



**TO: Deputy Director General: Chief of Operations**  
**Chief Directors:** Emergency and Clinical Support Services  
Metro Health Services  
Rural Health Services  
Strategy and Health Support  
**District Managers:** Metro District Substructures  
Rural Districts  
**Directors:** Professional Support Services  
Pharmacy Services  
Information Management  
Communications  
**Chief Executive Officers (CEOs):** Central Hospitals  
Regional and Psychiatric Hospitals  
District Hospitals  
**Executive Directors / Heads of Health:** Local Authorities  
City of Cape Town  
**Managers** Private Hospitals and clinics

**CIRCULAR: H31/2020**

**SUBJECT: 2020 INFLUENZA VACCINATIONS**

The Coronavirus disease (COVID-19) pandemic has continued to spread globally. While the influenza vaccine is not effective against COVID-19 virus, it is highly recommended to get vaccinated each year to prevent influenza infection. Influenza vaccinations are the most effective way of preventing infections and reducing the admissions related to influenza complications.

To mitigate the effect of seasonal influenza, the Department of Health conducts annual influenza vaccinations, targeting individuals at increased risk for severe disease. Provinces are urged to fast track influenza vaccinations as soon as vaccines are received.

Vaccination for members of the public is not covered by the Department of Health's Influenza Vaccination Programme and may be accessed through the private sector. Most medical aids will pay for influenza vaccinations.

### **1. Influenza Vaccination Priority Groups**

A National Department of Health has issued a directive the CEO's of hospitals, CEOs of Private Pharmacies and Managers of clinics to ensure that the most vulnerable groups get the vaccine – especially in the context of limited supply in the country. (See attached letter).

- This means that all available vaccine (whether in the public or private sector) must be equitably available to all those that need it.
- The following vulnerable groups, in order of priority, to whom the vaccine should be available, are:
  - a. Health care workers
  - b. Individuals over the age of 65 years;

- c. People with cardiovascular disease (including chronic heart disease, hypertension, stroke and diabetes) and chronic lung disease (including asthma and chronic obstructive pulmonary disease) should be vaccinated;
- d. Pregnant women and people living with HIV and AIDS should only be considered for influenza vaccination once the above risk groups have been vaccinated.

## 2. Frontline Health Care Worker Influenza Vaccination

- It is strongly recommended that all healthcare workers in the public and private sector especially frontline health workers in Emergency Medical Services, Primary Health Care, hospitals and Forensic Pathology Services) urgently access the influenza vaccine either through the private sector as most medical aids fund the vaccine, or the public funded vaccination programme.

## 3. 2019 Influenza Vaccination Performance

- A total of 935 684 (93%) of the 1 005 120 available vaccines were administered country-wide.
- In the Western Cape, 86 884 (96.4%) of the 90 120 vaccine doses received were utilized. See Table 1 for district performance. All districts did exceptionally well, all reaching at least 90% utilisation.
- It is important that we account for all vaccines received. Information regarding vaccine wastage and stock remaining at facilities are often not reported to pharmaceutical services, facility managers, sub-district, and district managers.

**Table 1: District performance in the 2019 Influenza Vaccinations, Western Cape**

District	Stock received	Stock utilized	Utilisation (%)
Cape Town	49 450	46 435	93.9
Cape Winelands	9 557	9 770	97.8
Central Karoo	1 500	1 499	99.9
Garden Route	12 150	12 148	99.9
Overberg	8 350	8 345	99.9
West Coast	8 900	8 900	100.0
<b>Province</b>	<b>90 120</b>	<b>86 884</b>	<b>96.4</b>

## 4. 2020 Annual Influenza Vaccinations

- The Cape Medical Depot (CMD) will start distributing the vaccines from late March/ early April according to the CMD print and delivery schedule.
- Planning and coordination of the influenza vaccinations is important to ensure each district reach the highest target for utilisation (100%).
- For 2020, a total of 105 000 influenza vaccine doses for the province has been procured through the district budgets. See table 2 for allocations.

