

## **DIGITIAL PRESS CONFERENCE**

Health Update

Dr K Cloete

13<sup>th</sup> May 2021



## Overview

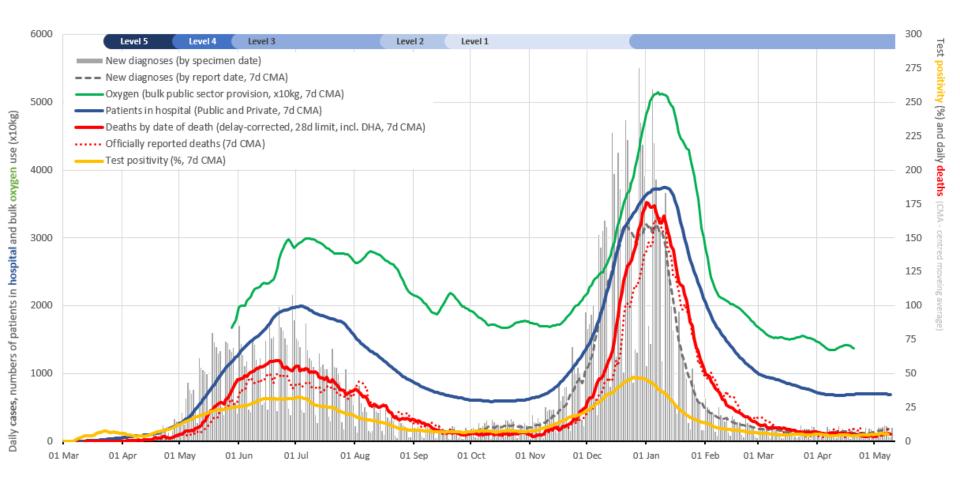
- 1. Surveillance & Response Update
- 2. Preparation for the third wave
- 3. Phase 1 Vaccine Implementation update
- 4. Phase 2 Vaccine Implementation preparation
- 5. Conclusions



# Surveillance & Response Update



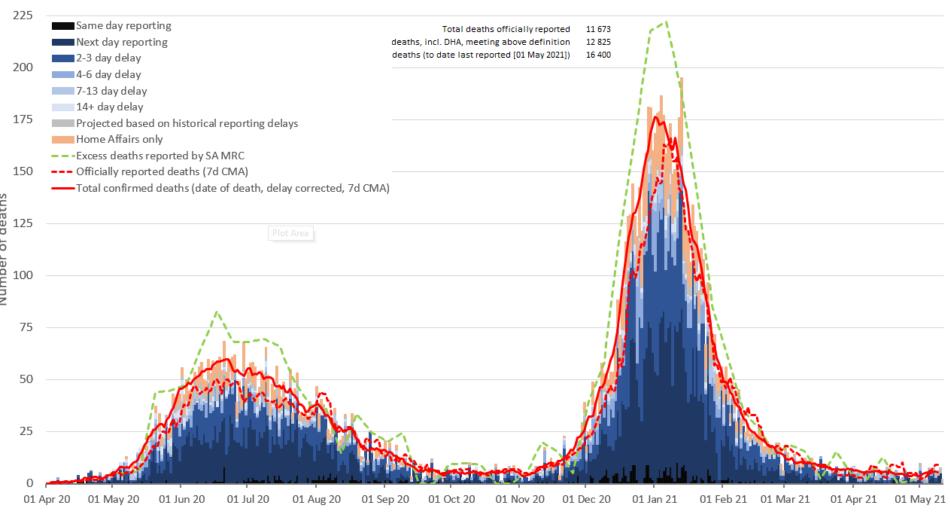
# Integrated testing, case, hospitalisation and mortality trends





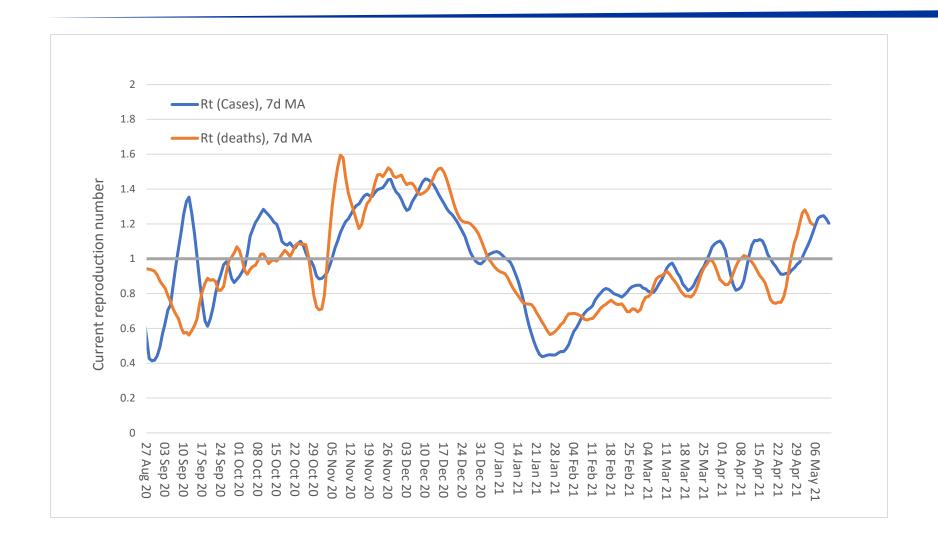
# Mortality by date of death

Mortality in patients with laboratory-confirmed SARS-CoV-2, by delay to reporting\* (within 28 days of diagnosis or 14 days of discharge, by date of death, excluding non-natural deaths on population register)

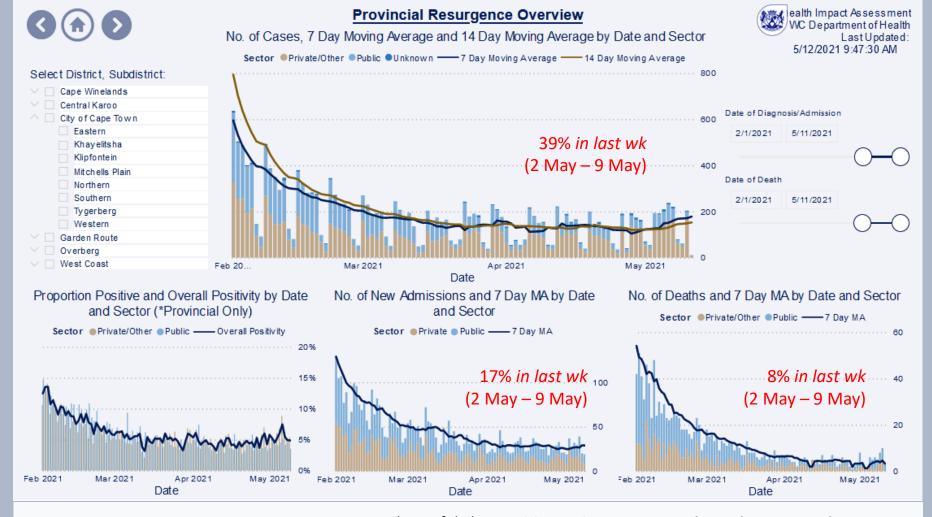


<sup>\*</sup> Excludes deaths in those with undiagnosed COVID-19, in patients with clinical diagnoses in spite of absent or false negative SARS-CoV-2 test results, and in those without recorded ID numbers dying at home or in ambulatory or emergency room care; CMA - centred moving average

