

Public Hearings: Inquiry into Ensuring Free and  
Fair Local Government Elections during COVID-  
19 led by Justice Moseneke

**Ministerial Advisory Committee on COVID-19**

**2<sup>nd</sup> July 2021**

# Ministerial Advisory Committee on COVID-19

- Co-chairs; Prof Koleka Mlisana, Prof Marian Jacobs and 21 Members
- Non-statutory, advisory Committee appointed by the Minister of Health
- Provide high level strategic advice to the National Department of Health (NDoH)
- Provide technical guidance in the form of Advisories, based on best-available evidence, when requested
- Not responsible for the delivery or coordination of services related to the COVID-19 response

*Ministerial Advisory Committee on Vaccines*

*Behavioural and Social Ministerial Advisory Committee*

# IEC Advisory and responses (1)

- The holding of the elections could put members of the public at risk of contracting COVID-19 during one of various activities, such as:
  - Voter registration with the anticipated need to facilitate large numbers of citizens in voter registration stations;
  - The voting process itself, where large numbers gather at polling stations and queue to complete their ballots;
  - Large political gatherings, especially in venues that are difficult to manage or limit (such as sports stadia); these are potentially high risk super-spreading events;
  - Increased person-to-person contact during door-to-door campaigning.

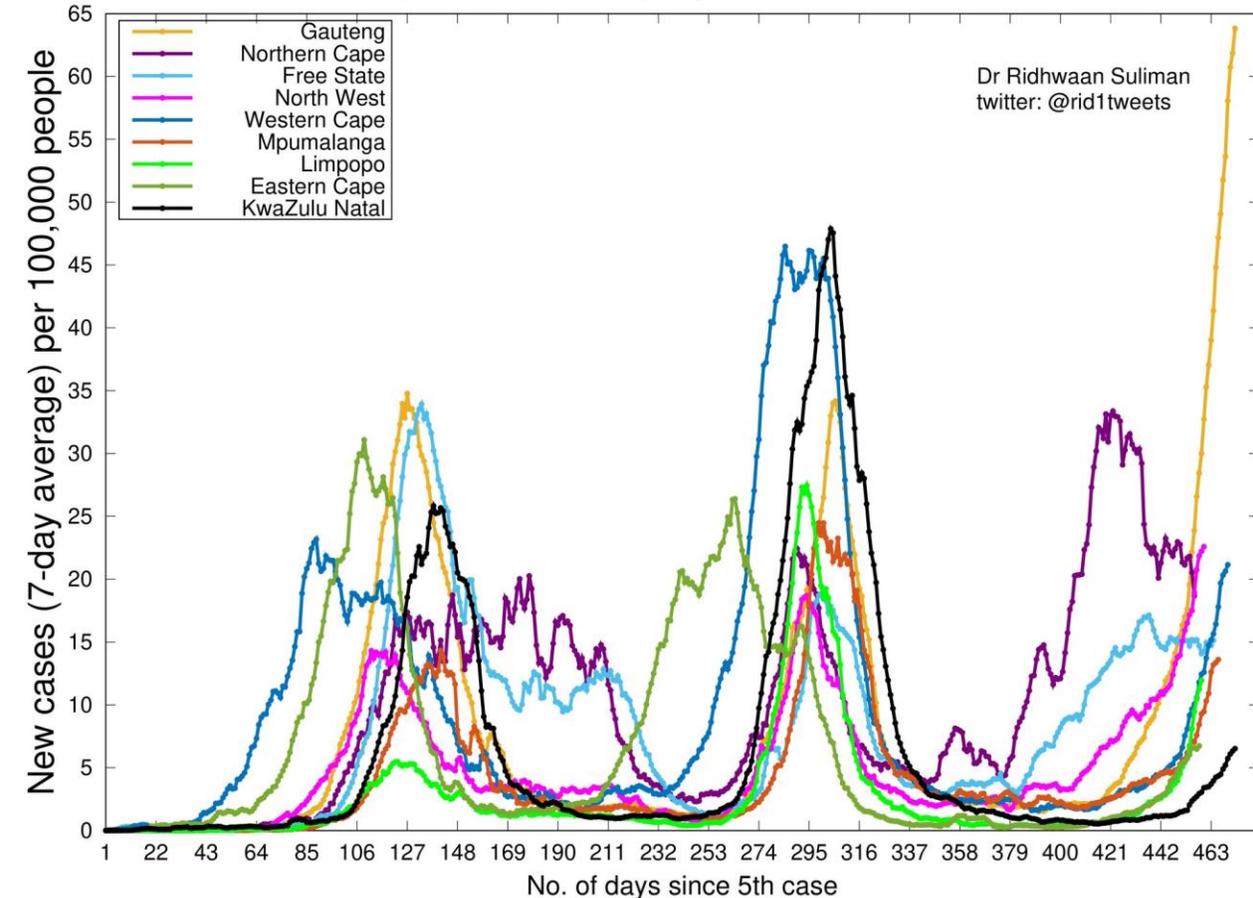


# IEC Advisory and responses (2)

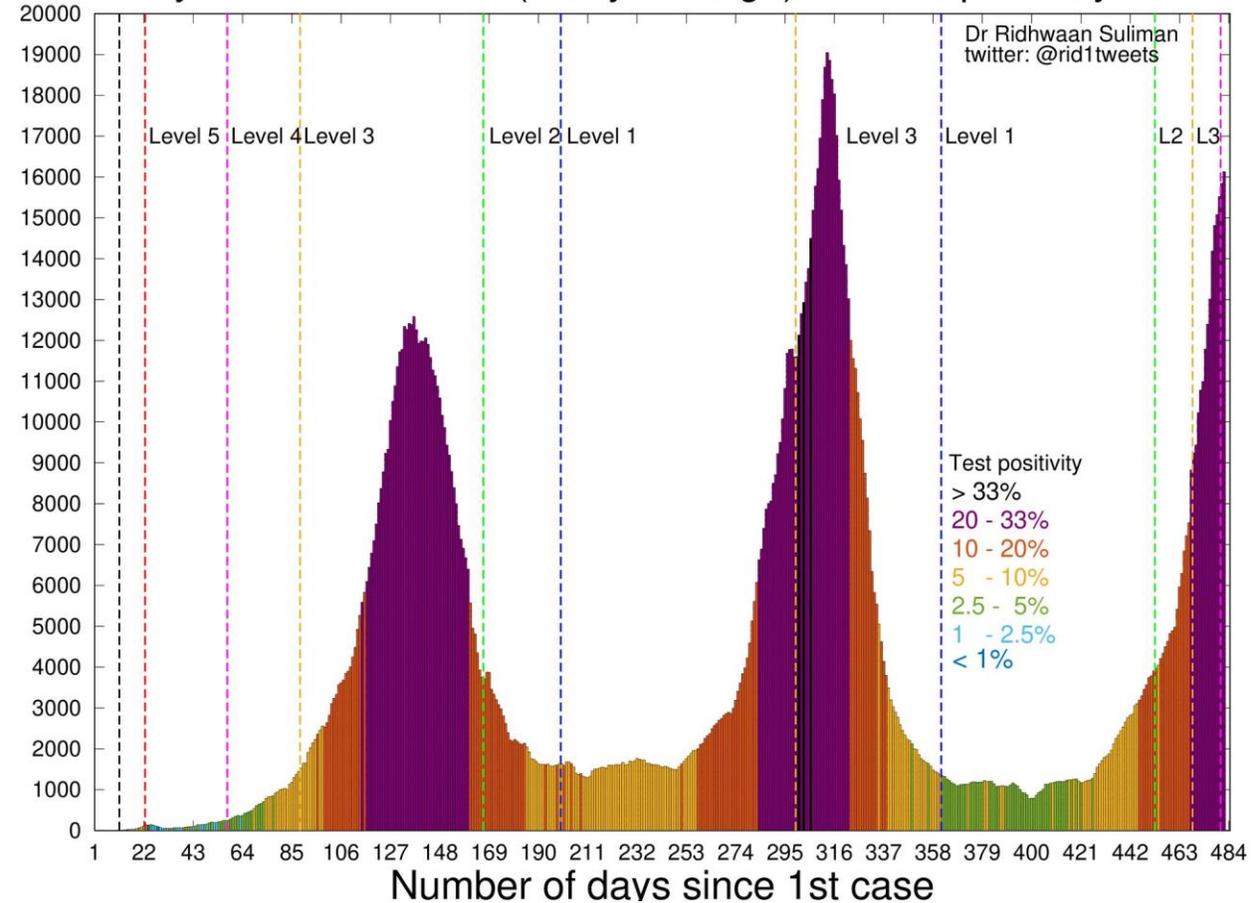
- Estimation of size, rate and peak of third wave subject to uncertainty regarding;
  - Population behaviour and adherence to NPIs
  - Variants of concern
  - Prior infection and immunity
  - Inter-wave transmission
- Vaccine roll out program unlikely to confer sufficient herd immunity
- Limitations on size of gatherings effective in reducing transmission
- Adherence to NPIs including contact tracing, isolation and quarantine is best current intervention

# Current situation in South Africa

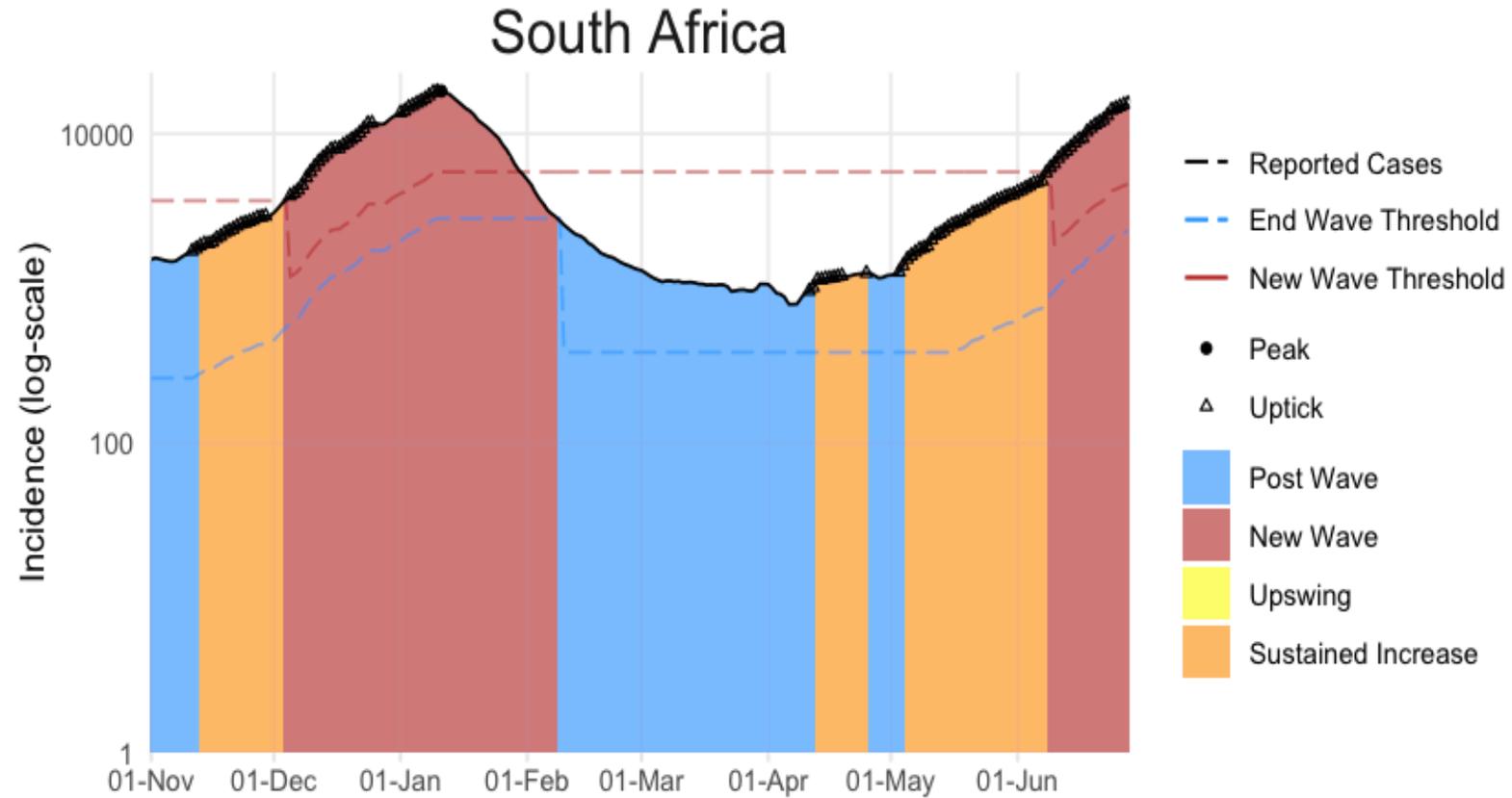
Daily incidence rates per province in South Africa



