

Seasonal Immunizations Overview

September 2026





In the spirit of Truth and Reconciliation, Indigenous Services Canada (ISC), Alberta Region respectfully acknowledges that we are situated on Treaty 6, 7, & 8 territories, the traditional lands of First Nations and Métis people.

We appreciate and are thankful to play, work, and live along side First Nations and Métis people.

Land Acknowledgement

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.

Outline

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



Learning Objectives

- Understand influenza, COVID-19, pneumococcal and RSV disease and impacts
- Increased knowledge of:
 - COVID-19 vaccine
 - Influenza vaccine
 - RSV vaccine
 - Pneumococcal Vaccine
- Review best practice for the following:
 - Vaccine administration
 - Vaccine storage and handling
 - Vaccine ordering
 - Anaphylaxis and AEFIs

Prevention of Respiratory infections

- Cover your cough
- Handwashing
- Avoid touching eyes, nose or mouth
- Clean and disinfect high touch surfaces
- Healthy lifestyle (exercise, water, diet, avoid smoke)
- Avoid crowds during respiratory virus season
- Stay at home when sick
- **Annual influenza and COVID-19 immunization**
- **Other routine immunizations- RSV and PneuC-20**



COVID-19

What is COVID-19?

- COVID-19 is respiratory infection caused by the SARS-CoV-2 virus
- Illness can range from mild symptoms to severe disease, including hospitalization and death.
- Young infants, older adults and individuals with chronic health conditions are at increased risk of serious illness. **Adults aged 65 years and older account for the highest rates of hospitalization and ICU admissions.**
- Ongoing genetic mutations in the SARS-CoV-2 virus have resulted in variants of concern (VOCs). These mutations may affect transmissibility, disease severity, protection from vaccination or previous infection.
- While the seasonality of COVID-19 has not been fully established, surveillance data from the past 3 seasons show consistently higher activity between September and January.



COVID-19 Numbers

Alberta

In the 2025-2026 season:

- 6445 lab confirmed cases
- 1525 hospitalizations
- 110 ICU admissions
- 133 deaths

Alberta First Nations

In the 2025-2026 season:

- 39 lab confirmed COVID-19 cases
- Over 35 hospitalizations
- Over 10 ICU admissions
- Over 5 deaths

Sources: [Respiratory virus dashboard | alberta.ca](#) and ISC CDC Data

Wastewater resource: [COVID TRACKER](#)

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

Signs and Symptoms of COVID-19

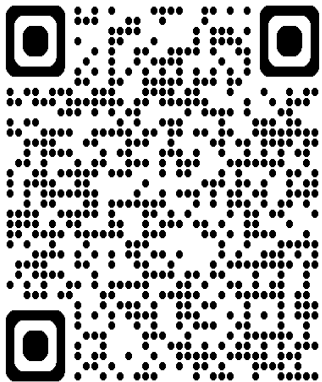
Illness Comparison Chart

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	✓			

Source: AHS [Illness Comparison Poster](#)



COVID-19 Complications

Complications include:

- Severe illness requiring hospitalization
- Death
- Multisystem inflammatory syndrome in children or adults (MIS-C or MIS-A)
- Long COVID or Post COVID-19 condition
 - Symptoms persist more than 12 weeks post infection
 - For more information:

[Post COVID-19 condition \(long COVID\): For health professionals - Canada.ca](#)





COVID-19 XFG Vaccines

COVID-19 Vaccine Administered and Coverage

COVID-19 Vaccine Administered and Coverage by
Season [Source: Respiratory virus dashboard | alberta.ca](https://respiratory.virus.alberta.ca)

Season	Total	Coverage (%)
2023-2024	856,446	17
2024-2025	743,327	14
2025-2026	437,804	8

COVID-19 Vaccine Administered in First Nation Communities
2024-2026, data as of September 17, 2026

	Season	Total Number of People	Coverage (%)
COVID-19	2024-25	5,789	5.1%
	2025-26	4,814	4.1%

COVID-19 Vaccine Summary of Changes

- **Update COVID-19 vaccine strain to XFG**
- **Eligibility is more in alignment with the [National Advisory Committee on Immunization \(NACI\) statement](#)**
 - All individuals 65 years and older are eligible
 - First Nations, Métis and Inuit individuals, regardless of where they live
- **New- non-mRNA vaccine licensed for individuals 12 years of age and older**
 - Provincially funded
 - Product expires end of 2026
- **No supply issues identified this season**

COVID-19 Vaccine Eligibility

Eligibility for Provincially Funded Vaccine:

- All adults 65 years of age and older
- Individuals 6 months of age and older who are:
 - Residents of continuing care homes and supportive living facilities
 - Individuals with underlying medical conditions, including immunocompromising conditions and individuals experiencing homelessness
 - **First Nations, Métis and Inuit individuals, regardless of where they live**
 - Eligible Health care workers
 - Teachers, as eligible under the Back to School Act

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:

- Solid organ transplant recipients- see the following links and consult with CDC for more information:
 - [Immunization for Children Expecting Solid Organ Transplant before 18 Months of Age \(Accelerated\)](#)
 - [Immunization for Children Expecting Solid Organ Transplant after 18 Months of Age \(Catch-up and Ongoing Schedule\)](#)
 - [Immunization for Adults Solid Organ Transplant](#)
- Hematopoietic stem cell transplants recipients – pre-transplant and post-transplant while in immunosuppressed state and individuals receiving Chimeric Antigen Receptor T-Cell therapy (CAR T-cell therapy)- see the following links and consult with CDC for more information:
 - [Immunization of Child Hematopoietic Stem Cell Transplant \(HSCT\) Recipients](#)
 - [Immunization for Adult Hematopoietic Stem Cell Transplant \(HSCT\) Recipients](#)

COVID-19 Vaccine Eligibility

Eligible Immunocompromising conditions- cont'd

- 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 not 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. Physician consultation is recommended regarding the timing of immunization based on the individual's treatment and unique circumstances.



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 (E.g: health centres, 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 for the 2026-2027 Season

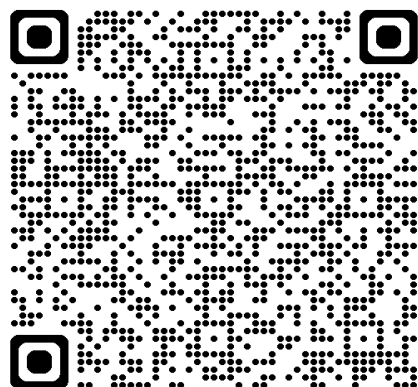
Three types COVID-19 vaccine available in Alberta :

	Moderna Spikevax vaccine	Pfizer-BioNTech Comirnaty vaccine	Nuvaxovid Novavax vaccine (Recombinant protein, adjuvanted)
COVID-19 strain	XFG	XFG	XFG
Type	mRNA	mRNA	Recombinant protein, adjuvanted (non-mRNA)
Manufacturer	Moderna Biopharma Canada Corp	BioNTech Manufacturing GmbH	Sanofi Vaccines Canada Ltd
Indications	6 months of age +	12 years of age +	12 years of age +

COVID-19 Vaccine Biological Page- mRNA vaccines

COVID-19 Vaccine – mRNA

BIOLOGICAL PAGE

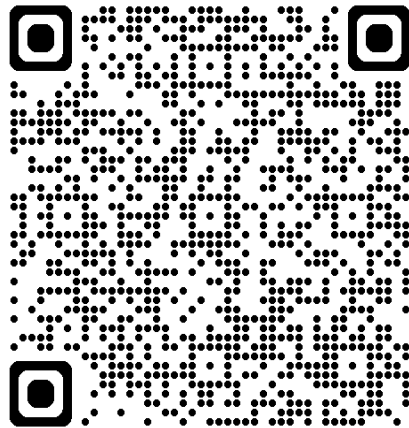


Section 7	Biological Product Information	Standard # 07.228
Created and approved by	Provincial Immunization Program	
Approval date	October 1, 2025	Published September 23, 2026

	Moderna Spikevax Vaccine	Pfizer-BioNTech Comirnaty Vaccine
Manufacturer	Moderna Biopharma Canada Corp.	BioNTech Manufacturing GmbH
Classification	Non-live: mRNA vaccine	
COVID-19 vaccine strain	XFG	
Indications for use	Individuals 6 months of age and older	Individuals 12 years of age and older
Fall/Winter 2026 – 2027 Eligibility for Provincially Funded COVID-19 vaccine	A dose of XFG COVID-19 vaccine will be available, free of charge, to individuals who are at an increased risk of severe illness from COVID-19 infection or at an increased risk of exposure and transmission to others. This includes: - All adults 65 years of age or older - Individuals 6 months of age and older who are: - Residents of continuing care homes and senior supportive living facilities - Individuals with underlying medical conditions including immunocompromising conditions and individuals experiencing homelessness - First Nations, Métis and Inuit individuals, no matter where they live - Eligible healthcare workers - Teachers, as eligible under the Back to School Act. - Children 6 months to 11 years of age who do not meet the eligibility criteria above, can access the vaccine at Primary Care Alberta, with an administrative fee of \$100 per dose/series. - Individuals 12 years of age and older who are not eligible may be able to access COVID-19 vaccine through community pharmacies at a cost.	

[Immunization
Program Standards
Manual | Alberta
Health Services](#)

COVID-19 Vaccine Biological Page- non-mRNA vaccine



[Immunization
Program Standards
Manual | Alberta
Health Services](#)

COVID-19 Vaccine – non-mRNA

BIOLOGICAL PAGE



Section 7	Biological Product Information	Standard # 07.229
Created and approved by	Provincial Immunization Program	
Approval date	September 23, 2026	Published September 23, 2026

	Novavax Nuvaxovid Vaccine
Manufacturer	Sanofi Vaccines Canada Ltd.
Classification	Non-live: recombinant protein, adjuvanted
COVID-19 vaccine strain	XFG
Indications for use	Individuals 12 years of age and older.
Fall/Winter 2026 – 2027 Eligibility for Provincially Funded COVID-19 vaccine	A dose of XFG COVID-19 vaccine will be available, free of charge, to individuals who are at an increased risk of severe illness from COVID-19 infection or at an increased risk of exposure and transmission to others. This includes: - All adults 65 years of age and older - Individuals 12 years of age and older who are: - Residents of continuing care homes and senior supportive living accommodations - Individuals with underlying medical conditions including immunocompromising conditions and individuals experiencing houselessness - First Nations, Métis and Inuit individuals, no matter where they live - Eligible healthcare workers - Teachers, as eligible under the Back to School Act. - Individuals 12 years of age and older who are not eligible may be able to access COVID-19 through community pharmacies at a cost.

