Alberta Influenza Immunization Program
Resource Guide for
Alberta Pharmacists

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“Quick Glance” Summary

1. All provincially funded vaccines are provided for use in provincially defined immunization programs only. An individual eligible for a publicly funded vaccine will not be charged for either the vaccine or the administration (injection and written record) of that vaccine.

   Charges for administration of a vaccine can be levied only to the employer or to the individual who purchases his or her own non-provincially funded vaccine.

2. Only pharmacists with the authorization to administer vaccines by injection from the Alberta College of Pharmacy (ACP) will be able to access, administer, and bill Alberta Blue Cross for provincially funded influenza vaccine.

3. Pharmacists may not immunize individuals less than nine years of age against seasonal influenza with provincially funded influenza vaccine, as per AHS policy.

4. Pharmacists participating in the Influenza Immunization Program must comply with all requirements of the Alberta College of Pharmacy regarding administering injections.

5. Pharmacists who procure and administer provincially funded vaccines must comply with the requirements of Alberta Health Services (AHS) Public Health. Those requirements include, but are not limited to, orientation, documentation, cold chain management, management of anaphylaxis, reporting of adverse events following immunization, and reporting of each dose of vaccine administered. These requirements are described more fully by AHS Public Health when the pharmacist enters into an agreement with AHS Public Health.

6. Pharmacists interested in administering influenza immunization to clients must be in touch with AHS Public Health to establish the partnership for this program. Once the partnership has been established, information describing processes, including product access, will be provided to the pharmacist.

7. In addition to any documentation requirements imposed by AHS Public Health and Alberta Health and Wellness (AHW), Standard 18.3 of the Standards of Practice for Pharmacists and Pharmacy Technicians requires that a patient record, including administration of immunizations, must include:
   a. patient demographics,
   b. a profile of drugs\(^1\) provided, and
   c. a record of care provided.

8. Integrity of the cold chain from pick-up or delivery to administration is critical to the success of the influenza immunization campaign.

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\(^1\) Documentation requirements for “drugs administered by injection” include administration of vaccines and toxoids.
1.0 Introduction

This document is intended as a resource for Alberta pharmacists who will provide immunizations as part of the Alberta Influenza Immunization Program. The information focuses on seasonal influenza vaccine within the Alberta Influenza Immunization Program. This information is provided by the Alberta College of Pharmacy as a resource to pharmacists. It does not supersede or replace policies of Alberta Health and Wellness or Alberta Health Services except where the information is specific to legislation and ACP standards. This document will be updated as information becomes available and/or changes. The information is current as of the "Last revised" date indicated at the bottom of the document. For more information about government policies and procedures, please consult the relevant organization, e.g., Alberta Health and Wellness, Alberta Health Services, Alberta Blue Cross.

Immunization is one of the most effective medical interventions to prevent disease. In the last 50 years, immunization has saved more lives in Canada than any other health intervention (Public Health Agency of Canada [PHAC], 2006, p. 17).

Alberta has a strong immunization program, but the proportion of Albertans who are adequately immunized continues to be below provincial targets. As a result, Alberta Health and Wellness (AHW) has developed a 10-year immunization strategy to increase immunization rates in Alberta. The Alberta Immunization Strategy (2007-2017) contains seven evidence-based innovative directions to achieve this goal. Strategic direction #4 – Strengthen Partnerships, specifically addresses improving effective collaboration and partnerships among organizations that are able to influence immunization rates. To improve accessibility for Albertans, it is important to form new partnerships between health providers of immunization and the public health system. Recognizing this, AHW has approached pharmacists as partners in immunization. The complete report of the Alberta Immunization Strategy can be accessed at: [http://www.health.alberta.ca/health-info/imm-program.html].

This resource guide provides general recommendations for the provision of influenza immunization in the Alberta Influenza Immunization Program and does not address specific case-by-case scenarios. Health providers of vaccines must be familiar with the contents of relevant biological product monographs prior to each vaccine that is administered.

