Western Cape Government
Health

Office of the DDG: Chief Of Operations
REFERENCE: 16/4
ENQUIRIES: Dr S Kariem

TO:	Chief Directors:	Emergency and Clinical Support Services Metro Health Services Rural Health Services Strategy and Health Support
	District Managers:	Metro District Substructures Rural Districts
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	Executive Directors / Heads of Health:	Local Authorities City of Cape Town
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	Managers	Department of Social Development Department of Basic Education Department of Correctional Services

CIRCULAR: H 22 /2021

ADVERSE EVENTS FOLLOWING IMMUNISATION (AEFI) MONITORING FOR COVID-19 VACCINATION

The aim of the circular is to update all healthcare workers of the national and provincial procedures that are being put into place for the surveillance of Adverse Events Following Immunisation (AEFI) in respect to the introduction of the COVID-19 vaccination programme.

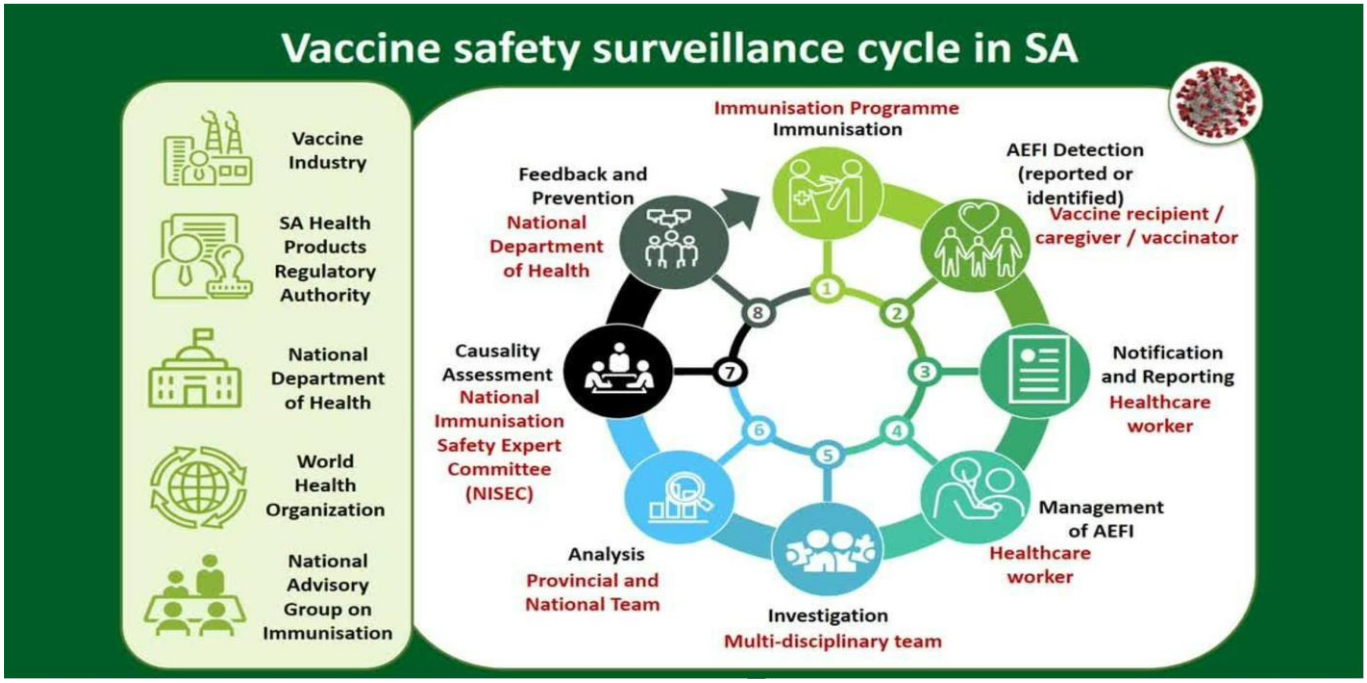
1. Introduction:

- In South Africa, a vaccine safety surveillance system is in place within the Expanded Programme on Immunisation (EPI). When adverse Events Following Immunisation (AEFI) cases are identified/detected the event is reported and managed accordingly. All serious and severe AEFI should be investigated by a multi-disciplinary healthcare team, data collected for analysis, causality assessment conducted by a national expert committee, and the outcome of the causality assessment communicated to all relevant stakeholders. The same process will apply to COVID-19 vaccination. See figure 1 below.
- Successful surveillance of AEFI is only possible through the collaborative efforts of various key players and stakeholders. Apart from the vaccinator, the vaccine recipient and other healthcare

professionals, important stakeholders also include the manufacturers of vaccines, the South African Health Products Regulatory Authority (SAHPRA) responsible for the authorization and licensure of vaccines, the National Department of Health and in particular the EPI, the World Health Organization and the National Advisory Group on Immunisation (NAGI).

- For the COVID-19 Vaccination Programme implementation, an online training package has been provided for healthcare workers. In addition, a draft COVID-19 Vaccination Field Guide; will be distributed inclusive of, amongst other important aspects, a detailed module/chapter on the management and reporting of AEFI and AESI (Adverse Events of Special Interest) as well as annexures on the management of anaphylaxis, and details of the passive and active electronic reporting systems.

