



Department for Health and Wellbeing

Yellow Fever Vaccination Centre Application

September 2022

Version 1



Government
of South Australia

SA Health

Introduction

Many countries require international travellers to possess a valid International Certificate of Vaccination or Prophylaxis if arriving travellers have come from or travelled through a yellow fever risk area. The Australian requirements for a valid International Certificate of Vaccination or Prophylaxis include that it has been provided by an accredited Yellow Fever Vaccination Centre. The Communicable Disease Control Branch of the Department for Health and Wellbeing is the professional body responsible for accrediting Yellow Fever Vaccination Centres in South Australia.

This document includes:

- The application process
- The Yellow Fever Vaccination Centre checklist
- Section A: The Application for a medical practice to become an Approved Yellow Fever Vaccination Centre
- Section B: The Conditions Applying to an Approved Yellow Fever Vaccination Centre.

The Application Process

The steps to becoming an Approved Yellow Fever Vaccination Centre are detailed below.

1. Ensure your medical practice meets the minimum requirements to become an Approved Yellow Fever Vaccination Centre set out in the [National Guidelines for Yellow Fever Vaccination Centres and Providers](#).
2. Nominate a medical practitioner who will be responsible for ensuring the practice continues to meet World Health Organization (WHO) and Australian requirements for yellow fever vaccination following accreditation. The nominated medical practitioner will become the applicant and principal practitioner for yellow fever accreditation requirements.
3. Ensure all individual practitioners intending to prescribe yellow fever vaccination have completed the [Yellow Fever Vaccination Course](#) which is available online to all eligible providers through the Australian College of Rural and Remote Medicine (ACRRM).
4. Complete the [Yellow Fever Application Check List](#) included in this package.
5. Complete and sign [Application for a medical practice to become an Approved Yellow Fever Vaccination Centre](#) and [Conditions applying to an Approved Yellow Fever Vaccination Centre](#). These forms can be completed electronically.
6. Ensure all documents listed in the [Yellow Fever Application Check List](#) are attached.
7. Email the completed [Yellow Fever Application Check List](#), [Application for a medical practice to become an Approved Yellow Fever Vaccination Centre](#), [Conditions applying to an Approved Yellow Fever Vaccination Centre](#) and attachments to the Immunisation Section, Communicable Disease Control Branch (CDCB) SA Health at: healthimmunisationadmin@sa.gov.au
8. Wait for a response to the application to be received from the Immunisation Section. Medical Centres can commence providing yellow fever vaccination upon receipt from the Communicable Disease Control Branch of advice of a successful application and an Australian Government Accredited Yellow Fever Centre stamp.

Medical Centres which meet all the requirements to become a Yellow Fever Vaccination Centre will:

- Receive an Australian Government Accredited Yellow Fever Centre stamp. The stamp is a requirement for an International Vaccination Certificate to be valid.
- Have the details of their practice passed to Sanofi Pasteur (the suppliers of yellow fever vaccine) by the Immunisation Section. This will enable Approved Yellow Fever Vaccination Centres to order yellow fever vaccine and required documentation.

Yellow Fever Vaccination Centre application checklist

	SA Health Yellow Fever Centre application checklist	YES	NO
1	Have you reviewed the National Guidelines for Yellow Fever Vaccination Centres and Providers ?		
2	Have all practitioners intending to prescribe yellow fever vaccination completed the online Yellow Fever Vaccination Course ? <i>Please note only accredited practitioners can prescribe yellow fever vaccination at an approved Yellow Fever Vaccination Centre</i>		
3	Do you have access to up-to-date travel advisory and travel health information to provide patients with advice on mosquito protection and safe travel advice in tropical countries? This may include access to: <ul style="list-style-type: none"> • SA Health's You've Got What Yellow fever • SA Health's Fight the Bite • The Australian Immunisation Handbook • Healthdirect - Travel Health Advice • Centers for Disease Control and Prevention (CDC) - Yellow Book: Health Information for International Travel 		
4	Do you have appropriate vaccine storage and cold chain management practices in place in accordance with National Vaccine Storage Guidelines Strive for 5 ?		
5	Do you have a formal process in place to obtain informed patient consent ?		
6	Do you have appropriate emergency equipment in place to deal with severe adverse events following immunisation?		
7	Do you have processes in place to ensure notification of notifiable adverse events following immunisation ?		
8	Have you completed and signed the Application for a medical practice to become an Approved Yellow Fever Vaccination Centre ?		
9	Have you completed and signed the Conditions applying to an Approved Yellow Fever Vaccination Centre ?		
10	Have you attached certificate(s) of completion of the Yellow Fever Vaccination Course for all individual practitioners intending to prescribe yellow fever vaccine?		
11	Have you attached two days of recent twice-daily manual fridge temperature monitoring?		
12	Have you attached 48 hours of vaccine refrigerator data logging?		

