

NOVEL

CORONAVIRUS

(COVID-19)

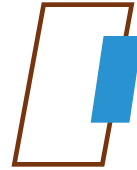
NATIONAL VACCINE DEPLOYMENT:

STRATEGY, SUPPLY CHAIN & COMMUNICATION, VACCINE

SAFETY

SIMULATION EXERCISE

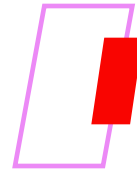
Presentation Outline



Introduction to Tabletop exercises; agenda, objectives, design & purpose, rules, how to play



Conducting the different Tabletop exercises



Debriefing and action planning

Different Table-to Exercises (TTXs) functional areas for your choice

- TTX Part 1: Prioritization - targeting and equitable distribution strategy
- TTX Part 2: Vaccine delivery strategy
- TTX Part 3: Logistics and supply chain
- TTX Part 4: Risk Communication/ Community Engagement and communication strategy
- TTX Part 5: Vaccine safety monitoring

** Depending on the number of Table-top exercises (TTX) you choose, at the end you have to conduct the debriefing & action planning process*

When do you use the TTXs?

- When selecting an Exercise consider;
 - Topic
 - Audience
 - Level of training or experience
- During a vaccine stakeholders meeting; but select the TTX to use based on audience
- After a training of several days; last day you dedicate to conduct some TTXs or all TTXs, or the drill
- If it is a training on Logistics; you conduct the logistics TTX
- If it is a training on RCCE; you conduct the RCCE TTX
- If it is a training targeting vaccinators only; you conduct the Adverse Events TTX
- If it is a training/meeting targeting Senior management involved in decision making on prioritization, targeting, equitable distribution; you conduct the prioritization TTX
- If it is a training targeting all the vaccine stakeholders; you select several TTX based on audience



Logistics consideration for physical TTX

- **Room set up**
 - Set up room for several groups observing COVID-19 measures; each group will have a maximum of 5-7 participants and 1 facilitator
- **Documents to print for facilitators**
 - Entire simulation material; 1 copy per facilitator; staple into 1 document
 - [National deployment and vaccination plan](#); 1 copy per facilitator
- **Documents to print for participants**

Check under facilitators notes on the slides on what needs to be printed

- [National deployment and vaccination plan](#); enough/one per three people/have soft copies
- Agenda; 1 per person
- Simulation material (do not bind them/staple together since they will be issued individually)
 - Scenarios for each group; 3 copies
 - Discussion questions for each group; 3 copies
 - Template for debriefing; 3 copies
 - Each group to have a laptop from the participants; laptop will be used by note taker
 - Enough markers and flip charts per group

Suggested Agenda

Part 1 Morning:

- 08:45 *Registration*
- 09:00 *Introduction*
- 09:10 *Exercise Objectives and how to play*
- 09:15 *Table-top Simulation*
- 10:45 *Coffee break (15 min)*
- 11:00 *Table-top Simulation*
- 12:30 *Hot-wash*
- 13:00 *End of exercise*
- 13:00 *Lunch*

Part 2 Afternoon:

- 14:00 *Re-cap*
- 14:15 *Gaps analysis & action planning (group work)*
- 15:30 *Coffee break (15 min)*
- 15:45 *Action planning continued (group work)*
- 16:30 *Consolidation in plenary session*
- 17:00 *Wrap up and next steps*
- 17:30 *Closing*

What is a Table-Top Exercise (TTX)?

A **tabletop exercise (TTX)** is a facilitated discussion that uses a progressive simulated scenario, together with series of questions, to elicit constructive discussion between participants to identify and resolve problems and to refine existing plans and procedures.

“A TTX **simulates an emergency situation** in an informal, stress-free environment.”

