

Health

Digital Press Conference

Update on COVID-19 and Vaccination Roll-out

Dr K Cloete & Prof M Davies

26 November 2021

Overview

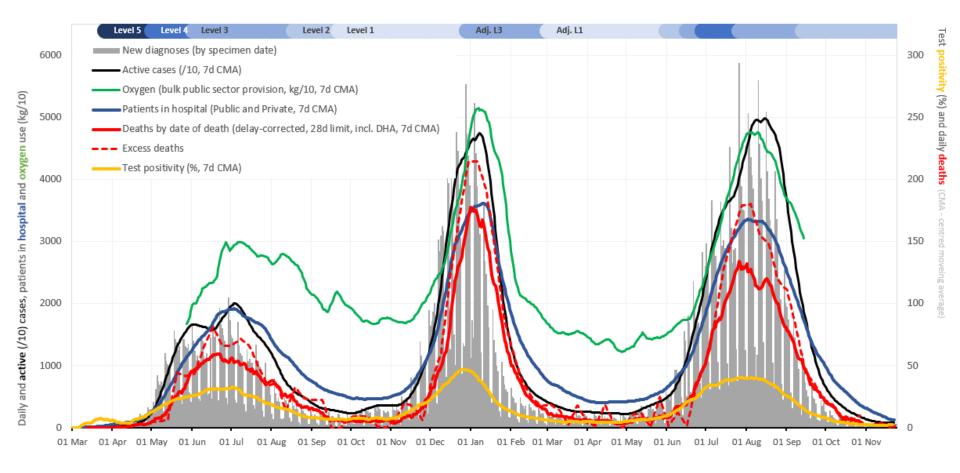
- 1. COVID Surveillance & Response Update
- 2. COVID-19 fourth wave response
- 3. The current status of the health platform
- 4. Vaccine Implementation update
- 5. Key messages
- 6. Conclusions



COVID Surveillance & Response Update



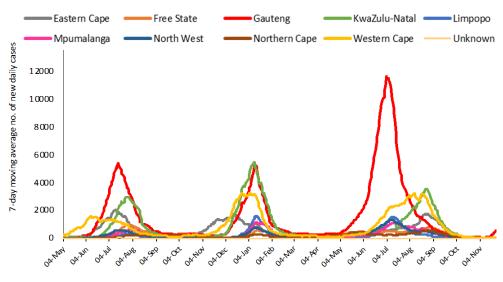
Integrated testing, case, hospitalisation and mortality trends

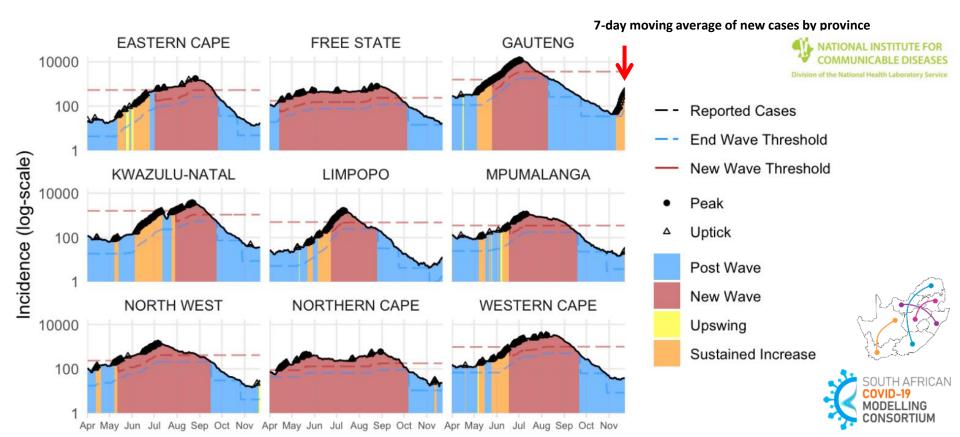


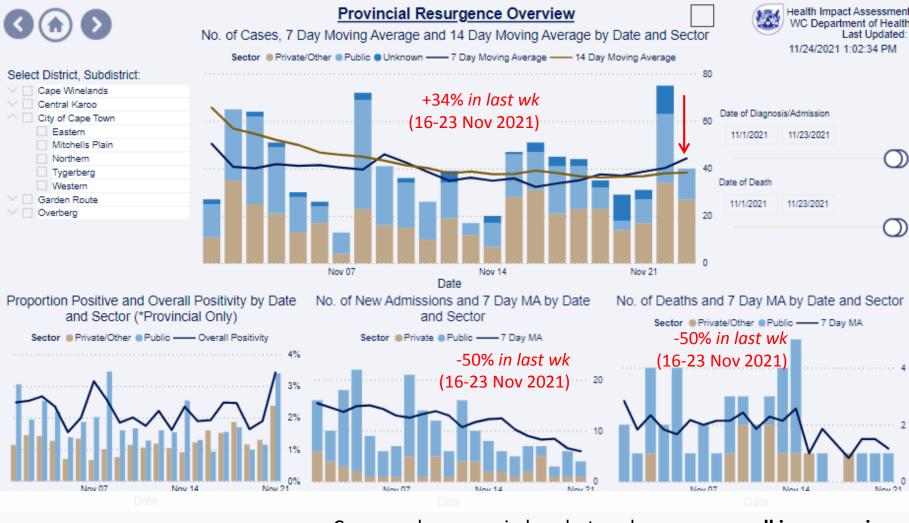


National trends

- Steep increase in Gauteng in the last week.
- Increases noted in Limpopo, Mpumalanga,
 Eastern Cape and North West.
- Increase in Gauteng in City of Tshwane initially among 20-40y age group and appeared largely due to a university cluster, but now more widespread.

