

# B.C. Community Pharmacy Delivery of COVID-19 Immunization Plan

## Ministry of Health

### STAGE 1 OF THE PHARMACY ROLLOUT

March 26, 2021

#### Reviews:

- Public Health Executive Committee; March 26, 2021
- Lorie Hrycuik, Executive Lead, Population and Public Health Division, Ministry of Health; March 24, 2021; March 25, 2021
- Bernard Achampong, Executive Director, Public Health, Prevention and Planning; March 24, 2021
- Brian Sagar, Senior Director Communicable Disease, MOH; March 24, 2021; March 26, 2021
- Dr. Patricia Daly, VP, Public Health, Chief MHO, VCH; March 26, 2021
- Dr. Meena Dawar, MHO, VCH, March 26, 2021
- Julie Wilson, BC Centre for Disease Control; March 24, 2021
- Stephanie Meier, BC Centre for Disease Control; March 24, 2021; March 25, 2021
- Ann Johnston, BC Pharmacy Association; March 24, 2021
- Kelly Uyeno, Executive Director, Integrated Health Services Planning & Systems, Pharmaceutical, Laboratory & Blood Services Division, BC Ministry of Health; March 25, 2021
- Taryn Drlik, Clinical Lead Pharmanet, BC Ministry of Health; March 25, 2021
- Pharmacy Immunization Working Group; March 23, 2021 meeting (initial advice re recommendations)

SUMMARY OF RECOMMENDATIONS FOR STAGE 1 OF THE PHARMACY ROLLOUT

Element	Recommendations for Stage 1 (subject to approval)	Decision
Criteria for selection of pharmacies for provision of COVID-19 vaccine	<p><b>Recommendation 1:</b> Pharmacies will be selected based on critical criteria:</p> <ul style="list-style-type: none"> <li>• Lower mainland pharmacies (FH and VCH) based on geography of clusters/cases</li> <li>• Pharmacies in communities with largest number of cases/clusters</li> <li>• Extended hours of operation</li> <li>• Ability to do daily inventory reporting</li> <li>• Pharmacy is enrolled as a provider in PharmaCare and is in good standing with the College of Pharmacists of BC</li> <li>• Physical layout and/or ability to create socially distanced clinic</li> <li>• Ability to appropriately ensure 15- minute observation period following vaccine receipt (e.g., designated seating/observation area for vaccine recipients)</li> <li>• Capacity to receive and store vaccine and a bulk of PPE supplies</li> <li>• Proximity and access to clinics by target groups.</li> <li>• History of immunization capacity (using influenza vaccination as a proxy)</li> </ul> <p><b>These criteria will be strongly considered by RHAs:</b> Number of pharmacies in a specified community; distance from the closest mass COVID-19 vaccination clinic; languages spoken; and specific populations served.</p>	<p>Recommendation 1:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not Approved</p>
Selection of pharmacies for provision of COVID-19 immunization	<p><b>Recommendation 2:</b> Pharmacies will be identified by RHAs based on geographic clusters of COVID-19 cases and that meet the criteria above. Selected pharmacies sites will be required to agree to the terms of participating in the COVID-19 vaccine rollout as follows:</p> <ul style="list-style-type: none"> <li>• Employ an appointment booking system until the provincial booking system is launched and pharmacy is integrated</li> <li>• Manage and report on COVID-19 vaccine inventory as required by the Ministry</li> </ul>	<p>Recommendation 2:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not Approved</p>

**BC Community Pharmacy Delivery of COVID-19 Immunization Plan – Stage 1**  
**March 26, 2021**

Element	Recommendations for Stage 1 (subject to approval)	Decision
	<ul style="list-style-type: none"> <li>Administer vaccine quantities (minimum &amp; maximum) as designated by the Ministry</li> <li>Administer vaccine in accordance with criteria established by the BC Centre for Disease Control (BCCDC) and/or the Ministry.</li> </ul>	
Pharmacist Training + Tracking	<b>Recommendation 3:</b> All immunizing pharmacists will complete the mandatory training prior to immunizing with COVID-19 vaccine in a pharmacy as per the Provincial Health Order (PHO) <u>Regulated and Unregulated Health Professionals SARS-CoV-2 Immunization Order</u> – March 24, 2021.	Recommendation 3: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Vaccine distribution to Pharmacies	<b>Recommendation 4:</b> Vaccines will be distributed to pharmacies directly using the existing Federal vaccine ordering and distribution established by the National Operations Center (NOC).	Recommendation 4: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Vaccine storage at Pharmacies	<b>Recommendation 5:</b> Pharmacy sites will be required to implement cold-chain standards of practice as established by BCCDC.	Recommendation 5: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Vaccination and PPE supplies	<b>Recommendation 6:</b> Pharmacies will have access to the provincial inventory for vaccination supplies through direct distribution requesting the minimum amounts allowed.	Recommendation 6: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<b>Recommendation 7:</b> Pharmacies will have access to the provincial inventory for PPE supplies as required for immunization and as provided to BC from the Federal government.	Recommendation 7: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Vaccine Inventory Management	<b>Recommendation 8:</b> Pharmacists will be required to comply with current documentation and inventory management provincial standards for COVID-19 vaccines. This includes daily 'end of day' reporting to BCCDC on vaccines administered as well as the existing inventory/doses. BCCDC to provide the data to RHAs to assist in real time monitoring of uptake.	Recommendation 8: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<b>Recommendation 9:</b> Pharmacies will be required to coordinate on COVID-19 vaccine supply and comply with vaccine quantity limits set for each pharmacy	Recommendation 9: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

**BC Community Pharmacy Delivery of COVID-19 Immunization Plan – Stage 1**  
**March 26, 2021**

Element	Recommendations for Stage 1 (subject to approval)	Decision
	<i>during the early stages of the COVID-19 rollout where and when supply is limited.</i>	
	<b>Recommendation 10:</b> Pharmacies will adopt the Imms BC Provincial System (or a PharmaNet solution) to capture and coordinate inventory with the BCCDC. In the short-term, there will be a manual process.	Recommendation 10: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Payment and Compensation	<b>Recommendation 11:</b> Pharmacies will be reimbursed for COVID-19 vaccination using the Drug Product Identification Numbers (DPINs) created for PharmaNet for the COVID-19 vaccines.	Recommendation 11: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Scheduling of Appointments for COVID-19 Immunization at a Pharmacy	<b>Recommendation 12:</b> Pharmacies will initially use their own appointment booking systems to manage COVID-19 vaccination appointments and will transfer to using the ImmsBC Provincial system when the system becomes available.	Recommendation 12: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	<b>Recommendation 13:</b> An ImmunizeBC COVID-19 vaccine locator system will be developed and implemented to identify the location of pharmacies and public health clinics in RHAs who are delivering COVID-19 vaccines.	Recommendation 13: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Verification of Eligibility for COVID-19 Vaccine Receipt	<b>Recommendation 14:</b> Pharmacists will verify eligibility for COVID-19 vaccine through people presenting their workplace ID or by a provincially approved letter* issued from the employer and provided to the pharmacist.	Recommendation 14: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Reporting of Administered Doses	<b>Recommendation 15:</b> Pharmacists will document the COVID-19 immunization and adverse drug reactions (also potential drug-vaccine interactions) in PharmaNet and will be trained on entering the required data fields.	Recommendation 15: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Communications and Timeframe	<b>Recommendation 16:</b> Communication to the public, priority populations, internal and external stakeholders will provide information on the pharmacist's role in the delivery of COVID-19 vaccine.	Recommendation 16: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

\*A provincial template letter will be issued from public health to eligible employees through their employers.



