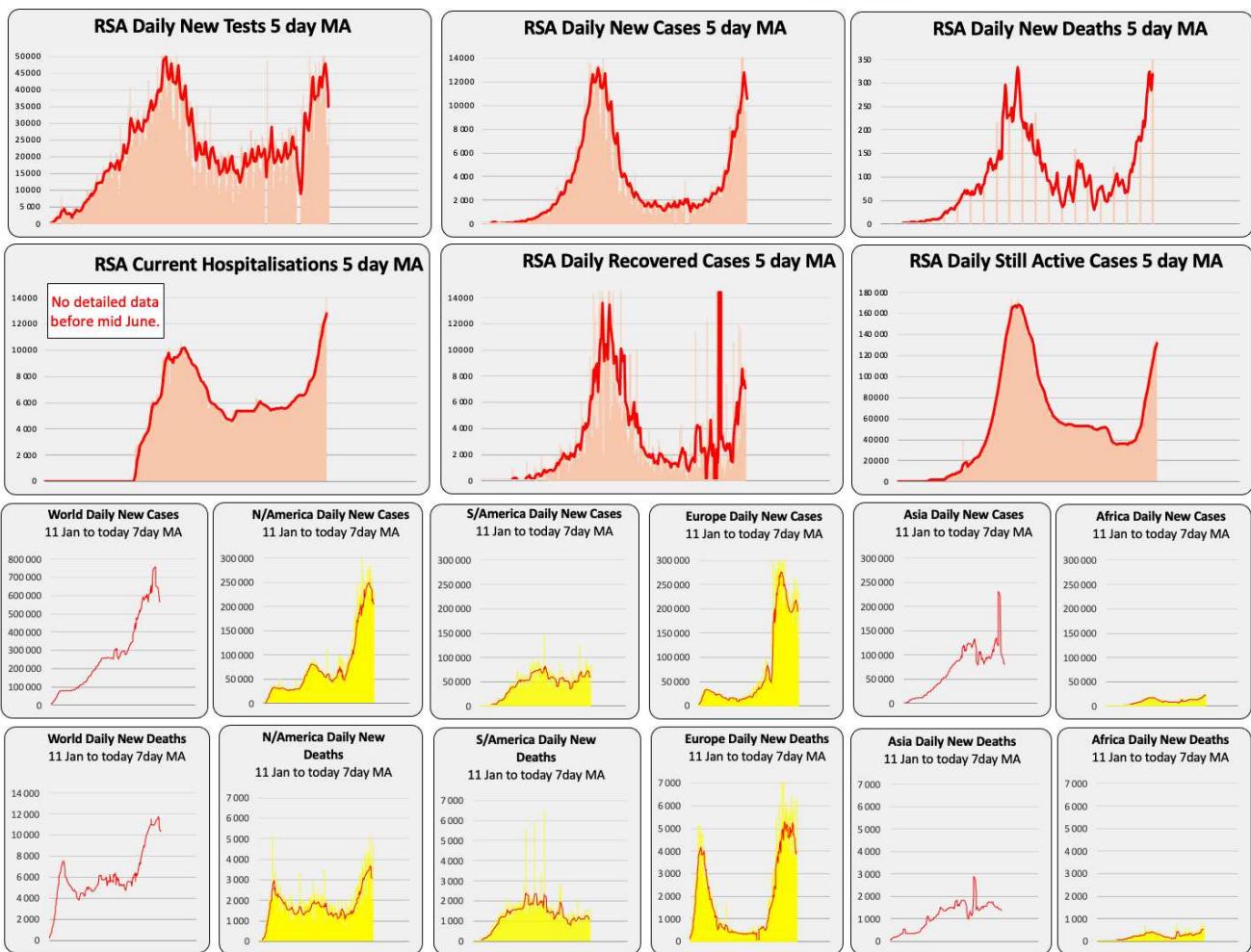
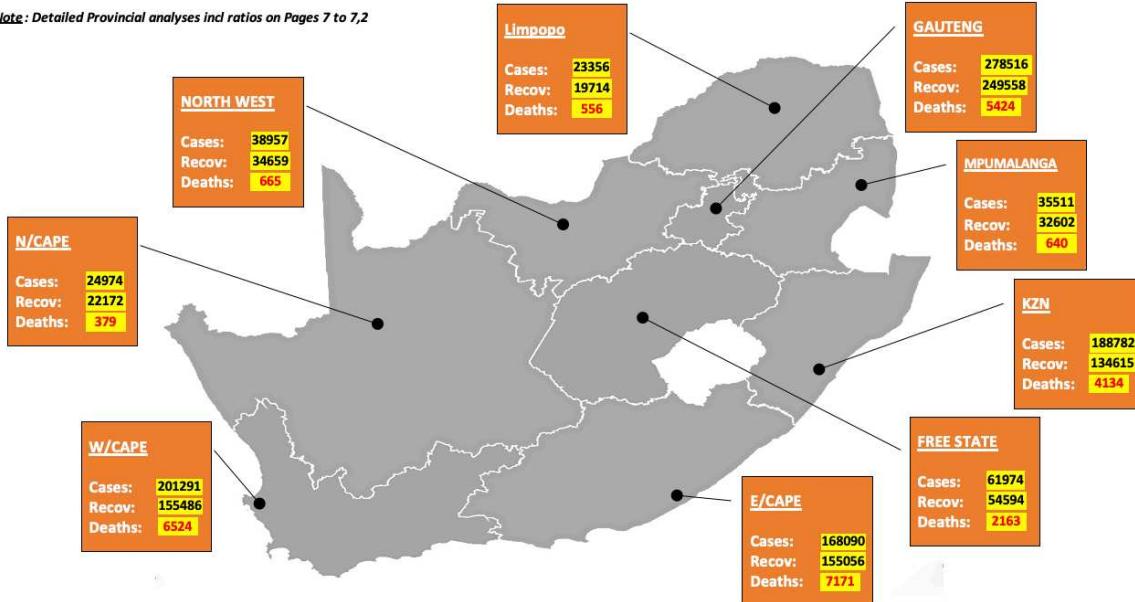
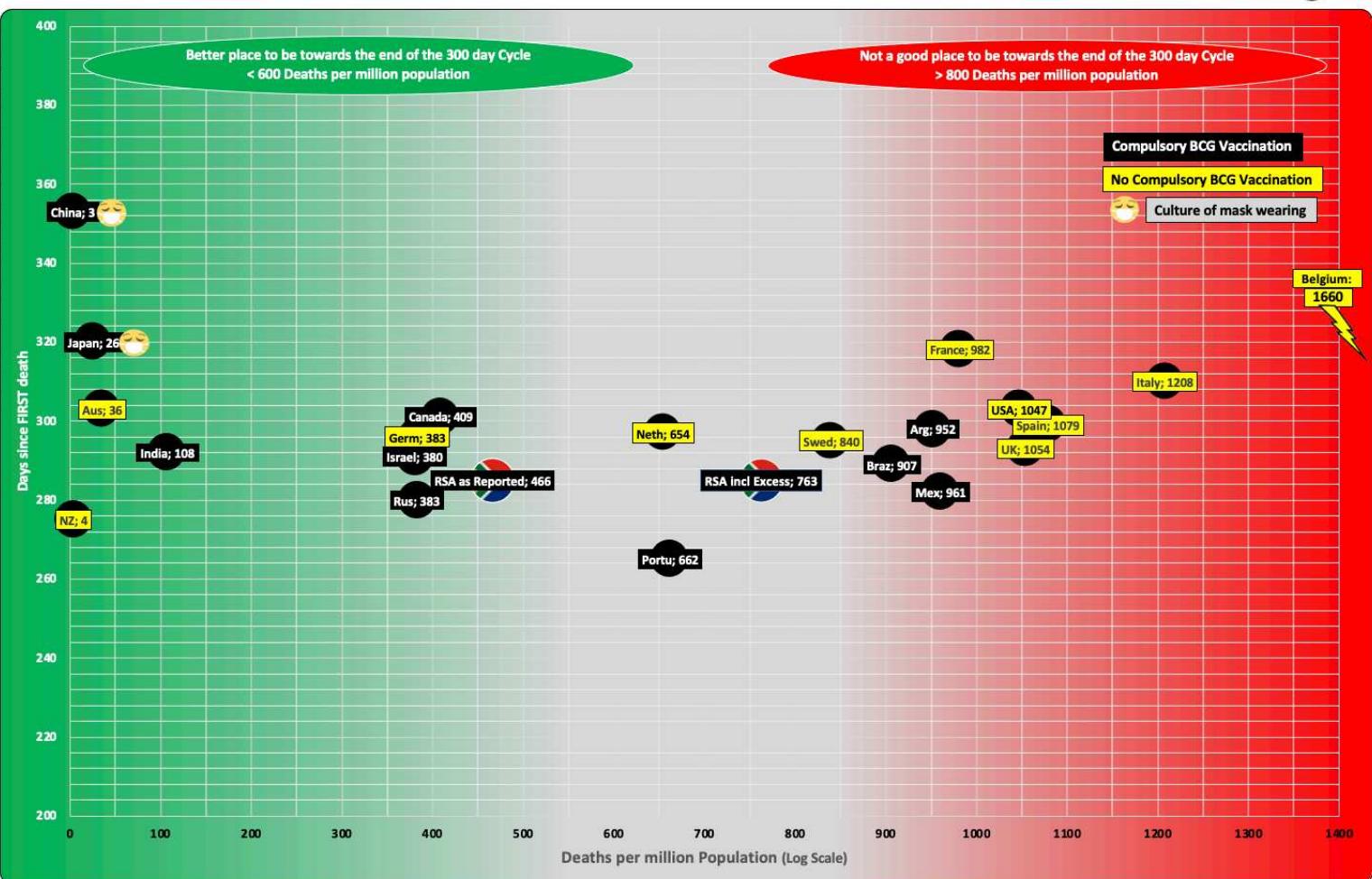


Note: Detailed Provincial analyses incl ratios on Pages 7 to 7,2



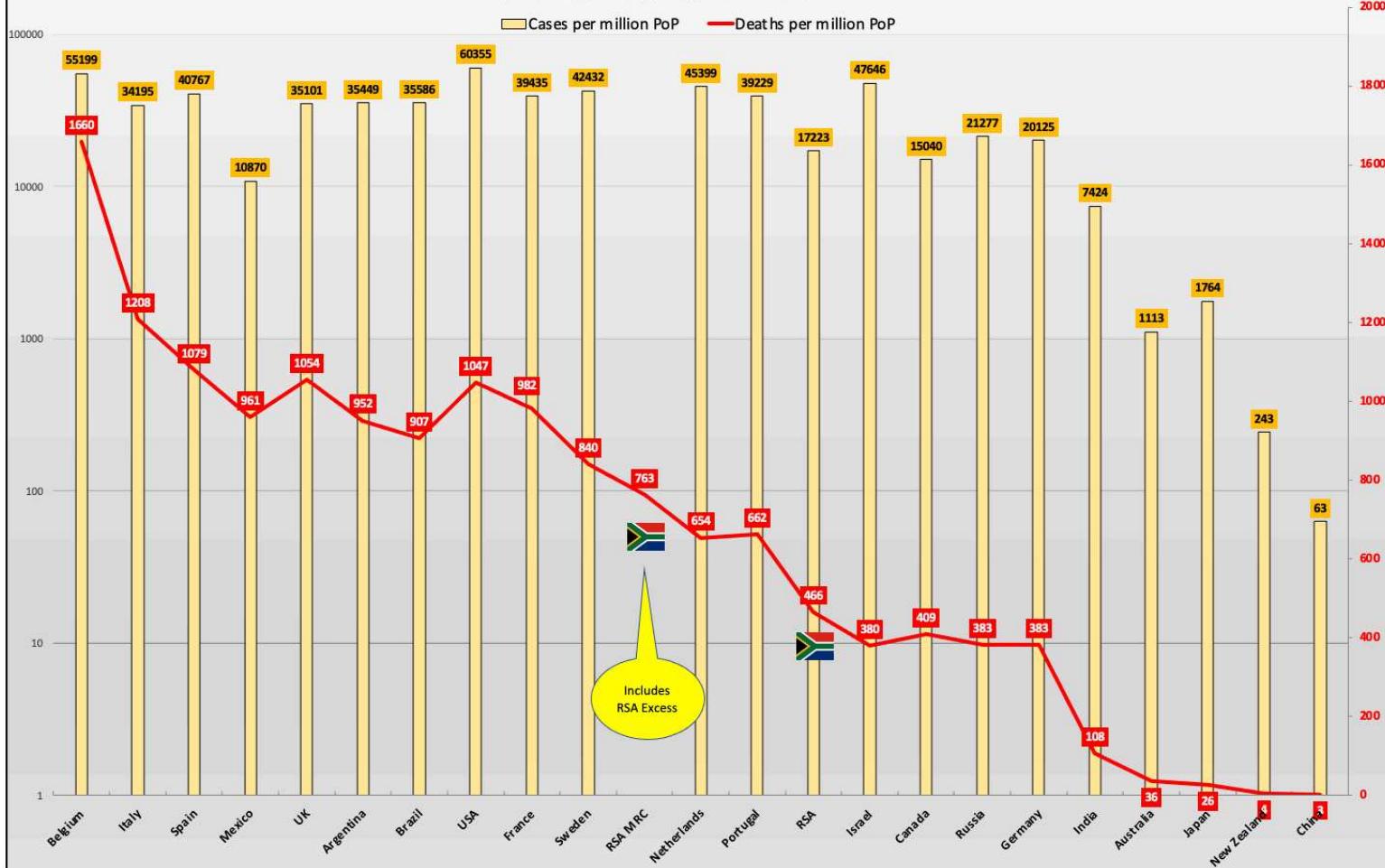
Covid Reported Deaths per million Population & Days since 1st Covid Death

