

FREE STATE COVID-19 VACCINE ROLLOUT PLAN

24 FEBRUARY 2021



GLOBAL UPDATE



COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins Univer...

=

Global Cases

112,116,627

Cases by Country/Region/Sovereignty

28,261,585 US

11,030,176 India

10,257,875 Brazil

4,146,756 United Kingdom

4,142,126 Russia

3,689,534 France

3,161,432 Spain

2,832,162 Italy

2,655,633 Turkey

Last Updated at (M/D/YYYY)
2/24/2021, 9:22 am

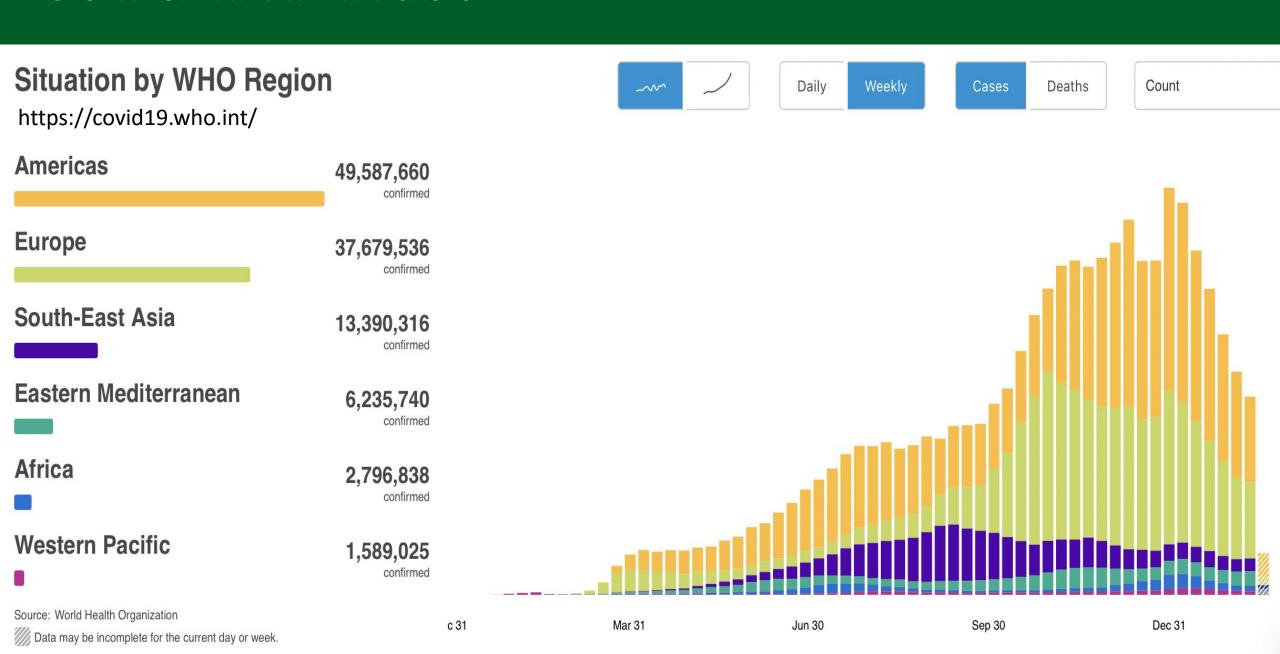


Global Recovered 2,485,601 63,299,560 502,660 deaths 10,726,702 recovered US India 9,189,903 recovered 248.529 deaths Brazil Brazil 3.697.787 recovered 181,809 deaths Russia Mexico 2,534,996 recovered 156.567 deaths Turkey India **2,347,866** recovered 121.536 deaths Italy United Kinadom Global Recov... Global Deaths

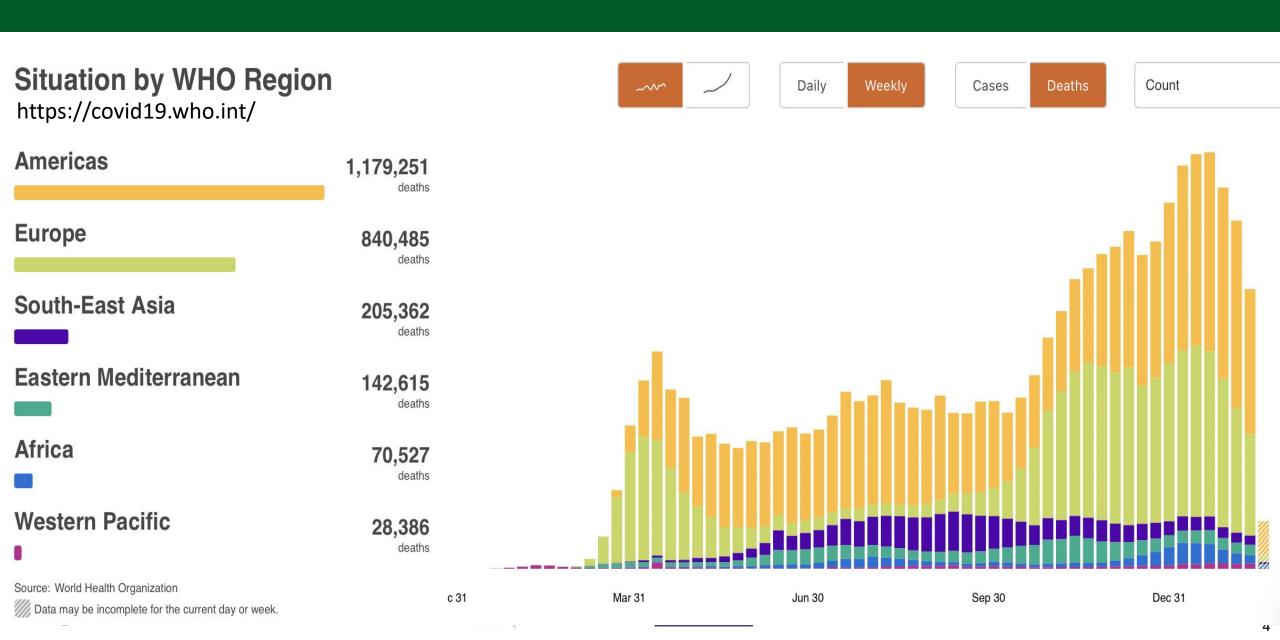
1.5M 1M – 500k – Jul 2021

Daily Cases

GLOBAL UPDATE: WEEKLY CASES



GLOBAL UPDATE: WEEKLY DEATHS

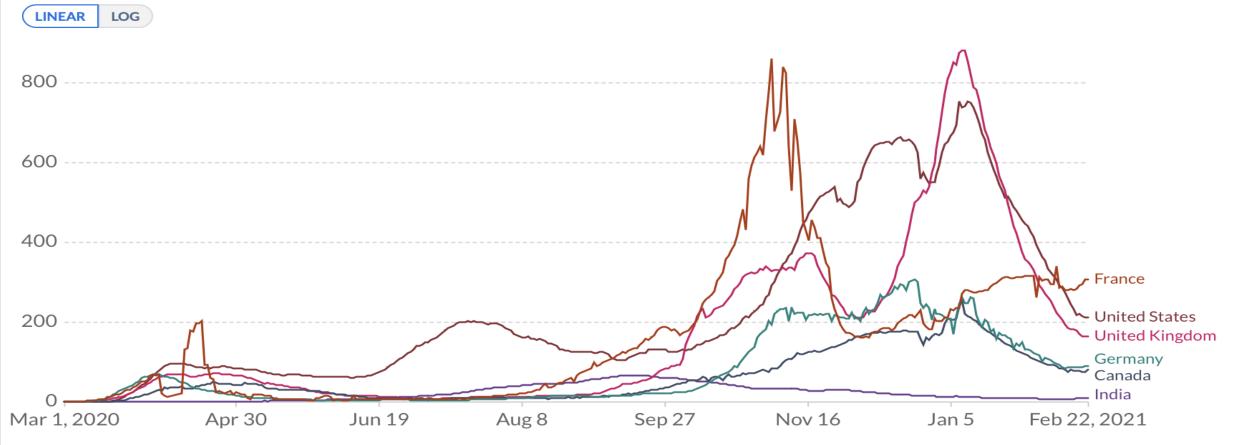


GLOBAL UPDATE

Daily new confirmed COVID-19 cases per million people



Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Source: Johns Hopkins University CSSE COVID-19 Data - Last updated 23 February, 10:03 (London time)

