

Health

Digital Press Conference

Update on COVID-19 and Vaccination Roll-out

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Overview

- 1. COVID Surveillance Update
- 2. COVID-19 fourth wave response
- 3. Vaccine Implementation update
- 4. Key messages
- 5. Conclusions



COVID Surveillance Update



Integrated testing, case, hospitalisation and mortality trends





National trends

- Gauteng has met the end of wave threshold, all other provinces remain in 4th wave
- Smaller decrease in incident cases in all other provinces



7-day moving average of new cases by province

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES Division of the National Health Laboratory Service



Jun Jul Aug Sep Oct Nov Dec Jan Jun Jul Aug Sep Oct Nov Dec Jan Jun Jul Aug Sep Oct Nov Dec Jan

- - Reported Cases
- End Wave Threshold
- New Wave Threshold
- Peak
- Uptick
 - Post Wave
 - New Wave
 - Upswing
 - Sustained Increase



ELLING

CONSORTIUM



- We are starting to see **decreases** in the number of daily new cases with on average **2013 new diagnoses per day**.
- The **proportion positive** has also decreased to an average of **40%**. New admissions appear to have plateaued with **217 admissions per day**.
- We are seeing on average 25 deaths per day. With delays in death reporting, it is too early to comment if deaths are starting to plateau.
- The Province will have reached the end of the wave once we have ~600 new cases per day based on the 7-day moving average of cases

Provincial Overview



Metro Overview

• Cases in the Metro are decreasing across all subdistricts, in both the public and private sector.



Rural Overview

• Case numbers in West Coast and Central Karoo have plateaued, while decreases are being seen in the rest of the rural districts.

Reproduction number



Reproduction number remains below one



Short term predictions from SACMC – new cases

- Case numbers were higher than predicted for the past week with more testing after the public holidays.
- Predicting fewer cases for next week than current actual numbers, but higher than last week's predictions.



Black line: previous cases

Grey line: forecast for this week

Dots: actual cases

Red line: Prediction for next week





Omicron in South Africa





The Delta variant dominated at >80% in October in South Africa, while Omicron was detected at 0.3% (2/768) Omicron dominated in November, at 84% (1141/1367) and continues to dominate in December (99%, 1057/1071)

Update on omicron in the Western Cape

Western Cape Province, 2021-2022, n = 4234



Nearly all cases in December in Western Cape are omicron.





MRC excess deaths



 Deaths from natural causes for the country increased and remain above upper predicted bound

 In the Western Cape, deaths increasing and above the predicted bounds for last 4 weeks, but still much lower than previous waves.



Are we seeing fewer admissions and deaths? Comparison of cases, admissions & deaths across the waves



*Proportion admitted during the equivalent periods of each wave

Note deaths scaled to be on same axis as admissions

- Continue to see widening gap between cases & admissions & deaths
- Cases 14% higher than 3rd wave peak; but new admissions currently at ~63% of third wave admissions peak; deaths at 24% of 3rd wave peak.
- Immunity from undiagnosed prior infection likely also providing strong protection vs. severe disease.
- Emerging evidence that omicron may be less severe than delta even after fully considering protection from vaccination & prior infection but reduction in severity unclear & may have similar severity to ancestral strains.

Compare disease severity in wave 4 vs wave 3

• Compared risk of severe COVID-19 outcomes in wave 4 vs wave 3:

 \rightarrow Admission or death

- \rightarrow Death
- Accounted for factors that impact COVID-19 outcome (age, sex, comorbidities, subdistrict) ("Unadjusted")
 ~2x ↓ risk of admission/death ~3.7x ↓ risk of death
- Additionally accounted for vaccination and prior diagnosed infection ("With reinfection & vax")
- ~1.4x ↓ risk of admission/death
 ~2x ↓ risk of death

Adjusted Hazard Ratio comparing risk of severe disease in wave 4 vs wave 3



The reduction in risk of severe disease in wave 4 vs. wave 3 becomes smaller when we adjust for vaccination and prior infection. This suggests that **immunity due to vaccination** and/or **prior infection** are **key reasons** for the **milder clinical disease of Omicron**, but there may also be **some reduction in severe disease** due to **inherent reduced virulence** of **Omicron**.

Davies et al. https://www.medrxiv.org/content/10.1101/2022.01.12.22269148v1

How much protection are vaccines providing for people with COVID-19 in wave 4 vs. wave 3?



