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Date ) 08/08/2014

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Ministry of Health

385, පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත, කොළඹ 10.  
385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, Sri Lanka.

Provincial / Regional Directors of Health Services,  
Directors and Heads of the Institutions of Teaching and all other medical institutions

### **General Circular on Establishment of Immunization Clinics in Hospitals**

Eradication, elimination and control of vaccine preventable diseases by providing immunization services through the National Immunization Programme is a priority public health initiative of the Ministry of Health. It was the practice of provision of immunization services to public through every government hospital to increase access for immunization services to achieve high immunization coverage.

However it has been brought to the notice of the MoH, that some government medical institutions have discontinued the provision of regular immunization services thereby causing inconvenience to public living around the hospitals.

Further, the Medical Officers of Health, who provide a larger portion of immunization services at field immunization clinics, may refer children/persons with some medical conditions to hospitals for specialist medical opinion and to provide immunizations.

Therefore, provision of immunization services by establishing a regular immunization clinic in each medical institution where a Consultant Paediatrician is available is hereby made mandatory. Other medical institutions should also provide immunization services by regular immunization clinics to maintain the age appropriate high immunization coverage.

Please inform all Heads of Institutions coming under your purview to adhere to the following guidelines when providing immunization services.

#### **1. Provision of immunization services for the public living close to the hospital**

- a. It is the responsibility of the Head of the Medical Institution to organize and ensure conducting a regular immunization clinic at every government hospital for the benefit of the public living close to the hospital.
- b. A Medical Officer and required number of nursing staff should be allocated for the conduct of immunization clinic by the Head of the Institution.

- c. All records and returns pertaining to an immunization clinic as per national immunization information system should be maintained in each hospital immunization clinic. Head of the Institution should designate a staff member responsible for maintaining the records and return at the clinic.
- d. In consultation with the Medical Officer of Health of the area, Public Health Midwife of the area where the health institution is located may attend to the hospital immunization clinic to assist the maintenance of records and returns and also to get PHM records and returns updated.
- e. The attendance of Public Health Midwife of the area is not mandatory if the immunization clinics are located at Teaching Hospitals, Provincial General Hospitals, District General Hospitals and Base Hospitals.
- f. An emergency management kit should be available and all children should be observed for a minimum of 30 minutes following immunization for any immediate adverse events and reactions. All AEFI should be recorded in the CHDR, Hospital AEFI Register and reported to the MOH, Regional Epidemiologist and the Epidemiology Unit through AEFI Form I.

## **2. Provision of specialist opinion and immunizations for children referred by MOH for assessment**

- a. MOOH could refer children or adults with certain medical conditions with a referral note or a note on the CHDR to a Consultant Paediatrician / Consultant Physician to be assessed and provide an opinion on the suitability of provision of a vaccine in a particular situation.
- b. Consultant Paediatrician / Consultant Physician should assess and provide appropriate advice for such referred children at regular paediatric or medical clinic and should provide immunization at the hospital immunization clinic, and refer them back to the MOH with a back referral note.
- c. All children who have been referred and found to have no contraindications for vaccination and fit to be vaccinated could be referred back to the MOH to be vaccinated at the field immunization clinic or could be vaccinated at the hospital immunization clinic.
- d. All children with severe congenital heart diseases should receive vaccination only in hospital settings. (Refer to General Circular Number: 01-26/2012, dated 16<sup>th</sup> May 2012 issued by Director General of Health Services on ‘Guidelines on vaccination of infants with Severe Congenital Heart Diseases’).

## **3. Management of vaccines and other logistics**

- a. Vaccines, syringes and other logistics for the hospital immunization clinic could be obtained from the RMSD or from the nearest MOH office in consultation with the RDHS.
- b. When vaccine stocks are ordered from the RMSD or MOH office a duly filled Monthly Stock Return of Vaccine should be sent to the OIC / RMSD with a copy to RDHS before the 5<sup>th</sup> of the following month in order to get a continuous supply of vaccines for immunization services.

- c. In a medical institution, vaccine should be stored only in one refrigerator. No other pharmaceuticals or goods should be stored in the vaccine refrigerator. Vaccines needed for different sections of the institution (Tetanus Toxoid for OPD, BCG vaccine for the post natal ward, vaccines for the immunization clinic or ward) should be transported daily to these sections by using vaccine carriers.
- d. Balance stocks of vaccines from immunization clinic / post natal wards and other units should be brought back to the refrigerator daily. All returned unopened vials should be stored separately in a separate box marked as, "returned un opened vials" and the return open vials of all liquid vaccines (including OPV) should be kept in a separate box marked as "returned open vials".
- e. These two boxes should be kept in the second shelf of the refrigerator.
- f. Returned open and unopened vials should be taken to the very next clinic and should be used before using new stocks.
- g. Please refer to 3<sup>rd</sup> Edition of the Immunization Hand Book, 2012 for further instructions for management of vaccines.
- h. Above procedures will ensure that the cold chain of the vaccines is maintained in order to ensure the potency and efficacy of the vaccines. Temperature of the refrigerator should be marked twice a day at 8.00 a.m. and at 3.00 p.m.
- i. A suitable officer should be identified by the head of the institution to be in charge of the vaccine refrigerator and for the monitoring of temperature and maintenance of cold chain.
- j. At the end of each quarter duly completed EPI quarterly return (EPID/EPI/1/2013) should be sent to the area Medical Officer of Health before the 10<sup>th</sup> of the month following the quarter.
- k. Required training for the officers involved in vaccination could be organized at district level with the assistance of the Regional Epidemiologist and Medical Officer (Maternal and Child Health).

Please be kind enough to bring the contents of this circular to the notice of all concerned in your institution.

  
Dr. P.G. Mahipala  
Director General of Health Services

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