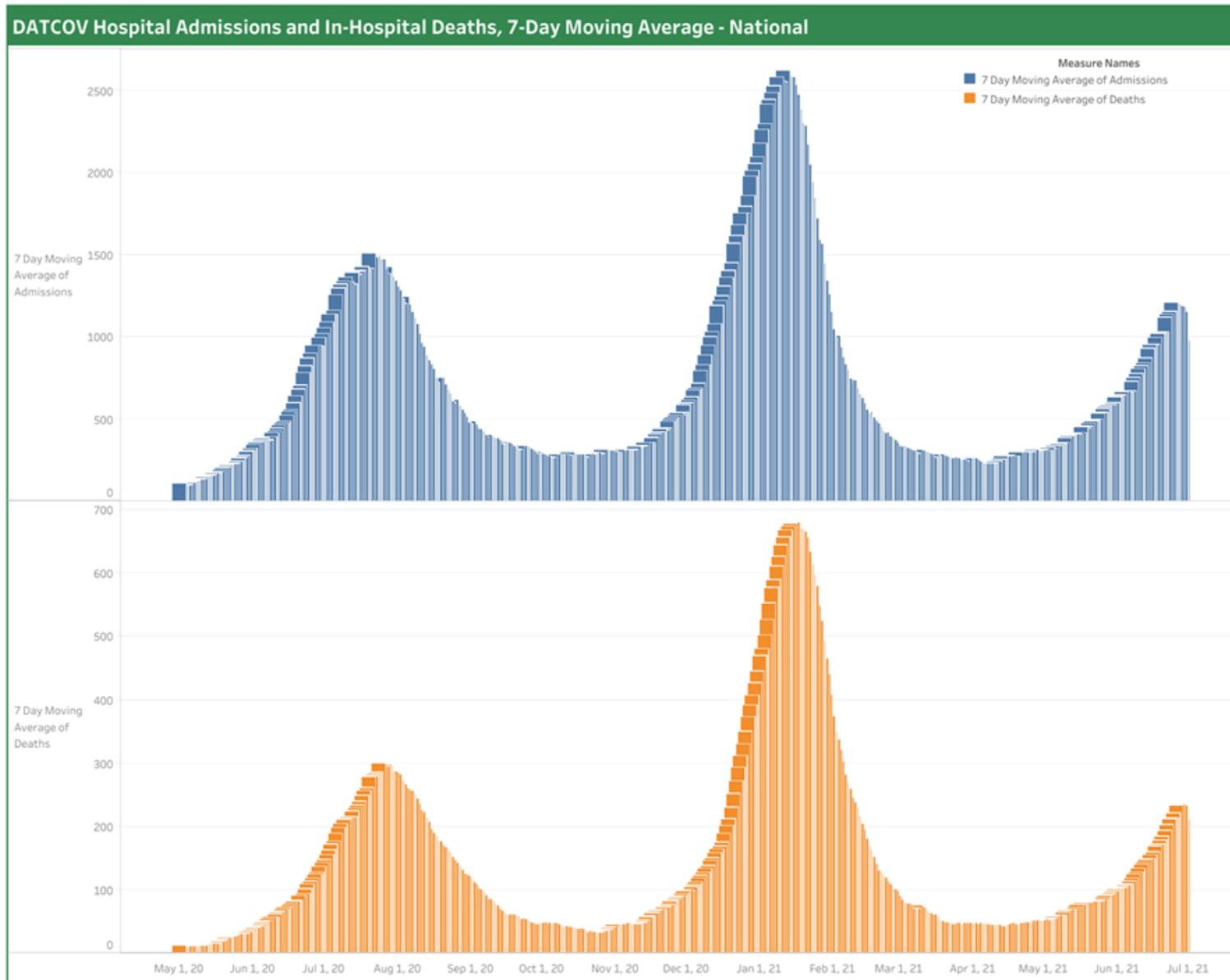
Daily COVID-19 cases (7-day average) and test positivity in SA



