



# 2012-2013 IMMUNIZATION PROVIDER TOOLKIT FOR THE SEASONAL INFLUENZA PROGRAM

Communicable Disease Prevention and Control  
Influenza Immunization Program

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## A. Memo: Influenza Vaccination Program for 2012-2013

**TO:** Nova Scotia Immunization Providers  
**FROM:** Dr. Robert Strang, Chief Public Health Officer,  
Department of Health and Wellness  
**DATE:** September 19, 2012  
**RE:** Influenza Vaccination Program for 2012-2013

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Along with fall, the annual influenza immunization season is fast approaching. Your participation and cooperation in the past is greatly appreciated. The formal provincial media launch of the influenza immunization program will be October 16, 2012.

**Vaccine orders can be placed anytime, but influenza vaccine will not be available until October 15, 2012. Influenza immunizations may be administered as soon as you receive your vaccine order. It is important to work with your local Public Health office to coordinate vaccine ordering and delivery.**

Public Health receives 3 bi-weekly shipments of vaccine over a 6-8 week period and must distribute it equitably to all providers over that time period. Therefore, it is not possible to fill everyone's total order at the beginning of the season and you will not be able to order your whole season's supply at once. We ask you to plan your immunization clinics accordingly and we encourage you to first immunize people at greatest risk of influenza-related complications.

**For the 2012/13 season, influenza vaccine is recommended and publicly funded for all Nova Scotians.** While all Nova Scotians are encouraged to be immunized, the National Advisory Committee on Immunization (NACI) annual influenza immunization statement emphasizes that the following groups remain the top priority for influenza immunization:

- all pregnant women
- adults and children with chronic heart or lung disease, diabetes mellitus and other metabolic diseases, cancer, immunodeficiency, immunosuppression (due to underlying disease and/or therapy), renal disease, anemia, and hemoglobinopathy
- adults and children with any condition that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration
- children and adolescents (age 6 months to 18 years) with conditions treated for long periods with acetylsalicylic acid (e.g., rheumatoid arthritis patients)
- people of any age who are residents of long term or chronic care facilities
- all children from 6 months to 5 years of age (***new this year***)
- those with morbid obesity (body mass index of 40 or more)
- Aboriginal peoples
- those 65 or older
- those who live with or care for someone in the above groups

- health care workers and students in a health care profession educational program *(includes all staff and volunteers in acute or long term care facilities, home care/home support agencies, community-based offices (including physicians, pharmacists, dentists and physiotherapists) or other community settings)*
- first responders *(EHS, fire and police)*
- people living in a home that is expecting a newborn during the regular influenza season
- anyone who lives with, or cares for children less than 5 years of age

- **MSI billing information is used to collect data on physician-delivered vaccine as part of assessing overall vaccine coverage rates**
- **The diagnostic codes to be used are: for pregnant women- V221 and for males & non-pregnant females- V048**
- **Other immunization providers are to complete aggregate data collection**

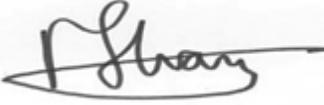
In both their clinical practice, and as leaders in health care facilities and District Health Authorities, there are many opportunities for health care providers to promote and support annual influenza immunization, such as:

- ensuring that individuals (especially those at high risk) are advised about and/or offered influenza vaccine at every clinical encounter during the fall and early winter
- encouraging and supporting initiatives to provide influenza vaccine within health care facilities, such as at outpatient specialty clinics (e.g. diabetic daycare), as part of discharge planning for admitted patients and in emergency departments
- being a positive role model for other health care workers (HCW) by being immunized yourselves, encouraging co-workers to be immunized, providing factual information on influenza vaccine and ensuring HCW and patients are offered vaccine
- promoting and supporting the allocation of resources to implement comprehensive influenza immunization programs for both the public and HCW
- working with other partners to increase opportunities for the public to access influenza immunization

More information on influenza immunization can be found at:

<http://www.gov.ns.ca/hpp/cdpc/influenza.asp>  
[www.immunize.cpha.ca](http://www.immunize.cpha.ca)

Thank you for your continued support in promoting influenza vaccination.



