

PHC Chapter 13: Immunisation

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The contents of this chapter are based on the current on the current National Vaccinators Manual and recommendations from the National Advisory Group on Immunisation (NAGI).

13.1 IMMUNISATION SCHEDULE

Any medical incident that takes place after immunisation and may be potentially related to immunisation should be reported (see Section 13.6: Adverse Events Following Immunisation (AEFI)).

- » Every clinic day is an immunisation day.
- » Never miss a chance to immunise – never turn a person away if an immunisation is needed, even if it means opening a multi-dose vial for just one person.
- » Check the Road to Health Booklet every time the child visits the clinic and give missed immunisations. These should be given according to the catch-up schedule which is shown in the table on page 13.4.
- » Mild illnesses are not a contra-indication to immunisation – most children who are well enough to be sent home, are well enough to be immunised. Do not immunise a sick child if the mother seriously objects but encourage her to bring the child for immunisation on recovery.
- » Give an extra dose if in doubt whether a child has had a certain dose or not, as extra doses are not harmful.
- » The measles/rubella vaccine must not be given with other childhood vaccines when administered at 6 months of age. The measles/rubella vaccine can be co-administered with other vaccines from 9 months of age. All other vaccines listed in the table below can be given safely at the same time but should not be given in the same syringe or at the same site.
- » Serious adverse events following immunisation are uncommon. All adverse events should be reported.
- » For management of anaphylaxis associated with vaccinations, see Section 21.2.10: Anaphylaxis.

Adverse events following immunisation (AEFI) definition

Any untoward medical occurrence which follows immunisation, irrespective of whether there is a causal relationship with the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.

All AEFI should be reported. Serious and severe AEFI or cluster of events are investigated, and causality assessed by the National Immunisation Safety Expert Committee (NISEC) which is an independent committee appointed by the Minister of Health. Further information is available in the [*vaccine safety surveillance in South Africa- Manual for Surveillance and Response to Adverse Events Following Immunisation*](#).

Conditions that are not contraindications to any of the standard EPI vaccines

There are very few contra-indications, but many missed opportunities.

- » Family history of any adverse reactions following vaccination.
- » Family history of convulsions.
- » Previous convulsions.
- » Egg allergy.
- » Previous measles, mumps, rubella, or pertussis-like illness.
- » Preterm birth.
- » History of jaundice after birth.
- » Stable neurological conditions such as cerebral palsy or trisomy 21.
- » Contact with an infectious disease.
- » Minor illness (without systemic illness and with a temperature below 38.5°C).
- » Treatment with antibiotics.
- » Asthma, eczema, hay fever or 'snuffles'.
- » Treatment with locally acting (inhaled or low-dose topical) steroids.
- » Child's mother is pregnant.
- » Child being breastfed.
- » Underweight, but otherwise healthy child.
- » Over the age recommended in vaccination schedule but not above the allowable upper age limit per manufacturer's recommendations.
- » Recent or imminent surgery.

13.2 CHILDHOOD IMMUNISATION SCHEDULE

Immunisation schedule

Age of child	Vaccine
At birth	OPV0 BCG
6 weeks	OPV1 RV1 Hexavalent (DTaP-IPV-HB-Hib)1 PCV1
10 weeks	Hexavalent (DTaP-IPV-HB-Hib)2
14 weeks	RV2 Hexavalent (DTaP-IPV-HB-Hib)3 PCV2
6 months	Measles/Rubella1
9 months	PCV3
12 months	Measles/Rubella2
18 months	Hexavalent (DTaP-IPV-HB-Hib)4
6 years	Tdap
12 years	Tdap

Note:

» Children with HIV should receive the rest of the full schedule of vaccines.

Catch-up doses

Any child who is unimmunised should be given a full schedule of immunisations.

