

THE YEARLY BOOSTER SEASONAL INFLUENZA VACCINE PROGRAM 2026-2027

Betty Golightly
B.Sc. Pharmacy
Clinical Pharmacist
Foundation in Travel Medicine (SCIEH)
Certificate in Travel Health® (ISTM)



PRESENTER DISCLOSURE



Betty Golightly, RPh, FTM

- ☐ I have received a speaker's fee from *the Alberta Pharmacists' Association* for this learning activity
- ✓ Speaker/Consulting Fees OR Advisory Boards: mdBriefCase, Pear Healthcare Solutions, RxA, CPhA, Bavarian Nordic, GlaxoSmithKline, Merck Canada, Pfizer, Sanofi, CSL Seqirus, Valneva, AB Lung Association.

COMMERCIAL SUPPORT DISCLOSURE



- ☐ This program has received no financial or in-kind support from any commercial or other organization

LEARNING OBJECTIVES

By the end of this presentation, you should be able to:

- Describe policies & procedures including rules & regulations for the publicly funded influenza vaccine program
- Educate patients regarding misinformation, vaccine hesitancy & how a cell-based and adjuvanted vaccines may be different
- Review epidemiology: transmission, strains, population susceptibility, consequences of infection.
- Outline how to access and utilize references & resources available for pharmacists administering influenza vaccine
- Describe specific influenza vaccine(s) to be administered in 2026-27 season in AB
- Explore additional relevant or related information about other respiratory vaccines



POLL QUESTION

What percentage of Albertans received influenza vaccine last season (2025-2026)?

- A. 18%
- B. 20%
- C. 24%

OUTLINE

PART 1

- **GENERAL KNOWLEDGE
(STANDARD PROTOCOL)**
- **Injection & Other Key Information**
 - Domain 7
 - Who are the stakeholders?
 - Policy & Procedures - General
- **Influenza**
 - Epidemiology
 - Risks of Influenza
- **Resources and References**

INJECTION & RELATED STANDARDS OF PRACTICE FOR IMMUNIZATION

- Related Standards of Practice
- Infection Prevention and Control
- Stakeholders
- Policy & Procedures
- Vaccine Hesitancy

RELATED STANDARDS OF PRACTICE

Domain 7 Patient Assessment and Providing Care - Administer Drugs or Vaccines

- 7.7 Administers drugs or vaccines in manner that safeguards patients from harm, promotes optimal health outcomes, and meets patients' health needs and goals.
 - 7.7.1 Ensure patient is comfortable and environment is clean, safe, & appropriately private
 - 7.7.2
 - a) ensure patient is administered drug or vaccine in a manner that is appropriate and consistent with the patient's health needs and goals;
 - b) when administering a drug or vaccine by injection, ensure
 - i. pharmacist is authorized by college to administer drug by injection;
 - ii. injection occurs in a private area;
 - iii. pharmacist has all required training specific to age of patient, route of administration, and drug or vaccine being administered by injection;

RELATED STANDARDS OF PRACTICE

Domain 7 Patient Assessment and Providing Care - Administer Drugs or Vaccines

- iv. pharmacist is trained & competent to manage adverse rxns and emergencies, incl. anaphylaxis, resulting from administration by injection, and has ready access to drugs & healthcare products, aids, devices, and protocols used to treat rxns to injectable drugs and vaccines;
- v. routine precautions for infection control are implemented; and
- vi. the drug or vaccine to be administered:
 - A. has been prepared for administration using aseptic technique,
 - B. is stable
 - C. has been stored and labelled appropriately prior to and following reconstitution or mixing;
- c) following administration of a drug or vaccine by injection
 - i. patient is directly monitored for adverse rxns for sufficient period of time after injection is administered, based on drug administered and patient's health circumstances;
 - ii. respond appropriately to adverse reactions if they arise;
 - iii. ensure devices, equipment, and any remaining drug or vaccine are disposed of safely and appropriately;
 - iv. provide relevant information to other regulated health professionals and provincial health agencies as appropriate, including reporting adverse events following immunization when required by law.

Infection Prevention & Control continued

- Routine Practices
- Best Practice Recommendations
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Education & Training
- Surveillance & Reporting
- Outbreak Management

Statement on seasonal influenza vaccine for 2026–2027 (NACI) ¹

- **Concurrent administration with other vaccines**
 - All seasonal influenza vaccines, including LAIV, may be given at the same time as, or at any time before or after administration of other vaccines (either live or non-live), including COVID-19 vaccines. NACI will continue to monitor the evidence base and update its recommendations as needed.
 - NACI reaffirms its recommendation that influenza vaccines may be administered concurrently with (i.e., same day), or at any time before or after, other vaccines recommended during pregnancy (e.g., pertussis or RSV).

INJECTION & OTHER ROLES OF THE VARIOUS STAKEHOLDERS - WHO YA GONNA CALL?

Contact update for Primary & Preventative Health Services – July 31, 2026

- Email addresses updated from Alberta Health to Primary and Preventative Health Services (PPHS)
 - Health.imm@gov.ab.ca to **PPHS.imm@gov.ab.ca**
 - Program & policy related questions or concerns:
 - expiry extensions, allocations, seasonal programming, product problem issues and vaccine storage and handling.
 - Health.AVI@gov.ab.ca to **PPHS.AVI@gov.ab.ca**
 - Questions and requests related to:
 - Creating, receiving or transferring orders, inventory reconciliation & AVI compliance inquiries and AVI account registration and access
- Original address -> automatically be forwarded to the new address for a temporary period of time.
 - Check junk or spam folder after July 31, 2026, as message may be misrouted
- ImmARI support contact:
 - provider support, data quality follow-ups, IDSM corrections, records management and technical or system-related issues associated with submissions to Alberta's immunization repository (ImmARI)
 - ehealthprovidersupport@gov.ab.ca or 1-855-643-8649

https://www.ab.bluecross.ca/pdfs/pharmacy-benefacts/pharmacy-benefit-1327.pdf?mc_cid=f5412ba476&mc_eid=f23c4bd7a7



INJECTION & OTHER ROLES OF THE VARIOUS STAKEHOLDERS - WHO YA GONNA CALL?