-WHO Exercise Manual, 2017

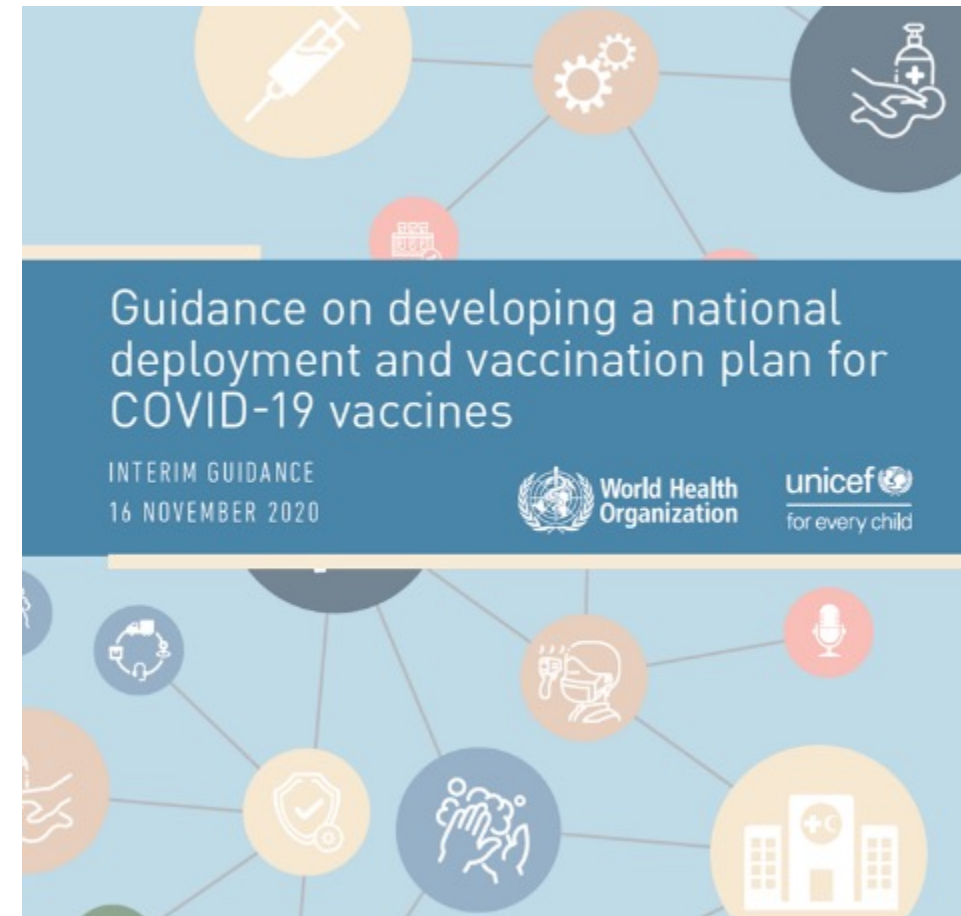


COVID-19 NDVP

The [Guidance on developing a national deployment and vaccination plan \(NDVP\) for COVID-19 vaccines](#) is intended to guide national governments in developing and updating their NDVP for COVID-19 vaccines.

It provides a framework that supports countries in:

- developing and updating their NDVP for the introduction of COVID-19 vaccines;
- designing strategies for the deployment, implementation and monitoring of the COVID-19 vaccine(s) in country;
- ensuring the plan and related financing is well aligned to other national COVID-19 recovery and response and support plans, and implementation is fully integrated into national governance mechanisms.



Design & Purpose

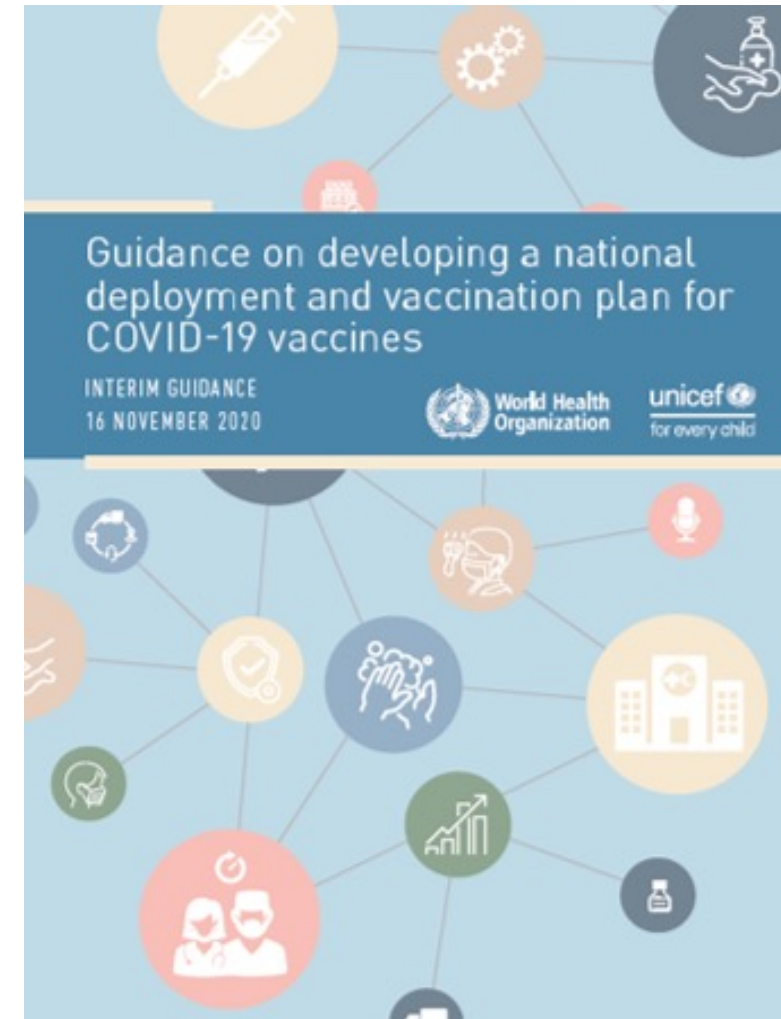
Exercise Design

This exercise is based on the latest WHO guidance for COVID-19 vaccination, including:

- [Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines](#)

Purpose

Through facilitated group discussion, **the exercise aims to test planning assumptions of national deployment and vaccination plan (NDVP)** for the smooth national rollout of COVID-19 vaccines.



Scope of the TTX

The scope of this exercise is to **discuss planning assumptions** for the **targeting, distribution and communication strategies** that have been developed to support the rollout of COVID-19 vaccines.

Through the TTX, participants will:

- **Review strategies**, particularly identification of target populations and potential vaccination strategies.
- **Review the preparation of supply chain and management of health care waste** and capacity for different vaccine scenarios.
- **Review vaccination acceptance and uptake (demand) and communications** plans.
- **Review the procedures to monitor Adverse Events**

Objectives

1. Review the identification of target populations
2. Discuss vaccination delivery strategies for potential target populations
3. Review preparation of critical supply chain for vaccine deployment and management of health care waste
4. Review vaccine acceptance and uptake (demand) planning
5. Assess vaccine safety monitoring
6. Identify main challenges for vaccination deployment and implementation in order to enhance the NDVP

Roles

Facilitation: (**insert name/s**)

Evaluator/Rapporteur: (**insert name/s**)

