

# Infant and child immunisation – an increased scope of practice for community pharmacists

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As a community pharmacist, an additional scope of practice you can perform is to offer the Expanded Programme on Immunisation in South Africa (EPI-SA) within your range of clinic services. This service covers the administration of vaccines to infants and children from birth up to the age of 12 years, and offers immunisation that protects against: pneumonia, meningitis, diarrhoea (caused by rotavirus), measles, TB, polio, whooping cough, diphtheria, liver diseases (caused by Hepatitis B), and tetanus. Besides being an effective and cost-efficient health intervention, it is also a potential growth opportunity and income stream for a community pharmacy.

The South African Pharmacy Council (SAPC) has published the scope of practice and competency standards for pharmacists providing immunisation, and the need for pharmacists to complete a short course in immunisation and injection technique in Board Notice 241 of 2022 on the 22<sup>nd</sup> of April the same year. Such a course would allow you as a pharmacist to understand the principles of immunisation, interpret immunisation schedules, perform safe immunisations, and understand adverse events following immunisation.

According to the SAPC, a pharmacist who has completed the supplementary training on immunisation and injection technique, and has obtained a section 22A(15) permit, may be allowed to administer vaccines at a SAPC compliant pharmacy, in line with the EPI-SA. Although not the only service allowed, pharmacists may also administer any other vaccine as part of a vaccine programme approved by the Director-General of Health, like the Covid-19 vaccine, as well as the influenza vaccine. All vaccines included in the EPI-SA list have schedule 2 status and thus do not require a prescription.

To perform immunisation as per the EPI-SA, pharmacists need to have the necessary knowledge and skills to deliver the best possible service. To this end we need to have a certain competency. This competency should also suitably train us to monitor the outcomes of the immunisation, to treat and report any adverse events, to refer to another health care worker where necessary, and to have accurate record keeping and to maintain confidentiality. Recently the National Department of Health (NDoH), via the EPI directorate, has advised of changes to the EPI childhood immunisation schedule, effective from January 2024. The key changes include:

- Pneumococcal conjugated vaccine (PCV) changes from 13 to 10 serotypes.
- Measles vaccine changes to the Measles-Rubella vaccine.
- Tetanus Diphtheria (Td) vaccine changes to Tetanus, reduced diphtheria and acellular pertussis (Tdap) vaccine.

Immunisation is a way of protecting against disease. As pharmacists trained in immunisation and injection technique, and programmes like the EPI, we can help to vaccinate our children. An immunised child can help protect the health of the community. Let's play our part.

## References

1. FIP statement of policy, The role of pharmacy in life-course vaccination 5638
2. SAPC board notice 241 of 2022
3. Western Cape Department of Health resource: [https://www.westerncape.gov.za/assets/departments/health/FP/expanded\\_programme\\_on\\_immunisation\\_epi\\_sa\\_childhood\\_immunisation\\_schedule\\_from\\_january\\_2024.pdf](https://www.westerncape.gov.za/assets/departments/health/FP/expanded_programme_on_immunisation_epi_sa_childhood_immunisation_schedule_from_january_2024.pdf)



# Expanded Programme on Immunisation

EPI (SA) Revised Childhood Immunisation schedule from January 2024



PROTECTION

Age of child	Vaccines needed	How & where it is given
At birth	BCG Bacilles Calmette Guerin	Right arm
	OPV (0) Oral Polio Vaccine	Drops by mouth
6 Weeks	OPV (1) Oral Polio Vaccine	Drops by mouth
	RV (1) Rotavirus Vaccine	Liquid by mouth
	DTaP-IPV-Hib-HBV (1) Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Vaccine and Haemophilus Influenzae Type B and Hepatitis B Combined	Intramuscular/left thigh
	PCV (1) Pneumococcal Conjugated Vaccine	Intramuscular/right thigh
10 weeks	DTaP-IPV-Hib-HBV (2) Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Vaccine and Haemophilus Influenzae Type B and Hepatitis B Combined	Intramuscular/left thigh
14 weeks	RV (2) Rotavirus Vaccine*	Liquid by mouth
	DTaP-IPV-Hib-HBV (3) Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Vaccine and Haemophilus Influenzae Type B and Hepatitis B Combined	Intramuscular/left thigh
	PCV (2) Pneumococcal Conjugated Vaccine	Intramuscular/right thigh
6 months	Measles Rubella Vaccine (1)**	Subcutaneous/left thigh
9 months	PCV(3) Pneumococcal Conjugated Vaccine	Intramuscular/right thigh
12 months	Measles Rubella Vaccine (2)	Subcutaneous/right arm
18 months	DTaP-IPV-Hib-HBV (4) Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Vaccine and Haemophilus Influenzae Type B and Hepatitis B Combined	Intramuscular/left arm
6 years (both boys and girls)	Tdap: Tetanus, reduced strength Diphtheria and acellular Pertussis Vaccine	Intramuscular/left arm
12 years (both boys and girls)	Tdap: Tetanus, reduced strength Diphtheria and acellular Pertussis Vaccine	Intramuscular/left arm

\*Rotavirus Vaccine should NOT be administered after 24 weeks

\*\*Do not administer with any other vaccine unless the child is nine months or older



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