Robert Strang MD, MHSc, FRCPC  
 Chief Public Health Officer  
 Department of Health and Wellness

## B. 2012-2013 Seasonal Influenza Vaccine Information for Immunization Providers

(This information does not apply to enhanced or live influenza vaccines)

### 1. What are my accountabilities as an immunization provider?

#### A. Reporting

- Adverse Events Following Immunization (AEFI) are to be reported to local Public Health Services (PHS) as per [It's the Law – Reporting Adverse Events Following Immunization \(see Q 19\)](#)
- Physicians are to use [MSI billing codes](#) that are specific to the 2012-2013 seasonal influenza vaccine (see Q 18)
- Other immunization providers are to complete aggregate data collection forms provided by Public Health

#### Management of Vaccine/Cold Chain

- Vaccine must be kept refrigerated between 2°C to 8°C at all times and should never be frozen
- Report all cold chain breaks to local Public Health Services. Keep vaccine refrigerated while waiting to receive direction from Public Health on use of affected vaccines
- Attention must be paid to the duration of stability of vaccine once it has been opened or reconstituted

#### Competency

- Immunizers will follow their respective professional guidelines, e.g. CRNNS, CPSNS, CLPNS, with respect to immunization competency and professional responsibility. Immunizers may need to be deemed competent by their employing agency to provide immunization

#### Safety

- Adrenalin must be present during vaccine administration
- Clients must be monitored for at least 15 minutes post-immunization
- Documentation must include the lot number of the vaccine in case of recall or adverse event

#### Role Model/ Duty of Care

- Annual influenza immunization of health care workers is very important for reducing influenza-related morbidity and mortality among high risk groups and individuals to whom you provide care. All immunization providers are encouraged to receive an annual influenza vaccine.

#### Ordering Vaccine

- As is the case every year, there are potential delays in vaccine development and distribution from the manufacturers

- Seasonal influenza vaccine is sent from the manufacturer to the N.S. Provincial Biodepot over a period of 6-8 weeks in varying quantities. It's therefore critical for Public Health to manage the supply of vaccine to ensure equitable distribution to all immunization providers.
- Immunization providers should not order the whole season's supply at once as the supply needs to be shared among all immunization providers. We encourage you to first immunize people at greatest risk of influenza-related complications and those people who live with or care for them.

## 2. Who is eligible to receive publicly funded seasonal influenza vaccine?

- A.** Immunization against influenza is publicly funded and advised for all Nova Scotians  $\geq$  6 months of age, but is strongly recommended for people at high risk of influenza-related complications and for those who are capable of spreading influenza to individuals at high risk of complications, including those who live with or care for them. The vaccine will be free of charge.

As in previous years, to provide the best protection for all residents in Nova Scotia against seasonal influenza, all students, including international students, are eligible to receive publicly funded influenza vaccine.

## 3. What is the dosage and frequency of the seasonal influenza vaccines?

- A.** For intramuscular influenza vaccine, the dose is now 0.5 ml for all age groups.

### Recommended Influenza Vaccine Doses by Age, 2012-2013

Age Group	Dose	No. of Doses
9 years and older	0.5 ml	1
6 months-8 years*	0.5 ml	1 or 2*

\*Children who have been previously immunized with seasonal influenza vaccine and adults are to receive one dose of influenza vaccine each year. Children 6 months to less than 9 years of age receiving seasonal influenza vaccine for the first time should be given two doses, with a minimum interval of four weeks between doses. The seasonal influenza vaccine is not licensed or recommended for infants less than 6 months of age.

## 4. Which groups are considered high risk for influenza-related complications?

- A.** The following groups are considered at high risk :
- Persons with morbid obesity (BMI  $\geq$ 40)
  - Aboriginal peoples
  - Adults and children with underlying health conditions, including:
    - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma);
    - diabetes mellitus and other metabolic diseases;
    - cancer, immunodeficiency, immunosuppression (due to underlying disease and/or therapy);

- renal disease;
  - anemia or hemoglobinopathy;
  - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration; and
  - children and adolescents with conditions treated for long periods with acetylsalicylic acid.
- People of any age who are residents of long term care and other chronic care facilities.
  - Adults  $\geq 65$  years of age.
  - Children 6 to 59 months of age.
  - Pregnant women (the risk of influenza-related hospitalization increases with length of gestation, i.e. it is higher in the third than in the second trimester).

## 5. What are the components of the seasonal influenza vaccines?

- A.** The antigenic strains included in the 2012-2013 influenza seasonal vaccine (northern hemisphere) are:
- A/California/7/2009 (H1N1)pdm09-like virus;
  - A/Victoria/361/2011 (H3N2)-like virus;
  - B/Wisconsin/1/2010-like virus (B Yamagata lineage).

