



Pharmacists and Publicly Funded Vaccines in B.C.

Produced by

Immunizations Program Operational Planning Group (IPOP)

Immunizations Program Operations Planning Group (IPOP)

This document is overseen by the Immunizations Program Operational Planning group (IPOP) to provide pharmacists with timely information about accessing and administering publicly funded vaccines to eligible B.C. residents.

IPOP chair

BC Centre for Disease Control (BCCDC)

Members

Population and Public Health Division, BC Ministry of Health

BC Pharmacy Association (BCPhA)

First Nations Health Authority (FNHA)

Fraser Health Authority (FH)

Interior Health (IH)

Island Health

Northern Health (NH)

Coastal Health (VCH)

Originally prepared by the Pharmacists and Immunization Working Group (PIWG), which sunsetted in 2025, this document is now overseen by the Immunizations Program Operational Planning Group (IPOP).

April 2026

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Pharmacists and publicly funded vaccines

The IPOP oversees this information to support B.C. pharmacists who administer publicly funded vaccines.

Pharmacists in B.C. are authorized to administer immunizations by:

- Subcutaneous, intradermal and intramuscular injection, for individuals 4 years and older
- Intranasal route for individuals 2 years and older

The Provincial Immunization Coordination Committee (PICC) regularly reviews vaccines and public vaccination services to enable the involvement of immunizing community pharmacists.

B.C.'s immunization program

B.C.'s immunization program involves several organizations.

Regulation

The [College of Pharmacists of British Columbia](#) is the **regulatory body** that ensures pharmacists provide safe and effective care to clients. To administer drugs in B.C., pharmacists must follow the College's [Standards, Limits and Conditions for Immunization for Drug Administration](#) and have the knowledge, skills and abilities to do so safely and effectively.

Science

The British Columbia Communicable Disease Policy Committee and the Immunization Scientific Policy Advisory Committee reviews the **science** of communicable disease prevention and control, and immunization, and makes recommendations to the Minister of Health.

Programming

The Provincial Immunization Coordination Committee (PICC) analyzes **immunization program issues**, such as feasibility and acceptability. The previous immunization committee, BC Immunization Committee (BCIC), created the [Immunize BC – A Strategic Framework for Immunization in B.C.](#) (the framework) in 2007 to reduce vaccine-preventable communicable diseases and the associated impacts of disease, disability and death. The framework supports the [National Immunization Strategy](#).

By providing vaccines, pharmacists support the framework by:

- Improving public access to immunizations
- Ensuring B.C. has enough trained providers
- Promoting immunization to the public

Strategy and stewardship

The Ministry of Health sets strategic direction and provides stewardship for the health system, including immunization.

The [provincial health officer](#) and each health authority's team of medical health officers, led by a chief medical health officer, look after public health and population health initiatives. For immunization initiatives at the health authority level, such as managing a local communicable disease outbreak, pharmacists may get direction from Medical Health Officers.

Clinical guidelines

The [BC Centre for Disease Control \(BCCDC\)](#) is a program under the [Provincial Health Services Authority \(PHSA\)](#).

BCCDC publishes the [BC Immunization Manual](#). The manual is the definitive clinical guidance for B.C. health professionals, including pharmacists.

The manual includes information on:

- Vaccine products
- Vaccine scheduling
- Vaccine preparation
- Cold chain management
- Client assessment
- Multiple immunizations
- Vaccination supplies
- Injection sites
- Client observation
- Managing pain and anxiety
- Managing fever and pain
- Documentation—including adverse events following immunization (AEFIs)

Pharmacists are strongly advised to regularly review all relevant parts of the BC Immunization Manual.

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

Pharmacists should subscribe to BCCDC's [Admin Circulars](#), which contain updates to the manual. To subscribe, submit your e-mail address in the "Get e-mail updates" box on the [Admin Circulars web page](#).

Other organizations

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

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

The **BC Pharmacy Association (BCPhA)** provides information to pharmacists including vaccine supply and ordering. Refer to the BCPhA's [ImmsBC & Immunization Knowledge Base](#) or email Immunizationsupport@bcpharmacy.ca for support.

- BCPhA website: [BC Pharmacy Association](#)

When provincial, federal or manufacturer guidelines differ

Provincial policies regarding indications, eligibility, and other aspects of publicly-funded vaccine use in B.C. may differ from policies of 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 the Compendium of Pharmaceuticals and Specialties (CPS).

