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

AFRICAN VACCINATION WEEK WEBINAR

NATIONAL UPDATES ON VACCINATION UPTAKE AND VPD OUTBREAKS

29 APRIL 2025
KNOWLEDGE HUB

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5 COMPONENTS OF AN IMMUNISATION PROGRAMME

2) Vaccine Supply & Quality

3) Logistics

1) Service delivery & Training

4) Surveillance & Data

5) Advocacy & Communication

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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

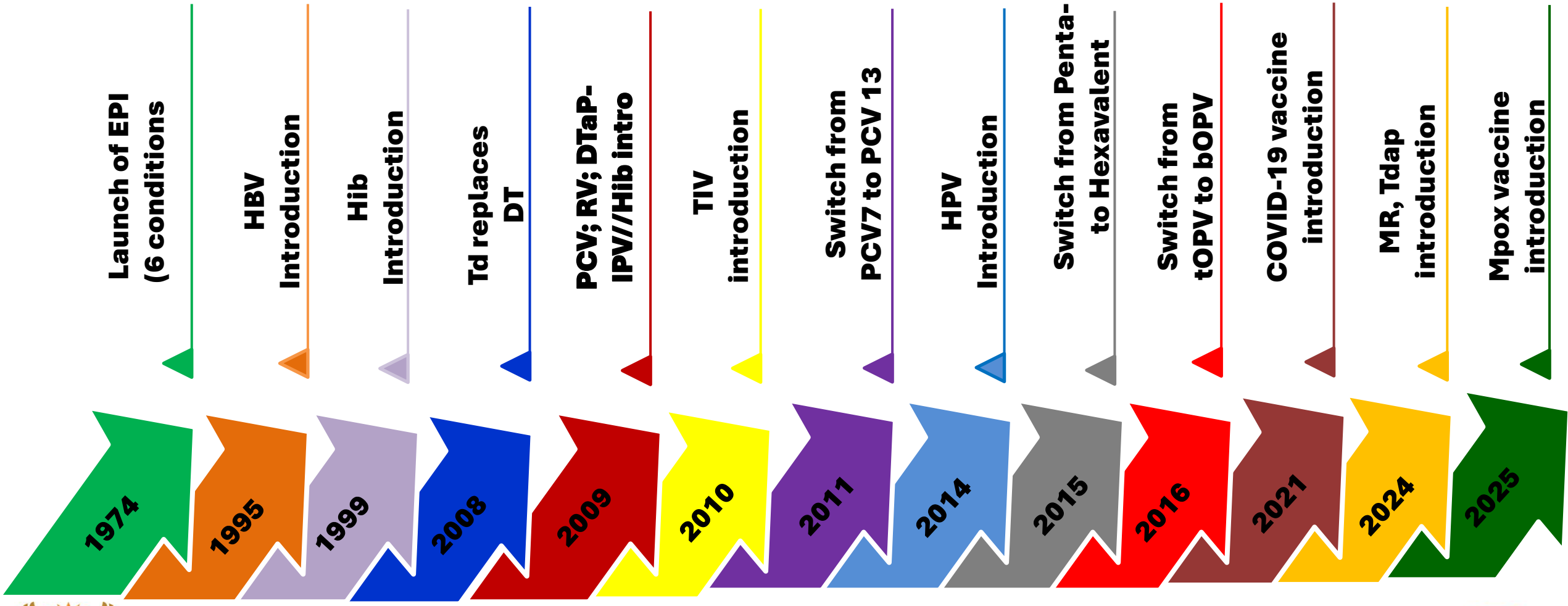
ADVOCACY & COMMUNICATION

- 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



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EPI-SA INDICATOR TARGETS

- Maintain Polio Free status until polio eradication is achieved globally
- Maintain Neonatal Tetanus elimination status
- Achieve elimination of measles and rubella
- Investigate and respond to 80% of suspected adverse events following immunisation
- Ensure universal access to quality immunisation services

