



BC Centre for Disease Control

An agency of the Provincial Health Services Authority

Communicable Diseases & Immunization Service
655 West 12th Avenue
Vancouver, BC V5Z 4R4

Tel 604.707.2548
Fax 604.707.2515

www.bccdc.ca

Communicable Disease Control Manual

Chapter 2: Immunization

Introduction

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1. Introduction

The authority for the Immunization Program is provided by the Public Health Act (2008). Under this Act, health authorities are required to ensure the provision of immunization programs designed to reduce or eliminate vaccine preventable diseases in British Columbia. The Ministry of Health provides budgetary support for immunization programs and services. Recommended programs are based on an extensive consultative process led by the Communicable Diseases and Immunization Service (CDIS), British Columbia Centre for Disease Control (BCCDC).

The British Columbia Communicable Disease Policy Committee (CD Policy) reviews the science associated with communicable disease prevention and control, and makes recommendations to the Minister and the Ministry of Health on matters pertaining to communicable disease control.

The British Columbia Immunization Committee (BCIC) is a subcommittee of CD Policy. BCIC analyzes the programmatic issues (e.g., feasibility and acceptability) associated with implementation of a new or revised vaccine program. In 2007, BCIC developed [Immunize BC—A Strategic Framework for Immunization in BC](#) to guide and support health authorities and health system partners to deliver optimal immunization services across British Columbia.

The scientific evidence and recommendations gathered by CDIS, CD Policy, BCIC, and the Ministry of Health are incorporated into the BCCDC Communicable Disease Control Manual.

The [BC Communicable Disease Control Manual, Chapter 2: Immunization](#) (BC Immunization Manual) provides best practice guidelines to direct the provision of immunization services. Parts 1 to 5 of the BC Immunization Manual include specific guidelines related to clinical decision making about the provision of vaccines. The appendices are additional reference materials that support evidence-based best practice.

The BC Immunization Manual is updated regularly. It is the responsibility of BC Immunization Manual users to ensure they are using the most current version of the manual. This can be accomplished by checking the online version of the BC Immunization Manual or the list of [Administrative Circulars](#) for the list of recent revisions to the BC Immunization Manual.

The [Canadian Immunization Guide](#) is the key reference for the Immunization Program and can be used by immunization providers for additional background information when necessary. Recommendations in the Canadian Immunization Guide are made by the National Advisory Committee for Immunization (NACI).

The guidelines in the BC Immunization Manual are in accordance with current provincial legislation as specified in the following Acts: Freedom of Information and Protection of Privacy; BC Public Health Act, Communicable Disease Regulations; Adult Guardianship Act; Infant and Child Act; School Act and School Act Ministerial Orders; Health Care (Consent) and Care Facility (Admission) Act.

1.1 Immunization Practice and the Health Professions Act

The administration of medications, including vaccines, has been identified as a restricted activity under the Health Professions Act. Health Care Providers must follow their respective regulatory college's requirement regarding immunization practice, including adherence to any standards, limits and conditions set out by their college. This may include completion of appropriate education and/or use of the BC Immunization Manual as a decision support tool.

1.2 Registered Nurses

The Nurses (Registered) and Nurse Practitioners Regulation permits registered nurses to compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease. This authority is subject to standards, limits and conditions established by the British Columbia College of Nursing Professionals (BCCNP).

BCCNP limits and conditions require registered nurses who autonomously compound, dispense or administer immunoprophylactic agents identified by the BCCDC to possess the competencies established by the BCCDC and follow its decision support tools (DST). These DST are set out in the BC Immunization Manual Parts 1 to 5.

2. Immunization Provider Responsibilities

2.1 Health Authority Responsibility

Health Authorities are responsible for the planning, delivery and evaluation of preventative health services, including immunization. The provision of routine immunization programs and targeted immunization programs is an essential or "core" program that is delivered in each region of the province.

Health Authorities collaborate with BCCDC in carrying out vaccine management, surveillance, and evaluation.

Health Authorities will:

- Develop strategic plans to attain and maintain the provincial goals and objectives delineated in [Immunize BC—A Strategic Framework for Immunization](#).
- Provide immunization against vaccine preventable diseases of a serious health consequence to targeted high-risk populations.
- Facilitate immunization program delivery by trained service providers who follow the BCCDC Immunization guidelines.
- Investigate incidents where BCCDC standards of practice are not followed.
- Have an Immunization Competency Program in place for their public health staff.
- Maintain a record in Panorama or alternate system of persons immunized in the community.
- Provide an individual immunization record to the client.
- Submit reports of adverse events following immunization to BCCDC. This includes reports received from community vaccine providers.
- Submit reports to BCCDC for assessment of immunization coverage.

