

Influenza Immunization Policy

Acute Care and Population Health Division
August 2013

Superseded

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This Policy is subject to change, as the Government of Alberta reserves the right to periodically update the information, as required. It is important to ensure that the most current version of the *Influenza Immunization Policy* is being consulted.

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1. PURPOSE

The purpose of the Alberta Influenza Immunization Program is to reduce:

- the incidence of influenza in Alberta; and
- the impact of influenza on Albertans.

Alberta's *Influenza Immunization Policy (IIP)* provides provincial direction from which Alberta Health Services Public Health can plan and deliver this policy to Albertans.

Alberta Health Services may deliver Alberta's *IIP* directly or through another community provider. This policy sets out certain requirements for Alberta Health Services and community providers, in order to facilitate the safe and effective delivery of the *IIP*.

The Appendices A and B form part of this Policy.

For the purposes of this *IIP*, an authorized health care provider or an authorized individual is hereby collectively referred to as a "community provider".

For the purposes of this *IIP*, "immunization" means the administration of a vaccine to a person to produce an immune response similar to the disease it protects from without causing the disease.

2. LEGISLATIVE AUTHORITY

The *IIP* is established under the authority of sections 10 and 12 of the *Public Health Act* and sections 2 and 2.1 of the *Communicable Diseases Regulation*. Under this authority, the Minister may provide a number of health services for the prevention, treatment, or modification of communicable diseases, including biological agents and may determine:

- who is eligible to receive these agents;
- the persons who may administer these agents;
- the conditions under which these agents are provided and administered; and
- the methods and protocols respecting distribution, storage and handling of these agents.

3. NATIONAL RECOMMENDATIONS

The National Advisory Committee on Immunization (NACI) produces a statement on influenza immunization each year that contains specific information and recommendations regarding the vaccine(s) to be used in the forthcoming season. It is published in the Canada Communicable Disease Report on the Public Health Agency of Canada website.

Each year, Alberta Health considers the recommendations in the most current NACI statement taking into account the Alberta context, and revises Alberta's *IIP* as appropriate. Alberta Health uses the NACI's recommendations as a foundation for Alberta's *IIP*, but considers financial and operational factors before making final policy recommendations.

This Policy must be followed by Alberta Health Services and community providers in providing Alberta's provincially funded influenza vaccine. In addition, all providers are expected to be familiar with the latest NACI statement as well as relevant vaccine product monographs.

4. PROVINCIAL TARGETS FOR INFLUENZA IMMUNIZATION

The following immunization targets are identified in the *Alberta Immunization Policy* manual.

Percentage of Albertans who will receive the recommended annual influenza immunization:

- Seniors aged 65 and older: 75%
- Children aged six to 23 months: 75%
- Residents of long-term care facilities: 95%
- Staff of long-term care facilities 95%
- Health care workers: 80%

5. CLIENT ELIGIBILITY

Alberta's *IIP* has been a universal program since September 2009. Subject to any directions by the Chief Medical Officer of Health, individuals six months of age and older who live, work or go to school in Alberta are eligible to receive provincially funded influenza vaccine under the *IIP*.

Out-of-province/country individuals (i.e. individuals who do not live, work, or go to school in Alberta) are not eligible for Alberta's provincially funded vaccine.

Lloydminster residents, including Albertans who reside in Lloydminster, receive immunization services under the Saskatchewan Health Immunization Program; not under Alberta's *IIP*. An Alberta resident residing in the City of Lloydminster may access the immunization services from Alberta Health Services in another Alberta community (e.g. Kitscoty).

Individuals who request provincially funded influenza immunization under the *IIP* must have a Personal Health Number (PHN). Individuals claiming to be Alberta residents but who do not have a PHN must be directed to their local Alberta Health Services Public Health Office.

6. VACCINE SUPPLY

Alberta Health purchases influenza vaccine for the *IIP* and supplies this vaccine to Alberta Health Services Public Health. Vaccine is shipped by Alberta Health's Provincial Vaccine Depot as soon as the lots are received. Supply may vary each year and, from time to time, the vaccine may need to be first administered to those at highest risk for influenza-related complications (e.g. residents of long term care facilities and lodges, those requiring home visits, hospitalized high-risk patients, etc.).

Alberta Health Services Public Health is responsible for distributing the vaccine to community providers along with any updated information in this Policy and any directions from Alberta Health. More than one provincially funded influenza vaccine product may be available during an influenza season. Details on the vaccines offered through the provincially funded universal seasonal influenza program for 2013-2014 are found in Appendix A.

