



**Western Cape
Government**

Health

PCF & DIGITAL PRESS CONFERENCE

Health Update

Dr K Cloete

12 January 2021

Overview

1. Community Prevention
2. Surveillance & Response Update
3. Scaling up health platform COVID capacity
4. Scaling down non- COVID capacity
5. Safe-guarding well-being of health care workers
6. Vaccine strategy
7. Key messages for coming weeks
8. Conclusions

Community Prevention Update

Community prevention – general comments

1. Disaster Regulations:

- a) The **Adjusted Alert Level 3** remains, and all **Western Cape Districts** remain **Hotspots**.
- b) Movement of people – **curfew from 21h00 to 05h00**, **establishments** close at **20h00**.
- c) **Mandatory face mask wearing**, and restrictions on **gatherings** and **public transport**.
- d) **Alcohol prohibited** for off-site, on-site and public consumption.

2. Law Enforcement:

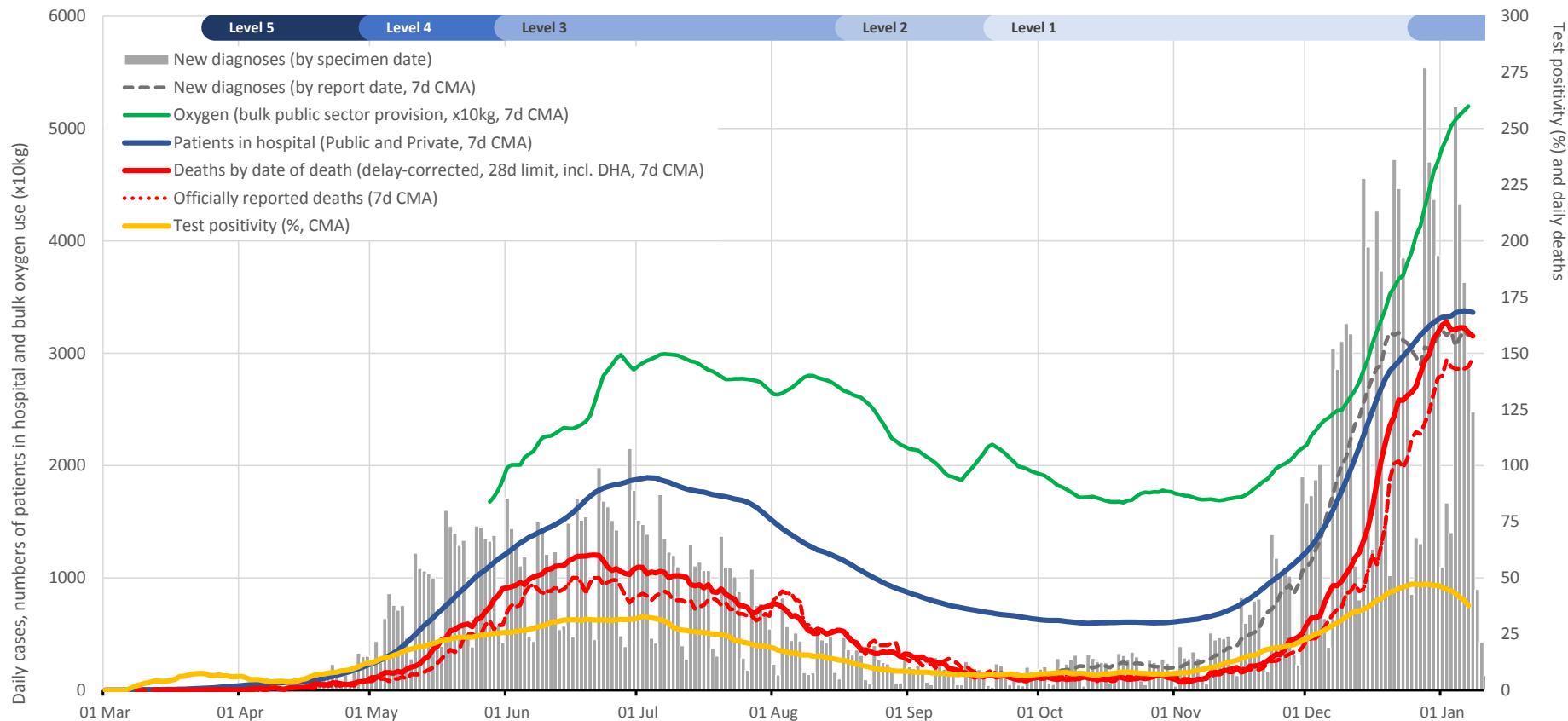
- a) The **Provincial, City and District Disaster Management Centres** are co-ordinating the **systematic enforcement of regulations**, along **with SAPS**.
- b) Multiple **joint operations** have occurred between the **law enforcement agencies** across a range of **high-risk settings**.

