

Pharmacists and Publicly Funded Vaccines in B.C.

General Information

Pharmacists and Immunization Working Group (PIWG):

Co-chairs

BC Centre for Disease Control (BCCDC)

BC Pharmacy Association (BCPhA)

Members

BC Ministry of Health, Pharmaceutical Laboratory and Blood Services Division (PLBSD)

BC Ministry of Health, Population and Public Health

The College of Pharmacists of British Columbia (CPBC)

Faculty of Pharmaceutical Sciences, University of British Columbia (UBC)

First Nations Health Authority (FNHA)

Fraser Health Authority (FHA)

Interior Health Authority (IHA)

Vancouver Island Health Authority (VIHA)

Northern Health Authority (NHA)

Vancouver Coastal Health Authority (VCH)



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1. Preamble

This document is prepared by the members of the Pharmacists and Immunization Working Group (PIWG) of the British Columbia Immunization Committee (BCIC), to provide authorized pharmacists with timely information about accessing and administering publicly funded vaccines to eligible B.C. residents.

PIWG membership includes representatives from the College of Pharmacists of BC, the BC Centre for Disease Control, the BC Pharmacy Association (BCPhA), every regional health authority, the First Nations Health Authority, and the BC Ministry of Health.

For PharmaCare policy and claims procedures for payment of vaccine administration, please see [Section 8.10—Pharmacist administration of drugs and vaccines](#) in the PharmaCare Policy Manual.

2. Overview

Pharmacist authorization to administer vaccines in British Columbia

Since 2009, pharmacists have had the authority to administer subcutaneous, intradermal and intramuscular injections for immunization and the treatment of anaphylaxis. In 2015, pharmacists were permitted to administer immunizations by intranasal route to children 2 years of age and older.

In April 2022, the age limit for administration by injection was lowered to individuals 4 years of age and older.

The [College of Pharmacists of British Columbia](#) (the College) is the regulatory body responsible for ensuring that pharmacists provide safe and effective care to patients. Pharmacists who receive authorization to administer drugs in B.C. must follow the [Standards, Limits and Conditions for Immunization for Drug Administration](#) established by the College and have the knowledge, skills and abilities to do so safely and effectively.

The provincial ImmunizeBC Framework

The provincial [ImmunizeBC Framework](#) (the Framework) was developed in 2007 to guide health authorities and health system partners in the delivery of optimal immunization services across B.C. The Framework is linked with and supports the [National Immunization Strategy](#).

The mission of the Framework is to improve the health of B.C. residents by continuing to reduce the incidence of vaccine-preventable communicable diseases and the associated impact of disease, disability and death. The ability of pharmacists to provide immunizations is consistent with this mission and supports priority actions identified in the Framework such as:

- Improving access to immunization services.
- Ensuring an adequate supply of knowledgeable, trained service providers.
- Promoting the immunization program to the public and with health care professionals.

BCIC oversees implementation of the Framework. PIWG is responsible for optimizing the involvement of pharmacists in public vaccination programs.

Authority within the public health system

The British Columbia Ministry of Health sets strategic direction and provides stewardship for the health system, including for the public health programs such as immunization. B.C. has a [Provincial Health Officer](#), and each health authority has a team of Medical Health Officers (including a Chief Medical Health Officer), who are responsible for public health and population health initiatives. The [BC Centre for Disease Control](#) (BCCDC) is a program of the [Provincial Health Services Authority](#) that also provides provincial and national leadership in public health.

Together, these public health leaders oversee vaccines and vaccination initiatives within the B.C. public health system.

In the case of a province-wide vaccination program, pharmacists are expected to follow the instructions provided in the [BC Immunization Manual](#).

In the case of a health authority-specific initiative (such as management of a localized infectious outbreak), pharmacists may also be required to follow the direction of a Medical Health Officer within that health authority when providing specific publicly funded vaccines.

