Interior Health

The Immunizer

A quarterly newsletter for community vaccine providers (CVP) in the Interior Health region

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Winter Edition



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Fall Respiratory Vaccine Update

Reporting for all Public Health-supplied COVID-19 and influenza vaccine is mandatory and must be submitted through the Community Vaccine Provider Respiratory Reporting Form. Reporting is required to maintain vaccine ordering eligibility for the next respiratory season. The first reporting deadline is **December 15, 2026.**

Providers requesting additional vaccine must complete reporting before requesting more vaccine.

LTC and AL facilities report through their site-specific REDCap. If you require your facility's link, contact Vaccines@interiorhealth.ca.

Older Adult RSV (mRESVIA™)

The publicly funded RSV immunization program is expected to continue year-round over the next three years.

We are awaiting delivery timelines and will share updates as they become available.

Continue submitting orders using the Publicly Funded Local Vaccine Order Form and send to: IIProgram@interiorhealth.ca

AEFI Reporting

As respiratory immunization campaigns ramp up each fall, reports of adverse events following immunization (AEFIs) typically increase. This is expected and reflects the higher volume of vaccines being administered.

An AEFI is any untoward medical occurrence following immunization. An AEFI does not necessarily mean the vaccine caused the event. Reporting supports vaccine safety surveillance and helps identify rare or unexpected events requiring further review.

Who Reports?

The health care provider who receives a patient report of an adverse reaction is responsible for initiating the AEFI report, regardless of where the vaccine was administered. This helps ensure AEFIs are not missed when immunization and follow-up care occur across multiple settings.

What Should Be Reported?

Report AEFIs that are serious, unusual, unexpected, require medical attention, or are of concern to the client or provider. Events that occur more frequently or with greater severity than expected should also be reported.

How to Report

Complete the BC AEFI Case Report Form. Send it to your local Public Health Unit, fax 250-549-6310, or email AEFIReporting@interiorhealth.ca. Prompt reporting supports timely assessment and follow-up.

Refer to the BC Immunization Manual, BCCDC AEFI page, and IH Follow-up of AEFI Algorithm for reporting criteria, reportability, and guidance.



Questions about AEFI reportability or reporting requirements can be directed to your local Public Health unit

Details Matter

Across all immunization settings, attention to administration best practices helps ensure our patients, clients and residents receive safe, effective, and high-quality care.

Key considerations include:

- Age-appropriate site selection
- Accurate anatomical landmarking
- Appropriate needle length selection
- Following product-specific administration recommendations
- Complete documentation

Even small variations in administration technique can affect comfort and increase the risk of avoidable administration errors or adverse events. Taking a moment to confirm administration requirements before immunization helps support safe, effective, and positive immunization experiences.

Refer to Appendix B: Administration of Biological Products in the BC Immunization Manual for current vaccine administration guidance.

PracticePoint

Q: Any tips for preparing mRESVIA™ for the older adult RSV vaccine program?

A: When preparing mRESVIA™ pre-filled syringes, hold the syringe upright and twist the cap counter-clockwise until it releases.

Avoid pulling while twisting, as this may damage the syringe or result in vaccine loss. Once the cap has been removed, attach the needle by twisting clockwise until secure.

Refer to the product monograph for complete preparation and administration instructions.

RSV Prevention for Infants

Healthcare providers caring for pregnant individuals and families should be aware that two options are available to help protect infants from respiratory syncytial virus (RSV). Discussing these options prenatally can help families make informed decisions and support timely access to RSV prevention strategies.

Options available for infant RSV protection:

- **ABRYSVO™** is an RSV vaccine administered during pregnancy that provides protection to the infant through maternal antibody transfer. This product is not publicly funded, although coverage may be available through some benefit plans.
- **BEYFORTUS™** (nirsevimab) is a long-acting monoclonal antibody administered directly to eligible infants after birth, ideally before hospital discharge.

As RSV prevention options continue to evolve, healthcare providers may receive questions from expectant families regarding eligibility, funding, access, and timing of administration. Early discussion can help families understand their options and allow time to make arrangements for immunoprophylaxis when needed, particularly in rural and remote communities.

Refer to the BC Immunization Manual and BC Infant RSV Immunoprophylaxis Program resources for current eligibility criteria and administration guidance. Early awareness of nirsevimab eligibility, including geographic eligibility criteria, can support timely discussions and prenatal planning to facilitate administration for eligible infants before hospital discharge.

HPV Vaccines Work!

One generation after human papillomavirus (HPV) vaccination programs were introduced, countries around the world are reporting dramatic declines in HPV infections, precancerous cervical changes, and cervical cancer. It's a powerful reminder of the long-term impact immunization programs can have on population health.