3. Communication:

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

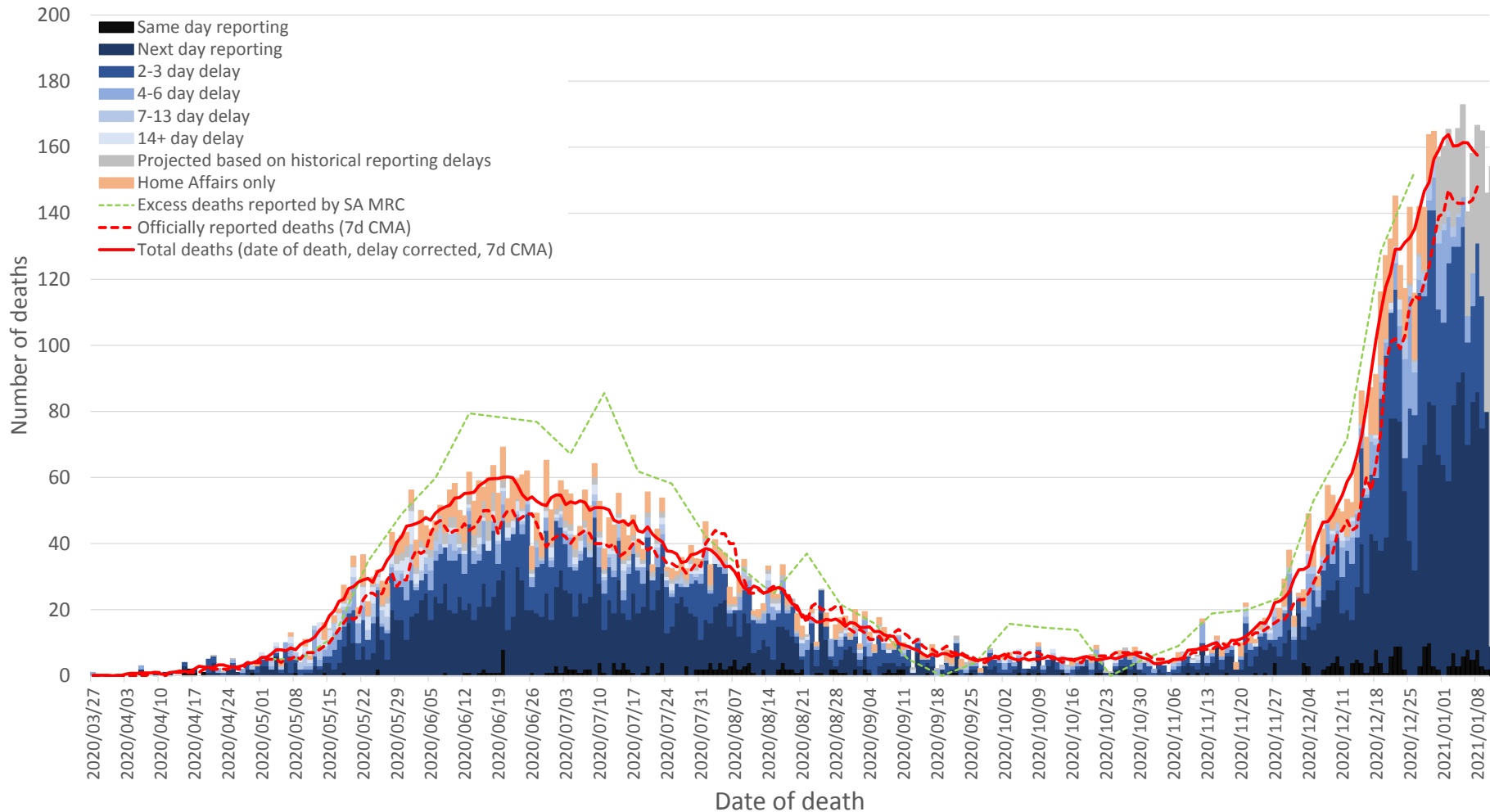
Surveillance & Response Update

Integrated testing, case, hospitalisation and mortality trends

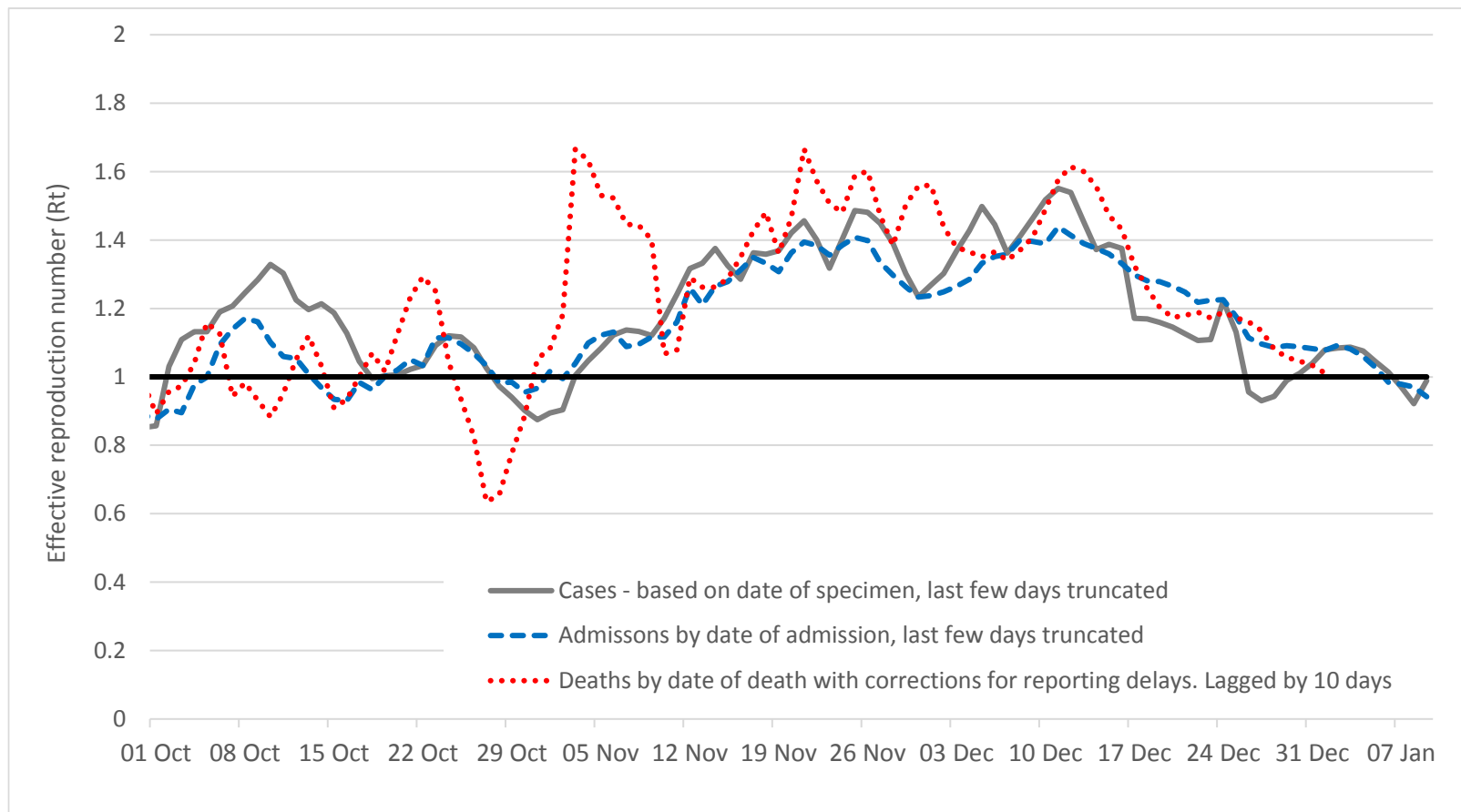


Mortality by date of death

Mortality in patients with confirmed COVID-19, by delay to reporting
(deaths within 28 days of diagnosis or 14 days of discharge, plotted by date of death)



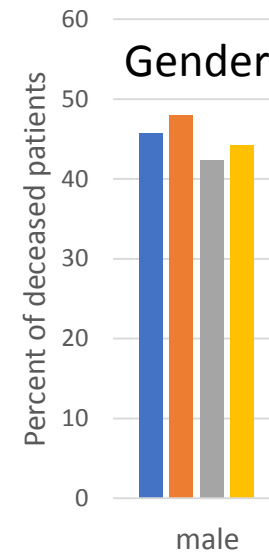
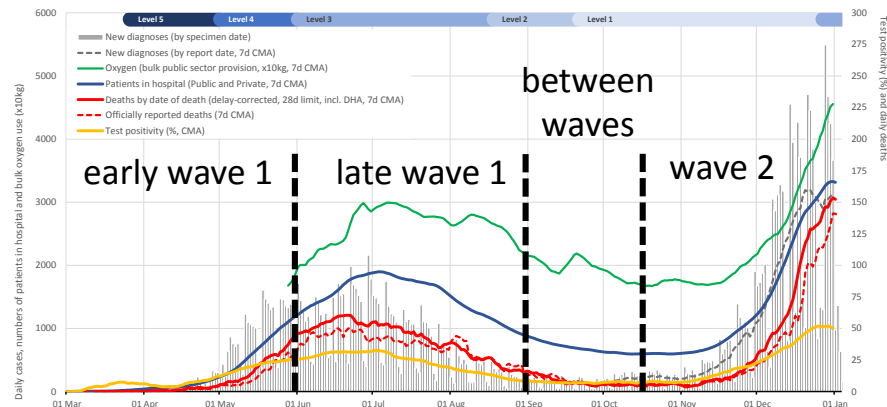
Current reproduction number (province-wide)



Calculated using *epiestim*

Characteristics of deceased patients by time period

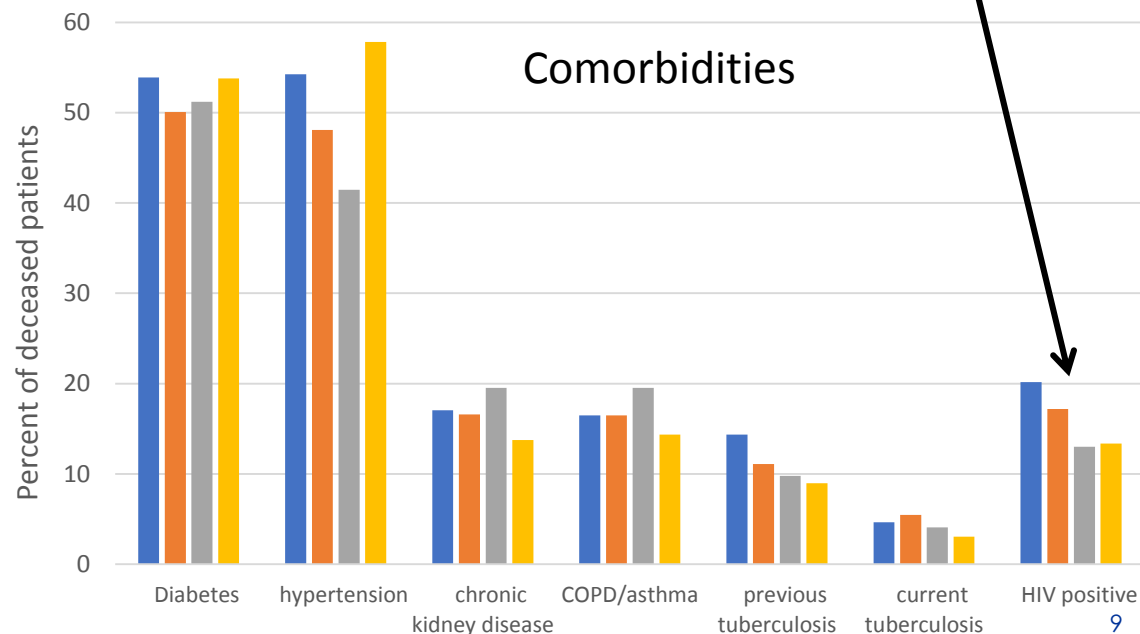
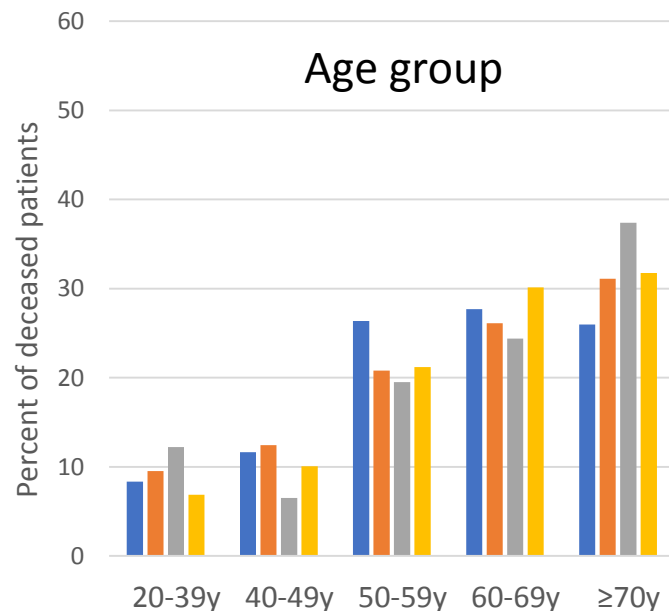
(Limited to public sector where information on comorbidities is complete)



No notable differences in age, sex or comorbidities of deceased patients for different wave periods.

Results similar for admissions.

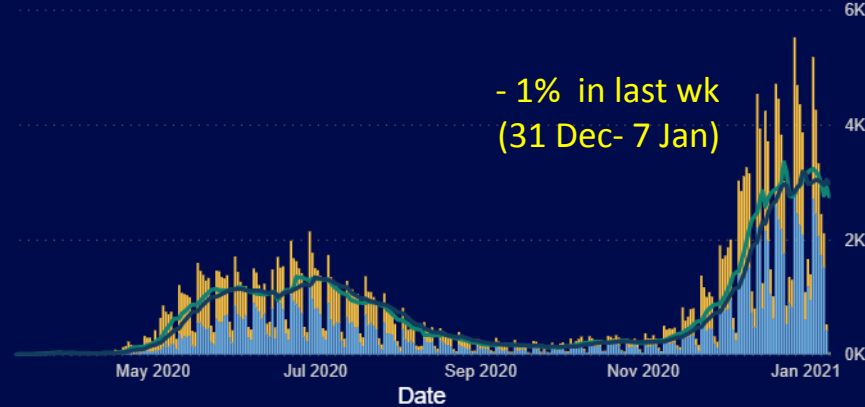
Only minor difference: HIV less common in deaths in wave 2 (due to areas worst hit in wave 1 having higher HIV prevalence)



Select District, Subdistrict:

- ✓ ☐ Cape Winelands
- ✓ ☐ Central Karoo
- ✓ ☐ City of Cape Town
 - ☐ Eastern
 - ☐ Khayelitsha
 - ☐ Klipfontein
 - ☐ Mitchells Plain
 - ☐ Northern
 - ☐ Southern
 - ☐ Tygerberg
 - ☐ Western
- ✓ ☐ Garden Route
- ✓ ☐ Overberg
- ✓ ☐ West Coast

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



Date of Diagnosis

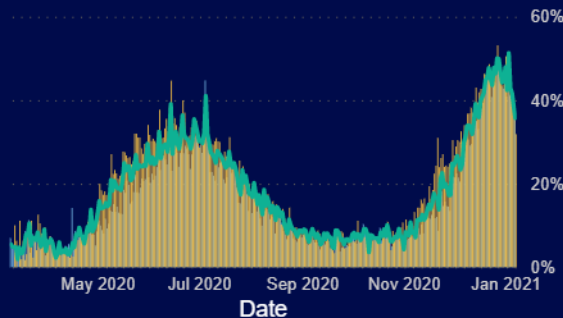
3/10/2020 1/11/2021

Date of Death

3/27/2020 1/10/2021

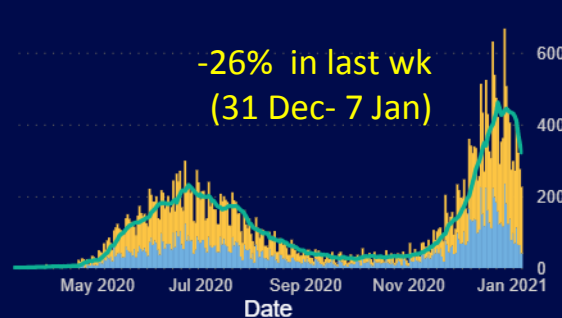
Proportion Positive and Overall Positivity by Date and Sector

