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# Overview of Knowledge Translation



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# Session overview



Orientate you to the KT landscape



Share an example of KT from South Africa



Exercise to apply KT to existing and future learnings from HeLTI



**Orientate you to the KT landscape**



# Defining Knowledge Translation

“Knowledge translation is the exchange, synthesis and ethically-sound application of knowledge – within a complex system of interactions among researchers and users - to accelerate the capture of the benefits of research for the public through improved health, more effective services and products, and a strengthened health care system.”<sup>1</sup>

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"The synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people’s health.”<sup>2</sup>

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“...is the umbrella term for all the activities involved in moving research from the laboratory, the research journal, and the academic conference into the hands of the people and organizations who can put it to practical use.”<sup>3</sup>

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**Closing the gap between what we know and what we do.**

1. Canadian Institutes of Health Research available online at: <http://www.irsc.gc.ca/e/7518.html>

2. World Health Organization. Knowledge translation for health decision making, 2021. Available: [https://www3.paho.org/hq/index.php?option=com\\_content&view=article&id=9682:knowledge-translation-for-health-decision-making&Itemid=41010&lang=en](https://www3.paho.org/hq/index.php?option=com_content&view=article&id=9682:knowledge-translation-for-health-decision-making&Itemid=41010&lang=en)

3. Knowledge translation available online at [en.wikipedia..org/wiki/Knowledge\\_translation](https://en.wikipedia.org/wiki/Knowledge_translation)

# Getting knowledge into practice



- Knowledge translation\*
- Knowledge mobilisation
- Research utilisation
- Translational research
- Implementation science\*
- Improvement science\*
- Knowledge dissemination\*
- Knowledge diffusion\*
- Knowledge transfer
- Knowledge uptake
- Knowledge transfer
- Knowledge management
- Knowledge linkage and exchange
- Knowledge management
- Research into policy and practice
- Research mediation
- Applied health research
- Impact

## Implementation science:

The scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice to improve the quality and effectiveness of health services and care.

*Acknowledgement: Jeremy Grimshaw*

**WHAT  
WE KNOW**

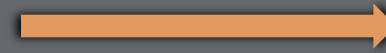


**WHAT  
WE DO**

# Types of translational research



T1



T2



# Integrated and end-of-grant Knowledge Translation



## End-of-grant KT:

Researchers develop and implement a plan for making users aware of the knowledge that has been gained from the project

*Examples: scientific publications, conferences, policy briefs, media*

## Integrated KT:

Stakeholders and/or potential research users are engaged in the entire research process.

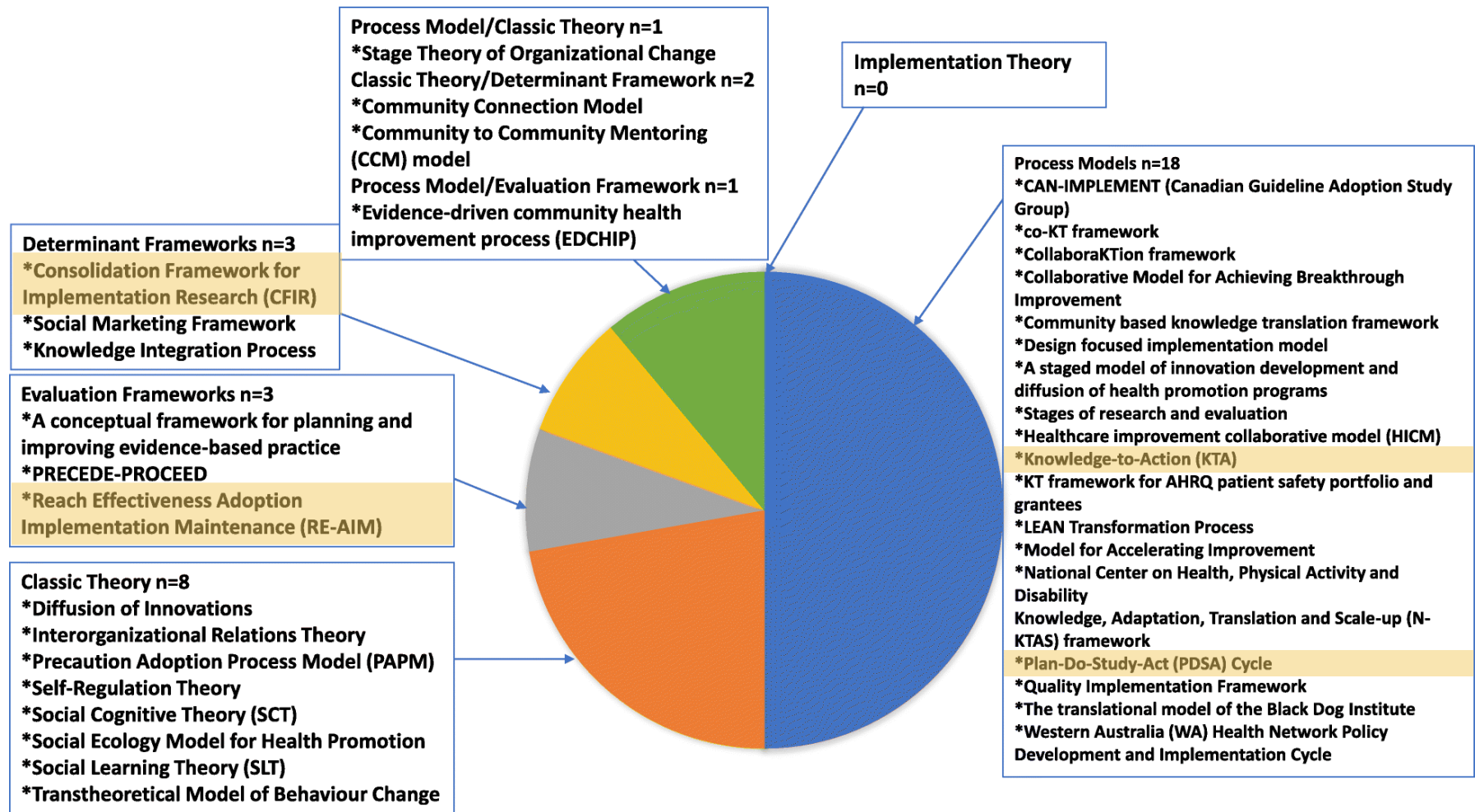
*Examples: participatory action research, co-production*

