

Vaccines still vital as COVID-19 changes – Abdool Karim

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The fundamental reality of COVID-19 is that “no one is safe until everyone is safe”, says epidemiologist and former head of the COVID-19 **ministerial advisory committee** Professor Salim Abdool Karim, who warns that the pandemic’s nature has changed, with it no longer coming in waves but in small spikes and outbreaks, and that jabs are still crucial.

Abdool Karim was speaking about the status of the pandemic last week after the release of a new global collaborative study, which makes recommendations on how to end the public health threat without worsening socioeconomic burdens.

TimesLIVE reports that the study, published in the journal **Nature**, says specific efforts and resources are still required to save lives. Six main themes for action were identified by a panel of experts, including Abdool Karim, from different disciplines and more than 100 countries to develop global consensus on how to tackle these issues head-on.

In South Africa, Abdool Karim said there had been an increase in COVID-19 cases in recent weeks. “But the pandemic is not behaving in the usual waves any more. It’s different, going through small outbreaks and continually spreading at a low level. Every now and then you get a little spike and then it comes down.

“In the past, where we saw these waves was from a completely new variant, that we are not seeing now. Each wave is driven by a variant. But we don’t have a new variant as yet, we still have Omicron. The new variant is going to be called Pi, the next letter in the Greek alphabet, which is not yet with us.

“We are not seeing (a) significant increase in hospitalisation. It reflects a combination of vaccines and past infections, which is keeping people out of hospital,” said Abdool Karim.

The latest COVID-19 wastewater data from the **National Institute for Communicable Diseases** (NICD) showed “all samples across SA have mutations characteristic of the Omicron sub-lineages of BA.4 and BA.5, circulating in Johannesburg, Ekurhuleni and City of Tshwane, eThekweni, Eastern Cape and the Free State with evidence of XAY/XBA (lineages first detected in SA) circulating in all provinces”.

Abdool Karim said six areas were identified in the study to help end the threat posed by the virus.

“First, we must recognise we are still living in the midst of a pandemic and SARS-COV-2 is probably going to be with us for a long time. We live under a long-term threat from this virus. The difference is we are not in an emergency mode anymore. We are in that

chronic phase. There are several new variants being generated but not a single, dominant variant as we had previously.

"The second is that in the midst of all the misinformation, vaccines remain our primary tool against the pandemic. In SA we have a long way to go because only about 50% of adults are vaccinated. We can't lift the foot off the pedal in terms of vaccines; we need to ensure we continue making better vaccines; that people take the vaccines, get at least three doses and get booster shots as and when recommended."

He said the study also identified that COVID-19 could not be solved only by the Health Department and scientists. "You need a whole of government approach, which has also been implemented in SA.

"Fourth, you have to have a health system ready to respond. SA's healthcare system is in such deep trouble, largely because of poor management."

Abdool Karim said the study also found that disinformation about the virus poses a "deep threat to society, science and truth through unregulated media such as social media".

"This disinformation has become quite rabid in our society and people have lost touch with what the scientific evidence and truth is."

The sixth key area identified in the study is mutual interdependence, "meaning what I do affects the next person. That's a fundamental component of the response. People don't understand that the fundamental reality of COVID is that no one is safe until everyone is safe."

Study details

A multinational Delphi consensus to end the COVID-19 public health threat

Jeffrey Lazarus, Diana Romero, Christopher Kopka, Salim Abdool Karim, Laith Abu-Raddad, Gisele Almeida, Ricardo Baptista-Leite, Joshua Barocas, Mauricio Barreto, Yaneer Bar-Yam, Quique Bassat, Carolina Batista, Morgan Bazilian, Shu-Ti Chiou, Carlos del Rio, Gregory Dore, George Gao, Lawrence Gostin, Margaret Hellard, Jose Jimenez, Gagandeep Kang, Nancy Lee, Mojca Matičič, Martin McKee, **The COVID-19 Consensus Statement Pane**

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Abstract

Despite notable scientific and medical advances, broader political, socioeconomic and behavioural factors continue to undercut the response to the COVID-19 pandemic.

Here we convened, as part of this Delphi study, a diverse, multidisciplinary panel of 386 academic, health, non-governmental organisation, government and other experts in COVID-19 response from 112 countries and territories to recommend specific actions to end this persistent global threat to public health.

The panel developed a set of 41 consensus statements and 57 recommendations to governments, health systems, industry and other key stakeholders across six domains: communication; health systems; vaccination; prevention; treatment and care; and inequities. In the wake of nearly three years of fragmented global and national responses, it is instructive to note that three of the highest-ranked recommendations call for the adoption of whole-of-society and whole-of-government approaches, while maintaining proven prevention measures using a vaccines-plus approach that employs a range of public health and financial support measures to complement vaccination.

Other recommendations with at least 99% combined agreement advise governments and other stakeholders to improve communication, rebuild public trust and engage communities in the management of pandemic responses. The findings of the study, which have been further endorsed by 184 organisations globally, include points of unanimous agreement, as well as six recommendations with >5% disagreement, that provide health and social policy actions to address inadequacies in the pandemic response and help to bring this public health threat to an end.