EXPANDED PROGRAM ON IMMUNISATION IN SOUTH AFRICA (EPI-SA) -

OVERVIEW OF EXPANDED PROGRAM ON IMMUNISATION IN SOUTH AFRICA: VACCINE HESITANCY WEBINAR

8 MAY 2024

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OVERVIEW OF EPI-SA

Vision:

"To reach and protect every child in the targeted age group in South Africa with potent lifesaving vaccines, through quality services that are in keeping with trends in the developed world."

AIM:

"A functioning national vaccine delivery system with nationwide effective distributions, access for marginalized populations, adequate cold chain, and ongoing quality control that is able to respond to new disease threats."

GLOBAL REFERENCE AND SUPPORTING DOCUMENTS FOR EPI

IMMUNIZATION AGENDA 2030

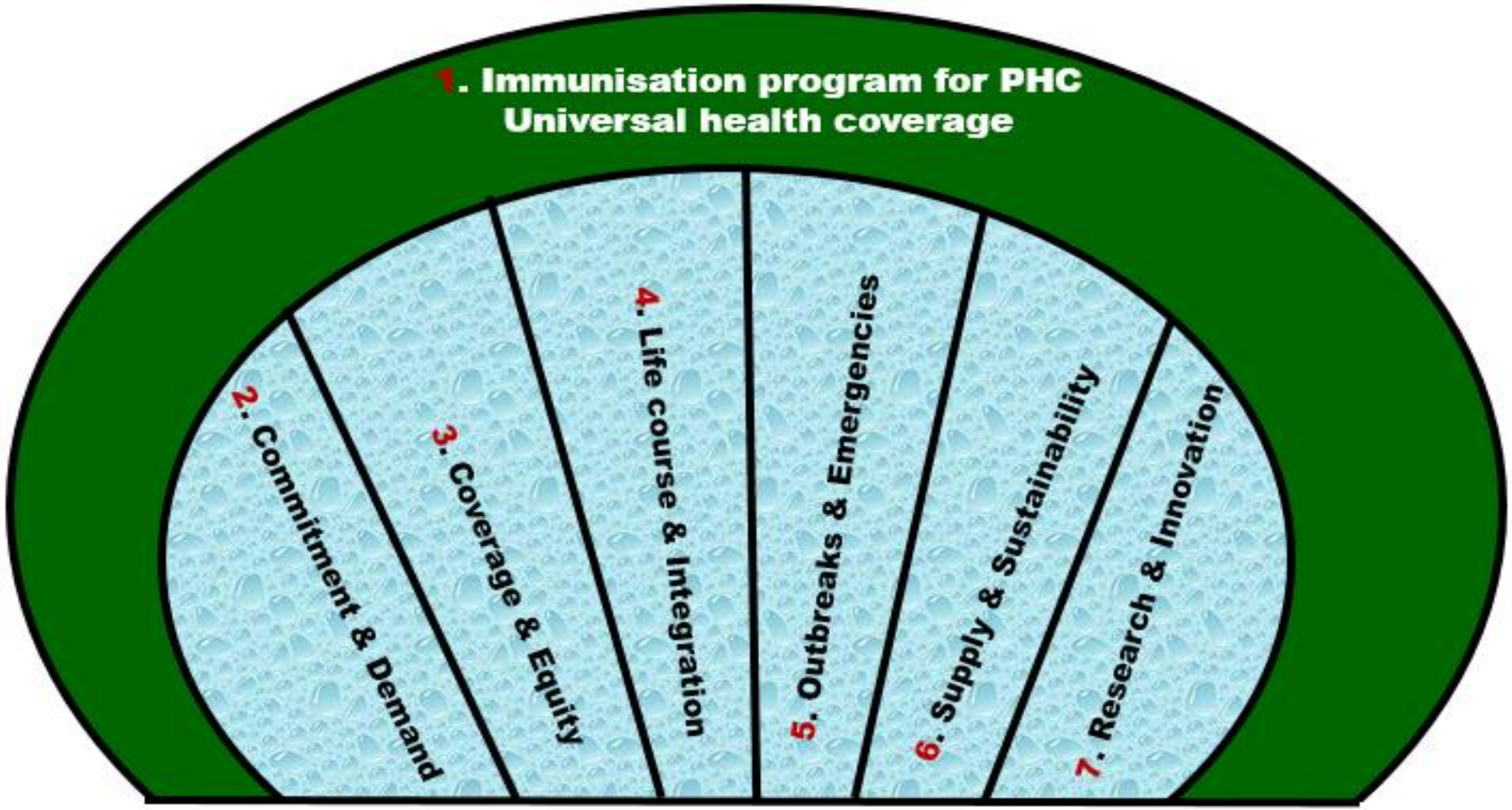
Vision:

"A world where everyone, everywhere, at every age fully benefits from vaccines for good health and well-being."

Impact goals:

- Reduce mortality and morbidity from vaccine-preventable diseases for everyone throughout the life course.
- Leave non one behind, by increasing equitable access and use of new and existing vaccines.
- Ensure good health and well-being for everyone by contributing to universal health coverage and sustainable development.

SEVEN STRATEGIC PRIORITIES IA 2030



IMMUNIZATION AGENDA 2030

3. Coverage and equity

4. Life-course and integration

5. Outbreaks and emergencies

Delivery of immunisation services

Population growth

Continued urbanisation

Natural disaster

Climate change

Political instability

Cross border movement

STRATEGIC PRIORITY 3 OF IA 2030: COVERAGE & EQUITY

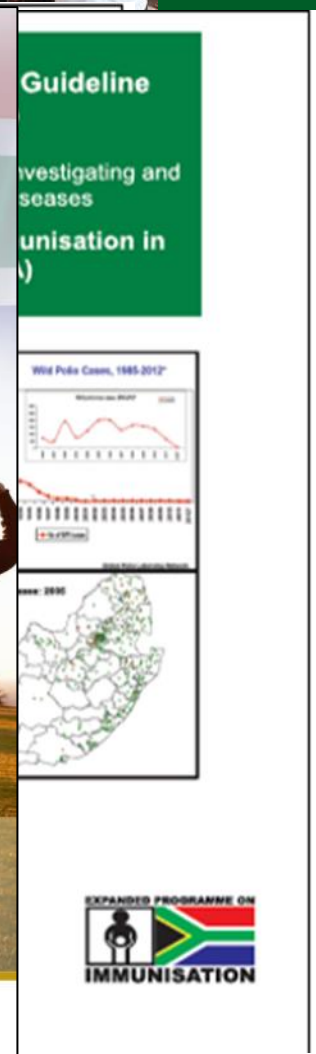
GOAL

- **Everyone is protected by full immunisation, regardless of location, age, socioeconomic status or gender-related barriers**

OBJECTIVES

- **Extend immunisation services to regularly reach "zero dose" and under-immunised children and communities**
- **Advance and sustain high and equitable immunization coverage nationally and in all districts**

