Mass Vaccination Clinics during an Influenza Pandemic

Summary The NSW Health Influenza Pandemic Plan (PD2016_016) identifies provision of pandemic vaccination to the public as one of the key state-wide response strategies to control the spread of pandemic influenza.

This Guideline provides LHDs with the operational level detail required to plan for the operation of vaccination clinics in a pandemic situation. It describes scenarios and strategies that LHDs/SHNs need to consider when vaccinating population groups during a pandemic. The Guideline should be read in conjunction with the "Pandemic Guideline - Aboriginal Communities".

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Audience All public health unit staff, Health Services Functional Area Coordinator, Clinical Governance, Nursing and administration

NSW GOVERNMENT Health

GUIDELINE SUMMARY

MASS VACCINATION CLINICS DURING AN INFLUENZA PANDEMIC

PURPOSE

This Guideline is a supporting document to the NSW Health Influenza Pandemic Plan (PD2016_016). It provides Local Health Districts with the framework to develop operational level plans for the establishment of clinics to deliver mass vaccination to the public.

KEY PRINCIPLES

Immunisation with a vaccine specific for the pandemic influenza strain, when available, is likely to be the most effective measure to control the spread of influenza in the community. The implementation of a mass immunisation program is identified as a key strategy of the Australian and NSW Health influenza pandemic plans.

This Guideline:

- provides guidance to NSW Local Health Districts (LHDs) on how to plan for and operate mass vaccination clinics during an influenza pandemic
- is a supporting guideline and should be read in conjunction with the policy directive *NSW Health Influenza Pandemic Plan* (PD2016_016), and other supporting guidelines including the Pandemic Guideline – Aboriginal Communities
- recognises that the delivery of mass vaccination of the population with pandemic vaccines will require models different to those currently used for routine immunisation programs in NSW
- outlines the scenarios and strategies that LHDs would be expected to plan for in order to establish and operate mass vaccination clinics
- describes the roles and responsibilities of key national, state and regional level stakeholders assisting in the development or distribution of vaccine and operation of vaccination clinics
- provides guidance on the minimum staff and resource requirements for LHDs to be able to operate vaccination clinics in their district
- may be able to be adapted for other infectious disease emergencies where large-scale vaccination clinics are required.

USE OF THE GUIDELINE

LHDs should use the attached Guideline to develop local plans for the establishment and operation of vaccination clinics should these be required during an influenza pandemic. Sections of particular relevance include:

- Vaccine Storage and Dispatch (Section 4)
- Mass Vaccination Clinic Requirements (Section 5)
- Mass Vaccination Clinic Operations (Section 6)

In planning for the establishment of clinics, LHDs need to:

- consider how to identify and deliver vaccine to likely priority groups in their population;
- in rural areas, consider alternative models where necessary for delivery of vaccination to population groups within their district
- monitor vaccine distribution, uptake and adverse events following immunisation;
- ensure that all staff working under the auspices of the LHD have completed the necessary education and training appropriate to their role in a vaccination clinic;
- work with their local primary healthcare organisations to determine if general practice clinics or community health centres could be used to conduct local mass vaccination clinics during the pandemic; and
- work with Aboriginal Community Controlled Health Services (ACCHS) in their district to determine if mass vaccination clinics could be established and operated within the ACCHSs.

REVISION HISTORY

Version	Approved by	Amendment notes
April 2018 (GL2018_008)	Deputy Secretary, Population and Public Health	First Guideline.

ATTACHMENTS

1. Mass Vaccination Clinics during an Influenza Pandemic: Guideline

Mass Vaccination Clinics during an Influenza Pandemic

NSW GOVERNMENT Health

GUIDELINE

Issue date: April-2018

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CONTENTS

1 BACKGROUND

1.1 About this document

Immunisation with a vaccine specific for the pandemic influenza strain, when available, is likely to be the most effective measure to control the spread of influenza in the community. The implementation of a pandemic immunisation program is identified as a key strategy of the Australian and NSW Health influenza pandemic plans.

