



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Date:	13 August 2021		
To:	Honourable Dr Joe Phaahla, Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19

EXTENSION OF LEVEL 3 RESTRICTIONS BEYOND 15 AUGUST 2021

Problem Statement

The Minister of Co-operative Governance and Traditional Affairs (COGTA), Dr Nkosazana Dlamini Zuma, gazetted a notice which moved the country to Adjusted Level 3, as announced by the President on 25 July 2021. A review of the Alert Level restrictions is being considered.

Task to Committee

The MAC on COVID-19 was asked to advise on the appropriate level of restrictions to be applied from 15 August 2021, in the light of the current trajectory of the pandemic.

Background

As was stated in the previous MAC on COVID-19 advisory, 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 non-pharmaceutical interventions (NPIs), such as mask-wearing. 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.

Evidence review

The evidence considered relates to the epidemiological position which pertained at the time that adjusted Level 3 restrictions were implemented, and whether that has changed to such an extent that relaxation of the Alert Level can safely and responsibly be considered. 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 on a weekly basis to reflect incoming data. Based on this data analysis, the SACMC makes the following observations and forecasts:

1. The current situation

- The SARS-CoV-2 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).
- While all provinces currently meet the definition for being in a wave, Gauteng (GP) and Limpopo (LP) are likely to exit the third wave in the next week or two.
- COVID-19 case incidence, proportion testing positive, admissions, COVID-19 reported deaths and excess deaths are declining in LP, MP, NW and GP.
- COVID-19 case incidence, and proportion testing positive, admissions, COVID-19 reported deaths and excess deaths are stable or increasing in Eastern Cape (EC), FS, KwaZulu-Natal (KZN), NC and Western Cape (WC).

- National incidence is at a similar level to peak daily incidence in Wave 1 (using a 7-day moving average).
- All but 4 of 52 districts reported more than 30 cases per week per 100,000 population, crossing the Case Threshold into the Response phase of action.
- In week 31 (ending 7 August 2021) the percentage testing positive was 24.3%, which was 1.4% lower than the previous week.
- The percentage testing positive in week 31 was highest in the WC (33.3%) and MP (31.6%). The percentage testing positive was between 20% and 30% in the EC, NC, FS, KZN, NW and LP with only GP being less than 20%.
- In week 31, compared to the previous week, the percentage testing positive increased in the WC, FS and KZN provinces. The percentage testing positive decreased in the NC, NW, GP, MP and LP and remained unchanged in the EC.
- Case-based effective Reproductive number (R) estimates declined in all provinces during the recent Alert Level 4, before beginning to increase in late Alert Level 3. R has remained close to or above 1 throughout the imposition of Alert Level 3 in all provinces except GP, LP and NW.
- In KZN, the incidence of COVID-19 was increasing rapidly prior to the outbreak of civil unrest in the province. In GP, the proportion testing positive remained high, but incidence appeared to have peaked prior to the civil unrest in the province. There has been a substantial impact on testing, and therefore on the reported case numbers in these provinces, negatively impacting the robust estimation of R.

2. Short term forecasts (2 week horizon)

- There is a high probability (>70%) that R has recently declined below 1 in the GP, LP, MP and NW, and will continue to reduce over the next 2 weeks.
- There is a very high probability (>90%) that GP and LP will cross the end-of-wave threshold by 23 August 2021 (15% of the previous peak in the 7-day moving average of case incidence).
- Short-term forecasts indicate that incidence and COVID-19 hospital admissions are gradually increasing in the EC, FS, KZN, NC and WC, but have stabilized/declined in GP, LP, MP and NW and are likely to continue to decline during the next 2 weeks.
- Observed case numbers during the recent civil unrest in GP and KZN may not reflect underlying incidence. Testing services in KZN were severely impacted, though the effect in GP appears to have been limited.

3. Differentiated vs national approach to restrictions

Given the widespread distribution of the pandemic “third-wave”, it is not possible to identify provinces with reduced demand for high-care and Intensive Care Unit (ICU) treatment of COVID-19. Due to the variability of the incidence and transmission rates, the lockdown restrictions should be implemented nationally. No differentiation of lockdown and movement restrictions is recommended at this time.

Recommendations

The MAC on COVID-19 recommends that:

- consideration be given to remaining on Adjusted Alert Level 3 (initiated on 25 July 2021) for a further two week period;
- strict adherence to NPIs be emphasized and actively enforced;
- careful attention be paid to the appropriate limitation of mass gatherings, as outlined in Government Notice No. R.614; and
- hospital capacity and resources be carefully monitored in all provinces;
- the current curfew, alcohol restrictions and restrictions on gatherings be continued;
- efforts to ensure rapid access to and acceptance of COVID-19 vaccination be emphasized.

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 maintaining the current Alert Level on the following rationale:

- case incidence nationally is estimated to have peaked, but while R is currently estimated to be below 1 in some provinces, cases are still increasing in other provinces;
- easing restrictions may result in a slower decline in incidence than otherwise might have occurred; however, it is thought unlikely that easing restrictions to level 2 would result in R increasing above 1 nationally or in many provinces;
- given that increases in cases are still being experienced in the EC, KZN, NC and WC, easing restrictions to level 2 may delay reaching the peak of infections in these provinces before a decline in cases occurs, and further slow down the decline in cases nationally;
- national incidence is at a similar level to *peak* daily incidence in Wave 1;
- the impact on R of the increased transmissibility of the Delta variant is likely to be substantially larger than the reduction in transmissibility provided by continued Alert Level 3 restrictions;
- test positivity and the risk of transmission remain high.

Accordingly, rigorous adherence to NPIs must be maintained and monitored, and increasing vaccine uptake across all eligible groups remains a key priority.

Thank you for consideration of this advisory.

Kind regards,



PROF KOLEKA MLISANA

PROF MARIAN JACOBS

CO-CHAIRPERSONS: MINISTERIAL ADVISORY COMMITTEE ON COVID-19

DATE: 13 August 2021

CC:

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