

Alberta
Influenza
Immunization
Policy

Effective September 2022

Out of date

Ministry of Health, Government of Alberta

September 2022

Alberta Influenza Immunization Policy

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Health and Wellness Promotion Branch

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Table of Contents

Contents

I.	PURPOSE.....	4
II.	ALBERTA INFLUENZA IMMUNIZATION TARGET RATES	4
III.	CLIENT ELIGIBILITY	5
IV.	ADMINISTRATION and BOOKING VACCINE	5
V.	ALBERTA OUTREACH PROGRAM.....	5
VI.	EDUCATION/TRAINING.....	8
VII.	VACCINE TYPES	9
VIII.	IMMUNIZATION REGULATION LOGISTICS.....	10
	Reporting Immunizations	10
	Reporting Adverse Events Following Immunization (AEFI).....	11
	Vaccine Storage and Handling	11
IX.	INFLUENZA VACCINE SUPPLY AND DISTRIBUTION.....	11
X.	WORKPLACE INFLUENZA IMMUNIZATIONS	12
XI.	INFLUENZA VACCINE WASTAGE.....	13
	References	14
	Appendix A – Guide to coordination* of Off-site Influenza Vaccine Administration.....	15

Updates from last season’s policy

Season	Updated
2022-2023 annual update	<ul style="list-style-type: none"> • Outreach Influenza Immunization Program • Updated influenza vaccine virus strains • Updated Min/Max • Shift to weekly vaccine ordering • Vaccine distribution to Physicians • 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: Vaccination 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. 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 Alberta Health Services (AHS) Public Health clinic for administration of vaccine.

IV. ADMINISTRATION and BOOKING VACCINE

The Alberta Influenza Immunization Program will begin on October 17, 2022, for the general public. The Alberta Outreach Program will occur before the general public program begins (earlier in October) as soon as vaccine becomes available.

Based on the national influenza vaccine supply, it is estimated that all health practitioners will have vaccine in place by the week of October 17, 2022, to begin offering the vaccine to the general public.

Any advertising or promotion of the availability of influenza vaccine for the general public must reference the start date of the program beginning October 17, 2022.

The Alberta Vaccine Booking System is a tool that can be used to support Albertans and Health Care Providers; however, it is not mandatory. Immunization services for walk-in patients is allowed without the need for a booked appointment.

V. ALBERTA OUTREACH PROGRAM

The Alberta Outreach Program focuses on providing influenza immunization services to those at highest risk of severe outcomes, hospitalization and death due to influenza disease.

Those living in seniors congregate settings are more likely to have underlying health conditions, which can increase risk and have less mobility to access immunization services in the community.

The goals of the outreach program are:

- to prevent severe outcomes in the most vulnerable and,
- reduce outbreaks in seniors congregate settings.

On-site influenza immunization services **will** be coordinated by AHS for residents and staff of seniors congregate living settings as per the three definitions below.

Highest Risk Congregate Living Settings that have more than 10 residents

1. **Long-term Care (LTC)** supports individuals with more complex health needs whose care cannot be safely provided in their own home, or in designated supportive living. Long-term care facilities are sometimes called nursing homes. May include beds designated for alternate level of care, restorative care, or respite care intended for shorter-term, transitional use.

2. **Designated Supportive Living (DSL)** provides accommodation, meals and some health supports yet still allow residents to live independently in a home environment. Supportive living can be in facilities or personal care homes. Care support is on-site if needed for any reason. DSL supports people with health and personal care needs ranging from more stable and predictable (DSL3) to less stable and predictable (DSL4 and DSL4-D). May include beds designated for alternate level of care, restorative care, or respite care intended for shorter-term, transitional use.

3. **Non-Designated Supportive Living (NDSL)** supports permanent residential living where an operator also provides or arranges for services (e.g., meals, housekeeping). May be licensed under the *Supportive Living Accommodations and Licensing Act* (SLALA) or unlicensed. In order to fall into this category, these additional criteria must also be in place:
 - Communal dining as an expected part of service for residents,
 - A senior's population age 65+ (Note that residents less than 65 years of age would also be included).

Roles and Responsibilities for providers participating in Alberta's Influenza Immunization Outreach Program

To be considered a provider for the outreach program, providers **must** have the capacity and resources to be able to meet the following requirements and expectations:

- Providers will aim to complete all on-site Outreach clinics by November 15, 2022.
- Capacity and resources to immunize all on-site residents, as well as staff, or work collaboratively with other providers to ensure capacity.
- Follow processes to ensure vaccine allocation and delivery can be coordinated. High-dose influenza vaccine is the recommended vaccine for patients over 65 years of age. Supply is limited; therefore, accommodation for requests past deadlines may not be possible.
- Comply with the Immunization Regulation and all Alberta Health immunization policies regarding appropriate storage and handling of vaccines and equipment and temperature control/monitoring.

