

DESIGNATION OF YELLOW FEVER VACCINATION CENTRES England, Wales and Northern Ireland

INFORMATION PACK

Foreword

This Information Pack was originally formulated by the National Travel Health Network and Centre in September 2003 upon assuming responsibility for the administration of Yellow Fever Vaccination Centres (YFVCs) in England. It sets out the conditions for designation, the Code of Practice for YFVCs, and provides practical information for those planning to become or that already are YFVCs.

Further information on yellow fever and on other health risks overseas can be found on the NaTHNaC website at www.nathnac.org in the Health Professionals section.

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This service is for Health Professionals only.

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1.0 Introduction

The International Health Regulations (IHR) adopted by the World Health Organization (WHO) were formulated to help prevent the international spread of disease, and in the context of international travel, to do so with the minimum impact on travel and trade. The Regulations were designed primarily as a public health measure for the receiving country rather than for the protection of the individual.

The revised IHR (IHR (2005)) were approved by the World Health Assembly in May 2005 and came into force on 15 June 2007.¹ Under the revised IHR (2005), yellow fever is currently the only disease for which an International Certificate of Vaccination or Prophylaxis (ICVP) may be required for entry into a country. Yellow fever vaccine can only be administered at centres that are designated by the national health administration; for England this was the Department of Health (DH) until NaTHNaC assumed this responsibility in 2003. The responsibility of NaTHNaC is to ensure the “quality and safety of the procedures and materials employed” by YFVCs.¹ The legislative authority for NaTHNaC to do this on behalf of the DH and the Health Protection Agency falls under the Health Protection Agency Act 2004 and Regulation 7(a) of The Health Protection Agency Regulations 2005. In July 2005 NaTHNaC’s responsibility was extended to Wales by the direction of the Welsh Assembly² and in October 2007 to Northern Ireland by Direction of the Department of Health, Social Services and Public Safety, Belfast.³ NaTHNaC has no responsibility for YFVCs in Scotland and the Channel Islands. More information can be found via the links on the YFVC search page.⁴

In view of the requirement for NHS organisations to improve and assure quality through a system of clinical governance⁵ and under IHR (2005), NaTHNaC require standards of practice within designated YFVCs in England, Wales and Northern Ireland. Private travel clinics are expected to maintain standards at least equal to those in the NHS.^{6,7}

Advice on the prevention of yellow fever is essential for all travellers visiting areas with a risk of yellow fever transmission. In addition, travellers visiting areas where yellow fever vaccination may be recommended or required will also be at risk from other vaccine and non-vaccine preventable diseases and may be at substantial risk from malaria. The YFVC will be expected to ensure that the traveller is aware of these risks and other issues relative to travel and must either advise accordingly or direct the traveller to a source of such advice.

This Information Pack provides the information required for application to become a designated YFVC. The IHR (2005) are explained, together with information on completing an ICVP, requirements for record keeping, storage and disposal of vaccine, and suggested procedures should there be an interruption of the cold chain. Guidelines for the administration of yellow fever vaccine, resuscitation and anaphylaxis, and mandatory training programmes for YFVCs are identified.

¹ Revision of International Health Regulations. WHA 58.3. Fifty-eight World Health Assembly 23 May 2006. Annex 6 and 7. Also see Chapter 1 Arrival and Departure. Available at: <http://www.who.int/csr/ihr/en/>

² Welsh Health Circular, 2005,064. Available at http://www.wales.nhs.uk/documents/WHC_2005_064.pdf

³ Direction of the Department of Health, Social services and Public Safety, Belfast HSS (MD) 21/2007. Available at http://www.dhsspsni.gov.uk/hss_md_21-2007.pdf

⁴ YFVC Locator <http://www.nathnac.org/yellowfevercentres.aspx?comingfrom=professional>

⁵ Clinical governance, <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ClinicalGovernance/fs/en>

⁶ HSC 2001/021 Care Standards Act 2000. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/LettersandCirculars/Healthservicecirculars/DH_4016513

⁷ Department of Health ‘Standards for better health 2006’ Available at http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4086665

Further sources of information including reading material, vaccine suppliers and suppliers of vaccine storage equipment are provided.

It is important to note that NaTHNaC do not manufacture or supply yellow fever vaccine. This process is controlled by private sector pharmaceutical companies. However, NaTHNaC will engage in discussions with vaccine manufacturers, the DH and other stakeholders if there are difficulties with the supply of yellow fever vaccine. NaTHNaC will aim to keep YFVCs informed of the outcome of these discussions.

2.0 The International Health Regulations and International Certificate of Vaccination or Prophylaxis

- 2.1 International Health Regulations (2005)
- 2.2 International Certificate of Vaccination or Prophylaxis
- 2.3 Re-issue of an International Certificate of Vaccination or Prophylaxis
- 2.4 Supply of International Certificate of Vaccination or Prophylaxis

2.1 International Health Regulations (2005)

The IHR¹ of the WHO were formulated in part to facilitate reduction of the spread of yellow fever. The regulations aim to restrict movement between countries of individuals who are considered as having been exposed to yellow fever virus and who may be capable of spreading the disease. The IHR (2005) are thus designed primarily as a public health measure for the receiving country rather than for protection of the individual.

A proportion of mandatory vaccination against yellow fever is carried out with the aim of preventing yellow fever virus from being imported into vulnerable countries. These are countries where yellow fever does not occur but where the mosquito vector and non-human primate hosts may be present, and therefore, conditions are conducive for the introduction of yellow fever. If the virus was imported, this could lead to establishment of infection, with a consequent risk to the local population. In these cases, vaccination can be an entry requirement for all travellers (including, occasionally, airport transit) arriving from countries where there is a risk of yellow fever transmission. Failure to provide a valid certificate to the port health authorities could result in a traveller being quarantined, immunised or denied entry.

Yellow fever vaccination requirements are published annually by the WHO in International Travel and Health⁸ These can also be found on NaTHNaC's Country Information Pages; http://www.nathnac.org/ds/map_world.aspx

The absence of a requirement for vaccination (refer to WHO International Travel and Health) does not imply that there is no risk of yellow fever in the country. Yellow fever immunisation may be recommended for the protection of the individual traveller. Yellow fever vaccinators should have access to current information on disease risks and outbreaks (see [Sources of Information](#)).

