



# NATIONAL COUNCIL OF PROVINCES (NCOP)

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## Ministerial Briefing to the NCOP Vaccine Rollout Plan

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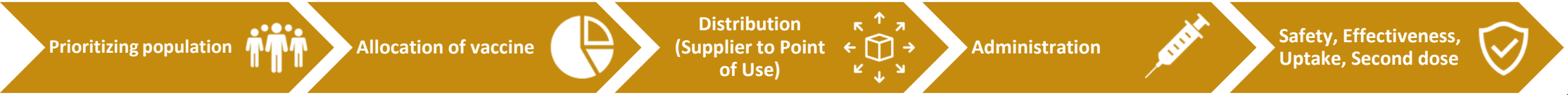
25 February 2021

Minister of Health  
Dr ZI Mkhize

# FRAMEWORK FOR VACCINE IMPLEMENTATION

**Governance Structures** 

**Communication, stakeholder guidance, training**  
(provinces, districts, public sector and private sector) 



Supply – Monitor, Track Report

Vaccine Uptake, Use, and Coverage

Adverse Events Following Immunization (AEFI)  
Vaccine Effectiveness Monitoring and Reporting

Data 

**Regulatory Considerations** 

**Budget & Finance** 

*Adapted: From The Factory To The Frontlines: US Department of Health and Human Services)*

# WHY ARE VACCINES IMPORTANT

The aim of vaccination is to:

- To prevent **morbidity and mortality**.
- To **achieve herd immunity** and **prevent ongoing transmission**.

When a person gets vaccinated against a disease, their risk of infection is also reduced – personal protection

**'Herd immunity'**, also known as **'population immunity'**, is the indirect protection from an infectious disease that happens when immunity develops in a population either through vaccination or through previous infection.

Herd immunity does not mean unvaccinated or individuals who have not previously been infected are themselves immune. Instead, herd immunity exists when individuals who are not immune, but live in a community with a high proportion of immunity, have a reduced risk of disease as compared to non-immune individuals living in a community with a small fraction of immunity.

**Lowering the possibility for a pathogen to circulate in the community protects those who cannot be vaccinated** (due to health conditions, like allergies, or their age) from the disease targeted by the vaccine.

# IDENTIFICATION AND PRIORITISATION OF TARGET POPULATION



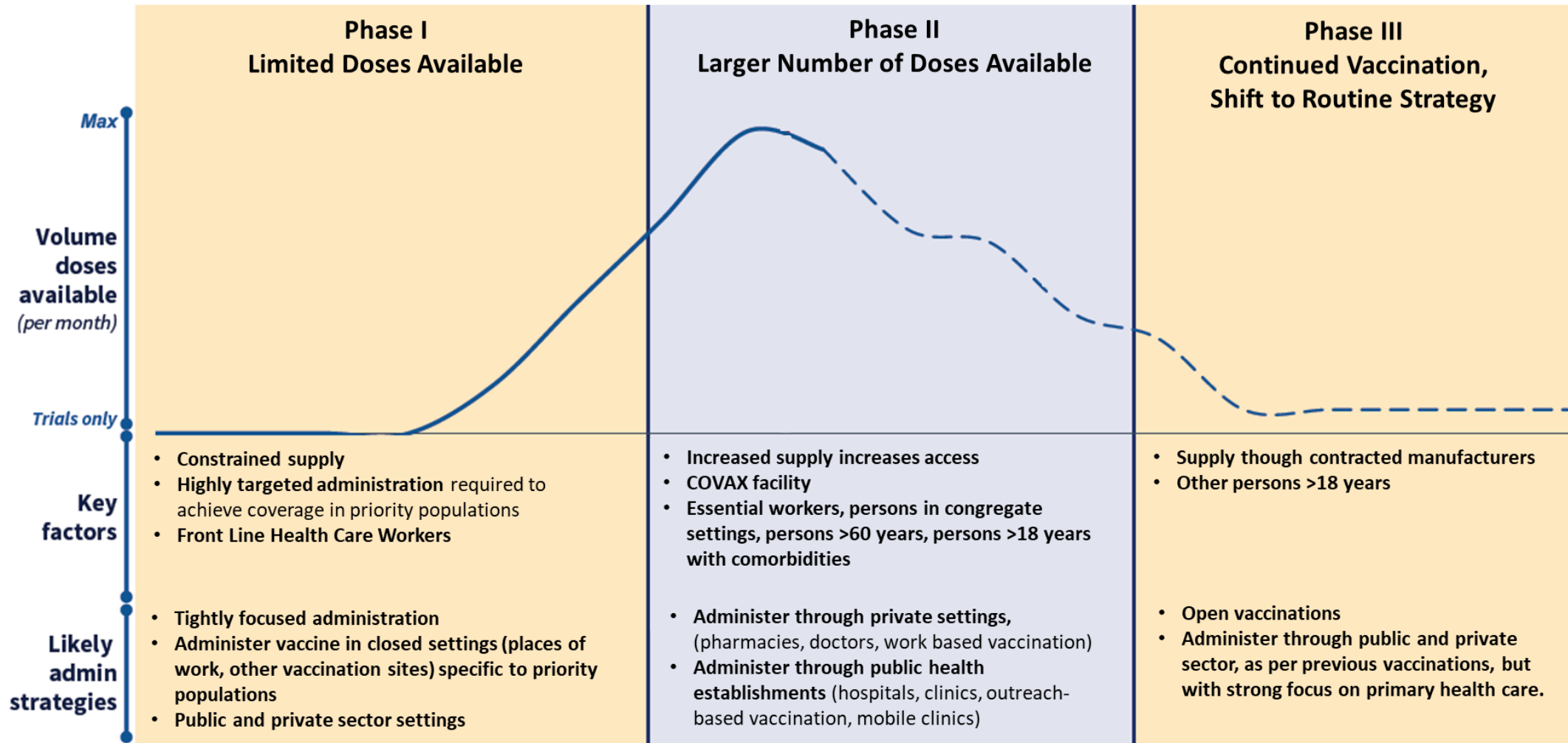
**Vaccines will not be available for everyone immediately**, and a **prioritization system** will have to be applied.

