

Saskatchewan Influenza Immunization Policy 2022-2023

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UPDATES AND RECOMMENDATIONS

- FluZone High dose is available to all seniors 65+ years.
- Influenza immunization must be documented into Panorama or the COVID-19 Quick Entry database for all clients.
- **Influenza immunization statistics will be collected through Panorama with the exception of Health Care Workers.**
- The *Notification of Influenza Vaccine Administration* form is posted at <https://www.ehealthsask.ca/services/resources/Resources/Notification%20of%20Vaccine%20Administration%202022-06-23%20-%20fillable.pdf>
- Providers should prepare their mass flu immunization clinics for high client volumes **pending** vaccine availability. The Ministry is recommending booked appointments to assist in managing vaccine and immunization supplies, and staffing requirements.
- Inform clients that their influenza immunization record is available in their MySaskHealthRecord account.
- Wallet cards from previous years can continue to be used in 2022-23 if requested by clients.
- The Saskatchewan Health Authority (SHA) is to use program promotion materials as developed by the SHA.
- Influenza immunization is a critical public health service. There are no limitations regarding the number of people that can attend a mass immunization clinic at any given time.
- The immunization needs of socially vulnerable populations, such as those in shelters (i.e., homeless, men's, women's), those who are street involved, in self-isolation, etc., is imperative to accommodate increased vaccine coverage.

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ACRONYMS

AHA	Athabasca Health Authority	ORS	Oculorespiratory Syndrome
AEFI	Adverse Events Following Immunization	PHB	Population Health Branch
CCB	Cold Chain Break	PIP	Pharmaceutical Information Program
CMHO	Chief Medical Health Officer	POS	Point of Service (documentation)
CQE	COVID Quick Entry database	PVD	Provincial Vaccine Depot
DPEBB	Drug Plan and Extended Benefits Branch	PWD	Pharmacy Wholesale Distributor
eHR	Electronic health record	PSPC	Public Services and Procurement Canada
FNJ	First Nations Jurisdiction	QIV	Quadrivalent influenza vaccine
GBS	Guillain-Barré Syndrome	RRPL	Roy Romanow Provincial Laboratory
HSN	Health Services Number	SHA	Saskatchewan Health Authority
HCW	Healthcare Worker	SIIP	Saskatchewan Influenza Immunization Policy
LTC	Long-term Care	SIM	Saskatchewan Immunization Manual
MHO	Medical Health Officer	VSWG	Vaccine Supply Working Group
NACI	National Advisory Committee on Immunization		

DEFINITIONS

Client	Individuals six months of age and older who are eligible for publicly funded flu vaccine.
Cold Chain Management	The process that maintains 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.
Congregate Living Settings	Congregate Living Settings are defined as for profit or not-for-profit public or privately owned buildings (e.g., which house residents who may have mobility, accessibility and/or cognitive challenges). They may or may not be licensed by the Government of Saskatchewan. These settings do not receive contracted or ongoing services from public health or other AHA, SHA, or FNJs health practitioners, and have no operational affiliation to the AHA, SHA, or FNJ (i.e. are not an AHA, SHA, FNJ or Affiliate facility). Examples of congregate living settings include assisted living/seniors independent housing and group homes.
Group homes	Residences where staff ensure that the physical, emotional, and social needs of people with intellectual disabilities are met and that they are able to live as independently as possible within their own communities. Personal care, supervision, and support for adults is provided. They are located in residential neighbourhoods throughout the province.
First Nations Jurisdictions	Includes the communities and organizations affiliated with First Nations and Inuit Health Branch and the Northern Inter-Tribal Health Authority.
Healthcare worker	For statistical purposes only, HCWs are those employed by the SHA, AHA, and FNJ facilities or affiliated facilities and does not include volunteers, students or physicians.
Health Services Number	The unique identifier assigned by Saskatchewan Health for identification within Saskatchewan's health system. A HSN is assigned to a person upon registration and presumes eligibility for basic health services as defined by Saskatchewan Health.
Home visits	The intent of off-site home is to provide enhanced accessibility to those patients at high-risk of influenza-related complications and who may have mobility issues or cognitive deficits.
Long-term care facility	A facility that provides LTC services to meet the needs of individuals, usually with heavy care needs (level three and four), that cannot be met through home-based/community services. The SHA may operate a special-care home-LTC facility directly or through affiliation/contract. LTC services may include adult day programs, night programs, respite, and rehabilitative, convalescent and palliative care.
Mass Immunization Clinic	Mass immunization involves delivering immunizations to a large number of people at one or more locations in a short interval of time. Good mass immunization programs apply planning and quality standards that maximize return on resources invested and provide the greatest individual benefits when immunizing many people in a short period

	of time. These programs can be used to counter contagious outbreaks, adopted as a repeated means of sustained healthcare delivery, or applied where many people move through a specific place in a short interval of time. Relevant quality standards address appropriate facilities and supplies, training of professional and paraprofessional staff, education of potential vaccinees and methods to screen them for contraindications to immunization, safeguards against anaphylaxis and syncope, documentation, safety surveillance, and a quality-improvement program. Successful mass immunization programs require early planning that builds on existing competencies. These clinics may be drop-in or by appointment only.
Panorama	The electronic integrated public health information system utilized by AHA and SHA public health providers and community nursing providers in some FNJs.
Panorama Immunization Module	A module within Panorama that provides a record of all immunizations administered by public health. It serves as the electronic registry for immunization in Saskatchewan.
Panorama Inventory Module	A module within Panorama that tracks publicly funded vaccine use and availability. It supports management of vaccine ordering, shipping, receiving, and reconciliation.
Personal care homes (PCH)	Privately owned and operated facilities that offer accommodation, meals and supervision or assistance with personal care to people who generally do not need or do not want the level of health services provided in publicly subsidized special-care homes. It is the combination of providing both accommodation and care that makes a facility a PCH.
Pharmacy Association of Saskatchewan	The association that represents pharmacists and pharmacies in Saskatchewan.
Pharmaceutical Information Program (PIP)	A secure computer application that provides health care providers with information regarding prescriptions dispensed in Saskatchewan community pharmacies.
Pharmacy Wholesale Distributors	A pharmacy wholesale distributor that has an agreement with the Saskatchewan Ministry of Health for the distribution of publicly funded flu vaccine to pharmacists.
Privately Purchased Influenza Vaccine	Flu vaccine purchased by pharmacies or prescribed by a pharmacist, physician, registered nurse (RN), or nurse practitioner (RN(NP)) and paid for by the client.
Provincial Vaccine Depot	The provincial vaccine depot is housed in the RRPL. Publicly funded flu vaccine is received through the RRPL Provincial Vaccine Depot for further distribution across Saskatchewan.
Saskatchewan College of Pharmacy Professionals	The self-governing body for the profession of pharmacy in Saskatchewan that regulates pharmacists, pharmacies, pharmacy technicians, and drugs.
Saskatchewan Influenza Immunization Program	The publicly funded seasonal flu program delivered via the SIIP until April 2022.
Saskatchewan Immunization Manual	The primary immunization resource for public health personnel, the SIM provides evidence-based and standardized immunization-related information.
Vaccine Provider	<p>A licensed healthcare provider to whom provision of vaccine is permitted by legislation governing that provider, is in compliance with the SIIP, and meets one of the following criteria:</p> <ul style="list-style-type: none"> ● designated by the SHA, AHA and FNJs, and their affiliates, to provide flu vaccine services; ● a physician; ● a nurse practitioner; or ● a community pharmacist (The ministerial order for students and techs has been extended until March 31, 2023).

UPDATES FOR THE 2022-2023 INFLUENZA SEASON

Public Launch:

- **October 11, 2022**, is the formal start date for facility booking, all providers and mass public health clinics, providing that vaccine is available. Pharmacists, FNJs, LTC facilities and northern communities may immunize as soon as flu vaccine is received. Public Health may offer flu vaccine as it is received, during child health clinics and to high-risk individuals.

Publicly Funded Influenza Vaccine (refer to Appendix 1):

- 6 months and older
 - FLUZONE® Quadrivalent and FluLaval Tetra® quadrivalent multidose vials for public health within the SHA, the AHA and FNJs and other (i.e. physician, NP) immunizers.
 - FLUZONE® Quadrivalent thimerosal-free pre-filled syringes for public health within the SHA, the AHA and FNJs.
- 5 years and older
 - AFLURIA® TETRA quadrivalent multidose vials primarily for pharmacists.
- 65 years and older
 - FLUZONE® High Dose Quadrivalent prefilled syringes for all immunizers.

Documentation Requirements:

Direct clients to MySaskHealthRecord for their immunization record. Wallet cards may be provided to clients upon their request.

Flu vaccine administered by SHA immunizers to a person of any age must be entered into the client's record within the Panorama Immunization Module or CQE. Community pharmacy flu immunizations that are captured in the DPEBB claims system are transmitted to Panorama on a daily basis. The SHA will back enter influenza vaccine administered by SHA employees or contracted immunizers who do not have access to Panorama or CQE. LTC facility immunizations to residents are captured in Convergence and migrated to Panorama.