⁸ World Health Organization. International travel and health 2009 Geneva. Available at <http://www.who.int/ith/en/>

If yellow fever vaccination is contraindicated for medical reasons this should be stated in a letter of medical exemption, in English (or French). The traveller should also be informed of the risks associated with non-vaccination. The health authorities at the destination should take this letter into account on arrival. See [Appendix 4](#).

2.2 International Certificate of Vaccination or Prophylaxis (ICVP)

Persons undergoing yellow fever vaccination under IHR (2005) shall be provided with an ICVP. A model certificate is published in the IHR (2005). Certificates conforming to this model can be obtained from approved sources in accordance with part 2.4. It should be noted that no departure from the certificate is permitted. Any amendment of the certificate or erasure or failure to complete any part (to include completion of the details with regard to the manufacturer and batch number of the vaccine given) can render the certificate invalid. The ICVP is valid only if the vaccine used has been approved by WHO (see Annex 6 IHR (2005)), and if the vaccinating centre has been designated by the appropriate health administration.

The ICVP is valid for a period of 10 years, beginning 10 days after the date of first vaccination. The ICVP is valid immediately in the event of a revaccination, where a certificate exists documenting the date of previous vaccination, and remains valid for a 10 year period.

The ICVP is an individual certificate and should not be used for more than one person. A separate certificate should be issued for children. A certificate issued to a child who is unable to write should be signed by a parent or guardian. If that parent or guardian is either illiterate or unable to write, it will be permissible to indicate a signature by that person's mark together with the indication of another person that the mark is that of the person concerned.

The certificate must be printed in English and French; an additional language may be added. In the UK these certificates are pre-printed (see [Section 2.4](#)).

The certificate must be signed by either the registered medical practitioner responsible for the YFVC or other authorised health worker (doctor, nurse or pharmacist). All the partners in a practice which is designated as a YFVC are deemed by the DH to be authorised persons. In addition, the Secretary of State for Health has given authorisation to sign an ICVP to any nurse employed at a designated YFVC who carries out vaccination under the direct supervision of a medical practitioner. The certificate must also bear the official UKYFVC stamp (as opposed to the practice stamp) of the administering centre (see [Appendix 1a](#)); however, this will not be accepted as a substitute for the signature such that both are required.

The date must be recorded as follows: the day placed first in numerals; the month should appear second in letters, the year should come last in numerals, for example: 10 August 2005.

Individuals should store the certificate in a safe place, usually with their passport, and be encouraged to make a photocopy that is kept separately, and would be of assistance should re-issue become necessary.

2.3 Re-issue of International Certificates of Vaccination or Prophylaxis

In the case of a lost ICVP, a replacement which should duplicate the original should ideally be re-issued by the original administering YFVC. A re-issued certificate need not be signed by the original vaccinator and can be signed instead by a person authorised to sign at the time of re-issue. However, in these circumstances, the name of the original vaccinator should be noted in the clinical records. The word 'duplicate' should not be written on the re-issued ICVP, but this information should be noted in the clinical records.

Further information on certificate reissue may be found on the NaTHNaC website:

http://www.nathnac.org/pro/yellow_fever_vaccination_centre_FAQs.htm

If the original administering YFVC is no longer a designated centre, or the patient is unable to attend the original administering YFVC, any designated YFVC may re-issue a certificate. In order to do this they must be satisfied that the individual has been vaccinated and that sufficient information is available to complete the certificate, i.e. date of vaccination, manufacturer and batch number of vaccine.

If the patient has lost their ICVP and the records of the original vaccination are also lost, the patient may have to be revaccinated.

In every case it is important that the re-issuing practitioner is satisfied that the patient is adequately protected against yellow fever, and when there is doubt about that protection, a repeat vaccination should be performed. Individual advice should be sought if this situation occurs within 4 weeks of the original vaccination.

When there is a name change since the issue of the original certificate, for example marriage or divorce, the name change should be verified by checking passport details or by inspection of appropriate official documentation relating to the name change.

2.4 Supply of International Certificates of Vaccination or Prophylaxis

ICVPs will generally be supplied by the vaccine manufacturer with each order of yellow fever vaccine. The number of ICVP supplied will match the number of vaccine doses ordered.

Additional ICVPs will incur a charge and can be obtained from:

- Order Line 0300 123 1002
- Text Phone 0300 123 1003.
- Online via log-in area:
http://www.nathnac.org/pro/Yellow_Fever_Vaccination_Centre_Information.htm

3.0 Designation as a Yellow Fever Vaccination Centre and Application Procedure

- 3.1 Conditions of designation: The YFVC Code of Practice
- 3.2 Application procedure
- 3.3 Registration fee
- 3.4 Yellow Fever Vaccination Centre Identification Number
- 3.5 Withdrawal of designation of YFVC status
- 3.6 Complaints procedure

3.1 Conditions of designation: The YFVC Code of Practice

Yellow fever vaccine can only be administered at designated centres as described by IHR (2005). Clinics operating at different locations are required to register separately as a YFVC. It is a condition of designation that the registered medical practitioner who is responsible for the centre confirms the following Code of Practice:

- a) Only yellow fever vaccines approved by the World Health Organization (WHO) will be administered from the YFVC.
- b) Vaccines will be administered only by a qualified medical practitioner (working at the centre) or by a nurse or other suitably qualified person (working at the centre).
- c) Facilities for administering and storing vaccines will conform to acceptable standards.
- d) The registered medical practitioner will be responsible for developing policies and ensuring staff are appropriately trained to advise travellers in situations in which YF vaccine should be administered. Such knowledge and training must include a risk assessment for travel, requirements for YF vaccination as a condition of entry to a particular country, the safe administration of YF vaccine, YF disease prevention, and a review of potential vaccine-associated adverse events. The YFVC will be expected to ensure that the traveller is aware of these issues regarding YF and other issues relative to travel. The YFVC must either advise accordingly or direct the traveller to a source of such advice.
- e) A health professional from each proposed YFVC will attend a NaTHNaC-sponsored YF training session before designation is granted, and thereafter once every two years. The designated physician shall ensure that this knowledge is shared with all staff within the YFVC responsible for the administration of YF vaccine.
- f) Appropriate records of vaccination will be maintained for 10 years following each YF vaccination. In the event of closure of a YFVC, records pertaining to YF vaccination must be archived according to local guidelines.
- g) The International Certificate of Vaccination or Prophylaxis (ICVP) will be completed and signed by the vaccinator in accordance with IHR (2005).
- h) The administering YFVC is responsible for the reporting and follow up of all vaccine associated adverse events. Vaccine associated adverse events will be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) via the yellow card system. Serious adverse events should also be reported to NaTHNaC.
- i) Annual returns of vaccine utilisation will be returned to NaTHNaC electronically or by post on the Annual Return Form. This is to allow statistical and research analysis; returns from individual clinics will not be publicly available.

