



**Western Cape  
Government**

Health

# **WESTERN CAPE RESPONSE TO COVID-19 LESSONS FOR THE FUTURE**

K Cloete

Futureproofing Public Health

12 May 2020

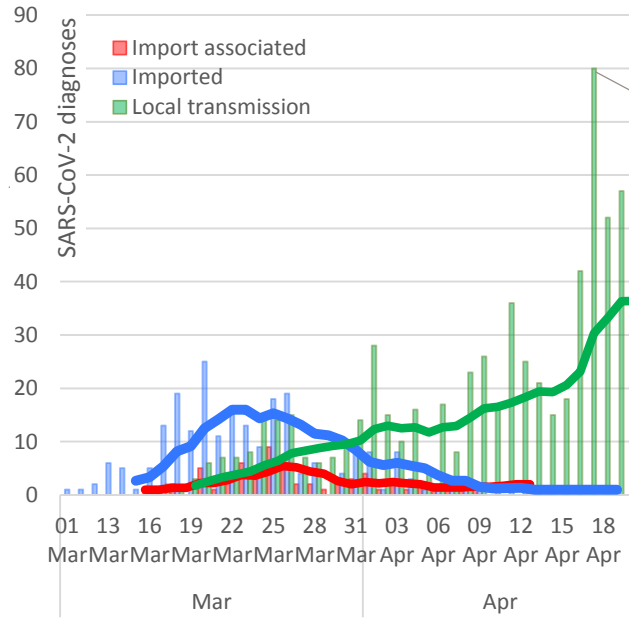
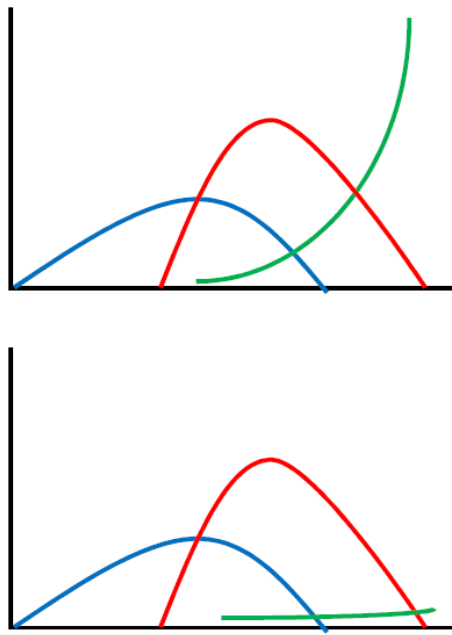
# Overview

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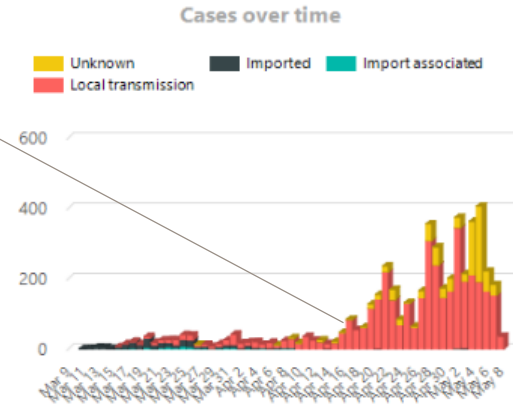
1. The status of the epidemic in the Western Cape
2. The Western Cape Response to the epidemic
3. Lessons learnt to date

