

Digital Press Conference

Health Update

Dr K Cloete

8 April 2021



Overview

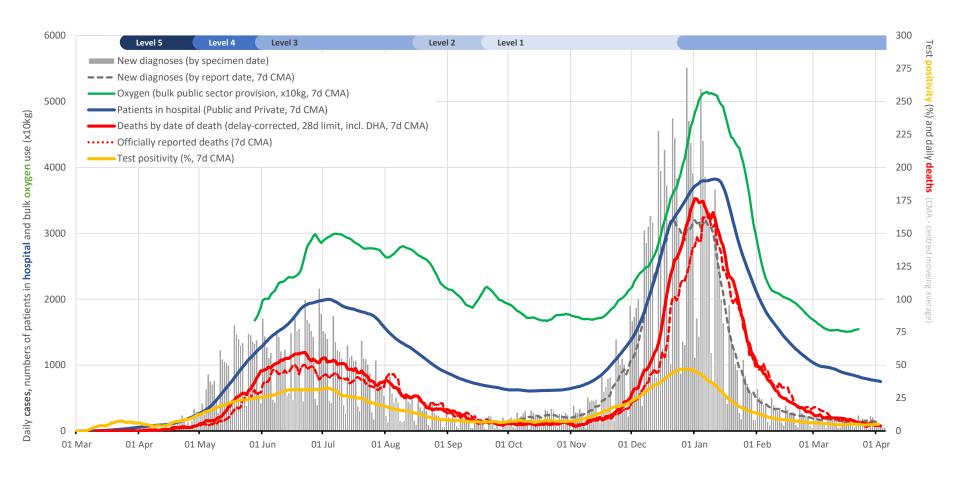
- 1. Surveillance & Response Update
- 2. Health platform COVID response
- Safe-guarding the well-being of health care workers and the health services
- 4. Phase 1 Vaccine Implementation update
- 5. Phase 2 Vaccine Implementation preparation
- 6. Conclusions



Surveillance & Response Update



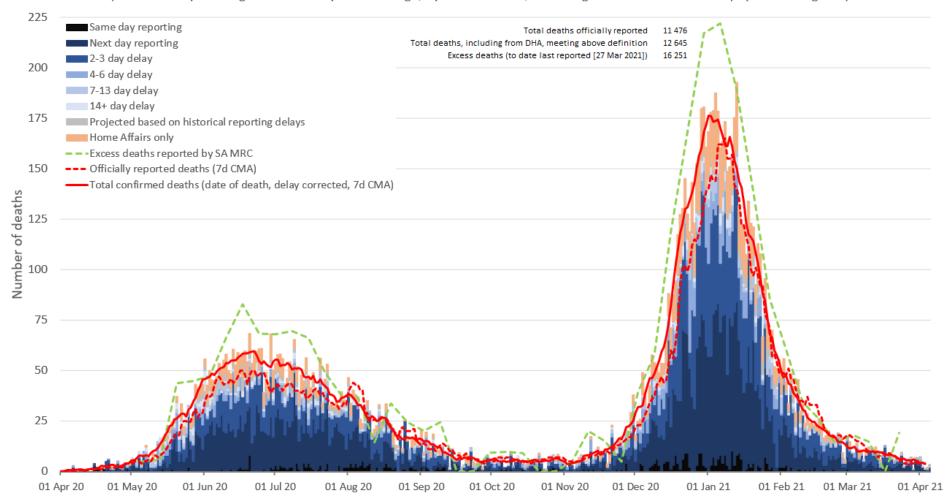
Integrated testing, case, hospitalisation and mortality trends





Mortality by date of death

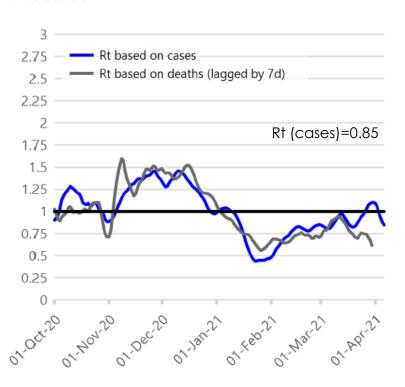
Mortality in patients with laboratory-confirmed SARS-CoV-2, by delay to reporting*
(within 28 days of diagnosis or 14 days of discharge, by date of death, excluding non-natural deaths on population register)



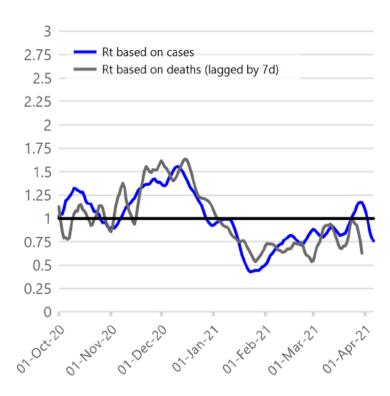
^{*} Excludes deaths in those with undiagnosed COVID-19, in patients with clinical diagnoses in spite of absent or false negative SARS-CoV-2 test results, and in those without recorded ID numbers dying at home or in ambulatory or emergency room care: CMA - centred moving average