All other non-SHA employed/non public health vaccine providers are required to report immunization details for people of all ages to eHealth Services for back-entry into Panorama; see **Section 12: Client Record Documentation Requirements** for specific details. Publicly funded influenza vaccines entered into Panorama must identify the provider type (e.g. public health, physician, RN/NP) (see **Appendix 12**).

Vaccine Inventory

SHA, AHA and FNJs

- For the SHA, AHA and the FNJs: from October 3, 2022, to December 31, 2022, weekly flu vaccine counts for the previous Sunday to Saturday period are required to be reconciled in the Panorama Inventory Module by noon the following Tuesday.
- From January 1, 2023, to March 31, 2023, monthly vaccine counts are required.
- Timelines and frequency for vaccine inventory monitoring are subject to change by the Ministry of Health. More frequent inventory monitoring may be required.
- The SHA, AHA and FNJs must ensure that staff members are appropriately trained and compliant with ensuring the Panorama Inventory Module is up-to-date as per timelines outlined above.
- The 'pick/pack/ship' function of Panorama is utilized to move vaccines in/out of vaccine inventories so that vaccine counts remain accurate.

Pharmacists

- The inventory reporting process is coordinated by the DPEBB using weekly reports from the wholesalers for the quantity of vaccine ordered and shipped to pharmacies, and from the DPEBB claims database.

1. PURPOSE

Influenza is a vaccine-preventable disease. The provincial goal is to protect targeted populations such as the elderly, the very young, pregnant women and those living with chronic or immune-compromising conditions who are particularly vulnerable to influenza and related complications.

Objectives:

1. Provide access to publicly funded flu vaccine for Saskatchewan residents.
2. Reduce the incidence and impact of influenza disease in Saskatchewan.

All vaccine providers must work together to implement the SIIP. Collaboration, coordination, and communication among immunizers during all phases of the program (from vaccine distribution to front line administration to reporting of wastage) strengthen Saskatchewan's capacity to reduce the impact of influenza disease and contribute to the health and well-being of Saskatchewan residents.

2. LEGISLATIVE AUTHORITY

The SIIP is an established immunization policy of the Saskatchewan Ministry of Health.

3. NATIONAL RECOMMENDATIONS

NACI produces an annual influenza statement that contains specific information and recommendations regarding the licensed vaccines for the forthcoming season (<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2022-2023.html>). The Ministry of Health references the NACI recommendations to inform annual planning and makes final policy recommendations with consideration to Saskatchewan's context.

4. INFLUENZA PROGRAM DATES

- The provincial publicly funded influenza program is formally scheduled to begin on October 11, 2022, and end on March 31, 2023. Children younger than age nine requiring a second dose of vaccine be immunized up to April 30, 2023.
- Pharmacists, FNJs, LTC facilities and northern communities can start immunizing as soon as they receive flu vaccine.
- Vaccine providers should schedule the administration of influenza vaccine with the priority groups being those at high-risk of influenza-related complications.
- An extension to the flu vaccine administration season may be established by the CMHO in the event of increased disease presence or severe morbidity with influenza disease.

5. CLIENT ELIGIBILITY

Individuals six months of age and older who do not have contraindications are eligible to receive publicly funded flu vaccine. Particular groups are highly recommended to receive standard QIV or High Dose QIV to reduce the incidence and burden of influenza disease and related health complications (see Table 1). As the program aims to reach priority populations most at risk of complications from influenza, publicly funded flu vaccine is provided to the SHA, AHA, FNJs, as well as physicians, community pharmacists and select facilities providing health care services to these target populations. Publicly funded vaccines are not provided for private company/business employee health programs. Exceptions may be considered in consultation with the Saskatchewan Ministry of Health in the event of possible increased disease presence or severe morbidity related to influenza.

It is expected that vaccine providers confirm client eligibility to receive vaccine prior to administration. Confirmation may be obtained by interviewing the client, reviewing the client's paper documentation and/or record within Panorama, the PIP and the eHR Viewer.

Table 1: Populations for Whom Influenza Vaccination is Particularly Recommended

Publicly funded flu vaccine may be administered to people who are six months of age and older who do not have vaccine contraindications. High dose flu vaccine is available to all those 65 years and older. In particular, the following people are highly recommended to receive the flu vaccine to reduce the incidence and burden of influenza disease and related health complications:

- All HCWs, health care students, emergency response workers, visitors, and volunteers who, through their activities, are capable of transmitting influenza to those at high-risk of influenza complications in independent practices, facilities, residences, and community settings.
- Adults and children ≥ 6 months with a chronic health condition, including but not limited to:
 - Cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, and asthma);
 - Diabetes mellitus and other metabolic diseases;
 - Cancer and other immune-compromising conditions (due to underlying disease, therapy or both);
 - Renal disease;
 - Anemia or hemoglobinopathies;
 - Neurologic or neurodevelopmental disorders and seizure disorders (and for children include febrile seizures and isolated developmental delay) but excludes migraine and psychiatric conditions without neurological conditions;
 - Morbid obesity (adults BMI ≥ 40 , child BMI assessed as $\geq 95^{\text{th}}$ percentile adjusted for sex and age).
- Children and adolescents (six months up to and including 17 years old) with the following conditions:
 - Those undergoing treatment for long periods with acetylsalicylic acid because of the potential increase of Reye syndrome associated with influenza.
- All pregnant women
- People of any age who are residents of nursing homes, LTC facilities and other chronic care facilities.
- People ≥ 65 years of age.
- All children six to 59 months of age (younger than five years old).
- Indigenous peoples.
- Shelter residents and those who are street involved.
- Visitors to health care facilities and other patient care locations.
- Household and close contacts of individuals at high-risk of influenza-related complications whether or not the individual at high-risk has been immunized.
- Household and close contacts of infants less than six months of age.
- Members of households who are expecting a newborn during the influenza season.
- Those providing regular childcare to children ≤ 59 months of age, whether in or out of the home.
- Those who provide services within closed or relatively closed settings to persons at high-risk.
- People who provide essential community services (e.g. provincial corrections staff who have direct contact with inmates).
- People in direct contact during culling operations with poultry infected with avian influenza.
- People working with live or dead poultry or swine.
- Health sciences students (human and animal health).
- Travellers – influenza occurs year-round in the tropics. In temperate northern and southern countries, influenza activity peaks generally during the winter season (November to March in the Northern Hemisphere and April to October in the Southern Hemisphere).

6. EDUCATION/TRAINING

Vaccine Information

- FLUZONE® High Dose, FLUZONE® Quadrivalent, FluLaval® Tetra, FLUZONE® Quadrivalent and AFLURIA TETRA® contain the following viral strains:
 - A/Victoria/2570/2019 (H1N1)pdm09-like virus;
 - A/Darwin/9/2021 (H3N2)-like virus;
 - B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
 - B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.
- These vaccines are safe for use in persons with latex allergy.
- FluZone® Quadrivalent thimerosal-free pre-filled syringes are prioritized for people who self-identify as having a diagnosed thimerosal allergy (documentation is not required). It may be administered to others who request it. It is only available to public health; other vaccine providers should refer clients requesting thimerosal-free vaccine to public health for administration.
- Influenza vaccines may be given concomitantly with, or at any time before or after, live attenuated vaccines or inactivated vaccines including COVID-19 vaccine.
- The Ministry of Health does not reimburse the cost of privately-purchased flu vaccines even if recommended to a client by a healthcare professional.
- See **Appendix 1: 2022-23 Publicly Funded Influenza Vaccines** for vaccine specific information.
- The doses and dosages required per age are noted in **Table 2**.

All providers of publicly funded flu vaccine are responsible for reviewing the SIIP and other influenza-related materials prior to the start of the flu vaccine administration season. This may include completion of an employer-mandated education session.

Additional flu vaccine resources include (but are not limited to):

- *Saskatchewan Immunization Manual:* <https://www.ehealthsask.ca/services/Manuals/Pages/SIM.aspx>
- *Saskatchewan Influenza Fact Sheets:* <http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets>
- The NACI 2022-23 influenza vaccine statement: <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2022-2023.html>.

Screening, Precautions and Contraindications

- Persons who had an anaphylactic reaction to a previous flu vaccine dose or to any of the components in a specific vaccine (with the exception of egg), or who developed Guillain-Barré Syndrome (GBS) within six weeks of a live or inactivated flu vaccination, should not receive further doses of any flu vaccines.
- Influenza vaccination should not be delayed because of minor or moderate acute illness, with or without fever. However, this statement is noted on the flu vaccine fact sheets: *Do not attend a public immunization clinic if you have any new or worsening respiratory symptoms (fever, cough, sore throat, runny nose) or if you have tested positive for COVID-19, until you are symptom-free or 5 days have passed since your test.*
- Patients in acute care can be immunized regardless.
- As with all vaccine administration, immunizers must have the necessary equipment and medications to be prepared to respond to a vaccine emergency at all times.
- Egg-allergic individuals can receive a full dose of an injectable flu vaccine without prior flu vaccine skin testing, including those who have experienced anaphylaxis due to egg ingestion, as a routine practice that is supported by NACI.
- Oculorespiratory Syndrome (ORS) is defined as the presence of bilateral red eyes **plus** one or more respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness or sore throat) with or without facial edema, that start within 24 hours of vaccination.

