Western Cape Government

Health

Health

Digital Press Conference

COVID Surveillance, COVID Vaccination & Recovery Update

Dr K Cloete

13 April 2022

Overview

1. COVID Surveillance Update
2. COVID Health Platform Response & Preparation for a 5th wave
3. Responses to Draft Health Regulations
4. COVID Vaccine Implementation Update
5. Health System Recovery
6. Conclusions

COVID Surveillance Update

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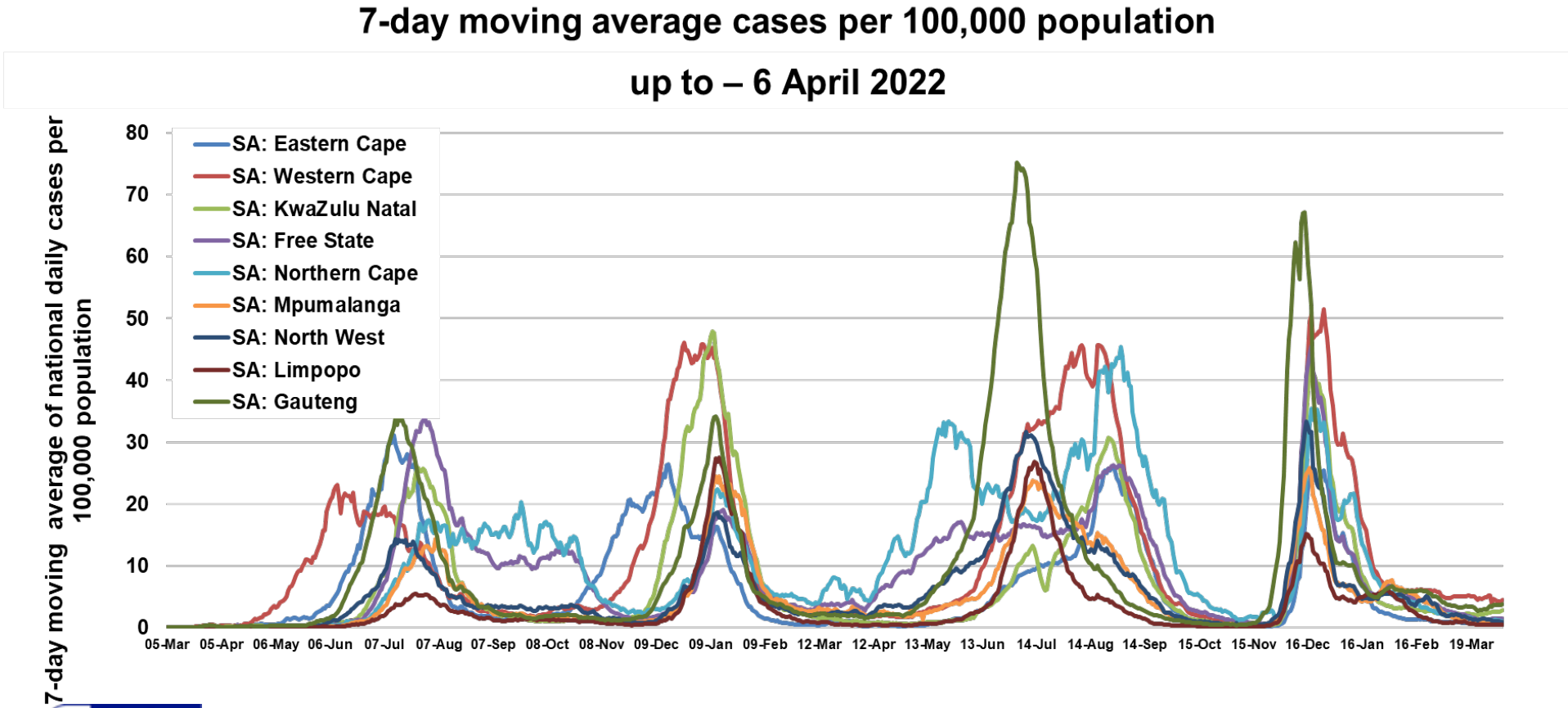
National trends

- Still seeing plateauing trends across all provinces except Gauteng and KZN (dark and light green), which are trending upwards slightly
- Western Cape has highest number of new daily cases/100,000



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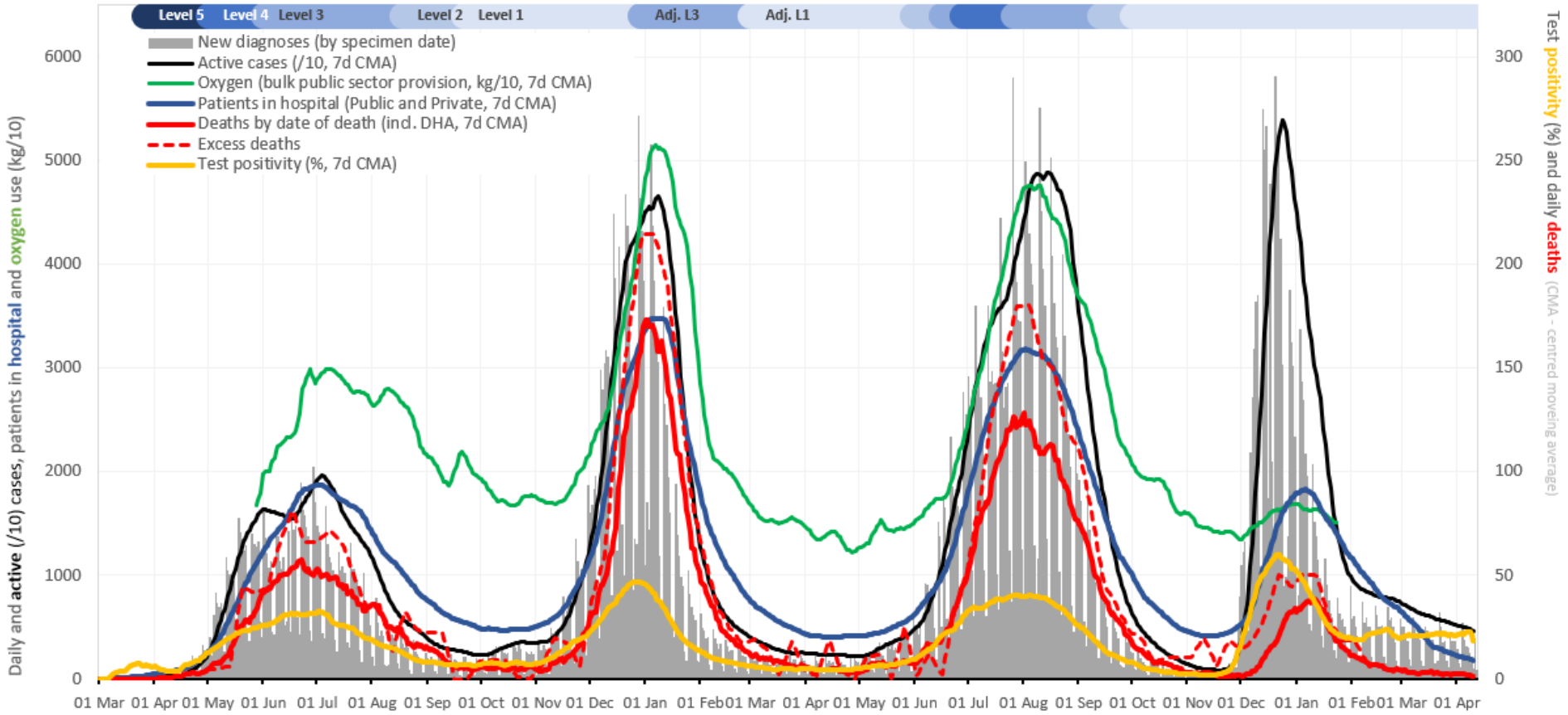
Courtesy National Department of Health and S. Abdool Karim

WC testing, case, hospitalisation and mortality trends



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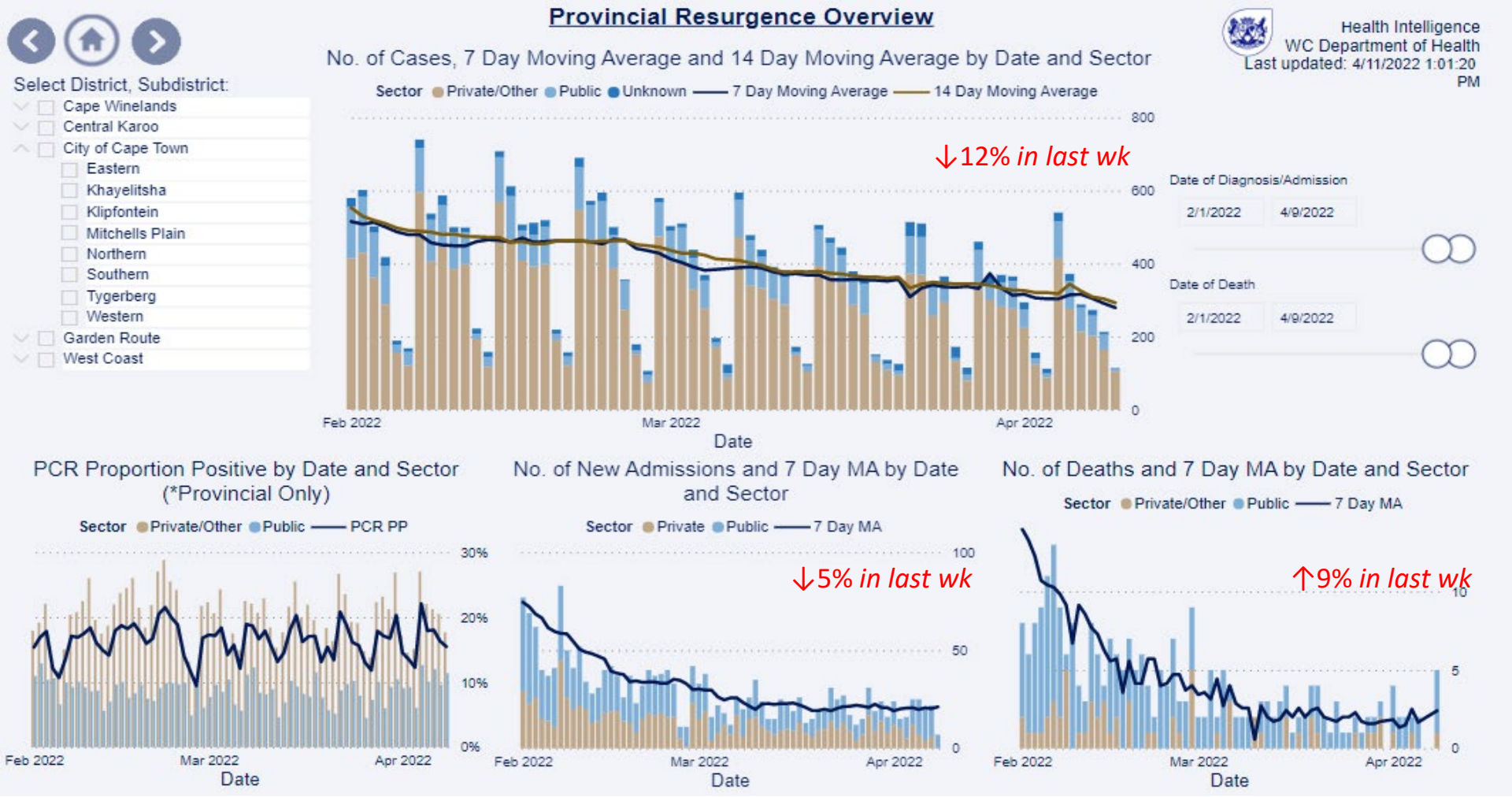

Provincial Overview

- We are still seeing a slow decline in the number of daily new cases with on average **290 new diagnoses per day**.
- The **PCR proportion positive** is on average approximately **16%**. This remains higher than previous inter-wave periods.
  Note: We have switched to reporting on the PCR proportion positive only rather than the overall (PCR + Ag) proportion positive, as Ag negative tests are not well captured, which results in an inflated overall proportion positive.
- **New admissions** remain at approximately **19 admissions per day**.
- Absolute numbers of deaths remain low with on average **2 deaths per day.**

