



Government of **Western Australia**  
Department of **Health**

# Panvax H1N1 vaccine

## Guidelines for administration





## Executive Summary – Panvax H1N1 Vaccination

The 2009 Model documents have been developed to provide useful forms, guidelines and tips to be used for implementation of the WA Human Swine Flu Vaccination Program. This program will assist immunisation providers to meet their professional responsibilities and community expectations for a quality and safe service delivery.

The guidelines produced provide the framework for the immunisation day and includes many tips to assist with meeting Best Practice Standards, time saving and cost saving.

As the ongoing information changes, it is most important that those providing this vaccination service receive a copy of these guidelines from the Department of Health. Nurses and GPs who are administering the vaccines, should familiarise themselves with these guidelines as it outlines the recommendations for this program for the current year including the vaccine being offered and the reporting system.

It is anticipated that you will find the following documents useful in the delivery of Panvax H1N1 Vaccination.

# Goal

The goal of the pandemic vaccination program is to provide people with protection against the pandemic virus by vaccinating as many people as quickly as possible, using an approach which targets specific population groups.

# Rationale

The underlying principles for targeting groups in Australia include:

1. To prevent severe disease in those people vulnerable to more severe outcomes
2. To prevent spread of disease to the vulnerable by vaccinating their contacts
3. To protect those people at higher risk of exposure because of their work eg. HCWs
4. To protect health care services and reduce healthcare worker staff absenteeism
5. To mitigate potential economic impact on the Australian pig industry
6. To provide herd immunity

# Priority Tiers

## First Tier

1. Pregnant women
2. Medically at risk (Vulnerable population)
3. Health care workers
4. Indigenous

## Second Tier (early 2010)

1. Children not covered by above aged 6 months <10years
2. School aged children

## Defining of Health care workers (HCW)

- **HCW:** An employee, student or volunteer who has direct contact with patients, either in the community or at a dedicated health service sited, in both public and private sectors limited to the following:
  - Aboriginal medical services
  - General practice
  - Ambulance services (includes RFDS)
  - Remote or community health clinics and nursing posts
  - Hospitals
  - Prisons
  - Satellite dialysis units
  - Post acute care services in the home (e.g. silver chain)

- **Community care workers:** an employee, student or volunteer who has direct contact with patients, either in the community or at a dedicated site, limited to the following:
  - Aged care
  - Disability services

Title	Panvax H1N1 Vaccination Program
<b>Date</b>	September 2009
<b>Date Due For Review</b>	31 December 2009
<b>Author</b>	Prevention and Control
<b>Person Responsible</b>	Vince Rettura
<b>Position</b>	Senior Policy and Planning Officer – Education and Training
<b>References</b>	NHMRC The Australian Immunisation Handbook 9th Edition 2008
<p><b>1.1 In Western Australia, vaccination for the National Panvax H1N1 Vaccination Program will be co coordinated by the Department of Health Western Australia and be delivered by either Nurses, GPs, Doctors, Local Government Authorities, Aboriginal Medical Services or Public Health Services.</b></p>	
<p><b>1.2 All nominated service providers can access free vaccines for the following program:</b></p> <p><b>1.2.1 Universal Health Care Workers Vaccination</b></p> <ul style="list-style-type: none"> <li>▪ <b>HCW:</b> An employee, student or volunteer who has direct contact with patients, either in the community or at a dedicated health service sited, in both public and private sectors limited to the following:           <ul style="list-style-type: none"> <li>▪ Aboriginal medical services, General practice, Ambulance services (includes RFDS), remote or community health clinics and nursing posts, hospitals, prisons, satellite dialysis units, post acute care services in the home (e.g. silver chain).</li> </ul> </li> <li>▪ <b>Community care workers:</b> an employee, student or volunteer who has direct contact with patients, either in the community or at a dedicated site, limited to the following:           <ul style="list-style-type: none"> <li>▪ Aged care, Disability services</li> </ul> </li> </ul> <p><b>1.2.1.1 Current program</b> For health care workers and community care workers who fall into the above categories.</p> <ul style="list-style-type: none"> <li>▪ The program is offered as a <b>1-dose course</b>.</li> </ul> <p><b>1.2.2 Universal Pregnant women vaccination program</b></p> <p><b>1.2.2.1 Current Program</b> For Pregnant women in their second and third trimester of pregnancy. This program is offered as a 1-dose course.</p> <p><b>1.2.2.2</b> Pregnant women in their first trimester can be vaccinated.</p>	

