

ICG YELLOW FEVER VACCINE FAQ

REQUEST FOR YELLOW FEVER VACCINE STOCKPILE

Acronyms

GYFLN	Global Yellow Fever Laboratory Network	PCR	Polymerase chain reaction
ICG	International Coordinating Group	RT-PCR	Reverse transcriptase-polymerase chain reaction
IDP(s)	Internally Displaced Person(s)	UNICEF	United Nations Children's Fund
IFRC	International Federation of Red Cross and Red Crescent Societies	WHO	World Health Organization
IHR	International Health Regulations	YF	Yellow Fever
MSF	Médecins Sans Frontières	YF-ICG	International Coordinating Group on Vaccine Provision for Yellow Fever

1 What is the timeline for submission of an ICG request from the country or agency?

One of the priorities of the ICG's mission is to rapidly deliver vaccines to respond to disease outbreaks. To achieve this mission and to reduce the morbidity and mortality from Yellow Fever outbreak, the country or agency should submit the ICG request to the ICG Secretariat within 7 days of YF fever case confirmation from the reference laboratory.

2 What are the essential and mandatory documents required for submission of a request by the country or agency to the ICG Secretariat?

To activate the ICG process, it is essential to provide the following documents (**incomplete requests will not be considered**):

- 1 Completed ICG yellow fever vaccine request application form (5 pages)
- 2 Maps (one or more maps illustrating: locations of cases and areas to be vaccinated / adjacent areas)
- 3 Excel files (4 tabs within 1 excel file)
 - *Annex 1*: Epidemiological information by date of symptom onset & laboratory data;
 - *Annex 2*: History of yellow fever outbreaks;
 - *Annex 3*: Yellow fever vaccination coverage; and
 - *Annex 4*: Estimation of vaccines and injection material needs.
- 4 Campaign budget template (Separate file)
- 5 Vaccination plan by district (Objective of mass vaccination, targeted zone, planned vaccination date, duration, number of teams, etc.)

3 Is the map for the affected areas mandatory?

Yes. A spot map indicating location of suspect, probable and confirmed yellow fever cases helps the ICG members to assess the extent of the outbreak and any other implications. The map should also show the areas proposed for vaccination.

4 Why is the epidemiological information in Section A(1) important?

The summary of key epidemiological information illustrates the rationale for request and highlights the local epidemiological intelligence. Subsections are indicated to help guide the completion of the request form. Key elements include the evolution of the outbreak observed to date, the description of the risks of onward amplification – with particular import to highlight populations with low immunity, challenges to access, and risks to extension and spread of the outbreak to new areas (for example travel links and occupational patterns – mining, forestry or agriculture workers from one area moving to another).

5 Does the country or agency need to send the Detailed Case Investigation report with the ICG Request?

The detailed investigation report is very helpful to the ICG's review. Normally the country or agency has sufficient time between the notification of suspected outbreak and laboratory confirmation by the reference lab to conduct the case investigation. The report helps the ICG members to understand the epidemiology of the disease outbreak in order to review the request for approval without any delay.

6 Is the entomology survey report mandatory to submit under Section A(2) Environmental, seasonal & vector distribution data?

The entomology investigation/survey report can help guide response strategy especially in urban areas. *Note: Please do not delay submission of ICG request to wait for entomology survey report. If in doubt, contact YF focal point at regional and/or global level for clarification.*

7 What is the timeliness of vaccination campaign implementation?

Act as quickly as possible. It is crucial to start implementing the reactive campaign as soon as feasible to stop the yellow fever outbreak transmission of disease and save lives. To ensure timely implementation, the country or agency needs to make sure that the operational costs are available at implementation level to conduct the campaign on time. *The ICG will monitor country or agency performance to indicate ways to support for improvement.*

8 How can the country or agency conduct reactive campaigns considering the COVID-19 context?

Outbreak Response in the COVID-19 context is possible but requires careful planning and preparation to ensure safe and effective implementation. The country or agency should follow the [WHO Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19](#) which provides helpful guidance on risk-benefit analysis and operational planning.

