Saskatchewan Influenza Immunization Policy 2019 – 2020

September 2019
DISCLAIMER

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The SIIP is subject to change and the Government of Saskatchewan reserves the right to update the content. It is important that the most current annual version of the SIIP is being used by immunizers administering publicly funded influenza (flu) vaccines. The most current version of SIIP can be accessed at https://www.ehealthsask.ca/services/Manuals/Pages/default.aspx

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The SIIP format was adapted with permission from Alberta Health’s Influenza Immunization Policy.
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ACRONYMS

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AHA</td>
<td>Athabasca Health Authority</td>
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<tr>
<td>PHB</td>
<td>Population Health Branch</td>
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<tr>
<td>AEFI</td>
<td>Adverse Events Following Immunization</td>
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<tr>
<td>PIP</td>
<td>Pharmaceutical Information Program</td>
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<tr>
<td>CCB</td>
<td>Cold Chain Break</td>
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<td>PVD</td>
<td>Provincial Vaccine Depot</td>
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<tr>
<td>CMHO</td>
<td>Chief Medical Health Officer</td>
</tr>
<tr>
<td>PWD</td>
<td>Pharmacy Wholesale Distributor</td>
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<tr>
<td>DPEBB</td>
<td>Drug Plan and Extended Benefits Branch</td>
</tr>
<tr>
<td>PSBC</td>
<td>Public Services and Procurement Canada</td>
</tr>
<tr>
<td>FNJ</td>
<td>First Nations Jurisdiction</td>
</tr>
<tr>
<td>QIV</td>
<td>Quadrivalent influenza vaccine</td>
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<tr>
<td>GBS</td>
<td>Guillain Barré Syndrome</td>
</tr>
<tr>
<td>RRPL</td>
<td>Roy Romanow Provincial Laboratory</td>
</tr>
<tr>
<td>HSN</td>
<td>Health Services Number</td>
</tr>
<tr>
<td>SHA</td>
<td>Saskatchewan Health Authority</td>
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<tr>
<td>HMO</td>
<td>Medical Health Officer</td>
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<tr>
<td>SIIP</td>
<td>Saskatchewan Influenza Immunization Policy</td>
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<tr>
<td>LTC</td>
<td>Long-term Care</td>
</tr>
<tr>
<td>SIM</td>
<td>Saskatchewan Immunization Manual</td>
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<tr>
<td>MHO</td>
<td>Healthcare Worker</td>
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<tr>
<td>TIV</td>
<td>Trivalent influenza vaccine</td>
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<td>NACI</td>
<td>National Advisory Committee on Immunization</td>
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<tr>
<td>VSWG</td>
<td>Vaccine Supply Working Group</td>
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<tr>
<td>ORS</td>
<td>Oculorespiratory Syndrome</td>
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DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Client</td>
<td>Individuals six months of age and older who are eligible for publicly funded influenza vaccine.</td>
</tr>
<tr>
<td>Cold Chain Management</td>
<td>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.</td>
</tr>
<tr>
<td>Congregate Living Settings</td>
<td>In SIIP, 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 Athabasca Health Authority (AHA), Saskatchewan Health Authority (SHA), or First Nations Jurisdictions (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; group homes; personal care homes; shelters; approved private service homes; and short-term residential facilities.</td>
</tr>
<tr>
<td>First Nations Jurisdictions</td>
<td>Includes the communities and organizations affiliated with First Nations and Inuit Health Branch and the Northern Inter-Tribal Health Authority.</td>
</tr>
<tr>
<td>Healthcare worker</td>
<td>Healthcare workers (HCWs) are those employed by the SHA, AHA, and FNJ facilities or affiliated facilities and does not include volunteers, students or physicians.</td>
</tr>
<tr>
<td>Health Services Number</td>
<td>The unique identifier assigned by Saskatchewan Health for identification within Saskatchewan’s health system. A Health Services Number (HSN) is assigned to a person upon registration and presumes eligibility for basic health services as defined by Saskatchewan Health.</td>
</tr>
<tr>
<td>Home visits</td>
<td>The intent of off-site home visits by community pharmacists is to provide enhanced accessibility to those patients at high-risk of influenza-related complications and who may have mobility issues or cognitive deficits.</td>
</tr>
<tr>
<td>Panorama</td>
<td>The electronic integrated public health information system utilized by AHA and SHA public health providers and community nursing providers in some FNJs.</td>
</tr>
<tr>
<td>Panorama Immunization Module</td>
<td>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.</td>
</tr>
<tr>
<td>Panorama Inventory Module</td>
<td>A module within Panorama that tracks publicly funded vaccine use and availability. It supports management of vaccine ordering, shipping, receiving and reconciliation.</td>
</tr>
<tr>
<td>Pharmacy Association of Saskatchewan</td>
<td>The association that represents pharmacists and pharmacies in Saskatchewan.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Pharmaceutical Information Program</td>
<td>The Pharmaceutical Information Program (PIP) is a secure computer application that provides health care providers information regarding prescriptions dispensed in Saskatchewan community pharmacies.</td>
</tr>
<tr>
<td>Pharmacy Wholesale Distributors</td>
<td>A pharmacy wholesale distributor that has an agreement with the Saskatchewan Ministry of Health for the distribution of publicly funded influenza vaccine to pharmacists.</td>
</tr>
<tr>
<td>Privately Purchased Influenza Vaccine</td>
<td>Influenza vaccine purchased by pharmacies or prescribed by pharmacists, physicians, registered nurse (RN), or nurse practitioner (RN(NP)) and paid for by the client.</td>
</tr>
<tr>
<td>Provincial Vaccine Depot</td>
<td>The provincial vaccine depot is housed in the Roy Romanow Provincial Laboratory (RRPL). Publicly funded influenza vaccine is received through the RRPL Provincial Vaccine Depot for further distribution across Saskatchewan.</td>
</tr>
<tr>
<td>Saskatchewan College of Pharmacy Professionals</td>
<td>The self-governing body for the profession of pharmacy in Saskatchewan that regulates pharmacists, pharmacies, pharmacy technicians and drugs.</td>
</tr>
<tr>
<td>Saskatchewan Influenza Immunization Program</td>
<td>The publicly funded seasonal influenza program delivered via the SIIP from October to March 31.</td>
</tr>
<tr>
<td>Saskatchewan Immunization Manual</td>
<td>The primary immunization resource for public health personnel, the Saskatchewan Immunization Manual (SIM) provides evidence-based and standardized immunization-related information.</td>
</tr>
<tr>
<td>Vaccine Management</td>
<td>The processes used to maintain optimal temperature and light conditions during the transport, storage, and handling of vaccines.</td>
</tr>
</tbody>
</table>
| Vaccine Provider                          | A licensed healthcare provider to whom provision of vaccine is permitted by legislation governing that provider, are in compliance with the SIIP; and meet one of the following criteria:  
  • designated by the SHA, AHA and FNJs, and their affiliates, to provide influenza vaccine services;  
  • physicians;  
  • community pharmacists; and/or,  
  • designated by the Facilities/Institutions that receive publicly funded influenza vaccine procured by the Ministry of Health. |
UPDATES FOR THE 2019-2020 INFLUENZA SEASON

Public Launch:
• **October 21, 2019** is the start date for all providers and mass Public Health clinics provided that vaccine is available.