SOUTH AFRICAN REFERENCE AND SUPPORTING DOCUMENTS FOR EPI-SA GUIDANCE



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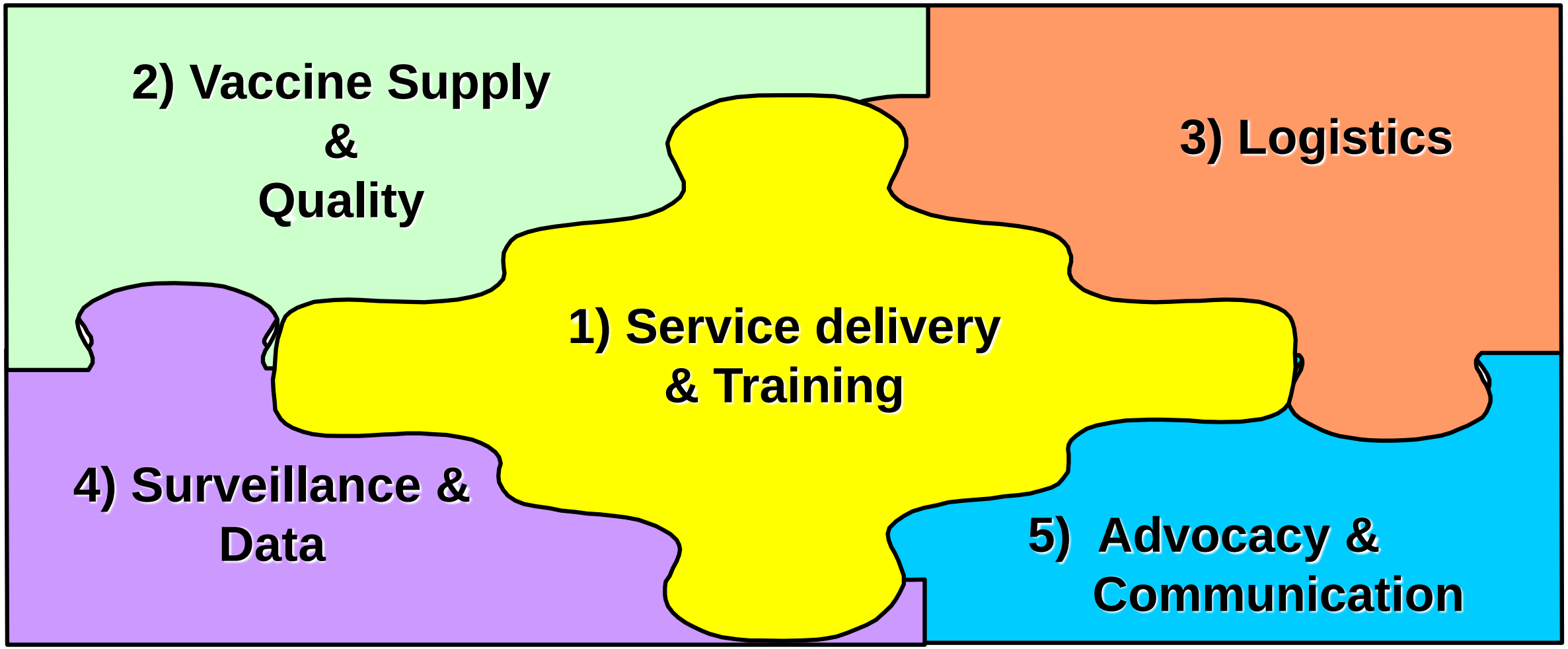
5 COMPONENTS OF AN IMMUNISATION PROGRAMME



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5 COMPONENTS OF AN IMMUNISATION PROGRAMME

SERVICE DELIVERY

- Strategies and activities of giving vaccinations

VACCINE SUPPLY & QUALITY

- Forecasting vaccine needs, procurement of vaccines, monitoring of vaccine utilisation and safety procedures

LOGISTICS

- Delivery of vaccines and equipment to the place of use, transport, management of cold chain and waste disposal

ADVOCACY & COMMUNICATION

- Social mobilisation, advocacy, community education on immunisation and program promotion

DISEASE SURVEILLANCE & DATA

- Includes monitoring of disease incidence, laboratory testing, record keeping and reporting

PROGRESSION OF EPI-SA

1974: EPI launched (6 conditions)

1995: Hep B

1999: Hib

2008: Td replaces DT

2009: PCV; RV; DTaP-IPV//Hib

2011: PCV7 to PCV13

2014: HPV

2015: Measbio

2015: Hexavalent

2016: tOPV to bOPV switch

2021: Covid vaccine

2024: MR & Tdap

2024: PVC 13 to PCV 10 switch

EPI-SA INDICATOR TARGETS

- Aligned with the Department of Health Strategic Plan, 2020/21 to 2024/25 and the Annual Performance Plans (APP) of the Department, 2024/25FY.
- Maintain Polio Free status until polio eradication is achieved globally
- Maintain Neonatal Tetanus elimination status
- Ensure universal access to quality immunisation services

