



MINISTRY
HEALTH
REPUBLIC OF SOUTH AFRICA

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Media Statement

14 September 2020

As of today, the cumulative number of detected COVID-19 cases is **650 749** with 956 new cases identified.

Province	Total cases for 14 September 2020	Percentage total
Eastern Cape	87456	13,4
Free State	42120	6,5
Gauteng	215307	33,1
KwaZulu-Natal	116513	17,9
Limpopo	14216	2,2
Mpumalanga	25825	4,0
North West	27262	4,2
Northern Cape	13564	2,1
Western Cape	108486	16,7
Unknown	0	0,0
Total	650749	100,0

The cumulative number of tests conducted to date is **3 928 614** with 10 136 new tests conducted since the last report.

Sector	Total tested		New tested	
PRIVATE	2 228 647	57%	6 615	65%
PUBLIC	1 699 967	43%	3 521	35%
Total	3 928 614		10 136	

Total Deaths and Recoveries

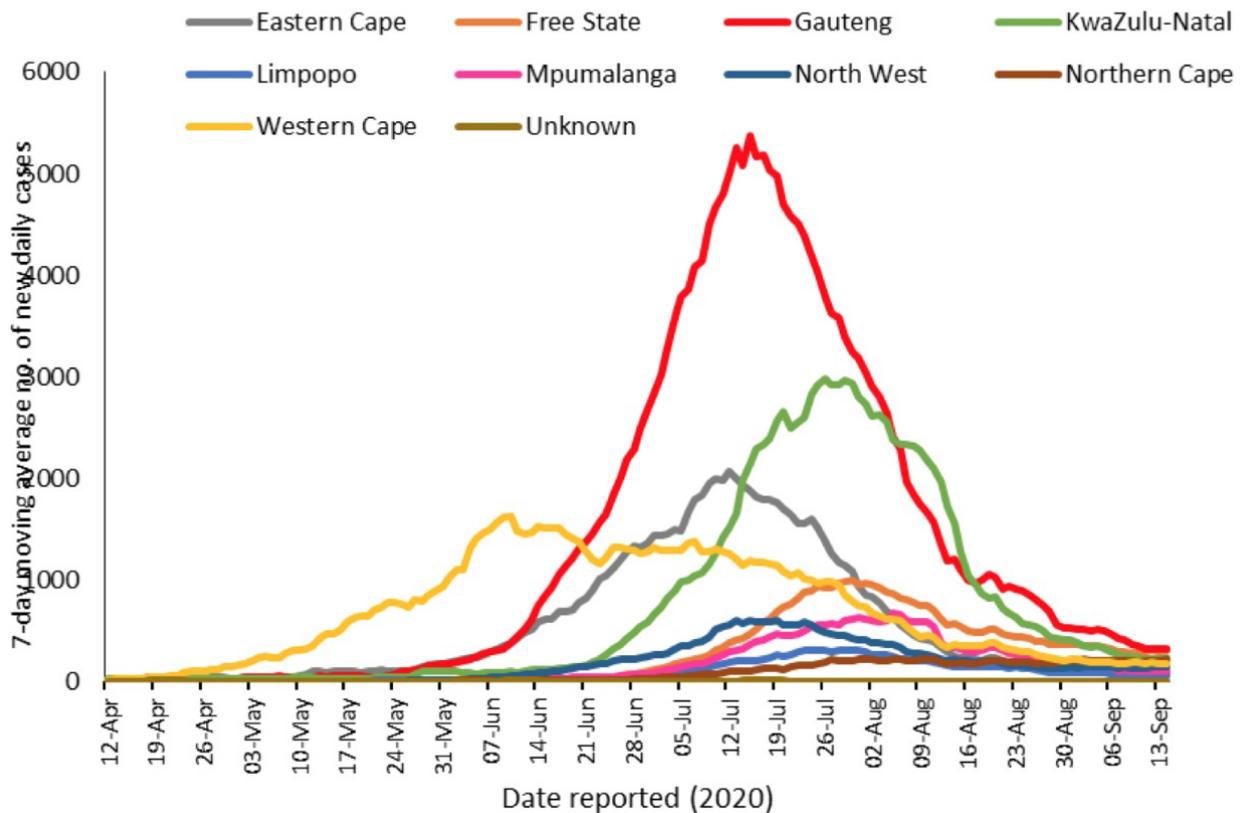
Regrettably, we report **52** more COVID-19 related deaths: 2 from Kwa-Zulu-Natal, 3 from Gauteng, 4 from Eastern Cape, 7 from Western Cape, 15 from North West and 21 from the Free State. This brings the total number of COVID-19 related deaths to **15 499**.