ORS is not considered to be an allergic response. Persons who experienced severe ORS with lower respiratory tract symptoms should have an expert review. Health care providers who are unsure whether an individual previously experienced severe ORS versus an IgE-mediated hypersensitivity immune response should seek advice. Although the pathophysiologic mechanism underlying ORS remains unknown, it is considered distinct from an IgE-mediated allergic response.

- Data on clinically significant adverse events do not support the preference of one vaccine product over another when revaccinating those who have previously experienced severe ORS.

Consent for Immunization

- All immunizations in Saskatchewan are voluntary and immunization fact sheets must be made available to clients. The English influenza fact sheets can be ordered from <http://publications.saskatchewan.ca/#/categories/473>. All English and French influenza fact sheets are posted at: <http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets>.
- To obtain informed consent, immunization providers should discuss with clients:
 - Flu vaccine is safe and well-tolerated.
 - The benefits and risks of the flu vaccine, as well as the risks of not being immunized.
 - Vaccination is the most effective way to prevent influenza and the spread of influenza viruses.
 - Each year there are new flu vaccine formulations to protect against the influenza virus strains that are expected in the coming influenza season. Even if the strains have not changed, getting the flu vaccine every year is necessary to maximize protection.
- All individuals must be screened and assessed for contraindications and precautions prior to immunization.
- Post-immunization, inform individuals that they will be able to view their immunization record in MySaskHealthRecord.
- If requested by the client, provide a *Ministry of Health Record of Influenza Immunization Wallet Card* bearing the client's name and date of immunization (**Picture 1: Ministry of Health Record of Influenza Immunization Wallet Card**)

Picture 1: Ministry of Health Record of Influenza Immunization Wallet Card

 Saskatchewan Health Authority  Saskatchewan	<p>RECORD OF INFLUENZA IMMUNIZATION</p> <p>Name: _____</p> <p>Immunization Date: _____ YY/MM/DD</p> <p>Date for 2nd Dose for Child: * _____ YY/MM/DD</p> <p>HCW: Please report your immunization to OH&S.</p> <p>Pneumococcal 23 immunization date: _____ YY/MM/DD</p>	<p>*NOTE: 2 doses are required for children younger than 9 years old who are getting immunized with influenza vaccine for the first time.</p> <ul style="list-style-type: none">• For more information about Saskatchewan's influenza program, go to: http://www.4flu.ca• Sign up for MySaskHealthRecord to see your immunization history online: www.ehealthsask.ca/MySaskHealthRecord• Immunization Record App available at https://www.canimmunize.ca/en/home
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- *Record of Influenza Immunization* wallet cards may be provided by the SHA, AHA and FNJ public health to other vaccine providers who obtain their vaccine supply from public health. Community pharmacies can order these wallets cards free of charge through the Ministry of Health's Publication Centre website at <http://publications.gov.sk.ca/deplist.cfm?d=13&c=1073>.

7. VACCINE SUPPLY, DISTRIBUTION AND INVENTORY

The Ministry of Health purchases flu vaccine through a national procurement process. The majority of flu vaccine for non-pharmacy immunizers is received by the PVD located at the RRPL from vaccine manufacturers over several months. The PVD distributes vaccine throughout the influenza season, balancing immunization provider demand for vaccine with vaccine supply and availability. The PVD ships flu vaccine to the SHA, FNJ and AHA vaccine depots for further distribution to all public program vaccine

providers, excluding community pharmacists. Vaccine orders are placed using the Inventory Module.

Shoppers Drug Mart Matrix (Calgary), McKesson Canada (Edmonton and Winnipeg), and Kohl and Frisch will receive direct shipment from the vendors for distribution to community pharmacies.

Allocation for Vaccine Providers

The Ministry of Health allocates vaccine quantities for the SHA, AHA, FNJs and community pharmacies based on the latest provincial covered population statistics and doses administered in the previous year. The Vaccine Provider Application Form and the Vaccine Storage and Handling Checklist must be completed by each pharmacy and submitted to the Ministry for review before they can receive publicly funded flu vaccine. Physicians are not required to complete this application.

The provincial allocation plan supports vaccine providers in planning for the influenza season with a focus on early uptake in the season. The Ministry of Health will have an unallocated reserve to provide additional support to areas where significant uptake and/or need occurs. The Ministry may also reallocate vaccine from the original allocations as of December 1, 2022, depending on immunization provider supply needs throughout the influenza season.

For pharmacists, the daily order quantity is seven QIV units (70 doses). **Order quantities are subject to change based on flu vaccine availability at the wholesalers.** Requests for exceptions to the ordering thresholds may be considered by contacting the Saskatchewan Ministry of Health DPEBB at DPEBImmunizations@health.gov.sk.ca. **Pharmacies are not permitted to share/provide/receive flu vaccine to/from other pharmacies/pharmacists or other providers such as physicians without permission from the DPEBB.**

For pharmacists, Fluzone® High Dose quantities are allocated to pharmacists for PCHs by DPEBB.

8. VACCINE ADMINISTRATION

Table 2: Influenza Vaccine by Age and Dosage

Age	Vaccine	Dosage (mL)	Number of doses required per season
6 months to 8 years	QIV	0.5 mL IM	1 or 2 *
≥9 years	QIV	0.5 mL IM	1
≥65 years	FLUZONE® High Dose QIV (or QIV 0.5 mL if unavailable)	0.7 mL IM	1

* Children six months to eight years of age (<9 years old) who have never received flu vaccine require two doses, with a minimum interval of four weeks between doses.

- The first time that a child younger than nine years old receives flu vaccine, a two-dose schedule **four weeks apart is required. An interval of less than 28 days is a medication administration error.**
- QIV will be available until April 30, 2023, to allow children who received their first dose on or prior to the March 31, 2023, program end date to receive their second dose.

Prior to vaccinating all clients, non-public health providers must ask each client about their immunization history before reviewing PIP and the client's immunization record in the eHealth Viewer.

Off-site delivery of flu vaccine by pharmacists must be coordinated with local public health offices in the SHA, AHA and FNJs by August 31, 2022. Should local public health confirm that public health (or home care) services will be delivered in the site under consideration, community pharmacists are not permitted to proceed with delivery of flu vaccine at that site unless the transfer of responsibility is agreed to by public health. Delivery to congregate living settings must further be coordinated with the facility by the community pharmacy. For further information regarding off-site flu vaccine immunization service delivery, including contact information for local public health offices, see **Appendix 2: Community Pharmacists Delivery of Publicly Funded Influenza Vaccine.**

9. COLD CHAIN BREAK MANAGEMENT

Appropriate storage and handling of vaccine is essential to provide safe and effective product to the public. Detailed requirements are outlined in the SIM, Chapter 9 – Management of Biological Products <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf>. All known exposures of flu vaccine to temperatures outside of +2.0 to +8.0 degrees Celsius must be reported as soon as possible and within one business day of the occurrence. See **Appendix 3: Cold Chain Break Report form**. Following review of the reported CCB, the Ministry will provide confirmation of whether the vaccine remains viable or should be wasted by the vaccine provider as outlined in section 10.

Report all CCBs as follows:

A. Community pharmacists:

- Refer to **Appendix 3 How to Complete the Cold Chain Break Report Form**. Complete the *Cold Chain Break Report in Appendix 4* (<http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf>) and fax directly to the Ministry of Health at 306-787-3237.

B. All other vaccine providers:

- Refer to **Appendix 3 How to Complete the Cold Chain Break Report Form**. Complete the *Cold Chain Break Report in Appendix 4* (<http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf>) and fax directly to the SHA, AHA or FNJ local area Immunization Coordinator or designate for review (noted in **Appendix 9**).

10. INFLUENZA VACCINE WASTAGE

Ongoing Wastage Reporting for the SHA, AHA, FNJs, and Community Pharmacists:

All flu vaccine that is wasted must be recorded on the *Product Wastage Report* form <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf> (see **Appendix 5**) on a monthly basis and faxed by the 5th day of the following month to the RRPL at 306-798-0071. Wasted flu vaccines must be disposed of locally according to regional bio-medical waste policy and procedures.

Ongoing Wastage Reporting for all other Vaccine Providers:

All flu vaccine that is wasted by other providers (e.g. physicians, nurse practitioners, other nursing offices) must be recorded on the *Product Wastage Report* form <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf> (see **Appendix 5**) on a monthly basis and provided to your local public health office on monthly basis.

Vaccine Problem Reporting for all Vaccine Providers:

If the vaccine wastage is due to a defective product, a *Vaccine Supply Problem Report* <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf> (see **Appendix 6**) must also accompany the *Product Wastage Report* form as outlined above.