This Guideline:

- provides guidance to NSW Local Health Districts (LHDs) on how to plan for and operate mass vaccination clinics during an influenza pandemic
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- provides guidance on the minimum staff and resource requirements for LHDs to be able to operate vaccination clinics in their district
- may be able to be adapted for other infectious disease emergencies where large-scale vaccination clinics are required.

1.2 Key definitions

Note that throughout this document:

- 'Pandemic' refers to a global outbreak that results from the emergence of a novel influenza strain able to infect and spread in human populations.

In this document Local Health Districts, St Vincent's Health Network, Sydney Children's Health Network, and Justice Health and Forensic Mental Health Network are referred to collectively as LHDs.

1.3 Context

Vaccination of the Australian population against a pandemic influenza virus is a key national pandemic influenza response strategy outlined in the Australian Health Management Plan for Pandemic Influenza (AHMPPI).

The Australian government maintains contracts with vaccine manufacturers for the rapid development and supply of a pandemic-specific vaccine. However, as a pandemic virus will be novel, it may take some months for the vaccine to be developed, tested and approved for administration in Australia.

Prior to a pandemic-specific vaccine being available, national health authorities may make recommendations for vaccination with a candidate pandemic vaccine, such as for vaccination of groups at higher risk of influenza complications.

A number of candidate pandemic vaccines have been developed against known avian influenza subtypes considered to have the most potential to mutate into a pandemic strain. While these are unlikely to be an ideal match to a novel pandemic strain, a candidate vaccine may offer partial protection against a pandemic virus, and may also act as a priming dose for a subsequent dose of a pandemic-specific vaccine.

The primary aims of a pandemic vaccination campaign using either vaccine would be to:

- mitigate the impact of the pandemic by reducing morbidity and mortality in the population, particularly for at-risk and/or vulnerable groups; and to
- reduce the impact of the pandemic on staff of health care services and other essential services to minimise secondary impacts on the community.

Vaccination strategies for both candidate and pandemic-specific vaccines will follow national advice formulated under the governance arrangements described in the AHMPPI. In a mild pandemic the immunisation model may be the same as the existing model used for the administration of seasonal influenza vaccines through general practices.

Provision of both candidate and pandemic-specific vaccine may be via several models coordinated by LHDs depending on the virulence of the pandemic virus and availability of vaccine supply in relation to the progress of the pandemic. It is expected that mass vaccination clinics would be needed when the control strategy is to vaccinate large portions of the community in a short time during a pandemic. When there are not such constraints, existing models through general practice and pharmacy providers may be appropriate.

LHDs will need to collaborate with local health service providers to plan for appropriate models of pandemic vaccine delivery that take into account the needs of their population in accordance with NSW Health guidelines and the relevant resources in their districts.

Pandemic vaccines will be provided at no cost to LHDs. Support for related costs, such as vaccine administration, other consumables and staffing will be determined by the State Pandemic Management Team.

2 ROLES AND RESPONSIBILITIES

2.1 NSW Ministry of Health – including Health Protection NSW

The NSW Ministry of Health (MoH) will liaise with the MoH Public Affairs team to develop any state-wide communications regarding delivery and access to pandemic vaccination for the health care sector and the public in collaboration with the Australian Department

of Health (DoH) and NSW whole of government channels (e.g. Public Information Functional Area Coordinator).

The MoH will work with key partner agencies (including the Multicultural Health Communication and the Aboriginal Health and Medical Research Council of NSW) to ensure resources are culturally appropriate and developed in several languages so that diverse communities in NSW are aware of the need for and can access pandemic vaccination clinics.

Health Protection NSW (HPNSW) will be responsible for pandemic vaccine storage and stock levels and distribution from the national stockpile to the LHDs (or nominated service providers) within NSW.

There may be a need to source additional staff to administer vaccines. In this situation HPNSW may seek an Authority under the NSW Poisons and Therapeutic Goods Act 2008 to authorise other categories of healthcare workers to vaccinate in an emergency situation subject to additional training.

HPNSW will coordinate the development of any state-wide training with MoH Divisions and NSW Health Pillars, particularly the Health Education and Training Institute, so that surge staff can safely and effectively administer pandemic vaccines if required.

