

DIRECTORATE: Facility Based Programmes SUB-DIRECTORATE: Child Health and EPI

> REFERENCE: 19/5/2/5/7 ENQUIRIES: Ms. S. Botha

CIRCULAR NO. # 196 /2015

THE CHIEF OF OPERATIONS

CHIEF DIRECTORS: METRO/RURAL/HEALTH PROGRAMMES

DIRECTORS:

DISTRICT HEALTH SERVICES

NURSING SERVICES

FACILITY BASED SERVICES

INFORMATION MANAGEMENT

COMMUNICATIONS PHARMACY SERVICES

BUSINESS DEVELOPMENT UNIT

HEADS:

ALL HOSPITALS

ALL COMMUNITY HEALTH CENTRES & CLINICS

NURSING SCHOOLS & COLLEGES

MILITARY HEALTH SERVICES

CORRECTIONAL SERVICE

EXECUTIVE DIRECTOR HEALTH: CITY OF CAPE TOWN

NB: For Circulation to all Facility Managers, Pharmacists, Nurses and other relevant Health Care Workers.

INTRODUCTION OF THE NEW MEASLES VACCINE (with reference to Circular H173/2015)

PURPOSE

This circular is intended to inform all healthcare workers involved in the supply of EPI vaccines to the public, of the introduction of the new measles vaccine.

Due to the rise in the demand for combination measles vaccines e.g. MMR, Sanofi Pasteur has discontinued the manufacturing of Rouvax®. The Biovac Institute will be supplying provinces with MeasBio® which is manufactured by BioFarma, Indonesia to replace the Rouvax® vaccine in the EPI schedule.

The NDoH together with the Biovac Institute facilitated training of trainers on the new measles vaccine and the impact on the EPI schedule including the route of administration on the 5th October 2015 at Lentegeur Hospital.

District trainers are expected to facilitate training within the district/sub-district/substructure and include Private Providers, Correctional Services and Defence Force where appropriate.

The new measles will be administered at 6 and 12 months, subcutaneously, using a 27G, 5/8" needle. A tender will be established by NDoH. In the interim, 26G 5/8" needles available from CMD @ R0.15 each may be used.

Pinch Up on subcutaneous (SC) tissue to prevent injection into muscle. Insert the needle at 45° angle to the skin (like holding a pen). There is no need to pull back on the syringe plunger after inserting the needle.

Figure 1: Injection technique (SC)



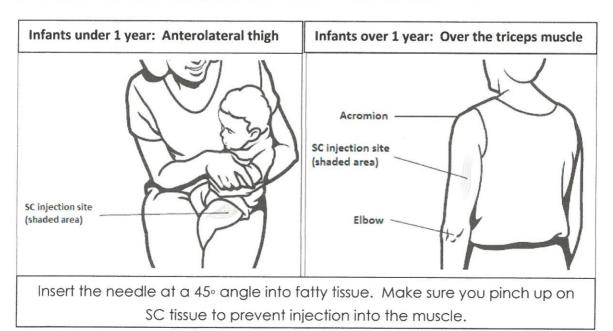


Figure 2: Changes to EPI Schedule

| Age | Vaccine | | | |
|----------------------|---|--|--|--|
| Birth | OPV (0), BCG | | | |
| 8 weeks | OPV (1), RV (1), Hexavalent (1) { DTaP-IPV-HB-Hib}* , (1) , PCV (1) | | | |
| 10 weeks | Hexavalent (2) {DTaP-IPV-HB-Hib}* | | | |
| 14 weeks | RV (2), Hexavalent (3) {DTaP-IPV-HB-Hib}*, PCV (2) | | | |
| 6 months | Measles (1) | | | |
| months | PCV (3) | | | |
| 12 months | Measles (2) | | | |
| 18 months | Hexavalent (4), {DTaP-IPV-HB-Hib}* | | | |
| years (school entry) | Td | | | |
| years (Grade 4) | HPV Vaccine | | | |
| 12 years (Grade 7) | Td | | | |