### 1.2.3 Universal Medically at risk clients – Vulnerable population

#### 1.2.3.1 Current Program

For clients who fall into the following categories.

- Cardiac Disease
- Chronic Respiratory conditions including asthma and chronic obstructive pulmonary disease
- Diabetes mellitus
- Chronic renal failure
- Impaired immunity
- Haemoglobinopathies
- Chronic neurological conditions

The program is offered as a **1-dose course**.

### 1.2.4 Aboriginal vaccination program

#### 1.2.4.1 Current Program

For all aboriginal clients, this program is offered as a 1-dose course.

### 1.3 Immunisation providers (nurses, doctors, general practitioners, Local Government Authorities, Aboriginal Medical Services and Public Health Unit Services).

The Panvax is available free from the Vaccine Distribution Centre (CSL) and can be ordered as per normal vaccine order pathways.

#### **N.B.** Vaccination of children <10 years may receive the thiomersal vaccine without waiting for the thiomersal free vaccine.

- 1 (one) Im dose (0.5mls/dose) – >9 years of age
- 2 (two) Im dose (0.25ml/dose) – 6 months – <3 years  
21 days apart
- 2 (two) Im dose (0.5ml/dose) – 3 years – 9 years  
21 days apart

### 1.4 Processing of Consent Forms – ONLY IF VACCINE IS UNREGISTERED

Valid consent must be obtained prior for each vaccination. Providers are to submit completed consent forms to the Communicable Disease Control Directorate of the Department of Health.

1.4.1 Public Health, community health nurses and Local Government Authorities are required to fax or scan completed consent forms to the Communicable Disease Control Branch of the Department of Health for data entry. 1800 to be advised.

1.4.2 Hospitals, general practice surgeries and nominated health care centres are requested to fax/scan completed consent forms to the Communicable Disease Control Directorate of the Department of Health in order to obtain further doses of vaccines. Data is required for vaccine follow up. 1800 number to be advised.

#### **N.B.** When vaccine becomes registered processing of consent form is not required by GPs. However, Public Health Services (e.g. mass clinics) will use the consent form.



### 1.5 Adverse events

Adverse event forms will need to be completed and faxed to ADRAC – Adverse Drug Reactions Advisory Committee. See current Immunisation Handbook for descriptions of AEFI pg 58–66.

1.5.1 Panvax may cause low-grade fever, pain or redness at the injection site and should be anticipated.

### 1.6 Vaccine Dosage and packaging

- The vaccination course consists of 1 dose of 15 $\mu$ g of antigen.
- Each dose is 0.5mls for IM injection.
- This dosage is recommended for individuals 10 years old and over. Vaccine for children 6 months to <10 years of age will be provided in a single dose pre-filled syringes (thiomersal free) at
  - 6 months to <3 years = 0.25mls – 21 days apart
  - 3 years to <10 years = 0.5mls – 21 days apart.

First delivery of vaccines

- 50 pack of 10ml vials = 18–20 doses per vial
- 10 pack of 10ml vials = 18–20 doses per vial.

End of September delivery changes

- 10 pack of 5ml vials = 10 doses per vial
- Can be given with other vaccines
- Protect from light and maintain between +2 – +8°C.

## Cold Chain

### Storage and Handling of Panvax H1N1 Vaccine

**The cold chain is a system for transporting and storing vaccines within the temperature range of +2°C to +8°C from the place of manufacture to the point of administration.**

The *National Vaccine Storage Guidelines: Strive for 5* contains specific details on setting up the infrastructure for a vaccination service, and immunisation service providers should refer to this to ensure that satisfactory equipment and procedures are in place before commencing vaccination services

The Guidelines also provide instructions on how to best transport vaccines from the main storage facility to outreach or external clinics using a cooler.