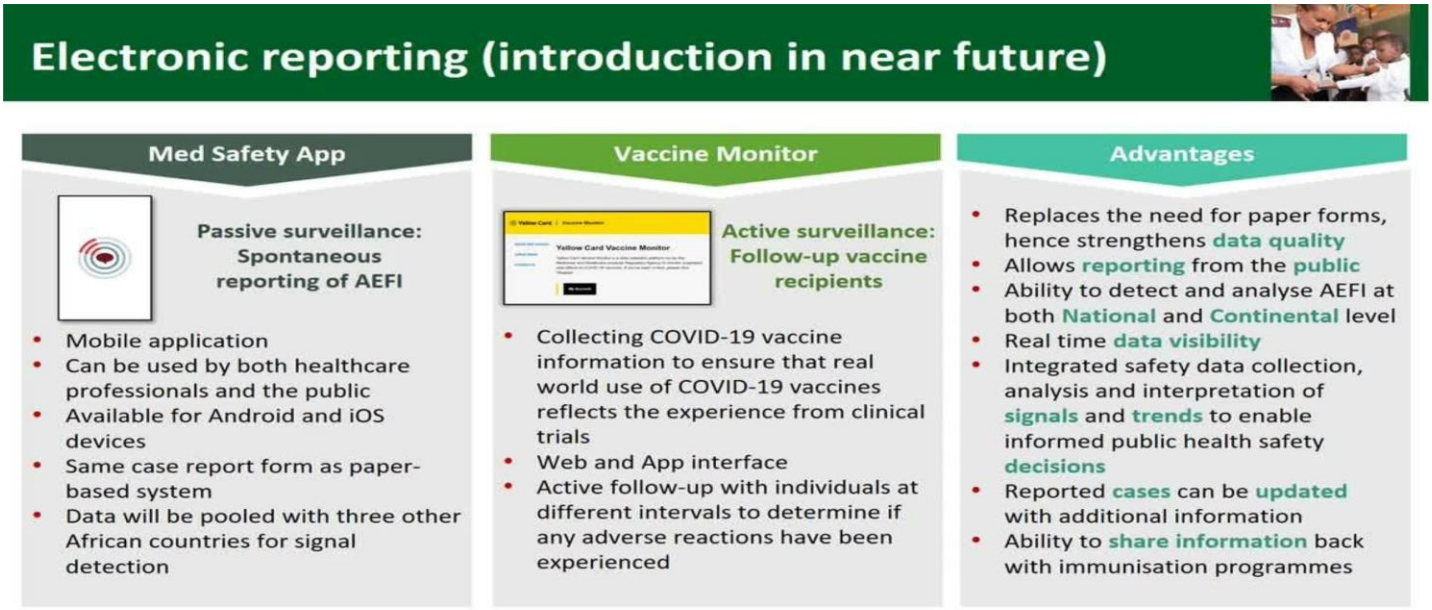
Figure 1: South African AEFI surveillance cycle



2. AEFI Surveillance System

- In addition to the current paper-based system in place in South Africa, an electronic system for reporting will be introduced to facilitate reporting using the Med Safety App and active surveillance with the Vaccine Monitor. The Med Safety App will be a mobile application for use by healthcare professionals as well as the general public. The Vaccine Monitor, which has a Web and App interface, will be used for the active follow-up of vaccine recipients at different intervals, to determine if any adverse reactions have been experienced.
- With an electronic system there will be real time data visibility as well as analyses of AEFI at both national and continental level. Another important advantage is that it allows for integrated safety data collection, analysis and interpretation of signals and trends to enable informed public health safety decisions, which will be important with the COVID-19 vaccine introduction.
- **Training on the electronic safety surveillance system** will be provided to all healthcare workers at the implementation stage, and the paper-based system will be utilized until the electronic system are put in place.

Figure 2: Electronic Reporting for AEFI safety surveillance



3. Reporting and investigation procedures for AEFI, AESI and clusters

3.1. Responsibility of reporting

The following individuals are responsible for reporting of AEFI, AESI, and clusters:

- All healthcare workers providing immunisation service
- Health workers providing clinical treatment of AEFI and AESI in health centres, hospitals etc.
- Vaccine recipients who report AEFIs
- Researchers conducting clinical trials or field trials

3.2 What to report

- All AEFI and AESI, whether minor or severe, must be reported to the District/Province/National Department of Health Office within 24 hours of occurrence – whether on the paper-based or electronic system.
- The case definitions for reporting of AEFI, AESI and clusters are available for COVID-19 vaccinations. See Table 1 and Figure 3

Table 1: Case Definitions for AEF monitoring (including AESI)

