



**Western Cape
Government**

Health

DIGITAL PRESS CONFERENCE

Health Update

Dr K Cloete

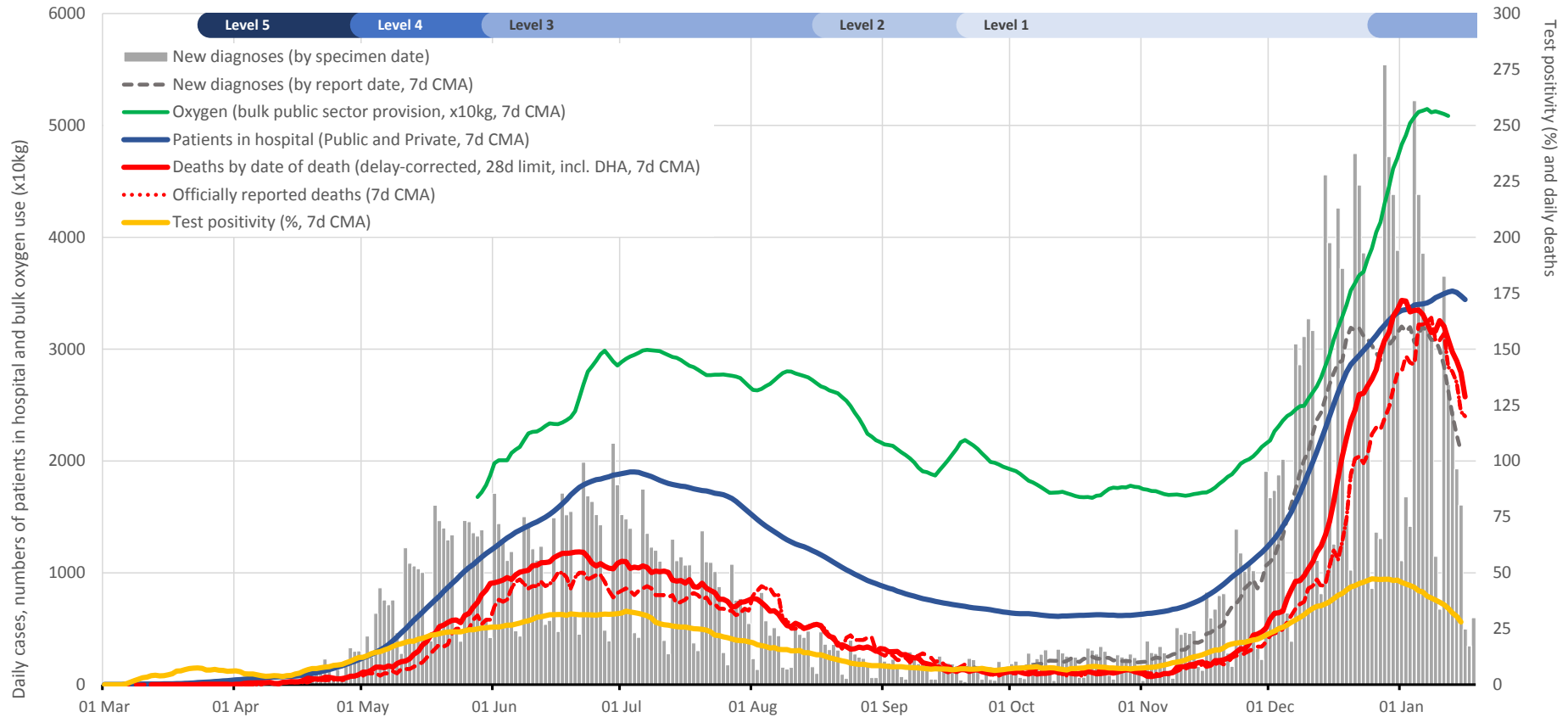
19 January 2021

Overview

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

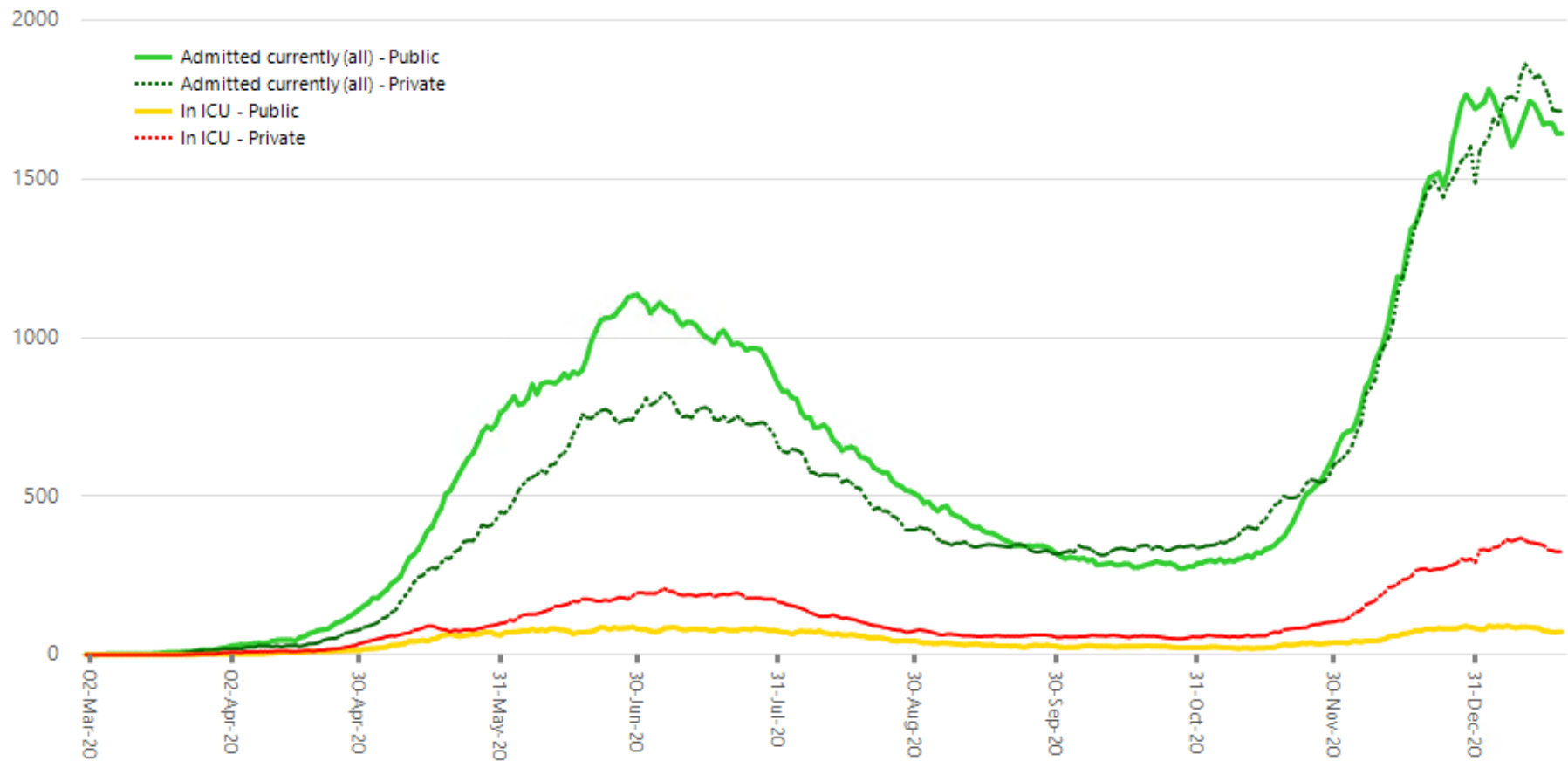
Surveillance & Response Update

Integrated testing, case, hospitalisation and mortality trends



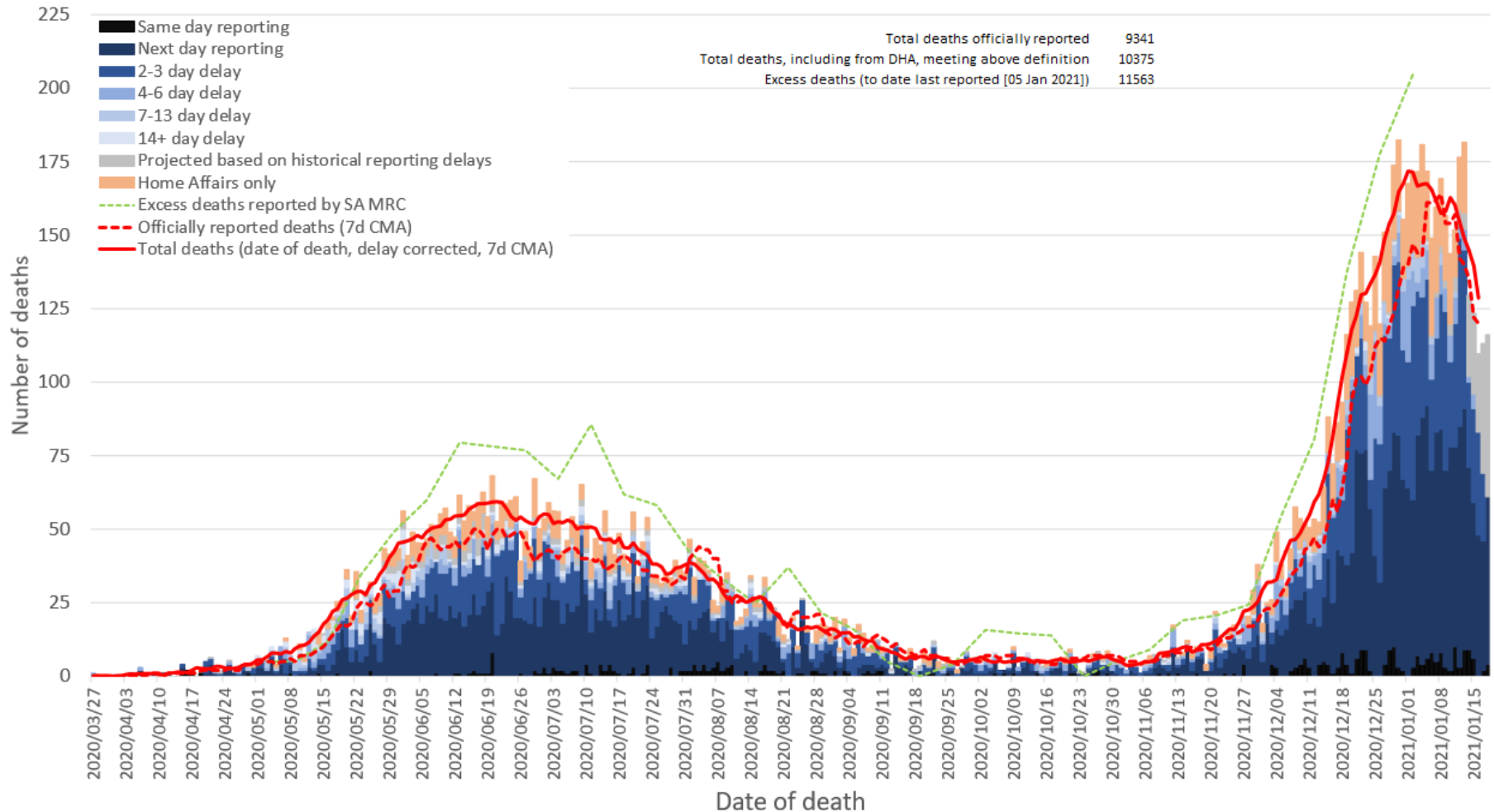
Hospitalisation trends of patients with confirmed SARS-CoV-2

(including specialised hospitals, excluding PUIs)

