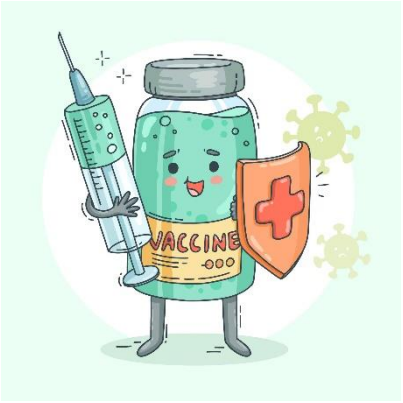
Seasonal Immunizations Overview

September 2025

Indigenous Services Canada
Services aux Autochtones Canada
Canada

Reminder:

This videoconference/webinar will be recorded.



INDIGENOUS SERVICES CANADA

Acknowledgement

The ISC Alberta Region CDC Team has created this training using Indigenous Services Canada, Primary and Preventative Health Services (PPHS) and Primary Care Alberta (PCA) resources.

INDIGENOUS SERVICES CANADA

Primary Care Alberta

Outline

- Influenza disease, epidemiology, vaccines
- COVID-19 disease, epidemiology, vaccines, vaccine storage and handling
- RSV and Pneu-C20 review
- Respiratory Illness Surveillance
- Review of
  - Vaccine administration
  - Anaphylaxis and AEFIs
  - Vaccine storage and handling
  - Vaccine ordering
  - Resources
  - TB screening

Learning Objectives

- Understand influenza, COVID-19, pneumococcal and RSV disease and impacts
- Increased knowledge of:
  - Influenza vaccine
  - COVID-19 vaccine
  - Pneumococcal Vaccine
  - RSV vaccine
- Review best practice for the following:
  - Vaccine administration
  - Vaccine storage and handling
  - Vaccine ordering
- Be able to implement seasonal respiratory surveillance activities

Influenza

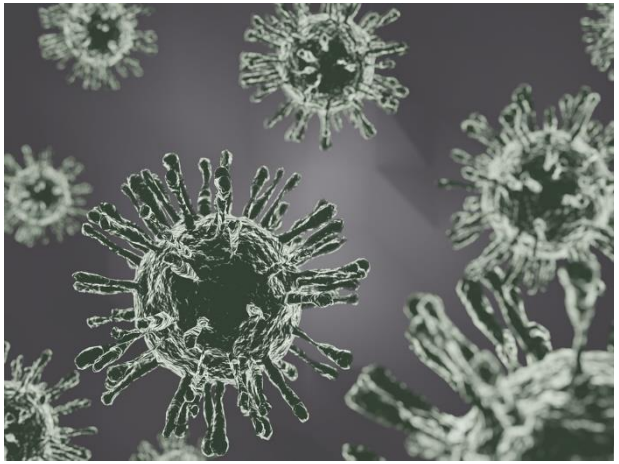
What is Influenza?

- Commonly known as “the flu”, influenza is a highly contagious infection of the airways caused by influenza viruses.

- Referred to as “seasonal” as these viruses circulate during the winter season in the northern hemisphere

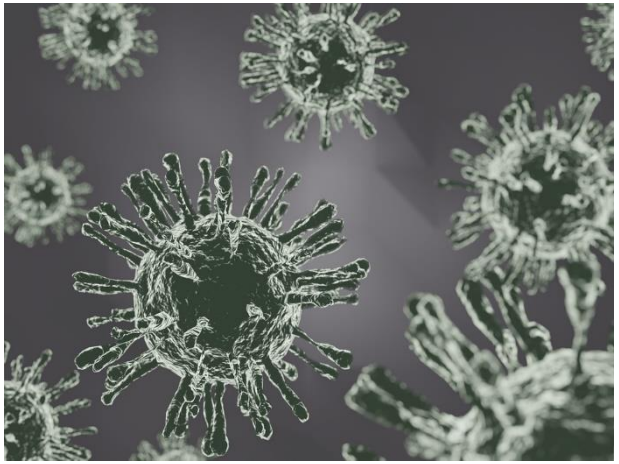
- The timing and duration of influenza varies. Cases can occur throughout the year; however, the “season” is usually considered to be from late September/early October through March, with activity peaking in January or later.

- Outbreaks have been reported as early as September and as late as May.



Influenza Virus Types

- Influenza A and B viruses cause seasonal epidemics/outbreaks, while type C causes mild respiratory illness. D viruses affect cattle and may spillover to other animals.
  - Influenza A viruses are divided into subtypes based on surface proteins:
    - hemagglutinin (H) and neuraminidase (N).
      - E.g.: H1N1 and H3N2
  - Influenza B viruses are not divided into subtypes, but generally fall in 2 strain families (lineages):
    - Yamagata and Victoria like viruses
- Vaccines only protect against types A and B

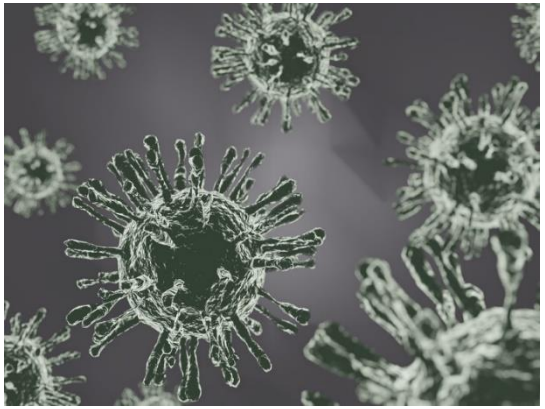


Influenza Virus Types: A and B

Type A (seasonal, avian, swine . . .)	Type B (seasonal influenza)
Can cause significant disease	Generally causes milder disease but may also cause severe disease
Infects humans and other species (e.g. birds, pigs)	Limited to humans
Can cause epidemics and pandemics (worldwide epidemics)	Generally causes milder epidemics

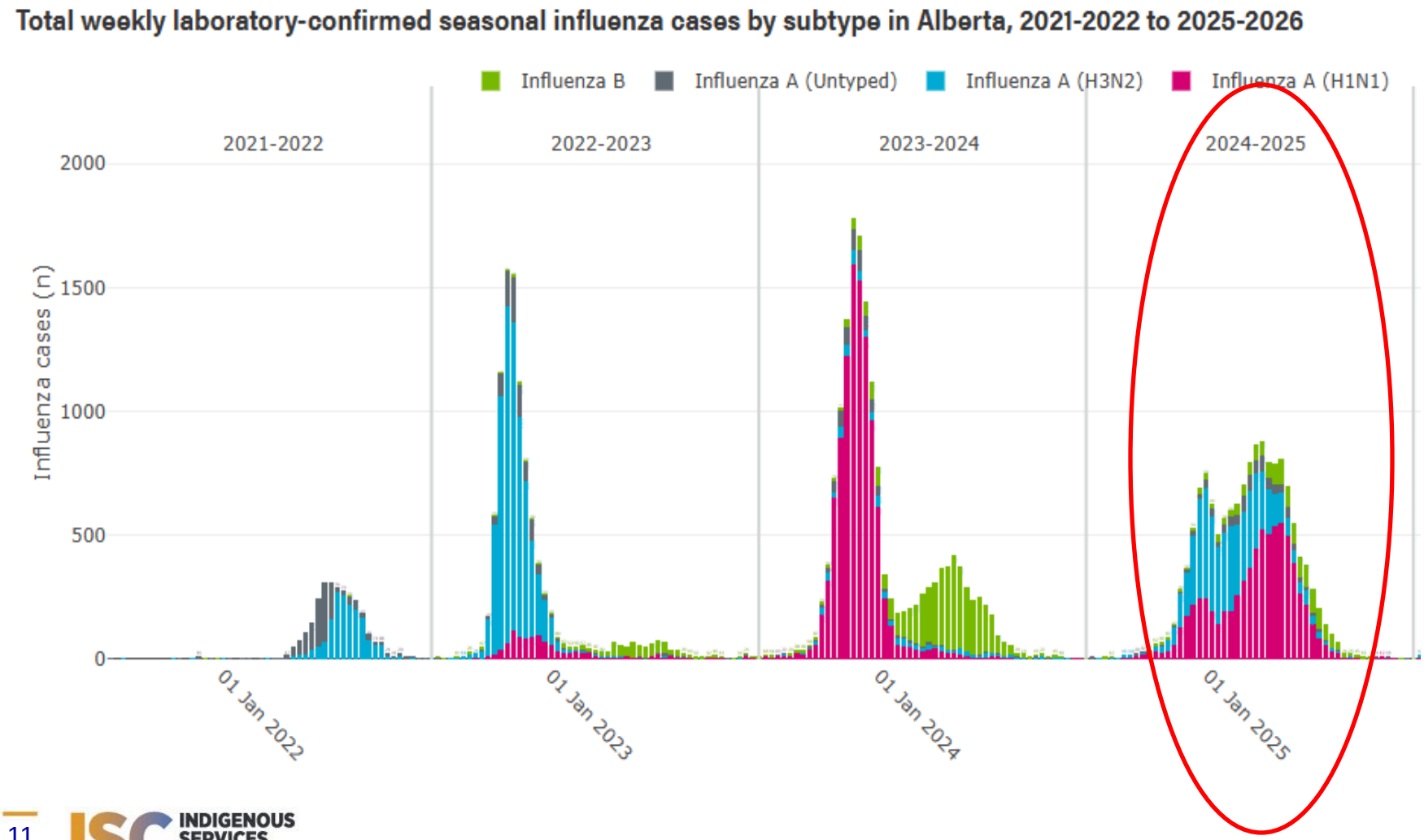
How Influenza Virus Strains Change Each Year

- Small changes in influenza viruses occur continually
- New virus strains may not be recognized by the body's existing influenza antibodies within the immune system
- An individual infected with a specific influenza virus strain develops antibodies against that specific strain
- Most years, some or all the virus strain in the influenza vaccine are updated based on review by the World Health Organization (WHO) to align with changes in the circulating influenza viruses
- Although there is usually one predominate strain, more than one influenza strain typically circulates each season and can vary across regions in Canada.



Seasonal Influenza Cases by subtype in Alberta 2021-2025

Respiratoryvirusdashboard|alberta.ca



ISC INDIGENOUS SERVICES CANADA

Influenza Numbers

Global:

Each year:

- 1 billion infections
- 3 to 5 million cases of severe influenza illness
- 290,000 to 650,000 deaths worldwide

Canada:

- Influenza is ranked among the top 10 causes of death in Canada.

2024-2025 season:

- 138,612 cases
- 25,278 hospitalizations
- 709 ICU admissions
- 671 deaths

Influenza Numbers

Alberta

In the 2024-2025 season:

- 14,704 confirmed cases of influenza.
- 3,732 hospitalizations
- 313 ICU admissions
- 239 deaths

Alberta First Nations

In the 2024-2025 season:

- Over 65 confirmed cases of influenza
- Approximately 50 hospitalizations
- Approximately 10 ICU admissions
- Over 5 deaths

How Serious is Influenza?

Total hospital admissions, ICU admissions and deaths among lab-confirmed influenza cases in Alberta

Season	Hospitalized		ICU		Deaths	
	Count	Pop. rate	Count	Pop. rate	Count	Pop. rate
2024-2025	3732	76.3	313	6.4	239	4.9
2023-2024	3358	71.7	364	7.8	171	3.7
2022-2023	2192	48.6	222	4.9	123	2.7
2021-2022	532	12.0	54	1.2	20	0.5

Note:
ICU admissions may also be included in the hospitalization total
Population rate (per 100,000 population)

ISC INDIGENOUS SERVICES CANADA

Source: Respiratory virus dashboard | alberta.ca

Influenza Vaccine Administered and Coverage

Influenza Vaccine Administered by AHS/Pharmacy 2023-2025 Source: Respiratory virus dashboard | alberta.ca

Season	Total	Coverage (%)
2023-2024	1,151,257	24
2024-2025	1,039,323	21

Influenza Vaccine Administered in First Nation Communities 2023-2025, data as of September 10, 2025

	Season	Total Number of People	Coverage (%)
Influenza	2023-24	15,525	11.0%
	2024-25	10,664	9.3%

Influenza: Signs and Symptoms

Source: AHS Illness Comparison Poster

Illness Comparison Chart

COVID-19, influenza, common cold and gastrointestinal (GI) illness
You may not have all the symptoms listed below. Symptoms may be different for everyone.

		COVID-19	Influenza (Flu)	Common Cold	GI Illness
Disease	**Virus**	SARS-CoV-2	Influenza virus A or B	Many viruses	Norovirus (most common)
	Immunization	COVID-19 vaccine	Influenza vaccine	No vaccine	No vaccine
	Onset	Gradual	Sudden	Gradual	Sudden
Symptoms	Fever	✓	✓	✓	✓
	Chills	✓	✓	✓	✓
	Fatigue	✓	✓	✓	✓
	Cough	✓	✓	✓	
	Sneezing	✓	✓	✓	
	Aches and pains	✓	✓	✓	✓
	Runny or stuffy nose	✓	✓	✓	
	Sore throat	✓	✓	✓	
	Diarrhea	✓	Children only		✓
	Nausea / vomiting	✓	Children only		✓
	Headache	✓	✓	✓	✓
	Shortness of breath	✓	✓		
	Loss of taste or smell	✓			

For more information
Visit ahs.ca/influenza

ISC INDIGENOUS SERVICES CANADA

Who is at Higher Risk of Complications?