Alberta Pharmacists' Association (RxA)

- Program lead for pharmacists
- Negotiations with PPHS and ABC
- Questions about interpretation of program billing
- Disseminating information
- rxa@rx.ca

Alberta Blue Cross (ABC)

- Claim queries
- Questions about payment of claim

Alberta College of Pharmacy (ACP)

- Standards of Practice
- Disseminating information



INJECTION & OTHER POLICIES & REGULATIONS

Alberta Immunization Policy (PPHS)

- Outlines policies for providing publicly funded immunizations in Alberta
- Contains a complete listing of publicly funded vaccines and biologicals, and indications for their use
 - <https://www.alberta.ca/alberta-immunization-policy>

PPHS – Immunization Regulation

- Requirements to standardize practices for all immunization providers, regardless of whether a vaccine is provincially funded or privately purchased
- Requires health practitioners to report immunizations and assessments electronically to Alberta Health within a week
- Requires health practitioners to report adverse events following immunization to Alberta Health Services within 3 days of becoming aware
- Sets out requirements for the storage, handling and transportation of vaccines –
 - https://kings-printer.alberta.ca/570.cfm?frm_isbn=9780779855612&search_by=link



Reporting Requirements – Adverse Events

Reporting Adverse Events Following Immunization (AEFI)

- **HCPs** must have protocols for management & reporting of anaphylaxis & other serious AEs. **Unsure if it is an AEFI? Contact AHS**
- HCPs shall ensure AEFI are reported to AHS **within 3 days** of being informed
- Two exceptions:
 - 1) **Anaphylaxis** (including if epinephrine is administered) following provincially funded vaccine; and
 - 2) **Death** temporally linked to a provincially funded vaccine reported to AH within 24 hrs via fax (780-422-6663) or e-mail.
- Details on AEFI reporting, case definitions & reporting requirements are included:
 - Adverse Event Following Immunization Reporting – Communicable Disease Control
<https://www.albertahealthservices.ca/cdc/Page16187.aspx>
- AEFI Reporting Form: <https://redcap.albertahealthservices.ca/surveys/?s=7CLDPXL9WEKCP7N>



INJECTION & OTHER POLICY & PROCEDURES STORAGE & HANDLING

Cold Chain Management – Storage, Handling, & Cold Chain Break (PPHS)

Alberta Vaccine Storage and Handling Policy for Provincially Funded Vaccine (April 8, 2024)

- All known exposures of vaccine to temperatures outside temperature or light requirements as specified in the product monograph must be reported
- Community Providers: Report cold chain excursions to vaccine manufacturer within 5 days for viability determination. Copy of documentation must be kept with vaccine then retained for at least 7 years.
 - <https://open.alberta.ca/dataset/2e463027-d2fd-4635-84d1-5e289c21c8e9/resource/4f9a6f7e-6086-4003-8ae7-7111332fcebfb/download/aip-alberta-vaccine-storage-policy.pdf>
- AHS Standard on Vaccine Storage and Handling (March 2, 2026)
 - <https://albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-vac-manag-std.pdf>
- Information required to be included in a Cold Chain Management Plan can be found at:
 - <https://www.albertahealthservices.ca/cdc/Page14001.aspx>
 - then Cold Chain Management Form <https://www.albertahealthservices.ca/frm-20595.pdf>

CIG – Part 1 Key Immunization Information - Storage and Handling of Immunizing Agents

- <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-9-storage-handling-immunizing-agents.html>

National Vaccine Storage and Handling Guidelines for Immunization Providers 2015

- <https://healthycanadians.gc.ca/publications/healthy-living-vie-saine/vaccine-storage-entreposage-vaccins/alt/vaccine-storage-entreposage-vaccins-eng.pdf>



INJECTION & OTHER POLICY & PROCEDURES STORAGE & HANDLING

Cold Chain Management – Storage, Handling, & Cold Chain Break (PPHS)

Alberta Vaccine Storage and Handling for COVID-19 Vaccine combined with Alberta Vaccine Storage and Handling Policy for Provincially Funded Vaccine – Summary of upcoming changes (Sept 2026)

- Biggest update is COVID Storage and Handling guideline now incorporate it into the general AB Vaccine Storage and Handling Guideline

Addition to Part 2: Record of annual training. Sites will be required to document annual training/review of VSH

- Addition to Part 3: Organizing Storage Unit guidelines added, Supplementary Temperature Monitoring guidance, Data Loggers now note as the Recommended device for temperature monitoring
- Deletion Part 3: Chart Recorders removed as acceptable TMDs,
- Addition of Walk in Cold Room and Humidity considerations.
- Section added to incorporate COVID-19, Mpox and Ebola vaccines specific information.
- General maintenance and updates of terms. AHS to PCA, Alberta Health to PPHS
- Updated References

INJECTION & OTHER POLICY & PROCEDURES

ANAPHYLAXIS & HANDLING SHARPS

Anaphylaxis

- Canadian Immunization Guide – Part 2 Vaccine Safety
 - Anaphylaxis and other acute reactions following vaccination
 - <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html>

Proper Handling of Sharps & Needle Stick Injuries

- AHS Infection Prevention & Control: A Guide to Potential Patient Exposures: Blood and Body Fluid Exposure Decision Chart For Patient to Patient or Staff to Patient Exposure
 - <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-patient-bbfe-decision-chart.pdf>
- GOA - Alberta Guidelines for Post-Exposure Management and Prophylaxis: HIV, Hepatitis B, Hepatitis C and Sexually Transmitted Infections
 - <https://open.alberta.ca/dataset/f1e62045-b801-49a8-8549-ddc6b283ae67/resource/bf50d5ab-fe5d-41d0-91ae-c43c2167fea0/download/pep-guidelines-2019-03.pdf>
- Canadian Centre for Occupational Health & Safety – Needlestick and Sharps Injuries
 - https://www.ccohs.ca/oshanswers/diseases/needlestick_injuries.html

