

Stress test on logistical aspects of COVID-19 vaccination deployment plans for the Western Balkans: final report

18 March 2021

Summary

ECDC, together with the European Commission's Directorate-General for Health and Food Safety, and supported by the Commission's Directorate-General for Neighbourhood and Enlargement Negotiations, organised a stress test of the logistical aspects of COVID-19 vaccination deployment plans for the Western Balkans.

All six partners (Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, and Serbia) participated in a focused simulation exercise conducted on 1 February 2021. They were asked to describe the deployment plans in place for delivering a vaccine with strict cold chain requirements to their target priority groups. Most described the strong role of public health institutes at national and regional level in guiding the development of deployment plans based on their long experience in vaccination campaigns. Reviews of cold chain requirements revealed gaps, especially in ultra-cold storage capacity, which are being filled with support from the European Union (EU) and the United Nations International Children's Emergency Fund (UNICEF). Electronic systems for logistics management and vaccination registries, both newly developed in some and pre-existing in others, were described by partners, while the obvious advantages of these systems in terms of data collection, vaccination management, and reporting were highlighted. Plans were also in place in five Western Balkans partners, and in development in one, to promote the vaccination campaign, including using and monitoring social media to support the roll-out.

One of the most important aspects of the stress test was to provide an opportunity for those involved in developing their vaccine deployment plan to test it against a realistic scenario, to work through all the elements of deployment, and provide reassurance that the plan was robust and that any issues identified could be addressed. Feedback from those who took part in the stress test indicated that this opportunity to review the plan against a realistic scenario was achieved. The stress test was completed when participants came together in a webinar on 5 February 2021 to hear an overview of the results from this and the previous exercise involving EU Member States and to share their experiences of vaccine deployment planning to date.

*This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

Suggested citation: European Centre for Disease Prevention and Control. Stress test on logistical aspects of COVID-19 vaccination deployment plans for the Western Balkans: final report. 18 March 2021. ECDC: Stockholm; 2021.

Introduction

ECDC, together with the European Commission's Directorate-General for Health and Food Safety, organised a stress test of the logistical aspects of COVID-19 vaccination deployment plans for EU/European Economic Area (EEA) countries. Twelve EU Member States participated in this stress test, which was a focused simulation exercise conducted in two rounds, one in mid-December 2020 and the second in early January 2021. This stress test was well received by participating Member States as an opportunity to challenge their vaccine deployment plans against a realistic scenario.

Following discussions with the European Commission's Directorate-General for Health and Food Safety and its Directorate-General for Neighbourhood and Enlargement Negotiations, it was decided that, to support the Western Balkans' recently developed vaccination strategies, they should also be given the opportunity to participate in a stress test to explore the implementation of these plans, with a specific focus on vaccine deployment. All six Western Balkans partners responded positively to the invitation and were included in the stress test conducted on 1 February 2021. This was followed by a webinar on 5 February 2021 to discuss the results.

Aim

The aim was to assist Western Balkan partners in assessing their preparedness for the deployment of vaccines, identifying gaps and follow-up actions.

Objectives

The stress test was carried out with the following objectives in mind:

- To explore the efficient distribution of vaccines, in particular for a vaccine requiring high-maintenance cold chain and storage requirements;
- To explore the timely distribution and delivery of a COVID-19 vaccine to the identified priority groups according to the vaccination plan;
- To consider flexibility in planning arrangements and mitigation strategies;
- To identify key priority areas where there are gaps, as well as identifying areas of good practice; and
- To explore issues around risk communication.

Methodology

The stress test was a one-day event, starting at 0900 Central European Time (CET) and finishing at 1700 CET. This was not a complex simulation exercise, but rather a short and focused exercise on the current level of readiness of Western Balkans partners, to understand if they have mechanisms in place to coordinate the vaccination campaign, with clear lines of command, processes to receive, store and allocate vaccines to vaccination sites, a vaccination delivery strategy, and proactive and reactive communication plans.

