



**Western Cape
Government**

Health

PCF, DIGITAL PRESS CONFERENCE & AD HOC COMMITTEE

Health Update

Dr K Cloete

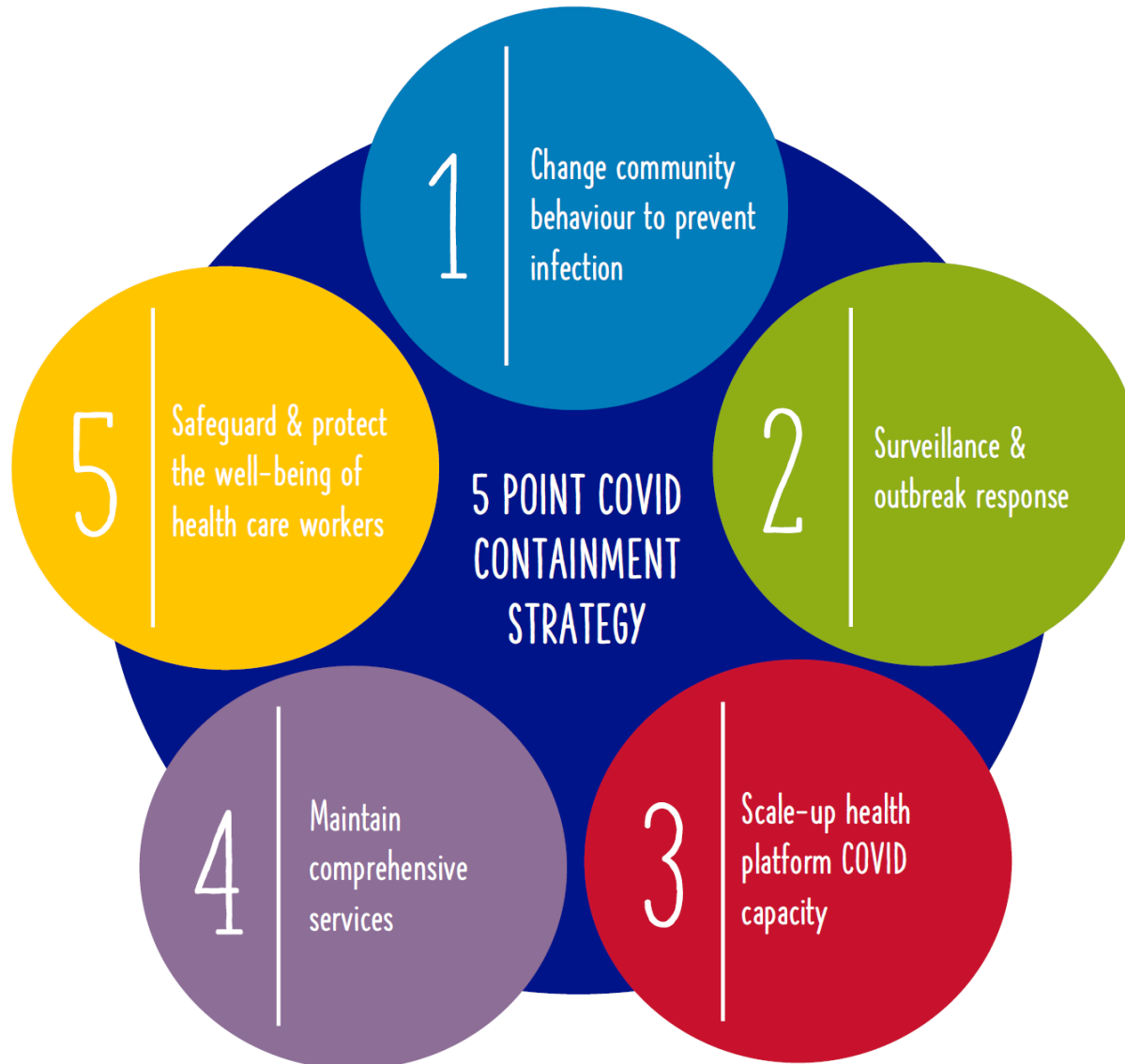
28 December 2020

Overview

1. 5-point COVID Resurgence Strategy
2. Community Prevention
3. Surveillance & Response Update
4. Scaling up health platform COVID capacity
5. Scaling down non- COVID capacity
6. Safe-guarding well-being of health care workers
7. Vaccine strategy
8. Key messages for New Years' period
9. Conclusions

5-point COVID Resurgence Strategy

5-point COVID Containment Strategy



5-point COVID Containment Strategy

1. Change community behaviours to prevent infections:

- a) Maintain **strong, bold central public messaging** and **targeted local messaging**
- b) Co-ordinated **Provincial, City and District enforcement** of **new regulations**, lead by Law Enforcement and EHPs

2. Surveillance and outbreak response:

- a) The **surveillance** and **outbreak containment** continues, with **established community transmission**
- b) The **daily surveillance huddles** continue to identify and contain **potential local outbreaks** in **vulnerable groups**

3. Scale up health platform COVID capacity:

- a) The **PHC** and **hospital COVID capacity** has been scaled up in **each geographic area**, as cases increase
- b) The local teams use **trigger points** for **step-wise escalation** of **PHC, inter-mediate, acute** and **critical care** access

4. Scale down con-COVID services:

- a) Maintain a **core quantum of essential non-COVID services**, while step-wise **scaling up COVID capacity**
- b) Actively **reduce most non-COVID services** to allow for COVID capacity, in the face of **alcohol-related trauma**

5. Safe-guard and protect well-being of health care workers:

- a) Ensure **sufficient PPE supplies** to protect all front-line staff members, and **source additional staff members**
- b) Implementing **OHS policy fully**, including addressing **mental well-being** for staff

Community Prevention Update



Community prevention – general comments

1. New regulations:

- a) The new **Adjusted Alert Level 3** in place. All **Western Cape Districts** declared **Hotspots**.
- b) Movement of people – **curfew from 21h00 to 06h00**, **establishments** close at **20h00**.
- c) **Mandatory face mask wearing**, restrictions on **gatherings** and **public transport**.
- d) **Alcohol prohibited** for off-site, on-site and public consumption.

2. Law Enforcement:

- a) The **Provincial, City and District Disaster Management Centres** will co-ordinate the **systematic enforcement of regulations**, along **with SAPS**, via the **Provincial Joints**.
- b) Multiple **joint operations** planned between the **law enforcement agencies** across a range of **high-risk settings**.

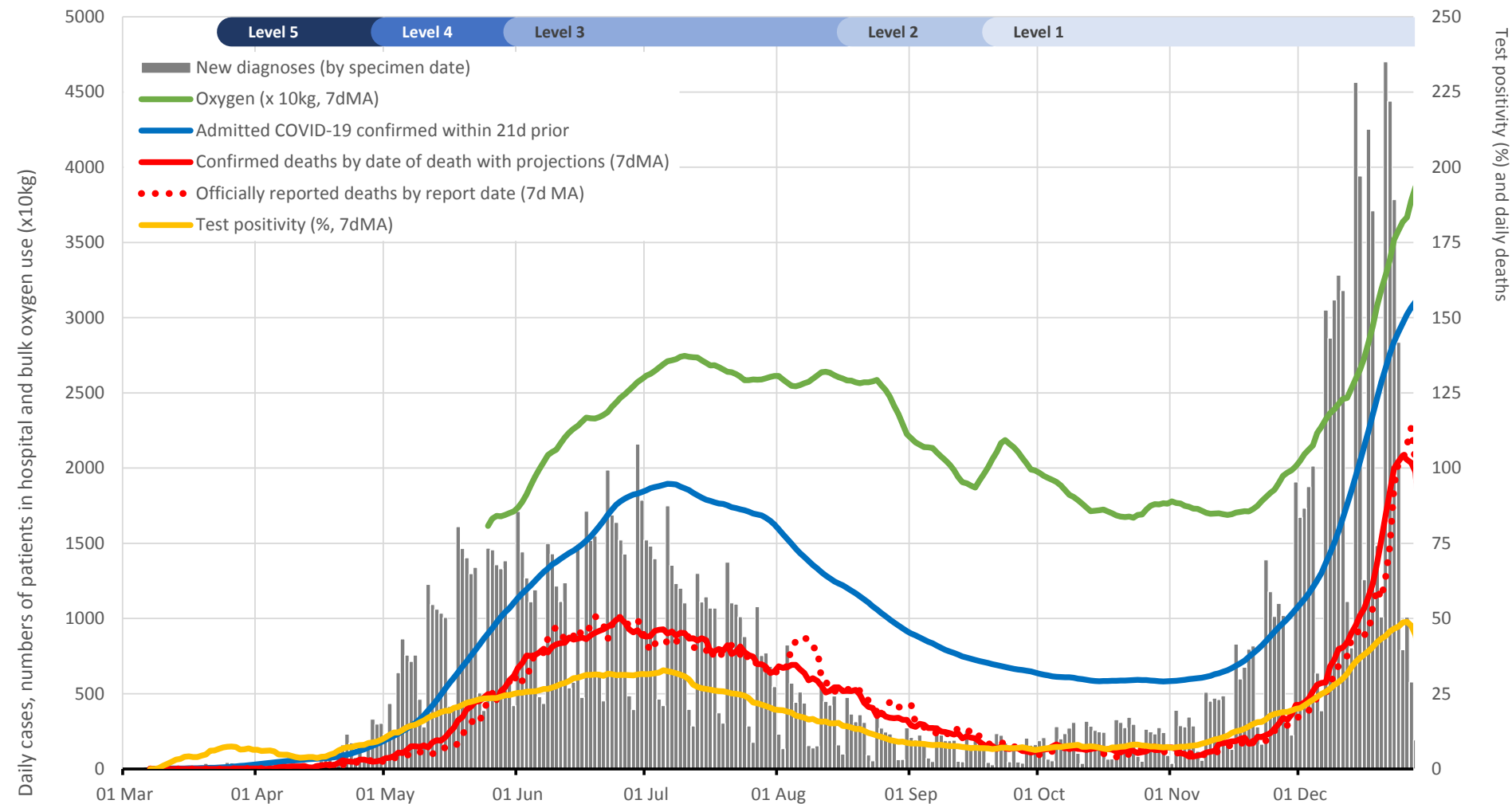
3. Communication:

- a) **Central messaging** on **risk of transmission** at especially **in-door gatherings**.
- b) **Decentralised** and **sector-specific** targeted messaging.

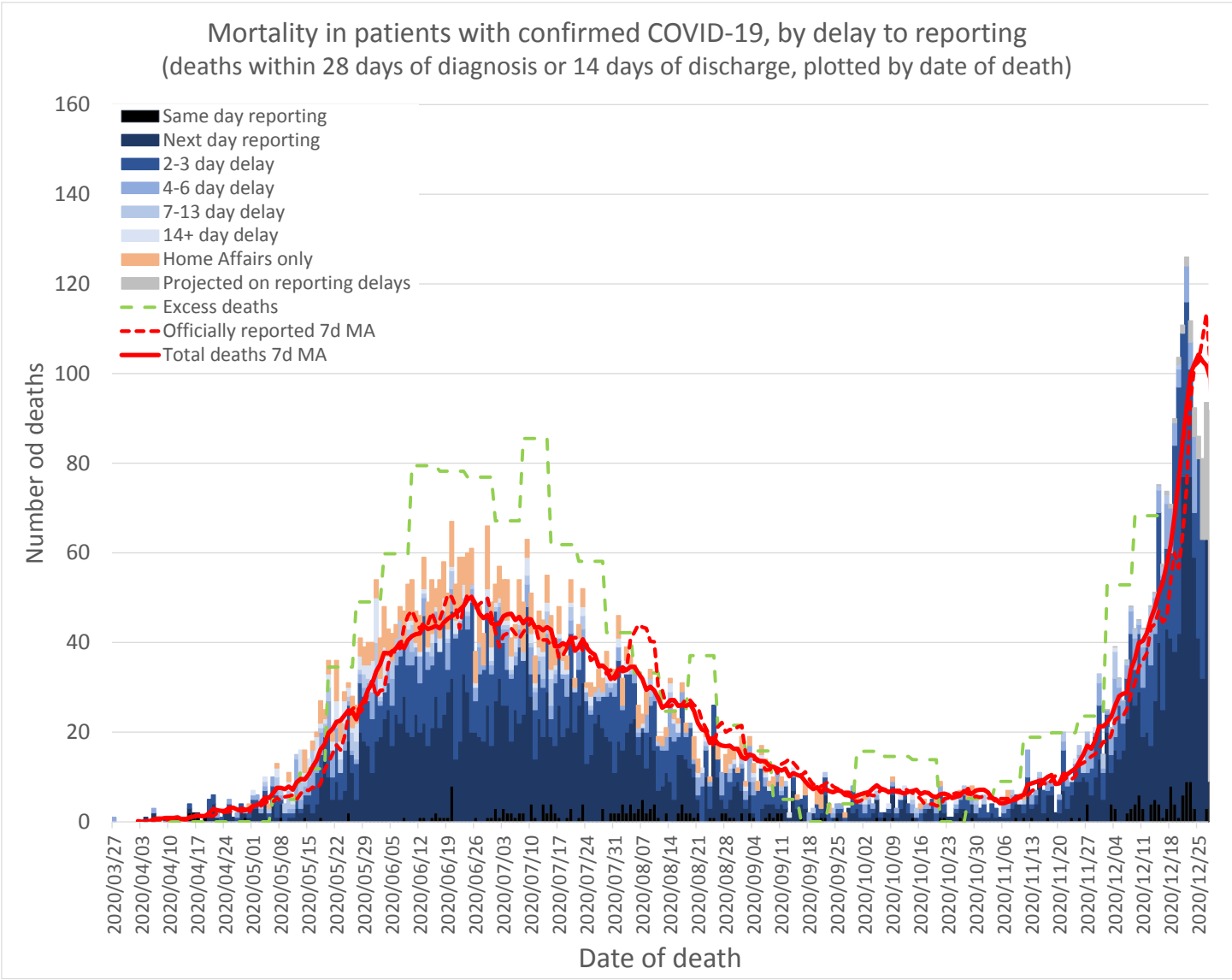
Surveillance & Response Update

Integrated testing, case, hospitalisation and mortality trends

(by event dates, until 27 December 2020)