Moderna (Spikevax) XFG 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

Moderna XFG Vaccine Schedule for Immunocompromised

For individuals with certain moderate to severe immunocompromising conditions:

Moderna- 6 month of age and older:

- Unimmunized or previously received fewer than 3 doses of non-XFG COVID-19 vaccine
- Immunocompromised individuals should follow the schedule below and receive the appropriate number of COVID-19 vaccine doses to complete a three-dose series. Previous non-XFG COVID-19 vaccine doses should be counted toward the series. The series should not be restarted.
 - Dose 1: day 0
 - Dose 2: 28 days after dose 1
 - Dose 3: 8 weeks after dose 2
 - A minimum interval of 4 weeks may be considered
- Previously received 3 or more doses of non-XFG COVID-19 vaccine:
 - 1 dose, at least 3 months from previous non-XFG COVID-19 vaccine, regardless of the number of doses received in the past

Note: Provide appropriate vaccine and dose for age at time of presentation

Moderna XFG Vaccine **Storage**: Multi-dose Vials

Multi-dose vials (MDV):

- Store in freezer between -50°C to -15°C
- Protect from light
- Do not refreeze after thawing

Thawed, unpunctured vials:

- Can be stored at +2°C to +8°C for up to **60 days** prior to first use
- Can be stored at +8°C to +25°C for up to 12 hours

Thawed, punctured vials:

- Can be stored at +2°C to +8°C for 24 hours.
 - Discard after 24 hours
- Can be stored at +8°C to +25°C for 12 hours
 - Discard after 12 hours

Moderna XFG Vaccine **Preparation**: Multi-dose Vials

Multi-dose vials (MDV):

- Multi-dose vials are supplied as a frozen dispersion and do not contain preservatives.
- Thaw vaccine before use
 - Freezer to vaccine fridge (+2°C to +8°C) - thaw for 2 hours
 - Freezer to room temp (+15°C to +25°C) - thaw for 45 min
- Do not reconstitute, dilute or mix with medicinal products
- Swirl the vial gently after thawing and between each withdrawal
- Do **not** shake the vial

Note: Group pediatric clients together, or, once MDV opened, use for adult clients to reduce vaccine wastage.

******Low dead-volume syringes can help ensure 10 pediatric doses from a single vial. If standard syringes are used, it may not be possible to get the full 10 doses******

Moderna Mutli-Dose Vial **Transportation**

Multi-Dose Vials- punctured vials

- Post-puncture vials may be transported at +2°C to +8°C
- Minimize movement and vibration of thawing/thawed product
- Do not transport at room temperature

See [Alberta immunization policy | Alberta.ca](#) for more information or contact CDC at ab.cdc@sac-isc.gc.ca



Moderna Vaccine **Storage**: Pre-filled Syringes

Pre-filled Syringes (PFS):

- Store in freezer in original carton between -50°C to -15°C
- Protect from light
- Do **not** refreeze after thawing
- Can be stored at +2°C to +8°C for up to **60 days** prior to first use
- Can be stored at +8°C to +25°C for up to 12 hours
- Discard thawed pre-filled syringes if not used within this time
- Pre-filled syringes should **not** be returned to the vaccine fridge after being thawed at room temperature
- Use immediately once tip cap is removed. Discard if not used immediately.

Moderna Vaccine **Preparation**: Pre-filled Syringes

Pre-filled Syringes (PFS)

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

Pfizer (Comirnaty) XFG mRNA COVID-19 Vaccine Summary

	Pfizer COVID-19 Ultra Frozen
Dosage/ Route	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

Pfizer XFG Vaccine Schedule for Immunocompromised

For individuals with certain moderate to severe immunocompromising conditions:

Pfizer- 12 years of age and older:

- Unimmunized or previously received fewer than 3 doses of non-XFG COVID-19 vaccine
- Immunocompromised individuals should follow the schedule below and receive the appropriate number of COVID-19 vaccine doses to complete a three-dose series. Previous non-XFG COVID-19 vaccine doses should be counted toward the series. The series should not be restarted.
 - Dose 1: day 0
 - Dose 2: 28 days after dose 1
 - Dose 3: 8 weeks after dose 2
 - A minimum interval of 4 weeks may be considered
- Previously received 3 or more doses of non-XFG COVID-19 vaccine:
 - 1 dose, at least 3 months from previous non-XFG COVID-19 vaccine, regardless of the number of doses received in the past

Note: Provide appropriate vaccine and dose for age at time of presentation

Pfizer XFG mRNA COVID-19 Vaccine **Storage and Preparation**

- Store in a refrigerated suspension and **do not freeze**
- 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
- Prior to use, the pre-filled syringe can be stored up to 12 hours at temperatures between +8°C to +25°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 **not** be used after the expiration date printed on the syringes and cartons.
- Do not shake
- Remove the tip cap slowly turning the cap counterclockwise while holding the luer lock
- Attach needle and administer the entire volume
 - if cannot be used immediately- can be stored for **4 hours**

COVID-19 XFG mRNA Vaccine: Reactions

	Moderna and Pfizer Reactions
Common	Pain , swelling or induration or redness at the injection site Axillary swelling/tenderness Headache, dizziness, chills, fever Diarrhea nausea, vomiting, loss of appetite Irritability, crying, sleepiness, fatigue Otitis media Hypoaesthesia (decreased sense of touch) Paraesthesia (tingling, itching or prickling sensation) Lymphadenopathy
Uncommon	Abdominal pain, Rash, Asthenia (general weakness) Excessive sweating or night sweats
Rare	Allergic Reaction Anaphylaxis Erthema mutlifforme Myocarditis/Pericarditis Facial paralysis/Bell's palsy Unexpected or unusual side effects can occur

Novavax XFG non-mRNA COVID-19 Vaccine Summary

	Novavax COVID-19 Vaccine
Dosage/ Route	0.5mL (5 mcg) IM (deltoid or vastus lateralis)
Packaging	Single Dose Prefilled Syringe 10 doses per package
Diluent	No
Indications	Individuals 12 years of age and older
Schedule	1 dose, at least 3 months from the previous COVID-19 vaccine, regardless of the number of previous doses. Note: See biological pages for spacing considerations

Novavax XFG Vaccine Schedule for Immunocompromised

For individuals with certain moderate to severe immunocompromising conditions:

Novavax- 12 years of age and older:

- Unimmunized or previously received fewer than 3 doses of non-XFG COVID-19 vaccine
- Immunocompromised individuals should follow the schedule below and receive the appropriate number of COVID-19 vaccine doses to complete a three-dose series. Previous non-XFG COVID-19 vaccine doses should be counted toward the series. The series should not be restarted.
 - Dose 1: day 0
 - Dose 2: 28 days after dose 1
 - Dose 3: 8 weeks after dose 2
 - A minimum interval of 4 weeks may be considered
- Previously received 3 or more doses of non-XFG COVID-19 vaccine:
 - 1 dose, at least 3 months from previous non-XFG COVID-19 vaccine, regardless of the number of doses received in the past

Note: Provide appropriate vaccine and dose for age at time of presentation

Novavax XFG non-mRNA COVID-19 Vaccine: **Storage and Preparation**

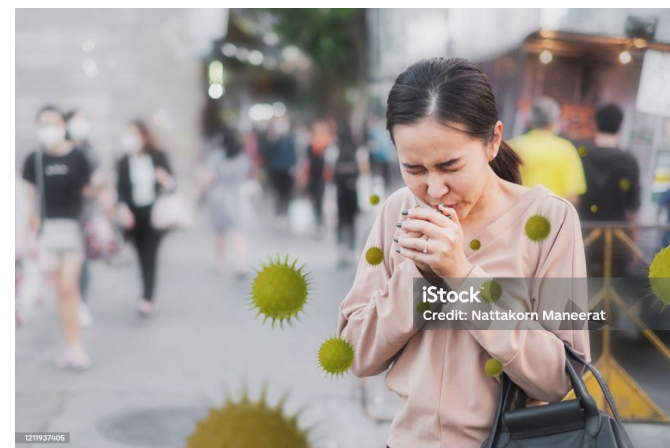
- Store between +2° C and +8°C and **do not freeze**
- Pre-filled syringes may be transported between +2°C to +8°C
- Keep within the outer carton to protect from light
- Do not shake
- With tip cap upright, remove tip cap by twisting counterclockwise until tip cap releases
- Attach a needle and administer the entire contents IM
- Regardless of storage condition, the vaccine should **not** be used after the expiration date printed on the syringes and cartons

COVID-19 XFG non-mRNA Vaccine: Reactions

	Novavax Reactions
Common	Pain, tenderness , redness, swelling at the injection site Pain or discomfort in an extremity Fever Fatigue Headache , myalgia, arthralgia Nausea, vomiting
Uncommon	Chills
Rare	Allergic reaction Anaphylaxis Hypoaesthesia or parasthesia Myocarditis/pericarditis Unexpected or unusual side effects can occur- refer to product monograph

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 of 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 Contraindications

Contraindications:

➤ **Individuals with a known hypersensitivity to any component of the vaccine**

➤ There are a few non-medicinal ingredients in the vaccines that have been associated with allergic reactions in other products:

- Polyethylene glycol or PEG (*mRNA vaccines*)
- Tromethamine (trometamol or Tris) (*mRNA vaccines*)
- Polysorbate 80 (*non-mRNA vaccine*)

See biological pages for complete list of ingredients/composition

➤ **Anaphylaxis to a previous dose of COVID-19 vaccine may not be an absolute contraindication.** See [COVID-19 Immunization for Individuals with Allergies and Other Health Conditions](#) for more information or consult CDC.