Influenza can lead to other health problems, especially for individuals who:

- Have heart or lung conditions, diabetes, a weak immune system, a lot of extra weight, or other health problems
- Live in a care facility
- Are under 5 years of age
- Are over 65 years of age
- Are pregnant
- Individuals in or from First Nations, Inuit, or Métis communities

Influenza Complications

Complications include:

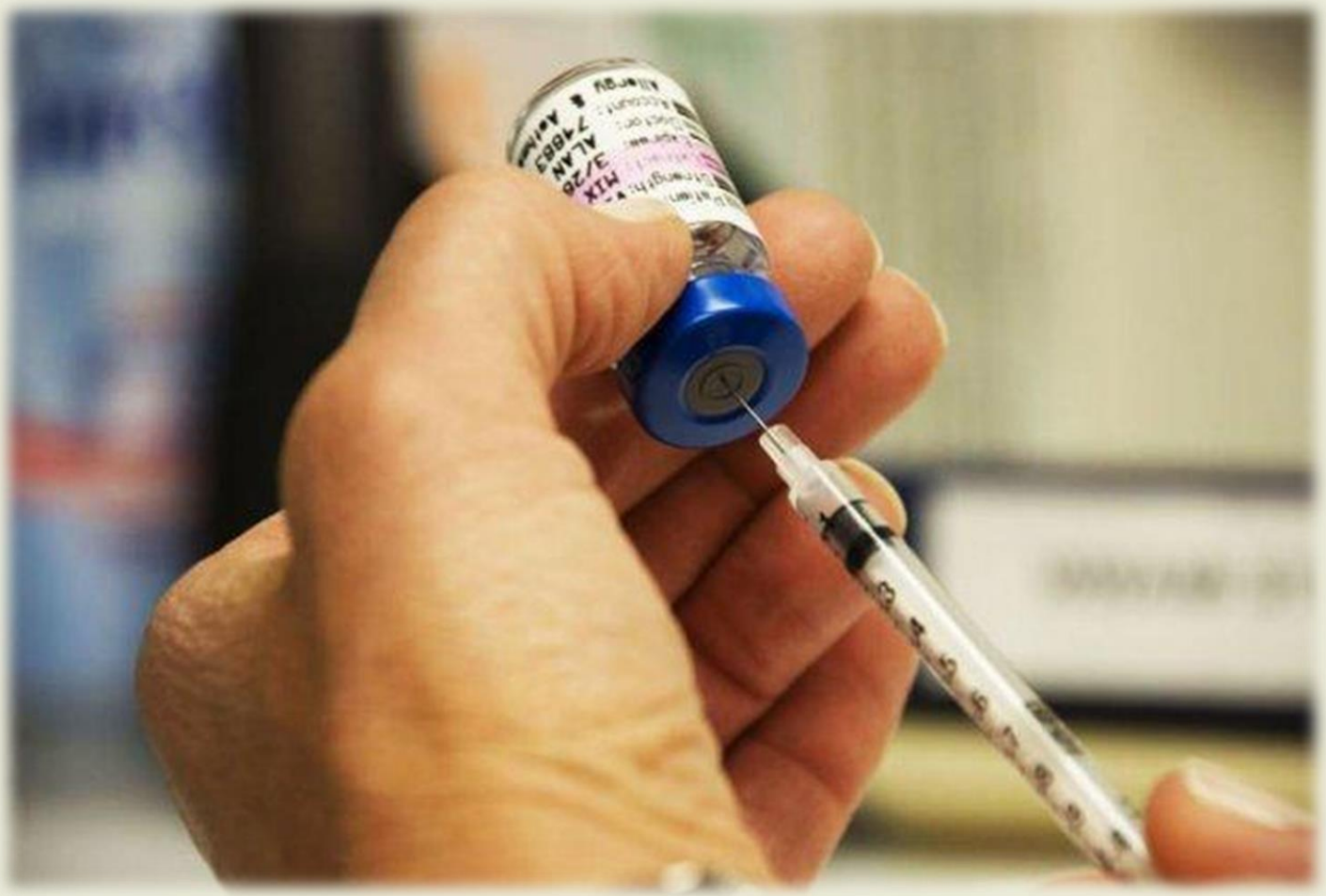
- Sinusitis
- Otitis media
- Febrile seizures
- Worsening of chronic health conditions
- Heart complications
- Pneumonia and Respiratory Failure
- Encephalitis
- Death

How is Influenza spread?

- Influenza is spread mainly from person to person through coughing and sneezing
- People may also become infected by touching an object or surface that has influenza virus on it and then touch their mouth, eyes or nose
- **Infectious period:** 1 day before symptoms develop and up to 5 days after becoming ill.
  - Young children and people with weak immune systems may be contagious longer than a week
- **Incubation period:** 1-4 days, average is about 2 days

Prevention of Influenza

- Annual influenza immunization
- Cover your cough
- Hand hygiene
- Avoid touching eyes, nose or mouth
- Clean and disinfect high touch surfaces
- Healthy lifestyle (exercise, water, diet, avoid smoke)
- Avoid crowds during influenza season



Influenza Vaccines

Influenza Vaccine Development

- Each February, the World Health Organization (WHO) provides a recommendation on the strains to be include in the influenza vaccine for the northern hemisphere.
- Two influenza ‘A’ viruses and one (trivalent vaccine) or two (quadrivalent vaccine) influenza ‘B’ viruses are selected based on the characteristics of the current circulating influenza virus strains
- Vaccine is reformulated each year to protect against new influenza infections
- Each vaccine lot is tested on health individuals to ensure the vaccine is safe and effective

Influenza Vaccines: Quadrivalent to Trivalent

Epidemiology:

As of March 2020, following the onset of the COVID-19 pandemic and implementation of measures to reduce transmission, there have been no confirmed detection of naturally circulating B/Yamagata lineage viruses worldwide, including Canada.

Public Health Implications:

Currently there is no risk from B/Yagamata viruses, but continued surveillance of viral circulation is crucial to inform influenza prevention policies.

Influenza Vaccines for the 2025-2026 Season

Standard	Adjuvanted	High Dose
Trivalent	Trivalent	Trivalent
Inactivated	Inactivated	Inactivated
6 months +	65 years +	18 years + and HSCT recipient or CAR T-cell therapy recipient or SOT candidate or recipient
FLUZONE®, Sanofi FLUVIRAL® , GSK FLUCELVAX® Seqirus U.K	FLUAD® Seqirus Canada Inc.	FLUZONE® HIGH-DOSE Sanofi

Influenza Vaccine Strains for 2025-2026

The strains included in the 2025-2026 influenza vaccine for the northern hemisphere are:

Egg-based influenza vaccine (*Fluzone, Fluviral and Fluzone High Dose and Fluad)*	**Cell-cultured influenza vaccine** *(Flucelvax)*
• A/Victoria/4897/2022 (H1N1) pdm09-like virus • A/Croatia/10136RV/2023 (H3N2)-like virus • B/Austria/1359417/2021 (B/Victoria lineage)-like virus.	• A/Wisconsin/67/2022 (H1N1)pdm09-like virus • A/Districtt of Columbia/27/2023 (H3N2)- like virus • B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Note: Vaccine producers may use antigenically equivalent strains because of their growth properties. The strains recommended for egg-based products may differ somewhat from the strains for cell-culture based products to account for differences in production platforms.

Influenza Vaccine Facts

- An inactivated (killed) vaccine cannot cause influenza disease in the vaccine recipient
- Virus is grown in hens' eggs (egg-based) or mammalian cells (cell-cultured), inactivated, broken apart and highly purified
- In addition to the antigen, influenza vaccines may contain:
  - Thimerosal (preservative in multi-dose vials)
  - Check product monograph as ingredients vary with specific inactivated vaccines
- Humoral antibody levels, which correlate with vaccine protection, are generally achieved 2 weeks after immunization and immunity usually lasts less than one year
- Initial antibody response may be lower in the elderly and individuals who are immunocompromised.

Provincially Funded Influenza Vaccine 2025-2026

	Fluzone (Sanofi Pasteur)	Fluviral (GSK)	Flucelvax (Seqirus UK Limited)
Dosage/Route	0.5mL/IM	0.5mL/IM	0.5mL/IM
Packaging	Single dose pre-filled syringe (needle not included)	Multi-dose vial: 5mL	Single dose pre-filled syringe (needle not included)
Eligibility	Individuals who live, work, go to school, or are visiting AB	Individuals who live, work, go to school, or are visiting AB	Individuals who live, work, go to school, or are visiting AB
Indication	6 months of age and older (calendar months)	6 months of age and older (calendar months)	6 months of age and older (calendar months)
Schedule	1 or 2 doses*	1 or 2 doses*	1 or 2 doses*

Provincially Funded Influenza Vaccine 2025-2026

	Fluzone High-Dose (Sanofi Pasteur)	Fluad Adjuvanted (Seqirus Canada Inc.)
Dosage/Route	0.5mL/IM	0.5mL/IM
Packaging	Single dose pre-filled syringe (needle not included)	Single dose pre-filled syringe (needle not included)
Eligibility	Individuals who live, work, go to school, or are visiting AB	Individuals who live, work, go to school, or are visiting AB
Indication	18 yrs + who are HSCT recipients, CAR T-cell therapy recipients or SOT candidates or recipients.	65 yrs +
Schedule	1 dose	1 dose

Influenza Vaccine Dosing

6 months up to & including 8 years of age

- 2 doses if never previously immunized with seasonal influenza vaccine (minimum 4 weeks apart)
- 1 dose if previously immunized with seasonal influenza vaccine

9 years of age and older

- 1 dose

Influenza Vaccine and High-Risk Groups

High Risk of Influenza-related complications:

- All children 6 to 59 months of age
- Adults and children with the following chronic health conditions
  - Cardiac or pulmonary disorders
  - Diabetes mellitus and other metabolic diseases;
  - Cancer, immune compromising conditions
  - Renal disease;
  - Anemia or hemoglobinopathy;
  - Neurologic or neurodevelopmental conditions
- Adults 65 years of age and older
- Individuals in or from First Nations, Inuit, or Métis communities

Influenza Vaccine and High-Risk Groups

People capable of transmitting influenza to those at high risk:

- Health care and other care providers
- Household contacts, both adults and children, of individuals at high risk, whether or not the individual at high risk has been vaccinated:
  - household contacts of individuals at high risk
  - household contacts of infants less than 6 months of age, as these infants are at high risk but cannot receive influenza vaccine
  - members of a household expecting a newborn during the influenza season;
- Those providing regular childcare to children 0 to 59 months of age
- Those who provide services within closed or relatively closed settings to people at high risk (e.g., crew on a cruise ship).

Other:

People who provide essential community services

Influenza Vaccine and Health Care Workers

- Randomized controlled trials in long-term care settings have demonstrated vaccination of health care workers (HCWs) is associated with substantial decrease in influenza like illness and all-cause mortality in residents.
- Given the potential for HCWs to transmit influenza to individuals at high risk and knowing that vaccination is the most effective way to prevent influenza, NACI recommends, in the absence of contraindications, HCWs should be vaccinated against influenza annually.
- Influenza vaccination is an essential component of the standard of care for all HCWs for their own protection and that of their patients.

Source: Statement on seasonal influenza vaccines for 2025–2026 - Canada.ca

Influenza Vaccine and Pregnancy and Breastfeeding

Pregnant individuals, along with infants under 6 months of age, are particularly at risk of severe illness from influenza infection.

NACI recommends the inclusion of pregnant individuals at any stage of pregnancy due to:

- The risk of influenza associated morbidity in pregnant individuals
- Evidence of adverse neonatal outcomes associated with maternal respiratory hospitalization or influenza during pregnancy
- Evidence that vaccination of pregnant individuals protects their newborns from influenza and influenza-related hospitalization
- Evidence that infants born during influenza season to vaccinated individuals are less likely to be premature, small for gestational age and low birth weight.

Source: Statement on seasonal influenza vaccines for 2025–2026 - Canada.ca

High-Dose Influenza Vaccine in Pregnancy

Despite a lack of available evidence for use in pregnant individuals, Alberta transplant experts recommend that high-dose influenza vaccine be offered to a pregnant individual who are:

- Hematopoietic stem cell transplant (HSCT) recipients
- CAR T-cell therapy recipients or
- Solid organ transplant (SOT) candidates or recipients.

Note: Individuals may wish to discuss the risks vs benefits with their specialist

Influenza Vaccine and Pregnancy and Breastfeeding

- Inactivated influenza vaccines are safe for pregnant individuals at all stages of pregnancy
- Inactivated influenza vaccines are safe for breastfeeding individuals

Influenza Burden in Pediatric Population

- Influenza is a leading cause of respiratory infection among children under 1 year of age and causes approximately 280,000 respiratory hospitalizations globally in those under 6 months old.
- In Canada, a national active surveillance study of pediatric influenza admissions revealed infants under 6 months of age accounted for 13.5% of children under 16 years of age admitted for influenza during 2010-2021. This highlights the significant burden of influenza and its associated complications in this age group.
- In recent seasons where Influenza B/Victoria was predominant, individuals under 19 years of age accounted for approximately half of influenza B cases.
- Children under 5 years of age had the 2nd highest cumulative influenza associated hospitalization rate (139 per 100,000)

Source: National Influenza Annual Report 2023–2024: A focus on influenza B, CCDR 50(11) - Canada.ca

Influenza Vaccine Biological Pages

Standard Dose Influenza Vaccines Trivalent Inactivated

BIOLOGICAL PAGE

Alberta Health Services
Communicable Disease Control

Section 7	Biological Product Information	**Standard # 07.265**	
Created and approved by	Provincial Immunization Program Standards and Quality		
Approval date	September 4, 2015	**Published**	September 22, 2025

	FLUCELVAX	Fluviral	Fluzone
Manufacturer	Seqirus UK Limited	GlaxoSmithKline Inc. (ID Biomedical)	Sanofi Pasteur Inc.
Classification	Trivalent, inactivated subunit vaccine	Trivalent, inactivated split virion vaccine	

Indications for Provincially Funded Vaccine	Individuals 6 months of age and older.
	
	If available, the following is recommended:
	• High dose inactivated influenza vaccine is recommended for adults 18 years of age and older who are:
	  ○ Hematopoietic stem cell transplant (HSCT) recipients
	  ○ CAR T-cell therapy recipients; or
	  ○ Solid organ transplant (SOT) candidates or recipients
	• Adjuvanted inactivated vaccine is recommended for adults 65 years of age and older.
	Note:
	• Persons who live, work, go to school or are visiting in Alberta are eligible to receive provincially funded influenza vaccine.		

Influenza Strains for 2025-2026 Season	Cell-Cultured A/Wisconsin/67/2022 (H1N1) pdm09-like virus A/District of Columbia/27/2023	Egg-Based A/Victoria/4897/2022 (H1N1) pdm09-like virus A/Croatia/10136RV/2023 (H3N2)-like virus B/Austria/1359417/2021 (B/Victoria lineage)-like virus	

Immunization Program Standards Manual | Alberta Health Services: Standard Dose Influenza Trivalend Inactivated

ISC INDIGENOUS SERVICES CANADA

Influenza Vaccine: Reactions

Reactions to Standard dose Influenza Vaccine:

	Standard Influenza Dose
Common	Pain, redness, bruising, induration and swelling at injection site Fever, chills, sweating, fatigue, malaise, headache Cough, runny nose, influenza-like symptoms Gastrointestinal symptoms (nausea, vomiting, diarrhea) Arthralgia, myalgia, loss of appetite
Uncommon	Hematoma, warmth, rash at injection site Upper abdominal pain Rash (general)
Rare	Anaphylaxis, allergic reaction Guillain Barré Syndrome (GBS) Oculorespiratory Syndrome (ORS) Unexpected or unusual side effects

Influenza Vaccine: Reactions

Reactions to High-dose/Adjuvanted Influenza Vaccine:

	Fluzone High-Dose and Fluad Ajuvanted
Common	Pain, warmth, redness, bruising, swelling at the injection site Fever, chills, shivering, sweating, fatigue, malaise, headache Nausea Arthralgia, myalgia
Uncommon	Induration and pruritis at the injection site Muscular weakness Rash (general), pruritis (general) Diarrhea, dyspepsia Cough
Rare	Anaphylaxis Neuralgia, paresthesia, convulsions, thrombocytopenia, lymphadenopathy Guillain Barré Syndrome (GBS) Oculorespiratory Syndrome (ORS)

Guillain Barré Syndrome (GBS)

GBS illness affects the nervous system

- Rare: general risk is about 1-2 cases/100,000 person years
- Characterized by muscle weakness and sometimes paralysis, usually beginning in the legs
- Complete or near complete recovery in most cases

GBS is thought to be triggered by an infection

- Campylobacter jejuni infection most commonly precedes GBS
- Other respiratory or intestinal illness have preceded GBS (i.e. *Cytomegalovirus, Epstein-Barr Virus*, *Mycoplasma pneumoniae*)

Influenza Vaccine and Guillain Barré Syndrome (GBS)

- In 1976, the “swine flu” vaccine was associated with increased risk of GBS: not found with any other vaccines since
- Absolute risk of GBS after influenza vaccine is about 1 excess case per 1,000,000 vaccines
- NACI statement recommends to avoid subsequent influenza vaccination of individuals known to have had GBS without other known etiology within 6 weeks of a previous influenza vaccination.
- Risk of GBS associated with *influenza infection* is much greater than that associated with the immunization

Influenza Vaccine and ORS

Oculorespiratory Syndrome (ORS) Case Definition: **(onset within 24 hours of immunization)**

- bilateral red eyes **and** one or more respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness or sore throat) **with or without** facial swelling

Immunization recommendations following client reported ORS are based on:

- Risk/benefit
- Severity of symptoms as perceived by the individual who experienced the symptoms
- **Contact the CDC Team to have MOH review.**

COVID-19

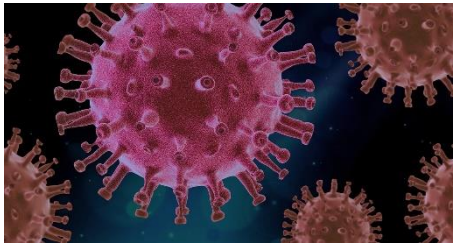
What is COVID-19?