# The status of the epidemic in the Western Cape

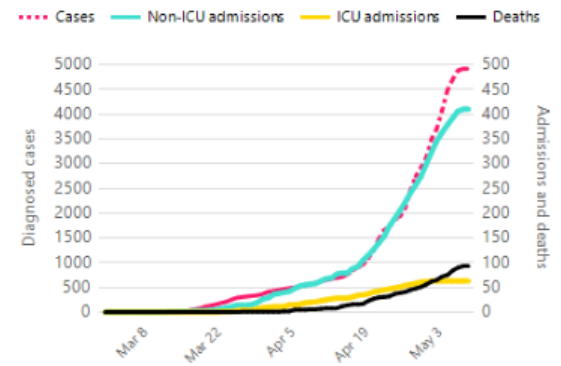
# Western Cape experience so far



Based on 973 cases reported by 20 April 2020

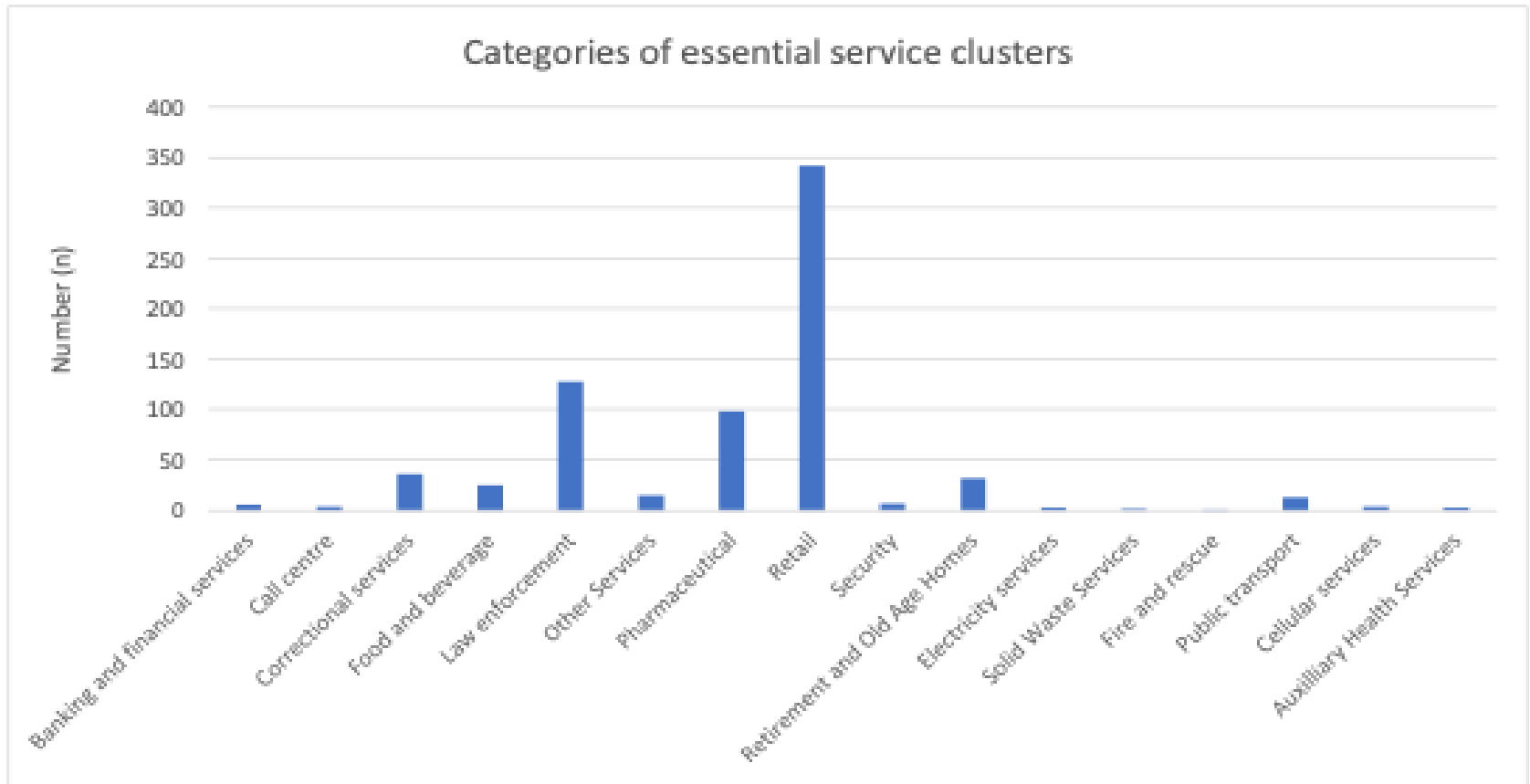


Cumulative cases, admissions and deaths

