



TO: DDG: Chief of Operations
Chief Directors:

District Managers:

Directors:

Chief Executive Officers:

Heads of Health / Executive Directors:

Metro Health Services (MHS)

Rural Health Services (RHS)

Strategy

MHS Substructures

RHS District

Medicine Management, Labs & Bloods

Emergency Medical Services

Forensic Pathology Services

Health Intelligence

Clinical Service Improvement

Communication

Central, Regional and District Hospitals

Local Authorities/Municipalities/City of Cape Town

Circular H.42/2023

PROVINCIAL PREPARATION AND PLANNING FOR THE 2023 ANNUAL INFLUENZA VACCINATIONS

Executive Summary

Influenza vaccination is 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, that presents to public health facilities. Vaccination for members of the public that would like to protect themselves and their families from influenza infection may access the vaccine through the private sector. Most medical aids will pay for influenza vaccinations.

The annual influenza vaccination programme is coordinated at provincial and district levels. Due consideration was given to the COVID-19 vaccine roll-out, which started in 2021. In 2021, the quadrivalent influenza vaccine (QIV) was introduced into the annual influenza programme, as well as the double-dosing for immune-compromised children (from 6 months – 8 years not previously immunised). Healthcare workers continues to be a priority group for the 2023 seasonal influenza vaccinations.

In 2022, the only change to the National 2022 Influenza Vaccination Guide, was the announcement and recommendation of the co-administration of the COVID-19 vaccines and other vaccines (including live, attenuated vaccines). It is acceptable to give both vaccines during the same visit when an eligible patient/client presents to the health facility. Co-administration of vaccines is essential to increase the immunisation coverage for all vaccines including, but not limited to influenza, measles and human papillomavirus (HPV) vaccines. In September 2022, a national and provincial memorandum was issued that recommended the extension of the influenza vaccination to all individuals who wish to be vaccinated, over and above the designated group. This was recommended nationally because of the slow utilisation of the influenza vaccine. The national data collection tools were then updated to ensure the "OTHER" category was captured.

Annual influenza vaccination targeting high risk individuals usually commence from March/April. For 2023, one hundred and twenty thousand (120 000) trivalent influenza vaccine doses have been procured, and vaccine allocation will be compiled based on vaccine orders. The annually updated Influenza Vaccinations Guideline, 2023, contains the following: i) a list of priority groups to whom influenza vaccine should be available in the public sector, ii) the use of only the trivalent influenza vaccine for the 2023 annual vaccinations, iii) the influenza vaccine double dosing for children between 6 months and 8 years, and iv) the co-administration of COVID-19 vaccine with other vaccines. For 2023, the "OTHER" target group introduced in 2022 will continue to be part of the designated groups for influenza vaccination. **A 4-week-interval should be maintained between the measles vaccine and other vaccines (influenza vaccine if child is designated to receive the vaccine) for infants 6-9-months of age.**

Influenza vaccine stock is estimated to be available from early / middle March 2023. The Cape Medical Depot prepares the distribution/delivery schedule and informs all pharmacy managers. There is no official start-and-end date announced nationally/provincially, however district health facilities should start vaccinating as soon as vaccines become available.

Health facility staff are well orientated in terms of the requirements and the routine processes, and national updated training material are made available to managers/coordinators every year. Any refresher training should be coordinated by the districts and sub-districts/sub-structures.

Dataflow processes are in place with daily tally sheet and weekly summary forms being utilized.

District social mobilization activities should be balanced considering vaccine availability, and special communication efforts need to be put in place to increase the utilization in 2023.

Supervisory visits may be conducted during the influenza vaccinations by district and sub-district officials. Vaccine stock usage and wastage should be reported from health facility and sub-district level.

The Adverse Events Following on Immunisation (AEFI) reporting procedures and tools must be utilized in the event of any adverse event that may occur and is reported to a health facility / practitioner.

