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CIRCULAR H171/2021

**COVID VACCINE PROJECT OFFICE: ADDENDUM TO COVID-19 VACCINATION PROGRAMME
IMPLEMENTATION FRAMEWORK (CIRCULAR H81/2021): STRATEGIC FOCUS FOR COVID-19 VACCINE
IMPLEMENTATION – OCTOBER 2021**

1. VACCINE EFFECTIVENESS

1.1 GLOBAL

A recent report released by the Centre for Disease Control and Prevention¹ in the United States reported that **protection against hospitalisation and death with full vaccination was more than 10 times higher** when compared with persons who were unvaccinated. The protection against Covid-19 infection was slightly lower, with fully vaccinated persons being 4.6 times more likely to be protected against Covid-19 infection.

During the period under review (04 April to 17 July 2021) it was found that 92% of hospitalisations and 91% of Covid-19-associated deaths were reported among persons not fully vaccinated.

These findings were consistent with a potential decline in vaccine protection against confirmed Covid-19 infection and continued strong protection against Covid-19-associated hospitalisation and death. These findings **confirm that getting vaccinated protects against severe illness from Covid-19, including the Delta variant.**

1.2 WESTERN CAPE

Between the dates of 14 and 20 August 2021, the Provincial Health Data Centre compiled information on persons 60 years and older who were infected with Covid-19 (see figure 1 below).

¹ CDC (2021), Monitoring Incidence of Covid-19 Cases, Hospitalizations, and Deaths, by Vaccination Status – 13 US Jurisdictions, April 4 – July 17, 2021 (https://cdc.gov/mmwr/volumes/70/wr/mm7037e1.htm?s_cid=mm703731_w)

The data showed that of the 2 455 Covid-19 cases reported during this period, 200 (8%) were fully vaccinated. In terms of **Covid-19 hospital admissions**, 729 individuals over the age of 60 years (**96%**) **were unvaccinated and 98.3%** of all **Covid-19-associated deaths** in this age category during this period were amongst **unvaccinated individuals**.

These findings confirm that individuals who have been vaccinated against Covid-19 are protected from severe illness from Covid-19, have a reduced risk of hospital admission and have a reduced risk of Covid-19 associated death.