[https://ktdrr.org/ktdrrlibrary/articles\\_pubs/ncddrwork/focus/focus18/#:~:text=With%20end%2Dof%2Dgrant%20KT,in%20the%20entire%20research%20process](https://ktdrr.org/ktdrrlibrary/articles_pubs/ncddrwork/focus/focus18/#:~:text=With%20end%2Dof%2Dgrant%20KT,in%20the%20entire%20research%20process)





# Theories, models, and frameworks for Knowledge Translation (n = 36)



*Esmail R, Hanson HM, Holroyd-Leduc J, Brown S, Strifler L, Straus SE, Niven DJ, Clement FM. A scoping review of full-spectrum knowledge translation theories, models, and frameworks. Implementation Science. 2020 Dec;15(1):1-4.*

# Knowledge translation components and processes



- Knowledge synthesis
- Dialogue/exchange
- Adaptation to context
- Evidence-informed programme design, monitoring and evaluation.
- Activities where knowledge, guidelines or recommendations are used in the provision of healthcare or other services.
- Appropriate training and incorporation of new guidelines into the local health culture and health education.
- Behaviour change to enhance the use of guidelines and recommendations in ways that improve health at an individual and population level.
- Evaluation of reach, uptake, acceptability and effectiveness.

*STAGE (Strategic Technical Advisory Group of Experts), Duke T, AlBuhairan FS, et al. World Health Organization and knowledge translation in maternal, newborn, child and adolescent health and nutrition. Archives of Disease in Childhood 2022;107:644-649.*



**Share an example of KT  
from South Africa**

# What is PACK?

## Practical Approach to Care Kit

- Clinical decision support
- Healthcare worker training
- Health systems strengthening
- Learning health systems through parallel research programmes

Enables frontline health care workers to provide updated evidence-based care to the community within which they serve

*Fairall L, Cornick R, Bateman E. Empowering frontline providers to deliver universal primary healthcare using the practical approach to care kit. Bmj. 2018 Oct 24;363.*



# PACK reach



**PACK Botswana 2013**



**PACK Indonesia 2022**



**PACK Brazil 2016, 2017, 2018, 2019, 2020**



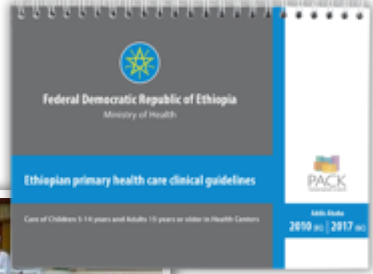
**PACK Nigeria 2017**



**PACK South Africa, since 2013**



**Ethiopian Primary Health Care Clinical Guidelines 2017, 2019**





# IMPACCT: WHO Clinical Services and Systems Unit in the Integrated Health Services Department



## WHO's Guidance on Integrated Clinical Care (IC<sup>2</sup>)

Primary, emergency, critical, and  
operative care

Discussion on coordinating with the Practical Approach to Care Kit (PACK)

24 August 2021

John Fogarty, Liz Gwyther, Nuhamin Tekle, Oyetayo Akala, Teri Reynolds | WHO Headquarters, Geneva, Switzerland



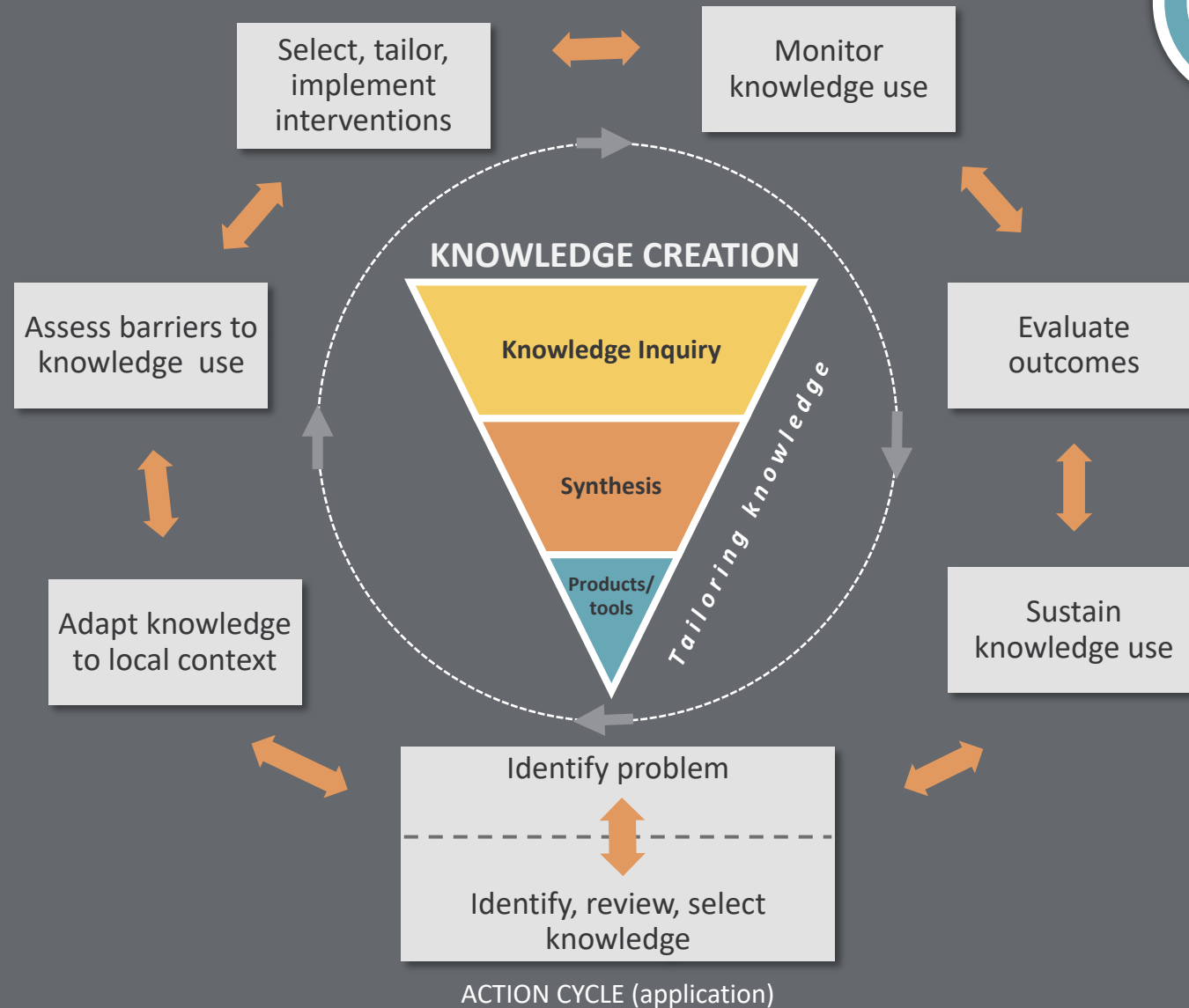


KT in practice:

1 Knowledge synthesis



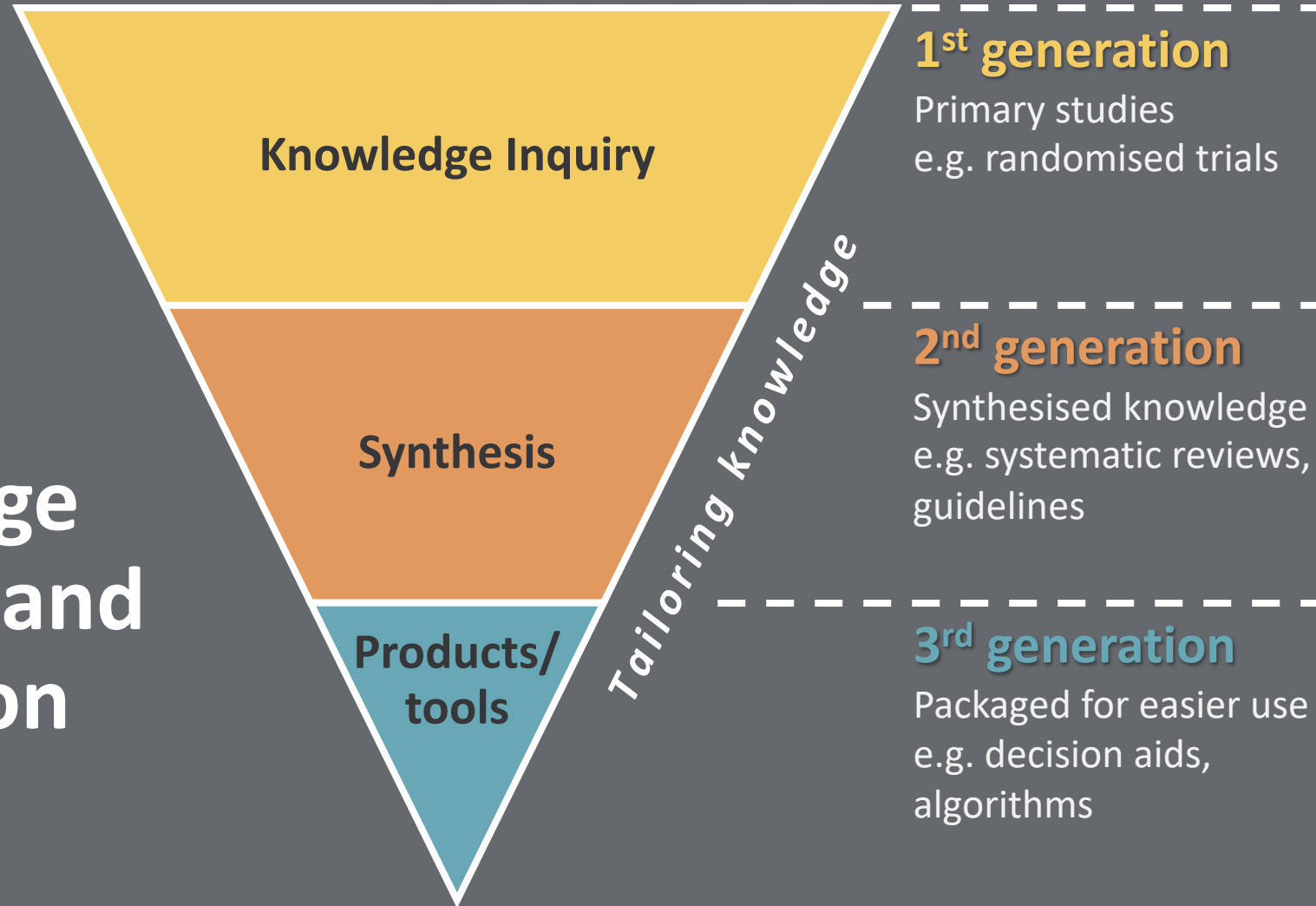
# Knowledge to Action Process



*Straus SE, Tetroe J, Graham I. Defining knowledge translation. Cmaj. 2009 Aug 4;181(3-4):165-8.*