IMMUNISATION COVERAGE INDICATORS	TARGET
Measles coverage 1st and 2nd dose	≥ 95.0%
Immunisation coverage under 1 year old	≥ 90.0%
BCG, OPV, PCV, RV, DTaP-IPV-Hib-HBV, HPV	≥ 80.0%
Vaccine dose drop out rates	≤ 6%

EPI-SA INDICATOR TARGETS AND PERFORMANCE OF 2023/24 FY

Indicator	Target	Targeted children 2023/24 FY	Coverage (%)	Missed children	Proportion Children Missed
Measles coverage 1st dose	≥ 95.0%	1,132,892	82,5	195,292	21%
Measles coverage 2nd dose	≥ 95.0%	1,132,902	84,8	169,287	18%
Immunisation coverage < 1 year	≥ 90.0%	1,132,892	83,2	187,228	20%
DTaP-IPV-Hib-HBV 1	≥ 80.0%	1,132,892	79,2	233,247	26%
DTaP-IPV-Hib-HBV 3	≥ 80.0%	1,132,892	78,3	243,549	27%
BCG, OPV, PCV, RV, DTaP-IPV-Hib-HBV (2 & 4)	≥ 80.0%				
Vaccine dose drop out rates	≤ 6%				
Vaccine procurement	≥ 80.0%				

NATIONAL EPI MINISTERIAL COMMITTEES

COMMITTEE	ACRONYM	YEAR	ROLES AND RESPONSIBILITIES
National Advisory Group on Immunisation	NAGI	1994	Providing technical advisory group on immunisation system in the country
National Polio Expert Committee (Polio eradication)	NPEC	1997	Ensure national polio eradication initiatives by classifying AFP cases
National Certification Committee (Polio eradication)	NCC	2001	Assess the fulfillment of polio eradication certification requirements in the country, as defined by the Global Certification Commission (GCC) and the Regional Certification Commission
National Task Force (Polio eradication)	NTF	2002	Ensure national polio eradication initiatives by monitoring laboratory services in the country.
National Immunisation Safety Committee	NISEC	2017	Conducting causality assessment of AEFI cases

REVISED EPI ROUTINE SCHEDULE, 2024

AGE	VACCINE
Birth	Bacille Calmette-Guérin (BCG)
	Oral Polio Vaccine (OPV) -0
6 weeks	Oral Polio Vaccine (OPV) -1
	Rotavirus (RV) -1
	Pneumococcal conjugate (PCV) -1
	Hexavalent (DTaP-IPV-HepB-Hib) -1
10 weeks	Hexavalent (DTaP-IPV-HepB-Hib) -2
14 weeks	Rotavirus (RV) -2
	Pneumococcal conjugate (PCV) -2
	Hexavalent (DTaP-IPV-HepB-Hib) -3

AGE	VACCINE
6m	Measles/Rubella (MR) -1
9 months	Pneumococcal conjugate (PCV) -3
12 months	Measles/Rubella (MR) -2
18 months	Hexavalent (DTaP-IPV-HepB-Hib) -4
6 years	Tetanus diphtheria, acellular Pertussis (TdaP) -1
Grade 5 (campaign only)	Tetanus diphtheria, acellular Pertussis (TdaP) -
Grade 5 ≥ 9 years (campaign only)	Human Papilloma Virus (HPV) 1+2
12 years	Tetanus diphtheria, acellular Pertussis (TdaP)-2

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REVISED EPI ROUTINE SCHEDULE, 2024

Hepatitis B (0) vaccine (birth dose)	Give ONLY to infants whose mothers tested POSITIVE for HBsAg during pregnancy
Rotavirus Vaccine	DO NOT administer after 24 weeks
Measles & Rubella vaccine at 6 months to less than 9 months	DO NOT ADMINISTER with any other vaccine
Measles & Rubella vaccine at 9 months and above	Can be administered with any OTHER vaccine.
Human Papillomavirus Vaccine	Catch-up campaign of all eligible girls in all settings (previously missed since 2014)