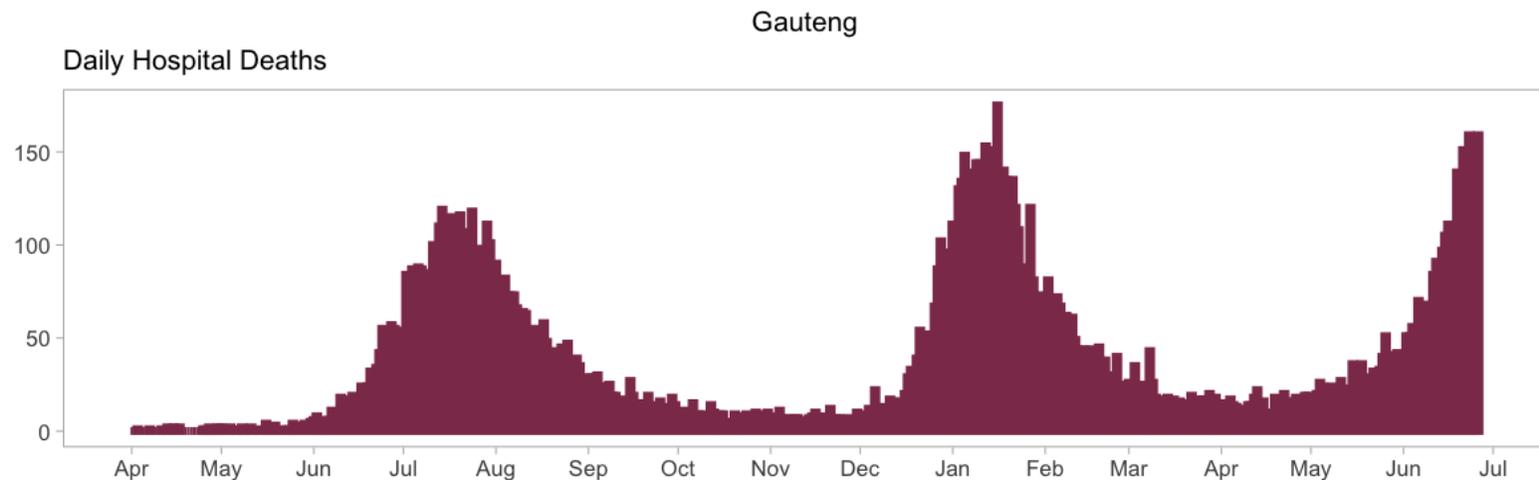
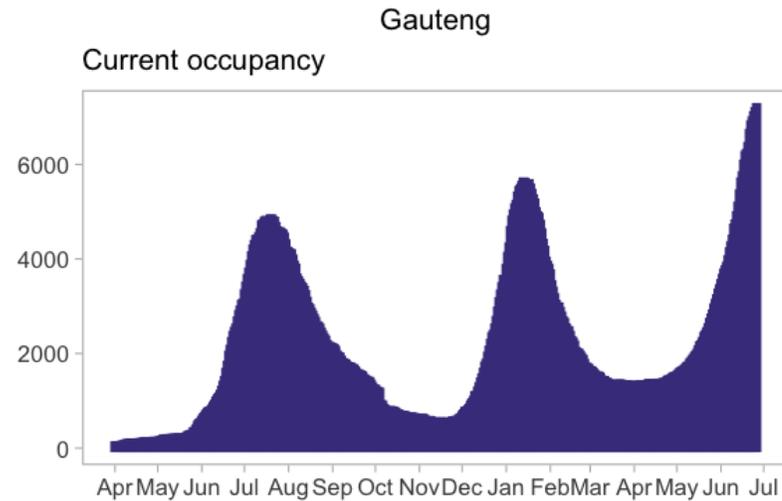
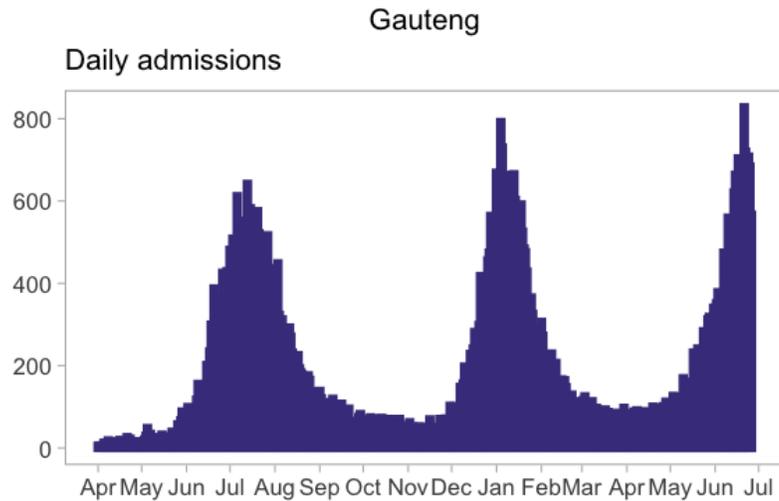
# Current situation in South Africa



