



**Western Cape
Government**

Health

Press Conference

Health Update

Dr K Cloete & Prof M Davies

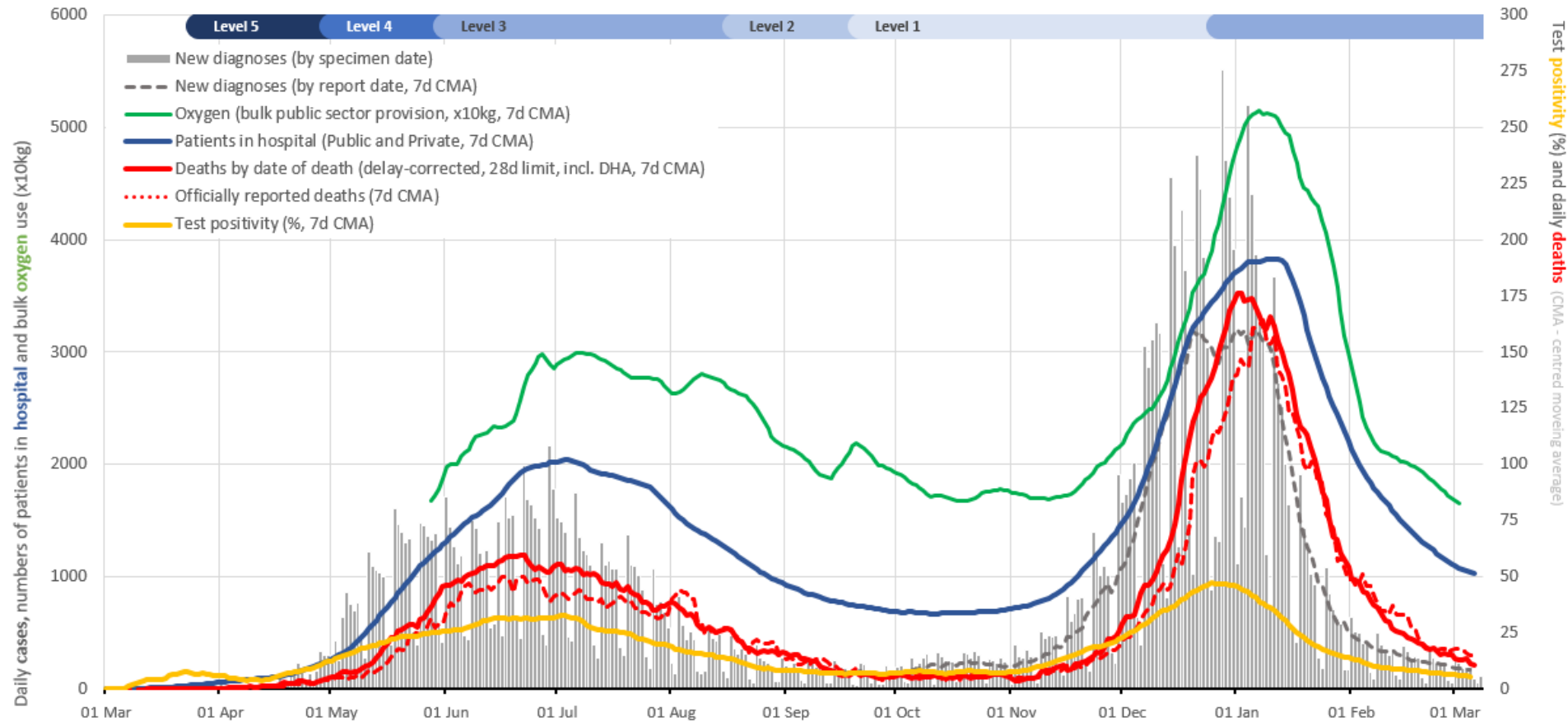
11 March 2021

Overview

1. Our current situation, 12 months after our 1st reported case
2. Looking back over the past 12 months
3. Looking forward to the next 12 months
4. Conclusions

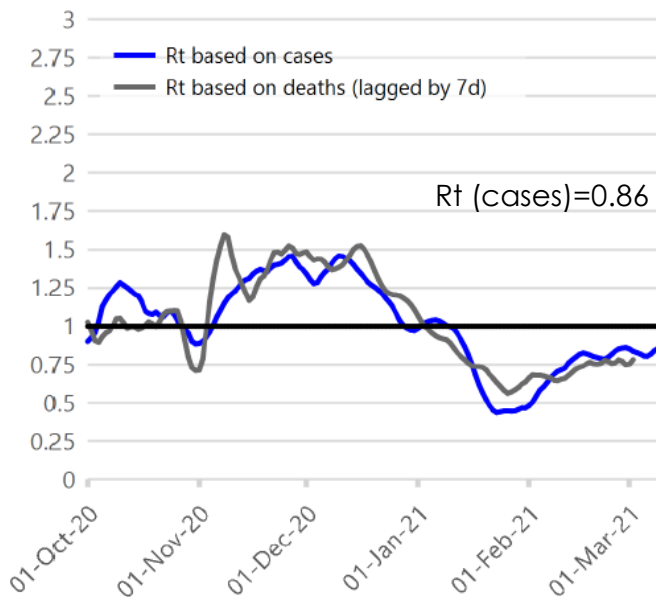
Our current situation, 12 months after our 1st reported case