District (and sub-structure) Micro Plans and Hospital Influenza Vaccination Plans must be submitted to the Communicable Disease Control (CDC)-EPI sub-directorate.

The following annexures are included for reference:

- Influenza Vaccinations Guide 2023
- Influenza Vaccine Monitoring Form 2023
- Daily Facility Influenza Tally Sheet 2023
- Weekly Influenza Vaccination Summary Sheet 2023
- Influenza Vaccination Campaign: Checklist for supervisors
- Circular H022/2022: Co-administration of COVID-19 and other vaccine
- NDOH Letter; Co-administration of measles vaccine with other vaccines during the national measles campaign and measles outbreak response in children 9 months and older, dated 02/02/2023.
- Circular H72/2021: Algorithm – Procedure for the reporting and investigating of AEFI, updated February 2023.
- Case Reporting Form (CRF) for Adverse Events Following Immunisation (AEFI) – All Vaccines including COVID-19
- Case Investigation Form (CIF): AEFI & AESI – All Vaccines including COVID-19
- 2023 Influenza Vaccinations Post Evaluation Tool

2023 INFLUENZA VACCINATION PROGRAMME

1. Influenza Vaccination Priority Groups

- The National Department of Health included healthcare workers into the target / priority group in 2020, in accordance with WHO guidance for influenza vaccination in the COVID-19 pandemic; and the National Advisory Group on Immunisation (NAGI) recommendations.
- Not everyone is at risk for severe disease, and due to limited availability of the vaccine in the public sector, not everyone can be vaccinated against influenza.
- The following priority groups, in the public sector, to whom the vaccine should be available, are:
 - a. Health care workers
 - b. All persons aged ≥ 65 years and residents of old-age (nursing) homes and other chronic care or rehabilitation facilities.
 - c. Adults or children at high risk for influenza-related complications because of underlying medical conditions including chronic pulmonary disease (including asthma, Tuberculosis (TB) and chronic obstructive pulmonary disease), cardiovascular disease (including chronic heart disease, hypertension, stroke), renal, hepatic, neurologic, haematologic or metabolic disorders (including diabetes mellitus), morbid obesity (BMI ≥ 40), and immunosuppression. Children aged 6 months to 18 years on long-term aspirin therapy.
 - d. Pregnant women – irrespective of stage of pregnancy
 - e. HIV-infected persons
- **It is recommended that all healthcare workers in the public and private sector, especially frontline health workers and those with chronic or immune-compromised conditions access the influenza vaccine either through the private sector as most medical aids fund the vaccine, or the public funded vaccination programme** (based on the availability of the vaccine).
- The available vaccine (whether in the public or private sector) must be **equitably available to all those that need it, all socio-economic groups, especially the least privileged.**

2. Use of trivalent influenza vaccine during the 2023 vaccinations & recommendation for double dosing for children between 6 months and 8 years that are receiving the vaccine for the first time.

- The influenza vaccine must be administered intramuscularly (IM) as follows:
 - Injection into the upper arm (deltoid) for most people
 - For infants and younger children, inject the antero-lateral thigh.
- Please note that two doses for children <9 years of age is recommended for those that have not been immunised previously. Please note healthy children are not a recommended priority group. (See the 2022 Influenza Vaccination Guide, Questions and Answers, National Department of Health)
- **Kindly note that for the 2023 public-funded Influenza Vaccinations in South Africa, only trivalent influenza vaccine has been procured.**
- The vaccine dosage for trivalent and quadrivalent influenza vaccine is as follows:

Vaccine dosage for Trivalent Influenza Vaccine (TIV):

Age Group	Dose	Number of doses
Adults and children from 9 years of age	Adult dose (0.5ml) IM	Single dose
Children 3 years to 8 years	Adult dose (0.5ml) IM	1 or 2 doses*
Children 6 - 35 months	0.25ml (half an adult dose) IM	1 or 2 doses*

* If receiving the vaccine for the **first time**, 2 doses should be administered at least 4 weeks apart

