Western Cape Government

FOR YOU

Health

Digital Press Conference

Update on COVID-19 and Vaccination Roll-out

Dr K Cloete

29 December 2021

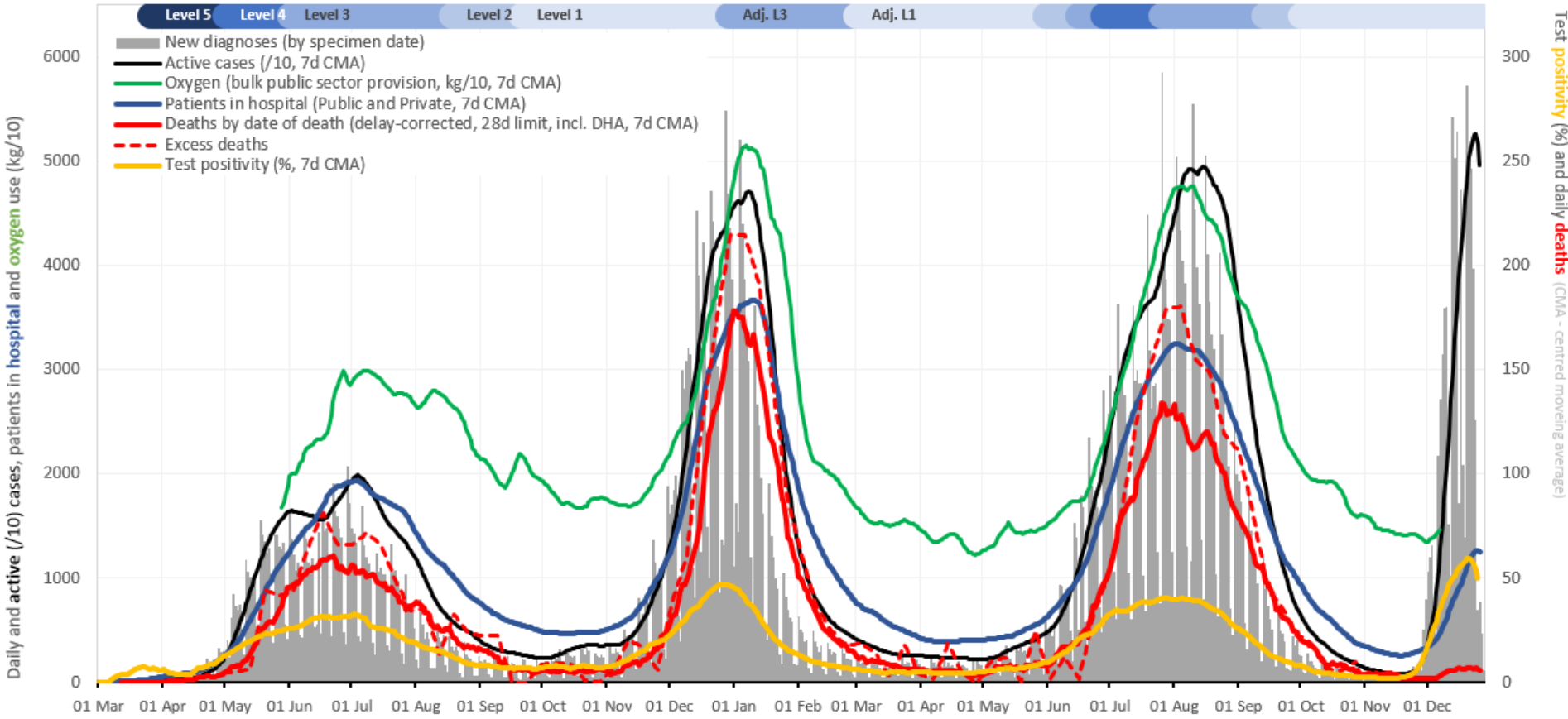
Overview

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

COVID Surveillance Update

Western Cape Government

Integrated testing, case, hospitalisation and mortality trends



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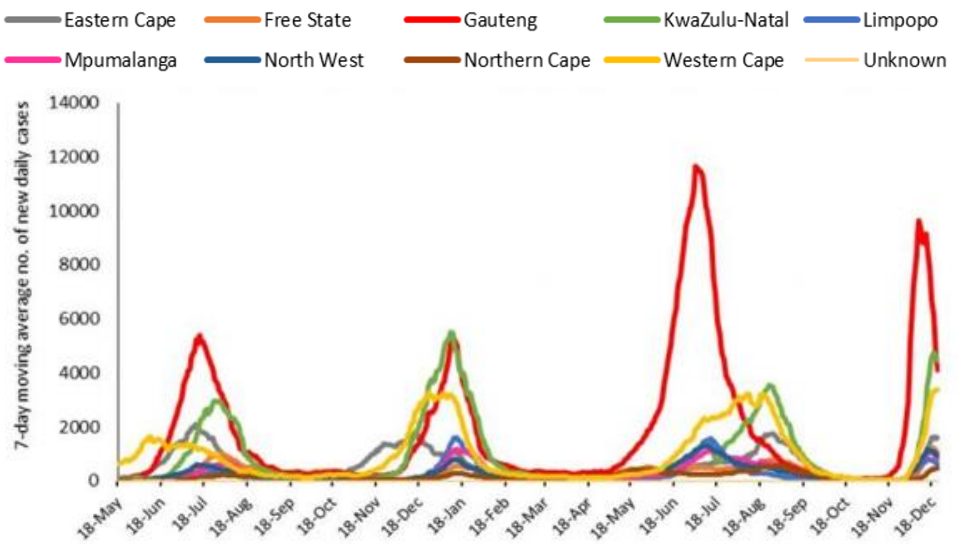
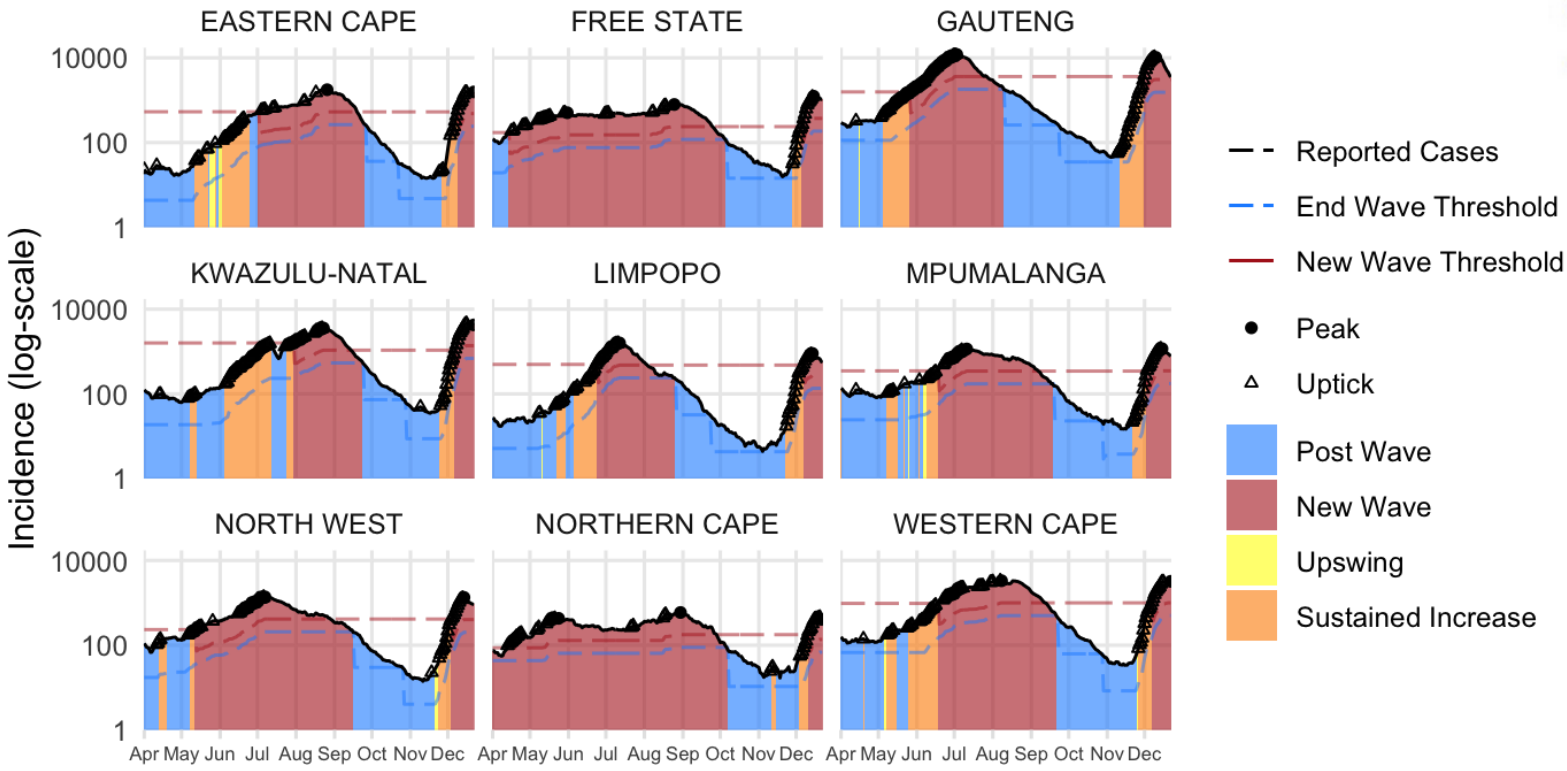
National trends

- Steep decrease in Gauteng cases
- Possible flattening of case numbers seen in most other provinces
- All provinces still remain in 4th wave



7-day moving average of new cases by province



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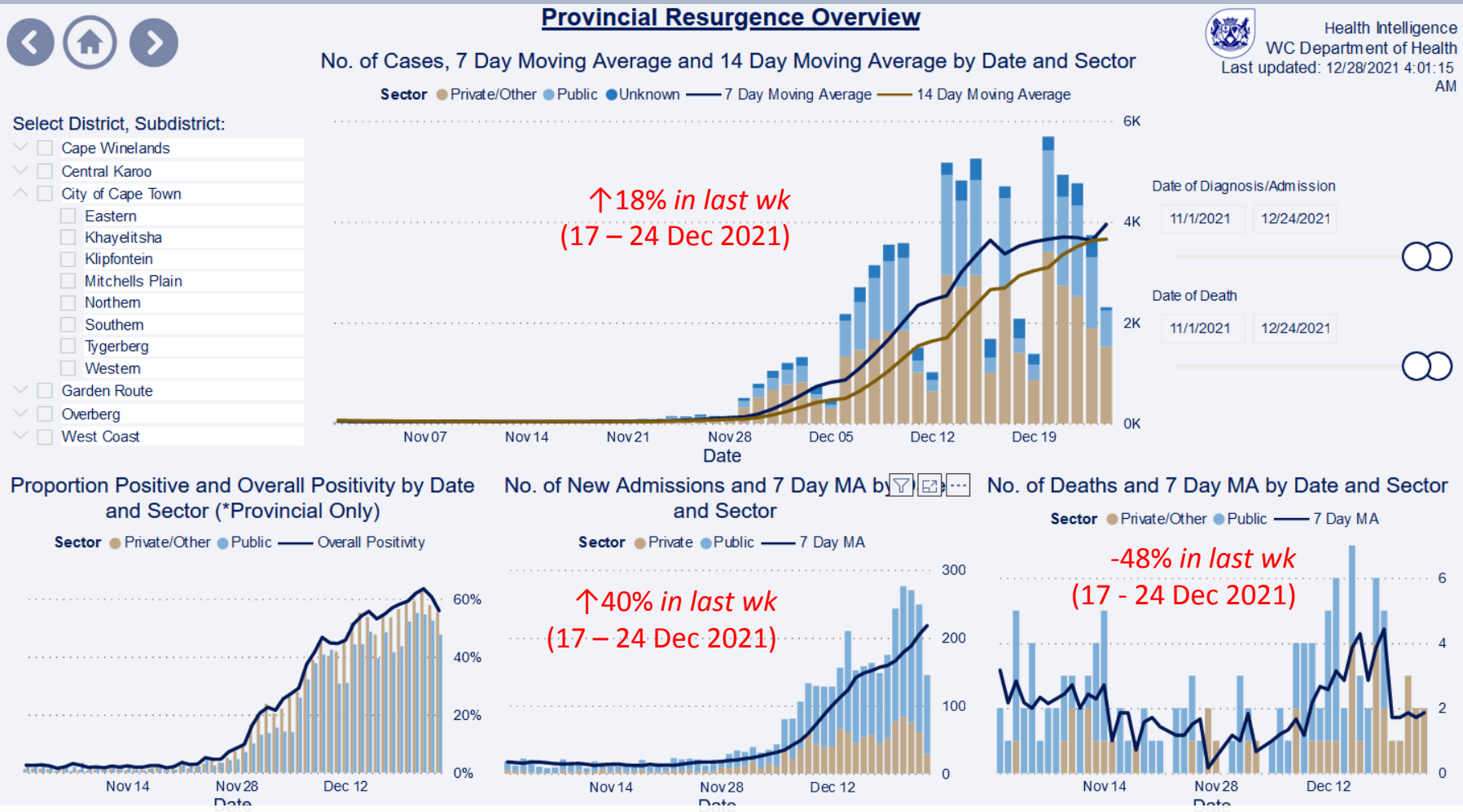
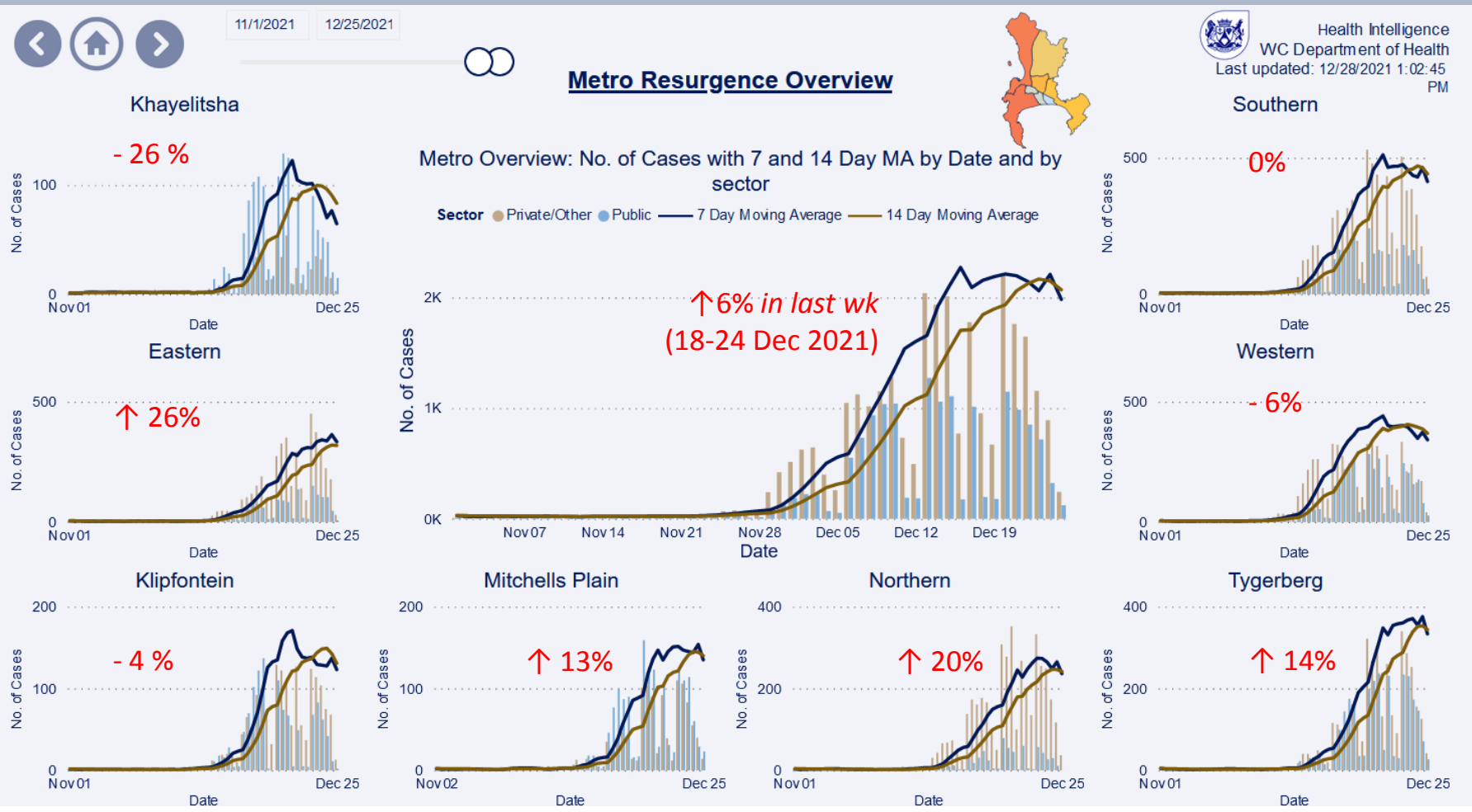
Division of the National Health Laboratory Service

SOUTH AFRICAN COVID-19 MODELLING CONSORTIUM



Provincial Overview

- The slowing down of cases may be due to **public holidays** & **restricted testing.**
- Nevertheless, we continue to see high case numbers, with on average **around 4000 new diagnoses per day**.
- The **proportion positive** has decreased slightly to an average of **58%** now.
- **Admissions** are **increasing** with **217 admissions per day**. Deaths remain low with **2 deaths daily**.