Practical Tips for Addressing Vaccine Hesitancy (CIG)

- Respect differences of opinion about immunization ¹
 - Building trust
- Represent the risks and benefits of vaccines fairly and openly
 - Provide reassurance on a robust vaccine safety system
 - *vaccines held to higher safety standard than medications – maybe not add that!*
- Clearly communicate current knowledge using an evidence-based approach
 - Being honest about side effects and addressing pain

Other Resources

- RxA Website (RxA member access only): <https://rxa.ca/pharmacy-practice-support-and-resources/vaccine-hesitancy/>
- AHS Standard Vaccine Hesitancy Document: <https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ip-sm-standard-vac-hesitancy-03-150.pdf>

1. CIG - Communicating effectively about immunization: Canadian Immunization Guide

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-5-communicating-effectively-immunization.html>



CIG July 2025 - Benefits of immunization Section Update

Chapter completely reviewed and revised to include updated information on impact of vaccines on epidemiology of vaccine preventable diseases in Canada.

- Impact of vaccines on vaccine preventable diseases section including Table 1, Figure 1 and Figure 2, has been revised to include national - level surveillance data from Canadian Notifiable Disease Surveillance System (CNDSS) and Canadian Measles and Rubella Surveillance System (CMRSS)
- Value for money of vaccines section was updated to align content with April 2023 publication of the National Advisory Committee on Immunization (NACI) Guidelines for the economic evaluation of vaccination programs in Canada

Canadian Immunization Guide: Table of updates

<https://www.canada.ca/en/public-health/services/canadian-immunization-guide/updates.html#t2024>



GENERAL INFLUENZA KNOWLEDGE

- Epidemiology: overall, transmission, strains, population susceptibility
- Risks of Influenza Infection in Various Populations

EPIDEMIOLOGY: DISEASE DESCRIPTION & INCIDENCE

- Respiratory infection caused by **influenza A & B viruses**
- Seasonal influenza epidemics annually in CA -> **begins to increase over the fall, and peaks in the winter months**
- Globally -> 3-5 million cases of severe influenza & 290,000- 650,000 deaths/yr
- Symptoms include:
 - sudden onset of fever, cough, & muscle aches
 - headache, chills, loss of appetite, fatigue, & sore throat
 - nausea, vomiting, and diarrhea may also occur, especially in children
- Most people recover within **7-10 days**.

EPIDEMIOLOGY: DISEASE DESCRIPTION & INCIDENCE

- Rarely:
 - CNS manifestations, acute myositis, myocarditis, or pericarditis¹
- Complications:
 - Bacterial pneumonia, respiratory failure, cardiovascular complications, delirium, or worsening of underlying chronic medical conditions²
- Increased risk:
 - Myocardial infarction & stroke in the first 15 days after infection
 - GBS onset 1-6 weeks after infection²

1 NACI - Statement on seasonal influenza vaccine for 2025-2026

<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccines-2025-2026.html#a4.5>

2 NACI – Statement on seasonal influenza vaccine for 2026-2027

https://publications.gc.ca/collections/collection_2026/aspc-phac/HP37-45-2026-eng.pdf

EPIDEMIOLOGY: INFECTIOUS AGENT

- Two main types of influenza virus that cause seasonal epidemics in humans: **Influenza A and Influenza B**
- Influenza A viruses are classified into subtypes based on two surface proteins:
 - hemagglutinin (HA)
 - neuraminidase (NA)
- Three subtypes of HA (H1, H2, and H3) & two subtypes of NA (N1 and N2) have caused widespread human disease over decades.
- Immunity to HA & NA proteins reduces likelihood of infection plus immunity to internal viral proteins, lessens severity of disease if infection occurs.

EPIDEMIOLOGY: INFECTIOUS AGENT

- Influenza B viruses have two antigenically distinct lineages:
 - B/Victoria; and
 - *B/Yamagata* viruses
- Viruses from both the B/Yamagata and B/Victoria lineages contribute variably to influenza illness in previous years.
- Due to absence of confirmed detections of naturally occurring B/Yamagata lineage viruses since March 2020, WHO has recommended removal of B/Yamagata antigen as a component of all live and non-live influenza vaccines

EPIDEMIOLOGY: INFECTIOUS AGENT

- Antigenic variation (antigenic drift) of strains occurs within an influenza A subtype or a B lineage
 - Possibility of antigenic drift, which may occur in 1 or more circulating virus strains, requires formulation of seasonal influenza vaccines to be re-evaluated annually

EPIDEMIOLOGY: TRANSMISSION

- Primarily transmitted by aerosols & droplets spread through coughing or sneezing and through direct or indirect contact with respiratory secretions.
- Incubation period is usually 2 days but can range from **1-4 days**.
- Adults may spread influenza from **1 day** before symptoms to **~5 days** after symptoms start
- Children & people with weakened immune systems may be infectious longer

INFLUENZA VACCINATION IS PARTICULARLY IMPORTANT:

1. At High Risk of Influenza-Related Complications or Hospitalization

- Pregnant women and pregnant individuals
- Children 6-59 months of age
- All of any age who are residents of nursing homes and other chronic care facilities
- Adults 65 y.o.+
- Individuals in/from First Nations, Inuit, or Métis communities as a result of intersecting determinants of health rooted in historic and ongoing colonization and systemic racism
- Chronic health conditions (next slide)

INFLUENZA VACCINATION IS PARTICULARLY IMPORTANT:

1. At High Risk of Influenza-Related Complications or Hospitalization

Chronic health conditions:

- Cardiac or pulmonary disorders (asthma, CF, bronchopulmonary dysplasia)
- DM and other metabolic diseases
- Cancer, immune compromising conditions (SO transplant or HSCT recipients)
- Renal disease
- Anemia or hemoglobinopathy
- Neurologic or neurodevelopment conditions
 - children - febrile seizures, isolated developmental delay
- Class 3 obesity (BMI of 40kg/m²+))
- 6 months to 18 y.o. with long periods of ASA tx

