

Breaking the chain: How life-course vaccination protects all South Africans

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Hannelie Meyer (JC)

Professor: School of Pharmacy

Head: South African Vaccination and
Immunisation Centre

Sefako Makgatho Health Sciences University

Email: hannelie.meyer@smu.ac.za

Website: <https://savic.ac.za/>



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2026 African Vaccination Week Commemoration



FOR EVERY GENERATION VACCINES WORK

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**Sources for images:
Freepik premium subscription and
World Immunization Week 2026**

(<https://www.who.int/campaigns/world-immunization-week/2026>)

Overview

- Vaccine preventable diseases and the global agenda
- Vaccine delivery platforms and priority groups across the life-course
- Vaccine schedules, timing and catch-up vaccination
- Concerns and challenges with vaccine communication
- Building trust and confidence in vaccines
- Strengthening practice for life-course vaccination





Over 50 years → 154 million lives saved

= 6 lives a minute

EVERY DAY FOR FIVE DECADES



Childhood vaccines were a global success story. Misinformation and other obstacles are slowing that progress, a study shows

UPDATED JUN 25, 2025

By Jen Christensen

<https://edition.cnn.com/2025/06/24/health/childhood-vaccine-progress-misinformation>

Reaching the goals of Immunisation Agenda 2030?

Global, regional, and national trends in routine childhood vaccination coverage from 1980 to 2023 with forecasts to 2030: a systematic analysis for the Global Burden of Disease Study 2023

GBD 2023 Vaccine Coverage Collaborators*

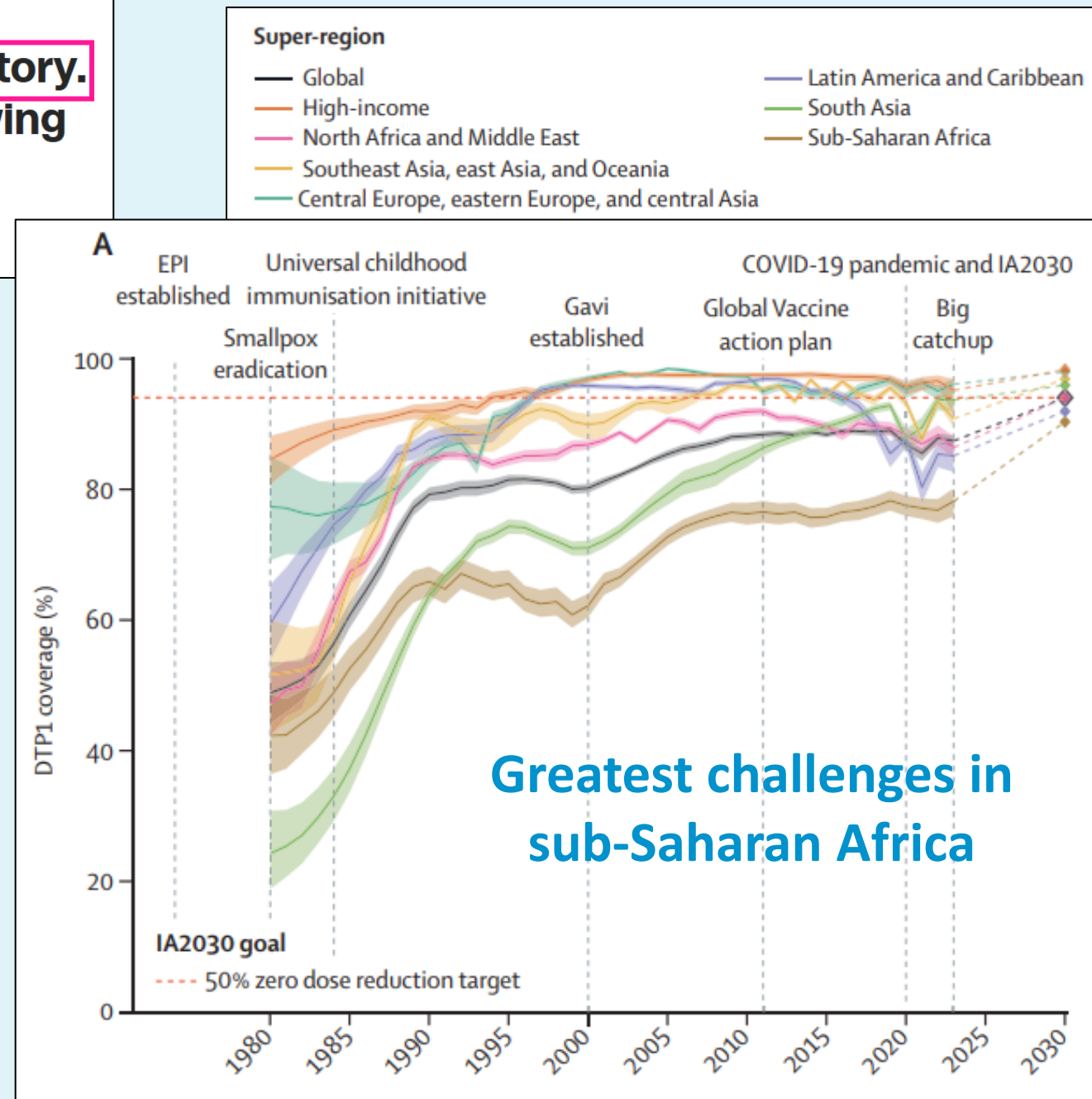
Lancet 2025; 406: 235–60

Published Online

June 24, 2025

[https://doi.org/10.1016/S0140-6736\(25\)01037-2](https://doi.org/10.1016/S0140-6736(25)01037-2)

Lancet 2025; 406: 235–60. [https://doi.org/10.1016/S0140-6736\(25\)01037-2](https://doi.org/10.1016/S0140-6736(25)01037-2)



Panic as measles outbreak hits Pretoria – Here is the latest

Pretoria parents are on high alert after health authorities confirmed a measles outbreak in Tshwane. Here is the latest information.

March 11, 2026

Facebook X LinkedIn Tumblr Pinterest Share via Email



Measles

<https://tinyurl.com/2exk5n9s>

<https://www.nicd.ac.za/pertussis-alert-for-healthcare-workers-feb-2026/>



Pertussis

PERTUSSIS ALERT FOR HEALTHCARE WORKERS (FEB 2026)

25 February, 2026

The upward trend has continued into 2026, with 161 confirmed cases already reported in the first seven weeks (1 January – 22 February 2026). This indicates ongoing transmission and warrants close monitoring and appropriate public health response measures including increased efforts to ensure timeliness and high coverage of EPI vaccines and increased uptake of maternal vaccination.



NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES
Division of the National Health Laboratory Service



Diphtheria

DIPHThERIA SITUATIONAL REPORT (WEEK 16 OF 2026)

24 April, 2026

Between 29 December 2025 and 19 April 2026, 19 confirmed cases of respiratory diphtheria and four asymptomatic carriers of toxigenic *C. diphtheriae* have been identified in South Africa. All respiratory cases and carriers were from the Western Cape.

<https://www.nicd.ac.za/diphtheria-situational-report-week-16-of-2026/>

Stellenbosch University confirms student's meningitis death

<https://www.medicalbrief.co.za/stellenbosch-university-confirms-students-meningitis-death/>

August 6, 2025



Stellenbosch University has confirmed that Chris Scheffers (19), a second-year theology student whose body was discovered in his residence on the weekend, died from meningococcal meningitis, reports **News24**.

Protecting children through immunisation as meningococcal cases monitored in the Western Cape

Meningitis

26 February 2026 |
by Wellness

Tags: Children Health
News

The Western Cape Department of Health and Wellness is closely monitoring meningococcal meningitis cases in the Western Cape, as part of its ongoing public health surveillance.

A total of 11 confirmed meningococcal disease cases (including 1 death) has been confirmed for the period 1 January 2026 – 22 February 2026. Eight cases were recorded in Cape Town Metro district, two cases in Cape Winelands, and one case in the Overberg District. The majority of reported cases were below the age of one year. These cases are sporadic and do not constitute an outbreak.

<https://tinyurl.com/9cybhybd>

Vaccine-Preventable Disease Outbreaks Among Healthcare Workers: A Scoping Review

Tasnim Hasan, Michelle Lynch, Catherine King, Charbel Wehbe, Martin Plymoth, Md Saiful Islam, Theodore Iannuzzi, Aiken Dao, Jana Lai, Alexandra Martiniuk ... [Show more](#)

[Author Notes](#)

https://academic.oup.com/cid/article/79/2/555/7648820#google_vignette

Clinical Infectious Diseases, Volume 79, Issue 2, 15 August 2024, Pages 555–561,

<https://doi.org/10.1093/cid/ciae209>

Published: 17 April 2024 **Article history**

<https://www.nicd.ac.za/public-urged-to-vaccinate-as-flu-season-starts-earlier-than-usual/>



**Do we have
vaccines
available to
prevent these
diseases?**



PUBLIC URGED TO VACCINATE AS FLU SEASON STARTS EARLIER THAN USUAL

1 April, 2026

The public is urged to get vaccinated against influenza as the 2026 influenza season has started earlier than usual. The 2026 influenza season started in the week of 9 March 2026, which is earlier than the rate from the National Institute for Communicable Diseases (NICD) sentinel surveillance exceeds the defined level for the season to start and is sustained for two consecutive weeks. While this year's season has started earlier than previous years, it is similar to 2025, when the season started in the week of 24 March.

The 2026 respiratory syncytial virus (RSV) season also started in the week of 9 March 2026. The fact that both the flu and RSV are circulating at the same time means clinicians could potentially see a high burden of patients with respiratory illness in medical facilities in the coming weeks.

Influenza

RSV

Immunisation provides protection across the life-course aligned to IA2030



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



Life-course vaccination: Continuous protection across the life span

Persons should receive all recommended vaccine doses **along their life-course** to reap maximum benefits of **preventing vaccine-preventable diseases** at different **ages**, across **generations**, and within their **communities**



Vaccines are **NOT ONLY** for babies or children ...

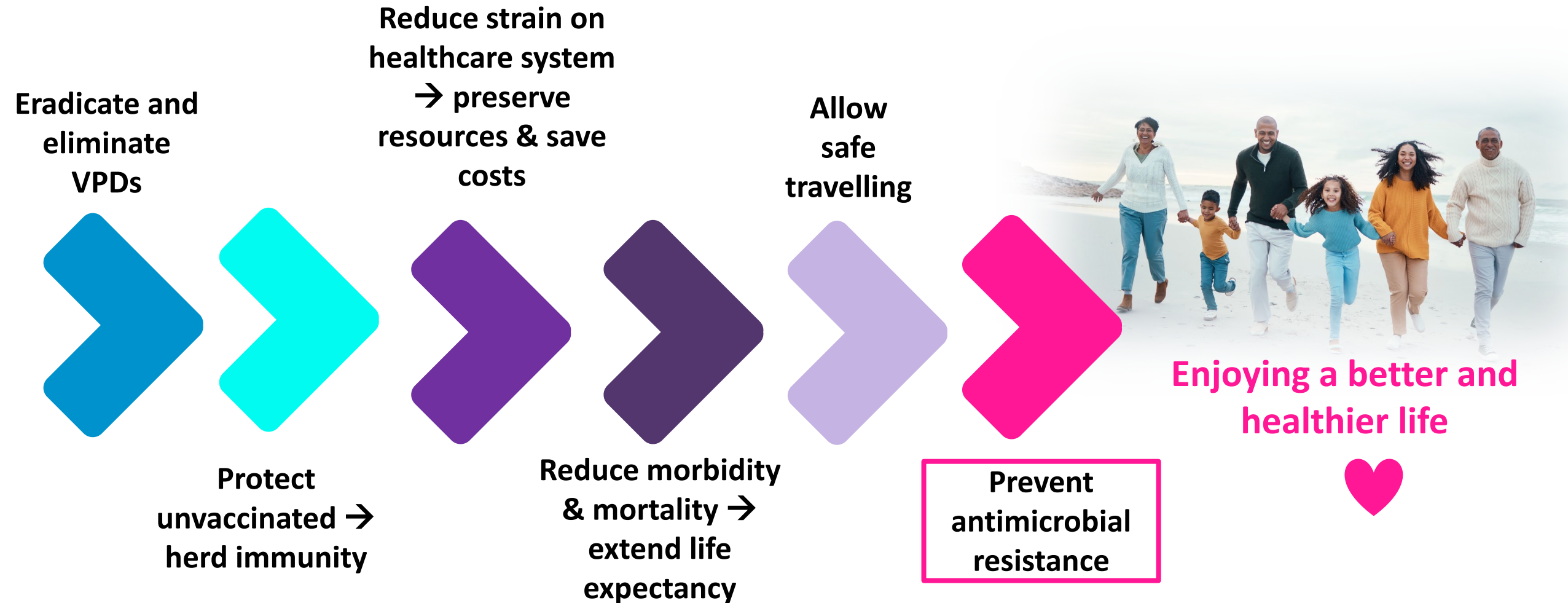


Paradigm shift

Vaccines are for **EVERYONE** – all ages and all stages



Benefits of life-course vaccination: A gateway to health

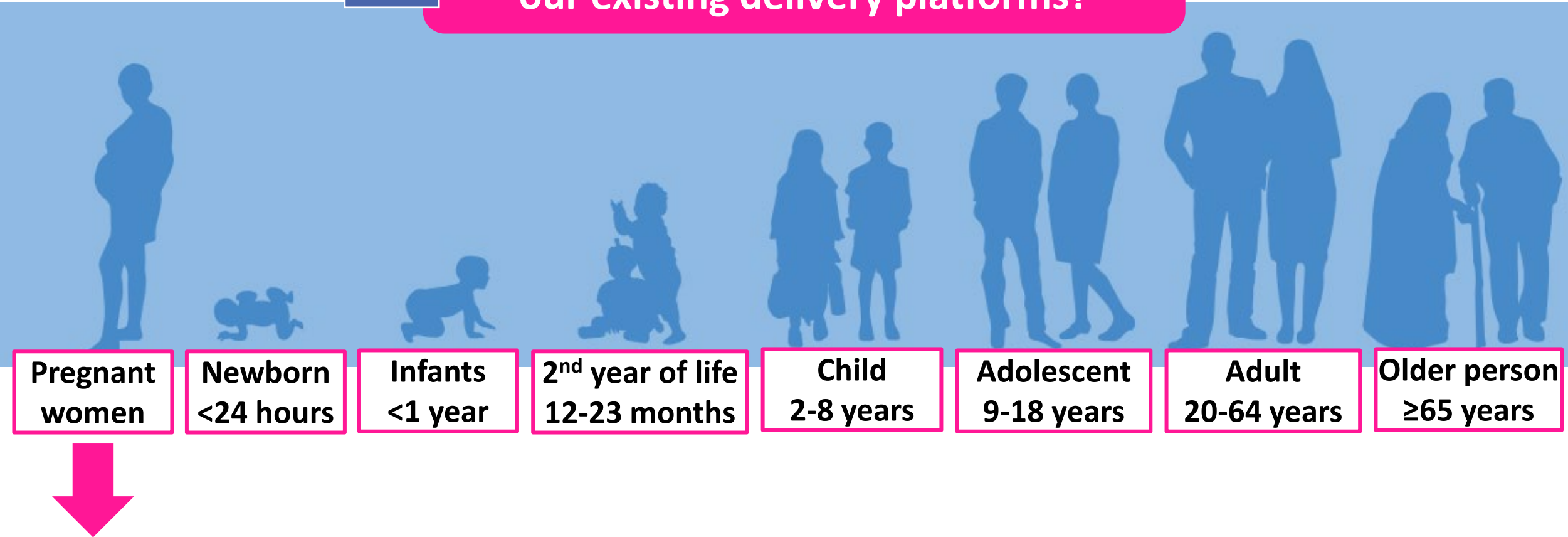


Philip RK et al. 2018. Life-course immunization as a gateway to health. Expert Review of Vaccines, 17(10), 851–864. doi: 10.1080/14760584.2018.1527690.

