

25/10/00 AHC

AGREEMENT BETWEEN

DEPARTMENT OF HEALTH AND THE IRISH MEDICAL ORGANISATION IN  
RESPECT OF A CONTRACT BETWEEN HEALTH BOARDS AND GENERAL  
PRACTITIONERS FOR THE DELIVERY OF THE PRIMARY CHILDHOOD  
IMMUNISATION PROGRAMME

(as amended following the incorporation of meningococcal C vaccine, October 2000)

**Agreement for the delivery of the Primary Childhood  
Immunisation Programme**

I ..... (hereafter called the "Contracting Medical Practitioner") having practice premises at ..... and being a registered medical practitioner, entered in the Register of Medical Practitioners maintained by the Medical Council in that name, practising in the State and having medical protection insurance, hereby agree to deliver the primary childhood immunisation programme services for the period from 1/1/-- to 31/12/-- in accordance with the terms and conditions set out in the Schedule to this Agreement to persons, for whom the ..... Health Board is responsible for making primary childhood immunisation available.

Signed ..... (signature of the medical practitioner).

Date of Birth .././....

Signed ..... C.E.O. ....Health Board

## SCHEDULE

### TERMS AND CONDITIONS OF AGREEMENT WITH REGISTERED MEDICAL PRACTITIONER.

#### 1. SERVICE TO BE PROVIDED

- (a) The contracting general practitioner will deliver the primary immunisation programme outlined in Appendix 1 to this schedule.
- (b) With the childhood immunisations currently available it is possible to eradicate the diseases in question, if an uptake level of not less than 95% of the child population is achieved and maintained. The objective of the immunisation programme, therefore, is to achieve and maintain the required uptake of not less than 95% in the total child population for the childhood immunisations listed in Appendix 1.

#### 2. MUTUAL OBLIGATIONS

##### 2.1 Obligations of health boards

- (a) Health boards are statutorily responsible for the control of infectious diseases and the administration and delivery of the immunisation programme. However, because the general practitioner is ideally placed to deliver the service the health boards are, under the terms of this contract, discharging their responsibility for the administration and delivery of the immunisation programmes by way of renewable contracts with general practitioners.

Nothing in this agreement shall be construed as preventing the health board from making special arrangements where the uptake of immunisation among particular groups or in geographical areas is unacceptably low.

- (b) Subject to the provisions of section 7(e) below the health board will offer a contract to all general practitioners in its area who wish to formally participate in the immunisation programme.
- (c) The health boards will be responsible for achieving the national target in relation to immunisation in their areas. Contracting general practitioners will provide services for the health boards in accordance with the terms and conditions of this contract. Health boards will evaluate the operation of the contract and take appropriate action where it is found that any aspect of the contract is not being fulfilled.

## 2.2 Immunisation Register

- (a) Each health board will be responsible for the compilation of an immunisation register from the birth notification forms.
- (b) The public health nurse, on her initial visit to the infant's home, will identify the contracting general practitioner whom the parent(s) agree to immunise their child. This information will be entered on the health board's immunisation register. In general, medical card holders will be expected to attend their GMS doctor (that is if the GMS doctor has agreed to participate in the programme) for the immunisation of their child.
- (c) The health board will notify the contracting general practitioner on a monthly basis of the children who should be immunised and at the same time invite parents to attend the contracting general practitioner for the immunisation of their child. This notification to the general practitioner will be regarded as the "registration" for the purposes of the payments mechanism set out in section 6 below.

### 2.3 Obligations of contracting general practitioners

- (a) Contracting general practitioners in the immunisation programme will be responsible for ensuring that, as far as possible, there is an uptake level of not less than 95% among the children assigned to them. They will be fully accountable to the health board with whom they have the formal agreement, for identifying promptly the children who have been immunised and those who have not.
- (b) Contracting general practitioners will be required to take an appropriate history, provide pre-immunisation advice and information and examine the child. The consent of the parent must also be obtained in the form of Appendix 2.
- (c) In addition contracting general practitioners will keep a record of the child's immunisation and this will include:-
- the name, address and date of birth of the child
  - the dates on which each immunisation was administered
  - the name of the vaccine administered
  - the name of the manufacturer of the vaccine
  - the batch number from which the particular vaccine came
  - the dosage administered in respect of each vaccine and site
  - any adverse reactions and the site thereof, (which should be reported to the Irish Medicines Board and to the health board)
  - the name of the doctor administering the vaccine
  - recording of parent's refusal to have a child immunised, and the reasons therefor.
- (d) These records must be kept indefinitely and must also be available to the health board and/or to the Department of Health as required.