Page 2



Current Cum Cases & Cum Deaths per million PoP

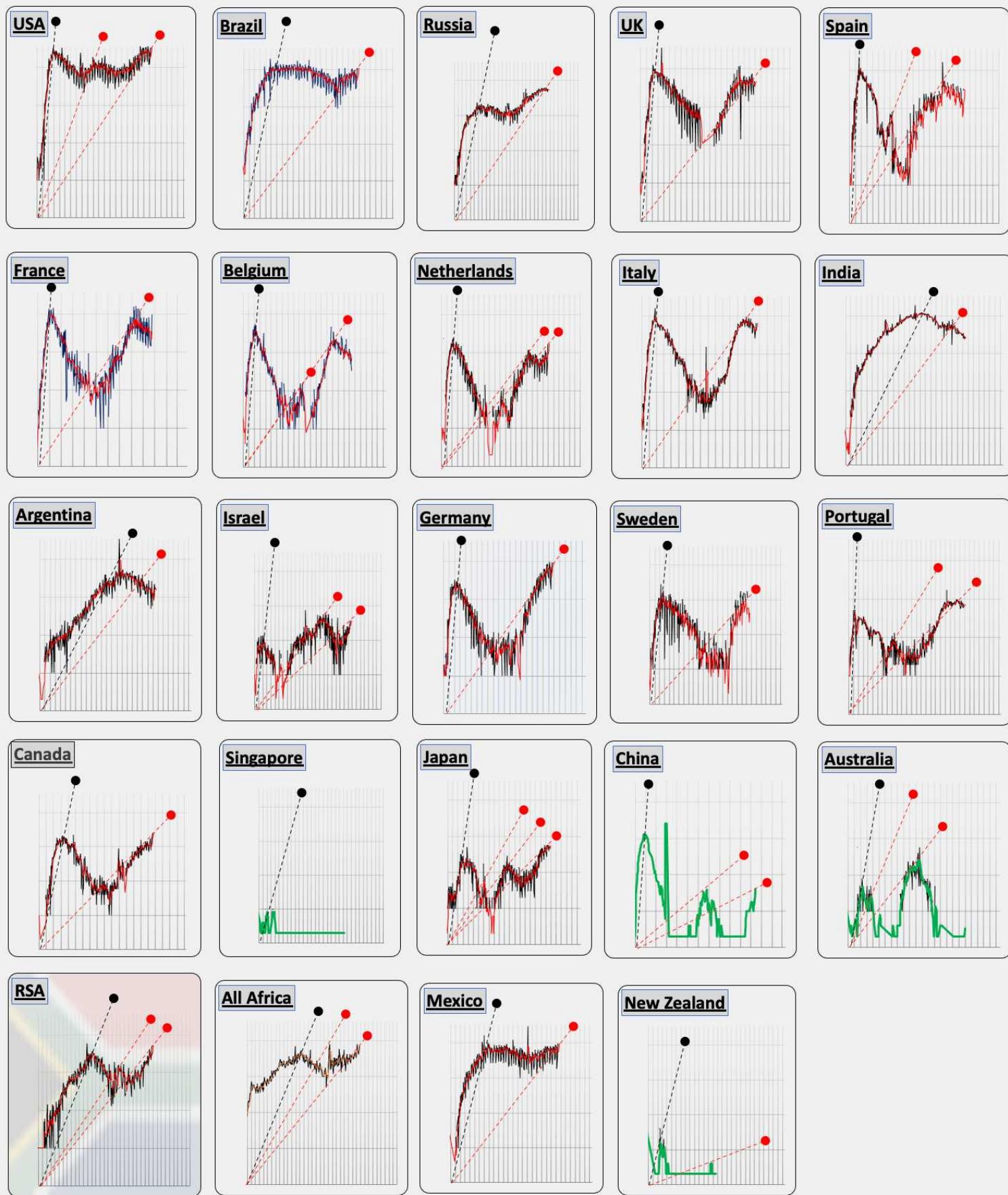
(Two axes primary Y Log 2nd Y Linear)

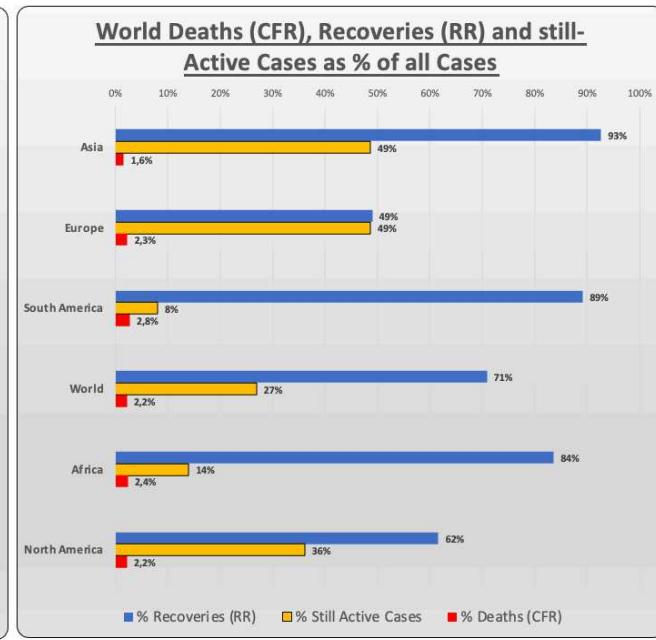
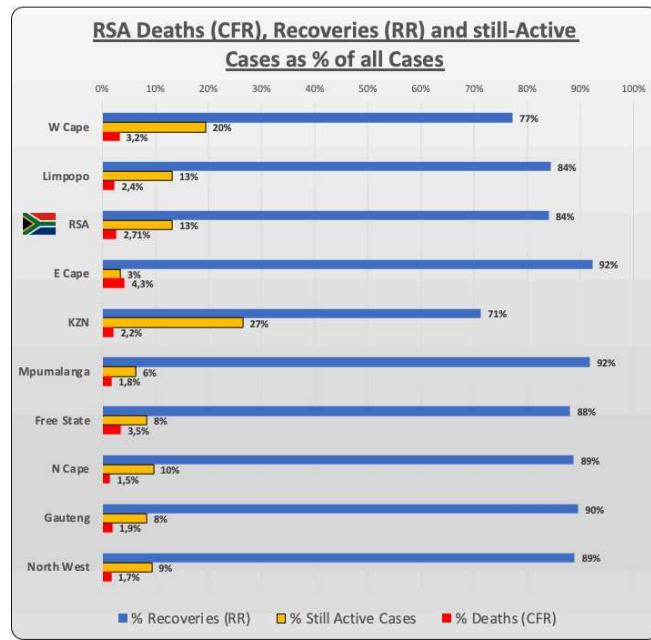
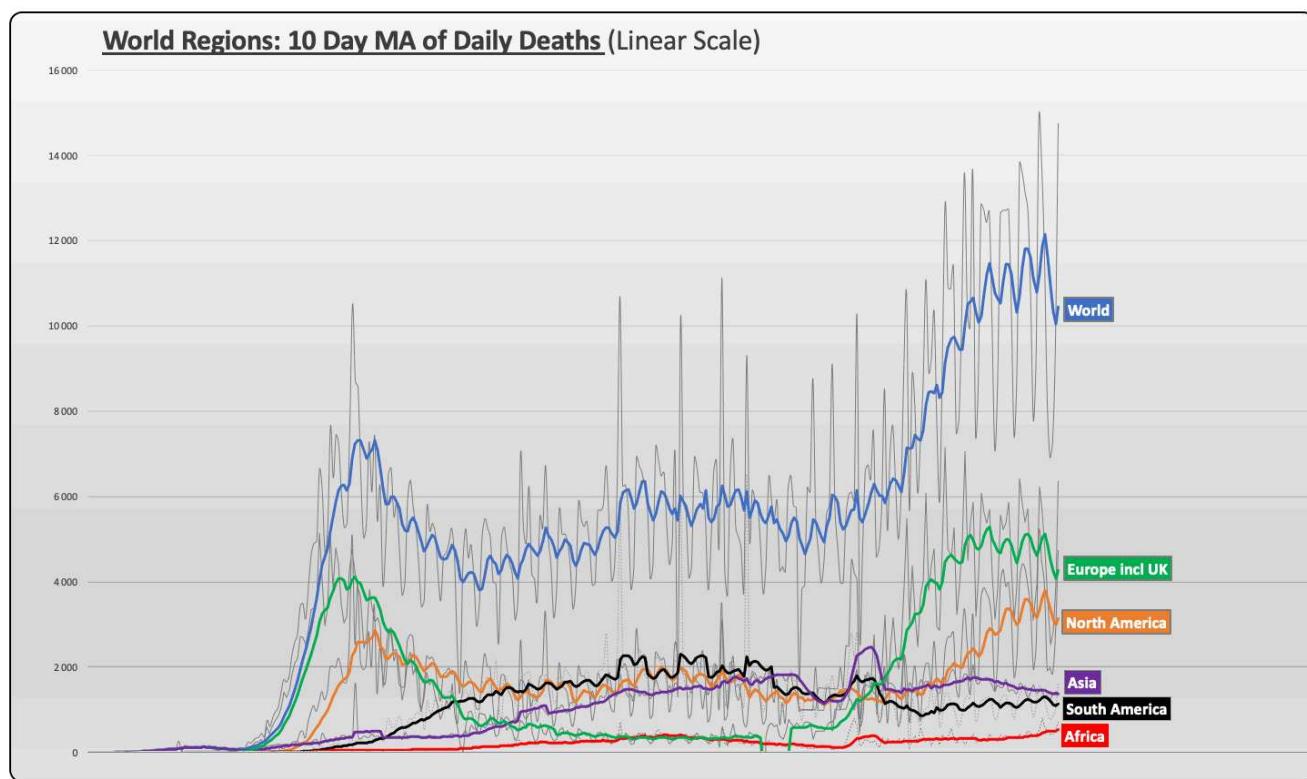
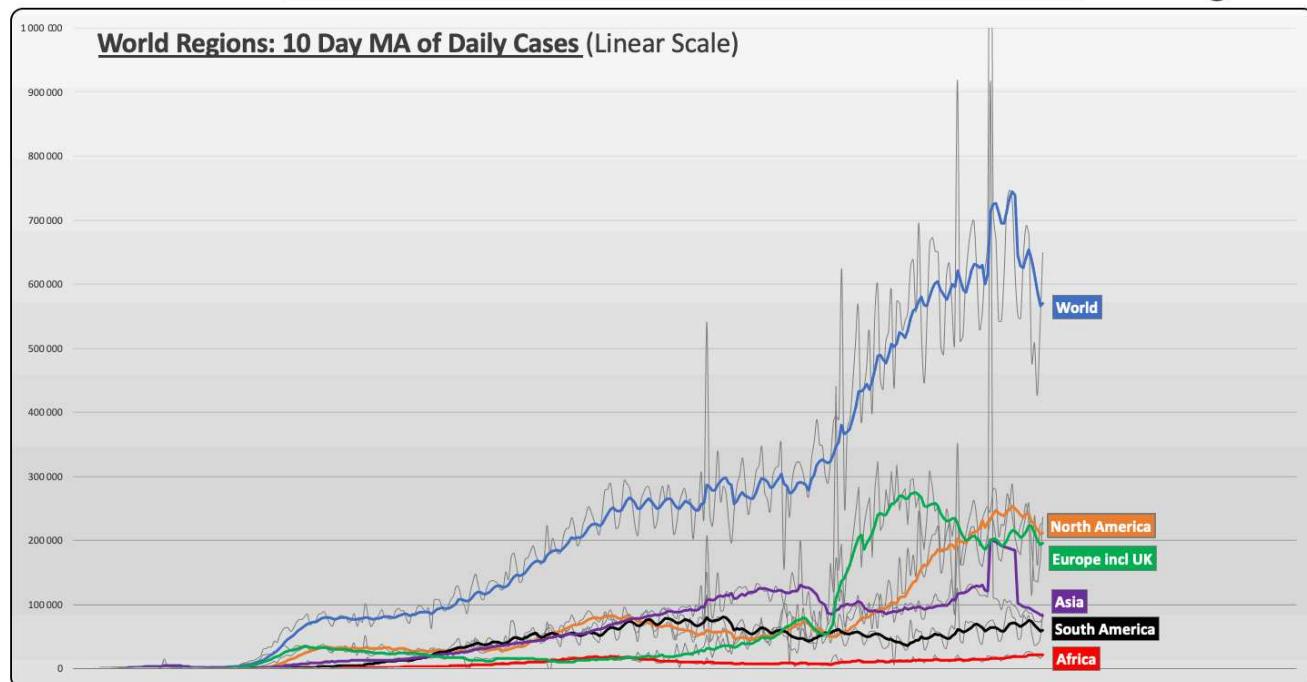


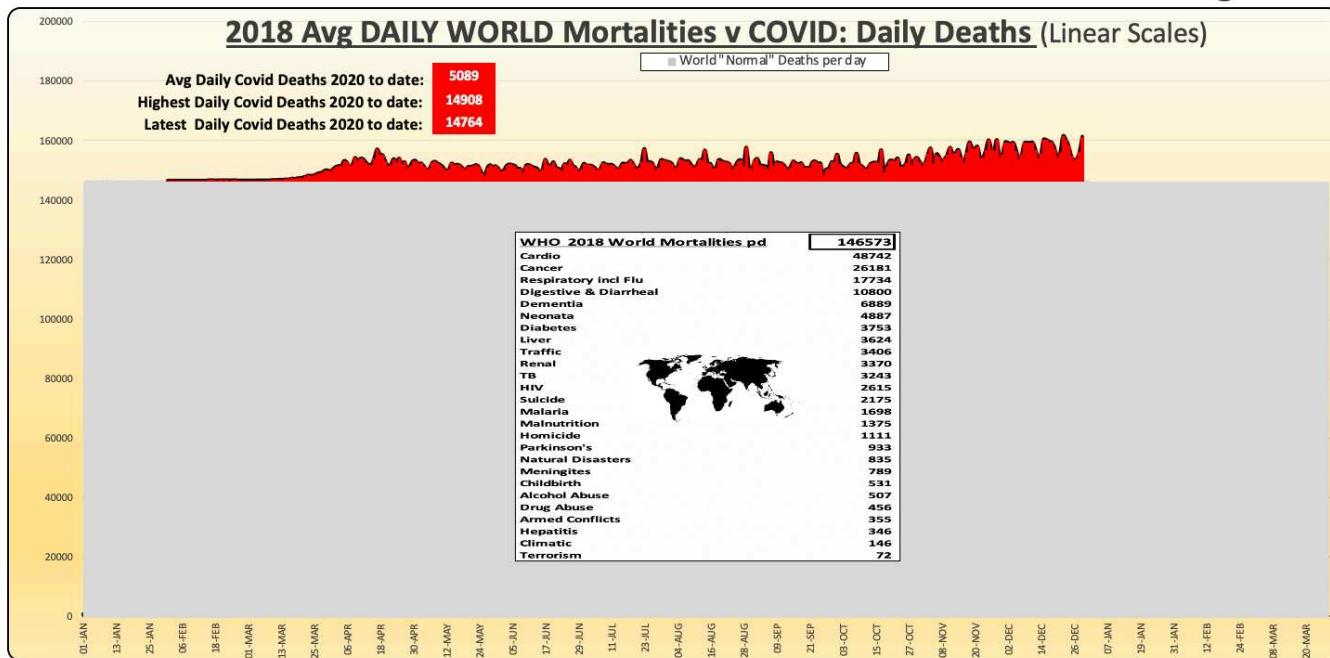
Daily Deaths Curves & Rate of Onset/next Wave "Inclinometers"