## BACKGROUND

- Pharmacists are an integral partner in the immunization delivery system in BC.
- They have the tools and resources to support British Columbians as we continue to respond to the COVID-19 pandemic.
- There are more than 3,580 registered community pharmacists and 1380 community pharmacies in the province who can immunize to enhance the capacity and reach of the vaccine rollout plan now (Phase 2) and beyond.
- Pharmacists administer over 70% of all doses of publicly-funded influenza vaccine in BC.
- Canada has approved a fridge-stable vaccine which enables the vaccine to be delivered at community pharmacies by pharmacists building on influenza vaccine delivery.
- AstraZeneca vaccine is anticipated to arrive in BC and be distributed to the pharmacies who will be providing COVID-19 vaccine by mid-April or earlier.

## GOALS

- BC's COVID-19 Immunization Plan is designed to save lives and stop the spread of COVID-19. Since the beginning of the pandemic, BC's response is in line with Canada's response aimed to minimize serious illness and overall deaths while minimizing societal disruption as a result of COVID-19.
- The BC Community Pharmacy Delivery of COVID-19 Immunization Plan goal is to provide recommendations to the Ministry of Health (the Ministry) on the implementation of COVID-19 vaccine to prioritized groups through community pharmacies with certified pharmacists in immunization in a staged approach:

Stage	Pharmacies	Vaccine	Priority Groups
Stage 1 of the pharmacy rollout - Anticipated start: mid-April or earlier (to be confirmed)	Initial pharmacies with certified pharmacists identified by FHA and VCHA  (see Appendix A for list of pharmacies selected)	44,000 doses of AstraZeneca vaccine	Frontline priority workers: <ul style="list-style-type: none"><li>• First Responders (police, firefighters, emergency transport, corrections, border services)</li><li>• Staff of K-12 schools</li><li>• Licensed Childcare Staff</li></ul>

## GOVERNANCE

- The BC Immunization Committee's Pharmacist Immunization Task Group (Task Group), has been asked to take on the task of creating recommendations and a plan for considering by the Ministry and Public Health Executive Committee (PHEC) on the implementation of COVID-19 vaccines to the prioritized groups through community pharmacies.
- The Task Group, chaired by Stephanie Meier at BC Centre for Disease Control (BCCDC), took on the task starting on March 23, 2021 to inform critical elements of this plan.

- Task group membership includes all Regional Health Authorities, logistics, BCCDC, BC Pharmacy Association (BCPhA) the Ministry, and others.
- The Task Group reports to BC Immunization Committee (BCIC) and provides recommendation to PHEC through Lorie Hrycuik, Ministry of Health with recommendations going forward to CoCom for consideration and operationalization.

## PROPOSED RECOMMENDATIONS AND CONSIDERATIONS

- The Task Group has carefully considered the priority front line workers, epidemiology of COVID-19 cases in the province, the location and capacity of pharmacies, and the availability of the fridge stable vaccines that are soon to arrive in the province.
- Recommendations and considerations to implement pharmacy involvement in a staged approach have been identified to inform the overall operational planning in the following sections.

## PEOPLE TO BE IMMUNIZED

### 1. Eligibility for COVID-19 Vaccine at Pharmacies

- Eligible people for each phase of BC's COVID-19 Immunization Plan is determined by senior leadership at the Ministry of Health (Provincial Health Officer, Deputy Minister of Health and Minister of Health) based on the advice of the Public Health Executive Committee, BC Immunization Committee and the Provincial Planning and Coordination Committee (CoCom).
- In Stage 1, the target group of high-risk priority workers identified for immunization by pharmacists for fridge-stable vaccine (e.g. AstraZeneca) will start with the following groups of frontline priority workers who work in the lower mainland (FHA; VCHA) where there have been outbreaks and clusters in certain workplaces (to be identified by the RHA):
  - First responders (including police, fire, emergency transport, corrections, and border services),
  - Staff of K to 12 schools, and
  - Licensed childcare staff.
- These groups were chosen for pharmacy-based immunization for the following reasons:
  - There has been geographic risk particularly in the Lower Mainland where community outbreaks and clusters have occurred at certain workplaces identifiable and monitored by RHAs;
  - Accessibility can be a challenge for these workers accessing health care and pharmacies are open on evenings and weekends; and
  - They are likely to have existing ID from their workplace for ease of verification by a pharmacist.
- As additional vaccine is available, further front-line priority workers, geographic locations, and other groups could be added.

## PHARMACIES AND PHARMACISTS SELECTION

### 1. Pharmacists and Scope of Practice

- Pharmacists are qualified to provide COVID-19 vaccines in line with the province's COVID-19 Immunization Plan, so long as they meet all of the College of Pharmacists of BC's requirements for administering injections.
- The College has a Drug Administration Certification requirement and Standards, Limits and Conditions for Drug Administration by Injection and Intranasal Route. As part of these requirements, a valid certification in first aid and CPR from a recognized provider is needed.

### 2. Criteria for selection of pharmacies for Stage 1:

#### Discussion:

- There was a recommendation by PHEC to support allocation of most of the next shipment of AstraZeneca to the Lower Mainland based on risk and community transmission.
- For Stage 1, PHEC recommended to leverage pharmacies that are already engaged in the delivery of publicly funded influenza vaccines to 'hit the ground running' and efficiently deploy vaccines as soon as they arrive.
- Approximately 44,000 doses of AstraZeneca are anticipated to arrive in BC between the end of March and mid-April with no firm dates available at this time for Canada.
- There are approximately 1,300 pharmacies in BC and dividing/distributing 44,000 doses across 1300 pharmacies is unrealistic (30 doses/ pharmacy). Other challenges with this approach include:
  - A pharmacy would quickly run out of vaccine and this can cause client frustration seeking a pharmacy with vaccine.
  - It is difficult to keep the clinic locator up-to-date with small doses on hand.
  - The smallest unit of issue for COVISHIELD is 500 doses and AstraZeneca are 100 doses per box.
  - Communication regarding arrival of vaccine and managing expectations of 1300 pharmacies would be challenging to coordinate.
- Pharmacies that can handle larger quantities with an infrastructure in place to mobilize vaccines as they arrive is required for efficiency and accessibility until there is enough vaccine available for distribution to all pharmacies.
- Equity is a consideration as the criteria for selection might preferentially prioritize largerr pharmacies, however, eventually, additional pharmacies will be able to deliver vaccines as the supply increases. In the interim, it is best to focus on leveraging select pharmacies to efficiently deploy vaccines as soon as they become available.
- In order for the provincial pharmacy program to reimburse pharmacies for services, they MUST be enrolled with the Minister and through this process, the Ministry can confirm that they are registered and in good standings with the college. This ensures they are meeting professional practice standards.

**Recommendation 1:**

***Pharmacies will be selected based on critical criteria:***

- ***Lower mainland pharmacies (FH and VCH) based on geography of clusters/cases***
- ***Pharmacies in communities with largest number of cases/clusters***
- ***Extended hours of operation***
- ***Ability to do daily inventory reporting***
- ***Pharmacy is enrolled as a provider in PharmaCare and in good standing with the College of Pharmacists of BC***
- ***Physical layout and/or ability to create socially distanced clinic***
- ***Ability to appropriately ensure 15- minute observation period following vaccine receipt (e.g., designated seating/observation area for vaccine recipients)***
- ***Capacity to receive and store vaccine and a bulk of PPE supplies***
- ***Proximity and access to clinics by target groups.***
- ***History of immunization capacity (using influenza vaccination as a proxy)***

***These criteria will be strongly considered by RHAs: Number of pharmacies in a specified community; distance from the closest mass COVID-19 vaccination clinic; history of immunization capacity (using influenza vaccination as a proxy); languages spoken; and specific populations served.***

### **3. Selection of Pharmacies**

#### **Discussion**

- There is not currently enough vaccine to provide an adequate amount to each “immunizing” pharmacy in BC.
- Decisions of which pharmacies will receive vaccine will be made based on where the greatest need is for access to vaccination by priority groups and where outbreaks and clusters have occurred.
- The number of doses that can be ordered will be capped. There is discretion at the local health authority to be flexible if some pharmacies are going through stock more quickly than others because they are more convenient for a particular sector. The RHA may permit reordering more frequently and will a higher cap.

