



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



Date:	23 September 2021		
To:	<b>Honourable Dr MJ Phaahla, MP Minister of Health</b>	From:	<b>Ministerial Advisory Committee (MAC) on COVID-19</b>

## EXTENSION OF LEVEL 2 RESTRICTIONS BEYOND 26 SEPTEMBER 2021

### Problem Statement and Task to Committee

On 12 September, the President announced that the country would be moved from Adjusted Alert Level 3 to Adjusted Alert Level 2 on the following day, in accordance with the Disaster Management Act.<sup>1</sup> The key changes were that the curfew was relaxed (from 23h00-04h00), allowing restaurants, bars and fitness centres to close by 22h00, that gatherings will be limited to a maximum of 250 people indoors and 500 people outdoors, and that alcohol sales for off-site consumption would be permitted between 10h00 and 18h00 from Monday to Friday. Specifically, the President noted: *“We are particularly thankful to those sectors of society that have had to endure restrictions on their activities for some time. I speak here of religious communities of all faiths, which have been unable to worship and minister to the needs of their congregants as they normally would. I speak of the artists, promoters, performers and cultural workers who have had to find other outlets for their work and who have endured great difficulties. I speak of the owners of restaurants, bars, taverns, hotels, conference venues and others in the hospitality sector that have seen a massive decline in their business. We recognise these hardships and will continue to find ways, within our means, of supporting these sectors and taking steps to enable their recovery. The vaccination drive offers an opportunity to open up many of the venues that have remained closed, and we are continuing to work with all partners to find the safest and quickest way to do this.”*

In the advisory submitted on 6 September 2021, the MAC on COVID-19 had been asked to make recommendations on two specific issues: whether increased numbers of attendees could be allowed in venues (including restaurants, places of worship and sports stadia) that require evidence of vaccination to allow entry; and whether the sale of alcoholic beverages for off-site consumption could be extended to include Fridays. On the first question, the MAC on COVID-19 noted that, although the link between alcohol use and trauma caseload is well-established, increasing the number of days on which alcoholic beverage sales for off-site consumption by only one day would be difficult to justify, and so recommended a return to normal selling hours. On the second, the MAC on COVID-19 recommended that, once the COVID-19 vaccination coverage has exceeded 50-75% (which could be achieved by the end of October 2021) and if a verifiable vaccination record system is in place (whether electronic or otherwise), consideration could be given to further relaxation of indoor and outdoor venue limits, and linkage of access to vaccination status or percentage coverage.

On 17 September, the Minister of Health made the following announcement: *“Through vaccination we can reclaim our social and economic lives by January 2022. We can protect each other enough to again enjoy sports and recreation in our numbers. Our various sports fans, soccer, rugby, cricket, netball etc can start to again cheer their teams and heroes in numbers. We can enjoy our music festivals, Macufe can be back. That is why we talk about vaccine certificate or passport. The aim is not to punish anyone but to know that we are protecting each other. Our team working on this will be*

<sup>1</sup> Statement by President Cyril Ramaphosa on progress in the national effort to contain the COVID-19 pandemic – 12 September 2021. <https://sacoronavirus.co.za/2021/09/12/statement-by-president-cyril-ramaphosa-on-progress-in-the-national-effort-to-contain-the-covid-19-pandemic-12-september-2021/>

*ready to present the plan to the coronavirus command council in about 10 days time. Not having the certificate will not prevent people from accessing essential public services such as Health, Education, Social Services etc. The certificate will be used to access recreation, sports , arts and cultural activities in bigger numbers”.*<sup>2</sup>

The MAC on COVID-19 has been asked to again address the same questions, in the light of the current epidemiological position. However, that request can only be addressed in the context of statements of policy and intent already expressed.

## Background

The primary intention of enhanced Alert Level restrictions is to limit the spread of SARS-CoV-2 by reducing interaction between people and enforcing the implementation of public health and social measures (PHSM). The state of disaster declared in terms of the Disaster Management Act was extended on 12 September 2021, to last until 15 October 2021 (Government Notice No. 867, Government Gazette No. 45155). Importantly, in accordance with the Constitutional Court ruling (CCT245/21) the date of the municipal elections has been set as 1 November 2021. On 17 September, the MAC on COVID-19 provided an advisory on mitigating the impact of COVID-19 during the municipal elections. In particular, the MAC on COVID-19 recommended that consideration must be given to risk assessment and the implementation of appropriate risk mitigation for all activities relating to the elections, with particular focus on higher risk activities such as rallies, celebrations, and other spontaneous or poorly managed events, and that the limitations on the numbers of people allowed at gatherings be applied consistently to all pre-election activities, including rallies and campaign events. However, it was recognised that, on the Election Day, such limits and curfews would need to be relaxed to allow all eligible voters to cast their ballots before midnight. In particular, the advisory noted the need for enforcement of all PHSM, and that these would apply irrespective of whether a member of the public had been vaccinated or not.

