

Alberta
Influenza
Immunization
Policy

Effective September 2021

Superseded

Ministry of Health, Government of Alberta

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Alberta Influenza Immunization Policy

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Updates from last season’s policy

Season	Updated
October 13, 2021	Changes to max order amounts for physicians that receive vaccine through Accuristix.
September 9, 2021	Co-administration with COVID-19 vaccine
2021-2022 annual update	<ul style="list-style-type: none"> Updated influenza vaccine virus strains Physician vaccine distribution Updated resource links

I. PURPOSE

Influenza – commonly referred to as the flu – is a respiratory disease caused by a virus that affects the nose, throat and lungs. Influenza is contagious and is easily transmitted from person to person.

Symptoms of influenza typically include sudden onset of fever, cough, and muscle aches. Other common symptoms include headache, chills, loss of appetite, fatigue, and sore throat. Nausea, vomiting, and diarrhea may also occur, especially in children. Most people will recover within seven to ten days.

Certain populations, such as young children, older adults and those with chronic health conditions, are at higher risk for serious influenza complications such as viral pneumonia, secondary bacterial pneumonia and worsening of underlying medical conditions.

The Alberta Influenza Immunization Policy sets out the requirements for the provincially funded Influenza Immunization Program. Immunization service delivery will focus on increasing influenza immunization rates for high-risk populations who are most at risk for morbidity and mortality due to influenza disease.

The objectives of *Alberta's Influenza Immunization Policy* (IIP) are:

- To reduce the incidence and impact of influenza disease in Alberta;
- To have effective and safe influenza vaccines available for administration;
- To increase the coverage rates of targeted populations (listed below) annually; and
- For all people in Alberta to have access to provincially funded influenza vaccine.

The objectives of the IIP can be met when all health practitioners work together to implement the policy. Collaboration, coordination and communication among all health practitioners during all phases of the immunization program is critical to strengthen Alberta's capacity to reduce the impact of influenza disease and contribute to the health and well-being of Albertans.

II. ALBERTA INFLUENZA IMMUNIZATION TARGET RATES

- | | |
|--|-----|
| • Seniors aged 65 years of age and older | 80% |
| • Residents of long-term care facilities | 95% |
| • Covenant Health and AHS Health Practitioners | 80% |
| • Children aged 6 to 59 months | 80% |

The immunization target rates are set based on international standards and best practices. These targets are consistent with Canada's commitment to World Health Organization (WHO) disease elimination targets, the Global Vaccine Action Plan and the [National Immunization Strategy: Immunization Coverage Goals and Vaccine Preventable Diseases Reduction Targets by 2025](#). Alberta Health, in collaboration with health providers, aims to increase the provincial coverage rate by 2% each season.

III. EDUCATION/TRAINING

All health practitioners should review the following resources annually:

- The [Alberta Health IIP](#) and [influenza biological pages](#).
- The [2021-2022 National Advisory Committee on Immunization \(NACI\) seasonal influenza vaccine statement](#) and relevant influenza vaccine product monographs.
- The [AHS Influenza Immunization for Health Professionals Information Package](#).
- Pharmacists can access the Alberta Pharmacists' Association (RxA) Annual Influenza Immunization Education and the Alberta College of Pharmacy Seasonal Influenza Information page.

IV. CLIENT ELIGIBILITY

Individuals six months of age and older, who are living, working, going to school, or visiting Alberta are eligible for provincially funded influenza vaccine.

Children younger than nine years of age who have **never** received a dose of seasonal influenza vaccine **require two doses** with a minimum interval of four weeks between doses.

Clients who do not have a Personal Health Number (PHN) or whose PHN is inactive should be directed to a local AHS Public Health clinic for administration of vaccine.

V. ADMINISTRATION OF VACCINE

The Alberta Influenza Immunization Program will begin in October 2021. As part of the Alberta Outreach Program, health practitioners participating in influenza outreach can begin to immunize individuals as soon as influenza vaccine is available.