**Recommendation 2:**

***Pharmacies will be identified by RHAs based on geographic clusters of COVID-19 cases and that meet the criteria above. Selected pharmacies sites will be required to agree to the terms of participating in the COVID-19 vaccine rollout as follows:***

- ***Employ an appointment booking system until the provincial booking system is launched and pharmacy is integrated***
- ***Manage and report on COVID-19 vaccine inventory as required by the Ministry***
- ***Administer vaccine quantities (minimum & maximum) as designated by the Ministry***
- ***Administer vaccine in accordance with criteria established by the BC Centre for Disease Control (BCCDC) and/or the Ministry.***

#### 4. Pharmacist Training and Tracking

##### Discussion:

- Every pharmacist certified to administer injections must complete the training requirements established by the College of Pharmacists of BC.
- Prior to providing COVID-19 vaccinations, pharmacists are also required to complete BCCDC's COVID-19 immunization webinars and other requirements in accordance with the PHO order Regulated and Unregulated Health Professionals SARS-CoV-2 Immunization Order – March 24, 2021.
- The Education recommendations for COVID-19 Immunizers as per respective regulatory college scope of practices and Provincial Health Officer Orders are posted on the BCCDC site and this addresses pharmacist training specifically.
- The pharmacist will receive a certificate of completion following completion of the webinars on the learning hub. A printout from the learning hub is a possibility.
- The COVID-19 courses can be tracked by the BCPhA.

##### **Recommendation 3:**

***Immunizing pharmacists will complete the mandatory training prior to immunizing with COVID-19 vaccine in a pharmacy as per the Provincial Health Order (PHO) -Regulated and Unregulated Health Professionals SARS-CoV-2 Immunization Order – March 14, 2021.***

## VACCINE AND PPE SUPPLIES

### 1. Vaccine Distribution to Pharmacies

##### Discussion:

- Pharmacies will be manually ordering vaccine through the logistics group at BCCDC who has contact with the NOC.
- The process will be as follows: BCCDC submits requests/orders on behalf of pharmacies; vaccine would ship through the FedEx/Innomar Strategies shipping system direct to pharmacies (i.e., vaccine delivery point); packages are temperature monitored to vaccine delivery point.
- Pharmacies will be required to manually report to the BC's Immunize BC Operations Centre (IBCOC Ops) acknowledging receipt and confirmation of cold chain stability from Innomar Strategies (i.e., part of BC's contractual obligation to the National Operation Center (NOC)).
- There are options being explored for the distribution of COVID-19 vaccine directly to pharmacists so as not to overburden public health. These include the following:
  - Option 1: Direct distribution from National Operations Centre (NOC) to pharmacies. Confirmation from NOC to add pharmacies as a receiver is pending.
  - Option 2: BCCDC could use a courier to ship vaccine from BCCDC to a pharmacy in BC.
  - Option 3: The least desirable option is to follow status quo and have pharmacies pick up vaccine from the local health unit. This is not desired as some health units have very limited staff on site as they are staffing the community COVID-19 vaccination clinics (mentioned by VIHA).

- Option 4: A fully qualified and effective drug distribution option could be used.

**Recommendation 4:**

***Vaccines will be distributed to pharmacies directly using the existing Federal vaccine ordering and distribution established by the National Operations Center (NOC).***

**2. Vaccine Storage at Pharmacies**

- The details of using a multidose product with no preservative and managing expiry timelines will be included in the training for pharmacists specific to COVID-19 vaccines.
- The AstraZeneca vaccine can be stored at 2-8°C consistent with influenza vaccine and which pharmacies and pharmacists have experience with.
- Should ultra-cold vaccines be added to the distribution to pharmacists, additional training and infrastructure would be required.
- There is a need to report cold chain incidents to the NOC.

**Discussion:**

- Pharmacists practice under a professional practice policy that requires them to have expertise and knowledge of cold chain management.
- Pharmacies are accustomed to maintaining the cold chain during the transport and storage of vaccines and other high cost biologic products on a daily basis.
- Pharmacies are required to be compliant with the College of Pharmacists of BC's Professional Practice Policy 68 – Cold Chain Management, which is aligned with BCCDC's Immunization Manual Guidelines.

**Recommendation 5:**

***Pharmacy sites will follow cold-chain standards of practice as established by BCCDC.***

**3. Vaccination Supplies**

**Discussion:**

- Work is underway by the Communicable Disease team to obtain vaccination supplies for distribution to the pharmacies who will be immunizing with COVID-19 vaccine.
- The supplies that are required will be the same as the supplies for community COVID-19 clinics.
- The supplies, once procured, will be distributed in the more efficient and effective way and this is still to be determined.
- As it is very labour intensive to break up boxes of syringes, it is recommended that pharmacy sites order 100 increments (one box) of syringes at a time to be used with AstraZeneca vaccine.
- In response to the potential for pharmacies to be included in the vaccines by approximately April 12 or sooner, the best option would be for PHSA to distribute 1 ML, 3ML syringes, needles and other supplies to only those pharmacies receiving vaccines (for AstraZeneca vaccine).

- Supplies would be bulk packed and shipped to each of six major wholesale distribution centres in BC (e.g. Loblaws, Rexall, McKesson) for further sorting and packing at those warehouses for distribution to each pharmacy identified as providing the vaccines.

**Recommendation 6:**

***Pharmacies will have access to the provincial inventory for vaccination supplies through direct distribution requesting the minimum amounts allowed.***

#### 4. PPE Supply, Delivery & Logistics

**Discussion:**

- Pharmacies and immunizing pharmacists will be able to get PPE at no cost through the PHSA Supply Chain.
- Currently, PHSA holds and continues to receive all of the federal vaccine supplies. A significant amount of supply as well has been purchased (e.g. 3ML syringes).
- PHSA expects that 80% of the vaccine supplies will be pulled from their inventory system by the health authorities who will pick and pack and move supplies to local vaccination sites.
- For the other 20%, these are the mass vaccination sites and the PHSA will pick and pack and ship (push) to those larger sites.
- There are approximately 1300 pharmacies in the province, and it is anticipated 100-200 may offer COVID-19 vaccines.
- Community pharmacies will receive vaccination supplies (e.g., syringes, sharps containers, alcohol swabs), PPE (e.g., medical masks, eye protection) and cleaning supplies from PHSA Supply Chain at no cost (pending approval).
- For Stage 1, these items will be sent to the major distributors who regularly service community pharmacies. The distributors will, in turn, re-package and ship items to the Stage 1 pharmacies.
- PHSA will need to have the names of the Stage 1 pharmacies by the end of March in order to give enough time to have all the supplies in place for an April 12 launch date.

**Recommendation 7:**

***Pharmacies will have access to the provincial inventory for PPE supplies as required for immunization and as provided to BC from the Federal government.***

#### 5. Vaccine Inventory Management

**Discussion:**

- The purpose of inventory management for a pharmacy is to have information on the number of doses that are available in the pharmacy and any doses wasted.
- With the limited supply of vaccine available, vaccine quantities would likely have to be capped during the early stages of a pharmacy rollout to prevent excess vaccine being provided to any particular location. A total vaccine dose limit may also assist pharmacies in ensuring that they only create appointments in line with available supply. There will be discretion by the RHA in flexibility related to the capping.

- Because pharmacy systems are unable to share inventory data with any provincial information systems, pharmacies would be required to provide regular inventory reports to BCCDC (who will share with the RHA). This would be a mandatory and critical activity for every pharmacy providing COVID-19 vaccines.
- There will also need to be a mechanism for reporting COVID-19 wastage to the RHA.
- Imms BC allows capture of data for inventory management, in addition to scheduling and reporting on administered doses.
- Inventory is currently captured in the PIR.
- The Imms BC Provincial System would be able to track doses available at the beginning of the day and end of day. This avoids manual tracking of vaccine on a paper form but initially this will be necessary.

