

Alberta Influenza Immunization Policy

Public Health and Compliance Division

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Alberta  Government

New Updates for the 2017–2018 Season

Public Launch:

The Alberta Influenza Immunization Program (IIP) begins **October 23, 2017**. As part of the Alberta Health Services (AHS) Outreach Program, AHS Public Health can begin to immunize high risk individuals prior to October 23, 2017, based on vaccine availability.

Immunization of Immunizers:

It is recommended that those who will be immunizing Albertans receive the vaccine themselves, upon receipt of the vaccine at their site.

Vaccine Products:

FLUZONE[®] QUADRIVALENT is the vaccine of choice for Albertans 6 months of age and older. FLUAD[®] will be available for the Alberta Health Services Outreach Program. FLUMIST[®] is not available as a part of the publicly funded influenza program.

Reporting Requirements:

For the 2017–2018 influenza season, aggregate reporting will be accepted under certain conditions; see [Section XIII. Reporting Requirements](#) for more details.

Healthcare Worker/Health Practitioner Alignment:

To align with the Public Health Amendment Act, the term *Healthcare Worker (HCW)* will be replaced with *Health Practitioner*. For the 2017–2018 IIP *Health Practitioner (HCW)* is used.

All information in the *Influenza Immunization Policy* (the IIP) is presented for health sector purposes only.

The IIP is subject to change and the Government of Alberta reserves the right to periodically update the information, as required. It is important that the most current version of the IIP is being used.

The IIP is presented with the intent that it is readily available for non-commercial or informational use by health care providers, organizations, and other entities involved in the distribution and administration of influenza vaccine and is not intended for use by the general public. Except where prohibited, the IIP may be reproduced, in part or in whole and by any means without charge or further permission from the Government of Alberta provided that:

- users exercise due diligence in applying the IIP; and
- the Government of Alberta is identified as the source of the IIP.

Users are responsible for any changes and modifications they make to the IIP and in any event, use of the IIP is not a substitute for the proper exercise of professional judgment by the user in applying the IIP. If modifications are made to the IIP by anyone other than by the Government of Alberta, the modified IIP must clearly indicate that it is **not** an official version of the original IIP, and must **not be** represented as having been made in affiliation with or with the endorsement of the Government of Alberta.

Table of Contents

I. DEFINITIONS.....	5
II. PURPOSE.....	7
III. LEGISLATIVE AUTHORITY.....	7
IV. NATIONAL RECOMMENDATIONS.....	7
V. ALBERTA TARGETS FOR INFLUENZA IMMUNIZATION.....	7
VI. CLIENT ELIGIBILITY.....	8
VII. EDUCATION/TRAINING.....	8
VIII. VACCINE SUPPLY AND DISTRIBUTION.....	8
IX. ADMINISTRATION OF VACCINE.....	9
X. COLD CHAIN MANAGEMENT.....	10
XI. ADVERSE EVENTS.....	10
XII. RECORDING REQUIREMENTS (Client Record).....	10
XIII. REPORTING REQUIREMENTS.....	11
XIV. INFLUENZA VACCINE WASTAGE.....	11
XV. CHARGES/BILLING.....	12
REFERENCES.....	13
APPENDIX – COORDINATION OF INFLUENZA VACCINE ADMINISTRATION.....	14

I. DEFINITIONS

(For the purposes of this document)

Alberta College of Pharmacists (ACP)	Is responsible for pharmacy practice in Alberta, governed by the Health Professions Act.
Alberta Health	Her Majesty the Queen in Right of Alberta as represented by the Minister of Health.
Alberta Health Services (AHS)	The regional health authority established under the <i>Regional Health Authorities Act</i> .
Alberta Health Services Outreach Program	Includes, homeless and marginalized persons, infants/children, with booked routine childhood 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. It includes many different types of settings, such as (but not limited to) seniors lodges, group homes, mental health and designated supportive living accommodations.
Alberta Immunization Policy (AIP)	The immunization policy established by Alberta Health pursuant to the Public Health Act and includes the IIP.
Alberta Influenza Immunization Program	The publicly funded influenza immunization program delivered via the Influenza Immunization Policy (IIP) which typically begins October and ends in March.
Alberta Pharmacists' Association (RxA)	The healthcare professional association that represents pharmacists.
Alberta's Vaccine Cold Chain Policy (AVCCP)	Provides provincial direction for immunizers on the cold chain management of publicly funded vaccines.
Alberta Vaccine Inventory System (AVI)	Is the provincial web-based vaccine inventory management system. AVI is used to manage vaccine ordering, shipping, receiving, and reconciliation.
Client	Individuals six months of age and older who live, work or go to school in Alberta are eligible to receive influenza vaccine.
Cold Chain Management	The process used to maintain optimal temperature and light conditions during the transport, storage, and handling of vaccines. This starts at the manufacturer and ends with the administration of the vaccine to the client.
Health Practitioner (HCW)	Hospital employees, physicians, and other staff who work or study in hospitals (e.g., students in health care disciplines, contract workers, volunteers) and other health care personnel (e.g., those working in clinical laboratories, nursing homes, home care agencies and community settings) who are at risk of exposure to communicable diseases because of their contact with patients/clients (diagnosed or undiagnosed) or their environment.
Immunizer	A health practitioner who meets the following requirements and is eligible to administer vaccine as part of the Alberta Immunization Program: <ul style="list-style-type: none"> • A member of a regulated health profession under the Health Professions Act or a registered member of a designated health discipline under the Health Disciplines Act; and