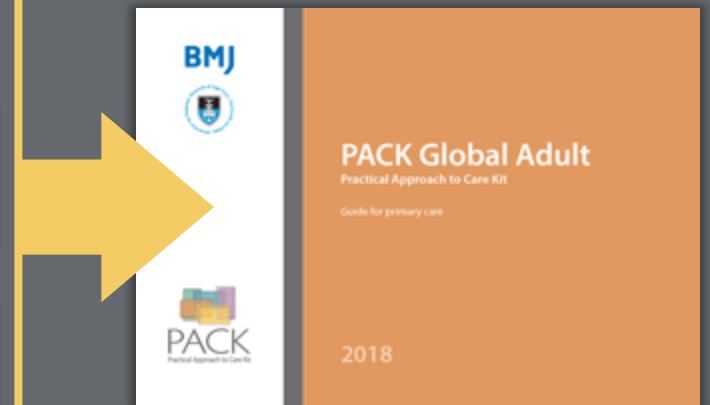
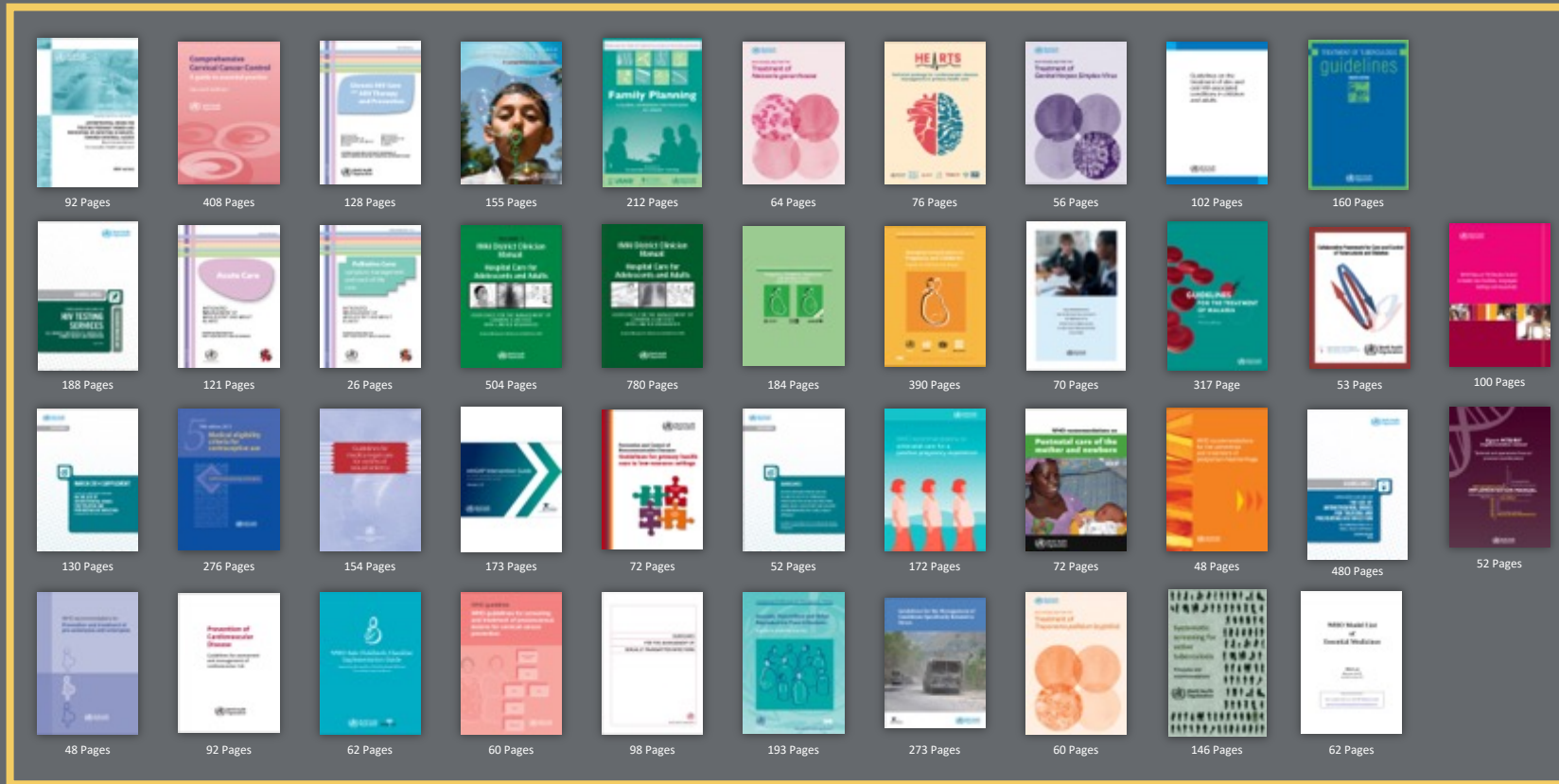


# Knowledge Creation and Distillation



# PACK guide

– a clinical decision support tool



**PACK combines latest policies into one resource**



## Ischaemic heart disease (IHD): routine care

### Assess the patient with Ischaemic heart disease

Assess	When to assess	Note
Symptoms	Every visit	<ul style="list-style-type: none"> <li>Do initial assessment if not already done ↪ 117.</li> <li>Ask about leg pain ↪ 59 and symptoms of stroke/TIA ↪ 116.</li> </ul>
1 Depression	Every visit	In the past month, has patient: 1) felt down, depressed, hopeless or 2) felt little interest or pleasure in doing things? If yes to either ↪ 125.
2 BP	Every visit	If known hypertension ↪ 113. If not, check BP: if $\geq 130/80$ ↪ 112.
3 Diabetes risk	At diagnosis, then yearly	If known diabetes ↪ 110. If not known with diabetes, check glucose ↪ 13.
4 Random total cholesterol	At diagnosis, then yearly	<ul style="list-style-type: none"> <li>If total cholesterol <math>&gt; 8\text{mmol/L}</math>, refer to specialist.</li> <li>Start simvastatin regardless of cholesterol level. If repeat cholesterol <math>&gt; 5\text{mmol/L}</math> on treatment, discuss with specialist.</li> </ul>

### Advise the patient with Ischaemic heart disease

- 7 Help the patient to manage his/her CVD risk ↪ 109.
- 8 Patient can resume normal daily and sexual activity 6 weeks after heart attack if symptom free.
- 9 Emphasize the importance of lifelong adherence to medication. Ensure patient knows how to use medication as below.
- 10 Advise patient to avoid NSAIDs (e.g. ibuprofen), as they may precipitate chest pain or a heart attack.
- 11 If patient is  $< 55$  years (man) or  $< 65$  years (woman), advise first degree relatives to have CVD risk assessment ↪ 108.

### Treat the patient with Ischaemic heart disease

- 12 Give aspirin 150mg daily for life.<sup>13</sup> Avoid if peptic ulcer, dyspepsia, kidney or liver disease.
- 14 Give simvastatin<sup>1</sup> 40mg daily at night for life, regardless of cholesterol level.
- 15 Give metoprolol (immediate release) 50mg 12 hourly, even if no chest pain/discomfort.<sup>16</sup> Avoid in asthma/COPD uncontrolled heart failure, pulse  $< 50$ , systolic BP  $< 100$ .
- 17 If patient also has hypertension, diabetes or chronic kidney disease, give enalapril 5mg daily and increase slowly to 20mg daily.<sup>18</sup> Avoid in angioedema.
  - If patient has angina, treat using stepwise approach as in table below: if angina persists 4 weeks after starting/changing medication, increase dose to maximum, then add next step. Ensure patient is adherent before increasing treatment. If medication not tolerated, stop medication and move to next step.