**Recommendation 8:**

***Pharmacists will be required to comply with current documentation and inventory management provincial standards for COVID-19 vaccines. This includes daily 'end of day' reporting to BCCDC on vaccines administered as well as the existing inventory/doses. BCCDC to provide the data to health authorities to assist in real time monitoring of uptake.***

**Recommendation 9:**

***Pharmacies will be required to coordinate on COVID-19 vaccine supply and comply with vaccine quantity limits set for each pharmacy during the early stages of the COVID-19 rollout where and when supply is limited.***

**Recommendation 10:**

***Pharmacies will adopt the Imms BC Provincial System (or a PharmaNet solution) to capture and coordinate inventory with the BCCDC. In the short-term, there will be a manual process.***

## **PAYMENT AND COMPENSATION**

### **1. PharmaNet for Compensation**

#### **Discussion**

- Historically, pharmacists have been reimbursed for the administration of publicly funded vaccines by entering claims into PharmaNet using Drug Product Identification Numbers (DPINs). BCPhA and Health Authorities support this reimbursement mechanism. This will avoid the complication and delay of having Health Authorities enter contractual relationships with multiple pharmacy providers to administer vaccines on their behalf.
- Mitch Moneo, ADM of Pharmaceutical, Laboratory & Blood Services Division has worked on the COVID-19 DPINs and these have been created for AstraZeneca and COVISHIELD. DPINs were also created for Pfizer and Moderna.

**Recommendation 11:**

***Pharmacies will be reimbursed for COVID-19 vaccination using the Drug Product Identification Numbers (DPINs) created for PharmaNet for the COVID-19 vaccines.***



## SCHEDULING SYSTEM FOR APPOINTMENTS

### 1. Scheduling of an Appointment

#### Discussion:

- ImmsBC is Provincial digital solution. A pilot site is currently using this digital solution the week of March 25<sup>th</sup> then on April 12<sup>th</sup> it will go live throughout BC.
  - This is the “full meal deal” digital solution and includes inventory management.
  - The downside will be a timing issue if the AstraZeneca vaccine comes sooner than mid-April. ImmsBC may not be ready for the roll-out right away.
  - This prevents people from calling multiple pharmacies to find vaccine.
  - BCCDC prefers that pharmacists use the ImmsBC Provincial digital solution.
- Pharmacists are very familiar with the flow and booking and have demonstrated the ability to efficiently book appointments using their scheduling system for influenza vaccines.
- To support greater adoption of an appointment-based vaccination model the BCPhA partnered with a local company during the past flu season to develop its own cost-effective vaccination scheduling tool for its members - system supported over 350 users and 220 pharmacies across Canada. 80,000 appointments were booked over a span of 1.5 months. Furthermore, the system has been recently upgraded with an inventory control to limit booking based on inventory.
- Pharmacies prefer to use their own booking system at this time to ensure efficiency.
- It would be important to provide pharmacies with clear direction on the eligibility criteria for vaccine receipt. Pharmacies have also shown the willingness to add additional screening questions to the booking system in accordance with the provincial requirements.
- Pharmacies would like to receive confirmation of the number of doses they will receive before scheduling clients for vaccination.
- Pharmacies will maintain waitlists to prevent vaccine wastage.
- It is recommended that health authority clinics be added to the COVID-19 vaccine locator alongside pharmacies (so it is comprehensive as for flu campaign). Clarification of the populations eligible at each clinic would be necessary.

#### **Recommendation 12:**

***Pharmacies will initially use their own appointment booking systems to manage COVID-19 vaccination appointments and will transfer to using the ImmsBC Provincial system when the system becomes available.***

#### **Recommendation 13:**

***An ImmunizeBC COVID-19 vaccine locator system will be developed and implemented to identify the location of pharmacies and public health clinics in RHAs who are delivering COVID-19 vaccines.***

## POINT OF CARE

### 1. COVID-19 Vaccine Eligibility Screening and Verification of Eligibility

#### Discussion:

- PHEC recommended that eligible staff in specific high-risk workplace sites will be directly notified when that they are eligible to book and not an open call to all prioritized groups in BC.
- Public health will connect with the employers that belongs to any one of the identified high-risk occupational settings directly and individually. It will be a staged approach based on geographic risk.
- It is important to keep verification simple in light of the fact that eventually everyone will be immunized. For the most part, people will do the right thing, and queue jumpers are the minority (and will eventually get immunized).

#### **Recommendation 14:**

***Pharmacists will verify eligibility for COVID-19 vaccine through people presenting their workplace ID or by a provincial approved letter\* issued from the employer and provided to the pharmacist.***

### 2. Informed Consent

- Pharmacists will follow the usual processes of informed consent with the caveat of information related to COVID-19 vaccine.
- HealthFiles have been created for the public for informed consent (in multiple languages) as well as aftercare information.

### 3. Reporting of Administered Doses

#### Discussion:

- To keep the documentation simple and ensure timely deployment of vaccines when they arrive, PharmaNet (the provincial Drug Information System) would be the recommended option for documentation as this avoids double entry by pharmacists.
- This option could be used even before the data gaps are addressed, as key data fields related to client information, date of immunization and type of vaccine administered is captured by PharmaNet, and information related to some missing data fields such as there is only one vaccine provided to pharmacists and the lot number of vaccines distributed to the pharmacies and associated expiry date will be known at the provincial level.
- Alternatively, in the interim, pharmacies can document COVID-19 vaccinations in PharmaNet and into the eForm system as an interim solution to ensure compliance with all of the provincial reporting requirements of the Provincial Immunization Registry (PIR). This will require double entry.
- Eventually, pharmacies would capture data on administered doses through the updated PharmaNet that satisfies the data requirements of the PIR (Panorama) or using the Imms BC Provincial System that captures data on doses administered. Imms BC supports scheduling and inventory documentation.
- The decision is currently pending between the following options:

- a) The current PharmaNet feed to PIR (with some missing fields added)
  - Pharmacists currently enter every vaccine they administer into PharmaNet, the provincial Drug Information System after it is administered (or batched at the end of the day).
  - This is the best option as it avoids double data entry for pharmacists.
  - PharmaNet includes information on key data fields including on client (billing is client related), vaccine type administered, date when vaccination is administered.
  - Missing data field, e.g., lot number, dose number and reason for immunization can be added to PharmaNet to capture gaps in the data fields to meet current reporting requirements.
    - Information related to some missing fields, such as lot number and expiry date will also be known at the provincial level based on the tracking of vaccines distributed to pharmacies.
    - Work is almost complete to identify and update PharmaNet to ensure that it aligns with the current COVID-19 vaccine administration data requirements so that PharmaNet directly feeds all the required information to the PIR.
  - Leveraging PharmaNet would require supplemental processes in place to support the inventory management.
- b) eForm
  - The use of the eForm among pharmacists can be set up at any time and can be used as an interim solution.
  - This requires double entry by pharmacists (PharmaNet and eForm).
  - The eForm is relatively straight forward to use and requires some training. It could potentially be resource intensive and time consuming to bring pharmacies on board to use eForms if a considerable number of pharmacies are targeted simultaneous for vaccine delivery.
  - Requires supplemental processes in place to support inventory management and tracking.
- c) ImmsBC Provincial System
  - This would require double entry by pharmacists and will not be available until the ImmsBC Provincial System launch on April 7.
  - Imms BC is a complete provincial solution to capture data related to doses administered, as well as scheduling and inventory management.

**Recommendation 15:**

***Pharmacists will document the COVID-19 immunization and adverse drug reactions (also potential drug-vaccine interactions) in PharmaNet and will be trained on entering the required data fields.***

**4. Aftercare**

- Pharmacists are aware of the 15-minute minimum observation period following COVID-19 vaccine receipt and will implement measures to observe the client safely.

## 5. Reporting Adverse Events

- The process of reporting AEFI's will be the same for COVID-19 vaccine.

