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INTERNATIONAL COORDINATING GROUP FOR YELLOW FEVER CONTROL (ICG)

# ICG YELLOW FEVER VACCINE REQUEST APPLICATION FORM TO ACCESS ICG SUPPORT

International Coordinating Group on Vaccine Provision for Yellow Fever Control (YF–ICG) is a partnership between UNICEF, MSF, IFRC and WHO. The ICG's objective is to ensure rapid and equal access to vaccines and injection materials for yellow fever emergency outbreak response.

Manufatamada assessato se de 16 de 17 de				
Mandatory documents required for submis (Incomplete requests will not be considered.) Tic	sion of a request by the country or k the box if attached.	agency to the ICG Secretariat <u>must in</u>	<u>clude</u> :	
Completed ICG yellow fever vaccine rec	quest application form (5 pages)			
Maps (one or more maps illustrating the following	ng information)			
Spot map showing locations of cases	Map including areas to be va-	ccinated and adjacent areas		
Excel files (4 tabs in 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	Annex 4 Estimation of vaccines and injection material needs	
<u>Campaign budget template</u> (Separate fi	le)			
Vaccination plan by district (Objective of mass vaccination, targeted z	one, planned vaccination date, duration	, number of teams, etc.)		
<b>Timeline:</b> The country or agency should submit the ICG requ	est to the ICG Secretariat <u>within 7 days</u> o	of yellow fever case confirmation from the re	rerence laboratory.	
<b>Frequently asked questions:</b> Please refer to the <u>FAQ section</u> .				
Please complete: Section A (mandatory): Outbreak situation an Section B (complementary): Capacity to cont				
General information				
ate of request: Country:				
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Section A (mandatory) Outbreak situation & vaccine needs					
1 Epidemiological information					
a) Yellow fever outbreak & rationale for responsive Please provide a brief overview of the yellow fever out at risk including any special population). Refer to Annivectors or ecological and seasonal factors. More details	tbreak situation (number of <mark>1ex 1</mark> to help complete. Key	risks for onward spre	ad may include comme	ent on susceptible population(s), any spec	number of deaths, and population ial populations, and any mosquito
Overview					
Total number of <u>suspected</u> cases in outbreak:		Total numbe	r of suspected cases th	nat <b>tested positive at national level</b> :	
Total number of suspect cases that are laboratory <u>conf</u> (Include any PCR positive yellow fever in countries with	irmed by Regional Refere YF RT-PCR accreditation by	ence Laboratory: GYFLN; and please con	nmunicate all relevant l	lab results in <u>Annex 1</u> )	
Name of Regional Reference Laboratory:					
Total deaths among suspected cases:				Total deaths among confirmed cases:	
Key risks for onward spread: (1-3 sentences sugge	ested)				
b) Affected area and areas at risk of extensior Describe briefly in the tables below the local and adjat (high — districts with confirmed or suspected cases at risk but proposed for inclusion due to other rationale— District(s) where vaccination planned	cent environment in areas v nd/or immediately adjacen	where vaccination is p t to epicentre; <b>mediu</b>   <b>Estimated</b>   <b>population</b>	lanned. For 'outbreak i n — districts with no c   Specify if area is   urban or rural	impact,' please select the best available as ases but that have a close linkage to outb Area with important population movement? (e.g. border, markets etc.	reak; low — district not at imminer    Special populations present

#### Please include the following to complement the analysis summary above:

- i. Epidemiological curve for all suspect / probable / confirmed yellow fever cases. Please insert or attach. Where possible, arrange by date of symptom onset. If date of onset is not available, by date of first presentation to health care facility.
- **ii. Detailed case investigation reports.** *Please include with the application package.*

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Period of rai	ny season in area(s) repo	rting cases (specify month(s)	and pattern):				
Are non-hun	nan primates (NHPs) con	nmonly encountered/observe	ed in the affected area?	yes	no	unsure	
Type of biom	ne	jungle	forest	savannah	marshy	other:	
Land-use pa increase risk	tterns that may of sylvatic exposure	open-pit mining	logging industry	nature reserve	wildlife park	other:	
2 Environi Please provid Setting	mental, seasonal	<b>&amp; vector distributi</b> ion. Full entomological indices	<b>on data</b> are not essential for submi	ission but are very useful, o peri-urban	as they will influence th	e yellow fever resp	onse strategy especially in urban settin
Please refer t	nd population immun o data in <u>Annex 3</u> : Immun nmarize the trends, gaps a	ity to yellow fever in affected a	and surrounding districts/st utbreak (E.g., if applicable,	tates. This should be done whether routine coverage	for each district where for yellow fever has inc	a vaccination camp reased / remained .	aign is planned. Based on data from stable / decreased in recent years).