Mortality by date of death

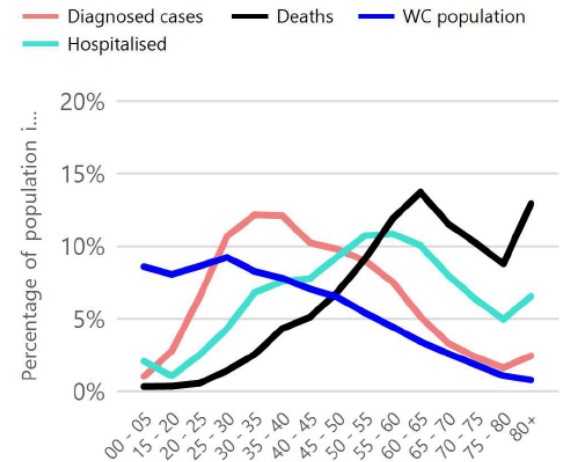


Age distribution of cases and of severe presentation

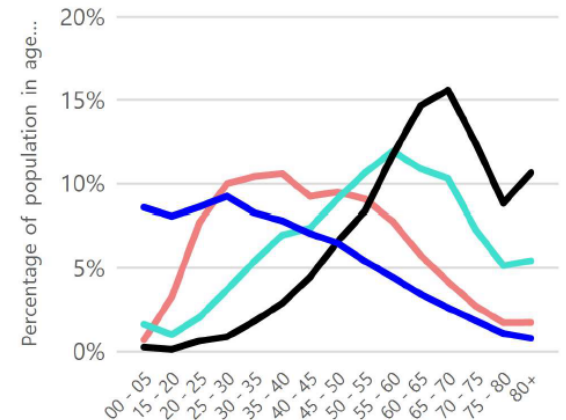
Cases by age over time

Age	Week						
	15	16	17	18	19	20	21
95							
90							
85							
80							
75							
70							
65							
60							
55							
50							
45							
40							
35							
30							
25							
20							
15							
10							
5							
0							

Ages by outcome first wave



Ages by outcome resurgence





Provincial Resurgence Overview

Health Impact Assessment
WC Department of Health
Last Updated:
Monday, 28 December 2020



Select District, Subdistrict:

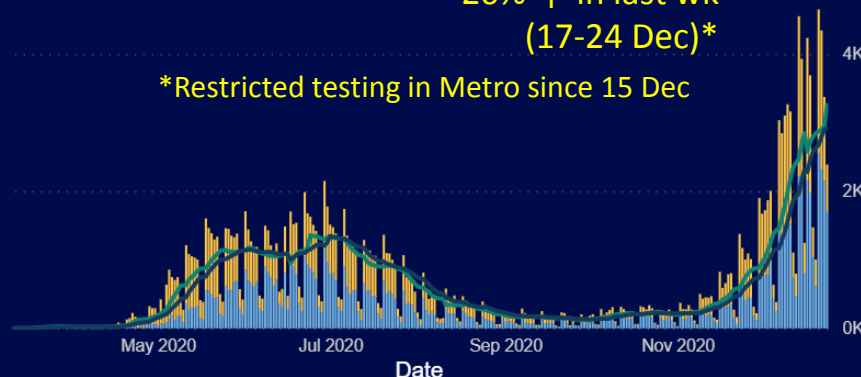
- ✓ ☐ Cape Winelands
- ✓ ☐ Central Karoo
- ✓ ☐ City of Cape Town
- ✓ ☐ Garden Route
 - ☐ Bitou
 - ☐ George
 - ☐ Hessequa
 - ☐ Kannaland
 - ☐ Knysna
 - ☐ Mossel Bay
 - ☐ Oudtshoorn
- ✓ ☐ Overberg
- ✓ ☐ West Coast

No. of Cases, 7 Day Moving Average and 14 Day Moving Average by Date and Sector

Sector ● Private/Other ● Public ● Unknown — 7 Day Moving Average — 14 Day Moving Average

26% ↑ in last wk
(17-24 Dec)*

*Restricted testing in Metro since 15 Dec

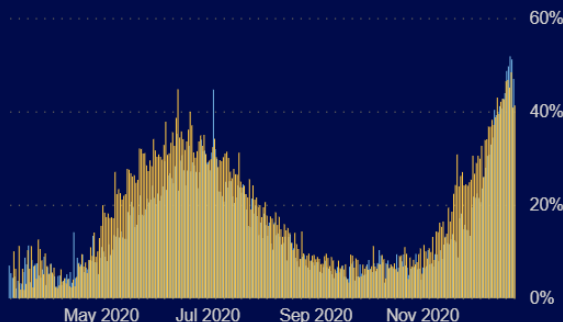


3/10/2020

12/24/2020

Proportion Positive by Date and Sector

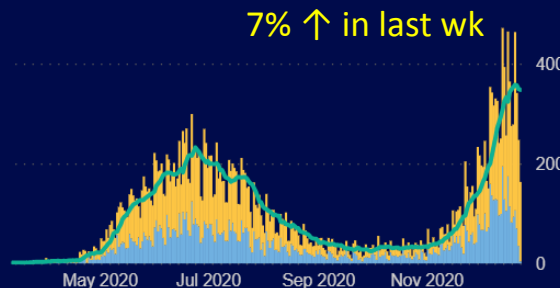
Sector ● Private/Other ● Public



No. of Admissions and 7 Day MA by Date and Sector

Sector ● Private ● Public — 7 Day MA

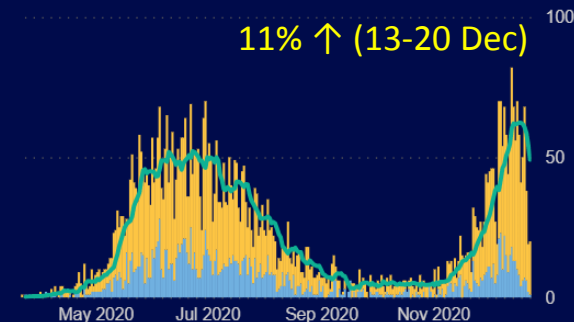
7% ↑ in last wk



No. of Deaths and 7 Day MA by Date and Sector

Sector ● Private/Other ● Public — 7 Day MA

11% ↑ (13-20 Dec)

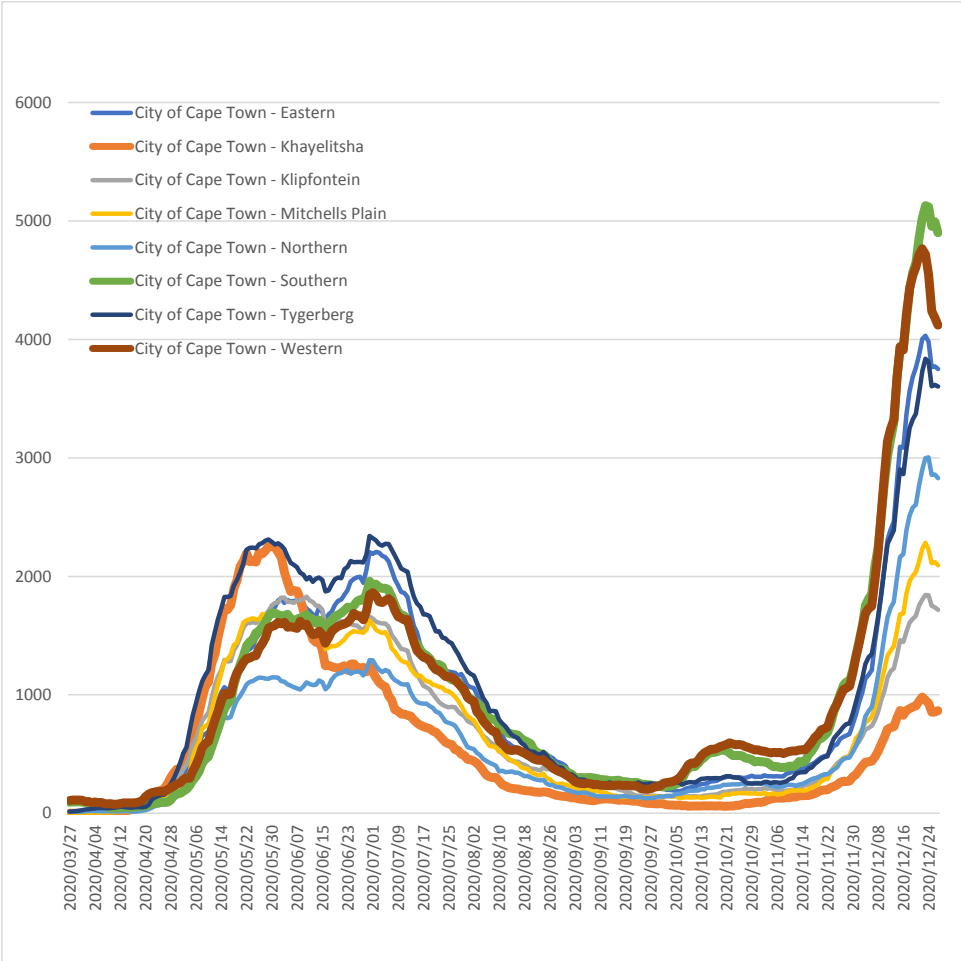
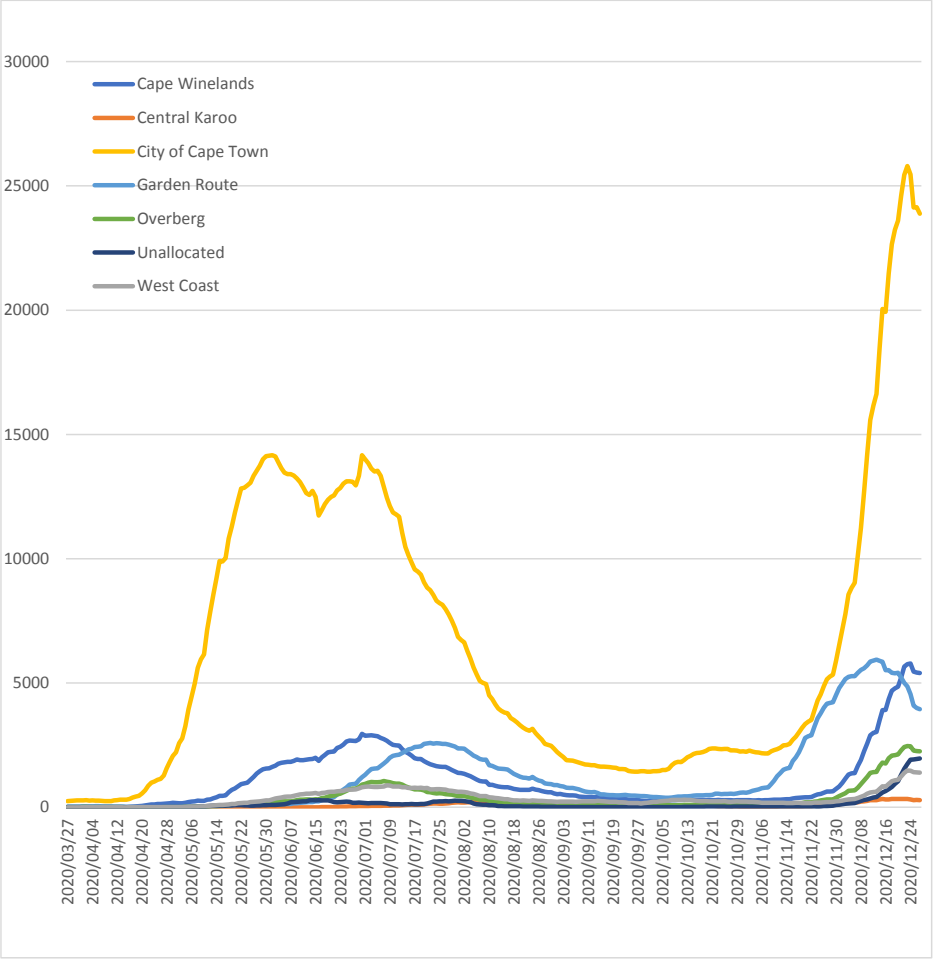


Provincial Overview

- The Province as a whole continues to see **substantial increases in daily new cases which are 2.4x more than in first wave peak** despite limited testing due to public holidays and restricted testing criteria.
- Hospitalisations and deaths continue to increase sharply. **New admissions 50% higher and deaths 22% higher than first wave.***
- The proportion positive continues to rise and is now **45%**, higher than our previous peak of 40%.