CC BY

Jan 23, 2020

AFRICA UPDATE: CASES



Africa CDC Dashboard

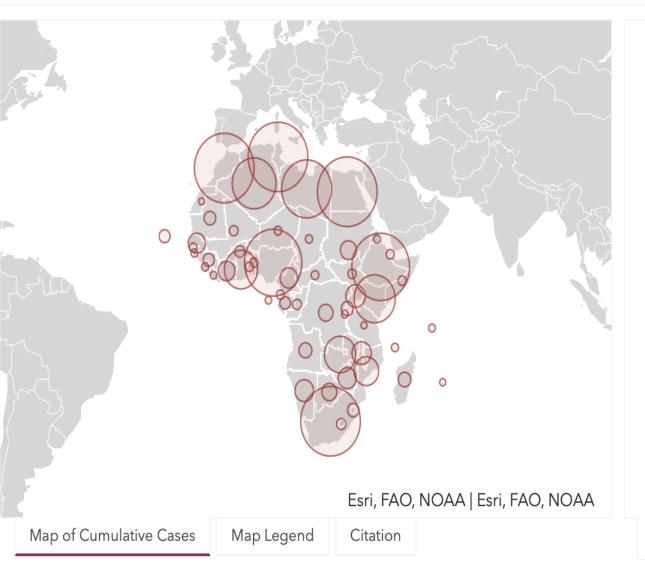
Last update: 2/22/2021,

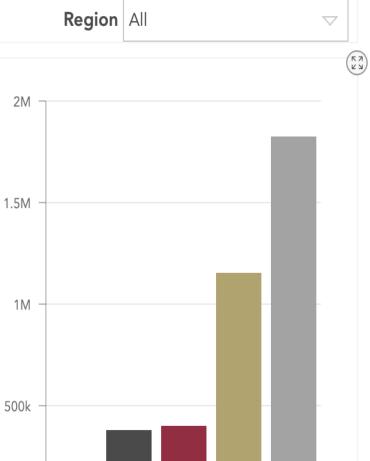
https://africacdc.org/covid-19/

Cases 3,845,128

Deaths 101,620

Recoveries **3,391,585**





Western Eastern Northern Southern

Cases by Region

SOUTH AFRICA UPDATE: CASES

COVID-19 STATISTICS IN SOUTH AFRICA



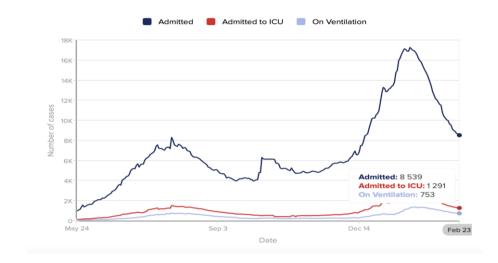
TUESDAY

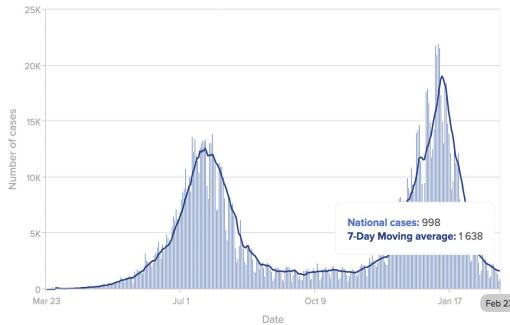
23

FEBRUARY
2021

Learn more to
Be READY
for #COVID19:
www.sacoronavirus.co.za
Covid-19 public hotline:
0800 029 999
WhatsApp 'Hi' to
0600 123 456







FREE STATE COVID-19 CASES

AS AT: 23 February 2021









New Cases: 56

RECOVERIES Unallocated Cases: 104

10,679

FEZILE DAB

Confirmed cases per district:

-				
	ZIL	-8		• 31
	<i>74</i> 18	- 1	P / * 1	• 11
			4.0	

Moqhaka	3,618
Metsimah	3,640
Ngwathe	2,420
Mafube	1,001
MANGAL	JNG
Bloemfontein	25,560
Botshabelo	3,603
Thaba Nchu	3,052
Naledi	654

LEJWELEPUTSWA

Matjhabeng	11,847
Nala	1,136
Masilonya	992
Tswelopele	1,212
Tokologo XHARIEP	471
Kopanong	2,018
Mohokare	1,076
Letsemeng	1,286

THABO **MOFUTSANYANA**

Maluti-A	5,909
Dihlabeng	3,807
Setsoto	2,590
Nketoana	1,324
Phumelela	840
Mantsopa	1,345

LEJWELEPUTSWA

MOFUTSANYANA

XHARIEP

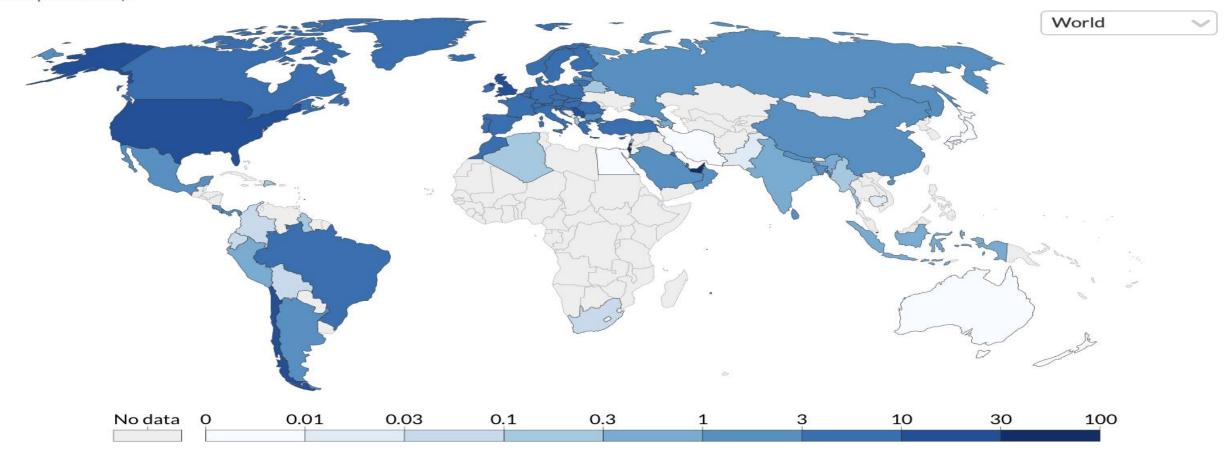
4,380

GLOBAL UPDATE: COVID-19 VACCINE DOSES ADMINISTERED

COVID-19 vaccine doses administered per 100 people, Feb 22, 2021



Total number of vaccination doses administered per 100 people in the total population. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).