# Hospital admissions and deaths – South Africa



# Current situation: Gauteng

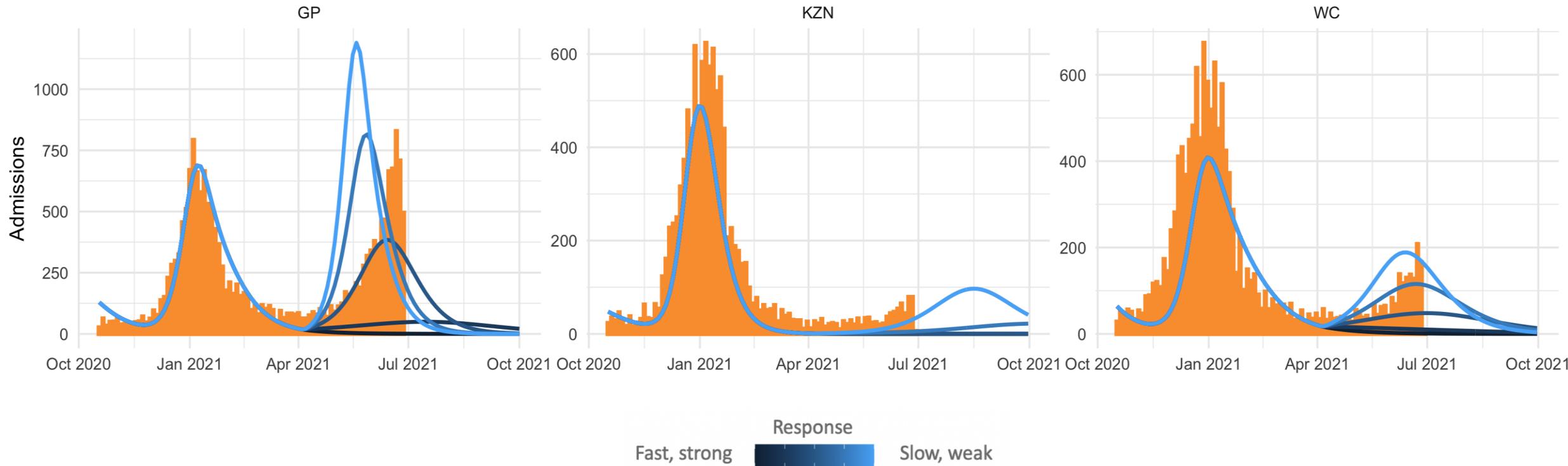


30 June 2021	
Admissions to date	89709
Currently admitted	7243
Currently in ICU	1295
Currently ventilated	669
Hospital Deaths to date	17149

Source: NICD National COVID-19 Hospital Surveillance [30 June 2021]

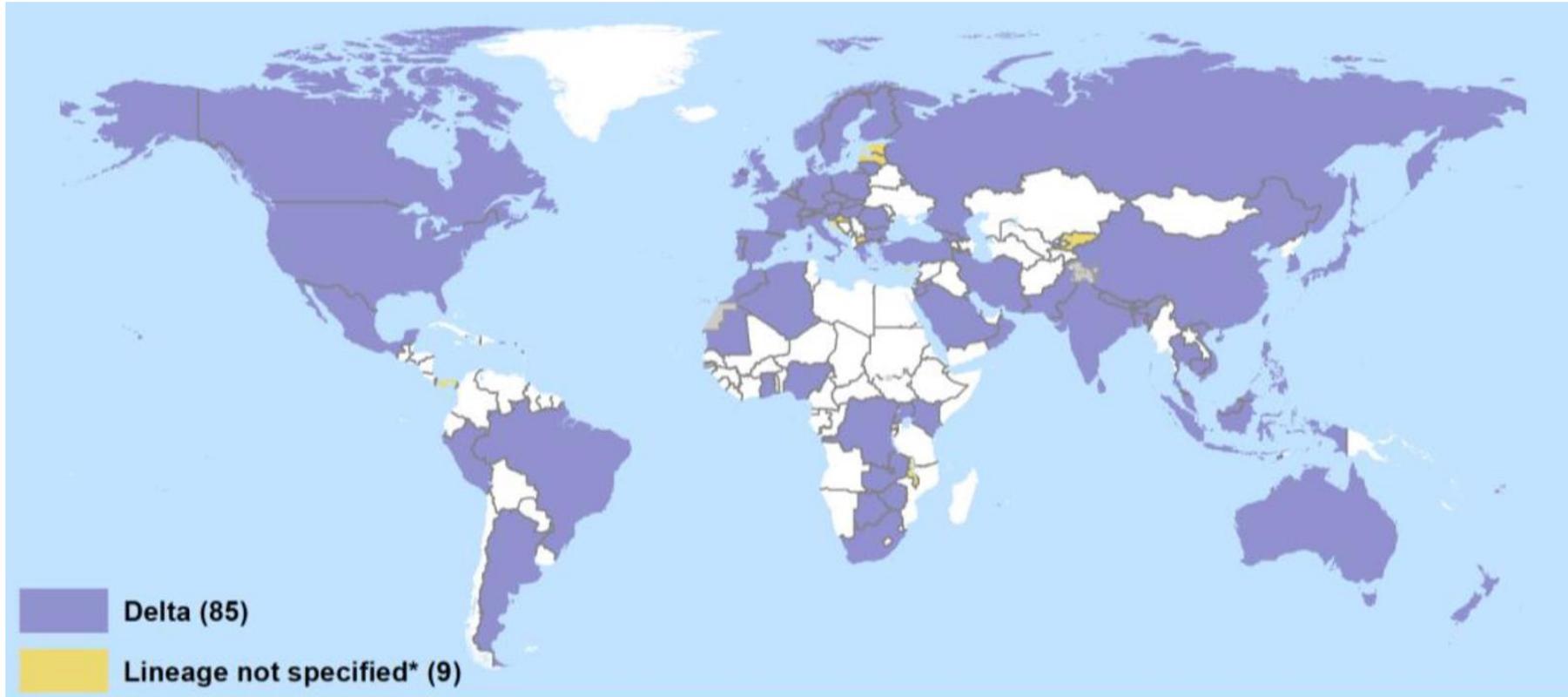
# Tracking projections for the third wave

Admissions (Gen + ICU): Second & Third Waves



- While admissions tracked the 2<sup>nd</sup> (WC) and medium (GP) scenario until May, admissions rapidly exceeded the scenarios in June 2021