- Supply provincially funded vaccines to community vaccine providers who manage, monitor, report, and deliver safe and effective immunization services.

2.2 Community Vaccine Providers

Community vaccine providers include physicians, pharmacists, midwives, naturopathic physicians, Indigenous communities and travel clinics where publicly funded vaccines are administered.

Community vaccine providers will:

- Follow the BCCDC immunization guidelines.
- Ensure that vaccine maintains potency (optimal transportation, storage, handling, and conservation), and report in a timely manner to the local health unit any cold chain incidents.
- Report in a timely manner to the local health unit regarding persons immunized.
- Report adverse events following any immunization to the local health unit. Refer to the following for more information regarding reporting adverse events:
 - [Part 5 – Adverse Events Following Immunization](#) for more information regarding the definition/criteria, the cause/significance, the management, and the implications of adverse events and temporal criteria.
 - [Adverse Event Following Immunization \(AEFI\) Case Report Form](#) for a copy of the reporting form to be printed and completed.

3. Immunization Competency

The purpose of the BCCDC Immunization Competency Program is to assist all health professionals who provide immunization to be knowledgeable vaccine providers, educators, and advocates for immunization. A vaccine provider should demonstrate the attitudes, knowledge, and clinical skills necessary to provide safe and effective immunization programs. BCCDC has developed an online [Immunization Competency Course](#) that is available to Registered Nurses, Registered Psychiatric Nurses, Licensed Practical Nurses, Pharmacists and other immunization providers. Course content is based on the [Immunization Competencies for BC Health Professionals](#).

The resource “Immunization Competencies for BC Health Professionals” was adapted from the 2008 national [Immunization Competencies for Health Professionals](#) document published by the Public Health Agency of Canada.

The online course includes a Basic Competency exam for all providers, and a Renewal of Competency exam developed by and for public health nurses working in the Health Authorities and in Indigenous communities.

4. Opportunity for Immunization in All Health Care Settings

The best way to reduce vaccine preventable diseases is to have a highly immune population. Immunization programs in Canada have been very successful in decreasing the incidence of communicable diseases. Challenges remain, particularly in the areas of *missed opportunities for immunization* and improving immunization rates for subgroups of Canadians who are not being fully immunized.

A *missed opportunity for immunization* is a health care encounter in which a person is eligible to receive a vaccination but is not vaccinated or is incompletely vaccinated. Missed opportunities occur in all health care settings. Missed opportunities for immunization occur during adult and childhood visits to a health care provider and are just as likely to occur whether the visit is related to acute illness or chronic illness.

A significant portion of Canadian adults (≥ 18 years of age) are vulnerable to vaccine preventable diseases. In addition to the routine vaccines recommended for all individuals, there are also vaccines recommended for individuals with different risk factors arising from occupation, underlying illness, lifestyle, and age. Both adults and children may live in situations that make accessing immunizations at health units or physician's offices difficult.

Individuals may be seen in a variety of health care settings (e.g., emergency departments, hospital wards, walk-in clinics, physician offices, outpatient clinics, or specialized clinics). For patients without regular sources of care or those followed in specialized clinics, the only opportunities for immunization may be during visits to these settings. For example, chronic kidney disease clients are seen regularly at their renal clinic and it is recommended that they receive all recommended vaccines, including hepatitis B vaccine. Taking an immunization history from those seen in emergency or admitted to hospital provides an important opportunity to maintain up-to-date immunization for all patients.

At each hospital admission, the vaccination record should be reviewed and, before discharge from the hospital, all patients should receive the vaccines for which they are eligible based on age, health status, or lifestyle risk factors. If vaccines are not available at the health care setting, the client should be referred to the health unit or their immunization provider for immunization follow up.

Immunizations frequently indicated in the hospital setting include:

- Routine immunization of infants in level 2 and 3 special care nurseries
- Routine immunization of long stay pediatric patients in pediatric units
- Td vaccine for individuals eligible for a booster dose of tetanus-diphtheria-containing vaccine
- Influenza vaccine for all eligible individuals (e.g., those ≥ 65 years of age, those 6-59 months of age, those with chronic health conditions, pregnant women in any stage of pregnancy during the influenza season)
- Pneumococcal polysaccharide vaccine for unvaccinated patients ≥ 65 years of age and those with chronic health problems for which immunization is recommended
- MMR vaccine for postpartum women who are susceptible to rubella
- Varicella vaccine for postpartum women who are susceptible to varicella.

