



WHEN THE SUN RISES  
WE WORK HARD TO DELIVER

# MP DOH COVID-19 VACCINATION ROLL- OUT PLAN NCOP

**25 FEB 2021**

**Disclaimer:** Due to differences in reporting times, retrospective data consolidation, and reporting delays, the number of new cases may not always add up sequentially. The data is constantly cleaned & de-duplicated to ensure quality. Data presented in this situational update is used to monitor and manage the outbreak, and should not be used as officially reported data



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# PRESENTATION OUTLINE

- Status Update
- Implementation
- Identification of targeted population
- Service deliver platforms
- Vaccination sites
- Vaccine Safety and Security
- Data management
- Communication and demand creation

# STATUS UPDATE

- Mpumalanga, as at 24 February 2021, recorded **70 504** COVID-19 cases accumulatively with Ehlanzeni recording the highest number of cases 29 371(42%) followed by Nkangala 22 082 (31%) and Gert Sibande 19 051 (27%).
- The province is having **1 242 (1,8%)** active cases, and the sub-districts that contributed to the highest number of active cases are City of Mbombela with 309 (25%) active cases, followed by Govan Mbeki with 125 (10%) and Bushbuckridge at 121 (10 %).
- With the increase in number of active cases in the second wave, the recovery rate once decreased from 97% to eighties though now it is at **67 983** which is 96% with the number of deaths at **1 241** which is a case fatality rate of 1, 8%. Gert Sibande district accounted most deaths 467/1 241 (38%), followed by Nkangala with 415/1 241 (34%) and then Ehlanzeni with 359/ 1 241(28%) deaths.
- Mpumalanga Province accounts for **264** COVID-19 hospital admissions with Ehlanzeni District accounted for the majority of hospitalizations at 127 (48%) followed by Nkangala District with 88 (33 %) admitted cases and Gert Sibande with lowest admitted cases of 49 (19%).