2.2 Local Health Districts

LHDs are responsible for establishing and operating mass vaccination clinics to provide pandemic vaccination to members of the public and healthcare workers within their area. LHDs will need to consider how to identify and administer vaccine to likely priority groups in their population.

LHDs will need to monitor vaccine distribution, uptake and adverse events following immunisation (AEFIs) at the local level and report these data to HPNSW on a regular basis.

LHDs will also need to ensure that all staff working under the auspices of the LHD have completed the necessary education and training appropriate to their role in a vaccination clinic.

Acknowledging the capacity of healthcare services in rural and remote areas and the geographic distance between some communities, rural LHDs may wish to consider alternative models for delivery of vaccination to population groups within their district, including utilising primary health care staff and/or community health staff in outreach or mobile clinics (refer to Table 1 for recommended roles of a mass vaccination team).

In order to establish vaccination clinics, LHDs should work with their local primary healthcare organisations to determine if general practice clinics, community health centres or community pharmacies could be used to conduct local vaccination clinics during the pandemic provided they meet the specifications outlined in 5.1

LHDs should also work with Aboriginal Community Controlled Health Services (ACCHS) in their district to determine if vaccination clinics could be established and operated within the ACCHSs.

3 PANDEMIC VACCINATION STRATEGIES

3.1 Pandemic vaccine doses

Two doses of vaccine, at least four weeks apart, is usually recommended to provide protection against a novel influenza strain in an immunologically naïve population during a pandemic. Immunogenicity studies of the pandemic vaccine will inform decisions on whether one or two doses of vaccine is recommended for protection, and for which age-groups.

3.2 Vaccination of priority groups with a candidate vaccine

During the inevitable delay in the development of a pandemic-specific vaccine, the DoH may recommend and supply a candidate pandemic vaccine to states and territories to enable vaccination of priority groups, as outlined in Section 1.3.

3.3 Vaccination of priority groups with a pandemic vaccine

In the early stages of distribution of a pandemic-specific vaccine to jurisdictions, national authorities may determine that available vaccine should be prioritised for specific groups.

For example, pandemic vaccination may initially be targeted at specific high-risk groups such as those currently targeted for seasonal influenza vaccination. Any prioritisation will be based on vaccine supply and epidemiological data from affected countries overseas, as well as early data collected in Australia.

LHDs will need to plan for communicating with priority groups regarding the need for timely pandemic vaccination, in collaboration with national and state-level communications.

3.4 Mass vaccination of general population with pandemic vaccine

Following vaccination of priority groups with pandemic specific vaccine, the DoH may recommend mass vaccination of the general population. This decision will depend on the timing and availability of the pandemic-specific vaccine, as well as ongoing data in Australia on the clinical severity and transmissibility of the disease.

A pandemic vaccination program targeting the entire population is more likely if the clinical severity of the pandemic virus is moderate to high and there are sufficient quantities of the pandemic vaccine available.

The production rate of the vaccine will determine stocks for vaccination of the general population, which will remain unknown ahead of time. HPNSW will work closely with LHDs to plan and manage the implementation of this strategy as large numbers of people may present at clinics for vaccination.

4 Vaccine Storage and Dispatch

4.1 Dispatch of pandemic vaccine

HPNSW has the capacity to manage any anticipated surge in vaccine distribution across all LHDs.

The principles guiding the dispatch of pandemic vaccines to LHDs may differ to those for the routine supply of vaccines in NSW. HPNSW will determine the appropriate volume of pandemic vaccine for LHDs (or other service providers) based on the epidemiology of disease and vaccine availability. HPNSW will notify each LHD of the amount of vaccine being dispatched and the date of delivery.

Distribution of pandemic vaccines will occur from a dedicated, secure facility contractually managed by HPNSW. Depending on the rate of vaccine production, supplies could be delivered daily, or more frequently in the metropolitan areas, if necessary.