In the case of differences, **provincial policy prevails** as described in the current online version of the [BC Immunization Manual](#).

Pharmacists can consult local health unit staff if they have questions about policy differences.

Indigenous cultural safety, humility, and anti-racism in immunization practice

Immunization systems and services, as with all other health services, are affected by the longstanding issues of racism and discrimination described in the [In Plain Sight Report](#). The principles outlined in the College of Pharmacists of BC [HPA Bylaws Section F Part 7 – Indigenous Cultural Safety, Cultural Humility, and Anti-Racism](#) are foundational and essential to providing safe and professional immunization services.

Information on professional development in this area can be found on the [College of Pharmacists website](#). Further, BCCDC has incorporated public health and immunization-specific cultural safety and humility content into their [Immunization Communication Course](#) located on the learning hub. Pharmacists are encouraged to identify and address their professional development needs in this area in alignment with the practice standard.

How vaccines are funded

In B.C., residents 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 explain the publicly funded vaccine options to clients before discussing private vaccine options.

Public funding

B.C. residents who meet eligibility criteria set by the Ministry of Health with recommendations from the provincial immunization and public health experts as listed in the BCCDC Immunization manual can receive specific immunizations at no cost, including routine vaccinations for children and adults, annual influenza vaccinations and vaccines to manage communicable disease outbreaks, through publicly funded immunization programs.

Publicly funded vaccines are available through public health units, primary care providers and pharmacists that public health has designated as community vaccine providers.

Under provincial direction, publicly funded vaccines are sometimes available through pharmacy wholesalers during immunization campaigns, specifically influenza vaccines.

Private funding

B.C. residents may purchase a variety of vaccines and pay to have these vaccines provided by a health-care provider, including an authorized pharmacist. Some of these vaccines require a prescription, but most do not.

Some private drug plans cover vaccine costs.

Fees for pharmacists

BC PharmaCare pays pharmacists fees for administering publicly funded vaccines and some privately funded vaccines to eligible B.C. residents. Pharmacists can refer non-residents to a [local health unit](#), who can determine if they can be vaccinated at no cost.

Relevant PharmaCare policy is outlined in [Section 8.10—Pharmacist Administration of Drugs and Vaccines](#) of the PharmaCare Policy Manual. Claims procedures and product PINs are on the PharmaCare web page [Publicly funded vaccines](#).

Client eligibility

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.

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

Non-B.C. residents

PharmaCare does not pay pharmacists a fee to administer a publicly funded vaccine to a non-B.C. resident. Pharmacists can refer an individual to a [local health unit](#) that will determine if they may receive their vaccination at no cost.

For information on PharmaCare policy and claims procedures, review [Section 8.10—Payment for Publicly Funded Vaccination](#) of the PharmaCare Policy Manual.

Assessing client vaccination needs

When assessing an individual's immunization status, use a comprehensive approach and ensure all routine vaccines are included in an individual's immunization plan.

Each encounter with a client is an opportunity to review their current health and immunization status, to identify any unmet vaccination needs. For example, a client requesting an influenza vaccine may not be aware that they are also due for a tetanus booster.

A client's immunization status is determined by either:

- Documentation of immunization, such as an immunization record, or

- Proof of having had the disease (medical records or laboratory documentation of immune status)

Because a verbal history of immunization or disease alone may not be reliable¹, when seeking information about a client's immunization history:

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

Clients or their caregivers are responsible for keeping their own immunization records. They can check their records online at [Health Gateway](#) and can update their immunization records online in the [Provincial Immunization Registry](#).

Clients may also obtain their immunization history and records by calling the local health unit and/or the health-care provider who provided the vaccine.

Clients who cannot obtain written documentation of immunization or proof of having had the disease should be offered immunizations in accordance with the BC Immunization Schedules, as per [Part 1 - Immunization Schedules](#) of the Communicable Disease Control Manual.

In specific situations, serology testing to determine immunity status may be appropriate, in which case clients should be referred to a health-care provider.

Clients requiring multiple vaccinations

If more than one publicly funded vaccine is indicated, whenever possible, the vaccines should be administered in the same visit, preferably by the same health-care provider.

Special populations and complex cases

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

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

Please review the BC Immunization Manual [Part 2: Immunization of Special Populations](#) for more information on these populations.

¹ The exception is varicella. A verbal report of varicella disease history may be considered adequate in some situations as per the BC Immunization Manual, [Part 4 - Biological Products, Varicella Vaccine](#).