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

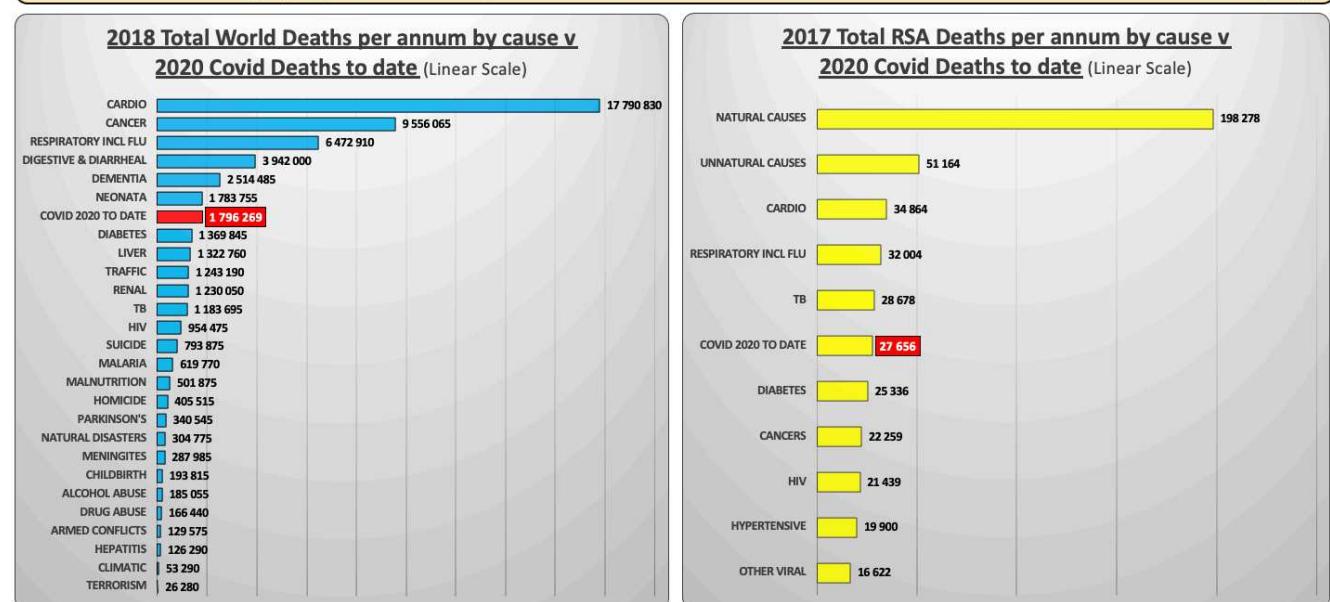
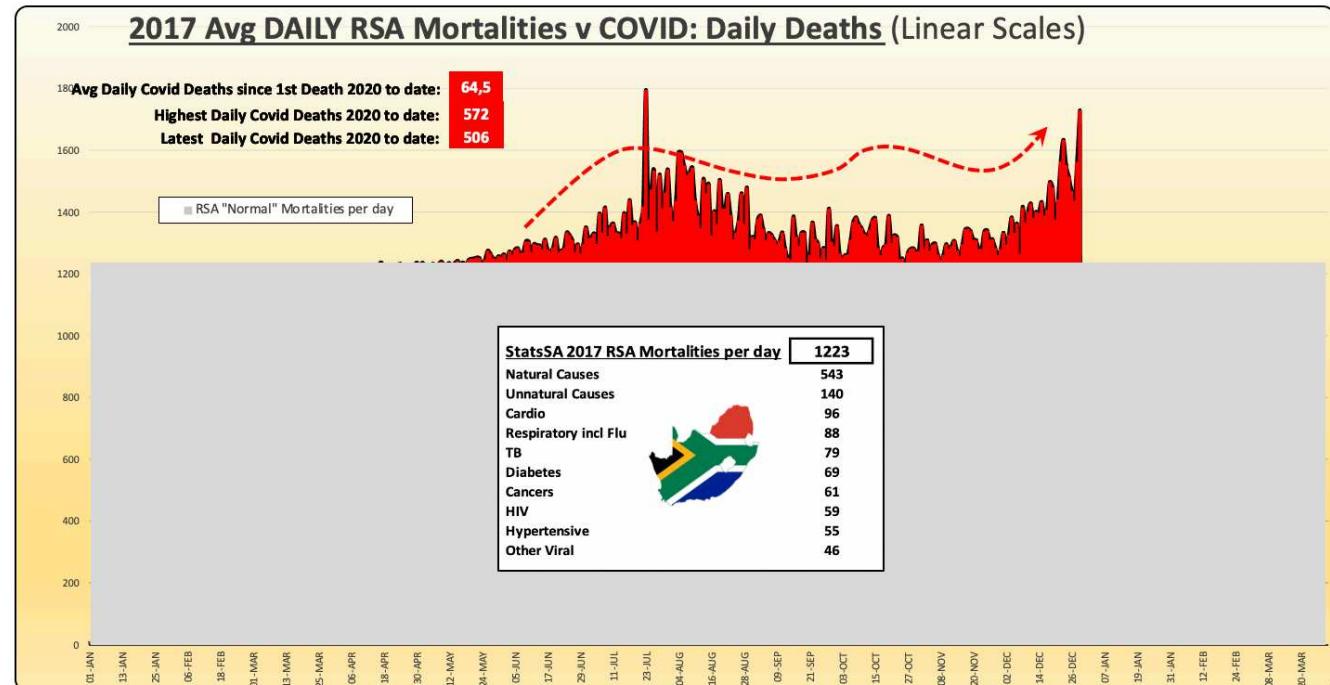
- Peaked but spiking again
- Passed peak but could rebound OR next wave
- Well past peak, unlikely to rebound
- Onset/1st wave
- 2nd & 3rd waves

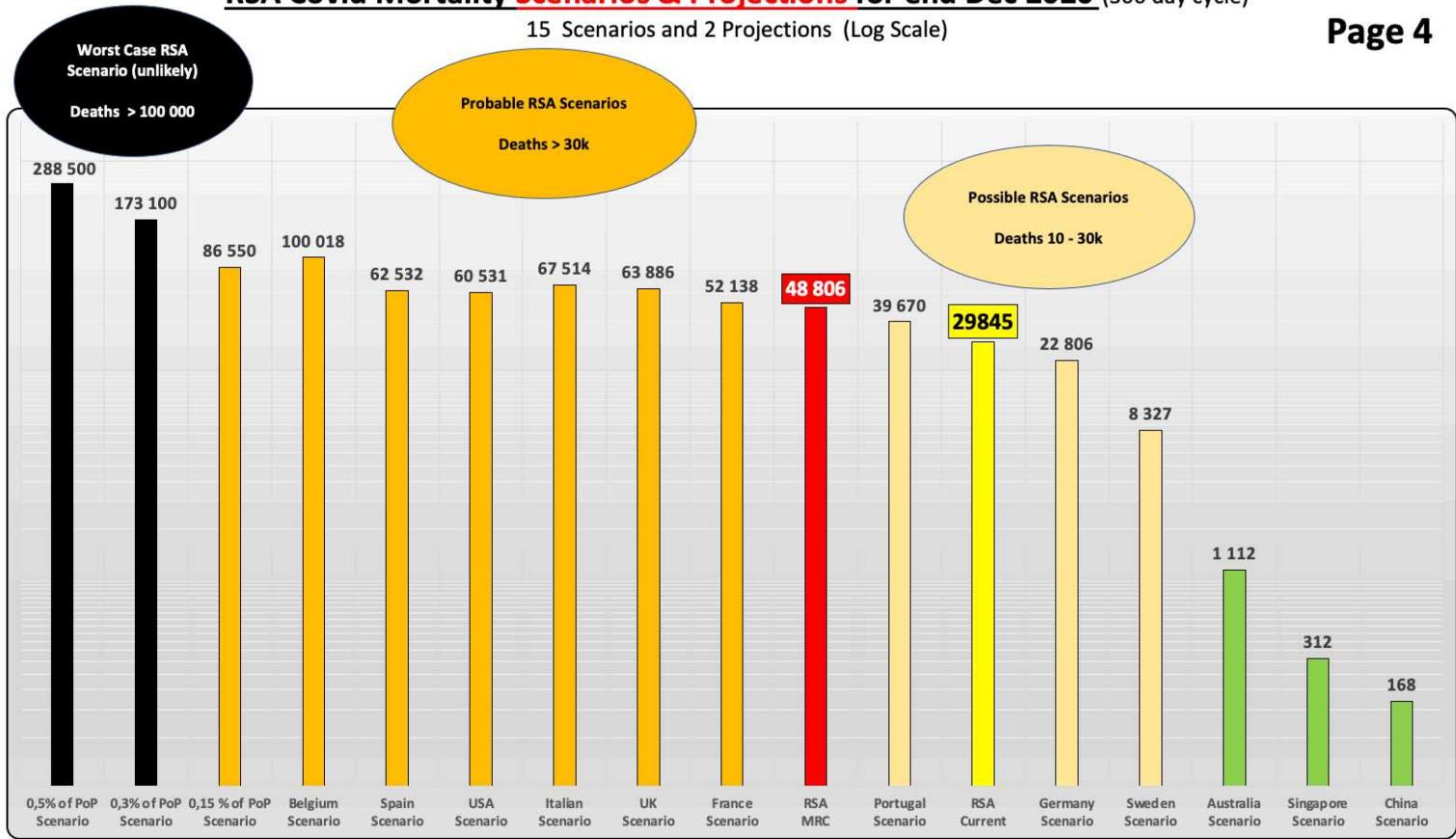






The two graphs WORLD (above) and RSA (below) attempt to put the number of Covid Deaths into some sort of perspective graphically.
The big GREY blocks are TOTAL Daily Avg Deaths from ALL causes over a full calendar year.
The RED area/lines on top of the Grey blocks are the INCREMENTAL Actual Daily Deaths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





Key:

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

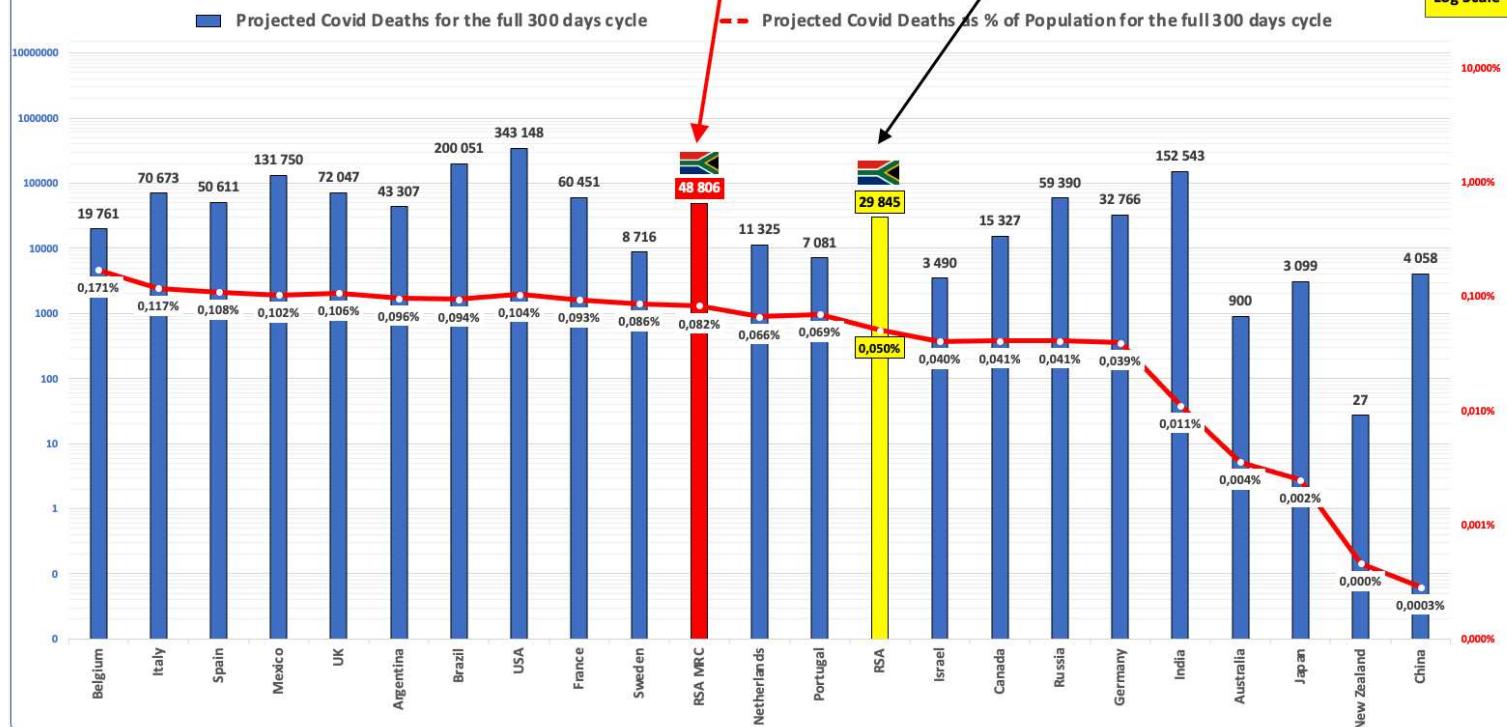
This projection uses the SA Medical Research Council data on "Excess Deaths". The assumption is that 90% of their reported Excess Deaths are probably due to Covid. The ratios are updated bi-weekly by the MRC but I apply these ratios to the official stats on a daily basis for this projection.