Vaccine delivery platforms: Priority groups for vaccination



Are we using every opportunity within our existing delivery platforms?



WHO. 2018. Working together: an integration resource guide for immunization services throughout the life course. Geneva: World Health Organization

Antenatal care: Maternal vaccination

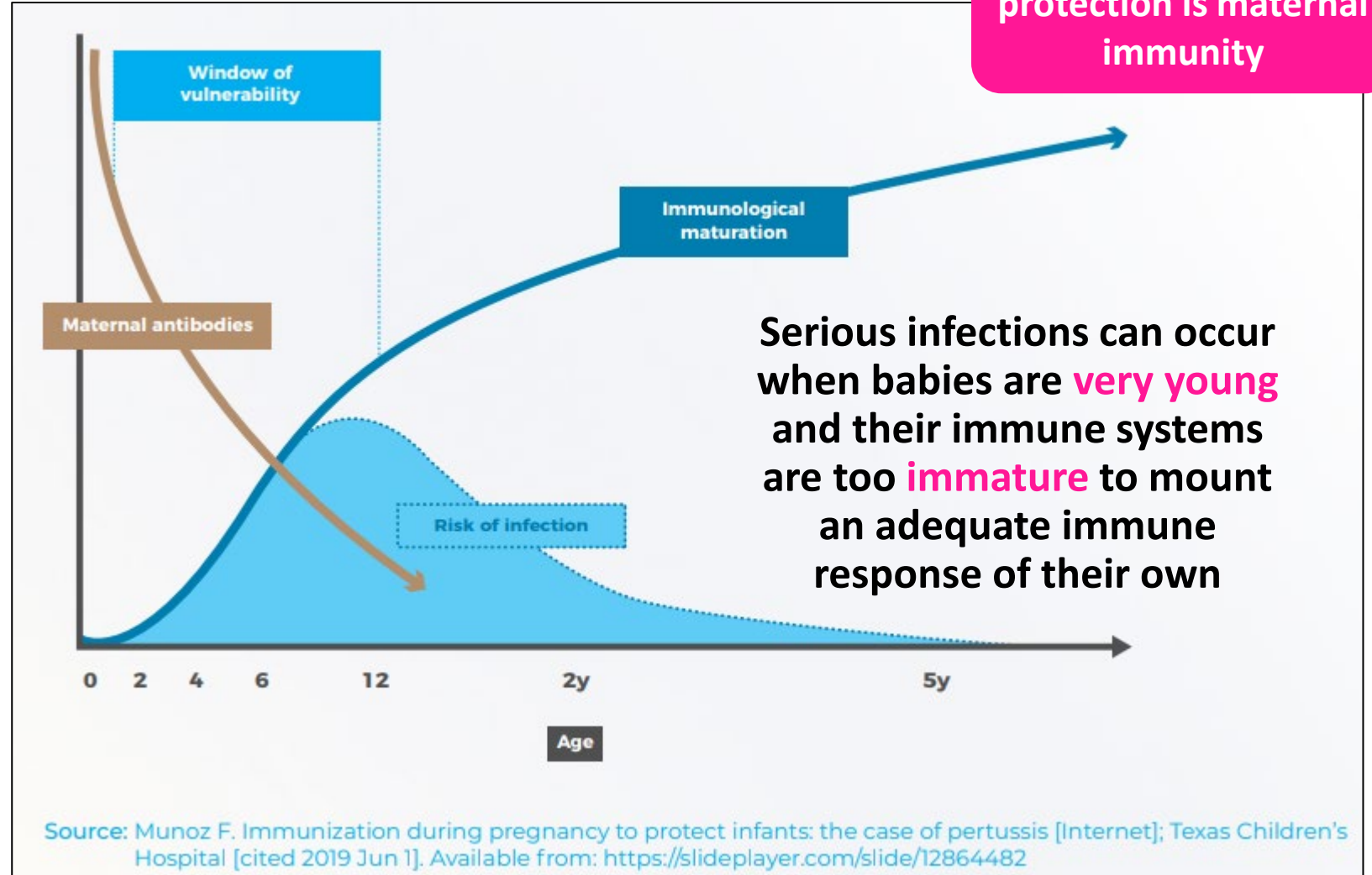


- Vaccine-preventable diseases responsible for significant **morbidity and mortality**
 - Maternal
 - Neonatal and young infant
- Vaccination in pregnancy protects the mother and the newborn from serious infections
- **Active immunisation** for the mother
- **Passive immunisation** for the baby
 - Mother's antibodies naturally transfer across the placenta → provide protection at birth and for months thereafter
 - Protects infant in the first vulnerable weeks of life

<https://www.path.org/our-impact/articles/what-does-new-maternal-vaccine-delivery-look-like/>

Infants depend on maternal antibodies for protection against infections in early life

Newborn's first protection is maternal immunity



WHO. 2018. Working together: an integration resource guide for immunization services throughout the life course. Geneva: World Health Organization

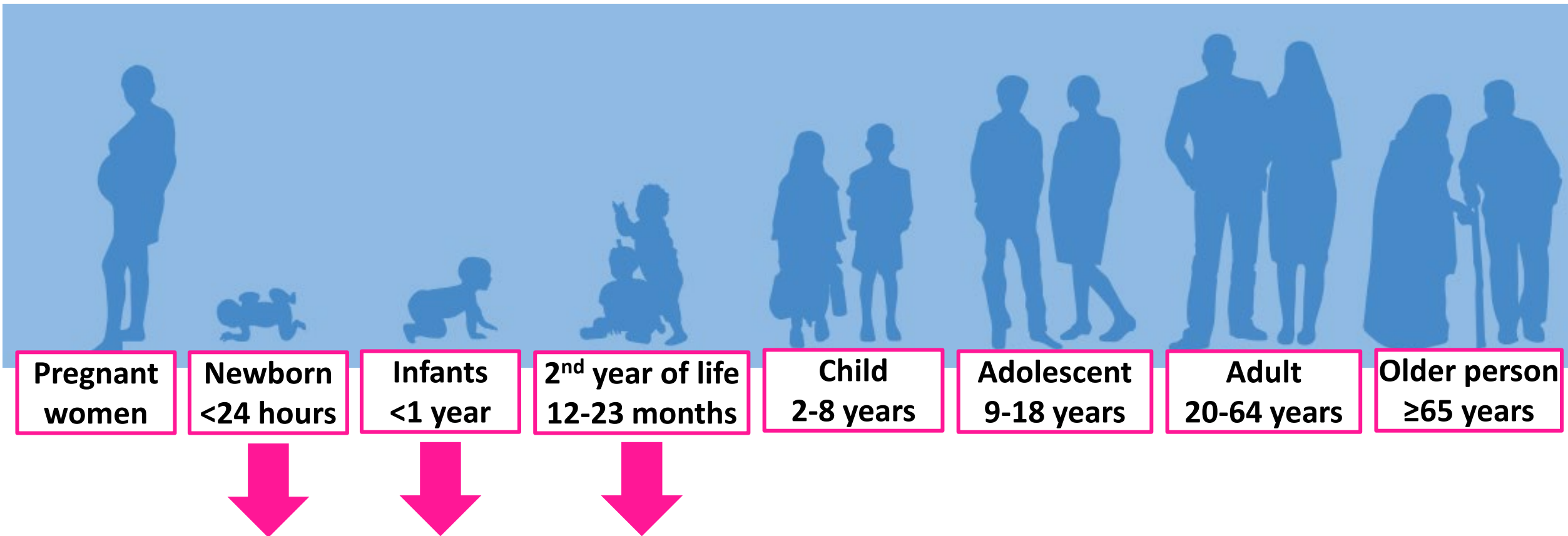
Vaccination priorities during pregnancy

- **Tetanus, diphtheria, acellular pertussis (Tdap)**
 - 26-34 weeks of every pregnancy
 - Prevents neonatal tetanus
 - Pertussis is most severe in young infants before fully vaccinated
- **Influenza vaccination**
 - Annually to protect mother and infant
 - Pregnancy increases risk of severe influenza
- **Respiratory syncytial virus (RSV)**
 - 24-32 weeks → passive immunity for the baby
 - RSV is a leading cause of hospitalisation in infants
- **COVID-19 vaccine**
 - Protects against adverse outcomes in mother and in infants
 - Currently not available in SA
- **In development: Group B Streptococcus (GBS)**
 - Leading cause of sepsis and meningitis in newborns



Philip RK et al. 2018. Life-course immunization as a gateway to health. Expert Review of Vaccines. doi:10.1080/14760584.2018.1527690.

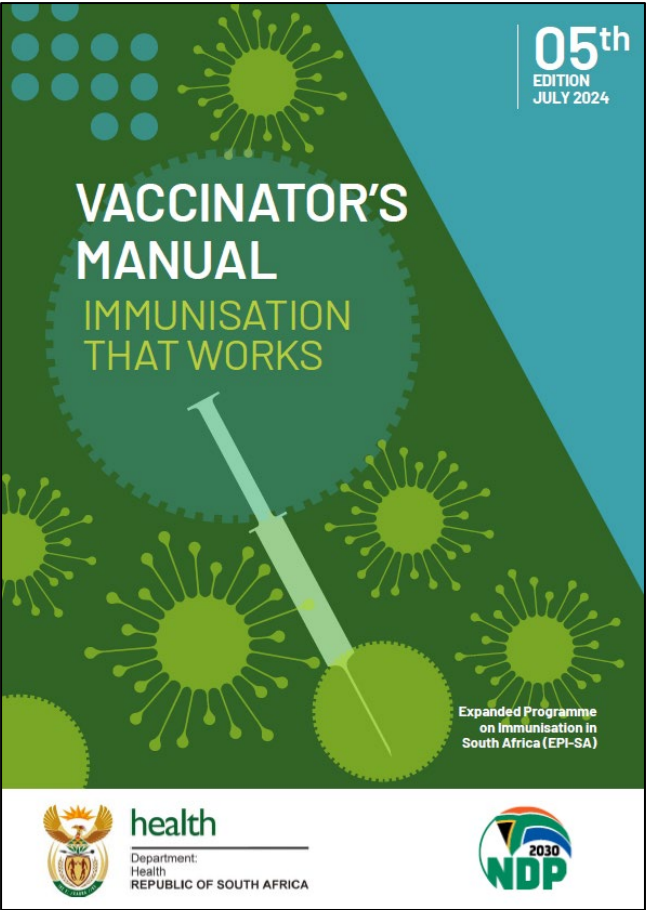
Vaccine delivery platforms: Priority groups for vaccination



WHO. 2018. Working together: an integration resource guide for immunization services throughout the life course. Geneva: World Health Organization

