

Western Cape Government

Health

Digital Press Conference

Health Update

Dr K Cloete

1 April 2021



Overview

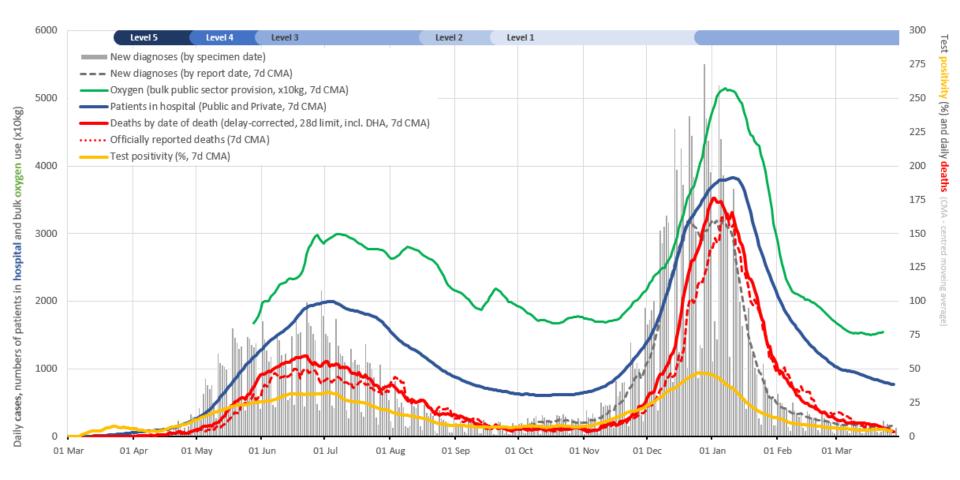
- 1. Surveillance & Response Update
- 2. Health platform COVID response
- 3. Safe-guarding the well-being of health care workers and the health services
- 4. Phase 1 Vaccine Implementation update
- 5. Phase 2 Vaccine Implementation preparation
- 6. Conclusions



Surveillance & Response Update



Integrated testing, case, hospitalisation and mortality trends

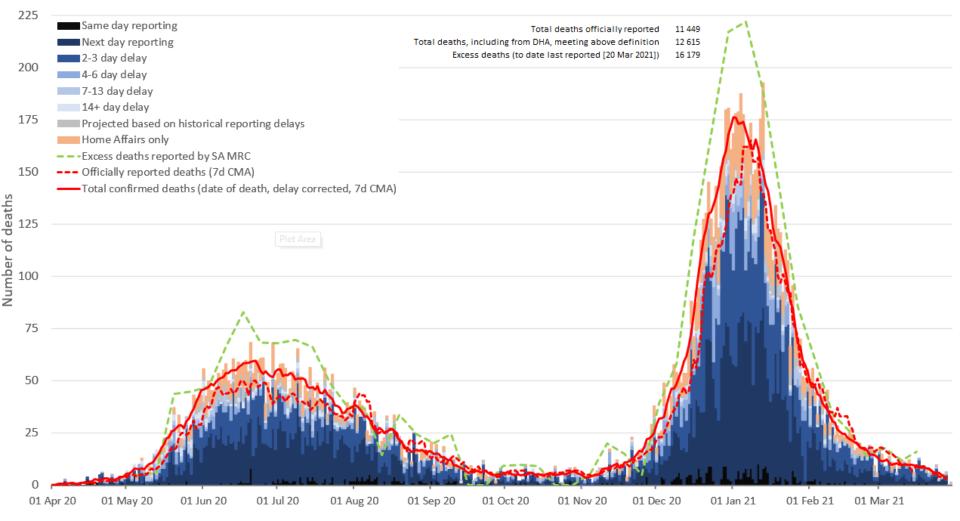




Mortality by date of death

Mortality in patients with laboratory-confirmed SARS-CoV-2, by delay to reporting*

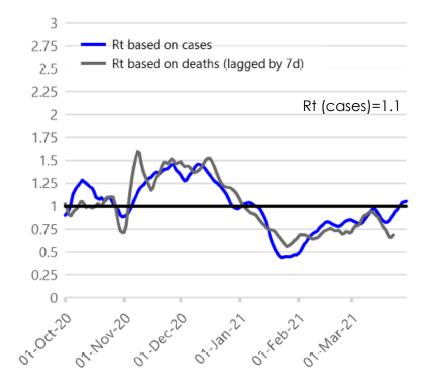
(within 28 days of diagnosis or 14 days of discharge, by date of death, excluding non-natural deaths on population register)

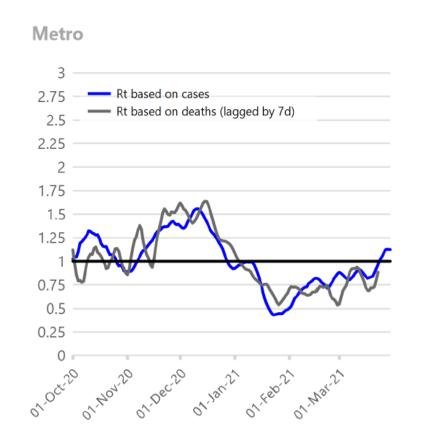


* Excludes deaths in those with undiagnosed COVID-19, in patients with clinical diagnoses in spite of absent or false negative SARS-CoV-2 test results, and in those without recorded ID numbers dying at home or in ambulatory or emergency room care; CMA - centred moving average