Vaccine	Target Group	Dose
Tdap Vaccine	• Pregnant women	One dose in each pregnancy 26 – 34 weeks of pregnancy
HBV (Hepatitis B Vaccine)	• All personnel working in a health care facility (including support staff)	Dose (1) administered immediat Dose (2) administered 1 month a the 1st dose. Dose (3) administered 6 months the first dose.
	• Other high-risk groups Refer to National Hepatitis guideline for other high-risk groups)	
*Influenza Vaccine	• Pregnant women • Health care workers People over the age of 65 years. • People with cardiovascular disease (including chronic heart disease, hypertension, stroke, and diabetes), chronic lung disease (including asthma and chronic obstructive pulmonary disease) and people living with HIV and AIDS	Adults and children ≥ 9 years: s dose Children: 3 to 8 years: 1 or 2 d
TT Vaccine (Tetanus Toxoid)	• Trauma/Injuries	One dose after each trauma epi (unless given in previous 5 Years)

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EXPANDED PROGRAMME ON IMMUNISATION

EPI (SA) REVISED – CHILDHOOD VACCINATION SCHEDULE

AGE	VACCINE	ROUTE & SITE
Birth	BCG, Bacillus Calmette Guerin Vaccine	Right arm
	OPV (0), Oral Polio Vaccine	Oral drops
	*HBV (0), Hepatitis B Vaccine (specific neonates)	Intramuscular/right thigh
6 weeks	OPV (1), Oral Polio Vaccine	Oral drops
	*RV (1), Rotavirus Vaccine	Liquid by mouth
	DTaP-IPV-Hib-HBV (1), Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, *Haemophilus influenzae* type b and Hepatitis B Conjugate; combined Vaccine	Intramuscular/left thigh
	PCV (1), Pneumococcal Conjugate Vaccine	Intramuscular/right thigh
10 weeks	DTaP-IPV-Hib-HBV (2), Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, *Haemophilus influenzae* type b and Hepatitis B Conjugate; combined Vaccine	Intramuscular/left thigh
14 weeks	*RV (2), Rotavirus Vaccine	Liquid by mouth
	DTaP-IPV-Hib-HBV (3), Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, *Haemophilus influenzae* type b and Hepatitis B Conjugate; combined Vaccine	Intramuscular/left thigh
	PCV (2), Pneumococcal Conjugate Vaccine	Intramuscular/right thigh
6 months	*MR (1), Measles and Rubella combined Vaccine	Subcutaneous/left thigh
9 months	PCV (3), Pneumococcal Conjugate Vaccine	Intramuscular/right thigh
12 months	*MR (2), Measles and Rubella combined Vaccine	Subcutaneous/right arm
18 months	DTaP-IPV-Hib-HBV (4), Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, *Haemophilus influenzae* type b and Hepatitis B Conjugate; combined Vaccine	Intramuscular/left thigh
6 years (both boys and girls)	Tdap (1), Tetanus, reduced strength of Diphtheria and Acellular Pertussis Vaccine	Intramuscular/right arm
Grade 5 (both boys and girls)	Tdap (campaign), Tetanus, reduced strength of Diphtheria and Acellular Pertussis Vaccine	Intramuscular/right arm
Girls ≥ 9 years	*Human Papilloma Virus (HPV)	Intramuscular/left arm
12 years (both boys and girls)	Tdap (2), Tetanus, reduced strength of Diphtheria and Acellular Pertussis Vaccine	Intramuscular/right arm
*NOTES		
Hepatitis B (0) Vaccine (birth dose)	Give **ONLY** to infants whose mothers tested POSITIVE for HBsAg during pregnancy	
Rotavirus Vaccine	**DO NOT** administer after 24 weeks	
Measles and Rubella Vaccine at 6 months to less than 9 months	**DO NOT ADMINISTER** with any other vaccine	
Measles and Rubella Vaccine at 9 months and above	Can be administered with any **OTHER** vaccine	
Human Papillomavirus Vaccine	Catch-up campaign of all eligible girls in all settings (previously missed since 2014)	

