



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Date:	26 th June 2021		
To:	The Honorable Ms Mmamoloko Kubayi-Ngubane, Acting Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19

SUMMARY OF 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 summary of the advisory is provided by the MAC on COVID-19 to the Acting Minister of Health. The detailed advisory will follow.

Background

The MAC on COVID-19 has provided two advisories on the third wave which serve as background:

- “Preparing for a Potential Third Wave” dated 31st March 2021, with recommendations updated on 9th June 2021, and now on 26th June 2021.
- A related advisory highlighting key indicators of a rapidly expanding coronavirus infection rate and a confirmed “third wave” of COVID-19.

The current **rapidly rising incidence of COVID-19 cases** suggests that all nine provinces are now in the “Third-Wave” and are meeting the Alert Level for urgent intervention, with a rapid and sustained rise in hospitalization rates, and a health system at risk of becoming overwhelmed. All criteria for a resurgence of COVID-19 and criteria for a “third wave” have been met nationally.

- Weekly incidence rates have exceeded the trigger value (greater than 10 per 100 000) for all provinces. An increase of >50% over the previous peak has been seen in Gauteng province, which has the highest weekly incidence rate value (>370 per 100 000 as June 25th, 2021).
- A rapid escalation of hospitalization is associated with an increase in the Case Fatality Rates (CFR) for hospitalized cases with high admission loads, exceeding admission rates previously observed.
- Hospitalization has exceeded the capacity for Intensive Care (ICU) and High Care Beds in Johannesburg with over 100% utilization of this level of care.
- 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.

Surge Capacity Preparedness and Incident Management Team daily evaluation

Following representation from the National Department of Health's (NDoH) Surge Capacity and Readiness Working Group the MAC on COVID-19 notes with concern the following essential items:

- The recommended implementation of provincial command and control at a provincial Incident Management Team (IMT) level has not been implemented across all the provinces.
- Incomplete information on beds is provided to the provincial IMT, impacting on understanding of the current status of the pandemic in the province.
- Hospital readiness for the "third-wave" while planned has not been activated in most of the provinces, with a progressive escalation of the capacity for both general ward and high-care/ICU capacity.
- Oxygen dashboards monitoring the liquid oxygen capacity have been introduced, but oxygen cylinder capacity has not been fully validated, leading to potential oxygen shortages in district hospitals and Emergency Medical Services (EMS) services. Oxygen treatment equipment from the national ventilator project, and procured or donated ventilators have been distributed, but in many cases has not been implemented within the hospitals.
- Critical staff shortage in many provinces are not addressed, limiting the capacity of hospitals to expand the available bed capacity.
- In a number of province's EMS services both public and private are unable to meet the demand for first contact patient, Primary Healthcare (PHC) or private practitioner and patient transfer services. This is leading to late transfers with significant mortality during transfer.

Going forward

The South African COVID-19 Modelling Consortium (SACMC) update of the 23 June 2021 estimates the national incidence SARS-CoV-2 to double approximately every 13 days, with significant increases in hospitalization rates.

The recently identified Delta variant is approx. 150% more transmissible than the Alpha and Beta variants, and is associated with a higher risk of hospitalization.

The implementation of mitigation interventions is not keeping pace with the incidence of COVID-19 particularly in Gauteng, and urgent interventions are required.

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 4” proposals submitted to the Minister of Health and National COVID-19 Command Council in December 2020.

The MAC on COVID-19 recommends that “Lockdown 4” regulations (Reference Appendix A of Gazette).

Be implemented across all provinces in the country for a three-week period.

Specific adjustment to the “Level 4 Lockdown Regulations” are recommended as follows:

1. *Movement of persons*

(16.2(a)) - *walk, run or cycle between the hours of 06H00 to 09H00, within a five kilometre radius of their place of residence; Provided that this is not done in organised groups.*

This should be adjusted to permit exercise between 05h00 and 20h00 daily.

(16.2(g)) – (The addition of an explicit definition of) Essential services include all health and animal welfare services should continue, with the explicit continuation of COVID-19 vaccine services particularly those with an appointment generated by the Electronic Vaccination Data System (EVDS) with appointment generated up to 14 days in advance.

2. *Movement of children*

The MAC on COVID-19 recommends the early closure of all schools.

3. *Closure of Borders*

The closure of borders is not recommended, with travel permitted for foreign nationals and South Africans required to travel for one of the following key reasons should be permitted:

(21.1) Essential services, medical care and critical support for neighbouring countries to address the health services and COVID-19 pandemic response.

(21.2) Returning employees of companies registered in South Africa

(21.3) Transfer of essential food and goods across borders to ensure the continuation of the regional economy.

(21.4) Returning students transferring across borders to attend institutions of higher learning or schools as these close or open following “Lockdown 4”.

4. *Gatherings*

All gatherings should be discontinued, following the “Lockdown 4” regulations. The adjustment and addition to these regulations are recommended:

(24.5) Restaurants and food outlets are permitted to serve “Take-Away” meals during this period.

5. *Places and premises closed to the public*

The MAC on COVID-19’s recommendation is to permit access to outdoor spaces for the objective of exercise and recommends the deletion of the following clause in the regulations:

Regulation 24(2)(a) public parks, sports grounds and fields, beaches and swimming pools;

6. Retail industry, 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.

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 re-engage the population on non-pharmaceutical interventions.
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. Implementation of the following key Disaster Medicine advisories are supported by the MAC on COVID-19.
 - a. The implementation of DATCOV at all hospital facilities is recommended with public presentation of the bed statistics to enable the medical practitioner and public to refer patients to facilities where capacity is available. This includes the compulsory "midnight statistics" reported by all registered hospitals in the country - public and private - to the central dashboard. This capability has been developed under DATCOV and should be activated immediately.
 - b. All hospitals to plan and prepare for 80% beds to be ACCESSIBLE for COVID-19 BUT activated as needed, with pro-rata scaling down of elective interventions
 - c. Facilities to identify additional surge capacity over-and-above approved / used beds that can be activated should the surge continue to escalate beyond the total bed capacity of the health sector. Clear triggers for activation must be established, taking into account the lead time for staffing and other resources. To capacitate these beds for COVID-19 case management.
 - d. Human resource planning with recommendations for the Disaster Management Act to regulate the use of additional health care personnel in non-standard rolls, such as registered specialist doctors, veterinarians, veterinary laboratory technicians, medical and dental students, nurses and health care workers.
 - e. Implementation of the national oxygen planning concept, with dashboard monitoring of the oxygen situation from all hospitals and emergency services, with consideration to include the demand for oxygen from neighbouring countries.
 - f. Expand the training of health care workers focused on the implementation of alternative oxygen therapy modalities such as the Continuous Positive Airway Pressure (CPAP) devices of the National Ventilator Project.
4. 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.
5. 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 Gauteng, North West, Free State, Northern Cape and Limpopo. The MAC on COVID-19 is particularly concerned about the urgent activation of the Field Hospital Capacity in Gauteng (*Reference is made to the NDoH COVID-19 Facility Resurgence Plan for details of the recommendations for the COVID-19 disaster response*).
6. Particular emphasis is placed on the availability of testing, person under investigation (PUI), quarantine, isolation, hospitalization, and critical care bed capacity in all provinces. Reactivation of rapid antigen testing capacity at PHC level should be considered.

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 Gauteng province 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: 26 June 2021

CC:

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