High sero-prevalence may provide a measure of protection against a significant impact in the 3rd wave; we should still plan for appropriate mitigation. Low sero-prevalence indicates a risk of potentially more severe impact in the 3rd wave, and this should be taken into consideration in planning mitigation for these areas.

### Likelihood of a Third Wave

A third wave is likely, however it is difficult to predict when, where and how big it will be. The following factors drive the likelihood of a third wave:

- **Seasonality (weather)**
- **Respiratory changes in behaviour (long weekends, funerals, Easter)**
- **People touched by COVID**
- **Restrictions on movement and behaviour (alcohol ban, gatherings etc.)**
- **Decrease in cases & deaths from Dec 28 Dec’20 (reinstating level 3)**
- **Now show shift back to LS1 level**
- **Contact tracing, Encouraging Q&I**
- **Between provinces**
- **Between urban and rural**
- **Government policies and resources**
- **Evidence of some immunity post infection, but may wane**
- **Communities hard hit in wave 1, relatively less severe in wave 2**
- **As with 501YV2 variant, other variants may affect virtual transmissibility**
- **This will become more evident over the coming weeks and months with vaccine rollout in the Province.**

### Behaviours of Concern

As with wave 1 the department’s social distancing retains its focus on being mobile about, where we show our ‘3g space’ with, ensuring our distance, ventilation, and mask wearing. Messages are by design content sensitive and normed for local epidemic scenario to support and enable safer choices. The Three Gs, crowded places, close contact settings and confined indoor spaces, remain a key message with emphasis on potential super-spreader situations.

### Vaccination

A major priority to protect health workers moving forward is vaccination, the drive is to vaccinate 110 000 public and private health workers by the end of May. 60% of workers will be covered by the Sisonke Programme and the balance with the Pfizer vaccine arriving in May.

### Infection Prevention Control

Non-pharmaceutical interventions such as hand washing, PPE and physical distancing remain possible, remain central to curbing the spread of the virus and a key strategy in safeguarding health workers. The Department strives to continue to use data to inform infection control measures to protect healthcare workers for employees. PPE remains essential to protecting health workers, thus we continue to emphasise their correct and regular use, and ensure adequate supplies for PPE for all and express concern.

### Health & Well-being

The pandemic has had a profound effect on all of us with significantly increased levels of mental and physical vulnerability having been at the forefront of the pandemic for almost a year. A number of interventions have been put in place to support our employees through this period. The COVID19 pandemic has also provided an opportunity to be mindful about, who we share our ‘air space’ with, ensuring our distance, ventilation, and mask wearing. The Three Gs, crowded places, close contact settings and confined indoor spaces, remain a key message with emphasis on potential super-spreader situations.

### Ramp Up of Staffing

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