EPI (SA) REVISED – IMMUNISATION OF OTHER CASES

VACCINE	TARGET GROUP	DOSE	ROUTE
Tdap, Tetanus, reduced strength of Diphtheria and Acellular Pertussis Vaccine	Pregnant women	One dose in each pregnancy 26-34 weeks of pregnancy	Intramuscular
HBV, Hepatitis B Vaccine	All personnel working in a health care facility (including support staff)	Dose (1) administered immediately Dose (2) administered 1 month after the 1st dose Dose (3) administered 6 months after the 1st dose	Intramuscular
	Other high-risk groups Refer to National Hepatitis Guideline for other high-risk groups		
*Influenza Vaccine	• Pregnant women • Health Care workers • People over the age of 65 years • People with cardiovascular disease (including chronic heart disease, hypertension, stroke and diabetes), chronic lung disease (including asthma and chronic obstructive pulmonary disease) and people living with HIV and AIDS	Adults and children ≥9 years: single dose Children: 3-8 years: 1 or 2 doses	Intramuscular
TT, Tetanus Toxoid Vaccine	Trauma/Injuries	One dose after each trauma episode (unless given in previous 5 years)	Intramuscular

*The Department of Health (DOH), South Africa. Knowledge Hub Webinar. Hepatitis B Vaccine - targeted birth dose. 31st October 2023. https://knowledgehub.health.gov.za/system/files/2023-11/KH%20webinar%20Session%202%20Hep%20B%20vaccine%20-%20final.pdf. Accessed December 2023.

Expanded Programme on Immunisation – EPI (SA) Revised Childhood Immunisation Schedule, 2024.
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MAT-ZA-2400117-1.0 – 03/2024
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REVISED EPI CATCHUP SCHEDULE, 2024

Vaccine	Age of child	First dose	Interval for subsequent doses		
			Second dose	Third dose	Fourth dose
Bacille Calmette-Guérin (BCG)	<1 year	Give one dose			
	≥1 year	**Do NOT give**			
Oral Polio Vaccine (bOPV)	<6 months	Give first dose	4 weeks		
	≥6 months	**Do NOT give**			
Hexavalent (DTaP-IPV-HepB-Hib)	Up to 5 years	Give first dose	4 weeks	4 weeks	12 months (Do not give before child is 18 months old)
Pneumococcal conjugate (PCV)	<6 months	Give first dose	4 weeks	Give at 9 months of age	*PCV13 and PCV10 considered interchangeable – no catch up of PCV10 required if child previously received PCV13 as per EPI schedule*
	6-9 months	Give first dose	4 weeks	8 weeks	
	>9-12 months	Give first dose	4 weeks	8 weeks	
	1-6 years	Give one dose			
Rotavirus	<20 weeks	Give first dose	4 weeks		
	20-24 weeks	Give one dose			
	>24 weeks	**Do NOT give**			
Measles/Rubella (MR)	<11 months	Give first dose	At 12 months	*If 1st dose is MCV, 2nd dose is MR – no catch up with MR required*	
	≥11 months	Give first dose	4 weeks		
Tetanus diphtheria acellular Pertussis (TdaP)	≥6 years	Give first dose	At 12 years	*Td and TdaP will be considered interchangeable – no catch up of TdaP required if child previously received Td as per EPI schedule*	

EPI-SA CATCH-UP IMMUNISATION SCHEDULE

Vaccine	Upper age limit (per manufacturer)	Upper limit per national schedule guideline
BCG	12 months	12 months
OPV birth dose	No upper age limit	6 months
DTaP-IPV-Hib-HBV	59 months	59 months
RV		24 weeks
MR	No upper age limit	No upper age limit
PCV	72 months	72 months
Tdap	No upper age limit	15 years

HPV vaccination service delivery revised in 2024

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FIELD GUIDE FOR THE CATCH-UP OF CHILD HEALTH INTERVENTIONS IN SOUTH AFRICA