Globally, there has been intense interest in the question of vaccine mandates, particularly in certain industries or workplaces, as well as in the use of various forms of certification of vaccination or prior infection to enable access to certain venues or services, such as restaurants or long-distance transport. The response to such interventions has varied, from acceptance and a positive impact on vaccine uptake to rejection, legal challenges and vehement protests.

## Evidence review

### Vaccination status and access

The current vaccination statistics (<https://sacoronavirus.co.za/latest-vaccine-statistics/>) show that:

- As at 21 September 2021, a total of 16 358 076 COVID-19 vaccine doses have been administered. The proportion vaccinated (based on the number who have received a Janssen dose or at least one Pfizer dose and the 2020 adult population estimates) is 29.77%, at the national level, but varies provincially from 22.87% (Mpumalanga) to 38.55% (Western Cape). Of concern, the daily total has recently fallen below 200 000 doses per weekday. The majority of adults have therefore not yet been reached, and access to vaccination is still limited to some extent, whether because of an inability to register on the Electronic Vaccination Data System (EVDS), limited operating hours of vaccination centres, lack of transport to reach vaccination centres, concerns about vaccine safety or other forms of vaccine hesitancy. The planned extension of access to undocumented migrants, using a secondary unique identifier to obtain a Health Patient Registration System (HPRS) number, has yet to be implemented.
- Some major South African employers have announced plans to impose vaccine mandates, relying on the Occupational Health and Safety Act.

<sup>2</sup> Media briefing: Free State, 17 September by Minister of Health, Dr Joe Phaahla. <https://sacoronavirus.co.za/2021/09/17/media-briefing-free-state-17-september-by-minister-of-health-dr-joe-phaahla/>

## **Epidemiological evidence**

The MAC on COVID-19 has reviewed the modelling and analysis performed by the South African COVID-19 Modelling Consortium (SACMC) including short-term forecasts of cases, hospitalisations, and wave metrics, updated regularly to reflect incoming data. Based on these data, the SACMC makes the following observations and forecasts:

### **1. Current trends**

- As of 18 September 2021, incidence of detected cases, proportion testing positive, and hospital admissions are declining in all provinces. Based on data up to 11 September 2021, excess deaths are also declining in most provinces and appear stable in others.
- Although only Gauteng (GP), Limpopo (LP) and North West (NW) have met the end-of-wave criterion, KwaZulu-Natal (KZN), Mpumalanga (MP) and Western Cape (WC) are likely to meet the criterion by the end of September.
- As in previous waves, Free State (FS) and Northern Cape (NC) are likely to experience protracted incidence with slower declines.
- Overall, national COVID-19 incidence remains above the end-of-wave threshold, with a 7-day moving average of 3,414 on 18 September 2021.

### **2. Short-term forecasts (2-week horizon)**

- As of 18 September 2021, there is a very high probability (>95%) that R has declined below 1 (i.e., incidence is declining) in most provinces that are currently in a wave (EC, FS, KZN, MP and WC). The probability that R has declined below 1 in NC is also high (estimated at 88%).
- Short-term forecasts indicate that incidence will decline in the next two weeks in all provinces.
- COVID-19 hospital admissions are expected to decline in WC and decline gradually or remain steady in all other provinces. The number of hospital admissions over the past two weeks has been low-to-moderate in EC, GP, KZN, LP, MP and WC, but remains high in FS, NW and NC.

### **3. Longer-term expectations**

- The timing and magnitude of a new wave (Wave 4) cannot be predicted at this time.
- In the absence of a new variant, the next wave is expected to be smaller than previous waves. In addition, a reduced correspondence between increases in case numbers and increases in hospitalisations and deaths is expected as a result of high levels of protection against severe disease in the population from the combination of previous exposure and vaccination.
- However, the emergence of new variants is difficult to predict. The Delta variant remains dominant across the country. While the C.1.2 variant has been detected in all provinces, there is little evidence currently to suggest that it will displace Delta. There is however some uncertainty regarding the prevalence of C.1.2 currently being <3% since March 2020, as relatively few samples from September have been processed. This variant is being monitored closely because it shares mutations with variants that have driven recent waves in South Africa and elsewhere and has unique mutations in areas of potential functional impact. Presently the epidemiological implications have not yet been elucidated, and it is not currently considered a Variant of Interest or Variant of Concern on the World Health Organisation (WHO) classification.

### **4. Key messages and recommendations**

- Three provinces have already crossed the end-of-wave threshold, and case incidence is expected to continue to decline, with R currently estimated to be below 1 in all provinces.
- As at the week of 12 September, test positivity is declining or stable in all provinces, with national test positivity <10% for the first time since May 2021.
- It remains very unlikely that easing restrictions to Alert Level 1 would result in R increasing above 1 nationally or in many provinces. Nevertheless, easing restrictions may slightly delay reaching the end-of-wave criterion in some provinces and slow down the decline in cases nationally.