# **Current reproduction number (Western Cape)**

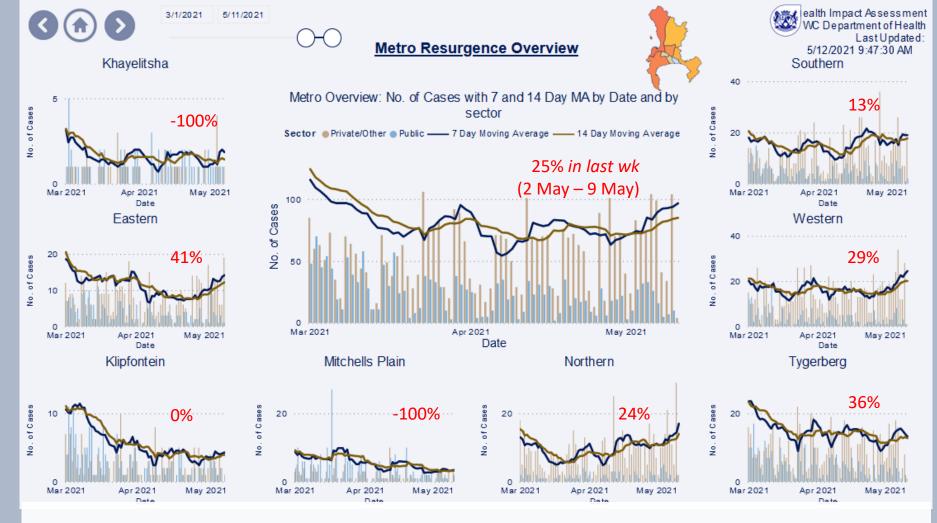






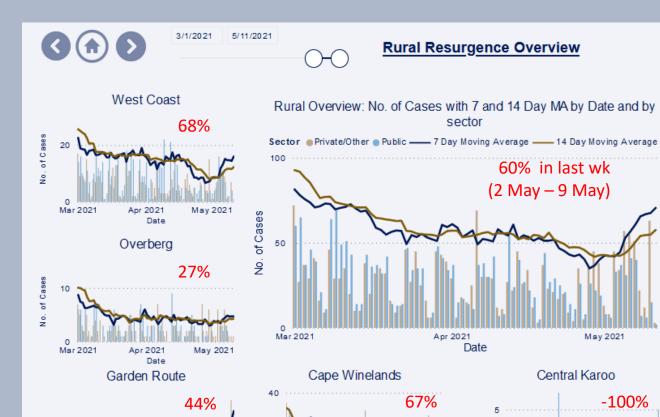
# Provincial Overview

- Numbers of daily new COVID-19 cases are starting to increase again. We are now seeing on average 170 new diagnoses each day and there has been a 39% week on week increase.
- Admissions and deaths are also increasing slightly, but the absolute numbers are still small. On average we are having 29 admissions and 4 deaths each day.
- The average proportion positive has increased to **5.8%** on 9 May 2021, driven largely by **increased positivity** in the **private sector** last week.



## **Metro Overview**

- Most sub-districts are showing an **increase in cases**, although the absolute numbers involved vary.
- With the public holiday 7-14 days ago, we are expecting to see an increase in cases week on week, as we are comparing a week of 5 full days of testing to a week of only 4 days. But the increases seen now are larger than expected.
- An increase in private sector cases in Northern, Eastern and Western is being noted.



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ealth Impact Assessment WC Department of Health Last Updated: 5/12/2021 9:47:30 AM

#### No. of Cases by Rural Subdistrict

District	Subdistrict	No. of Cases
Cape Winelands	Drakenstein	501
Garden Route	George	464
Cape Winelands	Stellenbosch	439
Cape Winelands	Breede Valley	346
West Coast	Saldanha Bay	303
West Coast	Bergrivier	290
Garden Route	Oudtshoorn	263
Garden Route	Mossel Bay	208
West Coast	Swartland	199
Overberg	Overstrand	148
West Coast	Matzikama	146
Cape Winelands	Witzenberg	122
Overberg	Theewaterskloof	122
Cape Winelands	Langeberg	109
West Coast	Cederberg	102
Garden Route	Knysna	97
Central Karoo	Beaufort West	82
Overberg	Cape Agulhas	78
Garden Route	Bitou	65
Garden Route	Hessequa	52
Overberg	Swellendam	52
Garden Route	Kannaland	32
Central Karoo	Laingsburg	6
Central Karoo	Prince Albert	5

## **Rural Overview**

of Case

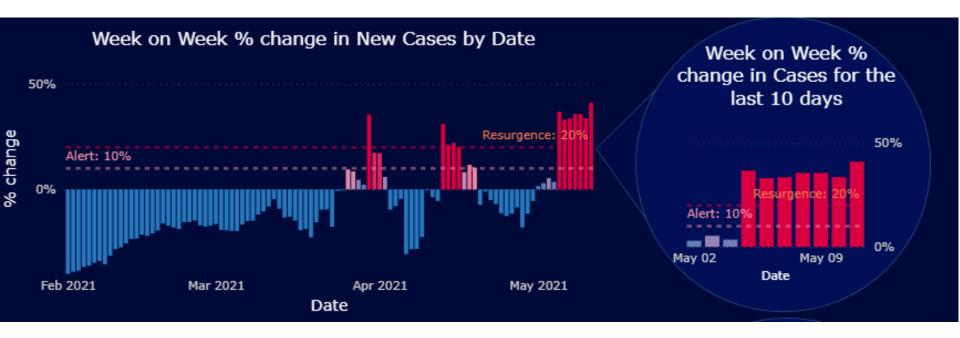
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• Cases numbers in Rural are also starting to increase.

No. of Cases

• Cape Winelands, Garden Route and West Coast in particular are seeing an increase in cases.

# Confirmation of a Resurgence



The Resurgence Monitor shows a **sustained increase for 7 days** in the number of new cases in the current week compared to the previous week which indicates resurgence.

Increases seen in most districts and subdistricts across the province.