Publicly Funded Vaccine Products:
• FLUZONE® and FluLaval Tetra® (quadrivalent) multidose vials for all immunizers.
• FLUZONE® (quadrivalent) thimerosal-free pre-filled syringes available to public health within the Saskatchewan Health Authority (SHA), the Athabasca Health Authority (AHA) and First Nations Jurisdictions (FNJs).
• FLUZONE® High Dose (trivalent) prefilled syringes for long-term care (LTC) facility residents 65 years and older.

Documentation Requirements:
All non-public health vaccine providers are required to report immunization details for children younger than nine years of age to public health for 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, pharmacist) (see **Appendix 13**).

Vaccine Inventory
SHA, AHA and FNJs
• From October 21 to December 31, 2019, weekly vaccine counts for the previous Sunday to Saturday period are required to be reconciled in the Panorama Inventory Module by noon the following Tuesday. The first inventory count is due on Tuesday October 29, 2019.
• From January 1, 2020 to March 31, 2020, 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.
• Inventory information must be accurate. 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.
• It is strongly recommended that the ‘pick/pack/ship’ function of Panorama be utilized to move vaccines in/out of vaccine inventories so that vaccine counts remain accurate.

Pharmacists
• The inventory reporting process is coordinated by the Drug Plan and Extended Benefits Branch (DPEBB) using weekly reports from the Pharmacy Wholesale Distributor (PWD) for the quantity of vaccine ordered and shipped to pharmacies, and from the DPEBB claims database for the number of vaccine doses administered by pharmacists.
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 influenza 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**

4. **INFLUENZA PROGRAM DATES**
   - The provincial publicly funded influenza program is scheduled to begin on October 21, 2019 and end on March 31, 2020. Children younger than age nine requiring a second dose of vaccine can receive immunization until April 30, 2020.
   - To ensure coordinated access to publicly funded influenza vaccine in Saskatchewan, all vaccine providers are requested to comply with the provincial start date.
   - Vaccine providers should schedule the administration of influenza vaccine as of October 21, 2019 onwards with the priority groups being those at high-risk of influenza-related complications.
   - Consultation with the Chief Medical Health Officer (CMHO) is required if requests are received for earlier start dates than those stated. For example, during an outbreak in a licensed facility, immunization may be permitted to start earlier in that facility pending discussion with the CMHO.
   - An extension to the influenza 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 influenza vaccine. Particular groups are highly recommended to receive the vaccine 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 influenza 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 and CMHO in the event of 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 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 influenza vaccines may be administered to people who are six months of age and older who do not have vaccine contraindications. In particular, the following people are highly recommended to receive the influenza 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 (including pregnant women) and children ≥6 months with a chronic health condition including but not limited to:
  - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis & 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 conditions (includes neuromuscular, neurovascular, neurodegenerative, 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 (adult BMI ≥ 40, child BMI assessed as ≥ 95th percentile adjusted for sex and age)
- Children and adolescents with the following conditions:
  - Those undergoing treatment for long periods with acetylsalicylic acid, because of the potential increase of Reye syndrome with influenza.
- People of any age who are residents of nursing homes, long-term care facilities and other chronic care facilities.
- People ≥ 65 years of age.
- All children six to 59 months of age (younger than five years).
- Indigenous peoples.
- 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 child care 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® Quadrivalent (QIV)** and FluLaval® Tetra (quadrivalent multidose vials for all immunizers) and **FLUZONE® Quadrivalent** thimerosal free pre-filled syringes (SHA, AHA and FNJ public health only) are publicly funded for those six months of age and older and contain the following viral strains:
  - an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
  - an A/Kansas/14/2017 (H3N2)-like virus;
  - a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
  - a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

- **FLUZONE® High-Dose** (trivalent thimerosal-free pre-filled syringes) is publicly funded for LTC facility residents 65 years and older and contains the following viral strains:
  - an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
  - an A/Kansas/14/2017 (H3N2)-like virus; and
  - a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage).

- 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.
- These vaccines may be given concomitantly with, or at any time before or after, live attenuated vaccines or inactivated vaccines.
- The Ministry of Health does not reimburse the cost of privately-purchased influenza vaccines.
- See *Appendix 1: 2019-20 Publicly Funded Influenza Vaccines* for vaccine specific information.
- The doses required per age are noted in Table 2.

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

With the support of the Ministry of Health, the Saskatchewan College of Pharmacy Professionals and the Continuing Professional Development for Pharmacy Professionals (CPDPP), the College of Pharmacy and Nutrition, University of Saskatchewan, developed the *Advanced Method Certification Requirements – Injection certification for pharmacists*. Pharmacists are required to complete the injection certification training prior to administering vaccine:

https://www.usask.ca/cpdpp/continuing-education/-/imtraining.php#ImmunizationandInjections

Additional influenza vaccine resources include (but are not limited to):
- Saskatchewan Immunization Manual: [https://www.ehealthsask.ca/services/Manuals/Pages/SIM.aspx](https://www.ehealthsask.ca/services/Manuals/Pages/SIM.aspx)

**Screening, Precautions and Contraindications**
- Persons who had an anaphylactic reaction to a previous influenza 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 influenza vaccination, should not receive further doses of any influenza vaccines.
- Vaccine administration should be postponed in persons with serious acute illnesses until their symptoms have abated. Immunization should not be delayed because of minor acute illness, with or without fever.
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 influenza vaccine without prior influenza vaccine skin testing, including those who have experienced anaphylaxis due to egg ingestion, as a routine practice that is supported by NACI.

The Ministry of Health recommends that when a decision is made to re-immunize those who have suffered a past severe allergic immunization reaction (not anaphylaxis, as it is a contraindication) related to an influenza vaccine or its components, these individuals should be vaccinated in a setting where appropriate expertise, equipment and medications to manage respiratory or cardiovascular compromise is available (as discussed with the Medical Health Officer (MHO)) and that they are observed post-immunization (e.g., a minimum of 30 minutes).

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 ORS with lower respiratory tract symptoms should have an expert review. Health care providers who are unsure whether an individual previously experienced 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.

Persons who have a recurrence of ORS upon revaccination do not necessarily experience further episodes with future vaccinations. Data on clinically significant adverse events do not support the preference of one vaccine product over another when revaccinating those who have previously experienced ORS.

Consent for Immunization

All immunizations in Saskatchewan are voluntary and immunization fact sheets must be provided to all clients. Fact sheets can be ordered from http://publications.saskatchewan.ca/#/categories/473. They are posted at: http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets. French versions are also available at this link.

Post-immunization, all providers must provide clients with 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

Record of Influenza Immunization Wallet Cards will 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.