Risk reduction of severe disease outcomes with full vaccination vs none in wave 3 and wave 4

- Among diagnosed COVID-19 cases we continue to see strong protection of vaccines against severe disease.
- Compared to unvaccinated, fully vaccinated have:
 nearly 3x ↓ risk of COVID-19 admission or death; nearly 4x ↓ risk of COVID-19 death
- Protection of vaccination against severe disease in COVID-19 cases is similar in wave 3 and wave 4.
 Davies et al. https://www.medrxiv.org/content/10.1101/2022.01.12.22269148v1

How much protection did we have before wave 4?

Seroprevalence study – testing for anti-SARS-CoV-2 antibodies

Tested routine residual specimens from:

- diabetics (private and public sector) ٠
- people with HIV (public sector) •
- and children (public sector)



(%) and daily de

Anti-N antibodies (from prior infection only, not vaccination)



- Public vs private: ~25% higher anti-N seroprevalence
- PLWHIV slightly higher anti-N seroprevalence (72%) vs public sector diabetics (66%)
- Hospitalised children similar to diabetics

Anti-N antibodies (from prior infection only, not vaccination)



- Public vs private: ~25% higher anti-N seroprevalence
- PLWHIV slightly higher anti-N seroprevalence (72%) vs public sector diabetics (66%)
- Hospitalised children similar to diabetics

Anti-Spike antibodies (from prior infection OR vaccination)



- Big difference in anti-N vs anti-S in private
- ~Overall nearly 90% of adults had immune protection from prior infection and/or vaccination before wave 4

Has the disease profile of COVID-19 changed between waves in those admitted & deceased?



A key question is whether the profile of people that are admitted and died from COVID has changed between the waves?

Was there a change in profile of COVID-19 deaths in wave 4?

- Lower absolute number of deaths occurred in 4th wave, with reports about change in profile of the deaths
- Rapid analysis conducted of first 50 deaths that occurred in public sector admissions, once > 5 admissions/million population (for 3rd wave and 4th wave): from 15 June (3rd wave), 6 December 2021 (4th wave)
- 2 clinicians independently used all available electronic data to categorize into 4 categories:
 - 1. COVID-19 disease: evidence of COVID pneumonia
 - 2. COVID-associated: no evidence of COVID pneumonia, other underlying conditions & COVID precipitates acute admission: DKA, stroke, TB, cancer, etc.
 - 3. Incidental: clearly incidental, recorded as such by attending clinician
 - 4. Indeterminate: could not be classified

Paleker et al. https://www.medrxiv.org/content/10.1101/2022.01.12.22269138v1

Profile of COVID-19 deaths in 3rd wave compared to 4th wave



Percentage of COVID-19 deaths in each category, in wave 3 compared to wave 4

- COVID disease: 78% in Wave 3 vs 50% in Wave 4
- Of 24% COVID associated: 1/3 malignancy, 1/3 tuberculosis

Paleker et al. https://www.medrxiv.org/content/10.1101/2022.01.12.22269138v1

Profile of COVID-19 deaths in 3rd wave compared to 4th wave



- Wave 4 = smaller proportion of COVID-19 disease (blue) vs increases in COVID-19 associated (orange)
- Corroborates reports from clinicians, bulk oxygen consumption
- Caution needed when interpreting reported "COVID-19 deaths", as the profile has shifted

Paleker et al. https://www.medrxiv.org/content/10.1101/2022.01.12.22269138v1

Summary of evidence about Omicron to date

- 1. Clear evidence that **re-infections occur with Omicron**.
- 2. Large proportion of population (nearly 90%) had protection against severe disease from prior infection and/or vaccination before Wave 4.
- 3. Proportion of cases with severe disease to date has been lower and different disease profile with less COVID-19 pneumonia. This is mostly due to strong protection vs. severe disease from prior infection and vaccination.
- 4. Growing evidence that Omicron may cause less severe disease than Delta in unvaccinated people without prior infection. While the proportion with severe disease is smaller as most people have some protection from vaccination/ prior infection or both, we still have some cases with severe disease.
- 5. Vaccines continue to still provide strong protection against severe disease from omicron and remain our best defence.
- 6. We continue to follow emerging evidence closely.