Integrated testing, case, hospitalisation and mortality trends

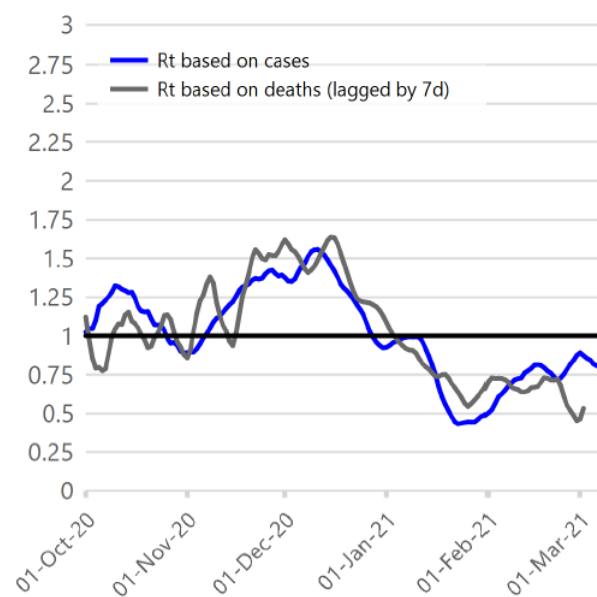


Current reproduction number

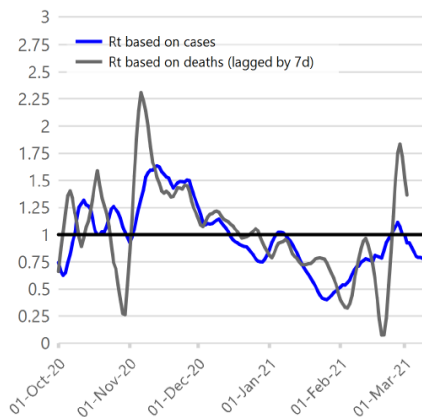
Province



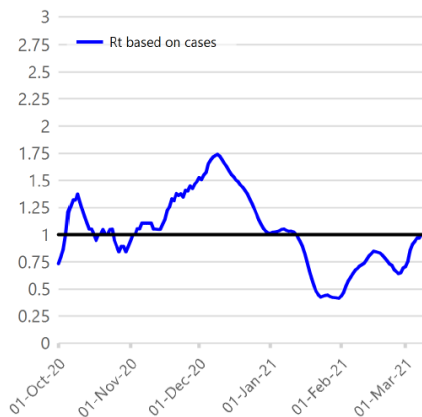
Metro



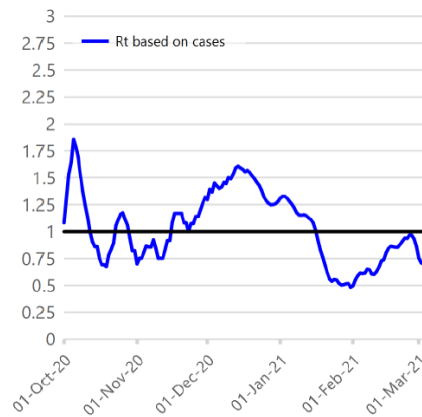
Garden route



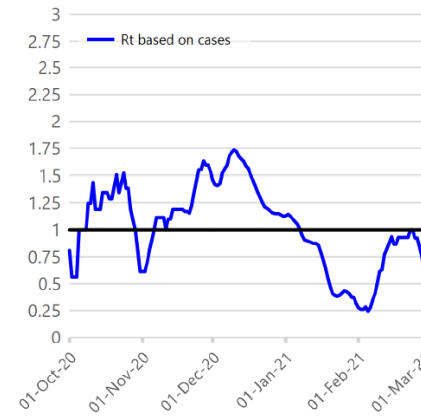
Cape Winelands



West Coast



Overberg



Provincial Resurgence Overview

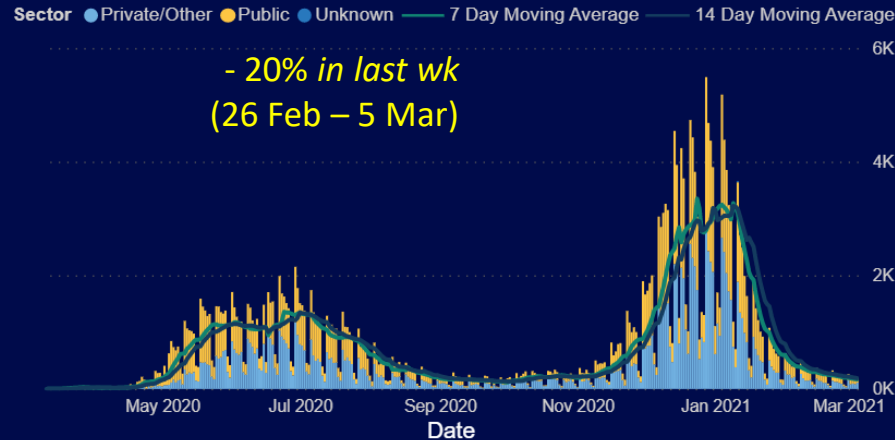
No. of Cases, 7 Day Moving Average and 14 Day Moving Average by Date and Sector

Health Impact Assessment
WC Department of Health
Last Updated:
Tuesday, 09 March 2021



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



Date of Diagnosis

3/10/2020

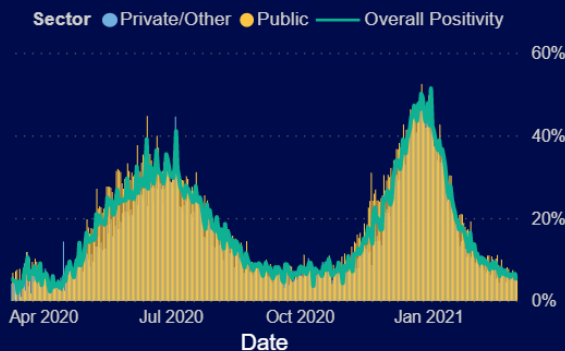
3/5/2021

Date of Death

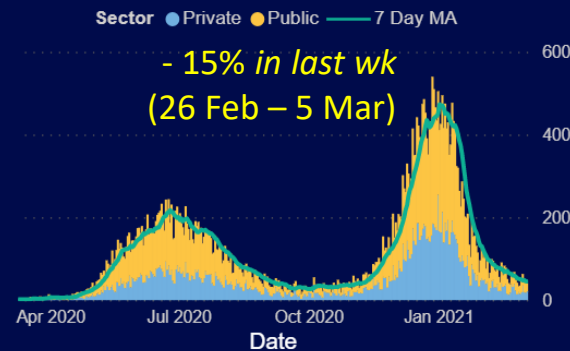
3/27/2020

3/5/2021

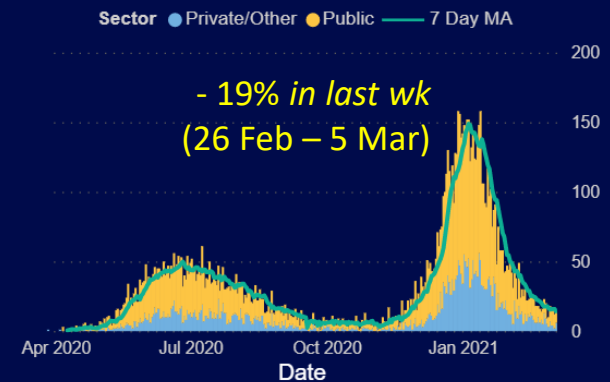
Proportion Positive and Overall Positivity by Date and Sector



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



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



Provincial Overview

- For the 8th consecutive week, COVID-19 cases across the Western Cape have declined.
- Using 7 day moving averages of new infections, confirmed cases have declined a further 20%; admissions & deaths have dropped by 15% and 19% respectively.
- The proportion positive has dropped further to 5.4% on 5 March 2021, almost reaching the lowest levels between the 1st and 2nd waves.

Acute Care Availability & Utilisation per Drainage Area



WCDOH: Daily Operational Bed Status Dashboard as at 08/03/2021

Drainage Area	Filled					Designated Covid Beds(General Wards)	Designated Covid Beds(Critical Care)
	Operational Beds	Beds	BUR %	COVID BUR %	% Covid patients		
Cape Town /Metro	5,016	4,462	89%	17%	6%	16%	26%
George	913	493	54%	12%	8%	12%	13%
Paarl	940	623	66%	16%	7%	16%	33%
Worcester	781	443	57%	15%	12%	14%	30%
SubTotal WCDOH	7,650	6,021	79%	16%	7%	15%	25%

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

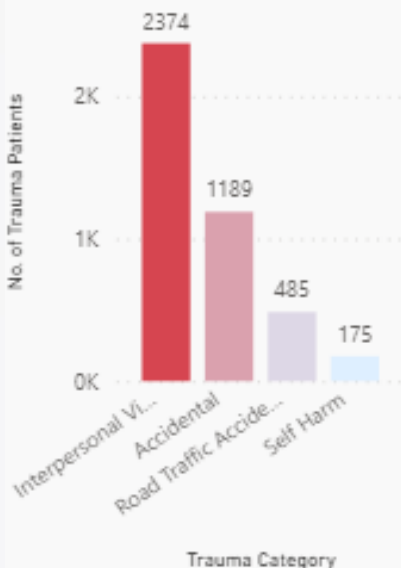
Operational Bed = an inpatient bed available for inpatient use that is staffed and equipped.

Oxygen utilisation – general comments

1. The **combined public-private** utilisation is now **26.85 tons/day (38.35%)** of the **maximal production capacity** of **70 tons/day** at the Afrox Western Cape plant.
2. The public sector **daily bulk oxygen** consumption is **23.10%** of the Afrox Western Cape plant for the 7 day period ending 5st February.
3. The public sector **total bulk oxygen** consumption has reduced to around **16.2 tons/day** when compared to **51 tons/day** in the first week of January.
4. The Western Cape still has **4 bulk oxygen tankers** allocated for the daily delivery of oxygen supplies during this week.
5. We will **continue to monitor the utilisation of oxygen** over the coming weeks, but **the situation** has completely **stabilised**.

Overview of the impact of recent alcohol regulation changes on trauma presentations (01 Jan 2021-08 Mar 2021)

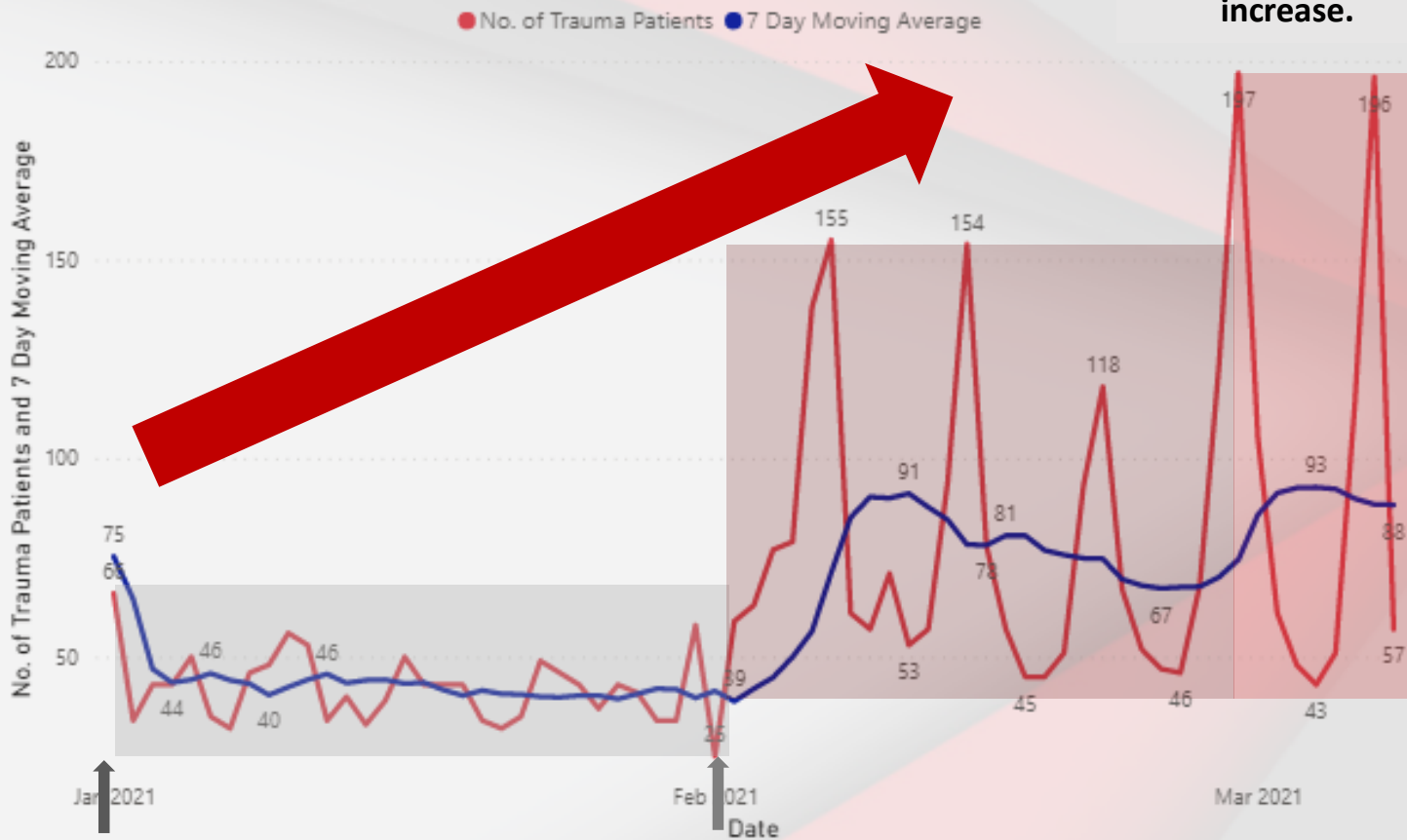
No. of Trauma Patients by Trauma Category