2.0 Background

2.1 Federal Leadership

The Health Products and Food Branch, Biologics and Genetic Therapies Directorate (BGTD) [www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/bgtb-dpbtg/index-eng.php] of Health Canada regulates vaccines for humans in Canada. Like all medications, vaccines must undergo several stages of rigorous testing before they are approved for use. The BGTD also supervises all aspects of vaccine production by manufacturers. Before any vaccine is licensed and approved for use in Canada, the factory where it is manufactured must be inspected to ensure that all stages of production meet the requirements for safety, sterility and quality control. Before release by the manufacturer, each lot of vaccines is tested for safety and potency. Most safety tests are carried out both by the manufacturer and independently by the laboratory of the BGTD.
The Public Health Agency of Canada (PHAC) [http://www.phac-aspc.gc.ca/new_e.html] is primarily responsible for policies, programs and systems relating to prevention, health promotion, disease surveillance, community action and disease control. Within the PHAC, the Infectious Disease Prevention and Control Branch [http://www.phac-aspc.gc.ca/about_apropos/oc-o4-eng.php#a3] promotes improvement in the health status of Canadians in the area of infectious diseases through public health action. The Centre for Immunization and Respiratory Infectious Disease [http://www.phac-aspc.gc.ca/irid-diir/index-eng.php] has the mandate “to prevent, reduce or eliminate vaccine-preventable and infectious respiratory diseases; reduce the negative impact of emerging and re-emerging respiratory infections, and maintain public and professional confidence in immunization programs in Canada”.

The National Advisory Committee on Immunization (NACI) is composed of experts from across the country in areas such as public health, infectious diseases and pediatrics. This committee provides the PHAC with ongoing and timely medical and scientific advice related to immunization. Recommendations from the NACI on the use of vaccines in Canada are published in the Canadian Immunization Guide [http://www.phac-aspc.gc.ca/publicat/eig_gci/index-eng.php]. Regular supplementary statements by the NACI are published in the Canada Communicable Disease Report (CCDR) [www.phac-aspc.gc.ca/publicat/ccdr-rmtc/index.html]. Adjustments to vaccine schedules and selection of vaccines are based on NACI recommendations.

### 2.2 Provincial Leadership

In Alberta, the Minister of Health and Wellness, through the Community and Population Health Division, provides leadership in disease control and prevention, wellness strategy development and health surveillance. The Community Health Branch of the Community and Population Health Division is responsible for developing policies and high-level program guidelines for Alberta’s Immunization Program. The Office of the Chief Medical Officer of Health (OCMOH) defines overall immunization policies and the Community Health Branch is responsible for the immunization strategic policy guidelines.

### 2.3 Responsibilities for AHS Public Health and External Vaccine Partners

The provision of routine immunization programs and targeted immunization programs is a vital public health service priority in Alberta. Public health nurses provide all childhood immunizations and partner with external providers for other specific immunization programs in Alberta. AHS Public Health is responsible for distribution and monitoring of vaccines supplied by AHW.

All provincially funded vaccines are provided for use in provincially defined immunization programs only. An individual eligible for a publicly funded vaccine will not be charged for either the vaccine or the administration (injection and written record) of that vaccine. Charges for administration of a vaccine can be levied only to the employer or to the individual who purchases his or her own non-provincially funded vaccine.

AHS Public Health may partner with external (community) providers for other specific

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immunization programs.

2.3.1 Community Providers

External or alternate vaccine providers include everyone outside of public health–delivered programs providing immunization and using provincially funded vaccines. Community pharmacists are one example of an external (community) provider.

A health care provider who is:
- a registered member of a health profession regulatory body under the Health Professions Act or Health Disciplines Act; and
- authorized under the respective statute to administer a vaccine
may administer the influenza vaccine as part of the Influenza Immunization Program.

Pharmacists with the ACP authorization to administer drugs by injection are “authorized health care providers”.

In order to administer vaccines as part of the Influenza Immunization Program, an authorized health care provider must fulfill any and all requirements prescribed by Alberta Health Services.

In any case where an authorized provider is unsure whether a specific client should receive influenza vaccine (e.g., the client may be immuno-compromised) the authorized provider must refer the client to the local AHS Public Health office for immunization.

2.4 Alberta College of Pharmacy (ACP)

On April 1, 2007 the Pharmacists Profession Regulation was proclaimed and the Standards for Pharmacist Practice came into effect. The regulation states “a clinical pharmacist is authorized to perform, within the practice of pharmacy and in accordance with the Pharmacists’ Standards of Practice, the restricted activity of administering anything by an invasive procedure on body tissue below the dermis or the mucous membrane for the purpose of administering subcutaneous or intramuscular injections”. On July 1, 2011 the Pharmacists and Pharmacy Technician Profession Regulation was proclaimed and the Standards for Pharmacist Practice was replaced by the Standards of Practice for Pharmacists and Pharmacy Technicians. Standard 17 of the Standards of Practice for Pharmacists and Pharmacy Technicians states: “A pharmacist authorized to administer drugs by injection must not administer an injection to a child younger than five years old.”