Guided by the MAC on Vaccines.

Priority will be given to those:

- in roles considered to be **essential for societal functioning**;
- **most at risk** of infection and serious outcomes, for example, those over 60 years, those with comorbid conditions and those living in overcrowded settings,
- **most at risk of transmitting** SARS-CoV-2 to others.

# PHASED APPROACH BASED ON AVAILABILITY OF VACCINES



Adapted: From the factory to the frontlines: US Department of Health and Human Services)

*Illustrative and not to scale.*

# PHASED APPROACH FOR VACCINE INTRODUCTION

## Phase I

### Health care workers (HCW)

All health sector workers

Target population: 1,000,000

## Phase II

### Essential workers

Target population: 2,500,000

### Persons in congregate settings

Target population: 1,100,000

### Persons >60 years

Target population: 5,000,000

### Persons >18 years with co-morbidities

Target population: 8,000,000

## Phase III

### Other persons >18 years



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# PHASE I: SEQUENCING OF HEALTH CARE WORKERS

Category 1	Those in contact with patients
Category 2	Those not in contact with patients.

- Phase 1a: All patient-facing workers in hospitals and Emergency Medical Services workers
- Phase 1b: All patient-facing workers in other health care facilities/establishments
- Phase 1c: All patient-facing workers working at community level
- Phase 1d: Non-patient facing workers in the health sector
  
- Within facilities, start with settings associated with highest exposure.

# PHASE 1: HEALTH CARE WORKER SERVICE DELIVERY PLATFORM

Work-based vaccination programme:  
Public and private hospitals



- Most suitable for hospital linked HCWs

Outreach work-based vaccination programme:  
Mobile teams move from facility to facility



