



**GUIDELINES  
FOR VACCINATION  
AGAINST  
COVID-19  
AND OTHER  
VACCINE-PREVENTABLE DISEASE  
IN COMMUNITY PHARMACIES**

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## Abbreviations

<b>CPD</b>	Continuous Professional Development
<b>DHIMS2</b>	District Health Management Information System Version 2
<b>DHD</b>	District Health Directorate
<b>DHMT</b>	District Health Management Team
<b>EPI</b>	Expanded Programme on immunisation
<b>FDA</b>	Food and Drugs Authority
<b>IPC</b>	Infection Prevention and Control
<b>MoH</b>	Ministry of Health
<b>PPE</b>	Personal Protective Equipment
<b>PSGh</b>	Pharmaceutical Society of Ghana
<b>RDHS</b>	Regional Director of Health Service
<b>WHO</b>	World Health Organisation



## **PREFACE**

The COVID-19 pandemic has affected almost every aspect of our lives with a number of fatalities. To contain the virus in communities, preventive measures including effective hand hygiene, respiratory hygiene as well as other Infection Prevention and Control (IPC) practices like social distancing and the use of Personal Protective Equipment (PPEs) were made mandatory. These have demonstrated to be effective in containing the spread of the virus within communities in the country.

However, we have been faced with some challenges that come with maintaining the COVID-19 preventive measures. The first is the behavioral fatigue associated with adherence to COVID restrictions, generally known as the pandemic fatigue. Secondly, socioeconomic resource constraints, as government cannot sustain the supply of relief packages to many people in the lower income bracket and informal sector.

Vacines were developed to provide a more sustainable means of reducing the disease burden of COVID-19 and Government has put in efforts to ensure that a majority of the population gets vaccinated since herd immunity is probably our surest way to end this pandemic.

To achieve universal vaccination coverage, it is imperative to expand access to COVID-19 vaccinations by bringing on board the services of Community Pharmacists.

The Guidelines for Vaccination against COVID-19 and other Vaccine-Preventable Diseases in Community Pharmacies have been developed to provide guidance to suitably trained pharmacist vaccinators who will be enrolled unto the Ghana National COVID-19 vaccination program and other vaccination programs against vaccine-preventable diseases. The goal is to use the strength and expertise of pharmacy partners to help rapidly vaccinate the Ghanaian populace.

The Guidelines for Vaccination against COVID-19 and other Vaccine-Preventable Diseases in Community Pharmacies was developed through extensive consultation and stakeholder involvement. It is, therefore, expected that these Guidelines will be supported by all stakeholders to ensure a successful implementation to consolidate existing plans and measures put in place to enhance our preparedness for future pandemics.



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## 1.0 BACKGROUND

On 31<sup>st</sup> December 2019, the World Health Organization (WHO) was informed of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China. On 7<sup>th</sup> January 2020, the causative pathogen was identified as a novel coronavirus (2019-nCoV). On 12<sup>th</sup> February 2020, the novel coronavirus was named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The associated disease is now referred to as Corona Virus Disease (COVID-19) and was declared a pandemic by WHO on 11<sup>th</sup> March 2020.

The first two cases of COVID-19 in Ghana were confirmed on 12<sup>th</sup> March 2020. Since then, many more individuals have been infected with the virus with a number of fatalities. This calls for continued intensive action towards the containment of the disease across the country. Maintaining preventive measures including effective hand hygiene, respiratory hygiene as well as other Infection Prevention and Control (IPC) practices like social distancing and the use of Personal Protective Equipment (PPEs), have been demonstrated as effective in containing the spread of the virus within communities in the country.

However, there are at least two main challenges that come with maintaining the COVID-19 preventive measures. The first is the

behavioral fatigue associated with adherence to COVID restrictions, generally known as the pandemic fatigue. Secondly, socioeconomic resource constraints, as government cannot sustain the supply of relief packages to many people in the lower income bracket and informal sector. Unless under a full lockdown, social distancing is practically impossible in many instances and many people may not be able to afford some of the simple PPEs and hand sanitizers.

An individual's decision to be vaccinated or not is influenced by several factors such as health beliefs, risk-benefit perceptions, cost, waiting times, and ease of access to vaccinations. Strategies are needed to improve vaccine uptake by addressing major barriers to accessing and receiving vaccines.

Scientists have therefore accelerated efforts to develop vaccines to slow the pandemic and lessen the disease damage. Ghana, like many other countries have procured various vaccines to protect Ghanaians. Herd immunity to COVID-19 is probably our surest bet to end this pandemic. 'Herd immunity', also known as 'population immunity', is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. According to the WHO, Herd immunity against COVID-19 should be achieved by protecting people through vaccination, not by exposing them to the

pathogen that causes the disease.

