



**Western Cape  
Government**

Health

# DIGITAL PRESS CONFERENCE

Health Response Update

Dr K Cloete

18 November 2020

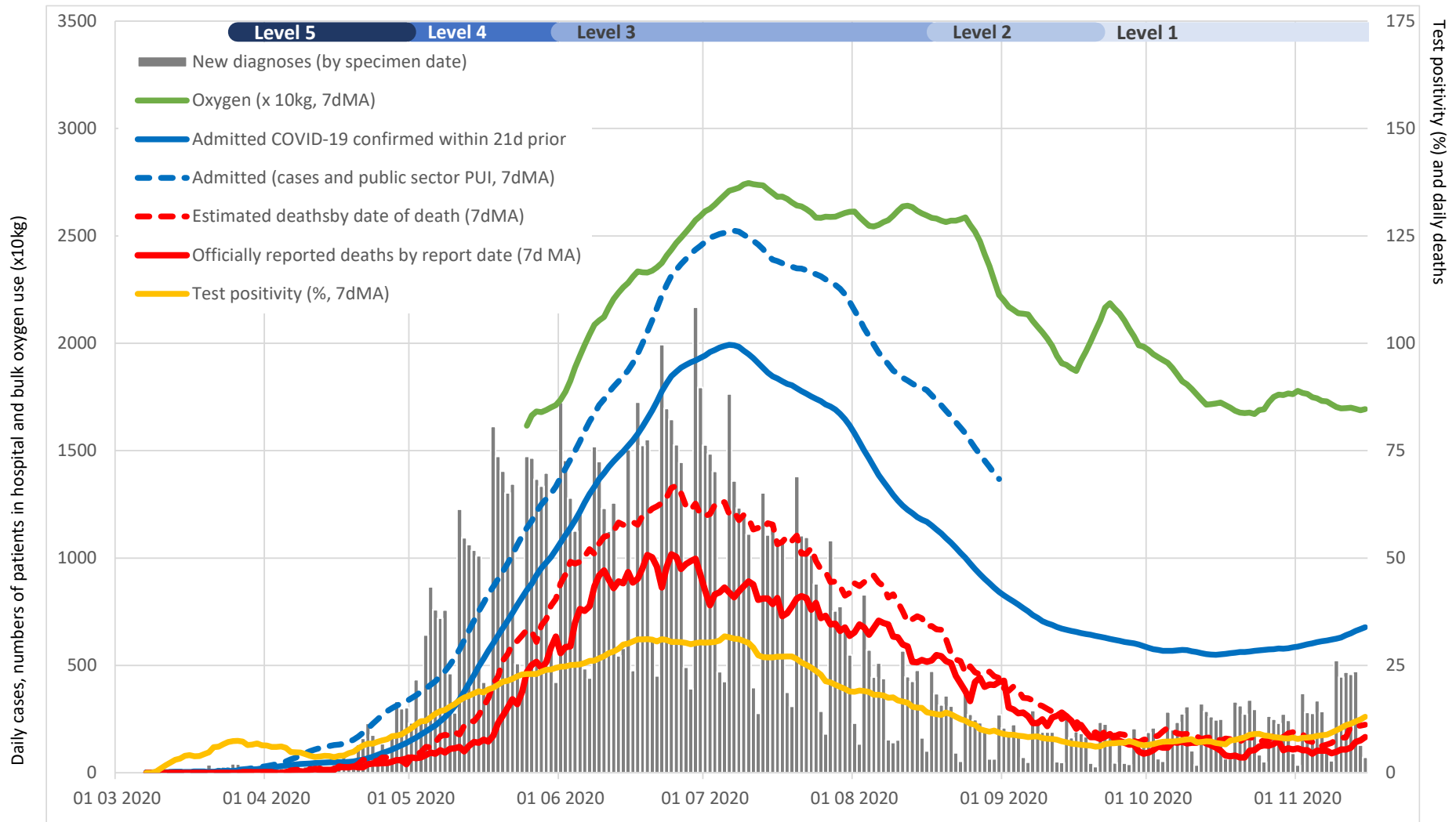
# Purpose

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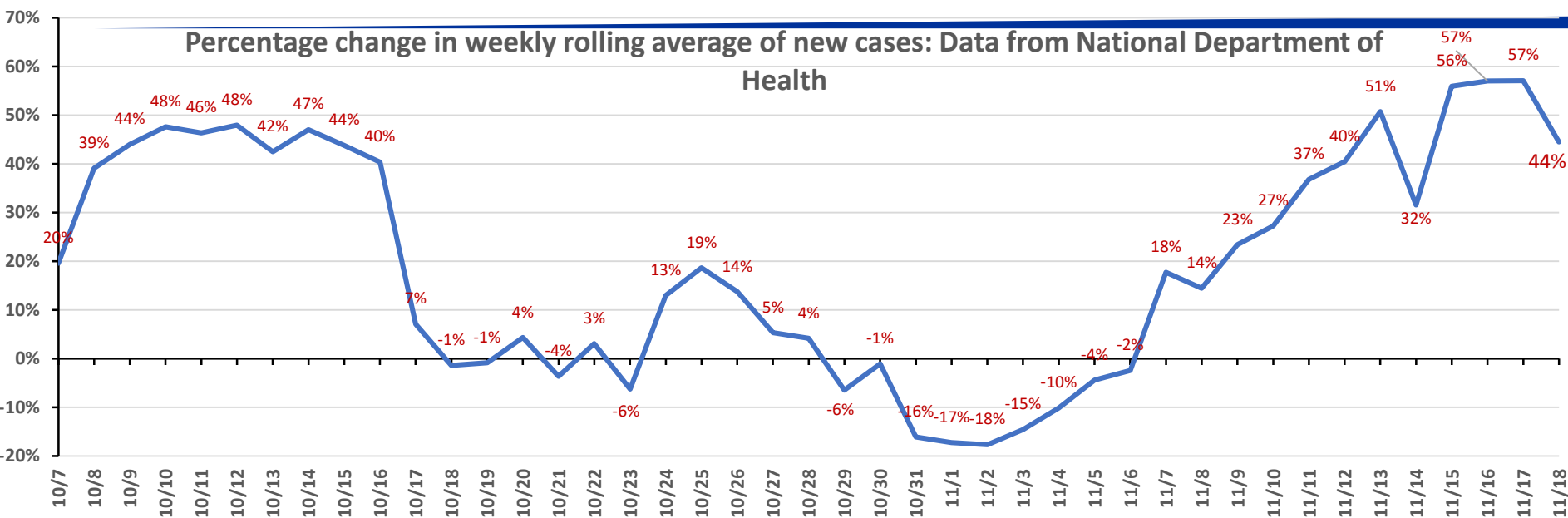
1. Update on cases, hospitalisations and mortality – Provincial trends
2. Geographic breakdown – District trends
3. Update on the recovery and reset strategy & acute service platform response
4. Conclusions

