PRESENTATION TO THE NCC: EASING THE LOCKDOWN

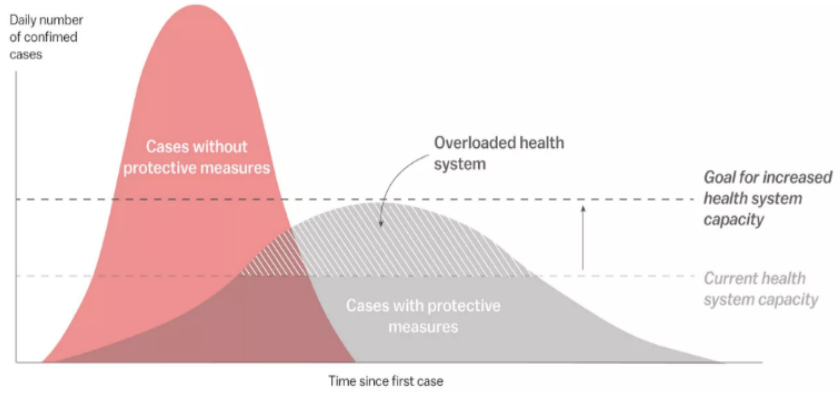
Minister of Health South Africa

19th of May 2020

COVID-19 a dangerous virus and risks will rise

- COVID-19 is a reality and the danger is worse now than 5 March when we had our first case
- The number of cases are rising sharply (16 433) and will continue to rise as will deaths (281)
- The risk to the health system will rise from the current 780 people in hospital and 110 in ICU
- The country is far from safe from the damaging effects of the virus
- Hard lockdown was necessary to flatten the curve

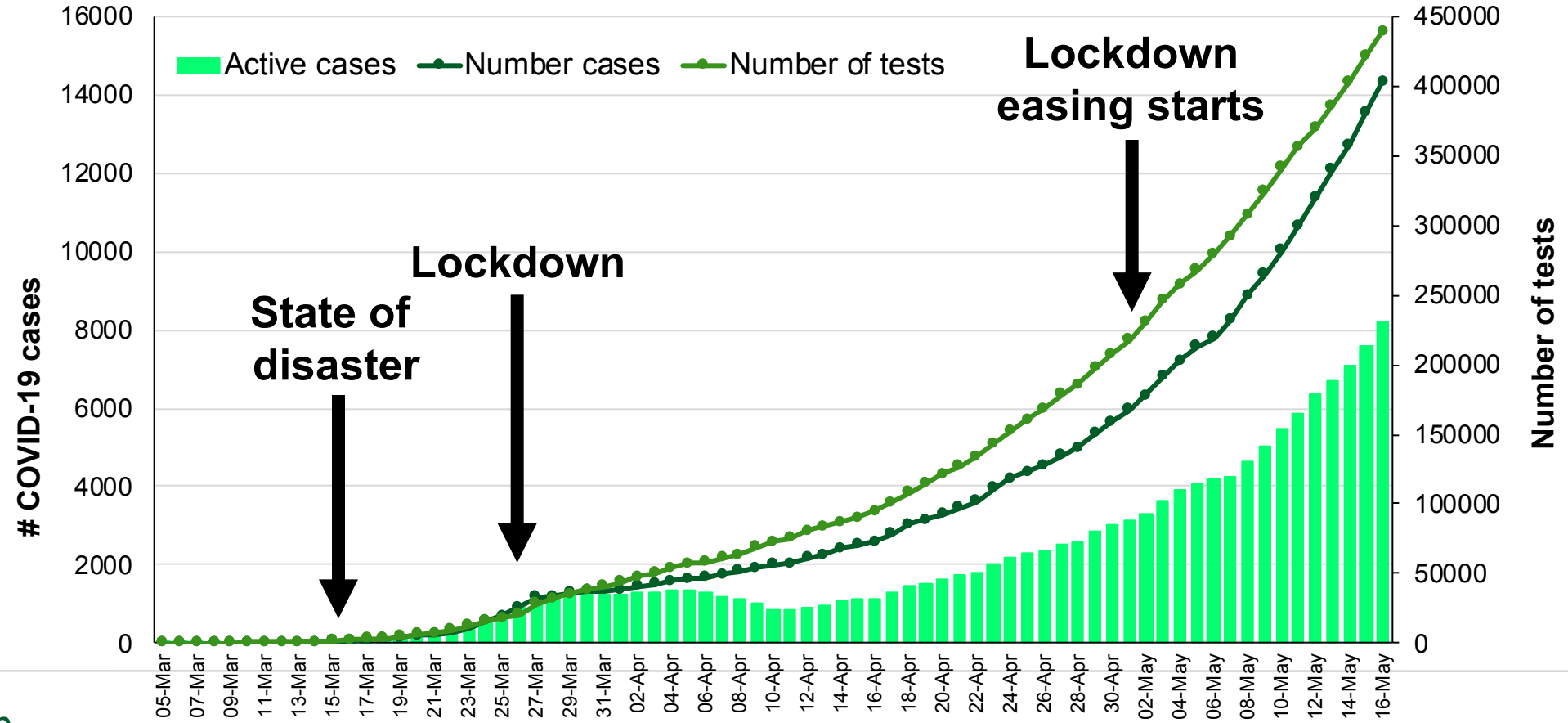
1. **Early is better - flattening the curve in advanced epidemics has been difficult to achieve, e.g., UK**
2. **To slow community transmission**
3. **Provide time to expand healthcare capacity, especially ICU and high-level care**
4. **Provide time to better prepare and equip hospitals healthcare workers**
5. **To provide time to scale up testing and prevention strategies**