COVID-19 fourth wave response



Triggered response for the 4th wave

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

Indicator	Example of Resurgence Metric	Recommended action		
First warning: ↑ health service demand in 14-21d	Large \uparrow daily cases (\uparrow for ≥ 1 week of $\ge 20\%$) Overall test positivity >7% for ≥ 1 week >50% \uparrow in pre-COVID-19 O ₂ use for $\ge 3d$	 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: 个 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) O_2 >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 restrictions 		
Third warning: ↑ health service demand in 2-7d	 >50% high care, ICU & HFNO₂ COVID-19 beds occupied ○2 >100% ↑ in pre-COVID-19 O₂ 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 restrictions 		
Health service capacity threatened	>2800 current COVID-19 inpatients >80% high care, ICU & HFNO ₂ COVID-19 beds occupied >200% \uparrow in pre-COVID-19 O ₂ use for ≥3d	 As above PLUS Mobilize resources to maximum capacity. Further restrictions 		

Acute public service platform – current picture

- 1. The Metro hospitals have an average BOR of 90%; George drainage area hospitals at 69%; Paarl drainage area hospitals at 73% & Worcester drainage area hospitals at 74%. Critical care BOR for designated COVID beds for the province at 51%.
- 2. 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 95 patients, Mitchell's Plain Hospital of Hope has 37 patients.
 Sonstraal currently has 31 patients; Freesia & Ward 99 have 0 patients; Harry Comay has 1 patient.

4. The Metro mass fatality centre remains closed.

Daily Operational Bed Status



WCDOH: Daily Operational Bed Status Dashboard as at 12/01/2022

						BUR % for	BUR % for
		F illed				Designated	Designated
Drainage Area		Pada				Covid	Covid
	Operational	Beas		COVID	% Covid	Beds(General	Beds(Critical
	Beds		BUR %	BUR %	patients	Wards)	Care)
Cape Town /Metro	5,058	4,570	<mark>90</mark> %	31%	10%	29%	69%
George	900	624	69%	33%	1 <mark>6</mark> %	33%	50%
Paarl	982	716	73%	48%	20%	50%	16%
Worcester	741	550	74%	47%	21%	49%	8%
SubTotal WCDOH	7,681	6,460	84%	35%	13%	34%	51%

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



COVID-19 Persons in Hospital

0K

Nov 2020

Jan 2021

Mar 2021

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 current 4th wave is peaking public sector hospitalizations at ~1000 patients.

Nov 2021

Jan 2022

Sep 2021



Jul 2021

May 2021

Date

Rate of Increase:

- The rate of increase of COVID-19 hospitalizations was more rapid than previous waves (possibly due to lower baseline, and higher incidental positives with high case load at the time)
- This rate has rapidly decreased to 0% as we peak in admissions

Absolute number of persons in hospital:

 Currently peaking lower than previous waves (1098 on 28 Dec)

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 current fourth wave is currently at 186 new admissions at peak. Importantly, this wave has seen an increased number of **incidental admissions** relative to previous waves.



Public Sector Bulk Oxygen Consumption

The total daily bulk oxygen for the public sector is currently at 17.03 tons currently. Based on the public sector usage we are currently still <50% oxygen use relative to our pre-COVID baseline.

If we compare this to the 3rd wave peak on the 8th August 2021 the public sector was using 49.07 tons per day, or 302% increase relative to our pre-COVID-19 baseline. This decreased need despite a high case burden is reassuring.



COVID-19 Hospitalization Triggered Response Metrics

Using the triggered COVID-19 metrics to titrate beds accordingly. According to these metrics (especially oxygen use),