	<ul style="list-style-type: none"> Authorized under the respective statute and regulations to administer a vaccine. Are compliant with the applicable policies of the Alberta Immunization Policy <p>Examples:</p> <p><u>Immunizers who receive vaccine through AHS:</u></p> <ul style="list-style-type: none"> Are employed directly by AHS and could include, but are not limited, to AHS public health and non-public health. Are not employed directly by AHS and could include, but are not limited to, physicians, long-term care sites, private occupational health services, and post-secondary institutions. <p><u>Community Pharmacists:</u></p> <ul style="list-style-type: none"> Receive vaccine from Alberta Health through Pharmacy Wholesale Distributors.
Personal Health Number (PHN)	The unique identifier assigned by Alberta for identification within Alberta's health system. A PHN is assigned to a person upon registration and presume eligibility for basic health services as defined in the Alberta Health Care Insurance Plan.
Pharmacy Wholesale Distributors (PWD)	A pharmacy wholesale distributor who has a vaccine distribution contract with Alberta Health.
Privately Purchased Influenza Vaccine	The seasonal influenza vaccine purchased by pharmacies for use outside of the Alberta Influenza Immunization Program.
Provincial Vaccine Depot (PVD)	The vaccine depot maintained by the Government of Alberta. All publicly funded influenza vaccine will be received through the PVD for further distribution across Alberta.

II. PURPOSE

Influenza is a vaccine preventable disease yet in 2016–2017 at least 63 deaths in Alberta were attributed to influenza. 1,633 persons were admitted to hospital and 108 of those admissions required intensive care. The elderly, the very young, pregnant women and those living with chronic or immune-compromising conditions are particularly vulnerable.

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

- For all Albertans to have access to publicly funded influenza vaccine,
- To reduce the incidence and impact of influenza disease in Alberta,
- To have a potent and safe vaccine available for administration; and
- To have 100% of immunizers receive the influenza vaccine.

The goal of the Alberta Influenza Immunization Program is to have the maximum number of Albertans immunized while being cost-effective, efficient and innovative; therefore, all immunizers will work together to implement the IIP. Collaboration, coordination and communication amongst immunizers during all phases of the immunization process (from vaccine distribution to front line administration) are critical to strengthen Alberta's capacity to reduce the impact of influenza disease and contribute to the health and well-being of Albertans.

III. LEGISLATIVE AUTHORITY

The IIP is established under sections 10 and 12 of the *Public Health Act* (PHA) and sections 2 and 2.1 of the *Communicable Diseases Regulation*.

Under the authority of *Ministerial Order 23/2014* and pursuant to section 16 of the *Regional Health Authorities Act*, pharmacies and pharmacists may participate in the delivery of the Alberta Influenza Immunization Program.

IV. 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.

Each year, Alberta Health uses the NACI recommendations as a foundation for the IIP, and makes final policy recommendations with consideration to Alberta's context.

All immunizers are expected to know the IIP, vaccine charts, and be familiar with the most current NACI statement and relevant influenza vaccine product monographs.

V. ALBERTA TARGETS FOR INFLUENZA IMMUNIZATION

Alberta supports the National Consensus Conference on Vaccine Preventable Diseases (2005) targets:

- | | |
|--|-----|
| • Seniors aged 65 and older | 80% |
| • Children aged 6 months to 23 months | 80% |
| • Residents of long-term care facilities | 95% |
| • Staff of long-term care facilities | 95% |
| • Health Practitioner (HCW) | 80% |

VI. CLIENT ELIGIBILITY

Alberta's universal influenza immunization program began in September 2009. Subject to any directions by the Chief Medical Officer of Health, and any other criteria as established by Alberta Health and the applicable legislation; individuals six months of age and older who live, work or go to school in Alberta are eligible to receive influenza vaccine.

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.

VII. EDUCATION/TRAINING

All immunizers are encouraged to complete an annual influenza immunization update, which at minimum, would require reading the IIP and reviewing current resources, prior to administering influenza vaccine.

