GUIDE

FOR HEALTHCARE WORKERS

Talking About Immunisation

All you need to know to help you protect your community's health, from birth to adulthood

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

unicef
for every child

RCCE
Risk Communication
and Community Engagement

CONTENTS

- The challenges in vaccine communication
- The benefits of vaccines
- Why your role matters

The challenges in vaccine communication

Healthcare workers are often expected to communicate with their communities about immunisation and vaccines. But this task has become more and more challenging, because new vaccines have been added to the schedule.

Since the COVID-19 pandemic:

- **Backslide in immunisation:** South Africa's immunisation coverage rates have been getting worse since the end of the pandemic. Fewer and fewer children are getting protected against serious preventable diseases.

- **Drop in vaccine confidence:** Perception of the importance of vaccines for children dropped by almost 30%.[1] Even though the COVID-19 vaccine is safe and well-tested, many people were afraid of this vaccine and now are uncertain about other vaccines. People felt uncertain about the response to the pandemic. There was more misleading information, and less trust in governments and medical expertise.

- **Increase in vaccine hesitancy[2]:** More people are delaying getting their children or themselves immunised because of questions and concerns around vaccine safety, side effects, or because they cannot overcome the practical barriers to accessing the services.

The benefits of vaccines

Since immunisation programmes began, vaccines have saved 154 million lives, mostly young children. In Africa, vaccines cut the number of baby deaths by more than half.

Vaccines help people live longer, even when older.[3]

In South Africa, the COVID-19 vaccine prevented 79 000 deaths, and also stopped 105 000 people from becoming seriously ill.[4]

Vaccine safety is constantly monitored. New vaccines are carefully checked for safety before being released.

More than half the people in South Africa immunise their children- about 6 in every 10 children in South Africa are immunised.[5]

And yet, some people are still not aware how important vaccines are to themselves and their families. They may have information that is not accurate. They may be worried about safety or side effects, or they may be afraid of needles. They may not think about the difficulties and extra costs they will face if they or their child gets seriously ill in an outbreak. Or the pain of losing a child to a preventable childhood disease. Or they may just be too afraid to ask a question.

Why your role matters

As a Healthcare Worker, you play an important role in helping your patients make informed decisions about their health and their future. From birth to adolescence, pregnancy and adulthood, through to disease outbreaks, this guide provides you with important tips on how to communicate about immunisation and vaccines, and how to deal with myths and misinformation.

Your position in your community matters because:

- People come to you when they feel unsure and want answers.
- People trust the information and guidance you give them.
- Community leaders know you and can use their influence to promote vaccines.
- You link the community and the facility, and can help each understand and support the other.

"I tell the parents that vaccines are the most precious gift you can give your child"
– Healthcare Worker

- Practical barriers
- Vaccine hesitancy
- Vaccine denial
- Vaccine safety
- Vaccine side effects
- How to counter hesitancy

Practical barriers to access

South Africa's 3 473 clinics provide healthcare to millions, but we have to make it easier for the many still facing practical barriers to accessing immunisation services.

COST

"I don't have transport money to take my children to be immunised."

TIME

"My employer doesn't give me time off to take my kids to the clinic."

DISTANCE

"I live very far from the clinic."

BUSY LIVES

"With work and family, I forget when my kids are due for their next immunisation."

EXPERIENCE AT CLINIC

"We have to wait for over 2 hours at the clinic."

EXPERIENCE OF CARE

"Healthcare workers treat us badly."

Vaccine hesitancy

More than half the people in South Africa immunise their children and are likely to use vaccines for themselves. But some people will refuse getting their child or themselves a safe vaccine when it is available. This behavior is called vaccine hesitancy.

People who are vaccine hesitant might delay getting their child immunised due to concerns that have not been addressed. They may refuse some immunisations but not others. Or they may simply feel uncomfortable about vaccination.

Vaccine denial

A vaccine denier or 'anti-vaxxer' is someone who refuses to be immunised because she or he does not believe in vaccines at all.

They don't trust the scientific evidence that proves vaccines work. They often don't trust governments or people promoting vaccines, and often believe conspiracy theories. Vaccine deniers can include faith and spiritual healers who are trusted by people in your community.