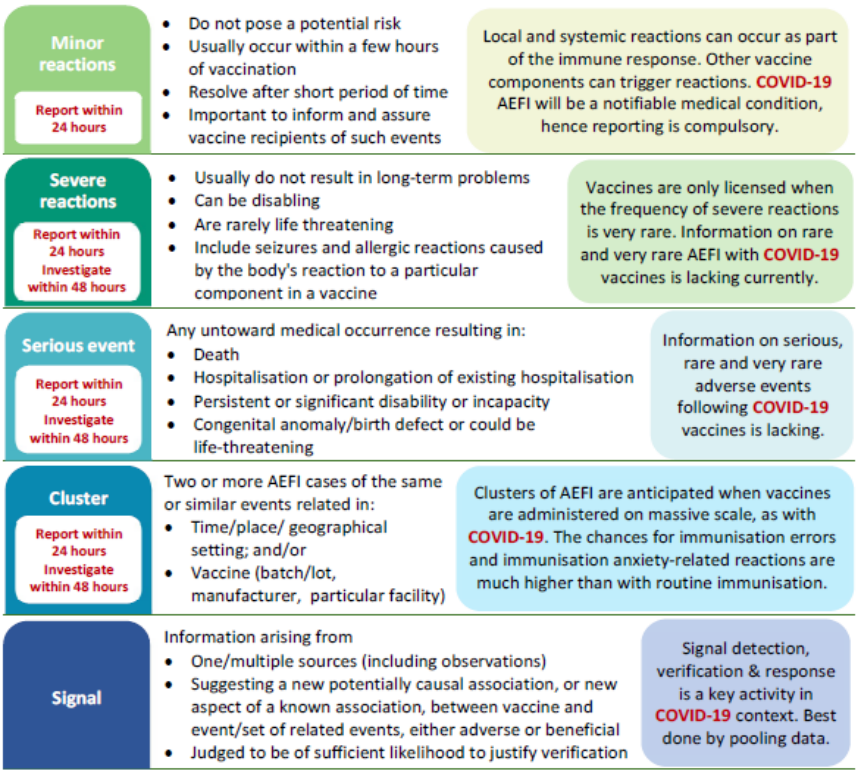
	Case Definitions	
1	**Adverse Event following Immunisation (AEFI)**	An Adverse Event Following Immunisation (AEFI) is any untoward medical occurrence which; • follows immunisation; • does not necessarily have a causal relationship with the usage of the vaccine; • may be any unfavourable symptom about which a vaccine recipient complains; and • may be an abnormal laboratory finding, sign or disease found by medical staff.
2	**Adverse Events of Special Interest (AESIs)**	**Adverse Events of Special Interest** is a pre-specified medically significant event that has the potential to be causally associated with a vaccine product that needs to be carefully monitored and confirmed by further special studies. AESIs are usually identified through active vaccine safety surveillance (AVSS)

		systems. Conditions commonly considered as AESIs include serious events that have followed other immunizations, for example: • Guillain-Barré syndrome (GBS); • acute disseminated encephalomyelitis (ADEM); • anaphylaxis; • serious events potentially related to novel platforms; • serious events potentially related to adjuvants; • serious events related to vaccine failure/immunogenicity (vaccine-associated enhanced disease (VAED)); or • events that are potentially important for specific populations.
3	**Cluster of AEFI**	**Cluster of AEFI** • Two or more AEFI cases of the same or similar events related in time or place or geographical setting; and/or vaccine (i.e. the batch/lot, manufacturer, particular facility).

3.3 Time frames for Reporting

- For the COVISHIELD vaccine, reports on severe or serious AEFI (including AESI and clusters) must reach SAHPRA within 24 hours of occurrence through an expedited process.
- Reports of minor AEFI must reach SAHPRA within 7 days.
- Email address to submit documents to NDOH: AEFI@health.gov.za

Figure 3: Categories of AEFI and implications for COVID-19 Vaccinations



3.4 Reporting Tools

- The data collection tools for AEFI safety surveillance will be available in the Vaccination Field Guide: COVId-19 Vaccine, and on the following websites: NDOH, SAHPRA, NICD, and Knowledge Hub.
- Health facilities, sub-district and district offices report and obtain EPID numbers for AEFI routinely directly from the Provincial CDC-EPI Office.
- The number of AEFIs that will be reported for the COVID-19 vaccination will increase significantly as we start vaccinating more individuals in the population. This means we will require more capacity, and as such district offices will be requested to provide EPID numbers and maintain line lists for cases in their jurisdiction.
- The EPID numbers for cases may be obtained from the Rural District Health Services offices (Information Management or EPI Coordinators) for cases presenting to facilities in their jurisdiction, and the Provincial EPI Disease Surveillance Officer for cases from the Cape Town Metropolitan District.
- The EPID numbers are provided based on the residential address of the case/s being reported:
    - Cape Town Metropolitan district: SOA-WCP-CAT-2021-XXX
    - Cape Winelands: SOA-WCP-CWL-2021-XXX
    - Central Karoo: SOA-WCP-CKA-2021-XXX
    - Garden Route/Eden: SOA-WCP-EDE-2021-XXX
    - Overberg: SOA-WCP-OVE-2021-XXX
    - West Coast: SOA-WCP-WEC-2021-XXX
- Kindly alert the Provincial CDC-EPI Office immediately of severe and serious AEFIs. These cases will need to be investigated. District and sub-district EPI coordinators will be alerted of the serious cases for further investigation and follow-up.
- Submit all CRF and CIF forms to the NDOH email address: AEFI@health.gov.za, as well as the provincial officials listed below.
- Case Reporting Forms may be submitted to the National Department of Health AEFI email address (AEFI@health.gov.za) without EPID numbers being obtained from provincial office. For these cases, the EPID numbers may be obtained retrospectively.
- Please note that the implementation study (Sisonke) linked to the COVID-19 vaccinations will require their sites to submit safety surveillance information according their study protocols, which also includes the use of the NDOH Case Reporting Forms etc.