There are additional standards specifically related to administration of injections and generally to other requirements involved in administration of injections (e.g., documentation) included in the Standards of Practice for Pharmacists and Pharmacy Technicians and the Standards for the Operation of Licensed Pharmacies.

Pharmacists involved in administration of injections, including immunizations, must be aware of and comply with all legislated requirements, whether referenced in this resource guide or not.
3.0 Pharmacists’ Access to Provincially Funded Influenza Vaccine

3.1 Authorization to Administer Vaccines by Injection

Pharmacists participating in the Influenza Immunization Program must comply with all requirements of the Alberta College of Pharmacy regarding administering injections. These requirements include but are not limited to the following:

- practice within the limits of one’s personal competence;
- obtain informed consent from the patient;
- be satisfied that administration of the vaccine(s) is appropriate for the particular patient
- ensure that:
  - there is ready access to drugs and health care products, aids and devices used to treat reactions to injectable drugs, and
  - the pharmacist is trained and competent to administer the drugs and health care products, aids and devices used to treat reactions to injectable drugs;
- be satisfied that the drug or blood product to be administered:
  - has been prepared for administration using aseptic technique,
  - is stable, and
  - has been stored and labelled appropriately following reconstitution or mixing;
- observe routine precautions for infection control;
- use aseptic technique;
- ensure the patient is appropriately monitored;
- respond appropriately to complications of parenteral therapy if they arise;
- ensure devices, equipment and any remaining drug are disposed of safely and appropriately;
- provide relevant information to other regulated health professionals and/or AHS Public Health as appropriate;
- comply with ACP documentation requirements; and
- ensure injections are administered in a suitable environment.

Only pharmacists with the authorization to administer vaccines by injection\(^3\) from ACP will be able to access, administer, and bill Alberta Blue Cross for provincially funded influenza vaccine. If an authorized pharmacist wants to procure provincially funded influenza vaccine and then have another health professional, such as a registered nurse, administer it, he/she should contact Alberta Blue Cross and confirm whether this is complies with the contractual agreement with Blue Cross.

These measures are in place to ensure Alberta’s high quality immunization program continues in terms of accountability of vaccine and meeting all program standards and reporting requirements for adverse events.

\(^3\) This is noted on the pharmacist’s practice permit as “Authorization to Administer Drugs by Injection”
3.2 Training and Orientation

Any pharmacist who is authorized to administer vaccines by injection and would like to administer provincially funded influenza vaccine must be oriented annually, just as public health nurses are updated annually. Details of the orientation program will be communicated by AHS Public Health to pharmacists interested in participating in the Alberta Influenza Immunization Program.

Pharmacists who wish to bill Alberta Blue Cross for influenza immunizations must comply with all applicable requirements of the agreement with Alberta Blue Cross.

3.3 Other Requirements

Pharmacists who procure and administer provincially funded vaccines must comply with the requirements of AHS Public Health. Those requirements include documentation, cold chain management, management of anaphylaxis, reporting of adverse events following immunization, and reporting of each dose of vaccine administered. These requirements will be described more fully by AHS Public Health when the pharmacist enters into an agreement with AHS Public Health.

Pharmacists providing an influenza immunization program must have applicable policies and procedures governing all aspects of their injections and immunization program.

4.0 Health and Safety Surveillance

Following the administration of a vaccine, an authorized provider must:

- provide the client with appropriate after care instructions including a phone number to discuss unexpected local reactions or other adverse events;
- advise the client to remain within close proximity to the authorized provider for observation for the time period applicable to that client; and
- observe client for at least:
  - 15 minutes in regular cases; or
  - 30 minutes in the case of a client who has had a previous anaphylactic reaction to any agent (e.g., vaccines, biological agents, drugs, food, bee stings).