"The vaccines we have in South Africa have been tested and continue to be tested to ensure it's safe to be given to our children."
– Healthcare Worker

Vaccine safety

Most people don't know that Governments constantly monitor the safety of vaccines used. If people don't understand how vaccine surveillance systems work, they are likely to be more worried about side effects and what happens after immunisation, and delay getting vaccinated.[6]

What you should say:

Always explain that vaccine safety is constantly assessed. Reported serious side effects are quickly investigated by an independent ministerial advisory committee, the Department of Health, and the South African Health Products Regulatory Authority (SAHPRA).

Reassure people that severe side effects are **extremely rare**. These are known as Adverse Events Following Immunisation (AEFI), and there is a system in place to check whether they are happening. As a Healthcare Worker, you can report AEFI to SAHPRA on the Med Safety App, which you can download here: **https://medsafety.sahpra.org.za/**

Contact National Health Hotline:

- **0800 012 322**
- **WhatsApp: 0600 123456**

Advise the caregiver to take the child to the clinic immediately if any of these symptoms occur:

Coughing and breathing very fast (more than 50 breaths per minute)

Severe vomiting

Diarrhoea, sunken eyes and a sunken fontanelle

Shaking (having convulsions)

Signs of malnutrition (swollen ankles and feet)

Not moving or does not wake up

Not feeding (newborn)

Side effects

REMEMBER:

Always refer questions to the Provincial Surveillance Officer and/or EPI manager responsible for reporting Adverse Events Following Immunisation (AEFI) coordinator, who will have up-to-date information on what has happened and what needs to be done.

DO NOT SEEK ADVICE FROM NON-MEDICAL PEOPLE.

Fear of side effects is very common, for routine immunisation and other vaccines. It is normal and reasonable for people to be concerned about what might happen after immunisation, especially if it's a new vaccine.

What you should say:

Always explain that mild side effects are normal, and usually go away in a few days. Explain that side effects show that the vaccines are doing their job and the body is building immunity against the disease.

Also point out that side effects are better than getting very sick with a disease which can cause death or disability.

Remind everyone, especially caregivers of young children, to make sure they or their child rests, drinks clean water regularly and takes medication for pain and fever, if needed.

Some examples of minor side effects:

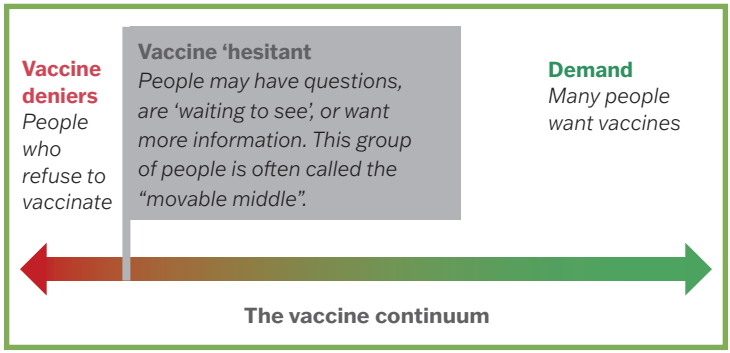
- Arm is sore or red at the injection site
- Fever/chills
- Headache
- Fatigue
- Muscle aches
- Nausea, diarrhoea or vomiting
- Rash
- Swollen glands
- Loss of appetite
- Irritability or fussiness

How to counter hesitancy

We all have different beliefs and experiences that affect our decisions about immunisation, especially during disease outbreaks.

This means people are on a **'vaccine continuum'**. The 'vaccine continuum' is like a line showing how people feel about vaccines.

- **Many** people trust vaccines a lot.
- Some people are finding it difficult to decide.[7]
- A few people don't trust vaccines at all.



The vaccine continuum

How do people change on this line?

People can move slowly along the line. For example:

- Someone who is finding it difficult to decide might ask questions and then decide to get vaccinated, but still have to plan when and how to get to the service.
- Someone who didn't trust vaccines before might see others stay healthy and change their mind.
- Someone who trusted vaccines might hear scary stories and become unsure.

What helps people move toward trust?