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3 Activation of outbreak response n	neasures						
Has the country officially notified outbreak as per	IHR (2005)?	yes	no				
Has the National or local Yellow Fever Emergency ( established to plan and monitor the response activ			yes	no	)		
If <b>yes</b> , please describe briefly below the composition o	f the committee & actions to	aken.					
4 Vaccine request  Please fill out the Excel sheet of estimation of vaccine	and injection material need	ls in Annex 4	and enter the summary fia	ures in t	he tahle helow		
, rease mi out the Enter sheet of estimation of factorie		]	and enter the sammary ng	Г			
Planned date of implementation:		Planne	d duration of campaign:	from			to
Targeted age group for vaccination: from		to			Typical age range for ye e modified for country o		accination is usually: 9months - 60years
Total number of target population:		Tot	al number of requested d		e mounicu for country c	LOMENT	
lotal number of target population.		100	ar number of requested o	iuses.			
Do you have a stock of yellow fever vaccine to initi If yes, please specify in the table below: the name of t					yes	no	
	пе чиссте згоскей, ехрпу и	ate and now	,		1		
Vaccine name / type			Expiry da	te		No. o	of doses stocked
5 Vaccination material request							
Please fill out the Excel sheet of estimated needs for vo	· ·						
NB: The appropriate quantity of vaccination mater supply (bundle policy) (http://www.who.int/i/njectic	<u>ials will be systematically</u> on safety/WHOGuidPrincip	<u>r <b>sent by the</b></u> lesInjEquipFir	<b>ICG whenever vaccine is i</b> nal.pdf). To start vaccinatio	<b>released</b> on campo	, according to WHO rec aigns, it is essential tha	commendation	ons on injection devices security and the cessary injection material be available (
time at the vaccination site. However, considering the cindicated in the column 'Stock available') and made a	costs linked to the freight of i	these volumir	nous items, delivery by boat	is cheap	er. If the necessary vac	cination ma	terials can be locally borrowed (quantiti
ordered by the ICG once they arrive.	vanuoie for the campaign,	inc transport	or these terms by sea will	UC CUIISI	ucreu. III tilis euse, tile	country stot	eks will be repletiished with the materie
In order to facilitate the choice of adequate transporta	tion mode, please indicate t	the local avail	lability of injection materia	ls in the	column 'Stock availabl	e', in the tab	le below.
Type of material	Estimated needs	(includes wa	stage) Stock a	lready a	vailable in country	(doses)	Quantity requested in emergency
Auto disable syringes 0.5 ml							
Reuse prevention syringes for reconstitution (5m	ıl)						
Safety box (for used syringes/needles, 51)							
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6	Vaccination car	rds	

The distribution of vaccination cards is required during all yellow fever vaccination campaigns.					
Can vaccination cards be printed locally for the planned emergency campaign?  yes			an include the printing budge ease note that vaccination ca		
Cold chain capacity					
Total cold chain capacity needed for the campaign:	refer to the Total und	der the 'Volume in l	itres' column in <u>Annex 4</u> .		
Does the country have sufficient cold chain capacity to accept vaccine at central level for the plan	ned campaign?	yes	no		
Does the country have sufficient cold chain capacity at implementation (district) level for the plan of not, please explain what is required and/or any plans to rectify:	nned?	yes	no		
Request for operational costs support Gavi supported countries (See Annex 2, page 12 of 'How to request new Gavi support': https://www.gav the operational costs. In order to receive support for operational costs, please provide a detailed budget of	of operational costs	estimated for the in	nplementation of the vaccinat	ion campaign (per die	m for sta
local transportation of vaccines and materials, training of health staff, social mobilization, cold chain, we the ICG website: https://www.who.int/csr/disease/icg/yellow-fever/en/	aste management, e	evaluation of vaccir	nation coverage, etc.), using th	e budget template avo	iilable a
Does the country plan to request operational costs support?		yes	no		
Does the country have domestic/alternative funding available to support operational costs?		yes	no		
Monitoring, supervision & evaluation report for vaccination active. At the end of the vaccination campaign, it is the focal person's responsibility to provide a vaccination of team at HQ. The ICG will subsequently assess and document the reactive vaccination campaign results,	coverage survey and , including the impa	ct on yellow fever	control.		chnical
The coverage survey to validate the reported vaccine coverage should be conducted <u>within one month</u> f with a target population of over 100,000 people, vaccination coverage survey report should be provided when there is no coverage survey completed.					campaig
with a target population of over 100,000 people, vaccination coverage survey report should be provided	with the activity rep	ort. Report from Ra			campaig
with a target population of over 100,000 people, vaccination coverage survey report should be provided when there is no coverage survey completed.  Has a post-campaign vaccination coverage survey been accounted for in the plan and budget?	with the activity rep	ort. Report from Ra	pid Convenience Coverage Ma	nitoring (ŘCM) is requ	campaig ested

END OF SECTION A

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Section B (complement Capacity to control the outbrea	g <b>ary)</b> k				
National or local Yellow Fever Emergency Ou address Advocacy, Communication and Social		orated a sub group to	yes r	10	
Other outbreaks impacting country?	yes, ICG supported outbreak respons (e.g. Cholera, Meningitis, YF)	es ongoing/completed	yes, ICG supported implementation	l outbreak responses pending	
	yes, other outbreaks Please spec	ify: Disease		Area impacted	
Outbreak response is a wholistic approach whi national and sub national level of case manage impacts on the early detection and diagnosis of	ement and early referral, social mobilizati of the cases and hence are effective measu	ion for early detection of case ures to control the outbreaks.	es at the community level and	d health seeking behavior of th	ne community have great
If available: Please describe in the tables below activities. For commodities, please refer to the livellowfever.pdf?ua=1)  Name of the YF outbreak affected districtions.	ink of Disease Commodity Packages for YF				
Please specify whether you wish the ICG to prov	ride any technical support and in which are	ea support is required (surveil	llance, laboratory, strategy, ev	raluation):	
I/We hereby confirm that the information	provided herein is accurate, correct and	complete and that the docu	uments submitted along wi	th this application form are g	ienuine.
DATE	CONTACT AT REQUESTING AGENCY/ INSTIT	UTION	<b>X</b> Signature		