

Western Cape Government

Health

Extended Cabinet

Health Update

Dr K Cloete

3 March 2021



Overview

- 1. Surveillance & Response Update
- 2. Health platform COVID response
- 3. Well-being of health care workers
- 4. Vaccine strategy
- 5. Conclusions



Surveillance & Response Update



Integrated testing, case, hospitalisation and mortality trends





Current reproduction number





Garden route







Overberg



Approximated based on smoothed doubling times



Provincial Overview

- For the seventh consecutive week, COVID-19 cases across the Western Cape have declined.
- Using 7 day moving averages of new infections, confirmed cases have declined a further 16%, while admissions and deaths have dropped by 22% and 26% respectively.
- The proportion positive has dropped further to 7.27% on 25 February 2021

Triangulating with wastewater



SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM

WEEK 2021 8

City of Cape Town, Breede Valley AND Overberg



Metro:

Decrease/sustained low SARS CoV-2 RNA across most treatment plants with none detected at 9 treatment plants (previously 17). Increase in SARS-CoV-2 RNA >1000 copies/ml at :

Athlone

-

-

- Camps Bay
- Cape Flats
- Mitchells Plain
- Wesfleur domestic
- Borcherd's quarry



Breede Valley:

Average SARS CoV-2 RNA in all treatment plants ± same as prev. wk. Decrease in SARS-CoV-2 RNA in De Doorns

Theewaterskloof:

SARS CoV-2 not detected at any treatment plants

South Africa and Western Cape – expectations about 3rd wave

- National MAC technical working group with involvement of WC epidemiologists
- 3rd wave is likely but uncertainty about likelihood, timing, location and magnitude of resurgence, could be driven by:



Immunity has increased in second wave – SARS-CoV-2 Seroprevalence by province and "race group" among blood donors (Jan 2021)



Pattern of inequality and spatial geography might result in ongoing risks differing extensively by location and socio-economic status

Clusters of cases

cases clustered in time/space & common exposure



Workplace



Western Cape cases over time



Community transmission

cases not linked to transmission chains OR multiple unrelated clusters in several areas



Extensive containment measures to prevent/delay community transmission

Containment ineffective;

focus on mitigation:

- ↑ services to reduce morbidity & mortality
- prevent overwhelmed health services through public health & social measures
- Not critical to identify all cases
- may include targeted containment e.g. LTCF

Surveillance strategies in the "post-wave" period

Surveillance objective & purpose Determine proportion previously infected by place and person to assess 2nd wave severity, & future infection risk



- Seroprevalence:HSRC household survey
- NICD household survey
- Residual HIV VL & diabetic HbA1c specimens (sentinel; public & pvt)
- Blood donors



Identify rate, areas & molecular characteristics of new infections for early ID of resurgence to inform targeted interventions; identify variants

Track data on new cases; proportion positive

Molecular testing

Wastewater testing for SARS-CoV-2 RNA



Identify individual new cases for I & Q of contacts for containment of outbreaks around a case

Identifying people with COVID-19 symptoms (community awareness or daily screening in high risk/closed settings)

SARS-CoV-2 PCR or antigen testing of symotomatic

SARS-CoV-2 PCR or antigen testing of asymptomatic contacts (can be considered for high risk/ closed settings)

All approaches can be applied to whole population or to specific settings e.g. Health Care Workers / Long-term Care Facilities / Correctional Services Facilities / Schools

Surveillance approach

WHO?

Repeating seroprevalence in February 2021 using residual sera

		Number of specimens				
Patient group	Facilities	Metro	Rural			
Diabetics	Public sector	1600 (200 per subdistrict)	900 (200 per district; 100 for Central Karoo)			
Diabetics	Private sector	1000				
Paediatrics	RXH & TBH	600				
HIV VL	Public sector	1600 (200 per subdistrict)				

Containment and Mitigation strategy for a third wave





The health platform COVID response



Acute Care Availability & Utilisation per Drainage Area



WCDOH: Daily Operational Bed Status Dashboard as at 02/03/2021

						BUR % for	BUR % for
Drainage Area	Filled				Designated	Designated	
	Operational	Beds		COVID	% Covid	Covid	Covid
	Beds		BUR %	BUR %	patients	Beds(General	Beds(Critical
Cape Town /Metro	5 054	4 297	<mark>85</mark> %	15%	<mark>6</mark> %	14%	32%
George	913	609	67%	19 %	10%	20%	8%
Paarl	940	664	71%	25%	10%	23%	100%
Worcester	783	573	73%	27%	17%	26%	37%
SubTotal WCDOH	7 690	6 143	80%	18%	8%	17%	32%

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

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



Oxygen utilisation – general comments

- The combined oxygen utilisation in the Western Cape Public and private hospital sectors is 28.43 tons/day (after a peak of >80 tons/day)
- The combined public- private utilisation is now below the maximal production capacity of 70 tons/day at the Afrox Western Cape plant.
- 3. The public sector **daily bulk oxygen** consumption is **25.65%** of the Kuilsriver plant daily production for the 7 day period ending 5st February (compared to **81.69%** for the period ending 15th January at our peak oxygen consumption).
- 4. The department's **total bulk oxygen** consumption has reduced to around **17.17** tons daily when compared to **51 tons** daily in the first week of January.
- 5. The Western Cape now have **sufficient oxygen tankers** allocated for the daily delivery of oxygen supplies.
- 6. We will **continue to monitor the utilisation of oxygen** over the coming weeks, with a view to managing the supply and demand effectively for the 3rd wave.