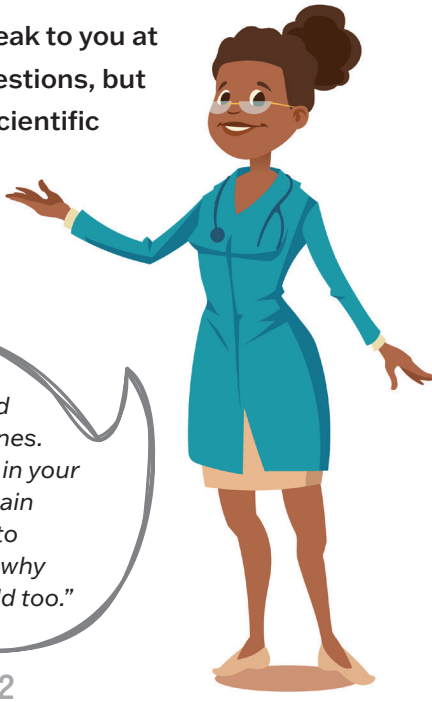
- Kind and clear information, especially from people they trust, like faith and traditional leaders, traditional healers, and older family members.
- Seeing others get vaccinated safely.
- Talking to health workers they trust.
- Believing that their family, friends and community expects them to immunise their children and get vaccinated if other diseases threaten their health.

What we can do

As Healthcare Workers we need to concentrate on understanding communities' questions and concerns, and make sure we have accurate and up to date information to respond.

If anyone refuses to vaccinate, respect that view and allow them to leave the conversation.

Remind them they might speak to you at any time if they have any questions, but do not try to argue around scientific facts as this only hardens negative beliefs. Remind others that many people choose to immunise.



"Local stories are powerful, and build trust in vaccines. Encourage people in your community to explain why they choose to vaccinate - and why others should too."

Tips for vaccine messaging

Tip	Why it works	How to use it
Use a Trusted Voice	People listen more when the message comes from someone they trust.	Encourage trusted leaders to say that they follow expert advice, and trust vaccines. Example: "I follow health advice to keep us safe."
Talk About Benefits	People like rewards and want to avoid problems.	Show what they gain. Example: "The vaccine is free and keeps your family safe."
Show What Others Are Doing	People copy what others are doing.	Share good examples. Example: "Most families plan to keep appointments."
Ask for a Promise	People try to keep promises.	Ask them to promise something simple. Example: "Let's check on our child's Road to Health Booklet tonight."
Help Them Make a Plan	Clear plans help people take action.	Help them choose a time and place. Example: "I will invite a HCW to speak this weekend."
Use Feelings	Strong emotions can move people to act.	Talk about love and care. Example: "We protect our family because we love them."
Support Their Good Image	People want to feel proud of what they do.	Praise good actions. Example: "You are caring for others by following health advice."
Give Back	People want to return kindness.	Remind them we help each other. Example: "Volunteers work hard. Communities help by following rules."

MYTHS AND MISINFORMATION

- Understand the difference
- Learn what you can do

Vaccine myths and misinformation are similar, but not exactly the same.

A vaccine **myth** is a false belief that many people think is true. It often comes from stories, fear, or misunderstanding.

Example: "Vaccines cause autism." This is a myth — it is not true, but some people still believe it.

Vaccine **Misinformation** means wrong or misleading information that is shared — sometimes by mistake, sometimes on purpose.

Disinformation - wrong information shared on purpose - is designed to make us scared, angry and distrusting.

Example: A tik tok video online says vaccines are dangerous, but it gives false facts.

That's misinformation.

Misinformation is "sticky". Once people believe misinformation, it can be hard to change their minds.
THAT'S WHY IT'S BETTER TO STOP CONFUSION BEFORE IT STARTS.

Learn what you can do

Check the facts

Fake messages can make us scared or angry. New information can also be difficult to trust as it's often not easy to know what is true. But by checking the facts you can correct misinformation:

- Who wrote it? Do a search of the person's qualifications. Visit trusted websites to check facts.
- Can I prove this information is true? Search online to see if this information comes from a trusted website.

Spot the tricks and lies

We can teach people early how to spot tricks or lies in messages by:

- Warning people that they might hear false stories.
- Showing people a small example of the trick, but in a safe way.
- Explaining why it's wrong and how to see the truth. This helps the brain build "mental protection" — like a vaccine for the mind.