- j) NaTHNaC will be notified immediately of any changes at the centre that might affect its designation, including changes to its address.
In particular:
- A new registered medical practitioner in charge of the clinic will be required to submit a new declaration.
 - Should the responsible medical practitioner move to a new site, s/he must re-apply for the designation for the new site.
- k) The YFVC agrees to undertake assessment and audit of their practice as may be required by NaTHNaC. Representatives of NaTHNaC will be given access to the YFVC or may request copies of YFVC records to ensure that a YFVC is complying with the relevant requirements.
- l) A YFVC must renew its designation status on an annual or biennial basis. A fee is payable to retain designation status.

A YFVC that does not conform to these conditions of designation, does not adhere to the Code of Practice, or that fails to renew their registration ([section 3.3](#)) will be removed from the central register of YFVC and will be subject to having their status as a registered YFVC revoked.

For more information regarding immunisation by nurses refer to Immunisation against Infectious Disease 2006⁹.

3.2 Application procedure

In order to apply for designation as a YFVC in England, Wales and Northern Ireland, the registered medical practitioner needs to complete the application form contained in [Appendix 1](#) of this Information Pack. An application check list has been included which should be followed ([Appendix 1b](#)). Completed application forms should be returned to the following address:

Yellow Fever Vaccination Centre Administration
National Travel Health Network and Centre
UCLH NHS Foundation Trust
5th Floor West
250 Euston Road
London NW1 2PG

A health professional from a new centre is required to attend a full day training session sponsored by NaTHNaC before they can receive designation status. It is important therefore to identify a suitable training session before sending in the application form. Details of training days and venues can be found on the NaTHNaC website.

Applications will be reviewed to assess whether the centre complies with the necessary conditions of designation. Centres must be prepared to give access to representatives of NaTHNaC who may visit, or to send copies of required documentation, to ensure these conditions are being met.

⁹ Salisbury D, Ramsay M & Noakes K. Immunisation against Infectious Disease – The Green Book. TSO: London, 2006. Chapter 5 at: http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH_4097254

3.3 Registration Fee

The registration fee has been introduced to allow NaTHNaC to provide administrative support to centres. A password protected area of the website has been created for YFVCs which contains information specific to YFVCs, including Frequently Asked Questions on clinical issues, IHR (2005) and certificate requirements.

This fee also subsidises the mandatory training, allowing NaTHNaC to provide additional materials for the delegates, thus facilitating the sharing of knowledge and the cascading of training information once they return to their centres. The subsidised training allows NaTHNaC to hold training at regional centres. Please be aware that the registration fee does not replace the fee for the training day.

The Stationery Office (TSO) is the information management company that process the payments on behalf of NaTHNaC. Centres will receive registration renewal letters through the post, and will be able to pay by cheque or by invoice. Payment instructions will be sent to the Centre once the application for designation has been approved. Any questions regarding payment can be sent to nathnac@tso.co.uk, or via telephone on 0845 6025220. More information on TSO can be found on their website www.tso.co.uk.

3.4 Yellow Fever Vaccination Centre Identification Number

Once a centre has been confirmed as designated, NaTHNaC will issue each centre with a unique identification number. This should be quoted in all correspondence with NaTHNaC and should be included on the official stamp used by the centre for the ICVP (see [Appendix 1a](#)).

3.5 De-designation of Yellow Fever Vaccination Centre status

YFVCs that do not conform to the conditions of designation, or do not adhere to the Code of Practice, or fail to meet their training requirements, or that fail to renew their registration ([Section 3.1](#)) will be removed from the central register of YFVCs and will be subject to having their status as a registered YFVC revoked (de-designation).

Centres that have had their designated status revoked will no longer be authorised to give yellow fever vaccination. Should a centre continue to administer yellow fever vaccine after having their status revoked, appropriate action will be taken, inclusive of reporting the centre and individuals involved to the appropriate authorities and/or professional bodies.

Information about this process and the right of appeal is found on the NaTHNaC website at: http://www.nathnac.org/pro/Yellow_Fever_Vaccination_Centre_Information.htm.

3.6 Complaints procedure – Yellow Fever Vaccination Centre Programme

Complaints must be addressed to, in the first instance:

Yellow Fever Vaccination Centre Service Manager
National Travel Health Network and Centre (NaTHNaC)
UCLH NHS Foundation Trust
5th Floor West, 250 Euston Road, London NW1 2PG

In the event of a complaint not being dealt with fairly by NaTHNaC, in the opinion of the correspondent, then it is appropriate to appeal or to take the complaint to the Chair of the NaTHNaC Steering Group, and should be addressed to:

The Director
National Travel Health Network and Centre (NaTHNaC)
UCLH NHS Foundation Trust
5th Floor West, 250 Euston Road, London NW1 2PG

3.6.1 Arbitration

Should the correspondent feel that their complaint or appeal against NaTHNaC has not been dealt with fairly, they may appeal to:

The Chief Executive
Health Protection Agency
7th Floor Holborn Gate
330 High Holborn
London WC1V 7PP

The decision of the Chief Executive will be final in all matters.

4.0 Administration of Yellow Fever Vaccine

Yellow fever vaccine can only be administered at designated centres as described by the IHR (2005).

Immunisation is an important method of preventing infectious disease. Successful immunisation will depend on a number of factors including the use of a safe and effective vaccine, proper vaccine storage conditions, obtaining consent and using the correct injection technique into the correct site. Those administering the vaccine must be familiar with the Summary of Product Characteristics (SmPC) of yellow fever vaccine including contraindications, precautions and potential adverse events following vaccination.

General information relating to immunisation procedures, technique and consent is documented in Immunisation against Infectious Disease 2006.⁹

Information relating to the administration of yellow fever vaccine is contained in the SmPC for individual vaccines, the medical information department of the relevant vaccine manufacturer, and also in the Yellow Fever Health Information Sheet on the NaTHNaC website. An information sheet has also been produced by NaTHNaC for travellers at <http://www.nathnac.org/pro/factsheets/documents/YFvaccineinfofortravellers.pdf>. Hard copies can be ordered through the NaTHNaC website.

