

Provincial Immunization Program Standards

Public Health

Date Approved: August 2013; Updated: June 2017
Applicable to: All Immunization Providers in Manitoba

Purpose:

To provide provincial standards to immunization providers in order to participate in Manitoba's Provincial Immunization Program.

Background:

Manitoba Health, Seniors and Active Living (MHSAL) sets strategic policy direction for the safe and effective delivery of immunizations to Manitobans. The Province gathers best practice evidence from research and public health experts including those from other provinces, territories and countries to inform Manitoba's Publicly-Funded Immunization Program.

MHSAL develops communicable disease management protocols to guide the prevention, management and control of communicable diseases within the province. Protocols for specific communicable diseases contain epidemiologic information with reference to provincial and national trends. Detailed information related to laboratory testing, treatment and public health investigation that reflects best practice at the time of release is included in the protocols.

The regional health authorities (RHAs) including First Nations Inuit Health (FNIH) are responsible for developing clinical practice guidelines for immunization providers. Clinical practice guidelines are intended to establish standards and recommendations based on best practices for the delivery of immunization services. Each RHA is responsible for reviewing, approving and adopting region-specific guidelines for the delivery of immunization services based on the MHSAL program policies.

Definitions:

- **Adverse event following immunization (AEFI):** any unexpected medical occurrence in a client that follows immunization and which does not necessarily have a causal relationship with the administration of the vaccine.

- **Client (or patient):** a person or individual receiving an immunization.
- **Eligibility criteria:** requirements that must be met for a Manitoba resident registered with MHSAL to receive a publicly-funded vaccine. These requirements are set by MHSAL. www.gov.mb.ca/health/publichealth/cdc/vacci-neeligibility.html
- **Epidemiology:** study of the occurrence, transmission and control of disease.
- **Immunization provider:** a health care professional who is registered or licensed to provide health care under an Act of the Legislature and who is authorized under that Act to administer vaccines to a client or patient.
- **Manitoba's Immunization Registry:** The provincial electronic public health record that has the capacity to maintain immunization records for Manitobans registered with the Insured Benefits of MHSAL.
- **Provincial Vaccine Warehouse:** the central location where all the publicly-funded vaccines are stored, and from which they are distributed to authorized immunization providers throughout Manitoba.
- **Publicly-funded vaccines:** vaccines that are available free-of-charge to Manitoba residents who are registered with MHSAL and meet MHSAL's eligibility criteria.
- **Regional health authority (RHA):** A governance structure set up by the province of Manitoba to deliver and administer health services in specified areas within the province.

Guiding Principles:

- All immunization providers should implement and abide by the *National Guidelines for Immunization Practices*, detailed in the Canadian Immunization Guide (CIG), www.phac-aspc.gc.ca/publicat/cig-gci/p01-03-eng.php.

- All immunization providers should acquaint themselves with Manitoba's Immunization Program Manual for Health Care Providers that includes information and resources about Manitoba's immunization program: <http://gov.mb.ca/health/publichealth/cdc/div/manual/index.html>
 - Immunization providers must be compliant with *The Manitoba Personal Health Information Act (PHIA)* at all times: www.gov.mb.ca/health/phia/index.html.
 - As per *PHIA*, an immunization provider is authorized to request and obtain a client's immunization history for the purpose of delivering healthcare that can include determining which vaccines, and under what conditions, should be recommended.
- A. Schedule and Eligibility Criteria**
- Immunization providers are expected to vaccinate their clients according to the routine and not previously immunized provincial immunization schedules. In some cases, providers will need to consult with the CIG and/or the National Advisory Committee on Immunization: www.phac-aspc.gc.ca/nac-ccni/index-eng.php.
 - When immunizing with publicly-funded vaccines, immunization providers must adhere to *MHSAL Eligibility Criteria for Publicly-Funded Vaccines*.
 - *Eligibility Criteria for Publicly-Funded Vaccines* are subject to change at any time based on provincial epidemiology, scientific evidence, funding availability and national recommendations.
 - It is the responsibility of the immunization provider to determine which vaccines and under what conditions should be recommended to the client by consulting the appropriate resources, experts and client's medical history, as required.
 - All immunization providers (excluding pharmacists) are authorized to administer any and all publicly-funded vaccines, in accordance with the *MHSAL Eligibility Criteria for Publicly-Funded Vaccines*, the *Recommended Immunization Schedule for Infants, Children and Adults*, and the *Immunization Schedules for Those Not Previously Immunized*.
- B. Administration of Vaccines and Biologics**
- In addition to non publicly-funded vaccines, Pharmacists are authorized to *only* administer the following five (5) publicly-funded vaccines to people ≥ 7 years of age (in accordance with *The Manitoba Pharmaceutical Regulation: http://web2.gov.mb.ca/laws/statutes/ccsm/p060e.php*) as per *MHSAL Eligibility Criteria* and routine immunization schedule(s):
 1. Tetanus, diphtheria, acellular pertussis (Tdap)
 2. Seasonal influenza (flu)
 3. Pneumococcal polysaccharide (Pneu-P-23)
 4. Human papillomavirus (HPV)
 5. Tetanus and Diphtheria (Td)
 - Clients seeking publicly-funded vaccines do not require a prescription from an immunization provider; the immunization provider should have the publicly-funded vaccines on-site. Access to vaccines that are not publicly-funded, however, requires a prescription from a licensed health care provider or professional intervention from a pharmacist, as outlined by the National Association of Pharmacy Regulatory Authorities (NAPRA) Schedules.
 - If a prescription is written for a vaccine that should be publicly-funded the pharmacist should not dispense the vaccine.
 - Clients being immunized as part of Manitoba's Immunization Program as per the immunization schedules, *Eligibility Criteria*, and using publicly-funded vaccines are not to be charged for the vaccine or its administration.
 - Clients who pay out of pocket for a vaccine that should have been publicly-funded cannot be reimbursed by MHSAL.
- B. Administration of Vaccines and Biologics**
- Before administering a vaccine or biologic to a client, the immunization provider must obtain consent from the client or, from the person authorized to consent on the client's behalf, as per *The Manitoba Public Health Act*. More information about informed consent is available at: www.gov.mb.ca/health/publichealth/cdc/protocol/consentguidelines.pdf.