- Most suitable for HCWs in PHC, CHC and private medical centres

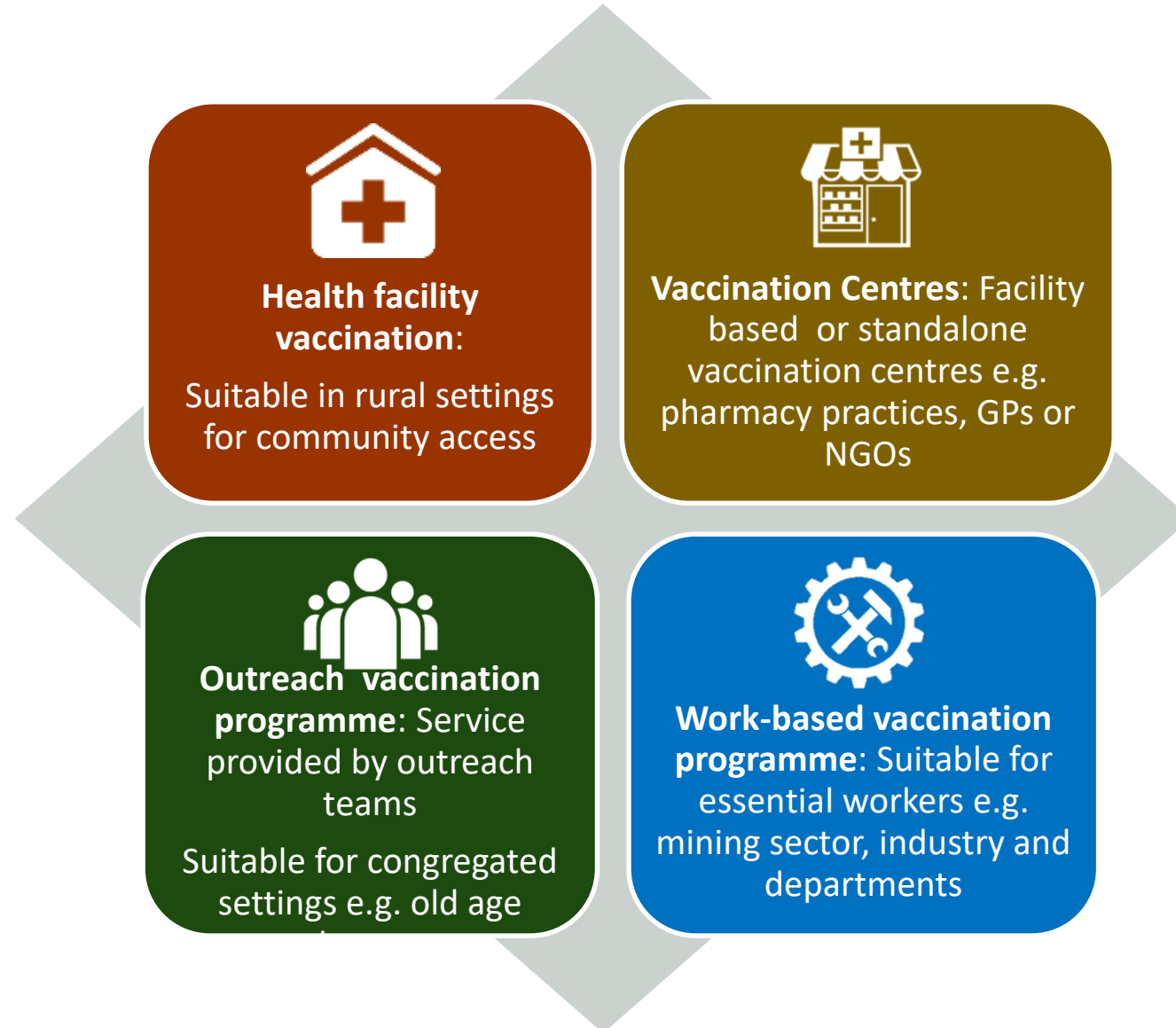
Vaccination Centres: Remote or facility-based  
vaccination centres e.g. pharmacies or other settings



- Suitable for independent HCWs



# PHASE 2 AND 3: HIGH RISK PRIORITY GROUPS AND GENERAL PUBLIC SERVICE DELIVERY PLATFORMS



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# National COVID Vaccination Programme Status



## Paused Sunday 6 February

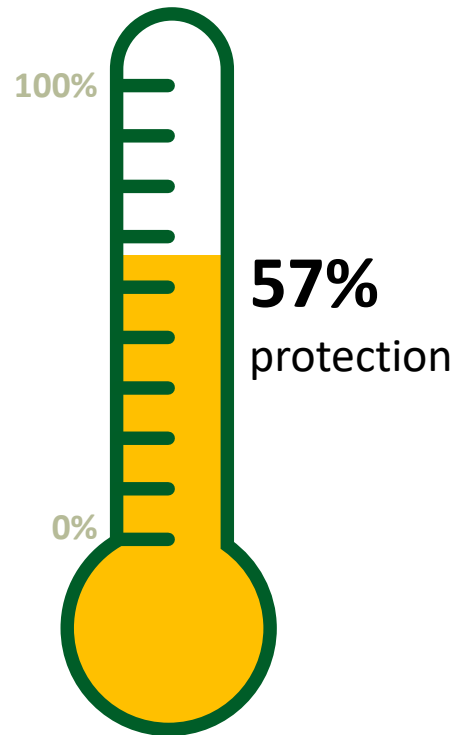
- Following concerns regarding efficacy of the Oxford-AstraZeneca (CoviShield) vaccine against mild-moderate COVID caused by the 501.V2 variant.
- CoviShield may still play a role in the National Programme but more local research is needed.
- There is likely to be significant lag period (approx. 3 months) before another vaccine is registered in South Africa.
- We sought other more urgent but safe and effective options