- (e) Contracting general practitioners will be expected to participate in Continuing Medical Education programmes as shall be necessary to update their knowledge about current immunisations.
- (f) Contracting general practitioners have a responsibility for the continuing updating of their knowledge about current immunisations. Health boards will facilitate general practitioners in obtaining this knowledge as appropriate.

Contracting general practitioners will be expected to promote the recommended childhood immunisations to parents. The Department of Health and the health boards will be responsible for promotion on a population basis and will assist general practitioners as appropriate in this regard.

#### 2.4 **Notification of Immunisation to the health board.**

- (a) The contracting general practitioner will notify the health board not later than the seventh working day of each month of the children who have been immunised, to facilitate routine monitoring of uptake and in particular to identify children who have not been immunised (See also 2.5). The contracting general practitioner's return should contain the type of information outlined in the sample form in Appendix 3, a copy of which will be retained by the general practitioner for his/her own records.
- (b) Health Boards will notify each contracting general practitioner of the success rate, including details of those immunised, in the cohort of children assigned to him/her and of the level of uptake in the community care area and in the health board region.

## 2.5 Identification and follow up of children who have not been immunised

- (a) Where parent(s) do not respond to the invitation within one month of the due date to have their child immunised, the contracting general practitioner will contact the parent(s), by way of letter on the lines set out in Appendix 4, to advise, encourage and urge them to immunise their child.

The contracting general practitioner will also take all practicable further steps, which should be noted in each case, to achieve immunisation. Where appropriate, such steps may include contact with the parent(s), availing of any opportunity to discuss the matter with the parent(s) which might arise through surgery or domiciliary visits for other purposes, and liaison with the public health nurse. Where these and any other measures taken by the general practitioner fail to achieve immunisation within two months of the due date to have the child immunised, the general practitioner will notify the health board. Where the parent's declared intent is not to immunise, this declaration preferably in writing should be noted, kept on file and made known to the health board. On receipt of information on the children who have not been immunised the health board will make immediate and appropriate follow up arrangements. This would include a visit by the public health nurse to the family to discuss with and encourage the parent(s) to have their child immunised by the general practitioner. Where all reasonable measures have failed to achieve immunisation, parent(s) who have not already done so should be asked by the health board to declare in writing their intent in relation to immunisation. In such cases the child will not be included in the calculation of the uptake levels as detailed in 2.6 below.

## 2.6 Uptake levels

- (a) For contractual purpose "uptake levels" will be calculated for each calendar year in respect of the cohort of children, on the contracting general practitioner's panel who reach their second birthday during that year, but excluding children whose parent(s) have refused immunisation, whose families have moved, children who

have died or where immunisation is contraindicated. Where in any calendar year, 95% of this cohort, adjusted as above, had completed the course of immunisation by the time of their second birthday, the contracting general practitioner will qualify for the bonus payment which is set out in section 6 below.

- (b) The details of children who receive less than the recommended number of doses and/or who are immunised later than 2 years should also be recorded by the contracting general practitioner and notified to the health board.
- (c) Every effort should be made to ensure that all children are immunised, even if they are older than the recommended age-range and that no opportunity to immunise should be missed in the interests of public health. Payment in respect of these immunisations will be on a pro rata basis.

### 3. **CONTRAINDICATIONS**

In order to ensure that consistent advice is given to parents, all health professionals should be aware that there are very few contraindications to the recommended childhood immunisations. A summary of the contraindications from the Guidelines on Immunisation and Vaccination in General Practice is given in Appendix 5. Where a general practitioner has any doubt, appropriate advice should be sought from a consultant paediatrician, the appropriate medical staff of the health board or other appropriate health professional.

### 4. **IMMUNISATION RECORD CARD**

An immunisation record card containing the type of information outlined in the sample form in Appendix 6 will be provided for use by contracting general practitioners and parents to record the child's immunisation. The objectives of the record card, which will be held by the parents, are to provide parents with readily accessible information on the immunisation status of their child and to provide evidence of immunisation as and when required.



## 5. STORAGE AND DISPOSAL OF VACCINES

An integral part of a quality immunisation service is the availability of a safe and efficacious vaccine. The procedures which must be adhered to towards ensuring and maintaining the safety and efficacy required are outlined in Appendix 7. Health boards will as far as possible make arrangements with individual contracting general practitioners to make vaccine available other than through the postal system. The contracting general practitioner must ensure that the cold chain is maintained from the time that the vaccine is received by him/her to the immunisation of the child.

