

The Alberta Outreach Immunization Program

Implementation date: October 1, 2024

Background

The Alberta Outreach Immunization Program focuses on providing immunization services to those at highest risk of severe outcomes, hospitalization, and death due to vaccine preventable diseases, such as, influenza, COVID-19, invasive pneumococcal disease, and respiratory syncytial virus (RSV), among others. Individuals living in senior congregate care settings are more likely to have underlying health conditions and face significant barriers to accessing immunization services in the community, increasing the risk of poor health outcomes. A comprehensive, coordinated approach to offering immunization services to these individuals is necessary to reach the goals of the program.

Collaboration, coordination, and communication among the appropriate congregate care staff, Alberta Health, Alberta Health Services (AHS) Provincial Partner Oversight (PPO) Team, AHS Public Health staff, Indigenous Service Canada (ISC), First Nations, and other immunization providers, such as pharmacies, are critical to the success of the program. These efforts strengthen Alberta's capacity to mitigate the impact of vaccine-preventable diseases on the health system and contribute to the well-being of individuals living in senior congregate care settings.

The Alberta Outreach Immunization Program includes residents and staff of senior congregate care settings **with capacity for 10 or more residents** as per the three **definitions** below:

Highest Risk Congregate Care Settings with capacity for 10 or more residents

1. **Continuing Care Home Type A (formerly Long-term Care [LTC])** is a type of continuing care accommodation for individuals with complex health needs who are unable to remain safely at home or in a supportive living accommodation. Continuing Care Home (CCH) Type A facilities include auxiliary hospitals and nursing homes. CCH Type A health care services are publicly funded, and facilities are operated either directly by Alberta Health Services or by contracted care providers. In CCH Type A, residents receive accommodation, meals, and access to 24-hour on-site professional nursing and personal care.
2. **Continuing Care Home Type B (formerly known as Designated Supportive Living [DSL])** are types of supportive living accommodation that provide meals, some health supports and allow residents to live independently in a home-like environment. CCH Type B residents receive 24-hour on-site scheduled and unscheduled health care, personal care and support services from health care aides and/or licensed practical nurses (LPN). CCH Type B can be in facilities or personal care homes. CCH Type B supports people with health and personal care needs ranging from more stable and predictable to less stable and predictable.
3. **Supportive Living Accommodation (SLA)** is a type of continuing care accommodation, where people remain as independent as possible in a home-like setting while they have access to services that meet their changing needs (e.g. meals, housekeeping). SLA includes facilities where spaces are accessed through the site directly and not through an AHS Case Manager. SLA facilities are licensed under the

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Supportive Living Accommodations and Licensing Act (SLALA). SLA can also be known as Seniors Lodges or Assisted Living facilities and may include other facilities that identify themselves as Independent Living.

Additionally, to be included in the Alberta Outreach Immunization Program, the following criteria must be met by SLA facilities:

- Communal dining as an expected part of service for residents,
- A senior's population age 65+ (Note that residents less than 65 years of age would be included).

The goals of the Alberta Outreach Immunization Program

- Prevent severe outcomes due to vaccine preventable disease in individuals living in seniors congregate care settings;
- Reduce outbreaks in senior congregate care settings; and
- Achieve an 80% immunization rate for influenza, pneumococcal, RSV and COVID-19 vaccines for individuals living in senior congregate care settings.

Roles and Responsibilities for immunization providers participating in Alberta's Outreach Immunization Program

Immunization services in congregate care settings will include, at minimum, all Outreach eligible vaccines as per Appendix A. Ideally, immunization would also be offered to facility staff at the same time as residents. Immunization services would be offered at least three times prior to and during the peak of influenza activity.