Indicator	Bed Trigger	Bed Response	Current Level
1 st warning indicator	 >10% of beds occupied by COVID-19 patients >50% increase in pre- COVID-19 baseline of oxygen consumption by hospitals (>18.3 tons per day) for ≥3 days 	Expand acute hospital general COVID-19 beds by 30% of maximum wave 2 peak beds (to 545 beds) by decreasing non-urgent OPD visits. Expand acute hospital critical care COVID-19 beds to 30% of maximum wave peak beds (to 37 beds) by decreasing elective surgery to 80% of usual capacity. Expand intermediate beds to 50% capacity (minimum 250 beds). Ensure equitable spread of patients across hospitals: temporarily shift referral paths diverting acutely ill patients away from hospitals with >10% of COVID-19 patients to those with <10% COVID-19 patients.	COVID-19 Bed Utilization %: 37% Oxygen Consumption: 39.7% (i.e. <50% increase relative to pre-COVID baseline)
2 nd warning indicator	 >20% of beds occupied by COVID-19 patients >75% increase in pre- COVID-19 baseline of oxygen consumption by hospitals (>21.4 tons per day) for ≥3 days 	Expand acute hospital general COVID-19 beds to 60% of maximum wave 2 peak beds (to 1090 beds) by further decreasing non-urgent OPD visits. Expand acute hospital critical care COVID-19 beds to 60% of maximum wave 2 peak beds (to 75 beds) by decreasing elective surgery to 70% of usual capacity. Expand intermediate beds to 100% capacity (500 beds). Ensure equitable spread of patients across hospitals: temporarily shift referral paths diverting acutely ill patients away from hospitals with >10% of COVID-19 patients to those with <10% COVID-19 patients.	COVID-19 Bed Utilization %: 37% Oxygen Consumption: <75%
3 rd warning indicator	 >20% week-on-week increase in 7 day moving average of current admissions. >50% bed occupancy of available critical care & HFNO COVID-19 beds. COVID-19 patients occupy >30% of beds 	Expand acute hospital general COVID-19 beds to 100% of maximum wave 2 peak beds (to 1820 beds) by strictly decreasing non-urgent OPD visits. Expand acute hospital critical care COVID-19 beds to 60% of maximum wave 2 peak beds (to 125 beds) by decreasing elective surgery to 60% of usual capacity. Increase intermediate beds to >100% of capacity (>500 beds) if possible.	% week on week in current admissions: <20% % Bed Occupancy in critical care beds: 37% COVID-19 Bed Utilization %: 37%
Health service close to overwhel med	A sustained increase of probo warning indicator) Absolute current COVID-19 ho district/province; BUR % for de Continue maximal expansion	uble/confirmed cases needing hospital admission (as per first, second and third ospitalization >2800 ; BUR % for designated COVID-19 general beds >70% in a signated COVID-19 critical care & HFNO beds >80% COVID-19 beds	Absolute COVID-19 hospitalizations: 1482



13-12-2021 to 19-12-2021 20-12-2021 to 26-12-2021 27-12-2021 to 02-01-2022 03-01-2022 to 09-01-2022



Similar tapering can be seen in recent trauma admissions as well.



WCGH Staff in Isolation: Implications for Health Services

Capacity and Platform Implications

QUARANTINE AND ISOLATION (WAVE 4 ONLY) As at 10 Jan 2022, the number of staff in Isolation (and therefore unavailable for duty): 758 Clinical Staff in isolation = 596 (balance of 189 being non-patient facing staff) Although the numbers remain significantly high, staff are returning to work as they come out of isolation and there is an overall easing of pressure of the health platform. The number of staff in isolation follow on from the week prior – caution to not draw direct correlations

between active cases and the total number in isolation. Staff are either dealing with active infection or have been in close contact.

Still awaiting the revised NDoH quarantine and isolation guidelines.

WCG Health Staff in Isolation Per Category





WCG Health Staff in Isolation vs Total Staff



Vaccine Implementation update



Vaccinations as at 12 January 2022





[Disclaimer: Data displayed in these graphs and tables only contains records captured on EVDS. Totals will be adjusted as back-capturing and data validation is done.]

Registration breakdown

As on 12 January 2022, a total of **2819 672** people in the Western Cape have registered on EVDS, equalling **50,24% of the total eligible population (>12 years). (54.11% >18 Years Registered)**

Age Band	Total Registrations	% Individuals Registered
12 – 17 Years	132 510	20,50%
18 – 35 Years	910 012	44,35%
35 – 49 Years	835 050	55,22%
50 – 59 Years	413 687	60,61%
60 Years +	528 413	73,42%

Metro: Sub-district	Proportion >18 years as on 12 January 2022	Rural: District	Proportion >18 years as on 12 January 2022
Eastern	57.45%	Cape Winelands	55.83%
Khayelitsha	35.51%	Central Karoo	43.81%
Klipfontein	52.68%	Garden Route	55.25%
Mitchell's Plain	33.28%	Overberg	64.22%
Northern	57.24%	West Coast	52.17%
Southern	57.02%		
Tygerberg	48.86%		
Western	84.86%		



Vaccines Administered per Week

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Total Vaccines Administered per Week up to 12 January 2022



[Disclaimer: Data displayed in these graphs and tables only contains records captured on EVDS. Totals will be adjusted as back-capturing and data validation is done.] *Last data point = 10 – 12 January 2022 (3 days)

Vaccination Coverage (>18 Years) up to 12 January 2022

Vaccination Coverage (% of Adult Population who received at least one dose)



[Disclaimer: Data displayed in these graphs and tables only contains records captured on EVDS. Totals will be adjusted as back-capturing and data validation is done.]