- **Immunizers who receive vaccine through AHS:** can access [AHS Influenza Immunization for Health Professionals Information Package](#).
- **Community Pharmacists:** can access the Alberta Pharmacists' Association (RxA) [Annual Influenza Immunization Education](#).

VIII. VACCINE SUPPLY AND DISTRIBUTION

Alberta Health purchases influenza vaccine through a national procurement process. Influenza vaccine is received by Alberta Health from manufacturers over several months and distributes vaccines over time. Access to supply is monitored closely.

Immunizers who receive vaccine through AHS:

- The Provincial Vaccine Depot (PVD) ships vaccine to AHS vaccine depots for further distribution.
- AHS is responsible for distributing influenza vaccine to all immunizers (excluding community Pharmacists); distribution amounts are based on vaccine availability.
- Vaccine orders are placed using the [Alberta Vaccine Inventory \(AVI\) system](#).

Community Pharmacies:

- Influenza vaccine is distributed to pharmacies through Pharmacy Wholesale Distributors (PWD); distribution amounts are based on vaccine availability.
- Ordering threshold for QIV (Fluzone[®]) per order is:

Minimum order 1 unit	Maximum order 20 units (200 doses)
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Note: one unit is 10 doses of vaccine.

- Exemptions to the maximum ordering thresholds will be considered during an outbreak situation only, as determined by Alberta Health.

IX. ADMINISTRATION OF VACCINE

The launch for the 2017–2018 Alberta Influenza Immunization Program is **October 23, 2017**. As part of Alberta Health Services Outreach Program, AHS Public Health can begin to immunize individuals prior to October 23, 2017, based on vaccine availability. Pharmacists can administer privately purchased influenza vaccine prior to the public launch date at a cost to the client.

The following influenza vaccines are subject to the 2017–2018 IIP.

Product	FLUAD [®] TRIVALENT (available to AHS Public Health only)	FLUZONE [®] QUADRIVALENT
Vaccine Type	Inactivated-subunit adjuvant TIV	Inactivated-split virus QIV
Presentation	Pre-filled syringe	Pre-filled syringe and Multidose vial
Route of Administration	IM	IM
Age Group	65 years of age and older living in long term care or supportive living facilities as per the Alberta Health Services Outreach Program definition.	Six months of age and older Note: Pharmacists may only administer publicly funded influenza vaccine to clients 9 years of age and older.
Antibiotics (trace)	Kanamycin, Neomycin	None
Thimerosal	NO	Multidose vials- Yes Pre-filled syringe- No
Non-Medical ingredients	Egg protein Formaldehyde Polysorbate 80 CTAB	Egg protein Formaldehyde Triton X-100
Influenza Strains included	Trivalent: <ul style="list-style-type: none"> • A/Michigan/45/2015 (H1N1)pdm09-like virus; • A/Hong Kong/4801/2014 (H3N2)-like virus; and • B/Brisbane/60/2008-like virus. Quadrivalent: <ul style="list-style-type: none"> • A/Michigan/45/2015 (H1N1)pdm09-like virus; • A/Hong Kong/4801/2014 (H3N2)-like virus; • B/Brisbane/60/2008-like virus; and • B/Phuket/3073/2013-like virus. 	

For off-site influenza immunization service delivery, please refer to the Appendix: Coordination of Influenza Vaccine Administration.

Additional Influenza Vaccine Resources:

- [Alberta Immunization Policy](#)
- [Alberta Vaccine Charts- FLUAD[®], FLUZONE[®]](#)
- [Seqirus- Flud[®]](#)
- [Sanofi Pasteur- Fluzone[®]](#)
- World Health Organization- [Recommended composition of influenza virus vaccines for use in the 2017–2018 northern hemisphere influenza season](#)

X. COLD CHAIN MANAGEMENT

Appropriate storage and handling is essential to provide potent biological products to the public. Detailed requirements are outlined in the [Alberta Vaccine Cold Chain Policy](#) (AVCCP).

All known exposures of influenza vaccine to temperatures outside +2.0°C to +8.0°C or inappropriately exposed to light must be reported.

Report all cold chain excursions as soon as possible and within one business day of the occurrence.

- **Immunizers who receive vaccine through AHS:** send the [Alberta Health Services Cold Chain Break Report Form](#) to the [AHS Zone Contact](#).
- **Community Pharmacists:** send the [Pharmacy Cold Chain Break Report Form](#) to Alberta Health at health.imm@gov.ab.ca.

XI. ADVERSE EVENTS

Monitoring the health and safety of the people to whom influenza vaccine is administered is paramount. Immunizers must have protocols in place for management and reporting of anaphylaxis and other serious adverse events.