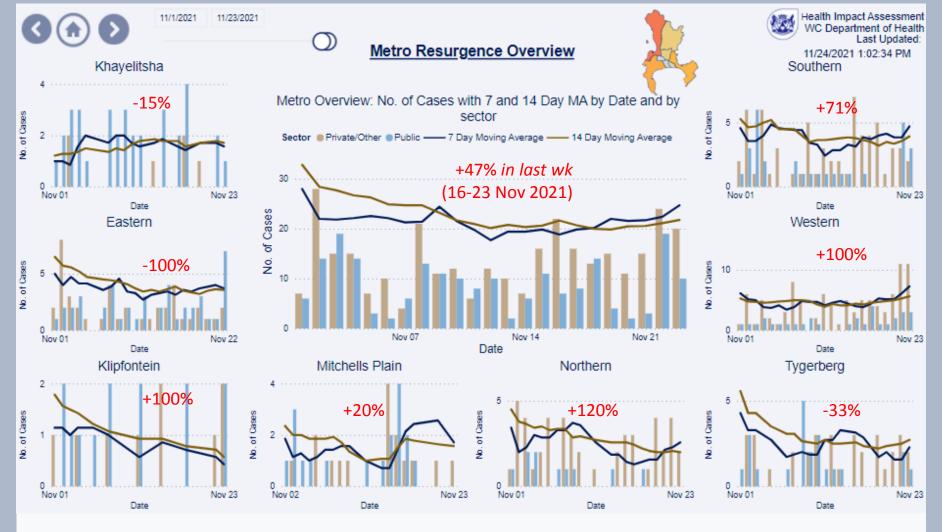






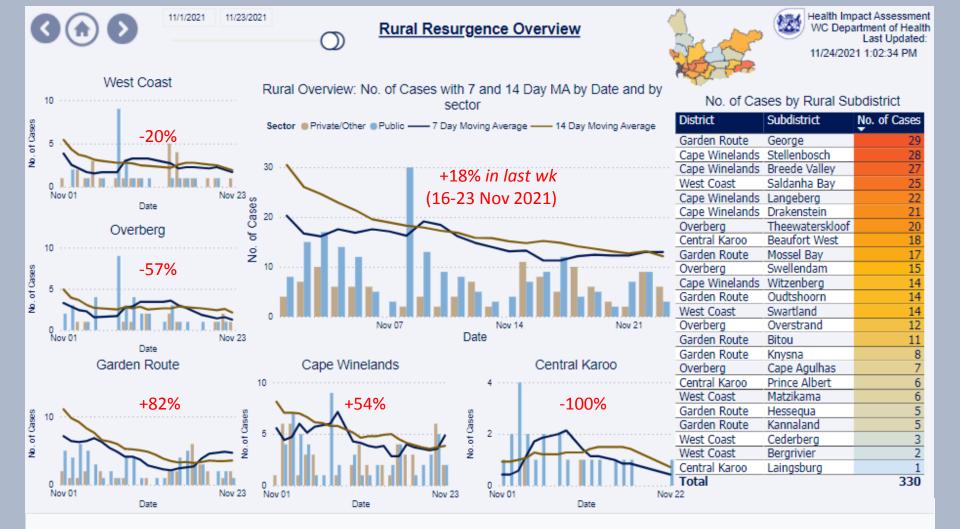
Provincial Overview

- Case numbers remain low, but we have seen small increases in the number of daily new cases with around 44 new diagnoses per day. With small case numbers, this is a large week-on-week % increase in new cases.
- The **proportion positive** has increased to **3.4%**.
- Admissions and deaths continue to decrease and are low.



Metro Overview

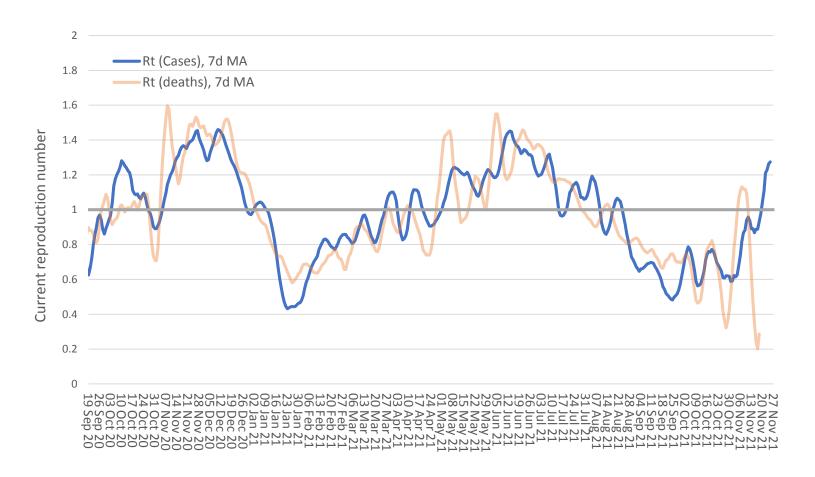
- Overall, there is a 47% week on week increase in cases in the Metro, from a baseline of very low numbers.
- Most sub-districts are starting to see small increases, but absolute numbers of incident cases remain fairly low.
- Notable increase in cases in the Northern and Western subdistricts within the private sector



Rural Overview

 Rural districts continue to see low case numbers, with some signs of small increase in absolute numbers in the Garden Route and Cape Winelands districts

Reproduction number



Reproduction number has increased above 1.



Monitoring for resurgence

Week on week percent change in the 7d moving average of new cases has increased for the first time since end of wave 3 but absolute numbers of cases very low.

Resurgence thresholds have not been reached yet, but these will be monitored closely.