Emerging from the lockdown: what have we achieved?

- The lockdown had to be implemented – it was the right decision and it benefited us:
  - Flattened the curve: lowered the number of infections
  - Bought us time to prepare the citizens for a new normal and to prepare the health system to deal with patients
    - More than 475 000 tests conducted
    - More than 11 million people screened for symptoms by more than 40 000 community health workers
    - More than 39 000 contact identified

Estimated active cases for each day = cumulative infections in last 14 days minus deaths



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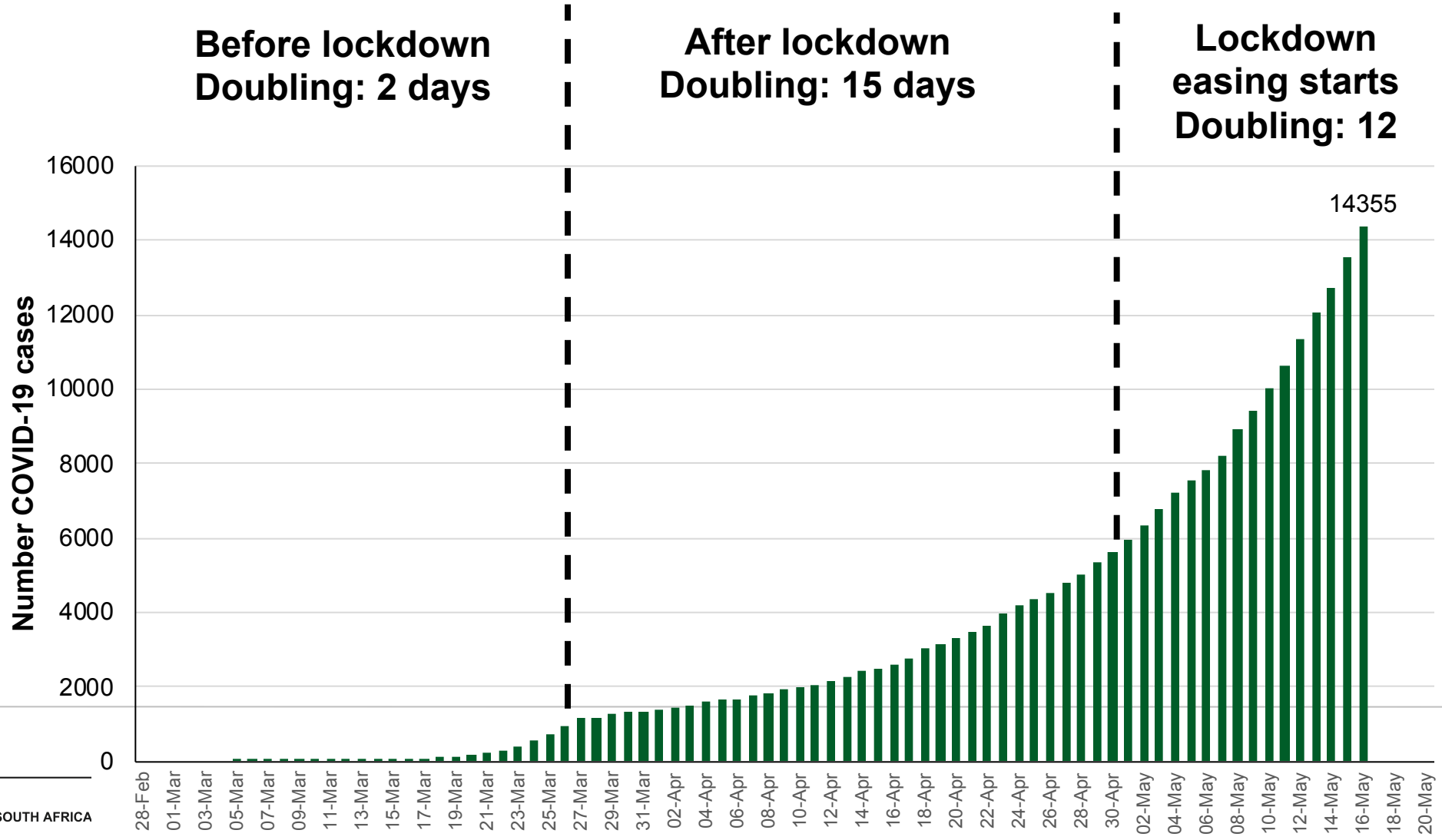
Doubling time of cases - to 16 May