- COVID-19 is caused by the SARS-CoV-2 virus

- The virus causes a respiratory infection in the lungs and airways. In some cases, the infection can cause problems in other parts of the body.

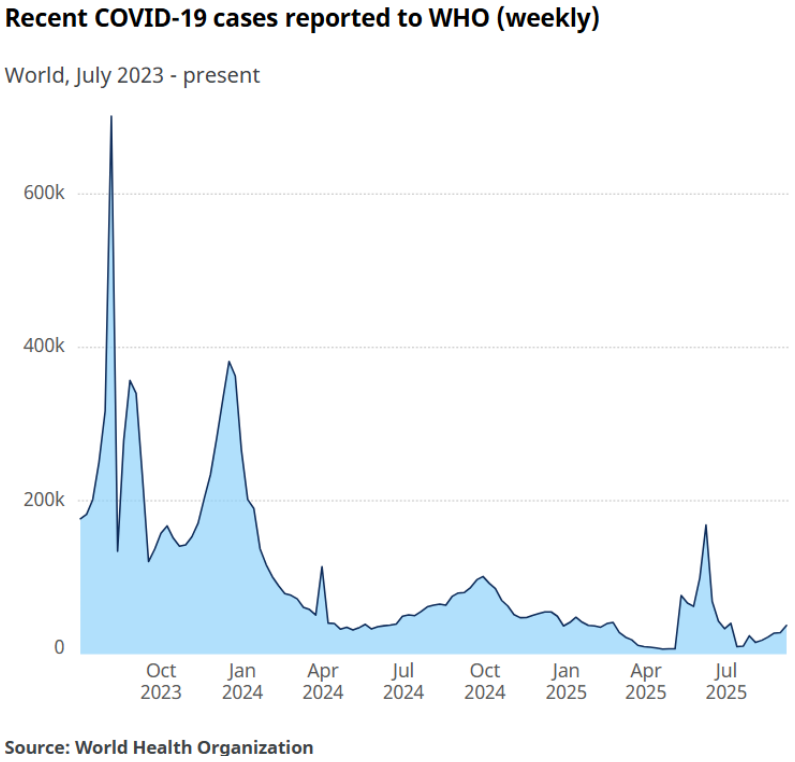
- Genetic mutations in the SARS-CoV-2 virus have led to the designation of variants of concern (VOCs). These mutations may lead to changes in transmissibility, severity of disease or the level of protection offered by vaccines or previous infection.

- The seasonality of COVID-19 has not been established. Unlike other respiratory viruses, COVID-19 circulates year-round, with periodic surges in disease activity. COVID-19 activity appears to be lowest in the spring, with increases in activity in early to late summer.



COVID-19 Numbers

Global:



Canada:

2024-2025 Season:

- 112,255 cases
- 31,683 hospitalizations
- 442 ICU
- 2186 deaths

INDIGENOUS SERVICES CANADA

COVID-19 Numbers

Alberta

In the 2024-2025 season:

- 12, 414 confirmed cases
- 3,374 hospitalizations
- 210 ICU admissions
- 415 deaths

Alberta First Nations

In the 2024-2025 season:

- Over 50 lab confirmed COVID-19 cases
- Approximately 40 hospitalizations
- Less than 5 ICU admissions
- Less than 5 deaths

How Serious is COVID-19?

Total hospital admissions, ICU admissions and deaths among lab-confirmed COVID-19 cases in Alberta

Season	Cases (n)	Hospitalizations (n)	ICU admissions (n)	Deaths (n)
2025-2026	512	107	8	3
2024-2025	12,414	3,374	210	415
2023-2024	23,920	6,082	380	753
2022-2023	32,817	5,922	463	973
2021-2022	350,382	15,567	2,008	2,408

Note: A hospital or ICU admission in a laboratory-confirmed COVID-19 case is counted when the reason for admission is either directly resulting from the disease, or when the disease is a contributing factor for the admission. Information on reason for hospitalization was unavailable prior to 2022-02-01. **Data before and after that reporting change date are not directly comparable.**

Source: Respiratory virus dashboard | alberta.ca

Signs and Symptoms of COVID-19

Source: AHS Illness Comparison Poster

Illness Comparison Chart

COVID-19, influenza, common cold and gastrointestinal (GI) illness
You may not have all the symptoms listed below. Symptoms may be different for everyone.

		COVID-19	Influenza (Flu)	Common Cold	GI Illness
Disease	**Virus**	SARS-CoV-2	Influenza virus A or B	Many viruses	Norovirus (most common)
	Immunization	COVID-19 vaccine	Influenza vaccine	No vaccine	No vaccine
	Onset	Gradual	Sudden	Gradual	Sudden
Symptoms	Fever	✓	✓	✓	✓
	Chills	✓	✓	✓	✓
	Fatigue	✓	✓	✓	✓
	Cough	✓	✓	✓	
	Sneezing	✓	✓	✓	
	Aches and pains	✓	✓	✓	✓
	Runny or stuffy nose	✓	✓	✓	
	Sore throat	✓	✓	✓	
	Diarrhea	✓	Children only		✓
	Nausea / vomiting	✓	Children only		✓
	Headache	✓	✓	✓	✓
	Shortness of breath	✓	✓		
	Loss of taste or smell	✓			

For more information
Visit ahs.ca/influenza

ISC INDIGENOUS SERVICES CANADA

COVID-19 Complications

Complications include:

- Acute Respiratory Distress Syndrome (ARDS)
- Pneumonia
- Heart and kidney issues
- Multisystem inflammatory syndrome in children or adults (MIS-C or MIS-A)
- Long COVID:
  - Also called post COVID-19 condition or post-acute COVID-19 syndrome (PACS)
  - Symptoms persist more than 12 weeks post infection

Who is at Higher Risk of Severe COVID-19?

Severe disease occurs more often in older age and in those with underlying medical conditions. The risk increases with the number of underlying medical conditions.

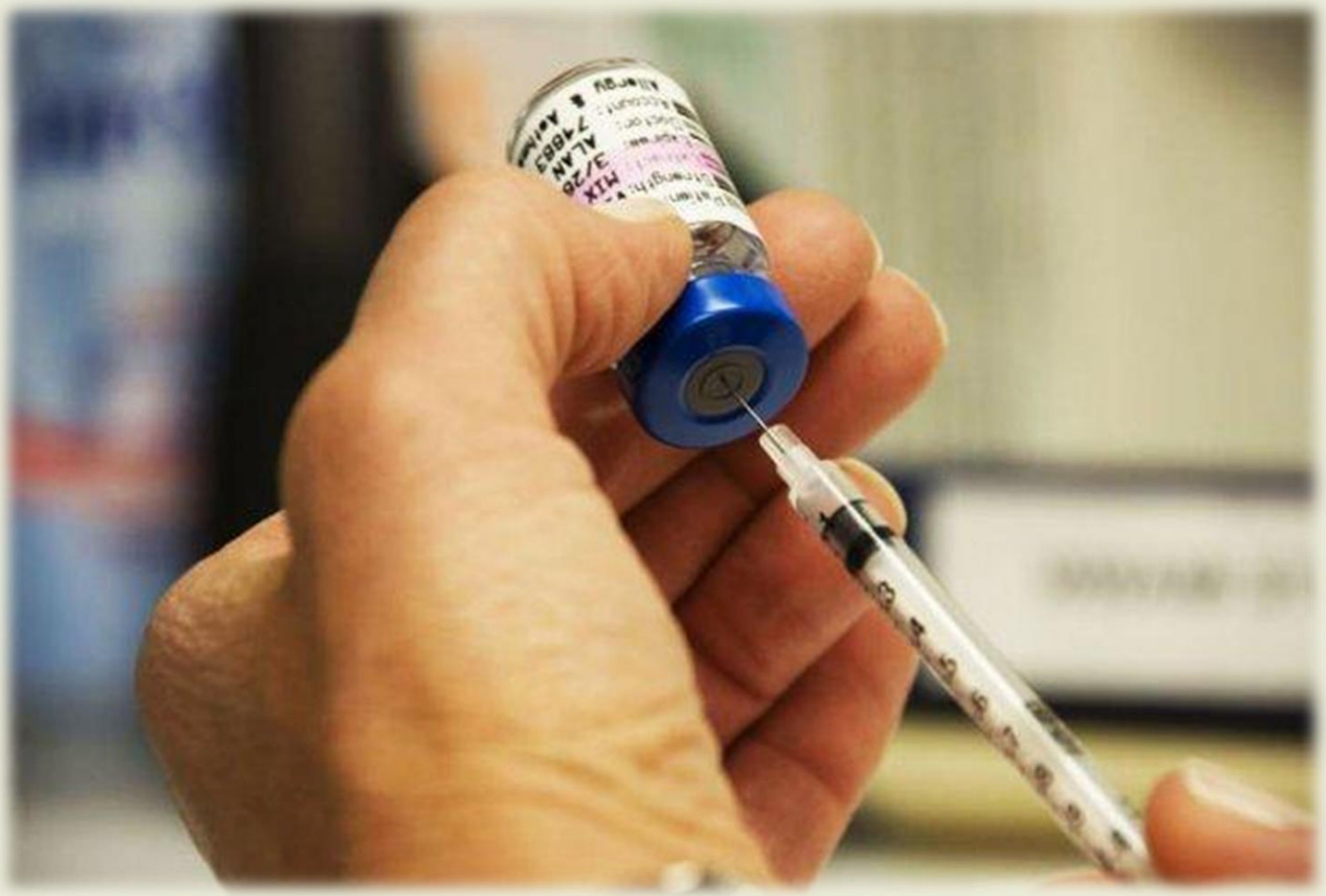
- 60 years or older
- Pregnant or recently pregnant
- Individuals living with a chronic medical condition:
  - asthma (moderate to severe), dementia, diabetes, heart disease, high blood pressure, kidney disease, liver disease, lung disease
- Individuals who are immunocompromised
- Individuals with obesity
- Individuals who smoke, current or former
- Mental health disorders (mood disorders)
- Individuals living in crowded or poorly ventilated environments

How is COVID-19 spread?

- **COVID-19 is spread like other respiratory illnesses**
  - Person to person- breathing, talking, coughing, singing etc
  - Contact with contaminated surfaces or objects

- **Infectious period:** Remains uncertain. Likely up to 3 days before symptoms develop .
  - Viral RNA levels appear to be highest just before or soon after symptoms begin.

- **Incubation period:** 1-14 days, median is 5-6 days between exposure and symptoms onset.
- 97.5 % of people develop symptoms within 11.5 days



COVID-19 Vaccines

COVID-19 Vaccine Administered and Coverage

COVID-19 Vaccine Administered and Coverage by Season 2

Source: Respiratory virus dashboard | alberta.ca

Season	Total	Coverage (%)
2023-2024	855,984	17
2024-2025	742,961	14
2025-2026	3	0

COVID-19 Vaccine Administered in First Nation Communities

2023-2025, data as of September 10, 2025

	Season	Total Number of People	Coverage (%)
COVID-19	2023-24	7,687	6.8%
	2024-25	5,789	5.1%

COVID-19 Vaccine for the 2025-2026 Season

Two types COVID-19 vaccine available in Alberta again:

	Moderna Spikevax vaccine	Pfizer-BioNTech Comirnaty vaccine
COVID-19 strain	LP.8.1	LP.8.1
Manufacturer	Moderna Biopharma Canada Corp	BioNTech Manufacturing GmbH
Indications for Use:	Individuals 6 months of age and older	Individuals 12 years of age and older

COVID-19 Vaccine Eligibility

Targeted COVID-19 immunization program for 2025-2026: 2 Phases

- **Phase 1:**
  - Health Care Workers
  - All residents of continue care homes and seniors supportive living accommodations
  - Homebound home care clients
  - Individuals 6 months and older with underlying medical or immunocompromising conditions.
  - Individuals experiencing houselessness
  - Individuals 65 years of age and older receiving the Alberta Seniors Benefit

- **Phase 2:**
  - All other Albertans 6 months +

INDIGENOUS SERVICES CANADA

More information: COVID-19 info for Albertans | Alberta.ca

COVID-19 Vaccine Eligibility

Eligible underlying medical conditions:

- Cancer (currently receiving treatment)
- Cerebrovascular disease; Heart conditions (for example, cardiomyopathies, coronary artery disease, heartfailure, etc.)
- Chronic liver diseases
- Chronic lung diseases; Cystic Fibrosis; Tuberculosis
- Chronic kidney diseases
- Diabetes mellitus, type 1 and type 2
- Disabilities (for example, Down syndrome, learning, intellectual, or developmental disabilities; ADHD; cerebral palsy; congenital disabilities; spinal cord injuries)
- HIV infection
- Mental health disorders (limited to: mood disorders, including depression; schizophrenia, spectrum disorders)
- Obesity
- Pregnancy
- Primary immunodeficiency disease not mentioned above
- Use of corticosteroid or other immunosuppressive medications

COVID-19 Vaccine Eligibility

Eligible Immunocompromising conditions:

- Specific immunocompromising conditions that make an individual eligible for provincially funded COVID-19 vaccine:
- Solid organ transplant recipients
- Hematopoietic stem cell transplants recipients – pre-transplant and posttransplant while in immunosuppressed state and individuals receiving Chimeric Antigen Receptor T-Cell therapy (CAR T-cell therapy).
- Individuals with malignant hematologic disorders and non-hematologic malignant solid tumors while receiving active treatment which includes chemotherapy, targeted therapies, and immunotherapy
- Individuals with chronic kidney disease on peritoneal dialysis or hemodialysis.
- Individuals on:

  - long term high-dose systemic steroid treatment; alkylating agents; anti-B-cell therapies; antimetabolites; tumour-necrosis factor (TNF)

- HIV-infected individuals without viral suppression or those with acquired immunodeficiency syndrome (AIDS)
- Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)

COVID-19 Vaccine Eligibility

Eligible underlying medical conditions and immunocompromising conditions:

- **Documentation of eligibility is <u>not</u> required.**
- **Individuals who identify themselves as meeting at least one criteria as discussed above should be offered COVID-19 vaccine.**

Note: Immunization of immunocompromised individuals should occur at a time when the individual is most likely to mount an immune response. Physican consultation is recommended regarding the timing of immunization based on the individual's treatment and unique circumstances.