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2/1/2022 4/9/2022

Health Intelligence
WC Department of Health
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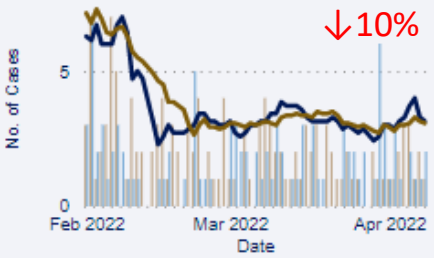
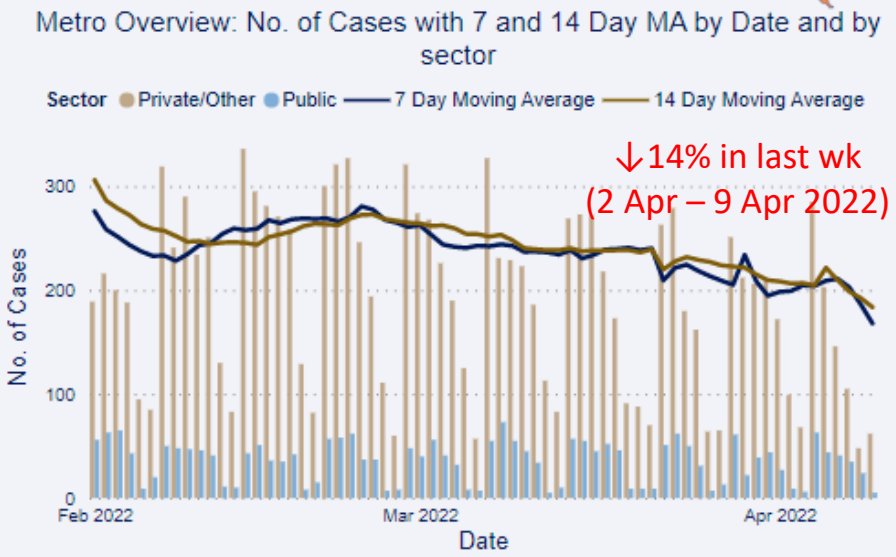
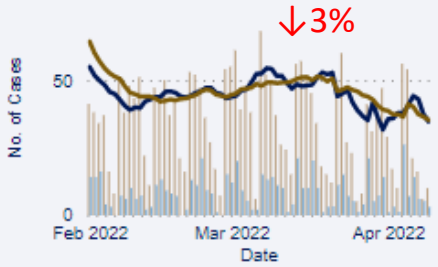
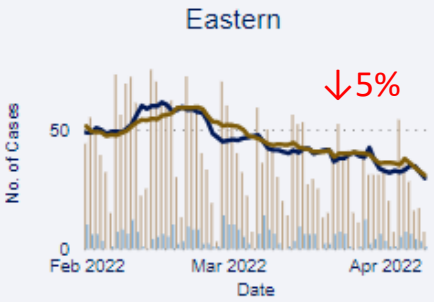
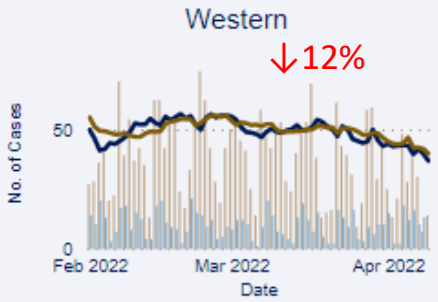
Metro Resurgence Overview

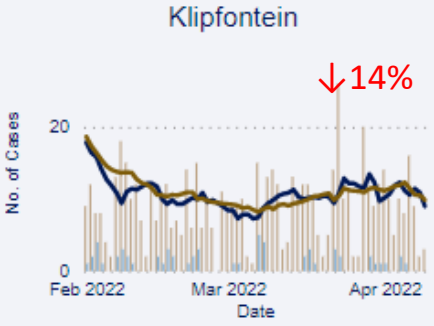


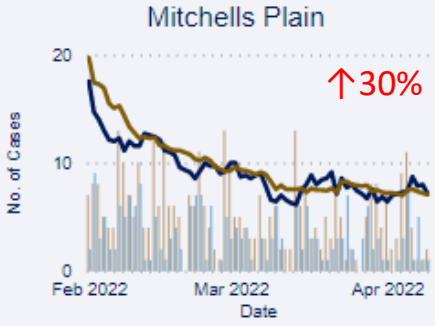


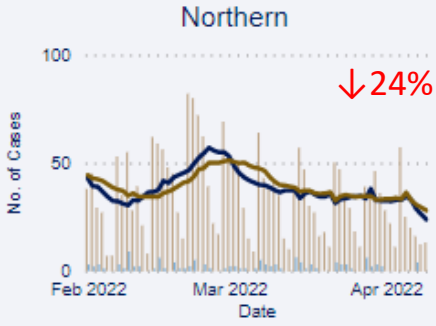


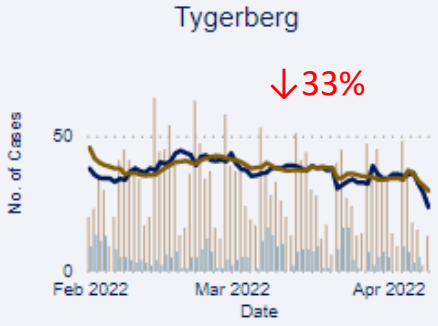












Metro Overview

- Cases in the Metro **decreased by ~14%** overall this past week.
- Uptick in cases seen in Mitchells Plain subdistrict, but absolute numbers remain small.

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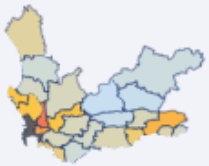
2/1/2022 4/9/2022

Rural Resurgence Overview



Health Intelligence
WC Department of Health
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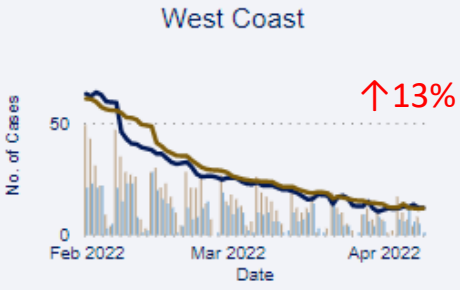

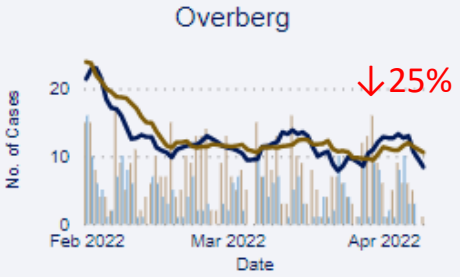

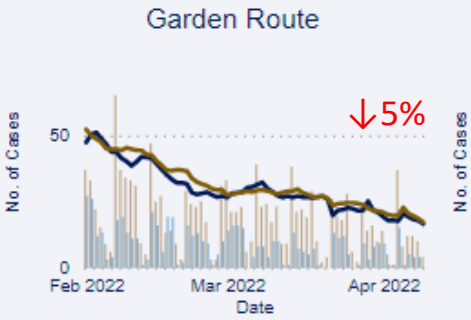

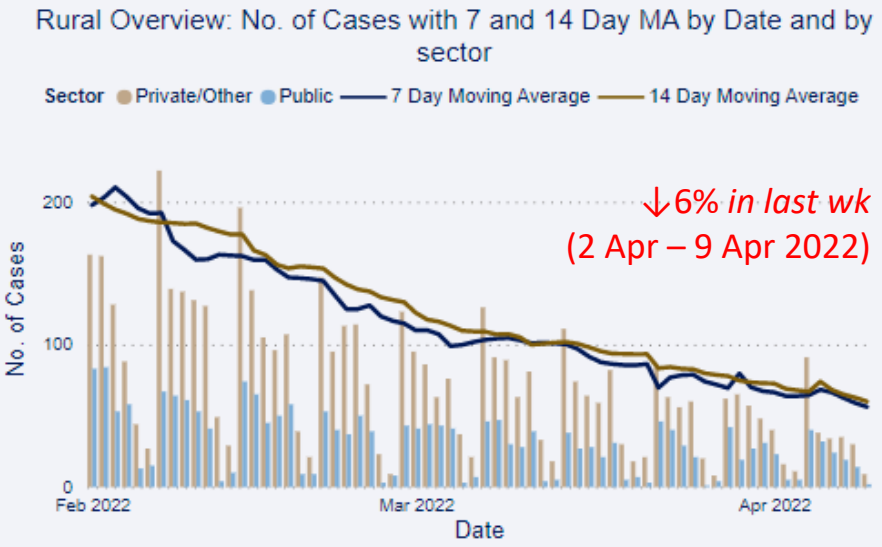

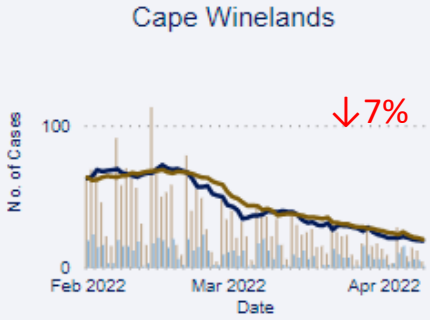

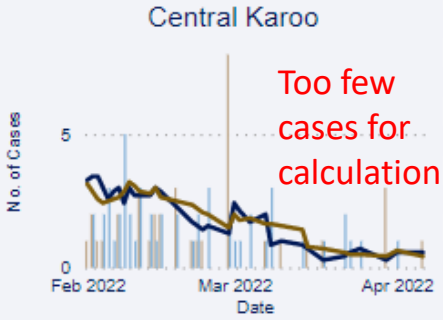

No. of Cases by Rural Subdistrict

District	Subdistrict	No. of Cases
Cape Winelands	Drakenstein	1,129
Cape Winelands	Stellenbosch	823
Garden Route	George	673
West Coast	Saldanha Bay	556
Cape Winelands	Breede Valley	543
West Coast	Swartland	542
Garden Route	Mossel Bay	416
Overberg	Overstrand	379
West Coast	Matzikama	259
Garden Route	Knysna	231
Garden Route	Hessequa	199
Garden Route	Oudtshoorn	184
Overberg	Theewaterskloof	177
Cape Winelands	Langeberg	176
Cape Winelands	Witzenberg	172
Garden Route	Bitou	153
West Coast	Bergrivier	148
Overberg	Swellendam	133
West Coast	Cederberg	98
Overberg	Cape Agulhas	94
Central Karoo	Beaufort West	64
Garden Route	Kannaland	28
Central Karoo	Prince Albert	18
Central Karoo	Laingsburg	6
Total		**7,201**

Rural Overview

- Decreases occurred in most subdistricts. Increase in cases seen in West Coast, but absolute case numbers remain low.
- Overall, a decrease of ~6% in cases over the past week

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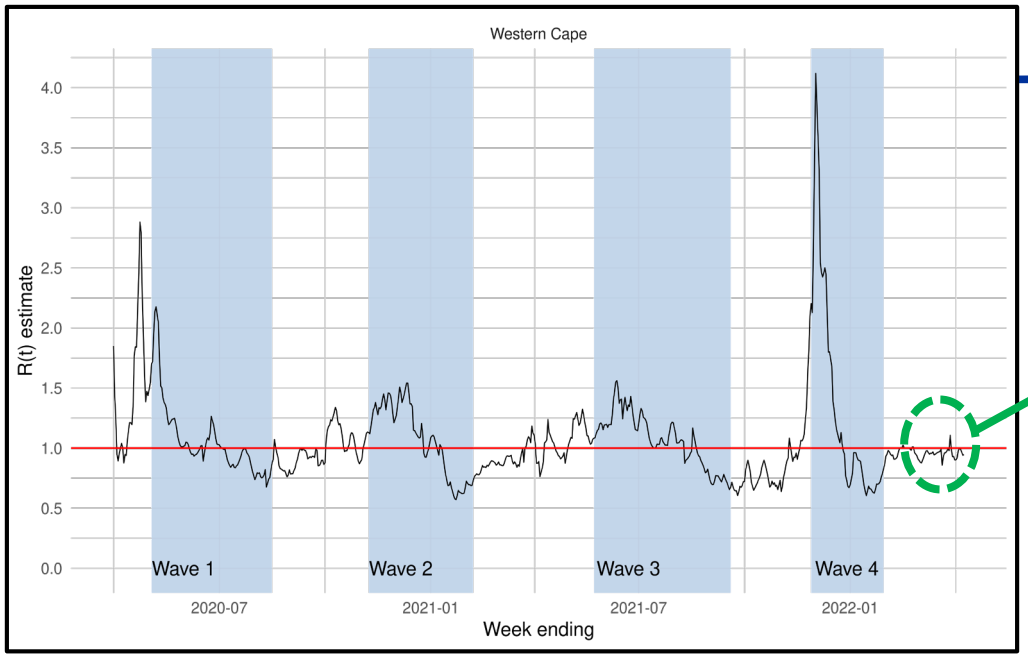
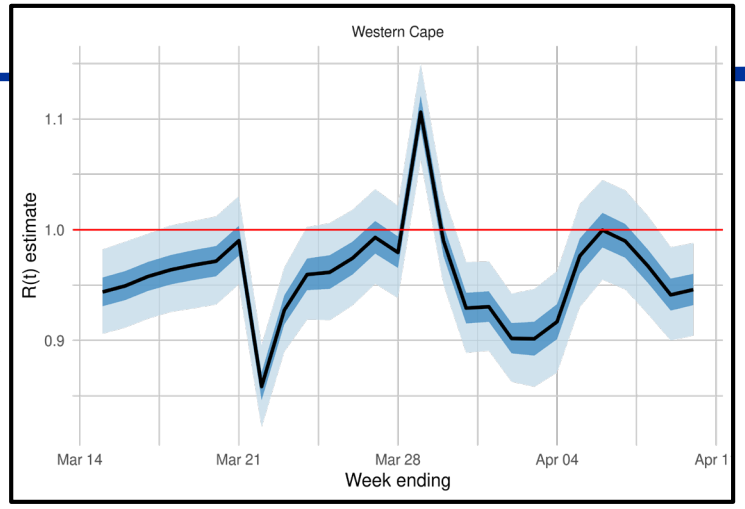
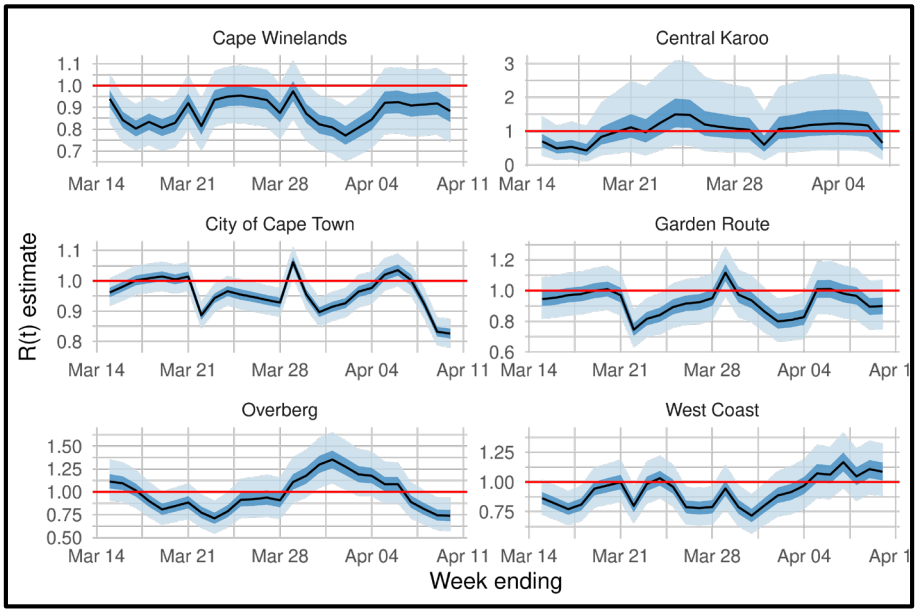
Reproduction number overall and last 28 days