Criteria for pharmacist access to publicly funded vaccines

Pharmacists authorized to administer immunizations can receive and administer certain vaccines from the public supply in specific situations. Refer to the BC Immunization Manual [Part 4 – Biological Products](#) for details on each vaccine.

Public and private funding of vaccines

In B.C., citizens can access vaccines and services in two ways: through a publicly funded program or through private purchase. When a vaccine is publicly funded in B.C., a pharmacist must provide information regarding the client's eligibility for publicly funded vaccine options prior to discussing alternate private vaccine options.

Public funding

B.C. residents who meet the eligibility criteria set by the BC Centre for Disease Control (BCCDC) can receive specific immunizations including childhood vaccinations, annual influenza vaccinations and specific vaccines to manage infectious outbreaks, at no cost through publicly funded immunization programs.

Publicly funded vaccines are available through public health units, and health care professionals who have been designated by public health as community vaccine providers. Under provincial direction, there may be publicly funded vaccines that are available through pharmacy wholesalers during immunization campaigns, specifically COVID-19 vaccines and influenza vaccines.

Private funding

B.C. residents may purchase a variety of vaccines (some may require a prescription, but most do not) and may pay to have these vaccines provided by a health care professional, including an authorized pharmacist. Vaccine costs are paid for by individuals (out of pocket). Selected private drug plans may also cover vaccine costs.

As per [Pharmacare Policy Section 8.10 Pharmacist administration of drugs and vaccines](#), pharmacies can submit a claim for the drug administration fee to PharmaCare when administering a non-publicly funded vaccine to a B.C. resident; they cannot charge individuals for this fee.

PharmaCare will not reimburse the drug administration fee for travel vaccines administered by a pharmacist. For example, patients may purchase cholera or typhoid vaccines before travelling to other parts of the world. Vaccine costs, including administration supplies and services, are paid by the individual.

Prescription requirements for the sale of vaccines

Vaccines that can be sold without a prescription

A pharmacist can sell a vaccine listed in Schedule II of the [provincial drug schedules](#) to a member of the public without a prescription.

In addition, any vaccination that is listed as recommended by any recognizable provincial, national, or international organization (such as the [Public Health Agency of Canada](#), [National Advisory Committee on Immunization](#), or the [BC Centre for Disease Control](#)) is considered a Schedule II drug product.

Vaccines currently included in publicly funded vaccine programs in B.C. are also considered as Schedule II drug products.¹

A pharmacist certified to administer a drug, can administer a Schedule II vaccine to a patient at any time.

Please refer to the College of Pharmacists of BC Readlinks [Jun/Jul/Aug 2012](#) (page 6) and [Jan/Feb/Mar 2013](#) editions for more detailed information on Schedule II vaccines.

Vaccines that require a prescription for sale

Vaccines that require a prescription from an authorized prescriber in order to be dispensed and sold to a member of the public are those vaccine products that:

- Are listed in Schedule I of the provincial drug schedules
- Are not listed as recommended by any provincial, national, or international organization, and
- Are not part of a publicly funded vaccine program in B.C.

Once the prescription is dispensed, a pharmacist authorized to administer drugs can administer a Schedule I vaccine to a patient.

3. General Procedures

Pre-administration procedures

Obtaining definitive vaccine information

The [BC Immunization Manual](#) (also referred to as Chapter 2 of the [BC Communicable Disease Control Manual](#)) is the definitive provincial reference for vaccine use in B.C. The Manual is an online resource that is updated frequently.

¹ Important update on Schedule II Vaccines. College of Pharmacists of British Columbia e-bulletin October 29, 2012.

BC Immunization Manual contents

The BC Immunization Manual contains information on:

- Vaccine products
- Vaccine scheduling
- Vaccine product preparation
- Cold chain management
- Client assessment
- Considerations in the administration of multiple immunizations
- Vaccine administration supplies
- Selecting injection sites
- Client observation
- Managing pain and anxiety before and during an immunization
- Managing fever and pain after immunization
- Documentation—including adverse events following immunization (AEFI)

Pharmacists are strongly advised to familiarize themselves with all relevant parts of the [BC Immunization Manual](#).