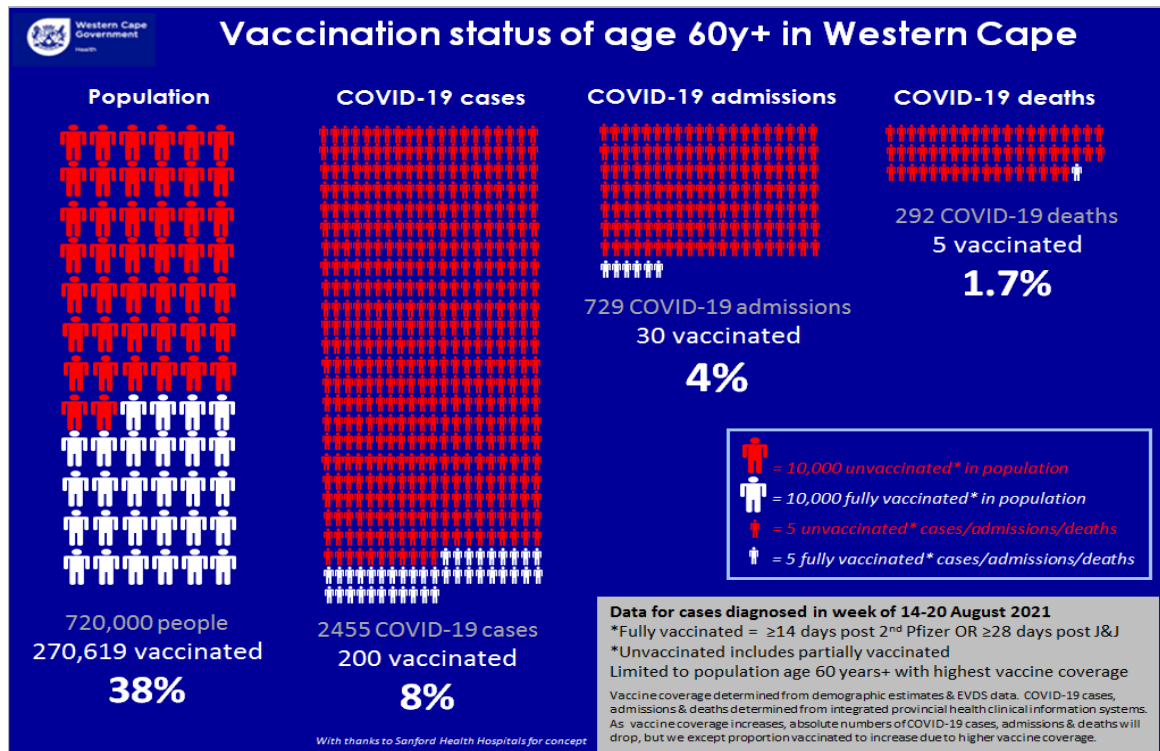


Figure 1: Vaccination Status of age 60y+ in Western Cape

It is likely that the proportional number of deaths amongst vaccinated persons will increase as the rollout of the Covid-19 vaccination programme is scaled-up and a larger proportion of the eligible population is vaccinated.

2. VACCINE COVERAGE TO DATE: WESTERN CAPE

Covid-19 Vaccine Coverage in the Western Cape as on **12 October 2021** illustrates the following (as per figure 2):

- A total of **2 762 129** vaccines have been administered.
- **2 154 720 individuals** have received either the J&J vaccine or one dose of the Pfizer vaccine.
- **1 524 853** individuals have been **fully vaccinated** (received either the J&J vaccine or 2 doses of the Pfizer vaccine).
- **2 825 086** eligible individuals have **not yet** been vaccinated.

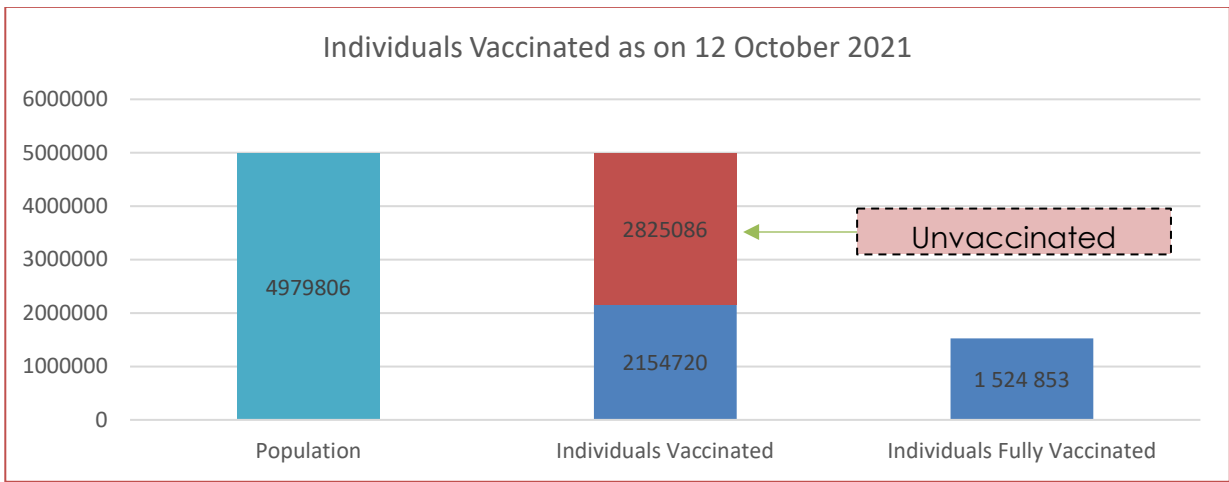


Figure 2: Individuals Vaccinated

Inequities in vaccination coverage persist between males compared to females, insured compared to uninsured and between different geographic areas.

