



Western Cape
Government

FOR YOU

Health

Digital Press Conference

Update on COVID-19 and Vaccination Roll-out

Dr K Cloete

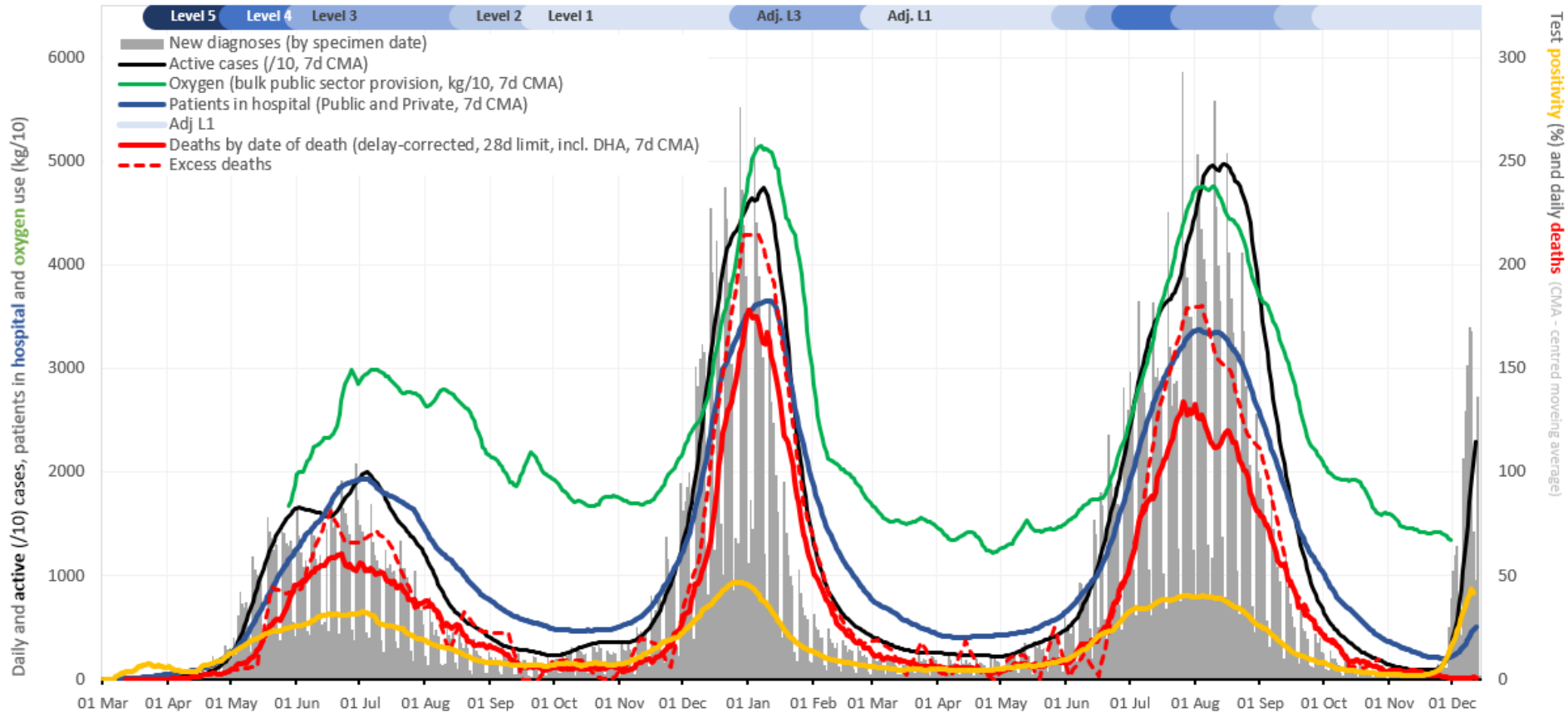
15 December 2021

Overview

1. COVID Surveillance & Response Update
2. COVID-19 fourth wave response
3. The current status of the health platform
4. Vaccine Implementation update
5. Key messages
6. Conclusions

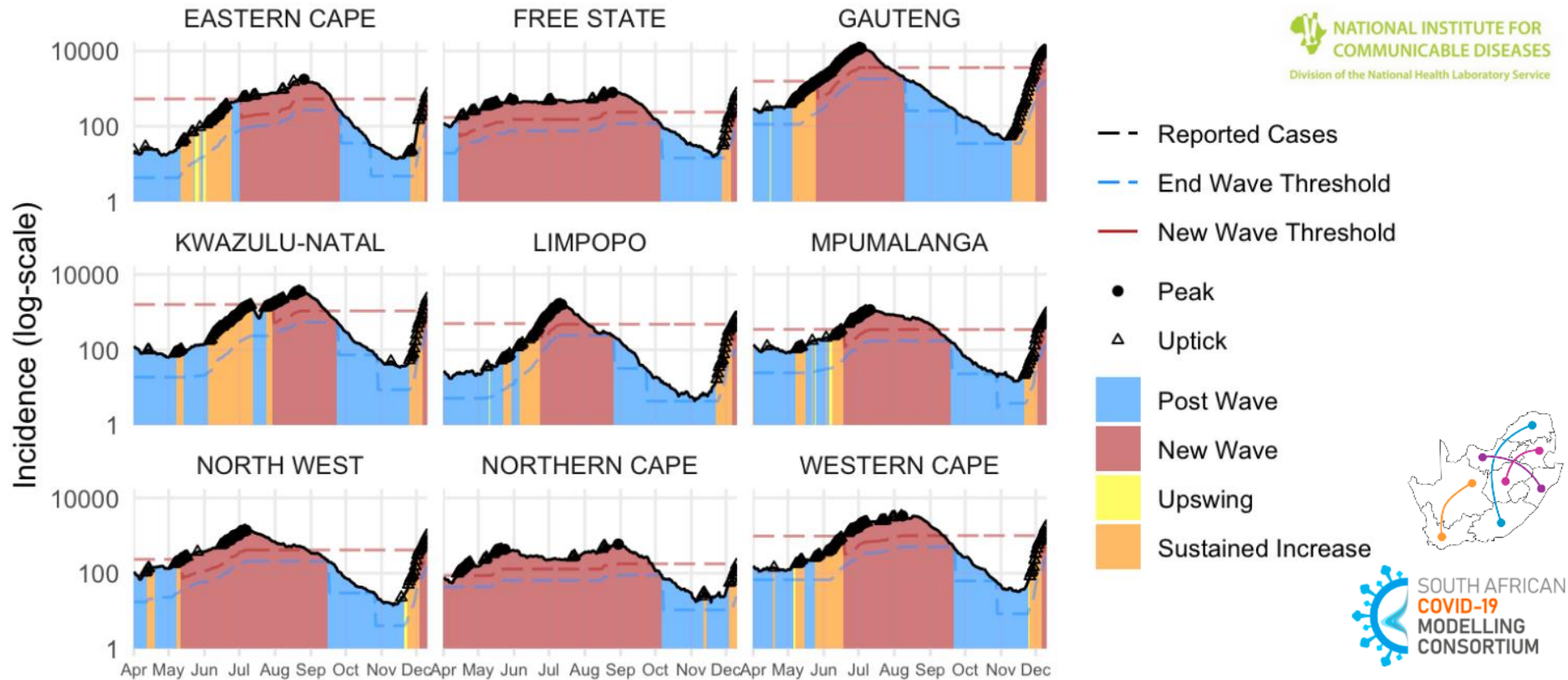
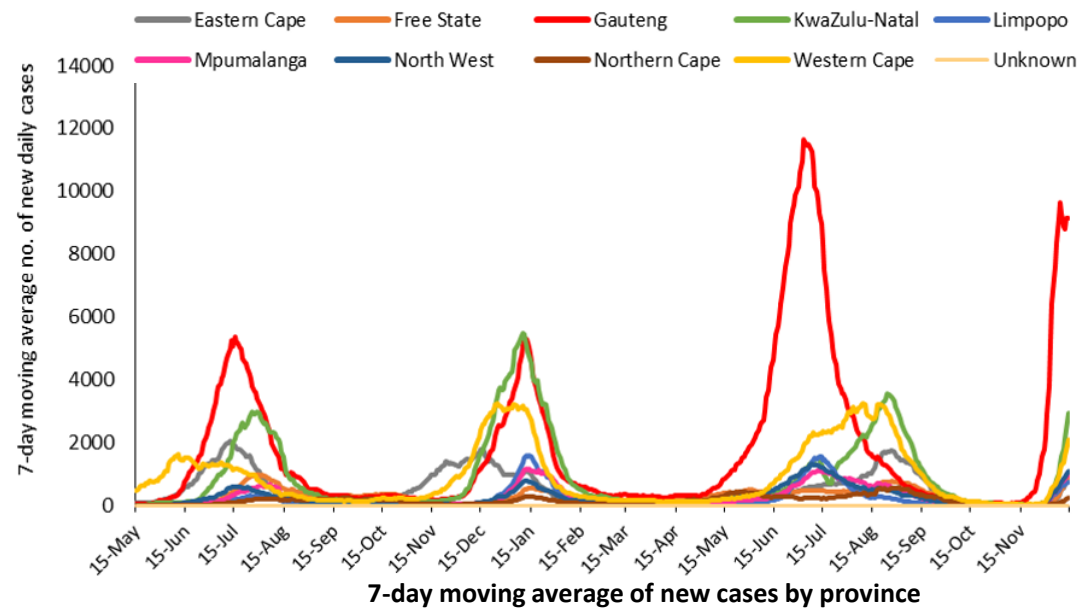
COVID Surveillance & Response Update

Integrated testing, case, hospitalisation and mortality trends



National trends

- All provinces continue to see steep increases in cases
- All provinces except Northern Cape have reached the threshold of a new wave





Provincial Resurgence Overview



Health Impact Assessment
WC Department of Health
Last Updated:
12/14/2021 1:01:25 PM

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

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

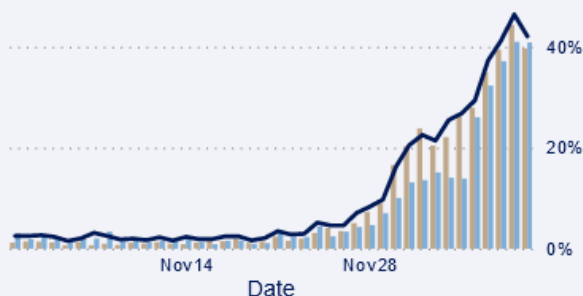
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- ☐ Cape Winelands
- ☐ Central Karoo
- ☐ City of Cape Town
 - ☐ Eastern
 - ☐ Klipfontein
 - ☐ Mitchells Plain
 - ☐ Northern
 - ☐ Tygerberg
 - ☐ Western
- ☐ Garden Route
- ☐ Overberg
- ☐ West Coast



Proportion Positive and Overall Positivity by Date and Sector (*Provincial Only)

Sector ● Private/Other ● Public — Overall Positivity



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

Sector ● Private ● Public — 7 Day MA



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

Sector ● Private/Other ● Public — 7 Day MA



Provincial Overview

- We continuing to see **steep increases** in the number of daily new cases with on average **2000 new diagnoses per day**. Testing restrictions introduced at end of last week may reduce case numbers.
- The **proportion positive** has increased to an average of 38%.
- **Admissions** are showing signs of an **early increase** with **65 admissions per day**. Deaths remain low with **<1 death per day**.



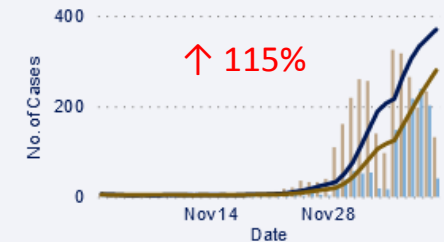
Metro Resurgence Overview



Southern



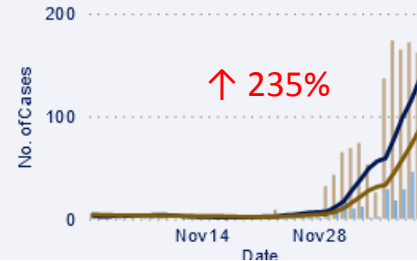
Western



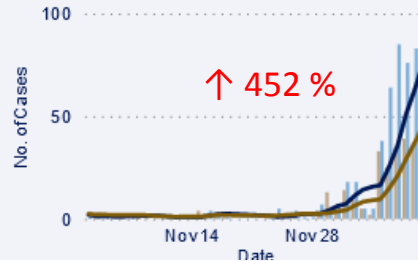
Tygerberg



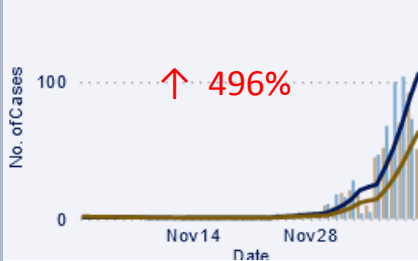
Northern



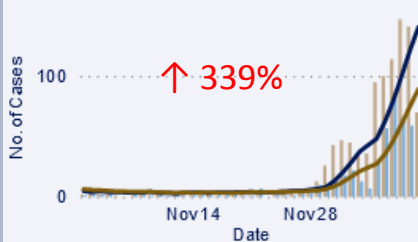
Mitchells Plain



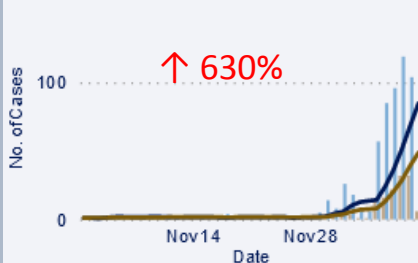
Klipfontein



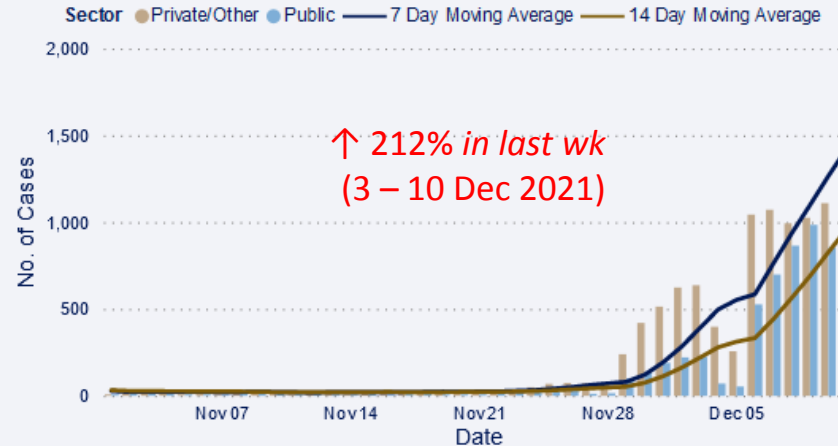
Eastern



Khayelitsha



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



Metro Overview

- Overall, there is a 212% week on week increase in cases in the Metro
- All sub-districts are seeing increases in cases, and the cases are coming from both the private and the public sector.

