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Appendices

Appendix 8.1 Priority Groups for Vaccination

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Appendix 8.3 Mass Vaccine Clinics Distribution

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Appendix 8.5 Mass Vaccination Staff Requirements

Appendix 8.6 Checklist of Start-up of Mass Vaccine Clinic

Appendix 8.7 Staff Functions

Appendix 8.8 Department’s Roles and Responsibilities

Appendix 8.9 Clinic Supplies

Appendix 8.10 Mass Vaccine Clinic - Client Flow Chart

Appendix 8.11 Mass Vaccination Training Manual

The federal government is responsible for vaccine procurement and supply, including developing the domestic infrastructure, maintaining a standby supply of fertilized hens' eggs ready to be converted into vaccines, phasing in new technologies, and ensuring security of supply. In the case of a pandemic, the domestic supplier (IDBiomedical now Glaxo Smith Kline) guarantees the manufacture of 8 million (+/- 10%) monovalent doses, per month, for a period of 4 months starting within 4 to 5 months after the receipt of the pandemic influenza seed strain for Canada.
This translates to a quarter of the Canadian population receiving the influenza vaccines each month, and in total the entire Canadian population receiving one dose of vaccine. When the vaccine becomes available in a pandemic, Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) should receive 42,918[1] doses of vaccine each month for four months.

Objectives

1. To provide a secure supply of safe, effective vaccine for all HKPRDHU residents as quickly as possible.
2. To store, distribute, allocate and administer vaccine supplies efficiently and appropriately.
3. To monitor the safety and effectiveness of vaccine programs.

1. Priority Groups for Vaccination

The Ontario Health Plan for an Influenza Pandemic (OHPIP) outlines the groups to receive vaccination in order of priority. Table 8.1 (see appendix 8.1) provides a description of what types of people are included in each group and an estimate of the number of people in each group within HKPRDHU catchment's area. The numbers of each priority group will require updates on an annual basis.

2. HKPR Mass-Vaccination Process

Ontario has a vaccine distribution system in place to support its Universal Influenza Immunization Program. A similar system will be used to distribute the pandemic vaccine, with some changes. During a pandemic, influenza vaccines will be sent only to public health units, which will organize mass vaccination clinics, and people will have to attend these clinics in order to be immunized.

HKPR will use two strategies to distribute vaccine:

"**Push"** Vaccine will be provided to pre-identified organizations that will be responsible and accountable for vaccine administration to their own staff and patients/residents based on the priority groups such as hospitals and Long Term care Homes.

"Pull" HKPR will set up vaccine clinics in large municipal buildings or schools to administer vaccine initially to the identified priority groups or as direct by the Ministry of Health and Long Term-Care (MOHLTC).

[1] Based on a population total of 171,671 (2006 census based on 100% data)

Table 8.1 Vaccine Distribution Process[2]

Strategy	Agency*	Staff	Residents/ Patients	Total
Push	▪ Hospitals	1,498*	TBD	
	▪ Access Centre	130	4,634	4,764
	▪ LTCH	2,038**	1,983	4,021
Pull	▪ Emergency / essential service providers			1,597
	▪ HKPR Residents			162,040

* Total includes staff from all 5 hospitals
** All LTCH except Golden Plough Lodge - Cobourg

The strategy to vaccinate other health care workers not included in table 8.2 is to be determined.

3. Mass-Vaccination Clinics

3.1 Clinics Sites and Contacts

A site selected for holding mass vaccination clinics must meet specific criteria.
Mass vaccination will occur in large municipal auditoriums as a first choice and in public school as an alternate choice. Appendix 8.2 provides lists of criteria used to determine the most appropriate site for mass vaccination. Contact information for these sites is listed in Appendix 8.2.

The Health Unit will set up ***one*** clinic per day (5 days a week). The clinics will run two consecutive days in each area (Northumberland, CKL and Haliburton) until the available stockpile of vaccine is exhausted.

3.2 Number of Clinics Needed

To deliver 42,918 doses of vaccine per month, HKPRDHU will use the following parameters and assumptions:

Parameters:

- Number of shots per hour per giver: 20
- Number of clients per clinic: 3000 (15 givers/clinic/10hrs)
- Clinic will run for 10 hours with staggered shift
- Number of hours a giver can administer vaccine: 7

[2] These figures are from January 2006 enumeration process conducted by HKPRDHU on behalf of MOHLTC

Assumptions:

- Number of vaccine doses per person required: 1
- No shortage of vaccine
- Target population: 100%
- HKPRDHU will call upon 60+ Nurses, RPNs and other regulated health professionals.

As the pandemic vaccine becomes available, HKPRDHU will receive approximately 43,000 doses a month, for a period of four months (OHPIP, 2005). Based on this assumption, Table 8.4 (see appendix 8.3) Illustrates the number of clinics required in each area per month.

3.3 Clinics Staffing

To operate mass vaccination clinics, the Health Unit will require additional staff. Currently the Health Unit has 40 nurses. Potential sources of additional immunizers include vaccinators, recently retired health care workers, and allied health professionals. Table 8.2 provides estimates of these potential sources of vaccinators.