# 11 May 2021

# **Surveillance Huddle Notes**



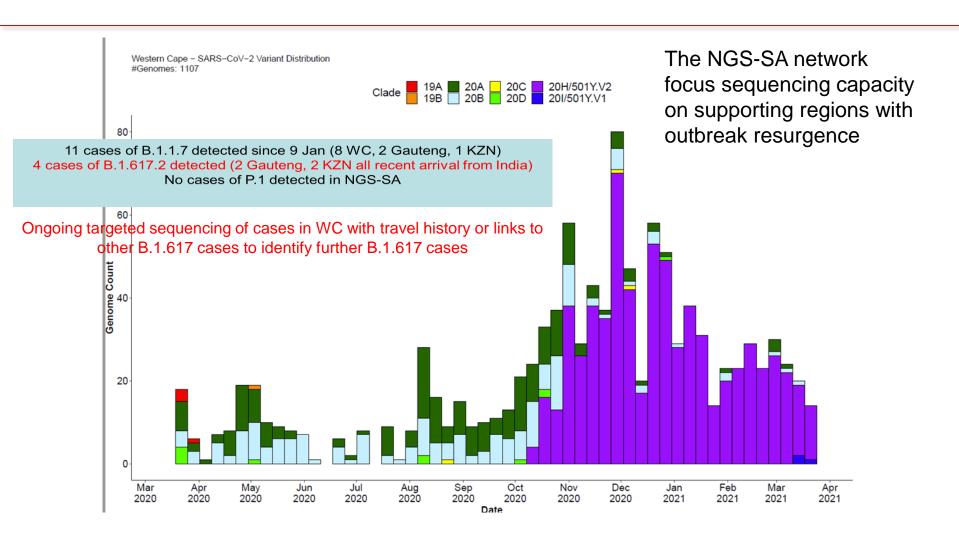
#### Metro

Metro	
KESS	Uptick in case numbers, private sector in Eastern - especially Somerset     West     Some increases in Khayelitsha coming from a low base
KMPSS	<ul> <li>Number for KMPSS are remaining steady with no increase in numbers.</li> <li>No clusters have been identified or any areas of concern.</li> </ul>
NTSS	<ul> <li>Some cases incorrectly allocated to NTSS</li> <li>Northern: Cases on the increase amongst students at schools. 5 schools with cases reported. Increased reporting in the number of parties and social gatherings (golf club, bowling club) being attended.</li> <li>Tygerberg: case numbers fluctuating week-on-week but currently an increase noted from previous week. 1 student at UWC. 2 scholars – different schools. 2 shipping company employees</li> </ul>
SWSS	<ul> <li>Total cases up to 359, mostly private (83% of cases)</li> <li>Positivity rate still low (2.4%) but increasing</li> <li>Clusters small but more numerous: 4 SU, 4 UCT, European tour group 4, several schools but low numbers (1-2 cases)</li> </ul>

#### Rural

Cape Winelands	<ul> <li>Stellenbosch University 3 residences with 1 case at each noted, as well as school in Stellenbosch (4 cases)</li> <li>No other clusters</li> </ul>
Central Karoo	<ul> <li>22 active cases,</li> <li>Concerned about Nelspoort 5 active cases (1 family with 3 members positive)</li> </ul>
Garden Route	Increasing numbers from a low base  Most from private sector  Main area of concern Mossel Bay 177% increase,  cluster from w/end 11 people,  and 14 family members from party  George 25 people positive from weekend  Oudtshoorn private hospital 6 admissions since Monday  Inter-provincial travel a contributing factor
Overberg	<ul> <li>Stable number and more private cases, increase in admission</li> <li>46 cases in total (stable for few weeks)</li> <li>1 cluster in Overstrand (birthday party) - 7 cases</li> </ul>
West Coast	•

# Western Cape genomic surveillance data (GISAID)



Analysis: Deelan Doolabh, Arash Iranzadeh











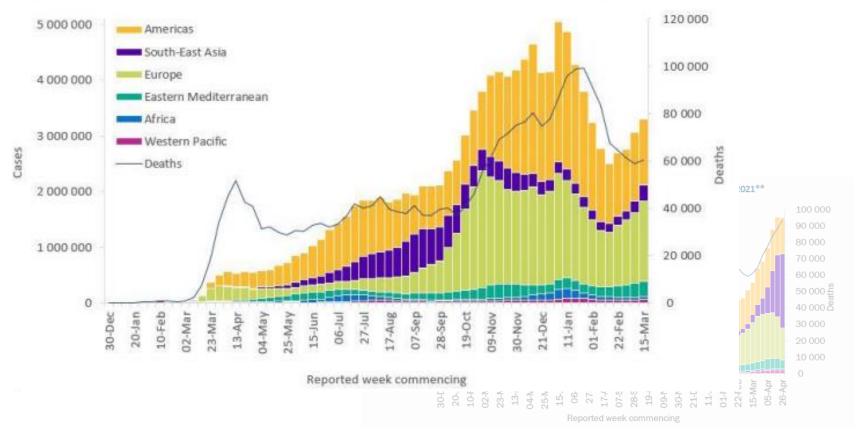






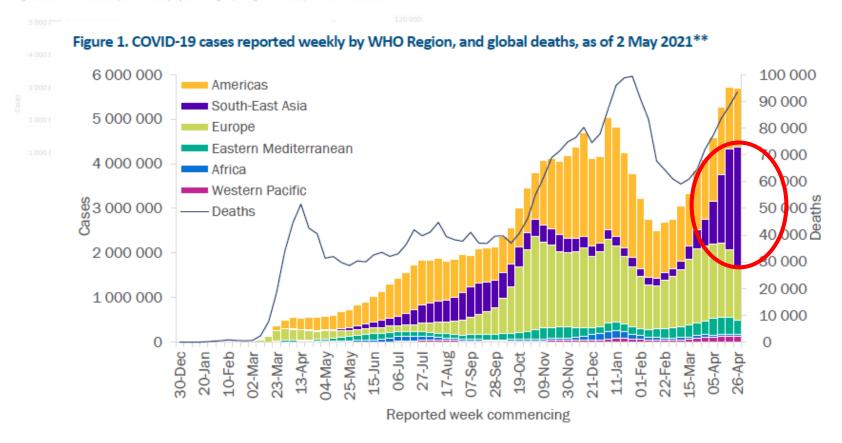


Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 21 March 2021\*\*



Available: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---23-march-2021; https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---4-may-2021

