COVID-19 and Influenza Vaccination Clinical Guidance

last update: December 28, 2022

This document provides supplemental guidance to the BCCDC Immunization Manual regarding clinical aspects of COVID-19 vaccination. The BCCDC Immunization Manual is the 'source of truth' and this document is intended to provide clarification on clinical guidance and to describe processes specific to Island Health.

Accountability for this document rests with the MHO Lead for Vaccination (currently Dr. Mike Benusic).

Raise any concerns/discrepancies/suggestions to *Sheralee.jordan@islandhealth.ca* or *Michael.Benusic@islandhealth.ca* (if urgent).

Consult with Public Health Immunization Support Team and/or Medical Health Officer as required (refer to *Immunization Consultation Pathway*).

This document is posted on the Island Health Intranet COVID-19 page and Public Health Immunization Support SharePoint COVID-19 page.

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1. ELIGIBILITY, SPACING AND VACCINE PRODUCTS

Note: for urgent guidance related to medical eligibility and previous dose reactions, refer to *Immunization Consultation Pathway*.

1.1 What if a client presents without an appointment?

- In general, vaccinations outside of outreach are through appointment only
- Island Health Healthcare Workers (HCW) have been directed to walk-in to Mass Vaccination Sites without an appointment to receive their vaccinations.
    - This should be honoured unless significant circumstances at the site do not allow for additional appointments. If they can not be accommodated:
        - Ask HCW to return at a later date
        - Refer/assist them to the provincial booking system
    - HCWs have been instructed to bring their Island Health ID, but it is **not** required for vaccination.
- If walk-ins present who are otherwise eligible for vaccination, sites can choose the following based on individual circumstances of the client and site capacity and vaccine supply:
    - Provide vaccine
    - Ask client to return at a later date
    - Refer/assist them to the provincial booking system

1.2 What is the difference between a third dose and a booster dose?

- **Third dose:** provided to clients we expect **did not** mount a sufficient immune response after a 2-dose primary series, and require an additional dose to complete their primary series
- **Booster dose:** provided to clients we expect **did** mount a sufficient immune response after the primary series, but that immunity has since waned
- Individuals who are deemed moderately-severely immunocompromised* are eligible for a **third dose**
    - Information for people who are moderately to severely immunocompromised
    - Approximately 115,000 people in BC and 23,000 people in Island Health qualify for a third dose
    - ***Note**: this is a subset of clients who met the previous 'Clinically Extremely Vulnerable (CEV)' criteria, and is referred to as CEV-I. The reason all CEVs are not eligible for this third dose is that those who are not moderately-severely immunocompromised may have greater potential of harm from COVID-19, but are expected to have excellent protection from a 2-dose primary series of vaccine.
    - Clients identified in the provincial system will have an alert and risk factor for a 3-dose primary series entered in their record. These alerts and risk factors are provincially applied based on provincial data indicating these clients are moderately-severely immunocompromised and eligible for a 3-dose primary series. Immunizers do not need to confirm if someone meets the criteria.
    - **Note:** if a client states they are mislabelled as moderately-severely immunocompromised and they are presenting for what they thought was a booster dose, they can be provided a booster dose as per BCCDC product page and be instructed to call the provincial call centre to request that their status as moderately-severely immunocompromised be removed.

1.3 What if a client wants their fall 2022 Booster Dose earlier than 6 months since previous booster?

- Clients requesting a shorter interval should be informed that this is not optimal for protection, but their request for an earlier dose should be granted without need for MHO approval, provided the minimum interval between doses has been observed. (See BCCDC Moderna Spikevax Biological Products Page)
- The minimum interval between a previous booster dose and the fall booster dose is 3 months.

1.4 What if a client has had a recent COVID-19 infection?

- When clients present for vaccination, immunizers should be following the COVID-19 mRNA and Influenza Vaccine Screening Questions as their script.
- Immunizers are not *required* to ask if clients have had a recent COVID-19 infection.
    - Recent COVID-19 infection is not a contraindication to COVID-19 vaccination.
- If a client shares that they have had a recent COVID- 19 infection, an immunizer may have a discussion.

- Immunizers should not be providing a recommendation whether to defer or not. It is the client's choice whether or not they defer vaccination, if otherwise medically eligible.
- In discussion, immunizers should refer to language in the BCCDC Immunization Manual:
  - COVID-19 booster doses **may** be deferred in those who have tested positive for COVID-19 (by PCR or rapid antigen test) until 3-6 months from symptom onset or, for asymptomatic cases, from the time of the positive test. For more information refer to the NACI statement.

