

# MASS IMMUNIZATION PLAN

---

## SIMCOE MUSKOKA DISTRICT HEALTH UNIT

APPENDIX A

TO

VACCINE – ANTI-VIRALS SECTION OF THE SIMCOE  
MUSKOKA DISTRICT HEALTH UNIT PANDEMIC INFLUENZA  
PLAN

SEPTEMBER 2006

UPDATED MAY 2010

---

## TABLE OF CONTENTS

---

TABLE OF CONTENTS.....	2
INTRODUCTION.....	3
UPDATED MASS IMMUNIZATION PLAN – MAY 2010 VERSION #.....	4
ROLES AND RESPONSIBILITIES.....	6
<b>CLINIC ROLES:</b> .....	6
CLINICAL LEAD MANAGER.....	6
CLINICAL LEAD SUPERVISOR .....	7
SUPPLIES CO-ORDINATOR.....	7
ADMINISTRATIVE SUPPORT LEAD CO-ORDINATOR .....	7
CLINIC FACILITATOR .....	7
VOLUNTEERS .....	8
<b>ADMINISTRATIVE SUPPORT STAFF</b> .....	8
NURSE CLINIC COORDINATORS.....	8
NURSE IMMUNIZERS.....	8
IIS TECH SUPPORT .....	9
ADMINISTRATIVE CLINIC CO-ORDINATOR <i>NEW POSITION POST PH1N1 A SUPERVISOR OR MANAGER</i> .....	9
ORIENTATION AND TRAINING .....	9
CLINIC LAY-OUT.....	10
CLINIC LOCATION.....	11
ADVERSE EVENTS.....	12
SECURITY.....	13
INVENTORY MANAGEMENT .....	13
COLD CHAIN .....	14
SUPPLIES.....	15
SURVEILLANCE AND TRACKING.....	18
COMMUNICATION .....	18
APPENDIX 1: VACCINE SUMMARY .....	19
APPENDIX II: NUMBER OF IMMUNIZATIONS ADMINISTERED.....	21
APPENDIX III: ASSESSMENT CRITERIA FOR POSSIBLE MASS VACCINATION CLINICS.....	23
APPENDIX IV: POTENTIAL CONTACT LIST FOR CLINIC LOCATIONS .....	24
APPENDIX V: PUBLIC HEALTH AGENCY OF CANADA VACCINE EVENT .....	28

---

## INTRODUCTION

---

The purpose of the mass immunization plan is to provide staff with the information and training to be able to plan, work confidently and competently, and to effectively manage a mass immunization clinic. Vaccines remain one of the most important public health strategies for the protection of people from diseases. In the event of a serious outbreak of a vaccine preventable disease, this plan is intended to guide the health unit in a large scale response.

Should the need arise for staff to work in a mass antiviral dispensing setting, similar roles and responsibilities would apply.

The plan describes roles and responsibilities for staff, clinic sites, clinic organization, and supply needs. The plan also assists the SMDHU in identifying areas that require further development.

The pH1N1 mass immunization campaign (MIC) of November 2009 spawned many lessons. However, it remains true that due to the changing nature of the public health environment, it is difficult to predict all factors that need to be considered. The changes in the epidemiology of an infectious agent, plus directives from PHAC and the MOHLTC as well as local public health needs, all have a significant impact on the implementation of a mass immunization campaign.

The following recommendations are being put forward as a result of the fall 2009 pH1N1 experience.

### **Recommendation# 1**

The vaccine be made available to the vaccine delivery agents who usually participate in the UIIP program provided they meet the MOHLTC storage and handling requirements. This would include all Health Care Providers, Long Term Care Homes, Acute Care facilities, pharmacies and work places.

### **Recommendation # 2**

The agency develop a staff scheduling policy which clarifies expectations and requirements for shifts to be worked in a two week period, including the number of day and evening shifts to be worked.

### **Recommendation # 3**

The agency identify which staff will be dedicated to work in clinics for the duration of a mass immunization campaign (MIC). Some nurses, depending upon the situation, will not be available for clinics, because of other responsibilities, such as Communicable Disease, Health Connection or FHS and would be designated as exempt from clinics.

### **Recommendation # 4**

The agency maintain a pool of casual staff to achieve staffing requirements of the MIC .

### **Recommendation # 5**

The agency adopt a strategy, in consultation with Emergency Response planning, to select clinic sites which provide the population of Simcoe Muskoka, reasonable access to vaccine, taking into consideration technology needs for clinics and fiscal responsibility for managing agency human and financial resources for implementation of the mass immunization strategy. Locations of clinics should be based upon the ability to reach the greatest number of persons on Simcoe Muskoka and consideration for ease of clinic implementation.

### **Recommendation # 6**

The agency determine a target time line (4, 6, 8,10 or 12 weeks) for the completion of a MIC based upon the anticipated vaccine delivery model, public demand and urgency to complete mass immunization plan, in order to determine staff allocation needs.

**Recommendation # 7**

The agency investigate the acquisition or development of an electronic client scheduling system.

**Recommendation # 8**

The agency supports the utilization of 100% of nurses, to participate in at least two Universal influenza clinics per year, on a three year rotational basis. This practice would assist in maintaining the competence and confidence of nurses across the agency to work in a MIC campaign.

---

**UPDATED MASS IMMUNIZATION PLAN – MAY 2010**

---

This plan has been updated as of May 2010 in preparation for a MIC for any novel infectious agent.

Key assumptions are based upon the following knowns:

**Staffing**

- The total population of SM is 521, 025. The original plan was based on the assumption that a nurse immunizer could immunize 20 persons per hour; this was proven to be incorrect. A more accurate figure is a nurse immunizer can immunize 12 persons per hour and this latter figure is now applied to calculations in this plan. As of May 2010 the agency has access to 119 nurse immunizers. This includes 193 staff that are available to cover the clinic Team Leader and Immunizer roles; Permanent staff include: 112 PHNs, 4 RNs, 10 RPNs, 4 PHN Supervisors, 8 Nurse Managers, totally 138. Additional casual RN, RPN staff total is 55.
- The staffing model used in the fall of 2010 resulted in the health unit immunizing 60,000 persons or 12.5 % of the population in a 6 week period with 5 clinics per week in 6 simultaneous locations across Simcoe Muskoka.
- The extent, to which the other than VPD agency staff are re-deployed to implement the MIC, is determined by the Executive; this is what ultimately determines the agency's capacity to immunize in a given time period.
- Appendix I depicts, by percentage and by population. the plan for staffing clinics with nurse immunizers. It allows for flexibility and expandability which would depend on the target for immunization coverage and the period in which it is expected to be completed..
- Perceptions of vaccine safety and effectiveness will have significant impact on vaccine uptake. Public response to a MIC is unpredictable, particularly as eligibility for vaccine is phased in. Appendix II depicts, by day and week, the public interest and gradual decrease in accessing the vaccine.
- Scheduling of staff will be based upon service areas determination of essential service provision, HR survey results of availability as well as the agency policy on staffing during a declared emergency (to be developed).
- The number of staff assigned and required per geographical location per day is based upon population.

**Vaccine**

- During pH1N1, health units across the province strongly lobbied the MOHLTC to utilize the vaccine delivery system which has been in place for the last 10 years with the UIIP: that is, the vaccine is accessible from health care providers who meet the storage and handling requirements of the MOHLTC. This includes Family Practitioners; Nurse Practitioners working in various settings as well as pharmacies and private nursing agencies, the latter which can provide workplace clinics.

- Timely access to adequate vaccine supply will be an issue, resulting in some kind of sequencing of vaccine at the initial phases of a MIC. During pH1N1 the sequencing groups were first determined by PHAC, interpreted by MOHLTC and finally implemented at the local level at the direction of the MOH. Identification of sequencing group will be unique to each pandemic.
- The need for two doses is not known and will vary depending upon the specific characteristics of the novel virus

Communication of sequencing groups for access to vaccine is complex and is outlined in the communication plan.

- Clinics will start as soon as vaccine becomes available.