3. Influenza and COVID-19 Vaccines may be administered concurrently:

- The COVID-19 vaccination programme initially recommended a **14-day interval between an individual receiving a COVID-19 vaccine and any other vaccination, this is NO longer required since 2022.**
- **The COVID-19 vaccines may therefore be co-administered with other vaccines (including live, attenuated vaccines).**
 - This may be at the same visit, or at another visit without regard to timing,
 - The COVID-19 vaccine must be administered to the left arm and the additional vaccine administered to the right arm, noting the arm of administration on the vaccination record, where possible. (National COVID-19 Vaccination Programme Circular 3 of 2022, Provincial Circular H22/2022)
- In October 2021, the WHO's Strategic Advisory Group of Experts on Immunization (SAGE) recommended that co-administration of influenza and COVID-19 vaccines is acceptable to maximize uptake of both vaccines, especially among those at high risk of severe influenza illness or

COVID-19. A recommendation is to use contralateral limb for injection of COVID-19 vaccine, when delivered during the same visit. For the 2022 and 2023 influenza vaccinations, it is acceptable to give both vaccines during the same visit when an eligible patient presents to the health facility. (World Health Organization. Weekly epidemiological record. In: WHO; 2021. pp. 613-632.)

4. **Measles Vaccine and Influenza Vaccines**

- **The measles vaccine is registered for routine use at 6 and 12 months but should be provided as a "stand-alone" dose to children under 9 months of age. Children under 9 months of age should be prioritised for 1st dose measles routine vaccine, with a 4-week interval maintained between vaccines.**
- NB! During the measles vaccination campaign, 6 February – 31 March 2023, two measles vaccines will be available from Biovac, namely the Measbio vaccine® and the Measles Vaccine Live attenuated SII/Cipla®. The Measles Vaccine Live attenuated SII/Cipla® is registered to be co-administered with any vaccines from 9 months of age.
- During routine immunisation services it is not recommended for the Measbio vaccine® to be combined with other vaccines. **However, the World Health Organization (WHO) recommends that Measbio vaccine® can safely be co-administered with other vaccines from 9 months of age.** Therefore, during the outbreak response and national measles campaign both the Measles Vaccine Live attenuated SII/Cipla® and Measbio vaccine® can be co-administered with other vaccines given to children 9 months and older including the human papillomavirus (HPV), Tetanus/reduced diphtheria (Td), and Comirnaty® (Pfizer COVID-19) vaccines. (See NDOH Letter; Co-administration of measles vaccine with other vaccines during the national measles campaign and measles outbreak response in children 9 months and older, dated 02/02/2023).

5. **2022 Influenza Vaccination Performance**

- A total of 688,838 vaccines were distributed to provinces as indicated below. A total of 539,533 (78,3%) vaccines were utilised country wide.
- In the Western Cape, 107 377 of the 120 000 vaccine doses (89.5%) received were utilized. See Table 1 for district performance. Despite challenges related to COVID-19 response and vaccine roll-out, the provinces' influenza vaccine utilisation was approximately 90%.

Table 1: District performance in the 2022 Influenza Vaccinations, Western Cape

District	Stock received	Stock utilized	Utilisation (%)
Cape Town	68 280	56 519	82.8
Cape Winelands	16 260	16 123	99.2
Central Karoo	1 330	1 240	93.2
Garden Route	11 500	11 524	100.2
Overberg	14 100	13 495	95.7
West Coast	8 530	8 476	99.4
Province	120 000	107 377	89.5

- **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.**

6. **2023 Annual Influenza Vaccinations**

- The Cape Medical Depot (CMD) will start distributing the vaccines as it becomes available from end March - April 2023 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 **2023**, a total of **120 000 influenza vaccine doses** for the province has been procured through the district budgets. See table 2 for allocations.