Current reproduction number

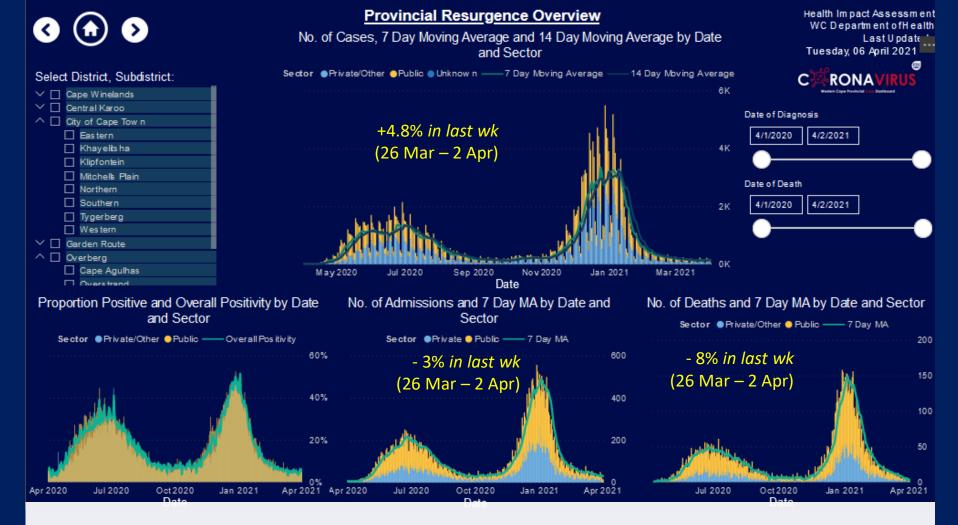
Province



Metro

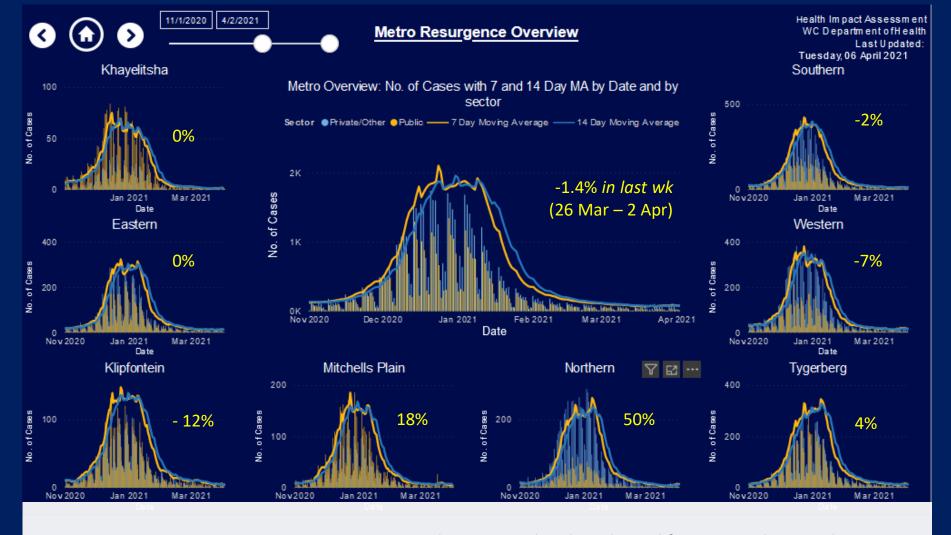






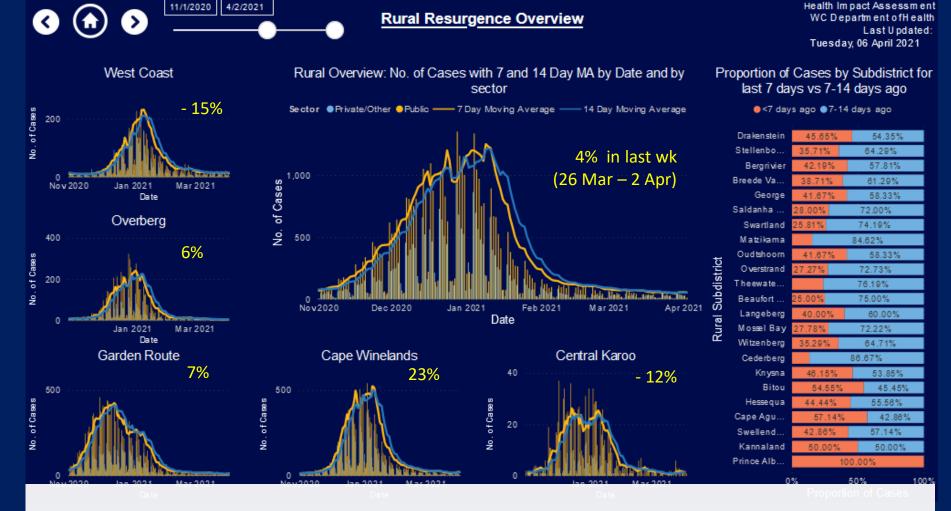
Provincial Overview

- New COVID-19 cases have essentially plateaued out, but we were still diagnosing 130-140 new cases each day last week.
- Admissions and deaths continue to decrease slowly, with a 3% and 8% weekly decrease. Using the 7-day moving average, on 2 April, we had 30 new admissions and 3 deaths each day.
- The proportion positive has increased slightly to 6.1% (2 April), but this is due to reduced testing on public holidays, and not an increase in actual cases.



Metro Overview

- Cases in the Metro are largely unchanged from 26 March 2 April 2021.
- The percentage change varies across the sub-districts, but the absolute numbers involved are relatively small.
- With the public holidays affecting testing patterns, it also makes interpretation of week on week changes difficult (as comparing a week with 5 weekdays of testing, to a week with 3 or 4 weekdays of testing).



Rural Overview

- Cases numbers in Rural are slightly increased. A 4% increase was seen from 26 March to 2 April 2021.
- There is a wide variation across the districts, but the absolute numbers are small.
- Cape Winelands is seeing an increase in cases among young people (under 30 years). Clusters at Stellenbosch University are being monitored and are now mostly under control.