# Ensemble study

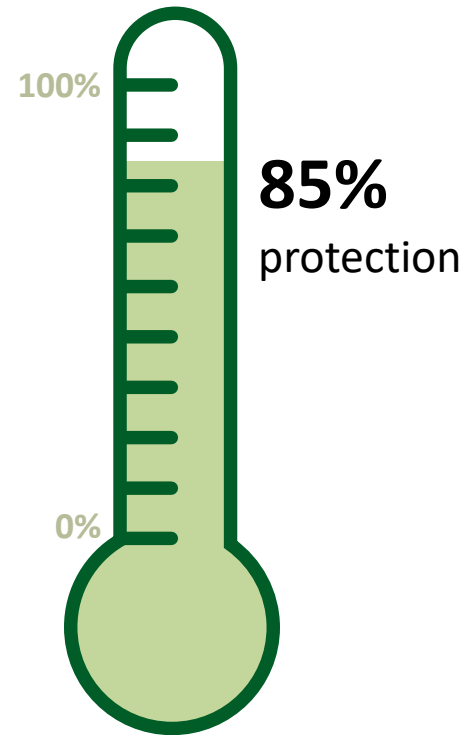
- The ENSEMBLE study was conducted in multiple regions (North and South America, Africa) at a time when the incidence of SARS-CoV-2 infection was very high and new lineages of the virus were emerging.
- A single dose of Ad26.COVS vaccine was efficacious in the prevention of moderate to severe/critical COVID-19 with VE of 67% and 66% post Day 14 and post Day 28 post vaccination.
- The onset of efficacy was evident as of day 14, with efficacy increasing through day 56, especially against severe disease.
- In South Africa the vaccine was 57% effective, where nearly all of the cases were due to infection with the new variant.

# Ad26.Cov2.S Vaccine (J&J) Protects Against Severe COVID-19 In South Africa- most robust clinical data against the variant of all vaccines globally

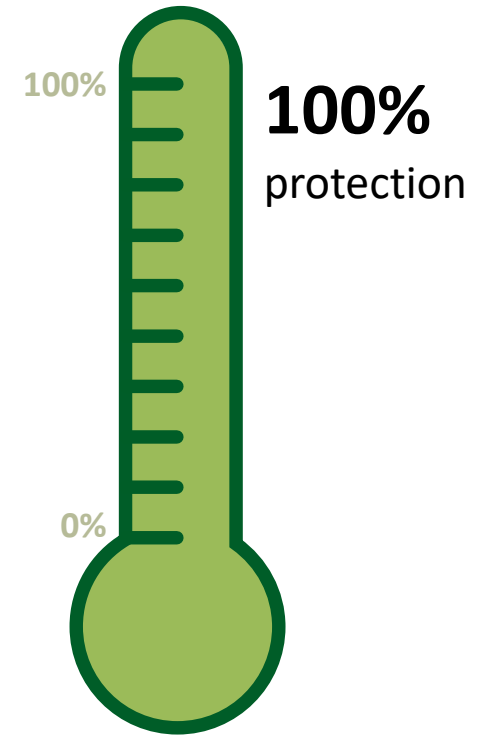
Tested in 43 783 people from 4 continents including 6,576 people in South Africa



**Moderate-severe  
COVID**



**Severe COVID**



**Death**

# Safety

- The vaccine had an acceptable safety profile.
- Common reactogenicity events
- No safety signals observed.
- No anaphylaxis
- Ad26 vector given to more than 200 000 people

# What are the next steps for this vaccine?

- JNJ have applied for “Emergency Use” and have submitted a request for an EUA at the FDA.
- They are submitting EUAs to other regulators.
- There is a rolling submission with SAHPRA in South Africa.

# Making The Safe Efficacious AD26.Cov.S Vaccine (JnJ) Available Immediately



## Safe

No safety concerns from trial, past trials or rollout programmes



## Efficacious

Excellent protection against severe disease



## Easy to rollout

Shelf life of up to 2 years at -20°C  
Can be stored at fridge temperature for 3 months  
Single shot



## Not yet licensed



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A programme to enable rapid protection of healthcare workers