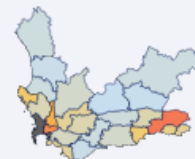


11/1/2021

12/12/2021



Rural Resurgence Overview

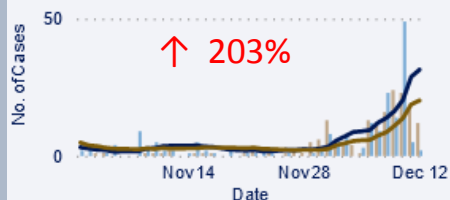


Health Impact Assessment
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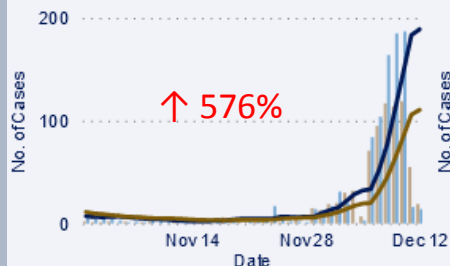
West Coast



Overberg



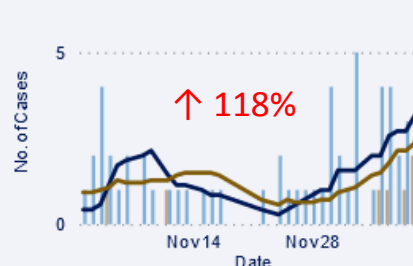
Garden Route



Cape Winelands



Central Karoo



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

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

No. of Cases

↑ 297% in last wk
(3 – 10 Dec 2021)

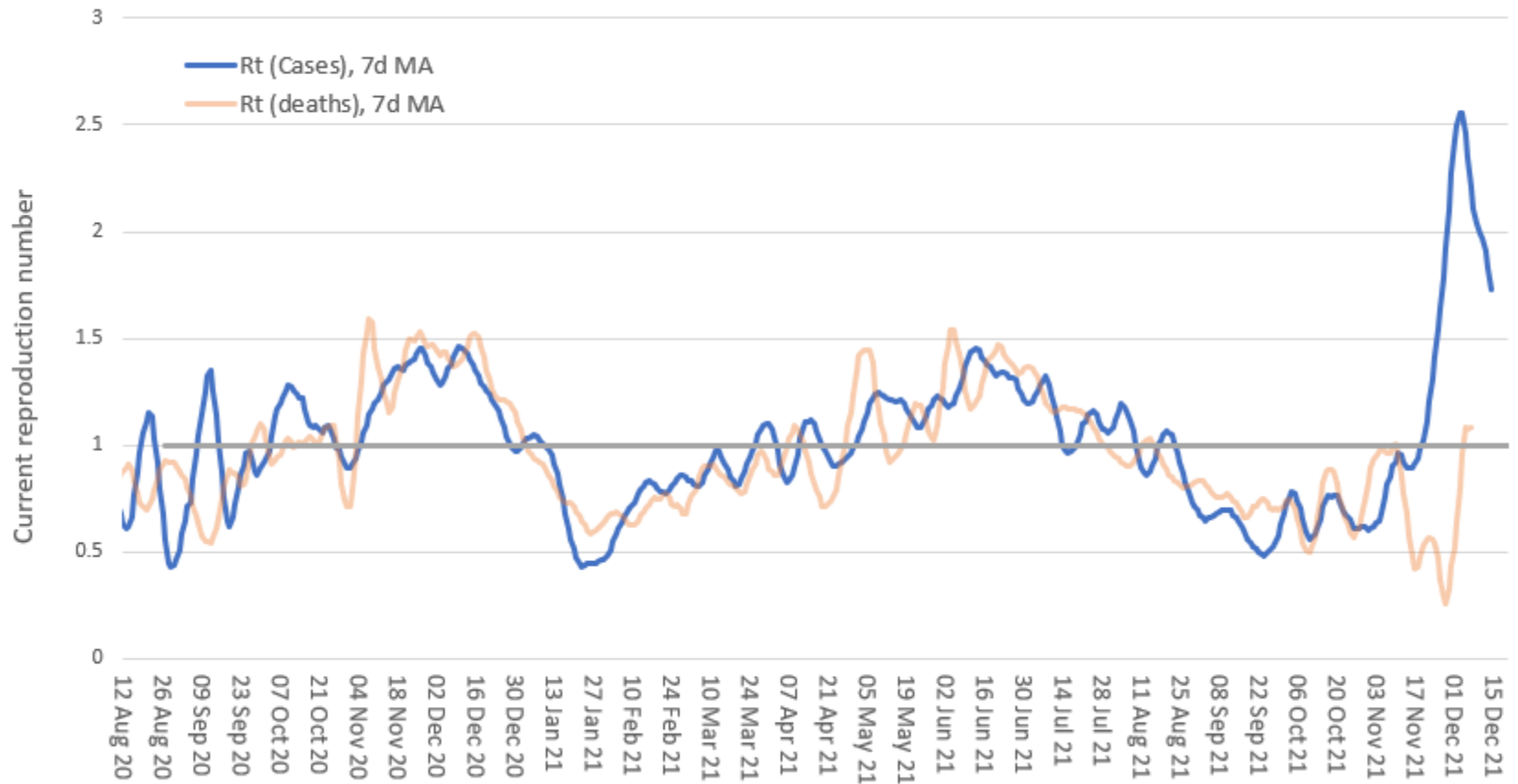
No. of Cases by Rural Subdistrict

District	Subdistrict	No. of Cases
Garden Route	George	739
Cape Winelands	Stellenbosch	625
Cape Winelands	Drakenstein	467
West Coast	Saldanha Bay	295
Garden Route	Mossel Bay	266
Garden Route	Knysna	220
Garden Route	Bitou	202
Cape Winelands	Breede Valley	192
Overberg	Overstrand	191
Garden Route	Oudtshoorn	145
Cape Winelands	Langeberg	141
West Coast	Swartland	128
Overberg	Theewaterskloof	107
Garden Route	Hessequa	86
Cape Winelands	Witzenberg	84
Garden Route	Kannaland	51
West Coast	Matzikama	49
Central Karoo	Beaufort West	45
Overberg	Swellendam	43
West Coast	Bergervier	41
Overberg	Cape Agulhas	25
West Coast	Cederberg	24
Central Karoo	Prince Albert	16
Central Karoo	Laingsburg	10
Total		4,192

Rural Overview

- Rural districts are also seeing increases in cases, except in Central Karoo where the numbers are still very low.

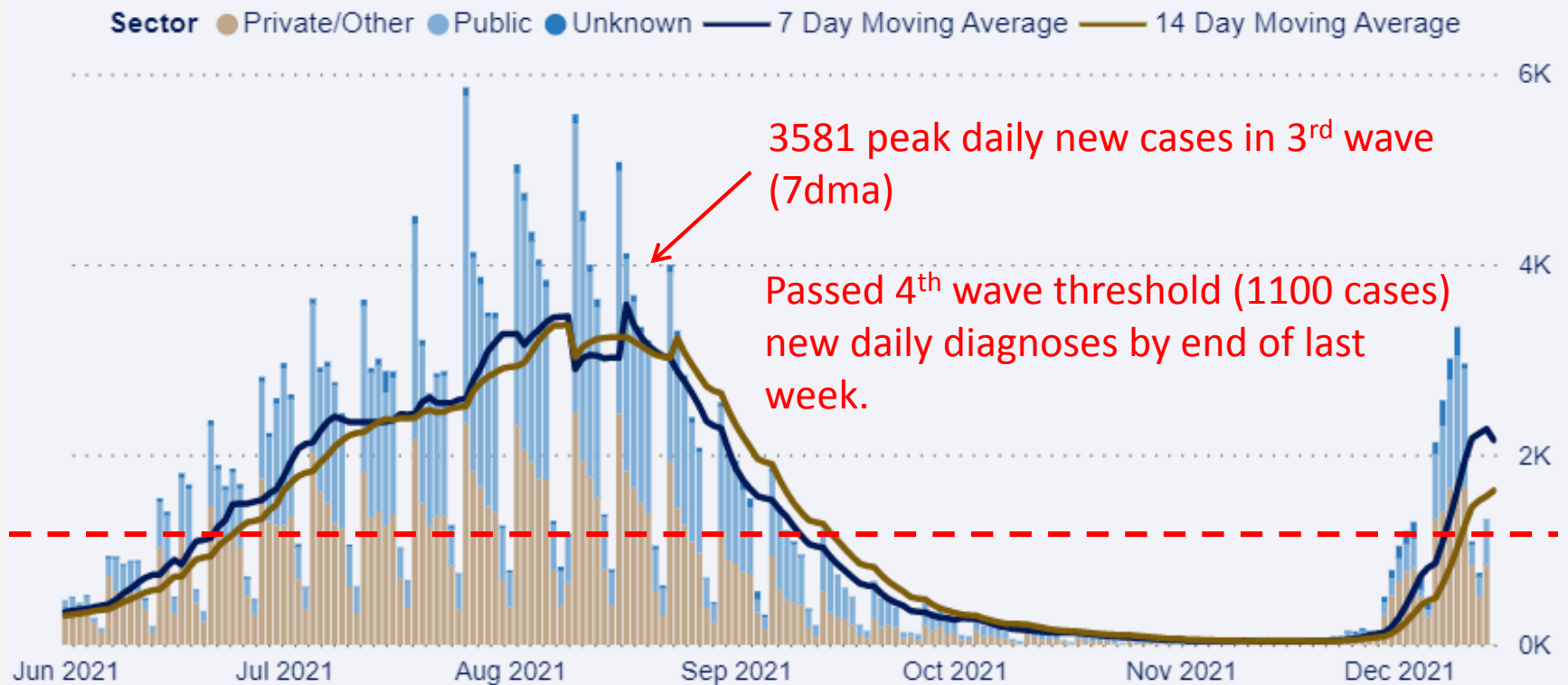
Reproduction number



Reproduction number is durably >1 , has risen quickly, and is higher than early in 2nd or 3rd waves

Start of 4th wave

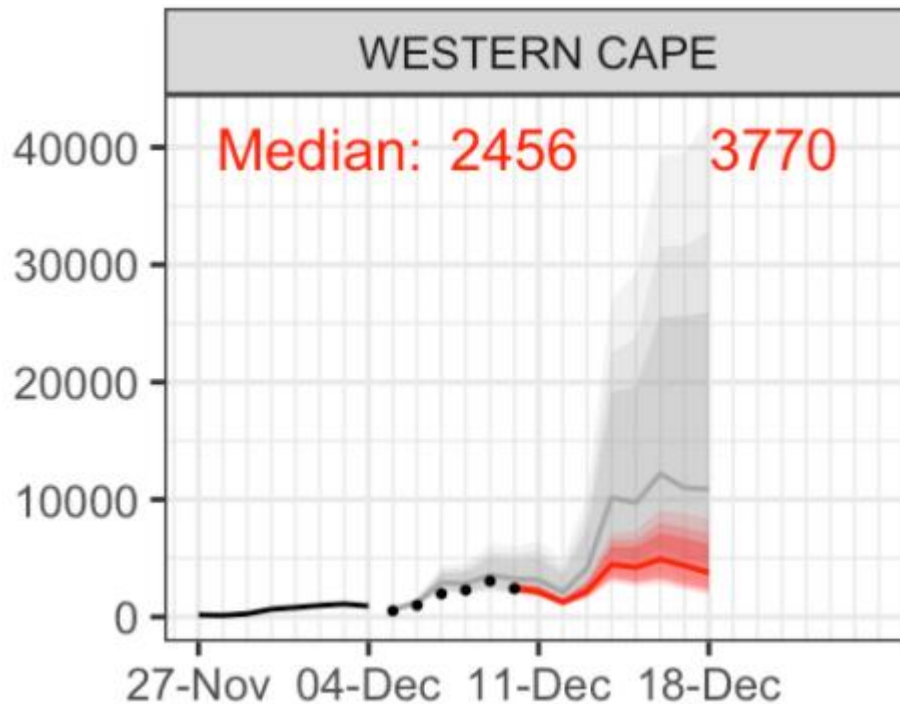
No. of Cases, 7 Day Moving Average and 14 Day Moving Average by Date and Sector



Short term predictions from SACMC – new cases

Actual case numbers continue to fit well with the prediction line for the past week.

Expecting more cases than the 3rd wave peak in the coming week but testing restrictions introduced last week may reduce number of diagnosed cases.



