



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



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Date:	22 October 2021		
To:	<b>Honourable Minister Dr Joe Phaahla, Minister of Health</b>	From:	<b>Ministerial Advisory Committee (MAC) on COVID-19 Vaccines</b>

**AMMENDMANT TO ADVISORY ON BOOSTER COVID-19 JANSSEN VACCINE (COVID-19 JANSSEN) FOR HEALTHCARE WORKERS**

**Problem Statement**

- The Sisonke roll out for healthcare workers started on the 17<sup>th</sup> February 2021 with a single dose of COVID-19 Janssen vaccine.
- Consideration has now become necessary as to whether healthcare workers must receive a second dose of vaccine.

**Points considered**

1. Experience with single dose COVID-19 Janssen vaccine.
  - How long immunity and efficacy following a single dose of COVID-19 Janssen will last is unknown. Current information suggests that a single COVID-19 Janssen vaccine dose induces immunity for up to 8 months.  
<https://www.nejm.org/doi/full/10.1056/NEJMc2108829>
  - A full or quarter dose booster dose of COVID-19 Janssen at 6 months elicited rapid and robust increases in spike binding antibody levels. The anamnestic responses after booster immunization imply development of robust immune memory.  
<https://www.medrxiv.org/content/10.1101/2021.08.25.21262569v1.full.pdf>
  - Ninety-four percent of healthcare workers who experienced breakthrough infections following vaccination as a part of the Sisonke rollout programme with the COVID-19 Janssen vaccine exhibited mild to moderate symptoms (cut-off date for data analysis was 5-6 months after first enrolment).
  - The vaccine effectiveness was 65% in reducing hospitalization\*, which was lower than that seen following the two dose Pfizer-BioNTech vaccine (Comirnaty®)\*\*.  
\*<https://sacoronavirus.co.za/wp-content/uploads/2021/08/Sisonke-Provisional-Results-6-August-2021GG2.pdf>  
\*\*<https://pubmed.ncbi.nlm.nih.gov/33964222/>
  - At present there is no strong evidence from clinical trials or well-designed effectiveness studies that the efficacy/effectiveness of the COVID-19 Janssen vaccine against severe disease, hospitalisation and death is waning over time. However, the evidence is likely to change with time.

2. Why a booster COVID-19 Janssen vaccine for SA health care workers is necessary.
  - There is a strong public health rationale for administering a booster dose for health care workers not only to enhance protection against severe disease and death, but also to enhance protection against infection. If effective, this will help to maintain the health care workforce, reduce transmission in health care facilities and reduce health care worker absenteeism because of isolation if infected.
  - Boosters will be needed at some stage of the pandemic especially considering new variants emerging. Boosted immune responses may translate into improved protection, including against variants of concern. Boosters may potentially impact on reducing breakthrough infections and may increase protection against hospitalisation.
  - The SA health care services have had significant and, in some cases, very severe capacity constraints in managing the flood of coronavirus cases during the first 3 waves.
  - The pandemic has had a major impact on the emotional and psychological well-being of staff on the frontline of service provision. Morale of staff is at an all-time low. Many have agitated for a booster dose and in some cases have had an unauthorised booster Pfizer-BioNTech vaccine (Comirnaty ®).
  - Vaccine supply is not constrained at present or in the near future thus there will be no competition for vaccine supply or administration in the booster healthcare worker rollout with the ongoing national rollout programmes, where our priority remains to get as many first doses into our adult population and in particular the at-risk groups including the elderly.
  - However, the delivery of vaccines would need to be well coordinated so that this does not divert resources from the vaccination of the general population.
3. Additional consideration needs to be given to emerging data on the value of heterologous boosting - specifically the use of Pfizer-BioNTech vaccine (Comirnaty ®) for boosting the initial COVID-19 Janssen.  
<https://www.medrxiv.org/content/10.1101/2021.10.10.21264827v1>

### Recommendations

1. While scientific evidence is not conclusive on the absolute need for the booster dose, the VMAC is of the opinion that there is currently sufficient scientific evidence from laboratory investigations as well as from clinical observations, of waning immunity to warrant the additional dose.
2. Healthcare workers should be offered a booster dose of COVID-19 Janssen vaccine 56 or more days after their first COVID-19 Janssen dose.
3. Given accumulating evidence of the value of heterologous boosting the VMAC recommends that Pfizer-BioNTech vaccine may be used as an alternative booster dose after one dose of the Johnson and Johnson vaccine.
4. The vulnerability of the healthcare workers to COVID infection with resulting absenteeism from illness or from isolation requirements, particularly with the increased burden of infection expected with the forthcoming fourth wave at the end of the year is a further reason to protect them.

ADVISORY ON BOOSTER COVID-19 JANSSEN VACCINE FOR HEALTH WORKERS  
- AMMENDMENT-

5. Further advisories will address the issue of booster COVID-19 Janssen dose for non-healthcare workers who received them.
6. Healthcare workers who have had unauthorized booster doses of Pfizer-BioNTech vaccine (Comirnaty ®) after COVID-19 Janssen are strongly encouraged not to accept an additional booster COVID-19 Janssen vaccine as there are no safety data for such a schedule and this will also be a waste of vaccines.
7. It has been noted that decisions to offer a booster, do not necessarily require a regulatory decision, but can be a policy decision taken by the Department of Health.
8. The administration of booster doses to healthcare workers who received the single dose COVID-19 Janssen vaccine should be accompanied by intensified efforts to ensure all health care workers have received a primary series of either COVID-19 Janssen or Pfizer-BioNTech vaccine (Comirnaty ®).

Thank you for consideration of this request.

Kind regards,



**PROFESSOR BARRY SCHOUB**

**CHAIRPERSON: MINISTERIAL ADVISORY COMMITTEE ON COVID-19 VACCINES**

**DATE: 22 October 2021**

**CC:**

» **Dr N Crisp (Acting Director-General: Health)**