



Community Vaccine Providers' News

Issue 5, January 2015

In This Issue:

- I Boost Immunity Campaign Update
- Public Health Influenza Program Update
- Perspectives of a Community Vaccine Provider
- Highlights on the Human Papilloma (HPV) Vaccination Program
- Publicly Funded Vaccines - Reviewing immunization history
- Resources

Contacts:

Elizabeth Clements,
Administrative Assistant
Ph: 250-645-6530
Elizabeth.Clements@northernhealth.ca

Kyrsten Thomson,
Communications Liaison Nurse
Ph: 250-631-4287
Kyrsten.Thomson@northernhealth.ca

I Boost Immunity Campaign Update

Submitted by: Dave Whitely, I Boost Immunity Campaign Project Manager, Immunize BC

I Boost Immunity is barely a month old but our community of Immunization Boosters has been busy spreading the good stuff. Currently the grassroots platform is providing 90 articles, 8 personal stories, and 213 pictures for people to peruse. There are 72 Boosters on the site, and almost 70,000 booster points have been earned by sharing site content on Facebook and Twitter (with over 200 Facebook shares and over 100 Twitter shares). While we are still at our early growing stage, it is safe to say people want to make prevention contagious!

Would you like to help grow the Immunization Booster community throughout British Columbia? Visit our website to help spread the good stuff!
www.IBoostImmunity.ca



Public Health Influenza Program Update

Submitted by: Kyrsten Thomson, RN, Communications Liaison Nurse for Northern Health

We are well into yet another influenza season and Northern Health would like to thank our Community Vaccine Providers and First Nations partners for their continued efforts with providing broader immunization coverage to our northern communities.

Thus far, Public Health clinics have provided more than 16,925 doses of the influenza vaccine across Northern Health. In the New Year, both the influenza and pneumococcal vaccines will be available at public health units by appointment or drop in depending on the community. For local clinic contact information and details, visit northernhealth.ca.

...con't page 2



Utilization of publicly funded vaccine is reported to BCCDC

REMINDER; Upon completion of your influenza vaccination program, please report on influenza vaccine usage by completing the ‘[Influenza Vaccine Utilization Report](#)’ form located on the Northern Health website (<http://www.northernhealth.ca/Professionals/ImmunizationResourcesTools.aspx>) **no later than JANUARY 30, 2015.** •

Perspectives of a Community Vaccine Provider: Fort St John Pharmacy and Wellness Centre

Contributed by: Tyler Drapeau, Pharmacist

As a point of access for publically funded and private vaccination services in Fort St. John (FSJ), I have been a partner in educating patients about the importance of maintaining up-to-date immunizations as a preventative health initiative. Practicing as a community vaccine provider (CVP) further strengthens these efforts by limiting public-access barriers.

Depending on the complexity of the of client’s request, I can often accommodate their needs either as a walk-in or an appointment-based consult, nearly every day of the week. In a growing community like Fort St. John, clients with busy work and home schedules are often grateful for my accessibility and flexibility. Current undertakings have included increasing the availability of publically funded vaccinations to eligible patients [Tetanus/Diphtheria, Pneumococcal and Influenza], and offering appointment-based travel vaccination services [Yellow Fever, Typhoid, Japanese Encephalitis, Rabies etc.]. We have also taken referrals from the Taylor and FSJ Medical Clinics, the FSJ Public Health Unit and the FSJ Hospital, when on-site availability of vaccine or scheduling issues have arisen at these sites. In these instances, I feel that I have been able to help bridge a gap, and ensure continuity of patient care.

Challenges that are often encountered in a community pharmacy are reflected in the historical function(s) of pharmacists. Although dispensing practices still play into a significant part of daily operations, clinical practice—exemplified in best-practice policies for patient-

centered care—involves stepping out of traditional roles. As a CVP, I must ensure that I afford adequate time to review a patient’s medical/allergy history, and assess the necessity, effectiveness and safety of the services that I am providing. Endeavors by pharmacists and nurses at the Fort St. John Pharmacy and Wellness Centre have created a wonderfully structured approach for patient assessment, vaccine administration (private nursing suite), documentation, monitoring and follow-up. Although our nurse [Monique Webber, RN] and I are the only health-care professionals involved in vaccine administration, nearly every staff member within the pharmacy has some knowledge of immunization policies and procedures. This dissemination of knowledge and expertise—in a supervised setting—has helped to bolster confidence in the capacity of our pharmacy to provide competent immunization services. Moving forward, I would like to see this continued collaboration among service providers, resulting in expanded access to services for the public. •



Highlights on the Human Papilloma (HPV) Vaccination Program



Submitted by: Beth Munk, RN Public Health Nurse, Dawson Creek

There are two Human Papilloma Virus (HPV) vaccines available for use in

Canada: Cervarix (Types 16 and 18) and Gardasil (Types 6, 11, 16 and 18). Both vaccines protect against infection by HPV strains that cause most cases of cervical cancer and several less common cancers. Gardasil is recommended for women born in 1994 or later and is routinely offered in grade six through the Public Health school immunization program. Cervarix is recommended for women who are born before 1994 and are less than 26 years of age.

