



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



| | | | |
|-------|---|-------|---|
| Date: | 6 September 2021 | | |
| To: | Honourable Dr Mathume Joseph Phaahla, Minister of Health | From: | Ministerial Advisory Committee (MAC) on COVID-19 |

EXTENSION OF LEVEL 3 RESTRICTIONS BEYOND 12 SEPTEMBER 2021

Problem Statement and Task to Committee

Since 25 July 2021, South Africa has been subject to Adjusted Level 3 restrictions issued in terms of the Disaster Management Act by the Minister of Co-operative Governance and Traditional Affairs. The Alert Level was reduced at that time, in response to the trajectory of the COVID-19 pandemic in South Africa, and in particular the “third wave” of incident infections and subsequent pressure on the health system. The MAC on COVID-19 has been asked to advise on the appropriate level of restrictions to be applied from 12 September 2021, in the light of the current trajectory of the pandemic. In particular, input was requested on the following elements:

- 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.

Background

As was stated in the previous MAC on COVID-19 advisory of 13 August 2021, the intention of enhanced Alert Level restrictions is primarily to limit the spread of SARS-CoV-2 by reducing interaction between people and enforcing the implementation of public health and social measures (PHSM). Elements that are addressed in such restrictions include limitations on population movement and gatherings, the imposition of curfews, and restrictions on the sale, dispensing and transportation of alcoholic beverages. The state of disaster was extended on 12 August 2021, to last until 15 September 2021 (Government Notice No. 733, Government Gazette No. 44986). On 2 August 2021, the Minister of Sport, Arts and Culture amended the regulations on gatherings (Government Notice No. 674, Government Gazette No. 44924). In addition to the existing curfew (22h00-04h00), a closing time of 21h00 was imposed on cinemas, theatres, museums, galleries, public swimming pools, beaches, parks, gyms, venues for hosting professional sport, faith-based or religious gatherings, social, political and cultural gatherings. Gatherings, including those convened by political or traditional leaders, are limited to a maximum of 50 people indoors or 100 people outdoors, provided the venue allows for compliance with the 1.5 metre physical distancing rule (failing which, only 50% of the capacity may be utilized). Lastly, on 3 September 2021, the Constitutional Court ruled that the local government elections will be held between 27 October and 1 November 2021 (CCT245/21). Voter registration and campaigning will have to be done under the Alert Level restrictions applicable between now and the final date set for the election.

Importantly, current advice from the MAC on COVID-19 has been premised on the view that a single set of restrictions, applied equally across all provinces, is easier to implement than a more nuanced approach, with different Alert Levels applied in individual provinces or even districts within a province. The immediate consequence of this approach is that some provinces and districts may be subjected to more restrictive conditions before they are directly affected by an increase in incident infections, but also that such restrictions may apply after the peak of incident infections has passed in a

particular province or district. The social and economic impact of such decisions will vary, but it is possible that opportunities for business (and hence for employment) are constrained in a key area before or after it is directly affected. For example, if the peak of the “third wave” has demonstrably passed in Gauteng (GP), continued restrictions could have more dire economic impacts in that province than elsewhere. Equally, continuing restrictions in the Western Cape (WC) could have important impacts on tourism, and hence economic activity. Nonetheless, the advice provided continues to rely on the single national approach.

Evidence review

Vaccination status and access

As the advice sought touches on the question of vaccination status, the following evidence is considered relevant:

- As at 4 September 2021, a total of 13 430 600 vaccine doses have been administered in South Africa (including the 496 124 doses administered in the Sisonke trial). A total of 2 993 800 people have therefore been fully vaccinated with the Janssen vaccine and 3 495 021 fully vaccinated with the Pfizer vaccine. The current statistics (<https://sacoronavirus.co.za/latest-vaccine-statistics/>) report on the proportion per province who have received a Janssen dose or at least one Pfizer dose, using the 2020 estimates adult population estimates). The national estimate is 24.99%, and the provincial estimates range from 16.99% (MP) to 32.34% (WC). All adults aged 18 years and older are eligible for vaccination, provided they can provide a unique identity document (SA identity card, passport, or asylum-seeker documentation). 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.
- 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. Concerted efforts are underway to address each of the barriers to access that have been identified.
- Although it has been clearly scientifically established locally and globally that vaccination protects recipients from serious illness, hospitalisation and death, questions remain about the extent to which vaccination protects recipients from acquiring SARS-CoV-2 or transmitting the virus. Although it is tempting to tie the need for compliance with PHSM, at an individual or population level, the evidence to inform such decisions is lacking. It is unclear, for example, whether vaccination status could be used to allow for physical spacing requirements to be eased, allowing for more than the current maximum capacity in a venue to be utilized. It could well be that such conditions could still increase viral transmission, regardless of vaccination status, as those vaccinated are not totally immune to infection or spread.
- A separate question is whether the prospect of further easing restrictions can be used as an incentive to accept vaccination. In some countries (such as France and Italy), evidence of vaccination or previous infection (and therefore some presumed immunity) is being linked to the right to access a range of venues, including restaurants and long-distance trains. Whether this is effective to either encourage vaccination or prevent spread of SARS-CoV-2 is unknown but it should be seriously considered to maximise vaccine uptake to reduce serious illness, hospitalization and death.