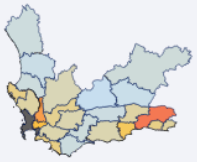


Metro Overview

- Overall, there is a slowing down of case increases in the Metro, with some subdistricts like Western, Khayelitsha and Klipfontein showing a decrease in cases.

11/1/2021 12/26/2021

Rural Resurgence Overview



Health Intelligence
WC Department of Health
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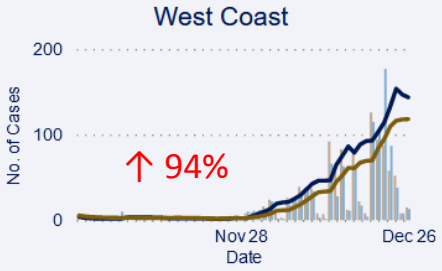
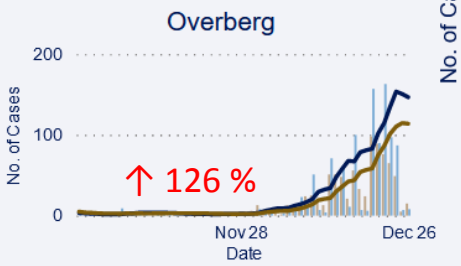
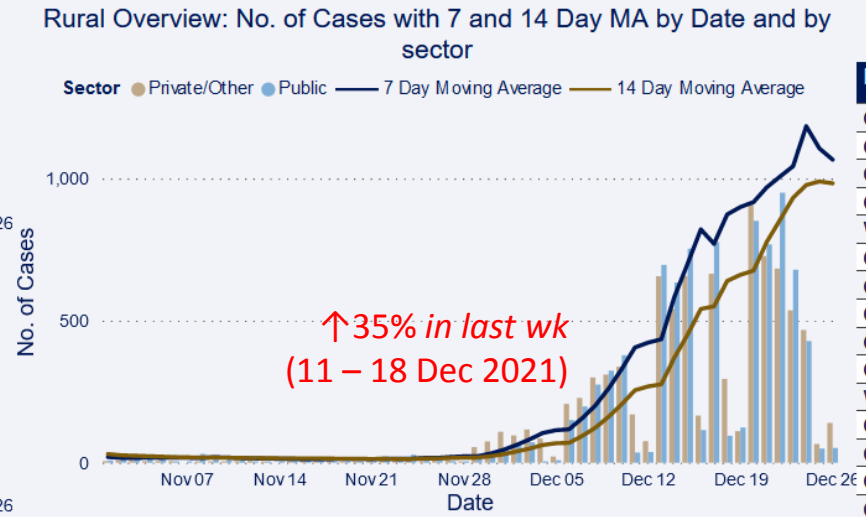
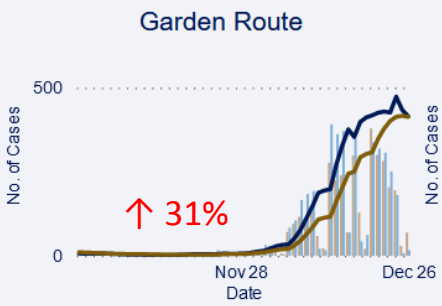


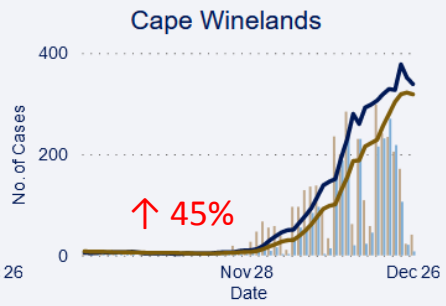


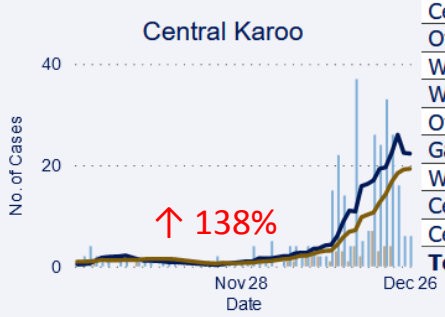


No. of Cases by Rural Subdistrict

District	Subdistrict	No. of Cases
Garden Route	George	3,118
Cape Winelands	Drakenstein	2,358
Cape Winelands	Stellenbosch	1,676
Garden Route	Mossel Bay	1,317
West Coast	Saldanha Bay	1,019
Overberg	Overstrand	968
Garden Route	Knysna	957
Cape Winelands	Breede Valley	863
Garden Route	Bitou	737
Garden Route	Oudtshoorn	696
West Coast	Swartland	687
Overberg	Theewaterskloof	618
Cape Winelands	Langeberg	608
Garden Route	Hessequa	602
Cape Winelands	Witzenberg	534
Central Karoo	Beaufort West	228
Overberg	Swellendam	211
West Coast	Bergrivier	201
West Coast	Matzikama	200
Overberg	Cape Agulhas	188
Garden Route	Kannaland	165
West Coast	Cederberg	110
Central Karoo	Prince Albert	85
Central Karoo	Laingsburg	36
Total		**18,182**



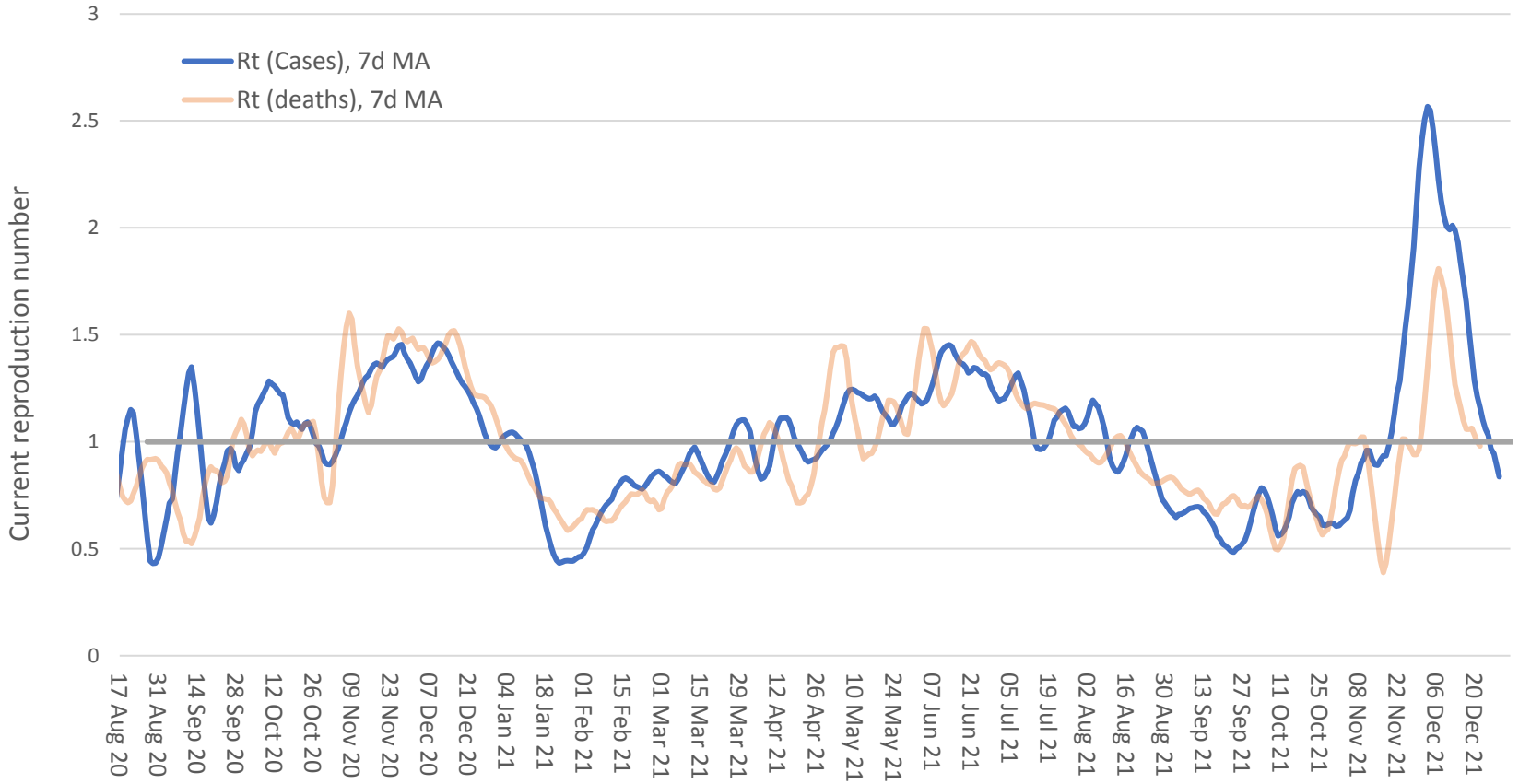




Rural Overview

- The Rural districts are still seeing an increases in cases, although this increase has slowed when compared to previous weeks.

Reproduction number



Reproduction number back around 1

(noting more irregular data and more public holidays this time of year)

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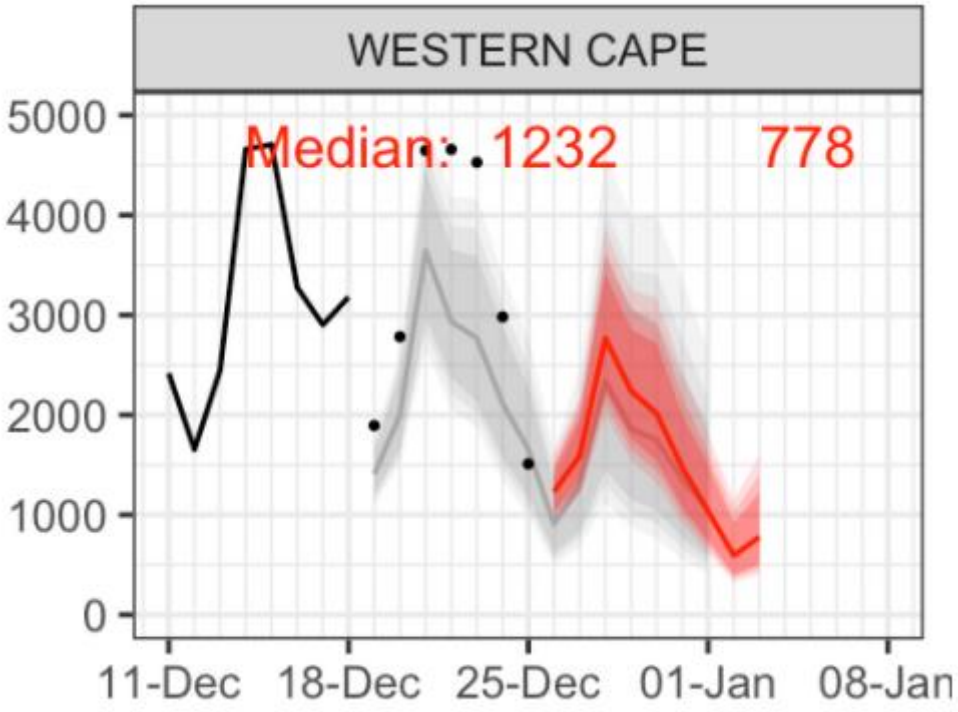
Health

Short term predictions from SACMC – new cases

- Actual case numbers generally higher than the prediction line for the past week.
- Expecting fewer cases in the coming week but uncertainty as

  public holidays & restricted testing affecting testing patterns.