Step	Medication	Dose	Maximum dose	Note
1	19 Glyceryl trinitrate and	0.5mg sublingual with chest pain and before exertion	20 3 doses of 0.5mg with each episode of chest pain	21 If chest pain on exertion, rest and take 1st dose. If chest pain persists, take a further 2 doses 5 minutes apart. If no better 5 minutes after 3rd dose, patients must seek attention urgently. Avoid if sildenafil (or similar medication) used within past 24 hours.
	22 Bisoprolol or	10mg daily	20mg daily	
	Carvedilol or	25mg 12 hourly	50mg 12 hourly	
	Metoprolol (immediate release)	50mg 12 hourly	200mg 12 hourly	
2	24 Verapamil (immediate release) or	80mg 8 hourly	160mg 8 hourly	23 Avoid bisoprolol, carvedilol and metoprolol in asthma/COPD, uncontrolled heart failure, pulse $< 50$ , systolic BP $< 90$ or intolerable side effects (headache, cold hands/feet, impotence, tight chest, fatigue).
	Amlodipine	5mg daily	10 mg daily	
3	26 Isosorbide dinitrate	5mg sublingual every 2 to 4 hours	10mg every 2 to 4 hours	27 Avoid if sildenafil (or similar medication) used within past 24 hours.

If above medications are contra-indicated/not tolerated or chest pain/discomfort persists on full treatment, refer to specialist.

<sup>1</sup>Avoid simvastatin if patient on lopinavir/ritonavir or atazanavir/ritonavir, discuss with specialist.

Collates  
**236 WHO  
 Guidelines**  
 (24K pages)  
 into guide of  
**150 pages**



KT in practice:

Localised to context

# Localised to burden of disease and resources



## Febre

Se paciente com rash, retire imediatamente da sala de espera e acomode em um consultório ou outro local afastado dos demais pacientes.

- Se está/estive em área de dengue nas últimas 2 semanas e febre entre 2-7 dias e dois ou mais dos seguintes: dor de cabeça/netro-orbital, dor muscular/articular, rash, petéquias, náuseas/vômitos  $\triangleright$  18.
- Se rash com coceira, considere Zika vírus  $\triangleright$  18.

**Consider COVID-19**  
Consulte guia local mais atual

**Atenda com urgência o paciente com febre (temperatura  $\geq$  38°C agora ou nos últimos 3 dias) e um ou mais dos seguintes:**

- Convulsões  $\triangleright$  15
- Sonolência, confusão ou agitação
- Rigidez de nuca/meningismo
- Dor intensa ou à decompressão súbita ou defesa abdominal
- FAS  $<$  90
- FR  $>$  30 ou SaO<sub>2</sub>  $<$  90% ou falta de ar
- Ictericia
- Facilidade para sangramento/hematomas
- Incapaz de sentar-se ou andar sem ajuda

**Maneje e encaminhe com urgência:**

- Se PAS  $<$  90: aplique **clonido de sódio 0.9%** 250ml EV rápido, repita até PAS  $>$  90. Continue 1L cada 6 horas. Pare se falta de ar piorar.
- Se meningismo (suspeita de meningite), aplique **ceftriaxona 2g IM**.
- Se icterícia ou facilidade para sangramento/hematomas e/ou:
  - Está/estive em região pré/mala/área de febre amarela nas últimas 2 semanas e sem registro de vacinação/vacinação há  $<$  30 dias, notifique e discuta.
  - Dor de cabeça e dor muscular: notifique leptospirose e discuta.

**Abordagem do paciente com febre (temperatura  $\geq$  38°C agora ou nos últimos 3 dias) que não necessita de atenção urgente:**

- Se tosse  $\triangleright$  31; dor de garganta  $\triangleright$  26; contusão/congestão nasal  $\triangleright$  27; dor abdominal baixa  $\triangleright$  34; corrimento vaginal  $\triangleright$  40; sintomas urinários  $\triangleright$  48; diarreia  $\triangleright$  36.
- O paciente está ou esteve em área de malária no último mês: notifique e discuta/investigue.

**O paciente tem febre  $\geq$  2 semanas?**

Não	Sim
<ul style="list-style-type: none"> <li>Verifique sintomas, alertas epidemiológicos da região e histórico de viagens, o paciente está ou esteve em:                             <ul style="list-style-type: none"> <li>Área de <b>Chikungunya</b> nas últimas 2 semanas e dor articular súbita/enfema, não explicada por outras condições: notifique, colete exame diagnóstico e discuta.</li> <li>Área de surto de <b>febre amarela</b> nas últimas 2 semanas e sem registro de vacinação/vacinação há <math>&lt;</math> 30 dias e febre aférida/relatada há <math>\leq</math> 7 dias e dois ou mais dos seguintes: dor de cabeça, dor muscular, dor lombar, mal-estar, calafrios, náuseas; notifique e discuta.</li> <li>Área de <b>sarampo</b> (ou é contato de pessoa que esteve) no último mês e rash: notifique, colete exame diagnóstico e discuta.</li> <li>Área de <b>leishmaniose visceral</b> e esplenomegalia: notifique, colete exame diagnóstico e discuta.</li> <li>Também verifique com vigilância epidemiológica outros alertas vigentes. Consulte vigilância epidemiológica <math>\triangleright</math> 134.</li> </ul> </li> <li>Se rash e tosse ou coriza ou olhos vermelhos, independente de status vacinal/histórico de viagens: notifique para <b>sarampo</b>, colete exame diagnóstico e discuta.</li> <li>Se rash e linfadenopatia cervical/retroauricular/occipital ou está/estive em área de rubéola (ou é contato de pessoa que esteve) no último mês, independente de status vacinal: notifique para <b>rubéola</b>, colete exame diagnóstico e discuta.</li> <li>Se exposição à enchente/alagamento/engoto/lixo/área de risco para <b>leptospirose</b> e dor de cabeça e dor muscular: notifique e discuta.</li> </ul>	<ul style="list-style-type: none"> <li>Exclua TB <math>\triangleright</math> 76.</li> <li>Teste para HIV <math>\triangleright</math> 81.</li> <li>Se esplenomegalia, <b>discuta</b> para considerar <b>leishmaniose visceral</b>.</li> <li>Se febre sem foco por <math>&gt;</math> 3 semanas:                             <ul style="list-style-type: none"> <li>Solicite <b>HbMg, PCR ou VHS, creatinina, PU, uricúria e rx de tórax</b>.</li> <li>Solicite <b>TGO, TGP, BT e F</b>. Se alterado/s, solicite <b>anti-HAV IgM</b>, teste para HCV <math>\triangleright</math> 88 e HBV <math>\triangleright</math> 87.</li> <li><b>Discuta</b> para considerar solicitar <b>PPD</b>.</li> <li><b>Interprete</b> resultados, discuta ou <b>encaminhe</b> se necessário.</li> </ul> </li> </ul>