## 6. CLAIMS/PAYMENT

(a) The contracting general practitioner will be entitled to payment for giving primary childhood immunisations on the following basis on rates approved by the Minister from time to time following consultation with the Minister and the Irish Medical Organisation. The following is agreed:

- (i) £ 21.81 following registration of the child (see 2.2(c))
- (ii) £ 72.67 in respect of those children who have received complete courses of immunisation against DTaP/DT; Hib; Polio; Meningococcal C and MMR. This amount will be paid by the health board on receipt of notification of completion of the complete course of immunisation against DTaP/DT; Hib; Polio and Meningococcal C.

Where the MMR is not administered by the contracting general practitioner on whose list the child is registered, a pro-rata deduction will be made from monies due to the contracting general practitioner.

Where the complete course of immunisation is not administered, pro-rata payments will be made.

Similarly, where another contracting general practitioner immunises a child who is not on his register or where a child, who is not considered to be part of the target group (e.g. an older child as outlined in 2.6 (c)), is immunised by a contracting general practitioner, pro rata payments will be made.

- (iii) Where the contracting general practitioner has achieved the 95% uptake level as defined in section 2.6(a), a bonus of £35.00 will be paid in respect of each child on the panel who has reached his/her second birthday in the calculation period.
- (b) Payments will be processed and made by the health boards:-
- (i) within 1 month of registration.
  - (ii) within 1 month of receipt of notice of completing course of immunisation.
  - (iii) within 3 months following the calendar year in which uptake levels are calculated.
- (c) The contracting general practitioner will not be entitled to accept any other payment of any fee or remuneration in respect of immunisation which can be provided under this agreement. Any further consultation in relation to a vaccination will, however, be covered by the GMS or subject to a private surgery fee.

## 7. **DISPUTES AND TERMINATION**

- (a) Either party may terminate this agreement by giving not less than three months notice to the other party.
- (b) Where the CEO has reason to believe that the contracting general practitioner has not complied with any of the terms of the agreement, s/he shall notify the contracting general practitioner by registered post of the reasons for such belief. The CEO or his/her

representative and the contracting general practitioner will meet within 21 days of the issue of the notification, at which time the general practitioner shall respond to the claims made by the CEO. The general practitioner may also, where applicable, be accompanied by a representative of the IMO at this meeting. If, following this meeting, the CEO is satisfied that the general practitioner has not complied with the terms of the agreement or has failed to deliver the immunisation programme, the CEO shall:

issue a warning to the contracting general practitioner. This warning shall be in place for 6 months. At the expiry of this 6 month period, if the general practitioner has complied fully with the terms of the agreement, the warning shall be struck from the general practitioner's record.

- (c) Where the general practitioner has been issued with a warning by the CEO and where s/he, during the 6 months following the warning, fails to comply with the terms of the agreement then the CEO shall as s/he thinks fit:

require the contracting general practitioner to pay to the health board a monetary penalty which shall be recoverable by reduction from any monies payable under this contract or as a simple contract debt.

or

terminate the agreement.

- (d) In the case of a serious breach of the agreement, the CEO may give notice of termination of the agreement or other disciplinary action. Such notice shall specify a date not earlier than 21 days from the date of its issue before which the decision may be appealed. Except in cases where the patients may be placed in jeopardy, a notice of termination shall not provide for suspension.
- (e) Where the CEO is satisfied that the care of patients is placed in jeopardy, s/he may decline to offer the contract or in the case of a contract holder may suspend the operation of a general practitioner's agreement with immediate effect pending investigation of the

matter. When the operation of an agreement with a contracting general practitioner has been suspended, the CEO shall give notice of termination of the agreement or other disciplinary action and the Tribunal referred to in Paragraph 7(g) shall in all cases meet to consider the notice of termination or other disciplinary action, not later than 21 days from the date of the suspension. Where a suspension has been made by a CEO in accordance with this paragraph, the CEO of any other health board with which the contracting general practitioner has an agreement may, if s/he so thinks fit, suspend that agreement pending consideration of the matter by the Tribunal.

