

Ready, Steady, Vaccinate!

A Review of Processes Surrounding Time Sensitive Provision of Menactra and Gardasil 4 Vaccinations at Kirketon Road Centre.

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Background:

The Kirketon Road Centre (KRC) is a publicly funded primary healthcare service in Kings Cross, Sydney for marginalised populations vulnerable to preventable diseases who often have difficulty accessing mainstream services. In December 2018, KRC simultaneously received instruction from the NSW Ministry of Health and the Communicable Disease Branch NSW to provide free vaccinations with impending expiry dates to identified target groups. Firstly Menactra was offered to homeless people and men who have sex (MSM) based on outbreaks of meningococcal meningitis in these groups observed both in Australia and overseas. Simultaneously Gardasil 4 was made available for MSM aged between 20 and 34 as these men would have missed out on the National Immunisation program for HPV. We reviewed how this was actioned, highlight the obstacles encountered, and lessons learned.

Approach:

Building on current vaccination processes at KRC, a number of actions were taken. Potentially eligible clients were identified from KRC's electronic medical record system, and contacted by SMS or a note placed on their electronic file. Staff meetings were held to raise awareness. A vaccination standing order was developed and approved for registered nurses. Finally, a review of the process was carried out.

Obstacles:

A number of obstacles were identified whilst acting on this briefing:

- The drop-in, rather than appointment based model of care utilised at KRC complicated the reliable completion of Gardasil 4 vaccination protocol at our main site. However, an appointment based system at our secondary site, Clinic 180 proved more effective.
- Delivery of appropriate vaccinations to the identified target populations required alignment of a qualified provider, the presence of a doctor to sign off on the vaccination and an agreeable client who often was accessing this service for an unrelated issue.
- With complex clients with multiple competing issues, the prioritisation of vaccination provision was occasionally difficult.
- The provision of vaccinations within a fixed narrow time period, resulted in the extra workload being absorbed by the existing workforce.
- It cannot be out ruled that some clients may have attended other services for vaccination, thus highlighting the potential pitfall of not having a centralised vaccination register.



Outcomes:

Between 19/12/18 and 15/02/19 a total of **103** **Menactra** vaccinations were delivered.

Of those vaccinated, **88** identified as MSM. The others were homeless, or both MSM and homeless.

Of **899** clients identified as eligible for **Gardasil 4**, **152** (16%) had received

at least the first dose by March 2019.



Innovation and Significance:

Sexual health services should be responsive to time-pressured directives. Implementation was ultimately successful, but was not immediate, and hinged on a multifaceted approach.

- Once initiated on a schedule, subsequent appointments were made with SMS reminders
- An accelerated programme was devised for Gardasil 4, to facilitate completion of schedule within the limited time frame
- A standing order was placed for use in nurse-led clinics

Experience has been gained, and KRC are now more equipped to meet future requests with an effective and timely response.

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