WC Sentinel Trauma Report

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

No. of Trauma Patients and 7 Day Moving Average by Date



As before, with each lifting of alcohol regulation we see trauma presentations increase.

28 Dec 2020
Alcohol ban reinstated

01 Feb 2021
Alcohol ban lifted with partial restrictions reinstated

- Nighttime curfew 23:00-04:00
- Retail alcohol sales restricted to Monday-Thursdays

01 Mar 2021
Limited to no alcohol restrictions

- Nighttime curfew 00:00-04:00
- No restrictions in terms of retail sale of alcohol

Source: HECTIS

DEPARTMENTAL OVERVIEW HEALTHCARE WORKERS INFECTED WITH COVID-19



Totals as at 11 Mar 2021

Cumulative Infections

8,831

-



8,678

-



122

=

Active Cases

31

Doctors



801

Nurses



3,974

Radiographers



109

Pharmacists



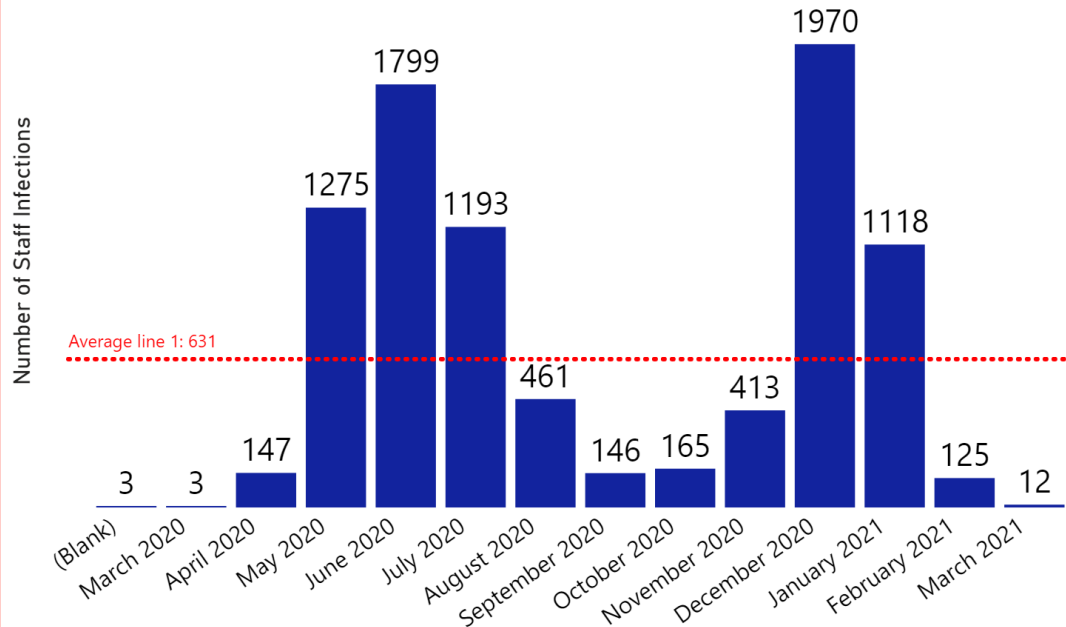
82

Other
Categories

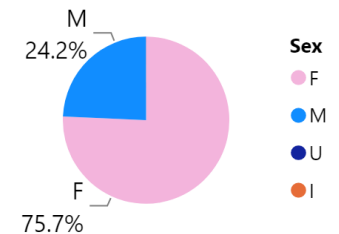


3,865

Healthcare Workers Infections by Month



Gender Distribution by Sex



DEPARTMENTAL OVERVIEW

HEALTHCARE WORKERS INFECTED WITH COVID-19 -DAILY TRENDS

Totals as at 11 Mar 2021

Cumulative Infections

8,831

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8,678

-



122

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Active Cases

31

Doctors



5

Nurses



16

Radiographers



1

Pharmacists



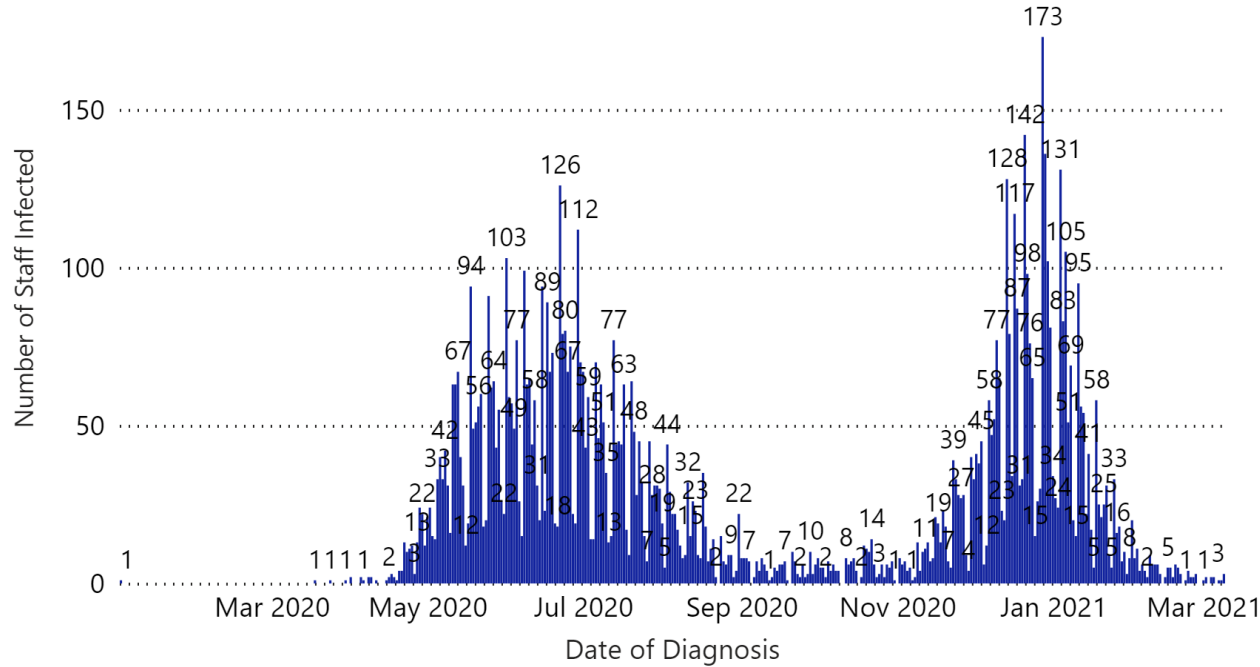
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Other
Categories