**Table 2: 2020 Influenza Vaccine Allocations\***

	District / Substructure / Hospital	Allocations
<b>Metro District Health Services (MDHS) and City of Cape Town</b>		
Eastern/Khayelitsha	City of Cape Town	4550
	MDHS	6850
Klipfontein / Mitchell's Plain	City of Cape Town	3000
	MDHS	10100
Northern/Tygerberg	City of Cape Town	3230
	MDHS	6750
Southern/Western	City of Cape Town	3690
	MDHS	6550
<b>Total (Cape Town Metro District Health)</b>		<b>44720</b>
<b>Rural District Health</b>		
	Cape Winelands	9600
	Central Karoo	1500
	Eden	11800
	Overberg	9480
	West Coast	8900
<b>Total (Rural DHS)</b>		<b>41280</b>
<b>Specialised Hospitals</b>		
	Alexandra	210

	George	350
	Groote Schuur	2,000
	Lentegeur	450
	Mowbray Maternity	750
	New Somerset	300
	Paarl	200
	Red Cross Children's Hospital	1,500
	Stikland	200
	Tygerberg	2,500
	Valkenberg	40
	Western Cape Rehabilitation Centre	120
	Worcester	350
	<b>Total (Specialised Hospitals)</b>	<b>8970</b>
	<b>Total (Western Cape Province)</b>	<b>94970</b>

\* Allocation may change based on the re-prioritization of the target groups

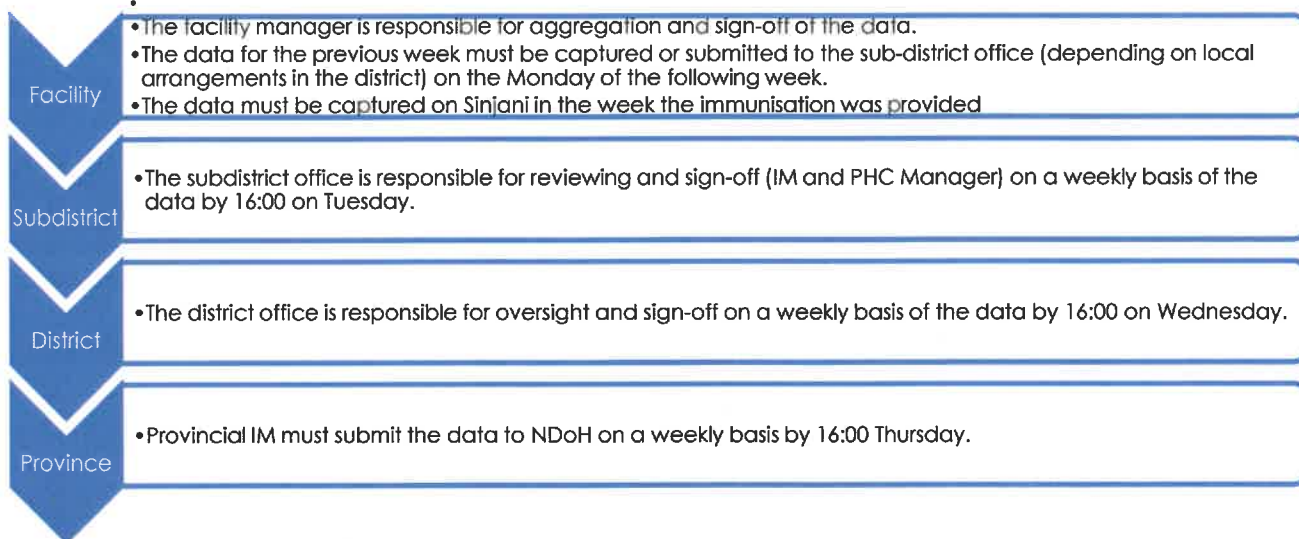
**Table 3: Western Cape Provincial 2020 Influenza Vaccinations Planning**

1.	<b>2019 District and Specialist Hospital Influenza Vaccination Micro Plans</b>	<ul style="list-style-type: none"> <li>➤ <b>District (and sub-structure) Micro Plans</b> and Hospital Influenza Vaccination Plans may be submitted to the Communicable Disease Control (CDC) sub-directorate at the following email addresses: <a href="mailto:charlene.lawrence@westerncape.gov.za">charlene.lawrence@westerncape.gov.za</a>, and copy <a href="mailto:Felencia.daniels@westerncape.gov.za">Felencia.daniels@westerncape.gov.za</a></li> </ul>
2.	<b>Period</b>	<ul style="list-style-type: none"> <li>✓ Annual influenza vaccination targeting high risk individuals are usually expected to commence from March.</li> <li>✓ <b>There is no official start-and-end date announced nationally/provincially</b>, however district health facilities should start vaccinating as soon as vaccines become available.</li> <li>✓ <b>All districts are urged to fast-track influenza vaccinations to the high-risk groups as a matter of urgency.</b></li> </ul>
3.	<b>Procurement and funding</b>	<ul style="list-style-type: none"> <li>✓ One hundred and five thousand (<b>105 000</b>) doses of influenza vaccine have been procured, funded by the districts.</li> </ul>
4.	<b>Target groups</b>	<ul style="list-style-type: none"> <li>✓ Not everyone is at risk for severe disease, and due to limited availability of the vaccine, not everyone can to be vaccinated against influenza.</li> <li>✓ <b>The priority groups include:</b> <ul style="list-style-type: none"> <li>○ Health care workers</li> <li>○ All persons aged ≥ 65 years and residents of old-age (nursing) homes and other chronic care or rehabilitation facilities</li> <li>○ Adults or children at high risk for influenza-related complications because of underlying medical conditions including: chronic pulmonary disease (including asthma), cardiovascular disease (except hypertension), renal, hepatic, neurologic, haematologic or metabolic disorders (including diabetes mellitus), morbid obesity (BMI ≥40), and immunosuppression (including HIV-infected persons). Children aged 6 months to 18 years on long-term aspirin therapy</li> <li>○ Pregnant women – irrespective of stage of pregnancy</li> <li>○ HIV-infected persons</li> </ul> </li> <li>✓ <b>NB! Please ask the recipient or guardian of the vaccine recipient whether he/she had received a measles vaccination recently (following exposure to a confirmed measles case or during a measles vaccination campaign), if yes – the influenza vaccination must be deferred 4 weeks post measles vaccination.</b> <ul style="list-style-type: none"> <li>○ MeasBio® cannot be given at the same time as other vaccines. Campaign measles doses are provided as a stand-alone immunisation. Routine immunisation can resume after 4 weeks after the administration of measles vaccination. (MeasBio®)</li> </ul> </li> </ul>

