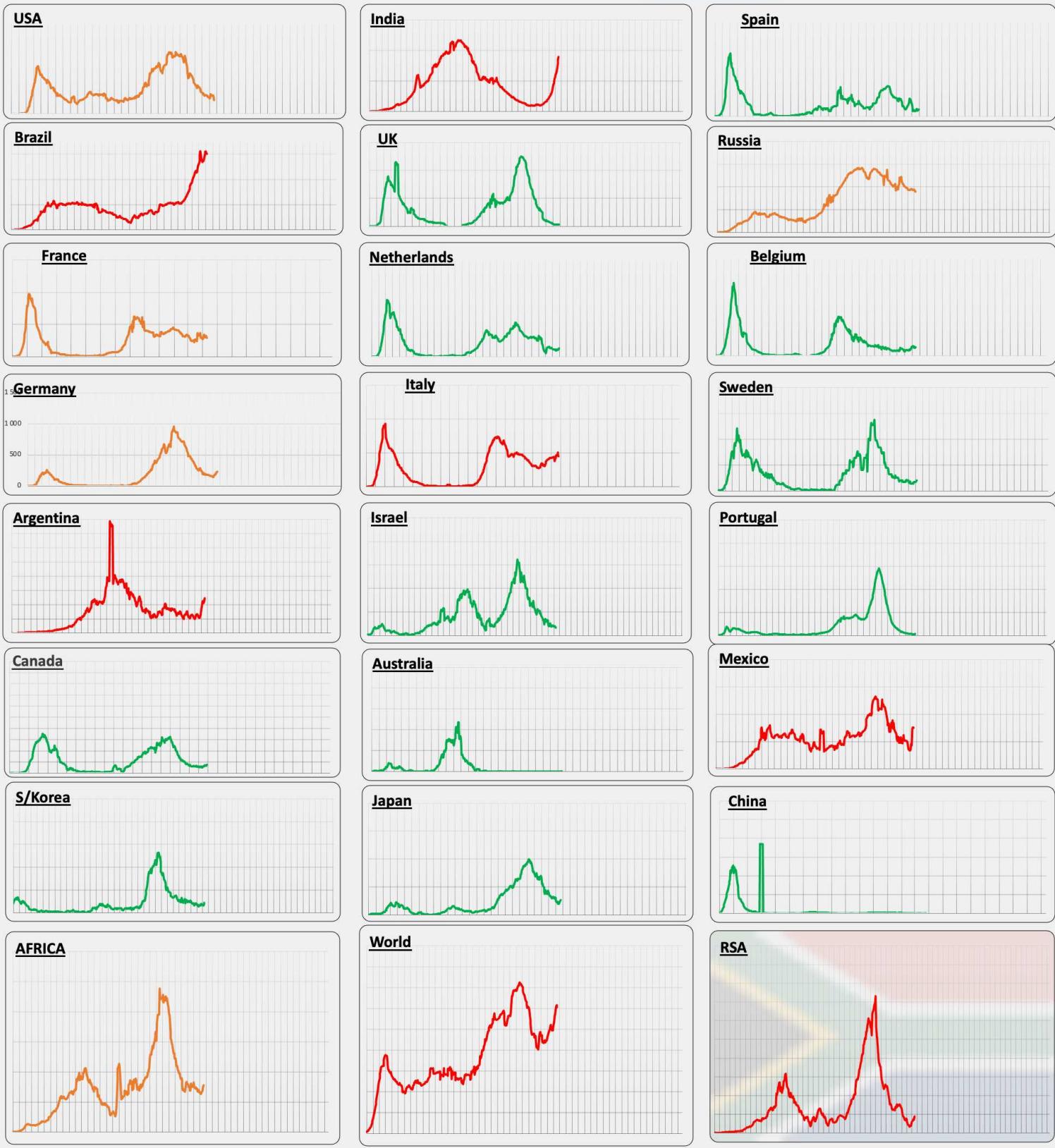
7 Day MA Rising with Rt > 1
7 Day MA Stable with Rt < 1
7 Day MA Declining with Rt < 0.9
Latest Rt #'s 



World Daily Reported Deaths 7 Day MA

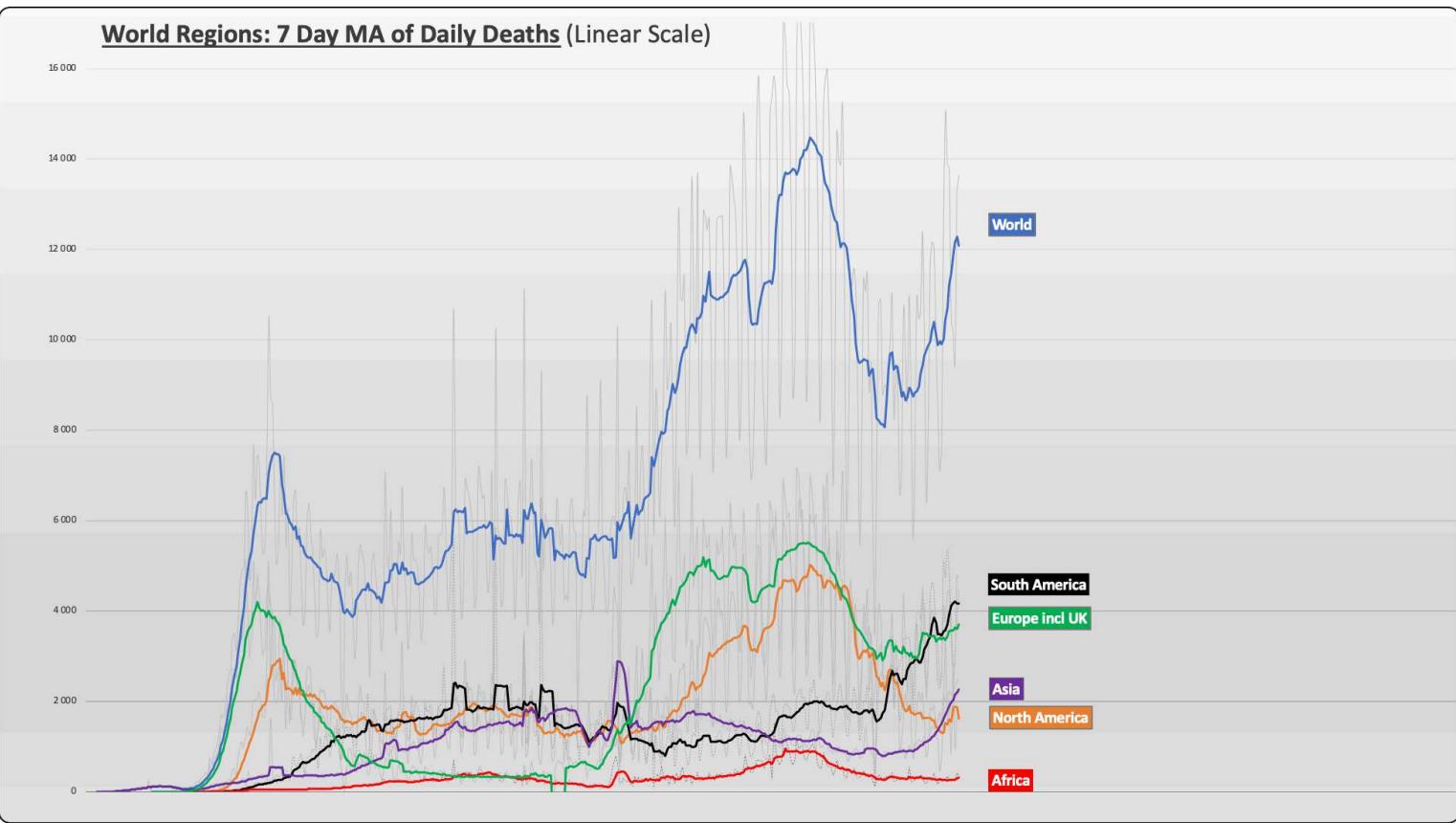
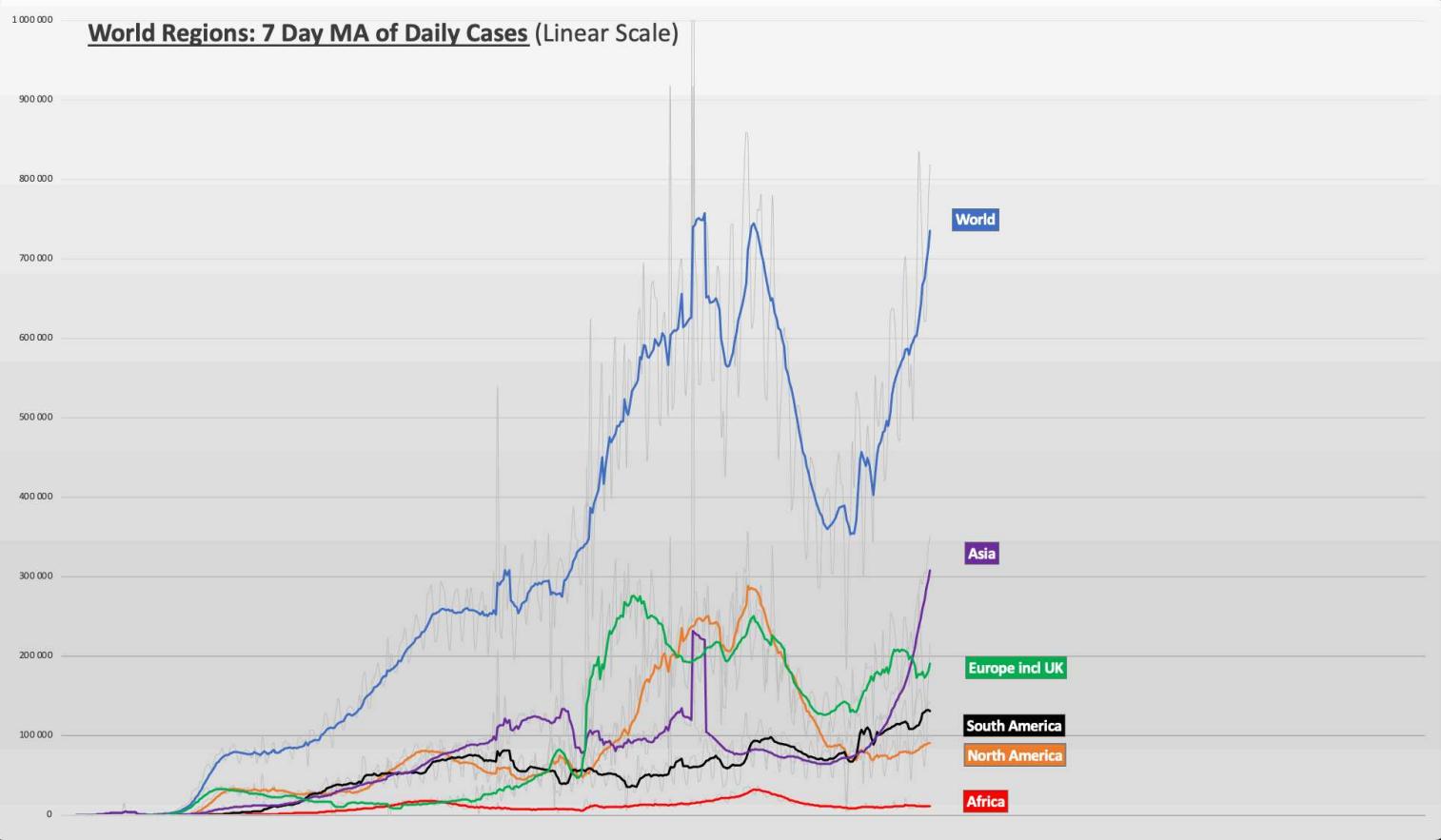
Page 2.3

