



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Date:	10 th June 2021		
To:	The Honorable Ms Mmamoloko Kubayi-Ngubane, Acting Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19

UPDATE: RECOMMENDATIONS TO INTENSIFY PREVENTION MEASURES AND BOLSTER HEALTH SYSTEM CAPACITY IN THE CONTEXT OF A RESURGENCE OF COVID-19 INFECTIONS “THIRD WAVE”

Request for Advisory sent to MAC/Problem/Concern

This advisory is provided by the MAC on COVID-19 to the Minister of Health.

Points of consideration

The MAC on COVID-19 provided an advisory on “Preparing for a Potential Third Wave” dated 31st March 2021 and a related advisory highlighting key indicators of a rapidly expanding coronavirus infection rate and a possible “third wave”.

- The rapidly rising incidence of COVID-19 cases suggests that there will soon be a significant rise in hospitalization rates, in turn placing the health system at risk of becoming overwhelmed. The recommendation to the Incident Management Team is that all criteria for a resurgence of COVID-19 have been met. The criteria for a “third wave” are expected to be met nationally within the next week, and the implementation of **mitigation interventions** is urgently required.
- The reproductive rate (Rt) has increased in all nine provinces and is above 1 in all cases, with established “third wave” criteria already met in the Northern Cape (NC), Free State (FS), North West (NW) and Gauteng (GP) Provinces. Early signals of a rise in case rates have been demonstrated in the Eastern Cape (EC), Mpumalanga (MP), Limpopo (LP) and Western Cape (WC) provinces. Only KwaZulu-Natal (KZN) while delayed, is also now experiencing a sustained increase in case rates. Note: NC did not demonstrate an end to the second-wave with sustained high case rates.
- Weekly incidence rates have exceeded the trigger value (greater than 10 per 100 000) for all provinces. An increase of >30% over the previous peak has been seen in GP, which has the highest weekly incidence rate value (>100 per 100 000).
- Analysis of hospitalizations in the first and second wave revealed that Case Fatality Rates (CFR) for hospitalized cases increased in the weeks with high admission loads. The priority should be to slow down the rate of new cases, to in-turn reduce the rate of admissions. Urgent interventions are required to reduce COVID-19 transmission, so that hospitals are not overwhelmed. The aim is to slow spread and therefore mitigate against reaching the critical thresholds of weekly provincial admissions, where CFR was documented to be higher than 25%. The trigger points for weekly hospitalization rates that were identified to be linked to a rise in CFR above 25% for each province are as follows:

- EC >400
- FS >400
- GP >3500
- KZN >2000
- LP >200
- MP >200
- NW >600
- NC >100
- WC >2500

- The South African COVID-19 Modelling Consortium (SACMC) update of the 7th June 2021 estimates the national incidence SARS-CoV-2 to double approximately every 24 days, with concerning doubling times of 12-15 days in LP and GP in particular.
- SACMC short-term forecasts (next two weeks) estimate a significant increase in hospitalization admission rates for all provinces, with the highest being in GP.
- Internationally, four variants of concern (including N501Y.V2 / “Beta”) and numerous variants of potential interest (VOI) have been identified. Ongoing genomic surveillance is being conducted by the Network for Genomic Surveillance South Africa (NGS-SA). To date, the NGS- SA has detected variant of concern B.1.1.7 (“Alpha”) in WC, GP, FS, MP, and KZN-Natal. Variant of concern B.1.617.2 (“Delta”) has also been detected in returning travelers but is believed to have been contained.

The MAC on COVID-19 expresses particular concern about the expanding COVID-19 incidence with respect to the expected impact on hospitalization.

- In GP, a rapid rise in hospitalization has been noted in both the private and public sectors. GP, as a high-density central province, is linked to movement to all nine provinces and internationally. The loss of major hospitalization capacity with the ongoing closure of the Charlotte Maxeke Johannesburg Academic Hospital is adding strain to other public sector hospitals.
- In NC and FS, the number of patients currently hospitalized exceeds the peak of the second wave, with rates exceeding the capacity of the health system, particularly for critical care beds and ventilation.
- Case Fatality Rates among hospitalized cases are rising above 25% in the NC and FS, and there is already a critical and urgent need to expand the capacity for critical care or referral particularly for the NC. Case fatality rates among hospitalized cases in GP are expected to rise dramatically in the next two weeks. *Ref. Analysis of the hospitalization and case fatality rates from NICD/DATCOV.*

Recommendations

To avert the impact of the third wave on the health sector leading to an overwhelming COVID-19 admission rate, the primary recommendation is to increase the level of restriction imposed by the Disaster Management Act regulations. Consideration should be given to imposing restrictions similar to the “Lockdown Level 3” proposals submitted to the Minister of Health and National COVID-19 Command Council in December 2020, at the beginning of the second wave.