5.	<b>Vaccine procurement, allocation and logistics</b>	<ul style="list-style-type: none"> <li>✓ <b><u>Influenza vaccine composition</u></b> The recommended vaccine formulation for the southern hemisphere 2020 trivalent vaccine is: <ul style="list-style-type: none"> <li>○ A/Brisbane/02/2018 (H1N1)pdm09-like virus;</li> <li>○ A/South Australia/34/2019 (H3N2)-like virus; and</li> <li>○ B/Washington/02/2019-like (B/Victoria lineage) virus.</li> </ul> </li> <li>✓ <b><u>The 2019 vaccine, therefore, is no longer suitable for use.</u></b> The number of remaining vials must be confirmed with the Cold Chain Manager prior to being discarded.</li> <li>✓ More information on the vaccine composition and characteristics can be found in The Influenza Vaccination Guide 2020.</li> <li>✓ <b><u>Expected availability of vaccine:</u></b> <ul style="list-style-type: none"> <li>○ The CMD will prepare the delivery schedule and will inform pharmacy managers.</li> <li>○ Distribution will start from late March / early April 2020.</li> </ul> </li> <li>✓ <b><u>Vaccine Orders:</u></b> <ul style="list-style-type: none"> <li>○ District and facility orders are confirmed in collaboration with district programme managers and pharmacy managers.</li> <li>○ The CMD will create the orders from facilities on MEDSAS and process the orders in accordance with the Print Days Calendar.</li> </ul> </li> </ul>
6.	<b>Training</b>	<ul style="list-style-type: none"> <li>✓ Influenza vaccinations have been held annually and health facility staff are well orientated in terms of the requirements and the routine processes.</li> <li>✓ Updated national training material will be made available to the district CDC and EPI Managers.</li> <li>✓ If there is a need for training, it should be coordinated by the districts and sub-districts/sub-structures.</li> </ul>
7.	<b>Information Management</b>	<ul style="list-style-type: none"> <li>✓ <b><u>Considering the re-prioritization of the target groups for the annual influenza vaccinations, the daily tally sheet and weekly summary forms have been updated accordingly.</u></b></li> <li>✓ Influenza vaccinations must be recorded in the patient's file and on the antenatal card, treatment card for HIV-infected persons or Road to Health Card for children.</li> <li>✓ Facilities will be required to report on a weekly basis. The attached "Daily Facility Influenza Tally Sheet" must be completed and consolidated into the "Weekly Influenza Vaccination Summary Sheet" at the end of each week. (See Figure 1 for the data flow process)</li> <li>✓ When it has been confirmed that all facilities have received stock, due to the staggered distribution, Provincial IM will advise Districts from when facilities should start report zeros (0) when no immunisations are administered, to monitor completeness of reporting.</li> <li>✓ Specialised Hospitals (Central, Regional and Psychiatric Hospitals) receiving influenza vaccines as indicated in Table 2 must identify a person responsible for data collection and submission, and a person co-ordinating the influenza vaccinations at each facility who should liaise closely to ensure compliance with the dataflow process as outlined below.</li> <li>✓ Any queries regarding information management and data flow may be directed to Ms Samantha Brinkmann; tel: 021-483-8046; <a href="mailto:samantha.brinkmann@westerncape.gov.za">samantha.brinkmann@westerncape.gov.za</a> and Lesley Shand; tel: 021-483-2639; (<a href="mailto:Lesley.shand@westerncape.gov.za">Lesley.shand@westerncape.gov.za</a>)</li> </ul>
8.	<b>Social Mobilisation and Communication</b>	<ul style="list-style-type: none"> <li>✓ Districts will need to do their own social mobilisation and must try to balance social mobilisation activities with vaccine availability – and thus <b><u>not</u></b> create expectations that cannot be met.</li> </ul>
9.	<b>Monitoring and Evaluation</b>	<ul style="list-style-type: none"> <li>✓ Supervisory visits may be conducted during the influenza vaccinations by districts and sub-districts officials. The Pre-, intra- and post vaccination checklist for supervisors may be used during the supervisory visits.</li> </ul>