1.5 What if a client disagrees with a risk factor (e.g. Indigenous, CEV) applied to their profile?

- Clients can request to have the risk factor removed by calling the provincial call centre at 1-833-838-2323

1.6 How do I manage two bivalent products? *(Currently for those 12 years of age and older –booster dose only)*

- If only one bivalent product available:
  - Offer that product
  - If client wishes to receive the alternate product, advise them to rebook. However, there is no guarantee that the other product will be available at that time
- If both bivalent products are available:
  - For immunocompetent 12 – 17 years Pfizer bivalent
  - For immunocompetent 18 years and older offer product that the clinic has higher supply of as default, or offer choice whichever is most efficient for site flow
  - If client requests alternative product than offered and supply allows, provide what they requested and are eligible for
  - If moderately to severely immunosuppressed 12 years and older offer Moderna bivalent preferentially. Client can choose Pfizer bivalent.
- If clients have questions about Moderna bivalent vs Pfizer bivalent:
  - There is no evidence to suggest one product is superior
  - Key differences are:
    - Pfizer bivalent (Original/Omicron BA.4/BA.5) vaccine is based on a more recent Omicron strain, which may provide better protection against Omicron
    - Moderna bivalent (Original/Omicron) vaccine contains more mRNA, which may provide better protection against COVID-19 in general, but may also lead to a higher frequency and intensity of side effects
    - Refer to NACI guidance on COVID-19 boosters for more information

1.7 What if a parent requests Pfizer Comirnaty 6 months – 4 years?

- Review with parents that Moderna Spikevax 6 months- 4 years is preferred product COVID-19 Vaccine Eligibility
- Take parent's contact information, explain that the vaccine can be ordered and they will be contacted to book a private appointment at the Health Unit when the vaccine is available
- Nurse will notify clinic lead who will then contact local Health Unit. Local BPM to Email COVIDvaccineinventory@islandhealth.ca to order Pfizer Comirnaty 6 months – 4 years
- Requests through the Provincial Call Centre: email publichealthimmunizationsupport@islandhealth.ca. Immunization Support Clinician will email the local Health Unit Clinical Coordinator and BPM, and cc the Regional BPM at COVIDvaccineinventory@islandhealth.ca with vaccine order.

1.8 What about clients who request a non-mRNA vaccine?

- Clients can choose alternate vaccines to the mRNA vaccines as a primary series and/or booster dose by calling the provincial call centre at 1-833-838-2323

1.9 How should leftover doses be managed?

- Any doses that will expire before another scheduled opportunity to use may be given to clients who are eligible to receive the product as per the respective product pages in the BCCDC Immunization Manual.

- At this stage of the vaccination campaign, wastage is expected and vaccine availability outweighs demand. There is no requirement to seek out clients to vaccinate to use leftover doses, but immunizers/sites can choose to do so when reasonably feasible

1.10 What if Fluad is no longer available to offer to those 65 years of age and older?

- As per Health Canada product approval & Island Health MHO directive, **Fluzone High-Dose Quadrivalent** can be used **interchangeably for Fluad** within vaccination clinics and **offered to anyone 65 years of age and older.**
- Sites should reserve a small quantity of Fluzone High-Dose for those who meet the BCCDC publicly funded eligibility criteria (Individuals 65 years of age and older living in long-term care, assisted living facilities and First Nations communities).

1.11 Can COVID-19 and influenza vaccines be offered opportunistically to family members?

- Current COVID-19 vaccine availability outweighs demand. Opening COVID-19 vials for opportunistic vaccinations is appropriate.
- **At 12+ clinics,** family members **may** be provided COVID-19 and/or influenza vaccines upon request following the direction: 1.1 What if a client presents without an appointment?
- **At 6 month – 11 year clinics**, family members **should** be provided COVID-19 and/or influenza vaccines upon request (e.g. parents/guardians, siblings) unless circumstances (staffing, space, vaccine supply) at the site do not allow for additional appointments. The expectation is that vaccine can be offered to up to 2 family members; however additional family members may be accommodated in exceptional circumstances if staffing and vaccine supply allow.
- If family members can not be accommodated right away, if possible allow them the option to wait onsite for an opening rather than turning them away.
- **Mass Documentation (one of the following three options):** If family members have a future vaccine appointment, that appointment **MUST** be cancelled in order to document vaccinations
    1. In ImmsBC, for the "add-on" client, utilize the method of Documenting an Immunization Without an Appointment (DIWA) ImmsBC-Education-For-Documenting-DIWA
        - When selecting clinic location, choose the same clinic location with the client's age bracket (e.g. Parksville Family Place Public Health Unit - (aged 12+) if at a 6 month - 11 year clinic)
        - Select check box 'Show all lot numbers'
    2. In ImmsBC, for the "add-on" client, check them into the same clinic as the booked appointments for that day ImmsBC-Education-For-Checking-In-Walk-In-Client
        - This will require the lead or local BPM to have and/or move age-appropriate vaccine inventory into the booked clinic supply location. This will allow immunizers to select the correct lot # (e.g. in a 6 month – 11 year clinic, ensure 12+ products are moved into the 6 month – 11 year supply location).
    3. **If** the mass immunization clinic is held at a Public Health Unit **AND** a Public Health Nurse is the immunizer, they may document directly into PIR
        - **Do not** use Panorama at a mass immunization clinic site.
- **At CHC appointments**, family members **may** be offered COVID -19 and /or influenza vaccine (e.g. parents/guardians, siblings) if staffing and vaccine supply allow. COVID-19 and/or Influenza vaccines provided to clients and family members at CHC should be documented in Panorama (PIR).