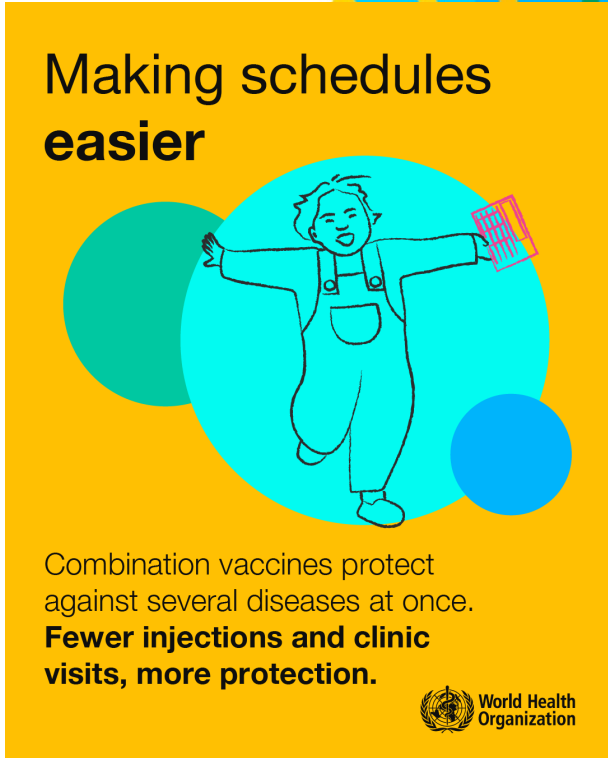
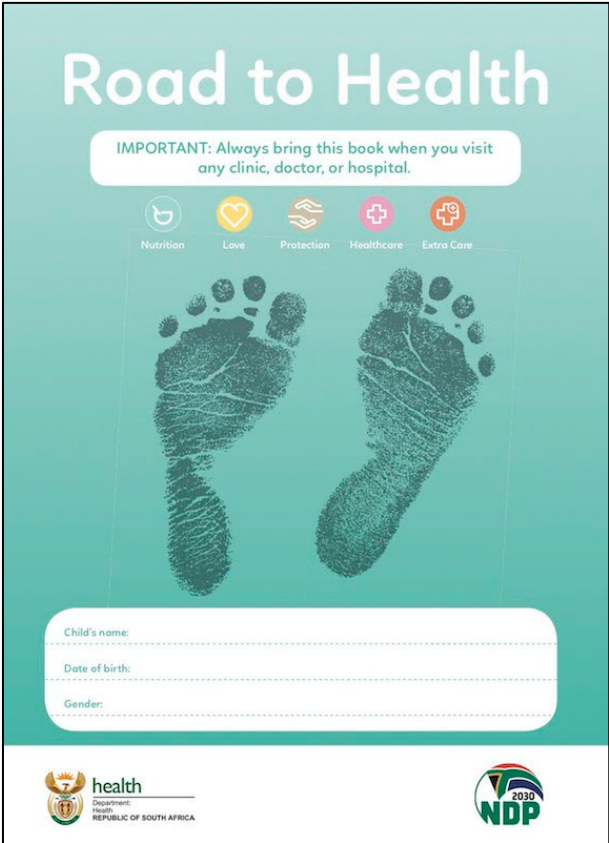
Vaccination priorities for newborns, infants and 2nd year of life

Expanded Programme on Immunisation (EPI)



<https://knowledgehub.health.gov.za/>

Road to Health Booklet (RtHB) Vaccination record keeping





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EXPANDED PROGRAMME ON IMMUNISATION

EPI (SA) REVISED – CHILDHOOD VACCINATION SCHEDULE

	AGE	VACCINE	ROUTE & SITE
Newborn <24 hours	Birth	BCG, Bacillus Calmette Guérin Vaccine	Right arm
		OPV (0), Oral Polio Vaccine	Oral drops
		*HBV (0), Hepatitis B Vaccine (Specific Neonates)	Intramuscular/right thigh
Infants <1 year	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, <i>Haemophilus Influenzae</i> type <i>b</i> 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, <i>Haemophilus Influenzae</i> type <i>b</i> 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, <i>Haemophilus Influenzae</i> type <i>b</i> 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
2nd year of life 12-23 months	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, <i>Haemophilus Influenzae</i> type <i>b</i> and Hepatitis B Conjugate; combined Vaccine	Intramuscular/left arm

*NOTES: (1) Hepatitis B (0) vaccine (birth dose) - Give **ONLY** to infants whose mothers tested **POSITIVE** for HBsAg during pregnancy. • (2) Rotavirus Vaccine - **DO NOT** administer after 24 weeks.
• (3) Measles and Rubella Vaccine at 6 months to less than 9 months - **DO NOT ADMINISTER** with any other vaccine. • (4) Measles and Rubella Vaccine at 9 months and above - Can be administered with any **OTHER** vaccine. • (5) Human Papillomavirus Vaccine - Catch-up campaign of all eligible girls in all settings (previously missed since 2014).

EPI catch-up schedule



A delayed vaccine
is a period of vulnerability
→ Check dates and doses!



EPI CATCH-UP SCHEDULE

VACCINE	AGE OF CHILD	FIRST DOSE	INTERVAL FOR SUBSEQUENT DOSES		
			SECOND DOSE	THIRD DOSE	FOURTH DOSE
Bacille Calmette-Guérin (BCG)	<10 Years	Give one dose			
	≥10 Years	DO NOT GIVE			
Oral Polio Vaccine (bOPV)	<6 Months	Give first dose	4 Weeks		
	≥6 Months	OPV: Not contraindicated at any age. However, for data management purposes, the first dose is not recommended for children above 6 months			
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 are 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 (RV)	<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	

Vaccine age cut-offs

VACCINE AGE CUT-OFFS		
VACCINE	UPPER AGE LIMIT (PER MANUFACTURER)	UPPER AGE LIMIT (PER NATIONAL SCHEDULE GUIDELINES)
BCG	No upper age limit	*10 years
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	No upper age limit



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Follow the schedule

Delaying increases the risk of
illness and serious complications.

**Talk to your healthcare provider
and vaccinate on time.**



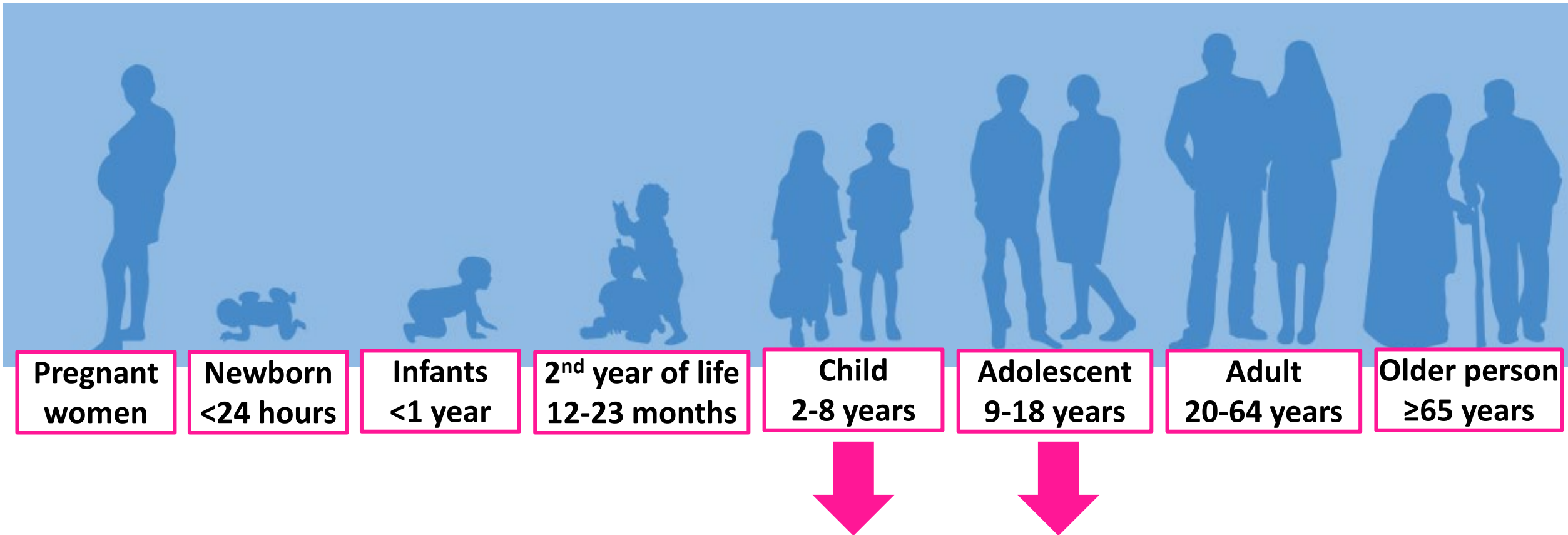
Protection at the right time



Immunization schedules are designed **to
protect people when they are most
at risk** of a vaccine-preventable illness.



Vaccine delivery platforms: Priority groups for vaccination



WHO. 2018. Working together: an integration resource guide for immunization services throughout the life course. Geneva: World Health Organization

EXPANDED PROGRAMME ON IMMUNISATION

EPI (SA) REVISED – CHILDHOOD VACCINATION SCHEDULE

**Child
2-8 years**

AGE	VACCINE	ROUTE & SITE
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

**Adolescent
9-18 years**

School-based programme



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Vaccination priorities for adolescents

- **Tetanus, diphtheria, acellular pertussis (Tdap)**
 - Booster at 12 years
- **Influenza vaccination**
 - Annually
- **Human papilloma virus (HPV) vaccine**
 - 9-15 years: One dose through school-health programme
 - Living with HIV/immunocompromised: Second dose
- **Meningococcal vaccine**
 - Consider for first year attending college/university/military
- **Catch-up vaccination**
 - Measles, rubella (MR) or mumps, measles, rubella (MMR)
 - Hepatitis B for healthcare students

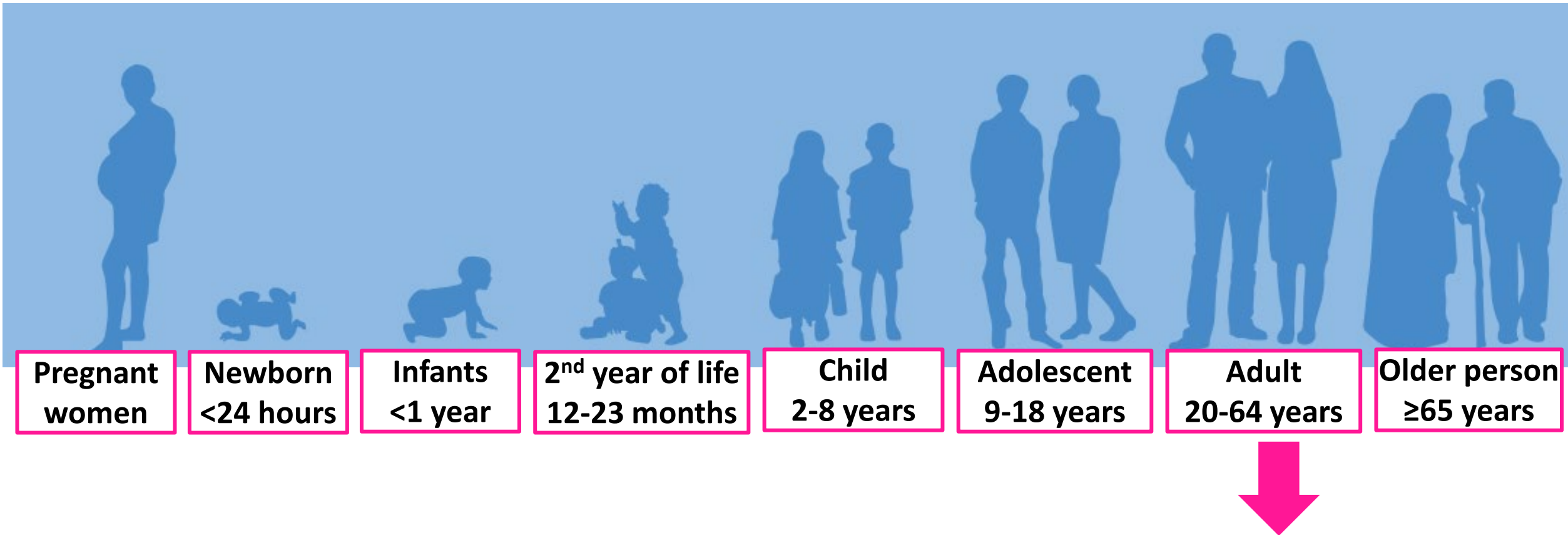
Additional vaccines available in private sector

Refer to Amayeza Info Services for schedules >19 years

<https://www.amayeza-info.co.za/vaccine-info/>



Vaccine delivery platforms: Priority groups for vaccination



WHO. 2018. Working together: an integration resource guide for immunization services throughout the life course. Geneva: World Health Organization

Vaccination priorities for adults (20-64 years)

- **Tetanus, diphtheria, acellular pertussis (Tdap)**
 - Booster every 10 years
 - Post-exposure prophylaxis: 5 years
- **Influenza vaccination**
 - Annually, especially high-risk groups
- **Human papilloma virus (HPV) vaccine**
 - Female and male
- **Meningococcal vaccine**
 - High risk e.g. laboratory personnel
- **Hepatitis A**
 - If not immune
- **Hepatitis B vaccine**
 - Especially healthcare workers