4.1 Off-site administration

There may be exceptional circumstances when yellow fever vaccine will need to be administered at a site other than the designated YFVC. Applications for Off-site administration of vaccine will be considered on an individual basis by NaTHNaC (see [Appendix 9](#)).

In very exceptional circumstances where vaccination is being considered in a hospital setting, NaTHNaC should be contacted by email (nathnac@uclh.nhs.uk) in the first instance regarding procedure.

5.0 Requirements for record keeping

Records of all yellow fever vaccinations should be maintained.

Where the person to be vaccinated at the YFVC is a registered patient of that centre, written record of yellow fever vaccination should be made in the patient's medical record. Persons attending the centre who are **not** registered patients at that centre should have a personal record constructed that should be retained by the centre.

Record of vaccination should include:

- Date of vaccination
- Vaccine trade name and manufacturer, batch number and expiry date of the vaccine
- Name and status of the vaccinator (in block capitals where the record is hand written)
- Special instructions or advice given to the person vaccinated, or if a child, to the person responsible for the child
- Other remarks as appropriate

Consent of the person to be vaccinated, should be obtained. Further information on consent can be obtained from Immunisation against Infectious Disease 2006, Chapter 2.

Risks and warnings given to the person with regard to the vaccination should be documented in the clinical record.

A **separate record** (see [Appendix 8](#)) should be made of **all** yellow fever vaccinations given at the centre. This record should include:

- Patient name (and identification number where relevant)
- Date of vaccination
- Vaccine trade name and manufacturer, batch number and expiry date of the vaccine
- Name and status of the vaccinator (in block capitals where record is hand written)
- Special instructions or advice given to the person vaccinated, or if a child, to the person vaccinated, or if a child, to the person responsible for the child
- Other remarks as appropriate

These records can be maintained in paper or electronic copy.

YFVCs that operate a paperless system should ensure that they are able to produce these details for inspection or reference at short notice.

Records should be kept for a period of at least 10 years from the date of the most recent yellow fever vaccination. Legislation¹⁰ requires records of children who have been vaccinated to be retained until their 26th birthday. If at any stage, the centre decides that it no longer wishes to

¹⁰ HSC 1998/217: Preservation, retention and destruction of GP general medical services records relating to patients (replacement for FHSL (94)30) Department of Health 1998. Available at: http://www.dh.gov.uk/en/publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4005007

remain a designated YFVC, it must make adequate arrangements for the records of vaccination to be kept either by the centre or by transfer to another centre.

The ICVP against yellow fever should be completed and signed by the vaccinator and vaccinee in accordance with IHR (2005).

6.0 Storage of Yellow Fever Vaccine

A suitably trained person should be nominated for each YFVC to be responsible for the safe storage of the vaccine. There should be a designated deputy to cover in times of absence.

Yellow fever vaccine should be transported and stored at +2°C to +8°C. Manufacturer's recommendations on storage must be observed. Should any vaccines be either transported and/or stored outside this range, then such vaccine should not be used. Advice should be sought from the vaccine manufacturer and/or local Primary Care Trust pharmacist or equivalent in accordance with [Section 8](#).

To ensure good practice, vaccine must be stored in a pharmacy or vaccine refrigerator. Domestic refrigerators should not be used. Pharmacy or vaccine refrigerators are generally of a higher specification than domestic varieties and are designed for the storage of vaccine products.

Pharmacy or vaccine refrigerators should be:

- Capable of measuring minimum and maximum temperatures within the refrigerator cabinet.
- Fitted with an external digital minimum and maximum memory display
- Capable of automatic defrosting secured with an integral locking system (which complies with Control of Substances Hazardous to health (COSHH) regulations)¹¹

The temperature of the refrigerator storage compartment should be recorded at least once daily, at the beginning of each immunisation session.⁹ After recording, the refrigerator thermometer(s) should be re-set.

In addition to any integral temperature monitoring system, it is good practice to use an independent maximum and minimum thermometer, located within the refrigerator cabinet, as an additional monitor of the internal refrigerator temperature.

Temperature logs should be available for inspection if required (see [Appendix 5](#) for example).

Care should be taken to ensure that the electricity supply to the vaccine refrigerator cannot be accidentally interrupted. This can be assisted by using a fused spur (i.e. a switchless socket) or by placing cautionary notices on plugs and sockets (or back up generators where available). All staff should be aware of the procedure to follow should a break in the cold chain occur (see [Section 8.0](#)).

¹¹ Control of Substances Hazardous to Health Regulations 2002. HMSO available at: <http://www.opsi.gov.uk/SI/si2002/20022677.htm>

Instructions for the use and handling of vaccine products may differ. Reconstituted YF vaccine must be used within the recommended period, according to manufacturer's instructions. Information relating to the administration of yellow fever vaccine is contained in the SmPC for individual vaccines and is available from the medical information department of the relevant vaccine manufacturer.

Procedures followed for storage, distribution and disposal of vaccines should be audited regularly.

7.0 Disposal procedures^{12,13,14,15,16,17}

- Vaccination equipment: needles, syringes and other blood stained clinical waste should be immediately disposed of into a puncture resistant sharps container which is British Standard BS 7320. Needles should not be re-sheathed before disposal.
- Vaccine: unused vaccine, and spent or partially spent vials should be disposed of safely, preferably by heat inactivation or incineration. Contaminated waste and spillage should be dealt with by heat sterilisation, incineration or chemical disinfection as appropriate. Those providing or handling live vaccines should consult their local Consultant in Communicable Disease Control, Consultant in Public Health Medicine, or Infection Control Committee about suitable procedures for vaccine disposal.
- A sharps/needle stick policy for prevention and reporting of injury is recommended. Refer to local Immunisation Co-ordinator for further information.

¹² Salisbury D, Ramsay M & Noakes K. Immunisation against infectious disease. Chapter 3. London, TSO, 2006.
Available at:

http://www.dh.gov.uk/en/PublicHealth/HealthProtection/Immunisation/Greenbook/dh_4097254

¹³ Legg A. Sharps disposal systems. Professional Nurse 1996.

¹⁴ UK Health Departments Guidance for Clinical Healthcare Workers: Protection against Infection with blood borne

viruses. Recommendations of the Expert Advisory Group on AIDS and the Advisory Group on Hepatitis. HMSO

1998. Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_400276

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¹⁵ The safe and secure handling of medicines: a team approach. The Royal Pharmaceutical Society of Great Britain.