2. INFORMED CONSENT

2.1 Can minors provide their own consent?

- Yes, they can provide Mature Minor Consent. If a minor presents without a parent/guardian or signed consent form, followed Mature Minor Consent Process. While there is no minimum age, in general, offering mature minor consent only to those 12 years and older.

2.2 Do clients have to be provided with a copy of the mRNA Health File and After Care Sheet?

- It is acceptable to use laminated copies of both the mRNA Health File and After Care Sheet as long as the sheets are wipes between each client and there are printed copies of each available for clients who would like to take a copy home

2.3 Does consent need to be re-obtained for subsequent doses?

- Standard practice for vaccination is that informed consent is obtained for a series and does not need to be reobtained for subsequent doses in the series
- Provincially, there is ambiguity if this standard practice applies to booster doses
- Appendix A – Informed Consent for Immunization states "*New and significant changes to any vaccine (e.g., changes to contraindications, precautions or adverse event) should be discussed with the individual or parent/guardian/representative/SDM who provided the initial informed consent and consent should be reconfirmed. The entire consent process does not need to be repeated*.
- Although steps 1-7 of the process outlined in Appendix A for obtaining informed consent do not need to be repeated, consent should be reconfirmed with regard to the additional dose in the series, as well as the additional Omicron strain if the bivalent vaccine is being offered.
- As long as informed consent is documented from a previous dose of COVID-19 vaccine:
    - Informed consent does **not** need to be reobtained
    - Client must have access to the HealthLink file, must review the Island Health screening questions, must have opportunity to ask questions and must be offered the BCCDC COVID-19 Vaccination Aftercare Sheet

3. ADVERSE EVENTS FOLLOWING IMMUNIZATION & POST-IMMUNIZATION WAIT

Note: for urgent guidance related to medical eligibility and previous dose reactions, refer to *Immunization Consultation Pathway*.

3.1 Post vaccine wait recommendations

- Advise clients to remain under supervision for at least 15 minutes after immunization, regardless of whether or not they have had the particular product previously. Written guidance has been provided to mass immunization sites to post re: choosing to wait less than 15 minutes
- The risk of fainting is the more common reason to keep clients under observation
- If client has an allergy (even if severe) but is **not** known to be caused by a component in the vaccine, standard 15 minute monitoring is recommended
- If mild or questionable allergy to a component in the vaccine (e.g. abdominal discomfort after PEG), standard 15 minute monitoring is appropriate
- When a client has had a prior allergic reaction to the biological product or a component of the biological product, a 30 minute wait is a safer duration
- 30-minute wait is necessary when recommended under MHO/PHN consultation either through pre-vaccination or AEFI process
- Concerns of a severe allergy to a component of the vaccine (e.g. PEG anaphylaxis) requires MHO consult

3.2 What if a client has an allergy to a component of the vaccine?

- The only absolute contraindication to COVID-19 vaccination is allergy to an ingredient in the vaccine. Polyethylene glycol (PEG) is the main ingredient of concern in Pfizer Comirnaty and Moderna Spikevax vaccines.
- If a client indicates known or suspected previous allergy to polyethylene glycol (PEG), such as through use of PEG laxative like Restoralax/Go-lytely (note: sensitivities to cosmetics is not considered a suspected PEG allergy)
    - Do **not** vaccinate
    - **Consult MHO for further direction, which may include:**
        - vaccination under normal monitoring
        - vaccination with extending monitoring