Differences between B.C. and federal vaccine guidelines

Provincial policies regarding indications, eligibility criteria and other aspects of vaccine use in B.C. may differ from policies established by the [Public Health Agency of Canada](#) and/or the [National Advisory Committee on Immunization](#).

B.C. policies and best practices for vaccines may also differ from information provided by a manufacturer in a product monograph or in the Compendium of Pharmaceuticals and Specialties (CPS).

When differences occur, the provincial policy as described in the most current online version of the [BC Immunization Manual](#) prevails.

From time to time, guidelines may be prepared within a health authority for specific situations such as management of a local outbreak. In these situations, pharmacists will receive information from a local health unit or local Medical Health Officer on the appropriate procedures to be followed.

Pharmacists can consult local health unit staff when questions about policy differences arise.

Obtaining updates to vaccination information

Because vaccine and immunization information is constantly being updated, each immunizing health care professional is responsible for ensuring they are using the most current versions of reliable BC Immunization Program information.

The BCCDC publishes a list of updates to the Communicable Disease Control Manual in [Admin Circulars](#) posted on the BCCDC website. Careful attention should be paid to revisions to Chapter 2, which are specific to the Immunization Program.

Establishing contact with local health units

Supplies of most publicly funded vaccines are available through each health authority's local health units. Under provincial direction, there may be publicly funded vaccines that are available through pharmacy wholesalers during immunization campaigns, such as COVID-19 vaccines and influenza vaccines.

All community vaccine providers, including pharmacists, are encouraged to introduce themselves to, and in some health authorities register with, the local health unit from which they plan to obtain their supply of publicly funded vaccines.

Identifying the appropriate local health unit

Pharmacists should work with the health unit within their health authority that is **geographically closest** to their pharmacy.

Determining communications and vaccine ordering/pick-up protocols and timeframes with local health units

Pharmacists should familiarize themselves with both the health authority's and local health unit's current communications protocols and vaccine ordering/pick-up procedures in advance of any routine or seasonal vaccination program start date.

Some health authorities communicate information through their website and others communicate directly (e.g., by fax or email) with community vaccine providers.

Some local health units do not carry an inventory of all vaccines at all times; there may be a delay between the time that the order is placed and the time that the vaccine is available for pick-up. Pharmacists are advised to ask their local health unit about any potential lag times between ordering and obtaining vaccine products so they can place orders sufficiently in advance.

Pick-up procedures may vary from health authority to health authority and from vaccine to vaccine. Pharmacists should contact their local health unit for procedure details beforehand.

Coordinating vaccination clinics with the local health units

Local health units and pharmacies, offer vaccination services to the public in several ways including drop-in services, by appointment, and through specially organized clinics.

Pharmacies are encouraged to coordinate their clinics with those organized by [local health units](#). This helps the local health unit manage vaccine supply issues, reduces clinic scheduling conflicts, and increases the vaccination options available to the public.

Ordering vaccines

Publicly funded influenza and COVID-19 vaccines

For instructions on influenza vaccine ordering, pharmacies are to refer to the most up to date information on the BCPhA's [Influenza Immunization Pharmacy Guidance](#) webpage. For the most up to date information on COVID-19 vaccine ordering, refer to the BCPhA's [COVID Pharmacy Guidance webpage](#). These vaccines are shipped directly from primary wholesalers/ distributors to pharmacy sites.

Other publicly funded vaccines

Pharmacists should place orders for other publicly funded vaccines only through the [appropriate \(geographically closest\) local health unit](#). They must place orders at one health unit at a time only. They should use the **generic vaccine name only** and not the brand name; depending on inventory, specific brands may not be available, and an interchangeable product may be supplied.

Pharmacists are encouraged to always review the [BC Immunization Manual Part 4—Biological Products](#) for the specific product they will be administering.

