

Digital Press Conference

Health Update

Dr K Cloete

6th May 2021



Overview

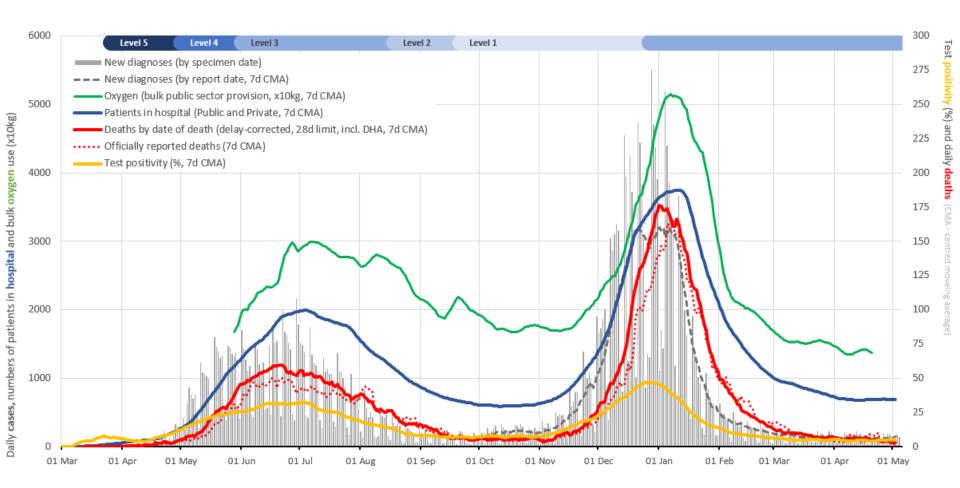
- 1. Surveillance & Response Update
- 2. Preparation for the third wave
- 3. Phase 1 Vaccine Implementation update
- 4. Phase 2 Vaccine Implementation preparation
- 5. Conclusions



Surveillance & Response Update



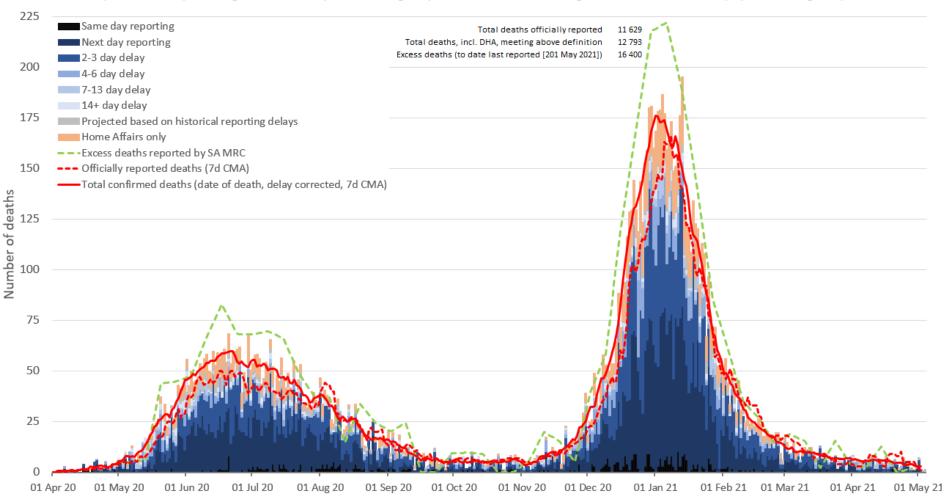
Integrated testing, case, hospitalisation and mortality trends





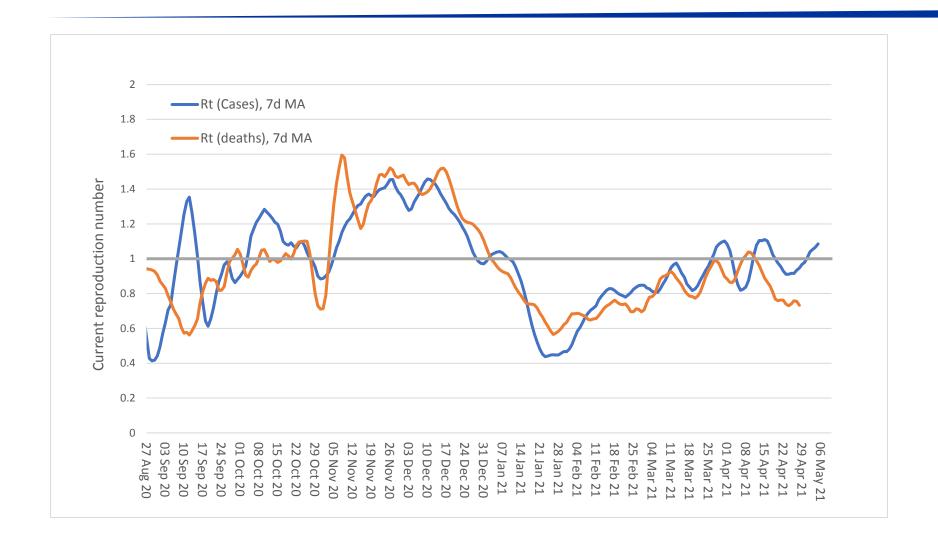
Mortality by date of death

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)