All individuals must be screened for contraindications and precautions prior to immunization.

Influenza vaccine is safe and well-tolerated. Immunization providers should discuss with clients:
- The risks and benefits of influenza 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 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 influenza vaccine every year is necessary to maximize protection.
7. VACCINE SUPPLY, DISTRIBUTION AND INVENTORY
The Ministry of Health purchases influenza vaccine through a national procurement process. The majority of influenza vaccine is received by the Provincial Vaccine Depot (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. Access to influenza vaccines supply is closely monitored. The PVD ships influenza vaccine to:
1. 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 Panorama Inventory Module.
2. The PWPs (e.g. McKesson Canada, Kohl & Frisch Ltd.) for distribution to community pharmacies.

Allocation for vaccine providers
The Ministry of Health has allocated vaccine quantity for the SHA, AHA, FNJs and community pharmacies based on the latest covered population statistics and doses administered in the previous year.

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 provincial allocation as of December 1, 2019, depending on immunization provider supply needs throughout the influenza season.

For pharmacists, the pre-order quantity is 20 units (200 doses) and the daily order quantity is 10 units (100 doses). Requests for exceptions to the ordering thresholds may be considered by the Saskatchewan Ministry of Health DPEBB at 306-787-6970.

8. ADMINISTRATION OF VACCINE
Table 2: Influenza Vaccine by Age and Dosage

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
<th>Dosage (mL)</th>
<th>Number of doses required per season</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months to 8 years</td>
<td>QIV</td>
<td>0.5 mL IM</td>
<td>1 or 2 *</td>
</tr>
<tr>
<td>≥9 years (excluding LTC residents ≥65 years)</td>
<td>QIV</td>
<td>0.5 mL IM</td>
<td>1</td>
</tr>
<tr>
<td>LTC residents ≥65 years</td>
<td>FLUZONE® High-Dose TIV (or QIV if unavailable)</td>
<td>0.5 mL IM</td>
<td>1</td>
</tr>
</tbody>
</table>

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

- Flu vaccines are interchangeable for children requiring two doses.
- The first time that a child younger than nine years old receives seasonal multivalent influenza vaccine, a two-dose schedule **4 weeks apart** is required. **An interval of less than 28 days is a medication administration error.**
- QIV influenza vaccines will be available until April 30, 2020 to allow children who received their first dose on or prior to the March 31, 2019 program end date to receive their second dose.

A. Occasionally, there may be an issue during vaccine administration to a client (e.g. vaccine leaks out during injection) resulting in less than a full 0.5 mL IM dose being administered. **When this happens:**
   a. With the client’s consent, re-immunize them with a full dose in another limb, or in the same limb at least 2.5 cm from the last injection site. Pharmacists can only claim one influenza immunization fee in this situation.
   b. Complete a Vaccine Problem Report (**Appendix 6**). Report the first dose on the wastage report, so that the dose is accounted for.

B. It is expected that PIP **and** the client’s immunization record in the electronic health record (eHR) be reviewed by non-public health providers prior to vaccinating all clients but particularly children five to eight years of age.

Off-site congregate living and home delivery of influenza immunization 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, 2019. 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 influenza 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 influenza 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 influenza vaccine to temperatures outside of +2.0 – 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 cold chain break (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
In order to mitigate wastage at the end of the influenza season, a judicious approach to influenza vaccine ordering is required.

Ongoing Wastage Reporting for the SHA, AHA, FNJs, and Community Pharmacists:
All influenza 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 influenza vaccines must be disposed of locally according to regional bio-medical waste policy and procedures.

Ongoing Wastage Reporting for all other Vaccine Providers:
All influenza 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 as per their direction and within their required timeframe.

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: Vaccine Supply Problem Report) 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 send direction to the SHA, AHA, FNJs, community pharmacies and pharmacy wholesale distributors as to management of any remaining influenza 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 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 influenza vaccine is administered is paramount. Immunizers must have protocols in place for the management and reporting of anaphylaxis and other serious adverse events. The reporting of all adverse events following immunization (AEFIs) is mandatory under the Saskatchewan Public Health Act (1994).

To ensure patient safety, all immunizers shall immediately report any unusual, severe, serious or unexpected adverse events assessed to be temporally related to publicly funded influenza immunization utilizing the Public Health Agency of Canada (PHAC) Report of Adverse Event Following Immunization form. 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 influenza 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 recommendation regarding immunization for the client. These recommendations will be communicated to the patient 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 influenza vaccine administered in a previous season but only communicated by the client upon presentation for vaccine this season. Administration of influenza vaccine should be delayed until receipt of the MHO recommendation. An unexpected AEFI is an event that is not listed in the product monograph yet may be due to the immunization, or a change in the frequency of a known AEFI. GBS within six weeks following immunization and ORS within 24 hours of immunization are of particular interest for influenza vaccines.

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 influenza vaccine AEFI reports that meet reporting criteria as outlined in the PHAC’s User Guide: Report of Adverse Events Following Immunization (AEFI) available at http://www.phac-aspc.gc.ca/im/aefi-essi_guide/page1-eng.php 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); refer to the Panorama User Guide Immunization: Add Historical Immunization https://www.ehealthsask.ca/services/panorama/Pages/Access-Training-Resources.aspx. As well, the SHA, AHA and FNJ will document complete AEFI reports for publicly funded influenza vaccines into the Panorama client record (if they have access) as a client warning (refer to SIM Appendix 4.2 Where Do I Document in Panorama? https://www.ehealthsask.ca/services/panorama/Pages/Bulletins.aspx.

NOTE: AEFI reports for all privately purchased vaccines, including influenza, must be submitted directly to Health Canada by the immunizer: http://www.phac-aspc.gc.ca/im/pdf/raefi-dmcisi-eng.pdf. They are not to be submitted to public health offices in the SHA, AHA and FNJs or the Saskatchewan Ministry of Health.

12. CLIENT RECORD DOCUMENTATION REQUIREMENTS

A. Community Pharmacies:
Influenza vaccine administration to all clients, regardless of age, must be entered into the PIP. The client must
also receive a *Record of Influenza Immunization* Wallet Card to serve as the client’s record of vaccine administration.

In addition, it is required that influenza immunization administered to children five to eight years of age be entered into their client record within the Panorama Immunization Module. The *Notification of Administration of Influenza Vaccine* form (see Appendix 8) must be completed, by the vaccine provider, and forwarded, within three business days of administering vaccine, to the local public health office (see Appendix 9).

**B. All Other Non-Public Health Vaccine Providers**

It is expected that influenza vaccine administration to all clients, regardless of age, be entered into the client service record maintained by the provider. In addition, the client must receive a *Record of Influenza Immunization* Wallet Card to serve as the client’s record of vaccine administration.