# Update on cases, hospitalisations and mortality – Provincial trends

# Integrated testing, case, hospitalisation and mortality trends



# Growth in cases based on NDoH reported case numbers



WC daily report- 11 November 2020: New COVID-19 cases in the last 7 days= 1977

WC daily report- 18 November 2020: New COVID-19 cases in the last 7 days= 3224

**Percentage change = 63.1%**

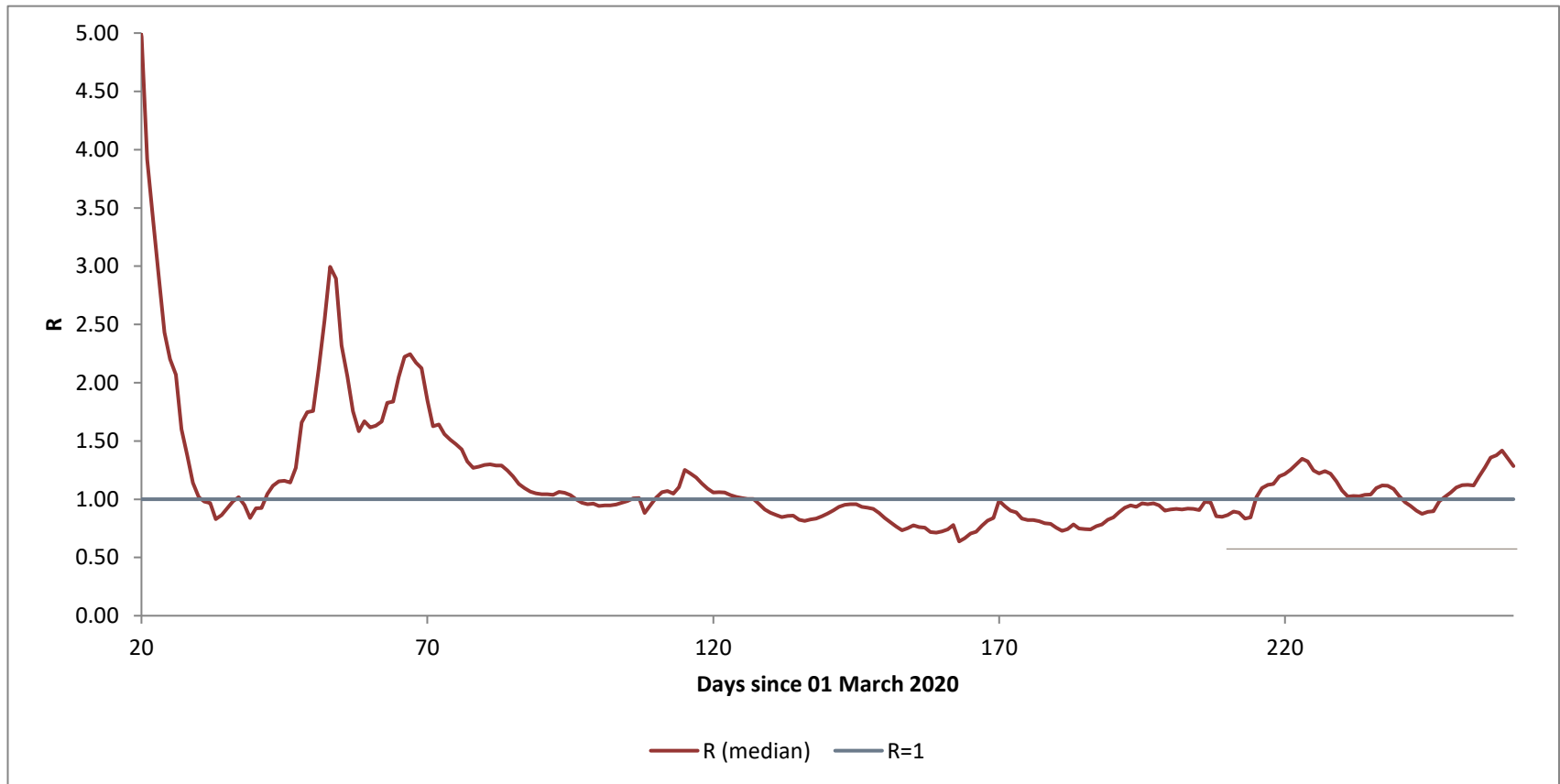
Using NDOH data , we see that the percentage change in weekly average of new cases is **44%**.

If we look at the Western Cape Data from the daily report the percentage change in the weekly average of new cases is **63.1%**

In both cases, the increase is primarily due the outbreak in the Garden Route, with a contribution from the increase in cases in the Metro.

# Effective Reproductive Number $\approx 1.3$ based on cases

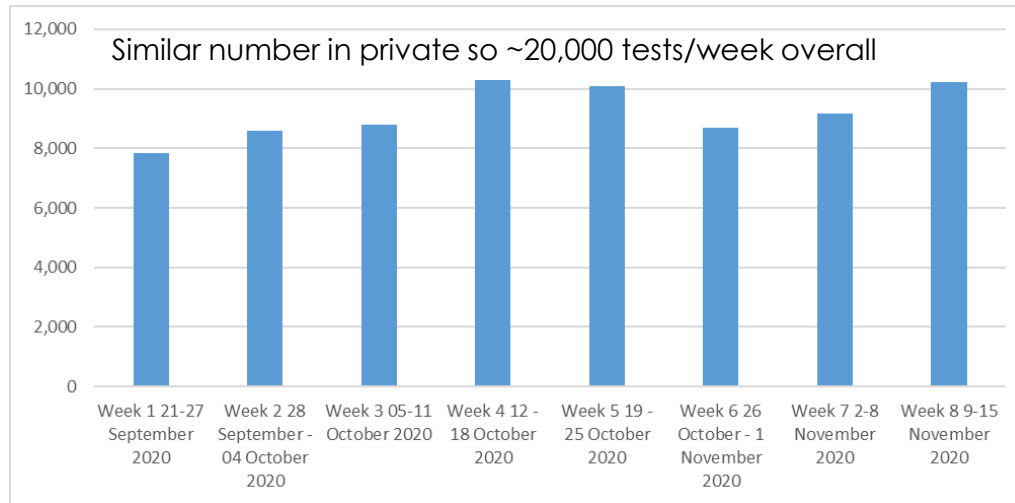
(by specimen date)



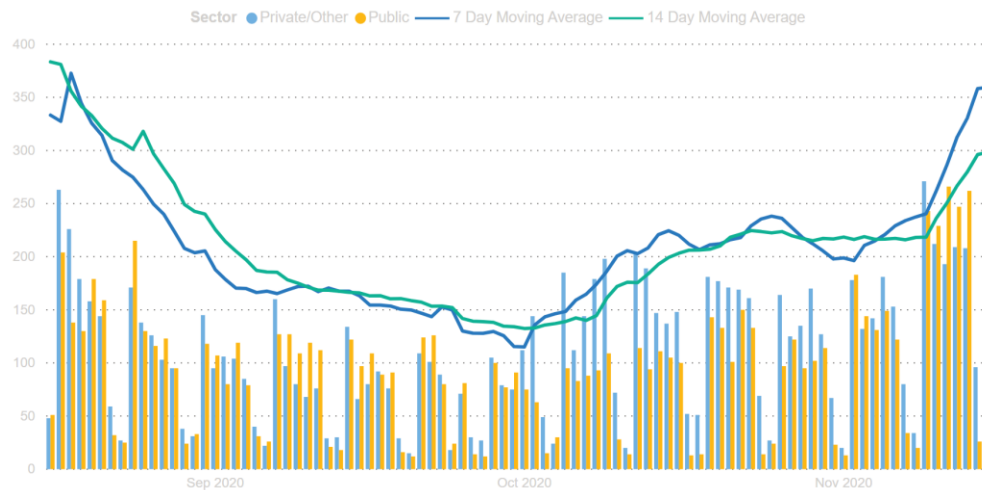
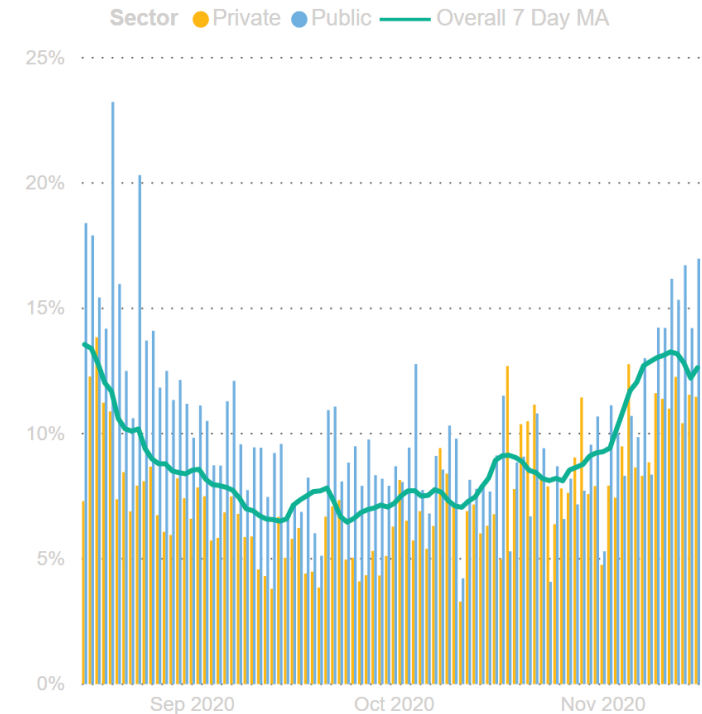
EpiEstim, 7d moving estimate