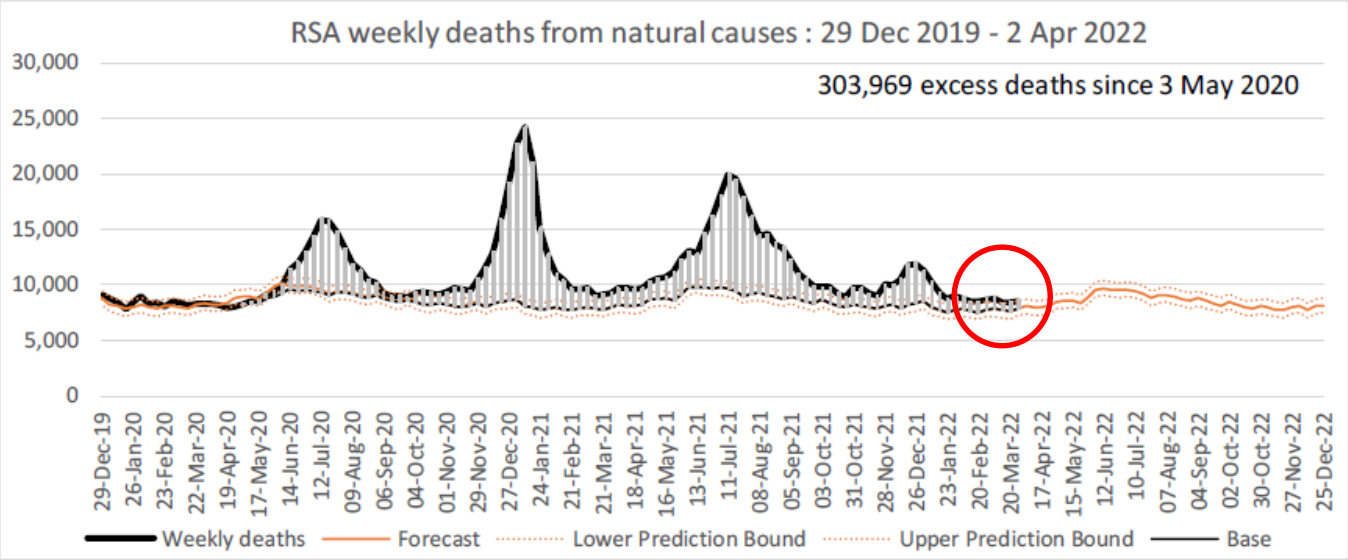




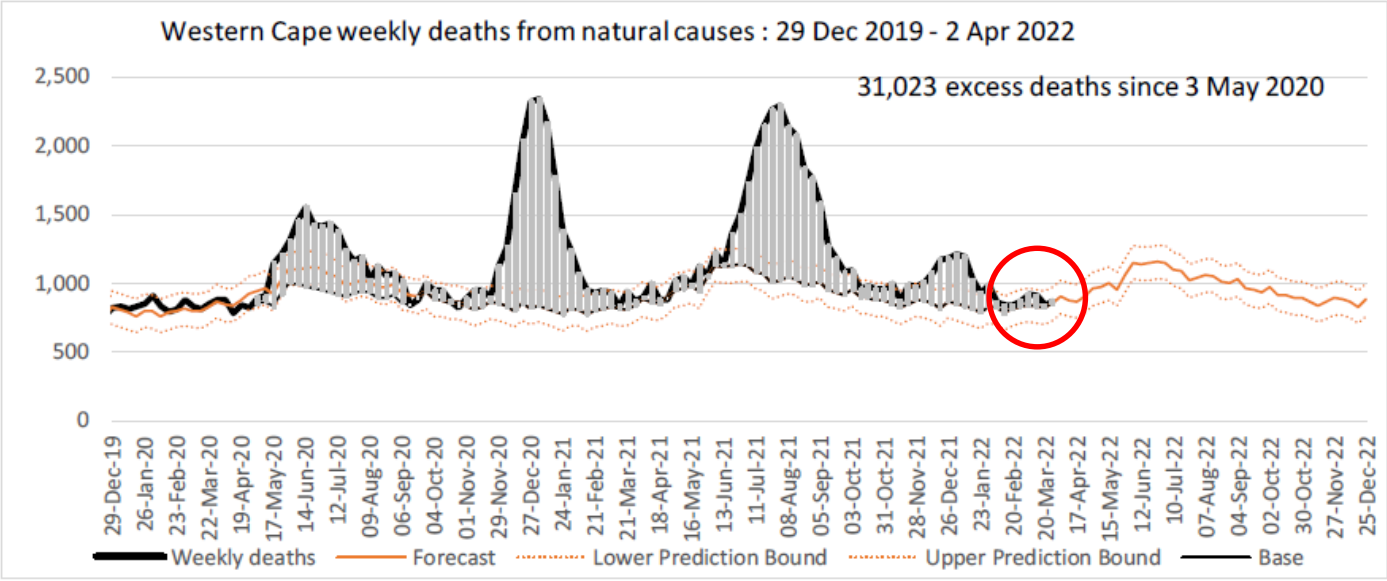
Reproduction number for cases continues to hover around 1, in keeping with ongoing plateau.



MRC excess deaths



- Deaths from natural causes for the country have increased slightly in the last week but are still tracking along the upper prediction bound.



- In the Western Cape, the number of excess deaths remains below the upper prediction bound.

Triangulating with wastewater

SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM

2022 WEEK 14
4 APR 2022

City of Cape Town, Breede Valley AND Overberg

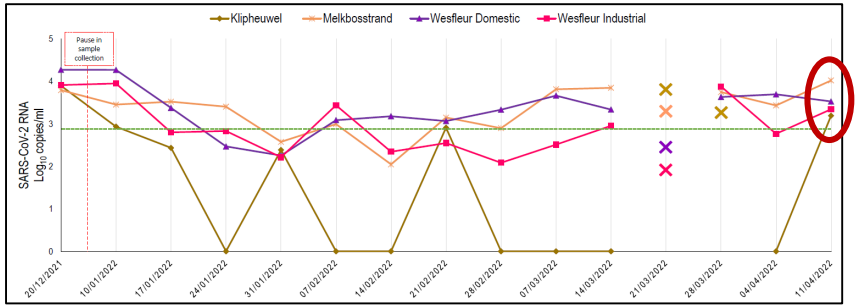
Metro:

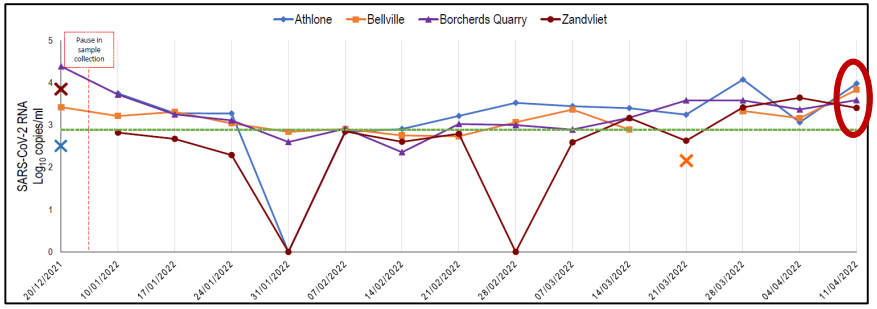
SARS-CoV-2 > $\log_{10}$ 2.8 copies/ml (level of lowest concern) at 21/24 treatment plants (vs 18 last week) (see below).

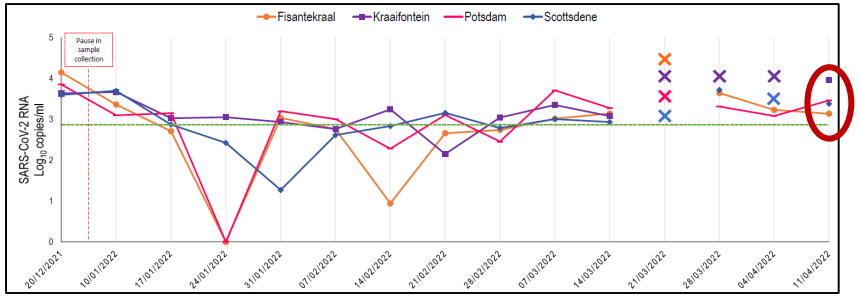
Theewaterskloof:

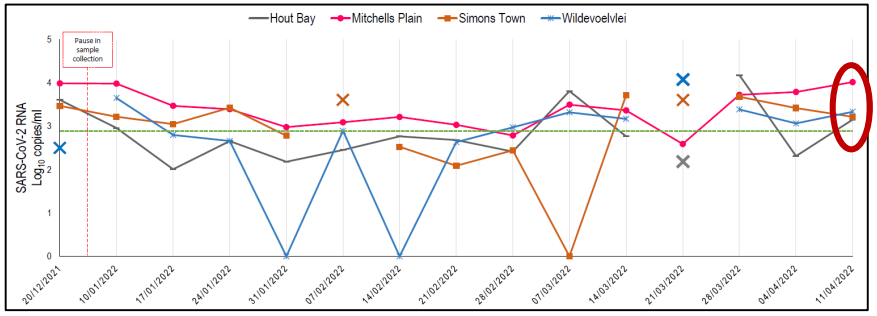
Temporary pause in sampling due to logistical issues.

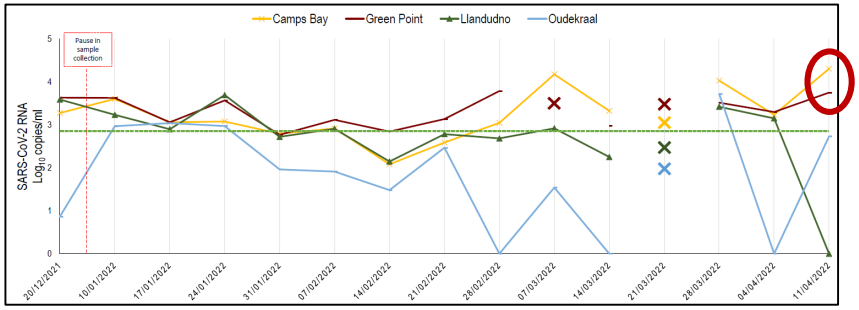
Breede Valley: SARS-CoV-2 >$\log_{10}$ 2.8 copies /ml at 3/4 treatment plants (vs 2/4 last week).

