REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

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Circular No: 34 of 2021

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03 May 2021

TO: ALL NATIONAL AND REGIONAL DIRECTORS;
DEPUTY DIRECTORS;
MEDICAL SUPERINTENDENTS;
CHIEF MEDICAL OFFICERS;
SENIOR MEDICAL OFFICERS;
MATRONS;
HEADS OF PRIVATE HOSPITALS AND HEALTH FACILITIES; AND
HEALTHCARE WORKERS

RE: SUPPLEMENTARY GUIDANCE ON COVID-19 VACCINATION

1. The above subject matter bears reference.

2. The Ministry of Health and Social Services launched Phase I of the National Deployment and Vaccination Plan (NDVP) on 19 March 2021 in 2 regions (Khomas and Erongo Regions). On 19 April 2021 Phase II of the NDVP commenced, where all 14 regions in Namibia rolled out the COVID-19 vaccination program. As at 30 April 2021, a total of 23,425 people received their first dose of COVID-19 vaccines nationwide.

3. There are anecdotal reports, of uncertainty pertaining to vaccination of certain population groups, hence, the following guidance should be heeded:

    a. **Persons with COVID-19 Infection**: Persons with acute PCR-confirmed COVID-19 infection should not be vaccinated until after they have recovered from acute illness. Once de-isolated, such persons are eligible to receive the COVID-19 vaccine, however, they should wait 14 days after de-isolation.
    b. **Co-administration with an influenza vaccine**: Co-administration of an influenza vaccine with a COVID-19 vaccine on the same day is not recommended. The preferred minimum interval between a dose of seasonal influenza vaccine and a dose of COVID-19 vaccine is 14 days.

c. **Misconception of Testing Positive for COVID-19 Post Vaccination**: Concerns were raised by travelers who tested positive for COVID-19 (either by PCR or by Antigen diagnostic test) after being vaccinated with the COVID-19 vaccine. Neither PCR nor Antigen diagnostic tests can produce a positive result due to vaccination. This is because these PCR tests check for active disease and not whether an individual is immune or not. In the case of an antibody test, however, it may be possible to test positive because the serology test measures a person's COVID-19 past exposure. If travelers test positive for COVID-19 by PCR or by Antigen diagnostic test after vaccination, the most likely scenario is that they were infected with COVID-19.

d. **Special Population Groups:**

i. **HIV & AIDS:** Persons living with HIV/AIDS are at higher risk of severe COVID-19 diseases. Although data at this time are insufficient to allow assessment of Sinopharm & Astrazeneca vaccines efficacy on persons living with HIV/AIDS, such persons who are part of a group recommended for vaccination may be vaccinated, given that both vaccines are non-replicating. Information and, where possible, counseling should be provided to inform individual risk-benefit assessment. It is not necessary to test for HIV infection prior to vaccine administration.

ii. **Immuno-compromised Persons:** Immunocompromised persons are at higher risk of severe COVID-19 disease. Although data at this time is insufficient to allow assessment of Sinopharm & Astrazeneca vaccines efficacy on immunocompromised persons (including those receiving immunosuppressant therapy), such persons who are part of a group recommended for vaccination may be vaccinated, given that both vaccines are non-replicating. Information and, where possible, counseling should be provided to inform individual risk-benefit assessment.

iii. For **persons with comorbidities** such as obesity, cardiovascular disease, respiratory disease and diabetes that have been studied in clinical trial and that have been identified as increasing the risk of severe COVID-19, vaccination is recommended. Caution is advised when vaccinating such persons with Sinopharm vaccine.

iv. **Pregnant Women**: Pregnancy is associated with an increased risk of severe COVID-19 infection. Available data on administration in pregnant women are insufficient to assess vaccine efficacy and/or inform vaccine-associated risks in pregnancy. Until pregnancy safety data are available, pregnant women can receive vaccines if the benefit of vaccination to the pregnant woman outweighs the potential vaccine risks, such as if they are health workers at high risk of exposure or have comorbidities that place them in a high-risk group for severe COVID-19. The decision to get vaccinated during pregnancy should be based on the recommendation of the healthcare provider, and perhaps after the first trimester of pregnancy. It is not necessary to test for pregnancy prior to vaccine administration.

v. **Lactating/Breastfeeding Women**: Available data on administration in lactating women are insufficient to assess vaccine safety, or the effects of breastfed children. As these vaccines are non-replicating, it is unlikely to pose a risk to the breastfeeding child. A lactating woman who is a part of a group recommended for vaccination should be offered vaccination. It is not recommended to discontinue breastfeeding after vaccination.

vi. **Persons Younger Than 18 years of Age**: Currently, there are no vaccines in Namibia yet that have been recommended for use in persons younger than 18 years old. Thus, persons younger than 18 years of age should not be vaccinated until such time that data becomes available that supports vaccinating this age group.

vii. **Person Older Than 60 Years of Age**:
Vaccination should be offered to all persons 60 years and above, given they are at higher risk of COVID-19 severe disease and death. Medical screening outcomes, risk versus benefits and individual decisions should be respected. No person shall be denied vaccination on the bases of age.

e. **Vaccine-Induced Thrombotic Thrombocytopenia (VITT)**:

i. In response to a small number of rare types of thromboembolic events (blood clots with low platelets) in those who have had the AstraZeneca COVID-19 vaccine (the AZ vaccine) in Europe and the UK, the WHO's Global Advisory Committee on Vaccine Safety (GACVS); the European Medicines Agency (EMA); and the UK's regulator (MHRA) have been reviewing all of the available data to establish whether a causal link can be established with the AZ vaccine.

ii. On 7 April 2021, the GACVS, the MHRA and the EMA issued statements. All concluded that the benefits of taking the AZ vaccine outweigh the very rare potential risks.

iii. WHO advises countries should continue to vaccinate with the AZ vaccine, and this is the policy that Namibia has also adopted.

iv. The current guidance is that health workers should counsel people about the very rare risk of VITT, especially in those 30 years old and below (1 in 250,000). For persons who have had previous thrombo-embolic events, individual risk-benefit assessment by a healthcare provider is advised.

4. **Efficacy of AstraZeneca Vaccine Against the Variants of Concern**:
   a. B.1.1.7:
      i. Vaccine efficacy against B.1.1.7 is not statistically different (75% vs 84%), though lower neutralizing antibody response.

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b. B.1.351:
    i. Preliminary data against B.1.351 efficacy against mild/moderate disease 21.9%, however data emanated from a very small study with a small sample size and only looked at mild/moderate disease.
    ii. Vaccine efficacy against the B.1.351 for severe disease is likely to be higher than mild/moderate disease as witnessed from data in other vaccines. Therefore, continuing AstraZeneca vaccination would prevent hospitalizations and death, thereby preventing overloading the health system.
    iii. Longer dosing interval (12 weeks) between the first and second shot, which Namibia is implementing, is likely to improve efficacy.
    iv. The Strategic Advisory Group of Experts (SAGE) on immunizations (under the WHO) at this time still recommends the use of AstraZeneca even in the presence of B.1.351.

5. Kindly note that the above guidance is subject to change as new data on COVID-19 and vaccines become available. Let us continue to work together to ensure that adequate health services are provided for COVID-19, in order to combat its spread in Namibia.

Yours sincerely,

BEN NANGOMBE
EXECUTIVE DIRECTOR

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