Vaccine supplies will be transported to pre-identified cold storage facilities in each LHD. The arrangements for vaccine dispatch and transport will vary according to LHD location and need for resupply of vaccine. HPNSW will ensure deliveries are made in a secure and timely manner to provide a consistent supply of vaccine to LHDs. Assistance in transportation of vaccine under state emergency management arrangements may be requested from agencies outside the health sector.

Each sealed consignment will contain a time-temperature sensitive monitor and freeze monitor and will be transported to ensure the cold chain is maintained.

Each LHD will need to confirm that existing LHD sites authorised to receive vaccine deliveries are appropriate for receiving pandemic vaccines or provide a list to HPNSW of new secure sites. This will help ensure the security of vaccine delivery and dispatch to LHDs. LHDs may be asked to assist with secure transport of vaccines to and from vaccination centres, depending on security advice received by the MoH from the NSW Police Force.

LHDs will need to send an inventory of remaining vaccine stock to the HPNSW on a regular basis using a reporting form that will be supplied by HPNSW to ensure an adequate resupply of vaccine can be dispatched in a timely manner.

4.2 Vaccine storage and administration

LHDs must store the vaccines according to the National Vaccine Storage Guidelines, with particular attention placed on twice daily cold chain monitoring during business hours and continuous monitoring where feasible.

5 PANDEMIC MASS VACCINATION CLINIC REQUIREMENTS

5.1 Mass vaccination clinic locations

Mass vaccination clinics should be established under the governance of the LHD and in locations that are close to public transport routes, have sufficient parking and toilet

facilities, and be easily accessible by the public, including disability access. Mass vaccination clinics should have sufficient space to accommodate large numbers of staff and clients, as well as have a covered area for people queuing to be vaccinated.

Mass vaccination clinics should not be located in the same vicinity as facilities used to assess and manage patients with influenza, such as emergency departments or a Pandemic Assessment Centre (PAC). Examples of suitable facilities include local community health centres, council premises, schools, and licensed clubs. LHDs may consider working with their relevant regional or district emergency management committees to identify and enter into agreements with such facility operators well in advance of a pandemic.

5.2 Hours of operation

The recommended vaccination clinic operating hours will depend on the availability of the candidate or pandemic vaccine. The MoH will regularly update the LHDs so that appropriate planning can be undertaken.

LHDs should plan for flexible and scalable hours of operation for vaccination clinics which can accommodate initial vaccination of priority groups and then potentially mass vaccination of the general public. Once a pandemic-specific vaccine becomes available, mass vaccination clinics may need to be operational for extended hours and on weekends to accommodate vaccination of the general public with two doses of the vaccine.

5.3 Staffing requirements

The number of staff needed in each mass vaccination clinic will depend on the total number of clients to be vaccinated and the availability of authorised immunisers. It is recommended that LHDs maintain a register of authorised nurse immunisers. It is also recommended that the LHD should plan for the roles outlined in Table 1 to assist in the operation of vaccination clinics. However, numbers and types of staff will depend on the local workforce capacity and demand at clinics.

LHDs should plan to include staff with appropriate skills to be able to assess and vaccinate people with special needs (e.g. people with speech or hearing difficulties). LHDs must have guidance/security staff at exit points from each stage of the vaccination clinic to ensure smooth flow of clients through the clinic.

In small vaccination centres, the same staff member may complete the pre-vaccination assessment, drawing up of vaccine and vaccination. However, this would reduce the number of people that could be vaccinated in an hour. Larger centres may consider having several “teams” in the one venue.

The requirements for registered nurses and midwives to provide immunisation services (including influenza vaccine) are outlined in the NSW Health policy directive Immunisation Services - Authority for Registered Nurses and Midwives (PD2015_011). If there is a shortage of authorised nurse immunisers (ANIs), other appropriate health care workers should be rapidly trained to assist ANIs in administering vaccine following the issuing of an Authority under the NSW Poisons and Therapeutic Goods Act 2008 as referred to in 2.1.

The MoH will ensure any essential state-wide training is available, so that healthcare workers can safely and effectively administer pandemic vaccines. LHDs will be responsible for implementing training for all necessary staff in their District.

In a mass pandemic vaccination setting with full support and sole focus on vaccination, it is anticipated that each authorised immuniser could vaccinate at a rate of 80-100 persons per hour[1].

