

# Safe Handling Guidance for the transfer of part packs of H1N1 Influenza Vaccines between GP surgeries.

This document will remain valid and apply during the swine flu pandemic to movement of H1N1 vaccines only.

## 1. Introduction

- 1.1. This procedure gives general direction on the safe transfer of H1N1 Influenza Vaccines between GP practices. This is not normally accepted practice, but maybe necessary in the early stages of the H1N1 influenza vaccination programme. The DH has issued guidance on the repackaging of H1N1 vaccine within licensed pharmacy production units or under the professional supervision of a pharmacist and it must be acknowledged that this is always the preferred option where such activities are possible. In some circumstances local need to deliver vaccine to patients and available local resources will dictate that this will not always be possible. In such circumstances, this document highlights the key principles that must be adhered to ensure any transfer of vaccines between GP surgeries is done in such a way as to minimise risks to product and patients. Only small quantities of H1N1 influenza vaccination should be moved between practices, and should be used as quickly as possible once transferred.
- 1.2. Supplies in the UK are composed of 2 vaccines:

**Pandemrix** is produced by GSK and is supplied in bulk packs containing one inner box of 50 x 5ml multi-dose vials, each containing 2.5ml of antigen suspension, and 2 inner boxes each containing 25 x 2.5ml vials of adjuvant emulsion. The complete vial of adjuvant emulsion is mixed with the complete vial of vaccine antigen prior to administration to produce 10 x 0.5ml doses of adjuvanted vaccine.

**Celvapan** is produced by Baxter and will be supplied in bulk packs of 20 x 5ml multi-dose vials each containing 10 x 0.5ml doses. No adjuvant vials are required.
- 1.3. Both products must be stored between 2°C and 8°C. Maintenance of the cold chain during storage and transfer is critical
- 1.4. The clinical member of practice staff (from the receiving practice) who usually takes overall professional responsibility for storage of vaccines in the practice, and who has been trained in the correct storage of vaccines must be responsible for overseeing the transfer of H1N1 influenza vaccine to their practice.
- 1.5. Use validated coolboxes to ensure product remains at correct temperature with cool (not freezer) packs that will maintain the correct storage temperature during transit must be available. Transport must be arranged so that the time spent in transit is kept to an absolute minimum. Reference should also be made to the PCT cold chain policy.

- 1.6. Written records must be kept for each transfer made. Critical information to be included within the records is detailed below.
- 1.7. The process must be performed by one member of staff authorised to undertake transfer of H1N1 vaccine stock, and checked by a second. Both must sign the written transfer records.
- 1.8. Stock to be transferred should only be removed from refrigerators immediately prior to selecting the stock for transfer and remaining stock returned to the refrigerator immediately.
- 1.9. Prior to transferring the vaccine, the fridge temperature where the H1N1 influenza vaccine is being stored should be checked to ensure it is within the required range. If the temperature recorded is not between 2°C and 8°C, then the transfer must not go ahead and advice from the PCT Pharmacy team sought.
- 1.10. The following information must be included in the transfer record:
  - Time vaccine originally removed from refrigerator
  - Temperature of fridge at time of transfer
  - Name and signature of staff selecting and checking the vaccine
  - Manufacturer
  - Expiry Date of outer box, vaccine and adjuvant
  - Batch Number of outer box, vaccine and adjuvant
  - Number of vials of vaccine and adjuvant being transferred
  - Details of cold chain transfer device
  - Time vaccine placed in cold chain transfer device
  - Time cold chain transfer dispatched from surgery providing the vaccine
- 1.11. A copy of the transport record should be made and kept at the dispatching practice. The original document should be sent with the vaccine
- 1.12. On receipt of the vaccine at the receiving practice the following checks should be made and recorded on the transfer record:
  - Time vaccine received (maximum of 3 hours from start of process – if this is exceeded product must be quarantined in a refrigerator and advice from the PCT Pharmacy team sought)
  - Manufacturer, batch number, expiry and quantity of vaccine received match the details on the transfer record (if this is not the case product must be quarantined in a refrigerator and advice from the PCT pharmacy team sought)
  - Name and signature of person receiving the vaccine
  - Time vaccine placed in refrigerator in receiving practice (maximum of 3 hours – if this is exceeded product must be quarantined in a refrigerator and advice from the PCT Pharmacy team sought)

Once the vaccine has been received by the receiving practice, it is good practice to send an acknowledgment of safe transfer to the supplying practice.

- 1.13. Staff must ensure that Patient Information Leaflets (PILs) for the vaccine are available for patients being vaccinated. The most up to date PILs are available at:  
[www.mhra.gov.uk/Safetyinformation/Swinefluinformation/swinefluvaccines/index.htm](http://www.mhra.gov.uk/Safetyinformation/Swinefluinformation/swinefluvaccines/index.htm)
- 1.14. Under no circumstances should the same stock be returned to the supplying practice or further transferred to another practice
- 1.15. Documentation for the Transfer should be kept at the GP practice for 2 years.

Further info on cold chain is available from the following link:

[www.nelm.nhs.uk/en/NeLM-Area/Community-Areas/Pan-Flu-Resources-for-PCT-Pharmacy-Staff/Vaccines-information/](http://www.nelm.nhs.uk/en/NeLM-Area/Community-Areas/Pan-Flu-Resources-for-PCT-Pharmacy-Staff/Vaccines-information/)

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