Vaccine	Age of child	First dose	Interval for subsequent doses		
			Second	Third	Fourth
BCG	< 10 years	Give one dose			
	≥ 10 years	Do not give			
OPV	< 6 months	Give first dose	4 weeks		
	≥ 6 months	Do not give			
Hexavalent (DTaP-IPV-HB-Hib)	Up to 5 years	Give first dose	4 weeks	4 weeks	12 months (do not give before child is 18 months old)
Rotavirus	< 20 weeks	Give first dose	4 weeks		
	20–24 weeks	Give one dose			
	> 24 weeks	Do not give			
PCV	< 6 months	Give first dose	4 weeks	Give at 9 months of age	
	6–24 months	Give first dose	4 weeks	8 weeks	
	2-6 years	Give one dose			
Measles/rubella	< 11 months	Give first dose	At 12 months of age		
	≥ 11 months	Give first dose	4 weeks		
Tdap	> 6 years	Give first dose	At 12 years of age		

13.3 VACCINES FOR ROUTINE ADMINISTRATION

Vaccine	Form	Dose	Route	Recommended site	Age
BCG	Powder	0.05 mL	Intra-dermal	Right upper arm, at the deltoid muscle	Birth
OPV	Liquid	2 drops	Oral	Oral	Birth, 6 weeks
RV	Liquid	Administer the full vial (1 or 2 mL depending on the product used)	Oral	Oral	6, 14 weeks
Hexavalent (DTaP-IPV-HB-Hib)	Liquid and Powder	0.5 mL	IM	< 1 year: lateral aspect of the left thigh ≥ 1 year: left upper arm	6, 10, 14 weeks, 18 months
Measles/Rubella	Powder	0.5 mL	SC	< 1 year: lateral aspect of the left thigh ≥ 1 year: right upper arm	6, 12 months
PCV	Liquid	0.5 mL	IM	Lateral aspect of the right thigh	6, 14 weeks, 9 months
Tdap	Liquid	0.5 mL	IM	Upper arm	5-7 years, ≥12 years

BCG (*Bacillus Calmette Guérin*)

Z23.2

Protects against TB meningitis and miliary TB in children < 2 years of age.

- BCG, 0.05 mL of reconstituted intradermal BCG vaccine.
 - Administered into the skin (intradermally) on the right upper arm, overlying insertion of the deltoid.
 - Storage:
 - Fridge: In a vaccine fridge at 2–8°C.
 - Discard opened vial after 6 hours or at end of immunisation session, whichever occurs first. (It is acceptable to open a BCG vial for just one infant)
 - Adverse events:
 - Initial reaction to intradermal vaccination is a papule formation that lasts a maximum of 4–6 weeks. This develops into a scar (visible in 40% of vaccinated infants).
 - In 1–10% there is oozing, ulceration and lymphadenopathy after vaccination. This is a usual reaction and not a cause for alarm. Lymphadenopathy < 1.5 cm is not clinically significant.
 - Occasionally the papule becomes a pustule.

- Complete [AEFI notification](#)¹ and refer all cases with significant lymphadenopathy or a draining sinus.
- o Recommendations for providing BCG Vaccine:
 - » **Initial dose of BCG vaccine**
 - All newborns regardless of HIV status or TB exposure status should receive BCG at discharge.
 - For infants that are transferred to a neonatal unit, the timing of BCG vaccination will depend on the infant's clinical status. Neonatal units should have a policy to ensure vaccination occurs prior to hospital discharge.
 - » **Repeat dose of BCG vaccine**
 - If the infant initiates TPT or TB treatment in the first six weeks of life, the effectiveness of the live, attenuated BCG vaccine may be negatively impacted. Therefore, the BCG vaccine should be repeated on completion of either TPT or TB treatment.
 - Infants or children living with HIV should only receive a repeat dose if they are: 1) on ART, 2) clinically well, and 3) have a CD4 > 25%.
 - If the criteria to receive BCG are not met, i.e., the infant is: 1) Not on ART, 2) or Unwell, or 3) CD4 < 25%.
 - Delay repeat dose of BCG until on ART and immunologically stable (CD4 > 25%).
 - Start/continue TPT until the child is eligible to receive BCG.
 - After TPT/TB treatment is completed, a CD4 count should be done to determine if the infant meets the above criteria for receiving BCG even if the annual CD4 count is not yet due. Do not wait for the routine annual CD4 count, as this delay may result in many infants not receiving BCG at all.
 - If the infant received the standard first-line TB treatment regimen BCG vaccination may be administered from 24 hours after the last anti-TB treatment dose. If the infant received rifapentine give BCG from 5 days after the last dose, and if the infant received bedaquiline or clofazimine give BCG vaccination two months after the last dose.
 - » **Catch-up dose of BCG vaccine**
 - A 'catch-up' BCG should be administered to any child <10 years of age who did not get a BCG at birth.
 - Infants or children living with HIV should only receive "catch up" BCG vaccination if they are: 1) on ART, 2) clinically well, and 3) have a CD4 > 25% (if ≤5 years of age) or >200 cells (if >5 years of age).
 - Children older than > 10 years of age should not get BCG vaccination.

