

#OnTheFrontLine with Dr Kerrin Begg

 By [Nicci Botha](#)

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#OnTheFrontLine offers a behind-the-scenes glimpse into the lives of the healthcare warriors tackling Covid-19 head on. Dr Kerrin Begg is a public health medicine specialist at Stellenbosch University. She's an integral part of Covid-19 guidance task team and the provincial outbreak team, while still juggling her "day job" teaching students and family life in lockdown.



Dr Kerrin Begg

■ **What does a typical day look like under lockdown?**

After my morning prayer and meditation with a welcome cup of tea, followed by breakfast on the hop, and checking in with my four boys, adopted daughter and grandson on their plans for the day, a quick bit of housework, my working day at home starts in earnest.

Most days I assist the Western Cape provincial outbreak response team with tracking and tracing positive case and their contacts. After being allocated lab reports in the morning, I will spend a few hours telephonically contacting the Covid-19 cases, obtaining demographic information, checking on their symptoms and general health, advising them about what they should and shouldn't be doing under isolation, how to seek medical help if and when needed, how to protect their families and household contacts, and then getting details of all their contacts in the days preceding their illness or diagnosis.

Then, there's more telephone calls to each of the contacts to check on symptoms and advise around testing, and then advising them about quarantine and general measures to protect themselves.

Sometimes this requires quite a bit of convincing, sometimes referral to provincial isolation or quarantine facilities, and sometimes activation of social support services. Should it become apparent that the case is part of a cluster of cases, then more calls up the chain of command of the workplace are required to set in motion a screening and testing process to detect other cases and mitigate the further spread.

Then, referral downstream to the district or field team, and reporting upstream to the provincial team, and finally capturing onto the database.

“ *It's physically draining and mentally exhausting work – part private investigator, part doctor, part counsellor, part administrator.* ”

Other days might be more rapid research focused as I work with colleagues on the College of Public Health Medicine Covid-19 guidance task team in reviewing what the scientific evidence concludes and then developing guidelines to inform public health policy and regulations (such as the public transport regulations and wearing of masks).

In between, or at night, I have to get my “day-job” done, which entails postgraduate and undergraduate teaching and learning, as well as curriculum development. Due to the suspension of face-to-face teaching, my colleagues and I are hard at work converting lessons and lectures to emergency remote teaching for online delivery. This is arduous and time-consuming and not all of us are as skilled at it as we would like to be, so we attend webinars to guide us and help us as we learn on the hop.

Every day is filled with interruptions, either youngest child needing help with school work, or needing to be reminded of online lessons, as well as a constant stream of phone calls, WhatsApp messages and emails with media and other queries.

Somewhere in the midst of all this, is a scan of news and Twitter and a number of WhatsApp groups staying up to date with the latest stats, news and research. Most days feel like information overload. And at some point in the evening I break away from work, connect and share a meal with my family (interrupted every few evenings by live television interviews via Skype).

Occasionally I squeeze some knitting, or reading in before flopping into bed exhausted.

■ ***What was your initial response to the lockdown?***

My initial response was relief, that we may have a chance to slow down the transmission and “flatten the curve”.

My anxiety levels were high in the weeks leading up to lockdown as we were tracing huge groups of contacts from cases who had attended weddings, funerals and seminars.

■ ***What are the challenges and opportunities?***

The challenges going forward will include managing the inevitable tsunami of cases, when it comes, hopefully in a much flattened curve than would have been the case had we as a country not acted as swiftly as we did with stringent containment measures; the knock-on effects of other medical conditions caused by our quadruple burden of disease, which are not being treated optimally under lockdown; the humanitarian crisis of hunger and poverty exacerbated by inability to earn in the informal sector during lockdown; and the ‘lockdown fatigue’ with frustration at the negative economic impact of lost livelihoods whilst not necessarily seeing the significant positive human impact of saved lives.

On a broader level, the challenges include dealing with the unknown, the uncertainty, and managing the ever-changing environment – what worked this week and today, will not necessarily work tomorrow and next week.

We cannot miss the greatest opportunity that the pandemic provides us with, which is to build a universal healthcare system, where we can truly deliver health for all.

▣ ***What innovative solutions are you seeing in the healthcare realm?***

The pace at which research has been generated has been astounding, but also comes with cautious interpretation as not all research published has yet been through the rigours of peer review.

Policy and regulation has also been drafted and published in great haste showing what can be done when needed.

The collective thinking and grappling with challenges we've never faced before as society has been immense and resulted in some great innovations such as splitters – allowing one ventilator to ventilate two patients at a time, and innovative processes such as nursing patients prone (on their stomachs) which delays and even reduces the need for ventilation, giving proof to the adage “never waste a good crisis”.

▣ ***What trends have you seen emerge?***

Encouraging trends have been:

1. social solidarity, a pulling together of healthcare worker colleagues, and community groups to unify against a common enemy – the Sars-Cov-2 virus;
2. the focus on the scientific evidence to inform policy and decision-making;
3. delivery of urgent services on the ground without political point-scoring (for the most part).

Concerning trends have been the humanitarian crisis that has always existed, but that Covid-19 has shone the spotlight on – poverty, hunger, inequity. Perhaps Covid-19 will help accelerate solutions to these seemingly intractable problems facing our society.

▣ ***What is your key message for fighting the virus?***

Don't give the virus legs! It can only be transmitted by people connecting with one another, so keep your physical distance from other people. Stay home as much as possible even after lockdown ends, and don't go out at all if you're sick. Don't meet in groups – whether work, social or family. And obey the other golden rules of hand hygiene, respiratory hygiene, wear a mask (properly) and don't touch your face.

▣ ***How do you see the virus changing life as we know it?***

Physical distancing will be part of life for a significant period to come. We will need to be intentional about connecting with others and joining in our shared humanity. Hopefully kindness will emerge the victor.

ABOUT NICCI BOTHA

Nicci Botha has been wordsmithing for more than 20 years, covering just about every subject under the sun and then some. She's strung together words on sustainable development, maritime matters, mining, marketing, medical, lifestyle... and that elixir of life - chocolate. Nicci has worked for local and international media houses including Primedia, Caxton, Lloyd's and Reuters. Her new passion is digital media.

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