## COMMUNICATIONS AND ANTICIPATED TIME FRAME

### 1. Communications to the Public

- Communications will continue to be provided by the Ministry of Health, PHO, BCCDC, and Regional Health Authorities for the public and community immunizers. The provincial web-site and BCCDC are maintained for updates.
- The PHO provides frequent updates to the media.

### 2. Communications to Priority Populations

- Communication to eligible priority populations for this roll-out will initially be through the two regional health authorities (VCH, FHA) that will reach out to the specific workplaces eligible for vaccination in the lower mainland.

### 3. Communications with Internal Stakeholders including Pharmacists

- The Pharmacist Immunization Working Group, BCIC Committee, PHEC, CoCom and other working groups will be the mechanism for communication between and across internal stakeholders.
- Communication will be required to pharmacists regarding which group is eligible for immunization. The BC Pharmacy Association will also assist with this.
- There will also need to be communication to the client on which pharmacies they can go to.
- More discussion is required on this aspect of communication regarding eligibility and location of clinics.

### 4. Anticipated Time Frame

- The plan will be implemented once the AstraZeneca vaccine is received in BC and is distributed to the pharmacies who will be providing COVID-19 vaccine initially.
- This is anticipated to be mid-April or earlier.

#### **Recommendation 16:**

***Communication to the public, priority populations, internal and external stakeholders will provide information on the pharmacist's role in the delivery of COVID-19 vaccine.***

## SUMMARY

This plan includes 16 recommendations for decision-making to support the expansion of COVID-19 administration at pharmacies by certified pharmacists to enable as many British Columbians as possible to be immunized as quickly as possible against COVID-19, while ensuring that high risk populations are also prioritized.

## Appendix A: List of Pharmacies for Stage 1

### Stage 1 Pharmacies (DRAFT – Pending Review & Approval):

This list of priority pharmacies is for the priority groups (First responders including police, fire, emergency transport, corrections, and border services, staff of K to 12 schools, licensed childcare staff) in two health authorities with outbreaks and clusters in these groups.

RHA	Communities	Pharmacies
VCH	Vancouver	<ul style="list-style-type: none"> <li>• Everwell Pharmacy; 8179 Granville St</li> <li>• Fraser Outreach Pharmacy; 4127 Fraser St</li> <li>• Kerrisdale Pharmacy; 5591 West Boulevard</li> <li>• Lancaster Medical Supplies &amp; Prescriptions; 1 - 601 Broadway West</li> <li>• London Drugs #28; 3328 Kingsway</li> <li>• MJ's Natural Pharmacy #1; 6255 Victoria Drive</li> <li>• MJ's Natural Pharmacy #2; 6689 Victoria Drive</li> <li>• PharmaChoice Pharmacy - W 57<sup>th</sup>; 571 57th Ave W</li> <li>• Pharmasave #18; 1517 57th Ave W</li> <li>• Pharmasave #94; 1808 Kingsway St</li> <li>• Shoppers Drug Mart #2247; 5968 Webber Lane</li> <li>• Shoppers Drug Mart #2273; 5940 University Blvd, UBC</li> <li>• Shoppers Drug Mart #2274; 102 - 2607 49th Ave East</li> <li>• Shoppers Drug Mart #2277; 586 Granville St</li> <li>• Shoppers Drug Mart #2294; 2748 Hastings St East</li> <li>• Shoppers Drug Mart #232; 2303 41st Ave West</li> <li>• Shoppers Drug Mart #238; 3020 Broadway W</li> <li>• Shoppers Drug Mart #263; 885 Broadway W</li> <li>• Shoppers Drug Mart; 4590 Fraser St</li> <li>• Wellness Pharmacy Joyce; 5150 Joyce St</li> <li>• West 10th Medical Pharmacy; 4307 10th Ave West</li> </ul>
	Richmond	<ul style="list-style-type: none"> <li>• Costco Pharmacy #1240; 103 - 7435 Nelson Rd</li> <li>• Costco Pharmacy #54; 9151 Bridgeport Rd</li> <li>• Loblaw Pharmacy #1557; Superstore; 4651 No. 3 Rd</li> <li>• London Drugs #11 - London Plaza; 5971 No. 3 Rd</li> <li>• London Drugs #52; 3200 - 11666 Steveston Hwy (Ironwood Plaza )</li> <li>• PriceSmart Foods Pharmacy #2274 – Richmond; 8200 Ackroyd Rd</li> <li>• Safeway Pharmacy #4967; 8671 No. 1 Rd</li> <li>• Save-On Foods Pharmacy #969 – Ironwood; 3000 - 11666 Steveston Hwy</li> <li>• Save-On Foods Pharmacy #971 - Terra Nova; Terra Nova</li> <li>• Shoppers Drug Mart #227 - Seafair Mall; 11 - 8671 No.1 Rd</li> <li>• Shoppers Drug Mart #228 - Garden City; 380 - 9100 Blundell Rd</li> <li>• Shoppers Drug Mart #236 - Blundell Ctr; 152 - 8180 No.2 Rd</li> <li>• Shoppers Drug Mart #237 - Richmond Ctr; 2286 - 6060 Minoru Blvd</li> </ul>

**BC Community Pharmacy Delivery of COVID-19 Immunization Plan – Stage 1**  
**March 26, 2021**

<b>RHA</b>	<b>Communities</b>	<b>Pharmacies</b>
		<ul style="list-style-type: none"> <li>• Shoppers Drug Mart #2109 - Broadmoore Ctr; 100 - 7820 Williams Rd</li> <li>• Shoppers Drug Mart #2118; 3868 Steveston Hwy</li> <li>• Shoppers Drug Mart #2230; 155 - 5555 Gilbert Rd</li> <li>• Shoppers Drug Mart #2237; 11800 Cambie Rd</li> <li>• Walmart Pharmacy #3652 – Richmond; 9251 Alderbridge Way</li> </ul>
	North Shore	<ul style="list-style-type: none"> <li>• HealthRx Pharmacy; 100 - 135 15Th St E</li> <li>• Lions Gate Drugstore Pharmacy; 1309 St. Georges Ave</li> <li>• Loblaw Pharmacy #1560 – Seymour; 333 Seymour Blvd</li> <li>• Loblaw Pharmacy #4590 – Lonsdale; 1650 Lonsdale Ave</li> <li>• London Drugs #5 - North Van; 2032 Lonsdale Ave.</li> <li>• Lonsdale &amp; 3rd Pharm; 105 3Rd St E</li> <li>• Lonsdale Pharmacy; 1531 Lonsdale Ave</li> <li>• Lynn Valley Pharmacy; 104 - 1200 Lynn Valley Rd</li> <li>• Miracle Prescriptions Remedy's Pharmacy; 1268 Marine Dr</li> <li>• North Shore Drugstore Remedy; 113 16th St W</li> <li>• North Vancouver Travel Clinic; 302 - 1150 Marine Dr</li> <li>• Pharmasave #107 – Edgemont; 3233 Connaught Cres</li> <li>• Pure Pharmacy #19; 103 - 3053 Edgemont Blvd</li> <li>• Safemed Pharmacy; 852 Marine Drive</li> <li>• Shoppers Drug Mart #2225 - Capilano; 110 - 879 Marine Dr</li> </ul>
	Sea to Sky (Squamish, Whistler, Pemberton)	<ul style="list-style-type: none"> <li>• London Drugs #80 – Squamish; Unit G - 40282 Glenalder Place (Garibaldi Village)</li> <li>• Nesters Pharmacy &amp; Wellness – Squamish; 630 - 1200 Hunter Place</li> <li>• Rexall #7116 - Whistler Village; 201 - 4204 Village Square</li> <li>• Rexall #7117 - Whistler – MarketPlace; 103 - 4360 Lorimer Rd</li> <li>• Shoppers Drug Mart #2126; 121 - 4295 Blackcomb Way, RR4</li> <li>• Shoppers Drug Mart #219; 1339 Pemberton Ave</li> <li>• Squamish Pharmacy; 101 - 37989 Cleveland Ave</li> <li>• Walmart Pharmacy #1015 – Squamish; 39210 Discovery Way</li> </ul>
	Sunshine Coast (Gibsons, Sechelt, Pender Harbour)	<ul style="list-style-type: none"> <li>• Howe Sound Pharmacy; 208 - 1100 Sunshine Coast Hwy</li> <li>• London Drugs #61 – Gibsons; 1 - 900 Gibsons Way (Sunnycrest Mall)</li> <li>• Marina Pharmacy; 12887 Madeira Park</li> <li>• Medicine Shoppe #175; 4330 Sunshine Coast Hwy #6</li> <li>• Pharmasave #257; 5663 Cowrie St</li> <li>• Rx Drug Mart IDA; 5740 Teredo St</li> <li>• Suncoast Guardian; 5531 Inlet Ave</li> </ul>
	Powell River	<ul style="list-style-type: none"> <li>• Medicine Shoppe #379; 111-4871 Joyce Ave</li> <li>• Pharmasave #19; 4280 Joyce Ave</li> <li>• Rexall #7136; 4794D Joyce Ave</li> <li>• Safeway Pharmacy #4963; 7040 Barnet St</li> <li>• Save-On Foods; Town Ctr Shopping Mall; 7100 Alberni St</li> </ul>