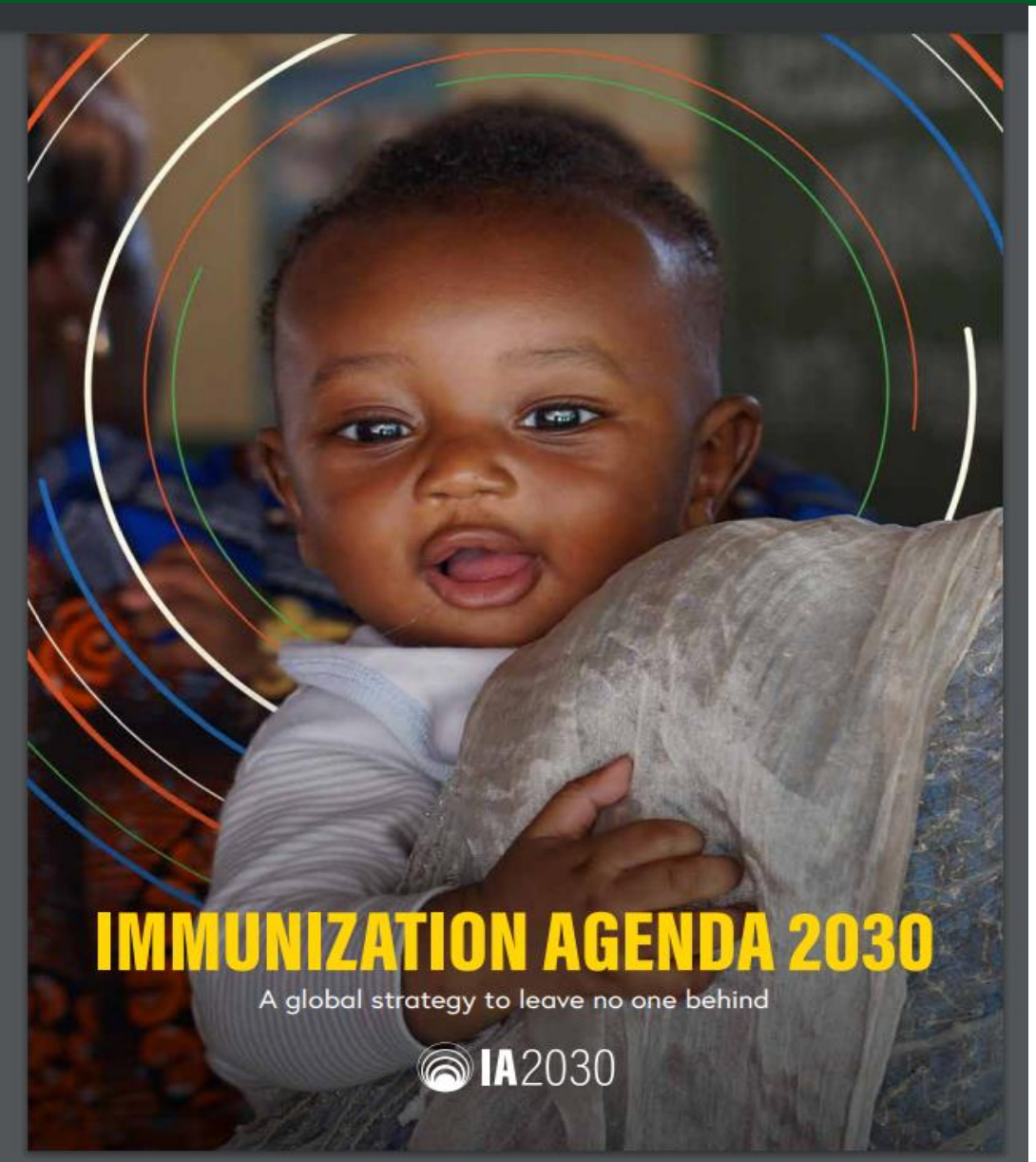
IMMUNISATION COVERAGE INDICATORS	TARGET
MCV (MR) coverage 1st and 2nd dose	≥ 95.0%
Immunisation coverage under 1 year old	≥ 90.0%
BCG, OPV, PCV, RV, DTaP-IPV-Hib-HBV, HPV	≥ 80.0%
Vaccine dose drop out rates	≤ 6%

EPI-SA INDICATOR TARGETS (cont.)

EPI SURVEILLANCE INDICATORS	TARGET
Non-Polio AFP rate per 100 000 of ≤ 15 years old target population	4/100,000
Stool Adequacy: cases with 2 adequate stools collected 24 to 48 hours apart within 14 days of onset of paralysis	≥ 80.0%
Stool specimens arriving at the lab within 3 days of being sent	≥ 80.0%
Non-measles febrile rash incidence rate of 2 cases per 100 000 total population per year	2.0 / 100 000
Proportion of districts that have reported at least 1 case of measles with a blood specimen per year	≥ 80.0%
Measles incidence of less than 1 case per 100 000 population	≤1.0 / 1000 000
AEFI reporting rate per 100,000 surviving infants per year	10.0 / 100 000
Percentage of serious AEFI cases investigated on time	80%
Neonatal Tetanus case per 1000 live births at district level per year.	≤1.0 / 1000 000

THE ZERO REPORT WILL BE INCLUDED AS AN INDICATOR IN EVALUATION OF DISTRICT FUNCTION

STRATEGIES FOR REACHING ZERO-DOSE COMMUNITIES WITH VACCINATION SERVICES IN SOUTH AFRICA



- **IA2030 Vision:**
- "A world where everyone, everywhere, at every age **fully benefits from vaccines for good health and well-being**."
- Endorsed by the World Health Assembly in **August 2020**
- EPI-SA aims to ensure that **90% of all children are fully immunized by the age of one year**.
- Zero-Dose Children: **Reaching the Unreached**

Analysis of zero-dose communities in South Africa

DEFINING ZERO-DOSE CONCEPT – REACHING THE UNREACHED

Zero-dose children

- Children that have not received any routine vaccine
- Indicator for monitoring at global/national level: lack of DTP1 (Hexavalent 1st dose)

Zero-dose communities

- Communities with high proportion of zero-dose children that share the same socio-economic or geographical attributes

Under-vaccinated children

- Under-vaccinated are those who received one dose, but not a third protective dose.
- Indicator for monitoring at global/national level: lack of DTP3 (Hexavalent 3rd dose)

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Side-by-Side

Phila

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ANALYSIS OF ZERO-DOSE COMMUNITIES IN SOUTH AFRICA

NUMBER OF ZERO-DOSE CHILDREN = 1,007,974

2019-2024

2019	2020	2021	2022	2023	2024
144,367	125,923	103,609	147,674	215,410	270,991
15,4%	12,5%	9,3%	18,1%	13,5%	24,0%
ZERO-DOSE	ZERO-DOSE	ZERO-DOSE	ZERO-DOSE	ZERO-DOSE	ZERO-DOSE