If unable to provide vaccine administration for an eligible B.C. resident

Sometimes a pharmacy is unable to fulfill a request for a publicly funded vaccine. For example, there may be no pharmacist authorized to administer vaccinations available, or the pharmacy does not have a supply of the vaccine on hand.

In these cases, it is the responsibility of the pharmacy and pharmacy staff to ensure the client is provided with information on other options where they can receive their publicly funded vaccination (e.g., another local pharmacy, a health unit, or another health-care provider).

When referring a client to another provider, please encourage them to call ahead to confirm vaccine and provider availability.

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 Immunization](#).

The BC Immunization Manual [Appendix A —Informed Consent](#) provides guidance on how to **document** informed consent.

The BCCDC's [informed consent videos](#) show how to obtain consent, in a variety of different situations.

A copy of the appropriate HealthLinkBC Files on vaccines should be provided to each client as part of the consent process. HealthLinkBC Files on vaccines are updated frequently and are searchable from the HealthLinkBC homepage at www.healthlinkbc.ca

Whether a prescription is needed

No prescription

A pharmacist can sell a vaccine to a client **without** a prescription if the vaccine is a Schedule II product. Schedule II products are:

- Listed as such in the [provincial drug schedules](#)

- Recommended by a reputable provincial, national, or international organization, e.g., [Public Health Agency of Canada](#), [National Advisory Committee on Immunization](#), [BC Centre for Disease Control](#)
- Included in a B.C. publicly funded immunization program, such as influenza
- Made available for special public access, due to an outbreak or a time-sensitive campaign, e.g., hepatitis A post-exposure prophylaxis

A pharmacist certified to administer a drug may administer any Schedule II vaccine, without sending the client to a prescriber for a prescription. They must use their knowledge, skills and abilities to decide whether the client is eligible.

If a pharmacist does not have injection authority, but does have the knowledge, skills and abilities to decide that a client is eligible to receive a Schedule II vaccine, they may sell the vaccine to the client for injection by an authorized health-care provider.

Pharmacists should document their rationale if they make the professional decision to either sell or dispense and inject a vaccine.

Pharmacists need special authorization from the Public Health Agency of Canada to provide Yellow Fever vaccinations.

Prescription required

Schedule I vaccines require a prescription from an authorized prescriber to be dispensed to a member of the public. Schedule I vaccines are:

- Listed in Schedule I of the [provincial drug schedules](#)
- Not listed as recommended by any provincial, national, or international organization, and
- Not part of a publicly funded vaccine program in B.C.

Pharmacist authorized to administer drugs can administer Schedule I vaccines.

Vaccine supplies – order, pickup, returns

Order and pick-up

Supplies of publicly funded vaccines are available through each health authority's local health units or from pharmacy distributors.

Publicly funded vaccines from pharmacy distributors e.g., influenza and COVID-19 vaccines

Certain publicly funded vaccines may be ordered through pharmacy distributors e.g., influenza and COVID-19 vaccines. For instructions on specific vaccine ordering from distributors, pharmacies are to refer to the most up to date information in the [Pharmacy Immunization Guidance](#) on the BCPHA's [ImmsBC and Immunization Knowledge Base](#).

Publicly funded vaccines from local health units

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

All community vaccine providers, including pharmacists, are encouraged to introduce themselves to their local health unit. In some health authorities, they may be required to register with the local health unit.

Pharmacists should familiarize themselves with how both the health authority and local health unit communicate information about vaccine ordering and pick-up procedures. Some health authorities communicate through their website, while others communicate directly by fax or email.

Pharmacists should place orders for publicly funded vaccines only through the [appropriate local health unit](#). Orders placed at multiple locations will not be filled.

Pharmacists are asked to place orders using the **generic name only** and not the brand name. Depending on the local health unit's 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 the potential for vaccine wastage, pharmacists should order an appropriate supply based on what they anticipate will be needed for eligible B.C. residents.

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

Pick-up procedures may vary depending on the vaccine as well as the health authority.

Ordered vaccines can usually be picked up from a local health unit in person, or by a pharmacy representative. The health unit staff may ask them to complete paperwork at the time of pick-up, so pharmacists should budget a half-hour for the initial visit.

Vaccine returns

Except for influenza and COVID-19 vaccines, all expired and unused publicly funded vaccines should be returned to the local health unit where they were obtained.

Please order only as many doses as you expect to administer and re-order if necessary. Unused vaccine will end up as wastage—local health units cannot re-use vaccines that have been distributed to any community provider, including pharmacists.