*Reporting delays may be longer than normal due to holiday period

Active cases





3/10/2020

12/25/2020

Metro Resurgence Overview

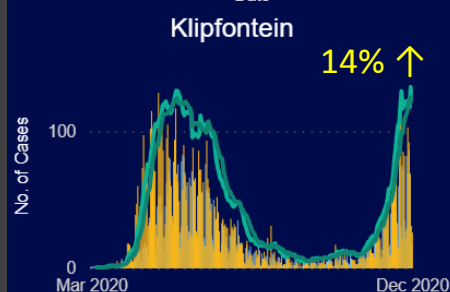
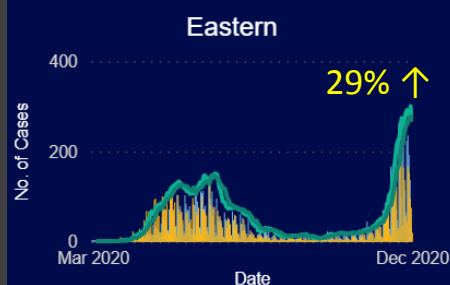
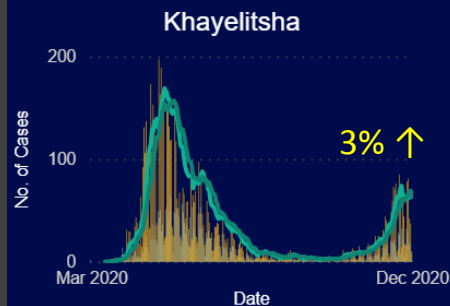
Health Impact Assessment

WC Department of Health

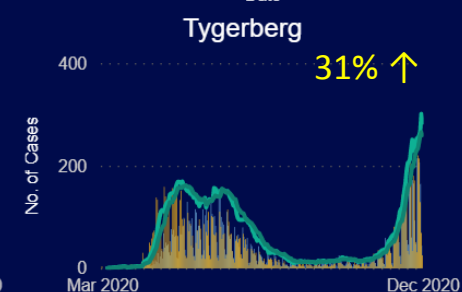
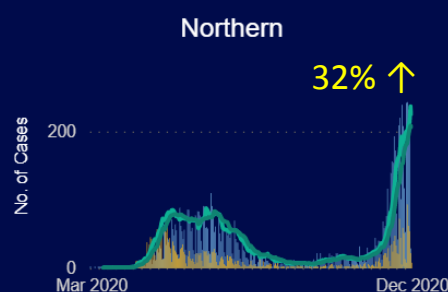
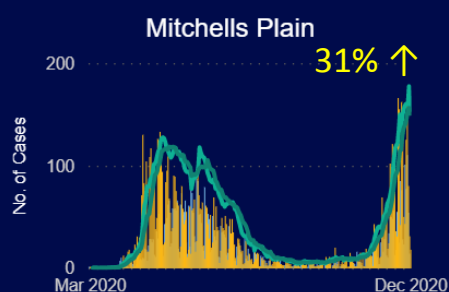
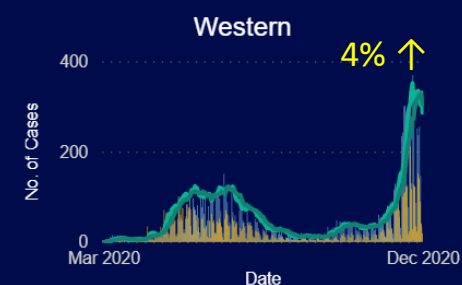
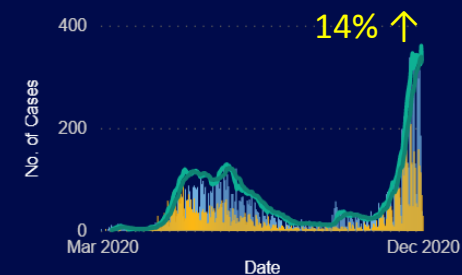
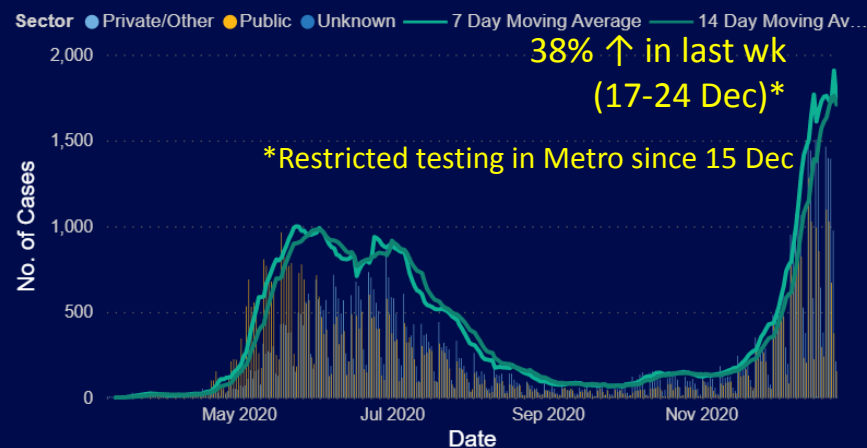
Last Updated:

Monday, 28 December 2020

Southern



Metro Overview: No. of Cases with 7 and 14 Day MA by Date and by sector



Metro Overview

- The Metro continues to see steep increases in cases with nearly double (1.9x) number of new daily cases compared to first wave peak.
- All subdistricts have exceeded their first peak except Klipfontein (almost equal first peak) and Khayelitsha.
- Northern, Eastern, Western & Southern all approximately 3x first wave peak.



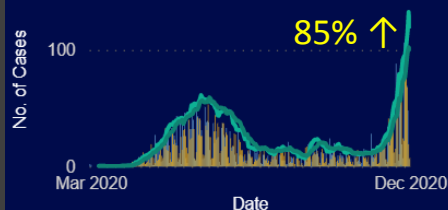
3/10/2020

12/25/2020

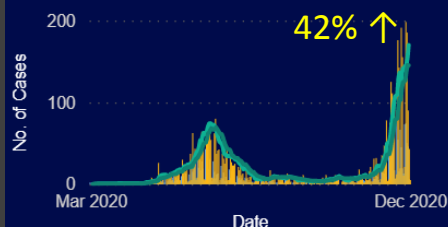
Rural Resurgence Overview

Health Impact Assessment
WC Department of Health
Last Updated:
Monday, 28 December 2020

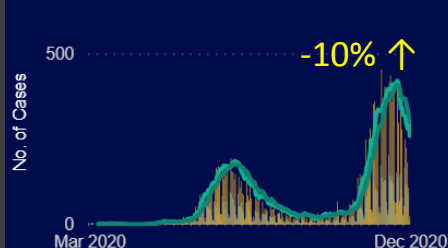
West Coast



Overberg

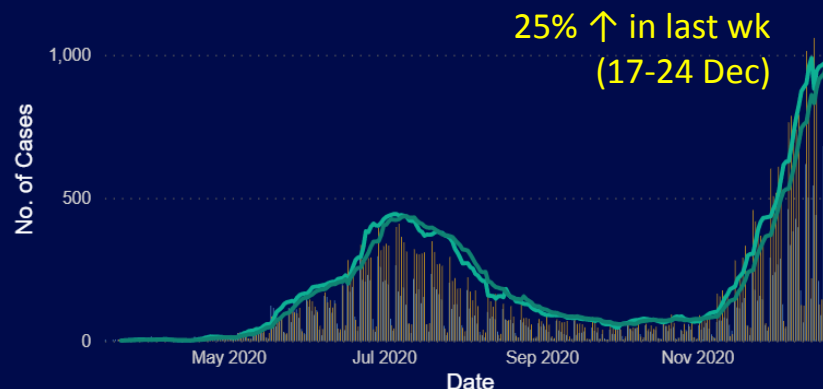


Garden Route

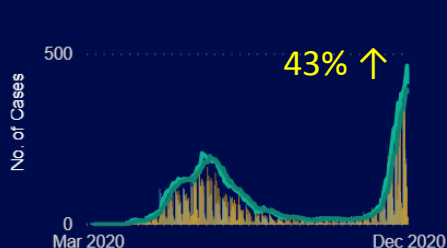


Rural Overview: No. of Cases with 7 and 14 Day MA by Date and by sector

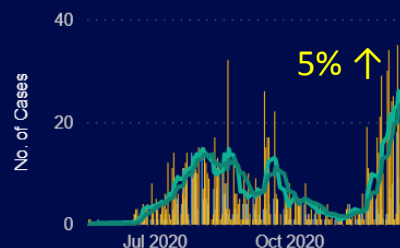
Sector ● Private/Other ● Public ● Unknown — 7 Day Moving Average — 14 Day Moving Average



Cape Winelands

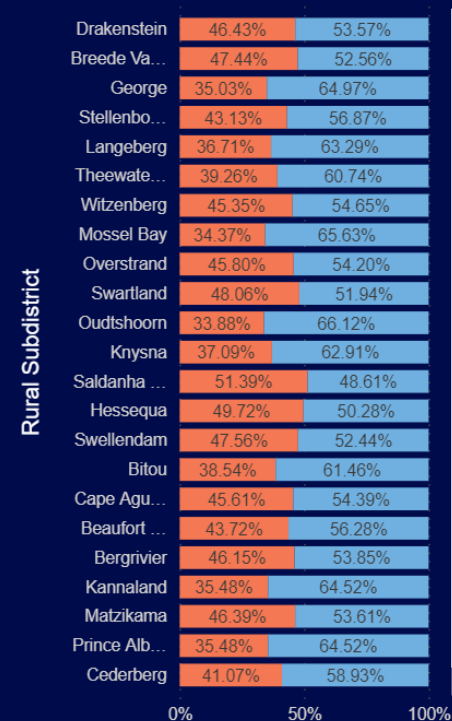


Central Karoo



Proportion of Cases by Subdistrict for last 7 days vs 7-14 days ago

● <7 days ago ● 7-14 days ago



Rural Overview

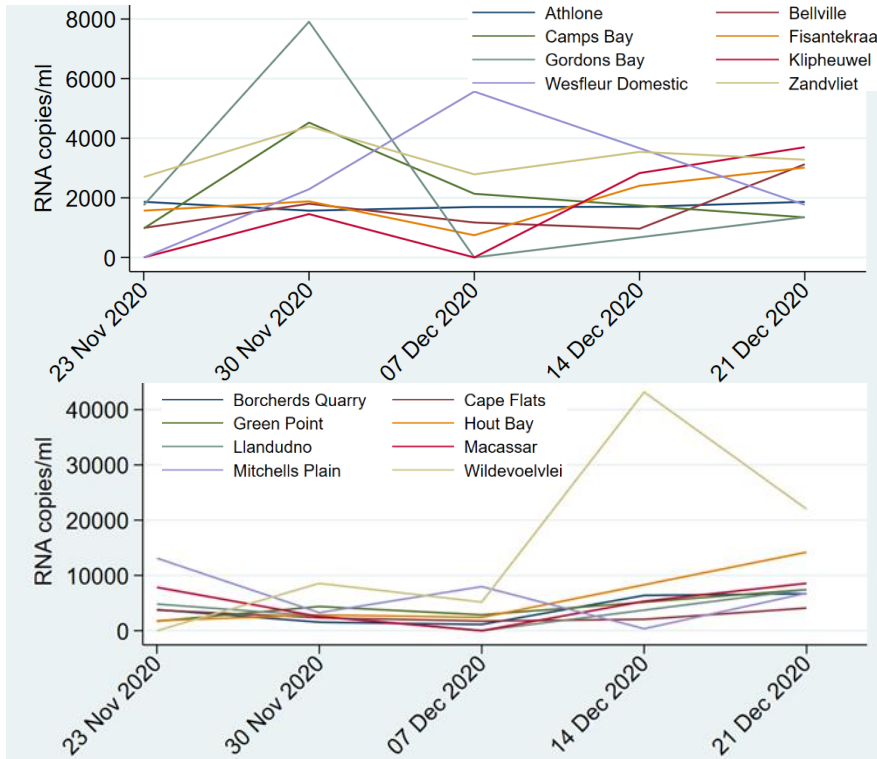
- Overall, rural districts have nearly 2.5 times more cases now than in first wave peak.
- Second wave peak is more than double the first wave peak in all rural districts except Central Karoo (64% higher than first peak).
- The stabilizing pattern in Garden Route continues but watching closely given large numbers of visitors in district.

Triangulating with wastewater

SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM

WEEK 51
update

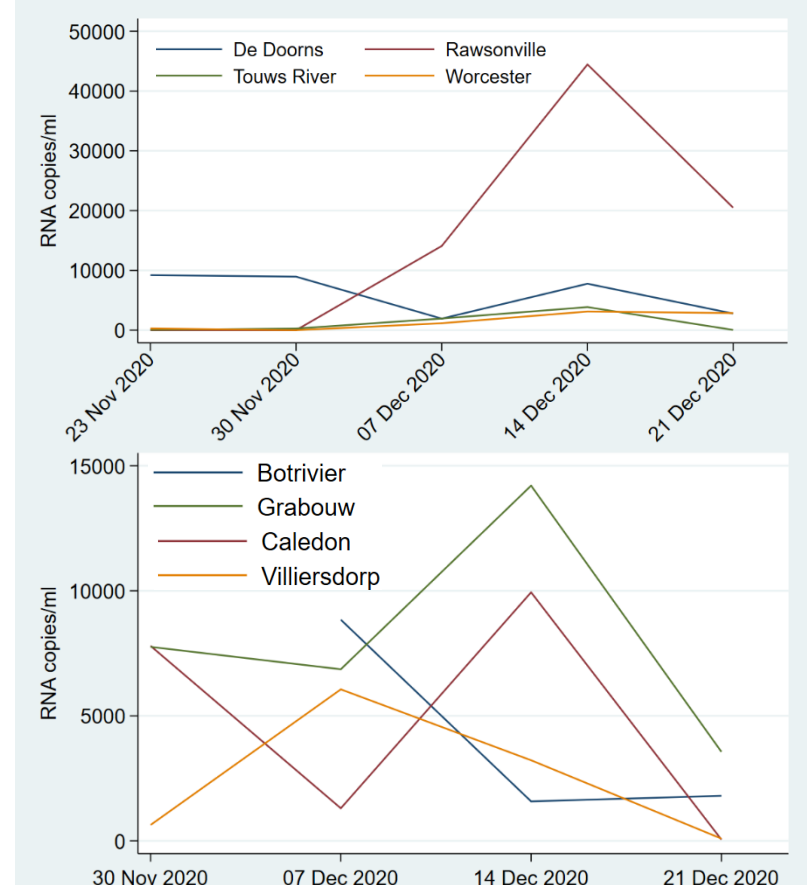
City of Cape Town, Breede Valley AND Overberg



Metro: ↑ in SARS CoV-2 RNA signal at several sites:

Bellville
Borcherds Quarry
Green Point
Hout Bay

Llandudno
Macassar
Mitchells Plain
Zandvliet



Breede Valley:

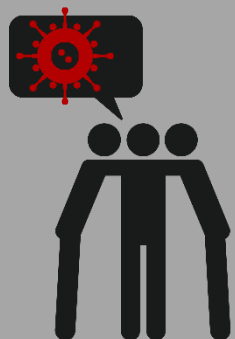
Levels in Rawsonville have decreased but remain high.

Theewaterskloof:

Levels decreased.

28 December 2020

Surveillance Huddle Report



28 December 2020:

Surveillance Huddle

KEY POINTS:

- Facilities in both Metro and Rural under pressure, with maintenance of oxygen supply difficult
- Deaths increasing

KESS

- Case numbers might show decrease due to limited testing over long weekend, and new testing criteria, but admissions increasing in Khayelitsha and deaths increasing in both Khayelitsha & Eastern.