- referral back to primary care provider for referral to immunology
- facilitated referral to immunology (usually if client does not have primary care provider)

3.3 What to do when a client has an adverse event following a previous dose?

- Check Panorama to see if AEFI was reported and recommendation already provided
- If no AEFI in Panorama, follow guidance below
- If a client is vaccinated based on guidance below, document within ImmsBC action taken and guidance followed
  - E.g. "Client reported local reaction including pain, redness and swelling that extended beyond shoulder joint following dose 1 of Pfizer Comirnaty vaccine. Reviewed MHO recommendation with client in accordance with COVID-19 Urgent Vaccination Consult Guidance. Dose 2 provided."
- If an AEFI needs to be submitted:
  1. Complete Panorama Adverse Event following guidelines in Adverse Event Following Immunization Procedure

Adverse Events Following COVID-19 Vaccine and Required Action

AEFI	Action
Local: • Abscess • Cellulitis • Nodule • Pain/redness/swelling	**Offer vaccination,** use alternate site if applicable: • AEFI does not need to be reported • Document decision in note in ImmsBC
Systemic: • Adenopathy/lymphadenopathy • Fever • Rash (except hives appearing within 48h of vaccination) • Nausea, vomiting, diarrhea • Arthritis • Herpes Zoster (Shingles)*	**Offer vaccination**, use alternate site if applicable: • AEFI does not need to be reported • Document decision in note in ImmsBC
Rash concerning for hives: (raised, red, round, itchy) appearing within 48h of vaccination	**Consult MHO**, who will provide recommendation depending on clinical picture: • Vaccination with normal monitoring • Vaccination with extending monitoring • Submission of AEFI for formal review and recommendation for subsequent vaccination
Anaphylaxis: 1st dose managed with epinephrine	**Vaccinate only in accordance with written recommendations in Panorama** **Do not vaccinate if no recommendations provided:** • Initiate AEFI process if not started
Neurological: Anaesthesia/Paraesthesia	If in region of **injection or distal on limb**: • Vaccinate in alternate site If **systemic or other location** offer client option to: • Receive vaccine today **OR** • Submit AEFI for formal review and recommendation for subsequent vaccination
Chest pain without diagnosis (within 1 month after vaccination)	If short-lived (3 days or less) and/or mild severity

	• Offer vaccine • AEFI does not need to be reported If symptoms lasted more than 3 days and/or severe symptoms and/or associated with other symptoms (palpitations, shortness of breath, decreased exercise tolerance): • **Do not vaccinate** • Initiate AEFI process • If client is insistent on vaccination today, consult MHO If symptoms are persistent: • **Do not vaccinate** • Initiate AEFI process • Recommend client seek urgent medical attention • If client is insistent on vaccination today, consult MHO
Other significant events where there is a possible relationship to vaccine, such as: • Bell's Palsy • Convulsion/seizure • Guillain-Barré syndrome (GBS) • Thrombocytopenia and Thrombosis syndrome (TTS) • Capillary Leak Syndrome • Myocarditis/pericarditis (within 3 months following vaccination) • Encephalopathy, encephalitis, myelitis, transverse myelitis, or ADEM • Emergency hospitalization for unusual event	**Vaccinate only in accordance with written recommendations in Panorama** **Do not vaccinate if no recommendations provided:** • Initiate AEFI process if not started

__Note re: shingles__:* if client has concerns, can provide following information: Shingles (herpes zoster) is caused by a reactivation of the varicella-zoster virus (VZV), the virus that also causes chickenpox. After being infected with VZV, the virus remains within humans and can reactivate and cause shingles. The reasons why VZV reactivates are not fully understood, but risk factors include increasing age and immunosuppression. Shingles following vaccination may be coincidental, or may be reflective of vaccines causing a transient change in the immune state which theoretically could increase the risk of VZV reactivation. There are no contraindications to receiving COVID-19 vaccines during or after an episode of shingles, and my professional recommendation would be to receive subsequent COVID-19 vaccinations as per standard provincial recommendations as the benefits to receiving vaccination likely far outweigh any theoretical risk of inducing shingles.

4. VACCINE USABILITY

4.1 A small amount of liquid sprayed out of the Pfizer Comirnaty vial when the needle was removed after dilution or withdrawing a dose, can the vaccine in the vial still be used?

- Yes, provided aseptic technique was followed and vaccine was diluted and prepared as outlined in BCCDC Immunization Manual. Use all available doses from vial even when less than the expected number of doses can be withdrawn from a single vial.

4.2 Can vaccine be used after a vial or pre-filled syringe containing mRNA is accidentally shaken or dropped on the floor from waist height (1 m or lower)?