ISC INDIGENOUS SERVICES CANADA

COVID-19 Vaccine Eligibility

Eligible health care workers:

- Individuals actively registered with one of our colleges.
- Union members (for example, UNA, HSAA, AUNP, AUPE, CUPE) as well as individuals who work in patient-facing settings such as:
  - hospital staff (including students in health disciplines, contract workers and volunteers)
  - staff in community health settings (for example, clinical labs, home care, shelters)
  - medical first responders
  - staff in continuing care and supportive living
  - disability support workers and staff working in recovery settings
  - health care aides on the provincial registry
  - students training in facilities such as hospitals, clinics, pharmacies, continuing care homes and supportive living accommodations

Note: Proof of HCW status is not required on First Nations.

PCA may require proof of HCW status.

COVID-19 Vaccine Biological Pages

[Immunization Program Standards Manual | Alberta Health Services]

COVID-19 Vaccine – Moderna Spikevax mRNA Vaccine and Pfizer-BioNTech Comirnaty mRNA Vaccine

Alberta Health Services
Communicable Disease Control

BIOLOGICAL PAGE

Section 7	Biological Product Information	**Standard # 07.228**	
Created and approved by	Provincial Immunization Program Standards and Quality		
Approval date	October 1, 2025	**Published**	September 25, 2025

	Moderna Spikevax Vaccine	Pfizer-BioNTech Comirnaty Vaccine
Manufacturer	Moderna Biopharma Canada Corp.	BioNtech Manufacturing GmbH
Classification	mRNA vaccine	
COVID-19 vaccine strain	LP.8.1	
Indications for use	Individuals 6 months of age and older	Individuals 12 years of age and older
Fall/Winter 2025 Eligibility for Provincially Funded COVID-19 vaccine	• COVID-19 vaccines will be available to individuals through a phased approach to ensure that individuals who are at an increased risk of severe outcomes from COVID-19 infection can access this vaccine first. • The following individuals are at an increased risk of severe illness from COVID-19 infection or at an increased risk of exposure and transmission to others, and are eligible for COVID-19 vaccine, free of charge: ○ **Phase 1 (October 1):** ▪ Eligible healthcare workers ▪ Albertans who reside in continuing care homes, senior supportive living accommodations ▪ Home care clients who are homebound ▪ Individuals 6 months of age and older who have certain moderate to severe immunocompromising conditions or underlying medical conditions, individuals experiencing houselessness, and individuals 65 years of age and older receiving the Alberta Seniors Benefit ○ **Phase 2 (October 20):** All other individuals 6 months of age and older; an administrative fee will apply **Eligible healthcare workers include the following:** • Individuals actively registered with one of our colleges. • Union members (for example, UNA, HSAA, AUNP, AUPE, CUPE) as well as individuals who work in patient-facing settings such as: ○ Hospital staff (including students in health disciplines, contract workers and volunteers) ○ Staff in community health settings (for example, clinical labs, home care and shelters) ○ Medical first responders ○ Staff in continuing care and supportive living ○ Disability support workers and staff working in recovery settings ○ Health care aides on the provincial registry	

ISC INDIGENOUS SERVICES CANADA

Moderna (Spikevax) LP.8.1 mRNA COVID-19 Vaccine

	Moderna COVID-19 Frozen Vaccine
Dosage/ Route	6 months of age to 11 years of age: 0.25mL (25mcg) IM (deltoid or vastus lateralis) 12 years of age and older: 0.5mL (50mcg) IM (deltoid or vastus lateralis)
Packaging	6 months to 11 years- Multi-dose vial: 10 pediatric doses per vial 12 years and older- Pre-filled syringes: 10 doses per package
Diluent	No
Indications	Albertans 6 months of age and older See biological page for specific information
Schedule	**6 months to 4 years of age:** Previously unimmunized- 2 doses Previously immunized- 1 dose **5 years of age and older:** 1 dose, at least 3months from previous COVID-19 vaccine, regardless of the number of doses received in the past. **Note:** See biological pages for spacing considerations and schedule for immunocompromised individuals.

Moderna LP.8.1 mRNA COVID-19 Vaccine Dosage and Schedule

- Individuals 6 months to 4 years of age should complete a two-dose series of COVID-19 vaccine, regardless of the product that was administered for the first dose.
- The series should never be restarted.

Moderna Vaccine Preparation: Syringes

Pre-filled Syringe

Individual syringe

- Thaw time when stored between +2°C to +8°C: 1 hour 40 min
- Thaw time when stored between +15°C to +25°C: 40 minutes
- Do not shake syringe

Carton of 10 syringes

- Thaw time when stored between +2°C to +8°C: 2 hours 40 min
- Thaw time when stored between +15°C to +25°C: 1 hour 20 min

Source: Alberta immunization policy | Alberta.ca Alberta Vaccine Storage and Handling for COVID-19 Vaccine

Moderna Vaccine Preparation: Vials

Source: Alberta immunization policy | Alberta.ca Alberta Vaccine Storage and Handling for COVID-19 Vaccine

Alberta Vaccine Storage and Handling Policy for COVID-19 Vaccine

Moderna Spikevax FROZEN and THAWED/THAWING VACCINE

VACCINE STORAGE REQUIREMENTS

Moderna Spikevax

Vaccines should be:
- **Stored frozen in a laboratory grade freezer at -25°C to -15°C**
  OR
- **Stored thawed at +2°C to +8°C for 50 days**
- **Protected from light**
- **Do NOT refreeze once thawed**

Storage temperature monitoring requirements	• Must have adjustable alarm set points/range. • Must have an audible alarm setting for unit temperature deviation events or if the door is ajar. • Should have adjustable temperature set points/ controls. • Should have a digital temperature display calibrated to 1°C degrees resolution.		
Frozen Laboratory grade freezers	Storage at -25°C to -15°C • Long term storage of vaccine until expiry date. • Must continuously keep temperature at -20°C within +/- 5°C. • Vaccine can be shipped and stored at temperatures between -50°C to -15°C.		
Storage between +2°C to +8°C for Thawing/Thawed Vials and Pre-filled Syringes	• Can be stored at +2°C to +8°C for 50 days (except for post-punctured vials). • Transit time in the thawing/thawed state at must be considered as part of the 50-day maximum storage at refrigerated temperatures. • See Alberta Vaccine Storage and Handling Policy for Provincially Funded Vaccine for vaccine storage requirements.		
		Thaw time	Storage
	Pre-punctured vials	• Thaw time under refrigeration (+2°C to +8°C) for vials is 2 hours.	• Store between +2°C to +8°C for up to 50 days
	Post-punctured vials	n/a	• Store between +2°C to +8°C for up to 24 hours.
	Pre-filled syringes (Do NOT shake pre-filled syringes)		
	• Individual	• Thaw time at +2°C to +8°C for individual syringes is 1 hour and 40 minutes.	• Store between +2°C to +8°C for up to 50 days
	• Carton of syringes (10)	• Thaw time at +2°C to +8°C for carton of 10 syringes is 2 hours and 40 minutes.	• Store between +2°C to +8°C for up to 50 days
Storage between +8°C to +25°C for Thawing/Thawed Vials and Pre-filled Syringes	**Pre-punctured vials**	• Thaw time at room temperature (+15°C to +25°C) for vials is 45 minutes.	• Store between +8°C to +25°C for up to 12 hours
	Post-punctured vials	n/a	• Store between +8°C to +25°C for up to 12 hours
	Thawed pre-punctured and post-punctured vials at room temperature may be returned to the refrigerator but the cumulative time outside the refrigerator should not exceed 12 hours.		
	Pre-filled syringes		
	• Individual	• Thaw time at room temperature (+15°C to +25°C) for individual syringes is 40 minutes *Syringes should not be returned to the refrigerator after being thawed at room temperature.	• Store between +8°C to +25°C for up to 12 hours.

ISC INDIGENOUS SERVICES CANADA

Pfizer (Comirnaty) LP.8.1 mRNA COVID-19 Vaccine Summary

	Pfizer COVID-19 Ultra Frozen
Dosage/ Route	12 years of age and older: 0.3mL (30mcg) IM (deltoid or vastus lateralis)
Packaging	Pre-filled syringes: 10 doses per package
Diluent	No
Indications	Albertans 12 years of age and older See biological page for specific information
Schedule	**12 years of age and older:** 1 dose, at least 3months from previous COVID-19 vaccine, regardless of the number of doses received in the past. **Note:** See biological pages for spacing considerations and schedule for immunocompromised individuals.

Pfizer LP.8.1 mRNA COVID-19 Vaccine Storage and Preparation

- Store in a refrigerated suspension and do not freeze
- Protect from light until thawed
- Can store between +2° C and +8°C until the expiration date printed on the carton and syringe label.
- Pre-filled syringes may be transported between +2°C to +8°C
- Pre-filled syringes can be handled in room light conditions.
- Minimize exposure to room light and avoid exposure to direct sunlight and ultraviolet light
- **Regardless of storage condition, the vaccine should <u>not</u> be used after the expiration date printed on the syringes and cartons.**

COVID-19 Infection and COVID-19 Immunization Interval

- **Individuals who have had a recent COVID-19 infection, may receive COVID-19 vaccine after acute symptoms have resolved and they are no longer infectious.**
  - Unless there is a history of multisystem inflammatory syndrome in children or adults (MIS-C or MIS-A)
  - Individuals with a history or MIS-C or MIS-A, regardless of immunocompromised status, should receive the COVID-19 vaccine when clinical recovery has been achieved or at least 90 days from onset of MIS-C or MIS-A, whichever is longer.

COVID-19 Vaccine: Reactions

Reactions to COVID-19 Vaccine:

	Moderna Spikevax and Pfizer-BioNTech Comirnaty
Common	Pain, swelling/induration at injection site Axillary swelling/tenderness Fatigue Headaches, chills, fever Myalgia, arthralgia Diarrhea, nausea, vomiting, loss of appetite Irritability, crying Hypoaesthesia, (decreased sense of touch or sensation) Paraesthesia (tingling, itching or pricking sensation)
Uncommon	Lymphadenopathy Asthenia Hyperhidrosis, night sweats
Rare	Anaphylaxis, allergic reaction Guillain Barré Syndrome (GBS) Erythema multiforme Myocarditis/Pericarditis Facial paralysis/Bell's Palsy

COVID-19 Vaccine: Myocarditis and/or Pericarditis

- **Very rare cases of myocarditis and/or pericarditis following immunization with COVID-19 vaccines have been reported**
  - Compared to the original monovalent primary series, the risk of myocarditis and/or pericarditis is expected to be lower due to the use of a 1-dose schedule for most individuals.
  - Post market safety surveillance data on previous formulations of mRNA COVID-19 vaccine indicate the risk of myocarditis following a booster dose is lower compared to following the 2nd dose of a primary series.
  - Current data does not show a product specific difference in the risks of myocarditis and/or pericarditis after a booster dose of a mRNA COVID-19 vaccine.
  - Anyone receiving a COVID-19 vaccine should be informed of the risk of myocarditis and pericarditis. They should be advised to seek medical attention if they develop any symptoms of shortness of breath, chest pain or a rapid or abnormal heart rhythm.

COVID-19 Vaccine: Myocarditis and/or Pericarditis

Myocarditis or Pericarditis not related to COVID-19 immunization

- Generally, deferral of COVID-19 immunization is not required for those with a prior history of myocarditis or pericarditis that is unrelated to COVID-19 vaccines.
  - It is recommended the individual consult with their clinician if they have any questions or concerns about the history of myocarditis or pericarditis and immunization.
  - Consultation with a clinician is not required for these circumstances.

COVID-19 Vaccine: Myocarditis and/or Pericarditis

Myocarditis or Pericarditis within 6 weeks of COVID-19 immunization

- In most circumstances, further doses of COVID-19 vaccines should be **deferred.**
  - However, further doses may be offered if individuals with confirmed myocarditis or pericarditis with abnormal cardiac investigation choose to receive another dose after discussing the risk vs benefits with their clinician.
  - Individuals with a history compatible with pericarditis within 6 weeks of receiving a dose of COVID-19 vaccine, who either had no cardiac workup or had a normal cardiac investigations, can be reimmunized if they are symptom free and at least 90 days since their previous immunization.
  - Informed consent should discuss the lower risk of recurrence of myocarditis or pericarditis following additional doses of COVID-19 vaccine in individuals with a history of confirmed myocarditis or pericarditis after a previous dose of COVID-19 vaccine.

COVID-19 Vaccine: Pregnancy

- **COVID-19 vaccine should be offered to pregnant individuals, regardless of trimester of pregnancy, as they are more at risk of severe illness from COVID-19 compared with non-pregnant individuals.**
- Safety and efficacy of Moderna Spikevax and Pfizer Comirnaty LP.8.1 in pregnant women has not been established.
- Data available on COVID-19 vaccines administered in pregnancy did not detect safety signals from post-marketing surveillance.
- It is recommended individuals consult with their primary care provider or specialist for any vaccine related questions or concerns.
  - However, consultation is not required to receive the COVID-19 vaccine.

COVID-19 Vaccine: Pregnancy

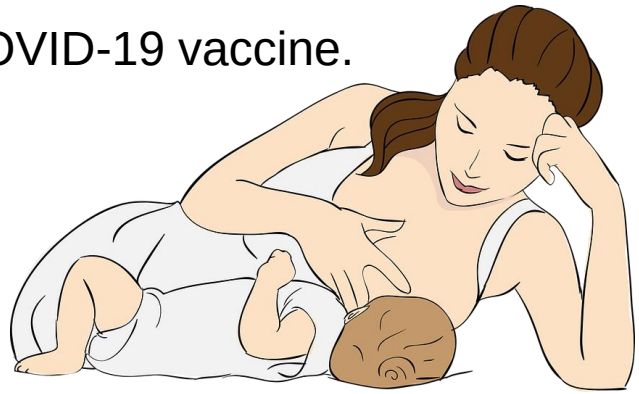
COVID-19 vaccine mRNA vaccine use in Pregnancy and Newborn and Early Infant Outcomes

- Study from ON, Canada using multiple linked health databases, singleton births with estimated delivery from May 1, 2021 to Sept 2, 2022, where the mother received at least one mRNA COVID vaccine while pregnant.
- Total of 142,006 infants. 86, 670 exposed to 1 or more COVID-19 vaccine doses in utero.
- Infants of vaccinated mothers had lower risks of severe neonatal morbidity, neonatal death and NICU admission, compared with no maternal COVID-19 vaccine before delivery.
- No association between maternal vaccination in pregnancy and neonatal admission or 6-month hospital admission
- Maternal mRNA COVID-19 vaccination during pregnancy was not associated with increased adverse newborn or early infant outcomes and be protective against adverse newborn outcomes.

Source: Newborn and Early Infant Outcomes Following MaternalCOVID-19 Vaccination During Pregnancy - PMC

COVID-19 Vaccine: Lactation

- Unknown whether COVID-19 vaccine is excreted in human milk as breastfeeding individuals were excluded from the initial trials. Risk to the newborn/infants cannot be excluded.
- Recent reports have shown breastfeeding individuals who have received mRNA COVID-19 vaccines have antibodies in their breastmilk, which could help protect their babies. More data is needed.
- **COVID-19 vaccine is recommended for individuals who are breastfeeding.**
- Individuals can consult with their primary health care provider or specialist for any vaccine related questions or concerns.
  - However, consultation is not required to receive COVID-19 vaccine.