Covid-19 vaccine coverage amongst females remains higher than amongst males, with 55% of all vaccine recipients thus far being female. Established practices that target men with health promotion and prevention interventions tend to be more suitable for the working age group, as the focus of outreach activities is largely on finding men in spaces such as transport hubs, shebeens and other spaces where men in productive age groups are likely to congregate. Finding **unvaccinated men in older age categories may therefore present a challenge that requires outreach and demand generation teams to actively go into communities.**

Vaccine coverage amongst the insured population is higher than amongst the uninsured population. Coverage amongst the insured (self-reported) population was 51.63% on 12 October 2021, with coverage amongst the uninsured (self-reported) population lagging at only 25.77% (see Figure 3 below).

Province	Total Population	Total Individuals Vaccinated	Vaccination Coverage	Insured Population	Insured (Self Reported) Individuals Vaccinated	Insured (Self Reported) Coverage	Uninsured Population	Uninsured (Self Reported) Individuals Vaccinated	Uninsured (Self Reported) Coverage
Western	6,997,476	2,151,648	30.75%	1,347,502	695,735	51.63%	5,649,970	1,455,913	25.77%
Cape Town MM	4,598,796	1,437,658	31.26%	943,295	513,900	54.48%	3,655,499	923,758	25.27%
Cape Winelands DM	942,229	290,534	30.83%	148,393	70,282	47.36%	793,833	220,252	27.75%
Central Karoo DM	74,346	15,619	21.01%	9,438	2,172	23.01%	64,910	13,447	20.72%
Garden Route DM	618,957	189,099	30.55%	119,297	56,446	47.32%	499,659	132,653	26.55%
Overberg DM	299,760	101,666	33.92%	53,101	26,842	50.55%	246,662	74,824	30.33%
West Coast DM	463,388	117,072	25.26%	73,978	26,093	35.27%	389,407	90,979	23.36%
Total	6,997,476	2,151,648	30.75%	1,347,502	695,735	51.63%	5,649,970	1,455,913	25.77%

Figure 3: Coverage - Insured vs Uninsured Populations

It is imperative that every effort be made to close the gap between the insured and the uninsured. This may mean that **additional enabling mechanisms be implemented to ensure that barriers to access are removed for the uninsured population.**

Through the concerted efforts that have been made to reach persons 60 years and older, 60% of this age cohort have thus far been fully vaccinated (See Figure 4). Individuals aged 60 years and older remain at highest risk for Covid-19-related hospitalisations and Covid-19-associated deaths. Targeting the elderly for vaccination therefore remains a priority.