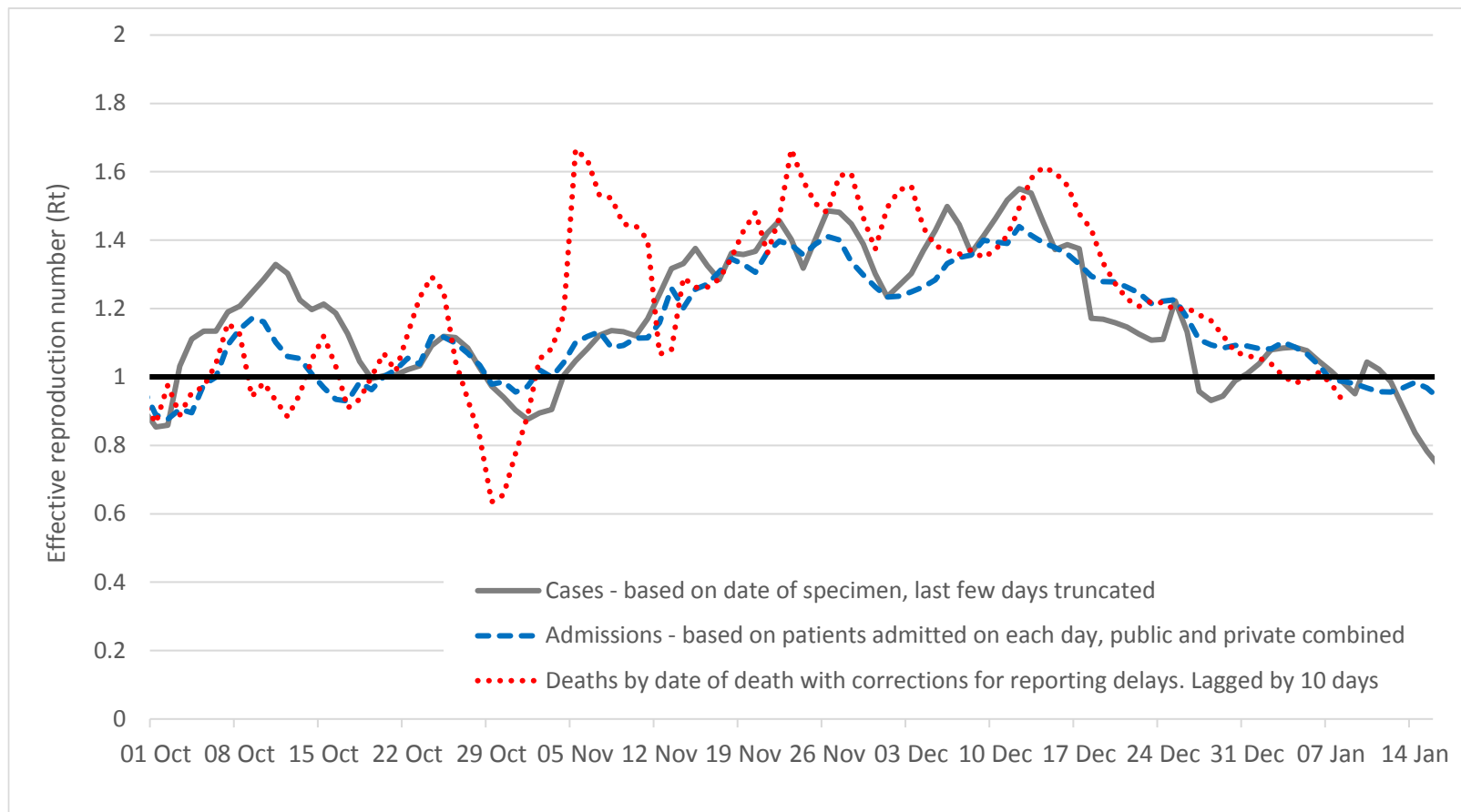


Mortality by date of death

Mortality in patients with laboratory-confirmed SARS-CoV-2, by delay to reporting
(within 28 days of diagnosis or 14 days of discharge, by date of death, excluding non-natural deaths on populatoin register)



Current reproduction number (province-wide)



Calculated using *epiestim*



Provincial Resurgence Overview

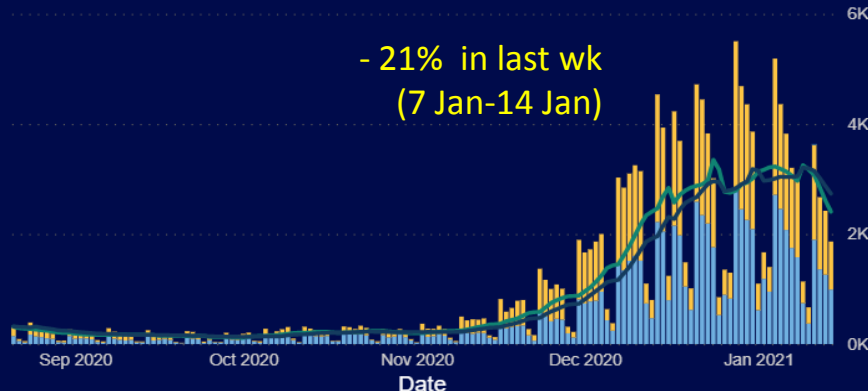
No. of Cases, 7 Day Moving Average and 14 Day Moving Average by Date and Sector

Health Impact Assessment
WC Department of Health
Last Updated:
Monday, 18 January 2021

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

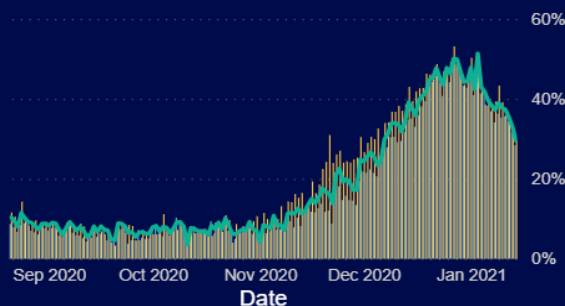
8/21/2020 1/14/2021

Date of Death

8/21/2020 1/11/2021

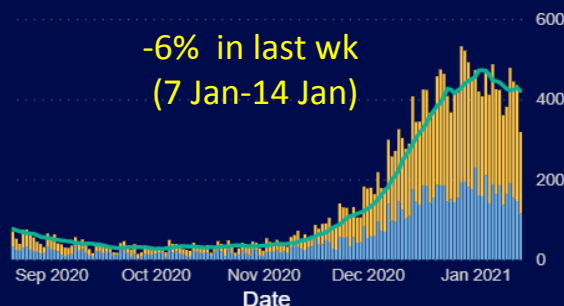
Proportion Positive and Overall Positivity by Date and Sector

Sector ● Private/Other ● Public — Overall Positivity



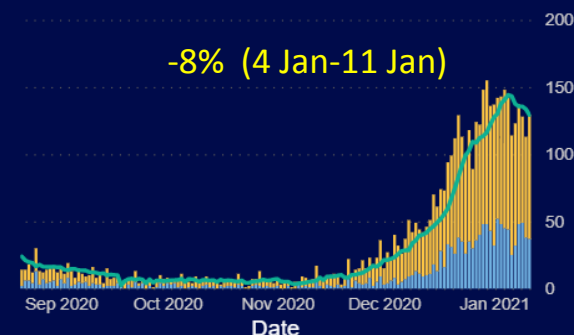
No. of Admissions and 7 Day MA by Date and Sector

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

We start with the positive news that the total **case numbers have dropped by 21%** and is showing a **downward trajectory**. Importantly, this is not being influenced by testing as we did a record number of tests between 7 and 14 January 2021.

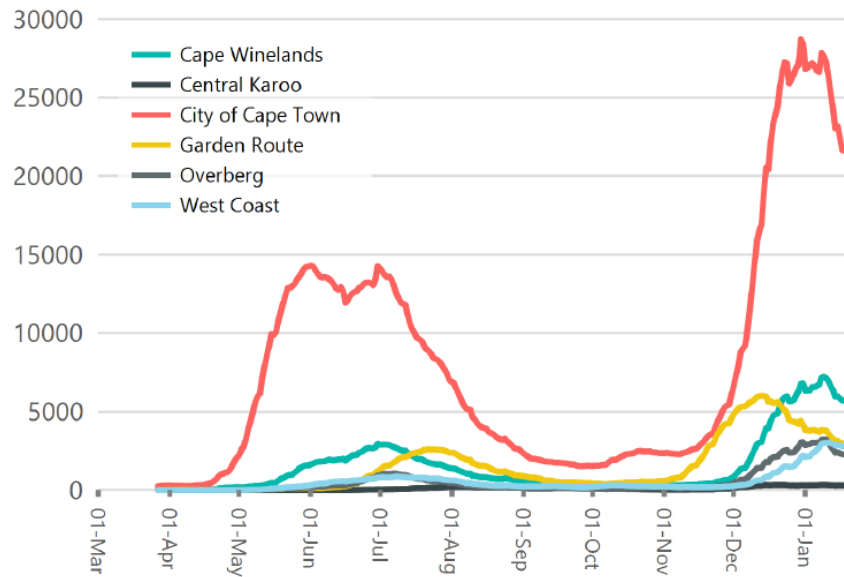
The **proportion positive** has dropped further and was **29.6%** on the 14th January 2021. This from a high of over 50%. The dropping proportion positive explains why we have declining cases, despite record testing.

Adding to the positive news is the slight drop in hospital admissions. **Hospital admissions and occupancy have plateaued** and reports from the hospitals are that there is a slight decrease in pressure.

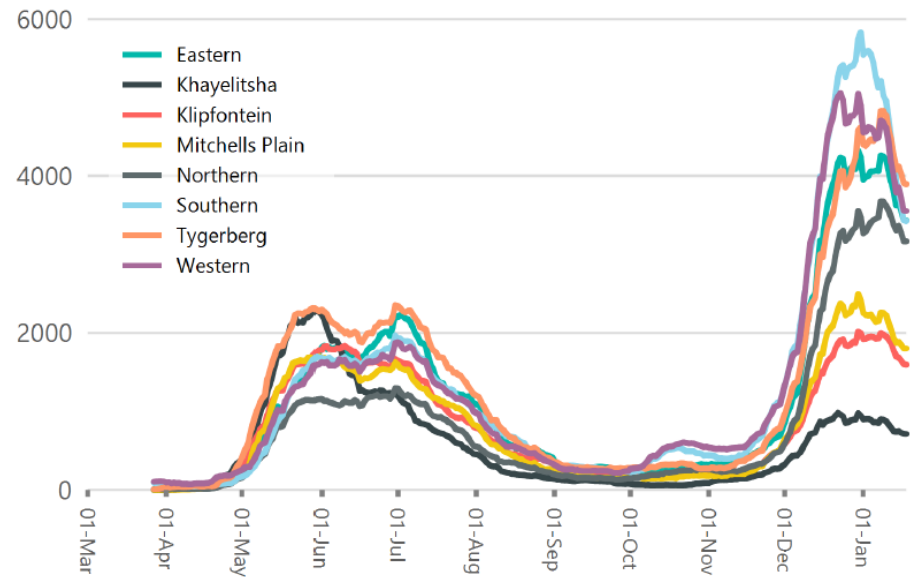
Finally, **deaths have stopped increasing**. This is important to note, particularly if we consider that a week ago we reported a 23% increase in deaths. This is an early positive sign and we will watch this measure over the next week.