#### Clinic Sites and Schedules

- Clinic sites, while similar to sites used for UIIP (large grocery stores, recreation centers) will be needed to accommodate the anticipated volume. The clinic documentation tool [in 2009, it was the Niagara data base or Clinic Event Management System (CEMS)], required a facility which could support the use of several lap tops, a server and printer at each clinic site. Large venues with adequate electrical support were selected, provided the site met the other mass immunization site criteria. Criteria for and potential clinic sites are in Appendices III and IV.
- Clinics will be held simultaneously in a limited number of sites in 6 geographical groupings in Simcoe Muskoka, in order to minimize movement of supplies, time spent for set up and take down, and clarity of communication to the public re locations. The maximum number of clinics that can be operational on one day in Simcoe and Muskoka is 6.
- The clinics will be offered on a 5 day per week schedule: Tuesday, Wednesday, Thursday, Friday and Saturday: there are two shifts per day on Tuesdays, Wednesdays, Thursdays and Fridays and one shift on Saturday, in 6 geographical locations. In extreme cases a 6 or 7 day rotation could also be planned, but the sustainability costs of continuous clinics must be weighed carefully with such a decision.
- During pH1N1, the agency redeployed 90% of staff to work in clinics which were held 5 days a week for 4 weeks with 119 nurse immunizers. (N.B. On average we staffed 95 nurses per week but not per day NOR did nurses work 5 clinic days per week). An additional 2 weeks of clinics with slightly reduced staffing for nurse immunizers were held following the first 4 intensive weeks as public demand waned. However, tech, registration, facilitator and after care staffing needs did not decrease at these clinics.
- A line management protocol was used to manage the flow of clients through the clinics and reduce public waiting time and frustration. The protocol is available at: [link to line management protocol](#). A sample form used to implement the protocol is available at: [link to line management form](#).
- With the line management protocol a person receives a pre-determined timeslot to attend the clinic. This strategy proved effective in managing crowds at the clinics. The exploration of a clinic on-line self-scheduling system, with telephone back-up, has potential to facilitate crowd control at clinics as well as volume management for staff planning at any particular clinics.
- The need for a security presence at clinics will be determined on an as needed basis .Contracts with security companies are in place if needed.
- The CEMS was utilized as the clinic documentation (client demographics, consent, vaccine administration and reporting tool). Training of staff will be on an annual basis although it is a goal to use the system for other clinics to maintain skill and comfort level of staff.

- If the MOHLTC sponsored data base is used for clinics the staff will need 91 lap tops for documentation for each day. Other tech support will be 13 servers, 6 printers and 24 card readers.
- In the event of a computer problem, required hard copies of consents and after care sheets are available. [Link to paper consents and forms](#)
- It is anticipated that Flu Assessment Centres work will not be competing at the same time mass immunization clinics are implemented. However, if agency staff have been committed and assigned to Flu Assessment Centres, when is overlap, access to some HU staff for mass immunization clinics may be an issue.
- Media coverage regarding vaccine effectiveness will exponentially impact the uptake of vaccine.
- Some areas of Simcoe Muskoka will be finished earlier due to smaller populations thus freeing up more staff for busier clinics serving larger populations.

---

## ROLES AND RESPONSIBILITIES

---

Human resource needs for mass immunization clinics are considerable. In order to ensure a smooth functioning clinic, a variety of roles are needed.

The staffing of mass immunization clinics is based upon the following assumptions:

Number of vaccinations that can be given per nurse per hour: 12 immunizations per hour  
 Maximum number of hours each nurse can immunize per 8 hour clinic shift: 6.5 hours (1 hour lunch and two, 15 minute breaks)  
 Maximum number of nurse immunizers who can work at one clinic giving needles: 15  
 Number of clients that can be served by a clinic of one 8 hour shift of this size: 1170  
 Number of administrative support for 15 immunizers: 4 administrative supports  
 Number of clinics that can be run at one time on the county of Simcoe and the district of Muskoka: 6 clinics (Muskoka, Orillia, Barrie, Midland, Collingwood, South Simcoe)  
 Number of days per week clinics can be run: 5 days per week Tuesdays, Wednesdays Thursdays Fridays and Saturdays  
 Maximum number of days each staff member works per week: [to be determined based upon Recommendation # 2.]  
 Possible illness rate among staff members: 33%

### CLINIC ROLES:

#### CLINICAL LEAD MANAGER

- Overall responsibility for clinics
- Overall responsibility for orientation and training of all clinic staff, including security
- Identification and development of data collection tools needed for statistical purposes
- Follow up on any occupational health issues
- Liaise with Logistics/Supply Manager
- Provide direction for team leaders of all clinics
- Review staffing of clinic with Nurse Team Leader as needed
- Review roles and responsibilities of all clinic staff with the Nurse Team Leader
- Ensure scheduling of staff as per the agency policy ( needs to be developed) and business continuity plan
- NB Signage of payroll is done by manager responsible for staff
- Shared on call for clinic coordinator support after hours

## **CLINICAL LEAD SUPERVISOR**

- Planning and provision of orientation of nurse immunizers including medical directive training
- Planning a provision of orientation to registration and after care staff
- Daily Communication to clinic coordinators, nurse immunizers and after care staff and tech runners
- Support for clinic coordinators related to CEMS
- Updating of Clinic Lead Manager re unresolved issues requiring further problem solving
- Shared on call for clinic coordinator support after hours

## **SUPPLIES CO-ORDINATOR**

- This role is done from a central location in Barrie by assigned staff, with the branch offices PA's support.
- Oversee and arrange for the ordering, pick up, delivery and co-ordination of vaccines and clinic supplies
- Ensure that all necessary clinic supplies are delivered and on site in sufficient quantities during clinic operations, maintain inventory, oversee distribution of supplies. Arrange for delivery either by courier or seconded staff
- Ensure procedures are in place for the maintenance of the cold chain during transportation and throughout clinic
- Develop and maintain a system to ensure replenishment of supplies
- Liaise with clinical lead manager, to communicate with clinic coordinators re supply issues.
- Ensure clinic administrative support staff and security staff have been given orientation to clinic policies and procedures NA
- Trouble shoot daily issues pertaining to administrative support staff

## **ADMINISTRATIVE SUPPORT LEAD CO-ORDINATOR**

### **Human Resources is the lead**

- Ensure staff scheduling is carried out as outlined in the agency policy (to be drafted)
- Payroll of union/non union staff development of tracking tools is done by the Logistics Lead within the IMS framework
- Securing of contracts/MOU for clinic sties or human resource assistance i.e. security is done by Logistics Lead within the IMS framework.
- Liaise with other managers/coordinators re: daily issues
- Ensure sufficient staff is scheduled
- Schedule staff to arrive 30 minutes before clinic starts to welcome and screen clients
- Ensure Line management protocol is in place and staff are trained in how to implement.
- Responsible for training related to Health and safety policies as the relate to staff participating in MIC
- Respond to and facilitate any health and safety issues as they arise during a MIC
- Report to IMS committee during the MIC to update on any Health and Safety issues

## **CLINIC FACILITATOR**

This role is filled is by PHIs and TEOs. Municipal partners might also provide support at clinic to assist with the facilitator role.

- Greet people as they arrive at the clinic, inform about wait times, ensure they are in the right location for vaccine, review eligibility (priority group being immunized if applicable)
- Redirect persons who do not meet priority criteria for immunization if being applied
- Direct client on how to proceed (line up have OHCN and Drivers' License ready, answer questions about the facility)
- Cue clients to proceed to registration table as it becomes available
- Ensure clients are standing back far enough form registration table to protect privacy during screening

- Assist with set up and take down of clinic
- Ensure supplies (e.g. vaccine & syringes) are secure
- Ensure provision of crowd control
- Ensure signage is in place for smooth running of clinics
- Work with site security if being used
- Assist with clinic set up and take down
- Liaise with Clinic Coordinator Lead Manager re: any traffic issues at clinics
- Assist with crowd flow, maintain a steady flow of clients; redirect clients who create bottlenecks
- Restock supplies as directed by Nurse Clinic Coordinator
- Identify to Nurse Clinic Coordinator any person who might need to be fast tracked

## **VOLUNTEERS**

At the time of this writing, there is no role for volunteers.

## **ADMINISTRATIVE SUPPORT STAFF**

- Create patient record in CEMS by swiping client's health card & driver's license
- If ID not available, enter the information into the data base manually
- Complete screening questions with client and enter in the data base
- Flag concerns and issues for follow up by the Nurse Immunizer (built into the system)
- Provide person to be immunized with screening questions and resource material to assist with the consent process
- Direct person to the immunizing waiting area
- In the event of a computer malfunction, carry out the registration process using paper forms provided as backup.
- Arrange consents forms in order of arrival at clinic and in alphabetical order at the end of the clinic
- Assist with tallying of information required for each clinic either electronically or by paper
- Ensure all forms are restocked or reordered for the next clinic
- Note: depending upon the size of the public response to MIC this function could be performed by the immunizing nurse in some clinics.