The country or agency should make sure that effective protective measures have been taken for the health workers and the community. The vaccination plan and budget should be submitted to ICG secretariat accordingly reflecting any additional costs for infection prevention control, appropriate distancing, personal protective equipment and the need for any additional health workers to ensure safe implementation. Please reach out to the Yellow Fever technical team for any further guidance.

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9 Does the country or agency need to pay for the vaccines received from the ICG emergency stockpile?

For GAVI-supported countries¹: The vaccine is free. Countries can also request funds to cover the operational costs of a campaign (up to US\$ 0.65 per targeted person). Country governments can submit an itemized budget to the requisite WHO disease control programme for review (Gavi also assists with the review). Once approved, the WHO financial team will process the transfer of funds to the corresponding budget centre in the requesting WHO country office.

In the case of a non-Gavi-supported country or agency, the country or agency is responsible for repaying the cost of the vaccines and funding the operational costs itself through other budget sources. However, in order to avoid any delay for timely response, the country or agency should mention in the request about their commitment to repay the vaccine cost so that the UNICEF SD can send the vaccine to the country or agency as soon as the ICG request is approved. To further support requests for emergency vaccine stockpile, the country or agency should also indicate the availability of funds for operational costs to initiate the campaign.

10 How does the country or agency receive confirmation from the ICG that the request has been approved or not?

The ICG Secretariat will send a formal decision summary letter as attachment via email to the requester with any recommendations from the ICG members. The letter will confirm if the request is approved, partially approved or not approved in this instance.

11 Is it mandatory to send the campaign report to the ICG Secretariat? Is a coverage survey necessary?

Yes, both a campaign report and a coverage survey are requested within three months following the end of the vaccination campaign. The report and survey enable the ICG to assess and document the results of the campaign, including the impact of the intervention.

Elements to be included are:

- Dates of the vaccination campaign
- Target population and areas as well as number of persons vaccinated aggregated by age group
- Vaccine doses administered and leftover at the end of the campaign
- Number of vaccination team workers and supervisors deployed
- Number of AEFIs reported
- Dates and results from the coverage survey
- Brief summary of lessons learned including key implementation challenges

A coverage survey to validate the reported vaccine coverage should be conducted no more than one month after the end of the campaign. For all emergency mass campaigns with a target population of over 100,000 people, vaccination coverage survey data should be provided in this activity report. Report from Rapid Convenience Coverage Monitoring (RCM) is requested when there is no coverage survey completed.

12 What methodology is to be used for the coverage survey?

There is flexibility for countries and agencies to choose a methodology practical for rapid implementation following an outbreak response campaign. It is important that the coverage survey be conducted independently from the vaccination activities to support an objective assessment. The survey should be designed to provide a timely and accurate assessment of coverage in areas targeted by the outbreak response vaccination activities. Factors to be considered in the design include to assess coverage data disaggregated by age, gender and special populations. The country may visit the cluster survey tools for the planning of coverage survey.

13 Is it mandatory to complete section B on the broader elements of the outbreak response in the vaccine request for an ICG approval decision?

No, section B will not impact the ICG decision directly. Vaccination is one of the core elements of response. The elements indicated in section B are provided to highlight additional areas important to a quality outbreak response. The ICG encourages countries and agencies to reflect on all capacities relevant to yellow fever outbreak control, including enhanced surveillance, case management, vector control and risk communication and community engagement.

If the country or agency identifies additional areas that would benefit from partner support, they are encouraged to highlight the proposed needs in the ICG application Section B, and to additionally connect with technical partners at country and regional level to explore support options.

For assistance, facilitation or clarification in regards to application or submission please contact the ICG secretariat:

ICGsecretariat@who.int

INTERNATIONAL COORDINATING GROUP (ICG) ON
Vaccine provision for Yellow Fever

¹ Countries in all phases of Gavi transition (initial self-financing, preparatory transition and accelerated transition) are eligible to receive support for operational costs and vaccines from the stockpile without reimbursement.