CAUTION

Children with suspected or confirmed inborn errors of immunity or other acquired immunodeficiencies should be evaluated by an expert before BCG vaccination.

¹ https://www.nicd.ac.za/wp-content/uploads/2021/03/Case-Report-Form_AEFI_All-vaccines-incl-COVID-19_20210128.pdf

Hexavalent (DTaP-IPV-HB-Hib) vaccine

Z27.8

(Diphtheria, tetanus, acellular pertussis, inactivated polio, hepatitis B and *Haemophilus influenzae* type b vaccine.)

Protects against diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B infection, and invasive infections caused by *Haemophilus influenzae* type b.

- Hexavalent (DTaP-IPV-HB-Hib), IM, 0.5 mL.
 - < 1 year of age: administer into outer side of left thigh.
 - > 1 year of age: administer into upper left arm.

Hexavalent (DTaP-IPV-HB-Hib) vaccine is a fully liquid combination of diphtheria toxoid, Tetanus toxoid, acellular pertussis vaccine, inactivated polio vaccine, hepatitis B vaccine and *Haemophilus influenzae* type b vaccine.

- Storage:
 - Fridge: In a vaccine fridge at 2–8°C.
 - Hexavalent (DTaP-IPV-HB-Hib) vaccine should never be frozen.
- Adverse events:
 - Irritability.
 - Fever $\geq 38^{\circ}\text{C}$ and acute illness.
 - Redness and induration at the site of the injection.
- Contra Indications:
 - Known hypersensitivity to any component of the vaccine or pertussis vaccine (acellular or whole cell pertussis) or a life-threatening reaction after previous administration of the vaccine or a vaccine containing the same substance.

Tdap (Tetanus, reduced diphtheria and acellular pertussis vaccine)

Z27.8

Protects against diphtheria, tetanus and pertussis.

- Tdap, IM, 0.5 mL in upper arm.
 - Storage:
 - Fridge: In a vaccine fridge at 2–8°C.
 - Easily damaged by freezing.
 - Adverse events:
 - Mild fever.
 - Pain.
 - Local swelling occasionally.
 - Contraindications:
 - Previous anaphylaxis to the vaccine.
 - Children < 4 years of age should not get Tdap.

Tdap in pregnancy

Tdap protects pregnant women and newborn infants against tetanus, diphtheria and pertussis.

- Pregnant women should routinely receive a single dose of Tdap during each pregnancy between 26–34 weeks' gestation to maximise protection of preterm infants.

- If not administered between 26–34 weeks, a catch-up dose should be given at any time, including in the immediate post-partum period.

bOPV (Oral polio vaccine)

Z24.0

Protects against polio.

- bOPV, oral, 2 drops given by mouth.
 - If spat out or vomited, repeat immediately.
 - Not affected by feeding (breast or other).
 - Storage:
 - Fridge: In a vaccine fridge at 2–8°C; or freezer (in pharmacy).
 - Not damaged by freezing.

Easily damaged by temperature > 8°C.

- Keep open, uncontaminated vials at the correct temperature.
- Record date of opening on the vial.
- Discard after 30 days.
- Adverse events:
 - May be associated with a flu-like illness and gastroenteritis.
 - Mild fever.
- Contraindications:
 - Previous anaphylaxis to the vaccine.
 - bOPV is not contraindicated in HIV-infected children but should not be administered to children with primary immune deficiency.

RV (Rotavirus vaccine)

Z25.8

Protects against gastro-enteritis caused by rotavirus.

- RV, oral, administer the full vial (1 or 2 mL depending on the product used).
 - Squeeze the entire contents of the tube in the inner cheek.
 - Storage:
 - Fridge: In a vaccine fridge at 2–8°C.
 - Easily damaged by freezing.
 - Protect the vaccine from light.
 - Adverse events:
 - Mild fever.
 - Irritability.
 - Contra-indications:
 - Previous anaphylaxis to rotavirus or any ingredients in the formulation.
 - Do not give rotavirus vaccine if a child has a history of chronic gastro-intestinal disease or severe diarrhoea including children with any history of uncorrected congenital malformation of the gastrointestinal tract. Refer the child for medical opinion.
 - A history of intussusception (severe abdominal pain, persistent vomiting, bloody stools, abdominal bloating and/or high fever).
 - Rotavirus vaccine should not be given after 24 weeks of age. (See table on Section 13.2: Childhood immunisation schedule, for catch-up schedule.)