Section A

Application for a medical practice to become an Approved Yellow Fever Vaccination Centre

This application is made in the name of the medical practice and signed by the applicant (accredited practitioner) who takes responsibility for the Practice continuing to meet the World Health Organization and Australian requirements for yellow fever vaccination.

(a) Practice details	
Name of practice	
Address	
Vaccine account number (VAN)	
Vaccine delivery address (if different from the above address)	
Telephone	
Email	
Fax number	
Nominated contact - for administrative requirements relating to yellow fever vaccination (practice manager or other)	

(b) Practitioners who will administer the yellow fever vaccine
<p>A Yellow Fever Vaccination Centre must have at least one medical practitioner or nurse practitioner accredited to administer the yellow fever vaccine. Accreditation is by successful completion of the online Yellow Fever Vaccination Course.</p>
Name of applicant (principal practitioner): Applicant's AHPRA number:
Name of applicant: Applicant's AHPRA number:
Name of applicant: Applicant's AHPRA number:
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Name of applicant: Applicant's AHPRA number:

(c) Cold chain management

Person responsible for vaccine cold chain management:

Name:

Occupation:

Back-up person responsible for vaccine cold chain management:

Name:

Occupation:

Purpose-built vaccine refrigerator brand name:

Data logger brand name:

I confirm, the data logger is set for 5-minute interval readings.

I confirm, the data logger is downloaded and reviewed weekly.

Please attach:

Recent two days of twice-daily manual fridge temperature monitoring.

48 hours of data logging with intervals set at 5 minutes.

I confirm, all relevant staff have reviewed the [National Vaccine Storage Guidelines Strive for 5](#).

I confirm, the facility has a written cold chain protocol that covers the ten principles of safe vaccine storage management in the [National Vaccine Storage Guidelines Strive for 5](#).

I confirm, all relevant staff have easy access to the current edition of the [National Vaccine Storage Guidelines Strive for 5](#) to manage cold chain breaches.

I confirm, staff have access to the SA Health web page [Immunisation for health professionals](#).

The website contains information about reporting a cold chain breach and how to report a vaccine adverse event.

(d) Consent

I confirm, the practice has a formal process in place to obtain informed [patient consent](#).

(e) Procedures to address indications and contraindications

I confirm the practice has formal procedures in place to prevent inadvertent administration of live vaccines to patients with contraindications in accordance with recommendations in the [Australian Immunisation Handbook](#).

Please provide details:

(f) Referrals from other practices

I confirm, all practitioners approved under this application will refer patients back to their usual GP once yellow fever vaccination is complete.

(g) Dealing with adverse reactions

I confirm, this practice has all the equipment, medications and procedures in place to manage an immediate severe adverse event following immunisation, including anaphylaxis.

Refer to the Australian Immunisation Handbook for advice on '[Preparing an Anaphylaxis Response Kit](#)'.

(h) Travel health advice

I confirm, all practitioners listed in Section (b) have access to up-to-date travel advisory and travel health information? Please specify sources used in this practice:

The 'applicant' is an accredited medical practitioner or nurse practitioner applying to have the practice approved as a Yellow Fever Vaccination Centre and who takes responsibility for the practice continuing to meet World Health Organization and Australian requirements for yellow fever vaccination.

