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ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

Nova Scotia Public Health

Communicable Disease Prevention and Control Protocols

# Publicly Funded Immunization

*Protocol*



# Expectations

## Understanding

Public health will

### *Collection of Information, Assessment, and Data Management*

- collect, on a routine basis, information related to vaccine preventable diseases (VPDs) (see Communicable Disease Prevention, Management, and Response Protocol), immunization coverage, adverse events following immunization (AEFI), and vaccine utilization/distribution and wastage on a province wide basis, using local epidemiological data
- assess and manage data related to immunization coverage and to AEFI by
  - entering immunization records and vaccine preventable disease cases into electronic health systems (e.g., ANDS)  
<http://novascotia.ca/dhw/populationhealth/surveillanceguidelines/>
  - managing electronic health applications  
[http://novascotia.ca/dhw/populationhealth/surveillanceguidelines/ANDS\\_Business\\_Procedures.pdf](http://novascotia.ca/dhw/populationhealth/surveillanceguidelines/ANDS_Business_Procedures.pdf)

### *Analysis and Interpretation*

- undertake timely analysis and interpretation of trends (VPD, AEFI) by person, place, time, and other factors (e.g., analysis of the impact of inequalities/inequities and identifying priority populations and populations at risk for VPDs)
- provide expert advice and guidance concerning immunization coverage rates, VPD, and AEFI surveillance (see Communicable Disease Prevention, Management, and Response Protocol)

### *Sharing and Dissemination*

- develop, disseminate, and communicate surveillance information pertaining to VPD, immunization coverage, AEFI, and other relevant information with respect to relevant audiences (e.g., timely regular communication and dissemination via routine and *ad hoc* reports, email, webinars, telephone calls, face-to-face meetings, meetings through local and provincial networks, press releases, media interviews, letters, articles, posters, pamphlets, CNPHI alerts and outbreak summaries, mail outs, and education sessions)
- report relevant information related to immunizations and VPD to PHAC and to provincial, regional, and municipal government partners (see Communicable Disease Prevention, Management, and Response Protocol)

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### Action

- make changes and/or enhancements to surveillance tools and immunization programs as required in response to surveillance information
- inform the development and/or implementation of public health measures concerning VPDs in question (see Communicable Disease Prevention, Management, and Response Protocol)
- advocate for and contribute to the development and implementation of a comprehensive public health electronic information system, inclusive of communicable disease case management, outbreak, surveillance, and of an immunization registry (see Communicable Disease Prevention, Management, and Response Protocol).

### Priority Setting and Planning

Public health will

- for the purposes of assessment and decision making with respect to the immunization program,
  - establish program goals and objectives for the immunization program
  - assess and determine vaccines to be included within the program (e.g., through the application of the Erickson DeWals framework)
- determine what immunization providers will have access to publicly funded vaccines (e.g., primary care physicians, nurse practitioners, pharmacists, and public health)
- develop and maintain an accountability framework with relevant stakeholders, establishing roles, responsibilities, and processes regarding immunizations
- apply a continuous quality improvement process to improve the efficiency, effectiveness, quality, and safety of the immunization program
- evaluate components of the immunization program
- provide and facilitate expert advice, consultation, and guidance regarding the immunization program (see Healthy Development Protocol)

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## Partnership

Public health will

- establish and sustain relationships with a wide range of partners in the effort to understand needs, build support, and collaboratively take action to ensure a highly immunized population. The specific partners and relative roles will vary according to the nature of the issue and the context and will change over time. Broadly, categories of potential partners include
  - immunization providers, including primary care and other physicians, nurse practitioners, family practice nurses, and pharmacists
  - healthcare settings in which immunizations are provided
  - school boards and schools, universities and colleges
  - community based organizations, specifically those representing priority populations (First Nations people, African Nova Scotians, immigrants, linguistic minorities, faith-based communities, etc.)

## Policy

Public health will

- identify and provide support for policies so as to increase access to vaccines and to achieve high rates of immunization coverage
- develop and implement strategies for the public and for health professionals to promote high uptake and equitable access to immunizations for all residents of Nova Scotia
- collaborate with others to influence and inform the development of policy in other program areas (see Healthy Development Protocol, Healthy Communities Protocol, Environmental Health Protocol)

## Health Equity

Public health will

- identify and address inequalities and inequities in immunization coverage among populations (see Figure 3 in Communicable Disease Prevention, Management, and Response Protocol; see Health Equity Protocol)
- identify and address inequalities and inequities in gaining access to immunization among populations

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## Program Delivery

### Models of Delivery

Nova Scotia has the following publicly funded immunization programs:

- childhood
- school (grade 7)
- adult
- seasonal influenza (universal)

Currently, there are three models of delivery for the publicly funded immunizations: primary care (physicians, family practice nurses, nurse practitioners, community health nurses, and others); pharmacists; and public health:

- primary care delivers childhood, adult, and seasonal influenza programs
- pharmacists deliver seasonal influenza immunization to individuals older than five years of age
- public health delivers immunizations to school-aged children in school programs, other eligible school-aged children, and priority populations and as a part of outbreak control

To support respective models of delivery, public health will

- deliver immunizations to school-aged children in school programs, to other eligible school-aged children, and to priority populations and as part of outbreak control <http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf>
- collaborate with primary care in the planning and delivery of seasonal influenza immunizations
- provide professional and public education by
  - developing, maintaining, and evaluating resources, guidance documents, policies, and standard operating processes <http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf>
  - developing and maintaining an Immunization Competency Program to assist public health professionals in fulfilling their roles as vaccine providers, educators, and advocates for immunization

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- providing timely regular communication and dissemination of immunization program information (e.g., rates of VPDs, vaccine coverage, logistical info, etc.) to immunization providers through a range of mechanisms (e.g., email, webinars, telephone calls, face-to-face meetings, meetings through local and provincial networks, press releases, media interviews, letters, articles, posters, pamphlets, CNPHI alerts and outbreak summaries, mail outs, and education sessions)
- receive and record immunizations and report on vaccine coverage in accordance with guidance documents
- develop and implement strategies for the public and for health professionals to promote high uptake and equitable access to immunizations for all residents of Nova Scotia
- develop and maintain a vaccine inventory system, including processes for efficient ordering, safe management, and timely distribution of vaccines, involving
  - inventory, supply, and distribution management <http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf>
  - management and negotiation of contracts through Public Works Government Services Canada (PWGSC) at the F-P-T Vaccine Supply Working Group
- ensure vaccine safety for the public health system through
  - management of cold chain
  - AEFI management, including receiving and responding to reports related to AEFI, providing expert advice, consultation, and guidance
- contribute to vaccine safety by providing
  - expert advice, consultation, and guidance to other providers related to management of cold chain
  - AEFI management, including receiving and responding to reports related to AEFI

Note: Self-regulated professionals are accountable to their respective professional colleges, standards, and codes of ethics related to their immunization practice and competency. A vaccine provider must demonstrate the attitudes, knowledge, and clinical skills necessary in the delivery of vaccines.