KMPSS

- Proportion positive 50% in last week; No clusters noted.

NTSS

- Cases increased over weekend as our three 24-hour facilities were conducting tests as per normal.
- Hospital admission still increasing.

SWSS

- Suspect case numbers will increase after weekend flattening
- Huge burden at NSH on Sunday - needed to open additional beds; extra pressure on all staff and O2.

Cape Winelands

- PHC challenges with staff Covid+ and PUI's; all hospitals very busy, especially Ceres and Langeberg Hospitals, challenge with infrastructure and staffing.

Central Karoo

- Definite increase in the number of deaths – already 7 deaths since 26 December 2020.
- No adherence to preventative measures – wearing of masks, social distancing & large social gatherings.
- Laingsburg – long TAT on lab results – despite samples couriered to Worcester Lab every day.
- Beaufort West & Prince Albert Hospitals under pressure (bed capacity and oxygen utilisation).

Garden Route

- Hessequa: Riversdale Hospital very busy, O2 system under strain: workshop must change every 4 hours.
- Mossel Bay: Lab TAT improved; University volunteers helping; support and assist effectively.
- George Hospital: very busy with from trauma on weekend.
- Knysna/Bitou: Private Hospital – no Covid ICU beds available; only 1 Covid ward bed available. NHLS “van” has queue of privates/ holiday-makers/visitors waiting to be tested.
- Kannaland - Strain O2 supply over weekend; but Afrox delivered twice. Must change every 12 hours.
- Oudtshoorn Hospital very busy, only received half of O2 ordered.

Overberg

- High increase in cases over in all sub districts; household clusters very prominent.

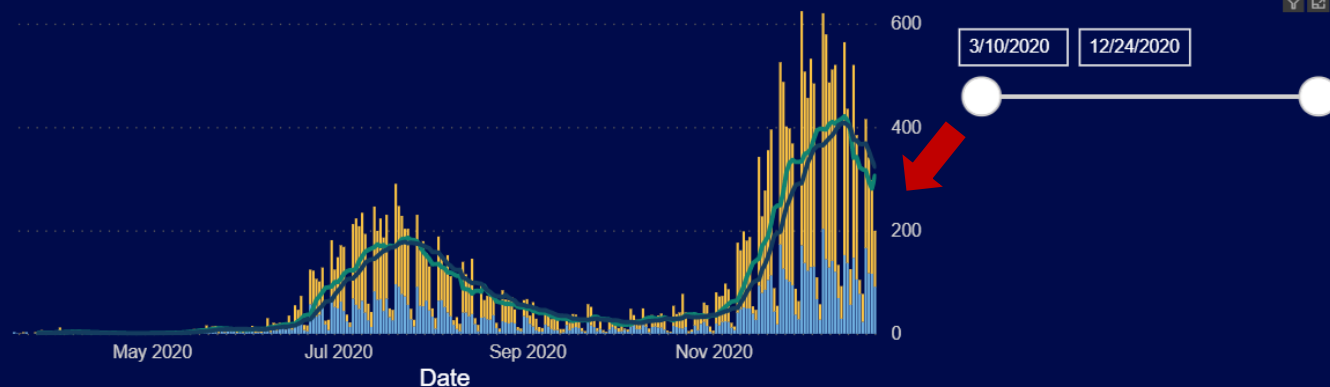
West Coast

- Increase in cases, especially amongst 26 – 30 years in the past 7 days; Deaths increasing.
- HCW active cases 38 EMS 2
- Vredenburg Hospital under pressure with cases and PUI's]
- Challenges: Lack of adherence to preventative measures

Provincial Resurgence Overview

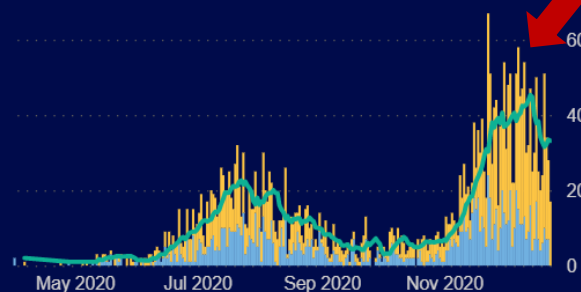
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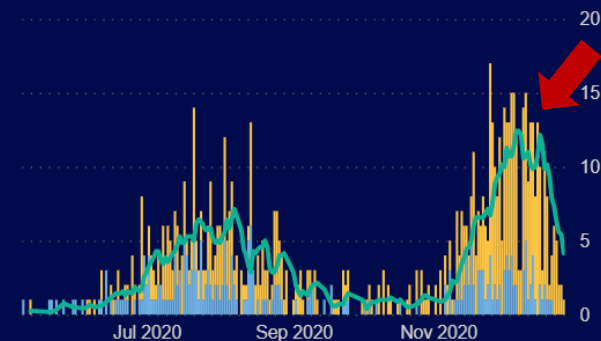
No. of Admissions and 7 Day MA by Date and Sector

Sector ● Private ● Public — 7 Day MA



No. of Deaths and 7 Day MA by Date and Sector

Sector ● Private/Other ● Public — 7 Day MA



Garden Route

It is reassuring that Garden Route remains stable, but small uptick in cases and admissions in last few days.

Hessequa still experiencing increasing incidence of cases – 50% increase vs. previous week.

Hospitals in all subdistricts remain under severe pressure, with oxygen supply under strain.

Scaling up health platform COVID capacity



Scaling up COVID capacity – general comments

1. PHC capacity:

- a) The PHC facilities facing **increasing demand** for **COVID testing**, and providing **triage** for **confirmed cases**.
- b) **Prioritisation of testing** and active **de-escalation** of **non-COVID PHC services**.

2. Hospital capacity:

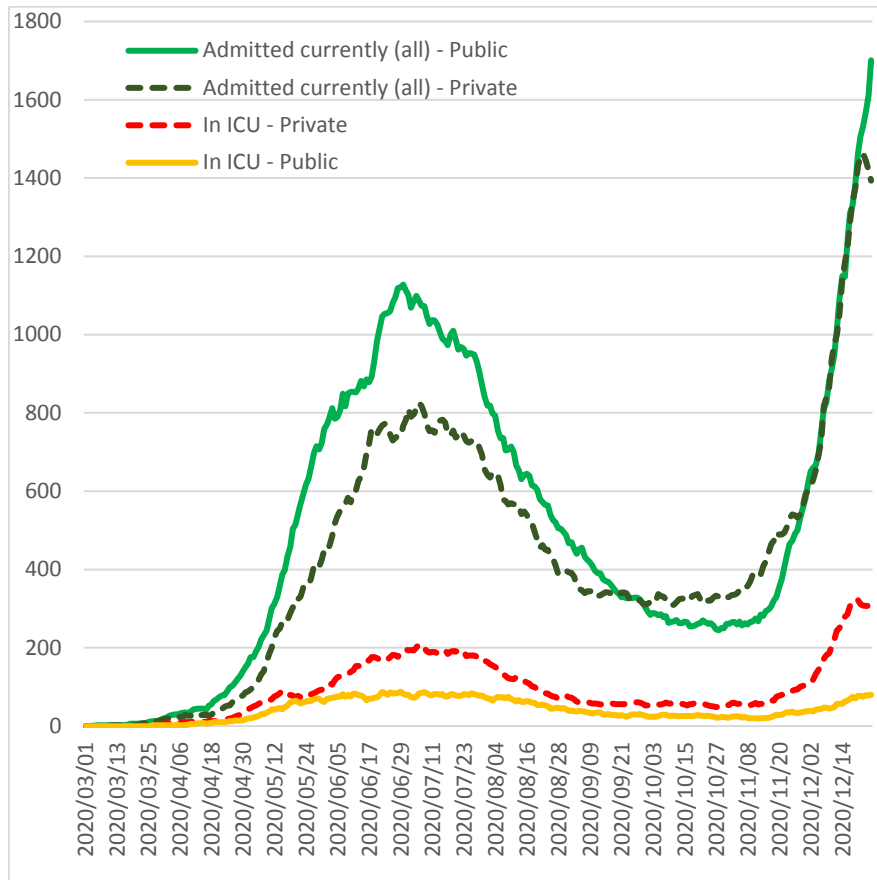
- a) **7 464 total acute operational** public sector beds (excluding specialised beds at psych hospitals, TB hospitals, Red Cross hospitals, Mowbray Maternity hospital) and inclusive of **135 critical care** public sector beds for COVID patients.
- b) **613 additional inter-mediate care beds** in Metro (**336 Brackengate** and **90 at Lentegour** currently), **additional 187 IC beds at Lentegour** [the first 100 opening on 31st December]
- c) We also have **59 intermediate care beds at Sonstraal currently**
- d) Thereafter, depending upon staffing availability and if the need exists, we can open an additional **136 intermediate care beds across the metro and rural platforms**.

3. Fatalities management capacity:

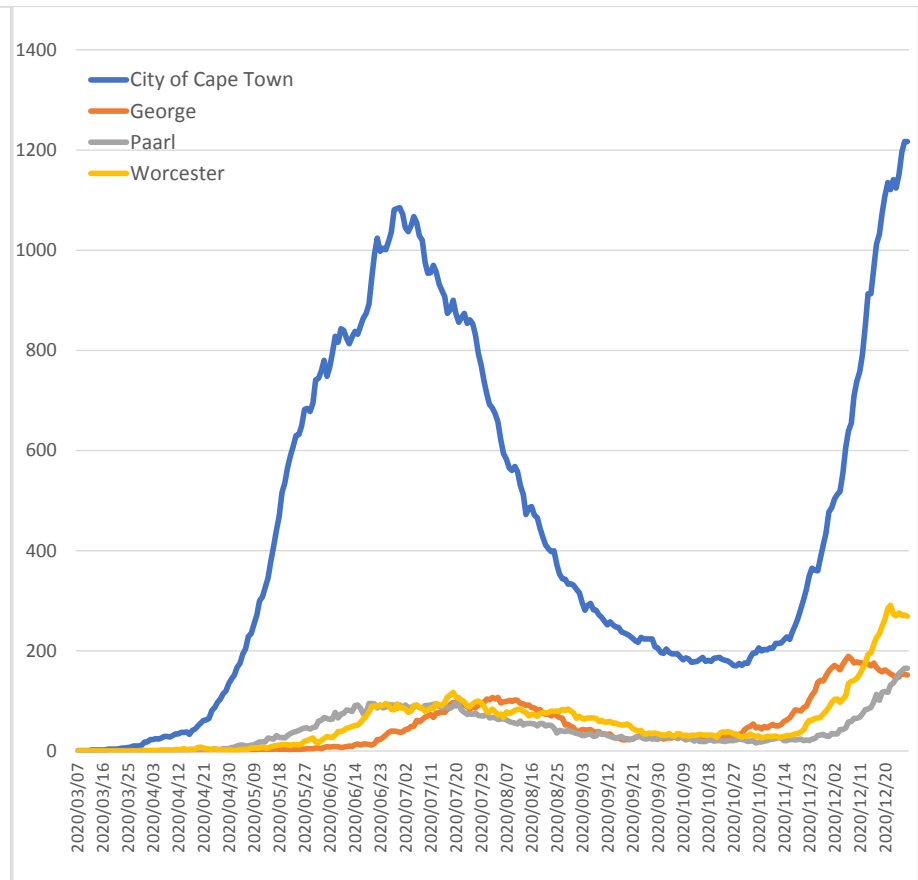
- a) Mass fatality centre in the Metro with capacity for **240 bodies**
- b) Mass fatality **work group** co-ordinating capacity across province

Hospitalisation by Province and public sector drainage area (Excludes PUIs)