A single scenario document, adapted from the original stress test run for EU Member States to the current situation and Western Balkan context, was sent to a single point of contact for each partner at 0900 CET on 1 February 2021 (Annex A). A template to respond, also adapted from the original stress test, was also provided to capture their responses (Annex B). This reporting template differed only from the original stress test run for EU Member States in December 2021 in that an additional section, 'other', which was added to the second round of the EU stress test in January 2021, was retained. Participants were encouraged to consult colleagues both inside and outside their organisations involved in all aspects of their planned COVID-19 vaccination campaign, including logistics and communications experts, to obtain as comprehensive a view as possible.

The scenario described the arrival of a single vaccine, Vaccine A, into partners at their pre-designated arrival point. To add realism, the characteristics of Vaccine A were chosen to resemble the first vaccine likely to be available for use in the Western Balkans. The vaccine was only available in very limited quantities, reflecting enough for 1% of the population, and with very strict cold chain requirements necessitating ultra-cold conditions (-70°C). Participants were asked to consider what needed to be in place for pre-deployment and during deployment of the vaccine to ensure a successful vaccination campaign. Participants were also asked to consider what risk communication and media monitoring strategies were in place to support the campaign.

In addition, Western Balkans partners were asked to complete a short evaluation form in which they were asked to highlight what they considered worked well and where there were issues and challenges identified during this stress test (Annex C).

Findings

In total, the six Western Balkans partners (Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia, and Serbia) were invited to take part, and all completed the stress test by submitting a written response on the reporting template provided (Annex B).

The test was deliberately run over a fixed time period (eight hours) to create some time pressure, but responses were still accepted outside this timeframe as it was considered more important to receive completed responses.

Overall, the outcome indicated that planning in five of the six partners was very advanced, with some detailed examples of the planned distribution campaign in place. The sixth partner has already implemented their vaccination campaign on a large scale and at the time of the exercise had reported reaching around 500 000 vaccinations.

The stress test was articulated around three areas in the response template, and the initial findings have been grouped accordingly.

1. Pre-deployment

Participants were invited to describe their pre-deployment process under five headings: governance of the programme; planned training; planned distribution and storage at national and local level; priority groups identified for the initial phases; and management of the process for invitation to be vaccinated.

Governance

Of the four partners that reported on governance, all described a national cross-government committee or task force led by the health ministry and responsible for the national immunisation programme. Within this committee, key stakeholders were represented to cover all aspects of the vaccination deployment, implementation, and monitoring process. It was clear from responses that there was a strong involvement of the institutes of public health in operationalising the vaccine deployment process based on their extensive infrastructure at national and regional level and their experience in managing vaccination programmes. The role of WHO and UNICEF was also highlighted as important by some partners, either as part of the task force (one) or in using the operational guidance (three) developed by these organisations to help develop the plans.

Training

All partners reported that they had implemented a training plan. In developing the training material, two stated they have used the material provided by WHO and UNICEF as the basis for training. This has been adapted for the local context and supplemented with specific training developed with relevant national experts on the national plan and local guidelines, protocols, and standard operating procedures. Some partners mentioned specific standard operating procedures and guidance tailored to the different vaccines and their different technical characteristics.

Training has been delivered using a variety of methods, including e-learning, remote and face to face workshops.

One partner noted that, due to the well-established system of continuous medical education and ongoing vaccination programmes, they had sufficient staff experienced in vaccination for the initial roll-out but would need to train more staff to cope with the increased workload as vaccine availability increased. There was also caution expressed by this partner about the need to maintain the regular vaccination programme.

Vaccine cold chain and distribution

The scenario used in the stress test was fictitious, but the vaccine described was closely based on the first vaccine approved for use in the EU. It is also the vaccine with the most rigorous ultra-cold chain requirements. This scenario was therefore a likely reflection of what would happen in five of the six Western Balkan partners. In the sixth, however, where three vaccines were already in use at the time of the exercise, this scenario was only partly accurate. This did not prevent the sixth partner from describing their ultra-cold chain distribution processes.

