



Real world analysis of Omicron outbreak in South Africa including vaccine effectiveness December 2021

### Preface





SA scientists from Network for Genomic Surveillance first to announce the identification of Omicron variant.

SA is first to experience Omicrondriven outbreak commencing about 3 weeks ago.



Discovery Health has continuously shared data throughout the pandemic.

Discovery Health is in an unusual position to avail early insights given the dominance of the Omicron variant in SA, and the availability of member data spanning demographic details, clinical and pathology records and vaccination records. The National DoH has created considerable capacity to vaccinate the South African population at scale. The insights herein support the priority of vaccination and the NDoH's existing approval of third dose Pfizer-BioNTech boosters.

Discovery Health's insights have been shared with the SA NDoH, the SA National Institute for Communicable Diseases (NICD), the US CDC, leading SA and UK scientists and others

Dataset is derived for the early period of the Omicron outbreak. Consequently these preliminary insights may change as this Covid-19 wave extends

Panel



#### Professor Glenda Gray



President and Chief Executive Officer, South African Medical Research Council

#### Shirley Collie



Chief Health Analytics Actuary, Discovery Health

#### Dr Ryan Noach



Chief Executive Officer, Discovery Health

### Executive summary | Omicron Insights



- 1. Epidemiological tracking shows steep trajectory of new Covid-19 infections indicating rapid Omicron spread, but with a flatter trajectory of hospital admissions, indicating likely lower severity
- 2. Anecdotal observations demonstrate nuanced differences in the clinical features of Omicron both out of hospital and in hospital
- 3. Data indicates that the severity of Omicron is 29% lower than D614G (first) wave of Covid-19 infections in South Africa
- 4. Vaccine effectiveness of the double dose Pfizer-BioNTech regime:
  - Has reduced from 80% in Delta wave to 33% in Omicron wave against Covid-19 infection; and
  - Has reduced from 93% in Delta wave to 70% in Omicron wave against severe complications of Covid-19 (hospital admission)
- 5. The protective effect of prior infection has reduced over time, and Omicron has eroded that protective effect further
- Children experiencing very low test-positivity rate relative to adults, and low Covid-19 admissions in absolute terms, but appear to be at 20% greater risk of hospitalisation during Omicron wave relative to D614G wave





Background

Clinical and epidemiological observations

Real-world insights into vaccine effectiveness

## Discovery Health (DH) is uniquely positioned to derive powerful COVID-19 insights





## Discovery Health beneficiaries are diverse, allowing for relevant real world insights to be derived



Source: Discovery Health Analysis

### Discovery Health has extensive South Africa-specific, real-world data 10 Dec 2021

We have been tracking and codifying unique member data since the start of the pandemic



Pfizer vaccine 14 days – 99 days after second dose. Excludes data on members vaccinated in the public sector post September 2021. Source: Discovery Health Insights <u>https://discv.co/DiscoveryHealthInsights</u>

### SA has experienced 3 prior waves of COVID-19 and now entering a fourth wave with rapid rise in cases driven by Omicron variant



Week ending 4 Dec

*Gauteng Province accounts for* **63%** of current COVID-19 cases nationally, and **67%** of Discovery *Health cases in fourth wave* 

**26%** of the national population resides in Gauteng Province. Upcoming mobility due to high migrant worker base and holiday period pose a risk of imminent spread to other provinces across South Africa





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## Omicron-driven fourth wave is developing at a steeper trajectory of new infections relative to prior waves





Steeper increase in new infections and

new infections and test positivity rate during the first three weeks of the fourth wave indicating highly transmissible variant with rapid community spread

D614G wave

Beta wave

Delta wave

Omicron wave

Source: NICD, Discovery Health Analysis

## Omicron variant has displaced Delta and now dominates new infections in SA







- Network of virology and genomic laboratories, scientists and academic institutions across South Africa
- Genomic data produced at five sequencing facilities under the guidance of more than 50 investigators and scientists
  - Launched in June 2020 with support of the Department of Science and Innovation and South African Medical Research Council

## Anecdotal evidence demonstrates nuanced differences in the clinical presentation

#### Out-of-hospital acute care

- Higher reinfections and breakthrough infections than other waves, including vaccinated
- Shorter incubation period of 3-4 days
- Milder illness with reported recoveries within 3 days
- Scratchy/sore throat most common early symptom, like other waves
- Typical features include nasal congestion, dry cough and myalgia, especially lower back pain