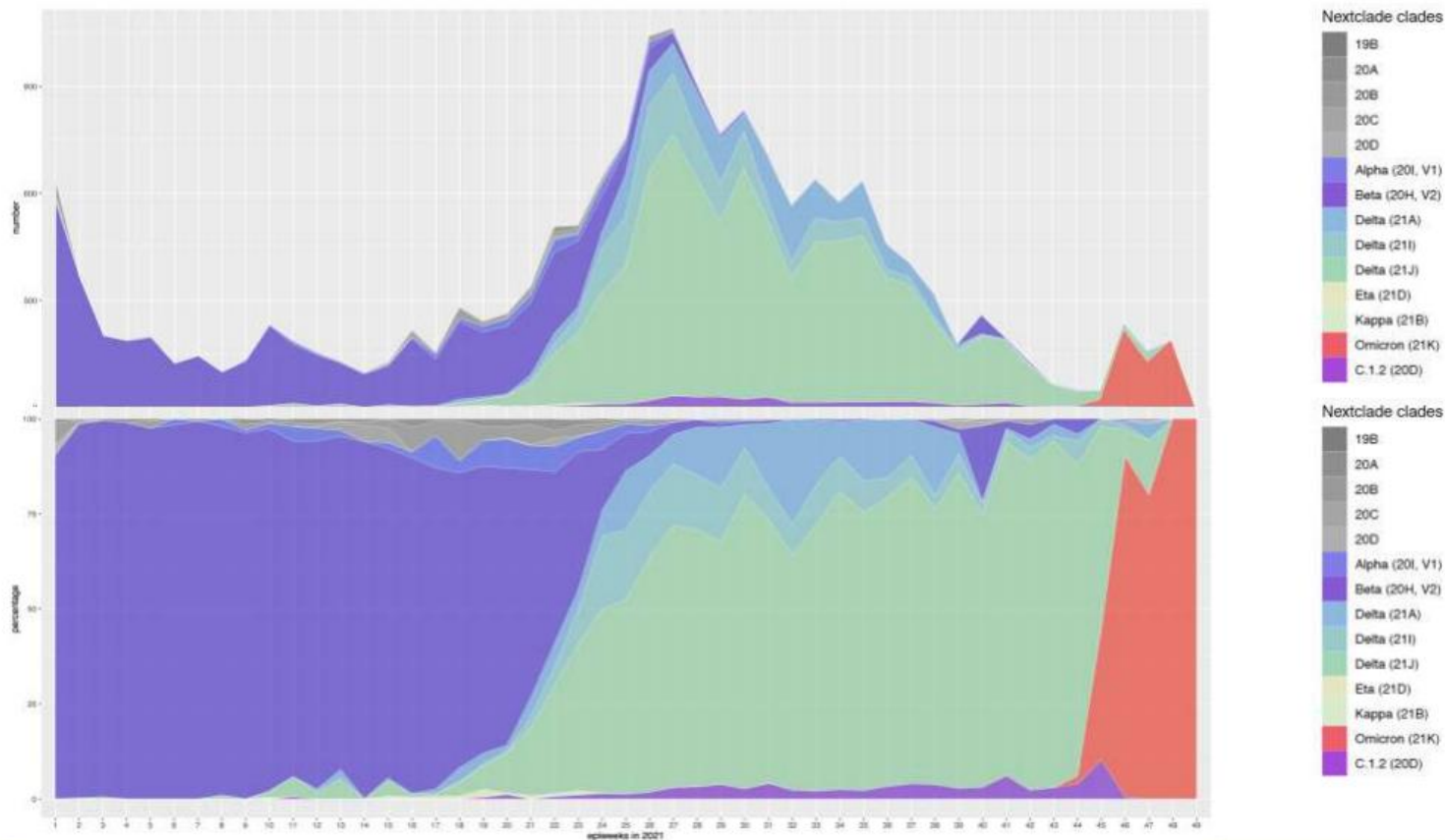
Black line:
previous cases

Grey line:
forecast for this week

Dots:
actual cases

Red line:
Prediction for next week

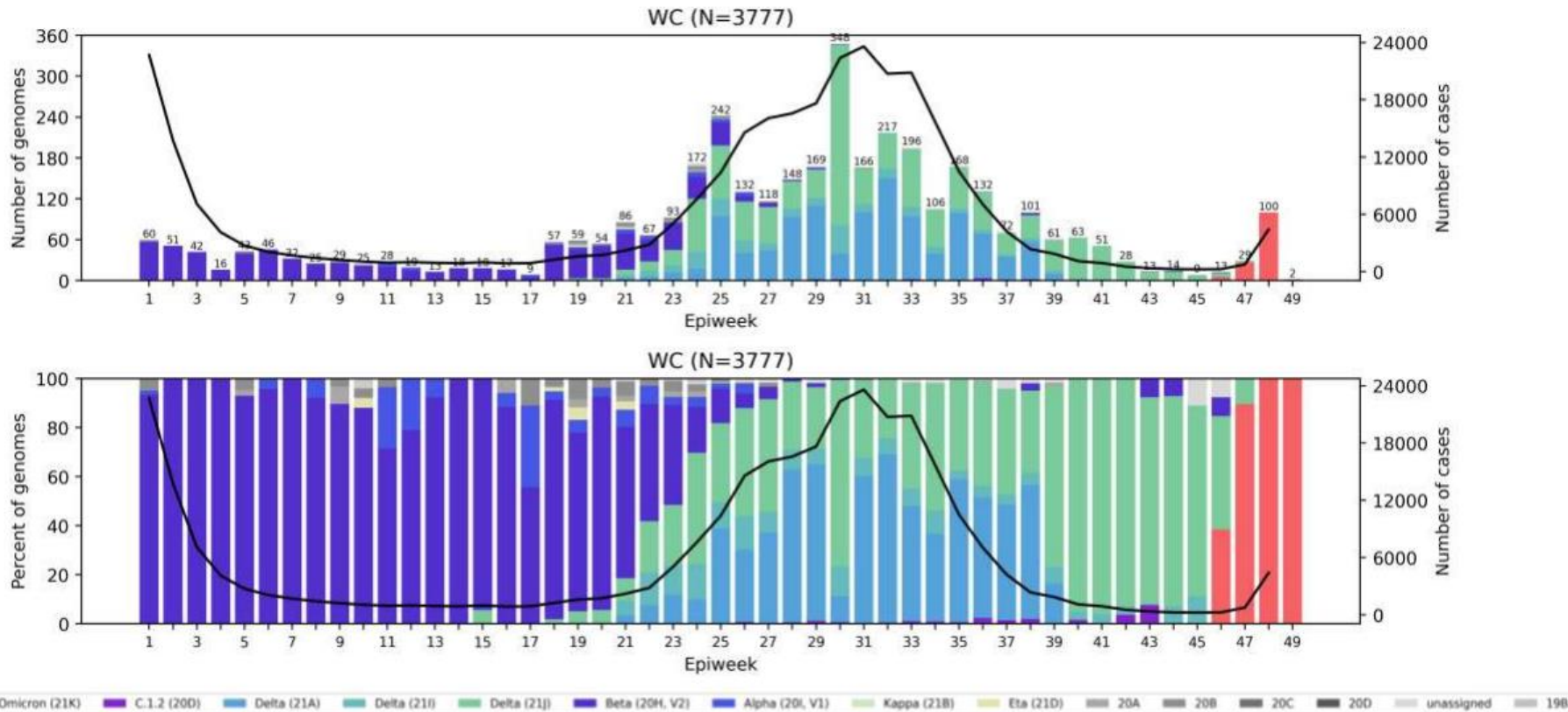
Proportion and number of clades by epiweek in South Africa, 2021 (N= 18 383)



Delta dominated South Africa's third wave with >80% frequency in October, with C.1.2 detection remaining <4%. Omicron appears to dominate November sequencing data but sequencing is ongoing to determine its prevalence.

Update on omicron (B1.1.529) in Western Cape

Western Cape Province, 2021, n =3777



Comparison of number of cases with previous waves



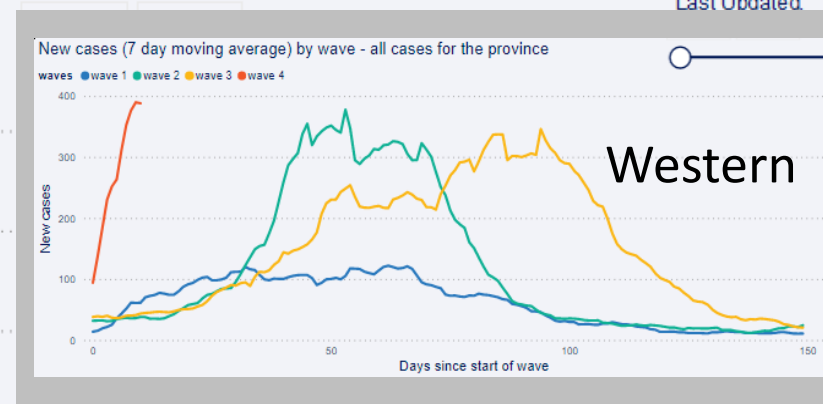
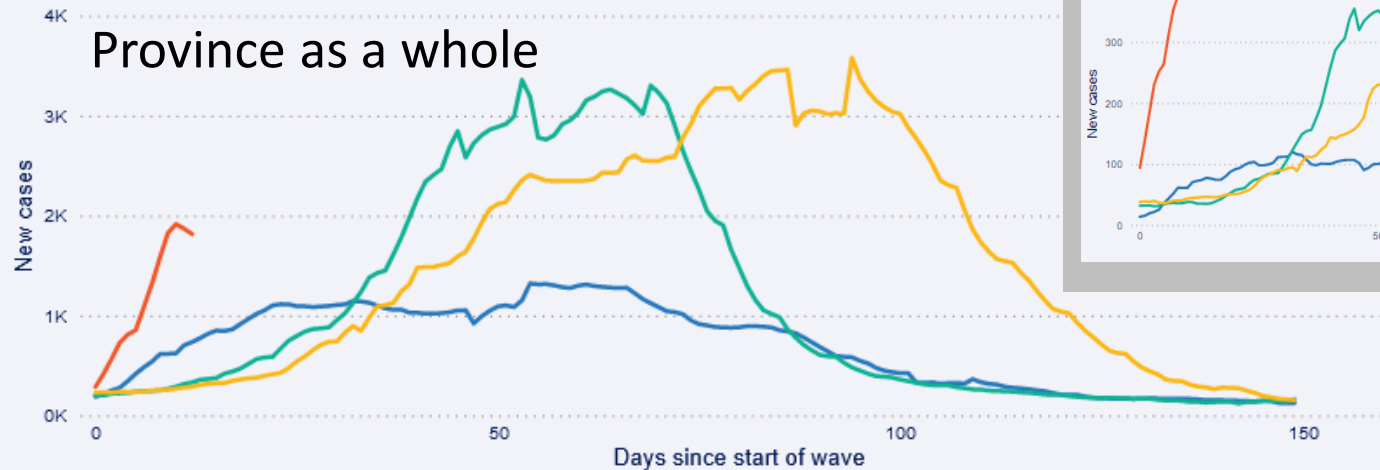
Wave comparisons - with age category and sub-district filter



Health Impact Assessment
WC Department of Health
Last Updated

New cases (7 day moving average) by wave - all cases for the province

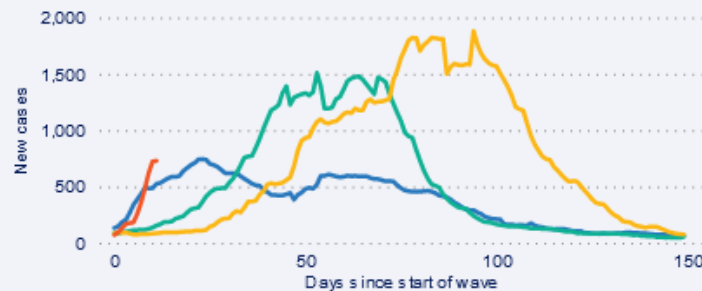
waves ● wave 1 ● wave 2 ● wave 3 ● wave 4



- ☐ 45-49
- ☐ 50-54
- ☐ 55-60

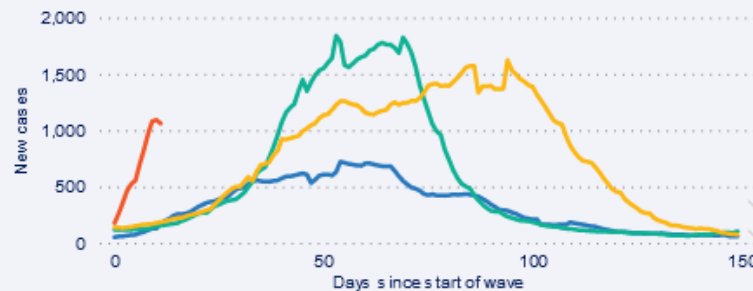
New cases (7 day moving average) - Public tests only

waves ● wave 1 ● wave 2 ● wave 3 ● wave 4



New cases (7 day moving average) - Private tests only

waves ● wave 1 ● wave 2 ● wave 3 ● wave 4



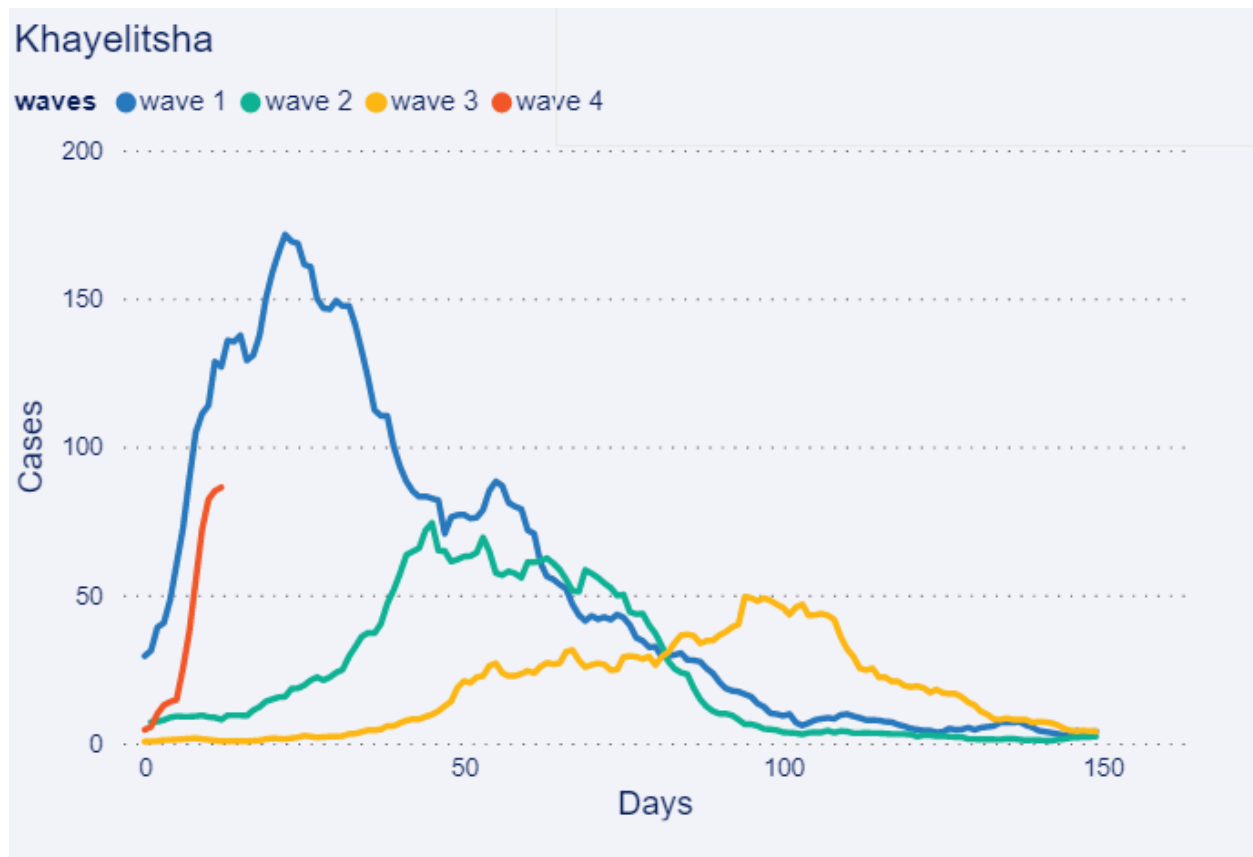
Select District, Subdistrict:

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 - ☐ Southern
 - ☐ Tygerberg
 - ☐ Western
- ☐ Garden Route
- ☐ Overberg
- ☐ West Coast

Early steep increase in cases similar to Gauteng.