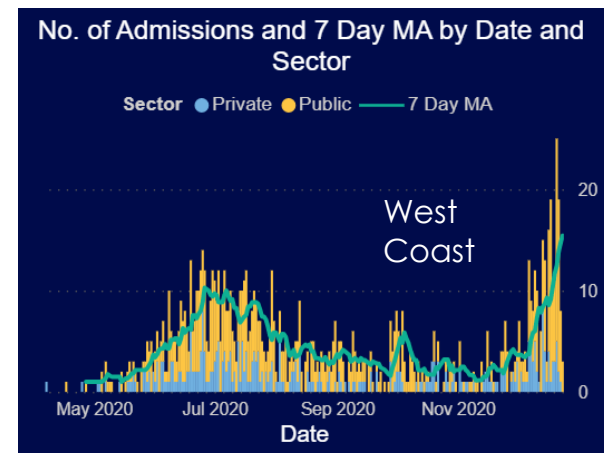
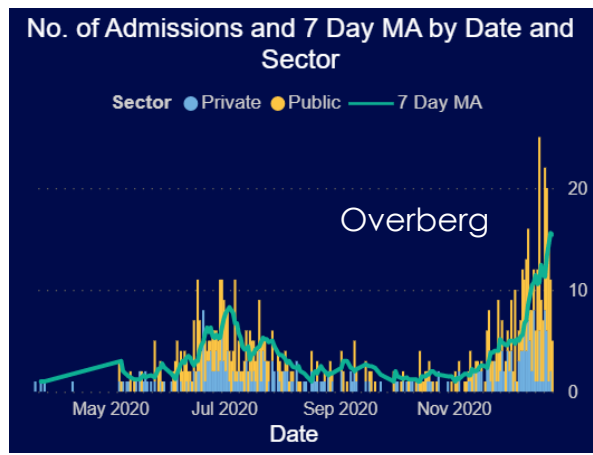
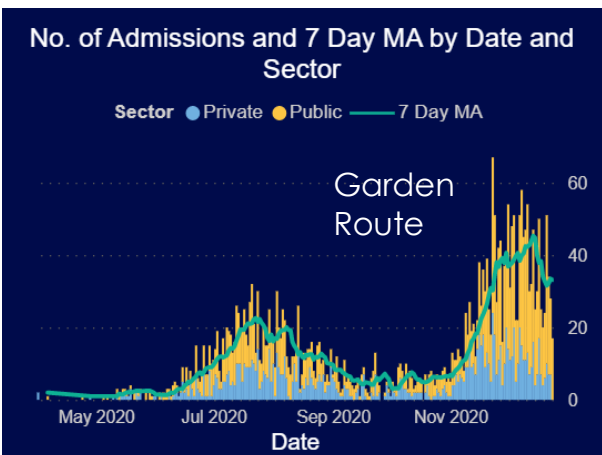
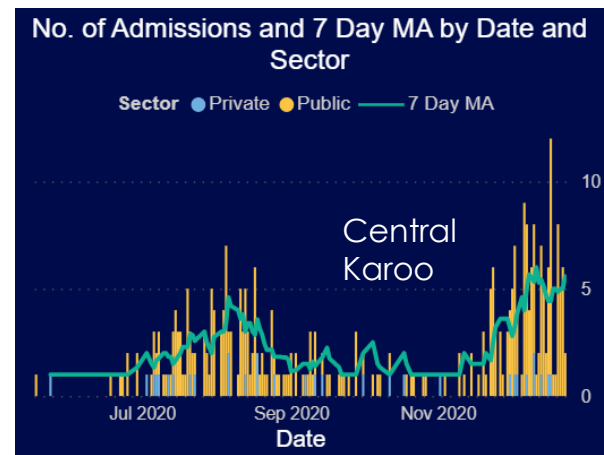
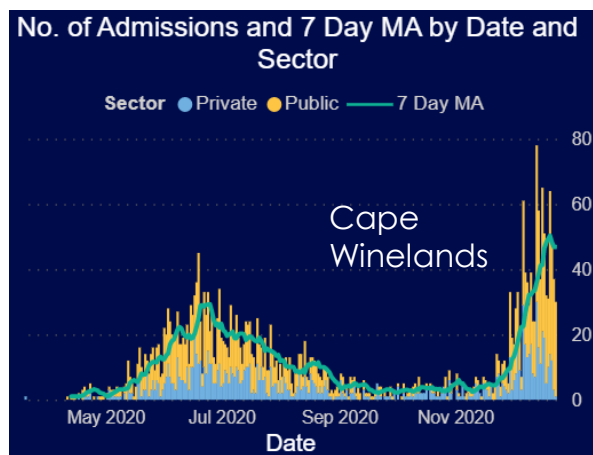
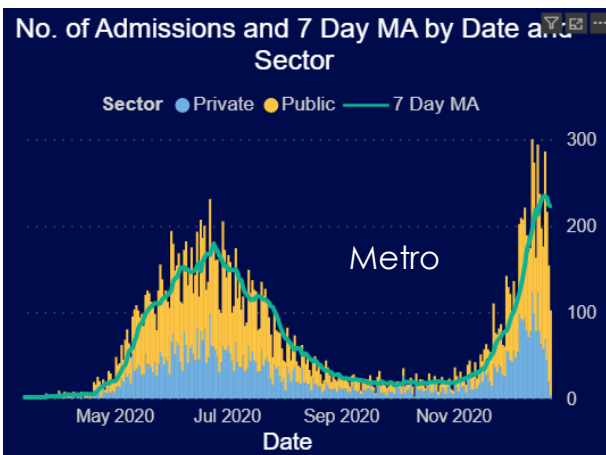
Province-wide



All admitted in public sector



Hospital Admissions By Health District (public and private)



Hospitalisations continue to increase across all districts, except for Garden Route which is stabilising. **New admissions are now well above first wave peak in all districts.**

Until now, the health department has also been contending with a **high trauma load.**

Acute service platform – general comments

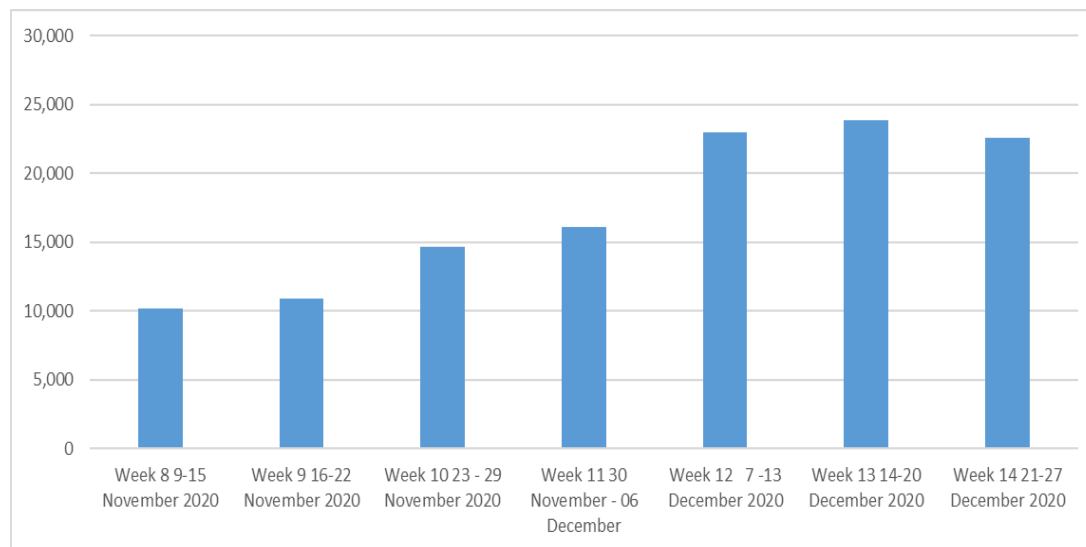
1. Currently **3131 Covid patients** in our acute hospitals (**1885** in **public** hospitals & **1246** in **private** hospitals). This **excludes PUIs** and **cases in specialised hospital** settings.
2. COVID **hospitalisations** have continued **increasing** whilst we are experiencing significant **trauma** and **psychiatric pressures**
3. The **Metro hospitals** are running at an average **occupancy rate** of **103%**; **George drainage area** hospitals at **90%**; **Paarl drainage area** hospitals at **101 %** & **Worcester Drainage Area** hospitals at **94 %**.
4. **COVID & PUI cases** currently make up **more than 40%** of all available acute general hospital capacity in both Metro and Rural Regional Hospital drainage areas.
5. The **Hospital of Hope** (Brackengate) currently has **299** patients (2007 cumulative admissions), effectively at maximum capacity; **Sonstraal** currently has **20 COVID patients** (and 27 TB patients).
6. The **oxygen utilisation** running at **68.92 %** of available daily capacity and the mass fatality centre has admitted 702 bodies to date (**currently 106 bodies**).

Acute service platform – general comments

1. **Temporary tents** have been commissioned at **Khayelitsha and Wesfleur Hospitals** – these will be ready for use from **30th December** 2020 and can be used for admissions and discharges which in turn will create additional capacity.
2. Thereafter tents will be ready at **Mitchells Plain Hospital and Brackengate** by **31st December** 2020 and at **Eerste River, Helderberg and Karl Bremer hospitals** will be ready by **8th January** 2021.
3. **EMS and DTPW Taxi service** has implemented a **streamlined transport system** to assist with **inter-facility transfers** and **rapid discharges**, to optimise capacity.
4. Our data team has developed **daily hospital bed available capacity and utilisation dashboard**, which will be linked to **available staffing** and **oxygen capacity** over the coming days.

Update on Public Sector Testing

TOTAL NUMBER OF TESTS DONE	
Week	Total
Week 8 9-15 November 2020	10,229
Week 9 16-22 November 2020	10,909
Week 10 23 - 29 November 2020	14,706
Week 11 30 November - 06 December	16,131
Week 12 7 -13 December 2020	22,981
Week 13 14-20 December 2020	23,866
Week 14 21-27 December 2020	22,549



1. There has been a significant increase in testing in the public sector that has been maintained at double the testing prior to the resurgence
2. NHLS successfully using mobile antigen testing in the Garden Route and Metro. NHLS has also now begun rolling out antigen testing at hospitals with on-site labs
3. The testing criteria have been updated based on available testing capacity, and testing restrictions have been implemented in the Cape Metro

Metro Acute Care Availability & Utilisation

WCG Health: Cape Town/Metro Drainage Area Acute Care Availability & Utilization (Covid and Non Covid cases)

Currently admitted patients Updated as at: 28-12-2020 04:31:37

Drainage Area	HospitalName	Operational Beds	Filled Beds	BUR %
Cape Town	Tygerberg Hospital	1407	1314	93%
	Groote Schuur Hospital	977	939	96%
	Mitchells Plain Hospital	425	509	120%
	New Somerset Hospital	352	501	142%
	Khayelitsha Hospital	340	469	138%
	Brackengate Intermediate Care	336	299	89%
	Karl Bremer Hospital	314	331	105%
	Victoria Hospital	204	161	79%
	Eerste River Hospital	181	168	93%
	Helderberg Hospital	171	207	121%
	False Bay Hospital	76	51	67%
	Wesfleur Hospital	53	32	60%
	Total	4836	4981	103%
Total		4836	4981	103%

George Drainage Area Acute Care Availability & Utilisation

WCG Health: George Drainage Area Acute Care Availability & Utilization (Covid and Non Covid cases)

Currently admitted patients Updated as at: 28-12-2020 04:31:37

Drainage Area	HospitalName	Operational Beds	Filled Beds	BUR %
George	George Hospital	280	325	116%
	Oudtshoorn Hospital	130	159	122%
	Mossel Bay Hospital	108	61	56%
	Harry Comay TB Hospital	101	46	46%
	Knysna Hospital	90	125	139%
	Beaufort West Hospital	83	43	52%
	Riversdale Hospital	50	67	134%
	Alan Blyth Hospital	30	10	33%
	Prince Albert Hospital	30	4	13%
	Laingsburg Hospital	21	2	10%
	Murraysburg Hospital	16	3	19%
	Uniondale Hospital	13	12	92%
Total		952	857	90%
Total		952	857	90%

Paarl Drainage Area Acute Care Availability & Utilisation

WCG Health: Paarl Drainage Area Acute Care Availability & Utilization (Covid and Non Covid cases)

Currently admitted patients Updated as at: 28-12-2020 04:31:37

Drainage Area	HospitalName	Operational Beds	Filled Beds	BUR %
Paarl	Paarl Hospital	352	433	123%
	Vredenburg Hospital	124	103	83%
	Stellenbosch Hospital	93	96	103%
	Vredendal Hospital	87	102	117%
	Swartland Hospital	72	83	115%
	Clanwilliam Hospital	64	41	64%
	Sonstraal TB Hospital	59	33	56%
	Citrusdal Hospital	40	12	30%
	Radie Kotze Hospital	34	40	118%
	LAPA Munnik Hospital	15	8	53%
Total		940	951	101%
Total		940	951	101%

Operational Beds = an inpatient bed available for inpatient use within the facility that is staffed and equipped

Source: CLINICOM

Worcester Drainage Area Acute Care Availability & Utilisation

WCG Health: Worcester Drainage Area Acute Care Availability & Utilization (Covid and Non Covid cases)

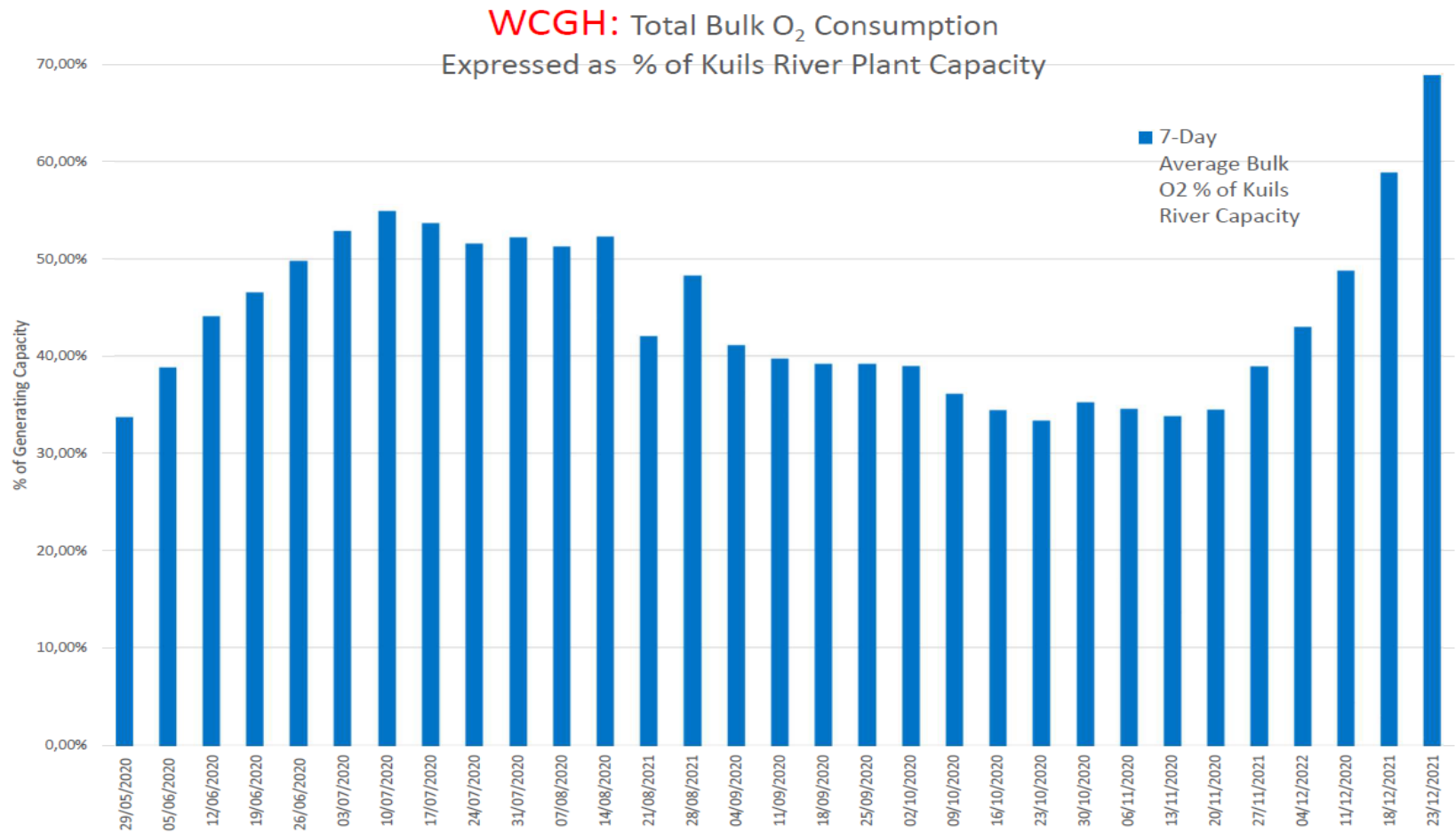
Currently admitted patients Updated as at: 28-12-2020 04:31:37