18 DISTRICTS REACHED THE TARGET OF 80% FROM JAN-DEC 2024

ONLY 4 PROVINCES REACHED THE TARGET OF 80% FROM JAN-DEC 2024

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Side-by-Side

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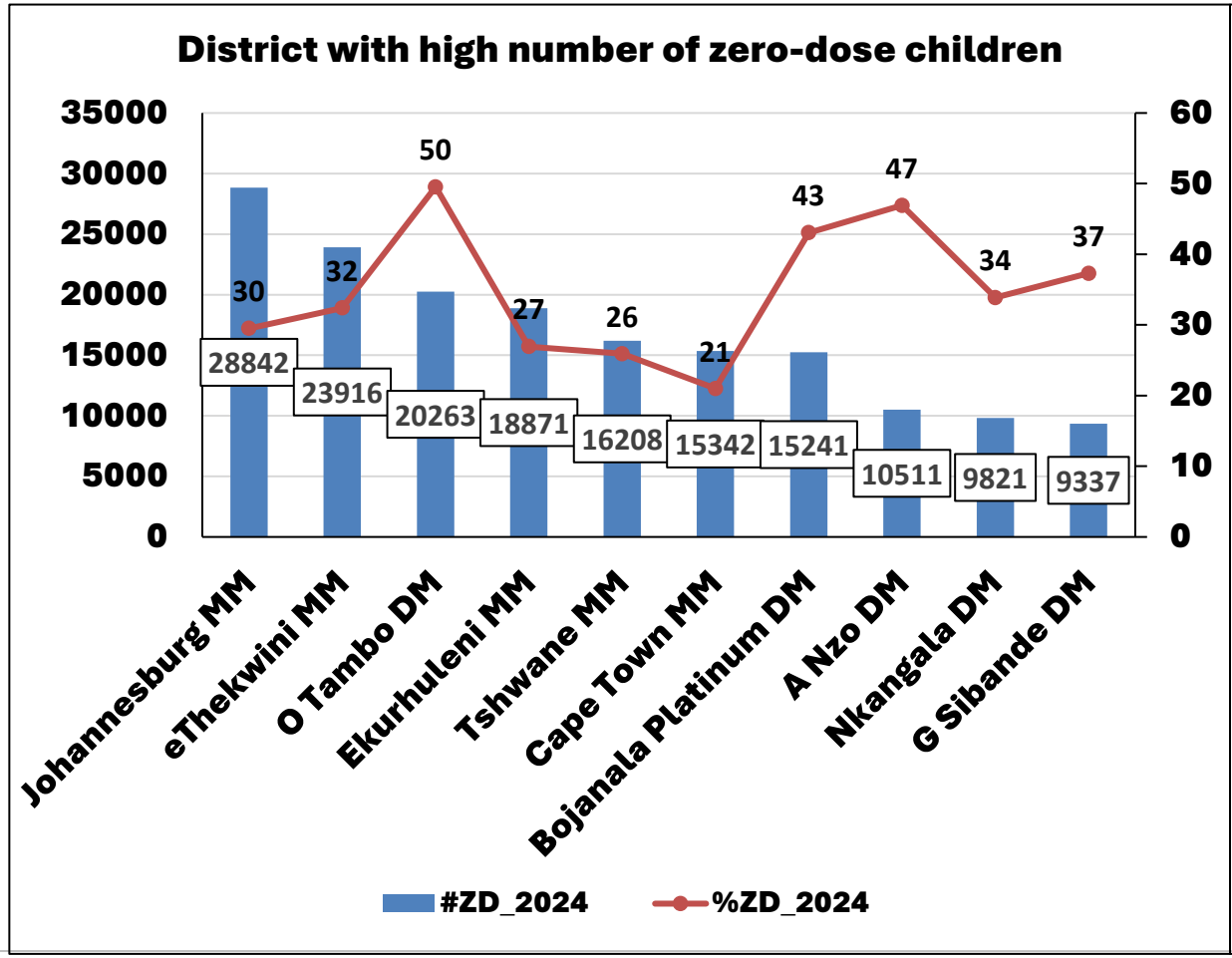
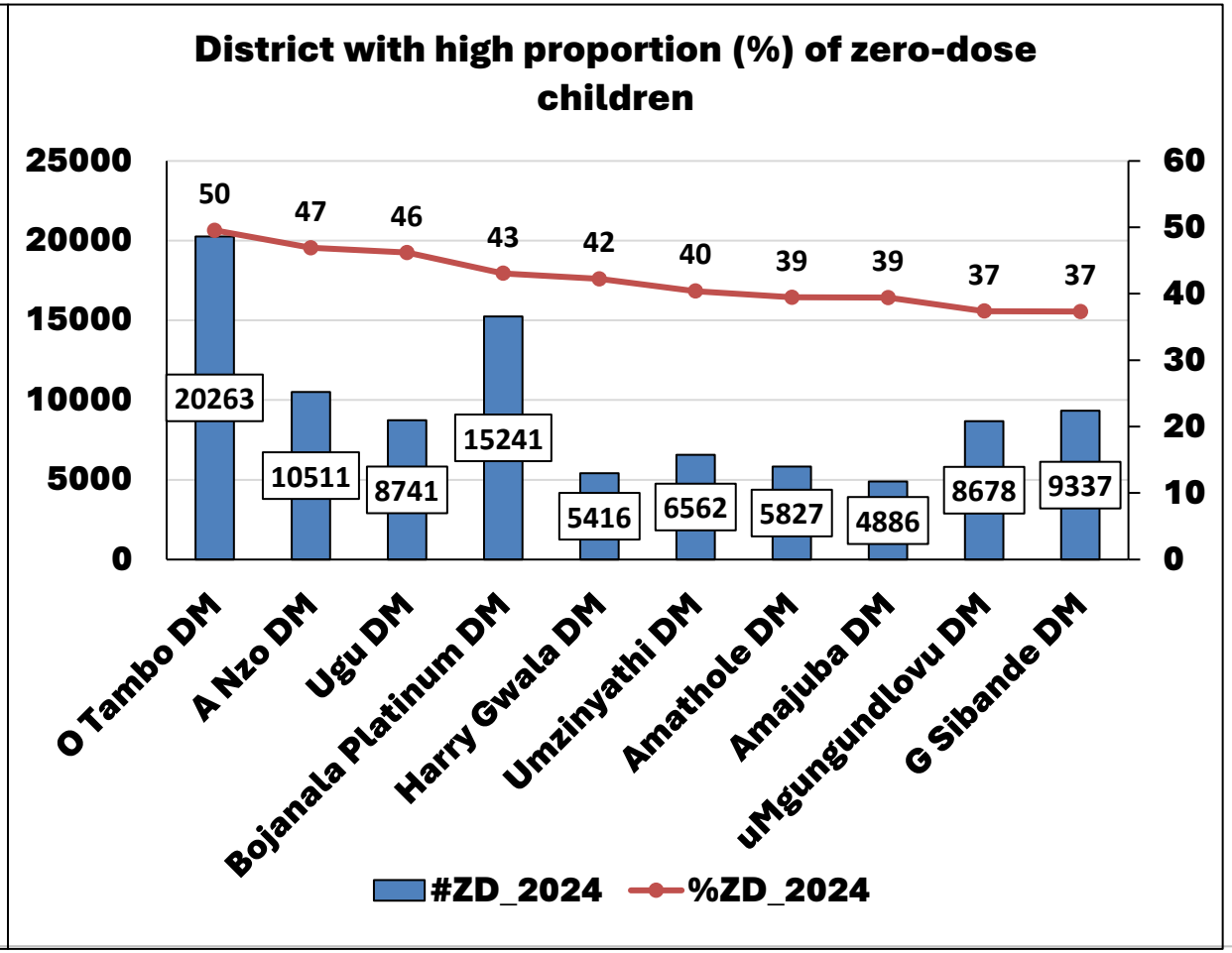
ZERO-DOSE CHILDREN, 2024