➤ **Individuals less than the licensed age for the product being used.**

COVID-19 Vaccine Precautions

Precautions:

- There are no known serious warnings or precautions associated with mRNA and non-mRNA vaccines
- Safety and effectiveness of Moderna and Pfizer vaccines is based on safety data from clinical trials and post- marketing data
- Individuals who have had a serious allergic reaction to another vaccine, drug or food should talk to their health care provider before receiving the vaccine
- Anticoagulant therapy or bleeding disorders that would contraindicate IM injections should not be given the vaccine unless the potential outweighs the risk
- Postpone immunization in individuals with an acute severe febrile illness

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.
- 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

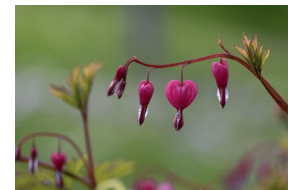
- Generally, deferral of COVID-19 immunization is not required for those with a prior history of myocarditis or pericarditis that is **unrelated** to COVID-19 vaccines.
- It is recommended the individual consult with their clinician if they have any questions or concerns about the history of myocarditis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

- COVID-19 vaccine should be offered to pregnant individuals
- COVID-19 can be offered in any trimester of pregnancy
- Either mRNA vaccine or Novavax vaccine can be used in pregnancy
 - There is more data available for mRNA vaccines
- COVID-19 vaccine is recommended for individuals who are breastfeeding.
 - There have been no safety concerns with receiving a COVID-19 vaccine during lactation

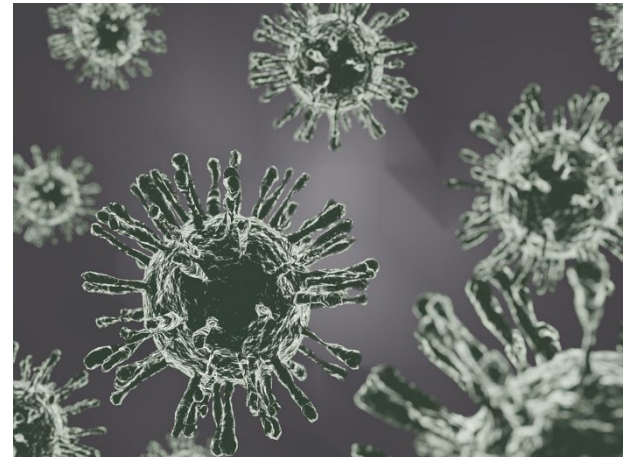




Influenza

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.

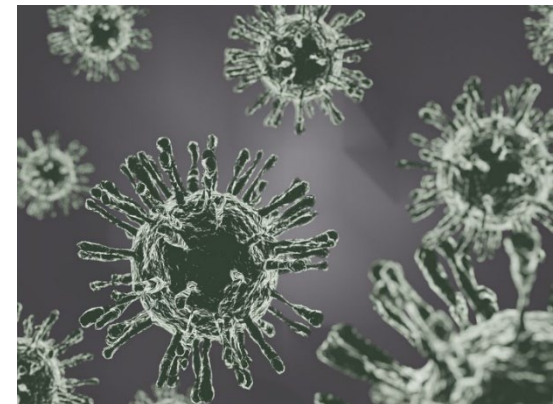


Vaccine Preventable Influenza Virus Types: A and B

Type A (seasonal, avian, swine . . .)	Type B (seasonal influenza)
Can cause significant disease	Generally, causes milder disease but may also cause severe disease *More recently more common in children under 19 years of age
Infects humans and other species (e.g. birds, pigs)	Limited to humans
Can cause epidemics and pandemics (worldwide epidemics)	Generally causes milder epidemics
2 Subtypes based on surface proteins: Hemagglutinin (H), Neuraminidase (N) E.g: H1N1, H3N2	2 Lineages, not divided by subtypes E.g: Yamagata, Victoria

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
- Although there is usually one predominate strain, more than one influenza strain typically circulates each season and can vary across regions in Canada.



Influenza: Signs and Symptoms

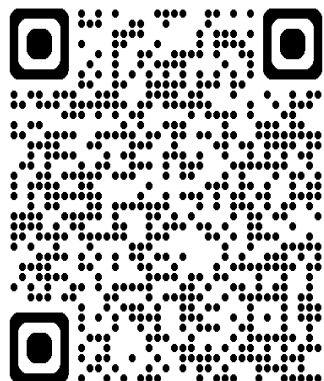
Illness Comparison Chart

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	✓			

Source: AHS Illness Comparison Poster



Influenza Complications

Complications include:

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

Influenza Numbers

Alberta

In the 2025-2026 season:

- 20,218 confirmed cases of influenza.
- 4345 hospitalizations
- 327 ICU admissions
- 282 deaths

Alberta First Nations

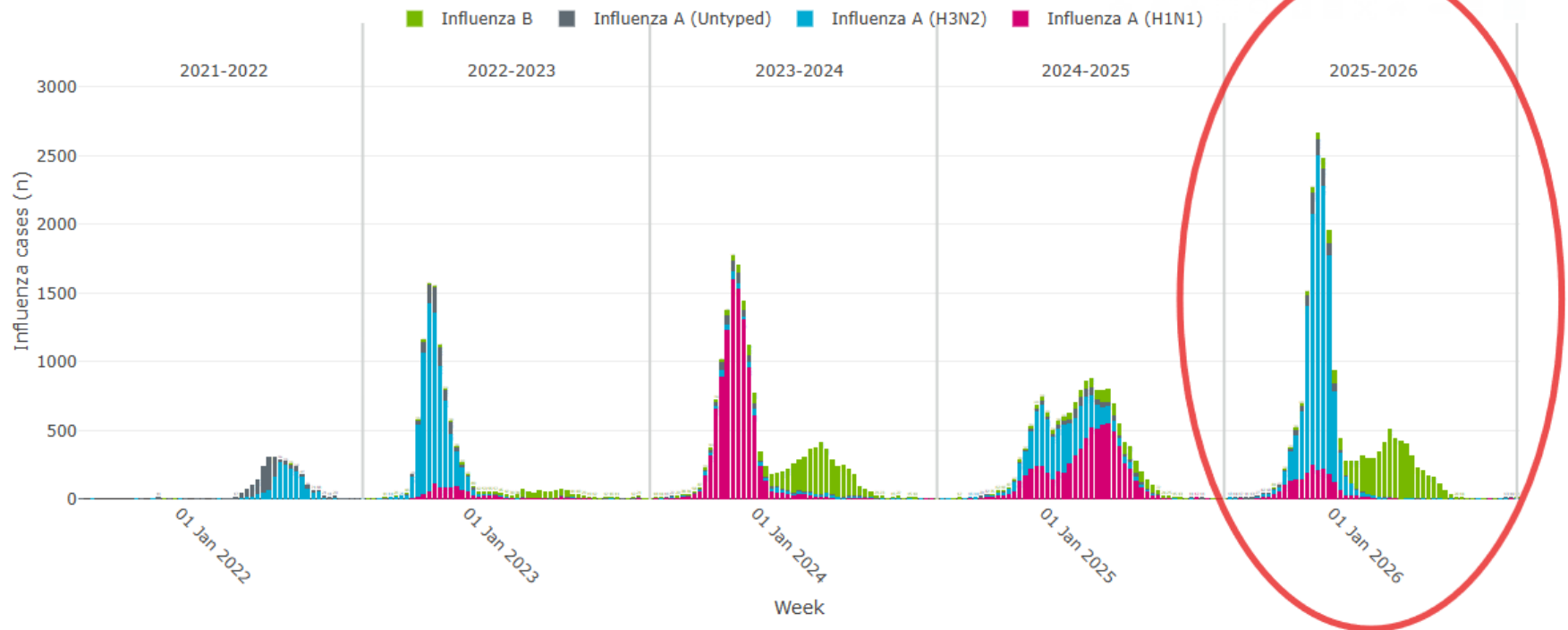
In the 2025-2026 season:

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

Seasonal Influenza Cases by subtype in Alberta 2021-2026

[Respiratoryvirusdashboard.alberta.ca](https://respiratoryvirusdashboard.alberta.ca)

Total weekly laboratory-confirmed seasonal influenza cases by subtype in Alberta, 2021-2022 to 2025-2026



Influenza Vaccine Administered and Coverage

Influenza Vaccine Administered by AHS/Pharmacy 2023-2024 to 2025-2026 Season

Source: [Respiratory virus dashboard | alberta.ca](https://respiratory.virus.alberta.ca)

Season	Total	Coverage (%)
2023-2024	1,152,574	24
2024-2025	1,040,683	21
2025-2026	1,035,991	20

Influenza Vaccine Administered in First Nation Communities 2023- 2024 to 2025-2026 Season, data as of September 17, 2026

	Season	Total # of People	Coverage (%)
Influenza Vaccine	2023-24	12,944	11.0%
	2024-25	11,483	9.7%
	2025-26	11,716	9.9%



Influenza Vaccines

Influenza Vaccine Development

Background:

- Each February, the World Health Organization (WHO) provides a recommendation on the strains to be include in the influenza vaccine for the northern hemisphere.
- WHO currently recommends including 3 influenza strains in the trivalent seasonal influenza vaccine
 - 1 influenza A (H1N1)
 - 1 influenza A (H3N2)
 - 1 influenza B (B Victoria lineage)
- There have been no confirmed detection of naturally circulating B/Yamagata lineage viruses worldwide, including Canada since March 2020. WHO has recommended the removal of this antigen from influenza vaccines.
- Vaccine is reformulated each year to protect against new influenza infections
- Each vaccine lot is tested on healthy individuals to ensure the vaccine is safe and effective

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
- Humoral antibody levels, which correlate with vaccine protection, are generally achieved 2 weeks after immunization (immunogenicity) and immunity usually lasts less than one year
- Initial antibody response may be lower in the elderly and individuals who are immunocompromised.
- Use of high dose and adjuvanted vaccines as indicated. If not available- proceed with standard vaccine.