# Testing and case numbers more recently

Weekly public sector tests by specimen date

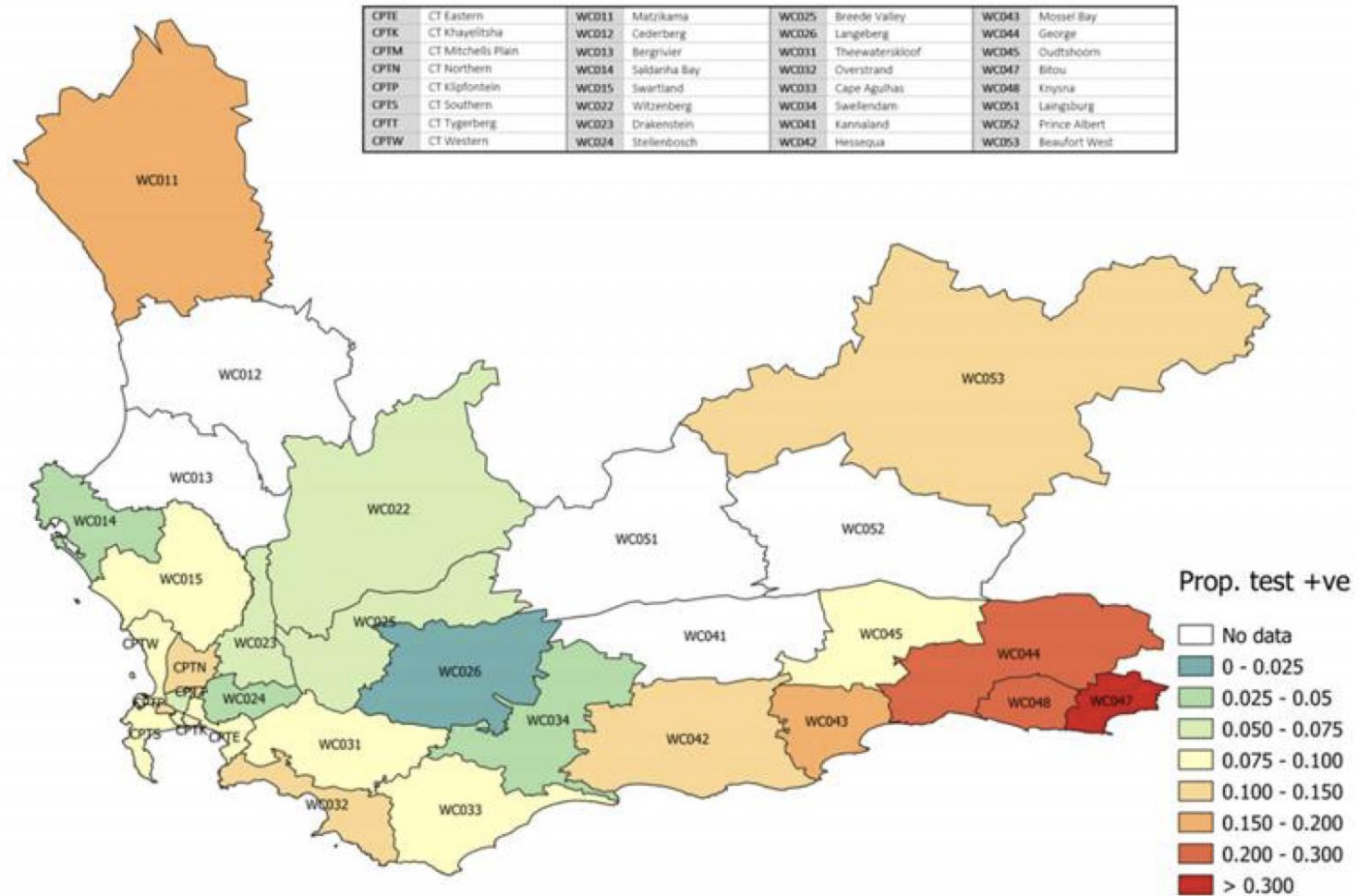


Test positivity



Daily cases by specimen date

# Test positivity rates – geographic distribution



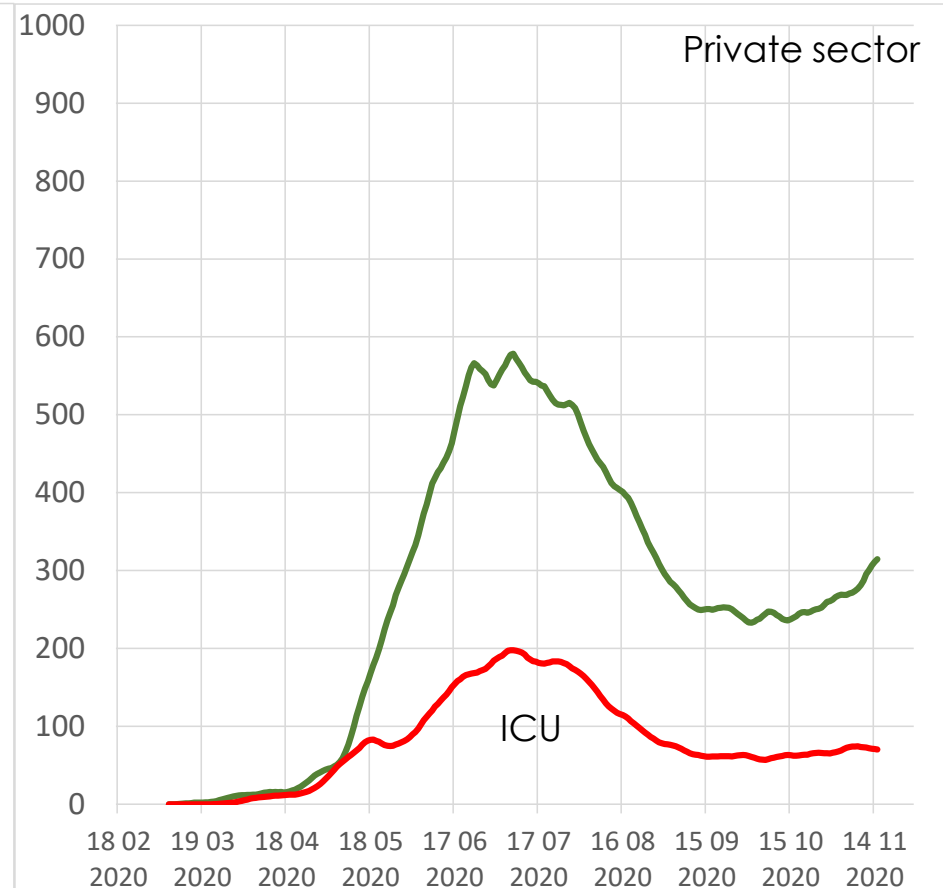
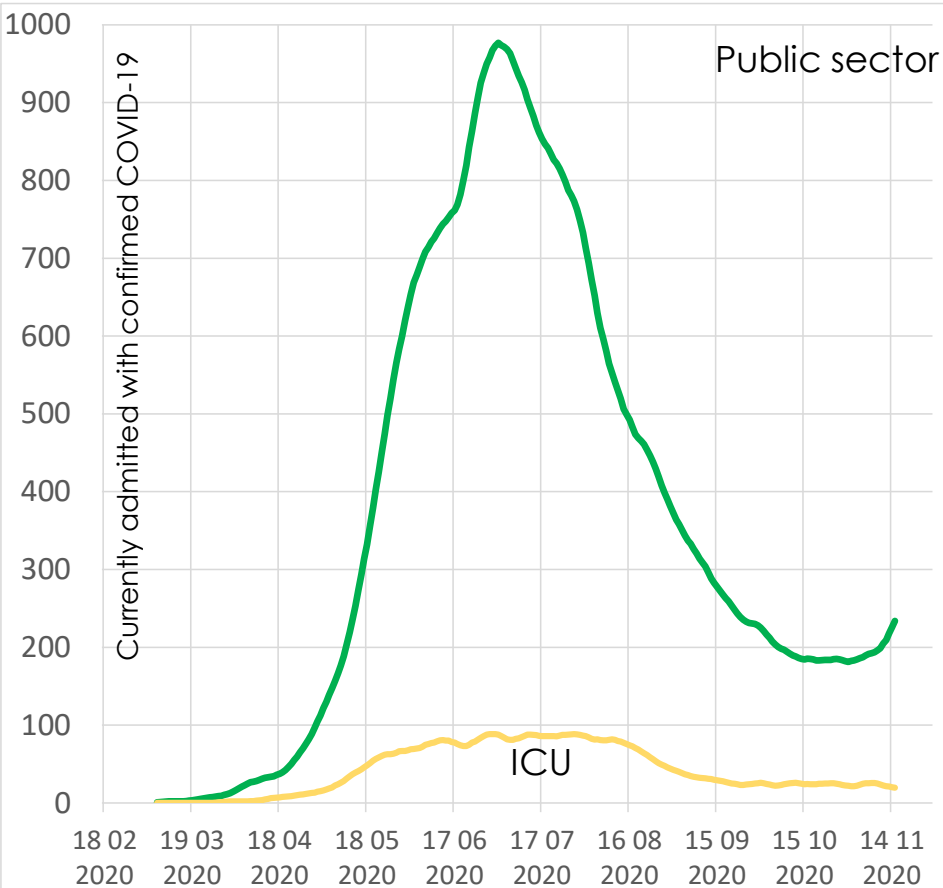


## Update on testing

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1. Despite the expanded testing criteria the lab turn-around times have been maintained. We will monitor the turn-around times carefully in order to determine the impact of the expanded testing criteria.
2. NHLS will begin using the antigen testing for use in outbreaks in conjunction with the PCR testing
3. The testing and surveillance team is continuously reviewing the testing criteria and will advise should further revisions be required
4. On average, the public and private sectors are doing about 10 000 tests per week in each sector