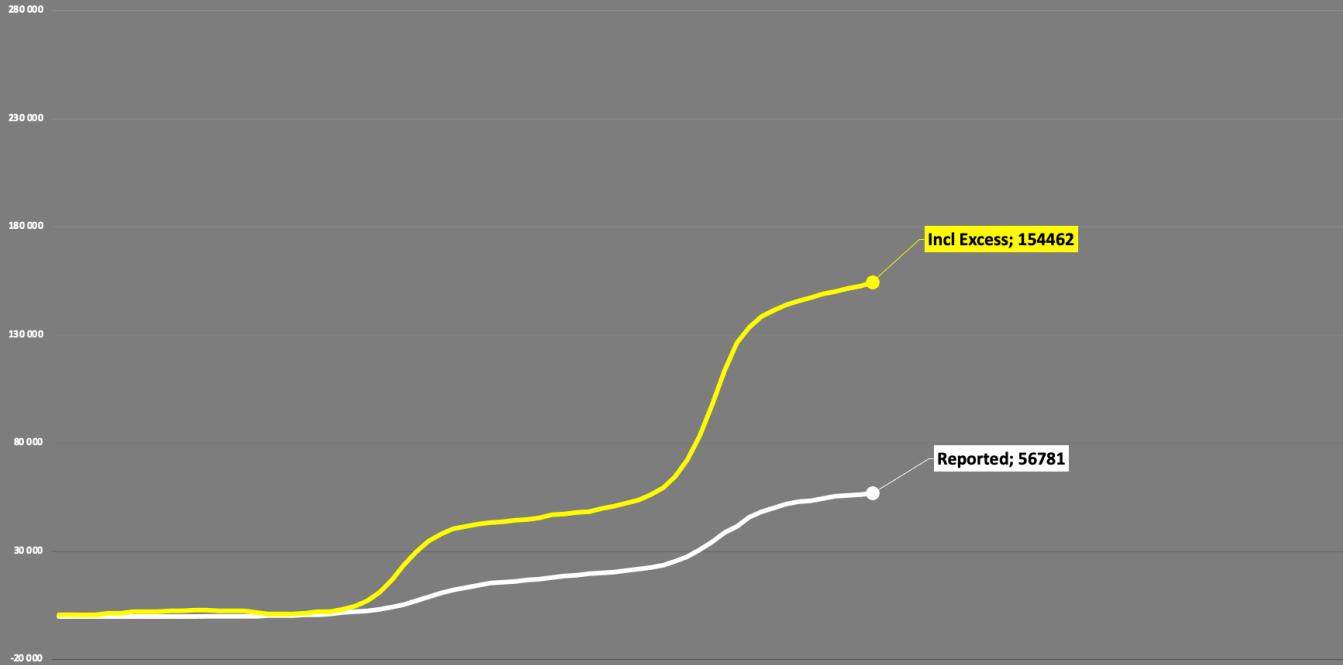
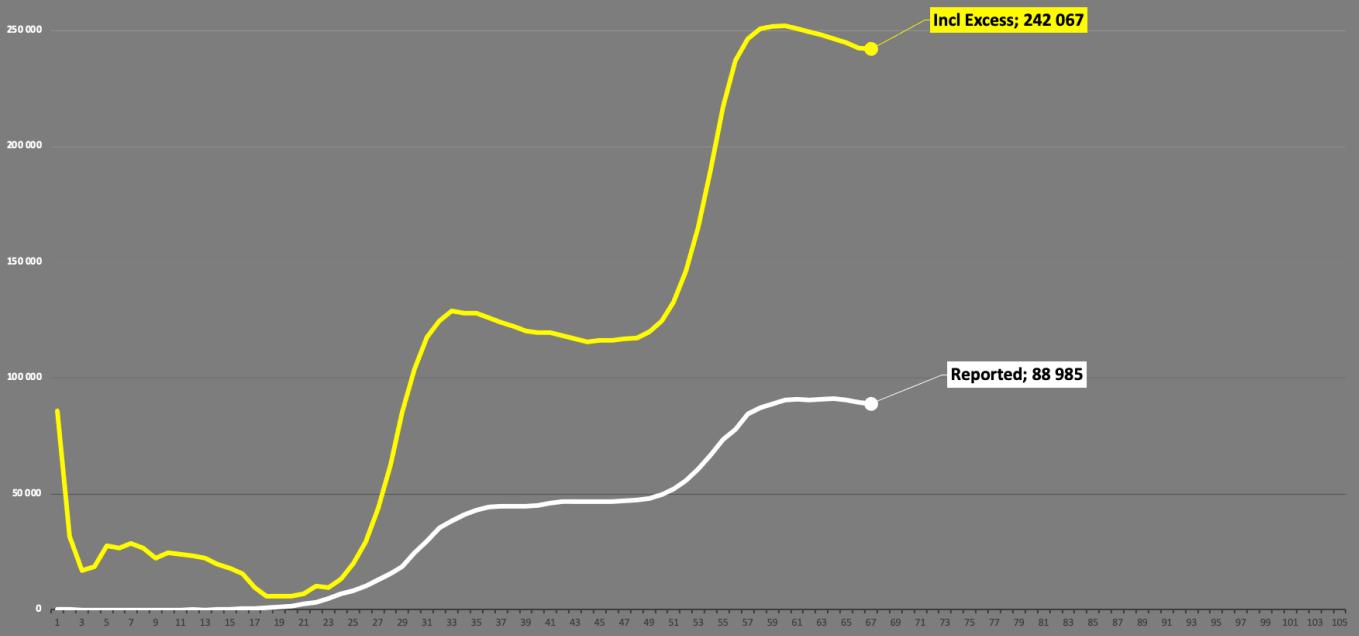
7 Day MA Rising
7 Day MA Declining but still high
7 Day MA Low and stable

