Western Cape Government

Health

Digital Press Conference

Health Update

Dr K Cloete

22 April 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

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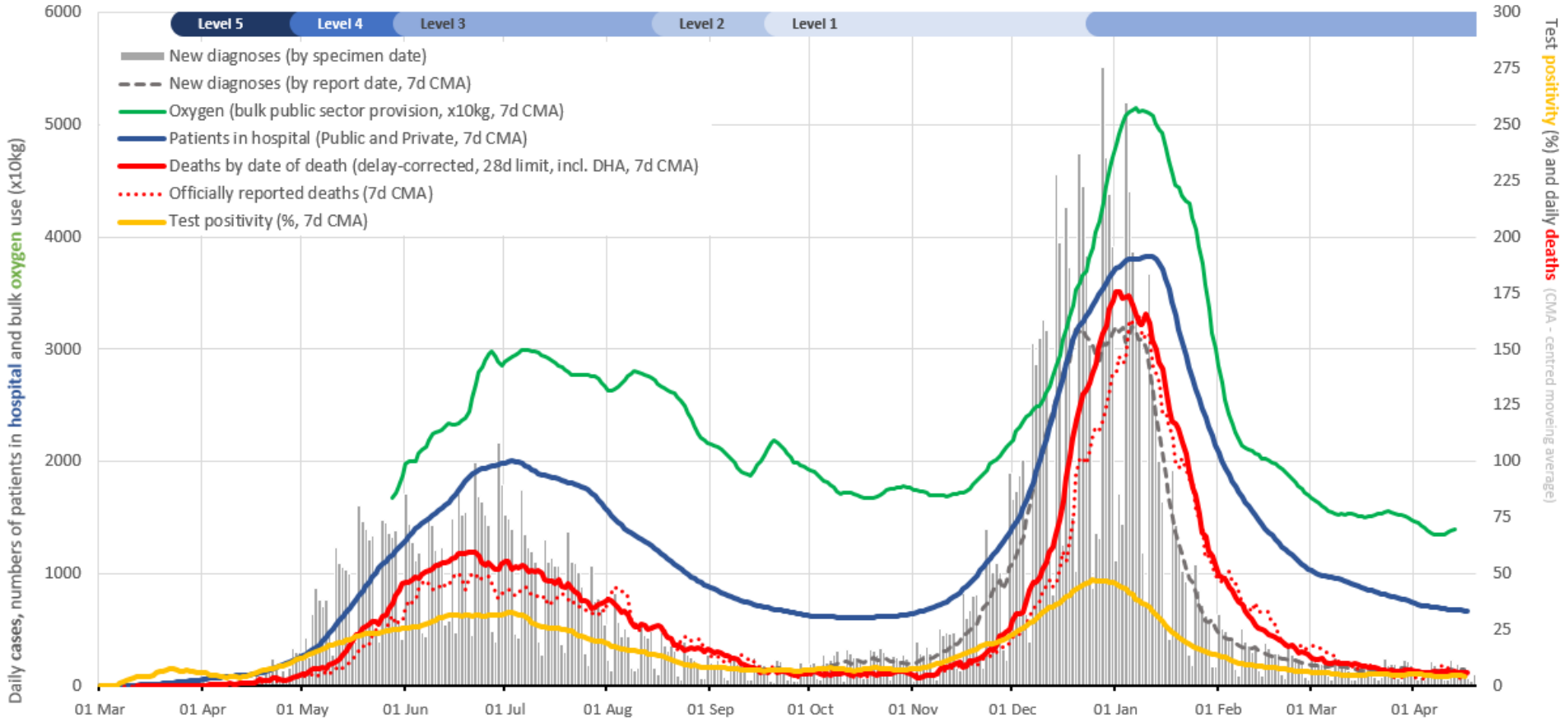
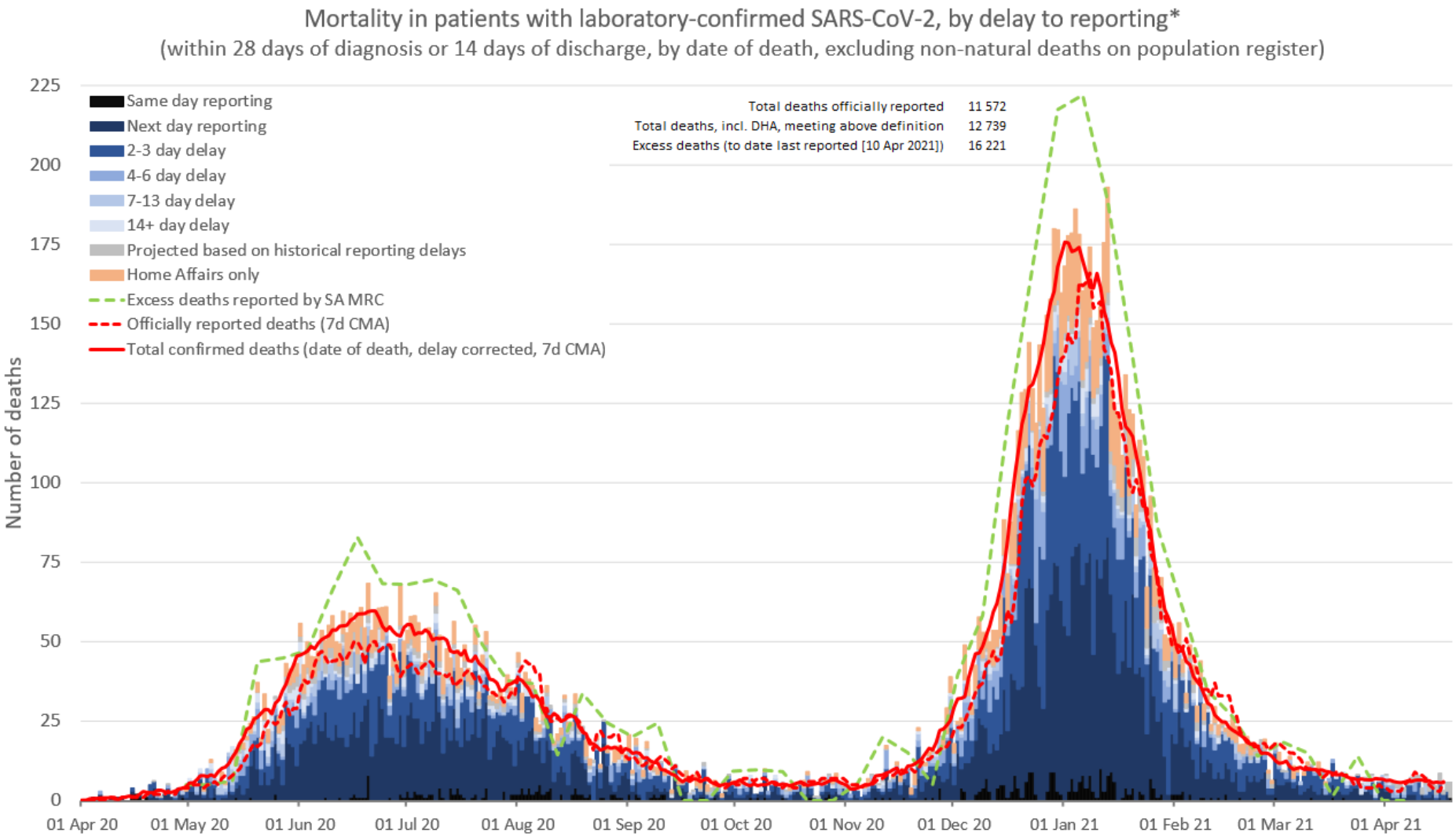
Integrated testing, case, hospitalisation and mortality trends

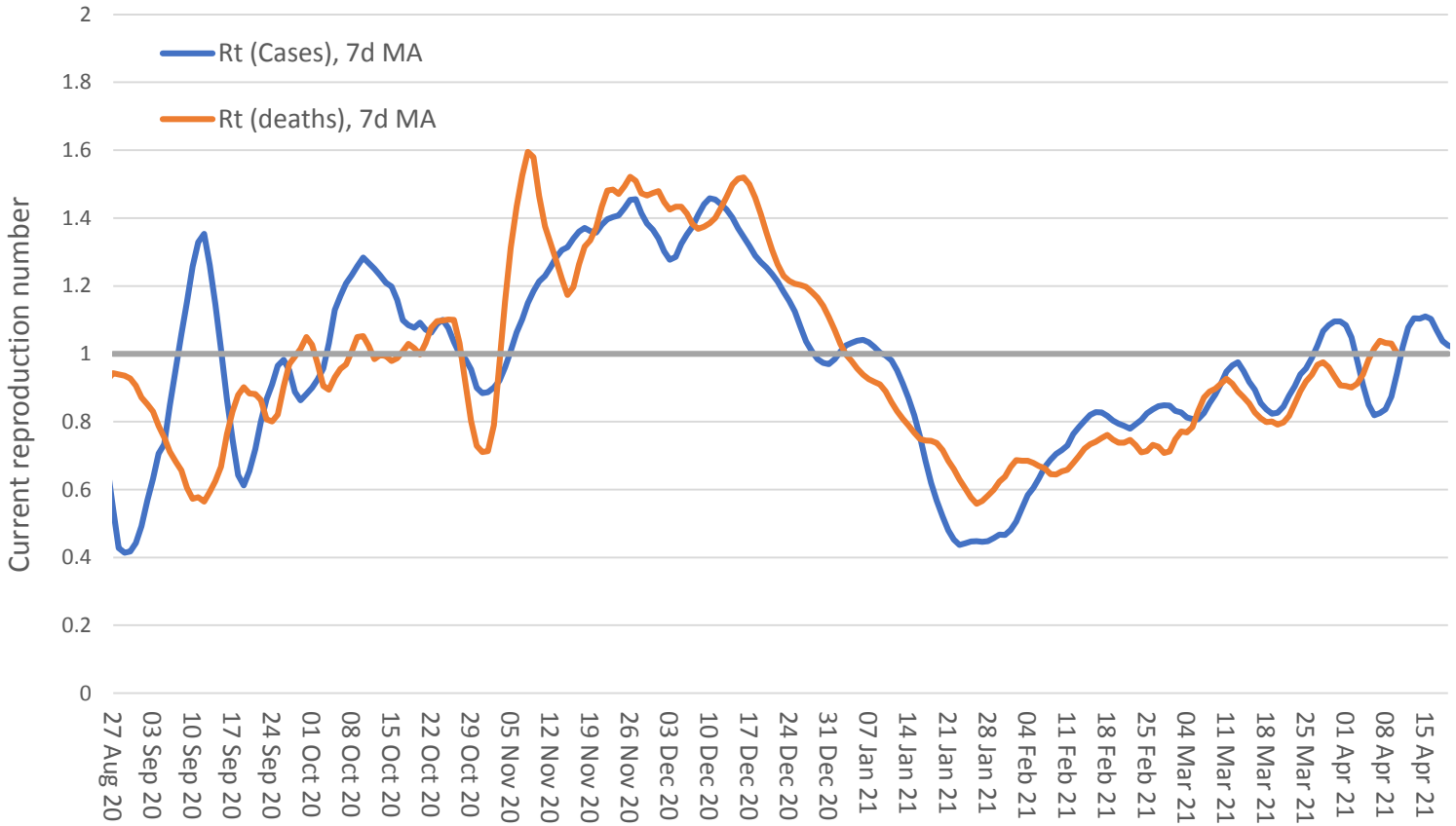


Mortality by date of death



* 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)