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 21 March 2021\*\*



# Preparation for the 3<sup>rd</sup> wave

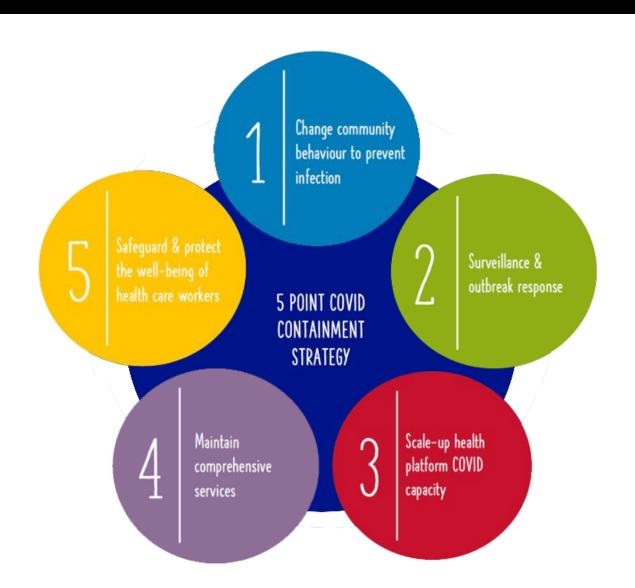


# 3<sup>rd</sup> wave - resurgence and response

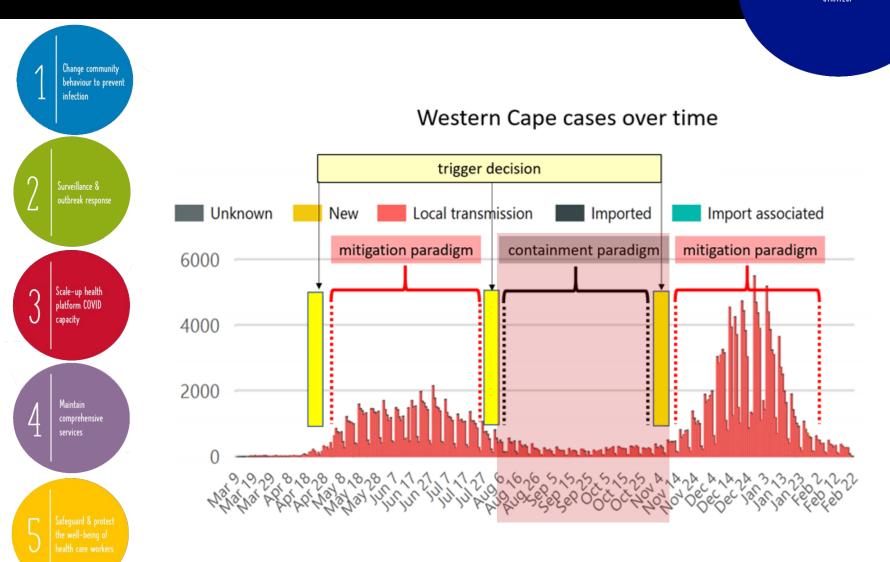
- We have seen a very concerning increase in the number of cases and now meet the resurgence criteria.
- 2. Rising number of cases is more worrying than variants of concern (VOC) now identified in South Africa, but the combination is concerning.
- 3. Behaviour change is key to mitigate the 3<sup>rd</sup> wave. We can delay the onset and/or reduce the size of the 3<sup>rd</sup> wave (flatten the curve) until more people are vaccinated.
- 4. Need for **detailed advisories & messaging** to delay and mitigate 3<sup>rd</sup> wave covering:
  - Gatherings
    - Avoid non-essential gatherings (several clusters from social gatherings reported at huddle)
    - Size limits especially for indoor gatherings (recommend smaller than L1 regulations)
    - Engagement with religious leaders and sporting bodies
    - Enforcement of L1 regulations of social distancing, mask-wearing, hand hygiene especially at events with high risk of spread (bars/restaurants/taverns and funerals)
    - Recommend remote working if possible
  - Avoid non-essential travel especially to provinces/areas with increasing case numbers
    - Clusters linked to interprovincial travel from huddle reports



# Overview of the 3<sup>rd</sup> wave Response Strategy



# Containment Paradigm



# Containment Paradigm

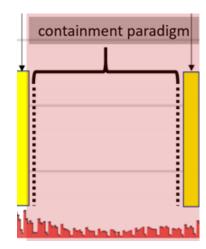
5 POINT COVI CONTAINMEN STRATEGY



Surveillance & outbreak response

- Scale-up health platform COVID capacity
- Maintain comprehensive services
- Safeguard & protect the well-being of health care workers

- The containment paradigm is the period between COVID-19 waves where cases remain low and we are in an endemic state of the outbreak.
- It is important to note that there are still cases being diagnosed on a daily basis but there is not an exponential increase occurring.
- During this period, the pressure of COVID-19
  patients on health services is reduced.



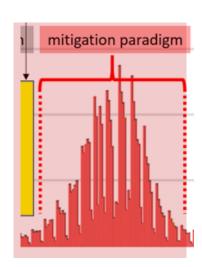
# Mitigation Paradigm



Surveillance & outbreak response

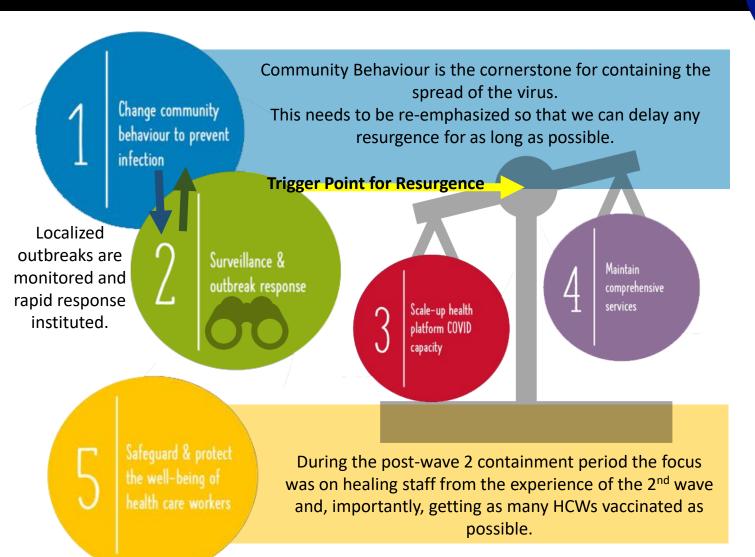
- Scale-up health platform COVID capacity
- Maintain comprehensive services
- Safeguard & protect the well-being of health care workers

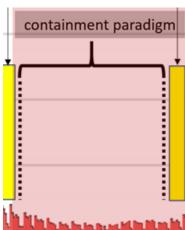
- The mitigation paradigm is the period during a COVID-19 wave where cases are increasing exponentially.
- This increase tends to occur when there is significant community transmission occurring.
- During this period, the pressure of COVID-19
  patients on health services increases
  significantly.



# Containment Paradigm

5 POINT COVID CONTAINMENT STRATEGY





Note: Trigger Points for Resurgence are actively monitored in order to adjust the balance for COVID-19 and comprehensive service capacity.

# Mitigation Paradigm

5 POINT COVID CONTAINMENT STRATEGY

Community Behaviour, at this point, becomes even more important as individual risk increases. Change community This will inevitably translate into how the wave progresses behaviour to prevent and whether we, as a collective, can flatten the height of it. infection **Trigger Points for titrating response** Outbreak Scale-up health platform COVID response shifts Surveillance & capacity focus to outbreak response protecting high Maintain risk COVID-19 comprehensive patients services

mitigation paradigm

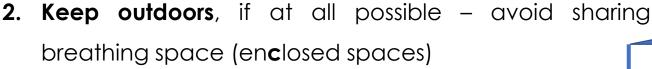
Note: Trigger Points are actively monitored in order to titrate the response to the COVID-19 wave and achieve balance for COVID-19 and comprehensive service capacity.

