



## INTERNAL MEMO

Date:	11 March 2021		
To:	Minister ZL Mkhize, Honorable Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19

## INFECTION PREVENTION AND CONTROL DURING COVID-19 VACCINATION

#### Problem Statement

• As South Africa starts to vaccinate its population, it will be important to ensure the required Infection Prevention and Control (IPC) measures are understood and applied appropriately.

#### Evidence review/Background

- Variants of concern (VOC) of SARS-CoV-2, are widespread in South Africa with ongoing community transmission. Infection and mortality rates are rapidly decreasing.
- South Africa has a good record of mass immunisation and has existing systems in place to roll out vaccination.
- The first phase of vaccination will involve vaccination of healthcare workers.
- Initially, Johnson & Johnson vaccine (single dose) will be administered, mainly in healthcare facilities, but later rolled out to the community and rural settings.

#### Recommendations

#### During vaccination- IPC measures

## What are the recommended IPC measures for COVID-19 vaccine introduction?

- Standard precautions apply.
- The use of a **surgical Mask is compulsory for vaccinator** (additional face shields are an alternative). The same mask may be worn for one session or until it becomes damp.
- The vaccinee: must wear a mask at the time of vaccination.
- **Gloves are not recommended** during vaccination. If used, these must be changed after each patient contact. The gloves must not be disinfected with an alcohol-based hand rub (ABHR) as this destroys the integrity of the gloves and may increase the risk of infection.
- Hand hygiene: ABHR used before and after each patient contact, and BEFORE and AFTER completing documentation (see infographic from the National Department of Health).

- Wipe the injection skin site with clean water and cotton wool (alcohol swab not recommended unless there is no clean water and cotton wool available. Allow to dry completely)
- Clean rubber bung of the multi dose vial with an alcohol swab and allow to dry before inserting spike or hypodermic needle.
- When withdrawing vaccine from a multi-dose vial (MDV):
  - NEVER leave a needle in a Multi dose vial (MDV).
  - Use a spike (Clave©) to insert the syringe and withdraw an aliquot of vaccine.
  - Attach a sterile needle to the syringe and inject the person.
  - Drop the needle and syringe as one unit in the sharps container provided.
  - Use a new needle and syringe for each patient.
- If there is no spike available, use a sterile needle and syringe to withdraw an aliquot of vaccine and deliver it into the vaccinee's arm. Discard in sharps container.
- Waste management: The sharps container should be filled no more than <sup>3</sup>/<sub>4</sub> full before closing for disposal.

## How to provide clear information on IPC to health workers?

- Training package and slides have been put together which are being rolled out to all provinces, districts and Healthcare Facilities (HCF).
- Training should be done by trained IPC staff or similar who have knowledge of the subject and are based at provincial, district or HCF level.
- The information in the training packages should be based on the National IPC COVID-19 Guidelines (evidence-based).<sup>1</sup>
- See annexure: Advisory on IPC recommendations during and after vaccination, including the checklist for site readiness, and vaccination site daily checklist.

# How to ensure IPC standards across all settings where vaccination may be undertaken?

- Site training should include IPC measures during of the vaccination campaign.
- Monitoring and Evaluation (M&E) persons either from Quality Improvement (QI), IPC or Occupational Health and Safety (OHS) should be available to support the campaign.
- An IPC practitioner, where available, should be drawn in to participate in the team to ensure that the vaccinators are informed/educated about the correct IPC practices.

## Post vaccination

- Continue with non-pharmaceutical interventions (NPIs).
- Vaccine-related side effects to be reported on the Adverse Events following immunisation (AEFI) form *(see annexure)* to HCF where vaccination took place.

Thank you for your consideration.

Kind regards,

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Marian Jacobs

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CC:

- » Dr S Buthelezi (Director-General)
- » Dr T Pillay (Deputy Director-General)
- » Incident Management Team