

Tasmanian Procedure for the Approval of Yellow Fever Vaccination Centres and Accreditation of Practitioners

June 2020

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Background

In November 2018, a new training requirement for prescribers of the yellow fever vaccine was introduced along with new [National Guidelines for Yellow Fever Vaccination Centres and Providers](#).

All medical and nurse practitioners prescribing the yellow fever vaccine are required to successfully complete the online Yellow Fever Vaccination Course. Completion of the course will now form the individual accreditation requirement for practitioners at a Yellow Fever Vaccination Centre.

This training requirement has been introduced to improve patient safety and clinical decision making in regard to yellow fever vaccination. This brings Australia in line with other countries across the world that require accreditation of individual practitioners delivering the vaccine, in addition to accreditation of Yellow Fever Vaccination Centres.

Yellow fever vaccine has international certification requirements which must be completed in line with the World Health Organization's *International Health Regulations (IHR) (2005)*. The purpose of the IHR is to help prevent the international spread of disease and to do so with the minimum of inconvenience to international travel and trade. Australia is a signatory to the IHR.

Applying to become an approved Yellow Fever Vaccination Centre

Tasmania, through its Chief Human Biosecurity Officer:

1. Approves Yellow Fever Vaccination Centres.
2. Advises Sanofi Aventis of the centre's authorisation to purchase yellow fever vaccines.
3. Maintains and makes available to medical practitioners and intending travellers a current list of approved vaccination centres.

How to apply:

- Refer to the National Guidelines for Yellow Fever Vaccination Centres and Providers.
- Complete **Attachment A** included within this procedure (*Application for a Medical Practice to become an Approved Yellow Fever Vaccination Centre*). The application is made in the name of the medical practice and signed by the applicant who is accountable for the practice continuing to meet WHO and Australian requirements for yellow fever vaccination.
- Forward the completed form to immunisation@health.tas.gov.au.
- Applications are assessed against the criteria in **Section 2.2.3** in the National Guidelines. The practice must sign the form acknowledging the conditions that apply to a Yellow Fever Vaccination Centre (**Attachment B**) included within this procedure.
- On receipt of the signed form, the Communicable Disease Prevention Unit (CDPU), within Public Health Services will consider the application and make a recommendation to the Chief Human Biosecurity Officer whether to issue the practice with a unique provider/identification number and stamp.

- CDPU will advise Sanofi-Aventis Australia Pty Ltd of the eligibility of the practice to purchase yellow fever vaccine (Stamaril®). Only Yellow Fever Vaccination Centres are eligible to purchase the vaccine.
- Information on ordering of *Yellow Fever International Certificate of Vaccination* can be found [here](#).

Approval as a Yellow Fever Vaccination Centre is not transferrable from practice to practice but can be retained if the practice changes location provided CDPU is notified.

Practitioner Accreditation

If a practitioner is currently prescribing the vaccine at an approved Yellow Fever Vaccination Centre, they are required to complete the [Yellow Fever Vaccination Course](#) by 26 November 2021. If a practitioner has not prescribed the yellow fever vaccine before and intends to practice at an approved Yellow Fever Vaccination Centre, they will need to complete the course before prescribing the vaccine.

The course is hosted on the Australian College of Rural and Remote Medicine [online learning platform](#). Select 'enrol' and the practitioner will be able to immediately access the course.

Upon successful completion of the course the practitioner is required to print or save a completion certificate and provide it to the Yellow Fever Vaccination Centre in which they intend to practice. The Yellow Fever Vaccination Centre will provide the completion certificate to the CDPU via email immunisation@health.tas.gov.au.

Accreditation is valid for three years, after which the practitioner is required to complete the course again.

National Guidelines for Yellow Fever Vaccination Centres and Providers

The [National Guidelines for Yellow Fever Vaccination Centres and Providers](#) provide a nationally consistent approach to yellow fever vaccination. Accreditation of vaccination centres and practitioners is at the discretion of the Tasmanian Department of Health.

The guidelines contain:

- Information about yellow fever and vaccination.
- References with additional information.
- Guidance on administrative procedures for accreditation of centres and providers.
- Conditions applying to, and model forms for use by Yellow Fever Vaccination Centres (please note Tasmania has adapted and developed their own forms – Attachment A, Attachment B and Attachment C).

Role of the Yellow Fever Vaccination Centre

Yellow Fever Vaccination Centres will be required to:

- Maintain a list of accredited practitioners and inform CDPU when practitioners join or leave the centre, by completing the Change of Details Form (**Attachment C**).
- Ensure practitioners prescribing the vaccine remain 'accredited' by completing the course every three years.
- Upload all yellow fever vaccinations to the Australian Immunisation Register.