Influenza and COVID-19 vaccine returns

Publicly funded influenza and COVID-19 vaccines are typically not returned to public health or pharmacy distributors, unless specifically requested by health units.

These vaccines are to be disposed locally through a pharmacy's existing commercial biomedical waste process. A thorough inventory, including of partial vials, must be conducted, and inventory waste must be recorded in the ImmsBC system.

Cold chain management

To maintain their potency and stability, vaccines must be kept at a temperature between +2°C to +8°C at all times.

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](#)

When vaccines are picked up in person, the pharmacy representative 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

Review the BCCDC's [Packing an Insulated Cooler](#)

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

At the pharmacy

The refrigerator used to store vaccine in the pharmacy should have a device to monitor both the current temperature and the minimum/maximum daily temperatures. Fridge temperatures should be recorded twice daily.²

Vaccine storage resources:

- [BCCDC - How to store vaccine in the refrigerator](#)
- [BCCDC - Vaccine storage and handling](#)
- [PHSA - BCCDC - Vaccine Storage and Handling course](#)

Cold chain incidents

A cold chain incident (CCI) is when the temperature of a vaccine falls outside the safe range. CCIs are usually the result of refrigeration equipment malfunctions or power outages.

Refer to the BCCDC guidelines for [dealing with equipment malfunctions and power failures](#) for procedure details.

Reporting cold chain incidents

For any cold chain incident, a [BCCDC's Cold Chain Incident Form \(PDF\)](#) must be completed and faxed to the [local health unit](#).

For the full reporting procedure on cold chain incidents (CCI), refer to [Pharmacy Immunization Guidance](#) on the BCPhA's [ImmsBC and Immunization Knowledge Base](#).

The flow chart [Cold chain incident process for publicly funded influenza and COVID-19 vaccines: Pharmacy distributors and pharmacies](#) shows who is responsible for resolving a COVID-19 or influenza vaccine CCI, whether it occurs at the distributor, during transit, or in the pharmacy's possession.

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

“Borrowing” vaccines from other community 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. Pharmacists are discouraged from: borrowing from or lending publicly funded vaccines to community providers, and using vaccines purchased privately for immunization within the publicly-funded vaccination program.

In certain circumstances (e.g., outbreaks or time-sensitive situations), pharmacies may use private vaccine stock to prevent delays in client immunization and replace it with publicly funded supply.

Please refer any community vaccine providers asking for vaccine supplies at the pharmacy to their local health unit to obtain vaccines.

Administering the vaccine—standard precautions

WorkSafeBC requirements

According to WorkSafeBC, any health-care provider performing a procedure to treat or care for clients 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 [OHS Regulation Part 6: Substance Specific Requirements](#)

For more information on needle types and sizes please 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](#).

Adverse events following immunization (AEFI)

The BCCDC defines an adverse event following immunization (AEFI) as an untoward event temporally associated with immunization that may or may not have been caused by the vaccine or immunization process. Refer to the [BC Immunization Manual Part 5 – Adverse Events Following Immunization](#) 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.

AEFIs associated with all vaccines are reported to the [local health unit](#) or as specified by BCCDC's [AEFI reporting map](#). The local health unit collates these reports and moves them through a specific AEFI reporting process. Part of this process involves the pharmacist following up with a client and the client's family physician post-AEFI.

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. Visit [Adverse Drugs Events in PharmaNet](#) for details.

Anaphylactic reactions

Pharmacists must adhere to the standards for managing potential anaphylactic reactions to vaccinations as set forth in the [College of Pharmacists of BC's Standards, Limits and Conditions for Immunization](#).

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](#).

Documenting a vaccination

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

For clinical and billing purposes, pharmacists are required to create a record in PharmaNet of each vaccine administered, except for publicly funded influenza and COVID-19 vaccines.

For publicly funded influenza and COVID-19 vaccines, records are entered in ImmsBC; PharmaNet data entry is not required. ImmsBC entry will result in payment to pharmacies by PharmaCare.

When vaccine records are entered in ImmsBC, the information will not be visible in PharmaNet, nor in the client's PharmaNet dispense history. The client's immunization history can be viewed in [CareConnect](#), which includes all records from the Provincial Immunization Registry (PIR).

Provide client with a record

Pharmacists are expected to provide clients with a record of immunization when administering any vaccines including publicly funded vaccines. A sample immunization record is available on the HealthLinkBC [Immunization records](#) web page.