To reduce vaccine wastage, pharmacists should always order an appropriate supply, based on what will be needed for eligible B.C. residents.

Picking up and transporting the vaccine from public health

Vaccines that have been ordered from public health can usually be picked up from a local health unit in person by a pharmacy representative. The health unit staff may ask the authorized representative to complete paperwork at the time of pick-up; plan for the pick-up to take 30 minutes.

Maintaining the cold chain

To maintain potency and stability, refrigerator-stable vaccines must be kept at a temperature between +2°C to +8°C at all times, or as per the BC Immunization Manual (e.g., long term storage for COVID-19 vaccines).

Pharmacists must adhere to the College of Pharmacists of BC's [Professional Practice Policy – 68: Cold Chain Management of Biologicals](#). Cold chain management principles and procedures are set forth in the:

- BC Immunization Manual [Appendix E—Management of Biologicals](#)
- [BCCDC's Cold Chain Resources for Community Providers](#)

Maintaining the cold chain during transport

When vaccines are picked up in person, the pharmacist or their designate must:

- Be familiar with cold chain management procedures
- Come equipped with cold chain supplies capable of maintaining temperatures within the desired range (+2°C to +8°C) for vaccine transport, including:
 - an acceptable cooler
 - ice/gel pack(s)
 - insulating materials

See the BCCDC's [Packing an Insulated Cooler](#) for details.

Health unit staff can refuse to release vaccine if they have concerns about the cold chain.

When a vaccine is dispensed by a pharmacist, but not administered, to patient, appropriate cold chain education and resources should be provided to the patient.

Storing the vaccine

The refrigerator and/or freezer used to store vaccine in the pharmacy should have a device to monitor both the current temperature and the minimum/maximum daily temperatures. Storage temperatures should be recorded twice daily.² See the BCCDC's [How to store vaccine in the refrigerator](#) for details.

Dealing with a cold chain failure

Cold chain failures usually occur when refrigeration equipment malfunctions or there is a power outage. See the [BCCDC procedure guidelines](#) for dealing with equipment malfunctions and power failures.

Reporting a cold chain failure

In the event of a cold chain failure, for publicly funded vaccines, a [BCCDC's Cold Chain Incident Form](#) must be completed by the pharmacy and faxed to the [local health unit](#).

For COVID-19 vaccine cold chain incidents, refer to the standard operating procedure located on the BCPhA's [COVID-19 Pharmacy Guidance](#) webpage.

Preparing for potential anaphylactic reactions to vaccinations

Pharmacists must adhere to the standards for supplies and protocol(s) for managing potential anaphylactic reactions to vaccinations as set forth in the College of Pharmacists of BC's [Standards, Limits and Conditions for Drug Administration by Injection and Intranasal Route](#). Detailed guidelines for both supplies and procedures can be found in the BC Immunization Manual [Part 3 - Management of Anaphylaxis in a Non-Hospital Setting](#).

“Borrowing” publicly funded vaccines from other community vaccine providers

Pharmacists are asked to only use vaccines obtained from the public supply when administering an immunization to an eligible B.C. resident within any publicly funded program. Vaccines from the publicly funded supply are tracked and recorded by lot number as part of public health's inventory management strategy. Please refer any community vaccine providers asking for vaccine supplies at the pharmacy to their local health unit to obtain vaccines.

During normal situations, pharmacists are discouraged from borrowing or lending publicly funded vaccines, or using vaccines purchased privately for immunization within a public vaccination program. Only in exceptional circumstances (e.g., outbreak situation or during a time-sensitive campaign) and to support public health programs, community pharmacies may use available private supply and re-stock product with publicly funded vaccines.

Vaccine administration

Determining patient eligibility to receive publicly funded vaccines

B.C. residents

B.C. residents who meet the eligibility criteria can receive specific immunizations at no cost. The BC Immunization Manual, [Part 4 - Biological Products](#), sets forth the eligibility criteria for all publicly funded vaccines in B.C.