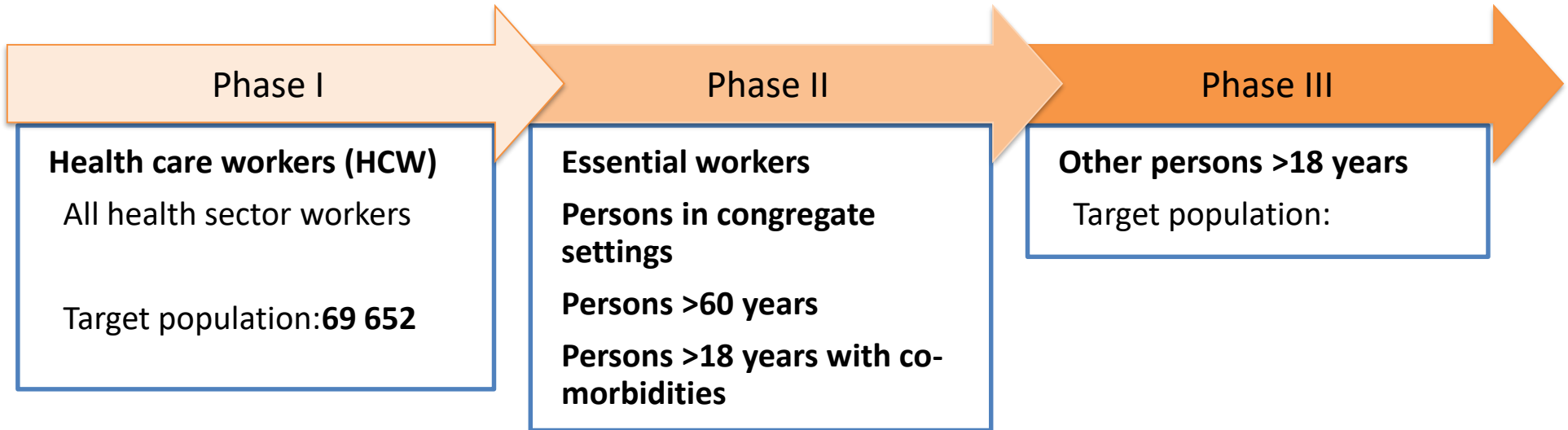


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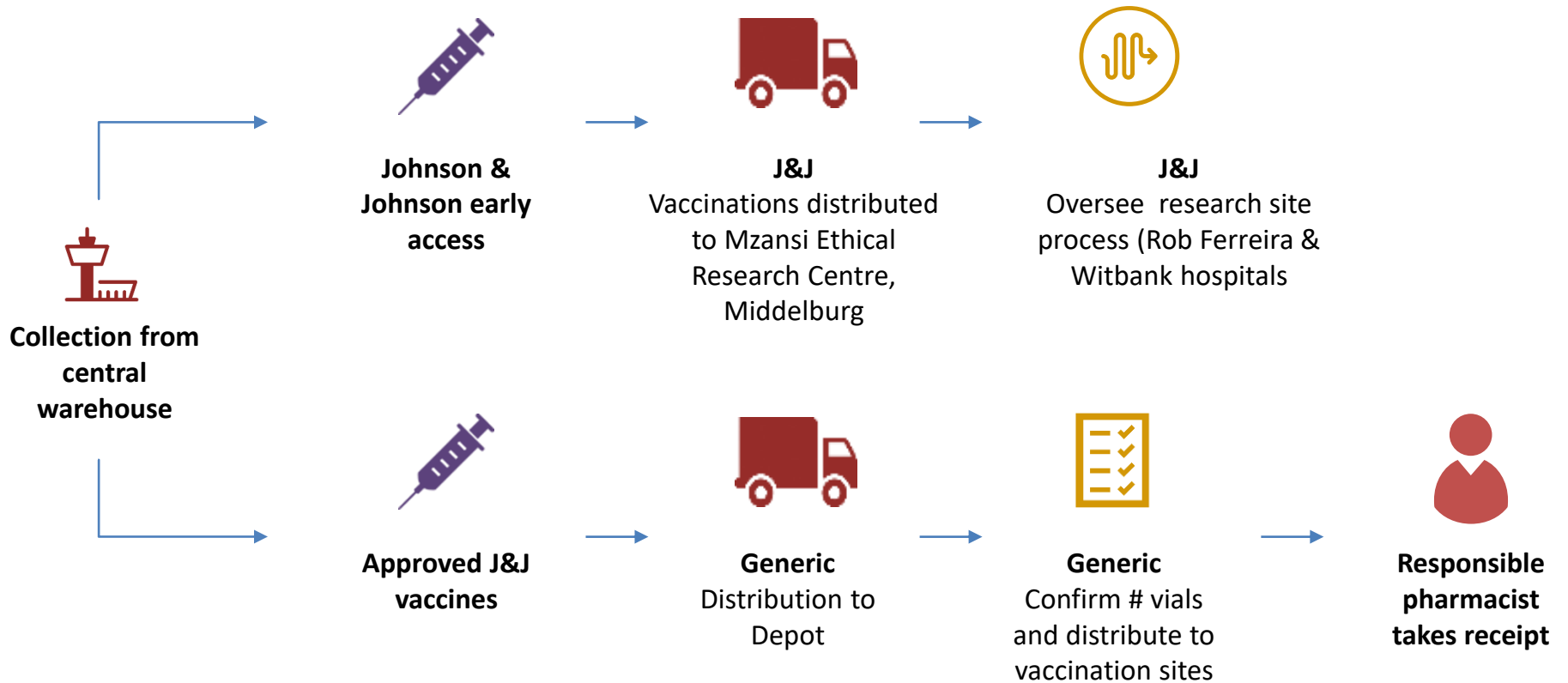
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# IMPLEMENTATION PHASES



# DISTRIBUTION ROUTES OF J & J VACCINES



# PROVINCIAL PLAN ON DISTRIBUTION OF COVID-19 VACCINES

- Mpumalanga received 2 000 doses( 1000 vials) for Rob Ferreira hospital and 1 640 doses (820 vials) for Witbank hospital. These two hospitals were chosen because of their high numbers of HCWs
- Mzansi Ethical Research Centre has been nominated by Medical Research Council to oversee the vaccination process in Mpumalanga
- The whole program was implemented in the two hospitals from the 19<sup>th</sup> February 2021 till the 23<sup>rd</sup> February 2021 after the official launch by the honourable Premier Ms Refilwe Mtshweni- Tsipane
- A team of 15 x vaccinators at Rob Ferreira Hospital, and 8 x vaccinators at Witbank Hospital were allocated
- Research staff maintained cold chain and draw up doses and our Vaccinators administer the vaccines
- The teams worked from 8am to after 10pm daily to ensure that all the doses were administered as soon as possible and all doses were completed.
- On Saturday they accommodated the HCW from Private hospitals and on Sunday they vaccinated private GP's
- The South African Medical Research Council has provided additional 1800 doses (900 per hospital)
- We are starting on Friday (26/02/2021) to cater for those who could not access the vaccines because they were on night duty and on leave from both private and public
- The next batch of vaccines will be allocated to Mapulaneng and Ermelo hospital

# IDENTIFICATION OF TARGETED POPULATION - PHASE 1

- Under phase 1, Health workers are divided into categories with those in the priority receiving vaccination first.
- These risk categories are linked to the PPE Risk Categories and reflect risk of risk of contracting Covid-19.

