



TO: DDG: Chief of Operations

Chief Directors: MHS, RHS, STRATEGY

Directors: EMS, FPS, SPC, HIA, Clinical Service Improvement, Medicine Management, Substructures, Districts

Head of Institutions

Director: City Health

Deputy Directors: Professional Support

Managers: Private Hospitals and Private Clinics

CIRCULAR H.89...../2022

SCALE-UP AND VACCINATE TO PREVENT RESURGENCE & OUTBREAKS OF VACCINE PREVENTABLE DISEASES

The recent vaccine preventable disease **outbreaks of measles and polio** have reference.

1. INTRODUCTION AND BACKGROUND

The World Health Organisation (WHO) defines two or more measles cases in a health district within one month as a measles outbreak.

“As long as a single child remains infected, children in all countries are at risk of contracting polio. Failure to eradicate polio from these last remaining strongholds could result in as many as 200 000 new cases every year, within 10 years, all over the world”: WHO factsheet 2019.

Pandemic-related disruptions, inequalities in access to vaccines and the shifting of resources away from child health and routine immunisation are leaving children at risk to develop vaccine preventable diseases.

Besides the direct risk of mortality and morbidity measles has on the body of especially immunocompromised and malnourished children, the measles virus weakens the immune system and increase even healthy children’s vulnerability to other infectious diseases like diarrhoea and pneumonia for up to 1 year after the measles infection.

Polio affects mostly children under the age of 5 and 1 in 200 children affected will end up with irreversible paralysis, of whom up to 10% may die due to failure of the respiratory system.

The African region reported a **400% increase of measles cases** in January to March of 2022, while globally a 79% increase in measles cases were reported during the first 2 months of 2022.

During May 2022 four laboratory-confirmed cases of measles were identified in Gauteng. Further to this, 24 countries in Africa confirmed a variant of polio outbreak in 2021, and Malawi and Mozambique both had **polio outbreaks in 2022**.

The increase in measles and polio cases is indicative of gaps in immunisation coverage and the increased risk of other vaccine preventable disease (VPD) outbreaks. This is a serious warning sign of the threat to children's health and cognitive development.

2. PURPOSE

This circular is intended for circulation to all Facility Managers, Operational Managers, Pharmacists, Nurses, and other Health Care Professionals to be updated on important facts for consideration to prevent outbreaks, ensure children are up to date with all their vaccines and immunisation catch-up is provided.

The circular should be read in conjunction with the following documents:

- Vaccinators Manual
- Cold Chain Manual
- Surveillance Circular and Policy
- Road to Health Booklet
- Other relevant legislation, policies, guidelines, and frameworks

3. MEASURES FOR CONSIDERATION TO SCALE UP AND RESTORE VACCINATION

The Covid-19 pandemic exacerbated challenges of food insecurity, unhealthy living conditions and poor access to health care services. In addition, Primary Health Care Resources were reassigned to Covid-19 care facilities and the following mass Covid-Vaccinations.

- Although mass vaccination campaigns may be a quick way to reach large numbers of children, it is extremely resource intensive, and optimal vaccine cover is not sustainable. Communities with low vaccine cover may however benefit from a campaign to establish a strong baseline and ensure future resilience.
- Regular **outreach catch-up campaigns** should be executed in **hard-to-reach-areas** and identified **"hotspots"**.
- Measures suitable to **recall "drop-outs"** should be in place.
- **Improve access to vaccination** through options of **appointment systems** and/or **an after-hour service** suitable to the community's needs.



- **Out-patient clinics, Emergency Centres and Children's Wards are ideal sites to catch up on missed opportunities.** Staff should be enabled to identify and provide vaccination to children who are not up to date.
- All **eligible children on admission to hospital, without proof of having received at least 2 measles vaccines** should receive the vaccine.
- Child Health **out-reach services &/ catch-up campaigns**, inclusive of vaccination, screening, provision of vitamin A and deworming may be considered for **integration** at e.g., Covid-Vaccine sites, Early Childhood Development Centres, Schools, and other gathering sites.
- It is recommended that all the **school-based interventions** (inclusive of Td vaccines and deworming) be delivered during the **HPV campaigns**.
- The Health Promotion Officers and Communications Departments should run **media campaigns** to raise awareness and increase the demand for vaccines.
- Ensure implementation of proven measures e.g. **"Every day is vaccination day"**, RED/REC strategies.

A strong primary health care system with invested Community Healthcare Services and regular collaboration with health care facilities in the community is the foundation to identify children at risk and meet the needs of the community.

4. CURRENT CHALLENGES IDENTIFIED IN THE EPI PROGRAMME FOR REVISION

- The Western Cape is the only province still using proxies for some vaccines. There are currently no data available for oral polio vaccines (OPV) (at birth and 6 weeks).
- Numerous missed opportunities are constantly identified:
 - Maternity ward staff do not realise the urgency of the providing BCG and oral polio vaccines as soon as possible after birth – putting new-borns at risk of opportunistic TB infections (E.g., TB Meningitis) and polio).
 - Pharmacists and health care providers withhold vaccines to minimize wastage. This is unacceptable practise, as the costs of VPD morbidity & mortality cannot be compared to the wastage cost of a multi-dose-vial.
- Cold Chain practices posing challenges that compromise the effectiveness of vaccines:
 - Expired Vaccine Vial Monitor on OPV.
 - No time and date on reconstituted multi-dose-vials.
 - Gel packs and solid frozen ice-bricks usage.
 - Inadequate or no temperature monitors in fridges &/ cooler boxes

5. SURVEILLANCE

An important pillar to prevent outbreaks and stop the spread thereof is early identification and reporting of cases e.g., **SUSPECTED** measles or polio cases, Acute Flaccid Paralysis (AFP). Surveillance needs to be strengthened and all staff should be aware of the policies and circulars.

The ongoing efforts of all the service providers are highly appreciated.

Yours sincerely



JO Arendse

Chief Director: ECSS

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