Black line:
previous cases

Grey line:
forecast for this week

Dots:
actual cases

Red line:
Prediction for next week

Western Cape Government

SACMC

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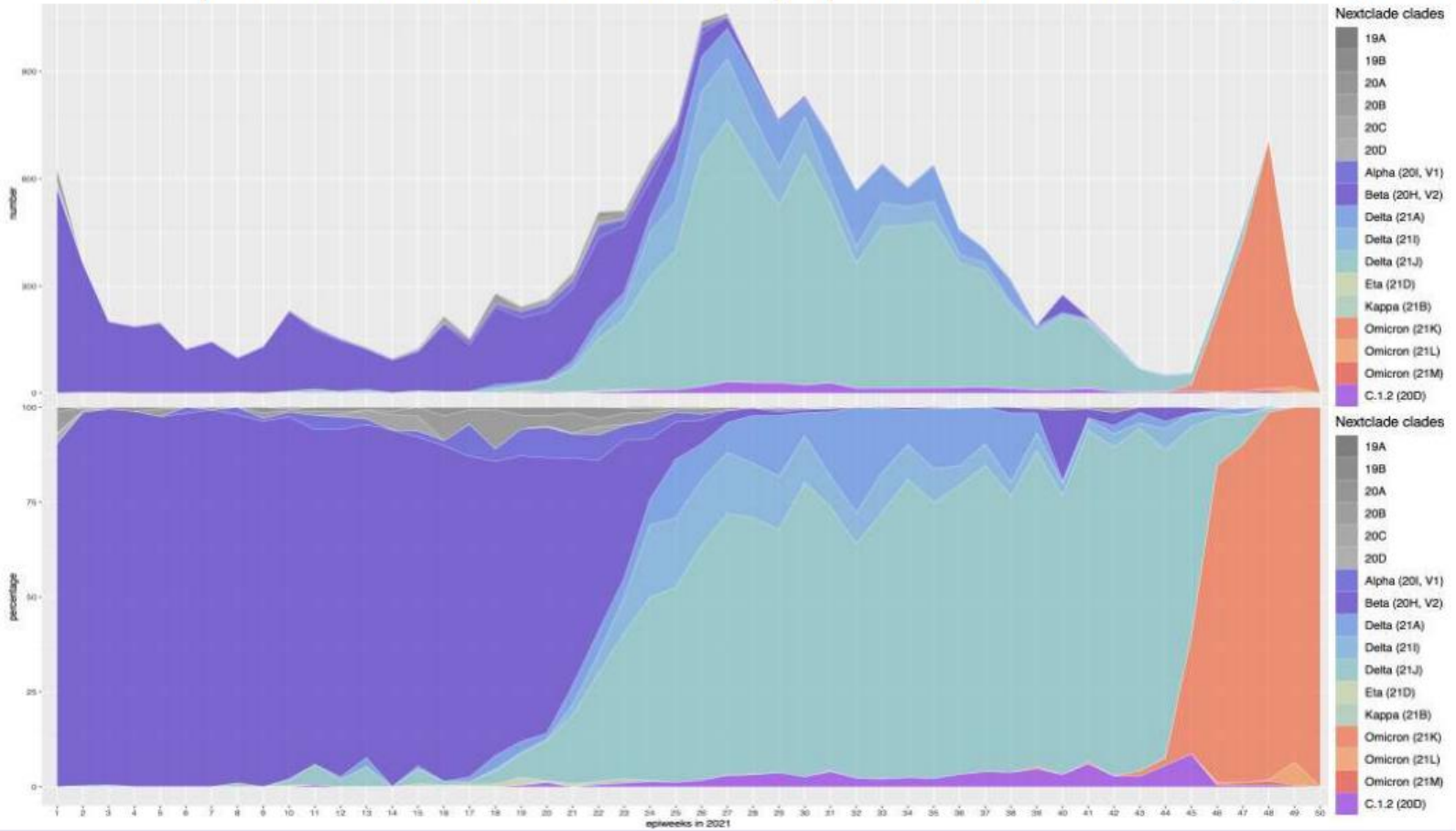
Network for Genomic Surveillance in South Africa

Update on omicron in South Africa

Proportion and number of clades by epiweek in South Africa, 2021 (N= 19 653)



Sequencing data ending epi week 50 (ending 18 December 2021)

Currently in epi week 51 (ending 25 December 2021)

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

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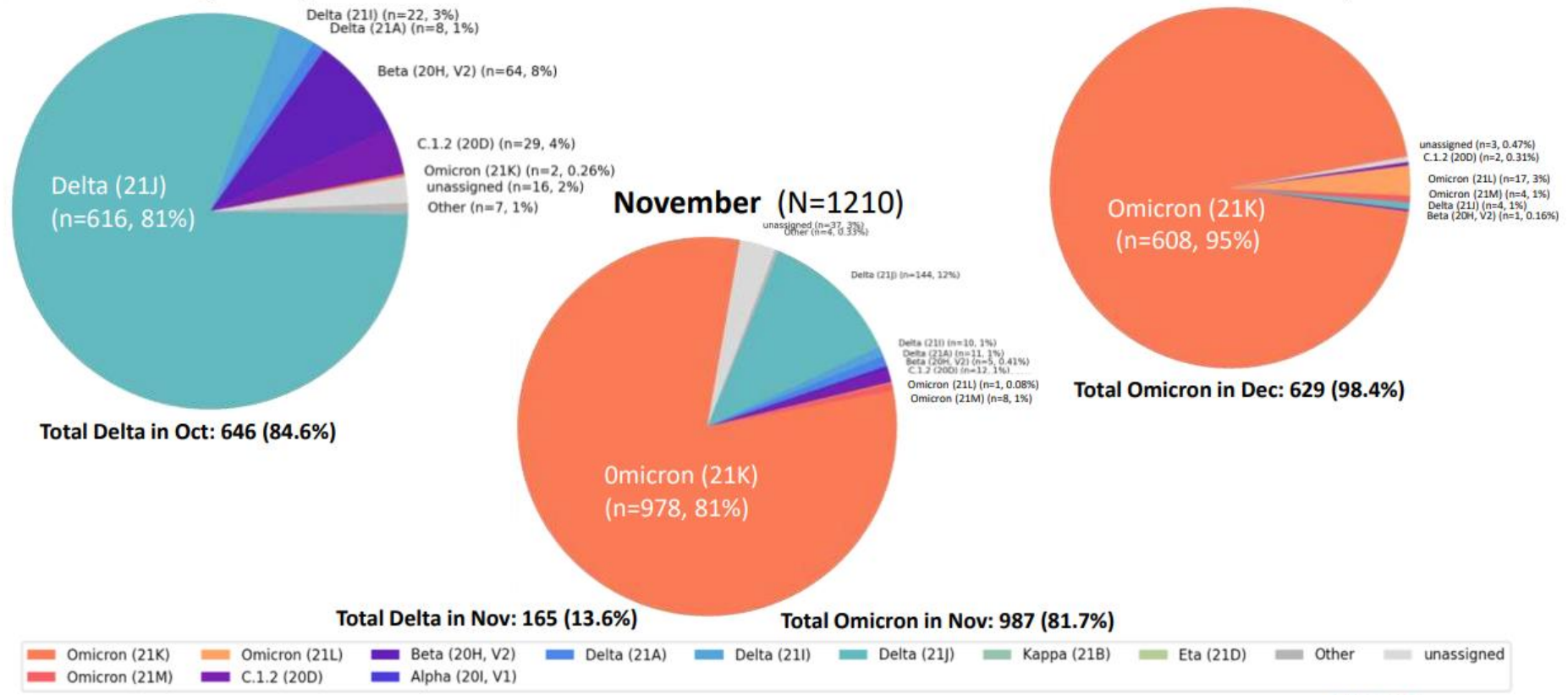
Update on omicron in South Africa

Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in October – December 2021



The Delta variant dominated in October in South Africa with >80% frequency. Omicron was detected at very low levels (0.3%, 2/764) in October. Omicron dominated in November, comprising 82% (987/1210) of sequences, and appears to still dominate in December (98%, 629/639)

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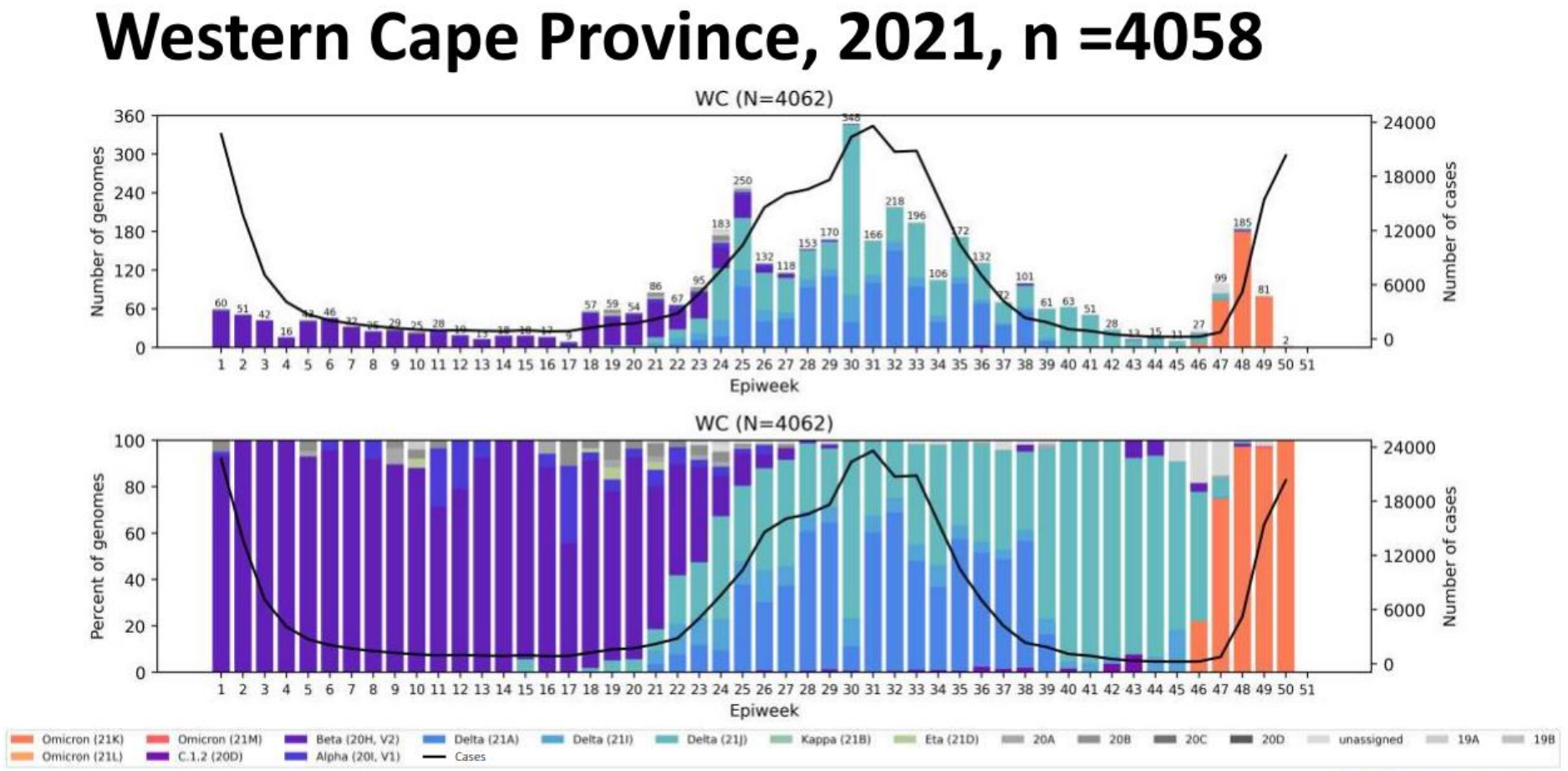
Update on omicron in Western Cape



Nearly all cases in December in Western Cape are omicron.

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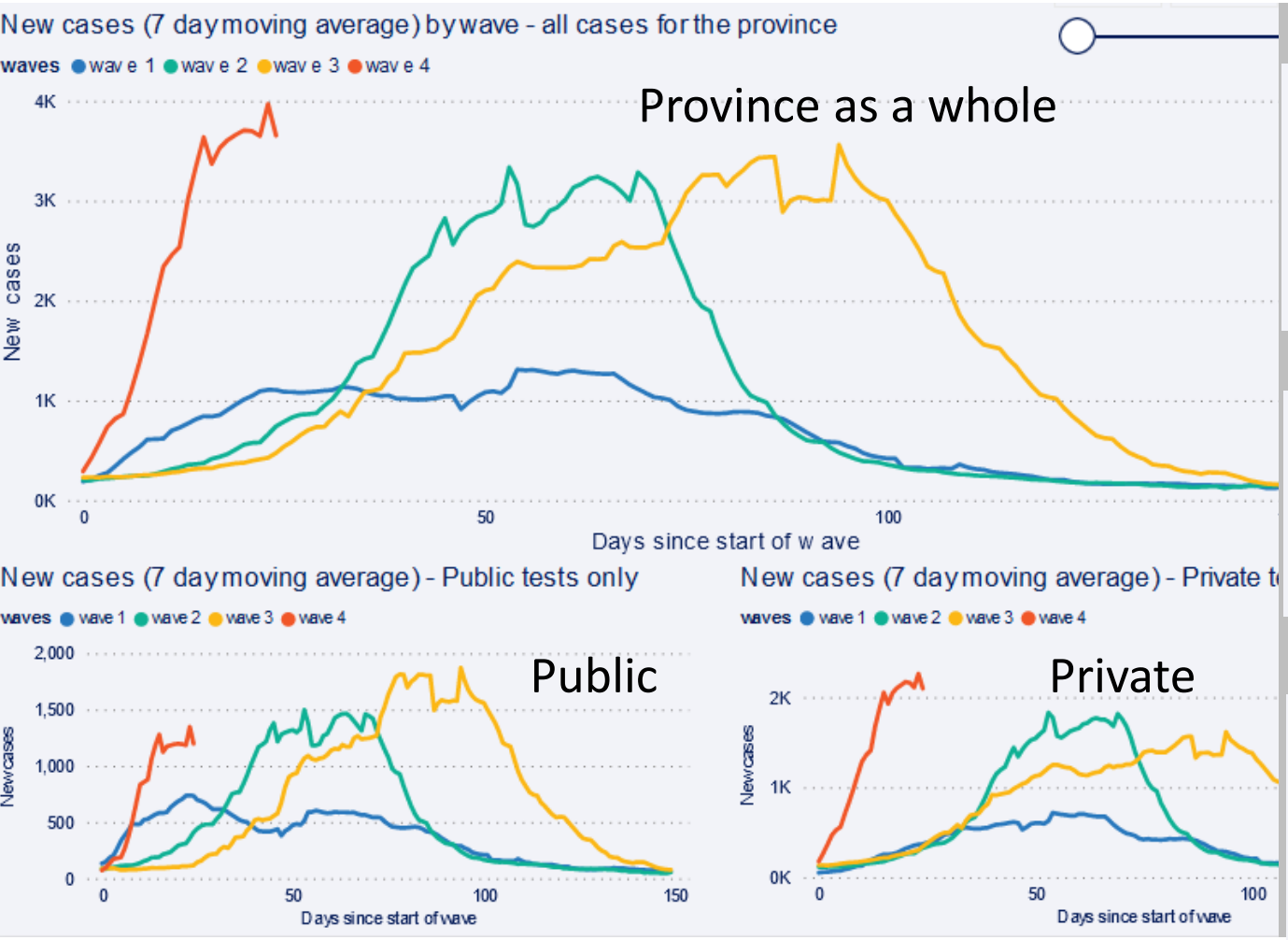
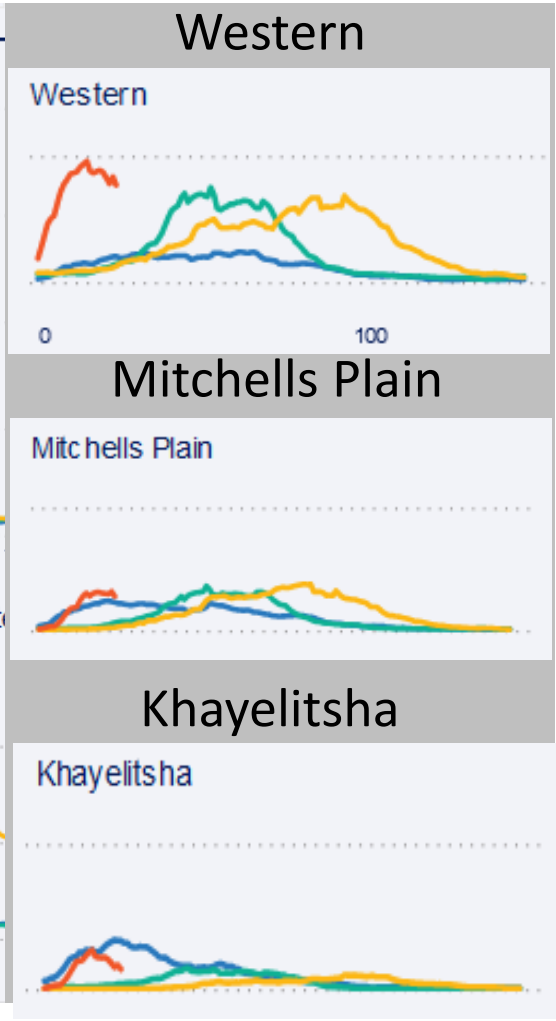
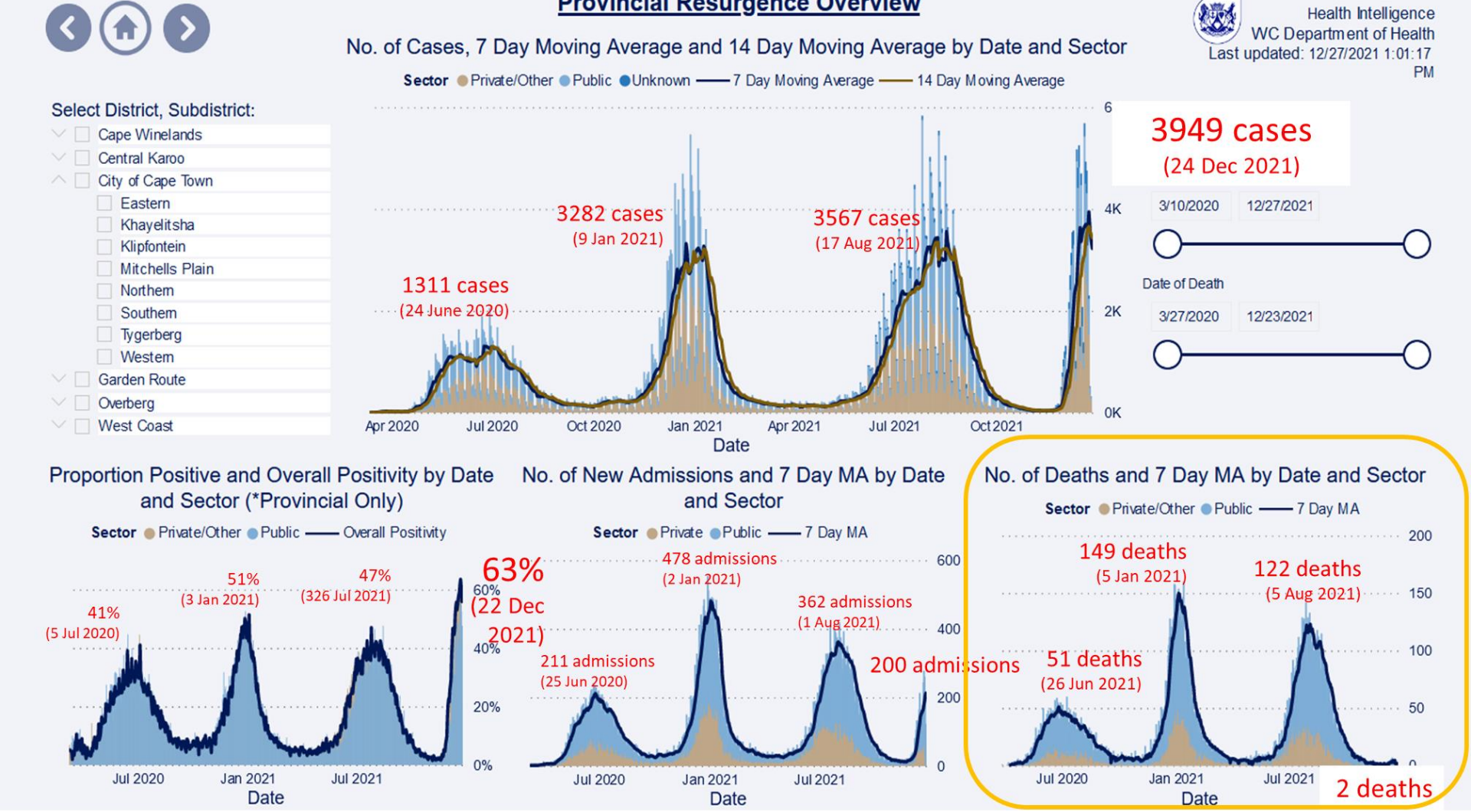
Comparison of number of cases with previous waves