Western subdistrict already surpassed the peak number of daily cases in previous waves.

Evidence of immune escape

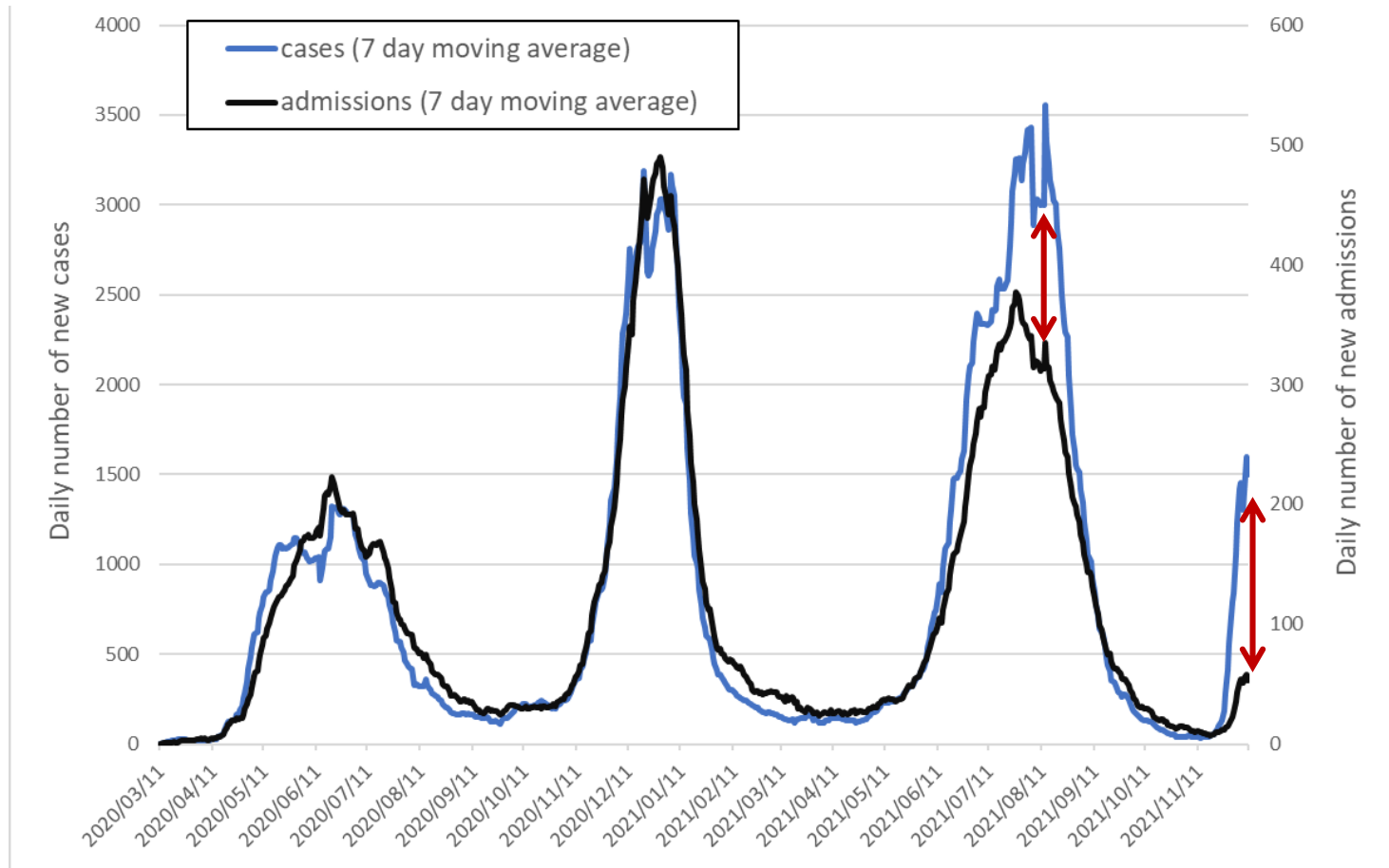


- Wave 1: Khayelitsha had high number of cases with ~50% seroprevalence by end of wave.
- Waves 2 & 3: Much smaller waves likely due to high immunity following wave 1 and growing seroprevalence after each wave (~70% end of w2 and likely higher after w3).
- Wave 4: Similar case numbers to wave 1 so far suggests immune escape with re-infections.
- Expect that despite re-infection, immune protection vs severe disease maintained.

Are we seeing less severe disease?

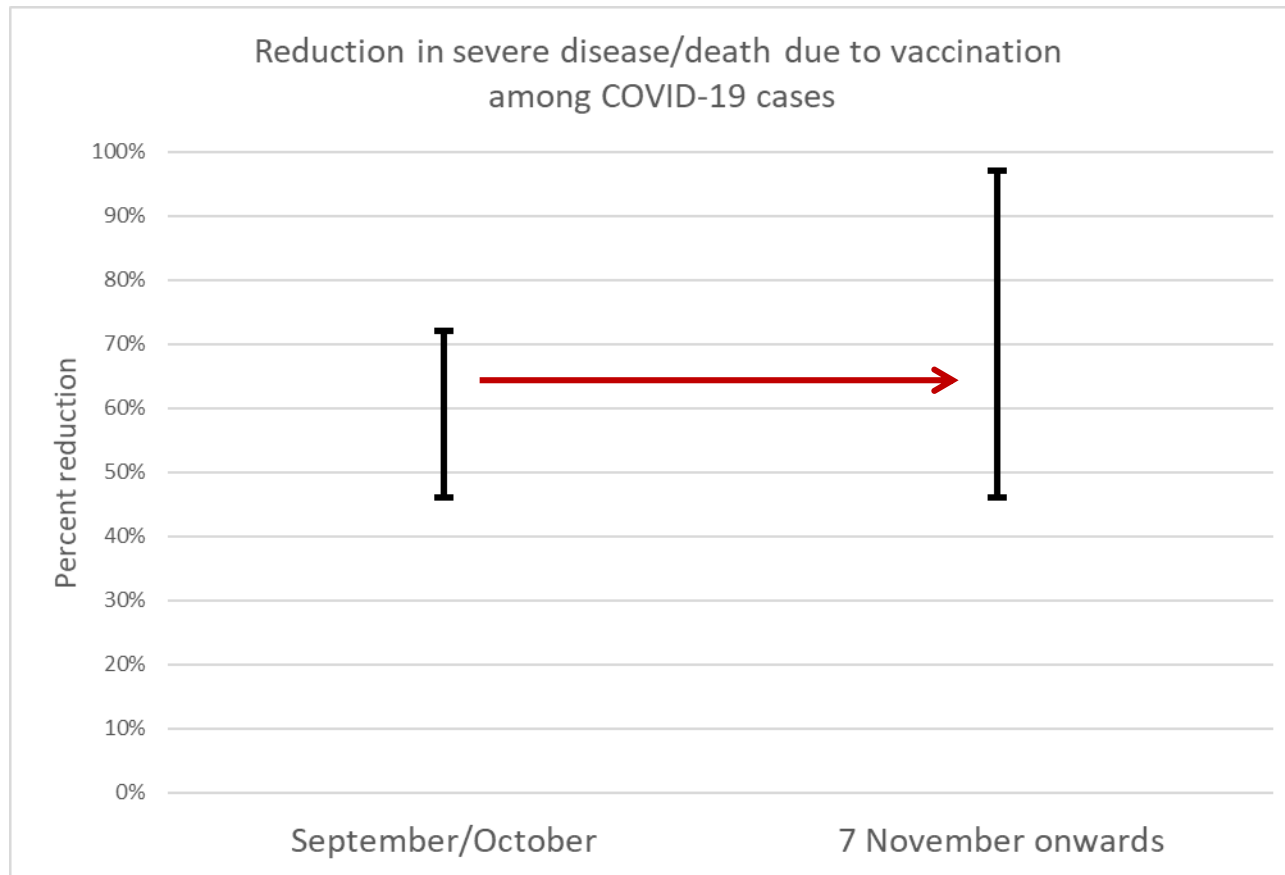
Comparison of cases and admissions across the waves

Note: preliminary data and still early in wave for severe outcomes to occur.



- Widening gap between cases and admissions – started in wave 3 but increased in wave 4.
- Most likely due to increasing immunity from vaccination & prior infection.
- In an **unvaccinated person with no previous infection, no evidence to date that omicron is less severe than previous variants. We are still seeing some very sick patients.**

Is protection against severe disease from vaccination maintained?



No decrease in range of protection from vaccination against severe disease/death in omicron period vs. earlier

Note that this is protection in COVID-19 cases (i.e. breakthrough infections).
Overall protection vs. severe disease in population likely higher.

Summary of evidence about omicron to date

1. Clear evidence that **re-infections may occur with omicron**.
2. To date, **proportion of cases with severe disease to date has been lower** – this is most likely due to:
 - Still mainly younger people infected at lower risk of severe disease
 - Strong protection vs. severe disease from prior infection and vaccination
3. **No evidence to date that omicron causes less severe disease in unvaccinated people without prior infection.** The proportion with severe disease is smaller as most people have some protection from vaccination/ prior infection or both, but **omicron itself may cause severe disease**.
4. **To date, vaccines appear to still provide strong protection against severe disease from omicron and remain our best defence.**
5. Most importantly, we **are still very early in the 4th wave** and there remains a lot to learn about omicron, so **all results to date are preliminary**. We need to **await robust evidence**, and **guard against premature conclusions**.

COVID-19 fourth wave response

Western Cape 4th wave resurgence plan

- Sustainable & affordable interventions based on current evidence

- Surveillance to guide health platform titration with ability for rapid response



- De-escalation hampers provision of comprehensive services
- Mitigate cumulative negative impact on chronic disease care









- Shift to indicators of health service pressure
- Need easy reliable indicators of health service pressure

- Vaccination coverage remains the key intervention to mitigate the impact of the 4th wave on the health system

- Vaccination to safeguard HCW wellbeing
- Healing and mental health








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 ↑ daily cases (↑ for ≥ 1 week of ≥ 20%) Overall test positivity >7% for ≥1 week  >50% ↑ in pre-COVID-19 O ₂ use for ≥3d	<ul style="list-style-type: none"> 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 (<i>for ≥7d & >7/million population (i.e. 50) new daily admissions</i>)  >75% ↑ in pre-COVID-19 O ₂ use for ≥3d	As above PLUS <ul style="list-style-type: none"> 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 & HFNO ₂ COVID-19 beds occupied  >100% ↑ in pre-COVID-19 O ₂ use for ≥3d	As above PLUS <ul style="list-style-type: none"> 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% ↑ in pre-COVID-19 O ₂ use for ≥3d	As above PLUS <ul style="list-style-type: none"> Mobilize resources to maximum capacity. Further restrictions

Titrating the health platform

– similar response to wave 3 when admission indicators are met

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	<p><i>As above plus</i></p> <p>Continue maximal expansion COVID-19 beds</p> <p>Continue restricting non-urgent OPD services and non-urgent admissions</p> <p>Maintain daily governance structures / huddles to ensure maintenance and equity of the service platform pressures</p> 					

Current status of the health platform

Acute public service platform – current picture

1. The **Metro hospitals** have an average **BOR of 89%**; **George** drainage area hospitals at **72%**; **Paarl** drainage area hospitals at **76%** & **Worcester** drainage area hospitals at **76%**. **Critical care BOR** for designated COVID beds for the province at **10%**.
2. **COVID & PUI cases** currently make up **8%** 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 **35 patients (10.4% BOR)**, **Sonstraal** currently has **0 patients**; **Freesia & Ward 99** have **0 patients**. **Mitchell Plain** Hospital of Hope has **0 patients**.
4. The Metro **mass fatality centre** has closed.

Daily Operational Bed Status



WCDOH: Daily Operational Bed Status Dashboard as at 14/12/2021

Drainage Area	Operational Beds	Filled Beds	BUR %	COVID BUR %	% Covid patients	BUR % for Designated Covid Beds(General Wards)	BUR % for Designated Covid Beds(Critical Care)
Cape Town /Metro	5,065	4,530	89%	23%	8%	23%	21%
George	918	662	72%	12%	5%	13%	
Paarl	982	751	76%	26%	10%	28%	
Worcester	741	562	76%	23%	10%	24%	
SubTotal WCDOH	7,706	6,505	84%	22%	8%	22%	10%

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

COVID-19 Hospitalization Update

In terms of current hospitalizations, we are seeing a sustained week-on-week increases >20%, although this is also off a lower interwave baseline.

Current COVID-19 hospitalizations (both incidental and COVID-19 related) amount to a 7 Day Moving Average of 555 current hospitalizations across the platform.