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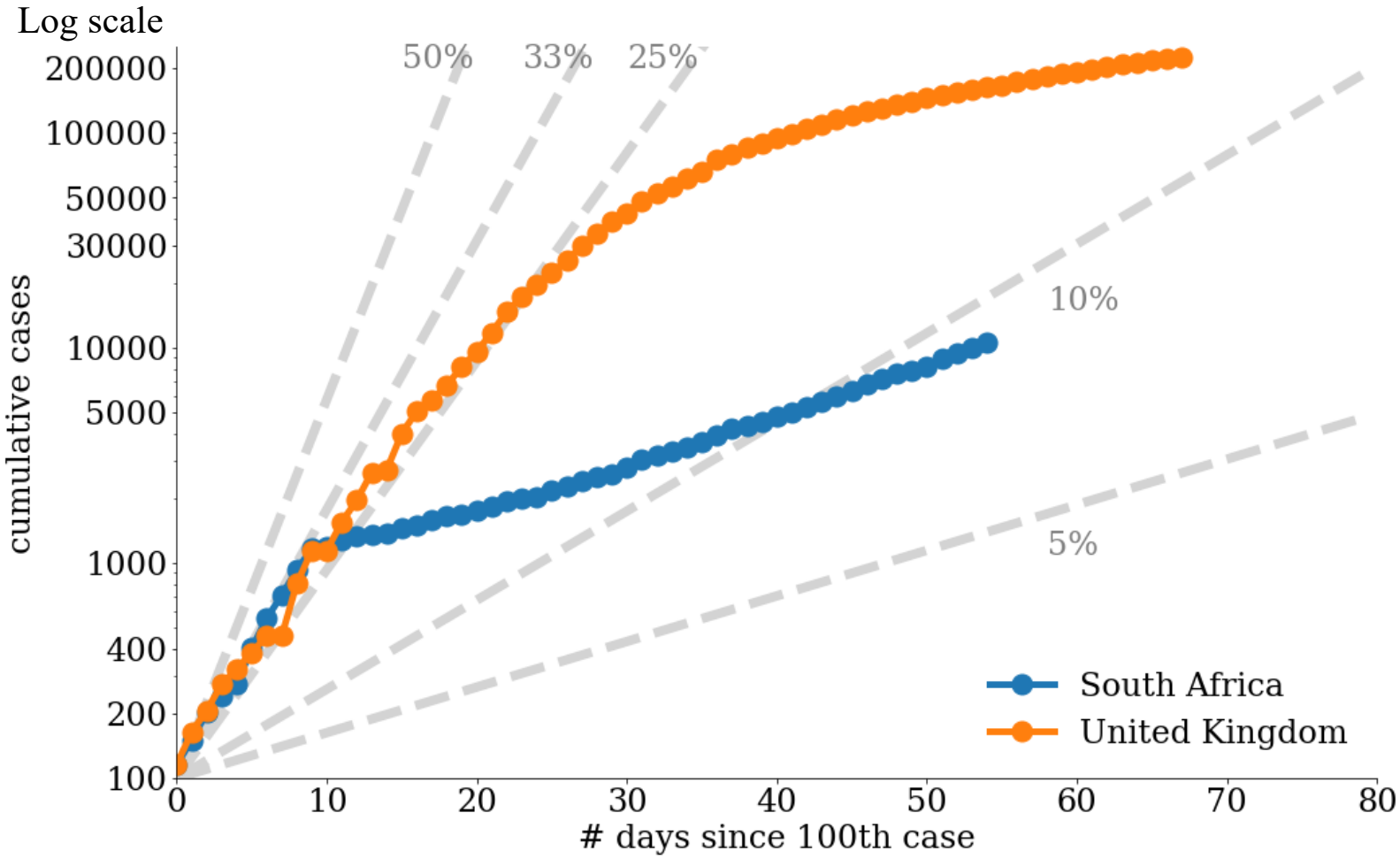
SA's epidemic trajectory – to 14 May: SA compared to U.K.