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)

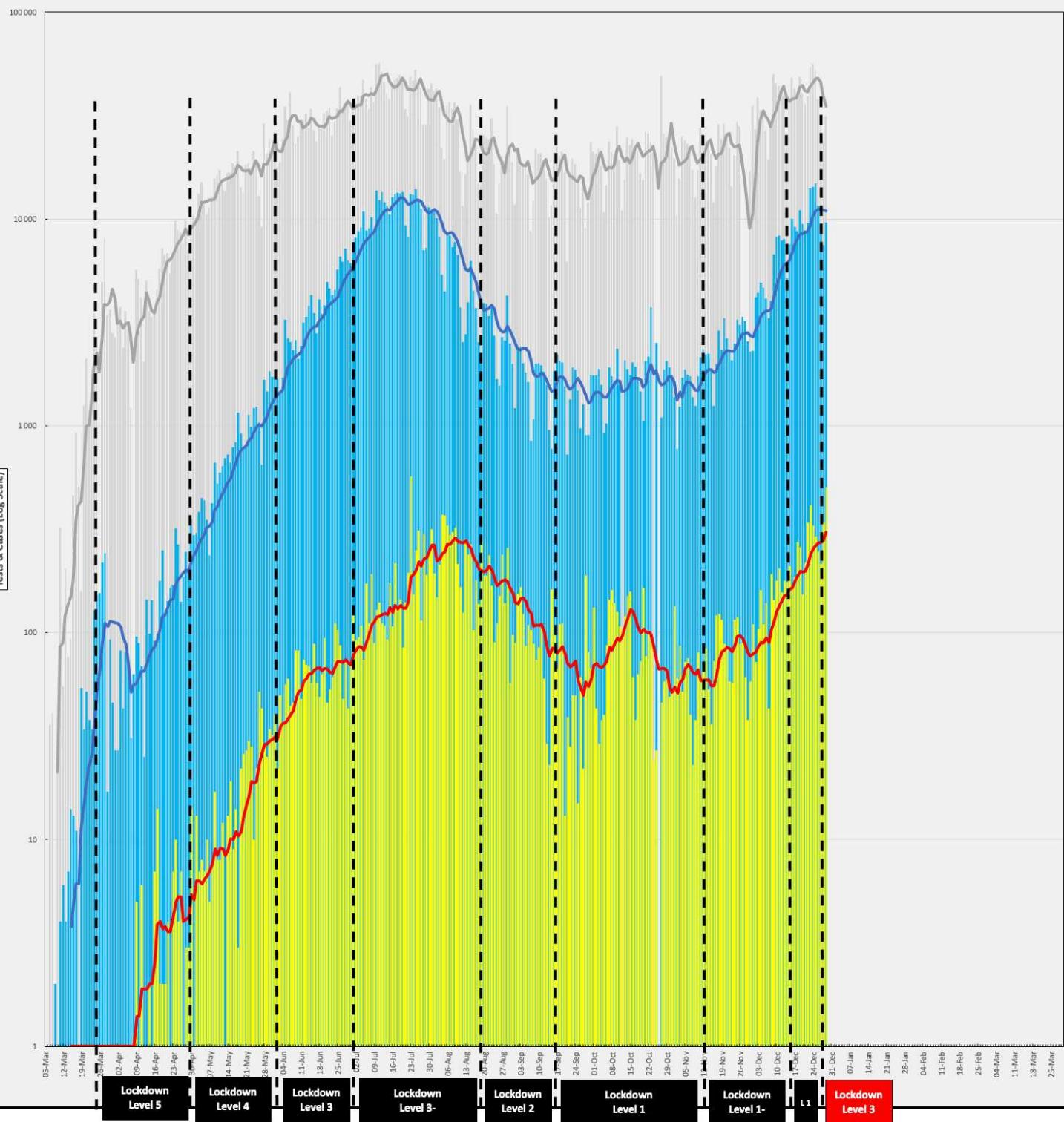
Log Scale



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

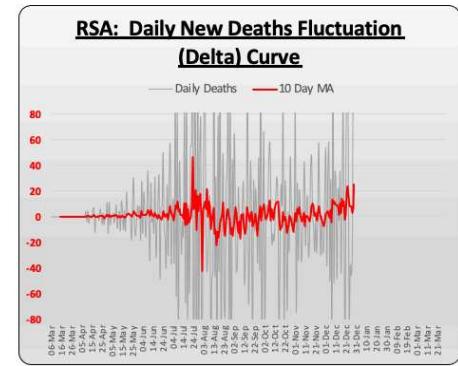
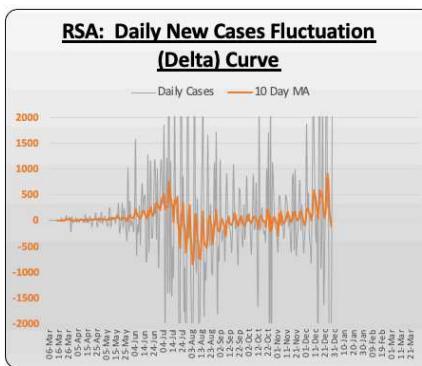
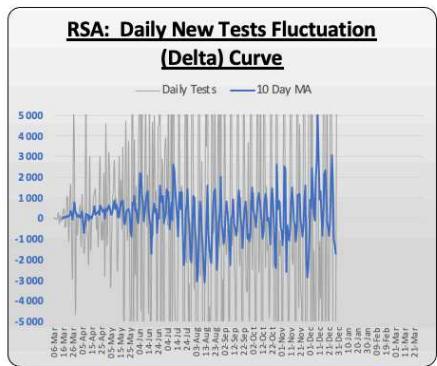
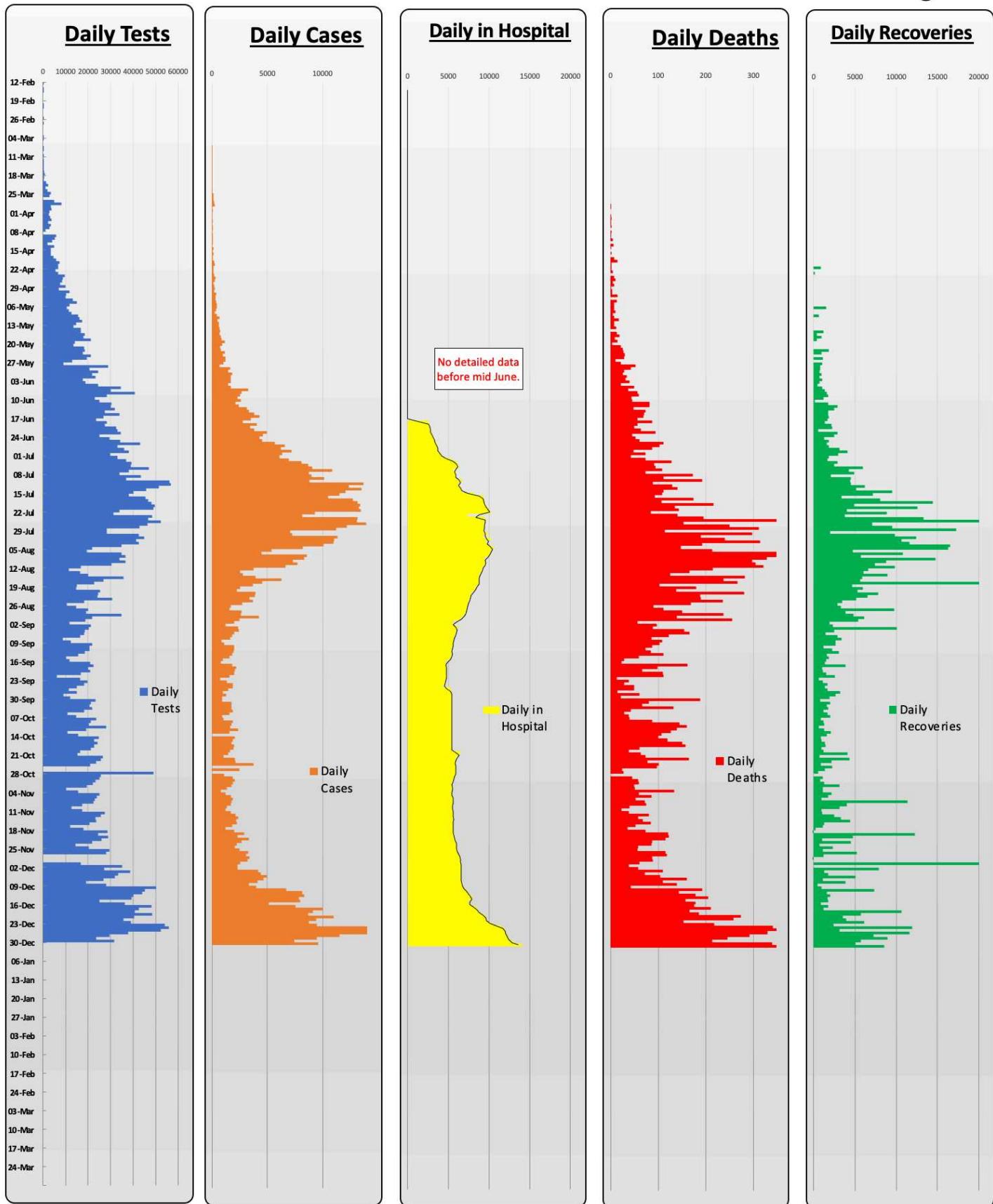
■ Daily Tests ■ Daily Cases ■ Daily Deaths