5.4 Staff support

LHDs continue to be responsible for the occupational health and safety of their staff during the operation of vaccination clinics. Special consideration should be given to minimising the risk of increased levels of staff stress during pandemic vaccination clinic work.

5.5 Interpreter services

All vaccination clinics will need to have access to interpreter services. LHDs will need to plan for the appropriate type of interpreter services during the pandemic, according to the cultural and linguistic diversity of their local population.

Further information can be obtained from the NSW Health policy directive Interpreters – Standard Procedures for Working with Health Care Interpreters (PD2017_044).

5.6 Vaccine administration supplies

It is expected that detailed national guidance on the administration of pandemic vaccines will be developed and distributed prior to distribution of vaccines to inform pandemic vaccination clinic planning. Some medical supplies for vaccine administration may also be delivered together with the vaccines.

Nevertheless, LHDs should make contingency plans for accessing sufficient medical supplies to support the work of pandemic vaccination clinics, including cold chain equipment, syringes, needles, and sharps containers.

Documentation of vaccine administration for the vaccine recipient will also need to be provided. This documentation will be particularly important if a two-dose schedule is recommended, and for investigating potential vaccine adverse events.

Each clinic will need access to an electronic version of the current edition of the Australian Immunisation Handbook.

5.7 Emergency Medical Equipment Kits

In addition to standard first aid supplies, there should be multiple anaphylaxis kits in each vaccination clinic, easily accessible to all staff. More information is provided in the Australian Immunisation Handbook.

[1] Carr, Christine, Durrheim, David, Eastwood, Keith, Massey, Peter, Jaggers, Debbie, Caelli, Meredith, Nicholl, Sonya, and Winn, Linda (2011) *Australia's first pandemic influenza mass vaccination clinic exercise.* Australian Journal of Emergency Management, 26 (1). pp. 47-53.

Table 1 – Recommended roles of a mass vaccination team

Member/s	Roles	Suggested source of staff:
Security/ Guidance staff	• Provide directions and maintain order in queue outside clinic and throughout the clinic	• Hospital security personnel • Contracted security personnel • First Aid volunteer
Assessor[#]	• Assess each client for influenza-like illness (ILI) symptoms and direct ill clients to the nearest health service or PAC	• Registered nurse • Public Health Medical Officer • General practitioner
Suitably experienced clinical staff member	• Conduct pre-vaccination assessment • Answer clinical and consent enquiries • Draw up vaccine	• Authorised nurse/midwife immuniser • Registered nurse/midwife • Medical student * • Nursing student * • Medication-endorsed enrolled nurse *
Authorised immuniser	• Vaccinate clients • Complete Record of Vaccination form	• Authorised nurse/midwife immuniser/pharmacist • General practitioner • Medical student * • Nursing student * • Medication-endorsed enrolled nurse *
Clerical staff	• Give consent form and information sheet • Record vaccine details on consent form • Provide advice card to report adverse events	• Hospital clerical staff • General practice clerical staff • CHC clerical staff • Trained volunteer
First Aid Staff	• Post-vaccination assessment and care of unwell clients	• First Aid staff • Medical student • Nursing student

* After appropriate vaccination training (training package will be provided by HPNSW).

[#] Only if clinic held while pandemic influenza is circulating

6 MASS VACCINATION CLINIC OPERATIONS

6.1 General principles

A large-scale vaccination clinic should comprise four operational stages, as summarised in Table 2. Some flexibility may be needed for different vaccination clinic locations or models serving particular groups, such as mobile or outreach clinics serving rural and remote communities.

A special needs 'one-stop' station should be set up for high-need clients, for example, disabled clients, frail elderly clients and parents or carers with young children.

Clinics should have a one-way flow of clients from vaccine assessment through to the first aid/exit area. Figure 1 describes a model vaccination clinic layout, with suggestions for the flow of patients and positioning of staff.

Clinics should be designed to minimise the risk of influenza transmission to attendees and staff by complying with current infection control recommendations, particularly around social distancing, the availability of hand sanitiser, promoting cough etiquette, and the use of personal protective equipment.