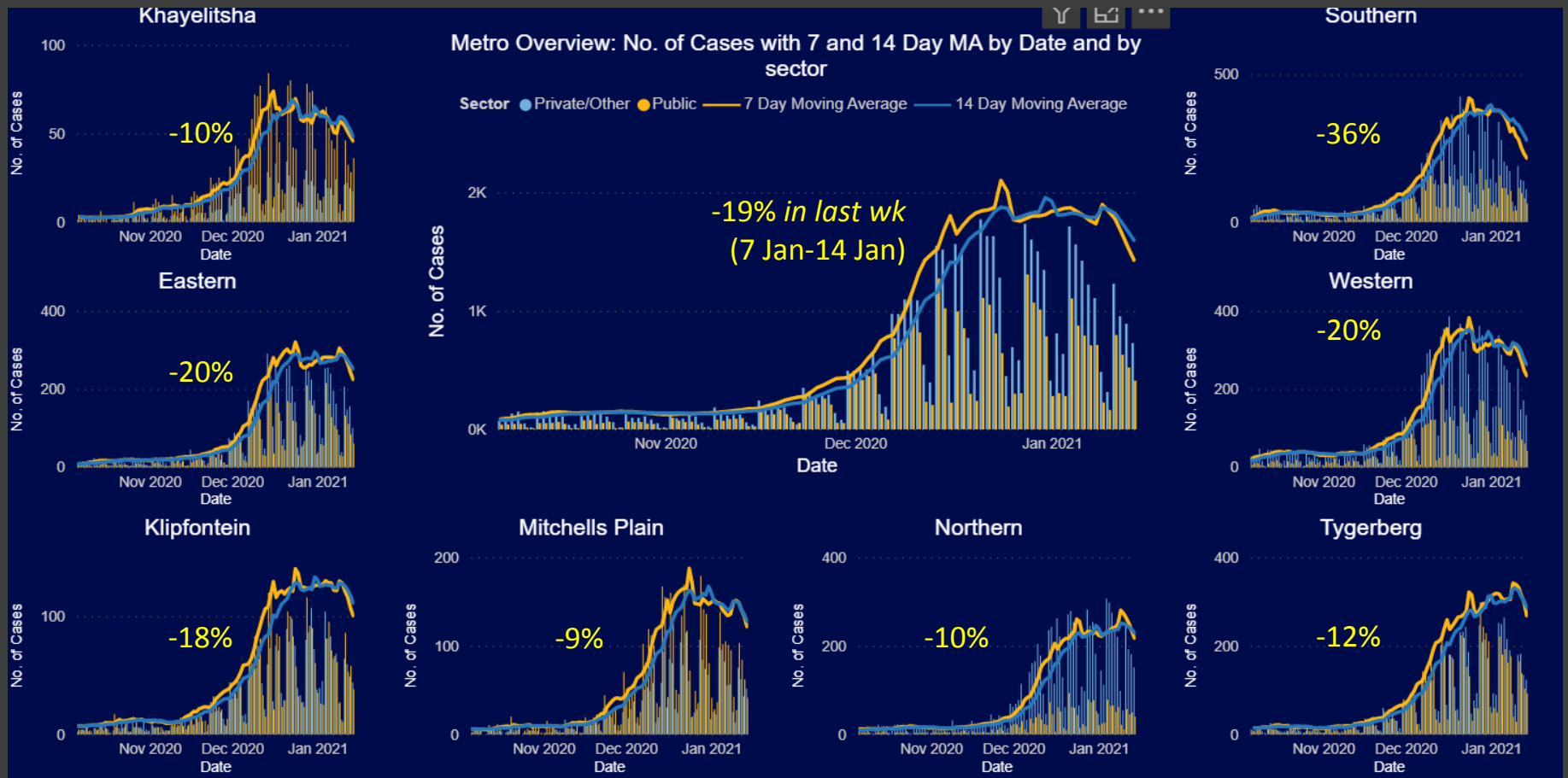
Active cases

Districts



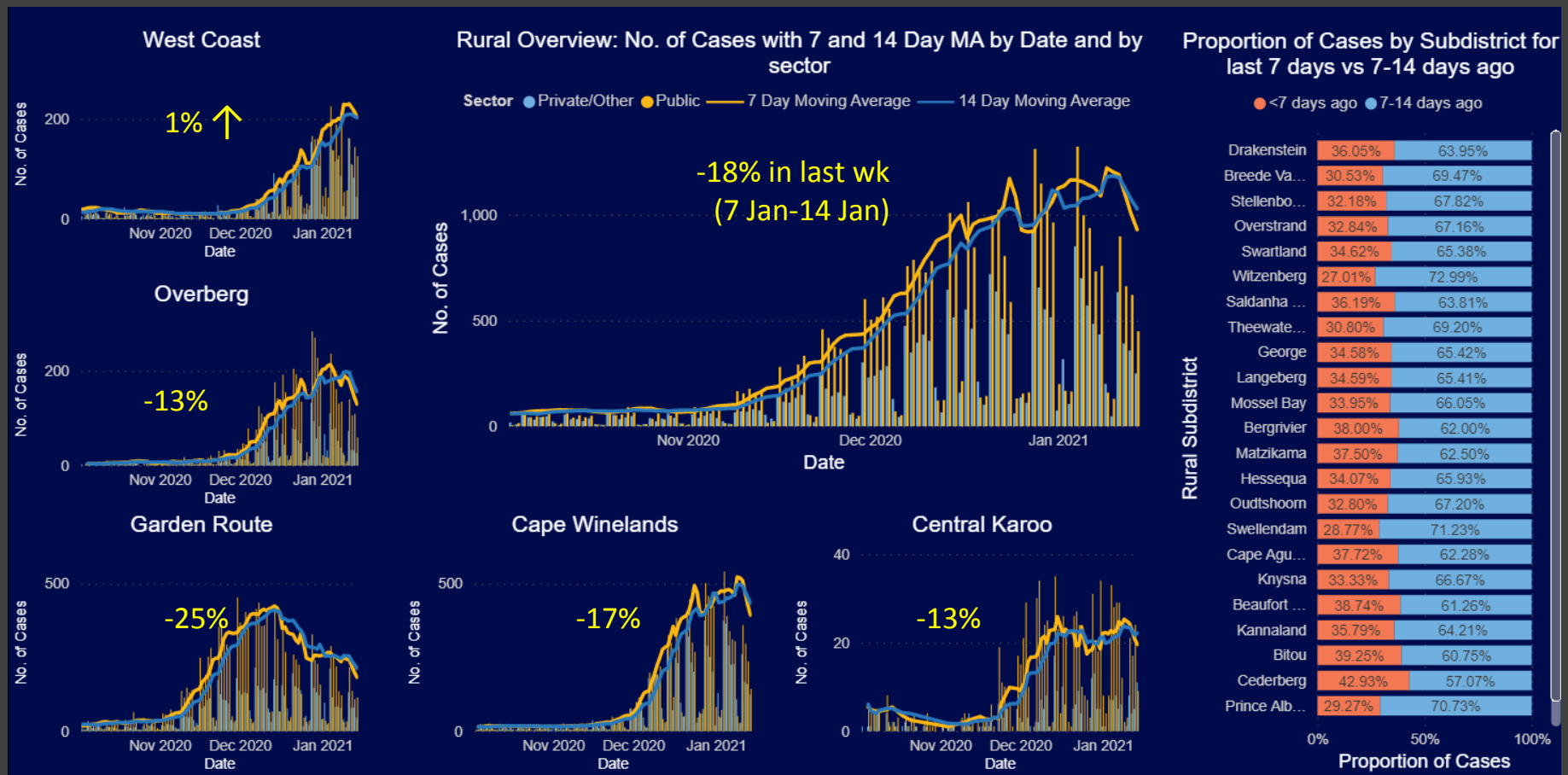
Cape Town subdistricts





Metro Overview

- Case numbers across the Metro have dropped by 19%, even in the context of increased testing.
- This drop is consistent across all sub-districts with a particularly large decline in the Southern sub-district- 36%



Rural Overview

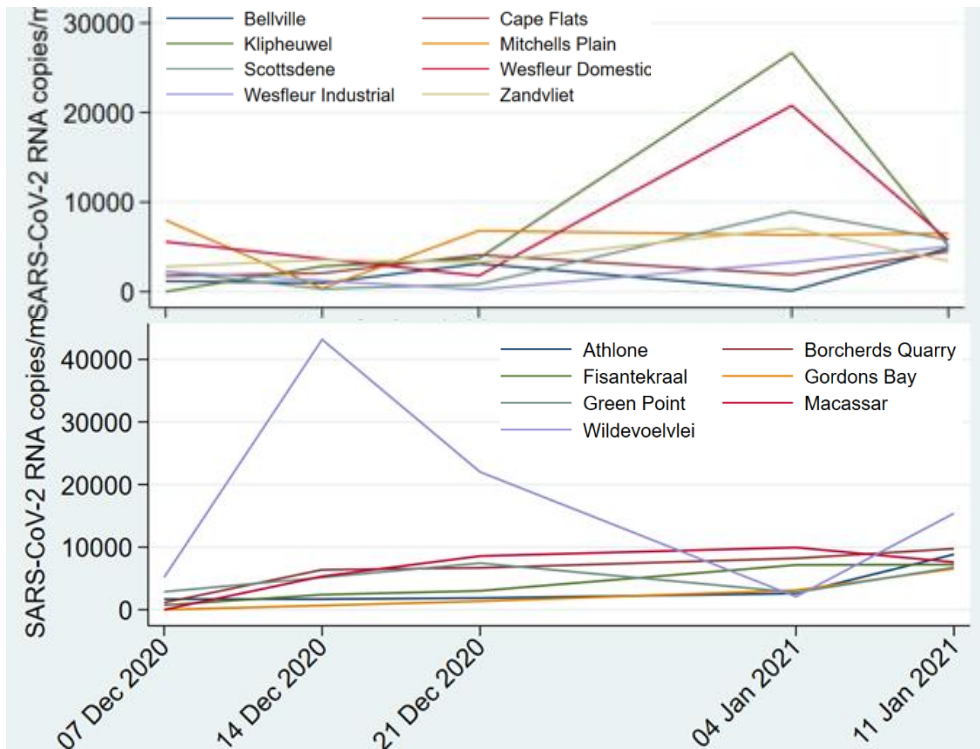
- There has been an 18% decline in new cases in Rural.
- Only the West Coast shows an increase in cases, and even that appears to be increasing at a lower rate.
- All other sub-districts show a decline in cases.

Triangulating with wastewater

SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM

WEEK 2
2021

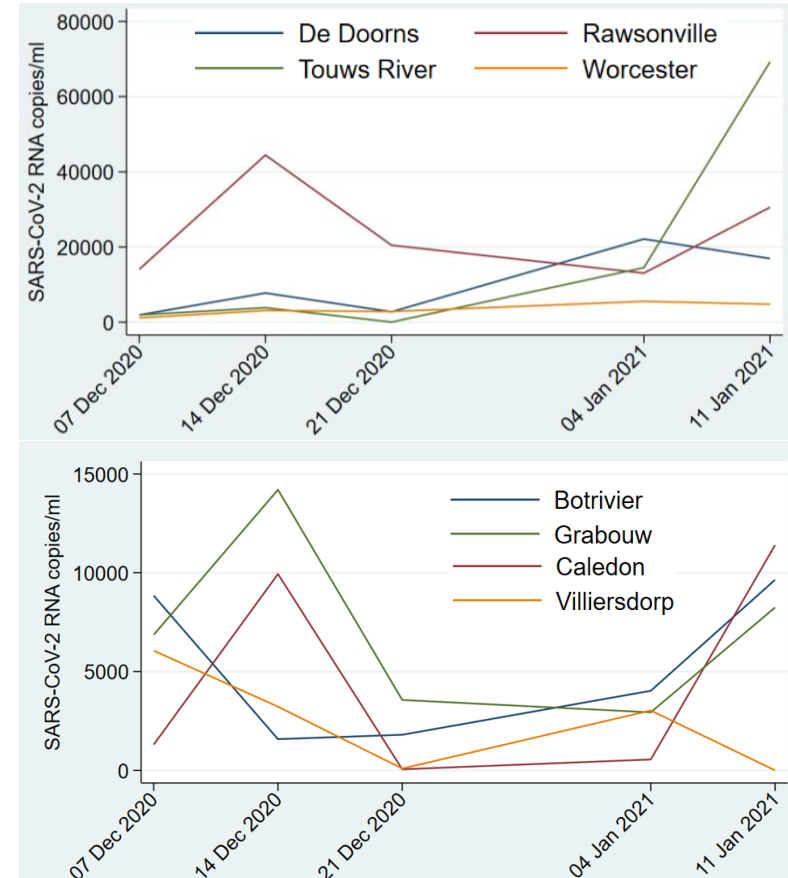
City of Cape Town, Breede Valley AND Overberg



Metro: Declines in SARS CoV-2 RNA signal at several sites with previous spikes but some increases noted in:

Athlone
Bellville
Cape Flats
Gordons Bay
Wildevoelvie

Also increase in airport pump station.