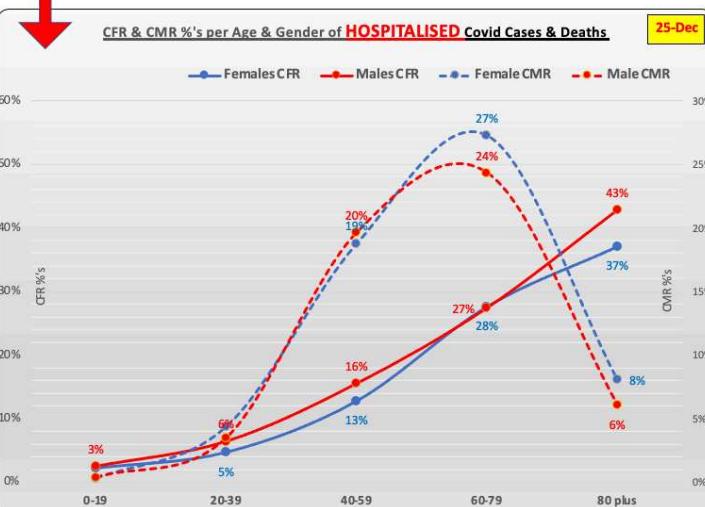
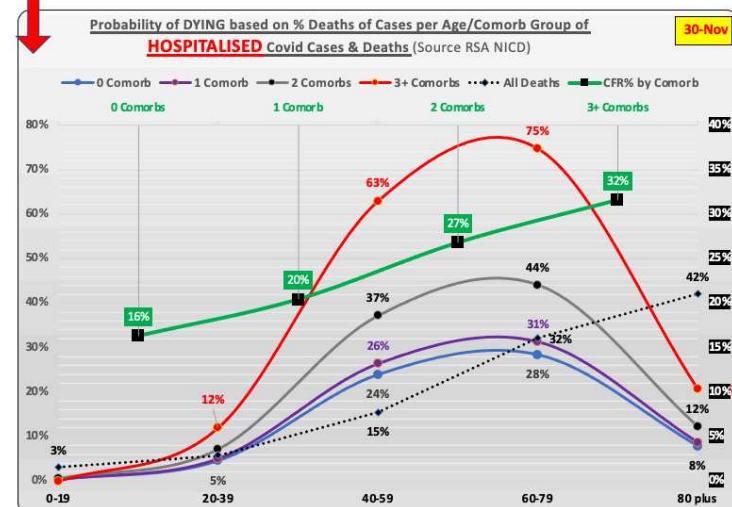
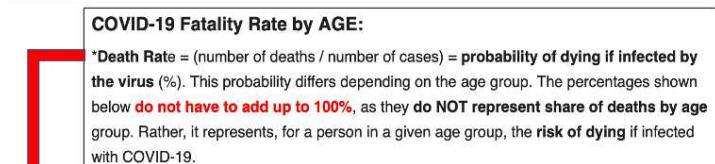
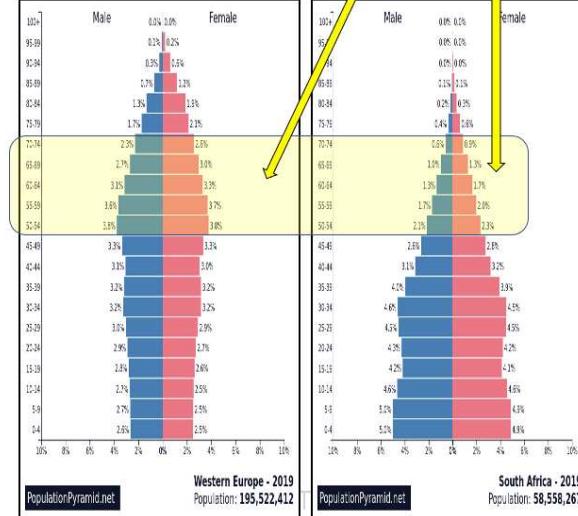
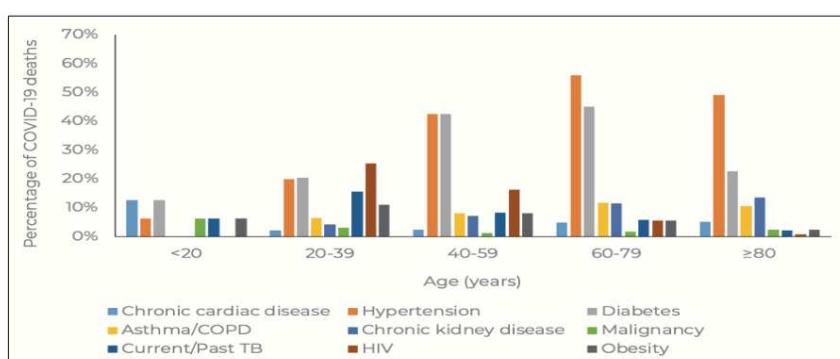
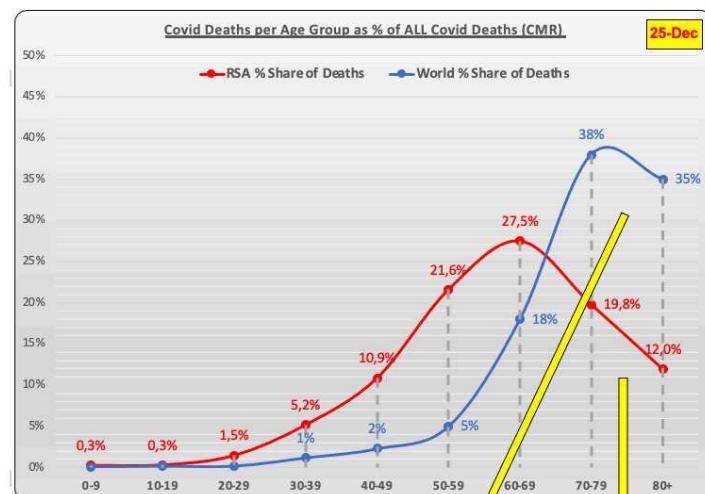
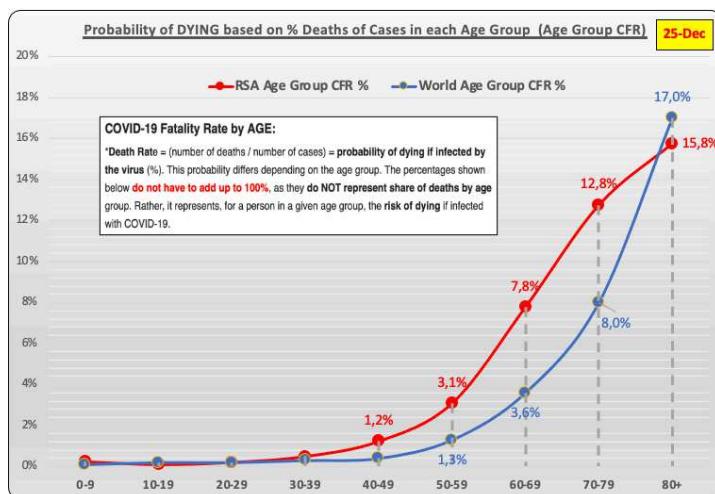
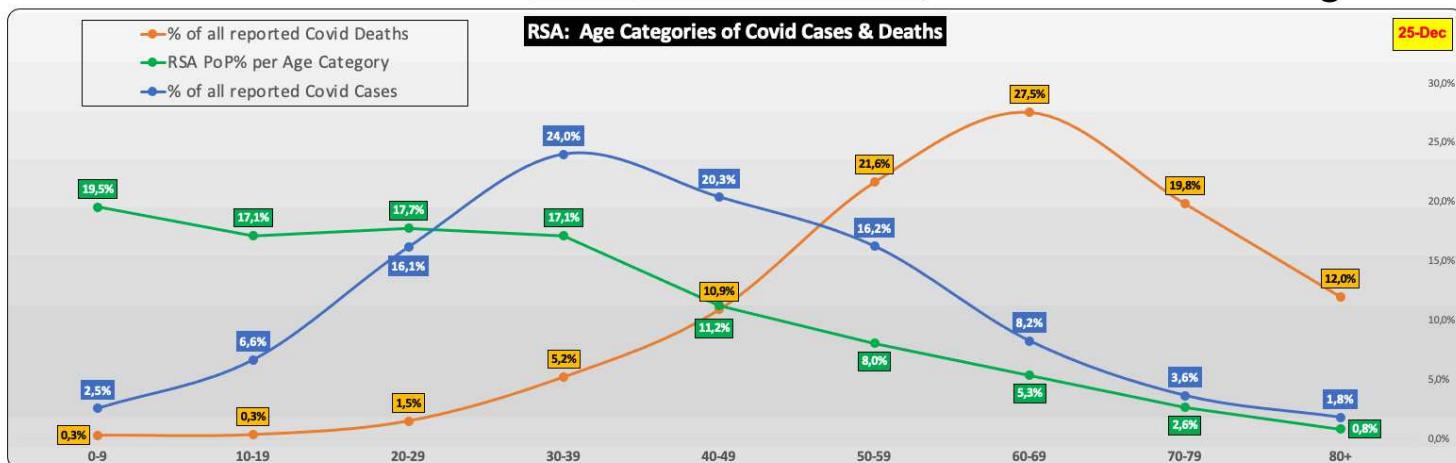


Data as at: 29 December 2020

Unless otherwise indicated

hdg 30 December 2020





Covid REPRODUCTIVE NUMBER (Rt) in RSA & Provinces

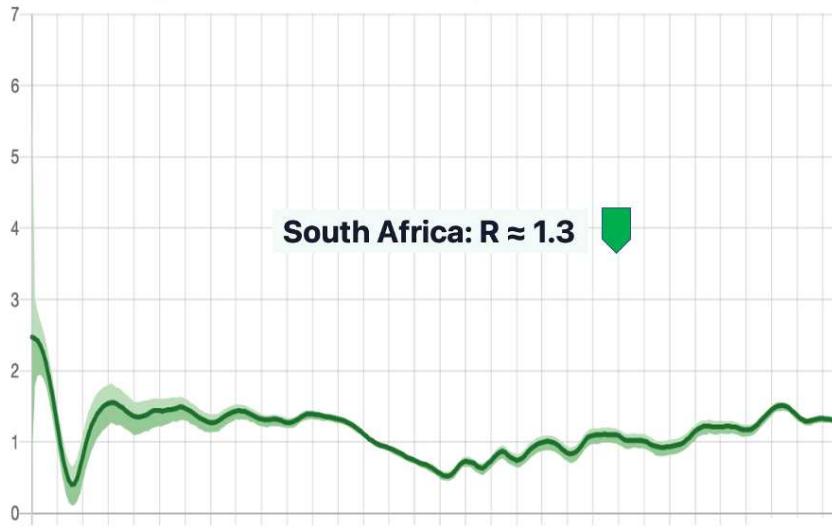
Data as at:

27 December 2020

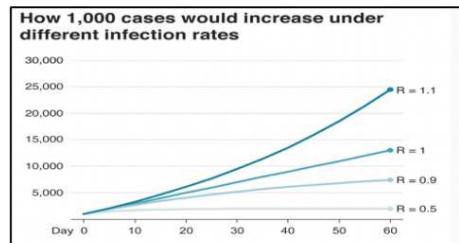
Page 5.3

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

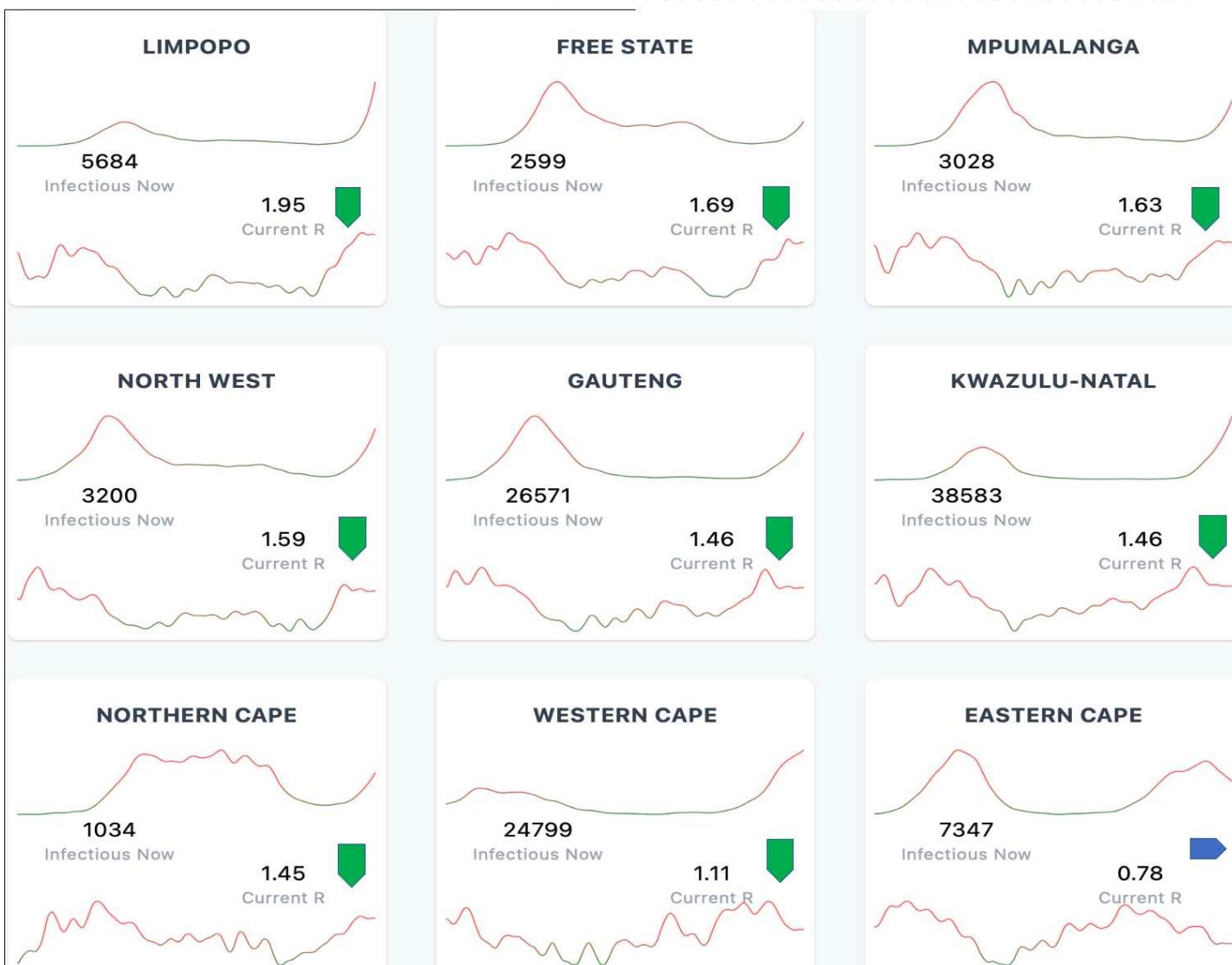
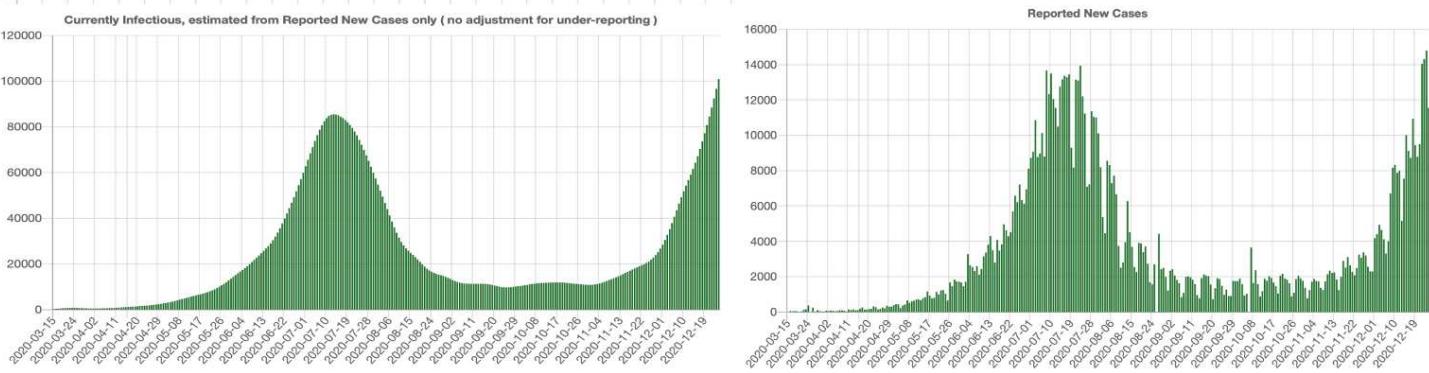
Latest Available



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.