Drainage Area	HospitalName	Operational Beds	Filled Beds	BUR %
Worcester	Caledon Hospital	50	97	194%
	Ceres Hospital	100	125	125%
	Hermanus Hospital	103	69	67%
	Montagu Hospital	26	29	112%
	Otto Du Plessis Hospital	51	28	55%
	Robertson Hospital	55	36	65%
	Swellendam Hospital	76	67	88%
	Worcester Hospital	275	243	88%
Total		736	694	94%
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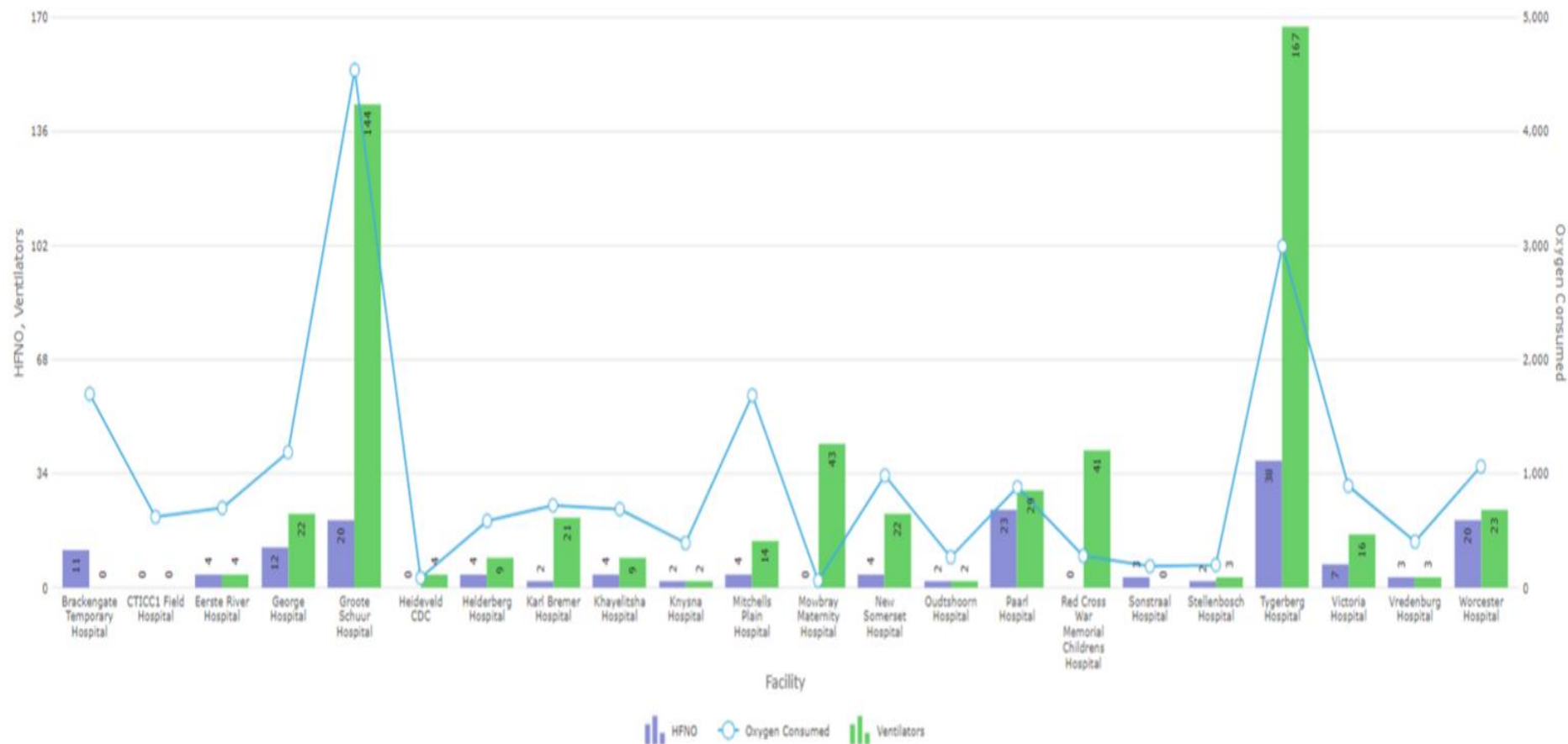
Operational Beds = an inpatient bed available for inpatient use within the facility that is staffed and equipped

Source: CLINICOM

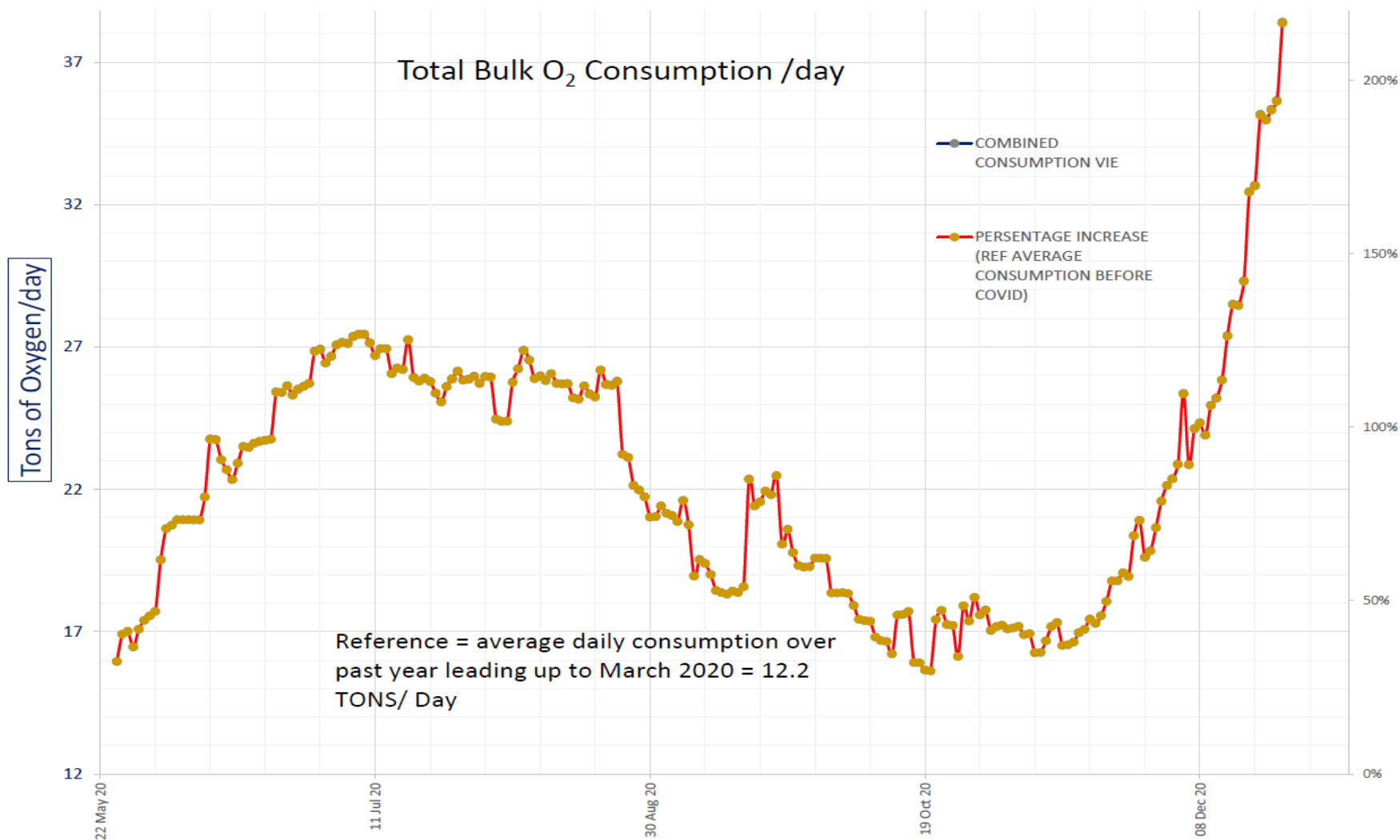
Provincial oxygen consumption at 68.92 % of total capacity



Oxygen Consumption vs Medical Devices



Total bulk oxygen consumption / day



Oxygen management system – general comments

1. A daily **oxygen need** and **oxygen utilisation dashboard** has been established, to **monitor demand vs supply** across all hospitals.
2. The hospitals with the **highest oxygen availability and utilisation pressures** are: **Worcester, Mitchells Plain, Karl Bremer and Victoria Hospitals**. This is being actively managed, via a daily huddle and our Engineering team.
3. **AFROX** currently producing **65 tons per day**. We are **currently using 52 tons per day**. AFROX has agreed to make an **additional 5 tons/ day available** to us.

Scaling down non- COVID capacity

Scaling down non-COVID capacity – general comments

1. The biggest challenge remains the **impact of alcohol-related trauma**, especially in the **emergency centres** and in **critical care**.
2. The **psychiatric pressures at acute hospitals** have also resulted in the need to bring on line **100 additional beds at psychiatric hospitals (60 beds opened already and 40 beds will open on 4th January)** – to further decongest the acute hospital platform.
3. The **de-escalation** of all other **non-COVID PHC and hospital care activities** are being managed actively across all hospitals on the service platform.

How has the recent
alcohol regulations
(15 Dec 2020) and
the holiday period
affected trauma
presentations?

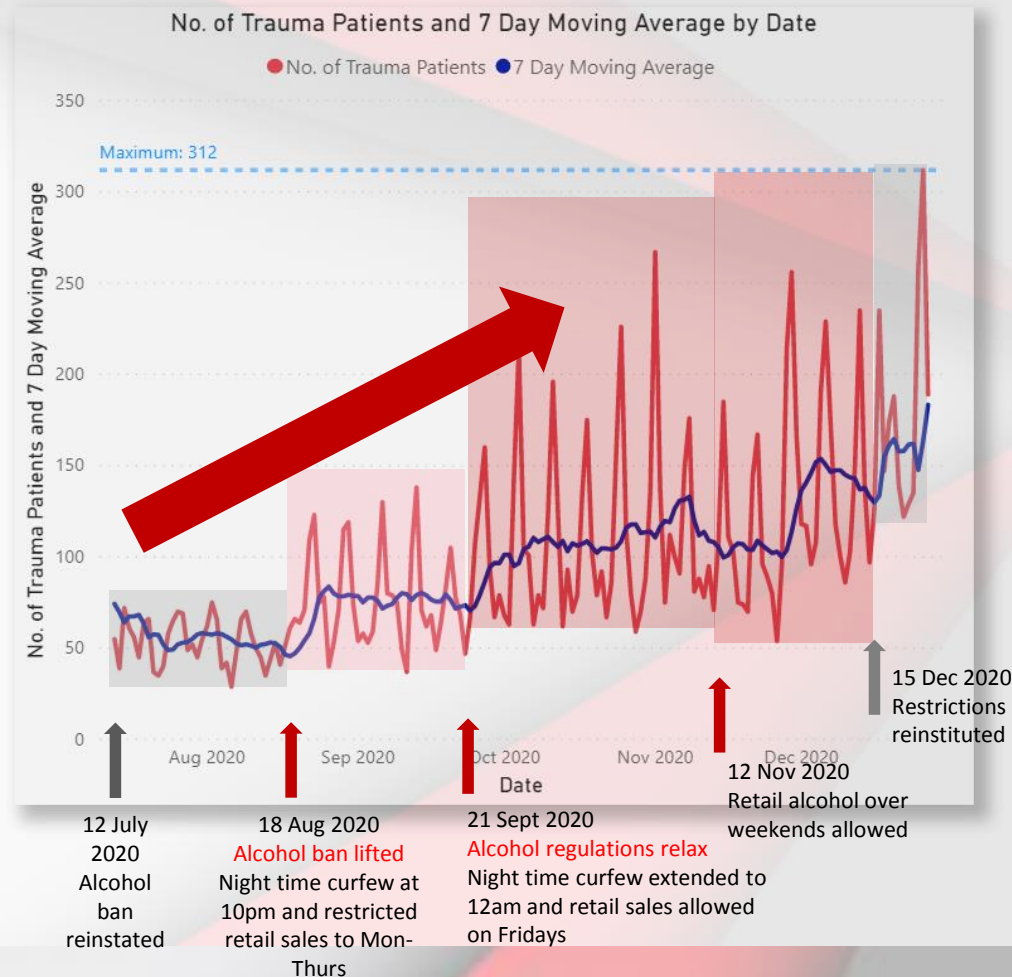


Overview of the impact of recent alcohol regulation changes on trauma presentations (13 Jul - 28 Dec 2020)

The data clearly shows that with every relaxation of alcohol regulation, we see trauma numbers consistently increase in response to the regulation introduced.

Sentinel Trauma Report

This report shows a sample of hospital emergency centres and their trauma patient numbers over time



We usually expect to see increased trauma during this period of the year and the recent alcohol restrictions could not curb this expected increase in trauma with the highest single day trauma burden hitting our hospitals over the Christmas weekend.

Source: HECTIS

When comparing the week before to the two weeks after the recent alcohol regulations the following is noted:

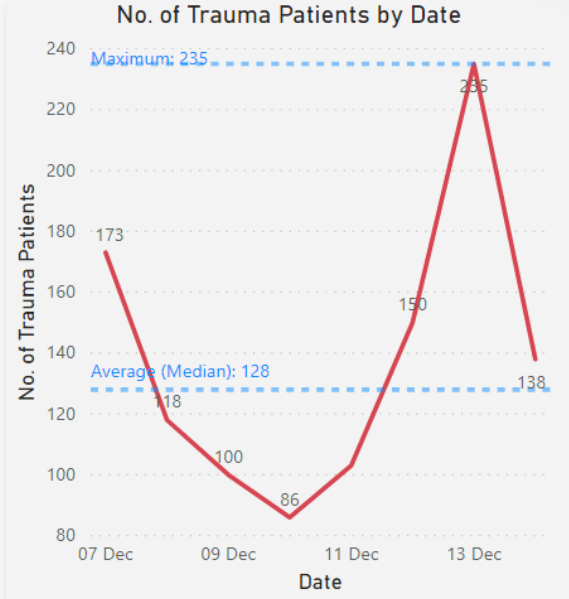
- 1. The weekend peaks 1 week before vs 1 week after the new regulation showed a decrease of 25% further supporting the link between alcohol availability and trauma.