Influenza Vaccine Facts

- Influenza vaccine may contain:
 - Thimerosal (ethylmercury)- a preservative in multi-dose vials
 - Ethylmercury is an organic compound that your body breaks down quickly
 - Commonly confused with methyl mercury which is a neurotoxin if consumed in excessive amounts
 - Trace residual amounts of egg proteins, formaldehyde and others
 - NACI has reviewed numerous studies on egg allergy and influenza vaccine and since 2011, egg allergy is no longer a contraindication or precaution.
 - Formaldehyde is often used to kill or weaken the virus or bacteria to make a vaccine and is removed during the manufacturing process. Formaldehyde is naturally produced in the body and helps with metabolism. There is 10X the amount of formaldehyde in an infant's body compared to what is found in a vaccine.

Influenza Vaccine Strains for 2026-2027

The strains included in the 2026-2027 influenza vaccine for the northern hemisphere are:

Egg-based influenza vaccine <i>(Fluzone, Fluviral and Fluzone High Dose and Fluad)</i>	Cell-cultured influenza vaccine <i>(Flucelvax)</i>
• A/Missouri/11/2025 (H1N1)pdm09-like virus; • A/Darwin/1454/2025 (H3N2)-like virus; and • B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus.	• A/Missouri/11/2025 (H1N1)pdm09-like virus; • A/Darwin/1415/2025 (H3N2)-like virus; and • B/Pennsylvania/14/2025 (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.

Provincially Funded Influenza Vaccines in Alberta for the 2026-2027 Season

	Standard	Adjuvanted	High Dose
	Inactivated	Inactivated	Inactivated
Indications	6 months +	65 years +	18 years + <u>and</u> HSCT recipient or CAR T-cell therapy recipient or SOT candidate or recipient
Provincially Funded Products in Alberta	• FLUZONE® (Sanofi) • FLUVIRAL® (GSK) • FLUCELVAX® (Seqirus UK)	• FLUAD® (Seqirus Canada)	• FLUZONE® HIGH-DOSE (Sanofi)

Standard Dose Influenza Vaccines

	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) Or Multi-Dose Vial (MDV)	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*

High Dose and Adjuvanted Vaccines

	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 + <u>and</u> 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

Note: For HSCT, SOT and/or CAR-T cell therapy recipients, refer to the following Alberta Immunization Policy Document:

[Principles of Immunization for Hematopoietic Stem Cell Transplant \(HSCT\) and Solid Organ Transplant \(SOT\) Recipients - September 2025](#)

Influenza Vaccine and Priority Groups

Influenza vaccines is recommended for all individuals 6 months of age and older.

However, it should be prioritized for those at highest risk of Influenza-related complications:

- All children 6 to 59 months (5 years) of age
- Adults and children with the following chronic health conditions:
 - Cardiac or pulmonary disorders
 - Cancer, immune compromising conditions
 - Diabetes mellitus and other metabolic diseases
 - Renal disease
 - Anemia or hemoglobinopathy
 - Obesity
 - Neurologic or neurodevelopmental conditions or seizure disorders
- Pregnancy
- Adults 65 years of age and older
- **Individuals in or from First Nations, Inuit, or Métis Settlements**

Influenza Vaccine and Priority Groups

Priority should also include People capable of transmitting influenza to those at higher risk of influenza related complications:

- 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., shelters, air/ship crews).

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 Vaccine for 2026-2027](#)



Influenza Vaccine and Pregnancy

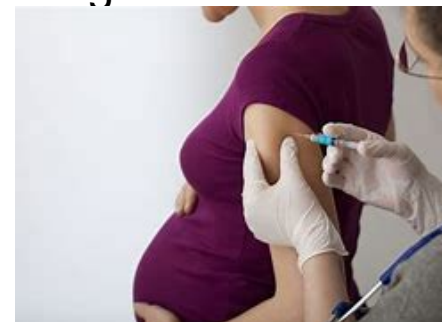
Pregnant individuals, and infants under 6 months of age, are at particularly high risk of severe illness from influenza infection.

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

- Evidence consistently shows an association between pregnancy and increased disease severity with influenza infection.
- 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 Vaccine for 2026-2027](#)

and [Updated guidance on influenza vaccination during pregnancy: NACI, December 18, 2023 - 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 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 (119 per 100,000) in 2024-2025 season.

Source: [National Influenza Annual Report 2023–2024: A focus on influenza B, CCDR 50\(11\) - Canada.ca](#) and [Statement on Seasonal Influenza Vaccine for 2026-2027](#)

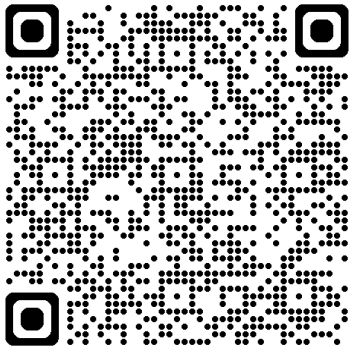
Influenza Vaccine Biological Page- Standard Dose

Standard Dose Influenza Vaccines Trivalent Inactivated

BIOLOGICAL PAGE



Section 7	Biological Product Information	Standard # 07.265
Created and approved by	Provincial Immunization Program	
Approval date	September 4, 2015	Published September 23, 2026



	FLUCELVAX	Fluviral	Fluzone
Manufacturer	Seqirus UK Limited	GlaxoSmithKline Inc.	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 are 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/Missouri/11/2025 (H1N1)pdm09-like virus A/Darwin/1415/2025 (H3N2)-like virus B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus	Egg-Based A/Missouri/11/2025 (H1N1)pdm09-like virus A/Darwin/1454/2025 (H3N2)-like virus B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus	

Influenza Vaccine: Reactions

Reactions to Standard dose Influenza Vaccine:

	Standard Influenza Dose
Common	Pain, redness, bruising, induration and swelling at injection site Fever, chills, fatigue, malaise, sweating, headache, irritability 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) Oculo-respiratory Syndrome (ORS) Unexpected or unusual side effects

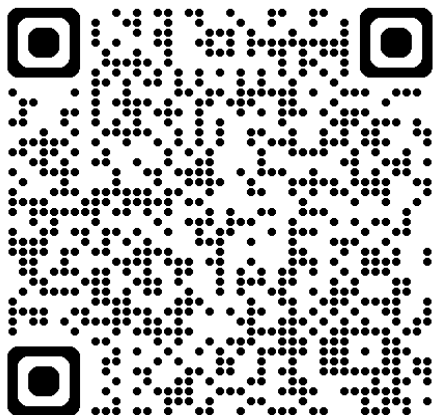
Influenza Vaccine Biological Page High Dose and Adjuvanted

High-Dose and Adjuvanted Influenza Vaccines Trivalent Inactivated

BIOLOGICAL PAGE



Section 7	Biological Product Information	Standard # 07.266
Created and approved by	Provincial Immunization Program	
Approval date	August 15, 2020	Published September 23, 2026



	FLUZONE High-Dose	FLUAD (adjuvanted)
Manufacturer	Sanofi Pasteur Ltd	Seqirus Canada Inc
Classification	Non-live: Trivalent split virion inactivated	Non-live: Trivalent inactivated adjuvanted subunit vaccine
Indications for Provincially Funded Vaccine	- Individuals 18 years of age and older, including pregnant individuals, who are: - Hematopoietic stem cell transplant (HSCT) recipients - CAR-T-cell therapy recipients; or - Solid organ transplant (SOT) candidates or recipients. Note: Fluzone High-Dose is the preferred product for all adult SOT, HSCT and CAR T-cell therapy recipients. See the following for other product options: Principles of Immunization for Hematopoietic Stem Cell Transplant and Solid Organ Transplant Recipients Immunization for Adult HSCT Transplant Recipients Immunization for Adult Solid Organ Transplant (SOT) Candidates and Recipients Persons who live, work, go to school or are visiting in Alberta are eligible to receive provincially funded influenza vaccine.	Individuals 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 the 2025-26 Season	A/Missouri/11/2025 (H1N1)pdm09-like virus A/Darwin/1454/2025 (H3N2)-like virus B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus	

Influenza Vaccine: Reactions

Reactions to High-dose/Adjuvanted Influenza Vaccine:

	Fluzone High-Dose and Flud Ajuvanted
Common	Pain , warmth, redness , bruising, swelling at the injection site Fever, chills, shivering, 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) Oculo-respiratory Syndrome (ORS)

Contraindications to Influenza Vaccine

Inactivated Influenza vaccine should **not** be administered to the following individuals:

- Less than 6 calendar months of age
- History of an anaphylactic reaction to a previous dose of influenza vaccine
- Have a known hypersensitivity or allergy to any component of the vaccine
 - **Exception-** egg allergy
- Diagnosed with GBS within 6 weeks of a previous dose of influenza vaccine
- Experienced ORS involving lower respiratory tract symptoms within 24 hours of receiving a dose of influenza vaccine

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.
- Note: Risk of GBS associated with *influenza infection* is much greater than that associated with the immunization

Influenza Vaccine and ORS

Oculo-respiratory 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.**

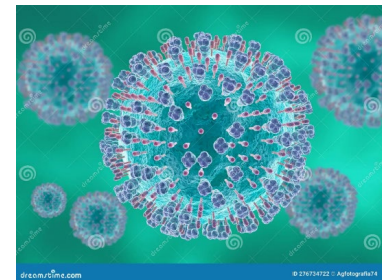


RSV

What is RSV?