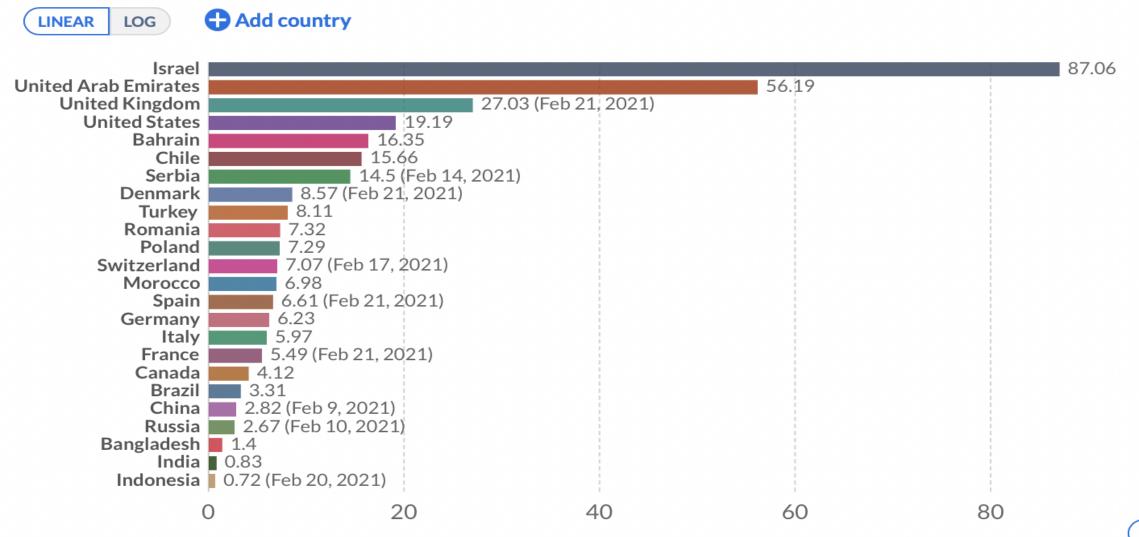
Source: Official data collated by Our World in Data - Last updated 23 February, 10:30 (London time)

CC BY

COVID-19 vaccine doses administered per 100 people, Feb 22, 2021



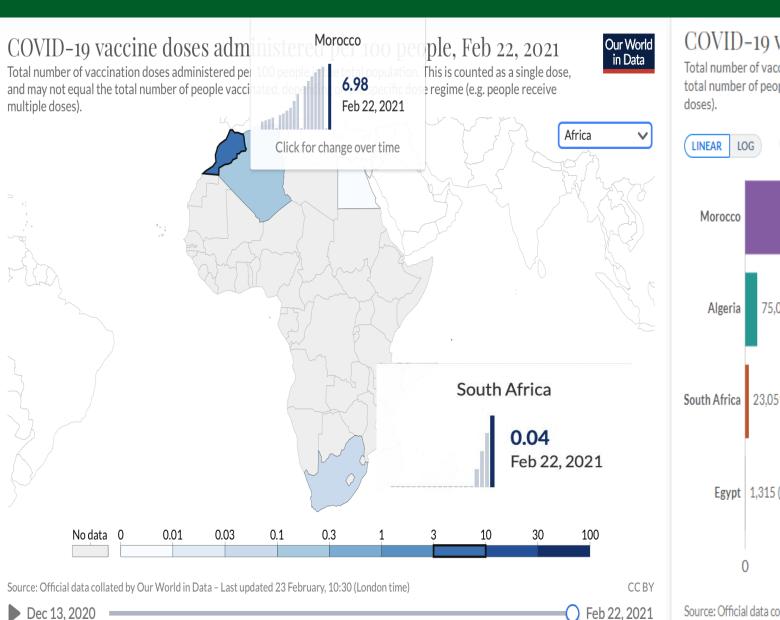
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LINEAR

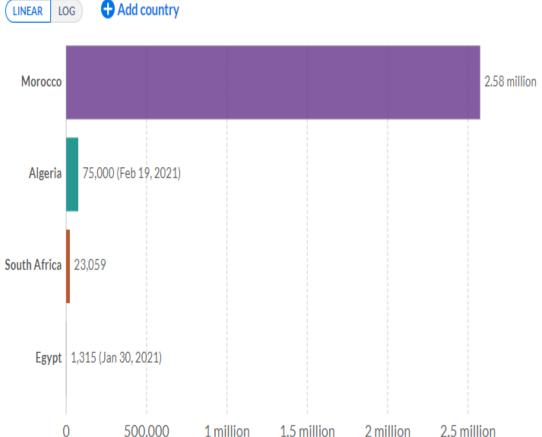
LOG

AFRICA UPDATE: COVID-19 VACCINE DOSES ADMINISTERED



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Source: Official data collated by Our World in Data - Last updated 23 February, 10:30 (London time)

LINEAR LOG
CC BY

Our World in Data

SOUTH AFRICA UPDATE: 24.02.2021

COVID-19 Electronic Vaccination Data System (EVDS) Analytics

COVID-19 Vaccinations

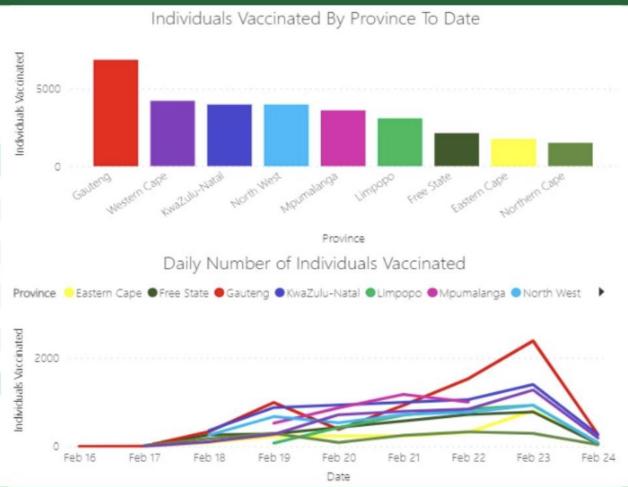
2021-02-24 11:20:43 Last Updated

30953

Individuals Vaccinated To Date

Province	Individuals Vaccinated To Date
■ Northern Cape	1491
■ Eastern Cape	1740
Free State	2121
⊞ Limpopo	3068
Mpumalanga	3580
■ North West	3962
	3964
■ Western Cape	4198
⊞ Gauteng	6829
Total	30953
Province, District	

All



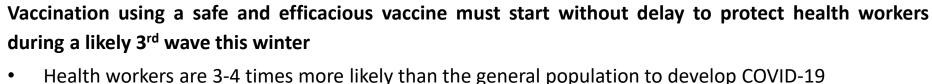
BACKGROUND

National COVID Vaccination Programme Status

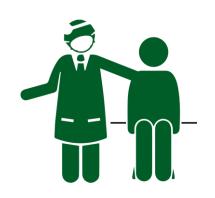


Paused Sunday 6 February

- Following concerns regarding efficacy of the Oxford-AstraZeneca (CoviShield) vaccine against mild-moderate COVID caused by the 501.V2 variant.
- CoviShield may still play a role in the National Programme but more local research is needed.
- There is likely to be significant lag period (approx. 3 months) before another vaccine is registered in South Africa.



- 1 in 7 cases of COVID-19 are in health workers globally
- To date 40 000 South African health workers have developed COVID-19, 6 473 have been hospitalised and 663 of our colleagues have passed on.
- The ENSEMBLE trial showed excellent protection of a single-dose vaccine from JnJ against severe COVID-19 including in South Africa so to delay would be unethical.