Influenza immunization administered to children six months to eight years of age must be entered into their client record within the Panorama Immunization Module. The *Notification of Administration of Influenza Vaccine* form (see Appendix 8) must be completed, by the provider, and forwarded, within 3 business days of administering vaccine, to the local public health office (See Appendix 9). Local public health will provide non-public health vaccine providers (excluding community pharmacies) with line lists for use in documenting vaccine administration to clients 18 years and older, which are submitted to public health for data collection.

**SHA, AHA and FNJ Public Health:**

Influenza immunization administered by PHNs to any person under 18 years old must be entered into the client’s record within the Panorama Immunization Module. The client must also receive a *Record of Influenza Immunization* Wallet Card to serve as the client’s record. In addition to the entry of influenza vaccine provided by public health, the SHA will be responsible for back-entry into Panorama influenza vaccine provided to children younger than nine years old age by community pharmacists and other non-public health providers. Refer to Appendix 13 to review standard work for historical entry. At minimum, their name, date of birth and agent need to be entered (see Table 3 for summary). Those 18 years and older do not need to be entered in Panorama.
<table>
<thead>
<tr>
<th>Age of client</th>
<th>SHA/AHA/FNJ Public Health</th>
<th>Community Pharmacist</th>
<th>All other Public Health providers</th>
</tr>
</thead>
</table>
| 6 months to 59 months | • Entered into Panorama  
• Record of Influenza Immunization Wallet Card provided to client | • N/A | • Client record maintained by provider  
• Back entered by public health into Panorama  
• Record of Influenza Immunization Wallet Card |
| 5 to 8 years | • Entered into Panorama  
• Record of Influenza Immunization Wallet Card provided to client | • Recorded in PIP  
• Consent form  
• Complete form and fax to public health  
• Record of Influenza Immunization Wallet Card provided to client  
• Back entered by public health into Panorama | • Client record maintained by provider  
• Back entered by public health into Panorama  
• Record of Influenza Immunization Wallet Card |
| 9 years to 17 years | • Entered into Panorama  
• Record of Influenza Immunization Wallet Card provided to client | • Consent form  
• Recorded in PIP  
• Record of Influenza Immunization Wallet Card provided to client | • Client record maintained by provider  
• Record of Influenza Immunization Wallet Card provided to client |
| 18 to 64 years | • Consent form/lists  
• Record of Influenza Immunization Wallet Card provided to client | • Consent form  
• Recorded in PIP  
• Record of Influenza Immunization Wallet Card provided to client | • Client record maintained by provider and/or Consent form/lists  
• Record of Influenza Immunization Wallet Card provided to client |
| 65 years and older | • Consent form/lists  
• Record of Influenza Immunization Wallet Card provided to client | • Consent form  
• Recorded in PIP  
• Record of Influenza Immunization Wallet Card provided to client | • Client record maintained by provider and/or Consent form/lists  
• Record of Influenza Immunization Wallet Card provided to client |
13. **ADMINISTRATION STATISTICS REPORTING REQUIREMENTS**

- The following statistical information is required by the Ministry of Health and is to be provided to the Population Health Branch (PHB) (refer to Appendix 10: Data Collection and Submission Processes for SHA, AHA and FNJs 2019-20):
  - Number of doses provided to residents in LTC facilities (include number of residents as of November 30, 2019);
  - Number of doses provided by Public Health (includes non-PHNs working in PH flu clinics) to those six months to nine years;
  - Number of doses provided by non-Public Health Providers to those six months to eight years;
  - Number of doses provided by Public Health (includes non-PHNs working in PH flu clinics), non-Public Health Providers and Community Pharmacists to those five to eight years;
  - Number of doses provided by Public Health (includes non-PHNs working in PH flu clinics) to those nine to 17 years;
  - Number of doses provided by non-Public Health Providers and Community Pharmacists to those nine to 17 years;
  - Number of doses provided to individuals 18 years to 64 years of age (by all providers);
  - Number of doses provided to individuals ≥ 65 years of age (by all providers); and,
  - Number of doses provided to HCWs (by March 31, 2020) as well as the number of HCWs in the organization (as of March 31, 2020).

- The SHA, AHA and FNJs are responsible for submitting administration statistics to the Ministry of Health to support statistical reporting. Children six months up to and including 17 years of age whose immunizations are recorded into the provincial immunization registry (Panorama) will be extracted by the Ministry of Health. Persons 18 years of age or older who received immunization at a mass immunization clinic will be counted manually and do not need to be entered into Panorama.

- The SHA, AHA and FNJs will be required to submit General Public Immunization stats **for the previous Sunday to Saturday period by noon the following Tuesday** using the section of the SHA, AHA and FNJ Influenza Immunization Statistical Collection Excel spreadsheet 2019-20.

- The completed spreadsheet will be included as an email attachment when this document is distributed to SHA, AHA and FNJs. Following December 31, 2019, January through April immunization stats are to be submitted as indicated in Appendix 10: Data Collection and Submission Processes for AHA/SHA AND FNJs 2019-20.

- Submit the General Pubic Immunization stats to the following email address: PopHealth@health.gov.sk.ca with the subject line: **(your SHA, AHA or FNJ name) Influenza vaccine administered report as of week (see week submission chart in Appendix 10: Table 2). Immunization stats not submitted on time will be recorded as data not submitted.**

- FNJs not using Panorama are required to submit manually the number of children six months up to and including 17 years of age who were immunized according to age breakdown (refer to Appendix 10).

- The age of a client at presentation for immunization is to be noted, and recorded appropriately. For example, a 64 year-old who presents in November 2019 for immunization must be recorded in the 18 to 64 years category, even if the person is turning 65 in January of 2020.

- Numbers immunized should only be recorded one time in one place. For example, if immunizations are entered into the provincial immunization registry for those under nine years of age, the numbers should not be counted manually as these numbers will be extracted from the provincial immunization registry.

- The SHA, AHA and FNJs are responsible for the retrieval of administration stats from practitioners and facilities **who have received** publicly funded influenza vaccines from them. **Frequent retrieval** is preferred and the SHA, AHA and FNJS are strongly encouraged to obtain stats before releasing further vaccines to the requesting practitioners/facilities.

- The Ministry of Health will be collecting vaccine administration data from community pharmacists via the DPEBB claims system except for those individuals five to eight years of age which will be collected via Panorama.

- **SHA, AHA and FNJs must submit their final statistics to the Ministry by May 8, 2020 to**
PopHealth@health.gov.sk.ca.

- For organizations not using Panorama, a second dose of influenza vaccine administered April 1 – 30, 2020 will be reported by May 8, 2020.