With correct temperature monitoring and adherence to the cold chain guidelines, any problems in vaccine storage should be detected early and handled appropriately to ensure compromised vaccine is not administered.

**The following checklist summarises the ongoing activities required by immunisation service providers to ensure optimal storage of Panvax H1N1 vaccine:**

- a) Ensure one staff member is designated the role of administrator of vaccines and vaccine storage: only one staff member should be responsible for refrigerator thermostat controls at any one time.
- b) Name a back-up vaccine administrator, to take responsibility for vaccines in the absence of the primary vaccine administrator.
- c) Storage of Panvax H1N1 vaccine:
  - Maintain refrigerator temperature between **+2°C to +8°C**, check and record the current plus minimum/maximum temperatures at least daily or immediately before vaccines are used.
  - Twice-daily temperature checks will give a better indication of any problems in the refrigerator's function and temperature fluctuations over the course of the day.
  - Keep the door closed as much as possible.
  - Ensure one person is responsible for adjusting refrigerator controls and that all staff are appropriately trained to ensure continuous monitoring.
  - Establish and document protocols for response to cold chain breaches (refer to Department of Health Documents).
  - Panvax must be protected from freezing. Protect vial from UV and fluorescent light.
  - If the vaccine has been exposed to temperatures below or above **+2°C to +8°C** isolate vaccines and contact: \_\_\_\_\_. Do not discard any vaccine until you discuss the necessary actions.
  - Perform monthly vaccine stock take; ensure vaccines with the shortest expiry date are stored at the front of the refrigerator, record and dispose of vaccines that have passed the 'expiry date'.
  - Order appropriate levels of stock to ensure the refrigerator is not overcrowded and that sufficient doses of the vaccine are available until the arrival of the next order.
  - Ensure all reception staff are familiar with and adhere strictly to the practice vaccine delivery protocols, including timely unpacking of vaccines.

- Minimum/maximum thermometers and / or loggers should be checked for accuracy (calibrated) annually. Change the battery in digital minimum/maximum thermometers every 12 months.
- Ensure the refrigerator is placed out of direct sunlight and the manufactures instructions for air circulation around the back and sides are followed.
- Ensure the refrigerator is in a secure are accessible to staff only.
- Ensure the power source is marked clearly in a way to prevent the refrigerator from being accidentally unplugged or turned off.
- During a power failure, monitor the temperature of your refrigerator. If vaccines are at risk, use alternative storage arrangements with appropriate monitoring.

**Power failure** – if 4 hours or less leave vaccines in the refrigerator. Do not open the door.

**Power failure** – if greater than 4 hours, remove vaccines from the refrigerator and store in an esky with ice bricks.

**Electronic monitor indicates vaccines froze during transport** – keep vaccines in esky in refrigerator and contact pharmacist/regional/metro immunisation coordinator for further advice.

Cold chain breaches should be reported through usual pathways.

## Pre-vaccination screening

Immunisation vaccine providers need to perform a pre-vaccination screen of all clients to determine:

- if there are any contraindications or precautions to Panvax H1N1 vaccine.

A comprehensive pre-vaccination health screening is necessary to assess a person's medical fitness for vaccination and to determine whether a different vaccine schedule may be recommended.

Extra information should be given if the client asks questions. ESL clients should have an interpreter or translated material as needed.

### Steps for pre-vaccination screening

Note: The information given to every client / caregiver may be different, but they need enough information to make an informed decision and to feel good about their decision.

