

Organization of IA/H1N1MV in Sri Lanka

National Pandemic Influenza
Vaccine Deployment Team
Epidemiology Unit

Organization of IA/H1N1MV in Sri Lanka

- Receipt of vaccines in 2 phases
- First phase - 385000 doses
- Second phase - 1540000 doses
- Approach -phased campaign approach
- 1st priority - health staff in public & private sector
- 2nd priority - pregnant women
- 3rd priority - Individuals with potential high risk of severe disease and complications of pandemic influenza A/H1N1 at any age

Vaccination of curative health staff

- Curative care institutions from CD to TH - organize vaccination centers
- Responsibility - Head of the institution
- Organization -
 - MOIC/CD, CD & MH - liaise with the area MOH
 - Large hospitals -
 - If ICNO present - ICNO to organize vaccine clinics
 - If ICNO not present - MO & NO designated by the head
 - NOO - Under supervision of a designated matron or sister
 - Other hospitals - MO & NO designated by the head

Vaccination of preventive health staff

- RDHSS offices, Decentralized campaigns & MOH offices
- Vaccination clinics to vaccinate staff
- **Responsibility**
 - RDHSS office - RDHS/RE/MOMCH
 - MOH offices - MOH

Vaccination of the staff @ Private sector health institutions

- **Major private sector hospitals**
 - coordination through the director of private sector health development
- **Private sector curative health institutions @ District level**
 - RE/MOMCH to coordinate
- **Organization of vaccination centers**
 - Private sector institutions

Vaccination of pregnant women

- **Target group :**
 - all pregnant women irrespective of the trimester
- **Sensitization of the availability and need of vaccination :**
 - PHMM during field visits
- **Provision of information for informed consent**
 - Distribution of information leaflet by the PHMM
- **Centers to obtain vaccination**
 - Hospital ANC
 - Central immunization/ANC clinics @ MOH offices
- **Need of VOG opinion due to any reason**
 - Referral to VOG with the reason for referral
 - Vaccination at the ANC where specialist service is available

vaccination of high risk individuals

- **Community based vaccination**
 - most feasible strategy
- **Target group**
 - refer to Guidelines
- **Sensitization of the availability and need of vaccination :**
 - Media message from the centre
 - Local sensitization through the PHC staff
- **Centers to obtain vaccination**
 - Central MOH office immunization clinic
 - Primary, secondary and tertiary level curative care institutions

vaccination of high risk individuals

- Need of Physician/ pediatrician opinion due to any reason
 - Refer to the specialist under whose care is the potential vaccine recipient
 - If the potential recipient is not under a specialist, refer to the specialist at the closest hospital
 - Vaccine to be offered at the immunization clinic at the referred hospital

If there is any doubt, refer potential vaccine recipients to the specialist who care for them if they are already under specialist care or else to a hospital where specialists' services are available

Procedures to be followed during vaccination

- Provision of information brochure on the IA/H1N1 MV vaccine
- Screening for eligibility of the potential vaccine recipient
- Any doubt on eligibility / contraindications for vaccination
 - Refer to a specialist
- Giving opportunity to make any clarification with regard to the vaccine
- Obtaining informed verbal consent

Procedures to be followed during vaccination

- Vaccination, documentation and issuing the vaccination record to the vaccinee
- Observing for a period of 30 minutes for possible immediate reactogenicity
- If reactions occur, measures to manage outcomes of immediate reactogenicity
- Provision of counseling information to vaccine recipients

Documentation - Vaccination card

Influenza A / H1N1 immunization card (EPID / INFA / H1N1V / 02)

An Influenza A /H1N1 immunization card should be filled for each vaccine recipient. Staff in the vaccine center should ensure that all relevant cages in the card be filled. The format of the card is as follows:

MOH area:			Indication for vaccination	
Name:.....			Insert “√” in the relevant cage	
Age:			Health staff	
Address:.....			Work place:.....	
		Pregnancy		
		P O A:		
		Other co morbidities		
		Specify:		
Date of Immunization	Batch No	Place of Immunization	Vaccinator's	
			Designation	Signature
Adverse Event Following Immunization			Date	

Documentation - Immunization register for health staff

Immunization Register of the health staff receiving influenza A/H1N1 vaccine (EPID / INFA / H1N1V / 03)

All centers vaccinating health staff should maintain a separate register. All immunizations performed in the vaccination center should be entered in this register. Vaccination centers should prepare a register on a CR book in the format given below.

Immunization Register of the health staff receiving influenza A/H1N1 vaccine

Name of the vaccinating center:.....

Serial No	Name	Age	Sex	Staff category *	Date of immunization	Batch No	AEFI reported

Please indicate the appropriate letter in the key to denote the staff category

D = doctors

N = nursing Officer

P= Para medical staff

M =minor staff

C= clerical staff

PHM= Public Health Staff

PHI=Public Health Inspectors

O = other health categories

Documentation - Immunization register for high risk individuals

Immunizations register of the pregnant women and other high risk groups for Influenza A/H1N1 vaccine (EPID / INFA / H1N1V / 04)

All centers vaccinating pregnant women and other high risk groups should maintain a separate register. All immunizations performed in the vaccination centers should be entered in this register. Vaccination centers should prepare a register on a CR book in the format given below:

Immunization Register of pregnant women and other risk groups receiving influenza A/H1N1 vaccine

Name of the vaccinating center:.....