Safeguard & protect the well-being of health care workers

During the wave 3 period we will be asking of our staff to manage increasing COVID-19 cases and a Phase 2 vaccine programme over and above their normal clinical duties. This additional burden will stretch our staff.

## Habits to "flatten the 3<sup>rd</sup> wave curve"

 Limit travel to high risk areas – avoid spread from high transmission areas



- 3. Keep gatherings small avoid crowds
- **4. Keep your distance** avoid close **c**ontacts
- 5. Wear a mask protect yourself and others





# Acute service platform – current picture

- 1. Currently **757 COVID patients** in our acute hospitals **(427** in **public** hospitals & **330** in **private** hospitals). This **excludes PUIs** and **cases in specialised hospital** settings.
- 2. The **Metro hospitals** have an average **occupancy rate** of **90%**; **George** drainage area hospitals at **67%**; **Paarl** drainage area hospitals at **73%** & **Worcester** drainage area hospitals at **71%**.
- 3. COVID & PUI cases currently make up 5% of all available acute general hospital capacity in both Metro and Rural Regional Hospital drainage areas.
- 4. COVID inter-mediate care the Brackengate Hospital of Hope currently has 19 patients (3 364 cumulative patients), Freesia & Ward 99 has 0 patients, Mitchell Plain Hospital of Hope has 0 patients and Sonstraal currently has 0 patient.
- 5. The Metro mass fatality centre has capacity for 240 bodies; currently 3 decedents (cumulative total of 1406 bodies) admitted. The overall capacity has been successfully managed across the province.



# **Current Acute Bed Utilisation per Drainage Area**



WCDOH: Daily Operational Bed Status Dashboard as at 12/05/2021

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	5,041	4,544	90%	10%	4%	9%	22%
George	918	613	67%	11%	<b>6</b> %	11%	13%
Paarl	940	683	73%	18%	7%	18%	50%
Worcester	769	545	71%	16%	11%	16%	20%
SubTotal WCDOH	7,668	6,385	83%	12%	5%	11%	21%

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

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



# Oxygen utilisation – general comments

- 1. The combined public-private utilisation is now 23.35 tons/day or 33.35% of the maximal production capacity (70 tons/day) at the Afrox Western Cape plant.
- 2. The public sector total average bulk oxygen consumption has reduced to 13.01 tons/day. This equates to around 18.48 % of the daily bulk consumption of the Afrox WC plant for the 7-day period ending 30<sup>th</sup> April 2021. This is compared to 51 tons/day in the first week of January.
- 3. We have started to **address some of the capacity challenges** at facility level, as identified during the 2<sup>nd</sup> wave, in preparation for the 3<sup>rd</sup> wave.
- 4. We will **continue to monitor the utilisation of oxygen** over the coming weeks, with an **undertaking from Afrox** to be **able to scale up the provision as required** for a **3**<sup>rd</sup> wave.



# People Management Response for 3<sup>rd</sup> Wave

### **COVID-19 Staffing Strategy**

- Contract extensions for the most critical posts to retain COVID staffing capacity (not all
  contracts were renewed to be economically efficient)
- Recruitment Database for additional COVID Nurses and Medical Staff that WCGH can still appoint 588 more people (as at 28 April 2021)
- Contract appointments double up as both COVID staff and Vaccinators

## Vaccination Rollout – Staffing Strategy

- Recruitment Drive activated for Vaccinators (Prof Nurses, Doctors & Pharmacists) Link: https://coronavirus.westerncape.gov.za/covid-19-recruitment-and-vaccination-drive
- Online Clinical Screening Tool and Vaccinator Training currently in effect to ensure that appointed vaccinators are ready to deploy to mass vaccination sites
- Appointments are made within a geographical area staff can be rotated between facilities and institutions, as the wave shifts (Lesson learnt from 1st and 2nd wave)



# DEPARTMENTAL OVERVIEW HEALTHCARE WORKERS INFECTED WITH COVID-19



Totals as at 12 May 2021

**Active Cases** 

Gender Distribution by Sex

Sex

M

**Cumulative Infections** 

9,146



9,003



126

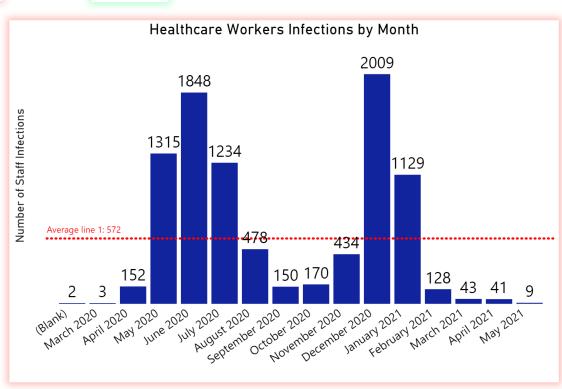
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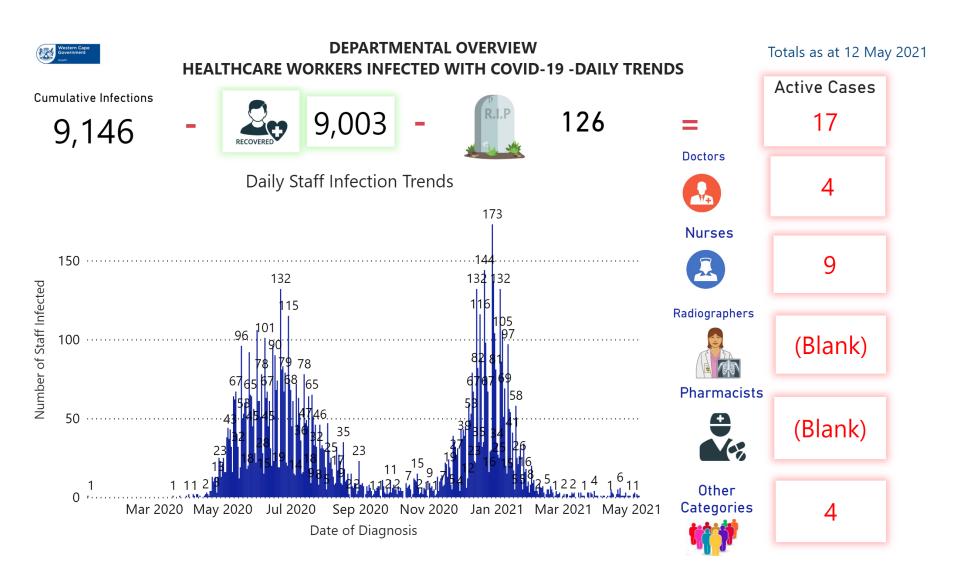
24.6%

75.3%



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# Phase 1 Vaccine Implementation update



# Vaccine update: Phases and Prioritisation Groups

#### Phase I Phase II Phase III • Older than 18 Health Care Workers: Older than 60 Years • Public & Private Health years Clients in congregate Care Workers settings Essential Workers Health Science students • Traditional Healers • Estimated target : • Estimated target: • Estimated target : • 2,3 m • 132 000 • 2,6 m

- It is anticipated that we will be able to cover more than 60% of health care workers with the doses received via the Sisonke Programme.
- We are preparing to scale up vaccination during May to complete Phase 1.
- 30 420 doses of the Pfizer vaccine to complete Phase 1 and commence with Phase 2, will be received in the province on 13 May 2021.