↑ ↓ → Movement from previous reporting



Data as at:

Latest Available

Unless otherwise indicated

Rt graphs from:



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

hdg

30 December 2020

Major Provinces: Rt #'s & Active Cases by District

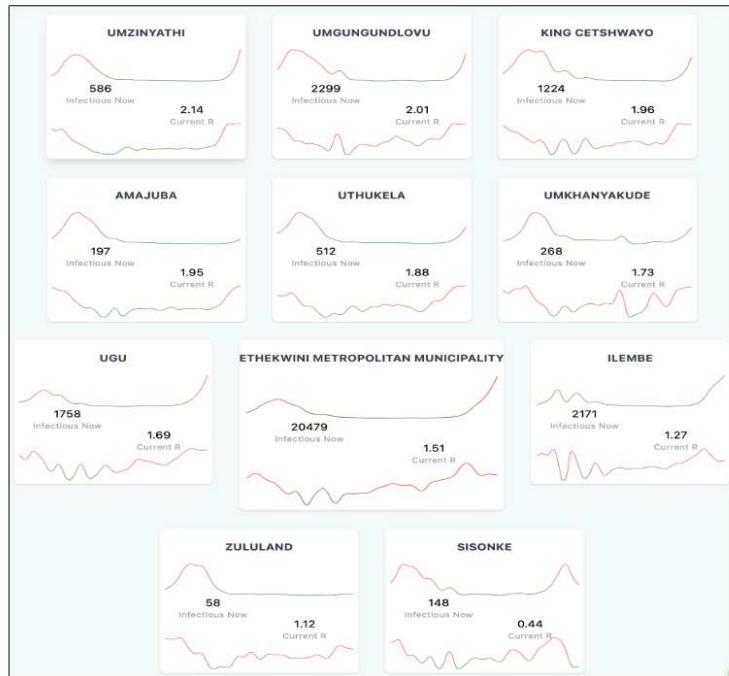
Govt designated Covid Hotspots as at: 30 December 2020

District Data as at:

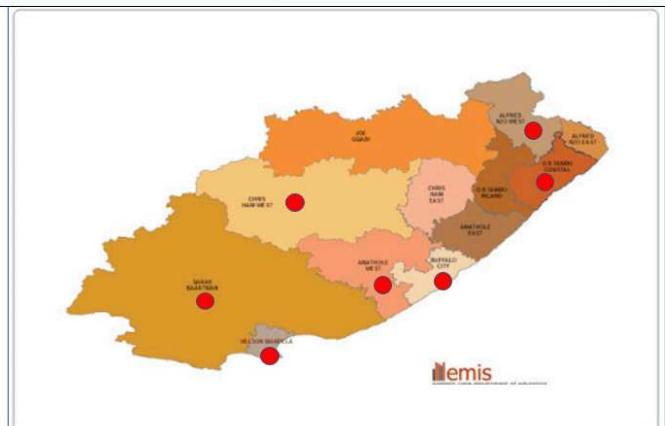
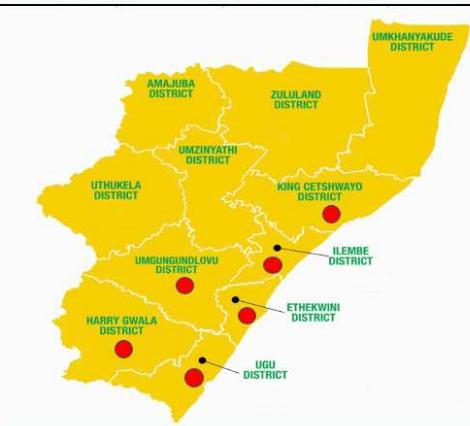
21 December 2020

Page 5.4

KZN



ECape



Gauteng



WCape



Data as at:

Latest Available

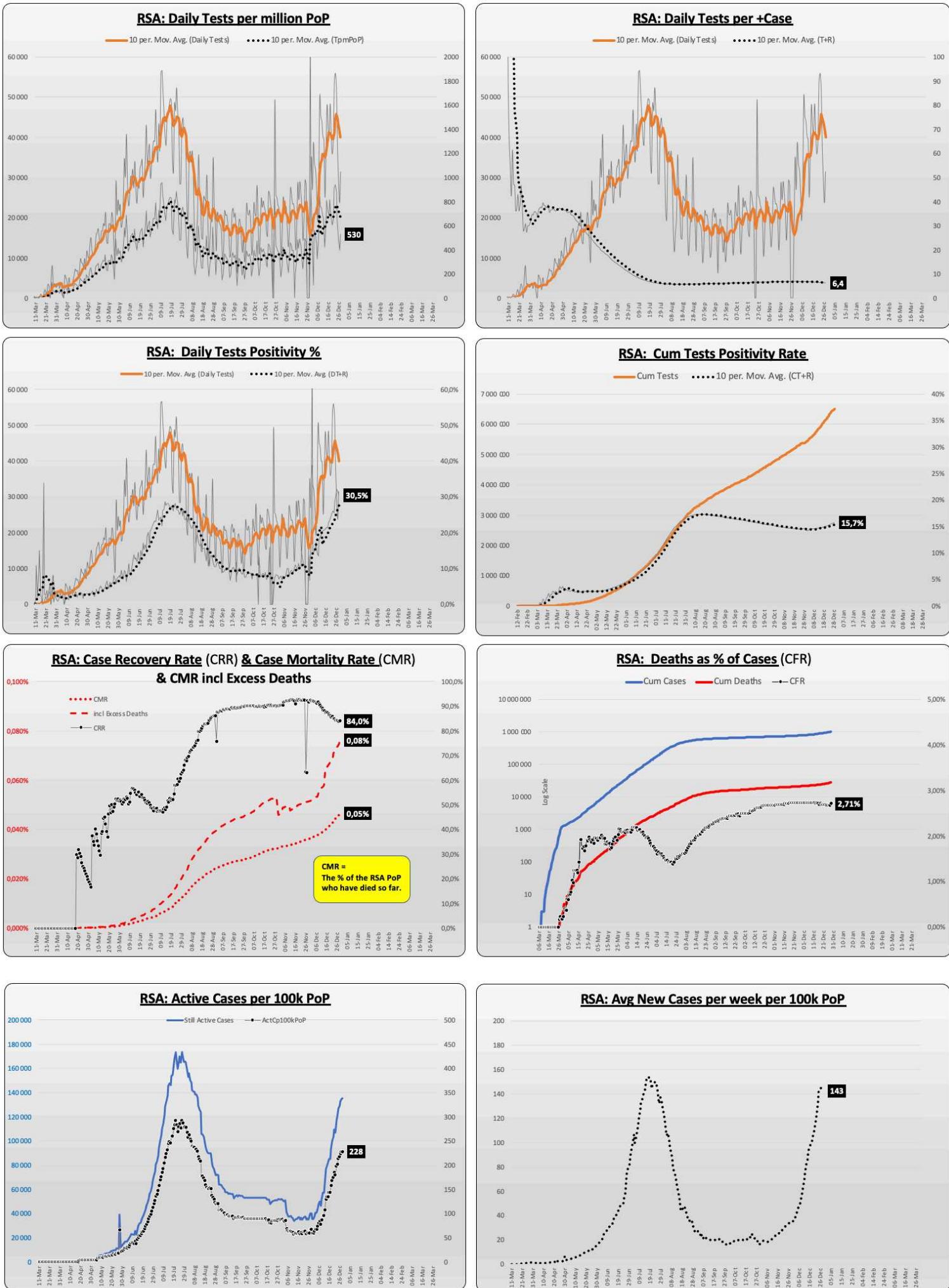
Rt graphs from:

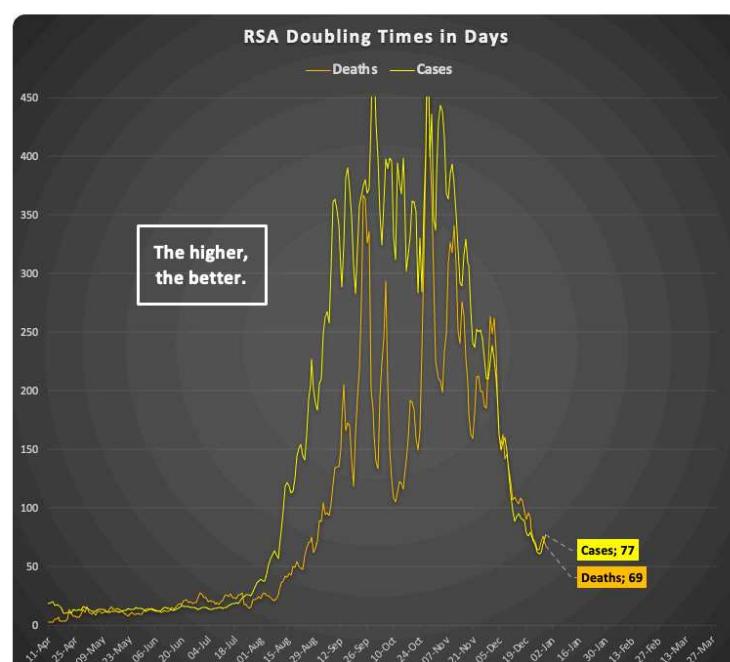
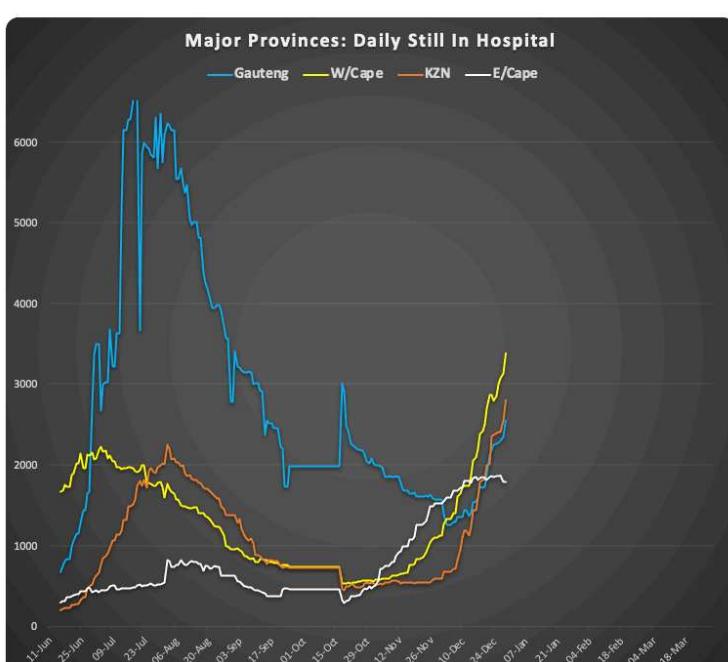
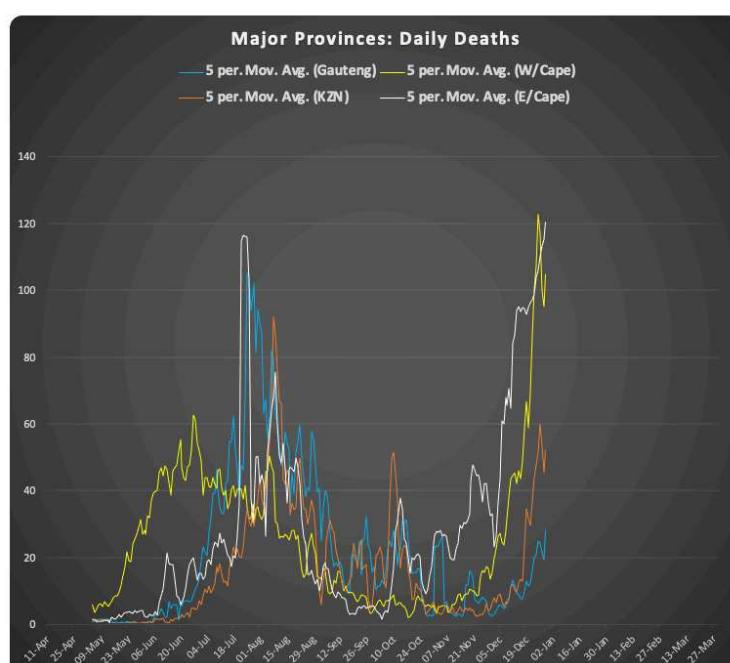
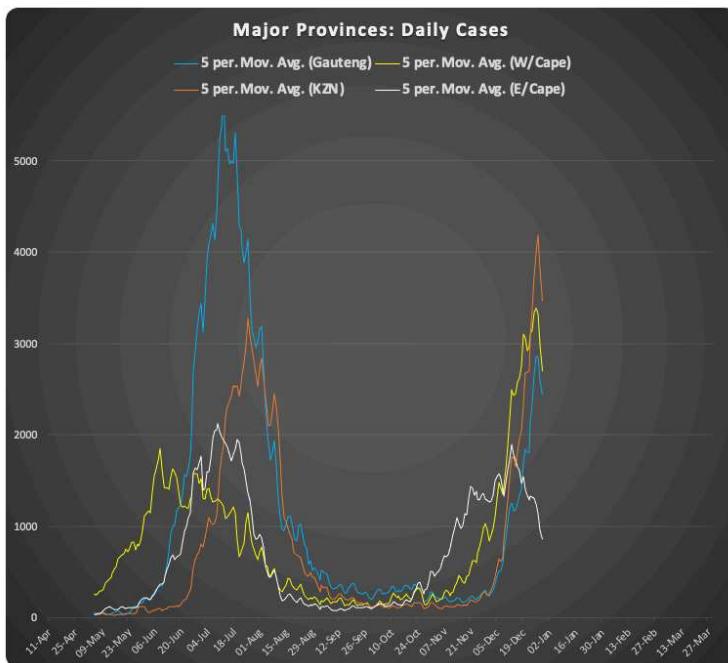
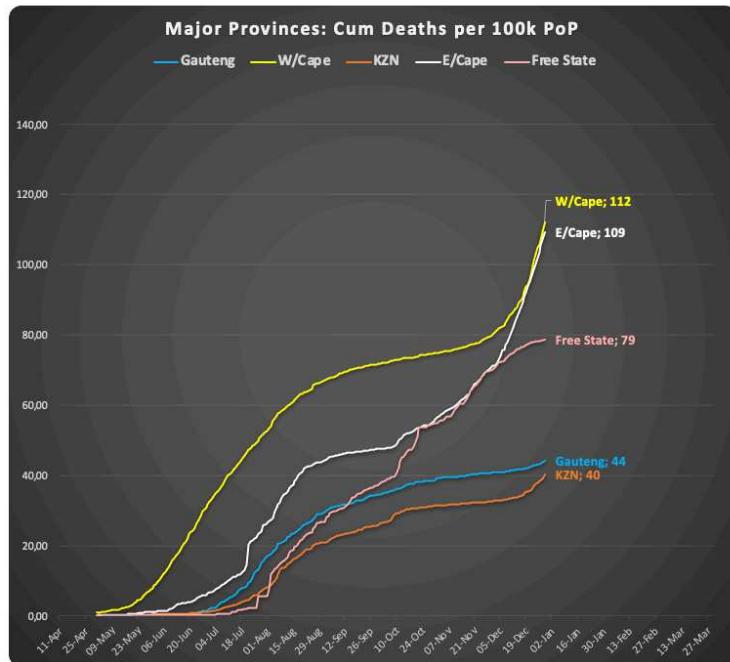
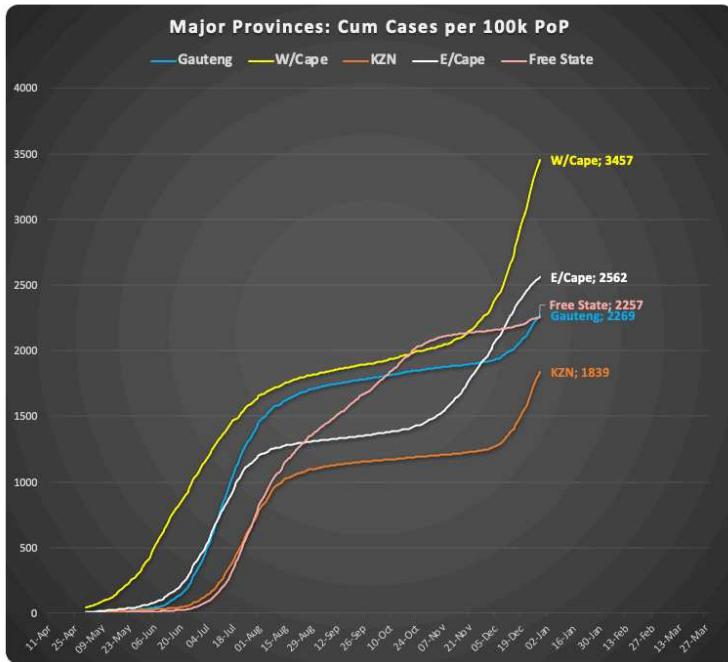