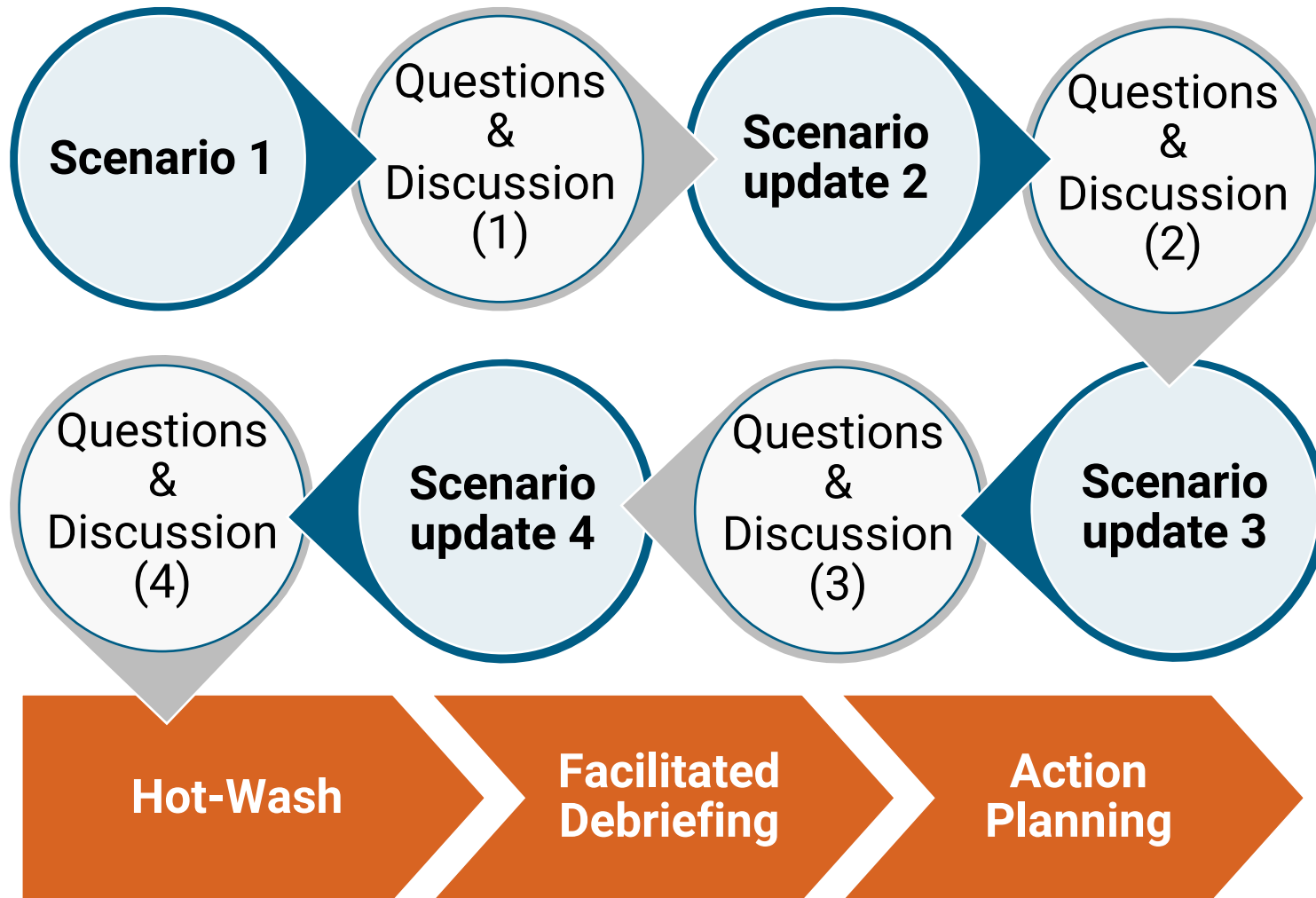
Observers: (**if applicable**)

Rules of the TTX

- This is not an individual test
- Respect the views of others
- Respond as you would in real life and allow others to do likewise
- This is a safe and closed exercise, meaning everything that is discussed stays within this room
- Use existing resources (such as plans, guidelines and regulations) to inform your responses
- Focus on solutions



Table-Top Exercise: How to Play



This is a closed exercise, designed with a specific purpose.

You may decide to omit a slide or add one

This will help guide you through a series of discussions focused on different COVID-19 vaccine scenarios

We are all here to learn

Before we start and depending on the number of people participating today in your venue

- ✓ Divide participants into **XXX** groups ensure good presentation of different professions/cadres in each group and COVID-19 measures
 - ✓ Maximum people per group should be around 7 people
- ✓ Identify chairperson, note taker and time-keeper for each group

**ANY
QUESTION
BEFORE
WE START**



START THE EXERCISE

TTX Part 1

Prioritization - targeting and equitable distribution strategy

Vaccines Developed & Available

- Three candidate vaccines (vaccine A, B, and C) have completed clinical trials and are ready for use
- All vaccines have similar efficacy between 70-90%
- Two vaccines are mRNA type vaccines and will require a storage temperature of between -70 and -80°C , while vaccine C can be stored at standard refrigeration temperatures (2 to 8°C) for up to six months.
- COVAX is coordinating vaccine supply and will allocate vaccine in waves.

Phase 1a: Allocated proportionally to all participating countries for up to 3% of the national population.

Phase 1b: Countries will receive additional doses to cover a total of 20% of their population (in tranches).

Phase 2: Countries will receive doses to vaccinate beyond the initial 20% of their population.



Discussion Session 1a

Undertake a prioritization and equitable distribution strategy based on the information provided & questions below:

1. Who is the target populations for the different phases and how do you ensure national equity?

Countries are advised to base their decision-making on identification of target populations (e.g. health workers, older people and those with underlying health conditions) on the following resources:

- [The WHO SAGE values framework](#);
- [The WHO SAGE prioritization roadmap](#):
 - vaccine supply and availability
 - national context and epidemiologic setting.
- [The fair allocation mechanism for COVID-19 vaccines through the COVAX Facility](#).



2. Who is leading the decision-making process for identifying target populations? Who is communicating these decisions to the population? How are the messages developed and pre-tested? How are channels of communication determined to reach populations? Is media training of journalists conducted?

3. Who is being consulted in this process (for instance, the general public, specific stakeholders, and interest groups), for what and how?

4. How are you obtaining estimates of relevant target populations in order to facilitate allocation of resources, vaccine procurement, deployment planning and to measure vaccination coverage achievements?