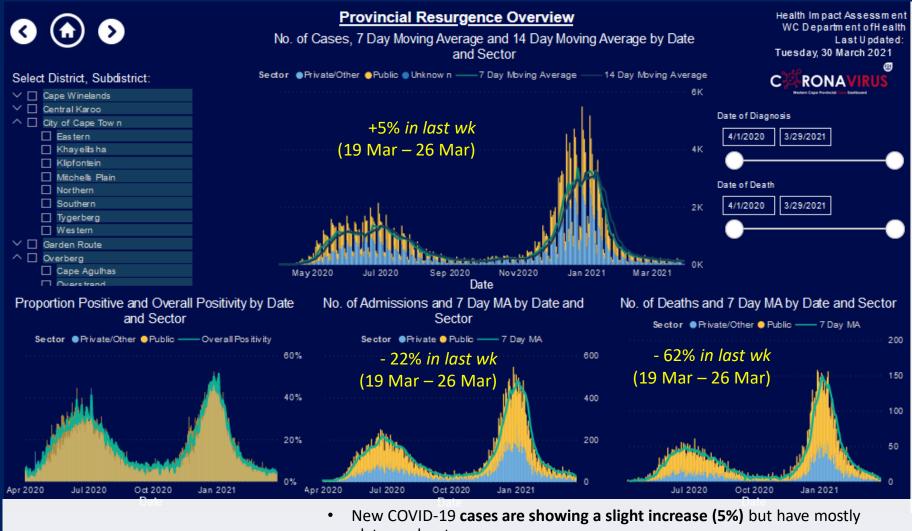
Current reproduction number





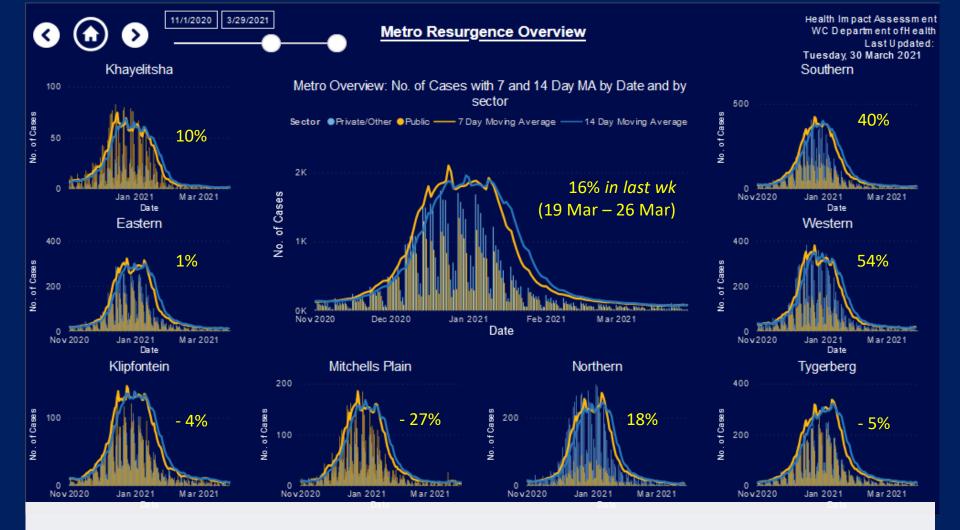






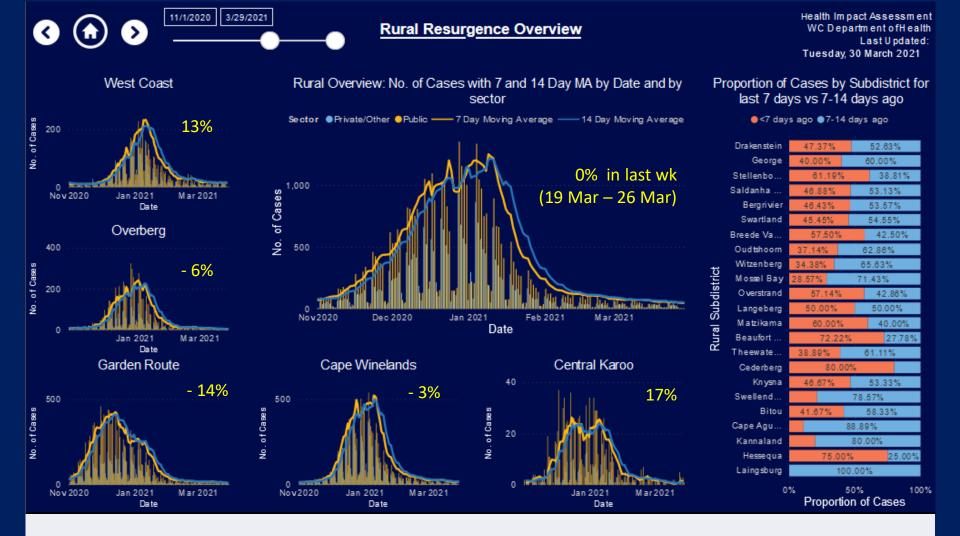
Provincial Overview

- plateaued out.
- Admissions and deaths continue to decrease, with a 22% and 62% decrease respectively in this last week, compared to the week before.
- The proportion positive is still stable and low (5.1% on 26 March 2021).
- We are now seeing a similar number of cases, admissions and deaths that we were seeing in October 2020, the lowest period between the first and second waves



Metro Overview

- Cases in the Metro increased by 16% from 19 March to 26 March 2021.
- This increase was largely driven by **increases in private sector testing** in **Northern, Southern and Western**.
- No major clusters have been identified, but the teams on the ground are watching the situation carefully. Increased testing prior to surgery and travel is also contributing to these higher case numbers.



Rural Overview

- Case numbers in Rural are unchanged. A 0.3% increase was seen from 19 to 26 March.
- There is a **wide variation across the districts**, but the absolute numbers are very small.
- We continue to watch for and work to contain local outbreaks in all districts, especially over upcoming holiday period.