INFLUENZA VACCINATION IS PARTICULARLY IMPORTANT:

2. Capable of Transmitting Influenza to Those at High Risk

- HCW & care providers in facilities and community settings, capable of transmitting influenza to those at high risk
- Contacts of individuals at high risk:
 - household contacts
 - household contacts of < 6 months old
 - members of a household expecting a newborn during flu season
- Providing childcare to children 0–59 months of age, in/out of home
- Provide services within closed settings to people at high risk (e.g., crew on cruise ship)

INFLUENZA VACCINATION IS PARTICULARLY IMPORTANT:

3. Other Recommended Vaccine Recipient Individuals

- Provide essential community services
- Occupational and/or recreational activities increase risk of exposure to avian influenza A(H5N1) viruses,

INFLUENZA VACCINATION IS PARTICULARLY IMPORTANT

People at high risk of influenza-related complications or hospitalization Adults and children with chronic health conditions

- Several chronic health conditions are associated with increased risk of influenza-related complications and can be exacerbated by influenza infection
- Vaccination can induce protective antibody levels immune compromising conditions, including transplant recipients, diseases of the hematopoietic and lymphatic systems, and HIV-infected
- Infection associated with increased risk of CV events, including myocardial infarction, heart failure, and stroke, especially among individuals with pre-existing cardiac disorders
- Globally, 3 to 5% of ischemic heart disease deaths could be attributed to influenza
 - 200,000 to 400,000 ischemic heart disease deaths annually
- Influenza vaccination may have secondary protective effect against occurrence of CV events acute and chronic heart disease
- NACI - systematic reviews & meta-analyses assessing effect of influenza vaccination on CV events
 - Overall, evidence of protective effect of influenza vaccination against CV events among high-risk populations

OUTLINE PART 2

WHAT'S NEW THIS SEASON

- Statistics from previous season
- 5 W's for 2026-27 Program
- Required Documentation
- References & Resources

ALBERTA - IMMUNIZATION GOALS AND OBJECTIVES

Seasonal Influenza Vaccination Coverage Goals

- 80% of adults 65 years+
- 95% of residents of LTC facilities
- 80% of Covenant Health and AHS HCW
- 80% of children age 6–59 months
- 80% of individuals in high-risk populations

Influenza Vaccination in Alberta

- 1,035,781¹ (1,038,656)² doses of influenza vaccine given in Alberta in 2024-2025
 - 68%¹ (80%)² given by Pharmacists
 - why decrease? PCA 16.9% (2024-25) to 29.2% (2025-26)
 - 20.3%¹ (21%)² of Albertans received an influenza vaccine (*only 1 in 5!!*)
 - 49.6%¹ (51.9%)² of Albertans 65 years+ received an influenza vaccine

1. GOA Alberta influenza statistics 2025-2026 <https://www.alberta.ca/stats/dashboard/respiratory-virus-dashboard.htm?data=immunizations#immunizations>

2. GOA Alberta influenza statistics 2024-2025 <https://www.alberta.ca/stats/dashboard/respiratory-virus-dashboard.htm?data=immunizations#immunizations>



Previous Influenza Season Statistics 2024-2025 (2023-2024)

- Lab confirmed cases = 20,157³ (14, 680)²
- Hospitalizations = 4,324¹ (3,685)²
- ICU = 326¹ (308)²
- Deaths = 282¹ (239)²

¹ GOA Alberta Influenza Statistic 2025-2026 <https://www.alberta.ca/stats/dashboard/respiratory-virus-dashboard.htm?data=severe-outcomes#severe-outcomes>

² GOA Alberta Influenza Statistic 2024-2025 <https://www.alberta.ca/stats/dashboard/respiratory-virus-dashboard.htm?data=summary#summary>

³ GOA Alberta Influenza Statistic 2025-2026 <https://www.alberta.ca/stats/dashboard/respiratory-virus-dashboard.htm?data=summary#summary>

ALBERTA INFLUENZA PROGRAM

- Who?
- What?
- When?
- Where?
- Why?
- Reporting & Helpful Resources

WHO? WHO IS ELIGIBLE?

- Six months old+, living, working, going to school, or visiting AB (for 3 months or longer) are eligible for provincially funded influenza vaccine.¹
- <9 years old who have never received a dose of seasonal influenza vaccine require two doses with a minimum interval of **4 weeks** between doses.²
- *Historically - Clients who do not have a Unique Personal Identifier (ULI) or Personal Health Number (PHN) should be directed to a local AHS Public Health clinic for administration of vaccine.*

1. GOA Eligibility (August 1, 2025)

<https://open.alberta.ca/dataset/58d31634-61d9-469d-b95f-f714719b923e/resource/e14dec1-0aaf-484c-bd38-c41f9bebead61/download/aip-introduction-eligibility.pdf>

2. Alberta Health Immunization Policy Influenza Quadrivalent inactivated Vaccine

<https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-influenza-qiv-fluzone-bio-pg-07-265.pdf>

WHO? WHO IS ELIGIBLE?

Children under 5 years of age

- Pharmacists can only provide **influenza** injections to individuals 5 years+¹
- These individuals under 5 years of age should be referred to:
 - Primary Care Alberta (PCA)

1. Pharmacy Benefact Number 1326 * July 2026: <https://www.ab.bluecross.ca/pdfs/pharmacy-benefacts/pharmacy-benefact-1326.pdf>

WHAT? PRODUCTS FOR SEASONAL INFLUENZA PROGRAM FOR 2026-27

- **For 6 months+ - Standard dose Trivalent Inactivated Influenza Vaccine (SD-TIV)**
 - FLUCELVAX®¹
 - 0.5ml I.M.
 - Pre-filled syringes (PFS) 10 dose/pkg
 - FLUZONE®²
 - 0.5ml
 - Pre-filled syringes (PFS) 10 dose/pkg
- **For 65 yrs+ - Adjuvanted Trivalent Inactivated Influenza Vaccine (Adj-TIV) for 65 yrs+³**
 - FLUAD®
 - 0.5ml I.M.
 - Pre-filled Syringe 10 dose/pkg

