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TO:
HEADS OF PROVINCIAL HEALTH DEPARTMENTS
DISTRICT, HOSPITAL AND PHC MANAGERS
COVID-19 VACCINE PROGRAMME MANAGERS
COVID-19 VACCINATION SITE MANAGERS
COVID-19 VACCINATORS

NATIONAL VACCINATION PROGRAMME CIRCULAR 5 OF 2022

UPDATE TO COVID-19 VACCINATION SCHEDULE FOR IMMUNOCOMPROMISED ADULTS

1. This circular replaces the circular "VACCINATION OF IMMUNOCOMPROMISED ADULTS" issued on 26th November 2021.

2. From Monday, 11th April 2022, **additional and booster doses** administered to **immunocompromised adults** may be **heterologous or homologous.**

3. Immunocompromised adults may therefore receive **either of the two schedules** shown below.

Primary Schedule			**Booster doses**			
One dose		**Additional dose**		**First booster**		**Second booster**
COVID-19 vaccine Janssen®	28 days to three month interval	COVID-19 vaccine Janssen® **OR** Comirnaty® Vaccine	60 day interval	COVID-19 vaccine Janssen® **OR** Comirnaty® Vaccine	90 day interval	COVID-19 vaccine Janssen® **OR** Comirnaty® Vaccine
		ONE OF THESE THREE DOSES MUST BE A COMIRNATY® VACCINE				

OR

Primary Schedule					**Booster**	
1st dose		**2nd dose**		**Additional dose**		
Comirnaty® Vaccine	21 day interval	Comirnaty® Vaccine	28 days to three month interval	Comirnaty® Vaccine **OR** COVID-19 vaccine Janssen®	90 day interval	Comirnaty® Vaccine **OR** COVID-19 vaccine Janssen®

4. All other guidance outlined in the circular of the 26th November 2021 remains in place, and is shown below.

5. The following individuals are considered to be immunocompromised:

Individuals with the following conditions:
Haematological or immune malignancy
Moderate to Severe Primary immunodeficiency disorder
HIV infection with CD4 count < 200 cells/µL within the last 6 months
Asplenia
Individuals receiving the following treatments:
High dose steroids or systemic biologics (e.g. for autoimmune conditions)
Long term renal dialysis
Transplant recipients (solid organ or bone marrow)

6. It is recommended that the additional dose be **given between one and three months after the previous dose** with the recommended period being at the discretion of the referring clinician. The advice regarding the recommended interval between the additional and previous doses provided by the clinician on the referral form (see Annexure A attached) should be followed by the vaccinator. There is no upper limit with regards the time interval between the additional and the previous dose.

7. The EVDS will allow additional doses to be **recorded as long as at least 28 days** have elapsed since the previous dose was administered.

8. Additional doses should only be administered to i**ndividuals 18 years and older.**

Process for accessing an additional dose

9. **Additional doses must be prescribed by a doctor or a nurse prescriber** who must **complete the referral form** that is contained in Annexure A. The referring doctor or nurse must retain a copy of the referral form.

10. Immunocompromised individuals can **register for an additional vaccination dose on the EVDS Registration Portal** (https://vaccine.enroll.health.gov.za) by selecting the relevant button on the landing page. **The individual should use the same identity number used for EVDS registration, and answer the Yes/No questions presented.**

11. Alternatively, the person can present at a vaccination site where they will be **assisted to register.**

12. Upon successful registration, **an SMS will be sent to the mobile number** on record for the individual on the EVDS. The vaccination code for these doses will start with the prefix AD-IC-XXXXXXXX. It will therefore be possible to identify them through this code.

13. The individual should **present with the completed referral letter** or **an equivalent letter issued by their medical scheme** at a vaccination site.

14. **Based on the contents of the referral form, the vaccinator must confirm that the individual meets the criteria** to receive an additional dose on the basis of being immunocompromised. This must be recorded on the EVDS. The **MP number of the referring doctor** or the **South African Nursing Council annual practicing certificate number of the referring professional nurse** must also be recorded on the EVDS.

15. **The additional dose should then be administered and recorded on the EVDS.** As noted above, the individual must receive the same vaccine as they have previously received (see paragraph 4).

16. Additional doses will appear on an individual's vaccine certificate.

17. **A copy of the completed form must be kept at the vaccination site.**

DR SSS BUTHELEZI
DIRECTOR-GENERAL: HEALTH
DATE: 07/04/2022

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: COVID-19 VACCINATION: REQUEST FOR ADMINISTRATION OF AN ADDITIONAL DOSE

DETAILS OF VACCINEE

Name	
Date of birth	
ID number (or equivalent)	
Address	
Mobile number	
Email	

COVID-19 VACCINATION: DOSES ADMINISTERED TO DATE (if available)

Vaccine:	Date:	Vaccine:	Date:

I, _____, confirm that this individual is eligible to receive an additional dose of Covid vaccine based on the eligibility criteria shown below (insert the name of referring doctor or nurse).

Individuals with the following conditions:
Haematological or immune malignancy
Moderate to Severe Primary immunodeficiency disorder
HIV infection with CD4 count < 200 cells/µL within the last 6 months
Asplenia
Individuals receiving the following treatments:
High dose steroids or systemic biologics (e.g. for autoimmune conditions)
Long term renal dialysis
Transplant recipients (solid organ or bone marrow)

VACCINE THAT SHOULD BE ADMINISTERED

Name of Vaccine	**Date (if applicable)**

DETAILS OF REQUESTING DOCTOR OR PROFESSIONAL NURSE

Full Name	
HPCSA or SANC annual practicing number	
Institution or practice	
Contact number	
Date	
Signature:	