14. CHARGES/BILLING

In order to administer influenza 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 influenza vaccine, or for the influenza 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 influenza 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 Chief Medical Health Officer/Deputy Chief Medical Health Officer and the SHA, AHA and FNJs’ MHOs are the main spokespersons.
- HealthLine 811 will link to the AHA/SHA clinic locations.
- AHA/SHA/FNJ will ensure clinic details are posted online at the www.4flu.ca website.
- The Influenza Vaccine English and French fact sheets and related documents will be posted on the Ministry website by September of each year at http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets. Refer to Appendix 12: Resources available from the Publication Centre for more information about downloadable and orderable resources.
## APPENDIX 1: 2019-20 Publicly Funded Influenza Vaccines

<table>
<thead>
<tr>
<th>Population</th>
<th>Dose</th>
<th>Components</th>
<th>Preservative</th>
<th>Normal and Expected Reactions</th>
<th>Contra-indications</th>
<th>Instructions for Administration</th>
<th>Special Instructions –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone ≥ 6 months</td>
<td>0.5 mL IM</td>
<td>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, α-tocopherol hydrogen succinate, and polysorbate 80, and may contain traces of egg proteins (ovalbumin), sodium deoxycholate, ethanol, formaldehyde and sucrose.</td>
<td>• Thimerosal in multidose vials.</td>
<td>• Pain (60%), redness (2%), and swelling (3%) at the injection site. • Headache (22%), fever (2%), tiredness (22%), muscle aches (26%), and shivering (9%). • Loss of appetite (9%)</td>
<td>• Persons with a history of a severe allergic or anaphylactic reaction to a previous influenza vaccine dose or any component of an influenza vaccine should discuss their situation with a public health nurse or their physician. • Persons who developed GBS within six weeks of a previous influenza vaccine.</td>
<td>• Do not administer vaccine from a vial that has been opened for ≥28 days or has expired. • 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.</td>
<td>• 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.</td>
</tr>
<tr>
<td>Everyone ≥ 6 months</td>
<td>0.5 mL IM</td>
<td>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.</td>
<td>• Thimerosal in multidose vials.</td>
<td>• The most common reactions occurring after vaccine administration are injection site pain (11%-57%), erythema (7%-30%) and edema (6%-21%). • The most common systemic reactions observed after vaccine administration are asthenia (2%-18%), headache (2%-10%) and myalgia (2%-9%).</td>
<td></td>
<td>• Vaccine may be administered from a MDV that has been opened up to the expiry date indicated on the vial.</td>
<td>• Date vials when opened. • Pre-drawing is not recommended.</td>
</tr>
<tr>
<td>LTC residents ≥ 65 years</td>
<td>0.5 mL IM</td>
<td>Latex, antibiotic, thimerosal and gelatin free and contains all surface antigens of this year’s influenza A strains and one B viral strain, formaldehyde, sodium phosphate-buffered, isotonic sodium chloride solution, and Triton® X-100, and may contain traces of egg protein.</td>
<td>No preservatives</td>
<td>• The most common reactions occurring after vaccine administration are injection site pain (36%), erythema (15%) and edema (9%). • The most common systemic reactions observed after vaccine administration includes myalgia (21%), malaise (18%) and (2%-18%), headache (17%).</td>
<td></td>
<td></td>
<td>• Store 2°C-8°C.</td>
</tr>
</tbody>
</table>

**FluLaval® Tetra (GSK)**
QIV split virion

**FLUZONE® Quadrivalent (SP)**
QIV split virion

**FLUZONE® High Dose (SP)**
TIV split virion

### Components
- **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, α-tocopherol hydrogen succinate, and polysorbate 80, and may contain traces 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 this year’s influenza A strains and one B viral strain, formaldehyde, sodium phosphate-buffered, isotonic sodium chloride solution, and Triton® X-100, and may contain traces of egg protein.**
APPENDIX 2: Community Pharmacists Delivery of Publicly Funded Influenza Vaccine

<table>
<thead>
<tr>
<th>Population or Location</th>
<th>Eligible to Bill DPEBB</th>
<th>Requires Coordination with Public Health</th>
<th>How to Proceed with Coordination (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals five years and older</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>Home Visits</td>
<td>YES</td>
<td>YES</td>
<td>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) not providing service in home, Pharmacy permitted to contact client.</td>
</tr>
<tr>
<td>Residents of Congregate Living Settings where public health or other health practitioners are not providing ongoing service</td>
<td>YES</td>
<td>YES</td>
<td>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 not providing service in Facility, Pharmacy permitted to contact Facility to inquire into providing service.</td>
</tr>
</tbody>
</table>

*NOTE: Off-site delivery of influenza immunization 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, 2019.*
Complete for all Saskatchewan Health publicly funded products. Do not assume that products must be wasted.

<table>
<thead>
<tr>
<th>Date of Break: (yyyy-mm-dd)</th>
<th>Date of Report: (yyyy-mm-dd)</th>
<th>Reporter Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>Fax Number:</td>
<td>Reporter Email Address: (optional)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Break (SHA, AHA or FNJ/ City / Town)</th>
<th>Facility Name:</th>
</tr>
</thead>
</table>

Facility type:
- [ ] 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 explanation)

Check box for type of break and fill out corresponding category:
- [ ] Vaccine left out of fridge:
  - [ ] in cooler with cold packs
  - [ ] in cooler with no cold packs
  - [ ] in package on counter
  - [ ] not in package on counter
  
  Vaccine returned to storage between 2°C and 8°C on date _____________ at (time) ________________
  
  Length of time outside recommended temperature range of 2 - 8°C ________________________________
  
  Room temperature at time of break _____________ °C on date _____________ at (time) ________________

- [ ] Fridge temperature excursion
  
  Fridge temperature when break identified: _____________ °C on date _____________ at (time) ________________
  
  Max. temp recorded during break interval ______ °C  
  Min. temp recorded during break interval ______ °C
  
  Length of time outside recommended temperature range of 2 - 8°C ________________________________
  
  Last fridge temperature record before the break _____________ °C on date _____________ at (time) ________________
  
  Room temperature before the break _____________ °C on date _____________ at (time) ________________
  
  Is temperature log being submitted?  [ ] Yes  [ ] No If No, indicate why: ________________________________

Refrigerator type:
- [ ] Lab or Biological Fridge(any size)
- [ ] Domestic Fridge
- [ ] Bar Fridge
- [ ] Other ________

Thermometer/Monitor Type (Not Brand Name):
- [ ] Digital Min/Max
- [ ] Chart / Wheel Recorder
- [ ] Warm/Cold Mark
- [ ] No Monitor
- [ ] Other ________

Date last serviced: ________________________________

- [ ] Break during transportation
  
  Vehicle type (e.g. car/courier) ________________________________ Time delivery received: _________________
  
  Specify:  [ ] Provincial Depot to AHA/SHA/FNJ/ wholesaler  [ ] Public Health to community  [ ] Intraregional
  
  Was there a data logger included in the cooler?  [ ] Yes  [ ] No
  
  If yes, is it being sent back to RRPL?  [ ] 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:

- [ ] Human error
- [ ] Power outage
- [ ] Other ________

- [ ] Thermometer malfunction
- [ ] Refrigerator malfunction
- [ ] Transportation
- [ ] Backup generator failed

Corrective action details and additional comments:

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.