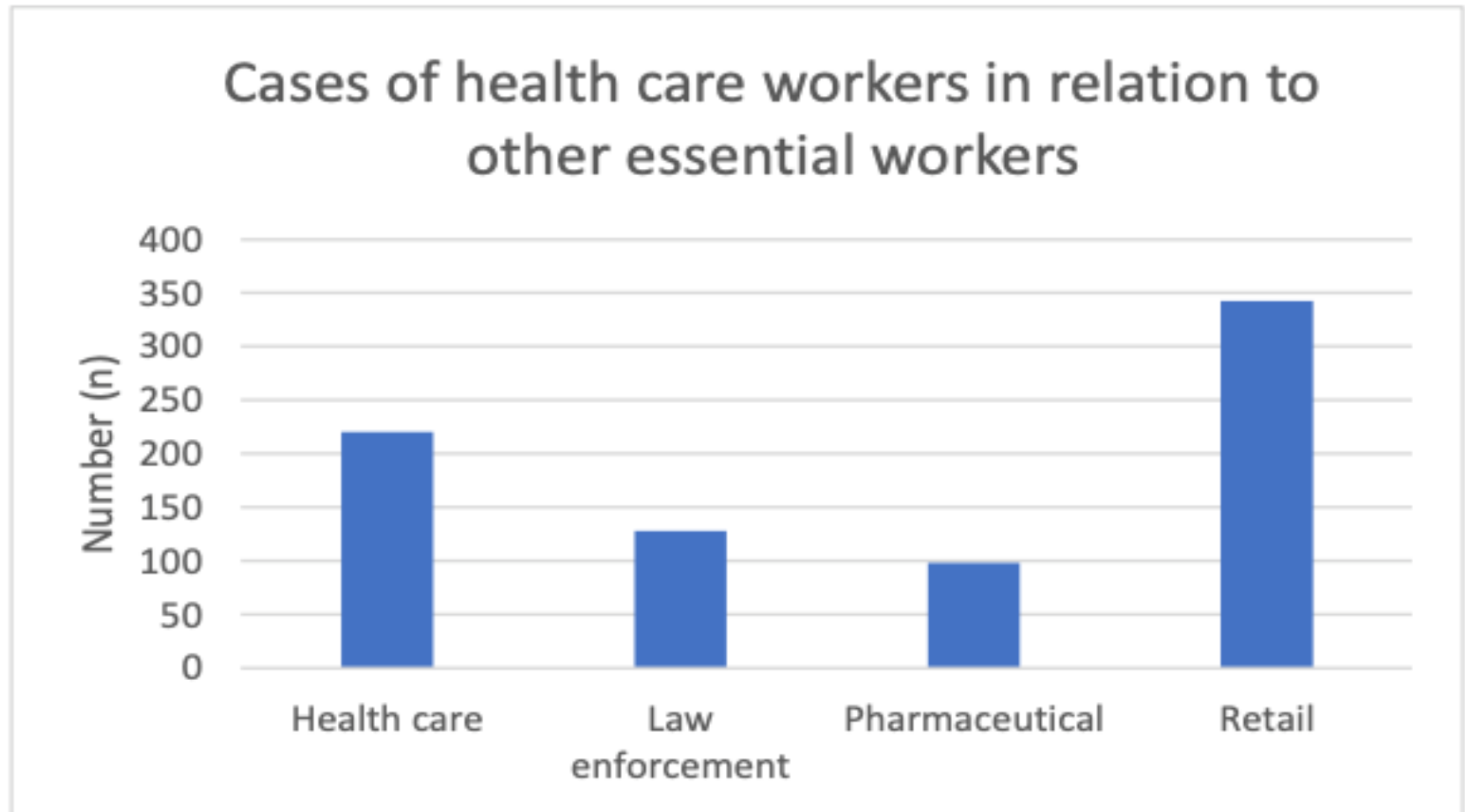


Professor Salim Abdool Karim, address 13 April 2020

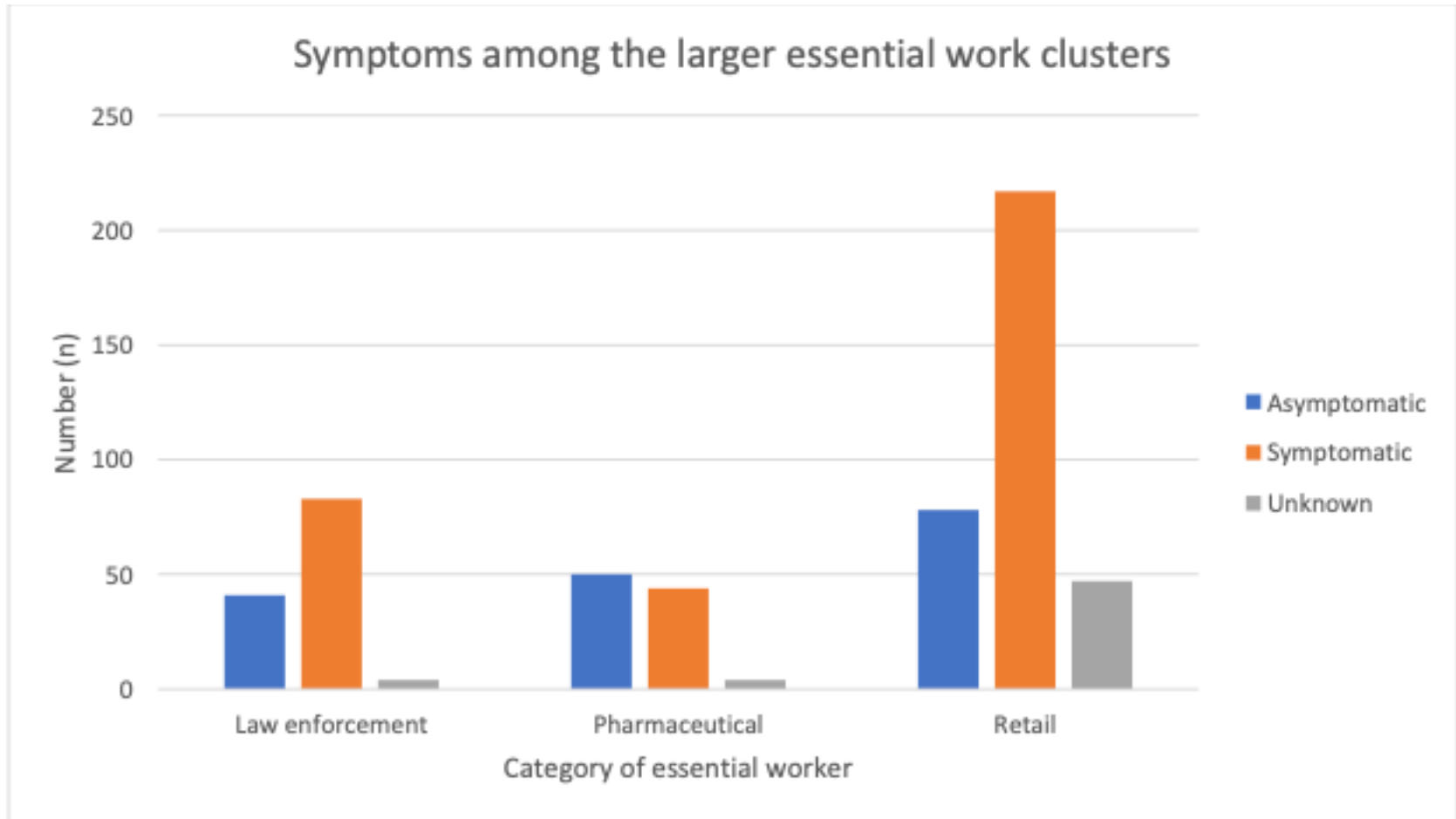
# Our bushfires – Clusters in workplaces



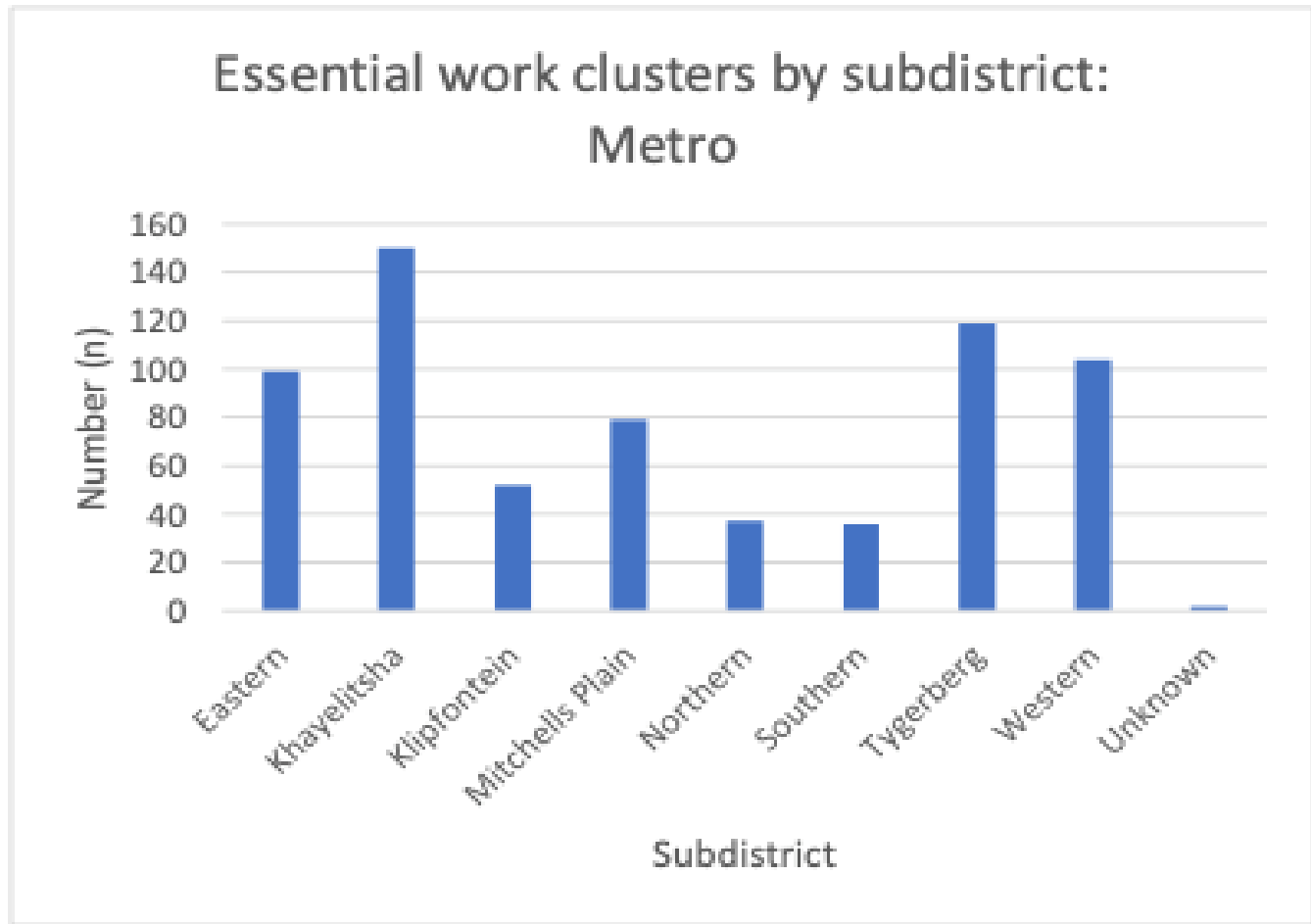
## ...and in health facilities...