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Current status - vaccinated vs unvaccinated (Primary course)



As on 12 January 2022

Total number of individuals (18 Years and older) vaccinated (at least one dose) = 2 663 359 = 54% of >18s (EVDS National Dashboard on 12 January 2022)

Total number of individuals (18 Years and older) fully vaccinated = 2 345 779 = 47% of >18s (EVDS National Dashboard on 12 January 2022)

Number of unvaccinated persons aged 18 years and older = 2 313 544

Total number of children (aged 12 – 17 Years) Vaccinated = 115 871 (17,93%)



Provincial coverage to date per age-group (Primary Course)

Age in years	Total Population	Proportion <u>Fully Vaccinated</u> (Received either 1 dose J&J or 2-dose Pfizer) as on 12 January 2022	Proportion <u>Partially</u> <u>Vaccinated</u> (One dose of two-dose regimen received) as on 12 January 2022	Proportion <u>Unvaccinated</u> as on 12 January 2022
60 Years +	723 160	67.38%	4.58%	28.04%
50 – 59 Years	684 149	58.58%	4.53%	36.88%
50 Years +	1 407 309	63.10%	4.56%	32.34%
35 – 49 Years	1 511 813	49.72%	5.73%	44.55%
18 – 34 Years	2 057 781	34.31%	8.11%	57.58%
18 - 49	3 569 594	40.84%	7.10%	52.06%
18 Years +	4 976 903	47.13%	6.38%	46.49%
12 – 17 Years	646 324	2.13%	17.93%	82.07 %



Vaccination coverage: >50 Years









Vaccination coverage: 20 - 49 Years

Vaccination Coverage 20 - 49 Years (at least one vaccine dose) as on 12 January 2022





Strategic Focus & Intent



Promoting Equity

Increase access to registration and vaccination sites

Community-level interventions

Target identified geographic areas

Targeted Approach

Focus on **geographic areas** with low vaccine uptake – informed by available vaccination and registration data.

Intentional shift to maximise reach and efficiencies through **increasing outreach** services and **pop-up** sites.

Rationalise and retain fixed vaccination sites where appropriately placed.



Capacity from decommissioned and/or scaled down fixed sites have been redeployed to increase capacity for mobile services and pop-up sites in community settings.



District teams identify suitable pop-up site locations via **community consultation** and **local knowledge** of the geographic area.

Targeted vaccination activities are supplemented by resources made possible through partnerships (e.g., Solidarity Fund, Old Mutual, etc.)



Renew Demand Creation Efforts

Retain focus on **>50 years as the most vulnerable** population group

Focus on **booster doses** for those who are eligible

Reinvigorate social mobilization and demand creation efforts

Neutralise misinformation & strengthen pro-vaccine trusted voices



Uptake of Booster Doses and Additional Doses as on 12 January 2022



GENERAL BOOSTERS Cominarty (Pfizer) Vaccine

• Only adults

Western Cape Government

- 6 months after 2nd dose
- Small numbers of older persons are becoming eligible

Janssen (J&J) Covid Vaccine

- Only adults
- 2 months after initial dose
- Large number of people immediately eligible



Remarks on Vaccine Implementation

 The vaccination uptake has slowed substantially. We can't be certain how much of this slowdown is due to the holidays. South Africa is experiencing the same slowdown seen in other countries with established COVID-19 vaccination programmes.