End of Season Wastage Reporting for the SHA, AHA, FNJs, and Community Pharmacists:

The Ministry of Health will provide direction to the SHA, AHA, FNJs, community pharmacies and pharmacy wholesale distributors as to the management of any remaining flu vaccine stock at the end of the influenza season. If vaccine providers are directed to return vaccine to the PVD at the RRPL, they are responsible to ship the returned vaccine following PVD instructions. Further information regarding flu vaccine wastage, including vaccine problem reporting (See **Appendix 6: Vaccine Supply Problem Report**) and vaccine returns, can be found in the SIM, Chapter 9 – Management of Biological Products <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf>.

11. ADVERSE EVENTS FOLLOWING IMMUNIZATION

Monitoring the health and safety of those people to whom flu vaccine is administered is paramount. Immunizers must have protocols in place for the management and reporting of anaphylaxis and other serious adverse events. In Saskatchewan, the reporting of all AEFIs is mandatory under *The Disease Control Regulations*.

To ensure patient safety, immunizers shall immediately report any unusual, severe, serious or unexpected adverse events assessed to be temporally related to publicly funded flu immunization utilizing the PHAC *Report of Adverse Event Following Immunization* form. **Pharmacists must inform their clients to contact them if they have an AEFI.** Individuals who call 811 will be referred to the appropriate reporter (pharmacist or public health) for AEFI reporting. Non-public health vaccine providers must fax this form to their SHA, AHA or FNJ local public health office as noted in **Appendix 7: Adverse Events Following Immunization (AEFI) for Publicly Funded Influenza Vaccine.** All publicly funded flu AEFI reports will be reviewed by a SHA, AHA or FNJ MHO. Only a MHO is qualified to make recommendations following a reported client AEFI.

MHO recommendations will guide future flu immunizations for the client. These recommendations will be communicated to the client by the reporter or other designates (e.g. the vaccine provider). See **Appendix 7: Adverse Events Following Immunization (AEFI) for Publicly Funded Influenza Vaccine.**

Vaccine providers must report, using the above process, all AEFIs temporally related to flu vaccine administered in a previous season but only communicated by the client upon presentation for vaccine this season. Administration of flu vaccine should be delayed until receipt of the MHO recommendation for atypical vaccine side effects.

Public health offices must immediately notify the Ministry of Health by fax at 306-787-9576 regarding any unusual, severe, serious or unexpected AEFIs in addition to submitting an AEFI report for the client. Publicly funded flu vaccine AEFI reports that meet **reporting criteria** as outlined in the *Saskatchewan's User Guide: Report of Adverse Events Following Immunization (AEFI)* at <https://www.ehealthsask.ca/services/Manuals/Documents/SK%20AEFI%20User%20Guide.pdf> will be recorded in the client's electronic immunization record in Panorama by the SHA, AHA and FNJ as applicable (the client record may need to be created to enable historical immunization information to be documented and indicate the AEFI).

As well, the SHA, AHA and FNJ will document complete AEFI reports for publicly funded flu vaccines into the Panorama client record (if they have access) as a client warning and in the comments section under the immunization event (refer to SIM Appendix 4.2 *Where do I document?* <https://www.ehealthsask.ca/services/Manuals/Documents/sim-chapter4.pdf>). The AEFI comments are flagged in CQE.

NOTE: Refer to the Saskatchewan Immunization Manual chapter 11 Appendix 11.4 for directives on submitting AEFI reports for all privately purchased vaccines

12. RECORDING REQUIREMENTS - CLIENT RECORD DOCUMENTATION

A. Community Pharmacies:

Flu vaccine administration to all clients, regardless of age, must be entered into the PIP.

Flu vaccine administration to those who do not have a valid SK health card requires the *Notice of Vaccine Administration Form* to be completed and submitted (**Appendix 8**);

<https://www.ehealthsask.ca/services/resources/Resources/Notification%20of%20Vaccine%20Administration%202022-06-23%20fillable.pdf>

B. All Other Non-Public Health Vaccine Providers

It is expected that flu vaccine administration to all clients, regardless of age, be entered into the client service record maintained by the provider.

Flu immunization administered to all individuals and PCH residents must be entered into their client record within Panorama. The *Notification of Influenza Vaccine Administration* form (see **Appendix 8**) must be completed by the provider within three business days of administering the vaccine (see **Appendix 9**).

Immunizers are to complete either the *Notification of Influenza Vaccine Administration* form or the public health-provided line list and submit it to <mailto:panoramareportimms@health.gov.sk.ca>.

SHA, AHA and FNJ Public Health:

Flu vaccine administered to any person attending flu clinics or PCH residents will be entered into the client's record within the Panorama Immunization Module at point of service or within three business days. For historical entry into Panorama, refer to **Appendix 12** to review the historical entry standard work. At minimum, the client's name, date of birth and agent must be entered (see **Table 3** for summary).

Table 3: Summary of Documentation Requirement by Client Age and Vaccine Provider

Age of client	SHA/AHA/FNJ PH	Community Pharmacist ¹	All other Non-Public Health providers
6 months to 59 months	<ul style="list-style-type: none">Consent form/line lists if not using POS entry.Entered into Panorama at POS or within 1 business day<i>Record of Influenza Immunization</i> Wallet Card may be provided to client if requested.	<ul style="list-style-type: none">N/A	<ul style="list-style-type: none">Client record maintained by provider<i>Notification of Influenza Vaccine Administration</i> form completed and submitted to the Ministry of Health via fax or email within three business daysBack entered by Ministry of Health into Panorama within seven business days<i>Record of Influenza Immunization</i> Wallet Card may be provided to client if requested.
5+ years	<ul style="list-style-type: none">Consent form/line lists if not using POS entryEntered into Panorama at POS or within one business day<i>Record of Influenza Immunization</i> Wallet Card may be provided to client if requested.	<ul style="list-style-type: none">Recorded in PIP at POSConsent form<i>Record of Influenza Immunization</i> Wallet Card may be provided to client if requested.	<ul style="list-style-type: none">Client record maintained by provider<i>Notification of Influenza Vaccine Administration</i> form completed and submitted to the Ministry of Health via fax or email within three business daysBack entered by Ministry of Health into Panorama within seven business days<i>Record of Influenza Immunization</i> Wallet Card may be provided to client if requested.
PCH residents 65+ years old	<ul style="list-style-type: none">Consent form/line listsEntered into Panorama at POS or within three business days.<i>Record of Influenza Immunization</i> Wallet Card provided to client if requested.	<ul style="list-style-type: none">Consent formRecorded in PIP at POS<i>Record of Influenza Immunization</i> Wallet Card may be provided to client if requested.	<ul style="list-style-type: none">Client record maintained by provider and/or Consent form /lists<i>Notification of Influenza Vaccine Administration</i> form completed and submitted to the Ministry of Health via fax or email within three business days.Back entered by Ministry of Health into Panorama within seven business days<i>Record of Influenza Immunization</i> Wallet Card may be provided to client if requested.

¹ Pharmacist will need to complete the *Notice of Immunization Form* if they have immunized a person without a valid HSN and submit it to the Ministry of Health.

13. REPORTING REQUIREMENTS - ADMINISTRATION STATISTICS

- The following statistical information is required by the Ministry of Health and is to be provided to the PHB (refer to **Appendix 10: Data Collection and Submission Processes for SHA, AHA and FNJs 2021-22**):
 - Number of doses provided to HCWs (by March 31, 2023) as well as the number of HCWs in the organization (as of March 31, 2023) by email notification.
- The SHA, AHA, and FNJs are responsible for submitting administration statistics for HCWs to the Ministry of Health to support statistical reporting. All others will be entered into Panorama or CQE and will be extracted by the MoH. Immunizations provided in PCHs by public health and other providers who receive vaccine from Public Health will be entered in Panorama at point of service or within three business days.
- HCW immunization statistics are to be submitted as indicated in **Appendix 10: Data Collection and Submission Processes for AHA/SHA AND FNJs 2021-22**. HCW immunization are to be entered at point of service if available, or back entered by Public Health using the *Notification of Influenza Vaccine Administration* form (**Appendix 8**).
- SHA, AHA, and FNJs must submit their final HCW statistics to the Ministry by **May 12, 2023** to the following email address: PopHealth@health.gov.sk.ca with the subject line: **(The SHA, AHA or FNJ name – Flu Stats. Immunization statistics not submitted on time will be recorded as data not submitted.**
- FNJs not using Panorama are required to document into CQE.
- The MoH will collect vaccine administration data including PCH data, from community pharmacists via the DPEBB claims system except for all other individuals, which will be collected via Panorama.

14. CHARGES/BILLING

In order to administer flu vaccines as part of the SIIP, any immunizer or their employer:

- Must not charge a client who has a valid HSN for the administration of the publicly funded flu vaccine, or for the flu vaccine itself; and
- Persons without a valid HSN, are from out of province, or from out of country, should be directed to a public health office for publicly funded flu vaccine. See **Appendix 9: SHA, AHA, and FNJ Public Health Office Contact Information for Notification and AEFI Report Submission** for support in locating a public health office.