# Many asymptomatic cases...

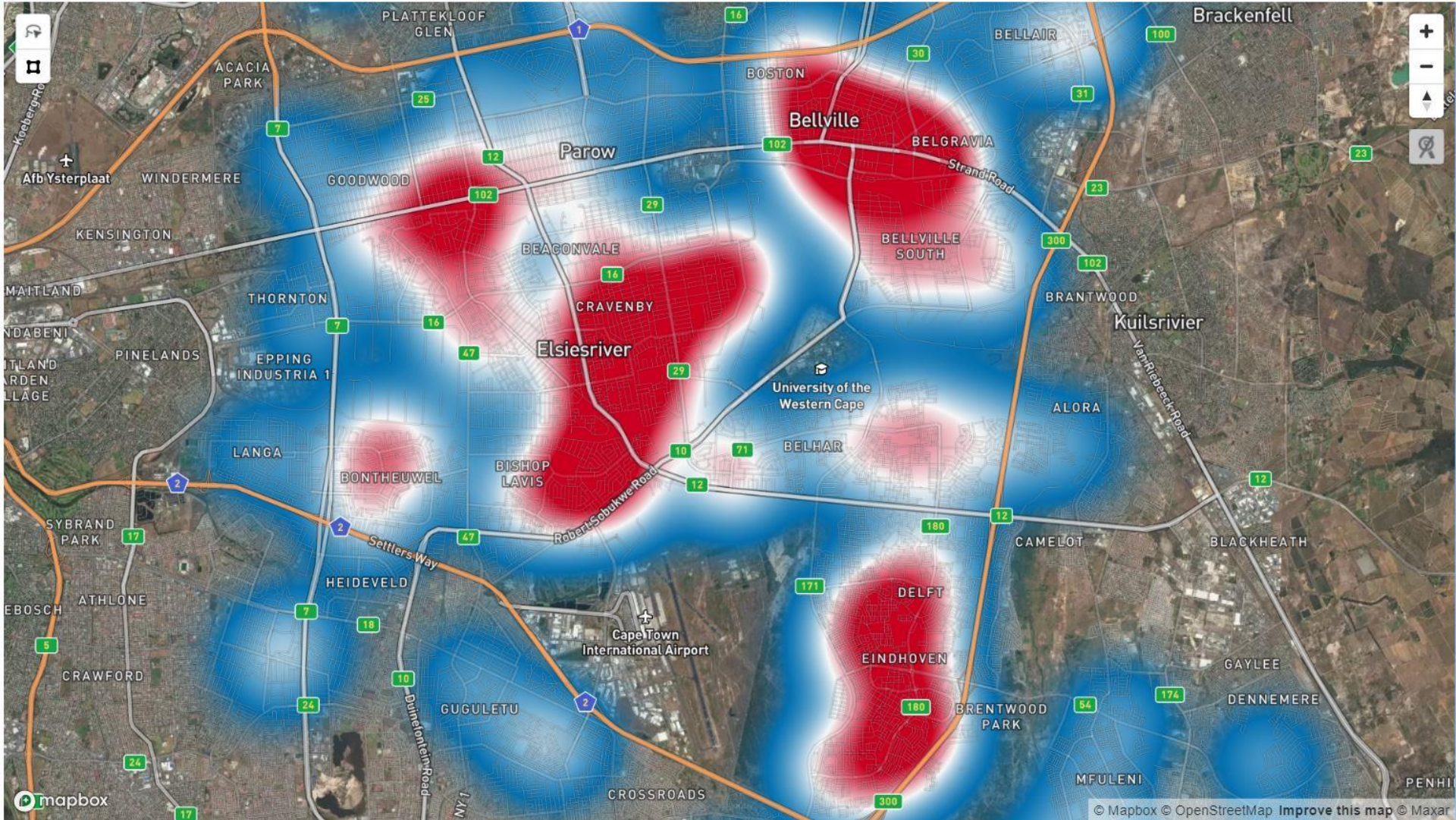


# Spreading bushfires to local communities...



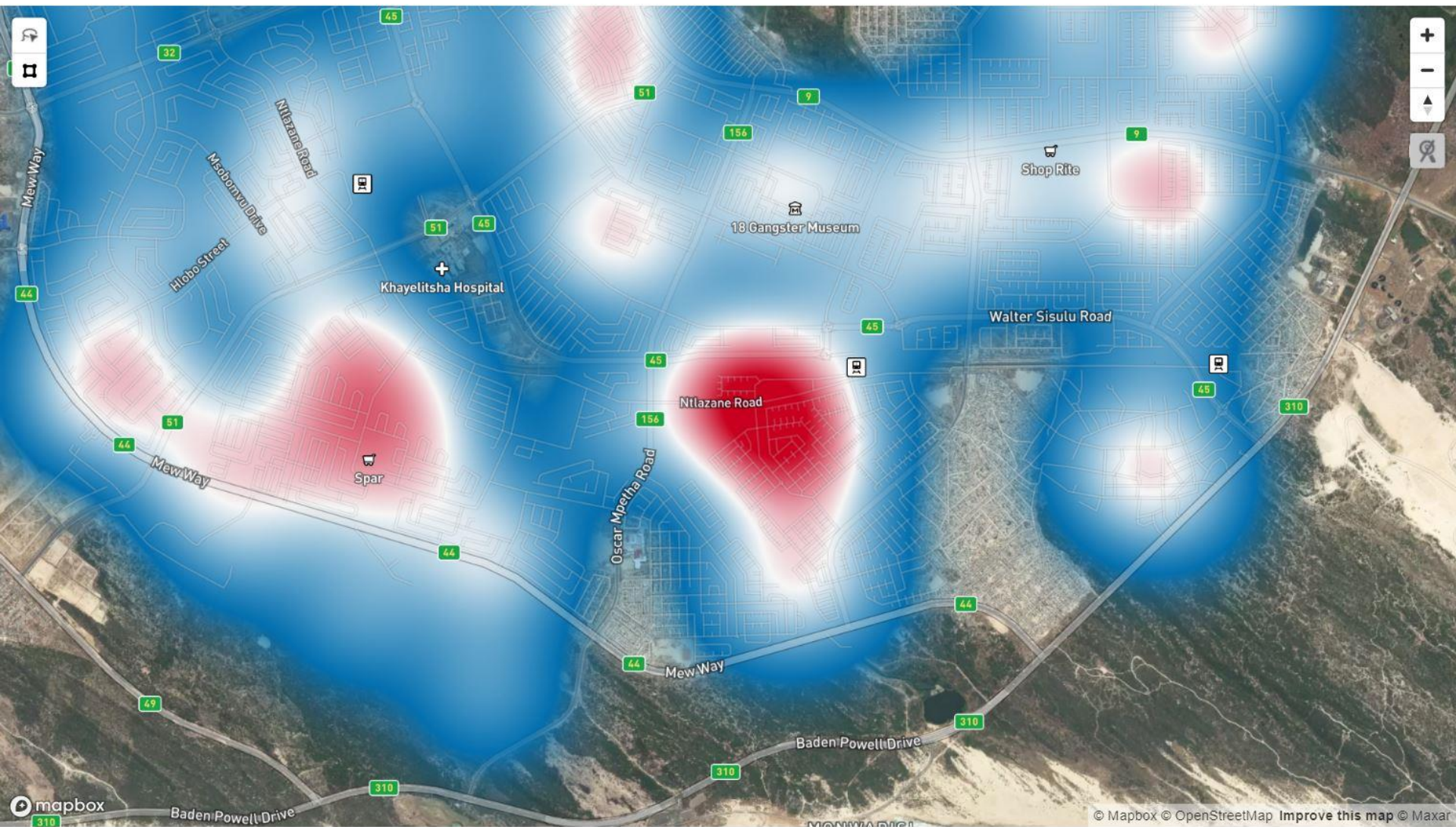