30 March 2021

Surveillance Huddle Report



Overall	 Currently in the trough post wave 2
	 11% increase week-on-week, not sustained for 7 days
KESS	No further update
KMPSS	 No significant increase in cases
	 Facilities have noted an increased demand for testing
	 Hospital of Hope have no patients, ward closing tomorrow
NTSS	 Numbers fairly stable. Mostly household infections.
	 No clusters noted
	 Many pre-admission and pre-travel cases in the private sector
SWSS	 First week with an increase in cases week-on-week
	 30 new cases per day compared to 19 new cases last week
	 3-6% positivity among facilities
	 Western: Shipping companies picking up asymptomatic cases through routine
	testing
	 Stellenbosch University cases (documented residence in SWSS but actually
	residing in University Residence) – concern about poor protocols
	 1 case in an OAH

Rural	
Cape Winelands	 Possible cluster in Stellenbosch at a student hostel – 3 cases (unrelated), 4 PUIs awaiting results. Team liaising closely with the University. Increase in 18-30 year age group – team is investigating whether student cases or others No masking in public, poor adherence to NPI in Stellenbosch town Small numbers increase in Drakenstein and Breede Valley – no clusters or concerns in other subdistricts
Central Karoo	 Absolute numbers small Few incidental asymptomatic cases diagnosed pre-admission
Garden Route	 No issues. Situation in Thembalethu (George) and Knysna now stable Case numbers low, admissions low
Overberg	 Low case numbers Tesselaarsdal (small town outside Caledon) funeral cluster of 5 cases, other results pending
West Coast	No further update

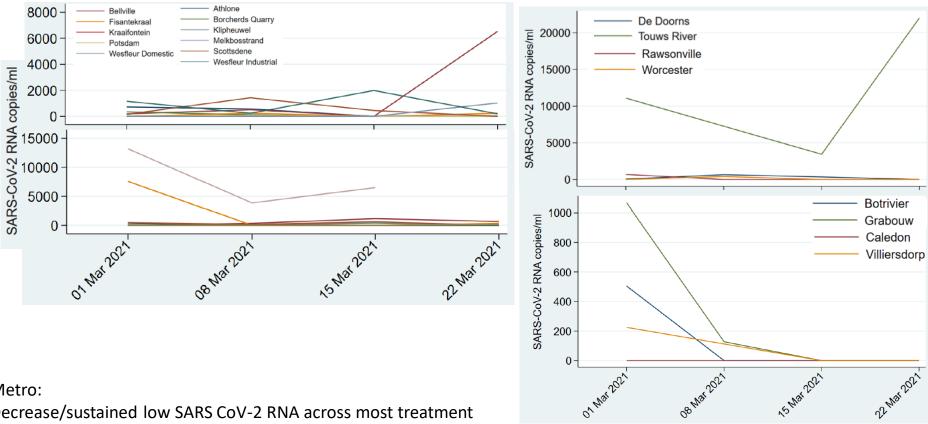
Triangulating with wastewater



SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM

WEEK 10 2021

City of Cape Town, Breede Valley AND Overberg



Metro:

Decrease/sustained low SARS CoV-2 RNA across most treatment plants. (No samples from 3 treatment plants due to protest action)

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

- Bellville (correlates with increase in cases in Northern)
- Wesfleur Industrial

Breede Valley:

Spike in SARS-CoV-2 in Touwsriver; not detected in other 3 treatment plants

Theewaterskloof:

2nd consecutive with SARS-CoV-2 not detected at any of 4 treatment plants; No SARS-CoV-2 at Caledon treatment plant since 1 March

Recommendations for the holiday period

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



Messages for the holiday season: making safer choices





The health platform COVID response



Acute service platform – general comments

- 1. Currently 824 COVID patients in our acute hospitals (471 in public hospitals & 353 in private hospitals). This excludes PUIs and cases in specialised hospital settings.
- COVID hospitalisations have continued to decline; there has however been an increase in trauma cases
- 3. The Metro hospitals have an average occupancy rate of 86%; George drainage area hospitals at 64%; Paarl drainage area hospitals at 72% & Worcester drainage area hospitals at 73%.
- Occupancies in COVID beds show Metro hospitals at 10%; George drainage area hospitals at 15%; Paarl drainage area hospitals at 22%; Worcester drainage area hospitals at 21%.
- 5. COVID & PUI cases currently make up 6% of all available acute general hospital capacity in both Metro and Rural Regional Hospital drainage areas.
- 6. COVID inter-mediate care the Brackengate Hospital of Hope currently has 13 patients (3 286 cumulative patients), Freesia & Ward 99 has 2 patients, Mitchell Plain Hospital of Hope has 0 patients and Sonstraal currently has 0 patients.
- 7. The Metro mass fatality centre has capacity for 240 bodies; currently 3 decedents (cumulative total of 1387 bodies) admitted. The overall capacity has been successfully managed across the

Western Cape Government

Acute Care Availability & Utilisation per Drainage Area

		Filled				BUR % for Designated	BUR % for Designated Covid Beds(Critical	
Drainage Area	Operational	Beds		COVID	% Covid	Covid Beds(General		
	Beds		BUR %	BUR %	patients	Wards)	Care)	
Cape Town /Metro	5 041	4 322	86%	10%	4%	10%	13%	
George	918	585	64%	15%	<mark>8</mark> %	16%	8%	
Paarl	940	677	72%	22%	9 %	22%	50%	
Worcester	781	568	73%	21%	13%	20%	27%	
SubTotal WCDOH	7 680	6 152	80%	14%	6%	13%	17%	

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



Oxygen utilisation – general comments

- The combined public-private utilisation is now 23.98 tons/day or 34.26% of the maximal production capacity (70 tons/day) at the Afrox Western Cape plant.
- The public sector total bulk oxygen consumption has reduced to 15.45 tons/day, or 21.44 % of the Afrox Western Cape plant for the 7-day period ending 19th March. This is compared to 51 tons/day in the first week of January.
- 3. The Western Cape still has **4 bulk oxygen tankers** allocated for the daily delivery of oxygen supplies during the week.
- 4. We have started to **address some of the capacity challenges** at facility level, as identified during the 2nd wave, in preparation for the 3rd wave.
- We will continue to monitor the utilisation of oxygen over the coming weeks, but the situation has completely stabilised.

