

Western Cape Government

Health

Digital Press Conference

Health Update

Dr K Cloete

1 July 2021



Overview

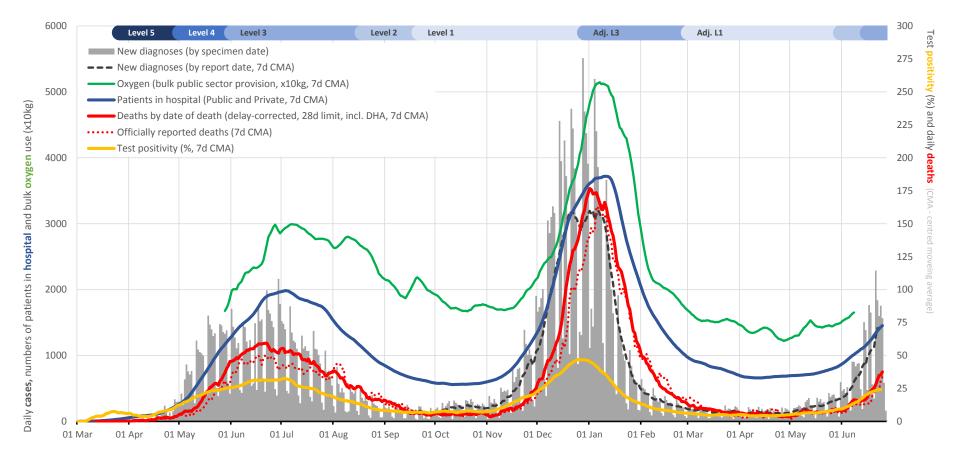
- 1. Surveillance & Response Update
- 2. Variant Update
- 3. Expectations for the 3rd wave
- 4. Triggering the third wave response
- 5. Vaccine Implementation update
- 6. Conclusions



Surveillance & Response Update



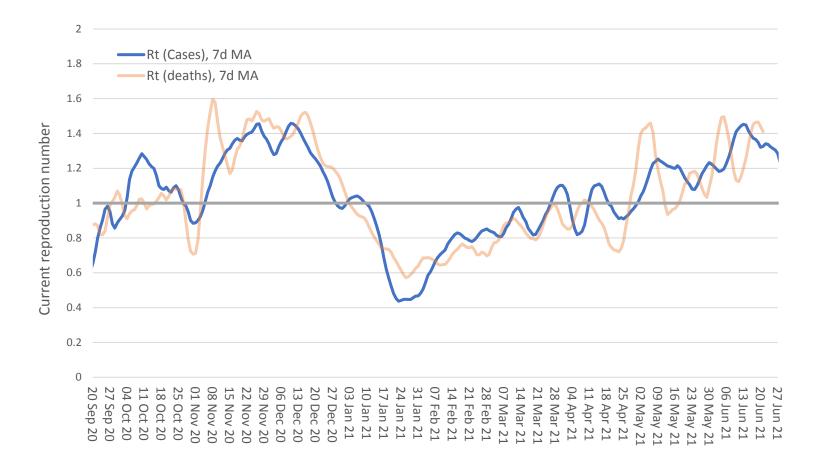
Integrated testing, case, hospitalisation and mortality trends





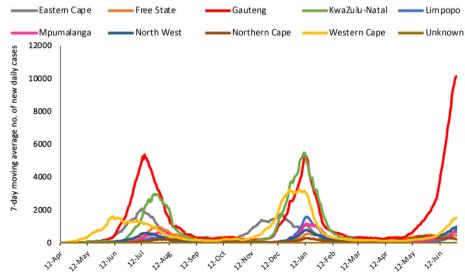
Current reproduction number (Western Cape)

Reproductive number >1 for several weeks – currently ~1.25

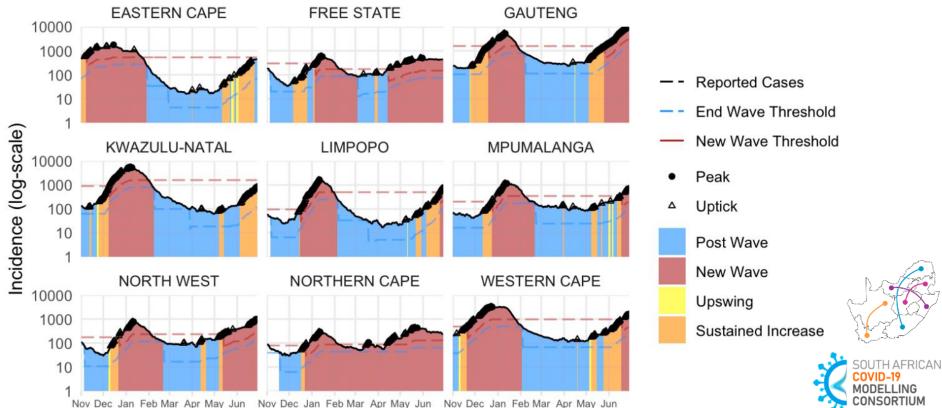


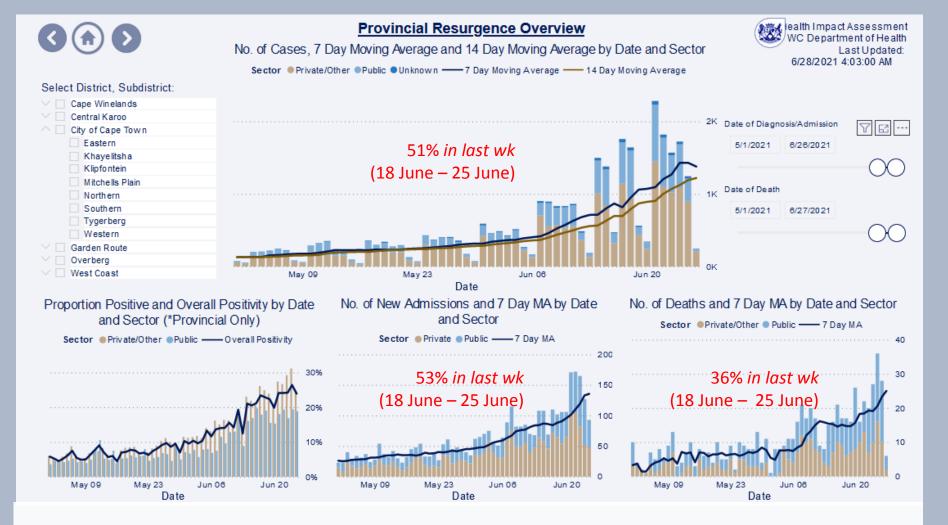
National trends

- All except 2 provinces are in a 3rd wave.
- Remaining provinces (EC, KZN,) showing 个 in case numbers.
- Gauteng: very steep ↑ exceeding previous waves.



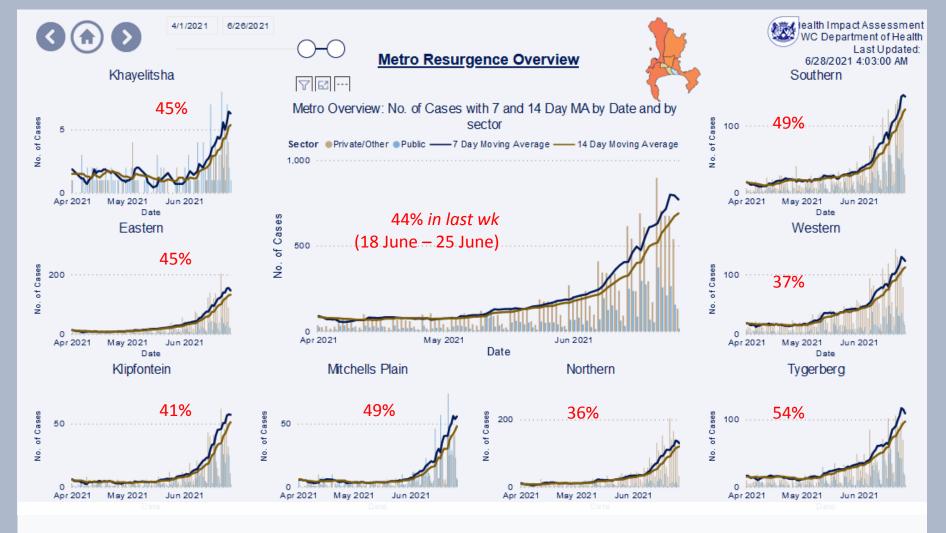
7-day moving average of new cases by province



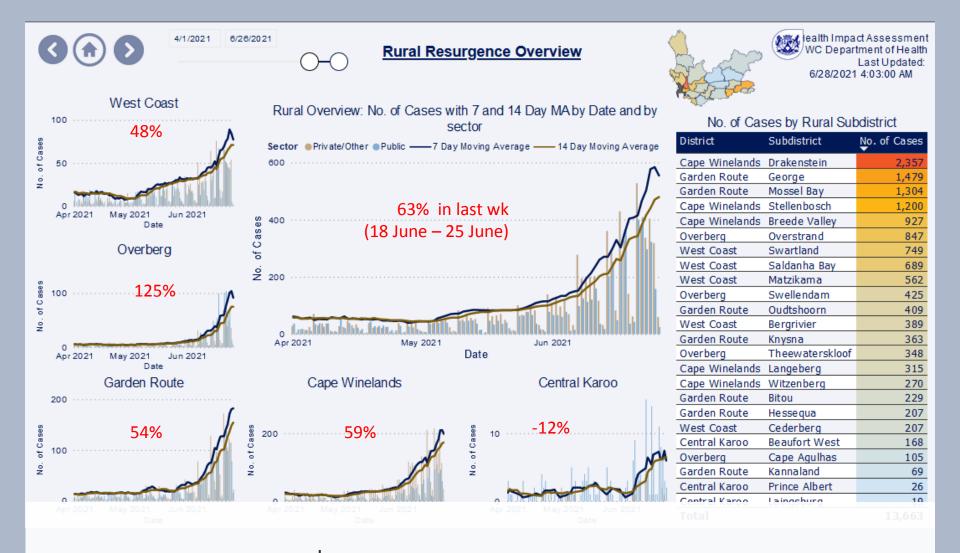


Provincial Overview

- Case numbers are increasing rapidly now, and we are currently seeing an average of 1430 new diagnoses each day. Restricted public sector testing criteria will artificially lower public sector case numbers.
- The **proportion positive** has also increased markedly to an average of **25.0%**.
- Admissions are increasing with an average of **135 new admissions per day**. Deaths have also increased now, with around **25 deaths each day**.