Table 2: Obtaining EPID numbers for AEFI and AESI surveillance for COVID-19 Vaccinations in the Western Cape, February 2021

	District	Name	Tel/Cell/fax	Email
1	**Cape Town Metropolitan District**	Ms Lindi Mathebula	021-483-9917 (tel) 021-483-2682(fax) 081-465-5326 (cell)	Lindi.mathebula@westerncape.gov.za
		Ms Charlene Lawrence	021-483-9964 (tel) 086-6111-092 (fax) 072-356-5146 (cell)	Charlene.lawrence@westerncape.gov.za
		Ms Sonia Botha	021-483-4266 (tel) 021-483-2682 (fax) 083-576-7893 (cell)	Sonia.botha@westerncape.gov.za

2	**Cape Winelands**	Ms. Gladesene Verwey	023-348-8136	Gladesene.verwey@westerncape.gov.za
		Mr. Alfonso Malgas	023-348-8116	Alfonso.malgas@westerncape.gov.za
		Ms Roenell Balie	023-348-8122; 082-397-4467	Roenell.balie@westerncape.gov.za
3	**Central Karoo**	Ms Bernadine Goliath	023-414-8200	Bernadine.Goliath@westerncape.gov.za
		Mr Jean-Pierre Rossouw	023-414-8200	Jean-Pierre.Rossouw@westerncape.gov.za
		Ms Bevelene Minnies	023-414-8200	Bevelene.Minnies@westerncape.gov.za
4	**Garden Route**	Ms Althea Adams	044-803-2700/83	Althea.adams@westernccape.gov.za
		Mr Xolani Zakhe	044-803-2700	Xolani.Zakhe@westerncape.gov.za
5	**Overberg**	Mr Valentino Louis	028-214-5849	Valentino.Louis@westerncape.gov.za
		Ms Beatrice Groenewald	028-214-5852; 082-969-9297	Beatrice.groenewald@westerncape.gov.za
6	**West Coast**	Ms Hildegard Van Rhyn	022-487-9354 (tel) 086-771-2528 (fax)	Hildegard.VanRhyn@westerncape.gov.za
		Mr Lebo Oliphant	022-487-9353	Leboang.Oliphant@westerncape.gov.za

3.4.1 Paper-based System

Case Reporting Form (CRF) for AEFI and AESI – report within 24 hours

- Basic information of all AEFI that have been reported/notified
- Used by vaccinators and other healthcare workers who received notification/report of an AEFI

AEFI line list

- Collation of details on the CRF
- Used by provinces and National AEFI Coordinator

Case Investigation Form (CIF) for AEFI and AESI – investigate within 48 hours

- Collect detailed information when serious and severe AEFI cases, and clusters are investigated
- Used by the multi-disciplinary investigation team

AESI line list

- Collation of details on the CRF
- Used by provinces and National AEFI Coordinator

AEFI Causality Assessment Form

- Used to determine case classification for severe and serious AEFIS cases and clusters
- Used by the National Immunisation Safety Expert Committee.

3.4.2 Electronic system introduction:

- The Med Safety App will be a mobile application for use by healthcare professionals as well as the general public. Training on the electronic safety surveillance system will be provided to all healthcare workers.

3.5 Case Investigation

- ✓ Case Investigations must be done for all severe and serious AEFI, AESI and clusters (whether minor or severe). This investigation should be done by a multi-disciplinary team consisting of various healthcare professionals within 48 hours.
- ✓ Once a cluster is identified, it must also be reported within 24 hours and investigated within 48 hours.
- ✓ Case investigation should be undertaken by trained healthcare workers at district and provincial/ national levels. The investigation of severe/serious AEFIs and obtaining relevant records etc. should be coordinated by the district EPI-CDC managers, and the provincial CDC-EPI Surveillance and officer.
- ✓ A multi-disciplinary investigation should include the following team members:
    - o EPI co-ordinator /manager
    - o District or CDC surveillance officer
    - o Vaccine logistics / cold chain co-ordinator
    - o District pharmacist
    - o Referral hospital clinician / physician (adult, geriatric, family)
    - o Communication's officer, media and community liaison
    - o Community nurse
    - o Epidemiologist
    - o Clinical psychologist and forensics / district surgeon (in case of death)
- ✓ The vaccinator should be excluded from the case investigation team, but not excluded from the investigation process.
- ✓ The district multi-disciplinary team may conduct a facility visit and use available clinical records, vaccine recipient interviews, vaccinator interviews and observations to complete the case investigation form (CIF).
- ✓ Line list must be maintained and submitted on a weekly basis from the District to the CDC-EPI surveillance Officer and the National AEFI Coordinator.
- ✓ All documentation (clinical notes, laboratory results, autopsy results etc.) obtained from the case investigation must be gathered and submitted to the National AEFI Coordinator. This will be submitted for causality assessment by NISEC.

