



**Western Cape
Government**

Health

DIGITAL CONFERENCE

Health Update

Dr K Cloete

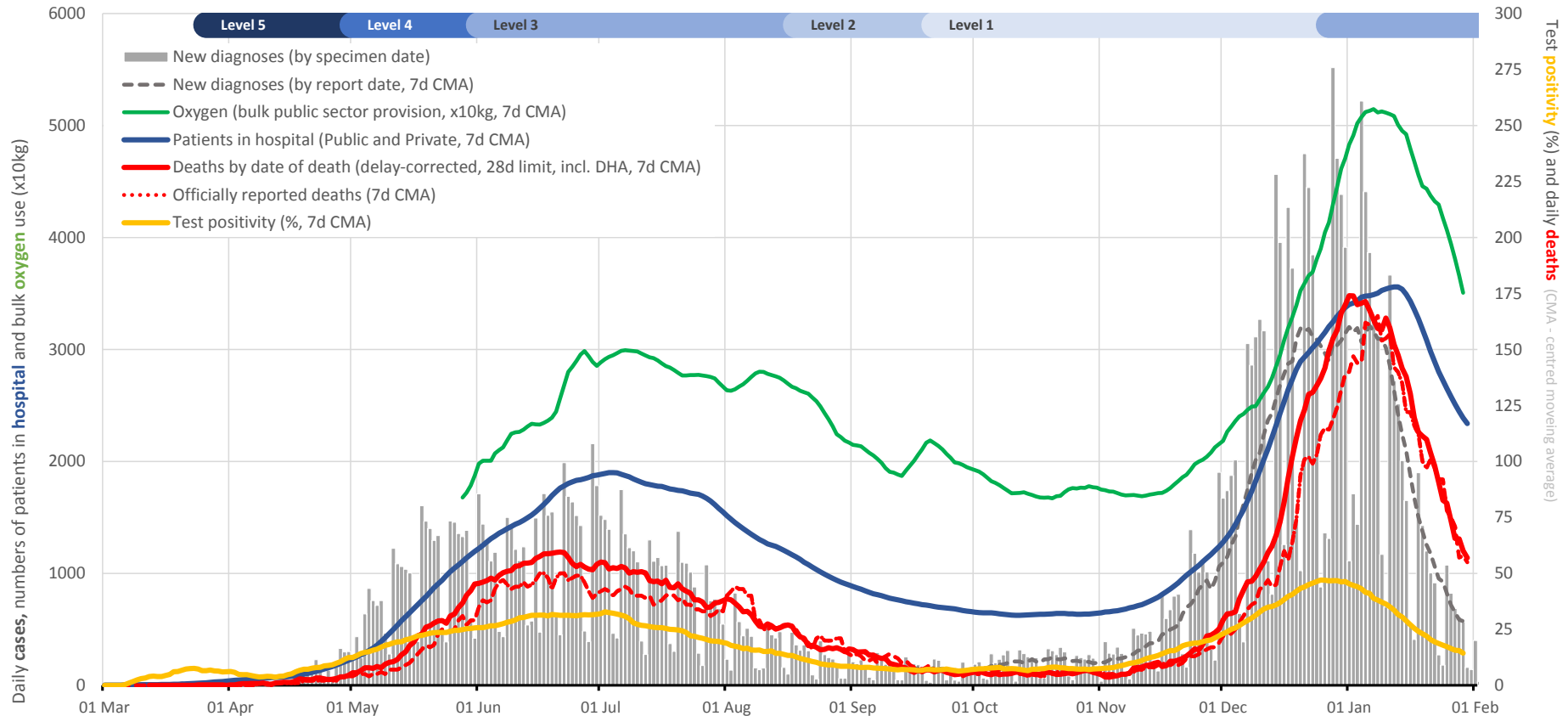
4 February 2021

Overview

1. Surveillance & Response Update
2. Health platform COVID response
3. Well-being of health care workers
4. Vaccine strategy
5. Conclusions

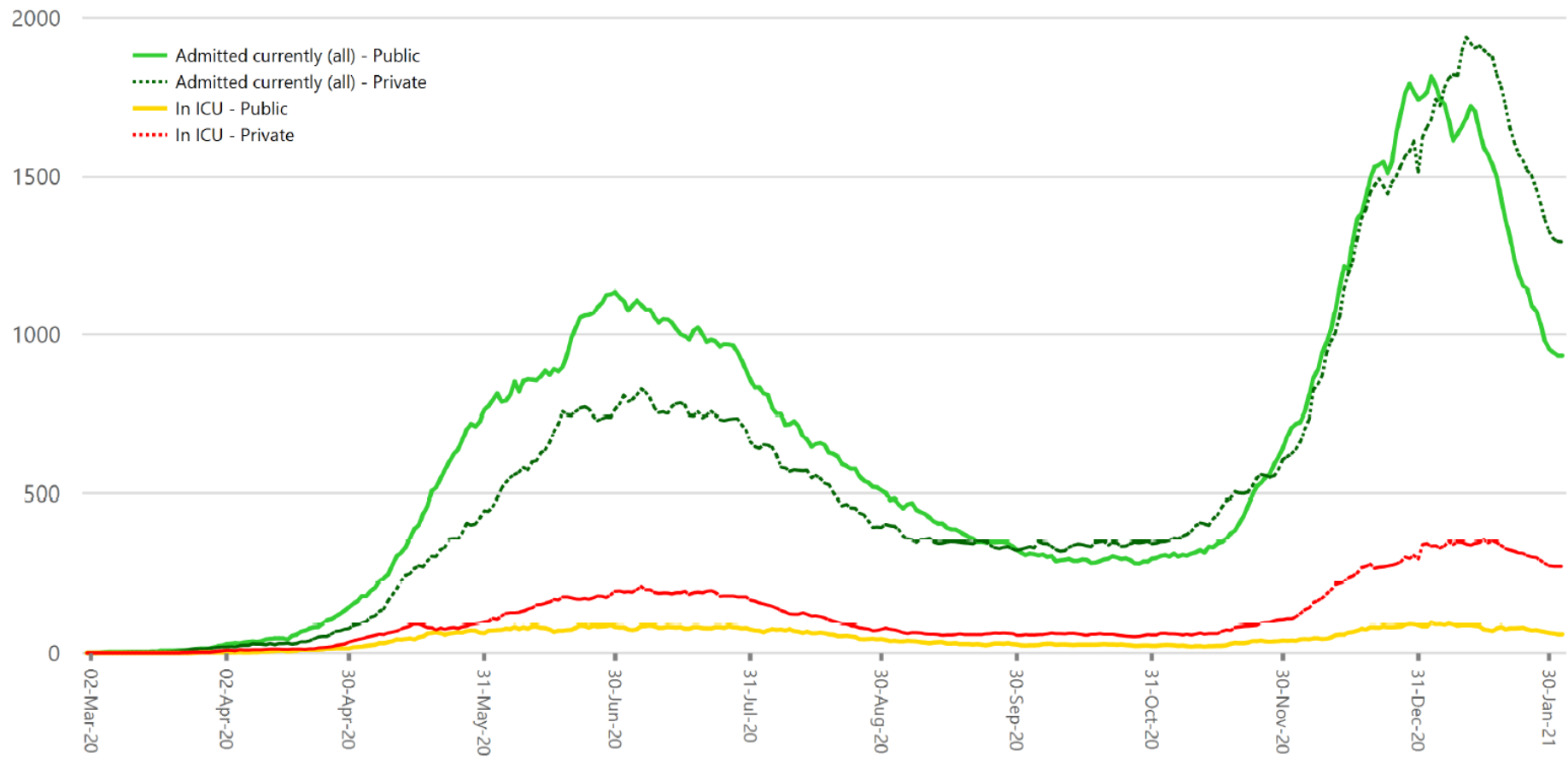
Surveillance & Response Update

Integrated testing, case, hospitalisation and mortality trends



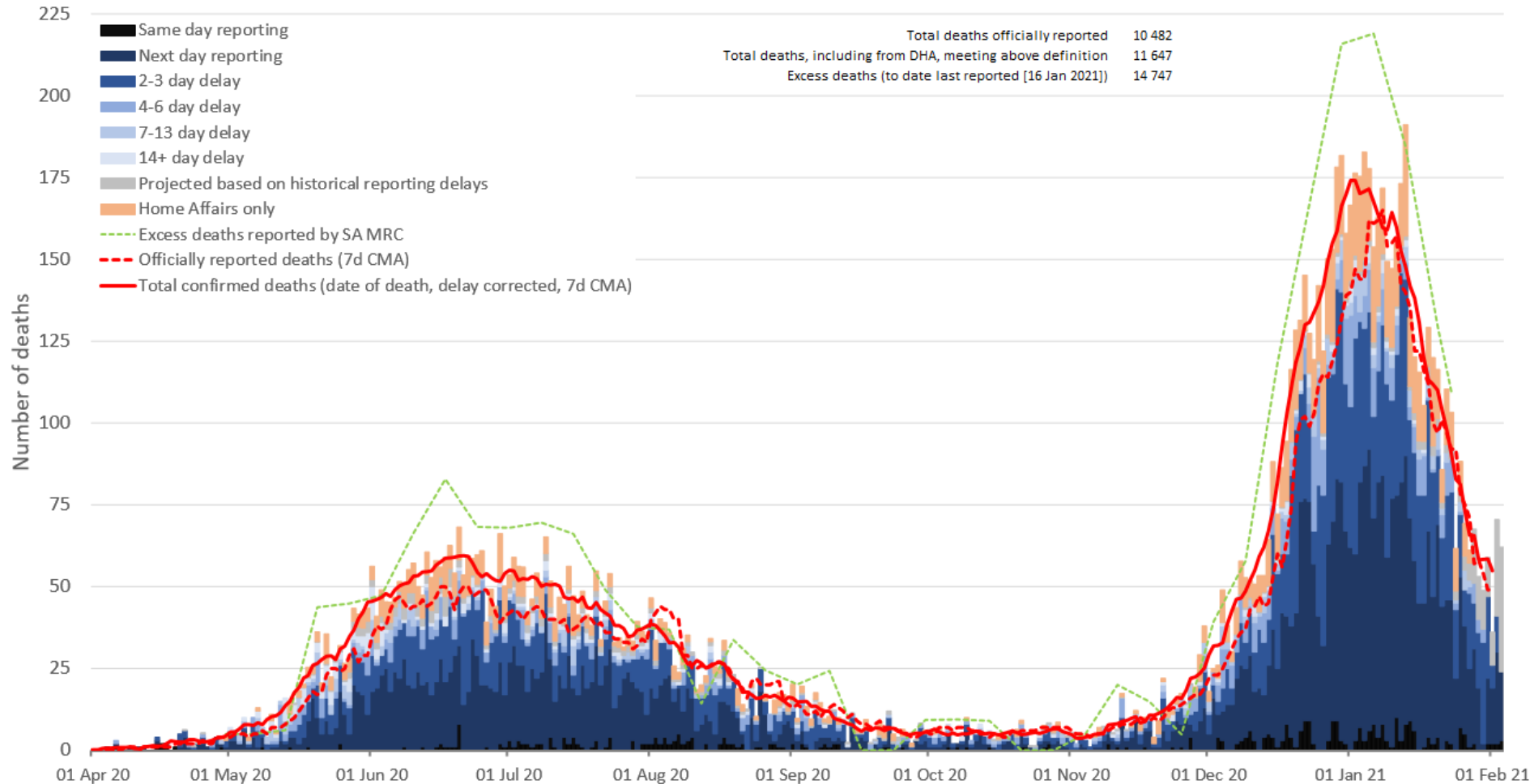
Hospitalisation trends of patients with confirmed SARS-CoV-2

(including specialised hospitals, excluding PUIs)



Mortality by date of death

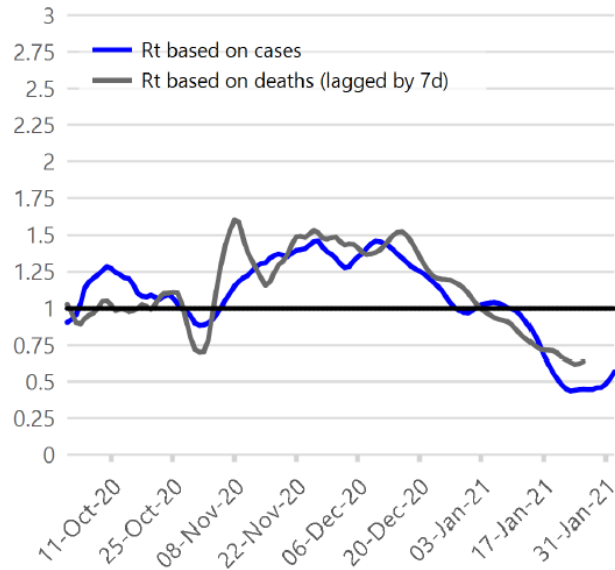
Mortality in patients with laboratory-confirmed SARS-CoV-2, by delay to reporting*
(within 28 days of diagnosis or 14 days of discharge, by date of death, excluding non-natural deaths on population register)



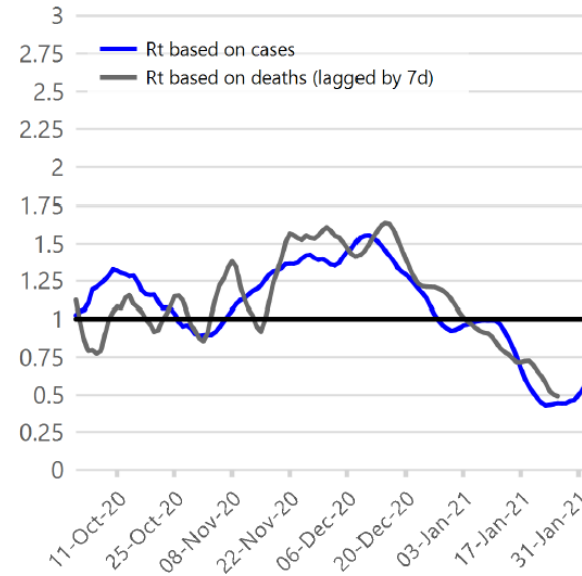
* Excludes patients who die following clinical diagnoses of COVID-19 in spite of absent or false negative SARS-CoV-2 test results, and those without recorded ID numbers dying at home or in ambulatory or emergency room care
CMA - centred moving average