Despite availability of vaccines, Ghana is faced with some peculiar challenges when it comes to COVID-19 and other vaccines. These challenges include hesitancy for COVID-19 vaccines and sustaining vaccine acquisition with respect to routine immunization. The capacity to keep vaccines under appropriate temperatures is very key to a successful program.

Secondly, fears regarding safety and credibility of vaccines, arising out of many myths and unfounded conspiracy theories can be almost impossible obstacles to overcome and must be addressed head-on. There's also the issue of inadequate number of trained vaccinators. Currently, trained Public Health professionals have been involved in vaccination programs and their numbers are inadequate to achieve a universal vaccination coverage leaving no one behind.

Pharmacists are often amongst the most accessible healthcare professionals in the community. As such, they have a significant role to play in promoting and supporting the uptake of vaccination. In various countries, pharmacists act as advisors and educators, facilitating and participating in national and global routine vaccination strategies and practices and/or delivering pharmacy-based vaccinations.

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## 2.0 PURPOSE

This document has been developed to provide guidance to suitably trained community pharmacist vaccinators who will be enrolled unto the Ghana National COVID-19 vaccination program and other vaccination programs against vaccine-preventable diseases. The goal is to use the strength and expertise of pharmacy partners to help rapidly vaccinate the Ghanaian populace where identified gaps exist.

Community Pharmacists have a key role in delivering the COVID-19 vaccination programme as the Ministry of Health (MoH) through the Ghana Health Service (GHS), seeks to maximize delivery capacity and improve vaccine uptake.

## 3.0 SERVICE GOALS

1. The purpose of this service is to improve access to COVID-19 vaccines and other vaccines by leveraging on the accessibility of community Pharmacists.
2. This service will work within the existing MOH vaccination channels.
3. Vaccines will be administered on accredited pharmacy

premises by trained Community Pharmacist vaccinators..

4. The Community Pharmacists will be required to report vaccination data into the District Health Information Management Systems version 2 (DHIMS2) and/or any other database as approved by the MoH-GHS.

## **4.0 REGULATORY REQUIREMENTS**

- I. All participating community Pharmacies MUST have valid registration and accreditation with relevant national and statutory institutions before they provide this service.
- II. Pharmacists must ensure that only vaccines and other devices licensed for use by the Food and Drugs Authority (FDA) are administered.
- III. Relevant statutory regulatory bodies shall collaborate to ensure strict adherence to standards and policies according to their legal mandate.
- IV.
- V. Participating pharmacies must be accredited by the FDA as Patient Safety Centres
- VI. Participating Community Pharmacist Vaccinators must

undergo orientation by the GHS-EPI Programme Vaccines requiring ultra-cold chain storage facilities may not be stored on the pharmacy premises except as approved by MoH-GHS and the regulator.

VII. Participating Community Pharmacists shall request COVID-19 vaccines from the district or sub-district in-charges and same accounted for as shall be arranged with the District Health Directorate (DHD) with approval from the Regional Director of Health Service (RDHS).

VIII. Participating Community Pharmacies should ensure that vaccines are kept in approved standard vaccine refrigerators and/or other WHO-prequalified vaccine Cold Chain Equipment (. a minimum of two vaccine carriers and at least eight ice packs to allow for changing of ice packs and storage of vaccines for a maximum of one week) In the event of power fluctuations, the vaccines should be returned to the district or sub-district Cold Room as per standard procedure and agreed with the DHD.

## **5.0 HUMAN RESOURCE REQUIREMENTS**

1. All Community Pharmacist vaccinators must be authorised under the appropriate mandate.
2. The registered Community Pharmacist initiating and administering vaccines must have completed an accredited vaccination training course and be appropriately certified.
3. A Community Pharmacist vaccinator must demonstrate evidence of involvement in an immunisation programme each year and must have the requisite Continuous Professional Development (CPD) points in immunization.
4. The Community Pharmacist SHALL NOT delegate immunisation duties to a support staff unless such a staff is trained and certified as a vaccinator.
5. All participating Community Pharmacists must be trained on vaccine safety monitoring and completed the WHO E-learning courses on Vaccine Safety Basics.

## **7.0 PREMISES REQUIREMENT**

1. The Pharmacy premises should have adequate space for clients.
2. The pharmacy premises should have a secluded space for consultation with clients to allow for obtaining oral informed consent and eligibility assessment.
3. Vaccine administration should be done in a dedicated,

clean, well illuminated area. Chairs should be adequate so that clients can be seated to wait and be observed post-vaccination.

4. Resources for hand hygiene should be readily available.
5. There shall be adequate sharp disposal bins, appropriate for the volume of clients, and securely placed and spaced to mitigate the risk of needle stick injuries.
6. There shall be appropriate security provisions to ensure no unauthorized access to vaccines.