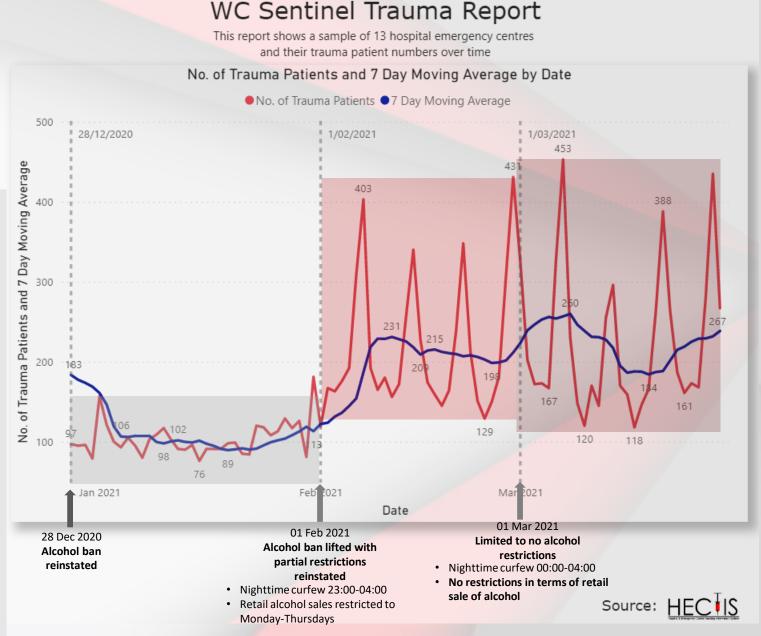


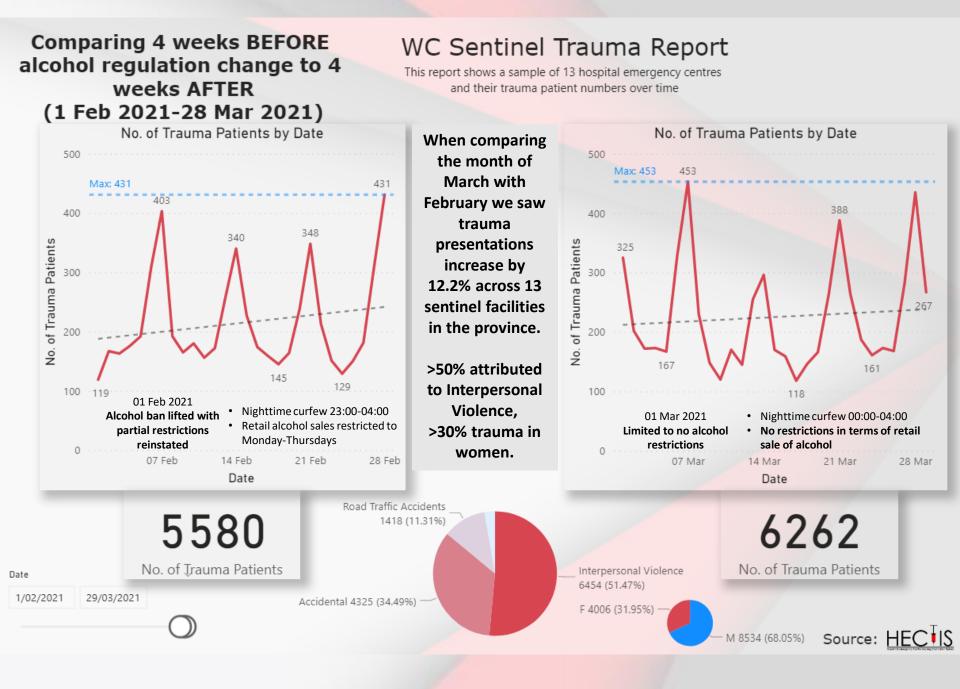
Overview of the impact of recent alcohol regulation changes on trauma presentations (01 Jan 2021-29 Mar 2021)

As before, with each lifting of alcohol regulation we see trauma presentations increase.

Interestingly, over the month of March we saw a mid-month dip in trauma presentations with an expected increase at the start and end of the month. These levels were higher than that seen in February.

Weekend peaks persist consistent with periods of alcohol related trauma presentations over weekend.

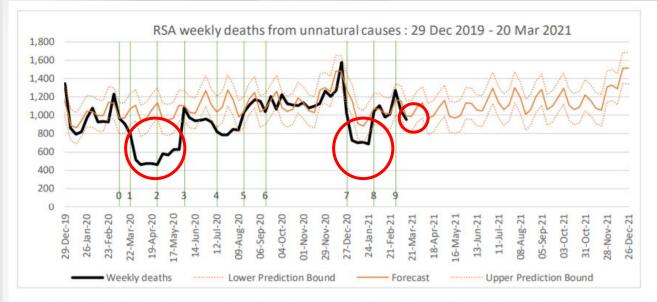




Considerations for Easter weekend

The latest restrictions that intend to limit retail alcohol availability over the Easter weekend may confer limited impact due to:

- The 2-day lead that may result in stockpiling
- The expected increases in trauma presentations over this period that may only lead to plateauing of presentations with the reinstated regulations.



Numbers have been scaled to the estimated actual number of death and for the last week has been adjusted for delayed registrations. As only a quarter to a third of unnatural deaths in the most recent week are processed at the time of the survey, the estimate for the most recent week is quite uncertain.