<table>
<thead>
<tr>
<th>Vaccine Brand or Abbreviation</th>
<th>Manufacturer</th>
<th>Count (# of Doses)</th>
<th>Lot Number</th>
<th>Expiry date</th>
<th>Open multidose vial?</th>
<th>Previous cold chain break?</th>
<th>SK Health USE ONLY</th>
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<td>Yes No</td>
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<td>Yes No</td>
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<td></td>
<td>Yes No</td>
<td>Yes No</td>
<td></td>
</tr>
</tbody>
</table>

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 is important 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 Roy Romanow Provincial Laboratory [RRPL] and intra-regional transport) **
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 into RRPL and marked with the name of the former Regional Health Authority (RHA), Athabasca Health Authority (AHA) or First Nations Jurisdiction (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)
- Print 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 faxed 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 fax recommendations to Immunization Supervisor/Designate or reporting Community Pharmacy as appropriate.
APPENDIX 5: Product Wastage Report

DO NOT REPORT COLD CHAIN WASTAGE ON THIS FORM.

- USE FOR: all vaccines, Tubersol™, Tlg, Ig, Rablg, benzathine penicillin (bicillin) and lidocaine. Diluents for MMR, Var and MMRV do not need to be reported.

Submit to: Roy Romanow Provincial Laboratory
Provincial Vaccine Depot
5 Research Drive
REGINA SK S4S 0A4
Fax: 306-798-0071
Phone: 306-787-7638

SHA, AHA or FNJ site/Pharmacy/Wholesaler submitting report:

Reporter name: ______________________ Date: ______________________
Phone #: ______________ Fax #: ______________

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Lot Number</th>
<th>Expiry date</th>
<th># of Doses</th>
<th>EXPIRED OPENED</th>
<th>EXPIRED UNOPENED</th>
<th>Not administered</th>
<th>Defective or damaged (Note: Vaccine Problem Report must also be submitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Rev. May 2018
APPENDIX 6: Vaccine Supply Problem Report

Vaccine Supply Problem Report (SPR-001)

Mail completed report and defective product to:
Ministry of Health
Public Health Nursing Consultant
3475 Albert Street, REGINA SK S4S 6X6

- Reported by: [name, title, and region/jurisdiction]..............................................................................................................................................................................................

- Date of report: [year/month/day]..............................................................................................................................................................................................

- Vaccine: [type, brand name, manufacturer, and format]..............................................................................................................................................................................................

- Lot number: ........................................................................................................................................................................................................

- Supplier: ........................................................................................................................................................................................................

- Contract number: (Ministry of Health to complete)..............................................................................................................................................................................................

- PWGSC contract or direct with supplier? (Ministry of Health to complete)..............................................................................................................................................................................................

- Nature of the problem experienced: [Attach additional page if necessary.]..............................................................................................................................................................................................

- Administration / Packaging:

<table>
<thead>
<tr>
<th>Dull needle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle separates from syringe</td>
</tr>
<tr>
<td>Contents cloudy or contains particles</td>
</tr>
<tr>
<td>Label concerns (e.g. can’t read Lot #)</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>
Details: [Please provide details of the problem experienced; including when experienced and frequency / extent of problem. Attach additional page if necessary.]

...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................

Additional comments? [Attach additional page if necessary.]

...............................................................................................................................
...............................................................................................................................
...............................................................................................................................
...............................................................................................................................

FOR YOUR INFORMATION: PURPOSE OF THE VACCINE SUPPLY PROBLEM REPORT

The Vaccine Supply Problem Report is intended to allow for the central collection of information on problems experienced in the procurement and/or use of vaccines, even if the problem has been satisfactorily resolved by the supplier. Saskatchewan Ministry of Health will collect the problem reports from Saskatchewan and forward to the Vaccine Supply Working Group (VSWG). A summary of problem reports will be shared with all jurisdictions. Where necessary, the problems identified will be formally reported to Public Services and Procurement Canada or to Health Canada.

If appropriate, and if agreed to by the VSWG, the information collected may be considered in the evaluation of bids and the awarding of future contracts.

Problem reports will be collected and collated and a summary distributed once a month to the VSWG. A brief discussion of problem reports will be added as a standing item on each VSWG monthly teleconference.
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healthcare provider is informed of possible AEFI by patient and/or directly observes AEFI in patient and reviews AEFI user guide to assess reportable criteria.</td>
<td></td>
</tr>
<tr>
<td>2. If event is reportable: healthcare provider completes AEFI Report Form sections 3; 4a; 4b if applicable; 5; 6; 7a; 7b; 7c; 7d; 8, 9a &amp;/or 9b &amp;/or 9c &amp;/or 9d as applicable; and 10.</td>
<td></td>
</tr>
<tr>
<td>3. Healthcare provider makes copy of report for self and submits completed AEFI report form to AHA/SHA/FNJ that the vaccine was given in.</td>
<td></td>
</tr>
<tr>
<td>4. Upon receiving the AEFI the SHA, AHA and FNJ MHO’s Recommendations for Further Immunization (section 11 of AEFI) the healthcare provider contacts the patient and informs them of the recommendations. The SHA, AHA and FNJ (that has access to Panorama) must enter a client warning on the client’s Panorama client record as per SIM Appendix 4.2 Where do I document?</td>
<td></td>
</tr>
<tr>
<td>5. 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.</td>
<td></td>
</tr>
<tr>
<td>6. SHA, AHA and FNJ submit completed AEFI report and forwards only reportable AEFIs to the Ministry of Health.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 8: Notification of Administration of Influenza Vaccine

Notification of Vaccine Administration

Please Print Only. Please fax completed form to public health in your area.

A. Provider Information:
Select one:
- [ ] Physician
- [ ] Nurse Practitioner
- [ ] Pharmacist
- [ ] Registered Nurse
- [ ] Other (specify)____________________

Provider Name: ____________________________________________________________
Clinic/Address: ____________________________________________________________
Phone Number: _____________________________________________________________

B. Client Information:
Client Name: ____________________________ Last Name: ____________________________
Birth Date: ____________ HSN#: (indicate province) ____________________________

Client Address: _____________________________________________________________
City/Town: ____________________________ Postal Code: ____________
Phone number: (h)_________(w)__________(c)_________
Parent/Guardian providing consent: _____________________________________________

C. Vaccine Information:

<table>
<thead>
<tr>
<th>Administration Date</th>
<th>Vaccine Brand Name</th>
<th>Dosage, route, site (e.g., 0.5 ml IM left arm)</th>
<th>Lot Number</th>
<th>Location of Service (i.e.: Emerg. Dept.; Name of Dr. office; pharmacy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YYYY/MM/DD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YYYY/MM/DD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YYYY/MM/DD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE FAX THIS COMPLETED FORM TO:

If you have questions please contact your local public health office.