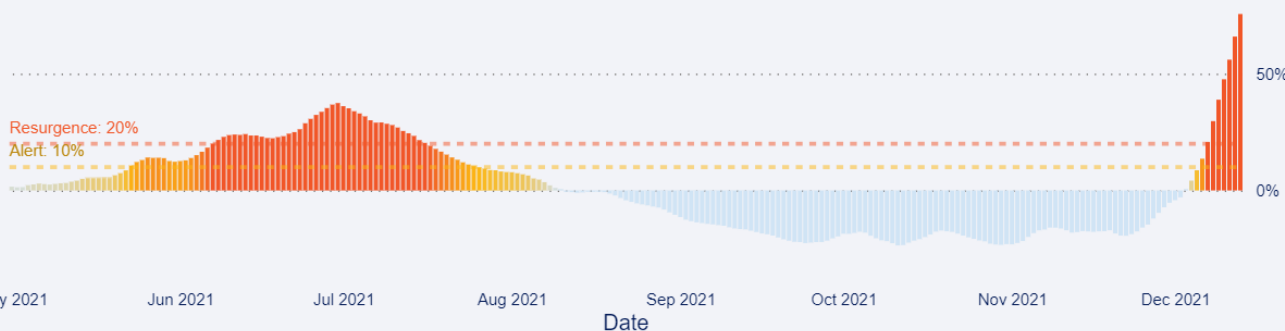
Hospitalization Resurgence Monitor



Health Impact Assessment
WC Department of Health
Last Updated:
14/12/2021 21:00:48

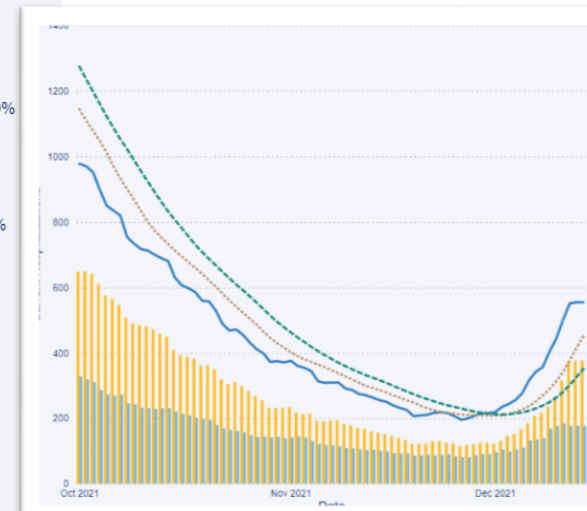
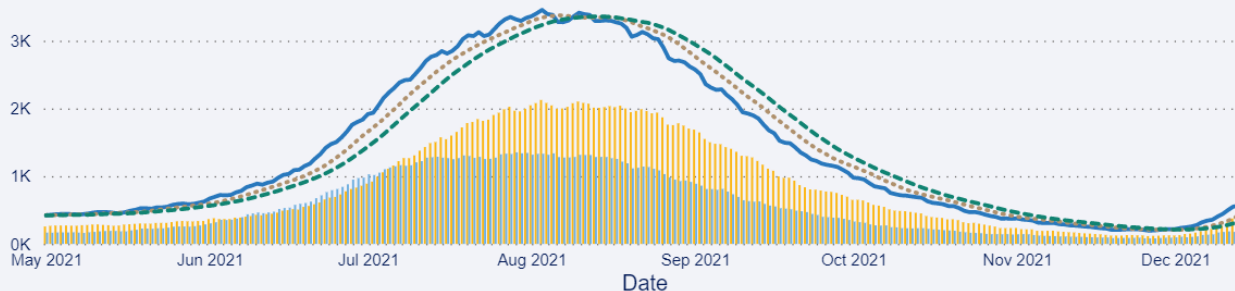
% difference in 7 Day MA Current Hospitalizations and Average Last 7 days Hospitalizations by Date

% difference in 7 Day MA Current Hospitalizations 0.00% 10.00% 20.00%



Public Sector Hospitalizations, Private Sector Hospitalizations, Total Current Hospitalizations, 7 day MA Hospitalizations and 14 day MA Hospitalizations by Date

Public Sector Hospitalizations Private Sector Hospitalizations Total Current Hospitalizations 7 day MA Hospitalizations 14 day MA Hospitalizations



Current Age-based COVID-19 Hospitalization burden

We are seeing early increases in admissions in the younger adult cohort likely due to the proportion of unvaccinated individuals in this population, and the early seeding in this younger population. It is still too early to comment on severity of disease for this variant. This is made particularly challenging at this early stage in this younger cohort who historically have had milder disease.



09/05/2021

13/12/2021



Heatmap of Admissions by Age and Week of Year (2021)



Health Impact Assessment
WC Department of Health
Last Updated:
14/12/2021 21:00:48

Age Category	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	Total
>90	2	1	1	5	12	11	12	13	16	24	22	20	9	20	16	13	12	8	5	5	4	1	2	1							4	1	240
86-90	4	7	4	11	24	22	32	38	39	47	46	36	50	43	23	28	30	12	11	9	5	2	4	2	2	1	2	1	1	2	6		544
81-85	17	11	16	26	41	49	66	74	89	104	117	106	79	75	75	65	50	23	22	18	16	5	7	3	3	4	5	2		1	18	3	1190
76-80	14	18	18	35	51	64	79	88	112	121	137	130	110	128	88	98	56	54	31	21	18	8	7	3	4	2	1	2	3	3	17	3	1524
71-75	16	22	23	45	60	74	116	115	141	150	182	201	161	159	157	98	109	73	47	33	24	15	10	6	7	2	1	3	7	3	28	2	2090
66-70	28	20	39	41	55	81	97	149	177	176	220	193	207	185	164	128	101	79	38	36	21	12	13	7	5	4	2	2	2	9	29	8	2328
61-65	23	23	43	46	61	96	118	161	189	218	197	258	248	188	185	149	118	78	57	33	39	18	12	10	5	7	8	1	5	11	30	3	2638
56-60	19	24	30	36	59	87	135	179	256	265	274	270	240	230	228	184	113	93	51	30	32	20	18	7	8	7	5	2	3	11	31	7	2954
51-55	34	21	37	50	64	85	123	174	193	259	272	263	253	201	172	155	104	85	42	32	23	16	16	12	6	3	5	3	4	5	39	6	2757
46-50	14	19	18	31	50	79	92	135	173	190	225	249	203	184	185	119	114	68	53	39	26	17	14	8	5	3	3	6	4	6	30	7	2369
41-45	15	12	18	23	32	52	72	95	121	137	151	187	171	155	159	119	77	60	48	28	24	21	9	7	7	8	3	5	5	11	33	9	1874
36-40	21	14	23	21	33	36	69	114	140	125	144	207	163	161	151	112	88	75	48	30	27	19	18	12	5	8	5	4	7	12	53	13	1958
31-35	18	19	21	18	24	48	44	86	113	115	136	153	146	159	133	115	108	59	60	30	24	12	14	17	11	11	4	2	11	18	77	12	1818
26-30	9	14	17	22	22	35	44	79	63	89	104	113	102	105	102	108	76	74	47	32	29	18	11	14	5	11	8	5	5	25	94	11	1493
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11-15	4	6	2	4	2	5	7	10	9	12	18	20	17	18	23	19	20	17	15	8	4	3	4	5	5	3	3	2	1	4	19	2	291
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0-5	6	9	4	11	18	22	16	33	50	53	44	71	61	77	68	62	42	45	20	21	14	12	8	8	4	2	5		6	11	49	6	858
Total	263	258	336	450	644	881	1166	1620	1961	2191	2371	2619	2381	2208	2060	1709	1334	997	662	449	379	235	198	147	103	94	73	52	77	161	665	115	2859

COVID-19 Hospitalization Triggered Response Metrics

Using the triggered COVID-19 metrics to titrate beds accordingly. The difference will likely be a need for faster titration according to demand.

Indicator	Bed Trigger	Bed Response	Current Level
1st warning indicator	<p>>10% of beds occupied by COVID-19 patients</p> <p>>50% increase in pre-COVID-19 baseline of oxygen consumption by hospitals (>18.3 tons per day) for ≥3 days</p>	<p>Expand acute hospital general COVID-19 beds by 30% of maximum wave 2 peak beds (to 545 beds) by decreasing non-urgent OPD visits.</p> <p>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.</p> <p>Expand intermediate beds to 50% capacity (minimum 250 beds).</p> <p>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.</p>	<p>COVID-19 Bed Utilization %:</p> <p>22%</p> <p>Oxygen Consumption:</p> <p><50%</p>
2nd warning indicator	<p>>20% of beds occupied by COVID-19 patients</p> <p>>75% increase in pre-COVID-19 baseline of oxygen consumption by hospitals (>21.4 tons per day) for ≥3 days</p>	<p>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.</p> <p>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.</p> <p>Expand intermediate beds to 100% capacity (500 beds).</p> <p>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.</p>	<p>COVID-19 Bed Utilization %:</p> <p>22%</p> <p>Oxygen Consumption:</p> <p><50%</p>
3rd warning indicator	<p>>20% week-on-week increase in 7 day moving average of current admissions.</p> <p>>50% bed occupancy of available critical care & HFNO COVID-19 beds.</p> <p>COVID-19 patients occupy >30% of beds</p>	<p>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.</p> <p>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.</p> <p>Increase intermediate beds to >100% of capacity (>500 beds) if possible.</p>	<p>% week on week in current admissions:</p> <p>>20%</p> <p>% Bed Occupancy in critical care beds:</p> <p>10%</p> <p>COVID-19 Bed Utilization %:</p> <p>22%</p>
Health service close to overwhel med	<p>A sustained increase of probable/confirmed cases needing hospital admission (as per first, second and third warning indicator)</p> <p>Absolute current COVID-19 hospitalization >2800 ; BUR % for designated COVID-19 general beds >70% in a district/province; BUR % for designated COVID-19 critical care & HFNO beds >80%</p> <p>Continue maximal expansion COVID-19 beds</p>		<p>Absolute COVID-19 hospitalizations:</p> <p>555</p>

Intermediate care beds - triggered escalation response

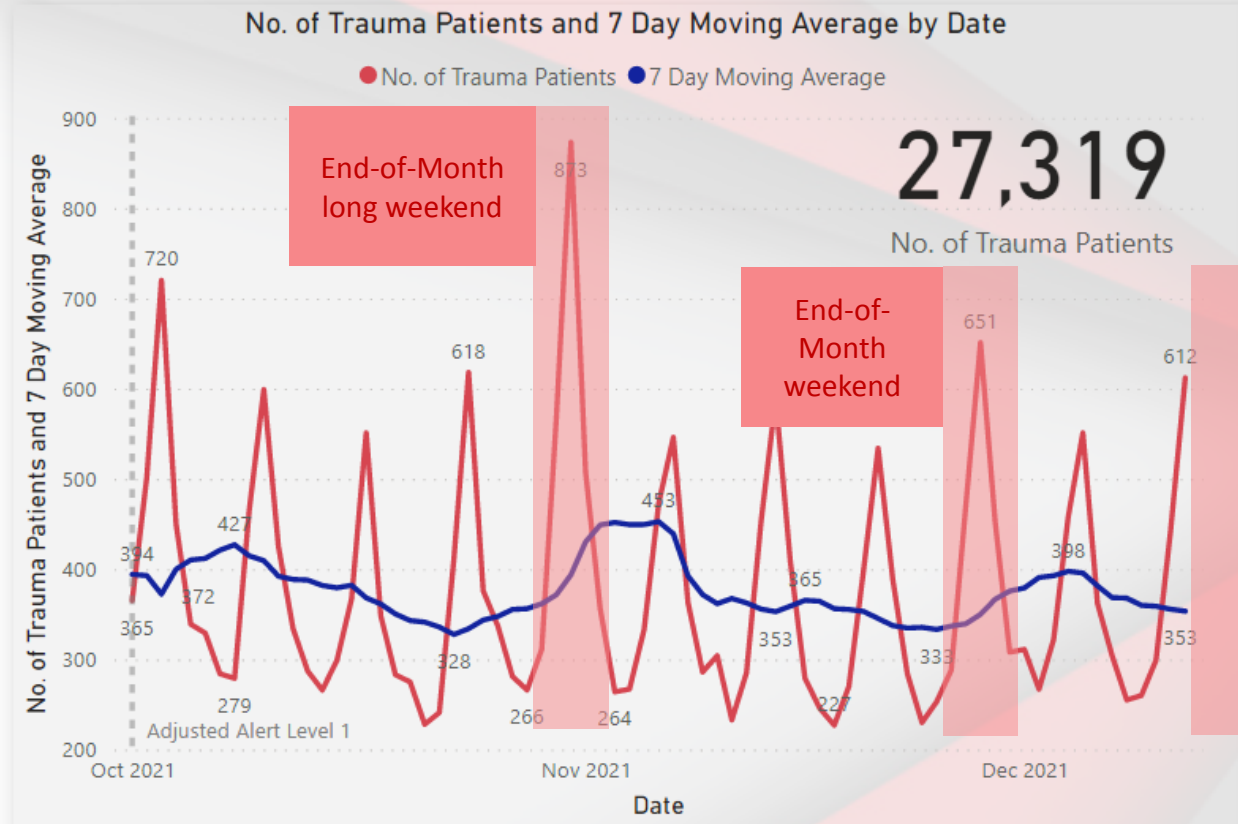
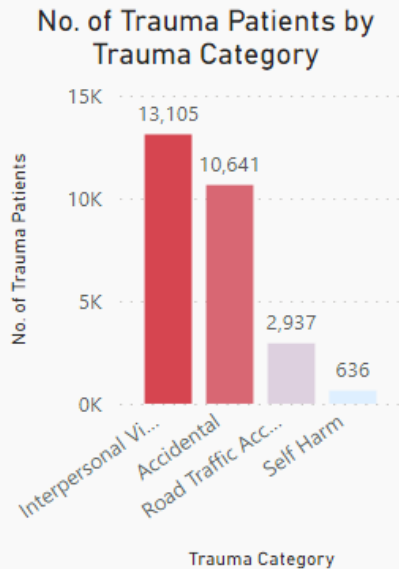
1. **Brackengate intermediate care** facility is now in the process of being fully commissioned.
2. Once we reach **50 % capacity at Brackengate (currently at 10.4 %)** we will commission the **MP HoH** (capacity of 200 beds). This will take ward by ward titrated against COVID admissions. Ward size ranges from 30-45 beds per ward.
3. **Sonstraal and Harry Comay intermediate care facilities** will be commissioned as required depending upon the COVID load.

WC Sentinel Trauma Report

Source: **HECTIS**

Overview of changes in recent trauma presentations (01 Oct 2021-12 Dec 2021)

This report shows a sample of 20 hospital emergency centres and their trauma patient numbers over time



Current COVID-19 Regulation

Date Period	Lockdown Level	Alcohol Regulation	Curfew
>1 Oct 2021	Adjusted Level 1	No restrictions	00:00-04:00

Over the last 10 weeks (since the start of Alert Level 1), we have seen a total of **27,319** trauma cases at 20 of our Emergency Centres with ~2470 additional cases over the last week alone.

With limited restrictions currently instituted we are expecting to see a significant increased burden of alcohol-related trauma injury presenting to our health facilities with subsequent impact on EC, general ward and ICU capacity.