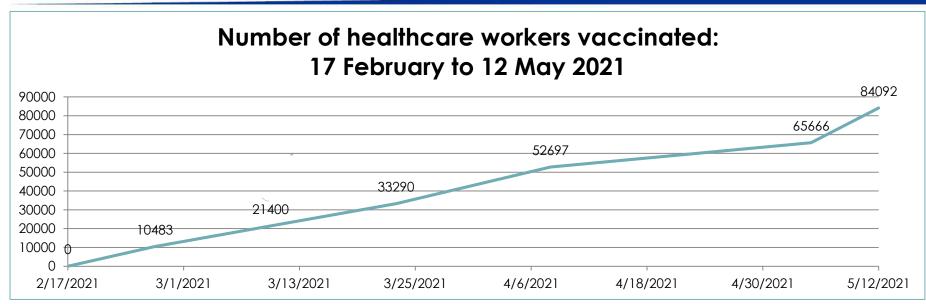


# Vaccine update: J & J Sisonke Programme

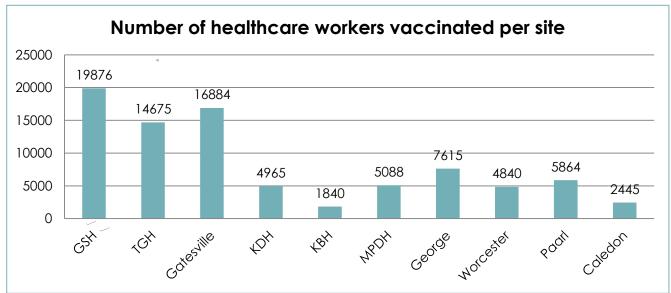
- 1. The Western Cape received a total **95 880** doses of the J&J vaccine to vaccinate healthcare workers as part of the Sisonke Programmme.
- 2. The Sisonke Programme resumed on 28 April 2021, following a **14-day pause** whilst SAHPRA reviewed safety aspects related to the J&J vaccine.
- 3. As at 12 May 2021, **84 092** health care workers have been vaccinated in the province (public and private sectors).
- 4. The Sisonke Programme will conclude by 15 May 2021.
- 5. Phase 1b to mop up remaining healthcare workers will commence on 17 May 2021.



# Vaccine update: Healthcare workers vaccinated







# Phase 1b and Phase 2



# WCG: Health District Management Team = Stewards

Aim: Align the collaborative efforts from various public & private entities. The WCGH district managers will convene as stewards for synergy and alignment to achieve the vaccination targets and avoid duplication and waste of resources.

#### Public/Private Collaboration

- Essential to achieve primary objective of UHC cover the entire population; ensuring access; quickest possible way; agreed sequential phasing of vaccination sites.
- One Integrated Operational Plan per Geographic Area inclusive of:
  - Public
  - Private

**Western Cape** 

- Local Government, NPO, Work-based OHS, HEIs, etc.
- Phase 2 Operational Plan Finalisation
  - District Operational Plans for public sector sites have been submitted
  - Provincial Operational Plan for public sector sites has been finalised by 30 April 2021

## 4 Streams of Vaccine Sites

# **Governance & Oversight**



4. Private and Public - once the process is defined, it will inform the oversight role of MHS /RHS



CONTRACTING IN
CONTRACTING OUT

3. Private sector point person per geographic area – linked to governance structure of MHS/RHS



NGO LED\*

DONOR
FUNDED

2. Donor-funded end-to-end with governance oversight from MHS

ROUTINE PUBLIC HEALTH SERVICES

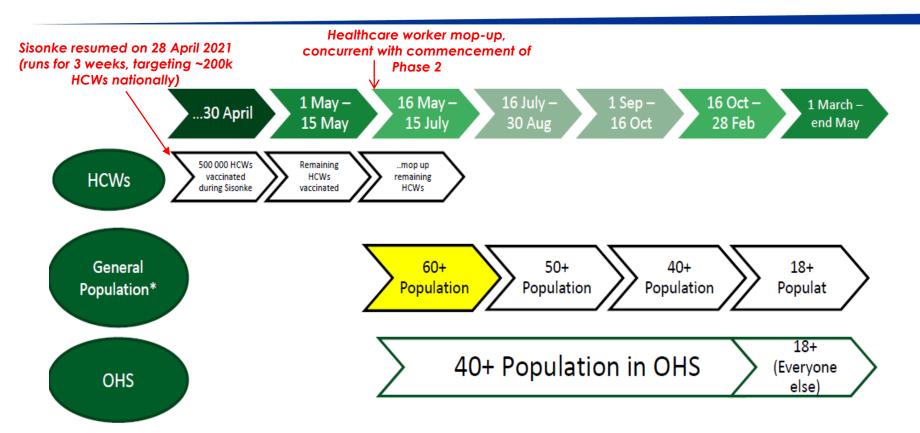
PHC OR DISTRICT LEVEL

1. Small to Large public sector sites under the domain of MHS/RHS



**Health Centre** 

#### Phase 2 and Phase 3: NDoH Timelines and Target Population



- Phase 2 will start 17<sup>th</sup> May 2021 and will overlap with the mop-up of healthcare workers who have not been vaccinated as part of the Sisonke Programme. Residents of Old-Aged Homes will be prioritised for the commencement of Phase 2.
- Transition from one age band to the next once a significant proportion (~70%) of the target population in the current age band has been vaccinated. Will speed up registration for <60yr olds.</li>



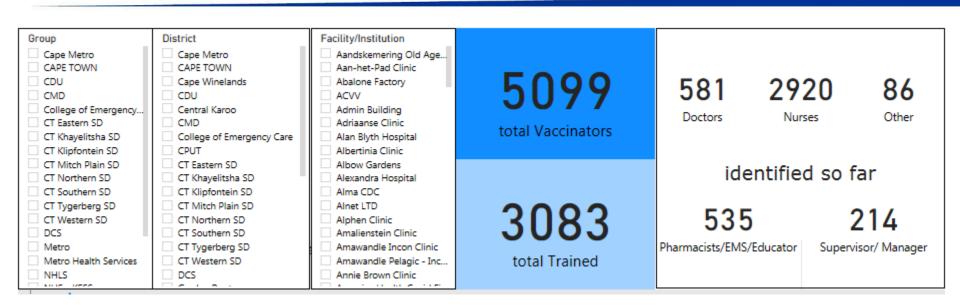
#### Age-based Sequencing in WC

	Age band	Number	Timelines
Phase 2a	>60 yrs	752 475	17 May- 30 June
Phase 2b	40-59 yrs	1 631 040	1 July – 30 Oct
Phase 3a	30-39 yrs	1 314 059	1 Nov- 28 Feb
Phase 3b	18-29 yrs	1 378 556	
	Total	5 076 130	