² The College of Pharmacists of British Columbia. [Professional Practice Policy – 68 Cold Chain Management](#)

Fees for administering publicly funded vaccines are paid only to authorized pharmacists providing vaccinations to B.C. residents who meet the BCCDC criteria.

Non-residents of B.C.

Publicly funded vaccines are available to people who meet the eligibility criteria set by the BCCDC. Information about immunization services for out-of-province residents is in the [introduction](#) section of the BC Immunization Manual.

PharmaCare does not pay pharmacists a fee to administer a publicly funded vaccine to a non-B.C. resident. In such situations, pharmacists can refer the individual to a [local health unit](#) that will determine if they are eligible to receive the vaccination at no cost. The only exception to this is COVID-19 vaccines: PharmaCare will pay pharmacies the administration fee when provided to a non-B.C. resident.

For PharmaCare policy and claims procedures, see [Section 8.10—Pharmacist administration of drugs and vaccines](#) of the PharmaCare Policy Manual.

Assessing patient vaccination needs

When assessing an individual's immunization status, ensure all routine vaccines are included in an individual's immunization plan. Always review their current health and immunization status to identify any outstanding vaccination needs. For example, a patient requesting an influenza shot may also be due for a tetanus booster.

Obtaining an immunization history

A patient's immunization status is determined by either:

- Documentation of immunization, such as an immunization record, or
- Proof of having had the disease (prescriber records or laboratory documentation of immune status)

Because a verbal history of immunization or disease alone may not be reliable³, when seeking information about a patient's immunization history:

- Ask patients or their caregivers directly about their immunization history, **and**
- Request a copy of the patient's immunization record.

Community pharmacists enter publicly funded influenza vaccines and COVID-19 vaccines into the ImmsBC system. For all other vaccines, records are entered into PharmaNet. Data from both ImmsBC and PharmaNet are extracted into Panorama, the Provincial Immunization Registry (PIR). With the exception of Electronic Medication Records (EMR), most other electronic information systems used by health authorities also interface with the PIR.

Patients can obtain their immunization history as shown in the PIR by accessing the [Health Gateway](#) website or obtaining a hardcopy record from public health.

When immunization records cannot be obtained⁴

According to the guidelines within the BC Immunization Manual, [Part 1 - Immunization Schedules](#), patients who cannot obtain written documentation of immunization or proof of having had the disease

³ The exception is varicella. A verbal report of varicella disease history prior to 2004 (i.e., when the routine varicella immunization program was initiated) is acceptable.

⁴ Adapted as per Part 1 of the [BC Immunization Manual](#).

should be offered immunizations in accordance with the timetables set forth in the BC Immunization Schedules.

Verbal reports of prior immunization correlate poorly with actual immunity and should not be accepted as evidence of immunization. Routine serologic testing of patients without records to determine immunity is not practical and serological correlates of protection and commercially available tests are not available for many vaccine preventable diseases.

When patients require multiple vaccinations

If more than one vaccine is indicated, the vaccines should be administered in the same visit, whenever possible.

Referring patients to other vaccine providers

If the patient is a member of a special population or the case is complex

In some cases, it may not be feasible for an authorized pharmacist to administer all appropriate vaccines in the community pharmacy setting.

Referral to a local health unit is recommended when an eligible B.C. resident is identified as being a member of a special population (e.g., an organ transplant recipient or an immunocompromised patient requiring immunization with a live vaccine) or the procedures for immunization are complex.

Please refer to the BC Immunization Manual [Part 2—Immunization of Special Populations](#) for information on these populations.

If a pharmacy is unable to provide vaccine administration service to an eligible B.C. resident

If an eligible B.C. resident requests a publicly funded vaccination and a pharmacy is unable to fulfill this request (e.g., if no pharmacist authorized to administer vaccinations is available or the pharmacy does not have a supply of the vaccine on hand, or for any other reason), it is the responsibility of the pharmacy and pharmacy staff to ensure the patient is provided information on options where they can receive their publicly funded vaccine (e.g., another local pharmacy, a health unit, or a physician).