Source: Tulio de Oliveira & Ilya Sinayskly &
UKZN CoV Big Data Consortium – 14 May 2020;

Lockdown challenges

- Need to balance the benefits of the hard lockdown with the challenges that it presents
  - Lack of income
  - Hunger
  - Economic downturn
  - Social distress (funerals, religious events, weddings)
- Hard lockdown is no longer sustainable in its current form & need to readjust

COVID 19: South Africa Epidemiology and Surveillance

Through and including cases and deaths through 18th of May

- In South Africa, the **total cumulative cases reported is 16 433**
- The **national case fatality rate**, based on deaths from is **1.7%**, with the **total number of deaths at 281**
- The **number of recoveries stands at 7 298**

Province	Updated Cases Post Harmonisation 17 May 2020	New Cases 18 May 2020	Total Cases 18 May 2020	% Total Cases	Deaths 18 May 2020	Case Fatality Rate	Recoveries 18 May 2020
Western Cape	**9293**	**742**	**10035**	**61,1%**	**160**	**1,6%**	**3731**
Gauteng	**2322**	**21**	**2343**	**14,3%**	**26**	**1,1%**	**1657**
Eastern Cape	**1943**	**109**	**2052**	**12,5%**	**39**	**1,9%**	**839**
KwaZulu-Natal	**1542**	**25**	**1567**	**9,5%**	**45**	**2,9%**	**818**
Free State	158	5	163	1,0%	6	3,7%	108
Mpumalanga	71	5	76	0,5%	0	0,0%	53
North West	70	2	72	0,4%	1	1,4%	28
Limpopo	78	10	88	0,5%	3	3,4%	37
Northern Cape	37	0	37	0,2%	1	2,7%	27
Unknown	0	0	0	0,0%	0	0,0%	0
Total	**15 514**	**919**	**16 433**		**281**	**1,7%**	**7 298**

Move from national lockdown to a differentiated approach

- Number of cases per district is variable with some districts have very few cases and other significantly more
- There is little value in stringent measures in those districts where there is low or no infection
- In those districts where there is high infection rates (active cases) should be the focus of intensive action.
- Hence the focus of our interventions and restrictions should be aligned to the burden of infection (active cases)
- Implement prevention toolbox with greater sense of urgency and uniformly in society

Progressing from generalized lockdown to risk-based strategy

- Current **generalized lockdown eased to level 3**, for those districts that do not have hotspots . At level 3 there would be vigilance and close monitoring of areas of infection

- High risk areas will be classified as **hotspots** and these districts will remain at level 4 with intensive implementation of screening testing and restrictions

- In two weeks the districts will be reviewed again with a view to classifying districts across the **five alert levels.** It is anticipated that there will be districts that are at levels 1 to 5.

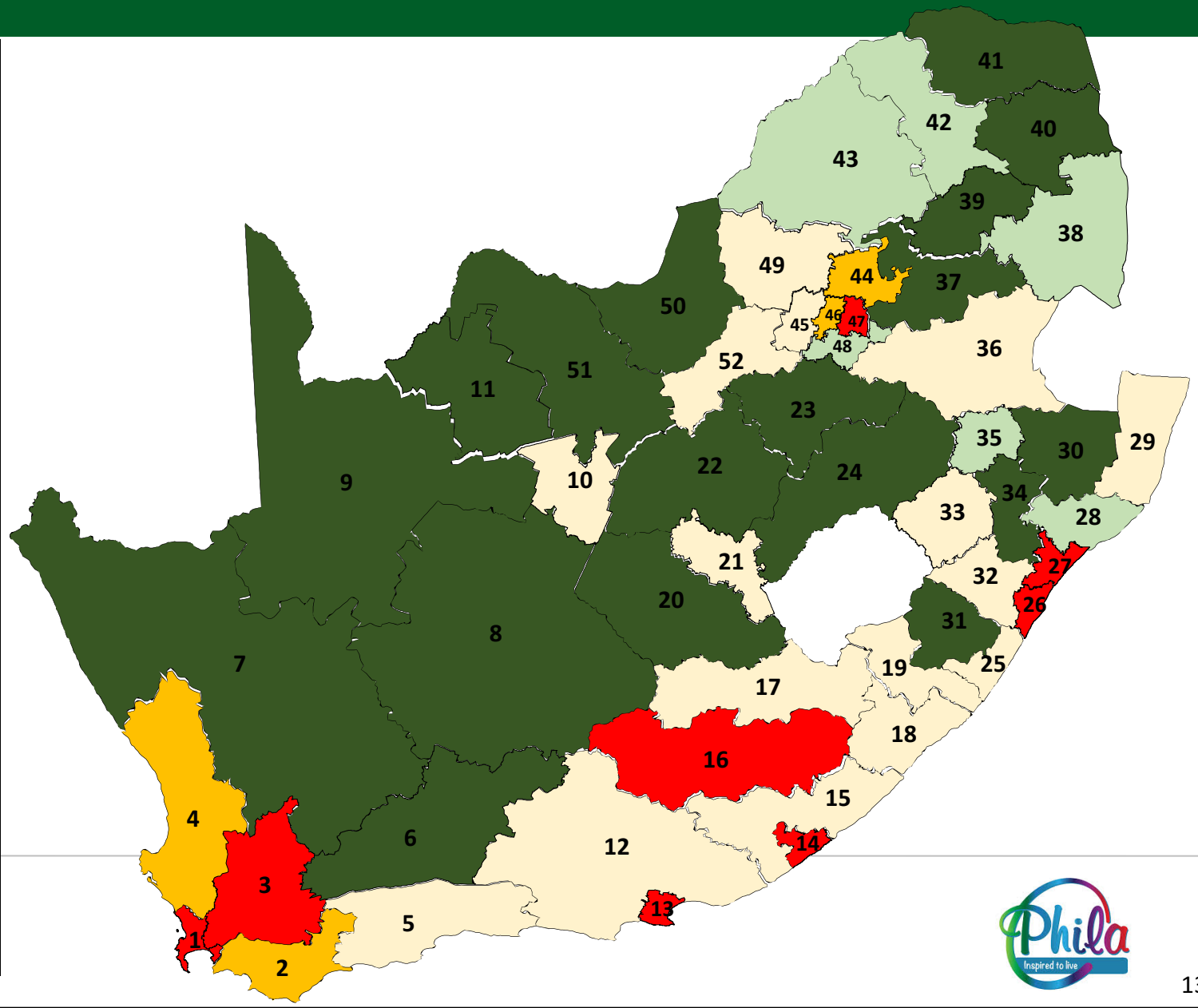
- Continued caution, including self-quarantine as appropriate, for those **over 60 years old, or with high risk chronic co-morbidities** - a specific communication strategy should be designed for these populations.