15. COMMUNICATIONS

- The DPEBB is responsible to issue communication to provincial pharmacists.
- The Saskatchewan Ministry of Health's Communications Branch will coordinate with AHA/SHA communications staff to develop consistent public messaging, including eligibility criteria and risk groups, and approaches.
- For provincial media interviews, Saskatchewan's CMHO/Deputy CMHO and the SHA, AHA and FNJs' MHOs are the main spokespersons.
- AHA/SHA/FNJs will ensure clinic details are posted online at the <http://www.4flu.ca> website.
- The Influenza Vaccine English and French fact sheets and related documents will be posted on the Ministry website by September at <http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets>. Refer to **Appendix 11: Resources available from the Publication Centre** for more information about downloadable and orderable resources.

APPENDIX 1: 2022-23 Publicly Funded Influenza Vaccines

	AFLURIA® TETRA (Seqirus) QIV split virion	FluLaval® Tetra (GSK) QIV split virion	FLUZONE® Quadrivalent (SP) QIV split virion	FLUZONE® High Dose (SP) QIV split virion
Population	Everyone ≥ 5 years	Everyone ≥ 6 months	Everyone ≥ 6 months	Everyone ≥ 65 years
Dose	0.5 mL IM	0.5 mL IM	0.5 mL IM	0.7 mL IM
Components	Latex and gelatin free, and contains both influenza A strains and B viral strains, calcium chloride, dibasic sodium phosphate (anhydrous), monobasic potassium phosphate, monobasic sodium phosphate, potassium chloride, sodium chloride, water for injection. May also contain sodium taurodeoxycholate, ovalbumin (egg proteins) and trace amounts of beta-propiolactone, neomycin sulfate, polymyxin B sulfate, hydrocortisone and sucrose.	Latex and antibiotic free and contains both influenza A strains and B viral strains, sodium chloride, potassium chloride, disodium hydrogen phosphate heptahydrate, potassium dihydrogen phosphate and water for injection, α -tocopheryl hydrogen succinate, and polysorbate 80. May also contain residual amounts of egg proteins (ovalbumin), sodium deoxycholate, ethanol, formaldehyde and sucrose.	Latex, antibiotic and gelatin free and contains all surface antigens of this year's influenza A and B viral strains, formaldehyde, sodium phosphate-buffered, isotonic sodium chloride solution, and Triton® X-100, and may contain traces of egg protein and sucrose.	Latex, antibiotic, thimerosal and gelatin free and contains all surface antigens of both this year's influenza A and B viral strains, Triton® X-100, formaldehyde, sodium phosphate-buffered, isotonic sodium chloride solution and may contain traces of egg protein (ovalbumin).
Preservative	<ul style="list-style-type: none"> Thimerosal in multidose vials. 	<ul style="list-style-type: none"> Thimerosal in multidose vials. 	<ul style="list-style-type: none"> Thimerosal in multidose vials. No preservatives in Pre-filled syringes 	<ul style="list-style-type: none"> No preservatives
Normal and Expected Reactions Mild to moderate reactions generally last 1-4 days.	<ul style="list-style-type: none"> Injection site pain, redness and swelling; myalgia, headache, malaise, nausea, chills, vomiting, fever. 	<ul style="list-style-type: none"> Adults - Injection site pain (60%), myalgia (26%), headache (22%), fatigue (22%), and arthralgia (15%) Children—Refer to SIM chapter 10 FluLaval page. 	<ul style="list-style-type: none"> Very common ($\geq 10\%$): pain at the injection site, myalgia, headache, myalgia and malaise. Common ($\geq 1\%$ to $< 10\%$): shivering; redness, swelling, induration and ecchymosis at the injection site, fever. Children six months-35 month of age also experienced irritability, abnormal crying, drowsiness, loss of appetite and vomiting. 	<ul style="list-style-type: none"> Injection site pain (41%), myalgia (23%), headache (14%) and malaise (13%). Onset usually occurred within the first 3 days after vaccination. The majority of solicited reactions resolved within three days of vaccination.
Presentation	<ul style="list-style-type: none"> 5 mL multidose vial containing 10 doses of 0.5 mL 	<ul style="list-style-type: none"> 5 mL multidose vial containing 10 doses of 0.5 mL 	<ul style="list-style-type: none"> 5 mL multidose vial containing 10 doses of 0.5 mL 0.5 mL prefilled syringes (thimerosal free) 	<ul style="list-style-type: none"> 0.7 mL prefilled syringes (thimerosal free)
Contra-indications	<ul style="list-style-type: none"> Persons with a history of a severe allergic or anaphylactic reaction to a previous flu vaccine dose or any component of a flu vaccine should discuss their situation with a public health nurse (PHN) or their physician. Persons who developed GBS within six weeks of a previous flu vaccine. 			
Instructions for Administration	<ul style="list-style-type: none"> The MDV vial must be used within 28 days from removal of the first dose, and between uses, should be returned to the recommended storage conditions between 2°C and 8°C. The number of needle punctures should not exceed 10 per MDV. It is recommended that small syringes (0.5 mL or 1 mL) be used to minimize any product loss. 	<ul style="list-style-type: none"> The MDV vial must be used within 28 days from removal of the first dose, and between uses, should be returned to the recommended storage conditions between 2°C and 8°C. To get 10 doses out of a vial, GSK recommends that each 0.5 mL dose is withdrawn into a 1 mL syringe equipped with a needle gauge not larger than a 23G. 	<ul style="list-style-type: none"> Vaccine may be administered from a MDV that has been opened up to the expiry date indicated on the vial. 	<ul style="list-style-type: none"> Nothing specific for this vaccine.
Special Instructions –	<ul style="list-style-type: none"> Gently shake pre-filled syringes or vials before administration Do not freeze or use if vaccine has been frozen. The Ministry recommends that vaccines be administered directly from the fridge or cooler and not warmed to room temperature prior to administration. 			
	<ul style="list-style-type: none"> Date vials when opened. Protect from light. Pre-drawing is not recommended. 			

APPENDIX 2: Community Pharmacists Delivery of Publicly Funded Influenza Vaccine*

Population or Location	Eligible to Bill DPEBB	Requires Coordination with Public Health	How to Proceed with Coordination (if required)
Individuals five years and older	YES	NO	N/A
Home Visits	YES	YES	Contact public health representative (See Appendix 9: SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission). If public health (or home care) is not providing service in the home, the pharmacy is permitted to contact the client.
Residents of Congregate Living Settings, PCHs and shelter facilities where public health or other health practitioners are not providing ongoing service.	YES	YES	Contact public health representative (See Appendix 9: SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission). If public health is not providing service in the Facility, the pharmacy is permitted to contact the Facility to inquire into providing service.
Clinics in malls, other spaces	YES	YES	Contact public health representative (See Appendix 9: SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission).

*NOTE: Delivery to congregate living settings and home visits by pharmacists is intended to address barriers to flu immunization for target populations (e.g., frail seniors, immobile persons) and must be coordinated with local public health offices in the SHA, AHA and FNJs by August 31, 2022.

APPENDIX 3: Cold Chain Break Report Form

Saskatchewan I,,, For CO 0-1.9 vaccines once axnplete4 fazfo:rm tD e MinioEtry of Health at 306--787-3237
 For a other pu idy funded vaccines fall the form to the region al immunization supervisor
 Pharmacists- fax form to the Milnis'try of Health at 306-787-3237

Complete for all Saskatchewan Health publicly funded products. Do not assume that products must be wasted.

Date of Break: (yyyy-mm-dd)

Date of Report: (yyyy-mm-dd)

Reporter Name:

Telephone Number:

fax Number:

Reporter Email Address:

Facility of..._jAHA_ SHA.. Rt1 I Cl /

Facility Name:

Public Health Pharmacy Physician office Long-Term Care Acute Care Employee Health Other

Are products: Quarantined, Labeled: DO NOT USE, and stored on cold chain? Yes No (attach e-_____

Check box for type of break and fill out corresponding category:

cdneleftout of fre!mr.

Incooler cold pac In cool :th no cold packs .., paiv1ge on counter no pa on counter

utside rege within required tempera

Vaccine returned to _____ °C on (date) _____ at (time) _____

Fridge/freezer temperature excursion

Fridge/freezer temperature when break identified: _____ °C on (date) _____ at (time)

Max. temp recorded during break interval _____ °C Min. temp recorded during break interval _____

Vaccine returned to storage within required temperature range on (da _____) _____

Length of time outside recommended temperature range _____

Last fridge temperature record before the break _____ °C on (

Room temperature before the break _____ °C on (date) _____ at (time) _____

Is temperature log being submitted? Yes No If No, indicate why: _____

Refrigerator/freezer type: Lab or Biological Fridge(any size)

Domestic Fridge Bar Fridge ULT Freezer

Freezer Thermal Shipper Other _____

Date last serviced: _____

Thermometer/Monitor Type (Not Brand Name):

Digital Min/Max Chart / Wheel Record

Warm/Cold Mark No Monitor

Other _____

Break during transportation

Vehicle type (e.g. car/courier) _____ Time delivery received: _____

Was there a data logger included in the cooler/container? Yes No If yes, is it being sent back to RRPL or in caseof COVID-19 vaccine, to the manufacturer? Yes No

Was there a warm/cold marker in cooler? Yes No If yes, was it activated? Yes No Reading: _____

Other situation: provide description

Description of break:

Corrective action details and additional comments:

Cause of cold chain break:

Human error Power outage Other _____

Thermometer malfunction Refrigerator malfunction

Transportation Backup generator failed Insufficient dry ice

Have any affected products been administered to clients? Yes No

* If yes, indicate the date the Medical Health Officer was notified: _____

* If yes, identify these products using a separate page if necessary.