We extend our condolences to the loved ones of the departed and thank the health care workers that treated the deceased patients.

Our recoveries now stand at **579 289** which translates to a recovery rate of 88,9%

Province	Total Deaths	Total Recoveries	Active Cases
Eastern Cape	3051	82842	1563
Free State	838	27678	13604
Gauteng	3921	191198	20188
KwaZulu-Natal	2409	106540	7564
Limpopo	258	13313	645
Mpumalanga	466	24469	890
North West	325	22214	4723
Northern Cape	165	10256	3143
Western Cape	4066	100779	3641
National	15499	579289	55961

Status of the South African COVID-19 pandemic- trends



Graph: 7 day moving average number of weekly cases

The number of detected cases countrywide continues to decline- since the 22nd of August we have reported under 3000 cases a day- at the height of the epidemic during the month of July we would report anything between 10 000 and 15 000 cases a day.

Supporting this decline is also a demonstrable decline in persons under investigation, general ward admissions, ICU admissions, deaths and excess deaths.

Consistency across these indicators reassures us that indeed we are in the midst of a trough in the pandemic.

NICD analysis- Case Management

The NICD *COVID Surveillance in Selected Hospitals* Report of 11 September 2020 outlines analyses of data collected from 459 public and private facilities across the country. This report shows a clear shift in the behaviour of the epidemic with downward trends in general ward and ICU admissions and deaths. In total 66 515 patients were studied with 4 314 currently admitted. The discharge rate from hospital was 75% while the in-hospital case fatality ratio was 17,5%. The median age for admissions was between 50 and 59 and the median age for deaths was between 60 and 69.

At the height of the epidemic, these sample hospitals were reporting between 6400 and 6 800 admissions per week.

WHO analysis

South Africa has benefited significantly from the contributions of the World Health Organisation surge team that has come to reinforce our team in responding to the COVID-19 pandemic. The WHO surge team has released a situational report on 10 September 2020 reflective of the 37th week of our epidemic, which confirms the decline as reported by NICD. This report showed a 42% decline of detected cases in the preceding two weeks and a 28,9% decline in deaths in the same period. Admission to critical care wards increased by 13,9 percent during this epidemic week but conversely admissions into general wards decreased

by 43% in the same period. The median test positivity rate was recorded at 9,8% compared to 11,4% in the previous week.

Bed Occupancy and Oxygen Demand

Bed occupancy and oxygen demand is also declining.

The percentage of beds currently occupied by COVID-19 patients nationally is under 10% for non ICU beds and under 30% for ICU beds. The benefit that we have seen during this period is that there has been an increased acquisition of ventilators with 5 444 procured or received through donations and 2 848 currently awaiting delivery. This has assisted us to improve our facilities as ventilators were in shorty supply and there would have been a delay in providing the required health care to patients who needed it the most. It also drove us in the direction of increasing local manufacturing capacity, which resulted in South Africa manufacturing ventilators for the first time in history. 20 000 ventilators are expected to be produced through the National Ventilator Project.

We also have reports from Afrox indicating that oxygen demand has decreased nationally in the past few weeks.

Restrictions Under Review

In previous statements relating to restrictions under the National State of Disaster, we committed to reviewing these periodically as we reassess the state of the South African epidemic and this is indeed what we have done.

Having observed evidence that suggests a sustained decline in Coronavirus transmission, as the Department of Health we have considered easing restrictions in various aspects- such as the curfew, sale of alcohol, religious gatherings, and travel restrictions- for the National Coronavirus Command Council, which will make final recommendations to Cabinet.

Whatever decisions are made, it is important to emphasize that the risk of spreading and contracting COVID-19 still remains and that non-pharmaceutical interventions remain important as we learn to co-exist with the Coronavirus.

Health Care Workers that have Acquired COVID-19

The protection of frontline workers in the health sector remains of paramount importance. We re-iterate: ***no PPE no work!***

We continue to track the numbers of health workers who are infected in each province. Our system now has direct linkage with the persal system so that any health worker who is diagnosed with COVID-19 is immediately identified.

As of 11 September, a cumulative total of **32 429** health care workers had been detected with Coronavirus. Sadly, 257 succumbed to COVID-19. We convey our condolences to all the loved ones of the deceased and thank the colleagues who took care of our heroes in their final hours.