District-level alert system with Hotspot implementation

- **District-level alert systems** should be implemented including ongoing monitoring of the number and severity of cases, geo-spatial location of cases, monitoring of health care capacity and utilisation of surge capacity when required
- **Implementation of Hotspots** to identify outbreaks and hotspots early will be critical for minimizing workplace interruptions as multiple outbreaks are expected to increase as the country nears the surge.
- **Progressively expand capacity**, starting with highest risk areas to be to allow early intervention aimed at preventing further spread.
- **Epidemiological, environmental health and infection control skills deployed** at national, provincial and district level to develop mitigation strategies from outbreak investigations.

Districts: active cases/100 000 – 8-16 May 2020

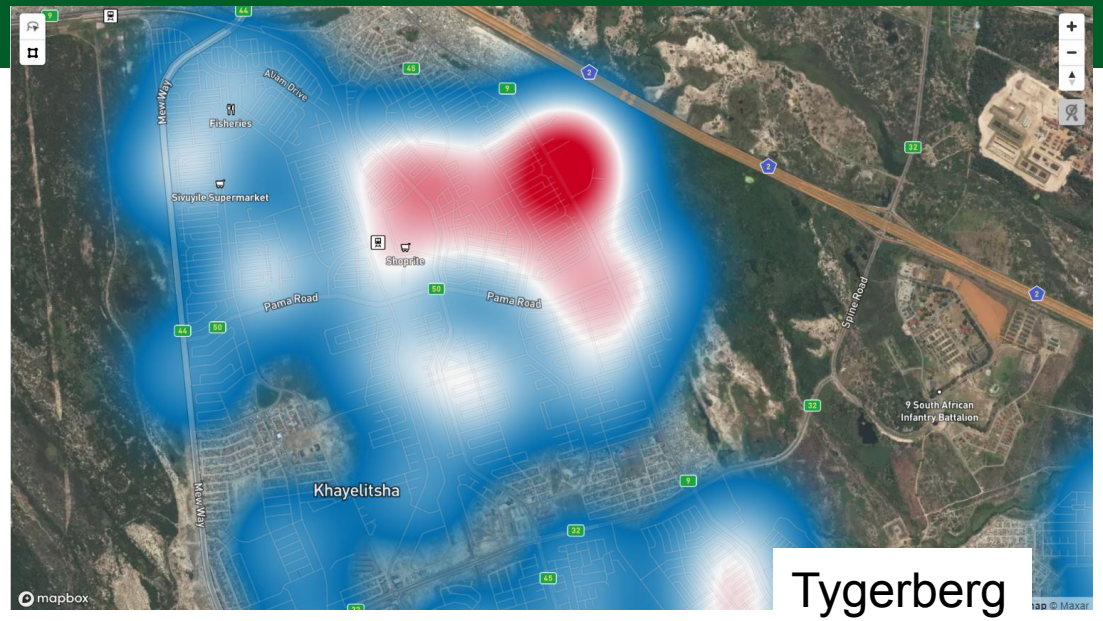
District (Color based on Active Cases as outined in legend) May 9 to May 15	Number of Actives per 100k Pop (Avg May 9 to May 15)
wc Central Karoo District Municipality	0,000
nc Namakwa District Municipality	0,000
nc Pixley ka Seme District Municipality	0,000
nc John Taolo Gaetsewe District Municipality	0,407
fs Lejweleputswa District Municipality	0,006
lp Vhembe District Municipality	0,000
nw Dr Ruth Segomotsi Mompati District Municipality	0,000
lp Mopani District Municipality	0,104
lp Sekhukhune District Municipality	0,401
nw Ngaka Modiri Molema District Municipality	0,104
fs Xhariep District Municipality	0,174
fs Fezile Dabi District Municipality	0,215
kz Harry Gwala District Municipality	0,193
mp Nkangala District Municipality	0,386
fs Thabo Mofutsanyana District Municipality	0,236
kz Zululand District Municipality	0,228
kz Umzinyathi District Municipality	0,354
lp Waterberg District Municipality	0,869
nc Zwelentlanga Fatman Mgcawu District Municipality	0,537
gp Sedibeng District Municipality	0,538
lp Capricorn District Municipality	0,615
nw Dr Kenneth Kaunda District Municipality	1,021
kz King Cetshwayo District Municipality	0,744
ec Amathole District Municipality	1,573
nw Bojanala Platinum District Municipality	1,007
mp Ehlanzeni District Municipality	0,985
kz Amajuba District Municipality	0,855
ec Joe Gqabi District Municipality	1,469
kz Ugu District Municipality	1,007
mp Gert Sibande District Municipality	1,156
ec Alfred Nzo District Municipality	1,947
kz Uthukela District Municipality	1,437
gp West Rand District Municipality	2,605
kz Umkhanyakude District Municipality	1,566
ec Sarah Baartman District Municipality	1,697
nc Frances Baard District Municipality	2,658
wc West Coast District Municipality	6,460
fs Mangaung Metropolitan Municipality	2,913
ec Oliver Tambo District Municipality	3,583
kz uMgungundlovu District Municipality	2,797
gp City of Tshwane Metropolitan Municipality	5,085
wc Overberg District Municipality	6,473
wc Garden Route District Municipality	2,527
ec Chris Hani District Municipality	10,837
gp City of Johannesburg Metropolitan Municipality*	5,484
gp Ekurhuleni Metropolitan Municipality**	10,574
kz eThekwini Metropolitan Municipality	10,752
ec Buffalo City Metropolitan Municipality	24,716
wc Cape Winelands District Municipality	18,684
ec Nelson Mandela Bay Municipality	21,448
kz iLembe District Municipality	23,135
wc City of Cape Town Metropolitan Municipality	80,210