## Recommendations

The MAC on COVID-19 recommends that consideration be given to easing the level of restrictions imposed in terms of the Disaster Management Act from from Adjusted Alert Level 2 to Adjusted Level 1 from 26 September 2021. Alert Level 1 was in place from 21 September 2020 to 28 December 2020 and from 1 March 2021 to 30 May 2021. However, the restrictions then in place under that Alert Level are no longer applicable. The following specific recommendations are offered:

- allowing the sale of alcoholic beverages for off-site consumption in accordance with the Liquor Act, without added restrictions;
- retaining the 23h00 to 04h00 curfew, and therefore the 22h00 closing time for listed establishments; and
- allowing listed indoor and outdoor venues (such as restaurants, places of worship and sports venues) to accommodate 50% of their maximum capacity, provided they are able to ensure compliance with the 1.5 metre physical distancing rule, rather relying on the previous maxima of 250 people indoors and 500 people outdoors.

In addition, the MAC on COVID-19 recommends that:

- efforts to ensure rapid access to and acceptance of COVID-19 vaccination be strengthened including enhanced efforts to immunize those at highest risk;
- strict adherence to PHSM be emphasized and actively enforced, especially at events leading up to the municipal elections on 1 November 2021;
- hospital capacity and resources be carefully monitored in all provinces, in anticipation of a potential Wave 4.

The MAC on COVID-19 reiterates that, once COVID-19 vaccination coverage has exceeded 50-75%, and if a verifiable vaccination record system is in place (whether electronic or otherwise), consideration could be given to further relaxation of indoor and outdoor venue limits, and linkage of access to vaccination status or percentage coverage. In this regard, the public statements already made by the President and Minister of Health have clearly signaled an intent to implement this option. Imposing a vaccination requirement now risks excluding the majority from certain venues, and the potential unintended consequence of such gatherings being driven “underground”. Accordingly, the development of a verifiable vaccination record system, in accordance with the guidelines issued by the WHO,<sup>3</sup> should be pursued urgently. As noted by WHO, “*A digital certificate should never require individuals to have a smartphone or computer*”.

As before, the MAC on COVID-19 recommends close scrutiny of the social and economic impact of COVID-related restrictions. Where such restrictions are seen not to have the desired or expected impact, or where unintended consequences are identified, remedial action is needed. This is particularly true of restrictions which limit economic activity and may contribute to worsening of unemployment or reduced income.

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<sup>3</sup> Digital documentation of COVID-19 certificates: vaccination status: technical specifications and implementation guidance, 27 August 2021 - [https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-Digital\\_certificates-vaccination-2021.1](https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-Digital_certificates-vaccination-2021.1); Digital documentation of COVID-19 certificates: vaccination status: web annex A: DDCC:VS core data dictionary, 27 August 2021 - [https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-Digital\\_certificates-vaccination-data\\_dictionary-2021.1](https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-Digital_certificates-vaccination-data_dictionary-2021.1); Digital documentation of COVID-19 certificates: vaccination status: technical specifications and implementation guidance, web annex B: technical briefing, 27 August 2021 - [https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-Digital\\_certificates-vaccination-technical\\_briefing-2021.1](https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-Digital_certificates-vaccination-technical_briefing-2021.1).

## Rationale for recommendations

The MAC on COVID-19 has based its core recommendations on the following rationale:

- three provinces have already crossed the end-of-wave threshold, and case incidence is expected to continue to decline, with R currently estimated to be below 1 in all provinces;
- although easing of restrictions now may result in a slower decline in incidence than otherwise might have occurred, it is very unlikely that easing restrictions to Alert Level 1 would result in R increasing above 1 nationally or in many provinces;
- although the link between alcohol use and trauma caseload is well-established, a return to normal selling hours is justified;
- with the municipal election set for 1 November 2021, care should be taken not to relax restrictions in ways which will further exacerbate the risks of transmission during poorly-regulated mass gatherings, but accommodating the capacity of larger indoor and outdoor venues can be considered;
- given that the majority (approximately 70%) of adults are yet to be vaccinated, linking an increase in the capacity limits of venues by restricting access only to those already vaccinated is not justified at this time;
- however, that should not preclude progress with the development of a vaccine certification system, and careful consideration of how vaccination status could be used in future to enable expanded access to both indoor and outdoor venues.

Accordingly, rigorous adherence to PHSM must be required, maintained and monitored. Increasing vaccine uptake across all eligible groups remains a key priority, requiring active steps and provision of the necessary resources.

Thank you for consideration of this advisory.

Kind regards,



**PROF KOLEKA MLISANA**

**PROF MARIAN JACOBS**

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

**DATE: 23 September 2021**

**CC:**

- » **Dr N Crisp (acting Director-General: Health)**
- » **Incident Management Team**