#### Admissions

- Most hospitalised patients for Covid-19 related disease are unvaccinated
- High number of hospitalisations in Gauteng for non-Covid care, present with Covid as an incidental finding on admission
- Less respiratory distress on presentation
- Proportion of **High care and ICU admissions lower** compared to previous waves
- Significantly lower proportion of admitted patients requiring oxygen support
- Most hypoxic patients requiring oxygenation are unvaccinated
- 16% of ICU admissions are vaccinated (raw data)



### Flatter trajectory of hospital admissions, indicating lower severity



### Apparent de-linking of infection curve from admission curve



Much steeper increase in new cases during the first three weeks of the Omicron wave compared to the Delta variant driven third wave. However, admissions and deaths are not increasing as rapidly.



Paediatric cases and admissions appear more prevalent than prior waves, but typically present as mild cases



#### Paediatric out-of-hospital cases

- **Higher number of paediatric cases** testing positive relative to prior waves
- Children present with a sore throat, nasal congestion and fever for 2-3 days, and tend to complain of a headache
- Seems to resolve quickly with **recovery after 3 days**

#### Paediatric admissions

Intercare **MEDICLINI** 

- Primary diagnoses in children on admission for Covid-19 related disease in Omicron wave are bronchiolitis and pneumonia
- Often with associated diarrhoea and vomiting, and dehydration
- Incidental Covid-19 diagnosis for multiple paediatric admissions, exceeding Covid-19 specific admissions



## Increase in paediatric admissions, with high number of incidental Covid-19 diagnoses for unrelated admissions





Source: Discovery Health Analysis

*Risk-adjusted*, Omicron may pose risk of increased severity to children under 18 years of age; very early data which should be carefully followed; low risk in absolute terms



Risk of admission relative to South Africa's first wave (fully risk-adjusted) Adult population Child population 1,20 1,2 1,2 1,1 1,1 1,0 1,0 <1 0,9 0,9 0,8 0,8 0,71 0,7 0,7 0,6 0,6 0,5 0,5 0,4 0,4 0,3 0,3 0,2 0,2 0,1 0,1 0,0 0,0 Beta Wave Delta Wave Omicron Wave D614G wave

29% average lower admission risk relative to D614G wave. Children, to date, have had a 20% higher risk of admission

Assessed using a Cox proportional hazard model allowing for days since PCR collection date, age, sex, number of documented risk factors, vaccination status and documented prior infection\* To be submitted for peer review and publication

Source: Discovery Health Insights https://discv.co/DiscoveryHealthInsights

## **Risk-adjusted data** correlates with anecdotal evidence demonstrating lower severity in current Omicron wave than previous waves

Adults are experiencing **29% lower admission risk of Covid-19 admissions** relative to the **D614G** wave. Those who are hospitalised also have a **lower admission acuity** and a **lower propensity to be admitted to ICU**, relative to prior waves



Assessed using a Cox proportional hazard model allowing for days since PCR collection date, age, sex, number of documented risk factors, vaccination status and documented prior infection\* To be submitted for peer review and publication Source: Discovery Health Data

## Although national excess natural deaths increased in the last week of Nov, excess natural deaths are still significantly lower than previous waves









Background

Clinical and epidemiological observations Real-world insights into vaccine effectiveness Rapid timeline of Omicron research following identification by SA scientists; accelerated severity & vaccine effectiveness insights through DH collaboration with SAMRC



24 November	First report of B.1.1.529 from South African scientists
26 November	WHO designates Omicron a variant of concern
27 November	South African clinicians note mildness of cases relative to prior variants Moderna and Pfizer announce plans for Omicron-specific vaccine
2 December	250% increase in re-infection for Omicron relative to prior variants in South Africa (Juliet Pulliam et al)
7 December	4 lab neutralisation studies pre-print published with ~40% reduction in neutralization (Sigal et al, Ciesek et al, Sheward et al, Pfizer-BioNTech study)
0 December	First report of clinical vaccine effectiveness for 2 shots and boosters, 3-fold household transmission contact transmission vs Delta (UKHSA)
ſoday	First real world study at scale on Pfizer-BioNTech vaccine effectiveness. Pre-print published by Discovery Health and the South African Medical Research Council