Alberta Outreach Program includes homeless and marginalized persons, individuals with booked public health immunization appointments as well as:

- Long-term care: includes facilities like nursing homes and auxiliary hospitals. Care and accommodation services are provided for people with complex health needs who are unable to remain at home or in a supportive living site.
- Supportive living: sites that provide accommodation services along with other supports and care, including but not limited to, senior lodges, group homes, mental health and designated supportive living accommodations.

Immunization of high-risk populations is a priority, health practitioners have to use clinical judgement when deciding to immunize clients who are at high-risk before the vaccine is offered to the general public, while understanding the full amount of vaccine is not available in the province yet. Health practitioners must use their initial supply judiciously.

Based on national influenza vaccine supply, it is estimated that all health practitioners will have vaccine in place by the week of October 18, 2021 to begin offering the vaccine broadly.

Consideration for spacing with COVID-19 vaccine is required

Influenza and COVID-19 vaccines can be co-administered on the same day using different injection sites and separate needles and syringes. 14 day spacing is required between the COVID-19 vaccine and live attenuated vaccines. Review of the client's immunization record is required prior to the administration of either vaccine.

Influenza Vaccines that are included in the Provincially Funded Program in the 2021-2022 season

Product	Standard dose Quadrivalent Inactivated Influenza Vaccine (SD-QIV)		High dose Quadrivalent Inactivated Vaccine (HD-QIV)
Influenza Vaccine Name	Fluzone® FluLaval® Tetra	Afluria® Tetra	Fluzone® High Dose
Presentation	Multidose Vial Pre-filled syringe		Pre-filled syringe
Age Group	Six months of age and older	5 years of age and older	65 years of age and older
Influenza Strains	<ul style="list-style-type: none">• A/Victoria/2570/2019 (H1N1)pdm09-like virus;• A/Cambodia/e0826360/2020 (H3N2)-like virus;• B/Washington/02/2019 (B/Victoria lineage)-like virus; and• B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.		

Because the standard dose influenza vaccine is a safe and effective vaccine and delaying influenza immunization is not recommended, the standard dose vaccine can be offered to individuals 65 years and older if the high dose vaccine is not available. Offering standard dose would be appropriate with informed consent. The [National Immunization Committee on Immunization \(NACI\)](#) recommends not delaying immunization.

Additional Influenza Vaccine Resources:

- [Alberta Immunization Policy](#)
- Alberta Health influenza vaccine chart- [Influenza Vaccine Quadrivalent Inactivated](#); [Influenza Vaccine High Dose Quadrivalent Inactivated](#)
- Product monograph- GlaxoSmithKline- FluLaval® Tetra; Sanofi Pasteur- Fluzone® Quadrivalent; Fluzone® High Dose; Seqirus- Afluria® Tetra
- World Health Organization- [Recommended composition of influenza virus vaccines for use in the 2021-2022 northern hemisphere influenza season](#)

VI. IMMUNIZATION REGULATION LOGISTICS

The Alberta Immunization Regulation sets out requirements to standardize practices for all immunization health practitioners, regardless of whether a vaccine is provincially funded or privately purchased.

- **Reporting Immunizations:** As of January 1, 2021, this Regulation requires health practitioners to ensure a report respecting immunizations and assessments is electronically submitted to the Provincial Immunization Repository (Imm/ARI) within 7 days in accordance with the [Immunization Data Submission and Response Guidelines](#).
- **Reporting Adverse Events Following Immunization:** Health practitioners shall ensure that adverse events following immunization are reported to Alberta Health Services within 3 days of becoming aware.
- **Vaccine Storage and Handling:** Health practitioners must follow the requirements for the storage, handling and transportation of vaccines.

Reporting Immunizations

For the 2021-2022 influenza season, aggregate immunization information will no longer be accepted. Health practitioners must report individual influenza immunization events electronically to meet the reporting requirements outlined in the Immunization Regulation.