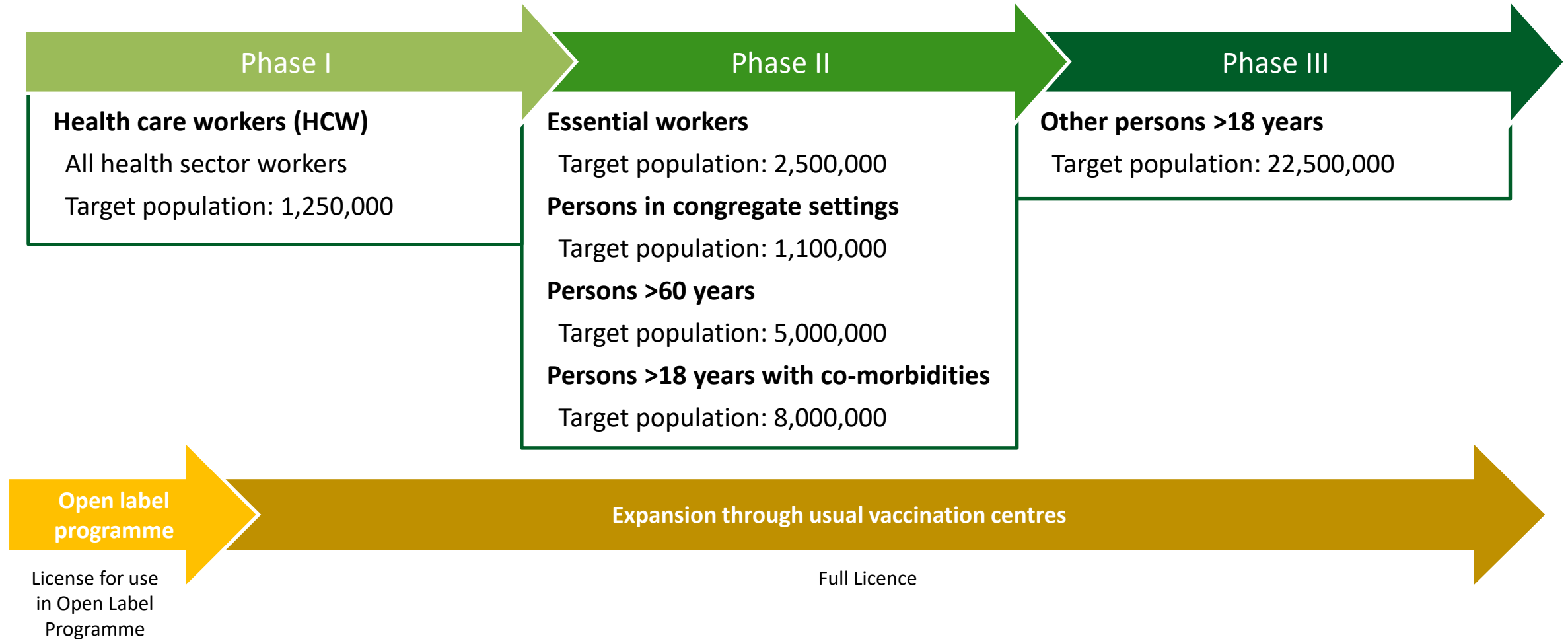


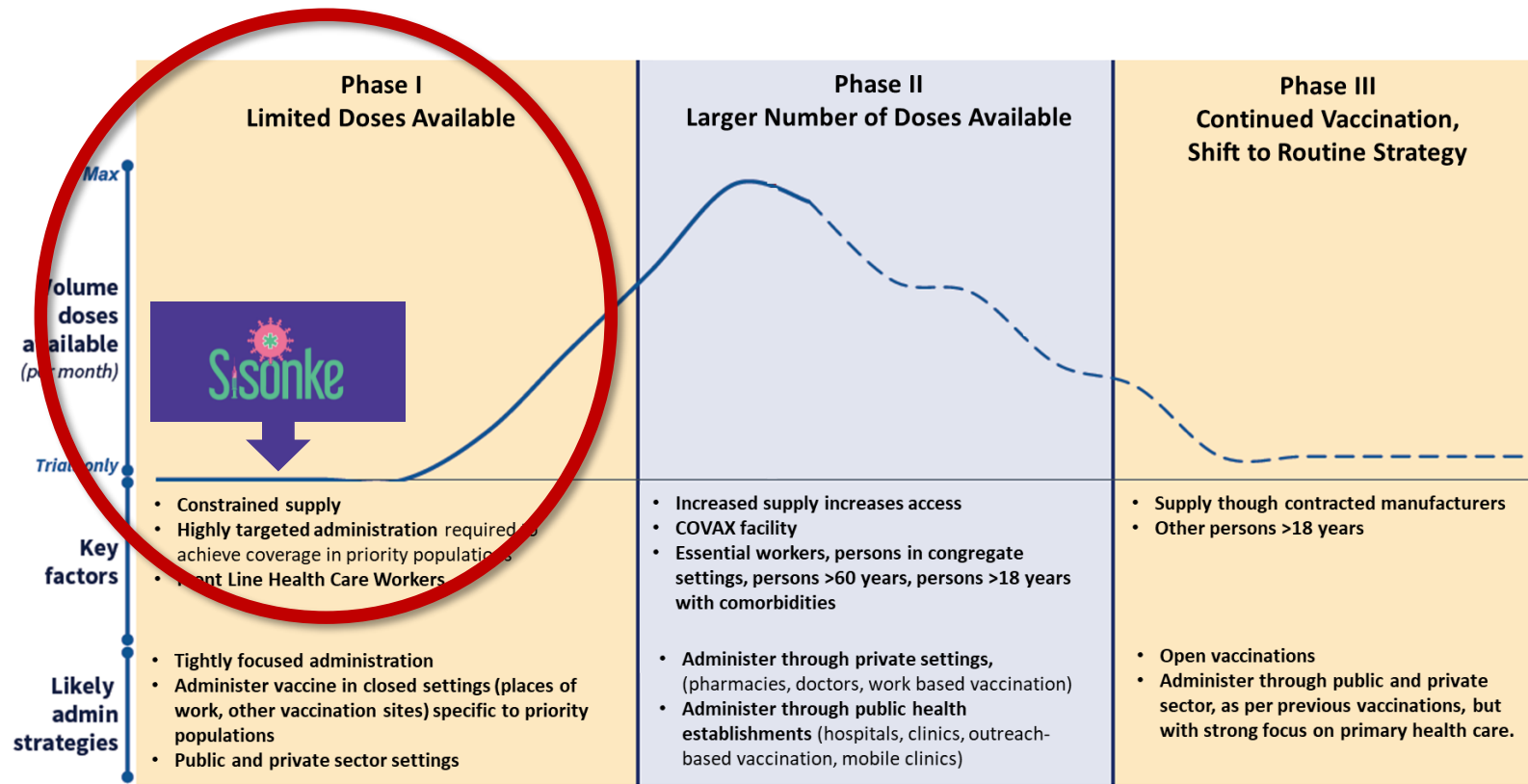


# Why is the vaccine being introduced in a research setting

- The product has been shown to be effective and safe
- It takes time to have the product licensed which will likely happen in coming weeks
- Through the Sisonke programme, South Africa's valued healthcare workers were offered priority vaccination and access to this effective and safe vaccine