• Teste para HIV  $\triangleright$  81.  
• Considere testar para sífilis  $\triangleright$  45.  
• Confirme que paciente não tem outros sintomas, se presente/s: maneje conforme a página relevante do sintoma.  
• Se causa incerta e paciente bem, reavalie em 2 dias. Se desenvolver sintomas oriente paciente retornar antes. Se dúvidas, **discuta**.

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## COUGH OR DIFFICULTY BREATHING

**Consider COVID-19**  
Use precautions and consult APC COVID-19 clinical tool and latest local guidance available on the Knowledge Hub.

**Give urgent attention to the patient with cough or difficulty breathing and any of:**

- Wheeze/tight chest  $\rightarrow$  35
- Difficulty breathing worse on lying flat and leg swelling: heart failure likely  $\rightarrow$  117
- Confused or agitated
- BP  $<$  90/60
- Breathless at rest or while talking
- Respiratory rate  $\geq$  30
- Oxygen saturation  $<$  94%
- Coughs  $\geq$  1 tablespoon fresh
- Swelling and pain in one calf
- Sudden breathlessness, more resonant/decreased breath sounds/pain on 1 side, deviated trachea, BP  $<$  90/60: tension pneumothorax likely

**Manage and refer urgently:**

- Give 40% face mask oxygen (if known COPD give 24-28% face mask oxygen).
- If rapid deep breathing, check glucose: if  $\geq$  11.1  $\rightarrow$  13.
- Check temperature: if  $\geq$  38°C, severe pneumonia likely. Give **ceftriaxone 1g IV/IM**.
- If tension pneumothorax likely: insert large bore cannula above 3rd rib in mid-clavicular line. Arrange urgent chest tube.
- If BP  $<$  90/60, give **sodium chloride 0.9%** 500ml IV over 30 minutes, repeat until systolic BP  $>$  90. Continue 1L 6 hourly. Stop if breathing worsens.

**Approach to the patient with cough or difficulty breathing not needing urgent attention**

- Test for HIV  $\triangleright$  95. If on abacavir, check for abacavir hypersensitivity reaction (AHR)  $\triangleright$  102. If patient smokes, encourage to stop  $\triangleright$  123.
- Ask about duration and recurrence of cough or difficulty breathing.

One episode $<$ 2 weeks		$\geq$ 2 weeks or recurrent episodes			
Is patient coughing sputum?					
No: Is pulse rate $\geq$ 100 or respiratory rate $\geq$ 20 or is there chest pain or difficulty breathing?		Yes: Is pulse rate $\geq$ 100 or respiratory rate $\geq$ 20 or temperature $\geq$ 38°C?		No: Exclude TB $\triangleright$ 81. • If life-limiting illness, also consider giving palliative care $\triangleright$ 148. • Also consider asthma and COPD $\triangleright$ 106 and other cause for cough or difficulty breathing.	
No	Yes	No	Yes	HIV with CD4 $<$ 200 and dry cough, worsening breathlessness on exertion.	Blocked/ runny nose or persistent sneezing $\triangleright$ 30
<p><b>Common cold/ influenza (ILI) likely <math>\rightarrow</math> 30.</b></p>	<p><b>Acute bronchitis likely</b></p> <ul style="list-style-type: none"> <li>If known COPD and sputum increased or colour changed to yellow/green, give antibiotics <math>\triangleright</math> 108. Otherwise reassess antibiotics are not necessary.</li> <li>Advise to return same day if symptoms worsen or fever develops.</li> </ul>	<p><b>Pneumonia likely</b></p> <ul style="list-style-type: none"> <li>Confirm on chest x-ray or with crackles/ bronchial breathing on auscultation.</li> <li>Exclude TB <math>\triangleright</math> 81.</li> <li>If poor adherence likely or access to urgent care difficult, refer.</li> <li>Any of: HIV, <math>&gt;</math> 65 years, lung/heart/liver/kidney disease, diabetes or alcohol misuse?</li> </ul>	<p><b>Pneumocystis pneumonia (PCP) likely</b></p> <ul style="list-style-type: none"> <li>Doctor to confirm on chest x-ray.</li> <li>Give <b>co-trimoxazole</b> according to weight, 6 hourly for 3 weeks.</li> <li>Give HIV routine care and ensure CPT* started <math>\triangleright</math> 96.</li> <li>Refer same day if:                             <ul style="list-style-type: none"> <li>Doctor or x-ray unavailable</li> <li>Atypical x-ray or unsure</li> <li>Patient is taking co-trimoxazole prophylaxis and is adherent.</li> </ul> </li> </ul>	<p><b>Recent upper respiratory tract infection, no difficulty breathing</b></p> <p><b>Post-infection cough likely</b></p> <ul style="list-style-type: none"> <li>Reassure cough should resolve on its own.</li> <li>Advise to return if cough persists <math>&gt;</math> 8 weeks.</li> </ul>	<p><b>Smoker or recently stopped</b></p> <ul style="list-style-type: none"> <li>If weight lost, consider lung cancer <math>\triangleright</math> 19.</li> <li>If coughing sputum most days of 3 months for <math>\geq</math> 2 years, chronic bronchitis likely. Discuss.</li> </ul>
<p><b>Yes: give amoxicillin/ clavulanic acid* 875/125mg 12 hourly for 5 days.</b></p>		<p><b>No: give amoxicillin* 1g 8 hourly for 5 days.</b></p>		<p>Review after 2 days: if no better, refer. Advise to return same day if symptoms worsen.</p>	

**If diagnosis uncertain or poor response to treatment, refer.**

\*Do not mix Binger's lactate and N ceftriaxone. Flush 30 min with sodium chloride 0.9% before and after N ceftriaxone. If penicillin allergy, give instead **moxifloxacin** 400mg daily for 5 days. If  $<$  40 kg, give 160/800mg. If 40-59kg, give 240/1200mg. If  $\geq$  60 kg, give 320/1600mg. \*Co-trimoxazole Preventive Therapy (CPT).