- Use the '**Pre-vaccination Screening Checklist**'
- Talk about:
  - **Disease:** the name and effects of the disease that the vaccine protects against;
  - **Vaccine to be given:** the name and side effects which are common and rare events following vaccination;
  - **Contraindications:** to vaccination;
  - **Vaccine schedule:** the number of vaccines to be given and when the next vaccines are due;
  - **What to do at home:** treatment of common side effects and when to seek medical advice;
  - **Recording:** completed consent forms need to be faxed or scanned to the DoH;
  - **Vaccine Efficacy:** for every vaccine, clients should be told there are a small number of people who will not be properly protected after getting their vaccines. While these people may still get the disease, it is often less severe than if they had not had the vaccine at all.

- The pre-vaccination screening checklist may be photocopied and handed out to the client/career/parent to be vaccinated just before vaccination.
- It may also be photocopied and displayed in the clinic/surgery for easy reference for the immunisation service provider.

## Pre-vaccination Checklist

If the client answers “yes” to any of the questions listed below, please see The Australian Immunisation Handbook, Current Edition or refer to the nurse or doctor. The vaccine may or may not be able to be given today.

### CHECK AT EVERY IMMUNISATION ENCOUNTER

The person to be vaccinated:

- is feeling **unwell or has a fever today** (fever >38.5°C);
- has a **disease which lowers immunity**;
  - e.g. (for example Leukaemia, cancer, HIV/AIDS) or is having treatment which lowers immunity (for example oral steroid, medicines such as cortisone and prednisone, radiotherapy and chemotherapy).
- has had a **severe reaction following any vaccine**;
- has **any severe allergies** (to anything);
- is **pregnant**;
- has a past history of Guillain-Barré syndrome;
- has a chronic illness;
- has a bleeding disorder;
- has an anaphylactic hypersensitivity to eggs**;
- has had a Panvax H1N1 vaccine in the past 21 days;
- is the client less than 6 months of age.

(Ref: *The Australian Immunisation Handbook, 9th Edition 2008*)



## False Contraindications to vaccinations

### You CAN vaccinate when there is:

- mild illness without fever (Temperature < 38.5° Celsius)
- family history of any adverse events following immunisation
- past history of convulsions
- treatment with antibiotics
- treatment with locally acting (inhaled or low-dose topical) steroids
- replacement corticosteroids
- asthma, eczema, hay fever or 'snuffles'
- previous pertussis-like illness, measles, rubella, mumps or meningococcal disease
- prematurity (vaccination should not be postponed)
- history of neonatal jaundice
- low weight in an otherwise healthy child
- any neurological conditions including cerebral palsy and Down syndrome
- contact with an infectious disease
- child's mother is pregnant
- child to be vaccinated is being breastfed
- woman to be vaccinated is breastfeeding
- recent or imminent surgery
- poorly documented vaccination history.

(Ref: *The Australian Immunisation Handbook, 9th Edition 2008*)

## Valid Consent

It is the law (**Duty of Care**) to make sure that a client or caregiver has enough information to make an informed choice before giving any vaccine. If the risks and benefits of immunisation are understood by the caregiver or older child/adult, then the client has the right to say “no”.

*For consent to be legally valid, the following elements must be present;*

- *it must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of being vaccinated,*
  - *it must be given voluntarily,*
  - *it can only be given after the relevant vaccines and their potential risks and benefits have been explained to the individual, and*
  - *the individual must have sufficient opportunity to seek further details or explanations about the vaccines and/or their administration.*
- Consent should be obtained before each vaccination, once it has been established that there are no medical conditions that contraindicate vaccination.
  - In general, a parent or legal guardian of a child has the authority to consent to vaccination of the child.
  - Plain language should be used in communicating information about vaccines and their use to an individual.
  - The individual must be allowed to ask for further information and have time to make a decision about whether to consent or not.
  - Consent provided by the Commonwealth must be signed, and must meet the criteria for valid consent.
  - It is important that the parent/client etc be given a contact phone number in case of a significant adverse event occurs within 24 to 48 hours of the vaccination.

(Ref: *The Australian Immunisation Handbook, 9th Edition 2008*)

**Completed consent forms will need to be faxed or scanned and sent to the DoH for data entry, only if the vaccine is unregistered. However, Public Health Services (e.g. mass clinics) will use the consent form.**



# Administration of vaccines

## Occupational health and safety issue

Standard occupational health and safety guidelines should always be followed during a vaccination encounter to minimize the risk of needle- stick injury.