May 2019
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
Fax: 306-439-2212

Former CYPRUS 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)
107-110 Ominica Street West
MOOSE JAW SK S6H 6V2
Tel: 306-691-1509
Fax: 306-691-1539

Former HEARTLAND HEALTH REGION (SHA)
Box 1300
ROSE TOWN 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 1A0
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
Box 787
PRINCE ALBERT SK S6V 5S4
Tel: 306-953-5000
Fax: 306-922-5020

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

Former PRINCE ALBERT PARKLAND HEALTH REGION (SHA)
Public Health Nursing
Danielle Sande – Immunization/Communicable Disease Lead
2nd Frl. LF 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: 306-766-7902
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
SASKAT OON SK S7L 0Z2
Tel: 306-655-4615
Fax: 306-655-4711

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)
150 Independent Street
YORKTON SK S3N 0S7
Tel: 306-786-0600
Fax: 306-786-0620
APPENDIX 10: Data Collection and Submission Processes for SHA, AHA, AND FNJs 2019-20

Public health in the SHA, AHA and FNJs are responsible for the provision of approximately half of the seasonal Influenza immunization program. Public health further distributes influenza vaccine to non-public health providers such as physicians, nurse practitioners, and other nursing offices (e.g. post-secondary institutions) in order to increase client accessibility to the influenza vaccine.

Public health is responsible for submitting influenza vaccine administration data to the Ministry of Health for both public health and the non-public health providers that they have provided vaccine to.

Community pharmacists providing influenza vaccine will have their statistical information collected by the DPEBB of the Ministry of Health. Data for children five to eight years will be back entered in Panorama and data will be extracted by the Ministry of Health.

Table 1: Data collection expectations by provider, age and reporting frequency

<table>
<thead>
<tr>
<th>Provider</th>
<th>Collection, for</th>
<th>Submission, by age SHA, AHA</th>
<th>FNJ</th>
<th>Reporting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health</td>
<td>General Public</td>
<td>2 age groups: • 18 to 64 years • 65 years and older</td>
<td>6 age groups: • 6 months to &lt; 5 years • 5 to &lt;9 years • 9 to 17 years • 18 to 64 years • 65 years and older</td>
<td>Weekly (up to Dec. 31,2019) &amp; Monthly (Jan-Feb-Mar-2020)</td>
</tr>
<tr>
<td>Physicians, RN(NP) and Post-secondary Institutions (excludes community pharmacists)</td>
<td>General Public</td>
<td>3 age groups: • 9 to 17 years • 18 to 64 years • 65 years and older</td>
<td>Not applicable</td>
<td>Weekly (up to Dec. 31,2019) &amp; Monthly (Jan-Feb-Mar-2020)</td>
</tr>
<tr>
<td>Long Term Care (LTC)</td>
<td>Residents</td>
<td>2 age groups: • Up to 64 years • 65 years and older</td>
<td>2 age groups: • Up to 64 years • 65 years and older</td>
<td>2 submissions • #s (residents and immunized) as of Nov. 30, 2019 and • #s for Dec. 1, 2019 to Mar. 31, 2020 (residents)</td>
</tr>
<tr>
<td>SHA OH&amp;S/Employee Health</td>
<td>HCW</td>
<td>1 age group: • All HCWs regardless of age</td>
<td>1 age group: • All HCWs regardless of age</td>
<td>1 submission • #s immunized as of March 31, 2020 • Total number of HCWs as of March 31, 2020</td>
</tr>
</tbody>
</table>

1 Refer to Table 4: Summary of Documentation Requirement by Client Age and Vaccine Provider.
2 April 1, 2020 by 5:00 pm for all administered doses (season-end submission).
3 The total number of residents living in LTC facilities is determined as of November 30, 2019. This serves as the denominator for influenza vaccine coverage. Numbers after November 30th will consist of total numbers of residents vaccinated. Submission of the number of LTC residents after November 30, 2019 is not required because percentage coverage will not be calculated for this period.
4 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 will used to calculate coverage.
5 Reporting frequencies are subject to change at the Ministry of Health’s discretion.
6 Some FNJ communities use Panorama.
APPENDIX 10: Data Collection and Submission Processes for SHA, AHA, AND FNJs 2019-20 (cont.)

Frequency of reporting:
The SHA, AHA and FNJs will report the number of influenza vaccine doses administered, in the above categories (except for LTC and HCWs), on a weekly basis between October 20 and December 31 of 2019. Following December 31, 2019, influenza administered doses will be reported on a monthly basis. See reporting schedule below in Tables 2 and 3.

Weekly administered dose numbers are **required to be reported by noon on the Tuesday** following the previous Sunday through end of day Saturday. The statistical collection week is from Sunday to 5:00 pm Saturday. Monthly administered dose numbers are required by noon on the Tuesday within the first 10 days of the following month. See Tables 2 and 3 for specific dates. Any missing or delayed reporting numbers should be rolled into the following week. Example: if numbers are delayed being tallied by a region (for public health and non-public health administered) and submission time is not met, the SHA and AHA will be reported as previously reported administered for that week for those 18 years and older (however, numbers pulled from Panorama by the Ministry will be reported). The missing/delayed numbers should be included in the following week’s/month’s submission but DO NOT report adjusted numbers to the Ministry.

Timely submission is important because it allows the Ministry to report promptly to Ministry officials and the SHA, AHA and FNJs, as well as support PHB planning for the season. **Please email the administered dose reports, weekly, monthly, and end of season to:** PopHealth@health.gov.sk.ca with the subject line: *(your SHA, AHA or FNJ name) Flu vaccine administered report as of week (see submission chart below).*

### Table 2: General report submission (excluding LTC) deadlines

<table>
<thead>
<tr>
<th>Calendar Week</th>
<th>Submission time period</th>
<th>Date of submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 43</td>
<td>Oct 20– 26, 2019</td>
<td>Oct 29, 2019</td>
</tr>
<tr>
<td>Week 44</td>
<td>Oct 27 – Nov 2, 2019</td>
<td>Nov 5, 2019</td>
</tr>
<tr>
<td>Week 45</td>
<td>Nov 3- 9, 2019</td>
<td>Nov 12, 2019</td>
</tr>
<tr>
<td>Week 46</td>
<td>Nov 10 - 16, 2019</td>
<td>Nov 19, 2019</td>
</tr>
<tr>
<td>Week 47</td>
<td>Nov 17 - 23, 2019</td>
<td>Nov 26, 2019</td>
</tr>
<tr>
<td>Week 48</td>
<td>Nov 24 – Nov. 30, 2019</td>
<td>Dec 3, 2019</td>
</tr>
<tr>
<td>Week 49</td>
<td>Dec 1 – 7, 2019</td>
<td>Dec 10, 2019</td>
</tr>
<tr>
<td>Week 50</td>
<td>Dec 8 - 14, 2019</td>
<td>Dec 17, 2019</td>
</tr>
<tr>
<td>Week 51</td>
<td>Dec 15 - 21, 2019</td>
<td>Dec 24, 2019</td>
</tr>
<tr>
<td>Week 52</td>
<td>Dec 22 – 31, 2019</td>
<td>Jan 7, 2020</td>
</tr>
<tr>
<td>February 2017</td>
<td>Feb 1-28, 2020</td>
<td>Mar 3, 2020</td>
</tr>
<tr>
<td>March 2017</td>
<td>Mar 1-31, 2020</td>
<td>Apr 7, 2020</td>
</tr>
<tr>
<td>Final submission (year-end summary)</td>
<td>Oct 22, 2019 to March 31, 2020</td>
<td>May 8, 2020</td>
</tr>
</tbody>
</table>

- For those FNJs providing a second dose and not recording in Panorama, the deadline for data submission will be May 7, 2020.
- Second doses provided by community pharmacists will need to be submitted to Public Health for back entry by May 7, 2020.
- Refer to Table 4: Summary of Documentation Requirements by Client Age and Vaccine Provider. Notification of Administration of Influenza Vaccine form for each child five to eight years of age must be completed and sent to the local public health office within three business days of vaccine administration.
- See Appendix 8: Notification of Administration of Influenza Vaccine form.