Table 2: 2023 Influenza Vaccine Allocations

	District / Substructure / Hospital	Allocations
Metro District Health Services (MDHS) and City of Cape Town		
Eastern/Khayelitsha	City of Cape Town	6 750
	MDHS	7 200
Klipfontein / Mitchell's Plain	City of Cape Town	4 530
	MDHS	13 440
Northern/Tygerberg	City of Cape Town	4 650
	MDHS	11 050
Southern/Western	City of Cape Town	5 380
	MDHS	5360
Total (Cape Town Metro District Health)		58 360
Rural District Health		
	Cape Winelands	15 750
	Central Karoo	1 330
	Garden Route	11 180
	Overberg	10 000
	West Coast	8 950
Total (Rural DHS)		47 210
Specialised Hospitals		
	Alexandra	300
	George	320
	Groote Schuur	1,600
	Lentegeur	650
	Mowbray Maternity	710
	New Somerset	660
	Paarl	230
	Red Cross Children's Hospital	1,200
	Stikland	250
	Tygerberg	2,500
	Valkenberg	120
	Western Cape Rehabilitation Centre	200
	Worcester	280
Total (Specialised Hospitals)		9 020
Emergency Medical Services and Forensic Pathology Services		2 510
Additional buffer at CMD		2 900
Total (Western Cape Province)		120 000

NB! The final allocations will be communicated as the additional vaccines 2900 doses are distributed.

Table 3: Western Cape Provincial 2023 Influenza Vaccinations Planning

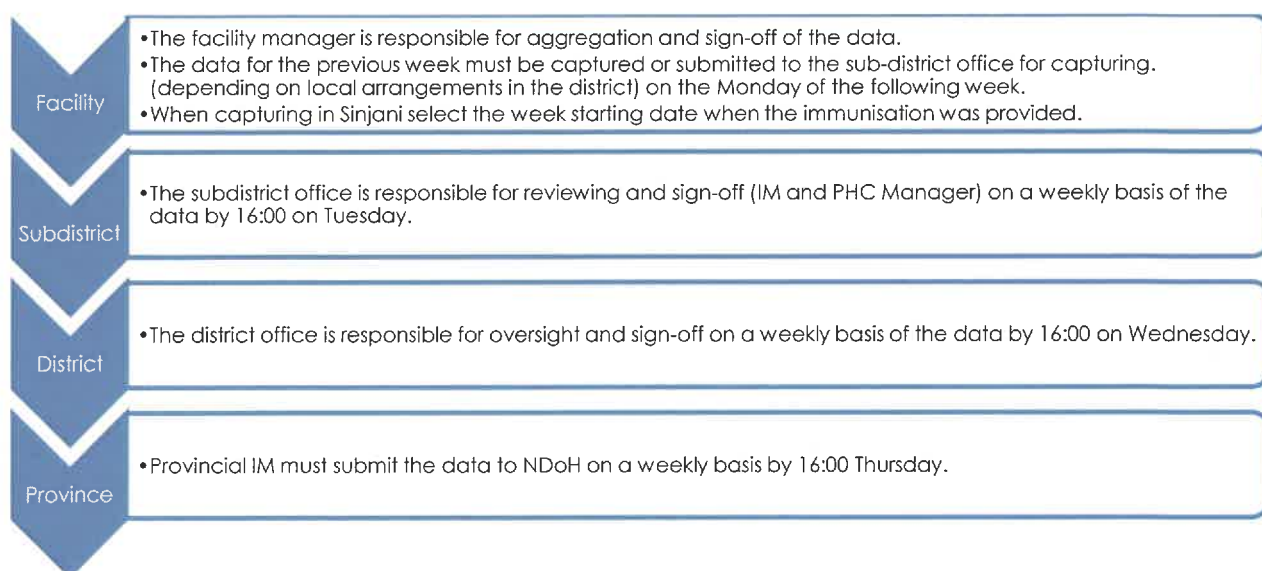
1.	2023 District and Specialist Hospital Influenza Vaccination Micro Plans	<ul style="list-style-type: none"> ➤ District (and sub-structure) Micro Plans and Hospital Influenza Vaccination Plans may be submitted to the Communicable Disease Control (CDC) sub-directorate, by the 14th of April 2023, to the following email addresses: charlene.lawrence@westerncape.gov.za, and copy Nisaar.Mia@westerncape.gov.za , Felencia.daniels@westerncape.gov.za ➤ Micro Plans should include, training, and communication/social mobilization, the COVID-19 vaccination roll-out, as well as the prioritization of other influenza preventative measures e.g., hand washing, cough hygiene and "social distancing".
2.	Period	<ul style="list-style-type: none"> ✓ Annual influenza vaccination targeting high risk individuals are usually expected to commence from April. ✓ There is no official start-and-end date announced nationally/provincially, however district health facilities should start vaccinating as soon as vaccines become available. ✓ An options to ensure optimal utilization of the vaccine is for the district/sub-district/health facility to prioritize for example 2 weeks to offer and utilize the vaccine.
3.	Procurement and funding	<ul style="list-style-type: none"> ✓ One hundred and twenty thousand (120 000) doses of influenza vaccine have been procured, funded by district health.