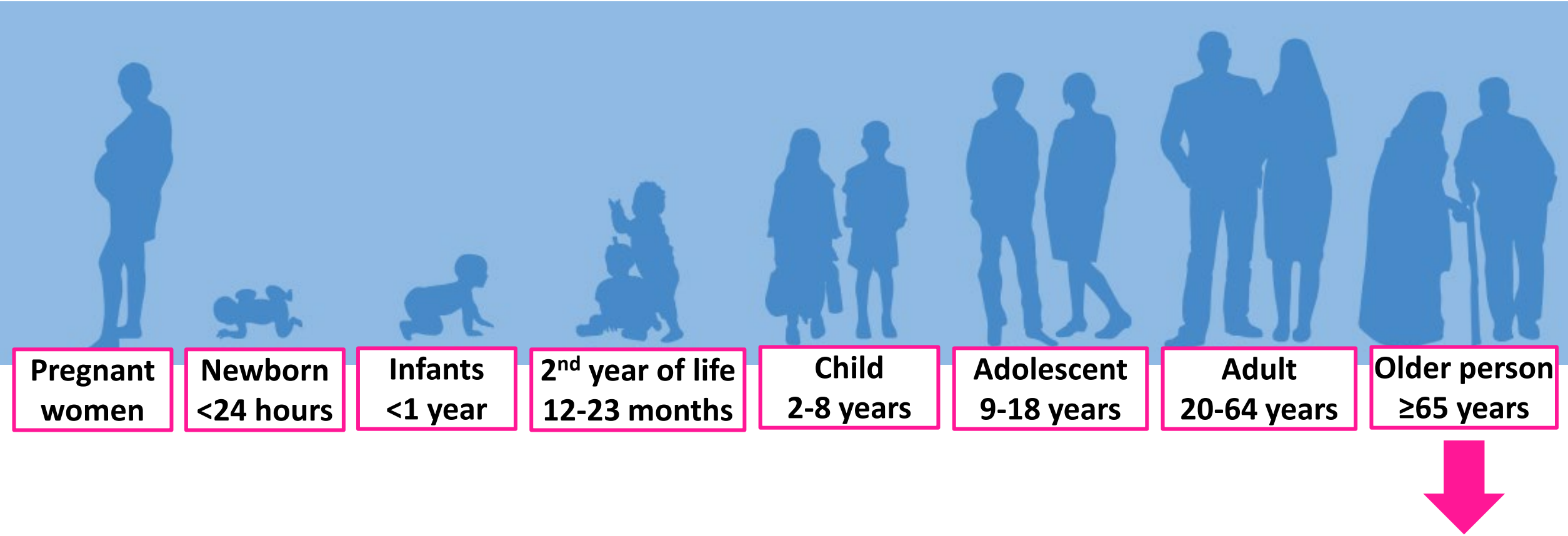
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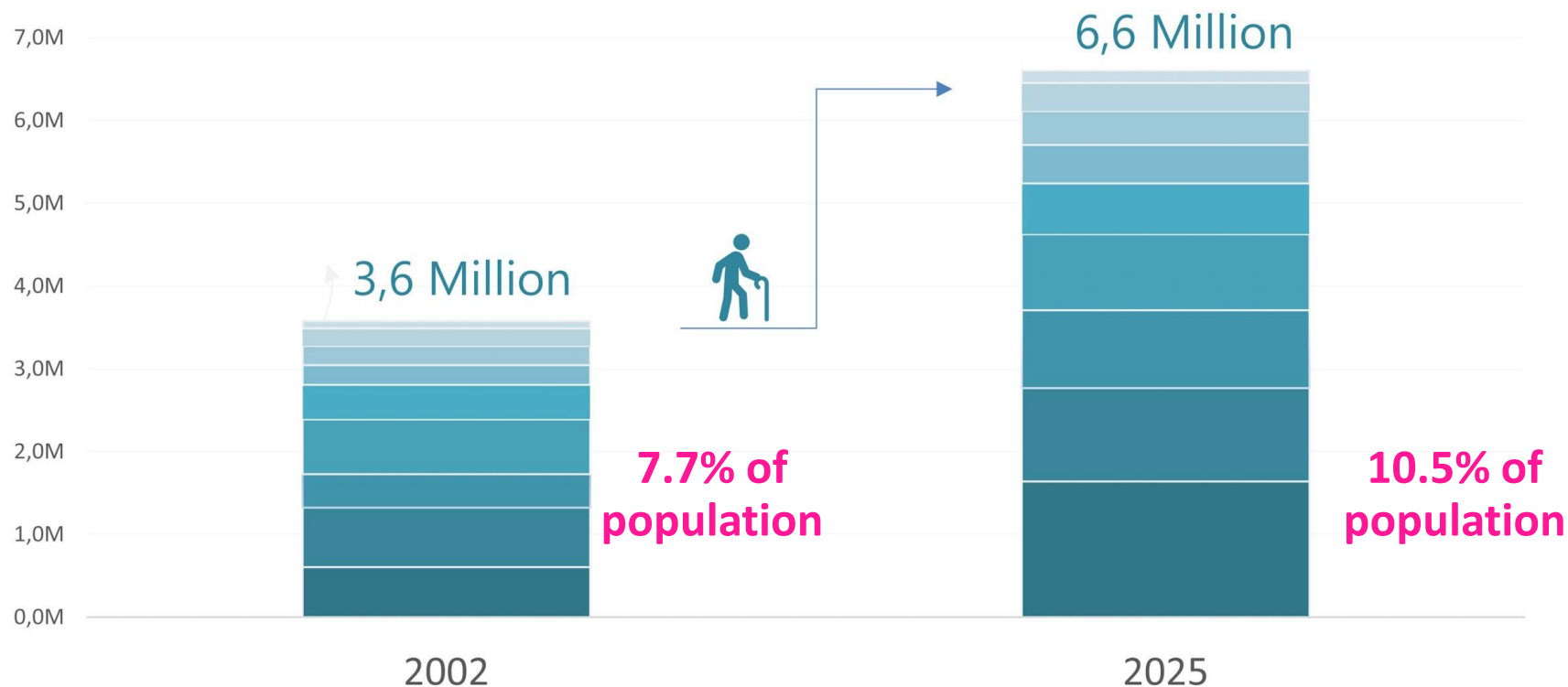
Vaccine delivery platforms: Priority groups for vaccination



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Persons aged 60 years or older in South Africa increased from 3,6 million (7,7% of the population) in 2002 to 6,6 million (10,5%) in 2025—**an increase of 3,0 million over 23 years**

The population of older persons in South Africa 2002 - 2025



Source: Marginalised Groups Series VIII – Healthy Ageing in South Africa, 2024



IMPROVING LIVES THROUGH DATA ECOSYSTEMS



South Africa is ageing steadily

- Higher burden of chronic disease
- Weaker immune systems
- High reliance on public health care



**Healthy ageing
requires
vaccination
across the
life-course**

<https://www.statssa.gov.za/wp-content/uploads/2026/03/Final-The-population-of-older-persons-in-South-Africa--scaled.jpg>



Vaccination priorities for older persons ≥ 65 years

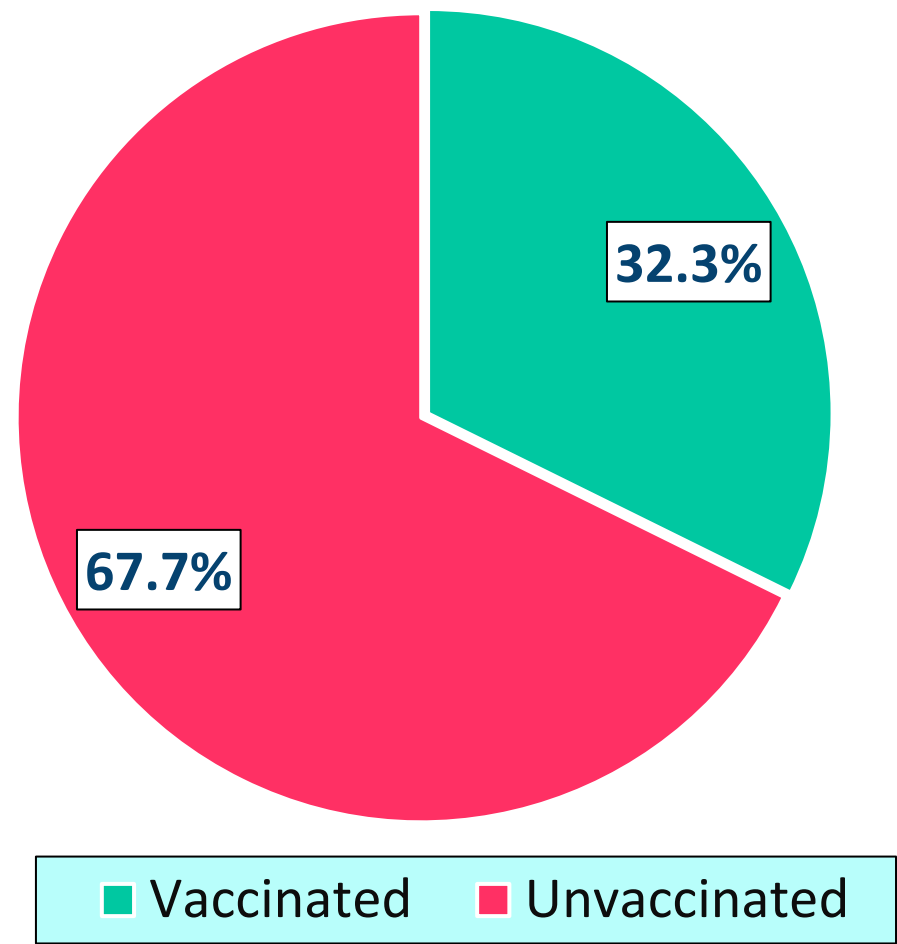
- **Influenza vaccination**
 - Annually → Reduce severe illness, hospitalisation and death
- **Tetanus, diphtheria, acellular pertussis (Tdap)**
 - Booster every 10 years
 - Post-exposure prophylaxis: 5 years
- **Pneumococcal vaccines**
 - Prevents pneumonia and meningitis
- **Respiratory syncytial virus (RSV)**
 - One dose
- **Shingles (herpes zoster)**
 - Prevents long-term complications & nerve pain
 - Two-dose schedule; expected 2026
- **In development: Group B Streptococcus (GBS)**

Additional vaccines available in private sector

Refer to Amayeza Info Services

<https://www.amayeza-info.co.za/vaccine-info/>

Example: Influenza vaccine uptake amongst the elderly in SA



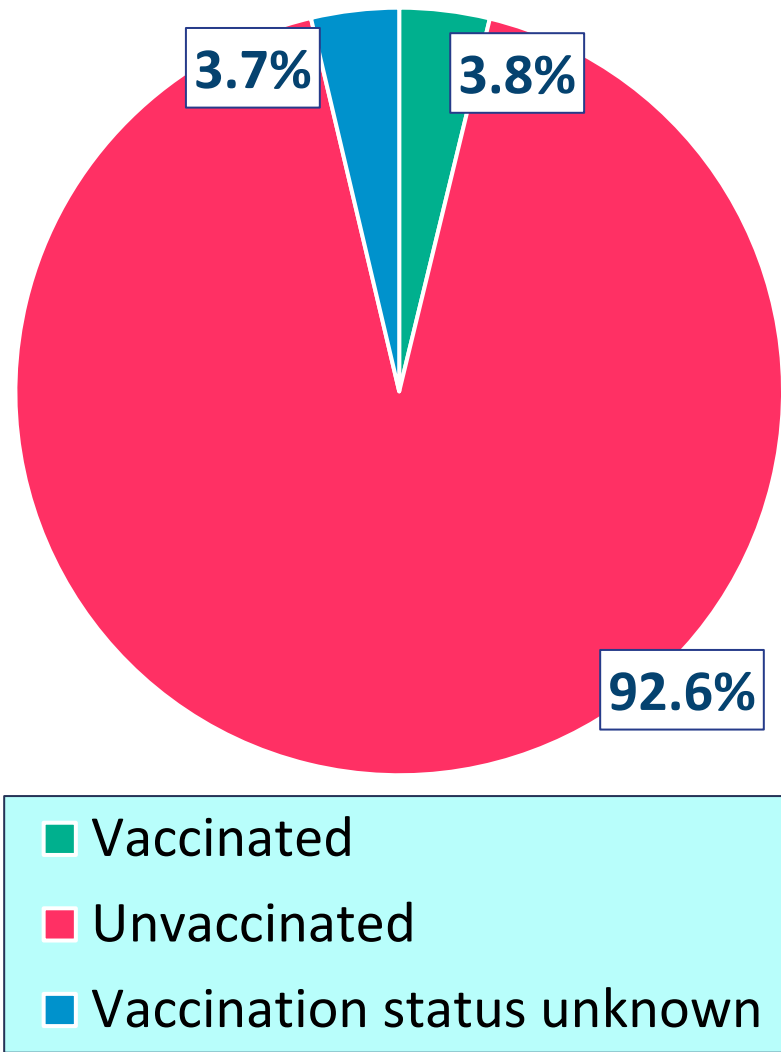
Recommend influenza vaccine to ≥65 years and their families

64.8% (638/985) received at least one dose of influenza vaccine prior to 2018

Unavailability of the vaccine was the main reason for not receiving the influenza vaccine (23.4% [155/661])

Sibanda M, et al. Vaccine uptake, associated factors and reasons for vaccination status among the South African elderly; findings and next steps. PLoS ONE 19(12): e0314098. <https://doi.org/10.1371/journal.pone.0314098>

Example: Pneumococcal vaccine uptake amongst the elderly in RSA



Year of vaccination (n=37)

Year	Number (%)
2014	2 (5.4%)
2015	9 (24.3%)
2016	10 (27.0%)
2017	8 (21.6%)
2018	8 (21.6%)

Recommend pneumococcal vaccination to ≥65 years

Lack of awareness of the need for pneumococcal vaccination 96.6% (881/912) was the main reason for non-vaccination

Sibanda M, et al. Vaccine uptake, associated factors and reasons for vaccination status among the South African elderly; findings and next steps. PLoS ONE 19(12): e0314098. <https://doi.org/10.1371/journal.pone.0314098>

Stakeholders' views on vaccines for the elderly in South Africa

National immunisation programme for the elderly (NIPE)

Health system NIPE readiness

- Programmatic considerations and strategies for vaccine introduction
- Feasibility and funding an NIPE
- Lessons learnt from EPI-SA and influenza immunisation programme
- Achievements of the COVID-19 vaccination programme

Strategies ensuring adequate vaccine uptake

- Communication, public awareness campaigns and education
- Role of HCPs in promoting vaccines for the elderly
- Addressing vaccine hesitancy
- Increase access to vaccines

Sibanda M, Burnett RJ, Godman B, Amponsah-Dacosta E, Meyer JC. A qualitative exploration of stakeholders' views on vaccines for the elderly in South Africa. Vaccine: X, 2026; 29:100779. <https://doi.org/10.1016/j.jvacx.2026.100779>.