Category	Definition
Phase 1a	Those conducting aerosol-generating procedures i.e. intubation, ventilation, taking Covid-19 specimens
Phase 1b	Those in direct contact with known or suspected Covid-19 patients
Phase 1c	Those in contact with patients (who are not known or suspected to have Covid-19)
Phase 1d	Those not in contact with patients

# GENERAL SERVICE DELIVERY PLATFORM- PHASE 1

Work-based vaccination programme:

Public and private hospitals



- Most suitable for hospital linked HCWs

Outreach work-based vaccination programme:

Mobile teams move from facility to facility



- Most suitable for HCWs in PHC, CHC and private medical centres

Vaccination Centres: Remote or facility-based vaccination centres e.g. pharmacies or other settings

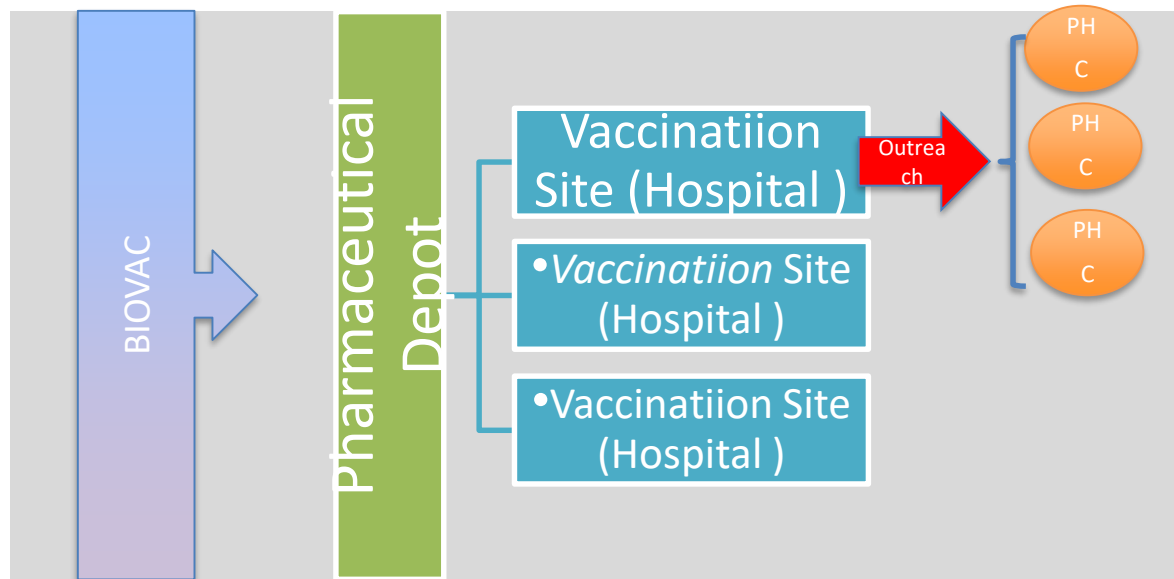


- Suitable for independent HCWs



# GENERAL VACCINE DISTRIBUTION AND VACCINATION SITES

The push strategy for vaccine distribution starting from the NDOH will be employed when the J&J vaccine is registered. Further distribution from the provincial medical depot to the respective hospitals (31) in the districts will follow based on their target set. The hospitals will serve as distribution and storage hubs for their catchment vaccination sites including PHC facilities.



# VACCINE, COLD CHAIN, LOGISTICS AND INFRASTRUCTURE

- Good storage and safe handling is critical for the success of the programme
- Audit of distribution and vaccination facilities has been conducted in the province
- For the open label programme, SAMRC is delivering the vaccines , accompanied by SAPS to the hospitals. At Rob Ferreira Hospital it is being stored in a locked fridge as the distance is more than 139km but it is being transported daily to Witbank Hospital from Middelburg
- When vaccines are registered , they will be delivered at the Provincial depot with a dedicated COVID-19 vaccine storage
- All 31 hospitals have WHO approved fridges and back-up generators

