**SUBMISSION: PROVINCIAL PARLIAMENTARY QUESTION 12: (Vaccination Rollout)**

**FRIDAY, 3 SEPTEMBER 2021**

1. **DIRECTOR: COMMUNICATIONS**

**The attached for you the Head of Department and the Minister’s approval/ signature.**

**COMMENTS:**

**……………………………………………………………………………………………………**

**……………………………………………………………………………………………………**

**DIRECTOR:**   **DATE:**

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1. **SUPERINTENDENT - GENERAL**

**COMMENTS:**

**………………………………………………………………………………………………………………………………………………………………………………………………………………**

**ACTING HEAD OF HEALTH: ……………….…… DATE:**

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1. **COMMENTS:**

**……………………………………………………………………………..………………………**

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**MINISTER OF HEALTH: ………………………….…DATE: ……………………………….**

Friday, 3 September 2021] *132*

No 32 - 2021] THIRD SESSION, SIXTH PARLIAMENT

**PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE**

**QUESTION PAPER**

**WRITTEN REPLY**

**FRIDAY, 3 SEPTEMBER 2021**

1. **Ms R Windvogel to ask Dr N Mbombo, Minister of Health:**

With regard to vaccination rollout in the province:

1. (a) What is the number of planned (i) public and (ii) private vaccination sites per district in the province and (b) what is the breakdown of those sites that are active;
2. what is the detailed breakdown of the persons who have (a) registered for vaccin-ation and (b) been vaccinated, as at the latest date for which information is available, per (i) age, (ii) gender, (iii) race and (iv) district;
3. what is the number of persons who have not yet registered for vaccination, as at the latest date for which information is available, per (a) age, (b) gender, (c) race and (d) district?

*(587)*

**RESPONSE**

The Western Cape Department of Health uses reports from both the public facing dashboard and the vaccine cascade report. These sources provide the Department with an overall view of the vaccination rollout and it can easily identify areas where there is low uptake and implement localised mobilisation efforts to increase vaccinations. The data below had been taken from these reports as appropriate.

As at 3 September 2021:

1.



2.

 

3.









**MINISTER OF HEALTH**

**DATE**