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Cornick R, Watrus C, Eastman T, Ras CJ, Awotiwon A, Anderson L, Bateman E, Zepeda J, Zwarenstein M, Doherty T, Fairall L. Crossing borders: the PACK experience of spreading a complex health system intervention across low-income and middle-income countries. *BMJ Global Health*. 2018 Oct 1;3(Suppl 5):e001088.



KT in practice:

The importance of  
service relationships

# From research to service

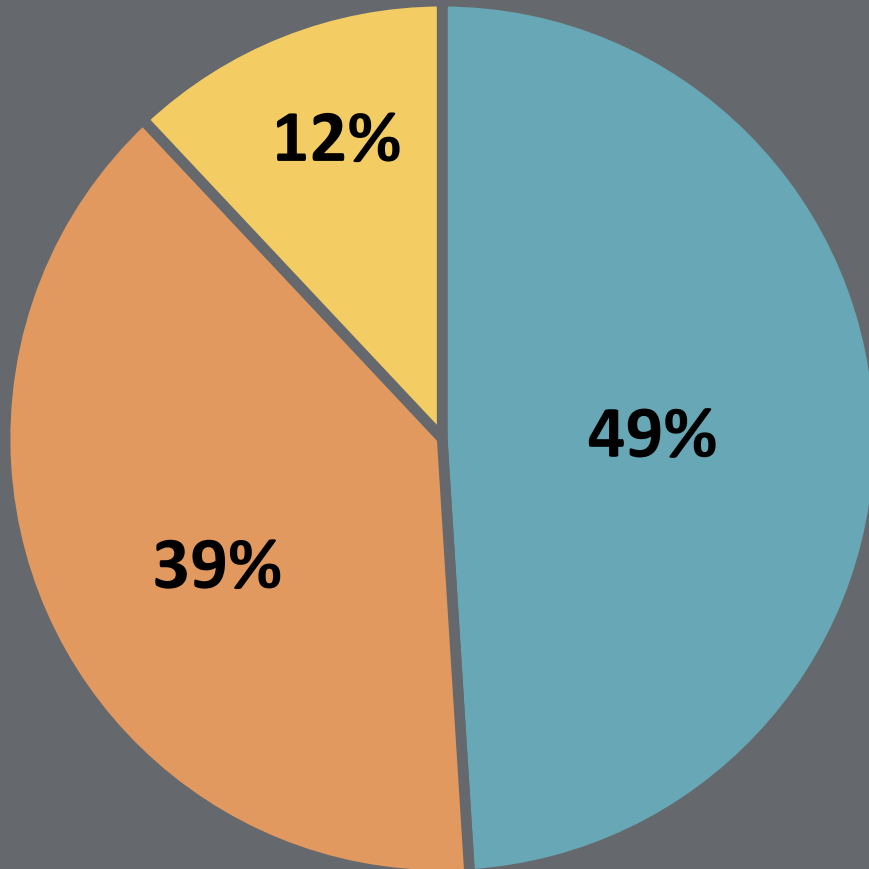
- **Educational outreach** is used, delivering PACK to primary care clinicians as teams, in their health facilities
- This alternates learning with practice
- Online courses are consistent providing **standardised content delivery**, enhanced by **face-to-face mentoring**



1. Simelane ML, Georgeu-Pepper D, Ras CJ, Anderson L, Pascoe M, Faris G, Fairall L, Cornick R. The Practical Approach to Care Kit (PACK) training programme: scaling up and sustaining support for health workers to improve primary care. *BMJ global health*. 2018 Nov 1;3(Suppl 5):e001124.
2. van Rensburg AJ, Petersen I, Awotiwon A, Bachmann MO, Curran R, Murdoch J, Ras CJ, Fairall L. Applying learning health systems thinking in codeveloping integrated tuberculosis interventions in the contexts of COVID-19. *BMJ global health*. 2022 Oct 1;7(10):e009567.
3. Curran R, Murdoch J, van Rensburg AJ, Bachmann M, Awotiwon A, Ras CJ, Petersen I, Prince M, Moultrie H, Nzuzza M, Fairall L. A health systems intervention to strengthen the integration of tuberculosis and COVID-19 detection: Outcomes of a quasi-experimental study in a high burden tuberculosis district in KwaZulu Natal, South Africa. *Tropical Medicine & International Health*. 2023 Apr;28(4):324-34.



# KTU activities



- Research
- Training and Implementation
- International work

# COVID clinical content – PHC and Vaccine guidance



**COVID-19 vaccination**  
Summary of recent changes (last updated 08 September 2021):  
• Pre-vaccination health check page revised to better complement EVCS and now also includes exclusion of rare conditions  
• Interval between previous COVID infection and vaccination reduced to 30 days  
• Guidance on managing clients fear of needles

**Version 3**  
Guidance for the Janssen/JNJ, AZD COVID-19 and Comirnaty/Pfizer BioNTech/BNT162b2 COVID-19 vaccines

**Practical Approach to Care Kit: Vaccine**  
to store, prepare, draw up and administer COVID-19 vaccines  
Updated September 2021 - Western Cape Edition

**Just had the COVID-19 vaccine? Well done and thank you!**  
Mild side effects are common in the first 3 days. Here's what to look out for.  
Side effects can start around 6 hours after the vaccine and usually resolve in 2-3 days. If needed, treat pain and fever with paracetamol.  
Side effects may be more noticeable if you are young, had COVID-19 before or after the second dose of a 2-dose vaccine course.  
These side effects show your body is building an immune response. The technical term for this is 'reactogenicity'. If you do not get side effects it does not mean that your body is not building an immune response.  
If your side effects are severe or last longer than 3 days, contact your healthcare provider or the Western Cape call centre.  
If any of the following symptoms develop within a month of vaccination, go to your nearest emergency facility:  
• Sudden allergic reactions (swelling of your throat, chest, vomiting, weakness on one side of the body or difficulty speaking)  
• Sudden abnormal pain that does not go away  
• A rash of long red spots around the site of injection  
• A painful or itchy rash  
• Chest pain or increase of breath  
**Extremely rare side-effects affect 1-7 people per million vaccinated**  
These include a severe allergic reaction called anaphylaxis, which is life-threatening and a rare form of blood clot (between 8 days and 2 weeks).