- Assess vial/syringe for any cracks or changes to appearance of the vaccine

- If there are no cracks and the vaccine does not appear different (colour, consistency, bubbles etc.), vaccine can be used

4.3 Pooling of doses

- The *ADDENDUM: Pooling residual vaccine* was removed from the BC Immunization Manual as this was a deviation from best practice in a time of minimal COVID-19 vaccine supply. As supply is no longer an issue, this deviation from best practice is no longer permitted.

4.4 If you can withdraw a 6th dose from a Spikevax Bivalent vial or a 7th dose from Comirnaty Bivalent (Pfizer) vial, can you use it?

- Yes. Per the Spikevax Bivalent and Comirnaty Bivalent product page, low dead-volume syringes and/or needles should be used if available to extract the maximum number of doses. Immunizers should continue to be vigilant when drawing up doses to ensure all doses drawn are the correct volume.

5. IMMUNIZATION SUPPLIES AND PRACTICE STANDARDS

5.1 Can syringes be pre-assembled in advance?

- Pre-assembling syringes hours or the day before is not recommended and does not align with the principles of aseptic technique
- Best practice is to pre-assemble the syringe immediately before use. It is acceptable practice to pre-assemble the syringe shortly (~15 mins) before use.

5.2 Can saline be pre-drawn into a syringe in advance?

- No, pre-drawing saline has the same safety considerations as pre-assembling syringes
- Best practice is to draw up saline immediately before use (or for use within ~15 mins)

5.3 What is the safest way to engage the safety device on a needle or recap a pre-drawn syringe?

- The system is intended to be a one handed technique
- The safety should be activated with the thumb on the guard base. The index finger could also be used as long as activation occurs at the guard base.
- Activating the safety guard with the alternate hand should not occur as it increases the risk of a needle stick injury, the guard not engaging or damage to the guard mechanism. Activation of the safety guard on a thigh is also very poor practice and may result in a needle stick injury.
- Activating the safety guard on a solid surface, such as tabletop, is also not an approved or promoted practice for activating the safety device. Using this method can result in splashes/droplets being discharged from the needle end onto adjacent surfaces or potentially onto the user. These droplets may contain blood or body fluids and could contaminate surfaces.
- To safely re-cap a pre-drawn syringe, use the one handed “scoop” technique. Place the cap on a flat surface, with one hand use the needle to scoop up the cap, once cap covers needle push cap against hard surface to engage.

5.4 Does the vial rubber stopper need to be swabbed with an alcohol swab before each puncture?

- Yes, 70% alcohol wipes must be used in between draws and allowed to air dry before accessing with a sterile needle. A new alcohol swab should be used each time.

5.5 When drawing vaccine, there is vaccine leak around the needle insertion site. How do I prevent this?

- The vaccine vial has to be punctured several times. To minimize vaccine leaking out around the needle insertion site, puncture the rubber stopped in the middle of the vial to inject the diluent and then rotate in the peripheral of the vial stopper to draw the doses.

5.6 What is the recommended way to prepare a syringe when a 1.5 inch needle is required?

- Option #1: draw up and administering with a 1½” needle

- Option #2: draw up with a 1" needle, pull back on plunger and change to a 1½"
    - The amount of volume that may be trapped in the 'dead-space' of a 1" needle versus 1½" needle (~0.01 – 0.02 mL) is negligible. Consider the context of a vaccine contained within a pre-filled syringe format; when using a 1" or 1½" needle, the actual volume of the vaccine would remain the same, and what is most important is to use a needle of sufficient length to reach the largest part of the muscle.

5.7 3mL syringe or 1 mL Low Dead-Volume Syringe (LDS)

- Supplies of 1mL LDS have been variable, when previous supplies have been low, the direction for COVID-19 vaccines that were given as a 0.5mL dose was to use a 3 ml syringe. When available, use 1 mL LDS as indicated in the biological products manual for the COVID-19 vaccine product.