- Early steep increase in cases with private sector > public sector.
- Western subdistrict surpassed peak daily cases in previous waves; currently declining.
- MP and Khayelitsha (high seroprevalence from previous waves) tracking along first wave curve and at a plateau in this wave.



Peak values vs now

- Case numbers and test positivity in this wave have exceeded previous waves
- Admissions are still increasing, but have not yet reached the peak of the second or third wave
- Deaths remain low in line with previous interwave periods

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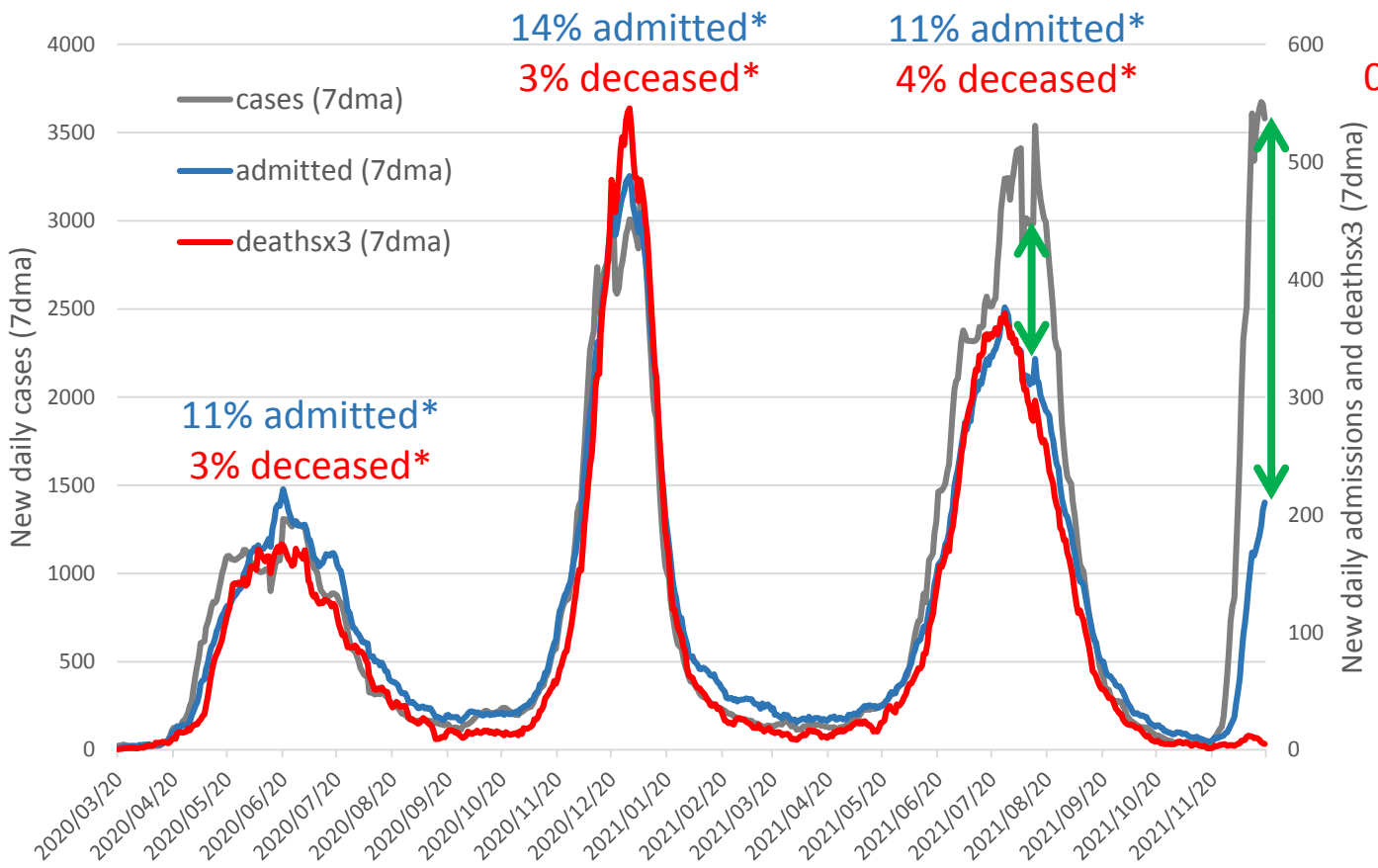
Are we seeing fewer admissions and deaths?
Comparison of cases, admissions & deaths across the waves



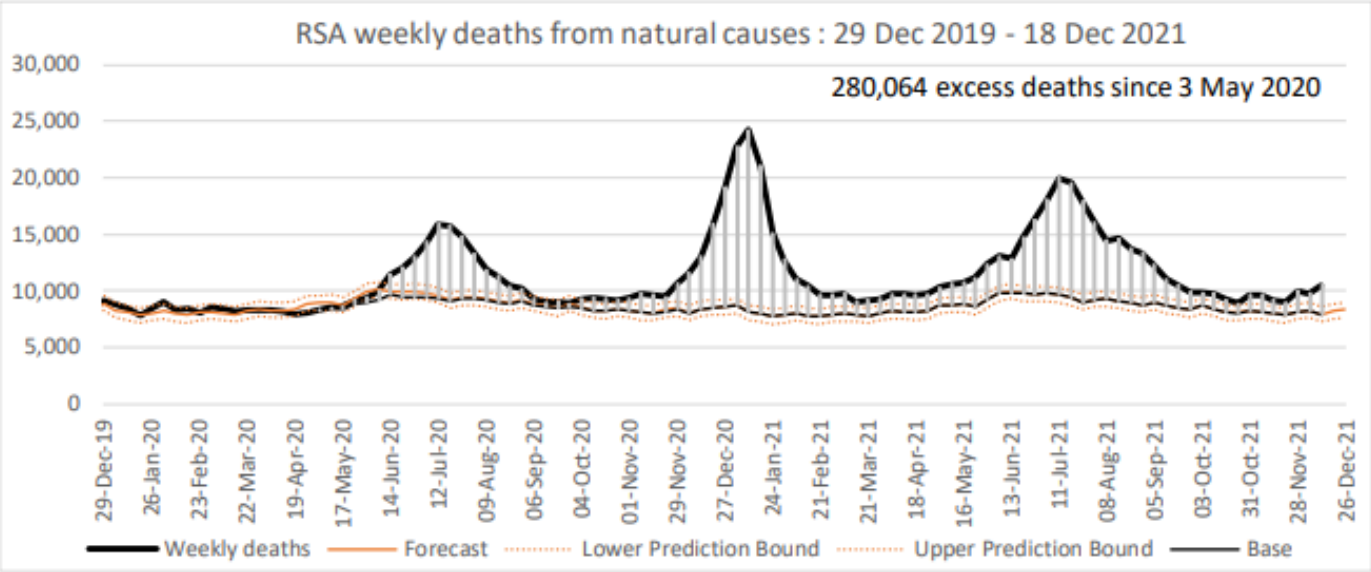
*Proportion admitted/deceased during the equivalent "early" period of each wave

Note deaths scaled to be on same axis as admissions

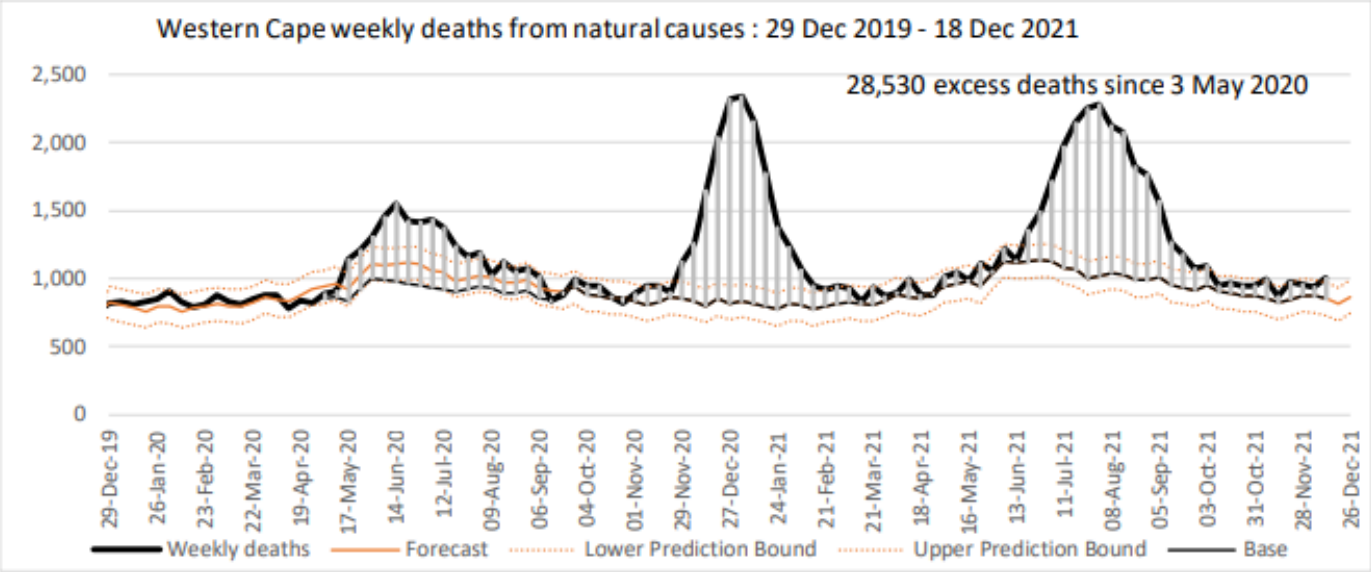
- Continue to see widening gap between cases & admissions & deaths – started in wave 3 but greater in wave 4.
- **Risk of admission ~ 30% lower in early wave 4 vs early wave 3[#]**
- **Risk of severe admission (steroids, ICU, ventilation) ~ 60% lower in early wave 4 vs early wave 3[#]**
- **Immunity from undiagnosed prior infection likely also providing strong protection vs. severe disease.**
- Emerging evidence that omicron **may be less severe than delta** even after fully considering protection from vaccination & prior infection but **reduction in severity unclear & may have similar severity to ancestral strains.**

[#]adjusted for age, sex, comorbidities, district, vaccination & prior diagnosed infection