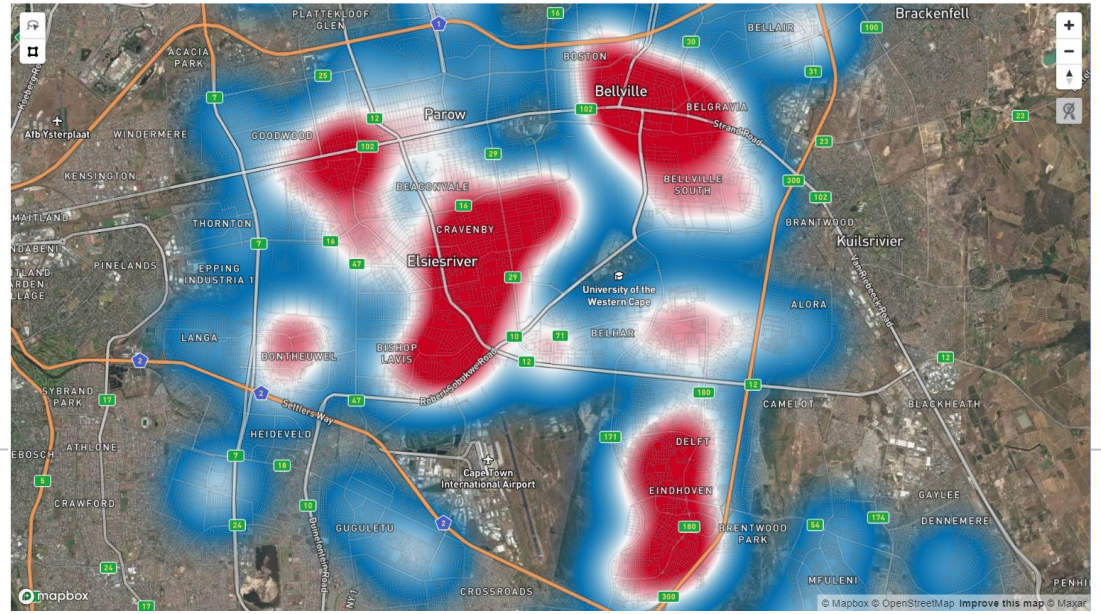
Stage 5: Hotspot identification and mitigation in Western Cape

Institution	Number tested	Number positive
Khayelitsha Spar	181	67
Goal Supermarket Delft	77	55
GlaxoSmithKline factory	294	101