44 325 people were enrolled in Usa, Latin America & South Africa

- Age distribution >=60 (33.5%), >=65 (19.6%), >=75 (3.5%), >=80 (1%)
- Gender: 45% females, 55% males
- Region: 44% US, 41% Central and South America, and 15% South Africa
- Race: racial and ethnic representation in line with US census
- Comorbidities (overall 41%, obesity (28.5%), type 2 diabetes (7.3%), hypertension (10.3%), HIV (2.8%), also other immunocompromised participants were in the study





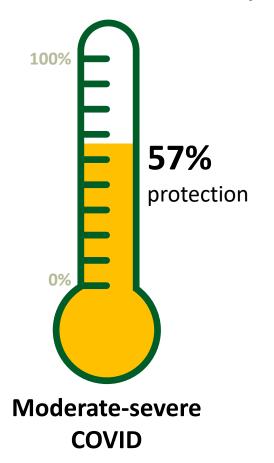


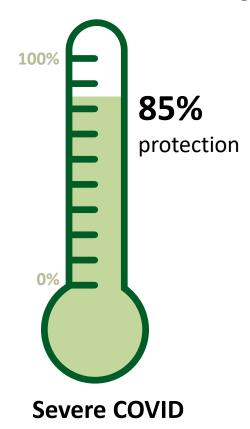


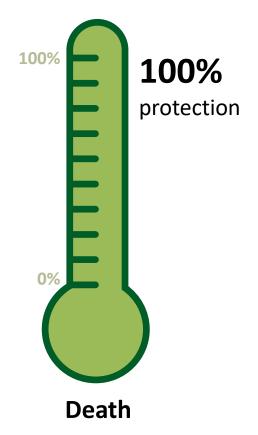


Ad26.Cov2.S Vaccine (JnJ) Protects Against Severe COVID-19 In South Africa

Tested in 43 783 people from 4 continents including 6,576 people in South Africa

















Making The Safe Efficacious AD26.Cov.S Vaccine (JnJ) Available Immediately



Safe

No safety concerns from trial, past trials or rollout programmes



Efficacious

Excellent protection against severe disease



Easy to rollout

Shelf life of up to 2 years at -20°C Can be stored at fridge temperature for 3 months Single dose



Not yet licensed



















WHY IS THE VACCINE BEING INTRODUCED IN A RESEARCH SETTING

- The product has been show to be effective and safe
- It takes time to have the product licensed which will likely happen in coming weeks
- Through the Sisonke programme, South Africa's valued healthcare workers were offered priority vaccination and access to this effective and safe vaccine
- Without this, we run the risk of healthcare workers being at risk as a third wave arrives in South Africa
- SAPHRA has approved use of the JnJ vaccine and The Sisonke program is making the vaccine available while full licensing through SAPHRA will take a couple of months
- Starting today means we can protect our front line workers











Covid-19 Vaccine EMSEMBLE Implementation: Eligibility Criteria

Eligibility Criteria

Inclusion criteria

- Age 18 and older
- Health care worker in the private or public service
- Willingness and ability to comply vaccination plan and other study procedures.
- Capable of giving electronic or personal signed informed consent as described in Appendix 5, which includes compliance with the requirements in this protocol

Exclusion criteria

- Any significant acute or chronic medical condition, situation or circumstance that in the opinion of the PI/designee makes the participant unsuitable for participation in the study, or jeopardises the safety or rights of the participant
- Participant reports being pregnant at time of enrolment or planning within 3 months.
- Current participation in any other research studies that would interfere with the objectives of this study. The determination of whether participation in another study would be exclusionary for a given participant will be made by the PI/designee
- History of severe adverse reaction associated with a vaccine and/or severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine.











SOUTH AFRICA PROGRAM IMPLEMENTATION

Phased Approach For Vaccine Introduction

Phase I

Health care workers (HCW)

All health sector workers

Target population: 1,250,000

Phase II

Essential workers

Target population: 2,500,000

Persons in congregate settings

Target population: 1,100,000

Persons >60 years

Target population: 5,000,000

Persons >18 years with co-morbidities

Target population: 8,000,000

Phase III

Other persons >18 years

Target population: 22,500,000

Open label programme

License for use in Open Label Programme

Expansion through usual vaccination centres

Full Licence













Who falls into which group?



Essential Workers

Police officers, miners, teachers, people working in security, retail, food, funeral, banking, and essential municipal and home affairs, border control and port health services.

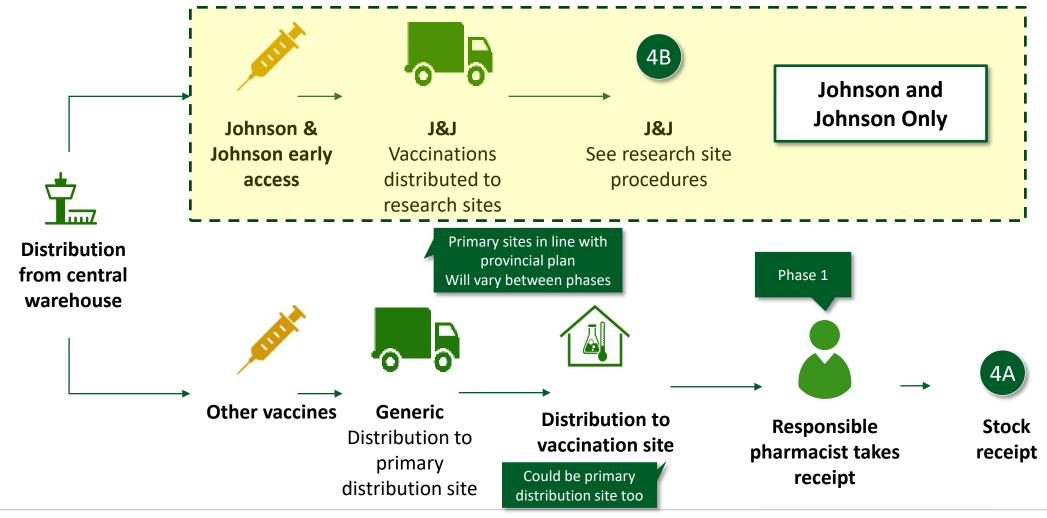
People in congregate settings

People in care homes, detention centres, shelters and prisons. People working in the hospitality and tourism industry and in educational institutions.

People over 18 with co-morbidities

People living with uncontrolled diabetes, chronic lung disease, poorly controlled cardiovascular disease, renal disease, HIV, tuberculosis and obesity.

2 COVID-19 Distribution Process Description













<u>Overview</u>



- Seventeen (17) public sector hospitals have been identified for the first two-week period.
- Fourteen (14) of the ENSEMBLE Research sites have been identified as Primary Distribution Sites receiving product from Biovac.
- The ENSEMBLE Research sites were chosen based on proximity to the identified public sectors hospitals.
- Six (6) of these ENSEMBLE Research sites are either within the grounds of the public sector hospital complex or within 1km

TO CRANKE IN	health
	Department: Health REPUBLIC OF SOUTH AFRICA

Research Site	Province
Aurum Institute Klerksdorp CRS	North West
Aurum Institute Rustenburg CRS	North West
CAPRISA eThekwini CRS	KwaZulu-Natal
Chatsworth CRS	KwaZulu-Natal
Clinical HIV Research Unit (CHRU)	Gauteng
Elandsdoorn CRS	Limpopo
FAM-CRU (Family Clinical research Unit)	Western Cape
Groote Schuur HIV CRS	Western Cape
Josha Research CRS	Free State
Mzansi Ethical Research Centre	Mpumalanga
Nelson Mandela Academic Research Unit	Eastern Cape
Phoenix Pharma	Eastern Cape
Soweto HVTN CRS	Gauteng
Synexus SA – Watermeyer	Gauteng