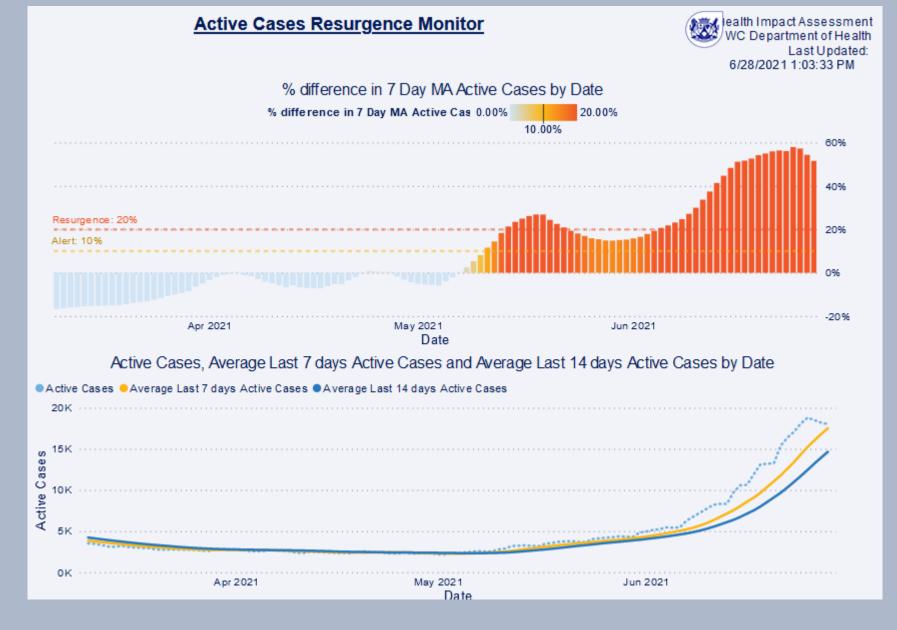


- Metro Overview
- Overall, there is a 44% week on week increase in cases in the Metro.
- All the sub-districts are seeing a marked increase in cases, (but note the different axis values for the different sub-districts).
- Most cases diagnosed are in the private sector, but the number of public sector cases is also increasing. We continue to see small numbers in Khayelitsha although the curve is trending upward.

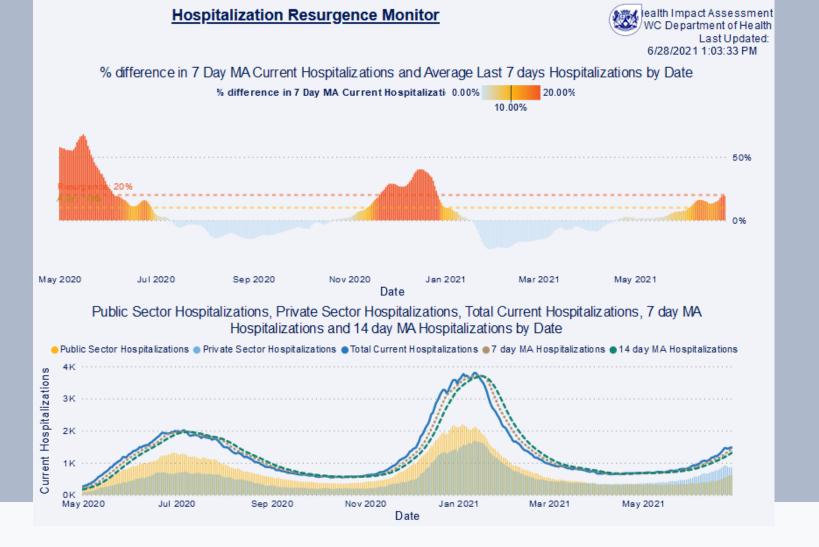


Rural Overview

- The number of **new cases in Rural is also markedly increasing**, with all districts showing increasing case numbers.
- Cape Winelands has mostly private cases, while the rest of Rural has a mix of both public and private.



There are currently **18 518 active infectious cases**. This is **5248 more active cases (39%)** in the **last week**.



Currently admitted patients

- The week on week increases in current admissions is almost 20%.
- Currently 1853 patients admitted with COVID-19.

29 June 2021

Motro

Surveillance Huddle Notes



Increasing case numbers make it difficult to identify clusters

 shifted to widespread community transmission and mitigation

KESS	 Continue to see big increase in cases in Eastern 		
	 Khayelitsha also increasing but numbers are small 		
	 Mostly family clusters 		
	 5 Cases at long term care facility (LTCF) in Strand 		
KMPSS	 Big increase in numbers and positivity rate 		
NTSS	 Daily increase of cases (doubling week on week) 		
	 Social gatherings still main contributing factor 		
SWSS	 More tests being done despite of restricted testing criteria and increased 		
	positivity and proportion of public sector cases		
	 Clusters at 2 long term care facilities, one including visitors for a social 		
	event		
tural			
Cape	 Large numbers of cases across all subdistricts 		
Winelands	 Large cluster in long term care facility in Drakenstein 		
Central	 Rate of increase in new cases slower than in previous weeks 		
Karoo	 No new cluster identified. Murraysburg remains "hotspot" 		
Garden	 Kannaland, Knysna, Oudtshoorn have biggest increases 		
Route	 Oudtshoorn: several in military barracks positive 		
	 George: Cluster at health facility 		
	 All hospitals seeing increased admissions 		
	 Private hospitals in Mossel Bay and George extremely busy 		
Overberg	 Increases in all sub-districts with a high case load 		
	 Mostly household clusters 		
	 Equal public /private split 		
	Private hospitals very full		
	 Small clusters at 2 LTCFs in Swellendam 		
West	 Cases increasing especially in Swartland, Saldanha Bay & Bergrivier 		
Coast	 Malmsbury & Wesbank the main areas for concern. 		

Comparing the 3 waves – superimposed to align

- 3rd wave currently tracking along with 2nd wave (similar slope).
- Have now exceeded the peak of 1st wave

 artificial flattening due to data delays
 and restricted testing.

Days

 Different wave patterns in different Metro sub-districts – in keeping with previous seroprevalence results.

7 Day Moving Average - WESTERN CAPE

Wave
Wave 1
Wave 2
Wave 3

3500

3000

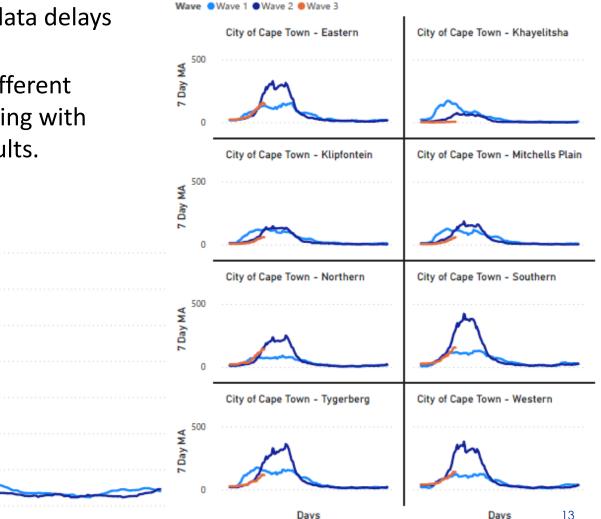
2500

W APU 2000

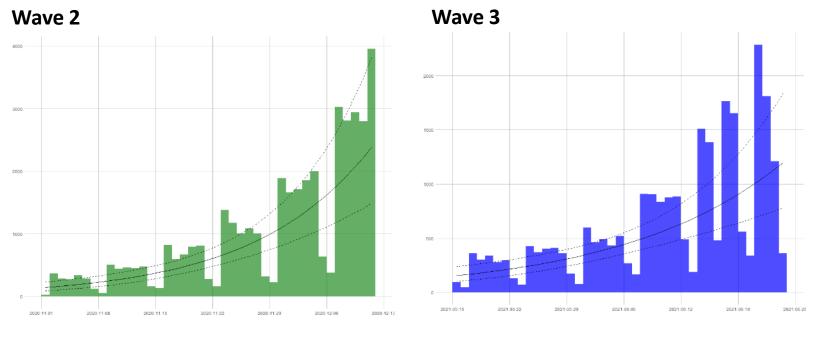
1000

500

0



Comparison cases Wave 2 and Wave 3, Western Cape

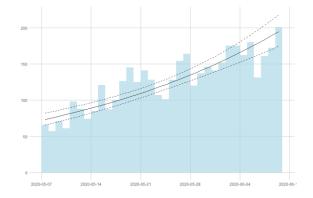


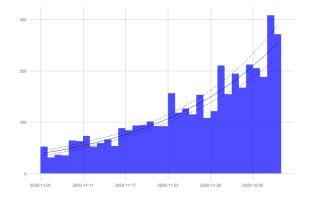
Doubling time: 9.9 days (95% CI 7.7-14.0)