Current reproduction number

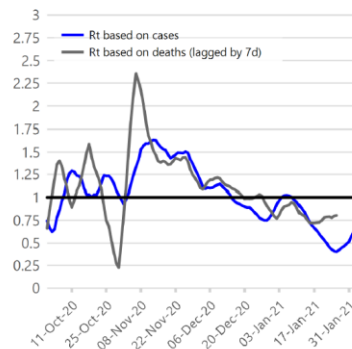
Province



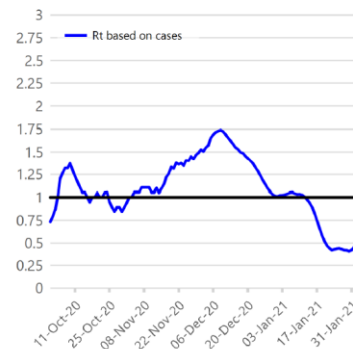
Metro



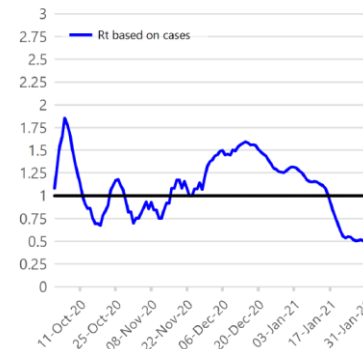
Garden route



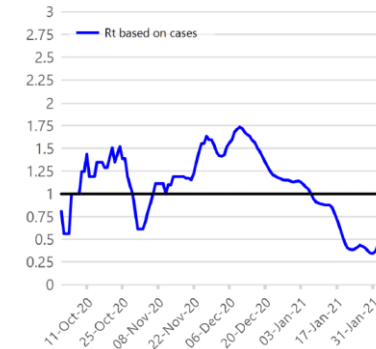
Cape Winelands



West Coast



Overberg



Approximated based on smoothed doubling times



Provincial Resurgence Overview



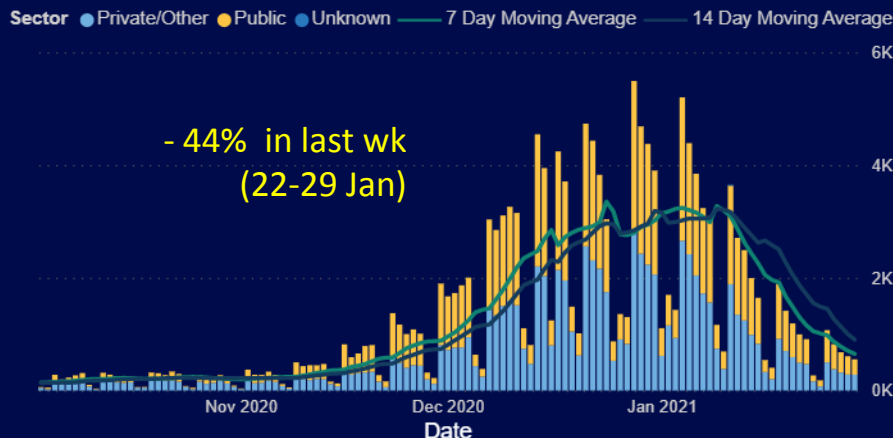
Health Impact Assessment
WC Department of Health
Last Updated:
Tuesday, 02 February 2021



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

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



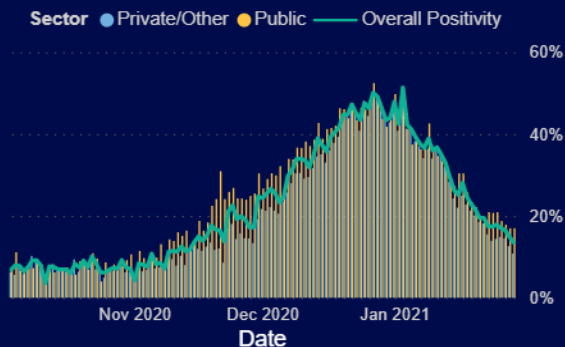
Date of Diagnosis

10/3/2020 1/29/2021

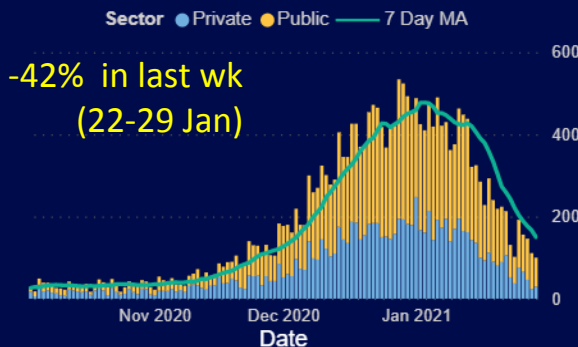
Date of Death

10/3/2020 1/26/2021

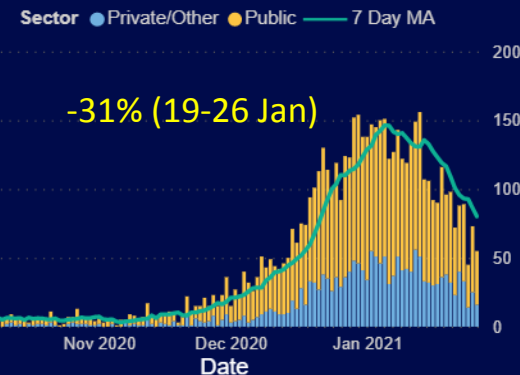
Proportion Positive and Overall Positivity by Date and Sector



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



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

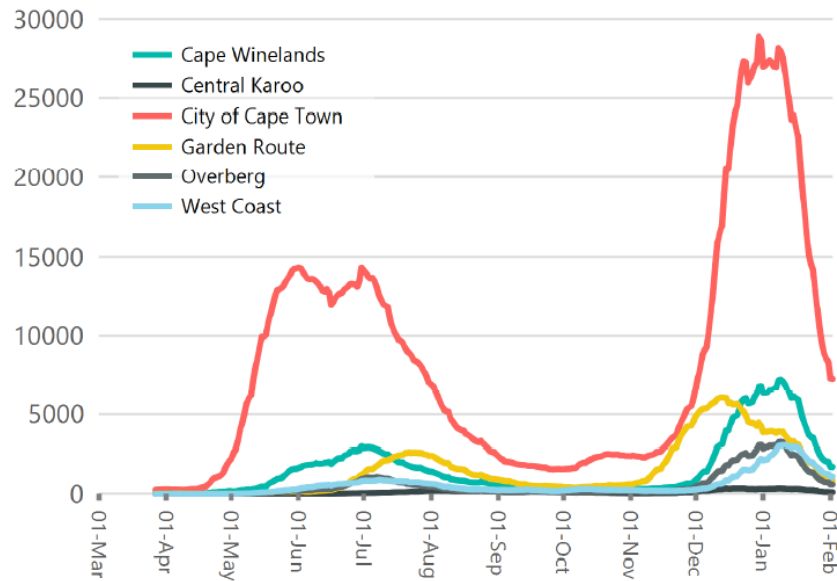


Provincial Overview

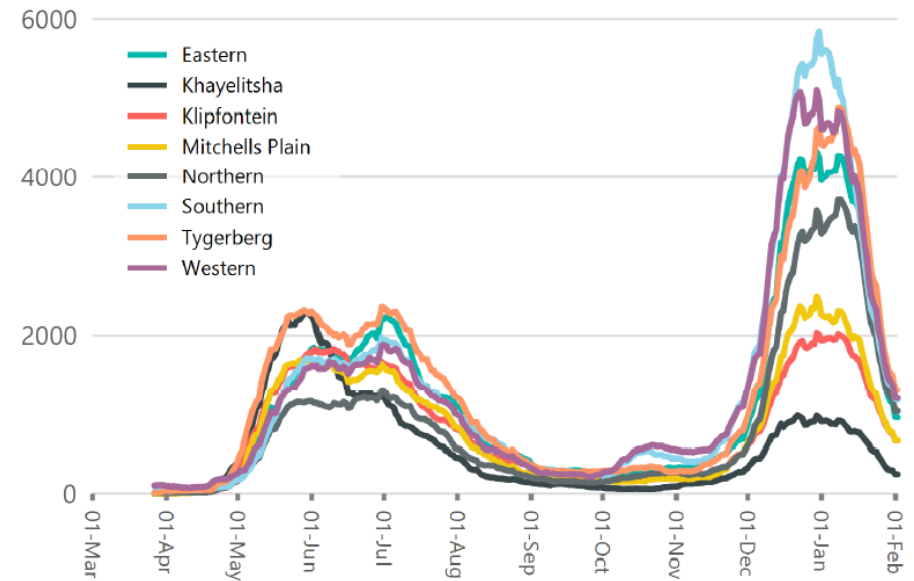
- The Western Cape continues its downward trajectory following the peak of the second wave in early January 2021.
- Using 7 day moving averages, confirmed cases have declined a further 44%, while admissions and deaths have dropped by 42% and 31% respectively.
- The proportion positive has dropped further to 13.47% on 29 January 2021.
- The province is heading towards levels seen prior to the second wave (late October) and may reach this at some point next week.
- While all data are pointing downwards, and we are relieved, we must take note that admissions and deaths are still high. The health system is still under pressure and everyone in the Western Cape is still at risk.

Active cases

Districts



Cape Town subdistricts





10/3/2020

1/29/2021

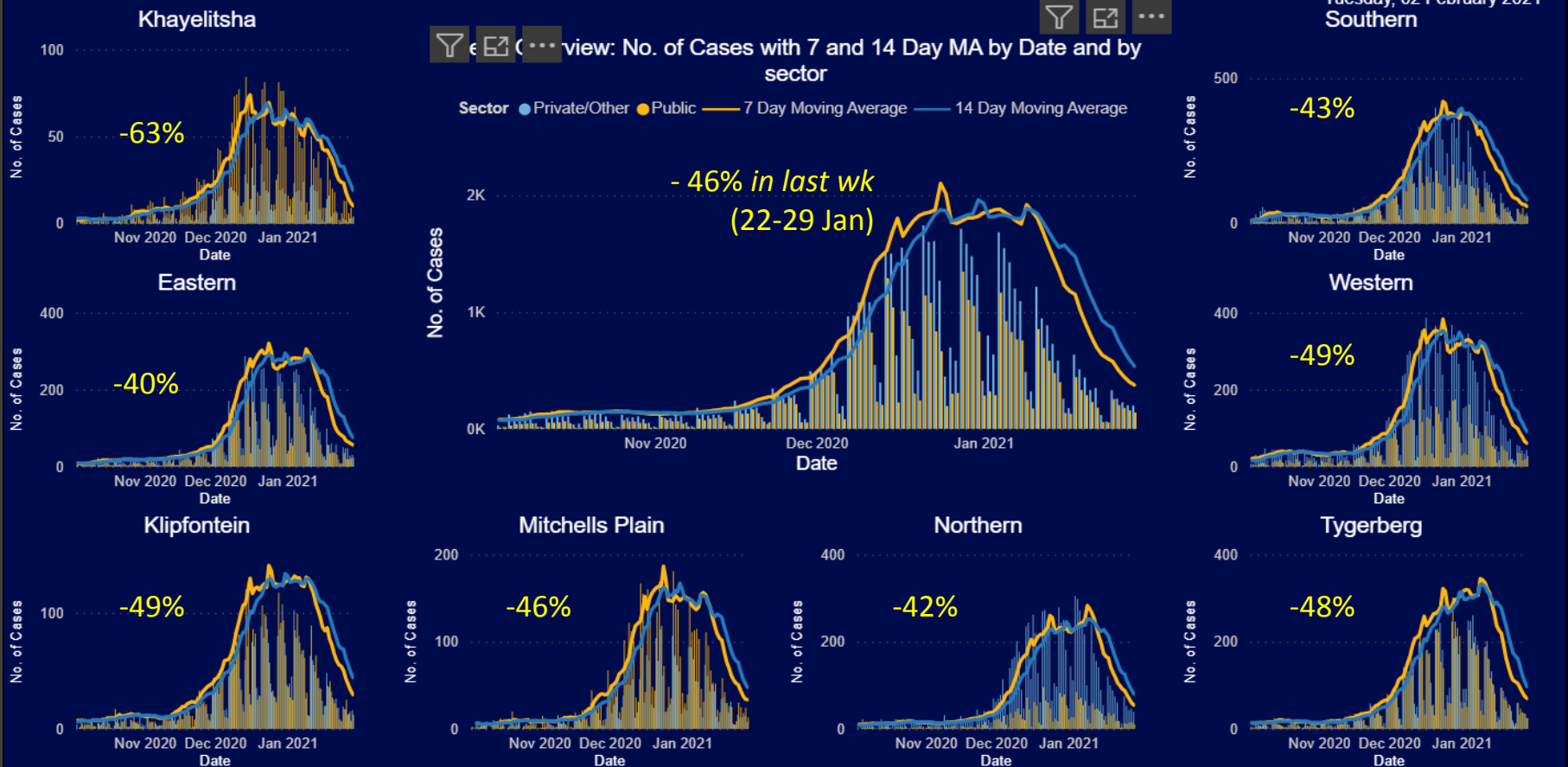
Metro Resurgence Overview

Health Impact Assessment
WC Department of Health

Last Updated:

Tuesday, 02 February 2021

Southern



Metro Overview

- Cases in the Metro decreased by 46% from 22-29 January 2021.
- All sub-districts show a marked decrease in cases as the Metro approaches levels seen before the second wave.