5. Do you need/have a `humanitarian buffer` available to attend to and manage humanitarian situations, deployments and other emergency related situations? This is to serve vulnerable populations, e.g. refugees and asylum seekers, and those dedicated to relieving their suffering.

Vaccines Developed & Available

- Through the COVAX Facility, your country has received a first delivery to the National Health Authority in your country.
- This initial delivery is sufficient to cover only 1.4% of the national population instead of the anticipated 3%

1. How will above affect your target population and prioritisation strategy?
2. What considerations and changes are required?
3. How, when and to who will this be communicated?
 - How will you communicate the decision-making process regarding who receives the vaccine and who will receive a vaccine later?
 - How will you respond to potential criticism e.g., lack of equity of access



- The EPI Manager has just been informed by UNICEF focal point that COVID-19 vaccines are arriving in the country tonight.
- Several steps are required to be taken to clear the vaccines from the airport to the operational points
- In addition, the country has not mobilized operational funds for vaccination and the vaccines are arriving with no funds allocated yet
- The Manager needs to coordinate several activities with the MOH leadership and partners
- Vaccines need to be cleared and distributed to the operational level in a short period
- Funds need to be mobilized for rapid vaccination of priority groups



Based on the information above what are you going to do?



The District Medical Officer (DMO) has been informed that the COVID-19 vaccination in the district will start in 2 days.

So the DMO has called your district team for a meeting to review if all the plans are fine. In the meeting, the DMO asks the following questions to understand the microplan process and vaccine delivery in the district.





1. Who is leading the microplan process at the district/HCF level?
2. Who is being consulted in this process (community, authorities, decentralized technical services, local, Health care workers, National/provincial health team, partners), why do you need to consult them and how are you organizing the microplan sessions?
3. How are you identifying and estimating the target population defined by the NVDP?
4. Which strategies will you develop to register the target population according to the different phase of the vaccine rollout (actors, tools, Mechanism, logistic, communication)?
5. What are the vaccination delivery strategies for the different target populations in the different phase of the vaccine rollout?
6. How have you mobilized local resources for efficient vaccine delivery and how are you dealing with the gaps in resources? Who are your partners and what are their commitments, roles and responsibilities?
7. How will you identify the supply chain needs and manage the vaccine storage at the district /HWF level?
8. How are you going to manage the vaccines delivery waste? (Collection, transportation and destruction)?
9. What are the main challenges that you are likely to face during the vaccination implementation; how to you intend to address them.

Your country has just received 10% of doses requested. However, these doses received have an expiration date less than 2 months. COVAX recommends that your country administer these doses within this time frame.

- Do you think your country will refuse 10% of doses with short expiration date? If yes, why?
 - ✓ How will the decision be made; how and by who?
- If your country decides to accept the vaccines,
 - ✓ How will that affect your target population and prioritisation strategy?
 - ✓ What considerations and changes are required?
 - ✓ How, when and to who will this be communicated?
 - ✓ How will you respond to potential criticism e.g. why did the country accept to receive doses with short expiration date?



- The Minister of Health has called for an urgent meeting with Senior management and stakeholders. During the meeting, the Minister indicates that in the last 1 month which marks the Phase 1 vaccine roll out, the country has received only 2 small shipments vaccines.
- The suppliers have informed the Minister's office that the country will continue to receive small shipments of vaccine (as per availability) and there is a likelihood that the country will be getting different vaccines.
- The Ministers asks the stakeholders how are we going to adjust our strategies?



Based on this information, outline your strategy to improve the service delivery for the next prioritized target population.



1. What are the activities being conducted to ensure continuous learning of lessons from the operational level with a view to capture and use for planning and preparing subsequent phases?
2. What is your plan to update your microplans, and whose responsibility is that?
3. How will you ensure to apply flexibility in planning and implementation when the strategies to reach the target population could be different according to the type of population, lessons learnt from previous phases and difference in the type of vaccines to be used?
4. What are the training needs for your vaccination teams/ supervisors in case the vaccine is different from the previously used?
5. What changes will you consider in the demand generation activities for the next phase, especially if the type of vaccine received also changes.

End of TTX Part 1

TTX Part 2

Vaccine delivery strategy

- Through the COVAX facility, your country is being offered XXXX doses of vaccine A and XXXX doses of vaccine C.
- Each of the vaccines have similar efficacy and each vaccine requires two doses to ensure efficacy. The first injection (intramuscular) followed by a second after 21-28 days.
- The leading representative of medical practitioners has stated concerns about the delivery of vaccines to eligible individuals. They are concerned that not enough has been done to prepare clinics and medical practitioners to implement vaccination.
- Surveys indicate that 20% of front line health workers do not intend to be vaccinated because of concerns about the new technology or rapidity of the development process
- Also some staff giving the vaccine are concerned about the lack of protective equipment.
- Health experts have pointed out that the other vaccination programme took approximately four months to complete. This programme is likely to take significantly longer due to the number of people requiring vaccination.



Discussion Session 2

Outline your vaccination delivery strategy based on the information provided & questions below:

1. What are the current national immunization strategies throughout the life course in your country? How are these strategies adapted to the current context for administering COVID-19 vaccines?
2. What efforts are taken for collaboration across programmes (i.e., PHC, NCDs) and across different sectors (e.g., finance, social welfare, pension service, education, transport, energy) in order to seek leverage on the vaccination strategies in the country?
3. What are the national efforts to integrate COVID-19 vaccination with other health interventions across the life course?
4. What information tailored for HWs as first vaccine adopters will need to be provided? If a HW refuses to be vaccinated, what should be the response or are the ethical implications?
5. What infection prevention and control (IPC) and environmental measures will need to be put in place to ensure vaccination is safe for HWs and recipients, including the use of PPE by health workers?
6. How will you ensure safety & security of people attending vaccination strategies? Is there sufficient human resource capacity in place and are staff well trained to deliver the vaccinations (injections) to the target population?