2005. Available at: <http://www.rpsgb.org.uk/pdfs/safesehandmeds.pdf>

¹⁶ Department of Health Technical Memorandum 07-21: Safe management of healthcare waste. 2006. Available at:

http://www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyAndGuidance/DH_06327

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¹⁷ Medicines and Healthcare Regulatory Agency (MHRA). SN2001-(19) Safe use and disposal of sharps. 2001.

8.0 Interruption of the cold chain

Yellow Fever Vaccines should be stored according to the manufacturer's instructions. This is normally +2°C to +8°C.

If vaccine is exposed to temperatures outside the recommended storage range, the following procedure is suggested:

- In general, any vaccine that has been exposed to temperatures outside the recommended storage range should not be administered.
- The vaccine manufacturer/local Primary Care Trust (PCT) pharmacist should be contacted and the following information provided:
 - Length of time the refrigerator has been off/malfunctioning
 - Current internal temperature of refrigerator
 - Minimum and maximum temperature during last 24 hours (temperature records should be kept at least daily)
 - Previous minimum and maximum temperatures, type of vaccine product, date of expiry and batch numbers.
- Discard any stock as advised by manufacturer/pharmacist (see [Section 7](#))
- Return salvageable products (as advised by the manufacturer/pharmacist) to cold chain immediately and use only as directed by the manufacturer.
- Inform the practice manager who should:
 - Complete critical incident procedure to allow risk analysis
 - Check insurance policy covers for loss of stock
 - Notify patients if re-vaccination is required

If an individual has inadvertently received a vaccine which is subsequently found to have been exposed to temperatures outside the recommended storage range, or if the vaccine is found to have passed its expiry date, advice should be sought on an individual basis from the vaccine manufacturer/local PCT pharmacist or Director of Public Health/Consultant in Communicable Disease Control (CCDC).

Further advice on vaccine storage can be obtained from:

- Department of Health; Immunisation against Infectious Disease 2006⁶, Chapter 3.
- Royal Pharmaceutical Society of Great Britain www.rpsgb.org.uk/
- Primary Care Trust Pharmacists or equivalent

9.0 Resuscitation and anaphylaxis

A local policy which follows UK guidelines should be in place to facilitate Basic Life Support (BLS) in case of emergency. Further information is available from the UK Resuscitation Council.

All health professionals responsible for immunisation must be familiar with techniques for resuscitation of a patient with anaphylaxis. Training must follow local policy in terms of frequency.

Preparation must be made for the management of anaphylaxis and other immediate reaction to vaccination. Resuscitation equipment and drugs to help with the rapid resuscitation of a patient with an anaphylactic reaction must be immediately available whenever a vaccine is administered.

Link

UK Resuscitation Council at: <http://www.resus.org.uk/>

[Current UK guidelines](#) are provided by the Resuscitation Council on procedure and management of basic life support and anaphylaxis and should be available within each YFVC.

10.0 Training

The content of the training programme includes information on yellow fever disease, areas at risk for yellow fever transmission or receptive for yellow fever, use and safety of yellow fever vaccine, IHRs (2005) and the registration, training, audit and requirements of a YFVC. Following training, this information should be shared with colleagues at the YFVC.

The health professional staff of a YFVC should maintain an up-to-date knowledge of the risk of yellow fever and its prevention, as well as other travel-related health risks.

10.1 Training for New Centres

It is mandatory for a member of staff to attend a [full day training session](#) before designation status is granted, it is therefore necessary to apply for training and designation status at the same time. It is recommended that applicants submit their paperwork three months prior to their preferred training date. New staff at existing centres may wish to attend a full day training seminar.

Full day training sessions are presented by NaTHNaC staff.

Applicants should follow the checklist supplied in [Appendix 1b](#) when submitting their forms to ensure there are no delays in registration.

The training fee for a full day training session for new centres is £115.00.

10.2 Training for Existing Centres

Each designated YFVC is required to renew their training every two years by sending one or more member of staff to a [half-day update seminar](#). Staff who feel that they may benefit from an earlier update can attend at any time if places are available. The training fee applies.

Update seminars are usually presented by one of a team of Associate Trainers, contracted by NaTHNaC to provide the core curriculum throughout England, Wales and Northern Ireland. Only NaTHNaC sponsored training days meet the training requirements.

A training fee for the half-day seminar is £80.00.

10.3 Cancellation Policy

In completing the training application form delegates accept that whilst NaTHNaC will use its best endeavours to ensure that training takes place at the date and time indicated, there may be occasions when circumstances outside NaTHNaC's control mean that a particular training session has to be cancelled. In the event of cancellation of a training session, NaTHNaC will be unable to refund any costs associated with an individual delegate's attendance at the cancelled session, to include both the costs of the session itself and any travel and other expenses whatsoever associated therewith. Should a training session be cancelled then delegates are advised to contact NaTHNaC who will use its best endeavours to ensure that a delegate is booked into a future training session at no extra charge. Delegates should however note that they will be responsible for any travel and other expenses associated with their attendance at a future session.

11.0 Assessment and Audit of YFVCs

YFVCs are required to abide by the Code of Practice ([Section 3.1](#) and [Appendix 1](#)). In order to ensure safe, high quality healthcare for patients and users of the YFVC, NaTHNaC requires Assessment and Audit of YFVCs.

This Assessment and Audit Instrument has been designed to enable NaTHNaC to carry out an objective evaluation of the services being provided by a YFVC. It has been prepared by NaTHNaC for use by general practices, independent travel clinics and other establishments administering yellow fever vaccine. YFVCs selected to undergo Assessment and Audit will be notified prior to the event.