- Age distribution will vary across districts & sub-districts
- Workers aged 40 years and older included in Phase 2



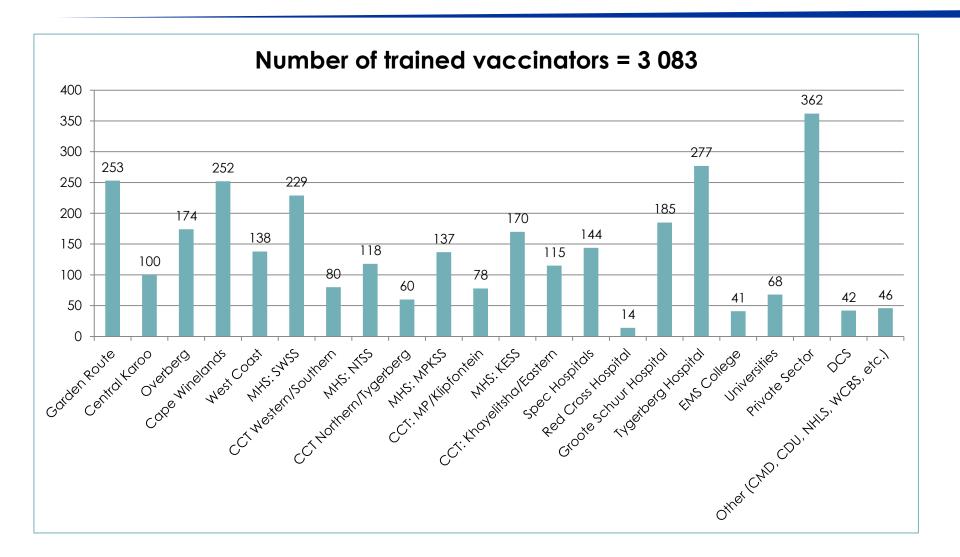
#### Vaccinator Database (as at 12 May 2021)



- The Western Cape Department of Health has embarked on a process of contracting volunteer vaccinators for Phase 2 of the vaccination programme.
- This process is aimed at ensuring the reliable and consistent availability of supplementary vaccinator capacity.



#### Vaccinators (as at 12 May 2021)





# Vaccine Supply Pipeline



#### Updated Vaccine Supply Pipeline for Western Cape

Import Date	2 May	9 May	16 May	25 May
Distribution Date	15 May	21 May	28 May	5 June
Pfizer doses	33 900	33 900	33 900	33 900
	Cohort 1 (dose 1)	Cohort 2 (dose 1)	Cohort 3 (dose 1)	Cohort 1 (dose 2)
J&J doses	_	-	~260 000 J&J Vaccines	_
Provincial Cumulative Vaccinated	~33 900 (Pfizer)	~67 800 (Pfizer)	~361 700 (Pfizer & J&J)	~395 600 (Pfizer & J&J)
	Only Pfizer sites	Only Pfizer sites	Only Pfizer sites	Pfizer and J&J sites
Phase 1 – HCWs	x (90% of stock)	× (5%)	HCW mop up (5%)	
Phase 2 – Congregate settings	x (10% of stock) Mobile service - old Age homes	x (20%) balance of old age homes	X (15%)	x (old age homes)
Phase 2 – OHS		x (10%) - Mining and public service most ready	X (25%)	X
Phase 2 – General Population	Small numbers	X (65%)	× (50%)	X

# Proposed Model & Vaccination Sites: Phase 2



#### **Vaccination Sites and Team Composition**

Site Size	# of Teams	Venue	~Daily Output
Small	0.5	PHC Facility	250
Medium	1	Hospital, Community Hall, Retail location	500
Large	2	Community Hall, Gyms, etc	1000
XL	3	Large Community Hall	1500
XXL (Mass Site)	5	Convention centre, stadium, velodrome, etc.	2500 +

1 team = 10 vaccinator and administrator pairs

Number of support staff will vary depending on number of teams utilised and venue size & type

ream Composition
10 vaccinators
10 EVDS Administrators
1 Cleaner
1 Queue Marshall
1 Covid-19 Screening at entrance
2 Registration Administrators (also for EVDS Scheduling)
l ENA for Observation Area
1 PN for Rescusitation Area
1 Security
1 Site Supervisor

**Team Composition** 



#### Go-live Cape Metro sites for 17 May 2021

Phase 1b (HCWs only) Phase 1b (HCWs) & Phase 2 (>60 years) Brooklyn Helderberg Chest Hospital Hospital Pelican Park CDC Khayelitsha Mitchell's District Plain Hospital Hospital Gugulethu CDC Karl Bremer Brackenfell Hospital clinic Matthew Goniwe CDC Albow Gardens Clinic



For Health care workers, outreach to Old Aged Homes, and small numbers of >60yrs

#### Provisional Public Sector Sites: Metro & Rural for Phase 2

District	Sub-structure	# of Vaccination Sites
City of Cape Town	Southern/Western	19
	Klipfontein/Mitchell's Plain	11
	Khayelitsha/Eastern	19
	Northern/Tygerberg	21
TOTAL		70
Rural Districts	Overberg District	48
	Garden Route District	41
	West Coast District	53
	Cape Winelands District	48
	Central Karoo District	14
TOTAL		204

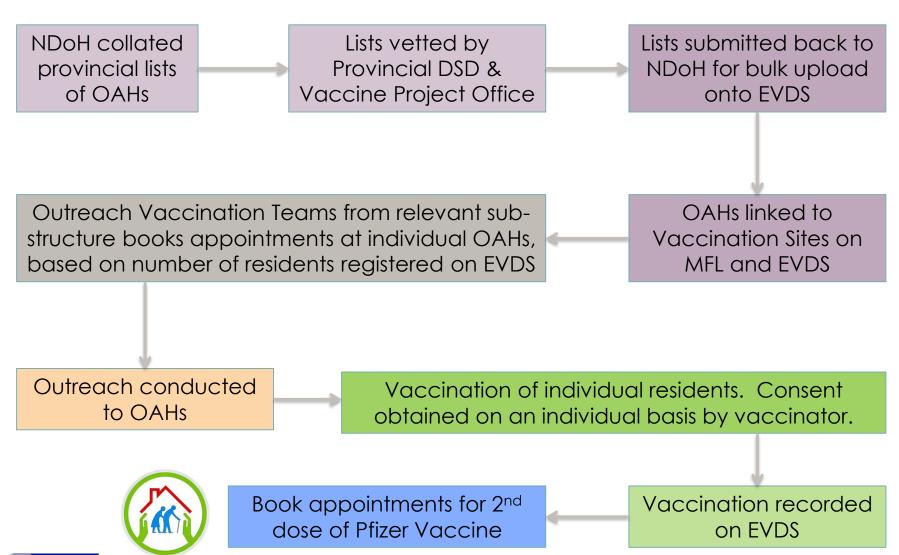
- Public Sector Sites will come on line in a phased manner from 17 May onwards
- Mass sites (Metro), Private sector sites and Workplace sites will be added
- There will be weekly updates on activated sites per geographic area