As part of the planning for vaccination, partners described conducting audits or assessments of the inventory available to handle vaccines under the different cold chain requirements, including the ultra-cold chain requirements. They satisfied themselves that they have sufficient capacity at the national and local levels to handle the expected demand. Where gaps were identified, equipment has been procured in three cases and is planned in three others. With one of the latter partners, they indicated specifically that the finance is planned from EU sources, all in order to improve cold chain management and logistics. Most often described was the purchase of additional ultra-low temperature refrigeration systems to increase storage capacity in existing facilities, principally at national and regional level but also in smaller capacities at local level where necessary. One partner described a plan, with budget identified for 2021, to comprehensively overhaul the cold chain, in a phased approach, starting with the construction of a new central vaccine store.

In terms of distribution, as previously stated, all six Western Balkan partners have strong networks of public health institutes at national and regional levels that are experienced in managing large-scale vaccination campaigns. They have therefore utilised this capacity and experience in adapting mass vaccination plans to the requirements of the

ultra-cold chain and developed detailed guidelines for receipt, handling, storage, and distribution of these vaccines. From the national to the regional level, designated transport is able to maintain the necessary cold storage at -80. Where it is included, local transport to the designated vaccination sites such as hospitals, primary health centres and other healthcare facilities from the regional level is in vehicles with cold boxes. The procurement of additional equipment (syringes, needles, PPE, etc.) follows the distribution of the vaccines and is distributed to the vaccination centres.

One partner reported that due to the small size of their territory and the inability to store vaccine at the correct temperature locally they would adapt to this situation by making smaller deliveries more often to ensure supplies were available but not wasted. Another partner specifically pointed out the importance of equitable distribution of the vaccine across their regions.

Priority groups

While not all responses highlighted the priority groups in detail, it is clear the priority groups are established. Several partners pointed to the key role of the National Immunisation Technical Advisory Groups (NITAGs) in informing this priority list. As with EU Member States who took part in the previous stress test, for the majority of partners, the priority groups were unsurprisingly very similar: residents and workers in long-term care facilities (LTCFs) and healthcare workers on the front-line at high risk of infection and transmission. Where LTCFs were not mentioned in one case, a broader group of elderly adults at high risk of disease, hospitalisation, and death, defined by age-based risk, were described. Two partners specifically mentioned the ability to further subdivide priority groups into smaller groups, reflecting the need for the vaccination programme to be flexible given that supply was unpredictable.

Invitation to vaccination

Partners described well-rehearsed systems for issuing invitations based on experience in the annual influenza vaccination programme. Using local knowledge at the primary care level to contact people, or alternatively compiling details of those interested in vaccination via a government website in advance and then contacting them if they fell into the priority group, were two different strategies described. Direct contact is then made by post, telephone, e-mail, and SMS to schedule the vaccination. The need to use multiple formats of communication to reach as wide a target group as possible, including hard-to-reach groups, was recognised. For healthcare workers and those living in nursing homes, those institutions already have lists of the people who will be offered vaccination.

2. Vaccination process

In this stress test, the vaccination process includes the allocation of the vaccine to local vaccination centres and the processes once it has arrived. Participants in the test were invited to describe this activity under five headings: vaccination allocation; vaccination settings; recording vaccinations; follow-up; and strategies to minimise waste.

Vaccine allocation

Several partners mentioned that they have for some time been assessing the general attitude and expected vaccine acceptance rate among their population. Based on this feedback and the calculation of projected numbers in priority groups and subgroups, they have been able to inform the estimates of vaccine required. In partners where vaccination sites are limited in number, this has enabled vaccine allocation to closely match the expected uptake. This is supported in some instances by electronic health records that aid in the identification of people in priority groups.

Similarly to the findings in the EU Member States, the medical professionals at the local level were those who would identify the population qualified to be in the priority group and arrange the vaccination invitation. They would then order vaccine doses appropriate to the numbers in these groups that could be utilised within the strict usage guidance of the specific vaccine. In the case of a larger territory, distribution to the regional and then municipal level was planned nationally but the onward distribution and specific allocation was then planned at a more local level.