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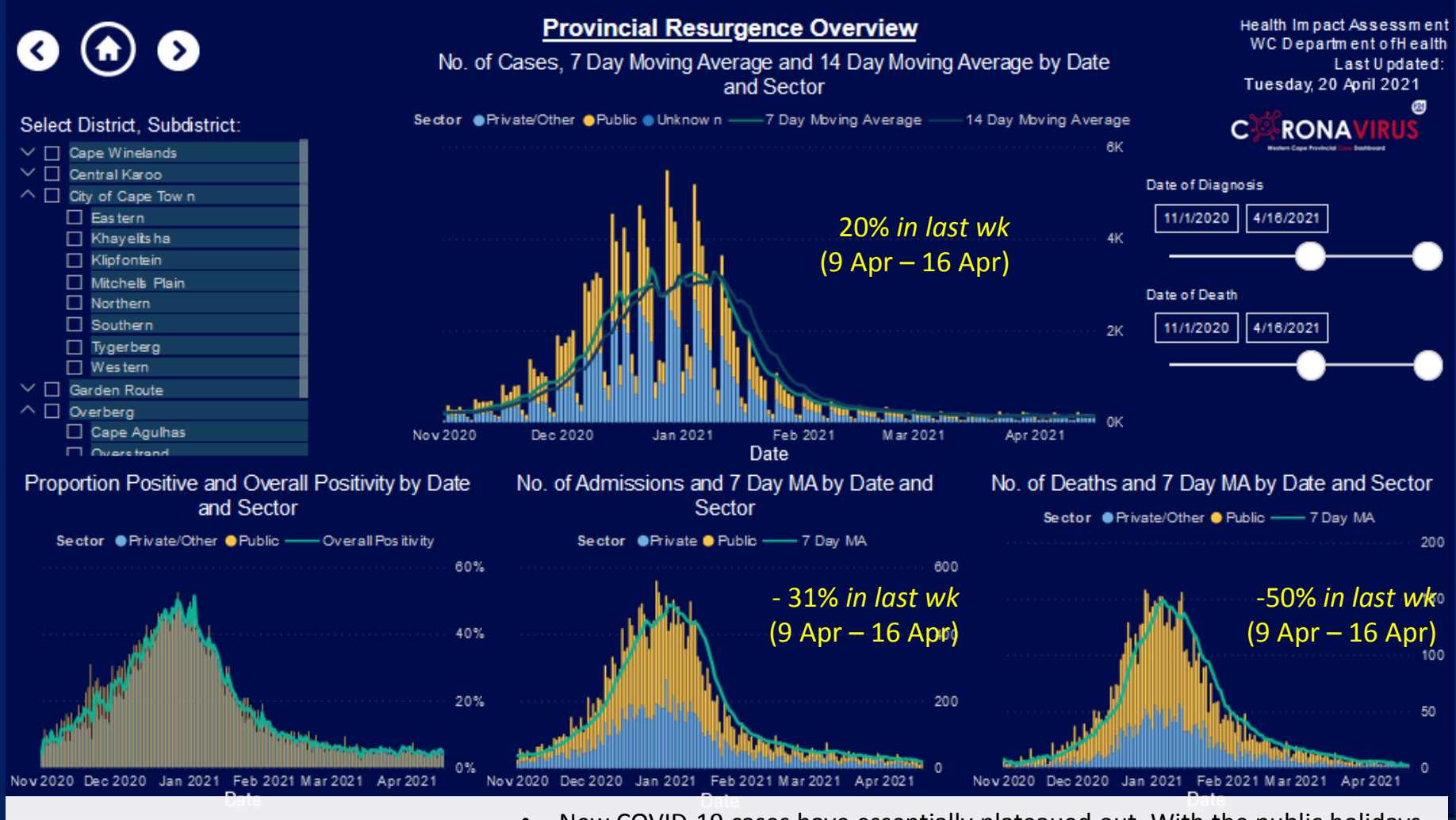
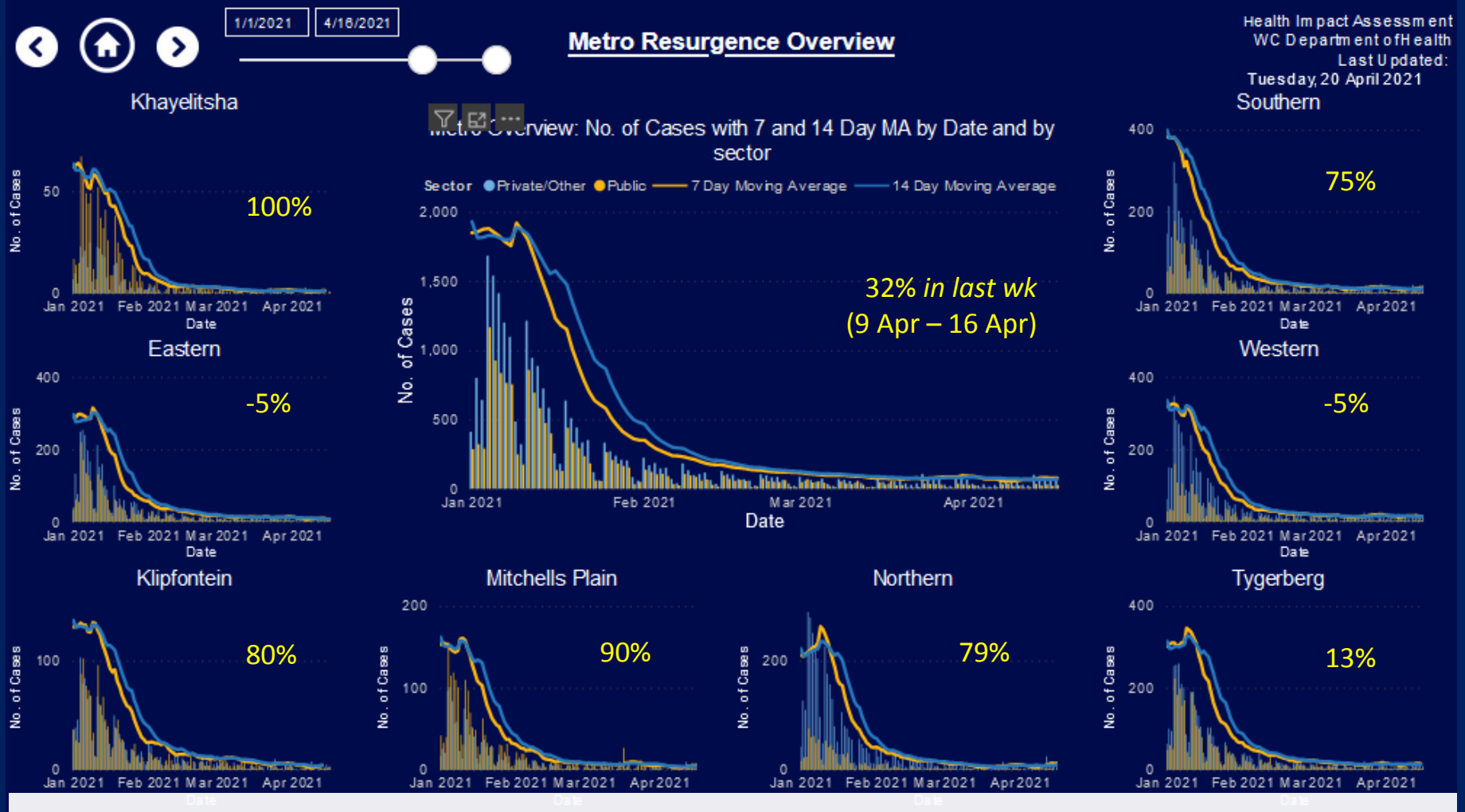
Approximated based on smoothed doubling times



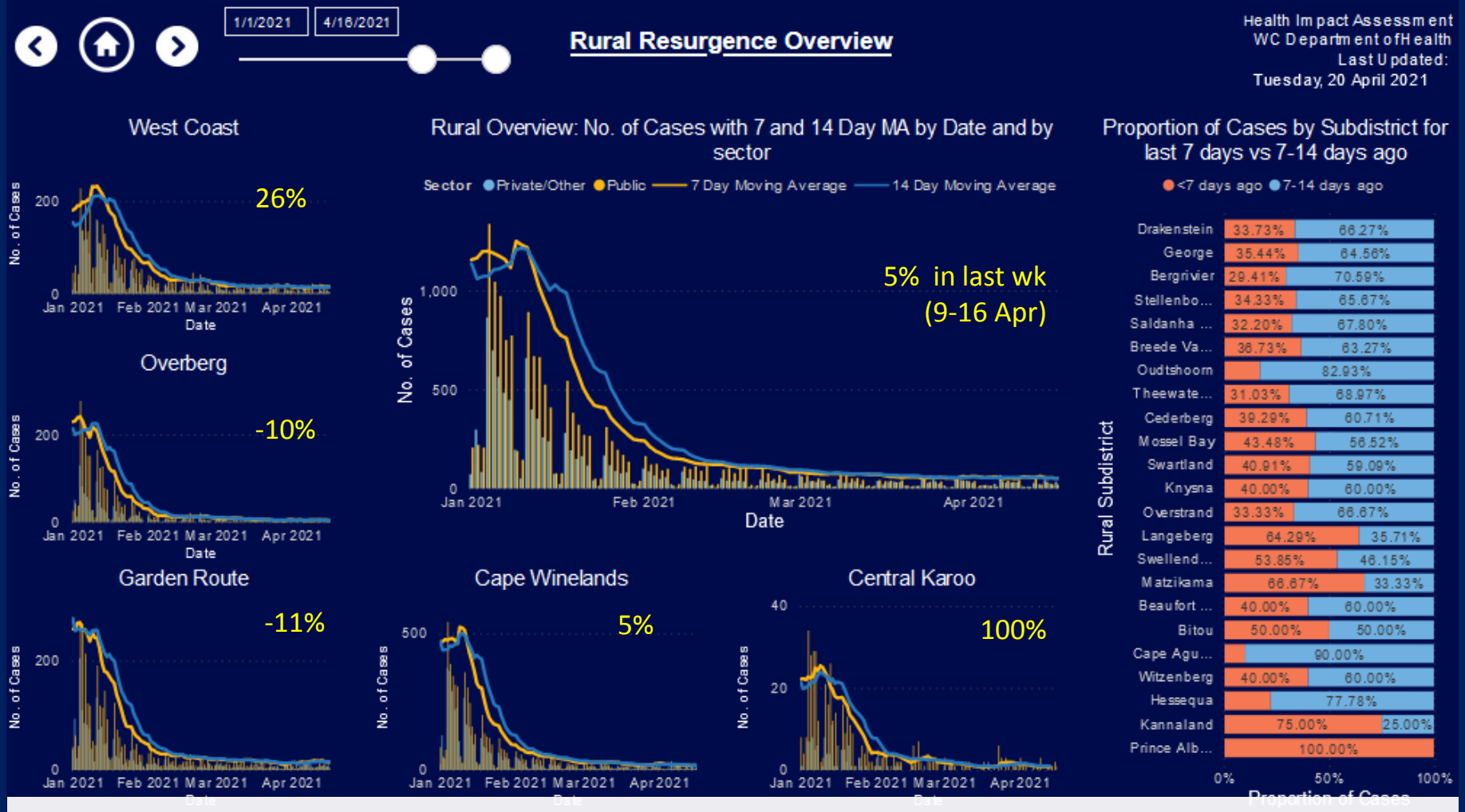
Provincial Overview

- New COVID-19 cases have essentially plateaued out. With the public holidays affecting testing patterns, interpretation of week-on-week changes in case numbers is difficult.
- Admissions and deaths have decreased slightly, but the absolute numbers involved are very small.
- We are currently seeing on average 135 new cases, 20 admissions and 2 deaths each day.
- The average proportion remains low at 4.13% on 16 April.