MRC excess deaths

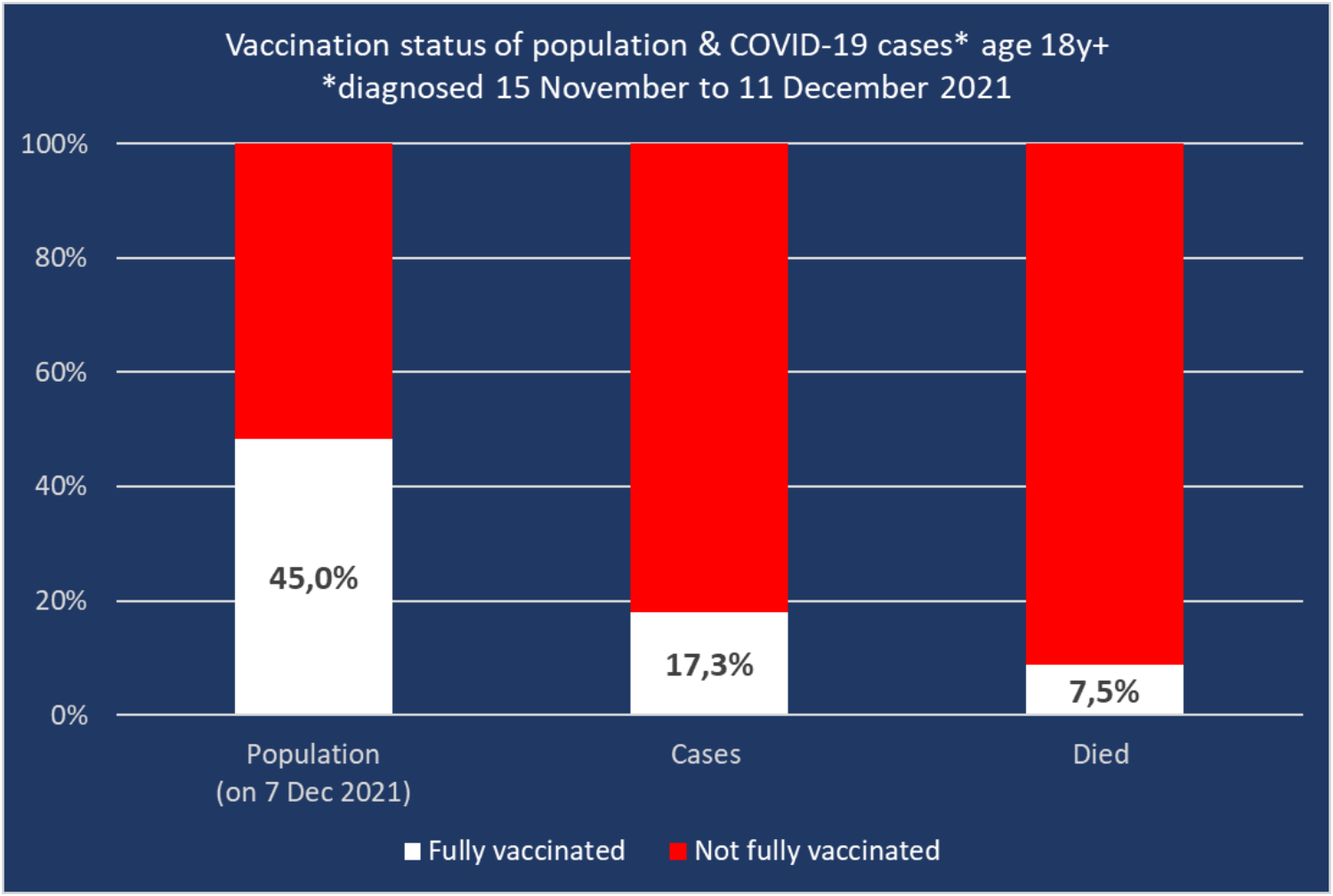


- Deaths from natural causes for the country increased slightly and remain above upper predicted bound



- In the Western Cape, deaths are just above the predicted bounds

Is protection against severe disease from vaccination maintained?



Raw data shows that only 17% of cases and 7,5% of deaths are fully vaccinated. Protective benefit of vaccines likely even greater when fully accounting for prior infection, age, sex and comorbidities.

Partially vaccinated and unvaccinated will be separated in completed adjusted analyses

Summary of evidence about omicron to date

1. Clear evidence that **re-infections occur with omicron**.
2. **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. Preliminary evidence that **omicron may cause slightly less severe disease than delta in unvaccinated people without prior infection**, but this is not conclusive. Severity compared to pre-delta variants is not known. While the proportion with severe disease is smaller as most people have some protection from vaccination/ prior infection or both, **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, there remains a lot to learn about omicron, so **all results to date are preliminary**. We continue to follow emerging evidence closely.

Revised quarantine and isolation policy - NDoH circular, withdrawn

In context of 4th wave with less severe disease mainly due to high levels of immunity from prior infection or vaccination – contact tracing, quarantine & isolation revised.

	Previous	New	Rationale
Contact tracing	All close contacts of a case to be identified and told to quarantine for 10 days since last contact	**All contact tracing to stop except for selected congregate settings**	• Definition of close contact (<1.5m) not applicable with aerosol transmission. • Quarantine no longer required (see below).
Quarantine	All close contacts of a case to quarantine for 10 days since last contact	**No quarantine required for contacts**	• Quarantine has negligible containment benefit at population level as minority of cases diagnosed, thus minority of contacts identified. • Quarantine is costly with loss of income, loss of schooling, reduced workforce incl HCWs.
Isolation	Isolation for 10 days (asymptomatic/mild) or 10 days post stable (severe)	**No isolation for asymptomatic** **Isolation for 8 days if mild symptoms and minimum of 10 days if severe disease**	• Most infectious period is around onset of symptoms and decreases considerably by day 5-7. • Prolonged isolation costly: loss of income, loss of schooling, reduced workforce incl HCWs. • Asymptomatic cases: unclear when infectious period is, prolonged viral shedding can occur without infectiousness. Isolation of asymptomatic cases may result in costly unnecessary isolation.

COVID-19 fourth wave response

Western Cape Government

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**	• 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** *(for ≥7d & >7/million population (i.e. 50) new daily admissions)* **>75% ↑ in pre-COVID-19 O_2 use for ≥3d**	As above PLUS • Publish 3rd warning indicators & restriction expectations if breached. • Mobilize resources to support a substantial surge within 7 to 14 days. • Consider limiting testing not absolutely necessary. • Consider restrictions
Third warning: ↑ health service demand in 2-7d	**>50% high care, ICU & $HFNO_2$ COVID-19 beds occupied** **>100% ↑ in pre-COVID-19 O_2 use for ≥3d**	As above PLUS • Publish potential ↑ of restrictions if systems become overwhelmed. • Limit testing not absolutely necessary. • Mobilize resources to support substantial surge within 2d. • Consider further restrictions
Health service capacity threatened	**>2800 current COVID-19 inpatients** **>80% high care, ICU & $HFNO_2$ COVID-19 beds occupied** **>200% ↑ in pre-COVID-19 O_2 use for ≥3d**	As above PLUS • Mobilize resources to maximum capacity. • Further restrictions

Acute public service platform – current picture

1. The **Metro hospitals** have an average **BOR of 85%; George** drainage area hospitals at **61%; Paarl** drainage area hospitals at **59%** & **Worcester** drainage area hospitals at **65%. Critical care BOR** for designated COVID beds for the province at **42 %.**

2. **COVID & PUI cases** currently make up **16%** 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 **170** patients, **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** remains closed as deaths remain low.

Daily Operational Bed Status

WCDOH: Daily Operational Bed Status Dashboard as at 24/12/2021

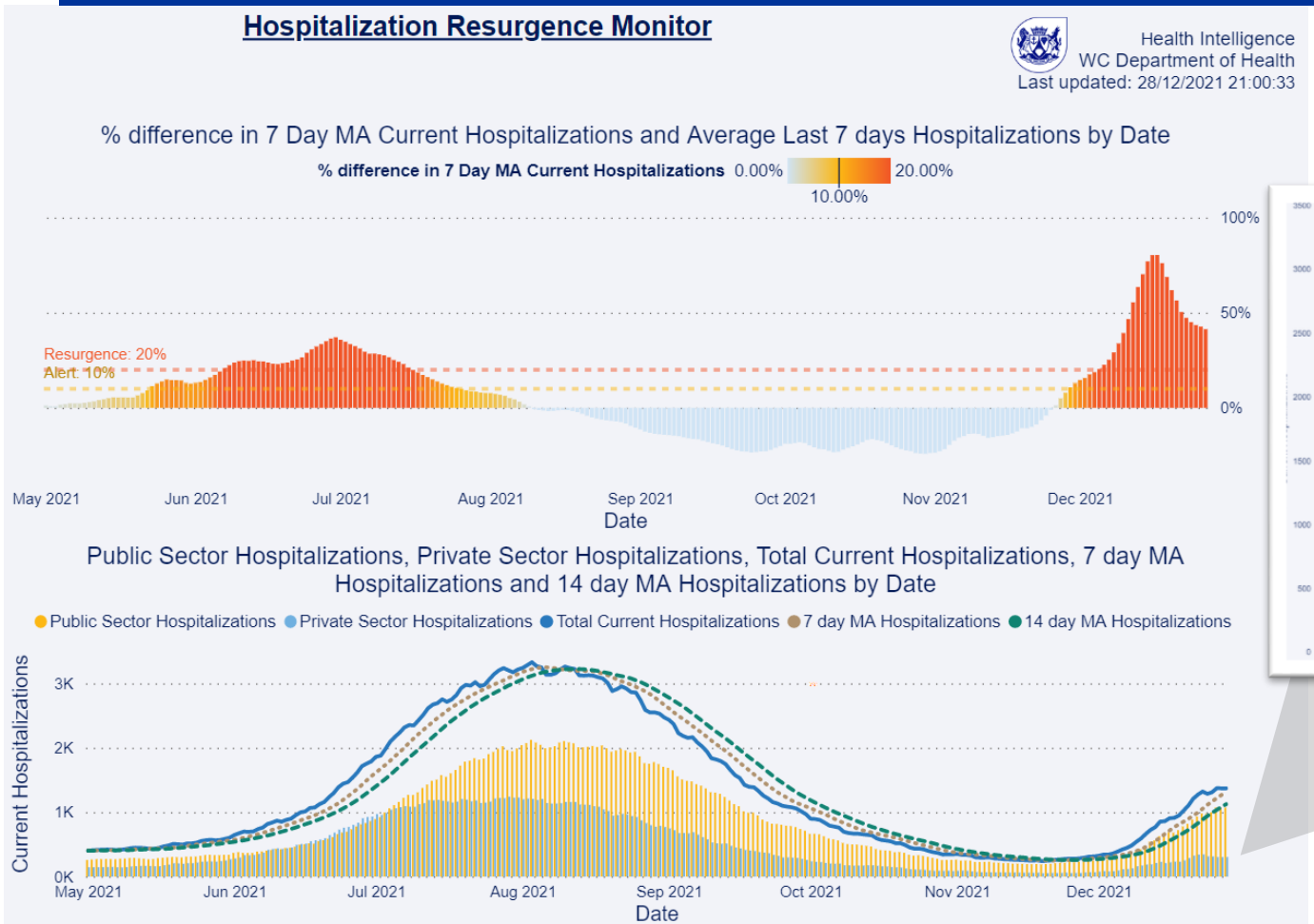
Drainage Area	Operational Beds	Filled Beds	BUR %	COVID BUR %	% Covid patients	BUR % for Designated Covid Beds(General Wards)	BUR % for Designated Covid Beds(Critical Care)
Cape Town /Metro	5,065	4,306	85%	41%	15%	39%	63%
George	918	561	61%	35%	19%	37%	5%
Paarl	982	582	59%	26%	13%	28%	5%
Worcester	741	479	65%	42%	22%	43%	17%
SubTotal WCDOH	7,706	5,928	77%	38%	16%	38%	42%

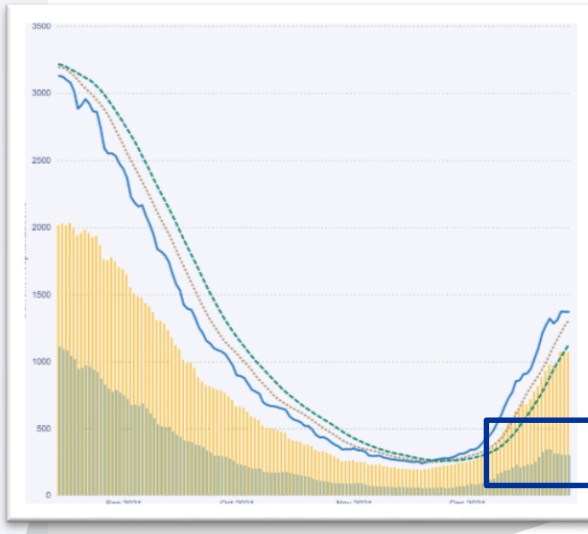
Excluding Specialised Hospitals e.g. Mowbray Maternity,Psychiatric Hospitals, etc

COVID-19 Hospitalization Update

In terms of current hospitalizations, we are seeing a sustained week-on-week increases >20%, although these percent increases are starting to see a decline. The slowing down of increases may be a combination of a higher baseline, and/or real decline in the rate of admission increases. The latter is certainly the case in the private sector.

Current COVID-19 hospitalizations (both incidental and COVID-19 related) amount to a 7 Day Moving Average of 1218 current hospitalizations across the platform.





Current Age-based COVID-19 Hospitalization burden

We are seeing increases in admissions across all age bands, with a higher proportion in younger adults likely due to the proportion of unvaccinated individuals in this population.
This younger cohort have historically been seen to experience a milder form of the disease.

01/06/2021 25/12/2021

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

Health Intelligence
WC Department of Health
Last updated: 28/12/2021 21:00:33

Age Category	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	52	Total
>90	5	12	11	12	13	16	24	22	20	10	20	16	13	12	8	5	5	4	1	2	1							4	10	22	**268**
86-90	9	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	7	34	38	**600**
81-85	19	41	49	66	74	88	104	117	106	79	75	75	65	50	23	22	18	16	5	7	3	3	4	5	2		1	21	31	65	**1234**
76-80	28	51	63	79	88	112	120	137	129	110	128	88	97	56	54	31	21	18	8	7	3	4	2	1	2	3	3	21	47	69	**1580**
71-75	34	60	74	116	116	141	150	182	200	160	158	156	98	109	73	47	33	24	15	10	6	7	2	1	3	7	4	34	58	84	**2162**
66-70	33	55	80	97	149	177	176	219	193	208	185	162	128	101	79	38	35	21	12	13	7	5	4	2	2	2	11	35	63	99	**2391**
61-65	30	61	96	118	160	189	217	197	256	245	188	185	150	117	77	57	33	38	18	12	10	5	7	8	1	5	11	36	52	102	**2681**
56-60	25	59	87	135	177	255	266	274	270	239	230	226	184	113	93	51	30	32	20	18	7	8	7	5	2	3	12	36	63	81	**3008**
51-55	31	64	83	122	173	193	258	272	263	250	200	172	153	103	84	42	32	23	16	16	12	6	3	6	3	4	5	45	72	94	**2800**
46-50	23	50	77	92	134	172	190	224	247	203	183	185	119	113	67	53	39	26	17	14	8	5	3	3	6	4	6	36	63	80	**2442**
41-45	16	32	52	72	94	121	134	151	187	169	155	158	119	77	59	48	28	24	21	9	7	7	8	3	5	5	11	38	63	79	**1952**
36-40	16	33	36	69	113	140	125	145	206	161	160	149	112	88	76	48	30	27	19	18	12	5	8	5	4	7	12	60	89	109	**2082**
31-35	11	23	48	43	87	113	115	135	152	146	158	132	115	108	59	60	29	24	12	14	17	11	11	4	2	11	18	87	127	137	**2009**
26-30	15	22	35	44	78	61	88	102	113	102	104	102	108	76	74	47	32	29	18	11	14	5	11	8	5	5	25	107	130	137	**1708**
21-25	7	21	20	23	44	39	56	45	78	88	73	66	76	56	47	30	24	21	18	15	15	8	10	6	7	7	17	59	107	129	**1212**
16-20	10	9	11	17	26	29	38	31	47	55	34	41	42	47	34	27	12	20	15	11	9	12	5	7	4	5	12	34	67	79	**790**
11-15	4	2	5	7	10	9	12	18	20	17	18	22	19	20	16	15	9	4	3	4	5	5	3	3	2	1	4	20	33	23	**333**
6-10		7	3	4	5	10	11	7	17	18	13	23	19	13	14	10	8	8	3	5	1	1	3		1	1	1	27	23	18	**274**
0-5	11	18	22	16	33	50	53	44	72	60	77	67	60	42	45	20	21	14	12	8	8	4	2	5		6	12	56	105	107	**1050**
Total	**327**	**644**	**874**	**1164**	**1612**	**1954**	**2184**	**2368**	**2612**	**2370**	**2202**	**2048**	**1705**	**1331**	**994**	**662**	**448**	**378**	**235**	**198**	**147**	**103**	**94**	**74**	**52**	**77**	**167**	**763**	**1237**	**1552**	**30576**