Respiratory Syncytial Virus (RSV)

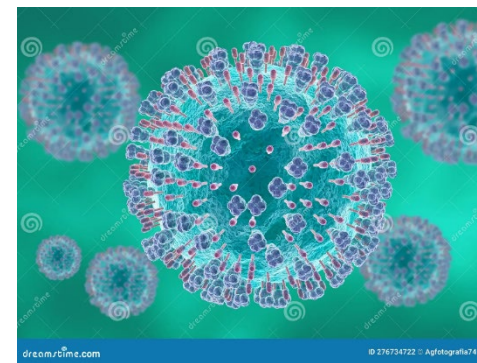
- Common respiratory virus that typically causes mild cold-like symptoms that resolve in 1-2 weeks.
- Leading cause of lower respiratory tract illness in young children. Approximately 1-3% of all infants under 1 year of age will require hospitalization, with the highest risk occurring during first 6 months of life.
- Older adults are also at risk of severe illness and hospitalization, particularly those with chronic health conditions and social determinants that impact health
- RSV is seasonal, with most activity between November and April
- Infection does not confer protective immunity against reinfection



Symptoms of RSV

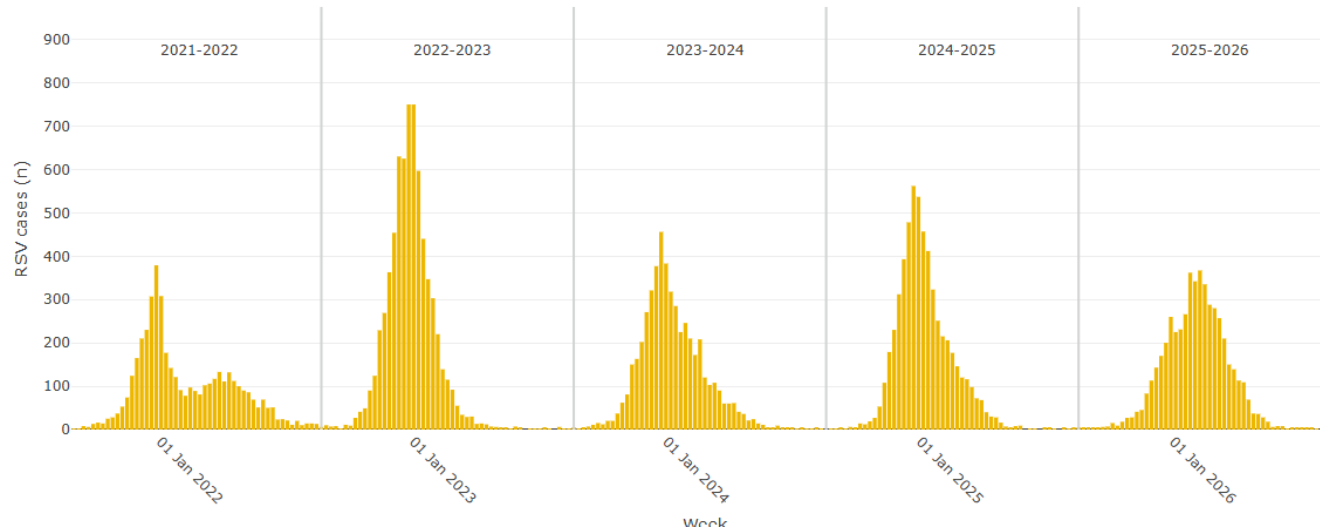
Symptoms:

- Runny nose, cough, sneezing, headache, decreased appetite and low energy.
- Fever may or may not be present.
- More severe symptoms include wheezing, tachypnea, intercostal retractions, grunting and nasal flaring.



RSV in Alberta

Total weekly laboratory-confirmed RSV cases in Alberta, 2021-2022 to 2025-2026



	AB First Nation 2024-2025 Season	AB First Nation 2025-2026 Season
Hospitalizations	47	52
ICU	Less than 5	Less than 5
Deaths	Less than 5	0

RSV: Prevention

- **Immunization for older adults- RSV vaccine- Abrysvo™**
 - 60 years + for First Nations, Metis and Inuit individuals, regardless of where they reside
 - As of Oct 01- expanded to adults 18 years+ with certain medical conditions
- **Immunization in pregnancy**
 - Although licensed, **not currently provincially funded** in Alberta
- **RSV Prevention Program for Infants**
 - Beyfortus® (monoclonal antibody)
 - Extended program this season

RSV Immunization Eligibility updates

➤ **RSV vaccine is provincially funded for:**

- First Nations, Metis and Inuit individuals who are 60 years of age and older
- Residents of continuing care homes and supportive living accommodations who are 60 years of age and older
- Community dwelling seniors 70 years of age and older
- **18-69 years of age who:**
 - Have had or are waiting for a lung transplant.
 - Have had a HSCT transplant or CAR T-cell therapy.
 - Are on home oxygen or require chronic oxygen therapy
 - Are receiving hemodialysis or peritoneal dialysis

Note: Pregnant individuals may consider immunization with Abrysvo™ in consultation with their pregnancy care provider. It is **not** provincially funded or covered by NIHB.

RSV Immunization Biological Page

Respiratory Syncytial Virus Vaccine (RSV)

BIOLOGICAL PAGE



Section 7	Biological Product Information	Standard # 07.316
Created and approved by	Provincial Immunization Program	
Approval date	October 9, 2024	Published October 1, 2026

	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 regardless of where they live. - Individuals 18 to 69 years of age who: - Have had or are awaiting a lung transplant Immunization for Adult Solid Organ Transplant (SOT) Candidates - Have had a hematopoietic stem cell transplant (HSCT) or Chimeric Antigen Receptor (CAR) T-cell therapy Immunization for Adult HSCT Transplant Recipients - Are on home oxygen or require chronic oxygen therapy - Are receiving hemodialysis or peritoneal dialysis. Note: Individuals who have had or are awaiting a lung transplant or have had HSCT or CAR T-cell therapy, should be referred to Primary Care Alberta (PCA) for RSV immunization.
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
Contraindications/Precautions	Contraindications: Known severe hypersensitivity to any component of the vaccine.

- **Schedule:** One lifetime dose. No boosters recommended at this time
- **Dose:** 0.5mL IM
- RSV vaccine can be administered at the same as, or any time before or after other vaccines.

RSV Prevention Program- Beyfortus®

- All infants born in hospital from November 01, 2026 to March 31, 2027 will be offered Beyfortus®.
 - Beyfortus® will only be available in hospital for this new program
- The RSV prevention program for high risk infants will continue this season alongside the new program for all infants born Nov-end of March.
- Infant who receive Beyfortus® are 84% less likely to have a hospitalization due to RSV
 - All infants living on First Nation are eligible for the high risk program
 - Start date is anticipated around November 01, 2026. The official start date will be confirmed by program leadership.
 - Beyfortus® will be supplied through the RSV prevention program
 - Beyfortus® may be given before, at the same time or after routine and seasonal immunizations.
 - Client specific order for Beyfortus® is required

Alberta Pediatric RSV Prevention Program | Alberta Health Services



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

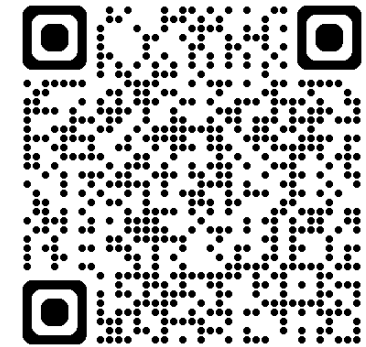
Pneumococcal Vaccine, 20-valent Conjugate (Pneu-C20): Prevnar 20



BIOLOGICAL PAGE

Section 7	Biological Product Information	Standard # 07.293
Created and approved by	Provincial Immunization Program	
Approval date	June 24, 2024	Published March 17, 2026

	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 for Child HSCT Transplant Recipients or Immunization for Adult HSCT Transplant Recipients - HIV infection - Immunocompromising conditions or Immunosuppressive therapy within the past 2 years including:



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

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 without additional risk factors should receive Pneu-C20 at least 1 year after their most recent dose of Pneu-C13, Pneu-C15 or Pneumo P.



TB Screening

TB Screening During Seasonal Immunization Clinics

Goal of Screening:

- Identify persons with symptoms possibly indicative of TB disease
- Identify persons with certain medical conditions that put them at greater risk for development of TB disease if they have TB infection (candidates for the At Risk Medical Conditions Screening Program)

This screening tool **does not** constitute a completed TB Assessment. Clients who screen positive will require further follow up.

Triage follow up based on symptoms first, and risk factors second.

- ✓ *Symptomatic Client TB Screening Algorithm*
- ✓ *At Risk Medical Conditions TB Screening Algorithm (high risk vs moderate risk factors)*

Flu Screening Form



Are you at risk for Tuberculosis (TB)?

Please answer these questions to help the health team know if you may be at risk for TB. In the up-coming weeks, you may be called by the nurse, especially if you check off that you are feeling ill with symptoms. See the back of this page for information to help you answer questions. All answers will be kept confidential.