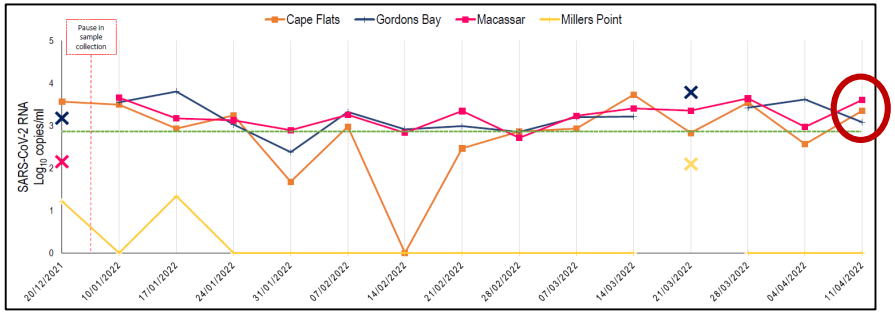






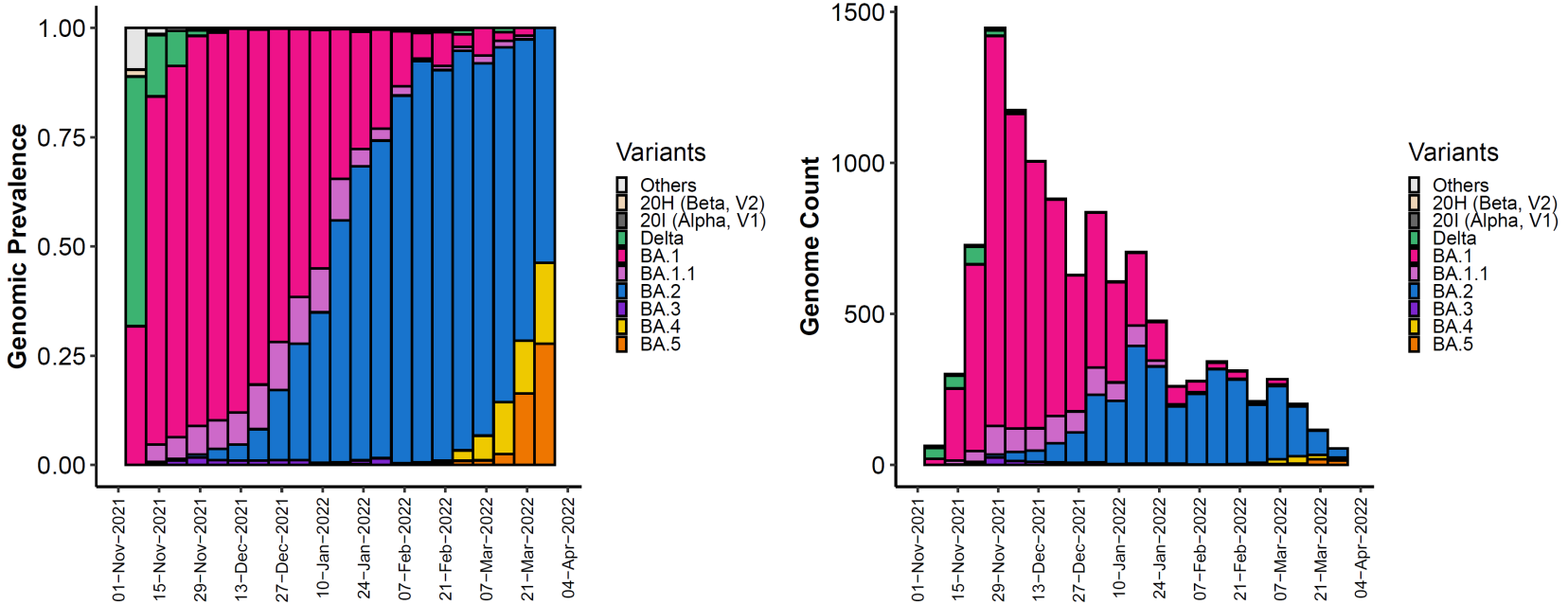






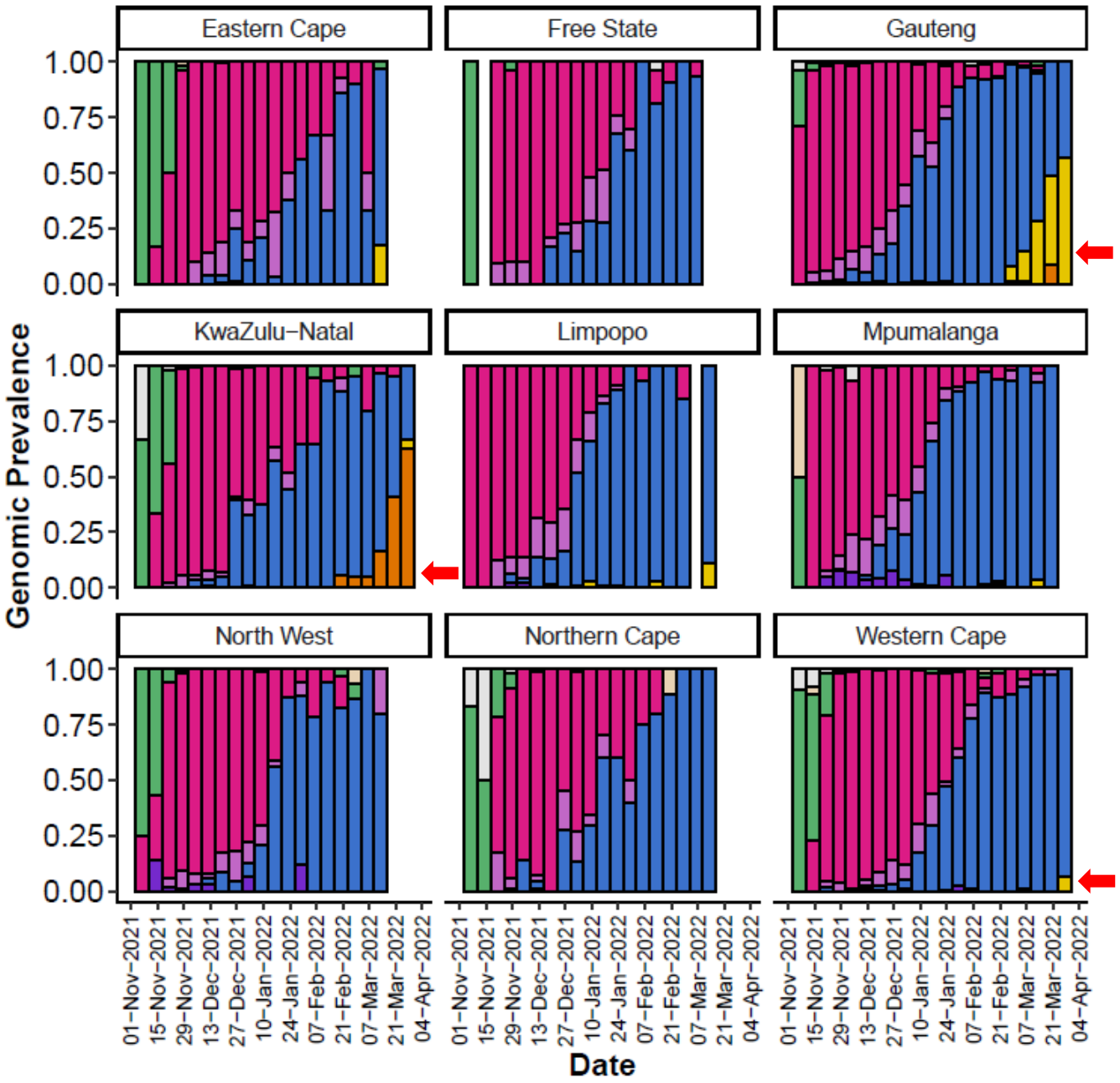
Genomic Surveillance update BA.4 and BA.5

- New Omicron sub-lineages identified (BA.4 and BA.5).
- 113 BA.4 and 155 BA.5 genomes now identified globally
  -96 BA.4 and 76 BA.5 genomes from South Africa.
- These sublineages appear to be responsible for an increasing share of cases in SA from early March especially in Gauteng and KZN – work underway to understand virus phenotype and potential impact.



Courtesy of Prof Tulio de Oliveira @Tuliodna and Richard Lessells

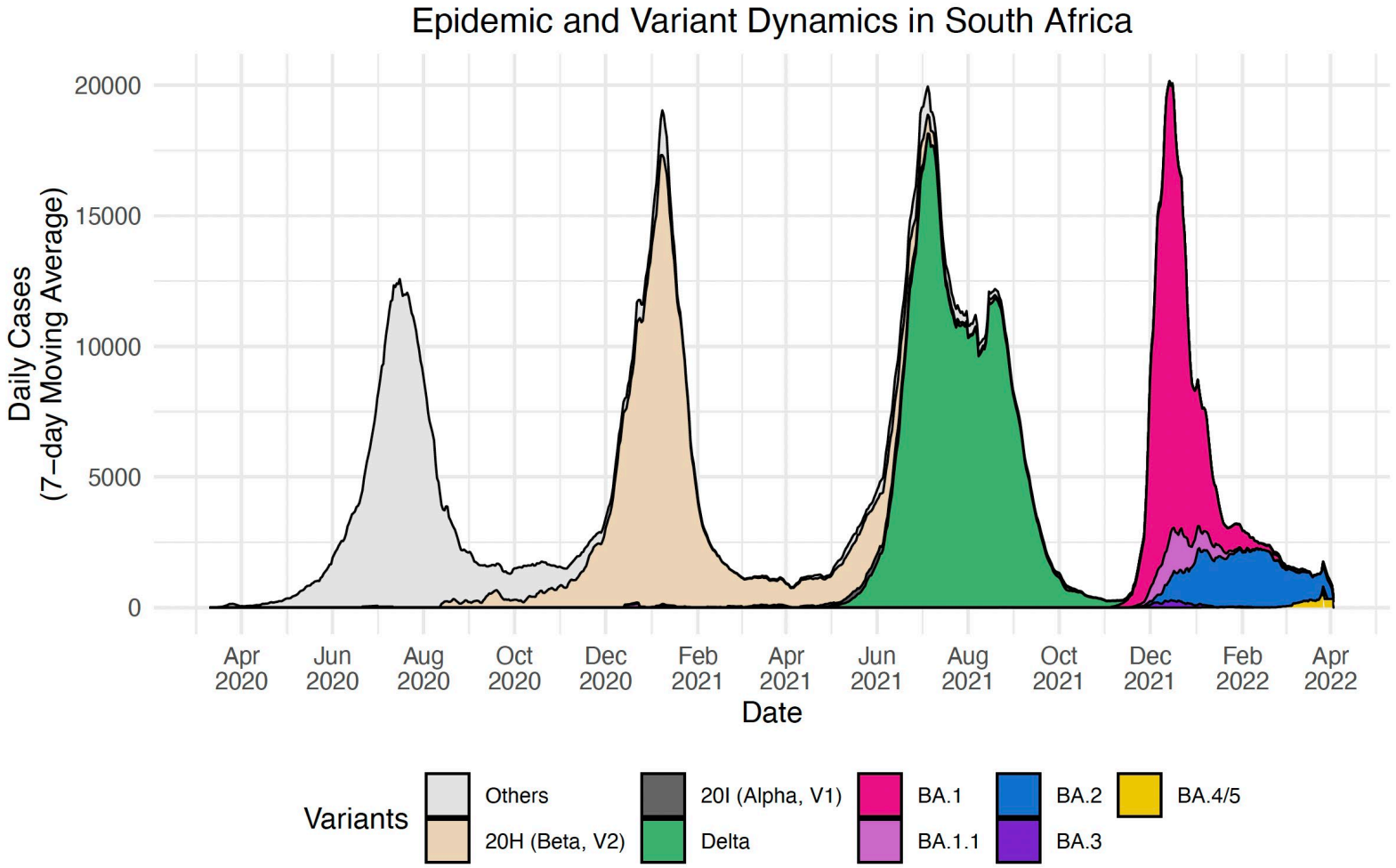
Genomic Surveillance update BA.4 and BA.5 – provincial distribution



- BA.4 mainly Gauteng;
- BA. 5 in KZN;
- very small number of specimens with BA.4 in WC

NGS-SA
Network for Genomic Surveillance in South Africa

Context - Omicron wave involved different sublineages



BA.4 and BA.5 not currently resulting in a rapid surge of cases and too early to understand if Omicron/BA.4/BA.5 could lead to a significant resurgence

Waning immunity against infection may also now be an important factor

Summary

1. NGS-SA and international partners have identified **two new Omicron sublineages**, designated **BA.4 & BA.5** – highlights importance of continued global genomic surveillance and variant analysis.
2. Genomic data and PCR test data suggest these new sublineages **may be causing an increasing share of reported cases in SA**, most notably so far in **GP and KZN**.
3. Some **key differences in mutation profile** from other Omicron sublineages – work underway to understand **how that affects virus phenotype**, and how it might impact epidemiology.
4. **Vaccines** expected to remain **effective in preventing severe disease** and are still the critical tool to reduce risk of severe disease, hospitalisation and death from all SARS-CoV-2 variants.

COVID-19 health platform response & Preparation for a 5th wave

Western Cape Government

Acute public service platform – current picture

1. The **Metro hospitals** have an average **BOR of 89 %; George** drainage area hospitals at **71%; Paarl** drainage area hospitals at **74%** & **Worcester** drainage area hospitals at **73%. Critical care BOR** for designated COVID beds for the province at **21%.**

2. **COVID & PUI cases** currently make up **1%** of all available acute general hospital capacity in both Metro and Rural Regional Hospital drainage areas.