Vertical lines in order

0

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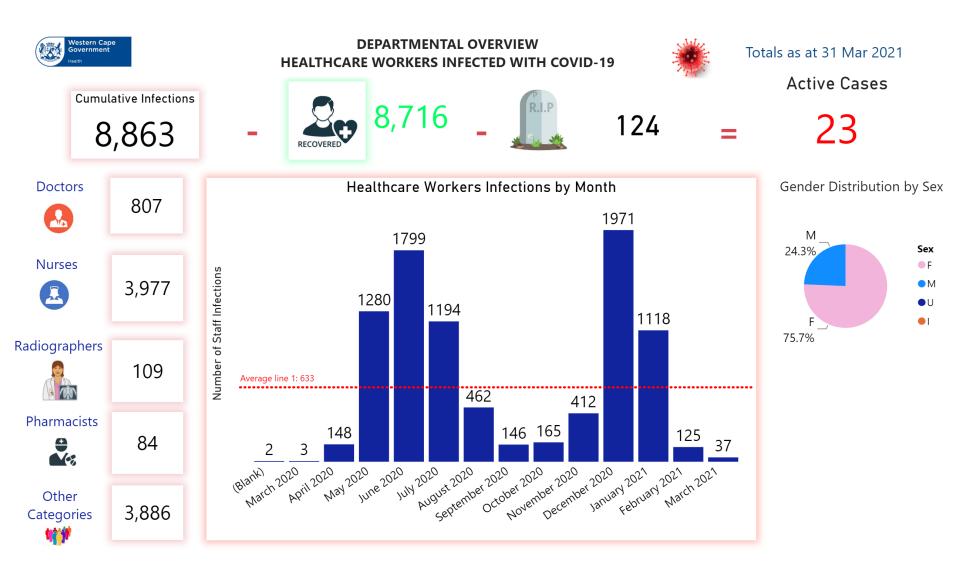
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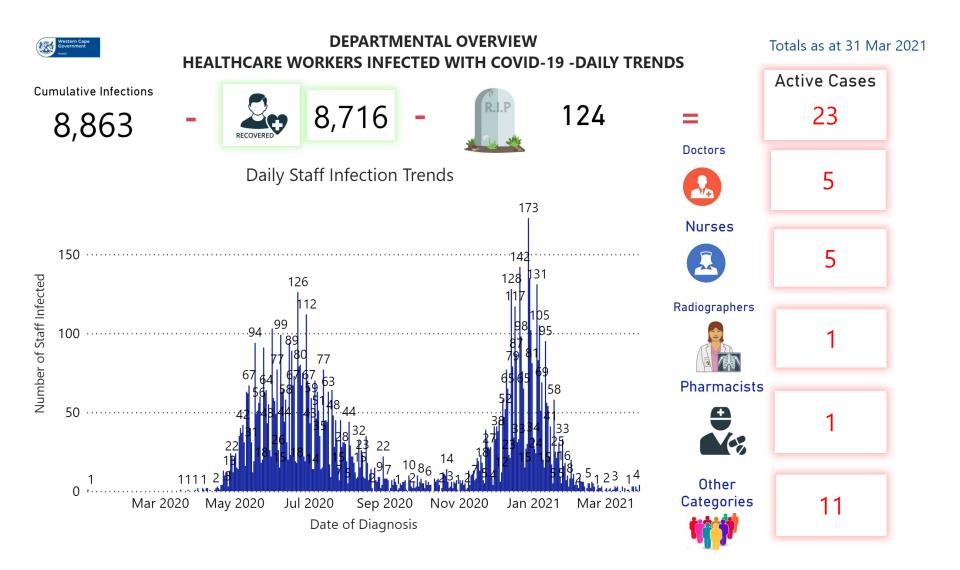
- Week Disaster Management Act implemented
- 1 Week lockdown level 5 introduced
- 2 Week lockdown changed to level 4, with curfew
- 3 Week lockdown changed to level 3 including unbanning of alcohol 4
 - Week alcohol re-banned and a curfew re-introduced
- 5 Week lockdown changed to level 2, including unbanning of alcohol
- 6 Week lockdown changed to level 1 7
 - Week lockdown changed to level 3 advanced (rebanning alcohol and a extension of curfew)
 - Week lockdown relaxed to allow sale of alcohol 4 days/week and reduce curfew
 - Week lockdown relaxed to allow sale of alcohol except during curfew and reduce curfew to midnight to 4am

Source: SA MRC Excess Deaths Report (20/03/2021)

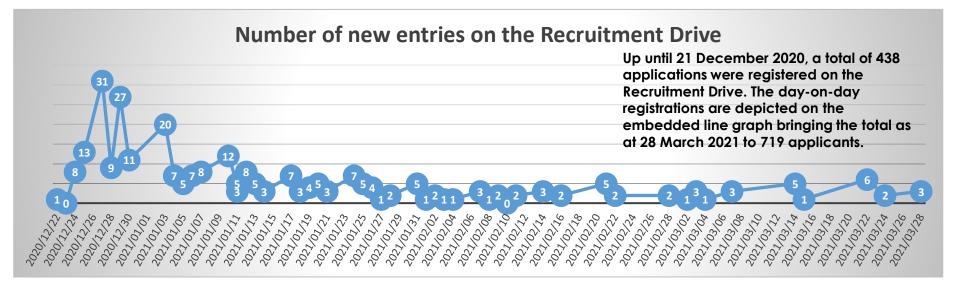
Safe-guarding the well-being of health care workers and the health services







High Level Summary on Recruitment Drive



		Appointed on	Institutions have made 30 Offers to the following					
Category of HCW	Possibly Available	PERSAL						
мо	159	26	OSD-Category Rank	Filled	Reserved Posts	Grand Total		
MO	137	20	Allied Health	24	2			
Enrolled Nurse(EN)	99	20	Doctors	78	1			
Enrolled Nursing Auxiliary (ENA)	111	24	Nursing	856	26	8		
Not Indicated	33	7	Pharmacists	5				
Professional Nurse	130	61	Pharmacists- Assistant	10				
			Social Workers	5				
Professional Nurse with Specialty	41	8	Admin and Related	154	1	1		
	573	146	Grand Total	1132	30	11		