End of TTX Part 2

Coffee Break (15min)



TTX Part 3

Logistics and supply chain

- An effectively managed supply chain is crucial to the successful deployment of COVID-19 vaccines.
- As more candidate vaccines become available, different storage and transport requirements are needed.
- Some vaccines will be stored at 2 °C to 8 °C, while others require ultra-cold chain (UCC) equipment (-70 to -80°C) and either frozen phase change material (PCM) or dry ice in lieu of traditional cold packs during transport.
- Outsourcing of storage and transportation could also be an efficient and cost-effective solution.
- The available vaccines will be managed and distributed according to the manufacturers' instructions and corresponding guidance on COVAX supply, logistics and distribution.
- Interpol has issued a [global alert](#) to law enforcement to prepare for organized crime network targeting COVID-19 vaccines



Discussion Session 3

Describe your logistic and supply chain requirements for the two candidate vaccines based on the information provided & questions below:

1. What is the current state of readiness of your supply chain? What measures will you need to put in place for a UCC vaccine if that is allocated to you under the COVAX facility?
2. What are your current defined vaccination strategies and how will they work in terms of storage & transport with both UCC vaccines and vaccines that require standard refrigeration? How will you deal if the ultra-cold chain is breached, and vials found thawed? What practical solutions can be implemented?
3. How will you manage and track vaccine utilization and wastage rates in order to guide appropriate allocation of subsequent supply? How will you manage medical waste challenges (disposal on site and/or reverse logistics)?
4. How is supply chain information system adjusted/set-up to report to the COVAX Facility (e.g., VVM, expiration, shelf-life, etc.)
5. How will you ensure security and safety of the vaccine storage facilities, preserve vaccine safety and integrity during transport, and the safety of all staff responsible for managing the supply and implementing the vaccination?

60 mins



End of TTX Part 3

TTX Part 4

Risk Communication/ Community Engagement and Communication strategy

- Various vaccines have been issued to your country and you now have sufficient doses for 3% of the population. You have a strategy in place to prioritize certain groups and the vaccination process is about to commence.
- While you have been preparing to launch the vaccination process there is a significant amount of misinformation being spread across communities
- This misinformation threatens to erode confidence in the vaccination programme with a number of myths circulating. These include:
 - The vaccine can give you COVID-19
 - The vaccine was rushed and therefore can't be safe
 - The vaccine has dangerous toxins;
 - The vaccine install a chip inside the person for some immoral purpose;
- While many of the myths and conspiracy theories are confined to small groups some of this information is bleeding through into the mainstream and is causing some hesitancy within the broader population.
- The recent death of an elderly person following vaccination, has ignited negative rumours in the community and on social media. Its uncertain yet whether the death is related to vaccination, and investigation is ongoing. But people are scared and are refusing the vaccine
- Acceptance rates for COVID-19 vaccines have dropped to 45%



Outline your communication strategy to enhance the acceptance and uptake based on the information provided & questions below:

1. Who makes up your core team responsible for coordinating and managing risk communication?
2. Do you have plans and SOPs for managing risk communication? Who is responsible for these?
3. How are is your communications core team detecting and rapidly responding to rumours, misinformation and disinformation, especially online?
4. Who is responsible for the developing and clearing key messages; ensuring that the immunization programme and stakeholders speak with one voice?
5. What training programmes are in place for media spokespersons?
6. How are you undertaking social mobilization and communication activities?
7. What other strategies are being employed (such as using trusted individuals or influencing spokes people)?



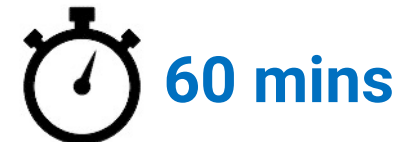
The Minister of Health has called the RCCE and communication team for an urgent meeting.

The Ministers asks the team the following questions to understand how we are going to address issues that need the RCCE and communication team interventions?



Discussion Session 4b

- How do you plan to address COVID-19 misinformation; myths, rumors, misconceptions, negative public attitude
- Communities are asking, since we have limited vaccines how did the government decide who gets the vaccines?
- Since we have two different type of vaccines in the country, how do vaccinators decide who gets what?
- Are you going to give these few vaccines to all regions in the country – geographic segmentation; how did you make this decision?
- Are you going to give these few vaccines to all regions in the country – geographic segmentation; how did you make this decision?
- What if some of the listed/identified people refuse to be vaccinated what are you going to do
- Why do we need to consent when you are stating that vaccine is safe?
- If something happens to me like adverse events, how will government help?
- How are you going to reach the elderly people who cannot travel to fixed sites or can't travel don't have money?
- Do you have a toll-free number and help desk in this region/district which people can reach you in case of questions?
- You said you have prioritized to vaccinate vulnerable groups and frontline workers, are parliamentarians, teachers, airline workers, media personalities frontline workers?
- Have you included refugees?



