

COVID-19

Convenience, complacency, confidence: we need action

Two studies were released this week that provide contrasting lenses on SA's experience of the latest Covid-19 variant and on perceptions of the vaccine, closing a year in which variants and vaccines dominated our social and economic landscape. They prompt questions, too, about the next phase for the coronavirus.

The first, from Discovery, made global headlines as the first real-world study of the new Omicron variant. It draws on the comprehensive data Discovery has on its member base as well as the health insurer's leading-edge data analysis tools.

It will surely help to reposition SA as a country of scientific prowess, not just one from which scary variants come. It comes with the obvious



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cautions about how early-stage the data is, but its findings confirm that Omicron is much more infectious than any of the previous variants but much less severe, with a 29% lower chance that those who test positive will be hospitalised, and only 13% of those hospitalised ending up – so far – in high care or intensive care.

They show, too, that the protection the vaccine offers against infection by Omicron drops to 33%, from 80% for Delta, but that the vaccine's efficacy against hospitalisation

and severe disease is still at 70% or more. Bottom line: get as many people vaccinated as fast as possible. And roll out booster shots with speed.

Discouragingly, that's not happening. Daily vaccination numbers have dropped below 100,000 again, after jumping briefly earlier this month on the news of Omicron. SA has the supply and infrastructure to vaccinate at least three times that number, but demand has lagged far behind, with doses going to waste.

Hence the second of this week's studies – from the Covid-19 Vaccination Survey at the University of Cape Town. It elicited few headlines, but the preliminary results are an important window on the reasons for people getting the vaccine. The short answer is that many are keen, but access is a problem, as are fear and

misunderstanding. And while some just need a push to get them over the line, others might respond only to more personalised interactions with trusted people that could allay their fears.

The survey found more than a third wanted the jab as fast as possible, but they often did not know where to go or how to register, or did not have time or transport to get to vaccine sites. A further 15% would happily do it, but only if they had to. Just a fifth were in the 'wait and see' category, but a disturbing number of those feared the vaccine could kill.

The findings indicate that some simple practical, well-communicated measures to make it easier for people could help a lot – as would incentives or mandates. And while much more and collaborative effort is now going into

communications, messaging alone will not be enough to allay people's real fears and concerns – more targeted and trusted approaches are going to be needed.

What is clear, then, is that SA's vaccine rollout needs a range of different strategies to deal with the different groups if it is to reach many more people across the country. The World Health Organization talks about the need to tackle the three Cs – convenience, complacency and confidence. SA urgently needs action on all three.

As the Discovery briefing emphasised, vaccines are still the best protection we have against the new variant. Yet just more than a year after a UK woman received the world's first Covid-19 vaccine outside a clinical trial, it is becoming clear that the current crop of vaccines is not going to be the miracle to

end the pandemic that we hoped last December they might be. The scientists can tweak them to make them more effective against new variants. But new variants will keep coming along, at least for another while.

One hope has been that Omicron might be the variant that will start to end the pandemic – the one that is so infectious, yet so mild, that it drives out all the other variants and replaces them with something endemic such as the common cold.

But former ministerial advisory committee chair Salim Abdool Karim does not believe Omicron is the one. We may be done with Covid-19, but it is not yet done with us, he says. The virus will keep mutating until eventually a variant emerges that will not gain advantage from mutating much further.

But that could take two to three years, he believes.

So what does the next phase look like? Karim points to the way in which ideas are changing of how the pandemic will end. One strategy is that a new type of vaccine will be developed that will be effective regardless of variant. Candidates are already being tested. But the other, crucial, strategy will be on the treatment side – as with

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HIV/Aids, better drugs could neutralise the severity of the virus even if it continues to infect people.

Karim notes that the new Paxlovid (Pfizer) drug reduces hospitalisation by 89%. It is a twice-a-day tablet taken at home by patients who test positive and is due to be available early next year. No doubt there will be others.

So when will the pandemic be over? Not soon, clearly. And in SA's case it has already done enormous damage to lives and livelihoods, with unemployment at record levels and this year's economic growth unlikely to reverse 2020's catastrophic economic contraction. The economy needs an accelerated reform rollout just as urgently as an accelerated vaccine rollout.

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