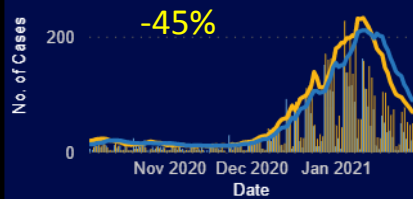
10/3/2020

1/29/2021

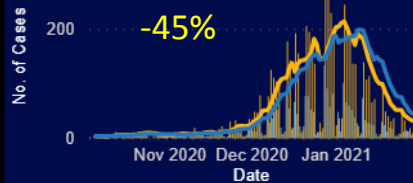
Rural Resurgence Overview

Health Impact Assessment
WC Department of Health
Last Updated:
Tuesday, 02 February 2021

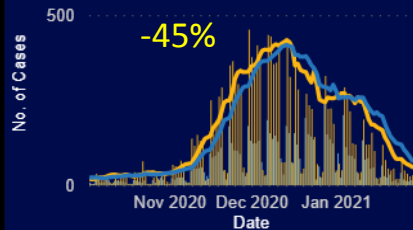
West Coast



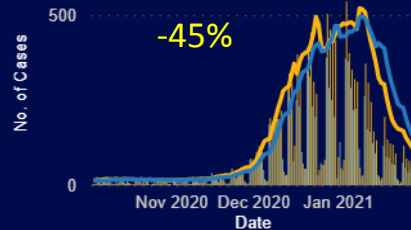
Overberg



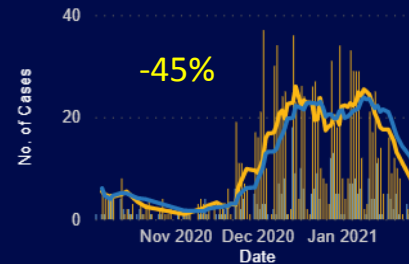
Garden Route



Cape Winelands

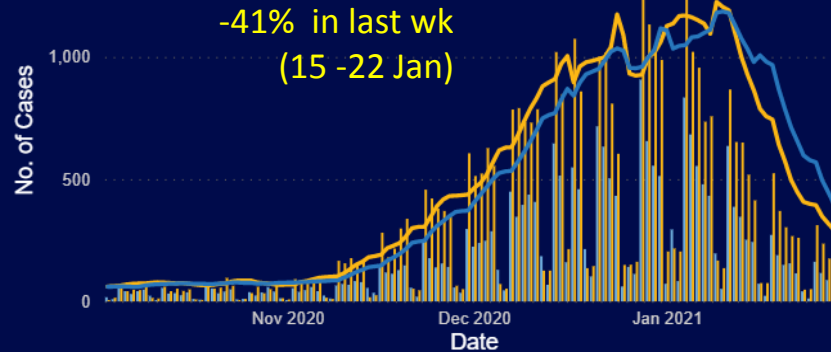


Central Karoo



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

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



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

● <7 days ago ● 7-14 days ago

Rural Subdistrict

Drakenstein	29.82%	70.18%
Stellenbo...	25.44%	74.56%
Brede Va...	32.04%	67.96%
George		81.03%
Swartland	33.63%	66.37%
Bergrivier	41.96%	58.04%
Saldanha ...	29.72%	70.28%
Overstrand	32.79%	67.21%
Theewate...		76.97%
Matzikama	31.10%	68.90%
Langeberg	37.91%	62.09%
Witzenberg	28.57%	71.43%
Oudtshoorn	33.90%	66.10%
Mossel Bay	31.86%	68.14%
Cederberg	27.36%	72.64%
Hessequa	38.27%	61.73%
Cape Agu...	38.81%	61.19%
Swellendam	26.87%	73.13%
Beaufort ...	29.63%	70.37%
Knysna	31.48%	68.52%
Bitou		75.00%
Kannaland	34.21%	65.79%
Laingsburg	26.67%	73.33%

Proportion of Cases

Rural Overview

Cases in Rural have declined by 41%, and the pattern is repeated across all districts.

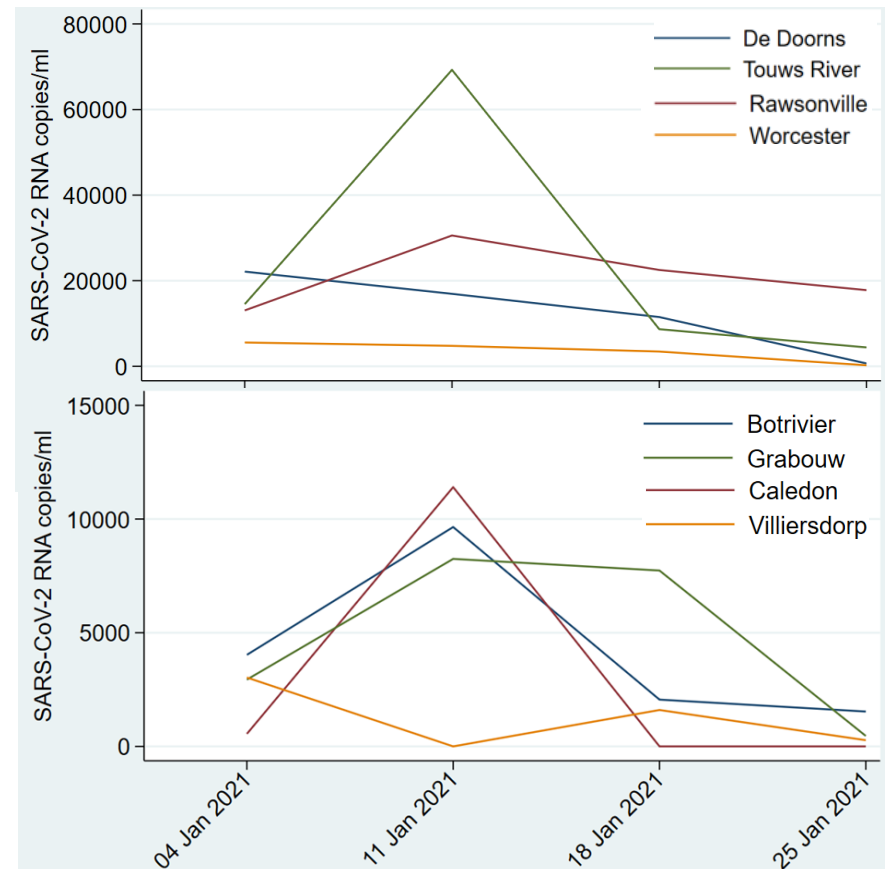
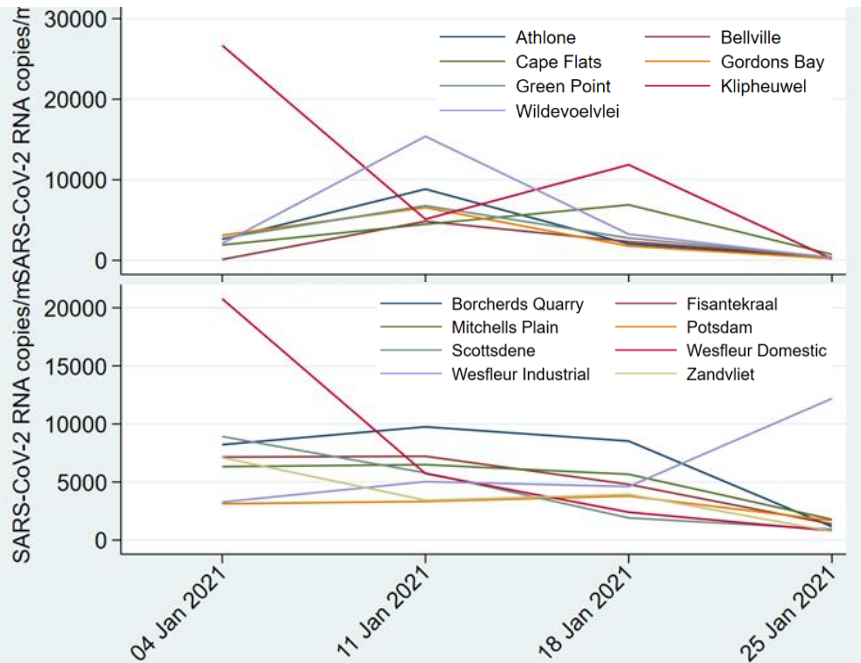
As with the Metro, cases in Rural are also heading towards pre-second wave levels.

Triangulating with wastewater

SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM

WEEK 4
2021

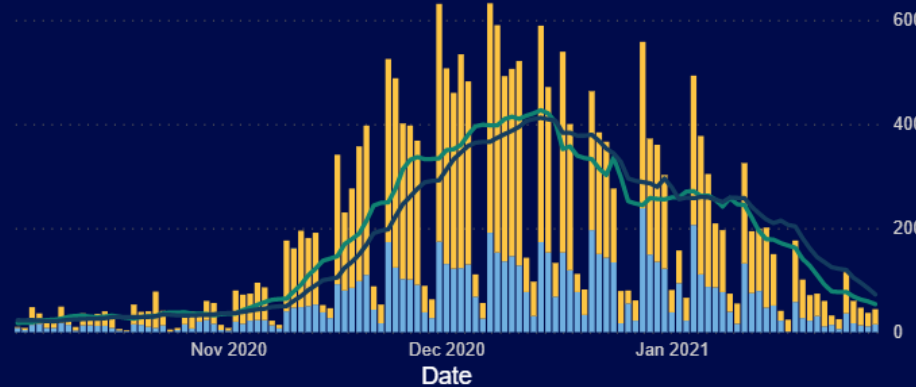
City of Cape Town, Breede Valley AND Overberg



Select District, Subdistrict:

- ✓ ☐ Cape Winelands
- ✓ ☐ Central Karoo
- ^ ☐ City of Cape Town
 - ☐ Eastern
 - ☐ Khayelitsha
 - ☐ Klipfontein
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 - ☐ 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

10/3/2020

1/29/2021

Date of Death

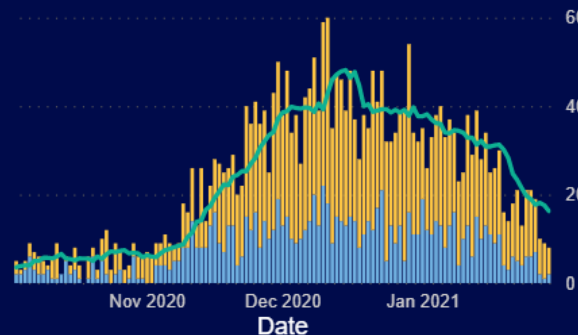
10/3/2020

1/26/2021

Proportion Positive and Overall Positivity by Date

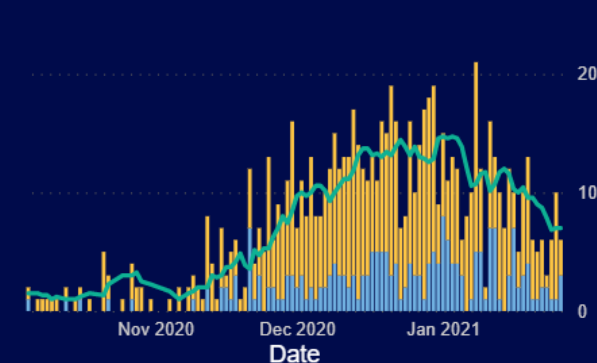
No. of Admissions and 7 Day MA by Date and Sector

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 seven day moving average of case numbers in the Garden Route continue to decline, and case numbers across all sub-districts are on a downward trajectory.

Hospitalisations and deaths are on a steady downward trajectory.

These data are re-assuring, but citizens must continue to protect themselves.

The health platform COVID response

Hospital Admissions By Health District (public and private)

Health Impact Assessment
WC Department of Health
Last Updated
Tuesday, 02 February 2021

Hospitalizations by District

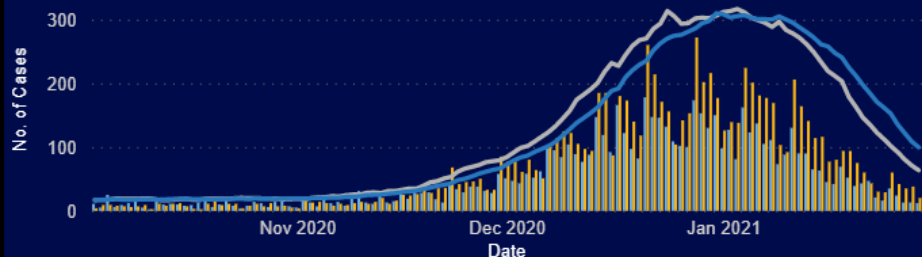
10/3/2020

1/29/2021



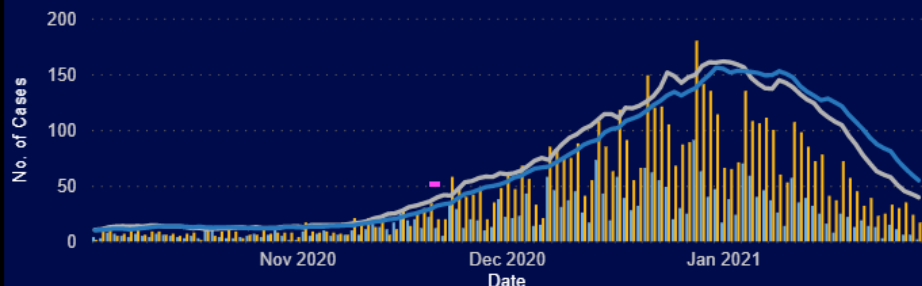
City of Cape Town: Admissions with 7 and 14 Day MA by Date and sector

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

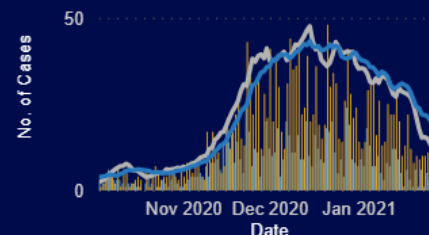


Rural: Admissions with 7 and 14 Day MA by Date and sector

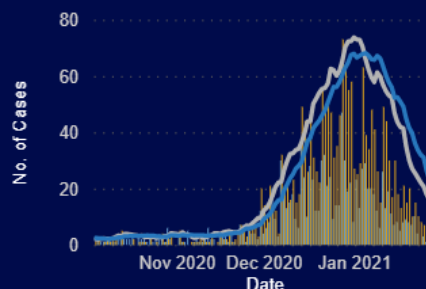
Sector ● Private/Other ● Public — 7 Day Moving Average — 14 Day Moving Average



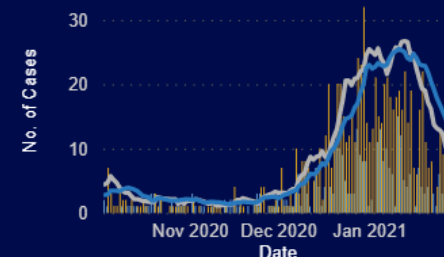
Garden Route



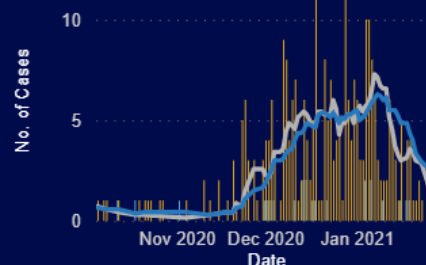
Cape Winelands



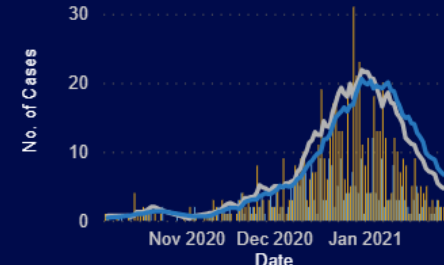
West Coast



Central Karoo



Overberg



Hospital admissions have passed the peak and are declining in all districts.

