Lessons Learned – H1N1 Vaccine Clinics

- Successful mass vaccination clinics had community support, the sense of making it an event, flexibility in hours of delivery, and availability of translators where needed
- Communication was key to promote uptake of the vaccine
- Being transparent and honest – communicate the availability, the prioritization and the evolving scientific knowledge of vaccinations
- Sensitivity to cultural and regional diversity is needed in communications approach
- Surge staff was required from outside the community, and considerations for other health care professionals that could deliver vaccines was beneficial

Yukon and NWT Vaccination Roll-out – Lessons learned

Advance Clinic Planning

- Advance logistics team visited each community and connected with the key community contact to ensure the vaccination site meets the requirements, and resolve issues prior to vaccine team arrival. The aim of the advance team is to address any potential issues prior to the vaccine team arrival. The team also helped with addressing hesitancy and helping ensure people will come to the clinic. Employment of Canadian Rangers proved beneficial
- In planning for the next day, the logistician and lead nurse should make a plan to determine when to remove the first vial from the freezer to get to room temperature
- When people call to book they often had a lot of questions, and it was important to have a knowledgeable person to address the most common questions upfront ~~(~~rather than just referring, which creates a barrier~~)~~. Ensure someone able to answer vaccine/medical type questions is available, to address hesitancy issues

During Clinic

- During the clinic – the clinical lead was in charge of all processes inside the clinic and logistics lead was in charge of everything outside the clinic
- Having a clinical lead is essential, and that person should have access to an on-call manager for support with any questions
- The clinic lead should not be programmed as a surge capacity backup and must remain free to lead
- A specific health professional should be designated to only draw up doses, in order to optimize effectiveness
- Each vial should be used up before preparing the next, to avoid ending up with more than one punctured vial at the end of each day
- Extra doses per vial may not be consistently achievable
- Keep a close eye on lot numbers, and try to keep one lot per clinic, if possible
- Use of cutlery trays have proven useful in holding syringes once drawn; it reduces the risk of dropping the syringes, which was the primary reason for wastage in the Yukon
- Colour coded baskets can be used, to ensure doses are used at the appropriate time
- Colour-coded baskets were velcro'd to white boards, with puncture time documented to ensure doses used at appropriate time

- At the end of the day, a new vial should only be punctured if there are at least 10 people in the waiting area, AND an on-call list is available for those on stand-by to come in on short notice. To avoid wastage, some at the tail end of a day might be asked to leave unvaccinated and to return the next day. When they do return be prepared to treat them like royalty
- Need an upfront decision tree for if/when you are willing to waste doses at end of day
- A plan should be in place for what to do with the remaining vials/doses
- Teams had mix of highly experienced public health nurses with other immunizers
- They were able to administer approximately 10 immunizations per vaccinator, per hour
- Appointments should be booked, by immunizer eg. first at 1:00, second at 1:05, third at 1:10, so there is a constant flow of people passing through the clinic. People should be advised not to arrive early and to depart as soon as invited to do so
- Breaks and lunch should be programmed into the schedule. Fewer immunizations should be scheduled for the first hour, to allow for a rhythm to get established. Time should be made in the schedule, for those with mobility challenges
- Partnering with EMS to staff post-vaccination waiting area is an option – this requires clarity in terms of which protocols they are operating under and to whom they report
- For second doses – each person was given a card documenting their first dose. The interval between doses should be made clear

Building community engagement and overcoming hesitancy

- Individualized community web meetings including community leadership and a clinician to answer questions; invite local health care staff to do outreach; and inform all who is to be the target group for the specific immunization run
- Consider having food or snacks available, if possible
- Even if local health centre staff are not the ones immunizing, they can do community outreach, answer questions and generally engage with community to build trust and excitement
- When only some of the community is eligible for the vaccine, make sure the eligibility criteria are posted
- Questions and issues should be addressed upfront:
- Why can’t vaccines be delivered directly to homebound people
- Dedicated bookings for most vulnerable (e.g. at start or end of day when there are fewer people in clinic)
- Prioritization of end-of-day doses, which could result in wastage

Other key lessons:

- Have a plan to transport people to the clinic venue (hiring of school buses, vans, etc.) and a plan to get those who can not attend the clinic for various reasons, including self isolating. The Yukon partnered with EMS to bring in homebound patients
- Build the team into a cohesive unit; make sure everyone knows who is in charge
- How patients will be prioritized should be decided up front e.g. agreed upon risk factors (age only or age + comorbidities)

- Non-public health immunizers often had trouble with landmarking – and AEFI were directly linked to less experienced immunizers. Refresher Training on landmarking was provided to most immunizers. It is recommended to conduct a hands-on skills assessment where landmarking was observed, as it is essential to minimize hesitancy by minimizing side effects
- Persons who were hesitant to present themselves to the first clinic, gain confidence in the interim and then present themselves to the second dose clinic to receive their first dose
- Minimize vaccine waste as much as possible; shaking the vial and "flicking" the syringe can ruin the dose
- Careful attention has to be paid in thawing and transport of vaccine in community to avoid wasted dosages
- Community early engagement is critical for success. Where the community was well engaged, the uptake was 75% +; where the community was not well engaged, the uptake was low
- If local leadership will want to "set the example" by being vaccinated first, this should be programmed into the schedule. If photographs are to be taken, those who are not shy in front of the camera should be the subjects
- A 20% buffer of extra supplies should be on hand

Lessons Learned – Peawanuck

- A high functioning, invested Community Coordinator is the single largest determinant of success of the vaccination program in the community
- The paperwork is very time consuming: a clear paperwork process needs to be established with all teams. Vaccinators should be assigned help with admin and paperwork
- Teams should plan for the first day to be a contingency day to help organize the vaccination site