## **8.0 STORAGE REQUIREMENTS (COLD CHAIN)**

1. The Pharmacy should have approved refrigerators to store only vaccines.
  - a. The refrigerators should be maintained and monitored at +2 to +8 degrees Celsius.
  - b. Food, drinks and other medical products must NOT be stored alongside vaccines in the refrigerator or other cold chain equipment (e.g., cold box, vaccine carrier)
2. COVID-19 vaccines requiring ultra-cold chain storage shall NOT be stored at Community Pharmacy
3. The receipt of vaccine doses including packaging acceptance, temperature checks, and record keeping should be done

according to established Expanded Programme on Immunization (EPI) policies and guidelines.

4. Participating Community Pharmacist Vaccinators should ensure the adequate systems are in place to monitor the temperatures of the vaccine refrigerators.
5. An updated inventory of cold chain equipment and the daily temperature readings should be kept to ensure functionality of refrigerators.
6. Participating Community Pharmacist Vaccinators follow appropriate policies and protocol to respond to temperature breaches, including relocating vaccines to another refrigerator.
7. Participating Community Pharmacist Vaccinators should ensure that stock-management tools (e.g., vaccine ledgers, bin/inventory control cards, tally books, requisition & issue vouchers) are regularly updated.

## 0.8 STANDARD OPERATING PROCEDURES

#	Instructions	Responsible
<b>Receiving Vaccine at the Pharmacy</b>		
1	In preparation for receiving Vaccine, check that there is adequate space in the Pharmacy vaccine refrigerator. If necessary, rearrange items in the refrigerator.	
2	When Vaccines are delivered to the Pharmacy must be checked for the following: <ul style="list-style-type: none"> <li>• Temperature</li> <li>• Monitoring device in the cold box</li> <li>• Expiry date and lot/ batch number</li> <li>• Packaging conditions</li> <li>• Labelling</li> <li>• Particulate matter</li> </ul> All must be recorded and the delivery note signed. Label compromised vaccines as <b>DO NOT USE</b> and return to supplier	
<b>Storing Vaccine in Pharmacy</b>		
3	Use a dedicated WHO-prequalified vaccine refrigerator as per the EPI Policy	
4	Keep vaccines at recommended temperatures (+2°C to +8°C).	
5	Enter the stock received on in the Vaccine ledger. Ensure the respective delivery notes are received and filed.	
<b>Maintenance of the Refrigerator and Cold Box/Vaccine Carrier</b>		
6	Record the refrigerator temperature on the temperature chart in the morning at 8:00 AM and evening at 4:00 PM, or at the beginning and close of your shift every day, including weekends and public holidays.	
7	At least once a month, conduct a physical count of vaccines in the refrigerator and reconcile with ledger balance. Update the vaccine ledger with data per stock transaction	
8	Maintain (clean, defrost, etc.) the cold chain equipment in the pharmacy according to GHS/EPI protocols	
9	Clean the cold box/vaccine carrier kept at the pharmacy at least once a week	

#	Instructions	Responsible
<b>Vaccination</b>		
10	Before the start of a shift, estimate daily vaccine consumption based on experience or expected number of doses to be administered. Carry the vaccine carrier to the refrigerator of the Cold Box to collect the estimated quantities and keep at the vaccination area	
11	Document every doses administered during the shift  <i>*Always ensure that the vaccine carrier is properly closed after picking the vial/ ampoule to administer*</i>	
12	During shift hand over, or when the shift is over, update the Vaccine Ledger to reconcile quantity received, quantity administered, and the balance	
13	Fill information on vaccination log book and clients vaccination card per transaction	
<b>Counselling of clients before vaccine administration</b>		
14	Oral consent should be obtained with respect to every vaccine that is administered	
15	Confirm any contraindication to vaccination	
16	Clients should be educated on possible Adverse Events Following Immunization (AEFIs) before and after vaccines are given and the need to report back to the pharmacy or nearest clinic in case of an AEFI  Clients should be made to understand that vaccines are safe and not everyone will experience an AEFI	
<b>Management and Reporting of AEFIs</b>		
17	Pharmacies should have the needed emergency medicines (adrenalin and hydrocortisone) available before start of vaccination in case of anaphylaxis	
18	Non-serious AEFIs should be managed at no cost to the client (as per GHS-EPI policy), monitored and reported  All serious AEFIs should be stabilized and referred to the nearest healthcare facility.	



#	Instructions	Responsible
19	All AEFIs should be immediately reported to the nearest Facility AEFI Focal Person in the zone where the Pharmacy is situated and to the Food and Drugs Authority using any of the available tools e.g. paper, Med Safety App and SafetyWatch system. For Serious AEFI, the nearest Facility AEFI Focal Person, the sub-district in-charge or the District Health Management Team should be immediately informed for additional follow-up and full investigation	
	<b>Data Management</b>	
20	All vaccination data should be entered through the appropriate tool to the district.	

## **IMPLEMENTATION PLAN**

We will start initially with COVID-19 Vaccination which will be reviewed after a period of 6-12 months,  
A positive outlook will lead to the inclusion of other vaccines.