Metro Overview

- Cases in the Metro are showing a slight increase from 2 April to 9 April 2021.
- With the recent public holidays, we are comparing a week with 5 full days of testing to a week with only 3 full days of testing, and this affects the percentage change.
- The percentage changes are large, but the absolute numbers of cases in the sub-districts are small.



Rural Overview

- Cases numbers in Rural are mostly unchanged.
- There is a wide variation across the districts, but the absolute numbers involved are very small (e.g., Central Karoo went from an average 1 to 2 cases).
- Our teams on the ground are watching closely for any outbreaks/clusters. As yet nothing major has been identified.

20 April 2021

Surveillance Huddle Report

Surveillance Huddle Notes – Tuesday 20 April 2021

Metro

KESS	•
KMPSS	• No clusters, test positivity low • Increase in private sector cases (more than half now)
NTSS	• Seen an increase in both Northern and Tygerberg • 95% private Northern • Household contacts mostly, 2-5 people per household, no other clusters
SWSS	• Overall SWSS total cases increased slightly, but mostly related to public holidays, as when compared to 2 weeks ago not much change • Delay in capturing antigen tests, also increasing recent cases more • Positivity low (3% PCR, 2% Ag) at larges facilities • Music festival resulted in 3 cases for Western. Otherwise no major clusters

Rural

Cape Winelands	• No clusters, numbers decreasing • No challenges noted
Central Karoo	• Small numbers, everything quiet
Garden Route	• Low numbers. District as a whole doing fine • Not concerned about Knysna, Bitou. Ongoing cases in Thembalethu, so watching closely there • George seeing 6 cases/day, last month was 7, lowest it's been • Oudtshoorn slight increase in admissions
Overberg	• Increase in percentage, but very small absolute numbers • No clusters, scattered cases only
West Coast	• Nothing major to report • No clusters, only sporadic cases

Preparation for the 3rd wave

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MAC Advisory on 3rd wave – scenarios for the 3rd wave

1. **Factors** likely to contribute to a **third wave** include:
   a) **Behaviour change** (increased contact) due to reduced adherence to non-pharmaceutical interventions (NPIs), easing of restrictions, holiday travel, and super-spreading events
   b) **Increased transmissibility** or **immune escape** driven by **viral mutation**
   c) **Seasonal changes** in contact rates, ventilation practices, and/or viral properties
   d) **Waning of immunity** produced by previous infections
2. Formal **third wave scenario modelling** is being undertaken by the **South African COVID-19 Modelling Consortium (SACMC)**. These will be shared publicly shortly.
3. Analyses indicate that the **relative magnitude** of the **second wave** was generally **smaller in areas** that had **higher first-wave attack rates**, suggestive of **protection resulting from prior infection**.

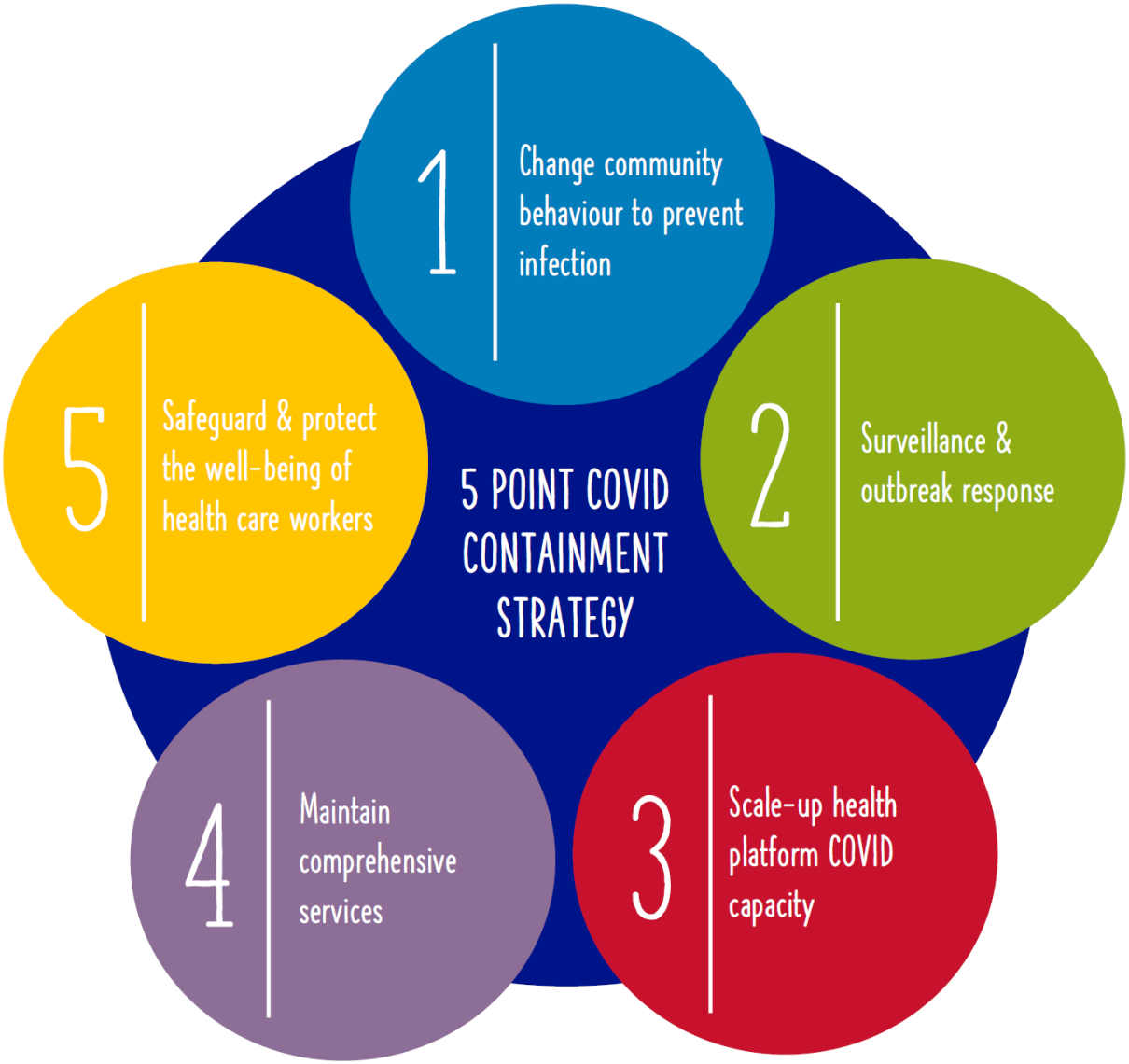
MAC Advisory on 3rd wave – recommendations for 3rd wave

1. Guidelines are needed outlining **containment measures** that must be undertaken when **transmission is low** and **mitigation measures** that must be undertaken when there is **sustained community transmission**.
2. **Surge capacity** must be prepared for a **third wave**, including human resources, PPE, medical equipment, beds and oxygen.
3. **Testing criteria** should be **adjusted according** to the **intensity of transmission**. During the **containment phase**, testing should be used as **a surveillance tool**. During the **mitigation phase**, testing should be **more limited**, focusing on those with **symptomatic illness** and **vulnerable populations**.
4. **Data dashboards** should be developed and used for planning and tracking general and critical care beds, staffing, oxygen use and availability, etc. **Daily management huddles informed by data** can be useful to monitor and manage hospital capacity.
5. Regular **'data huddles'** (e.g. at the district and province levels) are recommended to **improve rapid detection** of **emerging patterns** based on **local intelligence**.

Early thoughts - scenarios for the 3rd wave

1. The **SACMC** will **produce scenarios** for projected **hospital admissions** and **deaths** across the **9 provinces,** factoring in **behaviour change** and **levels of protection arising from previous infections**. The **exact onset** of the **3rd wave** is **still uncertain**.
2. A **sensitive National surveillance tool** has been developed to **detect early onset of the 3rd wave** to allow for **rapid escalation of preparedness**.
3. Because of a **relatively high levels** of **protection** from **previous infections**, we expect the **3rd wave** to be **lower than the 2nd wave**.
4. **Behaviour change** is likely to be the **key factor** to determine the **onset of the 3rd wave** and the **severity of the 3rd wave**.
5. The **key message** is that **we can delay the onset of the 3rd wave** and **mitigate** the **intensity** of the **3rd wave** through a **strong behaviour response** - "we need **strong collective behaviour** for a **later** and **flatter 3rd wave**".
6. The **more people >60 yrs are vaccinated**, the **lower the impact of the 3rd wave** will be – "we need **many people >60yrs** to **vaccinated** and **as fast as possible**"

5-point COVID Containment Strategy



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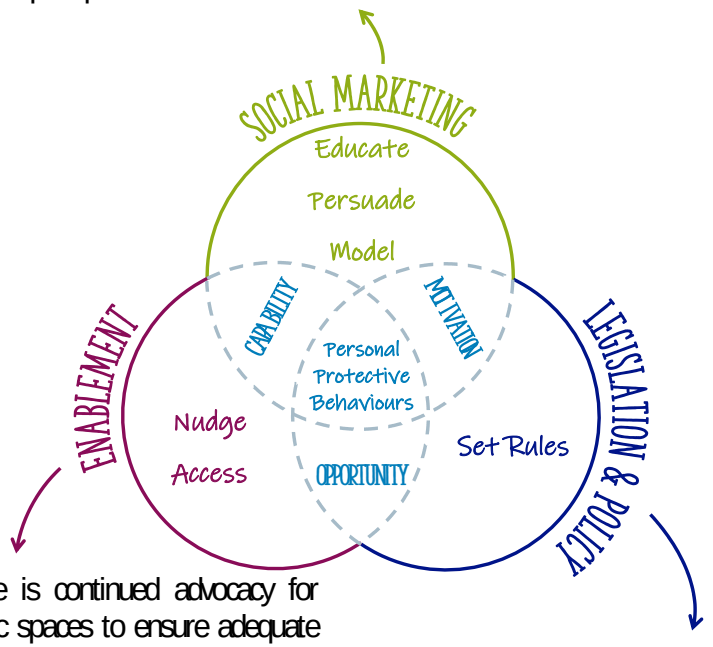
BEHAVIOUR CHANGE

People become infected with COVID-19 through exposure to respiratory droplets at short range (less than 2m). The droplets carry the virus and are produced during exhalation, when breathing, speaking, singing, coughing, and / or sneezing. Airborne transmission of COVID-19 is more likely in overcrowded enclosed spaces with little or no ventilation; where there is prolonged exposure to respiratory particles, most likely in high density housing, social gatherings and places of employment.

- The social marketing strategy retains its focus on being mindful about, who we share our 'air space' with, keeping our distance, ventilation, and mask wearing.
- The three Cs, crowded places, close contact settings and confined enclosed spaces, remains a key feature with emphasis on potential super spreader situations.



- There is continued advocacy for public spaces to ensure adequate nudge measures are in place to cue people to adhere to the personal protective behaviours.
- The Department will continue to advocate for, develop and implement necessary legislative and policy enablers to both save lives and livelihoods

Recommendations for the extended holiday period

Habits to delay and mitigate the 3rd wave:

1. **Limit travel between provinces** – avoid spread from high transmission areas

2. **Keep outdoors**, if at all possible – avoid sharing breathing space (en**c**losed spaces)

3. **Keep gatherings small** – avoid **c**rowds

4. **Keep your distance** – avoid close **c**ontacts

5. **Wear a mask** – protect yourself and others

6. **Wash your hands** – stop spread through physical touch

OUTBREAK RESPONSE

There are 4 components to the outbreak response; (1) SURVEILLANCE, to monitor the progression of the pandemic; timely (2) TESTING for both diagnostic and surveillance purposes; (3) CONTACT TRACING to contain the spread of the virus; and (4) QUARANTINE & ISOLATION of both confirmed +cases and suspected cases to contain the pandemic.