- (f) A decision, not to offer a contract, to terminate the contract or to impose other disciplinary action under 7(c) or (d) may be appealed by the applicant or contracting general practitioner to the Tribunal referred to in paragraph 7(g) to be established for the purpose in which case the relevant decision of the CEO shall not take effect unless and until such decision is upheld by the Tribunal.
- (g) The Tribunal which will be set up by the CEO shall consist of one person nominated by the Irish Medical Organisation, one person nominated by the CEO and an independent chairperson who is acceptable to the Irish Medical Organisation and the CEO. This Tribunal shall have power only in relation to matters arising from action taken under this section of this agreement.

Where the Tribunal finds that the decision not to offer a contract or disciplinary action/termination of the contract would be unfair it shall recommend the withdrawal of the decision of the CEO. The CEO shall comply with the finding of the Tribunal. The Tribunal may uphold the decision of the CEO or recommend disciplinary action other than that imposed by the CEO, where they confirm a serious breach of the agreement.

- (h) This contract shall be terminated where the contracting general practitioner's name is erased from the register of medical practitioners under the Medical Practitioners Act,

- (i) This contract shall be terminated, on such notice not exceeding three months as may be agreed to by the CEO, upon the general practitioner accepting employment in a whole-time capacity in the service of the state or of a health board or otherwise.
- (j) The CEO may terminate the agreement where the health board is satisfied, after compliance with procedures analogous to those contained in Circular 13/75 determined by the Minister for Health in agreement with the Irish Medical Organisation, that the contracting general practitioner is suffering from permanent infirmity of mind or body. An appeal shall lie to the Minister for Health against a decision of the health board to terminate the agreement under this paragraph and the health board shall comply with any direction in that respect given by the Minister for Health.
- (k) The agreement shall terminate on the contracting general practitioner reaching the age of 65 years except that where a contracting general practitioner has a GMS contract, this agreement will terminate when s/he reaches the age at which the GMS contract terminates. The contracting general practitioner shall, on entering into the agreement, furnish evidence of his date of birth.

#### 8. GENERAL

- (a) This contract will be reviewed from time to time by the Minister, the health boards and the Irish Medical Organisation.
- (b) This arrangement will not preclude further negotiations between the parties taking place prior to immunisation service developments, including any legislative provisions, which may arise from time to time.

APPENDIX I

**TIMETABLE FOR  
IMMUNISATION**

(to be given by General Practitioners)

At 2 months	Diphtheria } Whooping Cough } DTaP Tetanus }  Hib Polio-given orally Meningococcal C
At 4 months	Diphtheria } Whooping Cough } DTaP Tetanus }  Hib Polio-given orally Meningococcal C
At 6 months	Diphtheria } Whooping Cough } DTaP Tetanus }  Hib Polio-given orally Meningococcal C
At 15 months	Measles } Mumps } MMR Rubella }

Primary Childhood Immunisation Programme

I consent to have my child (Name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Immunised against :-

Diphtheria / Tetanus (DT)

Diphtheria / Pertussis / Tetanus (DTaP)

Polio

Hib

Meningococcal C

I have been made aware by my medical practitioner of the small risk of possible adverse reactions to these immunisations.

Signed : \_\_\_\_\_

Date : \_\_\_\_\_

PRIMARY CHILDHOOD IMMUNISATION PROGRAMME

I consent to have my child (Name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Immunised against:-

Measles)  
Mumps ) MMR  
Rubella)

I have been made aware by my medical practitioner of the small risk of possible adverse reactions to these immunisations.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



# IMMUNISATION RETURN FORM

GP: ..... SAMPLE .....  
 ADDRESS: ..... GP stamp

GMS No: .....

Please fill in DATE & BATCH NUMBER FOR EACH DOSE GIVEN and RETURN TOP COPY TO DCC/MOH AT END OF EACH MONTH

CHILD'S NAME & ADDRESS (Please use BLOCK CAPITALS)

NAME:		ADDRESS:										DOB:		
1st DTP	2nd DTP	3rd DTP	1st DT	2nd DT	3rd DT	1st HIB	2nd HIB	3rd HIB	1st POLIO	2nd POLIO	3rd POLIO	MMR	BOOSTER DT	POLIO
DATE														
BATCH														

NAME:		ADDRESS:										DOB:		
1st DTP	2nd DTP	3rd DTP	1st DT	2nd DT	3rd DT	1st HIB	2nd HIB	3rd HIB	1st POLIO	2nd POLIO	3rd POLIO	MMR	BOOSTER DT	POLIO
DATE														
BATCH														

