

REMARKS BY KZN PREMIER MR S ZIKALALA, AT A MEDIA BRIEFING FOLLOWING THE COVID – 19 RISK ADJUSTED STRATEGY TO LEVEL 2, ETHEKWINI DISTASTER CENTRE, 16 AUGUST 2020

Hon. MEC for Health Ms Nomagugu Simelane-Zulu,
Officials present,
Members of the Media,
Distinguished Guests,
Ladies and Gentlemen

INTRODUCTORY REMARKS

We once again welcome you to this media briefing, having missed you last Sunday, when we did not have this sitting, due to reasons beyond our control. Your continued commitment to being a bridge between Government and the communities we serve is something that we do not take for granted. Your work is appreciated.

RESPONSE TO THE LEVEL 2 ANNOUNCEMENT BY THE PRESIDENT

We welcome the announcements last night by President Cyril Ramaphosa to move the country's risk-adjusted COVID – 19 strategy from Level 3 to Level 2. We are also pleased with the extension of the National Lockdown for 30 days, by the Minister for Co-Operative Governance and Traditional Affairs, Dr Nkosazana Dlamini-Zuma. As a Province, we are ready for the increased economic activity. As the province we are ready to implement all the requirements in line with the level 2 adjusted risk strategy. This transition to level 2, should however, not make us complacent and to think that the risk posed by the coronavirus is no more. This is a deadly virus, everyone must adhere to all requirements. As the province we will still act very tough on those who are violating the regulations.

As a Province that relies heavily on tourism for job-creation and sustainability, our economy had contracted by at least R30bn due to the economic lockdown. Therefore, we welcome this risk adjustment to Level 2 as a gateway towards economic recovery.

The opening up of the economy is, indeed, great news because it means more businesses will now have the opportunity to save more jobs and prevent the disaster that has befallen those who were forced to close down their operations.

By the same token, we noted the joy and excitement that greeted the end of the ban on alcohol and cigarette sales. People on social media, have been wrongly interpreting the lifting on the ban of smoking and alcohol as an opportunity to go back to their old habits. We wish to plead with our people not to abuse their access to alcohol; and to remind them that smoking is still bad for the lungs and veins, among other dangers. We still need to ensure that our health care facilities are protected to prioritise saving the lives of those affected by Covid-19.

We want to make it clear that the unbanning of alcohol sales is not an excuse for people to go back to drinking and driving, which results in innocent people being killed or injured. It does not give people the license to get involved in fights where others will be assaulted, stabbed or shot. It is not an opportunity for them to get drunk and then beat up women and children.

Neither does it give people the right to cross our freeways, or engage in jay-walking because that is when they get knocked down by cars and die.

These are all the negative factors that alcohol tends to lead to, which then overwhelms our health system unnecessarily.

COVID-19: CURRENT EMERGING TRENDS:

In the last seven days KZN has bucked the trend and actually had a decline in the number of new cases reported daily since the beginning of August. We must emphasize though that in terms of the overall numbers, it is evidently clear that KZN is at its peak in terms of the COVID-19 pandemic.

Of the 873 new cases recorded on 15 August 2020, eThekweni District recorded 46% followed by UMgungundlovu (11%).

Our observations of the decreasing number of new cases since the beginning of August is as follows:

- Ethekewini District has been receiving a median of 697 cases (range 331-1 545 cases) daily; from 1 3383 daily a month ago;
- UMgungundlovu District has been receiving a median of 181 cases (range 97-364 cases) daily; from 690 daily a month ago;
- King Cetshwayo District, the third highest, has been reporting a median of 195 cases (range 50-295 cases); from 266 daily a month ago;
- While Amajuba District has been receiving a median of 117 cases daily (range 49-207 cases) within the same period; compared to 248 daily a month ago.

TOP 3 DISTRICTS: Ethekewini, UMgungundlovu and King Cetshwayo

We want to emphasize that the whole province is a hot spot. However, as promised, here are the three top districts where COVID – 19 is most prevalence in the province

- BREAKDOWN OF COVID CASES PER DISTRICT AND AREA

Ethekwini		Number of cases	Number of deaths	Number of active cases
	Umlazi	3474	9	767
	Phoenix	1439	11	179
	Kwamashu	1434	4	274
	Chatsworth	1138	4	249
	Pinetown	956	0	159
Umgungundlovu	Northdale	1297	158	27
	Imbali	1215	146	19
	Edendale	464	67	9
	Elandskop/Vulindlela	304	52	6
	Howick	304	27	11
King Cetshayo	Panorama, Grantham & Empangeni Central	1554	8	514
	Richards Bay CBD	740	17	31
	Mhlanga Reserve	391	4	89
	Ezimambeni, Nkonisa & Emazambaneni	83	6	7
	Siqwanjana, Maqhwakaza & Mandawe	48	4	1

Incidence risk by district (per 100 000 population)

The overall incidence risk for the province was 213 cases per 100 000 population (calculated using active cases). King Cetshwayo District continue to be the district with the

highest infection rate (415 cases per 100 000) followed by EThekwini District (237 cases/100 000). Three districts has an incidence risk of <100 cases per 100 000 population.