- For health practitioners that have not yet reported influenza immunization events electronically, options include:
 - System to system direct submission from source electronic medical record to the provincial immunization repository. The [Immunization Data Submission and Response Guidelines](#) outlines the requirements.
 - Immunization Direct Submission Mechanism (IDSM). See: <https://www.albertanetcare.ca/learningcentre/Immunizationsmain.htm>
<https://www.albertanetcare.ca/learningcentre/ImmDirectSubmission.htm>
- Community Pharmacies that are not using system to system reporting will have the claims submitted to Alberta Blue Cross used as the electronic reporting mechanism and will be uploaded to Imm/ARI.
- Health practitioners should offer the client a copy of their record of immunization.

Reason Codes:

Vaccine Code	Reason Codes	Descriptor	Pin
Flu	50 – Routine Recommended Immunization	Influenza Standard Dose	05666650
Flu-HD	50 – Routine Recommended Immunization	Influenza High Dose	00000050

Reporting Adverse Events Following Immunization (AEFI)

Monitoring the health and safety of Albertans who receive vaccines is paramount. Health practitioners must have protocols in place for the management and reporting of anaphylaxis and other serious adverse events.

The health practitioner shall ensure that the adverse events following immunization are reported to AHS within three days of being informed. When the adverse event is severe (e.g., anaphylaxis), the event should be reported within 24 hours. Please visit the [AHS website](#) for further information on the reporting process and to access the [AEFI report form](#).

Details on AEFI reporting, including case definitions and reporting requirements are included in the [Adverse Events Following Immunization \(AEFI\) Policy for Alberta Immunization Providers](#).

Vaccine Storage and Handling

The requirements for the storage, handling and transportation of all vaccines are outlined in the Immunization Regulation. Additionally the [Alberta Vaccine Storage and Handling Policy for Provincially Funded Vaccine](#) is to be followed.

All known exposures of influenza vaccine to temperatures outside +2.0°C to +8.0°C or light requirements as specified in the product monograph must be reported.

- **Health practitioners who receive influenza vaccine through AHS:** send the [Alberta Health Services Cold Chain Excursion Report Form](#) to the [AHS Zone Contact](#). For additional information on reporting cold chain excursions, refer to [AHS Vaccine Storage and Handling](#).
- **Community pharmacies and physician clinics (who will received vaccine from Accuristix):** Report cold chain excursions to the influenza vaccine manufacturer within five days for viability determination. A copy of the documentation must be kept with the vaccine and this record must be retained for at least seven years.

VII. INFLUENZA VACCINE SUPPLY AND DISTRIBUTION

Alberta Health purchases influenza vaccine through a national procurement process. Alberta's full influenza vaccine order is not available at the beginning of October as it arrives into the province in shipments over several months during the influenza season. The Provincial Vaccine Depot (PVD) distributes vaccine as quickly as it is received and monitors supply closely. AHS vaccine depots and the wholesale distributors make every effort to distribute the influenza vaccine to all partners in a timely manner. It is not possible for all partners to receive the influenza vaccine on the same day.

- Do not call your distributor asking for early shipments of vaccine. In order to fulfill your vaccine needs, please expect to place multiple orders throughout the season.
- Health practitioners should be prudent when ordering influenza vaccine to ensure that influenza vaccine is available for all health practitioners.

Changes to influenza vaccine distribution for physician clinics:

- Physician clinics participating in the influenza immunization program will receive vaccine from the wholesale distributor, Accuristix, and order through the [Alberta Vaccine Inventory \(AVI\) system](#) and orders will be received and shipped weekly.
- Orders must be place in AVI by 3 pm MST on Fridays for delivery the next week.
- The weekly maximum SD-QIV order amount is 100 doses.

- The weekly maximum HD-QIV order amount is 105 doses.
- The weekly maximum Pneumococcal Polysaccharide 23- Valent order amount is 24 doses.

Health practitioners who receive influenza vaccine through AHS:

- The PVD distributes influenza vaccine to AHS vaccine depots for further distribution.
- AHS is responsible for distributing influenza vaccine to all health practitioners (excluding community pharmacists and physicians); distribution amounts are based on previous administration and influenza vaccine availability.
- Influenza vaccine orders are placed using the [AVI system](#).