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POLIO VACCINE COVERAGE (%), BY PROVINCE, JANUARY – DECEMBER 2024

Organisation	OPV 0 (birth dose)	OPV 1st dose	Hexavalent 1st dose coverage	Hexavalent 2nd dose coverage	Hexavalent 3rd dose coverage	Hexavalent4th dose coverage
Eastern Cape	58,5	64,1	68,1	65,4	67,2	66,6
Free State	75,3	74,6	73,3	72,6	70,2	66,9
Gauteng	51,5	75,0	79,9	74,6	76,3	68,3
KwaZulu Natal	65,0	68,8	70,0	67,0	70,3	72,8
Limpopo	83,3	77,1	85,6	85,4	82,0	72,7
Mpumalanga	53,4	66,5	75,0	73,3	73,6	71,6
North West	59,5	64,0	67,4	66,0	65,5	63,5
Northen Cape	67,9	73,1	82,8	80,9	79,7	71,1
Western Cape	56,1	81,7	83,4	80,9	81,2	73,8
South Africa	61,5	71,7	75,8	73,0	73,8	70,1

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<80,0%

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VACCINE COVERAGE (%), BY PROVINCE, JANUARY – DECEMBER 2024

Organisation	BCG	Measles 1st dose	Measles 2nd dose	PCV 1st dose	PCV 2nd dose	PCV 3rd dose	RV 1st dose	RV 2nd dose
Eastern Cape	65,3	69,8	78,2	67,6	66,8	76,3	67,3	65,1
Free State	77,1	71,1	70,2	73,7	71,1	71,4	72,5	70,4
Gauteng	81,1	78,5	79,9	79,6	76,5	82,4	79,4	76,2
KwaZulu Natal	67,9	72,1	89,8	69,7	69,7	87,4	69,9	69,6
Limpopo	82,0	84,4	83,0	86,4	82,8	82,1	84,3	80,3
Mpumalanga	67,5	74,7	88,1	73,9	72,2	85,2	73,8	72,7
North West	61,0	66,3	86,7	65,7	65,2	79,0	64,4	63,0
Northen Cape	83,2	80,6	74,9	81,0	79,4	75,8	81,3	78,7
Western Cape	83,9	81,3	72,3	81,8	78,9	78,4	81,5	79,5
South Africa	74,0	75,5	82,1	75,3	73,5	81,7	74,9	72,8