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	>10% of beds occupied by COVID-19 patients >50% increase in pre-COVID-19 baseline of oxygen consumption by hospitals (>18.3 tons per day) for ≥3 days	Expand acute hospital general COVID-19 beds by 30% of maximum wave 2 peak beds (to 545 beds) by decreasing non-urgent OPD visits. Expand acute hospital critical care COVID-19 beds to 30% of maximum wave peak beds (to 37 beds) by decreasing elective surgery to 80% of usual capacity. Expand intermediate beds to 50% capacity (minimum 250 beds). Ensure equitable spread of patients across hospitals: temporarily shift referral paths diverting acutely ill patients away from hospitals with >10% of COVID-19 patients to those with <10% COVID-19 patients.	COVID-19 Bed Utilization %: 40% Oxygen Consumption: <50%
2nd warning indicator	>20% of beds occupied by COVID-19 patients >75% increase in pre-COVID-19 baseline of oxygen consumption by hospitals (>21.4 tons per day) for ≥3 days	Expand acute hospital general COVID-19 beds to 60% of maximum wave 2 peak beds (to 1090 beds) by further decreasing non-urgent OPD visits. Expand acute hospital critical care COVID-19 beds to 60% of maximum wave 2 peak beds (to 75 beds) by decreasing elective surgery to 70% of usual capacity. Expand intermediate beds to 100% capacity (500 beds). Ensure equitable spread of patients across hospitals: temporarily shift referral paths diverting acutely ill patients away from hospitals with >10% of COVID-19 patients to those with <10% COVID-19 patients.	COVID-19 Bed Utilization %: 40% Oxygen Consumption: <50%
3rd warning indicator	>20% week-on-week increase in 7 day moving average of current admissions. >50% bed occupancy of available critical care & HFNO COVID-19 beds. COVID-19 patients occupy >30% of beds	Expand acute hospital general COVID-19 beds to 100% of maximum wave 2 peak beds (to 1820 beds) by strictly decreasing non-urgent OPD visits. Expand acute hospital critical care COVID-19 beds to 60% of maximum wave 2 peak beds (to 125 beds) by decreasing elective surgery to 60% of usual capacity. Increase intermediate beds to >100% of capacity (>500 beds) if possible.	% week on week in current admissions: >20% % Bed Occupancy in critical care beds: 22% COVID-19 Bed Utilization %: 40%
Health service close to overwhelmed	A sustained increase of probable/confirmed cases needing hospital admission (as per first, second and third warning indicator) 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% Continue maximal expansion COVID-19 beds		Absolute COVID-19 hospitalizations: 1218

Intermediate care beds - triggered escalation response

1. **Brackengate intermediate care** facility is now fully commissioned - currently 170 patients admitted.

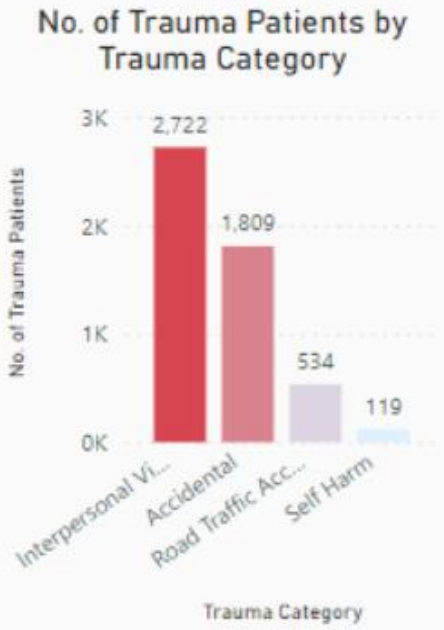
2. At the moment between Brackengate and acute service platform we have **sufficient capacity** to manage the COVID caseload in the metro [overall 16 % caseload in acute hospitals]

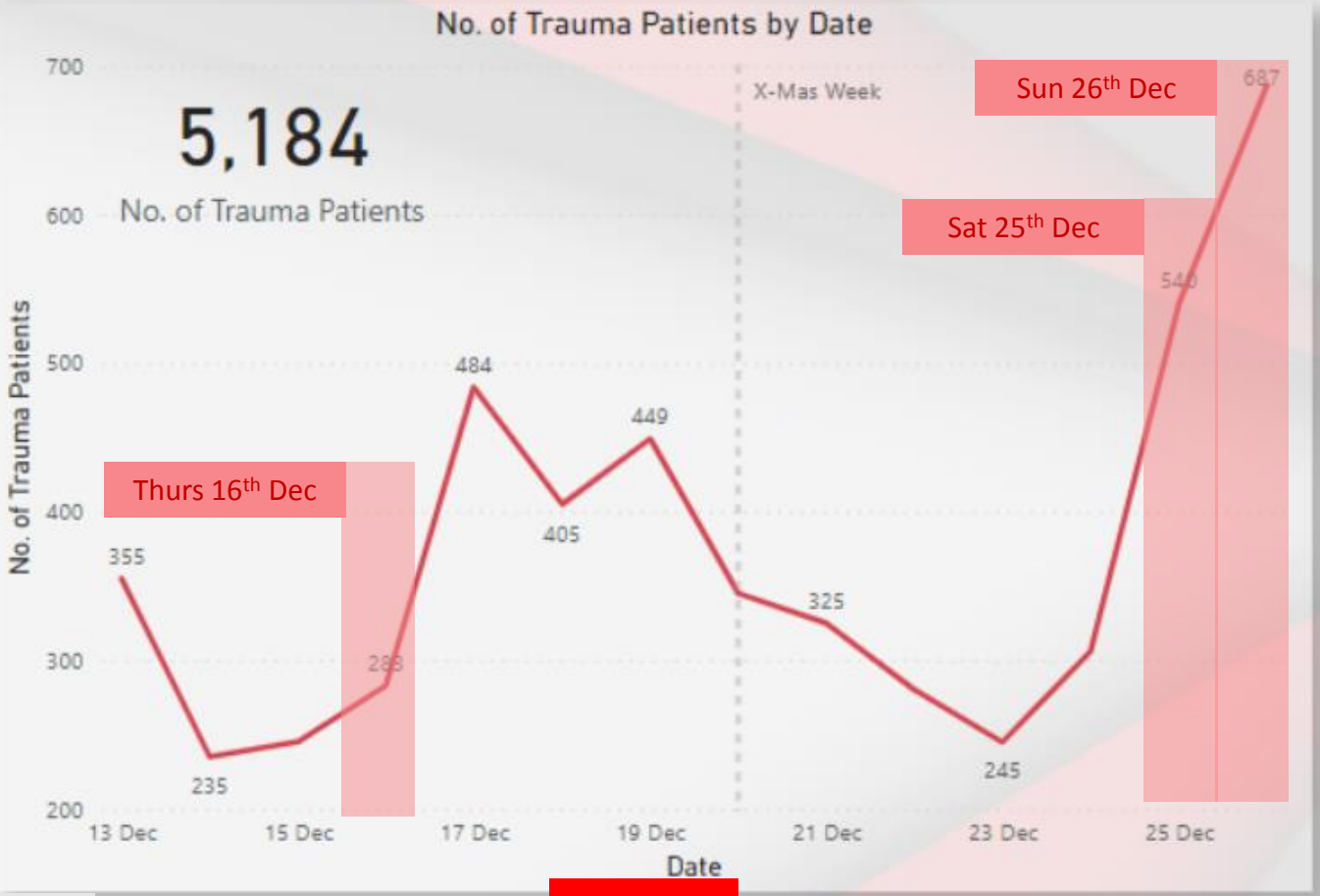
3. **Sonstraal and Harry Comay intermediate care facilities** will be commissioned as required depending upon the COVID load. At the moment there is no need to commission these facilities.

WC Sentinel Trauma Report

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

Overview of trauma presentations during December holiday period (13 Dec 2021- 26 Dec 2021)





When looking at the last 2 weeks, we note that both weeks had public holidays (Thurs 16th Dec, Sat 25th Dec and Sun 26th Dec).

When comparing week on week, we see that total trauma case burden increased by 11.1%. Importantly, though, the most recent weekend saw a 43.7% increase relative to the previous weekend's trauma cases.

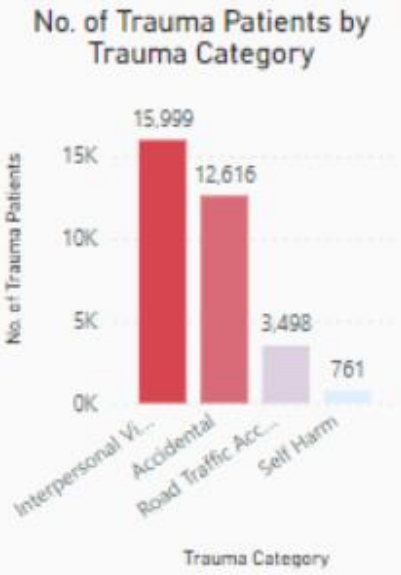
2,456	+11.1%	2,728
Total No. of Trauma Patients		Total No. of Trauma Patients
854	+43.7%	1,227
Weekend Trauma Burden		Weekend Trauma Burden
13-12-2021 to 19-12-2021		20-12-2021 to 26-12-2021

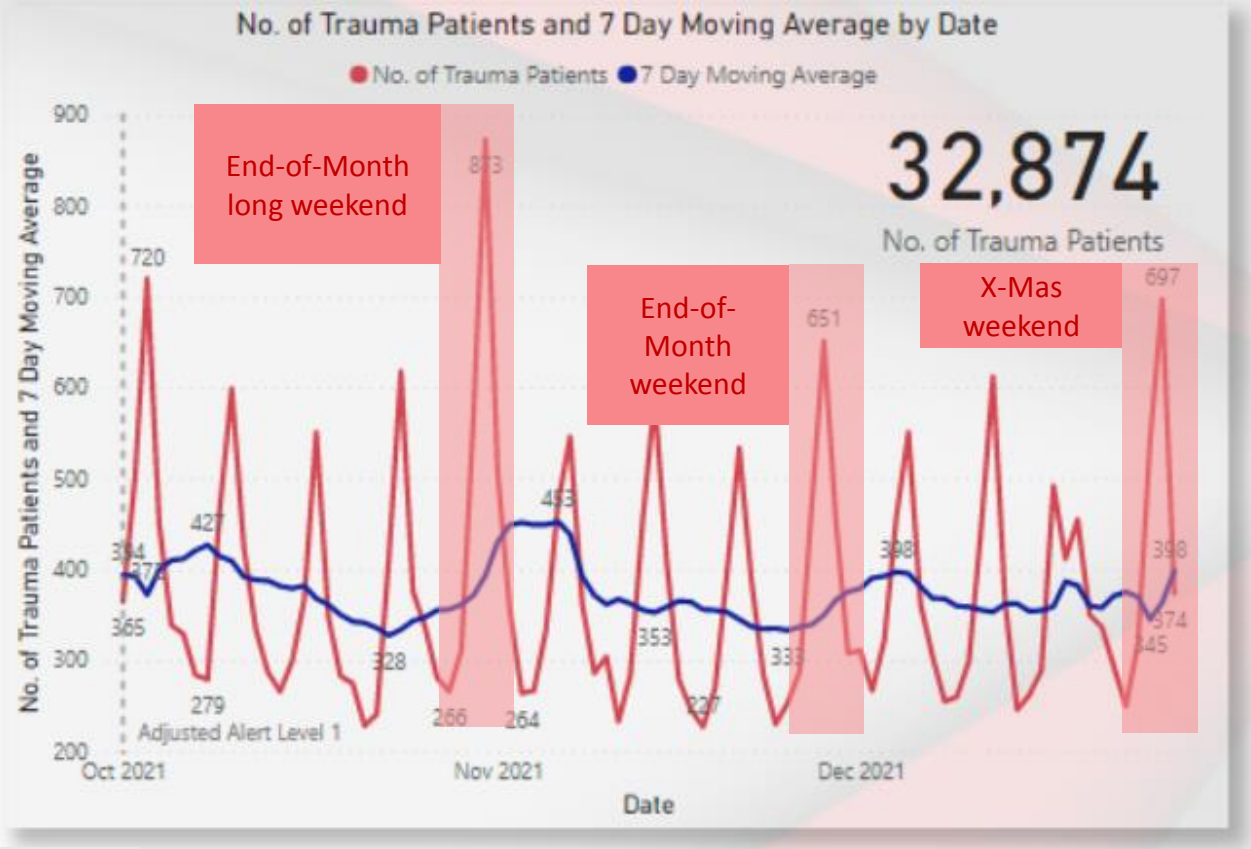
WC Sentinel Trauma Report

Source: HECTIS

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

Overview of changes in recent trauma presentations (01 Oct 2021- 27 Dec 2021)





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 3 months (since the start of Alert Level 1), we have seen a total of 32,874 trauma cases at 20 of our Emergency Centres.

With limited restrictions currently instituted we are expecting to see a significant increased burden of alcohol-related trauma injury presenting to our health facilities particularly over the New Years's period with subsequent impact on EC, general ward and ICU capacity. The current curfew, though, may mitigate some of the overnight alcohol-related trauma cases.

