lockdown becoming harassed by police; religious communities on lockdown themselves are struggling to keep in contact with each other, let alone coordinate charitable works.

In some places food protests have erupted in defiance of lockdown orders, leading to looting and clashes with security forces. These tensions and the uneven response of the government to the problem of poverty during this crisis may lead to a widening social crisis and possibly augur a lurch leftward at the next general election.

South Africa's president President Cyril Ramaphosa on April 21 announced an "extraordinary budget" of $500 billion rand ($26 billion) to address the huge socioeconomic effects of the coronavirus pandemic, saying that "our country and the world we live in will never be the same again."

In a national address, he said the "historic" amount is roughly 10 percent of South Africa G.D.P., adding that the top priorities for the relief package are combating the virus and relieving "hunger and social distress."

Although opposition parties are pulling with the president at the moment, by the next elections his handling of the crisis will surely come

under scrutiny. The opposition may use any flaws in managing the current situation to draw working-class and unemployed votes.

> *In conversations among priests from various parts of South Africa a doleful reality is heard: People are starting to starve. In one of our own Jesuit parishes in Johannesburg we hear of parishioners who are unable to find food.*

That could strengthen the hand of Mr. Ramaphosa's internal African National Congress opponents, happy to use any difficulties in crisis management to unseat him as party leader and national president either before or after the next general elections, scheduled for 2024. It is possible that Mr. Ramaphosa, who has become a "poster president" for the World Health Organization, may succeed in overcoming the pandemic only to find himself in a position similar to Britain's Winston Churchill after World War II—voted out of office.

One journalist, Rebecca Davis, has summed up the problems with the national food relief effort well. Ms. Davis reports that the state's social welfare system lacks the capacity to distribute emergency food aid and that the national databases documenting who actually needs food are hopelessly out of date. The bureaucratic process to verify requests for assistance, she reports, is inadequate—uncoordinated between provinces and understaffed.

The relief process itself has been politicized and corrupted by officials demanding proof of political loyalties before allowing food distributions. Finally, the centralized food distribution points represent a Covid-19 risk since they have poorly enforced social distancing. Business and management experts suggest the distribution of food vouchers and a basic income grant as solutions to the chaos so far in relief efforts, but this good proposal is likely to be stymied by bureaucracy and mismanagement.

The lockdown *may* be working to flatten the curve of Covid-19 infection. I say this cautiously because that is contingent on two factors: quick and accurate testing and whether or not the infection rate is actually declining. But the immediate human cost has been immense.

It is a case, perhaps, of the cure being potentially worse than the disease. Is it better to risk death by starvation than by Covid-19? I personally cannot answer that question on anyone's behalf but my own.

Many other South Africans, especially those facing starvation, seem to have already made up their minds.

With reporting from The Associated Press

More: SOUTH AFRICA / CORONAVIRUS / HUMANITARIAN AID

SHOW COMMENTS (4)

Naming the coronavirus disease (COVID-19) and the virus that causes it

Official names have been announced for the virus responsible for COVID-19 (previously known as "2019 novel coronavirus") and the disease it causes. The official names are:

Disease

coronavirus disease (COVID-19)

Virus

severe acute respiratory syndrome coronavirus 2

(SARS-CoV-2)

Why do the virus and the disease have different names?

Viruses, and the diseases they cause, often have different names. For example, HIV is the virus that causes AIDS. People often know the name of a disease, but not the name of the virus that causes it.

There are different processes, and purposes, for naming viruses and diseases.

Viruses are named based on their genetic structure to facilitate the development of diagnostic tests, vaccines and medicines. Virologists and the wider scientific community do this work, so viruses are named by the International Committee on Taxonomy of Viruses (ICTV).

Diseases are named to enable discussion on disease prevention, spread, transmissibility, severity and treatment. Human disease preparedness and response is WHO's role, so diseases are officially named by WHO in the International Classification of Diseases (ICD).

ICTV announced "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)" as the name of the new virus on 11 February 2020. This name was chosen because the virus is genetically related to the coronavirus responsible for the SARS outbreak of 2003. While related, the two viruses are different.