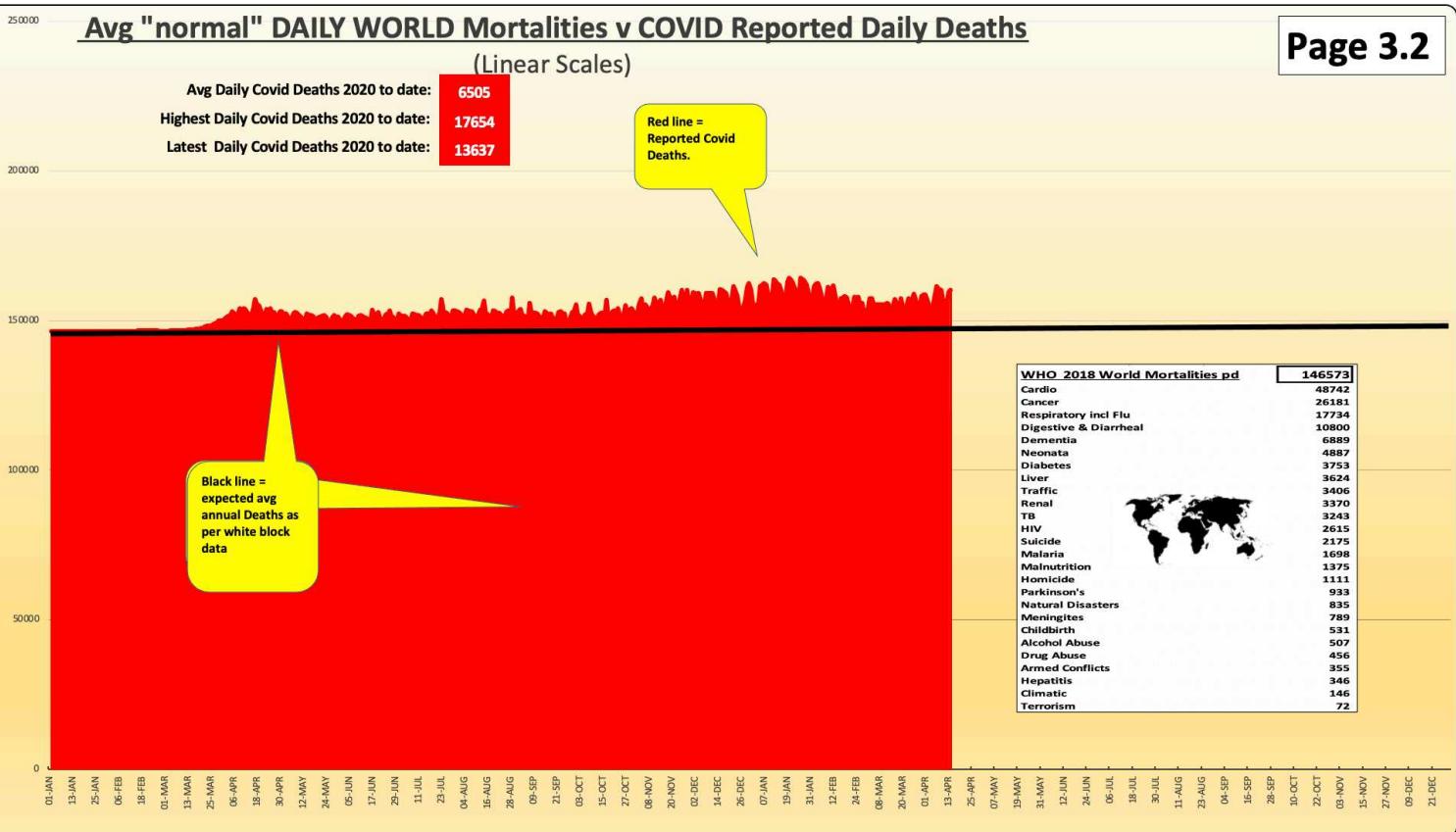


7 Day Moving Average of Daily Reported Deaths & Cases by World Region

Page 3.0



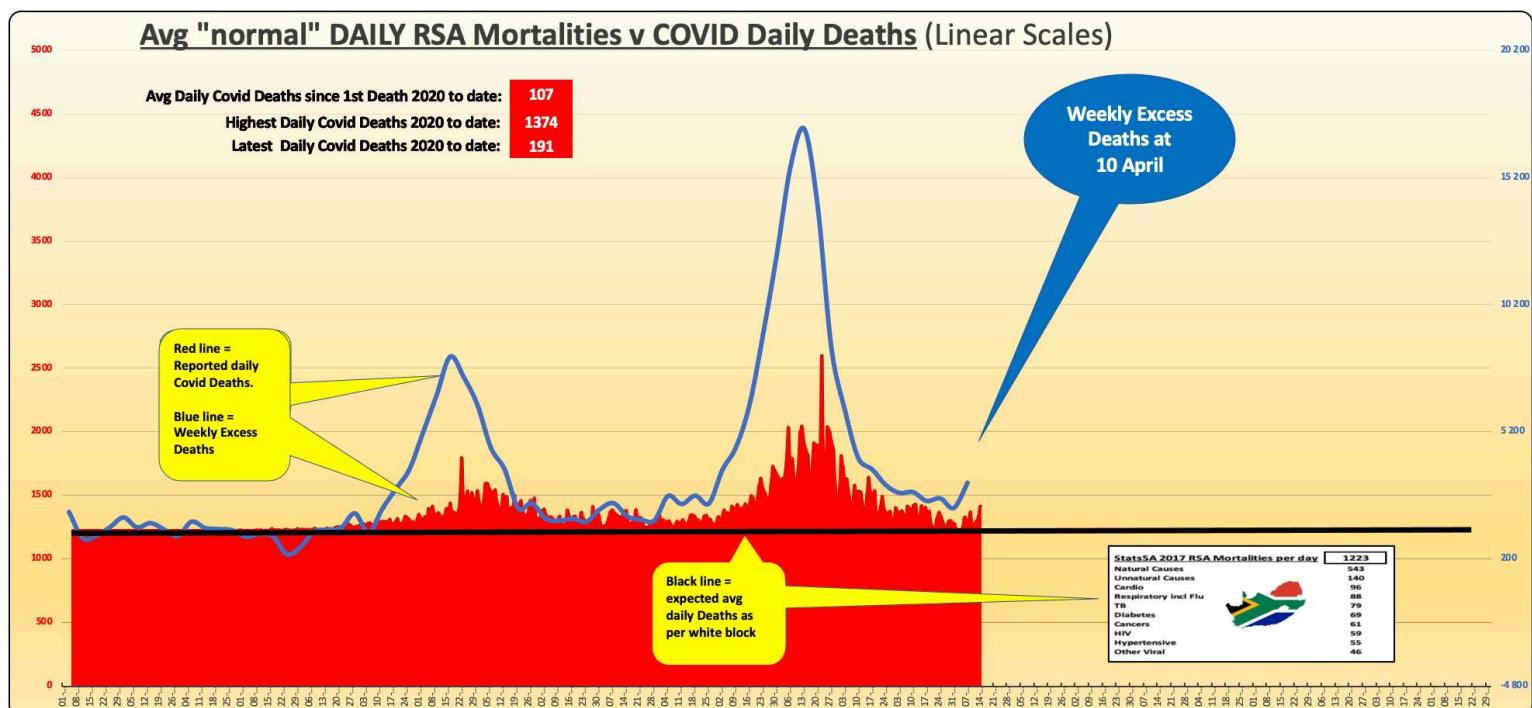
RSA CUM DEATHS (updated weekly)**RSA CUM DEATHS PROJECTED TO end 2021 (updated weekly)**



The two graphs WORLD (above) and RSA (below) attempt to put the number of Covid Deaths into some sort of perspective graphically. The big RED blocks below the black lines are TOTAL Daily Avg Deaths from ALL causes.

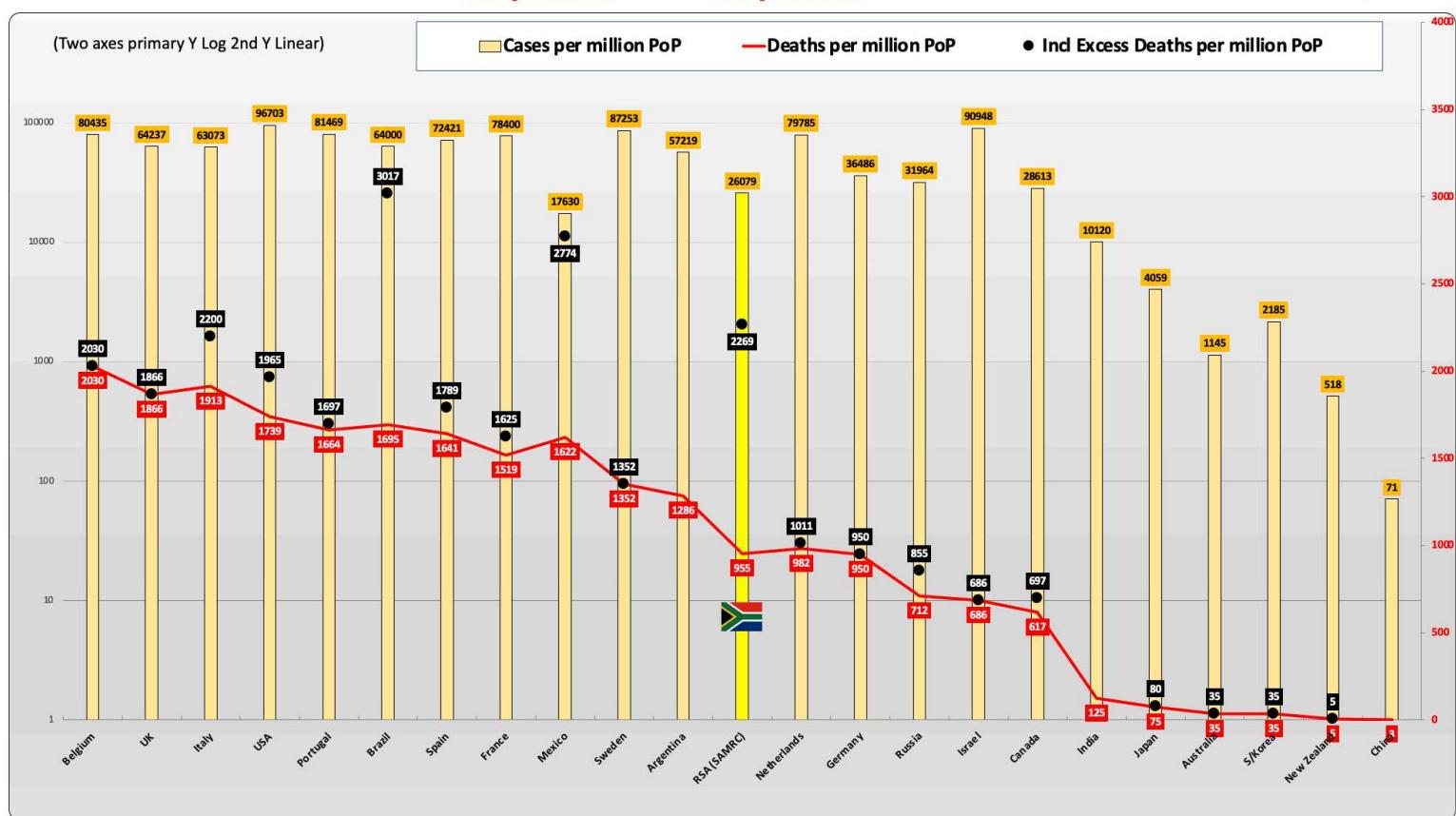
The RED area/lines on top of the red blocks are the INCREMENTAL Actual Daily Deaths due to Covid as officially reported.

The BLUE line in the bottom RSA graph shows the SAMRC Excess Deaths weekly numbers.