This story is featured by ScienceUpFirst, a Canadian initiative that transforms scientific evidence into engaging, shareable content.

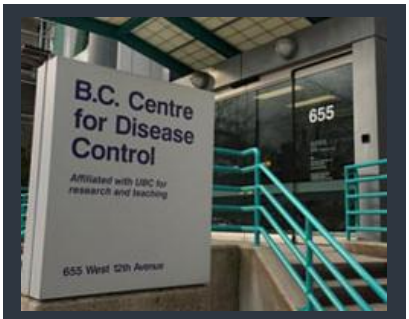


Prevnar 20™ for Eligible Adults

Since the introduction of publicly funded PCV20 (Prevnar 20™), questions about eligibility continue. Publicly funded PCV20 is recommended not only for older adults, but also for many individuals with underlying medical conditions that increase the risk of invasive pneumococcal disease.

Eligible populations include adults 65 years of age and older, residents of long-term care and assisted living facilities, and individuals with a range of chronic medical and immunocompromising conditions. People experiencing homelessness or substance use disorders are also eligible.

Before immunizing, review the patient or resident's pneumococcal immunization history. Many adults may incorrectly believe they are due for a pneumococcal vaccine every five years; however, eligibility for publicly funded PCV20 is based on age, risk factors, and previous pneumococcal immunizations. Additional guidance can be found in the PCV20 Immunization Program Q&A.



BC Immunization Coverage Reports

Looking for local immunization coverage data?

BCCDC's interactive dashboards provide provincial, regional, and community-level coverage information helping providers understand vaccination trends in their communities across BC. Coverage reports can support immunization planning, outreach efforts, quality improvement initiatives, and informed conversations with patients about the importance of vaccination.

Explore the dashboards: Immunization Coverage Reports

Webinar Spotlight

2026 Edelman Trust Barometer | Trust Amid Insularity

How does trust shape public health conversations? This webinar explores Canadian trends in trust, polarization, and information-sharing, offering valuable context for immunization providers engaging with clients and communities.

Learn more: 2026 Edelman Trust Barometer - Canada | Edelman

Reach Out!

Have a question? We're here to help. Contact us at: IIProgram@interiorhealth.ca

Additional resources for community vaccine providers: Community Vaccine Providers | Immunization & Vaccines | IH

Read it!



Backlash: The War on Public Health examines declining trust in public health, resistance to public health measures, and strategies to support the public health workforce. The book includes frontline perspectives from public health professionals and explores factors influencing public attitudes toward health information and vaccination.

Why it may be of interest to you:

- ✓ **Frontline perspectives:** Includes firsthand accounts from public health professionals, highlighting the challenges and experiences of those working directly with communities.
- ✓ **Understanding mistrust:** Explores the historical, social, and structural factors influencing public attitudes toward health information and public health recommendations.
- ✓ **Supporting effective conversations:** Offers insight into vaccine hesitancy and resistance, helping immunizers navigate challenging discussions across care settings.
- ✓ **Strengthening our collective impact:** Every immunization encounter contributes to public health. This book reinforces the shared role we all play in building confidence in vaccination and protecting community health.

Available free of charge as an **open-access resource** through Oxford University Press.

VaxED Essentials

BC Immunization Manual

The BC Immunization Manual (BCCDC CD Control Manual, Chapter 2) is BC's primary reference for publicly funded immunizations.

Resources

HealthLinkBC Immunizations
Vaccine information, schedules, aftercare, and vaccine-preventable diseases.

BCCDC Immunization Clinical Resources
Practical tools that supplement the BC Immunization Manual.

BCCDC Immunization Communication Tool (ICT)

BCCDC Immunization Print Materials
Immunization record cards, brochures, and posters for clinical use.

Courses

Influenza Immunization Competency Courses: Foundations of Influenza Disease & Vaccines & Seasonal Influenza Update
Foundations course provides core influenza immunization knowledge, while the Seasonal Update covers current vaccine products, eligibility, and program updates.

COVID-19 Immunization Competency Course & COVID-19 Vaccines Webinar
This training is available to support COVID-19 immunization practice, and the webinar provides current vaccine and program updates.

Immunization Competency Course
Foundational training for safe, effective immunization practice aligned with BC competencies. Required in some settings for autonomous immunization practice.

Immunization Communication Course
Focuses on vaccine hesitancy, culturally safe care, and evidence-based communication strategies, including motivational interviewing.

Vaccine Storage and Handling Course
Provincial standards for proper vaccine storage, handling and management.

Pearls for Immunization Practice
Refresher for experienced immunizers, emphasizing application and key provincial resources.