## **NURSE CLINIC COORDINATORS**

- Coordinate and oversee the clinic set up and take down of immunizing stations. **Large clinics of 6 or more nurse immunizers, will have two clinic coordinators.**
- Lead clinic briefings and provision of communication updates for nurse immunizers and after care staff.
- Assist with hardware set up (lap tops, printers server)
- Input clinic vaccine inventory into IIS prior into clinic and as needed
- Monitor communications and responses in the event of an adverse event
- Assist at different stations as necessary
- Ensure vaccine supply and medical supplies are accessible and securely stored
- Communicate with Logistics and Supplies Manager at the end of each clinic to restock supplies
- Communicate with VPD Manager and or Supervisor Supplies Manager as needed
- Ensure emergency kit is accessible to all immunizers and after care staff and is secure
- Complete nurse immunizer role if available

## **NURSE IMMUNIZERS**

- Review screening questions
- Assess clients health status and eligibility for immunization as per medical directive
- Provide necessary education to client and address questions
- Obtain informed consent from client as per agency policy
- Document in CEMS as per agency policy and CNO standards
- Ensure vaccine is stored and handled according to MOHLTC standards



- Ensure that the individual presenting for an immunization matches the name appearing on the screen or on the consent.
- Provide an opportunity for the individual to ask questions
- If no contraindications, proceed with immunization
- After the immunization has been administered complete the documentation; include date, time, site, dose if applicable, (signature and designation if using paper). Niagara data base will do automatically
- Direct the individual to the aftercare area where they are observed for 15 minutes by a person trained in CPR
- In the event of using paper forms, ensure the person and the consent form are the same and the form is signed by the individual /parent/guardian. Proceed as above and document on paper consent as per agency policy and CON standards

#### **AFTER CARE:**

- Monitor and observe vaccine recipients for anaphylaxis or other reactions after immunization
- Answer client questions re f/u for second dose as required
- Provide client with after care form and immunization record
- Assist with set up and take down of clinic

#### **IIS TECH SUPPORT**

- Responsible for the delivery of hardware and some clinic supplies as space allows to clinic site
- Setup and dismantle of CEMS systems at clinic sites (lap tops, server, printer, swipe card readers etc)
- Ensure all laptops are running and connected to the data base prior to the clinic start
- Trouble shoot and support staff through out clinics with any technical problems as needed
- Dismantle IIS hardware at the end of the clinic and return to nearest health unit office for syncing of data

#### **ADMINISTRATIVE CLINIC CO-ORDINATOR *NEW POSITION POST PH1N1 A SUPERVISOR OR MANAGER***

- Coordinate and oversee the clinic set up and take down of non- immunizing stations.
- Coordinate set up of line management protocol, registration area and traffic flow
- Coordinate sign in/out for all staff. Link with form
- Lead pre clinic briefings and communication updates for facilitators, registration staff and any municipal partners who may be attending the clinic
- Assist with clinic set up and take down
- Review break times, lunches and rotations of nursing and non nursing staff
- Oversee pre-vaccination area and Over see registration staff and traffic control assigned to clinics
- Be available on call as needed

#### **ORIENTATION AND TRAINING**

SMDHU believes it is necessary to ensure that public health staff who do not routinely administer vaccines are trained and able to vaccinate during an outbreak of a vaccine preventable disease. This includes providing opportunity for staff to participate in the annual SMDHU Universal Influenza Immunization Program.

Recommendation # 8 speaks to building and maintaining capacity of nurses in the agency to respond to a MIC campaign. Orientation for other staff that may be called upon in the event of a need to mobilize this mass immunization plan needs to be developed.

Factors to be considered:

- Understanding the critical components to vaccine administration: screening for contra-indications, illness and anxiety and response to adverse vaccine associated events
- Training needs to be specific, timely and ongoing as updated information is received
- Specific training for each clinic location so that staff are familiar with the environment of their clinic and where to seek assistance
- Medical directive training will need to be completed
- Security procedures will need to be consistent and well-understood by all staff
- Vaccine Preventable Disease Guidebook and Universal Influenza Immunization Program Training Manual provide excellent resources for orientation, however specific orientation for mass immunization settings needs to be developed

---

## CLINIC LAY-OUT

---

### Overall Considerations:

- Clinics should have clearly marked entrance and exit points with adequate waiting space
- Traffic flow within the clinic should be controlled and follow a logical path from entry to exit
- Individual building / area maps for clinic design to be used as available
- Easy to read signage should be provided to guide people through the clinic process
- Registration and waiting areas should be separated from the vaccine administration and aftercare area
- The aftercare area should be located as close to the vaccine administration area as possible

### Registration Area:

- Clinic facilitators direct vaccine recipients to registration tables
- With the Niagara data base greeter would swipe the person drivers license or OHCN, enter the persons name date of birth etc, enter response to the consent questions, provide a number and direct the person to the immunization waiting area where a runner/volunteer will direct to the next available nurse immunizer.
- Arrange accommodations for special-needs clients (e.g., persons with disabilities, very advanced age or fragility) for expedited access into the clinic
- Administrative Support Staff collect data, confirm eligibility and provide information
- Vaccine recipients are given a number and asked to wait in the holding area
- Persons with overt signs of illness are directed to a separate room for more in-depth evaluation with a Nurse or Nurse Team Leader

### Holding Area:

- Client reads information as provided

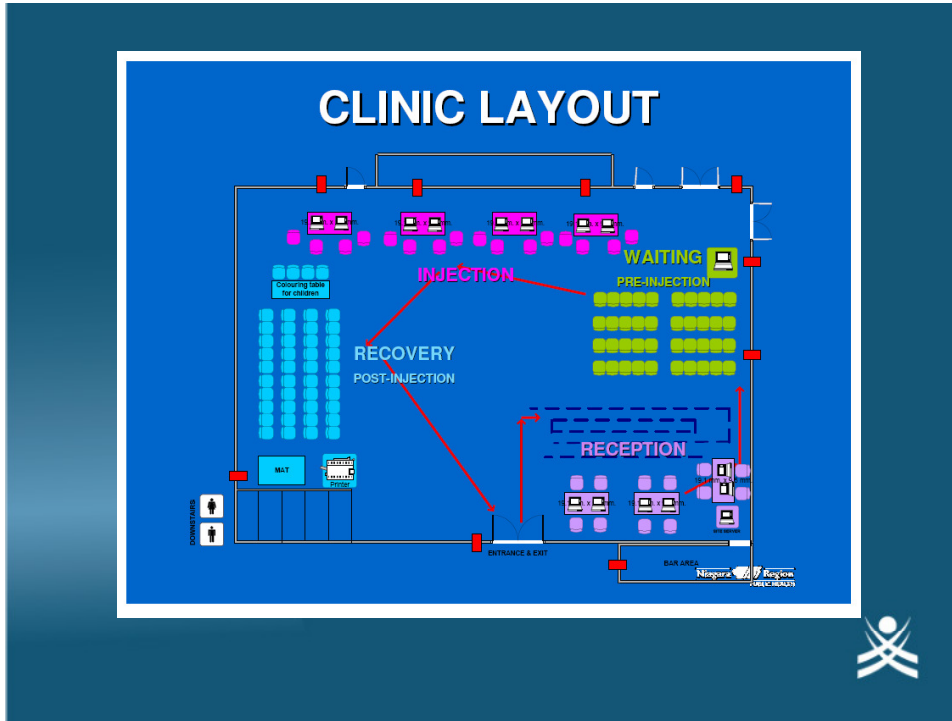
### Vaccination Area:

- Numbers or letters on flags identify immunizing stations; the clinic coordinator directs the client who is next to the available station
- Client screened for precautions/contraindications
- Nurse answers questions regarding information handouts
- The vaccine is administered and documentation is completed
- Client provided with necessary follow-up instructions (written and verbal) re: adverse reactions to immunization
- Clerk maintains supplies and collects data information
- Recommendation given to wait for 15 minutes in aftercare area near the exit

- 

**Aftercare Area:**

- Client remains in aftercare area for 15 minutes
- Confirm follow-up instructions have been provided and understood
- Clients showing adverse reactions are dealt with in the aftercare area and additional staff may be required as determined by the Nurse Clinic Coordinator
- Staff assigned in after-care area have current CPR certification
- Assess and refer for medical intervention or send home



---

**CLINIC LOCATION**

---

See Appendices:

- Appendix III - Assessment Criteria for Possible Mass Vaccination Clinics
- Appendix IV - Potential Contact List for Clinic Locations

---

## ADVERSE EVENTS

---

Existing SMDHU policies and procedures will be followed including: management of fainting, severe allergic reactions; needle stick injuries, injuries to clients and witnessing child abuse.

All clinics will have emergency bags available - see supply list

All vaccine recipients will remain in aftercare area for 15 minutes to ensure there are no acute adverse reactions.

Trained staff will be available in aftercare area to monitor vaccine recipients and respond to adverse reactions.

List of emergency contact numbers, information on closest door for ambulance and any other relevant information will be available for each clinic location.