SURVEILLANCE

- The mechanisms to identify when to switch from containment to mitigation include, seroprevalence; molecular surveillance; wastewater surveillance; tracking cases, admissions, deaths and case-based surveillance.

TESTING

- Laboratory and point of care testing are now available with adequate capacity to meet demand.
- At present testing targets all symptomatic patients; asymptomatic patients before elective surgery; asymptomatic people as part of outbreak investigation in a confined facility or small confined geographic area.

CONTACT TRACING

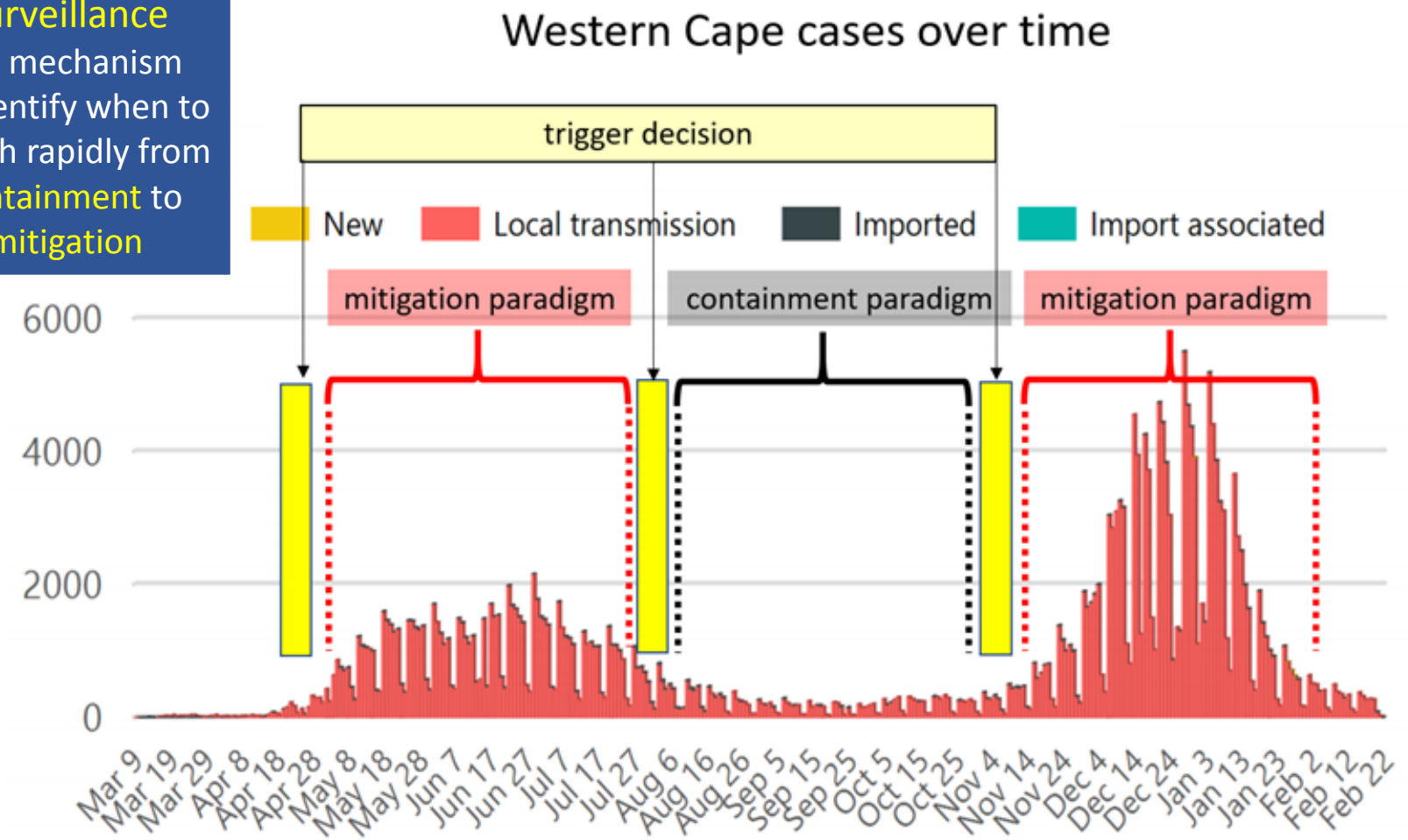
- Contact tracing is most effective in a super spreader and cluster scenarios; doing backward contact tracing to identify and advise close contacts to quarantine.
- The call centre will be optimised to perform this function in subsequent waves and will work in tandem with on the ground support teams.

QUARANTINE & ISOLATION

- Accommodation is provided for those who cannot safely quarantine and isolate in their living environment.

Containment vs Mitigation Paradigms

Surveillance key mechanism to identify when to switch rapidly from containment to mitigation

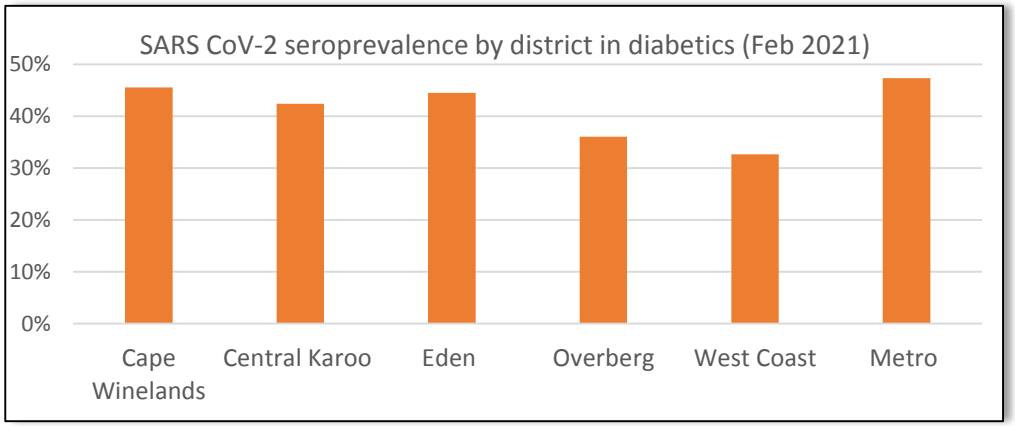


Which indicators do we use to shift from containment to mitigation paradigm?

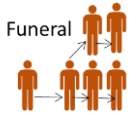
Multi-pronged approach to surveillance for 3rd wave

Seroprevalence? *How vulnerable are we to subsequent waves of COVID-19?*

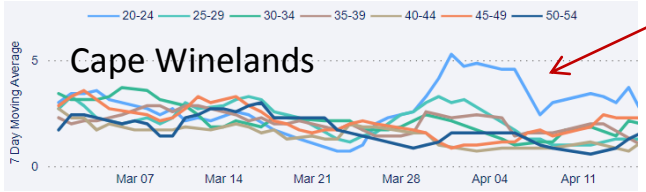
Seroprevalence in Feb 2021 ranged from
33% (CI: 27-39) in West Coast
to 47% (CI:45-50) in CT Metro



Case based surveillance
Identify cases & contacts to contain clusters



Daily tracking cases, admissions, deaths, proportion positive at subdistrict level using IMT criteria for alert & response
Identify trends by age and gender



20-24 yo
?University students

Surveillance huddle to identify clusters and possible superspreader events
Feedback to JOCs and Communications

Wastewater
Early warning of clusters in closed settings &
early warning/confirmation community transmission

Molecular surveillance
Genome sequencing of a subset of all PCR tests.
Are clusters due to genetically similar virus? Identify new variants with transmission/severity/vaccine implications

Provincial Resurgence Overview

Provincial Resurgence Overview

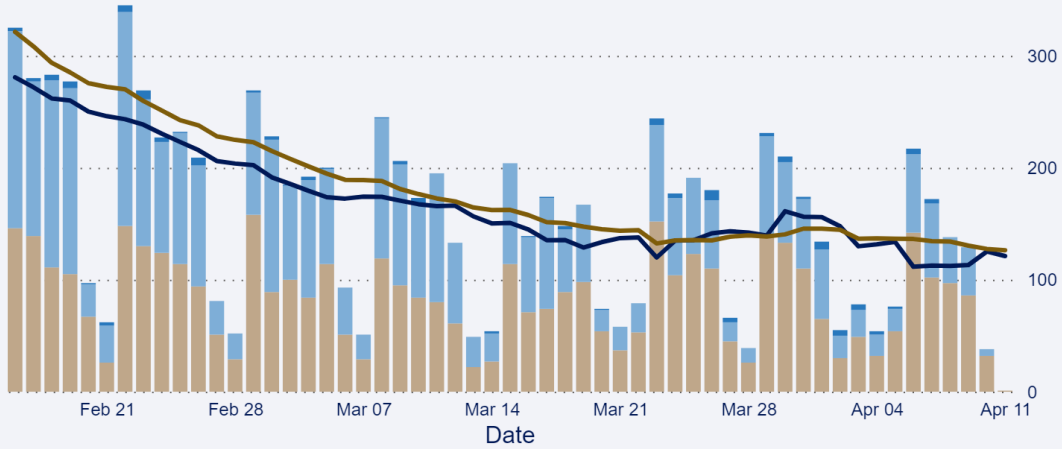
Health Impact Assessment
WC Department of Health
Last Updated:
4/12/2021 7:27:14 AM

No. of Cases, 7 Day Moving Average and 14 Day Moving Average by Date and Sector

Sector Private/Other Public Unknown 7 Day Moving Average 14 Day Moving Average

Select District, Subdistrict:

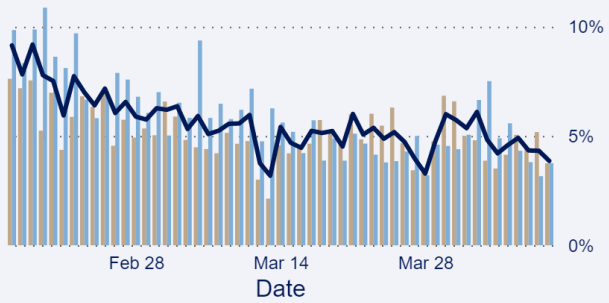
- Cape Winelands
- Central Karoo
- City of Cape Town
  - Eastern
  - Khayelitsha
  - Klipfontein
  - Mitchells Plain
  - Northern
  - Southern
  - Tygerberg
  - Western
- Garden Route
- Overberg
- West Coast



Monitoring of 4 main indicators by comparing 7 Day and 14 Day MA's:
1.) Cases
2.) Positivity
3.) Hospitalizations
4.) Deaths

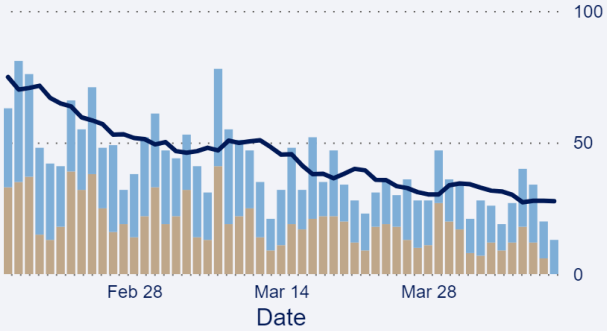
Proportion Positive and Overall Positivity by Date and Sector (*Provincial Only)

Sector Private/Other Public Overall Positivity



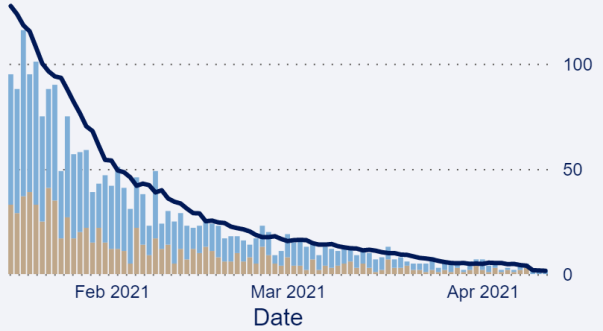
No. of Admissions and 7 Day MA by Date and Sector