Name of applicant:

.....

Signature:

.....

Date:

.....

Please email completed form to healthimmunisationadmin@sa.gov.au

Section B

Conditions Applying to an Approved Yellow Fever Vaccination Centre

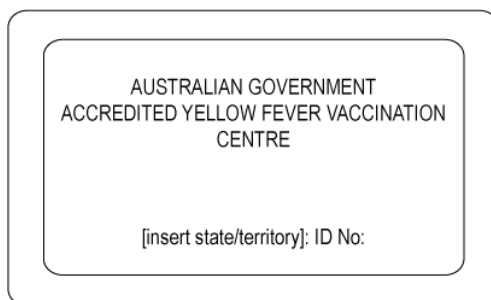
In the conditions appearing below:

- i. 'Appointment' means appointment as a Yellow Fever Vaccination Centre.
 - ii. 'Practice' means a medical practice appointed by the relevant state/territory health authority as a Yellow Fever Vaccination Centre.
 - iii. 'Applicant' means the medical practitioner or nurse practitioner applying to have the medical practice approved as a Yellow Fever Vaccination Centre and who takes responsibility for the practice continuing to meet World Health Organization (WHO) and Australian requirements for yellow fever vaccination.
 - iv. 'Accredited practitioner' means a medical practitioner or nurse practitioner who has achieved accreditation through successful completion of the [Yellow Fever Vaccination Course](#).
1. The applicant acknowledges that the South Australian Government is not liable for any costs incurred by the practice as a result of provision of yellow fever vaccination.
 2. All practitioners at the practice who administer or supervise administration of the yellow fever vaccine are accredited.
 3. The practice will issue an International Certificate of Vaccination or Prophylaxis against yellow fever in line with WHO and Australian requirements.
 - i. The vaccine administered has been approved by the WHO.
 - ii. A person who has received the yellow fever vaccine must be provided with a certificate in the form shown below.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER			CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE		
This is to certify that (Name) _____			sex _____		
Date of Birth _____			National identification document, if applicable _____		
Nationality _____			_____		
whose signature follows _____			_____		
Has on the date indicated been vaccinated or received prophylaxis against yellow fever.			_____		
Date	Vaccine or Prophylaxis	Signature and Professional status of supervising clinician	Manufactures and batch No. of vaccine or prophylaxis	Certificate valid From..... To.....	Official stamp of vaccinating centre. Cache official du centre habite
	YELLOW FEVER				

- iii. The certificate is signed by the clinician, who shall be a medical practitioner or other authorised health worker (nurse practitioner), supervising the administration of the vaccine*.

- iv. The certificate bears the official stamp of the administering centre using the model shown below and includes the unique state/territory identification number issued by the relevant state/territory health authority and specifies the state/territory where the Yellow Fever Vaccination Centre was accredited.



- v. The certificate is an individual certificate and not a collective one. Separate certificates must be issued for each person (including children).
- vi. The certificate is signed by the person vaccinated. A parent or guardian shall sign the certificate when the child is unable to write. If the person vaccinated is illiterate, their signature shall be their mark and the indication by another that this is the mark of the person vaccinated.
- vii. The certificate is printed and completed in English or French. The certificate may also be completed in another language on the same document in addition to either English or French.
- viii. The certificate must be dated correctly in the sequence of day, month and year, with the month written in letters.
- ix. The certificate is valid for the duration of the life of the person vaccinated. The validity dates are to be recorded as the date 10 days after the vaccination date until 'lifetime'.
- x. An equivalent document issued by the armed forces to an active member of those forces shall be accepted in place of an international certificate if:
- a. the document embodies medical information substantially the same as that required by the international certificate; and
 - b. the document contains a statement in English or French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination.
- xi. Any exemption to vaccination will consist of a dated and signed medical exemption letter on letterhead stationery from an approved Yellow Fever Vaccination Centre. The letter should clearly state that yellow fever vaccine is contraindicated on medical grounds and display the Yellow Fever Vaccination Centre's official stamp. Medical exemption letters should be written for the current trip only. The Medical Contraindications to Vaccination section of the International Certificate of Vaccination or Prophylaxis also needs to be completed, stamped, and signed.