The only two products being used in Nova Scotia for the 2012-13 publicly funded influenza immunization program are Fluviral® (GSK) and Agriflu® (Novartis).

## 6. Who should NOT routinely be given seasonal influenza vaccine?

- A.** The following people should not receive seasonal influenza vaccine:
- Infants less than 6 months of age;
  - People who have had a serious allergic reaction (anaphylaxis) to a previous dose of any influenza vaccine;
  - People who have had a serious allergic reaction (anaphylaxis) to any of the components of influenza vaccine;
  - People who have a serious acute febrile illness;
  - People known to have had Guillain-Barré Syndrome within 6 weeks of a previous influenza vaccine.

## 7. Should people who have experienced Ocular Respiratory Syndrome (ORS) following receipt of a previous seasonal influenza vaccine be immunized?

- A.** There is no evidence to suggest that oculorespiratory syndrome (ORS) will be a concern following immunization. Individuals who have experienced ORS, including those with a severe presentation (bilateral red eyes, cough, sore throat, hoarseness, facial swelling) but without lower respiratory tract symptoms, may be safely reimmunized with influenza vaccine. Persons who experienced ORS with lower respiratory tract symptoms should have a consultation with an allergist.

## 8. Should people who are allergic to eggs, components of the vaccine, or a previous dose receive the seasonal influenza vaccine?

**A. Egg allergy:** Since the 2011-12 influenza season, the National Advisory Committee on Immunization (NACI) has recommended that egg-allergic individuals may be vaccinated against influenza using trivalent inactivated vaccine (TIV) without a prior influenza vaccine skin test based on an assessment of risk for a severe allergic reaction to guide the method of vaccination.

The Canadian Society of Allergy and Clinical Immunology (CSACI) define seriousness of allergies and protocols for immunization of allergic persons. Vaccine providers administering influenza vaccine to egg allergic individuals can obtain details on the CSACI website ([www.csaci.ca](http://www.csaci.ca)) or in the [Statement on Seasonal Trivalent Inactivated Influenza vaccine for 2012-2013](#)

CSACI define egg allergy as: immediate symptoms within 1-2 hours after exposure, such as urticaria and angioedema, respiratory, gastrointestinal or cardiovascular symptoms plus confirmatory allergy tests (skin test or egg specific IgE). The risk of severe allergic reaction or anaphylaxis in egg-allergic individuals can be determined by assessing their history of reactions to eggs.

- **Lower Risk:** CSACI considers an egg-allergic individual to be at **lower risk** for severe allergic reaction if they have mild gastrointestinal or mild local skin reaction, can tolerate ingestion of small amounts of egg, or have a positive skin/specific IgE test to egg when exposure to egg is unknown.
  - Individuals at lower risk for severe allergic reaction can be vaccinated for influenza using a single vaccine dose and should be observed for 30 minutes following administration for symptom development.
- **Higher Risk:** An egg-allergic individual is considered to be at higher risk for severe allergic reaction by CSACI, if they have had a previous respiratory or cardiovascular reaction or generalized hives when exposed to egg; or have poorly controlled asthma.
  - Referral to a specialist with expertise in assessment and management of egg-allergic individuals may be necessary in circumstances where there is strong concern about proceeding with administration of influenza vaccine and the individual is at risk of complications from influenza. If the individual is not in a high-risk group, the need for vaccination may be reassessed.

## 9. Should pregnant women receive the seasonal influenza vaccine?

**A. Yes.** All pregnant women should receive seasonal influenza vaccine as evidence demonstrates they are at higher risk of complications from influenza.

## 10. Is seasonal influenza vaccine safe for breastfeeding mothers?

**A. Yes.** Seasonal influenza vaccine is safe for breastfeeding mothers.

### 11. How should the seasonal influenza vaccines be stored?

- A. Vaccine Cold Chain should be maintained at all times (2°C to 8°C). The vaccine should not be frozen and must be protected from light.

### 12. How long can a vial of influenza vaccine be used once it is opened?

- A. An opened vial of **Fluviral® (GSK)** should be used within 28 days from the date it was opened. It's a good idea to record the date it was opened on the vial.  
**Agriflu® (Novartis)** comes as a pre-filled syringe so this is not a concern for this product.