OVERVIEW OF EPI-SA

VACCINES WITHIN EPI-SA SCOPE	VACCINES IN PUBLIC SECTOR BUT OUTSIDE EPI-SA SCOPE	VACCINES WITHIN PRIVATE SECTOR SCOPE
List of vaccines	**List of vaccines**	**Additional vaccines**
▪OPV ▪BCG ▪DTaP-IPV-Hib-HBV ▪PCV ▪RV ▪MR ▪Tdap ▪HPV (Cervarix)	▪ Influenza vaccination; ▪ Yellow Fever vaccination; ▪ Meningococcal Meningitis; ▪ COVID vaccination	▪ MCV ▪ MMR ▪ MMRV ▪ Varicella ▪ Hepatitis A ▪ Tdap-IPV ▪ *HPV (Gardasil)

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ZERO-DOSE CHILDREN

CONCEPT OF ZERO DOSE - IMMUNIZATION AGENDA 2030

- **Zero-dose children: Defined as those who have not received DPT1 containing vaccine (*Hexavalent*)**
- **Zero-dose communities: communities with a large proportion of zero dose children**
  - ✓ **Remote rural**
  - ✓ **Urban**
  - ✓ **Conflict**
  - ✓ **Gender barriers**

CONCEPT OF ZERO DOSE - IMMUNIZATION AGENDA 2030

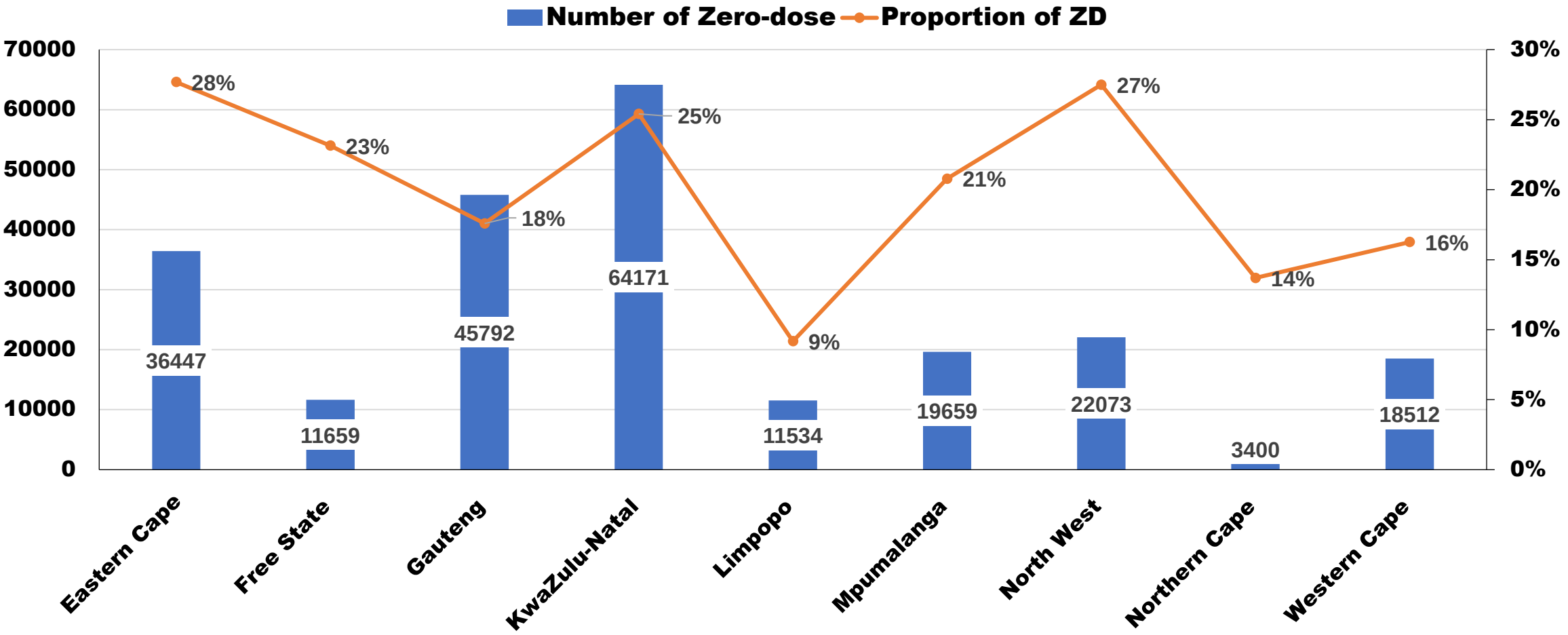
- **No Hexa1 = number/ proportion of children in a defined population who have not received the first dose of the Hexa 1 (Zero-dose for Hexa 1)**
- **Serves as a marker of inequity in providing or accessing services.**
- **Immunisation data systems will be expanded sub-nationally to map and track "zero dose" and under-immunised populations and specific marginalized groups to ensure that they are covered by the immunisation program.**