Trick Example: “They don’t want you to know”

Sometimes, people who spread false stories say things like:
“Doctors are hiding the truth.”
“The government doesn’t want you to know this.”

This is a trick to make people feel scared or suspicious. It makes people think there is a secret — even when there isn’t one.

We can warn people about this trick before they hear it. We can say:
“Some people will try to scare you by saying there are secrets. But real health advice is open and shared by many trusted experts.”

This helps people recognize the trick when they hear it later — and not believe it.

WARNING PEOPLE ABOUT FALSE STORIES IS ESPECIALLY IMPORTANT DURING AN OUTBREAK, OR AN EMERGENCY.

SECTION 4

IMMUNISATION FROM BIRTH TO 12 YEARS

- Giving children the best start in life
- Know the EPI programme
- Immunisation from birth to 5 years
- Immunisation for children over 5 years
- Make the most of the Road to Health booklet
- Make the most of MomConnect
- Make it easier for caregivers to immunise correctly

Giving children the best start in life

As a Healthcare Worker, you know that prevention is better than cure.

Vaccines have been proven to protect children from preventable childhood diseases and vaccine preventable disease outbreaks.

But, with immunisation coverage decreasing, preventable diseases like measles are on the rise, putting children's lives at risk.

Your role is to help caregivers ensure that children receive all their free immunisations, right on schedule. This way, you are helping to protect children from common childhood diseases as well as disease outbreaks.

The work that you do every day is extremely valuable. By taking time to talk with caregivers, and protecting children from preventable diseases, you are helping to save young lives.

Know the EPI programme

South Africa's routine immunisation programme, the Expanded Programme on Immunisation (EPI), was updated in 2024 and protects children from 13 diseases. It also provides vaccination for adults for special conditions, see Section Five.

But children need to get every vaccine at the right time to be properly protected.

Immunisation for children

A baby will need to get immunised, at **birth** and **6 more times** in the **first year**, and then again at **18 months**. Older children get booster vaccines at **6 years**, just before they start school, and again at **12 years**.

"Get children vaccinated because it protects them from many illnesses. Because when they are at school there are too many germs and sick kids, so the vaccine can help to prevent children from getting affected."
- Healthcare Worker

Immunisation from birth to 5 years

Make sure you explain this key information to everyone looking after a baby - to fathers and mothers, gogos and guardians.

- The EPI Schedule protects against 13 vaccine preventable diseases.
- Babies need all immunisations, at the right time, for full protection.
- Babies should be immunised at birth in the facility, six times during the first year and at 18 months.
- Side effects are normal and show that the vaccine is working.

Remind them

- To keep their Road to Health Booklet (immunisation card) safe, and take it with them to the clinic.
- To make a note or set a reminder on their phone of when the baby is due for their next clinic visit.

Babies from birth to 1 year			
AGE	**VACCINE**	**VACCINES NEEDED**	**HOW AND WHERE IT IS GIVEN**
At Birth	Tuberculosis in children	BCG	Right arm
	Polio	OPV0	Drops by mouth
6 weeks	Polio	OPV1	Drops by mouth
	Rotavirus disease (fever, vomiting, diarrhoea)	Rotavirus 1	Liquid by mouth
	Pneumococcal diseases	PCV1	Intramuscular/ left thigh
	Diphtheria, tetanus, pertussis (whooping cough),poliomyelitis, Haemophilus influenza type B and hepatitis B	Hexavalent (DTaP-IPV-Hib-HBV)1	Intramuscular/ right thigh
10 weeks	Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, Haemophilus influenza type B and hepatitis B	Hexavalent (DTaP-IPV-Hib-HBV)2	Intramuscular/ left thigh
14 weeks	Rotavirus disease (fever, vomiting, diarrhoea)	Rotavirus 2	Liquid by mouth
	Pneumococcal diseases	PCV2	Intramuscular/ left thigh
	Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, Haemophilus influenza type B and hepatitis B	Hexavalent (DTaP-IPV-Hib-HBV)3	Intramuscular/ right thigh
6 months	Measles and rubella	MR1	Subcutaneous/ left thigh
9 months	Pneumococcal diseases	PCV3	Intramuscular/ right thigh
12 months	Measles and rubella	MR2	Subcutaneous/ right arm
Babies over 1 year			
18 months	Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, Haemophilus influenza type B and hepatitis B	Hexavalent (DTaP-IPV-Hib-HBV)4	Intramuscular/ left arm

Immunisation for children over five

When they are 6 years old, at the time they start primary school, all children need to get another booster immunisation. This gives them extra protection against tetanus, whooping cough and diphtheria.