In brief, the following restrictions are recommended:

1. Gatherings

- (1.1) Restrictions on gatherings: a maximum of 50 people indoors and 250 outdoors.
- (1.2) After funeral parties and gatherings that occur after the deceased has been buried or cremated to be prohibited.
- (1.3) Nightclubs, bars, shabeens, restaurants and other places of social gathering are restricted to a maximum of 50 persons or 50% of the facility’s registered maximum capacity.
- (1.4) Due to the risk-adjusted strategy that recognizes that provinces are at different stages of the escalation of the COVID-19 case rates, provincial and local government may adjust the restrictions in (1.1) to permit an adjustment to the maximum numbers recommended for indoor and outdoor gatherings, through a specific application process to the local law enforcement.
- (1.5) Provinces to strictly enforce regulations and policies regarding how traditional circumcision is conducted, with an emphasis on testing for COVID-19, restricting gatherings and adhering to non-pharmaceutical interventions.
- (1.6) Should the COVID-19 infection rates continue to rise, further restrictions may be required to reduce the disease impact on the population and the health system.

2. Movement of Persons

- (2.1) Curfew hours to be extended to include 22h00 – 04h00.
- (2.2) Commercial/non-essential establishments (including restaurants and bars) to be closed at 21h00 to allow sufficient time for staff to reach their homes before enforcement of the curfew.
- (2.3) Continued emphasis on NPIs in all public spaces is recommended with social distancing and masks (covering nose and mouth) for all persons in public spaces, and in private establishments permitting the attendance of the public.

3. Alcohol Sales and Consumption

- (3.1) Alcohol sales restricted to Monday – Thursday 10h00-18h00.
- (3.2) On-site consumption of alcohol in restaurants/bars/shabeens is permitted only until 21h00 daily, limiting the number of persons to the maximum of 50 persons indoors or 50% of their registered maximum capacity as above (1.3).
- (3.3) No consumption of alcohol permitted in public spaces (including parks and beaches).

4. No recommendation is made to control access to public entertainment areas (recreational/municipal parks and beaches), as meeting in outdoor spaces and exercise are permitted.

5. Shopping malls and other privately owned venues need to define the maximum number of persons admitted to achieve social distancing not to exceed 50% of the registered maximum capacity. Particular attention is focused on establishments that are registered as restaurants but are permitting the venue to be used as nightclubs.

The escalation of Disaster Management Act regulations to “Lockdown Level 3” should be combined with recommendations from the third-wave advisory with respect to facility preparedness and surge capacity, in particular:

1. The critical increase in COVID-19 case rates requires urgent dissemination communication with the population of South Africa to reinforce the severity of the situation, to reengage the population on the non-pharmaceutical intervention.
2. Coordinated with the National and Provincial Joint Command Centres, the health sector Incident Management Teams need to be activated to provide daily support to the health facilities.
3. Reference is made to the MAC on COVID-19 Advisory entitled “Preparing for a Potential Third Wave” submitted on 31st March 2021 for a detailed account of the recommendation with particular reference to health system capacity and preparedness.
4. Disaster Management interventions are needed in the health sector, including command and control at every level, and activation of facility preparedness resurgence plans. Urgent intervention is required in the provinces GP, NW, FS, NC and LP. (*Reference is made to the NDoH COVID-19 Facility Resurgence Plan for details of the recommendations for the COVID-19 disaster response*).
5. Particular emphasis is placed on the availability of testing, person under investigation (PUI), quarantine, isolation, hospitalization, and critical care bed capacity in the FS (to serve as a referral centre for NC) and GP.
6. In the GP and FS provinces, the activation of the additional surge and field hospital capacity, including staffing, equipment, oxygen and pharmacy supplies is required to meet the additional demand for hospitalization during a winter period.
7. Quarantine and isolation facilities should also be activated in all other provinces to enable quarantine and isolation where this is not possible at home with particular emphasis on early access to care.
8. The private sector collaboration with outsourcing agreement is recommended for GP to offset the major deficit that has emerged due to the closure of the Charlotte Maxeke Johannesburg Academic Hospital.
9. Provincial Health Departments need to consider interventions to mitigate the risk of COVID-19 transmission during the winter initiation season including voluntary medical male circumcision, to meet the regulation limiting gatherings to less than 50 persons.

Thank you for consideration of this request.

Kind regards,



PROF MARIAN JACOBS

PROF KOLEKA MLISANA

CO-CHAIRPERSONS: MINISTERIAL ADVISORY COMMITTEE ON COVID-19

DATE: 10 June 2021

CC:

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