# Delta global distribution

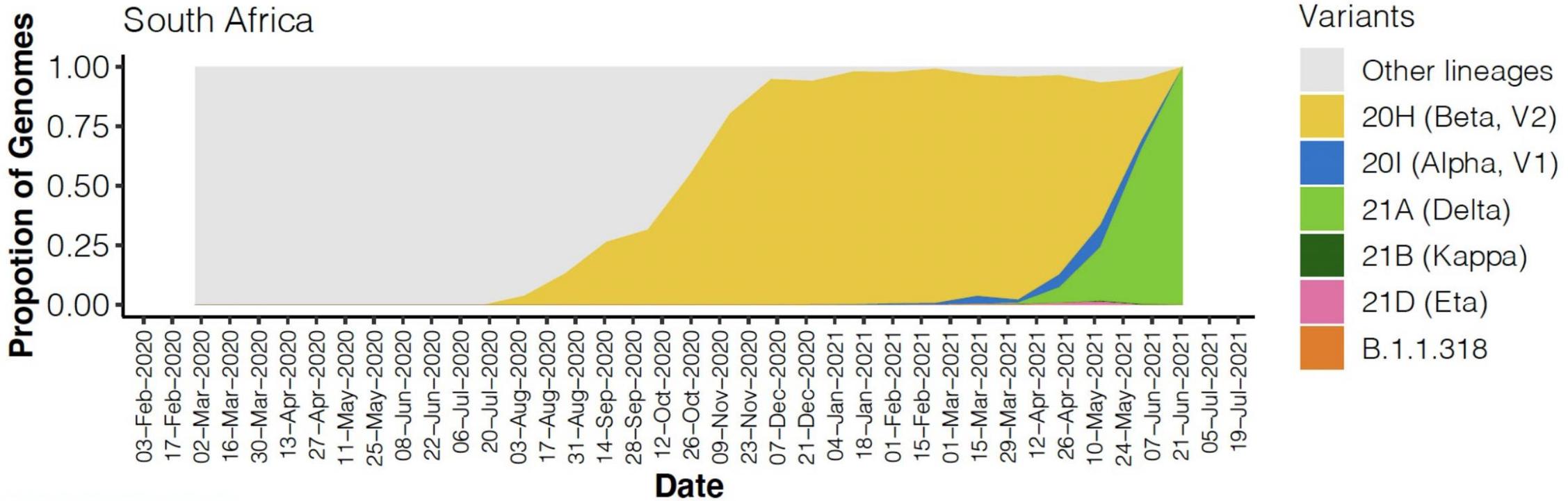


First sampled in India October 2020

Now detected in 85 countries, including several in Africa, and rapidly becoming dominant in many countries