7. DELIVERY OF THE *INFLUENZA IMMUNIZATION POLICY* BY ALBERTA HEALTH SERVICES

(a) When implementing the *IIP*, Alberta Health Services Public Health must:

- provide an Influenza Immunization Program in accordance with this *IIP*, as updated from time to time, and any other directions from Alberta Health;
- administer provincially funded influenza vaccines individuals six months of age and older who live, work, or go to school in Alberta (notwithstanding exceptions identified by Alberta Health Services);
- administer all doses of provincially funded influenza vaccine to children less than nine years of age;
- implement influenza vaccine distribution, storage, and handling methods and protocols in accordance with the *National Vaccine Storage and Handling Guidelines for Immunization Providers* (2007); and the *Alberta Immunization Policy*;
- not charge any individual receiving a provincially funded influenza immunization any fee for the vaccine or administration of the vaccine (if Alberta Health Services Public Health is administering provincially funded influenza vaccine in a workplace setting, they may charge an employer for the immunization service only, as long as there is no charge for the provincially funded vaccine itself);
- develop and disseminate communications regarding the Influenza Immunization Program; and
- encourage health care workers who have direct patient contact to be appropriately immunized against influenza.

(b) Health and Safety

- When delivering the *IIP* directly, Alberta Health Services must monitor the health and safety of the persons to whom influenza vaccine is administered and have protocols for management of anaphylaxis in place. This includes reporting adverse events following immunization weekly to Alberta Health. Where the adverse event is severe (e.g. anaphylaxis), the event must be reported to Alberta Health within 24 hours.

(c) Reporting Requirements

Alberta Health Services Public Health is accountable to Alberta Health for each dose of provincially funded influenza vaccine that is administered.

Alberta Health Services must:

- report to Alberta Health the influenza immunization data for each Alberta Health Services Public Health administered dose:
 - Weekly – aggregate data by reason code is to be submitted.
 - Monthly – data on Alberta Health Services Public Health administered doses are to be submitted to the Immunization and Adverse Reaction to Immunization (Imm/ARI) repository on a monthly basis in accordance with the immunization data submission guidelines.
- report to Alberta Health the influenza immunization data provided by community providers twice during the influenza immunization period: January 31, 2014 and May 02, 2014;
- provide ongoing updates on immunization rates during implementation of the *IIP*, as requested by Alberta Health;
- report to Alberta Health on the distribution, use, and disposal of vaccine pursuant to this *IIP* in the form, manner, and time period required by Alberta Health; and

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- report adverse events following immunization according to Alberta Health's *Surveillance of Adverse Reactions to Immunizing Agents* manual. These reports should be faxed weekly to Alberta Health at 780-422-6663 between October 1, 2013 and March 31, 2014. Where the adverse event is severe (e.g. anaphylaxis), the event must be reported to Alberta Health within 24 hours.

In order to meet timelines for the release of Alberta Health's Annual Report, Alberta Health must receive any outstanding influenza immunization data for all age groups, and for all geographical zones in Alberta (based on the October 1, 2013 to March 31, 2014 influenza immunization period) by May 2, 2014.

See Appendix B for details on 2013-2014 Imm/ARI reason codes.

(d) Client Immunization Records

Alberta Health Services must record and retain the following information and any other information required by Alberta Health for each client who receives vaccine:

- client's full name
- PHN
- date of birth
- gender
- postal code
- vaccine name (brand name)
- manufacturer lot number
- dosage administered
- reason code
- date and time of immunization
- site of injection
- route of administration
- name of immunizer

Complete and accurate immunization histories are an important component of a client's health record and must be maintained.

8. DELIVERY OF THE *INFLUENZA IMMUNIZATION POLICY* THROUGH COMMUNITY PROVIDERS

When implementing the *IIP* through another provider, Alberta Health Services Public Health must:

- require that a person who may be contracted by Alberta Health Services to provide influenza immunization:
 - a. is an authorized health care provider, or
 - b. has employed or engaged individuals who are authorized individuals (as defined below); and
 - c. have access to the Alberta Health Services on-line orientation package for community providers regarding the requirements of the *IIP* prior to distributing provincially funded influenza vaccine to them.

Authorized Health Care Provider

A provider meeting the following requirements is referred to as a “community provider” and may administer the influenza vaccine as part of the *IIP*:

- a regulated member of a health profession body under the *Health Professions Act* or a registered member of a designated health discipline under the *Health Disciplines Act*; and
- authorized under the respective statute and regulations to administer a vaccine.