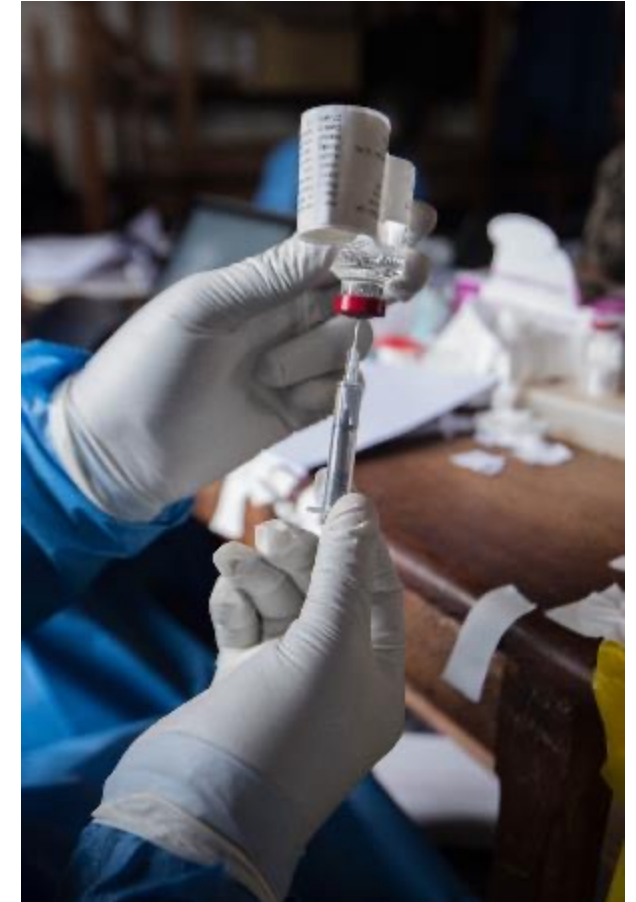
60 mins

End of TTX Part 4

TTX Part 5

Vaccine safety monitoring

- The new vaccine has been deployed and is currently being given to select target groups. Side effects are low and within the manufacturers study criteria.
- On Wednesday local media in **XX province** has reported four cases where vaccine recipients have suffered severe breathlessness and wheezing within a couple of hours after vaccination. All four were admitted to local hospitals and are in a serious condition according to reports.
- Further investigation has found that the four individuals in question received the egg-based influenza vaccine at the same time as they received the COVAX vaccine and there are indications that this may have been an allergic reaction to the influenza vaccine. Investigations are continuing as to why the two vaccinations were administered simultaneously.
- On Friday 5 individuals at one vaccination centre reported fever and swelling at the administration site about 5 hours after vaccination. It appears that the vaccine given had not been stored correctly or may have been contaminated. Investigations are ongoing.
- The media is reporting these incidents often in inflammatory terms.



Session 5a – Discussion Questions

- Prior to initiating the vaccination, what will you do to prepare the local immunization program to address such situations?
- At the local level, describe how you will report these finding and who will these be reported to.
- Please detail the steps you will take to investigate and respond to this situation.
- How will you address concerns that will arise within the community on vaccine safety.

Specific Questions

1. Prior to starting Covid-19 vaccination, What are the specific activities that you will do at the district level and local level to prepare the health staff to respond to adverse events?
2. What is the difference in the approach and content in the training given to 1. Vaccinators 2. Investigators 3. AEFI committee members?
3. If an adverse event occurs, what is the reporting content and the reporting and decision-making process at the different levels of the hierarchy (district, province and national levels)?
4. What is a serious adverse event? What is the purpose of the investigation of serious adverse events? What are the key steps involved? Who investigates?
5. How is vaccine safety data collected, collated, transmitted, processed and interpreted at the peripheral level, district, province and national levels?
6. What is meant by causality assessment of an adverse event following immunization (AEFI)? Who performs this assessment? What is the outcome of such an assessment?
7. How do you communicate the findings of causality assessment with the different levels of the hierarchy and supplier/manufacturer?
8. What is your public communication strategy?



60 mins

Health facility Namira in Poko district has been one of the centres designated for vaccination with CoviStop – a Covid-19 vaccine.

Ten minutes following administration of first dose of the vaccine on Wednesday 3rd April 2021 the female health worker Rose started showing symptoms of generalised itching and redness associated with cough and difficulty in breathing.

Few moments later Rose was sitting on a chair struggling for breath and gasping, “I can’t...”. Dr Leena assisted her to lie down on a bench. She noticed that Rose had rapid irregular low volume pulse, profusely sweating, she had trouble breathing and was coughing and wheezing. She examined her with her stethoscope and noticed tachycardia and harsh respiratory sounds. She also noticed that the skin was flushed and there were some rashes over her arms

Dr Leena diagnosed **XXXXXX** and asked for emergency management kit. The kit however could not be located and Dr Leena initiated the process of sending Rose to hospital. Rose was then rushed to the hospital.



Discussion Session 5b

- What is the clinical diagnosis of this case?
- What is the drug of choice to manage such cases?
- How could Rose be better managed at the Health care facility?



20 mins

Discussion Session 5c

- What should be the content of an emergency management kit?
- What are the precautions need to be taken with giving adrenaline?



30 mins

Discussion Session 5d

- When should Rose receive the second dose of this vaccine?

Additional questions :

- Prior to initiating the vaccination, what will you do to prepare the local immunization program to address such situations?
- At the local level, describe how you will report these finding and who will these be reported to.
- Please detail the steps you will take to investigate and respond to this situation.
- How will you address concerns that will arise within the community on vaccine safety.

30 mins



How is the AEFI reporting form being adapted to capture specific information following Covid-19 vaccination?

20 mins



Doc 2020

AEFI reporting id number:

STANDARD REPORTING FORM FOR ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