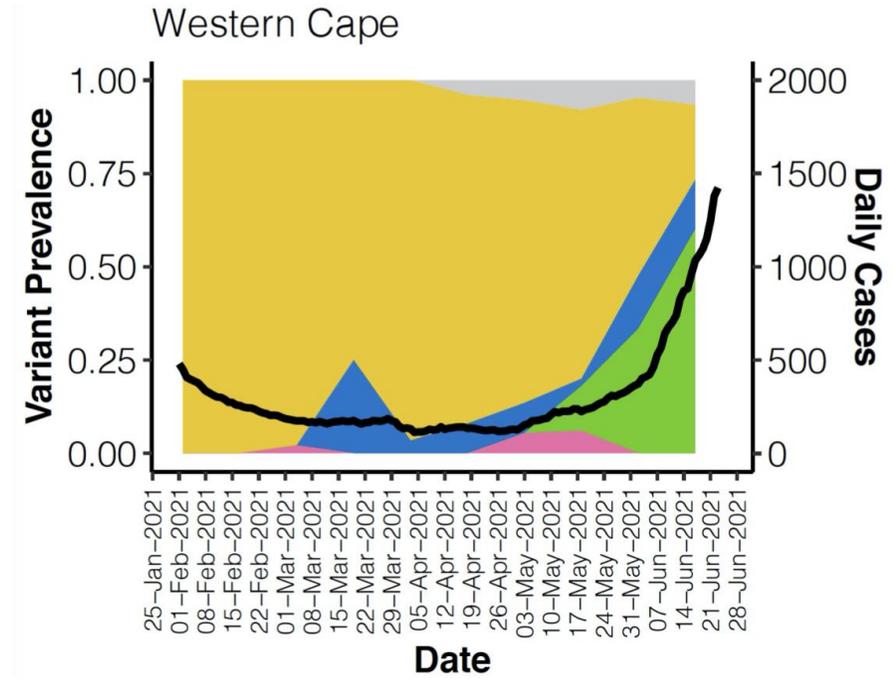
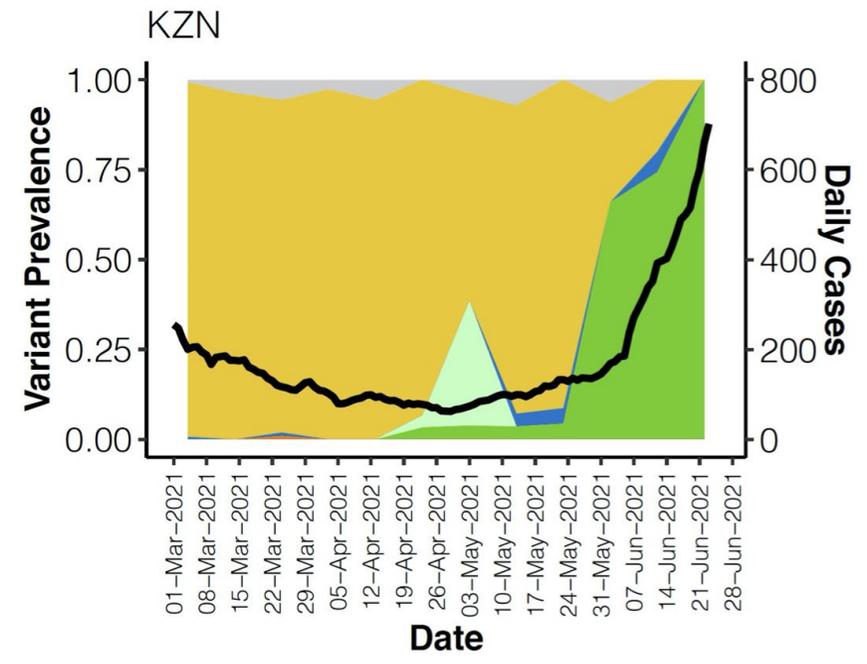
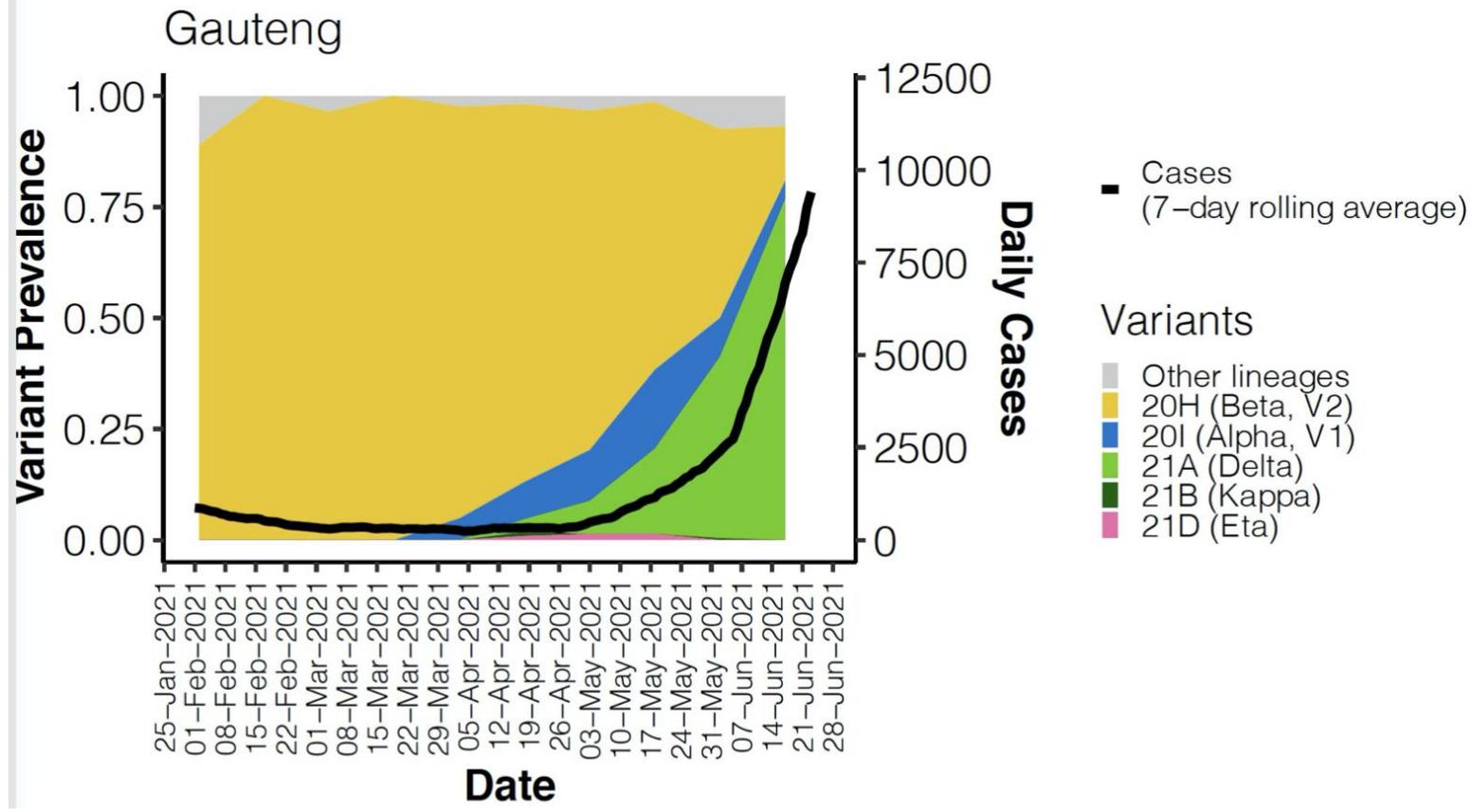
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

# Delta variant in South Africa



Genomic surveillance data suggests that the Delta variant is rapidly becoming the dominant SARS-CoV-2 variant in South Africa

# Delta variant in South Africa



# Delta variant: More transmissible

- Preliminary estimates from genomic data and epidemiological studies suggest Delta may be 30-60% more transmissible than other variants of concern, including Beta
- These data imply that Delta could be approximately twice as transmissible as the earlier non-VOC/VOI viruses

# Delta variant Vaccine Effectiveness

## UK data – all symptomatic disease

Vaccine Lopez Bernal J, et al. medRxiv 2021	Vaccine effectiveness single dose		Vaccine effectiveness two doses	
	Alpha	Delta	Alpha	Delta
<b>Astra Zeneca</b>	51% (47-55)	33% (19-44)	66% (54-75)	60% (29-77)
<b>Pfizer</b>	49% (43-55)	33% (8-51)	93% (90-96)	88% (78-93)

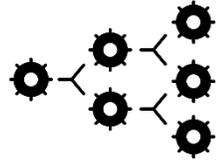
Compared to Alpha, there was a modest reduction in effectiveness against symptomatic disease after a single dose, but very little difference after two doses

## UK data – hospitalisation

Vaccine Stowe J, et al. PHE preprint 2021	Vaccine effectiveness single dose		Vaccine effectiveness two doses	
	Alpha	Delta	Alpha	Delta
<b>Astra Zeneca</b>	76% (61-85)	71% (51-83)	86% (53-96)	92% (75-97)
<b>Pfizer</b>	83% (62-93)	94% (46-99)	95% (78-99)	96% (86-99)