# COVID-19: Tygerberg last 14 days- 2 May 2020



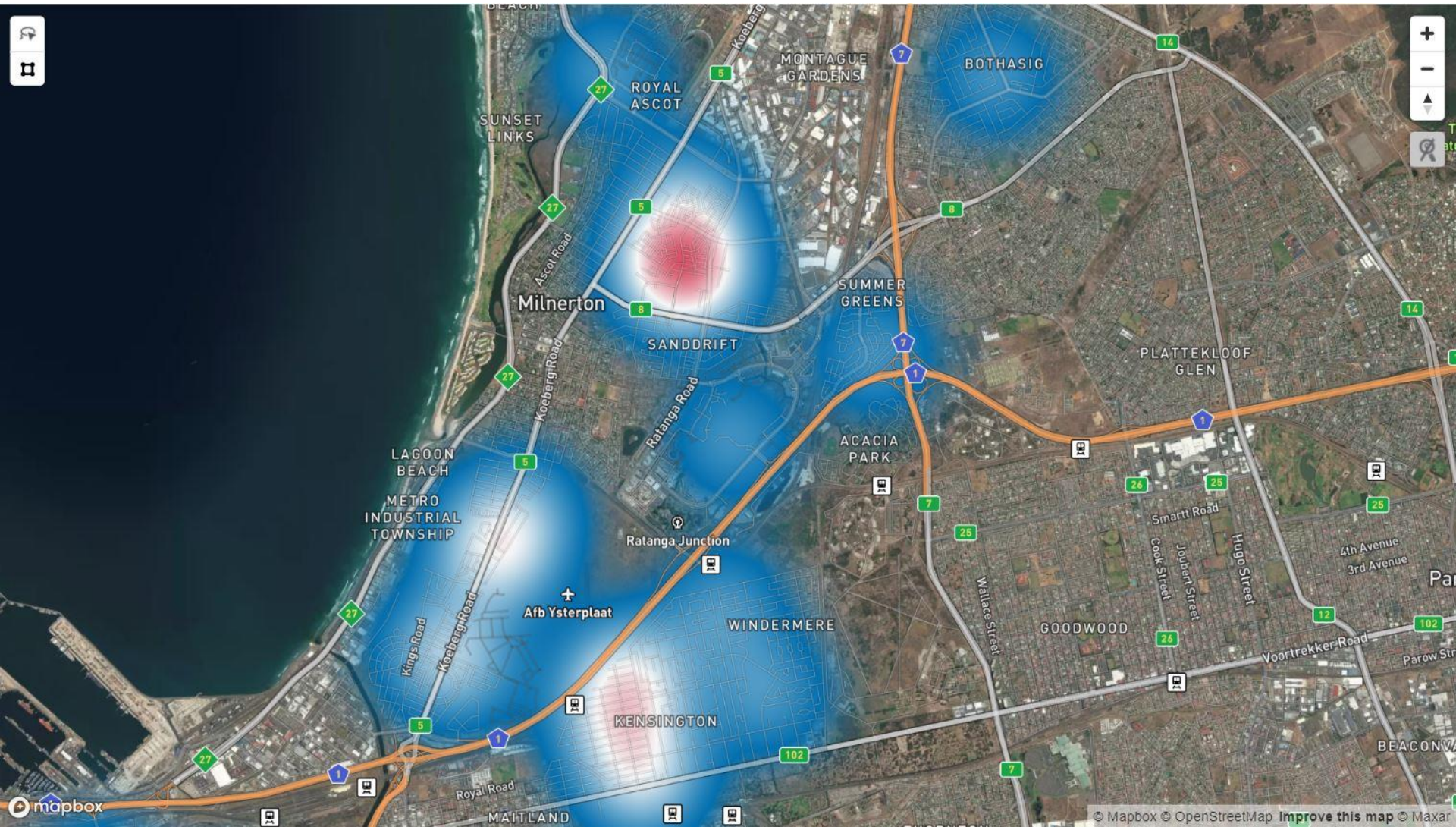


# COVID-19: Khayelitsha last 14 days- 2 May 2020 Part 2

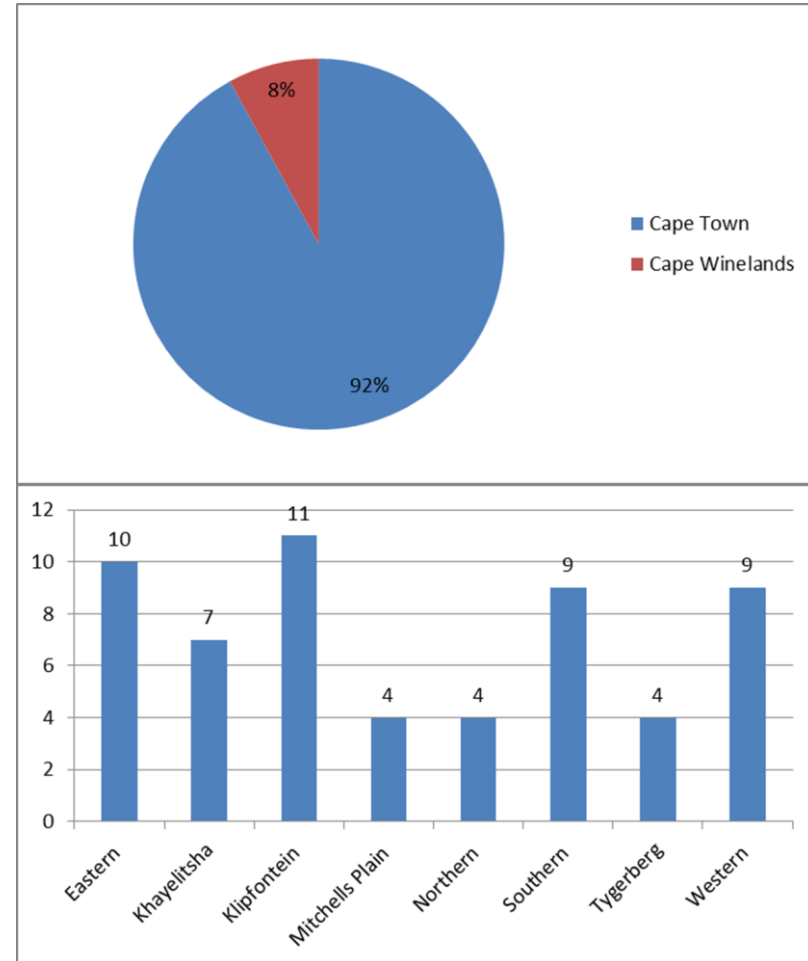