<https://reproduction.live/world/ZA>

hdg

30 December 2020



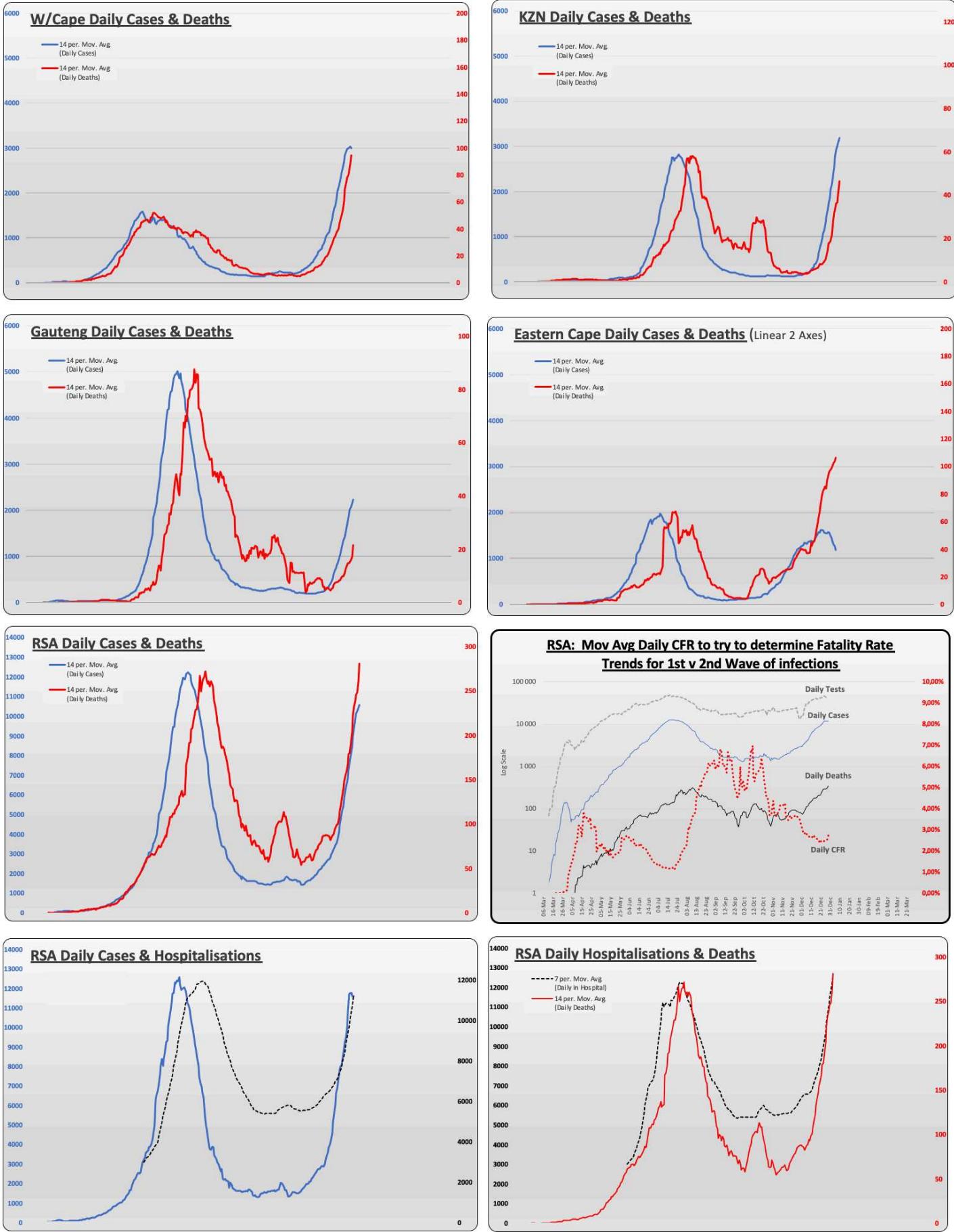


RSA & Major Provinces:

1st Wave v 2nd Wave

The Y-axes scales have been adjusted in order to get the 1st Wave Cases/Hospitalisations & Deaths peaks aligned. The unfolding 2nd Wave curves should therefore give a good indication of the 2nd Wave's rate of infection spread and severity resulting in fatalities.

Page 5.7



What are these graphs telling us ? (Ignore the numbers, look purely at the inclines and amplitudes).

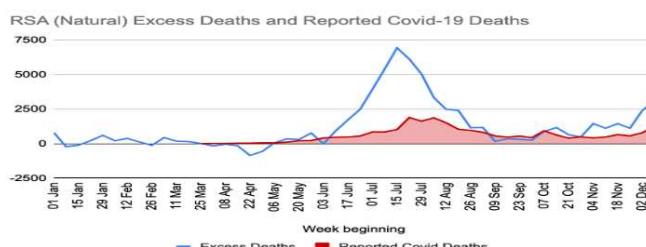
- 1) The Cases and Deaths curves are almost identical, except for the approx 2 week delay in Deaths occurring.
- 2) There is possibly a problem with the ECape Case reporting. Their Deaths Curve is way ahead of their Cases Curve. Could be due to full hospitals and patients being referred to WC & KZN, but Deaths still attributed to ECape ? If the ECape Cases numbers are correct then the CFR (Fatality Rate) for the 2nd Wave is extremely high !! This is not borne out by the WCap and/or KZN data.
- 3) The WCape & KZN and even the Gauteng curves are exactly as one would expect, unfortunately their relative amplitudes does not bode well for Gauteng and the rest of the country.
- 4) The bottom right graph shows Hospital Capacity under serious strain.