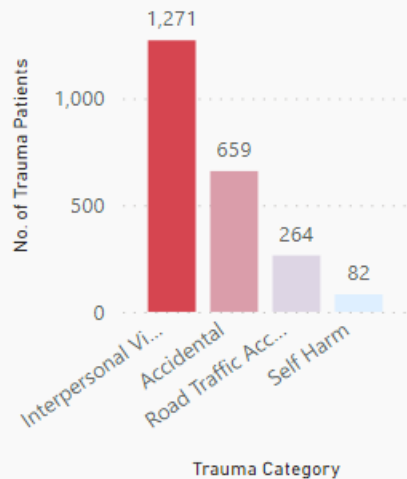
WC Sentinel Trauma Report

Source: **HECIS**

This report shows a sample of 20 hospital emergency centres and their trauma patient admissions over time

Overview of changes in recent trauma admissions (01 Oct 2021-12 Dec 2021)

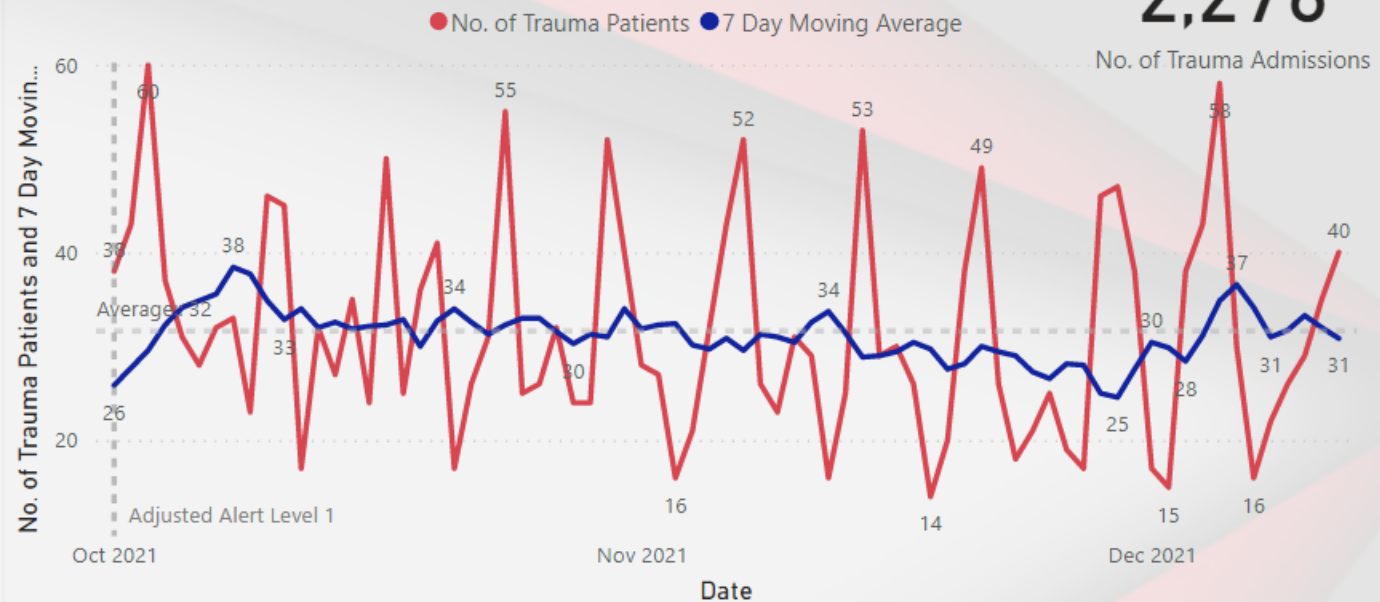
No. of Trauma Patients by Trauma Category



Trauma presentations spill over into in-hospital beds with >2000 (across the 20 facilities) being occupied by trauma admissions over the last 2 months.

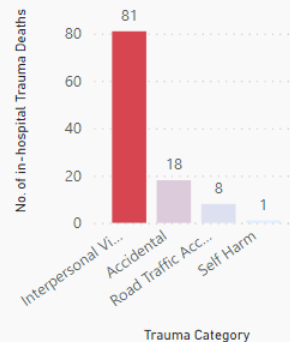
Sadly, we also saw 109 trauma deaths at our facilities, with the majority being secondary to interpersonal violence.

No. of Trauma Patients and 7 Day Moving Average by Date

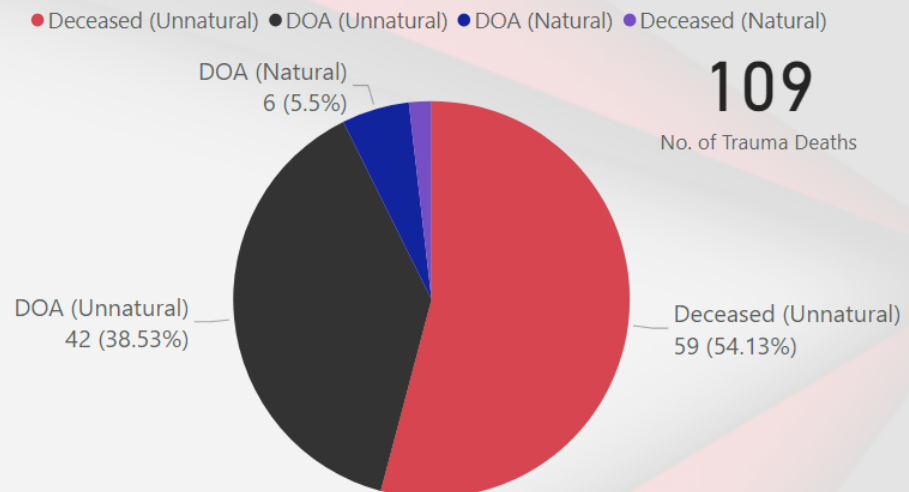


Overview of changes in recent trauma deaths (01 Oct 2021-12 Dec 2021)

No. of in-hospital Trauma Deaths by Trauma Category



No. of Trauma Deaths by Presentation



Preparing the People Capacity – 4th Wave

5

Safeguard & protect the well-being of health care workers

Workforce Planning:

- Currently, appointed **843 staff additional for COVID** - contracts extended until end of March 2022 to ensure continued staff capacity on the health platform.
- Appointed **1 445 HCW and support staff** which includes **592 interns** for the Vaccination Drive
- A total of **815 applicants** can still be appointed, if needed

COVID: 24 less appointments

Vaccination Drive:

- 16 less appointments (HCW & Support);
- 6 less intern appointments

Vaccination Training:

- 6390** registered vaccinators on health platform
- 4292** trained vaccinators to date

2 new registered vaccinators

2 additionally trained vaccinators

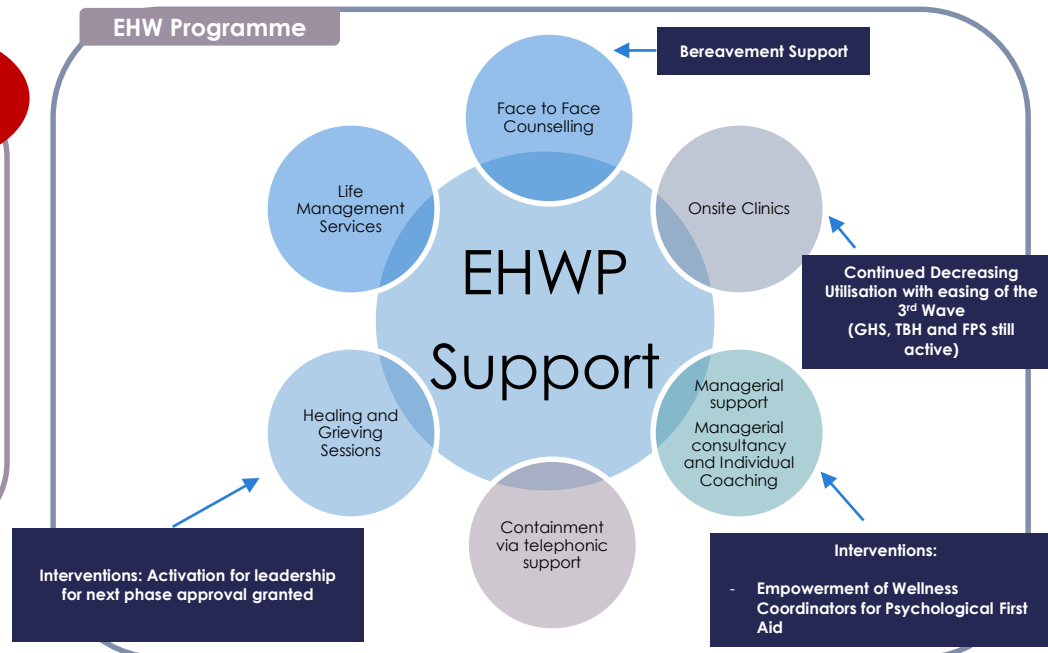
Well-being and Safety:

- Balancing** leave provisions, staff infections, rotational isolation as well as Covid pressures on the platform
- Healing Journey will commence in January 2022** to support staff to grief and heal together with support of leadership
- PPE provision** well managed, stocked and distributed to staff.
- Improved OHS Practices:** HIRAs for Metro underway.
- Mandatory Vaccination of all HCW** as a key policy position for the Department is being reviewed with expert input.

76,37%
vaccine
coverage



EHW Programme



DEPARTMENTAL OVERVIEW OF ONLY COVID-19 CASES AND DEATHS IN HEALTHCARE WORKERS (HCWs)