5.8 Reporting issues with supplies (syringes, needles)

1. Less than expected vaccine vial doses
    - Complete Sub Dose Survey Form found at http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/immunizebc-covid-sops → Administration and Reporting
    - Email to IBCOC_Operations@phsa.ca and copy to PublicHealthImmunizationSupport@islandhealth.ca
    - IBCOC Operations has provided guidance to use clinical judgement when determining if a sub dose should be reported for the various vaccine products
2. Product problems related to COVID-19 vaccines (syringes, needles, etc. not supplied by BCCDC)
    - Provide basic information on product and issue, and pictures if available
    - Email to IBCOC_Operations@phsa.ca and copy to PublicHealthImmunizationSupport@islandhealth.ca
    - If further detail is required by the manufacturer, then IBCOC Operations will follow up

6. COLD CHAIN AND VACCINE MANAGEMENT

6.1 Once a vial of Moderna Spikevax is exposed to room temperature (>+8°C to +25°C), can it be returned to the fridge?

- Yes, time at room temperature is cumulative
- Moderna Spikevax vaccine must be used within:
    - 24 cumulative hours at room temperature **AND**
    - 24 hours of first vial puncture
- If Moderna Spikevax vaccine is exposed to temperatures between **>+8°C to +25°C** while being stored or during transport and the cumulative exposure is less than 24 hours, the vaccine does **not** need to be reported as a cold chain incident. Label vials as per instructions below. If duration of exposure is unknown or clinician has any questions, consult with Immunization Support Team following *Intake Process for Reporting COVID-19 Vaccine Cold Chain Incidents*.
- When vial is returned to the fridge after being exposed to room temperature:
    - Attach ***Moderna Spikevax Vial Label*** to vial and record time vaccine exposed to room temperature and date and time of first puncture (if applicable) before returning to the fridge
    - Use vial(s) previously exposed to room temperature first at next clinic
- Although the newest guidelines for Moderna Spikevax allow for storage of the vaccine in a syringe for 24 hours, **best practice is to draw up and use the vaccine as soon as possible**. It is preferable to store a punctured vial in the fridge overnight for use in clinic the next day.

6.2 Once a vial of Pfizer Comirnaty Adult-Adolescent is exposed to room temperature (>8°C +25°C), can it be returned to the fridge?

- Yes, time at room temperature is cumulative
- Pfizer Comirnaty vaccine must be used within:
    - 2 cumulative hours at room temperature prior to dilution **AND**
    - 6 hours after dilution

- If Pfizer Comirnaty vaccine is exposed to temperatures between **>+8°C to +25°C** while being stored or during transport and the cumulative exposure is less than 2 hours, the vaccine does **not** need to be reported as a cold chain incident. Label vials as per instructions below. If duration of exposure is unknown or clinician has any questions consult with Immunization Support Team following *Intake Process for Reporting COVID-19 Vaccine Cold Chain Incidents*.
- When **unopened** vials need to be returned to fridge after being exposed to room temperature (> +8°C) for a **cumulative duration <2h:**
    - Attach ***Pfizer Comirnaty Vial Label*** to vial and record time vaccine exposed to room temperature before returning to the fridge
    - Use vial(s) previously exposed to room temperature first at next clinic
- When **unopened** vials need to be returned to fridge after being exposed to room temperature (> +8°C) for a **cumulative duration >2h**:
    - Quarantine vials, label 'DO NOT USE,' mark with date/time and place in a monitored vaccine fridge
    - Consult with *PublicHealthImmunizationSupport@islandhealth.ca* for instruction on vaccine use

6.3 What steps should be taken to manage vaccine and supplies when ambient temperatures inside Mass Immunization Clinic are rising due to warmer weather?

- Follow recommendations outlined in *Storing, Monitoring and Transporting mRNA Vaccine*.
- Recommended **epinephrine** storage temperature is +15°C to +30°C. Do not store in fridge. Consult with *PublicHealthImmunizationSupport@islandhealth.ca* if supply is exposed to temperature outside of the recommended range.
- Recommended **normal saline diluent** storage temperature is +2°C to +25°C. Exposure to temperatures >+25°C +30°C is not recommended, but is considered acceptable. Vials with a current temperature of >+30°C should not be used to dilute vaccine until they have returned to temperatures <+30°C. Vials stored at temperatures >+30°C to <+40°C for >24 hours must be discarded. Vials must be discarded if exposed to temperatures >40°C for any duration. Do not freeze diluent.

6.4 Can COVID-19 vaccine be stored/transported in a cooler without a temperature monitoring device?

- Cooler should be monitored with a temperature monitoring device
- By exception, when a temperature monitoring device is unavailable, vaccine can be stored/transported without being monitored for a **maximum of 1 hour** as long as the following criteria are met:
  Cooler must be:
    - able to maintain temperature between +2°C to +8°C
    - packed according to BCCDC standards
    - packed tightly to minimize vial movement (e.g. crumpled up paper bags, packing paper, bubble wrap etc.)
    - secured (strapped/braced) in vehicle during transport and kept away from heater

7. DOCUMENTATION

7.1 Do influenza and COVID-19 deferrals need to be documented?

- Immunizers should ask 'which vaccine (s) they would like to receive today'
- Document consent for chosen vaccine (s)
- Do not document influenza or COVID- 19 deferrals at mass sites if they do not choose that product
- If a client has come for a COVID-19 vaccine and defers after discussion with immunizer, chart deferral and reason

7.2 What if a client under age 65 was inadvertently administered Fluad Tri (will show as invalid for < 50 years) or Fluzone HD (will show as invalid for < 65 years)?