Table 8.2 Estimates of Potential Vaccinators

Health Professional	Number
Health Unit's Vaccinators	TBD
Dentists	54
Veterinarians	TBD
Total	TBD

Φ Next Steps

- Maintain an up-to-date pandemic inventory of assets and skills based on competencies to facilitate rapid mobilization of HKPRDHU human resources for mass-vaccine clinics (MVC) during influenza pandemic. This could include CPR training, counseling, potential vaccinators etc.

3.4 Clinic Supplies

Refer to appendix 8.9

3.5 Mass Vaccination Clinics Operations

Although MVCs are the responsibility of the Communicable Disease Control Department (CDC), it is expected that each department will contribute to the overall process of MVCs.

Clinics operation will follow the procedures outlined below.

- **Orientation**: Packages containing all the relevant information on the vaccine, vaccination process, documentation, medical directives, consent forms etc. will be provided in advance to each staff member. Training material will also be available on the intranet.

- **Scheduling**: CDC will coordinate clinics and staff scheduling. MVCs locations, schedules and eligibility should be heavily advertised.
- **Documents:** Consent forms, fact sheets, medical directives and post-vaccination forms need to be developed by HKPRDHU - Unless MOHLTC provides standardized forms.

- **Staff Functions:** Staff roles and responsibilities, aligned with the Incident Management System (IMS)[3] structure will consist of *Operations*, *Planning*, *Logistics* and *Administration* and *Finance*. Refer to appendices 8.7 and 8.8 for detail.

- **Clinic Flow Chart:** The clinic flow and clinic set-up will be as per appendices 8.10

- **Clinic Supplies:** A list of clinic supplies is provided in appendix 8.9

- **Cold chain:** At all times, vaccines are kept between 2 and 8˚C. Refer to appendix 8.11 - Mass-Vaccination Manual for detail

- **Data Collection:**

Φ Next Step

Determine the role and responsibility of each department with respect to the operation of MVCs. Determine vaccine storage capacity. Clarify vaccine delivery, the cost of clinic supplies and security strategies. Develop mechanism to determine eligibility for vaccination.

4. Security

Security personnel at MVCs will be required to ensure an orderly flow of traffic and parking at the clinic site; assist in maintaining orderly movement of vaccine recipients through the clinic process; provide necessary control if persons become unruly; assist supply staff in maintaining security of medications and other clinic supplies.

Φ Next Step

Discuss issue with local law enforcement officials and/or private security companies.

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[3] The Incident Management System is an international emergency management structure that has been adopted by Emergency Management Ontario (EMO) as the operational framework for emergency management for the Government of Ontario. It provides the basic command structure and functions required to manage an emergency situation effectively. The Ministry of Health and Long-Term Care will use this model for its Emergency Operations Centre (MEOC) at the Emergency Management Unit.

5. Vaccine Activities by Pandemic Phase

WHO Pandemic Phases		Activities
Interpandemic Period	Phase 1	▪ Ensure human resources material and logistics are in place ▪ Continue to increase the use of the influenza vaccine ▪ Encourage physicians to maintain lists of high-risk patients and their pneumococcal immunization status ▪ Maintenance of cold chain procedure ▪ Back-up generators for power outages/alarm system
	Phase 2	▪ Regular communication with MOHLTC re: availability of anti-virals, vaccines ▪ Inform providers re: plan for distribution ▪ Fact sheets will be developed and available on-line ▪ Distribute enumeration tools to collect estimated numbers in priority groups on a yearly basis and report to MOHLTC
Pandemic Alert Period	Phase 3	▪ Continue Phase 1 and 2 activities ▪ Identify storage space for antivirals and vaccine ▪ Ensure security needs are addressed
	Phase 4	▪ Confirm distribution points for vaccine and vaccination clinics locations ▪ Ensure list of vaccinators is up to date ▪ Review vaccination plan ▪ Determine amount of clinic supplies on hand and ensure a one month supply is available ▪ Review and update immunization educational materials on administering vaccines

WHO Pandemic Phases		Action
	Phase 5	Review the following: ▪ Storage ▪ Documentation ▪ Allocation ▪ Distribution ▪ Security ▪ Training ▪ Determine facilities and make appropriate contact ▪ Review priority groups and provide data to MOHLTC as indicated
Pandemic Period	Phase 6	▪ Activate Mass Vaccine Plan ▪ Apply target groups and guidelines as directed by MOHLTC ▪ Implement Adverse Events Surveillance System ▪ Communicate with bordering jurisdictions and co-ordinate efforts as much as possible ▪ Submit reports of total numbers immunized (one and two doses) ▪ Expand vaccination program as able ▪ Summarize and report coverage data ▪ Begin to restock supplies and resume routine programs ▪ Continue to assess local stockpiles/inventory of anti-virals
Post Pandemic Period		▪ Continue vaccination focusing on those not yet immunized ▪ Implement provincial recommendations to guide future routine influenza prevention and control activities ▪ Schedule clinics to provide second dose of vaccine if required