

Questions and Answers

Vaccine Distribution

Last update: August 18, 2021

2021-22 Influenza Vaccine Program

1. What is the role of physicians, nurse practitioners and nurses in the 2021-22 influenza season? Will there be any changes from last year?

- Last year, strong collaboration between health authorities, primary care providers and other partners saw 1.5 million doses of influenza vaccine administered amid the challenges of the COVID-19 pandemic. This year, we have an even more ambitious target of providing approximately 2.5 million influenza vaccine doses to British Columbians.
- To achieve our goal, community immunizers, including physicians, nurse practitioners and nurses, will participate in the 2021-22 influenza immunization program as they did last year – whether that is in their clinics, offices, pharmacies or by supporting immunization clinics organized in partnership with public health.

2. What should physicians and nurse practitioners expect in terms of influenza vaccine distribution for the 2021-22 season?

- For the 2021-22 influenza season, with the exception of pharmacies, community immunizers will continue to pick up their influenza vaccines from public health units as has occurred in previous years.
- The new direct distribution model will be implemented in a phased approach while ensuring equitable and appropriate access to vaccines throughout the province, including considerations for rural, remote and Indigenous communities:
 - Due to the distribution infrastructure already in place for pharmaceuticals across pharmacies as well as innovation from the COVID-19 vaccine program (e.g., pharmacies were able to order COVID-19 vaccine directly from distributors), the first phase will start with the 2021-22 influenza season and will begin with community pharmacies who will be able to order vaccine directly from pharmaceutical distributors.
 - Future phases will expand direct distribution to other community immunizers, including physicians and nurse practitioners, and include more publicly funded vaccines.

- Other community immunizers, including physicians and nurse practitioners will be onboarded as early as the 2022-23 influenza season following evaluation of direct distribution in 2021-22.

3. What is the expected timeline for the 2021-22 influenza immunization season?

- Influenza immunization in B.C. begins as soon as vaccine is available, which is usually in late September or early October. Immunization priority is given to the most vulnerable, including residents of long-term care and health-care workers. Thereafter, the general immunization program begins in all communities in B.C. by early November.
- Health-care providers who provide influenza immunizations will begin to offer the vaccine as soon as it becomes available in the fall.
- Influenza virus activity usually picks up in December and over the seasonal holiday period. Individuals are encouraged to be immunized prior to that time for optimal protection. Vaccine remains available until the end of season, which is usually in April.

4. What vaccines will be used for the 2021-22 influenza season?

- For increased protection, B.C. will be using only quadrivalent vaccines for the 2021-22 influenza season and will continue to use Fluzone HD for seniors (65+) living in long-term care and seniors' assisted living residences and First Nations seniors living in First Nations communities.

Direct Vaccine Distribution

1. When might physicians and nurse practitioners expect to be able to be part of a direct distribution model?

- We know physicians and nurse practitioners currently have several ways of obtaining vaccines (e.g., from public health units or pharmaceutical distributors) and these vary by location.
- For this reason, we know the readiness to shift to a direct distribution model varies. That is why we will be engaging with physicians and nurse practitioners and other partners including health authorities and distributors first, before determining a model that works best for them and their patients.
- Our goal is to have an understanding of the model that works best for physicians and nurse practitioners to advance this work. More specific timelines will follow the evaluation of the 2021-22 season.

2. How will you ensure equitable access to influenza vaccines for physicians and nurse practitioners?

- Vaccine allocations are informed by and typically distributed according to previous uptake of vaccine in the community from the last influenza season.
- Of the influenza vaccine administered in 2020-21, 10% was administered through public health, 72% was administered through pharmacies and 18% was through medical clinics by physicians, nurse practitioners and nurses.
- The upcoming joint engagement of primary care providers by the Ministry of Health, BC Centre Disease Control and regional health authorities will inform regional health authority influenza planning to ensure equitable access to influenza vaccines for physicians and nurse practitioners.

3. What are your timelines for each phase?

- Beginning with the 2021-22 influenza season, pharmacists will receive publicly funded influenza vaccine through a direct distribution system.
- Future phases will expand direct distribution to other community immunizers, including physicians and nurse practitioners, as well as include more publicly funded vaccines.
- Timing for when other community immunizers will be onboarded will occur following the evaluation of the 2021-22 season.

4. Why are you doing direct distribution for pharmacists this year and not physicians, nurse practitioners and nurses?

- Community pharmacies already have the infrastructure in place to order vaccine and pharmaceuticals directly from pharmaceutical distributors within cold chain requirements. As a result, pharmacies were able to order COVID-19 vaccine directly from distributors.
- On the other hand, we know most physicians nurse practitioners and nurses, obtain their supply through public health units/health authorities instead of pharmaceutical distributors.
- To shift to a direct distribution model will require further engagement and planning, including engaging with distributors and determining human resource requirements, which is why physicians and nurse practitioners will be onboarded in later phases.

5. Why are you moving to a direct distribution model?

- Many community immunizers have expressed an interest in direct-to-office delivery of vaccines as a flexible and convenient way to ensure access to vaccines for people in B.C. This model will help support public health's goal of providing protection to communities throughout the province.
- The current distribution model requires significant human resources from public health and community immunizers, which can result in system delays and, in some cases, vaccine wastage. Direct distribution to pharmacies in other provinces has increased efficiencies and reduced wastage leading to system-wide cost savings.
- The new system will support human resources in being redirected to provide direct health-care services and also improve reporting and traceability of vaccine at every point in time.

6. Will physicians and nurse practitioners have to be part of this model or can they continue to pick up at their public health unit if they choose?

- Exploration of a direct distribution to primary care providers' model is just starting and will require input and feedback from physicians and nurse practitioners.
- The intent, where possible, will be to provide physicians and nurse practitioners a choice on how to access a vaccine supply that works best for them.
- Physicians and nurse practitioners who receive their vaccines from public health units they will continue to follow the same approach as previous years for the 2021-22 influenza season.

7. I understand that there will be engagement with family physicians, nurse practitioners and nurses on a phased direct distribution model for influenza vaccines.

a) When will this engagement occur?

- Engagement will start this summer and continue through fall 2021.

b) What will the engagement look like and what do you hope to achieve?

- Physicians, pharmacists, nurse practitioners, nurses and other partners, including health authorities and distributors, will have the opportunity to provide feedback on the model beginning in the summer of 2021.

- Topics for discussion include options for how immunizers receive publicly funded vaccines, cold chain management, information technology infrastructure and reporting requirements.

c) How can physicians/nurse practitioners/nurses participate?

- More information on timing and how to participate will be shared in the coming weeks.

d) How will the results inform the proposed model moving forward?

- The results will help the Ministry of Health and the BC Centre for Disease Control develop a direct distribution model that meets the needs of community immunizers and residents, is more efficient (e.g., on the human resources required) and reduces vaccine wastage.

e) Is this proposed approach only for influenza immunizations?

- Direct distribution is starting with pharmacists because they have the infrastructure in place from the COVID-19 vaccine program and they administered the majority of influenza vaccines in 2020-21.
- Based on the implementation progress and feedback from health partners, the Province's goal is to expand to other providers and to other routine, publicly funded vaccines.