PCV (Pneumococcal conjugated vaccine)

Z23.8

Protects against invasive pneumococcal disease (meningitis, septicaemia), pneumonia and otitis media.

- PCV, IM, 0.5 mL
 - < 1 year of age: administer into outer side of right thigh.
 - > 1 year of age: administer into upper arm in the deltoid muscle.
 - PCV and Hexavalent (DTaP-IPV-HB-Hib) can be administered at the same time, but at different sites.
 - Storage:
 - Fridge: middle shelf at 2–8°C.
 - Do not freeze as the vaccine is easily damaged by freezing.
 - Do not mix PCV in the same syringe with other vaccines.
 - Shake the vaccine well before use.
 - Contra- indications:
 - Previous anaphylaxis to the vaccine.

Measles/Rubella

Z24.4

- Measles/Rubella vaccine, SC, 0.5 mL.
 - < 1 year of age: administer subcutaneously on lateral aspect of the left thigh.
 - ≥ 1 year of age: administer subcutaneously on right upper arm.
 - Avoid administering the measles/rubella vaccine at the same time as other vaccines at 6 months of age. However, it is considered safe to co-administer the measles/rubella vaccine with other vaccines in children 9 months and older. If a child requires measles/rubella vaccine and other vaccines at 6 months, give measles/rubella vaccine immediately and schedule visit to receive remaining vaccines 1 month later.
 - Storage:
 - Fridge: In a vaccine fridge at 2–8°C.
 - Discard opened vial after 6 hours or at end of immunisation session (whichever occurs first).
 - Adverse events:
 - Burning or stinging at the injection site, fever.
 - Transient morbilliform rash and mild pyrexia up to 30 days after vaccination.
 - Contra-indications:
 - Previous anaphylaxis to the vaccine.
 - Uncontrolled convulsions: consult a doctor.

13.4 THE COLD CHAIN

Maintaining the cold chain means keeping vaccines at the right temperature throughout distribution, storage, and use. The cold chain can be maintained by:

- » Never exposing vaccines to heat or freezing conditions, especially during transportation from one point to another.
- » Always using a cold box to keep the vaccines cold during transport and immunisation.
- » All vaccines should be kept in a refrigerator at a temperature of 2–8°C.

- » Open vials of OPV should not be kept in the freezer or be allowed to freeze again. However, closed vials of OPV may be thawed and frozen, multiple times and should ideally be stored at -20°C.
- » Use continuous temperature monitoring device e.g. fridge-tag for all vaccines (Min-max thermometer/dial thermometer not recommended).
- » Ensure that Hexavalent (DTaP-IPV-HB-Hib), HPV, PCV, RV, Tdap, and TT vaccines do not come into contact with the refrigerator's evaporator at the back/sides, as they are sensitive to freezing. Do not freeze these vaccines, and do not use any vaccines that have been frozen. If there is a suspicion of freezing, conduct the shake test to determine if the vaccines have frozen and need to be discarded.
- » Monitor and record fridge temperature twice daily.
- » Leave space between each tray to allow cold air to circulate.
- » Do not keep food in the same fridge as the vaccines.
- » If possible do not keep other medications e.g. insulin etc. in the vaccine fridge.
- » Do not keep blood and other specimens in the vaccine fridge.

Correct packing of the cold box

- » Conditioned ice packs (the ice should rattle inside the pack) are placed on the bottom, at the sides and on top.
- » If there are not enough ice packs, place available ice packs at the sides and on top of the vaccines.
- » Tdap, TT, HPV, PCV, RV and Hexavalent vaccines must not be allowed to freeze.
- » Keep measles/rubella and polio vaccines very cold - place on bottom of the cold box, closest to the ice packs.
- » BCG can be placed anywhere in the box.
- » Keep the lid firmly closed and the box out of the sun.
- » Keep a continuous temperature monitoring device in the cold box with the vaccines and the temperature at 2–8°C.
- » Live attenuated vaccines (BCG, OPV, measles/rubella) are very sensitive to heat, sunlight, and skin antiseptics.