Sentinel Trauma Report

This report shows a sample of hospital emergency centres and their trauma patient numbers over time

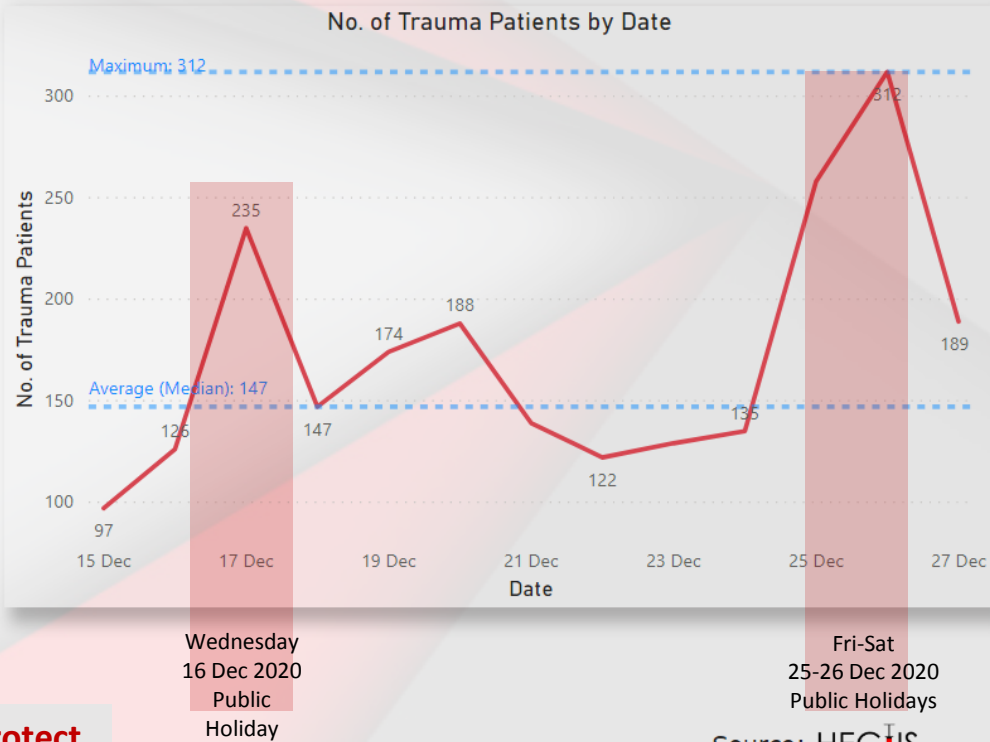
- 2. Significant peaks occurred over the 2 public holidays (16 Dec and 25-26 Dec)
- 3. The 26th December saw the highest number of single day increase in trauma presentations (312 across the hospitals sampled) compared to the entire year in the midst of a significant COVID-19 2nd wave.

1 week BEFORE reinstitution of alcohol restrictions



Despite the regulations, the peak number of trauma presentations were still 32.7% higher than the peak just before the regulations were instituted

2 weeks AFTER reinstitution of alcohol restrictions



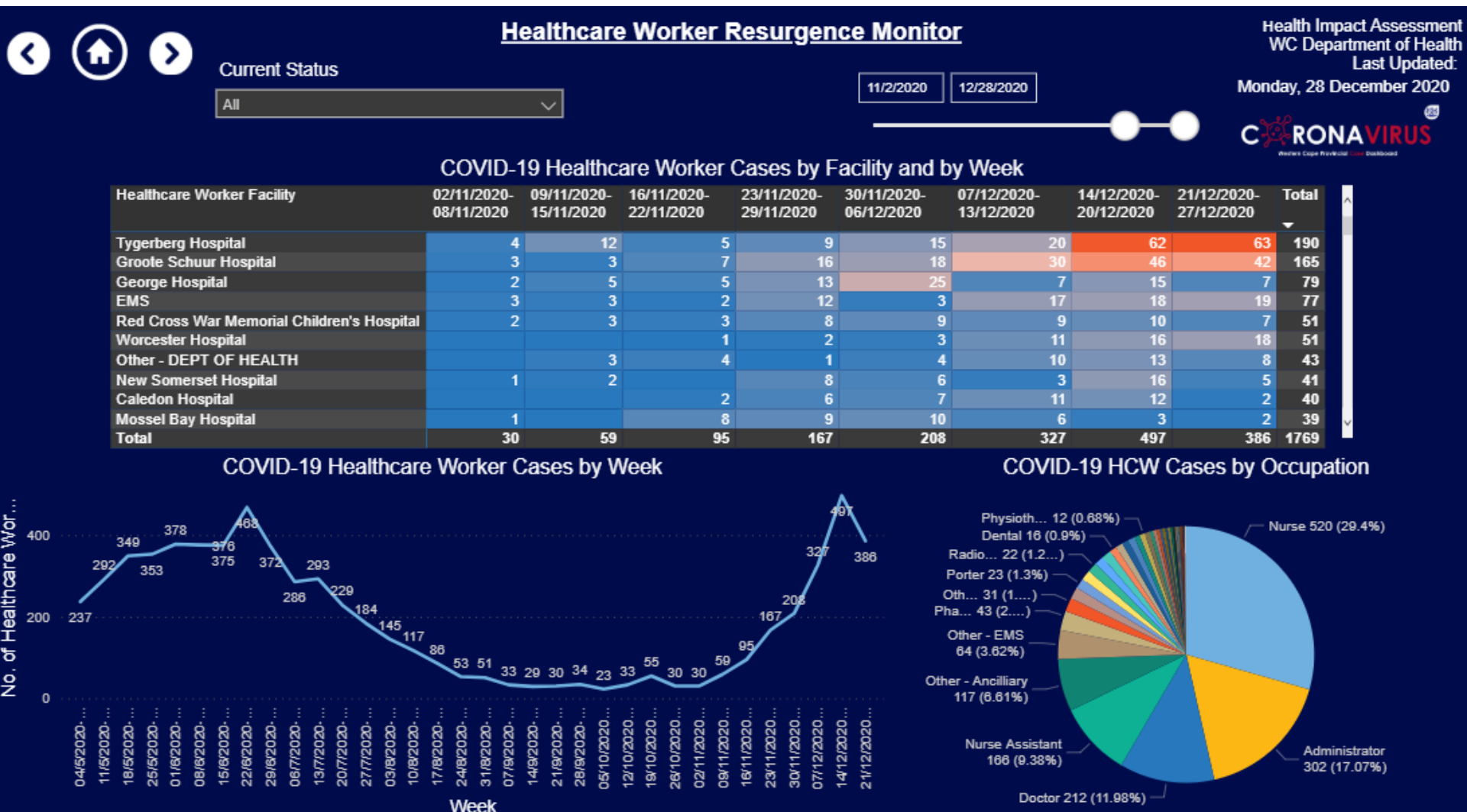
The current alcohol regulations did not appear to protect our health services as there were still freely available sales midweek over the 16 December public holiday and in the week leading into the Christmas weekend.

Safe-guarding well-being of health care workers

Safe-guarding health care workers – general comments

1. The biggest challenge is the **increasing COVID infection rate** amongst health care workers, and the impact on **staff member isolation and quarantine**.
2. The **availability** of additional staff members for **contract work** and **via agencies** is also a significant challenge.
3. The number of people willing to **volunteer their services** has also **decreased significantly**.
4. There is **sufficient PPEs across all the health facilities**, and in central storage, with additional orders being placed in recent weeks.
5. The system to provide **on-site support to frontline staff** in terms of **mental well-being** is being **scaled-up**.

COVID-19 infections in HCW- 02 November 2020- 27 December 2020

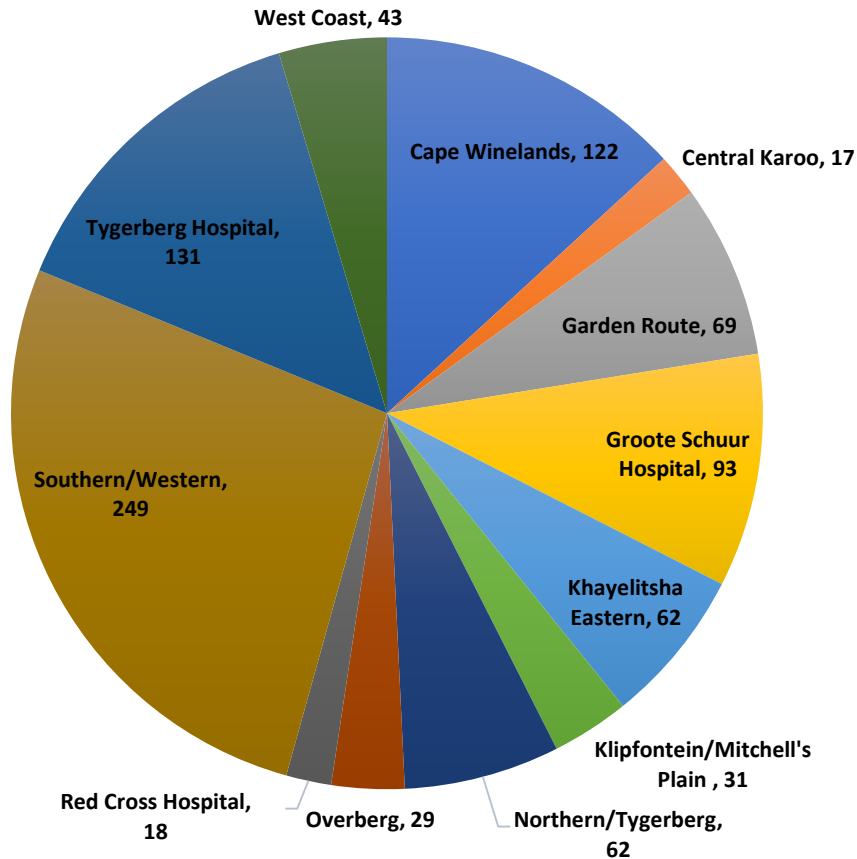


We continue to see an increase in HCW infections week on week.

Tygerberg Hospital is now the hospital with the most infections in the last calendar month, reflecting the increase of cases in the Metro, and in the Tygerberg sub-district in particular.

Of importance is that Nurses make up approximately 30% of HCW infections and Doctors make up 12%.

Current Health Care Worker Infections



Currently, **926** Health Care Workers across **92 institutions** are infected with COVID-19 which equates to **2.80%** of a total staff complement of **33 062**.

- *Cumulative total of **7 215** staff members took COVID related leave, to date (from March '20).
- *A total of **36 287 days** were taken over the period which relates to an average of **5 days per case**.

(*Status quo remains as PERSAL is closed until the first week of the new year.)

COVID Response – Staffing Strategy

Source-and-Supply of Nursing Staff

Existing Capacity with Comm Services and Currently In Service (44% to be retained)

- Offering Short-Term Contracts
- Filling of Vacancies (on reserve)

Proactive Recruitment

(56% to be on-boarded)

- Appointment via Recruitment Drive
- Early commencement of New Intake Com Serve
- Placement of Bursaries

Additional deployment

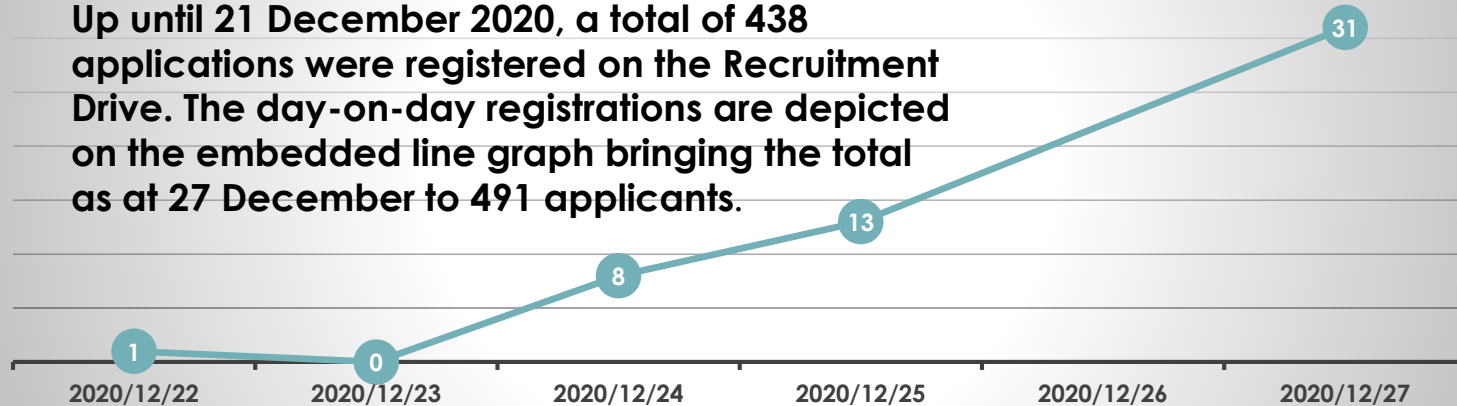
- SA Military request for specific staff in specific hospitals



Recruitment Drive – additional staff members

Number of new entries on the Recruitment Drive

Up until 21 December 2020, a total of 438 applications were registered on the Recruitment Drive. The day-on-day registrations are depicted on the embedded line graph bringing the total as at 27 December to 491 applicants.



Category of HCW	Possibly Available	Appointed on PERSAL
MO	120	16
Enrolled Nurse(EN)	84	5
Enrolled Nursing Auxiliary (ENA)	98	4
Not Indicated	19	4
Professional Nurse	98	15
Professional Nurse with Specialty	23	5
	442	49

PM has commissioned a team to contact the possibly available 491 HCW's to confirm their availability and channel their information to the appropriate Regions/Districts/Institutions for immediate placement.