**BC Community Pharmacy Delivery of COVID-19 Immunization Plan – Stage 1**  
**March 26, 2021**

<b>RHA</b>	<b>Communities</b>	<b>Pharmacies</b>
		<ul style="list-style-type: none"> <li>• Shoppers Drug Mart; 15-7100 Alberni St</li> <li>• Walmart Pharmacy #3072 - Powell River; 23 - 7100 Alberni St</li> </ul>
FHA	Surrey	
	Abbotsford	
	Coquitlam	
	Burnaby	

**Stage 2 Pharmacies:**

This list will be based on highest incidence of COVID-19, risk factors, outbreaks (age of population, chronic disease, proportion at high risk)

<b>Regional Health Authority</b>	<b>Communities</b>	<b>Pharmacies Proposed</b>
VCH		
FHA		
NHA		
VIHA		
IHA		

**From:** [Jack, Kirsty HLTH:EX](#)  
**To:** [Hryciuk, Lorie HLTH:EX](#); ["Daly, Patty \[VCH\]"](#); ["De Villiers, Albert"](#); [XT:HLTH Brodtkin, Elizabeth](#); [XT:Kim, Jong EHS:IN](#); ["cleaver, dennis \[NHA\]"](#); [XT:ODonnell, Maureen HLTH:IN](#); ["Gustafson, Reka \[BCCDC\]"](#); [XT:HLTH Stanwick, Richard](#); [Henry, Bonnie HLTH:EX](#); [XT:Naus, Monika HLTH:IN](#)  
**Cc:** [Sagar, Brian HLTH:EX](#); [Achampong, Bernard HLTH:EX](#); [Robinson, Jonathan M HLTH:EX](#); [Sterloff, Trish HLTH:EX](#); [Emerson, Brian P HLTH:EX](#); [Lavoie, Martin HLTH:EX](#); [Jepsen, Donna HLTH:EX](#)  
**Subject:** FOR INFO: Materials for Public Health Exec Cttee Mtg Mar. 29, 2021  
**Date:** March 29, 2021 11:12:05 AM  
**Attachments:** [Dear Doctor letter VIPIT Mar 29 2021.docx](#)  
[BC Community Pharmacy Delivery of COVID-19 Vaccine Plan DRAFT MAR 29 2021 1030hrs.docx](#)

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Hello,

Please see the attached documents for your reference for today's PHEC meeting March 29, 2021 at 11:30a.m.

Thank you,

Kirsty

Kirsty Jack, MPH

Policy Analyst, Immunizations

Population and Public Health Division

BC Ministry of Health

ph: 250-978-9650

I acknowledge with respect I work and live on the traditional territory of the Lekwungen (Songhees, Esquimalt) and W̱SÁNEĆ peoples



March 29 2021

Dear Doctor

Due to a safety signal identified in Europe following use of the AstraZeneca vaccine, use of both COVISHIELD (Serum Institute of India, distributed in Canada by Verity Pharmaceuticals) and AstraZeneca COVID-19 vaccines in people under 55 years old is being suspended. Instead, those who are eligible to proceed with COVID-19 vaccination will be offered mRNA vaccine, as supplies become more available.

Earlier in March, several European countries held the use of the AstraZeneca COVID-19 vaccine because of case reports of an unusual syndrome of both bleeding and clotting observed in individuals with onset four to 16 days following vaccine receipt with a fatality rate of about 40%. This syndrome is being termed ‘**vaccine-induced prothrombotic immune thrombocytopenia**’ (VIPIT). These events have included thrombi of the cerebral venous sinus (CVST), portal vein, mesenteric arteries, splanchnic vein, pulmonary emboli, and other sites, including at more than one site in any given individual, and events of disseminated intravascular coagulation (DIC). A majority of cases have been in women, but it is not clear whether this preponderance is due to targeted use of the vaccine in health care workers. Most cases have been under 55 years of age. Many of these events have occurred in previously healthy individuals without another cause identified. Current estimates suggest a frequency of about 1 in 100,000 vaccine recipients, but this will continue to be elucidated.

Importantly, a specific constellation of laboratory findings strongly supports a causal relationship to the vaccine, including very low platelet counts, presence of anti-platelet factor 4 (PF4) and heparin antibodies by immunoassay, and confirmatory functional testing of the antibodies’ ability to activate platelets.

Health Canada has updated Section 7 Warnings and Precautions of both [product monographs](#) with information about these events. The [European Medicines Agency](#) and the [UK Medicines and Healthcare Products Regulatory Agency](#) have advised that the benefit of use of the vaccine continue to outweigh the risks, but have advised health care providers and the public about these events and their diagnosis and management. Some countries have modified their immunization programs accordingly.

The Ontario Science Table COVID-19 Advisory has issued [diagnostic and treatment guidelines](#), and these are applicable should any suspect cases be identified in BC. For patients meeting the initial diagnostic criteria, serum and plasma should be referred to the McMaster Platelet Immunology laboratory which is the reference HIT (heparin induced thrombocytopenia) laboratory for Canada, and the only laboratory to perform washed platelet activation assay (serotonin-release assay). Treatment recommendations include **no** heparin, **no** platelet transfusions, and use of direct oral anti-Xa inhibitors for anticoagulation (e.g., rivaroxaban, apixaban, edoxaban) as well as intravenous immunoglobulin, all under the guidance of a hematologist.

An addendum document to the Health File used to support informed consent for [COVID-19 vaccine](#) is being prepared to provide information about this event for those who will continue to receive this vaccine aged 55 years and older. The aftercare form and other information will also be updated to provide advice about signs and symptoms warranting medical attention for those who have or will receive this vaccine; these include prolonged headache beginning 4 or more days after vaccination, blurred vision, difficulty speaking, a seizure, difficulty moving parts of the body, shortness of breath, chest pain, new severe swelling, pain or colour change of an arm or a leg, persistent abdominal pain, or abnormal bruising, reddish or purple spots or blood blisters under the skin, or bleeding beyond site of vaccination. Individuals who experience these symptoms in the interval 4 to 20 days after vaccination are urged to seek medical attention should these events occur, and inform the clinician about their vaccination history.

In addition to timely diagnosis and management, clinicians who identify vaccine recipients with these events should report such cases to the adverse events following immunization system in BC.