If an incident/error or vaccine reaction occurs in the administration of a vaccine, accurate documentation of the situation is required. The **Unusual Incident/Vaccine Reaction Report Form** will provide a place to concisely record details and interventions. Accurate and timely reporting ensures that corrective action can be taken. See Public Health Agency of Canada (PHAC) Adverse Event Report Form – Appendix iii)

### **Examples of errors may include situations such as:**

- vaccine dosage was incorrect
- vaccine was given by the wrong route
- vaccine was given to the wrong client
- vaccine was given without a valid consent
- vaccine was given at an inappropriate time interval from previous dose
- vaccine was given to a client with allergies to any component of the vaccine
- vaccine not properly mixed with adjuvant
- adjuvanted vaccine given to a person not in the recommend age group
- non-adjuvanted vaccine given to a person not in the recommended age group

### **Examples of incidents may include situations such as:**

- the vaccine was not given due to a medical contraindication or allergy and follow-up is required
- double needle stick due to either: a) blood withdrawn back into syringe b) the client moved unexpectedly
- the client sustained an injury unrelated to a vaccine reaction i.e. fainting prior to or after the administration of the vaccine
- the vaccine was given twice due to duplicate consents
- sharps container spill

### **Examples of vaccine reactions may include:**

- redness, swelling or itchiness at the site of injection
- hives develop following the injection
- anaphylaxis following the injection

### **Documentation:**

- All notations should be clear, concise and objective
- When the form is completed the nurse should check one of the options on the bottom of the page indicating either:
  - a) No further action required
  - b) Follow up required

- The Adverse Event Form and the consent should be stapled together and returned to the manager of the VPD team
- See Appendix iii) for PHAC Adverse Event Form

---

## SECURITY

---

Care must be taken to protect the vaccine supply from theft and fraud as the supply of vaccine may be limited and the demand for vaccine is expected to be extremely high.

If required, security personnel will be present. Clear protocols will need to be developed in the event that non-eligible individuals seek to obtain vaccine. Security arrangements will be made with a private security firm. In addition, Barrie Police Service, other police services in Simcoe County and the District of Muskoka and the Ontario Provincial Police will be made aware of all clinic locations in the event that additional security is required.

Provision of appropriate security should be made for the following:

- Vaccine storage sites (clinic) including security personnel and door locks; limited access areas for vaccine storage
- Vaccination clinic sites: security personnel for crowd control, clinic personnel safety, traffic movement, and related security issues
- Vaccine transportation to storage sites and dispensing clinics if needed

All staff have a responsibility to ensure that security issues are taken into consideration in the planning and implementation of the mass immunization clinic.

---

## INVENTORY MANAGEMENT

---

With the CEMS, inventory is tracked. The clinic coordinator enters the inventory and lot numbers at the beginning of each clinic and as needed through out the clinic.

In the event of a computer problem the following tracking tool will be followed. A supply of this form will be at each clinic.

Each dose and vial must be accounted for before and after each clinic session. The number of doses administered must be manually tallied from the paper copies of the *Clinic Vaccination Records* of persons receiving vaccine that day.

In addition, daily inventory management will include:

- Beginning inventory balance, i.e., the number of vials and doses from the previous day
- Vials/Doses received (i.e., the number of new vials and doses received during the day of the clinic)
- Total doses administered by age and lot number
- Ending Inventory (i.e., vials and doses at the end of the day)

---

## COLD CHAIN

---

The term “Cold Chain” refers to all material, equipment and procedures used to maintain vaccines within the temperature range of +2C and +8C from the time of manufacture until it is administered. All vaccines are sensitive to temperature fluctuations.

The Ministry of Health and Long-Term Care (MOHLTC) has mandated local health units to ensure that facilities and agencies that store and handle publicly funded vaccines utilize the appropriate equipment and procedures to maintain the cold chain process.

The SMDHU follows the MOHLTC – *Guidelines for Storage and Handling of Publicly Funded Vaccines, 2006*. [Link](#)

Health Unit offices will serve as headquarters for vaccine distribution. Vaccine should be transported to clinics via insulated vaccine cooler bags with adequate ice packs and a min/max thermometer. Staff will be responsible to ensure that vaccine is maintained between +2C and +8C throughout the duration of the clinic and will be responsible to record these data on the Cold Chain Monitoring Form.

Current Refrigerator Capacity at the Simcoe Muskoka District Health Unit:

<b>Health Unit Office</b>	<b>Fridge Specifications</b>	<b>Data Logger</b>	<b>Amount of Vaccine</b>
Barrie (generator)	4 large double door Revco fridges - each fridge has a capacity of 34,000 vaccine doses, leaving small amount for routine childhood vaccines.	In each fridge	102,000 dose total capacity
Collingwood	single door Revco fridge	yes	17,000 doses, leaving a small amount for routine childhood vaccines
Orillia	single door Revco fridge	yes	17,000 doses, leaving a small amount for routine childhood vaccines
Cookstown	single door Revco fridge	yes	17,000 doses, leaving a small amount for routine childhood vaccines
Midland	single door Revco fridge	yes	17,000 doses, leaving a small amount for routine childhood vaccines
Gravenhurst (generator)	double door Revco fridge	yes	34,000 doses, leaving a small amount for routine childhood vaccines
Huntsville	single door Revco fridge	yes	17,000 doses, leaving a small amount for routine childhood vaccines

Antivirals, if used for treatment only, will require a 10 X 8 square foot room to store (i.e. Chair storage room in Gravenhurst adjoining the Trillium Room may be suitable).

## SUPPLIES

At the time of writing this document it is not known which supplies the MOHLTC will provide the health unit to support a mass immunization campaign.

The following assumptions will assist staff assigned to preparing and stocking supplies for clinic Assumptions:

1. 1 nurse can immunize 12 people in 1 hour
2. Each nurse will work an 8 hour shift with a 1 hour lunch and (2)15 min breaks – 6.5 hours
3. In one shift, a nurse could immunize approx. 78 people  
(During pH1N1 the MOHLTC provided supplies for pH1N1 vaccine clinics)

<b>Medical Supplies</b>	<b>6 nurses (468 people)</b>	<b>8 nurses (624 people)</b>	<b>10 nurses (780 people)</b>	<b>14 nurses (1092 people)</b>
3cc syringe with 1 inch needles	500	700	800	1200
5/8 inch needles	50	100	150	200
Alcohol wipes	500	700	800	1200
Cotton Balls	500	700	800	1200
Non-latex gloves	1 box	1 box	1 box	1 box
Band-aids	1 box	1 box	1 box	1 box
Sharps containers	6	10	15	20
Biohazard waste boxes and yellow bags	2	3	4	5
1 cc TB syringes with 5/8 needles (if using epinephrine)	1 box	1 box	1 box	1 box
Masks - surgical	1 bag/50	1 bag/50	1 bag/50	1 bag/50
Masks – N95 – profited NOT stocked	N/A 1/staff if needed	N/A 1/staff if needed	N/A 1/staff if needed	1/staff if needed
Cotton Pliers (for sharps spill)	1	1	1	1

<b>Administrative Supplies</b>				
Consents (in event of computer failure)	100	100	200	200
Aftercare Sheets	100	100	200	200
Contraindication/Screening Questions	1 Per nurse 6	1 Per nurse 8	1 Per nurse 10	1 Per nurse 14
Nursing Progress Notes	100	100	100	100
Vaccine Bag Temperature Log Sheet	1/vaccine bag	1/vaccine bag	1/vaccine bag	1/vaccine bag
Pens Red and Blue	10	10	20	25
Stat Sheet/Replenish List to be created	1/bin	1/bin	1/bin	1/bin
Staplers and staples	2 full	2 full	2 full	2 full
Ping Pong Paddles	6 sets	8 sets	10 sets	14 sets
Bristol Board	1	1	1	1
Clock	1	1	1	1
Bubble wrap	1	1	1	1
Calculator	1	1	1	1
Post it notes				
Large tip Black marker				
Sharpie Marker				

Avery labels for marking time on Ziploc bags				
Plastic folders (Poly Document folder for transporting paperwork)				
Scissors				
English Fact Sheets	25	25	25	25
Translated Fact Sheets (languages TBD)				
Date Stamp and Stamp Pads	1/nurse/6	1/nurse	1/nurse	1/nurse
Flip Chart and/or White Board	N/A	N/A	1	1
Masking Tape	1	1	1	1
Elastics	1 box	1 box	1 box	1 box
File boxes	2 boxes	2 boxes	2 boxes	2 boxes
Envelopes	1 box	1 box	1 box	1 box
List of emergency telephone numbers	3	3	3	3
ID badges for staff (or color-coded t-shirts)	Per staff	Per staff	Per staff	Per staff
Colored Vests				
Self Assessment Tool for immunization and antivirals	N/A	N/A		

<b>General Supplies</b>				
Juice for clients	1 case	1 case	1 case	1 case
Water for staff	1 case	1 case	1 case	1 case
Tables check if provided by site	4	6	20	25
Chairs check if provided by site	20	30	40	50
Mats (for aftercare area)	5	8	15	20
Clipboards	5	5	10	10
Facial tissue	10	20	30	40
Stickers for children	100	200	300	400
White drapes for	10	15	30	40
Small Blue drapes	10	15	30	40
Paper bags	10	15	30	40
Paper towels	1 box	1 box	1 box	1 box
Garbage Bins	5 onsite	5 on site	5	5
Garbage Bags	10	15	20	20
Blankets	1	1	1	1
Emesis bags	10	10	10	10
Accel wipes	One canister	One canister	1	1
Antibacterial hand washing solutions pumps	1 per nurse 1 at registration 8	1 per nurse 1 at registration 10	1 per nurse 1 at registration	1 per nurse 1 at registration