Sector ● Private/Other ● Public — Overall Positivity



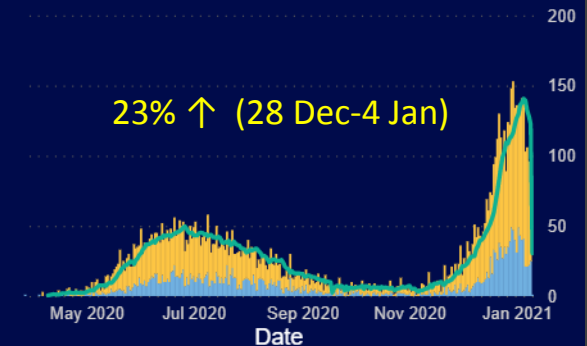
No. of Admissions and 7 Day MA by Date and Sector

Sector ● Private ● Public — 7 Day MA



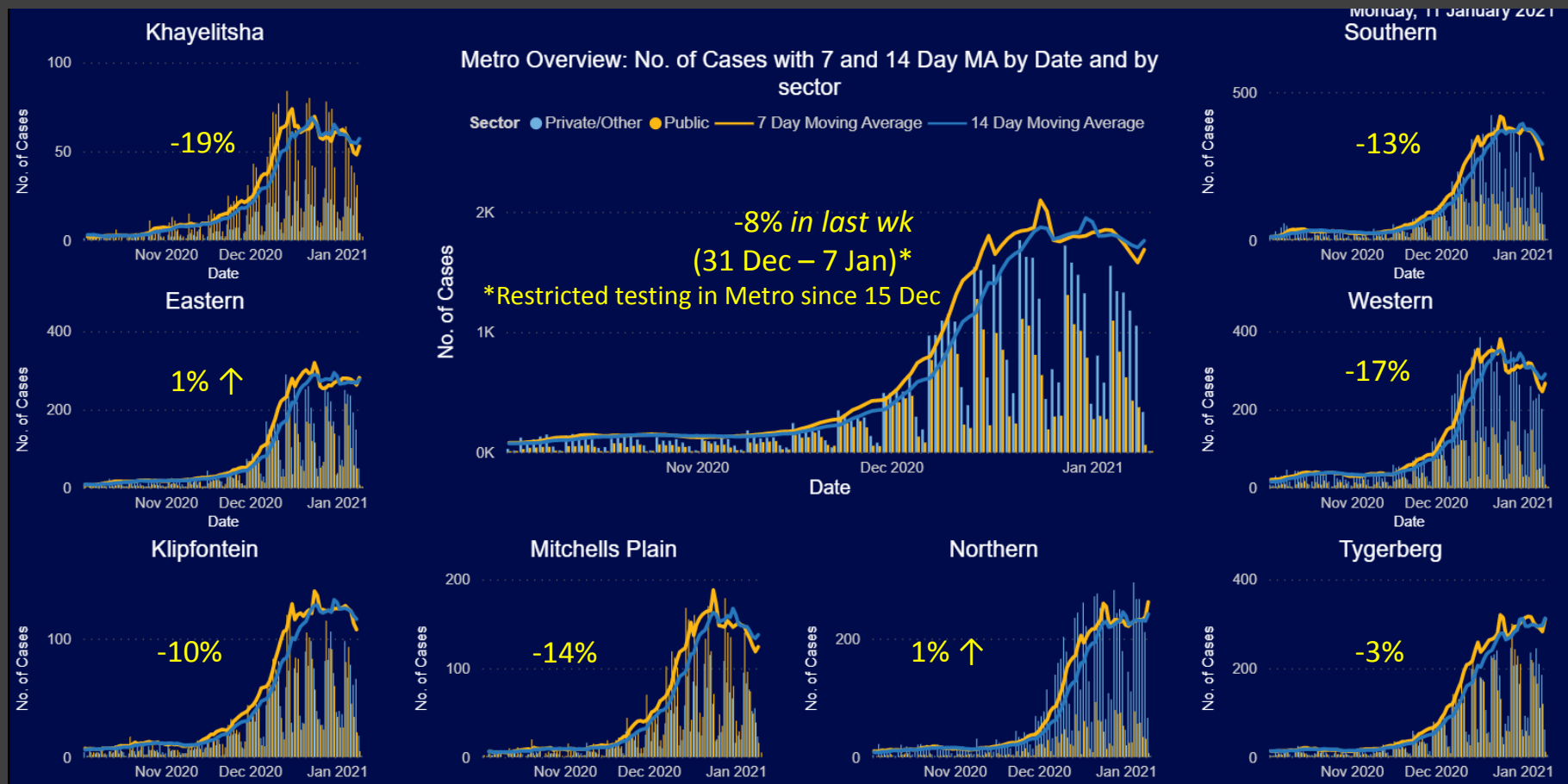
No. of Deaths and 7 Day MA by Date and Sector

Sector ● Private/Other ● Public — 7 Day MA



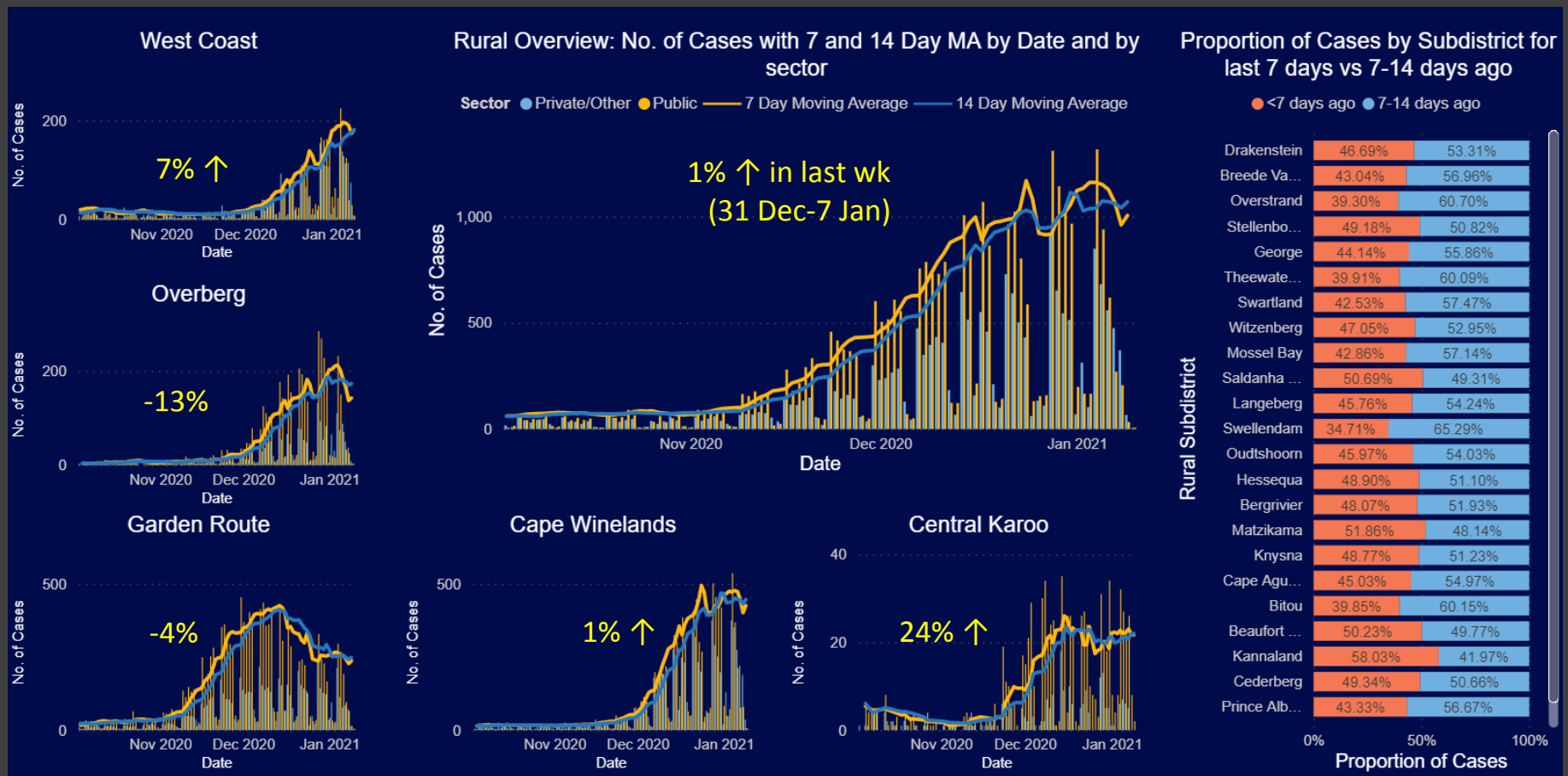
Provincial Overview

- The case data continues to be affected by the festive season public holidays and change in testing criteria. That said, it is still a good sign that cases are not increasing but have decreased by 1 %.
- The proportion positive on 7 January 2021 was 35.6%. This has dropped from a peak of over 50%. Further positive news is that total hospitalisations has dropped by 26%.
- The **stabilization of cases** and more importantly the **drop in proportion positive and admissions** are very positive signs that the **second wave is stabilizing**. As always, we are hopeful, but cautious, and will continue to watch the data.
- Deaths have continued to increase. We will watch closely over the next few days to see if this changes. .



Metro Overview

- The Metro has seen an 8 % drop in cases. Even with the change in testing, this can be viewed as a positive sign.
- Across the Metro, most subdistricts show a decline in cases except for Northern and Eastern, which show very slight increases in cases.

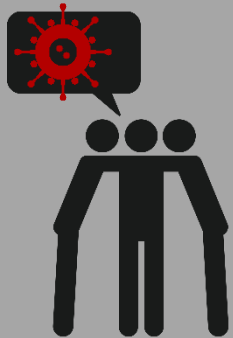


Rural Overview

- Case numbers in Rural as a whole continue to stabilise. There is a small increase of 1% for the entire region.
- The West Coast shows an increase in cases and this is indicative of the area being at an earlier stage of the second wave than the other districts. The Central Karoo shows a 24% increase in cases, but this is based on small case numbers.
- The Garden Route has **passed the peak of the second wave** and continues on a downward trajectory.