NAME:		ADDRESS:										DOB:		
1st DTP	2nd DTP	3rd DTP	1st DT	2nd DT	3rd DT	1st HIB	2nd HIB	3rd HIB	1st POLIO	2nd POLIO	3rd POLIO	MMR	BOOSTER DT	POLIO
DATE														
BATCH														

NAME:		ADDRESS:										DOB:		
1st DTP	2nd DTP	3rd DTP	1st DT	2nd DT	3rd DT	1st HIB	2nd HIB	3rd HIB	1st POLIO	2nd POLIO	3rd POLIO	MMR	BOOSTER DT	POLIO
DATE														
BATCH														

NAME:		ADDRESS:										DOB:		
1st DTP	2nd DTP	3rd DTP	1st DT	2nd DT	3rd DT	1st HIB	2nd HIB	3rd HIB	1st POLIO	2nd POLIO	3rd POLIO	MMR	BOOSTER DT	POLIO
DATE														
BATCH														

Date approved for payment: ..... Signature of Authorised Officer: .....

Appendix 4

Dear

I note from my records that you have not responded to the health board's invitation to attend my surgery for the immunisation of your child.

I would like to advise you of the importance of immunisation. Immunisation protects your child against diseases that can cause serious illness and even death. By protecting your child you also protect your family and the whole community from a number of serious diseases. It is very important that your child is immunised now. Please attend for your child's immunisation as soon as possible.

If you are in anyway concerned about immunisation please come and see me and we can discuss the matter.

Yours sincerely

---

Dr  
General Practitioner

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## APPENDIX 5

(Extract from "Guidelines on Immunisation and Vaccination in General Practice" - The Irish College of General Practitioners)

### TRUE CONTRAINDICATIONS TO IMMUNISATION

#### GENERAL

- a. Acute illness: Immunisation should be postponed in the presence of acute febrile illness only. Minor infection in the absence of fever or systemic upset is not a contraindication.
- b. Pregnancy and live vaccines.
- c. Immunosuppression and live vaccines (except HIV positive individuals - see below).
- d. Live virus vaccines except yellow fever are contraindicated within three months following injection of immunoglobulin.
- e. Severe specific antibiotic sensitivity and anaphylaxis.
- f. Severe hypersensitivity to egg contraindications measles, mumps, rubella, influenza and yellow fever vaccines. For such patients a special egg free MMR vaccine is available through the local health board, on a named patient basis.

#### HIV INFECTION

HIV positive individuals with or without symptoms should receive the following as appropriate.

Inactivated: Pertussis, Diphtheria, Tetanus, Polio, Hepatitis B, Hib.

Live vaccines: Measles, Mumps and Rubella.

HIV positive infants given oral polio vaccination may excrete the virus for longer periods than normal.

#### FALSE CONTRAINDICATIONS

These are not contraindications to vaccinations:

1. Asthma, eczema, hay fever, snuffles.
2. Treatment with antibiotics or locally acting (eg topical or inhaled) steroids.
3. Mother pregnant.
4. Child being breast fed.
5. History of jaundice after birth.
6. Under a certain weight.
7. Over the age given in immunisation schedule.
8. Previous history of pertussis, measles, rubella or mumps infection.
9. Prematurity: Immunisation should not be postponed. Immunisation should be carried out according to the recommended schedule from two months after birth, irrespective of the extent of prematurity.
10. Small for dates.

11. Stable neurological condition such as cerebral palsy or Downs Syndrome.
12. Contact with an infectious disease.
13. A history of allergy: Severe hypersensitivity to egg contraindicates measles, mumps, rubella, influenza and yellow fever vaccines. For such patients a special egg free MMR vaccine is available through the local health board, on a named patient basis.
14. Chronic lung and congenital heart diseases.
15. Previous history of febrile convulsions: Family history of convulsions is not regarded as a contraindication to pertussis vaccine. Appropriate antipyretic measures mandatory following an immunisation procedure in such children.
16. Live virus vaccines should be administered either simultaneously or be separated by a period of at least three weeks. The sole exception to this is when OPV is given after BCG in infants.

## INDIVIDUAL SPECIFIC CONTRAINDICATIONS

### PERTUSSIS

- Severe local or general reaction to a preceding dose.
- Children with a progressive neurological disorder: defer immunisation until the condition is stable.
- Where there has been a documented history of cerebral damage in the neonatal period, immunisation should be carried out unless there is evidence of an evolving neurological abnormality. Where there is doubt appropriate advice from a consultant should be obtained.

### MMR

- Allergy to Kanamycin, Neomycin.
- Anaphylactic reaction to eggs.
- Immunocompromised (except for those who are HIV positive).