Today's Date: _____

NAME: _____

Birthdate: _____

Phone Number: _____

House Number or Location: _____

A. Symptoms of TB

Right now, do you have? (Check all that apply)

- ☐ cough that's lasted for more than 3 weeks
- ☐ coughing up phlegm
- ☐ fever
- ☐ sweating at night
- ☐ poor appetite
- ☐ weight loss
- ☐ feeling very tired

Notes: _____

B. Medical History and Information

Have you had TB disease in the past? No Yes

If yes, when? _____

Have you been told you have a positive TB skin test in the past? No Yes Don't know

Have you ever taken TB medications? No Yes

If yes, when? _____

Right now, do you have? (Check all that apply)

- ☐ Diabetes
- ☐ Kidney failure
- ☐ On hemodialysis
- ☐ Cancer in your head or neck
- ☐ HIV
- ☐ Lung disease called Silicosis
- ☐ Lymphoma or Leukemia
- ☐ Organ transplant (in the past or coming up)

Right now, are you underweight? No Yes

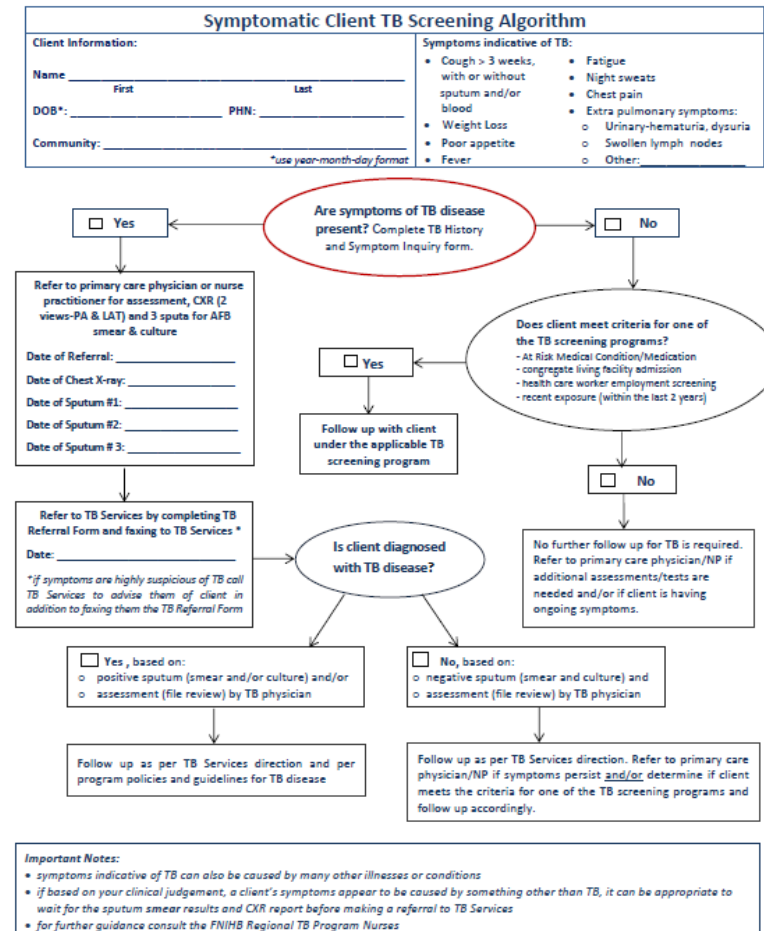
C. Current Medications

Are you taking any medications right now? No Yes

If yes, list the names of your medications. If you don't know the names, write what you take medication for (e.g., rheumatoid arthritis).

TB Screening in persons who have TB-like Symptoms

1. Identify those who indicate on their flu screening form that they have symptoms that could be indicative of TB.
2. Meet with client and complete an in-depth TB assessment with them using the '**Symptomatic Client TB Screening Algorithm**'.
3. Refer to TB Services as appropriate and/or continue to monitor as clinically indicated.



October 2024

[Symptomatic Client TB Algorithm](#) is available on OneHealth

TB Screening in persons who have an At-Risk Medical Condition

1. Identify those who indicate on their flu screening form that they have medical conditions that put them at increased risk for developing TB disease.
2. Meet with client and complete an in-depth TB assessment with them using the appropriate '**At Risk TB Screening Algorithm**' (High Risk or Moderate Risk).
3. Refer to TB Services as appropriate and/or continue to monitor as clinically indicated.

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

Indigenous Services Canada / Services aux Autochtones Canada

Name: _____
First Last

DOB: (yyyy-mm-dd) PHN: _____

Community: _____

Medical Conditions:

- ☐ AIDS/HIV Date of Diagnosis: _____
- ☐ Silicosis Date of Diagnosis: _____
- ☐ Renal Failure Date of Diagnosis: _____
- ☐ History of TB disease due to diabetes Date of Diagnosis: _____
- ☐ Carcinoma (head/neck) Date of Diagnosis: _____
- ☐ Haematological malignancies (Leukemia, Lymphoma) Date of Diagnosis: _____
- ☐ Abnormal x-ray Date of Diagnosis: _____
- ☐ Immunosuppressive disease Date of Diagnosis: _____

Treatment with:

- ☐ Glucocorticoids (≥15mg/day for ≥1 month) Date Initiated: _____
- ☐ Cyclosporine (Cyclosporine A) Date Initiated: _____
- ☐ Tumor Necrosis Factor (TNF) alpha inhibitors Date Initiated: _____
- ☐ Anti-rejection medications for solid organ transplant Date Initiated: _____
- ☐ Other (Specify): _____ Date Initiated: _____

START HERE Symptom Inquiry

☐ Symptoms of TB present. S1

☐ No symptoms of TB. N1

History of TB disease?

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

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

Adequate treatment of TB disease or infection?

☐ No. N3

☐ Yes. N4

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

Do TB skin test. Date: (yyyy-mm-dd)

☐ No. N5

☐ Positive. Size: _____ mm

☐ Negative. Size: _____ mm

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

Refer to TB Services as appropriate and/or continue to monitor as clinically indicated.

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

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

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

TB File # _____

No further follow up necessary.

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.



At Risk TB Screening Algorithms are available on OneHealth and CHIP.

TB Questions?

If you have any questions, reach out to ISC TB Program Nurses:

Andrea Warman, RN

TB Coordinator

email: andrea.warman@sac-isc.gc.ca

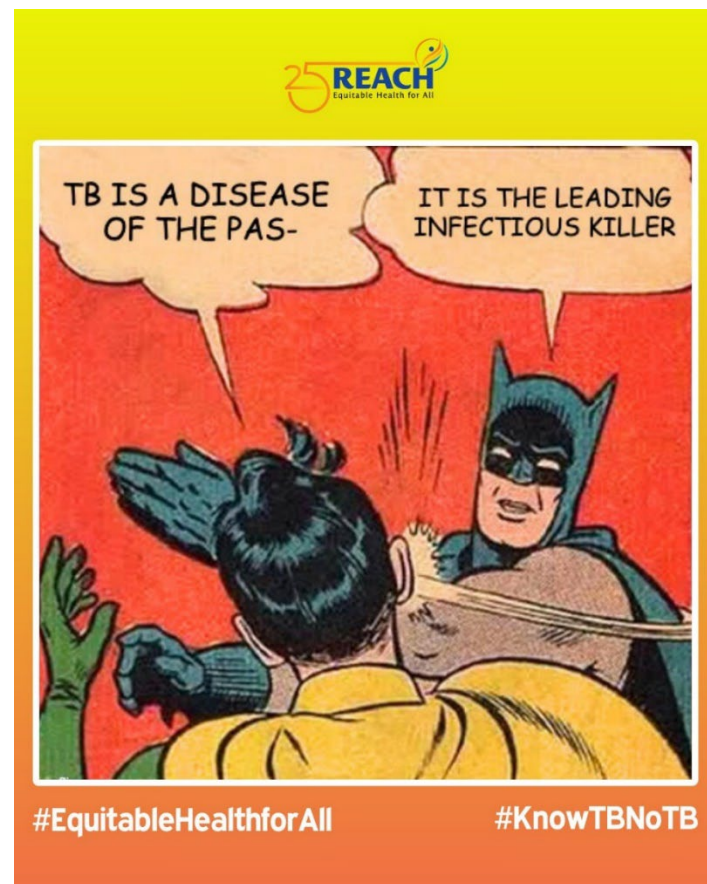
cell: 780-983-3197

Deana Nahachewsky, RN

TB Screening & Education Nurse

Email: deana.nahachewsky@sac-isc.gc.ca

Cell: 780-718-1700



General Immunization Information



ISC Mandatory Immunization Certification

Reminder:

4.1.1 Routine immunizations shall be administered by an HCP who:

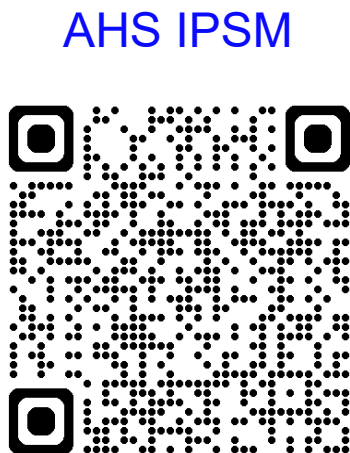
- Is a regulated member of a health professional body under the Alberta Health Professions Act;
- **Practices within their scope;**
- **Adheres to the Standards of Practice outlined by their regulatory body;** and
- Adheres to ISC-AB Policies, Procedures, and Guidelines.

4.3.3 HCPs must understand their own fitness to practice when performing authorized restricted activities and limit practice activities to those:

- They are **competent in** and certified to perform;
- That are within their scope of practice;
- That adhere to the Standards of Practice outlined by their professional regulatory body;
- That involve publicly-funded vaccines within the Alberta Immunization Program.

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.