How to pack your fridge correctly

- » Vaccines should be stored in a purpose-built vaccine fridge. However, if unavailable store the vaccines in a domestic fridge, as follows:
 - Top shelf: measles and polio vaccines in the coldest part.
 - Middle shelf: BCG, Tdap, Hexavalent (DTaP-IPV-HB-Hib), HPV, RV, PCV and TT vaccines (do not freeze) with sufficient diluent for the BCG and measles/rubella for 2 days.
 - Do not let Tdap, Hexavalent (DTaP-IPV-HB-Hib) HPV, RV, PCV and TT vaccines touch the evaporator plate at the back/side of the fridge as they are destroyed by freezing.
 - Do not keep vaccines in the fridge door.
 - Store the same kind of vaccines together in one tray.
 - Leave about 2 cm space between each tray to allow the cold air to move around.
 - Saltwater-filled bottles placed at the bottom of the fridge can prolong the holdover time, enabling the fridge to return promptly to its set temperature after being opened.

- **Do not keep food in the same fridge as the vaccines to avoid unnecessary opening of the door.**
- » There should be a contingency plan written and posted on every vaccine fridge of what to do in the event of a power failure.
- » Monitor and record temperature twice daily.

CAUTION

Do not use vaccines that have expired, reached discard point as indicated by the vaccine vial monitor (VVM), or where the cold chain has been compromised.

Keep the fridge temperature between 2–8°C.

Note: All vaccines with a “T” in the name are sensitive to freezing: TT, Tdap, HexavalentT, RoTavirus, HepaTiTis B and even diluents. Diluents (for measles/rubella and BCG) should never be frozen.

13.5 OPEN MULTI-DOSE VIAL POLICY**Opened vials of TT HepB and OPV vaccines:**

- » May be used in subsequent immunisation sessions **for a maximum of one month**, if each of the following conditions have been met:
 - the expiry date has not passed,
 - each vial must be dated when opened,
 - the vaccines are stored under appropriate cold chain conditions (2–8°C with temperature monitoring and recording),
 - the vaccine vial septum has not been submerged in water,
 - aseptic technique has been used to withdraw all doses.

Opened vials of measles/rubella, BCG

Check the vaccine vial monitor (VVM) and expiration date prior to reconstitution.

Reconstituted vials of measles/rubella and BCG vaccines must be discarded at the end of each immunisation session or at the end of 6 hours, whichever occurs first.

Always label the vials with the date and time when opening or reconstituting.

All opened vials must be discarded immediately if:

- » sterile procedures have not been fully observed,
- » there is even a suspicion that the opened vial has been contaminated,
- » there is visible evidence of contamination such as a change in appearance or floating particles, etc.

Discard the needle after using a multi-dose vial to avoid compromising the sterility of the vial.

INJECTION SAFETY

- » Always wash hands before and after administering the vaccine.
- » Always keep a fully equipped emergency tray at the immunisation point.
- » Use a sterile syringe and sterile needle for each immunisation.
- » Clean the skin adequately with cotton wool and water, do not use alcohol swabs.
- » Check all vaccines for safety.

- » Return all unsafe vaccines back to the pharmacy.
- » Use the same needle for drawing up and administering the vaccine. “One Needle, One Syringe”.
- » Diluents are not interchangeable. Different vaccines require different diluents.
- » Always use the same diluent from the same manufacturer as the vaccine.
- » Used needles and syringes must be disposed of safely.
- » Discard all used empty vaccines in the sharps container.

13.6 ADVERSE EVENTS FOLLOWING IMMUNISATION (AEFI)

Report all AEFIs to the local EPI Coordinator.

AEFI form may be accessed at: at <https://www.nicd.ac.za/diseases-a-z-index/adverse-event-following-immunization-aeFI/> and <https://www.sahpra.org.za/health-products-vigilance/>. AEFI forms should be emailed to AEFI@health.gov.za.

Alternatively, AEFI can be reported on the MedSafety application on a mobile device. To download the application on your mobile phone, go to <https://medsafety.sahpra.org>, and choose either the iOS or ANDROID version to download. Select **South Africa**. If you need any additional information on what to report and how to report, please contact SAHPRA on 012 501 0311.

13.7 OTHER VACCINES

TT (Tetanus toxoid)

Z23.5

Protects against tetanus (post trauma)

- TT, IM, 0.5 mL into arm.
 - Storage:
 - Fridge: middle shelf at 2–8°C.
 - Easily damaged by freezing.
 - Keep opened vials for next session if kept at correct temperature and not contaminated.
 - Discard after 30 days.
 - Record date of reconstitution.
 - Contraindications:
 - Previous anaphylaxis.