Acute service platform – general comments

1. Currently **2330 COVID patients** in our acute hospitals (**1398** in **public** hospitals & **932** in **private** hospitals). This **excludes PUIs** and **cases in specialised hospital** settings.
2. COVID **hospitalisations** have continued **to decline** whilst the **trauma cases** has remained **significantly lower** than usual.
3. The **Metro hospitals** have an average **occupancy rate** of **79%**; **George** drainage area hospitals at **59%**; **Paarl** drainage area hospitals at **71%** & **Worcester** drainage area hospitals at **63%**.
4. Occupancies in COVID beds show **Metro** hospitals at **38%**; **George** drainage area hospitals at **34%**; **Paarl** drainage area hospitals at **55%**; **Worcester** drainage area hospitals at **33%**.
5. **COVID & PUI cases** currently make up **18%** 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 **82** patients (3 131 cumulative patients), **Freesia & Ward 99** has **34 patients**, **Mitchell Plain hospital of hope** has **61 patients** and **Sonstraal** currently has **48 patients**.
7. The Metro **mass fatality centre** has capacity for **240 bodies**; currently **24 decedents (cumulative total of 1257 bodies)** admitted. The overall capacity has been successfully managed across the province.

Acute Care Availability & Utilisation per Drainage Area



Western Cape
Government
Health

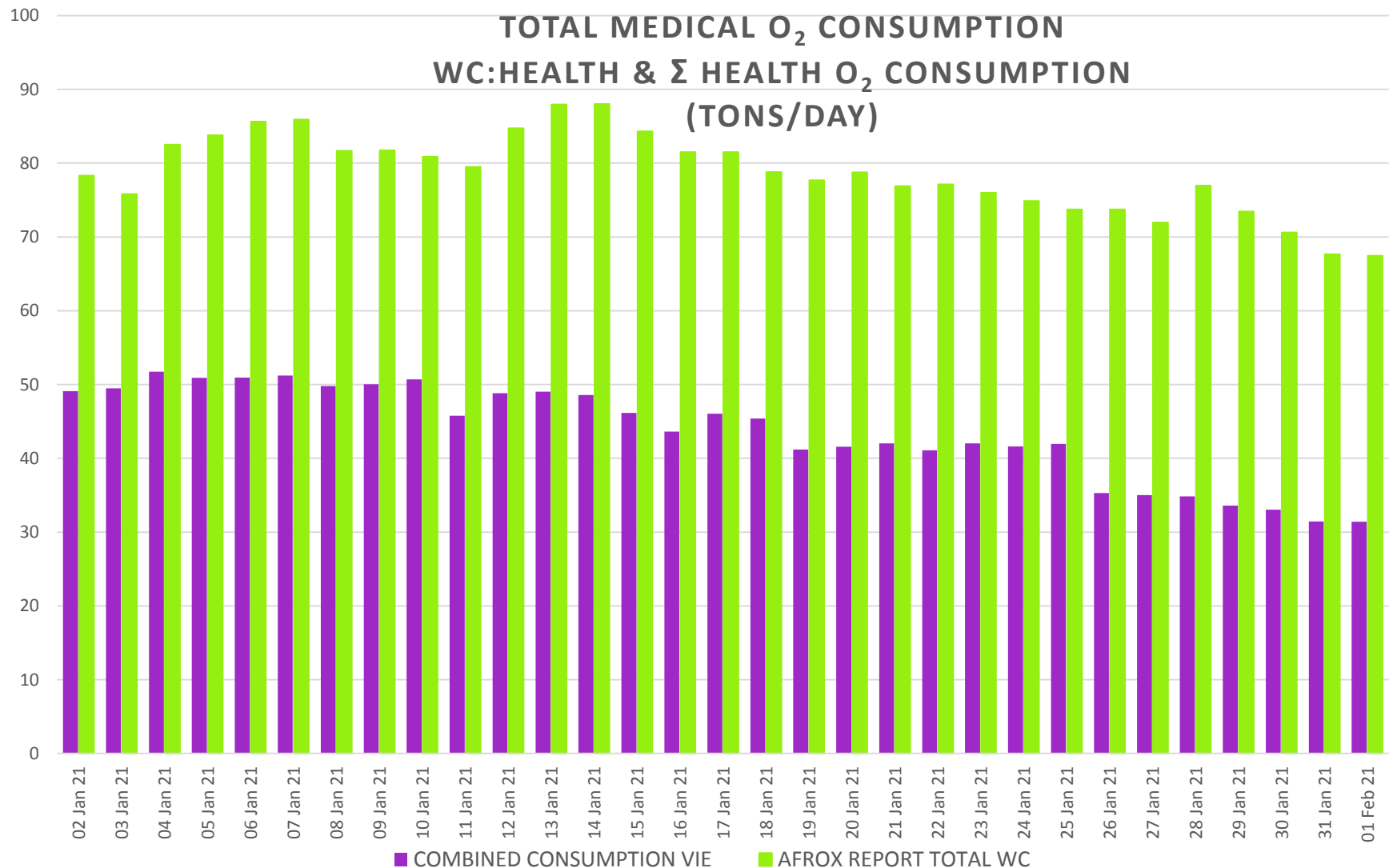
WCDOH: Daily Operational Bed Status Dashboard as at 02/02/2021

Drainage Area	Operational Beds	Filled Beds	BUR %	COVID BUR %	% Covid patients	BUR % for Designated Covid Beds(General Wards)	BUR % for Designated Covid Beds(Critical Care)
Cape Town /Metro	5 056	3 979	79%	38%	16%	37%	81%
George	913	541	59%	34%	20%	31%	75%
Paarl	960	681	71%	55%	23%	49%	192%
Worcester	783	495	63%	33%	25%	33%	40%
SubTotal WCDOH	7 712	5 696	74%	39%	18%	37%	81%

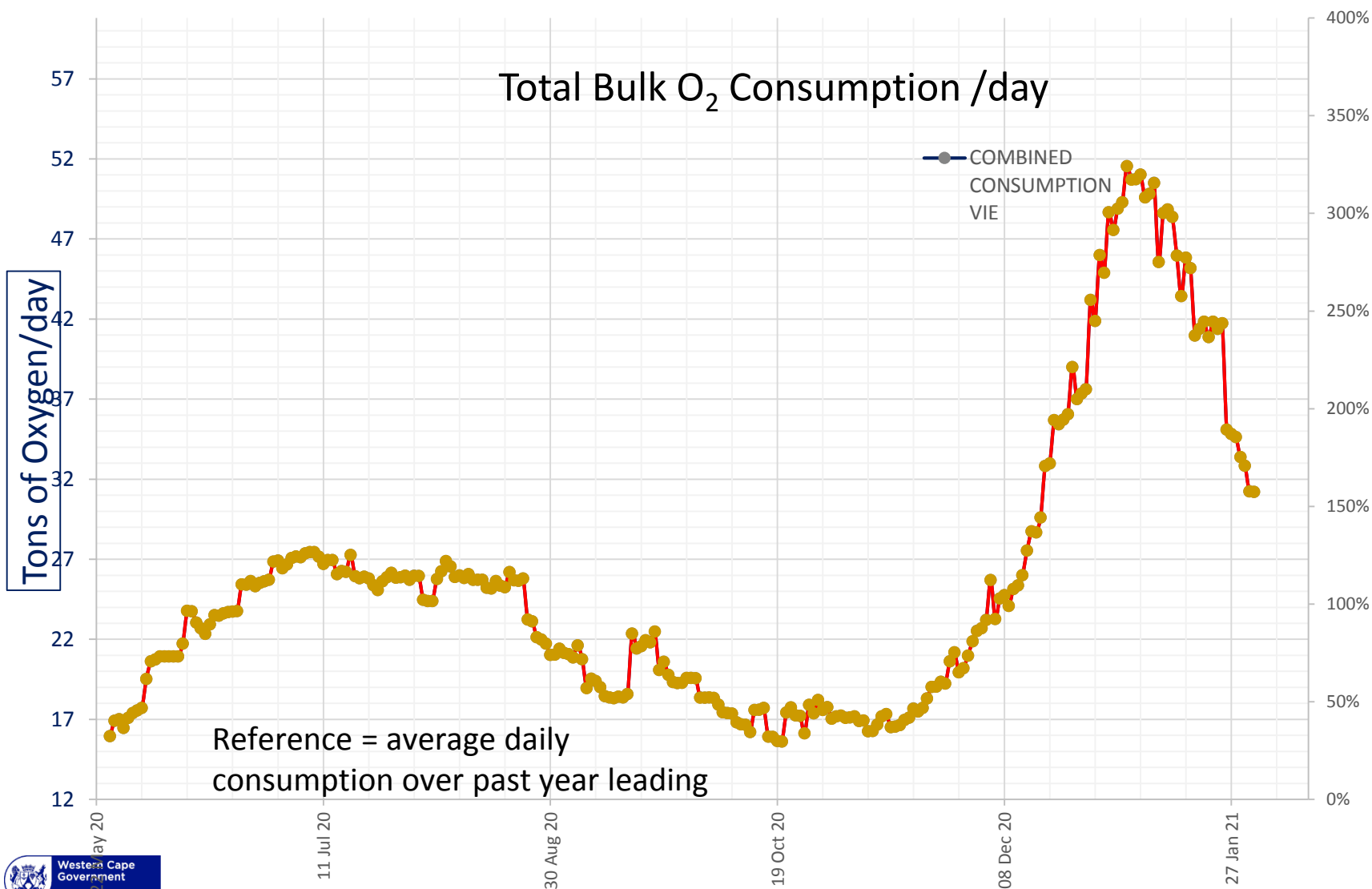
Excluding Specialised Hospitals e.g. Mowbray Maternity, Psychiatric Hospitals, etc

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

Daily oxygen consumption over past month – tons/day



Public Sector oxygen consumption trend - tons/day



Oxygen utilisation – general comments

1. The combined oxygen utilisation in the Western Cape Public and private hospital sectors is **67.46 tons/day** (after **a peak of >80 tons/day**).
2. The **combined public- private** utilisation is now **below the maximal production capacity** of **70 tons/day** at the Afrox Western Cape plant.
3. The public sector **daily bulk oxygen** consumption is **47.89%** of the Kuilsriver plant for the 7 day period ending 1st February (compared to **70.56%** for the period ending 15th January at our peak oxygen consumption).
4. The department's **total bulk oxygen** consumption has reduced to around **31.41** tons daily when compared to **51 tons** daily in the first week of January.
5. The Western Cape now have **4 bulk oxygen tankers** allocated for the daily delivery of oxygen supplies during this week.
6. We will **continue to monitor the utilisation of oxygen** over the coming weeks, but **the situation** has completely **stabilised**.