Residents of residential care facilities should receive all routine immunizations appropriate for their age and individual risk status. Annual influenza immunization is essential. All residents of residential care facilities are eligible for pneumococcal polysaccharide immunization. Every resident should be assessed for prior pneumococcal immunization at time of admission. Those residents who have not received pneumococcal vaccine or who are eligible for a single booster dose should be immunized as soon as possible.

In both acute-care and residential care settings, it is important that immunization planning be part of organized care plans within each department, with clear accountability for program planning, implementation, and evaluation.

The [National Guidelines for Immunization Practices](#), developed by NACI, are intended to support optimal implementation of immunization programs in order to address ongoing challenges with immunization.

5. Immunization Services for Out of Province Residents

5.1 Honouring Immunization Schedules for Canadian Travelers in BC

Standard practice for immunization of Canadian travelers within Canada has been defined by the Canadian Immunization Committee Operational Policy Statement – Honouring Immunization Schedules for Canadian Travelers within Canada (July, 2013).

Out-of-province visitors may present to health care providers in BC in one of two ways:

5.1.1 Post-exposure Prophylaxis

Vaccines and immune globulin should be provided as outlined in the Communicable Disease Control Manual and the Immunization Manual. In such situations, the health authority initiating prophylaxis in BC should coordinate through BCCDC, who will inform the home province/territory to arrange for completion of vaccine provision upon return. Documentation containing standard parameters of vaccine doses given should be provided to the client, as well as sent to the client's home province/territory if known, to alert them to the need for further services.

5.1.2 Routine Immunization Series

Health units will provide immunization services according to the BC Immunization Schedule. If vaccines are provided in British Columbia as part of a series, and will not be available as part of the publicly funded program in the home province/territory, the client should be made aware of the option to either refuse a first dose in BC or to purchase the remaining doses in the series upon their return to the jurisdiction of origin. There is no obligation for BC immunizers to provide vaccines that are publicly funded in the jurisdiction of origin but not in BC.

It is important to provide information about the potential risks of choosing to decline immunizations offered in British Columbia. Additionally, the lack of immunogenicity data available if the client either does not complete the remaining doses or gets doses off schedule should be reviewed. The client should be made aware that there is no responsibility for either jurisdiction to fund the cost of completing a series if it is not funded publicly in that jurisdiction.

A health care card need not be presented in public health settings, though it may be requested when assessing services from a fee-for-service provider (e.g., physician or pharmacist).

5.2 Immunization Services for Travelers from Outside of Canada

Travelers to BC from outside of Canada are generally not eligible for routine publicly funded vaccines. The exception is individuals requiring post-exposure prophylaxis, i.e., vaccine and/or immunoglobulin as outlined in the Communicable Disease Control Manual and the Immunization Manual. Documentation containing standard parameters of vaccine doses given should be provided to the client. If required, BCCDC will arrange to send the information to the client's home country through the Public Health Agency of Canada to alert them to the need for further services.

Evidence of health insurance coverage need not be presented in public health settings, though it may be requested when accessing services from a fee-for-service provider (e.g., physician or pharmacist).

5.3 Immunization Services for Elementary and Secondary Students from Outside of Canada

Foreign students enrolled in BC schools (elementary/secondary) may be immunized with vaccines for which they are age-eligible.

5.4 Other

Certain individuals, such as some holders of study and/or work permits that are valid for a period of six months or more (including post-secondary international students), may be deemed residents and are eligible for publicly-funded pre-exposure vaccines. Tourists or visitors from outside of Canada do not qualify.

6. References

British Columbia Ministry of Health (2007, February). Immunize BC—A Strategic Framework for Immunization in B.C. Available at <http://www.health.gov.bc.ca/library/publications/year/2007/immunizebc.pdf>.

British Columbia College of Nursing Professionals (2019) RN Scope of Practice. Available at https://www.bccnp.ca/Standards/RN_NP/RNScopePractice/Pages/Default.aspx.

Public Health Agency of Canada (2004). National Immunization Strategy: Final Report 2003. Available at <http://www.phac-aspc.gc.ca/publicat/nis-sni-03/index-eng.php>.