11 January
2021

Surveillance Huddle Report



Metro

KMPSS	<ul style="list-style-type: none"> • 5% increase in active cases • Admissions have plateaued with no increase this week • 17% increase in deaths, which is less than last week • Although testing continued over weekend, no sharp increase in positive cases experienced • 2 wards fully operational at Mitchells Plain field hospital
NTSS	<ul style="list-style-type: none"> • Northern - Increase in cases noted week on week in Northern, scattered across the sub-district • Tygerberg – case numbers fluctuate, cases scattered across the sub-strict. Difficult to pinpoint a case when the emergency unit or the doctors’ rooms are given as the address. Also deceased cases (unknown cases) are registered in Tygerberg due to mortuary being located in Tygerberg. • Most cases are family members in the same household or extended family members that have attended a family gathering

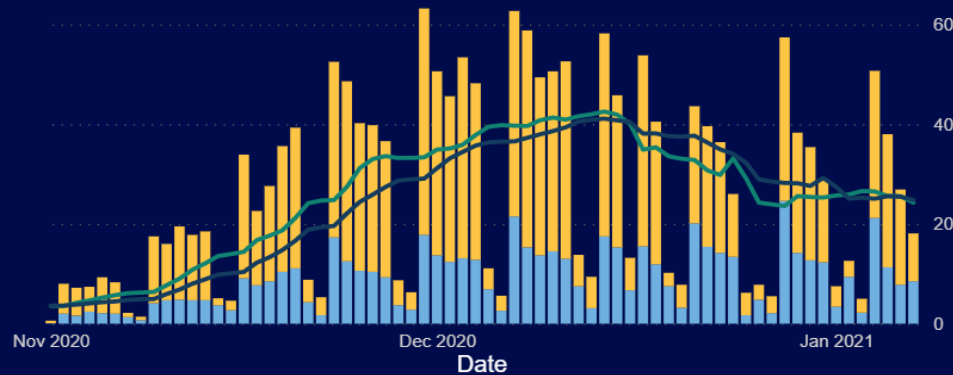
Rural

Central Karoo	<ul style="list-style-type: none"> • Steady increase in Laingsburg, Prince Albert and Merweville • Identified lots of family clusters and “street clusters” – positive cases in the same street • 9 deaths since Friday
Overberg	<ul style="list-style-type: none"> • Small increase in cases • No new positive cases at Helderstroom Correctional Facility on NHLS dashboard this morning (8 over weekend) • 16 deaths since Friday
West Coast	<ul style="list-style-type: none"> • Still very busy • Increase in case numbers and increase in deaths • Hospitals admissions decreasing • Age breakdown: highest positivity rate 26-40 years • Patients are very sick when they arrive at hospital • PHC overwhelmed with test requests • Oxygen levels - managing day by day • HCW 5 new cases

Provincial Resurgence Overview

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



Date of Diagnosis

11/1/2020

1/7/2021

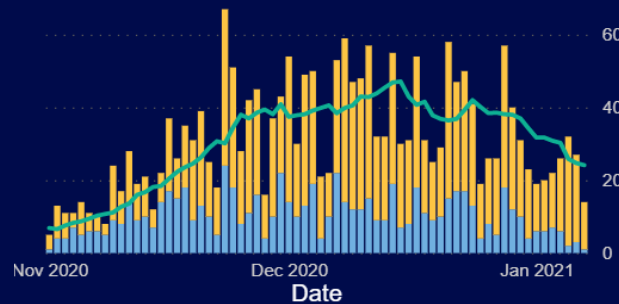
Date of Death

11/1/2020

1/7/2021

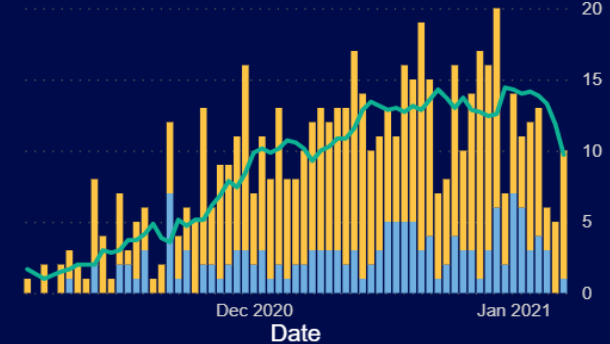
No. of Admissions and 7 Day MA by Date and Sector

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

The Garden Route has now clearly passed the peak of the second wave.

Cases and hospitalisations remain on a downward trend and deaths have stabilised.

Scaling up health platform COVID capacity

Scaling up COVID capacity – general comments

1. PHC capacity:

- a) The PHC facilities have **continued to see demand** for **COVID testing**, and **triage confirmed cases**.
- b) There has been active **de-escalation** of **non-COVID PHC services**.

2. Hospital capacity:

- a) **7 693 total acute operational** public sector beds (excluding specialised beds at psych hospitals, TB hospitals, Red Cross hospitals, Mowbray Maternity hospital), **inclusive of general and critical care** public sector beds for COVID patients. The operational bed number differ from day to day.
- b) **626 inter-mediate care beds** in Metro provisioned: **336 Brackengate**, **90 at Lenteguur**, **200 at MPH Hospital of Hope** - beds commissioned in an incremental fashion.
- c) We also have **64 intermediate care beds at Sonstraal Hospital** (5 extra beds had been added), in Paarl.
- d) We have opened **20 beds** of the potential additional **136 intermediate care beds**.

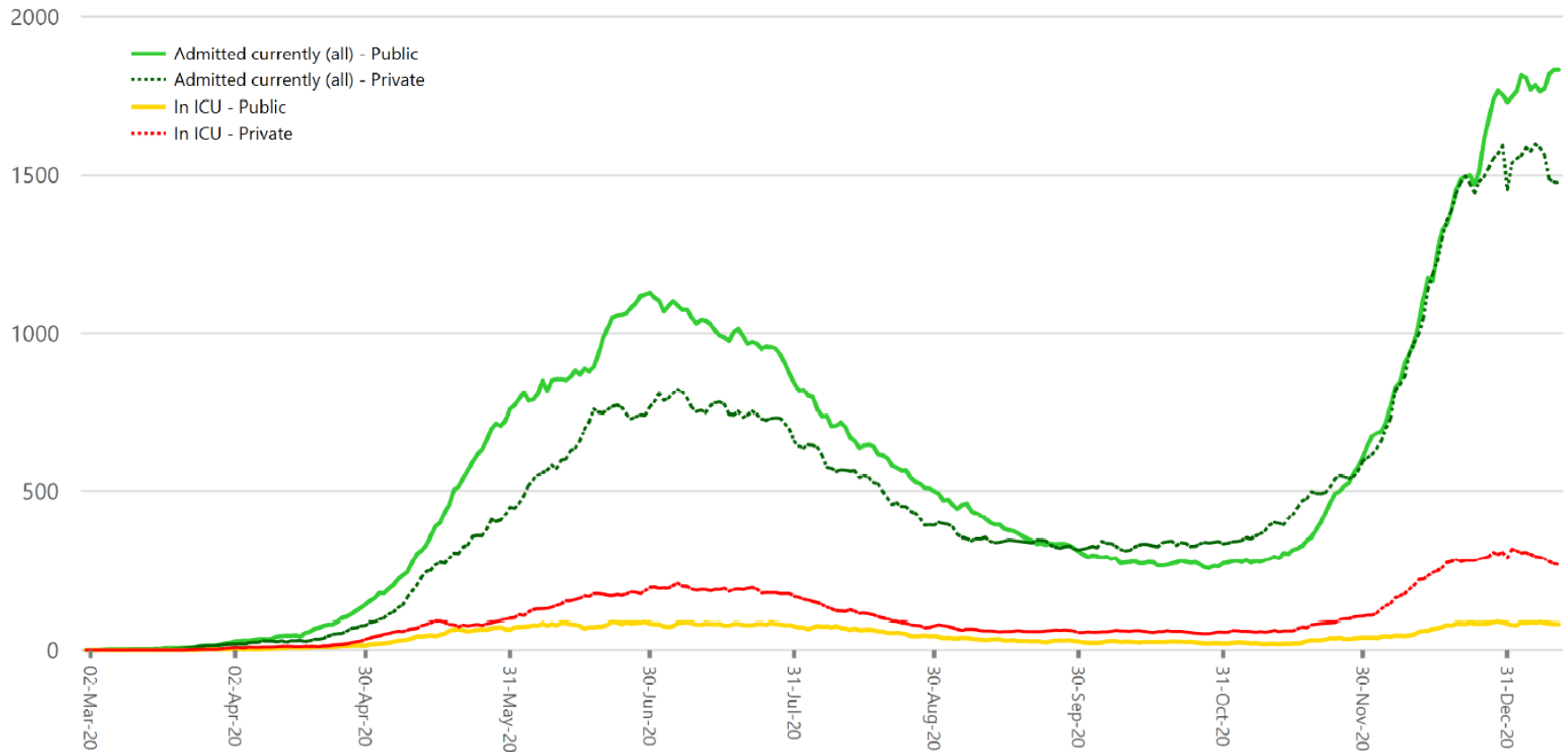
3. Fatalities management capacity:

- a) Mass fatality centre in the Metro with capacity for **336 bodies** [COCT had retained an additional 96 spaces]; currently **101 decedents** and a **cumulative total** of **1006** bodies admitted.
- b) Mass fatality **work group** co-ordinating capacity across the province.

Hospitalisation trends of patients with confirmed COVID-19

(including specialised hospitals, excluding PUIs)

All hospitalised patients by sector and ICU



Acute service platform – general comments

1. Currently **3 323 COVID patients** in our acute hospitals (**1 889** in **public** hospitals & **1 434** in **private** hospitals). This **excludes PUIs** and **cases in specialised hospital** settings.
2. COVID **hospitalisations** have **stabilised** whilst we continue to experience **psychiatric pressures**; **trauma** has **decreased significantly**.
3. The **Metro hospitals** have an average **occupancy rate** of **93%**; **George** drainage area hospitals at **61%**; **Paarl** drainage area hospitals at **74%** & **Worcester** drainage area hospitals at **73%**.
4. Occupancies in the COVID general beds reflect the ongoing **COVID pressures** with **Metro** hospitals at **91%**; **George** drainage area hospitals at **59%**; **Paarl** drainage area hospitals at **90%**; **Worcester** drainage area hospitals at **73%**
5. **COVID & PUI cases** currently make up **35%** of all available acute general hospital capacity in both Metro and Rural Regional Hospital drainage areas
6. **COVID inter-mediate care** - the **Hospital of Hope** (Brackengate) currently has **305** patients (2 606 cumulative admissions), **Freesia & Ward 99** has **67 patients**, **Mitchell Plain Hospital of Hope** has **92 patients** and **Sonstraal** currently has **60 patients**.