When referring a patient to another provider, encourage them to call ahead of time to confirm vaccine and provider availability to administer the vaccine.

Obtaining and documenting a patient's informed consent

Before administering any vaccine, pharmacists must follow the steps to obtain informed consent as set forth in the College of Pharmacists of BC's [Standards, Limits and Conditions for Drug Administration](#). The BC Immunization Manual [Appendix A—Informed Consent](#) provides guidance on how to document informed consent.

The BCCDC has also developed [informed consent videos](#) that demonstrate how to obtain consent for a vaccine series in different situations.

As part of the informed consent process, when a vaccine is publicly funded in B.C., a pharmacist must provide information regarding the client's publicly funded options prior to discussing potential alternate private vaccine options.

A copy of the appropriate HealthLinkBC Files on vaccines should be provided to each patient as part of the consent process. HealthLinkBC Files on vaccines are updated frequently and are searchable from the [HealthLinkBC Files](#) webpage.

Administering the vaccine—standard precautions

When administering any vaccines by injection or intranasally, pharmacists must follow the standard precautions set forth in the College of Pharmacists of BC's [Standards, Limits and Conditions for Drug Administration](#). Additional guidelines are available in the BC Immunization Manual [Appendix B—Administration of Biological Products](#).

WorkSafeBC requirements

According to WorkSafeBC, any health care professional performing a procedure to treat or care for patients that involves the use of a hollow bore needle (including administering immunizations), is required to use a safety-engineered needle regardless of the needles supplied with the vaccine product.

For more information, please refer to [WorkSafeBC](#). For information on needle types and sizes, refer to the BC Immunization Manual [Appendix B—Administration of Biological Products](#).

Gloves

Gloves are not routinely required when administering biological products. Gloves are only required when the vaccinator has an open hand lesion or is at risk of coming into contact with potentially infectious body fluids.

For detailed information on standard precautions, please refer to the BC Immunization Manual [Appendix B - Administration of Biological Products](#).

Treating anaphylactic reactions

Detailed procedures for treating anaphylactic reactions are set forth in the BC Immunization Manual [Part 3—Management of Anaphylaxis in a Non-Hospital Setting](#).

Dealing with adverse events following immunization (AEFI)

According to the BCCDC, an adverse event following immunization (AEFI) is defined as an untoward event temporarily associated with immunization that may or may not have been caused by the vaccine or immunization process. Please refer to the [BC Immunization Manual Part 5—Vaccine Associated Adverse Events](#) for more information.

Reporting an AEFI

Pharmacists should note that AEFI reporting for vaccines differs from adverse drug reaction (ADR) reporting used for most medications.

Health care providers, including physicians and pharmacists, are required by law to report AEFIs to monitor vaccine safety. Upon a client reporting an AEFI to the pharmacy where the immunization occurred, the pharmacist completes and submits the AEFI reporting form to the [local health unit](#) or as specified by BCCDC's [AEFI reporting map](#). Clients are not to be directed to public health for AEFI reporting. Local health unit collates the reports according to a specific AEFI reporting process. As part of this process, the pharmacist follows up with the patient and their family physician when appropriate.

A summary of the [AEFI reporting process](#) for pharmacists is available on the PharmaCare website. Copies of the [Adverse Events Following Immunization Form](#) are available for download on the BCCDC's website.

AEFIs should also be recorded in PharmaNet. See [Adverse Drugs Events in PharmaNet](#) for details.

Handling vaccine errors

In the event of a vaccine administration error, pharmacists are to inform the client of any implications/recommendations for future doses, possibility for local or systemic reactions and impact on the effectiveness of the vaccine (if applicable and known). Pharmacists may consult with local public health/ Medical Health Officer for clinical review and recommendation. Pharmacists are to follow their internal policies and procedures for handling reporting and documenting all errors or near miss incidents and to review/implement strategies to prevent it from happening again.