MEDICAL CONTRAINDICATION TO VACCINATION
Contre-indication médicale à la vaccination

This is to certify that immunisation against
 Je soussigné(e) certifie que la vaccination contre

_____ for
 (Name of disease - Nom de la maladie) pour

_____ is medically
 (Name of traveler - Nom du voyageur) est médicalement

contraindicated because of the following conditions:
 contre-indiquée pour les raisons suivantes:

 (Signature and address of physician)
 (Signature et adresse du médecin)

4. In addition to the certificate, it is important that a record of yellow fever vaccination is made in the Australian Immunisation Register (the AIR), including the batch number. The AIR allows for a permanent and accessible record of vaccination. Batch numbers are recorded in the AIR by selecting the Batch Number field under the Vaccine/Brand field when recording or updating an immunisation encounter.
5. Patients referred to the practice for yellow fever vaccination will only be provided with relevant travel advice. Other non-urgent medical problems or their complications identified during the consultation will be managed only with the consent of the referring doctor or will be returned to the referring doctor for treatment.
6. Changes relating to the particulars of the practice, including any change of name or address, shall be immediately notified to the Immunisation Section, Communicable Disease Control Branch SA Health: healthimmunisationadmin@sa.gov.au. At the discretion of the Immunisation Section, the appointment may be transferred to a new address without any requirement to reapply.
7. If the applicant leaves the practice, another medical practitioner or nurse practitioner must agree to take responsibility for the practice continuing to meet clinical standards for yellow fever vaccination by completing the relevant form and forwarding to the Immunisation Section, within seven days.
8. The practice will notify the Immunisation Section, within seven days, if it intends to cease provision of yellow fever vaccinations or if circumstances change which will alter its capability to adhere to the requirements in this document.
9. The practice will notify the Immunisation Section, within seven days, of all medical practitioners and nurse practitioners accredited to administer the yellow fever vaccine, and if they leave the practice.
10. All practitioners providing yellow fever vaccination will complete the [Yellow Fever Vaccination Course](#) every three years and provide the completion certificate to the Immunisation Section, within seven days of completion.
11. The practice will participate in periodic surveys distributed by the Immunisation Section, related to yellow fever vaccine provision.
12. Details of the practice, such as the name of the practice, address, and telephone number, will be included in lists of approved Yellow Fever Vaccination Centres on the [SA Health website](#).

13. The practice will, from time to time, allow a person or persons authorised in writing by the Immunisation Section, to enter premises used by the practice for the purposes of conducting yellow fever vaccinations to ensure compliance with all specified conditions. The practice will provide all records relating to yellow fever vaccinations to that person or persons upon request, with an adequate timeframe given by the Immunisation Section to allow for the accessing of records.
14. A breach of any of the above conditions by the practice may at the discretion of the Immunisation Section, result in:
 - i. A probationary period, subject to the conditions set by the Immunisation Section
or
 - ii. withdrawal of the appointment.
15. The appointment may be immediately withdrawn in the case of a breach of patient safety, evidence-based practice, or medical ethics.
16. On being notified in writing by the Immunisation Section that the appointment to provide yellow fever vaccinations has been withdrawn, the practice shall cease to conduct vaccinations on the date stipulated in the notification.
17. If the medical practice, of which I am the responsible practitioner, is appointed as an approved yellow fever vaccination centre, I hereby agree to the above conditions.

Name and signature of responsible practitioner:

Name: **Signature:**

Date:

Please email the completed form to healthimmunisationadmin@sa.gov.au

For more information

Communicable Disease Control Branch
Department for Health and Wellbeing
Telephone: 1300 232 272
www.sahealth.sa.gov.au
OFFICIAL

www.sahealth.sa.gov.au



www.ausgoal.gov.au/creative-commons

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