### 13. Can I draw up the seasonal influenza vaccine into syringes to be used at a later time?

- A. No. The manufacturer has no data to confirm that immunogenicity of the product will be preserved after prolonged exposure to the plastic of the syringe. The company also has concerns regarding bacterial contamination. Therefore, influenza vaccine should be injected as soon as possible after being drawn up.

### 14. How is the seasonal influenza vaccine administered?

- A. The publicly funded seasonal influenza vaccine is administered intramuscularly. The deltoid muscle is the recommended site in adults and children over 12 months of age. The anterolateral thigh is the recommended site in infants (6 -12 months of age).

### 15. How soon following immunization does protection develop and how long does it last?

- A. Protection from the seasonal influenza vaccine generally begins 10 to 14 days after immunization and may last 6 months or longer.

### 16. What are the side effects of the seasonal influenza vaccine?

- A. One third of those vaccinated report soreness at the injection site for up to two days. Flu-like symptoms (fever, sore muscles, and tiredness) may occur within 6 to 12 hours after vaccination and last 1 to 2 days, especially in those receiving the vaccine for the first time. Anaphylactic hypersensitivity reactions occur rarely.

### 17. What information is used to determine influenza immunization coverage?

- A. Physicians use MSI billing codes that are specific to the influenza vaccine. (See Q18). All other providers are required to submit aggregate influenza information at the end of the influenza season to their local Public Health office on forms provided by Public Health. All this information will be collated to inform the provincial immunization coverage report

### 18. How do physicians bill for influenza immunization?

- A. MSI Billing Information for Administration of Seasonal Influenza (Flu) and Polysaccharide Pneumococcal (PC) Vaccines 2012-2013

Billing requires a health service code, a modifier, and a diagnostic code				
Immunization	Health Service Code	Modifier	MSUs	Diagnostic Code
Influenza	13.59L	RO=INFL	6.0	Select diagnostic code from the table below
Pneumococcal	13.59L	RO=PNEU	6.0	

Patient Status	Diagnostic Codes	
	<i>FLU</i>	<i>PC and FLU</i>
Pregnant	V221	N/A
Males & non-pregnant females	V048	V066

Refer to the following table when billing for a **provincial immunization tray fee**.

Health Services Code	Description	MSUs
13.59M	Provincial immunization tray fee	1.5 per multiple (max 4/visit)

**Notes for billing:**

1. If one vaccine is administered but no associated office visit is billed (i.e. **the sole purpose for the visit is the immunization**), **claim the immunization at a full fee of 6.0 MSUs**.
2. If two vaccines are administered at the same visit but no associated office visit is billed (i.e. **the sole purpose for the visit is the immunization**), **claim for each immunization at a full fee of 6.0 MSUs each**.
3. If one vaccine is administered in conjunction with a billed office visit, **claim both the office visit and the immunization at full fee**.
4. If two vaccines are administered in conjunction with a billed office visit, **claim the office visit and the first injection can be claimed at full fee. All subsequent injections will be paid at 50%**.
5. For children less than 12 months of age, if a vaccine is administered in conjunction with a well-baby care visit, **claim the well-baby care visit and the immunization**.

**19. What adverse events need to be reported to Public Health Services?**

- A. All adverse events not normally expected (i.e. listed in the product monograph), that are temporally related to the administration of the vaccine, need to be reported in accordance with the It's the Law: Reporting of Adverse Events Following Immunization poster.

**20. Can the seasonal influenza vaccine cause influenza illness?**

- A. No. The seasonal influenza vaccine does not contain live virus and cannot cause influenza.

**21. Can you receive seasonal influenza vaccine before or after having donated/received blood or Immune Globulin?**

- A. Yes.

22. Can seasonal vaccine, adult pertussis vaccine and pneumococcal vaccine be given at the same time?

- A. Yes they can be administered at the same time but with separate needles and syringes in different sites. Pneumococcal vaccination is recommended once in a lifetime, except in certain high risk individuals as specified in the [Canadian Immunization Guide 2006](#). Pertussis vaccine is recommended in childhood and adolescence and once as an adult.

23. Can seasonal influenza vaccine be administered if other vaccines have been received recently?

- A. Yes, you can administer seasonal influenza vaccine if other vaccines have been received recently. There is no interval of time needed between receiving seasonal influenza vaccine and any other vaccines.