6 April 2021

Surveillance Huddle **Report**



Metro	
KESS	 Case numbers down, admissions and deaths down Hoping this remains as is
KMPSS	Case numbers decreased Watching the situation carefully
NTSS	Decrease in case numbers and admissions
SWSS	 Week on week increasing slightly last 2 weeks 40% of Metro cases in SWSS, but 31% of cases private 4-5% test positivity, need to check if all Antigen testing being captured Shipping cases continue Spanish Tour Group – 8 asymptomatic cases tested positive prior to flight back

Rural

Cape Winelands	 Increase in cases in 16-25 year age groups in CWD, probably associated with students
	 Breede Valley/Drakenstein: increase in last week, but low absolute numbers, no clusters
	 Stellenbosch – low testing over weekend. Cluster at student residence Huis Visser (5 cases) – liaising with University, all cases in isolation, close contacts been followed up. Metanoia and Academia residences quiet now. Majority of active cases in Stellenbosch under 30 years
Central Karoo	 Quiet at the moment, no clusters Only 22 active cases in whole District, Laingsburg has no active cases
Garden Route	 Slight increase Mossel Bay and Hessequa, but small absolute numbers, mainly 20-30 years, widespread, no clusters George - slight increase, widespread, nothing specific, including no major issues in Thembalethu Hospital admissions down
Overberg	 a few positive cases over the weekend but no big events that could link positive cases.
West Coast	 Absolute numbers of cases low High activity in Bergriver, but widespread, farm with 5 positive cases there. Watching situation in Piketberg closely Matzikama – was concerned about possible cluster at wind farm

Triangulating with wastewater

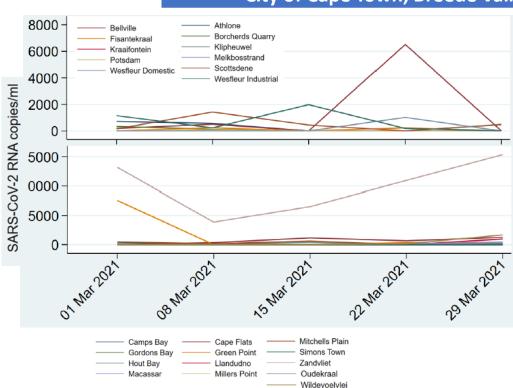




SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM

WEEK 1 2021

City of Cape Town, Breede Valley AND Overberg





SARS-CoV-2 not detected at 15 treatment plants including Bellville which had a spike the previous week

SARS-CoV-2 very high in Zandvliet (drains Khayelitsha/Blue Downs)

Increase in SARS-CoV-2 RNA >1000 copies/ml also at:

- Wildevoelvlei
- Llandudno



Breede Valley:

Decrease in SARS-CoV-2 RNA at Touwsriver but still >1000 copies/ml

Noticeable increases to >1000 copies/ml at:

- De Doorns
- Worcester

Theewaterskloof:

No sampling in previous week due to holidays

Recommendations for the extended holiday period

- 1. Numerous public holidays and school holidays coming up where people travel for religious and family gatherings.
- 2. These gatherings pose a high risk of being super-spreader events, with infected people travelling back to different parts of the country, which could easily lead to a 3rd wave.
- 3. What can we do to prevent the holiday period causing a 3rd wave?
 - Avoid unnecessary inter-provincial travel
 - Avoid gatherings:
 - Especially with lots of people from different places
 - Especially older people or with comorbidities
 - If you **must gather**:
 - Keep it small (more people = more risk)
 - Keep it short (longer = more risk)
 - Keep it outside (indoor = more risk)
 - Keep it quiet and don't sing
 - Social distance, ventilate, mask up and hand hygiene if must travel or gather



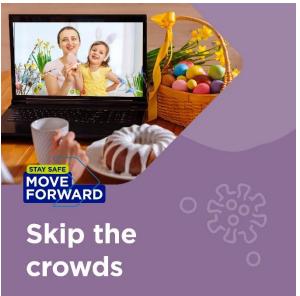


Messages for the holiday season: making safer choices











The health platform COVID response



Acute service platform – general comments

- 1. Currently **756 COVID patients** in our acute hospitals (**459** in **public** hospitals & **297** in **private** hospitals). This **excludes PUIs** and **cases in specialised hospital** settings.
- 2. COVID **hospitalisations** have continued **to decline**; the non-COVID service remains busy particularly in the metro [combination of trauma and medical cases].
- 3. The Metro hospitals have an average occupancy rate of 87%; George drainage area hospitals at 58%; Paarl drainage area hospitals at 74% & Worcester drainage area hospitals at 71%.
- 4. Occupancies in COVID beds show **Metro** hospitals at **10%**; **George** drainage area hospitals at **12%**; **Paarl** drainage area hospitals at **20%**; **Worcester** drainage area hospitals at **17%**.
- 5. COVID & PUI cases currently make up 5% of all available acute general hospital capacity in both Metro and Rural Regional Hospital drainage areas.
- 6. COVID inter-mediate care the Brackengate Hospital of Hope currently has 10 patients (3 296 cumulative patients), Freesia & Ward 99 has 0 patients, Mitchell Plain Hospital of Hope has 0 patients and Sonstraal currently has 0 patients.
- 7. The Metro mass fatality centre has capacity for 240 bodies; currently 1 decedent (cumulative total of 1389 bodies) admitted. The overall capacity has been successfully managed across the province.