3. **COVID inter-mediate care** – the **Brackengate** Hospital of Hope currently has **11** patients, **Mitchell's Plain Hospital of Hope** has **0 patients**. **Sonstraal** currently has **0 patients; Freesia & Ward 99** have **0 patients; Harry Comay has 0 patients.**

4. **The Metro mass fatality centre** remains closed. **The MP HOH** is also in the process of being decommissioned [will be scaled again in future waves, when required].

Daily Operational Bed Status

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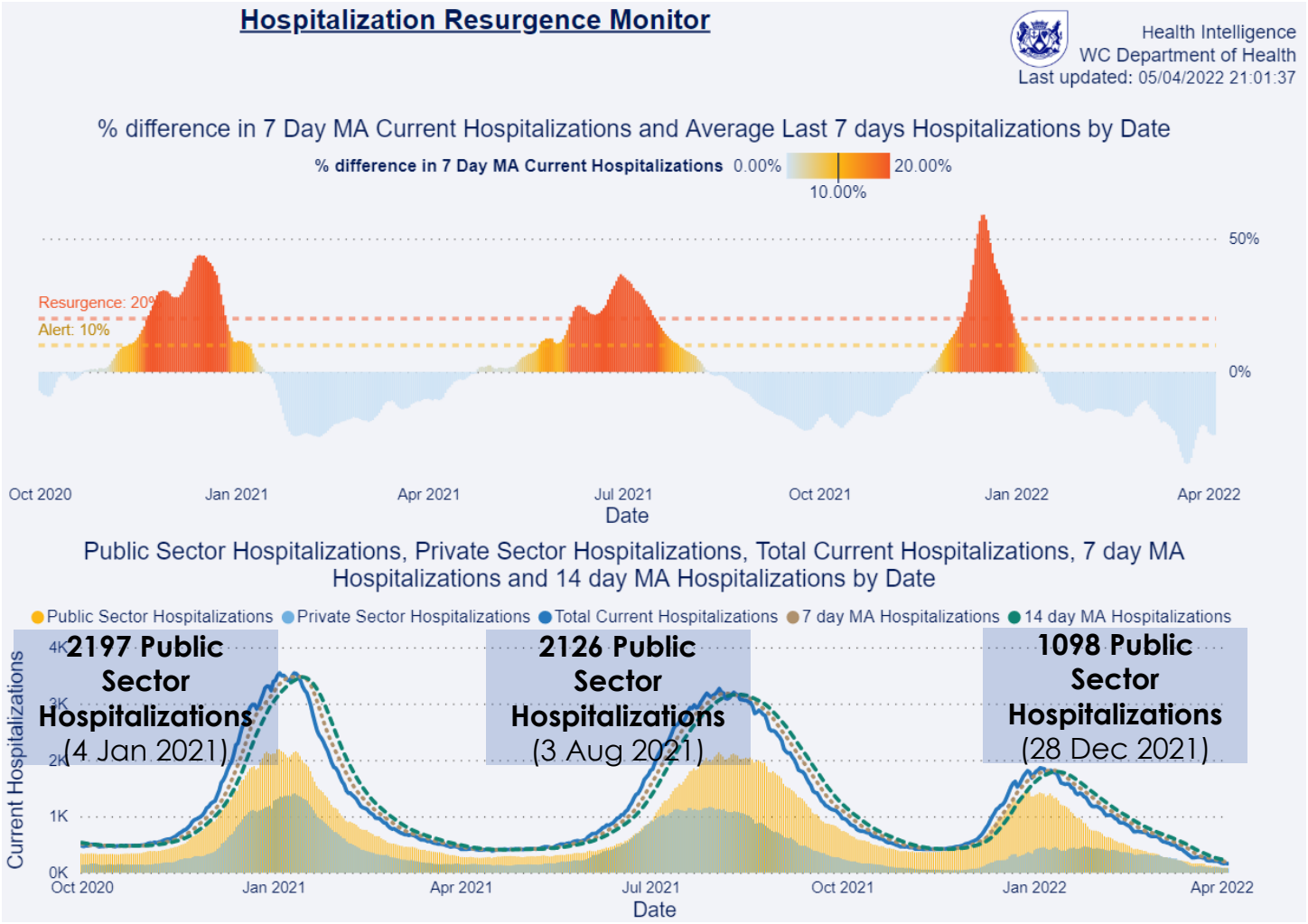
WCDOH: Daily Operational Bed Status Dashboard as at 11/04/2022

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	5,017	4,464	89%	3%	1%	2%	24%
George	900	639	71%	3%	1%	3%	
Paarl	902	665	74%	13%	5%	13%	
Worcester	741	544	73%	6%	3%	5%	17%
SubTotal WCDOH	7,560	6,312	83%	4%	1%	4%	21%

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

COVID-19 Persons in Hospital

The point prevalence of COVID-19 public sector hospitalizations at the peak of the 2nd and 3rd wave was seen to be ~2000 whilst the recent 4th wave peaked public sector hospitalizations at ~1000 patients.



Current status:

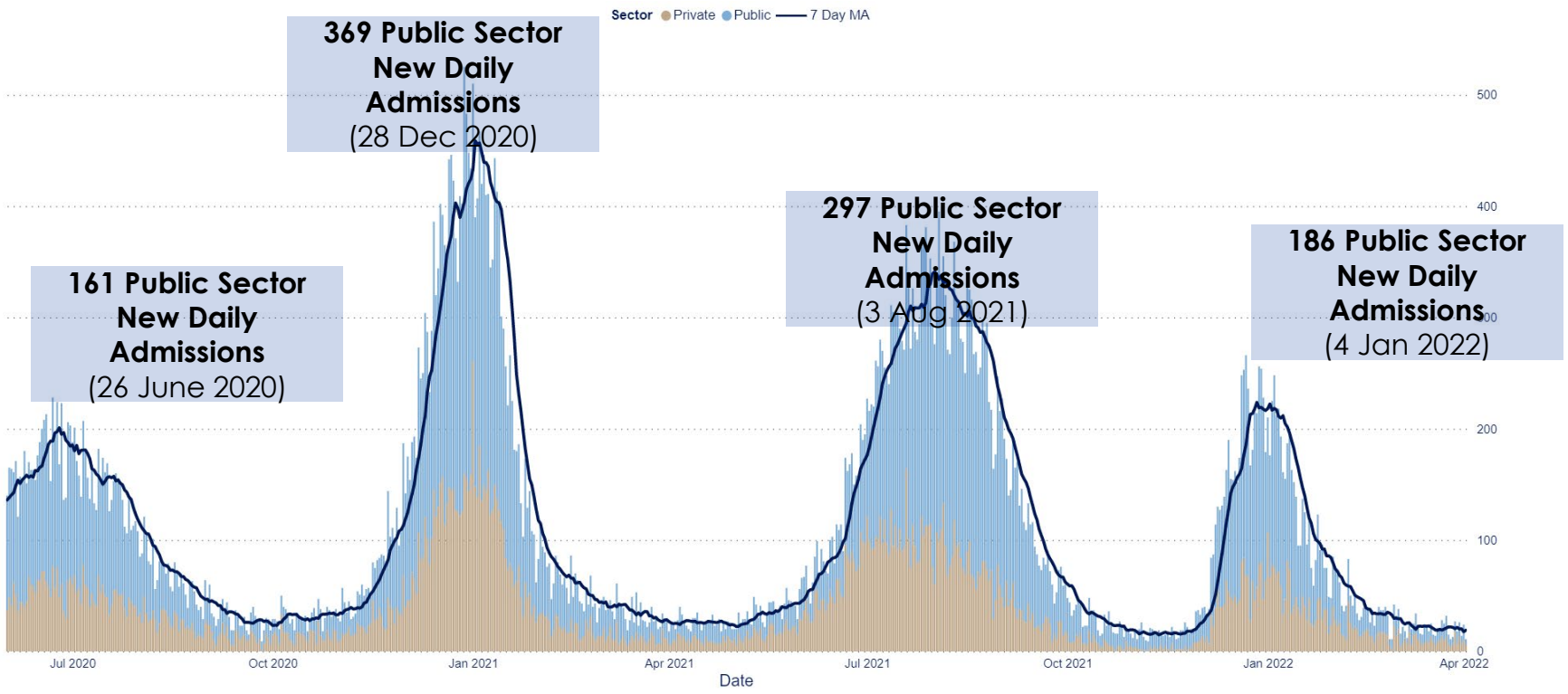
- We still continue to experience average weekly decreases in current hospitalizations at rate of ~ 20% across both public and private sectors

COVID-19 New Admissions

The daily incidence of new admissions has been decreasing wave on wave since wave 2.

Peak daily new admissions for the public sector in wave 2 was seen to be 369.
In wave 3 this peak decreased to 297 and the fourth wave peaked at 186 new admissions.

Importantly, we also continue to see decreases toward the interwave levels.
Daily new admissions are currently at ~19/day with previous interwave levels being at ~15/day.

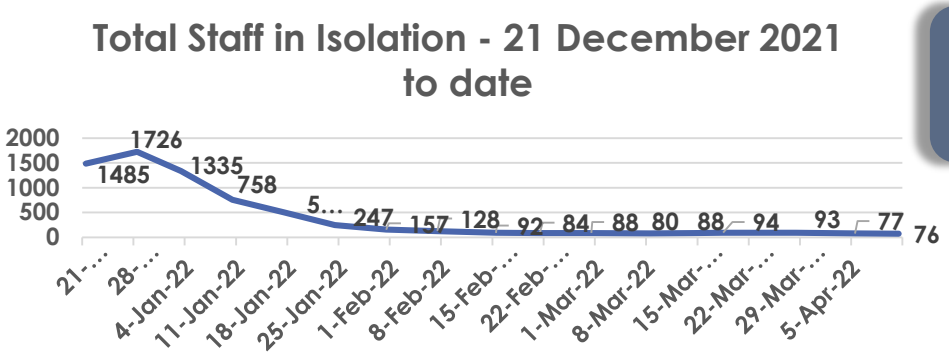


Staff Capacity and Platform Implications

1. QUARANTINE AND ISOLATION

As at 11 April 2022, the number of staff in Isolation (and therefore unavailable for duty): 76

- Clinical Staff in isolation = 60
- Non-patient facing staff = 16



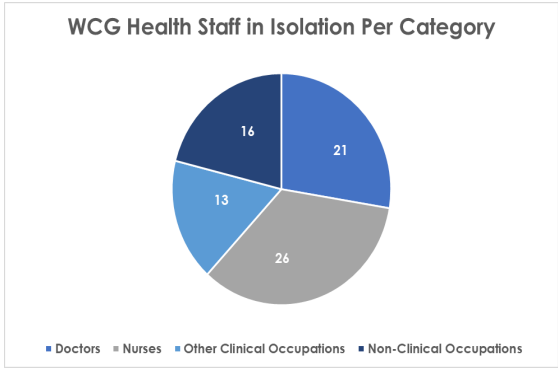
MANAGE CAPACITY

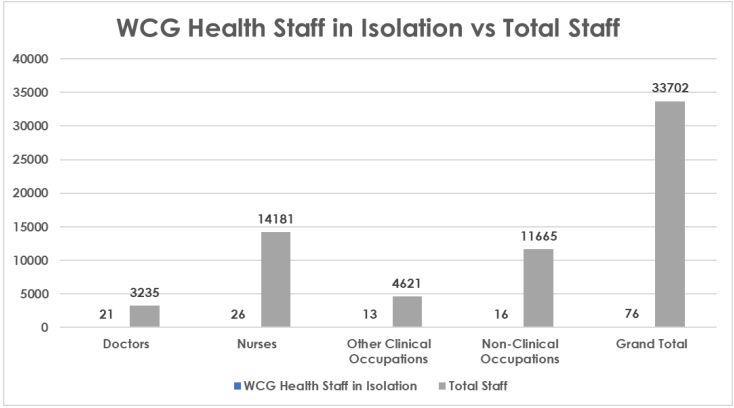
2. TREND SINCE 4TH WAVE

- The start of the 4th wave in the Western Cape was officially announced on 13 December 2021 with 572 Health Care Workers (HCWs) in isolation.
- By 21 December 2021, the number of HCWs in isolation increased to 1485 and reached 1726 by 28 December 2021.

3. OCCUPATIONS MOST AFFECTED

- Nurses and Doctors make up majority of staff in isolation, consistent with the pattern we see in the statistics for staff infection rates.