Trauma

- Give booster dose of TT/Tdap after every traumatic injury (unless administered in previous 5 years).

Human Papilloma Virus (HPV) Vaccine

Z25.8

Protects against infection with HPV serotypes 16 and 18.

Persistent HPV infection is associated with the development of several reproductive tract cancers, especially cancer of the cervix.

A single dose is offered as part of the **Integrated School Health programme** to Grade 5 girls (≥ 9 years of age) in public schools.

- HPV, IM, 0.5 mL.
 - Administered into the deltoid of the non-dominant arm.
 - Storage:
 - Fridge: middle shelf at 2–8°C.
 - Easily damaged by freezing – do not freeze and discard any vaccine which has been frozen.
 - Store in original package and protect from light.
 - Use immediately once withdrawn into a syringe.
 - Contraindications:
 - Previous anaphylaxis to the vaccine.
 - Febrile illness ($\geq 38.5^{\circ}\text{C}$).
 - Should not be administered to girls/women who are known to be pregnant.
 - Adverse events:
 - Injection site pain and swelling in the arm are common.
 - Itching, rash, redness and urticaria may also occur.
 - Nausea, diarrhoea, abdominal pain, headache, myalgia, fever (38°C) are not uncommon.
 - Syncope, dizziness, lymphadenopathy, and anaphylaxis have been reported.

Hepatitis B

Z24.6

All personnel working in a health care facility (including support staff) and student health care workers.

- Hepatitis B vaccine, IM, 3 adult doses of 1 mL.
 - **first dose** administered immediately;
 - **second dose** 1 month after the first dose;
 - **third dose** 6 months after the first dose.

Perinatal transmission

Babies born to mothers with acute hepatitis B infection at the time of delivery or to mothers who are HBsAg-positive or HBeAg-positive, see Section 6.6.5: Perinatal transmission of hepatitis B.

Influenza vaccine

Z25.1

- Influenza vaccine, IM, 0.5 mL.
 - Trivalent influenza vaccine or quadrivalent influenza vaccines may be used, depending on cost and availability considerations.
 - Contraindication: < 6 months of age. LoE:IVb¹
 - Severe egg allergy is not a contraindication to the inactivated influenza vaccine. However, it is recommended that individuals reporting a history of severe egg allergy are vaccinated in a setting equipped to manage allergic reactions. LoE:IVb²

- Based on available data and resources, the following groups are prioritised for influenza vaccination in the annual influenza campaign and during influenza or COVID-19 pandemic:
 - » Healthcare workers.
 - » Age > 65 years.
 - » People with the following risk factors for severe influenza:
 - Chronic cardiac or pulmonary conditions (including chronic heart disease, hypertension, stroke, and diabetes), chronic lung disease (including asthma and chronic obstructive pulmonary disease) and malignancy. LoE:IVb³
 - HIV infection.
 - » Pregnant women at all stages of pregnancy, including women up to 6 weeks postpartum.
- Commercially available products may differ in terms of the age-groups in which they can be used – check the specific package insert.
- General recommended dosage of influenza vaccine for patients of different age groups:

Age group	Dose	Number of doses
• Trivalent influenza vaccine:		
Adults and children ≥ 9 years	0.5 mL, IM	Single dose.
Children: > 3 to < 9 years	0.5 mL, IM	2 doses ≥ 4 weeks apart during first year of immunisation, thereafter one dose per annum.
Children: > 6 months to < 3 years	0.25 mL, IM	2 doses ≥ 4 weeks apart during first year of immunisation, thereafter one LoE:IIIb⁴ dose per annum.
• Quadrivalent influenza vaccine:		
Adults and children ≥ 9 years	0.5 mL, IM	Single dose
6 months to < 9 years	0.5 mL, IM	2 doses ≥ 4 weeks apart during first year of immunisation, thereafter one LoE:IIIb⁵ dose per annum.

LoE:IVb⁶**Note:**

- » The influenza vaccine should not be given at the same time as the live measles/rubella vaccine at 6 months of age.
- » Influenza vaccines can be given concurrently with other injectable vaccines but must be administered at different injection sites.