- Without this, we run the risk of healthcare workers being at risk as a third wave arrives in South Africa
- SAPHRA has approved use of the JnJ vaccine and the Sisonke program is making the vaccine available while full licensing through SAPHRA will take a couple of months
- Starting today means we can protect our front line workers
- Register now : <https://vaccine.enroll.health.gov.za/#/>

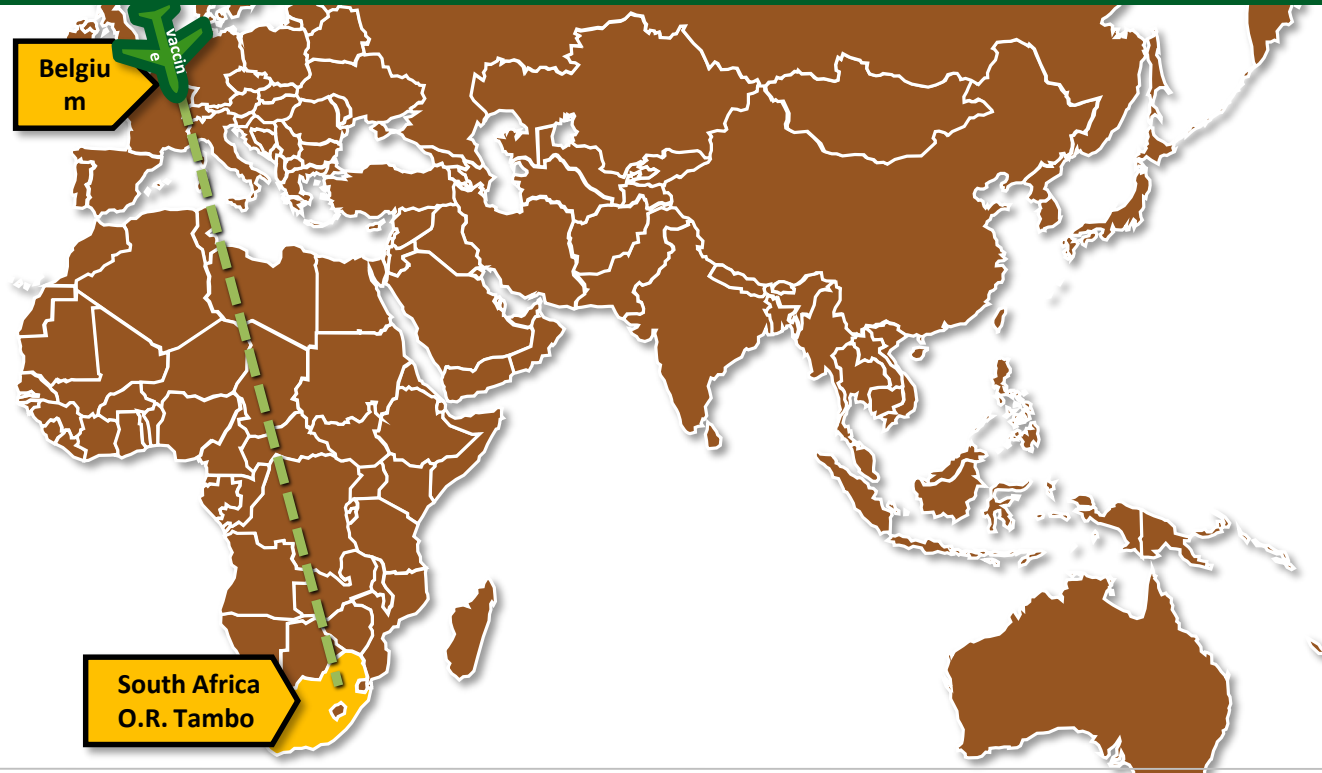
# Phased Approach For Vaccine Introduction