Overview

Please see assumptions on the next slide



Hospital	Province	HCW	Supply Research Site	Distance from Research Site (km)	Doses (public & private)	Vials	Kits (20 vials)	Vaccinators
ec Livingstone Hospital	Eastern Cape	2 135	PHOENIX Pharma (Pty) Ltd	6	3 200	1 600	80	7
ec Nelson Mandela Academic Hospital	Eastern Cape	3 314	Nelson Mandela Academic Research Unit	1	4 920	2 460	123	10
fs Universitas (C) Hospital	Free State	2 544	Josha Research CRS	5	3 800	1 900	95	8
fs Pelonomi Hospital	Free State	2 061	Josha Research CRS	4	3 080	1 540	77	6
gp Chris Hani Baragwanath Hospital	Gauteng	7 426	Soweto HVTN CRS	0	11 080	5 540	277	23
gp Steve Biko Academic Hospital	Gauteng	3 803	Synexus SA - Watermeyer	12	5 720	2 860	143	12
kz Inkosi Albert Luthuli Central Hospital	KwaZulu-Natal	3 868	CAPRISA eThekwini CRS	6	5 760	2 880	144	12
kz Prince Mshiyeni Memorial Hospital	KwaZulu-Natal	3 380	Chatsworth CRS	8	5 040	2 520	126	11
lp Pietersburg Hospital	Limpopo	2 747	Elandsdoorn CRS	191	4 080	2 040	102	9
lp Mankweng Hospital	Limpopo	2 055	Elandsdoorn CRS	201	3 080	1 540	77	6
mp Rob Ferreira Hospital	Mpumalanga	1 326	Mzansi Ethical Research Centre	189	2 000	1 000	50	4
mp Witbank Hospital	Mpumalanga	1 099	Mzansi Ethical Research Centre	32	1 640	820	41	3
nw Klerksdorp-Tshepong Tertiary Hospital	North West	3 856	Aurum Institute Klerksdorp CRS	0	5 760	2 880	144	12
nw Job Shimankana Tabane Hospital	North West	1 762	Aurum Institute Rustenburg CRS	1	2 640	1 320	66	6
nc Robert Mangaliso Sobukwe Hospital	Northern Cape	2 599	Clinical HIV Research Unit (CHRU)	520	3 920	1 960	98	8
wc Groote Schuur Hospital	Western Cape	3 847	Groote Schuur HIV CRS	0	5 760	2 880	144	12
wc Tygerberg Hospital	Western Cape	4 935	FAM-CRU (Family Clinical research Unit)	1	7 400	3 700	185	15
Market Da				TOTAL	78 880	39 440	1 972	164



Implementation plan



- Private sector HCW will be vaccinated at public sector vaccination sites.
- Public sector HCW numbers were used as the base to calculated the total number of public and private sector HCWs (public: private = 2:1)
- Vials were rounded up to accommodate the 20 vial kits or multiples thereof
- Vaccinators were calculated using the following assumptions:
 - All doses to be administered within 14 days
 - Working days = 10 days
 - Working hours = 8 hours
 - Number of vaccinations per hour per vaccinator = 6
 - Number of vaccinations per vaccinator per day = 48

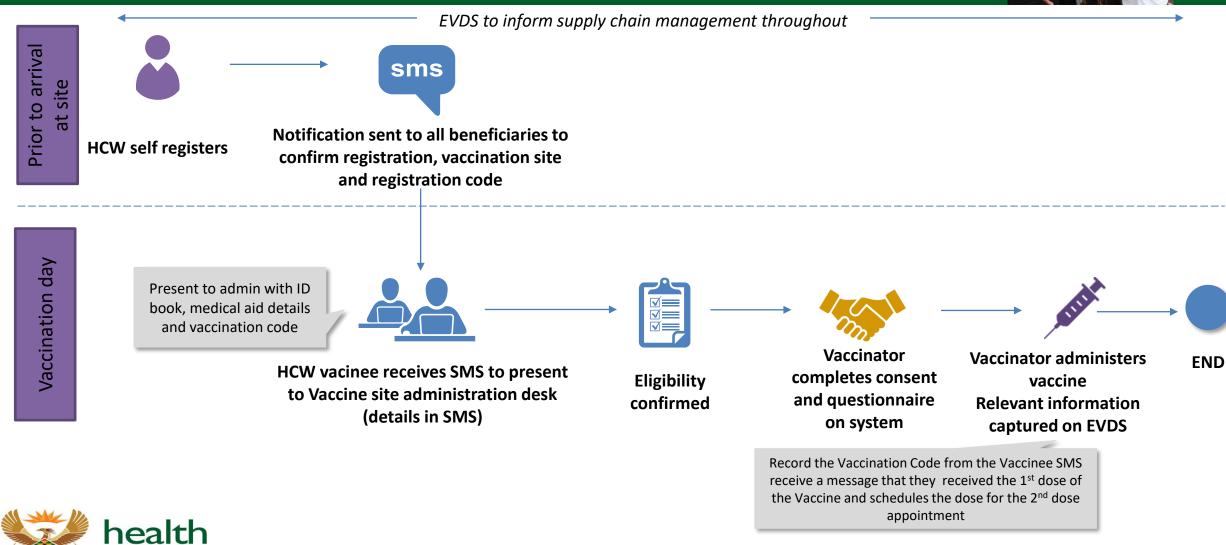




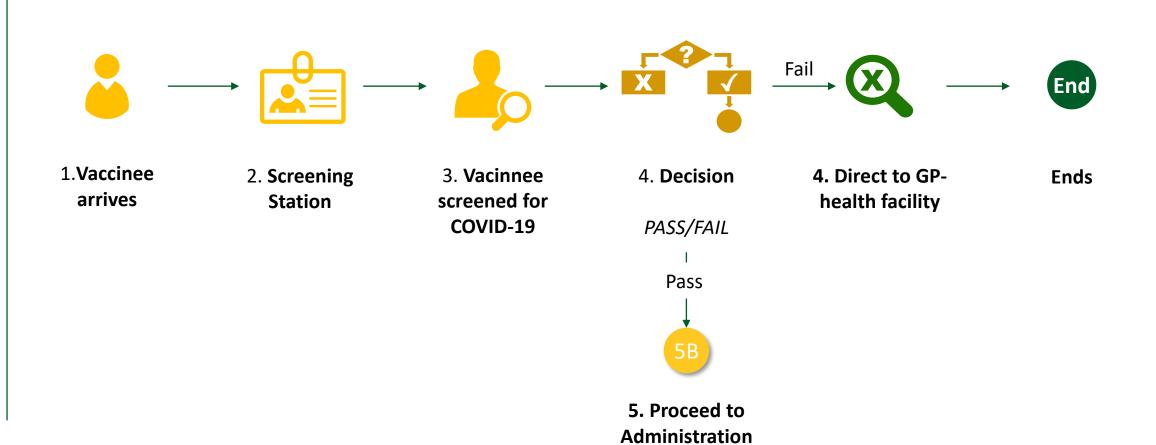
Department: Health

REPUBLIC OF SOUTH AFRICA





5A COVID-19 Screening Station





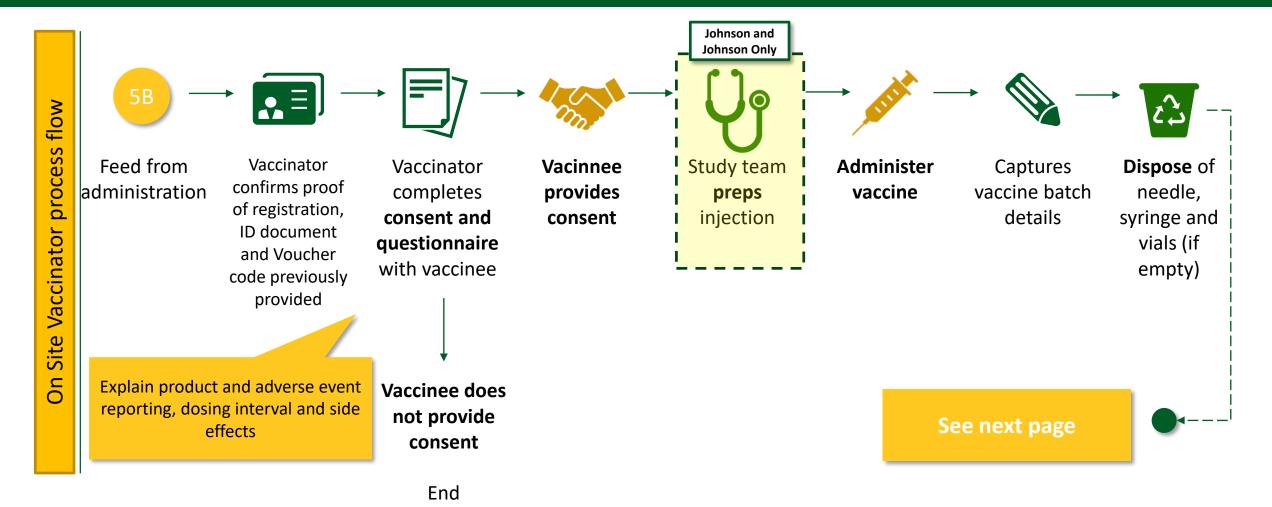








5D Vaccination (J&J)