Totals as at 14 Dec 2021

Cumulative Infections

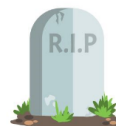
13,106



12,257

% Recovered

93.52%



193

% Died

1.47%

Active Cases

656

% Active

5.01%

Doctors



1386

Nurse



5,652

Radiographers



159

Pharmacists



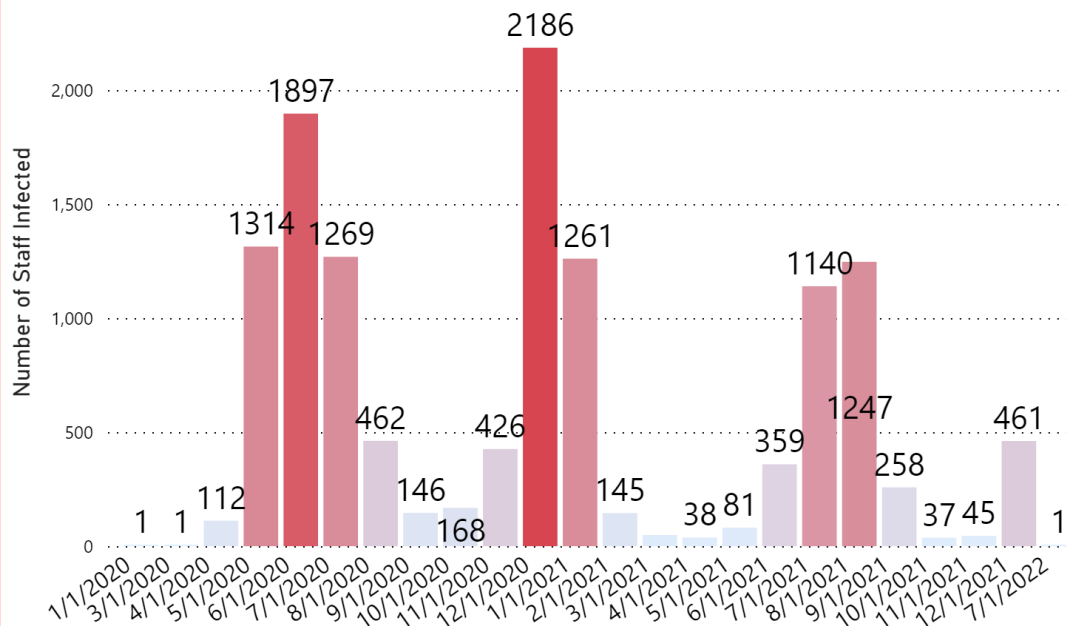
152

Other
categories

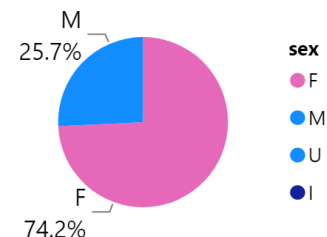


5,757

Total Staff Infected per Month

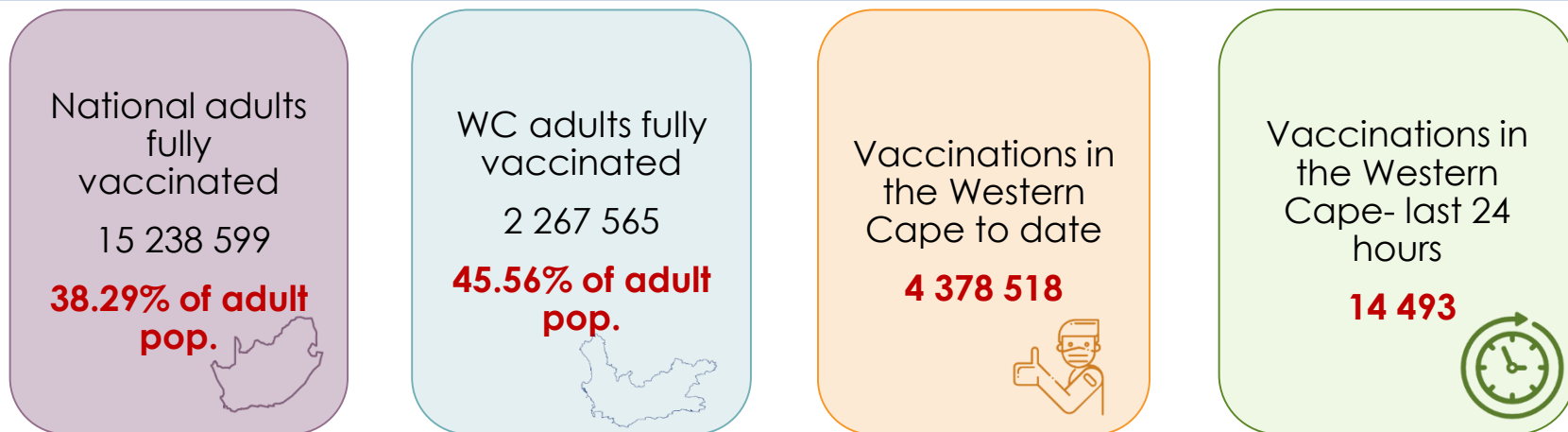


Gender Distribution

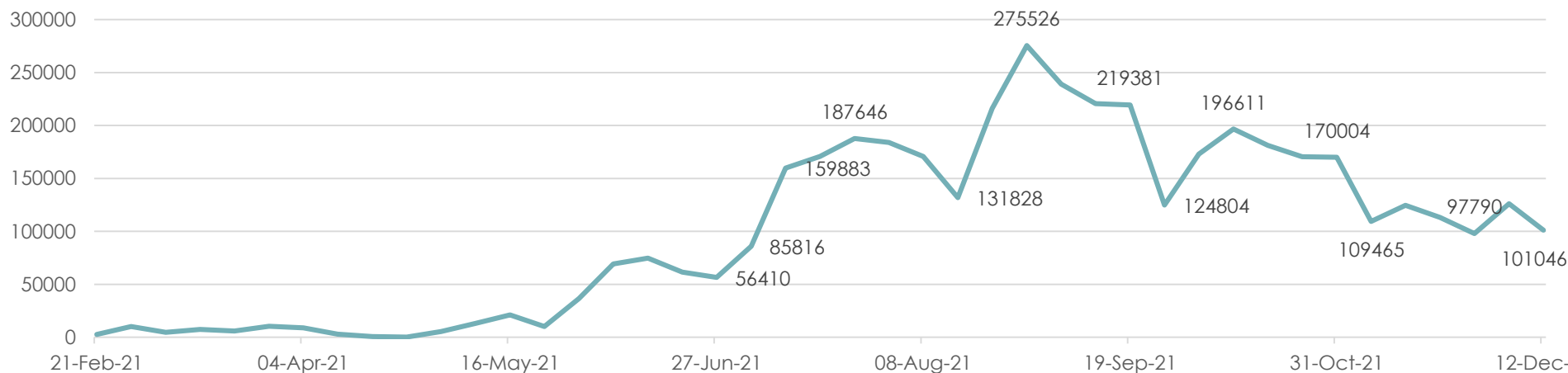


Vaccine Implementation update

Vaccinations as at 14 December 2021

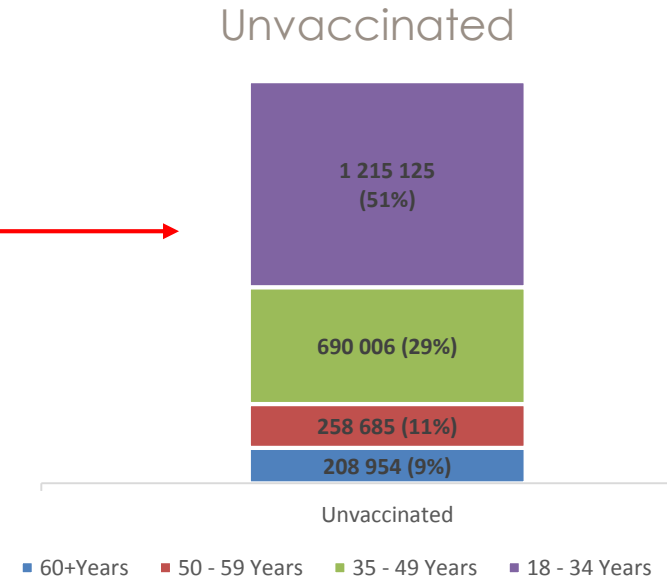
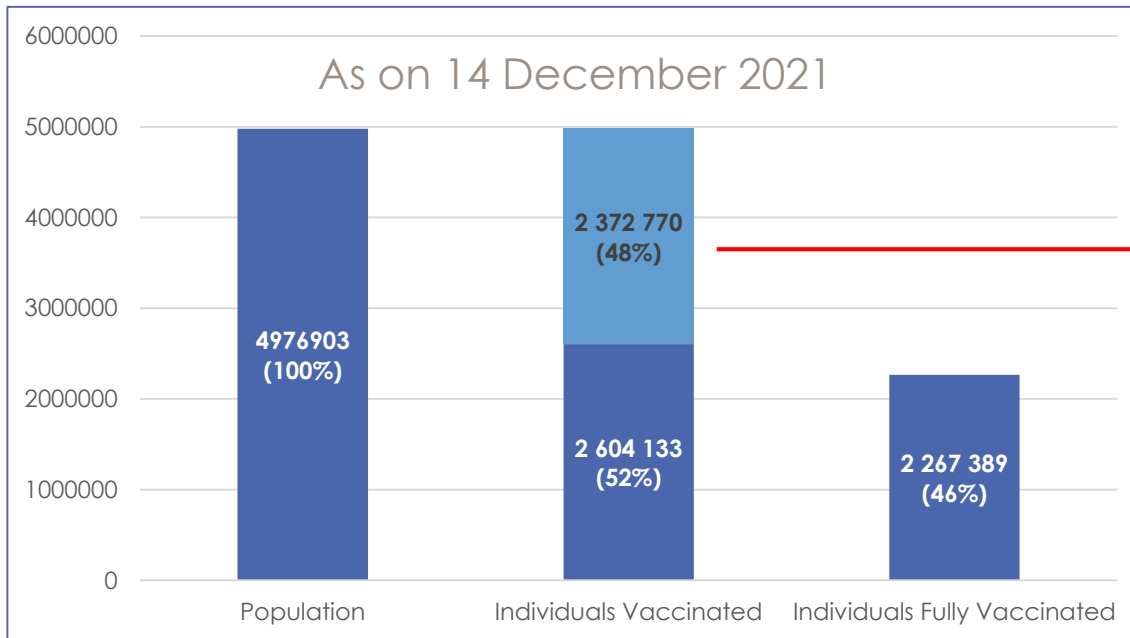


Total Vaccines administered per week up to 12 December 2021



[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.]

Current status and the road ahead



As on 14 December 2021:

Total number of individuals (18 Years and older) vaccinated (at least one dose) = **2 604 133 = 52% of >18s**
(EVDS National Dashboard on 14 December 2021)

Total number of individuals (18 Years and older) fully vaccinated = **2 267 389 = 46% of >18s**
(EVDS National Dashboard on 14 December 2021)

Number of unvaccinated persons aged 18 years and older = **2 372 770**

Total number of children (aged 12 – 17 Years) Vaccinated = **99 312 (15.37%)**

Registration breakdown

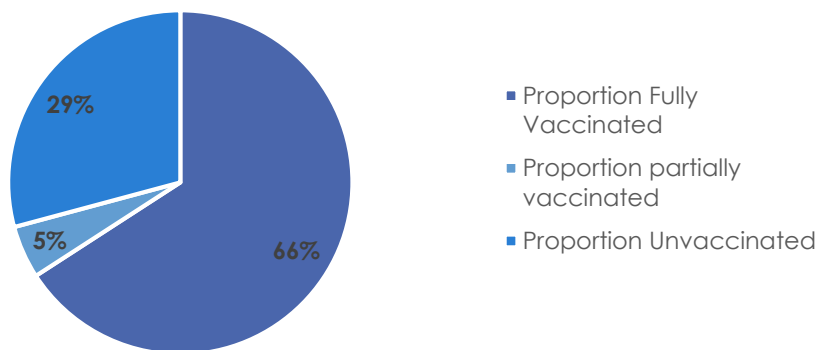
As on 14 December 2021, a total of **2 735 462** people in the Western Cape have registered on EVDS, equalling **48.74% of the total eligible population (>12 years)**.

Age Band	Total Registrations	% Individuals Registered
12 – 17 Years	1 11 505	17.25%
18 – 35 Years	872 088	42.50%
35 – 49 Years	818 301	54.11%
50 – 59 Years	408 473	59.85%
60 Years +	525 095	72.96%

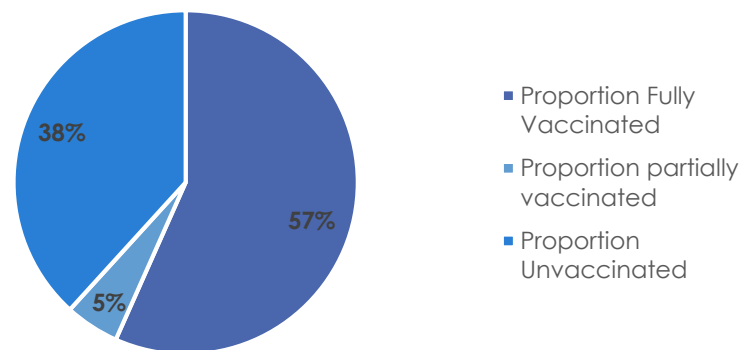
Metro: Sub-district	Proportion >18 years as on 14 December 2021	Rural: District	Proportion >18 years as on 14 December 2021
Eastern	56.03%	Cape Winelands	54.70%
Khayelitsha	34.47%	Central Karoo	42.64%
Klipfontein	52.83%	Garden Route	54.24%
Mitchell's Plain	31.98%	Overberg	63.12%
Northern	55.72%	West Coast	51.33%
Southern	56.14%		
Tygerberg	47.41%		
Western	82.56%		

Vaccinations: >50 Years

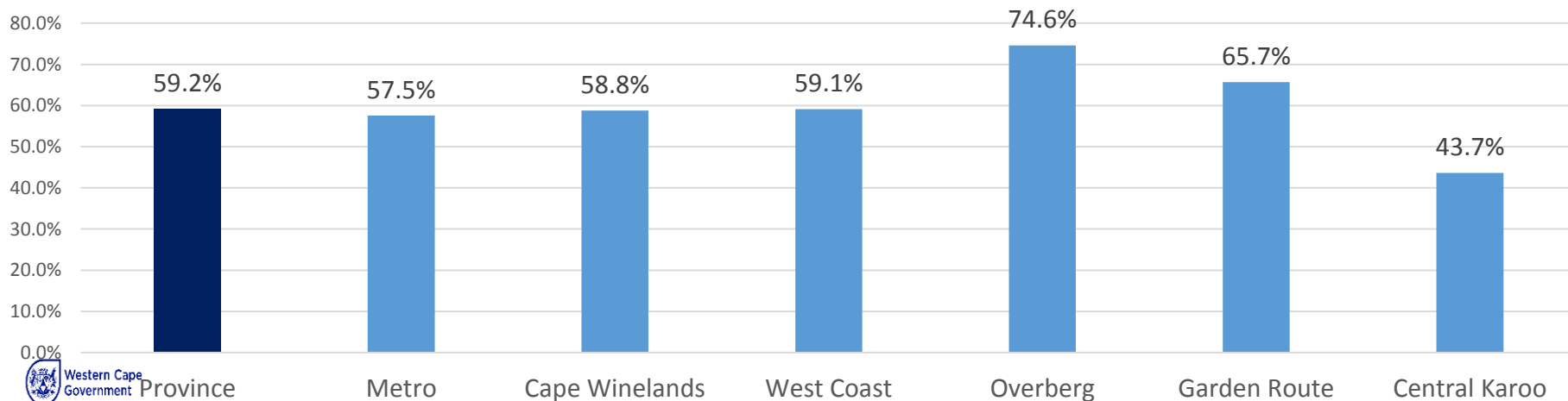
Vaccinations **>60 Years** as on 14 December 2021



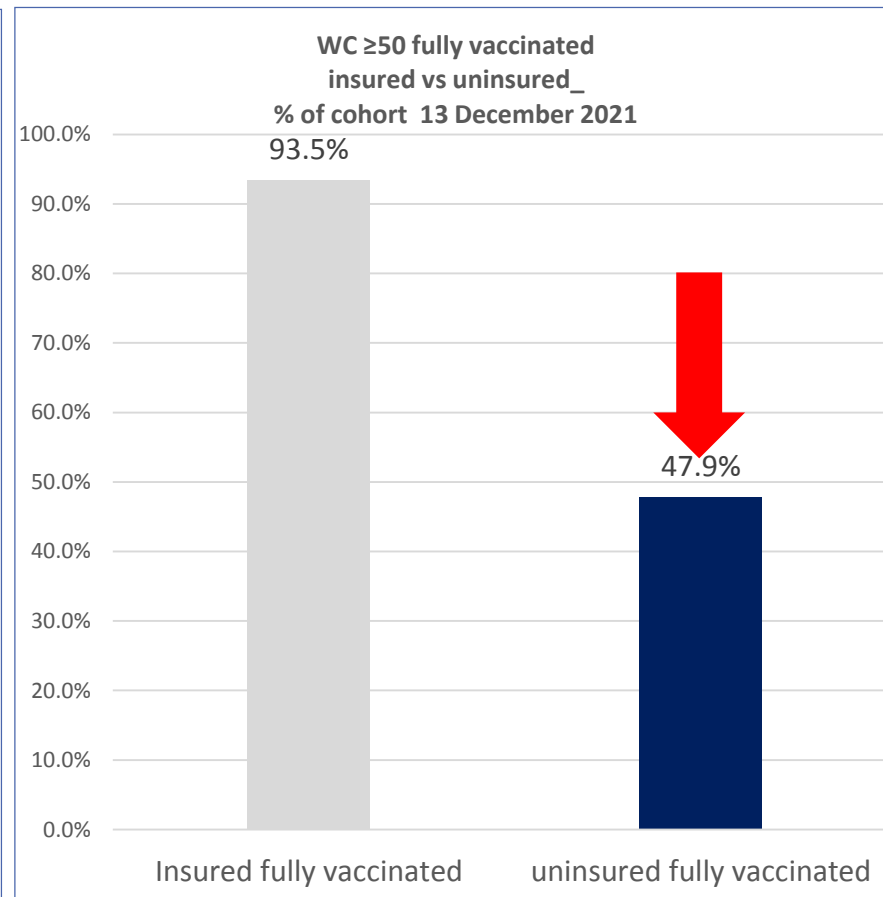
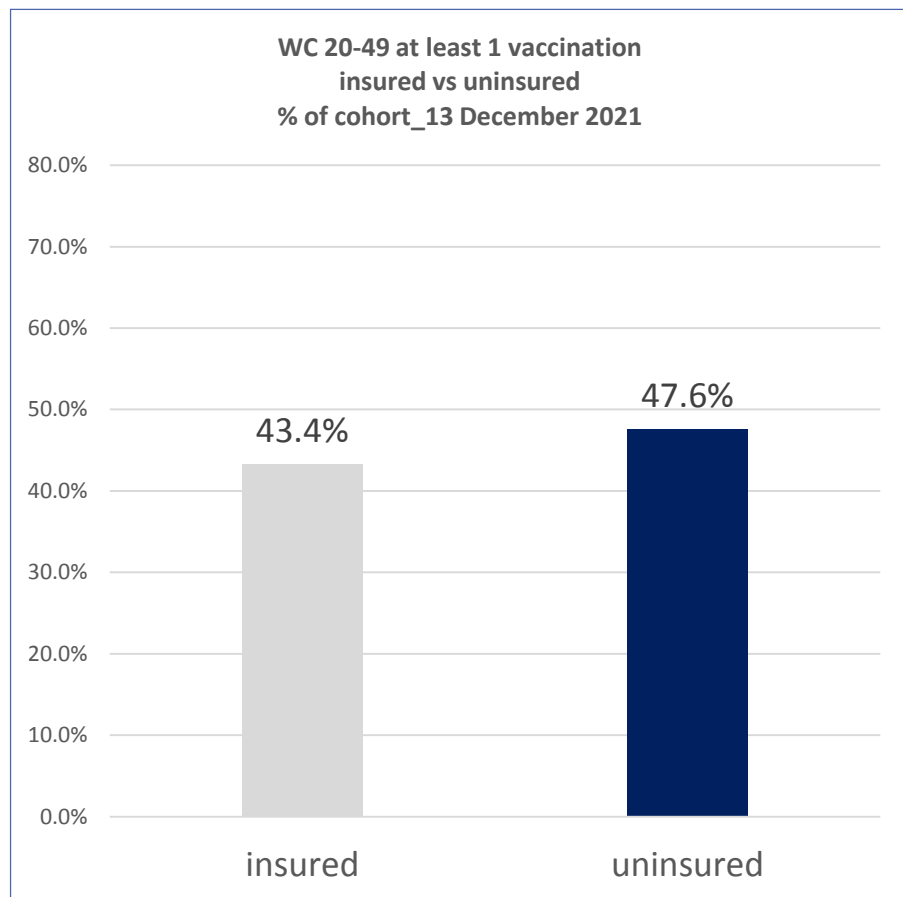
Vaccinations **50 - 59 Years** as on 14 December 2021



WC≥50 fully vaccinated 13 December 2021



Insured vs Uninsured



Strategic Focus & Intent



Promoting Equity

Increase access to registration and vaccination sites

Community-level interventions

Target identified geographic areas



Demand Creation

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

Neutralise misinformation & strengthen pro-vaccine trusted voices

Target **Business, Government & Civil Society** with specific daily targets

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.)