Breede Valley:

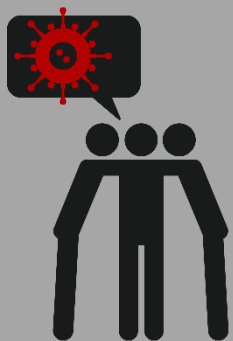
Noticeable increase in Touws River (highest levels to date) and Rawsonville

Theewaterskloof:

Increases in Caledon, Botrivier and Grabouw

18 January
2021

Surveillance Huddle Report



Surveillance Update – Monday 18 January 2021

Metro

KESS	<ul style="list-style-type: none"> Numbers are stabilizing
KMPSS	<ul style="list-style-type: none"> Nothing major to report. Numbers are stabilizing and no clusters at this stage. The third ward at Aquarius Hospital of Hope opened on Friday and we now have 116 patients altogether
NTSS	<ul style="list-style-type: none"> A decline in cases in both Northern and Tygerberg sub-districts has been noted Mostly household contacts as cases Retirement Villages with independent living units are problematic as clients move freely between the retirement village and the greater community
SWSS	<ul style="list-style-type: none"> Nothing major to report We are embarking on screening and testing at a few congregate settings We are supporting workplaces that have concerns

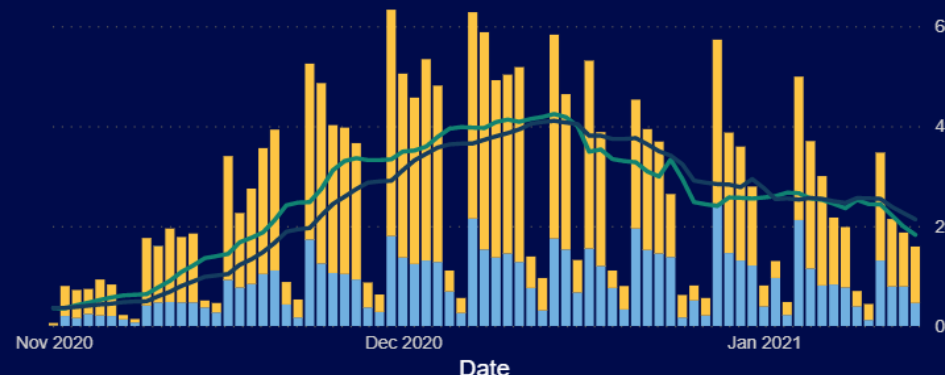
Rural

Cape Winelands	<ul style="list-style-type: none"> Mobile Test lab at Ceres Hospital – support with reducing the PUIs in the EC Hospital O2 supply stable Non COVID admissions– high burden
Central Karoo	<ul style="list-style-type: none"> Case numbers increasing Deaths increasing Identified lots of family clusters and “street clusters” – positive cases in the same street. Cluster outbreak at old age home in Beaufort West
Garden Route	<ul style="list-style-type: none"> Only Hessequa and Kannaland with problematic new numbers now, Hessequa starting to improve now Hospitals: Oudtshoorn and Riversdale remain at the same busy level, but manageable. Other district hospitals manageable. George Hospital shows decreased pressure for the first time in a long while. Overall, we are down from the peak, but numbers still not coming down nicely and now hovering at a level which is still quite high; i.e. every day sub-districts still getting ongoing \pm same number of new cases or slightly less; not sure what this means but is not re-assuring.
Overberg	<ul style="list-style-type: none"> Definite decline in positive cases since Friday Substantial number of patients currently hospitalized (\pm 87) in public and private hospitals (in the District and Metro hospitals) High numbers of healthcare workers infected (32 active cases currently)

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

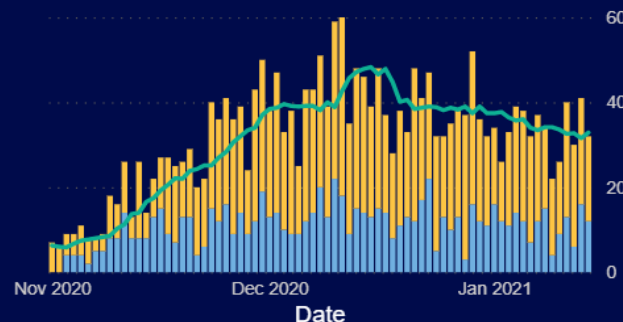
11/1/2020 1/14/2021

Date of Death

11/1/2020 1/11/2021

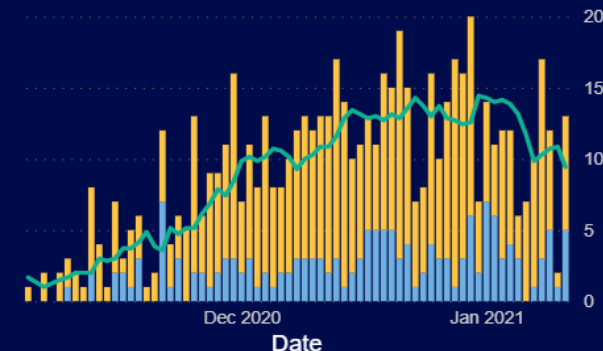
No. of Admissions and 7 Day MA by Date and Sector

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 clearly passed the peak of the second wave, and despite a short period of flattening of cases, has returned to a downward trajectory of new cases.

Cases and hospitalisations are on a downward trajectory.

For the first time since the peak in mid-December, George Regional Hospital is experiencing a decrease in service pressure.

The health platform COVID capacity

The health platform COVID capacity – general comments

1. PHC capacity:

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

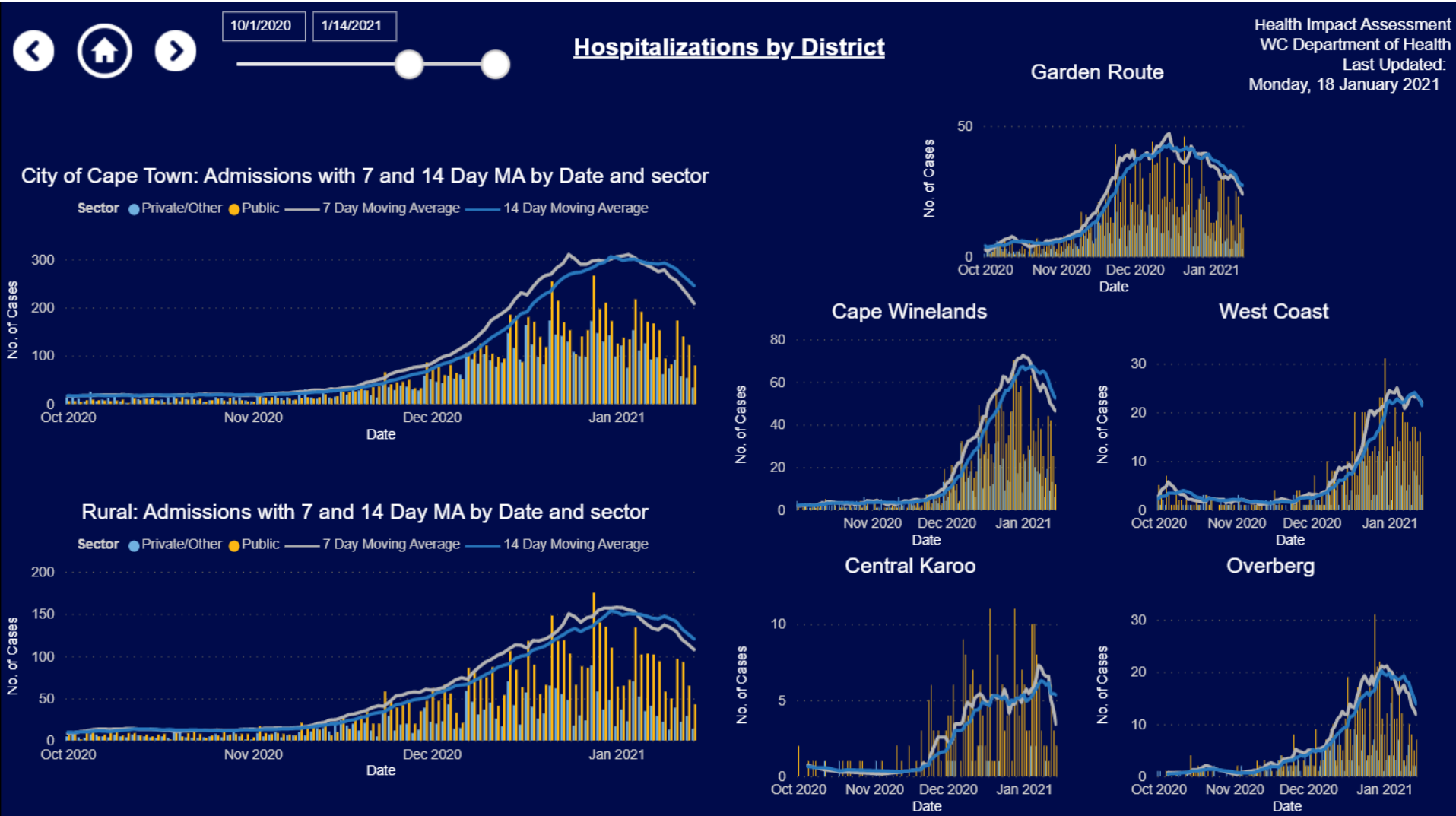
2. Hospital capacity:

- a) **7 659 total acute operational** public sector beds (excluding specialised beds at psych hospitals, TB hospitals, Red Cross hospitals, Mowbray Maternity hospital), for COVID patients.
- b) **626 inter-mediate care beds** in Metro provisioned: **336 Brackengate Hospital of Hope, 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**, in Paarl.
- d) We have **opened only 20 beds** of the potential additional **136 intermediate care beds**.

3. Fatalities management capacity:

- a) Mass fatality centre in the Metro has capacity for **240 bodies** [COCT had initially retained an additional 96 spaces but these were not needed]; currently **85 decedents (cumulative total of 1139 bodies)** admitted.
- b) Mass fatality **work group has successfully** co-ordinated capacity across the province.

Hospital Admissions By Health District (public and private)



Admissions across the Province have plateaued, and this is being experienced as a decrease in pressure in most hospitals across the system. Hospitalisations follow new infections, and the recent decline in new infections is another positive sign. We remain nervously optimistic, and will watch this data over the next week.

Acute service platform – general comments

1. Currently **3512 COVID patients** in our acute hospitals (**1977** in **public** hospitals & **1535** in **private** hospitals). This **excludes PUIs** and **cases in specialised hospital** settings.
2. COVID **hospitalisations** have begun showing a **plateau** whilst we continue to experience **psychiatric** pressures; **trauma** has **decreased significantly**.
3. The **Metro hospitals** are running at an average **occupancy rate** of **93%**; **George** drainage area hospitals at **60%**; **Paarl** drainage area hospitals at **76%** & **Worcester** drainage area hospitals at **67%**.
4. Occupancies in the COVID general beds however reflect the **COVID pressures** with **Metro** hospitals at **86%**; **George** drainage area hospitals at **51%**; **Paarl** drainage area hospitals at **78%**; **Worcester** drainage area hospitals at **55%**.
5. **COVID & PUI cases** currently make up **31%** 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 **299** patients (2 897 cumulative admissions), **Freesia & Ward 99** has **55 patients**, **Mitchell Plain Hospital of Hope** has **136 patients** and **Sonstraal** currently has **61 patients**.

Acute service platform – general comments

1. The **temporary tents** commissioned at the following hospitals: **Khayelitsha, Wesfleur, Mitchell's Plain, Eerste River, Helderberg, Karl Bremmer, Brackengate** – have been used for discharges mainly to ensure a **more rapid turn-around time** of the operational beds (Brackengate has two tents).
2. **EMS** and **DTPW Taxi service** have implemented an excellent **streamlined transport system** to assist with **inter-facility transfers** and **rapid discharges**, to optimise capacity across the platform.
3. Our data team has developed an integrated **daily hospital bed availability** and **utilisation dashboard**, which is also linked to **available staffing** and **oxygen capacity** at each of the hospitals, and across all 4 drainage areas in the Province.