Report all Adverse Events Following Immunization (AEFI) of influenza vaccine to AHS as soon as possible (at minimum weekly) using the [AEFI form](#). Information on how and when to report an AEFI, and the definitions of reportable AEFI in Alberta are included in the [Alberta AEFI Policy](#).

When the adverse event is severe (e.g., anaphylaxis), the event must be reported within 24 hours to the local AHS public health office. The list of AHS public health offices is available at: www.health.alberta.ca/professionals/immunization-policy.html

If an immunizer is unsure whether a symptom following immunization is related to the immunization, the immunizer should consult with the [local AHS public health office](#) as soon as possible.

XII. RECORDING REQUIREMENTS (Client Record)

The following data elements must be collected for each client who receives influenza vaccine and be included in the client's immunization record:

- client's last name
- client's first name
- Personal Health Number (PHN) or Unique Lifetime Identifier (ULI)
- date of birth
- gender/sex
- postal code
- Influenza Vaccine name (brand name)
- manufacturer lot number
- dosage administered
- date and time of immunization
- site of injection
- route of administration
- name and designation of Immunizer

XIII. REPORTING REQUIREMENTS

Immunizers who receive vaccine through AHS:

- If electronic data capture exists, individual line data is to be submitted electronically, weekly, to the provincial repository in accordance with the [Immunization Data Submission and Response Guidelines](#).
- If electronic data capture capabilities are not available, aggregate data should be submitted weekly to Alberta Health Services.

Note: all doses given to children 9 years of age and under must be submitted to AHS for data entry using the [Influenza/Pneumococcal Immunization Record](#) the [Non-Carbon Record (NCR)].

Reason Codes 2017–2018 (Influenza Immunization Record) are listed in order of priority:

Reason Codes	Descriptor
03	Health Practitioner (HCW) (including acute care, long term care, home care, and public health)
46	Pregnant Women (excludes lactating women)
02	Greater than or equal to 65
64	9 years to 64 years
63	5 years to 8 years
60	Children 24 months to 59 months
45	Children 6 months to 23 months

Community Pharmacists:

- Pharmacists should submit claims to Alberta Blue Cross within three business days.

Pseudo Identification Number (PIN)/ Reason Codes for 2017–2018 are listed in order of priority

Reason Codes	Descriptor	PIN
03	Health Practitioner (HCW) (including acute care, long term care, home care, and public health)	05666603
46	Pregnant Women (excludes lactating women)	05666646
02	Greater than or equal to 65	05666602
64	9 years to 64 years	05666664

XIV. INFLUENZA VACCINE WASTAGE

In order to mitigate wastage and reduce dilution of supply, a judicious approach to influenza vaccine ordering is required. Influenza vaccine wastage should be less than five percent at the end of the influenza season. Immunizers (excluding AHS Public Health) are responsible for the proper destruction of unused/expired influenza vaccine according to the standard of practices at their respective sites. The cost for destruction will not be reimbursed.

For immunizers who receive vaccine through AHS, all influenza vaccine that is wasted after the season ends, must be reconciled in AVI using the reason code “*Wastage/Influenza Season End*”.

XV. CHARGES/BILLING

In order to administer influenza vaccines as part of the Alberta Influenza Immunization Program, any immunizer or their employer:

- Must not charge a client who has a valid PHN for the administration of the influenza vaccine, or for the influenza vaccine itself; and
- May, if administering influenza vaccine to clients in a workplace setting, charge the employer of those clients for the administration of the influenza vaccine, as long as there is no charge for the influenza vaccine itself.
- Cannot charge Alberta Blue Cross or Alberta Health for administering influenza vaccine for clients immunized in a workplace setting.

Superseded

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APPENDIX – COORDINATION OF INFLUENZA VACCINE ADMINISTRATION

Location or population	Example	Can use public vaccine?	Can Pharmacists bill Alberta Blue Cross?	Requires coordination with AHS*?
Community Settings	Must be accessible to the public (shopping mall, special event, recreation center, community hall, airport, etc.)	Yes	Yes	Yes
Home Visits	Pharmacist to confirm with patient that they are not seen by public health or home care.	Yes	Yes	No
Congregate living settings where public health or other health practitioners are not providing services.	Assisted living, senior residence, seniors lodges, etc.	Yes	Yes	Yes
Workplaces of any kind where occupational health services are not available and other health practitioners are not providing services.	Intent to vaccinate employees of a workplace. Specific workplace clinic for staff of a post-secondary institution, school staff, childcare staff, staff of a physician office or other health care setting.	Yes	No	No
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 care setting during school hours where public health services are being provided.	Immunization of children in any school or child care setting.	No	No	NA
School or child care setting after school hours and open to public.	Immunization of the public using a school as a site after hours	Yes	Yes	Yes

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