MEDIA STATEMENT BY MINISTER OF HEALTH DR JOE PHAAHLA ON THE OCCASION OF VIRTUAL HEALTH MEDIA BRIEFING

– FRIDAY, 19 AUGUST 2022 AT 8h00

Thank You Facilitator

Greetings to the Deputy Minister, Dr Sibongiseni Dhlomo

Director General, Dr Buthelezi

Our Scientists from the NICD - Dr Michelle Groome and Dr Jacqueline Weyers

Members of the Media

All South Africans who have joined us and following us through various platforms

Good morning

We are meeting today in this format after almost three months, but I am glad that we continued to provide crucial information on various health programmes in order to keep the public abreast with health issues.

MONKEYPOX

On 23 July 2022, World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus, declared the current Monkeypox outbreak a Public Health Emergency of International Concern.

Although Monkeypox is less contagious than smallpox and COVID-19, and causes less severe illness, the current rising number of confirmed positive cases is becoming a cause for concern and cannot be taken for granted. I am saying this because on Tuesday this week, the country has since recorded the 5th positive case of 28 year man from Johannesburg in Gauteng Province, with travel history to Netherlands/Spain in Europe. This case was confirmed through a private laboratory, and samples were also sent to the NICD for sequencing, and contact tracing was activated immediately.

This means we have recorded 5 positive cases between 22 June to 17 August 2022, and there is no link between the first four cases, while the team is trying to establish if there is a link between the 4th and 5th cases since both of the have been to the same country, Spain, which has so far recorded over 5000 positive cases and two deaths.

South Africa has never recorded positive cases of Monkeypox before June 2022. Just to remind the public and members of the media about the past four cases. Case One was recorded on the **22nd June** from a 30-year-old male residing in the Gauteng province, no recent travel history, but presented with symptoms suggestive of Monkeypox.

The Second Case was recorded on **28 June** from 32-year-old male residing in the Western Cape Province, no recent travel history presented with symptoms suggestive of Monkeypox.

The 3rd Case was recorded on **10 July 2022** from a 42-year-old male tourist from Switzerland, visiting the Limpopo province, displaying symptoms suggestive of Monkeypox. The patient has since fully recovered and returned to Switzerland.

The 4th Case was recorded on 14 August 2022 from a 28-year-old man from the Western Cape who recently travelled to Spain and presented with symptoms suggestive of Monkeypox few days after his return. Contact tracing of close contacts is ongoing and the person is self-isolating.

While the World Health Organization has not recommended any travel restrictions, it is important for travellers to endemic countries to alert health officials on the situation to enable them to provide guidance for case detection and management.

Perhaps we can just say here that Dr Groome and Dr Weyers from the NICD will elaborate on the technical details of presentation and the progress of the disease.

In terms of vaccine, there is no specific vaccine for Monkeypox in South Africa. There are currently 3 main vaccines in use worldwide for the prevention of Monkeypox disease. These are **ACAM2000**, **Jynneos** also branded as Imvanex in the European Union, and the third one is **LC16m8** vaccine. Although none of them are registered in SA.

Monkeypox is a similar virus to smallpox. South Africa stopped smallpox vaccinations around 1982 when the global vaccination campaign came to an end due to the successful eradication of smallpox. Since then, there have been no smallpox vaccines offered to the general population and smallpox vaccines have not been included in the Expanded Program on Immunisation in South Africa. However most people over 40 years of age will have some immunity to Monkeypox from their Smallpox vaccinations.

In a statement released by SAHPRA in June 2022, they stated that there are currently no Smallpox or Monkeypox vaccines registered in South Africa, and also no specific antivirals registered nor have there been any applications made to register yet.

According to Situation Report produced by the World Health Organization a total of 27 814 cases and 11 deaths have been reported from 89 countries/areas/territories across all six WHO Regions since January 2022.
The scientists have advised that at the current moment, there is no need for mass vaccination because the situation is under control. This is in line with the WHO recommending against mass vaccination of general populations with Monkeypox vaccines at this point in time based on limited access and supply of available vaccines and because most people are not at risk of infection.
However, Port health officials continue with screening measures which include visual observation, temperature screening and analysis of travellers' health questionnaire at the ports of entry (airports, border gates and sea ports).

COVID-19 UPDATE

As I stated in my introduction it is 2 months since lifting restrictions.

We lifted restrictions because of decreasing infection numbers, high levels of population immunity and sustained decoupling of rates of infections and severe illness (infections were no longer producing a high proportion of very ill people).

Since the lifting of restrictions tests, cases, hospitalisations and deaths have all continued to decline. This is an indication that we acted in the public's interest once we were confident that the level of risk of another flare-up was very low.

Because COVID-19 is currently at low levels, and showing a shift to a more endemic pattern, we have shifted from daily to weekly reporting as we do for other respiratory diseases such as influenza. In addition we have stopped reporting on COVID-19 antigen tests performed because of poor data quality now that very little attention is being given to these tests. This allows more robust estimation of trends rather than when small daily numbers are followed which are affected by very small fluctuations such as we see with less testing over weekends. However, at national level indicators (tests, cases, hospitalisations and deaths) are closely monitored on an ongoing basis for any signals of concern.