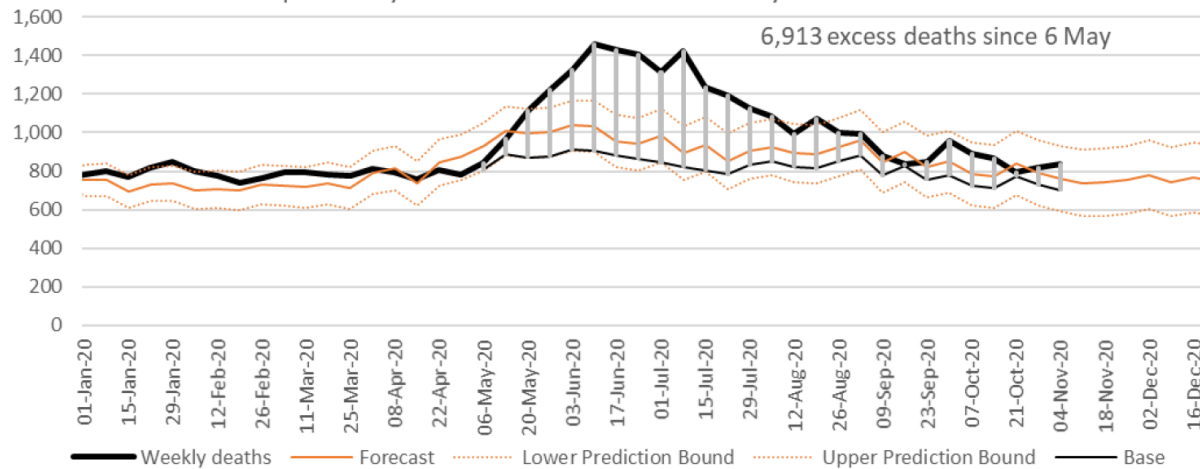
# Hospitalisation



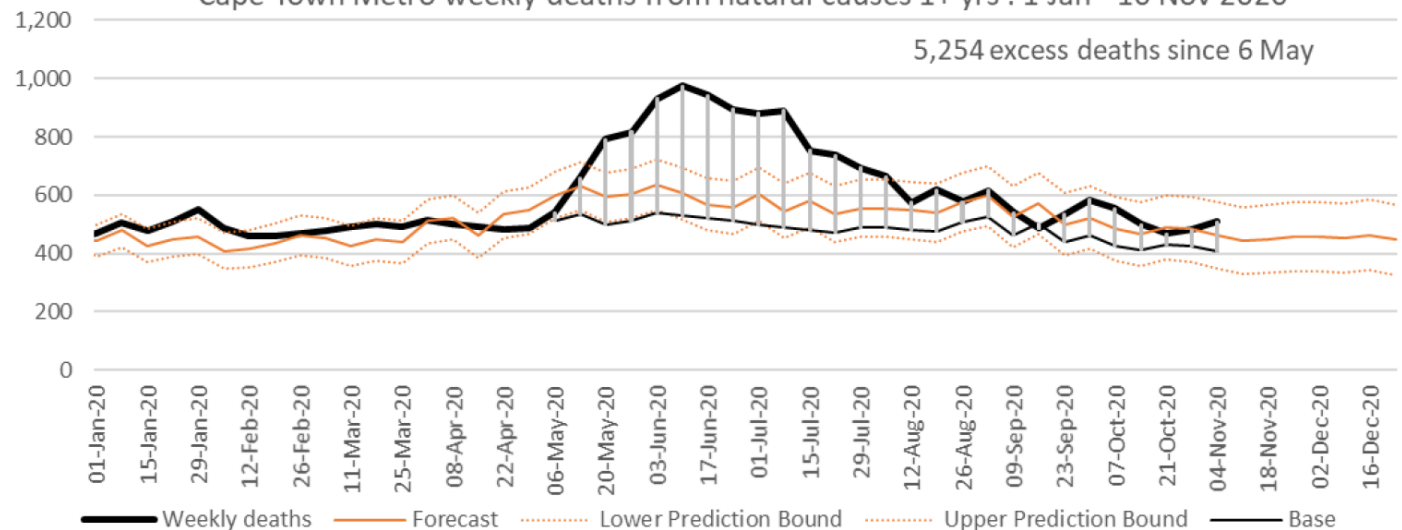
Lines are not stacked. PUIs excluded

# Excess mortality

Western Cape weekly deaths from natural causes 1+ years : 1 Jan - 10 Nov 2020



Cape Town Metro weekly deaths from natural causes 1+ yrs : 1 Jan - 10 Nov 2020



# Geographic breakdown – District trends

# 17 November 2020

## Surveillance Huddle Report

### - Excluding Garden Route



17 November 2020:

Surveillance Huddle

#### 5 point summary

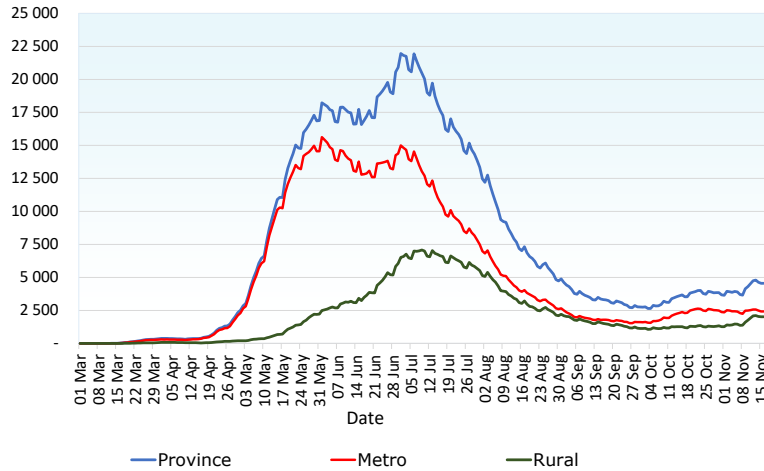
1. West Coast: Cederberg - large % increase, case numbers remain low. Random cases, no clusters identified.
2. Cape Winelands: Drakenstein currently 38 active cases. One new case at Allandale prison - monitoring closely. Stellenbosch, mostly private sector cases. Breede Valley 30 active cases, Witzenberg 17 active cases - no clusters. In Langeberg there are 17 active cases and two outbreaks. The first outbreak is at Robertson Correctional Services with 8 cases and the second at a local abattoir - currently supporting the business with the outbreak response, I&Q etc.
3. KMPSS: 30 new cases yesterday. At a drug rehab centre - 2 confirmed positive cases, an additional 4 symptomatic individuals swabbed and await results with 11 residents and 4 staff members in quarantine.