Goal: is to move these children from zero-dose to fully vaccinated

15 DISTRICTS WITH HIGH NUMBER AND PROPORTION OF ZERO-DOSE CHILDREN, 2023/24 FY

	Province	District	Target Population	Zero Dose by Number (#)	Proportion of Zero Dose (%)
8 DISTRCITS WITH HIGHEST NUMBER OF ZD DOSE	Gauteng	Johannesburg MM	97,754	18,383	19%
	KwaZulu-Natal	eThekwini MM	73,792	16,875	23%
	Eastern Cape	O Tambo DM	40,903	16,630	41%
	Gauteng	Ekurhuleni MM	70,042	15,382	22%
	North West	Bojanala DM	35,399	12,139	34%
	Gauteng	Tshwane MM	62,532	10,839	17%
	Western Cape	Cape Town MM	73,026	10,712	15%
	Eastern Cape	A Nzo DM	22,406	8,927	40%
7 DISTRCITS WITH HIGHEST PROPORTION OF ZD DOSE	Eastern Cape	O Tambo DM	40,903	16,630	41%
	Eastern Cape	A Nzo DM	22,406	8,927	40%
	KwaZulu-Natal	Ugu DM	18,926	7,397	39%
	North West	Bojanala DM	35,399	12,139	34%
	KwaZulu-Natal	Harry Gwala DM	12,827	4,314	34%
	Eastern Cape	Amathole DM	14,772	4,538	31%
	Mpumalanga	G Sibande DM	25,025	7,646	31%

ZERO-DOSE BY PROVINCES
2023/2024 FY (APRIL 2023 – MARCH 2024)



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INTERVENTIONS – DIRECTED AT CAUSES

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Community

- Factors at community level & Access – transport
- Community values immunisation
- HP and WBOTs send clear messages

Individual

- Health Seeking behavior
- Working Moms

Supply Side

Health System

- Vaccine Stock Out
- Data Quality --- low coverage
- Emergency Order system

Facility Factors – Local

- Vaccine Stock Outs
- Accessibility
- Operating Times
- No Fast Queues -

STRATEGIES TO REACH THE ZD CHILDREN

- Strategies planned /implemented to reach ZD children
  - **Planning ongoing** (only at national at the moment) – seek high level buy-in and support than program focus.
  - **Service Level Agreement** to strengthen public-private partnership in provision of immunisation services is in place in some of the provinces (other provinces are still in process of finalizing it)
  - **Implementation in progress as there is ongoing catch-up services provided in health facilities**
  - Adaption of the Regional revised RED strategy is led by UNICEF
  - SIA – used to reach some children
  - Rapid convenience monitoring post campaign

- **Missed vaccination doses are checked upon encounter with any child up to 12 years of age based on EPI-SA routine schedule:**
  - **All children who present to all health facilities for any curative services including hospitalized children or children presenting for elective procedures**
  - **All children attending Early Childhood Development (ECD) centers**
  - **All children of school-going age at schools**
  - **All children seeking care in the private sector health facilities**
  - **All children residing in long term care facilities**
  - **Street children and other vulnerable children (in informal settlements, children of immigrants, in prisons etc.)**
  - **Within the community by ward-based outreach teams pro-actively requesting to review the RtHB of all children in visited households**

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