Consult with
travel clinic



Vaccination priorities for travellers

Childhood vaccination must be up-to-date

- BCG, Polio, HiB, Hep B, Tdap, Pneumococcus, Rotavirus, MR/MMR, Chickenpox (varicella)

Compulsory for certain countries

- Yellow fever
- Meningococcal disease

Recommended

- Rabies
- Hepatitis A
- Typhoid

Additional vaccines available in private sector

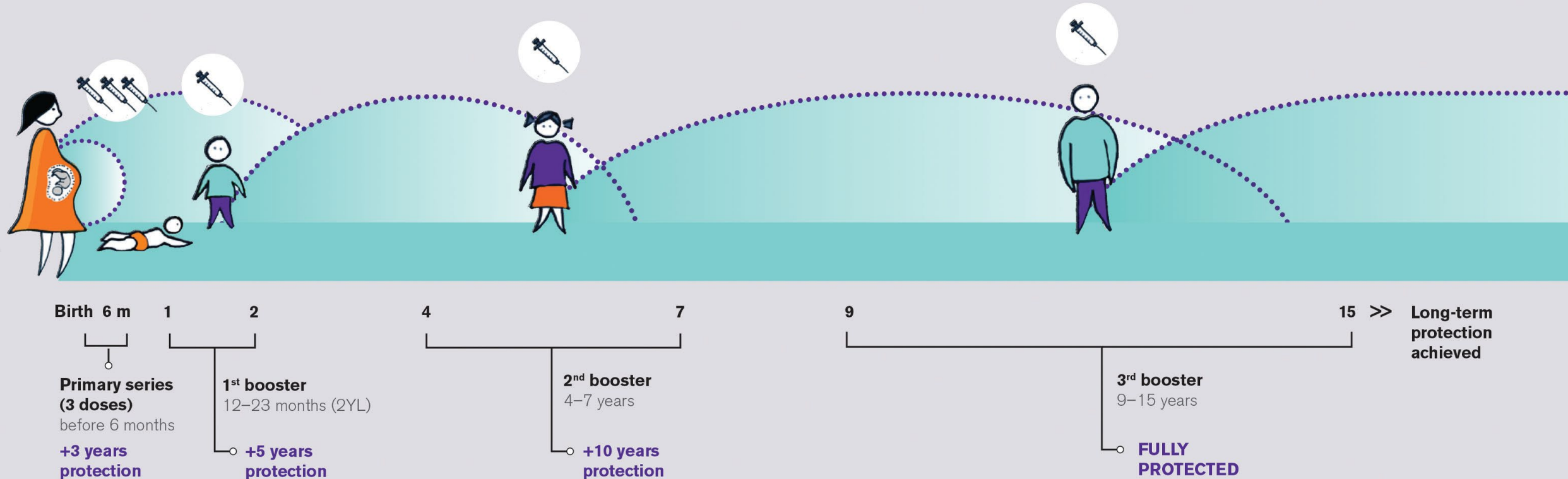
Refer to Amayeza Info Services

<https://www.amayeza-info.co.za/vaccine-info/>

Examples of life-course immunisation

Families: Tetanus, diphtheria and acellular pertussis (Tdap)

Optimise health outcomes across generations



World Health Organization. Protecting all against tetanus: guide to sustaining maternal and neonatal tetanus elimination (MNTE) and broadening tetanus protection for all populations. Geneva: WHO; 2019 [cited 9 March 2023]. Available from: <https://apps.who.int/iris/handle/10665/329882>.

Examples of life-course immunisation

Individuals: Human papillomavirus (HPV)

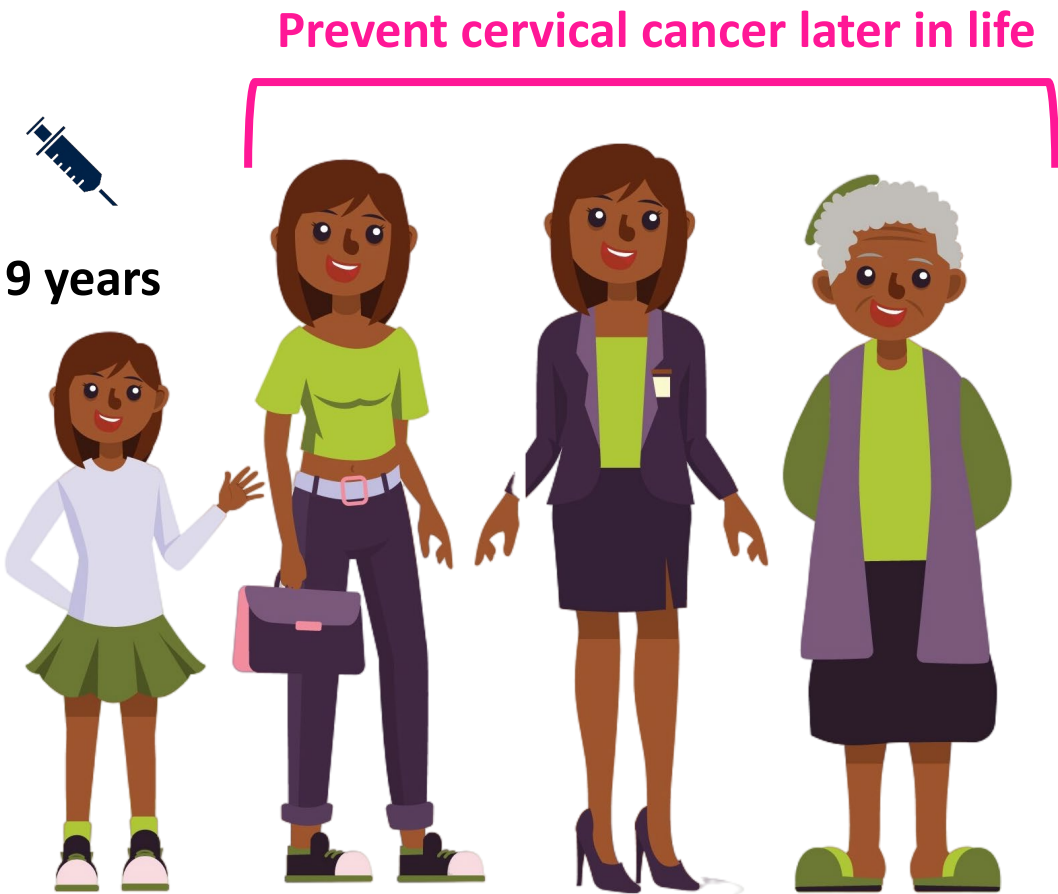


Table 1. Crude incidence rates of HPV-related cancers

	Male	Female
Cervical cancer	-	35.6
Anal cancer	0.66	0.90
Vulva cancer	-	1.29
Vaginal cancer	-	0.62
Penile cancer	0.72	-
Oropharyngeal cancer	1.31	0.38
Oral cavity cancer	3.99	2.55
Laryngeal cancer	2.45	0.54

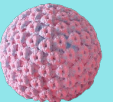
HPV vaccination
ALSO for prevention
of certain cancers
in males

Table 2. Burden of cervical cancer

	Incidence	Mortality
Annual number of new cases/deaths	10702	5870
Crude rate	35.6	19.5
Age-standardized rate	35.3	19.6
Cumulative risk 0-74 years (%)	3.58	2.10
Ranking of cervical cancer (all years)	2nd	1st
Ranking of cervical cancer (15-44 years)	1st	1st

Human papilloma virus (HPV) vaccination

Best protection against cancer-causing HPV infections

 HPV vaccine		Bivalent		Quadrivalent		Nonavalent	
 HPV types		16 and 18		6, 11, 16 and 18		6, 11, 16, 18, 31, 33, 45, 52, 58	
Age group first dose		Girls & Boys: 9-14 years		Girls & Boys: 9-13 years		Girls & Boys: 9-14 years	
Dose	Interval	2-dose	5-13 months apart	2-dose	6 months apart	2-dose	5-13 months apart
Age group first dose		Women & Men: 15-45 years		Women: 14-45 years Men: 14-26 years		Women & Men: 15 years with no upper age limit	
Dose	Interval (months)	3-dose	0, 1–2.5 and 5–12 months	3-dose	0, 1–2 and 4–6 months	3-dose	0, 1–2 and 4-6 months

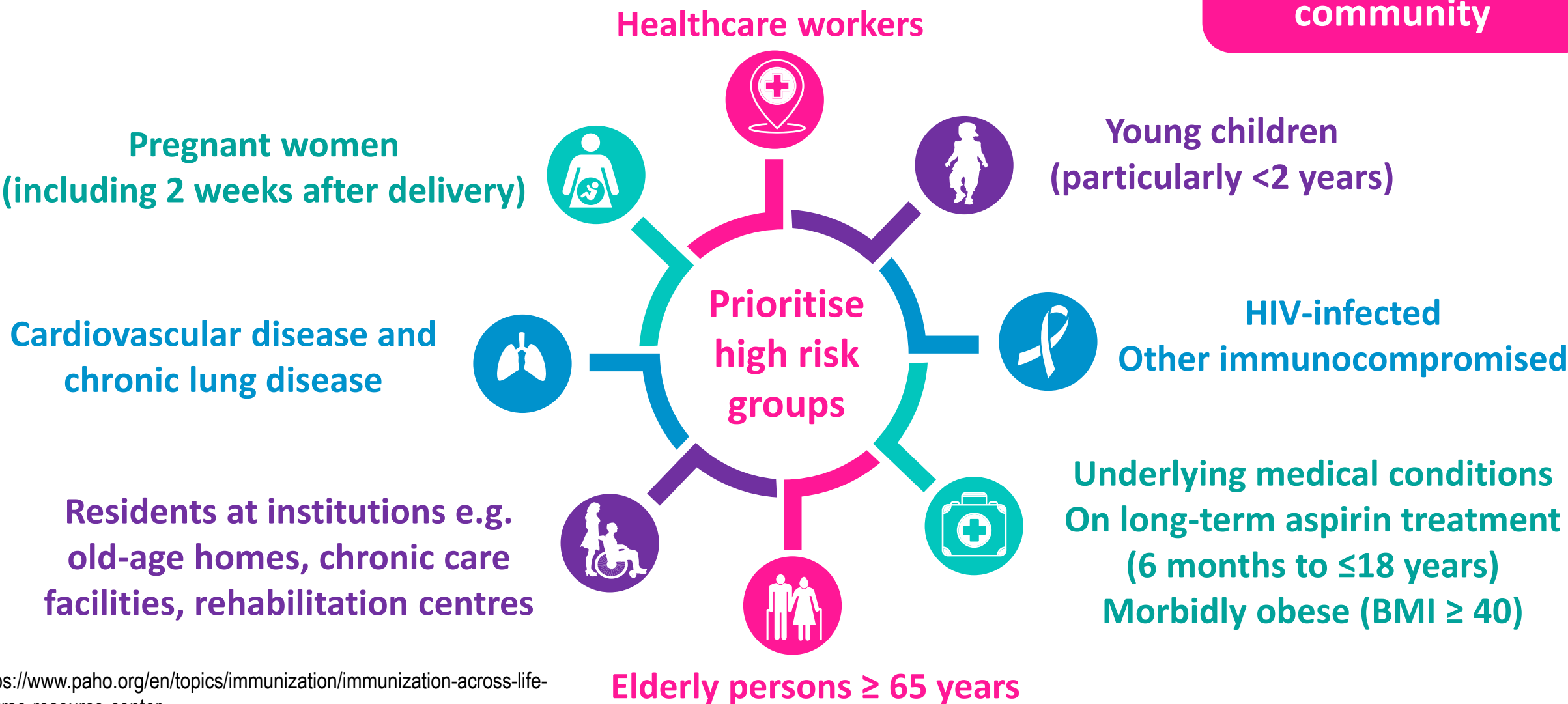
**For full prescribing information, refer to the professional information approved
by the Medicines Regulatory Authority**

WHO. Weekly epidemiological record. 16 December 2022. No 50, 2022, 97, 645–672. <http://www.who.int/wer>

Examples of life-course immunisation

Communities: Influenza vaccine

Reduce burden of disease in the community



<https://www.paho.org/en/topics/immunization/immunization-across-life-course-resource-center>

Use all healthcare platforms and avoid missed opportunities

Have
vaccines
in stock



Pregnant
women and
unborn
fetus

Rule out
perceived
contra-
indications



Screen
the entire
family for
eligibility



*Chronic
prescriptions*



Offer
influenza
vaccination



https://www.who.int/immunization/programmes_systems/policies_strategies/MOV_GIM_27June2018.pdf

What are people's MAIN questions about vaccines?

Does the
vaccine really
work?



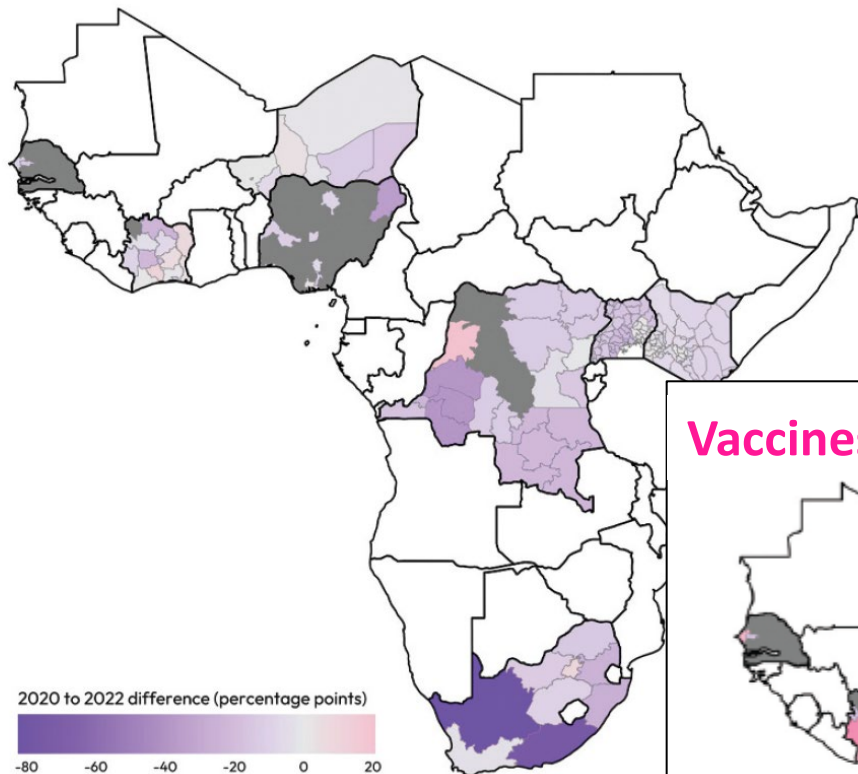
Is the vaccine
safe for me
or my
baby/child?



What do YOU
(my healthcare
professional)
recommend?