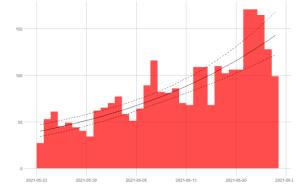
Doubling time: 13.6 days (95% CI 10.0-21.2)

Rate of increase in cases is not significantly slower than at similar stage in wave 2 Caveats: Wave 3 has wider availability of antigen testing BUT earlier restriction of public sector testing

Comparing admissions in the waves, Western Cape







Wave 1 Admissions Doubling time: 23.4 days (95% CI 19.6 - 29.1)

Wave 2 Admissions Doubling time: 12.3 days (95% Cl 11.0 – 14.0) Wave 3 Admissions Doubling time: 18.0 days (95% CI 14.8 – 23.0)

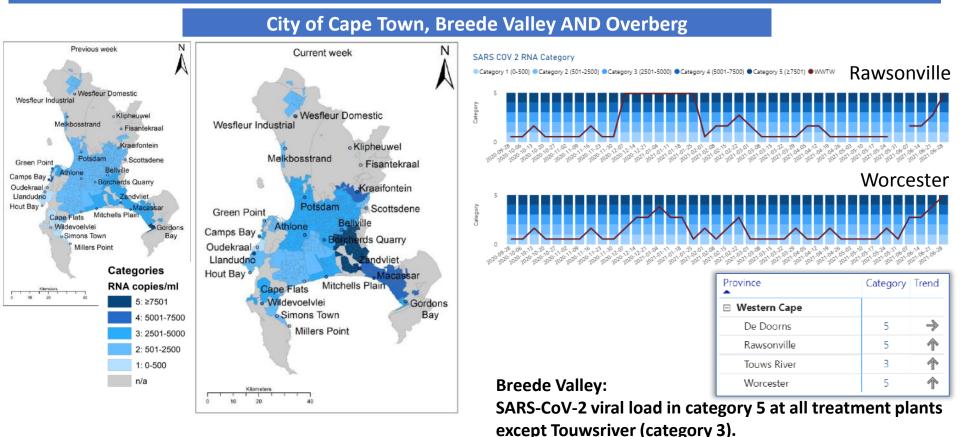
Triangulating with wastewater



WEEK 26

2021

SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM



Metro:

SARS-CoV-2 >500 copies/ml (category 2 or higher) at 87% of treatment plants (vs 67% last week);

65% of those are category 3 or higher (vs 38% last week).

Marked 个 of >1 category at Zandvliet (category 5) Kraaifontein, Llandudno, Wesfleur Industrial, Wildevoelvlei. Theewaterskloof: Marked 个 to category 5 in Botrivier.

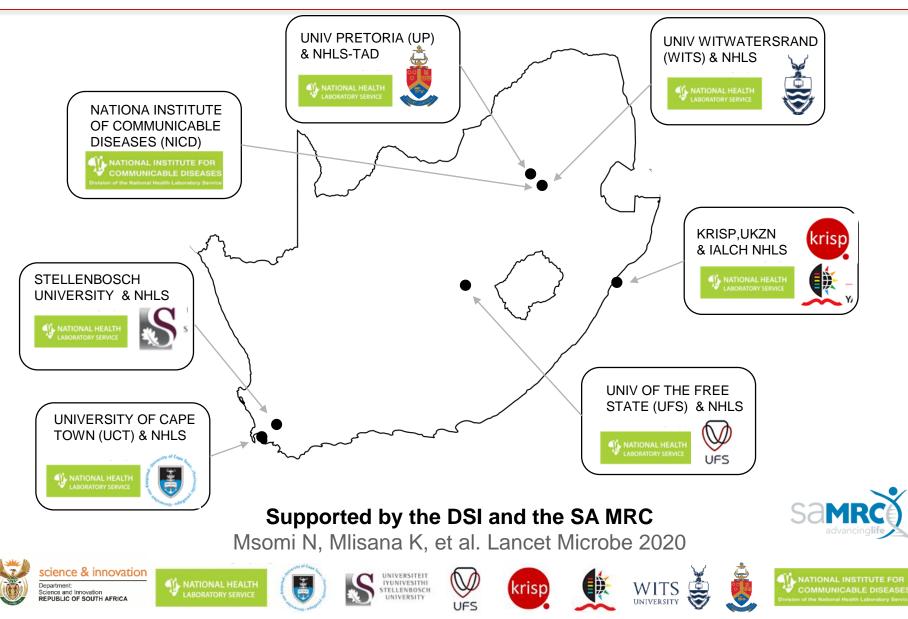
All other treatment plants \uparrow or unchanged (category 2).

Province	Category	Trend
Western Cape		
Botrivier	5	个
Caledon	2	个
Grabouw	2	♠
Villiersdorp	2	\Rightarrow

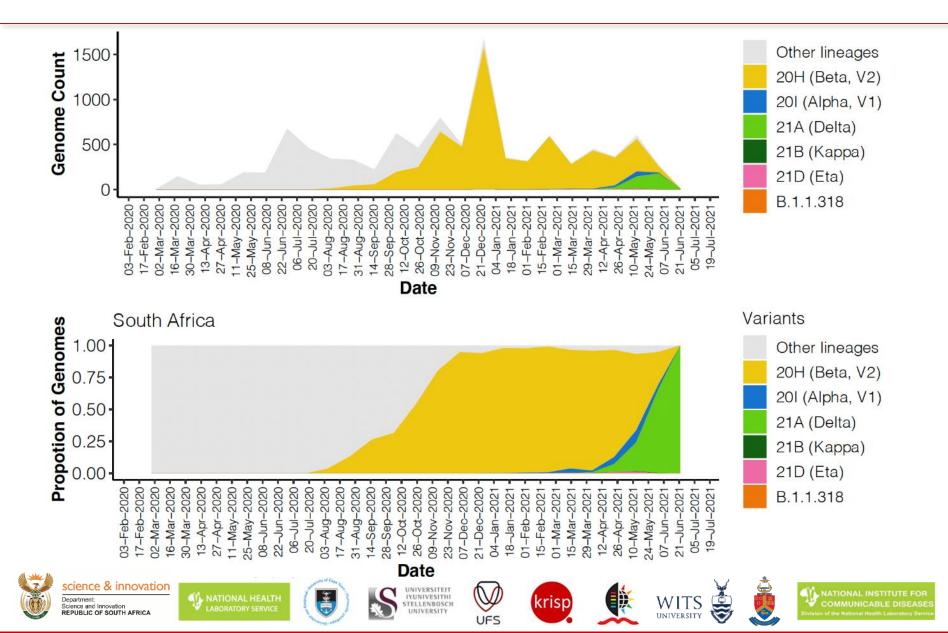
Variant update



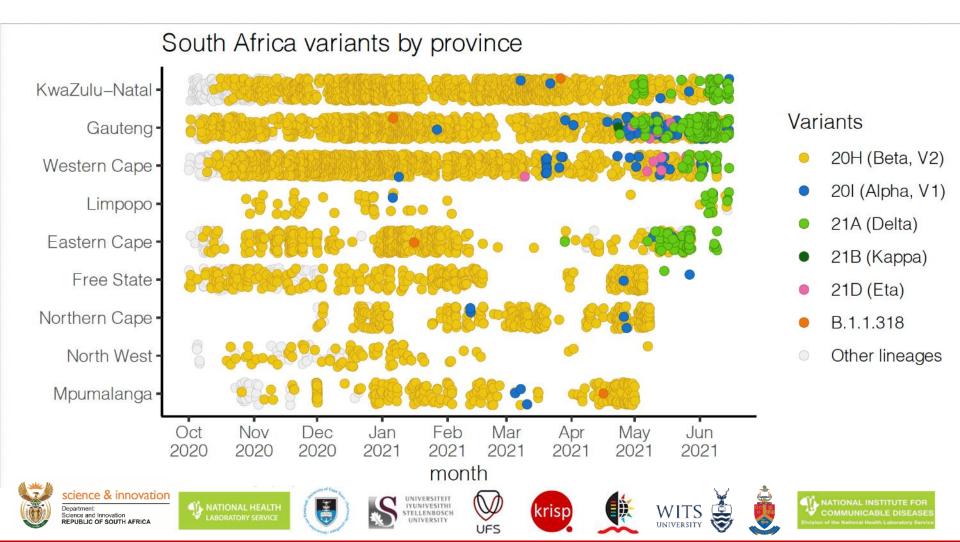
Network for Genomic Surveillance in South Africa (NGS-SA)