Weekly reports are available on the NICD website as usual. www.nicd.ac.za/COVID-19 SURVEILLANCE REPORTS–NICD

The ongoing monitoring of SARS-CoV-2 genomic data is managed by the Network for Genomic Surveillance in South Africa (NGS-SA). This includes monitoring for emergence of new variants and lineages, including from tested patients and wastewater.

In the past month nine (9) new sequences with what we refer to as ‘novel mutational profile’ were identified. This means that the gene was significantly different from anything that we have seen before. Fortunately these mutated samples have remained at low level with no worrying epidemiologic signature.

The two sub-variants that we have discussed before (BA4/BA5) are still predominant, but the numbers are very low. They have presented with a milder picture in South Africa likely the result of high levels of immunity from previous infection or vaccination which offer protection against severe illness. I would like to emphasise that COVID-19 is a fickle virus and it remains possible for new variants to emerge, which is why we conduct surveillance and sequencing on an ongoing basis to allow rapid detection should this occur.

COVID-19 VACCINATION

Vaccination is still the best way to ensure immunity and prevent severe infections.

There is ample evidence that vaccine effectiveness against hospitalisation and death has been sustained over time, despite the emergence of new variants. Evidence from real-world vaccine effectiveness studies show

that COVID-19 vaccines help protect against COVID-19 infections, whether one has symptoms (in other words asymptomatic infections) or not. However, most people need booster shots because it is repeated exposure to the protein in the vaccine (which is similar to the viral genetic material) that stimulates our immune responses to protect us. For the best protection, everyone is urged to stay up to date with their COVID-19 vaccines, which includes getting boosters if you are eligible.

Since vaccines are not 100% effective at preventing infection, some people who are vaccinated will get what we refer to as 'breakthrough infections'. These infections tend to be less severe than those in people who are unvaccinated.

Our current high-level statistics show a very slow uptake of vaccinations since the lifting of the COVID-19 restrictions. However we are pleased that people are still seeking vaccination, both those who are coming for first doses and those who are returning for boosters.

As at Wednesday this week

- 37 343 941 doses have been administered
- 20 307 956 adults are now vaccinated, which is 51,03% of the population over 18 years
- Adult vaccination coverage ranges from 60,77% in Free State to 44,79% in KwaZulu Natal

Especially pleasing is that 71,42% of the population over 60 years has been vaccinated
Other age groups are less well covered:

- 66,68% of adults between 50 and 69 years
- 54,76% of adults between 35 and 49 years
- 38,01% of adults between 18 and 34 years

We are often asked who should be vaccinated. The regimen or schedule for vaccination is still:

- Adults 50 years and older are eligible to receive four doses
- Other adults (18 – 49 years) are eligible to receive three doses
- Adolescents 12 – 17 years are eligible to receive two doses of Pfizer vaccine

The Ministerial Advisory Committee on Vaccines has this past week recommended that children 5 – 11 years who are at risk of severe COVID disease should be offered vaccination. Vaccination of healthy children in this age group is not recommended for now.

There are a number of logistical issues that must be addressed before vaccination of children in this age group can be implemented but we will announce as soon as the logistical matters are all in order.

The target remains reaching 70% of our adult population, ideally in each district of each province. This is logistically possible but the challenge has, for some time, been limited demand for vaccines despite coverage of just over 50% amongst adults. This low demand is attributable to:

- Covid fatigue – belief that protection is no longer important
- Vaccine hesitancy – reluctance often owing to poor information
- Practical barriers to accessing vaccines for some individuals and groups

I wish to stress that COVID-19 as not disappeared and that vaccination is still strongly advised. The current strategies for improving coverage include providing COVID-19 vaccination through routine health services, supplemented by outreach services in schools, congregate settings, workplaces, and areas with low coverage with a focus on priority districts plus ongoing demand generation with an emphasis on social mobilisation. The authorities are strengthening the use of data to identify areas of low coverage so that resources can be targeted and we can respond appropriately.

HOW TO GET VACCINATED

People who have received a vaccination should receive an SMS inviting them for doses including booster doses. However, there is no need to wait for an SMS and you may present yourself at a vaccination site for vaccination. You can locate your closest site by visiting www.findmyjab.co.za or by calling the COVID Contact Centre on 080 029 9999.

ADVERSE EVENTS AND VACCINE INJURY

As we reported recently one patient has been confirmed to have demised following a rare complication, Gullian Barrè Syndrome (also referred to as ‘GBS’). We reported that the event was ‘causally linked’ to the use of the COVID-19 Vaccine Janssen. No other likely cause of GBS was identified at the time of illness.

GBS is a very rare but severe adverse event that is associated with the administration of various vaccines and other medicines and can also be triggered by infections such as SARS-CoV-2 and is listed as a rare adverse event in the professional information (PI) for COVID-19 Vaccine Janssen.