There are currently 1132 filled posts across the platform for additional COVID posts, 30 offers are pending finalization which will bring the total to 1162. Of the 719 Recruitment Drive applicants, 146 has thus far been appointed on PERSAL. The balance of which 573 are possibly available for appointment.

wing categories of staff:

882

155

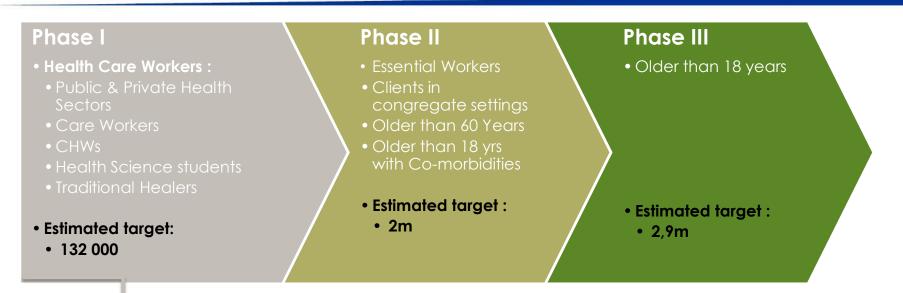
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Phase 1 Vaccine Implementation update



Vaccine update: Phases and Prioritisation Groups

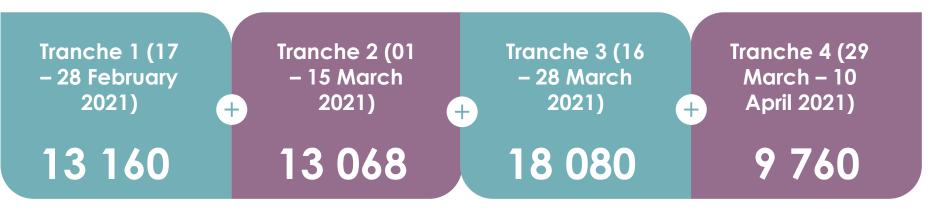


- It is anticipated that we will be able to cover 50% of health care workers with the limited doses being received via the Sisonke Programme.
- We are preparing to scale up vaccination during April to complete Phase 1, with an expected arrival of Pfizer doses by early April 2021.



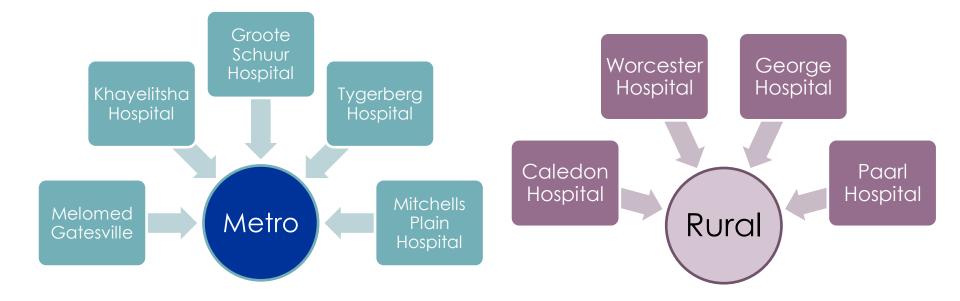
Vaccine Update: J&J Sisonke Programme

- Since the launch of the J&J Sisonke Programme took place on 17 February 2021, the province is currently implementing its fourth tranche of the initial 300 000 vaccines.
- Additional tranches are expected after 10th April from the additional 200 000 doses (projecting 30 000 doses).
- 3. Each vaccine tranche covers a 2-week period:



- 4. The total number of doses received thus far: 54 068
- 5. As at **31 March 2021**, a total of **48 641** health care workers have been vaccinated in the province (public and private sectors).

Vaccine Update: Sites

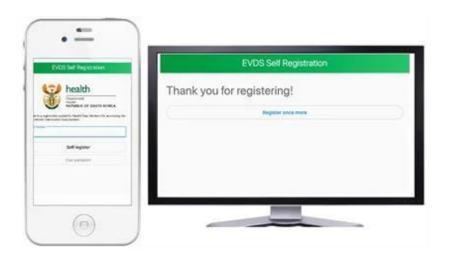


- Vaccination sites in **rural districts** service both the public and private sectors.
- In the **Metro**, Melomed Gatesville services the private sector and the public sector vaccination sites service the public sector.



Vaccine update: Implementation

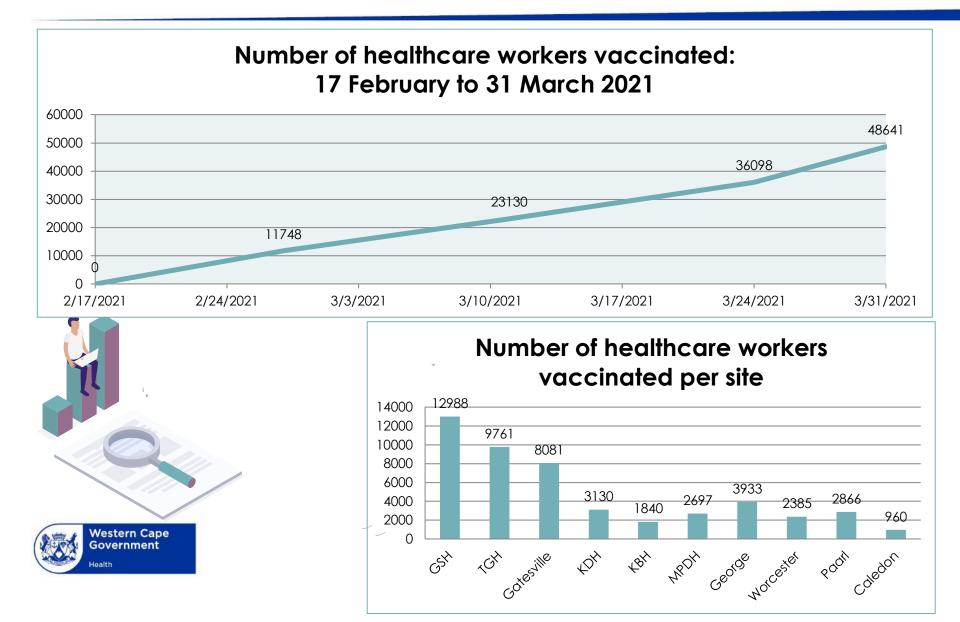
- Initial operational challenges with regards to the Electronic Vaccine Data System (EVDS) have largely been resolved.
- There is greater awareness and understanding amongst healthcare workers of the process to follow to access the vaccines.