Acute Care Availability & Utilisation per Drainage Area



WCDOH: Daily Operational Bed Status Dashboard as at 11/01/2021

Drainage Area	Operational Beds	Filled Beds	COVID % Covid			BUR % for Designated Covid Beds(General Wards)	BUR % for Designated Covid Beds(Critical Care)
			BUR %	BUR %	patients		
Cape Town /Metro	5,041	4,680	93%	91%	33%	91%	97%
George	895	547	61%	59%	35%	57%	88%
Paarl	974	724	74%	90%	40%	87%	158%
Worcester	783	574	73%	73%	47%	73%	77%
SubTotal WCDOH	7,693	6,525	85%	85%	35%	84%	96%

Excluding Specialised Hospitals e.g. Mowbray Maternity, Psychiatric Hospitals, etc

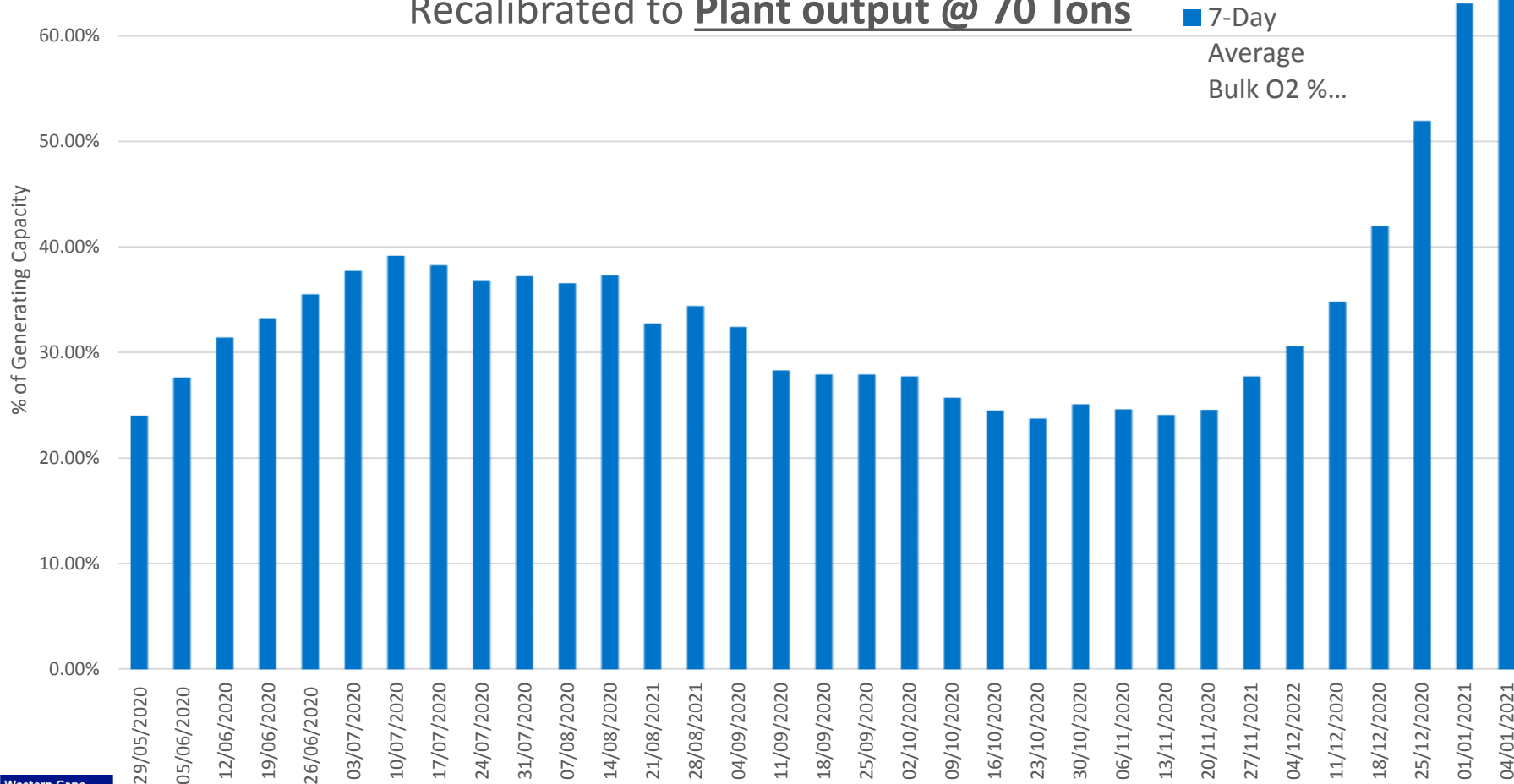
Operational Bed = an inpatient bed available for inpatient use that is staffed and equipped.

Provincial oxygen consumption at 69.57 % of total capacity

WCGH: Total Bulk O₂ Consumption

Expressed as % of Kuils River Plant Capacity

Recalibrated to Plant output @ 70 Tons



Total bulk oxygen consumption / day



Reference = average daily consumption over
past year leading up to March 2020 = 12.2
TONS/ Day

Oxygen utilisation – general comments

1. The combined oxygen utilisation in the Western Cape Public and Private hospital sectors is currently approximately **73 tons** daily (slightly reduced from the average daily utilisation last week).
2. Whilst Public sector hospital consumption is at **69%** of the Western Cape production capacity, the additional **31%** is used by the private sector – the **combined utilisation** is still **above the maximal production capacity** of the Afrox Western Cape plant (**70 tons**).
3. Afrox have put contingency plans into place by bringing **additional oxygen into the province daily**, to augment the provincial supplies.
4. The Western Cape now have **5 bulk oxygen tankers** allocated for the daily delivery of oxygen supplies to individual hospitals.
5. We will monitor the utilisation of oxygen carefully over the coming weeks.

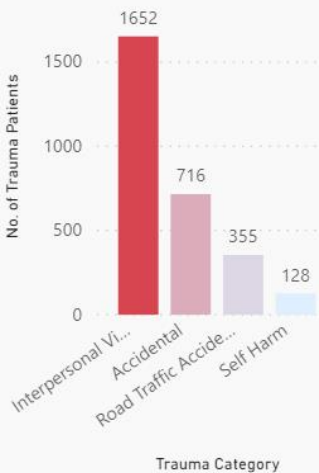
Scaling down non- COVID capacity

How have the
recent alcohol
regulations affected
hospital trauma
presentations?



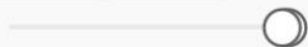
Overview of the impact of recent alcohol regulation changes on trauma presentations (01 Dec 2020-08 Jan 2021)

No. of Trauma Patients by Trauma Category



Date

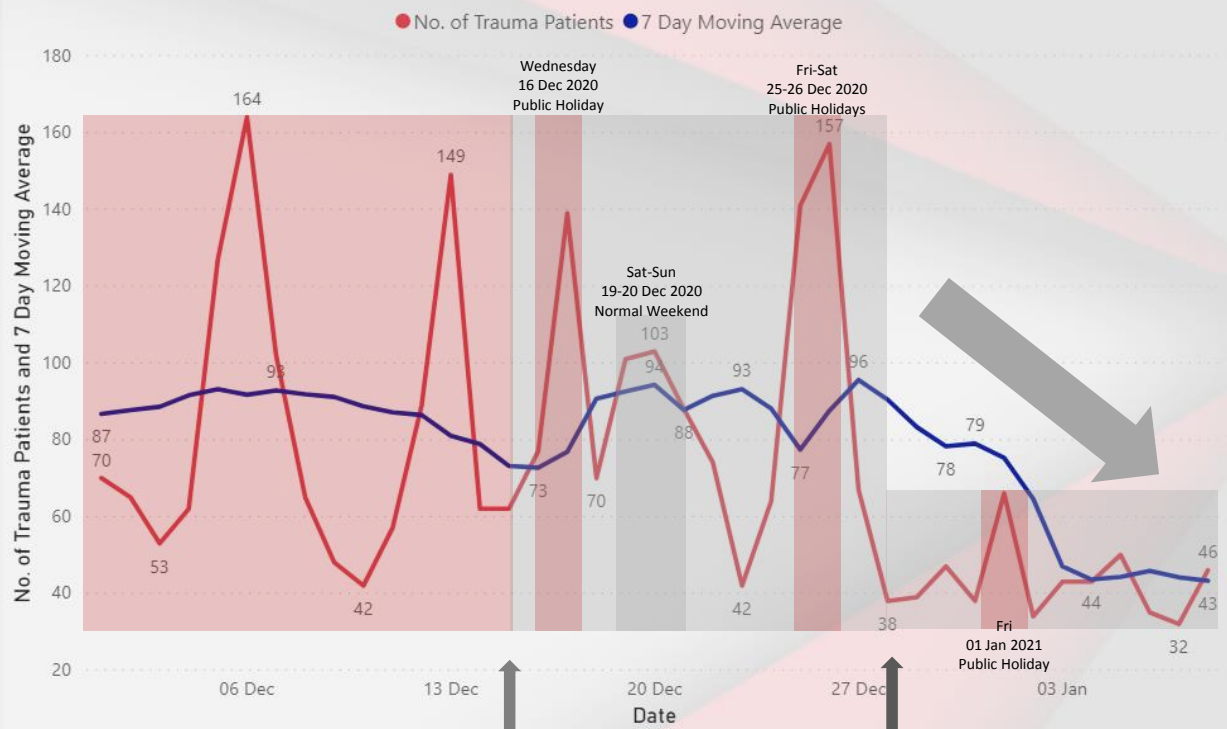
1/12/2020 8/01/2021



WC Sentinel Trauma Report

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

No. of Trauma Patients and 7 Day Moving Average by Date



15 Dec 2020

Restrictions in place:

- Nighttime curfew 23:00-04:00
- Retail alcohol sales restricted to Monday-Thursdays

28 Dec 2020

Alcohol ban reinstated

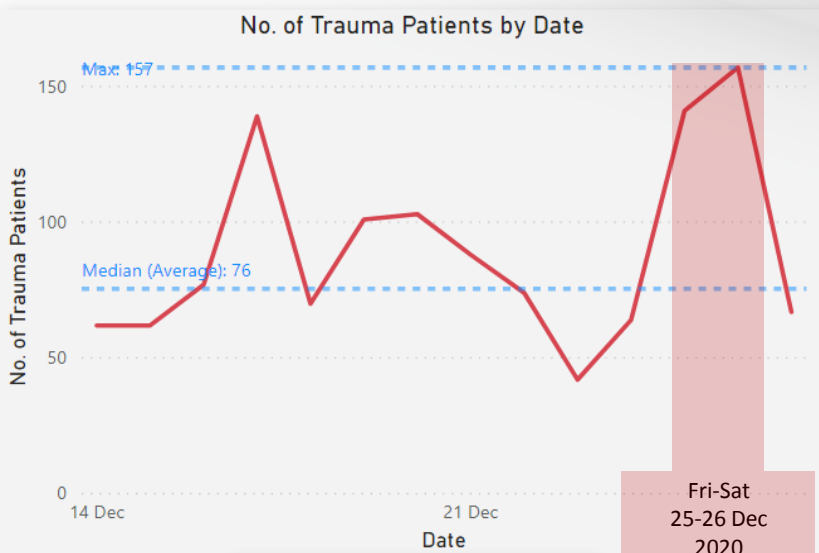
We saw a significant and sustained decline in trauma presentations to Emergency Centres immediately after the alcohol ban was reinstated.