4. SWSS: Over 900 active cases; pockets noted in areas not seen before viz. Pinelands, Thornton and Atlantis. In Milnerton Mediclinic 6 out of 7 ICU beds occupied by patients from Atlantis. No major clusters noted.

#### ***Additional points:***

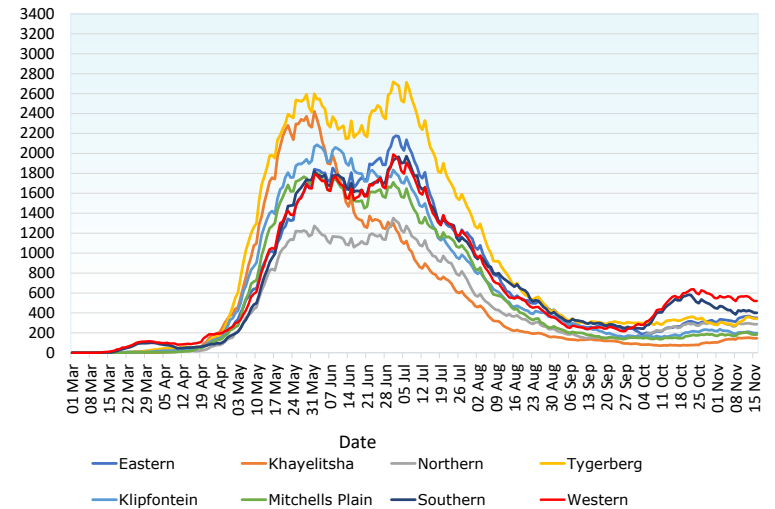
1. Overberg: No outbreaks noted. Overstrand and Theewaterskloof still seeing an increase in cases, but low numbers. Gansbaai has the most active cases in Overstrand, while Caledon has the most active cases in Theewaterskloof.
2. Central Karoo: nil new to report; Beaufort West had seen increase over the weekend, but nothing further today
3. NTSS: Cases currently steady but expecting a spike after students living in residence at UWC tested positive. CST underway at UWC today and tomorrow.
4. KESS: increase in Eastern, nothing significant. A few clusters.

# Active cases by area

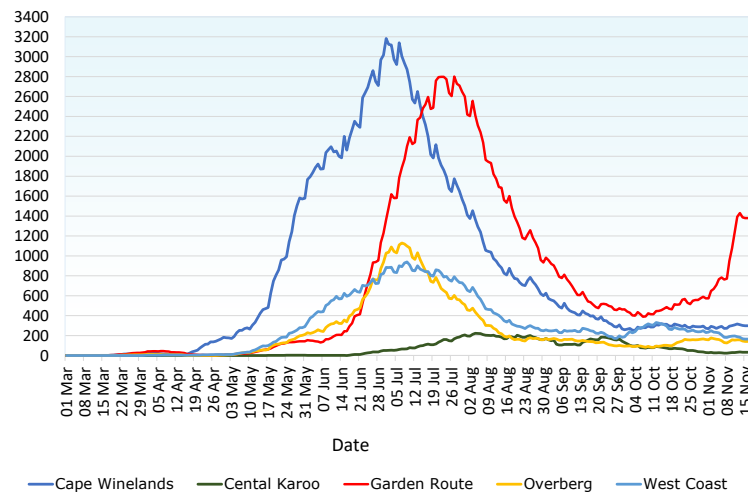
**Active Cases over time for Western Cape Province (Metro and Rural)**



**Active Cases over time for the Metro**



**Active Cases over time for Rural Districts**





8/16/2020

11/18/2020

## Metro Resurgence Overview

Health Impact Assessment

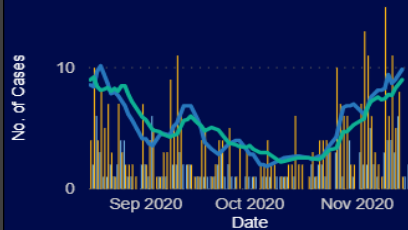
WC Department of Health

Last Updated:

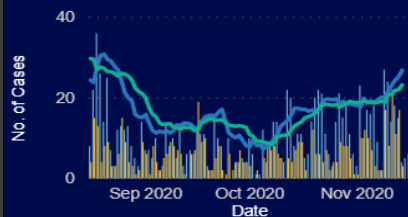
Wednesday, 18 November 20...