## Distraction techniques

Distraction measures may decrease discomfort following vaccination in young children – see current Immunisation handbook for suggestions pg. 43.

## Skin Cleaning

Provided the skin is visibly clean, there is no need to wipe it with an antiseptic (e.g. alcohol wipe). If the immunisation service provider decides to clean the skin, or if the skin is visibly not clean, alcohol and other disinfecting agents must be allowed to dry before vaccine injection (otherwise there may be some increased injection pain).

## Recommended needle size, length and angle for administering vaccines

Age or size of child/adult	Needle type	Angle of needle insertion
Child or adult for IM vaccines	23 or 25 gauge,* 25mm in length <sup>†</sup>	90° to skin plane
Very large or obese patient	23 gauge, 38 mm in length	90° to skin plane
Subcutaneous injection in all individuals	25 or 26 gauge, 16mm in length	45° to skin plane

\* If using a narrow gauge needle for an IM vaccination, ensure vaccine is injected slowly over a count of 5 seconds to avoid injection pain and muscle trauma.

<sup>†</sup> The use of short needles for administering IM vaccines may lead to inadvertent subcutaneous (SC) injection and increase the risk of significant local adverse events.

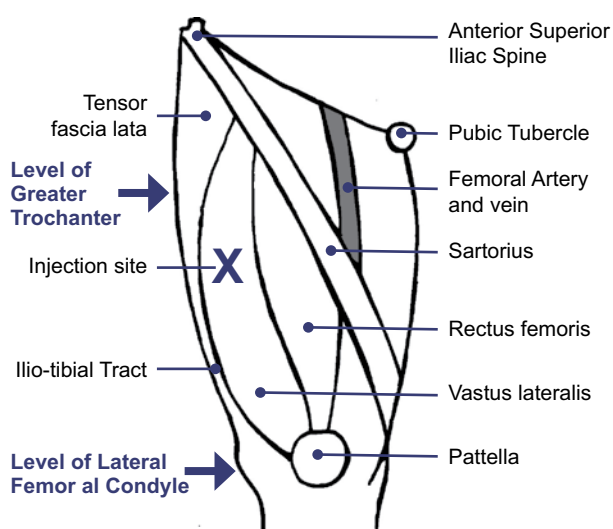
(Ref: *The Australian Immunisation Handbook, 9th Edition 2008*)

## Recommended injection sites

The choice of injection sites depends primarily upon the age of the individual being vaccinated. The 2 anatomical sites recommended as routine injection sites are the anterolateral thigh and the deltoid muscle.

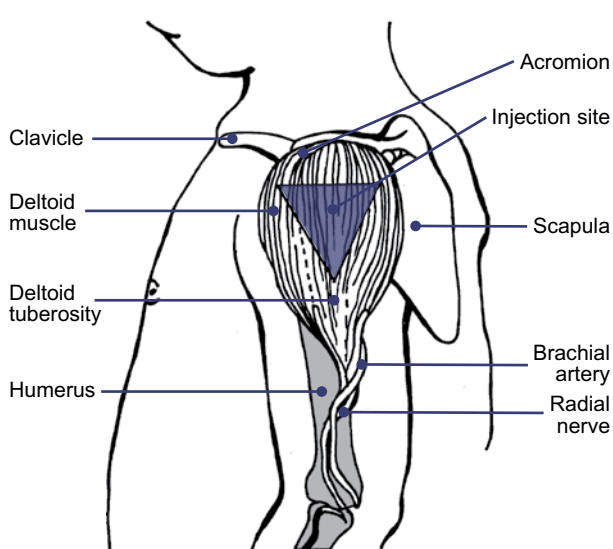
### Infants <12 months of age

The vastus lateralis muscle in the anterolateral thigh is the recommended site for IM vaccination in infants <12 months of age.