References

International Health Regulations (2005). WHO.

www.who.int/ihr/publications/9789241580496/en/

National Guidelines for Yellow Fever Vaccination Centres and Providers (2018).

[www.health.gov.au/internet/main/publishing.nsf/Content/D60F275C45BDEBBACA25833500790582/\\$File/Guidelines-Yellow-Fever-Vaccination-Centres.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/D60F275C45BDEBBACA25833500790582/$File/Guidelines-Yellow-Fever-Vaccination-Centres.pdf)

Yellow Fever International Certificate of Vaccination

www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bio-yellow-fever.htm

Attachment A

Application for Approval of a Medical Practice as a Yellow Fever Vaccination Centre

Provider Details		
Name of Practice:		
Street Address:		
Suburb:	State:	Postcode:
Email:		
Phone:	Fax:	
Name and title of contact person for administrative requirements relating to Yellow Fever Immunisation (if different from Applicant):		

Details of Practitioners who will administer the Yellow Fever Vaccine	
A Yellow Fever Application Centre must have at least one medical practitioner or nurse practitioner accredited to administer the yellow fever vaccine. Accreditation is by successful completion of the online Yellow Fever Vaccination Course.	
1.	Name:
	AHPRA Number:
	Course Completion Certificate attached: <input type="checkbox"/>
2.	Name:
	AHPRA Number:
	Course Completion Certificate attached: <input type="checkbox"/>
3.	Name:
	AHPRA Number:
	Course Completion Certificate attached: <input type="checkbox"/>
4.	Name:
	AHPRA Number:
	Course Completion Certificate attached: <input type="checkbox"/>
5.	Name:
	AHPRA Number:

	Course Completion Certificate attached: <input type="checkbox"/>
6.	Name:
	AHPRA Number:
	Course Completion Certificate attached: <input type="checkbox"/>
7.	Name:
	AHPRA Number:
	Course Completion Certificate attached: <input type="checkbox"/>
8.	Name:
	AHPRA Number:
	Course Completion Certificate attached: <input type="checkbox"/>
9.	Name:
	AHPRA Number:
	Course Completion Certificate attached: <input type="checkbox"/>
10.	Name:
	AHPRA Number:
	Course Completion Certificate attached: <input type="checkbox"/>

Cold Chain Management

Does this practice have an easily accessible copy of the current <i>National Vaccine Storage Guidelines – Strive for 5</i> .	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this practice have a vaccine management protocol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this practice have a purpose built vaccine refrigerator with a thermometer or temperature indicator? Brand name, model and litre capacity of your refrigerator:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your vaccine refrigerator regularly serviced and continuously monitored? If yes, provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all medical practitioners covered by this application familiar with the requirements for storage of yellow fever vaccine and its reconstitution?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Consent

Does the practice have formal procedures in place for recording valid consent for yellow fever immunisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please advise how verbal consent is evidenced:	

Procedures to Address Indications and Contraindications	
Does this practice have formal procedures in place to prevent inadvertent administration of live vaccines to patients with contraindications?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Travel Health Advice	
Do all practitioners listed in this application have access to up-to-date travel advisory and travel health information?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify sources used in this practice:	
Will all medical practitioners provide travel health advice to patients and information on mosquito protection and general safe travel practices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the practice have membership to any Travel Medicine Associations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list:	
Referrals from Other Practices	
Will all practitioners covered by this application refer patients back to their usual GP once yellow fever immunisation is complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dealing with Adverse Events following Immunisation	
Does this Practice have all the equipment, drugs and procedures in place to deal with an immediate severe adverse event following immunisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant Details	
Name of Applicant:	Medical Practitioner <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/>
Signature:	Date:

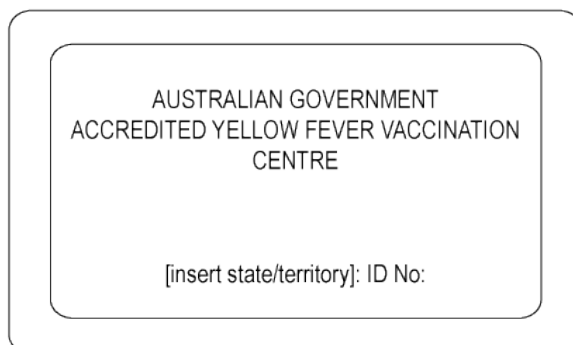
Please submit the completed form by email to:
immunisation@health.tas.gov.au

