



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



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Date:	19 July 2021		
To:	<b>Minister M Kubayi-Ngubane, Honourable Acting Minister of Health</b>	From:	<b>Ministerial Advisory Committee (MAC) on COVID-19 Vaccines</b>

**UPDATE ON WORKING GROUPS PREPARING AN ADVISORY ON THE SELECTION OF  
A THIRD VACCINE FOR THE SOUTH AFRICAN COVID-19 VACCINE PROGRAM**

**Problem Statement**

Problem

The current Covid 19 vaccine program is dependent on a secure supply of two vaccines – Pfizer and Johnson & Johnson. This does place the program in a potentially vulnerable situation should there be any reason for the supply pipeline to be interrupted for any significant period of time.

Background

The VMAC at its meeting on Thursday 15<sup>th</sup> July, considered four options to address the vulnerability of the vaccine supply, and to extend the available vaccine stocks to maximise reach as far as possible and as fast as possible. All of these options have scientific support in published scientific literature.

**Option 1 - Administering the Pfizer vaccine as a single dose only**

- The Delta variant is by far the majority variant in South Africa and has largely displaced the more vaccine-resistant beta variant.
- A single dose of Pfizer is 92% effective in preventing severe disease resulting in hospitalisation, due to the Delta variant, as demonstrated in a recent study in the United Kingdom.
- However, its efficacy as a single dose to prevent mild-to-moderate disease due to the Delta variant, was found to be only 33%.
- No country in the world has adopted a single dose Pfizer vaccine policy, and it would be difficult to justify to the public perception.

**Option 2 - Stretching the interval between the two doses of Pfizer from six weeks to 12 weeks**

- This is the practice in the United Kingdom where it was also found that the immune response with this extended interval was somewhat higher than the FDA-recommended three-week interval.
- Having to readjust the schedule however would cause considerable operational difficulties as well as public confusion, if not public suspicion as to the Department’s “indecision”.

- Spreading the interval time would not greatly increase the reach of vaccine coverage.

**Option 3 - Single dose Pfizer to individuals who have previously been infected with SARS CoV-2**

- These individuals could be identified by a rapid antibody test when they come for their first vaccine dose, and then be excluded from the second dose should they test positive for SARS CoV-2. antibodies.
- It has been shown in several studies that the immune response in previously infected individuals given a single Pfizer dose is significantly higher than that following two doses of Pfizer vaccine.
- The mechanics for possible introduction of this option is being investigated by a team from the VMAC who will be presenting details on this option to the VMAC at its next meeting next week.

**Option 4 – see below under *Recommendations***

**Recommendations**

**Recommendation for option 4 - Sourcing a third vaccine.**

- The VMAC unanimously supports this option to be the most effective way of addressing the current Covid vaccine vulnerability.
- The two vaccines being evaluated for suitability as a third vaccine are the CoronaVac (Sinovac) vaccine, and the AstraZeneca vaccine.
- Both vaccines would carry the additional advantage of a more relaxed storage requirement making them more suitable for implementation in rural areas, as compared to the Pfizer vaccine with its more rigorous storage requirements.
- Two technical working groups have been established headed by members of the VMAC and consisting of members of the VMAC, NEMLC, and the MRC.
- The technical working groups have been apprised of the urgency to submit their reports to enable an advisory to be submitted to the Acting Minister as soon as possible.

Thank you for consideration of this request.

Kind regards,



**PROFESSOR BARRY SCHOUB**

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

**DATE: 19 July 2021**

**CC:**

- » **Dr S Buthelezi (Director-General)**
- » **Dr T Pillay (Deputy Director-General: Health Regulations and Compliance Management)**