ISC INDIGENOUS SERVICES CANADA

-

COVID-19 Vaccine Supply Considerations

- **Limited COVID-19 vaccine supply in Alberta for the 2025-2026 season.**
  - **Pediatric COVID-19 vaccine is particularly limited**

Considerations :

- Maximize the number of adults and children that can be protected this season
- Wastage will be more carefully monitored this season
  - AVI reconciliation will be monitored weekly.

COVID-19 Vaccine Supply Considerations

Potential Strategies:

- Ordering COVID-19 vaccine supply when appointments booked
- Schedule a minimum of 4 pediatric appointments prior to opening a vial. Once opened, any remaining doses can be offered to individuals over 12.
- Reach out to the highest risk children under 12 years and organize on the same day
- Planning events around COVID vaccine to increase number of appointments
- Referral to Primary Care Alberta (PCA) public health

Note: Extra thought and planning may be needed this season. Please reach out to the CDC team for additional support and troubleshooting.

RSV

What is RSV?

Respiratory Syncytial Virus (RSV)

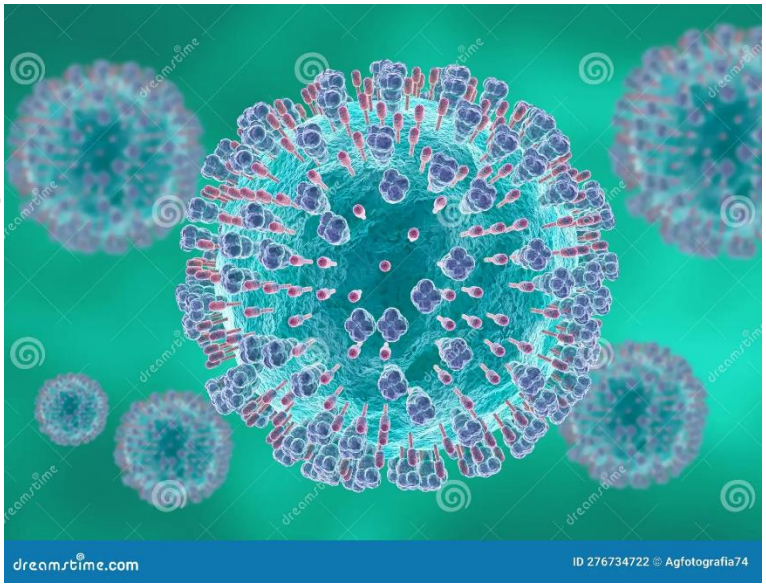
- Common respiratory virus that typically causes mild cold-like symptoms that resolve in 1-2 weeks.
- Seasonal- most common between November and April

Symptoms:

- Runny nose, coughing, sneezing, wheezing, fever, decreased appetite and low energy
- Most common lower respiratory tract illness in young children.

Complications:

- Can be a severe, lower respiratory tract infection.
- Individuals at higher risk of serious
  - Infants
  - Older Persons (65 years +)
  - Individuals who are immunocompromised



ISC INDIGENOUS SERVICES CANADA

RSV in Alberta

	Alberta 2024-2025 Season	Alberta First Nation 2024-2025 Season
Positive Labs	5783	Over 50
Hospitalizations	2396	36
ICU	217	5 or less
Deaths	75	5 or less

Source: Respiratory virus dashboard | alberta.ca and ISC CDC data

How Serious is RSV?

Summary of lab-confirmed RSV cases in Alberta 2021-2022 to 2025-2026

Season	Cases (n)	Hospitalizations (n)	ICU admissions (n)	Deaths (n)
2025-2026	10	5	0	0
2024-2025	5,783	2396	217	75
2023-2024	5,048	No data	No data	No data
2022-2023	6,943	No data	No data	No data
2021-2022	4,411	No data	No data	No data

Note: A hospital or ICU admission in a laboratory-confirmed RSV case is counted when the reason for admission is either directly resulting from the disease, or when the disease is a contributing factor for the admission.

Source: Respiratory virus dashboard | alberta.ca

RSV: Prevention

- Handwashing
- Respiratory etiquette
- Stay home when Sick

- Immunoprophylaxis for infants
  - Alberta Pediatric RSV Prevention Program | Alberta Health Services

- Immunization in pregnancy
  - Although licensed, not currently provincially funded

- Immunization for older adults
  - RSV vaccine (Abrysvo)

RSV Immunization Biological Page

Respiratory Syncytial Virus Vaccine (RSV)

BIOLOGICAL PAGE

Alberta Health Services
Communicable Disease Control

Section 7	Biological Product Information	**Standard # 07.316**	
Created and approved by	Provincial Immunization Program Standards and Quality		
Approval date	October 9, 2024	**Published**	September 22, 2025

	ABRYSVO
Manufacturer	Pfizer Canada ULC
Classification	Non-live: subunit
Indications for Provincially Funded Vaccine	Individuals who have not previously received any dose of RSV vaccine and are: • Residents of continuing care homes and senior supportive living accommodations that are 60 years of age and older. • Community dwelling seniors 70 years of age and older. • First Nations, Metis and Inuit individuals who are 60 years of age and older.
Schedule	1 dose • If an individual received a previous dose of any RSV vaccine, they are considered up to date and no additional doses are recommended at this time.
Preferred Use	N/A
Dose	0.5 mL
Route	IM

Immunization Program Standards Manual | Alberta Health Services: Respiratory Syncytial Virus (RSV) Vaccine Biological

ISC INDIGENOUS SERVICES CANADA

RSV Immunization Reminders

- RSV vaccine is provincially funded for:
  - First Nations, Metis and Inuit individuals who are 60 years of age and older
  - Residents of continue care homes and supportive living accommodations who are 60 years of age and older
  - Community dwelling seniors 70 years of age and older

- Schedule: One lifetime dose. No boosters recommended at this time
- Dose: 0.5mL IM
- No spacing recommendations recommended with seasonal and non-seasonal immunizations

Pneumococcal Disease

What is Pneumococcal Disease?

- Pneumococcal disease is caused by a bacteria that can lead to pneumonia, meningitis, bacteremia and middle-ear infections.
- Occurs year-round

Who is at Risk:

- Children- especially those under 2 years, with cochlear implants, who are Indigenous, attend child care or have a chronic illness
- Adults- especially those with a chronic illness, those that smoke, experiencing houselessness or over 65 years.

Complications:

- Causes 700,000 deaths worldwide each year in children under 5 years
- Case fatality rate of pneumococcal meningitis is 8% in children and 22% in adults.
- Case fatality rate of bacteremia pneumococcal pneumonia is 5-7% or higher

Pneumococcal Immunization Biological Page

Pneumococcal Vaccine, 20-valent Conjugate (Pneu-C20): Prevnar 20

Alberta Health Services
Communicable Disease Control

BIOLOGICAL PAGE

Section 7	Biological Product Information	**Standard # 07.293**	
Created and approved by	Provincial Immunization Program Standards and Quality		
Approval date	June 24, 2024	**Published**	September 22, 2025

	PREVNAR 20 Pneumococcal 20-valent Conjugate Vaccine (Pneu-C20)
Manufacturer	Pfizer Canada Inc.
Biological Classification	Non-live: conjugate
Indications for Provincially Funded Vaccine	Individuals who have not received a previous dose of Pneu-C20 who: • Are 65 years of age and older or • Belong to one or more of the Groups at Increased Risk for Invasive Pneumococcal Disease (IPD): **Populations with sustained high rates of IPD:** • Residents of continuing care homes and senior supportive living accommodations • First Nations, Métis, and Inuit individuals, regardless of where they live **Individuals with the following medical conditions** (See Standard on the Immunization of Individuals with Chronic Health Conditions and/or Immunosuppression): • Asplenia/hyposplenism (functional or anatomic) • Chronic cardiac disease (including ischemic heart disease that requires regular medication and follow-up, congenital heart disease, cyanotic heart disease, chronic heart failure, or hypertension with cardiac complications) • Chronic cerebral spinal fluid (CSF) leak • Chronic liver disease (including biliary atresia, fatty liver, hepatitis B and C and hepatic cirrhosis due to any cause) • Chronic neurologic condition that may impair clearance of oral secretions • Chronic pulmonary disease (including chronic obstructive pulmonary disease, emphysema, bronchiectasis, interstitial lung fibrosis, cystic fibrosis, and asthma that required medical care within the last 12 months, regardless of whether they are on high dose steroids) • Chronic renal disease (including individuals with stage 4 and 5 chronic kidney disease, nephrotic syndrome, on dialysis or renal transplant recipient) • Cochlear implants (candidates and recipients) • Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin or factor D deficiencies) or phagocytic functions • Diabetes mellitus • Hematopoietic stem cell transplant (HSCT) and/or CAR T-cell therapy recipients. See

Immunization Program Standards Manual | Alberta Health Services: Pneumococcal Conjugate 20 (Pneu-C20)

ISC INDIGENOUS SERVICES CANADA

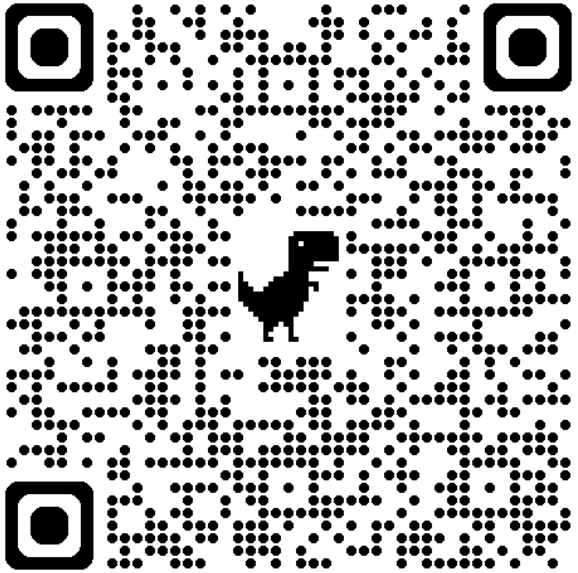
Pneumococcal Immunization Reminders

- All First Nations, Metis and Inuit individuals, regardless of where they live qualify for Pneu-C20
- Schedule is based on age and previous pneumococcal vaccine history
- Refer to biological page to ensure the correct number of doses and spacing are offered
- Individuals 24 months of age and older who completed their pneumococcal immunization series with another pneumococcal vaccine are eligible for one dose of Pneu-C20 if they have not yet received a dose of Pneu-C20.
- Individuals 65 years of age and older should wait a minimum of 1 year since their last Pneu-C13, Pneu-C15 or Pneumo P before receiving a Pneu-C20 if they do not have any additional risk factors.

Surveillance

Respiratory Illness Surveillance

- All provincial and territorial public health departments provide an assessment of the intensity and geographic spread of influenza-like illness (ILI) within their jursidictions.
- This is one part of the FluWatch program
- Surveillance is usually from end of August to the following August each year.
- Part of international process to monitor influenza activity around the world
  - Monitoring for circulating strains
  - Vaccine effectiveness
  - Contribute to Pandemic Influenza Prepardness

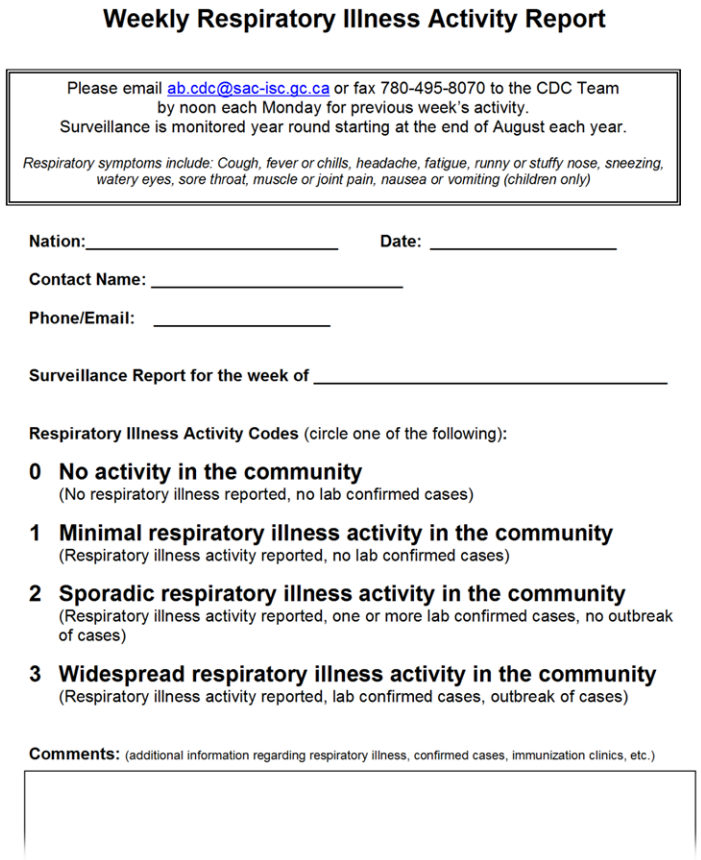


Overview of influenza monitoring in Canada - Canada.ca

Weekly Respiratory Illness Surveillance

- **Weekly Respiratory Illness Activity Report**
- Submit by email or fax by Monday at Noon (or Tuesday if Monday is a holiday)
- Each health centre to designate an individual as the key contact and a back-up
  - Does not need to be a nurse
- Ensure reporting on respiratory illness.
- Contact ab.cdc@sac-isc.gc.ca if there are reports of anyone hospitalized with a respiratory illness

[One Health: 2025-26Weekly RespIllness Activity Report.docx]



Weekly Respiratory Illness Activity Report

Please email ab.cdc@sac-isc.gc.ca or fax 780-495-8070 to the CDC Team
by noon each Monday for previous week's activity.
Surveillance is monitored year round starting at the end of August each year.

Respiratory symptoms include: Cough, fever or chills, headache, fatigue, runny or stuffy nose, sneezing, watery eyes, sore throat, muscle or joint pain, nausea or vomiting (children only)

Nation:_____ **Date:** _____

Contact Name: _____

Phone/Email: _____

Surveillance Report for the week of _____

Respiratory Illness Activity Codes (circle one of the following):

0 No activity in the community
(No respiratory illness reported, no lab confirmed cases)

1 Minimal respiratory illness activity in the community
(Respiratory illness activity reported, no lab confirmed cases)

2 Sporadic respiratory illness activity in the community
(Respiratory illness activity reported, one or more lab confirmed cases, no outbreak of cases)

3 Widespread respiratory illness activity in the community
(Respiratory illness activity reported, lab confirmed cases, outbreak of cases)

Comments: (additional information regarding respiratory illness, confirmed cases, immunization clinics, etc.)