To be considered a partner and immunization service provider for the Alberta Outreach Immunization Program, immunizing partners are expected to:

1. Comply with the [Immunization Regulation](#) and all Alberta Health immunization policies:
 - a. Report immunizations and assessments electronically to Alberta Health;
 - b. Report adverse events following immunization to Alberta Health Services;
 - c. Follow requirements for the storage, handling and transportation of vaccines;
 - d. Ability to assess immunization history to determine eligibility; and
 - i. Conduct an immunization assessment including review of immunization records to offer other eligible vaccines included in the Outreach Program to residents.
 - e. Follow the recommendations included in the [Alberta Immunization Policy](#).
2. Commit to providing immunization services to the facilities for the entire season, as outlined in Expectations table below.
3. Collaborate with the facility and provide requested information regarding the immunization service delivery to assist in the program planning and oversight.

VACCINE TYPE	EXPECTATIONS	
Influenza	Review each vaccine product's biological page on the AIP website: https://www.alberta.ca/alberta-immunization-policy	
	Influenza and COVID-19 immunization are to be prioritized and offered together first during the Fall Outreach Immunization Program	
	Timing	Fall/Winter immunization
	Co-administration	Can be co-administered with COVID-19 and/or pneumococcal vaccine
	Outreach frequency	Influenza immunization is to be offered at least three times prior to and during the peak of influenza activity to ensure immunization catch up for any new or previously missed residents of a particular congregate care setting. The initial vaccine service delivery must occur between two weeks prior to and one month after the general program launch date. A second visit should occur <u>between one to two months after the general program start date</u> . A third visit should occur <u>between two to three months after the general program launch date</u> .
COVID-19	Timing	Additional doses of COVID-19 vaccine may be recommended throughout the year and all recommended doses should be offered according to the Alberta Immunization Policy.
	Co-administration	Can be co-administered with influenza and/or pneumococcal vaccine
	Outreach frequency	COVID-19 immunization is to be offered at least three times during Outreach and should align with offering influenza vaccine. Please see above direction for influenza frequency in Outreach.
Pneumococcal	Timing	Year-round program
	Co-administration	Can be co-administered with influenza and/or COVID-19
	Outreach frequency	To be offered during any fall/winter Outreach visits or year-round during regular medication reviews completed by the facility staff or a pharmacist.
RSV	Timing	Year-round program
	Co-administration	Cannot be co-administered with any other vaccines at this time. To be administered at least two (2) weeks before or after influenza and/or COVID-19 vaccines and six (6) weeks before or after all other vaccines (including pneumococcal)
	Outreach frequency	To be offered during any fall/winter Outreach visits or year-round during regular medication reviews completed by the facility staff or a pharmacist.

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Alberta Health Services (AHS) Provincial Partner Oversight Team (PPO)

Alberta Health Services PPO will lead and coordinate the Alberta Outreach Immunization Program for the congregate care settings (as defined above).

Responsibilities include:

- Collaborating with senior congregate care settings to document the provider(s) responsible for providing immunization services (e.g. facility staff member(s), pharmacy, and/or AHS Public Health).
 - The PPO team will provide instructions to the facilities regarding the required information and submission process, and
 - For larger facilities, a combination of facility staff member(s), specialty or community pharmacies, and AHS Public Health nurses, may be needed to ensure all residents have access to immunization services. For clarity, should a facility identify multiple providers, the required information outlined below for each provider must be provided to the PPO team.
- Ensuring all facilities have an immunization provider for Outreach and collecting the contact information for each provider.
- Providing the senior congregate care facilities with a form to collect the information about each of the immunization service provider(s). If a pharmacy is the provider, the facility must collect the following information:
 - the full pharmacy name and store number (e.g., Rexall 7220), address, pharmacy contact name, phone number, and email;
 - The Alberta College of Pharmacy ID (ACPID) and the pharmacy's primary wholesale distributor; and
 - the number of residents and staff that each pharmacy service provider is responsible to immunize.
 - for influenza vaccine, will need number of residents and staff broken down by 65 years of age and older and all that are under 65 years of age.
 - For RSV vaccine will need number of residents that are 60 years of age and older.
- AHS will provide the Alberta Health Immunization Team a list of facilities where a pharmacy is the immunization service provider with the data elements collected by the facilities as listed above.
 - For fall immunization programs, a preliminary list of providers per facility will be shared with the Alberta Health Immunization Team by **August 1**. This is required so influenza and COVID-19 vaccine allocation and delivery schedules for AHS and wholesale distributors can be initiated. A final list will be shared with the Alberta Health Immunization Team by **September 1** to finalize allocation and delivery schedules for AHS and wholesale distributors.
- In the absence of a pharmacy or onsite provider, PPO will coordinate with AHS Public Health to provide immunization service.