Sector Private Public 7 Day MA



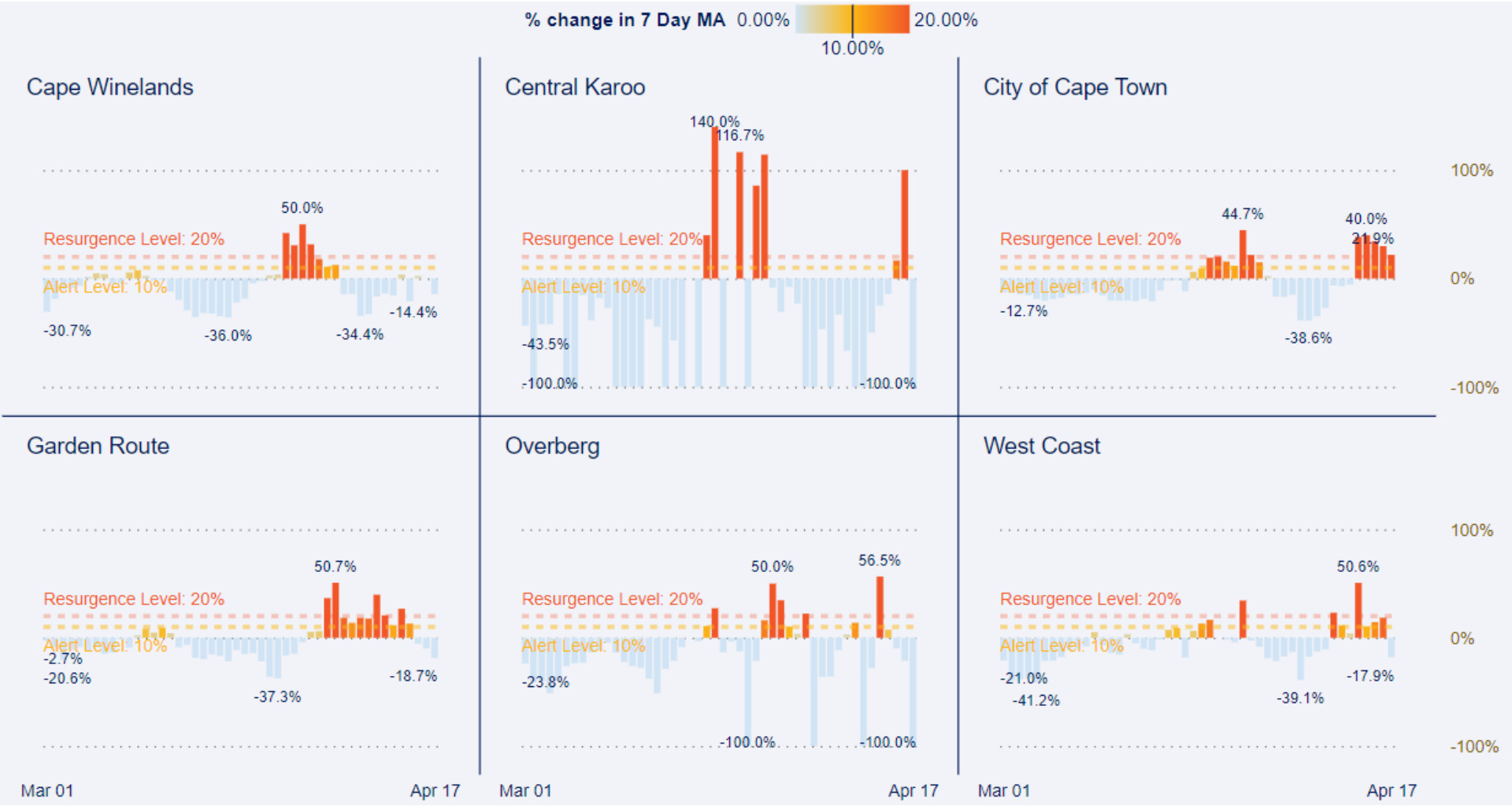
No. of Deaths and 7 Day MA by Date and Sector

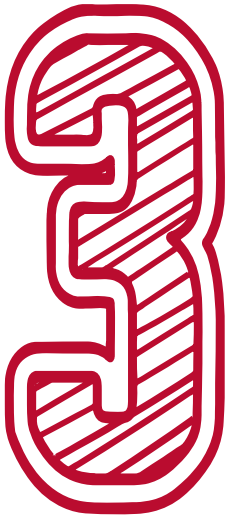
Sector Private/Other Public 7 Day MA



Monitoring for % ↑ in 7 day moving average of new cases criteria for alert (10% ↑) and response (20% ↑) sustained for 7 days

Note: Challenging with fluctuating test numbers due to public holidays – comparing weeks with 3 or 4 testing days with a full week of testing





SCALE-UP HEALTH PLATFORM

A health platform that is agile, able to expand and contract in line with the pandemic demands is a significant resilience advantage. This means that when there is a pandemic surge other health services will be de-escalated and additional bed capacity will be made available, particularly necessary in the context of hospital bed availability.

- The health system currently faces a triple challenge, subsequent waves of the pandemic, protecting core non-COVID services, and the roll-out of the COVID-19 vaccination programme.
- As we grapple with subsequent waves of the pandemic, strong primary health care (PHC) services provide a critical first line of defence to keep people safe and healthy.
- The 2nd wave taught us many lessons about maintaining a stable supply of oxygen and this will ensure optimal readiness for oxygen demand in subsequent waves.
- The existing hospital footprint will need to be flexible and operational adaptations are being made to manage the pandemic demands, estimated to be between 30-40% of the operational bed capacity.
- The additional bed capacity made available for the 2nd wave will be retained for subsequent waves, which includes intermediate care bed capacity at Brackengate, Mitchell's Plain Hospital of Hope and Sonstraal Hospital.
- Effective management of bed capacity requires robust collaborative relationships with the private sector and are critical to meeting pandemic demands.

Current Acute Bed Utilisation per Drainage Area

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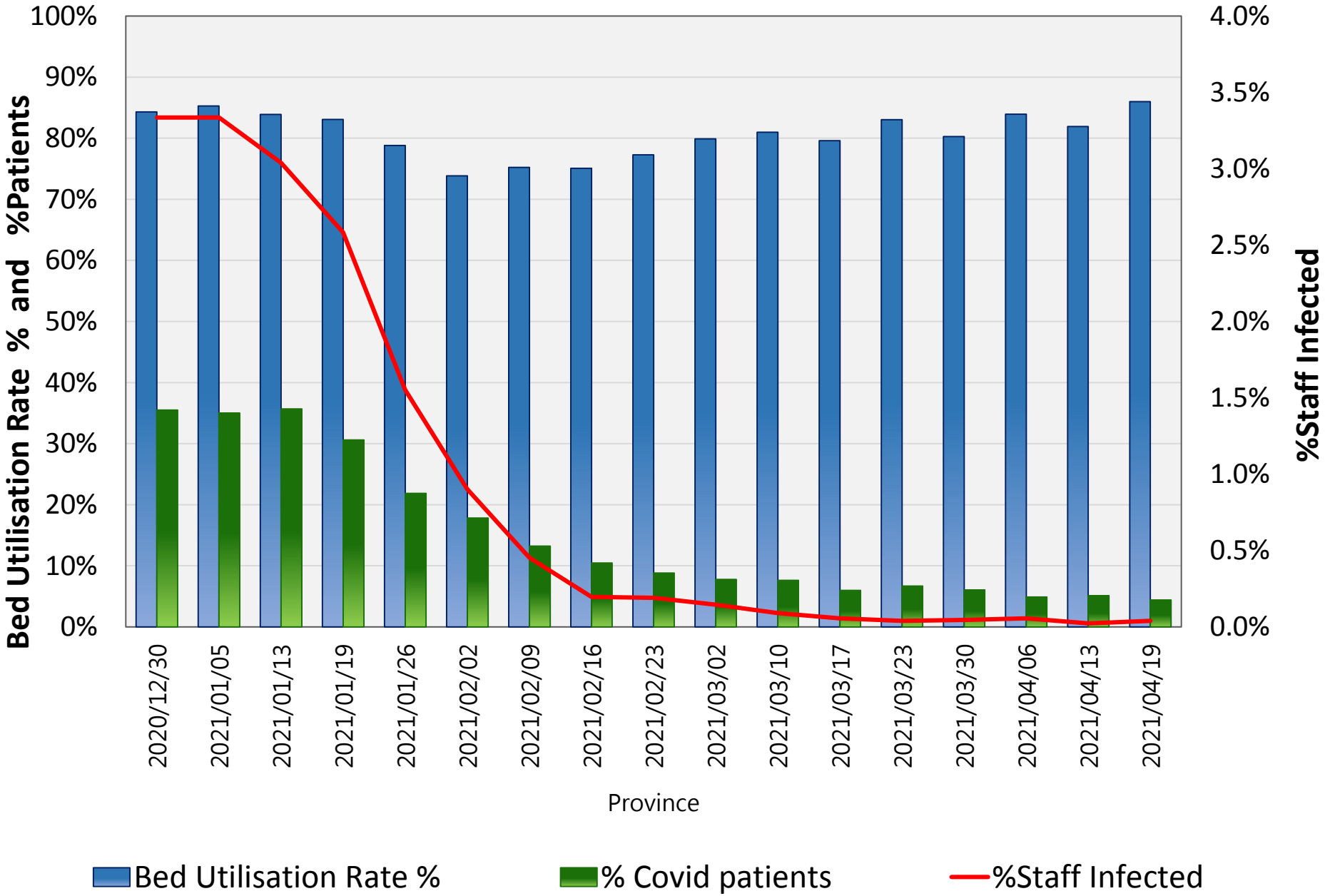
WCDOH: Daily Operational Bed Status Dashboard as at 21/04/2021

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	4,554	90%	8%	3%	7%	13%
George	918	571	62%	13%	7%	14%	
Paarl	940	705	75%	17%	7%	18%	
Worcester	781	550	70%	14%	9%	13%	23%
SubTotal WCDOH	7,680	6,380	83%	10%	4%	10%	12%

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

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

Bed Utilisation Rate, % COVID Patients and % Staff infected for the Western Cape Province - Dec 2020 to 19 Apr 2021



Summary of Trigger Points

Based on the NDoH IMT criteria, the following constitutes a trigger (of resurgence) and a need to a mitigation paradigm:

1. **>20% increase in 7 Day Moving Average for new cases (sustained for 7 days)**
2. **>20% increase in 7 Day Moving Average for percentage positivity (sustained for 7 days)**
3. **>20% increase in 7 Day Moving Average for COVID-19 new admissions**
4. **>20% increase in 7 Day Moving Average for COVID-19 deaths**