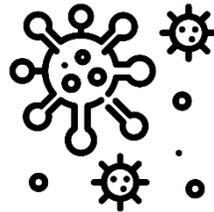
These findings suggest high levels of protection (>70%) against hospitalisation with the Delta variant with one or two doses of either vaccine – levels of protection similar to the Alpha variant

# Summary of Delta variant



## Transmissibility

Highly transmissible – more than all other variants



## Risk of reinfection

Reduction in neutralization with serum from people infected with Beta variant



## Disease severity

No clear evidence yet



## Vaccines

No evidence of vaccine escape  
High levels of protection against severe disease

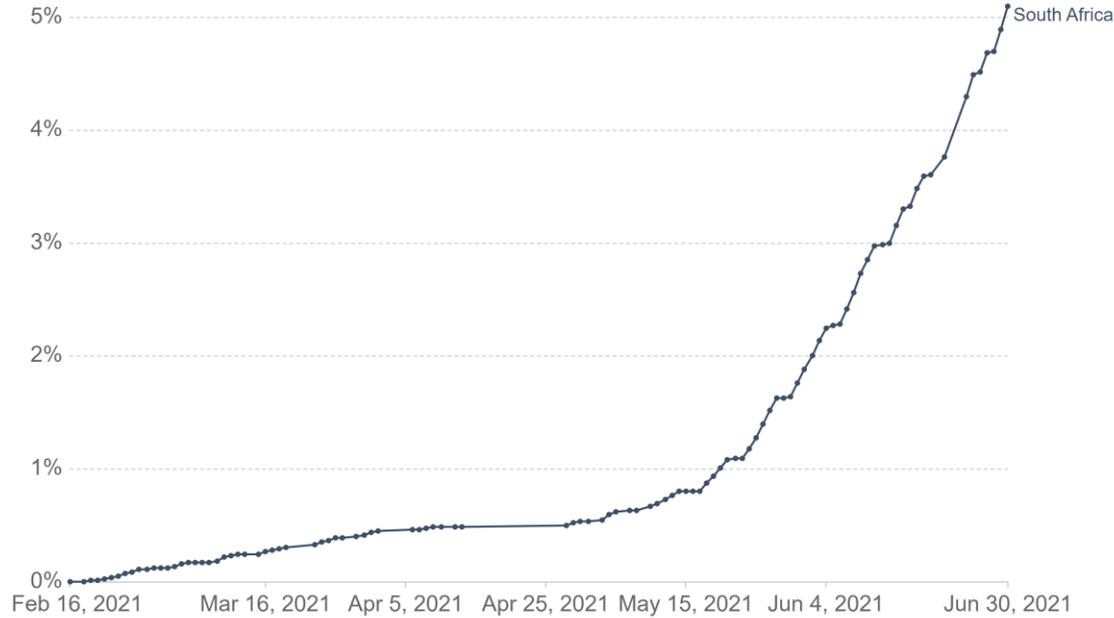
# Delta variant in South Africa (SS)

- The SACMC is currently adapting the third wave models to incorporate the increased likelihood of transmission of the delta variant over the beta variant.
- Through a range of scenarios, this modelling will estimate the duration of the epidemic and the impact on COVID-related hospitalisations and deaths in the nine provinces.

# Share of people who received at least one dose of COVID-19 vaccine



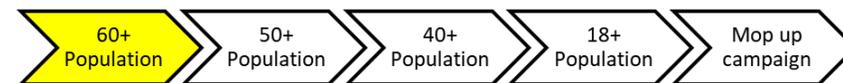
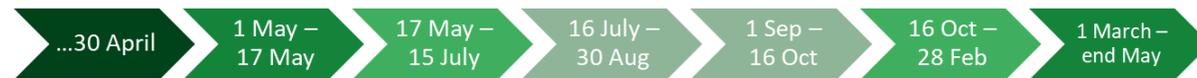
Share of the total population that received at least one vaccine dose. This may not equal the share that are fully vaccinated if the vaccine requires two doses. This data is only available for countries which report the breakdown of doses administered by first and second doses.



Source: Official data collated by Our World in Data

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# Vaccine roll-out in South Africa



NDOH presentation to Covid MAC  
15<sup>th</sup> April 2021

# Vaccine roll-out in South Africa

“The overall risk of SARS-CoV-2 infection related to the expected increase in circulation of the Delta VOC for the **general population** is considered to be **low** for fully vaccinated sub-populations and **high-to- very high** for partially or unvaccinated sub-populations. “ (Threat Assessment Brief: Implications for the EU/EEA on the spread of the SARS-CoV-2 Delta (B.1.617.2) variant of concern)

“The overall risk of SARS-CoV-2 infection related to the expected increase in circulation of the Delta VOC for **vulnerable population** is considered to be **low-to-moderate** for fully vaccinated sub-populations and **very high** for partially or unvaccinated sub-populations. “

Source: European Centre for Disease Prevention and Control. Implications for the EU/EEA on the spread of the SARS- CoV-2 Delta (B.1.617.2) variant of concern - 23 June 2021. ECDC: Stockholm; 2021.

# Key messages

- Not possible to predict what the pandemic will look like in October.
- The Delta variant is substantially more transmissible than the Beta variant
- There will not be sufficient vaccine coverage of the population by October 2021 to achieve herd immunity
- Any event that results in large numbers of people gathering at one place at one time is high risk
  - Rallies and canvassing
  - Transport to/from elections and events
  - Number of polling stations and estimated voters per station
- COVID-19 protocols are only effective if **everyone** adheres to them **all of the time**
- Do whatever it takes to significantly reduce the numbers of people in one place at one time.

# Acknowledgements

NICD

NHLS

Department of Health

South African COVID Modelling Consortium

KRISP and teams working on the genome sequencing

Academic units across the country

Colleagues in the MAC