How has trauma presentations changed BEFORE compared to AFTER the alcohol ban?

Sentinel Trauma Report

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

2 weeks BEFORE the alcohol ban



1247

No. of Trauma Patients

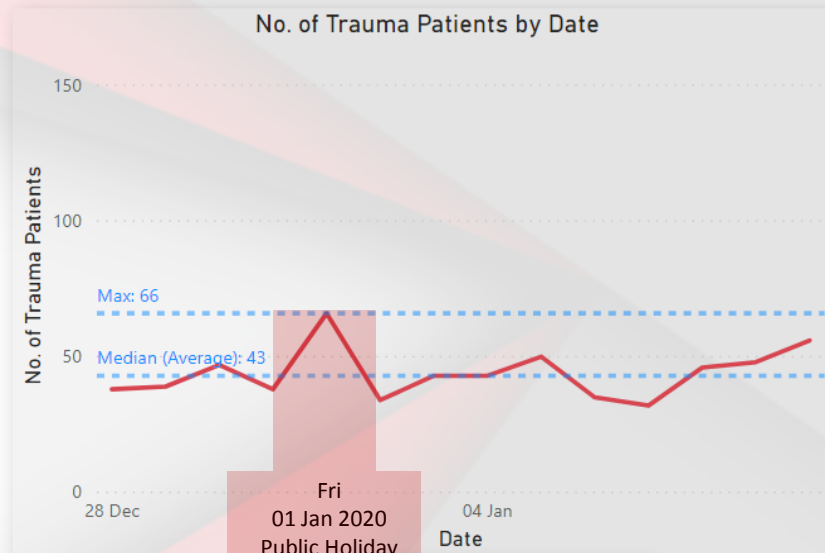
-51%



Immediately after the alcohol ban, the absolute number of trauma cases decreased by 51%.

**The maximum daily trauma presentations saw a decline to the order of 58%.
This compared Boxing Day to New Years Day.**

2 weeks AFTER the alcohol ban



615

No. of Trauma Patients

Source: **HEC** **IS**
Hospital Emergency Centres Information System

Restrictions in place 1 week BEFORE:

- Nighttime curfew 23:00-04:00
- Retail alcohol sales restricted to Monday-Thursdays

Restrictions in place 1 week AFTER:

- Nighttime curfew 21:00-06:00
- Complete ban on alcohol sales

How has trauma presentations changed New Years Day 2020 vs New Years Day 2021?

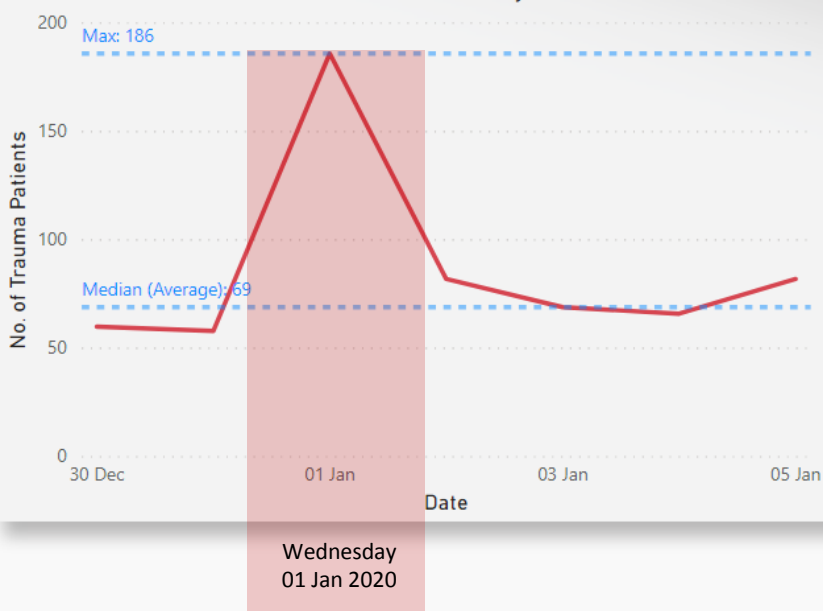
Sentinel Trauma Report

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



New Years Week 2020

No. of Trauma Patients by Date



-65%

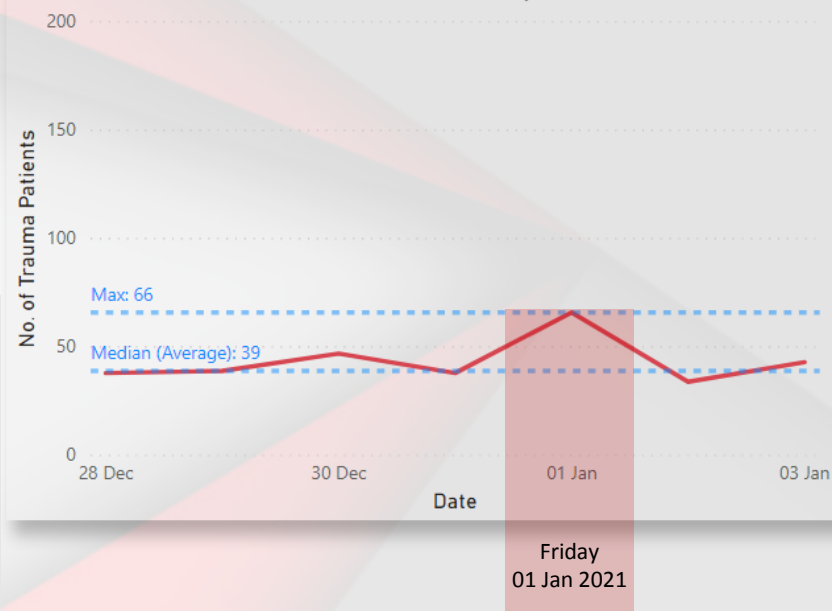


Compared to New Years Day in 2020, in 2021 we flattened the curve of trauma and saw trauma presentations to hospitals decrease by 65%!



New Years Week 2021

No. of Trauma Patients by Date



The current restrictions on alcohol sales has resulted in a significant decline in trauma presentations to hospitals when comparing the same period last year. This clearly validates the experience reported from Emergency Centre staff across the country and in the Western Cape.

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**.

DEPARTMENTAL OVERVIEW

HEALTHCARE WORKERS INFECTED WITH COVID-19 -DAILY TRENDS

Totals as at 12 Jan 2021

Cumulative Infections

8,088

-



6,967

-

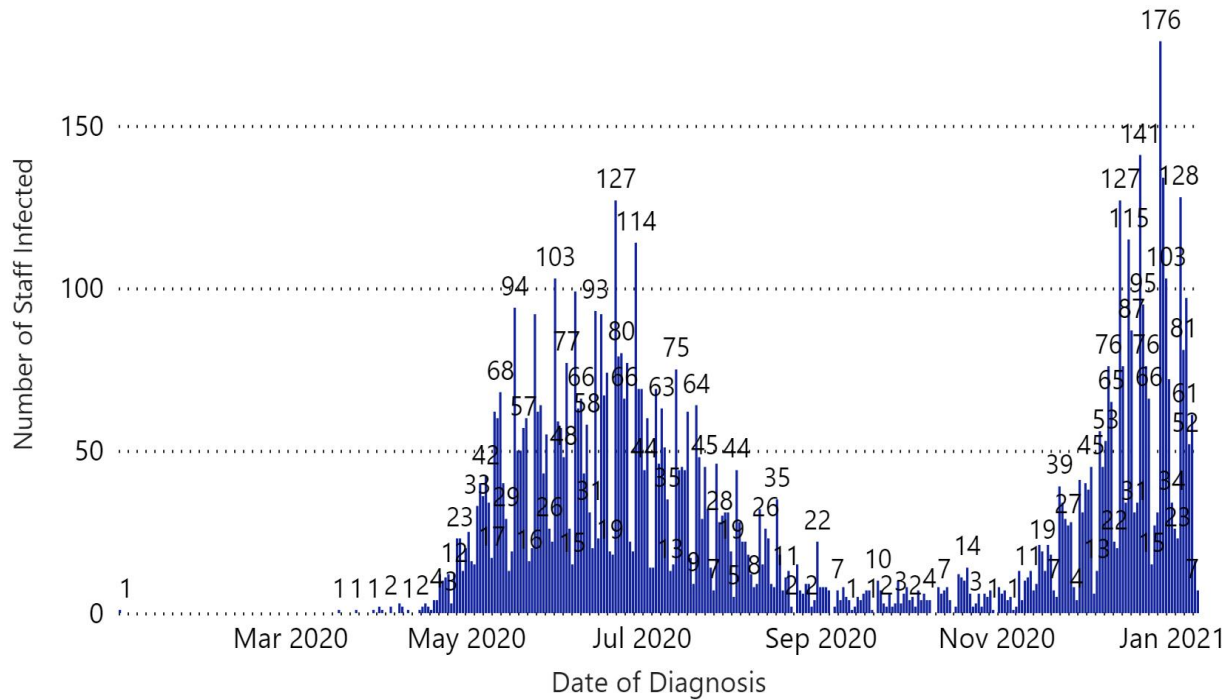


92

=

Active
Cases
1029

Daily Staff Infection Trends



Doctors



98

Nurses



442

Radiographers



23

Pharmacists



7

Other
Categories



459

Health care worker infections - 11 January 2021

DistrictUpdated	Active Cases	Total Staff per hospital	% Of Active Cases
Cape Winelands	131	2183	6.00%
Central Karoo	8	384	2.08%
Garden Route	46	1827	2.52%
Groote Schuur Hospital	99	3628	2.73%
Khayelitsha Eastern	78	1915	4.07%
Klipfontein/Mitchell's Plain	23	1551	1.48%
Northern/ Tygerberg	70	1820	3.85%
Other/ Unallocated	97	5695	1.70%
Overberg	27	412	6.55%
Red Cross War Memorial Children's Hospital	24	1153	2.08%
Southern/Western	230	7123	3.23%
Tygerberg Hospital	151	4632	3.26%
West Coast	51	659	7.74%
Total	1035	32982	3.14%

Filling of Nursing Posts – 11 January 2021

Area	Vacant funded	Offer created	Post created on PERSAL
Metro	1030	219	100
Rural	521	216	186
TOTAL	1551	435	286

Vaccine Strategy

Introductory Comments

1. The **vaccine** is probably the **most powerful global weapon** to **turn the tide** against the Covid-19 pandemic.
2. The National Department of Health is driving the **procurement process** and **we align** with their efforts.
3. The National Minister announced on **7th January 2021** the **acquisition** from the Serum Institute of India **1 million doses** of the **Astra Zeneca vaccine** by the **end of January 2021** and a further **500 000 doses** in **February 2021**.
4. **Further negotiations** are being pursued on with **other vaccine suppliers** for **more stock** in addition to the stock to be secured via the **Covax initiative**.
5. The Western Cape Department of Health is **focussing** on **readiness to implement** the **vaccination programme** in the province.