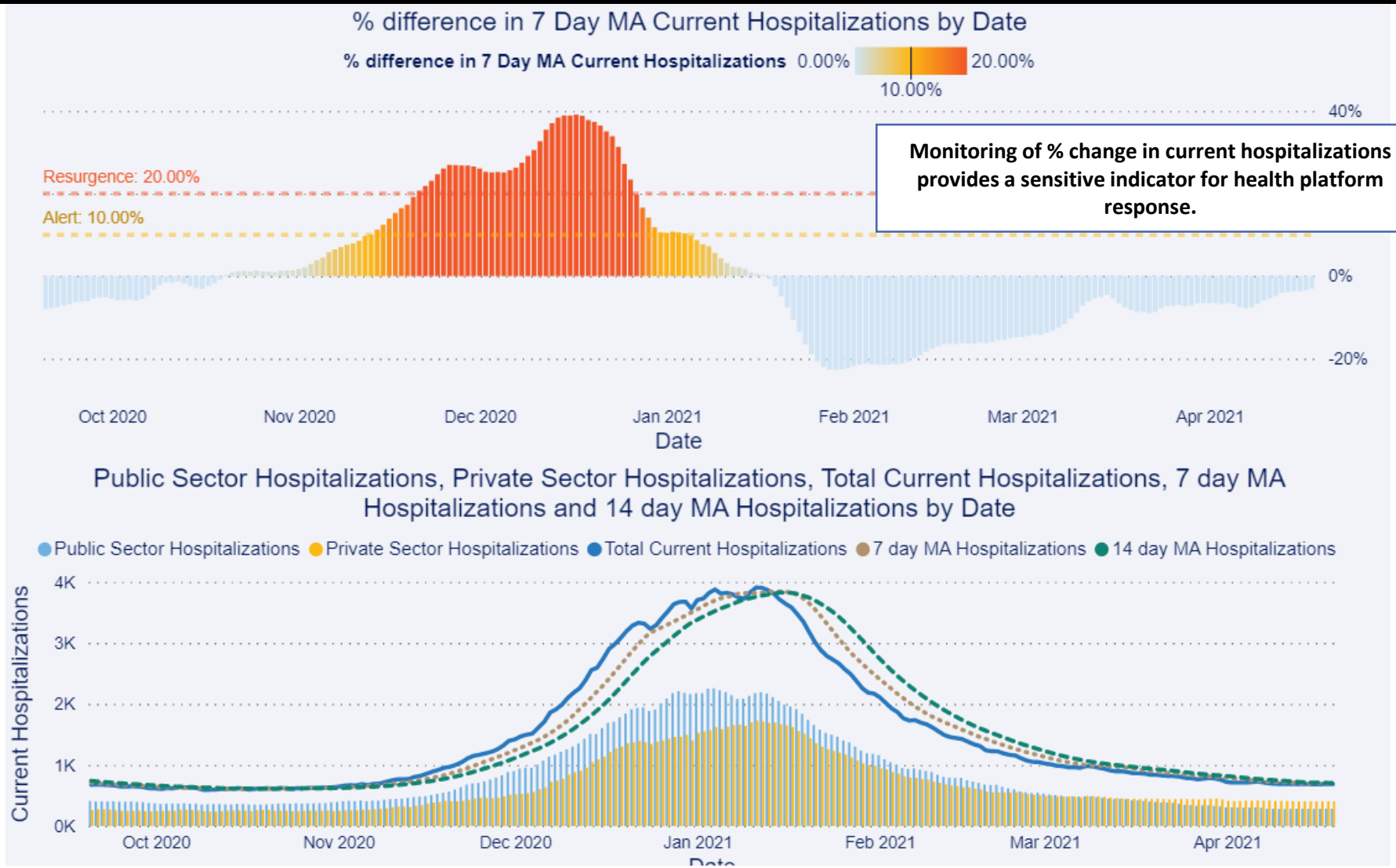
Note: indicators 3 and 4 are usually lagging indicators

5. >20% increase in all-cause mortality (as monitored by SA MRC Excess Death Reports)

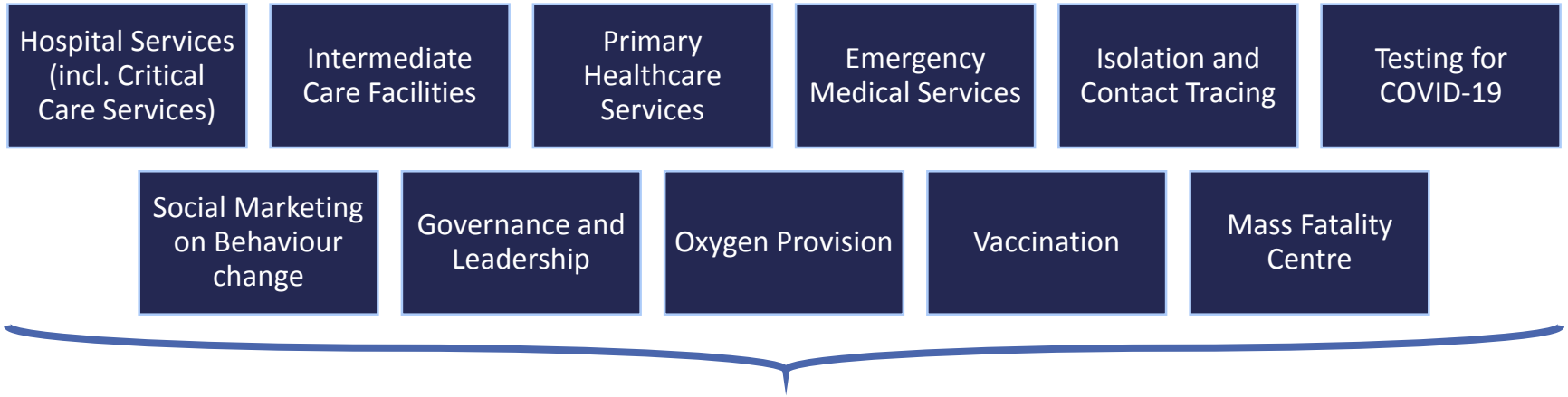
In addition:
6. >10% increase in 7 Day MA for current hospitalizations (sustained for 7 days)

When reflecting on these indicators for wave 2:
From time of trigger to peak there was approximately 6 weeks

Hospitalizations Resurgence Overview



Using the trigger points to drive action



Inter-wave activities *Specific to each health platform area*	Trigger Point 1	Trigger Point 2	Trigger Point 3
	>10% Alert Level	>20% Resurgence Level at some facilities	>20% Resurgence Level at majority of facilities
	Actions	Actions	Actions
	Specific to each health platform area	*Specific to each health platform area*	*Specific to each health platform area*

Example of health platform response based on triggers:

Hospital Services (incl. Critical Care Services)

Inter-wave activities	Trigger Point 1	Trigger Point 2	Trigger Point 3
Re-escalate non-urgent OPD and in-patient services as staffing capacity allows	COVID admissions >10% of total admissions at some hospitals	COVID admissions >20% of total admissions at some hospitals	COVID admissions >20% of total admissions at majority of hospitals
	Actions	**Actions**	**Actions**
	Spread COVID case load by shifting referral patterns so that the COVID admissions are spread more widely across hospitals. Expand COVID beds. Prepare to de-escalate Non-urgent services	De-escalate non-urgent OPD services and non-urgent admissions. Further expand COVID beds Continue to shift referral patterns as required.	Maximally expand COVID beds Severely restrict non-urgent OPD services and non-urgent admissions.

Intermediate Care Facilities

Intermediate Care Facilities:

These beds are in addition to the in-hospital operational beds

- Total of **761 Intermediate Covid-19 Care** beds (inclusive):
  - **336 beds** at the Brackengate Hospital of Hope (currently **13 patients**)
  - **200 beds** at the Mitchells Plain Hospital of Hope [60 Freesia beds absorbed into MP]
  - **30 beds** at Ward 99 in Lentegeur Hospital
  - **59 beds** at Sonstraal Hospital
  - ***136 beds*** *at Tygerberg Hospital [potential]*

MAINTAIN COMPREHENSIVE SERVICES

Maintaining comprehensive services is essential if we are to manage the implications of the pandemic for non-COVID services and thus service re-design is a major strategy to enable the health system to cope with these competing demands.

- Maintaining comprehensive services requires the re-design of service delivery as we need to be vigilant in managing the risk of virus transmission within our built environment.
- How we provide health care will need to accommodate the necessary infection prevention control measures.
- Given the reality of a third wave, non-COVID services may need to be downscaled to create capacity on the delivery platform to meet the demands of the pandemic. This will be done in a stepwise fashion, actively de-escalating non-COVID services and consolidating essential non-COVID services on a smaller footprint.

SAFEGUARD & PROTECT HEALTH WORKERS

Employee health and safety is a priority and key to a resilient health system. COVID-19 has had a profound impact on the mental and physical health of all people, including health workers. There are a number of initiatives to safeguard and protect health workers in the public health system.

VACCINATION

- A major strategy to protect health workers moving forward is vaccination, the aim is to vaccinate 132 000 public and private health workers by the end of May 2021.

INFECTION PREVENTION CONTROL

- Non-pharmaceutical interventions like hand washing, PPE and physical distancing where possible, remain central to curbing the spread of the virus and a key strategy in safeguarding health workers.

HEALTH & WELL-BEING

- The 2nd wave was a particularly trying time as health workers experienced significant levels of mental and physical exhaustion having been at the forefront of the pandemic for almost a year.
- A number of interventions have been put in place to support our employees through these difficult time and part of our recovery strategy is to support our employees through a process of healing to deal with the trauma experienced over the last year.

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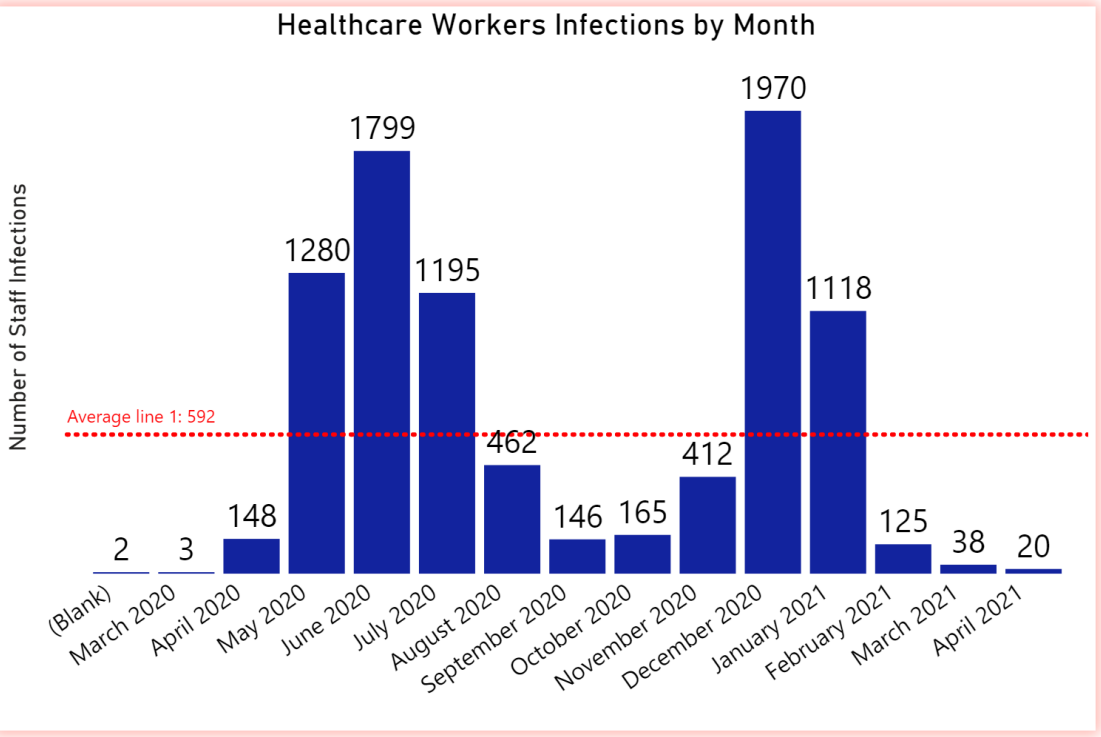
Health