<p>*Patient name or initials: *Patient's full Address: Telephone: Sex: <input type="checkbox"/> M <input type="checkbox"/> F (Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> *Date of birth (DD/MM/YYYY): ___/___/___ OR Age at onset: <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days OR Age Group: <input type="checkbox"/> 0 < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years - 18 years <input type="checkbox"/> > 18 years - 60 years <input type="checkbox"/> > 60 years</p>						<p>*Reporter's Name: Institution: Designation & Department: Address: Telephone & e-mail: Date patient notified event to health system (DD/MM/YYYY): ___/___/___ Today's date (DD/MM/YYYY): ___/___/___</p>			
Health facility (or vaccination centre) name:									
Vaccine						Diluent			
Name of vaccine (Generic)	*Brand Name incl. Name of Manufacturer	*Date of vaccination	*Time of vaccination	Dose (1 st , 2 nd , etc.)	*Batch/Lot number	Expiry date	*Batch/ Lot number	Expiry date	Time of reconstitution
<p>*Adverse event (s): <input type="checkbox"/> Severe local reaction <input type="checkbox"/> >3 days <input type="checkbox"/> beyond nearest joint <input type="checkbox"/> Seizures <input type="checkbox"/> febrile <input type="checkbox"/> afebrile <input type="checkbox"/> Abscess <input type="checkbox"/> Sepsis <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Toxic shock syndrome <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Fever >38°C <input type="checkbox"/> Other (specify)..... Date & Time AEFI started (DD/MM/YYYY): ___/___/___ <input type="checkbox"/> Hr <input type="checkbox"/> Min</p>						<p>Describe AEFI (Signs and symptoms):</p>			
<p>*Serious: Yes / No ; → If Yes <input type="checkbox"/> Death <input type="checkbox"/> Life threatening <input type="checkbox"/> Disability <input type="checkbox"/> Hospitalization <input type="checkbox"/> Congenital anomaly <input type="checkbox"/> Other important medical event (Specify _____)</p>									
<p>*Outcome: <input type="checkbox"/> Recovering <input type="checkbox"/> Recovered <input type="checkbox"/> Recovered with sequelae <input type="checkbox"/> Not Recovered <input type="checkbox"/> Unknown <input type="checkbox"/> Died If died, date of death (DD/MM/YYYY): ___/___/___ Autopsy done: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>									
<p>Past medical history (including history of similar reaction or other allergies), concomitant medication and dates of administration (exclude those used to treat reaction) other relevant information (e.g. other cases). Use additional sheet if needed :</p>									
<p>First Decision making level to complete:</p>									
<p>Investigation needed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						<p>If yes, date investigation planned (DD/MM/YYYY): ___/___/___</p>			
<p>National level to complete:</p>									
<p>Date report received at national level (DD/MM/YYYY): ___/___/___</p>						<p>AEFI worldwide unique ID :</p>			
<p>Comments:</p>									

*Compulsory field

What are the key points to consider when investigating AEFI cases following Covid-19 vaccination?

20 mins



Section B Relevant patient information prior to immunization		
Criteria	Finding	Remarks (If yes provide details)
Past history of similar event?	Yes / No / Unkn	
Adverse event after any previous vaccination(s)?	Yes / No / Unkn	
History of allergy to vaccine, drug or food?	Yes / No / Unkn	
Pre-existing comorbidity/ congenital disorder?	Yes / No / Unkn	
Pre-existing acute illness (30 days) prior to vaccination?	Yes / No / Unkn	
Has the patient tested Covid19 positive prior to vaccination?	Yes / No / Unkn	
History of hospitalization in last 30 days, with cause?	Yes / No / Unkn	
Was the patient receiving any concomitant medication? (If yes, name the drug, indication, doses & treatment dates)	Yes / No / Unkn	
Family history of any disease (relevant to AEFI) or allergy?	Yes / No / Unkn	
For adult women		
<ul style="list-style-type: none"> • Currently pregnant? Yes (weeks) _____ / No / Unknown • Currently breastfeeding? Yes / No 		

Name	Case ID Number	AEFI Investigation Page 2/5
For infants		
The birth was <input type="checkbox"/> full-term <input type="checkbox"/> pre-term <input type="checkbox"/> post-term.		Birth weight:
Delivery procedure was <input type="checkbox"/> Normal <input type="checkbox"/> Caesarean <input type="checkbox"/> Assisted (forceps, vacuum etc.) <input type="checkbox"/> with complication (specify)		

Discussion Session 5g

What are the unique challenges national AEFI Committees are likely to come across when assessing Causality for AEFI cases following COVID vaccinations and potential solutions?

30 mins 

End of all exercises

Hot-wash, debriefing and action planning

Initial feedback from the participants on the TTX



Facilitated Debriefing & Action Planning

- GAP analysis: Focus group discussion to review readiness benchmarks
- Action planning
- Participants feedback form



Agenda part 2

Afternoon:

- 14:00 Re-cap
- 14:15 Gaps analysis & action planning (*group work*)
- 15:30 Coffee break (15 min)
- 15:45 Action planning continued (*group work*)
- 16:30 Consolidation in plenary session
- 17:00 Wrap up and next steps
- 17:30 Closing



Strengths and gaps analysis

Review strengths & gaps

Check assumptions

Propose ideas to
enhance your systems,
plans & Procedures

ACTION PLAN

TASKS:



1. In groups, divide a piece of paper into three sections. Good practices, Bottlenecks, Recommendations
2. Based on your knowledge of your National Deployment Vaccination Plan and TTX notes
3. Discuss and write your points in each of the sections to answer:
 - What components for COVID 19 vaccine deployment planning are strong/worked well? (Good practice)
 - What components for COVID 19 vaccine deployment planning are weak/challenging and need further work? (Bottlenecks)
 - Recommend and prioritize (top 3) key areas/activities that need further planning

Note: the action plan will be done in the next session


**Coffee Break
(15min)**



Action Plan



Key Challenge/ Gap	Proposed Solution	Timeline for Resolution	Responsibility

 **45 mins**

Consolidation

"Each group rapporteur to provide a 5 minutes summary of the findings of the group."