# TIMELINES FOR IMPLEMENTATION PHASE 1



# VACCINATION PROGRAMME

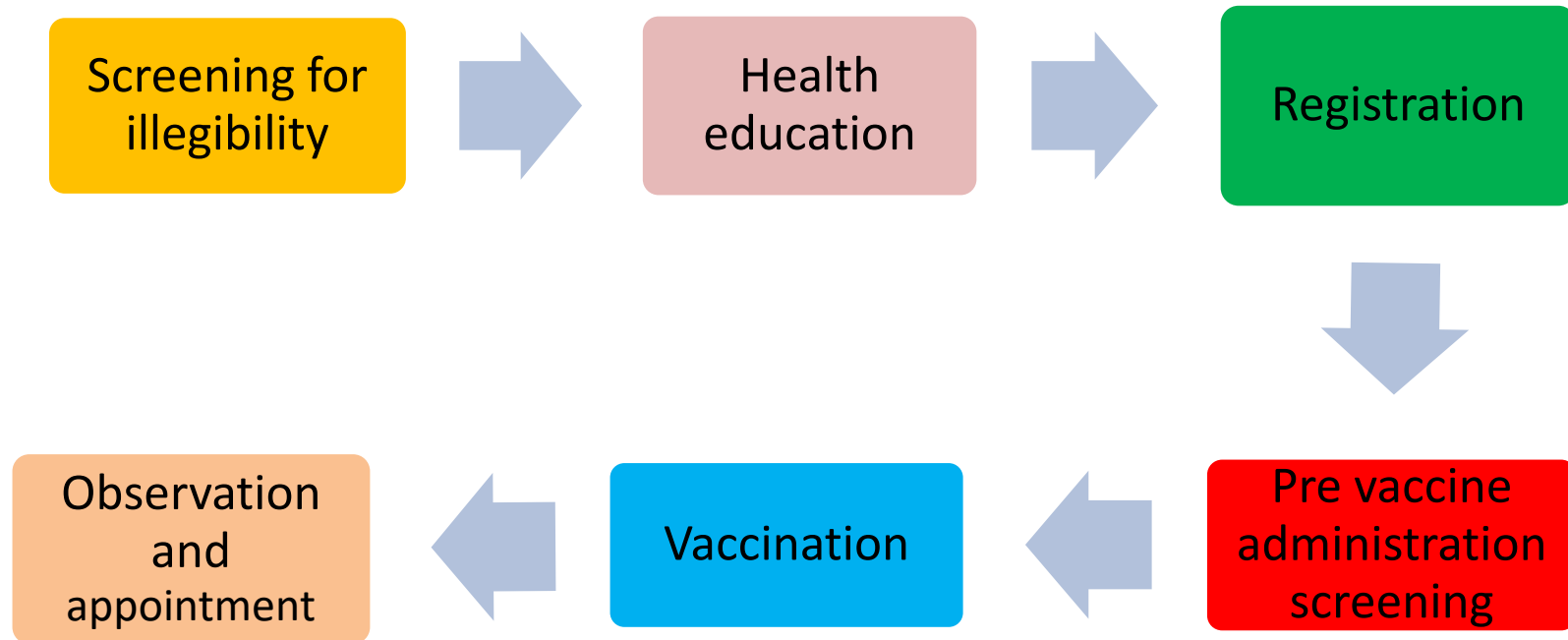
- The COVID-19 vaccine roll-out plan will continue at hospital level , immediately after the vaccines are registered in South Africa .
- 31 hospitals have been identified to receive the vaccine , except for Waterval Boven whose vaccines will be delivered in HA Grove Hospital due to limited space in the pharmacy and Sesifuba is incorporated into Ermelo Hospital.
- It is estimated that one vaccinator will vaccinate fifty (50) vaccinees in a day. All our hospitals have more than one vaccinator and the required period for completion of the vaccination is 7 days maximum, this is informed by the highest number of staff members in our hospitals. Allocation of vaccines is calculated based on the number of personnel per facility.
- The province has given an allowance of 10 working days to accommodate personnel who are on leave, day off or sick leave to access the service.
- The plan aims at vaccinating all hospital personnel as the extra consignments are received to allow the process to flow smoothly to the next level which is Primary Health care.