NB pH1N1 vaccine is supplied in 500 doses/ shoe box vaccine and diluent

<b>Vaccine Supplies</b>				
Vials of Vaccine	1 shoe box	2 shoe boxes	2 shoe boxes	3 shoe boxes
Diluent				



<b>Communications Equipment</b>				
Laptop Computers	8	10	12	16
Photocopier paper	N/A	N/A		
Printers	1	1	1	1
Public announcement system /or bullhorn(s)	N/A	1	1	1
Two-way hand-held radios for key personnel and security staff	4	6	8	10
Telephone (fixed and mobile)	2	2	2	2
Line control – pylons and ropes	10	15	20	25
Hardcover Storage and Handling Containers To transport vaccine to /from clinic and store the bulk of vaccine at the clinic	2	2	1 per 2 nurses	1 per 2 nurses
Ice Packs and Cryo packs	10	20	30	40
Individual soft- sided coolers for nurse immunizers	6	8	10	14
Canadian Imms Guide	1	1	1	1
Min/Max thermometers 1 for the bulk of the vaccine and 1 for each nurse	7	9	11	15

<b>Emergency Supplies</b>				
Blood Pressure cuffs– adult/child/infant	2	2	2	2
Epi Pens or ampoules	2	4	6	8
Anaphylaxis Medical Directive	1	1	1	1
Incident Report Forms	10	10	10	10
Adverse Reaction Report Form	10	10	10	10
CPR Pocket face mask	5	10	15	20

<b>Signage ALL that apply to specific location</b>	
Closed	
Enter	
Exit ← ↑ → ↓	
Lists of other clinics –Location, dates and times- Clinic purpose, and priority populations, how to pre-schedule appointments, if appropriate	
Washroom ← ↑ → ↓	
Please remain in waiting area 15 min	
Table number 1 2 3 4 5 6 7 8 9 10	
Staff Picture Identification	
Colour T-Shirts (SMDHU Logo) if available	
Immunization Clinic Entrance (Folding Road Sign / Door Sign)	
Registration (Large)	
Tickets or Numbers for clients if needed	
Aftercare Area	
Wait for 15 minutes in Aftercare Area (Large print)	
Clearly marked Exit	
Assessment Area for anti-virals only	

---

## SURVEILLANCE AND TRACKING

---

The CEMS tracks vaccine inventory at the clinic site.

**BIOS** will track vaccines received from the Ontario Government Pharmacy to each of our offices where vaccine is stored. Reports can be run to determine the facilities that have received doses of vaccine. If there is a need to recall any vaccine, lot numbers are recorded so a report can be generated and acted upon.

iPHIS is to be used to record adverse events.

---

## COMMUNICATION

---

The CEMS automatically questions clients so the following steps would only be necessary should there be a computer problem.

- Distribute sequentially numbered tickets, vaccine information statement (VIS) or other forms in appropriate languages that permit entry into the clinic to high-risk clients only.
- Instruct clients to assess their eligibility to receive vaccination by reviewing the self-screening form and VIS; provider language translation services where necessary.
- Update clients on their estimated waiting times to be screened.
- Provide high-priority clients who cannot be served for lack of vaccine an up-to-date listing of alternative clinics providing vaccinations.
- Communicate clinic updates and wait times for vaccination so that clients are free to leave and return to be vaccinated.

### **Clinic Advertising: External**

#### Public Announcements

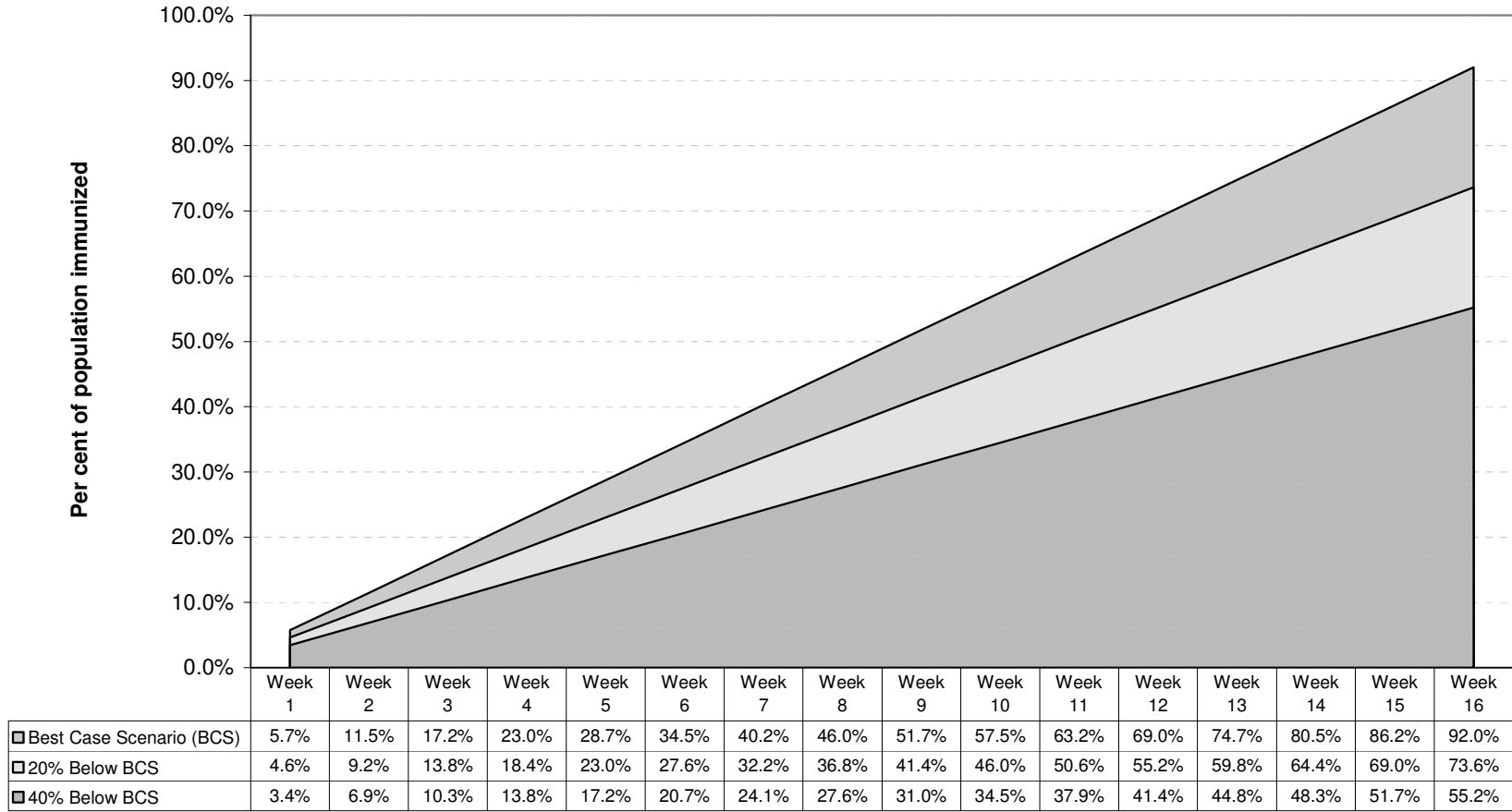
- Use of multi-lingual and multimedia channels to widely post clinic, purpose, dates, locations, times, and priority populations served.
- Use national, local and educational TV and radio networks to present uniform messages. Consider how messages could be quickly modified, to accommodate sudden changes in site locations and/or recommendations.
- Establish list of non-English speaking media outlets that can be utilized to deliver messages to non-English speaking communities.
- Messages (videos, tapes, press conferences, experts).