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Agile health platform response for future waves

Agile and titrated response with multiple actions in response to predefined triggers

Stabilized the trigger point metrics over the last 4 waves and can be used for future waves as well

Indicator	Acute hospital general beds	Critical care/ICU beds	Intermediate care beds	Referral pathways	Ambulance service	Oxygen
1st warning: ↑ health service demand in 14-21d	**↑ to 30% of peak wave 2 beds** (545 beds) by ↓ non-urgent OPD visits	**↑ to 30% of peak wave 2 beds** (37 beds) by ↓ elective surgery to 80% of usual capacity	**↑ to 50% capacity** (min 250 beds)	Equitable spread across hospitals: temporarily **shift referral paths** to balance patient load across facilities	Use **private sector EMS transport** as required	Alert O_2 company to **↑ supply & transport** Refill O_2 tanks every 2nd day/as required
2nd warning: ↑ health service demand in 7-14d	**↑ to 60% of peak wave 2 beds** (1090 beds) by further ↓ non-urgent OPD visits	**↑ to 60% of peak wave 2 beds** (75 beds) by ↓ elective surgery to 70% of usual capacity	**↑ to 100% capacity** (500 beds)	As above	As above	Refill O_2 tanks daily
3rd warning: ↑ health service demand in 2-7d	**↑ to 100% of peak wave 2 beds** (1820 beds) by strictly ↓ non-urgent OPD visits	**↑ to 100% of peak wave 2 beds** (125 beds) by ↓ elective surgery to 60% usual capacity	**↑ to >100% of capacity** (>500 beds) if possible	**Divert patients to private sector hospitals where possible**	As above 	Refill oxygen tanks daily or twice daily if drop <50% capacity
Health service capacity threatened	*As above plus* Continue maximal expansion COVID-19 beds Continue restricting non-urgent OPD services and non-urgent admissions **Maintain daily governance structures / huddles to ensure maintenance and equity of the service platform pressures**					

Triggered response for future waves

Agile and titrated response with multiple actions in response to predefined triggers
Stabilized the trigger point metrics over the last 4 waves and can be used for future waves as well

Indicator	Example of Resurgence Metric	Recommended action
First warning: ↑ health service demand in 14-21d	Large ↑ daily cases (↑ for ≥ 1 week of ≥ 20%) Overall test positivity >7% for ≥1 week **>50% ↑ in pre-COVID-19 O_2 use for ≥3d**	• Public messaging: ↑ cases & stricter NPI adherence. • Publish 2nd warning indicators & restriction expectations if breached. • Notify of resource mobilization for a substantial surge. • ↑ vaccination & boosters according to national guidelines. • Viral sequencing • **No restrictions when 1st warning indicator met.**
Second warning: ↑ health service demand in 7-14d	**10% week on week ↑ in 7dma of new admissions** *(for ≥7d & >7/million population (i.e. 50) new daily admissions)* **>75% ↑ in pre-COVID-19 O_2 use for ≥3d**	As above PLUS • Publish 3rd warning indicators & restriction expectations if breached. • Mobilize resources to support a substantial surge within 7 to 14 days. • Consider limiting testing not absolutely necessary. • **Consider evidence-based restrictions**
Third warning: ↑ health service demand in 2-7d	**>50% high care, ICU & $HFNO_2$ COVID-19 beds occupied** **>100% ↑ in pre-COVID-19 O_2 use for ≥3d**	As above PLUS • Publish potential ↑ of restrictions if systems become overwhelmed. • Limit testing not absolutely necessary. • Mobilize resources to support substantial surge within 2d. • **Consider further evidence-based restrictions**
Health service capacity threatened	**>2800 current COVID-19 inpatients** **>80% high care, ICU & $HFNO_2$ COVID-19 beds occupied** **>200% ↑ in pre-COVID-19 O_2 use for ≥3d**	As above PLUS • Mobilize resources to maximum capacity. • **Further evidence-based restrictions**

Responses to Draft Health Regulations

Western Cape Government

Response to Regulations on Surveillance and the Control of Notifiable Medical Conditions

The Regulations are NOT supported due to:

- The COVID-19 aspects of the regulations are **ineffective** (contact tracing), are **impractical** (maintaining a contact tracing database), do **not reflect current practices** (testing and isolation of asymptomatic people), are **not evidence based** (requirement to quarantine)

- are **inefficient, fruitless and wasteful** (provision of quarantine facilities with multiple services)

- **Endemic and transitioning to endemic infectious diseases** (COVID-19) are treated in the same way as **epidemic diseases** with consequent **inappropriate restrictions** for endemic/transitioning diseases

- The requirement for **mandatory prophylaxis** for infectious diseases has **no legal basis**

- The requirements for **self-isolation are onerous** and **skewed towards the wealthy** (telephone, internet, private physician, drop-off services, served meals, thermometer, exclusive bathroom facilities)

Response to Regulations on Surveillance and the Control of Notifiable Medical Conditions (2)

The Regulations are NOT supported due to:

- **Restrictions on local air travel** is not feasible in the medium or long term
- Continued **specific strict restrictions on funerals are not feasible** in the medium or long term
- Continued **physical distancing in all circumstances is not feasible** in the medium or long term
- Continued **restrictions on gatherings is not feasible** in the medium or long term

Regulations on International Health relating to Public Health Measures in Points of Entry

The Regulations are NOT supported in its current form:

- Clarify **which provision/s of the International Health Regulations** the Draft Regulations are intended to give effect to.
- Consider the **socio-economic impact of the regulations** with regards to **travellers and state expenditure**.
- The requirement for **screening travelers** needs further clarification on **which health conditions will be screened** for and how these conditions will be detected.
- As **medical examination of travellers** is frequently unhelpful it should be **either removed from the regulations**, or it should be justified based on **specific listed infectious diseases**.
- A **list of medical conditions** for which **vaccination is required for travelling** should be provided.

Regulations Relating to the Management of Human Remains

The Regulations are NOT supported due to:

- A **chapter dealing with the management of human remains** in **disaster situations** and public health emergencies **needs to be inserted**.
- There should be **clear guidance** on dealing with **unidentified and unclaimed bodies**
- In addition to environmental health practitioners, **forensic pathology officers** should also be allowed to **assess health hazards** and take samples from human remains.
- **Restrictions** on the family from **viewing, touching and washing a body** should only apply **if death was caused by an infectious disease** that can be **transmitted after death**.
- The **cause of death is not always known** and therefore in some circumstances cannot be inserted on the death certificate.
- **Exhumations** should also be allowed for **medico legal purposes** and a pathologist should be in attendance at the exhumation.

Regulations relating to Environmental Health

The Regulations are NOT supported in its current form:

- The provisions **empowering Environmental Health Practitioners** to demand information, examine the premises and take samples are extremely **wide and non-specific**. The Draft Regulations should **specify what kind of information may be demanded**, when a premises may be examined and what samples may be taken.

- **Inconsistencies** between the Draft Regulations and other relevant legislation such as the National Environmental Health Policy **should be clarified**.

- The Draft Regulations should **not encroach on Municipal functions**.

- The regulations should **propose appropriate use of information** collected by environmental health practitioners.

Vaccine Implementation update

Registration breakdown

As on 12 April 2022, a total of **2 980 104** people in the Western Cape have registered on EVDS, equalling **53.10% of the total eligible population >12 years (56.85% >18 Years Registered)**

Age Band	Total Registrations	% Individuals Registered
12 – 17 Years	156686	24,2%
18 – 35 Years	997348	48,6%
35 – 49 Years	867859	57,4%
50 – 59 Years	423407	62,0%
60 Years +	534804	74,3%

Metro: Sub-district	Proportion >18 years as on 12 April 2022	Rural: District	Proportion >18 years as on 12 April 2022
Eastern	60,52%	Cape Winelands	57,68%
Khayelitsha	38,67%	Central Karoo	46,25%
Klipfontein	55,81%	Garden Route	57,28%
Mitchell's Plain	35,89%	Overberg	66,66%
Northern	60,50%	West Coast	53,95%
Southern	58,71%		
Tygerberg	52,20%		
Western	89,99%		

Vaccinations as at 12 April 2022

National Adults **(>18 Years):** Full Primary Vaccination Series

17 665 564

44.39% of adult pop.

WC Adults **(>18 Years):** Full Primary Vaccination Series

2 538 964

51.01% of adult pop.

Vaccinations in the Western Cape to date

5 298 066

Total number of individuals vaccinated* **(>12 Years)**

2 931 338

***At least one vaccine dose**

WC **Primary Vaccination Series** vaccinations administered in the last 7 days (06 – 12 April 2022) **(incl. additional doses for immunocompromised)**

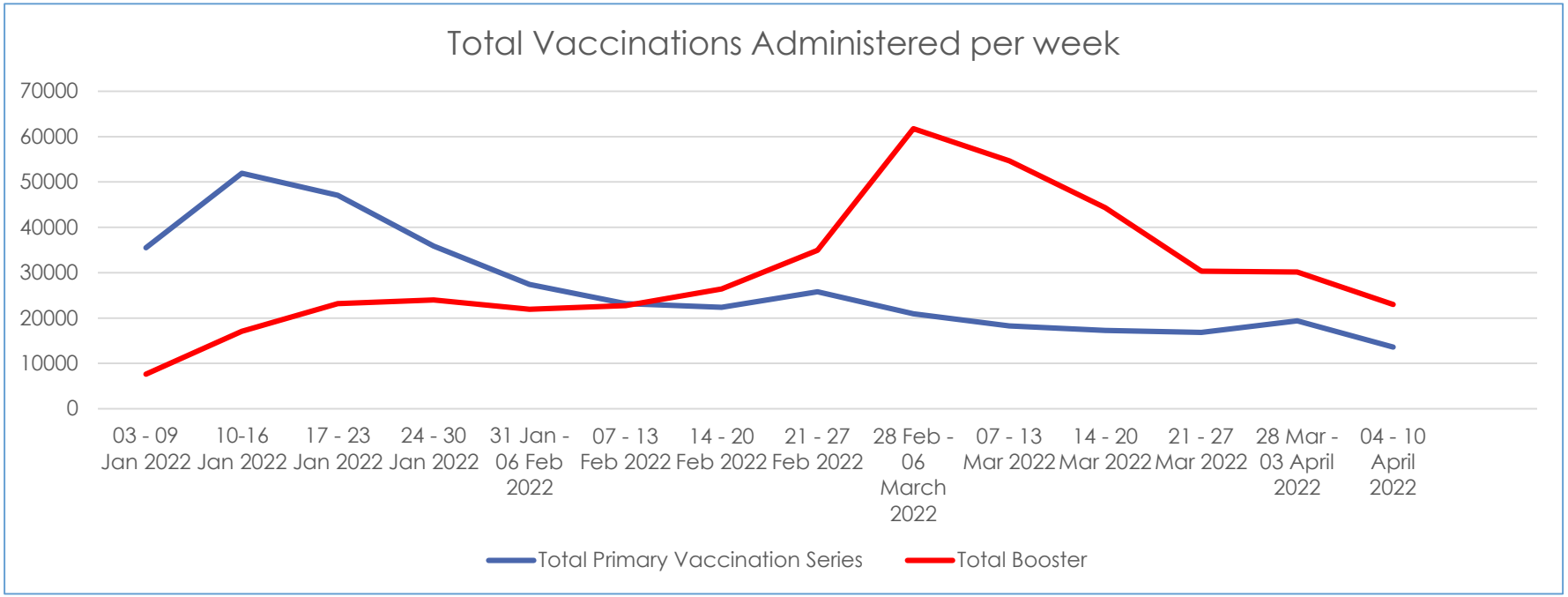
12 443

WC **Booster Vaccinations** administered in last 7 days (06 – 12 April 2022)

21 843

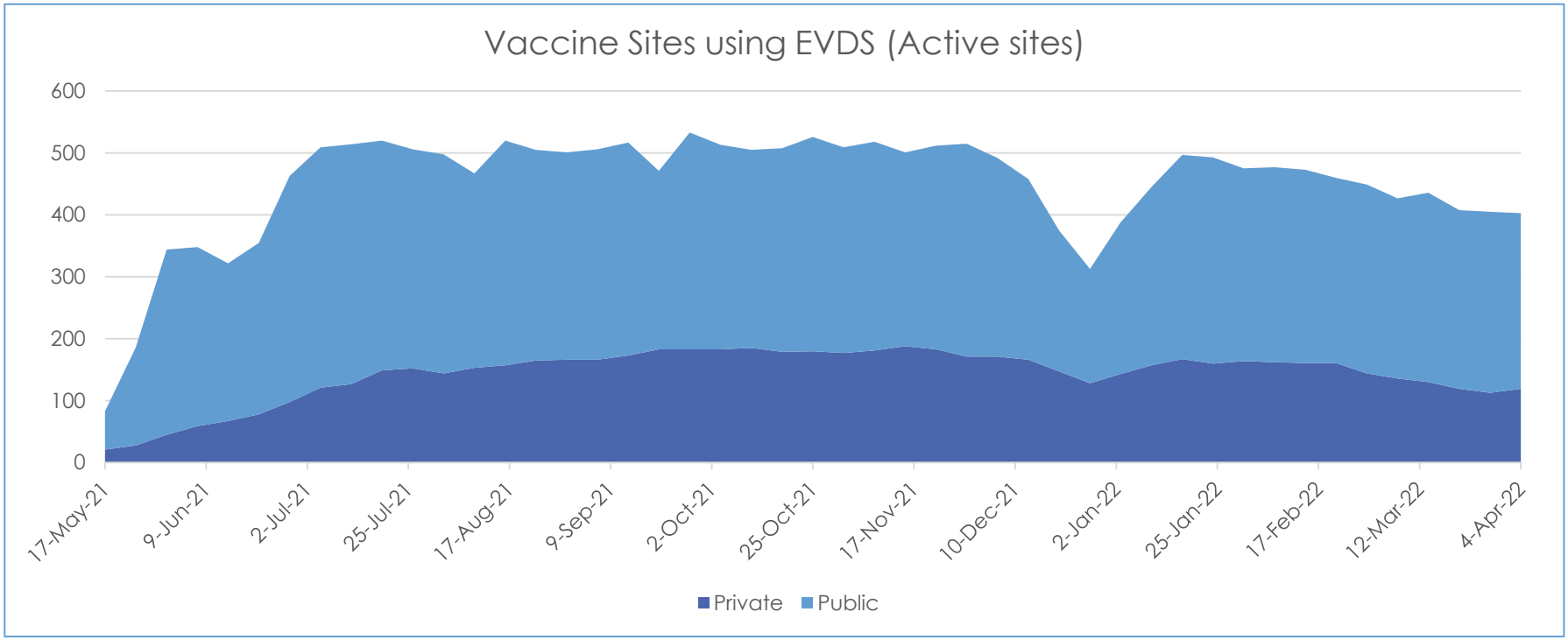
Western Cape Government

Western Cape- Primary Vaccination Series & Booster Doses weekly comparisons



There has been a slight decrease in uptake of primary series vaccines as well as booster doses during the most recent week (04 – 10 April 2022). It is encouraging, however, that we **continue to reach individuals who have not yet completed primary vaccine series and the unvaccinated**.