# WORKBASED VACCINATION SITES

District	Sub District	Health Facility Where Appointed	Staff Members	No. Of Vaccinators
EHLANZENI	Bushbuckridge	Mapulaneng Hospital	767	5
		Tintswalo Hospital	635	4
		Matikwana Hospital	449	4
	City Of Mbombela	Barberton Hospital	409	4
		Themba Hospital	1075	5
		Rob Ferreira Hospital	1358	6
		Barberton TB	111	3
		Bongani TB	122	3
	Nkomazi	Shongwe Hospital	612	5
		Tonga Hospital	521	4
	Thaba Chweu	Lydenburg Hospital	237	4
		Matibidi Hospital	180	4
Sabie Hospital		237	4	
GERT SIBANDE	Chief Albert Luthuli	Carolina Hospital	253	4
		Embhuleni Hospital	493	5
	Dr Pixley Ka Isaka Seme	Amajuba Memorial Hospital	285	4
		Elsie Ballot Hospital	121	3
	Govan Mbeki	Bethal Hospital	508	4
		Evander Hospital	412	4
	Lekwa	Standerton Hospital	401	4
		Standerton TB	80	3
Mkhondo	Piet Retief Hospital	491	4	
Msukaligwa	Ermelo Hospital	711	4	
NKANGALA	Dr JS Moroka	Mmametlhake Hospital	479	4
	Emakhazeni	HA Grove Hospital	183	2
	Emalahleni	Impungwe Hospital	152	3
		Witbank Hospital	1099	6
		Witbank TB	140	3
	Steve Tshwete	Middelburg Hospital	621	4
	Thembisile Hani	KwaMhlanga Hospital	527	3
	Victor Khanye	Bernice Samuels Hospital	249	5

# VACCINATION SITE PROCESS FLOW

There are 6 stations at the vaccination site:



# OUTREACH /MOBILE TEAMS

## Outreach teams vaccinate healthcare workers in smaller health facilities

- Mobile clinics, OTLs and school health teams will move from facility to facility to vaccinate eligible health care workers (using WHO approved cooler boxes)
- This will include PHC facilities, CHCs, EMS and private stations
- Teams coordinated by District Health Services

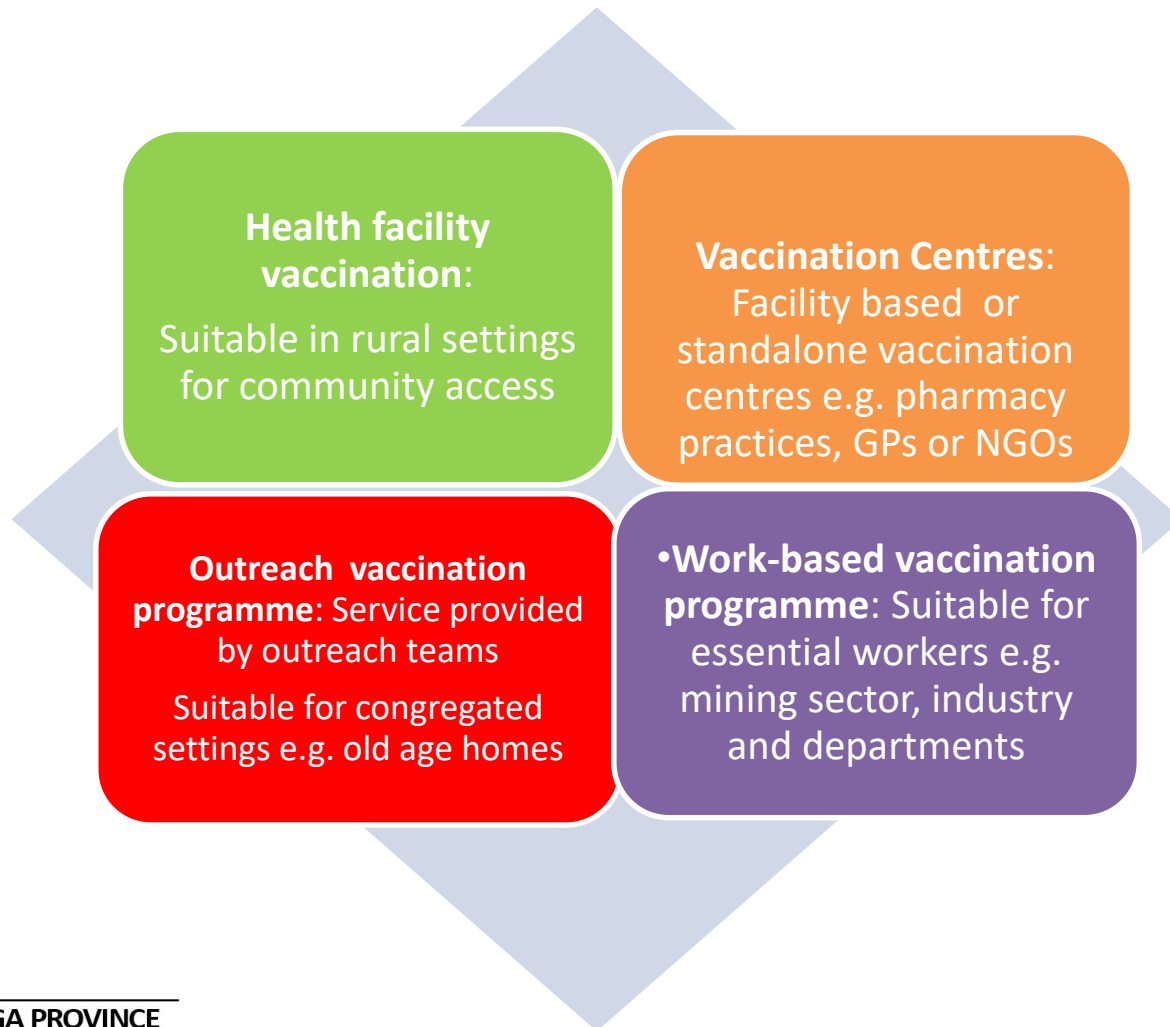
# IDENTIFICATION OF TARGETED POPULATION - PHASE 2 & 3

