



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Date:	03 December 2021		
To:	Honourable Dr MJ Phaahla, MP Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19

RESPONSE TO THE IDENTIFICATION OF A NEW VARIANT (OMICRON)

Problem Statement and Task to Committee

On 25 November 2021, the Minister of Health publicly announced the identification of a new variant of SARS-CoV-2, initially designated as B.1.1.529. The new variant was named as a variant of concern (VOC) by the World Health Organization (WHO) on 26 November 2021, and assigned the Greek letter Omicron.¹ Although it is uncertain whether the Omicron variant is more transmissible than the Delta variant, it does appear to represent an increased risk of reinfection in those previously exposed to SARS-CoV-2 (either the wild-type, Beta or Delta variants), based on ongoing monitoring of reinfection trends.² An increase in the risk of reinfection could suggest the emergence of an immune escape variant. How this might affect the effectiveness of the vaccines administered in South Africa at present (Pfizer-BioNTech or Janssen) is uncertain at this stage, but is under intense investigation. There is, at present, no reason to expect that current vaccines will not reduce the risks of serious disease, hospitalisation and death.

The MAC on COVID-19 has been asked to advise on the immediate responses that may be needed to limit the impact of the expected 4th wave, in the context of the new variant.

Background

The primary intention of public health and social measures (PHSM) is to limit the spread of SARS-CoV-2 by reducing opportunities for transmission *via* close contact. On 13 November 2021, the State of Disaster declared in terms of the Disaster Management Act was extended until 15 December 2021 (Government Notice No. 1501, Government Gazette No. 45485). Since 11 October 2021, the country has been subject to Alert Level 1 restrictions (Government Notice No. 960, Government Gazette No. 45253). These restrictions have included a curfew from 00h00 to 04h00 daily, closing times of 23h00 for venues such as restaurants, mandatory wearing of a face mask in public places, limitations on attendance at funerals (50% capacity, to a maximum of 100 persons), limitations on attendance at religious, social, cultural or political events (50% capacity, to a maximum of 750 persons indoors and 2000 outdoors). The latter maxima also apply to conferences. Most importantly, indoor gatherings must be held in well ventilated areas. Alcohol sales are permitted during normal licensed hours.

¹ World Health Organization. Classification of Omicron (B.1.1.529): SARS-CoV-2 Variant of Concern. 26 November 2021. [https://www.who.int/news/item/26-11-2021-classification-of-omicron-\(b.1.1.529\)-sars-cov-2-variant-of-concern](https://www.who.int/news/item/26-11-2021-classification-of-omicron-(b.1.1.529)-sars-cov-2-variant-of-concern)

² Pulliam JRC *et al.* SARS-CoV-2 reinfection trends in South Africa: analysis of routine surveillance data. medRxiv. <https://doi.org/10.1101/2021.11.11.21266068>.

The South African economy suffered its worst slump in a century during 2020 with Gross Domestic Product (GDP) falling by 6.4%, mainly as a result of COVID-19 related restrictions and subsequent impacts on business and investor confidence.³ The expanded unemployment rate now exceeds 44%. Whilst there has been a strong rebound in activity in 2021 relative to 2020, economic activity in affected sub-sectors remains well below the 2019 levels. Global responses to the identification of the Omicron variant have already resulted in visible economic impacts, with unprecedented losses seen on major stock markets.

Evidence review

Vaccination status and access

The current vaccination statistics (<https://sacoronavirus.co.za/latest-vaccine-statistics/>) show that:

- As at 26 November 2021, a total of 25 238 789 COVID-19 vaccine doses have been administered. The proportion vaccinated (based on the number who have received a Janssen dose or at least one Pfizer dose and the 2020 adult population estimates) is 41.35%, at the national level, but varies provincially from 35.36% (Mpumalanga) to 49.25% (Western Cape). The proportion fully vaccinated (based on the number who have received a Janssen dose or two Pfizer doses and the 2020 adult population estimates) is lower, at 35.53% nationally. The daily total number of vaccine doses administered has remained below 150 000 per weekday, despite efforts to encourage uptake. In addition, 408 942 adolescents aged 12-17 years have received a single Pfizer dose. Healthcare workers currently have access to a second Janssen dose through the Sisonke 2 Study, and 128 712 doses have been administered. The Sisonke 2 Study will conclude on 15 December 2021. As from 1 December 2021, immunocompromised adults will be eligible to receive a booster vaccine dose (either a third Pfizer dose or a second Janssen dose, as an homologous booster).
- Although some major South African employers have announced plans to impose vaccine mandates, relying on the Occupational Health and Safety Act, no such action has been taken in the public sector.