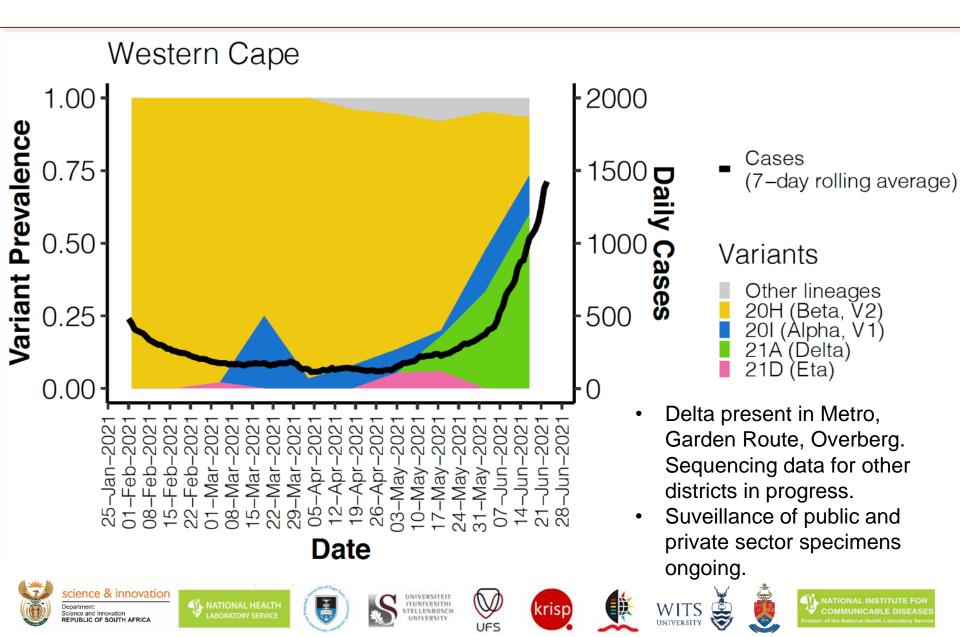
Detection of Delta in South Africa



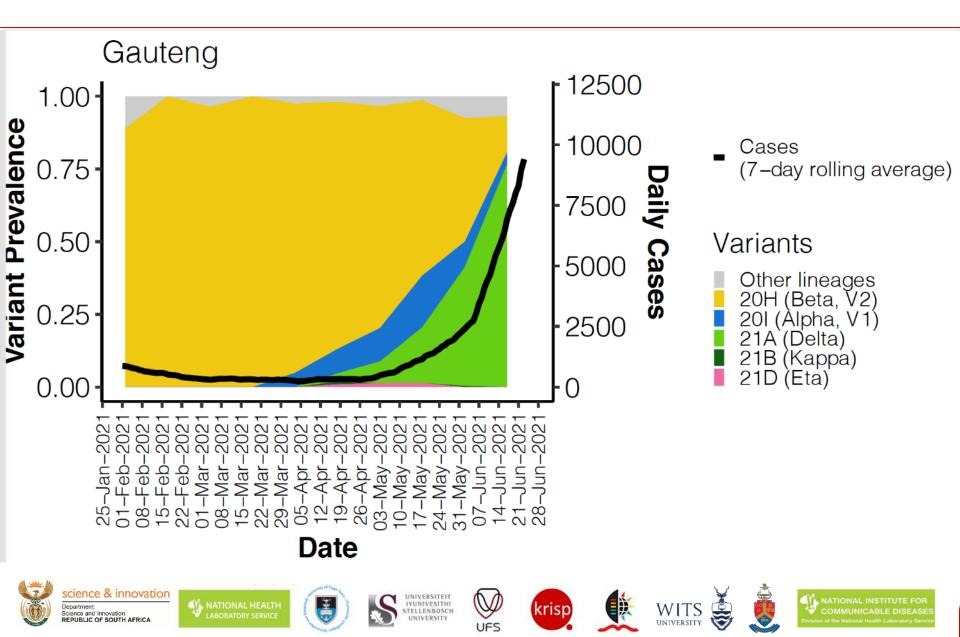
Variants over time by province



Western Cape



Delta also detected in Gauteng



Clinical presentation

- Some evidence from UK that symptom profile could be different most prominent current symptoms are headache, sore throat, runny nose and sneezing; fever, anosmia, ageusia less prominent -may impact transmission as cases not recognized & don't isolate
- More work needed to confirm if this is a consistent finding with the Delta variant or reflects clinical profile of infections in certain age groups, clinical profile in partially/fully vaccinated individuals, or testing practices
- No evidence to suggest severe disease (hospitalized cases) have different clinical profile

AFRICA HEALTH RESEARCH



Researchers warn that UK's most widely established variant may be mistaken for milder illness

https://covid.joinzoe.com/post/new-top-5-covid-symptoms

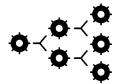








Summary of Delta variant



Transmissibility

Highly transmissible – more than all other variants



Reduction in neutralization with serum from people infected with Beta variant





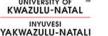


IYUNIVESITHI STELLENBOSCH UNIVERSITY













Disease severity

No clear evidence yet



No evidence of vaccine escape High levels of protection against severe disease

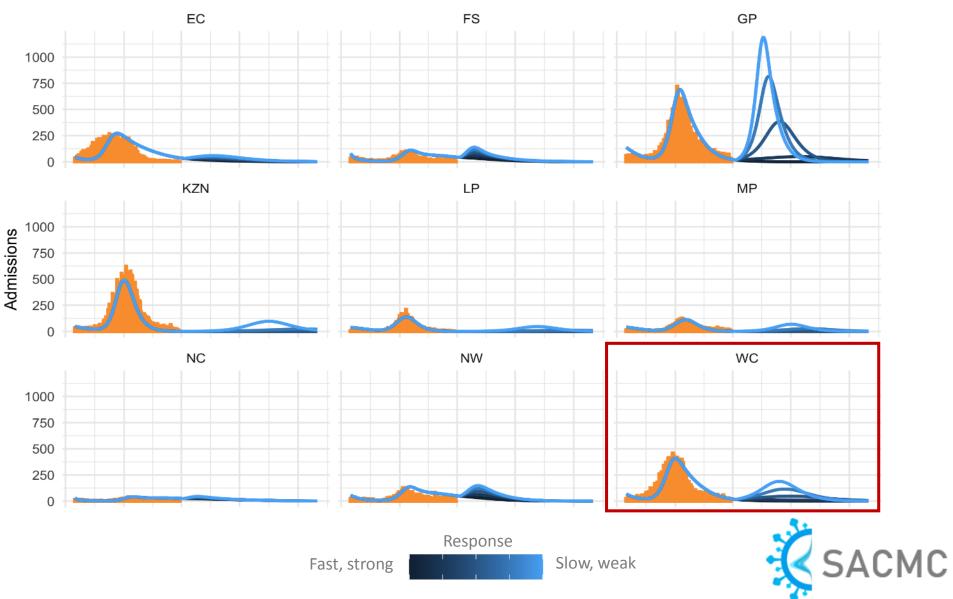
Expectations for the Third Wave



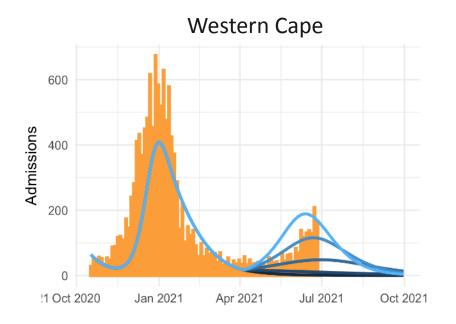
The Third Wave: Projected Admissions (Province)

- models from April 2021 - assumption beta variant only

Admissions (Gen + ICU): Second & Third Waves



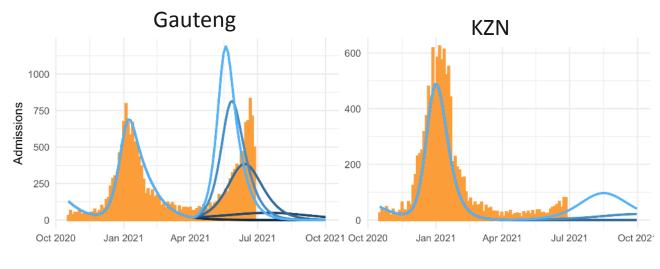
The Third Wave: Actual admissions exceeding projections



 Identification that delta variant playing a major role in SA's 3rd wave means previous projections no longer applicable.
 Modelling consortium currently

updating projections.

- Plan for a 3rd wave in WC as severe as 2nd wave with capacity to rapidly scale further.
- Watch data closely and titrate our response.