All adverse events related to administration of the vaccine must be reported as soon as possible by the authorized provider using the form Report of Adverse Reaction to Immunizing Agents. These forms may be obtained through the AHS website or AHS Public Health. Refer to the form for a list of reportable adverse reactions. If a pharmacist is unsure whether symptoms following immunization are related to the immunization, the pharmacist should consult with AHS Public Health. Where the adverse event is severe (e.g., anaphylaxis), the event must be reported to AHS Public Health within 24 hours.

4.1 Important Considerations Regarding Immunization

Common or expected side effects of a vaccine are usually mild, predictable and self-limiting. These events do not need to be reported. An adverse event following immunization is defined as a serious or unexpected event temporally associated with immunization. It is often difficult to confirm whether or not the vaccine or immunization process caused the health concern. The adverse event may be considered temporally related to the immunization depending on type, onset and duration of
symptoms.

- Inquiring about allergies (distinguish between minor allergic reactions and severe hypersensitivity reactions) should be routine prior to any immunization.
- Anaphylaxis reactions (IgE mediated) rarely occur following immunization (within minutes or hours) but are potentially life-threatening and require immediate medical attention.
- Anaphylaxis following immunization is rare, with a national annual rate ranging from 0.4 to 1.8 reports per 1,000,000 doses of vaccine distributed. Anaphylaxis can include bronchospasm, circulatory collapse, facial or laryngeal edema and urticaria developing within minutes of immunization.
- Anaphylaxis following immunization is a contraindication to the receipt of further doses of the specific vaccine that caused the reaction.
- A history of an allergy is not a contraindication to immunization except when reported as anaphylaxis following a specific vaccine or to one of the components contained in the vaccine. The manufacturer’s product information should be consulted if allergies are identified.
- Rashes, including urticarial rashes, with onset more than one hour after immunization, are not a contraindication to further immunization.

All immunizations using provincially funded products must be administered in settings where protocols for management of anaphylaxis are in place and can be effectively implemented.

- Individuals must be advised to remain under observation for at least 15 minutes following receipt of vaccines. For clients who have had a previous anaphylactic reaction to any agent (e.g., vaccines, biologicals, drugs, food, bee stings, etc.), the observation period should be extended to at least 30 minutes. In low risk situations supervision can include having recipients remain within a short distance of the vaccinator.
- History of a local reaction to a previous dose of influenza vaccine is not usually a contraindication to further doses.

If a pharmacist is unsure whether a specific client should receive influenza vaccine, the client should be referred to AHS Public Health.

5.0 Vaccine Supply

AHW purchases influenza vaccine for the influenza immunization program through a bulk procurement process. Vaccine is distributed to AHS Public Health, which is accountable for all doses of vaccine administered. AHS Public Health follows AHW immunization policies.

Pharmacists interested in administering influenza immunization to clients must be in touch with AHS Public Health to establish the partnership for this program. Once the partnership has been established, information describing processes, including product access, will be provided to the pharmacist.
Pharmacists must provide a copy of their practice permit, with the authorization to administer injections noted, with the initial order for provincially funded influenza vaccine.

Each pharmacist will need to order influenza vaccine according to a number of factors:

- immunizer capacity,
- cold chain storage capacity,
• public demand, and
• the location and capacity of the pharmacy.

Pharmacists must account for doses administered to AHS Public Health before another order can be placed. This reporting will be done via Alberta Blue Cross through the Alberta Public Health Activities Program.

Unused doses of influenza vaccine must be accounted for. Unopened vials will be returned to AHS Public Health at the conclusion of the influenza program. AHS Public Health will send a call for unused vaccine (usually in April). Unused doses in opened vials must be accounted for but will be discarded at the pharmacy site and not returned to AHS Public Health.

6.0 Administering the Immunization(s)

6.1 Assess the patient

The pharmacist must always assess the client before administering an immunization to ensure the client is “fit to immunize”. Clients must be asked about all relevant contraindications and precautions to receiving the vaccine. Care should be taken to determine whether there is a risk of anaphylaxis, such as previous anaphylaxis or severe allergy to any of the vaccine components or latex (if latex is contained in the vaccine products or other products used, e.g., gloves).

The Canadian Immunization Guide (PHAC, 2006, p. 79) provides these sample screening questions for adults being offered influenza vaccine:

• Have you had influenza vaccine before? If yes, did you have any problems after the vaccine?
• Have you had any reactions to vaccines in the past?
• Have you ever fainted after a needle or vaccine?
• Do you have any allergies to food or medications?