When they are 12 years old, just before they start secondary school, all children should also get a second booster dose of immunisation against these three diseases.

At nine years old, girls need to get the Human Papilloma Virus (HPV) vaccine. HPV is a virus which causes cancer of the cervix, which is the lower part of the womb. Girls who are living with HIV are at greater risk of getting cancer caused by the HPV, so it's especially important that they get the HPV vaccine. The HPV vaccine is given as part of the school health programme in Government schools, and not through clinics.

Always explain that parents or caregivers need to fill in and sign the consent forms which they will receive from their child's school, in order for their girl child to be immunised against HPV. No girl will be vaccinated without parental consent.

REMEMBER:
Extra vaccinations provided during catch up campaigns and new vaccines during outbreaks will also need consent. This is a separate form - it is different from HPV or consent forms signed through schools.

Immunisation for children over 5			
AGE	VACCINE	VACCINES NEEDED	HOW AND WHERE IT IS GIVEN
6 years (girls and boys)	Tetanus, diphtheria and pertussis (whooping cough)	TdaP	Intramuscular/ left arm
Girls older than **9 years**	Human papillomavirus	HPV	Intramuscular/ upper arm or thigh
12 years (girls and boys)	Tetanus, diphtheria and pertussis (whooping cough)	TdaP	Intramuscular/ left arm
	Influenza	Flu	Intramuscular

Making it easier for caregivers to immunise correctly

No one knows your community better than you do. Here are ideas of how to help them keep up to date with their child's immunisation schedule.

- ***Listen and document***

Listen with kindness and empathy, so you can find what is standing in the way of caregivers having their children immunised.

- ***Improve access***

Explain the challenges to your manager, and during micro planning. Engage with clinic committees, and community leaders and influencers to plan outreach, and to address communities' questions and concerns.

- ***Stay informed***

Always use trusted resources to stay up to date with the latest information and research about outbreaks and the benefits of childhood immunisation. The National Advisory Group on Immunisation (NAGI) is constantly monitoring the EPI schedule to improve protection and coverage. Caregivers rely on you to explain changes in the schedule, and extra vaccination campaigns.

- ***Communicate effectively***

It's important to plan **what** and **how** you will communicate, and to listen and gather the community's feedback.

Make sure you have accurate information about the vaccine, side effects, when, where and how it can be accessed - **AND** that you have prepared messages that can address the **questions and concerns** people have raised. Then you need to make sure people hear the same messages over and over, from different sources and in different places.

Design pamphlets or posters to display in local public spaces such as clinics, churches, community halls and schools. Use the communication channels that people use most often, like What's App groups, Facebook and Tik Tok. Use trusted channels like community radio, and make sure radio presenters and producers are briefed on how to deal with vaccine hesitancy.

Work with community leaders to host information events at places of worship, ECDs, schools or at community events. Remember to use the ***"Tips for Vaccine Messaging"*** on page 13 and make sure media and community leaders do the same.

Make the most of the Road to Health Booklet

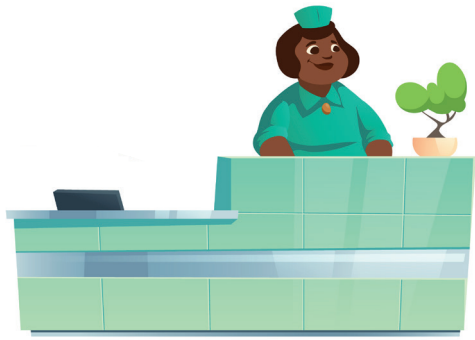
For caregivers and parents, the Road to Health book is a very useful guide, with up to date information about their child's immunisation programme, health and development. Remind them to always bring the RTHB to clinic visits. If theirs is lost, remind them they can get a duplicate at their local clinic.

Encourage caregivers to make a special effort to download the easy to read booklet
"How to raise a happy and healthy child"
from the Side by Side website
https://sidebyside.co.za/booklets/#
Get more resources at:
https://sidebyside.co.za/resources/
The booklet is available is all official South African languages.