GBS is a rare condition affecting the body’s immune system which, in this case, GBS resulted in associated paralysis and required intensive care with ventilatory support, which was complicated by life-threatening infection. The patient died in hospital and the family has been informed on the outcome of the causality assessment and has been counselled.

Investigations and causality assessment of all severe reported adverse events following immunisation (AEFI) with the COVID-19 Vaccine Janssen, and other COVID-19 vaccines, is ongoing.

I wish to stress that the benefits of COVID-19 vaccination far outweigh the very low risk of severe adverse events, including GBS.

Regulations were published on 04 April 2022 describing the No Fault Compensation Scheme for COVID-19 vaccination and this was accompanied by more detailed ‘Directions’ on the same day. Since that time the operating procedures have been finalised, an Administrator in the department has been appointed, adverts placed for applications of the various panellists for the Adjudication and Appeal panels, the applicants’ suitability and availability confirmed, reimbursement rates approved, and the panels are being constituted so that the work of adjudicating the 75 cases referred from the NISEC statutory committee can commence.

INTERNATIONAL AIDS CONFERENCE HIGHLIGHTS

The South African Delegation which mainly comprised of government health officials, policy makers, South African National AIDS Council (SANAC) and representatives of civil society participated in the 24th International AIDS Conference held between 29 July and 2 August 2022, in Montreal, Canada.

This is the world's largest conference on HIV and AIDS which brings together scientists, clinicians, academics, healthcare workers and people living with HIV, Non-Governmental Organisations and media from across the world under one roof to share progress made in the fight against the pandemic and best practices, innovations to prevent the spread new infections.

Some of the issues which dominated the discussions in several satellite sessions during the conference include; the impact of COVID-19 in the fight against HIV, the need for closer collaboration between governments and civil society organisations in the sector to ensure that the future pandemics do not reverse the gains made in the fight against HIV, and accelerated research efforts on HIV vaccine. Pandemic prevention and preparedness response was discussed in a few sessions and elevated as critical.

There was general consensus on the importance of community participation and multifaceted approaches to address the psychological, physical and emotional well-being of People Living with HIV (PLHIV) to address barriers to treatment adherence, HIV prevention and access to healthcare.

Reports from most countries were that there was a level of reversal of the gains on HIV&AIDS interventions due to COVID and this includes the progress towards 90-90-90 targets, whereby, by 2020,

- 90% of people living with HIV will know their HIV status,
- 90% of people who know their HIV-positive status will be accessing treatment and
- 90% of people on treatment will have suppressed viral loads

In fact, UNAIDS has enjoined all countries to strive now for 95-95-95 targets.

Although most countries including South Africa have not met the 90-90-90 targets, but we are glad of the performance of some of the districts which performed well towards the targets. Now we have a mammoth task to meet the new 95-95-95 targets. In addition to the treatment cascade, these also state that 95% of women of reproductive age should have their HIV and sexual and reproductive health service needs met; 95% of pregnant and breastfeeding women living with HIV should achieve viral suppression; and 95% of HIV- exposed children should be tested by 2025.

Despite these reversals lessons learnt from COVID include acting early, robust communication and community involvement as well as integration of programmes, sustainability of interventions, and funding among others.

There is a call for renewed focus on ensuring better service integration.

South Africa is amongst the countries with the highest pre-exposure prophylaxis (or PrEP) initiations globally. Our country accounted for **622,233** out of **2,797,304** reported global oral PrEP initiations, which translates to 22%. This is the highest oral PrEP initiation in sub-Sahara, more than double that of Kenya. We are happy to mention that 70%, or 2419, of our public primary healthcare facilities/clinics have integrated oral PrEP into their routine package of services.

There is a need for tools to prevent STIs beyond condoms in populations that have been disproportionately impacted by the STI epidemic. There are currently 2 studies to support the use of doxycycline as PEP in MSM. The Doxy PEP study has important implications of paving the way forward for its more widespread use as STI prophylaxis in vulnerable populations.

Advances for HIV PreP for Adolescent Young Women and Girls (AYWG) were discussed with specific focus on the Dapivirine Ring for monthly protection against HIV and long-acting cabotegravir for HIV prevention (CAB-LA) to remove some barriers to daily oral PrEP.

There were discussion on the use of HIV antibody testing (as opposed to molecular testing) and also promising discussions on vaccine platforms to induce broadly neutralizing antibodies.

The sessions covered important topics related to its epidemiology, treatment and public health response. The importance of equity in service delivery, treatment, vaccine, and cure for HIV and other diseases for all was discussed. There is an unequal distribution of power in the global

HIV&AIDS space and the importance of shifting the framework back to the countries and communities most impacted by HIV was emphasised.

Effective implementation of combination prevention for HIV requires not just one but many approaches at different levels in a community-centered way, including biomedical, behavioural and structural interventions, influencing social environment, health care system, and policy, optimally designed with innovative research methods, with constant monitoring and evaluation of the program.

There is ‘no one size fits all’.

END!!