Attachment B

Conditions Applying to an Approved Yellow Fever Vaccination Centre

In the conditions appearing below:

- i. 'Appointment' means appointment as a Yellow Fever Vaccination Centre.
 - ii. 'Practice' means a medical practice appointed by the relevant state/territory health authority as a Yellow Fever Vaccination Centre.
 - iii. 'Applicant' means the medical practitioner or nurse practitioner applying to have the medical practice approved as a Yellow Fever Vaccination Centre and who takes responsibility for the practice continuing to meet WHO and Australian requirements for yellow fever vaccination.
 - iv. 'Accredited practitioner' means a medical practitioner or nurse practitioner who has achieved accreditation through successful completion of the Yellow Fever Vaccination Course.
1. The Applicant acknowledges that the Government is not liable for any costs incurred by the practice as a result of provision of yellow fever vaccination.
 2. All practitioners at the practice who administer or supervise administration of the yellow fever vaccine are accredited.
 3. The practice will issue an International Certificate of Vaccination or Prophylaxis against yellow fever in line with WHO and Australian requirements.
 - i. The vaccine administered has been approved by WHO.
 - ii. A person who has received the yellow fever vaccine must be provided with a certificate in the form specified in Annex 6 of the IHR.
 - iii. The certificate is signed by the clinician, who shall be a medical practitioner or other authorised health worker (nurse practitioner), supervising the administration of the vaccine.*
 - iv. The certificate bears the official stamp of the administering centre using the model shown below, and includes the unique state/territory identification number issued by the relevant state/territory health authority and specifies the state/territory where the Yellow Fever Vaccination Centre was accredited.



- v. The certificate is an individual certificate and not a collective one. Separate certificates must be issued for each child.
- vi. The certificate is signed by the person vaccinated. A parent or guardian shall sign the certificate when the child is unable to write. If the person vaccinated is illiterate, their signature shall be their mark and the indication by another that this is the mark of the person vaccinated.
- vii. The certificate is printed and completed in English or French. The certificate may also be completed in another language on the same document in addition to either English or French.
- viii. The certificate must be dated correctly in the sequence of day, month and year, with the month written in letters.
- ix. The certificate is valid for the duration of the life of the person vaccinated. The validity dates are to be recorded as the date 10 days after the vaccination date until 'lifetime.'
- x. An equivalent document issued by the Armed Forces to an active member of those Forces shall be accepted in place of an international certificate if:
 - a) the document embodies medical information substantially the same as that required by the international certificate; and
 - b) the document contains a statement in English or French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination.
- xi. Any exemption to vaccination will consist of a dated and signed medical exemption letter on letterhead stationery from an approved Yellow Fever Vaccination Centre. The letter should clearly state that yellow fever vaccine is contraindicated on medical grounds and display the centre's official stamp provided by the Tasmanian Department of Health. Medical exemption letters should be written for the current trip only. The Medical Contraindications to Vaccination section of the International Certificate of Vaccination or Prophylaxis also needs to be completed, stamped and signed.

MEDICAL CONTRAINDICATION TO VACCINATION
Contre-indication médicale à la vaccination

This is to certify that immunization against
 Je soussigné(e) certifie que la vaccination contre

_____ for
 (Name of disease – Nom de la maladie) pour

_____ is medically
 (Name of traveler – Nom du voyageur) est médicalement

contraindicated because of the following conditions:
 contre-indiquée pour les raisons suivantes :

 (Signature and address of physician)
 (Signature et adresse du médecin)

* With respect to point 3, either the medical practitioner (or other authorised health worker), or the nurse administering the vaccine under the delegation of the prescribing practitioner, may complete and sign the International Certificate of Vaccination or Prophylaxis.