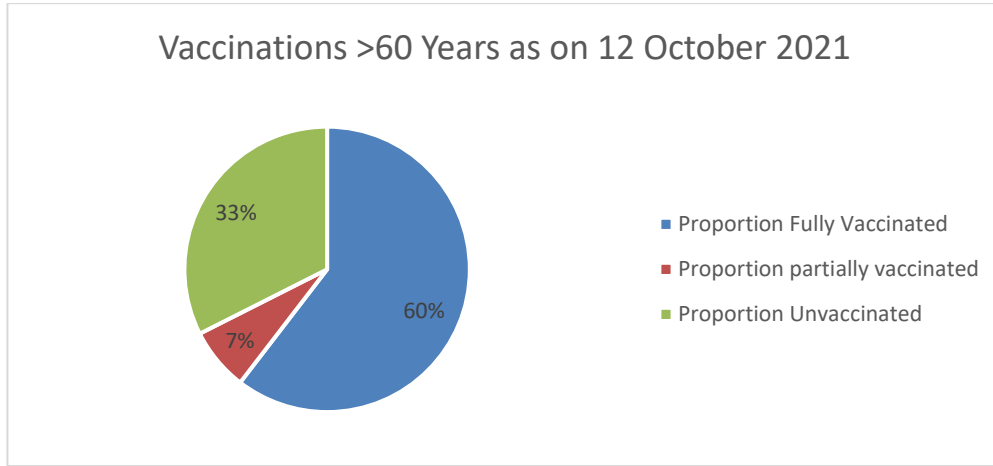


Figure 4: Vaccination >60 Years as on 12 October 2021

The Western Cape Covid-19 Vaccine Cascade reflects that vaccine coverage for the population 60 years and older is lowest in the following sub-districts (below 50% as on 23 Sept 2021):		
District	Sub-district	Coverage 60 years and older
Cape Town Metro	Mitchell's Plain	37.6%
Central Karoo	Beaufort West	37.7%
Central Karoo	Prince Albert	41.5%
Cape Town Metro	Tygerberg	45.5%
Cape Town Metro	Eastern	47.4%
Cape Town Metro	Northern	47.7%
Cape Town Metro	Khayelitsha	49.3%

As on 12 October 2021, 46% of all eligible persons in the age category 50 – 59 years have been fully vaccinated. A further 10% have received at least one dose of the Pfizer vaccine. 44% of this age category remains unvaccinated (see Figure 5 below).

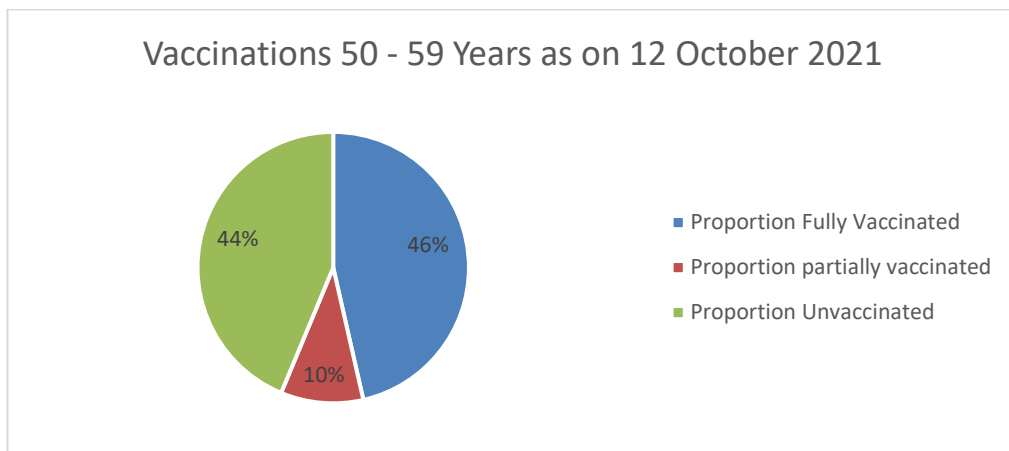


Figure 5: Vaccinations 50 - 59 Years as on 13 October 2021

The Western Cape Covid-19 Vaccine Cascade reflects that vaccine coverage for the population 50 – 59 Years is lowest in the following sub-districts (below 40% as on 23 Sept 2021):		
District	Sub-district	Coverage 60 years and older
Cape Town Metro	Mitchell's Plain	27.1%
Cape Town Metro	Tygerberg	32.7%
Cape Town Metro	Eastern	33.9%
Garden Route	Kannaland	36.9%
West Coast	Matzikama	37.6%
Cape Town Metro	Northern	38.1%
West Coast	Cederberg	38.2%
Central Karoo	Beaufort West	39.2%
West Coast	Swartland	39.2%
West Coast	Saldanha Bay	39.7%

Intensive efforts will be required to increase coverage for persons 50 years and older if we are to reach the target of having at least **85% of all persons 50 years and older fully vaccinated by mid-December 2021**.

Individuals aged **50 years and older remain at highest risk for severe Covid-19 disease and Covid-19 associated deaths**. Targeted efforts in geographic areas with low coverage in this age category should be prioritised.