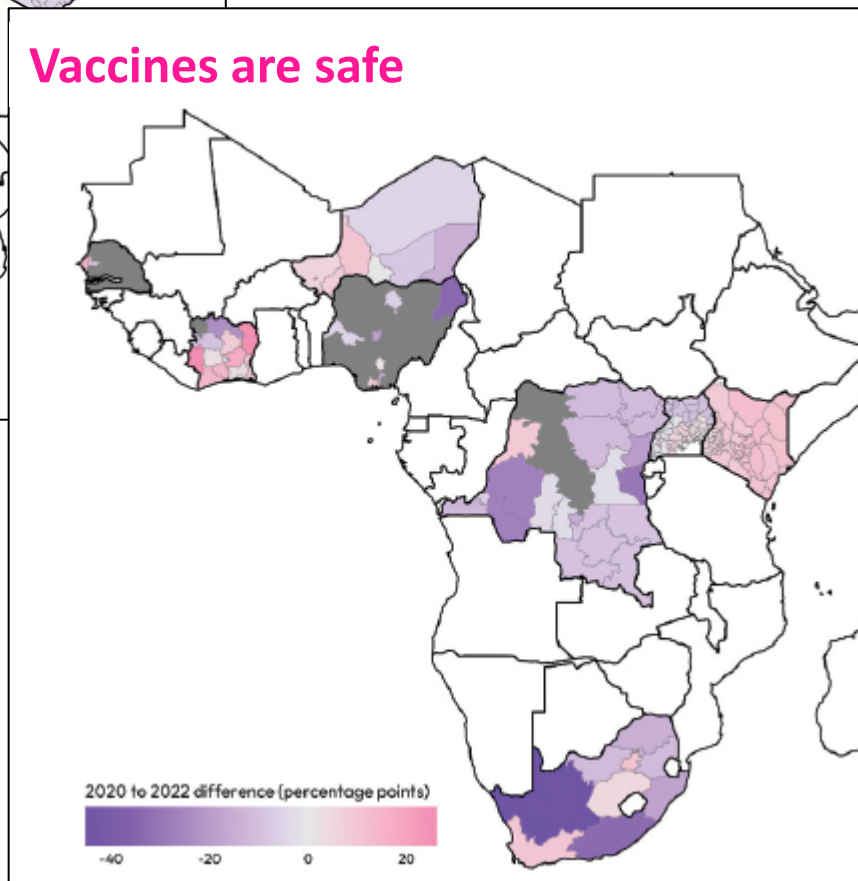
Vaccines are important for children



Blue colors denote a decrease in confidence since 2020, while pink colors denote an increase.

What are people concerned about?

Vaccines are safe

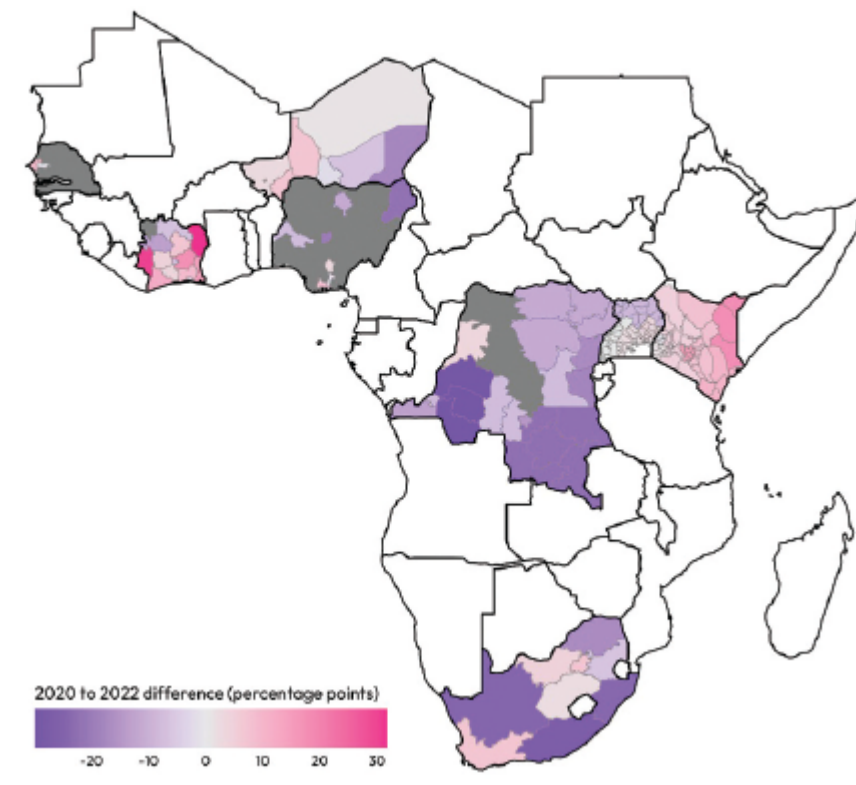


Declining trends in vaccine confidence across sub-Saharan Africa: A large-scale cross-sectional modeling study

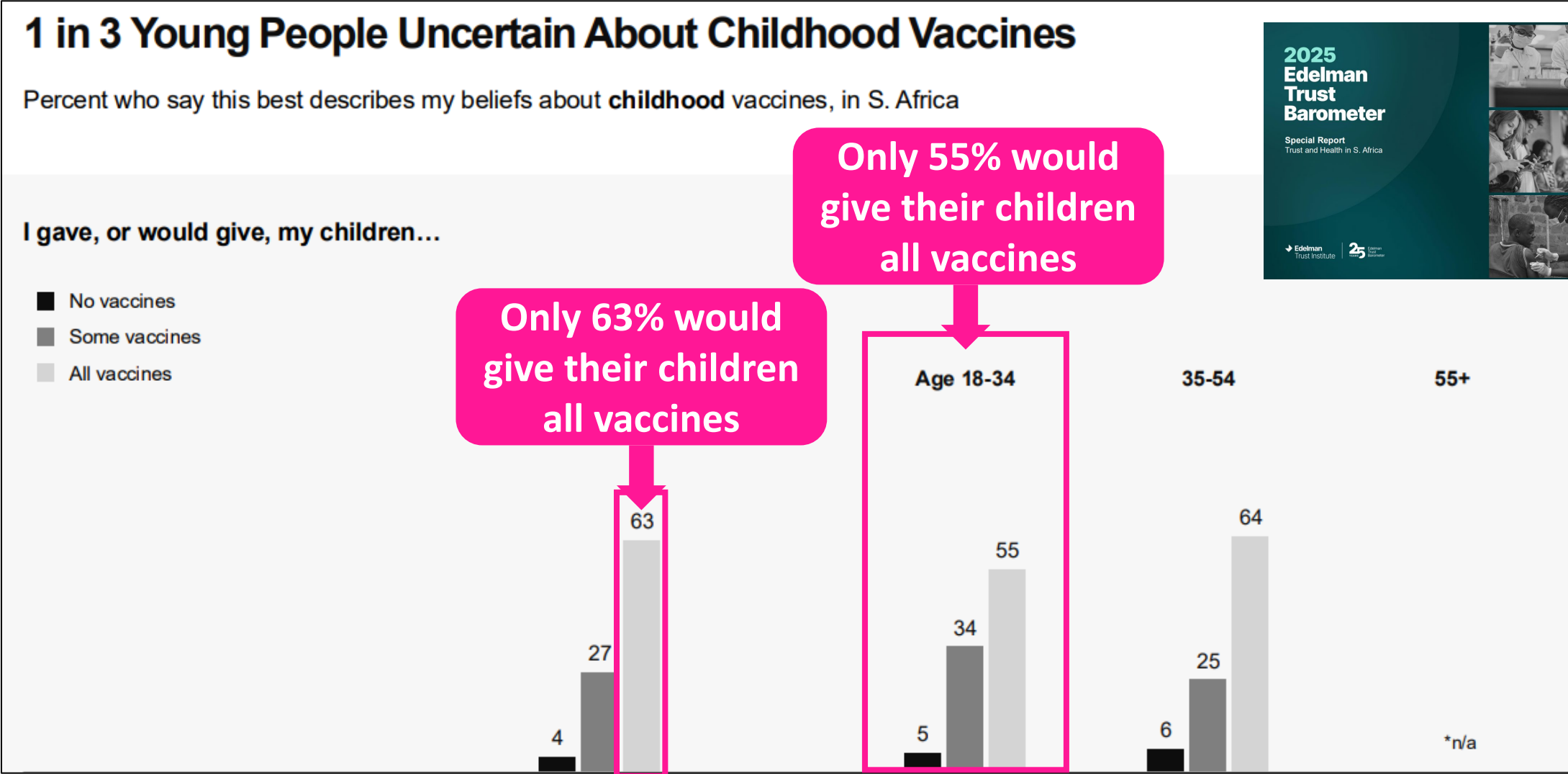
A. de Figueiredo^a, E. Temfack^b, R. Tajudeen^b, and H. J. Larson^{a,c}

^aDepartment of Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine, London, UK; ^bAfrica Centers for Disease Control and Prevention, African Union Commission, Addis Ababa, Ethiopia; ^cInstitute of Health Metrics and Evaluation, University of Washington, Hans Rosling Center, Seattle, WA, USA

Vaccines are effective



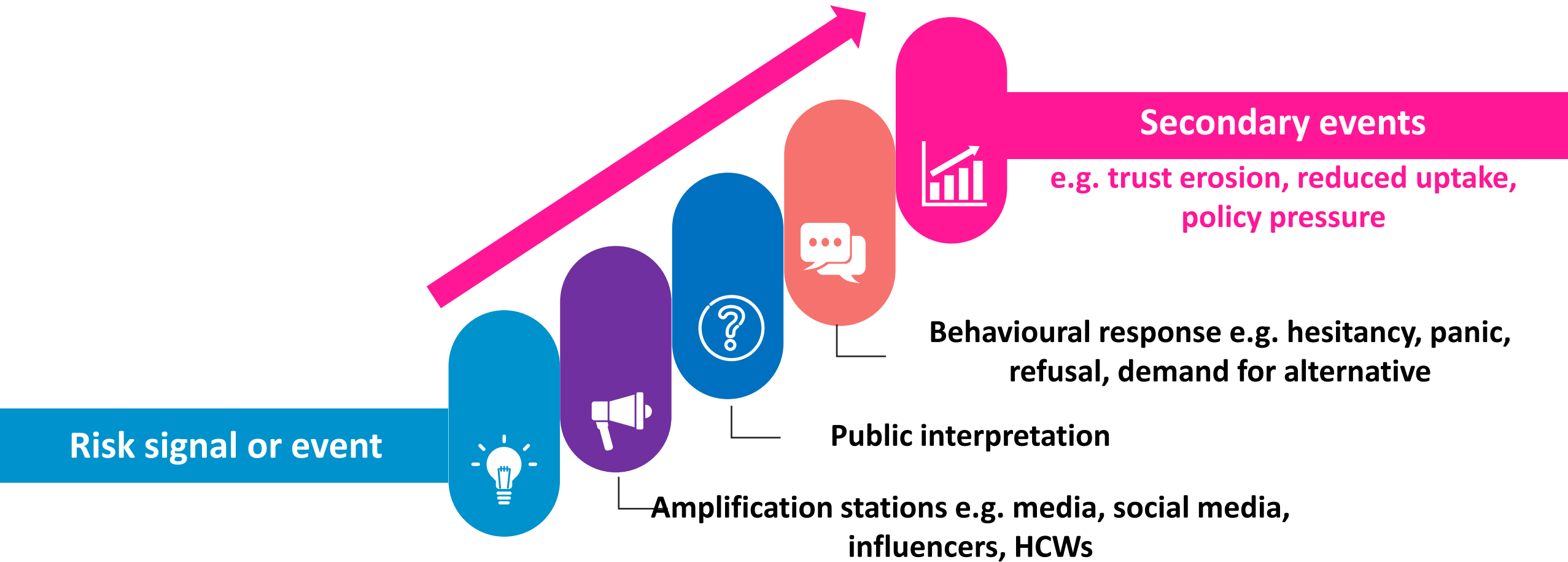
Uncertainty about childhood vaccines especially amongst young adults



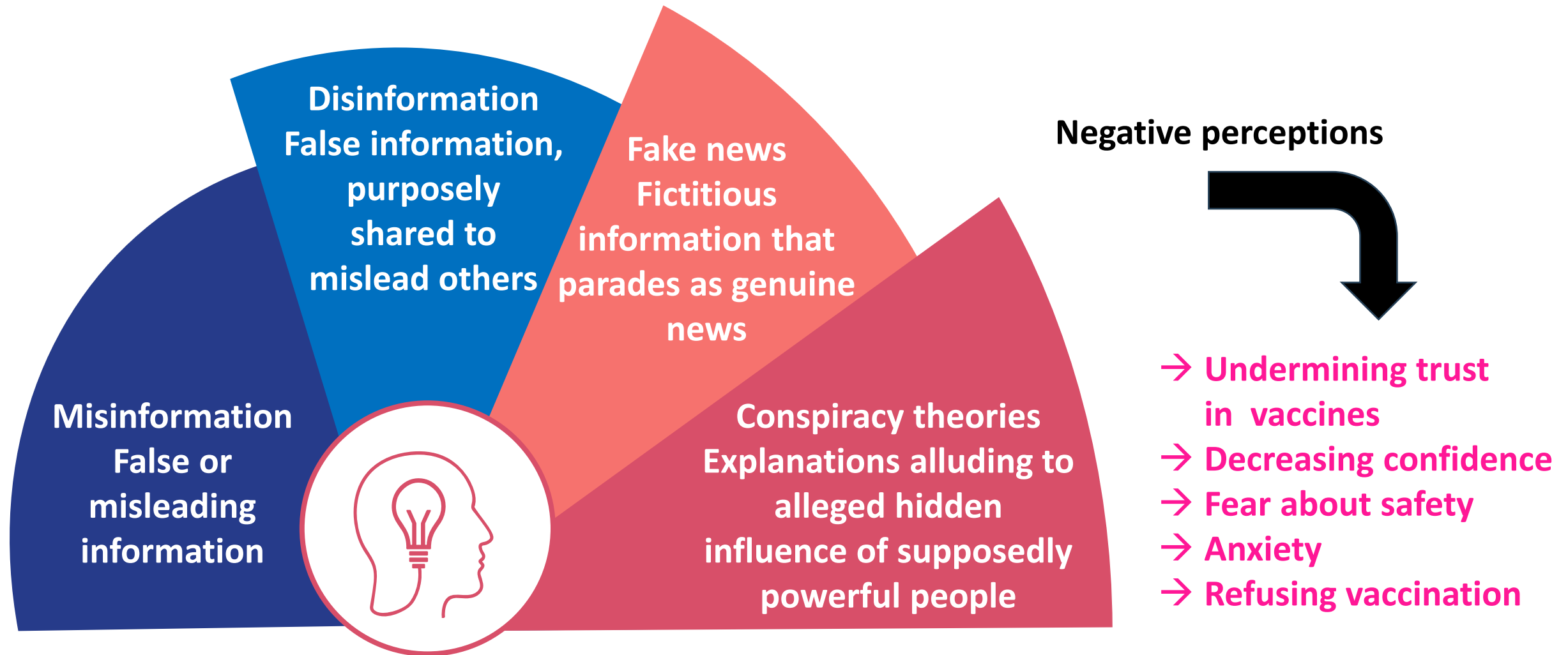
Edelman Trust Institute. 2025 Edelman Trust Barometer. Special Report: Trust and Health in South Africa. Available at https://www.africa.edelman.com/sites/g/files/aatuss536/files/2025-02/2025%20Edelman%20Trust%20Barometer_S.%20Africa%20Report.pdf