Congregate Care Settings Owner/Operators/Staff

Owners and operators of facilities are responsible for facilitating immunization services for residents by using either their own facility staff member(s) with the clinical scope of practice to provide immunizations or engaging a community or specialty pharmacy. If no other pharmacy provider can be found, facilities may request support from AHS Public Health.

Responsibilities include:

- Determining if there are facility staff member(s) with the clinical scope of practice and competencies to administer immunizations.
 - If facility staff members are on-site, they are expected to provide immunization services to residents and staff.
 - Facilities with facility staff members administering immunizations are responsible for completion of the Provincial Partner Oversight Immunization Outreach Survey and ordering vaccine as per AHS guidance and direction.
 - If facility staff members have limited capacity and can only provide immunizations to a portion of residents, it is the responsibility of the facility to request and coordinate support from another provider (e.g., community/specialty pharmacy or AHS Public Health).
 - Facilities that do not have Registered Nurses or Licensed Practical Nurses with immunization competencies on-site should engage pharmacy partners or AHS Public Health.
- Facilities must provide immunization provider details to AHS PPO team by the date determined and communicated by PPO. The AHS PPO team will provide the Provincial Partner Oversight Immunization Outreach Survey and a worksheet to facilitate completion of the survey to collect the information about the immunization service provider(s). If a pharmacy is the provider, the facility will collect the following information using the worksheet provided:
 - The full pharmacy name and store number (e.g. Rexall 7220), address, pharmacy contact name, phone number and email;
 - The Alberta College of Pharmacy ID (ACPID) and the pharmacy's primary wholesale distributor; and
 - the number of residents and staff that each pharmacy service provider is responsible to immunize.
 - for influenza vaccine, will need number of residents and staff broken down by 65 years of age and older and all that are under 65 years of age.
 - For RSV vaccine will need number of residents that are 60 years of age and older.
- For larger facilities, a combination of facility staff members, specialty or community pharmacies, and AHS Public Health nurses may be needed to ensure all residents have access to immunization services. For clarity, multiple providers may be identified by one facility. The facility needs to provide the required information for each provider to the PPO team.
- If one service provider cannot administer vaccine to all residents at a facility, the facility should partner with another pharmacy or AHS Public Health to ensure all residents have access to immunization services.
- Changes made to the immunization provider offering the service in facilities after **the date outlined by PPO** may not be accommodated.

- Facilities will confirm participation with their chosen Outreach immunization provider and notify the PPO team.
- Completion of initial influenza and/or COVID-19 immunization services for residents should occur **one month after the general population program launch date; however, immunization providers are expected to return to catch-up residents who may have been missed during the first round.** If an immunization partner is not able to complete the required visits to offer immunization to all residents, facilities are to notify the PPO team.
- Respiratory syncytial virus (RSV) vaccines should be offered to residents year around; however, offering RSV vaccine in the fall/winter season is preferable when spacing requirements allow. Pneumococcal vaccine can be offered year-round.
- Facilities will work with immunization service providers on plans and processes to ensure that new or missed residents are up to date with their immunizations. Immunization service providers are to return at least three times during the peak of the season as outlined above under “Roles and Responsibilities for immunization providers”.
- When possible, influenza and COVID-19 vaccines should be offered to staff and residents on the same day.
- In situations where residents cannot provide their own verbal consent, facilities are responsible for obtaining written consent.