Safe-guarding well-being of health care workers

DEPARTMENTAL OVERVIEW

HEALTHCARE WORKERS INFECTED WITH COVID-19 -DAILY TRENDS

Totals as at 04 Feb 2021

Cumulative Infections

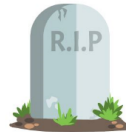
8,700

-



8,345

-



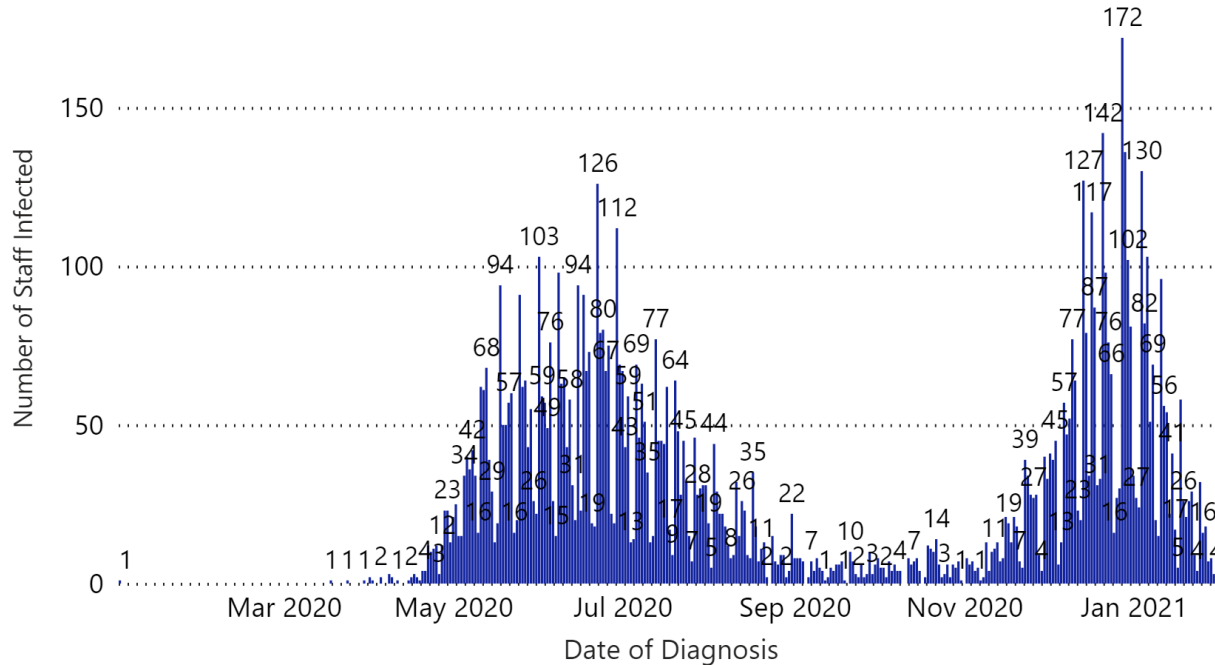
114

=

Active Cases

241

Daily Staff Infection Trends



Doctors



28

Nurses



108

Radiographers



4

Pharmacists



(Blank)

Other
Categories



101

DEPARTMENTAL OVERVIEW

HEALTHCARE WORKERS MORTALITY DUE TO COVID-19

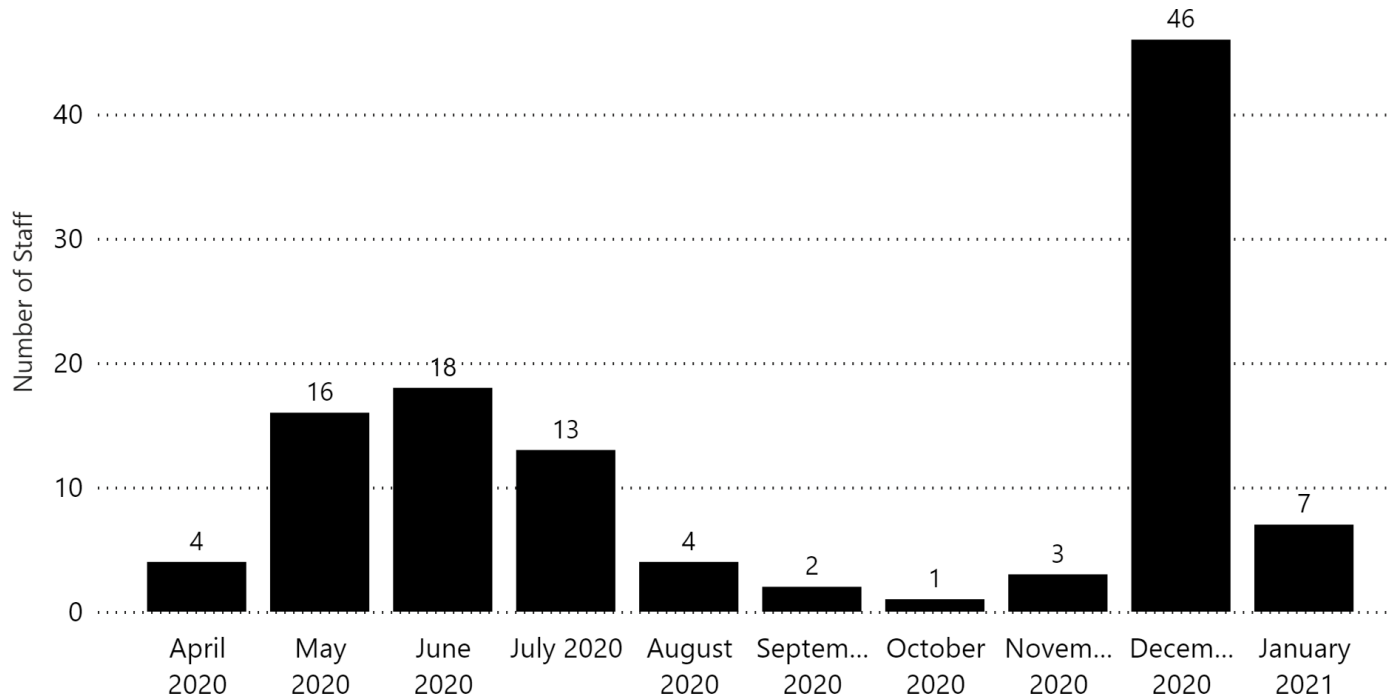


Totals as at 04 Feb 2021



= 114

STAFF MORTALITY TRENDS DUE TO COVID-19



Doctors



1

Nurses



51

Radiographers



(Blank)

Pharmacists



(Blank)

Other Categories

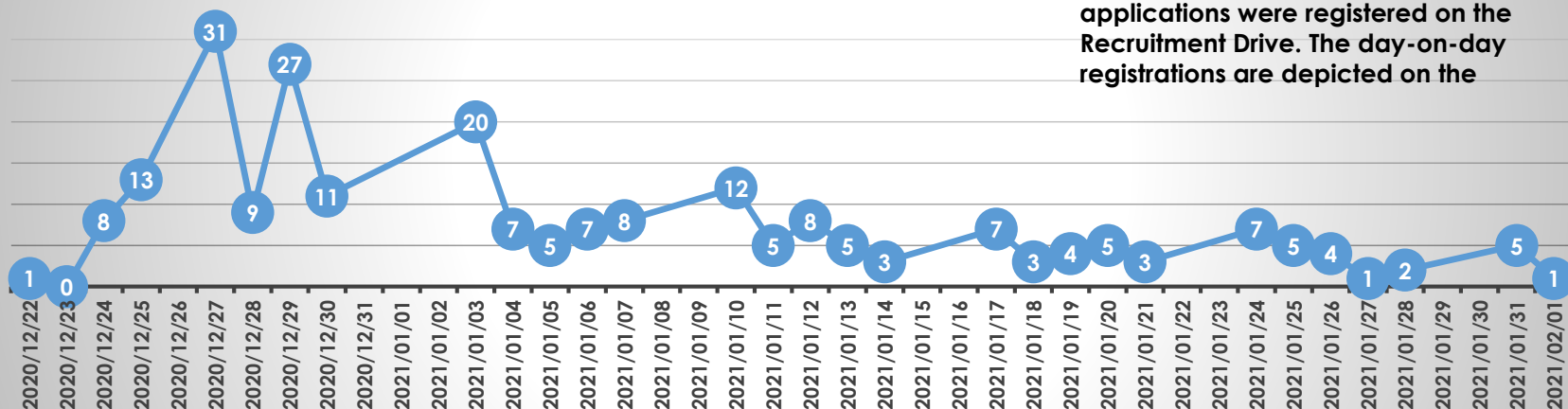


62

High Level Summary on Recruitment Drive

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



Category of HCW	Possibly Available	Appointed on PERSAL
MO	142	22
Enrolled Nurse(EN)	102	12
Enrolled Nursing Auxiliary (ENA)	119	14
Not Indicated	29	5
Professional Nurse	126	50
Professional Nurse with Specialty	36	8
	554	111

Institutions have made 297 Offers to the following categories of staff:

OSD-Category Rank	Filled	Reserved Posts	Grand Total
Allied Health	19	7	26
Doctors	66	23	89
Nursing	652	253	905
Pharmacists	5	1	6
Pharmacists-Assistant	10	1	11
Social Workers	7	1	8
Admin and Related	144	11	155
Grand Total	903	297	1200

There are currently 903 filled posts across the platform for additional COVID posts, 297 offers are pending finalization which will bring the total to 1200. Of the 665 Recruitment Drive applicants, 111 has thus far been appointed on PERSAL. The balance of which 554 are possibly available for appointment.

Vaccine Implementation update

Aims of COVID-19 vaccine in South Africa

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

As at 1 February 2021, **98.3 million** shots of COVID-19 vaccine had been given, **31.8 million** in **the USA**.

(www.bloomberg.com)

<https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/>

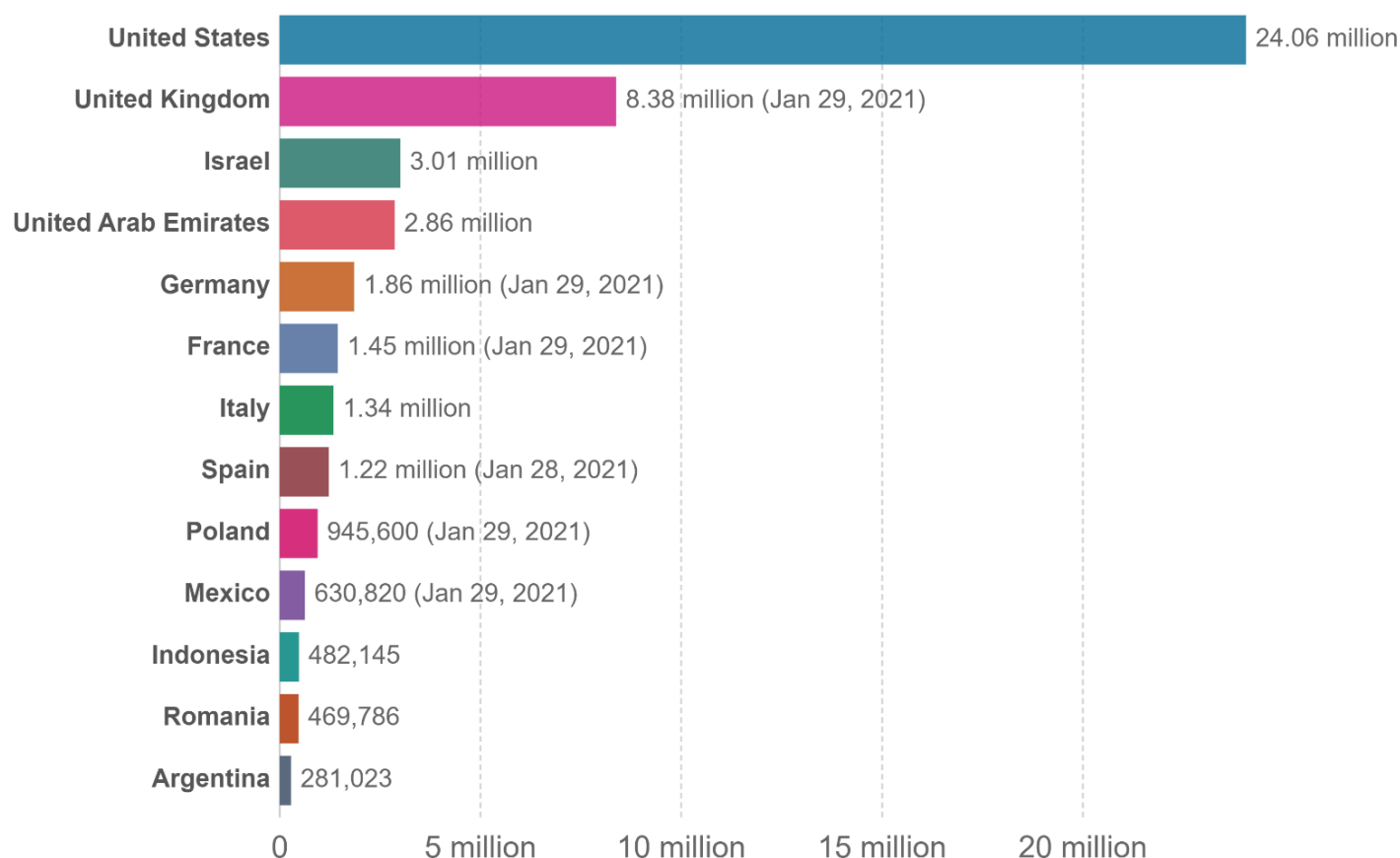
Current vaccine distribution

(as at 1 Feb - 98 million doses given - Bloomberg.com)

Number of people who received at least one dose of COVID-19 vaccine,
Jan 30, 2021

Our World
in Data

Total number of people who received at least one vaccine dose. This may not equal the number of people that are fully vaccinated if the vaccine requires two doses.



Source: Official data collated by Our World in Data – Last updated 31 January, 09:10 (London time)

OurWorldInData.org/coronavirus • CC BY

Why Covid-19 Vaccine?