		<ul style="list-style-type: none"> <li>✓ Vaccine stock usage and wastage forms should be reported from health facility and sub-district level to the district level programme and pharmaceutical services managers. See the Influenza Vaccine Monitoring Form 2020. The information should be communicated to the Provincial Communicable Disease Control (CDC) Programme.</li> <li>✓ <b>Adverse Events Following on Immunisation Reporting</b> <ul style="list-style-type: none"> <li>○ <b>Case Definition:</b> An adverse event following immunisation (AEFI) is any untoward medical occurrence which follows immunisation and which does not necessarily have a causal relationship with the usage of the vaccine</li> <li>○ The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.</li> </ul> </li> <li>✓ <b>Reporting and Investigation of AEFIs</b> <ul style="list-style-type: none"> <li>○ The AEFI must be reported to the appropriate level (sub-district or district) within 24 hours of presentation to the health facility.</li> <li>○ AEFIs should be reported to the Provincial Office (EPI &amp; Communicable Disease Control-EPI) office to: Tel: 021-483-9964/4266/9917/3156 Fax: 021-483-2682 or E-mail: <a href="mailto:charlene.lawrence@westerncape.gov.za">charlene.lawrence@westerncape.gov.za</a>, <a href="mailto:Sonia.botha@westerncape.gov.za">Sonia.botha@westerncape.gov.za</a>, <a href="mailto:lindi.mathebula@westerncape.gov.za">lindi.mathebula@westerncape.gov.za</a>, <a href="mailto:felencia.daniels@westerncape.gov.za">felencia.daniels@westerncape.gov.za</a></li> <li>○ An EPID number will be issued and an AEFI Case Reporting Form (CRF) form and/or Case Investigation Form (CIF) will need to be completed.</li> <li>○ The Case Reporting Form (CRF) is completed for all trigger events i.e. minor reactions, severe local reactions and systemic reactions. The Case Investigation form (CIF) is completed for severe and serious reactions.</li> <li>○ See the attached reporting and investigation forms, and the National Flow Diagramme for AEFI surveillance.</li> </ul> </li> </ul>
10.	<b>Annexures</b>	<p><b>Attached the following annexures:</b></p> <ul style="list-style-type: none"> <li>✓ Influenza Vaccinations Guide 2020</li> <li>✓ Influenza Vaccine Monitoring Form 2020</li> <li>✓ Daily Facility Influenza Tally Sheet</li> <li>✓ Weekly Influenza Vaccination Summary Sheet</li> <li>✓ Influenza Vaccination Campaign: Checklist for supervisors</li> <li>✓ Case Reporting Form (CRF) for Adverse Events Following Immunisation (AEFI)</li> <li>✓ AEFI Case Investigation Form (CIF)</li> <li>✓ National Flow Diagramme for AEFI surveillance</li> <li>✓ 2020 Influenza Vaccinations Post Evaluation Tool</li> </ul>

**Figure 1: Data flow process during the annual influenza vaccinations**



## 5. Recommendations

### 5.1 Districts, sub-districts and health facilities need to implement the below mentioned recommendations for the province to reach the target for the seasonal vaccinations:

- ✓ **Planning and Coordination:** District Influenza Vaccination plans with (strategies to improve uptake of vaccine for the targeted groups and data management) to be implemented, health facilities must identify a person (champion) to coordinate the vaccination
- ✓ **Vaccine logistics:** Strict inventory management and reporting. All facilities allocated with the stock must provide monthly reports on usage and wastage.
- ✓ **Data Management:** Conduct constant data review, follow-up on data submissions, provide feedback to facilities / sub-district on progress.

We trust on your continued support in the control of communicable diseases and the **success of the annual influenza vaccination programme** targeting the high-risk groups.

Yours sincerely,

.....

**DR.B. ENGELBRECHT**

**HEAD OF HEALTH: WESTERN CAPE**

DATE: 2020-03-26