



TO: BUDGET PROGRAMME MANAGERS and technical support staff

CHIEF DIRECTORS: Metro & Rural Health Services; Emergency and Clinical Support Services (ECSS); Strategic Cluster

DIRECTORS: Metro & Rural Health Services; Strategic Cluster; ECSS (EMS; FPS; Service Priorities Coordination; Medicine Mx, Bloods & Labs; Clinical Service Improvement)

EXECUTIVE DIRECTOR OF HEALTH: City of Cape Town

FACILITY HEADS: Central, Tertiary, Regional, Psychiatric, Rehabilitation, Tuberculosis and District Hospitals and PHC facilities

IM (Information Management) UNITS: Provincial, MHS, RHS, District, Sub-district, Hospitals.

CIRCULAR: H...47.../2022

SUBJECT: INTEGRATION OF COVID SERVICES AND HEADCOUNTS

Referencing the recent circular H15-2022 *Strategic Focus Update: Integrating Covid-19 vaccination as part of routine care on the health service platform (in-facility and community-based platform)*

During the pandemic, the initial motivation behind the exclusion of vaccinations from headcounts was that the testing and vaccination did not form part of routine services and would therefore skew the routine services data (this is in line with the headcount definition which excludes campaign services from headcounts).

As we move towards integrating the vaccination into our routine services, we need to integrate our reporting as well but avoid duplication of effort. The following proposal is therefore a pragmatic attempt to achieve this without creating additional administrative burden on the services.

The current strategy for vaccinating clients includes:

1. Integration into routine services at PHC clinics, hospitals, mobiles, satellite clinics or health posts, and long stay facilities:
 - For patients who attend a facility for a health care service other than a vaccination (which would automatically be a headcount) and are opportunistically vaccinated, a folder would as per normal be opened for these patients and the vaccination would be administered as part of the service and recorded in the folder. It should also be recorded on EVDS. This is counted as a headcount.
 - Patients who receive a vaccination plus any additional service over and above the vaccination e.g., screening for TB, HIV, contraception, etc, should be recorded as such in the routine register and patient folder. It should also be recorded on EVDS. This is counted as a headcount.
 - Patients who attend specifically to be vaccinated and receive no other service will not be head-counted. This number should be small. *(If you find that a large proportion of people are attending health facilities specifically for vaccination and no other service is offered, please advise us and we can review the situation.)*
2. Facility outreach services:

- Vaccinations provided by a health facility as part of an outreach by that facility would not be counted as a headcount if only a vaccination is administered. Vaccinations should be recorded in EVDS.
 - Vaccinations provided by a health facility as part of an outreach that is a comprehensive service would be recorded as a headcount for the facility. Vaccinations should be recorded in EVDS.
3. Community Based wellness services in the community:
- An NPO partner providing a comprehensive service, which could include COVID-19 vaccinations, in the community and at these sites would be counted as a HCBC headcount. Vaccinations should be recorded in EVDS.
4. Integrated School Health Programme (ISHP) at schools:
- Vaccinations provided as part of the school health package of care would be recorded on the ISHP register as a headcount and the vaccination should be recorded in EVDS.
 - If only the vaccination is provided this will not be recorded as a school health headcount.

NOTE: All COVID-19 vaccinations must still be captured on EVDS!

Demonstrating workload:

To demonstrate workload or burden on the health care platform, especially with the expansion of our services in line with COPC, we can differentiate in terms of the following categories which would include vaccinations taking place in these services:

- In facility
- Outreach (excluding outreach specifically for vaccinations)
- CDU
- School Health
- Home & Community Based Care

Over and above this, data of the vaccinations (from EVDS) and COVID-19 testing (from NHLS) are available for analysis when compiling reports. (Bear in mind though, that these cannot be added to the headcounts as there will be some overlap where clients have received other routine services and therefore automatically generated a headcount).

Way forward:

This remains an evolving process and will be reviewed as and when required. Therefore, please monitor how the integration is taking place practically on the ground and client behaviour changes and do let us know if things change or we have unexpectedly high number of visits at health facilities solely for vaccinations.



Lesley Shand
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Date: 2022-03-30



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Date: 30 March 2022