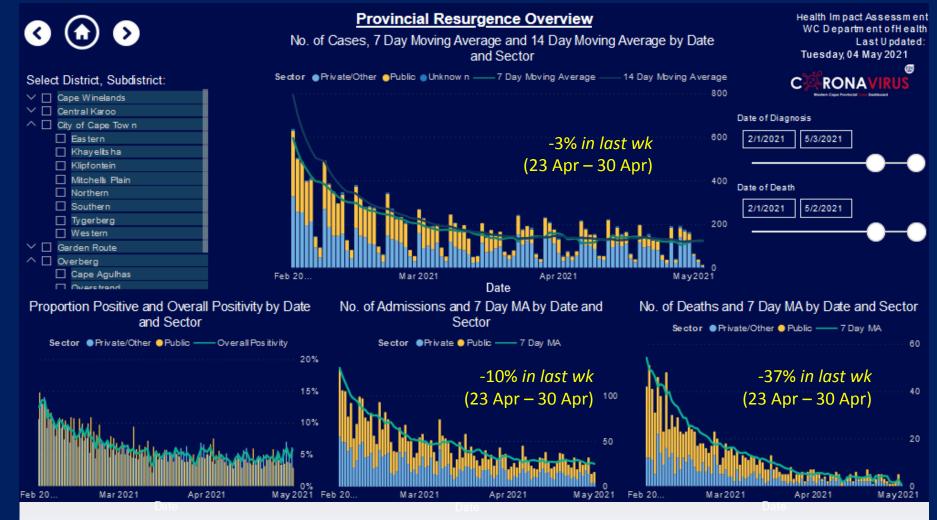


^{*} Excludes deaths in those with undiagnosed COVID-19, in patients with clinical diagnoses in spite of absent or false negative SARS-CoV-2 test results, and in those without recorded ID numbers dying at home or in ambulatory or emergency room care; CMA - centred moving average

Current reproduction number (Western Cape)