South African Framework



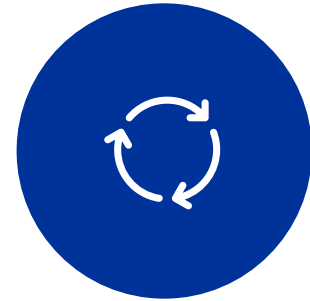
SCIENCE

Evidence-informed
Availability of vaccine
Need for a vaccine



ETHICS

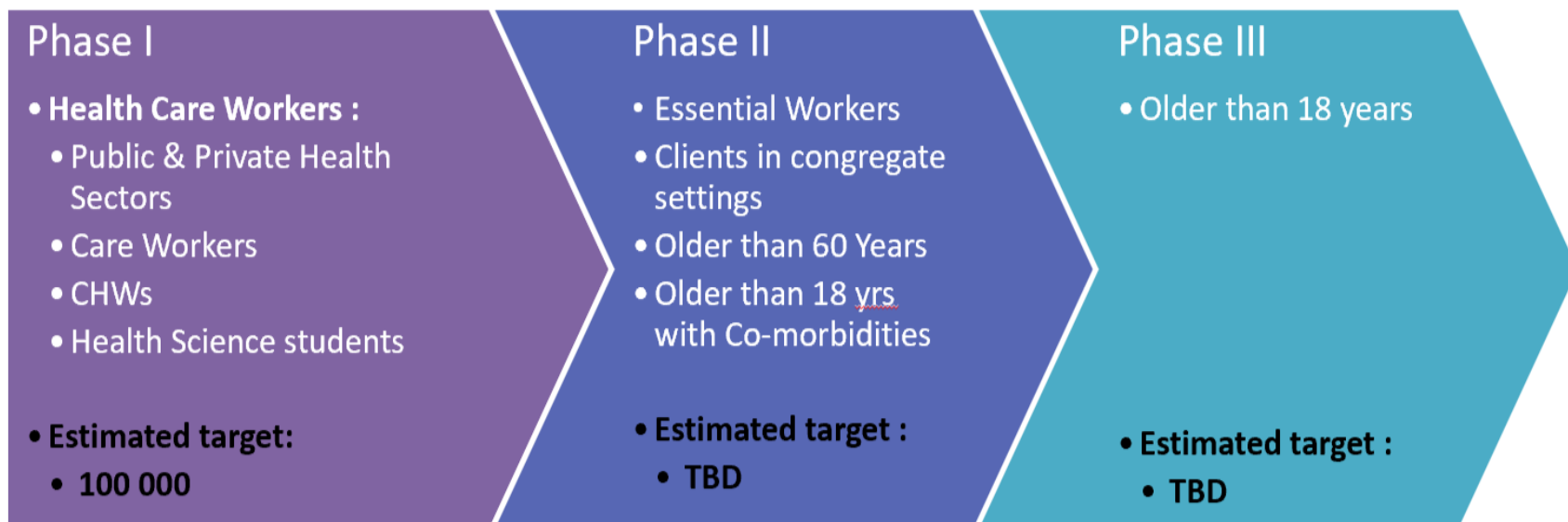
Equity & justice
Transparency
Maximize benefit
Minimize harm



IMPLEMENTATION

Logistics
HCW training
Surveillance
Data plus M&E

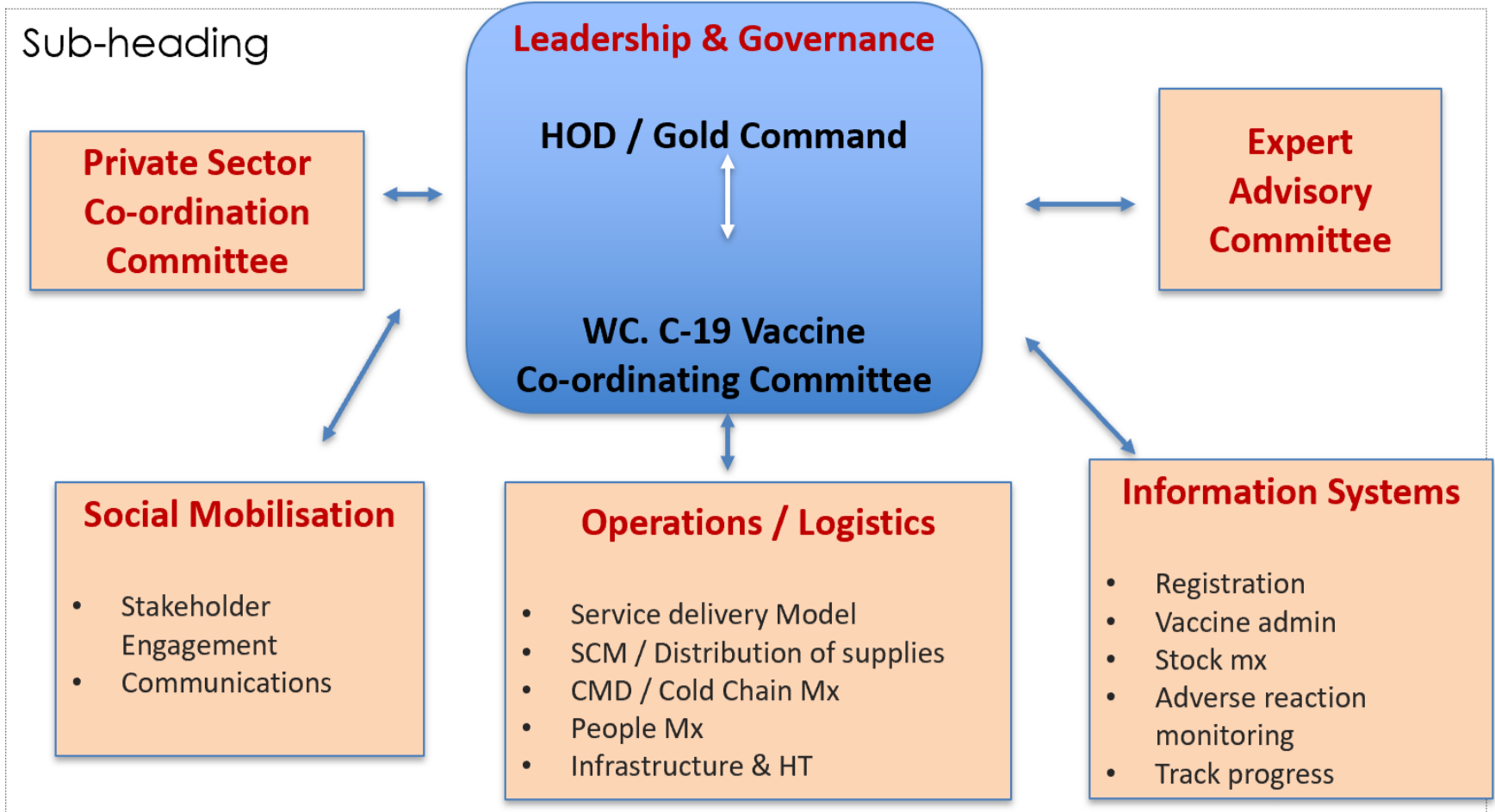
Phases and Prioritisation



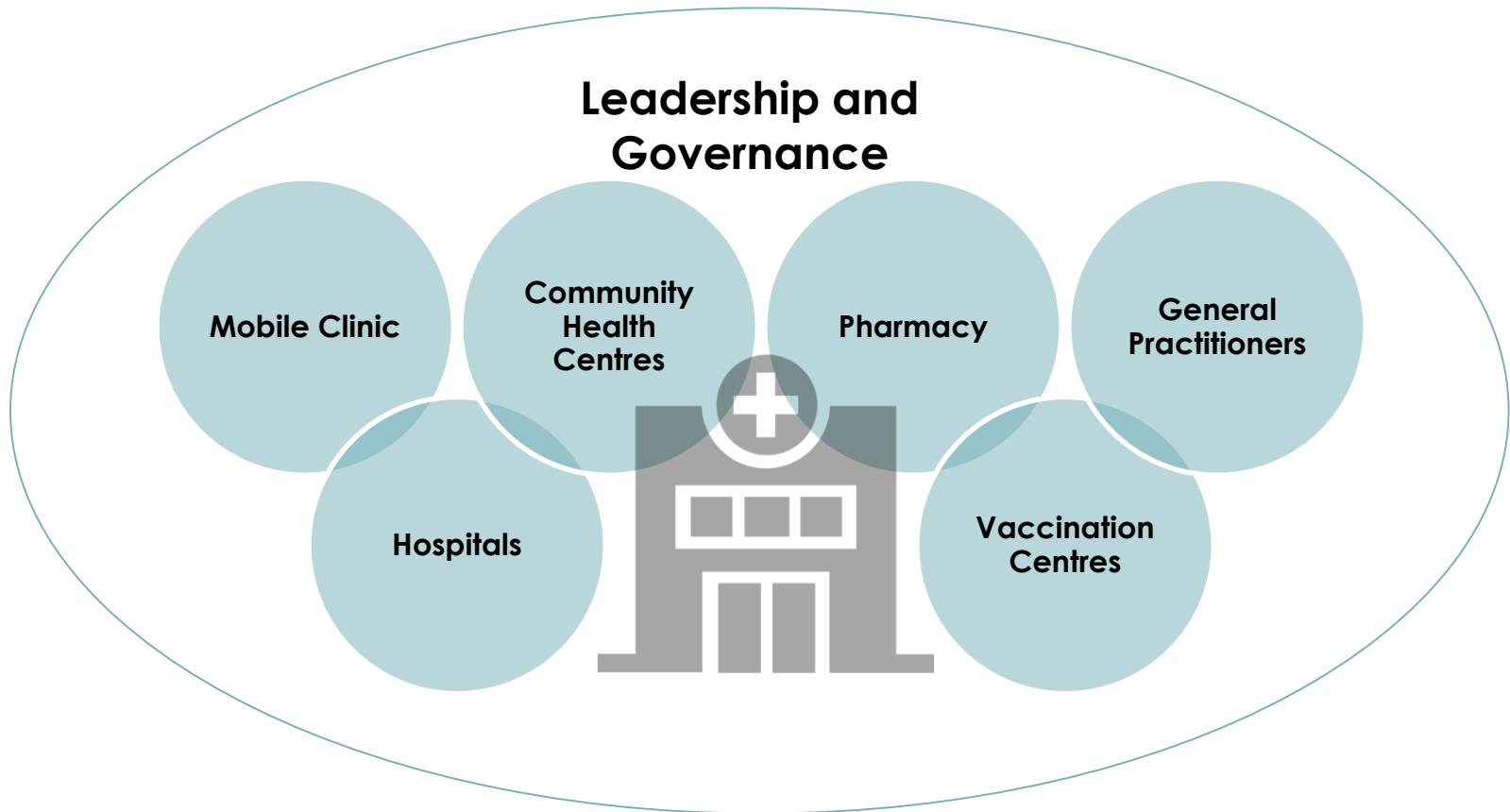
The Department will further refine prioritisation based on expert advice