24. Where can I get more information on seasonal influenza vaccine?

- A. For more information on influenza vaccine, contact your local [Public Health office](#). You may also check the following websites:
- a. Nova Scotia Department of [Health and Wellness](#) web site
  - b. Public Health Agency of Canada (NACI): [Statement on Seasonal Trivalent Inactivated Influenza vaccine for 2012-2013](#)
  - c. [Canadian Public Health Association](#)

## C. Vaccine Storage and Management Guidelines for Vaccine Providers

The objective of these guidelines is to provide recommendations for vaccine storage and handling for all health-care providers.

Immunization programs have had a major impact on the health status of the world's population by preventing many cases of infectious diseases through immunization. Vaccine storage and handling are key components in maintaining the efficacy of immunization programs.

### General Guidelines

- Always arrange vaccines the same way inside the refrigerator to avoid errors.
- Protect vaccines from light at all times by keeping them in the manufacturer-supplied box.
- Remove vaccines from the refrigerator just before they are to be used and put them back in the refrigerator immediately after each use.
- Reconstitute vaccines immediately prior to use and ONLY with the diluent provided by the manufacturer. For multi-dose vial, print the date opened on the label after opening.
- For reconstituted products, refer to the manufacturers' package insert for stability information following reconstitution. For example, opened multi-dose vials of Fluviral must be discarded if not used within 28 days.
- Do not use any vaccines that have not been stored between 2°C to 8°C until an assessment has been made by public health.
- Do not use any vaccines that are beyond their expiration date. The expiration date of vaccines must be checked each time they are used. The person responsible must also check the expiration dates each month when completing an inventory of the agents stored in the refrigerator. If a vaccine is past its expiration date, it must be removed from the refrigerator immediately, marked "**DO NOT USE**".
- Adhere to strict aseptic technique when handling vaccines.

### Vaccine Fridges

Store vaccines in a dedicated vaccine refrigerator. Maintain the refrigerator temperature between 2°C to 8°C. Refrigerators should be selected carefully and used properly.

#### **Any refrigerator used for vaccine storage must be:**

- Able to maintain recommended vaccine storage temperatures (between 2°C to 8°C).
- Large enough to hold one month's inventory.

- Equipped with a thermometer or data logger. Recommended type of thermometer is Canadian Scientific or another Minimum-Maximum (Min-Max) thermometer that is calibrated to +/- 1° accuracy.
- Dedicated to the storage of vaccines only.

Any style of small single-door fridge (e.g. bar fridge) is unpredictable in terms of maintaining temperatures and should NOT be used to store vaccines.

***As manufacturers of vaccine are gradually moving toward the use of pre-filled syringes, it is important to plan for the increased space requirements the changes in vaccine packaging will require.***

### **Vaccine Cold Chain Break Management and Reporting**

When vaccines are exposed to temperatures of less than 2°C or more than 8°C, the result is a break in the cold chain. Vaccines affected by a break in the cold chain must be packaged separately, identified with a sticker reading “DO NOT USE,” and stored in a refrigerator at between 2°C and 8°C separately from vaccines in current use. Consult with your local public health office to determine whether or not they can be used.

If you become aware of inappropriate vaccine storage conditions, report the following to your local Public Health office using the attached Vaccine Cold Chain Exposure Report Form;

- date and time of incident
- the issue, e.g. fridge failure, power failure
- length of time the vaccine may have been exposed to inappropriate conditions
- the room temperature where the vaccine storage unit is located (if available)
- current temperature inside the vaccine storage unit.
- minimum and maximum temperature readings from the Min/Max thermometer inside the vaccine storage unit
- presence of water bottles in the refrigerator
- action that has been taken to protect the vaccines e.g. placed in a working fridge
- the product’s appearance (e.g., ice formation may be evident.)
- Document the inventory of the affected vaccines. Include vaccine name, lot number, expiry date, and quantity.

## Emergency Preparedness and Vaccine Storage and Handling

When immunization providers have reasonable cause to believe that weather conditions, natural disasters, or other emergencies might affect vaccine storage conditions, urgent procedures should be implemented in advance of the event.

**In preparation** for any emergency, the following should be in place:

1. Identify all alternative storage facilities with back up power (generator), where the vaccine can properly be stored and monitored. Have arrangements for transportation of vaccines.
2. Pack the refrigerator with adequate cold packs and water bottles while the power is still on.
3. Ensure availability of appropriate packing containers, cold packs, etc.
4. Prepare a list of emergency phone numbers that may be needed during the emergency such as:
  - a. Power company
  - b. Temperature alarm monitoring company
  - c. Back up storage facility
  - d. Transport company
  - e. Weather service
5. Document name, expiry date and number of each vaccine in the refrigerator.
6. Record refrigerator temperature, time and date.