3.6 Causality Assessment

- Causality assessment is conducted by the National Immunisation Safety Expert Committee (NISEC) through a structured, unbiased, robust, and systematic assessment process for all AEFI and AESI cases reported to NDOH EPI and SAHPRA.
- The prerequisites for AEFI causality assessment include the:
    - o completion of the case investigation (CRF, CIF and case investigation),
    - o existence of a specific "diagnosis" being investigated for association with immunisation (clinical sign, abnormal laboratory finding, symptom and/or disease), and
    - o details and evidence i.e. supporting documentation (clinical notes, laboratory results, autopsy reports (verbal autopsy and post-mortem) etc.
- The assessment of severe/serious AEFIs should be concluded within 30 days

- They classify the cases in terms of causality and provide independent, scientific advice and recommendations to the NDOH on immunisation safety and AEFI.

3.7 Classification of AEFI causality by NISEC

- **Vaccine reaction:** An individual's response to the inherent properties of the vaccine, even when the vaccine has been prepared, handled and administered correctly
- **Vaccine product-related reaction:** Caused / precipitated by a vaccine due to one/more of the inherent properties of the vaccine product
- **Vaccine quality defect related:** Caused / precipitated by a vaccine, due to one / more quality defects of the product, including its administration device, provided by manufacturer
- **Immunisation error-related reaction**: caused by inappropriate vaccine handling, prescribing or administration
- **Immunisation anxiety-related reaction:** arising from anxiety about the immunisation and fear of an injection
- **Coincidental event:** An event that happens after vaccination but is not caused by the vaccine or vaccination process

3.8 Feedback and prevention of safety risks

- Follow-up on feedback from NISEC
- Communicate the outcome of the causality assessment with vaccine recipient
- Implement corrective measures in the case of programmatic errors.

Figure 4: National goal and process of reporting AEFI and AESI as part of the COVID-19 vaccine introduction

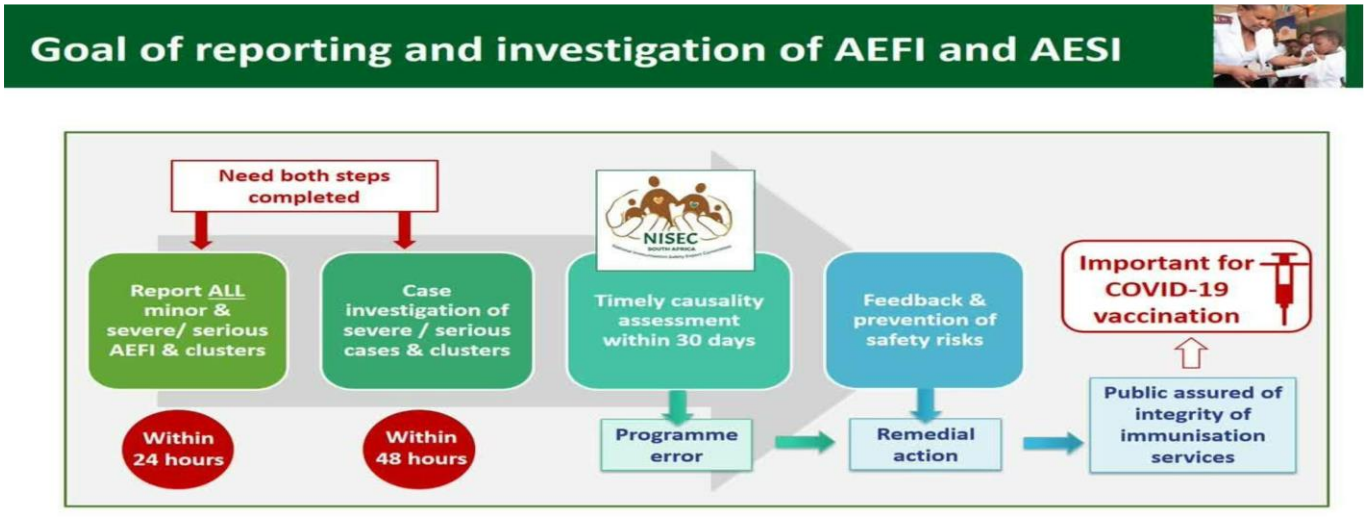
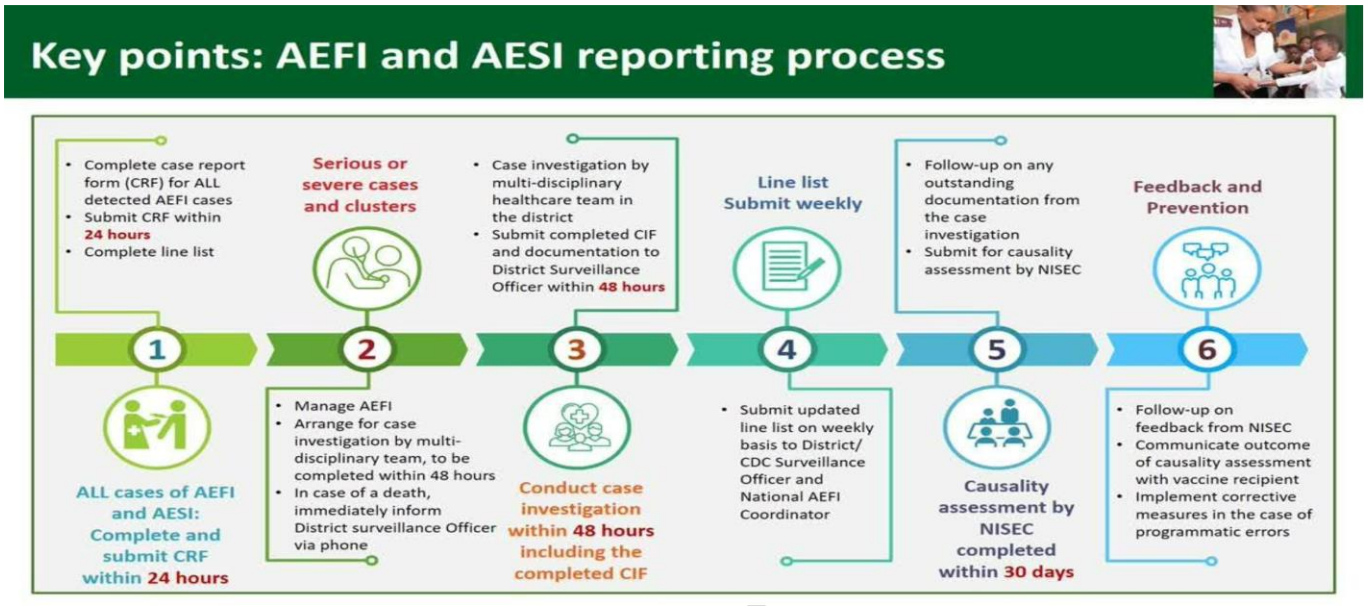