### Children ≥ 12 months of age

The deltoid muscle is the recommended site for IM vaccination in children ≥12 months of age.



### Adolescents and adults

The deltoid muscle is the recommended site for IM vaccination in adolescents and adults. The anterolateral thigh can also be used in older children and adults.

### Subcutaneous injection sites

Subcutaneous injections should be administered either over the deltoid muscle or over the anterolateral thigh.

### Panvax H1N1 vaccine is administered IM

(Ref: *The Australian Immunisation Handbook 9th Edition 2009*)

### Adverse events following Immunisation (AEFI)

- Report all unusual and/or severe reactions to vaccination, even if you do not think the vaccination caused the event pg. 65 of the Immunisation Handbook.
- Report to the doctor/nurse/healthcare provider who will complete a form and send to ADRAC – Adverse Drug Reactions Advisory Committee.
- See current Immunisation Handbook for descriptions of AEFI pg 58–66.

## Paracetamol

- Before vaccination: paracetamol is NOT required (vaccines now have fewer side effects).
- After vaccination: paracetamol as needed for fever, feeling unwell or unsettled.
- **Children with epilepsy** – children who are prone to fits **should have paracetamol** before and for 48hrs after vaccination to reduce the chance of fever after vaccination, bringing on a convulsion.

(Ref: *The Australian Immunisation Handbook 9th Edition 2009*)

## Management of Anaphylaxis

Anaphylaxis occurs without warning. Adrenaline must be immediately at hand whenever a vaccination is given.

### Preparing an anaphylaxis response kit

The availability of protocols, equipment and drugs necessary for the management of anaphylaxis should be checked before each vaccination session.

An anaphylaxis response kit should be on hand at all times and should contain:

- Adrenaline 1:1000 (minimum of 3 ampoules – check expiry dates),
- Minimum of three 1 ml syringes and 25 mm length needles (for IM injection),
- Cotton wool swabs,
- Pen and paper to record time of administration of adrenaline, and
- Laminated copy of *Recognition and treatment of anaphylaxis* (Back cover of *Immunisation Handbook*).

### Management of anaphylaxis

Rapid IM administration of adrenaline is the cornerstone of treatment of anaphylaxis.

Anaphylaxis occurs without warning, usually within 15 minutes of giving a vaccine. A protocol for the management of anaphylaxis, adrenaline, and 1mL syringes must always be immediately at hand whenever vaccines are given.

- If the patient is unconscious, lie him/her on the left side and position to keep the airway clear. If the patient is conscious, lie supine in 'head down and feet up' position (unless this results in breathing difficulties).
- Give adrenaline by IM injection (see below for dosage) for any signs of anaphylaxis with respiratory and/or cardiovascular symptoms or signs. Adrenaline is not required for generalised non-anaphylactic reactions (such as skin rash or angioedema). If in doubt, IM adrenaline should be given.
- If there is no improvement in the patient's condition by 5 minutes, repeat doses of adrenaline every 5 minutes until improvement occurs.
- If oxygen is available, administer by facemask at a high flow rate.
- Call for assistance. Never leave the patient alone.
- Begin expired air resuscitation for apnoea, check for a central pulse. If pulse is not palpable, commence external cardiac massage (ECM).

- All cases should be admitted to hospital for further observation and treatment.
- Document the time and dose of adrenaline given.

**Antihistamines and/or hydrocortisone are not recommended for the emergency management of anaphylaxis**

## Adrenaline dose

### Adrenaline 1:1000 (one in one thousand)

Adrenaline 1:1000 contains 1 mg of adrenaline per mL of solution in a 1mL glass vial. Adrenaline 1 in 10 000 is no longer recommended for the treatment of anaphylaxis. The use of 1:1000 adrenaline is recommended because it is universally available. Use a 1mL syringe to improve the accuracy of measurement when drawing up small doses.

The recommended dose of 1:1000 adrenaline is 0.01mL/kg body weight (equivalent to 0.01 mg/kg or 10 µg/kg) up to a maximum of 0.5mL, given by deep IM injection (*not the deltoid*). Adrenaline 1:1000 *must not* be administered intravenously.

