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ANALYSIS AND COMMENT ON:

CHANGES TO COVID-19 QUARANTINE, ISOLATION AND CONTACT TRACING

ISSUED BY DR SSS BUTHELEZI - DIRECTOR-GENERAL: HEALTH

ON: 17/02/2022

1. GENERAL COMMENT

1.1. In this directive the DG of the Department of Health correctly takes cognizance of altered circumstances in South Africa, which include:

1.1.1. evolution of the SARS-CoV-2 virus to the Omicron variant;

1.1.2. the different characteristics of infection with Omicron SARS-CoV-2 as compared to infection with Delta and other variants of SARS-CoV-2, which include more easily spread, less severe illness, and even less susceptible to vaccination against Ancestral SARS-CoV-2;

1.1.3. a diminished need to protect the community from SARS-CoV-2, that has resulted from rising vaccination rates and natural immunity; and

1.1.4. greater appreciation of the costs of current practices of quarantine, isolation and contact tracing.

1.2. Rationally, based on these altered circumstances, the DG appreciates the need for substantial revision of the recommendations for quarantine, isolation and contact tracing.

- 1.3. By the same reasoning, recommendations for vaccination against SARS-CoV-2 should be reconsidered in the light of the altered circumstances, which now seem to have become common cause.

2. SPECIFIC COMMENT RE TESTING

2.1. Ad paragraph 2. Isolation for Asymptomatic COVID infection.

2.1.1. People with asymptomatic COVID infection do not need to isolate.

2.1.2. Wearing of masks is advised for 5 days after a positive test, whenever interacting with people.

2.1.3. Exceptions are specified, only in regard to social gatherings, hospital admissions and staff at health facilities and care homes.

2.1.3.1. These exceptions clearly do not apply to schools, universities or workplaces in general.

2.1.3.2. This provision means that, except for the specified exceptions, people who are asymptomatic, i.e. not sick, do not need to isolate even if they have a positive test.

2.2. Ad paragraph 5. Quarantine.

2.2.1. All quarantine should be stopped. This applies to everyone including health care workers.

2.2.2. Only one exception is specified, in regard to cluster outbreaks in health facilities and care homes.

2.2.3. Additionally the need to isolate in case of development of symptoms is noted.

2.2.3.1. This provision means that, except for cluster outbreaks in health facilities and care homes, people who are asymptomatic, i.e. not sick, do not need to quarantine.

2.3. Conclusions from paragraphs 2 and 5 read together.

2.3.1. From the foregoing it is clear that, irrespective of test results, people who are not sick do not need to quarantine or isolate.

2.3.2. If a positive test in an asymptomatic person is not an indication for quarantine or isolation, there can be no rational basis for testing asymptomatic people.

2.4. Ad paragraph 6. Contact tracing.

2.4.1. Active contact tracing should be stopped.

2.4.2. Only one exception is specified, in regard to cluster outbreaks in health facilities and care homes.

2.4.2.1. If it is not necessary to test asymptomatic contacts of positive cases, there can be no rational basis for testing asymptomatic people who are not contacts of positive cases.

2.5. Final Conclusions re Testing

2.5.1. **Based on the above, there is no rational basis for testing asymptomatic people.**

2.5.2. Workplace and university mandates for weekly testing of asymptomatic employees and students are in conflict with the current directives of the Department of Health.

3. SPECIFIC COMMENT RE VACCINATION

3.1. Having regard to the altered circumstances in South Africa that have been taken into account by the DG of the Department of Health in determining these new directives:

3.1.1. The diminished need to protect the community from SARS-CoV-2, that has resulted from rising vaccination rates and natural immunity, implies that any previously perceived need for vaccination has now diminished.

3.1.2. The facts that the Ancestral SARS-CoV-2, as well as subsequent variants up to and including the Delta variant are now essentially extinct in South Africa; that the Omicron 4th wave is more or less over; and that infection with Omicron SARS-CoV-2 results in less severe illness, imply that any previously perceived need for vaccination has now diminished.

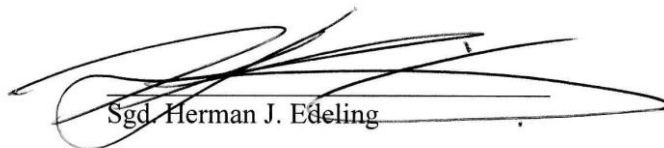
3.1.3. The facts that the vaccines in current use in South Africa were designed to protect against the Ancestral SARS-CoV-2; that the Omicron variant differs so much from the Ancestral virus that the vaccination is even less effective against Omicron than it was against Delta, imply that there can be no rational basis for injecting mRNA that programs for spike protein of the Ancestral virus in a country where Covid-19 is dominated by an essentially different virus, namely Omicron.

3.2. Final Conclusions re Vaccination

3.2.1. The vaccines in current use in South Africa were designed against a different virus.

3.2.2. The vaccines in current use in South Africa are the wrong vaccines for the current virus.

3.2.3. There can be no rational basis for using the wrong vaccine against the current and future variations of the virus in South Africa.



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20 February 2022