**From:** [Hrycuik, Lorie HLTH:EX](#)  
**To:** ["Penny.Ballem@vch.ca";](#) [Brown, Stephen R HLTH:EX](#); [Pokorny, Peter HLTH:EX](#); [Henry, Bonnie HLTH:EX](#)  
**Cc:** [Moulton, Holly HLTH:EX](#)  
**Subject:** RE: DBN - recommendations for deployment of AstraZenaca  
**Date:** March 29, 2021 8:05:52 PM  
**Attachments:** [Pro Gen MO DBN - Pharmacy Delivery Options for AstraZenaca - 2021 Mar 29.docx](#)  
[Appendix A - Common Messaging Use of AZ Final .docx](#)

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Please use this version as it references the common messaging that has been developed to promote the safety of AstraZenaca.

Lorie Hrycuik  
Executive Lead, Population & Public Health Division  
Ministry of Health  
Phone: (778) 974-3766 | [Lorie.Hrycuik@gov.bc.ca](mailto:Lorie.Hrycuik@gov.bc.ca)

---

**From:** Hrycuik, Lorie HLTH:EX  
**Sent:** March 29, 2021 7:56 PM  
**To:** 'Penny.Ballem@vch.ca'; [Brown, Stephen R HLTH:EX](#); [Pokorny, Peter HLTH:EX](#); [Henry, Bonnie HLTH:EX](#)  
**Cc:** [Moulton, Holly HLTH:EX](#)

**Subject:** DBN - recommendations for deployment of AstraZenaca

Attached is a decision note with recommendations for Minister Dix's consideration on the redeployment of AstraZenaca doses for use before end of day Friday April 2, 2021.

Please note there is no cliff # associated with the note.

Lorie  
Lorie Hrycuik  
Executive Lead, Population & Public Health Division  
Ministry of Health  
Phone: (778) 974-3766  
Cell: (250) 415-9284

**MINISTRY OF HEALTH  
INFORMATION BRIEFING NOTE**

**Cliff #**

**PREPARED FOR:** Honourable Adrian Dix, Minister - **FOR DECISION**

**TITLE:** Deployment of 14,000 AstraZenaca Doses

**PURPOSE:** Provide recommendations for the deployment of AstraZenaca doses to advance the Provincial Immunization Strategy.

**BACKGROUND:**

- There are currently 32,000 doses of our first shipment of Astra Zeneca/COVISHIELD COVID-19 vaccine which have not yet been administered to prioritized front line workers.
- There are 14,000 of these units that have an expiry date of Friday April 2, 2021.
- An announcement by Health Canada today recommended a pause in the use of the vaccine for anyone under 55 years of age pending further science on a rare thrombotic risk (VIPIT Virus/Vaccine Induced Prothrombotic Immune Thrombocytopenia) of this vaccine in younger adults, particularly women.
- Approximately 310,000 doses of COVISHIELD vaccine have been given in Canada at this time with no episodes of VIPIT reported in Canada to date.
- There is an opportunity to utilize the AstraZenaca/COVISHIELD doses that were targeted for front line workers to be redeployed to advance the age cohort strategy, focusing those at lower risk for VIPIT.
- The vaccine is effective and should still be offered to those over age 55 given the increased risk of hospitalization and death due to COVID in this age group and the rare occurrence of VIPIT in this age group.
- Discussions have been held with the Ministry of Health (MoH), BC Pharmacy Association (BCPhA), BC Centre for Disease Control (BCCDC), and the CEO's of Vancouver Coastal Health Authority (VCH) and Fraser Health Authority (FHA) to inform the proposed options and all are in agreement with the final recommendations.

**DISCUSSION:**

- s.13
- The second option is to quickly mobilize pharmacies to administer these COVID-19 vaccines given their success in delivering approximately 75 per cent of the influenza vaccines during the past influenza campaign in a very short time frame.
- It is expected and will be confirmed that given these pharmacies have delivered influenza vaccines and that they will have all the requirements in place to deliver COVID-19 vaccines:
  - Three hour BCCDC training for pharmacists,
  - Appointment scheduling,
  - Cold chain management standards of practice,

- Physical distancing of clients,
- Management of informed consent process,
- Administration of vaccines,
- Management of post care, and
- the reporting of adverse events from immunizations (AEFI).
- The priority geographic area proposed is the lower mainland pharmacies where COVID-19 cases continue to the highest across the province, starting with VCH.
- The proposed target group is the age cohort of 55 to 65 years of age providing an age-based incentive for those in this age group to be vaccinated before their age-cohort through the mRNA mass vaccination program (estimated at 120,00 in VCH in this age cohort).
- The population within this age group in the lower mainland is approximately 355 thousand.
- A further 218,000 units will be available for use in BC by next week according to National Operating Centre documentation.
- At this time, the BCPhA is engaged with MoH and Immunization BC and is agreeable to moving quickly to disseminate these units and support the pharmacies to administer the doses by end of day Friday April 2 2021.
- BCCDC will be responsible for distributing through the pharmacy distribution networks, the vaccine, the recommended personal protective equipment, and other vaccine supplies (e.g. syringes, alcohol swabs, etc.).
- OneWrite forms will be utilized to ensure reporting of vaccine administration by pharmacies, (Pharmanet changes not yet complete for documentation).
- One copy of OneWrite will be given to the patient; the second copy to the pharmacist and the third copy will be used for data entry into the Provincial Immunization Registry by the BCCDC and Provincial Health Services Authority for daily vaccine reporting.
- The distribution of vaccines will be ready for transfer to designated pharmacies on Tuesday morning March 30, 2021 if this option is supported.
- The BCPhA will actively work with pharmacies to ensure use of the vaccine over the short timeframe from now until the end of day Friday.
- Communication on the safety of AstraZenaca for the target age group will be important to support uptake (see Appendix A).

#### **RECOMMENDATIONS:**

- Distribute the first 14,000 doses of AstraZenaca/COVISHIELD to pharmacies who routinely administer the annual influenza campaign.
- Target the pharmacies in the lower mainland where cases of COVID-19 continue to be the highest in the province.
- Target the 55 to 65 year cohort as an incentive opportunity to receive early vaccine.
- Pharmacies will report daily administration of doses and vaccine inventory to BCCDC/Immunize BC.

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Approved/Not Approved

---

Date Signed

Honourable Adrian Dix  
Minister of Health

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**Date:** March 29, 2021

**Key messages for the Council of Chief Medical Officers of Health  
Use of AstraZeneca COVID-19 vaccine in younger adults**

- As Chief Medical Officers of Health, the health and safety of everyone in Canada is our top priority and we take vaccine safety very seriously.
- In Canada, there are mechanisms to investigate and share reports of serious adverse events following COVID-19 vaccination to determine if they are causally linked to COVID-19 vaccines.
- On March 24, Health Canada issued a label change and guidance on the AstraZeneca COVID-19 vaccine, following European reports of rare but serious cases of blood clots associated with low levels of blood platelets following immunization with the AstraZeneca vaccine.
- Health Canada has issued additional terms and conditions requiring AstraZeneca manufacturers to conduct a detailed assessment of the benefits and risks of the vaccine by age and gender in the Canadian context. This information, along with further international evidence, will be used to determine if additional regulatory actions are necessary.
- In the interim, Canada's National Advisory Committee on Immunization (NACI) is recommending an immediate pause in the use of the AstraZeneca vaccine in all individuals less than 55 years of age in Canada.
- In line with this recommendation, and as a precautionary measure, Chief Medical Officers of Health and our respective province are collectively taking action to pause the use of AstraZeneca vaccine in Canada in those under age 55 at this time.
- To-date, there have been no vaccine-induced pro-thrombotic immune thrombocytopenia (VIPIT) adverse events reported in Canada and AstraZeneca vaccine has not yet been used in large numbers in Canada.
- It is important to note that the outcome of VIPIT can be serious but it can be treated if diagnosed early.
- Individuals who have been vaccinated with AstraZeneca in the last 20 days, and anyone vaccinated with the AstraZeneca vaccine going forward, should monitor for symptoms and seek immediate medical attention in the unlikely event that they develop: shortness of breath, chest pain, leg swelling, persistent abdominal pain, sudden onset of severe or persistent worsening headaches or blurred vision, and skin bruising (other than at the site of vaccination).
- We are responding to this safety signal with the information we have at this time and we will be reviewing new information to inform any changes in our position in the days ahead. We will keep you informed as new information becomes available, and will not hesitate to take action as necessary.