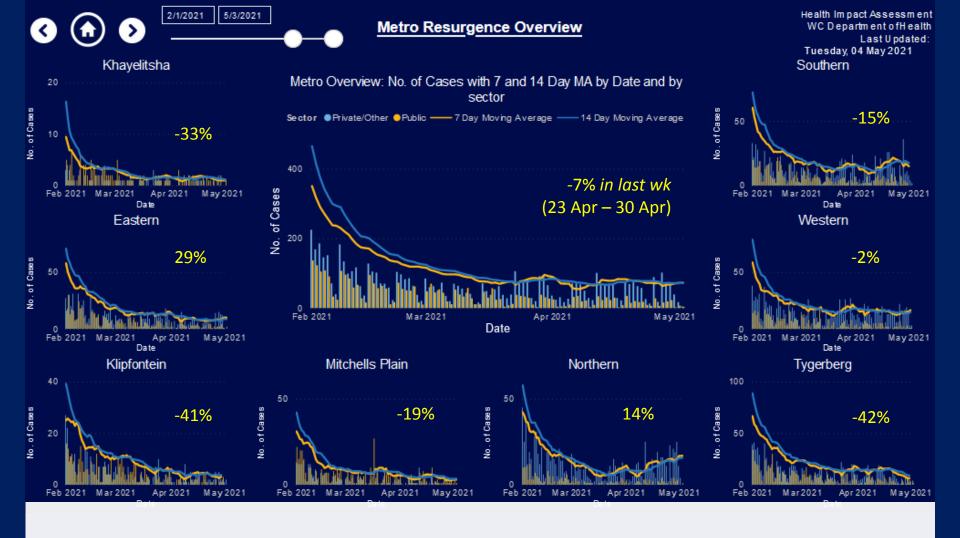






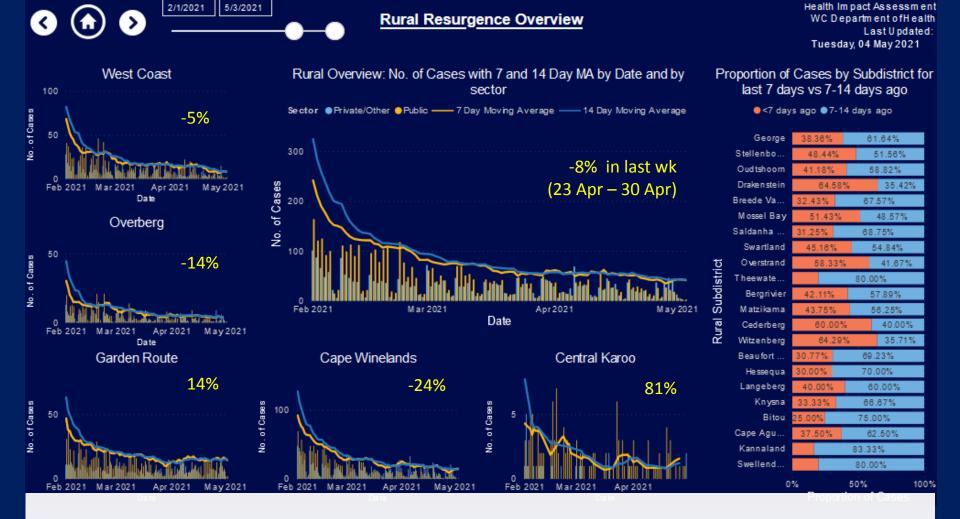
Provincial Overview

- Overall, COVID-19 cases, admissions and deaths remain largely stable (the
 decreases in absolute numbers for admissions and deaths are very small).
- We are currently seeing on average 120 new cases, 25 admissions and 3 deaths each day.
- We are concerned that average proportion positive increased above 5.0% on 1 May 2021, driven largely by increased positivity in the private sector.
- Increases in cases in other provinces including Gauteng are of concern.



Metro Overview

- We expected decreased case numbers in the last week due to reduced testing with the public holiday, so the increasing trend in cases especially from private sector tests in Northern, Eastern, Western and possibly Southern (until a few days ago) is a concern.
- We **continue to be vigilant**, and track cases and hospitalisations carefully in each area, for any sign of sustained increases.



Rural Overview

- Overall, cases numbers in Rural are essentially unchanged.
- There is a wide variation across the districts, but the absolute numbers involved are very small, particularly in Central Karoo.
- Most districts are **still showing a decrease in cases**, except for **Garden Route** and a small increase in absolute numbers in **Central Karo**o.

4 May 2021

Surveillance Update



Motro

Metro	
KESS	Cases are stable on SPV Rise in cases in in Eastern sub-district but no clusters found with contact tracing Increased positivity rate
KMPSS	 Case numbers stable Positivity rate lower (3% at the moment)
NTSS	 Increase in cases this week (108 to 116) Declining cases with testing in Tygerberg Several socially connected household clusters Workplace in Pinelands, cluster but followed up in different areas of metro. Environmental health notified. Cases from bowling clubs (gathering places for events on w/ends rather than pubs) 18 hospital admissions in sub-district
SWSS	 Total cases 220 to 241 week on week, mostly private, 50% split in region 288 active cases, positivity rate 1.5-5% Mostly antigen tests done Clusters 2 cases from funeral 2 cases of students with UWC 11 UCT student cases

Rural

Cape Winelands	
Central Karoo	 1 case in Prince Albert Cluster in Nelspoort (9 active cases) 1 re-infection with 40 contacts (possible cluster, and is being followed up)
Garden Route	 Mosselbay, 47% increase in case (but low numbers). 3 households with 51 contacts Hospital admissions low in all districts
Overberg	 217% increase in week on week cases (but number of new positive cases consistently low) No clusters identified COVID hospital admissions very low No positive HCW staff cases
West Coast	High alert at N7 areas for travellers from the Northern Cape

Triangulating with wastewater





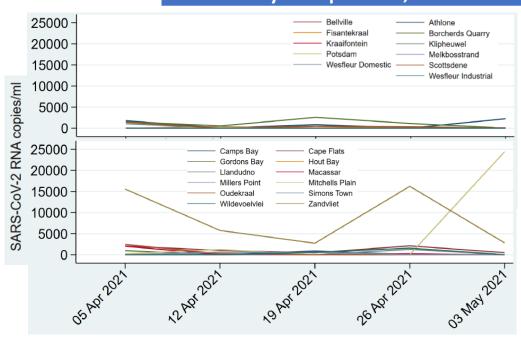




SAMRC COVID- 19 AND WASTEWATER EARLY WARNING SYSTEM

WEEK 18 2021 update

City of Cape Town, Breede Valley AND Overberg



Metro:

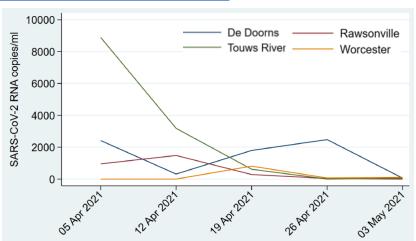
SARS-CoV-2 not detected at 19 wastewater treatment plants

Noticeable decreases in SARS-CoV-2 at the following plants

- Cape Flats
- Green Point
- Zandvliet

Noticeable increase in SARS-CoV-2 at Mitchells Plain

- highest value to date in 2021



Breede Valley:

Negligible/no SARS-CoV-2 at all treatment plant.