#### Pre-Event Messages

- Advising population on prevention and treatment; preparatory steps being taken by the health department; methods to be used to inform public in case of impending event; outline of health department plan if an event occurs; adequacy of vaccine supply

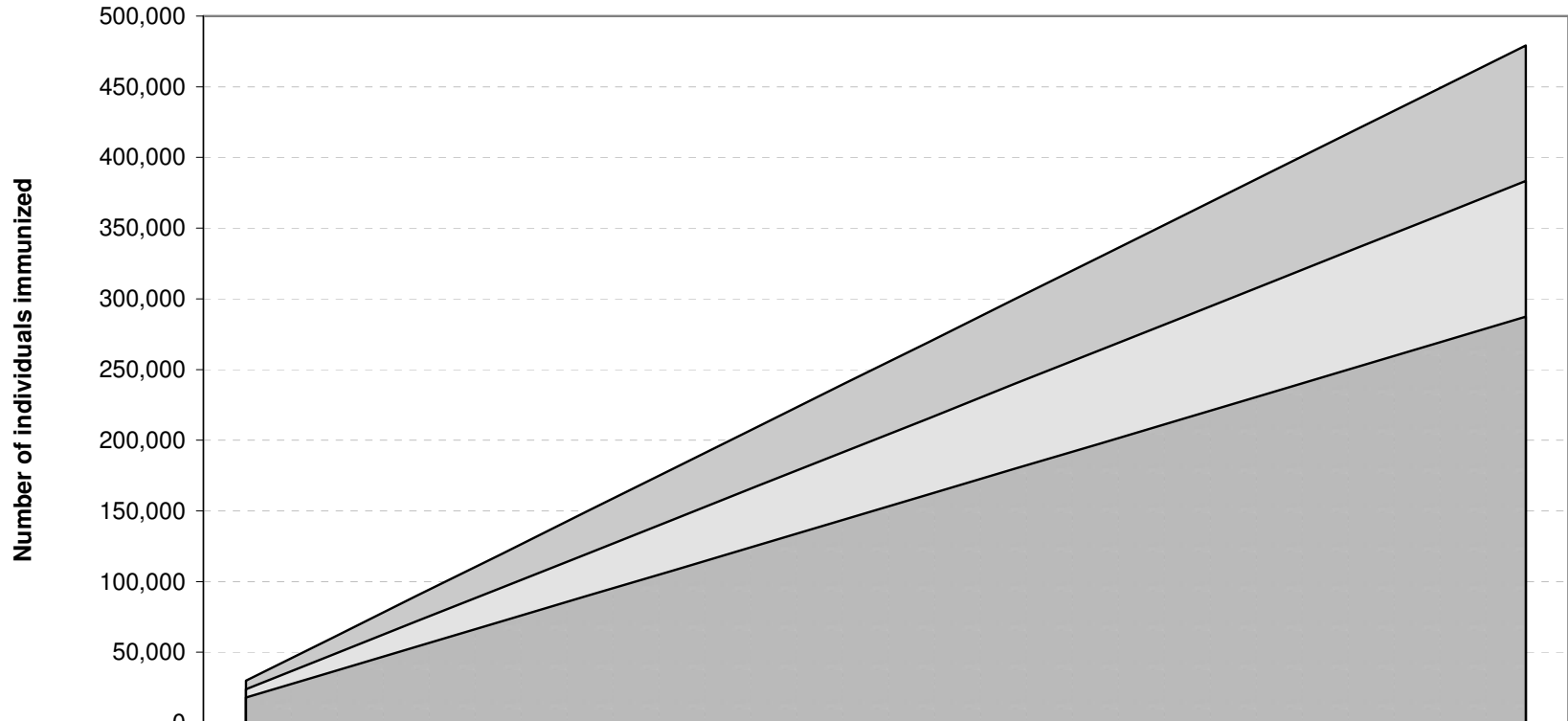
**APPENDICES**  
**APPENDIX 1: VACCINE SUMMARY**

**Cumulative Percent of the Population Immunized during Mass Immunization Clinics,  
 by Week, Best Case Scenario and Sensitivity Analysis**



**Notes:** assumes 6 clinics per week, with 64 nurses immunizing for 6.5 hours per day at a rate of 12 immunizations per hour.  
 The population uses was the 2010 Simcoe Muskoka population projection of 521, 025

**Cumulative Number of Individuals Immunized during Mass Immunization Clinics,  
by Week, Best Case Scenario and Sensitivity Analysis**

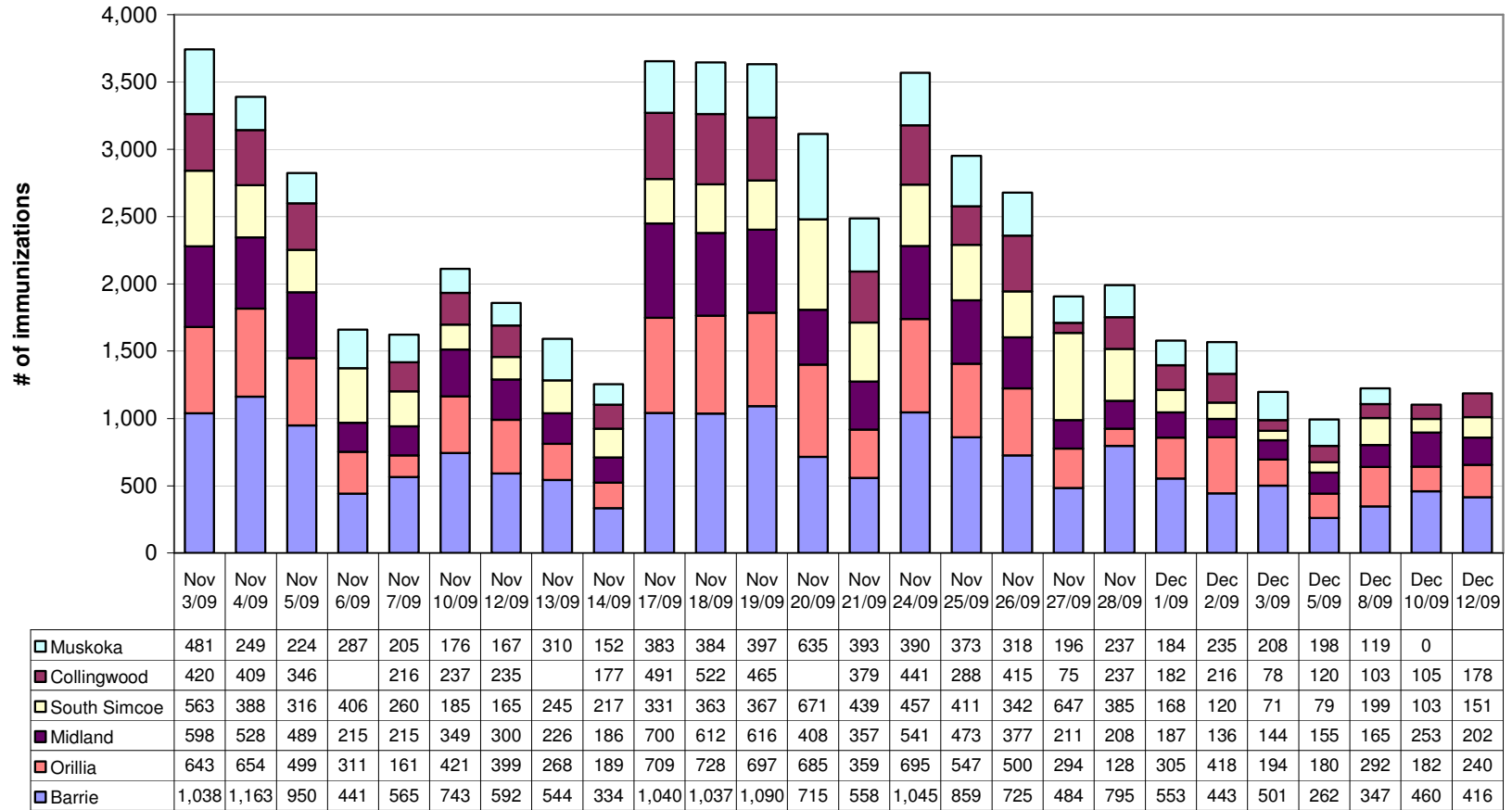


	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16
■ Best Case Scenario (BCS)	29,952	59,904	89,856	119,808	149,760	179,712	209,664	239,616	269,568	299,520	329,472	359,424	389,376	419,328	449,280	479,232
□ 20% Below BCS	23,962	47,923	71,885	95,846	119,808	143,770	167,731	191,693	215,654	239,616	263,578	287,539	311,501	335,462	359,424	383,386
■ 40% Below BCS	17,971	35,942	53,914	71,885	89,856	107,827	125,798	143,770	161,741	179,712	197,683	215,654	233,626	251,597	269,568	287,539

**Notes:** assumes 6 clinics per week, with 64 nurses immunizing for 6.5 hours per day at a rate of 12 immunizations per hour.