9. RESPONSIBILITIES OF COMMUNITY PROVIDERS

(a) In order to administer provincially funded influenza vaccine as part of the *IIP*, a community provider must:

- be competent and authorized to administer vaccine;
- complete an *IIP* orientation or training session as directed by Alberta Health Services;
- comply with the requirements of the *IIP* as updated from time to time;
- administer provincially funded influenza vaccine only in accordance with the requirements of the *IIP* and any standards of practice required by the community provider’s professional governing body or, in the case of an authorized individual, a Ministerial Order;
- collaborate and consult with public health professionals and officials of Alberta Health Services, as required by Alberta Health Services; and
- ensure the provincially funded influenza vaccine is transported, stored, and handled in accordance with requirements provided by Alberta Health Services.

(b) Charges

In order to administer vaccines as part of the *IIP*, a community provider:

- shall not charge any individual for the administration of the provincially funded influenza vaccine, or for the provincially funded influenza vaccine itself;
- may, if prior agreements are in place, charge another payor, such as Blue Cross, in accordance with the agreement; and
- may, if administering provincially funded influenza immunization in a workplace setting, charge an employer for the immunization service only, as long as there is no charge for the provincially funded vaccine itself.

(c) Health and Safety

In order to administer vaccines as part of the *IIP*, a community provider must monitor the health and safety of the persons to whom influenza vaccine is administered; protocols must be in place for management of anaphylaxis and vaccine must only be administered in settings where there protocols are in place.

(d) Recording and Reporting Requirements

A community provider must report to Alberta Health Services Public Health on influenza immunization activities, in the time and manner requested by Alberta Health Services.

A community provider who administers vaccine under the *IIP* is accountable to Alberta Health Services for each dose of vaccine. A community provider must:

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- track each dose and reason code for all doses of provincially funded vaccine administered;
- provide data to Alberta Health Services on all doses of provincially funded influenza vaccine administered prior to requesting additional vaccine;
- provide to Alberta Health Services, at the mid-point and end of the annual influenza immunization program (dates to be provided by Alberta Health Services through the *Influenza Vaccine Agreement for Community Providers*), aggregate data of provincially funded vaccine doses administered by influenza vaccine reason code;
- report to Alberta Health Services any unused doses of provincially funded influenza vaccine and promptly return unopened vials to Alberta Health Services as required by Alberta Health Services; and
- report to Alberta Health Services on any provincially funded vaccine that is wasted.

(e) Reporting on Adverse Events Following Immunization

All adverse events following administration of provincially funded influenza vaccine that cannot be attributed to co-existing conditions must be reported as soon as possible by the community provider using the appropriate form as directed by Alberta Health Services. Where the adverse event is severe (e.g. anaphylaxis), the event must be reported within 24 hours to the Alberta Health Services local Public Health office. In any case where a community provider is unsure whether a symptom following immunization is related to the immunization, the community provider must consult with the Alberta Health Services local public office as soon as possible.

(f) Client Immunization Records

A community provider must record and retain the following information and any other information required by Alberta Health Services for each client who receives vaccine:

- client's full name
- PHN
- date of birth
- gender
- postal code
- vaccine name (brand name)
- manufacturer lot number
- dosage administered
- reason coding
- date and time of immunization
- site of injection
- route of administration
- name of immunizer

This information must be recorded in writing in the form required by Alberta Health Services. Alberta Health Services may request additional record keeping or reporting from community providers on an as needed basis. Community providers must record information about the vaccine that has been administered on a hard-copy for the client's use.

Complete and accurate immunization histories are an important component of a client's health record and must be maintained.

(g) Referral

In any case where a community provider is unsure whether a specific client should receive provincially funded influenza vaccine (e.g. the client may be immune-compromised or the client does not have a PHN); the community provider must refer the client to the local Alberta Health Services Public Health Office for assessment.

10. POLICY UPDATES

The *IIP* is subject to change. Changes will be forwarded to Alberta Health Services, if required.

11. EVALUATION OF THE *INFLUENZA IMMUNIZATION POLICY*

Community providers may be contacted by Alberta Health Services Public Health or Alberta Health for feedback on their participation in the *IIP*.