ISC INDIGENOUS SERVICES CANADA

Surveillance: Testing

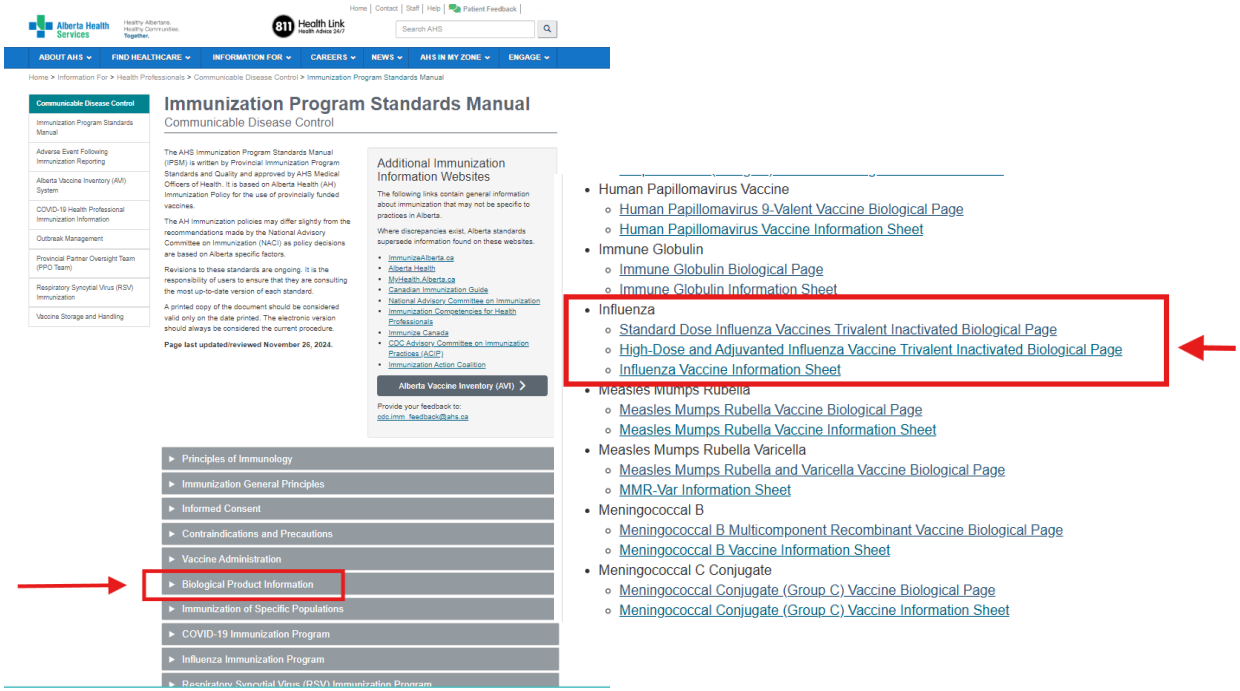
- Consider a nasopharyngeal (NP) swab for respiratory illness in individuals in a congregate setting or there is a risk of an Outbreak.
  - Supportive Living or Long-term care
  - Daycare
  - Treatment facility or Shelter
  - Respiratory Pathogen NAT Panel
    - Influenza A, B, COVID-19, RSV
    - NP swabs in UTM transport media
    - Ship to APL
    - Order under Dr Lauren Bilinsky, ISC MOH
  - Contact CDC if unsure or for requisitions

General Immunization Information

AHS Immunization Program Standards Manual

- The AHS Immunization Program Standards Manual (IPSM) Biological Product Information or ‘biological pages’ are posted on the AHS website for all provincially funded vaccines, including seasonal immunizations
- Always use the biological pages posted on the AHS website for complete and current information.

AHS IPSM



Fit To Immunize

Prior to any vaccine, including seasonal immunizations, the immunizer must determine whether the individual is fit to immunize.

Fit to Immunize assessment:

- Health status today
- History of allergies
- History of previous reactions
- History of chronic illness/medications
- Receipt of blood/blood products in the past year
- Pregnancy
- Receipt of live vaccine in past 3 months

Link: AHS Fit to Immunize Tool

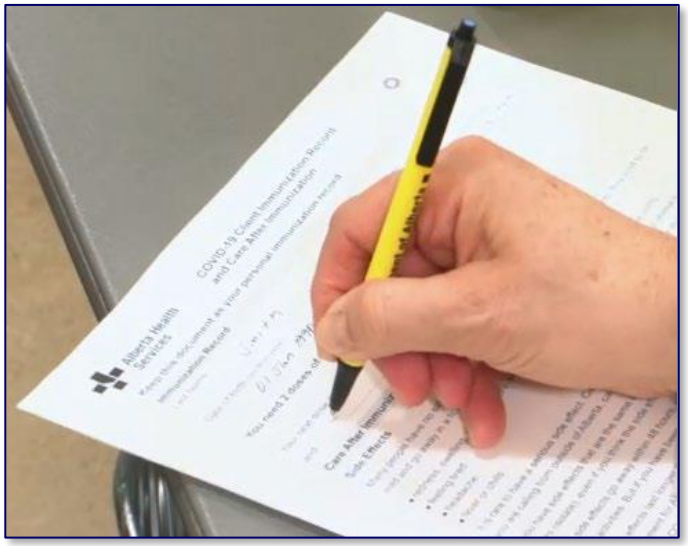
Informed Consent

Clients or their guardian must give informed consent before immunization

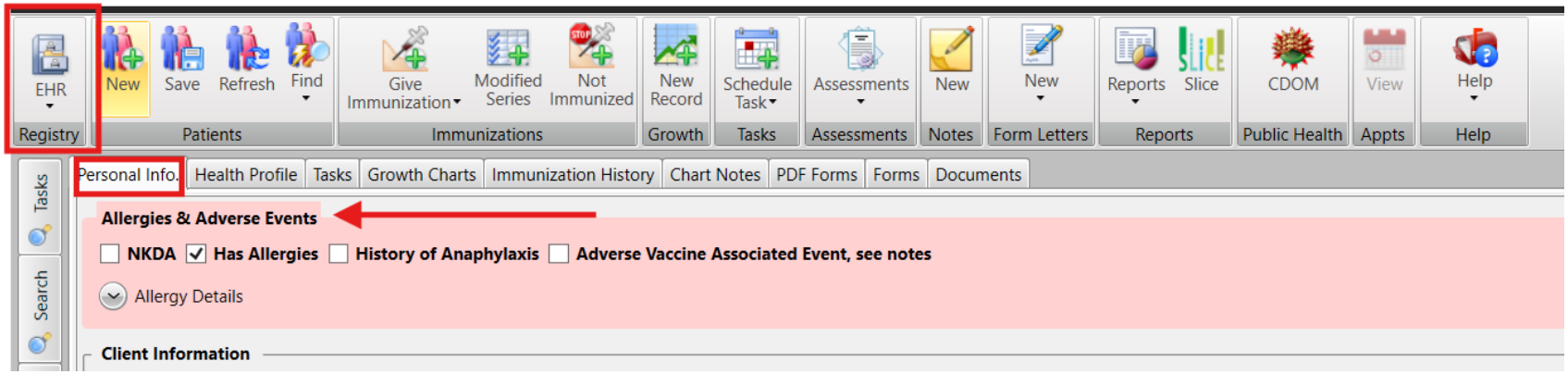
- Prior to immunizing, the immunizer must:
  - Determine that the client is eligible
  - Review the disease being prevented
  - Review vaccine
- Discuss:
  - Risks and benefits of getting the vaccine and not getting the vaccine
  - Side effects and after care
  - How the vaccine is given
  - Provide the opportunity to ask questions
  - Affirm verbal consent, Vaccine Information sheets can be used for informed consent
- See the Informed Consent information on One Health under Immunization

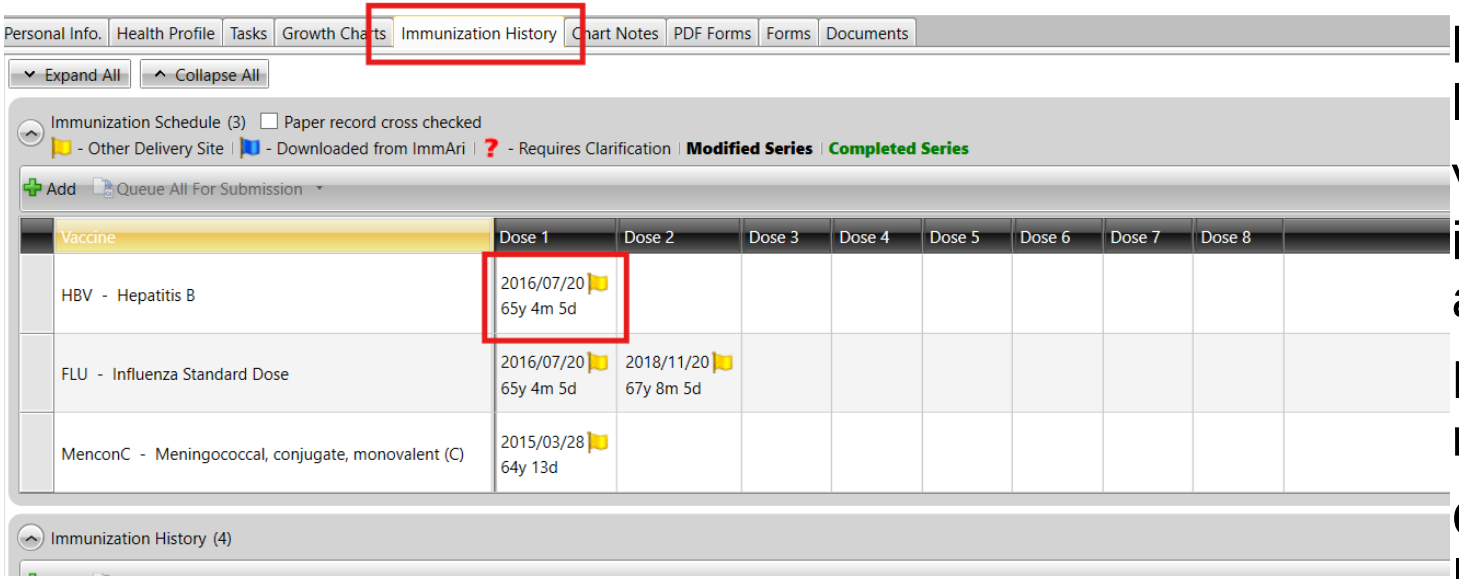
Vaccine Documentation

- Information required to be recorded on all clients includes:
  - Client demographic information
    - full name, personal health number, date of birth, gender, address including postal code
- Reason code for immunization
- Dose number
- Vaccine name & lot number
- Dosage administered
- Site of injection
- Route of administration
- Date of immunization
- Immunizer's first initial and last name, designation & signature



Documentation in CHIP





Prior to Immunizing:

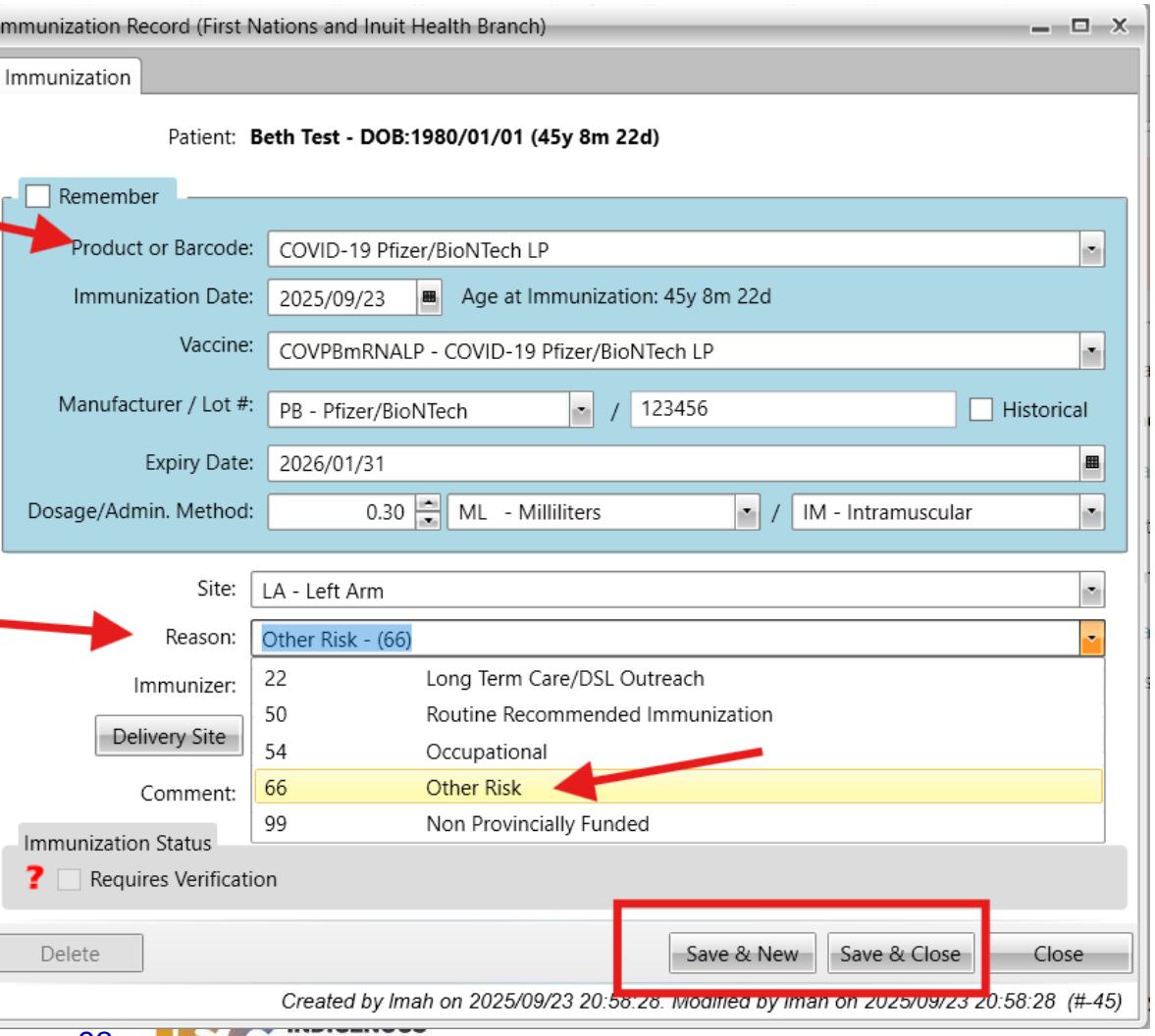
Verify personal information and allergies

Merge Netcare records.