1. FLUCELVAX® (Updated April 17, 2025) <https://www.cslseqirus.ca/-/media/seqirus-canada/docs-en/2025-2026-flucelvax-monograph-and-label.pdf>

2. FLUZONE® (Updated Feb 13, 2025) https://pdf.hres.ca/dpd_pm/00078629.PDF

3. FLUAD® Pediatric and FLUAD® (Updated April 4, 2025) <https://www.cslseqirus.ca/-/media/seqirus-canada/docs-en/2025-2026-fluad-monograph-and-label.pdf>

NACI GUIDANCE ON INFLUENZA VACCINATION IN 65 YRS+

Adults 65 years of age and older

- NACI recommends that one of the following should be offered, when available:
 - IIV-HD – High dose, unadjuvanted, IM, egg-based
 - IIV-Adj – Adjuvanted, IM, egg-based
 - RIV – Recombinant, unadjuvanted, IM
- If preferred product not available, any of available age-appropriate influenza vaccine should be used

Strains Included in 2026-2027 Influenza Vaccine (Trivalent)

- **Cell culture-, recombinant protein- or nucleic acid-based vaccines:**
 - 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.
- **Egg-based vaccines:**
 - 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.

Possible Reactions to Influenza Vaccine

- Injection Site
 - pain, erythema, swelling, induration, ecchymosis, + swelling^{2,3}
- Systemic
 - Myalgia, headache, fever, + malaise^{2,3}
 - Nausea, diarrhea, vomiting, loss of appetite, irritability
 - Sleepiness (greater in children) ^{1,3}

More severe reactions

- Allergy, Anaphylaxis ^{1,2,3}
- Guillain-Barre Syndrome (GBS) ^{1,2,3}, Oculo-Respiratory Syndrome (ORS)²

3 FLUAD® Pediatric and FLUAD® (Influenza Vaccine, Surface Antigen, Inactivated, Adjuvanted with MF59C.1 (April 28, 2026) [Microsoft Word - 20260428 \(Approved\)_e139338-ctrl.501270_FLUAD_PM \(ASU 2026-2027\)](#) – Awaiting Approval

WHEN? OCTOBER 19, 2026

Timelines for AB Program

- Provincially funded Alberta Influenza Immunization Program begins for the general public on October 19, 2026.¹
 - Any advertising or promotion of the availability of influenza vaccine for the general public must reference the start date of the program beginning October 19, 2026.¹
- For the fall 2026–2027 immunization season, on-site immunization of residents and staff at congregate care facilities can begin as soon as your pharmacy obtains influenza and COVID-19 vaccine (depending on when supply is received in the province).¹
 - Note: Follow up visits will be required to catch-up newly admitted, unimmunized or previously missed residents¹

WHERE? VACCINE DISTRIBUTION

SD-TIV Vaccine Ordering Pipeline

- Pipeline (pre-order): PPHS will not be communicating standard dose (SD) influenza allocations to individual pharmacies
- Delivery of SD product prior to October 19, 2026, will follow your primary wholesale distributors' processes.
- Ordering: Replenishment orders can be requested on/after October 19, 2026

WHERE? VACCINE DISTRIBUTION

Adjuvanted Vaccine 65yrs+ Allocation Pipeline

- **Allocations**

- Average total of administrated doses of influenza vaccines given to 65yrs+ from 2024/25 & 2025/26 influenza seasons for each pharmacy, using ABC[®] claims data, **doses administered, doses distributed and projected inventory supply**
- Newer pharmacies that administered influenza vaccine for first time during the 2025/2026 season, only that administration data was used.

WHERE? VACCINE DISTRIBUTION

NOTE:

- Order vaccines judiciously
 - Sufficient influenza vaccine supply for the season, shipments will arrive in stages throughout Sept., Oct., and Nov.
 - Wholesalers cannot accept returns for ordering errors
- **Influenza vaccine must be ordered in units, not doses.**
 - One unit is equal to 10 doses for standard dose vaccine and
 - One unit is equal to 10 doses for adjuvanted vaccine

Vaccine Storage and Handling

- Alberta Vaccine Storage & Handling Policy applies to all provincially funded vaccines and outlines accountabilities, roles and responsibilities for staff and immunizers in maintaining vaccine viability for provincially funded vaccines.
 1. Roles and Responsibilities
 2. Information and Education
 3. Vaccine Storage Requirements
 4. Temperature Monitoring
 5. Vaccine Transport
 6. Cold Chain Excursions
 7. Quality Assurance

Vaccine Storage and Handling

- All known exposures of influenza vaccine to temperatures outside +2.0°C to +8.0°C or light requirements as specified in the product monograph must be reported.¹
- Pharmacists - Report cold chain excursions to the vaccine manufacturer within 5 days for viability determination.

Workplace Immunizations – REMINDER!

Pharmacy can now go into a workplace with Publicly funded vaccine (which they could always do in past years) and immunize employees and bill those claims through to ABC.



WHY? POLICIES & PROCEDURES

Policies & Procedures

- The Alberta Immunization Policy sets out the requirements for the provincially funded Influenza Immunization Program
 - <https://www.alberta.ca/alberta-immunization-policy>
- Elements of the policy are based on information provided by:
 - The World Health Organization (WHO)
 - The National Advisory Committee on Immunization (NACI)
 - The Public Health Agency of Canada (PHAC)
 - Alberta Advisory Committee on Immunization (AACI)

DISCONTINUATION OF IMMUNIZATION DATA UPLOAD TO NETCARE VIA ALBERTA BLUE CROSS® CLAIM SUBMISSION: TRANSITION TO REAL TIME INTEGRATION (RTI)

- Effective July 1, 2026, all immunizations must be reported to Netcare through an ImmARI Real-Time Integration (RTI) compliant pharmacy management system
 - RTI/ImmARI and RTI/PIN are not the same. An RTI/ImmARI solution must be implemented
- Why:
 - Health practitioners required to submit **all** immunizations and assessments electronically to province ASAP and no later than 7 days after (Jan 1, 2021)
 - ACP - SOLP require all licensed community pharmacies to have Real-Time Integration (RTI) in place for timely, accurate, and secure transmission of dispensing and immunization records to Alberta Netcare
 - PPHS requirement - to receive & administer provincially funded vaccines, pharmacies must use an RTI system. Pharmacies will be suspended from publicly funded vaccine programs if not compliant.