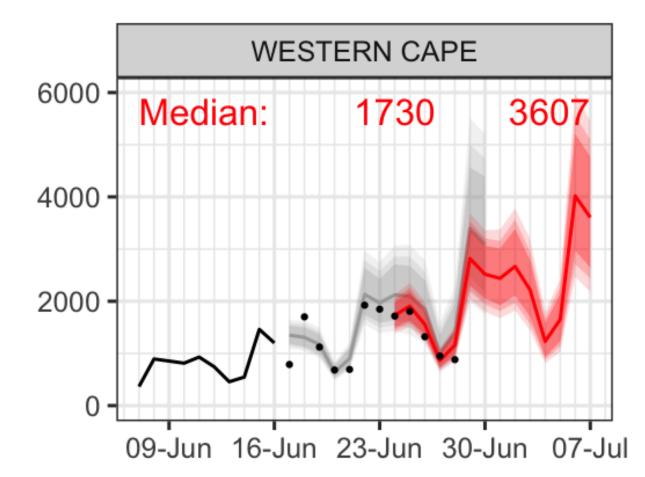
Response

Slow, weak

Fast, strong



Short term predictions from SACMC – new cases



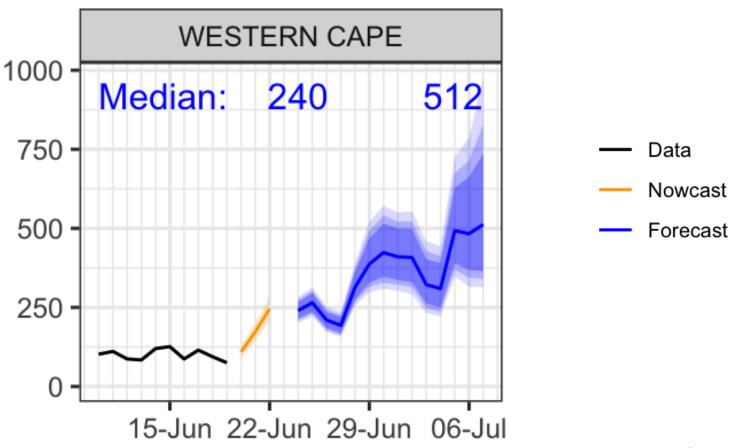
Black line: previous cases

Grey line: forecast for this week Dots: actual cases

Red line: Prediction for next week



Short term predictions from SACMC – new admissions





Triggering the Third Wave Response



Western Cape 3rd wave advisory

Principle: Transparent pre-defined triggers for whole of society response to reduce transmission and prepare health services. **Note: Metrics in bold met or nearly met**

Indicator	Exam	ole of Resurgence Metric
First warning:		Large \uparrow daily cases (increase for \geq 1 week of \geq 20%)
↑ health service		Overall test positivity >7% for ≥1 week
demand in 14-21d		>15% of hospitals have >10% of beds occupied by COVID-19 patients
		>50% 个 in pre-COVID-19 hospital O ₂ use
Second warning:		Overall test positivity 10-15% for ≥1 week
↑ health service		>15% week-on-week increase in 7dma of current admissions
demand in 7-14d		>40% of hospitals have >10% of beds occupied by COVID-19 patients
		>75% 个 in pre-COVID-19 hospital O ₂ use
Third warning:	EA.	>20% week-on-week increase in 7dma of current admissions
↑ health service		>50% of hospitals have >20% of beds occupied by COVID-19 patients
demand in 2-7d		>50% of high care, intensive care & HFNO ₂ COVID-19 beds occupied
	O ₂	>100% \uparrow in pre-COVID-19 hospital O ₂ use
Health service		>2800 current COVID-19 inpatients
capacity threatened		>80% of high care, intensive care & HFNO ₂ COVID-19 beds occupied
	02	>200% 个 in pre-COVID-19 hospital O ₂ use

Approaching 3rd warning indicator

Indicator	Recommended action
First warning indicator. ↑ in health service demand in 14-21 days.	 Strong public messaging about ↑ cases and need for stricter NPI adherence Publish ceilings of 2nd warning indicators with restriction expectations ↑ testing capacity, contact tracing, isolation Prepare to mobilize resources for a substantial surge ↑ vaccination Targeted sequencing of virus Recommend restrictions: gatherings, travel
Second warning indicator. 个 in health service demand in 7-14 days.	 Continue public messaging, vaccination, viral sequencing as above Publish ceilings of 3rd warning indicators with restriction expectations Limit testing not absolutely necessary Mobilize resources to support a substantial surge within 7 to 14 days Recommend further restrictions: gatherings, curfew
Third warning indicator. 个 in health service demand in 2-7 days.	 Continue public messaging, vaccination, viral sequencing, testing limits as above Publish potential increase of restriction expectations if systems overwhelmed Further mobilize resources to support a substantial surge within 2-7 days Recommend restrictions: gatherings, curfew, alcohol

Adjusted level 4 restrictions

1. Gatherings:



- a) No gatherings.
- b) Funerals \leq 50 people; max duration of 2 hours.





- a) Time: 21:00-04:00
- b) Closing times: 20:00
- 3. Alcohol: All sales and transport prohibited



- 4. Restaurants: Take-away service only
- 5. Early school closure

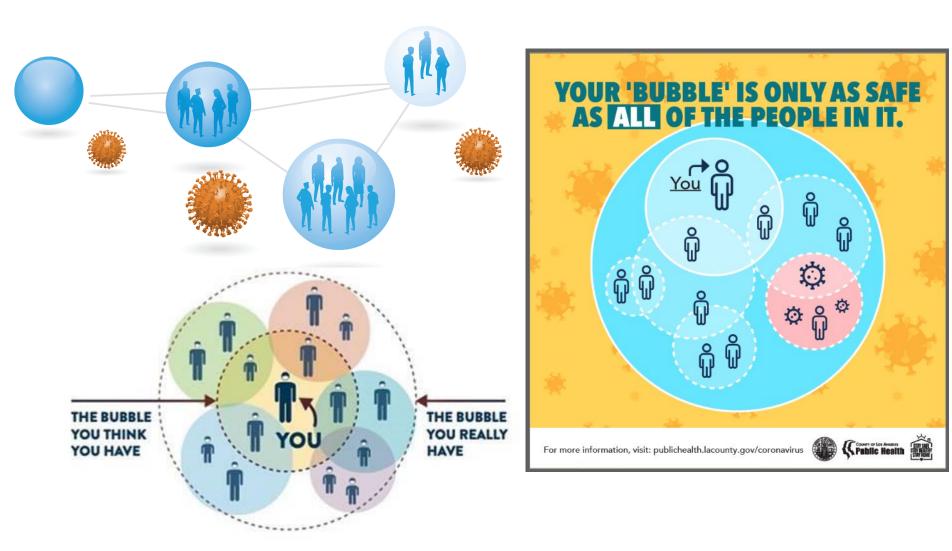


6. No leisure travel to/from Gauteng





Small gatherings – "Securing our Bubbles"





Entering The Mitigation Paradigm

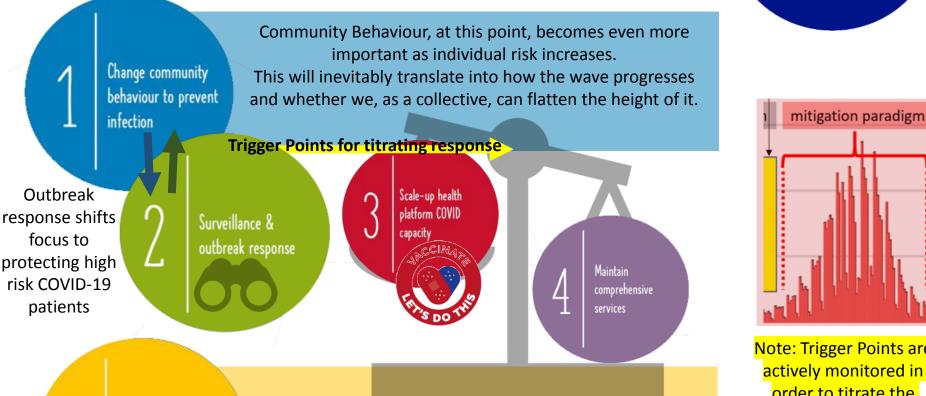
During the wave 3 period we will be asking of our staff

to manage increasing COVID-19 cases and a Phase 2

vaccine programme over and above their normal clinical

duties. This additional burden will stretch our staff.

5 POINT COVID CONTAINMENT STRATEGY



Note: Trigger Points are actively monitored in order to titrate the response to the COVID-19 wave and achieve balance for COVID-19 and comprehensive service capacity.

Acute service platform – current picture

- 1. Currently **1 853 COVID patients** in our acute hospitals (**734** in **public** hospitals & **1 119** in **private** hospitals). This **excludes PUIs** and **cases in specialised hospital** settings.
- 2. The Metro hospitals have an average occupancy rate of 89%; George drainage area hospitals at 64%; Paarl drainage area hospitals at 73% & Worcester drainage area hospitals at 65%.
- 3. COVID & PUI cases currently make up 13% of all available acute general hospital capacity in both Metro and Rural Regional Hospital drainage areas.
- COVID inter-mediate care the Brackengate Hospital of Hope currently has 123 patients (3 746 cumulative patients), Freesia & Ward 99 has 0 patients, Mitchell Plain Hospital of Hope has 0 patients and Sonstraal currently has 32 patients.
- The Metro mass fatality centre has capacity for 240 bodies; currently 7 decedents (cumulative total of 1487 bodies) admitted. The overall capacity has been successfully managed across the province.