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Page 1 of 1

<https://www.ehealthsask.ca/services/Manuals/Documents/sim-chapter9.pdf>

APPENDIX 3: Cold Chain Break Report Form



Page 2 of 2

Go to <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf> for further instructions.

Ministry of Health reviewer: _____ Date: _____

Total cost of wastage: \$ _____ *(Ministry use only)*

APPENDIX 4: How to Complete the Cold Chain Break Report

How to Complete the Cold Chain Break Report Form

Section 1

Complete all components of this section. The **Reporter** is the person who discovered the cold chain break or is responsible for reporting the cold chain break. **Their contact information including email address is required to facilitate follow-up.**

Section 2

There are four categories in this section. The Reporter **only** needs to **fill out the one category** that is most applicable to the cold chain break:

1. **Vaccine left out of fridge** –in cooler, box, on counter, etc.
2. **Fridge temperature excursion** –when fridge thermometer indicates temperatures outside of cold chain maintenance (2 to 8°C).
3. **Break during transportation** –Temperature indicator card and/or data logger indicates break in cold chain during transport from one facility to another (includes vaccine from RRPL, intra-regional transport and transport between wholesalers and pharmacies).
4. **Other situation** –any situation not covered in the three scenarios above. Include as much information about the situation including time, temperature and cause.

All products must be immediately quarantined when involved in a cold chain break.

****Data loggers** that are in the coolers of vaccine found to be in a cold chain break should be sent to RRPL ASAP and marked with the name of the former Regional Health Authority, AHA or FNJ; facility; date of cold chain break and contact person. The data logger should then be put in an envelope and placed back in the cooler to be sent to **Roy Romanow Provincial Laboratory at 5 Research Drive, Regina SK S4S 0A4** **NOTE:** This does not apply to vaccines sent from wholesalers to community pharmacies.

Section 3

- **Description of Break:** Provide as much detail as possible regarding the cold chain break including how and why the break occurred.
- **Cause of cold chain break:** Please check off the cause that is most applicable. Provide details of the corrective action or plan.
- **Have any affected products been administered to clients?** Please check off yes or no, and answer subsequent questions as appropriate.

Section 4 (Page 2)

- Document all vaccine information clearly using one line per lot number. List open vial vaccines on separate lines even if lot number is the same. Use appropriate vaccine and manufacturer abbreviations.
- Circle the applicable answer for “open multidose vial” and “previous cold chain break.”
- Page 2 will be emailed back to the SHA, AHA or FNJ Immunization Supervisor/Designate or Community Pharmacist indicating whether the vaccine is:
 - Viable – usable – maintain in cold chain and use as soon as possible; **OR**
 - Discard – not to be used. Discard as per organizational policy.

NOTE: The Ministry of Health will email recommendations to the Immunization Supervisor/Designate or reporting Community Pharmacy as appropriate.

APPENDIX 5: Product Wastage Report

PRODUCT WASTAGE REPORT FORM
 FORCO D-19 VACCIN : CO PETED REPO TO THE MINIST OF HEALTH AT
 306-787- 237

for other publicly funded vaccines fax or mail his completed report to the Roy Romanow Provincial laboratory
 Provincial Vaccine Depot

5 Research Drive, Regina SK S4S 0A4
 PHONE: 306-787-7638 FAX: 306-798-0071

DO NOT REPORT COID CHAIN WASTAGE ON THIS FORM.

USE FOR: All vaccines (including COVID-19 vaccines), Tubersot, Ig, Ig, Rablg, azithromycin, amoxicillin, beruthine penicillin 1(bicillin), cefixime, ceftriaxone, ciprofloxacin, doxycycline, erythromycin, rifampin, epinephrine and lidocaine. Diluents do not need to be reported.

Location (reporter must check one):

OSHA DISC NI A DA A Pharmacy/Wholesaler

Former Health Region: _____

Facility Name: _____

Facility type (reporter must check one):

Public Health Pharmacy Physician office Long-Term Care acute Care Employee patient Other _____

Date of wastage: YYYY/MM/DD

Indicate only 1 reason for wastage								
Product Name & Manufacturer	Lot Number	Expiry Date	• of Date	Opt'l'n ut Oo=d\li I	Exceeded . Sto enme jFrid •e/Room emp)!	Do eNot Administered'	Product OCP (0 d te Dn laD I p.n.o.e-dl	Defective or damaged late: Y-ccine Po em Report mu ..l,ot,-, ubmitttld
				<input type="checkbox"/> Open Boxed	::JFridge ::JRoom emp			
				<input type="checkbox"/> Open Boxed	::JFridge ::JRoomTemp			
				<input type="checkbox"/> Open Boxed	::JFridge ::JRoomTemp			
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				<input type="checkbox"/> Open Boxed	::JFridge ::JRoomTemp			

"Report doses vi. sb. t t Jire ln:divert:enllvexpo ed to temper. turcs. over S* C 4 a cad in bre.:1
 - hi, r.,a, on include.. when COVIO-19 ...cclnl! i, tic u,odw,thin stabi ti "" me l:Jalmple: Pf" w,r-BiaNTedi d" u!d ore-t n 6 hour.I.

Report submitted by: _____

Phone No: _____ Email: _____

APPENDIX 6: Vaccine Supply Problem Report

<https://www.ehealthsask.ca/services/Manuals/Documents/Vaccine-Supply-Problem-Report-Form.pdf>

PUBLICLY FUNDED VACCINE PROBLEM REPORT

Fax or mail this completed report to the Saskatchewan Ministry of Health
MAIL: PHN Consultant - Immunization
Saskatchewan Ministry of Health
1st Floor, 3475 Albert Street, Regina SK S4S 6X6
FAX: 306-787-3237

Instructions

- Complete all applicable sections on page 1 and 2
- Please attach or fax a Vaccine Wastage Report for this product

EXCEPTION: A Wastage Report is **not** required when reporting less than full number of doses in a COVID-19 vaccine vial.

- A Vaccine Problem Report is to be completed when there is defective or damaged product. Not all Vaccine Wastage Reports will require a Vaccine Problem Report.

Check Yes or No as applicable:

Wastage Report Attached Yes N OR

(Non-COVID-19 Vaccines ONLY): Wastage Report Faxed to RRPL Y N

1. Reporter name (print): _____
2. Jurisdiction/Region: _____
3. Is product (without needle attached) being returned with this report? Yes No
4. Date the incident occurred: _____/_____/_____
5. Vaccine brand name: _____
6. Manufacturer name: _____
7. Lot number(s): _____
8. Number of doses affected: _____
9. Problem/Issue Type:

Dull or missing needle
Needle separated from syringe during administration
Contents cloudy
Contents contains particles
Illegible label or lot number
Label missing
Other -

Details of the problem-issue, including any visible colour or consistency observations in the volume (provide photos if available).

Revised May 12, 2021
Date received at MOH _____
MoH Reference # _____

Saskatchewan 

PUBLIC FUD VACCINE PROBLEM REPORT

For month completed report: the Saskatchewan Ministry of Health
MAIL PH: 1 - Immunization
Saskatchewan, 1st Floor, 347.5 Albert Street, Regina SK S4S 6X6
FAX: 306-787-3237

10. COVID-19 vaccines- Drawing less than the full number of doses

OTE: Enter value in doses/vial do not need to be reported

a. man | Is there a need? _____

b. 5x vials type:

- Administration: Low dead space (LOS) ::| on-LOS ml m

B. brand: _____

- Reconstitution (if applicable): LDS 1mL Non-LOS 1mL ml

B. brand: _____

c. e e

- dm Instration: 25G 1" 25G 1.5" Outer: _____

Brand: _____

Reconstitution (if applicable): 21G 1" 21G 1.5" Outer: -----

B. brand: _____

Was the vial inspected prior to reconstitution, straight yes no

11. Name and contact information for further follow up:

Please indicate if contact information can be provided to the Manufacturer or their direct

or up: Yes No

Revised May 12, 2021
Date received at MOH _____
MoH Reference # _____

Saskatchewan

APPENDIX 7: Reporting Adverse Events Following Immunization (AEFI) for Publicly Funded Influenza Vaccines

Healthcare provider is informed of possible AEFI by client and/or directly observes AEFI in client and reviews AEFI user guide to assess reportable criteria. 811 will refer client to Public Health.