As part of the client assessment the pharmacist must confirm whom to contact in the event of a significant adverse reaction to the immunization. For example, will the pharmacist contact the client’s family physician or the pharmacist’s immunization program medical director? Who is the client’s emergency contact?

6.2 Obtain informed consent

The pharmacist must obtain the informed consent of the patient before administering an injection.

The concept of “informed consent” was developed on the premise of two distinct components:

1. patients’ rights to determine what happens to their bodies, and
2. health professionals’ inherent duty to provide patients with enough information to make an informed decision.
Informed consent is also based on each person’s right to be free from offensive bodily injury. Violators of this right can be charged with battery. This principle applies to treatment in the medical field. Any treatment which causes bodily injury, including the administration of injections, may be considered battery. However, a person may waive their strict right to bodily security by consenting to the specific medical treatment.

Generally, for a patient’s consent to medical treatment to be acceptable,

1. the consent must be voluntary,
2. the patient must have the capacity to consent, and
3. the patient must be properly informed.

All patients have the right to be adequately informed before giving consent to treatment. For consent to treatment to be valid, the pharmacist must give the patient sufficient information to allow them to reach an informed decision. This information will include an adequate explanation about:

1. the nature of the treatment,
2. its anticipated effect, and
3. the significant risks involved.

The pharmacist must answer any specific questions posed by a patient. He must also, without being questioned, disclose the nature of the proposed treatment, its gravity, and any significant risks involved.

While written consent is not required it is a good idea to document that informed consent has been obtained.

7.0 Reporting Requirements

7.1 Documentation Requirements of ACP

In addition to any documentation requirements imposed by AHS Public Health and AHW, Standard 18.3 of the Standards of Practice for Pharmacists and Pharmacy Technicians requires that a patient record, including administration of immunizations, must include:

- patient demographics,
- a profile of drugs provided, and
- a record of care provided.

Appendix A of the Standards of Practice for Pharmacists and Pharmacy Technicians goes on to describe that a record of care for drugs administered by injection must include the following elements:

- drug, dose and route of injection,
- site of injection,
- patient response,
- patient counselling provided,
- adverse reactions, if any, and management,
- plans for follow up,

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4 Documentation requirements for “drugs administered by injection” include administration of vaccines and toxoids
• date of administration, and
• identification of the pharmacist who administered the drug, blood product or vaccine.

In addition, supporting documentation, such as refrigerator temperature logs, must be completed and retained as evidence of appropriate storage and handling procedures.

### 7.2 Documentation Requirements of AHS Public Health and AHW

There are two types of documentation requirements of AHS Public Health and AHW – collection of client-specific information and reporting of immunization information. AHS Public Health will communicate documentation requirements with community providers.

### 8.0 Accountability

AHS Public Health is responsible for reporting to AHW all doses of provincial vaccines administered. External providers, including pharmacists, are required to report doses administered to AHS Public Health. Aggregate reporting will be done via Alberta Blue Cross through the Alberta Public Health Activities Program.

As external providers, pharmacists are accountable to AHS Public Health and ultimately to AHW for every dose of provincially funded influenza vaccine they procure and are responsible to the client(s) to whom they administer the vaccine. They must comply with all requirements of AHS Public Health, including cold chain management, documentation, and protocol for management of anaphylaxis, as well as those required by legislation (e.g., Standards of Practice for Pharmacists and Pharmacy Technicians, Standards of Operation for Licensed Pharmacies, and *Health Information Act*). Integrity of the cold chain from pick-up or delivery to administration is critical to the success of the influenza immunization campaign and cannot be overemphasized.

### 9.0 Communication

Communication of processes, requirements of pharmacists, and general information on immunization is critical to the success of pharmacists’ participation in the provincial influenza immunization program. ACP will facilitate delivery of pharmacist-oriented communiqués to Alberta pharmacists upon request from AHS and/or AHW.

#### 9.1 General Information on Influenza Immunization


Seasonal Influenza Information for Health Care Professionals can be found here: [http://www.albertahealthservices.ca/2824.asp](http://www.albertahealthservices.ca/2824.asp)

The Public Health Agency of Canada is an important source of information on all immunizations and vaccines, including influenza [http://www.phac-aspc.gc.ca/im/index-eng.php](http://www.phac-aspc.gc.ca/im/index-eng.php)

Pharmacists are a key source of information regarding seasonal influenza. Pharmacists should be well informed about the benefits and risks of seasonal influenza immunizations so they can be a source of credible information for their clients and other health care professionals. The AHW website, the AHS
website, and the PHAC website should be reviewed regularly for current immunization information.