This does not mean that individuals in the age categories 35 – 49 years and 18 – 34 years should be excluded from vaccination drives. As on 12 October 2021, vaccination coverage² in the age category 30 – 49 years was at 40.2% for the province and 26.4% for the age category 18 – 29 years. To maximise efficiencies, no eligible person should be excluded and must be offered the vaccination wherever the opportunity presents.

3. TARGETS TO BE ACHIEVED BY DECEMBER 2021

Age Group	Target
>50 Years	85% Fully Vaccinated (Must have received one dose of J&J Vaccine or two doses of Pfizer Vaccine)
18 – 49 Years	65% Vaccinated (Must have received one dose of J&J Vaccine or one dose of Pfizer Vaccine)

4. A PUBLIC HEALTH RESPONSE

With the evolution of the Covid-19 Virus and the mutations that have occurred, it is unlikely that herd immunity will be achieved. It is therefore important to implement risk mitigation measures for those at higher risk. **High risk populations include the elderly, those with co-morbidities, those with higher risk of exposure and those with increased vulnerability.**

² Individuals having received either the J&J vaccine or at least one dose of the Pfizer vaccine

Individuals with co-morbidities (diabetes, hypertension, TB, obesity, etc.) are more vulnerable to developing severe Covid-19 disease. In many instances these co-morbidities are undiagnosed. An appropriate response to this requires **focused efforts on improving the diagnosis of co-morbidities** associated with a higher risk of developing severe Covid-19 disease. Similarly, **individuals with diagnosed co-morbidities who have not yet been vaccinated must be identified and be proactively offered the vaccination**. Tools are available via the **Single Patient Viewer (SPV)** to identify public sector clients who are receiving chronic medicines but who have not yet been vaccinated. **Collection of chronic medicines** by these clients provide an ideal opportunity to offer Covid-19 vaccination to the unvaccinated portion of this cohort of clients.

A public health response requires recognition of the reality that some communities and some population groups are more affected by Covid-19 than others. In communities with **lower socio-economic status, the risk of exposure and vulnerability to Covid-19 infection is increased**, for example, in densely populated informal settlements where residents are forced to share amenities such as taps and toilets, social distancing can be very challenging. Similarly, individuals who have no other option but to make use of **crowded public transport** facilities and who must queue for access to social grants have a higher exposure risk. **Densely population areas should therefore be identified for accelerated vaccination drives that include mobile outreaches and pop-up vaccination sites in strategic locations.**

5. DIFFERENTIATED RESOURCE ALLOCATION

We have reached a point in the roll-out of the vaccination programme where efforts need to be tailored and focussed on ensuring that we reach the targeted population groups for maximum effectiveness.

The vaccine coverage data in the Western Cape clearly illustrates the **unequal access to the vaccination programme**, which has resulted in inequities across the province (See Figure 6 below).

Metro vs Rural	No. of Vaccinations administered	% >18 population vaccine coverage (min. 1 dose)	Public Sector contribution to 18+ coverage	Private Sector contribution to 18+ coverage	Proportion of Private Sector contribution to coverage	No. of Private Vaccine Sites
Rural	841,870	32.8%	26.4%	6.4%	19.5%	61
Overberg	122,223	39.2%	31.4%	7.8%	19.9%	10
Garden Route	241,708	33.7%	27.0%	6.7%	19.7%	16
Cape Winelands	328,079	32.4%	25.5%	7.0%	21.5%	25
West Coast	133,441	28.9%	24.4%	4.5%	15.7%	9
Central Karoo	16,419	27.2%	24.7%	2.5%	9.2%	1
Metro	1,772,002	26.4%	18.1%	8.3%	31.5%	128
Western	458,428	37.5%	23.4%	14.1%	37.5%	33
Southern	212,504	37.2%	23.1%	14.1%	38.0%	32
Klipfontein	127,148	31.6%	24.4%	7.2%	22.9%	8
Northern	203,613	29.5%	13.8%	15.7%	53.2%	28
Eastern	192,466	21.7%	16.7%	5.0%	22.9%	9
Tygerberg	344,763	21.2%	13.9%	7.2%	34.2%	12
Khayelitsha	96,126	19.4%	17.9%	1.5%	7.8%	1
Mitchells Plain	136,954	16.4%	13.8%	2.5%	15.4%	5
Total	2,613,872	28.6%	20.9%	7.7%	26.8%	189