RSA Covid Stats: National & Provincial Analysis

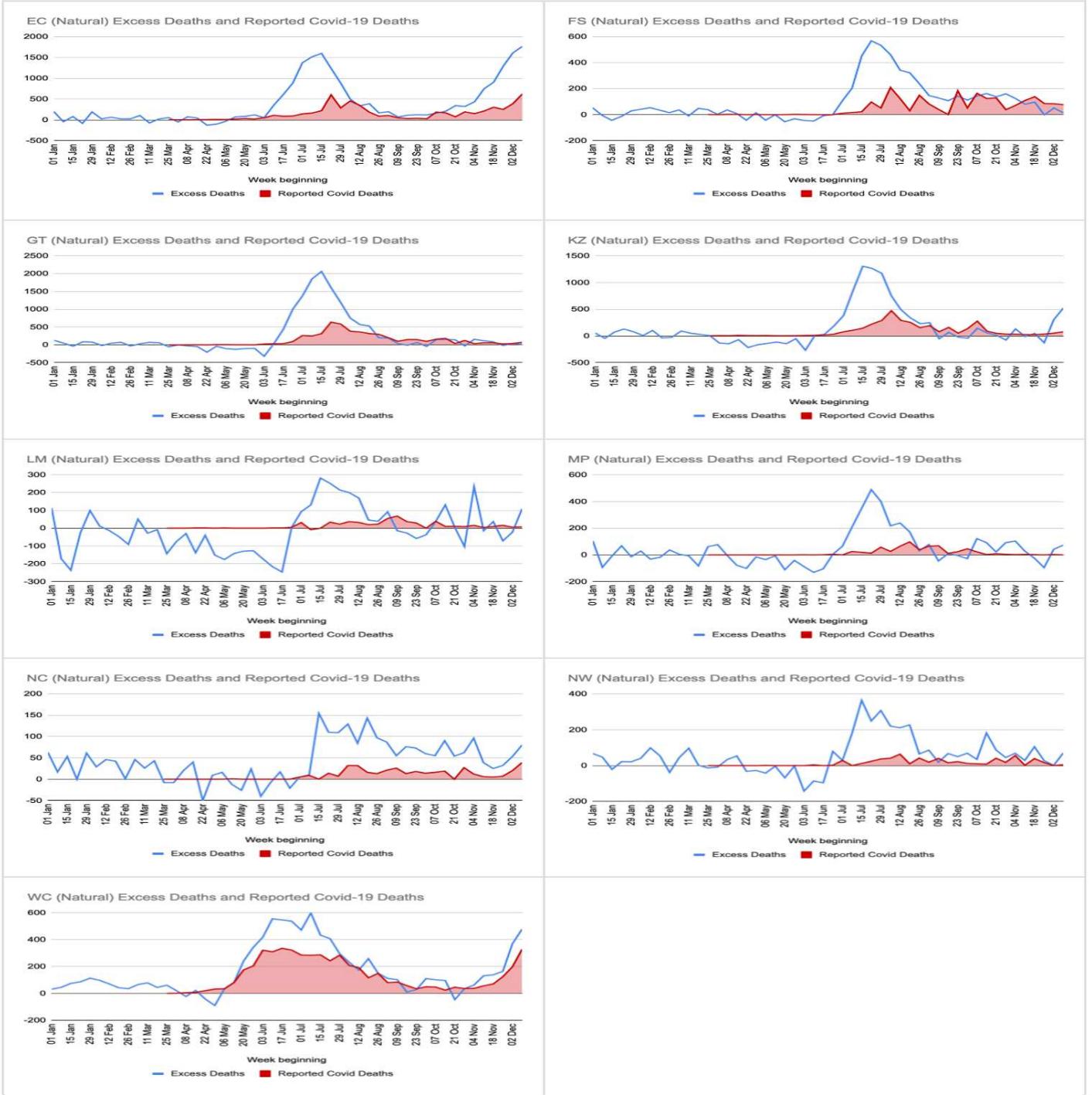
Page 6

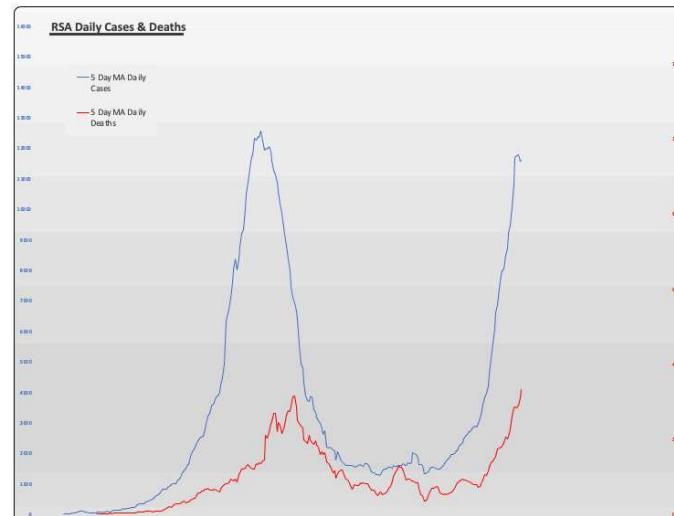
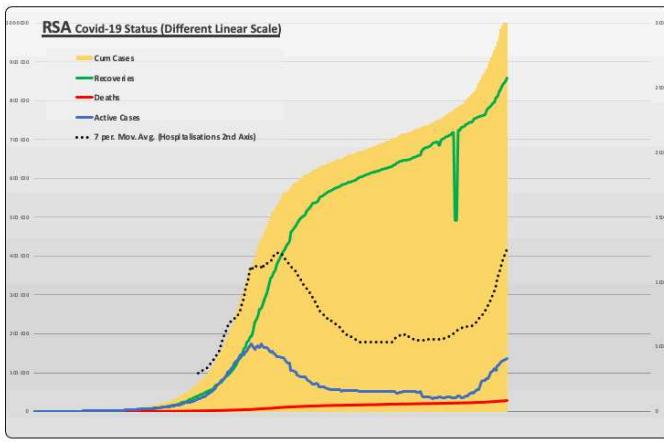
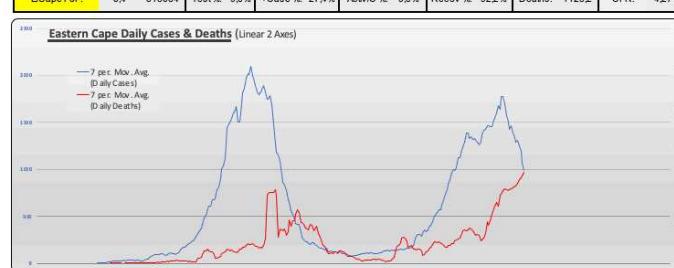
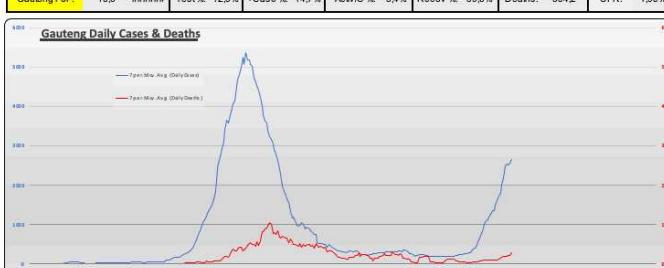
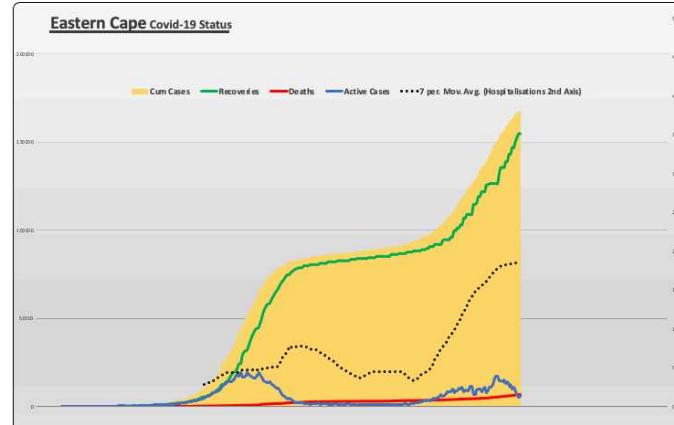
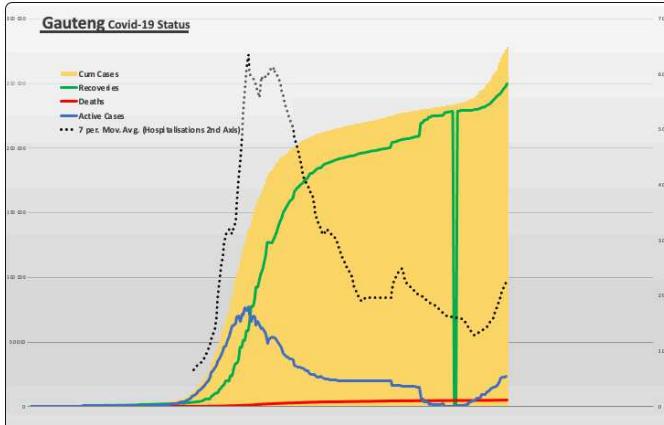
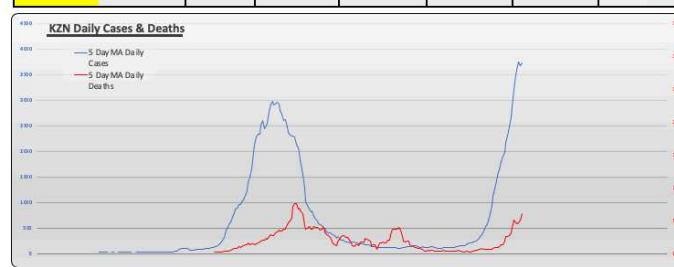
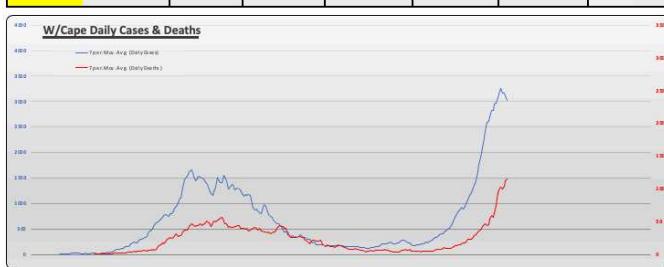
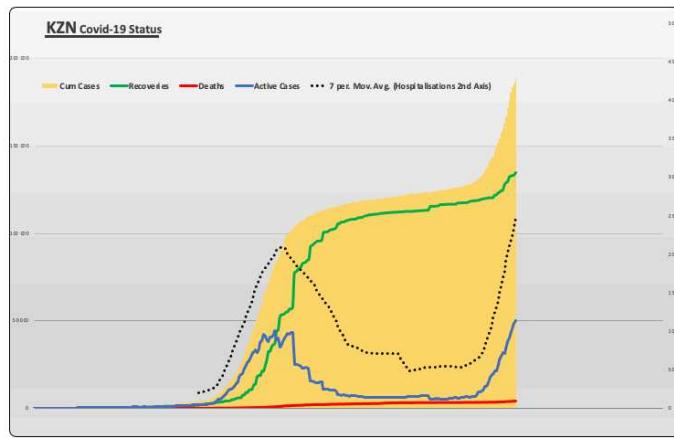
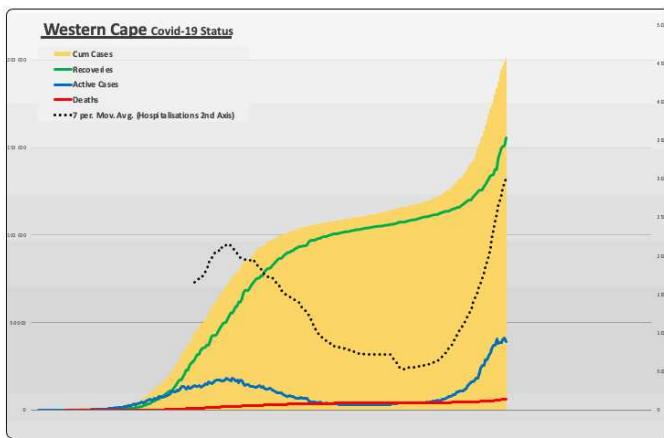


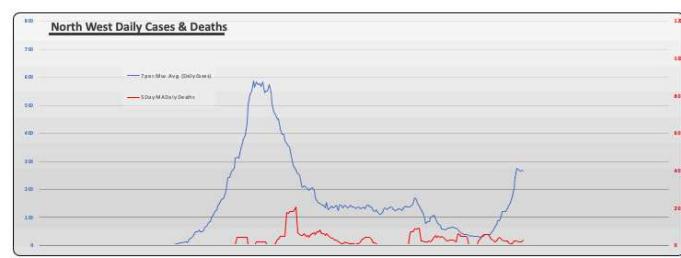
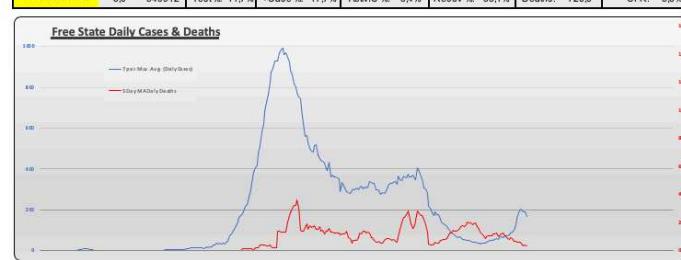
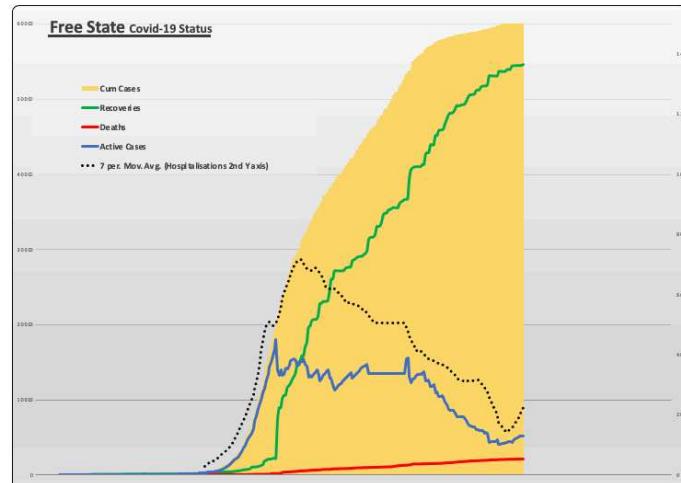
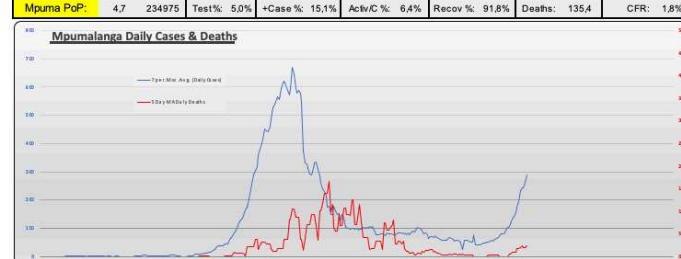
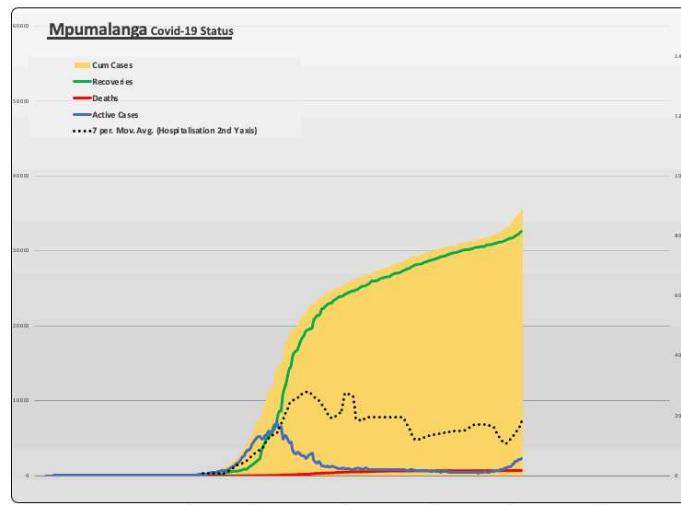
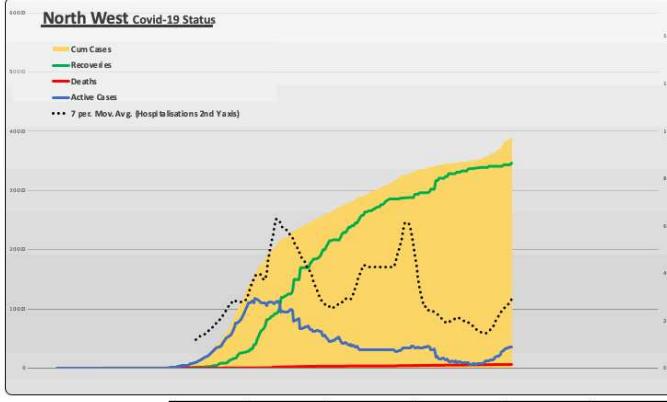
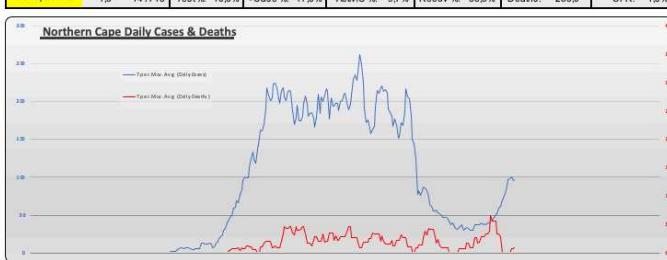
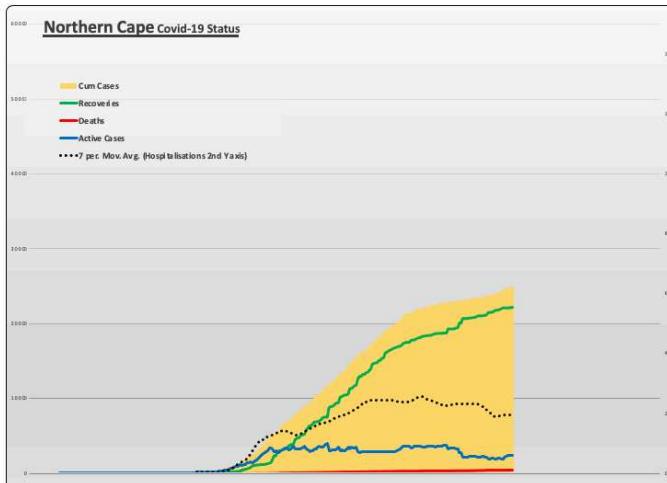
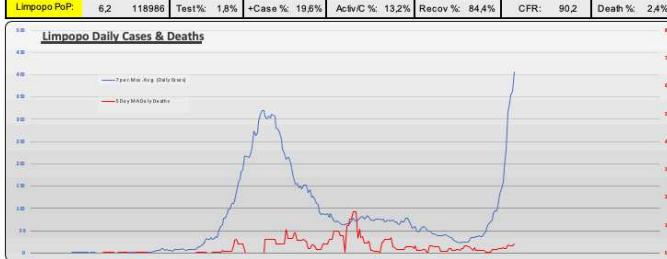
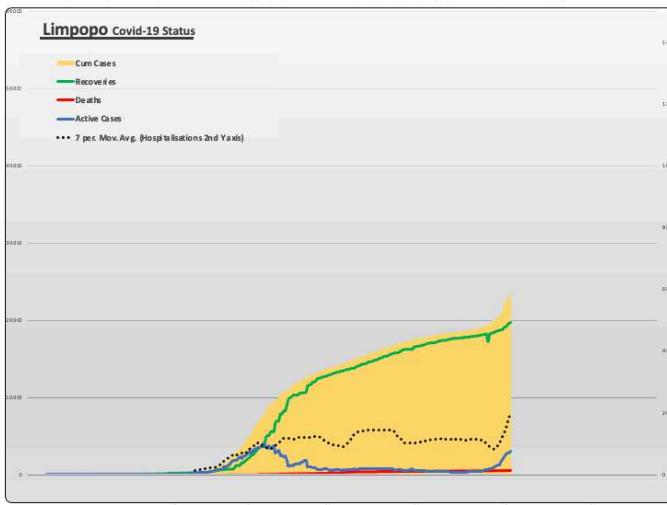
One approach to aid understanding of the emerging COVID-19 mortality is to compare the estimated weekly excess deaths with the number of COVID-19 deaths reported by the Minister of Health as shown in the figure below. This comparison is hampered to some degree by the fact that the excess deaths are classified 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







Vaccination innovation, from 1880 to 2020