Southern

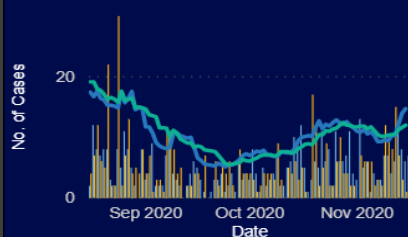
### Khayelitsha



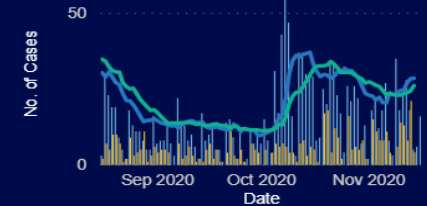
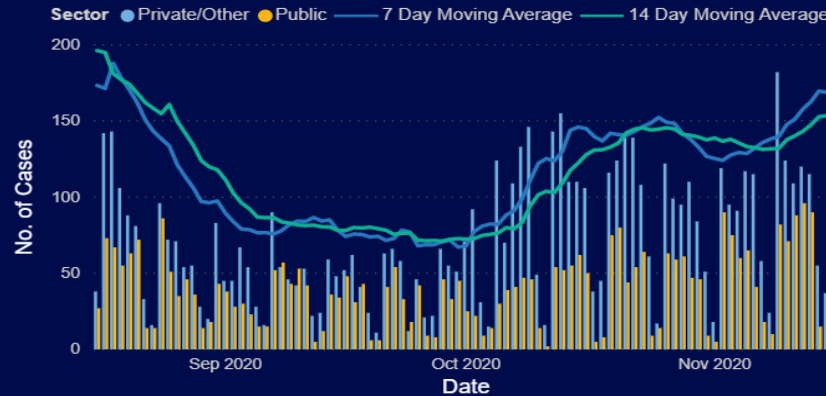
### Eastern



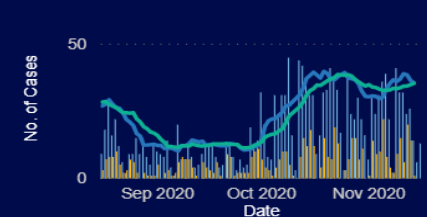
### Klipfontein



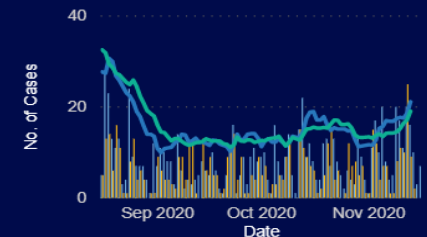
### Metro Overview: No. of Cases with 7 and 14 Day MA by Date and by sector



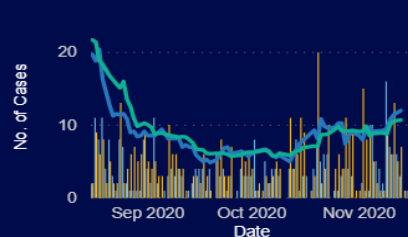
### Western



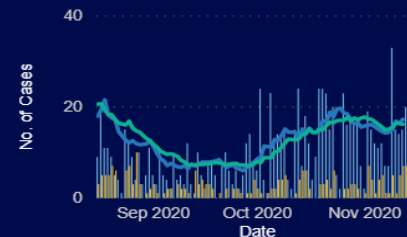
### Tygerberg



### Mitchells Plain



### Northern



## Metro

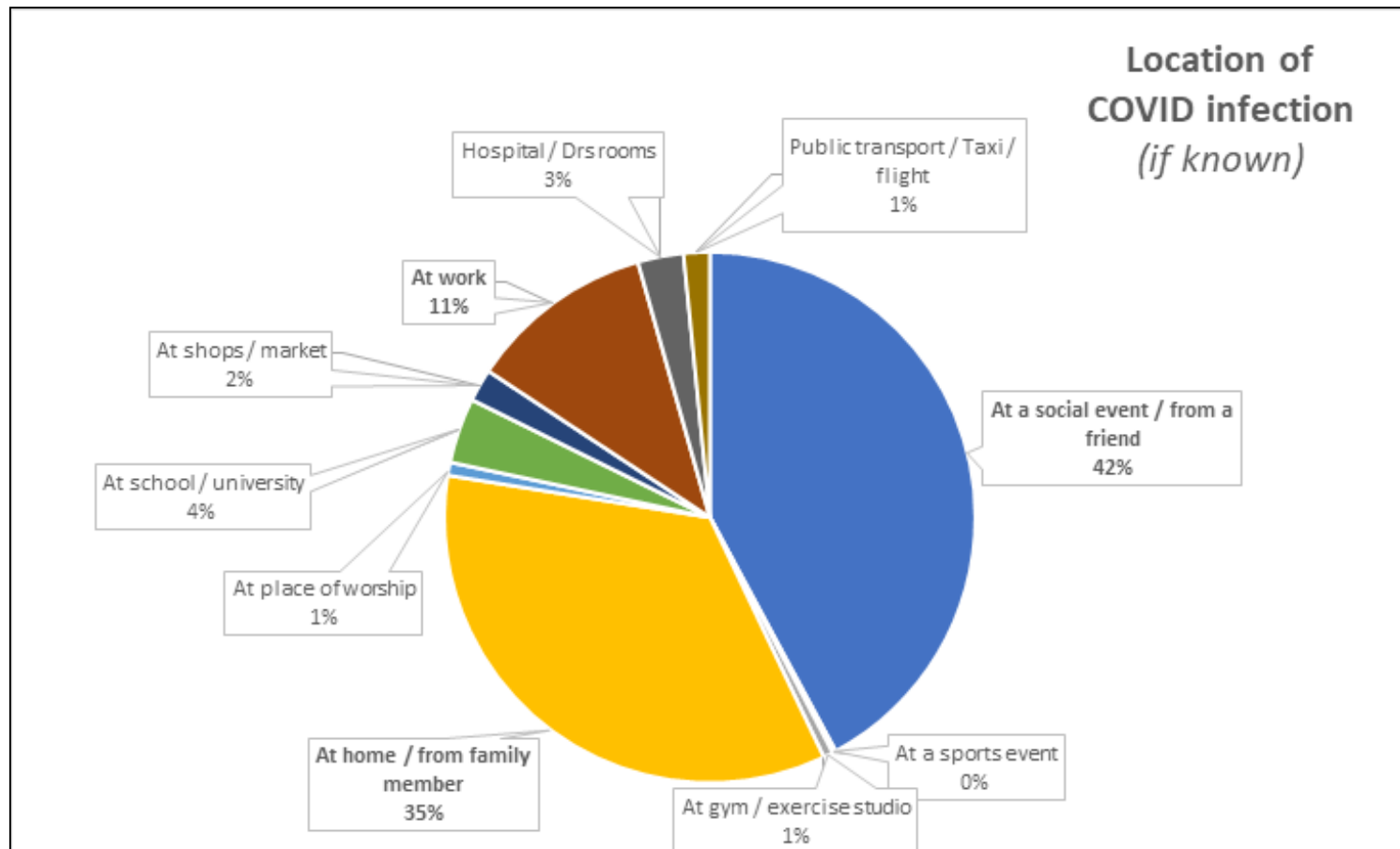
The Metro shows an increasing 7 and 14 day moving average of cases.

All sub-districts within the Metro are showing an increase in cases. The increase in cases in the Metro is contributing to the rising provincial numbers.

While we are actively managing the Garden Route outbreak, we must be mindful that a sudden increase in cases in the Metro will have a significant impact on the cases in the Province. The Metro is an area of concern.