Figure 5: National process of reporting AEFI and AESI as part of the COVID-19 vaccine introduction



The table below indicates the activities that should be in place to ensure cases are reported and investigated appropriately.

Table 1: Measures for implementation to ensure early detection and investigation of AEFI, AESI and clusters relating to the COVID-19 Vaccinations

	Objective	Action
1.	**Ensure all health care workers are adequately trained in the management and reporting of AEFI, AESI, and clusters**	✓ **All healthcare workers in public and private sector should have undergone the COVID-19 Vaccination training** that has been provided through the Knowledge Hub and/or by the local Western Cape Department of Health Training Centre. ✓ Acquaint yourself with Module 4: AEFI management and monitoring of the training package. More information will be contained withing the COVID-19 Vaccination Field Guide that will be provided. ✓ For more information on the roll-out of the training in the province, vaccinators register, training material etc., please contact Ms E. Joubert at Elrien.joubert@westerncape.gov.za from the Provincial Training Centre ✓ **Training on the introduction of an electronic vaccine safety surveillance system** (Med Safety and Vaccine Monitor) will be conducted and all healthcare workers and relevant officials are encouraged to undergo this training as soon as it becomes available.
2.	**Intensify surveillance and reporting of AEFI, AESI, and clusters**	✓ **All healthcare workers, health facilities, sub-districts and districts must be on alert to detect and report AEFI cases and investigate the serious or severe cases that are reported.** ✓ Acquaint yourself with all the case definitions, minor and serious reactions / trigger events, list of conditions associated with AESI and

		the national / provincial reporting procedures that are put into place. ✓ Kindly utilize the COVID-19 Vaccinations Field Guide and the draft safety surveillance document to obtain all reporting forms, line lists etc. The information on electronic system will also be available on the following websites i.e. National Department of Health, Knowledge Hub, SAPHRA, and NICD. ✓ Ensure that the new updated AEFI reporting and line listing forms for COVID-19 vaccinations i.e. Case Report Form (CRF), Case Investigation Form (CIF) and line lists are available at your facility etc. in order to be able to report any cases that are reported and managed. Kindly ensure all cases are reported within 24 hours from occurrence, and case investigations are conducted within 48 hours for serious or severe cases. ✓ In addition to the paper-based reporting, electronic reporting systems procedures must be followed for both the EVDS COVID-19 Vaccinations and the AEFI safety surveillance systems. ✓ See the attached the procedural flow diagram for the reporting of AEFI of COVID-19 Vaccinations with additional information on provincial procedures.
3.	**Adequate clinical management of cases**	✓ **Acquaint yourself with minor and serious reactions and the clinical management protocols of AEFIs that may require clinical treatment.** ✓ Clinical management is usually required for severe (serious or non-serious) reactions like severe allergic reactions (e.g. anaphylaxis). ✓ Proper diagnosis, urgent treatment and management are essential for anaphylaxis. Anaphylaxis risks and mitigation is done through the following: o Risk of anaphylaxis is determined through a series of questions posed in the written informed consent form o Emergency trays must be available in all health facilities/sites where individuals will be vaccinated. o All vaccinators must be trained in management of anaphylaxis o Vaccine recipients should be monitored for 15 minutes after vaccination for manifestation of anaphylaxis. For recipients with a previous allergic history the period of observation should be extended to 30 minutes because onset of anaphylaxis / severe allergic reactions may be delayed in these individuals. ✓ **Minor reactions** usually occur within a few hours of vaccination and usually resolves within a short time-period.