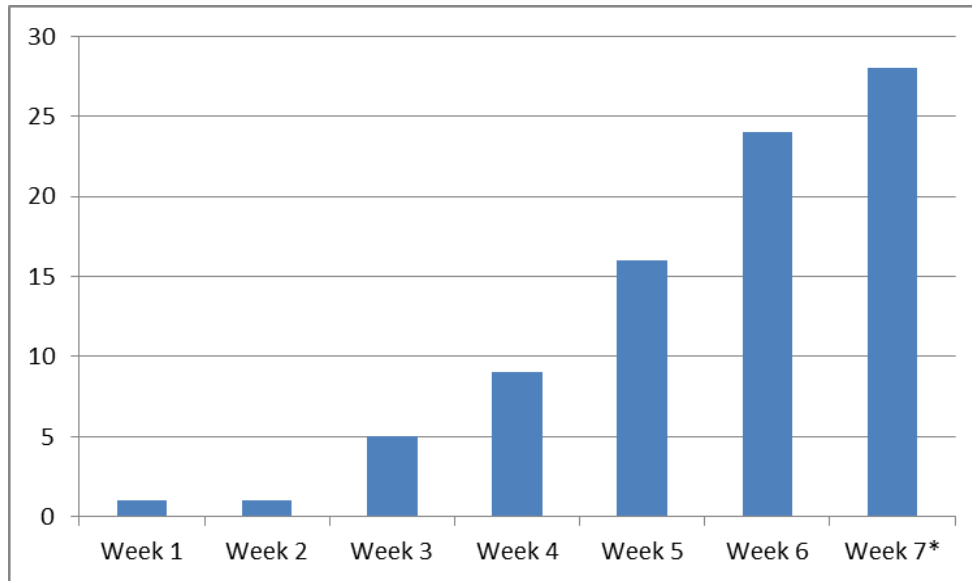




# COVID-19: Western last 14 days – Du Noon

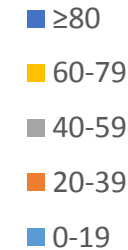
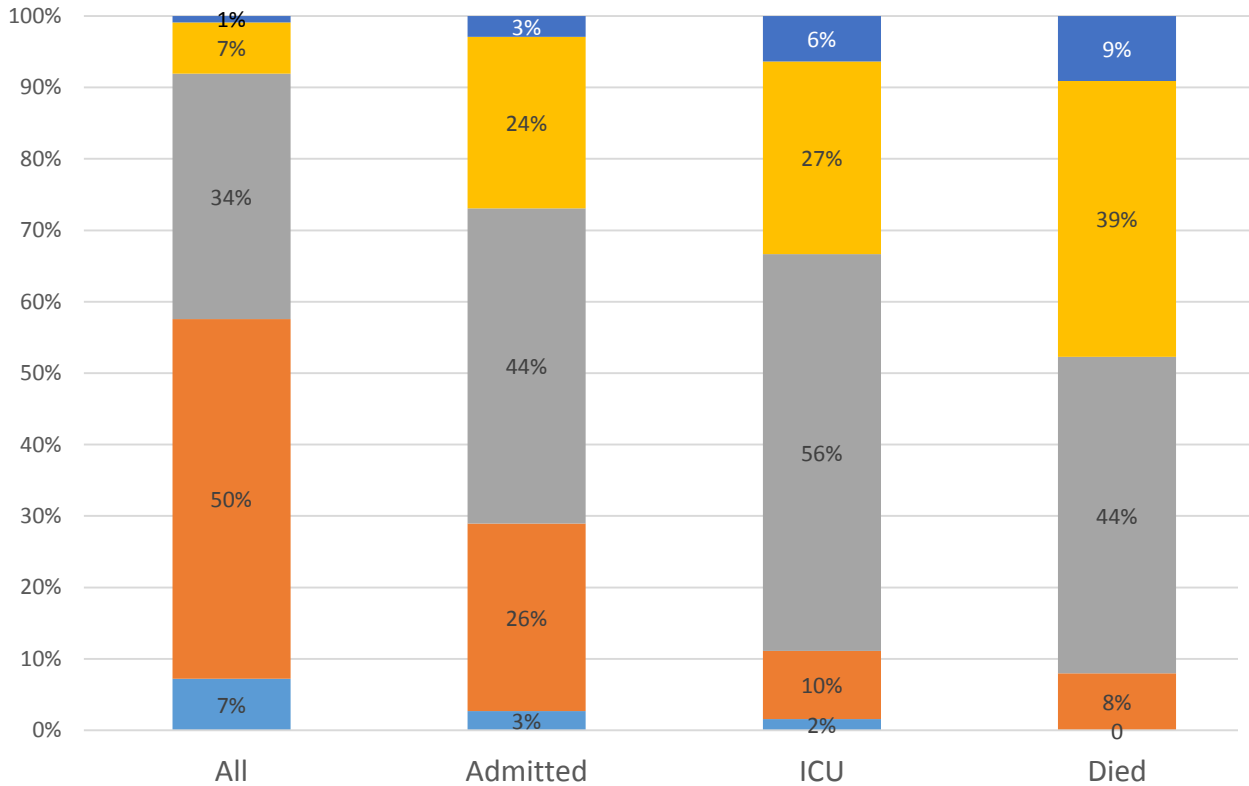