- Front line verify if *documentation* vs *clinical* error

- For *documentation* error, correct in ImmsBC (dose should auto-Validate)
- For *clinical* error, notify client of the error and possible increased side effects
  - Document in Panorama, override dose from Invalid to Valid with the following Reason: *"As per MHO approved Island Health Interim guidance for the Inadvertent administration of Fluad Tri & Fluzone HD to those under age 65 years, this dose is considered Valid"*

7.3 What if a client received a vaccine that is not documented in their electronic health record or received a product not used in Canada?

- Written documentation is required and client is responsible for uploading vaccine record
  - If a client's ImmsBC record does not reflect their proof of vaccination, they can be vaccinated with subsequent eligible vaccine doses. They should provided official documentation of previous vaccines (e.g. paper record or digital record containing QR code)
    - When documenting vaccine dose in ImmsBC, add comment to reflect that previous doses were obtained outside of BC or did not reflect the client's personal record
    - Client must follow-up with uploading personal vaccine records at https://www.immunizationrecord.gov.bc.ca/
- To determine eligibility for further vaccination, refer to BCCDC WHO Emergency Use Authorization Qualified COVID-19 Vaccines

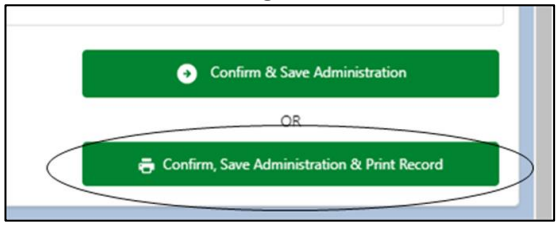
7.4 What to do when there is a discrepancy between the vaccine product documented in Panorama or Imms BC and the product the client reports they received?

- As per BCCDC Immunization Manual, written documentation of immunization is preferred and verbal reports should not be accepted as evidence of immunization
- With defaults set in ImmsBC, it is possible for the wrong product to be recorded
- If a paper record (e.g. client's immunization card, sticker sheet) lists a product different than Panorama of ImmsBC, then update the product details as listed on the paper record, within the **same program** in which the original documentation occurred (ImmsBC or Panorama). The client's immunization card is considered a 'source of truth' and the original electronic record (ImmsBC or Panorama) should be updated to match what is recorded on the paper record.
- If the client reports receiving a product different than what's in Panorama and they do not have an immunizations record card, consult with Clinic Lead to review documentation on sticker sheet. Sticker sheet is also considered a 'source of truth' and the original documentation (ImmsBC or Panorama) should be updated to match what is recorded on the paper record.
- If there is no paper record (e.g. client's immunization card, sticker sheet), the product in ImmsBC and/or Panorama cannot be changed. If client is confident they received a different product for first dose than recorded in Panorama, they can choose either mRNA vaccine product for second dose. Advise client their immunization record will reflect the product(s) recorded in Panorama. If they choose a product for second dose that is different from the product documented in Panorama for first dose, there may be travel restrictions if a country does not recognize that as fully immunized.

7.5 How do clients access their immunization records?

- Clients can access their immunization record through https://www.healthgateway.gov.bc.ca/
  - Access to this website requires the BC Services Card mobile app and a modern browser such as Google Chrome
  - Clients can email *healthgateway@gov.bc.ca*, call 1-888-268-4319 or text 1-604-630-0300 for difficulties using the app
  - All clients should be referred to this as the first step as Health Gateway must be used for official documentation to travel and uploaded into ArriveCan app
  - ***Options to Access Your COVID-19 Records*** can be found on *Panorama SharePoint → COVID Vaccine → C19 Records*

- Clients can request mailed copy of immunization record by phone or receive a printed copy at all Service BC offices, for more information see https://www2.gov.bc.ca/gov/content/covid-19/vaccine/plan#proof
- Clients should be provided a paper record of the immunizations they received regardless of product and dose number
    - Manually complete paper vaccine card
        - COVID-19 vaccine card
        - Immunization booklet
        - Child Immunization Passport
    - Print record during vaccination: *if unable to print record, direct client to admin for print out of immunization record*
        - Select this box during vaccine administration and Right-click and select print on following page



7.6 When do I document an exemption in Panorama?

- Follow Public Health Informatics (Panorama) exemption documentation standards
- End-date **all** COVID-19 exemptions for the follow day

8. OTHER

8.1. How should I proceed if I receive a client complaint?

- Direct clients with complaints to the operational manager. If the manager is not on site, advise the client to contact the Island Health Patient Care Quality Office *PatientCareQualityOffice@islandhealth.ca*.