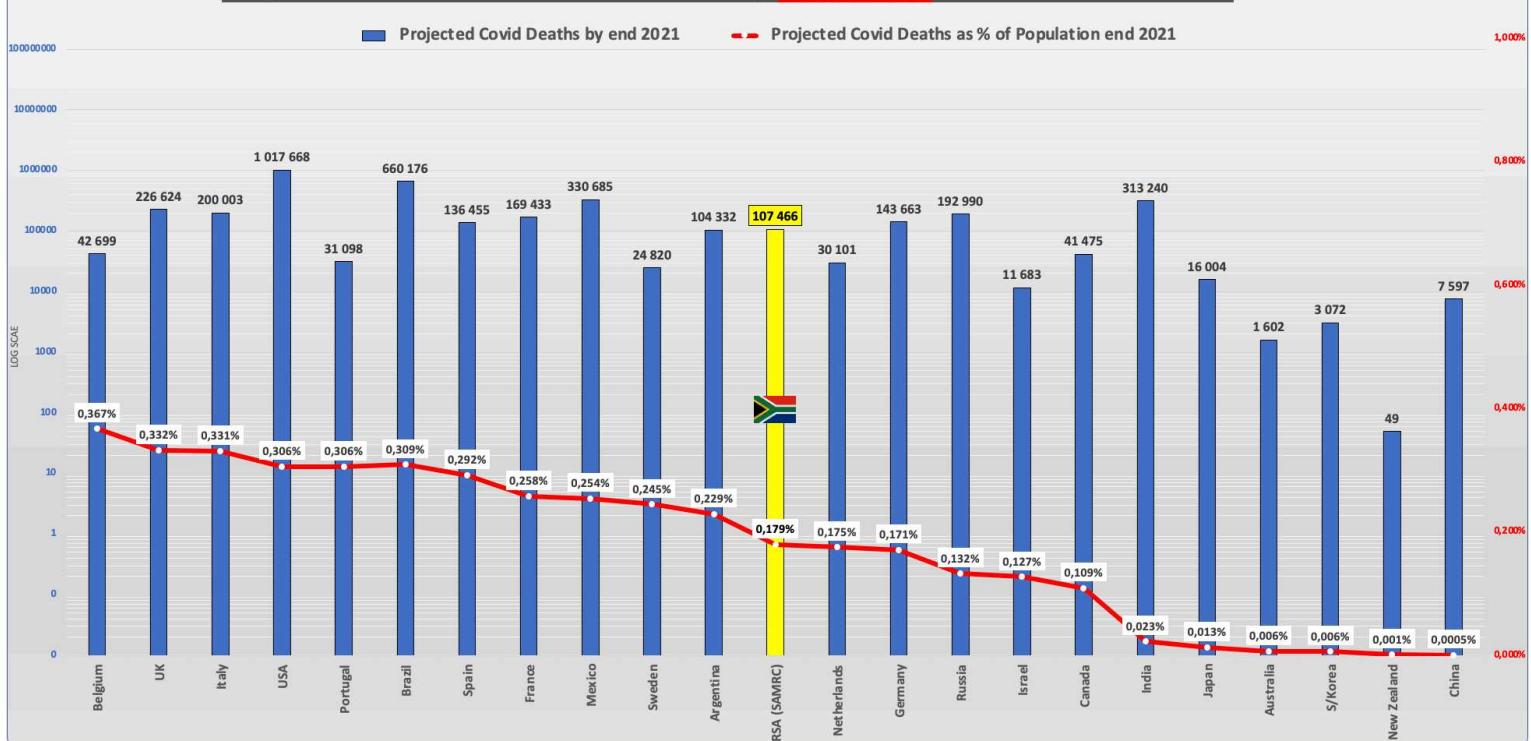


Selected Countries' Current Reported Cases, Reported Deaths & Excess Deaths

Page 4



Projected Deaths by end 2021 per country and % Deaths of Country Populations at current officially reported Deaths Numbers



Data as at: 14 April 2021

Unless otherwise indicated

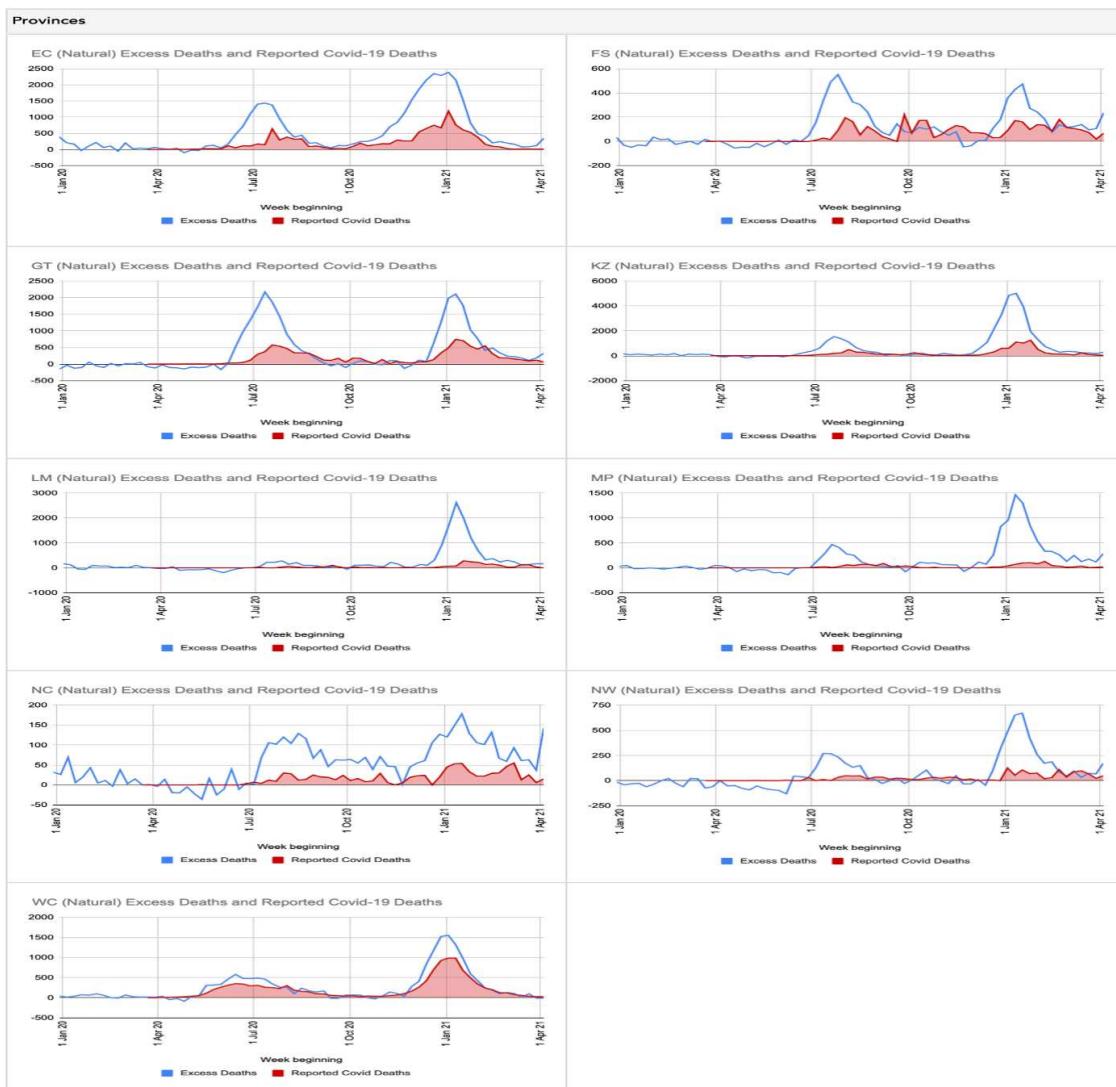
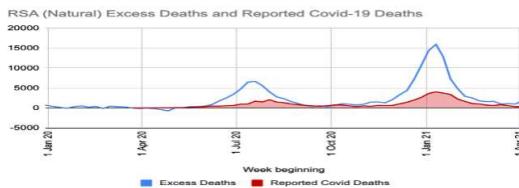
hdg 15 April 2021

RSA Excess Deaths as per SA Medical Research Council

as at: **10 April 2021**

Page 5

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.



The red lines are weekly Covid deaths as reported by Dept of Health.
The blue lines are total Natural Deaths as reported by Dept of Home Affairs.
The gaps are the socalled "Excess Deaths" which can largely be ascribed to Covid, directly (home/rural deaths) and indirectly (limited access to hospitals due to fear of Covid or no space).

Data as at:

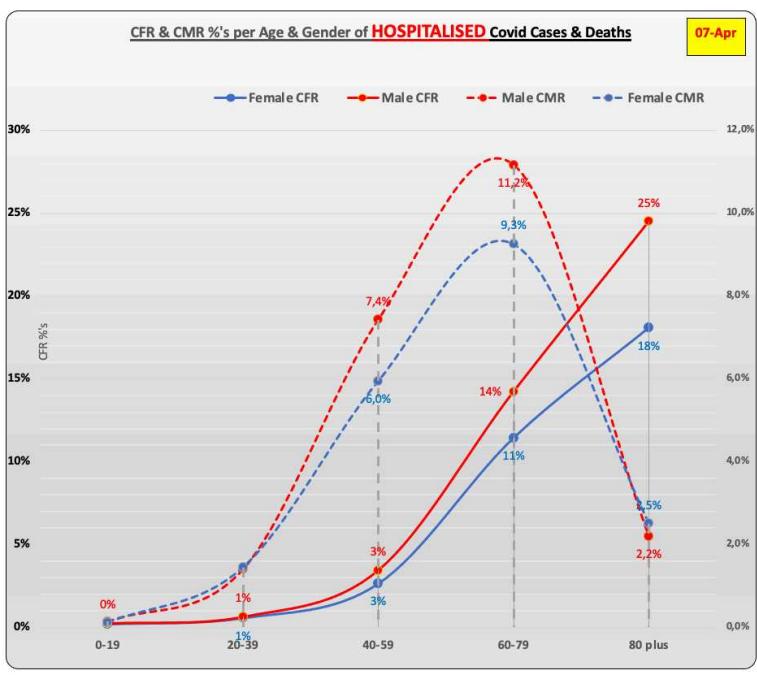
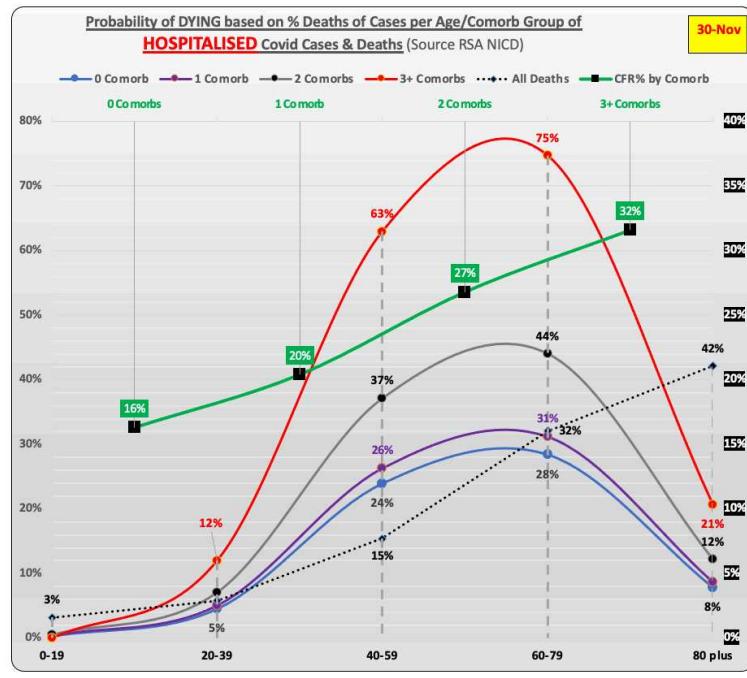
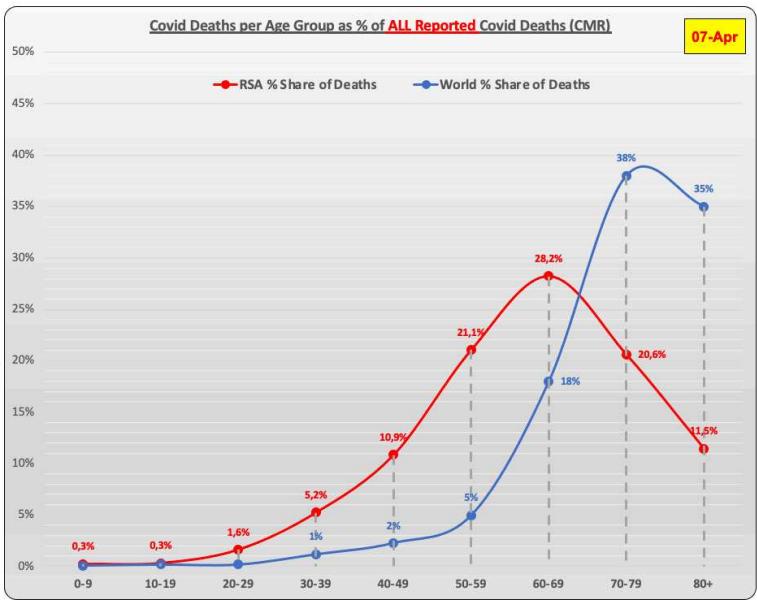
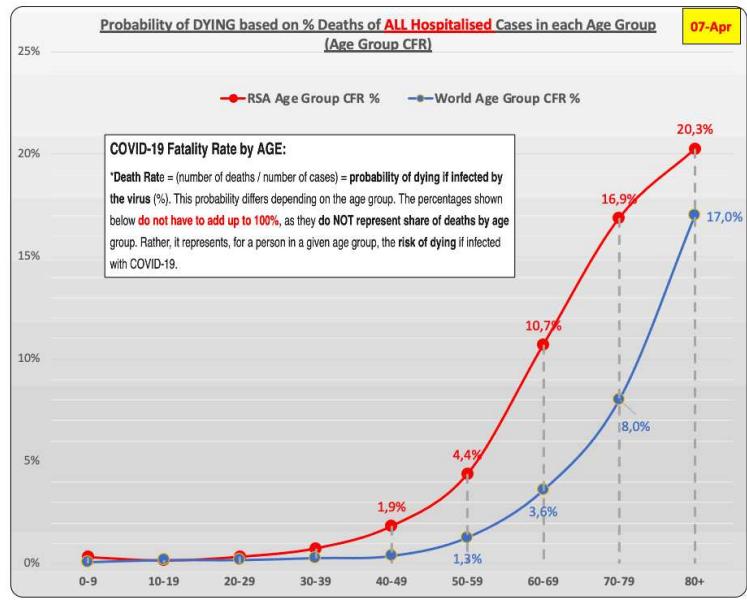
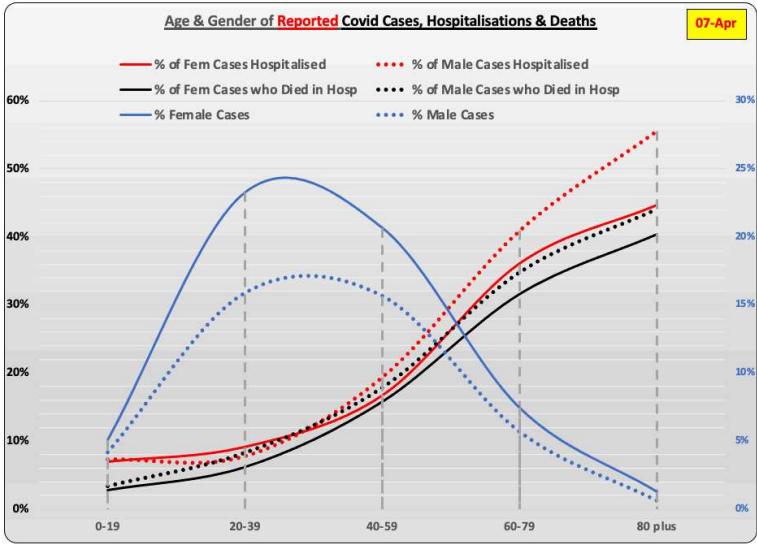
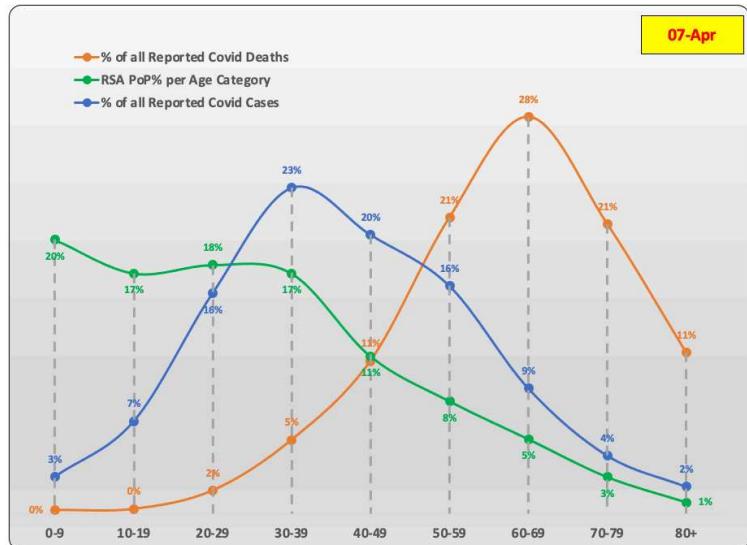
Latest Available

hdg

15 April 2021

RSA Age & Gender Stats

Page 5.1



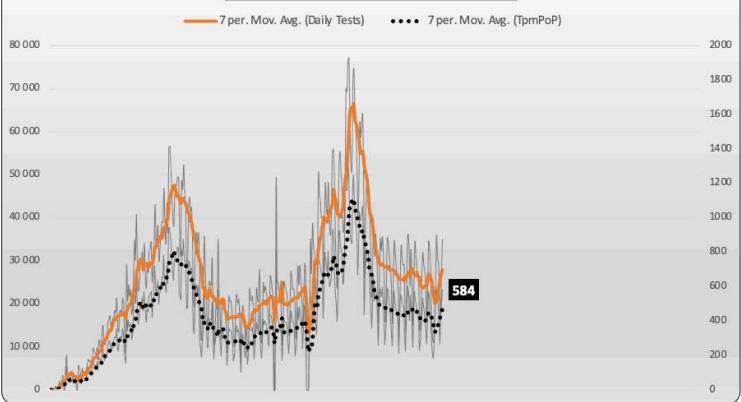
Data as at: As indicated per graph

hdg 15 April 2021

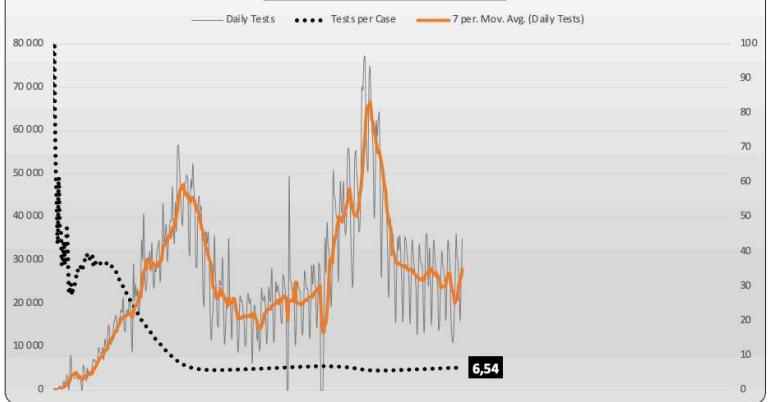
RSA Key Ratios & Comparators (all graphs from Jan 2020)