Theewaterskloof:

No SARS-CoV-2 detected at all treatment plants for the last 7 weeks.

Preparation for the 3rd wave

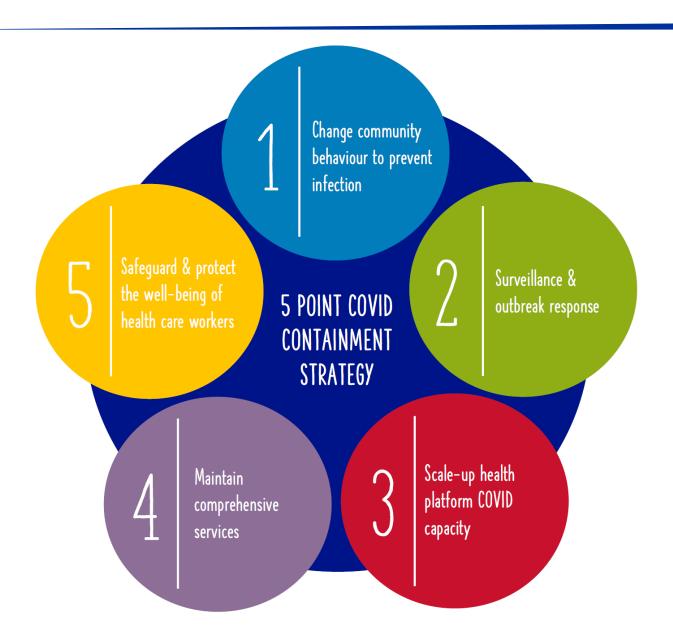


Early thoughts - scenarios for the 3rd wave

- 1. The **SACMC** has **produced 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 implemented to detect early onset of the 3rd wave to allow for rapid escalation of preparedness.
- 3. Variants of concern (VOC) being monitored closely. B.1.351 still dominant in RSA, and expected to remain so for months. B.1.617 has not been detected in RSA yet.
- 4. Because of a **relatively high levels** of **protection** from **previous infections**, we expect the **3**rd wave to be lower than the **2**nd wave, if we behave responsibly.
- 5. Behaviour change is likely to be the key factor to determine the onset of the 3rd wave and the severity of the 3rd wave. 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.



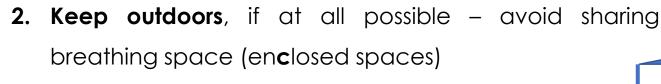
5-point COVID Containment Strategy





Recommended habits to delay and mitigate 3rd wave

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



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







Containment vs Mitigation Paradigms Surveillance Western Cape cases over time key mechanism to identify when to trigger decision switch rapidly from containment to Local transmission New **Imported** Import associated mitigation containment paradigm mitigation paradigm mitigation paradigm 6000 4000 2000

We will use specific triggers to shift from a containment to mitigation paradigm

Acute service platform – general comments

- 1. Currently **760 COVID patients** in our acute hospitals **(425** in **public** hospitals & **335** in **private** hospitals). This **excludes PUIs** and **cases in specialised hospital** settings.
- 2. The Metro hospitals have an average occupancy rate of 92%; George drainage area hospitals at 65%; Paarl drainage area hospitals at 70% & Worcester drainage area hospitals at 76%.
- 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 14 patients (3 345 cumulative patients), Freesia & Ward 99 has 0 patients, Mitchell Plain Hospital of Hope has 0 patients and Sonstraal currently has 1 patient.
- 5. The Metro mass fatality centre has capacity for 240 bodies; currently 1 decedent (cumulative total of 1402 bodies) admitted. The overall capacity has been successfully managed across the province.