9

Daily Staff Infection Trends

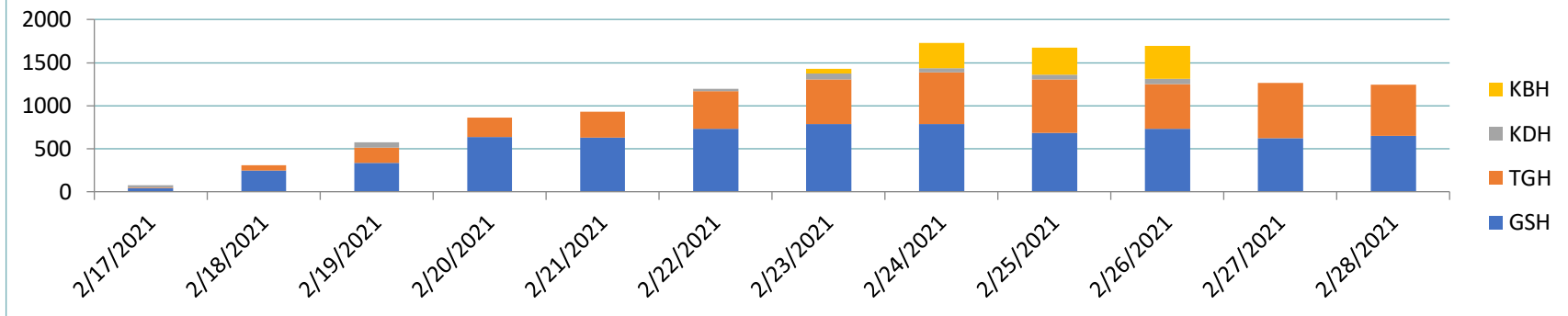


Vaccine Update: J&J Sisonke Programme

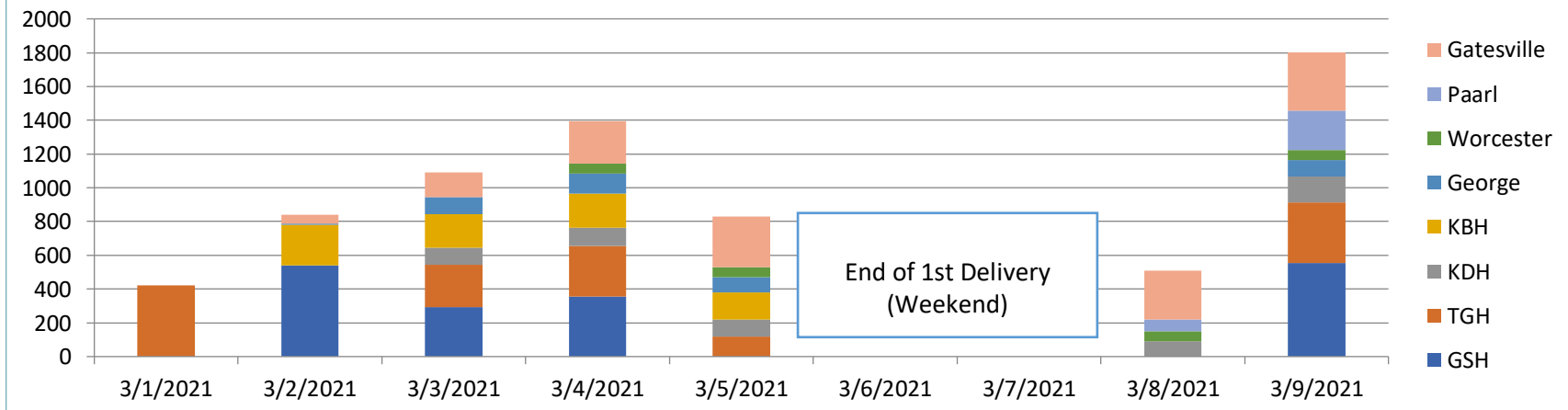
1. Since the launch of the **J&J Sisonke Programme** took place on 17 February 2021 at Khayelitsha District Hospital, the **two tranches** of the vaccine have been delivered in the Western Cape.
2. Each vaccine tranche covers a 2-week period. Tranche 1 (17 – 28 February 2021) = 13 160 doses and Tranche 2 (01 – 15 March 2021) = 12 800 doses, bringing the total doses delivered to the Western Cape thus far to **25 960**.
3. As at **10th March 2021**, a total of **21 344 health care workers** have been vaccinated in the province (public and private sectors).

Vaccine Update: Uptake from 17 February to 10 March (21 344 total)

Tranche 1: 17 - 28 February 2021 = 12 995 doses administered



Tranche 2: 01 - 09 March 2021 = 6 884 doses administered (+1 465 on 10th March)



Vaccine Update: Sites

17 – 28 Feb

Groote Schuur Hospital

Tygerberg Hospital

Khayelitsha District Hospital

Karl Bremer Hospital

01 – 15 March

Groote Schuur Hospital

Tygerberg Hospital

Khayelitsha District Hospital

Karl Bremer Hospital

**Melomed Gatesville
(Private Sector)**

George Hospital

Worcester Hospital

Paarl Hospital



Western Cape
Government

Health

Looking back over the past 12 months

Looking back over the past 12 months...

1. The human story of loss, grieving and emotional trauma, as told by **11 319 deaths**, of which **122** were **health care workers** across the **WCG Health Department**.
2. The story of how the **health system**, the **whole of government** and the **whole of society** pulled together and **responded** to the many challenges we faced.
3. The story of how **science**, **evidence** and **data** changed the way we function.

START OF OUTBREAK

QUARTER ONE

MARCH-MAY 2020



FIRST WAVE AND PEAK

QUARTER TWO

JUNE-JULY 2020



- 1 JUNE**
- South Africa enters into alert level 3 of the national lockdown.



- 8 JUNE**
- First patients admitted to CTICC Hospital of Hope



JUNE

LOCKDOWN



- 18 JUNE**
- New Healthbot launched for high-risk patients during COVID-19



- 7 JULY**
- Victoria Hospital celebrates discharge of their longest ventilated COVID-19 patient



- 9 JULY**
- Successful high-flow nasal oxygen treatment at Groote Schuur Hospital sees five patients discharged from ICU in one day



- 12 JULY**
- President Cyril Ramaphosa announces the immediate ban of alcohol sales while the country remains in alert level 3.



- 17 JULY**
- We launched the VECTOR project focusing on high risk diabetes patients



- 20 JULY**
- Brackengate Hospital of Hope opens



Western Cape
Government
Health

DECLINE AND RESURGENCE

QUARTER THREE

AUGUST-DECEMBER 2020



SECOND WAVE AND DECLINE

QUARTER FOUR

DECEMBER 2020- MARCH 2021



Reflections on a year of COVID-19 in the Western Cape

“numbers make us nimble”