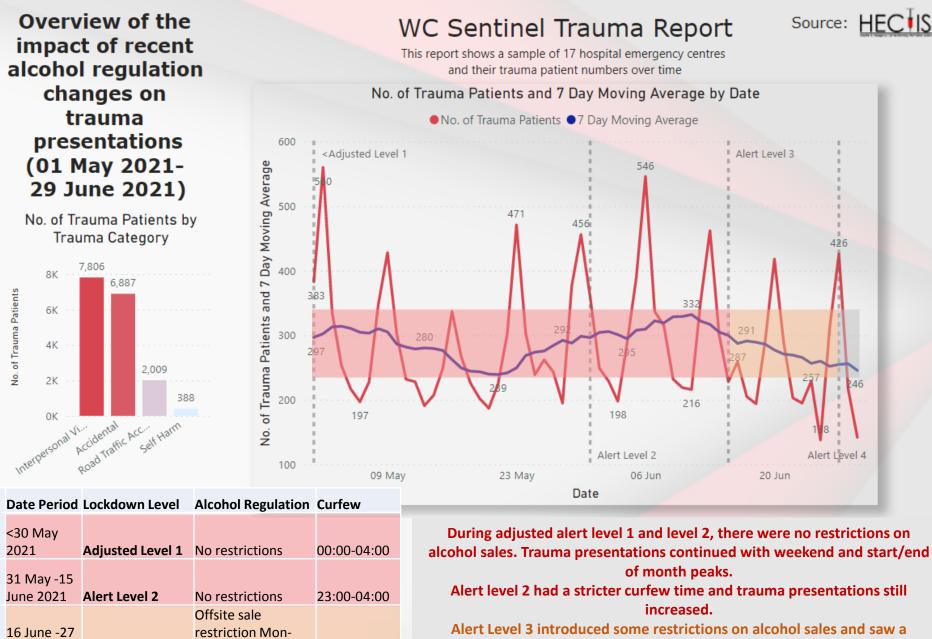
WCDOH: Daily Operational Bed Status Dashboard as at 30/06/2021

						BUR % for	BUR % for
Drainage Area					Designated	Designated	
		Filled				Covid	Covid
	Operational	Beds		COVID	% Covid	Beds(General	Beds(Critical
	Beds		BUR %	BUR %	patients	Wards)	Care)
Cape Town /Metro	5,041	4,489	<mark>89</mark> %	30%	11%	28%	88%
George	918	586	64%	27%	15%	25%	54%
Paarl	987	722	73%	52%	18%	49 %	140%
Worcester	769	503	65%	27%	19%	25%	50%
SubTotal WCDOH	7,715	6,300	82%	32%	13%	30%	76%

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

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





June 2021

>28 June

2021

Adjusted Level 3

Thurs 10-00-18:00

Complete

Adjusted Level 4 prohibition of sale

22:00-04:00

21:00-04:00

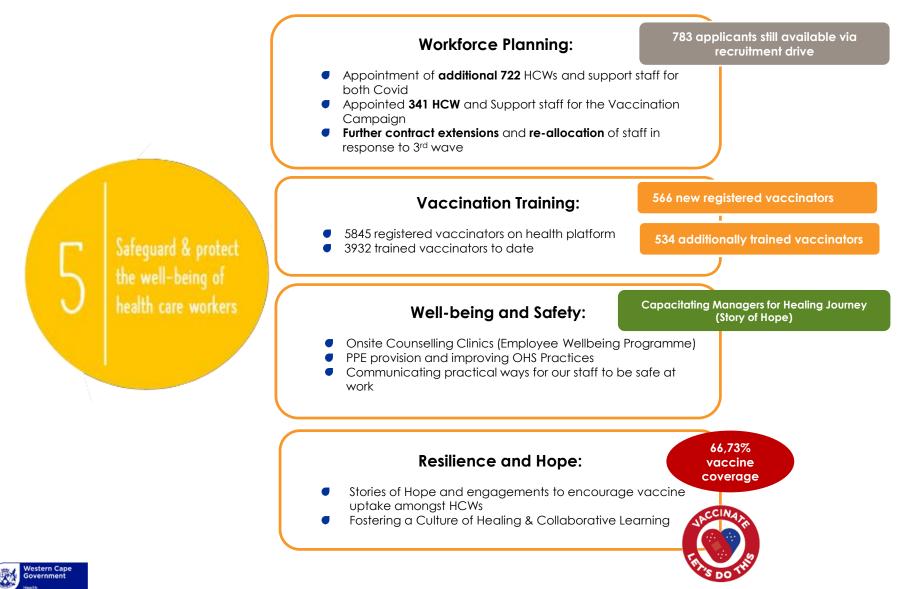
decreasing trend of trauma presentations despite being end of the month. It is too early to comment on the impact of Alert Level 4 and the current complete prohibition introduced.

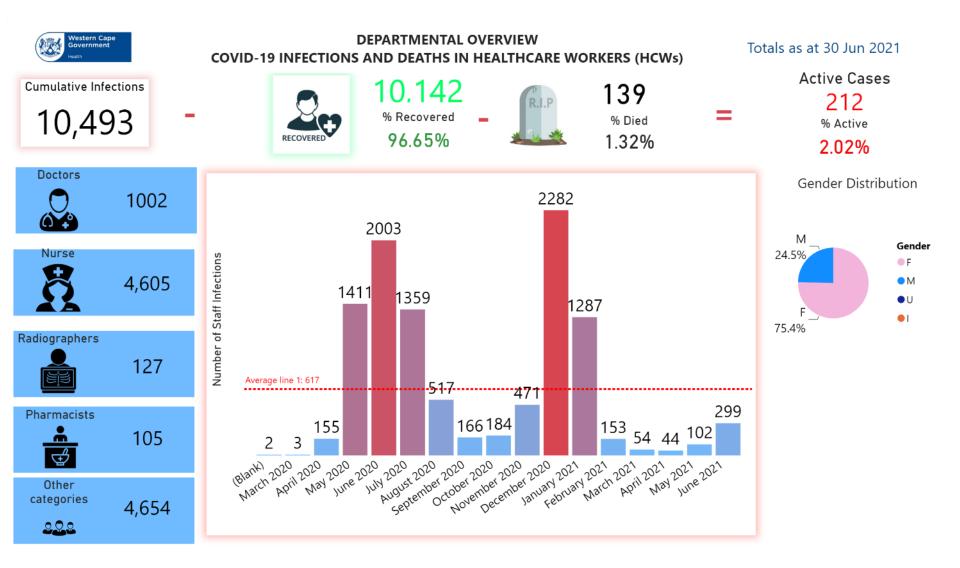
Oxygen utilisation – general comments

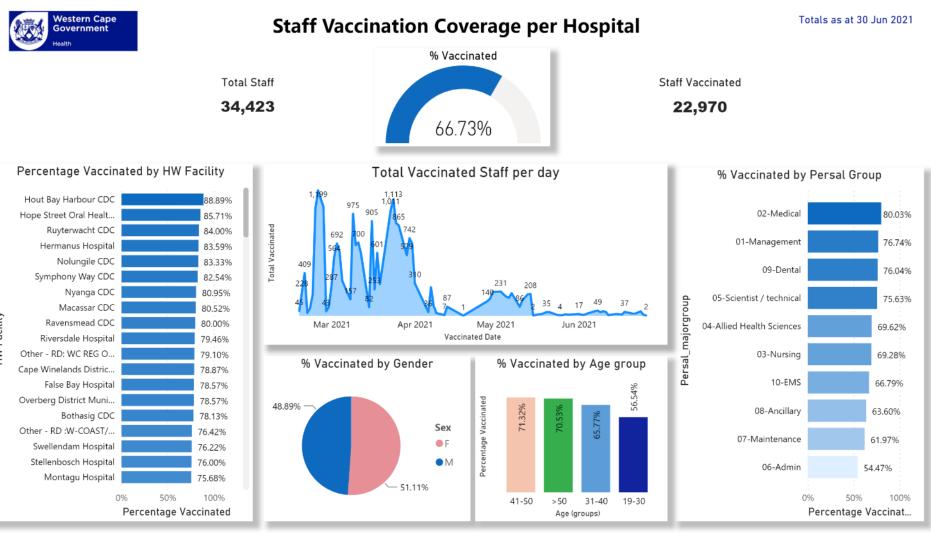
- The combined public-private utilisation is now 37.84 tons/day or 54.1% of the maximal production capacity (70 tons/day) at the Afrox Western Cape plant.
- The public sector total average bulk oxygen consumption is 19.4 tons/day. This equates to around 27.72 % of the daily bulk consumption of the Afrox WC plant for the 7-day period ending 30th April 2021. This is compared to 51 tons/day in the first week of January.
- 3. Both **public and private sectors** are **addressing some of the capacity challenges** at facility level, as identified during the 2nd wave, in preparation for the 3rd wave.
- We will continue to monitor the utilisation of oxygen over the coming weeks, with an undertaking from Afrox to be able to scale up the provision as required for a 3rd wave.