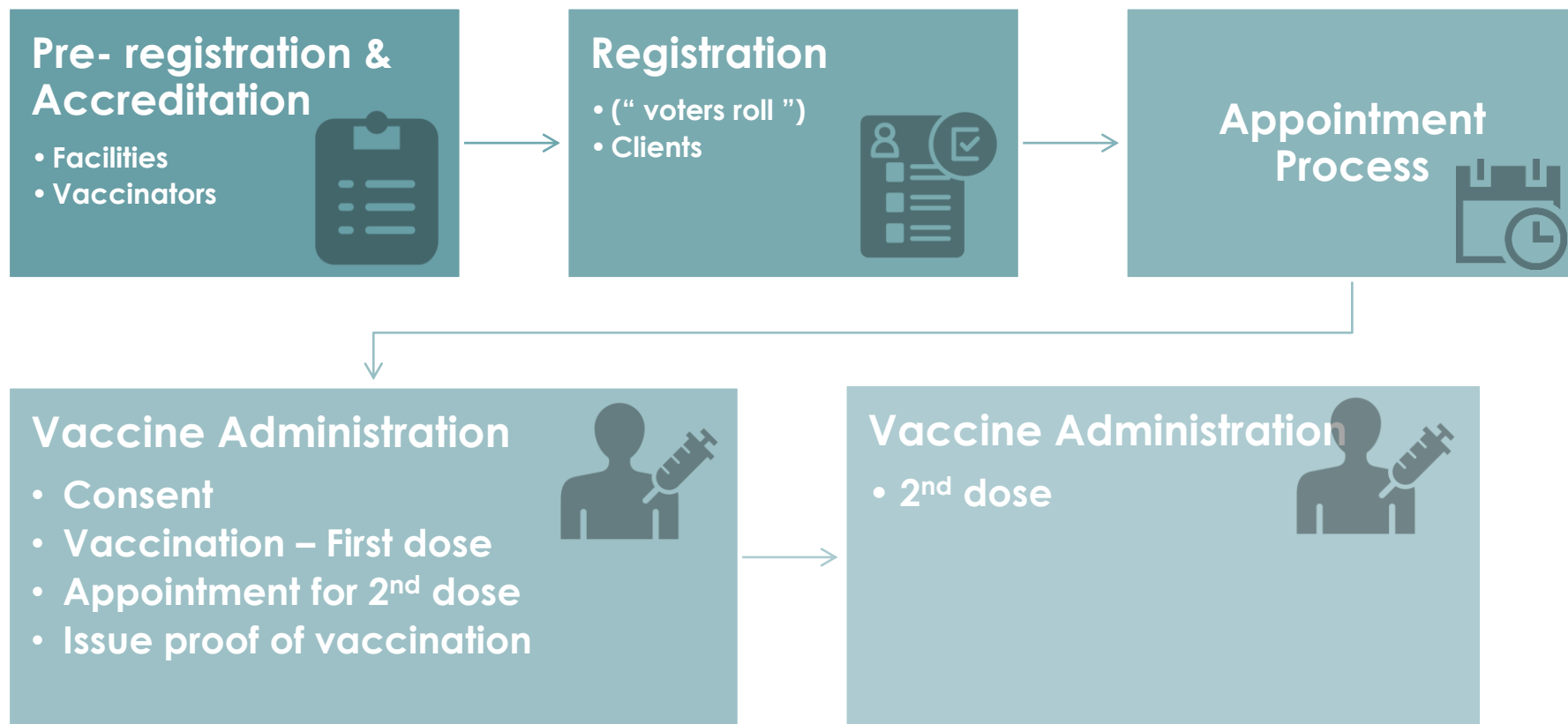
Governance Arrangements



Geographic based service delivery model



Functional processes



Communication & Messaging

1. **Honest** and **transparent communication** to **build trust** is essential.

2. **Focus Areas:**

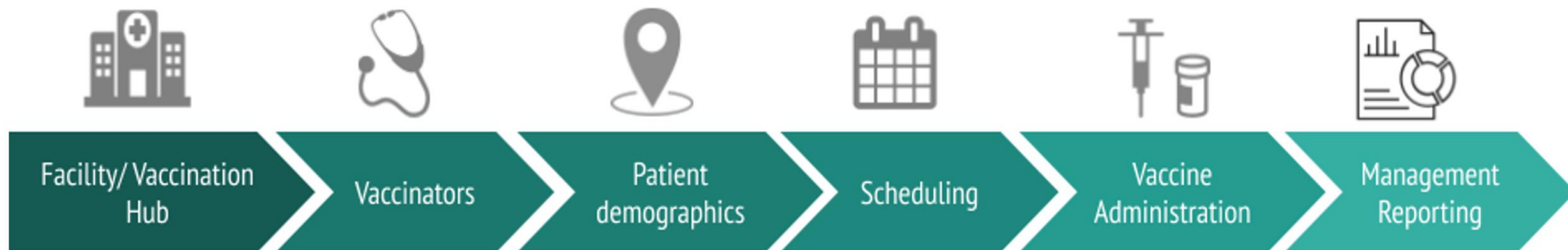
- a) Motivating people and all sectors of society - “**lets unite to vaccinate**” - mass social mobilisation
- b) Build “**vaccination confidence**”:
 - Address **medical concerns** - efficacy, new variant, etc.
 - Address **religious** and **cultural concerns**
 - Address **mis-information**
- c) Logistics around **availability, accessibility** and **acceptability**

Stakeholder Engagement

1. This is a massive operation that requires a **multi-sectoral approach** and the support of **public, private** and all parts of **civil society**.
2. Key **stake-holders**:
 - Organised Labour
 - Civil Society
 - HEIs
 - Business
 - Religious communities
 - Other stake-holders
3. Use **existing forums and structures**, including statutory structures such as clinic committees and health facility boards, as far as is feasible.
4. Stake-holders will be mobilised both **provincially** and at **district** and **local municipality** levels.

Information System to Track progress

1. Data is a critical requirement to **track coverage** at **individual person** and **community level**.
2. WCG: Health supports the **NDoH proposed computer application system**.
3. Contingency **plans** will **mitigate risk** of any delays.
4. Ideally, an opportunity to **capture electronically** at **point of administration** should be utilized.



General Comments on Vaccine Strategy

1. Massive **opportunity** to:
 - Build a **movement** for **better health**
 - **Unite all sectors** and **parts of the community** around a common objective - “**Lets Unite to Vaccinate**” to turn the tide against COVID
 - Lay a **good foundation** for collaboration between public, private and civil society for **Universal Health Coverage** (UHC)
2. Vaccination **does not replace** the need for **NPIs** like **mask wearing, social distancing** and **hand washing**, for the foreseeable future.
3. Have to **reprioritise our efforts** and **resources** to **act with urgency** to **vaccinate** as many HCWs and people **as soon as possible**.
4. We **call on the public** and **all stakeholders** to join us on this most **critical collective intervention**.

Key public messages for coming weeks

Handy information during the peak (and beyond)

Isolate when you had contact

WHEN AND HOW TO ISOLATE
COVID POSITIVE/ AWAITING TEST RESULTS/
CLOSE CONTACT OF A POSITIVE PERSON

Coronavirus is highly infectious and spreads through small air droplets when in close contact with an infected person. It's important to isolate if you develop symptoms or are awaiting a test result.

WHAT IS A CLOSE CONTACT ?
Someone you have been in contact with for more than 15 minutes, closer than 1.5 m, without wearing a mask. Download **CovidAlertSA app** to receive notifications if you were a close contact.

WHAT YOU SHOULD DO

- Stay home or go to an isolation facility.
- Those with COVID-19 symptoms or who tested positive, must stay in a separate room from everyone else at home **OR** ask to use an isolation and quarantine facility.
- Do not leave your house or isolation facility until you completed your isolation period.
- Do not go out or have visitors.
- Ask friends to drop groceries, meals and medicines at the door or order online.

How long must you isolate?
Mild symptoms/COVID-19 positive:
10 days after your symptoms started.

COVID-19 positive but no symptoms:
10 days after you were tested.

Close contact with someone with symptoms or confirmed COVID-19:
If you have no symptoms, 10 days after you had close contact. If you have symptoms, 10 days after symptoms started.

FOR MORE INFORMATION
Western Cape Government
COVID-19 Hotline (tollfree)
021 928 4102 or 080 928 4102
National Hotline 0800 029 999
WhatsApp "Hi" to 0600 123 456

**STAY SAFE
MOVE FORWARD**

Continued prevention behaviour

December 2020

Protect yourself and others this summer

 Sick? Stay home & arrange a test

 Keep physical distance

 Wear a mask

 Cover your cough

 Open doors & windows

 Avoid crowds, close-contact & confined spaces

 Wash/sanitise hands often

**STAY SAFE
MOVE FORWARD**

Conclusions

Concluding remarks

1. There are early signs that we have entered the **peak** of the **2nd wave** in the Western Cape, with **early signs of stabilisation**.
2. Our **local teams** remain on **high alert for surveillance & response** to localised clusters that can be targeted for maximum impact, **especially the vulnerable**.
3. Our 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** still points to a **highly pressurised situation**, and the need to **continued vigilance** to **reduce new cases**.
5. We have **experienced** a significant reduction in **alcohol-related trauma**, which has brought some welcome relief across the health care platform.
6. Our **health care workers have** and **continue to face** significant **physical and emotional strain**. We need to **provide relief** for **them and their families**.
7. It is essential to maintain a **strong focus on behaviour change** to ensure containment for the **6 months**, while we gear up to provide access to **vaccines**.

Thank you