Western Cape
Government

Number of COVID-19 Cases in the Western Cape

11319
Total Deaths

262704
Total Recovered*

276,882

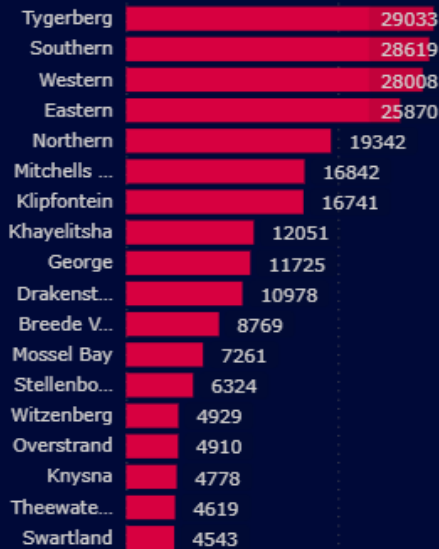
218
Last 24 Hours*

1367633
Tests Done

Active Cases: 2,859

WC Department of Health ⓘ
Last Updated:
Wednesday, 10 March 2021
13:00

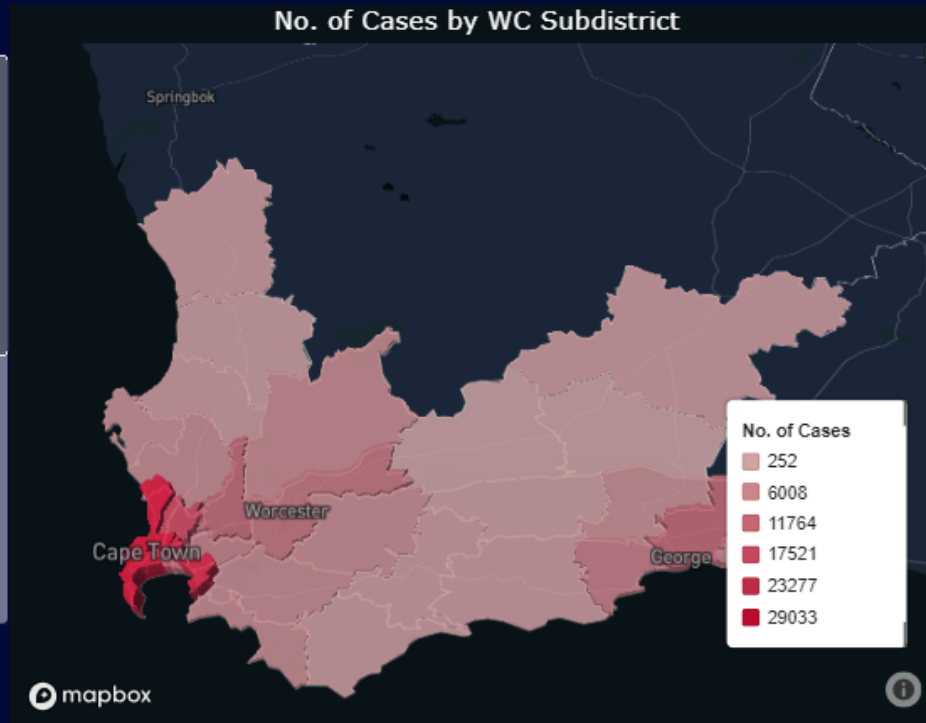
No. of Cases by WC Subdistrict



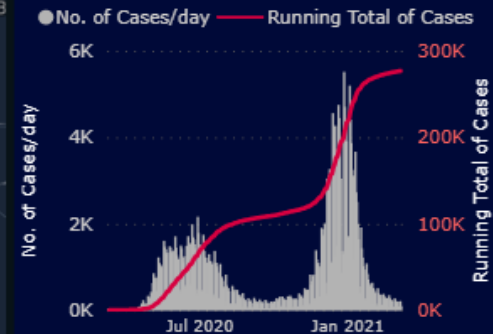
View Subdistrict Trends

3/10/2020 3/10/2021 Click to adjust dates

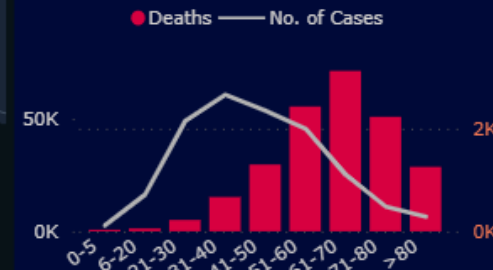
No. of Cases by WC Subdistrict



No. of Cases by Date



No. of Cases and Deaths by Age



Province



Metro



Rural



Additional
Analyses



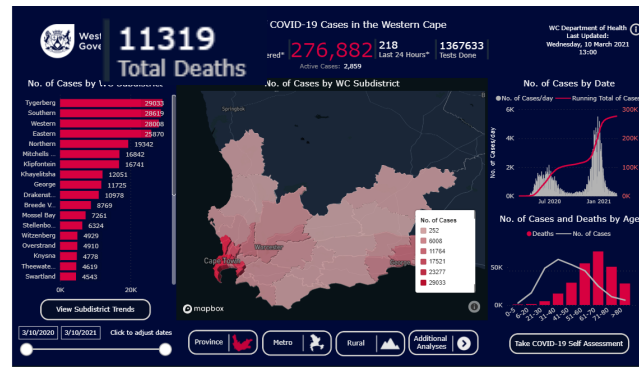
Take COVID-19 Self Assessment

Reflections on a year of COVID-19 in the Western Cape

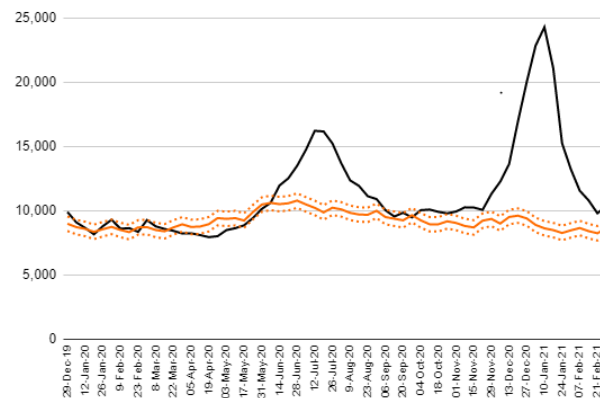
“numbers make us nimble”

Count the human cost

Country	Cumulative deaths per million
Czechia	2075
Belgium	1944
Slovenia	1869
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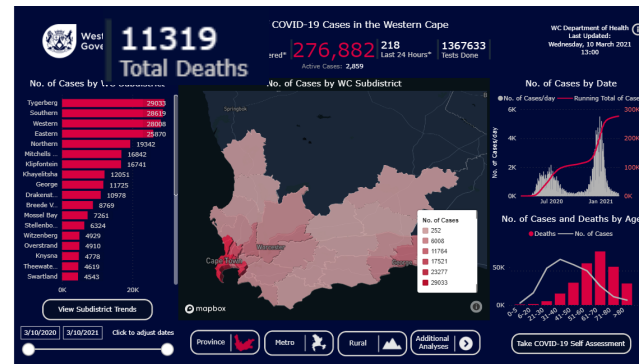
South Africa Weekly Deaths from All Causes 1+ years



Reflections on a year of COVID-19 in the Western Cape

“numbers make us nimble”

Case & contact tracing &
contain clusters



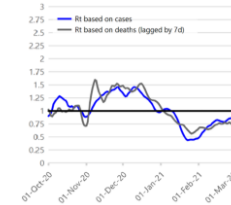
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“numbers make us nimble”

Identify resurgence

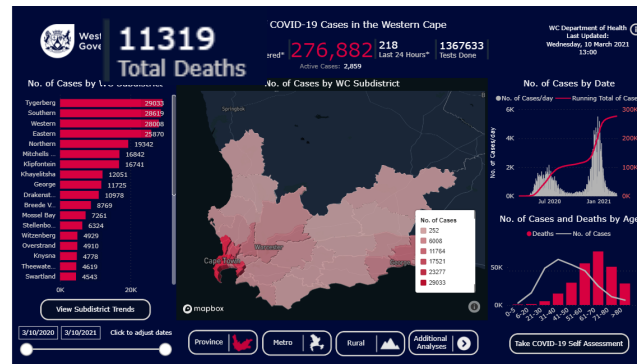


Case & contact tracing & contain clusters



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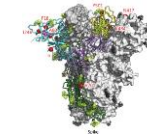
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Understand drivers of transmission

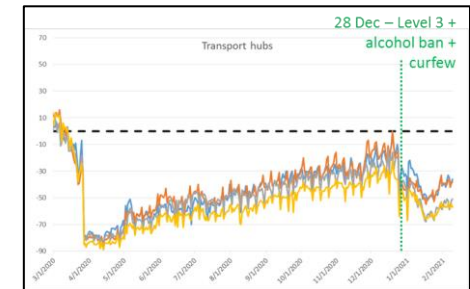


nature

<https://doi.org/10.1038/s41586-021-03402-9>

Accelerated Article Preview

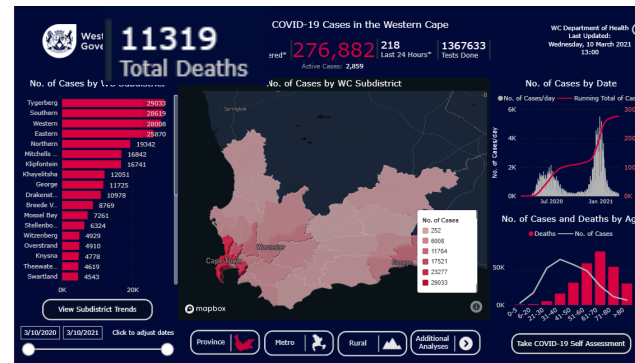
Emergence of a SARS-CoV-2 variant of concern with mutations in spike glycoprotein



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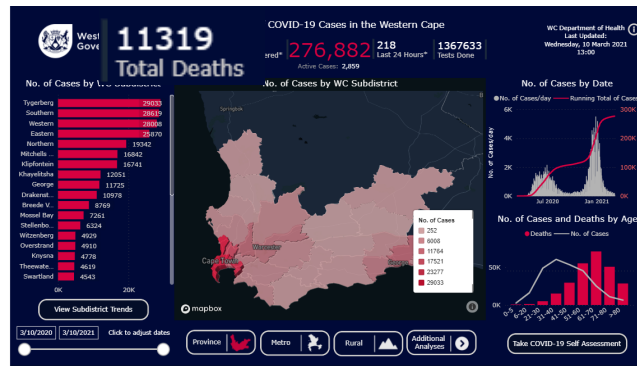
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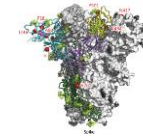
Case & contact tracing & contain clusters



Identify resurgence



Understand drivers of transmission

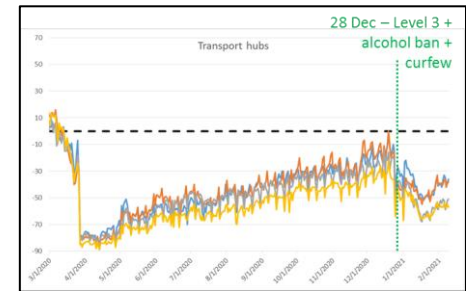


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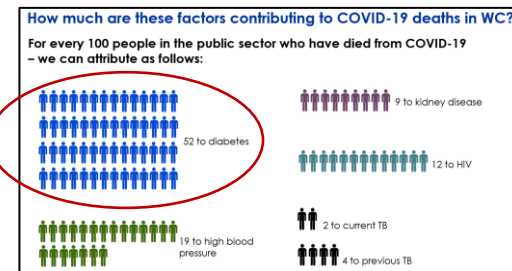
Accelerated Article Preview

Emergence of a SARS-CoV-2 variant of concern with mutations in spike glycoprotein



Understand & mitigate drivers of mortality

Western Cape Health's telemedicine diabetic project 'saved lives'



