

INTERNAL UPDATE

12 February 2021

B4SA extends its gratitude to all healthcare workers in South Africa!

Vaccine Update

Dear B4SA and healthcare colleagues

You will no doubt have followed developments over the past few days related to the South African COVID-19 vaccine acquisition and rollout programme. Colleagues will be aware that the B4SA vaccine platform was established to provide the most up-to-date information available, based on bilateral and multilateral engagements with government, hopefully enabling business to respond to the latest information.

To this end, we would like to update you.

The AstraZeneca (AZ) vaccine:

- Last Sunday evening's announcement by the South African government referred to the findings of the Wits Vaccines and Infectious Diseases Analytics Research Unit that the AZ vaccine provides minimal protection against mild-moderate COVID 19 infection and indicated concern about the efficacy of the AZ vaccine option, as it relates to the dominant variant (501Y.V2). Consequently, there is a temporary pause in rolling out the AZ vaccine until further testing is conducted to determine its effectiveness in the South African setting.
- In parallel, the South African government is weighing its options of how it should manage the one-million doses of AZ product now in our country, including selling the stock under appropriate conditions to other countries where the AZ vaccine option is more suitable.
- Government is also pursuing the option, together with the AZ vaccine manufacturer, Serum Institute of India, to extend the shelf life of the vaccines through the submission of additional stability data.

Alternatives to AZ:

- Government is able to access and acquire other suitable vaccine options which would become available and supplied during the first quarter of 2021, commencing with initial supply from J&J of 80 000 single doses next week.
- In addition, government is accessing some Pfizer vaccine doses during this quarter, which will complement the J&J quarter one inventory.
- The J&J and Pfizer products would largely bridge the pause on the 1.5-million doses of AZ product, which was going to be the backbone of the phase one vaccine rollout to healthcare workers.
- Government continues to engage other vaccine manufacturers, including the Sputnik V, Moderna and SINOPHARM options.

The Johnson & Johnson option:

- The J&J option has several benefits, including demonstrable efficacy against the dominant variant circulating in South Africa. It is a single-dose vaccine versus the dual dose common in other vaccines, and it can be stored and transported at ambient temperatures of 2-8 degrees Celsius, making it an ideal option for the South African environment.
- The single dose improves the logistics, supply chain and administration load on the healthcare system as it reduces the cost and effort of a two-dose vaccine.
- The J&J product that is being made available in phase one, to bridge the pause on the AZ vaccines, will be donated at no cost, therefore mitigating any financial impact on the AZ product.

What do these developments mean in practical terms?

- The pause in the vaccine programme will largely be remedied during quarter one via the availability of the single-dose J&J option, which reduces the 28-day second dose effect.
- It is envisaged that between the J&J and Pfizer options, the original target of vaccinating the approximately 1.3 million healthcare workers in phase one, during quarter one and the early parts of quarter two, will continue.
- The nature of the virus is such that it mutates, and variants will continue to be encountered during the cycle of this pandemic. This requires business and the private healthcare sector, who are supporting and complementing the government rollout, to remain on top of latest developments and be flexible, agile and responsive.
- It is particularly pleasing that organised business is working alongside the health service delivery and readiness platform which includes our medical specialists (SAPFF), the various primary care practitioners, corporate pharmacy groups, independent pharmacies, and the hospital groups in leading the charge in the rollout and availing their highly skilled resources and capacity to private and public sector patients. This platform is gearing itself to deliver a vital service and is closely liaising with all the other B4SA workstreams that will support and contract vaccine services.

- Despite the pause in the vaccine programme, the private sector work of uploading all the phase one healthcare worker beneficiaries and identification and uploading of phase one vaccination sites in collaboration with government is ongoing.
- Parallel work continues with government in preparation for phase two.

We thank all the many volunteers who are either leading and/or serving on the B4SA vaccine platform for their ongoing, selfless commitment and contribution to the overall important national effort of successfully and efficiently rolling out the vaccine programme.

As we ready ourselves to meaningfully contribute to what is the most complex and large-scale vaccination programme in recent memory, we continue to applaud our healthcare colleagues, the frontline defence against the pandemic, many of whom have paid the ultimate price.

We remain committed to ongoing and regular updates to both the business and healthcare sectors, during a period that is exceedingly fluid and rapidly evolving.

The B4SA team

Government Communication: Latest Updates

Government produces regular communications with useful COVID-19 information and the 'I Choose #VacciNation' campaign material **free for use by business** to help inform employees, customers, and communities. To view or download the latest updates please follow the links below:

- COVID-19 Vaccines FAQ_Updated_11Feb https://www.businessforsa.org/vaccines-q-and-a
- I Choose #VacciNation: Video clips and testimony explaining and supporting I Choose #VacciNation drive
- Healthcare workers Questions & answers on the Electronic Vaccination Data System (EVDS).
- Media release: Update on COVID-19 (11th February 2021)

B4SA WORKSTREAM UPDATES

Service Delivery Platforms and Vaccine Delivery Readiness

Phase 1(a) update: Having to identify and integrate all private sector beneficiary data onto the Electronic Vaccine Data System (EVDS) has proved challenging. A solution has been found for the uploading of the data onto the system. The two beneficiary upload systems are now integrated.