WHO announced "COVID-19" as the name of this new disease on 11 February 2020, following guidelines previously developed with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO).

Naming the coronavirus disease (COVID-19) and the virus that causes it

Unity Studies: Early Investigation Protocols

Case management

National laboratories

Surveillance, rapid response teams, and case investigation

Infection prevention and control

Points of entry and mass gatherings

Risk communication and community engagement

- WHO Director-General's remarks at the media on 11 February 2020
- WHO Situation Report on 11 February 2020

WHO and ICTV were in communication about the naming of both the virus and the disease.

What name does WHO use for the virus?

From a risk communications perspective, using the name SARS can have unintended consequences in terms of creating unnecessary fear for some populations, especially in Asia which was worst affected by the SARS outbreak in 2003.

For that reason and others, WHO has begun referring to the virus as "the virus responsible for COVID-19" or "the COVID-19 virus" when communicating with the public. Neither of these designations are intended as replacements for the official name of the virus as agreed by the ICTV.

Material published before the virus was officially named will not be updated unless necessary in order to avoid confusion.

More information:

- How are new infectious diseases named?
- More about coronavirus disease (COVID-2019)
- WHO press briefings on the coronavirus disease (COVID-2019)
- International classification of diseases
- International Committee on Taxonomy of Viruses

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CENTERS FOR DISEASE CONTROL AND PREVENTION

ICD-10-CM Official Coding Guidelines - Supplement
Coding encounters related to COVID-19 Coronavirus Outbreak
February 20, 2020 – March 31, 2020

Introduction

The purpose of this document is to provide official diagnosis coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV

The COVID-19 caused an outbreak of respiratory illness, and was first identified in 2019 in Wuhan, Hubei Province, China. Since then, thousands of cases have been confirmed in China, and COVID-19 has also spread internationally, including in the United States. Investigations are ongoing. The most recent situation updates are available from the CDC web page, About 2019 Novel Coronavirus (COVID-19). https://www.cdc.gov/coronavirus/2019-ncov/index.html

The confirmed COVID-19 infections can cause a range of illness, from little to no symptoms, to those affected being severely ill and even dying. Symptoms can include fever, cough, and shortness of breath. Symptoms may appear from 2 to 14 days after exposure, based on the incubation period for other coronaviruses, such as the MERS (Middle East Respiratory Syndrome) viruses. https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html

This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the *ICD-10-CM Official Guidelines for Coding and Reporting* (effective October 1, 2019) and will be updated to reflect new clinical information as it becomes available. https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf.

The ICD-10-CM codes provided in this document are intended to provide information on the coding of encounters related to coronavirus. Other codes for conditions unrelated to coronavirus may be required to fully code these scenarios in accordance with the *ICD-10-CM Official Guidelines for Coding and Reporting*. A hyphen is used at the end of a code to indicate that additional characters are required.

ICD-10-CM Interim Coding Guidance for COVID-19 (February 20, 2020-March 31, 2020)

General Guidance

Pneumonia
For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes J12.89, Other viral pneumonia, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Acute Bronchitis
For a patient with acute bronchitis confirmed as due to COVID-19, assign codes J20.8, Acute bronchitis due to other specified organisms, and B97.29, Other coronavirus as the cause of diseases classified elsewhere. Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using code J40, Bronchitis, not specified as acute or chronic; along with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Lower Respiratory Infection
If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, this should be assigned with code J22, Unspecified acute lower respiratory infection, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere. If the COVID-19 is documented as being associated with a respiratory infection, NOS, it would be appropriate to assign code J98.8, Other specified respiratory disorders, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

ARDS
Acute respiratory distress syndrome (ARDS) may develop in with the COVID-19, according to the Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (COVID-19) Infection.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

Cases with ARDS due to COVID-19 should be assigned the codes J80, Acute respiratory distress syndrome, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Exposure to COVID-19
For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.

For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

Signs and symptoms
For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified