

Health

### Digital Press Conference - Health Update

### Update on COVID-19 and Vaccination Roll-out

Dr K Cloete

21 October 2021

### **Overview**

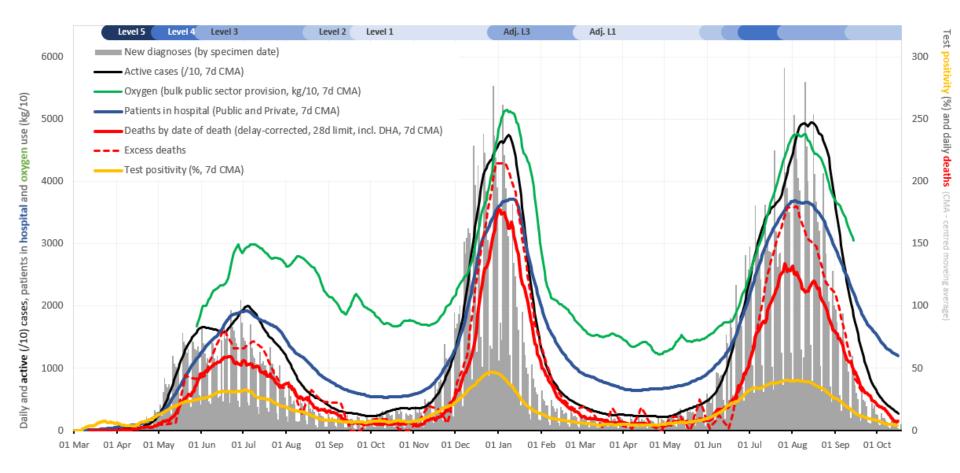
- 1. COVID Surveillance & Response Update
- 2. The current status of the health platform
- 3. Comparing wave 3 with wave 2 and the impact of vaccines
- 4. Vaccine Implementation update
- 5. Conclusions



### COVID Surveillance & Response Update



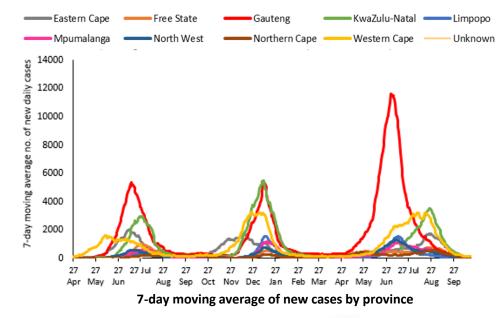
### Integrated testing, case, hospitalisation and mortality trends



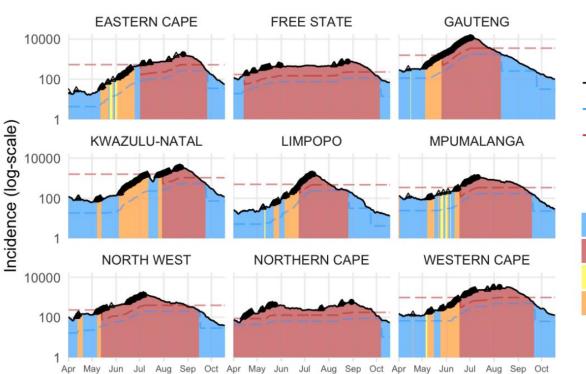


### **National trends**

South Africa as a whole and all provinces have reached the end of wave threshold.



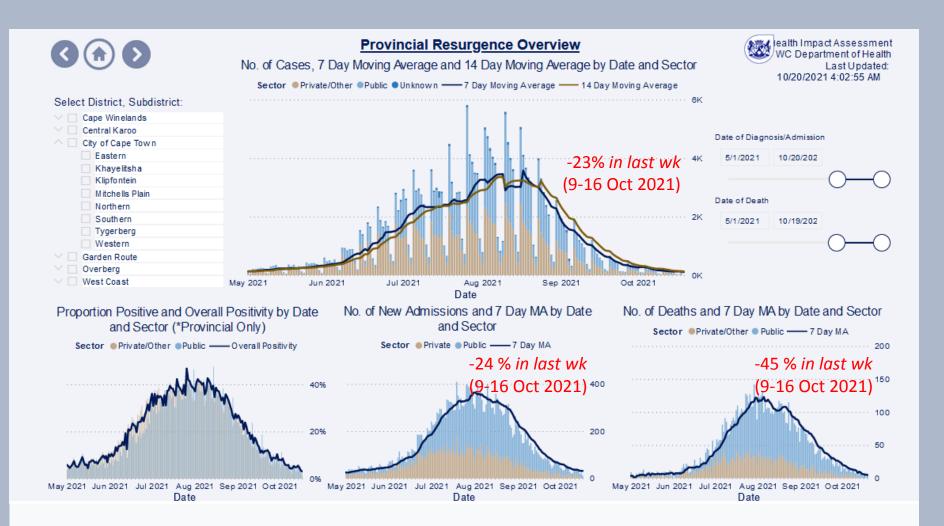
NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES Division of the National Health Laboratory Service



- - Reported Cases
- End Wave Threshold
- New Wave Threshold
- Peak
- Uptick
  - Post Wave
  - New Wave
  - Upswing
  - Sustained Increase

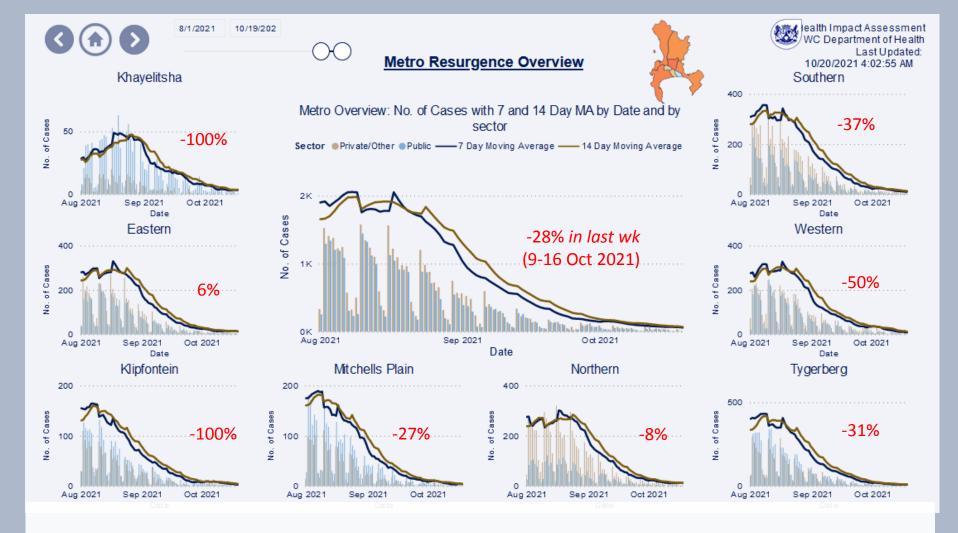


CONSORTIUM



Provincial Overview

- Case numbers continue on their downward trend.
- The **proportion positive** has decreased to **4%** now.
- We are currently seeing an average of around **127 new** diagnoses, **31 new admissions** and **6 deaths each day**.



Metro Overview

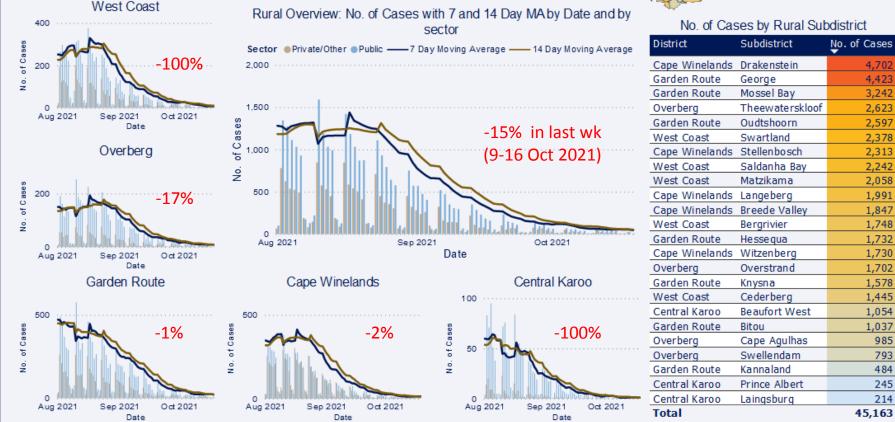
- Overall, there is a **28% week on week decrease** in cases in the **Metro**.
- Almost all areas are showing a decrease in case numbers (the exception is Eastern, but the absolute numbers of cases there remains very small).



#### **Rural Resurgence Overview**



ealth Impact Assessment WC Department of Health Last Updated: 10/20/2021 4:02:55 AM



**Rural Overview** 

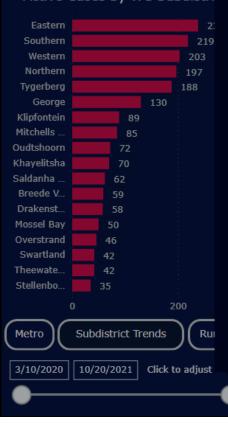
• A similar decrease in case numbers is being seen in the rural districts as well.

### Dashboard – weekday updates until cases increase again



Western Cape Government

#### Active Cases by WC Subdistri



#### PLEASE NOTE:

The Western Cape exited the third wave at the end of September. All COVID-19 metrics are at inter-wave levels.

This dashboard will therefore now only be updated Monday to Friday. Everyone 18 years and older can now get vaccinated and those 12-17 years are eligible for a single dose of Pfizer vaccine. **#VaccinesWork** 





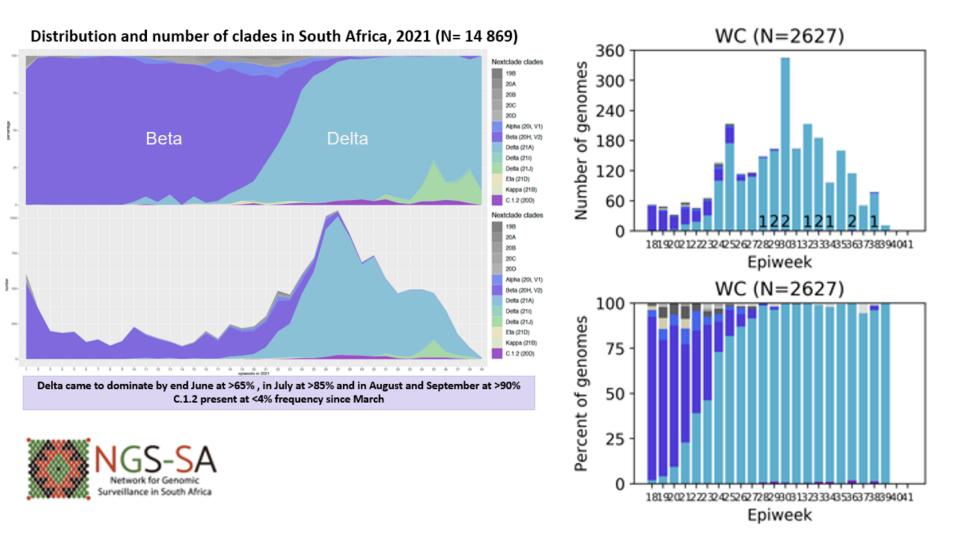
WC Department of Health

Last Updated:

Cases by Date

ednesday, October 20, 2021 13:00

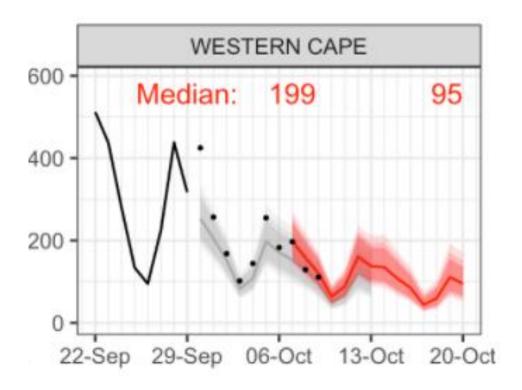
### Update on genomic surveillance in South Africa



- Delta overwhelmingly dominant variant with very little Beta or C.1.2 detected, though C.1.2. establishing in every province including the WC.
- In UK a new Delta sublineage is establishing (AY.4.2.)

### Short term predictions from SACMC – new cases

Actual cases continue to fit relatively well with predicted numbers for the past week with a smaller decline in case numbers expected for the coming week.



Black line: previous cases

**Grey line**: forecast for this week

**Dots**: actual cases

**Red line**: Prediction for next week





### **Proposal for differentiated approach to wave 4:**



RESPOND (ito restrictions) in similar way to hospital indicators at provincial level as far as possible

- probability that hospital indicators will be met with high vaccine coverage & high levels of prior infection very low

- SACMC 4<sup>th</sup> wave scenarios to inform

Watch case indicators but

Indicator	Resurgence Metric		
First warning:	•	Large $\uparrow$ case incidence ( $\uparrow$ for ≥ 1week of ≥ 20%) & moderate case numbers (200-300 new cases/day)	
↑ health service	•	Moderate $\uparrow$ case incidence (increase for $\geq$ 1week of $\geq$ 10%) when case numbers already high (> 300 new cases/day)	
demand in 14-21d	•	Facility-based test positivity > 15% or Overall test positivity 7%	
	•	>15% of hospitals have >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 day	
Second warning:	•	Overall test positivity >15%	
↑ health service	•	7 dma of new cases is >10% more than 40dma of new cases for $\geq$ 14 consecutive days if 40dma >100 new cases/day	
demand in 7-14d	•	Testing approaches 80% of max capacity OR TAT >24 hrs (urgent cases - admissions) & >48 hours (non-urgent cases) for 2d consecutively >40% of hospitals	
m /-140		have >10% of beds occupied by COVID-19 patients	
	•	>15% week-on-week increase in 7 day moving average of current admissions	
	•	>75% increase in pre-COVID-19 baseline of oxygen consumption by hospitals (>21.4 tons per day) for ≥3 days	
Third warning:	•	>20% week-on-week increase in 7 day moving average of current admissions.	
↑ health service	•	>50% bed occupancy of available HC, ICU and HFNO <sub>2</sub> COVID-19 beds.	
demand in 2-7d	•	COVID-19 patients occupy >20% of beds in >50% of hospitals OR >10% of beds in >80% of hospitals.	
	•	>100% increase in pre-COVID-19 baseline of oxygen consumption by hospitals (or >24.4 tons per day) for ≥3 days.	
Health service	•	Sustained increase of probable/confirmed cases needing hospital admission (as per first, second and third warning indicator)	
capacity close to	•	Absolute current COVID-19 hospitalization >2800	
overwhelmed	•	BUR % for designated COVID-19 general beds >70% in a district/province	
	•	BUR % for designated COVID-19 critical care beds (HC, intensive care and high flow nasal oxygen) >80%	
	•	Oxygen consumption/supply >200% baseline pre-COVID-19 reference level (or >36.6 tons/day)	

### Current status of the health platform



### Western Cape post 3<sup>rd</sup> wave – triggered response

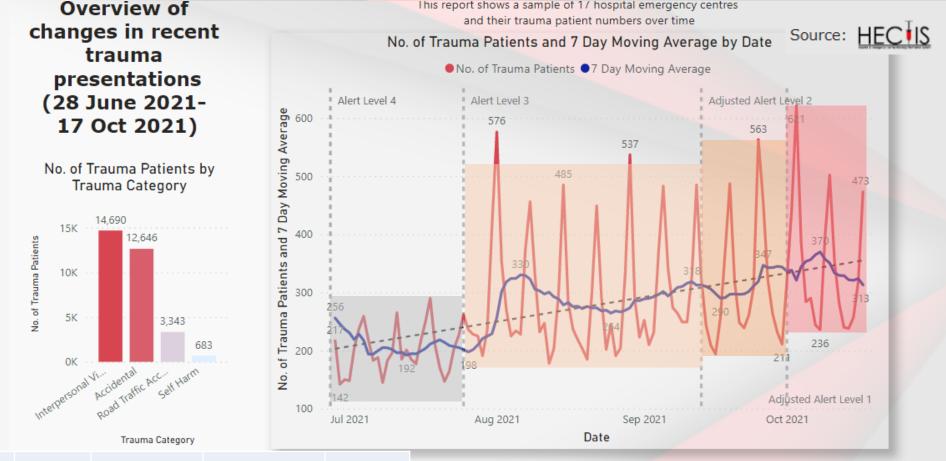
**Principle**: Transparent pre-defined triggers for whole of society response to reduce transmission and prepare health services.

Indicator	Example of Resurgence Metric
First warning: ↑ health service demand in 14-21d	<ul> <li>Large ↑ daily cases (increase for ≥ 1 week of ≥ 20%) (-23.0%)</li> <li>Overall test positivity &gt;7% for ≥1 week (3.1%)</li> <li>&gt;15% of hospitals have &gt;10% of beds occupied by COVID-19 patients (14%)</li> <li>&gt;50% ↑ in pre-COVID-19 hospital O<sub>2</sub> use (currently at 20T/day or &gt;50%)</li> </ul>
Second warning: ↑ health service demand in 7-14d	Overall test positivity 10-15% for ≥1 week (3.1%)         >15% week-on-week increase in 7dma of current admissions (↓to - 11.2%)         >40% of hospitals have >10% of beds occupied by COVID-19 patients (14%)         >75% ↑ in pre-COVID-19 hospital O₂ use (currently at 20T/day or 63.9%)
Third warning: ↑ health service demand in 2-7d	<ul> <li>&gt;20% week-on-week increase in 7dma of current admissions (↓to - 11.2%)</li> <li>&gt;50% of hospitals have &gt;20% of beds occupied by COVID-19 patients (14%)</li> <li>&gt;50% of high care, intensive care &amp; HFNO<sub>2</sub> COVID-19 beds occupied (33%)</li> <li>&gt;100% 个 in pre-COVID-19 hospital O<sub>2</sub> use (currently at 20T/day or &lt;100%)</li> </ul>
Health service capacity threatened	<ul> <li>&gt;2800 current COVID-19 inpatients (currently at 1406 admissions)         Note: This is across both public and private sector.</li> <li>O<sub>2</sub> &gt;80% of high care, intensive care &amp; HFNO<sub>2</sub> COVID-19 beds occupied (33%)         &gt;200% 个 in pre-COVID-19 hospital O<sub>2</sub> use (currently at 20 T/daily &lt;200%)</li> </ul>

### Acute service platform – current picture

- 1. Currently 1 406 COVID patients in our acute hospitals (684 in public hospitals & 722 in private hospitals). This excludes PUIs and cases in specialised hospital settings.
- The Metro hospitals have an average BOR of 91%; George drainage area hospitals at 72%; Paarl drainage area hospitals at 66% & Worcester drainage area hospitals at 67%. Critical care BOR for designated COVID beds for the province at 33 %.
- **3. COVID & PUI cases** currently make up **5%** of all available acute general hospital capacity in both Metro and Rural Regional Hospital drainage areas.
- COVID inter-mediate care the Brackengate Hospital of Hope currently has 46 patients (13.69% BOR), Sonstraal currently has 2 clients (10.29 % BOR); Freesia & Ward 99 have 0 patients. Mitchell Plain Hospital of Hope has now closed.
- 5. The Metro **mass fatality centre** has capacity has now closed.



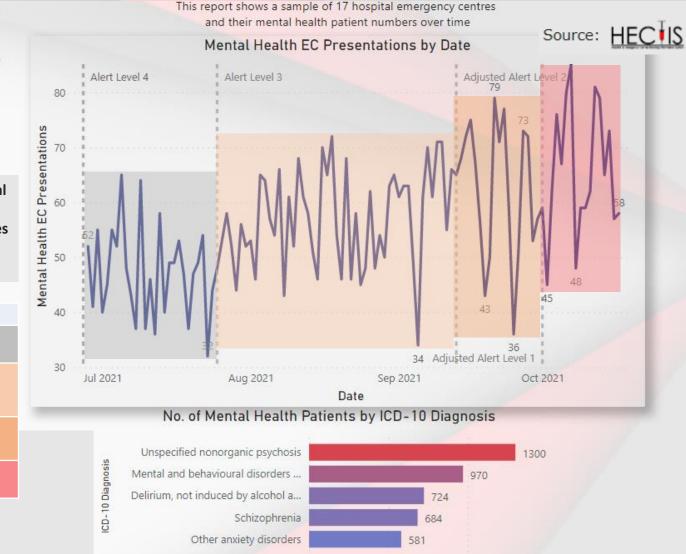


Date Period	Lockdown Level	<b>Alcohol Regulation</b>	Curfew
28 June – 25		Complete	
	Adjusted Level 4	prohibition of sale	21:00-04:00
26 July - 12		Offsite sale	
September		restriction Mon-	
2021	Adjusted Level 3	Thurs 10-00-18:00	22:00-04:00
13 Sept –		Offsite sale	
30 Sept		restriction Mon-	
2021	Adjusted Level 2	Friday 10-00-18:00	23:00-04:00
>1 Oct 2021	Adjusted Level 1	No restrictions	00:00-04:00

Similar to last year, over the last few months with every relaxation of alcohol regulation, we see trauma numbers consistently increase in response to the regulation introduced. Overview of changes in mental health presentations to EC's (28 June 2021-17 Oct 2021)

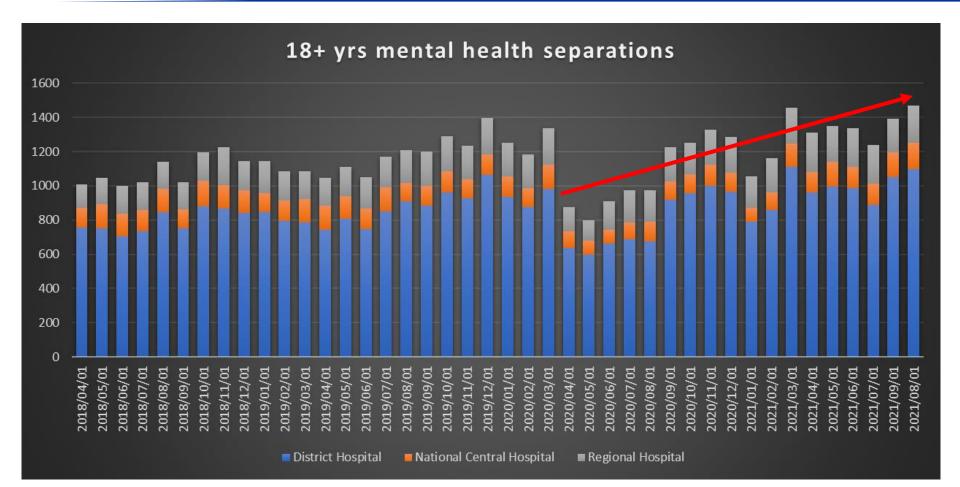
This graph reflects all acute Mental Health presentations that presented to 17 Emergency Centres across the province over the last few months.

Date Period	Lockdown Level
28 June – 25	
July 2021	Adjusted Level 4
26 July - 12	
September	
2021	Adjusted Level 3
13 Sept – 30	
Sept 2021	Adjusted Level 2
>1 Oct 2021	Adjusted Level 1



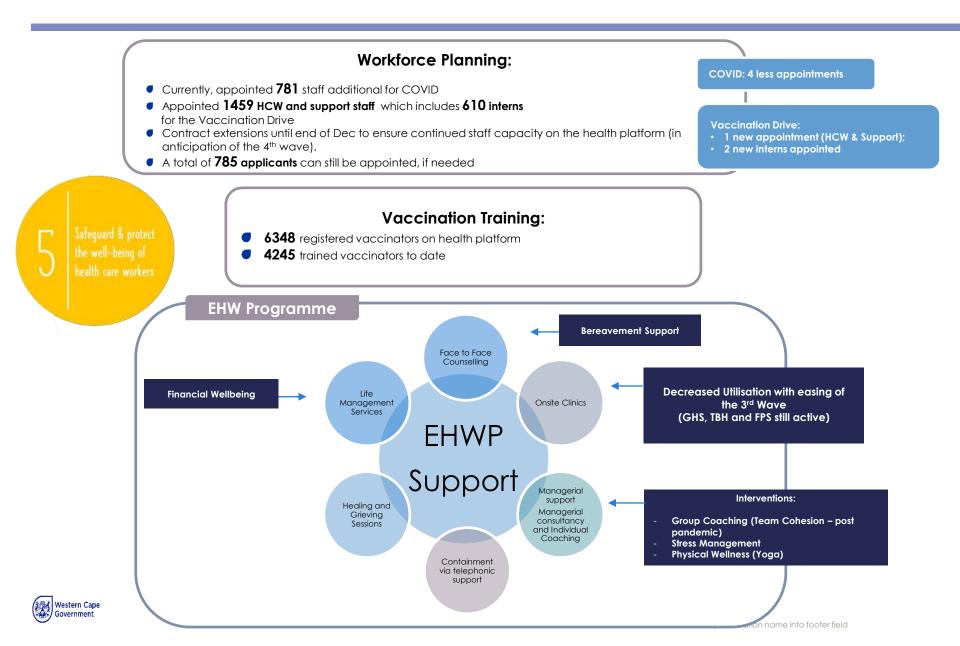
Mental Health presentations to Emergency Centres have recently been increasing as we come out of the third wave with nonorganic psychosis and mental and behavioural disorders related to substances accounting for the highest number of presentations over the period.

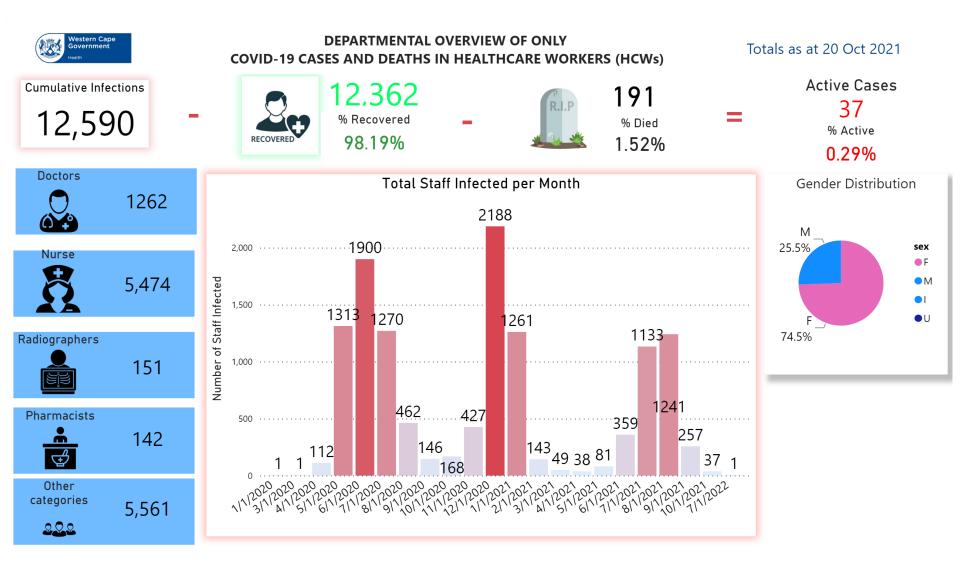
### 18+ yrs mental health separations – acute hospitals





### Preparing the People Capacity - 4<sup>th</sup> Wave





### Comparing wave 3 with wave 2 and the impact of vaccines



## 50+ years, Cases, hospitalisations & deaths

over a period of 12 weeks during the 3<sup>rd</sup> Wave



Age 50+ 30% of Cases



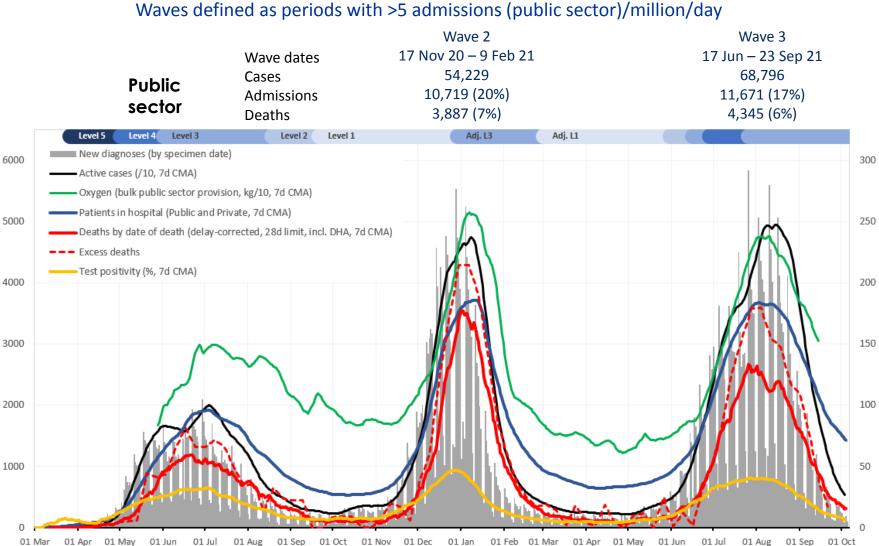
Age 50+ 60% of admissions



Age 50+ 83% of Deaths



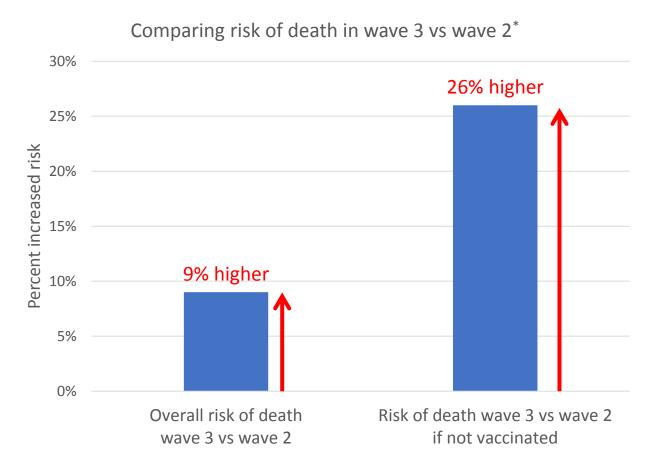
### Comparing the severity of wave 3 with wave 2 & the effect of vaccines



Daily and active (/10) cases, patients in hospital and oxygen use (kg/10)

Western Cape Government Test positivity (%) and daily deaths (CMA - centred moveing avera

### Risk of death in wave 3 vs wave 2

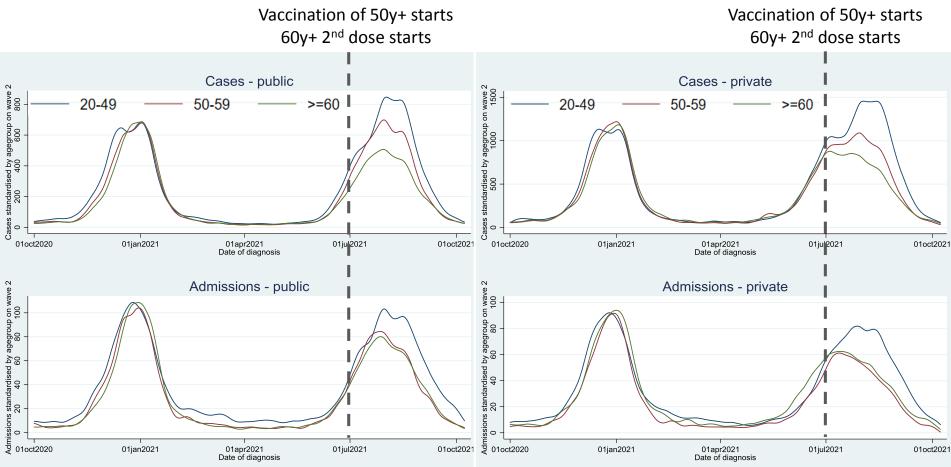


Wave 3 was associated with a 9% increased risk of death in COVID-19 cases, but risk was 26% higher if not vaccinated.



\*Adjusted for all other risk factors for death; Note wave 2 was itself 13% worse than wave 1.

### Impact of vaccines on total cases & admissions



Scaled the number of cases and admissions to be the same for each age group in wave 2.

 if the experience of different age groups had been the same in wave 3 as in wave 2, then curves for different age groups would be the same height in wave 3.

INSTEAD

We see a drop off in cases and admissions in the older age groups who were vaccinated first.

This is more marked in private sector where vaccine uptake initially highest

#### $\rightarrow$ pattern strongly indicates protective effect of vaccines at the level of the population.

# Summary & implications for best approach to vaccination to mitigate the 4<sup>th</sup> wave

- Wave 3 worse than wave 2 which was worse than wave 1.
- Vaccination of those 50y+ protected us from full effects of wave 3.
- Age 50y+ and comorbidities consistently remain the biggest risk factors for hospital admission and death in all waves.
- The best protection against a 4<sup>th</sup> wave that could overwhelm health services and result in excess mortality is to ensure that those 50y+ or with comorbidities are FULLY VACCINATED (2 doses Pfizer/ 1 dose J&J).
- No need for Pfizer booster shots for at least 6-8 months after 2<sup>nd</sup> dose except in severely immune compromised patients who may not respond to initial doses. Priority is getting 2 doses Pfizer of 1 dose J&J into arms – especially arms of the 50y+ or with comorbidities.
- Fully vaccinating those 50y+ or with comorbidities will reduce peak hospital admissions overall, so that those who do still need admission can have better outcomes. This is over and above the individual-level protection that vaccines provide against severe COVID-19.

### Vaccine Implementation update



### **Strategic Focus: Adjusting Aim**



#### 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



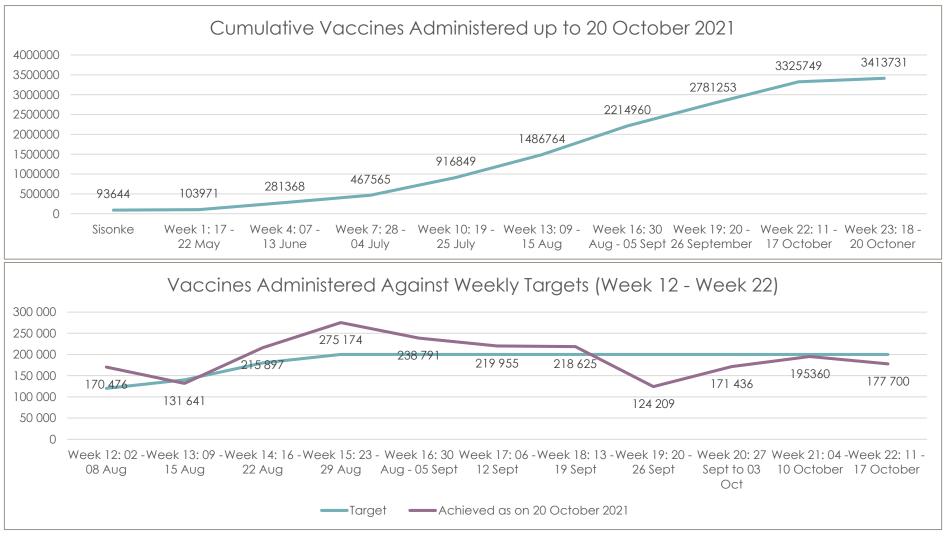
#### **Targeted Approach**

Focus on geographic areas with low vaccine uptake

Maximise reach and efficiencies through **increased outreach** services and **pop-up** sites

Western Cape Government **Rationalise and retain** fixed vaccination sites with high throughput and where appropriately placed

### **Vaccines Administered**

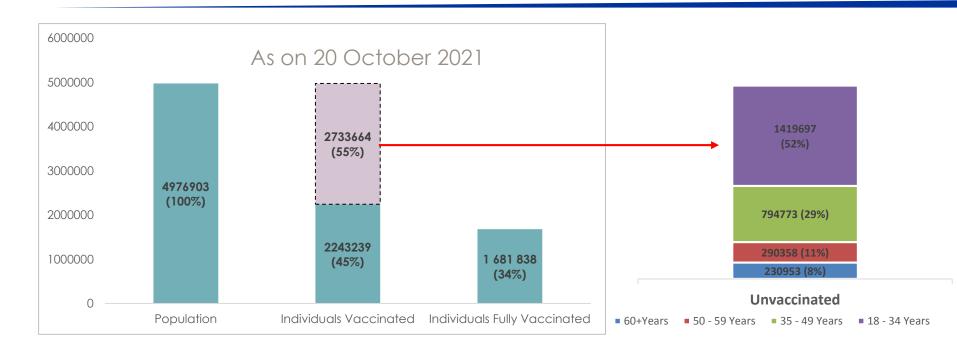


Source: NDoH Dashboard (Microsoft Power BI) accessed on 20 October @ 20:00



[Disclaimer: Data displayed in these graphs and tables only contains records captured on EVDS. Totals will be adjusted as back-capturing and data validation is done.]

### Current status and the road ahead



#### As on 20 October 2021:

Total number of individuals vaccinated (at least one dose) = 2 243 239 = 45% of >18s (EVDS National Dashboard on 20 October 2021)

Total number of individuals fully vaccinated = 1 681 838 = 34% of >18s (EVDS National Dashboard on 20 October 2021)

Number of unvaccinated persons aged 18 years and older = 2 733 664



### **Registration breakdown**

As on 18 October 2021, a total of **2 305 922** people in the Western Cape have registered on EVDS, equalling **46.43% of the total eligible population (>18 years)**.

Age Band	Total Registrations	% Individuals Registered
18 – 35 Years	697 492	32.97%
35 – 49 Years	734 113	48.55%
50 – 59 Years	384 132	56.28%
60 Years +	511 185	71.03%

Metro: Sub-district	Proportion >18 years	Rural: District	Proportion >18 years
	as on 18 October 2021		as on 18 October 2021
Eastern	49.10%	Cape Winelands	48.61%
Khayelitsha	27.65%	Central Karoo	37.10%
Klipfontein	44.64%	Garden Route	48.04%
Mitchell's Plain	27.31%	Overberg	54.88%
Northern	50.16%	West Coast	43.87%
Southern	51.87%		
Tygerberg	42.01%		
Western	72.05%		



### EVDS Registrations: +18 years as at 20 October 2021

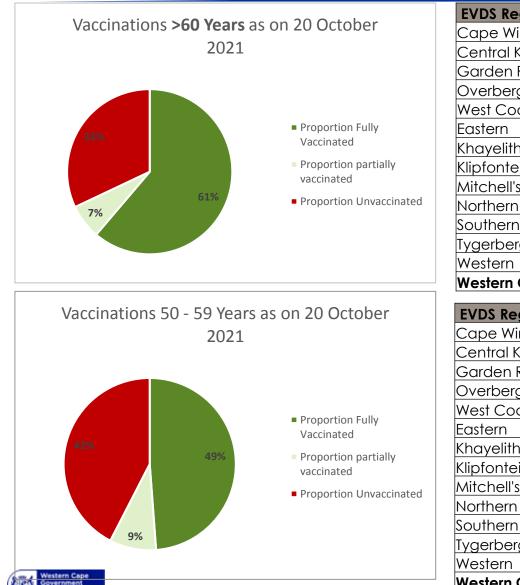
### Western Cape: 46.69% (2 318 655)

33.4% (18yrs to 34yrs) 48.8% (35yrs to 49yrs) 56.4% (50yrs to 59yrs) and 71.1% (60yrs+)



© Western Cape Government 2012 | WCG-PPT Slide Gallery-01112012.pptx

### Vaccinations & Registrations: >50 Years



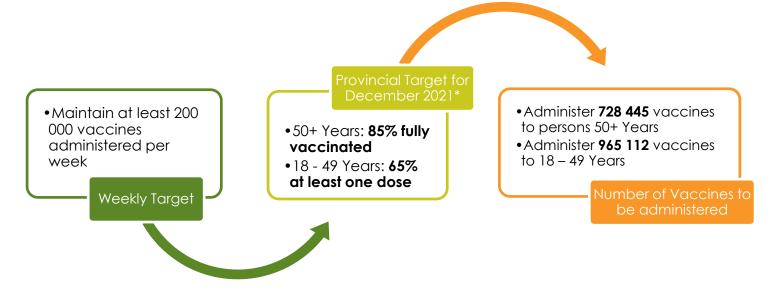
© Western Cape Government 2012

EVDS Registrations	60+ Years
Cape Winelands	68,96%
Central Karoo	50,64%
Garden Route	79,81%
Overberg	101,18%
West Coast	85,10%
Eastern	68,23%
Khayelithsa	50,07%
Klipfontein	82,40%
Mitchell's Plain	45,67%
Northern	58,97%
Southern	77,38%
Tygerberg	60,47%
Western	83,21%
Western Cape	71,10%

EVDS Registrations	50 - 59 Years
Cape Winelands	58,58%
Central Karoo	50,25%
Garden Route	59,10%
Overberg	63,75%
West Coast	54,18%
Eastern	57,50%
Khayelithsa	52,07%
Klipfontein	60,01%
Mitchell's Plain	35,29%
Northern	56,42%
Southern	55,96%
Tygerberg	50,62%
Western	76,81%
Western Cape	56,41%
	33

### **Provincial Targets up to December 2021**

Age in years	Total Population	(Received either 1 dose 18 Lor	Proportion <u>Partially Vaccinated</u> (One dose of two-dose regimen received) as on 20 October 2021	Proportion <u>Unvaccinated</u> as on 20 October 2021
60 Years +	723 160	61.40%	6.67%	31.94%
50 – 59 Years	684 149	48.82%	8.74%	42.44%
50 Years +	1 407 309	55.28%	7.68%	37.04%
35 – 49 Years	1 511 813	35.99%	11.44%	52.57%
18 – 34 Years	2 057 781	17.47%	13.53%	68.99%
18 - 49	3 569 594	25.32%	12.65%	62.04%
18 Years +	4 976 903	33.79%	11.24%	54.97%