The booklet contains exactly the same educational content for caregivers as the RTHB, but it doesn't contain any health records.

The booklet is especially useful for caregivers:

- Who are not confident English readers.
- Whose child is under 5 years.
- Who spend a lot of time with a child under 5 but don't have access to the RTHB – like grandparents and day mothers.



Make the most of MomConnect

Make sure all pregnant girls and women are registered on the MomConnect app, so that they get regular reminders of when to immunise their baby, and other critical information.

Women and girls registered on the free MomConnect app are more likely to make sure their child is fully immunised.[9] The app sends reminders when the child is due for immunisation, and other critical information about child health and development.

To prevent under-immunisation, and protect the next generation of children from preventable diseases it's especially important to encourage every pregnant woman and girl to register, and to go to clinic for antenatal care.

To get started women can send "JOIN" to 079 631 2456 on WhatsApp or dial *134*550*2#.

Remember that you need to give pregnant women the local facility's clinic code, which they will need to register.

Get **MomConnect** communication resources in all languages at: https://www.health.gov.za/momconnect-toolkit/

- Vaccines for adults and the elderly
- Vaccination during pregnancy
- Special concerns

Vaccines for adults and the elderly

As with childhood illnesses many diseases in adulthood can be prevented by immunisation. Vaccines are particularly important for adults exposed to disease in their work, like healthcare or animal healthcare workers, or while traveling. Vaccines are also important for elderly people, or those with chronic disease, as they are at risk of getting severely ill, e.g., from flu.

But many of the people who would benefit from protecting themselves against a Vaccine Preventable Disease (VPD) may have many questions, concerns and fears that make them delay getting immunised.

Your role is to address these concerns and dispel fears.

It's important to:

- Explain the benefits of a simple vaccine over the risks of contracting a serious disease.
- Remind people that they can avoid the difficulties of having a sick child like cost/time off work/worry and anxiety by having immunisations.
- Be clear that having the vaccine means they are taking charge of their health.
- Remind people that taking the vaccine is the right thing to do in their community.

Remember:
Never repeat a myth, because it will 'stick' in people's minds. Always start by saying that a lot of what people say on social media and to each other may not be accurate.

Vaccination during pregnancy

The EPI programme also protects all pregnant women. During each pregnancy, a girl or woman should be immunised against tetanus, diphtheria and whooping cough (Tdap) between 24 and 36 weeks. She should also receive the flu vaccine, if she will be pregnant during the flu season.

Pregnant women are often also the first to be eligible to receive vaccines during outbreaks, such as for mpox.

PREGNANT WOMEN HAVE SPECIAL CONCERNS

Many pregnant women are concerned about taking a routine or a new vaccine, and say that they prefer to wait until after the child is born.[10]

They worry that the vaccine may affect their unborn child, or could interact badly with other pills they are taking, such as ART, or supplements.

Remember that it is reasonable for a pregnant woman to want to protect her unborn child, and it may take a few days or weeks for her to move towards accepting the vaccine.

Your role is to listen and understand that concern, and then to address it. Always reassure that vaccines are carefully tested and tracked to make sure that they are safe during pregnancy.

Keep reminding her that getting vaccinated is easier and quicker than getting ill with a serious disease, and that she will be protecting herself and making sure that her baby will have a healthy mother, able to provide all the care it needs.

Remind her that her baby will also need vaccines, at birth, six times during the first year and at 18 months. **Make sure she's registered on MomConnect.**

If you do not have enough information, reach out to your manager or the National Health Hotline.

SECTION 6

VACCINES FOR DISEASE OUTBREAKS AND PUBLIC HEALTH EMERGENCIES

- Risk Communication and Community Engagement (RCCE)
- Disease outbreaks
- Community engagement
- Feeding back to the community to build trust
- Other ways you can become a vaccine champion

Risk Communication and Community Engagement (RCCE)

Risk Communication and Community Engagement (RCCE) is one of the core pillars of the response in a public health emergency, and a requirement under international health regulations.

As Healthcare Workers, you have a critical role to play in daily RCCE. People have different information needs during an emergency. Staying informed, using all the tips in this guide, and applying the Principles of effective RCCE, will be essential.