Pharmacy Providers

Pharmacies participating in the Outreach Immunization Program will collaborate with Congregate Care Settings Owner/Operators/Staff to administer vaccine(s) on-site.

Additional responsibilities include:

- Confirm with the facility their participation as the immunization service provider for the Alberta Outreach Immunization Program and commit to the Roles and Responsibilities for immunization providers participating in Alberta’s Outreach Immunization Program (listed above).
- Provide required information to the Congregate Care Settings Owner/Operators/Staff. The facility will need to collect the following from the pharmacy:
 - The full pharmacy name and store number (e.g. Rexall 7220), address, pharmacy contact name, phone number and email;
 - The Alberta College of Pharmacy ID (ACPID) and the pharmacy’s primary wholesale distributor; and
 - the number of residents and staff that each pharmacy service provider is responsible to immunize.
 - for influenza vaccine, will need number of residents and staff broken down by 65 years of age and older and all that are under 65 years of age.
 - For RSV vaccine will need number of residents that are 60 years of age and older.
- For influenza and COVID-19 immunization, the above information is required for Alberta Health to provide vaccine allocations to the appropriate pharmacy wholesale distributors for priority vaccine distribution.
- Ordering pneumococcal and RSV vaccine will be done through routine processes with the pharmacy wholesale distributor.

- In situations where residents cannot provide their own consent, pharmacies are to confirm with the facility that appropriate consent was obtained.
- Immunization policy questions should be sent to the Health Immunization Inbox email (health.imm@gov.ab.ca), which is monitored Monday-Friday during business hours.
- Clinical practice questions should be sent to the Alberta Pharmacy Association or Alberta College of Pharmacy.

First Nation Inuit Health Branch

The ISC First Nations and Inuit Health Branch (FNHIB) will collaborate with First Nation Communities that have senior congregate care settings on-reserve or associated with a reserve to identify the immunization service provider and the required amount of influenza, COVID-19, RSV, and Pneumococcal vaccines.

Responsibilities include:

- Collaborating with First Nations Communities to identify the immunization service provider for the senior congregate care settings.
- Collecting the vaccine requirements for each community.
- Providing the AHS PPO team with the vaccine requirements for each First Nation.

Alberta Health

Alberta Health is responsible for overseeing compliance with all parts of the *Immunization Regulation*, developing Alberta Health Immunization Policies, immunization AEFI surveillance, vaccine allocation, establishing immunization targets, and providing immunization coverage rates. The Alberta Health Immunization Team will collaborate with AHS PPO as they lead and coordinate the operationalization of the program.

Responsibilities include:

- Updating the Alberta Immunization Policy, including the Roles and Responsibilities for the Alberta Outreach Immunization Program, as required.
- Procuring vaccine for the province.
- Allocating vaccine, creating delivery schedules, and distributing vaccine for:
 - AHS depots;
 - Select rural and remote First Nations; and
 - Wholesale distributors.
- Alberta Health Immunization team will receive the list of participating pharmacies and create allocations for the influenza, COVID-19, and RSV vaccine for each pharmacy. This information will be shared with the primary pharmacy wholesale distributors indicated by the pharmacy for priority vaccine distribution.
 - Each pharmacy will also be informed of their allocation amount in September.
- Answering immunization policy questions from providers through the Health Immunization Inbox (health.imm@gov.ab.ca).
- Calculating the immunization coverage rates for residents of senior congregate care settings.

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APPENDIX A – Outreach Program Eligible Vaccines

Outreach Program Eligible Vaccines	Spacing
Influenza	Can be co-administered with COVID-19 and/or pneumococcal
COVID-19	Can be co-administered with influenza and/or pneumococcal
Pneumococcal	Can be co-administered with influenza and/or COVID-19
Respiratory syncytial virus (RSV)	Cannot be co-administered with any other vaccines at this time. To be administered at least two (2) weeks before or after influenza and/or COVID-19 and six (6) weeks before or after all other vaccines (including pneumococcal)