Check Immunization history

ISC INDIGENOUS SERVICES CANADA

Documentation in CHIP



COVID-19 reason codes:

- Long Term Care/DSL Outreach
- Routine- Individuals 65 +years of age and receiving the Alberta Seniors Benefit
- Occupational- HCWs
- Other Risk- Anyone else who qualifies in Phase 1
- Non-Provincially Funded- Any individual who qualifies for phase 2. Note: Direction from ISC MOHs is First Nations will not be charging for COVID-19 vaccine

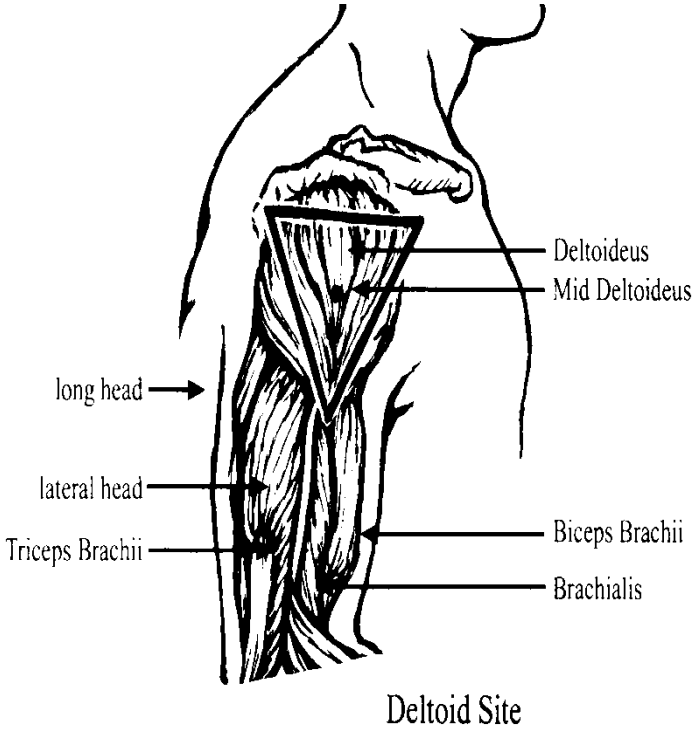
Vaccine Administration - IM

Adults

- 25G - 1” to 1½” needle depending on muscle mass and adipose tissue
- insert at 90 degree angle
- mid portion of deltoid

For further details:

AHS Standard for the Administration of Immunizations



Deltoid Site

Vaccine Administration - IM

Infant up to and including 11 months

1 mL or 3 mL syringe

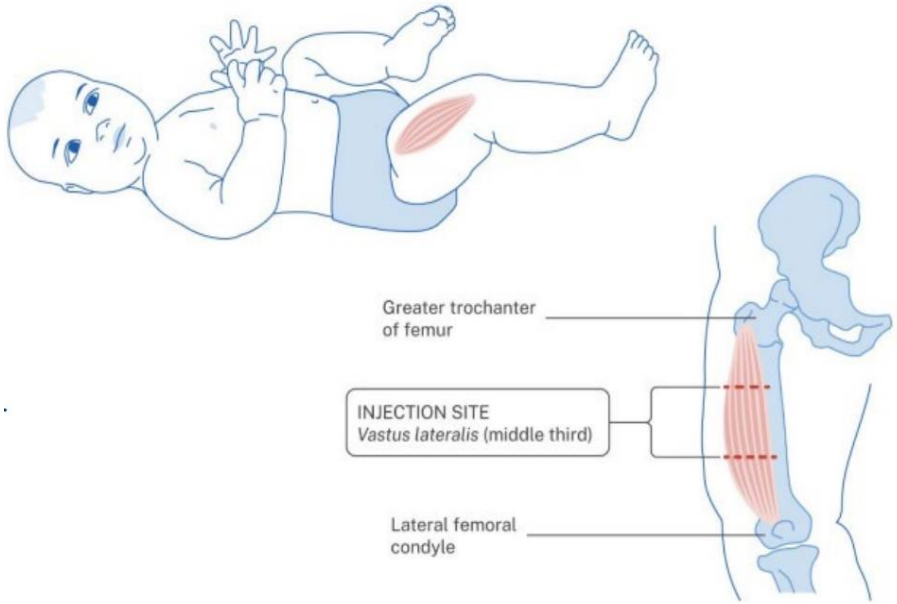
22-25G 5/8 - 1” needle

insert at 90-degree angle vastus lateralis – middle third of anterior thigh and slightly lateral to the midline

Note: This site can be used for children older than 12 months of age with inadequate deltoid muscle mass. Check with a Public Health Nurse if you are unsure

For further details:

AHS Standard for the Administration of Immunizations



Anaphylaxis

- Anaphylaxis is an acute hypersensitivity reaction that can be potentially life-threatening.
- With prompt recognition and appropriate medication, anaphylaxis can be treated effectively.
- This clinical syndrome is a rare event, but it can and will occur with immunizations.
- Immunizers must possess the competency (knowledge and skills) to identify and manage an anaphylaxis reaction.
- Resources on One Health >> *CDC* >> *Immunization and Notifiable Disease*
- Canadian Immunization Guide:

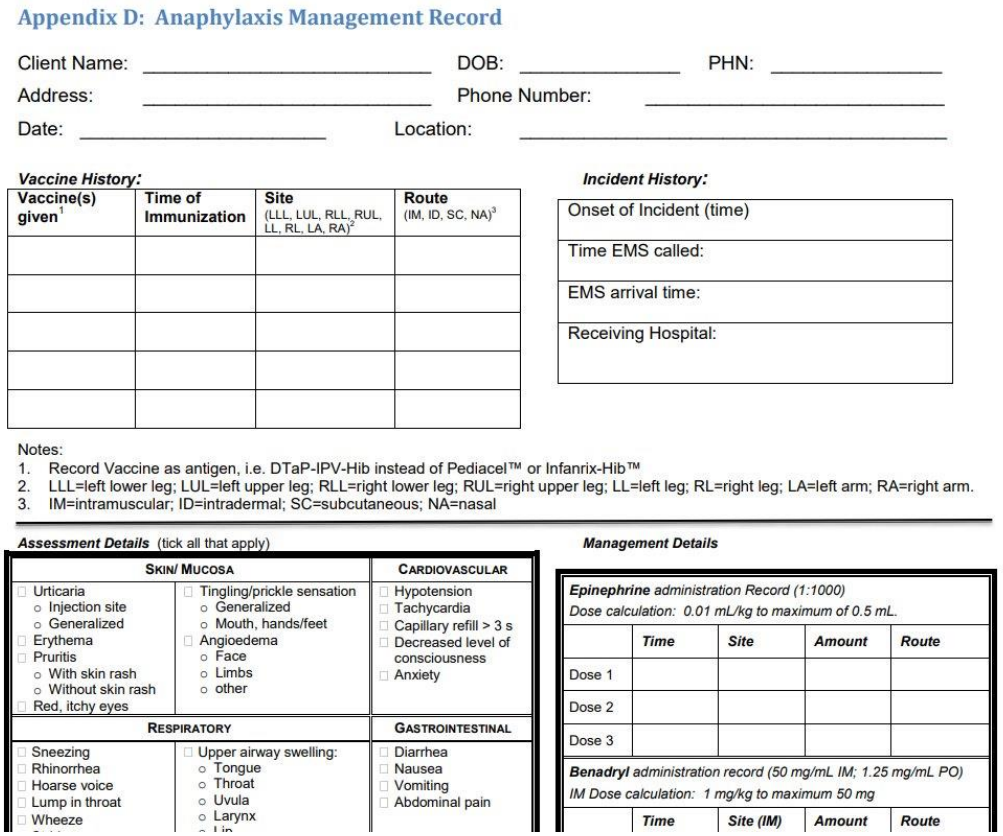
  Anaphylaxis and other acute reactions following vaccination: Canadian Immunization Guide - Canada.ca

Anaphylaxis

- In the event you have an individual with suspect anaphylaxis, it is recommended to utilize the Anaphylaxis Management Record to document the event.

Anaphlaxis

- Anaphlaxis Policy
- Anaphlaxis Guidelines
- Anaphylaxis Management Record (2012)
- Adverse Events Following Immunization (AEFI)
- Anaphylaxis Practice Workbook



Appendix D: Anaphylaxis Management Record

Client Name: _____ DOB: _____ PHN: _____

Address: _____ Phone Number: _____

Date: _____ Location: _____

Vaccine History:

Vaccine(s) given[1]	Time of Immunization	Site (LLL, LUL, RLL, RUL, LL, RL, LA, RA)[2]	Route (IM, ID, SC, NA)[3]

Incident History:

Onset of Incident (time)
Time EMS called:
EMS arrival time:
Receiving Hospital:

Notes:
1. Record Vaccine as antigen, i.e. DTaP-IPV-Hib instead of Pediacel™ or Infanrix-Hib™
2. LLL=left lower leg; LUL=left upper leg; RLL=right lower leg; RUL=right upper leg; LL=left leg; RL=right leg; LA=left arm; RA=right arm.
3. IM=intramuscular; ID=intradermal; SC=subcutaneous; NA=nasal

Assessment Details (tick all that apply)

Skin/ Mucosa		Cardiovascular
☐ Urticaria ○ Injection site ○ Generalized ☐ Erythema ☐ Pruritis ○ With skin rash ○ Without skin rash ☐ Red, itchy eyes	☐ Tingling/prickle sensation ○ Generalized ○ Mouth, hands/feet ☐ Angioedema ○ Face ○ Limbs ○ other	☐ Hypotension ☐ Tachycardia ☐ Capillary refill > 3 s ☐ Decreased level of consciousness ☐ Anxiety
Respiratory		**Gastrointestinal**
☐ Sneezing ☐ Rhinorrhea ☐ Hoarse voice ☐ Lump in throat ☐ Wheeze	☐ Upper airway swelling: ○ Tongue ○ Throat ○ Uvula ○ Larynx	☐ Diarrhea ☐ Nausea ☐ Vomiting ☐ Abdominal pain

Management Details

Epinephrine *administration Record (1:1000)*
Dose calculation: 0.01 mL/kg to maximum of 0.5 mL.

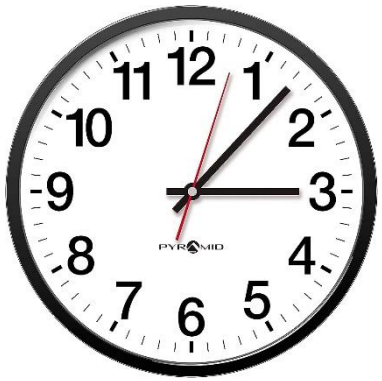
	Time	Site	Amount	Route
Dose 1				
Dose 2				
Dose 3				

Benadryl *administration record (50 mg/mL IM; 1.25 mg/mL PO)*
IM Dose calculation: 1 mg/kg to maximum 50 mg

	Time	Site (IM)	Amount	Route

Anaphylaxis

- **Healthcare providers MUST review the anaphylactic directive and guideline before giving vaccines.**
  - *ISC CDC Guidelines for the Management of Anaphylaxis Related to Immunizations*
  - *ISC Management of Anaphylaxis Post-Immunization*
- **An EPI kit must be onsite when providing immunizations.**
- All clients should be encouraged to wait for 15 minutes after their immunization.
- For clients with any known anaphylactic allergies, extend this recommended wait period to **30 minutes**.
- Have clients remain within the clinic area and return immediately for assessment if they feel unwell.

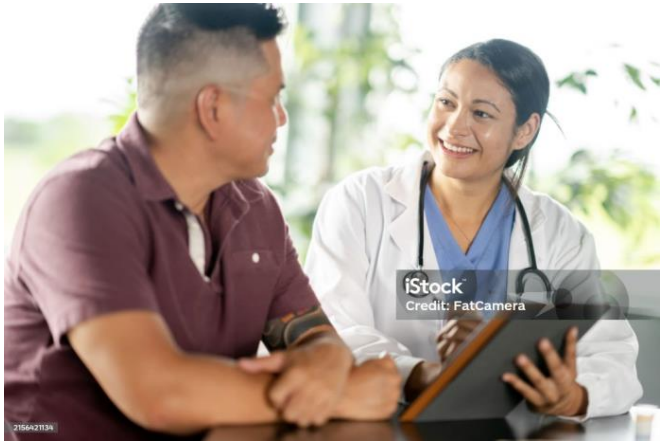


Adverse Event Following Immunization

- Adverse Event Following Immunization (AEFI):
  - *Any untoward medical occurrence in a vaccinee which follows immunization and which does not necessarily have a causal relationship with the administration of the vaccine*
- AEFI reporting and monitoring is a key contributor to public confidence in vaccine programs and is critical to vaccine safety surveillance.
- Report any AEFI to Regional CDC Team within 3 days of being informed of the adverse event. 24 hours for anaphylaxis or death.
  - Vaccine given, when, where
  - Symptoms- including timing and description
  - Interventions and follow-up
  - Any underlying health issues or events
- Reporting form on One Health under Immunization

Incident Reporting

- Immunization errors do occur
- Disclose to the client as soon as possible
- Let your manager or supervisor know
- Complete an incident report
  - FNIHB employed nurses- use Green Form on One Health
    - Current pt incident form-AB_Green Form Version 7_31_18.pdf
  - For all other nurses- follow your health centre's processes for reporting an incident.
- Document in CHIP



INDIGENOUS SERVICES CANADA

Vaccine Storage and Handling Principles

- Vaccine management refers to the process of handling vaccines from the time they are manufactured until they are administered.
  - Ensure vaccine efficacy
  - Client safety is protected
  - Providers are knowledgeable regarding vaccine storage, handling and timely reporting of cold chain excursions.

Vaccine Storage and Handling Principles

The following standard set out the requirements and provide direction to all community health staff handling provincially funded vaccines.

- FNIHB- AB Region Vaccine Storage and Management
- Vaccine Storage and Handling Checklist August 2022 - FINAL

Vaccine storage and handling or cold chain excursions call:
Melissa Evans (403-462-1650) or **Laura Mah** (780-982-7503).

Vaccine Storage and Handling Principles

Every immunizer must:

- **MAINTAIN COLD CHAIN OF VACCINE**
- Understand cold chain excursions (breaks) and the implications of them
- Identify the key staff members at the clinic responsible for vaccine management
- **Understand the specific vaccine storage and handling recommendations for each product**
- Understand how to monitor and interpret TempTale®, min/max thermometer readings
- Understand the actions required if a cold chain excursion occurs

INDIGENOUS SERVICES CANADA

Slide used with permission from AHS.