Acute Care Availability & Utilisation per Drainage Area



WCDOH: Daily Operational Bed Status Dashboard as at 07/04/2021

Drainage Area	Operational Beds	Filled Beds	BUR %		% Covid	BUR % for Designated Covid Beds(General Wards)	BUR % for Designated Covid Beds(Critical Care)
Cape Town /Metro	5,041	4,374	87%	10%	4%	10%	21%
George	918	531	58%	12%	7 %	13%	
Paarl	940	692	74%	20%	8%	20%	17%
Worcester	781	554	71%	17%	11%	16%	33%
SubTotal WCDOH	7,680	6,151	80%	12%	5%	12%	20%

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

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



Oxygen utilisation – general comments

- 1. The combined public-private utilisation is now 24 tons/day or 34.29% of the maximal production capacity (70 tons/day) at the Afrox Western Cape plant.
- 2. The **public sector total bulk oxygen** consumption has reduced to **15.46 tons/day, or 21.42** % of the Afrox Western Cape plant for the 7-day period ending 19th March. This is compared to **51 tons/day** in the first week of January.
- 3. The Western Cape still has **4 bulk oxygen tankers** allocated for the daily delivery of oxygen supplies during the week.
- 4. We have started to **address some of the capacity challenges** at facility level, as identified during the 2nd wave, in preparation for the 3rd wave.
- 5. We will **continue to monitor the utilisation of oxygen** over the coming weeks, but **the situation** has completely **stabilised**.



Overview of the impact of recent alcohol regulation changes on trauma presentations (01 Mar 2021-06 April 2021)

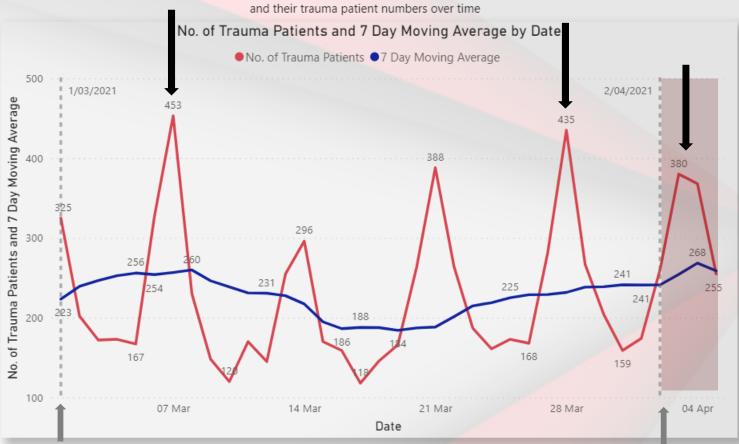
> Easter usually sees increased trauma presentations.

This year on Easter Weekend we saw a blunting of the number of trauma presentations.

Relative to the previous 4 weekends, it had the second lowest number of peak trauma presentations.

The 7-day Moving **Average over Easter** Weekend saw similar numbers to the previous month i.e. during the same time in March 2021.





01 Mar 2021 Limited to no alcohol restrictions

Nighttime curfew 00:00-04:00

 No restrictions in terms of retail sale of alcohol

Limited alcohol restrictions

01 Mar 2021

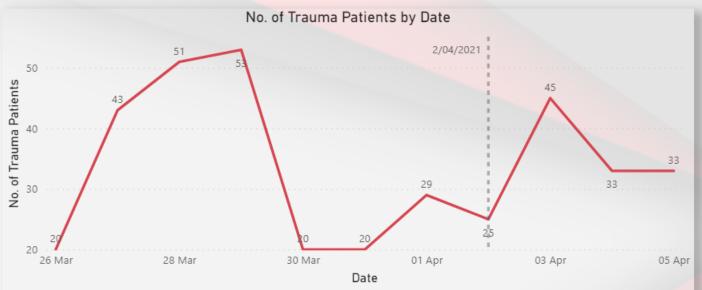
- Nighttime curfew 00:00-04:00
- Fri-Mon Easter Weekend restriction in terms of retail sale of alcohol



WC Sentinel Trauma Report

This report shows a sample of 13 hospital emergency centres and their trauma patient numbers over time





167

No. of Trauma Patients

-18.6%

26 Mar – 29 Mar 2021 Limited to no alcohol restrictions

- Nighttime curfew 00:00-04:00
- No restrictions in terms of retail sale of alcohol

Date

26/03/2021 5/

5/04/2021

When comparing the weekend prior to Easter weekend where there was limited to no alcohol restrictions to Easter weekend where limited restrictions were instituted we saw a ~19% decrease in Road Traffic Accident patient presentations. This shows the impact of upstream regulation in making our roads safer.

136

No. of Trauma Patients

02 April – 05 April 2021 Partial alcohol restrictions reinstated for Easter weekend

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

Source: HECIS

Safe-guarding the well-being of health care workers and the health services





DEPARTMENTAL OVERVIEW HEALTHCARE WORKERS INFECTED WITH COVID-19



Totals as at 08 Apr 2021

Active Cases

Cumulative Infections 8,867



8,727

R.I.P

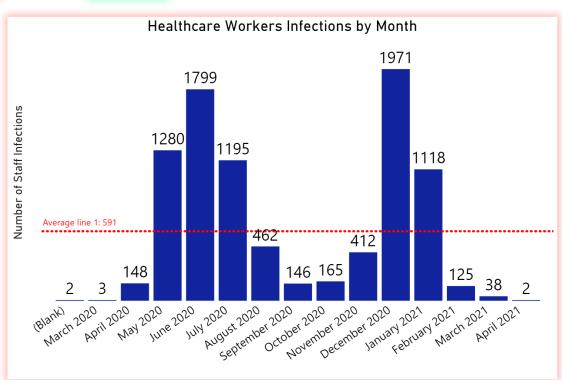
124

16

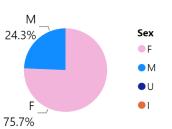
Nurses 3,978

Radiographers 109





Gender Distribution by Sex



DEPARTMENTAL OVERVIEW Totals as at 08 Apr 2021 **HEALTHCARE WORKERS INFECTED WITH COVID-19 - DAILY TRENDS Active Cases Cumulative Infections** 8,727 124 16 8,867 **Doctors** Daily Staff Infection Trends 173 Nurses Number of Staff Infected 128 126 Radiographers **Pharmacists** Other