- Human Papillomavirus Vaccine
 - [Human Papillomavirus 9-Valent Vaccine Biological Page](#)
 - [Human Papillomavirus Vaccine Information Sheet](#)
- Immune Globulin
 - [Immune Globulin Biological Page](#)
 - [Immune Globulin Information Sheet](#)
- Influenza
 - [Standard Dose Influenza Vaccines Trivalent Inactivated Biological Page](#)
 - [High-Dose and Adjuvanted Influenza Vaccine Trivalent Inactivated Biological Page](#)
 - [Influenza Vaccine Information Sheet](#)
- Measles Mumps Rubella
 - [Measles Mumps Rubella Vaccine Biological Page](#)
 - [Measles Mumps Rubella Vaccine Information Sheet](#)
- Measles Mumps Rubella Varicella
 - [Measles Mumps Rubella and Varicella Vaccine Biological Page](#)
 - [MMR-Var Information Sheet](#)
- Meningococcal B
 - [Meningococcal B Multicomponent Recombinant Vaccine Biological Page](#)
 - [Meningococcal B Vaccine Information Sheet](#)
- Meningococcal C Conjugate
 - [Meningococcal Conjugate \(Group C\) Vaccine Biological Page](#)
 - [Meningococcal Conjugate \(Group C\) Vaccine Information Sheet](#)

Fit To Immunize

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

➤ Form on One Health and CHIP

[Fit to Immunize Checklist Seasonal Immunizations.pdf](#)

Fit to Immunize Checklist Seasonal Immunizations

First Name:		Last Name:	
DOB: (mon-dd-yyyy)		Date:	
Personal Health Care Number:			
☐ No ☐ Yes	1. Is this person well today?		
☐ No ☐ Yes	2. Does this person have any allergies (includes any vaccine, medicine or food)? If yes, list allergies and reactions		
☐ No ☐ Yes	3. Does this person have any long-term health conditions? If yes, list all health conditions		
☐ No ☐ Yes	4. Is this person taking any medicine (e.g. corticosteroids, immunosuppressants, biologics etc.)? If yes, list all medications		
☐ No ☐ Yes	5. Is this person pregnant or breastfeeding/chestfeeding?		
☐ No ☐ Yes	6. Has this person had the influenza, COVID-19, RSV or Pneu-C20 vaccine before?		
☐ No ☐ Yes	7. Has this person ever had unusual or serious side effects from any seasonal immunization other than those listed on the expected side effects vaccine information sheet? (e.g. Known history of Guillain Barré Syndrome (GBS) within 6 weeks of a previous dose of influenza vaccine)		
COVID-19 vaccine only:			
☐ No ☐ Yes	8. Has this person ever had multisystem inflammatory syndrome as a child (MIS-C) or an adult (MIS-A)?		
☐ No ☐ Yes	9. Has this person had myocarditis or pericarditis within 6 weeks of getting a COVID-19 vaccine?		

Adapted from Alberta Health Services (AHS) Resources, October 2025

The screenshot shows a software interface with a top navigation bar containing tabs: Personal Info, Health Profile, Tasks, Growth Charts, Immunization History, Chart Notes, Forms, and Documents. The 'Forms' tab is active. Below the tabs, there are 'Add' and 'Refresh' buttons. A dropdown menu is open, displaying a list of forms. The form 'Fit to Immunize Checklist - Seasonal Immunizations' is highlighted in yellow. Other forms in the list include Animal Exposure Investigation v2026, Client Depo Checklist, Enteric Disease Investigation, EPDS Scoring Instructions v2023, Fit to Immunize Checklist - Adults and Children, General Laboratory Requisition, Infant Assessment, Insti Multiplex POCT Lab Reporting, Maternal Assessment, Medication Administration Record, Microbiology Requisition, Notifiable Disease Report (NDR) v2025, Notification of STI, Prenatal Assessment Record, Prenatal Record, Report of Adverse Events Following Immunization, Rourke Baby Record 2024, Serology and Molecular Testing Requisition, STBBI Lab Requisition - Dr Bilinsky, and Suicide Assessment For A Positive EPDS Screen. On the right side of the interface, there are fields for 'Modified By', 'Modified On', and 'Id'.

Fit To Immunize- When to Defer

Defer immunization in the following situations:

- Individuals with serious acute febrile illness

Immunization does not need to be deferred and can safely be given:

- Individuals with mild acute illness with or without a fever
- Individuals recovering from illness or are taking antibiotics

Informed Consent

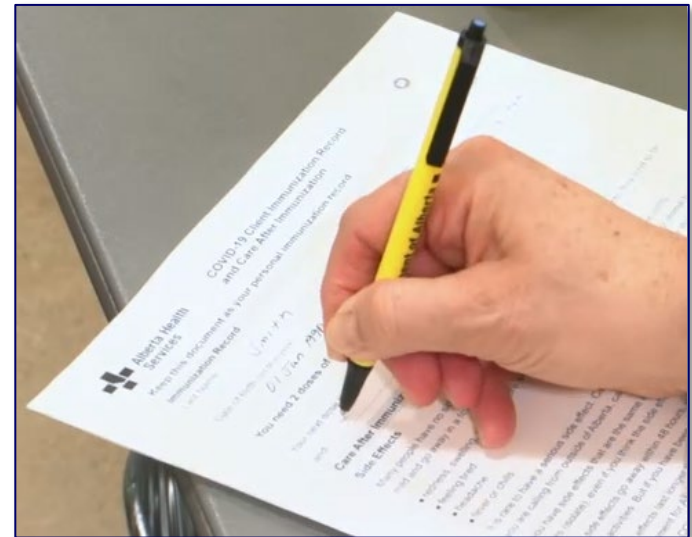
Clients or their guardian must give informed consent before immunization

- 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

Registry Patients Immunizations Growth Tasks Assessments Notes Form Letters Reports Public Health Appts Help

Personal Info. Health Profile Tasks Growth Charts Immunization History Chart Notes PDF Forms Forms Documents

Allergies & Adverse Events

☐ NKDA ☒ Has Allergies ☐ History of Anaphylaxis ☐ Adverse Vaccine Associated Event, see notes

▼ Allergy Details

Client Information

Personal Info. Health Profile Tasks Growth Charts Immunization History Chart Notes PDF Forms Forms Documents

▼ Expand All ▲ Collapse All

Immunization Schedule (3) ☐ Paper record cross checked

Other Delivery Site Downloaded from ImmAri Requires Clarification Modified Series Completed Series

+ Add Queue All For Submission

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7	Dose 8
HBV - Hepatitis B	2016/07/20 65y 4m 5d							
FLU - Influenza Standard Dose	2016/07/20 65y 4m 5d	2018/11/20 67y 8m 5d						
MenconC - Meningococcal, conjugate, monovalent (C)	2015/03/28 64y 13d							

Immunization History (4)

Prior to Immunizing:

- Verify personal information and allergies
- Merge Netcare records.
- Check Immunization history

Documentation in CHIP

Immunization

Patient: **Laura Test** - DOB:2011/09/09 (15y 15d)

☐ Remember

Product or Barcode: COVID-19 Pfizer/BioNTech (Comirnaty) XFG PFS

Immunization Date: 2026/09/24 Age at Immunization: 15y 15d

Vaccine: COVIDmRNA - COVID-19 XFG

Manufacturer / Lot #: PB - Pfizer/BioNTech / ☐ Historical

Expiry Date:

Dosage/Admin. Method: 0.30 ML - Milliliters / IM - Intramuscular

Site:

Reason: Routine Recommended Immunization - (50)

Immunizer: 50 Routine Recommended Immunization **4.**

22 Continuing Care and Supportive Living **1.**

54 Occupational **2.**

66 Other Risk **3.**

99 Non Provincially Funded

Immunization Status

☐ Requires Verification

Save & New Save & Close Close

☒ Submit record after saving

Created by Imah on 2026/09/24 14:18:23. Modified by Imah on 2026/09/24 14:18:23 (#-915)

COVID-19 reason codes:

- Continuing Care and Supportive Living
- Occupational
- Other Risk
- Routine Recommended Immunization
- Non-Provincially Funded-
do not use

Influenza reason codes:

- Continuing Care and Supportive Living
- Other Risk (*FLU HD only*)
- Routine Recommended Immunization
- Non-provincially funded-
do not use

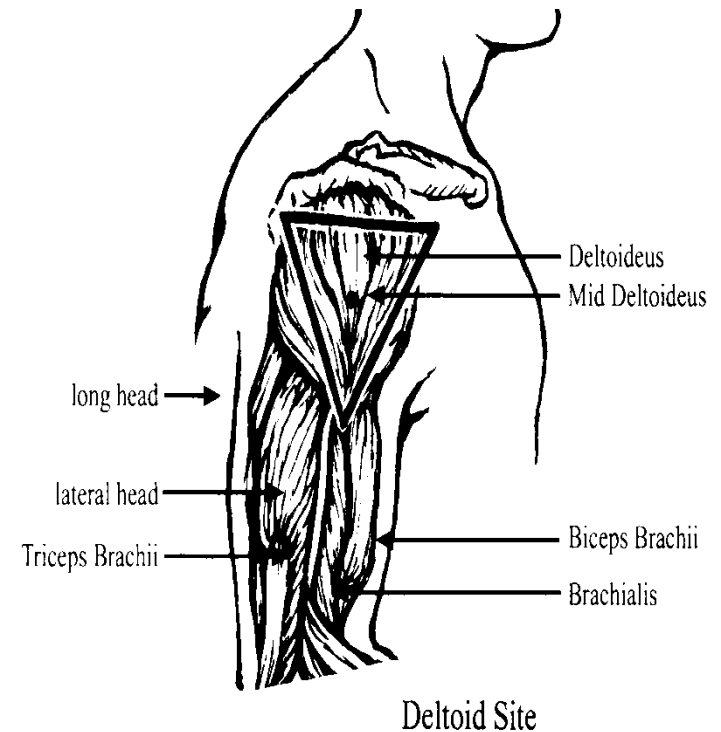
Vaccine Administration - IM

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](#)



Vaccine Administration - IM

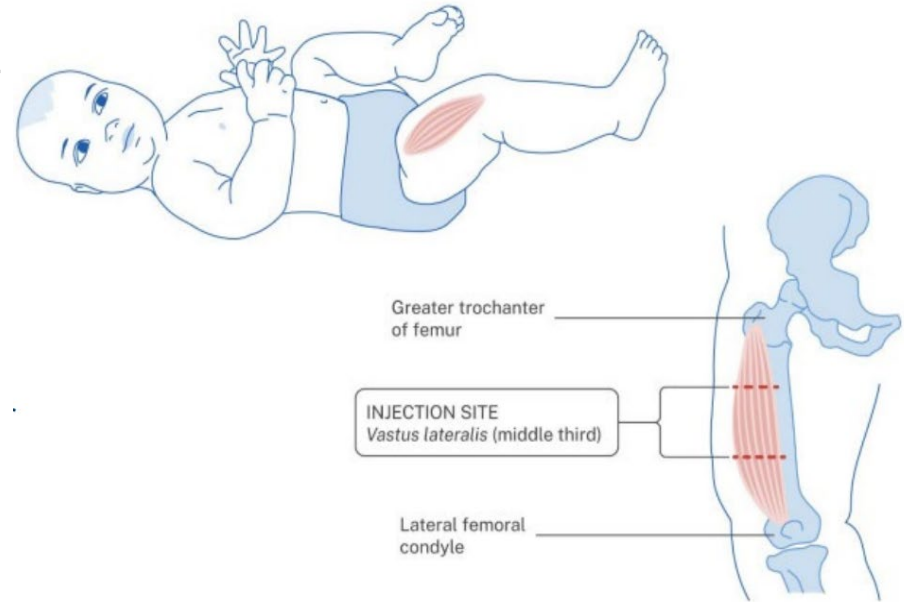
Infant up to and including 11 months

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 a severe, life-threatening systemic allergic reaction.
- It presents rapidly with airway, breathing and circulatory problems and usually skin and mucosal changes.
- 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 be aware and prepared for signs and symptoms of anaphylaxis.
- Resources on One Health >> *CDC >> Immunization and Notifiable Disease- **these are currently being updated.***
- Canadian Immunization Guide:

[Anaphylaxis and other acute reactions following vaccination: Canadian Immunization Guide - Canada.ca](#)

Anaphylaxis

- Healthcare providers **MUST** review the anaphylactic directive and guideline before administering vaccines.
- Refer to the following resources:
 - *ISC CDC Guidelines for the Management of Anaphylaxis Related to Immunizations*
 - *ISC Management of Anaphylaxis Post-Immunization*
- **An EPI kit must be readily available when immunizing**
- Clients should be advised to remain on-site for **15 minutes** following immunization.
- Clients with a history of anaphylaxis should remain on-site for **30 minutes** following immunization.
- Instruct clients to stay within the clinic area and return immediately for assessment if they feel unwell.

Anaphylaxis

- In the event of a suspect anaphylaxis following immunization, utilize the Anaphylaxis Management Record to document the event.
- Ensure printed copy included in your anaphylaxis kit

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

- [Anaphylaxis Policy](#)
- [Anaphylaxis Guidelines](#)
- [Anaphylaxis Management Record](#) (2012) 
- [Adverse Events Following Immunization \(AEFI\)](#)
- [Anaphylaxis Practice Workbook](#)

One Health Notifiable Disease and Immunization

Adverse Event Following Immunization

- Adverse Event Following Immunization (AEFI):
 - *Any medical event that follows immunization and does not necessarily have a causal relationship with the administration of the vaccine.*
- AEFI reporting and monitoring are essential for vaccine safety and surveillance and maintaining public confidence in immunization programs.
- Report all AEFIs to the ISC CDC Team within **3 days** of becoming aware of the event. Report cases of **anaphylaxis or death within 24 hours**.
- Complete the 'Report of Adverse Event Following Immunization' form in CHIP under *Forms*. If CHIP is unavailable- the form can be accessed through One Health.

Alberta Government **Report of Adverse Events Following Immunization**

☐ Initial Report ☐ Updated Report **Shaded areas are not reported electronically.** AEFI#

RNA Number (Reporting RNA)	Delivery Management Site	Personal Health Number	Report Date (yyyy-mm-dd)	LN Number
		OT75839	2025/09/16	
Client Name (Last)	(First)	(Middle)	Gender	Date of Birth (yyyy-mm-dd)
Test	Laura		Female	2011/09/09
Client Address	Parent/Guardian			
City	Province	Postal Code	Phone Number	
Medical History:				
Current Medications: ☐ Yes ☐ No ☐ Unknown If yes specify:				
Known Medical Conditions: ☐ Yes ☐ No ☐ Unknown If yes specify:				
History of allergies: ☐ Yes ☐ No ☐ Unknown If yes specify:				
Previous Adverse Event to Immunization: ☐ Yes ☐ No ☐ Unknown If yes specify:				
History of Convulsions: ☐ Yes ☐ No ☐ Unknown				
Immunization Information				
Date of Immunization (yyyy-mm-dd):		Time of Immunization:		
Vaccine Code	Manufacturer	Lot #	No. in Series	Dosage
				Route
				Site

Incident Reporting

- Immunization errors do occur
- Disclose to the client as soon as possible
- Let your manager or supervisor know
- Complete an incident report
 - ISC 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



Vaccine Storage and Handling Principles

- Vaccine management refers to the process of handling vaccines from the time they are manufactured until they are administered.
- **Ensures vaccine efficacy**
- **Client safety is protected**
- The following standard sets out the requirements and provides 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 Principles

Every immunizer must:

- Maintain Vaccine Cold Chain
- Understand cold chain excursions and their implications
- Know which clinic staff is responsible for vaccine management
- Follow product- specific vaccine storage and handling requirements
- Monitor and interpret TempTale® and min/max thermometer readings
- Take appropriate action when a cold chain excursion occurs.



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)

Vaccine Ordering

COVID, 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.
 - **Non-mRNA Nuvaxovid expires Dec 31, 2026**
 - **Expanded eligibility for RSV vaccine**
 - **No supply issues with COVID-19 vaccine this season**
- Weekly reconciliation, including COVID-19
- Avoid stockpiling
- Track wastage

Welcome to the Alberta Vaccine Inventory (AVI)




The AVI system is an online inventory web application that was developed by the Government of Alberta. The primary function of AVI is to track, record, report, create and receive vaccine orders and vaccine inventory.

AVI can be used from a computer or mobile with internet access and supports the latest versions of any browser. The production environment is a live inventory management site. Changes in this environment should only reflect actual changes to your physical inventory.

Need to register?

Community pharmacies and community physician clinics that require access to the Alberta Vaccine Inventory (AVI) system, select the "Register" button. Or [click here](#) for guidance if you are an AHS provider.

- Vaccine Management Set-Up and Maintenance Administration Guides
- User Guides and Training

One Health Portal



ALBERTA / NWT - FIRST NATIONS
HEALTH PORTAL
 OUR PEOPLE, OUR HEALTH



Friday, September 25, 2026
[RESOURCE FINDER](#)

[Alberta Region](#)
[Community Health Promotion](#)
[Privacy Compliance](#)
[Communicable Disease Control](#)
[Nursing](#)
[Home Care Nursing](#)
[Nutrition](#)

[WebMail](#)
[Health Emergency Management](#)
[Alberta First Nations Home Care Discharge Planning Guide](#)

Text/HTML

[Communicable Disease Control](#)
[Notifiable Disease and Immunization](#)

 **Laura Mah**
 **LOGOUT**


Notifiable Disease and Immunization Program Summary

The Notifiable Disease and Immunization (ND/IMMs) program collaborates with First Nations to deliver provincially funded immunization programs and communicable disease management services. We work closely with our provincial partners, Primary Care Alberta (PCA) and Primary and Preventive Health Services (PPHS), to coordinate access to and delivery of services in First Nations across the province.

Our team supports community health nurses with immunization and communicable disease education, consultation, management, surveillance, and prevention across Alberta. Through these efforts, the ND/IMMs program aims to reduce disease transmission, facilitate health promotion, and provide equitable care for all First Nations living on Reserve.

Manuals, Policy, and Guidelines

- General**
 - [Alberta Health Notifiable Disease Guidelines](#)
 - [AHS Immunization Program Standards Manual \(IPSM\)](#)
 - [Alberta Immunization Policy](#)
 - [Informed Consent](#)
 - [Memo - End of the Meningococcal-ACYW Immunization Campaign in LRRCN](#) - Oct 2025
- Education**
 - [Mandatory Immunization Certification Policy](#)
 - [CDC CHN Orientation Guide](#)
- Anaphylaxis**
 - [Anaphylaxis Policy](#)
 - [Anaphylaxis Guidelines](#)
 - [Anaphylaxis Management Record](#) (2012)
 - [Anaphylaxis Practice Workbook](#)
- Adverse Events Following Immunization (AEFI)**
 - [Adverse Events Following Immunization \(AEFI\) Policy for Alberta Immunization Providers](#) (Apr 2024)
 - [Adverse Events Following Immunization \(AEFI\) Form](#) (To be completed in CHIP)

Vaccine Presentations

- [MMR and MMR-Var Vaccine Program Change Updates](#) (Videos + Slides) - May 2026
- [Tetanus-Diphtheria-Acellular Pertussis \(Tdap\) Vaccine Presentation](#) (Video + Slides) - Dec 2026
- [Seasonal Immunization Overview 2025-2026](#) (Video + Slides)
- [Pneumococcal Conjugate Vaccines: 20 Valent \(Pevnar\)15 Valent \(Vaxneuvance\)](#)(Slides) - June 2024
- [Pevnar 20 Presentation](#) (Video)
- [MMR and Varicella Presentation](#) (Videos + Slides) - April 2024
- [RSV \(Abrysvo\) Presentation](#) (Video + Slides)

Seasonal Immunization Program

- [Seasonal Immunization Monitoring Form](#)
- [Influenza COVID RSV Pneumo Client Immunization Record and Care After Immunization](#) - External
- [Seasonal Immunization Fit to Immunize Checklist](#)
- [Seasonal Immunization Record Downtime Form](#) - Sep 2026
- [Weekly Influenza and COVID-19 vaccines given in non-CHIP First Nations](#) - Sep 2026
- [AHS Influenza Immunization Health Professionals](#)
- [AHS COVID-19 Health Professional Immunization Information](#)
- [AHS Respiratory Syncytial Virus \(RSV\) Immunization](#)
- ARCHIVED/Under Review - [COVID-19 Page](#)

Forms

Resources

[AHS Immunization Program Standards Manual](#)

[Alberta immunization policy | Alberta.ca](#)

[Canadian Immunization Guide - Canada.ca](#)

[Statement on Seasonal Influenza Vaccine for 2026-2027](#)

[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](#)

[Post COVID-19 condition \(long COVID\): For health professionals - Canada.ca](#)

[Anaphylaxis and other acute reactions following vaccination: Canadian Immunization Guide - Canada.ca](#)

[One Health: Immunization](#)

Questions

ab.cdc@sac-isc.gc.ca

**Thank you for your partnership in Public
Health**