District	Total cases	Cumulative incidence risk/ 100 000	Mid-2019*(n)	Active cases	Incidence risk/ 100 000
EThekwini	48 756	1 253	3 890 001	9219	237
ILembe	5 205	777	669 748	984	147
UMgungundlovu	13 920	1 243	1 120 208	1 755	157
UThukela	4 586	652	703 839	457	65
King Cetshwayo	8 220	857	958 905	3 977	415
UGu	4 280	534	802 228	917	114
Amajuba	5 935	1 066	556 971	856	154
UMkhanyakud e	2 048	306	670 206	147	22
Harry Gwala	2 081	414	502 792	890	177
Zululand	4 366	509	857 877	538	63
UMzinyathi	2 305	414	556 312	1 380	248
Unallocated	2 917	N/A	N/A	2 917	N/A
Total	104 619	927	11 289 086	24 037	213
*Active cases=Total cases-(recoveries + deaths)					

Distribution of cases and deaths by district, KwaZulu-Natal, 5 Mar-15 Aug 2020

District	New cases	%. New cases	Total cases	%.Total	Total deaths	%. Total deaths	Case Fatality rate (%)
EThekweni	399	45.7	48 756	46.6	857	51.2	1.8
ILembe	64	7.3	5 205	5.0	52	3.1	1.0
UMgungundlovu	97	11.1	13 920	13.3	232	13.9	1.7
UThukela	28	3.2	4 586	4.4	87	5.2	1.9
King Cetshwayo	85	9.7	8 220	7.9	136	8.1	1.7
UGu	33	3.8	4 280	4.1	80	4.8	1.9
Amajuba	49	5.6	5 935	5.7	86	5.1	1.4
UMkhanyakude	18	2.1	2 048	2.0	40	2.4	2.0
Harry Gwala	18	2.1	2 081	2.0	41	2.5	2.0
Zululand	55	6.3	4 366	4.2	30	1.8	0.7
UMzinyathi	26	3.0	2 305	2.2	32	1.9	1.4
Unallocated	1	0.1	2 917	2.8	0	0.0	0.0
Total	873	100.0	104 619	100.0	1 673	100.0	1.6

Hospital admissions/isolations

On 15 Aug 2020, the province had 1 732 patients admitted in both private (n=1 164, 67%) and public (n=568, 33%) hospitals. Of those admitted, 358 patients (21%) required intensive care services. Private hospitals had more patients in ICU (87%, n=312) than public facilities (13%, n=46). Among those who required intensive care, 58% (n=206) were ventilated. Other patients, 10% (n=177) were admitted in high care units in both private (91%, n=161) and public (9%, n=16) facilities

Public facilities

Admissions in public, KwaZulu-Natal, 15 Aug 2020 (n=568)

District	Total admissions		ICU patients			High care	
	Total patients	Oxygenated	Total patients	Ventilated	Oxygenated	Total Patients	Oxygenated
EThekweni	240	152	25	21	4	14	0
UMgungundlovu	77	37	11	0	7	0	0
UMzinyathi	10	7	0	0	0	0	0
UGu	28	17	4	0	4	0	0
Amajuba	52	22	2	2	0	2	0
UThukela	22	7	0	0	0	0	0
King Cetshwayo	49	13	4	4	0	0	0
Zululand	10	2	0	0	0	0	0
ILembe	51	8	0	0	0	0	0
Harry Gwala	10	0	0	0	0	0	0
UMkhanyakude	19	4	0	0	0	0	0
Total	568	269	46	27	15	16	0

Inkosi Albert Luthuli (IALCH) had majority (41%) of patients admitted in intensive care units. Majority of ventilated patients were admitted in IALCH (56%) followed by Ngwelezana (15%) and King Edward (11%) (Table 6). In most hospitals, all the patients admitted in ICU are ventilated.