Definition of Vaccinated Individual: One dose J&J (single-dose regiment) or Pfizer (two-dose regiment) 1<sup>st</sup> dose administered
 Definition of Fully Vaccinated Individual: One dose J&J (single-dose regiment) or Pfizer (two-dose regiment) 1<sup>st</sup> and 2<sup>nd</sup> dose administered

### Additional Eligibility Groups

12 – 17 Years	<ul> <li>Eligible from 20 October 2021</li> <li>Total Population = 667 000</li> <li>Not a priority target group, not school-based</li> <li>Can access service at any vaccination site</li> <li>Total of 10 589 registrations on 20 October 2021</li> </ul>
Immuno- compromised >18 years	<ul> <li>Provide additional dose of vaccine for immuno- compromised persons &gt;18yrs</li> <li>At least 28 days after last dose, to be motivated by medical practitioner, for implementation before December 2021</li> </ul>
Sisonke 2	<ul> <li>Implementation of 2nd J&amp;J dose for health care workers</li> <li>Before December 2021</li> <li>Total of 93 774 healthcare workers who participated in Sisonke 1 will be eligible</li> </ul>
Booster Doses	<ul> <li>Booster doses for the general public will only be applicable for consideration in our context at least 6-8 months after the 2nd dose of Pfizer</li> <li>Will commence in January to March 2022 with 60 Years and older.</li> <li>Of the eligible population, a total of 490 258 will be eligible between January and March 2022.</li> </ul>

### **Remarks on Vaccine Implementation**

1. Projected Weekly Throughput of 200 000 Vaccines Administered: Capacity is available and needs to be supported by concerted demand creation and social mobilisation efforts.

#### 2. Focus

- The primary focus will remain on ensuring that the most vulnerable groups are vaccinated (>50yrs and people >18yrs with co-morbidities).
- Ensuring Equity in Access: Ongoing efforts to remove barriers to access to ensure equitable access between males/ females, insured/ uninsured and more affluent/ poorer communities.
- Refocussing: Reviewing implementation models to match local context. This
  will require rationalising and reducing fixed sites in favour of community-based
  outreach models that include mobile services and pop-up sites.
- Targeted Mobilisation: Reaching everyone who has not got around to it yet, as well as everyone who is still unsure or anxious.



### Communications





### Why 50+ must vaccinate

**RISK WARNIN** 5

# Over 50 years?

You are at high risk. Get vaccinated now to protect yourself. During the third wave, people aged 50 years and older made up 30% of cases, 60% of admissions, and 83% of deaths due to COVID-19\*.



cases

Health



Age 50+ 60% of admissions



October 2021

Age 50+ 83% of deaths

\*Over a period of 12 weeks during the 3rd wave.



Western Cape

Government



### **Addressing misinformation**

### **COVID-19 VACCINES DEBUNKING THE MYTHS**

#### FACT V FALSE X Expert researchers across the world worked together and took no safety The vaccine was shortcuts. Existing safe technology was rushed and is not used to create the vaccine. Over 1.84 afe billion people worldwide have already been safely vaccinated. It is impossible for the vaccine to change your DNA. The vaccine does not changes your DNA remain in your body but gets broken down and discarded by your body. The vaccine can give It is impossible. It does not contain live you COVID-19 COVID-19 virus. Side effects like headache, a sore arm, feeling tired, or mild flu symptoms t causes severe side are normal. This means the vaccine effects or death is working and your body's immune system is responding by making antibodies. COVID-19 VACCINE There is no evidence that the vaccine It can make women infertile

causes infertility or any other long-term side effects.

Everyone over 18 can go to the nearest vaccination site to register and get their vaccine. Bring an unvaccinated family member with you.

Do you have high blood pressure or diabetes? The vaccine is safe for people with high blood pressure and diabetes. Get vaccinated immediately to protect yourself against getting severe COVID-19.





rt

#### **COVID-19 VACCINES:** What you need to know

#### Dursure about getting the COVID-19 vaccine

- It is normal to have guestions.
- Vaccines have ended pandemics like polio and measles. Babies and children get them to prevent these and other diseases.
- COVID-19 vaccines are safe and are already saving lives in many

### COVID-19 vaccines are safe and effective

- Of 2 billion people vaccinated only a very small number had a serious side-effect.
- Vaccines protect against severe COVID-19 illness and death. Vaccines are already saving thousands of lives.

#### P How does the vaccine work?

The vaccine trains your immune

August 2021

- system to recognise the coronavirus.
- If you then get COVID-19, your immune system will spring into action and prevent you from getting severely ill.

#### Why do I need the 61 vaccine?

- There is no cure for COVID-19.
- Vaccines will protect you against getting very sick or dying from COVID-19.
- Being vaccinated is our best protection against more 'waves' of COVID-19 and return to a more normal life.
- The more people that are vaccinated, the less chance the virus has to make people sick.

#### Will the vaccine give me COVID-19 or make me sick?

- No, the vaccine does not contain the virus and will not give you COVID-19.
- Many people experience mild side effects like headache and fever. These start around 6 hours after vaccination and last 1-2 days.
- These show the immune system is preparing to fight COVID-19.







### **Concluding remarks**

- We have exited the 3<sup>rd</sup> wave with continuous decline in COVID cases, but urge everyone to adhere strictly to protective behaviours, to contain spread over the coming weeks and months, in expectation of a 4<sup>th</sup> wave.
- 2. We have **tailored a triggered health** and **societal response** and will refine these tools to trigger appropriate responses **to detect** and **avert** an **early onset of a 4<sup>th</sup> wave**.
- Our biggest weapon against a big 4<sup>th</sup> wave is vaccination (especially for >50yr olds).
   We have a bespoke vaccination capacity to administer 40 000 vaccines/ day, but now require a massive whole of society effort to generate targeted demand.
- 4. We need to scale our mobilisation and assist everyone that is eligible to be registered on the EVDS, and to be vaccinated, in a targeted and intentional manner, to restore our economy, and normalise the health system & societal functioning.



Thank you

K Cloete