Lentegeur Field Hospital: Ward 95 Aquarius & Freesia Ward: Mitchell's Plain Hospital – 103 staff members secured

Orientation – Ward 95 and Freesia Ward	
Staff Category	Number of staff
Professional Nurses	20
Nursing Assistants	35
Enrolled Nurses	17
Pharmacists	1
Pharmacist Assistants	2
Physiotherapists	1
Social Workers	1
Ward Clerks	2
Medical Officers	13 (Clinical processes explained via telephone – contracts will be signed between 1 and 4 January 2021)
Porters	8 (Orientation to take place on 29 December 2020)
Medical Manager	1 (Seconded from Heideveld CDC)
Medical Specialists	2 (1 is currently working at Ward 95, 1 commencing duty on 1 January 2021)

- 103 staff members have been secured
- On 28 December 2020, orientation was conducted with all Nursing, Physiotherapy, Social Worker, Pharmacy staff as well as Ward Clerks.
- Orientation of other categories of staff will follow during the course of the week.

Vaccine Strategy

Vaccine Strategy

1. **Pro-active strategy** to access **SAHPRA approved vaccines** in Western Cape – **National Minister** has been officially engaged.
2. **Technical experts will conduct** a formal **option appraisal** of all available candidate vaccines, i.t.o. efficacy, safety, affordability, etc.
3. **Prioritisation:**
 - a) Health Care workers and other essential workers
 - b) Vulnerable groups – elderly and people with co-morbidities
4. **Demand forecast and costing:**
 - a) Estimated numbers of vaccines required per prioritised category
 - b) Cost estimates and confirmation of budget
5. Next **concrete steps and timelines** include SAHPRA approval, sourcing and distribution strategy to **providing vaccines early in 2021**.

Key New Years' messages

Coronavirus is in the AIR!

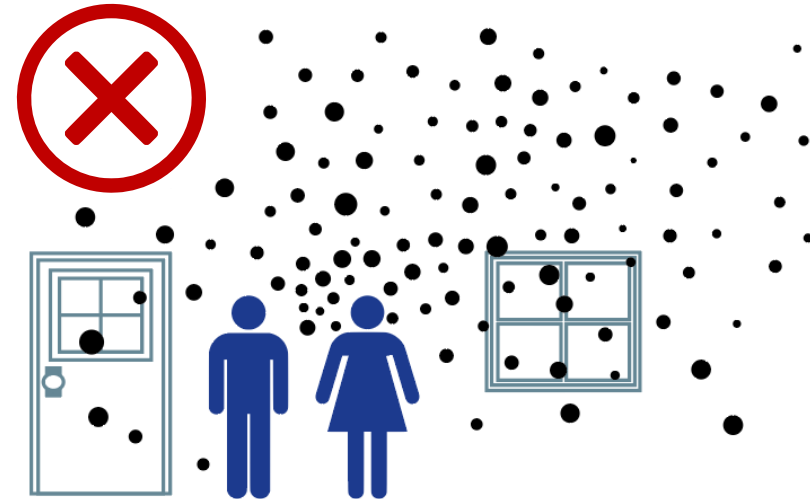
Previously we thought ...

Hands and surfaces important in spread.

Now we know ...

Air droplets cause most COVID-19 spread.

We are breathing in small droplets containing virus.

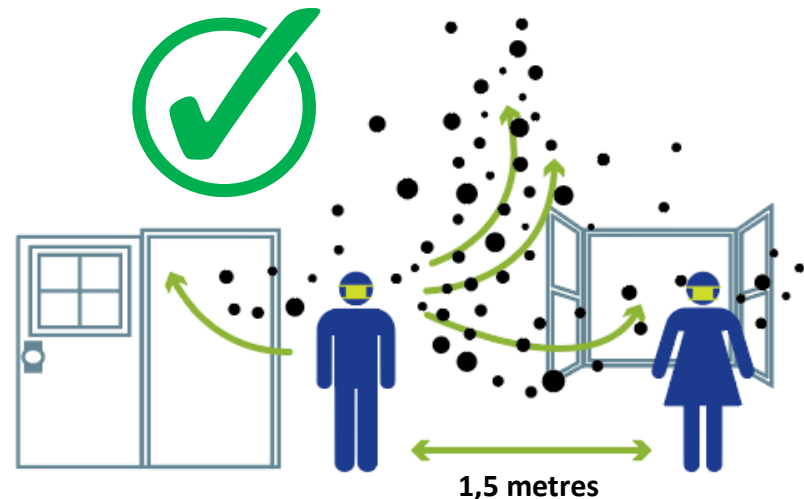


The virus can spread from an infected person's mouth or nose in small liquid particles when the person coughs, sneezes, sings, breathes heavily or talks.

Interim guidance 1 Dec 2020

What can we do...

- Be careful about sharing your “air space”
- Keep your distance
- Ensure good ventilation
- Wear a mask



Coronavirus spreads where people GATHER

Previously...

Gatherings of people were limited by lockdown which flattened the Wave 1 curve.

Now we know ...

Social gatherings can contribute substantially to spread

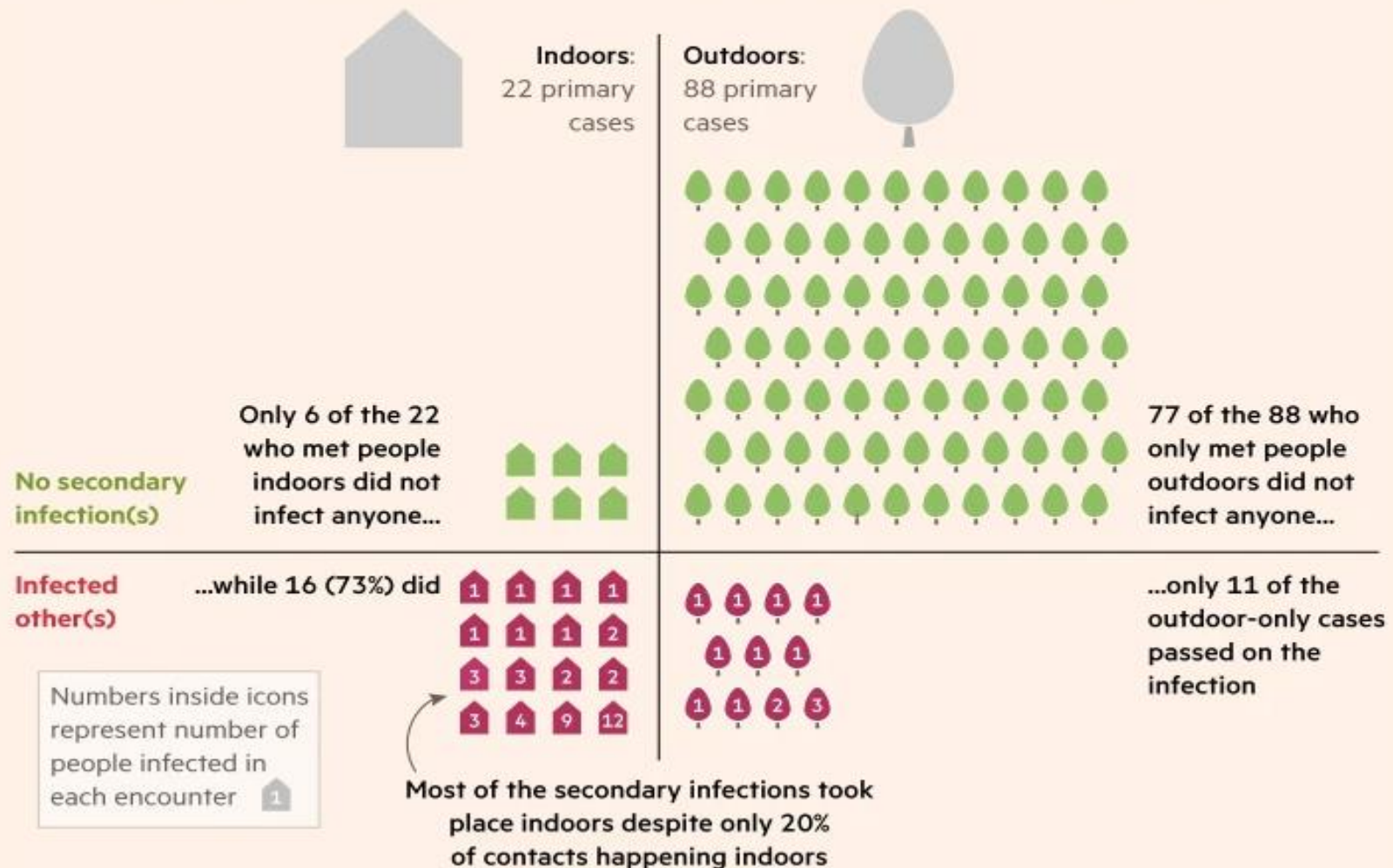
What can we do...

- Avoid gatherings
- Limit size (more people = more risk)
- Keep them short (longer = more risk)
- Go outdoors (indoor = more risk)
- Practise distancing, ventilation, mask wearing and respiratory hygiene at work.



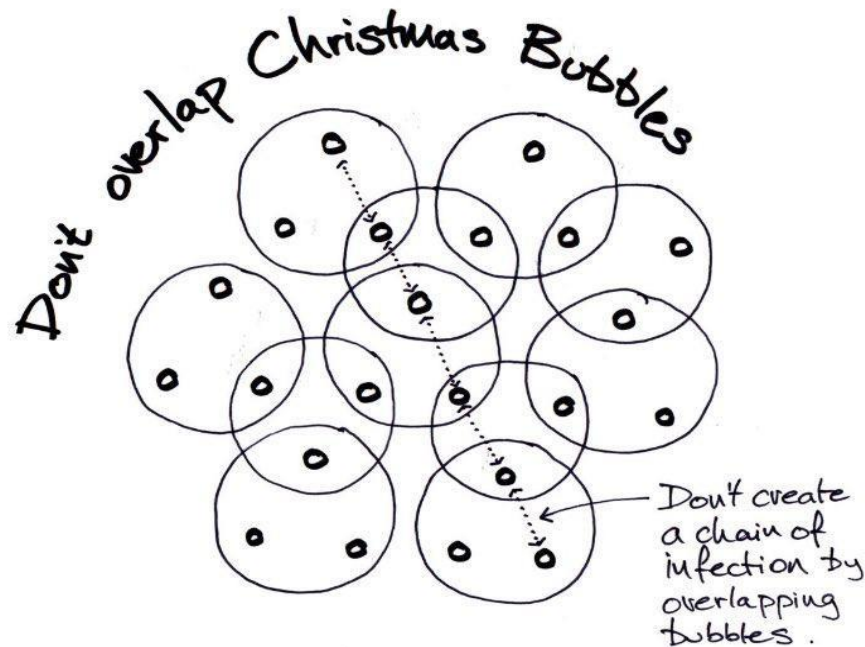
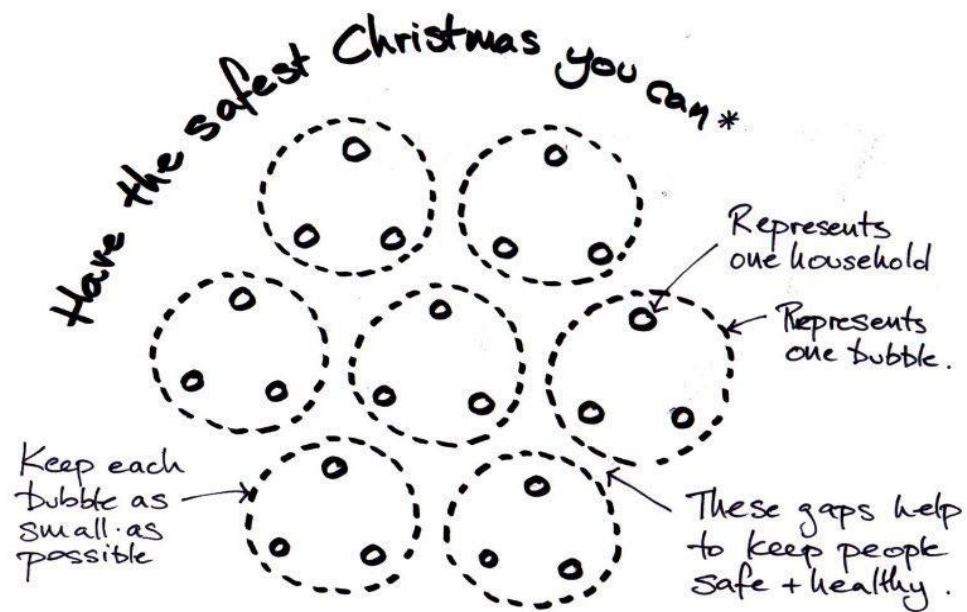
Studies suggest Covid-19 transmission is much less likely in outdoor spaces than indoor settings

Researchers traced the contacts of 110 people with Covid-19, and recorded when the virus was passed on to a contact, split by whether or not the primary case had met people indoors



Transmission ~18 x more likely in indoor settings

Safe "New Years Bubbles"



* The fewer people you see,
the safer we all are.

Conclusions

Concluding remarks

1. The **increase in active cases** in **all districts**, represents a significantly bigger **2nd wave** in the Western Cape.
2. Our **local teams** are on **high alert for local surveillance and response** to localised clusters that can be targeted for maximum impact, **especially the vulnerable**.
3. The biggest concern is the **non-adherence to protective behaviours** – hence the **targeted law enforcement** interventions, in line with **new regulations**.
4. The **hospitalisation** and **mortality data** continue to show a **rapid increase** over the past 3 weeks.
5. We have **activated contingency plans** per geographic area to **scale up hospital COVID capacity** as required, while **alcohol-related trauma** remained.
6. Our key concern is that our **health care workers face significant strain** over the coming weeks. We need to **safe-guard them and their families**.
7. It is essential to ensure a **strong focus on behaviour change** to ensure containment for the **next 3-6 months**, while clarity around the **availability of a vaccine** emerges.

Thank you