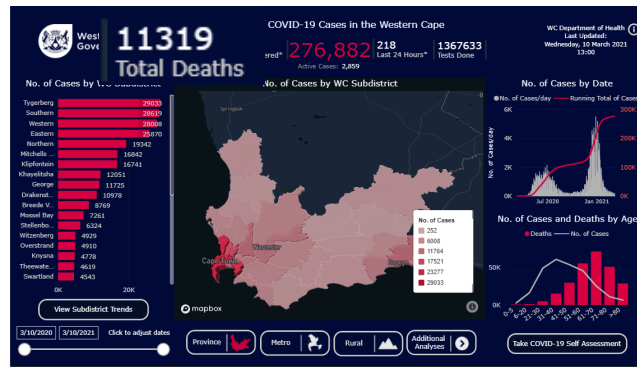
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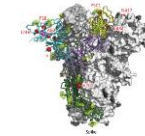
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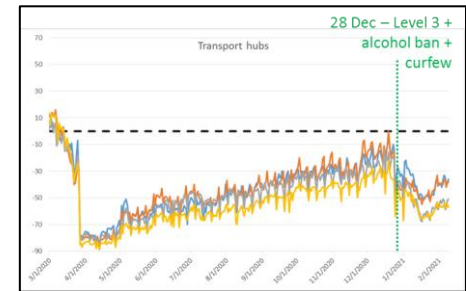


Understand drivers of transmission

nature

Accelerated Article Preview

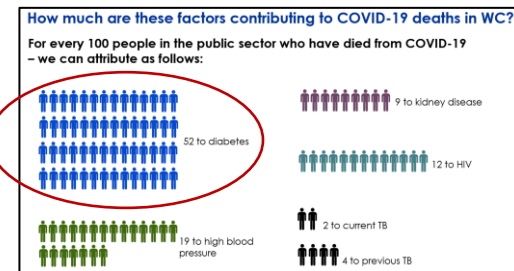
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Western Cape Health's telemedicine diabetic project 'saved lives'

RECOVERY
Randomised Evaluation of COVID-19 Therapy



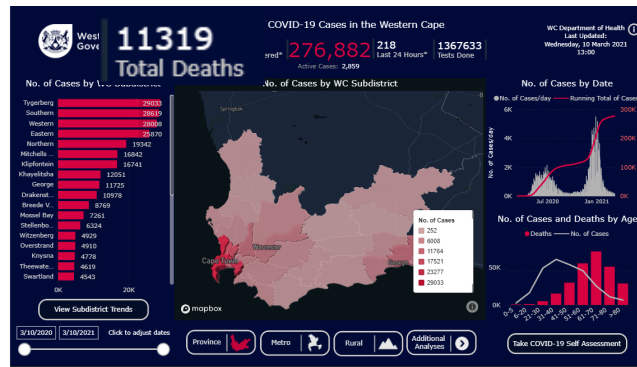
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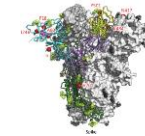
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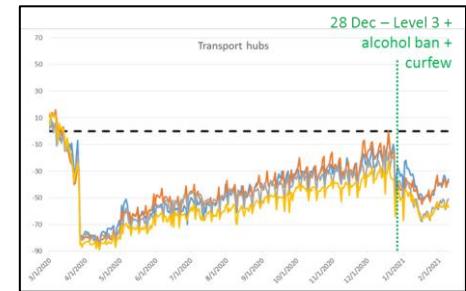
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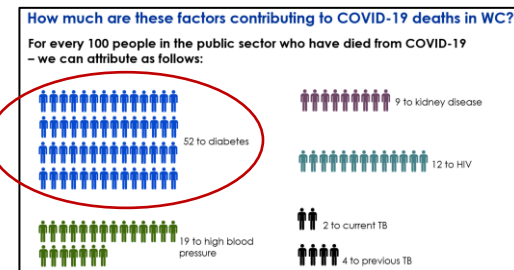


Understand & mitigate drivers of mortality

Western Cape Health's telemedicine diabetic project 'saved lives'

RECOVERY
Randomised Evaluation of COVID-19 Therapy

20%↑ mortality with ↑ admissions



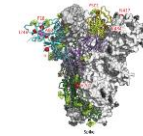
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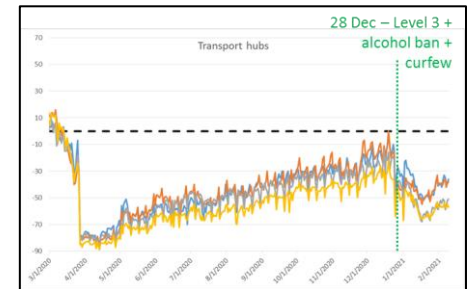
Understand drivers of transmission



nature

Accelerated Article Preview

Emergence of a SARS-CoV-2 variant of concern with mutations in spike glycoprotein



Plan & adapt response despite uncertainty



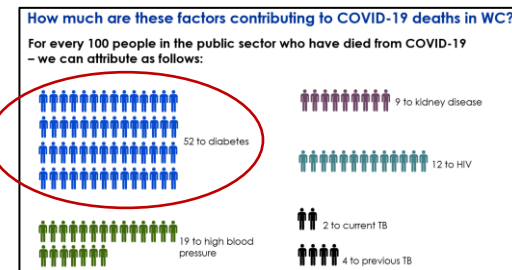
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“Every time I think I know something about this virus, I learn that actually, I don't know...”
Prof Salim Karim, Epidemiologist and infectious diseases specialist -

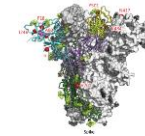
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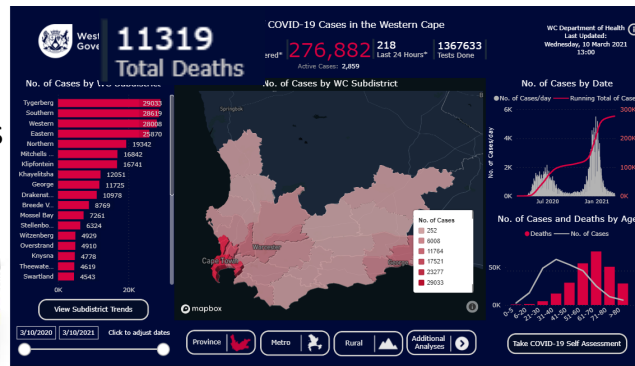
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Accelerated Article Preview

Emergence of a SARS-CoV-2 variant of concern with mutations in spike glycoprotein



Private sector
Academic
Other partners
Public



Communicate transparently

Plan & adapt response despite uncertainty



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RECOVERY
Randomised Evaluation of COVID-19 Therapy

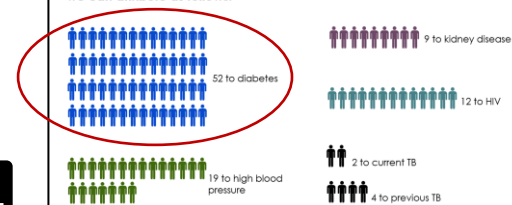
20%↑ mortality with ↑ admissions



Understand & mitigate drivers of mortality

How much are these factors contributing to COVID-19 deaths in WC?

For every 100 people in the public sector who have died from COVID-19 – we can attribute as follows:



Count the human cost

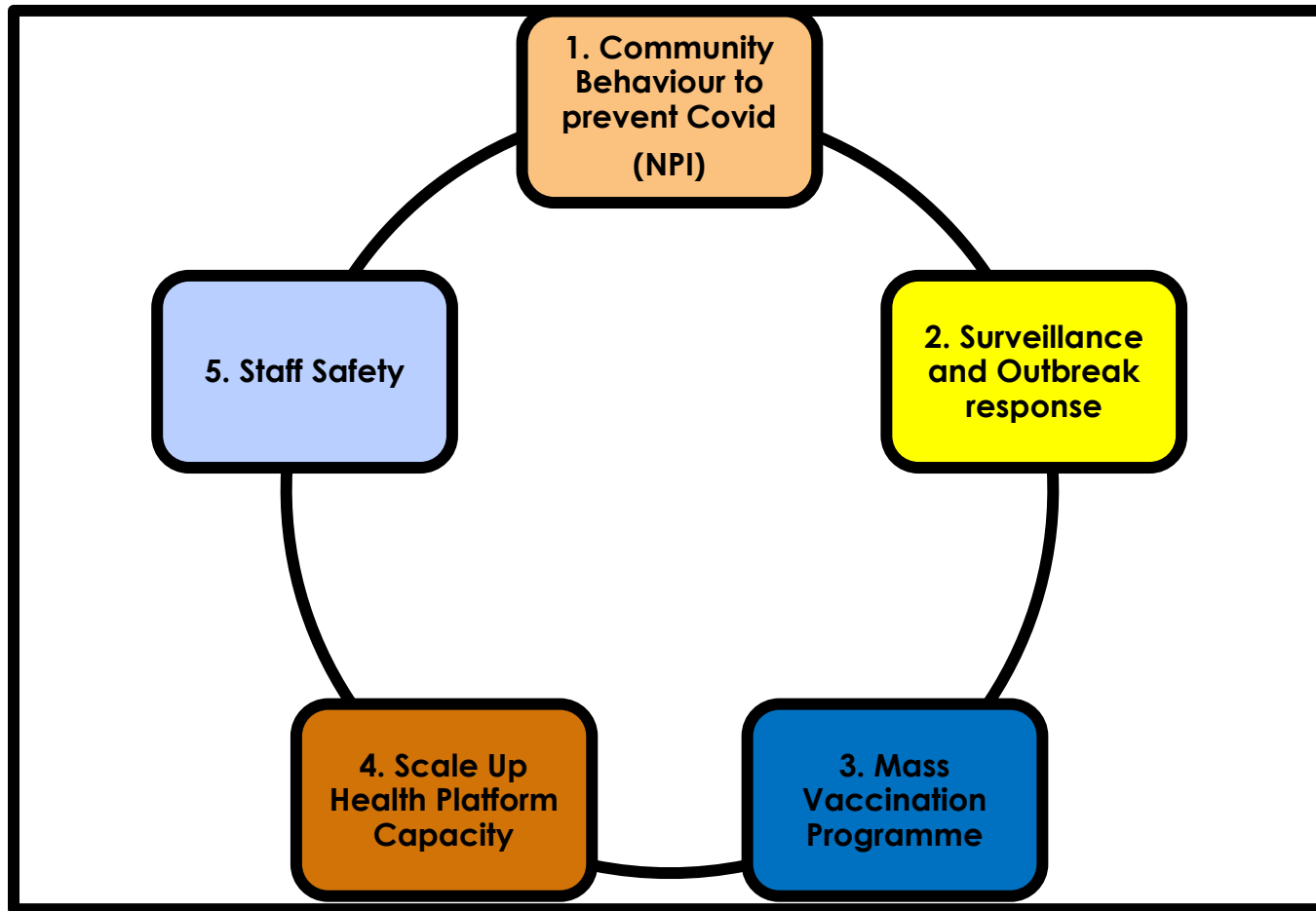
Country	Cumulative deaths per million
Czechia	2075
Belgium	1944
Slovenia	1869
UK	1863
Italy	1666
Hungary	1652
Bosnia & Herzegovina	1619
Portugal	1615
USA	1600
Bulgaria	1562
Moldova	1561
North Macedonia	1549
Spain	1523
Mexico	1503
Peru	1481

“Every time I think I know something about this virus, I learn that actually, I don't know...”

Prof Salim Karim, Epidemiologist and infectious diseases specialist -

Looking forward to the next 12 months

Containment and Mitigation strategy for a third wave



South Africa and Western Cape

– expectations about 3rd wave

- National MAC technical working group with involvement of WC epidemiologists
- 3rd wave is likely but uncertainty about likelihood, timing, location and magnitude of resurgence, could be driven by:

Change in viral transmissibility

- Seasonality (weather)
- Seasonal changes in behaviour (long weekends, funerals, Easter)

Behavioural changes in a population

- People touched by COVID
- Restrictions on movement and behaviour (alcohol ban, gatherings etc.) steep declines in cases & deaths from 28 Dec '20 (reinstating level 3)
- Now shift back to Level 1
- Contact tracing; Encouraging Q&I

Change in interactions between weakly connected subpopulations

- Between provinces
- Between urban and rural
- Between wealthy and poor

Changing immunity / reinfection risk

- Evidence of some immunity post infection, but may wane
- Communities hard hit in wave 1, relatively less severe in wave 2

Viral evolution

- As with 501Y.V2 variant, other variants may affect viral transmissibility

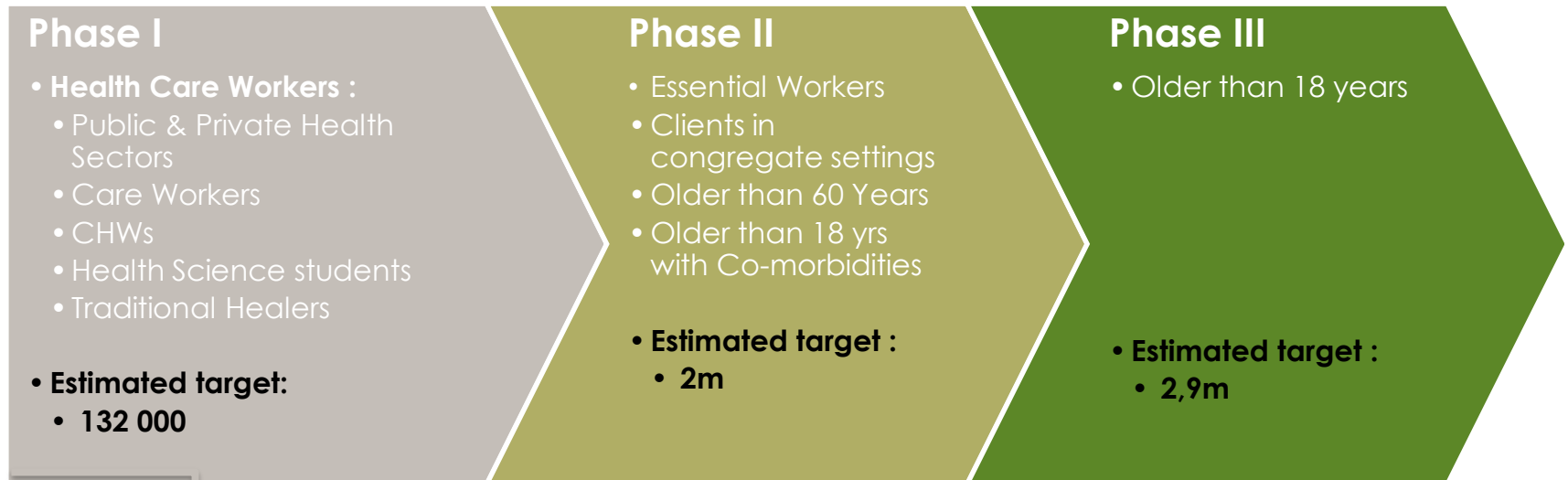
Speed, uptake & impact of vaccination

- This will become more evident over the coming weeks and months with vaccine rollout in the Province

Repeating seroprevalence in February 2021 using residual sera

Patient group	Facilities	Number of specimens	
		Metro	Rural
Diabetics	Public sector	1600 (200 per subdistrict)	900 (200 per district; 100 for Central Karoo)
Diabetics	Private sector	1000	
Paediatrics	RXH & TBH	600	
HIV VL	Public sector	1600 (200 per subdistrict)	

Vaccine update: Phases and Prioritisation Groups



- It is anticipated that we will be able to cover **40% of health care workers** with the **limited doses** being received via the Sisonke Programme. We support equitable access to staff from across the service platform, **from acute hospitals to EMS and PHC (incl. CHWs) both within WCGH and CoCT.**
- We are preparing to **scale up vaccination during April to complete Phase 1**, depending on **vaccine availability.**

Phase 2 - four important considerations

1. There is **urgency** to maximise the vaccination of the **priority categories** within the next three months (**possibly starting in May**) to mitigate the impact of a third wave:
 - Phase 2 will go a long way to reducing mortality amongst the most vulnerable and protecting the health system from being overwhelmed.
2. There needs to be an **efficient delivery system** that can enable quick access to the vaccines by the largest number of people in the shortest space of time.
3. Given the limitation of vaccine availability, **contingency plans to procure additional vaccines** for the country and the province will be urgently explored.
4. **Prioritisation/ sequencing for the phase 2** needs to be urgently refined so there is a readiness to titrate access of the most vulnerable with the available doses to achieve greatest impact on reducing mortality:
 - The MAC on vaccines and the Expert Advisory Committee is finalising their recommendations on Phase 2.