On

(5D)

Vaccination(J&J)







Mark vaccination as complete

Recipient receives a confirmatory SMS (Vaccination card registered on EVDS system)



Recipient proceeds to observation area











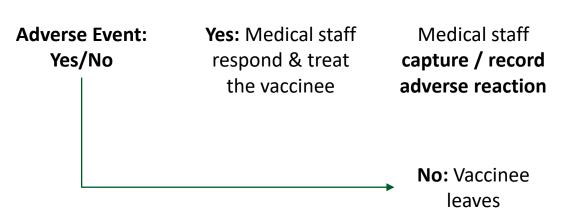




Observation



Vaccinee observed by HCW/CHW for 15 minutes (vaccine dependent)









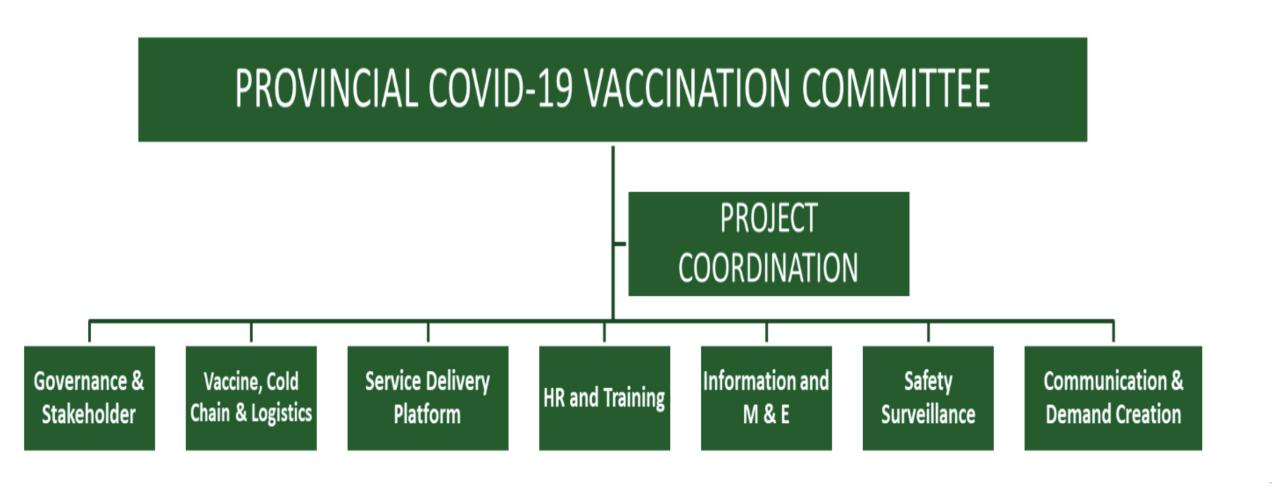




Vaccinee leaves

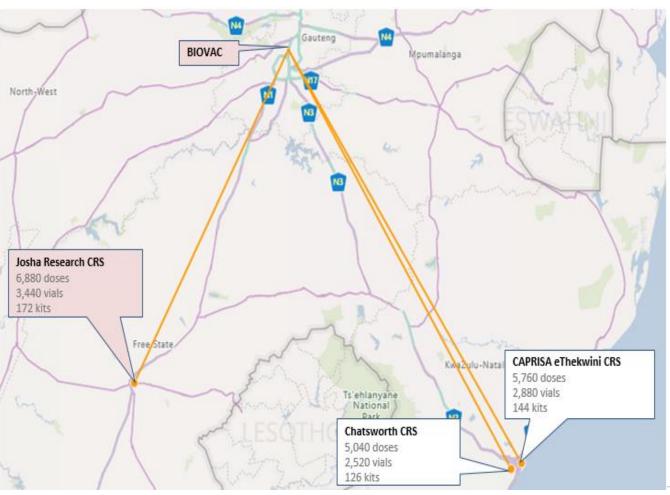
FREE STATE COVID-19 VACCINATION PROGRAM IMPLEMENTATION PHASE 1

FREE STATE COVID-19 VACCINATION COMMITTEE STRUCTURE

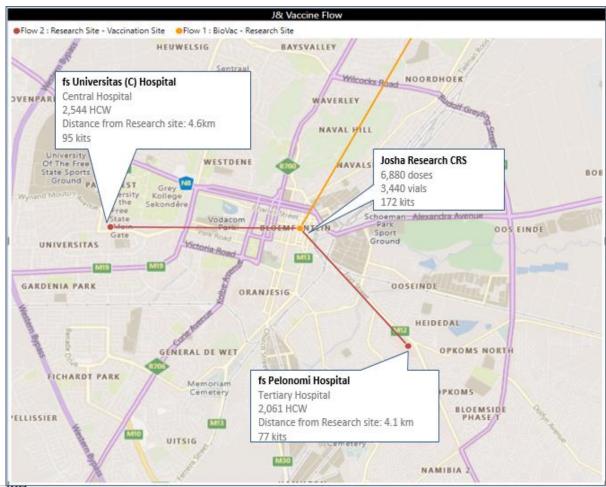


FREE STATE PRIMARY AND SECONDARY DISTRIBUTION

BIOVAC TO RESEARCH SITES



RESEARCH SITES TO HOSPITALS













PHASE 1: HEALTH CARE WORKERS

- Started on 17th February 2021
- 2 selected sites:
 - Universitas Academic Hospital
 - Pelonomi Tertiary Hospital
- Vaccinating all staff in both hospitals that has registered on EVDS
- Vaccinating staff from private sector registered on EVDS
- Both sites have been checked and ensured readiness by the Provincial Team