The current vaccine (Rouvax®) may be administered sub-cutaneous (SC) at 6 and 12 months. To ensure synergy and a smooth change over, it is recommended that from 1 December 2015, all measles vaccines are provided SC at 6 and 12 months.

| Scenario | MCV1 | PCV3 | MCV2 | | Hexavalent 4 | |
|---|-------------|--|---|--|--|--|
| Child is 6/12 @ clinic | Give @ 6/12 | Give @ 9/12 | Give @ 12/12 | | Give @ 18/12 | |
| Child is 9/12 @ clinic | Give @ 9/12 | Defer for 4 weeks Give @ 10/12 | Give @12/12 | | Give @ 18/12 | |
| Child is older than 9/12, but under 1 year | Give MCV1 | Defer PCV3 for 4 weeks | Give MCV2 @ 12/12 or 4 weeks after PCV3 | | Give @ 18/12 | |
| Child is 12/12 & older. Has not received MCV1 | Give MCV1 | Give PCV3 4 weeks after MCV1 | Give 4 weeks after PCV3 | | Give 4 weeks after MCV2 of at 18/12 | |
| Child had MCV1 & comes at 12/12 | Received | Received | Give @ 12 months | | Give @ 18 months | |
| Child had MCV1 & comes for MCV2 at 18/12 | Received | Received | Give @ 18/12 | | Defer hexavalent for 4 weeks | |
| Child had MCV1 & comes for MCV2 at 12/12 and older | Received | Received | Give when child comes | | Gives hexavalent 4 weeks after MCV2 or @ 18/12 | |
| Any child not Give vaccinated, MCV1 younger than 6 years who missed measles vaccine | | Give MCV2 4 weeks after missed doses (PCV & hexa) | | Give 4 weeks after MCV2 & with 4 weeks between doses of same vaccine | | |
| For outbreak response MCV can be administered at any age from 6 months of age | | | | | | |

Data management (RMR) will remain unchanged as MCV 1st dose (under one year) & MCV 2nd dose (booster). The indicator "Fully Immunised Under One Year" will remain unchanged.

No changes will be made to the Road To Health Booklet. Vaccinators must record the new vaccine in the existing lines on the bottom of the table. Delete / Blank out the measles vaccine at 9 & 18 months.

IMMUNISATIONS Name and surname Age Date given Batch no. Vaccine Site Signature group dd/mm/yy BCG Right arm Birth **OPVO** Oral OPV1 Oral RV1 Oral DTaP-IPV-Hib1 6 weeks Left thigh Hep B1 Right thigh PCV 1 Right thigh DTaP-IPV-Hib2 Left thigh 10 weeks Hep B2 Right thigh DTaP-IPV-Hib3 Left thigh Right thigh Нер ВЗ weeks PCV2 Right thigh RV2 Oral 9 months PCV3 Right thigh DTaP-IPV-Hib4 Left arm months 6 years Left arm 12 years Left arm 6 months Measles 1 Left thigh

Right arm

HEAD CIRCUMFERENCE AT 14 WEEKS AND AT 12 MONTHS

14 Weeks: (Range: 37 - 42 cm) 12 Months: (Range: 42 - 47,5)

REFER if head circumference is outside range

Figure 3: Sample – Road To Health Booklet.

1st Floor, 8 Riebeek Street, Cape Town, 8001 tel: +27 21 483 4266 fax: +27 21 483 2682

12 months

Measles 2

ROAD TO HEALTH

Direct queries regarding:

- Clinical matters: Provincial EPI manager, Sonia Botha.
- Ordering process: CMDHELPDESK.CMDHELPDESK@westerncape.gov.za or the DDV Procurement Pharmacist, Wilgra Willis for the logistics.
- Stock availability: Provincial Cold Chain Manager, Sisanda Mtatambi.
- City of Cape Town facilities must direct their enquiries to the Pharmacy Manager, Irena Lukasiewicz.

Sincerety

DR. K. Cloele

DDG: Chief of Operations

DATE: 23/11/2015