Serial No	Name	Age	Sex	High risk category *	POA	Date of immunization	Batch No	AEFI reported

Please indicate the appropriate letter in the key to denote the high risk category

- P= Pregnant mothers C=Chronic disease IC = Immune compromised
 O= other conditions

Return of immunization for health institutions

Return of immunization of Influenza A/H1N1 vaccine by health institutions (hospitals, MOH offices and other institutions) (EPID / INFA / H1N1V / 05)

All heads of the institutions should complete this return at the end of Phase I and Phase II by consolidating entries in the clinic immunization registers for health staff and send to the RDHS/ Regional Epidemiologist with a copy to the Epidemiologist.

Name of the institution:.....

1. No of doses received for the phase

2. Total No of immunizations performed

3A. Health Staff immunized

Doctors

Nursing officers

Paramedical staff

Clerical staff

Minor staff

PHII

PHMM

Others

Total

3b. Total No of pregnant women immunized

3C. High risk groups immunized

Chronic Diseases

Immune compromised

Others

Total

4. Doses remaining at hands

5. Vaccine wastage

Name of the head of the institution :

Signature:

Date :

Return of immunization by the RDHSS/REE

Return of immunization of Influenza A/H1N1 vaccine by the RDHS / Regional Epidemiologists (EPID / INFA / H1N1V / 06)

All RDHSS/Regional Epidemiologists should complete this return at the end of Phase I and Phase II by consolidating all Returns of immunization of Influenza A/H1N1 vaccine by health institutions (hospitals, MoH offices and other institutions) entries in the clinic immunization registers for health staff and send to the Regional Epidemiologist with a copy to the Epidemiologist.

Name of the district:

1. No of doses received for the phase

2. Total No of immunizations performed

3a. Health Staff immunized in the district
Doctors

Nursing officers

Paramedical staff

Clerical staff

Minor staff

PHII

PHMM

Others

Total

3b. Total No of pregnant women immunized in district

3c. High risk groups immunized in the district
Chronic Diseases

Immune compromised

Others

Total

4. Doses remaining at hand

5. Vaccine wastage

Name of the RDHS/RE:

Signature:.....

Date:.....

Recording of AEFI

- Immunization register - Whenever feasible
- Vaccination card - whenever feasible
- Clinic AEFI register

Date	Name of the child	Address	Name of the vaccine	Date of immunization	Type of Adverse Event	Remarks

- Notification form for AEFI (Form I)

AEFI	BCG	OPV	DPT	DT	Measles	Rubella	MR	Atd	JE	Others

- Unsolicited AEFI - In "other" category

Recording of AEFI

- Monthly surveillance report on AEFI (Form II)

AEFI	BCG	OPV	DPT	DT	Measles	Rubella	MR	Atd	JE	Others

- AEFI case investigation forms
 - Mild cases - investigation by PHM, PHI, PHNS, ICNO
 - Moderate cases-MOH, MO designated by head of the institution
 - Severe AEFI - RE/multi disciplinary team appointed by the AEFI expert committee

Training

- **Epidemiology Unit**
 - TOT for REE/MOOMCH
 - TOT for MO/ Matron/Sisters @ line ministry hospitals
- **District level training**
 - MOOH & Hospital staff coming under provincial ministries of health by RE/MOMCH)
 - Hospital staff by MO/Matron/Sister
- **Divisional level training**
 - MOH staff by the MOOH

Issues to be addressed in training sessions

- Impact of pandemic influenza on vulnerable groups
- Role of influenza A/H1N1 vaccine to mitigate the impact of pandemic of influenza
- Rationale for its use and prioritization of vaccine recipients in Sri Lanka
- All required information of IA/H1N1 vaccine (contraindications, precautions, vaccine administration, storage etc)
- Procedures to be followed during vaccination

Issues to be addressed in training sessions

- Vaccine logistics
 - Availability of vaccines and injection safety items (AD syringes, safety boxes)
 - Availability of records and returns
 - Maintaining adequate stocks
 - Accountability and minimizing vaccine wastage
- Record keeping: maintenance of records and registers, completeness, accuracy and timeliness of returns
- Need for collecting and reporting post marketing AEFI surveillance data
 - Coverage, completeness, timeliness of AEFI reporting
- Need for investigation of reported AEFI

Monitoring and evaluation

- Coverage :
 - $(\text{No vaccinated} / \text{No of health staff in the district}) \times 100$
 - $(\text{No of vaccinated pregnant women} / \text{No of pregnant women under care}) \times 100$
 - $(\text{No of high risk individuals vaccinated} / \text{estimated No of high risk individuals}) \times 100$
 - Estimated high risk individuals = 17% of the population

Monitoring and evaluation

- Vaccine wastage :
 - No of doses given to vaccine recipients in I /II phases = A
 - No of doses used in I /II phases = B
 - Usage = $(A/B) \times 100$
 - Wastage = $(100 - Usage)$

Monitoring and evaluation

- AEFI rates

- No of doses used in the district (A)
- No of individual AEFI reported (B)
- Reported individual AEFI rate = $(B/A) \times 100000$
- No of local reactions reported = L
- Reported local reactions rate = $(L/A) \times 100000$
- No of systemic reactions reported = S
- Reported systemic reaction rate = $(S/A) \times 100000$

Frequency of AEFI

- Very common $\geq 1/10$ doses
- Common $< 1/10 - \geq 1/100$ doses
- Uncommon $< 1/100 - \geq 1/1000$ doses
- Rare $< 1/1000 - \geq 1/10000$ doses
- Very rare $< 1/10000$

Opportunities to find deeper
powers within ourselves come
when life seems most
challenging

Joseph Campbell

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