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







Vaccine Implementation update



Vaccine Update: J&J Sisonke Programme

- Since the launch of the J&J Sisonke Programme took place on 17
 February 2021 at Khayelitsha District Hospital, the first tranche of vaccines
 have covered the period 17 February to 28 February 2021.
- 2. The following vaccination **sites** were activated for tranche 1:
 - Groote Schuur Hospital
 - Tygerberg Hospital
 - Khayelitsha District Hospital
 - Karl Bremer Hospital

3. 12 995 health care workers have been vaccinated by 28 February 2021.



Vaccine update: Efficacy of J&J Vaccine

	J&J Vaccine Trial Results announced Jan 29 2021	J&J Vaccine Trial Results in FDA Brief
VE against moderate to severe COVID-19 in all geographic areas 28 days after vaccination	66%	66.1%
VE against moderate to severe COVID-19 in all geographic areas 14 days after vaccination	Not Reported	66.9%
VE against severe COVID-19 in all geographic areas 28 days after vaccination	85%	85.4%
VE against severe COVID-19 in all geographic areas 14 days after vaccination	Not Reported	76.7%
VE against moderate to severe COVID-19 in South Africa 28 days after vaccination	57%	64%
VE against moderate to severe COVID-19 in South Africa 14 days after vaccination	Not Reported	52%
VE against severe COVID-19 in South Africa 28 days after vaccination	Not Reported	81.7%
VE against severe COVID-19 in South Africa 14 days after vaccination	Not Reported	73.1%



Vaccine update: Prioritisation for Phase 1 for J&J Vaccine

Phase I

- Health Care Workers :
 - Public & Private Health Sectors
 - Care Workers
 - CHWs
 - Health Science students
 - Traditional Healers

• Estimated target:

• 132 000



It is anticipated that we will be able to cover 40% of health care workers over the 8 week period with the limited doses being received via the Sisonke Programme. Sequencing of staff according to age, vulnerability by comorbidities, risk of exposure and criticality of setting within facility; is in place.

The WCG supports a process that tries to ensure equitable access to the vaccine programme for staff from across the entire service platform (public and private), from acute hospitals to EMS and PHC (incl. CHWs) both within WCG: Health and City of Cape Town.

Vaccine Update: Tranche 1 and Tranche 2

17 – 28 Feb

13 160 doses

- All doses received in one batch
- Allocation:
 - \circ Public Sector = 67%,

Private Sector = 33%

 Only public sector hospitals but vaccinating both public and private

01 – 15 March

13 068 doses

- Deliveries: 1st delivery of 6 160
 received on 28 February and the 2nd
 delivery of 6 908 on 06 March
- Allocation:
 - Public Sector = 64%, Private
 Sector = 36%
- Private sector hospital sites brought on board



Vaccine Update: Sites

17 – 28 Feb

Groote Schuur Hospital

Tygerberg Hospital

Khayelitsha District Hospital

Karl Bremer Hospital

01 – 15 March

Groote Schuur Hospital

Tygerberg Hospital

Khayelitsha District Hospital

Karl Bremer Hospital

Melomed Gatesville (Private Sector)

George Hospital

Worcester Hospital

Paarl Hospital



Phase 2 - four important considerations

- 1. There is **urgency** to maximise the vaccination of the **priority categories** within the next three months (March-Apr-May) to mitigate the impact of a third wave:
 - Phase 2 will go a long way to reducing mortality amongst the most vulnerable and protecting the health system from being overwhelmed.
- 2. There needs to be an **efficient delivery system** that can enable quick access to the vaccines by the largest number of people in the shortest space of time.
- 3. Given the limitation of vaccine availability, **contingency plans to procure additional vaccines** for the country and the province will be urgently explored.
- 4. Prioritisation/ sequencing for the phase 2 needs to be urgently refined so there is a readiness to titrate access of the most vulnerable with the available doses to achieve greatest impact on reducing mortality:
 - The MAC on vaccines and the Expert Advisory Committee is finalising their recommendations on Phase 2.



Global lessons from mass vaccination programmes

Lessons learned from Global COVID-19 Vaccination Programmes









Western Cape C-19 vaccine roll out Steercom

The steering committee will comprise the following members:

- HOD: WCG: Health (Chair) supported by EXCO and CD: ECSS
- IEC representative
- City of Cape Town plus Rural Municipality representatives
- Business sector representative
- Private Health sector representative
- Department of Local Government representative
- Department of the Premier representative
- Provincial Treasury representative
- Faith-based Leaders representative
- Organised labour representative
- Civil society representative

Inaugural meeting of Steering Committee took place on 02 March 2021.



Conclusions



© Western Cape Government 2012

- The 2nd wave has subsided in the Western Cape, with a clear and consistent decline in cases, hospitalisation and deaths.
- 2. Our local teams remain on high alert for surveillance & response to localised clusters, during this period of containment.
- 3. We should remain vigilant and continue to **adhere to protective behaviours to reduce new cases** – while restrictions are lifted, in anticipation of a 3rd wave.
- 4. Our health care workers have faced significant mental and emotional strain during the 2nd wave. We continue our process of grieving and healing.
- The emerging evidence of vaccine efficacy against 501Y.V2 will impact on vaccine availability over the coming months.
- We will gear up the implementation of vaccines as the key drive against COVID over the coming months.



Thank you