Source: Adapted from Eric Topol twitter, with addition in blue

### Omicron vaccine effectiveness study parameters





#### Omicron vaccine effectiveness study methodology: Test negative design Method used globally on pathology surveillance data to assess annual influenza vaccine effectiveness



100% 95% confidence interva 90% 80% 70% 60% Efficacy 50% 40% 30% 20% 10% TND with censoring with censoring IND with censoring with censoring with censoring TND no censoring in g no censoring specimen based TND no censoring IND specimen based TND no censoring ND specimen based Classical RCT analysis Classical RCT analysis Classical RCT analysis sical RCT analysis Classical RCT analysis ssical RCT analysis with censor TND specimen bas QNU UND UND QNL QNL UND LAIV RSV LAIV LAIV LAIV RSV De Villiers [27] IMPACT [28] Belshe Year 1 [24] Belshe Year 2 [25] Lum [26] Feltes [29]

- Method is generalisable to other specific respiratory conditions provided vaccination does not have clinical efficacy for other respiratory conditions
- Methodology implicitly adjusts for biases due to health-seeking behaviour
- Efficacy estimates and associated confidence intervals are consistent with randomized control studies
- A number of publications have used a test-negative design for real world Covid-19 vaccine effectiveness studies

#### \*To be submitted for peer review and publication Authors have no conflicts of interest direct or in kind Source: Discovery Health Insights <u>https://discv.co/DiscoveryHealthInsights</u>

**Pre-Omicron** 



### Pfizer-BioNTech vaccine 33% effective in reducing Omicron-related infection

40

30

20

10

0

33%

**Omicron** wave

over time

Real-world Pfizer vaccine effectiveness against infection

80%

100

90

80

70

60

50

40

30

20

10

0

100 90 -80 -70 -60 -50 -

56%

2 to 4 weeks

post 2nd dose

Waning effectiveness against infection

37%

1 to 2 months

post 2nd dose

25%

3 to 4 months

post 2nd dose

Omicron has materially reduced vaccine effectiveness against new infections, potentially compounded by waning durability





### Pfizer-BioNTech vaccine 70% effective in reducing Omicron-related hospital admissions

Real-world Pfizer-BioNTech vaccine effectiveness against hospital admission



Real world effectiveness of the Pfizer-BioNTech vaccine against hospital admission has reduced from 93% in the Delta (pre-Omicron) wave to 70% in the Omicron wave, continuing to provide substantial protection against hospital admission

\* Submitted for peer review and publication with the NEJM Authors have no conflicts of interest direct or in kind Source: Discovery Health analysis of Pfizer-BioNTech effectiveness

# Vaccine effectiveness retracts slightly with increasing age but is maintained across various comorbidities – durability impact confounding

Vaccine effectiveness by age during Omicron period



Vaccine effectiveness by comorbidity during Omicron period



\*To be submitted for peer review and publication Authors have no conflicts of interest direct or in kind Source: Discovery Health analysis of Pfizer-BioNTech effectiveness Although prior infection confers reduced risk of re-infection, this is diminished against Omicron re-infection



The protective effect of prior infection has reduced over time, and Omicron has eroded that protective effect further

\*To be submitted for peer review and publication, Pre-Omicron period refers to September - October Source: Discovery Health Insights <u>https://discv.co/DiscoveryHealthInsights</u>

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### Conclusion | Omicron Insights



- 1. Apparent 29% lower severity based on early data (in high seroprevalence population) and supported by anecdotal clinical feedback
- 2. Vaccination remains single most important intervention to mitigate against severe Covid-19, with double dose of Pfizer-BioNTech vaccine showing 70% effectiveness in reducing risk of hospitalisation
- 3. Vaccine effectiveness against infection is materially reduced, with high numbers of breakthrough infections in vaccinated individuals
- 4. The protective effect of prior infection has reduced over time, and Omicron has eroded that protective effect further, with high re-infection rates in previously Covid-19 positive individuals
- 5. Notwithstanding the lower severity, health systems could still be over-run by the sheer volume of cases, considering Omicron's rapid community spread
- Children experiencing very low test positivity rate relative to adults, and low Covid-19 admissions in absolute terms, but appear to be at 20% greater risk of hospitalisation during Omicron wave relative to D614G wave





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