Vaccination settings

As mentioned previously, Western Balkan partners have a strong public health infrastructure and mass vaccination campaign experience. Many of the vaccination settings will be those used in other campaigns, such as primary health centres. Mobile vaccination teams, often drawn from these health centres, will be deployed to institutes such as LTCFs to conduct vaccination on site. As healthcare workers are a high priority group, hospitals and their associated clinics are also identified as key sites. Three partners noted that the system would be flexible dependent on supply, with more sites being available as supply increased. One partner also mentioned the use of mass vaccination centres as an option.

A point raised by one partner was that, although they would use the same facilities for vaccination as other ongoing vaccination campaigns, they would use separate rooms and separate teams so that ongoing vaccination campaigns would continue in parallel.

Recording vaccination

Two partners described well-established integrated electronic systems for the recording of vaccinations that have been adapted for COVID-19. These are linked to the national systems for electronic health records. The advantages of these systems are clear, in that not only is data collection at point of vaccination comprehensive, but this system can be linked to vaccination invitation, stock management at local and national level, and national reporting, where the database can be interrogated to produce a variety of reports. Other partners described the use of electronic systems and web applications, but it wasn't clear if these were stand-alone registries and applications or integrated as described above. One partner mentioned that they would continue to use a hard copy registry as well as an electronic information system. With one partner, it was not clear if all administrative regions had access to electronic vaccine registries.

Partners highlighted that all personal information would be subject to the application of strict data protection standards.

Follow-up

In response to this question, all partners highlighted the importance of monitoring for and following up adverse reactions. Reporting adverse reactions to the COVID-19 vaccine is a legal obligation in some partners. Most indicated that they have or will make forms available on their public health agency's website for self-reporting by healthcare professionals and the public. These reporting forms are monitored, collated, and responded to. Training for vaccination teams has been developed on how to report and monitor adverse events related to the vaccination process.

Several partners referred to the WHO Global Manual on Surveillance of Adverse Event Following Immunisation (AEFI), from which they have developed their own guidelines, and the support that WHO and UNICEF have and will provide if required. One partner noted that there is a pharmacovigilance module already in place on their electronic health and immunisation registry and that they already have materials (holding statements and other) available and prepared in case of clusters of AEFI or if serious AEFI are identified.

One partner noted that their AEFI systems are planned but not yet in place (as of 1 February 2021).

Minimising waste

Several strategies were identified for minimising the waste of vaccine doses. As mentioned, some partners have engaged early with their population to determine who would be interested in vaccination and used this data to inform planning. Priority groups have been sub-prioritised and, based on vaccine availability, there is a plan to provide parallel vaccination among the different priority groups in order to minimise waste. Reserve lists have also been established in case of no-shows. Lists of invitees have been carefully established and closely maintained to fill gaps as cancellations have occurred. The number of vaccination sites has been limited, especially when using the ultra-cold chain vaccine, to minimise transport requirements and concentrate the vaccination effort.

3. Risk communication

Risk communication is considered a vital component of any mass vaccination campaign. Western Balkan partners were therefore asked to consider what plans they have for ongoing media engagement, managing negative reports in the media, monitoring social media, and any intentions to use specific individuals to promote the vaccination campaign.

Media engagement

All partners had developed, or in the case of two of them were in the late stages of developing, a media communications plan (as of 1 February 2021). Many mentioned close collaboration with WHO and UNICEF in developing their communication strategies with the overall aim of building and maintaining trust in all vaccines, including COVID-19 vaccines. This has provided a framework to effectively deliver information and tailor the key messages, including guidance to whom to target messages (e.g. prioritised groups for vaccination), and on which channel(s). In operationalising a communication framework, many described a multi-channel campaign that included television, radio messages and social media to proactively share information about vaccination in general and provide risk communication to manage expectations and raise public awareness and confidence in the roll-out process.

It was reported that information is updated regularly on government websites, including frequently asked questions (FAQ) and visuals. Updates and promotions on social media were also indicated, e.g. Facebook and Instagram accounts of Ministries of Health. One partner specifically mentioned releasing material in different languages and seeking to engage with minority groups. They also mentioned the importance of transparency.