Current Acute Bed Utilisation per Drainage Area



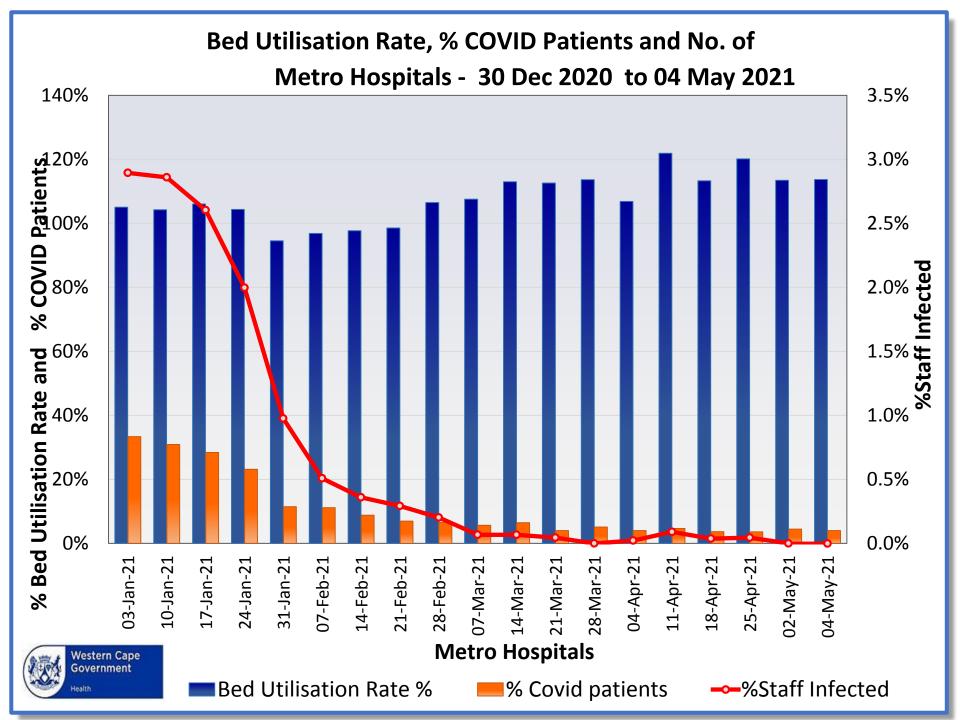
WCDOH: Daily Operational Bed Status Dashboard as at 05/05/2021

Drainage Area	Operational Beds	Filled Beds	BUR %	COVID BUR %	% Covid	BUR % for Designated Covid Beds(General Wards)	BUR % for Designated Covid Beds(Critical Care)
					•	•	
Cape Town /Metro	5,041	4,613	92%	10%	4%	9%	29%
George	918	599	65%	8%	4 %	8%	
Paarl	940	654	70%	13%	5%	12%	17%
Worcester	769	581	76%	19%	12%	17%	40%
SubTotal WCDOH	7,668	6,447	84%	11%	5%	11%	26%

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 24.88 tons/day or 35.54% 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 12.21 tons/day. This equates to around 19.45 % of the daily bulk consumption of the Afrox WC plant for the 7-day period ending 30th 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^{nd} wave, in preparation for the 3^{rd} 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**rd wave.





DEPARTMENTAL OVERVIEW HEALTHCARE WORKERS INFECTED WITH COVID-19



Totals as at 06 May 2021

Active Cases



8,740



124

Doctors

809

Cumulative Infections

8,884

Nurses

3,981

Radiographers



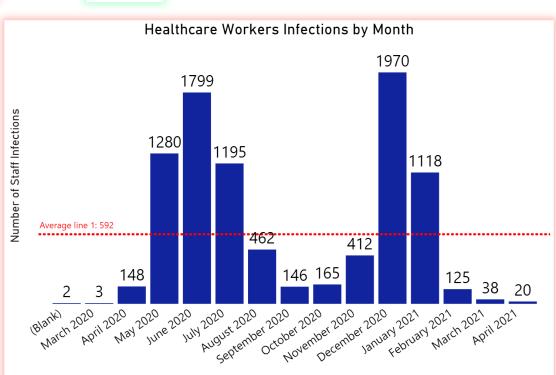
Pharmacists



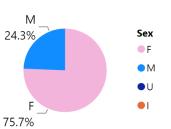
Other Categories tin jir

3,900

85







DEPARTMENTAL OVERVIEW Totals as at 06 May 2021 **HEALTHCARE WORKERS INFECTED WITH COVID-19 - DAILY TRENDS Active Cases Cumulative Infections** 8,740 124 20 8,884 **Doctors** Daily Staff Infection Trends 173 Nurses 128 Number of Staff Infected 126 Radiographers (Blank) **Pharmacists** Other Categories Mar 2020 May 2020 Sep 2020 Nov 2020 Jan 2021 Mar 2021 11 Jul 2020 Date of Diagnosis

Phase 1 Vaccine Implementation update



Vaccine update: Phases and Prioritisation Groups

Phase I Phase II Phase III • Health Care Workers: Essential Workers Older than 18 years Clients in congregate settings • Older than 60 Years • Older than 18 yrs with Co-morbidities • Estimated target : • Estimated target : • 2,3 m Estimated target: • 2,6 m 132 000

- It is anticipated that we will be able to cover more than 60% of health care workers with the limited doses being received via the Sisonke Programme.
- We are preparing to scale up vaccination during May to complete Phase 1. NDoH has indicated that due to the delay in receiving the J&J vaccines, the province will receive approximately 33 900 doses of the Pfizer vaccine to complete Phase 1 and commence with Phase 2.