Western Cape Government
Health

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

Totals as at 28 Dec 2021

Cumulative Infections
14 489

-

RECOVERED
12 326
% Recovered
85.07%

-

R.I.P
193
% Died
1.33%

=

Active Cases
1970
% Active
13.60%

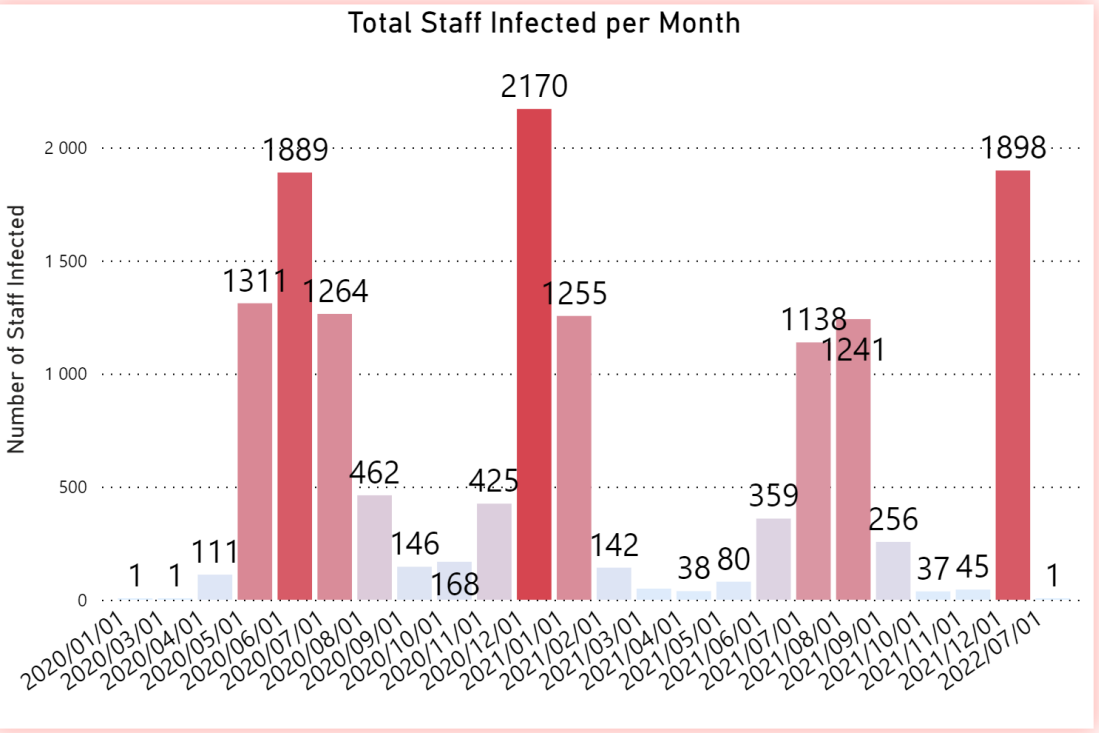
Doctors 1598

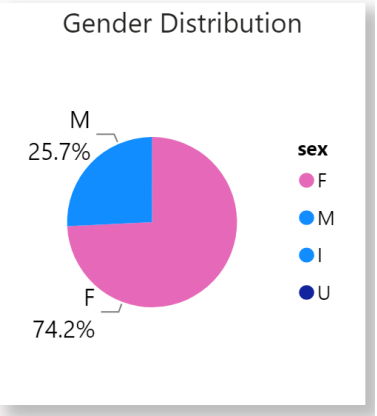
Nurse 6 206

Radiographers 175

Pharmacists 169

Other categories 6 341



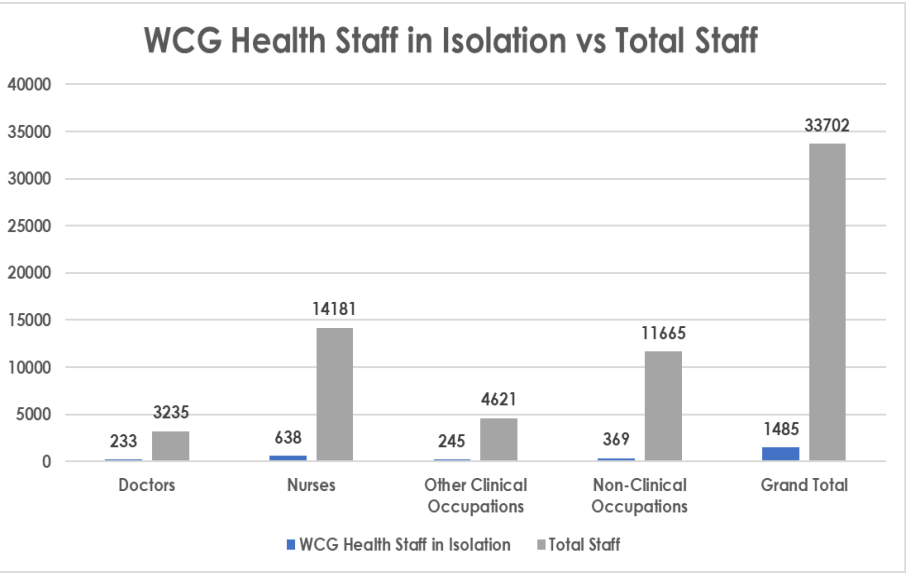


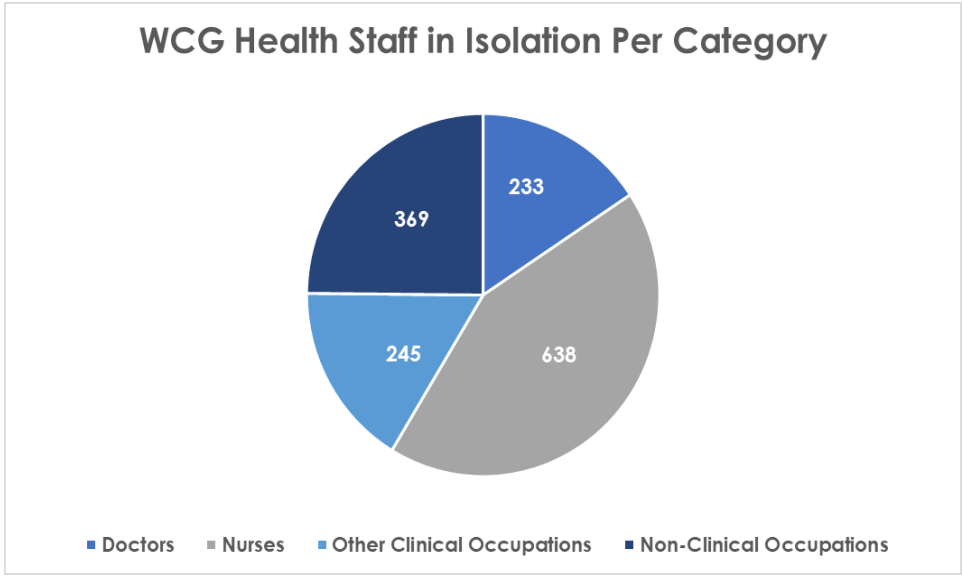
WCGH Staff in Isolation: Implication on Health Services

Of the 1 970 active cases, the number of Clinical Staff in Isolation: 1485 (as at 28 December 2021)

- Still experiencing significant **constraint to deliver health services**, however staff are rotating back to service as they come out of isolation.
- **Major risk factor**, but it is **being managed** (escalation/ descalation of services & on-boarding of agency staff)
- The revised **quarantine and isolation guidelines.**

- Staffing capacity will ebb and flow with the wave progression (different reasons for gaps in staffing)
- Continuous recruitment is underway, where possible (budget dependent)





Vaccine Implementation update

Western Cape Government

Vaccinations as at 28 December 2021

National adults fully vaccinated

15 537 251

39.04% of adult pop.

WC adults fully vaccinated

2 302 370

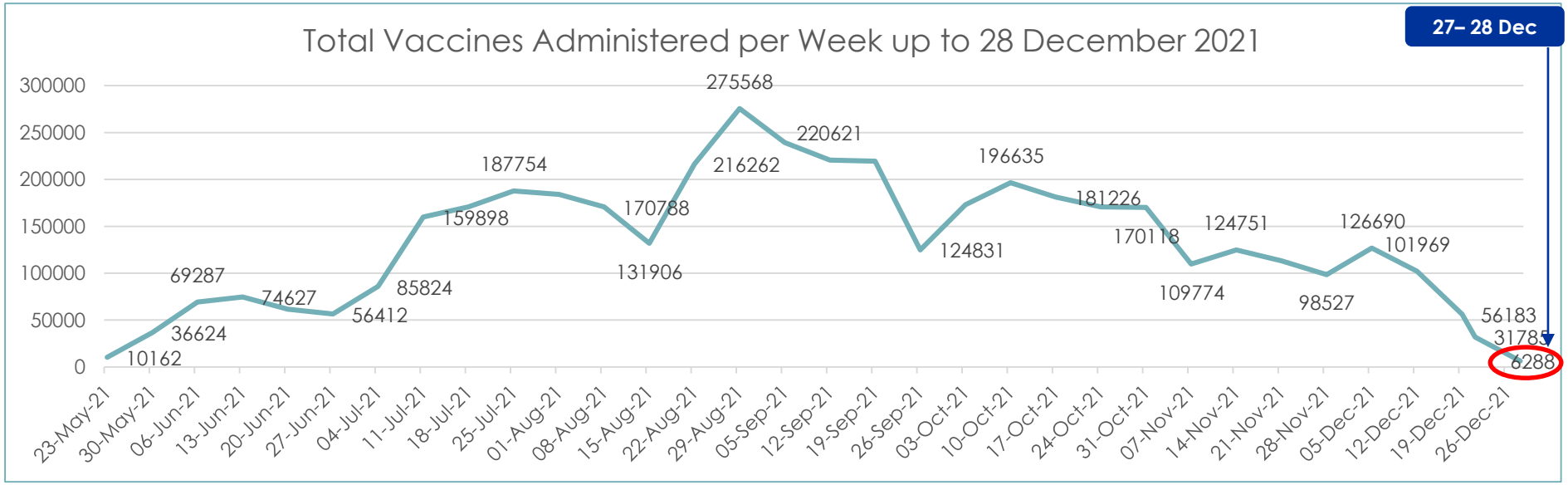
46.26% of adult pop.

Vaccinations in the Western Cape to date

4 448 680

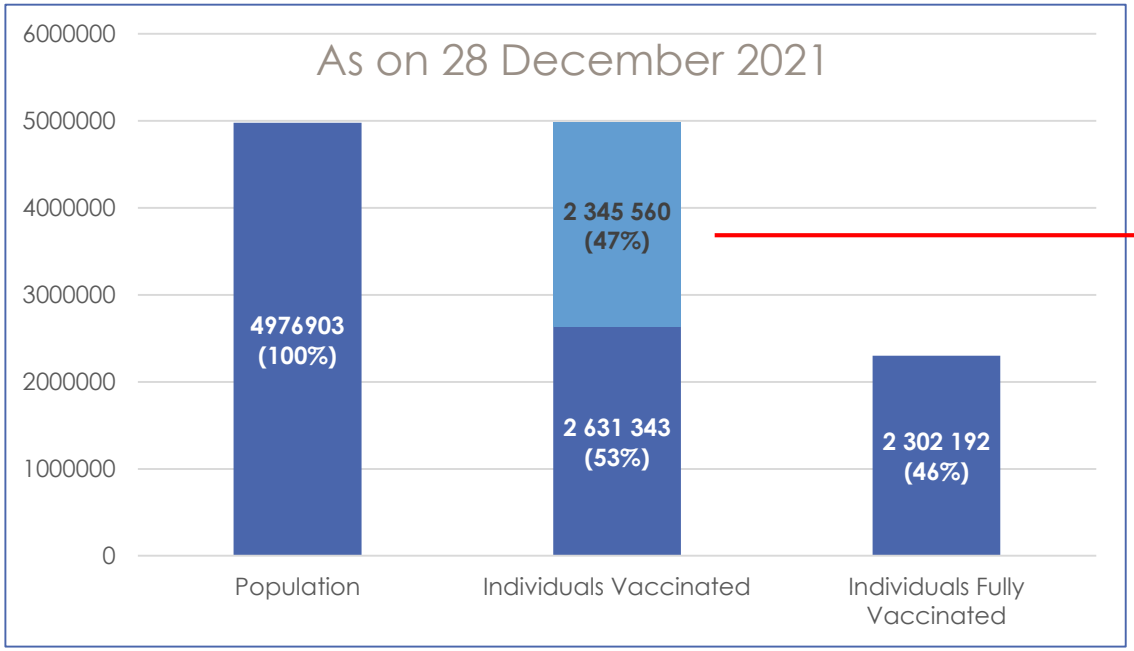
Vaccinations in the Western Cape- last 24 hours

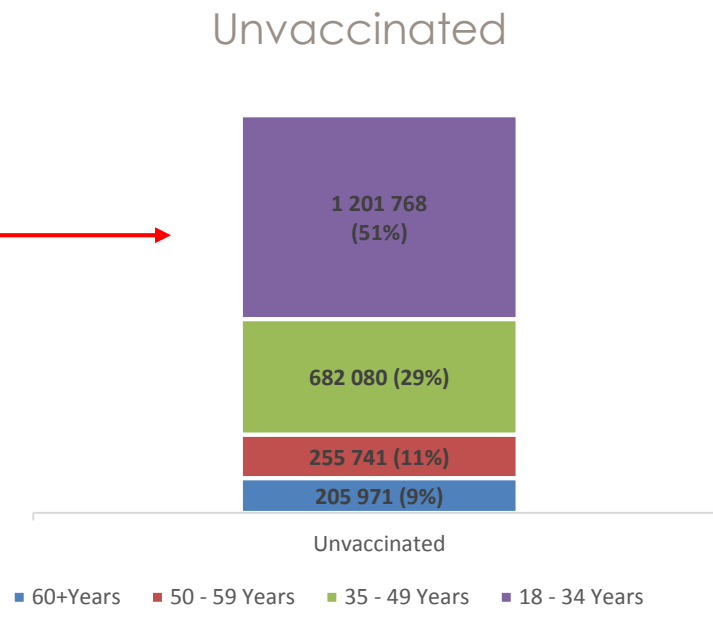
6 183



[Disclaimer**: Data displayed in these graphs and tables only contains records captured on EVDS. Totals will be adjusted as back-capturing and data validation is done.]* ****Last data point = 27 - 28 December 2021 (2 days)

Current status and the road ahead





As on 28 December 2021:

Total number of individuals (18 Years and older) vaccinated (at least one dose) **= 2 631 343 = 53% of >18s**
(EVDS National Dashboard on 28 December 2021)

Total number of individuals (18 Years and older) fully vaccinated **= 2 302 192 = 46% of >18s**
(EVDS National Dashboard on 28 December 2021)

Number of unvaccinated persons aged 18 years and older **= 2 345 560**

Total number of children (aged 12 – 17 Years) Vaccinated = **108 042 (16,72%)**

Registration breakdown

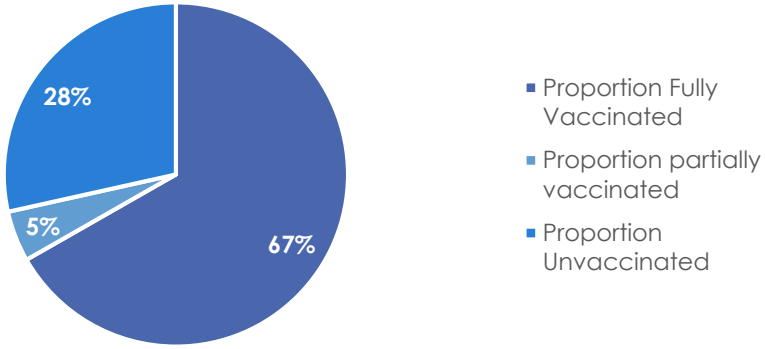
As on 28 December 2021, a total of **2 780 666** people in the Western Cape have registered on EVDS, equalling **49.54% of the total eligible population (>12 years).**

