



TO: ALL HEADS OF DIVISIONS / DIRECTORATES / CHIEF DIRECTORATES / HEADS OF INSTITUTIONS / REGIONS / DISTRICTS AND SUB-STRUCTURES

CIRCULAR NO. H 34. /2022

COVID-19 VACCINE PROJECT OFFICE: ADMINISTRATION OF COVID-19 VACCINATION IN SCHOOLS FOR THE 12-17-YEAR-OLDS THROUGH THE INTEGRATED SCHOOL HEALTH PROGRAMME

The National Department of Health correspondence attached, requests that Provinces implement Covid 19 vaccination in schools in accordance with the Integrated School Health Programme, in collaboration with the Department of Basic Education. It is suggested that access be convened via School Principals and School Governing Bodies.

Please find attached, a draft consent form to be completed in preparation of the Covid 19 vaccination to take place at schools.

Please be reminded that should a child present him/ herself at a vaccination site, the consent form attached is not required to be completed.

Your assistance and support is much appreciated. For any enquiries kindly email Kim.Lowenherz@westerncape.gov.za.

Sincerely

JO ARENDSE
Chief Director: ECSS

DATE: 10 March 2022



**DIRECTOR GENERAL
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REPUBLIC OF SOUTH AFRICA**

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Dr Keith Cloete
Head of Health
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Dear Dr. Cloete

**ADMINISTRATION OF COVID-19 VACCINATION IN SCHOOLS FOR THE 12-17 YEAR OLDS,
THROUGH THE INTEGRATED SCHOOL HEALTH PROGRAMME**

Thank you for your ongoing support and collaboration on the implementation of the Integrated School Health Programme (ISHP), in collaboration with the Department of Basic Education (DBE).

Ensuring that all eligible target populations are protected from COVID-19 requires a robust vaccination programme that is well coordinated. As COVID-19 vaccinations become available as part of routine health services, it is critical that vaccines are made available to the 12-17 year olds in schools through the Integrated School Health Programme (ISHP).

Different provinces have taken a lead in offering COVID-19 vaccination in schools in partnership with the provincial and district implementing partners. However, this is not standardised and implementation is at different levels, with some provinces not yet offering in school COVID-19 vaccinations for learners.

You are requested to ensure that the Integrated School Health Programme (ISHP) implements COVID-19 vaccination for learners aged 12-17 years old in schools. ISHP managers should liaise with provincial COVID-19 vaccination managers at provincial and district levels to strengthen existing systems in provinces where they exist, and ensure integration into routine school health services.

Your support is highly valued.

Kind regards,

DR SSS BUTHELEZI
DIRECTOR-GENERAL: HEALTH

DATE: 01/03/22



COVID-19 VACCINATION PROGRAMME 2022
CONSENT FORM FOR ALL SCHOOL LEARNERS

Dear Parent/Guardian/Caregiver

The Department of Basic Education (DBE) has engaged the Department of Health (DoH) at a National level to introduce an in-school vaccination programme. All provinces have received formal communication requesting the integration of the COVID-19 vaccination programme into the Integrated School Health Programme (ISHP). This is done in collaboration with the Department of Education and the school governing bodies. In-school vaccination will require parental consent in line with the procedures of the ISHP.

- For those **children aged 12 to 17 years** (until day before the 18th birthday), a first dose of the Cominarty® Pfizer vaccine followed, 21 days later, by a second Cominarty® Pfizer dose.
- For **children 18 years and older**, the following schedule is to be followed:

First Dose		Second Dose		Booster
Cominarty® (Pfizer) vaccine	Minimum 21-day interval	Cominarty® (Pfizer) vaccine	Minimum 90-day interval	Cominarty® (Pfizer) vaccine OR Covid 19 Janssen® (J&J) vaccine

OR

Single Dose		Booster
Covid 19 Janssen® (J&J) vaccine	Minimum 60-day interval	Covid 19 Janssen® (J&J) vaccine OR Cominarty® (Pfizer) vaccine

For your child to receive these COVID-19 vaccination services on the school premises, we need you to give **permission by completing the form on the reverse side of this page**. The vaccination team may **screen your child** for the following:

- Screen for COVID-19 symptoms
- Screen for conditions that are contra-indicated for vaccination
- Observing your child for fifteen minutes following the immunization, to check for adverse events (AEFI).

Post vaccination advise, which includes reporting of adverse events, will be provided to the learner and a leaflet will also be provided.

You **may accompany your child to school on the day when the vaccination team visits** as arranged by the school governing body, and you and your family are welcome to bring along your ID book, birth certificate or asylum seeker / refugee registration and get vaccinated as well. Where a learner / adult has no documentation, special arrangements will be made to ensure that vaccination can proceed.

Please contact the school principal and school governing body for any enquiries or require additional information about these services **OR** if you have given written permission and you want to withdraw your consent. This service may be for a limited time at schools, however is available at the primary health care facilities.

For more information on where to locate a vaccination site, please visit the following link <https://www.facebook.com/WCGHealth>

Please return the completed form as advised by (school, governing body).

CONSENT FORM 2022 : COVID-19 IN-SCHOOL VACCINATION SERVICE

Parent/guardian/caregiver please **COMPLETE** the information on this form

Name of learner: _____

Grade: _____

ID No or LURITS No: _____

Age: _____

School Name: _____

Education District: _____

A. PLEASE CROSS A BOX NEXT TO THE SERVICES YOU WANT YOUR CHILD TO RECEIVE

I _____, parent / guardian / caregiver, ID number _____ **give consent** for the aforementioned learner to receive the following:

YES NO Please cross YES or NO

- Has your child already had a Covid-19 vaccination? If so, when? _____
- Health check and symptom screening (mainly body temperature check and referral to clinic if needed)
- COVID-19 Vaccination – **circle preference if child is >18 years old: PFIZER vaccine or J&J vaccine**
- Education and counselling (COVID-19 protection; vaccination)

B. Signature Parent/guardian/caregiver

Mobile number: _____

Date: _____

C. THIS SECTION MUST BE COMPLETED. PLEASE CROSS YES OR NO IN EACH BOX

Does your child have any health problems?

No Yes

If yes: Is your child receiving treatment for chronic medical condition?

No Yes Do not know

How many adults will be coming to the school to be vaccinated?

Does your child have any allergies?

No Yes Do not know

If **yes**, what is your child allergic to?

Schools to keep all consent forms safe.