#### Doses of intramuscular 1:1000 (one in one thousand) adrenaline for anaphylaxis

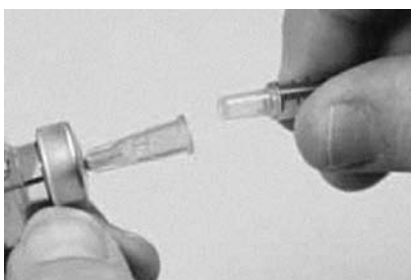
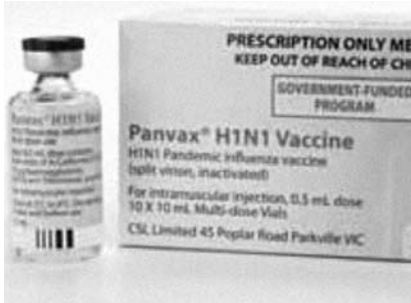
Less than 1 year	0.05–0.1 mL
1–2 years (approx. 10 kg)	0.1 mL
2–3 years (approx. 15 kg)	0.15 mL
4–6 years (approx. 20 kg)	0.2 mL
7–10 years (approx. 30 kg)	0.3 mL
11–12 years (approx. 40 kg)	0.4 mL
13 years and over (over 40 kg)	0.5 mL

**The dose of 1:1000 (one in one thousand) adrenaline may be repeated every 5 minutes as necessary until there is clinical improvement.**

(Ref: *The Australian Immunisation Handbook 9th Edition 2009*)



## Preparing Panvax



### Protocols for immunisation using Multi Dose Vials (MDV) and Procedures for preparing multiple doses

- Record the date of opening on the MDV.
- **DO NOT USE MDV if**
  - sterility is breached
  - cold chain is breached (outside 2–8°C)
  - expiry date reached
  - more than 24 hours since date of first opening.
- **Contact \_\_\_\_\_ for advice on how to discard.**
- Wipe the diaphragm of the MDV with an alcohol swap.
- If taking doses from an already opened MDV, check opening date and then wipe the diaphragm with alcohol prior to use.
- Using an aseptic 'no-touch' technique, insert into the diaphragm a new single use sterile drawing up needle for the extraction of doses.
- Draw up each single dose required into separate new sterile syringes and attached a new sterile administration needle.
- **Each single dose vaccine must be used by the end of the day.**

### Take Note:

- When the required number of doses have been extracted, remove the drawing up needle and dispose in appropriate sharps container.
- If contents of the MDV are not all used, refrigerate the MDV (+2–8°C).
- Gloves are not recommended for routine immunisation service providers.
- If MDV is to be used throughout an immunisation clinic and not placed in the fridge due to the volume of clients, ensure that the MDV is placed within a kidney dish, protected from light and the kidney dish is placed on top of an ice block to maintain the cold chain.
- If the vaccine has been exposed to a cold chain breach, do not discard but isolate vaccines, inform other staff and label them "Do not use". Keep the vaccines stored at +2 – +8°C and contact \_\_\_\_\_ for advice.

## Vaccine Specifications

The vaccine formulation is as follows:

- 15ug per 0.5ml – A/California/7/2009 (H1N1) – like virus
- Monovalent
- Unadjuvanted (Adjuvants are compounds used to enhance the immune response to vaccination. The use of adjuvanted vaccines on a large scale carries the risk that previously unrecognised side effects will occur. That the risk is increased if the adjuvant has not been widely used in man or has not previously been combined with influenza antigens)
- Neomycin
- Polymyxin B sulphate
- Sodium chloride
- Sodium phosphate
- Potassium chloride
- Potassium phosphate
- Thiomersal
- 10ml Multi Dose Vials (containing thiomersal – compound partly composed of mercury and ethylmercury. Used to prevent bacterial and fungal contamination of vaccines – causes a toxic effect after it reaches a certain level in the body).

