

# Pharmacists and Publicly Funded Vaccines in B.C.

## *General Information*

### **Pharmacists and Immunization Working Group (PIWG):**

College of Pharmacists of British Columbia (CPBC)

BC Centre for Disease Control (BCCDC)

BC Pharmacy Association

Vancouver Coastal Health Authority

Fraser Health Authority

Vancouver Island Health Authority

Interior Health Authority

Northern Health Authority

BC Ministry of Health



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## 1. Preamble

This document has been prepared by the members of the Pharmacist and Immunization Working Group (PIWG), a working group of the British Columbia Immunization Committee (BCIC), to provide authorized pharmacists with timely and convenient access to general information for accessing and administering publicly funded vaccine 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, each regional health authority, First Nations Health Authority, and the BC Ministry of Health.

For information on PharmaCare policy and claims procedures on the payment of publicly funded vaccine administration please see [Section 8.10—Payment for Publicly Funded Vaccinations](#) in the PharmaCare Policy Manual.

## 2. Overview

### Pharmacist Authorization to Administer Vaccines in British Columbia

Since 2009, pharmacists have been granted the authority to administer subcutaneous, intra-dermal and intra-muscular injections for immunization and for the treatment of anaphylaxis to residents 5 years of age and older in British Columbia. Since 2015, pharmacists have the authority to also administer immunizations by intranasal route to children 2 years 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 immunizations in B.C. must follow the [Standards, Limits and Conditions for Immunization](#) 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 British Columbians by continuing to reduce the incidence of vaccine-preventable communicable diseases and the associated impact of disease, disability, and death. Having pharmacists able 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

The British Columbia Immunization Committee (BCIC) oversees implementation of the Framework. The Pharmacist and Immunization Working Group (PIWG) is responsible for maximizing the involvement of pharmacists in public vaccination programs.

## Authority within the Public Health System

The Province of British Columbia 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 an agency 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 using specific publicly funded vaccines.

## Criteria for pharmacist access to publicly funded vaccines

Pharmacists authorized to administer immunizations are able to receive and administer certain vaccines from the public supply in specific situations. For the criteria for each vaccine, please refer to the BC Immunization Manual [Part 4 – Biological Products](#).

## Public and Private Funding of Vaccines

In British Columbia, citizens can receive immunization services in two general ways: through a publicly funded program or through private purchase.

### *Public Funding*

B.C. residents who meet the eligibility criteria 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 officials as community vaccine providers.

### *Private Funding*

Other 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 administered by a health care professional including an authorized pharmacist. Vaccine costs, including administration supplies and services, are paid for by individuals (out of pocket). Selected private drug plans may also cover vaccine costs.

Patients who do not meet the BCCDC criteria for publicly funded vaccines may obtain them through private purchase. Patients may also purchase vaccines that are not part of a publicly funded program or initiative; for example, patients may wish to purchase cholera or typhoid vaccines before travelling to other parts of the world.

## 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 preventive vaccination that is listed as recommended by any 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.<sup>1</sup>

A pharmacist authorized to administer injections can administer a Schedule II vaccine to a patient at any time.

Please refer to page 6 of the College of Pharmacists of BC [ReadLinks Jun/July/Aug 2012 Newsletter](#) 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.

## **3. Once the prescription is dispensed, a pharmacist authorized to administer injections can administer a Schedule I vaccine to a patient.**

### **General Procedures**

#### Pre-administration procedures

##### *Obtaining definitive vaccine information*

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

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<sup>1</sup> Important Update on Schedule II Vaccines. College of Pharmacists of British Columbia e-bulletin October 29<sup>th</sup>, 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 injections
- 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 Provincial (B.C.) and Federal Vaccine Guidelines*

Provincial policies regarding indications, eligibility criteria and other aspects of publicly-funded 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 prevails as described in the most current online version of the [BC Immunization Manual](#).

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 when working with vaccines.

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.

Immunizing pharmacists should subscribe to the Admin Circulars Newsletter to receive e-mail notification of updates and additions. To register, submit your e-mail address in the “Get e-mail updates” box on the Admin Circulars 2017 web page.

### *Establishing contact with local health units*

Supplies of publicly funded vaccines are available through each health authority’s local health units.

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*

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 e-mail) with community 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 plan to 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, like pharmacies, offer vaccination services to the public in several ways including via drop-in services, by appointment at the health unit and through specially organized clinics.

In order to maximize vaccine access and avoid duplication, pharmacies are encouraged to coordinate their pharmacy-based clinics with those organized by [local health units](#). This coordination helps the local health unit manage vaccine supply issues, avoids clinic scheduling conflicts and increases the vaccination clinic times and options available to the public.

### *Ordering vaccines*

Pharmacists authorized to administer immunizations 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 for vaccines 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 prior to providing this service.

Pharmacists are also encouraged to contact their local health units in advance of placing orders for publicly funded vaccines to determine whether there will be a delay between the time of ordering and the receipt of the vaccine.

In order to reduce vaccine wastage, pharmacists should be mindful of ordering an appropriate supply of publicly funded vaccine based on what they anticipate will be needed for eligible B.C. residents.

### *Picking up and transporting the vaccine*

Vaccines that have been ordered 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 some paperwork at the time of pick-up so a half hour should be budgeted for this initial visit.

