

Aide mémoire

To ensure the efficiency and safety of mass immunization campaigns with injectable vaccines

Mass immunization campaigns pose specific challenges over routine immunization that national managers and decision-makers must be aware of so as to maximize the benefits and any potential real or perceived negative impact of the campaign. Campaigns represent a substantial financial investment that could be wasted if the necessary coverage is not reached. Campaigns are also a focus of high visibility and scrutiny by the general public and the media. Adverse events that occur during campaigns and the impact of these events must be managed quickly and effectively to encourage good practice and promote public confidence in the programme.

There are substantial challenges in reaching large populations over short periods of time. In order for campaigns to be successful high coverage must be achieved in the total target population, including hard to reach populations. All partners and players at all levels need to be mobilized. There is a definite need to explain and justify the impact of the campaign to all involved parties with respect to optimal disease-specific control and in the wider context of disease prevention and health care.

The aim of mass immunization campaigns is to immunize large populations over a short period of time, which may be beyond the capacity of the existing health infrastructure. Campaigns may be conducted outside the normal health care setting. This necessitates proper and specific planning and very careful supervision. Good planning is essential to campaign success.

With respect to injection safety, the large number of injections to be administered and the large volume of waste generated pose added strains on the system, increasing the probability that breaches in safety may occur. With respect to adverse events following immunization (AEFI), an apparent increase in the number of adverse events may occur. Reasons for this include the large number of doses being given over a short period of time and the administration of vaccine to a wider, usually older, age group.

If not prevented or managed properly, these safety issues can result in the transmission of infection, impaired public and donor confidence in the campaign, and ultimately, reduced coverage and a negative public health impact. However, by considering safety issues from the start of campaign planning, EPI managers can avoid such problems. Components to ensure safety include: (1) assessing the existing injection safety situation, (2) preparing a detailed campaign plan which addresses key issues identified by the assessment, (3) implementing

the plan, and (4) monitoring the results. Managers also need to introduce a simple and timely monitoring system for adverse events for campaigns if this is not already in place. Such a system, in addition to supporting the campaign, provides opportunities for the identification of key immunization and injection safety issues that should be addressed in routine immunization activities and included in a longer-term immunization safety plan.

Checklist

Campaign planning

Is there sufficient evidence of the need for a campaign and of the pertinence of the timing and targeted populations?

- Epidemiological investigation carried out, including a review of immunization data.
- Need for a campaign, timing and targeted populations (age, sex, location) proposed.
- Conclusions endorsed by the national committee.
- Conclusions and plan of operations approved by the national ethical review board as needed.

Have all key players and partners been identified and respective roles and responsibilities clearly assigned?

- Partners listed.
- Roles and responsibility assigned.
- Roles and responsibilities approved by partners.

Has the interagency coordinating committee reviewed the plan and budget?

- Plan reviewed.
- Plan to be revised.
- Plan agreed.

Is there evidence that adequate supplies of all necessary items have been planned for and will be delivered on time?

- Supplies listed and quantities estimated.
- Cost estimated.
- Sources of procurement identified, supplies available and estimated date of delivery specified.
- Cold storage and other storage space secured.
- Custom formalities ascertained and exemption obtained, if necessary.

Is there a detailed micro-plan from all local levels targeted including strategies for hard to reach populations?

- Geographic area and population defined.
- Micro-plans including delivery strategy available.

Has a plan for social mobilization been developed?

- Communication plan formulated and resourced.
- Communication materials developed (including pre-testing) in consultation with key local and national stakeholders (including community and religious representatives).
- Mechanisms for dissemination of materials in place (print, radio and TV).
- Advocacy meetings with key local religious and community representatives scheduled.

Is there a plan for regular monitoring of the implementation of the campaign including corrective action if necessary?

- Monitoring plan developed with tools (forms) available for monitoring.
- Supervisors identified and trained.
- Supervisory checklists available.
- Plan for regular review of progress and problems encountered available.

Has a plan been developed and resourced for the evaluation of the campaign?

- List of process and outcome indicators to be measured at each level available.
- Plan for disseminating results to all key players exists.

Is there a sufficient number of qualified vaccinators and support staff (including volunteers) to meet the campaign objectives?

- Number of staff available is adequate to meet campaign objectives.
- Adequate numbers of qualified health workers and support staff (including volunteers) are available.
- Sufficient number of supervisors available to provide supportive supervision of all teams effectively.

Has the availability of transport for supervision, social mobilization activities, vaccine and injection material been verified?

- Sufficient number of vehicles available for transport for planned activities in area of supervision and social mobilization and for vaccine and injection material distribution.
- Sufficient funds available for transport costs.