Documentation and PharmaCare claims submission

Documenting the administration of a vaccine

Pharmacists must document history, assessment and vaccinations administered according to the College of Pharmacists of BC's [Standards, Limits and Conditions for Drug Administration](#).

Pharmacists are also expected to maintain an up-to-date record of all vaccines administered to patients in PharmaNet, or in ImmsBC when appropriate (e.g., publicly funded influenza vaccines and COVID-19 vaccines). See [Maintaining in-pharmacy records of vaccination administration activities](#) section below.

For clinical and billing purposes, pharmacists are required to create a record in PharmaNet of each vaccine administered.

For publicly funded influenza and COVID-19 vaccines, records are entered in ImmsBC; PharmaNet data entry is not required. ImmsBC entry will result in the automatic payment to pharmacies by PharmaCare. When vaccine records are entered in ImmsBC, the information will not be visible in PharmaNet, nor in the patient's PharmaNet dispense history, and therefore is not accessible for clinical purposes. The patient's immunization history can be viewed in CareConnect, which includes all records from the Provincial Immunization Registry (PIR).

Pharmacies are to check a patient's allergies and drug history before administering vaccines.

Providing the patient with a record of immunization

Pharmacists are expected to provide patients with a record of immunization when administering any vaccines, including publicly funded vaccines. A [sample immunization record](#) is available on the ImmunizeBC website.

Providing local health units with vaccination records

Pharmacists may or may not be required to provide documentation records of publicly funded vaccinations to the local health unit, depending on the data system used by Health Authorities. For example, Island Health and Interior Health use Panorama and therefore do not require paper reporting since information from PharmaNet and ImmsBC flows directly into Panorama (i.e., the Provincial Immunization Registry [PIR]).

Therefore, documentation requirements may vary by health authority and vaccine. Documentation instructions and forms are provided by the health authority or [local health unit](#) at the time of vaccine pick-up. Some health authorities provide online information specifically for pharmacists or community vaccine providers. Contact your local health unit for details.

Health Authorities require records to ensure accurate and complete public health recordkeeping, particularly for children under the age 19.

Maintaining in-pharmacy records of vaccine administration activities

Pharmacies must record and retain supporting documentation associated with the administration of a vaccine as outlined in the College of Pharmacists of BC [Standards, Limits and Conditions for Drug Administration](#) and in [Section 8.10](#) of the PharmaCare Policy Manual (for any claims submitted).

Recording of vaccine lot numbers is mandatory as per [Section 8.10](#) of the PharmaCare Policy Manual, the College of Pharmacists of BC [Standards, Limits and Conditions for Drug Administration](#), and as per [Appendix B—Administration of Biological Products](#) (subsection 12) of the BC Immunization Manual. This information is required in the rare event of a vaccine recall or [an adverse event following immunization](#) (AEFI).

When entering records in PharmaNet, it is recommended pharmacists enter the lot number in the SIG field in the local dispensary software system as this is a convenient way to retrieve the information when needed.

Electronic and/or hard copy records must be retained and accessible on-site at the pharmacy for four years from the last date of service delivery as it is required by both [PharmaCare](#) (for audit purposes) and the College of Pharmacists of BC (for audit and standards of practice purposes).

Submitting claims for vaccine administration fees to PharmaCare

PharmaCare pays a fee (\$12.10) for each publicly funded vaccine that a pharmacist administers to an eligible B.C. resident. The fee is not paid when administered to a non-B.C. resident.

For COVID-19 vaccines, the fee is \$18.00 when administered to eligible clients, including non-B.C. residents.

PharmaCare also pays a fee (\$11.41) for the administration of a non-publicly-funded vaccine.

For information on PharmaCare policy and claims procedures, see PharmaCare Policy Manual [Section 8.10—Pharmacist administration of drugs and vaccines](#).