Figure 6: Vaccine Coverage per District and Public/Private Sector Contribution

The private sector contribution to coverage in the Metro is 31.5% and only 19.5% in rural districts. Within the districts in Rural and the sub-structures in Metro, the location of private sector sites generally reflects the distribution of insured versus uninsured people; hence some areas benefit more from private sector resources than others. In order to address this inequity, a greater proportion of public resources may need to be prioritised for areas that benefit less from private sector coverage. In addition, **targeted outreach** may need to be augmented in areas where vaccine access is a challenge due to lack of transport, lack of information, travel costs, disability, etc.

Differentiated resource allocation should be considered to ensure that those geographic areas lagging (Mitchell's Plain, Khayelitsha, Tygerberg, Northern, Eastern, West Coast and Central Karoo) are provided with adequate resourcing to ensure that vaccine uptake can be increased.

It is recommended that resource allocation and prioritisation, in the public sector, consider the following aspects:

- Covid-19 Vaccine **coverage** per geographic area.
- **Higher risk of exposure** (e.g. densely populated areas, informal settlements), in a defined geographic area
- **Higher risk of vulnerability** (% unvaccinated over 60s), in a defined geographic area
- **Contribution** to Covid-19 vaccination coverage **by Private sector**, and all public services (large centres as well as the range of implementation sites listed below).
- **Local need for differentiated implementation** to improve vaccine access
- **Higher risk of economic and social impact** of Covid-19 on households, in a defined geographical area

6. DIFFERENTIATED IMPLEMENTATION MODELS

Given the diverse nature of each geographic area (sub-district, ward) implementing a blanket approach to the roll-out of the Covid-19 vaccination programme may not be most equitable or efficient. **Differentiated implementation models should be applied that considers demographics and target population at the local level and which facilitates easy access to the vaccination programme for those who need it most.**

During the initial rollout phase there was a large focus on **fixed sites** which were capacitated to administer as many vaccines as available resources would allow. There has since been a shift to the utilisation of implementation models which include **mobile services and pop-up sites**. These outreach models aim to make the Covid-19 vaccine more **accessible at community level and specifically targets high risk population groups**. Having already crossed the 50% threshold for all persons aged 50 years to be fully vaccinated, these implementation models will have to be increased and strengthened if we are to reach 85% of this population group by mid-December 2021.

Implementation Models:

Fixed Vaccination Sites

- Covid-19 Vaccination sites located for an extended period of time. These sites may be located at health facilities or at non-health facility locations.

Mobile Services

- Mobile services to hard-to-reach populations and targeted community-level outreaches to areas with low vaccine uptake.

Pop-up Vaccination Sites

- Vaccination sites that are set up for short periods in strategic locations with the aim of reaching targeted population groups, e.g. SASSA Pay-out points, homeless shelters, shopping malls, etc.

Strategic Partnerships

- Leverage off strategic partnerships with local businesses that can be facilitated via the Department of Economic Development and Tourism (DEDAT)

Weekend Vaccination Sites / Extended Hours

- Increasing access to vaccination services by extending operational times to include weekends and extended hours, where possible

Five months into the rollout of the Covid-19 vaccine programme and having reached more than half the individuals aged >50 years with Covid-19 vaccination services, it can be assumed that most individuals in this age group who are readily willing to accept and are able to access the vaccine have already done so. The next phase of the rollout programme will require **active community engagement** to find those who have not yet taken up the offer of vaccination and ensure that the vaccine is readily accessible in community settings.