Alberta Health Services (AHS)

Alberta Health Services will lead and coordinate the Alberta Influenza Immunization Outreach Program for the highest risk congregate living settings (defined above):

Responsibilities include:

- Work with the eligible seniors congregate living facilities to identify what provider(s) (facility staff, pharmacy, AHS Public Health) will provide immunization services.
 - A collaborative approach may be required for larger facilities whereby a combination of AHS Public Health, facility staff, specialty or community pharmacies must work together to offer immunization services.
- Ensure all facilities have an immunization provider for outreach.
 - If there are on-site staff with the scope of practice to provide immunization, those staff are expected to provide influenza immunization services.

- In the absence of another provider, AHS will provide the immunization service through AHS Public Health.
- AHS requires a minimum of three weeks' notice if a site requires AHS immunization support.
- Provide Alberta Health with the numbers of influenza vaccine doses required by facility type for residents and staff.
 - The list will be shared with the Alberta Health Immunization Team by August 30, 2022 to facilitate vaccine distribution to participating pharmacies.
- AHS will act as a resource to the facilities for questions and guidance regarding the outreach program. AHS will work directly with the facility and not the provider (e.g. a pharmacy).
 - AHS will not be a direct contact for alternate immunizing providers (e.g. off-site pharmacies) in managing clinical questions and vaccine program requirements.
 - Policy or clinical questions can be emailed to the Alberta Health Immunization Inbox (health.imm@gov.ab.ca)
- Distribute vaccine to facilities who are immunizing independently with their on-site staff.
- Offer influenza vaccine to individuals with booked public health immunization appointments as soon as influenza vaccine becomes available.
- Facilitate vaccine distribution prior to the public launch date when possible to facilitate AHS and Covenant Health staff clinics which can occur prior to the public launch.

Alberta Health

Alberta Health is responsible for overseeing compliance with all parts of the Immunization Regulation, all Alberta Health immunization policies and allocation of influenza vaccine. The Alberta Health Immunization Team will work collaboratively with AHS as they lead and coordinate the program.

Responsibilities include:

- Vaccine ordering
- Vaccine allocations for all components of the Program.
- Vaccine distribution to wholesaler distributors, some First Nations and AHS Vaccine Depots.
- Prepare and update (as required) the Alberta Influenza Immunization Policy.
- Answering policy or clinical questions from providers through the Health Immunization Inbox (health.imm@gov.ab.ca)

Congregate Care Facility Operators and Facility Staff

Owners and operators of facilities are responsible for obtaining immunization services for residents and staff with either facility staff, pharmacies or AHS Public Health.

Responsibilities include:

- Facilities must provide AHS with their provider information and required doses for both staff and residents to facilitate vaccine allocation distribution by **August 19, 2022**.

- Facilities with RNs or LPNs on site should plan to immunize staff and residents.
- Facilities that do not have RNs or LPNs on-site should engage their pharmacy providers or seek out a pharmacy partner to plan and schedule influenza immunization clinics before November 15, 2022.
- Working with their selected immunization provider to facilitate immunization services, including clinic dates.
- Complying with the processes and expectations of outreach participation set out by the Alberta Influenza Immunization Policy.
- Facilities that will be completing their own immunization are responsible for ordering vaccine as per AHS guidance and direction.
- Work to obtain consent in situations where residents cannot provide their own consent.
- Reporting as per requirements outlined in the Immunization Regulation.

Pharmacy Providers

Community pharmacies participating in outreach will work collaboratively with facilities, other pharmacy partners, AHS and Alberta Health to administer immunization services on-site.

Responsibilities include:

- Adhering to processes and expectations of outreach participation set out by the Alberta Influenza Immunization Policy.
- Following vaccine allocation and distribution ordering deadlines.
- Reporting as per requirements outlined in the Immunization Regulation
- Comply with the Immunization Regulation and all Alberta Health immunization policies regarding appropriate storage and handling of vaccines and equipment, and temperature control/monitoring.

VI. EDUCATION/TRAINING

All health practitioners should review the following resources annually:

- The [Alberta Health IIP](#) and [influenza biological pages](#).
- The [2022-2023 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 webpage.