Negative reports in the media

The response to this question was addressed in two ways. Partners were mindful of not challenging misinformation directly but to provide relevant, accurate, and timely information to counter it. The second approach was to use conventional media reports and social media as a source of information to mount a timely response to public concerns, especially regarding vaccine safety.

All six partners had established groups of experts to investigate clusters of AEFI or serious AEFI as part of the pharmacovigilance systems. The process of establishing a causal relationship of an adverse event with vaccination is the main task of these teams for the verification of serious adverse reactions after immunisation. One partner reported that all reported side effects will be continuously gathered and analysed. Reports will then be sent to the medical doctors who identified those side effects and summary reports communicated in the media. If serious adverse events are observed, a crisis communication action plan will be implemented to actively manage this issue. One partner mentioned having SOPs and prepared messaging and templates ready to go in this situation.

Social media monitoring

All partners stated that they would monitor social media regularly to be aware of and prepare to counter rumours and respond to misinformation. One partner identified that they had specifically employed a public relations company to help with this task. Two others mentioned an active training programme with WHO and UNICEF, partnered with a British university in this area, which they were using to help support their approach.

Vaccine campaign promotion

Partners were asked if they had any plans to promote the vaccination campaign through the use of celebrities or key figures. Most suggested they would use ordinary citizens rather than celebrities to highlight the vaccination campaign, initially using only those from the priority groups such as healthcare workers and the elderly. One partner suggested promoting vaccination in targeted communities by engaging community leaders/influencers in media/social media campaigns and community events. Another partner suggested a senior political figure alongside health figures to promote the safety of the vaccine programme.

4. Other

Three additional questions were asked: whether lessons had been learned in any initial roll-out of available vaccines; whether there were mechanisms in place to learn from more advanced vaccine deployment campaigns in other countries and adapt the strategy accordingly; and if the vaccine deployment plan was adaptable to the expected range of different vaccines available.

Initial roll-out

Only two partners reported having had any supply of a vaccine as of 1 February 2021. Those who hadn't yet had a vaccine expressed clearly at the associated webinar conducted on 5 February 2021 their desire to have access to one as soon as possible.

Of the two Western Balkans partners that had received a supply, one had received very limited supply. As a result, they had created sub-priorities within their priority groups and altered their organisational structures.

One partner had received a relatively significant supply of three different vaccines. In order to manage priorities, its NITAG was meeting every 15 days, where specific issues were being considered, especially regarding individual diseases, chronic illnesses, or exemptions necessary for ensuring the equal right to vaccination of all citizens in the shortest possible time. The biggest challenge identified by the partner remained receiving a sufficient number of vaccine doses.

Strategy adaptation

Partners described that their plans were adaptable ("living documents") and that they were monitoring vaccine deployment programmes in other countries to learn from them. Two partners pointed out that media monitoring was their primary source for this information.

One partner pointed out that the time that was gained until the start, or postponed start, of the vaccination deployment had the advantage that they could follow the efficacy and safety of the vaccines as they are deployed in other countries.

Availability of multiple vaccines

Partners did not foresee this as a problem, as they are used to handling different vaccines in previous vaccination campaigns. They have also planned for training in the handling of the different vaccines, and some highlighted that they have specific guidelines for each vaccine they were likely to receive. One partner also noted that this eventuality was captured in their strategic plan: "All scenarios are planned for".

Feedback from participants on the stress test

Partners were asked to fill in a short evaluation of the stress test, including potential issues with performing the test and any other issues that might have been identified during the test. Two partners provided feedback. They both identified the timeliness and relevance of the stress test, recognising that the issues identified in the scenario and the accompanying response template were those that they had considered while developing their plans.

Follow-up

The scenario-driven stress test was the major part of the exercise. In addition, a webinar was held on 5 February 2021. ECDC presented the initial findings on the earlier stress test with EU Member States and a comparison with the results found for Western Balkan partners. During the webinar, five of the six partners also had the opportunity to give feedback on their vaccine deployment arrangements.