The Principles of effective RCCE[11]

- **Be first:** in an emergency people often only remember the first thing they hear about the problem. Be proactive and communicate quickly, clearly and often to prevent rumours from spreading. Always leave time to listen to questions and discuss concerns.

- **Be right:** only communicate information you receive through official, trusted channels. Communication must be easy to understand, complete and precise. This helps build trust.

- **Be honest:** in an emergency, the situation is always changing – it's important to explain what we know, and what we don't know and make sure people receive the latest information as it becomes available.

- **Be empathetic:** try to feel what the person in front of you may be feeling. During a crisis, people need to be listened to and not judged on their behaviour. If they do not feel heard, they will be less likely to listen to the advice.

- **Promote action:** give reliable information about the risk and practical information about what people can do to protect themselves and others. Explain why this should be done. Involve people in decision making.

- **Be respectful:** during a crisis, people around you and in the community are likely to have different reactions to the threat. Accept and respect these, even if they seem irrational. Repeat to yourself that changing behaviour is not always easy, or immediate.

During an emergency, it is more important than ever that Healthcare Workers, as frontline communicators, build and maintain trust in the health services and ensure people quickly get the lifesaving information they need to make informed decisions.

Rumours and fear flourish in an information vacuum.

Disease outbreaks

In an outbreak, there is often limited knowledge about vaccination and why there was an outbreak of a vaccine preventable disease. Your community may have many questions (e.g. content of the vaccine, number of doses, effectiveness, safety, and side effects).

You need to find out what your patients have heard, and promote accurate information on:

- What the vaccine preventable disease is and its origins.
- How people can get it and its transmission, e.g. if airborne or transmitted through direct contact.
- Whether the disease is fatal if untreated.
- If the disease can return after treatment and recovery or after vaccination.
- How to protect children from the disease including life-saving vaccines.
- The safety of vaccines for adults and children with chronic conditions including with life-saving vaccines
- Risk of disease and safety of vaccine for women who are pregnant or breastfeeding.

" We're not just fighting an epidemic; we're fighting an infodemic. Fake news spreads faster and more easily than a virus, and is just as dangerous."

DR TEDROS ADHANOM GHEBREYESUS,
DIRECTOR GENERAL OF THE WHO

Community engagement

Community engagement means involving communities in decision making and planning.

It's an ongoing planned, two-way process to work with traditional, community, civil society, government and opinion groups and leaders so that they can play a bigger role in improving immunisation programmes in their community.

A strong system of community engagement goes beyond community mobilisation.

It means there is always a mechanism in place for the EPI programme and communities to make joint plans – whether for an outreach event, a problem with vaccine supplies, a change in the EPI schedule, an outbreak or an emergency.

Key players in community engagement include ward councilors, community health workers (CHWs, health promoters), traditional leaders, school principals, faith-based organizations, local NGOs and representatives from marginalised and vulnerable groups.

Everyone in the community needs to know how to participate in the community engagement process around the immunisation programme – especially marginalised groups like disabled people, people who may speak a different language, or those who cannot easily access the services.

Important

Social listening and Community Feedback

Listening and responding to what communities are saying on social media and in their homes and communities, is essential. The Department of Health actively tracks this, at national and provincial level. Your role is to make sure decision makers know what people in your community are saying, to help work out how to respond.

Make sure that you always communicate back to the community on what is being done to respond to their concerns.

Closing the feedback loop builds trust!

Other ways you can become a vaccine champion

You are not just a Healthcare Worker, but also a trusted member of the community. Use your power to promote vaccine use, for babies, children, adults and the elderly.

- Stay up to date on vaccines and immunisation, and share information on WhatsApp groups.
- Arrange information days at local events.
- Correct false information before it is shared widely.
- Share your experiences and positive stories of having your children immunised.
- Arrange for a mobile clinic to visit remote areas.