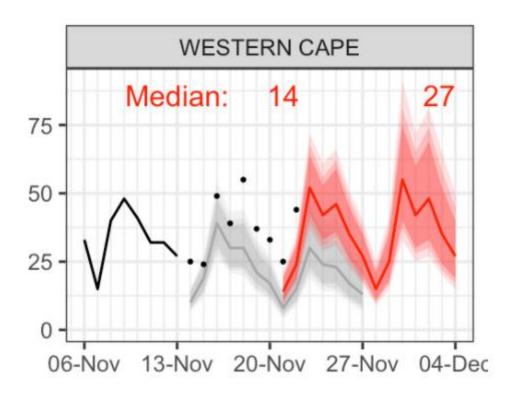




Short term predictions from SACMC – new cases

Actual cases higher than expected for the past week although numbers very low.

An increase in absolute number of cases is expected for the coming week.



Black line:

previous cases

Grey line:

forecast for this week

Dots:

actual cases

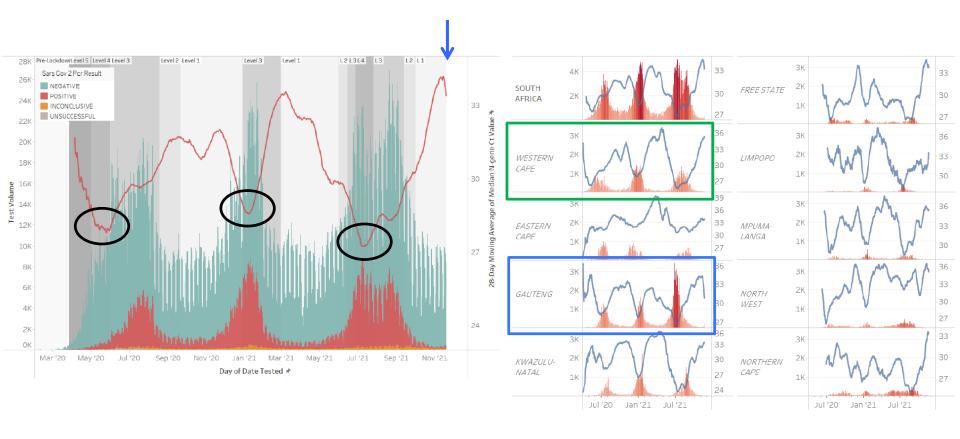
Red line:

Prediction for next week





Ct value (COVID-19 viral load) trends for South Africa

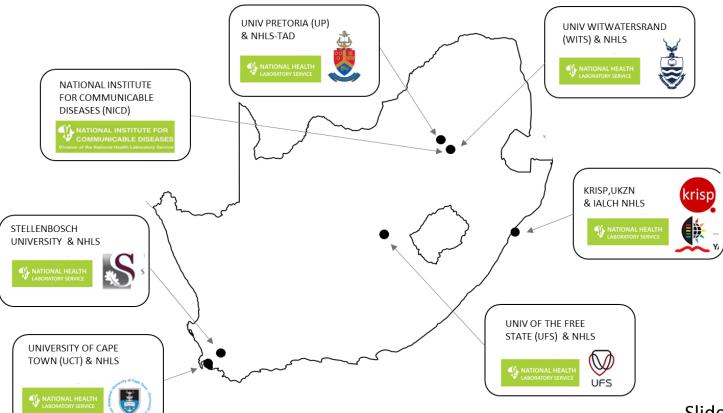


- NHLS monitors Ct value (viral load) trends for the country (red line) & individual provinces (blue line).
- A low Ct value indicates a high viral load. Median Ct decreases before a COVID-19 surge.
- There seems to be a turning point in the Ct values for the country as a whole
 - and a very steep decline in Gauteng (blue box)



Network for Genomic Surveillance South Africa (NGS-SA)

SARS-CoV-2 Sequencing Update 25 November 2021



Supported by the DSI and the SA MRC
Msomi N. Mlisana K. et al. Lancet Microbe 2020

Slides courtesy of Tulio De Oliviera & Richard Lessells





















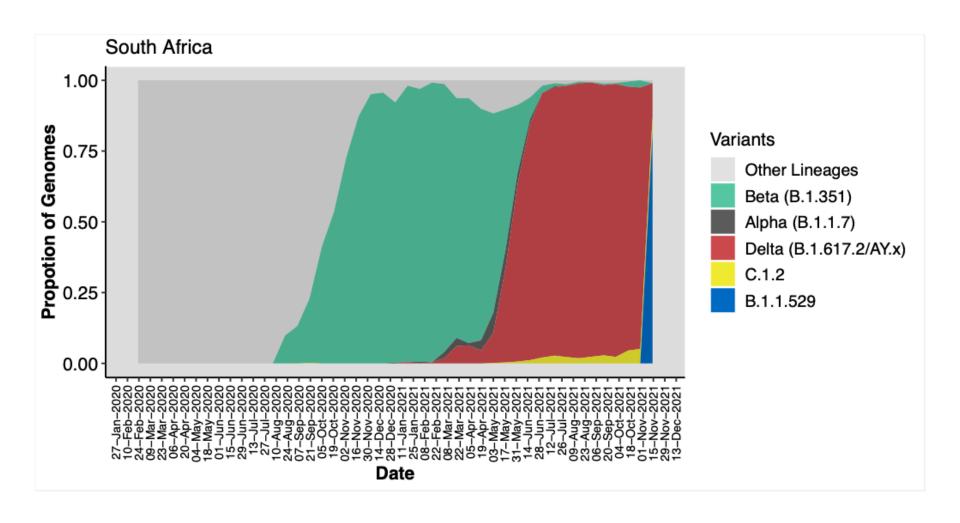




Summary of new variant

- New variant detected in South Africa (lineage B.1.1.529) with high number of mutations, which are concerning for predicted immune evasion and transmissibility
- B.1.1.529 genomes produced from samples collected 12-20 Nov from Gauteng (n=77), Botswana (n=4) and Hong Kong (n=1, traveler from SA)
- B.1.1.529 can be detected by S-gene target failure on the Thermo Fisher TaqMan PCR assay this will help us to track and understand spread
- Early signs from diagnostic laboratories that B.1.1.529 has rapidly increased in Gauteng and may already be present in most provinces
- We can make some predictions about the impact of mutations in this variant,
 but full significance uncertain at this point in time