Page 5.2

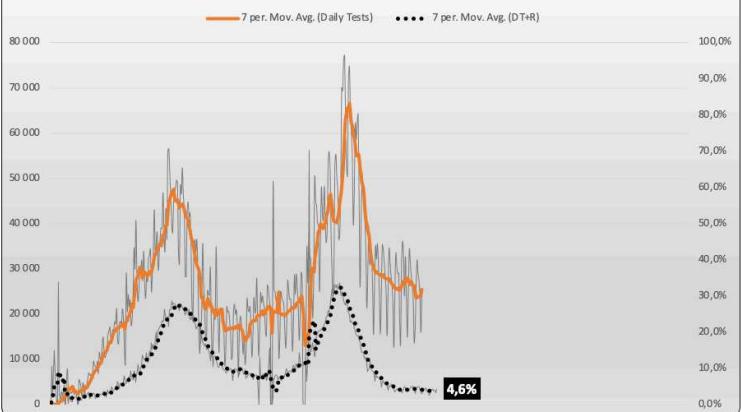
RSA: Daily Tests per million PoP



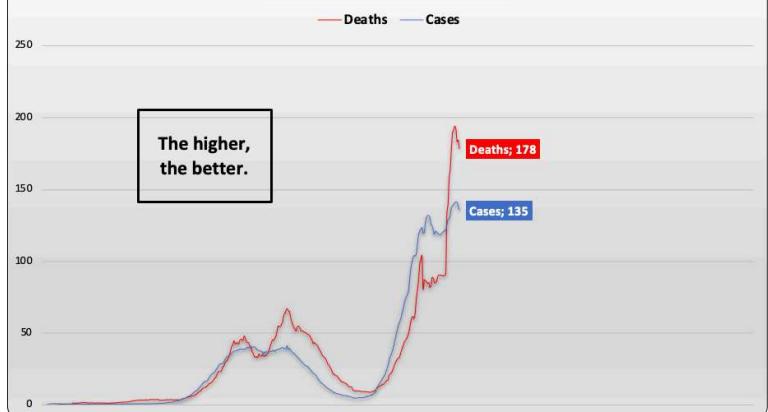
RSA: Daily Tests per +Case



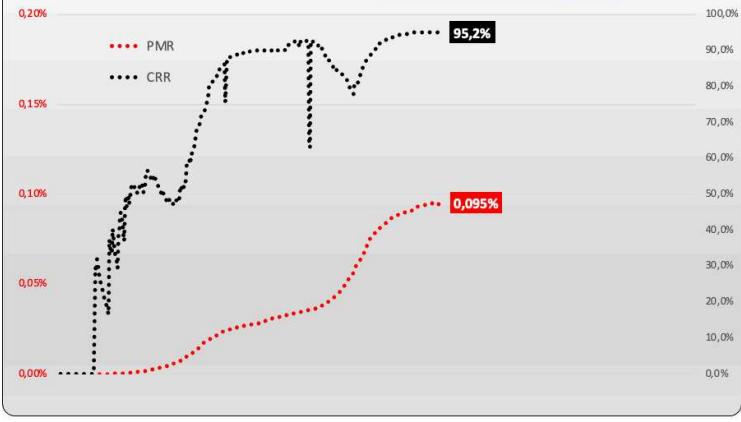
RSA: Daily Tests Positivity %



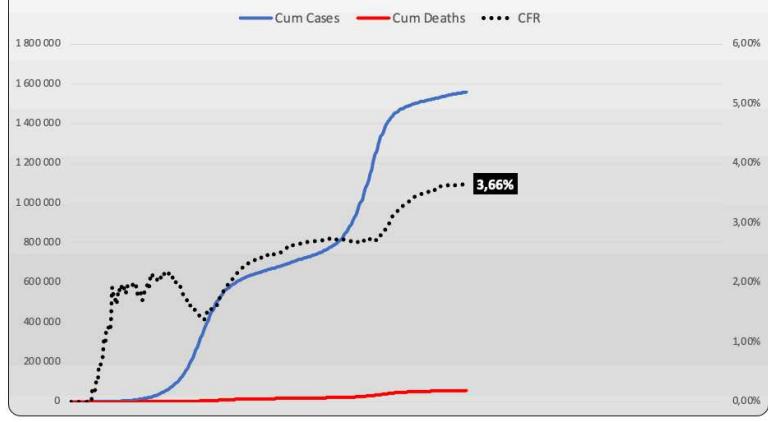
RSA Doubling Times in Days



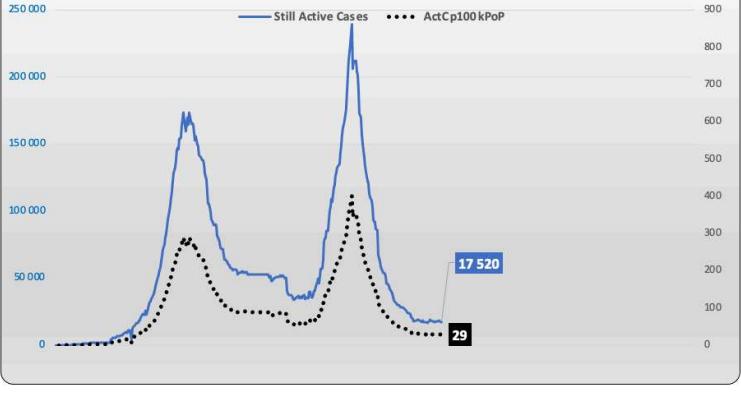
RSA: Case Recovery Rate & PoP Covid Mortality Rate



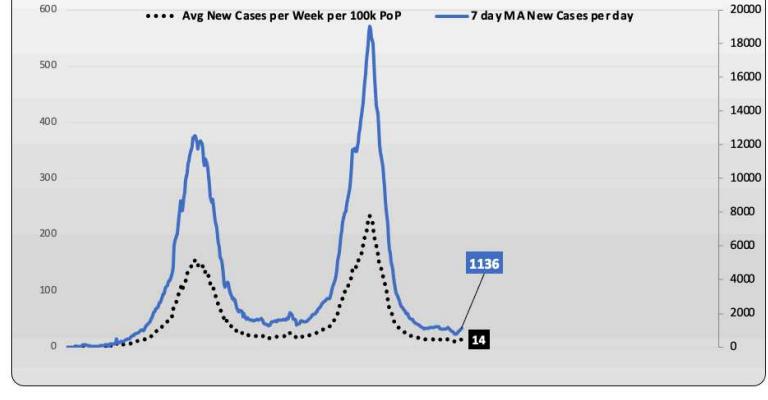
RSA: Covid Deaths as % of Reported Cases (CFR)