**APPENDIX II: NUMBER OF IMMUNIZATIONS ADMINISTERED**

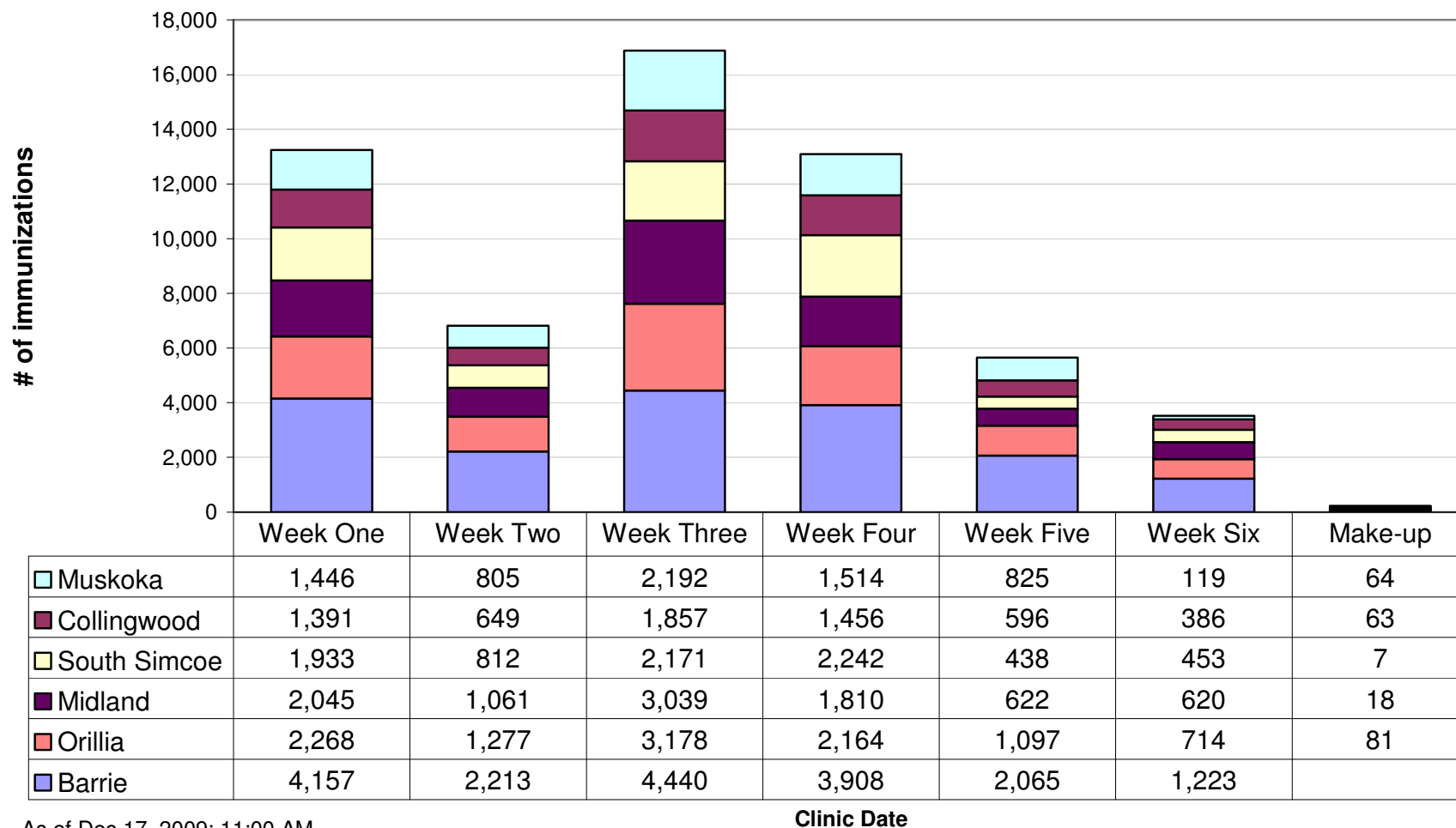
**Number of H1N1 Immunizations Administered by Day at SMDHU Mass Vaccination Clinics, Nov 3 - Dec 16, 2009**



As of Dec 17, 2009; 11:00 AM

Clinic Date

### Number of H1N1 Immunizations Administered by Week at SMDHU Mass Vaccination Clinics, Nov 3 - Dec 12, 2009 (plus Make-up on Dec 16th)



As of Dec 17, 2009; 11:00 AM

APPENDIX III: ASSESSMENT CRITERIA FOR POSSIBLE MASS VACCINATION CLINICS

Location	Address	Hating	Separate location for staff valuables and vaccine storage	Chairs and table available	Temperature controlled	Not cement floors	Good lighting	Waiting space indoors	Telephone easily accessible	Washroom easily accessible	Access to Wireless Internet	Separate enter and exit	Large open area	Wheelchair accessible	Accessible by public transportation	Parking (large and lighted)

**Note:** 1 indicates present: 0 Indicates absent

## APPENDIX IV: POTENTIAL CONTACT LIST FOR CLINIC LOCATIONS

Need to rate each potential location to ensure adequate facilities

### Barrie & Area

#### Potential Clinic Locations

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Angus Arena		Angus		Diane	424-9770	424-2367
Barrie Central Collegiate Institute	125 Dunlop St. W.	Barrie	L4N 1A9		726-1846	733-0608
Barrie Native Friendship Centre	175 Bayfield Street	Barrie	L4M 3B4	Sarah or Ann	721-7689	721-7418
Barrie North Collegiate Institute	110 Grove St. E.	Barrie	L4M 2P3		726-6541	725-8246
Bayfield Mall	320 Bayfield Street	Barrie	L4M 3C1	Bernadetta	726-7632	726-9973
Bear Creek Secondary School	100 Red Oak Dr.	Barrie	L4N 9M5		725-7712	720-1088
Borden Family Resource Centre	23 Arnhem Road, Bldg #123	Borden			424-1200 x3048	423-3432
David Busby Centre	24 Collier Street	Barrie	L4M 1G6	Ann Burke	739-6919	739-9543
Eastview Secondary School	421 Grove St. E.	Barrie	L4M 5S1		728-1321	728-6053
Georgian College-Barrie Campus	21 Georgian Drive	Barrie	L4M 3X9	Nina Konich	728-1968 x1461	
Innisdale Secondary School	95 Little Ave.	Barrie	L4N 2Z4		726-2552	726-5422
Kozlov Centre	400 Bayfield Street	Barrie	L4M 5A1	Anna	728-3100	728-0968
Nantyr Shores Secondary School	1146 Anna Maria Ave.	Innisfil	L9S 1W2		431-5950	431-7921
Sandy Cove Acres	The Wheel-908 Lockhart Road	Innisfil		Donna Madeley	431-2726 728-9143	
The Event Center	Hwy 400 & Essa Road	Barrie	L4M 4T2		737-3670	737-2581
Zehrs Markets	620 Yonge Street	Barrie	L4N 4E6	Glenda	735-6041	735-4379
Zehrs Markets	Bayfield Street North	Barrie	L4M 5A2	Bernadette	730-1577	735-6654



### Collingwood & Area

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Collingwood Centre	55 Mountain Road	Collingwood	L9Y 4M2	Rona (Midland Mall)	526-7806	526-0092
Collingwood Collegiate Institute	6 Cameron St.	Collingwood	L9Y 2J2		445-3161	444-9270
Real Canadian SuperStore	25 45 <sup>th</sup> Street South	Wasaga Beach	L9Z 1A7	Lois Maxwell	429-4748	429-8953
Royal Canadian Legion	490 Ontario Street	Collingwood	L9Y 1N6	Gary Jamieson	445-3738	445-7910
Stayner Collegiate Institute	7578 Hwy. 26 RR#2	Stayner	L0M 1S0		428-2639	428-0562

### Gravenhurst & Area

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Bala Community Centre	Maple Street	Bala	P0C 1A0	Wally Henderson	762-3761	
Bracebridge and Muskoka Lakes Secondary School	28 McMurray Street	Bracebridge	P1L 2E9		645-4496	645-3375
Gravenhurst High school	325 Mary St. S	Gravenhurst	P1P 1X7		687-2283	687-4132
Independent Grocers	270 Wellington St.	Bracebridge	P1L 1B9	Colleen Swider	645-1412	
St. Dominic Sec. School	955 Cedar Lane	Bracebridge	P1L 1W9		646-8772	646-7613

### Huntsville & Area

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Huntsville Centennial Centre	20 Park Dr.	Huntsville	P1H 1P5		789-6421	
Huntsville High school	58 Brunel Rd	Huntsville	P1H 2A2		789-5594	789-2269
Huntsville Place Mall	70 King William St.	Huntsville	P1H 2A5		789-3889	

### Midland & Area

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Beausoleil Health Centre	82 A Katekegwin Street	Christian Island	L0K 1C0		247-2035	247-2006
Elmvale District High School	25 Lawson Ave.	Elmvale	L0L 1P0		322-2201	322-3714
Le Caron Secondary School	22 John St.	Penetang	L9M 1N8		549-3202	549-4818
Midland Secondary School	865 Hugel Ave.	Midland	L4R 1X8		526-7817	526-1442
Mountainview Mall	County Road 93 & Hugel	Midland		Rona	526-7806	526-0092
Penetang Secondary School	51 Dunlop St.	Penetang	L9M 1J3		549-7446	549-4328
Real Canadian SuperStore	9292 County Road 93 & Hugel	Midland	L4R 4K4	Tammy	527-0388	527-5617