Acute Care Availability & Utilisation per Drainage Area



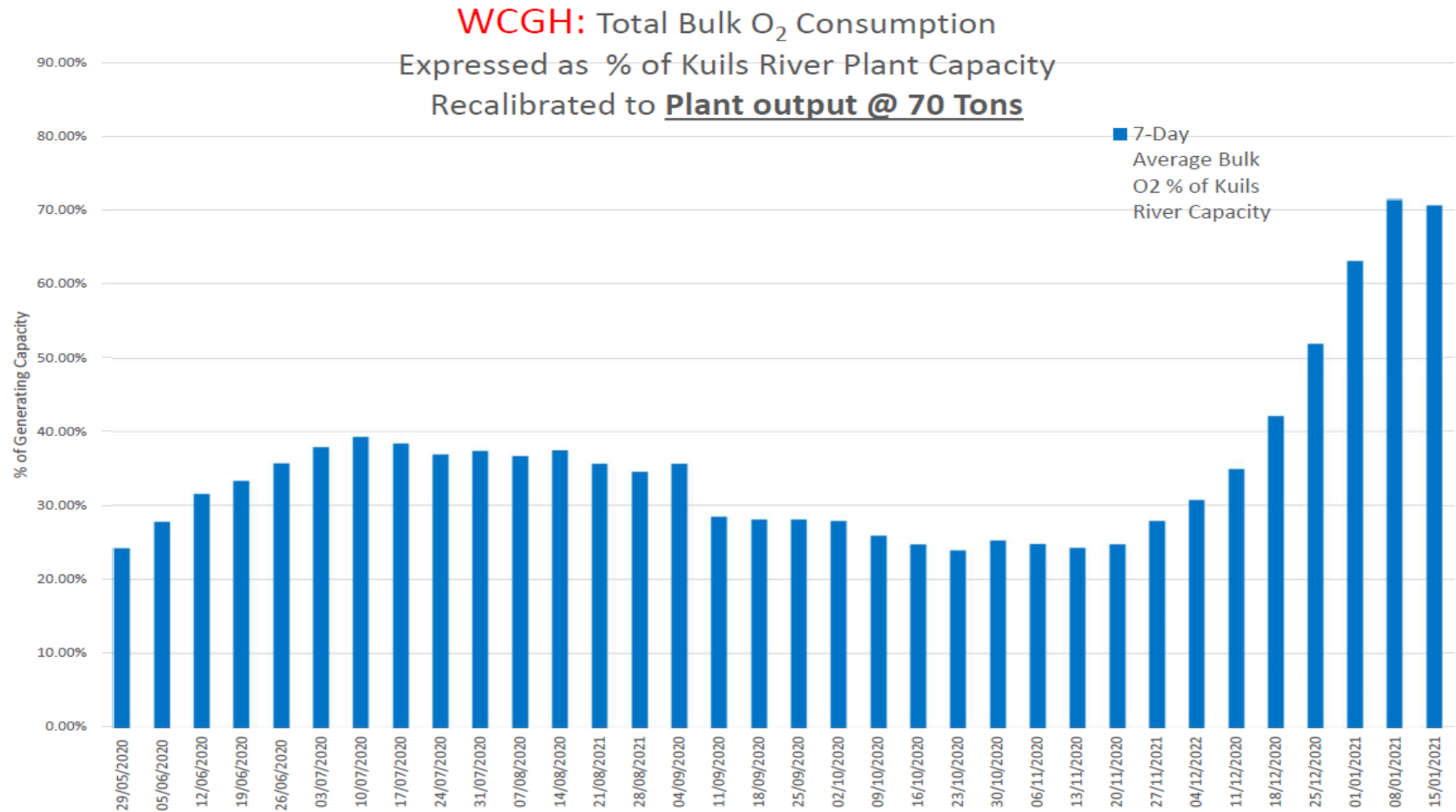
WCDOH: Daily Operational Bed Status Dashboard as at 18/01/2021

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	5 011	4 644	93%	86%	30%	86%	100%
George	895	537	60%	51%	30%	49%	75%
Paarl	970	739	76%	78%	34%	75%	133%
Worcester	783	526	67%	55%	38%	56%	37%
SubTotal WCDOH	7 659	6 446	84%	76%	31%	76%	83%

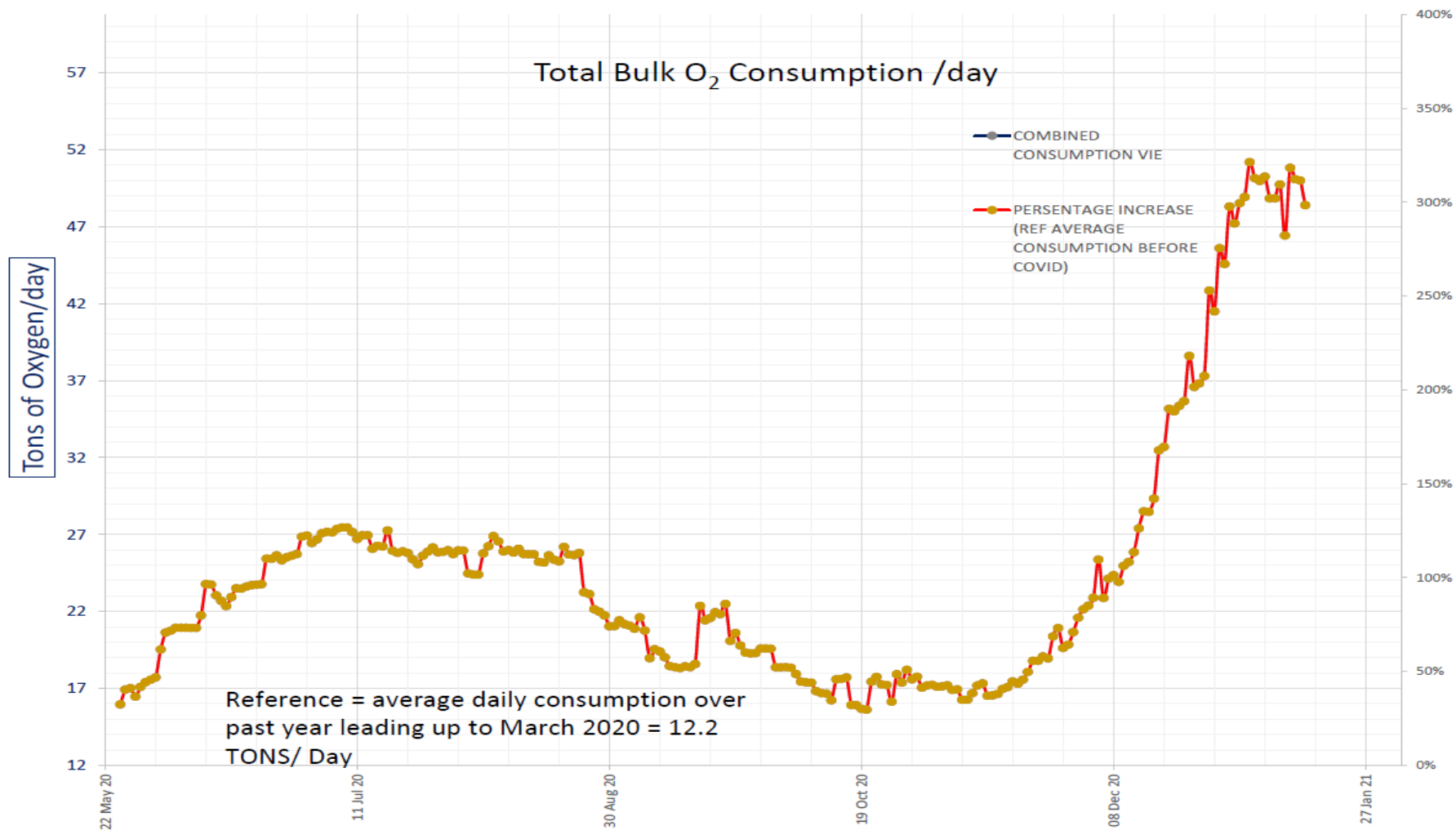
Excluding Specialised Hospitals e.g. Mowbray Maternity, Psychiatric Hospitals, etc

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

Provincial oxygen consumption at 70.56 % of total capacity



Total bulk oxygen consumption / day



Oxygen utilisation – general comments

1. The combined oxygen utilisation in the Western Cape Public and private hospital sectors is **72.8 tons/day** (after **a peak of 80 tons/day**).
2. Whilst Public sector hospital consumption is at **70.56%** of the Western Cape production capacity, the additional **29.44%** is used by the private sector – the **combined utilisation** has still **above the maximal production capacity** of **70 tons/day** at the Afrox Western Cape plant.
3. Afrox continues to bring **additional oxygen into the province daily**, to augment the provincial supplies. There is **199 tons in all hospital tanks** and the bulk store has **153 tons in reserve**.
4. The Western Cape now have **4 bulk oxygen tankers** allocated for the daily delivery of oxygen supplies during this week.
5. We will **continue to monitor the utilisation of oxygen** over the coming weeks, but are confident we have **stabilised the situation**.

Scaling down non- COVID capacity

Scaling down non-COVID capacity – general comments

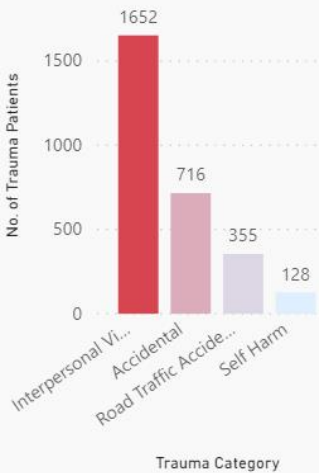
1. The recent regulations have had a significant impact on reducing **alcohol-related trauma**, especially in the **emergency centres** and in **critical care**.
2. The **psychiatric pressures at acute hospitals** have also resulted in the need to bring on line **additional beds at psychiatric hospitals** to further decongest the acute hospital platform.
3. The **de-escalation** of all other **non-COVID PHC and hospital care activities** has been managed actively across all hospitals on the service platform over this period.

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



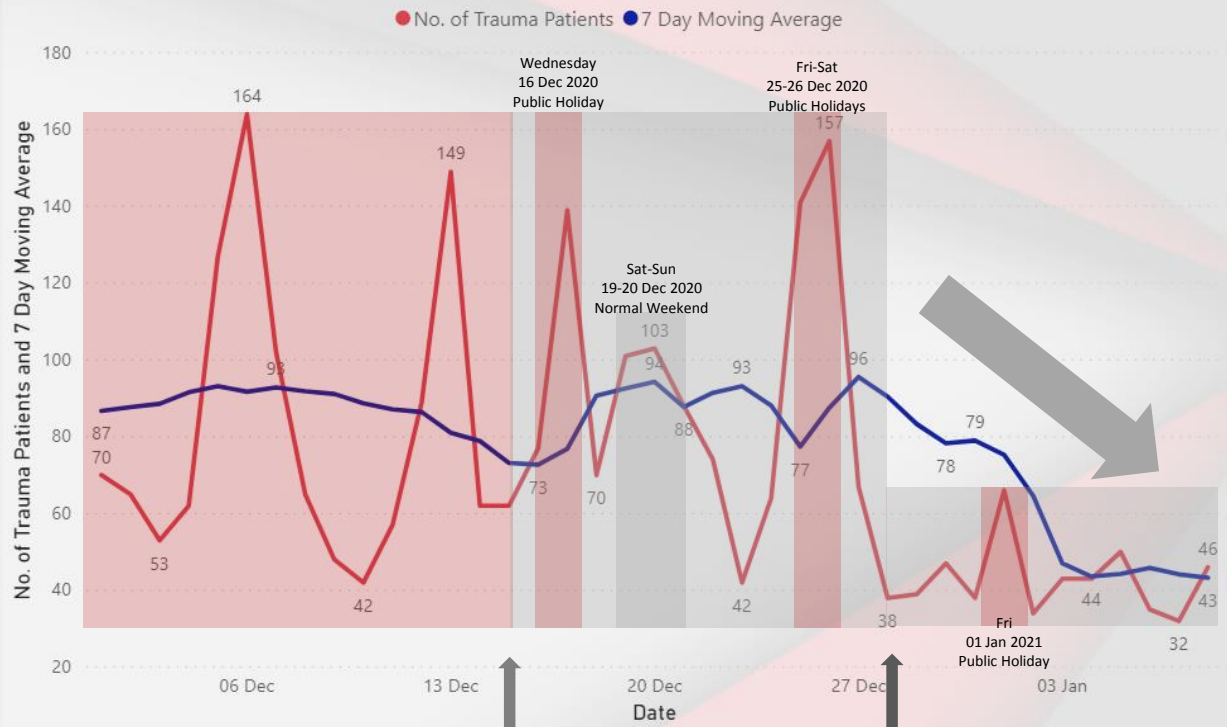
Date

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

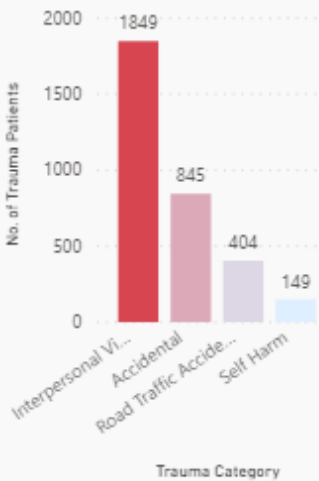
28 Dec 2020

Alcohol ban reinstated

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

Overview of the impact of recent alcohol regulation changes on trauma presentations (01 Dec 2020-17 Jan 2021)