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<80,0%

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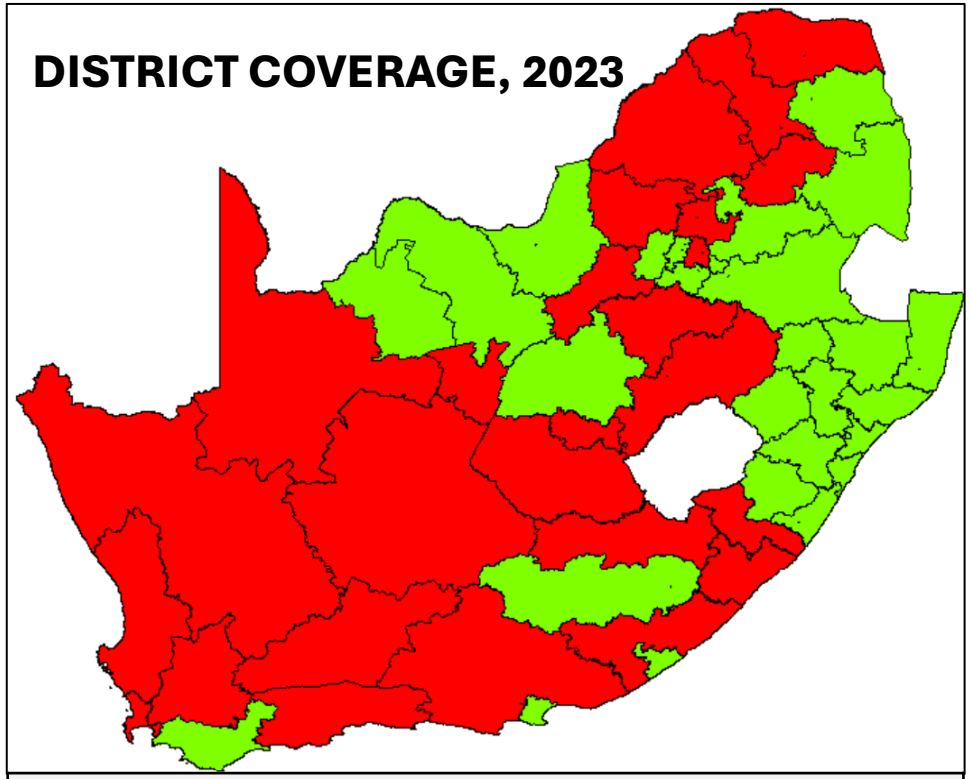
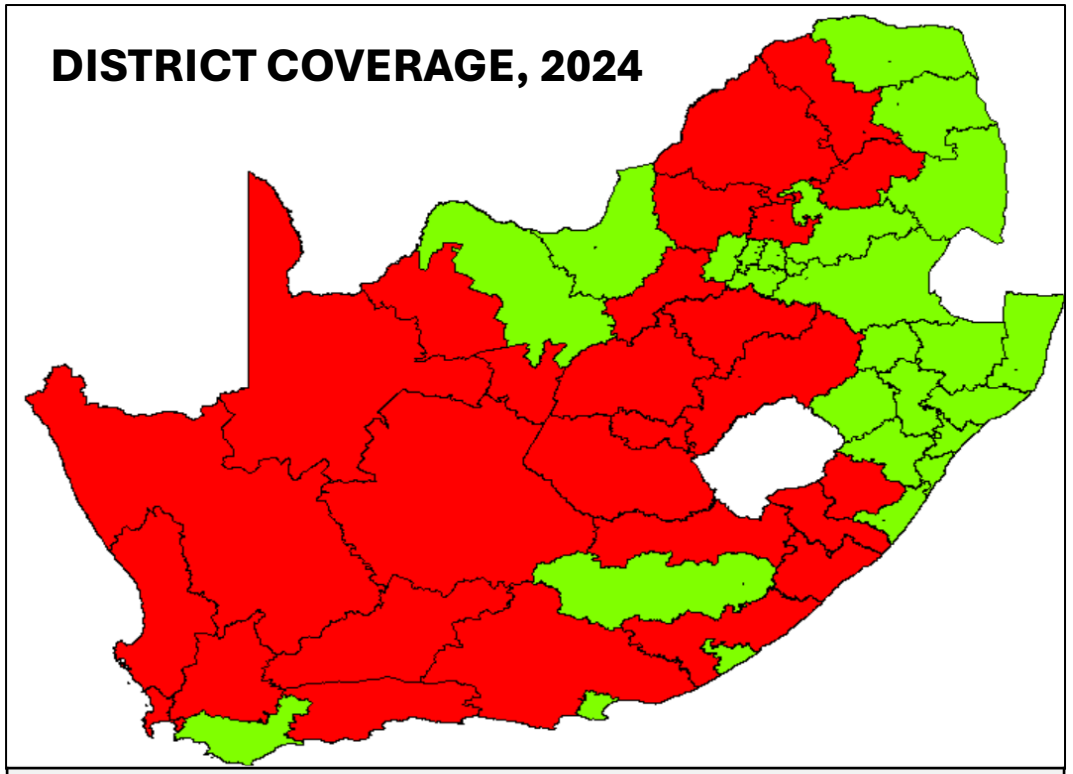
FULLY IMMUNISED COVERAGE (%) < 1 YR, YEAR 2023 & 2024



IMMUNISATION COVERAGE < 1YR		
LEGEND		NO. OF DISTRICTS
	≥ 80.0%	26
	< 80.0%	26



IMMUNISATION COVERAGE < 1YR		
LEGEND		NO. OF DISTRICTS
	≥ 80.0%	25
	< 80.0%	27

NUMBER OF DISTRCITS WITH FULLY IMMUNISED CHILDREN (≥80,0%)