¹ Influenza vaccination: National Department of Health. Influenza Vaccination Guide, 2021. <https://www.health.gov.za/nhi-edp-stqs-eml/>
Influenza vaccination: National Department of Health: Affordable Medicines, EDP-Primary Health Care level. Scoping Review: Inactivated Influenza vaccines and egg allergy: A scoping review, 2023. <https://www.health.gov.za/nhi-edp-stqs-eml/>

² Influenza vaccination –National Institute for Communicable Diseases. Influenza – NICD recommendations for the diagnosis, management, prevention and public health response. April 2023. <https://www.nicd.ac.za/>

³ Influenza vaccination – malignancy as a priority: National Institute for Communicable Diseases. Influenza – NICD recommendations for the diagnosis, management, prevention and public health response, April 2022. <https://www.nicd.ac.za/>

⁴ Influenza vaccination – 2 doses in children: Chua H, Chiu SS, Chan ELY, Feng S, Kwan MYW, Wong JSC, Peiris JSM, Cowling BJ. Effectiveness of Partial and Full Influenza Vaccination among Children Aged < 9 Years in Hong Kong, 2011–2019. *J Infect Dis* 2019;220:1568–1576. <https://pubmed.ncbi.nlm.nih.gov/31290537/>

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Influenza vaccination – 2 doses in children: Abraham C, Stockwell MS. The Clinical Importance of a Second Dose of Influenza Vaccination in Young Children. *JAMA Pediatr* 2020;174:643–644. <https://pubmed.ncbi.nlm.nih.gov/32364577/>

⁵ Influenza vaccination – 2 doses in children: Chua H, Chiu SS, Chan ELY, Feng S, Kwan MYW, Wong JSC, Peiris JSM, Cowling BJ. Effectiveness of Partial and Full Influenza Vaccination among Children Aged < 9 Years in Hong Kong, 2011–2019. *J Infect Dis* 2019;220:1568–1576. <https://pubmed.ncbi.nlm.nih.gov/31290537/>

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Influenza vaccination – 2 doses in children: Abraham C, Stockwell MS. The Clinical Importance of a Second Dose of Influenza Vaccination in Young Children. *JAMA Pediatr* 2020;174:643–644. <https://pubmed.ncbi.nlm.nih.gov/32364577/>

⁶ Influenza vaccination dosing (QIV and TIV): South African Medicines Formulary, 14th Edition. Division of Clinical Pharmacology. University of Cape Town, 2022.



**SOUTH AFRICAN NATIONAL DEPARTMENT OF HEALTH
NEMLC SUMMARY REPORT ON UPDATES MADE TO THE
THE STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINE LIST GUIDANCE
PRODUCTS (2025-2029 NEMLC REVIEW CYCLE)**

PRIMARY HEALTHCARE LEVEL

PHC CHAPTER 13: Immunisation

Report Version	Date	Detail
V1.0	13 October 2026	Erratum: <ul style="list-style-type: none"> Guidance for administering BCG vaccine in infants living with HIV corrected.

Specific guidance products

No	Guidance Product	Tick	Number
1.	Primary Healthcare Level STGs – Chp 13: Immunisation	☐	13.2

Summary Tables

Medicine Amendments

STG/SECTION	GUIDANCE PRODUCTS (Tick relevant)				MEDICINE / MANAGEMENT	ADDED / DELETED / AMENDED	TI* CONSIDERATIONS (if applicable)
	PHC STGs & EML	AH STG & EML	PaedH STG & EML	TQ EML			
Report Version v1.0							
13.2 CHILDHOOD IMMUNISATION SCHEDULE	☐				<ul style="list-style-type: none">BCG Vaccination	<ul style="list-style-type: none">Guidance restricting BCG vaccination in children with known HIV-infection has been corrected/amended	N/a
Report Version v2.0							
xxx							

*Therapeutic Interchange

13.2 CHILDHOOD IMMUNISATION SCHEDULE

- The initial dose of BCG vaccine should be administered to all newborns at discharge, irrespective of HIV or TB exposure status. An editorial amendment has been made to the STGs to correct a note that previously recommended withholding BCG vaccination in patients with known HIV infection. A circular ref: 2026/10/13/EDP/01 was also published to this effect.



Erratum_BCG in
HIV_13Oct2026.pdf

The STG has been amended as follows:

Note:

- » ~~Exception: patients with primary immune deficiency or known HIV infection should not be given BCG vaccine.~~
- » Children with HIV should receive the rest of the full schedule of vaccines.