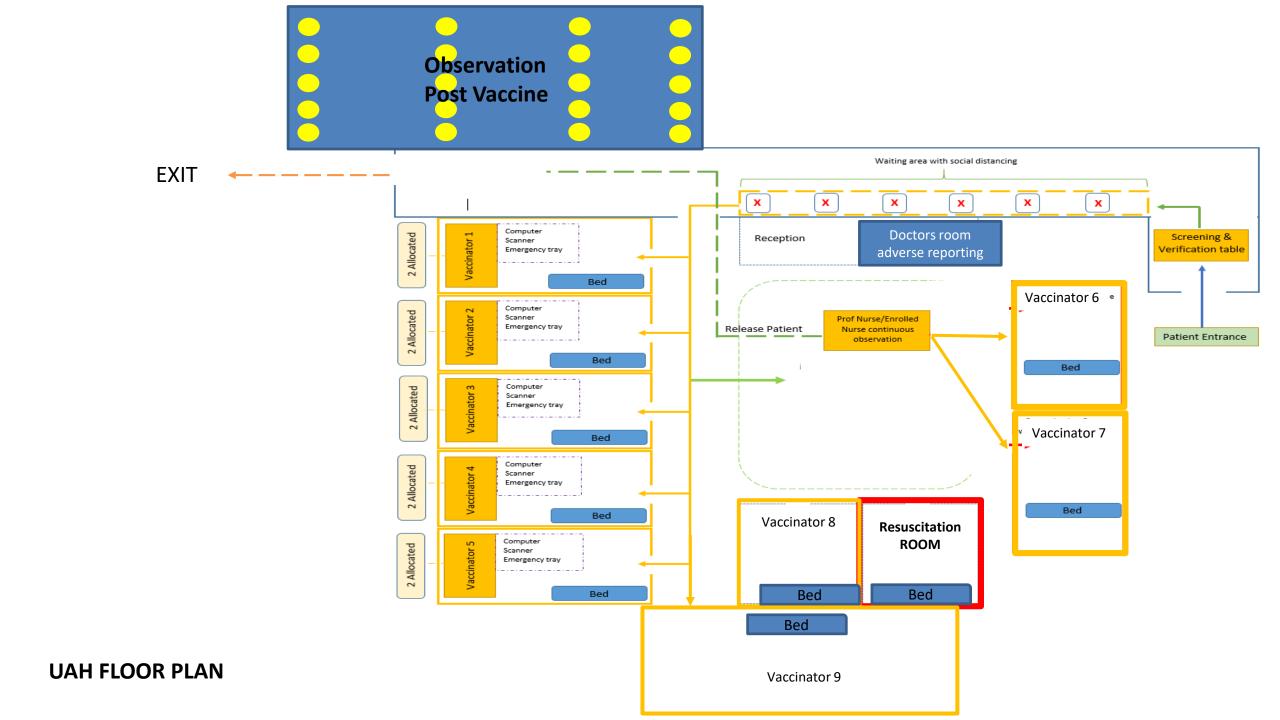
SITE READINESS





UNIVERSITAS ACADEMIC HOSPITAL VACCINATION SITE READINESS





IDENTIFYING VACCINATION SITE(1)



FIRST DESK

- > COVID-19 SCREENING
- EMPLOYEE TO SHOW THE MESSAGE FROM THE EVDS SYSTEM

ADMINISTRATION DESK

VERIFY THAT THE PERSON IS A STAFF MEMBER OF FSDOH

PRE-VACCINATION WAITING AREA

- INFO GIVEN RELATED TO VACCINE
- > OBSERVATIONS
- START TO COMPLETE MEDICAL SCREENING FORM

VACCINATOR ROOM

COMPLETE MEDICAL SCREENING AND ELECTRONIC CONSENT FORM



IDENTIFYING VACCINATION SITE(2)



POST VACCINATION

- > OBSERVATION FOR 30MIN
- > HEALTH INFO GIVEN, RELATED TO DELAYED REACTIONS WHAT TO DO
- EXTRA ROOM FOR COUNSELLING



SUPPORT STAFF

VACCINATORS

- > TOTAL = 41 (INCREASED FROM 5 TO 9 VACCINATOR ROOMS)
- > TRAINED = 10 ATTENDED ALL TRAINING (VACCINATION, EVDS, RESUS)
- > STILL NEED TRAINING= 4(VACCINATION); 24(RESUS); 2(EVDS)

ADMIN STAFF

> 2X HR PERSONNEL - WILL VERIFY

SECURITY

- > SPECIFIC SECURITY ALLOCATED TO GUARD THE CLINIC AT NIGHT.
- > KEEPS THE KEYS FOR THE CLINIC, TO BE ABLE TO ENTER THE CLINIC

QUEUE MARSHAL/S



SITE REQUIREMENTS (1)

FURNITURE (TABLES, CHAIRS, DESKS)

- EXISTING 5ROOMS WERE EQUIPPED
- DRS ROOM& 4 NEWLY ADDED VACCINATOR ROOMS NEED TABLES, CHAIRS, DESKS ETC.

COMPUTERS/TABLETTES

- EXISTING 5ROOMS WERE EQUIPPED WITH COMPUTERS.
- DRS ROOM & 4 NEWLY ADDED VACCINATOR ROOMS NEEDS COMPUTERS.

INTERNET CONNECTIVITY

- > EXISTING 5ROOMS WERE EQUIPPED WITH COMPUTERS
- DRS ROOM & 4 NEWLY ADDED VACCINATOR ROOMS NEEDS INTERNET CONNECTIVITY



SITE REQUIREMENTS (2)

EMERGENCY EQUIPMENT

- > NEWLY IDENTIFIED RESUS ROOM
- > NEED ALL EMERGENCY EQUIPMENT
- > INCLUDING ANOTHER RESUS TROLLEY





CONSUMABLES

PPE

- > STAFF NEED TO WEAR UNIVERSAL PPE (PLASTIC APRON, SURGICAL MASK, GLOVES, VIZORS)
- ORDERED AND AVAILABLE IN EACH VACCINATOR ROOM

CLEANING SUPPLIES

- > SOAP AND WATER, DISINFECT WITH BIOCIDE SOLUTION
- > SPILLAGE: 1.BIOCIDE 6g/900ml LUKEWARM WATER = 10 000 ppm

2.SPILLAGE KIT WILL ALSO BE IN THE CLINIC(BRUSH, SCOOP, SURGICAL MASK, SAFETY GOGGLES,

RED PLASTIC, BIOCIDE POWDER,

PLASTIC APRON, CLOTH)

3.TRAINING DONE BY IPC

STATIONERY

- > **RECEIVED STANDARDIZED COVID-19VACCINATION REPORTING FORMS**: AEFI, AESI etc
- > **STANDARDIZED**: CLINIC CARDS, PDF MEDICAL SCREENING/CONSENT FORM



SEQUENCING

UAH STAFF

- > REQUESTED THAT ALL SUPERVISORS SEND A LIST OF THEIR STAFF MEMBERS, INDICATING WHO'VE REGISTERED/NOT REGISTERED, INCLUDING THEIR CELL NRS.
- > FIRST PRIORITY FOR BOOKING AT VACCINATION CLINIC STAFF WORKING IN THE COVID WARDS, PUI WARDS, THOSE PERFORMING AGP
- > THEREAFTER THE STAFF WORKING IN NON-COVID WARDS AND ADMIN STAFF