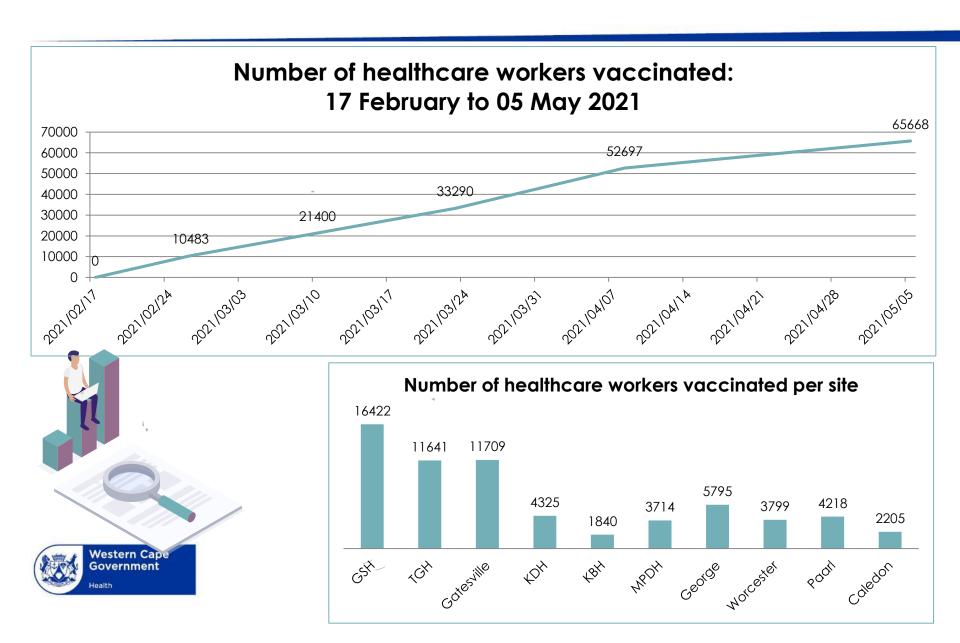


Vaccine update: J & J Sisonke Programme

- 1. The Western Cape will receive a total **90 840** 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 05 May 2021, a total of **65 668** health care workers have been vaccinated in the province (public and private sectors).
- 4. It is envisaged that the Sisonke Programme will conclude by 15 May 2021, with possible spill-over to the week of 17 May 2021.



Vaccine update: Healthcare workers vaccinated



Phase 2 Planning: Area Based Planning and Stewardship



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 – to be aligned per area





4. 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



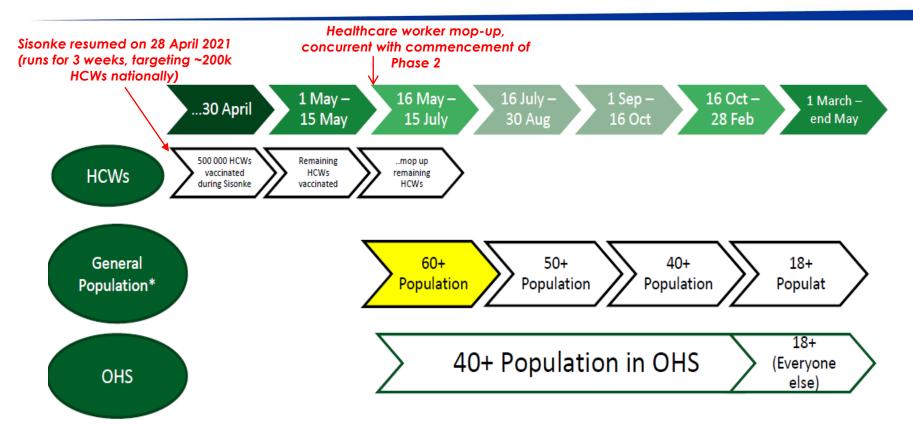
PHC OR DISTRICT
LEVEL

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



Health Centre

Phase 2 and Phase 3: NDoH Timelines and Target Population



- Phase 2 will start 17th 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.