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, hospitalizations, and wave metrics, updated regularly to reflect incoming data. Based on this data analysis, the SACMC makes the following observations and forecasts:

1. Current trends

- The Delta variant is likely to be dominant in all provinces, although robust data on circulating lineages are not available for Free State (FS), Mpumalanga (MP), North West (NW) or Northern Cape (NC).
- Although the C.1.2 variant has been detected in all 9 provinces, the prevalence of detection remains low as at 30 August 2021. However, the characteristics and epidemiological implications of the C.1.2 variant have not yet been fully elucidated, and continued caution is warranted.
- Incidence of SARS-CoV-2 and the proportion testing positive are declining nationally and in most provinces. GP and Limpopo (LP) have met the end-of-wave criterion for their third waves, but all other provinces currently meet the definition for being in a wave. NW and WC are likely to exit the third wave in the next two weeks.
- Incidence, proportion testing positive, admissions, and hospital-based COVID-19 reported deaths are declining in LP, MP, NW, WC and GP. Excess natural deaths are declining in all of these provinces, except MP, which experienced an increase in the week ending 28 August 2021. Incidence and proportion testing positive are declining in Eastern Cape (EC) and KwaZulu-Natal (KZN), but admissions and deaths remain stable. Incidence of detected cases and proportion testing positive in FS and NC remain stable.
- Weekly test positivity has declined for 2 consecutive weeks at a national level, with all provinces experiencing a week-on-week decline for the week ending 28 August 2021. In FS and NC, test positivity has since increased slightly or remained stable.
- Overall, national incidence remains high, with a 7-day moving average of 8,610 incident cases on 1 September 2021. This is equivalent to approximately 70% of the peak daily incidence in Wave 1 or 43% of the peak daily incidence in Wave 3.

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

- As of 1 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, KZN, MP, NW and WC).
- It is forecast that incidence will decline in the next two weeks in all provinces except NC, where it is expected to remain stable or increase slightly.
- COVID-19 hospital admissions are expected to decline gradually in EC, GP, KZN, LP, MP, NW and WC provinces, while remaining steady in the NC and FS.

3. Key messages

- Two provinces have already crossed the end-of-wave threshold, and case incidence is projected to continue to decline, with R currently estimated to be below 1 in all provinces except NC. Easing restrictions now may delay a decline in cases in NC.
- Although test positivity is declining or stable in all provinces, the risk of transmission remains high (national test positivity was 17.5% as of 2 September 2021). Although easing of restrictions now may result in a slower decline in incidence than otherwise might have occurred, it is thought very unlikely that easing restrictions to Alert Level 2 or Alert Level 1 would result in R increasing above 1 nationally or in many provinces.
- On this basis, consideration should be given to easing some restrictions on or after 12 September 2021.

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 3 to Adjusted Level 2 from 12 September 2021. This could entail the following changes:

- relaxing the current restrictions on the sale of alcoholic beverages for off-site consumption, by returning to the usual hours of sale in terms of the Liquor Act (i.e. allowing sale from Mondays to Saturdays).
- careful reconsideration of the appropriate limitation of mass gatherings, in particular in recognition of the risks associated with mass political events in preparation for the local government elections. Adjusted Alert Level 2 would allow for the limit on outdoor venues to be increased to 250. The curfew hours would also be relaxed to 23h00-04h00, allowing for the closure of venues at 22h00, rather than 21h00. In addition, consideration could be given to using a limit of 50% of capacity for indoor venues, rather than the current limit of 50 people, provided that this allows compliance with the 1.5 metre physical distancing rule.

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

- strict adherence to PHSM be emphasized and actively enforced;
- efforts to ensure rapid access to and acceptance of COVID-19 vaccination be emphasized; and
- hospital capacity and resources be carefully monitored in all provinces.

The question of how best to use incentives to encourage vaccination uptake deserves further discussion. 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.

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.

Rationale for recommendation

The MAC on COVID-19 has based its core recommendation that consideration be given to relaxing the current Alert Level on the following rationale:

- two provinces have already crossed the end-of-wave threshold, and case incidence is projected to continue to decline, with R currently estimated to be below 1 in all provinces except NC;
- although easing of restrictions now may result in a slower decline in incidence than otherwise might have occurred, it is thought very unlikely that easing restrictions would result in R increasing above 1 nationally or in many provinces;
- 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 is difficult to justify, and so a return to normal selling hours is preferable; and
- given that three-quarters 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; nor is there unequivocal evidence for the safety of that approach or for its impact on vaccine acceptance. Nonetheless, the future use of suitable incentives warrants careful, principled and scientifically informed consideration.

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: 6 September 2021

CC:

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