- An estimated total of 3 157 026 will be vaccinated during this phase of implementation (phase 1 population and under 18 excluded).
- **Phase 2 will include :**
  - ❖ The essential workers
  - ❖ Persons in congregate settings
  - ❖ Persons above 60 years of age
  - ❖ Persons above 18 years with co-morbidity
- **Phase 3 will have :**
  - ❖ Other persons below 18 years of age



# SERVICE DELIVERY PLATFORM- PHASE 2 & 3

The following service delivery platforms will be used to implement the vaccination programme:



# WORKBASED, REMOTE FACILITY AND OUTREACH VACCINATION CENTRES

This service delivery platform will include all essential workers and general population

- The service will be delivered in the work place through wellness clinic and vaccination teams, information to create database is already being collected
- Other sector department, vaccination programme will be led by healthcare professionals in their work place
- This service platform will utilise community halls in the 400 municipal wards
- Mobile, OTLs and school health teams will reach out to all designated remote vaccination centres (using WHO approved cooler boxes)

# VACCINE SAFETY AND SECURITY

- There is a need to ensure that vaccines are safe from the Distribution site to the user
- There is therefore a two-fold plan of ensuring that the vaccines are safe
- The first fold is by ensuring that the vaccines will be given to the right person at a right time, hence there will be registration of people through EDVS
- People will be called per appointment and ID barcode will be scanned to ensure that the vaccine is given to the right person at the right time
- We will have the SAPS to provide en-route safety of all vehicles transporting the vaccine from the Pharmaceutical Depot to various vaccination sites as our second fold of the security plan.
- All vehicles transporting the vaccine will have tracking device.
- During the in-transit all unnecessary stops shall be avoided

# SAFETY SURVEILLANCE

- COVID-19 Adverse Event Following Immunisation (AEFI) will be integrated into the existing Patient Safety Incidence (PSI) committee at all levels
- Vaccine AEFI tools will be used to report any AEFI during the vaccination period within 24 hours
- Investigation of AEFI will be conducted at all levels

# DATA MANAGEMENT

- Electronic Vaccine Data System (EVDS) will be used to register all target populations including migrants
  - For the Open label programme - HCWs will have to register on EVDS as they have already registered
  - They will receive the SMS prompting them to respond to SMS invite for early access
  - They will then be expected to provide consent to take part in the **Open label programme**
  - After giving consent they will receive a vaccination voucher number. This vaccination number will be linked to the vaccine batch number that is administered
  - They will be invited to the vaccination centre for administration
  - The process of EVDS will kick in
- Data quality will be conducted on regular basis
- Weekly and monthly reports will be generated through EVDS

# COMMUNICATION AND DEMAND CREATION

Communication strategy has been developed and is being implemented to:

- Address myths and vaccine hesitancy
- Improve acceptance and uptake
- Approach community leaders to influence and mobilise communities
- Create awareness using different media platform

However a special communication strategy was developed to address the process of **Open label programme** so that there can be buy in from HCWs



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# RECOMMENDATION

It is recommended that the honorable members of the National Council of Provinces note the presentation of the vaccine rollout plan in the province and the progress made and provide inputs and guidance on how to further improve the plan.



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# Thank You



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