Community pharmacies:

- Alberta Health Services is not involved with vaccine distribution to pharmacies and should not be contacted regarding influenza vaccine supply.
- Influenza vaccine is distributed to pharmacies through Pharmacy Wholesale Distributors (PWD) in collaboration with Alberta Health.
 - Initial influenza vaccine pipeline amounts are based on:
 - The percentage of influenza immunizations administered in the previous influenza season, and
 - The PWD influenza vaccine allocation and on hand inventory.
 - Once pipeline fills are complete, the maximum daily order amount is 30 units (300 doses) for SD-QIV and 5 units (25 doses) for HD-QIV.
- Use caution when ordering from the PWD as quantities are ordered using **UNITS** not doses. A unit is equal to 10 doses for SD-QIV and 5 doses for HD-QIV.
- The maximum daily SD-QIV order amount is 30 units (300 doses).
- The maximum daily HD-QIV order amount is 5 units (25 doses)
- Exemptions to the maximum ordering thresholds will be considered on a case-by-case basis during an outbreak situation, as determined by Alberta Health.
- Community pharmacists should reconcile vaccine inventory using the [AVI system](#) weekly.
 - This will align processes for all immunizing partners, provide timely insight to the vaccine inventory and supports equitable vaccine distribution.
 - Community Pharmacies participating in the COVID-19 Immunization Program should already have access to AVI and are familiar with reconciling vaccine inventory. For those community pharmacies that did not participate in the COVID-19 Immunization Program but will participate in the Influenza Immunization Program, [AVI registration](#) is required.

VIII. WORKPLACE INFLUENZA IMMUNIZATIONS

Health practitioners offering influenza immunization services in a workplace setting, (with the purpose of immunizing employees) cannot charge Alberta Health for the services. Health practitioners may charge the employer for the services associated with the administration of the influenza vaccine but not for the vaccine itself.

- Assisted living facilities where the residents are being offered influenza immunization would not be considered a workplace, and staff/volunteers can be offered the vaccine as part of outreach.

IX. INFLUENZA VACCINE WASTAGE

A judicious approach to influenza vaccine ordering and distribution is required in Alberta in order to allow equitable supply for all health practitioners. Alberta Health works closely with partners to have less than five percent wastage by the end of the season. Health practitioners are responsible for the proper destruction of unused/expired influenza vaccine according to the standards of practice at their respective sites. The cost of destruction will not be reimbursed. Pharmacy wholesale distributors or Accuristix cannot accept influenza vaccine returns.

Influenza vaccine left over at the end of the season must be accounted for and reconciled in AVI using the Category Code= “*Wasted*” and the Reason Code= “*Wasted /Influenza Season End*”.

References

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Appendix A – Guide to off-site coordination* of Influenza Vaccine Administration

Off-site influenza vaccine administration must adhere to the most current recommendations set out by Alberta Health or the health practitioner's employer in response to the COVID-19 pandemic.

Location or Population	Example	Can use public vaccine?	Can pharmacists bill Alberta Blue Cross?	Requires coordination with facility or setting?
Community Settings	Must be accessible to the public (shopping mall, special event, recreation center, community hall, airport, etc.)	Yes	Yes	Yes
Home Visits	Health practitioners to confirm with client that they are not receiving influenza immunization from Public Health or Home Care	Yes	Yes	No
Congregate living settings where Public Health is not providing services	Continuing Care facilities, senior residence, senior lodges, etc.**	Yes	Yes	Yes
Workplace setting where occupational health services are not available	The sole purpose of the off-site clinic is to provide immunizations to employees at their workplace	Yes	No	Yes
Post-secondary students during a time that Public Health or Student Health Services are not providing an immunization clinic	Any post-secondary setting such as a university, college or technical training institute	Yes	Yes	Yes
School or child setting during school hours where Public Health services are being provided	Immunization of children in any school or child care setting, during school hours	No	No	NA
School or child care setting after school hours and open to public	Public immunization clinic after hours in a school gym	Yes	Yes	Yes

* Coordination is required to reduce duplication of influenza immunization services.

** Residents, staff, and volunteers can be offered vaccine during the offsite clinic. The services associated can be billed through ABC.