		<ul style="list-style-type: none"> ✓ The trivalent influenza vaccine is supplied by Abbott Laboratories.
4.	Target groups	<ul style="list-style-type: none"> ✓ Not everyone is at risk for severe disease, and due to limited availability of the vaccine, not everyone can be vaccinated against influenza. ✓ The priority groups include: <ul style="list-style-type: none"> ○ Health care workers; ○ All persons aged ≥ 65 years and residents of old-age (nursing) homes and other chronic care or rehabilitation facilities; ○ Adults or children at high risk for influenza-related complications because of underlying medical conditions including chronic pulmonary disease (including asthma, Tuberculosis (TB) and chronic obstructive pulmonary disease), cardiovascular disease (including chronic heart disease, hypertension, stroke), renal, hepatic, neurologic, haematologic or metabolic disorders (including diabetes mellitus), morbid obesity (BMI ≥40), and immunosuppression. Children aged 6 months to 18 years on long-term aspirin therapy ○ Pregnant women – irrespective of stage of pregnancy; ○ HIV-infected persons; ○ “Other” – eligible individuals who wish to be vaccinated (over and above the above designated group)- this was introduced nationally in September 2022, when vaccine utilization was slow in provinces. It will be a targeted group in 2023 influenza vaccinations. ✓ The measles vaccine (MeasBio® and SII/Cipla®) cannot be given at the same time as other vaccines to children under 9 months of age. A 4-week-interval should be maintained between the measles vaccine and other vaccines for infants 6-9-months of age.
5.	Vaccine composition, procurement, allocation, and logistics	<ul style="list-style-type: none"> ✓ <u>Influenza vaccine composition and characteristics</u> The WHO recommended vaccine formulations for the southern hemisphere 2023 are the following: Trivalent influenza vaccine (TIV) include: <ul style="list-style-type: none"> • an A/Sydney/5/2021 (H1N1)pdm09-like virus; • an A/Darwin/9/2021 (H3N2)-like virus; and • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus. ✓ <u>The 2022 vaccine/formulation, therefore, is no longer suitable for use. The number of remaining vials must be confirmed with the Cold Chain Manager prior to being discarded.</u> ✓ More information on the vaccine composition and characteristics can be found in the Influenza Vaccination Guide 2023, National Department of Health. ✓ Protection derived from influenza vaccination lasts about 6 – 8 months. ✓ <u>The COVID-19 vaccines may be co-administered with other vaccines (including live, attenuated vaccines). This may be at the same visit, or at another visit without regard to timing. It is recommended that the COVID-19 vaccine be administered to the left arm and the additional vaccine be administered to the right arm, noting the arm of administration on the vaccination record, where possible. (National COVID-19 Vaccination Programme Circular 3 of 2022)</u> ✓ <u>Influenza Vaccine Double dosing for children between 6 months and 8 years that are receiving the vaccine for the first time, is recommended.</u> ✓ <u>Expected availability of vaccine:</u> ✓ Influenza vaccine stock is estimated to be available in the country from the first week of March 2023, according to Abbott Laboratories. ✓ The CMD will prepare the delivery schedule and will inform pharmacy managers. ✓ Distribution will start from end March/Beginning April 2023. ✓ <u>Vaccine Orders:</u> ✓ District and facility orders are confirmed in collaboration with district programme managers and pharmacy managers.