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



Vaccine Update: Healthcare workers vaccinated



Vaccinator Database (as at 31 March 2021)

Group	District	Facility/Institution				
Cape Metro	Cape Metro	Aan-het-Pad Clinic				
CAPE TOWN	CAPE TOWN	Abalone Factory				
CDU	Cape Winelands	ACVV		497	2172	85
CMD	CDU CDU	Admin Building	4450	47/	Z / Z	00
College of Emergency	Central Karoo	Adriaanse Clinic	4400	Doctors	Nurses	Other
CT Eastern SD	CMD	Alan Blyth Hospital	total Vaccinators	Doctors	nurses	Other
CT Khayelitsha SD	College of Emergency Care	Albertinia Clinic	total vaccinators			
CT Klipfontein SD	CPUT	Alexandra Hospital				
CT Mitch Plain SD	CT Eastern SD	Alma CDC		idant	ified co f	
CT Northern SD	CT Khayelitsha SD	Alphen Clinic		Ident	ified so f	ar
CT Southern SD	CT Klipfontein SD	Amalienstein Clinic				
CT Tygerberg SD	CT Mitch Plain SD	Amawandle Incon Clinic				000
CT Western SD	CT Northern SD	Amawandle Pelagic - Inc	2365	526		302
DCS	CT Southern SD	Annie Brown Clinic	2303	020		
Eastern	CT Tygerberg SD	Aquarius Health Covid Fi		Pharmacists/EMS/Edu	icator Superv	/isor/ Manager
Metro	CT Western SD	Area Central HO	total Trained			
Metro Health Services	DCS	Area East HO				
· · · · · ·	— - ·	· · · · · · · · · · · · · · · · · · ·				



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



Global and Local Lessons Learned

Key Global Lessons:

- High-level leadership
 & commitment
- Information Systems:
 Scheduling /
 Appointments,
 Monitoring, Reporting

Effective Communications and Citizen Engagement to obtain buy-in and trust

 Patient centred, highly organised and efficient logistics

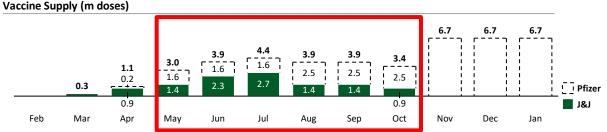


Key Lessons from Phase 1

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

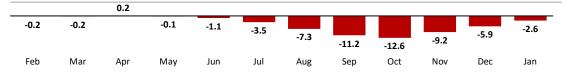


National Supply Pipeline - Accelerating the delivery of the J&J vaccines and securing the Pfizer vaccines could save >48k lives and relieve pressure on the healthcare system

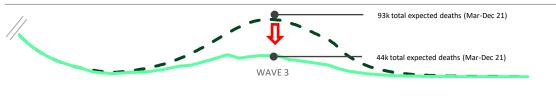


Supply demand balance (with accelerated J&J supply and Pfizer supply starting in Q2)

Rolling vaccine supply / demand balance in # individuals¹



Incremental deaths expected



Key insights

Accelerating the delivery of J&J

Accelerated Delivery of Q3 and Q4 J&J doses

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

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

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Vaccine options – SAHPRA approvals & W Cape Acquisition

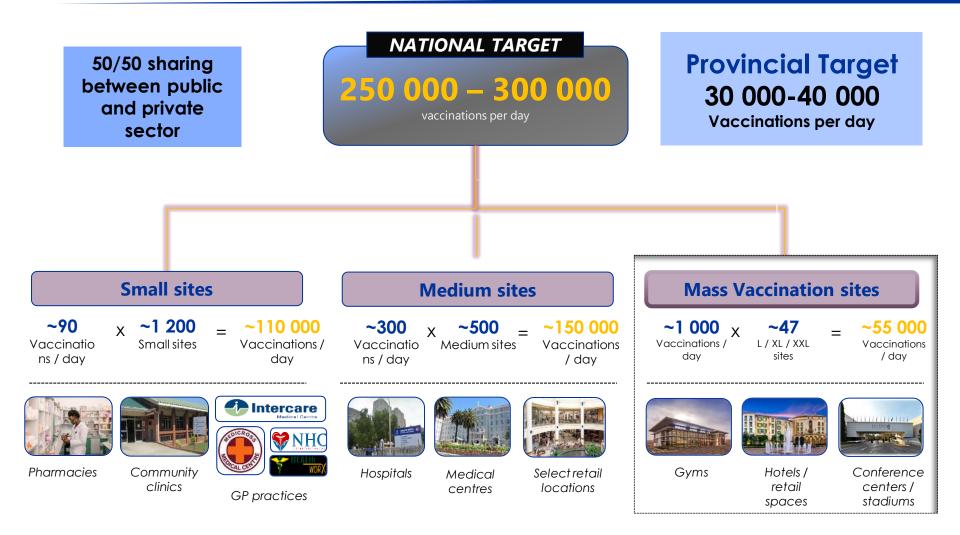


VACCINES WITH PHASE 3 RESULTS

Product	Туре	Doses Interval	Cold Chain	Vaccinated sample	Efficacy – Mild illness	Efficacy – Hospital	Efficacy – Death	Price	Production	SRA WHO EU	Comments
P fizer	DRMA	2 21 days	-60 to - 80	15,000 USA	94.1%	100%	100%	\$6.5 – \$19.5	1.89B	USA Canada UK EU Swiss Australia WHO	<u>Ultra cold</u> chain
moderna	mRNA	2 28 days	-15 to - 25	18,600 USA	95%	97%	100%	\$10- \$37	822M	USA Canada UK EU Swiss	High cold chain
AstraZeneca	VVV Simian	2 4-12 weeks	2 to 8	8,588 UK RSA Brazil	70% overall	100%	100%	\$3- \$5.5	3.09B	Canada UK EU Australia WHO	
Johnson-Johnson	VVV Human	1 NA	2 to 8	22,000 USA RSA South America	72% USA 64% RSA 61% South America	100%	100%	\$10 (single dose vaccine)	1.4B (single dose vaccine)	USA Canada EU WHO	