The most promising approach for curbing the pandemic:

- Individual advantages:

- Preventing death - especially in high risk individuals
- Preventing hospitalisation - even if not 100% effective, reducing severity
- Restoring access to education and work, and chronic diseases
- Restoring economic engagement

Without a vaccine there will always be a risk that new outbreaks will emerge

→ **COVID-19 vaccines is the only safe route back to normality**

→ Reducing transmission → decreased morbidity and mortality (herd immunity)

- Decreasing additional Covid burden on health care system
- Relaxing of national and international public health regulations
- Opening of local and international economies

Herd Immunity

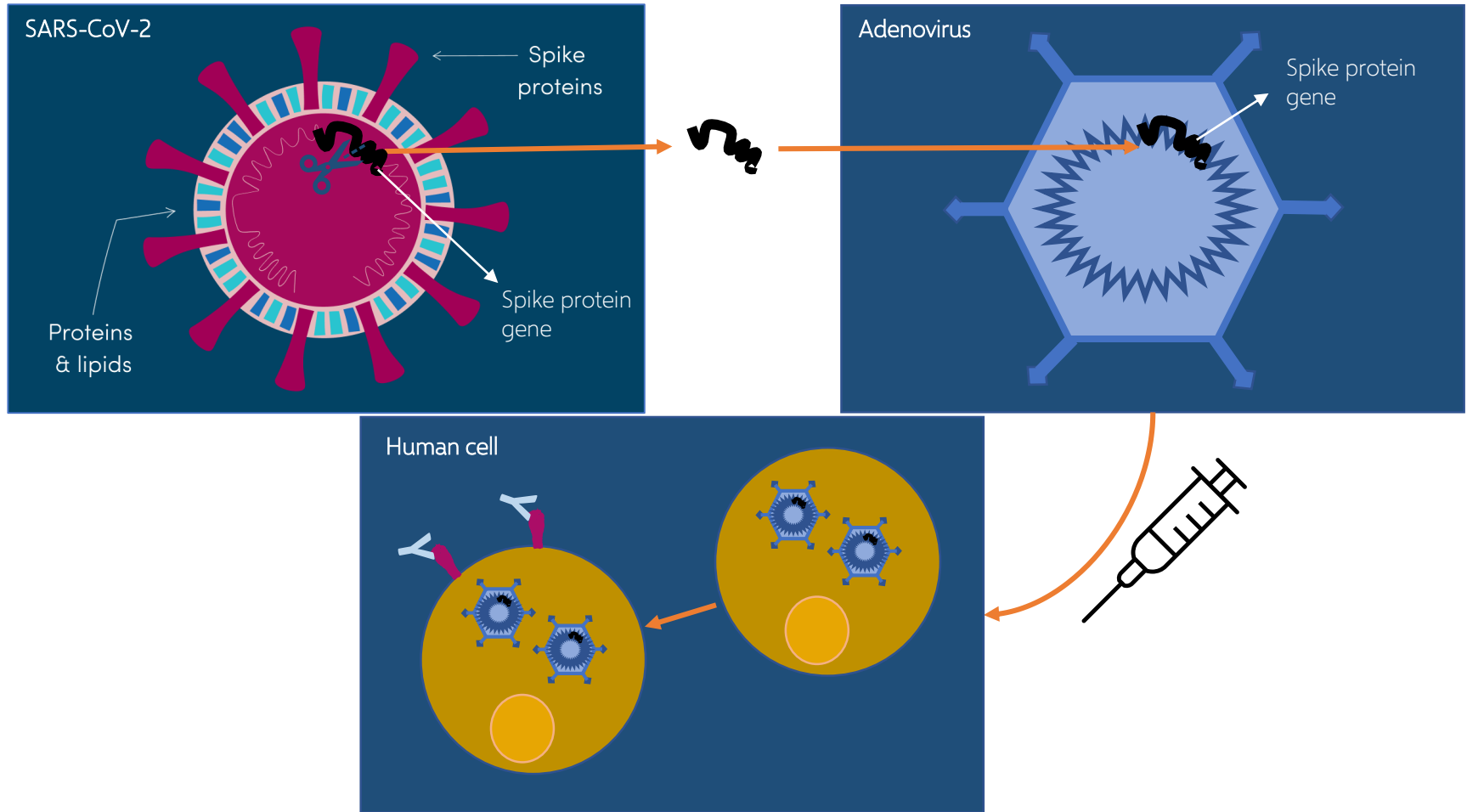
Herd immunity describes **a type of immunity** that occurs when the **vaccination of a portion of the population (or herd)** provides **protection to un-vaccinated individuals**.

Hence the need to get to **a critical mass of individuals in the population** to be **vaccinated to offer protection to everyone**.

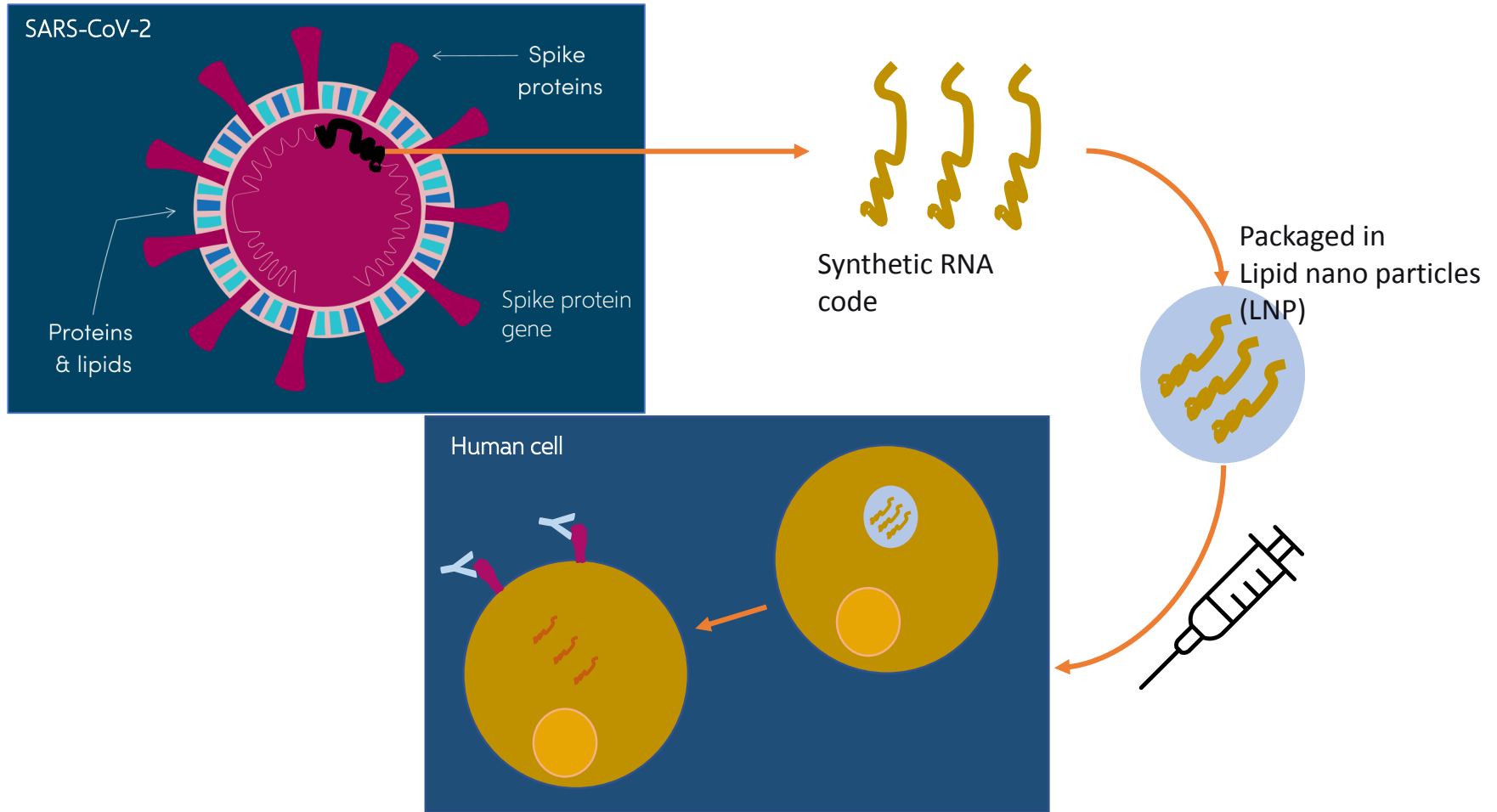
Vaccines with available efficacy results

Vaccine	Efficacy	Efficacy against severe disease	Efficacy in high-risk groups	Dose regimen	Comments
Biontech/ Pfizer/ Cominarty	95%	90%	Yes, older age groups	2 doses	NEJM published
Moderna	94%	100%	Yes, older age groups	2 doses	NEJM published
Oxford/ Astrazeneca/ Covishield	62.1-90%	100%	Older age groups >55, HIV not known	2 standard doses or Low/high dose	Lancet published
Sinopharm (Beijing Strain)	86%	100%		2 doses	News reports
Sinovac (coronavac)	50.4 - 91.2%	100%		2 doses	News reports
Sputnik V	91.40%	100%		2 doses	Sputnik V website
Novavax	49-89%	(yes but small numbers)	? HIV persons	2 doses	News reports/ 66% in HIV negative persons
Johnson and Johnson	66% (57 - 72%)	85%		1 dose	News reports

How does a viral vector vaccine (Oxford/AstraZeneca, J&J, Sputnik 5) work?



How does mRNA vaccines (Pfizer, Moderna) work?

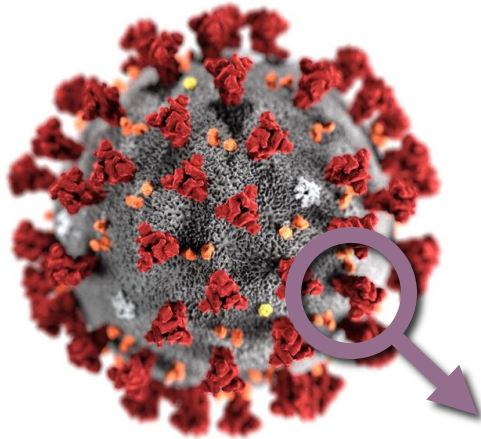


Was the vaccine development rushed?

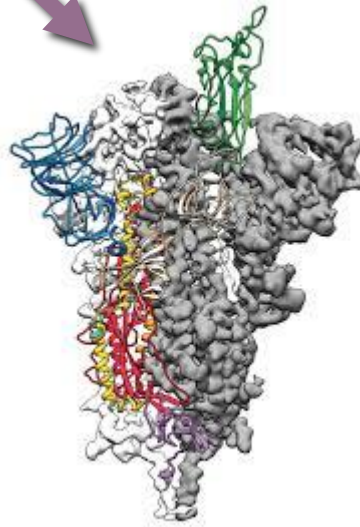
What were the reasons that the vaccine was developed so quickly?

- The Chinese scientists made the **genome (genetic material) of the virus available globally** in January so **multiple organisations** could start working on **developing vaccines at the same time**.
- The **phases of clinical trials were combined** so that the vaccines could **progress more quickly** through the **clinical development process**.
- Huge amount of **resources/ funding was made available** to develop the vaccines so that **many scientists could work on this** and many **scientific tasks could take place more quickly** than would normally be the case.
- There were **many cases of disease occurring over a short period** which made **testing the vaccine easier**.
- Scientists **built on previous efforts** to develop vaccines for **SARS and MERS-CoV** which are both caused by **coronaviruses**.

Will the vaccine work against the new variant 501.V2?



The new variant has small changes in the make-up and shape of the spike protein on the virus.



- Scientists are hopeful because the vaccine targets the entire spike protein.
- A definitive answer will be available in mid-late February from the South African trial.
- Laboratory studies are also underway.
- Worst case scenario is the vaccine would need to be modified (like the flu vaccine).

Other vaccines are reported to have some efficacy against the new variant

Vaccines on order – NDoH update

- **Covishield – 1.5 million doses – Feb 2021**
- **Pfizer** – doses and arrival date to be confirmed
- **Covax – 10% of SA population** – Covax released information on the global volume allocation by country:
 - **Pfizer/BioNTech** - total doses to be confirmed that are for the Q1 supply- based on conditions: indemnity, regulatory
 - **AstraZeneca / SKBio** – total doses to be confirmed. Delivery subject to WHO EUL, with 25-35% available in Q1 and 65-75% available in Q2 - based on conditions: indemnity, regulatory
- **Johnson and Johnson** – doses and arrival dates to be confirmed. Opportunity to access additional doses being negotiated, awaiting feedback.

The goal is to vaccinate 40 million South Africans

Confirmation of allocated 1st doses to the Western Cape

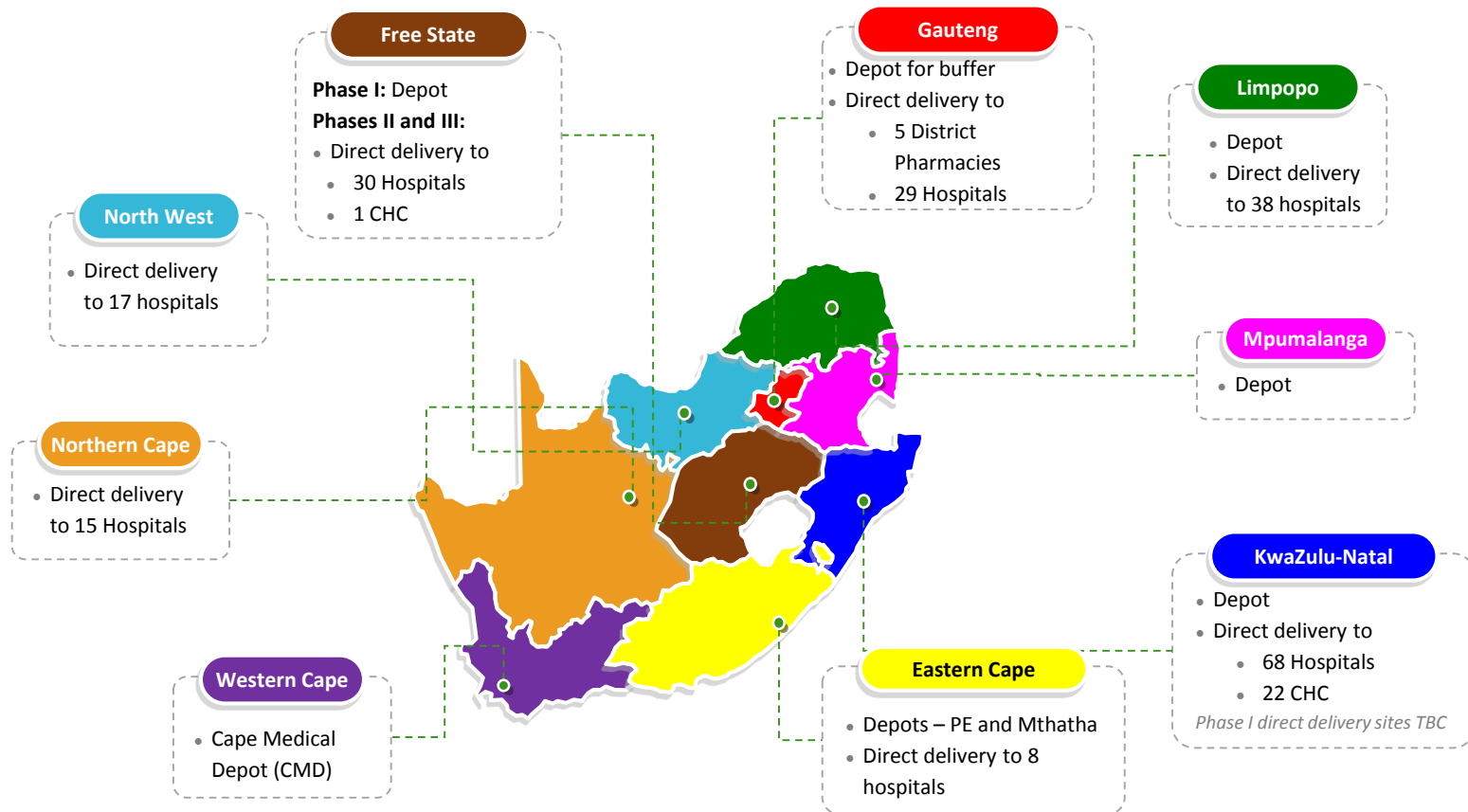
Categories	Confirmed 1 st doses
1. WCG: Health	35 000
2. Private Sector	58 584
3. Other (including City Health, outsourced workers, CHWs, students, undertakers, other Departments, traditional healers, etc.)	In process of being finalised