See [Other Vaccine Product Identification Numbers \(PINs\)](#) for the PIN to be used when submitting a claim in PharmaNet for a publicly funded vaccine eligible for the PharmaCare [administration fee](#).

Vaccine returns

Expired and unused publicly funded vaccines are returned to the local health unit from which they were obtained. Please note that local health units cannot re-use vaccines that have been distributed to any community provider, including pharmacists. Unused vaccine will end up as wastage. Please order only as many doses as you expect to administer, and re-order if necessary.

Pharmacies are provided directions for unused and expired influenza vaccines which may be returned for harvesting.

COVID-19 vaccines are not returned to public health but are disposed on-site through a pharmacy's existing commercial biomedical waste process. A thorough inventory including partial vials must be conducted and inventory waste must be recorded in the ImmsBC system. Any vaccine packaging must also be safely discarded to prevent re-use and counterfeit efforts.

4. Special Immunization Programs

When needed, public health will undertake one-time or time-limited public immunization programs, and pharmacists may be asked to participate in these special programs. Information about these special immunization programs will be made available to pharmacists.

Information on special immunization programs with pharmacist involvement underway in B.C. is available on the PharmaCare [Vaccine Resources for Pharmacists](#) web page.

5. Outbreak Management

When cases of a communicable disease occur more often than otherwise would be expected at a particular time and place, public health officials may initiate an outbreak management initiative to contain the spread and protect at-risk citizens. Depending on the extent of the affected area, pharmacists may be asked to participate in a local, regional, or provincewide outbreak management initiative.

In an outbreak management situation, pharmacists will receive information and get instructions from public health officials in their local health authority and/or from the [Provincial Health Officer](#). Some health authorities have web pages with information specifically for pharmacists and other community vaccine providers.

Information on current outbreak initiatives is available on the PharmaCare [Vaccine Resources for Pharmacists](#) web page.

6. New Vaccines

Public health programs are continually reviewed and revised as required to meet the health needs of B.C. residents. As new vaccines become available in B.C., public health experts determine their place in public health programs.

Similarly, the PIWG regularly reviews vaccines and vaccine services available within the public health program. From this review, PIWG determines and then enables the involvement of community-based immunizing pharmacists in new vaccine services.

Pharmacists wanting to access a publicly funded vaccine that is not already available to them for use with a specific patient should contact their local Medical Health Officer.

7. Vaccine and Immunization Resources

Pharmacists administering immunizations should regularly review the following sites for the most current vaccination information.

ImmunizeBC is a collaboration between the [Ministry of Health, BC Centre for Disease Control](#) (a program of the [Provincial Health Services Authority](#)), regional health authorities, [First Nations Health Authority](#), and [HealthLinkBC](#) for the purpose of improving the health of British Columbians by continuing to reduce the number of infections by vaccine-preventable diseases, along with the illness, disability and death that they cause.

- [ImmunizeBC for Health Professionals](#)

- [Disease and Vaccination Specific Information](#)

The **BC Centre for Disease Control (BCCDC)** provides up-to-date direction and information about communicable diseases and immunizations for the province of B.C.

- [BCCDC Homepage](#)
- [BC Immunization Manual](#)
- [BC Immunization Manual Part 1—Vaccine Schedules](#)
- [BC Immunization Manual Part 4—Biological Products](#)

The **Public Health Agency of Canada Immunization and Vaccines Homepage** provides federal information including Canada-wide epidemiology and planning statistics.

- [Public Health Agency of Canada Immunization and Vaccines Homepage](#)

The [BC Pharmacy Association](#) provides general support to community pharmacists on vaccine guidance, logistics and operations, including the ImmsBC system processes (Email: Immunizationsupport@bcpharmacy.ca).

The [College of Pharmacists of BC](#) provides information on pharmacist scope of practice and regulations on the administration of vaccines.

Public health nurses are available at your [local health unit](#) to answer clinical questions. Other public health staff members are also available through the local health unit to answer procedure and supply questions.