Vaccine Reconciliation

- All immunization providers are required to account for vaccine doses administered, vaccine doses wasted and vaccine doses on hand.
- The rationale for requiring reconciliation is:
  - To determine immunization rates
  - To be accountable for doses administered and meet requirements of government auditing processes
  - To monitor vaccine safety
  - For planning and operational decisions for subsequent seasonal programs
- This will be monitored through the Alberta Vaccine Inventory System (VIMS-AVI)

Influenza, RSV and Pneu-C20 Ordering

Influenza, RSV and Pneu-C20

- Vaccine is available for ordering through the AVI (Alberta Vaccine Inventory) system.
- Recommend to order similar amounts to what you ordered last year.
- Keeping in mind expanded eligibility for RSV and PneuC20
- Weekly reconciliation is very important
- Track wastage

COVID Ordering

COVID-19 Vaccine:

- Vaccine is available for ordering through the AVI (Alberta Vaccine Inventory) system.
- Alberta has a limited supply of COVID-19 vaccine this season
  - Very limited supply of pediatric COVID-19 vaccine
- Mindful use of COVID-19 vaccine supply is needed this season
  - Avoid stockpiling
  - Only order pedatric doses when minimum of 4 children booked
  - Family days
  - Referral to Public Health

One Health Portal

Community Health > CDC Forms and Education

ALBERTA / NWT - FIRST NATIONS

HEALTH PORTAL

OUR PEOPLE, OUR HEALTH

Tuesday, September 23, 2025

RESOURCE FINDER

Home | Alberta Region | Community Health Promotion | Privacy Compliance | Communicable Disease Control | Nursing | Nutrition | WebMail

Communicable Disease Control > Immunization and Notifiable Disease

Melissa.Evans | LOGOUT

Forms

Vaccine Depot

- AVI New User Form - 2017
- Vaccine Ordering Process - January 2018
- Training Guide for Vaccine Ordering
- AVI Vaccine Ordering & Management Presentation
- AVI PowerPoint Presentation
- Reactivating Inactive Lot Numbers

Immunization Forms

- Cold Chain Excursion Report (October 2022)
- Cold Chain Excursion Procedure (August 2022)
- Vaccine Refrigeration Temperature Log and Temptale Record (August 2022)
- Refrigerator Min-Max Thermometer Maintenance Record (October 2022)
- Vaccine Storage and Handling Checklist (August 2022)
- Vaccine Waste Repot (December 2022)
- Pneumococcal and TB High Risk Medical Conditions Screening Coverage Report (April 2019)

Immunization Aftercare Sheets

- Care After Immunization - Adolescents/Adult
- Care After Immunization - Infant/Child
- Thimerosal Information for Nurses
- Thimerosal Information for Clients

Vaccine Management

- FNIHB AB Region: Vaccine Management Standards (February 2023)
- Vaccine Storage and Handling Checklist (August 2022)

Mandatory Education

- Alberta Health Notifiable Disease Guidelines
- AHS Immunization Program Standards Manual (IPSM)
- Mandatory Immunization Certification Policy

Vaccine Presentations

- Pneumococcal Conjugate Vaccines: 20 Valent (Prevnar)15 Valent (Vaxneuvance)(Slides) - June 20, 2024
- Prevnar 20 Presentation (Video)
- MMR and Varicella Presentation (Videos + Slides) - April 17, 2024
- Seasonal Influenza 2024-2025 Presentation (Video + Slides)
- Seasonal Covid-19 2024-2025 Presentation (Videos + Slides)
- RSV (Abrysvo) Presentation (Video + Slides)

Seasonal Immunization Program Information

- NEW MEMO: Influenza and COVID Program Planning for the 2025-26 Season
- NEW 2025-2026 Weekly Respiratory Illness Activity Report
- AHS Influenza Immunization Health Profesionals
- AHS COVID-19 Health Professional Immunization Information
- AHS Respiratory Synctial Virus (RSV) Immunization
- ARCHIVED/Under Review- Seasonal Influenza Program Resources
- ARCHIVED/Under Review - COVID-19 Page

Anaphlaxis

- Anaphlaxis Policy
- Anaphlaxis Guidelines
- Anaphylaxis Management Record (2012)
- Adverse Events Following Immunization (AEFI)
- Anaphylaxis Practice Workbook

ISC INDIGENOUS SERVICES CANADA

TUBERCULOSIS PROGRAM

TB Screening During Influenza Vaccination Clinics

Goal of Pre-screen Tool:

- Identify those with signs or symptoms possibly indicative of TB disease
- Identify those with certain medical conditions/on certain medication therapies that put them at greater risk for TB disease

Using the pre-screening tool ***does not*** constitute a completed screen or assessment under the At Risk Medical Conditions (ARMC) Screening Program. Clients who screen positive on either portion of the pre-screening tool need further assessment and interview.

Triage the screens based on symptoms versus no symptoms and presence of medical conditions or medical therapies. Recall clients to complete:

✓ *TB History and Symptom Inquiry*

✓ *At Risk Medical Conditions Screening Algorithm*

Pre-screening Tool

Are you at risk for TB?

Do you have any of these symptoms?

Cough longer than 3 weeks	Yes	No
Coughing up phlegm	Yes	No
Fever	Yes	No
Sweating at night	Yes	No
Poor appetite and Weight loss	Yes	No
Feeling very tired	Yes	No

1. Have you been told you have any of these conditions?

   Diabetes, kidney problems or other conditions that suppress your immune system
   Yes or No
2. Are you underweight? Yes No
3. Have you been told you have a positive TB skin test in the past? Yes No
4. Have you had TB disease in the past? Yes No
   When? _____

Name: _____

Date: _____

Date of Birth: _____

Phone: _____

This information is for your local community health professionals to help identify your potential health risk for tuberculosis and will be confidential.

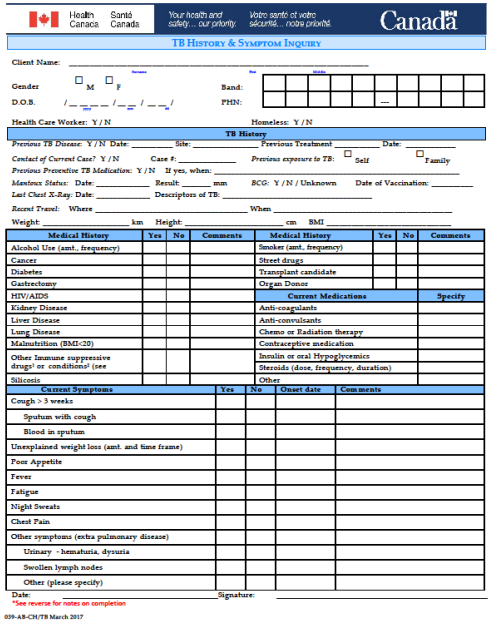
Please list any medications you are taking.

_____
_____
_____
_____
_____
_____

September 2018

TB Screening for those with At Risk Medical Conditions

1. Identify those with certain medical conditions/drug therapies that increase their risk of developing TB disease (those already having TB infection)
2. Screen and follow-up for TB using appropriate "**At Risk TB Screening Algorithm**" (High Risk vs. Moderate Risk Screening Algorithm) Protocol and algorithms for this program can be found on OneHealth.
3. Make referrals to TB Services as appropriate and continue to monitor those with At Risk Medical Conditions who have untreated TB infection


TB History & Symptom Inquiry

Client Name:

Gender M F Band:

D.O.B. PHN:

Health Care Worker: Y / N Homeless: Y / N

TB History

Previous TB Disease: Y / N Date: Site: Previous Treatment Date:

Contact of Current Case? Y / N Case #: Previous exposure to TB: Self Family

Previous Preventive TB Medication: Y / N If yes, when:

Mantoux Status: Date: Result: mm BCG: Y / N / Unknown Date of Vaccination:

Last Chest X-Ray: Date: Descriptors of TB:

Recent Travel: Where When

Weight: kg Height: cm BMI

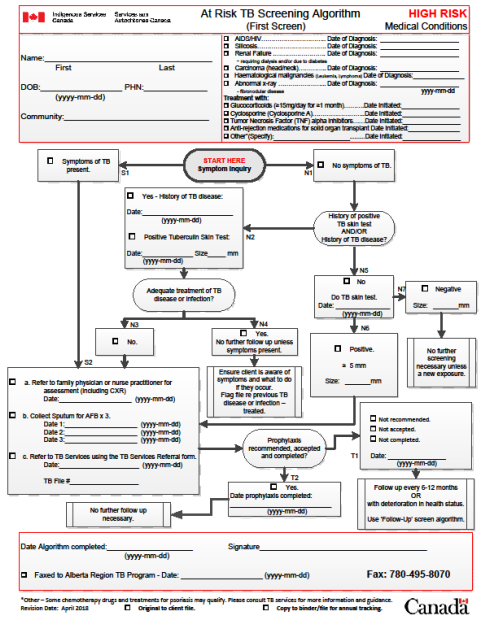
Medical History	Yes	No	Comments	Medical History	Yes	No	Comments
Alcohol Use (amt., frequency)				Smoker (amt., frequency)			
Cancer				Street drugs			
Diabetes				Transplant candidate			
Gastrectomy				Organ Donor			
HIV/AIDS				Current Medications			Specify
Kidney Disease				Anti-coagulants			
Liver Disease				Anti-convulsants			
Lung Disease				Chemo or Radiation therapy			
Malnutrition (BMI<20)				Contraceptive medication			
Other Immune suppressive drugs[1] or conditions[2] (see				Insulin or oral Hypoglycemics			
				Steroids (dose, frequency, duration)			
Silicosis				Other			

Current Symptoms	Yes	No	Onset date	Comments
Cough > 3 weeks				
Sputum with cough				
Blood in sputum				
Unexplained weight loss (amt. and time frame)				
Poor Appetite				
Fever				
Fatigue				
Night Sweats				
Chest Pain				
Other symptoms (extra pulmonary disease)				
Urinary - hematuria, dysuria				
Swollen lymph nodes				
Other (please specify)				

Date: Signature:

*See reverse for notes on completion

039-AB-CH/TB March 2017


At Risk TB Screening Algorithm (First Screen) HIGH RISK Medical Conditions

Name: First Last

DOB: (yyyy-mm-dd) PHN:

Community:

Symptoms of TB present. S1

START HERE Symptom Inquiry

No symptoms of TB. N1

Yes - History of TB disease: Date: (yyyy-mm-dd) N2

Positive Tuberculin Skin Test: Date: (yyyy-mm-dd) Size mm

History of positive TB skin test AND/OR History of TB disease? N5

Adequate treatment of TB disease or infection?

No. N3

No further follow up unless symptoms present. N4

No Do TB skin test. Date: (yyyy-mm-dd) N6

Negative Size: mm N7

Positive. ≥ 5 mm Size: mm

No further screening necessary unless a new exposure.

a. Refer to family physician or nurse practitioner for assessment (including CXR) Date: (yyyy-mm-dd)

b. Collect Sputum for AFB x 3. Date 1: Date 2: Date 3: (yyyy-mm-dd)

c. Refer to TB Services using the TB Services Referral form. Date: (yyyy-mm-dd) TB File #

Ensure client is aware of symptoms and what to do if they occur. Flag file re previous TB disease or infection – treated.

Prophylaxis recommended, accepted and completed? T1 T2

Not recommended. Not accepted. Not completed. Date: (yyyy-mm-dd)

Yes. Date prophylaxis completed: (yyyy-mm-dd)

No further follow up necessary.

Follow up every 6-12 months. OR with deterioration in health status. Use 'Follow-Up' screen algorithm.

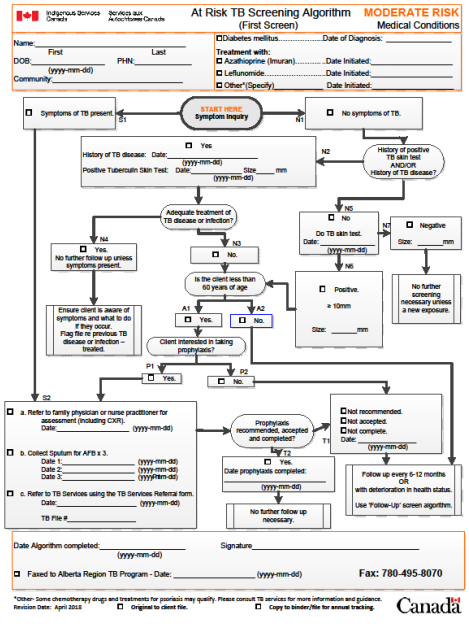
Date Algorithm completed: (yyyy-mm-dd) Signature

Faxed to Alberta Region TB Program - Date: (yyyy-mm-dd) Fax: 780-495-8070

*Other - Some chemotherapy drugs and treatments for psoriasis may qualify. Please consult TB services for more information and guidance.

Revision Date: April 2018 Original to client file. Copy to binder/file for annual tracking.

Canada


At Risk TB Screening Algorithm (First Screen) MODERATE RISK Medical Conditions

Name: First Last

DOB: (yyyy-mm-dd) PHN:

Community:

Diabetes mellitus Date of Diagnosis:

Treatment with: Azathioprine (Imuran) Date Initiated: Leflunomide Date Initiated: Other* (Specify) Date Initiated:

Symptoms of TB present. S1

START HERE Symptom Inquiry

No symptoms of TB. N1

Yes History of TB disease: Date: (yyyy-mm-dd) N2

Positive Tuberculin Skin Test: Date: Size mm (yyyy-mm-dd)

History of positive TB skin test AND/OR History of TB disease? N5

Adequate treatment of TB disease or infection?

No. N3

No further follow up unless symptoms present. N4

No Do TB skin test. Date: (yyyy-mm-dd) N6

Negative Size: mm N7

Positive. ≥ 10mm Size: mm

No further screening necessary unless a new exposure.

Is the client less than 60 years of age A1 A2

Yes. No.

Ensure client is aware of symptoms and what to do if they occur. Flag file re previous TB disease or infection – treated.

Client interested in taking prophylaxis? P1 P2

Yes. No.

a. Refer to family physician or nurse practitioner for assessment (including CXR) Date: (yyyy-mm-dd)

b. Collect Sputum for AFB x 3. Date 1: Date 2: Date 3: (yyyy-mm-dd)

c. Refer to TB Services using the TB Services Referral form. Date: (yyyy-mm-dd) TB File #

Prophylaxis recommended, accepted and completed? T1 T2

Not recommended. Not accepted. Not complete. Date: (yyyy-mm-dd)

Yes. Date prophylaxis completed: (yyyy-mm-dd)

No further follow up necessary.

Follow up every 6-12 months. OR with deterioration in health status. Use 'Follow-Up' screen algorithm.

Date Algorithm completed: (yyyy-mm-dd) Signature

Faxed to Alberta Region TB Program - Date: (yyyy-mm-dd) Fax: 780-495-8070

*Other- Some chemotherapy drugs and treatments for psoriasis may qualify. Please consult TB services for more information and guidance.

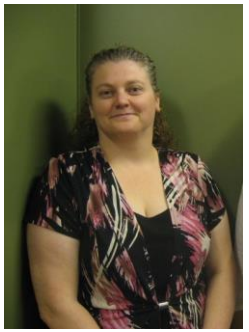
Revision Date: April 2018 Original to client file. Copy to binder/file for annual tracking.

Canada

TB Queries

If you have any specific queries relating to TB screening, please contact:

- ***FNIHB TB Program Coordinator:***



Andrea Warman
andrea.warman@sac-isc.gc.ca ph: 780-983-3197
Coordinates activities around general program oversight
Facilitates support in management of cases/contacts as needed

- ***FNIHB TB Screening & Education Nurse:***

Deana Nahachewsky
deana.nahachewsky@sac-isc.gc.ca ph: 780-718-1700
Manages the Screening Programs
Facilitates and delivers education & training to field staff

Resources

AHS Immunization Program Standards Manual

Alberta immunization policy | Alberta.ca

Statement on seasonal influenza vaccines for 2025–2026 - Canada.ca

Canadian Immunization Guide - Canada.ca

National Influenza Annual Report 2023–2024: A focus on influenza B, CCDR 50(11) - Canada.ca

Respiratory virus dashboard | alberta.ca

COVID-19: Canadian respiratory virus surveillance report (FluWatch+) — Canada.ca

Influenza: Canadian respiratory virus surveillance report (FluWatch+) — Canada.ca

One Health: Immunization

NEW 03.150 Standard For Vaccine Hesitancy

- Immunization Resources for Health Care Providers
- Immunization Resources for the Public
- Motivational Interview Scripts
- Visual Graphics that Providers Can Use to Help Explain More Complex Information
- Vaccine Hesitancy Frequently Asked Questions & Answers
- Questions About Immunization Poster

Questions?

Melissa Evans: 403-462-1650
Bethany Folkerts: 587-341-1353
Laura Mah: 780-982-7503
ISC CDC Inbox:
ab.cdc@sac-isc.gc.ca

Thank you for your partnership in Public Health