Superseded

12. REFERENCES

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APPENDIX A

2013-2014 INFLUENZA VACCINES OFFERED IN

ALBERTA'S UNIVERSAL INFLUENZA IMMUNIZATION PROGRAM

Influenza Vaccines

1. The inactivated trivalent influenza vaccine (TIV) *Fluviral*® (manufactured by GlaxoSmithKline) is licensed and safe to use in individuals six months of age and older. However, if clients refuse a thimerosal-containing vaccine, *Agriflu*® may be offered while supply permits.
2. The inactivated TIV *Agriflu*® (manufactured by Novartis Vaccines) is a thimerosal-free product and is supplied in 0.5ml dose pre-filled syringes. *Agriflu*® is licensed and safe to use in individuals six months of age and older.
3. The trivalent live attenuated influenza vaccine (LAIV) intranasal spray vaccine *Flumist*® (manufactured by AstraZeneca) is a thimerosal-free product and will be available for healthy children 2-17 years of age (see "precautions" and "contraindications" in the vaccine charts). As this is a live vaccine, it is important to review warnings and precautions.

More information on these vaccines, including product monographs, can be found on the following web sites:

Agriflu® www.novartis.ca/products/en/vaccines-az.shtml

Flumist® www.astrazeneca.ca/en/Our-Medicines/en-Products-AZ

Fluviral® www.gsk.ca/english/html/our-products/seasonal-influenza.html¹

¹It is anticipated that GlaxoSmithKline will update their website with the current product monograph prior to the 2013-2014 influenza season

Egg Allergic Persons

The NACI *Statement on Seasonal Influenza Vaccine for 2013-2014* states that egg allergic persons may be immunized against influenza with inactivated TIV; without prior influenza vaccine skin testing and receive a full age-appropriate dose. A 30 minute waiting period post-immunization should always be followed for persons with egg allergies.

Those individuals with mild reactions to eggs, such as hives, or those who tolerate eggs in baked goods may be immunized in any clinic.

Those individuals who have more severe allergic reactions to egg, such as anaphylaxis should be immunized in a medical clinic, allergy office, or hospital where appropriate protocols and equipment are available in the case of respiratory or cardiovascular compromise.

Flumist® is contraindicated in individuals with a history of hypersensitivity, especially anaphylactic reactions, to eggs and/or egg protein.

Latex Allergic Persons

The draft NACI *Statement on Seasonal Influenza Vaccine for 2013-2014* states that all influenza vaccines currently available in Canada are safe for use in persons with latex allergy.

APPENDIX B

Please note: This table is to be used when an Albertan fits into more than one Imm/ARI reason code; the highest priority coding needs to be used.

Imm/ARI Codes	Imm/ARI Reason Codes, in order of priority
44	Long Term Care (LTC) staff^{1,3} <ul style="list-style-type: none"> • Includes nursing homes or chronic care facilities staff • Facility provides 24/7 nursing care
03	Health Care Worker (HCW) <ul style="list-style-type: none"> • Includes Health Care Students • Includes staff in a lodge or assisted living facilities
46	Pregnant Women <ul style="list-style-type: none"> • Do not include lactating women
22	Resident of Long Term Care (LTC)^{2,3} <ul style="list-style-type: none"> • Includes nursing homes or chronic care facilities' residents • Facility provides 24/7 nursing care
02	65 years of age and over
45	Children 6 to 23 months of age (healthy or with chronic health conditions)
60	Children 24 to 59 months of age (healthy or with chronic health conditions)
01	Less than 65 years of age at high risk for influenza-related complications including: <ul style="list-style-type: none"> • chronic pulmonary and/or cardiac disorders • chronic conditions such as diabetes mellitus and other metabolic diseases, cancer, renal disease, anemia hemoglobinopathy, immunodeficiency, immunosuppression • HIV-positive persons • any condition that can compromise the management of respiratory secretions and are associated with increased risk of aspiration • children and adolescents (60 months to 18 years) with chronic conditions treated for long periods with acetylsalicylic acid • those living in chronically disadvantaged situations • individuals who are morbidly obese • Aboriginal peoples
59	Healthy – less than 65 years of age

¹ This code is for staff who work in a facility that provides 24/7 nursing care. Staff who work in a lodge or assisted living facility are coded under **03 not 44**.

² This code is for individuals living in a facility that provides 24/7 nursing care. Residents of lodges should be coded under category **02** (65 years and over) or **01** (<65 years at high risk).

³ For long-term care residents and staff, influenza immunization rates should be calculated using the population denominator on **December 15, 2013**. Any new residents admitted and immunized or any new staff hired and immunized after this date should be included in other appropriate categories.