



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



## INTERNAL MEMO

Date:	23 December 2020		
To:	<b>Minister ZL Mkhize, Honorable Minister of Health</b>	From:	<b>Ministerial Advisory Committee (MAC) on COVID-19</b>

### **MITIGATING THE SPREAD OF SARS-COV-2, INCLUDING THE NEW CORONAVIRUS VARIANT, AND PRESERVING THE HEALTHCARE SYSTEM'S CAPACITY**

#### **Background**

Reported Covid-19 cases are rising across the country, nearing or exceeding 10,000 cases on several days in the last three weeks. The new coronavirus variant appears to be spreading faster than other variants circulating in South Africa. Of the 196 genomes from swabs collected between the 15<sup>th</sup> October and 25<sup>th</sup> November 2020 from 53 clinics in the Northern Cape, Western Cape, Eastern Cape and KwaZulu-Natal, 90% were of this new variant. Alongside this, across all nine provinces in the country, Covid-19 fatigue and complacency has led to reduced adherence with Covid-19 prevention measures. This has been exacerbated by superspreading events which have seeded widespread community transmission. Ongoing efforts to promote behavior change have yielded varying success. The rapid increase in the number of laboratory-confirmed SARS-CoV-2 positive cases is presenting a serious threat to hospital capacity – elective procedures have been halted and Intensive Care Units (ICUs) are currently full in most hospitals in the three coastal provinces.

#### **Problem Statement**

What additional or different measures should the National Department of Health (NDoH) implement to mitigate the spread of SARS-CoV-2, including the new coronavirus variant, and preserve the healthcare system's capacity?

#### **Implications**

There are 3 main consequences of the presence of this variant and non-compliance with prevention measures in the country:

1. The spread seems to be occurring faster, at least in some parts of the country, most likely further facilitated by greater opportunities to spread. For example, there is concern that a younger population is more readily being infected due to superspreading events,

leading to faster spread to other age groups. Current prevention efforts are known to be effective against this variant but their inconsistent use is creating opportunities for the virus to spread even faster.

2. The rapidity of the growth in the epidemic is placing hospitals under immense strain in the Eastern Cape, Western Cape and KwaZulu-Natal provinces. Notwithstanding some of the data limitations, the DATCOV data indicate that in these provinces the public and private hospitals are quickly reaching capacity, reducing their capability to treat all other medical emergencies or to admit more Covid-19 patients.
3. Travel from South Africa may be severely impacted as countries try to protect themselves from an introduction of this new variant. South Africa has a responsibility to try to limit the spread of this variant to other countries.

## Recommendations

1. South Africa's Alert Level be increased to Level 2 to highlight the need for more concerted action on prevention, both from the public and the government. As reported, cases have exceeded 10,000 cases per day and are continuing to rise and substantial numbers of healthcare workers have been infected or exposed reducing the available healthcare capacity, there is a strong rationale for Level 2.
2. The restrictions applicable to Level 2 should be implemented as soon as possible. Two of the Level 1 restrictions that should not change under level 2 are the current curfew and accommodation capacity restrictions, i.e. the curfew should be maintained at 23:00 to 04:00 and not be changed to 22:00 to 04:00 to enable eating establishments to have the extra hour for staff and patrons to get home and accommodation capacity should be maintained at 100% instead of reducing it to 50% since it would be impractical to reduce occupancy when many establishments are already occupied by holiday-makers and guests.
3. Indoor social, cultural and religious gatherings should be limited to 50 persons, including reducing indoor dining or drinking in restaurants, bars, nightclubs and shebeens to a maximum of 50 persons or 50% of capacity, whichever is smaller. Outdoor gatherings should be restricted to 150 persons. These capacity restrictions need to be enforced together with strict adoption of prevention measures such as social distancing and masks. In addition, indoor gathering venues should have windows opened to provide adequate ventilation. Owners of establishments who flout these limitations should have their licenses temporarily suspended (e.g. for one month). Special allowances may be considered for industrial or non-recreational commercial activities that are fully Covid-19 compliant. Restrictions on beaches and public parks can be lifted, with the applicable outdoor gathering cap, when the risk of over-crowding is minimal, i.e. after the festive period<sup>1</sup>.
4. Steps should be taken to enforce social distancing, sanitising of hands, correct use of masks, ventilation and other prevention measures in any indoor and outdoor setting. Officials (such as Compliance officers<sup>2</sup>) should enforce the Level 2 restrictions. Establishments need to follow these requirements more stringently and intentional non-compliance should be punishable by law.
5. Each province needs to take steps to have enough hospital and field hospital beds, personal protective equipment (PPE), oxygen, medical supplies, human and other resources to cope with a peak that is higher than the previous peak, in accordance with the National Department of Health's Resurgence Plan.

<sup>1</sup> MAC on Covid-19 advisory: "Recommendations on December Period Proposal" dated 11.12.2020

<sup>2</sup> MAC on Covid-19 advisory: "Regulations from State of Disaster for National Health Act" dated 14.12.2020

6. In an effort to protect other countries from the new coronavirus variant, all travelers leaving South Africa must have a rapid antigen test or polymerase chain reaction (PCR) test within 72 hours of departure at their own expense. Both public and private approved laboratories should be encouraged to offer antigen testing for this purpose. Besides SARS-CoV-2 testing prior to departure, all other current Level 1 international and domestic travel requirements should remain in place.
7. Greater engagement is needed with community-based, influential stakeholders, such as traditional leaders, *amakhosi*, and even royalty, as influencers of behaviour change.
8. At this stage, stricter lockdown measures than Level 2 are not recommended. Based on trends in cases and admissions in the 2 weeks following the initiation of Level 2, an assessment should be made of the impact of Level 2 restrictions and whether a further change in Alert Levels is warranted.

### **Rationale for recommendations**

Mitigating SARS-CoV-2 risk requires a combination of government-mandated precautions and individual-initiated measures. As efforts to encourage voluntary individual behaviours reach a point where their impact is not adequate, additional government-mandated steps are required to promote, encourage or even mandate preventive behaviours. Given the likely enhanced transmissibility of the new variant, prevention behaviours are even more important, failing which the second wave will substantially exceed the human, social and economic costs of the first wave. It is noted that the festive period increases the number of contacts each person has and so increases transmission. The Level 2 restrictions are considered essential at this time to mitigate some of this impact as reported cases continue to rise.

Thank you for consideration of this request.

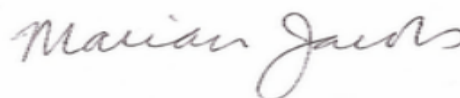
Kind regards,



**PROF SALIM S. ABDOOL KARIM**

**CO- CHAIRPERSONS: MINISTERIAL ADVISORY COMMITTEE ON COVID-19**

**DATE: 23 December 2020**



**PROF MARIAN JACOBS**

**CC:**

- » **Dr S Buthelezi (Director-General)**
- » **Dr T Pillay (Deputy Director-General)**
- » **Incident Management Team**