No. of Trauma Patients by Trauma Category

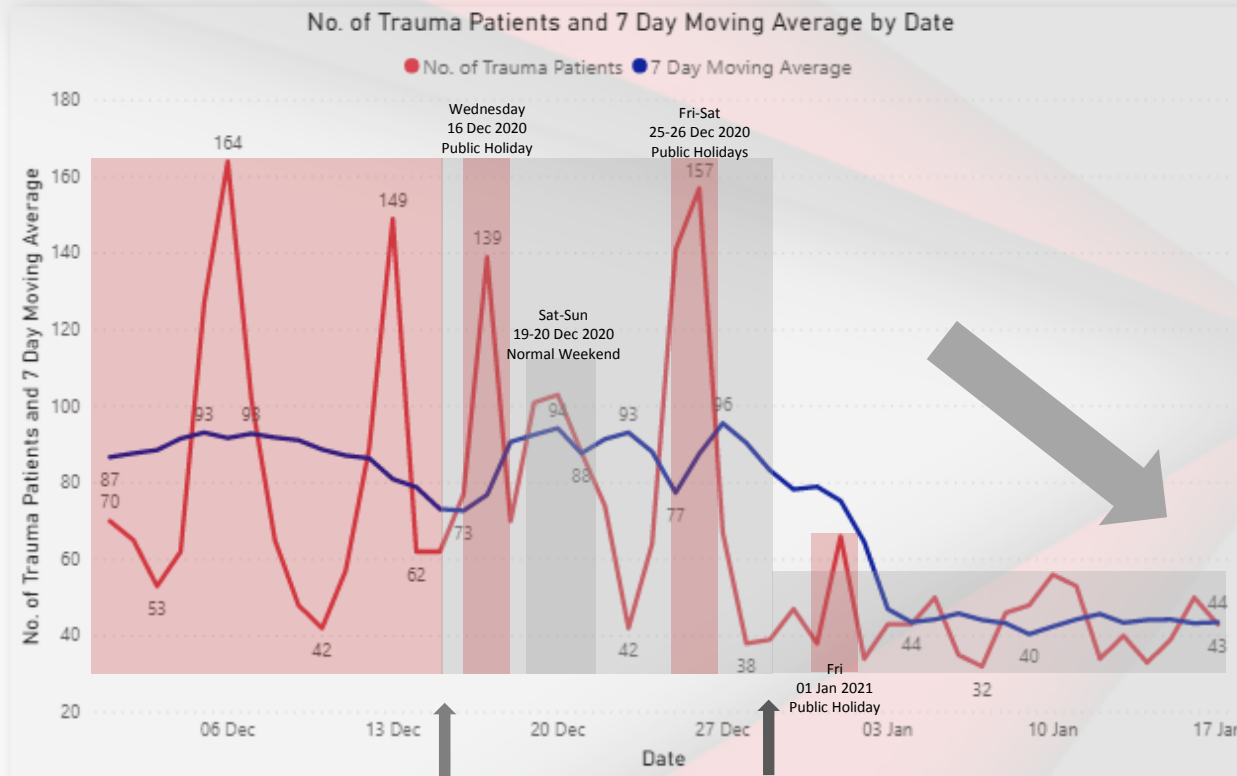


Date

1/12/2020 17/01/2021

WC Sentinel Trauma Report

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



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

Since the reinstatement of the alcohol ban we see trauma presentations consistently remain low relative to the period just before the ban.

Safe-guarding well-being of health care workers

Safe-guarding health care workers – general comments

1. The biggest challenge is the high **COVID infection rate** amongst health care workers, and the impact on **staff member isolation**.
2. The **availability** of additional staff members for **voluntary work, contract work** and **via agencies** is also a significant challenge.
3. There is **sufficient PPEs across all the health facilities**, and in central storage, with additional orders being placed in recent weeks.
4. The system to provide **on-site support to frontline staff** in terms of **mental well-being** is being **scaled-up**.
5. We have started an **intentional process** of **grieving and healing** for all health care workers, after the significant **emotional and mental trauma** experienced.