Targeted Vaccination Drives: Increasing Mobile Capacity

Nine (9) EMS Vaxi-Taxi Units have been deployed across the province to provide mobile Covid-19 Vaccination services **2-3 days per week**.

These units are deployed in hard-to-reach geographic areas and communities where vaccine uptake is low as identified by district teams.

To date more that **4 250 individuals** have been reached via the EMS Vaxi-Taxis.

Four (4) additional mobile vaccination units were launched on 07 December 2021 in **partnership** between **Western Cape Government, Old Mutual SA and Accelerate Cape Town**.

These units will be available 5 days per week and are deployed in the Metro and Cape Winelands District and will specifically target areas of low uptake.



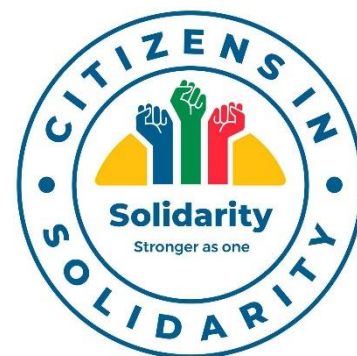
Targeted Vaccination Drives: Clinical Operators

The **Solidarity Fund** is funding Outreach Sites to administer vaccines through Clinical Operators across the province.

Five Clinical Operators have thus far been appointed to work in 3 rural districts and 3 metro sub-structures.

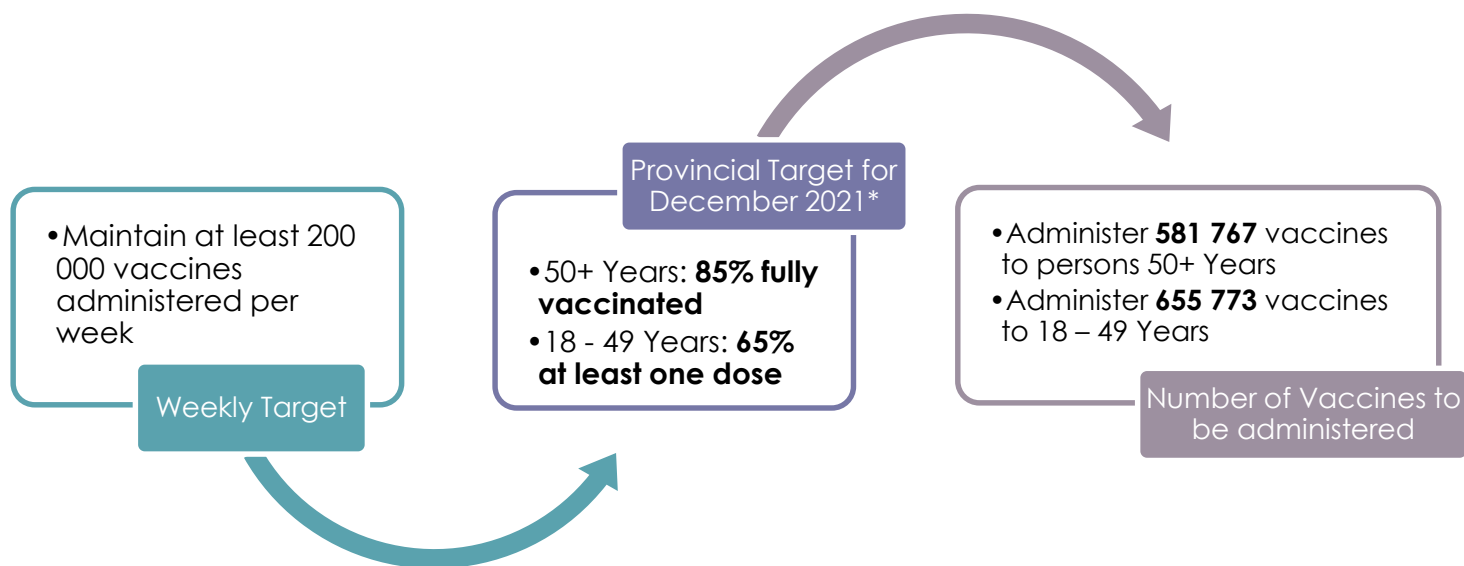
This will supplement existing efforts aimed at **mobilisation, demand creation and vaccination** in areas identified by District Management teams.

Clinical Operator	District/ SS
Living Hope	Southern/Western Sub-Structure
Aurum	West Coast District
JHPIEGO	Khayelitsha/Eastern Sub-Structure & Klipfontein/Mitchell's Plain Sub-Structure
Right to Care	Central Karoo District
Khethimpilo	Garden Route District



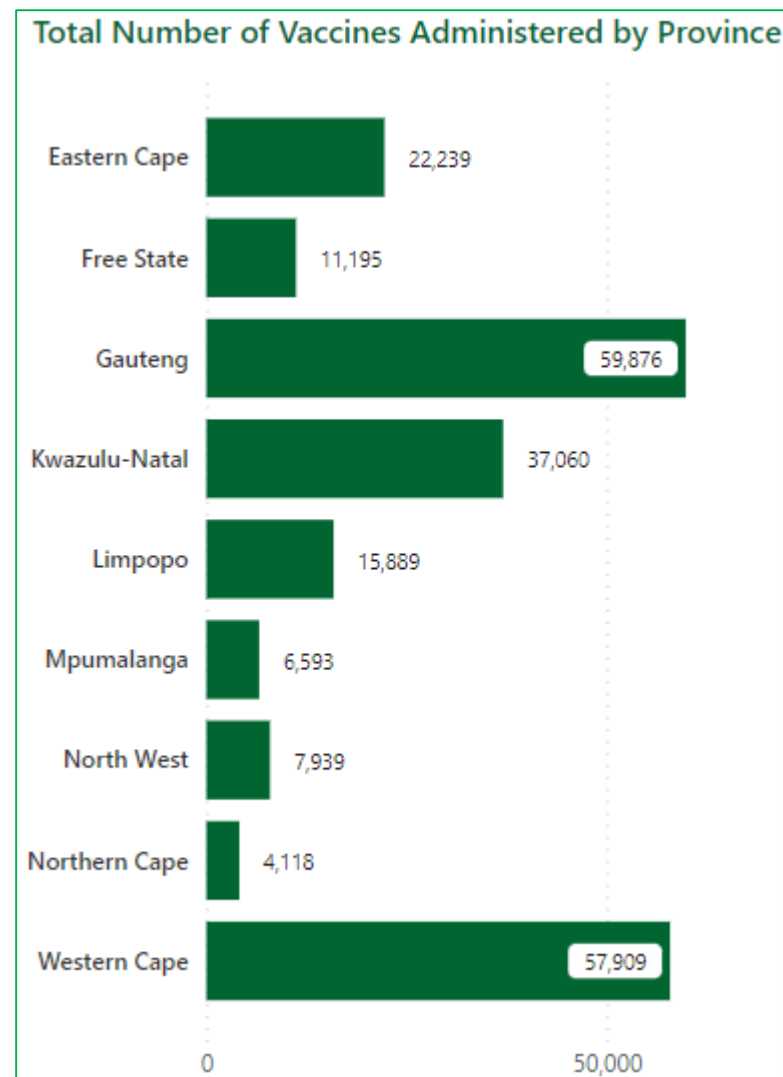
Provincial Progress to date

Age in years	Total Population	Proportion <u>Fully Vaccinated</u> (Received either 1 dose J&J or 2-dose Pfizer) as on 14 December 2021	Proportion <u>Partially Vaccinated</u> (One dose of two-dose regimen received) as on 14 December 2021	Proportion <u>Unvaccinated</u> as on 14 December 2021
60 Years +	723 160	66.26%	4.85%	28.89%
50 – 59 Years	684 149	57.28%	4.91%	37.81%
50 Years +	1 407 309	61.89%	5.03%	33.23%
35 – 49 Years	1 511 813	48.13%	6.23%	45.64%
18 – 34 Years	2 057 781	32.50%	8.45%	59.05%
18 - 49	3 569 594	39.12%	7.51%	53.37%
18 Years +	4 976 903	45.56%	6.77%	47.69%



Sisonke 2: Booster doses for HCWs (Circular H186 of 2021)

1. The Sisonke 2 programme is being conducted as a **Phase 3b implementation study** and healthcare workers will be required to provide informed consent indicating that they agree to participate in this phase of the study.
2. Implementation commenced on **10 November 2021** at selected vaccination sites and will conclude on **17 December 2021**.
3. As on 14 December 2021, **57 909** healthcare workers in the Western Cape had received a J&J booster dose (**61.39%** of eligible healthcare workers).
4. All eligible HCWs who opt out of Sisonke 2 as well as HCWs who were vaccinated with J&J after 17 May 2021, will be able to access a J&J or Pfizer booster dose once all necessary approvals have been granted by SAHPRA and NDoH.



Remarks on Vaccine Implementation

- **Targets:** As a province and a country, **we have not achieved the targets we have set for mid-December**, despite **having the capacity and the vaccine supplies**.
- **Rallying call:** **Every vaccine administered adds to the protection** of the public and the health system, **especially with omicron variant being dominant**.
- **Primary focus:** Ensuring that the most **vulnerable groups** are vaccinated (**>50yrs and people >18yrs with co-morbidities**). Ongoing efforts to remove barriers to access to ensure equitable access.
- **Targeted Mobilisation:** Reaching everyone who has not got around to it yet, as well as everyone who is still unsure or anxious.
- **Booster doses:** SAHPRA has approved 3rd Pfizer dose, still awaiting J&J approval
- **Children:** From 09 December 2021, all **children aged 12 – 17 years are eligible to receive two doses of the Pfizer vaccine, 42 days apart**.

Communications



Protection against 4th wave:



4th wave risk mitigation:

HOSPITAL VISITS

PLEASE NOTE:

9 December 2021

Health facilities in the Western Cape are still subject to strict adherence to health protocols during the COVID-19 pandemic under adjusted Level 1.

Therefore, all visits to public health facilities are still not allowed, except to receive emergency services and scheduled treatment or medication.

We know you want to visit your loved ones in hospital, but we thank you for limiting interaction so that we can keep ourselves, our loved ones and our communities safe from COVID-19.



COVID-19 booster vaccine for immunocompromised adults

From 1 December 2021, an additional dose of the COVID -19 vaccine is recommended for persons 18 years and older who are immunocompromised. The additional dose can be given between 1-3 months after the previous dose.

Consult your treating doctor, nurse or medical aid scheme about your eligibility for an additional vaccine dose. If you are eligible, they will provide you with a referral letter, which you must present when you arrive at the vaccination site.



Think you have COVID-19?

December 2021

You may have COVID-19 if you develop any of:

- Cough
- Loss of your sense of smell or taste.
- Sore throat
- Shortness of breath or difficulty breathing

We need to prioritise COVID tests for those who are at risk of severe COVID or likely to spread the virus:



You qualify for a COVID test if you have COVID symptoms and:

1. Are admitted to hospital.
2. Are over 50 years.
3. Have any of these conditions:
 - Diabetes
 - Heart/lung/kidney disease
 - Obesity
 - Cancer
 - HIV
 - Tuberculosis
4. You have been in close contact with a cluster of people with COVID-19.

Contact your health facility or the Western Cape Call Centre:
0860 142 142 to discuss having a COVID-19 test.

If you have COVID symptoms but do not qualify for a COVID test:

- The doctor or nurse will inform you if you probably have COVID-19 or not.
- If they inform you that you probably have COVID-19:
 - You should stay at home and stay separate from others in your home for 10 days from when your symptoms started.
 - If you can't stay separate at home, ask the doctor or nurse to refer you to stay in safe and comfortable accommodation.
 - The doctor or nurse will provide you with a sick note.



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

Conclusions

Concluding remarks

1. We are **in the 4th wave in the Western Cape**, with rapidly increasing cases, driven by **the omicron variant**. We urge everyone to **vaccinate, wear a mask, avoid enclosed spaces and gather outdoors, to contain the spread over the coming days and weeks**.
2. The **early evidence on omicron is emerging**, indicating **slower increase in hospitalisation**, but we need to **await robust research** and **avoid premature conclusions**.
3. We will **activate a tailored step-wise health and societal response** and will trigger appropriate responses **to mitigate** the impact of the **4th wave**.
4. Our biggest weapon **against a big impact of the 4th wave** is **vaccination (especially for >50yr olds)**. We require a massive **whole of society effort** to **generate increased targeted demand**.

Thank you

K Cloete