B.1.1.529 becoming dominant



S-gene target failure (proxy marker of B1.1.529) Thermo Fisher TaqMan assay

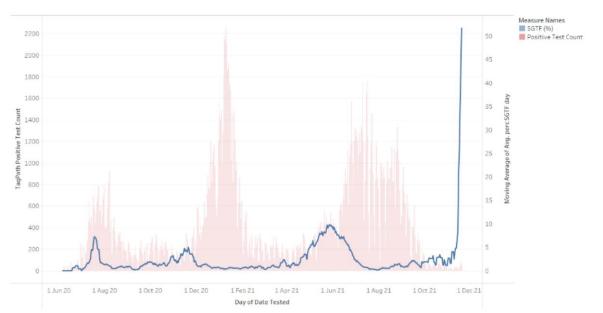


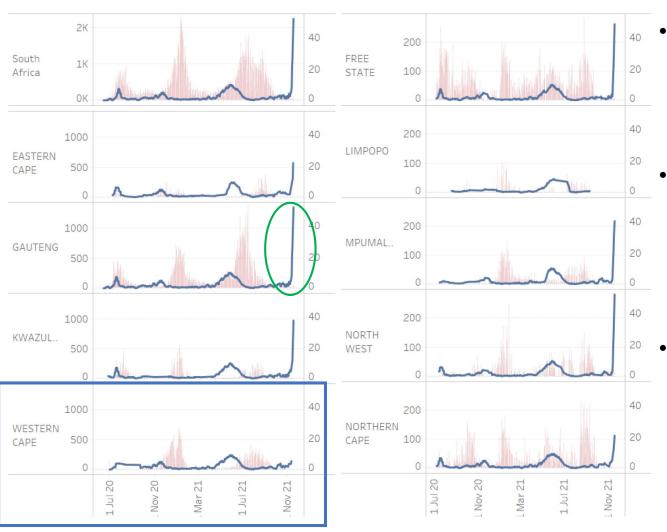
Figure 9: S-gene dropout (%) of cases with high VL (Ct value<30 for ORF or N gene). The red bars are the number of tests reporting the presence of SARS-CoV-2 (daily) on the TaqPath assay. The solid blue line is the moving median of S-gene dropout (%).

*Current (end of Nov '21) dramatically increasing trend in the proportion of SGTF (Ct value<30 for ORF or N gene)

- Variant can be detected presumptively by qPCR assay (before whole genome sequencing)
- New increase in S-gene dropout noted by NHLS and private labs very recently - from mid-November
- Now rapidly increasing in most provinces



S gene target failure by province



- Rapid increase in proportion with SGTF noted across multiple provinces
- Caution re. lower number of positive tests in provinces other than Gauteng, but consistent trend concerning
- WC difficult to assess because very small number of positive cases and limited use of TaqMan assay – but SGTF has been identified



More work needed to understand full impact





Vaccines











Summary

- Epidemiological data suggest sustained increase in COVID-19 incidence across Gauteng and emerging in other provinces, possibly fueled by cluster outbreaks.
- New variant (B.1.1.529) detected in multiple samples from across Gauteng
- Significant and rapid increase in detection of variant (based on PCR proxy) in Gauteng and other provinces.
- Although limited detection of variant (based on PCR proxy) in WC, it is likely that the increase in cases in the last few days is driven by the variant.
- Important to stress that vaccines remains our key intervention to protect against severe disease, and that we should continue to adhere to protective behaviours to limit the risk of infection.





















COVID-19 fourth wave response



Possible 4th wave scenarios (before variant identified)

Assumptions:

- Seroprevalence, variants, admissions, excess deaths, vaccinations as per data to date.
- Vaccine coverage 70% among adults by March 2022 (vs 42% current)
 - 75% coverage in those 60y+ (vs 64% current).
- Vaccine effectiveness vs. infection delta as per published data & wanes.
- Vaccine effectiveness vs. hospitalisation maintained for projection window.

Two more severe scenarios



Scenario 1: \uparrow contact behaviour post wave 3 with no behavioural response to \uparrow infections in a 4th wave.

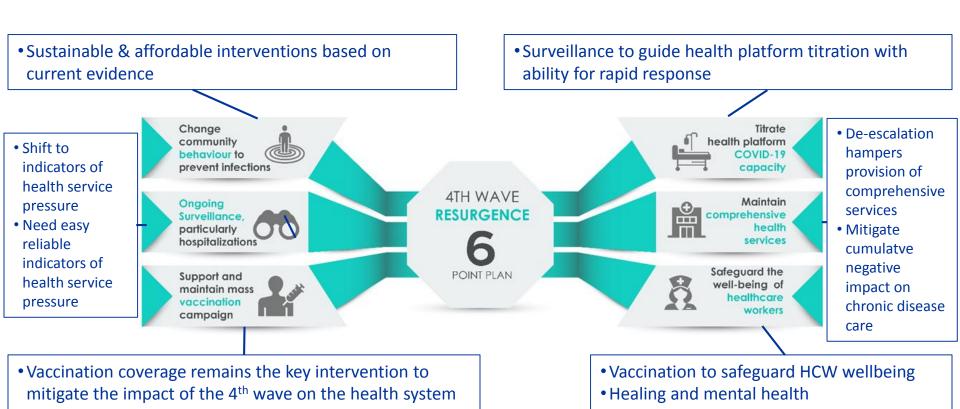
Scenario 2: Variant with 25% immune escape (re-infections)

- Vaccines remain effective against severe disease.
- —Limited behavioural response to 4th wave contacts double number in wave 3





Western Cape 4th wave resurgence plan





Triggered response for the 4th wave

Agile and titrated response with multiple actions in response to predefined triggers