		<ul style="list-style-type: none"> ✓ The CMD will create the orders from facilities on MEDSAS and process the orders in accordance with the Print Days Calendar. ✓ There will be one ICN number and facilities will receive only the trivalent influenza vaccine).
6.	Training	<ul style="list-style-type: none"> ✓ Influenza vaccinations have been held annually and health facility staff are well orientated in terms of the requirements and the routine processes. ✓ Updated 2023 national training material (that include issues related to COVID-19 vaccination, double dosing for children between 6 month and 8 years that are receiving the vaccine for the first time) have been made available to the district "CDC and EPI Managers". ✓ If there is a need for training, it should be coordinated by the districts and sub-districts/sub-structures. ✓ Information Education and Communication (IEC) material will be made available from the National Department of Health and the suppliers (Abbott).
7.	Information Management	<ul style="list-style-type: none"> ✓ Considering the prioritization of the target groups for the annual influenza vaccinations in 2020, and the use of on TIV in 2023, the original or updated 2022 daily tally sheet and weekly summary forms for use in 2023 - must be utilized. ✓ If the influenza and COVID-19 vaccination / booster doses is given at the same visit, the recording of these will be different i.e., the influenza vaccination will be recorded on the tally sheet and the COVID-19 vaccination must still be recorded on the Electronic Vaccine Data System (EVDS). ✓ 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 Booklet for children, noting the arm of administration. ✓ COVID-19 vaccinations must be recorded in the patient's file and on the patient held vaccination card, noting the arm of administration. ✓ Facilities will be required to report on a weekly basis, by the end of Monday following the reporting week. The attached "Daily Facility Influenza Tally Sheet" must be completed and consolidated into the "Weekly Influenza Vaccination Summary Sheet" (See Figure 1 for the data flow process). No additional reporting is required for COVID-19 vaccinations. ✓ When it has been confirmed that all facilities have received stock, due to the staggered distribution, Provincial Information Management will advise districts from when facilities should start reporting zeros (0) when no immunisations are administered, to monitor completeness of reporting. ✓ 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 coordinating the influenza vaccinations at each facility - who should liaise closely to ensure compliance with the dataflow process as outlined below. ✓ Any queries regarding information management and data flow may be directed to Ms Samantha Brinkmann; Tel: 021-483-8046; samantha.brinkmann@westerncape.gov.za and Lesley Shand; Tel: 021-483-2639; Lesley.shand@westerncape.gov.za
8.	Social Mobilisation and Communication	<ul style="list-style-type: none"> ✓ Districts will need to do their own social mobilisation and must try to balance social mobilisation activities with vaccine availability – and thus not create expectations that cannot be met. ✓ Special communication efforts need to be put in place in 2023, as other vaccine programmes or roll-out / campaigns (continuation COVID-19 roll-out, HPV) and the annual influenza vaccination programme may co-inside. The co-administration of the influenza vaccine and COVID-19 vaccine allows for opportunity to increase the utilization in 2023. ✓ Abbott Laboratories and other stakeholders e.g., Health Promotion (National) is responsible for ensuring IEC material is available in time for the Influenza Vaccinations.
9.	Monitoring and Evaluation	<ul style="list-style-type: none"> ✓ Monitoring and evaluation activities must focus on: <ul style="list-style-type: none"> ○ social mobilization and patient services, ○ cold chain and vaccines,