		✓ **Local and systemic reactions** can occur as part of the immune response, and vaccine components can trigger reactions. ✓ **Serious reactions** are any untoward medical occurrence that at any dose results inpatient hospitalisation, death, results in persistent or significant disability/incapacity, or is life threatening.
4.	**Constitute and initiate district multi-disciplinary teams for the investigation of severe and serious AEFI cases**	✓ **Districts/sub-districts must constitute a multi-disciplinary healthcare teams to initiate the case investigation.** ✓ The team may include the following members: EPI co-ordinator /manager, District or CDC -EPI Disease Surveillance Officer , Vaccine Logistics / Cold Chain co-ordinator, District Pharmacist, referral Hospital Clinician / Paediatrician, Communication's Officer, media and community liaison, Community Nurse, Epidemiologist, Clinical Psychologist and Forensics / District Surgeon (in case of death). ✓ **The team must investigate serious and severe AEFI cases and clusters within 48 hours.** They may conduct a facility visit and use available clinical records, vaccine recipient interviews, vaccinator interviews and observations to complete the case investigation form.
5.	**Facilitation of the case investigation of serious and severe AEFI and AESI cases and required submission of documentation**	✓ **The Provincial CDC-EPI office may constitute a multi-disciplinary team with appropriate membership and Terms of Reference to assist with guiding case investigation and gathering of supporting documents in preparation for submission to the NDOH and NISEC.** ✓ The Provincial CDC-EPI Office facilitates case investigation and supports the districts as needed. ✓ The investigation of severe/serious AEFIs and obtaining relevant records etc. should be coordinated by the district or provincial EPI-CDC managers and Provincial EPI Disease Surveillance officer. ✓ Case Investigations must be done for: o all severe and serious cases, o clusters whether minor or severe, o AESI ✓ The health facility where the case was treated may be requested to partially complete the CIF and the remainder completed by other another official/investigator at for example the sub-district where the vaccination took place. ✓ **All health facilities and institutions are requested to submit documentation as requested from these cases if requested by the provincial CDC-EPI office.** ✓ The Provincial CDC-EPI Surveillance Officer follows up and ensure all CRF, CIF and all documentation (clinical notes, laboratory results,

		autopsy etc.) and line lists are submitted to National EPI / AEFI Coordinator. ✓ Line list must be maintained and submitted on a weekly basis to the provincial CDC-EPI disease surveillance Officer and the National AEFI Coordinator. See Annexure 1 with contacts of key EPI Coordinators, Pharmacy Managers and Clinicians at referral facilities

The following documents are attached for your information:

1. Procedure for The Reporting of Adverse Events Following Immunisation For COVID-19 Vaccination - Western Cape
2. Draft NDOH Vaccine Safety Surveillance for COVID-19 Vaccination
3. Case Reporting Form (CRF) for Adverse Events Following Immunisation (AEFI) – ALL VACCINES including COVID-19
4. Case Reporting Form (CRF) for Suspected Adverse Events Following Events of Special Interest (AESI) – COVID-19
5. All Vaccines Including COVID-19: Case Investigation Form (CIF) - AEFI & AESI

We will distribute any additional documents and information on the electronic system training e.g. COVID-19 Vaccination Field Guide and the Med Safety system training - that may become available after the issuing of this circular.

Kindly bring the content of the circular to the attention of all the health facilities, sub-districts, and districts. We trust on your continued support in the control of communicable diseases and the **success of the COVID-19 vaccination programme.**

Yours faithfully

DR SAADIQ KARIEM
DDG: CHIEF OF OPERATIONS
DATE: 01/03/2021

Annexure 1:

Contact details of Provincial, District, Sub-district Coordinators, Pharmacy Services, Infection Prevention and Control, Quality Assurance, key clinicians at referral hospitals (information as available at 24/02/2021)