RSA: Still Active Reported Cases per 100k PoP



RSA: Avg New Reported Cases per week per 100k PoP



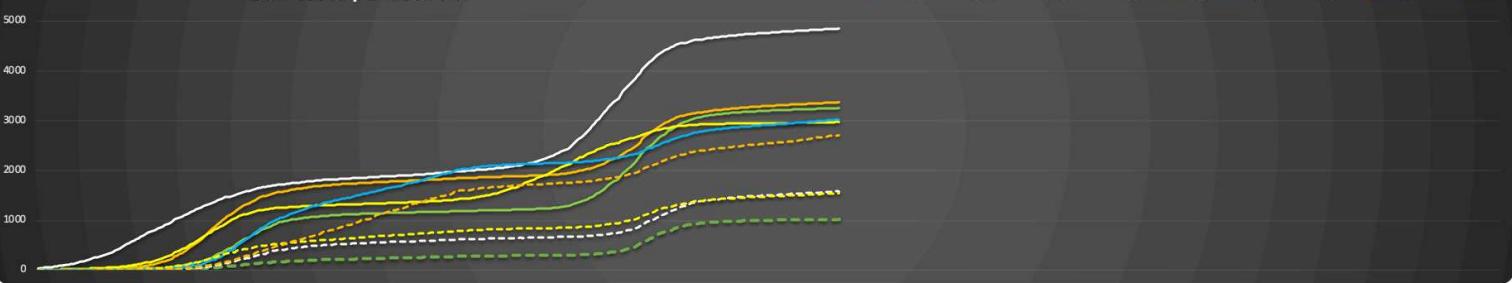
RSA & Provinces Key Data Sets

All linear scales

Page 5.3

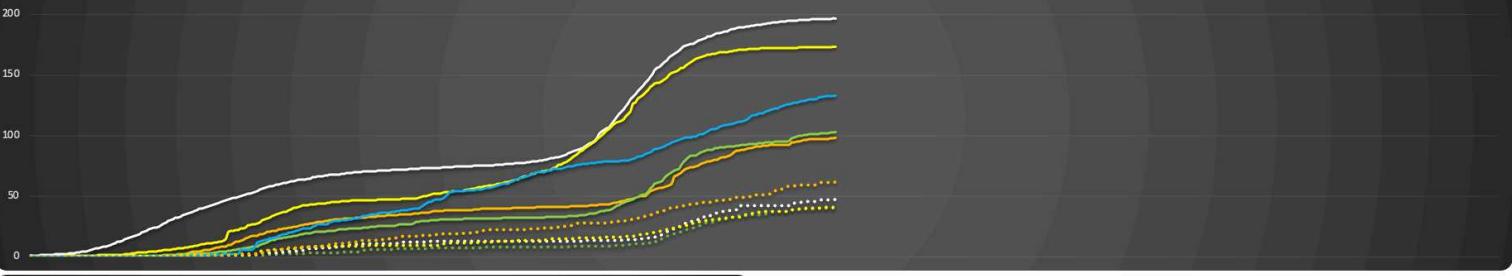
Cum Cases per 100k PoP

GP WC KZN EC FS IP MP NW NC



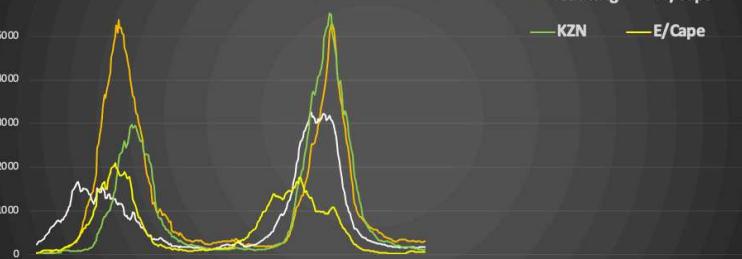
Cum Deaths per 100k PoP

GP WC KZN EC FS IP MP NW NC



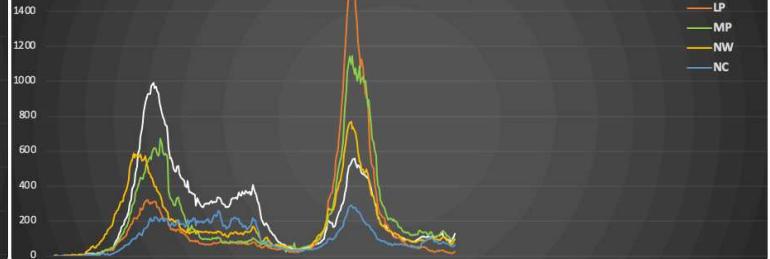
Major Provinces Daily Cases 7 Day MA

Gauteng W/Cape
KZN E/Cape



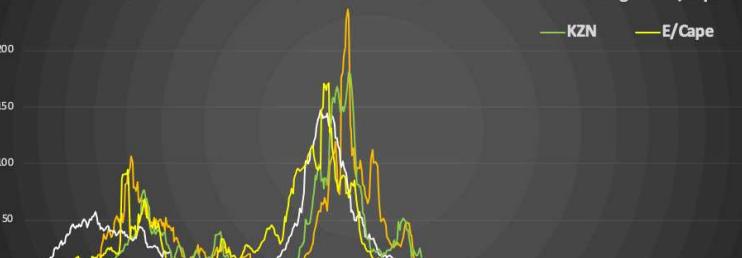
Smaller Provinces Daily Cases 7 Day MA

PS LP MP NW NC



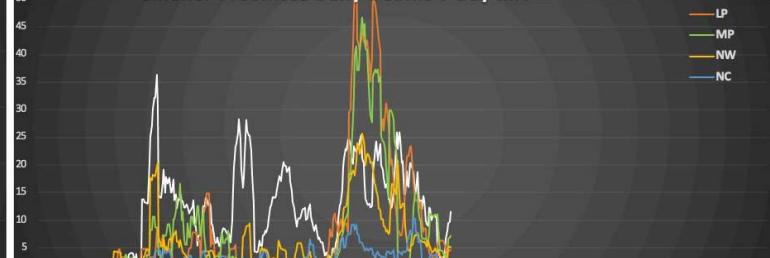
Major Provinces Daily Deaths 7 Day MA

Gauteng W/Cape
KZN E/Cape



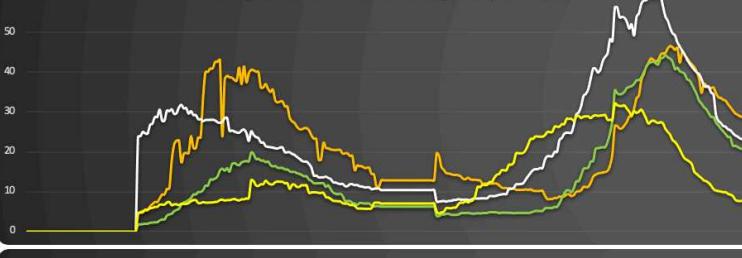
Smaller Provinces Daily Deaths 7 Day MA

FS LP MP NW NC



Major Provinces In Hospital per 100k PoP

GP WC KZN EC

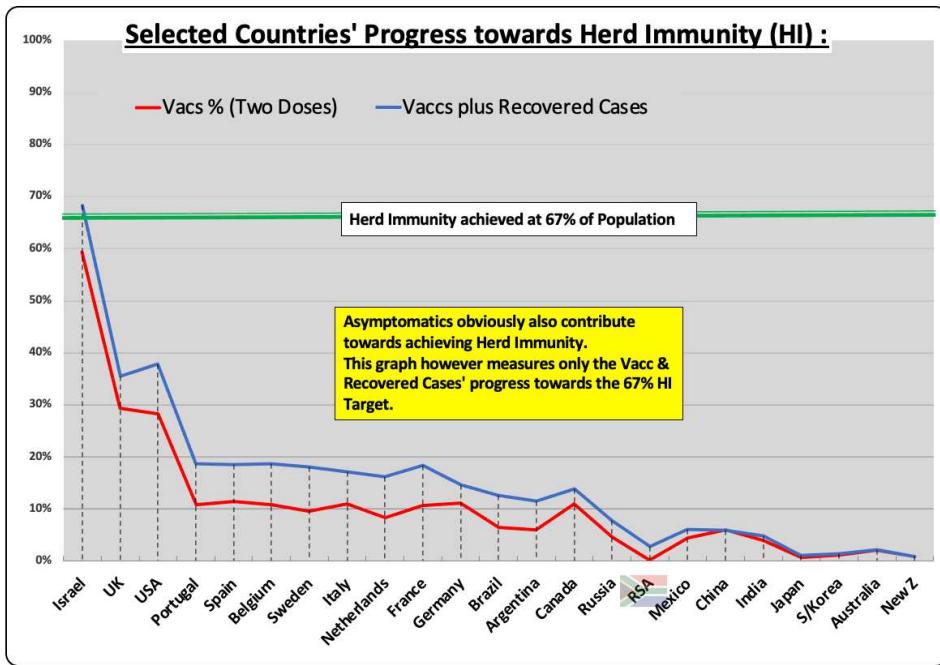
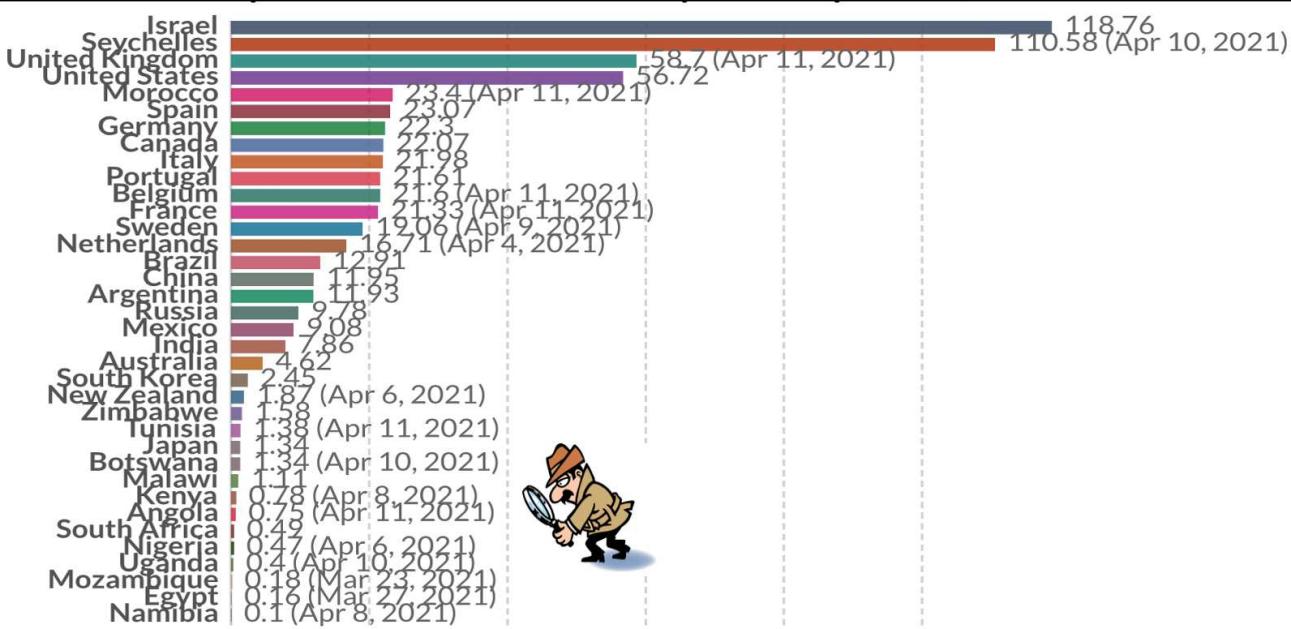


Vaccination Data

Page 6



Selected countries who publish their VAC data : Vaccs per 100 Population (# >100 means into 2nd doses)



How long will it take for RSA to achieve Herd Immunity Target at current rate of Vaccination ?

Vaccs to date: 292 623 (single dose) Avg Vacs per day : 5 852

Herd Immunity Target : 31 000 000 approx 67% of RSA adult PoP Revised down from 22m to 31m on 5 April 2021

14,5 Years



Excludes the contribution to Herd Immunity by Recovered and Asymptomatic Cases.

SA's vaccination plan for the next 10 months



Pfizer BioNTech requires two doses



Johnson & Johnson requires one dose



4 April 2021
About 270,000 health workers had been vaccinated with the one-dose Johnson & Johnson vaccine in the Sisonke trial. The study will cover 500,000 of the 1 to 1.25 million workers

May 2021
Phase two starts. People over 60 will get their turn for vaccinations. If you're over 60 and a member of Discovery Health, you'll be able to register for a jab from 1 May onwards. They're planning to do 50,000 vaccinations of high-risk people per day. Next will be people with comorbidities and other high-risk groups.



= Sisonke Trial

10 April 2021

The last 200,000 free Johnson & Johnson vaccines will arrive on 10 April as part of the Sisonke trial.

Second half of April 2021

1 million paid-for Johnson & Johnson vaccines will arrive in the second half of April. The health workers who hadn't been covered by the Sisonke trial, will be vaccinated first.

April - June

6.75 million two-dose Pfizer-BioNTech vaccines are expected to arrive between April and June. Exact dates are not known at this stage. 5.5 million of these have been ordered from Pfizer and 1.25 million will come via COVAX.

July - Early 2022

Another 19.2 million Johnson & Johnson and 13.25 million Pfizer doses are expected between July and early 2022.

November 2021

In November, everyone else (those who are 18 years and older) will get their turn to get vaccinated against COVID19.

By July 2021

Minster of health Zweli Mkhize said another 900,000 Johnson & Johnson vaccines will arrive in May. In June another 900,000 will be delivered and a further 9 million in July. If all goes according to schedule, this means SA will have 11.8 million Johnson & Johnson jabs by the end of July.

February 2022

Target to have all adults vaccinated by February 2022, this is about 41 million people*

- All of this depends on the availability of vaccines of which there is a global shortage at the moment