Epidemiological evidence

The MAC on COVID-19 has reviewed the modelling and analysis performed by the South African COVID-19 Modelling Consortium (SACMC) including short-term forecasts of cases, which are updated regularly to reflect incoming data. These forecasts are agnostic to variants in circulation, as they are based primarily on case and reporting trends. Based on these data, the SACMC makes the following observations:

1. Current trends

- Recent laboratory and sequencing data suggest that the Delta variant is being rapidly replaced by the new variant, Omicron. Omicron is now dominant in Gauteng (GP) and is suspected to be present in all provinces. An indicator of the circulation of the Omicron variant is the detection of S-gene target failures during Polymerase Chain Reaction (PCR) testing. Based on this proxy indicator, circulation of the Omicron variant is increasing across all provinces for which recent data are available.

³ Tekano. Research Note on Preliminary Estimates of Economic Effects of Possible Lockdown Scenarios. 26 November 2021.

- Routine analysis of reinfection data suggests that there has been an increase in reinfection risk, and perhaps a decrease in transmissibility of circulating variants, starting from mid-September or early October 2021.
- A sustained increase in detected cases has been seen in GP since 11 November 2021, and PCR-based test positivity has also increased rapidly during this time. The sustained increase was first detected in Tshwane, and is now occurring in all districts in GP.
- The estimated value of the reproduction number (R) in Gauteng, based on data up to 20 November, was 2.33 (2.09,2.60). This value is comparable to the highest values seen in previous waves across all provinces. Additionally, Mpumalanga (MP) has shown a sustained increase in R since 22 November 2021. R is now estimated to be above 1 in all provinces based on analysis of PCR-confirmed case data up to 20 November 2021.
- Increases in hospital admissions typically lag behind increases in detected cases. While a small increase in new admissions has been observed in GP (specifically in Tshwane district), it is too early to tell whether disease severity (e.g., the proportion of cases needing hospitalisation) will be similar to that seen in previous waves. DATCOV data to 20 November 2021 still show decreased admissions in most provinces, with small increases in GP and Northern Cape (NC). Recorded deaths remain low in all provinces.
- Overall, national COVID-19 incidence remains relatively low but is increasing rapidly, with a 7-day moving average of 662.0 on 22 November 2021, compared to 265.6 on 15 November 2021. This represents a 150% increase.

2. Short-term forecasts (2-week horizon)

- Short-term forecasts indicate that incidence will increase in the next two weeks in all provinces except Free State (FS), which may remain stable.
- Critically, due to uncertainty with regard to how high levels of immunity from previous infection and vaccination may impact disease severity, short-term forecasts of COVID-19 hospital admissions are not available.
- Some indication of the impact on hospital admissions can be gleaned from the 4th wave scenarios, based on assumptions that the Omicron variant is associated with 25% or 50% relative reduction in protection from prior infection or vaccination.
 - If the Omicron variant is associated with a 25% relative reduction in protection, the 4th wave is expected to be higher (compared to the no variant scenario), but smaller in size compared to the 2nd and 3rd waves, though vaccines will continue to protect the most vulnerable from severe illness.
 - If the Omicron variant is associated with a 50% relative reduction in protection, the 4th wave is expected to be comparable in size to the 2nd and 3rd waves in all provinces, with limited vaccine-derived protection in older age groups.
- Importantly, these projections assume an adult vaccination coverage of 70% by March 2022, which is unlikely to be achieved.
- Both scenarios are sensitive to changes in contact behaviour. Increased contact behaviour (reduced adherence to PHSM) is projected to lead to larger and earlier peaks.
- Comparing the peak and number of hospital admissions and deaths across the modelled scenarios to waves 2 & 3 does not imply that hospital capacity will not be breached. Model estimates of admissions should be interpreted in light of currently available hospital capacity and resources, and these resources may be lower than in previous waves as health services have shifted to meet other needs.

3. Key messages

- Increasing the intensity of some targeted PHSM, *even if this does not constitute a change in the Alert Level*, may be appropriate to reduce transmission while additional data, including information are collected and assessed.
- However, it is thought very unlikely that increasing restrictions will bring R below 1 if the Omicron variant has the ability to escape immunity from previous infection and/or vaccination.
- Importantly, wave definitions based on a percentage of the previous peak may not be suitable for declaring a 4th wave in provinces that experience large third waves. Other metrics, including PCR-based test positivity and increases in hospital admissions, should be used in concert with this definition to monitor resurgences.