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



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		
	Мау	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

- There is currently a delay in the release of Johnson & Johnson Vaccines from Aspen in Gqeberha. This will mean that the province will receive Pfizer vaccines to carry out Phase 1b and commence with Phase 2.
- It is expected that the first delivery of Pfizer vaccines will be received before 17 May 2021.



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		X (65%)	× (50%)	X

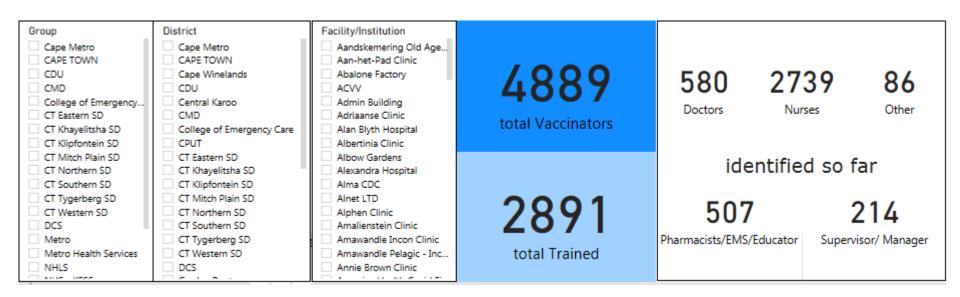
Vaccination capacity



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

		Phase 2 Total	Phase 2 Daily Dose	Vaccinator
Organisational Unit	Proportion	Doses Allocated	Output Rate	s 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	

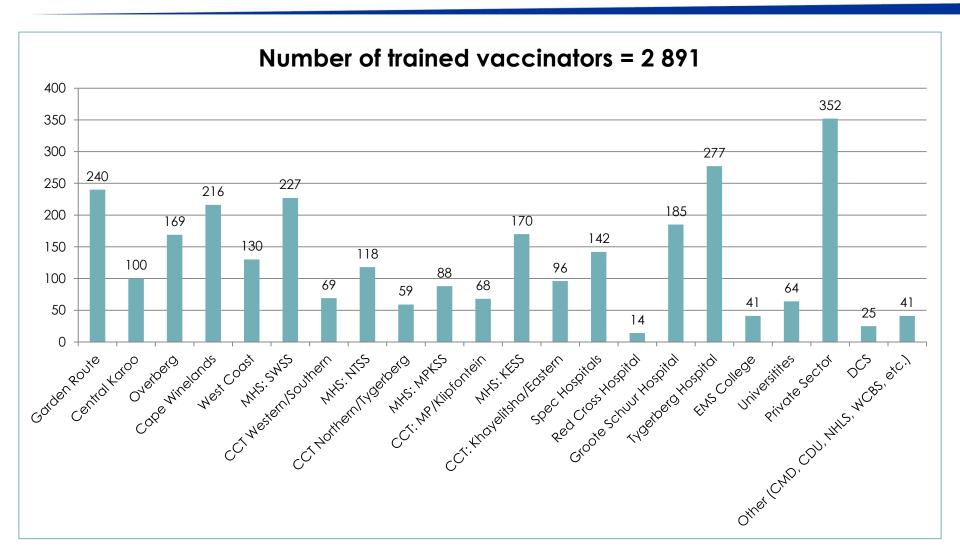
Vaccinator Database (as at 05 May 2021)



- 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 05 May 2021)





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)		
1 ENA for Observation Area		
1 PN for Rescusitation Area		
1 Security		
1 Site Supervisor		
40		

Team Composition



Provisional Sites: Metro

District	Sub-structure	# of Vaccination Sites	
City of Cape Town	Southern/Western	19	S – L
	Klipfontein/Mitchell's Plain	11	S – L
	Khayelitsha/Eastern	19	S – L
	Northern/Tygerberg	21	S – L
TOTAL		70	

* Note: Awaiting feedback from NDoH on private sector sponsorship of Mass Vaccination Sites



Provisional Vaccination Sites: Rural

District	Sub-structure	# of Vaccination Sites	
Overberg District	Theewaterskloof SD	12	S
	Overstrand SD	16	S-M
	Cape Agulhas SD	10	S-M
	Swellendam SD	10	S-M
TOTAL		48	
Garden Route District	Kannaland SD	5	S
	Hessequa SD	8	S
	Mossel Bay SD	5	S
	George SD	5	S - M
	Oudtshoorn SD	8	S – M
	Bitou SD	5	S
	Knysna SD	5	S
TOTAL		41	



Provisional Vaccination Sites: Rural

District	Sub-structure	# of Vaccination Sites	
West Coast District	Matzikama SD	15	S – M
	Bergriver SD	8	S
	Saldanha Bay SD	10	M
	Swartland SD	12	S
	Cederberg SD	8	S
TOTAL		53	
Central Karoo	Laingsburg SD	2	S
District	Prince Albert SD	3	S
	Beaufort West SD	9	S
TOTAL		14	