## Surveillance: SWSS Review of October Cases



SWSS tried to understand where cases were being infected by asking every case: “Where do you think that you contracted COVID?”. 77% of cases indicated that they didn’t know. Of the 23% of cases that did offer a response, the overwhelming majority indicated that they were infected by a family member / at home or at a social event / from a friend. This may help to inform our health promotion/prevention messaging in SWSS.





8/27/2020

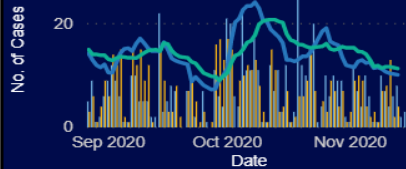
11/18/2020

## Rural Resurgence Overview

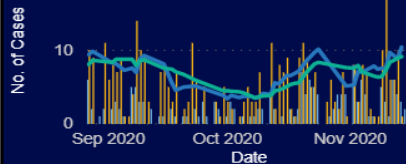
Health Impact Assessment  
WC Department of Health  
Last Updated:  
Wednesday, 18 November...



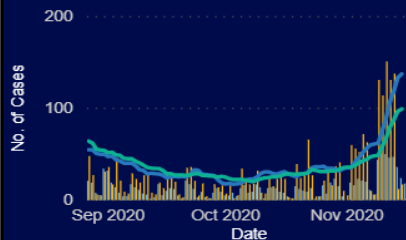
### West Coast



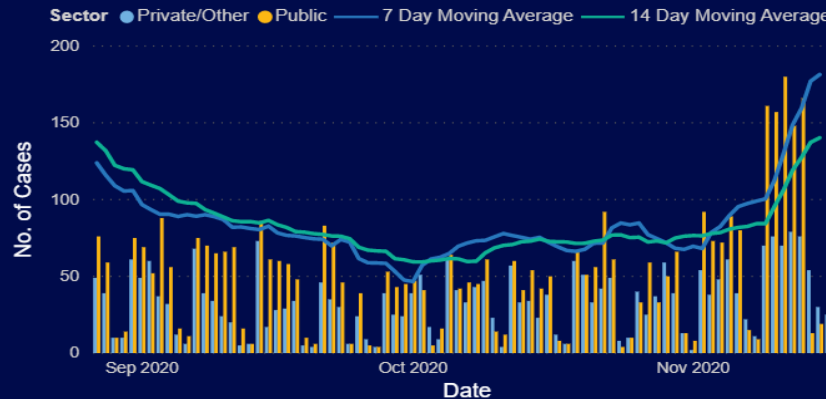
### Overberg



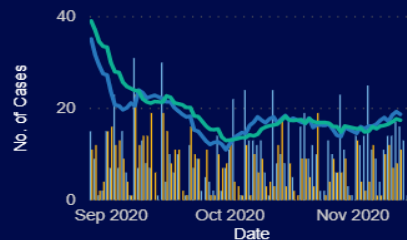
### Garden Route



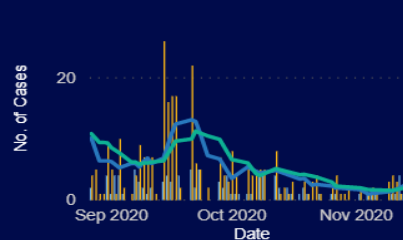
### Rural Overview: No. of Cases with 7 and 14 Day MA by Date and by sector



### Cape Winelands

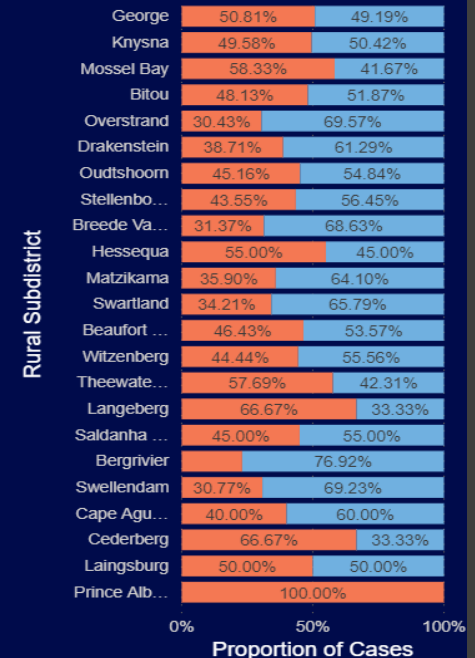


### Central Karoo



### Proportion of Cases by Subdistrict for last 7 days vs 7-14 days ago

● <7 days ago ● 7-14 days ago



## Rural

Rural as a whole shows a sharp increase in cases. Upon closer inspection you see that it is the Garden Route district driving the outbreak.

The Garden Route cases continues to increase week on week.

# Triangulating with wastewater – Cape Town Metro

## SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM

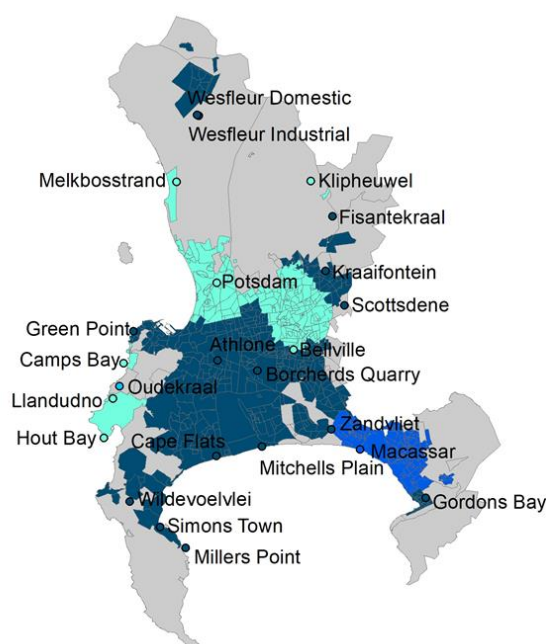
WEEK 46  
update

City of Cape Town – expanded to 24 wastewater treatment plants

Week 46 - 9 November 2020 - RNA copies/ml



Week 47 - 16 November 2020 - RNA copies/ml



Generally increased levels of SARS-CoV-2 RNA in wastewater across the City compared to last week especially  
Wesfleur (Atlantis)  
Athlone  
Cape Flats  
Borcherds Quarry\*  
Wildevoevlei  
Macassar  
Gordons Bay