Recommendations

The MAC on COVID-19 recommends that consideration be given to the following interventions:

- rigorous adherence to PHSM must be encouraged and enforced, in public places, workplaces and educational venues;
- some listed indoor and outdoor venues (such as places of worship and sports venues) must be allowed to accommodate no more than 50% of their maximum capacity, provided they are able to ensure compliance with the 1.5 metre physical distancing rule and effective ventilation, but also limited to a maximum number of participants;
- mass gatherings such as major conferences and meetings, especially those that require a large number of people to be in close contact over extended periods, should be changed to virtual formats;
- access to certain listed venues and events should be limited to those able to provide evidence of full vaccination, even if capacity limits are also imposed;
- increasing vaccine uptake across all eligible groups by taking active steps and providing the necessary resources, including the integration of COVID-19 vaccination into routine health services (such as antenatal services and chronic disease services);
- opening access to booster doses of COVID-19 vaccines for all eligible adults, and providing a full 2-dose regimen to all adolescents, and potentially to those aged 5 years and older;⁴
- implementation of the advisory on mandatory vaccination in the workplace as developed by the MAC on Vaccines, and in particular the application of mandatory vaccination policies in all health services and essential services, in both the public and private sectors;
- extending the means for rapid access to SARS-CoV-2 testing, using both antigen tests (Ag RDTs) and PCR, including lifting the current restriction on the sale of Ag RDTs in pharmacies for self-testing;
- close monitoring of the capacity for, and implementation of, isolation and quarantine provisions;
- close monitoring of hospital capacity and resources in all provinces, in anticipation of the 4th wave, and in accordance with the MAC on COVID-19 advisory on facility readiness and surge capacity (July 2021);
- supporting and enhancing the capacity of the DATCOV system, in order to closely monitor the impact of the Omicron variant on the clinical course of patients admitted to hospitals in both the public and private sectors.

⁴ The European Medicines Agency recently extended the approval of the Pfizer/BioNTech (Comirnaty) vaccine to children aged 5-11 years (<https://www.ema.europa.eu/en/news/comirnaty-covid-19-vaccine-ema-recommends-approval-children-aged-5-11>).

In addition, the MAC on COVID-19 recommends that additional restrictions **not** be considered at this time in respect of:

- interprovincial travel – although first detected in GP, the Omicron variant is suspected to be present in all provinces and can therefore not be contained by restricting travel;
- curfew – the current 00h00 - 04h00 curfew is sufficient and no adjustment is warranted;
- beach closures – although there are concerns about the large crowds that visit some beaches on specific days (Family Day and New Year’s Day, for example), a blanket closure of all beaches would have serious negative economic impact; local restrictions, per municipality, may be needed for specific dates;
- alcohol sales – until greater clarity is obtained on the impact of the Omicron variant on hospitalisation, no intervention is warranted;
- spraying, fogging and deep cleaning – the use of cleaning measures such as spraying, fogging and deep cleaning are strongly not recommended.⁵

Wasteful and unnecessary interventions, such as environmental decontamination, must be discouraged.

International travel to and from South Africa has been severely impacted by the unilateral imposition of travel restrictions and bans by many countries. As a result, the number of visitors entering South Africa by air, apart from those entering from neighbouring countries, is expected to be far smaller than before. However, traffic across South Africa’s land borders is expected to follow the usual seasonal trends. There is no need to enhance current screening measures at points of entry. The MAC on COVID-19 wishes to draw attention to the recommendations provided in the previous advisory on this matter (15 October 2021).

As before, the MAC on COVID-19 recommends close scrutiny of the social and economic impact of COVID-related restrictions. Where such restrictions are seen not to have the desired or expected impact, or where unintended consequences are identified, remedial action is needed. This is particularly true of restrictions which limit economic activity and may contribute to worsening of unemployment or reduced income.

Rationale for recommendations

The MAC on COVID-19 has based its core recommendations on the following rationale:

- the Omicron variant is now dominant in GP, but is suspected to be present in all provinces;
- the impact of the Omicron variant on hospitalisation and severe disease is as yet uncertain, but is being closely monitored;
- given the current uncertainties, lifting the State of Disaster after 15 December 2021 is not justified;
- however, additional restrictions must be carefully selected, based on available evidence of effectiveness and with due regard to the risks of public fatigue and active resistance.

⁵ Infection Prevention and Control Guidelines. Version 3, June 2021. MAC on COVID-19 Advisory on Environmental Cleaning and Disinfection, 20 July 2020. Safety Precautions When Using Electrostatic Sprayers, Foggers, Misters, or Vaporizers for Surface Disinfection During the COVID-19 Pandemic. Centre for Disease Control and Prevention, Updated Apr. 14, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/php/eh-practitioners/sprayers.html>.

Thank you for consideration of this advisory.

Kind regards,



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CO-CHAIRPERSONS: MINISTERIAL ADVISORY COMMITTEE ON COVID-19

DATE: 03 December 2021

CC:

- » **Dr SSS Buthelezi (Director-General: Health)**
- » **Dr N Crisp (Deputy Director-General: National Health Insurance)**
- » **Incident Management Team**