## Post Event

For vaccines exposed to temperatures outside 2°C to 8°C range:

1. **Do not discard vaccine/s.**
2. Store exposed vaccines in the fridge, in a separate container/bag marked "Cold Chain" with a record of complete list of products, expiry dates, quantities of each vaccine, the maximum -minimum temperatures exposed to, and the duration of exposure. If specific time/temperature details are not available, assume the refrigerator malfunctioned immediately after the power outage and assume that the refrigerator took 2 hours to warm to temperature outside the range 2°C to 8°C
3. Once a determination is made by your local public health that these vaccines can be used, mark the products as being exposed to cold chain break.
4. Use the vaccines exposed to cold chain break before using any additional vaccine supplied to you.
5. Document name, number, expiry date of vaccines returned and send to main Public Health office in the District Health Authority.

# Keep Vaccine Safe

## Ordering Vaccine

- Order vaccine for your patient population only.
- Maintain no more than a one month supply of vaccine.
- Complete a refrigerator inventory once a month.

## Storing Vaccine

- Store all vaccine between 2°C and 8°C.
- Keep a digital high-low thermometer in refrigerator and record temperature twice daily.
- Contact your local Public Health Services office for advice when vaccine has been exposed to temperatures outside of 2°C and 8°C – i.e. power outage or refrigerator failure. Keep vaccine in refrigerator until you have made contact with Public Health.
- Develop a back-up plan for power outage/refrigerator failure.
- Protect refrigerator plug – secure it so it will not accidentally become unplugged.
- Do not store vaccine in the door of the refrigerator.
- Store full bottles of water on empty shelves and on the door of the refrigerator to maintain consistency in temperature.
- Do not use a “Bar” or half-size refrigerator.
- Use products with the earliest expiry dates first; place vaccine with the longest expiry dates behind those with the earliest expiry dates.
- Do not use your vaccine refrigerator for specimen storage and non-medical purposes such as staff lunches to limit opening your refrigerator door.
- Leave space between products in the refrigerator to allow air to circulate.



## Handling Vaccine

- Never leave vaccine outside of the refrigerator.
- Remove vaccine from the refrigerator only for withdrawal of the required dose(s).
- Mark the date on all multi-dose vials of vaccine when first opened – use opened vials before opening a new multi-dose vial and use within the timeframe specified by the manufacturer.
- Refer to package insert to determine how long a multi-dose vial can be used after the first dose is withdrawn.

## Transporting Vaccine

- Use insulated coolers with tight fitting lids and ice packs when transporting vaccine.
- Keep ice trays and ice packs in your freezer for use during transport of vaccine.
- Do not put vaccine directly on ice pack.
- Keep vaccine in original package.
- Wrap vaccine in bubble wrap.
- For long distance travel, wrap bubble-wrapped vaccine in newspaper for extra insulation and place a thermometer in the cooler.

## Disposal of Vaccine

- Vaccine expires at the end of the month (ie. June /06 means June 30, 2006).
- Return all expired/spoiled vaccine and unused vials to your local Public Health Services office.

## Recording Vaccine

- Complete reciprocal notification form and return to your local Public Health Services office monthly.
- Document in patient chart vaccine given, dose, site, route, date, Lot #, and person who administered the vaccine.

### Public Health Services contact information:

<i>South Shore Health</i> Bridgewater Tel: 543-0850	<i>Pictou County Health Authority</i> New Glasgow Tel: 752-5151
<i>South West Health</i> Yarmouth Tel: 742-7141	<i>Guysborough Antigonish Strait Health Authority</i> Antigonish Tel: 867-4500 ext 4800
<i>Annapolis Valley Health</i> Wolfville Tel: 542-6310	<i>Cape Breton District Health Authority</i> Sydney Tel: 563-2400
<i>Colchester East Hants Health Authority</i> Truro Tel: 893-5820	<i>Capital Health</i> Dartmouth Tel: 481-5800
<i>Cumberland Health Authority</i> Amherst Tel: 667-3319	

Information courtesy of Cape Breton District Health Authority & Guysborough Antigonish Strait Health Authority

Public Health Services



www.gov.ns.ca/hpp

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