ALBERTA BLUE CROSS PIN UPDATES

- **Discontinuation of Alberta Blue Cross legacy PINs**
 - Alberta Netcare via claim submission was discontinued on July 1, 2026
 - Legacy PINs in Benefact 1287 will be discontinued effective July 31, 2026
- **RTI/ImmARI PIN requirements**
 - Use applicable RTI PINs when submitting claims for reimbursement of assessment for administration of provincially funded vaccine (next slides)

https://www.ab.bluecross.ca/pdfs/pharmacy-benefacts/pharmacy-benefact-1327.pdf?mc_cid=f5412ba476&mc_eid=f23c4bd7a7



RTI PIN SUBMITTING CLAIMS - IN PHARMACY

RTI PIN	Product Description	Fee
40010001	TDAP VACCINE DOSE – PHARMACY	\$13
40010002	INFLUENZA VACCINE DOSE – PHARMACY	
40010003	PNEUMOCOCCAL VACCINE DOSE – PHARMACY	
40010004	RSV VACCINE DOSE – PHARMACY	
40010010	COVID-19 VACCINE DOSE – PHARMACY	

DRAFT ONLY- PINS TO BE CONFIRMED

https://www.ab.bluecross.ca/pdfs/pharmacy-benefacts/pharmacy-benefit-1327.pdf?mc_cid=f5412ba476&mc_eid=f23c4bd7a7



RTI PIN SUBMITTING CLAIMS - ALBERTA OUTREACH PROGRAM

RTI PIN	Product Description	Fee
40010005	TDAP VACCINE DOSE – OUTREACH	\$17
40010007	INFLUENZA VACCINE DOSE – OUTREACH	
40010008	PNEUMOCOCCAL VACCINE DOSE – OUTREACH	
40010009	RSV VACCINE DOSE – OUTREACH	
40010006	COVID-19 VACCINE DOSE – OUTREACH	

DRAFT ONLY - PINS TO BE CONFIRMED

https://www.ab.bluecross.ca/pdfs/pharmacy-benefacts/pharmacy-benefact-1327.pdf?mc_cid=f5412ba476&mc_eid=f23c4bd7a7



Billing to ABC for 2026-27 Program

Remuneration intent is 'start to finish' for all steps of the immunization process (supplies, assessment, administration, documentation, post-administration monitoring, & follow-up). There should not be a separate 'follow-up' billing.

- Carrier Code 16 (as 3rd party plan)
- Group number 23464, Section 000
- Pharmacy License number
- Pharmacist identification number
- Patient/Client's
 - Personal health number (PHN)
 - Full name (first and last name)
 - Date of birth
 - Gender

Billing to ABC for 2026-27 Program continued

- Relationship code: zero (0) used as default
- Prescriber reference ID number
 - License number RPh with ACP injection authorization
- Service date
- PIN/Reason Code
- Quantity
- “86” in Prescriber Reference Code field



POLL QUESTION

True or False: You can start immunizing your patients as soon as you receive publicly funded influenza vaccine

- A. True
- B. False

POLL QUESTION

True or False: The expectation is that pharmacist will receive all influenza vaccines as a pre-filled syringe (PFS).

- A. True
- B. False

POLL QUESTION

True or False: You can now bill publicly funded influenza vaccines given in the workplace through Alberta Blue Cross.

- A. True
- B. False

REFERENCES & RESOURCES

References and Resources

Alberta College of Pharmacy Standards of Practice for Pharmacists and Pharmacy Technicians (Feb 1 2025) https://abpharmacy.ca/wp-content/uploads/Standards_SPPPT.pdf

Alberta Outreach Immunization Program <https://open.alberta.ca/dataset/58d31634-61d9-469d-b95f-f714719b923e/resource/8941e5e5-703c-45b8-a09c-772a5f94b9b7/download/aip-alberta-outreach-immunization-program.pdf>

Adverse Event Following Immunization Reporting – Communicable Disease Control
<https://www.albertahealthservices.ca/cdc/Page16187.aspx>

Alberta Health Services: Routine Practices in Community-based Services (March 17, 2025) <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-routine-practices-info.pdf>

Alberta Health Services Influenza Vaccine Information Sheet (Sept 25, 2024) <https://www.albertahealthservices.ca/assets/healthinfo/flu/hi-flu-influenza-vaccine-information-sheet.pdf>

Anaphylaxis and other Acute Reactions following Vaccination: Canadian Immunization Guide <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html>

Communicating Effectively About Immunization: Canadian Immunization Guide <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-5-communicating-effectively-immunization.html#p1c4a1>



References and Resources

Government of Canada Canadian respiratory virus surveillance report
<https://health-infobase.canada.ca/respiratory-virus-surveillance/>

NACI statement on seasonal influenza vaccine for 2026–2027
https://publications.gc.ca/collections/collection_2026/aspc-phac/HP37-45-2026-eng.pdf

World Health Organization - Recommendations announced for influenza vaccine composition for the 2026-2027 northern hemisphere influenza season
<https://www.who.int/news/item/27-02-2026-recommendations-for-influenza-vaccine-composition-for-the-2026-2027-northern-hemisphere-season>



Resources for Alberta Pharmacists

All healthcare practitioners should review these resources annually:

NACI - Statement on seasonal influenza vaccine for 2026-2027

- https://publications.gc.ca/collections/collection_2026/aspc-phac/HP37-45-2026-eng.pdf

Alberta Pharmacists' Association (RxA) Annual Influenza Immunization Education (members only)