Full details of the Assessment and Audit process can be found in the password protected area of our website. www.nathnac.org

12.0 Further sources of information on Yellow Fever and Yellow Fever Vaccine

12.1 Description of disease, transmission and epidemiology

NaTHNaC website at:

http://www.nathnac.org/pro/Yellow_Fever_Vaccination_Centre_Information.htm

WHO at: http://www.who.int/topics/yellow_fever/en/

12.2 Certificate requirements

- WHO *International Travel and Health* (published annually); also available on the WHO website at: <http://www.who.int/ith/>
- Centers for Disease Control and Prevention. *Yellow Fever Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2002* MMWR, Recommendations and Reports. November 8, 2002 / 51 (RR17); 1 – 10. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5117a1.htm>

12.3 Vaccine recommendations

- [NaTHNaC Country Information Pages](#)

12.4 Vaccine information

- Department of Health; *Immunisation against Infectious Disease* (The Green Book) 2006 at: http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH_4097254
- Electronic Medicines Compendium at: <http://emc.medicines.org.uk/>
- Health Protection Agency Immunisation Training Resources for Health Care Professionals at: http://www.hpa.org.uk/infections/topics_az/vaccination/training_menu.htm
- Sanofi Pasteur MSD Medical Information Department: Tel: 01628 587693 <http://www.spmsd.co.uk/>

12.5 Outbreaks of yellow fever

- WHO: Disease Outbreak News at: <http://www.who.int/csr/don/en/>
- NaTHNaC Outbreak Surveillance Database at <http://www.nathnac.org/countrysearch.aspx>
- Clinical Updates http://www.nathnac.org/pro/clinical_updates/index.htm

12.6 Advice regarding complex itinerary and/or medical history

- NaTHNaC Advice Line: 0845 602 6712 9 am–12 noon and 2–4.30pm weekdays, excluding Bank Holidays. This service is for health professionals only.
- Health Protection Scotland, database. Travax at: www.travax.scot.nhs.uk/. This is a subscription based service. Health Protection Scotland: 0141 300 1130 (2–4pm: for Travax subscribers only).

Appendix 1

APPLICATION FOR DESIGNATION AS A YELLOW FEVER VACCINATION CENTRE
 Add in details of fee to this form

* **Mandatory Fields**

SECTION A

Name / Title of centre *	Address *
Telephone number *	Practice Stamp *
Fax number	
Website	Email address *

SECTION B

The prospective centre is: _____ (mark as appropriate)

a. A general practice (contracted to provide general medical services)	
b. Occupational health department of an organisation	
c. A centre, open to the public, managed by a health authority / NHS Trust	
d. A centre, open to the public, registered with the Care Quality Commission	
e. A pharmacy	
f. Other, please specify	

Vaccination will be available to: _____ (mark as appropriate)

a. Practice patients only	
b. Practice patients and members of the public	
c. Members of the public	
d. Employees only	

Appendix 1 (contd)

YFVC Code of Practice

The **registered medical practitioner** responsible for the proposed Yellow Fever Vaccination Centre (YFVC) must sign the following Code of Practice:

I confirm that:

- a) Only yellow fever vaccines approved by the World Health Organization (WHO) will be administered from this YFVC.
- b) Vaccines will be administered only by a qualified medical practitioner (working at the centre) or by a nurse or other suitably qualified person (working at the centre).
- c) Facilities for administering and storing vaccines will conform to acceptable standards.
- d) I am responsible for developing policies and ensuring staff are appropriately trained to advise travellers in situations in which YF vaccine should be administered. Such knowledge and training must include a risk assessment for travel, requirements for YF vaccination as a condition of entry to a particular country, the safe administration of YF vaccine, YF disease prevention, and a review of potential vaccine-associated adverse events. The YFVC will be expected to ensure that the traveller is aware of these issues regarding YF and other issues relative to travel. The YFVC must either advise accordingly or direct the traveller to a source of such advice.
- e) A health professional from each proposed YFVC will attend a NaTHNaC-sponsored YF training session before designation is granted, and thereafter once every two years. I shall ensure that this knowledge is shared with all staff within the YFVC responsible for the administration of YF vaccine.
- f) Appropriate records of vaccination will be maintained for 10 years following each YF vaccination. In the event of closure of a YFVC, records pertaining to YF vaccination must be archived according to local guidelines.
- g) The International Certificate of Vaccination or Prophylaxis (ICVP) will be completed and signed by the vaccinator in accordance with IHR (2005).
- h) The administering YFVC is responsible for the reporting and follow up of all vaccine associated adverse events. Vaccine-associated adverse events will be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) via the yellow card system. Serious adverse events should also be reported to NaTHNaC.
- i) Annual returns of vaccine utilisation will be returned to NaTHNaC electronically or by post on the Annual Return Form. This is to allow statistical and research analysis; returns from individual clinics will not be publicly available.
- j) NaTHNaC will be notified immediately of any changes at the centre that might affect its designation, including changes to its address.

In particular:

- A new registered medical practitioner in charge of the clinic will be required to submit a new declaration.
 - Should the responsible medical practitioner move to a new site, s/he must re-apply for designation for the new site.
- k) The YFVC agrees to undertake assessment and audit of their practice as may be required by NaTHNaC. Representatives of NaTHNaC will be given access to the YFVC or may request copies of YFVC records to ensure that a YFVC is complying with the relevant requirements.

Appendix 1 (contd)

- l) It is required that a YFVC renew its designation status on an annual or biennial basis. A fee is payable to retain designation status.

A YFVC that fails to meet the conditions of designation will become subject to the De-designation process.

Signature *:	Date:
Full name: (block capitals)	Qualifications:
GMC Registration Number *:	

*for the purpose of this application, registration should be current (no ongoing investigations pending) and unrestricted.

PLEASE RETURN YOUR COMPLETED FORM TO: YELLOW FEVER VACCINATION CENTRE ADMINISTRATION, NATIONAL TRAVEL HEALTH NETWORK AND CENTRE, UCLH NHS FOUNDATION TRUST, 5TH FLOOR WEST, 250 EUSTON ROAD, LONDON NW1 2PG

Appendix 1a

Yellow Fever Vaccination Centre official stamp

YFVCs are required to use an official stamp on all ICVPs. In order to fit into the space provided by the ICVP, the stamp should be approximately 10mm high and 20mm wide.

The text should include only the UKYFVC identification number and the words 'United Kingdom':

UKYFVC- - - -
United Kingdom

Example of how a stamp should look;



NaTHNaC does not supply stamps. These can be ordered by your stationery suppliers.

Appendix 1b

Application Check List for New YFVCs

Step 1: Fulfilment of Training Requirements

a. Do you need to send a member of staff to a full day training seminar?	Yes	No
--------------------------------------------------------------------------	-----	----

Identify when NaTHNaC will be delivering a full day training session that a representative of your centre could attend

Date:	Location:
Training Application form and cheque enclosed?	Yes No
Is cheque made payable to UCL Hospitals NHS Foundation Trust?	Yes No

b. Does your new centre employ a member of staff that has been on a YFVC update session within the last 12 months?		
Name of delegate:		
Copy of Certificate of Attendance for above member of staff enclosed	Yes	No

Step 2: Complete the designation application form

Has the form been signed by the designated physician?	Yes	No
Has the GMC number for the physician been filled in?	Yes	No

Step 3: Send to NaTHNaC

National Travel Health Network and Centre
 UCLH NHS Foundation Trust
 5th Floor West
 250 Euston Road
 London NW1 2PG

Your unique UKYFVC number and registration fee payment form will be issued to the designated GP once training requirement for the YFVC has been met.