Key Challenge/ Gap	Proposed Solution	Timeline for Resolution	Responsibility

Key Challenge/ Gap	Proposed Solution	Timeline for Resolution	Responsibility

Key Challenge/ Gap	Proposed Solution	Timeline for Resolution	Responsibility



Simulation exercise reporting template

Report template

- Background; activity name, dates, venue, organizers
- Strengths and Challenges
- Action plan
- List of participants
- Facilitator list
- Attach note taker notes as annexes
- Attach summary of participants feedback as annexes

****After each simulation exercise develop a simple report and share report to WHO country office and regional office***

Participants' feedback form

Participants' Evaluation | 2019-nCoV TTX
Your feedback will assist us to maintain and improve the quality and relevance of future simulation exercises

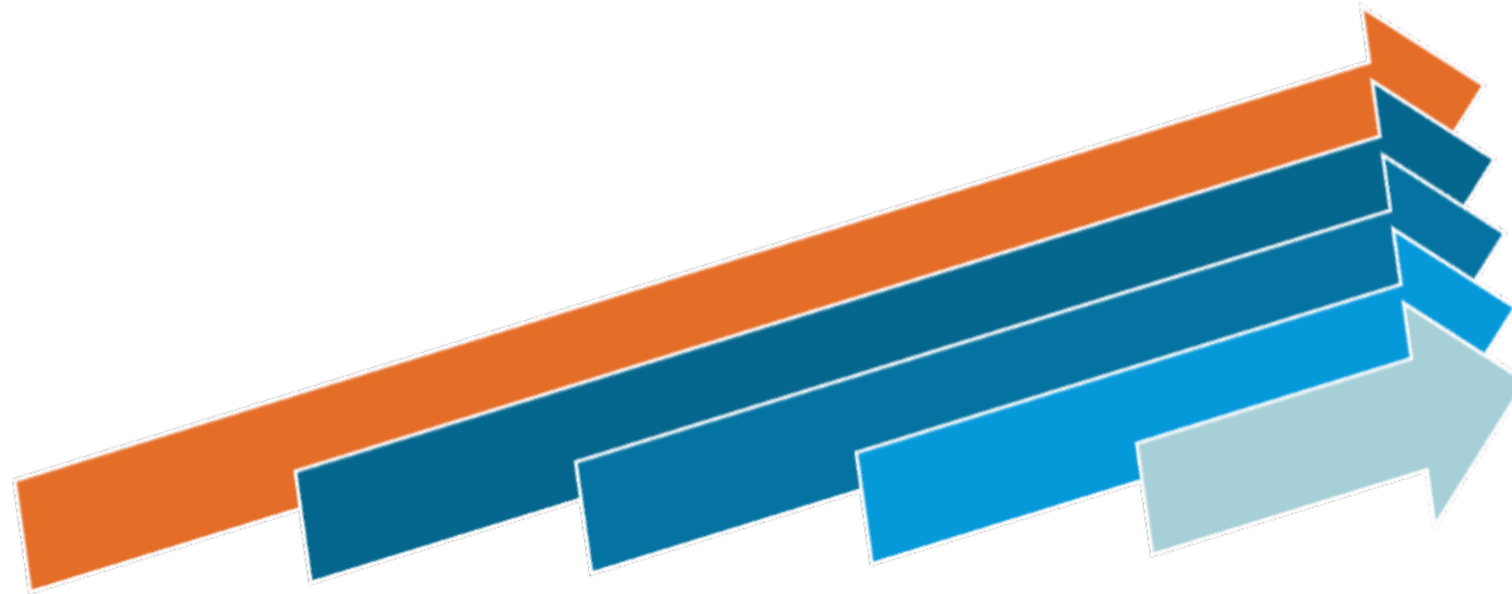
	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
1. SIMULATION OBJECTIVES Please circle your response to each statement.				
Were the following simulation objectives achieved:				
1. Share information on the progress of your preparation, including response capabilities, plans and procedures to identify and respond to an imported case of nCoV, 2019 in your country.	1	2	3	4
2. Identify areas of interdependence between health actors and other sectors	1	2	3	4
3. Conduct gap analysis based on the WHO monitoring response implementation checklist for 2019-nCoV	1	2	3	4
4. Develop an action plan to enhance your level of readiness, based on the WHO Readiness Checklist	1	2	3	4
5. Review the operation management process for a suspected 2019-nCoV case.	1	2	3	4
6. Confirm arrangements for notification, coordination and internal communications before and after the confirmation of a 2019-nCoV case.	1	2	3	4
7. Confirm procedures related to the management of a suspected cases before and after laboratory confirmation	1	2	3	4
8. Review plans to clarify lines of accountability (roles & responsibilities) and communication to enable a timely, well-coordinated and effective response.	1	2	3	4
9. Review the requirements of public health laboratories and funding	1	2	3	4
10. Review risk and media communications	1	2	3	4
2. SELF PREPAREDNESS Please circle your response to each statement				
1. I'm more familiar with the current plans, information, guidelines, documentation, administrative rules and tools available to manage an outbreak of 2019-nCoV	1	2	3	4
2. I'm better prepared to act and respond appropriately according to my role	1	2	3	4
3. SIMULATION FACILITATION Please circle your response to each statement.				
1. The simulation scenario covered what I expected it to cover.	1	2	3	4
2. The Facilitation was effective.	1	2	3	4
3. The logistical set up was appropriate.	1	2	3	4
PLEASE CHOOSE YOUR RESPONSE TO THE FOLLOWING STATEMENTS				
1. The duration of the simulation was right for me:	<input type="checkbox"/> Yes	<input type="checkbox"/> No, too long	<input type="checkbox"/> No, too short	
2. The pace of the simulation was right for me:	<input type="checkbox"/> Yes	<input type="checkbox"/> No, too fast	<input type="checkbox"/> No, too slow	
HAVE YOU ANY SUGGESTIONS ABOUT HOW THIS SIMULATION COULD BE IMPROVED?				
FURTHER COMMENTS				

Your feedback will assist us to maintain and improve the quality and relevance of future simulation exercises.



5 mins

Next steps and wrap up



NEXT STEPS

THANK YOU!

For SimEx technical support and sharing of SimEx report,

please contact your WHO country office or regional office focal point:

Nairobi hub: njengeh@who.int

Dakar hub: wangokimbir@who.int

AFRO: stephenm@who.int

WHO RESOURCES

**WHO COVID-19
Emergency**



[Scan or Click](#)

**More information
on COVID-19**



[Scan or Click](#)

**WHO simulation
exercise resources**



[Scan or Click](#)