		<ul style="list-style-type: none"> ○ health facility organization, ○ data management, ○ ensuring children receive the 2nd dose (where applicable) immunisation practices, and ○ reporting of adverse events following immunisation (AEFI) <ul style="list-style-type: none"> ✓ Supervisory visits may be conducted during the influenza vaccinations by district and sub-district officials. The Pre-, intra-and post vaccination checklist for supervisors may be used during the supervisory visits. ✓ 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 2023. The information should be communicated to the Provincial Communicable Disease Control (CDC) Programme. ✓ Adverse Events Following on Immunisation Reporting <ul style="list-style-type: none"> ○ Case Definition: An adverse event following immunisation (AEFI) is any untoward medical occurrence which <ul style="list-style-type: none"> ▪ follows immunisation, ▪ does not necessarily have a causal relationship with the usage of the vaccine, ▪ may be any unfavorable or unintended sign, abnormal laboratory finding, symptom or disease. ✓ Reporting and Investigation of AEFIs <ul style="list-style-type: none"> ○ The AEFI must be reported to the appropriate level (sub-district or district) within 24 hours of presentation to the health facility. ○ AEFIs should be reported to the Provincial Office (Communicable Disease Control-EPI) office to: Tel: 021-830-3727 or 021-815-8660/1/2/3 or E-mail: Charlene.Lawrence@westerncape.gov.za Sonia.Botha@westerncape.gov.za Riana.Dippenaar@westerncape.gov.za Felencia.Daniels@westerncape.gov.za ○ An EPID number will be issued and a AEFI Case Reporting Form (CRF) form and/or Case Investigation Form (CIF) will need to be completed. ○ 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. ○ See the attached reporting and investigation forms (See Provincial Circular H72/2021, Algorithm: Procedure for the reporting of AEFI) <ul style="list-style-type: none"> ✓ Case Reporting Form (CRF) for Suspected Adverse Events Following Immunisation (AEFI) – All vaccines including COVID-19 ✓ Case Investigation Form (CIF) – AEFI and AESI – All vaccines including COVID-19
10.	Annexures	<p>Attached the following annexures:</p> <ul style="list-style-type: none"> ✓ Influenza Vaccinations Guide 2023 ✓ Influenza Vaccine Monitoring Form 2023 ✓ Daily Facility Influenza Tally Sheet 2023 ✓ Weekly Influenza Vaccination Summary Sheet 2023 ✓ Influenza Vaccination Campaign: Checklist for supervisors ✓ Circular H022/2022: Co-administration of COVID-19 and other vaccine ✓ NDOH Letter; Co-administration of measles vaccine with other vaccines during the national measles campaign and measles outbreak response in children 9 months and older, dated 02/02/2023. ✓ Circular H72/2021: Algorithm – Procedure for the reporting and investigating of AEFI, updated February 2023. ✓ Case Reporting Form (CRF) for Adverse Events Following Immunisation (AEFI) – All Vaccines including COVID-19 ✓ Case Investigation Form (CIF): AEFI & AESI – All Vaccines including COVID-19 ✓ 2023 Influenza Vaccinations Post Evaluation Tool

Figure 1: Data flow process during the annual influenza vaccinations



7. Recommendations

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 (i.e., with strategies to improve uptake of the vaccine for the targeted groups and data management) must be implemented,
- Health facilities must identify a person (champion) to coordinate the vaccination.
- Due consideration should be given to the COVID-19 Vaccine Roll-out, the co-administration of COVID-19 vaccine and other vaccines, double-dosing for immune-compromised children from 6 months – 8 years not previously immunised, who is receiving the vaccine for the 1st time).
- Healthcare workers continues to be a top priority group for the 2023 vaccinations.

✓ Vaccine logistics:


- Strict inventory management and reporting. All facilities allocated with vaccine 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,


 Digitally signed
 by Juanita O.
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 Date:
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JO ARENDESE

Chief Director: Emergency & Clinical Services Support

DATE: 30 March 2023