### Orillia & Area

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Brechin United Church	3252 County Road 47	Brechin	L0K 1B0	Darlene	426-5169	484-5997
OPP Headquarters	777 Memorial Avenue	Orillia	L3V 7V3	Gloria Longstreet	329-6771	329-6188
Orillia Park Street Collegiate	233 Park St.	Orillia	L3V 5W1		326-7386	326-7388
Orillia Square Mall	1029 Brodie Drive	Orillia	L3V 6H4	Verena Ziebell	325-2366	325-4264
Royal Canadian Legion	215 Mississauga Street East	Orillia	L3V 1W2	Debbie	325-1266	325-3758
Royal Canadian Legion		Warminster			325-6920	
Twin Lakes Secondary School	381 Birch St.	Orillia	L3V 2P5		325-1318	325-4291

**South Simcoe & Area**

<b>Location</b>	<b>Address</b>	<b>City/Town</b>	<b>Postal Code</b>	<b>Contact</b>	<b>Phone</b>	<b>Fax</b>
Banting Memorial High School	203 Victoria St. E, PO Box 3000	Alliston	L9R 1W7		435-6288	435-3868
Bradford District High School	77 Professor Day Dr. General Delivery	Bradford	L3Z 2A3		(905) 775-2262	(905) 775-3192
Royal Canadian Legion	111 Dufferin Street S	Alliston	L9R 1E9	Nancy	435-7922	435-6827
Tottenham Lions Club	Queen Street N	Tottenham		Ralph	905-936-2098	

# APPENDIX V: PUBLIC HEALTH AGENCY OF CANADA VACCINE EVENT



Health  
Canada

Santé  
Canada

In confidence to: Division of Immunization  
L.C.D.C., Tunney's Pasture 0603E1  
Ottawa, Ontario K1A 0L2  
(613) 957-1340 1-800-363-6456 FAX (613) 998-6413

## REPORT OF A VACCINE-ASSOCIATED ADVERSE EVENT *Protected when completed*

IDENTIFICATION										
PATIENT IDENTIFIER	PROVINCE/TERRITORY	DATE OF BIRTH				SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF VACCINE ADMINISTRATION			
		YEAR	MONTH	DAY	YEAR		MONTH	DAY		

VACCINE(S) GIVEN	NUMBER IN SERIES	SITE	ROUTE	DOSAGE	MANUFACTURER	LOT NUMBER

**ADVERSE EVENT(S)** *Events marked with an asterisk (\*) must be diagnosed by a physician. Report only events which cannot be attributed to co-existing conditions. Additional information for all events should be provided under SUPPLEMENTARY INFORMATION on reverse side. Record interval between vaccine administration and onset of each event in minutes, hours or days.*

LOCAL REACTION AT INJECTION SITE		MIN.	HOURS	DAYS
<input type="checkbox"/> <b>INFECTED ABSCESS</b> (tick one or both of the options below)				
(i) positive gram stain or culture <input type="checkbox"/>				
(ii) existence of purulent discharge with inflammatory signs <input type="checkbox"/>				
<input type="checkbox"/> <b>STERILE ABSCESS/NODULE</b>	No evidence of acute microbiological infection			
<input type="checkbox"/> <b>SEVERE PAIN AND/OR SEVERE SWELLING</b>	(tick one or both of the options below)			
(i) lasting 4 days or more <input type="checkbox"/>				
(ii) extending past nearest joint(s) <input type="checkbox"/>				
<input type="checkbox"/> <b>SCREAMING EPISODE/PERSISTENT CRYING</b>	Inconsolable for 3 hours or more; OR quality of cry definitely abnormal for child and not previously heard by parents			
<input type="checkbox"/> <b>FEVER</b>	Highest recorded temperature (Report only 38.0°C (102.2°F) or above)			
Temperature: _____°C (or _____°F)				
Site: rectal <input type="checkbox"/> oral <input type="checkbox"/> axilla <input type="checkbox"/> skin <input type="checkbox"/> tympanic <input type="checkbox"/>				
<input type="checkbox"/> <b>TEMPERATURE BELIEVED TO BE HIGH BUT NOT RECORDED</b>	Should be supported by the presence of other systemic symptoms			
<input type="checkbox"/> <b>ADENOPATHY</b> (tick one or both of the options below)				
(i) enlarged lymph node(s) <input type="checkbox"/>				
(ii) drainage of lymph node(s) <input type="checkbox"/>				
Site(s) _____				
<input type="checkbox"/> <b>PAROTITIS</b>	Swelling with pain and/or tenderness of parotid gland(s)			
* <input type="checkbox"/> <b>ANAPHYLAXIS OR SEVERE SHOCK</b>	Explosive, occurring within minutes after immunization, and evolving rapidly towards cardiovascular collapse AND requiring resuscitative therapy			
<input type="checkbox"/> <b>OTHER ALLERGIC REACTIONS</b> (tick one or more of the options below)				
(i) wheezing or shortness of breath due to bronchospasm <input type="checkbox"/>				
(ii) swelling of mouth or throat <input type="checkbox"/>				
(iii) skin manifestations (e.g. hives, eczema, pruritus) <input type="checkbox"/>				
(iv) facial or generalized edema <input type="checkbox"/>				
<input type="checkbox"/> <b>RASHES</b> (other than hives)	Lasting 4 days or more AND/OR requiring hospitalization			
Generalized <input type="checkbox"/> Localized (indicate site) <input type="checkbox"/> _____				
Specify characteristics of rash _____				
<input type="checkbox"/> <b>ARTHRALGIA/ARTHRITIS</b>	Joint pain/inflammation lasting at least 24 hours			
If condition is an acute exacerbation of a pre-existing diagnosis, give details under <b>Supplementary Information</b>				
<input type="checkbox"/> <b>SEVERE VOMITING AND/OR DIARRHEA</b>	Must be severe enough to interfere with daily routine			
<input type="checkbox"/> <b>HYPOTONIC-HYPORESPONSIVE EPISODE</b> (in children < 2 yrs, only)	Characterised by <u>all the features</u> of: (i) generalized decrease/loss of muscle tone; AND (ii) pallor or cyanosis; AND (iii) decreased level of awareness or loss of consciousness			
	Should not be mistaken for fainting, a post-convulsion state, or anaphylaxis			
<input type="checkbox"/> <b>CONVULSION/SEIZURE</b>				
Febrile <input type="checkbox"/> Afebrile <input type="checkbox"/>				
Past history of:	A) Febrile seizures Yes <input type="checkbox"/> No <input type="checkbox"/>			
	B) Afebrile seizures Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Omit fainting, seizures occurring within 30 minutes of immunization, and seizures occurring as part of encephalopathy or meningitis/encephalitis			
* <input type="checkbox"/> <b>ENCEPHALOPATHY</b>	Acute onset of major neurological illness characterized by any two or more of: (i) seizures; (ii) distinct change in level of consciousness or mental status (behaviour and/or personality) lasting 24 hours or more; (iii) focal neurological signs which persist for more than 24 hours			
* <input type="checkbox"/> <b>MENINGITIS AND/OR ENCEPHALITIS</b>	Abnormal CSF findings AND an acute onset of: (i) fever with neck stiffness or positive meningeal signs; OR (ii) signs and symptoms of encephalopathy (see ENCEPHALOPATHY above)			
	Results of CSF examination should be provided under <b>Supplementary Information</b>			
* <input type="checkbox"/> <b>ANAESTHESIA/PARAESTHESIA</b>	Lasting over 24 hours			
	Generalized <input type="checkbox"/> Localized (indicate site) <input type="checkbox"/> _____			
* <input type="checkbox"/> <b>GUILLAIN-BARRÉ SYNDROME</b>	Progressive subacute weakness of more than one limb (typically symmetrical) with hyporeflexia/areflexia			
* <input type="checkbox"/> <b>PARALYSIS</b> (Do not code if Guillain-Barré Syndrome is coded)	Limb paralysis <input type="checkbox"/> Facial or cranial paralysis <input type="checkbox"/>			
	Describe _____			
* <input type="checkbox"/> <b>THROMBOCYTOPENIA</b>	Give lab results under <b>Supplementary Information</b>			
<input type="checkbox"/> <b>OTHER SEVERE OR UNUSUAL EVENTS</b>	Include any adverse event believed to be related to immunization, that does not fit any of the categories listed above and for which no other cause is clearly established			
	Report events of clinical interest which require medical attention, and particularly events that are (i) fatal, (ii) life-threatening, (iii) require hospitalization, or (iv) result in residual disability			
<b>DESCRIPTION</b>				

REPORTER'S NAME	TELEPHONE NUMBER ( )	ADDRESS (Institution/No., Street, etc.)		
PROFESSIONAL STATUS: MD <input type="checkbox"/> RN <input type="checkbox"/> OTHER _____		City	Province	Postal Code
SIGNATURE	DATE Year Month Day			

HC/SC 4229 (03-96) - 1