La di cata a	Francis of Decrees on Matrix	December and adjusting
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	 Public messaging: ↑ cases & stricter NPI adherence. Publish 2nd warning indicators & restriction expectations if breached. Notify of resource mobilization for a substantial surge.
III 14-21u	O ₂ >50% ↑ in pre-COVID-19 O ₂ use for ≥3d	 ↑ vaccination & boosters according to national guidelines. Viral sequencing. No restrictions when 1st warning indicator met.
Second warning: 个 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 O ₂ >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 PLUSMobilize resources to maximum capacity.Further restrictions

Titrating the health platform

- similar response to wave 3 when admission indicators are met

Indicator	Acute hospital general beds	Critical care/ICU beds	Intermediate care beds	Referral pathwavs	Ambulance service	Oxygen O ₂
1st warning: ↑ health service demand in 14- 21d	↑ to 30% of peak wave 2 beds (545 beds) by ↓ non-urgent OPD visits	↑ to 30% of peak wave 2 beds (37 beds) by ↓ elective surgery to 80% of usual capacity	↑ to 50% capacity (min 250 beds)	Equitable spread across hospitals: temporarily shift referral paths to balance patient load across facilities	Use private sector EMS transport as required	Alert O ₂ company to ↑ supply & transport Refill O ₂ tanks every 2nd day/as
2 nd warning: 个 health service demand in 7-14d	↑ to 60% of peak wave 2 beds (1090 beds) by further ↓ non- urgent OPD visits	↑ to 60% of peak wave 2 beds (75 beds) by ↓ elective surgery to 70% of usual capacity	↑ to 100% capacity (500 beds)	As above	As above	required Refill O ₂ tanks daily
3rd warning: 个 health service demand in 2-7d	↑ to 100% of peak wave 2 beds (1820 beds) by strictly ↓ non- urgent OPD visits	↑ to 100% of peak wave 2 beds (125 beds) by ↓ elective surgery to 60% usual capacity	↑ to >100% of capacity (>500 beds) if possible	Divert patients to private sector hospitals where possible	As above	Refill oxygen tanks daily or twice daily if drop <50% capacity
Health service capacity threatened	As above plus Continue maximal expansion COVID-19 beds Continue restricting non-urgent OPD services and non-urgent admissions Maintain daily governance structures / huddles to ensure maintenance and equity of the service platform pressures					

Current status of the health platform



Acute public service platform – current picture

- 1. The Metro hospitals have an average BOR of 90%; George drainage area hospitals at 66%; Paarl drainage area hospitals at 72% & Worcester drainage area hospitals at 78%. Critical care BOR for designated COVID beds for the province at 13%.
- 2. COVID & PUI cases currently make up 3% 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 5 patients (<2% BOR), Sonstraal currently has 0 clients; Freesia & Ward 99 have 0 patients. Mitchell Plain Hospital of Hope has now closed.
- 4. The Metro mass fatality centre has capacity has now closed.



Daily Operational Bed Status



WCDOH: Daily Operational Bed Status Dashboard as at 25/11/2021

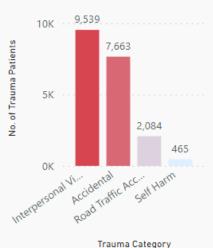
						BUR % for	BUR % for
					Designated	Designated	
Drainage Area		Filled				Covid	Covid
	Operational	Beds		COVID	% Covid	Beds(General	Beds(Critical
	Beds		BUR %	BUR %	patients	Wards)	Care)
Cape Town /Metro	5,065	4,569	90%	5%	2 %	4%	18%
George	918	602	66%	2 %	1%	3%	
Paarl	982	703	72%	14%	6 %	14%	11%
Worcester	741	578	78%	22%	10%	23%	8%
SubTotal WCDOH	7,706	6,452	84%	7%	3%	7%	13%

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



Overview of changes in recent trauma presentations (01 Oct 2021-21 Nov 2021)





rrauma category

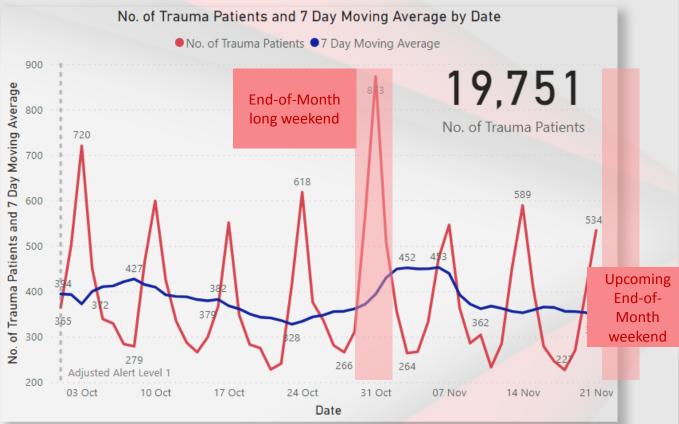
Current COVID-19 Regulation

Date	Lockdown	Alcohol	Curfew
Period	Level	Regulation	
	Adjusted	No	00:00-
	Level 1	restrictions	04:00

WC Sentinel Trauma Report

Source: HEC IS

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



Over the last 7 weeks (since the start of Alert Level 1), we have seen a total of 19,751 trauma cases at 20 of our Emergency Centres with ~48% due to Interpersonal Violence.

These trauma presentations continue with a weekend pattern of violence and trauma, and further worsening after a pay-day/end-of-month weekend likely secondary to increased alcohol sales during these periods.

The upcoming end-of-month/black Friday weekend with several alcohol advertising promotions will, therefore, likely see further strain on healthcare services.