8.2 Are there any concerns regarding travel requirements?

- In general, Island Health does not provide travel advice related to COVID-19 vaccinations
- It is the responsibility of the client to be aware of vaccine requirements to locations they are travelling to
- More information at http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/travel

8.3 How do I manage requests for expedited vaccination?

- See *Question 1.1* for criteria for a walk-in dose
- If client does not qualify for a walk-in dose they must register and book an appointment
    - Register and book through https://www.getvaccinated.gov.bc.ca/s/. Client will be sent an invite when they are eligible to book an appointment.
- Expedited appointments are **not** available, including for 2nd doses for 5-11 clients (the only availability before the routine interval of 8 weeks is through leftover doses)
- **Note:** Evidence shows that protection from acquiring COVID-19 does wane over time, but protection against harm from COVID-19 (e.g. hospitalization, ICU admission, death) remains extremely high. While we encourage boosters when invited, **there is not a rush to be vaccinated to remain highly protected against harm.**

8.4 What is the process for revaccination following Hematopoietic Stem Cell Transplant?

- Hematopoietic Stem Cell Transplant (HSCT) patients who received COVID-19 vaccination before transplant are eligible for revaccination (3-doses as a primary series with standard spacing). This is a replacement primary series which is standard for many vaccinations following HSCT.
- Eligible clients will be provided a form requesting they walk-in to COVID-19 vaccine clinic. There is a section of the form that requires completion on-site.
- The replacement series should be entered in ImmsBC as per usual.

8.6 What are infection prevention and control requirements and guidance for immunization clinics?

- See BCCDC Infection Prevention and Control Guidelines for Community Immunization Clinics

8.7 What is the process for homebound clients less than 19 years old who are not connected to Nursing Support Services (NSS) to get their vaccine?

- Connect with Public Health Unit Clinical Coordinator to make arrangements for PHN to do a HV to administer vaccine

9. DECISION SUPPORT TOOLS

- Internal resources for Public Health staff are accessible on *Immunization Support SharePoint* → *COVID 19*
- Internal resources for Non-Public Health staff are accessible on *Island Health Intranet* → *COVID-19*
- Refer to these internal resources for access to a variety of guidelines, resources and forms related to the COVID-19 Immunization Campaign
- BCCDC Healthcare Provider Q&A
- BCCDC HCP Vaccination Toolkit

10. IMMUNIZATION CONSULTATION PATHWAY

1. Refer to **BCCDC Immunization Manual**
2. If not answered in above, refer to:
    - this document (COVID-19 Vaccination Clinical Guidance)
    - BCCDC Healthcare Provider Q+A
    - BCCDC HCP Vaccination Toolkit
3. If not answered in above, refer to: *Intake Process for Immunization Questions & Consultations* and submit consult to *PublicHealthImmunizationSupport@islandhealth.ca*
    - If you require a response in less than 7 days, mark e-mail as High Importance (!) and include deadline date in subject line
    - If client is with you, phone in the following order:
        1. Immunization Clinician at 250-519-5300 local 32628 **(Mon-Fri, 08:30-16:30)**
        2. Practice Support Coordinator 250-755-7691 local 53019 **(Mon-Fri, 08:30-16:30)**
        3. MHO for your area (as per table below)
        4. **Afterhours/weekends call MHO on-call** at 1-800-204-6166 and state you need to speak to MHO on-call for an urgent public health issue

Geo 1: North Island (Mt. Waddington, Campbell River, Comox Valley)	**Dr. Charmaine Enns**	250-331-8591 (68591)
Geo 2: Central Island (Port Alberni, West Coast Parksville/Oceanside, Nanaimo)	**Dr. Sandra Allison**	250-739-6304
Geo 3: Cowichan (Ladysmith, Duncan, Lake Cowichan)	**Dr. Shannon Waters**	250-737-2020 (42020)
Geo 4: South Island (Juan De Fuca, West Shore, Victoria, Saanich, Salt Spring Island)	**Dr. Mike Benusic**	250-519-3411 (33411)