Limitations

This simulation exercise was arranged at short notice, without any preparation with participating partners to detail the methodology and expectations. It was therefore kept deliberately simple in terms of design and expected feedback. It was also conducted against a backdrop of the COVID-19 pandemic, so the availability of key staff to participate in the test was not guaranteed. The reflections captured in this report are based only on the feedback received from the partners on the day of the exercise, together with any additional detail provided at the follow-up webinar a few days later.

Contributing ECDC experts (in alphabetical order)

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Annex A

Stress test scenario (Western Balkans)

Limited availability of a single COVID-19 vaccine

It is 1 February 2021.

On 21 December 2020, Vaccine A received conditional marketing authorisation for use in the EU by the European Commission based on the European Medicines Agency recommendation. Since then your national regulatory authorities for medicines have also approved the use of this vaccine in your country.

Some partners in the Western Balkans region have already received very limited amounts of Vaccine A, others have received none. However, you can all expect to receive your first major shipment in the coming weeks sufficient to cover 1% of the population with two doses based on population size according to the latest Eurostat data. It is therefore unlikely there will be sufficient vaccine for all prioritised groups in this round of delivery.

Vaccine is packaged and labelled in your country language. It is presented as a multi-dose vial and your country will have to procure sufficient syringes and needles for safe administration. Unpreserved sodium chloride 9 mg/mL (0.9%) solution for injection is the only diluent that should be used. This diluent is not provided in the vaccine carton.

When it arrives in your country from the manufacturers, Vaccine A is frozen and is packaged into two-millilitre glass vials — each holding five doses, although some countries are managing to get six doses out of each vial. Vials are packed into trays. One tray holds 195 vials. Up to five trays fit into a box. Each insulated box also contains 25kg of dry ice to guarantee the vaccine stays frozen during transit to the destination country. Beyond that, countries are expected to ensure the maintenance of the cold chain according to the product specification.

Vaccine A has very rigorous cold chain requirements that no other vaccines currently in use in your country for other diseases have. The product specification states that this vaccine must be kept at $-70^{\circ}\text{C} \pm 10^{\circ}\text{C}$. Each vial of the vaccine holds five doses when diluted. Once thawed, the undiluted vial can be kept in a refrigerator for only five days. A diluted vial can be kept for only six hours before it must be discarded.

The expectation from senior government officials is that as the vaccine arrives it will be distributed and administered to the relevant target group(s) as soon as possible. Suitably equipped vaccinations centres/tents will be in place. The media is reporting on the vaccination campaign's progress every day in the news, creating considerable anticipation in the population as they await their turn.

The United Kingdom (UK), who started vaccination with Vaccine A in December 2020, has already reported a few adverse reactions and adjusted their precautions of use to take this into account, reinforcing the importance of monitoring COVID-19 vaccine safety as campaigns are rolled out. The UK has recently also altered its strategy to administer second doses a maximum of three months apart rather than the recommended three weeks. This is in response to the limited availability of the vaccine and a belief that the more people vaccinated quickly with the first dose the better. EMA also indicated on 8 January that it is possible to get six doses rather than five from a single vial of Vaccine A.

It is expected that additional vaccines will be approved in the coming months, with less rigorous but still important cold chain requirements. Countries should therefore be preparing for the use of a number of vaccines with different cold chain, storage and administration requirements.

Ministers are asking for a daily report on uptake and any issues so they can brief the media.

Annex B

Response template (Western Balkans)

Limited availability of a single vaccine

N.B. The bullet points below are to guide your response. Feel free to elaborate beyond these, as appropriate to your specific setting.

1. Pre-deployment

Given the scenario, describe in as much detail as possible the pre-deployment steps. Include information on:

- The governance structure overseeing vaccine deployment.
- Plans for training of staff and what the training will include.
- A description of the equipment, distribution network and the steps in place to ensure the cold chain both during distribution and when stored at the national, regional, and local level sites. In case the equipment necessary to ensure the vaccination campaign is not yet in place and needs to be purchased in line with the grant agreements provided under IPA funds, please provide a description of the equipment that you intend to purchase.
- The process for identifying and getting eligible individuals to the right vaccination site at the right time.
- The process for procuring sufficient syringes, needles, and PPE for the safe administration of the vaccine and the process for establishing equipped vaccination centres/tents.