- Includes: Influenza Patient Consent Form, Patient Record of Vaccination, Cold Chain Log
- <https://rxa.ca/pharmacy-practice-support-and-resources/public-funded-vaccine/influenza/>

Additional Influenza Vaccine Resources:

- PPHS Influenza Vaccine Biological Pages
 - Influenza Trivalent Inactivated Vaccine – as of Sept 2, 2026, has not been updated
- Product monographs
 - FLUCELVAX® (Updated April 17, 2025)
 - <https://www.cslseqirus.ca/-/media/seqirus-canada/docs-en/2025-2026-flucelvax-monograph-and-label.pdf>
 - FLUZONE® (Updated Feb 13, 2025)
 - https://pdf.hres.ca/dpd_pm/00078629.PDF
 - FLUAD® Pediatric and FLUAD® (Updated April 4, 2025)
 - <https://www.cslseqirus.ca/-/media/seqirus-canada/docs-en/2025-2026-fluad-monograph-and-label.pdf>

OTHER STUFF – NEW EPI, HC & PHAC

Health Canada & Public Health Agency of Canada (PHAC)

Health Product InfoWatch - Vaccine safety summary

- Shared monitoring safety of vaccines in Canada
- Market authorization holders are required to report serious adverse events following immunization (AEFIs) to the Canada Vigilance Program (CVP) in Health Canada
- CVP also receives voluntary reports from HCPs and consumers
- Reports are submitted by provincial and territorial public health authorities to Canadian Adverse Events Following Immunization Surveillance System in PHAC
 - <https://www.canada.ca/en/public-health/services/immunization/canadian-adverse-events-following-immunization-surveillance-system-caefiss.html>

New Epinephrine Nasal Spray - neffy® (2mg/0.1mL)

- **Indicated** - emergency treatment of anaphylaxis due to insect stings or bites, foods, medicinal products and other allergens, idiopathic or exercise induced anaphylaxis in patients 30 kg+
- **Patient resources** - <https://neffy.ca/>
- **Anaphylaxis Action Plan** - form shared with teachers and caregivers to list allergies, symptoms, and emergency procedures, has been updated to include nasal epinephrine
- **Online HCP portal** - evidence-based information, tools, and educational
- **Adverse reactions** - ($\geq 10\%$ patients) only after second 2 mg dose (4 mg total)
 - throat irritation (18.8%), headache (17.6%), nasal discomfort (12.9%), & feeling jittery (10.6%).
- **Product Monograph** - alk.net/ca/npm-en or available by calling [1-800-663-0972](tel:1-800-663-0972).



Adapted from: <https://neffy.ca/>

SUMMARY OF NACI STATEMENT OF JUNE 2026: GUIDANCE ON THE USE OF COVID-19 VACCINES STARTING FALL 2026

- **NACI continues to strongly recommend COVID-19 immunization programs for individuals at increased risk of SARS-CoV-2 exposure or severe COVID-19 disease.**
- Increased risk of SARS-CoV-2 exposure or severe COVID-19 disease:
 - All adults 65 yrs+
 - 6 months+ who are:
 - Residents of LTC homes and other congregate living settings for seniors
 - Underlying medical conditions at higher risk of severe COVID-19, incl. children with complex health needs
 - Pregnant
 - First Nations, Inuit and Métis communities
 - HCWs and other care providers in facilities and community settings
 - Members of racialized and other equity-denied communities
- **NACI recommends that programs may also offer immunization to all other individuals 6 months+**
 - Choose to receive the vaccine based on individual COVID-19 risk assessment or preference

SUMMARY OF NACI STATEMENT OF JUNE 2026: GUIDANCE ON THE USE OF COVID-19 VACCINES STARTING FALL 2026

- NACI strongly recommends **second dose** of COVID-19 vaccine/year be offered to following groups, at a min. interval of 3 months from previous dose:
 - Adults 80 yrs+
 - Residents of LTC homes & residents of other congregate living settings for seniors
 - 6 months+ who are moderately to severely immunocompromised (underlying condition or tx)
 - 65 to 79 yrs with underlying medical conditions that place them at higher risk of severe COVID-19 (*next slide*)
- NACI recommends may also offer **second dose** of COVID-19 vaccine/year to other adults 65 to 79 years of age, at a min. interval of 3 months from previous dose

SUMMARY OF NACI STATEMENT OF JUNE 2026: GUIDANCE ON THE USE OF COVID-19 VACCINES STARTING FALL 2026

- **Underlying medical conditions associated with more severe COVID-19 disease**
 - Cancer
 - Cerebrovascular disease
 - Chronic kidney disease, liver diseases, lung diseases
 - CF
 - DM
 - Disabilities (e.g. Down syndrome; ADHD; cerebral palsy; congenital disabilities; spinal cord injuries)
 - Heart conditions (e.g., cardiomyopathies, coronary artery disease, heart failure)
 - HIV infection
 - Mental health disorders
 - Obesity
 - Pregnancy and recent pregnancy
 - Primary immunodeficiency diseases
 - Smoking, current or former
 - Solid organ or blood stem cell transplant
 - TB
 - Use of corticosteroids or other immunosuppressive medication

Adapted from : <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/signs-symptoms-severity.html#a3>



COVID PROGRAM IN ALBERTA – FALL 2026

- Vaccines
 - Pharmacies will be receiving a 12+ product for COVID-19. Eligible children six months up to 11 years of age will need to be directed to Primary Care Alberta (PCA) for immunization
 - Vaccines – TBD
- Eligibility - Pharmacy Benefact Number 1327· July 2026
 - Updated COVID-19 biological page with program eligibility will be available on the Alberta Immunization Policy website later this summer and communicated in a future Benefact.

COVID-19 Vaccines: Preparations authorized for use & Available in Canada!!

mRNA vaccines

Spikevax®, (50 mcg or 25 mcg of mRNA encoding for spike protein of SARS-CoV-2 LP.8.1. subvariant), Moderna Biopharma Canada Corp.