Nov 2020

Sep 2020

Date of Diagnosis

Jan 2021

Mar 2021

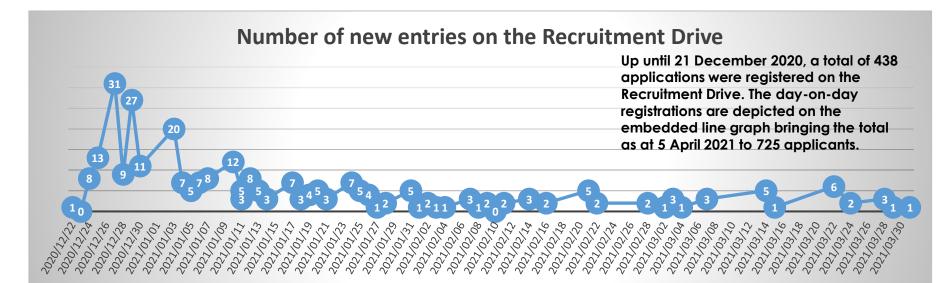
May 2020

Jul 2020

Mar 2020

Categories

High Level Summary on Recruitment Drive



Category of HCW	Possibly Available	Appointed on PERSAL
мо	163	26
Enrolled Nurse(EN)	100	19
Enrolled Nursing Auxiliary (ENA)	111	24
Not Indicated	33	7
Professional Nurse	132	61
Professional Nurse with		
Specialty	41	8
	580	145

Institutions have made 48 Offers to the following categories of staff:

OSD-Category Rank	Filled	Reserved Posts	Grand Total
Allied Health	21	2	23
Doctors	67	1	68
Nursing	602	39	641
Pharmacists	5		5
Pharmacists-			
Assistant	9		9
Social Workers	5		5
Admin and Related	125	6	131
Grand Total	834	48	882

There are currently 834 filled posts across the platform for additional COVID posts, 48 offers are pending finalization which will bring the total to 882. Of the 725 Recruitment Drive applicants, 145 has thus far been appointed on PERSAL. The balance of which 580 are possibly available for appointment.



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Phase 1 Vaccine Implementation update



Vaccine update: Phases and Prioritisation Groups

Phase I Phase II Phase III • Health Care Workers: Essential Workers Older than 18 years Clients in congregate settings • Older than 60 Years • Older than 18 yrs with Co-morbidities • Estimated target : • Estimated target : • 2m • Estimated target: • 2,9m • 132 000

- It is anticipated that we will be able to cover more than
 60% of health care workers with the limited doses being received via the Sisonke Programme.
- We are preparing to scale up vaccination during April to complete Phase 1, with an expected arrival of Pfizer doses by mid-April 2021.



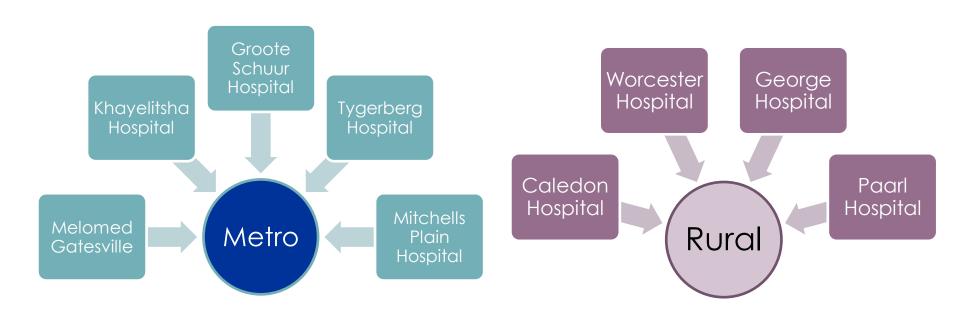
Vaccine Update: J&J Sisonke Programme

- 1. Since the launch of the **J&J Sisonke Programme** took place on 17 February 2021, the province received **54 068 doses** of the **initial 300 000 vaccines**.
- 2. The **final tranche** from the additional 200 000 doses is expected on 10th or 11th April 2021. The province will receive **36 240 doses**.



- 3. A total of 90 308 doses will be received via the Sisonke Programme sufficient doses to cover 68% of healthcare workers.
- 4. As at **07 April 2021**, a total of **52 202** health care workers have been vaccinated in the province (public and private sectors).

Vaccine Update: Sites

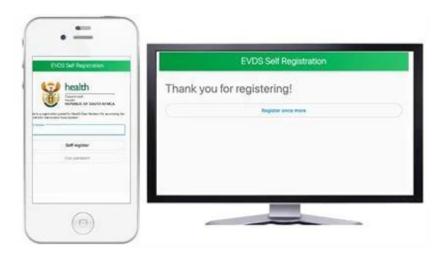


- Vaccination sites in rural districts service both the public and private sectors.
- In the **Metro**, Melomed Gatesville services the private sector and the public sector vaccination sites service the public sector.



Vaccine update: Implementation

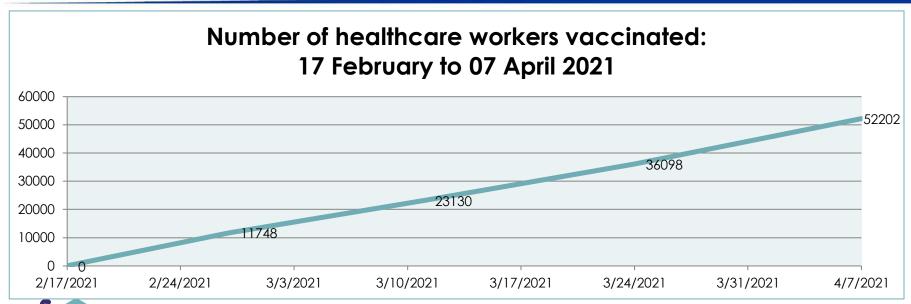
- Initial operational challenges with regards to the Electronic Vaccine Data System (EVDS) have largely been resolved.
- There is greater awareness and understanding amongst healthcare workers of the process to follow to access the vaccines.