\*May be due to change in sampling day

**\*Note:** RNA copies categories adjusted weekly, according to the inter quartile range.

### Legend

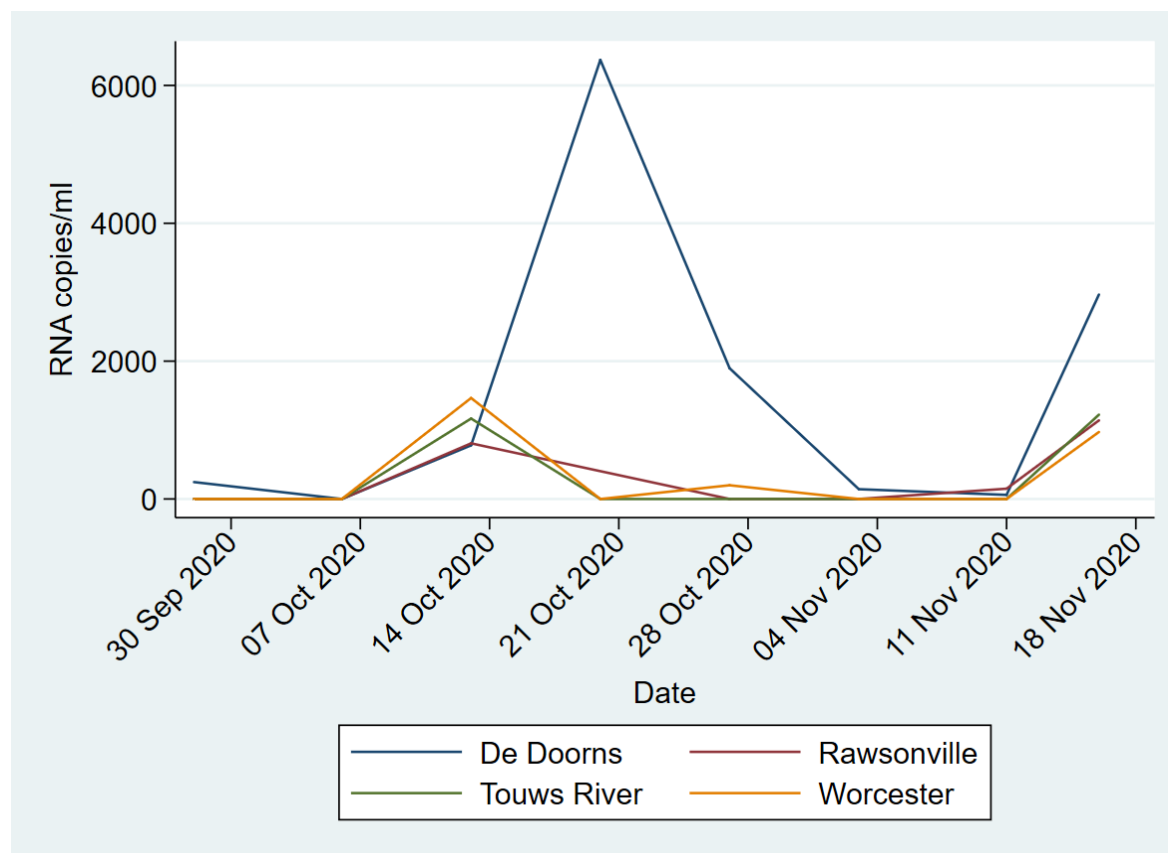
#### Categories

1 - 0 - 250
2 - 251 - 500
3 - 501 - 750
4 - ≥ 751
n/a - not sampled

## SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM

Week 46  
update

### Breede Valley Municipality – 4 wastewater treatment plants



Increase in SARS-CoV-2 RNA in all wastewater treatment plants in Breede Valley especially De Doorns

# Update on the recovery and reset strategy & acute service platform response



# Recovery and Reset Strategy

1. **Continue to be vigilant and manage COVID-19, with agility:**
  - a) **Surveillance and outbreak response – daily surveillance huddles**
  - b) **Maintain behaviours to contain the spread - via JOCs & Hotspots & WoSA**
  - c) **Scale up health platform capacity, as needed – scaled plan, with trigger points**
2. **Re-introduce comprehensive health services, in a different way:**
  - a) Prioritise the most essential and highest impact activities
  - b) Re-design how we render these essential activities, within a COVID reality
  - c) Align with the WCG recovery strategy for **safety, well-being** and **jobs**
3. **Strengthen our organisational capacity towards Universal Health Coverage (UHC):**
  - a) Intentional learning and introducing a **evidence-informed, data-led** approach
  - b) Move towards key system levers for UHC, e.g. strategic purchasing
  - c) Adaptive governance and leadership for resilience, with focus on our people

# Making safe behaviour choices – managing the risks

#StaySafeMoveForward

## MAKE SAFER CHOICES

We're all eager to get back to our pre-Covid-19 lives.  
**Managing the risks can help us get there faster.**




**Think about ventilation.** Ensure the venue you are at has its windows open. If they don't, ask them to open the windows.



#StaySafeMoveForward

## MAKE SAFER CHOICES

We're all eager to get back to our pre-Covid-19 lives.  
**Managing the risks can help us get there faster.**



**Think about the higher risks of being indoors.** Make sure doors and windows are open, keep your mask up, and keep a safe distance.



#StaySafeMoveForward

## MAKE SAFER CHOICES

We're all eager to get back to our pre-Covid-19 lives.  
**Managing the risks can help us get there faster.**



**Avoid crowds and confined spaces.** Remember that masks, a safe distance and good ventilation will lower the risk of spread.



#StaySafeMoveForward

## MAKE SAFER CHOICES

We're all eager to get back to our pre-Covid-19 lives.  
**Managing the risks can help us get there faster.**



Think about the smart choice – **Inviting people over? Keep your gathering small and outdoors**



# Acute service platform – general comments

1. Currently **752 Covid patients** in our **acute hospitals** (**370** in **public** hospitals & **382** in **private** hospitals)
2. **Hospitalisations** has been **increasing** whilst we still maintain the capacity to manage comprehensive clinical (non-COVID) services.
3. The **metro hospitals** are running at an average **occupancy rate of 80%**; **rural hospitals** are running at an average occupancy rate of **75.8 %**.
4. COVID & PUI cases make up **4 %** of hospital admissions **in the metro** and **8.75 %** of hospital admissions **in the rural areas**.
5. The **Hospital of Hope** (Brackengate) currently has **45 patients** (759 admissions to date), and **Sonstraal** has **3 patients** (16 TB patients).
6. The **oxygen utilisation** remains stable (**34.08 % of available capacity**) and the **mass fatality centre** has admitted **414 bodies to date** (currently 6).



# METROPOLE ACUTE CARE AVAILABILITY & UTILISATION

	Operational Beds	Filled Beds	Available Beds	BUR %
TBH - Tygerberg Hospital	1,256	1,046	210	83%
GSH - Groote Schuur Hospital	825	636	189	77%
RXH - Red Cross War Memorial Children's Hospital	198	166	32	84%
NSH - New Somerset Hospital	330	271	59	82%
ERH - Eerste River Hospital	185	134	51	72%
FBH - False Bay Hospital	76	48	28	63%
HHH - Helderberg Hospital	196	136	60	69%
KHA - Khayelitsha Hospital	341	326	15	96%
KBH - Karl Bremer Hospital	360	262	98	73%
MPH - Mitchells Plain Hospital	426	344	82	81%
VHW - Victoria Hospital	182	140	42	77%
WFH - Wesfleur Hospital	58	31	27	53%
<b>Totals</b>	<b>4,433</b>	<b>3,540</b>	<b>893</b>	<b>80%</b>

Operational Beds = Beds that are Equipped and Staffed

Bed Utilisation Rate = % Operational Beds Occupied

**OCCUPANCY IN METRO ACUTE CARE PLATFORM IS 80% , 4% COVID**



# Conclusions

## Concluding remarks

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1. We continue to see an **increase in cases** in **specific geographic areas** (especially Garden Route), and our local teams are vigilant and responsive.
2. A key concern remains **non-adherence to protective behaviours** – there is a big need for **targeted behaviour change** interventions.
3. The **hospitalisation data** has shown an **increase at this point** whilst **mortality rates remain stable** – we are monitoring this closely.
4. We continue **scaling up comprehensive health services** in a **balanced manner**, and are **planning to scale up COVID capacity** as required, in the least disruptive manner.
5. It is essential to ensure a **strong focus on surveillance and containment** for the next **18-24 months**, while we deal with the **challenges of the recovery plan**, in the face of significant **upcoming budget challenges**.

# Thank you