Preparing the People Capacity – 4th Wave

Safeguard & protect the well–being of health care workers

Workforce Planning:

COVID: 8 additional appointments

- Currently, appointed 863 staff additional for COVID contracts extended until end
 of March 2022 to ensure continued staff capacity on the health platform.
- Appointed 1471 HCW and support staff which includes 603 interns for the Vaccination Drive
- A total of 803 applicants can still be appointed, if needed

Vaccination Drive:

- 1 new appointment (HCW & Support);
- No new interns appointed

Vaccination Training:

- 6390 registered vaccinators on health platform
- 4292 trained vaccinators to date

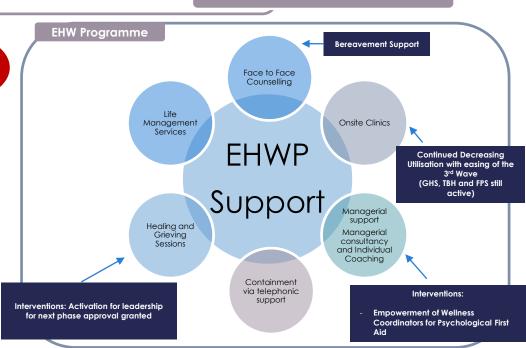
2 new registered vaccinators

2 additionally trained vaccinators

Well-being and Safety:

76,37% vaccine coverage

- PPE provision well managed, stocked and distributed to staff
- Improved OHS Practices: HIRAs for Metro in November;
 DoL inspections taking place with improvement reports (no contraventions reported)
- Leave Provisions are in place to address staff fatigue encouraging rest but also Recognition to say Thank You to HCW.
- Internal Health Comms Series and Staff Wellbeing to build up resilience and hope
- Mandatory Vaccination of all HCW as a key policy position for the Department is being reviewed with expert input.







Cumulative Infections

12,603

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



% Recovered 98.36%



192 % Died 1.52% Totals as at 25 Nov 2021

Active Cases

15

% Active

0.12%



1270

Nurse

5,483

Radiographers



151

Pharmacists

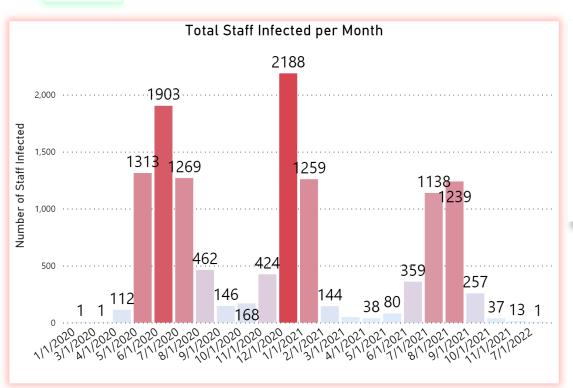


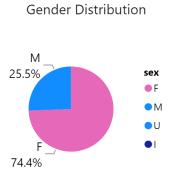
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Other categories

5,556









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

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



Vaccinations as at 25 November 2021 (including 12 – 17 yrs)

National adults fully vaccinated

14 076 251

35.37% of adult pop.

WC adults fully vaccinated

2 097 255

42.14 % of adult pop.



Vaccinations in the Western Cape to date

4 055 520



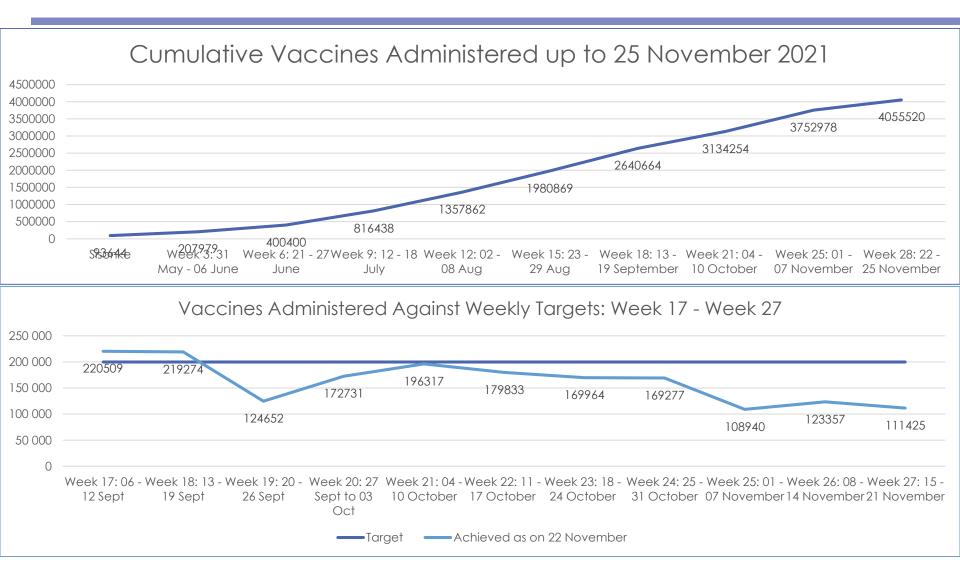
Vaccinations in the Western Cape- last 24 hours

17 976



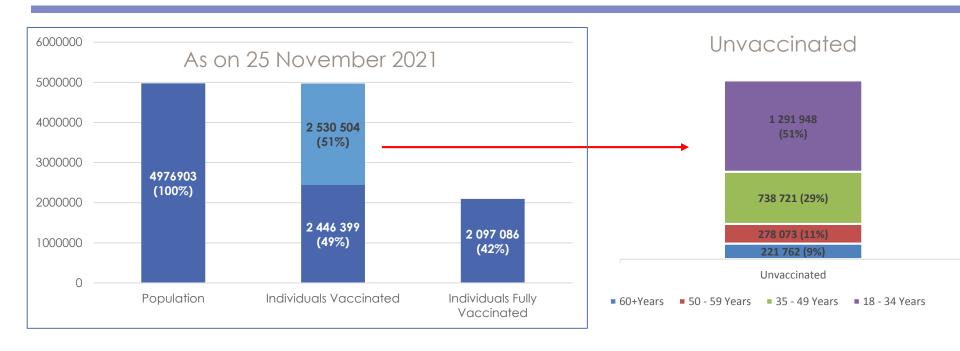


Vaccines Administered





Current status and the road ahead



As on 25 November 2021:

Total number of individuals (18 Years and older) vaccinated (at least one dose) = 2 446 399 = 49% of >18s (EVDS National Dashboard on 25 November 2021)

Total number of individuals (18 Years and older) fully vaccinated = 2 097 086 = 42% of >18s (EVDS National Dashboard on 25 November 2021)

Number of unvaccinated persons aged 18 years and older = 2 530 504

Total number of children (aged 12 – 17 Years) Vaccinated = 54 609 (8%)



Registration breakdown

As on 25 November 2021, a total of **2 591 545** people in the Western Cape have registered on EVDS, equalling **46.17%** of the total eligible population (>12 years).

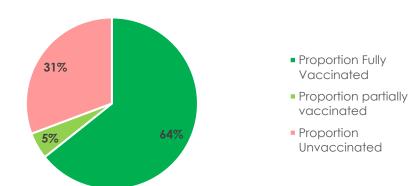
Age Band	Total Registrations	% Individuals Registered
12 – 17 Years	70 495	10.91%
18 – 35 Years	809 930	39.47%
35 – 49 Years	791 220	52.32%
50 – 59 Years	400 102	58.62%
60 Years +	519 799	72.22%

Metro: Sub-district	Proportion >18 years as on 25 November 2021	Rural: District	Proportion >18 years as on 25 November 2021
Eastern	53.59%	Cape Winelands	52.85%
Khayelitsha	32.52%	Central Karoo	41.04%
Klipfontein	49.30%	Garden Route	52.24%
Mitchell's Plain	30.50%	Overberg	60.43%
Northern	53.80%	West Coast	49.33%
Southern	54.70%		
Tygerberg	45.60%		
Western	78.79%		

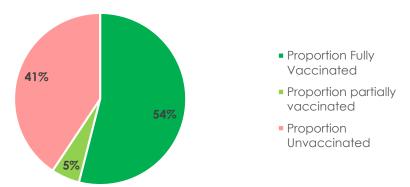


Vaccinations & Registrations: >50 Years

Vaccinations >60 Years as on 25 November 2021



Vaccinations 50 - 59 Years as on 25 November 2021

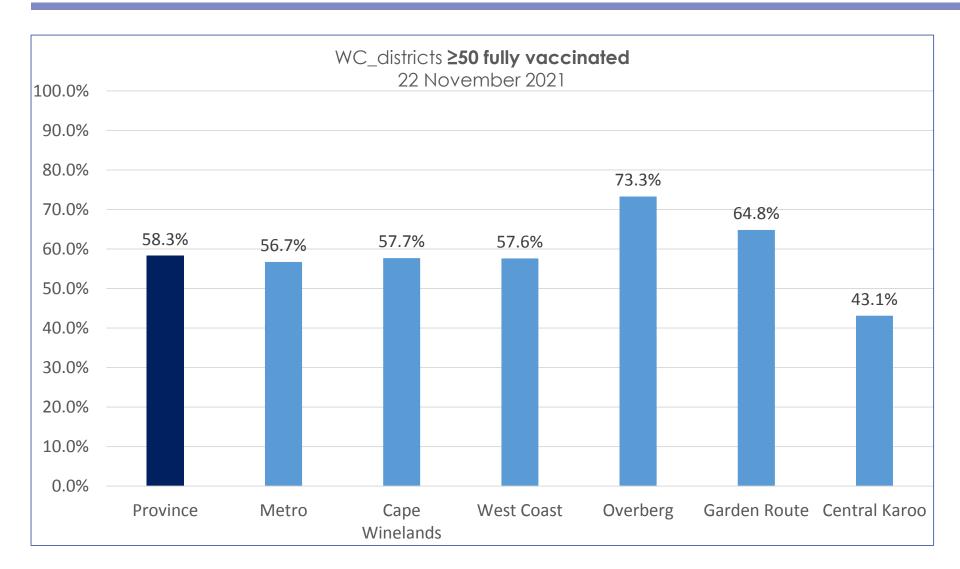


EVDS Registrations	60+ Years
Cape Winelands	70.22%
Central Karoo	51.72%
Garden Route	80.97%
Overberg	102.54%
West Coast	86.87%
Eastern	69.33%
Khayelithsa	51.38%
Klipfontein	84.13%
Mitchell's Plain	46.89%
Northern	59.49%
Southern	78.01%
Tygerberg	61.59%
Western	84.46%
Western Cape	72.22%

EVDS Registrations	50 - 59 Years
Cape Winelands	60.84%
Central Karoo	52.83%
Garden Route	61.51%
Overberg	66.54%
West Coast	57.33%
Eastern	59.72%
Khayelithsa	54.67%
Klipfontein	62.73%
Mitchell's Plain	37.00%
Northern	58.05%
Southern	57.27%
Tygerberg	52.51%
Western	79.59%
Western Cape	58.61%