Response: [Click or tap here to enter text.](#)

2. Vaccination process

Given the scenario, describe in as much detail as possible the plans for the vaccine from the distribution to the vaccination centre into the arms of your prioritised target group. Include information on:

- The process being used to accurately allocate vaccine to the various sites and any additional steps to maximise uptake and minimise waste. Describe any foreseen bottlenecks and include any mitigation strategies if unexpected problems arise.
- The different settings being used for vaccination, including a description of security, staffing, and infection prevention and control (IPC) measures for public and staff.
- The process for recording vaccination, any documentation and data protection mechanisms you will use, and any documentation you will provide to people being vaccinated.
- The process for follow up after vaccination both at the individual (e.g. adverse event monitoring) and population level (e.g. monitoring uptake, safety, etc.)
- Contingency plans to minimise waste vaccine in case immediately prioritised groups do not show up for vaccination as expected.

If any of these systems are not yet in place, please indicate the timescale for how quickly they can be put in place (days, weeks, months).

Response: [Click or tap here to enter text.](#)

3. Risk communication

A. The vaccine is eagerly anticipated by the general population, so it is important that as the vaccine programme progresses it is continuously promoted in the media in a positive way. What plans for ongoing media engagement do you have? Provide an example of a press release and lines to take for media engagement.

Response: [Click or tap here to enter text.](#)

B. It is inevitable that reports will emerge in social media and quickly be reported in the mainstream press of any perceived side effects or deaths associated with vaccination, whether they are valid or not. What is your plan to manage these reports and respond to them in a timely manner?

Response: [Click or tap here to enter text.](#)

C. Social media is likely to be very active once the vaccine programme starts. There will be positive and negative information circulating. What plans do you have to monitor, investigate, and challenge social media stories that may be inaccurate, incorrect, and could potentially damage the vaccination campaign?

Response: [Click or tap here to enter text.](#)

D. Individuals popular in mass media may offer themselves to be vaccinated as part of the vaccination campaign. What plans do you have to promote the vaccination campaign?

Response: [Click or tap here to enter text.](#)

4. Other

A. If you have already received and distributed an initial allocation of vaccine, are there any lessons that you learned during that process, and have you made any changes subsequently in your planning for the vaccination campaign?

Response: [Click or tap here to enter text.](#)

B. Some countries around the world started their vaccination campaigns earlier and so there is an opportunity to learn from their experience. The media will also be using differences in strategy to criticise your country if other countries are perceived as more successful. What plans do you have in place to review and adapt your vaccination strategy if required?

Response: [Click or tap here to enter text.](#)

C. Having many different vaccines available complicates the supply chain, as they have different cold chain requirements. They are also packaged in different quantities and may have slightly different recommended dose intervals. How will you adapt your plans as more vaccines with different requirements become available?

Response: [Click or tap here to enter text.](#)

Additional information

Country: [Click or tap here to enter text.](#)

Contributors (name and function): [Click or tap here to enter text.](#)

Please indicate on your response if you do not wish ECDC to share your written response without prior consulting you: [Click or tap here to enter text.](#)

Send your response to Vaccine.Stressone@ecdc.europa.eu by 1700 CET.

Annex C

Evaluation form

Please use the tick boxes below to comment on the way the exercise was organised and whether it achieved its aim. This will help us to develop further activities.

Country: **Name (optional)**

Exercise Content	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The exercise was well organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The scenario generated useful discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The stress test generated important issues and lessons identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The aim of the stress test was achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The aim of the stress test was: To assist Western Balkan countries in assessing their preparedness for the deployment of vaccines, identifying gaps and follow-up actions.

In relation to the stress test, what would you consider worked well?

In relation to the stress test, what would you consider were the main issues and gaps that you identified?