6.2 STAGE 0: Waiting areas

To reduce the potential spread of the virus, attendees should be asked to queue outside the vaccination centre in clearly signposted areas, with consideration of the environmental conditions. Where possible, people should be asked to queue at least one metre apart, although it is recognised this might be difficult to maintain, particularly during a mass vaccination strategy.

All security personnel (see Table 2) need to be equipped with a two-way radio to allow effective communication to all clinic staff. A strong barricade should be established at the clinic entry site to Stage 1 (see Figure 1).

6.3 STAGE 1: Eligibility and screening areas

Screening criteria will be provided by HPNSW. Using these criteria, clients will be first checked by an assessor for symptoms of influenza-like illness before progressing further into the clinic. If a client displays ILI symptoms, they should be referred for clinical assessment at a health service or Pandemic Assessment Centre.

The MoH in collaboration with the DoH will provide further guidance on eligibility requirements for vaccine recipients at the earliest opportunity during the pandemic. Clients who are eligible to be vaccinated will proceed through the remaining stages.

Clients with special needs should be fast tracked with their parent/guardian or carer to the special needs vaccination station (see Table 2) for assessment and vaccination.

6.4 STAGE 2: Consent and preparation area

Clients will attend one station where registration, education, pre-vaccination assessment and consent will be undertaken. Administration staff will provide an information sheet and consent form which the person should complete prior to vaccination.

HPNSW will translate the consent form which should be available in a range of additional languages spoken in the local community.

The standard vaccination consent requirements will generally apply for vaccination in a pandemic, including that:

- persons aged 16 and over assessed as having the capacity to consent to vaccination can provide consent
- for persons aged 16 and over who do not have the capacity to consent (e.g. persons with a disability that affects their capacity) their "person responsible" can provide consent. If the person responsible is not available, and the patient is not objecting, the vaccination can be provided if the supervising medical practitioner certifies that it is necessary and will successfully promote the patient's health and well-being
- for minors aged less than 16 years, a parent or guardian must provide consent.

Ideally, consent should be in writing, but verbal consent, or consent implied by action (such as holding an arm out to receive an injection) is also valid. The method by which consent is given should be documented. In a mass vaccination clinic where consent is obtained by a health professional in the assessment stage, written consent is preferable so the immuniser can view the documented consent. A written consent form also has the advantage of including a tear-off vaccination record for the client. More detail is provided in the NSW Health policy directive Consent to medical treatment (PD2005_406).

6.5 STAGE 3: Vaccination only area

In this stage, designated staff should be available to draw up the vaccine for the vaccine administration staff at the vaccine desks. This process will ensure maximum efficiency of vaccine administration, particularly during mass vaccination of the general public.

All vaccines must be administered in accordance with relevant legislation and under guidance from the current edition of *The Australian Immunisation Handbook*.

Although multi-dose vaccine vials are not routinely used in Australia, they have been used in emergency situations where mass vaccination of the population is required as they may be more cost effective and faster to produce and take up less storage space. The DoH will provide guidance on the appropriate use of multi-dose pandemic vaccine vials if required and following appropriate procedures will minimise the risk of breaches in infection control.

6.6 STAGE 4: First aid and exit area

To observe vaccine recipients post-vaccination, a first aid area or station must be located near the exit to the clinic to facilitate access for ambulance service staff as required. This area needs to be large enough to accommodate several patients that require observation post-vaccination for the specified time as outlined in the current edition of *The Australian Immunisation Handbook*.