PERSAL Organisation	HCW COVID19 infected	HCW ever admitted in re-porting Hospital	Total Died in Hospital	Total Discharged alive	Total Transfer to other facility
Eastern Cape Health	8 454	510	66	424	4
Free State Health	2 187	203	23	158	3
Gauteng Health	8 148	577	37	502	3
KwaZulu-Natal Health	6 062	756	69	641	2
Limpopo Health	1 096	86	7	71	
Mpumalanga Health	1 396	136	14	111	1
National Department of Health	73	6		6	
North West Health	1 602	167	10	147	5
Northern Cape Health	878	59	9	43	
Western Cape Health	2 533	246	22	212	2
Total	32 429	2 746	257	2 315	20

We are pleased that Occupational Health and Safety Committees (OHS) are now established in **3 849** public health facilities. As per the previous directive, members of Unions must be represented in all these structures. This will assist in constant monitoring of issues affecting health workers including where there is shortage of PPE.

Auditor General Report

We note with concern the findings of the Auditor General which include that there were deficiencies and non-compliance with PPE procurement processes, the insufficient controls to ensure receipt and payments of PPE and the level of quality of PPE, delays in the delivery of PPE as well as evidence of price gauging and failure to procure PPE at market

related prices. This cannot be accepted. This must be condemned and, once all the investigations have been concluded, there must be consequence management for any officials that may be implicated in wrongdoing and/ or irregularity

Ministerial Advisory Committees (MAC's)

With the changing pattern of the pandemic, it has become necessary to reconfigure the Ministerial Advisory Committee on COVID-19. The new MAC will take into account the need for the inclusion of social and behavioural scientists amongst other factors.

In addition to the Multi-sectoral MAC focussing on community mobilization, another MAC has been created to focus on Coronavirus vaccine development (MAC on Vaccine).

This MAC will advise us on all matters pertaining to the Coronavirus vaccine development and rollout- from monitoring and reporting on progress on our candidate studies, to advising on our purchasing options and our capacity to potentially manufacture vaccines in future. This will ensure that the Department of Health and government are kept abreast on all critical developments internationally relating to the vaccine.

The Committee is chaired by Professor Barry Schoub, an expert in vaccinology and virology.

The members of this MAC are:

- Dr Morena Makhoana, CEO Biovac
- Ms Glaudina Loots, Department of Science and Technology
- Dr. Boitumelo Semete-Makokotlela, CEO South African Health Products Authority
- Prof. Greg Hussey, Vaccines for Africa (UCT)
- Prof. Jeff Mphahlele, MRC, Immunologist and SAHPRA Board Member
- Prof. Helen Rees, WHO Expert Advisor
- Prof Ames Dhai, Ethicist
- Dr Mark Blecher, National Treasury

As observers in this MAC are:

- Prof. Salim Abdool Karim, Chair MAC on COVID-19
- Bishop Malusi Mpumlwana, Chair MAC Social and Behavioral Change

National Seroprevalence

South Africa has seen the surge receding and thus raises the question of the level of immunity that may already be existing in society.

Initial seroprevalence studies from convenience samples have shown seroprevalence of between 29 and 40 percent. Interestingly, the revised models currently predict that there are probably about 12 million South African in total (detected and undetected) infected with Coronavirus- this translates to about 20% of the population. We are currently embarking on a national seroprevalence study which should take us closer to the

actual seroprevalence of Coronavirus antibodies and will give us a more accurate indication of our status of national immunity.

Once the national study has been concluded we will communicate those results to the public.

Stay Safe

Undeniably, an important contributor to the decline we are witnessing in the transmission of Coronavirus are the actions of ordinary South Africans who continue to adhere to non-pharmaceutical interventions. This nation has shown that with concerted effort and solidarity it is possible to beat Coronavirus.

However, I must continue to advise caution as we move towards the new normal: if we are to maintain this status quo of low transmission rates we must continue to concentrate on the simple things that keep Coronavirus at bay- washing or sanitizing hands at every opportunity, maintaining a safe distance between each other, regular cleaning and sanitization of surfaces we come into contact with and wearing of masks whenever we are in public spaces.

The threat of a resurgence that could be more devastating than the first wave of infections remains very real. We must always remember this.

Most importantly we must encourage and remind one another that these simple interventions remain an important part of our new lives.