### Table 3: LTC report submission deadlines

<table>
<thead>
<tr>
<th>Submission time period</th>
<th>Date of submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of November 30, 2019</td>
<td>December 10, 2019</td>
</tr>
<tr>
<td>December 2019 to March 2020</td>
<td>April 14, 2020</td>
</tr>
</tbody>
</table>

**Submission of Numbers:**
The Ministry of Health is providing an Excel spreadsheet to assist in the collection and reporting of vaccine administered doses to the Ministry of Health *(refer to Appendix 11).* The SHA, AHA and FNJ should submit their updated Excel file as their report.
# Appendix 11: Influenza Statistical Collection Form Doses, 2019-20

## Former RHA Influenza Immunization Statistical Collection Form 2019-20

### General Public

<table>
<thead>
<tr>
<th>Jurisdiction or Former RHA Name:</th>
<th>Sunrise RHA</th>
<th>Submission Period:</th>
<th>Submission Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Final (Oct 21, 2019-Mar 31, 2020)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (at immunization)</th>
<th>Public Health</th>
<th>Non-public Health</th>
<th>Total Immunized, by age</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 to 17 years</td>
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<td></td>
</tr>
<tr>
<td>18 to 64 years</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>65 years and older</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Long-Term Care (LTC) Residents

<table>
<thead>
<tr>
<th>Jurisdiction or Former RHA Name:</th>
<th>Sunrise RHA</th>
<th>Submission Period:</th>
<th>Submission Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (at immunization)</th>
<th>Number of Residents Immunized</th>
<th>Total Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 64 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 years and older</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Instructions

1. Choose the correct RHA name from the drop down list.
2. Choose the correct Submission period from the drop down list.
3. Chose the correct Submission date from the drop down list.
4. Enter all doses of Public Health and Non-public health administered vaccine in the correct age category.
5. Save the file under the correct date and email to POPHealth@health.gov.sk.ca
### Appendix 12: Resources available from the Publication Centre

[http://publications.saskatchewan.ca/#/categories/473](http://publications.saskatchewan.ca/#/categories/473)

#### Downloadable Resources

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-----</td>
<td>Seasonal Influenza Fact Sheet - French</td>
</tr>
<tr>
<td>-----</td>
<td>Seasonal Eligibility Poster</td>
</tr>
<tr>
<td>-----</td>
<td>Fluzone High Dose Influenza Vaccine - English</td>
</tr>
<tr>
<td>-----</td>
<td>Cold, Flu And Allergy Fact Sheet</td>
</tr>
<tr>
<td>----</td>
<td>Flu Decision Chart</td>
</tr>
<tr>
<td>-----</td>
<td>Poster – Protect Yourself And Others From Influenza</td>
</tr>
</tbody>
</table>

#### Orderable Resources

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD 55</td>
<td>Influenza Vaccine Fact Sheet - English</td>
</tr>
<tr>
<td>-----</td>
<td>Record of Influenza Immunization – Wallet Card</td>
</tr>
<tr>
<td>CD 127</td>
<td>Poster - female - arm yourself - i got the flu shot</td>
</tr>
<tr>
<td>CD 128</td>
<td>Poster - male - arm yourself - i got the flu shot</td>
</tr>
<tr>
<td>CD 129</td>
<td>Window cling - i got the flu shot - get it here</td>
</tr>
<tr>
<td>CD 130</td>
<td>Poster - first nations man - i got the flu shot</td>
</tr>
<tr>
<td>CD 139</td>
<td>Poster - seniors - fight the flu</td>
</tr>
<tr>
<td>CD 140</td>
<td>Poster - mother / daughter - fight the flu</td>
</tr>
</tbody>
</table>
**Purpose:** To ensure that the client immunization records for *children younger than nine years old* are accurate, up-to-date, and as complete as possible in order to optimize the vaccine forecaster functionality (i.e., the need for second doses) and to ensure patient safety. Information sources include hard copy records (including client held copies) and notification forms/records from non-public health service providers (credible written documentation).

*See Policy: Recording Historical Immunization – Influenza*

### Essential Tasks:

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ensure your “Immunization Defaults” for “Apply Defaults to Historical Immunizations” are set to “No”.</td>
</tr>
<tr>
<td>2</td>
<td>Search for the client using the appropriate Client Search variables and set client into context.</td>
</tr>
<tr>
<td>3</td>
<td>In client’s Immunization Profile, click on Add Single Immunization and select Add Historical to enable documentation. <strong>Note:</strong> vaccines recorded as ‘Historical’ will not decrement inventory.</td>
</tr>
</tbody>
</table>
| 4 | Document the minimum required information for publicly or non-publicly funded influenza vaccines:  
- Immunization agent (e.g., Inf, LAIV)  
- Date administered – YYYY/MM/DD  
- Provider type |
| 5 | Consent directives are not required to be recorded for influenza immunization administered at mass influenza clinics and recorded historically. **This applies to all ages under 18.** |
| 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 to select from  
*Provider, Licensed Practical Nurse, Licensed Practical Nurse*  
*Provider, Nurse Practitioner, Nurse Practitioner*  
*Provider, Pharmacist, Pharmacist*  
*Provider, Physician, Medical Doctor*  
*Provider, Public Health Nurse, Public Health Nurse*  
*Provider, Other, Other*  
*Provider, Registered Nurse, Registered Nurse*  
*Provider, Registered Psychiatric Nurse, Registered Psychiatric Nurse*  
*Provider, Unknown, Unknown*  
**POLICY:** Use Provider, PHN for all nurses immunizing during PH clinics as this will positively affect PHN statistics. |
| 7 | Document Only if provided on original notification form:  
- The lot number by selecting it from the drop down. Once selected, ensure the auto populated dosage, unit of measurement (UOM) 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. |
| 8 | Document any additional information (i.e. Name of pharmacy, Physician’s office, Vaccine brand name, lot number if not publicly funded) by clicking the Add button under Comment and entering the information. Click Apply to add the comment. |
| 9 | Click Apply at the top of ‘add immunization’ box, and then click Save at the top of page. |