 You may purchase additional delegate packs to assist in-house training. Each pack costs £10. Please send this slip, together with payment to NaTHNaC (as above).



Please send me the following number of delegate packs:
A cheque made out to UCL Hospitals NHS Foundation Trust for the amount of £_____ is enclosed.

Appendix 2

Vaccine Manufacturers

It is important to note that NaTHNaC do not manufacture or supply yellow fever vaccine.

This process is controlled by private sector pharmaceutical companies. Please be aware that shortages in the supply of vaccine have been known to occur. If this occurs, NaTHNaC will engage in discussions with vaccine manufacturers, the DH and other stakeholders. NaTHNaC will aim to keep YFVCs informed of the outcome of these discussions. Yellow fever is currently supplied by:

Sanofi Pasteur MSD Ltd
Mallards Reach
Bridge Avenue
Maidenhead
Berkshire
SL6 1QP

Tel: 01628 785291

Website: <http://www.spmsd.co.uk>

Specific queries about vaccine supply and availability should be directed to the suppliers.

Appendix 3

Suppliers of vaccine storage equipment

This is currently under review and is subject to change.

Further information will be posted on www.nathnac.org when it becomes available.

Appendix 4

Example: Letter of medical exemption from the requirement for an International Certificate of Vaccination or Prophylaxis when crossing international borders.

Where a physician advises that an individual should not be vaccinated on medical grounds, this should be written on headed practice writing paper. This letter of medical exemption may be taken into consideration by the port health authorities in the destination country.

Example

Full name

Date of birth:

Passport number:

This is to certify that on medical grounds I advise that yellow fever vaccine is contraindicated in the above named person, and should not be given.

Date:

Valid until (current trip only):

Signed:

Print name

(OFFICIAL STAMP) (Either UKYFVC stamp or Practice stamp if not registered centre).

Appendix 5

Example of temperature log chart

This Excel file can be downloaded from the UKYFVC [log-in section](#) of the NaTHNaC website.

VACCINE REFRIGERATOR TEMPERATURE CHART																																
Temp.	Date																															
° C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
+24°C																																
+20°C																																
+16°C																																
+12°C																																
+8°C																																
+7°C																																
+6°C																																
+5°C																																
+4°C																																
+3°C																																
+2°C																																
0°C																																
-4°C																																
-8°C																																
-12°C																																

Appendix 6

Reporting adverse events to yellow fever vaccine

The risk of Yellow Fever Vaccine-Associated Neurologic Disease (YEL-AND) and Yellow Fever Vaccine-Associated Viscerotropic Disease (YEL-AVD) is estimated to be approximately 5 cases per million doses administered.¹⁸ This risk increases in those aged 60 years and older.¹⁹ These serious post-vaccine adverse events have only been reported in first time vaccinees.¹⁸

YEL-AND begins on average 14 days (range 4 to 23 days) following vaccination. Patients can present with headache and fever with worsening neurological deficit, including confusion and coma. Guillain-Barré syndrome has been reported.^{20, 21} Nearly all cases recover.

YEL-AVD begins shortly after vaccination (median 4 days, range 2-8 days). Symptoms initially include fever, headache and myalgias, and can progress to hypotension, hepatitis, multi-organ failure and death.²⁰

The safety profiles of all medicinal products marketed in the UK are subject to continuous monitoring by the Medicines and Healthcare products Regulatory Agency (MHRA) and the Marketing Authorisation Holder. To support these activities health professionals are requested to report the following adverse events that occur following vaccination with yellow fever vaccine:

- All cases of confirmed or suspected YEL-AND or YEL-AVD
- All other serious adverse events, which include those that are fatal, life threatening, disabling or incapacitating, result in or prolong hospitalisation, congenital abnormalities, or are medically significant.

Report serious adverse events to:

1. Medicines and Healthcare Regulatory products Regulatory Agency via the yellow card system at:
<http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/Medicines/ReportingSuspectedadversedrugreactions/index.htm>
2. Sanofi Pasteur MSD UK through their online Adverse Event Reporting Form at:
<http://www.spmmsd.co.uk/doc.asp?catid=427&docid=806>
or by calling the Pharmacovigilance Department on 01628 785291
3. National Travel Health Network and Centre (NaTHNaC) via the telephone advice line on 0845 602 6712

¹⁸ Cetron MS, Marfin AA, Julian KG et al. Yellow fever vaccine. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2002;51(No.RR-17):1-10

¹⁹ Khromava AY, Eidex RB, Weld LH et al. Yellow fever vaccine: an updated assessment of advanced age as a risk factor for serious adverse events. Vaccine 2005;23:3256-63

²⁰ Barnett E. Yellow fever: epidemiology and prevention. CID 2007;44:850-7

²¹ McMahon AW, Eidex RB, Marfin AA et al. Neurologic disease associated with 17D-204 yellow fever vaccination: a report of 15 cases. Vaccine 2007; 25:1727-34

Further reading

Pulendran B, Miller J, Querec TD, et al. Case of yellow fever vaccine-associated viscerotropic disease with prolonged viremia, robust adaptive immune responses, and polymorphisms in CCR5 and RANTES genes. *J Infect Dis* 2008;198:500-7.

Kitchener S. Viscerotropic and neurotropic disease following vaccination with the 17D yellow fever vaccine, ARILVAX®. *Vaccine* 2004; 22:2103-5

Centers for Disease Control and Prevention. Notice to readers: Fever, jaundice and multiple organ system failure associated with 17D-derived yellow fever vaccination, 1996-2001. *MMWR* 2001; 3 August; 50(30): 643-5. Available at:
<http://www.cdc.gov/mmwr//preview/mmwrhtml/mm5030a3.htm>

Appendix 7

Annual Return: Yellow Fever Vaccine Utilisation and Vaccine-Associated Adverse Events

This return is for **the year ending 31st December 2009**

Yellow Fever Vaccination Centre stamp:

Practice / Centre Stamp (showing address):

How long has this centre been registered?