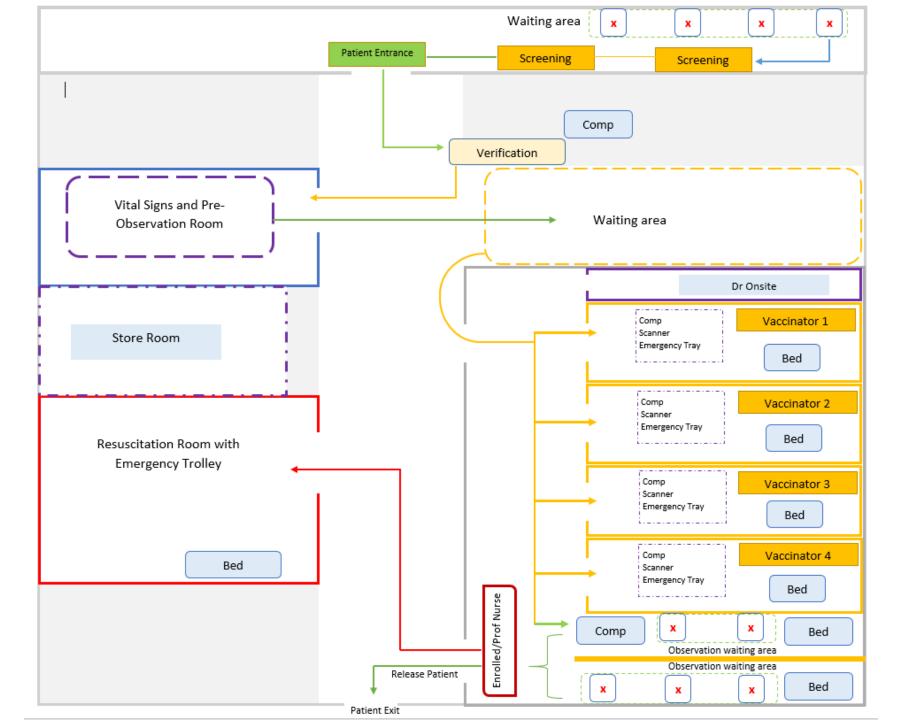
HCW FROM OTHER PHC CLINICS





PELONOMI TERTIARY HOSPITAL VACCINATION SITE READINESS





VACCINATION COORDINATION TEAM

11 6	-	
	A. C.	
Name of Street,		

Name	Responsibility	
BS Ramodula and Mr Moshoke	Accounting Officer & Committee chairperson, and Team Leader	
Mrs. N Mokhotsi	Scriber for Committee meetings	
Dr. U Sirsawy	Supervise and allocate doctors	
Mr. G.J Kgasane	Vaccine storage & Controller	
Mr. Z Bopheka	Ensure adherence to protocol & procedure	
Mrs. MC Molefe	Supervise and allocate vaccinators	
Mr. A Khiba	Avail medical equipment & consumables	
Mrs. M Letlhoo	Avail the list of all staff members (permanent and contract workers)	
Mrs M Nophale	Allocate administrative staff, cleaners, security officers	
Dr. G. Matshediso	Adverse Events monitoring and reporting	
Mrs. J Tshabalala	Oversee Data Management	
	Liaison officer with the HOD's office	
Mr. M Mosala	Avail ICT equipment and software	
Ms Z Makae	Environmental Health Practitioner	
Ms N Sidyiyo	Infection and Prevention Control Management	
Ms BJ Kumalo	Quality Assurance Management	
Mr S Dywili	EMS/Support to Emergency in Vaccination Resuscitation	
heam		



HUMAN RESOURCES



Daily allocations

> Site representative : 2

> Doctor: 1 Intern on site; 1 medical Officer on call; Trauma Consultant on call

Nursing: 15 Vaccinators (RN'S);

Post vaccination observation; 2 ENA's; 2 EMS, 2 PNs

Resuscitation Room: 2 PN; 1 ENAs; 2 EMS

Pre-vaccination area: 4 ENA'S

Verifiers: 5

> Queue marshals :1

> Cleaners: 2

> Pharmacist: 1

> Screeners: 4 household aids

> Admin Clerks: 2

> Network Controller: 1



Workforce and clinical Readiness



Clinical Readiness

All personnel were trained on their role and responsivities. ICU specialist and Trauma specialist on site to manage any emergencies. Off duties done for the coverage 07:00 till 19:00 till Friday Wednesday and Friday 17:00 till 19:00 for Private Doctors

Technology and Data Management:

Staff trained on EVDS

Data recorded on MediTech.

Having 2 tablets for onsite registration.



EQUIPMENT



MEDICAL EQUIPMENT

- Fully equipped emergency trolley
- Oxygen cylinder
- Mobile suction machine
- Defibrillator
- Vital signs monitors: pre(4) and post(4)-vaccination observation areas
- Stretchers 3 in Emergency

NON-MEDICAL EQUIPMENT

- Tables and chairs; 9 computers with wifi network connectivity
- Examination couches 6, 1 in each vaccination room
- Printer, scanner
- Receivers (kidney dishes) for handling the vaccines to the client.
- 1 vaccine Fridge for keeping the cold chain



CONSUMABLES



- Hand wash & sanitizer provided in each room
- Vaccinator PPE requirements (gloves, masks, visors, gowns)
- Cotton wool swabs
- Cleaning materials and supplies
- Necessary stationery, e.g. vaccination forms and cards.



COMMUNICATION



- At facility level the information management will be responsible for communication between the vaccination site, clinical areas and hospital management.
- Daily reports will be sent to the province.
- Presented implementation to NDOH, internally & organized labor.
- Staff engagement and motivation
- Onsite registration for those who were challenged
- Engagement with private sector.
- Demand creation within the district



Progress on phase 1: Health Care Workers



- Client registered on the system: 1155
- Number of vaccinations done till 23 February: 662
- Adverse events: 19 (Minor Adverse)
- Vaccine Wastage:0

- Challenges:
- Some HCW still not certain about the vaccine.



PHASE 2: IDENTIFICATION AND PRIORITISATION OF TARGET POPULATION



Phase	Priority Group	Definition
	Essential workers	Teachers, police officers, military, miners and workers in the security, retail food, funeral, banking and essential municipal and home affairs, border control and port health services.
Persons	Persons in congregate settings	Persons in prison, detention centres, shelters and care homes. In addition, people working in the hospitality and tourism industry, and educational institutions are also at risk.
	Persons 60 years and older	-
	Persons older than 18 years with co-morbidities	Persons living with HIV, tuberculosis, diabetics, chronic lung disease, cardiovascular disease, renal disease, obesity, etc



PHASE 2 AND 3: HIGH RISK PRIORITY GROUPS AND GENERAL PUBLIC SERVICE DELIVERY PLATFORMS







Health facility vaccination:

Suitable in rural settings for community access



Vaccination Centres: Facility based or standalone vaccination centres e.g. pharmacy practices, GPs or NGOs

PHASE 2a: Essential Workers

Work-based Vaccination site:

Work areas where there's occupational health services,

Facility based Vaccination site-

Work areas will be linked to the nearest hospital/clinic (Private and public)

Mobile-Outreach based centers:

Designated district roving/mobile vaccination team will visit each work area/department

Private Vaccinators

This is another option to bolster capacity where necessary, this will be contracted to provide vaccinations per schedule/appointment



Outreach vaccination programme: Service provided by outreach teams

Suitable for congregated settings e.g. old age homes



Work-based vaccination programme: Suitable for essential workers e.g. mining sector, industry and departments

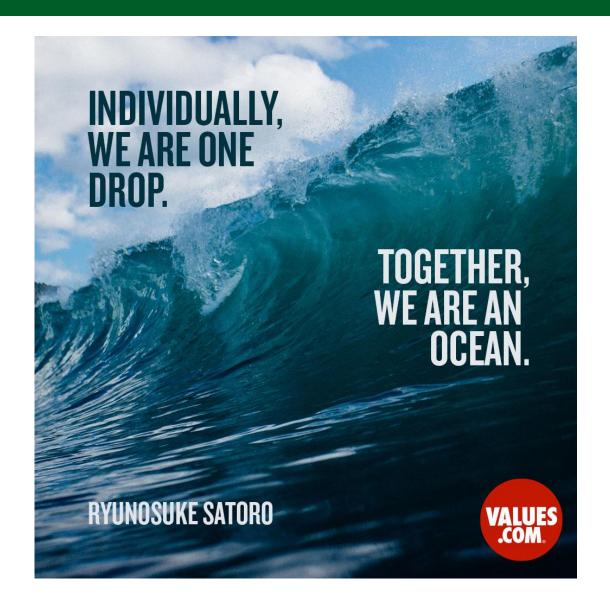
PHASE 2b: Persons in congregate settings

- Mass Vaccination Campaign: District based vaccination outreach teams will conduct mass campaigns and visit these congregate areas to vaccinate the residents
- Mobile-Outreach based centers: Using mobile bus/clinic, designated district roving/mobile vaccination team will visit each congregate facility especially small and remote facilities to vaccinate per schedule/appointment

Department:
Health
REPUBLIC OF SOUTH AFRICA

QUOTE FOR THE DAY







THANK YOU