Pfizer and J&J – Section 21 and Phase 3.b approvals granted or in process of being granted by SAHPRA **Covishield** - approval granted, but roll-out put on hold; **Moderna** – no submission made to SAHPRA yet **Western Cape Vaccine Acquisition** continues; influenced by **SAHPRA approval** and **supplies availability**

Potential SA portfolio of COVID-19 vaccination sites





Phase 2 modelling of clients, vaccinators and duration

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



Need to do 30 000 – 40 000/day to cover phase 2 in 3/12.

Vaccine Site Calculator

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

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



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

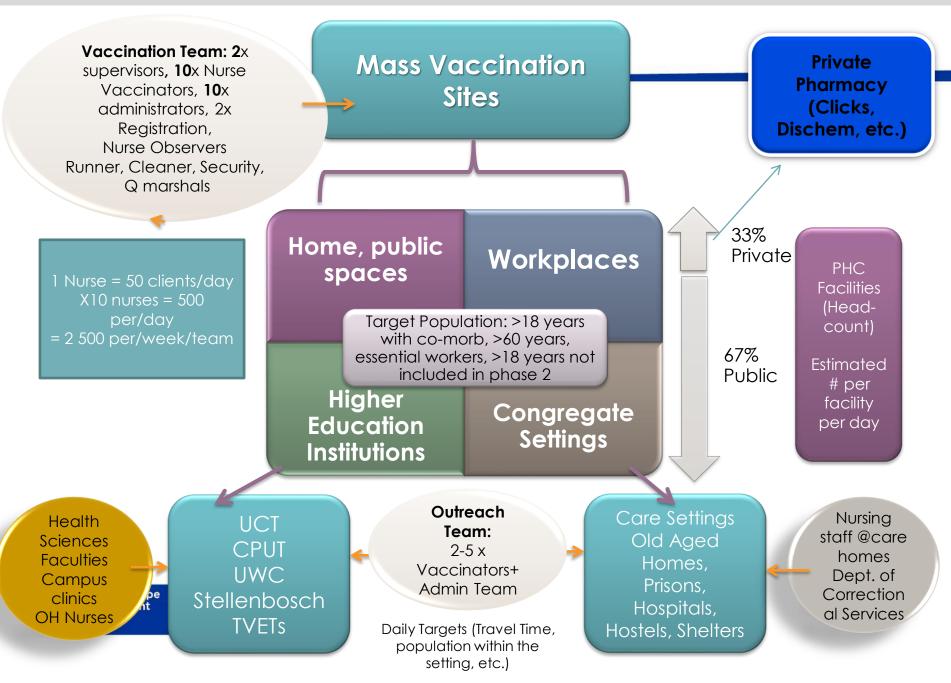
An **optimal mix** of sites should be selected.

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

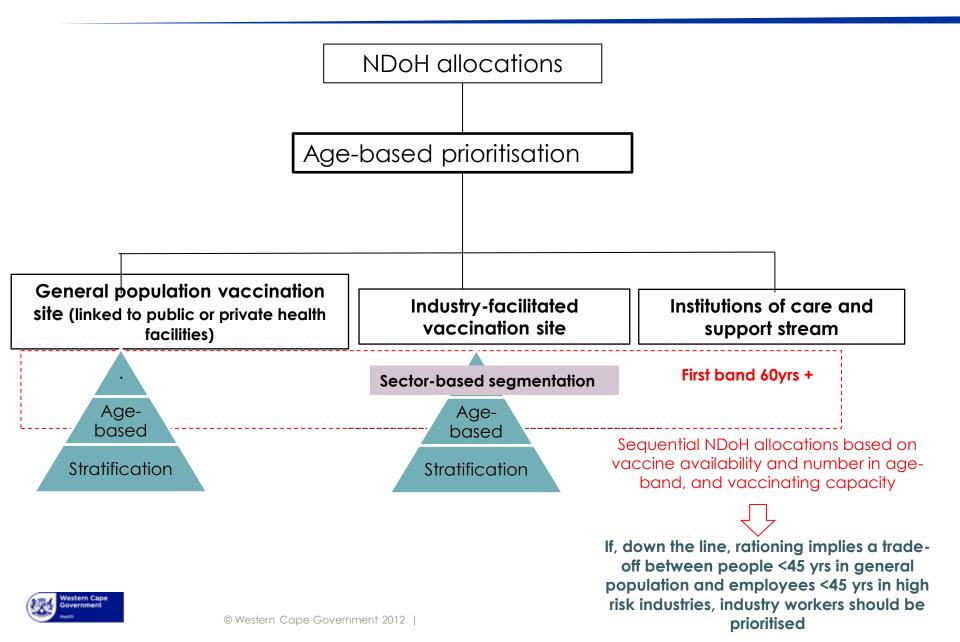
Provincial **Infrastructure Database** of WCG and CoCT facilities is available to inform decision-making and site selection.



Phase 2 & Phase 3 Covid-19 Vaccine Rollout



Proposed NDoH Sequencing of Rollout Across all sites



Conclusions



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Concluding remarks

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



Thank you