• Targets will be reset for 2022:

- Primary Vaccination Coverage
- o Booster Doses
- Protection offered by vaccination + booster + prior infection (Index)
- **Retain focus** on ensuring that the **most vulnerable groups** are vaccinated.
- Renewed social mobilisation efforts and a Whole of Society Approach towards demand generation is urgently needed and activities are being implemented to strengthen this.
- Efforts must **be guided by the data and available evidence** and be directed towards:
 - Geographic areas with low vaccination coverage
 - Reaching the unvaccinated
 - Promoting uptake of booster doses for those who are eligible



Communications





Keeping safe while exiting the 4th wave



Simple things to exit the 4th wave





Generating demand for vaccination

VACCINATION PROGRAMME

Cape Winelands District vaccination booster sites (10 - 14 Jan)

Sub-districts	Site name	Pfizer (yes/no)	JnJ (yes/no)	Days open (e.g. Mon- Friday/ Tuesday only)
Breede Valley	De Doorns Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Breede Valley	Empilisweni (Worcester) Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Breede Valley	Orchard Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Breede Valley	Rawsonville Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Breede Valley	Sandhills Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Breede Valley	Touws River Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Breede Valley	Worcester Town Hall	Yes	Yes	Monday, Tuesday, Wednesday, Thursday, Friday
Drakenstein	Dalvale Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Drakenstein	Gouda Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Drakenstein	Huis McCrone Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Drakenstein	Klein Drakenstein Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Drakenstein	Phola Park Clinic	Yes	Yes	Friday
Drakenstein	Saron Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Drakenstein	Simondium Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Drakenstein	Soetendal Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Drakenstein	TC Newman CDC	Yes	Yes	Monday, Tuesday, Wednesday, Thursday, Friday
Drakenstein	Wellington CDC	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Langeberg	Callie de Wet Hall	Yes	Yes	Monday, Tuesday, Wednesday, Thursday, Friday
Langeberg	Cogmanskloof Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Langeberg	Happy Valley Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Langeberg	Montagu Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Langeberg	Zolani Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Thursday, Friday
Stellenbosch	Cloetesville CDC	Yes	Yes	Monday, Tuesday, Wednesday, Thursday, Friday
Stellenbosch	Don and Pat Bilton Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Friday
Stellenbosch	Eikestad Hall	Yes	Yes	Monday, Thursday,
Stellenbosch	Groendal Community Hall	Yes	Yes	Friday
Stellenbosch	Idas Valley Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Thursday, Friday
Stellenbosch	Kayamandi Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Thursday, Friday
Stellenbosch	Kylemore Clinic	Yes	Yes	Monday, Tuesday, Wednesday, Thursday, Friday
Stellenbosch	Van Der Stel Sports Grounds	Yes	Yes	Monday, Tuesday, Wednesday, Thursday, Friday
Witzenberg	Bella Vista Clinic	Yes	Yes	Friday
Witzenberg	Ceres Hospital	Yes	Yes	Monday, Tuesday, Wednesday, Thursday, Friday
Witzenberg	Nduli Clinic	Yes	Yes	Wednesday,
Witzenberg	Op die Berg Clinic	Yes	Yes	Tuesday,
Witzenberg	Tulbagh Clinic	Yes	Yes	Wednesday,
Witzenberg	Wolseley Clinic	Yes	Yes	Friday



David Collison and Venus Collison, 15 and 12 years old, went for their Pfizer booster at DP Marais Hospital.

Western Cape Government FOR YOU



BOOSTER DOSE AVAILABLE

Booster doses are available to persons who received the JnJ vaccine two months ago (or more) or their second Pfizer dose at least six months ago. You do not have to wait for a booster-sms reminder and can go to a vaccination site without it.



Dates may be subject to change. We will keep you updated weekly.





Continued messaging on vaccine safety

2021

COVID-19 VACCINES: What you need to know

Dursure 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.

P 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 I-2 days.
- These show the immune system is preparing to fight COVID-19.



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

요요 Who can get the 요요 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

0

• 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 call centre: 0860 142 142 www.westerncape.gov.za





Concluding remarks

- We are seeing a decline in cases in the 4th wave in the Western Cape, but still have a high number of active cases. We urge everyone to vaccinate, wear a mask, avoid enclosed spaces and gather outdoors, to contain the spread until we exit the 4th wave.
- The early evidence on omicron is emerging, indicating lower prevalence of severe cases for hospitalisation and deaths, mainly due to vaccination and previous infections, but we need to await more robust research, to pronounce on Omicron's severity.
- 3. We have activated a tailored step-wise health and societal response and have fully mitigated the impact of the 4th wave, up to this point. We are preparing for recovery and to live with COVID in 2022.
- 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 boosters for vaccinated persons.



Thank you

K Cloete