CONTACT	TELEPHONE / CELL	FAX	E-MAIL
Provincial Communicable Disease Control (CDC), EPI, and Pharmacy Services			
Provincial CDC Coordinator: Ms Charlene A. Lawrence	021-483-9964 072-356-5146	086-611-1092, 021-483-2682	Charlene.Lawrence@westerncape.gov.za
Provincial EPI Coordinator: Ms Sonia Botha	021-483-4266 083-576-7893	021-483-2682	Sonia.Botha@westerncape.gov.za
Provincial EPI Disease Surveillance Officer Ms Lindi Mathebula	021-483-9917 081-465-5326	021-483-2682	Lindi.Mathebula@westerncape.gov.za
Provincial NICD NMC Nurse Trainer: Ms Washiefa Isaacs	021-483-3737 072-310-6881	021-483-2682	Washiefa.Isaacs@westerncape.gov.za
Provincial CDC Administrative Clerk: Ms Felencia Daniels	021-483-3156	021-483-2682	Felencia.daniels@westerncape.gov.za
Pharmaceutical: Policy Specialist Ms Jacqueline Voget	021-483-0893		Jacqueline.voget@westerncape.gov.za
Pharmaceutical Services Manager: Ms Helen Hayes	021-483-4567; 072-909-2838	021-483-3886	Helen.hayes@westerncape.gov.za
Pharmaceutical Services CMD: Mr. Wynand Erasmus: Manager -	021-483-8408; 084-406-8481		Wynand.erasmus@westerncape.gov.za
District EPI Coordinators/ Public Health Official and Information Managers			
City of Cape Town			
Ms Kelebogile Shuping (Southern)	021-444-3260; 082-728-4531	021-710-8094	kelebogile.shuping@capetown.gov.za
Ms Everin Van Rooyen (Northern)	021-400-3917; 071-896-1674	021-444-7137	Everin.Vanrooyen@capetown.gov.za
Ms Melissa Stanley (Western)	021-444-1741; 072-329-6361	021-511-9030	melissa.stanley@capetown.gov.za
Ms Nomsa Nqana (Mitchell's Plain)	021-400-3997; 084-222-1489	021-392-6885	Nomsa.nqana@capetown.gov.za
Ms Theda De Villiers (Eastern)	021-444-4667; 074-290-3647	021-850-4438	Theda.devilliers@capetown.gov.za
Ms Baballwa Nkasana (Khayelitsha)	021-360-1152; 072-243-2869	021-361-5771	Babalwa.nkasana@capetown.gov.za
Ms Marilyn Dennis (Klipfontein)	021-444-6259, 079-517-3318	021-633-2050	Marilyn.dennis@capetown.gov.za
Ms Stephanie Simongpong (Tygerberg)	021 400-6888; 084-792-7247		Stephanie.Sirmongpong@capetown.gov.za

Dr. Natacha Berkowitz - Epidemiologist (Head Office)	021-400-6864; 083-406-6755	021-400-6864	Natacha.Berkowitz@capetown.gov.za
Dr Kevin Lee (Head Office: Information Management)	021-400-2328; 076-016-9988	021-421-1980	Kevin.Lee@capetown.gov.za
Ms Yonela Ndesi – Head Office Health Information Management	021-400-3984	021-421-1980	Yonela.ndesi@capetown.gov.za
Mr Mohamed Barday – Acting Senior Pharmacist	021-444-5885; 082-702-2200	021-510-3603	Mohamed.Barday@capetown.gov.za
Metro Health Services:			
Prof. Hassan Mahomed (Chief Director Office- Public Health Specialist)	021-815-8697; 082-334-5763		Hassan.mahomed@westerncape.gov.za
Ms Charlyn Goliath Deputy Director: Professional Support	021-815-8696; 076-950-6133		Charlyn.goliath@westerncape.gov.za
Ms Michelle Williams – Facility Based Manager (Northern/Tygerberg)	021-815-8882; 083-235-1155	086-457-0112	Michelle.Williams@westerncape.gov.za
Ms C. Malan – Pharmacy (Northern/ Tygerberg)	021-815-8876; 076-941-0309	086-733-8192	Cathleen.malan@westerncape.gov.za
Ms M Botha – Information Management (Northern/Tygerberg)	021-918-1730	086-756-3658	Melanie.botha@westerncape.gov.za
Ms Anneline Janse Van Rensburg – Comprehensive Health (Southern/Western)	021-202-0925; 082-897-2310	021-202-0948	Anneline.jansevanrensburg@westerncape.gov.za
Ms Portia Hudsonberg -Facility Based Manager (Southern/Western)	021-202-0947	021-202-0948	Portia.Hudsonberg@westerncape.gov.za
Ms H. Moeng – Pharmacy (Southern/Western)	021-713-7669; 076-112-6294		hmoeng@westerncape.gov.za
Ms C. Butler – Information Management (Southern/Western)	021-202-0938	086-614-7199	Cheryl.butler@westerncape.gov.za
Ms A. Allie – Information Management (Southern/Western)	021-202-0936	086-510-2713	Amena.allie@westerncape.gov.za
Ms Pearl van Niekerk – Quality Assurance Manager (Klipfontein/Mitchell's Plain)	021-370-5000, 078-409-0030		Pearl.vanniekerk@westerncape.gov.za
Ms Hettie van Merch – Facility Based Manager (Klipfontein/Mitchell's Plain)	021-370-5000, 086-679-9551		Hettie.Vanmerch@westerncape.gov.za
Mr. M. Roomanay – Pharmacy (Klipfontein/Mitchells Plain)	021-370-5000; 082-847-0334	021-370-5036	Mahboob.roomanay@westerncape.gov.za
Ms L. Jaars – Information Management (klipfontein/Mitchells Plain)	021-370-5033	021-370-5000	Leonie.Jaars@westerncape.gov.za
Ms Sheila Mc Cloen – Comprehensive Health (Khayelitsha/Eastern)	021-360-4673; 072-765-9003	021-360-4675	Sheila.Mccloen@westerncape.gov.za

Ms Erna Peters - Assistant Manager Nursing: Facility Based Service (Khayelitsha/Eastern)	021-360-4633; 082-333-4884	021-360-4675	Erna.Peters@westerncape.gov.za
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