- An immunization provider must administer all vaccines, regardless of the route of administration (e.g. intradermal, intramuscular, oral or intranasal) at the right time and place where safety and confidentiality can be assured.
- It is the responsibility of the immunization provider to obtain any and all necessary supplies to vaccinate (e.g. syringes, needles, alcohol swabs, etc.), as prescribed by their professional licensing body/RHA/site/program (as applicable).
- Procedures and guidelines about the administration of vaccines are as per the respective professional licensing body/RHA/site/program/manufacturer (as applicable).
- Clients must be advised to stay in the facility for 15 minutes after being administered any vaccine in the event of a severe allergic reaction. The immunization provider must be trained and able to provide safe, effective and immediate healthcare to a client experiencing a reaction.

C. Anaphylaxis Management

- All immunization providers are responsible for supplying emergency response equipment and the anaphylaxis kits required to manage adverse events following immunization (AEFI). The equipment and kits must be kept on site, maintained and replaced as needed. Immunization providers should refer to their respective RHA or professional licensing body for more information.
- Information on the management of vaccine-related anaphylaxis can be found in the respective protocol:
www.gov.mb.ca/health/publichealth/cdc/protocol/anaphylactic.pdf

D. Adverse Events Following Immunization

- As per *The Manitoba Public Health Act*, all health care professionals are required to report an AEFI within 7 days of becoming aware of the reportable event. A “reportable event” is defined by regulation made under *The Public Health Act* (see *Immunization Regulation*).
- More information, documents and resources about AEFI are available at:

www.gov.mb.ca/health/publichealth/cdc/div/aefi.html

E. Documentation and Reporting

- Immunization providers are required to record information about the immunization event on the client’s health record immediately following the administration of a vaccine, including:
 - The date of administration;
 - The name of the immunization provider who administered the vaccine or biologic; and,
 - The name of the vaccine or biologic, its lot number, dosage, route of administration and the location on the body where the vaccine or biologic was administered.
- Immunization providers are required to report all immunization events for a client to Manitoba’s immunization registry.

F. Inventory Management of Vaccines and Biologics

- All immunization providers must implement and follow MHSAL storage and handling requirements for vaccines and biologics, as outlined in *The Cold Chain Protocol*:
www.gov.mb.ca/health/publichealth/cdc/coldchain/protocol.html.
- All expired publicly-funded vaccines and biologics must be returned to the Provincial Vaccine Warehouse for proper disposal and potential cost recovery.
- Immunization providers should make every effort to follow inventory management practices as set out in *The Cold Chain Protocol* to avoid wasting publicly-funded vaccines and biologics.

G. Communication

- All immunization providers should implement and follow MHSAL *Communication Guidelines and Resources for Immunization*, available at:
www.gov.mb.ca/health/publichealth/cdc/div/manual/docs/commguidelines.pdf

H. Competency

- Immunization providers are responsible for ensuring competency to provide immunizations as required by their professional licensing body and/or RHA.

References:

MHSAL Eligibility Criteria for Publicly-Funded Vaccines Policy
(<http://www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html>)

MHSAL Protocol for the Management of Suspected Anaphylactic Shock
(<http://www.gov.mb.ca/health/publichealth/cdc/protocol/anaphylactic.pdf>)

MHSAL Communicable Disease Management Protocols
(<http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html>)

MHSAL Informed Consent Guidelines for Immunization
(<http://www.gov.mb.ca/health/publichealth/cdc/protocol/consentguidelines.pdf>)

The Manitoba Public Health Act
(<http://web2.gov.mb.ca/laws/statutes/ccsm/p210e.php>)

The Manitoba Pharmaceutical Regulation
(<http://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=185/2013>)

MHSAL Cold Chain Protocol
(<http://www.gov.mb.ca/health/publichealth/cdc/coldchain/protocol.html>)

Other Sources:

Winnipeg Regional Health Authority (WRHA)
Regional Immunization Manual
(<http://www.wrha.mb.ca/Professionals/immunization/manual.php>)

BCCDC Immunization Manual
(<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>)

National Association of Pharmacy Regulatory Authorities
(<http://napra.ca/pages/home/default.aspx>)