Have supervisory visits been made to all provinces/first level administrative subdivisions to review plans and preparedness?

- Visit reports available from each province/first level administrative subdivision indicating that campaign preparations are satisfactory, or including recommendations for revisions to plans.

Safe and efficient vaccine administration

Will only WHO/UNICEF pre-qualified vaccine or vaccine and injection material approved by national regulatory authorities be used?

- List of vaccines and injection materials with procurement source identified.
- All vaccines listed pre-qualified or approved by national regulatory authorities.

Is vaccine bundled with reconstitution syringes, auto-disable syringes and sharps boxes as per the terms of the joint WHO/UNICEF/UNFPA statement on injection safety?

- List of quantities of vaccine, reconstitution syringes, auto-disable syringes and sharps boxes.

Have responsible staff been clearly informed of the importance of sending correct and matching quantities of diluents with freeze-dried vaccines?

- Clear information given to responsible staff with respect to the sending of correct and matching quantities of diluents with freeze-dried vaccines.

Have all health care workers been trained in proper vaccine administration techniques with an emphasis on the need for sterile technique, correct reconstitution and safe immunization injection practices, and on the need to comply with proper cold chain procedures?

- Training curriculum identified with written training material prepared.
- Training completed.
- Number of health workers who completed the course and number of absentees.

Have staff been clearly instructed not to recap syringes?

- Clear instructions given to staff not to recap syringes.

Have staff been clearly instructed to discard all reconstituted vaccines within six hours or at the end of the immunization session, whichever comes first?

- Clear instructions given to staff to discard reconstituted vaccines within six hours or at the end of the immunization session, whichever comes first.

Is vaccine distribution appropriately tracked by lot?

- Vaccine distribution forms include lot number and amount of vaccine and diluents distribution to all levels.

Have the logistics been carefully planned to ensure availability of all supplies at all vaccination posts?

- List of supplies (including quantities) to be delivered to each post available.
- Distribution plan for supplies available.

Have vaccine and injection material storage sites been identified?

- List of storage sites and capacity of each site.
- Required storage capacity identified.

Has the capacity to freeze sufficient ice packs been ensured?

- List of sites for freezing and capacity of each site.
- Sufficient freezing capacity is available.

Is there a sufficient number of vaccine-carriers for all teams?

- Number of vaccine carriers available known.

Has the need for vaccinations cards been assessed?

If vaccinations cards necessary:

- Number of vaccination cards needed and available known.
- Vaccination cards include information on vaccine lot number to enable tracking.
- Training provided on accurate use of vaccination cards.

Sharps waste management

Have local regulations and possibilities for sharps treatment and disposal been assessed?

- Local regulations identified.
- Possibilities for sharps treatment and disposal assessed (functioning incinerators, sites for burning, etc.).
- Most appropriate option for treatment and disposal identified.

Have practical, simple solutions for waste collection and disposal been identified?

- Waste disposal system used for routine immunization programme identified.
- Plan for waste collection and disposal developed.

Have equipment, places and facilities been identified for sharps waste disposal?

- List of equipment, places and facilities for sharps waste disposal identified.

Has the availability of adequate safety boxes, sharps waste disposal facilities, etc., been ensured?

- Quantities of required supplies determined.
- Sufficient quantities of all supplies currently available.
- Sufficient supplies have been ordered and there is an appropriate estimated delivery date.

Have clear instructions and guidelines for health staff on safe waste disposal (assembly, use, collection and disposal of safety boxes) been provided?

- Training and has been provided for health staff.
- Written guidelines for safe waste disposal available.

Will disposal be monitored on a daily basis?

- Responsible person identified to monitor waste disposal on a daily basis.

AEFI management and monitoring

Is there an AEFI monitoring system in place?

- Responsible focal point for AEFI monitoring identified.
- Clear guidelines exist on what to report, how to report and what to investigate.

Are rapid reporting channels for AEFI and vaccine safety issues in place?

- Reporting channels clearly stated.
- Method of reporting known.

Has a decision been made on which AEFI should be reported and which contraindications should be observed?

- List of AEFI to be reported available.
- List of contraindications to be observed available.

Has an AEFI review committee been formed and the structure and capacity to rapidly respond to and investigate serious AEFI been planned?

- Membership of review committee documented.
- Training incorporates information on potential adverse events.

Have health care workers been trained on how to investigate and manage AEFIs and respond to rumours?

- How to investigate and manage AEFI included in training.
- Focal points identified to deal with rumours.

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This document is available on the Internet only at: <http://www.who.int/vaccines-documents>

Additional information on immunization safety can be obtained on the Internet at
<http://www.who.int/vaccines>

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