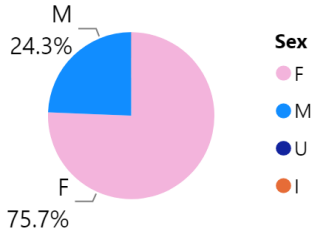
DEPARTMENTAL OVERVIEW
HEALTHCARE WORKERS INFECTED WITH COVID-19

Totals as at 22 Apr 2021

Cumulative Infections		RECOVERED		R.I.P		Active Cases
8,884	-	8,740	-	124	=	20

Doctors	809
Nurses	3,981
Radiographers	109
Pharmacists	85
Other Categories	3,900





DEPARTMENTAL OVERVIEW
HEALTHCARE WORKERS INFECTED WITH COVID-19 -DAILY TRENDS

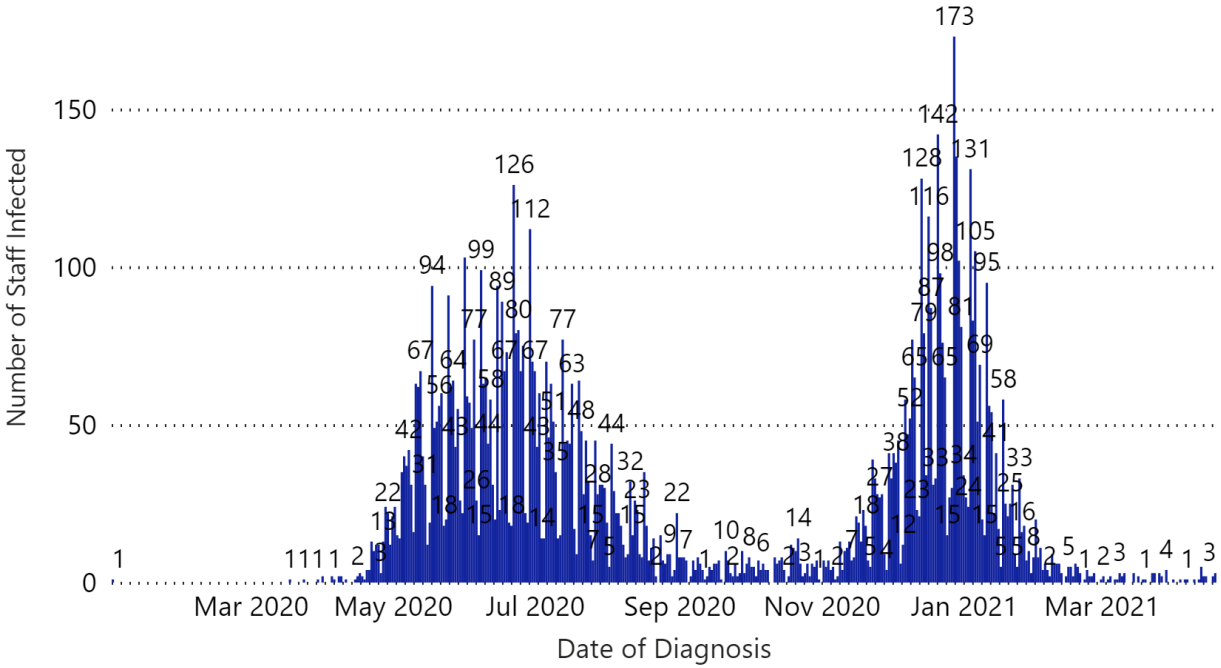
Totals as at 22 Apr 2021

Cumulative Infections

8,884 - RECOVERED 8,740 - R.I.P 124 =

Active Cases
20

Daily Staff Infection Trends

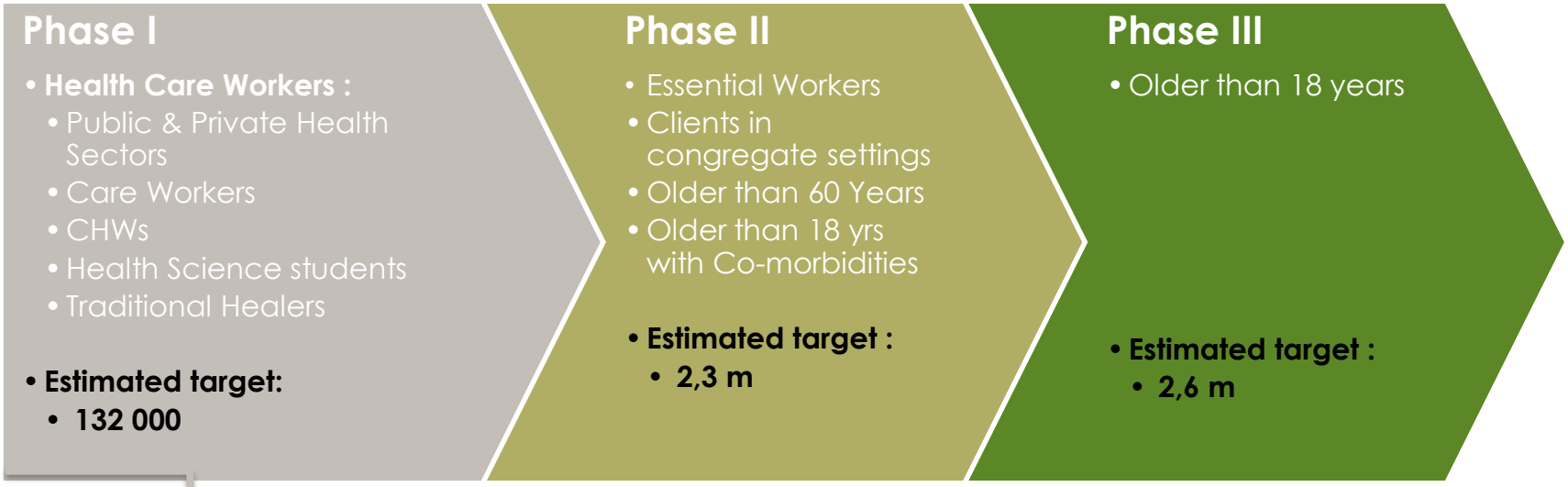


Doctors	2
Nurses	5
Radiographers	(Blank)
Pharmacists	2
Other Categories	11

COVID Vaccine Implementation & Phase 2 & 3 Preparation

Western Cape Government

Vaccine update: Phases and Prioritisation Groups



- It is anticipated that we will be able to **cover approximately 68 % of health care workers** with the **limited doses** being received via the Sisonke Programme**.**
- We are preparing to **scale up vaccination during April** to **complete Phase 1**, with an **expected arrival of 34 000 doses of the J&J vaccine** by **early May 2021**.

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Health

Sisonke Implementation study (Phase 1a – as at 20th April 2021)

Summary of J&J Vaccine Implementation under Sisonke in Western Cape						
Week	**Date**	**Tranche**	**WC Allocation**	**Vaccines administered Public**	**Vaccines administered Private**	**Total**
Week 1	17-21 Feb	Tranche 1	13160	963	1 793	2 756
Week 2	22-28 Feb			7 727	2 512	10 239
Week 3	1-7 March	Tranche 2	12800	3 730	843	4 573
Week 4	8-14 March			4 489	3 028	7 517
Week 5	15-21 March	Tranche 3	18 080	4 381	1 526	5 907
Week 6	22-28 March			7 034	3 288	10 322
Week 7	29 Mar-4 Apr	Tranche 4	9760	6 129	2 677	8 806
Week 8	5-11 Apr			1 877	1 004	2 881
Sub-total			**53 800**	**36 330 (68.5%)**	**16 671 (31.5%)**	**53 001**
Week 9	12-18 Apr	Tranche 5	37 040	491	15	506
Week 10	19-25 Apr					
Week 11	26-30 Apr					
Total			**90 840**	**36 821**	**16 686**	**53 507**

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Given the **6 reported cases of rare blood clots** in the USA (6.6 million vaccinations), the **J&J Sisonke programme** has been **temporarily paused**. **SAHPRA** has evaluated the information and **proposed the continuation of the use of J&J vaccine in South Africa**, on certain conditions and **pending approval of the Research Ethics Committees**

a) Phase 1b

Phase 1b

Total Phase 1 population= 132 000

- Proportion completed under Sisonke phase 1a = **68%**

- Phase 1b target = **~42 000** – The arrival of 1st batch of non-Sisonke vaccines expected in SA end April to reach the HCW coverage of **100%**

- Uptake in 1b affected by:
  - Vaccine hesitancy
  - Unregistered non-PERSAL staff

- Sites:
  - **Metro**: expanding to **14 sites**
  - **Rural**: expanding to **34 sites**

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Phase 1b sites: Metro (14 sites)

Facility Primary Name
DP Marais TB Hospital
Khayelitsha Hospital
Karl Bremer Hospital
Helderberg Hospital
Brooklyn Chest Hospital
Mitchells Plain Hospital
CCT Guguletu Clinic
CCT Town 2 CDC
CCT Brackenfell Clinic
CCT Pelican Park CDC
Bellville Occupational Health Clinic
Gordons Bay Occupational Health Clinic
Cape Town Civic Centre Occupational Health Centre
Grassy Park Occupational Health Clinic

Additional sites will be brought on board for Phase 1b (post-Sisonke Programme) to vaccinate healthcare workers.

Phase 1b sites: Rural Districts (34 sites)

Facility District	Facility Primary Name
Cape Winelands District	Worcester Hospital
	Paarl Hospital
Central Karoo District	Beaufort West Hospital
Garden Route DM	Alma CDC
	Plettenberg Bay Clinic
	Oudtshoorn Hospital
	Harry Comay TB Hospital
	George Hospital
Overberg DM	Caledon Hospital

Facility District	Facility Primary Name
West Coast DM	Clanwilliam Clinic
	Lutzville Clinic
	Riebeek Kasteel Clinic
	Langebaan Clinic
	Citrusdal Clinic
	Van Rhynsdorp Clinic
	Lamberts Bay Clinic
	Piketberg Clinic
	Graafwater Clinic
	Moorreesburg Clinic
	Saldanha Clinic
	Diazville Clinic
	Vredendal North Clinic
	Riebeek Wes Clinic
	Hanna Coetzee Clinic
	Klawer Clinic
	Velddrif Clinic
	Lalie Cleophas Clinic
	Laingville Clinic
	Porterville Clinic
	Vredenburg Clinic
	Malmesbury CDC
	Darling Clinic
	Vredendal Central Clinic
	Louwville Clinic

b) Phase 2 & 3: Area Based Planning and Stewardship

WCGH District Mx Team = Stewards

To ensure the collaborative effort from various public & private entities, the WCGH district managers will hold that space as stewards to ensure synergy, integrated approach to achieving targets and objectives of this vaccination campaign and avoid duplication and wasted resources.

- **Public/ Private Collaboration**
  - Essential to achieve primary objective of UHC – cover the entire population; ensuring access; quickest possible way; agreed phasing in of vaccination sites.

- **One Integrated Operational Plan per Geographic Area – inclusive of:**
  - Public
  - Private
  - Local Government
  - NPO
  - Work-based OHS
  - HEIs
  - Etc.