**About to get vaccinated against COVID-19?**  
Make sure you avoid catching COVID-19 while you wait.  
Wear your mask correctly.  
Keep apart from others.  
Cover your cough.  
Keep your hands clean.  
Although the COVID vaccine will protect you from severe COVID-19, no vaccine is 100% effective. Continue to remember COVID-19 prevention measures.

**Are there COVID-19 vaccine side effects?**  
Mild side effects are common in the first 3 days. Here's what to look out for.  
Side effects can start around 6 hours after vaccination and last 1-2 days. If needed, treat pain and fever with paracetamol.  
These side effects show your body is building an immune response. If you do not get side effects, it does not mean that your body is not building an immune response.  
Rare side-effects affecting between 1 and 7 people per every million vaccinations given.  
These include a severe allergic reaction called anaphylaxis (within minutes to hours) and a rare form of blood clot (between 8 days and 2 weeks).  
If you have any questions about COVID-19 vaccine side-effects, contact the Western Cape call centre: 0860 142 142.

**Immediate reactions to...**  
Allergic reactions to COVID vaccines are usually mild and resolve quickly.  
Anaphylaxis is a severe allergic reaction that is life-threatening and requires immediate medical attention.  
Anaphylaxis symptoms include:  
• Swelling of the face, lips, tongue, hands or feet  
• Hoarseness or tight throat  
• New wheeze or cough  
• Feeling faint or dizzy  
• Difficulty breathing  
• Chest pain  
• Nausea, vomiting or abdominal cramps

**or at least after 19 if you feel unwell or have any of:**  
• Skin rash  
• Swelling of face, lips, tongue, hands or feet  
• Hoarseness or tight throat  
• New wheeze or cough  
• Feeling faint or dizzy  
• Difficulty breathing  
• Chest pain  
• Nausea, vomiting or abdominal cramps

**WC PACK COVID-19 vaccine job aid**  
Orientation (updated)

**The pre-vaccination health check**

**Drawing up and administering the Comirnaty® vaccine**

**COVID-19, the COVID vaccine and cleaning a vaccination site**

**Observation post-vaccination**

**Management of symptoms post vaccination**

# Welcome to your new Online School

Western Cape Government Health - People Development Centre

## WCGH Employees- Get started today

Create a new account

### Course categories



All Courses



BANC Plus



COVID-19 Vaccine



HAST(HIV-STI-TB)



PACK



Security Guards



# Knowledge translation components and processes



- Knowledge synthesis
- Dialogue/exchange
- Adaptation to context
- Evidence-informed programme design, monitoring and evaluation.
- Activities where knowledge, guidelines or recommendations are used in the provision of healthcare or other services.
- Appropriate training and incorporation of new guidelines into the local health culture and health education.
- Behaviour change to enhance the use of guidelines and recommendations in ways that improve health at an individual and population level.
- Evaluation of reach, uptake, acceptability and effectiveness.

*STAGE (Strategic Technical Advisory Group of Experts), Duke T, AlBuhairan FS, et al. World Health Organization and knowledge translation in maternal, newborn, child and adolescent health and nutrition. Archives of Disease in Childhood 2022;107:644-649.*



KT in practice:

4

Co-production with  
patient/ community  
beneficiaries



# Pitfalls or opportunities?



- Drafting health circulars, press releases and presentations
- Application of research generated programme in different context
- Application of KT skills outside original scope of practice
- Fast-tracking intervention components to take advantage of policy windows
- Staying involved so that you can use research to optimise adopted interventions later
- Not all contributions are cost neutral
- Not all contributions are attributable



**Exercise to apply KT to existing and  
future learnings from HeLTI**





## **Activity 1** – 15 min

– *in-country group discussion*

- What 3 of your current learnings would you want to translate to your local government now?
- Try framing these as a knowledge translation objective:  
“What would it look like if these were adopted?”

# Pathways to Impact: Example



Stakeholder category	Dissemination methods	Dissemination channels
<b><i>Objective: Guide policy decisions on how to optimise PACK Adolescent implementation</i></b>		
Local policymakers (municipal, provincial and national levels in health and education sectors and social development)	<ul style="list-style-type: none"> <li>● Representation in PACK Adolescent Advisory Board</li> <li>● Key informant interviews</li> <li>● Research reports</li> <li>● Presentation of research findings</li> <li>● Policy briefs</li> <li>● Academic publications</li> </ul>	<ul style="list-style-type: none"> <li>● Existing PACK Adolescent GDAG</li> <li>● Monthly operational meetings with Western Cape Health Department (provincial and municipal)</li> <li>● Special meetings with Western Cape and National Health Departments.</li> <li>● Department of Basic Education and Department of Social Development</li> </ul>





# Activity 2 – 20 min

## – *pathways to impact*

<b>Stakeholder Categories</b> <ul style="list-style-type: none"> <li>National/ sub-national level?</li> <li>Health sector?</li> <li>Outside health sector?</li> </ul>	<b>Dissemination Methods</b> <ul style="list-style-type: none"> <li>What tools would you need to produce to engage these stakeholders?</li> </ul>	<b>Dissemination Channels</b> <ul style="list-style-type: none"> <li>What groups/ meeting/ for a exist or would need to be created to engage these stakeholders?</li> </ul>	<b>What additional resources/ skills do you need to engage effectively and creatively?</b>	<b>How can WHO help?</b>
KT Objective 1 = Adoption of key learning #1				
KT Objective 2 = Adoption of key learning #2				
KT Objective 3 = Adoption of key learning #3				



Tea/coffee





# Plenary feedback and consolidation of ideas



## **Food for thought:**

What are you planning to do with your future research findings?