DEPARTMENTAL OVERVIEW

HEALTHCARE WORKERS INFECTED WITH COVID-19 -DAILY TRENDS

Totals as at 18 Jan 2021

Cumulative Infections

8,367

-



7,469

-



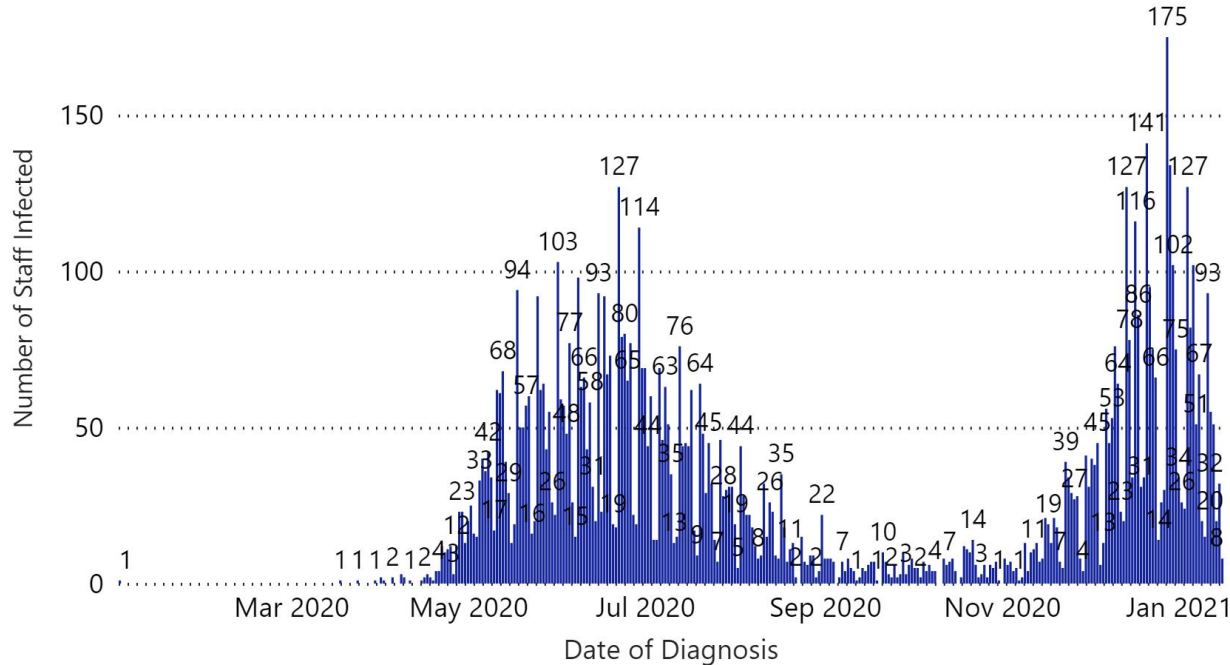
102

=

Active Cases

796

Daily Staff Infection Trends



Doctors



62

Nurses



345

Radiographers



20

Pharmacists



4

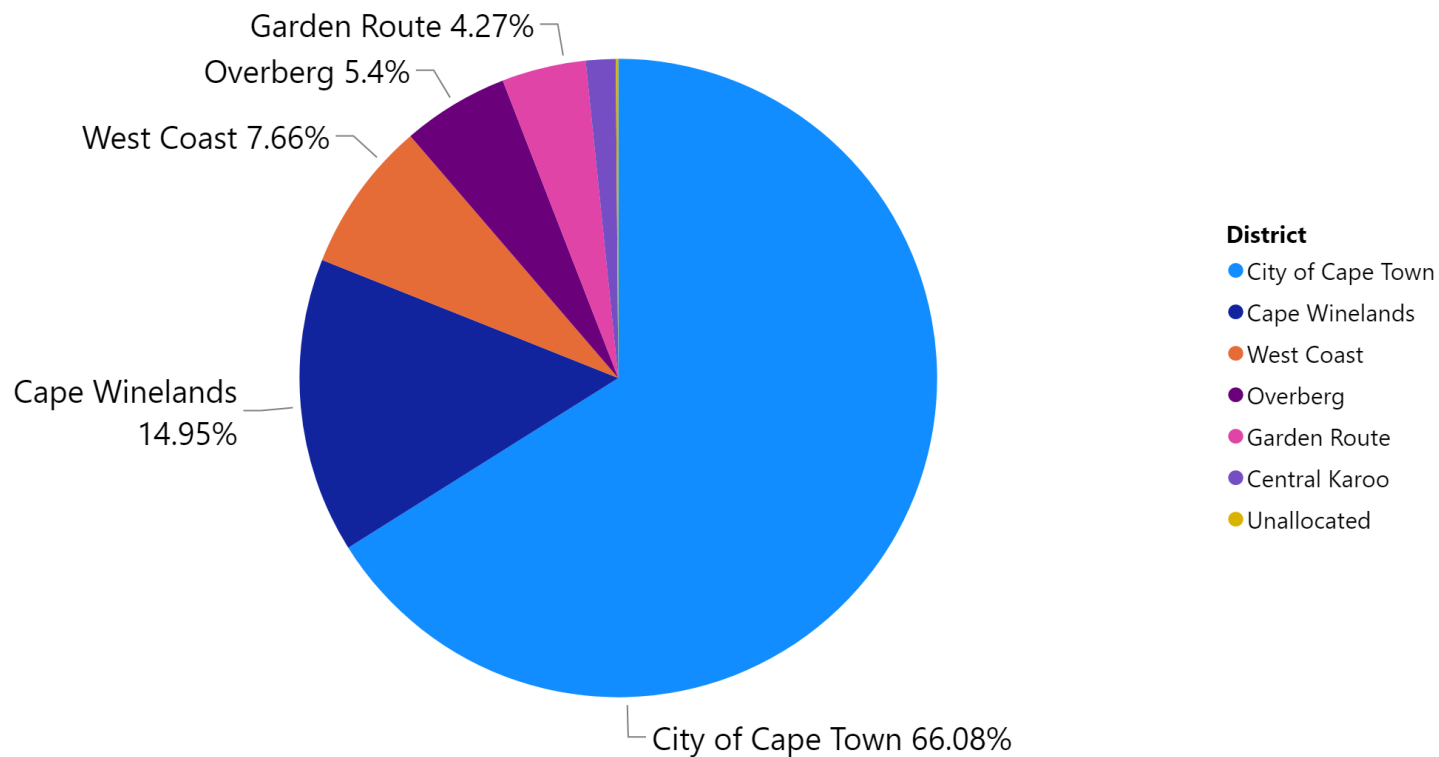
Other
Categories



365

DISTRIBUTION OF ACTIVE CASES PER DISTRICT

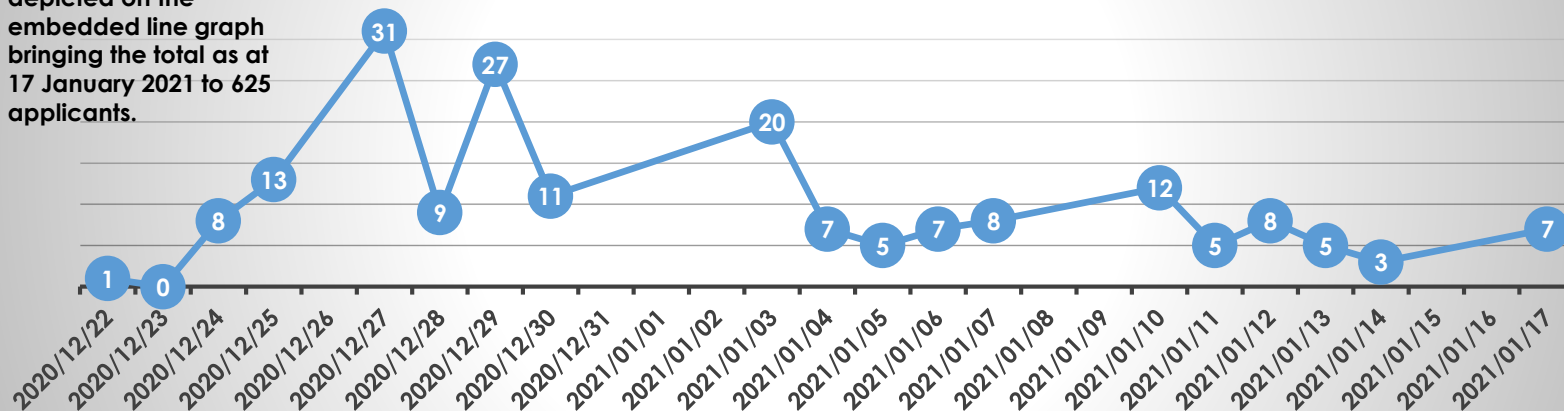
District	Staff Infected
Cape Winelands	119
Central Karoo	12
City of Cape Town	526
Garden Route	34
Overberg	43
Unallocated	1
West Coast	61
Total	796



High Level Summary on Recruitment Drive

The day-on-day registrations on the recruitment system are depicted on the embedded line graph bringing the total as at 17 January 2021 to 625 applicants.

Number of new entries on the Recruitment Drive



Category of HCW	Possibly Available	Appointed on PERSAL
MO	143	18
Enrolled Nurse(EN)	97	11
Enrolled Nursing Auxiliary (ENA)	114	10
Not Indicated	26	4
Professional Nurse	130	30
Professional Nurse with Specialty	34	8
	544	81

Institutions have made 529 Offers to the following categories of staff:

OSD-Category Rank/Post	Reserved Posts
Allied Health	10
Doctors	36
Nursing	469
Pharmacists	1
Pharmacists-Assistant	1
Social Workers	1
Admin and Related	11
Grand Total	529

Of the 529 offers made, 81 were recruited from the Recruitment Drive and the balance were recruited from internal sources at Institutional level.

Vaccine Strategy

Introductory Comments - Vaccines

1. The **vaccine** is 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. We are informed that the **country is on track to acquire** from the Serum Institute of India **1 million doses** of the **Covishield vaccine (which is similar to the A-Z 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. An **Implementation Framework** has been finalised.

South African Framework



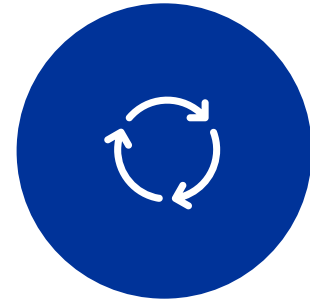
SCIENCE

Evidence-informed
Availability of vaccine
Need for a vaccine



ETHICS

Equity & justice
Transparency
Maximize benefit
Minimize harm



IMPLEMENTATION

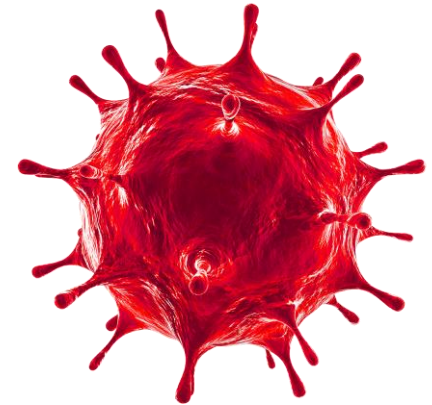
Logistics
HCW training
Surveillance
Data plus M&E

Vaccines – the scientific facts

1. Most effective health intervention after provision of safe water
2. Have saved millions of lives
3. We give them to our children, use them when we are injured (e.g. tetanus vaccine) and when we travel (e.g. yellow fever vaccine).
4. Now we can use them to ease and end the COVID-19 pandemic.

Aims of COVID-19 vaccine in South Africa

1. Prevent severe illness and death
2. Reduce transmission
3. Protect our health system



Vaccines licensed for COVID-19 (January 2021)

Characteristic	ChAdOx1-nCoV19	BNT 162b2	mRNA-1273
Developed by	University of Oxford/ Astrazeneca	BioNTech/ Pfizer	Moderna
TradeName	Covishield	Comirnaty	Name pending
Vaccine type	Adenovirus vector	mRNA-based	mRNA-based
Storage temperature	Standard fridge	Ultra-cold freezer	Standard freezer
Shelf life	6 months	6 months (5 days in a standard fridge)	6 months (1 month in a standard fridge)
Approximate cost	\$4	\$20	\$15-25
Availability	Wide through partnerships with 10 major pharma manufacturers	Limited availability in Africa in 2021	No availability in Africa in 2021
Dosing schedule	Two shots 4 weeks apart	Two shots 4 weeks apart	

ChAdOx1-nCov19 vaccine best choice for wide-scale use in South Africa

Our first 1.5 million doses have been secured from the world's largest vaccine manufacturer: The Serum Institute of India

ChAdOx1-nCov19 vaccine reduced symptomatic test-positive cases by 70% in 11 636 participants

30 people who got the COVID vaccine developed COVID-19



 Confirmed COVID

101 people who **did not get** the COVID vaccine developed COVID-19



No-one who received the vaccine developed severe COVID, needed to be hospitalised or died

30 people who got the COVID vaccine developed COVID-19



101 people who **did not get** the COVID vaccine developed COVID-19



 Confirmed COVID

 COVID requiring hospitalisation

 Death from COVID-19 (following hospitalisation)

What can be expected from the vaccine?

Common side effects

- Discomfort at injection site: upper arm (common)
- Flu-like symptoms: resolves within 4-5 days (common)

Note: This is your body's immune system reacting to the vaccine and is not COVID. The vaccine will not give you COVID.

Protection

- Against symptomatic COVID, particularly severe COVID and death
- Best 3 weeks after 2nd dose of vaccine (but some protection immediate)

Continued use of masks and social distancing

- Until more is known about asymptomatic transmission

Phases and Prioritisation Groups

Phase I

- **Health Care Workers :**
 - Public & Private Health Sectors
 - Care Workers
 - CHWs
 - Health Science students
 - Traditional Healers

- **Estimated target:**
 - 105 000

Phase II

- Essential Workers
- Clients in congregate settings
- Older than 60 Years
- Older than 18 yrs with Co-morbidities