Preparing and Caring for our People – 3rd Wave







HW Facility

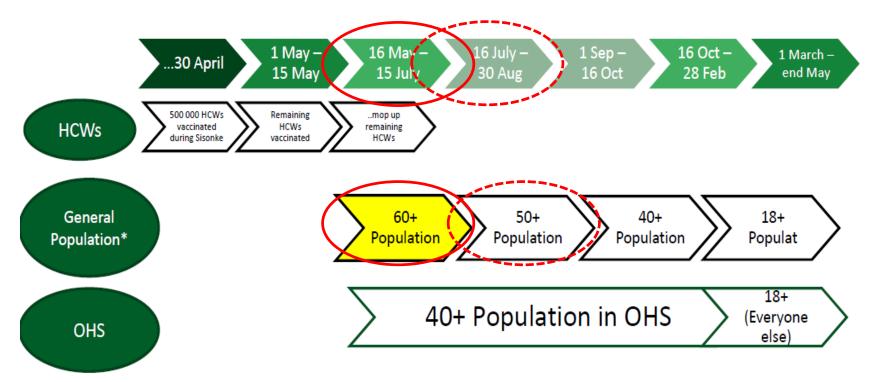
Vaccine Implementation update







Phase 2 and Phase 3: NDoH Timelines and Target Population



- Phase 2 commenced on 17th May 2021 and will overlap with the mop-up of healthcare workers who have not been vaccinated as part of the Sisonke Programme.
- Registration for the age band 50 59 years will open on 01 July 2021. Scheduled appointments for vaccination of this age band will commence from 15 July 2021 onwards.



Age-based Sequencing in WC

	Age band	Number	Timelines
Phase 2a	>60 yrs	719 668	17 May- 30 June
Phase 2b	40-59 yrs	1 631 040	1 July – 30 Oct
Phase 3a	30-39 yrs	1 314 059	1 Nov- 28 Feb
Phase 3b	18-29 yrs	1 378 556	
	Total	5 076 130	

- Age distribution will vary across districts & sub-districts
- Workers aged 40 years and older included in Phase 2
- Timelines have been affected by constrained vaccine supply and are being adjusted.



Updated W Cape Public Sector Vaccine Supply Pipeline

Date Received	Number of doses Received	Type of Vaccine Received	Provincial Cumulative Total
14 May 2021	33 930	Pfizer	33 930
22 May 2021	35 100	Pfizer	69 030
24 May 2021	29 250	Pfizer	98 280
27 May 2021	25 740	Pfizer	124 020
03 June 2021	72 540	Pfizer	196 560
10 June 2021	49 140	Pfizer	245 700
18 June 2021	49 140	Pfizer	294 840
22 June 2021	26 400 (for educators only)	1&1	321 240
25 June 2021	191 880	Pfizer	513 120
29 June 2021	28 800 (for educators only)	1&1	541 920
06 July 2021	58 700	Pfizer	600 620
09 July 2021	58 700	Pfizer	659 320
16 July 2021	58 700	Pfizer	718 020

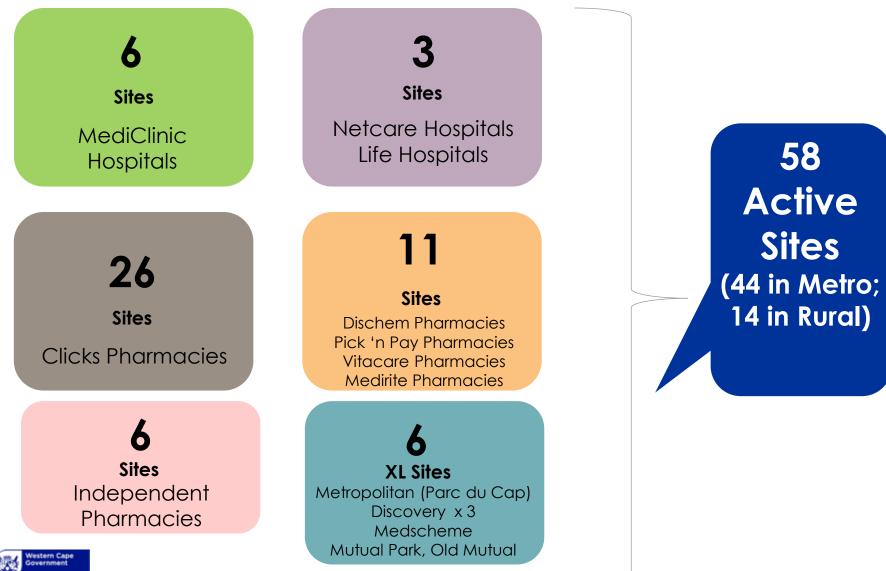
Planned Public Sector Sites: Metro & Rural for Phase 2

District	Sub-structure	# of Planned Vaccination Sites	# of Active Sites 28 June - 02 July
	Southern/Western	19	18
City of Cano Town	Klipfontein/Mitchell's Plain	15	13
City of Cape Town	Khayelitsha/Eastern	28	21
	Northern/Tygerberg	21	18
Sub-total: Metro		83	70
	Overberg District	44	17
	Garden Route District	37	36
Rural Districts	West Coast District	60	20
	Cape Winelands District	53	31
	Central Karoo District	13	11
Sub-total: Rural		207	115
TOTAL		290	185

- Public Sector Sites have come on line in a phased manner from 17 May onwards.
- Mass sites (Metro), Private sector sites and Workplace sites are added sequentially.
- Operational Plans are regularly reviewed to determine optimal mix of sites.
- There are weekly updates on active sites per geographic area.
- Not all sites are operational simultaneously.
- Roving teams will visit satellite clinics. Members of the public to check with local health contacts to confirm days of operation.

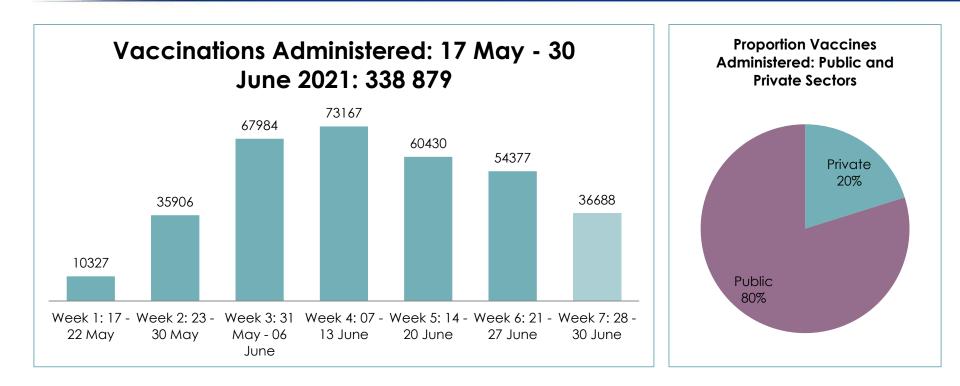


Private Sector Sites: 28 June to 02 July 2021



© Western Cape Government 2012

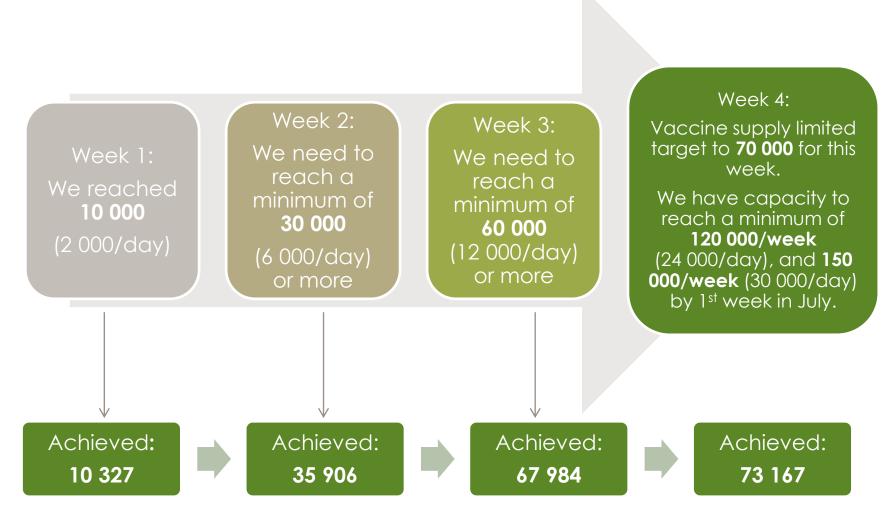
Vaccines Administered: Phase 1b and Phase 2



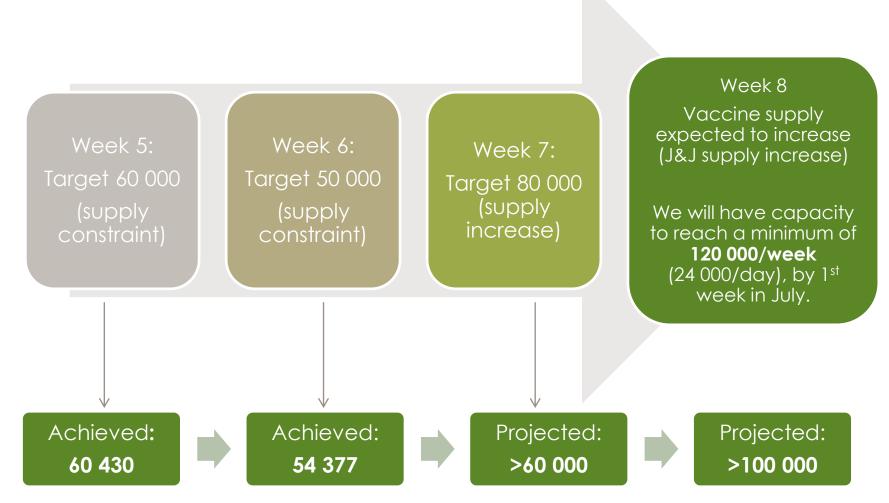
Cumulative Total = 91 732 (Sisonke) + 338 879 = 430 611 vaccines administered.