Challenges in vaccine communication

Social amplification of risks

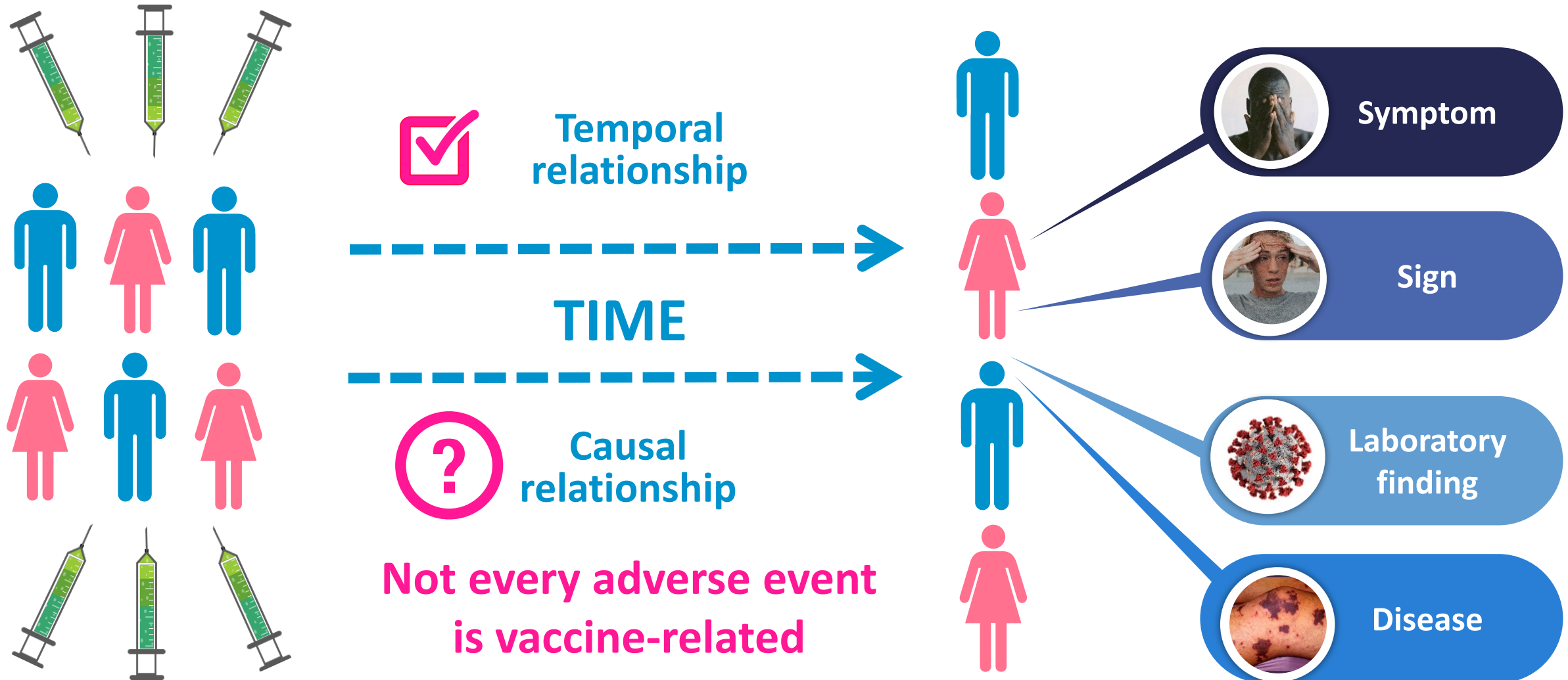


Negative information influencing vaccine perceptions and decision-making



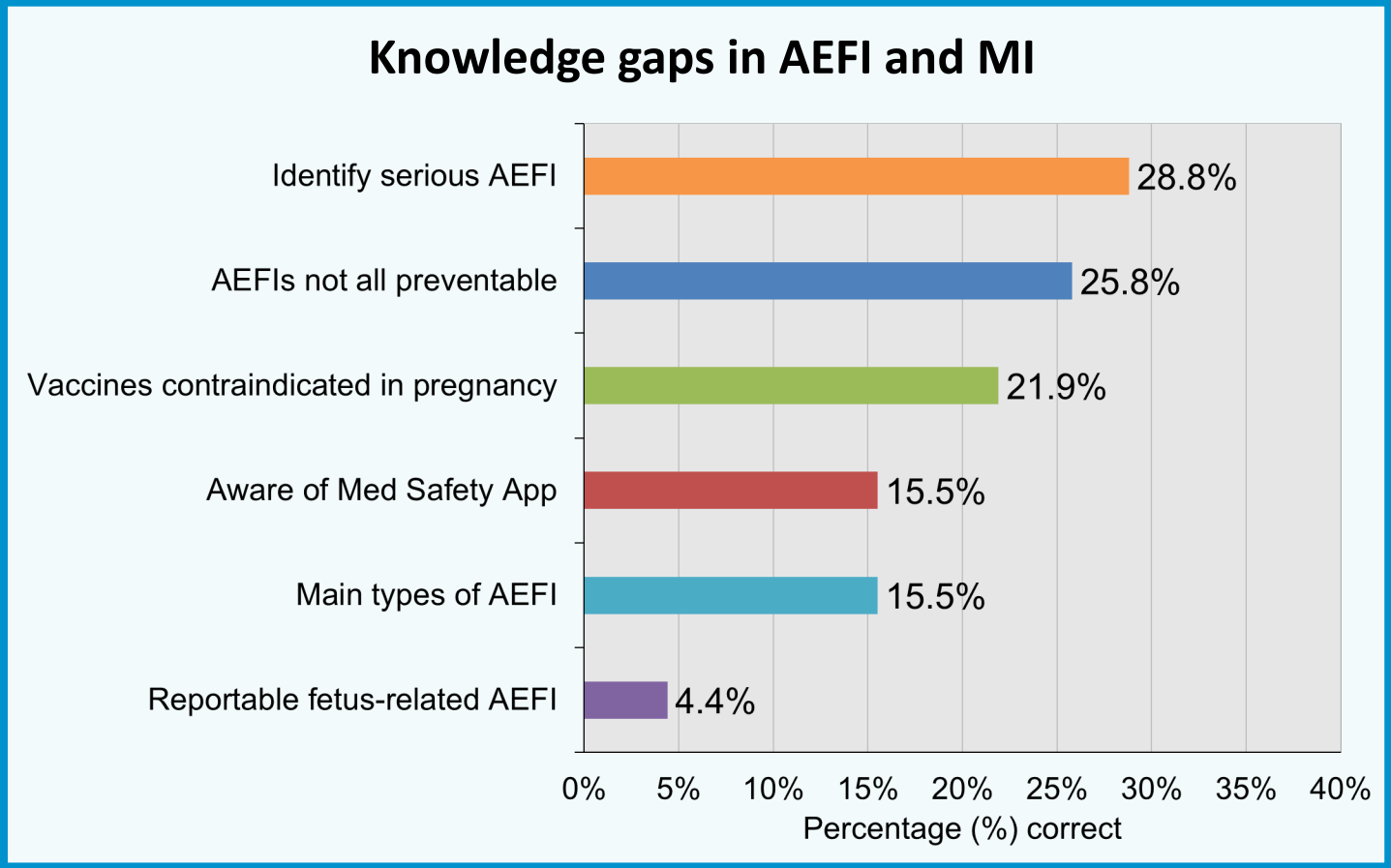
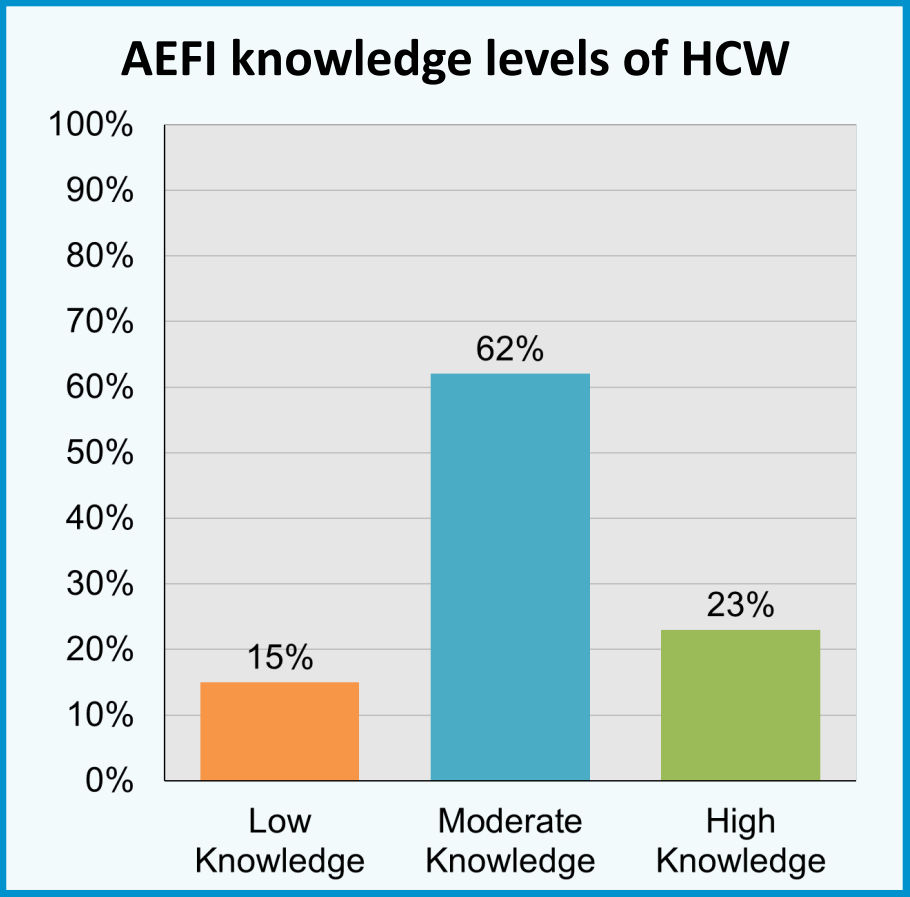
COVID-19 vaccines: safety surveillance manual. Geneva: World Health Organization; 2020.

Report adverse EVENTS following immunisation (AEFI)



Do you have sufficient knowledge about AEFI reporting?

Example: Knowledge of HCWs on surveillance of adverse events following maternal immunisation in SA



Mehta UC, Gomba Y, Salie I, Welte A, Pillay N, Dahlke M, Morof D, Sekiti V, Meyer JC. Knowledge, perceptions, and practices of healthcare workers on surveillance of adverse events following maternal immunisation in South Africa. Vaccine. 2026; 81, 128557. <https://doi.org/10.1016/j.vaccine.2026.128557>

Communication and public-awareness gap

HOW DO WE BRIDGE
the communication gap?