- **Estimated target :**
 - 2m

Phase III

- Older than 18 years

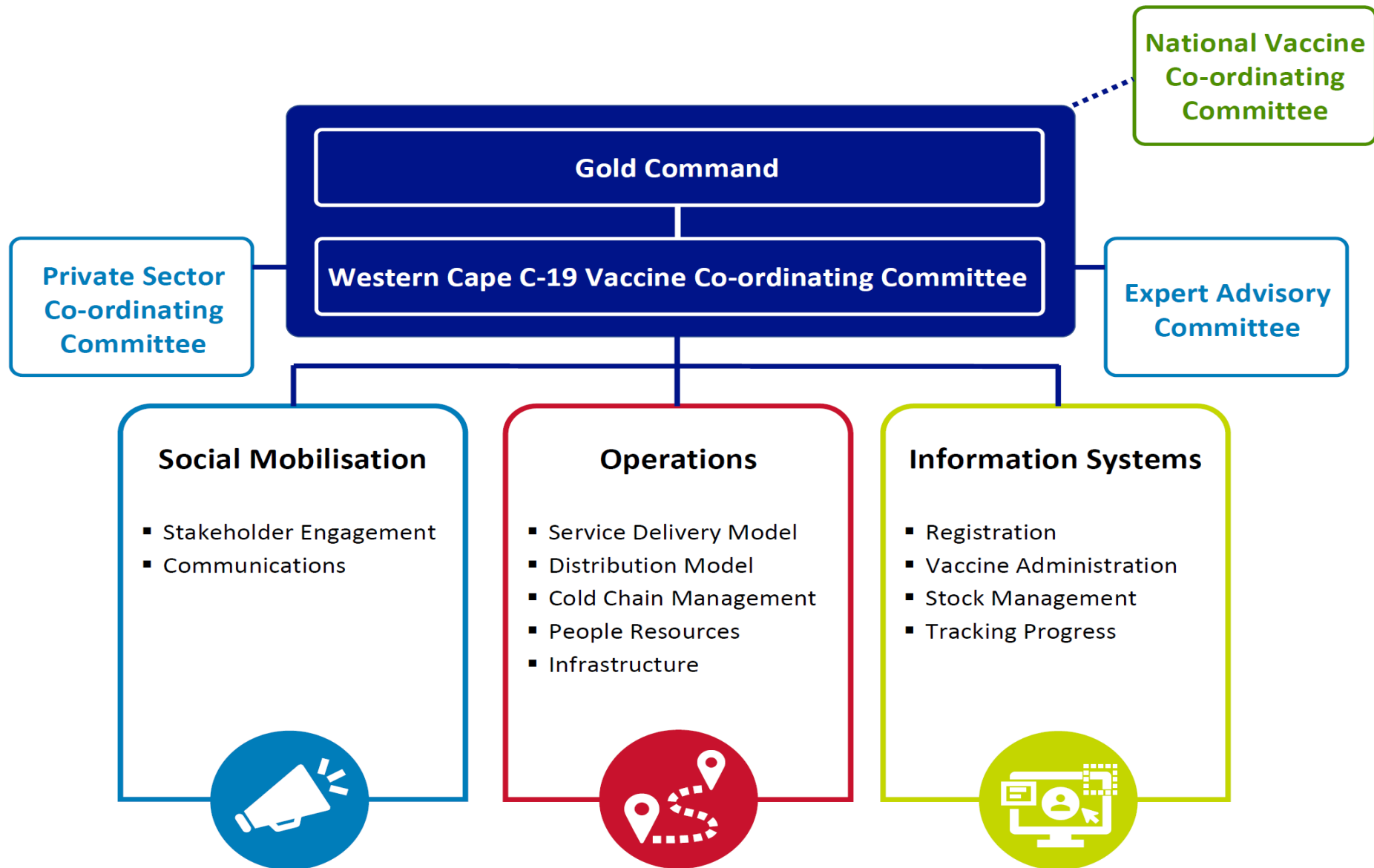
- **Estimated target :**
 - 3m



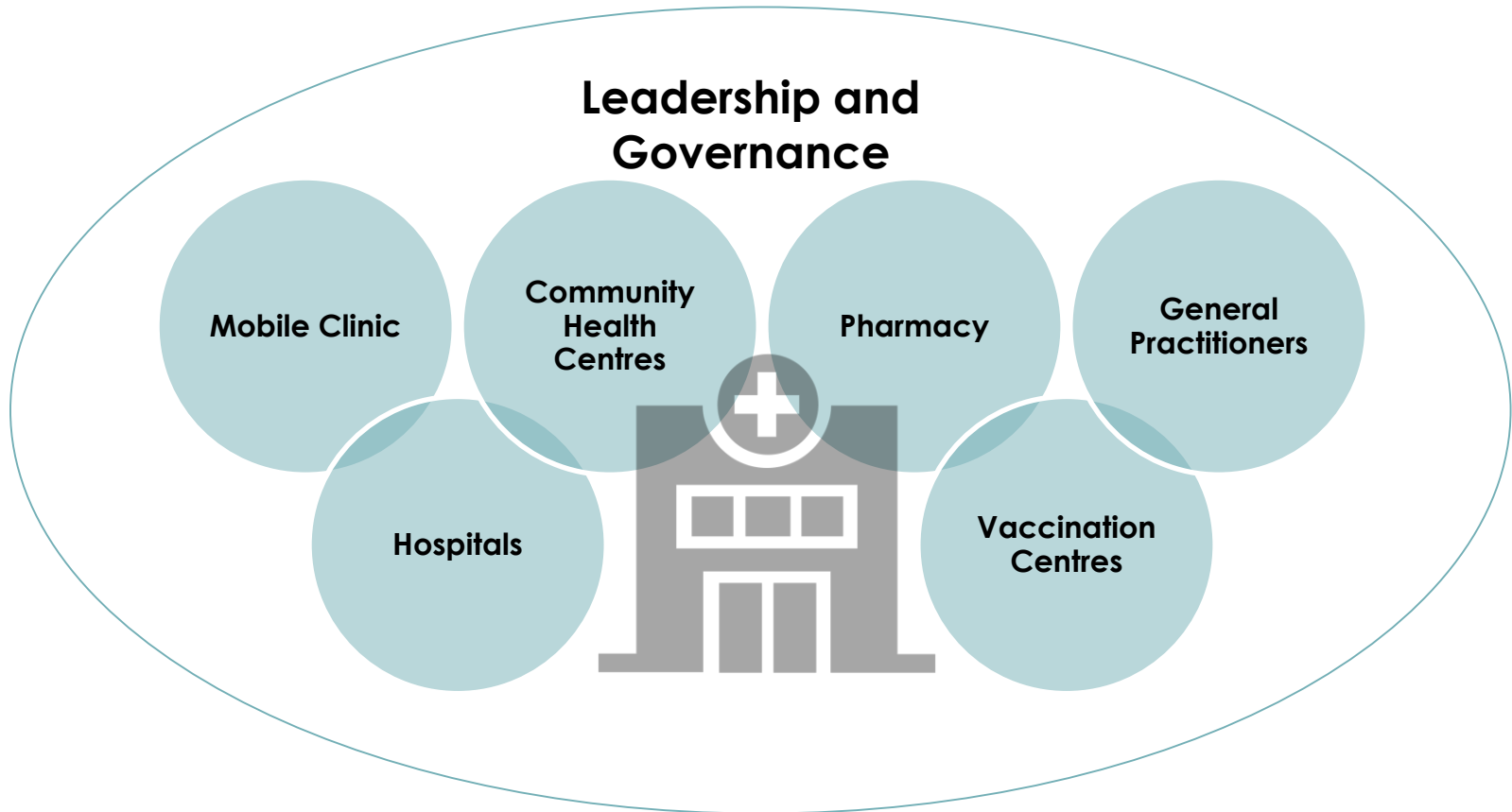
Estimating the scale of the roll out programme

PHASE	TARGET GROUP	No. of PEOPLE ³
Phase 1	Health Workers	103 535
Phase 2	Essential workers	99 582
	Congregate living settings	26 800
	People 60 years and over	723 168
	People 18-59 years with co-morbidities	1 149 582
Total number of people to be vaccinated in Phase 2		1 964 250
Phase 3	People 18 years and older not included in the previous 2 phases	2 907 096
Total number of people to be vaccinated in the province		5 010 563

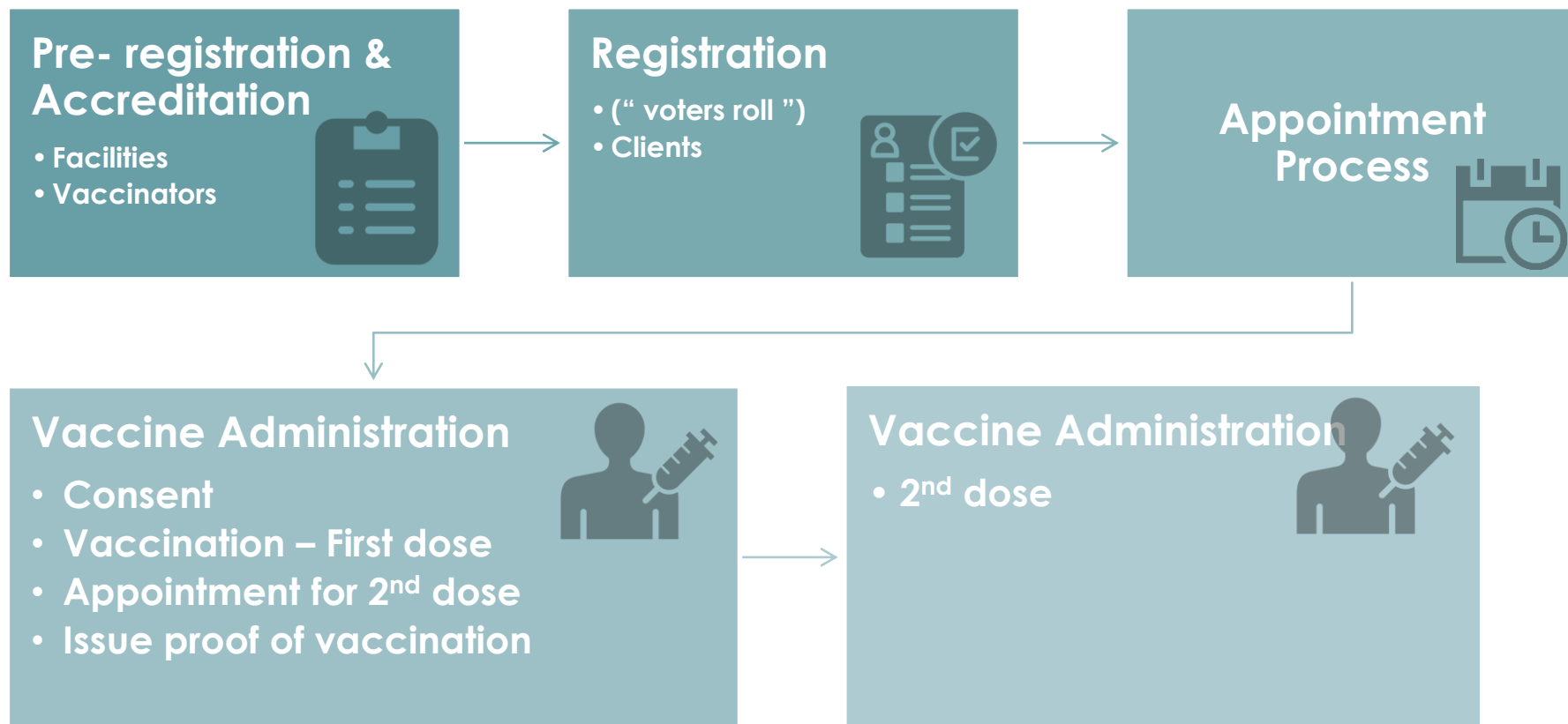
Governance Arrangements



Geographic based service delivery model



Functional processes



Communication & Messaging

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

2. **Focus Areas:**

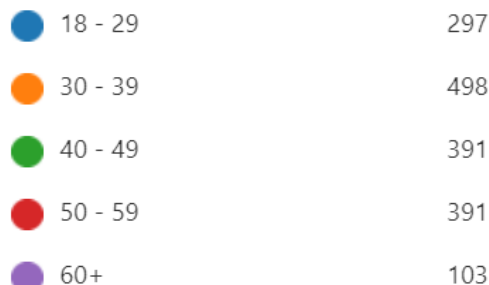
- a) Motivating people and all sectors of society - “**lets unite to vaccinate**” - mass social mobilisation
- b) Build “**vaccination confidence**”:
 - Address **medical concerns** - efficacy, new variant, etc.
 - Address **religious** and **cultural concerns**
 - Address **mis-information**
- c) Logistics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

Staff Readiness: Rapid Poll Results

Number of respondents at the time of Report: **1680**

2. Age

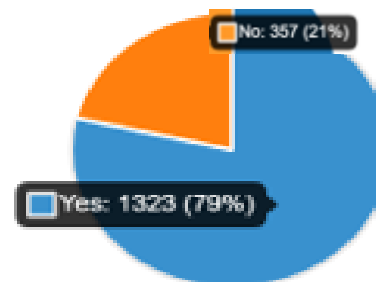
[More Details](#)



3. Are you a Frontline Worker (direct contact with clients / public / patients)?

[More Details](#)

[Insights](#)

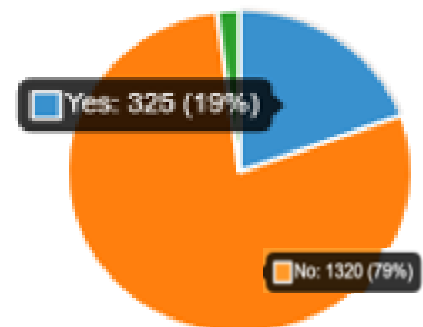


Staff Readiness continued...

4. Have you tested positive for COVID-19 in the past 6 months?

[More Details](#)

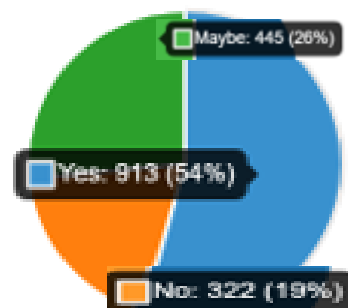
Yes	325
No	1320
N/A	35



5. If you were offered a COVID-19 vaccine would you take it?

[More Details](#)

Yes	913
No	322
Maybe	445



What influenced your decision – YES to the Vaccine (Q5)

Trust..

- In the science
- In the healthcare system
- The government won't harm the public
- Evidence backed by vaccine trials – Immunised as a child, Vaccines work
- Research show positive international responses to the vaccine

It is the only solution!

- Risk of Covid complications worse than possible side effects

Optimism and Hope that :

- The suffering will stop
- Protection for my family/colleagues
- Frontline workers will not get infected and enable us to protect the community
- Life can go back to normal
- Stop adding another burden of disease
- Reduce mortality
- Achieve herd immunity
- Fear for further infections and dying

General Comments - Vaccines

1. The Department is focussed on **getting ready to implement the vaccine roll out** with an **immediate priority** being **HCWs in Phase I**.
2. Over and above the procurement of vaccines, the **National Department of Health** is providing programme implementation support on multiple fronts including **training, clinical protocols, information systems**.
3. Vaccination **does not replace the need for NPIs** like **mask wearing, social distancing and hand washing**, for the foreseeable future.
4. We call on the **public and all stakeholders to join us** on this most critical collective intervention – **“Lets unite to vaccinate”**
5. This is going to be **collective effort** between the **WCGH, COCT, the private sector** and **our partners** such as organised labor, HEIS and **civil society**.
6. The Department is committed to provide the **public information** on an **ongoing basis** on **our readiness and progress** with the roll out programme.

Key public messages for coming months

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 clear signs that **we have passed the peak** of the **2nd wave** in the Western Cape, with **early signs of easing of pressures**.
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 **pressurised situation**, and the need to **continued vigilance** to **reduce new cases** over the coming weeks.
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 **mental and emotional strain**. We have started an **intentional process** of **grieving and healing**.
7. It is essential to maintain a **strong focus on behaviour change** to ensure containment for the **coming months**, as we gear up access to **vaccines**.

Thank you