Global lessons from mass vaccination programmes

Lessons learned from Global COVID-19 Vaccination Programmes



**High-level
leadership and
commitment**



**Information
Systems—
appointment
system ;
Monitoring,
Reporting**



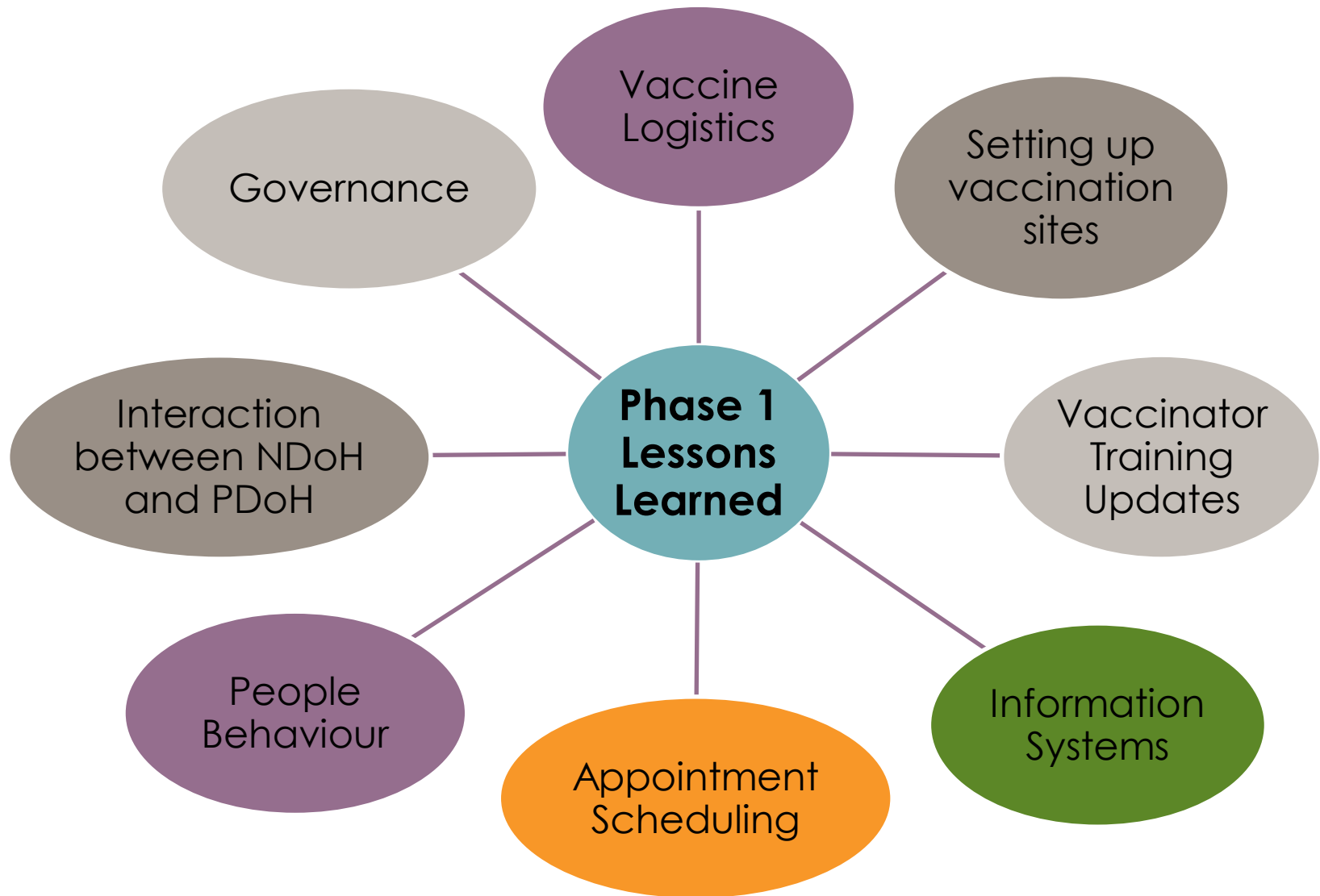
**Effective Comms
+ Citizen
Engagement:
Trust and buy-in
of citizens**



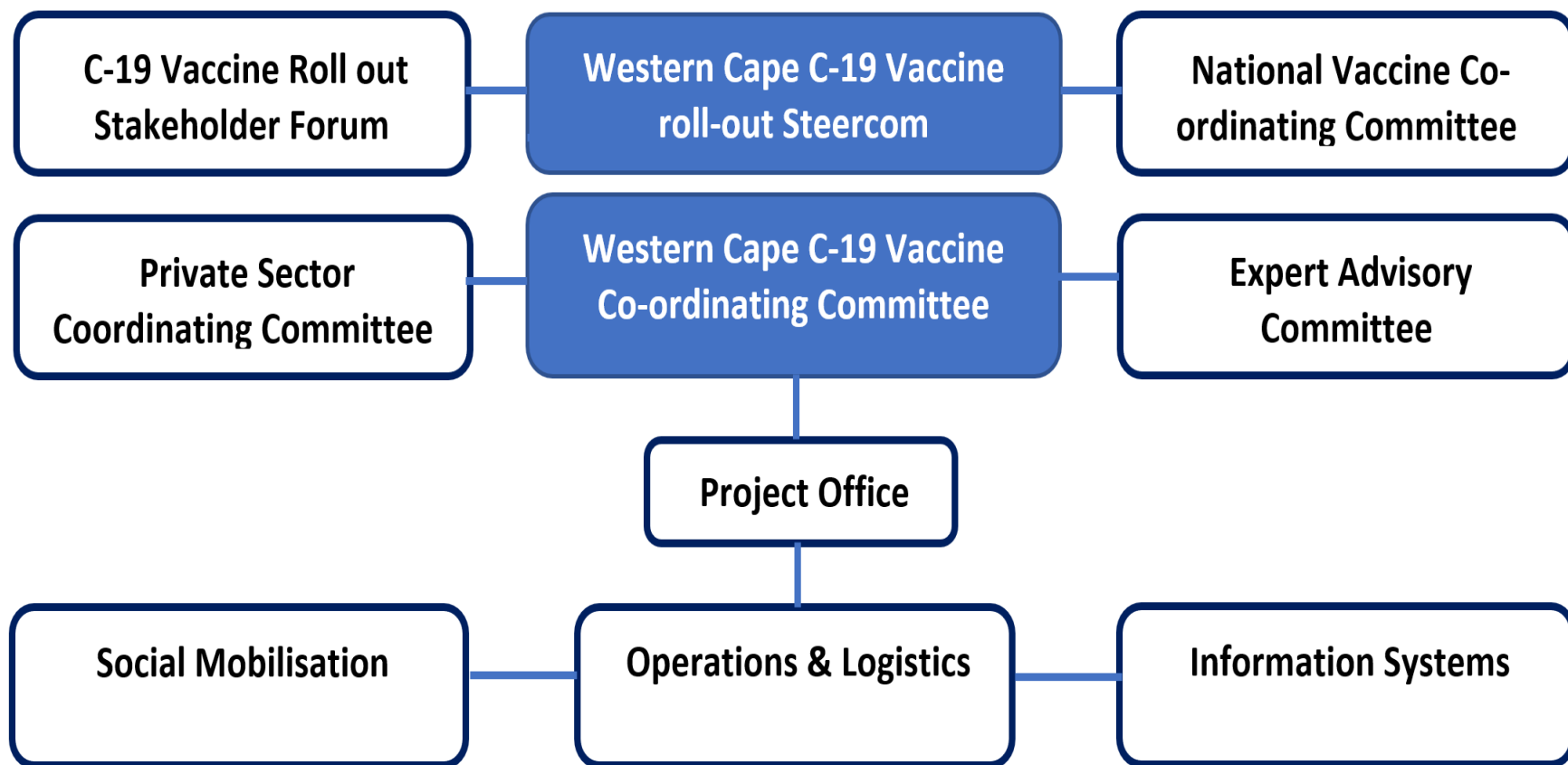
**Patient Centred,
Highly organised
and efficient
logistics**

Key Drivers of success in top-performing countries

Lessons learned from Phase 1 vaccination



Revised Governance arrangements for Phase 2 roll out



Phase 2: Most Vulnerable (morbidity & mortality)

Target group (WHO)	Location (WHERE)	Options for vaccination site (HOW)
Persons >60 years	Home Old age homes (Workplaces)	Outreach teams Mobile units Clinics Mass vaccination sites
Persons >18 years with comorbidities	Home Routine Clinic visits Workplaces	PHC facilities- routine visit, individual or group (NCD & ART Clubs) Outreach teams Workplaces Mass vaccination sites
"At Risk" workers	Govt department, Educators, Police, Retail sector Transport- formal & informal sectors NSRI, Fire & rescue	Workplaces via existing staff clinics or outreach teams Mobile units Mass vaccination sites- govt buildings, civic centre, regional school halls (teachers), tents in parking lots
Persons in congregate settings	Care facilities Prisons Boarding houses	Facility-based healthcare providers Outreach teams Mobile Units
Other persons >18 years	Higher Education Institutions Workplaces Homes Clinics	Campus clinics Staff clinics Mass vaccination sites PHC facilities

Potential SA portfolio of COVID-19 vaccination sites



Conclusions

Concluding remarks

1. Our current situation is one of having **navigated and exited a 2nd wave** with a **clear and consistent** decline in **cases, hospitalisation and deaths**.
2. We move into **heightened surveillance vigilance** and urge everyone to **adhere to protective behaviours to reduce new cases** – while in Level 1, especially over the **coming Easter period**, to avert **an early 3rd wave**.
3. We **look back and reflect** on the **human, systems response** and **data stories**, in order to **learn and to improve** our response for the **coming 12 months**.
4. We require a concerted **whole of government** and **whole of society response** to **mitigate the impact** of the **3rd wave**.
5. We will gear up the **implementation of vaccines** as the **key drive against COVID** over the coming months.

Thank you