Pharmacovigilance
(safety) systems
AIM TO INFORM

- Scientific evidence
- Regulatory review
- Data and statistics
- Signal detection
- Causality assessment

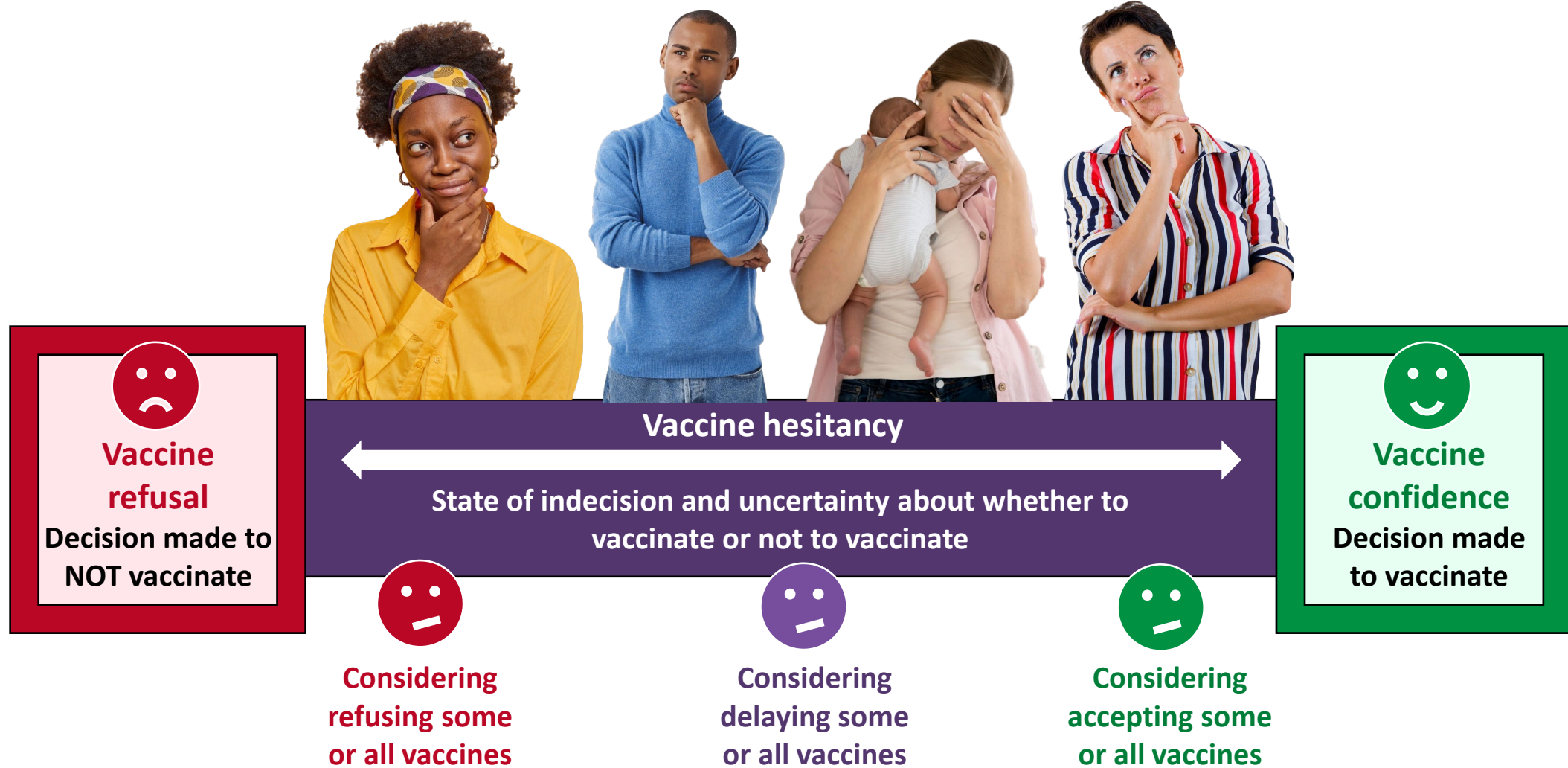


- Technical language
- Delays
- Poor accessibility
- Media distortion

Public and patient
response
EMOTIONAL

- Risk perception and fear
- Misunderstanding
- Distrust
- Vaccine hesitancy
- Social media narratives

What does it mean to be vaccine hesitant?



World Health Organization, 2014; Report of SAGE; MacDonald NE. Vaccine hesitancy: Definition, scope and determinants. *Vaccine*. 2015;33(34):4161-4; Larson HJ, Gakidou E, Murray CJL. The Vaccine-Hesitant Moment. *N Engl J Med*. 2022;387(1):58-65.

Misinformation and public distrust

Societal threats to public health

Health in the age of disinformation

Health misinformation (false or misleading data shared unintentionally) and disinformation (deliberately deceptive information) are not new, but the COVID-19 pandemic marked a turning point. The sense of anxiety and urgency, coupled with the rise in the use of social media and politically charged interpretations of the pandemic, fostered the spread of a series of misleading claims about the virus and medical countermeasures. can be a force for good, and there work to educate the public creatively Fighting misinformation is not correcting facts; it also involves addressing manipulation and the way algorithms attract attention, leaving individuals to a mix of science and fiction alone. (AI)-generated content presents

Misinformation and disinformation can no longer be viewed simply as an academic nuisance, but rather they are a societal threat. Only if we recognise that threat and act proportionately can we respond to the danger and combat the tide of misinformation and disinformation that has the potential to seriously undermine public health. ■ *The Lancet*

Good governance essential to expanding vaccine capacity and strengthening public trust



The unprecedented dismissal of the entire US Advisory Committee on Immunization Practices in June, 2025, was justified by US Secretary of Health and Human Services, and long-time vaccine critic, Robert F Kennedy Jr, as a move to “restore public trust in vaccines”.¹ He claimed the Committee was “plagued with persistent conflicts of interest” which included receiving “substantial funding from pharmaceutical companies”.¹ Yet amid the global spread of vaccine misinformation to which Kennedy has contributed,² this politically motivated action, alongside his attacks on vaccine science including defunding of mRNA vaccine research,³ is further damaging public confidence in vaccines.⁴

Published Online
August 29, 2025
[https://doi.org/10.1016/S0140-6736\(25\)01681-2](https://doi.org/10.1016/S0140-6736(25)01681-2)

Crucial to achieve IA2030 goals

- Strengthen primary healthcare
- Address vaccine misinformation
- Address vaccine hesitancy
- Adapt to local context

Global, regional, and national trends in routine childhood vaccination coverage from 1980 to 2023 with forecasts to 2030: a systematic analysis for the Global Burden of Disease Study 2023

GBD 2023 Vaccine Coverage Collaborators*

Lancet 2025; 406: 235–60

Published Online

June 24, 2025

[https://doi.org/10.1016/](https://doi.org/10.1016/S0140-6736(25)01037-2)

[S0140-6736\(25\)01037-2](https://doi.org/10.1016/S0140-6736(25)01037-2)

Interpretation Our estimates of current vaccine coverage and forecasts to 2030 suggest that achieving IA2030 targets, such as halving zero-dose children compared with 2019 levels and reaching 90% global coverage for life-course vaccines DTP3, PCV3, and MCV2, will require accelerated progress. Substantial increases in coverage are necessary in many countries and territories, with those in sub-Saharan Africa and south Asia facing the greatest challenges. Recent declines will need to be reversed to restore previous coverage levels in Latin America and the Caribbean, especially for DTP1, DTP3, and Pol3. These findings underscore the crucial need for targeted, equitable immunisation strategies. Strengthening primary health-care systems, addressing vaccine misinformation and hesitancy, and adapting to local contexts are essential to advancing coverage. COVID-19 pandemic recovery efforts, such as WHO's Big Catch-Up, as well as efforts to bolster routine services must prioritise reaching marginalised populations and target subnational geographies to regain lost ground and achieve global immunisation goals.

Lancet 2025; 406: 235–60. [https://doi.org/10.1016/S0140-6736\(25\)01037-2](https://doi.org/10.1016/S0140-6736(25)01037-2)

**BUT ... who is most influential
and most trusted when it
comes to vaccination
decision-making?**

**How to communicate to
address people's concerns
about vaccines?**



Who is most trusted as a source of information on health?

My Provider Most Trusted as a Source of Truth on Health

Percent who say I trust each to tell the truth about health issues and how best to protect the health of the public



	Global 12		*Australia		Brazil		Canada		China		France		Germany		India		Japan		Mexico		*Nigeria		*Singapore		S. Africa		S. Korea		*UAE		UK		U.S.	
	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-	%	+/-
My primary care provider	83	2*	83	-	83	1	85	2	84	-4	86	2	84	1	88	-3	72	3	85	4	85	-	83	-	85	5*	75	2	90	-	83	4	82	4
Pharmacists	73	-3*	77	-	70	-2	65	-14*	81	-7*	79	-1	76	-1	78	-8*	69	3	67	-2	82	-	59	-	76	2	67	0	79	-	78	-2	71	-2
My friends and family	70	-6*	71	-	64	-10*	70	-4	87	-3	67	-3	58	-22*	86	-4*	63	1	74	-3	77	-	69	-	67	-6*	63	-10*	88	-	71	-5	69	-4
My CEO	50	-9*	47	-	56	-10*	42	-12*	71	-14*	38	-7	35	-3	77	-5	37	-6	60	-7	64	-	50	-	53	-8	31	-14*	72	-	43	-7	48	-11*
Healthcare CEOs	45	-7*	35	-	52	-4	33	-10*	75	-10*	32	-6*	29	-6*	74	-8*	35	-5	57	-6*	69	-	46	-	48	-5	38	-10*	71	-	36	-5	30	-13*
Government leaders	39	-7*	37	-	40	-5	36	-11*	79	-11*	35	-9*	27	-7*	67	-6*	26	-5*	39	-7*	49	-	70	-	26	-2	32	-2	72	-	31	-4	31	-9*
Journalists	35	-10*	24	-	39	-6*	34	-14*	69	-12*	23	-8*	28	-7*	62	-11*	23	-7*	40	-11*	51	-	40	-	30	-10*	21	-6*	57	-	20	-10*	30	-13*

Edelman Trust Institute. 2024 Edelman Trust Barometer. Special Report: Trust and Health. Available at <https://www.edelman.com/sites/g/files/aatuss191/files/2024-04/2024%20Edelman%20Trust%20Barometer%20Trust%20and%20Health%20FINAL.pdf>

SOP for conversations to build vaccine confidence



S

STRONG recommendation from you their HCP;
Use strong language in favour
of vaccination (benefits)

O

OPEN dialogue, listen to
concerns, provide
information and never judge

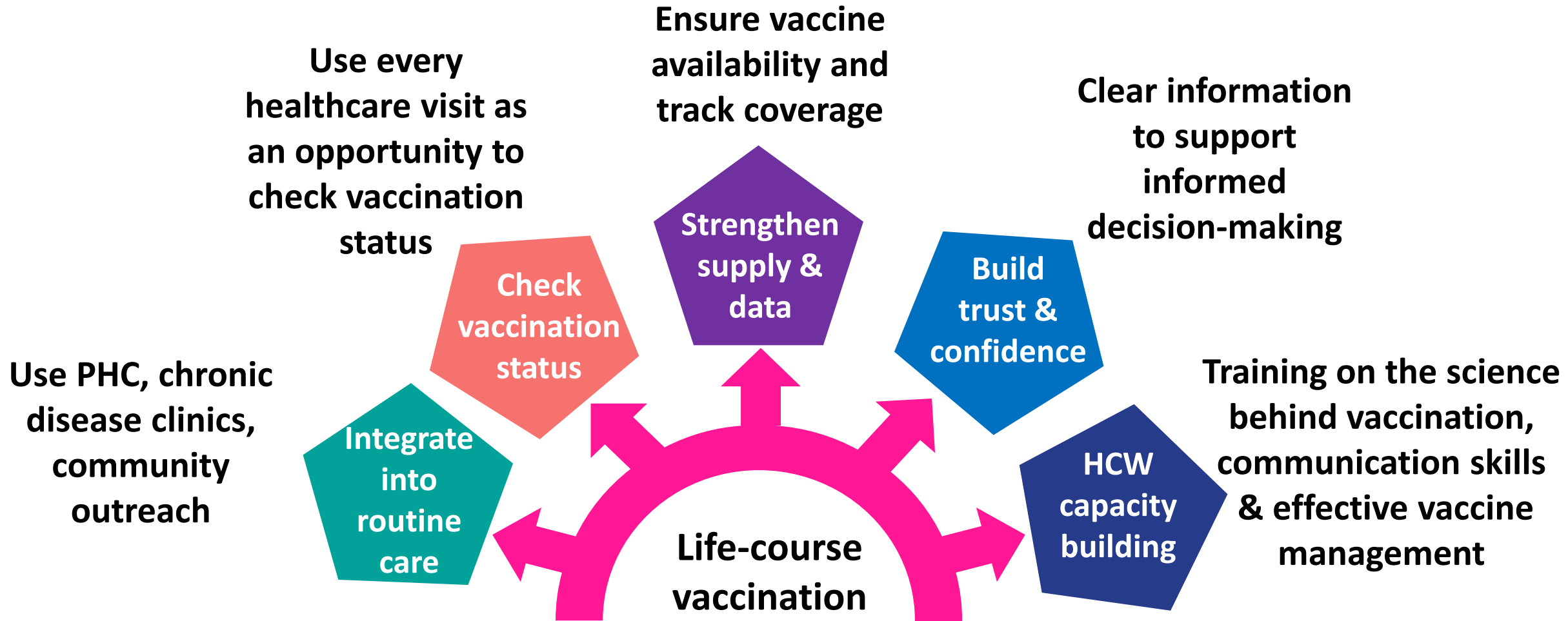
P

PRESUMPTIVE style of
communication
Make a recommendation
as statement;
not requiring a response

Conclusion: CALL TO ACTION

Strengthening practice for life-course vaccination

Protect individuals and communities
HCWs are central to success



**For full prescribing information, refer to the professional information approved
by the Medicines Regulatory Authority**

S2 **HEXAXIM®** (suspension for injection). **QUALITATIVE AND QUANTITATIVE COMPOSITION:** Each 0,5 mL adjuvated dose contains ≥ 20 IU (30 Lf) purified diphtheria toxoid, ≥ 40 IU (10 Lf) purified tetanus toxoid, 25 µg pertussis toxoid, 25 µg filamentous haemagglutinin, 29 D-antigen units inactivated poliomyelitis virus Type 1 (Mahoney), 7 D-antigen units inactivated poliomyelitis virus Type 2 (MEF 1), 26 D-antigen units inactivated poliomyelitis virus Type 3 (Saukett), 10 µg Hepatitis B surface antigen and 12 µg *Haemophilus influenzae* type b polysaccharide conjugated to tetanus protein (22-36 µg). **REGISTRATION NUMBER:** 46/30.1/0447.

S2 **ADACEL®** (suspension for injection). **QUALITATIVE AND QUANTITATIVE COMPOSITION:** Each 0,5 mL dose contains 5 Lf (not less than 20 IU) Tetanus toxoid (T), 2 Lf (not less than 2 IU) Diphtheria toxoid (d), 2,5 µg Pertussis toxoid (PT), 5 µg Filamentous haemagglutinin (FHA), 3 µg Pertactin (PRN) and 5 µg Fimbriae types 2 and 3 (FIM). **REGISTRATION NUMBER:** 51/30.1/0837.

HOLDER OF CERTIFICATE OF REGISTRATION: Sanofi-Aventis South Africa (Pty) Ltd., Reg. no.: 1996/010381/07, Floor 5, Building I, Hertford Office Park, 90 Bekker Road, Midrand, 2196.
Tel: (011) 256 3700.

THANK YOU!

**What are YOU doing
within YOUR community
to break the chain
and ensure that
vaccines work for all
generations?**



**FOR EVERY GENERATION
VACCINES WORK**



SEFAKO MAKGATHO
HEALTH SCIENCES UNIVERSITY

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