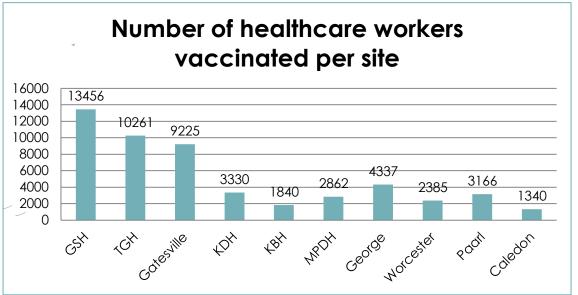
- The province now has more provincial level control permissions on EVDS which helps for a smoother facilitation of processes at the local level.
- Prioritisation and sequencing of most-at-risk healthcare workers continues to ensure equitable access to the vaccine programme for those healthcare workers at greatest need.



Vaccine Update: Healthcare workers vaccinated







Vaccinator Database (as at 07 April 2021)

Group	District	Facility/Institution			
Cape Metro	Cape Metro	Aan-het-Pad Clinic			
☐ CAPE TOWN	☐ CAPE TOWN	Abalone Factory			
☐ CDU	Cape Winelands	☐ ACVV	//00	501 22	207 85
☐ CMD	CDU	Admin Building	4489	301 22	.07 05
College of Emergency	Central Karoo	Adriaanse Clinic	7707	Doctors No	urses Other
CT Eastern SD	☐ CMD	 Alan Blyth Hospital 	total Vaccinators	Doctors No	irses Other
CT Khayelitsha SD	College of Emergency Care	Albertinia Clinic	total vaccinators		
CT Klipfontein SD	☐ CPUT	 Alexandra Hospital 			
CT Mitch Plain SD	CT Eastern SD	☐ Alma CDC		idostifia	d so for
CT Northern SD	CT Khayelitsha SD	☐ Alnet LTD		identine	ed so far
CT Southern SD	CT Klipfontein SD	Alphen Clinic			
☐ CT Tygerberg SD	CT Mitch Plain SD	 Amalienstein Clinic 	0/1/	E0.	000
CT Western SD	CT Northern SD	 Amawandle Incon Clinic 	2416	526	302
□ DCS	CT Southern SD	Amawandle Pelagic - Inc	2410	020	002
☐ Metro	 CT Tygerberg SD 	Annie Brown Clinic		Pharmacists/EMS/Educator	Supervisor/ Manager
☐ Metro Health Services	CT Western SD	Aquarius Health Covid Fi	total Trained		
☐ NHLS	□ DCS	Area Central HO			



Phase 2 Vaccine Implementation preparation – targeted to start in May 2021



Global and Local Lessons Learned

Key Global Lessons:

- High-level leadership& commitment
- Information Systems:
 Scheduling /
 Appointments,
 Monitoring, Reporting
- Effective
 Communications and
 Citizen Engagement
 to obtain buy-in and
 trust
- Patient centred, highly organised and efficient logistics

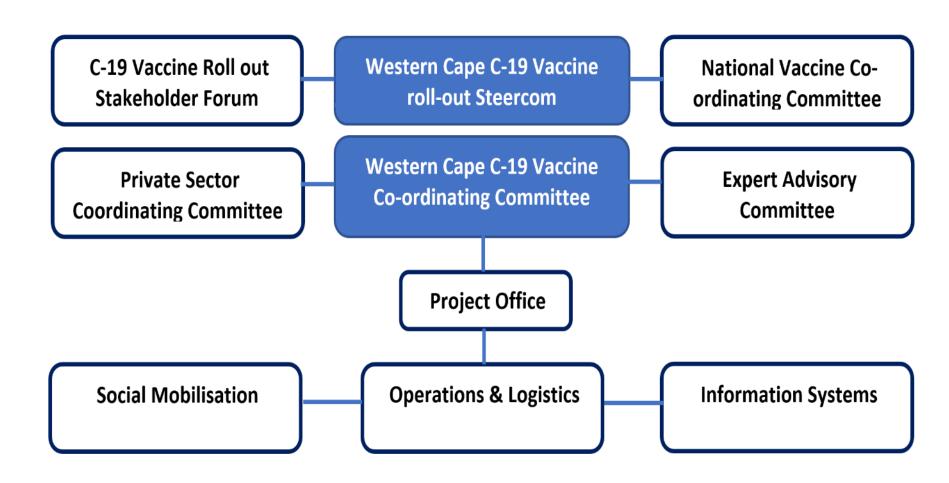


Key Lessons from Phase 1

- Vaccination Site Setup
- Vaccinator Training and Training Updates
- Information Systems
- Registration and Appointment
 Scheduling
- People Behaviour
- Vaccine Logistics
- Governance
- Stakeholder
 Interaction