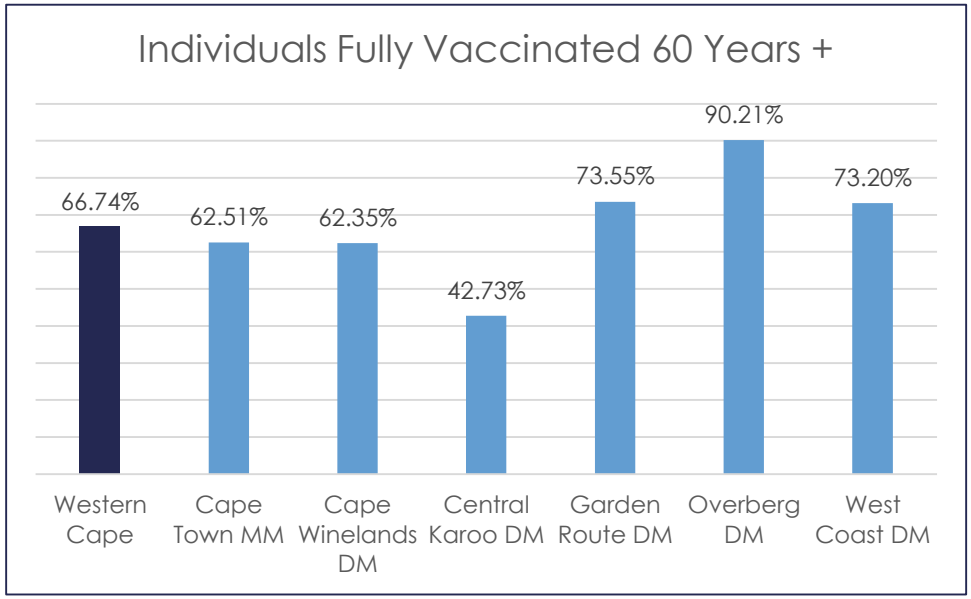
Age Band	Total Registrations	% Individuals Registered
12 – 17 Years	124 041	19.19%
18 – 35 Years	891 478	43.45%
35 – 49 Years	826 996	54.69%
50 – 59 Years	411 240	60.25%
60 Years +	526 911	73.21%

Metro: Sub-district	Proportion >18 years as on 28 December 2021	Rural: District	Proportion >18 years as on 28 December 2021
Eastern	56.75%	Cape Winelands	55.28%
Khayelitsha	35.03%	Central Karoo	43.33%
Klipfontein	52.08%	Garden Route	54.82%
Mitchell's Plain	32.58%	Overberg	63.77%
Northern	56.50%	West Coast	51.80%
Southern	56.63%		
Tygerberg	48.04%		
Western	**83.81%**		

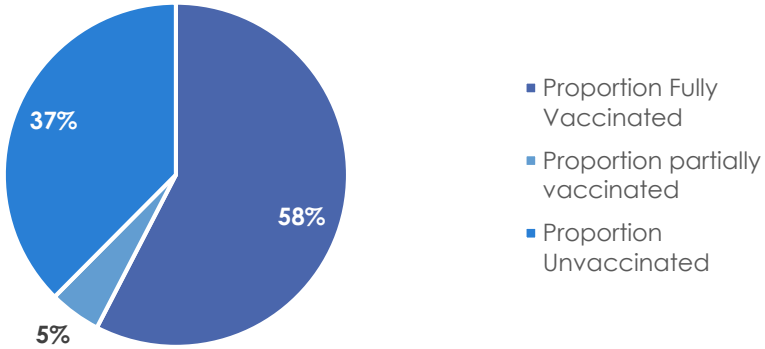
Vaccinations: >50 Years

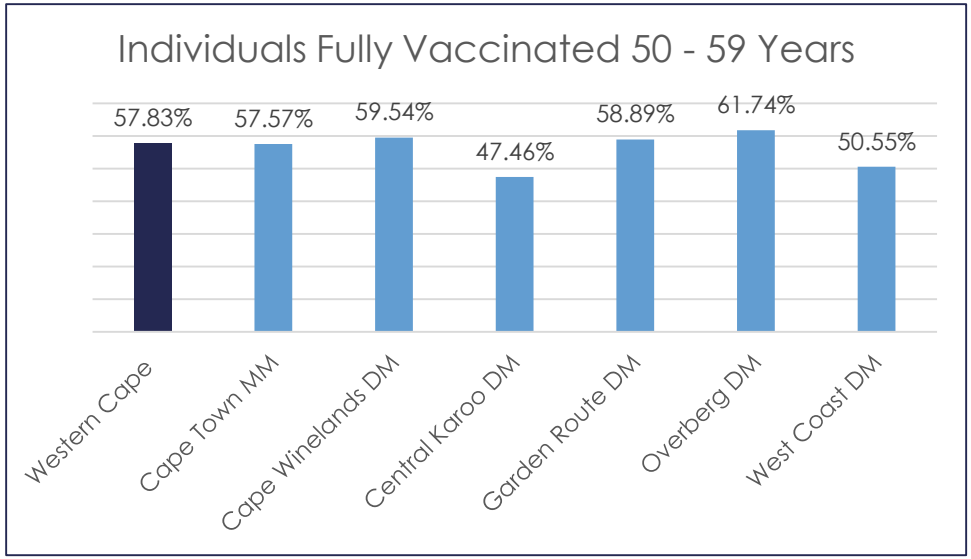
Vaccinations **>60 Years** as on 28 December 2021





Vaccinations **50 - 59 Years** as on 28 December 2021





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.)

Provincial Progress against targets set for Dec 2021

Age in years	Total Population	Proportion Fully Vaccinated (Received either 1 dose J&J or 2-dose Pfizer) as on **28 December 2021**	Proportion Partially Vaccinated (One dose of two-dose regimen received) as on **28 December 2021**	Proportion Unvaccinated as on **28 December 2021**
60 Years +	723 160	66.74%	4.77%	28.48%
50 – 59 Years	684 149	57.83%	4.79%	37.38%
50 Years +	**1 407 309**	**62.41%**	**4.78%**	**32.81%**
35 – 49 Years	1 511 813	48.85%	6.03%	45.12%
18 – 34 Years	2 057 781	33.30%	8.29%	58.40%
18 - 49	**3 569 594**	**39.89%**	**7.34%**	**52.77%**
18 Years +	**4 976 903**	**46.26%**	**6.61%**	**47.13%**

- 50+ Years: **85% fully vaccinated [achieved - 62.41%]**
- 18 - 49 Years: **65% at least one dose [achieved - 52.87%]**

Target for the unvaccinated – carried into 2022

Number of Vaccines to be administered

- Administer **67 279 2nd dose** vaccines to persons 50+ Years
- Fully vaccinate **251 094 new patients** in the >50 Years cohort
- Administer **634 490** vaccines to 18 – 49 Years

General Booster Doses

Johnson & Johnson

Available from: 24 December 2021

Eligibility: Individuals older than 18 years of age who have received one dose of the J&J vaccine are eligible to receive a booster dose of J&J vaccine **after an interval of two months (60 days).**

Immunocompromised: Eligible for booster dose **60 days** after receiving additional dose.

Implications for implementation: **More than 431 000 individuals will become immediately** eligible to receive the booster dose (those who received J&J vaccine on or before 24 October 2021). It is expected that this immediate surge will even out and align with capacity.

Western Cape Government

Pfizer

Available from: 28 December 2021

Eligibility: Individuals older than 18 years who have received two doses of Pfizer vaccine are eligible to receive a booster dose of the Pfizer vaccine **after an interval of six months (180 days) after the second dose**.

Immunocompromised: Eligible for booster dose **60 days** after receiving additional dose.

Implications for implementation: **3 724 individuals will become immediately eligible** to receive the booster dose (those who received their second Pfizer dose on or before 28 June 2021). **220 734** individuals will become incrementally eligible throughout the month of **January 2022**. Thereafter, month-on-month eligibility should align to capacity.

General Booster Doses: Readiness for Implementation

Vaccination Sites

- Vaccination sites will commence scale-up to full capacity (capacity benchmark vs recent low uptake)
- Capacity for offering mobile vaccination sites will be restored once healthcare workers are less impacted by 4th wave

Human Resources

- **Human Resource capacity will be positively affected by:**

✓ End of December/January leave period

✓ Exiting of 4th wave

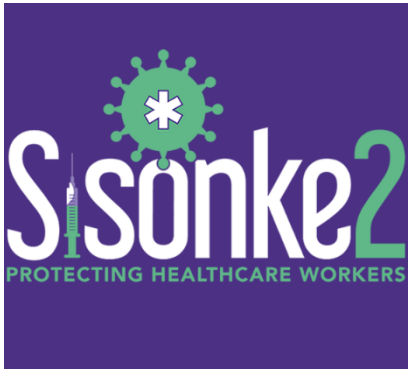
Congregate Settings

- Partnerships with the private sector to conduct outreaches to congregate settings
- Targeted approach, commencing with frail care settings first

Clinical Operators

- Support from Solidarity Fund-appointed clinical operators will be extended to end March 2022 to ensure additional support during initial anticipated surge period

Uptake of Booster Doses and Additional Doses as on 28 December 2021



Sisonke 2 Healthcare Worker Booster Doses

59 951

Additional Doses for Immunocompromised Individuals

3 174

General Booster Doses

J&J = 927

Pfizer = 170

Remarks on Vaccine Implementation

- **Targets:** As a province we continue to work towards ensuring that 85% of persons 50 years are older are fully vaccinated and 65% of those aged 18 – 49 years receive at least one vaccine dose.

- **Rallying call: Every vaccine administered adds to the protection** of the public and the health system, **especially with omicron variant being dominant**.

- The **primary focus remains** on 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.

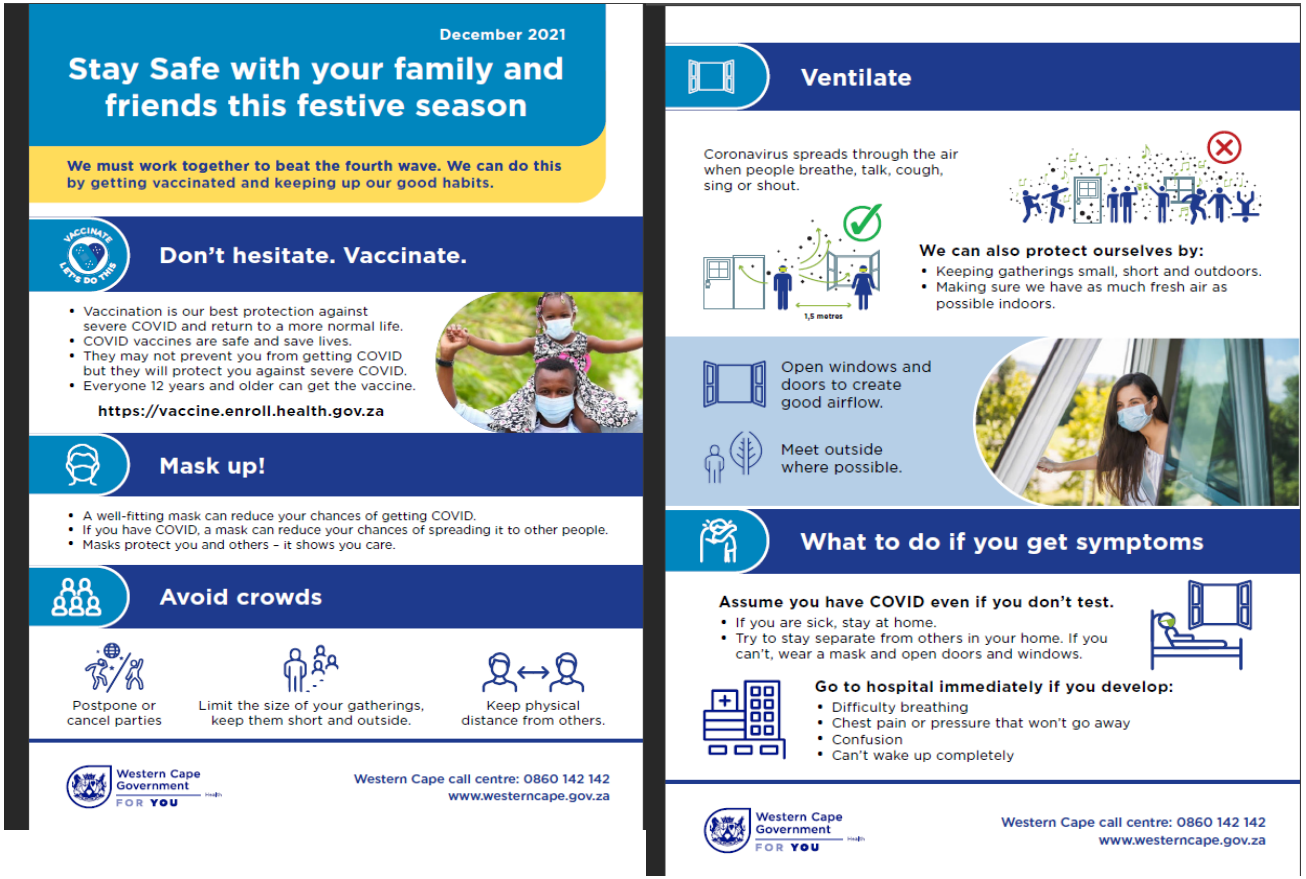
- **Thank you to all the healthcare workers, vaccination teams, activators, partner organisations, multiple stakeholders, demand generators at all levels of society, vaccine ambassadors and the citizens of the Western Cape for helping us to administer close to 4.5 million Covid-19 vaccines in 2021.**

Communications

Western Cape Government
Health

Booster vaccinations available

Stay safe this Christmas



December 2021

Stay Safe with your family and friends this festive season

We must work together to beat the fourth wave. We can do this by getting vaccinated and keeping up our good habits.

Don't hesitate. Vaccinate.

- Vaccination is our best protection against severe COVID and return to a more normal life.
- COVID vaccines are safe and save lives.
- They may not prevent you from getting COVID but they will protect you against severe COVID.
- Everyone 12 years and older can get the vaccine.

https://vaccine.enroll.health.gov.za

Mask up!

- A well-fitting mask can reduce your chances of getting COVID.
- If you have COVID, a mask can reduce your chances of spreading it to other people.
- Masks protect you and others – it shows you care.

Avoid crowds

Postpone or cancel parties

Limit the size of your gatherings, keep them short and outside.

Keep physical distance from others.

Western Cape Government FOR YOU

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

Ventilate

Coronavirus spreads through the air when people breathe, talk, cough, sing or shout.

1,5 metres

We can also protect ourselves by:

- Keeping gatherings small, short and outdoors.
- Making sure we have as much fresh air as possible indoors.

Open windows and doors to create good airflow.

Meet outside where possible.

What to do if you get symptoms

Assume you have COVID even if you don't test.

- If you are sick, stay at home.
- Try to stay separate from others in your home. If you can't, wear a mask and open doors and windows.

Go to hospital immediately if you develop:

- Difficulty breathing
- Chest pain or pressure that won't go away
- Confusion
- Can't wake up completely

Western Cape Government FOR YOU

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

Conclusions

Concluding remarks

1. We are seeing a **plateauing of cases in the 4th wave in the Western Cape,** but still have a high number of active 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 **lower prevalence of severe cases for hospitalisation and deaths**, but we need to **await on more robust research** to emerge **for certainty**.

3. We have **activated** a **tailored step-wise health** and **societal response** and will trigger appropriate responses **to fully mitigate** the impact of the **4th wave,** as required.

4. Our biggest weapon **remains vaccination (especially for >50yr olds)**. We require a massive **whole of society effort** to **continue to generate increased targeted demand** for **unvaccinated persons** and for **boosters for vaccinated persons**.

Thank you

K Cloete