Persons Under Investigation (PUIs)

The number of patients admitted as PUIs continue to decrease since 8 August 2020. However, in four of the 11 districts, the PUIs still occupied $\geq 100\%$ of the beds prepared for COVID-19. Some of the admitted PUIs required ICU beds ($< 1\%$, n=8). Of those admitted in ICU, 75% were ventilated. Of the total admitted, 30% required oxygenation.

Infected health care workers

A total of 3 561 health care workers (HCWs) are infected with COVID-19 since the beginning of the pandemic. Above half of the infected HCWs are nurses. Of the total infected, only a percentage (case fatality rate) succumbed to the disease.

FATALITIES, 28 MARCH - 02 AUG 2020

KwaZulu-Natal Province recorded 22 new COVID-19 related deaths on 15 Aug 2020. Of the new reported deaths, EThekwini (45%) had the highest number of deaths. Among the newly reported deaths, 18% (n=4) occurred in July (6-27 July 2020). Those that occurred this month (August), they start as far as 2 August 2020. The province has a cumulative total of 1 673 deaths (1.6%) since the beginning of the pandemic. EThekwini Metro Municipality contributes above half of the reported deaths (n=857). The median age for the deaths remain 62 years (range 0-99). Slightly over half of the deceased patients were female.

CO-MORBIDITIES

The most common recorded comorbidities amongst the deceased include Hypertension (29%) and diabetes mellitus (29%). The proportion of RVD-infected 130 (6%) deceased also increases.

RECOVERIES

The overall proportion of recoveries for the province is 75% (n=78 909).

Total cases and recoveries by district, KwaZulu-Natal, 5 Mar-15 Aug 2020

District	Total cases	Active cases		Deaths		Recoveries	
		no. active	% active	no. deaths	% deaths	no. recovered	% Recoveries
EThekweni	48 756	9 219	18.9	857	1.8	38 680	79.3
ILembe	5 205	984	18.9	52	1.0	4 169	80.1
UMgungundlovu	13 920	1 755	12.6	232	1.7	11 933	85.7
UThukela	4 586	457	10.0	87	1.9	4 042	88.1
King Cetshwayo	8 220	3 977	48.4	136	1.7	4 107	50.0
UGu	4 280	917	21.4	80	1.9	3 283	76.7
Amajuba	5 935	856	14.4	86	1.4	4 993	84.1
UMkhanyakude	2 048	147	7.2	40	2.0	1 861	90.9
Harry Gwala	2 081	890	42.8	41	2.0	1 150	55.3
Zululand	4 366	538	12.3	30	0.7	3 798	87.0
UMzinyathi	2 305	1 380	59.9	32	1.4	893	38.7
Unallocated	2 917	2 917	100.0	0	0.0	0	0.0
Total	104 619	24 037	23.0	1 673	1.6	78 909	75.4

THE RISK OF A NEW AND DEADLIER WAVE

We are cognisant of the threat of a new wave of COVID – 19 infections coming back to overwhelm us. We have seen it in other countries, where people thought the virus had subsided... and then they started behaving recklessly, making the virus to come back stronger than before. If we allow that to happen, Government will not hesitate to re-institute the ban on alcohol, and bring back a lot of other restrictions. So, once again, whether or not alcohol remains available for sale is entirely in your hands. If we see more COVID – 19 infections, and more accidents, shootings and stabbings, we will take away your alcohol. Our message therefore is, “help us to help you.”

WELCOMING THE VISIT BY POLICE MINISTER BHEKI CELE IN REPOSE TO MTHWALUME MURDERS

We welcome this visit to Mthwalume by Police Minister Mr Bheki Cele yesterday, following the discovery of two more bodies of women in a sugarcane farm. We had noted with great concern that these discoveries happened in August, which is Women's Month - a time when we should be celebrating, not burying, women. The discovery of these two bodies brought to five women the number of women who have been killed under mysterious circumstances in that area, since March 2020.

Such callous and gruesome snuffing away of women's lives is barbaric, and should have no place in our society.

We are nevertheless pleased with the Minister's investigative interventions on this case, which has led to the roping in of resources from the National Head of Crime Intelligence and Detectives, as well as the National Head of the Family Violence Child Protection and Sexual Offenses unit (FCS). We know that two people have been questioned about these incidents, and we sincerely hope these high-level interventions will lead to arrests and convictions.

WARNING

In conclusion, we wish to reiterate that now is not the time for us to let down our guard, or behave recklessly. Let us invest in our COVID – free future by continuing to observe the safety protocols at all times. Our collective efforts have helped us turn the corner in so far as our fight against epidemics such as HIV and AIDS, and injustices such as Apartheid. We can do it again with COVID – 19.