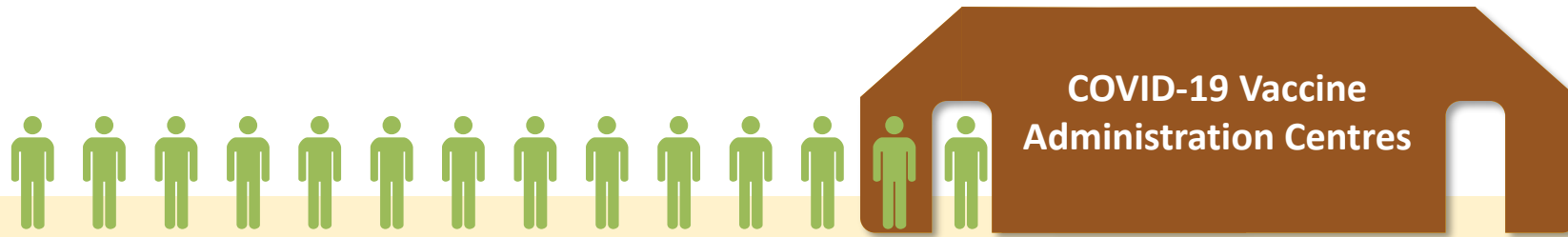


Adapted: From the factory to the frontlines: US Department of Health and Human Services)  
*Illustrative and not to scale.*

The first tranche of 80 000 doses of vaccine is on its way... Make history and be vaccinated



# Sisonke rollout



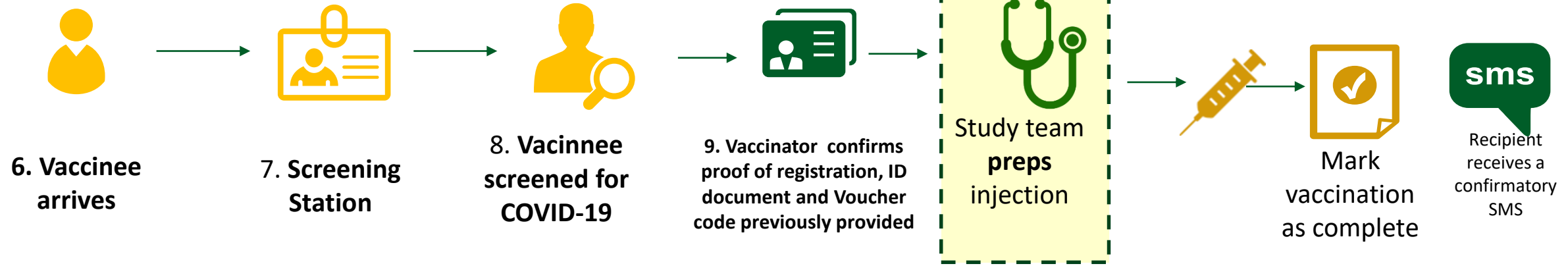
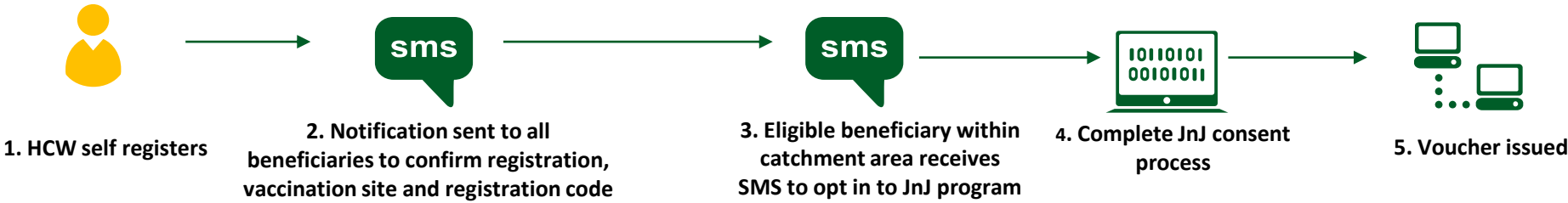
## 5 easy steps for healthcare workers:

1. Register on EVDS
2. Respond to SMS invite for early access
3. Provide consent to take part
4. Receive your vaccination voucher
5. Attend vaccination centre for administration

## Healthcare managers: What you need to know

- 300 000 to 500 000 doses expected in next 2 months
- 80 000 doses expected next week
- 18 sites across the country initially
- Focus on large hospitals
- Research staff to help maintain cold chain and draw up doses
- Vaccinators to administer


Hospital	Province	HCW	Supply Research Site	Distance from Research Site (km)	*Doses (public & private)	Vials	Kits (20 vials)	Vaccinators
ec Livingstone Hospital	Eastern Cape	2 135	PHOENIX Pharma (Pty) Ltd	6	3 200	1 600	80	7
ec Nelson Mandela Academic Hospital	Eastern Cape	3 314	Nelson Mandela Academic Research Unit	1	4 920	2 460	123	10
fs Universitas (C) Hospital	Free State	2 544	Josha Research CRS	5	3 800	1 900	95	8
fs Pelonomi Hospital	Free State	2 061	Josha Research CRS	4	3 080	1 540	77	6
gp Chris Hani Baragwanath Hospital	Gauteng	7 426	Soweto HVTN CRS	0	11 080	5 540	277	23
gp Steve Biko Academic Hospital	Gauteng	3 803	Synexus SA - Watermeyer	12	5 720	2 860	143	12
kz Inkosi Albert Luthuli Central Hospital	KwaZulu-Natal	3 868	CAPRISA eThekweni CRS	6	5 760	2 880	144	12
kz Prince Mshiyeni Memorial Hospital	KwaZulu-Natal	3 380	Chatsworth CRS	8	5 040	2 520	126	11
lp Pietersburg Hospital	Limpopo	2 747	Elandsdoorn CRS	191	4 080	2 040	102	9
lp Mankweng Hospital	Limpopo	2 055	Elandsdoorn CRS	201	3 080	1 540	77	6
mp Rob Ferreira Hospital	Mpumalanga	1 326	Mzansi Ethical Research Centre	189	2 000	1 000	50	4
mp Witbank Hospital	Mpumalanga	1 099	Mzansi Ethical Research Centre	32	1 640	820	41	3
nw Klerksdorp-Tshepong Tertiary Hospital	North West	3 856	Aurum Institute Klerksdorp CRS	0	5 760	2 880	144	12
nw Job Shimankana Tabane Hospital	North West	1 762	Aurum Institute Rustenburg CRS	1	2 640	1 320	66	6
nc Robert Mangaliso Sobukwe Hospital	Northern Cape	2 599	Clinical HIV Research Unit (CHRU)	520	3 920	1 960	98	8
wc Groote Schuur Hospital	Western Cape	3 847	Groote Schuur HIV CRS	0	5 760	2 880	144	12
wc Tygerberg Hospital	Western Cape	4 935	FAM-CRU (Family Clinical research Unit)	1	7 400	3 700	185	15
*Please see assumptions on the next slide. Indicative allocations only. Confirmed allocations will be formally communicated with provincial HODs				<b>TOTAL</b>	<b>78 880</b>	<b>39 440</b>	<b>1 972</b>	<b>164</b>






# How do I get my vaccine?

<https://vaccine.enroll.health.gov.za/#/>



**What details do I need to provide for registration?**

The registration information will include the location of your workplace and the EVDS will assign you to a vaccine centre close to that location and communicate that back to you once that is determined.



**If you are healthcare worker, you are advised to register NOW. The first rollout of the vaccine will be for front line healthcare workers.**





COVID-19 Electronic Vaccination Data System (EVDS) Analytics

2021-02-24 18:30:36  
Last Updated

# COVID-19 Vaccinations

40402

Individuals Vaccinated To Date

Province	Individuals Vaccinated To Date
Northern Cape	1815
Eastern Cape	2603
Free State	2749
Mpumalanga	3580
Limpopo	4011
North West	4999
KwaZulu-Natal	5500
Western Cape	5831
Gauteng	9314
<b>Total</b>	<b>40402</b>

Province, District

All

Individuals Vaccinated By Province To Date



Daily Number of Individuals Vaccinated



Vaccine Sites

Vaccinators

Vaccinations 1

Vaccinations 2

Adverse Events

# Vaccinate and save lives!