Active Vaccine Sites (incl. mobile and pop-up sites)



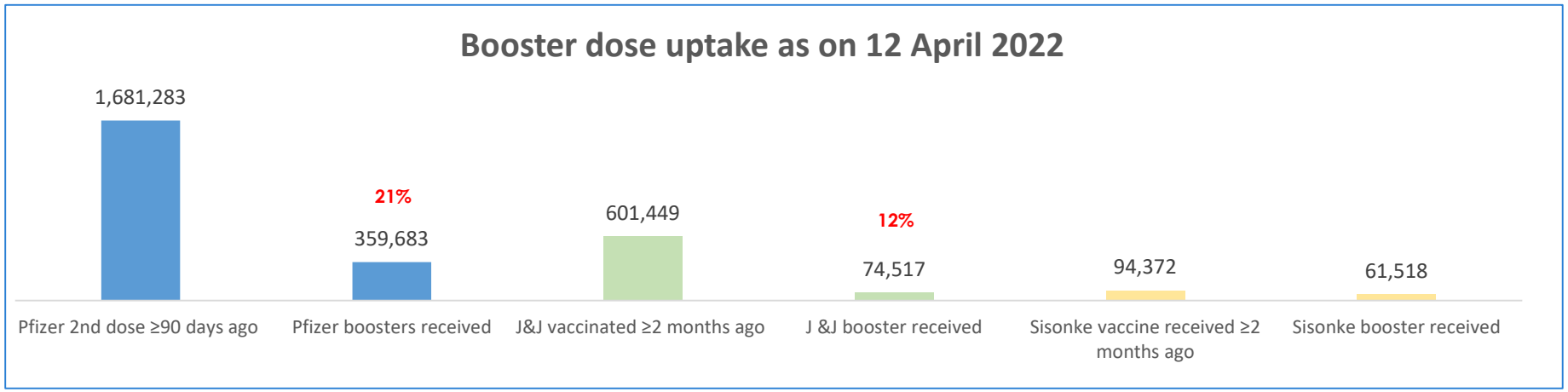
- As we move towards integrating Covid-19 into routine service, stand-alone vaccine sites are being **rationalised** and mobile outreaches (including pop-up sites) are implemented in a more **refined and targeted manner to reduce inequities in access**.
- For the week starting 04 April 2022, there were **403 active vaccination sites** in the Western Cape (public and private sites).

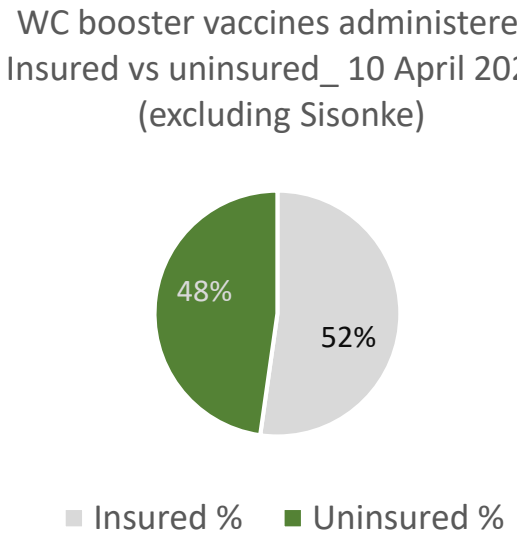
Vaccination Status (Population, by age band)

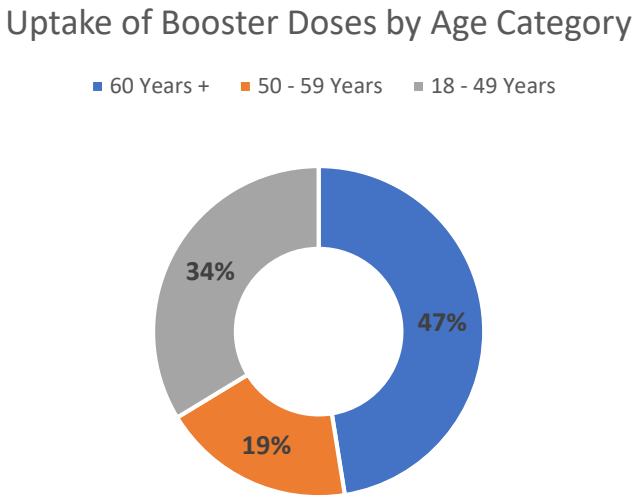
Age in years	Total Population	Partial Primary Vaccination Series (N)	Primary Vaccination Series (%)	Full Primary Vaccination Series (N)	Full Primary Vaccination Series (%)	Booster Dose Received (N)	Booster Dose Received (%)
60+	723 160	535 786	74,09%	510 235	70,56%	205 228	28,38%
50 - 59	684 149	445 244	65,08%	422 317	61,73%	81 477	11,91%
50+	**1 407 309**	**981 030**	**69,71%**	**932 552**	**66,26%**	**286 705**	**20,37%**
35 - 49	1 511 813	873 649	57,79%	806 071	53,32%	114 504	7,57%
18 - 34	2 057 781	949 147	46,12%	800 221	38,89%	32 983	1,60%
18 - 49	**3 569 594**	**1 822 796**	**51,06%**	**1 606 292**	**45,00%**	**145 631**	**4,08%**
TOTAL (>18 Years)	**4 976 903**	**2 803 826**	**56,34%**	**2 538 844**	**51,01%**	**432 336**	**8,69%**
12 - 17	646324	129 714	20,07%	46 766	7,24%	**N/A**	**N/A**

- NDoH has extended **targets** up to **September 2022.**
- The province has achieved the target **of 70% of >60 years full primary vaccination series.**
- Concerted efforts are required to **increase uptake amongst younger age groups**, especially **18 – 34 Years** and **12 – 17 Years**.

Uptake of General Booster Doses as on 12 April 2022







Uptake of booster doses remains **highest amongst those aged 60 years and older** and remains higher amongst the insured population than the uninsured population.

Policy Update

Circular H52 of 2022: Vaccination of Immunocompromised Adults – Updated Schedules

The following groups of immunocompromised individuals aged 18 years and older are now eligible to receive additional primary vaccination schedule doses and booster doses (**4th dose**) of the Covid-19 vaccine which may be **heterologous or homologous**:

Individuals with the following conditions:

- Haematological or immune malignancy
- Moderate to severe Primary immunodeficiency disorder
- HIV infection with CD4 count <200 cells/µL within the last 6 months

Individuals receiving the following treatments:

- High dose steroids or systemic biologics (e.g. for autoimmune conditions)
- Long-term renal dialysis
- Transplant recipients (solid organ or bone marrow)

Primary Schedule			Booster doses			
One dose		Additional dose		First booster		Second booster
COVID-19 vaccine Janssen®	28 days to three month interval	COVID-19 vaccine Janssen® **OR** Comirnaty® Vaccine	60 day interval	COVID-19 vaccine Janssen® **OR** Comirnaty® Vaccine	90 day interval	COVID-19 vaccine Janssen® **OR** Comirnaty® Vaccine
		ONE OF THESE THREE DOSES MUST BE A COMIRNATY® VACCINE				

OR

Primary Schedule					Booster	
1st dose		2nd dose		Additional dose		
Comirnaty® Vaccine	21 day interval	Comirnaty® Vaccine	28 days to three month interval	Comirnaty® Vaccine **OR** COVID-19 vaccine Janssen®	90 day interval	Comirnaty® Vaccine **OR** COVID-19 vaccine Janssen®

Continued messaging on vaccine safety

COVID-19 VACCINES: What you need to know

Unsure about getting the COVID-19 vaccine

- It is normal to have questions.
- Vaccines have ended pandemics like polio and measles. Babies and children get them to prevent these and other diseases.
- COVID-19 vaccines are safe and are already saving lives in many countries.

COVID-19 vaccines are safe and effective

- With over 4 billion people vaccinated, only a very small number had a serious side-effect.
- Vaccines protect against severe COVID-19 illness and death. Vaccines are already saving thousands of lives.

How does the vaccine work?

- The vaccine trains your immune system to recognise the coronavirus.
- If you then get COVID-19, your immune system will spring into action and prevent you from getting severely ill.

Why do I need the vaccine?

- There is no cure for COVID-19.
- Vaccines will protect you against getting very sick or dying from COVID-19.
- Being vaccinated is our best protection against more 'waves' of COVID-19 and return to a more normal life.
- This is especially important if you are 50 years or older; your risk of dying from COVID-19 is greater.

Will the vaccine give me COVID-19 or make me sick?

- No, the vaccine does not contain the virus and will not give you COVID-19.
- Many people experience mild side effects like headache and fever. These start around 6 hours after vaccination and last 1-2 days.
- These show the immune system is preparing to fight COVID-19.

Western Cape Government

Western Cape call centre:
0860 142 142
www.westerncape.gov.za

Who can get the COVID-19 vaccine?

Everyone who is 12 years and older can get the vaccine.

How do I get a vaccine?

- Vaccination is quick, easy and free. No need to pre-register.
- Go to a vaccination site near you. Take your ID with you. Get vaccinated within 30 minutes.
- Most vaccination sites are open on weekdays, others are also open on weekends.
- New vaccinations sites are being activated every week. Contact the Western Cape call centre for the most up-to-date list of COVID-19 vaccination sites.
- If you are elderly or bedridden and cannot leave your home, you can receive your vaccine at home.

How can I help?

Get your information from trusted sources. For more information please visit https://coronavirus.westerncape.gov.za/vaccine/

Do I need the vaccine if I have had COVID-19?

- Yes, natural immunity from infection is not as strong or long-lasting.
- You can have a vaccine 30 days after developing COVID-19.

How soon after my vaccination am I protected against COVID-19?

18 years and older
- 4 weeks after a one-dose vaccination (Janssen or JnJ).
- 2 weeks after the 2nd dose of a two-dose vaccination schedule (Pfizer).

12-17 years
- 3-4 weeks after single dose of Pfizer vaccine.

Vaccines are not 100% effective.
Continue COVID-19 precautions:

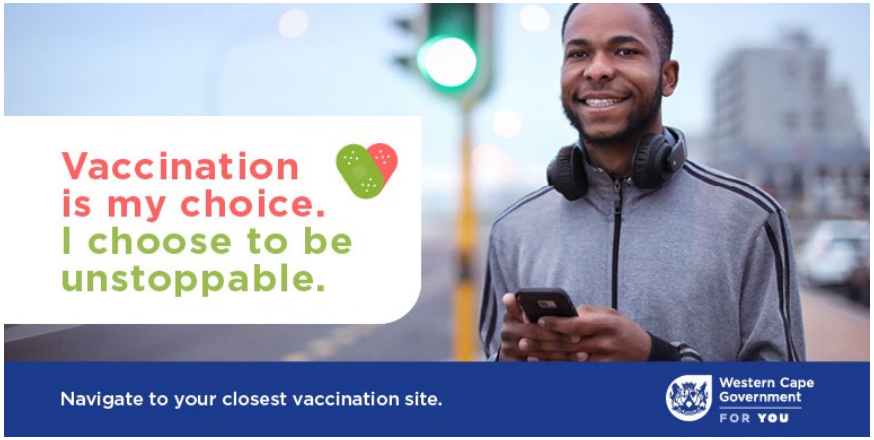
- Wear your mask
- Wash your hands
- Keep a safe physical distance from others
- Avoid crowds and confined places

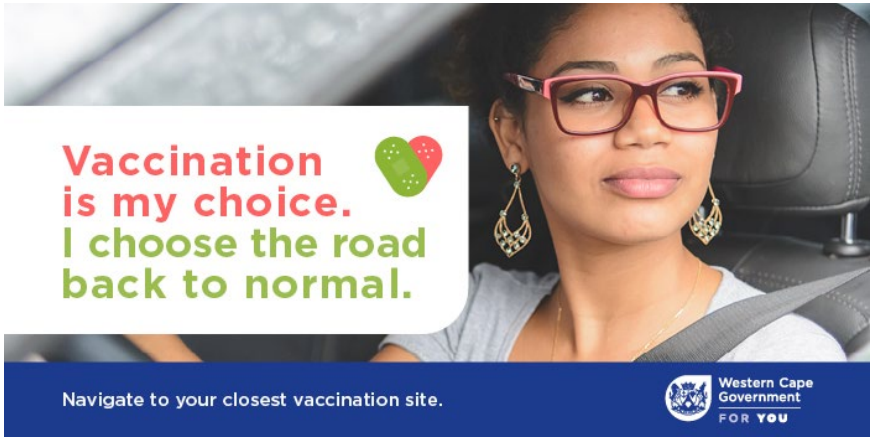
Let's work together to end severe COVID-19.
Get vaccinated as soon as you are able to.