Total Vaccines by Early 2022

Johnson & Johnson = 31.5 million
Pfizer-BioNTech = 20 million

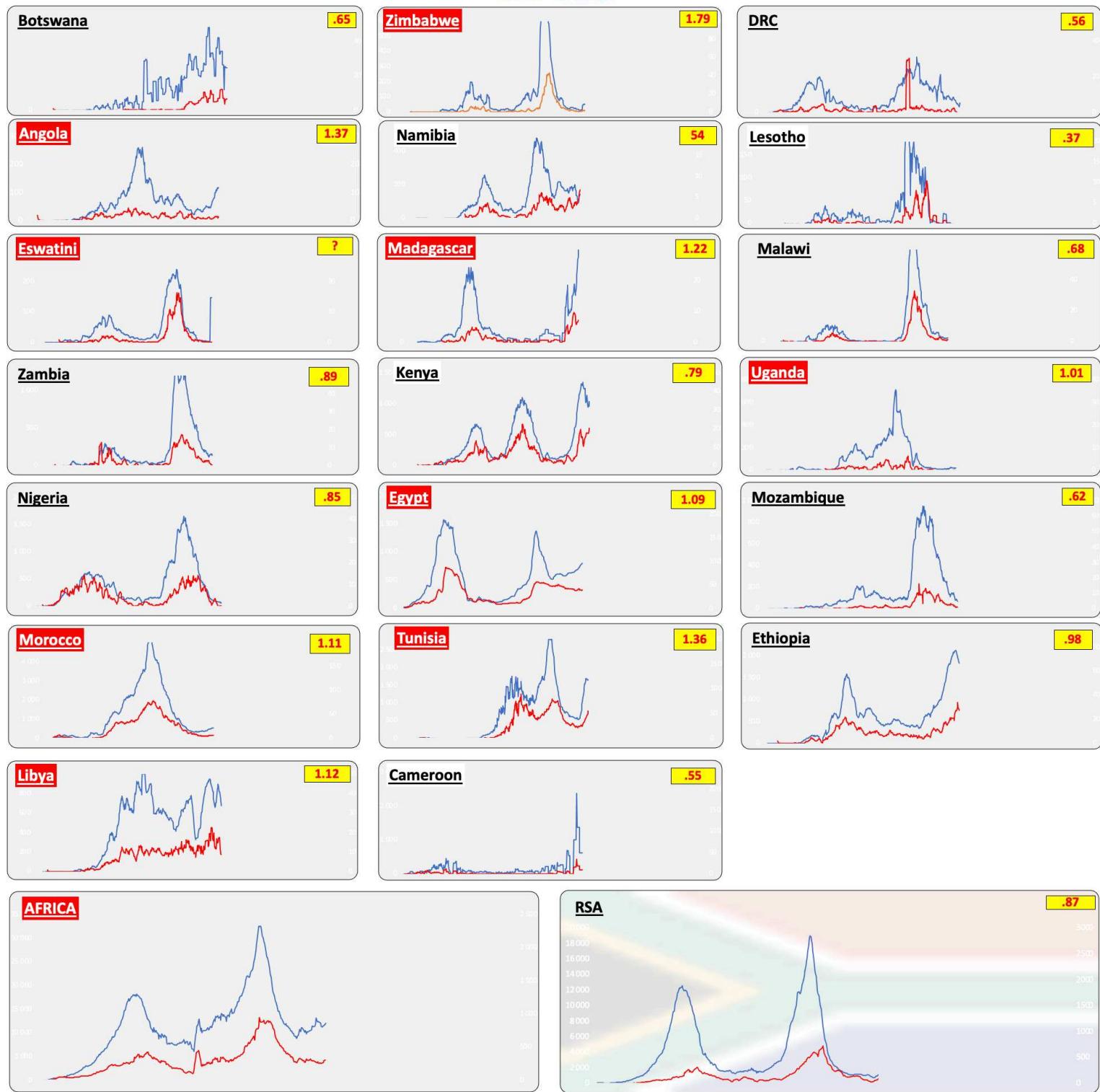
Africa Daily Reported New Cases & Deaths 7 Day MA

Page 6.2

Noteworthy: Good data shows adverse trends

(Jan 2020 to Present)
CASES DEATHS

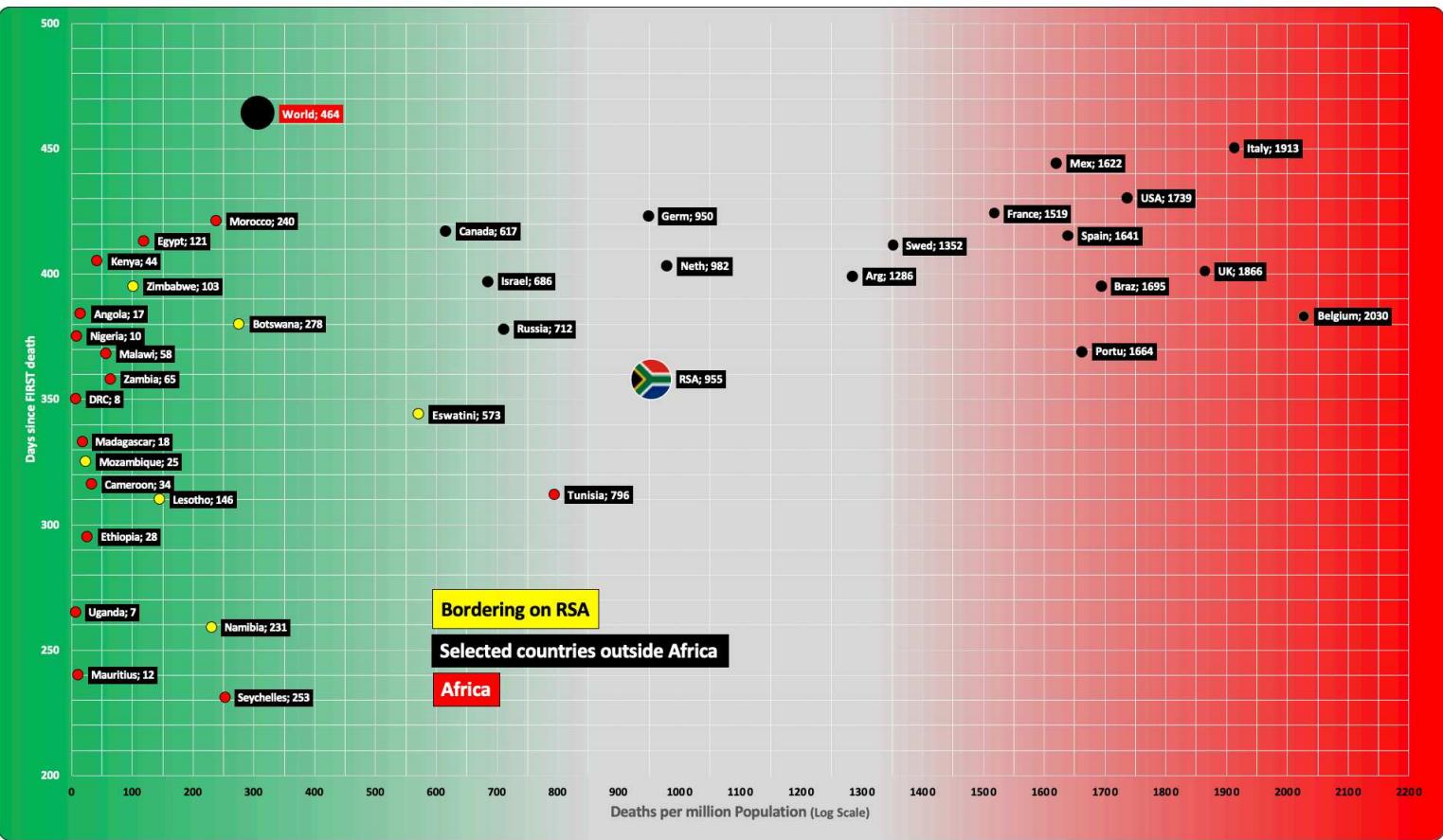
Latest Rt #'s



Data as at: 14 April 2021

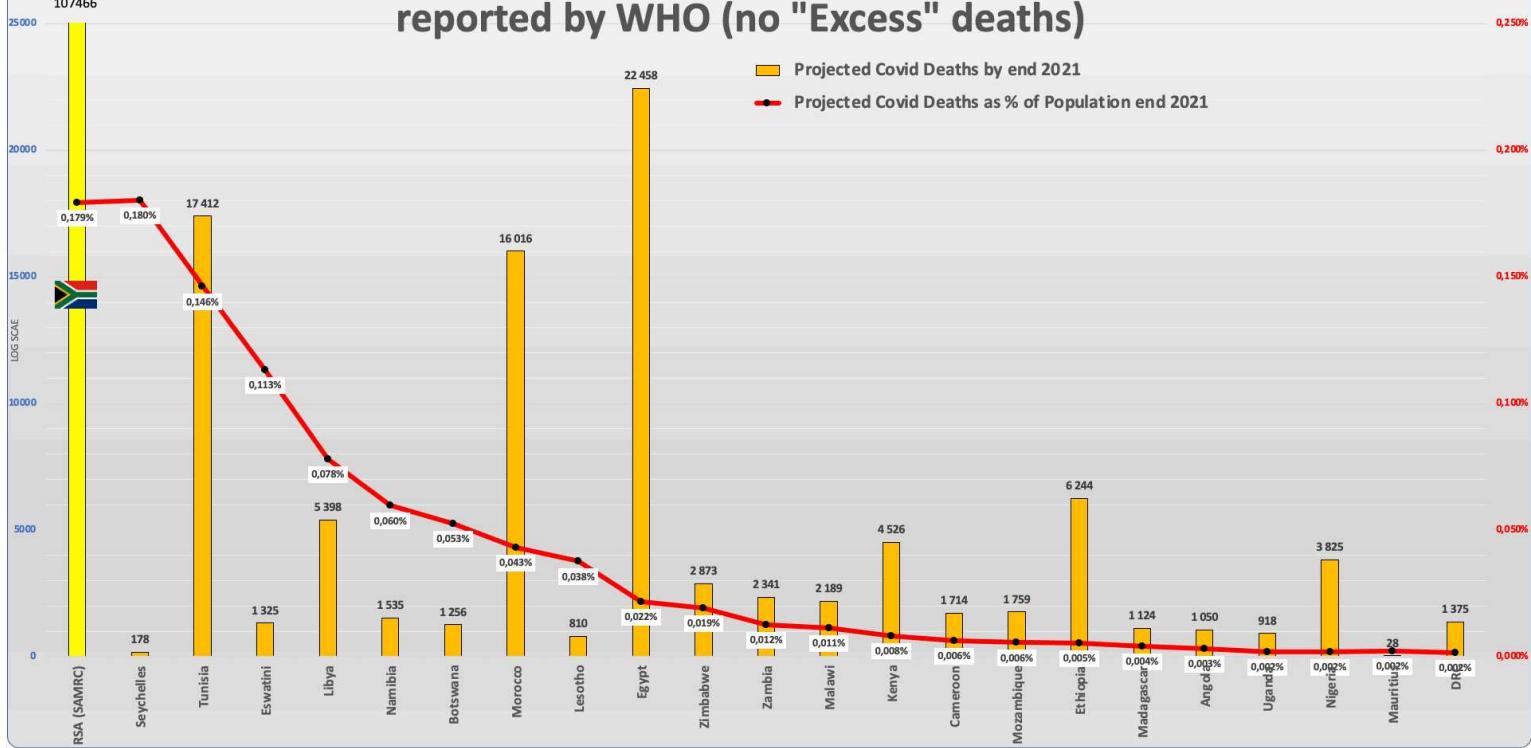
Unless otherwise indicated

hdg 15 April 2021



Projected Deaths by end 2021 per country and % Deaths of Country

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



A smile is the best vaccine....

