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**TO:  
HEADS OF PROVINCIAL HEALTH DEPARTMENTS  
HEADS OF PHARMACEUTICAL SERVICES  
DISTRICT, HOSPITAL AND PHC MANAGERS  
COVID-19 VACCINE PROGRAMME MANAGERS  
COVID-19 VACCINATION SITE MANAGERS  
COVID-19 VACCINATORS  
COMMUNICATION UNIT**

**NATIONAL VACCINATION PROGRAMME CIRCULAR 3 OF 2023**

**VACCINATION OF CHILDREN 5 – 11 YEARS OLD AT RISK OF SEVERE COVID DISEASE**

1. As of 27<sup>th</sup> February 2023, children 5 – 11 years old at risk of severe COVID disease will be eligible to receive two doses of the Comirnaty paediatric Vaccine® given with a minimum interval of 21 days.
2. Children with chronic heart, respiratory, neurological, endocrine, kidney, liver, or gastrointestinal conditions, as well as immunosuppression (including asplenia or dysfunction on the spleen) and serious genetic abnormalities that affect a number of systems, will be eligible and should be offered vaccination. A more detailed list is contained in Annexure A.
3. The majority of eligible children will be attending health services on a regular basis. COVID-19 vaccination for children will be introduced in a phased approach, broadly following the phases outlined below:

Phase I: Introduction in a limited number of central and tertiary hospitals in each province

Phase II: Expansion to all tertiary and regional hospitals

Phase III: Expansion to sufficient hospitals to ensure that there is a least one site per district.

Phase IV: Expansion to Primary Health Care facilities – in most cases, through outreach from existing sites.

4. Any facility providing vaccination must be registered as a vaccination site on the Master Facility List (MFL). The facility may be a primary vaccination or outreach site. All sites storing vaccines require Section 22A(15) permits.
5. Consent from the child's parent, guardian or caregiver is required for vaccination. This consent must be obtained at the vaccination site, which is responsible for storing the consent form as part of the child's patient record in line with standard practices.
6. COVID-19 vaccination for children 5 to 11 years will initially be provided only in the public sector, with the expectation that provision will be made for both insured and uninsured children to access the service. Re-imbursment mechanisms for COVID-19 vaccinations administered in the private sector are currently being reviewed, and the provision of vaccination for children 5 – 11 years old will be included in future reimbursement processes.
7. The Comirnaty paediatric vaccine® will be distributed (from Biovac) using the current COVID-19 vaccine distribution model. The minimum order quantity is 10 vials per shipper; therefore, the minimum order quantity is 10 vials per site.
8. The EVDS is currently being updated to accommodate recording of these doses. However, this functionality will not be available until April 2023. In the interim, vaccinations should be recorded on paper using the attached forms.
9. Vaccinations must be administered in line with the Standard Operating Procedure (SOP) for Vaccination of Children 5 – 11 years. The SOP as well as additional training, will be available on the National Department of Health's Knowledge Hub ([www.knowledgehub.org.za](http://www.knowledgehub.org.za)).

Kind regards



**DR NG CRISP**  
**ACTING DIRECTOR-GENERAL: HEALTH**  
**DATE: 16 February 2023**

## ANNEXURE A: LIST OF CONDITIONS THAT RESULT IN HIGHER RISK OF SEVERE COVID-19 FOR CHILDREN 5 – 11 YEARS

The disease states which place children at risk of developing severe disease are shown in the table below, and all children with these diseases or conditions should be offered vaccination. The list should not be considered exhaustive, and children with similar conditions should also be offered vaccination.

Disease state	Comment
Chronic respiratory disease	Including those with poorly controlled asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, cystic fibrosis, ciliary dyskinesias, bronchopulmonary dysplasia, previous tuberculosis
Chronic heart conditions	Haemodynamically significant congenital and acquired heart disease, or less severe heart disease with other comorbidity. This includes: <ul style="list-style-type: none"> <li>• Single ventricle patients or those palliated with a Fontan (Total Cavopulmonary Connection) circulation</li> <li>• Those with chronic cyanosis (oxygen saturations &lt;85% persistently)</li> <li>• Patients with cardiomyopathy requiring medication</li> <li>• Patients with congenital heart disease on medication to improve heart function</li> <li>• Patients with pulmonary hypertension requiring medication</li> </ul>
Chronic conditions of the kidney, liver or digestive system	Including those associated with congenital malformations of the organs, metabolic disorders and neoplasms, and conditions such as severe gastro-oesophageal reflux that may predispose to respiratory infection as well as renal and liver failure
Chronic neurological disease	This includes those with: <ul style="list-style-type: none"> <li>• Neuro-disability and/or neuromuscular disease that may occur as a result of conditions such as cerebral palsy, autism, epilepsy and muscular dystrophy</li> <li>• Hereditary and degenerative disease of the nervous system or muscles, other conditions associated with hypoventilation</li> <li>• Severe or profound multiple learning disabilities (PMLD), Down's syndrome, those on the learning disability register</li> <li>• Neoplasm of the brain</li> </ul>
Endocrine disorders	Including diabetes mellitus, Addison's and hypopituitary syndrome
Immunosuppression	Immunosuppression due to disease or treatment, including:

	<ul style="list-style-type: none"> <li>• Those undergoing chemotherapy or radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients</li> <li>• Genetic disorders affecting the immune system (e.g., deficiencies of IRAK-4 or NEML, complement disorder, SCID)</li> <li>• Those with haematological malignancy, including leukaemia and lymphoma</li> <li>• Those receiving immunosuppressive or immunomodulating biological therapy including transplant patients</li> <li>• Those treated with or likely to be treated with high or moderate dose corticosteroids</li> <li>• Those receiving any dose of non-biological oral immune modulating drugs e.g., methotrexate, azathioprine, 6-mercaptopurine or mycophenolate</li> <li>• Those with auto-immune diseases who may require long term immunosuppressive treatments.</li> <li>• Those living with Human Immunodeficiency Virus infection.</li> <li>• Children who are about to receive planned immunosuppressive therapy should be considered for vaccination prior to commencing therapy</li> </ul>
Asplenia or dysfunction on the spleen	Including hereditary spherocytosis, homozygous sickle cell disease and thalassemia major
Serious genetic abnormalities that affect a number of systems	Including mitochondrial disease and chromosomal abnormalities