Insight Actuaries is currently testing the integrity of the system with the CSIR, as well as cleaning and validating the data so that the final remaining step, is the loading of the data onto the EVDS. This final step - as part of this Phase 1(a) challenge - is imminent and will go-live for Healthcare Workers' (HCW) vaccination at various hospital sites. We continue to engage the NDoH on any outstanding contractual requirements.

With regard to the private sector vaccination sites there is also good progress being made and we are on track to meet all relevant timelines in this regard.

The distribution mechanism of the vaccine for Phase 1(b) is focused on independent pharmacies and pharmacy groups. The areas of focus for Phase 1(b) and the necessary finalisation of these areas are currently underway, including:

- Vaccination site registration process assessing accreditation criteria for sites. Vaccinator registration evaluating re-imbursement and contracting models.
- Vaccinator training engaging all registered sites to ensure that vaccinators have completed the requisite training before the Phase 1(b) vaccination drive is launched.
- Curator identification and registration ensuring that the relevant curators are identified per site to ensure the necessary site compliance before NDoH approval can be granted.

Over the past month, we have had all pharmacy groups across the country register their respective clinics. This list is now being geo-mapped to understand what the footprint is across the country. This will then be reviewed to better understand capacity gaps, following which the list will be finalised. The total number of pharmacy vaccination sites, at this stage, is 1 472. As part of this exercise, each group has highlighted their top sites and from this exercise, we have 317 'premier' sites (these are sites that already have clinics with relevantly resourced staff). The provided capacity numbers suggest that we should be able to complete private sector Phase 1(b) vaccination within five days. B4SA is now focused on ensuring that all these sites are correctly registered and mapped, with curators appointed and vaccinators registered.

Vaccine Logistics, Cold Chain and Distribution

Distribution Plan: The hospital distribution model for Phase 1(a) is complete: thanks to HASA which has worked tirelessly to provide the necessary data. Phase 1(b) is currently being worked on with input from all industry stakeholders. Distribution modelling for each temperature range requirements of vaccine is been finalised in conjunction with the NDoH. Below is the breakdown of the Phase 1(a) healthcare worker count at hospitals:

	Netcare	Mediclinic	Life Healthcare	NHN	Lenmed	ЈМН	Clinix	Mines	Independent	Grand Total
HCWs	42 867	42 722	40 406	31 133	6 471	2 223	2 107	1 333	261	169 523

Phase 1(a) accounts for all HCW's and other persons based in acute hospital facilities (169 523). B4SA is developing the distribution plan based on the assumption that Phase 1(b) will account for the balance of HCWs (i.e: all HCW not based in acute hospital facilities).

J&J Vaccine: The Medical Research Council (MRC) together with the NDoH has identified provincial hospital sites for the administration of the first batch of the J&J vaccine.

Supply Chain Risk: The risk register in respect of supply chain risk is updated daily. All risks that are identified are shared with B4SA's Risk Assurance workstream on a daily basis.

Pfizer vaccine option: As mentioned above, a plan is in progress for obtaining the Pfizer vaccine. Vaccine site cooling capacities are to be confirmed from the data received, and various research centres have been working with the data to identify sites that have the storage capacity for vaccines of -70 degrees. The Pfizer vaccine has a window of distribution and storage at 2-8 degrees for 120 hours (five days) and can be stored at -70 degrees for up to 30 days. However, it needs to be re-iced with dry ice every five days. Private sector distributors will conduct the dry ice process, which has its own risks and requires PPE, and this is process will be finalised once more information is

available. A possible risk being assessed for the Pfizer vaccine is that a specific syringe and needle is required, which may limit supply.

Meetings are underway with the Medical Research Council (MRC) to obtain further information on the first batch of the J&J vaccine, which is pending clinical trial. This has implications for the recipient as they would be enrolled in the clinical trial and no longer recipients of a vaccine.

Risk Assurance

The B4SA Risk Assurance workstream has been established to achieve the following objectives:

- Establish a register of the risk to the success of the vaccine rollout and use this to guide government and business in taking action to mitigate the critical risk.
- Create a database of suppliers and use available forensic services to identify and report on conflicts of interest, so as to prevent potential fraud and misuse of vaccine funds and resources.

The risk register has been created and the process of assuring key risks most in need of immediate action is underway.

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OFFICIAL GOVERNMENT REGULATIONS AND GUIDELINES ON COVID-19

All official government regulations and guidelines are available at https://www.gov.za/coronavirus/guidelines

OFFICIAL RESOURCES:

NICD website: http://www.nicd.ac.za
COVID-19 information website: https://sacoronavirus.co.za

Coronavirus 24-hour Hotline: 0800 029 999 Coronavirus WhatsApp: 060 012 3456

ADDITIONAL RESOURCES:

www.gov.za www.facebook.com/GovernmentZA twitter.com/GovernmentZA www.youtube.com/user/GovernmentZA sacoronavirus.co.za sacoronavirus.co.za/tag/vaccine-toolkits/ twitter.com/COVID_19_ZA twitter.com/DrZweliMkhize







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