Process for >60 years (17 - 21 May 2021)



#### **Congregate Settings (Old-Aged Homes)**





#### **Small Groups (at sites)**

EVDS
Scheduling
Module not yet
operational

Manual process to recruit persons >60 years from geographic area via CHWs

Invite for vaccination at a designated site on a specified day

Follows vaccination process whereby informed consent is received and vaccination is administered

Person presents at site as booked/scheduled for vaccination

Vaccination recorded on EVDS

Appointment to receive 2<sup>nd</sup> dose of Pfizer vaccine is communicated to client (date included on client-held vaccine card).





## **EVDS** Registrations



#### **EVDS Registrations**



Total Registered 1,847,006

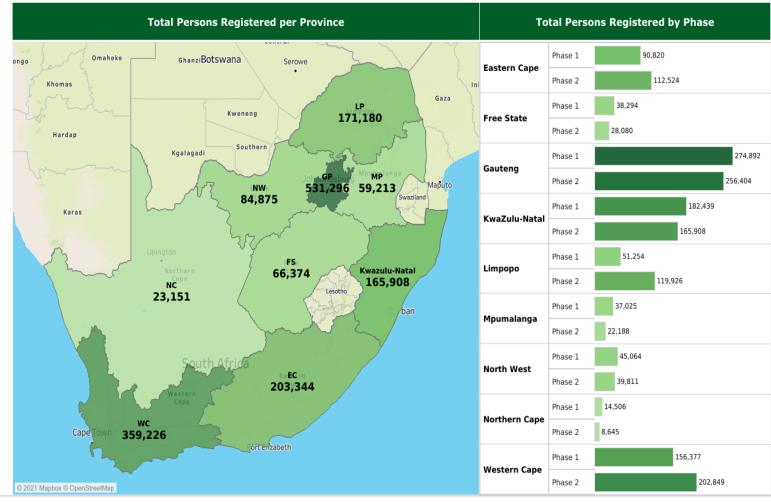
Phase 1 **890,671** 

Phase 2 **956,335** 

Timestamp: 12-May 19:01



South African COVID-19 Vaccination Programme Registration Portal: National Summary





#### Phase 2 EVDS Registrations as at 12 May 2021

METRO
133 105
registrations

**27%** pop. over 60

CAPE WINELANDS

19 953 registrations

**23%** pop. over 60

**GARDEN ROUTE** 

24 806 registrations

**30%** pop. over 60

OVERBERG
14 517
registrations

**44%** pop. over 60

**WEST COAST** 

9 693 registrations

**24%** pop. over 60

CENTRAL KAROO

775 registrations

**8%** pop. over 60

WESTERN CAPE

202 849 registrations

27%

pop. over 60





#### Registration of Residents in Congregate Settings

- The Western Cape Department of Health and Western Cape Department of Social Development is working with NDoH to ensure that residents and staff of Old-Aged Homes, Care Homes for Persons with Disabilities and Mental Health Residential Facilities are registered on EVDS.

 Outreach teams will be deployed to these facilities to administer the vaccinations as from 17 May 2021, commencing with Old-Aged Homes.



#### Vaccine Registration Dashboard

# | Management | Man

#### The dashboard aims to address:

- I. How many elderly (60yrs+) are there across the Western Cape and where are the clusters of elderly in communities?
- 2. What is the distribution of the elderly population across the communities which have high levels of socio-economic vulnerability?
- 3. What the estimated elderly population within a 1 to 5km radius of a vaccination site?
- 4. Where should additional support be provided to improve registration numbers across communities?
- 5. What are the surrounding footprints of social facilities (like WiFi sites) which may support vaccination efforts?



# **Communication Campaign**



#### Demand Creation for >60 years

There is a need for targeted demand creation to ensure that person 60 years and older are encouraged and enabled to register on EVDS.

- Community Health Workers to provide information as they conduct their

routine door-to-door activities.

Strategies for assisted registration will include:

- Partnering with all government sectors to maximise resources.
- "Assist an elder" message in communication: assist elderly family member or community members.
- Allowance for onsite registration at vaccination sites.





#### Phase 2 public vaccination drive: "Vaccinate. Let's do This"

#### Public registration drive

# Over 60 years old? Registering for your COVID-19 Vaccine is quick and easy.

- Go to www.westerncape.gov.za and click on the link.
- Dial \*134\*832# on your phone. This is free on all South African networks.
- Whatsapp the word 'REGISTER' to 0600 123 456.

Help someone who is struggling or who does not have access to the internet.







#### Phase 2 public vaccination drive: "Vaccinate. Let's do This"

Public scheduling information – Most people will receive SMS notification within 2-3 weeks on where to get vaccinated, with a date and time-slot

# Over 60 and registered for your COVID-19 vaccine? You can expect:

- An SMS confirming your registration.
- A second SMS later with appointment details of a date and the place.
- Receive first dose of vaccine.
- Proof of vaccination card.
- An appointment date for your second dose.

#### Remember:

On the scheduled day, take your ID and present second SMS. Arrive on the scheduled day of your booking, not on a different day. Walk-ins are not encouraged.





### Conclusions



#### **Concluding remarks**

- 1. We are in a resurgence and urge everyone to adhere to protective behaviours, as a key drive to contain a 3<sup>rd</sup> wave.
- 2. We anticipate that the 3<sup>rd</sup> wave will be lower than the 2<sup>nd</sup> wave. However this is dependent on the strength of our behaviour over the coming weeks.
- 3. Preparations for the 3<sup>rd</sup> wave are in full swing, with clearly identified trigger points for an appropriate health platform resource response.
- 4. We require a concerted whole of government and whole of society response to flatten the 3<sup>rd</sup> wave.
- 5. We will start with **Phase 1b and Phase 2 vaccination** on **17<sup>th</sup> May 2021**, and **significantly scale up** capacity to **administer vaccines** over the coming weeks. We are implementing **sequential plans** in **each geographic area**.
- 6. We need to mobilise and assist everyone >60 years to be registered on the EVDS for Phase 2 commencing on 17th May 2021 "Let's do This"



## Thank you