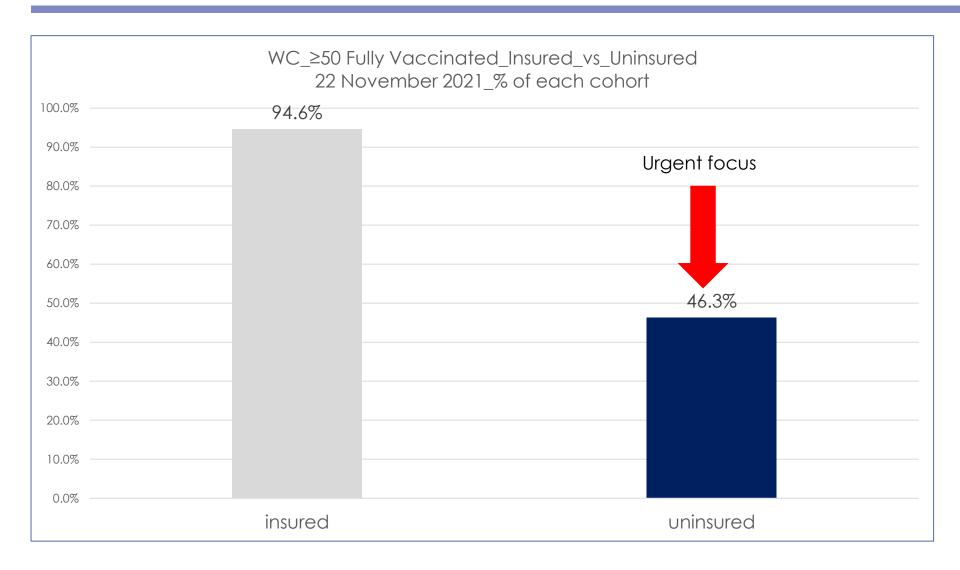


Vaccinations ≥50 Fully Vaccinated





Vaccinations ≥50 Fully Vaccinated - Insured vs Uninsured





Provincial Targets up to December 2021

Age in years	Total Population	Proportion <u>Fully Vaccinated</u> (Received either 1 dose J&J or 2-dose Pfizer) as on 25 November 2021	Proportion <u>Partially Vaccinated</u> (One dose of two-dose regimen received) as on 25 November 2021	Proportion <u>Unvaccinated</u> as on 25 November 2021
60 Years +	723 160	64.40%	4.94%	30.67%
50 – 59 Years	684 149	54.12%	5.23%	40.65%
50 Years +	1 407 309	59.40%	5.08%	35.52%
35 – 49 Years	1 511 813	44.50%	6.64%	48.86%
18 – 34 Years	2 057 781	28.60%	8.62%	62.78%
18 - 49	3 569 594	35.33%	7.78%	56.89%
18 Years +	4 976 903	42.14%	7.02%	50.84%



Weekly Target

Provincial Target for December 2021*

- •50+ Years: **85% fully** vaccinated
- 18 49 Years: **65%** at least one dose

- Administer 648 993 vaccines to persons 50+ Years
- Administer **781 311** vaccines to 18 49 Years

Number of Vaccines to be administered



Sisonke 2: Booster doses for HCWs (Circular H186 of 2021)

- 1. The Sisonke 2 programme is being conducted as a **Phase 3b implementation study** and healthcare workers will be required to provide informed consent indicating that they agree to participate in this phase of the study.
- 2. Implementation commenced on 10 November 2021 at selected vaccination sites.
- 3. As on 25 November 2021, **35 485** healthcare workers in the Western Cape had received a J&J booster dose.
- 4. All eligible HCWs who opt out of Sisonke 2 as well as HCWs who were vaccinated with J&J after 17 May 2021, will be able to access a Pfizer booster dose once all necessary approvals have been granted by SAHPRA and NDoH.





Remarks on Vaccine Implementation

- As a province and a country, we are unlikely to hit the targets we have set, despite
 having the capacity and the vaccine supply to do so.
- There has been very limited uptake of the national incentive (voucher system) for those aged 50 years and older due to technical challenges related to accessing the voucher.
- The primary focus remains 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.
- **Targeted Mobilisation**: Reaching everyone who has not got around to it yet, as well as everyone who is still unsure or anxious.



Communications



Vaccine access: Promote sites access and locations – central and local areas ("have not got there")





Vaccine access – pop-up sites













Vaccine hesitancy – outreaches addressing "genuine concerns" (face to face access to trusted information source)











4th wave risk mitigation: incentivising vulnerables

SAVE YOUR SUMMER

If the majority of us are vaccinated with Covid-19 vaccines by December, we will have a much safer summer.



Vaccination is the best way of saving ourselves from illness, death and ongoing disruptions of our lives and work.

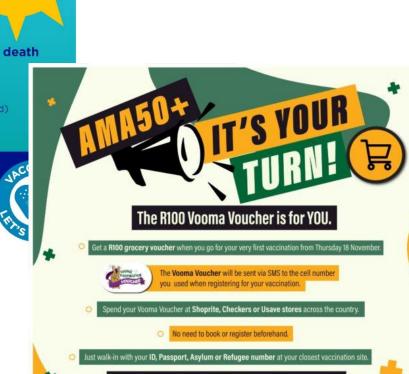
- Go for vaccination as a matter of urgency
- Continue to wear a mask (even when vaccinated)
- Ensure open windows, fresh air and good ventilation (even when vaccinated)
- When you have symptoms, stay home

Please call 0860 142 142 for more information on weekly sites or visit our Facebook page https://www.facebook.com/WCGHealth/ Also watch local media and municipal pages for details



Grocery vouchers extended to 50s









Call 0800 029 999 for more information - it's free or email info@vaccinesupport.org.za





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Conclusions



Concluding remarks

- 1. We are seeing early signs of the start of a 4th wave in the Western Cape in the context of the new B1.1.529 variant. We urge everyone to adhere to protective behaviours, to contain spread over the coming days and weeks, in expectation of a 4th wave.
- 2. We have a **tailored step-wise health** and **societal response** and will trigger appropriate responses **to detect** and **mitigate** the impact of **a 4th wave**.
- 3. Our biggest weapon against a big impact 4th wave is vaccination (especially for >50yr olds). We have the capacity to administer 40 000 vaccines/ day, but require a massive whole of society effort to generate increased targeted demand.
- 4. We need to scale our multi-sector **mobilisation efforts** to reach everyone that has **not** yet been vaccinated, in a targeted and intentional manner, as fast as possible to restore our economy, and normalise the health system & societal functioning.



Thank you