- 0 – 6 months
- 7 – 11 months
- 1 – 2 years
- 3 – 4 years
- 5+ years

Utilisation of Yellow Fever Vaccine

Total numbers of yellow fever vaccine doses administered: _____

Number of vaccine recipients within age range;

- ≥6 mos - <9 mos.....
- ≥9 mos– 9yrs.....
- 10 – 19 yrs.....
- 20 – 29 yrs.....
- 30 – 39 yrs.....
- 40 – 49 yrs.....
- 50 – 59 yrs.....
- ≥60 yrs.....

Number (if any) of adverse events reported on the yellow card system: _____

Number of vaccine doses wasted: _____

Statistics pertaining to individual clinics will not be published. This form relates to the calendar year and should be returned to NaTHNaC by 26th February 2010. Additional information may be requested.

Please return completed form to: National Travel Health Network and Centre, UCLH NHS Foundation Trust, 5th Floor West Wing, 250 Euston Road, London NW1 2PG; or by fax to 020 7380 9486; or by email to nathnac@uclh.nhs.uk

Appendix 9

Off-site Administration policy for designated Yellow Fever Vaccination Centre

In order to assure the quality and safety of yellow fever vaccine administration, yellow fever vaccine can only be given at centres that have been designated. Under International Health Regulations (2005) it is the role of an individual country to regulate and ensure these standards are met. In England, Wales and Northern Ireland NaTHNaC has this responsibility. Because yellow fever vaccine falls under International Health Regulations (2005), the rules surrounding its administration are stricter than for other vaccines.

In the majority of circumstances, travellers who need yellow fever vaccine will attend the premises of a designated YFVC in order to receive their vaccine. In the UK this is usually a GP surgery, occupational health unit or specialist travel clinic.

There may be exceptional circumstances when yellow fever vaccine will need to be administered at a site other than the designated YFVC; immunisation away from the YFVC is discouraged. Exceptional circumstances for off-site administration can include a mobile occupational health unit providing services to industry, or vaccine administered on school premises not designated as YFVCs. Home visits are not considered to be an exceptional circumstance. **All exceptional circumstances will be evaluated by NaTHNaC on an individual basis.**

Off-site administration of yellow fever vaccine should comply with the following regulations:

- The 'party' providing and administering the yellow fever vaccine must be a designated YFVC
- All conditions of designation must be adhered to
- Yellow fever vaccine should be stored within a YFVC
- Administration of vaccine will take place as it would within the premises of a YFVC, e.g.
 - specialist vaccine transportation equipment is required in order to maintain the cold chain
 - resuscitation equipment is available
 - consent is obtained
 - the International Certificate of Vaccination or Prophylaxis (ICVP) is completed accurately (the ICVP should be signed by the appropriate person (See [Section 2.2](#)).
 - vaccine and sharps are disposed of safely
- Records of vaccination should be stored within a YFVC

It should be remembered that all practitioners are professionally accountable for their practice.

All YFVCs that wish to vaccinate away from their premises must request to do so from NaTHNaC in writing using the Off-site Administration Application Form.

YFVCs should allow a least two working weeks for this to be processed by NaTHNaC.

Off-site Administration Application Form for a Designated Yellow Fever Vaccination Centre

This application form is to be completed by a designated YFVC to apply for permission to vaccinate off-site.

Once the form is complete it will be reviewed by the NaTHNaC Yellow Fever Committee and written confirmation of the committee's decision regarding each application will be sent to the applicant.

Step 1 – Reason for Application

Reason for vaccinating offsite	Proposed date for offsite vaccination
Destinations being visited by patient/s	Proposed venue for offsite vaccination

Step 2 – The Party Providing & Administering Yellow Fever Vaccine is a Designated Centre

UKYFVC Number	Registration Expiry Date
Name of Designated Physician	Date of YF training (taken or pending)

ALL DESIGNATION REQUIREMENTS MUST BE ADHERED TO DURING OFF-SITE ADMINISTRATION:

Only yellow fever vaccines approved by World Health Organization (WHO) can be administered.

Name of vaccine to be administered: _____

Vaccine will be administered only by a qualified medical practitioner working at this YFVC, or by a nurse/pharmacist working at this YFVC under the direct supervision of a qualified medical practitioner working at this YFVC.

Name of Designated GP:	
Name of nurse/pharmacist:	

Off-site Administration Application Form for a Designated YFVC

Facilities for administering and storing vaccines will conform to acceptable standards.

Location vaccines will be stored in prior to move
How will vaccine be transported?
How will the cold chain be maintained during transportation?

Appropriate records of all vaccinations administered will be maintained in accordance with the Designation of Yellow Fever Centres, Information Pack.

Please supply a template yellow fever vaccination record with this document.

International Certificates of Vaccination or Prophylaxis against yellow fever will be completed and signed by the vaccinator in accordance with WHO International Health Regulations (2005).

Please supply an example of a completed certificate to be used with this document.

Step 3 – The Off-site Venue

Representatives of NaTHNaC will be given access to the requested copies of YFVC records to ensure that the centre is complying with the relevant requirements.

Address of venue	Date of vaccination	Time

Has the off-site venue been informed that a representative from NaTHNaC is entitled to visit and appropriate arrangements made?

YES

NO

Offsite Administration Application Form for a Designated YFVC

Administration of vaccine takes place as it would within the premises of a YFVC e.g:

The cold chain is maintained:

Type and product code of cool box:

Resuscitation equipment is available:

Description: (e.g. written/verbal)

Consent is obtained:

Description of type of consent:

Vaccine and sharps are disposed of safely:

Type of sharps disposal used on site:

We apply for permission to vaccinate offsite.

Signature.....

Professional status.....

Administrative Purposes Only Below This Line

Date Application Received:			
Date Response Required:			
All Documents Present:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Accept:</td> <td style="width: 35%; border: none; text-align: center;">YES</td> <td style="width: 35%; border: none; text-align: center;">NO</td> </tr> </table>	Accept:	YES	NO
Accept:	YES	NO	

Acknowledgements

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This Information Pack is posted on the NaTHNaC website: www.nathnac.org

The recommendations and designation requirements have been assembled following international, country specific guidelines and statutory requirements. Supporting documents are listed in the footnotes and are readily available online or in hard copy from the relevant publishing body.

Questions regarding the content and availability of this document should be sent to nathnac@uclh.nhs.uk with "Info Pack query" written in the subject line.