# Deaths by time and place



# Age distribution of cases by admission & death

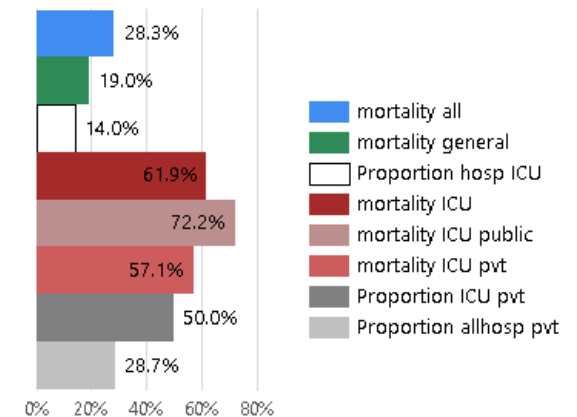
Age distribution of patients by admission status and death



Age in years	Case fatality rate
≥80	20.0%
60-79	10.4%
40-59	2.5%
20-39	0.3%
0-19	0.0%

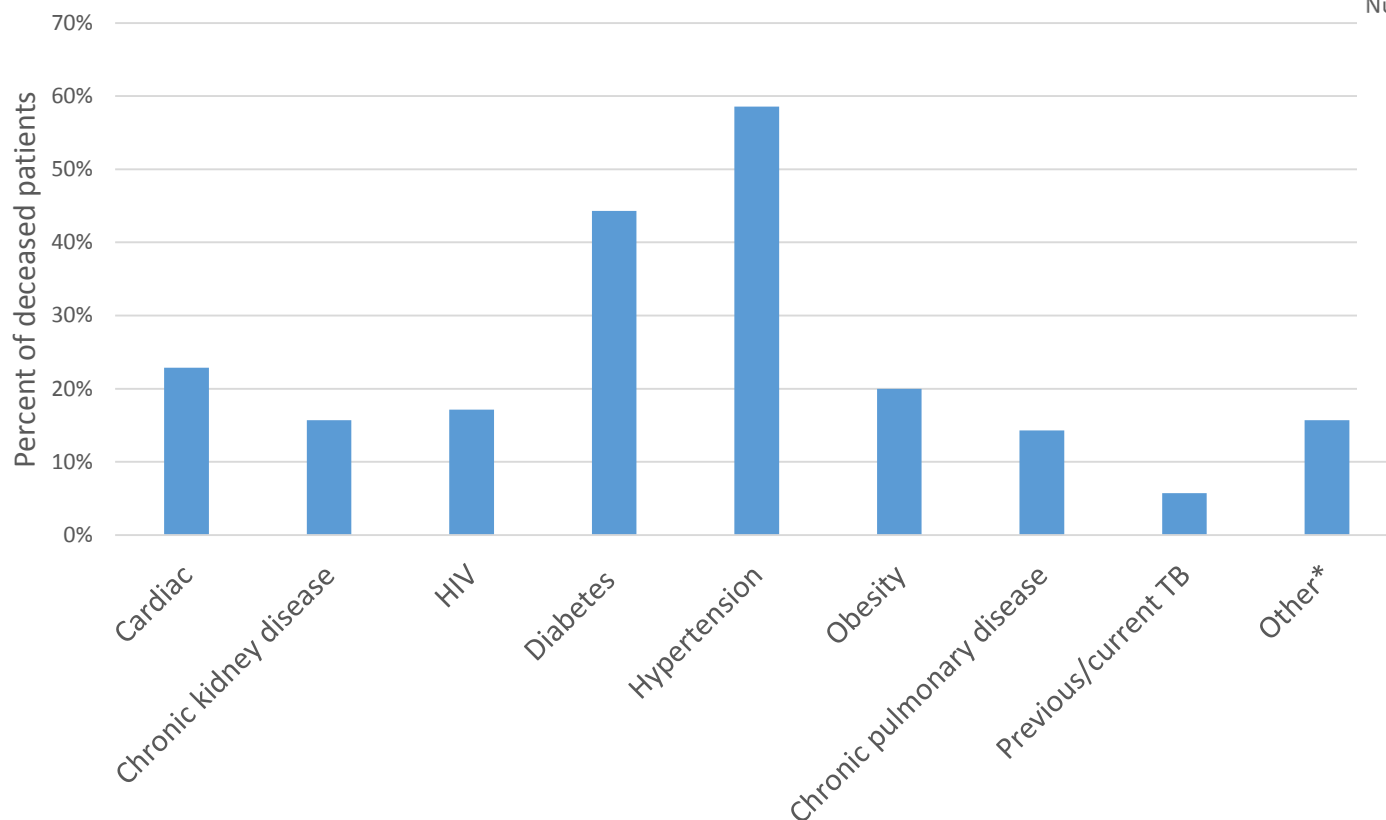


Hospital mortality

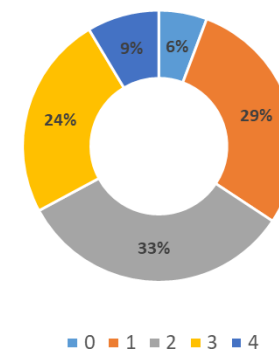


# Comorbidities in deceased patients

Percent of deceased COVID-19 patients with different comorbidities; n=70



Number of comorbidities in deceased patients



94% had  $\geq 1$  comorbidity  
65% had  $\geq 2$  comorbidities

Note: Percents add up to >100% as some patients have >1 comorbidity;  
\*Other includes malignancy, arthritis, hypothyroidism, Cushing's syndrome