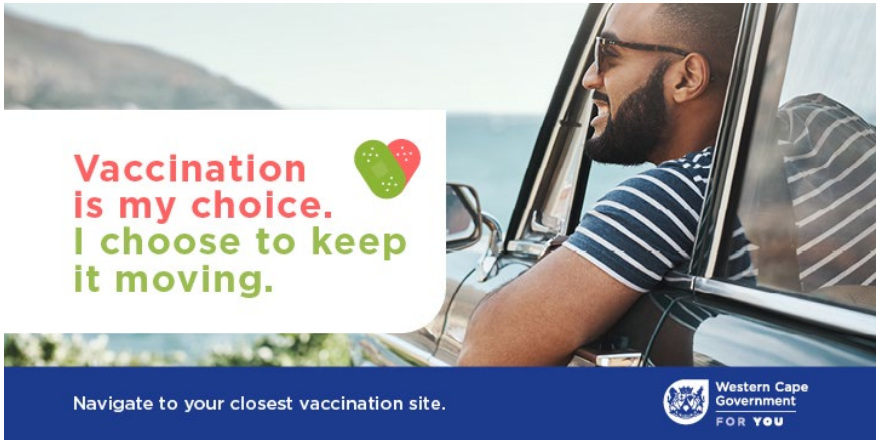
Western Cape Government

Western Cape call centre:
0860 142 142
www.westerncape.gov.za

Generating demand for vaccination: youth focus







Remarks on Vaccine Implementation

1. The number of **boosters per week continues to be higher than the number of primary series doses per week**, although the number of eligible people presenting for boosters is low.

2. The province **has achieved its target of >70%** of 60 Years and older completing Primary Vaccination Series by **end March 2022**.

3. The resumption of **SMS reminders** has resulted in a welcomed increase in the uptake of vaccinations, especially booster doses, but uptake has declined again.

4. **Renewed** social mobilisation efforts and a **Whole of Society Approach towards** demand generation continues to be urgently needed to increase uptake amongst younger age groups.

Health System Recovery

(Slides to be updated quarterly/monthly as appropriate)

Health System Recovery: Strategic Approach

A health system for you

Service Platform Reform

Ensuring return to comprehensive service delivery e.g. surgical backlogs, dealing with mental health pressures, etc.

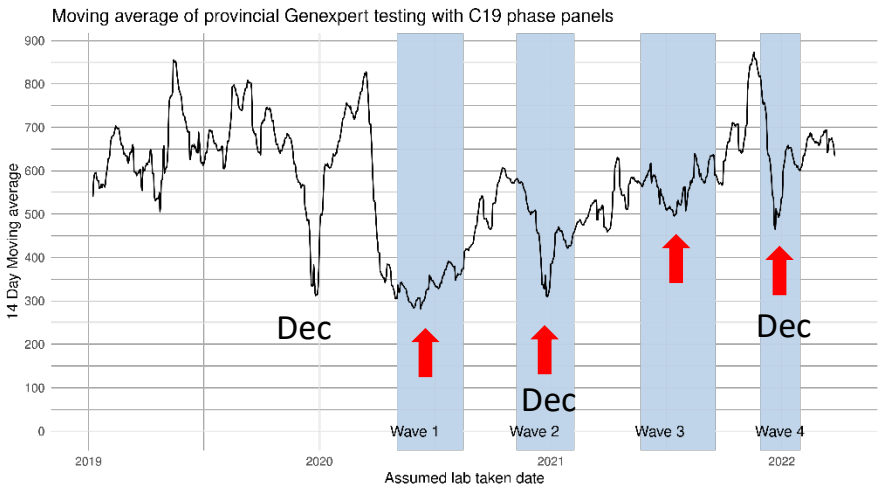
Governance reforms

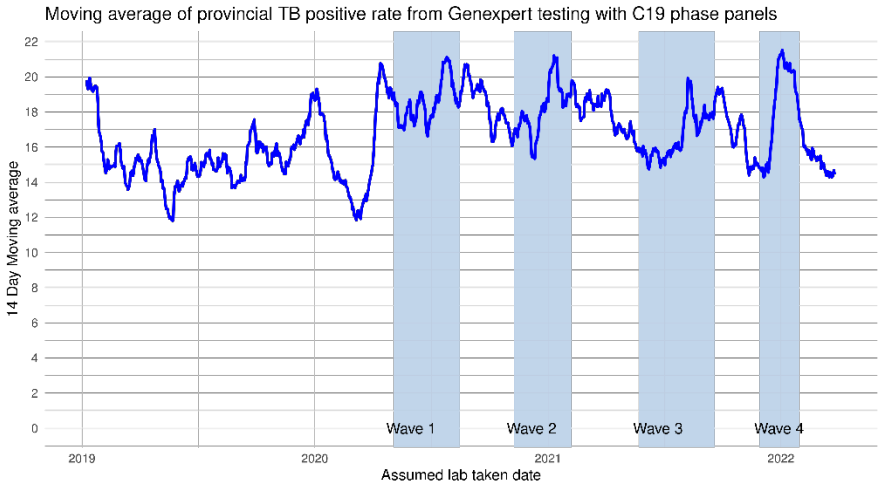
Embed governance lessons from COVID response into how we deal with other public priorities e.g. mental health priority, as part of Well-being

Public policy reform

There are a range of policy issues that impact on the health service platform e.g. alcohol reforms

Tuberculosis: Trends for Testing & Proportion positive





Number tested for TB:
Total number tested has seen a trend of overall increase from C-19 Wave 1 with a peak in testing counts prior C-19 Wave 4.

Note that the Wave 2 and 4 peaks co-incided with December holidays when testing is normally low.

Proportion positive:
The trend in positive rate (14 day moving average) is generally decreasing as testing increasing with lowest MA coinciding with highest testing point
pre-Wave 4 of C19.

High positive rate with undertesting during waves.

Recovery: Surgery backlog health system recovery

HEALTH

Funding, measures to aid elective surgery backlog

SHAKIRAH THEBUS
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THE provincial Health and Wellness Department won't be seeing an end to its elective surgery backlog, however it is allocating additional funding and measures to at least make a dent in it.

The department outlined its surgical backlog strategy at the Tygerberg Hospital yesterday.

Dr Saadiq Karriem, chief director general, specialist and emergency services in the Western Cape Department of Health, said on average, the province performs around 165 000 overall surgeries.

"By December 2021, with that backlog, we had done 22% fewer operations provincially. That's about 37 000 in terms of the backlog.

"By December 2021, that backlog was 22% less; in other words, we've done 22% fewer operations by December 2021, directly because of Covid-19, so that's about just over 23 000."

The department has allocated R20 million provisionally for the surgical backlog recovery, of which R13m has been allocated for the metropole and R7m for rural areas.

Some R30m additional funding has been allocated for resources to tackle mental health issues.

"We've got a further additional allocation for obstetrics and neonatal, another pressure point that has been around for a very long time. We had this pressure point even pre-Covid-19, so we've allocated some funding for obstetric services as well, about R15m."

Tygerberg Hospital surgery head Professor Elmin Steyn said the elective surgery backlog at the hospital stands at 10 000.

"Those are the ones on our lists and include all the surgical disciplines. And these are people waiting and they can wait a little bit, but the problem is, a lot of those become urgent, and then they land up on another kind of waiting list – the waiting list for urgent surgeries.

"We never actually catch up completely because as we speak, every day that goes by there are more patients.

"We're seeing people coming from other provinces because of the failure of health care in those provinces," Steyn said.

Hospital medical services manager Dr André Muller said the hospital runs 30 000 operations annually.

"We're doing one additional (waiting) list per day, so there are five lists per week additional, that's about 20 lists per month, and that will help to clear the backlogs. Every additional list will have an impact."

Extra anaesthetic and nursing and surgeons will be required, and more consumables purchased.

Mbombo thanked the various fund-raising efforts run by Smile Foundation, Gift of the Givers and the Tygerberg Hospital Children's Trust.

WC HEALTH DEPT ROLLS OUT PLAN TO REDUCE SURGICAL BACKLOG

MEC Nomafrench Mbombo and a team of doctors addressed the issue at Tygerberg Hospital on Monday morning.

Western Cape Health MEC Nomafrench Mbombo. Picture: @WCHealthMEC/Twitter


'ONS VANG OP MET OPERASIES'

Backlog ná pandemie groot

Western Cape Government

Date

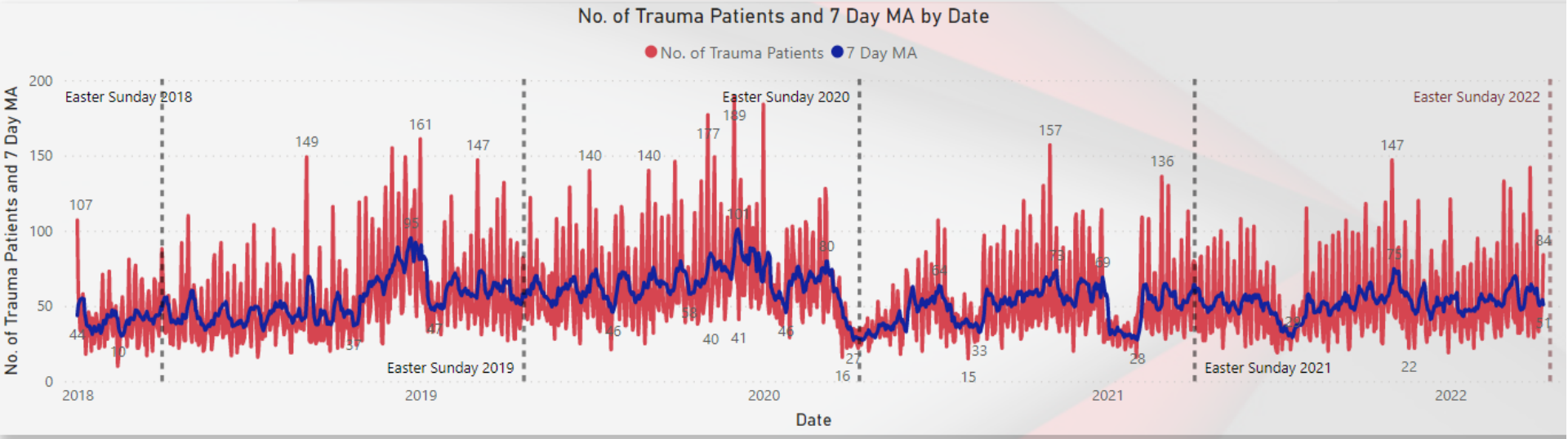
1/01/2018 10/04/2022

WC Sentinel Trauma Report

This report shows a sample of 3 hospital emergency centres and their trauma patient numbers over time

Source: HECIS

The graph below shows a subset of 3 sentinel facilities that have been recording their trauma presentations for the longest period:



88
Trauma on Easter Sunday 2018

81
Trauma on Easter Sunday 2019

27
Trauma on Easter Sunday 2020

79
Trauma on Easter Sunday 2021

When focusing on Easter Sunday in 2018 and 2019 we see that trauma presentations to just 3 facilities were in excess of >80 in a single day.

This dramatically reduced to <30 trauma presentations on Easter Sunday in 2020.

In 2021, we had a blunted effect of trauma presentations as Easter Sunday was combined with an end of month weekend, as well as stockpiling.

Based on the past evidence and data, we would need to urge all citizens to be vigilant on the road for drunk drivers, and aware that we often see increased levels of interpersonal violence, blunt assaults and stabbings on this weekend.

Health System Safety: Easter message

Western Cape Government
FOR YOU Health

Be Safe.
Be responsible this Easter

Conclusions

Concluding remarks

1. We are seeing a **slower decline in cases in the Western Cape** having **exited the 4th wave**. We need **evidence-based Health Regulation amendments** for **appropriate restrictions for future waves**.

2. We have **fully mitigated** the impact of the **4th wave,** through our triggered health system and societal response. We have embarked on **recovery and have to live with COVID**.

3. The **probability** for a **5th wave,** driven by **a new variant**, is high. The severity of disease is unpredictable. The **response** will require **vigilance and agility**.

4. Our biggest weapon **remains vaccination (especially for >50yr olds)**. We require a massive **whole of society effort** to **continue to generate increased targeted demand** for **unvaccinated persons** and for take up of **boosters for vaccinated persons**.

Thank you

K Cloete