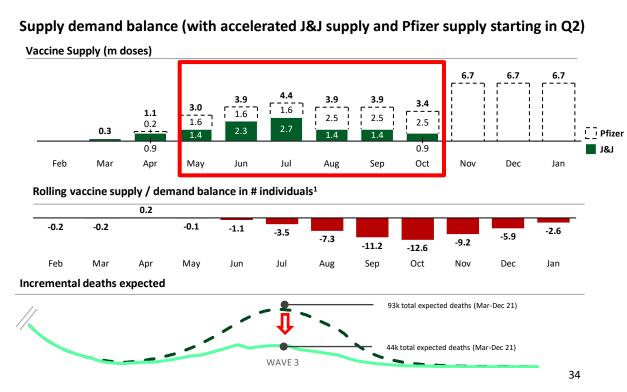


Revised Governance arrangements for Phase 2 roll out





National Supply Pipeline - Accelerating the delivery of the J&J vaccines and securing the Pfizer vaccines could save >48k lives and relieve pressure on the healthcare system





Key insights

- Accelerating the delivery of J&J vaccines from Q3 to Q2 and assuming Pfizer doses are also secured from Q2 onwards, the supply deficit required by winter could drop to 3.5m
- This will have a significant impact on the third wave
 - Up to 40,000 lives saved
 - Up to 200,000 fewer hospitalisations¹
 - More than R8b savings in healthcare costs²

- Based on best available data, ~12% of tested positive in high risk population will require hospitalisation, death rate of ~15-18% among the hospitalised
- Assuming average ~10 days stay per case, at an average cost of ~R4,000 based on a case mix between general ward and ICU in private/public hospitals







SAHPRA Approvals

Application submitted to SAHPRA for market authorization

Name	Date of Submission	Status
J&J Ad-26	11/12/2020-Part1 of Rolling review	Under review
	08/02/2021 Part 2 of Rolling review	In Evaluation of rolling review 2
	03/03/2021 part 3 of rolling review	Rolling review pack 3 submitted (Outstanding documents as submitted to EMA submitted to SAHPRA on 17/03/2021)
Pfizer/Biontec Comirnaty	08/01/2021 Verification review	SAHPRA commenced full review
Sputnik V (Lamar Pharma)	23/02/2021 (rolling)	Under review
Sinovac-Coronavac (Curanto Pharma)	10/03/2021	Under review





Western Cape vaccine acquisition - Update

1. Process followed by acquisition team:

- a) Standard SCM process followed for all unsolicited bids
- b) 28 individuals/entities provided specific details, as requested
- c) Each submission has been evaluated accordingly, with due diligence

2. Approaches to suppliers/ manufacturers:

- a) J&J replied that they will supply to NDoH at this stage
- b) Pfizer replied that they will supply to NDoH at this stage

3. Next steps:

- a) Continue with targeted RFI process, with view to acquire by August 2021
- b) Specific follow-up with foreign governments should be explored by DoTP
- c) Engage with private sector through the existing WCG Public-Private platforms
- d) Document the liability and no-fault provisions likely, and assess options for WCG in this regard



Potential SA portfolio of COVID-19 vaccination sites

50/50 sharing between public and private sector

NATIONAL TARGET

250 000 – 300 000

vaccinations per day

Provincial Target

30 000-36 000

Vaccinations per day

Small sites

~90 Vaccinatio ns / day

x ~1 200 Small sites

~110 000

Vaccinations / day

Medium sites

~300 Vaccinatio

ns / day

~500 Medium sites ~150 000

Vaccinations /day



Pharmacies



Community clinics





GP practices



Hospitals



Medical centres



Select retail locations

Mass Vaccination sites

~1 000 x Vaccinations /

day

L/XL/XXL sites

~55 000 Vaccinations /day



Gyms



Hotels / retail spaces



Conference centers / stadiums



Phase 2 modelling of clients, vaccinators and duration

What there is the second production of the contract of the con		METRO DISTRICT			RURAL DISTRICTS				100	
VACINATORS REQUIRED FOR PHASE 1	KMSS	KESS	NTSS	swss	Cape Winelands	Central Karoo	Garden Route	Overberg	West Coast	PROVINCE
No. of HCW to vaccinate		C	and backers			ee dee al ke ke	l monala an a f	h = =lib · · · · · ·		131 264
No. of vaccinator days (50 vaccines/day)	- 11	nese rigures	are being (раатеа во	ased on the	revisea ioia	i number of	nealin work	ers	2 626
NO. OF VACCINATORS REQUIRED IF 1 WEEK										376
		METRO	DISTRICT			RL	JRAL DISTRI	стѕ		Section (IV) (Section
VACINATORS REQUIRED FOR PHASE 2	KMSS	KESS	NTSS	swss	Cape Winelands	Central Karoo	Garden Route	Overberg	West Coast	PROVINCE
Population over 60 years	93 576	85 919	141 557	157 047	84 818	9 614	80 213	31 820	38 602	723 166
Population 18-59 years with comorbidities	194 401	243 215	215 953	208 958	164 855	9 314	91 416	47 150	6 5821	1 241 084
Number of essential workers/congregate settings	18 432	21 263	21 743	23 106	17 169	1 160	10 398	5 328	8 401	127 000
Total number to vaccinate	306 409	350 397	379 253	389 111	266 842	20 088	182 027	84 298	112 824	2 091 250
No. of vaccinator days (50 vaccines/day)	6 128	7 008	7 585	7 782	5 337	402	3 641	1 686	2 256	41 825
3 OPTIONS BASED ON 4/8/12 WEEK PHAS	E 2 DURA	TION								
1 NO. OF VACCINATORS REQUIRED IF 4 WKS	219	250	271	278	191	14	130	60	81	1 494
2 NO. OF VACCINATORS REQUIRED IF 8 WKS	109	125	135	139	95		65	30	40	747
3 NO. OF VACCINATORS REQUIRED IF 12 WKS	73	83	90	93	64		43	20	27	498



Need to do $30\ 000$ /day to cover phase 2 in 3/12.