If event is reportable: healthcare provider completes AEFI Report Form sections 3; 4a; 4b; 4c if applicable 5; 6; 7a; 7b; 7c; 7d; 8, 9a &/or 9b &/or 9c &/or 9d &/or 9e as applicable; and 10.



Healthcare provider makes copy of report for self and submits completed AEFI report form to AHA/SHA/FNJ that the vaccine was given in.



Upon receiving the AEFI: the SHA, AHA and FNJ MHO's *Recommendations for Further Immunization* (section 11 of AEFI) the healthcare provider contacts the client and informs them of the recommendations. The SHA, AHA and FNJ (that has access to Panorama) must upload the AEFI report and enter the information on the client's Panorama client record as per SIM Appendix 4.2 *Where do I document.*



SHA, AHA and FNJ submit completed AEFI report and forwards only reportable AEFIs to the Ministry of Health.



Healthcare provider who initiated AEFI report form informs client regarding the MHO's recommendations and refers patient to Public Health if they have further questions.

Refer to SIM chapter 11 AEFIs Appendix 11.4 to report AEFIs for non-publicly funded vaccines
<https://www.ehealthsask.ca/services/Manuals/Documents/sim-chapter11.pdf>.

APPENDIX 8: Notification of Influenza Vaccine Administration

(<https://www.ehealthsask.ca/services/resources/Resources/Notification%20of%20Vaccine%20Administration%202022-06-23%20-%20fillable.pdf>)



Notification of Influenza Vaccine Administration

Please complete this form and email it to eHealth Saskatchewan, at the time of immunization. Every dose of influenza vaccine will be documented into the provincial electronic immunization registry in the interest of maintaining complete client immunization records.

All providers email this form to eHealth Saskatchewan at Panoramareportimms@health.gov.sk.ca

Please complete as fillable PDF or Print Only

Physician Nurse Practitioner Registered Nurse Licensed Practical Nurse

Registered Psychiatric Nurse Pharmacist Other _____
(specify)

Provider Name: _____

Facility/Clinic Name: _____

Phone Number: _____ Address: _____

B. Client Information:

Client Name: _____
Last Name _____ First Name _____

Birth Date: _____ Gender: Male Female Other
YYYY/MM/DD

HSN#: (indicate province) _____

Client Address: _____

City/Town: _____ Postal Code: _____

Phone number: (h) _____ (w) _____ (c) _____

Parent/Guardian providing consent: _____

C. Vaccine Information:

Administration Date	Fluzone Quad.	FluLaval Tetra	Afluria Tetra	Fluzone HD	Dosage, route, site (e.g., 0.5 ml IM left arm)	Lot Number	Location of Service (i.e.; Name of clinic; pharmacy)
YYYY/MM/DD							

Comments:

To be completed by eHealth Saskatchewan when entered in Panorama: Initials _____

APPENDIX 9: SHA, AHA, and FNJ Public Health Office Contact Information for Cold Chain Break Notification and AEFI Report Submission

ATHABASCA HEALTH AUTHORITY

Box 124
BLACK LAKE SK S0J 0H0 Tel: 306-439-2200
306-439-2212

PRINCE ALBERT SK S6V 5S4

Tel: 306-953-5000
Fax: 306-922-5020 Fax:

Box 787

Former CYPRESS HEALTH REGION (SHA)

#400 - 350 Cheadle Street West
SWIFT CURRENT SK S9H 4G3

Tel: 306-778-5253
Fax: 306-778-5282

FIRST NATIONS & INUIT HEALTH BRANCH

Indigenous Services Division 6th floor,
1783 Hamilton Street
REGINA SK S4P 2B6
Tel: 306-780-3499
Fax: 306-780-8826

Former FIVE HILLS HEALTH REGION (SHA)

1000B Albert Street
Moose Jaw, SK S6H2Y1
Tel: 306-691-2318
Fax: 306-691-2331

Former HEARTLAND HEALTH REGION (SHA)

Box 1300
ROSETOWN SK S0L 2V0
Tel: 306 882-2672 Extension 2293
Fax: 306-882-4683

Former KEEWATIN YATTHÉ HEALTH REGION (SHA)

Box 40
BUFFALO NARROWS SK S0M 0J0
Tel: 306-235-2220
Fax: 306-235-4604

Former KELSEY TRAIL HEALTH REGION (SHA)

Box 727
MELFORT SK S0E 1AO
Tel: 306-752-6310
Fax: 306-752-6353

Former MAMAWETAN CHURCHILL RIVER HEALTH REGION (SHA)

La Ronge Health Centre
227 Backlund Street
P.O. Box 6000
LA RONGE SK S0J 3G0
Phone: 306-425-2422
Confidential Fax: 306-425-8530

NORTHERN INTERTRIBAL HEALTH AUTHORITY

Former PRAIRIE NORTH HEALTH REGION (SHA)
11427 Railway Ave.,
Suite 101 NORTH
BATTLEFORD SK S9A
1E9 Tel: 306-446-
6403
Fax: 306-446-7378

Independent Street
YORKTON SK S3N 0S7
Tel: 306-786-0600
Fax: 306-786-0620

**Former PRINCE ALBERT PARKLAND
HEALTH REGION (SHA)**
2nd Floor L.F. McIntosh Mall 800
Central Avenue Box 3003
PRINCE
ALBERT SK S6V
6G1 Tel: 306-
765-6521
Fax: 306-765-6536

**Former REGINA QU'APPELLE HEALTH
REGION (SHA)**
Population and Public Health
Services 2110 Hamilton
Street
REGINA
SK S4P
2E3 Tel:

3
06-766-
7902
Notification forms Fax: 306-766-7906
AEFI questions Fax: 306-766-7607

Former SASKATOON HEALTH REGION (SHA)
Public Health Services
#101 - 310 Idylwyld
Drive North
SASKATOON SK
S7L 0Z2
Tel: 306-655-4615
Fax: 306-655-4711 for cold chain breaks
Fax: 306-655-4893 for AEFls

Former SUN COUNTRY HEALTH REGION (SHA)
900 Saskatchewan Drive
Box 2003
WEYBURN SK S4H 2Z9
Flu Clinic Contact:
306-842-8621 Tel:
306-842-
8699
Fax: 306-842-8638

Former SUNRISE HEALTH REGION (SHA)

APPENDIX 10: Data Collection and Submission Processes for SHA, AHA, AND FNJs

Public health is responsible for entering immunizations given by public health into the provincial immunization registry and/or submitting flu vaccine administration data to the Ministry of Health for both public health and the non-public health providers that they have provided vaccine to.

Table 1: Data collection expectations by reporting frequency

Provider	Collection, for	Submission, by age		Reporting Frequency
		SHA, AHA	FNJ	
SHA OH&S/ Employee Health	HCW	<u>1 age group</u> • All HCWs regardless of age	<u>1 age group</u> • All HCWs regardless of age	<i>1 submission</i> ¹ • #s immunized as of March 31, 2023 • Total number of HCWs as of March 31, 2023

¹ HCWs are those employed by SHA, AHA and FNJ facilities or affiliated facilities and do not include volunteers, health science students or physicians. Total number of HCWs for the SHA, AHA and FNJ is used to calculate coverage.

**Email the HCW administered numbers and the denominators by zone by May 12, 2023 to:
PopHealth@health.gov.sk.ca with the subject line: *(the SHA zone, AHA or FNJ name)*.**

Appendix 11: Resources at the Publication Centre

Description	Downloadable	Orderable
Influenza Fact Sheet - English and French	Yes	Yes – English
Poster – Who Can Get a Free Flu Shot	No	Yes
Fluzone® High Dose Influenza Vaccine – English and French	Yes	Yes
Cold, Flu And Allergy Differentiation Fact Sheet	Yes	No
Flu Decision Chart	Yes	No
Poster – Protect Yourself And Others From Influenza	Yes	No
Poster – Fight the Flu – People with Chronic Conditions	Yes	No
Record of Influenza Immunization – Wallet Card	Yes	Yes
Poster - seniors - Fight the flu	Yes	Yes
Poster - mother / daughter - Fight the flu	No	Yes

Appendix 12: Recording Historical Immunizations - Influenza

	<u>Name of Activity</u> - Recording Historical Immunizations – Influenza <u>Role Performing Activity</u> : - Authorized Panorama or COVID Quick Entry (CQE) User		
Panorama Immunization Module WORK STANDARD	Location: SIIP Document Owner: Ministry of Health		Department: PHB
	Date Prepared: September 2018	Last Revision: September 2022	Date Approved: 27 Oct 2020

Purpose: To ensure that client immunization records are accurate, up-to-date, and complete to optimize the vaccine forecaster functionality (Panorama only) (i.e., the need for second doses for children younger than 9 years of age) and to ensure patient safety. Information sources include hard copy records (e.g., wallet cards), and notification forms/records from non-public health service providers.

Refer to Panorama Policy - *Recording Historical Immunization*

<https://www.ehealthsask.ca/services/panorama/Immunization%20Library/Recording%20Historical%20Immunizations%20Panorama.pdf>.