There is a commitment that **2nd doses are guaranteed** from the **same Covishield allocation**

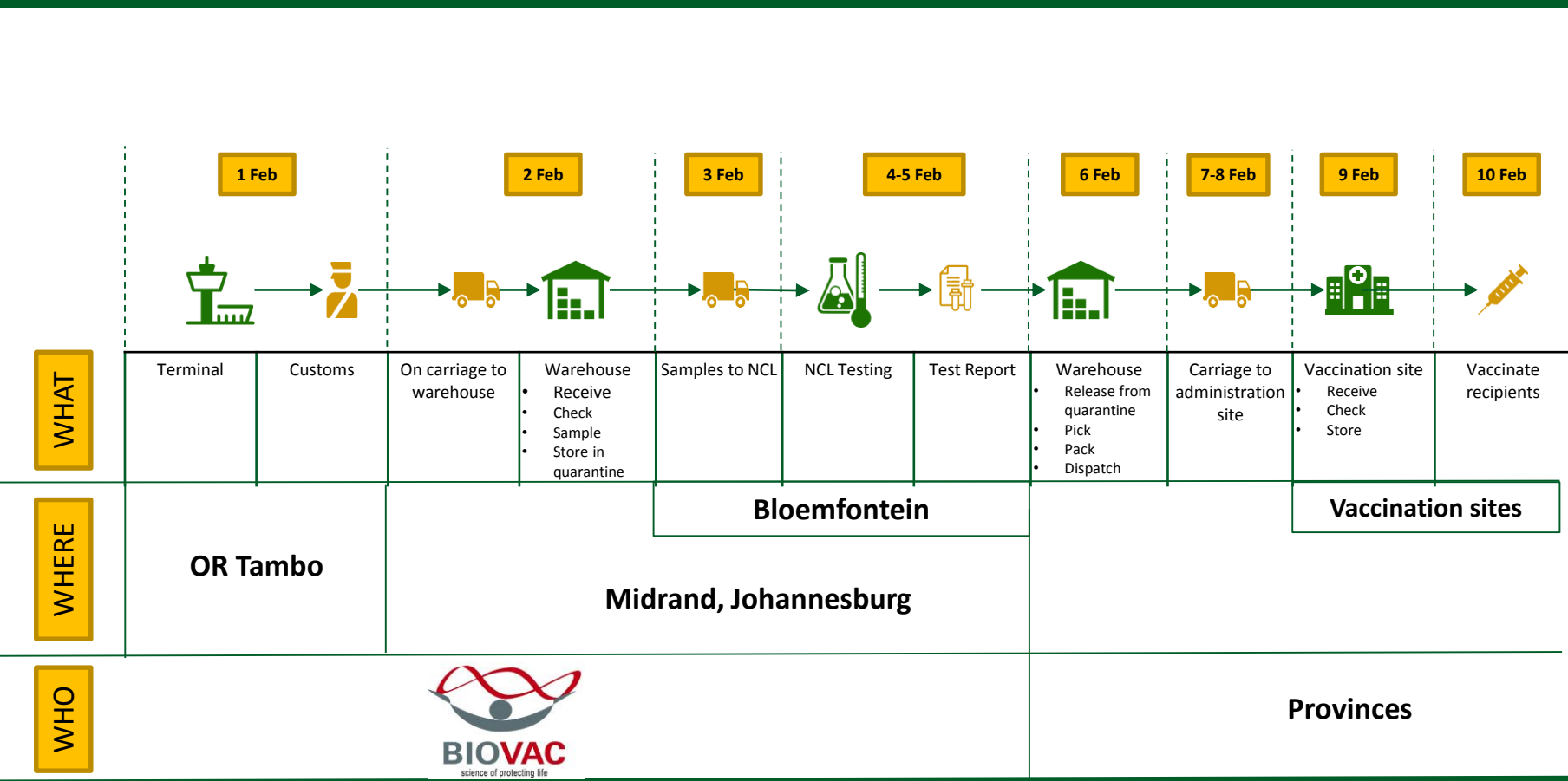
Western Cape Contingency Plan for vaccine acquisition

1. **WCG Cabinet** approved a **framework for provincial contingency vaccine acquisition** (including procurement), to **supplement the National procurement/acquisition plan**, as necessary and possible.
2. Contingency vaccine acquisition **must remain within the core parameters of the national and provincial vaccination programme**. It should be:
 - a) Driven by **clinical and professional ethics**, in terms of both vaccine selection and the phasing of the roll-out (rationing);
 - b) Subject to the **necessary regulatory requirements of SAPHRA and the Medicine Control Council (MCC)**;
 - c) **Coordinated with National efforts**, through **regular and transparent communication** with NDoH and National Treasury and **contribution to the overall stock of vaccines available in South Africa**.
3. The **key elements** of the contingency plan are:
 - a) appropriate **governance enablement**;
 - b) a **sourcing strategy** that will cover **demand forecasting and planning, market analysis** and appropriate **procurement design**.

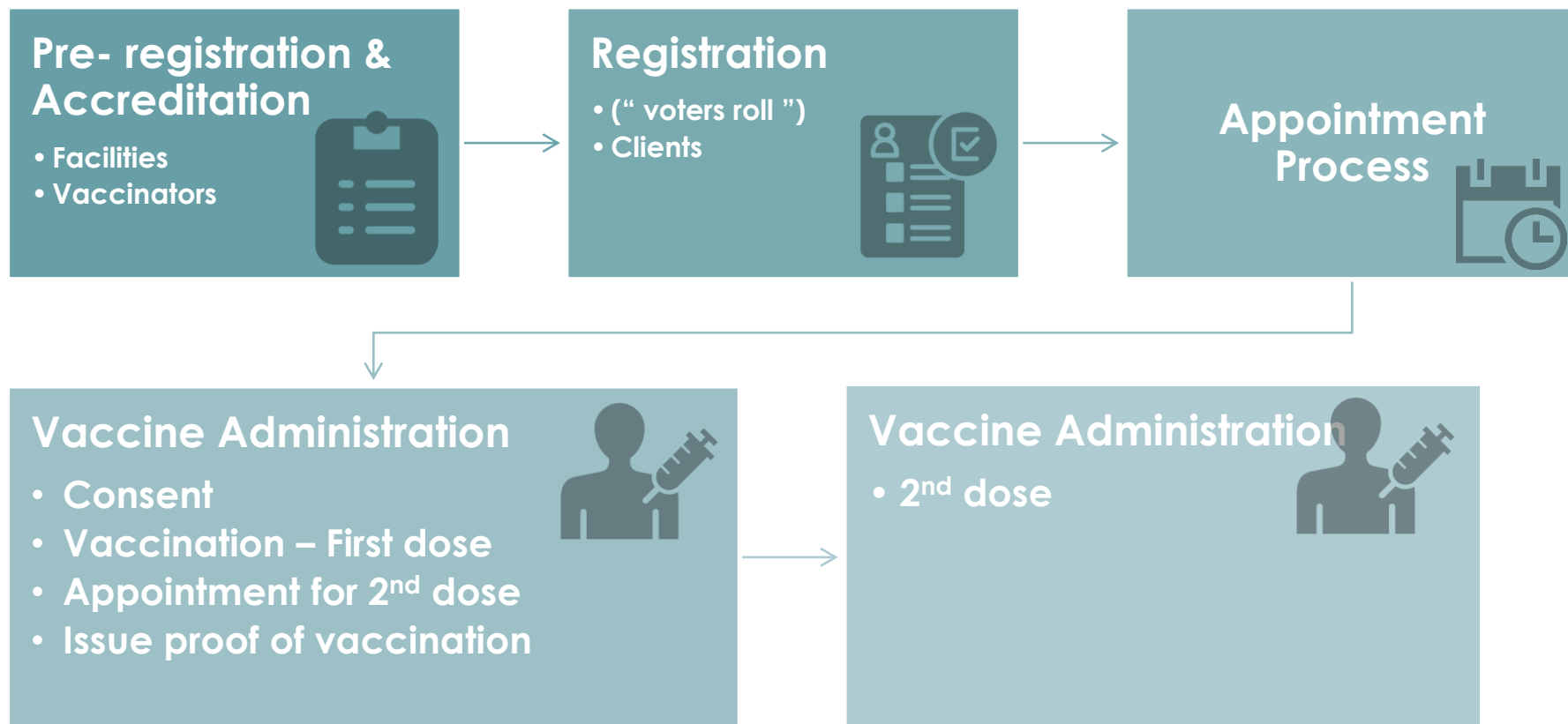
Primary Distribution Plan Status



30 January 2021



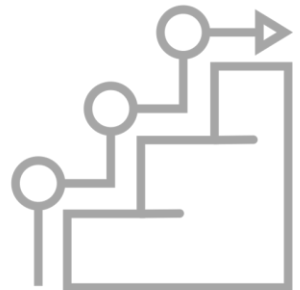
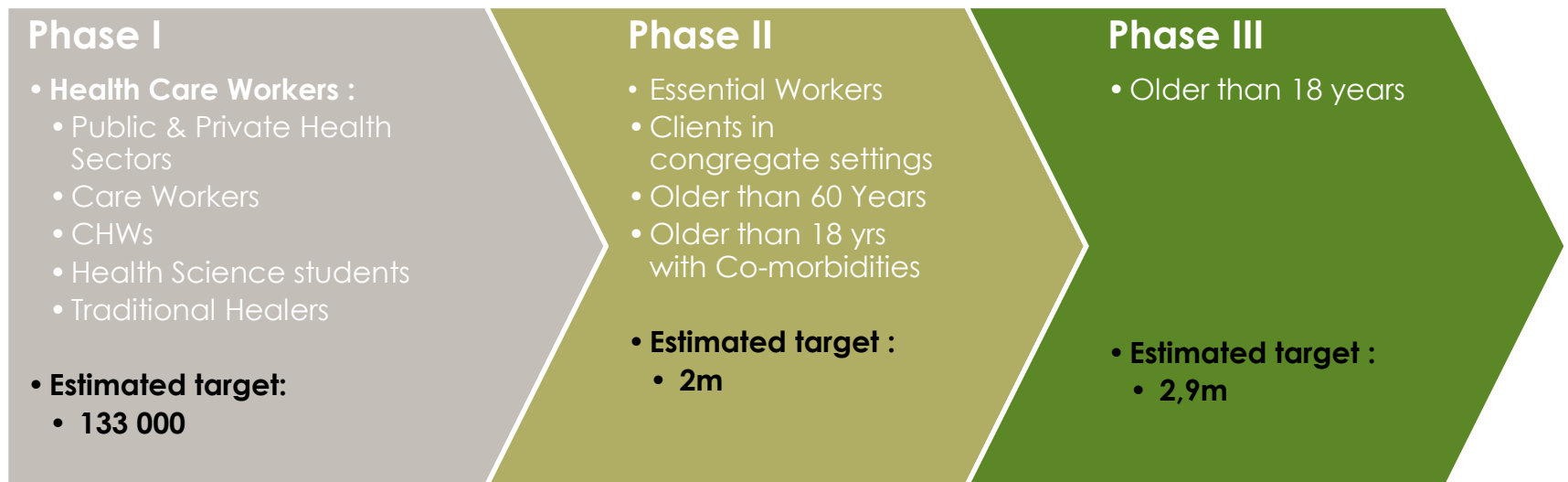
Functional processes



Vaccine implementation update (1)