Offering vaccination services on community-based platforms will increase accessibility to this service for all eligible beneficiaries. Whilst the **primary target remains reaching the most vulnerable** (those aged 50 years and older and those with co-morbidities), **community-based platforms will also increase accessibility to younger age groups and men**, who don't readily access PHC services and would otherwise be hard to reach.

As we move into this next phase of rolling out the Covid-19 vaccine, districts and sub-structures are required to review and assess all fixed sites to determine whether optimal efficiencies are being achieved via these sites. **Depending on the findings of these assessments, fixed sites may have to be downscaled or decommissioned and resources shifted to expand the provision of mobile vaccination services and pop-up vaccination sites in community settings.**

7. VACCINATION INTENTIONS

Research conducted by the Western Cape Department of the Premier amongst individuals who have not been vaccinated against Covid-19 found that overall, more than a third of respondents (**34%**) **still intended to get vaccinated**, they just had not got around to it yet, while **44% were vax hesitant** and **21% did not want to be vaccinated** under any circumstances (20% Metro and 23% Non-Metro).

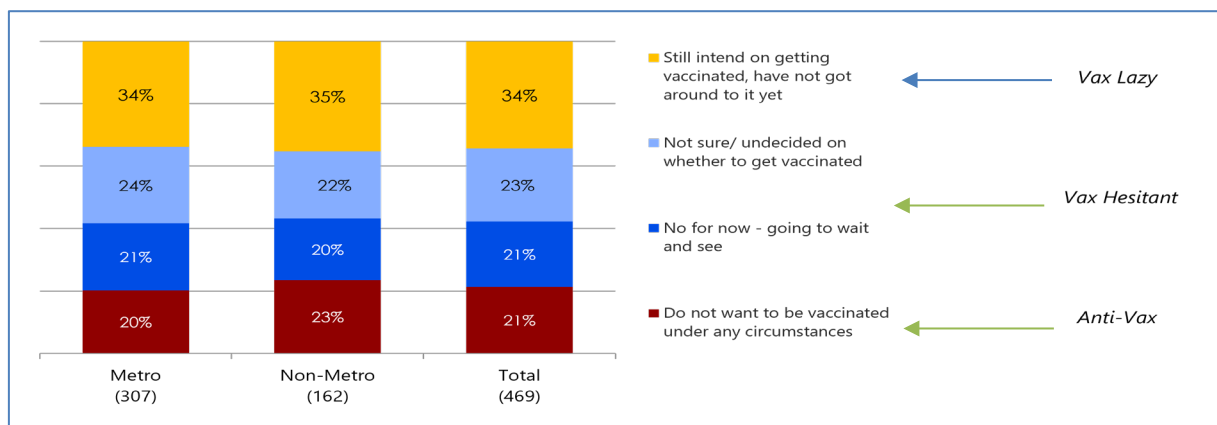


Figure 7: Vaccination Intentions WC October 2021

At least one third of unvaccinated persons are therefore neither vaccine-hesitant nor against being vaccinated but have not yet accessed the service. Vaccination services therefore need to be proactively offered to this group in settings where they are most likely to utilise the service. Individuals in this group may be experiencing barriers that prevent them from accessing vaccination at fixed sites (transport costs, requiring time off from work, etc.) and would therefore benefit from increased mobile services and/or pop-up sites.

7.1 Addressing Uncertainty

A qualitative research study carried out by the Western Cape Government in September 2021 aimed at understanding the circumstances of individuals' uncertainty to get vaccinated, made the following recommendations:

It will not be easy to persuade 'unsure to vaccinate' citizens to do so, bearing in mind that one of the essential criteria needed to persuade them is the proven efficacy of the vaccine, and as the vaccine has been developed so quickly, by definition, the long-term efficacy proof that they need will only be available in time (several years). To overcome this the following should be considered:

- *To use the trusted sources to persuade or influence those who are unsure or hesitant to be vaccinated. These are the formal media (TV, Radio) and medical practitioners.*
- *Through this source to dispel myths and beliefs that are not consistent with the vaccination programme intent.*
- *To further communicate successes of the vaccines. Positive stories. These should be reinforced continuously such that patterns that are developed become the accepted beliefs of all and influence the hesitant individuals to get vaccinated.*
- *To provide reliable statistics (COVID and vaccines statistics – new COVID cases by vaccinated/non-vaccinated counts, more transparent and accurate statistics on COVID deaths and vaccine deaths, and so on)*
- *More information regarding how each of the vaccines work, and transparency around side-effects (short- and long-term) should be made readily available via trusted sources*

8. DEMAND CREATION AND SOCIAL MOBILISATION

The rollout of the Covid-19 vaccine programme must be supported by strengthened demand creation and social mobilisation interventions. The National Department of Health proposes the operational framework for demand generation as depicted in Figure 8 below. Implementing this framework calls for a **Whole-of-Society Approach** that leverages off existing community structures, networks, and assets. It also calls for closer collaboration and partnerships with the private/business sector to create demand for vaccination amongst those who have not yet been vaccinated.

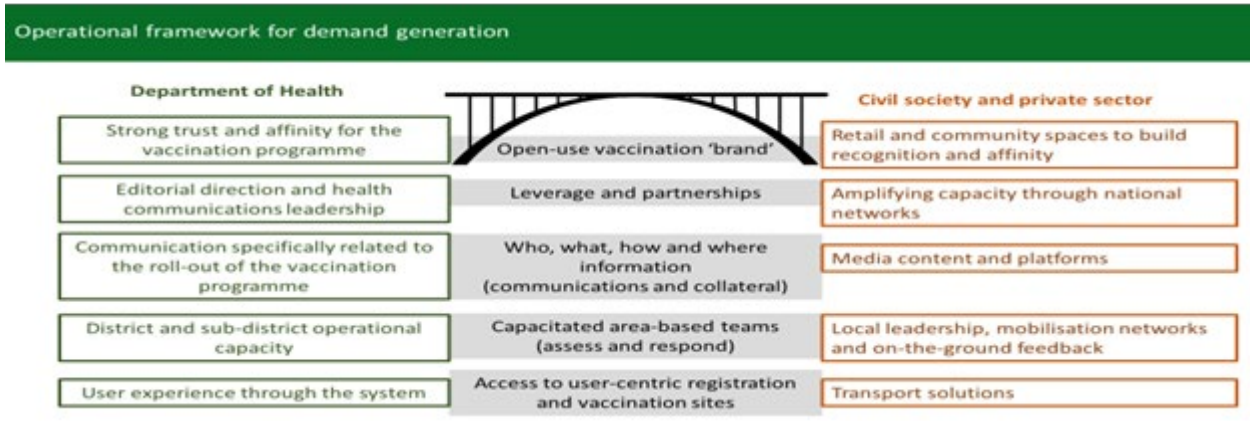


Figure 8: Operational Framework for Demand Generation (NDoH)

9. CONSIDERATIONS FOR FUTURE PLANNING

- 9.1 **12 – 17 Years Age Group:** SAHPRA has approved Pfizer Vaccine for use in children aged 12 – 17 years. This age group will be soon become eligible to receive Covid-19 Vaccines in South Africa (pegged at 20 Oct 2021). In the Western Cape, this age category accounts for approximately 667 000 individuals who will become eligible.
- 9.2 **Sisonke 2 Trial:** Healthcare workers were vaccinated via the Sisonke Programme between 17 February 2021 and 16 May 2021. During this programme, healthcare workers received the J&J Vaccine. The Sisonke 2 Trial will offer a 2nd J&J dose to healthcare workers. There will be implications on planning and implementation arrangements if we are to run the national vaccine programme and Sisonke 2 Trial simultaneously.

Please feel free to refer any other areas that require clarity to Juanita.Arendse@westerncape.gov.za or Nicolette.VanDerWalt@westerncape.gov.za

Yours sincerely

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