Provisional Vaccination Sites: Rural

District	Sub-structure	# of Vaccination Sites	
Cape Winelands	Witzenberg SD	6	S
District	Drakenstein SD	15	S - M
	Stellenbosch SD	12	S
	Breede Valley SD	8	S
	Langeberg SD	7	S
TOTAL		48	



EVDS Registrations



Phase 1 EVDS Registrations



Select Province
FILTERS: Western Cape

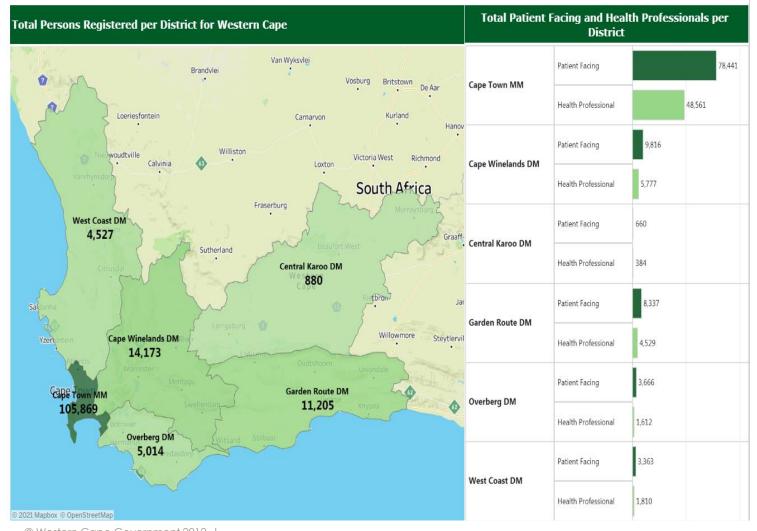
Total Registered 141,668

Health Professionals **62,673**

Patient Facing 104,283

Timestamp 5-May 18:01

South African COVID-19 Vaccination Programme Registration Portal: Provincial Summary (Phase 1 Registrations)



Phase 2 EVDS Registrations as at 05 May 2021

METRO
121 464
registrations

24% pop. over 60

CAPE WINELANDS

16 947 registrations

19% pop. over 60

GARDEN ROUTE

22 051 registrations

27% pop. over 60

OVERBERG
12 810
registrations

39% pop. over 60

WEST COAST

8 469 registrations

21% pop. over 60

CENTRAL KAROO

641 registrations

7% pop. over 60

WESTERN CAPE

182 382 registrations

24%

pop. over 60





Demand Creation for >60 years

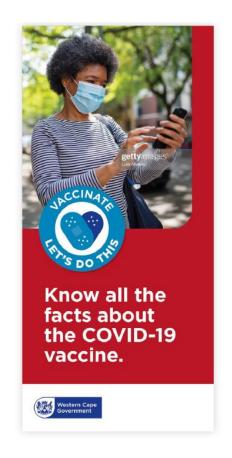
 There is a need for targeted demand creation to ensure that person 60 years and older are encouraged and enabled to register on EVDS.

Community Health Workers to provide information as they conduct their routine

door-to-door activities.

Strategies for assisted registration will include:

- Partnering with local government to make use of computers at schools, libraries and Thusong Centres.
- "Assist an elder" message in communication: assist elderly family member or community members.
- Allowance for onsite registration at vaccination sites.





Registration of Residents in Congregate Settings

 NDoH will implement a central process to register/enrol residents of congregate settings (Old-Aged Homes, Care Homes for Persons with Disabilities, Mental Health Residential Facilities).

- The Province will remain responsible for ensuring that outreach teams are deployed to these facilities to administer the vaccinations.
- Residents of Old-Aged Homes have been prioritised for the commencement of Phase 2 – commencing 17 May 2021.



Communication Campaign



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

Campaign branding









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

Newspaper ads: motivation and drive for registration









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

Printed material: Distribution in community and registration drive





Western Cape Government For support to register, call 0860 142 142

or visit www.westerncape.gov.za



Conclusions



Concluding remarks

- We are in the containment phase and urge everyone to continue to adhere to protective behaviours, to avert an early onset of the 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 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 delay and mitigate the impact of the 3rd wave.
- 5. We will **significantly scale up** capacity to **administer vaccines** as the **key drive against COVID** over the coming months. We are putting **detailed plans** in place in **each geographic area**.
- 6. We need to mobilise and assist everyone >60 years to be registered on the EVDS before 17th May 2021.



Thank you