### ORAL POLIO

- Acute diarrhoea.
- Hypersensitivity to Neomycin.
- Pregnancy, unless definite risk from poliomyelitis.
- Immunodeficiency of the child, siblings or parents. Inactivated Polio Virus (IPV) should be substituted.
- Parents of a recently immunised child who themselves have not been immunised previously should be advised of the need for strict personal hygiene, particularly for washing their hands after changing the baby's napkins.

### BCG

- Tuberculin positivity.
- Generalised severe septic skin infection.
- Immunodeficiency (including HIV infection).

APPENDIX 6

SAMPLE Immunisation Card

FRONT OF CARD

CHILDHOOD IMMUNISATION RECORD CARD	
Name of Child -----	
Address -----	
Date of Birth -----	
<p><b>MESSAGE TO PARENTS</b></p> <p>Immunisation is a very safe and effective way to help the body prevent or fight off certain diseases that can cause serious illness and even death.</p> <p>Protect your child, your family and the whole community from diseases by having your child immunised.</p>	

BACK OF CARD

IMMUNISATION	DETAILS OF IMMUNISATIONS ADMINISTERED					
<b>BCG</b>	Date administered:					
	1st Dose		2nd Dose		3rd Dose	
	Date due	Date given	Date due	Date given	Date due	Date given
<b>DT/DTaP</b>						
<b>Polio</b>						
<b>Hib</b>						
<b>Meningococcal C</b>						
Doctor's Signature						
<b>MMR</b>	Date due		Date given		Doctor's Signature	
<b>Other Immunisations</b>						

## Appendix 7

### 1 STORAGE AND DISPOSAL OF VACCINES

As indicated in section 5 of the Schedule an integral part of a quality immunisation service is the availability of a safe and efficacious vaccine. It is recommended that the following procedures be adhered to towards ensuring and maintaining the safety and efficacy required.

### 2 Preliminary points

- (i) The leaflets supplied with the product and prepared by the manufacturer in consultation with the NDAB/Irish Medicines Board should be read by the professional administering the vaccine.
- (ii) The identity of the vaccine must be checked to ensure the right product is used in the appropriate way on every occasion.
- (iii) The expiry date must be noted.
- (iv) The date of immunisation, name of vaccine and batch number must be recorded on the child's record. When two vaccines are given simultaneously, the relevant sites should be recorded to allow any reactions to be related to the causative vaccine.
- (v) The recommended storage conditions must have been observed.

### 3 Reconstitution of vaccine

- (i) Freeze dried vaccines must be reconstituted with the diluent supplied and used within the recommended period after reconstitution.
- (ii) Before injection the colour of the product must be checked with that stated by the manufacturer in the package insert. The diluent should be added slowly to avoid frothing. A sterile syringe with a 21G needle should be used for reconstituting the vaccine, and a small gauge needle for injection.

### 4 Storage and Disposal.

- (i) Manufacturers' recommendations on storage must be observed and care should be taken to ensure that, on receipt, vaccines are immediately placed under the required storage conditions. Vaccines must not be kept at temperatures below 0°C as freezing can cause the deterioration of the vaccine and breakage of the container. The shelf immediately below the icebox should not be used for the storage of vaccines.

- (ii) A maximum/minimum thermometer should be used in refrigerators where vaccines are stored, irrespective of whether the refrigerator incorporates a temperature indicator dial.
- (iii) Special care should be taken during defrosting the refrigerator to ensure that the temperature of the vaccines does not exceed the specified range for the periods of time specified by the vaccine manufacturer. An alternative refrigerator or insulated containers should be used for vaccine.
- (iv) Reconstituted vaccine must be used within the recommended period, varying from one to four hours, according to the manufacturer's instructions. Single dose vials are preferable; once opened, multi-dose vials must not be kept after the end of the session and any vaccine left unused must be discarded.
- (v) The distribution of vaccines should be in accordance with the recognised guidelines on good distribution practice for wholesaling of medicinal products. The dispatch of vaccines by post is not recommended. However where this is necessary, they should not be accepted by the recipient if more than 48 hours have elapsed since posting. The date and time should be clearly marked.
- (vi) Unused vaccine, spent or partly 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 live vaccines should consult their local DCC/MOH about suitable procedures. (Reference - Immunisation against Infectious Diseases, HMSO 1992 Edition).

Advice is also available from the Virus Reference Laboratory, U.C.D.