YEAR 2020 = 27
YEAR 2021 = 33
YEAR 2022 = 38
YEAR 2023 = 26
YEAR 2024 = 25

ONGOING OUTBREAKS OF VPDs IN SOUTH AFRICA

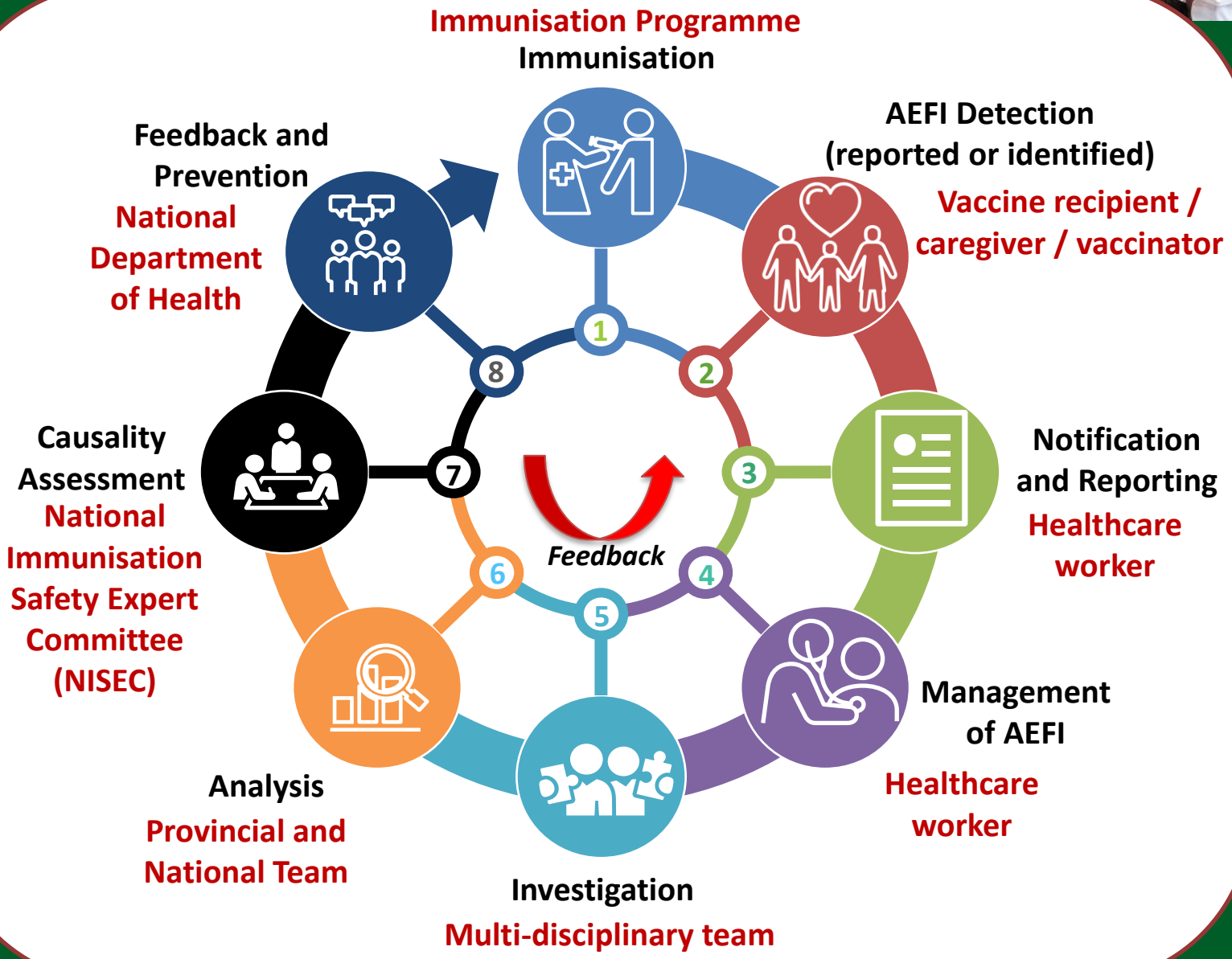
- **Chronically low routine immunisation coverage led to sporadic outbreaks of VPDs since end of 2022:**
- **Measles outbreak**
- **Rubella outbreak**
- **Diphtheria outbreak**

NEW REPORTED MPOX CASES IS A CONCERN

POLIO OUTBREAK IN THE NEIGHBOURING COUNTRIES AND THE REGION PUT SOUTH AFRICA AT HIGH RISK OF VIRUS IMPORTATIONS.