*Phase 1b and Phase 2 recipients still to receive 2nd Pfizer dose





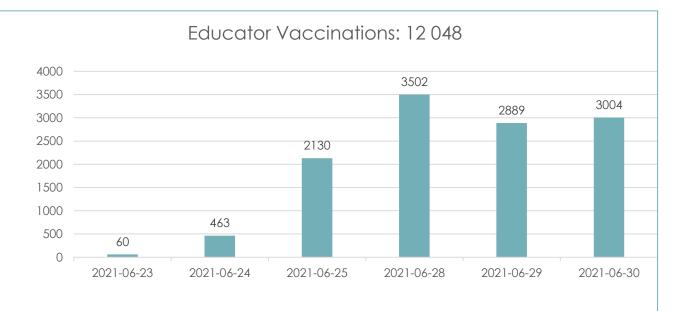






Vaccination of Educators

- 1. The Western Cape received a consignment of **26 400 Johnson & Johnson vaccines** to commence with the vaccination of educators on 22 June 2021.
- 2. Rollout of this process **commenced on 23 June 2021** at the EMS Vaccination Site in Pinelands, where Minister Debbie Schäfer launched the programme.
- **3.** A further 28 800 doses had been received on the 29th June and will allow us to continue the roll out of educators.



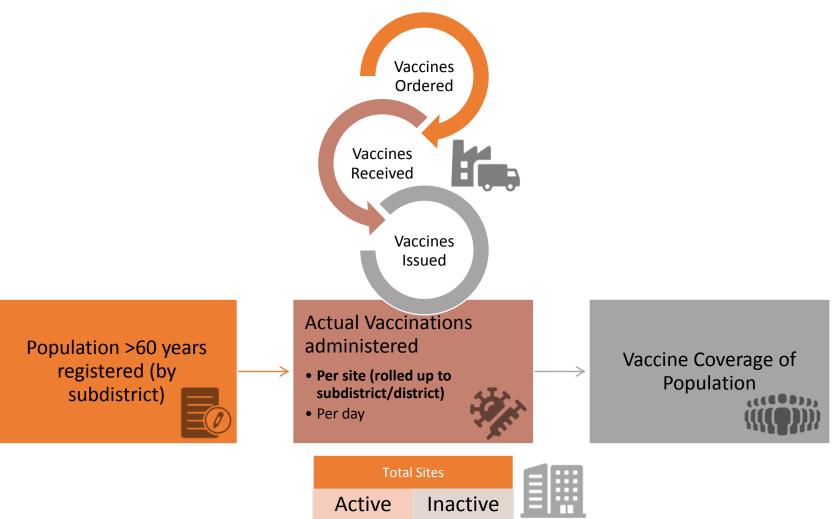


Mass vaccination sites in the Cape Metro

- The Metropolitan Health/Momentum mass site at the Parc Du Cap premises in the Bellville area opened on 4 June 2021. This site will serve as a private sector site primarily. The DOH will begin vaccinating teachers at this site from the 1 July 2021.
- The Western Cape Government, in partnership with the City of Cape Town and Discovery is in the process of commissioning a mass vaccination site at the CTICC. The planned opening of the site is on the 6th July 2021.
- Assessments have been carried out at the Athlone Sports Stadium. This site will be able to accommodate a mix of fixed vaccination stations and drive-through stations. It is likely that this site will be brought on board as a mass site 5 – 6 weeks after CTICC.
- 4. The successful go live and functioning of these sites will depend upon receiving an adequate supply of vaccines from the NDOH.







Key Lessons from the first 6 weeks

1. The importance of equity:

- a) Access in the Metro versus rural districts and towns
- b) Public sector versus private sector sites and access
- c) Access for insured versus uninsured people

2. The importance of stabilising the systems:

- a) EVDS
- b) Vaccine supplies and distribution public and private
- 3. The importance of communication:
 - a) What to expect?
 - b) Importance of being vaccinated counter misinformation



EVDS Registrations





EVDS Registrations: >60 years as at 28 June 2021

Western Cape 55.00% (395 857) Population >60 years							
RURAL			METRO				
District	Total Registered on EVDS	% >60 years registered on EVDS	Sub-district	Total Registered on EVDS	% >60 years registered on EVDS		
Cape Winelands	42910	50,7%	Eastern	39889	53,2%		
Central Karoo	3684	38,1%	Khayelitsha	9314	37,6%		
Garden Route	48566	59,8%	Klipfontein	21237	62,4%		
Overberg	26153	81,3%	Mitchell's Plain	15262	32,3%		
West Coast	23652	61,5%	Northern	33384	48,6%		
Source: <u>https://coronavirus.westerncape.gov.za/vaccine-</u> <u>dashboard</u> As at 28 June 2021 @ 12:40			Southern	54050	65,4%		
			Tygerberg	33160	44,8%		
			Western	44509	66,3%		



Towns with large elderly populations by low registration on

1462

1306

1271

1224

1175

500

326

231

414

415

34,2%

25,0%

18,2%

33,8%

35,3%

28 June 2021 https://coronavirus.westerncape.gov.za/vaccine-dashboard

		Metro Towns	Registered	Elderly population	% registered
		Kraaifontein	6172	20934	29,5%
		Delft	2492	15979	15,6%
		Philippi	1340	15429	8,7%
		Blue Downs	3509	14282	24,6%
* The population figures provided are estimates and thus the % of elderly a Total Population Age 60+ Po	Population % elderly of total Table Double to a felderly registered	Blackheath	1254	6648	18,9%
Western Cape Government 6 965 607 719		Macassar	1521	5892	25,8%
Metro Rural Health District	Population per Town Town Population Persons % of	Eerste Rivier	1075	5344	20,1%
Town Suburb	Age 60+ Registered elderly registered Cape Town 72 100 40 951	Mfuleni	720	3557	20,2%
All ~ All ~	S O U T H AFERICA APRICA	Nomzamo	315	3545	8,9%
Persons Registered per Health District	Somerset West 10.711 12.125 91.099 George 19.016 11.006 96.229	Crossroads	371	2142	17,3%
GARDEN RD	Distantina 22102 9314 77375 Papit 12503 925 83575		•		
VESTERN 43 500 CAPE WINEL 52 500 EASTERN 55 680 NORTHERN 13 36 680 TYCERBERG 13 160	Part Runabeth Millington 14574 12/09 54,375 + - 12/09 16/01 <	Rural Towns	Registered	Elderly population	% registered
OVERBERG 26 151 WEST COAST 25 652	Total Person Registered per Local Municipality	Thembalethu	701	2833	24,7%
KLIPFONTEIN MITCHELLS 15 262 KHAVELITSHA	20063 2007.	Zweletemba	597	1732	34,5%
CENTRAL KA	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Bridgeton	479	1674	28,6%
0K 50K Persons Registered	Contraction of the second of t	Sand Bay	413	1517	27,2%
		Tulbagh	510	1482	34,4%

KwaNongaba

Bella Vista

Klapmuts

Bongolethu

Dysselsdorp



Communications



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The Third Wave Safety Message – informed by Delta variant





www.westerncape.gov.za

Western Cape call centre: 0860 142 142

What to expect – 1st & 2nd dose of Pfizer >60yrs & 1st dose >50yrs

- People >60yrs who received their first dose of Pfizer vaccine, become eligible for a second dose after a minimum of 42 days. This commenced on 27th June 2021.
- 2. After the 42 days interval the **EVDS system will automatically prioritise** these clients and schedule an available slot for vaccination. The system will generate these messages **3 days prior to vaccination**, **at sites closest to the person**.
- 3. The **portal** for the **National population-based** vaccination programme has been adjusted to accept **registrations >50 years**, as **from 1 July 2021** (today).
- 4. This means that there are now **3 streams for EVDS to assign appointments** for registered people, **via SMS notification**:
 - a) People >60yrs that are registered for their 1st Pfizer doses
 - b) People >60yrs that are registered for their 2nd Pfizer doses
 - c) People >50yrs that are registered for their 1st Pfizer doses
- Walk-ins will still be allowed, but this has to be tightly managed to avoid superspreader events and over-crowding at vaccination sites.



Conclusions



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Concluding remarks

- We are in a steep 3rd wave, driven by the Delta variant and urge everyone to adhere strictly to protective behaviours, as a key drive to contain it.
- We anticipate that the 3rd wave could be higher than the 2nd wave. We await revised modelling from the SACMC, and are re-calibrating our response.
- We are revising our preparation for the 3rd wave, with clearly identified trigger points for an appropriate health platform and societal response.
- We require a concerted whole of government and whole of society response to flatten the 3rd wave, to protect the health system.
- 5. We have scaled up our Phase 2 vaccination capacity to administer vaccines over the past 6 weeks, in a sequential manner in each geographic area. We have the capacity to scale up rapidly, as we receive more vaccines.
- We need to mobilise and assist everyone >60 years to be registered on the EVDS for Phase 2, in addition to mobilizing people >50 yrs to do likewise.



Thank you