4. Patients referred to the practice for yellow fever vaccination will only be provided with relevant travel advice. Other non-urgent medical problems or their complications identified during the consultation will be managed only with the consent of the referring doctor or will be returned to the referring doctor for treatment.
5. Changes relating to the particulars of the practice, including any change of name or address, shall be immediately notified to the Tasmanian Department of Health. At the discretion of the Tasmanian Department of Health the appointment may be transferred to a new address without any requirement to reapply.
6. If the person nominated as point of contact for yellow fever vaccination administrative requirements leaves the practice, the Tasmanian Department of Health must be informed of another person to take their place within 7 days.
7. If the Applicant leaves the practice, another medical practitioner or nurse practitioner must agree to take responsibility for the practice continuing to meet clinical standards for yellow fever vaccination by completing the relevant form and forwarding to the Tasmanian Department of Health within 7 days.
8. The practice will notify the Tasmanian Department of Health if it intends to cease provision of yellow fever vaccinations or if circumstances change which will alter its capability to adhere to the requirements in this document within 7 days.
9. The practice will notify the Tasmanian Department of Health of all medical practitioners and nurse practitioners accredited to administer the yellow fever vaccine, and if they leave the practice, within 7 days.
10. The practice will participate in periodic surveys distributed by the Tasmanian Department of Health related to yellow fever vaccine provision.
11. Details of the practice, such as the name of the practice, address and telephone number, will be included in lists of Yellow Fever Vaccination Centres on the Tasmanian Department of Health website.
12. The practice will, from time to time, allow a person or persons authorised in writing by the relevant state/territory health authority, to enter premises used by the practice for the purposes of conducting yellow fever vaccinations in order to ensure compliance with all specified conditions. The practice will provide all records relating to yellow fever vaccinations to that person or persons upon request, with an adequate timeframe given by the Tasmanian Department of Health to allow for the accessing of records.
13. A breach of any of the above conditions by the practice may, at the discretion of the relevant state/territory health authority, may result in
 - i. a probationary period, subject to the conditions set by the Tasmanian Department of Health, or
 - ii. withdrawal of the appointment.
14. The appointment may be immediately withdrawn in the case of a breach of patient safety, evidence-based practice or medical ethics.

15. On being notified in writing by the Tasmanian Department of Health that the appointment to provide yellow fever vaccinations has been withdrawn, the practice shall cease to conduct vaccinations on the date stipulated in the notification.
16. If the medical practice, of which I am an approved representative, is appointed as a Yellow Fever Vaccination Centre, I hereby agree to the above conditions.

Name of Applicant:	Medical Practitioner <input type="checkbox"/>	Nurse Practitioner <input type="checkbox"/>
Signature:	Date:	

Please submit the completed form by email to:
immunisation@health.tas.gov.au

Attachment C

Change of Details Form

Name of Practice/Clinic/Organisation:		
Street Address:		
Change to Practice Details		
Change of Practice Name <input type="checkbox"/>	New Practice Name:	
Change of Address <input type="checkbox"/>	New Address:	
Change of Phone Number <input type="checkbox"/>	New Phone Number:	
Change of Email <input type="checkbox"/>	New Email:	
Change of Fax <input type="checkbox"/>	New Fax:	
Change of Applicant <input type="checkbox"/>	New Applicant Name:	
Change Responsible Person for Administrative Requirements relating to Yellow Fever Vaccination <input type="checkbox"/>	New Responsible Person:	
Other <input type="checkbox"/>		
Changes to Practitioners who are prescribing the yellow fever vaccine		
Practitioner Details	Add	Remove
1. Name:	<input type="checkbox"/>	<input type="checkbox"/>
AHPRA Number:		
Course Completion Certificate attached: <input type="checkbox"/>		
2. Name:	<input type="checkbox"/>	<input type="checkbox"/>
AHPRA Number:		
Course Completion Certificate attached: <input type="checkbox"/>		
3. Name:	<input type="checkbox"/>	<input type="checkbox"/>
AHPRA Number:		
Course Completion Certificate attached: <input type="checkbox"/>		
4. Name:	<input type="checkbox"/>	<input type="checkbox"/>
AHPRA Number:		
Course Completion Certificate attached: <input type="checkbox"/>		
5. Name:	<input type="checkbox"/>	<input type="checkbox"/>
AHPRA Number:		
Course Completion Certificate attached: <input type="checkbox"/>		

Practitioner Details		Add	Remove
6.	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	AHPRA Number:		
	Course Completion Certificate attached: <input type="checkbox"/>		
7.	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	AHPRA Number:		
	Course Completion Certificate attached: <input type="checkbox"/>		
8.	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	AHPRA Number:		
	Course Completion Certificate attached: <input type="checkbox"/>		
9.	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	AHPRA Number:		
	Course Completion Certificate attached: <input type="checkbox"/>		
10.	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	AHPRA Number:		
	Course Completion Certificate attached: <input type="checkbox"/>		
11.	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	AHPRA Number:		
	Course Completion Certificate attached: <input type="checkbox"/>		
12.	Name:	<input type="checkbox"/>	<input type="checkbox"/>
	AHPRA Number:		
	Course Completion Certificate attached: <input type="checkbox"/>		
Other Comments:			
Name of Applicant:		Medical Practitioner <input type="checkbox"/>	Nurse Practitioner <input type="checkbox"/>
Signature:		Date:	

Please submit the completed form by email to:
immunisation@health.tas.gov.au