- **Phase 2 Operational Plan Finalisation**
  - Districts & Sub-Structures – 23 April 2021
  - Provincial – 30 April 2021

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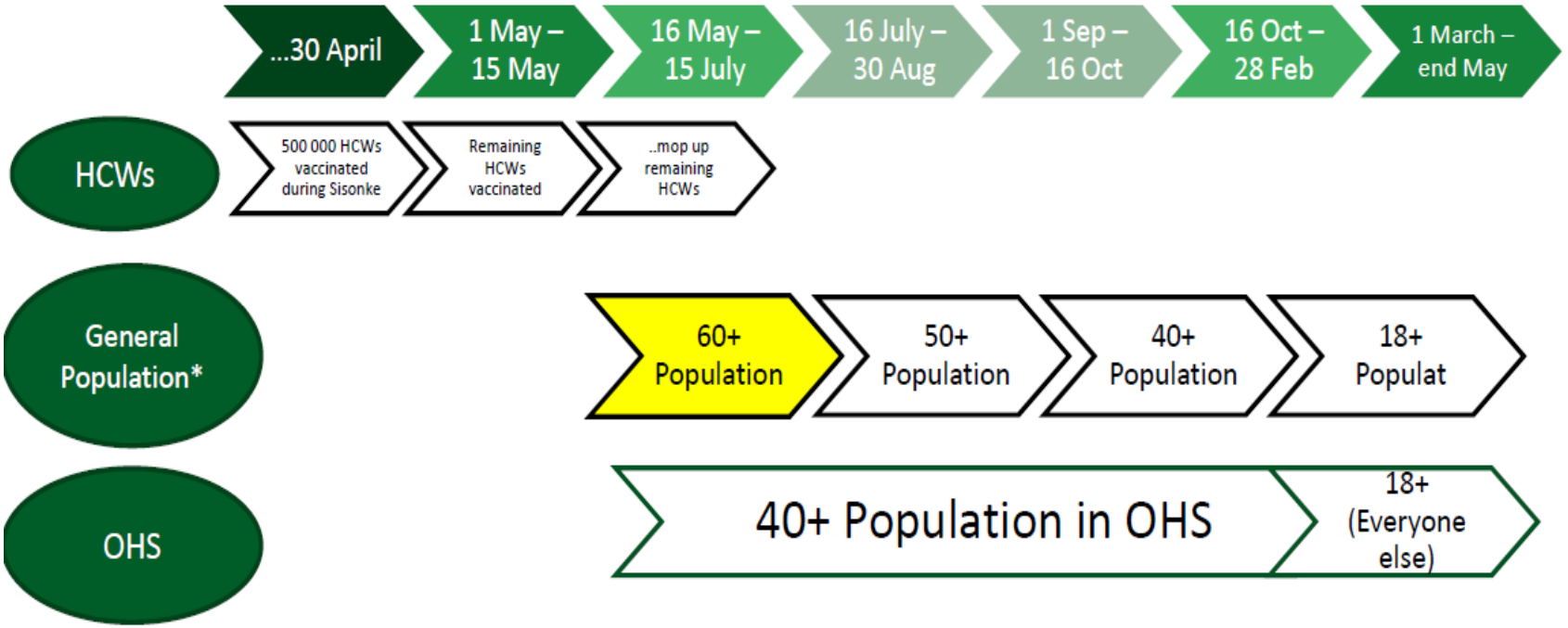
Phase 2 and Phase 3: NDoH Timelines and Target Population

Sequencing timeline: NDoH



- Phase 1b starts immediately and completes. Phase 2 will start 17th May (operating concurrently during May 2021 with both Pfizer and J&J utilised in parallel).
- 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.

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Age-based Sequencing in WC

	Age band	Number	Timelines
Phase 2a	>60 yrs	723 160	17 May- 30 June
Phase 2b	50-59 yrs	684 149	1 July – 30 Oct
	40-49 yrs	904 358	
Phase 3	30-39 yrs	1 287 050	1 Nov- 28 Feb
	18-29 yrs	1 378 186	
	Total	**4 976 903**	

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

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c) Vaccine Supply Pipeline

Vaccine Supply

Vaccine distribution by month to ensure coverage of 4 976 903 lives by February 2022											
	QUARTER 1		QUARTER 2			QUARTER 3			QUARTER 4		
	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	**Total**
Lives	**210152**	**420303**	**420303**	**420303**	**420303**	**420303**	**666309**	**666309**	**666309**	**666309**	**4976903**
J&J	136599	273197	273197	273197	273197	273197	433101	433101	433101	433101	**3234987**
Pfizer	147106	294212	294212	294212	294212	294212	466416	466416	466416	466416	**3483832**

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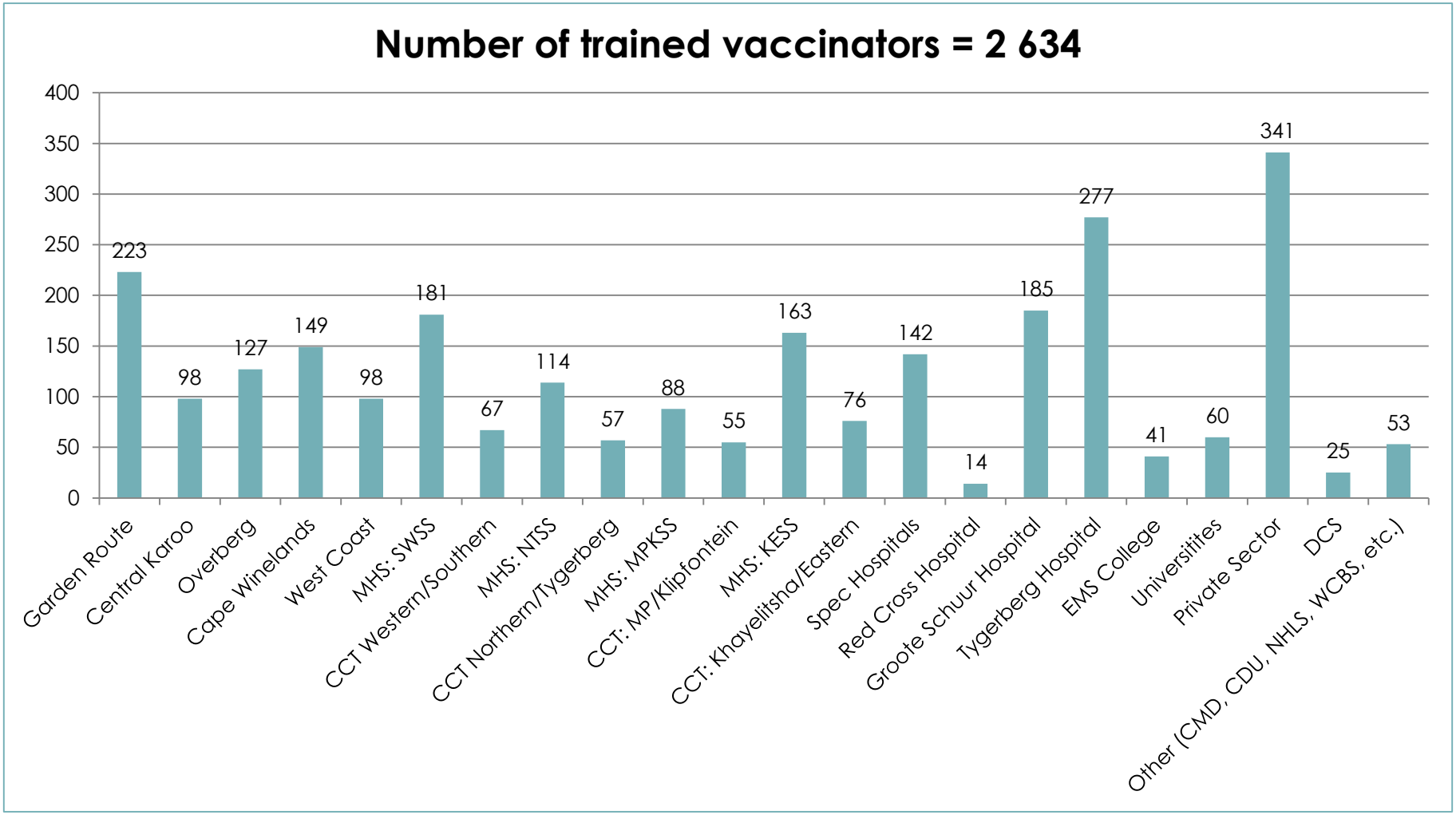
d) Daily vaccination delivery capacity

Allocation of Vaccines – Phase 2 (17May – 30 Oct 2021)

Organisational Unit	Proportion	Phase 2 Total Doses Allocated	Phase 2 Daily Dose Output Rate	Vaccinators needed
Western Cape Province	100.0%	3,120,750	26,673	533
Rural	32.8%	1,023,968	8,752	175
Metro	67.2%	2,096,782	17,921	358
Rural Garden Route	9.1%	93,310	798	16
Rural Central Karoo	1.0%	10,246	88	2
Rural Overberg	4.2%	42,587	364	7
Rural Cape Winelands	12.5%	127,934	1,093	22
Rural West Coast	6.0%	61,904	529	11
Metro Northern	8.1%	170,806	1,460	29
Metro Tygerberg	11.0%	231,501	1,979	40
Metro Mitchell's Plain	7.5%	156,528	1,338	27
Metro Klipfontein	6.0%	126,169	1,078	22
Metro Khayelitsha	4.7%	98,474	842	17
Metro Eastern	10.4%	217,531	1,859	37
Metro Southern	10.4%	217,711	1,861	37
Metro Western	9.1%	190,074	1,625	32
Private	0.0%	0	0	

Vaccinators (as at 20 April 2021)



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e) Proposed Vaccination Site Model: Phase 2 & 3

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

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

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Provisional Sites: Metro

District	Sub-structure	# of Vaccination Sites	
City of Cape Town	Southern/Western	16	S - M
		1	**XXL (Mass Site)**
	Klipfontein/Mitchell's Plain	12	S – M
	Khayelitsha/Eastern	35	S – M
	Northern/Tygerberg	12	S – M
		1	**XXL (Mass Site)**
TOTAL		**77**	

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Provisional Vaccination Sites: Rural

District	Sub-district	# of Vaccination Sites
Cape Winelands	Breede Valley	6
	Drakenstein	14
	Langeberg	7
	Stellenbosch	9
	Witzenberg	9
TOTAL		**45**
West Coast	Bergrivier	8
	Cederberg	8
	Matzikama	15
	Saldanha	10
	Swartland	12
TOTAL	**TOTAL**	**53**
Overberg	Cape Agulhas	10
	Overstrand	10
	Swellendam	10
	Theewaterskloof	12
TOTAL	**TOTAL**	**42**

District	Sub-district	# of Vaccination Sites
Garden Route	Hessequa	6
	Mossel Bay	5
	George	5
	Knysna	5
	Bitou	5
	Kannaland	5
	Oudtshoorn	3
TOTAL	**TOTAL**	**36**
Central Karoo	Laingsburg	2
	Prince Albert	3
	Beaufort West	8
TOTAL		**13**

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f) EVDS

EVDS PHASE 2: WESTERN CAPE

- Online self-registration process will be required.
- Will commence with those aged 60 years and over.
- System went live to public on 16 April 2021.
- SMS confirmation of registration will be sent.
- Scheduling will take place via EVDS.
- Separate registration process for OAHs and DCS Facilities.

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Provincial Treasury

Phase 2: EVDS Registrations for persons 60 years and older
(as at 20 April 2021)

Province	Total
Eastern Cape	26 222
Free State	10 943
Gauteng	128 407
Kwazulu-Natal	68 975
Limpopo	9 250
Mpumalanga	8 345
Northern Cape	3 345
North West	8 700
Western Cape	**111 369**
TOTAL	**375 588**

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Conclusions

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Concluding remarks

1. We are a **containment pha**se and urge everyone to **adhere to protective behaviours**, especially over the **holiday period**, to avert **an early 3rd wave**.
2. We **anticipate that the 3rd wave** will be **lower than the 2nd wave.** However this is dependent on the **strength of our behaviour** over the coming weeks.
3. **Preparations for the 3rd wave** are now in full swing.
4. We require a concerted **whole of government** and **whole of society response** to **delay and mitigate the impact** of the **3rd wave** -
5. We will **significantly scale up** the **implementation of vaccines** as the **key drive against COVID** over the coming months. We are putting **detailed plans** in place in **each geographic area**.

Thank you

Western Cape Government