Khayelitsha



Tygerberg



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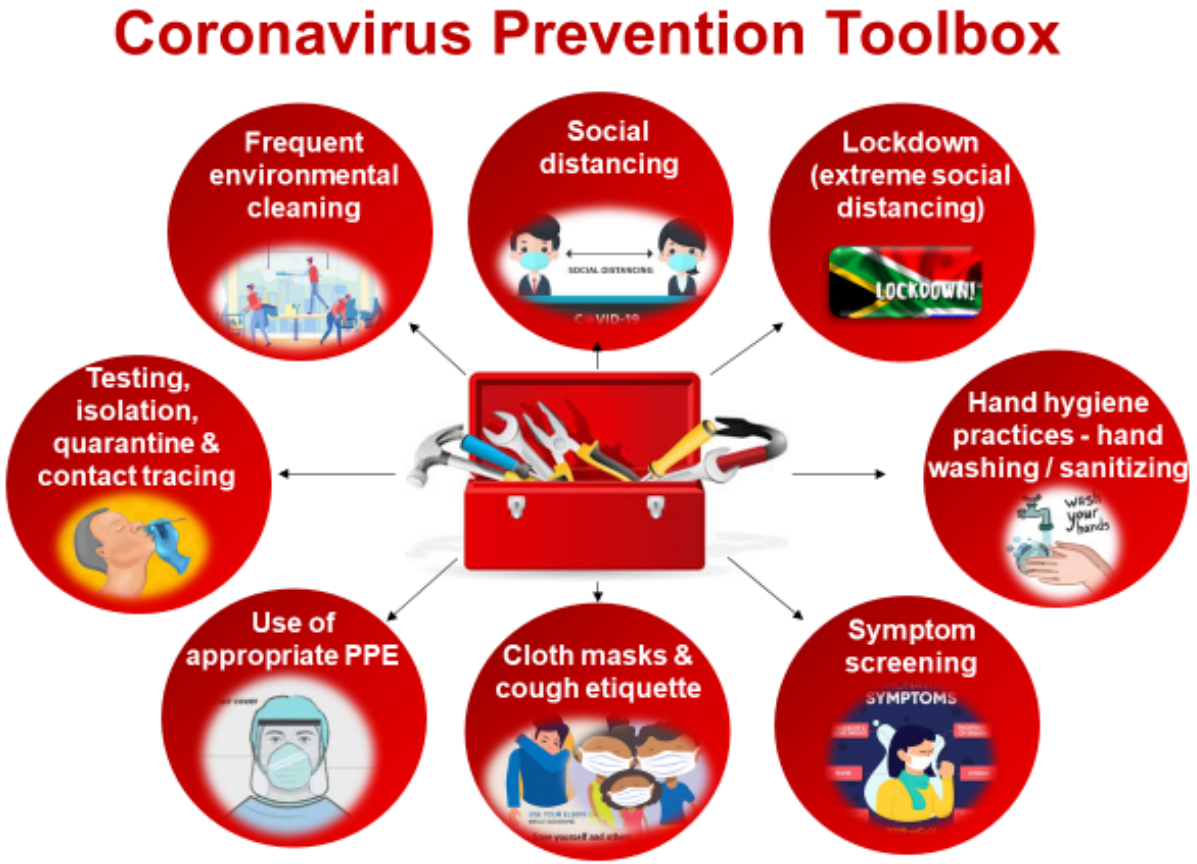
Mitigating risk as economic activity resumes

- **Protocol based combination of appropriate interventions** from the coronavirus prevention toolbox, tailored to specific needs and settings

- Continued prioritization of the **protection of healthcare and frontline workers** with adequate PPE

- **<u>The level of activity (economic, social, etc) may need to be adapted within each a province where there there are multiple alert levels for effective coordination</u>**



- **Routine health services should be fully opened and run full services** with attention to catchup childhood immunisation, contraceptive services, antenatal care, diagnosis and treatment of tuberculosis and HIV, management of chronic diseases, etc
- **Workplaces** to re-open with protocols tailored to prevent outbreaks in sector specific work environments (such as factories, businesses, retail outlets and farms)
- **Re-opening of schools and universities** in a systematic manner promoting risk mitigation with social distancing, hand sanitizing etc
- **Public Transport** to be opened with steps to avoid overcrowding and ensuring good ventilation.
- Careful planning for safe resumption of **high-risk activities and businesses** such as air travel, large gatherings (religious and cultural events, music concerts, sports events), hair/beauty salons, gyms, pubs, clubs and shebeens with risk-mitigation protocols