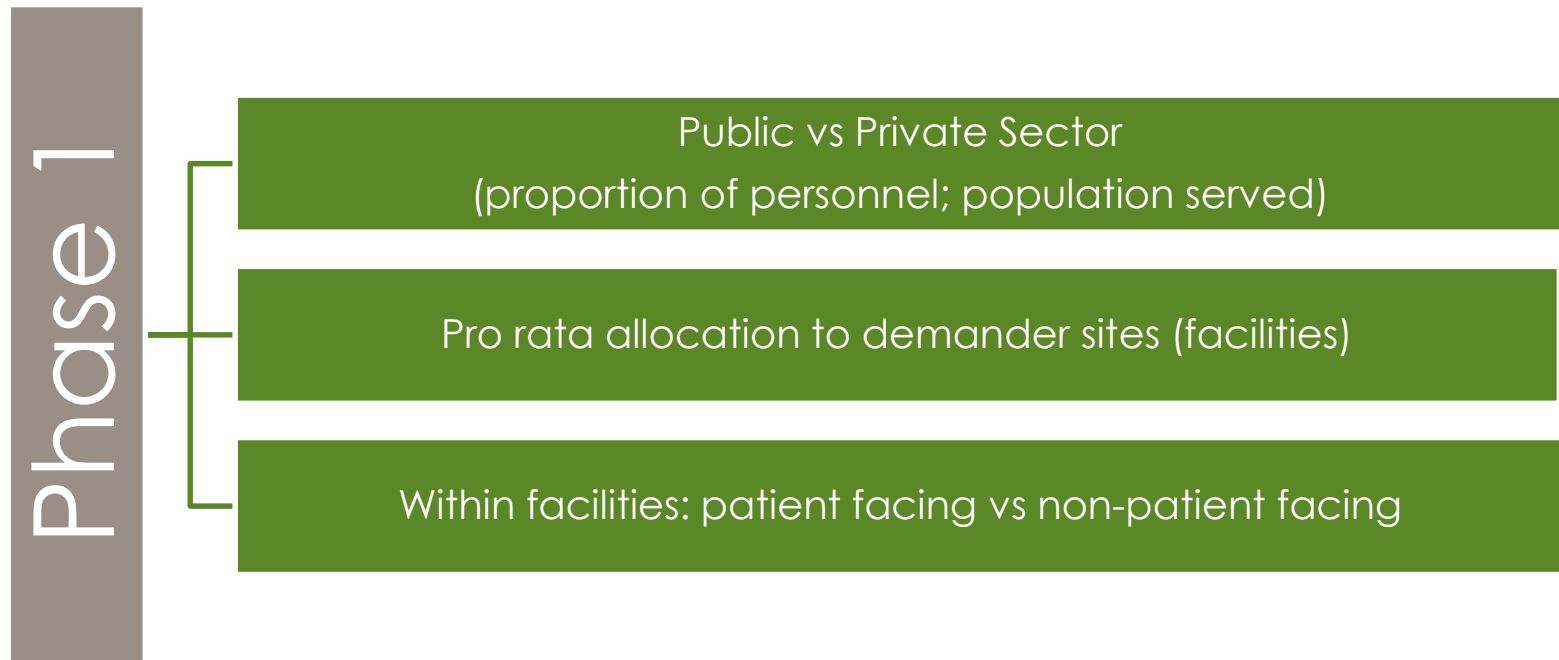
1. We have developed an **Implementation Framework** for the roll-out programme – which will be posted on the **WCG: Health website**.
2. **1 million doses** arrived in the country on **01 February 2021**.
3. The **quality control process (NCL testing)** as required by **SAPHRA** will be accelerated.
4. The **Biovac Institute** will be responsible for **distribution of the vaccines** to provinces.
5. The vaccines are **anticipated to arrive within the next 5-10 days** within provinces.
6. In the **Western Cape**, the **Central Medical Depot (CMD)** will distribute vaccines to WCG: Health facilities, private sector facilities and COCT facilities.
7. The plan is to **officially start on 15 Feb 2021**

Vaccine implementation update(2): Phases and Prioritisation Groups



Vaccine implementation update (3): Phases and Prioritisation Groups

- The allocation of doses to provinces is being finalised nationally.
 - The Covishield vaccine will be used for **both doses** to each health care worker.
 - There will be some **prioritisation** required within phase I to accommodate **the sequencing in line with the available doses**.
Some of the considerations include:



Vaccine implementation update (4): Master Facility List

- **Master Facility List (Vaccination Sites):**
 - 378 public facilities and 41 private **vaccination sites have been identified** – which must be accredited as per a national checklist.
 - **Curators and facility representatives** are receiving training on the Master Facilities List and will ensure that all vaccination sites are verified and curated.

- The **HCW registers** are being finalised (beneficiary register) for PERSAL and non-PERSAL staff.

Vaccine implementation update (5): Administration Sites

- Vaccine Administration Sites (Public sector)

District	No. of sites
Metro (WCGH + COCT)	154
Cape Winelands	56
Central Karoo	17
Garden Route	85
Overberg	25
West Coast	36
Central Hospitals	3
Other (CDU, WCBTS)	2
Total	378

Vaccine implementation update (6): Distribution Plan

- **Central Medical Depot**

- Deliver to 41 private vaccination sites
- Deliver to 378 public facilities (including City Health facilities)
- Courier in place and dedicated to this, to ensure alignment to vaccine programme start date
- Distribution will take place within 5 – 10 working days from being received.

- **SAPS and Law enforcement** are being briefed as things move to ensure safe-guarding of vaccines on route

Vaccine implementation update (7): SCM

- **93 Vaccine Friendly fridges due for delivery this week**
- **Generators assessment has been conducted and portable generators are on standby**
- **Consumable orders placed and received (needles, syringes, cooler boxes)**
- **PPE adequate**
- **Vaccine cards designed and procurement commenced against an existing contract**
- **Vaccines will be dispatched with the following:**
 - All related consumables
 - Vaccine cards
 - Information sheets

Vaccine implementation update (8): Training for Vaccinators

- **Training of vaccinators** will commence on 02 February 2021 by Provincial PDC. Over **1995 vaccinators ready for training** and 500 applicants to be loaded.
- This will be the **biggest training intervention** launched by the People Development Centre to date and will include staff from WCGH, CoCT, NGOs and private sector.
- Training will **focus** on handling, storage, research, special considerations, product information and data management aspects, aligned to NDoH and WHO criteria for inclusion.
- The training programme includes a **virtual online training package** in both SD and HD format to allow access on **mobile devices** and **computers**.

Vaccine implementation update (9): Training for Vaccinators

TRAINING PROGRAMME		
TRAINING INTERVENTION	MODE OF DELIVERY	TARGET GROUP
COVID-19 VACCINE TRAINING	3,5-hour podcast, available via online link or flash drive (Stellmed and PDC)	<ul style="list-style-type: none"> vaccinators team managers support staff (e.g., pharmacy)
WEEKLY SHORT UPDATE TRAINING CHECK-INS	MS Teams (PDC and content experts)	<ul style="list-style-type: none"> Vaccinators team managers support staff (e.g., pharmacy) <p>NOTE: Alternatively, one member of the COVID-19 vaccine team will update the rest of the team members.</p>
COVID-19 INFORMATION SESSIONS	Online / Presentation by the Knowledge Translation Unit with the support of the Communications Directorate	All Health Care Workers

Vaccine implementation Update (10)

- **Early discussions have started about planning for Phase II and III**
 - Massive logistic scale-up required
 - High volume vaccination centres will need to be explored
 - WCG will formalise engagement with the private sector
 - Parallel planning for the logistics and social mobilisation for Phase 2 & 3 is critical, as Phase 1 is being implemented.

Vaccine implementation Update (11) - Next steps

- **Finalise non-PERSAL beneficiary list:**

- All individual names are being uploaded on Sharepoint, and being verified with the NDoH colleagues
- Confirmation required from all sources

- **Engage Private Sector:**

- Met with National B4SA team
- Western Cape team will be formalised

- **Set-up Phase 2 & 3 planning co-ordination:**

- Exploratory meetings held with City and IEC already
- Formal committee to be authorised next week

Staff Readiness: Rapid Poll Results

Number of respondents at the time of Report: **3027**

2. Age

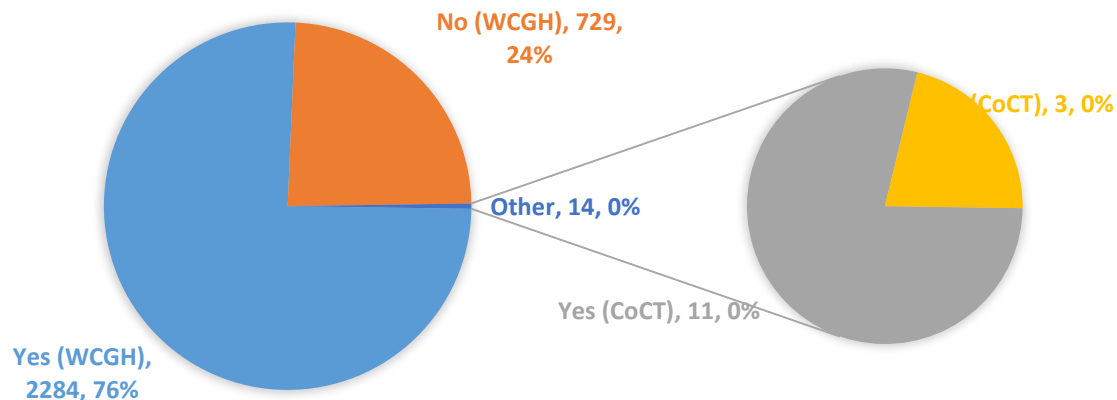
[More Details](#)

18 - 29	443
30 - 39	916
40 - 49	743
50 - 59	724
60+	201



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

Yes (WCGH)	2284
No (WCGH)	729
Yes (CoCT)	11
No (CoCT)	3

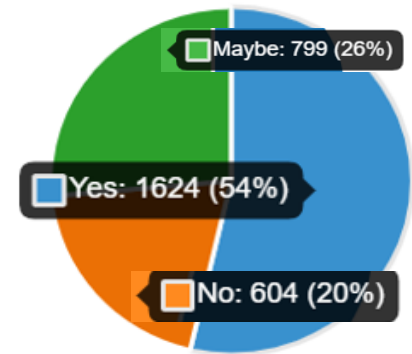


Staff Opinion Poll

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

[More Details](#)

● Yes	1624
● No	604
● Maybe	799



Getting to “Yes” – Build the Credibility and Trust

- Continue supplying credible information about the vaccines (science and safety)
- Clarifying processes and localising the information to address the hesitancy
- Engaging with trusted influencers within communities

Communication



GIVE REASSURANCE – EVIDENCE-LED QUALITY INFORMATION: GOOD SET OF TOOLS TO BE USED INTERNALLY AND EXTERNALLY (TO FORM THE FOUNDATION OF DISCOURSE) E.G. FAQ/INFO SHEET AND VOICE-OVER SLIDE PRESENTATION



INSPIRE TRUST THROUGH ADVOCACY AND INFO SHARING: THROUGH A RANGE OF **EXPERT VOICES AND “LOCAL” TRUSTED PEOPLE** THROUGHOUT THE HEALTH SYSTEM. NOT A PUNITIVE APPROACH, BUT RESPECTFUL AND REASONABLE, YET HOPEFUL



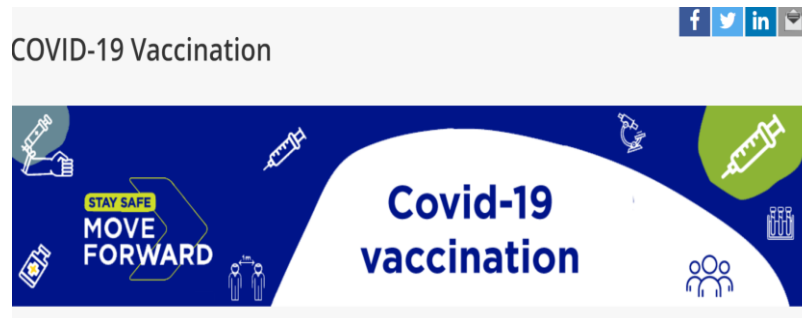
HEAR VOICES, GIVE HONEST FEEDBACK AND BE OPEN AND RESPONSIVE: ALWAYS GIVE ADEQUATE TIME IN SESSIONS FOR LISTENING AND CAPTURING FEEDBACK TO ENSURE WE MAINTAIN A DIALOGUE. COUNTER POLARIZATION, WHILE ACCEPTING WE WILL NOT WIN ALL

Tools that can help



Coronavirus web page with resources

- <https://coronavirus.westerncape.gov.za/covid-19-vaccination>



Covid-19 Vaccination Fact Sheet

January 2021 V.1

COVID-19 VACCINATION FACT SHEET

GENERAL INFORMATION

How do the COVID-19 vaccines work?



There are many different COVID-19 vaccines available and in development and they use different approaches to engaging your immune system. There is no live virus in any of the vaccines. These vaccines contain 'instructions' for the spike protein of the virus, which triggers the immune system to recognise the invading virus and also to produce antibodies to

Tools that can help



Video with encouragement



Slideshow with basic science info and voice



Adding your voice



Local and trusted voices must be heard and amplified



Tygerberg Hospital
MAIN ENTRANCE
DENTAL
ADMINISTRATION

**Gesondheidswerkers
oor COVID-19-inenting**

"Jy moet jouself afvra 'wat kan ek doen' om lewens te red. My eenvoudige antwoord sou wees: Inenting. Deur dit te doen, sal ek nie net myself beskerm nie, maar ook diegene rondom my."


— Andre Lindoor, Social Work Supervisor,
Tygerberg Hospital



Health workers on COVID-19 Vaccination

"By simply taking a vaccine, will protect and prevent us as Healthcare workers from many dangerous infectious diseases, which we daily encounter in our work environment.

If you are vaccinated it will stop the spread of disease to the larger community. The more people that are vaccinated the fewer opportunities the disease have to spread."



Melody Camelo,
Operation Manager for Nursing,
Groote Schuur Hospital



Conclusions

Concluding remarks

1. We **have passed the peak** of the **2nd wave** in the Western Cape, with **clear and consistent signs** of decline in **cases, hospitalisation and deaths**.
2. Our **local teams** remain on **high alert for surveillance & response** to localised clusters, **especially for the vulnerable**.
3. We should remain vigilant and continue to **adhere to protective behaviours to reduce new cases** – while restrictions are lifted in a phased manner.
4. Our **health care workers have faced** significant **mental and emotional strain**. We have started an **intentional process** of **grieving and healing**.
5. 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**.
6. We should gear up the **implementation of vaccines** as the **key drive against COVID** over the coming months.

Thank you