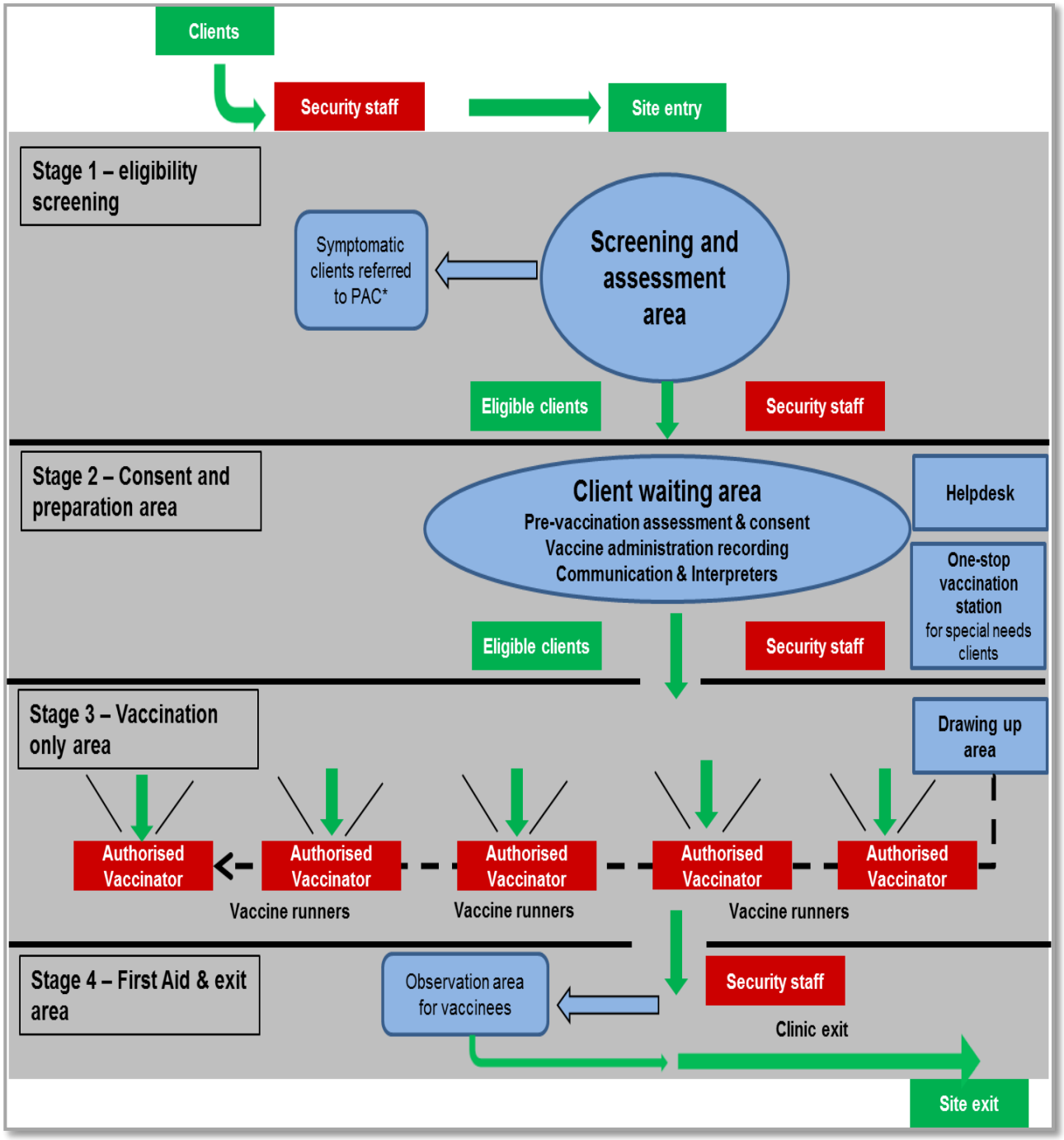
This area should be staffed with an appropriate first aid officer (see Table 1) and the emergency anaphylaxis kits should be readily available and/or nearby to manage any AEFIs according to *The Australian Immunisation Handbook* (current edition).

