

STATEMENT BY MINISTER OF HEALTH DR JOE PHAAHLA ON THE REPEAL OF REGULATIONS ON NOTIFIABLE MEDICAL CONDITIONS DEALING WITH THE COVID-19 PANDEMIC AND ON MONKEY-POX

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STATEMENT BY MINISTER OF HEALTH DR JOE PHAAHLA ON THE REPEAL OF REGULATIONS ON NOTIFIABLE MEDICAL CONDITIONS DEALING WITH THE COVID-19 PANDEMIC AND ON MONKEY-POX

Thursday, 23 June 2022

Programme Director,
Minister in the Presidency Mondli Gungubele
Provincial MECs present,
Director-General, Dr. S Buthelezi,
Chairpersons of Ministerial Advisory Committees,
Health Management Team
Members of the Media

Today is a very historic day as we have reached a turning point since the outbreak of Covid-19 in the world and in the country. We recall that our first case was confirmed on 5 March 2020 in Pietermaritzburg from a South African who had travelled to Europe.

The President of the Republic, President Cyril Ramaphosa constituted the National Coronavirus Command Council and following its meeting he announced on 16 March 2020 that a Nationwide lockdown would start on midnight of 19 March 2020 with a strict stay at home unless you had permission to undertake essential services. Since then four full waves of the pandemic have ensued with the first 3 waves causing devastation with loss of lives across all sectors of society including health workers.

Disruptions of social and economic life have been huge most painful being families unable to visit loved ones who were seriously ill in hospital and for those who passed away, being buried under strict conditions. On the economic side, major losses of jobs and closure of several business especially SMME'S but even big hotels, airlines etc.

To delay the spread and allow health facilities to prepare capacity, even as the strict lockdown was lifted a risk adjusted strategy was used to reduce the spread of the virus.

In February 2021 we started vaccination under the Sisonke program led by the MRC starting with health workers and following with Education. In May 2021 when we started with the high risk age group of 60+ and progressively rolled out vaccination until we could open for 12-17 years old in November 2021.

We want to take this opportunity on behalf of all government to thank South Africans for their support and cooperation over the last 2 years and 3 months. While there was a lot of common ground and agreement even across political lines early in the pandemic when we all thought it would be short and over within a few months, the longer it took more fatigue and disagreements on strategy started to surface. We appreciate the fact that notwithstanding the disagreements even leading to threats or even actual court actions the mainframe of our collective action remained until today. We thank South Africans for resilience in internalizing various measures of

prevention and mitigation against the virus some of which will help us in dealing with some older respiratory diseases such as influenza and TB but also future respiratory epidemics.

We thank the collective leadership of our country across all sectors such as faith-based, civil society, traditional, business, academia, youth, women etc for rising to the occasion. Even though we did not realise our goal of vaccinating at least 70% of the adult population, we take solace in that as on 22 June 36,700m vaccine doses have been administered to 20.09m adults and 1,9 children of 12-17 year old giving a total average of 50.48% with at least one dose. We applaud the big turnout of the 60+ age group who are at risk with a 70,5% turnout and the next high risk of 50-59 years with a 66,17% turnout.

We believe that the big turnout of the 50+ age group contributed hugely to the reduced severity hospitalization and mortality witnessed in the fourth wave and persistent up to today.

We also want to recognize the best performing province in the vaccination program, the Free State for being the only province which has reached 60% of coverage of their adult population at 60.15%. They started slow but soon picked up pace towards the end of 2021 and never looked back.

Just behind them in the mid-band are Western Cape at 57.37%, Limpopo 57%, Eastern Cape 54.53% and N. Cape at 51.45%. Gauteng has the highest in absolute numbers at 5.4m individuals vaccinated but low in percentage at 47.8% due to a huge population size together with KZN, N-West and Mpumalanga have reached a coverage of below 50%

The Omicron variant driving the fourth wave with its rapid spread affecting the highest number of people at a very short time led to increased natural immunity.

In March this year when the impact of the 4th started waning, government took the decision to exit the Disaster Management Act as an instrument to limit the impact of Covid-19. At the same time the Department of Health published Amendments to the 2017 Health Regulations on the Surveillance and Control of Notifiable Medical Conditions.

On the 5th of May, we published a limited set of Regulations to provide a framework for mitigating against a spike in Covid-19 infections driven by subvariant B.4 and B.5 of the Omicron variant. During late April and most of May there was a significant peak in daily infections across the country starting to drive increased admissions to hospitals and daily deaths reported. Daily infections rose from as low as 250 cases per day in early April to just under 8000 on 15 May 2022 with positivity rate reaching 22% on 1st May and 20% on 15 May.

By mid-June the situation had taken to a very positive direction with:

- Decline in daily cases
- Decline in hospitalization
- Decline in positivity rate
- Decline in reproductive number
- And decline in reported deaths

Having monitored the positive direction for more than three weeks we came to the conclusion that the peak infection which we concluded was a limited 5th wave driven by subvariants and not a new variant of concern was dissipating and that there was no more any eminent risk.

It is on this basis that we approached the NCCC and the National Health Council which is made up of all Health MECs with a proposal that the limited regulations which dealt with:

- (a) Wearing of masks indoors
- (b) Limitations of gatherings
- (c) Vaccination proof or PCR negative tests at Ports of Entry, – should all be lifted

We are pleased that our proposal received full support including by the Presidential Coordinating Council and Cabinet yesterday.

As a result of this, I signed a note in the Government Gazette last night releasing all the remaining health regulations.

We thank the leadership and guidance of President Ramaphosa, the National Cabinet, Premiers, and MECs, Mayors and Councilors and the officials across all of government. We thank leaders of Civil Society, Faith-Based Institutions, Business, Labour and Traditional Authorities for their support and assistance.

We thank all Ministerial Advisory Committees for their self-less guidance without any claim of reward.

We just need to end with caution that the Covid-19 virus is not yet gone, it is still in our midst, we are just stronger than before especially with vaccination and we urge those not yet vaccinated to come forward and those due for boosters to also come forward.

The vaccination program will remain and is now being integrated into normal health services. We urge all leaders of society and organizers of events to work with our health workers to promote healthy lifestyle and know your status, which is – Blood Pressure, Blood sugar, Cancer, HIV, Covid, etc.

On Monkeypox

Late yesterday I received a report from the National Health Laboratory Services CEO that they have confirmed through laboratory tests the first case of monkeypox in South Africa. The patient is a 30 year old male from Johannesburg who has no travel history, meaning that this cannot be attributed to having been acquired outside South Africa. Working with the relevant health authorities a process of contact tracing has begun.

Monkeypox is usually a mild disease manifesting as blisters on the skin. It is usually mild and self-limiting with a fatality rate of 1%. The disease has previously been reported in African countries such as Nigeria, DRC, CA Republic and Ghana in the early 2000s. The current outbreak is dominated by high numbers in Europe e.g UK, Spain, Germany, Portugal and France. Cases have also been reported in the USA and Canada.

The NICD is conducting online in-service training for our health workers for them to be able to detect the disease so that the necessary laboratory tests can be done. The disease only spreads through close droplets so you cannot get by being in the same room with an infected person. Thus far it has been dominant in men who have sex with men, but the main feature is that transmission is through close contact.

I thank you