VII. VACCINE TYPES

Influenza vaccines that are included in the Provincially Funded Program in the 2022-2023 season

Product	Standard dose Quadrivalent Inactivated Influenza Vaccine (SD-QIV)	High dose Quadrivalent Inactivated Vaccine (HD-QIV)
Influenza Vaccine Name	Fluzone® FluLaval® Tetra	Fluzone® High Dose
Presentation	Multidose Vial Pre-filled syringe	Pre-filled syringe
Age Group	Six months of age and older	65 years of age and older
Influenza Strains	<ul style="list-style-type: none">• an A/Victoria/2570/2019 (H1N1)pdm09-like virus;• an A/Darwin/9/2021 (H3N2)-like virus;• a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and• a 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.

Consideration for spacing with COVID-19 vaccine is required

Influenza and COVID-19 vaccines can be co-administered to individuals 5 years of age and older in most cases on the same day using different injection sites and separate needles and syringes. A review of the client's immunization record is required prior to administering either vaccine.

- SpikeVax (6m-5yr) vaccine should not routinely be administered on the same day with other live or inactivated vaccines.
- In the absence of evidence, it is recommended but not required to wait for a period of at least 14 days before and after the administration of COVID-19 vaccine and the administration of another vaccine, if it does not create a barrier to receipt of vaccines.

Additional Influenza Vaccine Resources:

- Alberta Health influenza vaccine chart- [Influenza Vaccine Quadrivalent Inactivated](#); [Influenza Vaccine High Dose Quadrivalent Inactivated](#).
- World Health Organization- [Recommended composition of influenza virus vaccines for use in the 2022-2023 northern hemisphere influenza season](#).
- Sanofi Pasteur Inc. (2022). Fluzone® Quadrivalent. Influenza virus vaccine quadrivalent types A and B (Split Virion). [Product Monograph](#).
- GlaxoSmithKline Inc. (2022). Flulaval®Tetra. Quadrivalent Influenza Vaccine (Split Virion, Inactivated). [Product Monograph](#).
- Sanofi Pasteur Inc. (2022). Fluzone® High-Dose Quadrivalent Influenza Virus Vaccine - Types A and B (Split Virion). [Product Monograph](#).

VIII. 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 2022-2023 influenza season, aggregate immunization information is not accepted. Health practitioners must report individual influenza immunization events electronically to meet the reporting requirements outlined in the Immunization Regulation.

- Options for reporting influenza immunization events electronically:
 - 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 the Provincial Immunization Registry (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 receive vaccine from a wholesale distributor):**
 - Report cold chain excursions to the influenza vaccine manufacturer within five days for viability determination.
 - A copy of the stability recommendation documentation must be kept with the vaccine until the vaccine is administered or discarded.
 - All cold chain excursion documents must be retained for at least seven years.

IX. 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.

Alberta Health will determine influenza vaccine allocations with the goal to provide equitable amounts to all providers. 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 weekly orders throughout the season.
- Health practitioners should be prudent when ordering influenza vaccine to ensure that stockpiling does not occur and that supply is available for all health practitioners.

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 [Alberta Vaccine Inventory \(AVI\) management system](#).
- All providers must reconcile vaccine inventory using the [AVI system](#) weekly.

Community pharmacies/Community Medical Clinics:

- Alberta Health Services is not involved with vaccine distribution to community pharmacies and physicians and should not be contacted regarding influenza vaccine distribution and supply.
- Influenza vaccine is distributed to pharmacies once per week through Pharmacy Wholesale Distributors (PWD) and to community medical clinics through Accuristix 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 on-hand inventory.
 - Maximum pipeline fill doses for both outreach and in-store administration will be determined by Alberta Health.
 - **Based on vaccine supply**, once pipeline fills are complete, the maximum weekly order amount is 100 units (1000 doses) for SD-QIV and 20 units (100 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 weekly SD-QIV order amount is 100 units (1000 doses).
- The maximum weekly HD-QIV order amount is 20 units (100 doses).
- Exemptions to the maximum ordering thresholds will be considered on a case-by-case basis during an outbreak situation only, as determined by Alberta Health.
- Vaccine inventory must be reconciled 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.
 - **NOTE:** 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.

X. 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.

- Highest Risk Congregate Living Settings where residents are being offered influenza immunization would not be considered a workplace, and staff/volunteers should be offered the vaccine as part of outreach.

XI. 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 5% 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”.

Out of date

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

Off-site influenza vaccine administration must adhere to the most current recommendations set out by Alberta Health. AHS **will not** coordinate immunization services for residents and staff not included in the definitions listed on pages five and six. Health practitioners (e.g. community pharmacists, physicians) can host influenza immunization clinics outside of their stores/clinics as part of the general public influenza immunization program launch (on or after October 17th).

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 centre, 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, seniors residence, seniors 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	AHS Public Health Only	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 off-site clinic. The services associated can be billed through ABC.