- Authorized:
 - 12 yrs+ (50 mcg)
 - 6 months to 11 yrs (25 mcg)

Comirnaty®, (30 mcg, 10 mcg or 3 mcg of mRNA encoding for spike protein of Omicron LP.8.1 variant), Pfizer and BioNTech Manufacturing GmbH

- Authorized:
 - 12 yrs (30 mcg)
 - 5 to 11 yrs (10 mcg)
 - 6 months of <5 yrs (3 mcg)

RESPIRATORY VIRUS ACTIVITY WASTEWATER MONITORING DASHBOARD (GOC)

- Pan-Canadian wastewater monitoring network to track spread of:
 - COVID-19, flu A, flu B, and RSV
- Partners incl: municipal, provincial & territorial govt's, federal dept's & academia
- Track and compare COVID-19, flu A, flu B, and RSV levels over time in some communities in Canada.
- Weekly breakdown of COVID-19 variants circulating across Canada.
 - Over time, as the virus grows and spreads, it gains small changes in its genetic material. These changes are mutations that produce new variants of COVID-19.
- Data comes from wastewater samples submitted for testing to the National Microbiology Laboratory or participating partner laboratories.

RESPIRATORY VIRUS ACTIVITY WASTEWATER MONITORING DASHBOARD (GOC)

- The COVID-19 activity level in **Alberta** is currently **moderate** (August 11, 2026).
- 2 sites submit wastewater samples for processing
 1. Calgary Bonnybrook - High
 2. Edmonton Goldbar - Low

VACCINATION AS A BRAIN-HEART RISK REDUCTION STRATEGY FACTSHEET FOR HEALTH PROFESSIONALS

BACKGROUND: Brain & heart conditions often coexist and share common risk factors

Acute infections (flu, pneumococcal disease, HZ) can trigger:

- Systemic inflammation
- Endothelial dysfunction
- Atherosclerotic plaque instability
- Thrombotic events

Processes increase risk of:

- MI
- Stroke
- CV death
- Cognitive decline & dementia (potential)

Key: Infection is a modifiable risk factor for cardiovascular & cerebrovascular events

VACCINATION AS A BRAIN-HEART RISK REDUCTION STRATEGY FACTSHEET FOR HEALTH PROFESSIONALS

Evidence reviewed in Management of Brain-Heart Multimorbidity clinical practice guideline developed by Canadian Cardiovascular Harmonized National Guideline Endeavour (C-CHANGE), vaccines can help prevent cardiovascular disease & stroke

Recommendation	Routinely offer adult vaccinations as part of a comprehensive brain-heart risk reduction strategy
Target Populations	• adults ≥ 65 yrs • heart disease, high blood pressure, diabetes, or high cholesterol • had a heart attack or stroke • multiple chronic health conditions
Approach	Integrate vaccination alongside: • statins • antihypertensives • lifestyle modification

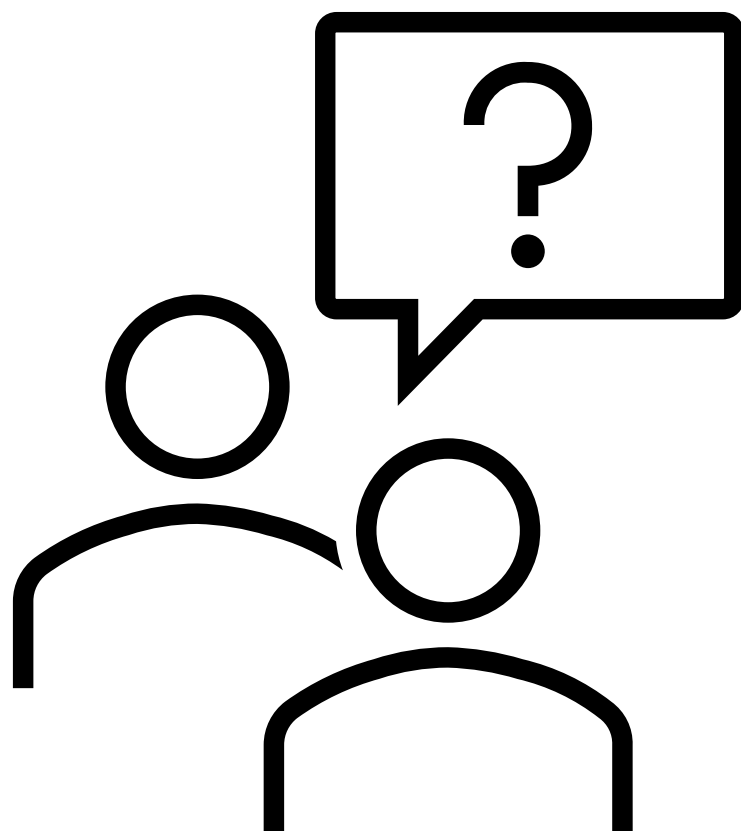
VACCINATION AS A BRAIN-HEART RISK REDUCTION STRATEGY FACTSHEET FOR HEALTH PROFESSIONALS

Key Recommended Vaccines & Evidence

Vaccine	Clinical benefits
Influenza ✓ Strongest evidence base (includes randomized control trials)	↓ cardiovascular death: 23–47% ↓ major adverse cardiac events: 26–37% ↓ MI: 29–34% ↓ stroke: 13–19% ↓ all-cause mortality (meta-analyses) Observational evidence suggests reduced risk of dementia.
Pneumococcal ✓ Particularly relevant for: older adults patients at high CV risk	↓ cardiovascular events: 10–14% ↓ cardiovascular mortality: 8–14% ↓ risk of MI & stroke (cohort data)
HZ ✓ Provides vascular benefit, and potential cognitive benefit	↓ stroke risk: 22–25% ↓ cardiovascular events (observational data) Emerging evidence suggests reduced risk of dementia.

Vaccination reduces: infection-triggered inflammation, hypercoagulability, thrombosis, endothelial injury, & atherosclerosis progression

Result: Lower risk of acute vascular events



QUESTIONS?