Essential Tasks:	
1	Ensure the “Immunization Defaults” for “Apply Defaults to Historical Immunizations” are set to “No”.
2	Search for the client using the appropriate Client Search variables and set client into context. If required, refer to Panorama Work Standard –Reviewing and Updating Client Demographics in Panorama https://www.ehealthsask.ca/services/Manuals/Documents/SHA%20-%20WS-Reviewing-and-Updating-Client-Demographics-with-details.pdf .
3	In the client’s Immunization Profile , click on Add Single Immunization and select Add Historical to enable documentation. <i>Note: vaccines recorded as ‘Historical’ will not decrement inventory.</i>
4	Document the <u>minimum required</u> information for publicly or non-publicly funded influenza vaccines: <ul style="list-style-type: none"> • Agent (e.g., Inf, LAIV) *required* • Date Administered–YYYY/MM/DD *required* • Reason for Immunization–<u>not required</u> • Information Source–<u>not required</u> • Provider - refer to # 5 below when entering a Provider (not required) • Verification Status–<u>defaults to “Not Requested”</u> • Organization - should default to blank - <u>not required</u> • Service Delivery Location - - should default to blank - <u>not required</u> • Consent directives are <u>not required</u> to be entered as per Panorama Policy <i>Recording Historical Immunizations</i>. <ul style="list-style-type: none"> ○ It is recommended to enter a consent directive in situations where it is provider recorded and the information needed to enter the consent directive such as parent name is available.
5	Document Only If Provided on Original Notification Form: <ul style="list-style-type: none"> • The lot # is not required to enter a historical vaccination, however it is recommended to document in the comments box when known for patient safety reasons (i.e., an adverse event following immunization occurs; a vaccine recall). • When the Lot # is “inventoried” in Panorama, then add the lot number by selecting it from the drop down. • Once selected, ensure the auto-populated dosage, dosage unit of measurement (UOM), Trade Name, Manufacturer and Route are correct. If the lot number provided is not in the drop down, record it in the comment section as per #6 below. • Injection site - The Site is not a required field but should be entered if known.

6

Document the Provider type in the drop down list by using the type ahead feature in the provider field:
Type in "Provider" and the following list will be displayed:

Provider, Licensed Practical Nurse, Licensed Practical Nurse
Provider, Other, Other
Provider, Pharmacist, Pharmacist
Provider, PHC Paramedic, Other
Provider, PHC Registered Nurse, Registered Nurse
Provider, PHC Respiratory Therapist, Other
Provider, Physician, Physician
Provider, Public Health Nurse, Public Health Nurse
Provider, Registered Nurse, Registered Nurse
Provider, Registered Nurse Practitioner, Registered Nurse Practitioner
Provider, Registered Psychiatric Nurse, Registered Psychiatric Nurse

If the **Provider** type is not listed in the drop down list or is unknown, use **Provider Other, Other**.

If the provider name is listed, ensure this is documented.

7 **Document** any additional information (i.e. Name of pharmacy/physician's office, and vaccine brand name by clicking the **Add** button under **Comment and entering the information**. Click **Apply** to add the comment.

8 Click **Apply** at the top of 'add immunization' box, and then click **Save** at the top of page.

Appendix 13: Mass Immunization Clinic Infection Control Recommendations

Immunizers shall adhere to strict infection prevention and control standards and procedures.

Purpose

- To protect the health of clients and public health employees.
- To prevent the transmission of infectious diseases from person to person.
- To maintain public confidence in the immunization services and delivery.

Clinic advertisement

- Inform clients that physical distancing measures and mask use is in effect in mass immunization clinics.
- Clients are to be made aware that health screening including temperature checks may occur prior to immunization.
- Special population clinics (e.g., for seniors, or those who are immune compromised) should be clearly stated.

Space requirements

- Clinic location can accommodate clients without overcrowding, to accommodate physical distancing measures.
- Proper waste management/disposal.
- Tables, counters, chairs and mats that are easily cleaned and disinfected.
- Separate waiting area for individuals who have been immunized, taking into account physical distancing
- Food, beverages, toys, etc. are not used by clients or staff in the clinic area.

Supplies

- Posters and factsheets on hand hygiene, cough etiquette and infection prevention messages.
- Sufficient alcohol-based hand sanitizer (ABHS) gel, foam or wipes and lotion for clinic staff and clients.
- Surgical masks, face shields, goggles.
- Disposable gloves.
- Surface disinfectant wipes, disinfectant spray, paper towels, disposable cloths, hands-free garbage cans with plastic liners.
- Disposable tissues.

Immunizers

- Shall apply physical distancing measures between immunization stations.
- Shall disinfect chair and table surfaces between all clients.
- Screen clients for symptoms before immunizing them.
- Hand hygiene shall be practiced according to policy including:
 - ✓ Before entering and leaving the work area.
 - ✓ Before preparing or handling sterile products or medications.
 - ✓ Before and after contact with a client.
 - ✓ After removing disposable gloves.
- Food and beverage consumption, including water bottles, is not permitted in clinical areas.

Clients

- Screen selves for illness.
- Signage shall be posted at the entrance to the facility to advise the public that they are required to use ABHS upon entering and leaving the facility and touching door handles; to practice cough etiquette, and if they have disease symptoms that they will not be immunized and should leave the facility immediately.
- All clients shall use ABHS upon sitting at the immunization station.
- Apply physical distancing practices to reduce crowds in queues and post-immunization observation areas to prevent potential transmission.

Appendix 14: Public Health Immunization Supply List Recommendations

IMMUNIZATION SUPPLIES/EQUIPMENT	
Vaccine (and diluent/adjuvant if applicable)	Face shield
3 mL syringes with safety needles, 25 gauge 1"	Biohazard yellow bags (for gowns)
3 mL syringes	Bandages
25 G 1" safety needles	Biohazard waste boxes and liners
25 G 1½" safety needles	Hand Sanitizer
1 mL 25 G tuberculin syringes	Anaphylaxis kits
18 G 1" needles	Stethoscope
Cotton balls	Blood pressure cuffs (child and adult reg. and large)
Sharps containers (4 L or larger)	Pocket masks with one way valve – child and adult
Sharps containers (small)	Vaccine insulated cooler bags/coolers
Procedure towels	Ice/cold packs
Brown paper bags	Latex-free gloves – assorted sizes
Alcohol swabs	Min-Max thermometers
Chlorhexidine swabs	Thermometers for client temperature checking
Goggles intruder safety, clear, anti-fog lenses with cleaner	Mats
Surgical masks - disposable	Blankets
Disposable gowns	Mask with visor
DOCUMENTATION AND SUPPORT FORMS	
SIIP document	AEFI report forms
Consent forms	Blood and body fluid exposure incident form
Line list form	Emergency phone lists
Vaccine fact sheets	Team lists/Team Schedule
Vaccine product monographs	Vaccine Count sheets
Mass Immunization Plan (Annex)	Stat forms – child entry into Panorama, track HCWs
Immunization Wallet cards	Vaccine temperature monitoring sheets
Incident Report form	Freeze Watch/Warm Mark indicators
GENERAL SUPPLIES AND EQUIPMENT	
Tables	Cart for wheeling supplies
Chairs	Spray cleaning solution
Table covers	Disinfectant wipes
Screening drapes (portable partitions) for privacy	Paper towels
Traffic ropes and rope stands	Facial tissues
Signage	Flashlight
Garbage bags	Supplies for washrooms (soap, toilet paper, paper towel)

OFFICE SUPPLIES	
Paper 8.5" x11"	Sticky tack for posters
Pen, pencils, highlighters, sharpies	Sticky notes and large wall post for staff updates
Envelopes	File boxes/lock boxes/file folder system
Clipboards	Date stamps, stamp pads
Scissors, staplers, staples, paperclips	Black clips 2" and 1" for papers
Tape	Secure folders for transfer of health information
Rubber bands to bundle vaccines	Transparent page protectors
IT REQUIREMENTS	
Laptops	Telephones, cell phones, chargers
Computer/TV for screening/information videos	2-way radios
Scrolling text for waiting areas for screens/monitors	Power bars
Thumb drives, MiFi drives	Extension cords
Portable printers/scanners	Portable projector
SECURITY REQUIREMENTS	
Organization approved ID Badges for staff, volunteers	Master schedules
Sign-in/sign-out station for staff, volunteers	Staff temperature screening list and screening station
Volunteer confidentiality forms	
OTHER ITEMS	
Ear protection or back of head strap holders	Bright coloured duct tape
CVA vehicles SUV or van when possible	Juice boxes
Maintenance support/assistance	Mini water bottles
Plexiglas partitions to set on tables – protect set up	Locking plastic bags
Sit-stand chairs – local need for injury prevention	Transportation of dangerous goods forms
Stickers	Poster for HCW to self-identify to nurses
Totes or duffle bags to transport supplies	Hand sanitizer dispenser stations or bottles
Rolls of clear packing film to wrap carts or bungee cords	Electronic signage
Tape measures for 6-foot physical distancing	