### *Maintaining the cold chain*

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](#), which has adopted the 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 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

See the BCCDC's instructions "[Packing an insulated cooler](#)" for details.

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

### *Storing the vaccine*

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

### *Reporting a cold chain failure*

In the event of a cold chain failure, a [BCCDC's Cold Chain Incident Form](#) needs to be completed and faxed to the [local health unit](#).

### *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 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](#).

### *"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. Pharmacists are discouraged from borrowing or lending publicly funded vaccines, or using vaccines purchased privately for immunization within a public vaccination program. Please refer any community vaccine providers asking for vaccine supplies at the pharmacy to their local health unit to obtain 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.

Fees for administering publicly funded vaccines are paid only to authorized pharmacists providing vaccinations by injection 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 BC Centre for Disease Control (BCCDC).

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 their vaccination at no cost.

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

### *Assessing patient 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 patient is an opportunity to review the current health and immunization status of the patient to identify any unmet vaccination needs. For example, a patient requesting a flu shot may not be aware that he or she is also 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 reliable<sup>2</sup>, 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.

There is no central registry of all immunizations provided to all residents in B.C. Ultimately, patients or their caregivers are responsible for keeping their own records.

Patients who do not have a complete record of their immunizations may obtain their immunization history and records by calling the local health unit and/or the immunizing physician's office where they were immunized.

### *When immunization records cannot be obtained<sup>3</sup>*

According to the guidelines in [Part 1 - Immunization Schedules](#) of the Communicable Disease Control Manual, patients who cannot obtain written documentation of immunization or proof of having had the disease should be offered immunizations in accordance with the timetables set forth in the BC Immunization Schedules.

In some cases, serology testing to determine immunity status may be appropriate in which case patients should be referred to a physician.

### *When patients require 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 care provider.

### *Referring patients to other vaccination 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/boosters in the community pharmacy setting.

<sup>2</sup> The exception is varicella. A verbal report of varicella disease history is a highly reliable indicator of immunity.

<sup>3</sup> Adapted as per Part 1 of the BC Immunization Manual.

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 more 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 asks to receive 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 other options where they can receive their publicly funded vaccination (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 Immunization](#). 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 the process for obtaining consent for a vaccine series in a variety of different situations.

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 homepage at [www.healthlinkbc.ca](http://www.healthlinkbc.ca)

### *Administering the vaccine—standard precautions*

When administering any biological products, pharmacists must follow the standard precautions set forth in the [College of Pharmacists of BC's Standards, Limits and Conditions for Immunization](#). 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 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 more 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 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.

AEFIs associated with publicly funded 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 patient and the patient'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.

## **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 Immunization](#).

### *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.

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

### *Providing local health units with vaccination records*

Pharmacists are expected to provide documentation records of publicly funded vaccinations to the local health unit to ensure accurate and complete public health record-keeping, particularly for children under the age 19. Specific documentation requirements may vary by health authority and vaccine. 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 specifically for pharmacists or community vaccine providers.

Reporting vaccine administration as part of publicly funded school-based programs is expected. Documentation requirements may vary by health authority and vaccine. Please contact your local health unit for details.

### *Maintaining in-pharmacy records of vaccination administration activities*

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

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

Recording of vaccine lot numbers is also mandatory as per [Section 8.10](#) of the PharmaCare Policy Manual, the College of Pharmacists of BC [Standards, Limits and Conditions for Immunization](#), 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). 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 three 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 for each publicly funded vaccine that a B.C. pharmacist administers by injection to an eligible B.C. resident.

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

See also the list of [Vaccine Product Identification Numbers \(PINs\)](#) to be used when submitting a claim for a vaccine eligible for the injection administration fee.

## **Vaccine returns**

Expired and unused publicly funded vaccines should be returned to the local health unit from which they were obtained. Please note, at this time, 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.

Please note that procedures for returning unused and expired **influenza vaccines** are different than the return procedures for other vaccines. Unused seasonal influenza vaccine is usually “harvested” in May after the provincial flu campaign has ended. Health units notify pharmacies through fax or website updates of the procedures for returning unused/expired publicly funded influenza vaccine to them. All expired and unused publicly funded influenza vaccine should be returned to the local health unit from which it was obtained.

## 4. Special Immunization Programs

When needed, public health will undertake special, 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 prepared and made available for pharmacists.

### *Information on current special immunization programs*

Information on special immunization programs with pharmacist involvement underway in B.C. will be made 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 province-wide outbreak management initiative.

In an outbreak management situation, pharmacists will be notified, will receive information and will 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.

### *Current outbreak management initiatives*

Information on current outbreak initiatives will be made 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 British Columbians. As new vaccines become available in B.C., public health experts determine their place in public health programs.

Similarly, the Pharmacist and Immunization Working Group (PIWG) regularly reviews vaccines and vaccine services available within the public health program. From this review, the 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](#) (an agency of the [BC 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](#)

**B.C. Pharmacy Organizations** provide information about pharmacist authorization to administer vaccinations.

- [BC Pharmacy Association](#)
- [College of Pharmacists of BC](#)

## 8. Where to Get More Information

If more information is needed, 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 procedural and supply questions.