**Vaccine for children 6 months to <10 years of age will be provided in a single dose pre-filled syringes (thiomersal free). Children in this age group can be vaccinated with the thiomersal vaccine.**

## Vaccine Dosage

- The vaccination course consists of 1 dose of 15ug of antigen.
- Each dose is 0.5mls for IM injection.
- This dosage is recommended for individuals 10 years old and over. Vaccine for children 6 months to <10 years of age will be provided in a single dose pre-filled syringes (thiomersal free) at
  - 6 months to <3 years = 0.25mls – 21 days apart
  - 3 years to <10 years = 0.5mls – 21 days apart.

## Who should not receive the vaccine?

- People with a known severe anaphylactic hypersensitivity to eggs **should not be given the vaccine.**
- **Also:**
  - Anaphylaxis following a previous dose of the relevant vaccine, and
  - Anaphylaxis following any component of the relevant vaccine.
- **Also check allergies to:**
  - Neomycin
  - Polymyxin B sulphate.

## Common Side Effects from Vaccination

- Pain and redness at the injection site
- Drowsiness or tiredness
- Muscle aches
- Low grade fever
- Headache
- Malaise.



## Rare Side Effects from Vaccination

- Severe allergic reaction (anaphylaxis)
- Guillian-Barre Syndrome (a nervous system disorder featuring paralysis).

## Distribution of Vaccine

First delivery of vaccines

- 50 pack of 10ml vials = 18–20 doses per vial
- 10 pack of 10ml vials = 18–20 doses per vial.

End of September delivery changes

- 10 pack of 5ml vials = 10 doses per vial.

## How long can the vial remain stable after puncturing?

- The MDV can remain stable 24 hours after puncturing the diaphragm.
- Check opening date prior to withdrawing vaccine.

### **Please note:**

- Panvax H1N1 vaccination is NOT required for those individuals with a confirmed laboratory test to Human Swine flu.
- Those individuals who have been told that they have Human Swine flu, but have not been confirmed by laboratory testing, CAN be vaccinated with Panvax H1N1.
- Panvax H1N1 vaccine can be administered to those individuals who have taken Tamiflu.

## National medical stockpile

### PANDEMIC (H1N1) 2009 INFLUENZA VACCINATION PACKS

This Pandemic (H1N1) 2009 VacPac (VacPac) contains equipment sufficient for the administration of 200 doses of pandemic H1N1 2009 influenza vaccine (vaccine). Please note that the vaccine will be available separately to the VacPac. The components of each VacPac are listed below:

Item	Quantity/Packaging
1mL syringes	1 box x 220 syringes
Drawing up needles 19g x 38mm	1 box x 220 needles
Injection needles 23g x 25mm	1 box x 200 needles
Injection needles 23g x 38mm	1 box x 40 needles
Alcohol Swabs	1 box x 220 swabs
Sharps containers	3 individual sharps containers
Disposable dishes	6 individual dishes
Disposable Gloves	1 box x 110 gloves
Clinical waste bags and closure devices	2 individual bags and closures
Sticking Plaster	1 box x 110 plasters
Alcohol Hand Rub	2 x 500mL bottles with dispensers
Cotton Wool Balls	1 bag x 220 cotton wool balls

Dimension: 32cm x 39cm x 60cm with a gross weight of around 5.7kg.

Some additional quantities of each component are provided to cover normal levels of wastage that may occur in a mass vaccination situation. A mini VacPac is also available for GP surgeries and only includes needles and syringes.

Item	Quantity/Packaging
1mL syringes	1 box x 220 syringes
Drawing up needles 19g x 38mm	1 box x 220 needles
Injection needles 23g x 25mm	1 box x 200 needles
Injection needles 23g x 38mm	1 box x 40 needles

Dimensions: 32cm x 22cm x 27cm.

The 19g x 38mm needles have been included for drawing up. 23g x 25mm needles can be used for administering the vaccine to the majority of the population. A quantity of 23g x 38mm needles has also been provided for use with obese adults.

Notes:





# Delivering a **Healthy WA**