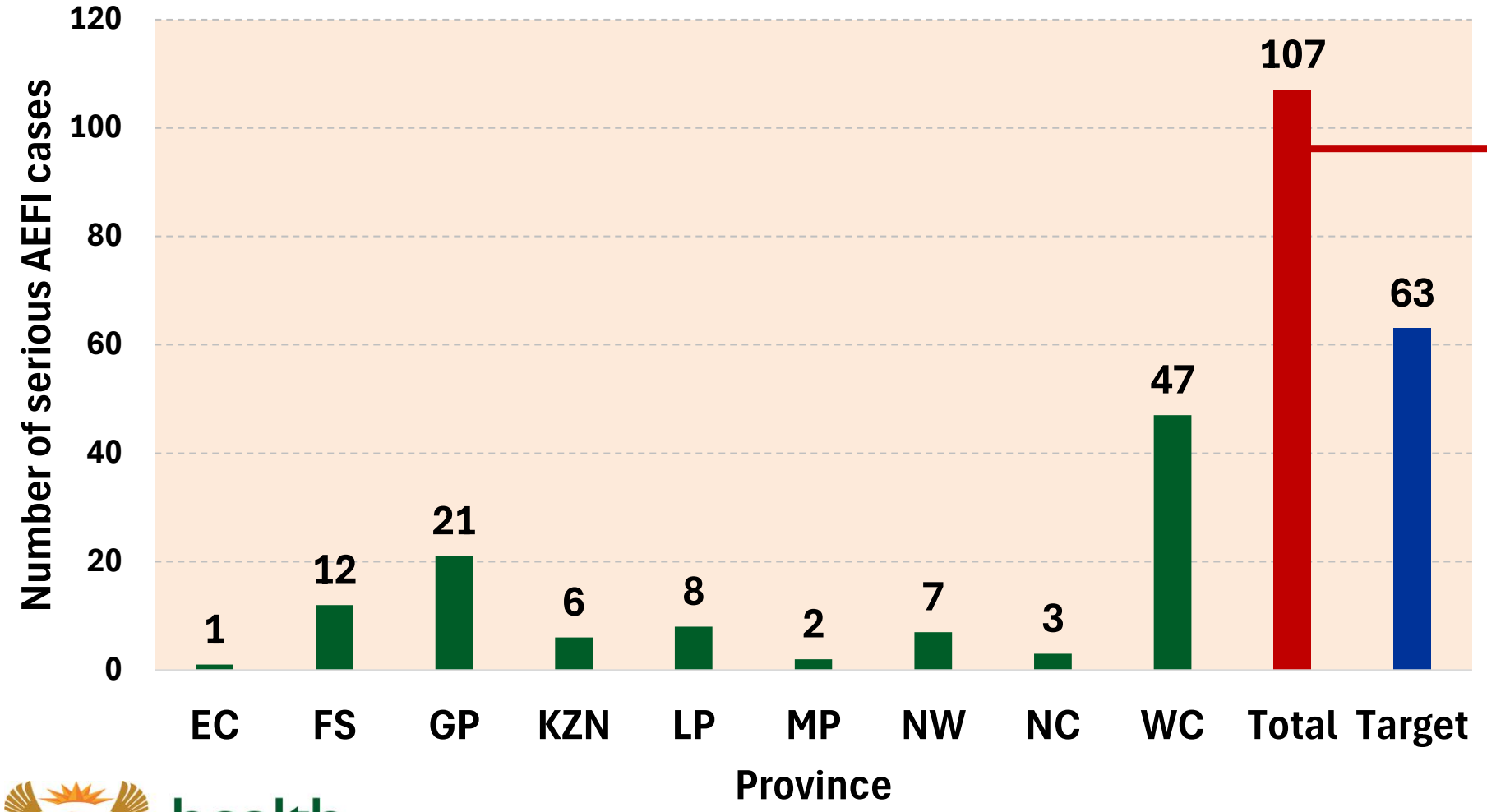
Vaccine safety surveillance cycle in SA

- Vaccine Manufacturing Industry
- South African Health Products Regulatory Authority (SAHPRA)
- National Department of Health (NDoH)
- World Health Organization (WHO)
- Ministerial Advisory Committees on Vaccines and Immunisation



AEFI SURVEILLANCE MONITORING PERFORMANCE FOR 2024

All serious AEFI cases reported (31 December 2024) (EPI & COVID-19)



Reported / Target for 2024*
107/63
= 169.8%

Includes historical COVID-19 cases

Challenge: Have serious cases been investigated?

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***WHO target: One or more serious AEFI per 1 million total population per year**

AEFI CASES REPORTED BY PROVINCE (31 DECEMBER 2024)

EPI and COVID-19 vaccines: Quality of reporting and investigation

Province	Number of cases 2024	Cases received with documentation INCOMPLETE
EC	1	1
FS	12	9
GP	21	10
KZN	6	5
LP	8	1
MP	2	2
NW	7	2
NC	3	0
WC	47	28
TOTAL	107	58/107 (54.2%)

Challenge: Quality of reporting and investigation

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AEFI EVENTS REPORTED (31 DECEMBER 2024)

EPI and COVID-19 vaccines: By vaccine

Vaccine	Number of events in 2024	Total number of events in 2024	% of events in 2024
BCG	5	91	59.5%
bOPV	10		
Hexaxim	22		
Heberbio HBV	4		
Measles	8		
MMR	1		
Hep A	1		
Meningococcal	0		
PCV13	16		
Rotavirus	11		
Influvac	3		
Tdap	5		
Td	4		
HPV	1		
COVID-19 Vaccine Janssen	7	62	40.5%
Comirnaty COVID-19 Vaccine	55		
TOTAL	153	153	

Some COVID-19 cases are still reported

AEFI events reported by vaccine (31 December 2024)