9.2 Information on External Provider (Including Pharmacists) Immunization Policies

Information on AHS Public Health’s requirements regarding pharmacist immunization policies can be found on the AHS website here: [http://www.albertahealthservices.ca/2824.asp](http://www.albertahealthservices.ca/2824.asp)

10.0 Storage and Handling of Vaccines

Vaccines are sensitive biological products that become less effective when they are exposed to temperatures outside the recommended range of +2°C to +8°C. The success of an immunization program, both for a population and for an individual, relies on effective products that depend on proper storage and handling of all biological products. Vaccine storage and handling is a shared responsibility from the time the vaccine is manufactured until it is administered. A detailed vaccine storage and handling document, titled “Cold Chain Management” can be found on the AHS website [http://www.albertahealthservices.ca/Diseases/hi-dis-flu-cold-chain-management.pdf](http://www.albertahealthservices.ca/Diseases/hi-dis-flu-cold-chain-management.pdf). A “Checklist for Safe Vaccine Handling and Storage” can also be found on the AHS website [http://www.albertahealthservices.ca/Diseases/hi-dis-flu-checklist-safe-handling.pdf](http://www.albertahealthservices.ca/Diseases/hi-dis-flu-checklist-safe-handling.pdf). This checklist provides a quick list of things that are essential as well as those that are strongly recommended. Pharmacists are reminded that cold chain must be maintained right from the time of pick-up or delivery from AHS Public Health to administration to the patient and that they must have appropriate and adequate procedures in place for all steps in the process.

When the refrigerator temperature drops below 2°C or rises above 8°C, this event is called a “cold chain break”. When a cold chain break occurs the pharmacist must quarantine the vaccine in a functioning refrigerator and clearly mark it “Do Not Use”. Do not use or discard the vaccine until AHS Public Health has provided direction. You will find a cold chain break algorithm on the AHS website here: [http://www.albertahealthservices.ca/Diseases/hi-dis-flu-cold-chain-break-algorithm.pdf](http://www.albertahealthservices.ca/Diseases/hi-dis-flu-cold-chain-break-algorithm.pdf).

Each cold chain break that affects provincially funded vaccine must be reported to AHS Public Health and subsequently to AHW. A pharmacist may obtain the report form from AHS Public Health. A sample report form can be found on the AHS website here: [http://www.albertahealthservices.ca/Diseases/hi-dis-flu-cold-chain-break-report.pdf](http://www.albertahealthservices.ca/Diseases/hi-dis-flu-cold-chain-break-report.pdf). This report will be sent to AHW from AHS Public Health for provincially funded vaccines involved in a cold chain break.

AHS Public Health will provide information to pharmacists only on the use of provincially funded influenza vaccine following a cold chain break. Check the product monograph and/or with the manufacturer for information on stability of products that are not provincially funded influenza vaccine.

Please refer to the ACP Cold Chain newsletter article “How to keep your cool in the pharmacy”, available on the ACP website at [https://abpharmacy.ca/Downloads/documentloader.ashx?id=5321](https://abpharmacy.ca/Downloads/documentloader.ashx?id=5321), for important information on maintaining cold chain in the pharmacy.
11.0 Additional Resources

11.1 Information Sources for Seasonal Influenza
What is influenza? [http://www.health.alberta.ca/health-info/influenza.html]

11.2 Information on Immunizations
Common Questions about Seasonal Influenza Vaccine [http://www.health.alberta.ca/health-info/imm-influenza-questions.html]
Influenza Self-Care [http://www.health.alberta.ca/health-info/influenza-self-care.html]
Practice Development, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta has an excellent distance course titled “Influenza: Providing patient care” [http://www.pharmacy.ualberta.ca/pd/courses/influenza/influenza.htm]
Product monographs for seasonal influenza vaccines
- Fluviral®
- Agriflu®
Public Health Agency of Canada [www.phac-aspc.gc.ca]

11.3 Posters and Handouts for Your Pharmacy

12.0 References

http://canlii.ca/s/ahuy

http://www.canlii.org/en/ab/laws/sta/p-37/20070117/whole.html
