October 2, 2013

The Honourable Deb Matthews
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Re: MOHLTC protocol for the Storage and Handling of Vaccines

Dear Minister Matthews,

The maintenance and storage of vaccine is vital to the continued success of immunization programs. The Ministry of Health and Long-Term Care (MOHLTC) defines the “cold chain” as the system of all equipment and procedures used to maintain optimal conditions during the transport, storage and handling of vaccines, starting at the manufacturer and ending with the administration of the vaccine to the client. Failure to adhere to cold chain requirements reduces vaccine potency, resulting in an inadequate immune response to vaccine preventable diseases and/or increased local reactions after administration of vaccine.

The current MOHLTC protocol for the Storage and Handling of Vaccines (2010) requires community partners storing publicly funded vaccine to have a fridge that maintains temperatures of +2 °C to +8 °C, minimum/maximum thermometer and a log book to record temperatures. The standard of such equipment needs to be improved to provide optimum vaccine. The Centres of Disease Control and Prevention (CDC) and the World Health Organization (WHO) supports this direction based on research and evidence-based practice.

The Board of Health for the Wellington-Dufferin-Guelph Health Unit are requesting a change to the current Vaccine Storage and Handling Protocol (2010) to increase the requirements for cold chain equipment for the storage of publicly funded vaccine to include:

- Purpose-built refrigerator, pharmacy grade
- Glycol-encased Min/Max Thermometer
- Data loggers
- Generator or battery back-up

The MOHLTC has recommended some of the equipment mentioned above however has never mandated the usage of glycol-encased probe thermometers, data loggers, purpose-built fridges or the
use of power back-up. This makes it difficult for public health to enforce an optimum standard of the storage of vaccines. Recognizing the cost of the purposed equipment may be significant to healthcare providers and may be a barrier for some to offer publicly funded vaccine; such equipment standards are required to ensure vaccine is being stored in the most optimum manner. The decrease in cold chain incidences would save vaccine dollars over the long-term. In addition cold chain incidents often make vaccines unavailable to clients during the investigation therefore the opportunity to vaccinate clients is missed. Missed opportunities attribute to incomplete immunization records. Cold chain incidents compromise the potency of the vaccine therefore affecting the immune response of the client. Decreased immune response and under-immunized clients put the community at-risk for vaccine preventable diseases and may decrease the confidence in vaccines.

We look forward to your attention to address the requirements outlined in the current Vaccine Storage and Handling Protocol (2010).

Sincerely,

[Signature]
Amanda Rayburn
Chair, Board of Health
Wellington-Dufferin-Guelph Public Health

cc:
Randy Pettapiece, MPP
Honourable Liz Sandals, MPP, Minister of Education
Ted Arnott, MPP
Sylvia Jones, MPP
Ontario Public Health Units
Dr. Nicola Mercer, MOH & CEO, Wellington-Dufferin-Guelph Public Health

REFERENCES