Both Cervarix and Gardasil are recommended for males and females, but are not yet publicly funded for men in British Columbia. Males ages 9-26, and men who have sex with men (MSM) aged 27 years and older, should be encouraged to have the HPV vaccine if financially feasible.

The one-time Cervarix campaign, which started in April of 2012, is still in effect and will continue until available vaccine has expired in August of 2015, or until local stock is depleted.

**Talk to your
eligible female
clients about
HPV.**

A change to the routine HPV immunization schedule has been in effect since October of 2014. Previously, the recommendation was that all women eligible for Gardasil should receive the 3-dose series. Currently, the recommendation is that young women eligible for and initiating Gardasil prior to their 15th birthday, should receive a 2-dose series spaced 6 months apart. Girls and women initiating immunization at 15 years of age and older should be immunized using a 3-dose HPV schedule at 0, 2 and 6 months. This change is based on the recent National Advisory Committee on Immunization (NACI) statement which will be available shortly on the Public Health Agency of Canada website: <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php#rec>

Uptake of the HPV vaccine continues to remain low compared to other publically funded vaccines offered in the school immunization program. We encourage our vaccinating partners to discuss the HPV vaccine, as well as transmission and risks associated with the virus, with all eligible females. With your help, we can improve HPV vaccination rates in the North.

For more information on HPV for both clients and health care professionals, please visit: www.immunizeCA.ca and www.immunizeBC.ca



Does this client qualify for a publically-funded vaccine? - Importance of reviewing immunization history and eligibility.

Submitted by: Taryn Opel, RN Public Health Nurse, Smithers



With the growing number of vaccinating partners, it is becoming even more important for clients to keep a personal immunization

record. It is not uncommon for the public to receive vaccines through a variety of health care providers within their community. This has positive implications for clients as they have greater access to immunization services, however, can pose a challenge to vaccine providers as access to immunization records is limited to within their own facility. Often times, clients do not recall specific details of the timing and agents with which they were previously immunized. This makes it difficult to recommend and provide subsequent doses. Therefore, it is prudent when booking clients for immunization counselling or administration, to encourage them to provide a copy of their immunization records for review.

Clients can request their immunization records from the Health Unit, Health Centre, Nursing Station, or Physician's office from which they received immunization services in the past. They can keep a paper copy or download the free ImmunizeCA app from iTunes, Google Play, or Blackberry World to keep track of their immunization history.

con't next page...



ImmunizeCA app

Of note, some vaccinating partners also provide non-publically funded vaccines (e.g. Travel Vaccines). There is a commonly prescribed travel vaccine, Twinrix, which provides protection from Hepatitis A and B and is not publicly funded. However, some people qualify for Hepatitis A and B vaccinations through the publicly-funded program. At times, clients requesting Twinrix vaccination may not realize they already have adequate protection from one or both of those illnesses through previous vaccination in a publically funded program.

Therefore, careful review of immunization history as well as knowledge of the indications for publically-funded vaccines are paramount for any provider administering either publically or non-publically funded immunizations.

Criteria for publicly funded vaccines are impacted by a variety of different factors such as;

Immunization History

- Explore and review with clients their vaccination record. This will help create a complete and thorough vaccination plan.

Medical History

- Does the client have any medical conditions or history that is relevant for vaccination? There are many special populations that are eligible for additional vaccinations based on medical conditions.

Age

- How old are the clients? What previous records do they have and what might they be eligible for based on age.
 - For example, Hepatitis B vaccination is publicly funded for those born in 1980 or later. Many individuals born in 1980 or later may have already received Hepatitis B vaccine through the school-based program. If the Hepatitis B vaccine series has been completed it rarely needs to be boosted or repeated.

Employment

- Individuals at occupational risk may also be eligible for publicly-funded vaccines.
 - For example, health care employees might be eligible for additional publicly-funded vaccines due to increased occupational risk.

The rise in vaccinating partners has increased access to immunizations for our communities. Therefore, careful review of immunization history and vaccine eligibility is paramount when providing immunization services. For more information, visit Northern Health Immunization Resources and Tools: <http://www.northernhealth.ca/Professionals/ImmunizationResourcesTools.aspx>

Immunization Resources

1. Northern Health Immunization Resources and Tools: <https://www.northernhealth.ca/Professionals/>
2. Sign up to subscribe to Immunize Canada's biweekly e-Newsletter for updates on national immunization resources <http://www.immunize.ca/en/default.aspx>



3. The newly revised edition of "A Parent's Guide to Vaccination" is available to order from Health Canada by e-mail: publications@hc-sc.gc.ca or 1-800- O-Canada. Download the PDF at <http://www.phac-aspc.gc.ca/im/iyc-vve/pgi-gpv/index-eng.php>



northernhealth.ca

10-414-6063 (IND Rev01/15)