Pharmacists are also expected to maintain an up-to-date record of all vaccines administered to any client on their PharmaNet profile. Note that for billing purposes, pharmacists are also required to create a record in PharmaNet of each vaccine administered from the public supply (refer to the [in-pharmacy and PharmaNet records](#) section, below).

Recordkeeping

Documentation requirements may vary by health authority and vaccine.

Pharmacists may or may not be required to provide paper records to the local health unit, depending on the data system used by their health authority. 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 the Provincial Immunization Registry (PIR) through Panorama.

Specific documentation instructions and forms are provided by the health authority or [local health unit](#) at the time of vaccine pick-up. Some health authorities also provide online information for pharmacists or community vaccine providers.

In-pharmacy and PharmaNet records

Pharmacists are required to create a record in PharmaNet of each vaccine administered from the public supply when submitting a vaccine administration fee claim.

Pharmacists must also retain supporting immunization documentation as outlined in CPBC's [Standards, Limits and Conditions for Immunization](#) and for claims, [Section 8.10](#) of the PharmaCare Policy Manual.

Recording vaccine lot numbers is mandatory as per [Section 8.10](#) of the PharmaCare Policy Manual, CPBC's [Standards, Limits and Conditions for Immunization](#), and [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). It is recommended pharmacists enter the lot number in the SIG field in the local dispensary software system.

Electronic and/or hard copy records must be retained and accessible on-site at the pharmacy for three years from the last date of service delivery as required by PharmaCare for audit purposes, and the CPBC for audit and standards of practice purposes. Refer to [section 14](#) of the Pharmaceutical Services Act for more information.

The “IM” intervention code

For any vaccine product that pharmacies dispense but will not be injected at the same location, pharmacists must include the “IM” (Immunization not administered in pharmacy) intervention code, so that these records will be excluded from the PharmaNet to PIR data feed. For example, a vaccine injected by a doctor at their clinic.

The “IM” intervention code is only used when the vaccine is taken elsewhere for injection (not injected at the pharmacy). When the intervention code is not used, it is assumed that the one transaction pharmacies send represents both the dispense and the injection.

The code does not apply when the same pharmacist dispenses the product and administers it at a different location or time. In such cases, pharmacists should follow the existing process for submitting immunization records on PharmaNet and ensure the date of service is correct.

For a complete list of PharmaNet intervention codes and when to use them, please refer to the [PharmaCare Policy Manual, Appendix B – Intervention Codes](#).

Special immunization programs and managing outbreaks

Public health will sometimes need to undertake special one-time or time-limited public immunization programs and pharmacists may be asked to participate.

Information on special immunization programs with pharmacist involvement is made available on the PharmaCare web page [Publicly funded vaccines](#).

Outbreak management

When cases of a communicable disease occur more often than expected at a particular time and place, public health officials may initiate an outbreak management initiative to contain the spread.

Pharmacists may be asked to participate in a local, regional, or province wide outbreak management initiative. They will be notified and get instructions from public health officials in their local health authority and/or from the [Provincial Health Officer](#).

Information about active outbreak initiatives are published on the PharmaCare [Publicly funded vaccines](#) web page.

Coordinating vaccination clinics with local health units

Local health units, like pharmacies, offer vaccination services to the public through drop-in services, by appointment at the health unit, and through specially organized clinics.

Pharmacies are encouraged to coordinate their pharmacy-based clinics with those organized by [local health units](#). This helps the local health unit manage vaccine supply, and means clinics aren't held at the same time, which means more times and options for the public to get vaccinations.

Resources

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

Relevant PharmaCare policy is outlined in [Section 8.10—Pharmacist Administration of Drugs and Vaccines](#) of the PharmaCare Policy Manual. Claims procedures and product PINs are on the PharmaCare web page [Publicly funded vaccines](#).

HealthLinkBC provides health information for the public and includes information on vaccines, immunization schedules, after care, and vaccine preventable diseases.

HealthLinkBC files are available on vaccines and can be used to obtain informed consent during immunization appointments.

- [HealthlinkBC.ca](https://www.healthlinkbc.ca)

The [BCCDC](https://www.bccdc.ca) provides up-to-date direction and information about communicable diseases and immunizations for the province of B.C.

- [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 and the [Canadian Immunization Guide](#).

The [BC Pharmacy Association](#) provides general support to community pharmacists on vaccine guidance, logistics and operations, including the ImmsBC system processes. See the BCPhA's [ImmsBC & Immunization Knowledge Base](#) (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.