Table 2. Stages of Operation of Vaccination Clinics

STAGE	LOCATION	STAFF	SUMMARY OF RESPONSIBILITIES
0	**Waiting areas**	Security/Guidance Staff	• Responsible for ensuring important information is announced as individuals arrive • Crowd management and vaccination centre security
1	**Eligibility screening area**	Stage 1 Manager	• Responsible for Stage 1 resources and staff
		Assessor	Assess and prioritise clients for vaccination: • Fast track special needs clients to special needs vaccination stations • Clients with pandemic influenza-like symptoms should be referred for clinical assessment at the nearest health service • Arrange interpreters for clients
		Security/Guidance Staff	• Guide eligible clients to Stage 2 • Crowd management and vaccination centre security
2	**Consent and preparation area**	Stage 2 Manager	• Responsible for Stage 2 resources including staff; support clerical staff with any consent or pre-vaccination check queries
		Registration; clerical/administration staff	• Manage helpdesk and answer non-clinical client queries • Provide consent, pre-vaccination check list and information resources and collect completed forms from clients • Collect administrative data as appropriate
		Security/Guidance Staff	• Guide eligible clients to Stage 3 • Crowd management and security for all resources and staff

STAGE	LOCATION	STAFF	SUMMARY OF RESPONSIBILITIES
		Assessor/vaccinator for special needs clients	Assess and vaccinate clients: • Obtain and record consent as appropriate • Administer vaccine and record vaccine details
3	**Vaccination only area**	Stage 3 Manager	• Oversees overall clinic operation
		Runner	• Supply vaccine and administration equipment to vaccinators
		Drawing-up staff	• Draw up vaccine
		Vaccinators	• Administer vaccine
4	**First aid and exit area**	First aid staff	• Monitor for AEFIs. • Administer first aid only as required post-vaccination
		Security/Guidance Staff	• Crowd management and vaccination centre security • Guide clients to exit

Figure 1. Model pandemic vaccination clinic floor plan and patient flow diagram



7 MONITORING AND EVALUATING PANDEMIC VACCINATION

7.1 Monitoring vaccine distribution, delivery and uptake

The DoH will develop guidance on the expectations for recording and monitoring vaccine distribution and uptake in the states and territories.

Further requirements for state and LHD-level data collection will be detailed when this policy is developed at a national level. HPNSW will be responsible for developing systems and processes to monitor the distribution and delivery of vaccine to LHDs or other service providers.

7.2 Monitoring reports of Adverse Events Following Immunisation (AEFI)

AEFIs are any untoward medical occurrence that follows immunisation and may not necessarily have a causal relationship with administration of the vaccine.

The adverse event profile of the pandemic vaccine will need to be closely assessed during vaccination of the Australian population.

An AEFI information card will be developed by the DoH and distributed via HPNSW to LHDs, so that staff working in LHD vaccination clinics can give a copy to vaccine recipients post-vaccination, along with a record of vaccination.

7.3 Evaluating vaccine effectiveness

The Australian Government, through the Therapeutic Goods Administration, is responsible for ensuring all vaccines used in Australia are safe and effective prior to release. However population impacts and some adverse effects can only be measured or detected after the vaccine is used on a population-wide basis. Monitoring the effectiveness of pandemic vaccines will be an essential activity after they have been administered.

Although the methodology for measuring vaccine effectiveness is the same as for seasonal influenza vaccines, the pandemic situation will require careful consideration of research study design to measure vaccine effectiveness (e.g. groups included, sample size, data collection).

As part of developing national surveillance requirements, the DoH will detail the roles and responsibilities of states and territories in collecting these data, in particular including any involvement from PHUs.

8 ACRONYMS AND ABBREVIATIONS

ACCHS	Aboriginal Community Controlled Health Services
AEFI	Adverse event following immunisation
AHMPPI	Australian health management plan for pandemic influenza
DoH	Australian Department of Health
HIPP	NSW Health influenza pandemic plan
HPNSW	Health Protection NSW
LHD	Local health district
MoH	NSW Ministry of Health
PAC	Pandemic Assessment Centre
PHU	Public health unit

9 RELEVANT PUBLICATIONS

- Australian Immunisation Handbook
- *NSW Health Influenza Pandemic Plan* (PD2016_016)
- Australian Health Management Plan for Pandemic Influenza (AHMPPI)
- National Vaccine Storage Guidelines
- Immunisation Services - Authority for Registered Nurses and Midwives (PD2015_011)
- Interpreters – Standard Procedures for Working with Health Care Interpreters (PD2017_044)
- Consent to medical treatment (PD2005_406)