Vaccine Site Calculator

	XXL Site	XL Site	L site	M site	S Site	Outreach team
Assumptions						
Expected vaccinations /day	2 000	750	500	300	100	50
Number of operating days	20	20	20	20	20	12
Number of vaccinations /vaccinator /day	50	50	50	50	30	20
Vaccinators required per site per day	40	15	10	6	3	2.5

Projected							Total
Number of Sites	4	4	4	4	20	12	
Vaccinators /day	160	60	40	24	67	30	381
Vaccinations /day	8 000	3 000	2 000	1 200	2 000	600	16 800
Vaccinations / month	160 000	60 000	40 000	24 000	40 000	7 200	331 200



Vaccine Site Planning: Ensuring an Optimal Mix

The choice of **vaccination site model** depends on the population distribution, priority groups and projected efficiency.

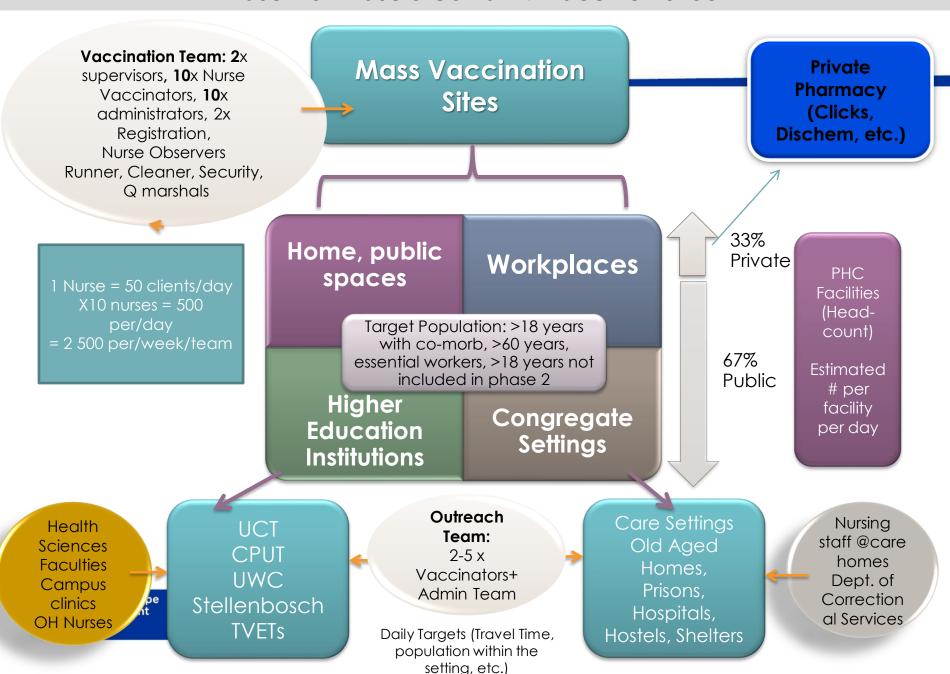
An **optimal mix** of sites should be selected.

- 1. Large: Mass vaccination site (Propose 4-8 Metro+ 4 Rural)
- 2. Medium: Hospitals, CHCs
- 3. Small: Outreach team, pharmacies, small PHCs

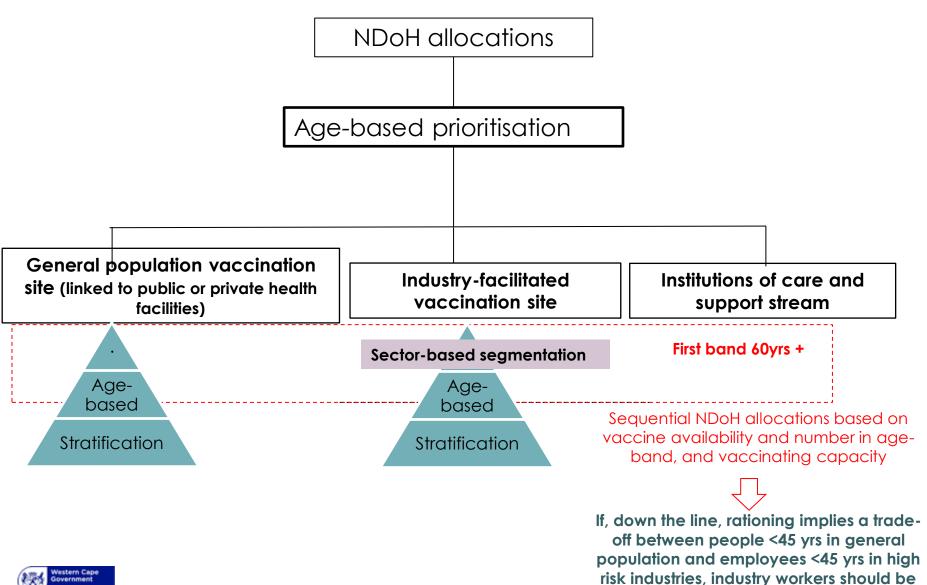
Provincial **Infrastructure Database** of WCG and CoCT facilities is available to inform decision-making and site selection.



Phase 2 & Phase 3 Covid-19 Vaccine Rollout



Proposed NDoH Sequencing of Rollout Across all sites



prioritised



Conclusions



Concluding remarks

- Our current situation is one of having navigated and exited a 2nd wave with a clear and consistent decline in cases, hospitalisation and deaths.
- 2. We move into heightened surveillance vigilance and urge everyone to adhere to protective behaviours to reduce new cases while in Level 1, especially over the coming holiday period, to avert an early 3rd wave.
- 3. We have to reflect on our experience over the 1st and 2nd wave to learn and to improve our response for the coming 12 months.
- 4. We require a concerted whole of government and whole of society response to mitigate the impact of the 3rd wave.
- 5. We have to significantly scale up the implementation of vaccines over the coming months as the key drive against COVID over the coming months.



Thank you