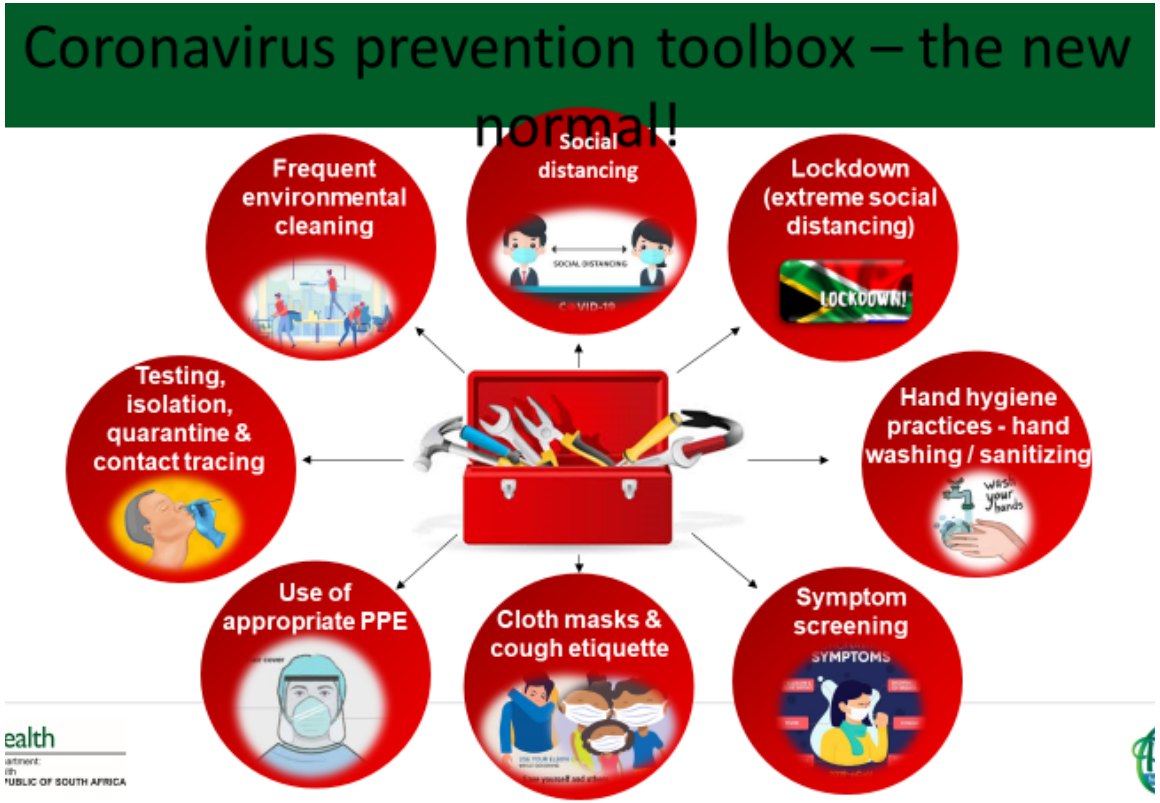
Communication to build public support and solidarity

- A **National Communication Campaign** aimed at presenting data in an easy to understand manner with supporting evidence to explain the elements of the National COVID-19 response that are being implemented in response to the changing epidemic.
- The National Communication Campaign's **primary aim to create solidarity and social movements** in support of people adapting and adopting the New Normal that could be with us for a long time.
- Communicate why restrictions on the **movement of people is being eased while cases continue to rise and why panic and indiscriminate closures should be avoided as outbreaks continue to rise**
- **Community buy-in and public monitoring of compliance** by businesses and broader society with enforcement only when necessary

Districts designated for vigilance

- Districts that currently have less than 5 active cases per 100 000 population should be under vigilance

- Key interventions that should be practiced by these districts include all the items in the prevention toolbox plus close monitoring of cases



Districts designated as Hotspots

- Districts with clusters with rapidly increasing cases
- Need to intervene to contain the rapid rise
- Sub-divide the district into sub-districts or wards
- Deploy teams of health experts to analyse and support the district to implement enhanced activities to contain transmission (test, isolate/quarantine, treat)
- Deploy multidisciplinary teams to support the implementation of any restrictions that may be necessary to contain the spread (including curbing movement of people)
- Hard lockdown will only be considered if all other measures fail to contain the spread of the virus

Determination of the alert levels for districts

- Minister of Health to identify the alert levels for each district taking account of the burden of active cases, trends in the active cases and the health system capacity to respond to the disease burden.
- The Provincial Command Council must consider these levels and submit provincial plans to contain the spread of the epidemic including health measures, economic activity, restrictions on movement, social services
- Minister of Health will present to the NCCC the proposed alert level per district with the provincial plans to contain the infection
- The NCCC must confirm an alert level and monitor the provincial plans to contain the infection

Measures that would remain in place at all levels

- Social distancing – the specific interventions to implement this principle would be contained in workplace/sector plans
- Hand sanitizing available at all public spaces
- Use of cloth masks outside of the home
- The elderly and those with co-morbidities to remain at home
- No public gatherings including sports events, concerts, nightclubs, bars, cinemas, etc

Summary

- Swift, phased easing of the lockdown with the resumption of economic activity under conditions that provide simultaneous mitigation of risk
- Implementation of intensive measures in hotspots to reduce the risk of repeated closures of institutions as outbreaks continue to increase. These districts remain at level 4.
- All other districts move to level 3 alert level. Vigilance in low risk districts and fortnightly re-assessment of risk level with the potential move to level 2 and level 1 of certain districts.
- Provincial command councils to submit plans on the effective management and coordination of districts based at various alert levels
- Risk mitigation is based on the appropriate use of combinations of interventions from the coronavirus prevention toolbox