IMPORTANT WORDS

- **Closing the feedback loop:** *Communicating back to the community - explaining what has happened in response to the issues they raised, and giving new information.*

- **Community feedback:** *Listening to community questions, concerns and suggestions, and recording these on the feedback form for the District RCCE team.*

- **Continuum:** *A slow change, from one side to another.*

- **Perception:** *What people think, feel and believe.*

- **Social norms:** *Rules in a community that people follow, even if they are not written down. These rules help people know what is acceptable or not acceptable to do.*

- **Vaccine Denial:** *Not accepting that vaccines work.*

- **Vaccine Hesitancy:** *Undecided, so not getting safe vaccines when they are available.*

---

1 The Vaccine Confidence Project, London School of Hygiene and Tropical Medicine. https://www.vaccineconfidence.org/vci/map/
2 MacDonald NE; SAGE Working Group on Vaccine Hesitancy. Vaccine hesitancy: Definition, scope and determinants. Vaccine. 2015 Aug 14;33(34):4161-4. doi: 10.1016/j.vaccine.2015.04.036. Epub 2015 Apr 17. PMID: 25896383.
3 Contribution of vaccination to improved survival and health: modeling 50 years of the Expanded Programme on Immunization. Shattock, Andrew J et al. The Lancet, Volume 403, Issue 10441, 2307 - 2316
4 WHO/UNICEF Estimation of National Immunisation Coverage 2025. https://data.unicef.org/topic/child-health/immunization/
5 Jamieson, Gesine Meyer-Rath, A cost-effectiveness analysis of South Africa's COVID-19 vaccination programme, Vaccine, Volume 42, Issue 20, 2024, 125988, ISSN 0264-410X, https://doi.org/10.1016/j.vaccine.2024.05.036. (https://www.sciencedirect.com/science/article/pii/S0264410X24005954)
6 Liu Shiu Cheong,D. et al. Attitudes, perceptions, and experiences of Western Australians towards vaccine safety surveillance systems following COVID-19 vaccines: A qualitative descriptive study. Australian and New Zealand Journal of Public Health,Volume 48, Issue 1, 2024. Serious side effects from childhood vaccines are constantly investigated by an independent ministerial advisory committee, the Department of Health, and the South African Health Products Regulatory Authority (SAHPRA).
7. Bussink-Voorend, D., Hautvast, J.L.A., Vandeberg, L. et al. A systematic literature review to clarify the concept of vaccine hesitancy. Nat Hum Behav 6, 1634–1648 (2022). https://doi.org/10.1038/s41562-022-01431-6
8. Larson HJ. Defining and measuring vaccine hesitancy. Nat Hum Behav. 2022 Dec;6(12):1609-1610. doi: 10.1038/s41562-022-01484-7. PMID: 36418535; PMCID: PMC9684976.
9. IDInsight (2024) MomConnect Quality Based Messaging RCT (External Report)
10. Razai MS, Mansour R, Goldsmith L, Freeman S, Mason-Apps C, Ravindran P, Kooner P, Berendes S, Morris J, Majeed A, Ussher M, Hargreaves S, Oakeshott P. Interventions to increase vaccination against COVID-19, influenza and pertussis during pregnancy: a systematic review and meta-analysis. J Travel Med. 2023 Dec 28;30(8):taad138. doi: 10.1093/jtm/taad138. PMID: 37934788; PMCID: PMC10755181.
11. Communicating risking public health emergencies: a WHO guideline for emergency risk communication (ERC) policy and practice. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Useful links and resources

Department of Health
- National Health Hotline: 0800 012 322
- WhatsApp: 0600 123456
- Healthhotline@health.gov.za
- AIDS Helpline: 0800 012 322
- Mental Health Information Line: 0800 567 567

MomConnect
Send "JOIN" to 079 631 2456 on WhatsApp or dial *134*550*2#.
Need clinic code to register

Side by Side
- Website: sidebyside.co.za
- Facebook: https://www.facebook.com/SidebySideSA/
- Phone: 071 412 0553
- Email: info@sidebyside.co.za

NurseConnect
- Phone: *134*550*5#

National Institute of Communicable Diseases
- Website: nicd.ac.za
- Disease information: https://www.nicd.ac.za/diseases-a-z-index/#tab1

UNICEF
https://www.unicef.org/southafrica/unicef-parenting

WHO Africa Infodemic Response Alliance (AIRA)
https://www.afro.who.int/AIRA/reports

REMEMBER

You may come across people who are angry and are against getting immunised or who are still not sure after you've spoken with them. Concentrate on building a good relationship to encourage them to talk with you again in the future.