# The Western Cape Response to the epidemic



# Alignment to National Strategy

## Stage 1: Preparation

- Community education
- Establishing lab capacity
- Surveillance

## Stage 2: Primary prevention

- Social distancing & handwashing
- Closing schools and reduced gatherings
- Close borders to international travel

## Stage 3: Lockdown

- Intensifying curtailment of human interaction

## Stage 4: Surveillance and Active case finding

- Contact tracing
- Isolation & Quarantine

## Stage 5: Hotspots

- Spatial monitoring of new cases
- Outbreak response teams

## Stage 6: Medical Care

- Building hospital capacity including ICU.
- Managing staff exposure and infections

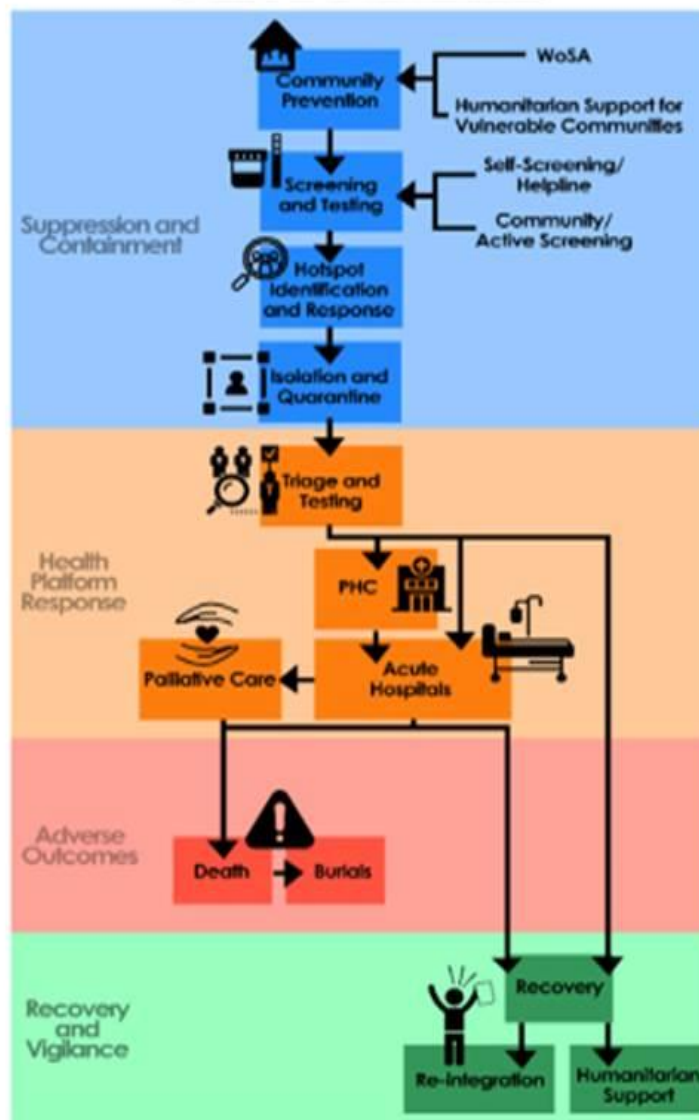
## Stage 7: Deaths and the Aftermath

- Expanding burial capacity
- Regulations on funerals
- Managing the psychological and social impact

## Stage 8: Ongoing Vigilance

- Monitoring AB levels
- Ongoing surveillance
- Administer vaccines

## COVID-19 Care Continuum





# Principles for a Revision and re-alignment in Strategy

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1. Develop a differentiated approach based on the WHO framework of 4 transmission scenarios as applied across the province.
2. The Metro and surrounds (such as Paarl and Stellenbosch) be treated as a single geographic entity for the purposes of this epidemic, given the mobility of people between work and communities in this space.
3. The strategy must serve to optimise the use of amongst others, human resources and testing capacity.
4. There is a specific focus on highly vulnerable groups such as the elderly and people with co-morbidities
5. Continue to adapt our strategy with emerging evidence

# Lessons learnt to date

# Message 1 – Epidemic is growing fast in W/Cape

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- There is a significant escalation in the epidemic as borne out by evidence.
- WC are almost 50% of total cases in the country. The rate of transmission seems to be faster than we expected.
- Significant mortality in hospitals.

# Message 2 – Most people will recover

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- We need to understand and accept that Covid-19, like flu, is a self-limiting infection
- 90% will recover through self management and supported from PHC
- 10 % will require hospital admission and less than 2% will pass on

# Message 3 – Differentiated Approach needed

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- Different rates of transmission across the province - we need a differentiated approach across the province
- Public messaging to influence behavior is critical – social distancing, handwashing, masks
- Strengthening agency amongst individuals and communities is required

## Message 4 – We need to prepare the health platform for increased cases by end June 2020

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- We need to prepare the Primary Care System to assess, test and triage many cases
- We need to prepare for additional acute hospital and critical care beds
- We need to strengthen our palliative care system

# Message 5 – Localized Plans are needed

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- It is important to develop localised consolidated plans for Covid-19 for geographic areas and individual facilities.
- This should include service provision for people with Covid-19 and non-Covid-19, as well as plans for staff safety and occupational health (including risk assessments and mitigation strategies).

# Message 6 – Staff safety is our key priority

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- The safety of our staff are our top priority
- We have developed a range of OHS and related policies and guidelines but recognize some misalignment
- We have invested in securing PPE
- Training is happening
- How can we empower you as local leadership to support frontline staff



# Messages 7 – Staff members are scared and anxious

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- Most importantly, we recognize the fears and anxiety amongst staff members especially those at the frontline.
- Currently 217 health care workers (public and private) have tested positive for Covid-19 positive and there has been 3 deaths to date.

# Message 8 – Learning is important

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- Local and Rapid learning is important
- Sharing of experiences and lessons amongst similar settings to inform policy review at a Macro level

# Message 9 – Relationships Matter

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- Strengthening relationships is critical during this time of social distancing.
- Support for each other both within the Department as well as with other partners and communities is critical.

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Thank you