Vaccine	Number of events 2024	MINOR trigger event		SEVERE/SERIOUS trigger event	
		Local	Systemic	Local	Systemic
BCG	5	2	0	3	0
bOPV	10	0	1	2	7
Hexaxim	22	1	1	6	14
Heberbio HBV	4	1	0	0	3
Measles	8	2	3	0	3
MMR	1	0	0	1	0
Hep A	1	0	0	0	1
Meningococcal	0	0	0	0	0
PCV13	16	1	1	2	12
Rotavirus	11	0	1	2	8
Influvac	3	2	1	0	0
Tdap	5	3	0	1	1
Td	4	0	0	2	2
HPV	1	0	1	0	0
COVID-19	62	1	10	8	43
TOTAL	153	13	19	27	94
Minor vs. Severe		20.9%		79.1%	

Causality assessment classification for individual EPI cases (n=39)
31 October 2024

A. Consistent with causal association to immunization

- ☐ A1. Vaccine product-related reaction (As per published literature)
- ☐ A2. Vaccine quality defect-related reaction
- ☐ A3. Immunization error-related reaction
- ☐ A4. Immunization anxiety-related reaction (ITSR**)

B. Indeterminate

- ☐ B1. *Temporal relationship is consistent but there is insufficient definitive evidence for vaccine causing event (may be new vaccine-linked event)
- ☐ B2. Reviewing factors result in conflicting trends of consistency and inconsistency with causal association to immunization

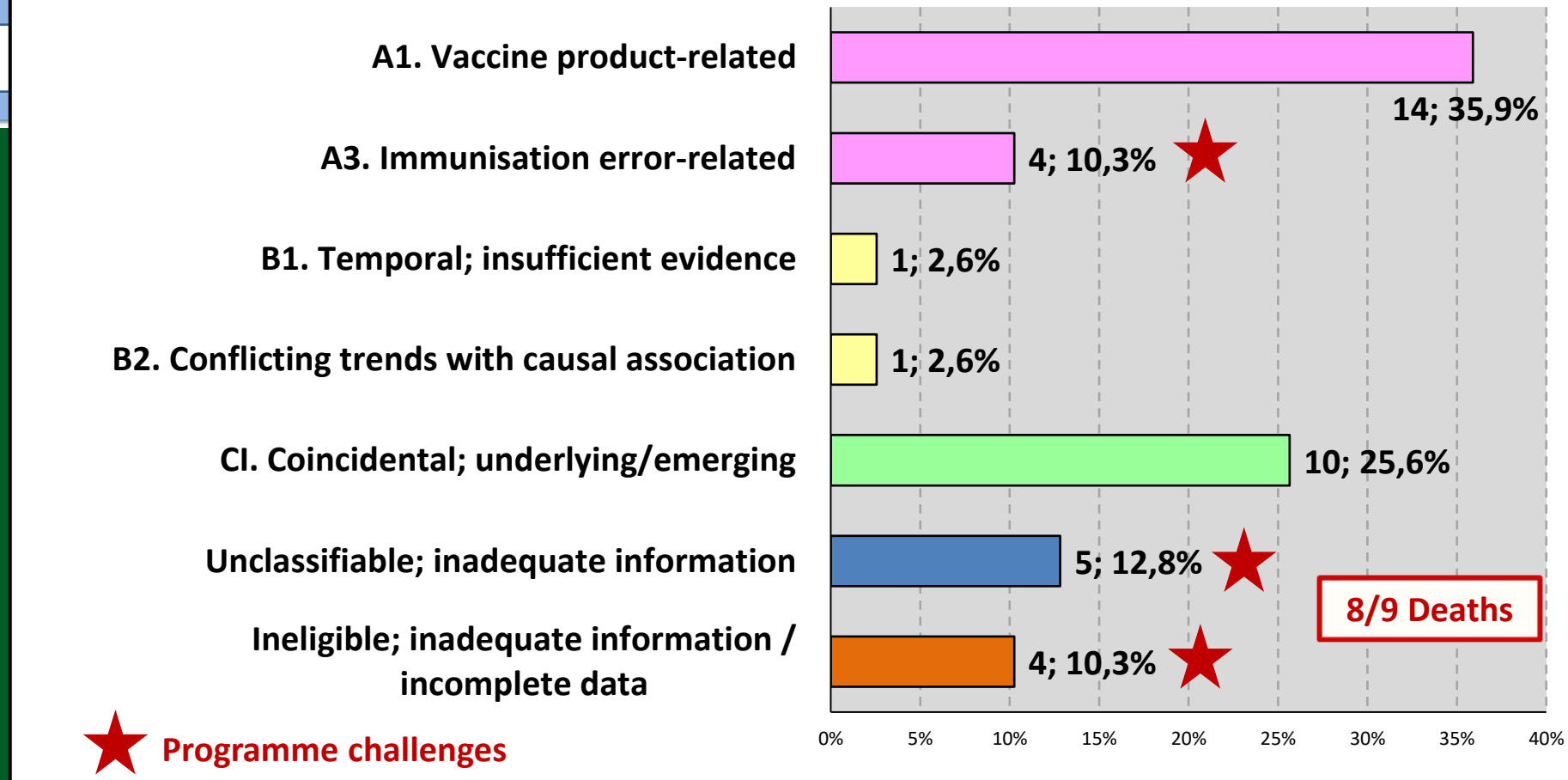
C. Inconsistent with causal association to immunization

C. Coincidental

- ☐ Underlying or emerging condition(s), or conditions caused by exposure to something other than vaccine

☐ **Unclassifiable**

Specify the additional information required for classification :



★ **Programme challenges**

Thank You