**Questions and Answers**

**Q1. How many doses were given in Canada?**

As of March 20, 2021, 309,462 doses of COVISHIELD (a version of the AstraZeneca vaccine manufactured by Verity Pharmaceuticals and the Serum Institute of India) have been administered in Canada.

**Q2. Are there safety signals for AstraZeneca in Canada? Have there been safety signals for other vaccines?**

There have been no reports of these very rare blood clotting events with low platelets in Canada. However, there have been reports in Europe of blood clots associated with low levels of blood platelets (thrombocytopenia) following vaccination with the AstraZeneca COVID-19 vaccine.

Once a vaccine is in use, Canada has a comprehensive vaccine safety monitoring system to alert public health authorities to changing trends or unusual adverse events not previously reported. These alerts trigger expert medical reviews, which are conducted on all serious adverse events to identify any safety concerns and respond to these quickly and appropriately. Together, this system, referred to as "post-market surveillance", is an essential part of the Government of Canada's ongoing monitoring to ensure the continued quality, safety and effectiveness of all vaccines and other health products that are in use in Canada.

In Canada, there are also mechanisms to investigate and share reports of serious adverse events following COVID-19 vaccination to determine if they are causally linked to COVID-19 vaccines. NACI's recommendation and the decision by the Council of Chief Medical Officers of Health to pause the use of the AstraZeneca vaccine in all individuals less than 55 years of age in Canada, following recently reported events out of Europe, is an example of this in action.

**Q3. If I received my first dose of the AstraZeneca vaccine, should I follow through with my second dose, or should the vaccine series be completed with an mRNA vaccine?**

Decisions on the type of second dose that will be offered to those who have been vaccinated with AstraZeneca will be determined based on the latest evidence and research.

NACI will continue to review evidence as it emerges, including evidence on mixed COVID-19 vaccine schedules, to provide advice to public health programs on the potential for completing the vaccine series with other vaccine products. For now, you do not need a second dose for up to 16 weeks from your first dose.

**Q4. What is Vaccine-Induced Prothrombotic Immune Thrombocytopenia (VIPIT)? Is there a test, treatment? Any risk factors?**

The United Kingdom, European Union, and Scandinavian countries have reported rare cases of serious blood clots, including blood clots in the brain following the AstraZeneca COVID-19 vaccine. The cases of these blood clots reported to date have two important features: the majority have occurred between 7-14 days after vaccination, and they are associated with low platelets (tiny blood cells that help form



blood clots to stop bleeding). This rare adverse event is being referred to as “Vaccine-Induced Prothrombotic Immune Thrombocytopenia” (VIPIT). VIPIT seems to be rare, occurring in anywhere from 1 in every 100,000 to 1 in 1 million people.

Based on what we know to date, for those individuals who have already been vaccinated with AstraZeneca more than 20 days ago, there is no cause for concern. For those who have been vaccinated with AstraZeneca less than 20 days ago, you should seek immediate medical attention in the unlikely event that you develop symptoms starting a few days or more after vaccination, such as: shortness of breath, chest pain, leg swelling, persistent abdominal pain, sudden onset of severe or persistent worsening headaches or blurred vision, and skin bruising (other than at the site of vaccination). Decisions on the type of second dose that will be offered to those who have been vaccinated with AstraZeneca will be determined by provincial and territorial health systems, based on the latest evidence and research.

At this time, no risk factors have consistently been identified in patients who develop VIPIT. This adverse event has not been identified following receipt of mRNA COVID-19 vaccines.

**Q5. What if I just got the vaccine, should I be worrying? What are the symptoms?**

The expected rate of VIPIT following receipt of AstraZeneca vaccine is not yet known, due to ongoing investigations and monitoring. However, based on cases identified to date in Europe, VIPIT seems to be very rare, and has been reported to occur in anywhere from 1 in 100,000 to 1 in 1,000,000 cases per persons vaccinated.

People who have been vaccinated with AstraZeneca less than 20 days ago should seek immediate medical attention in the rare event that they develop symptoms starting a few days or more after vaccination, such as:

- shortness of breath;
- chest pain;
- leg swelling;
- persistent abdominal pain;
- sudden onset of severe or persistent worsening headaches or blurred vision, and
- skin bruising (other than at the site of vaccination).

**Q6. How quickly were provinces and territories informed? When will this change come into effect in jurisdictions?**

The Council of Chief Medical Officers of Health (CCMOH) includes the Chief Medical Officer of Health from each provincial and territorial jurisdiction, Canada's Chief Public Health Officer, the Chief Medical Advisor of Health Canada, the Chief Medical Officer of Public Health of Indigenous Services Canada, the Chief Medical Officer from the First Nations Health Authority, and ex-officio members from other federal government departments.

Given new scientific evidence from haematology/thrombosis experts and further cases of blood clotting and low platelets being reported in Europe, CCMOH members met over March 27 and 28 to discuss population-based analyses of VIPIT in comparison to the risk of COVID-19 by age in the context of what is known at this time. CCMOH came to consensus in support of the NACI recommendation and the need

for a precautionary measure to pause use of AZ vaccine in those under age 55 years pending further information gathering and risk/benefit analysis.

Chief Medical Officers of Health are aligned and working closely together to review and act on the latest evidence on safety and effectiveness of COVID-19 vaccines.

**Q7. What data prompted NACI's Rapid Response recommendation?**

Rare cases of serious blood clots associated with thrombocytopenia and thrombosis, including cerebral venous sinus thrombosis (blood clots in the brain), have been recently reported in Europe use of AstraZeneca COVID-19 vaccine. Cases identified so far have been primarily in women under the age of 55 years.

The rate was originally estimated at approximately 1 per 1,000,000 on March 19, 2021 by the European Medicines Agency (EMA). However, additional cases have been identified in Europe and the United Kingdom since that time, making it difficult to precisely identify the rate. Based on cases identified to date in Europe, the rate of VIPIT could be in the magnitude of 1 case in 100,000 to 1 in 1,000,000 persons vaccinated.

A number of factors and evidence were considered by the Council of Chief Medical Officers of Health regarding use of AZ vaccine including: population-based analyses of VIPIT and risk assessment of COVID-19 disease by age based on what is known at this time, and considering that alternate products are available (i.e., mRNA vaccines). There is substantial uncertainty about the benefit of providing AstraZeneca COVID-19 vaccine to adults under 55 years of age given the potential risks associated with VIPIT, particularly at the lower estimated rates. As a precautionary measure, while Health Canada carries out an updated benefit/risk analysis based on emerging data, NACI recommends that the AstraZeneca vaccine not be offered to adults under the age of 55.

**Q8. Why is NACI recommending that older adults over the age of 55 may still be offered the AstraZeneca vaccine?**

Adults 55 years of age and older may still be offered the AstraZeneca vaccine, given the increased risk of hospitalization and death due to COVID-19 disease in this population and since VIPIT appears to be a rarer event in this age group based on reported cases to date.

Anyone receiving the AstraZeneca COVID-19 vaccine should be informed of this potential adverse event and advised to seek immediate medical attention if they develop symptoms of thromboembolism, and especially signs of thrombocytopenia and cerebral blood clots, such as easy bruising or bleeding, and persistent or severe headache between days 4 to 20 after receipt of vaccine.

**Q9. NACI originally recommended that the AstraZeneca vaccine should not be used in older adults over the age of 65. Why is NACI now recommending that the vaccine may be used in older adults over 55, but should not be used in younger adults under the age of 55?**

NACI made its original recommendation based on available evidence of the vaccine efficacy in those 65 years of age and over at the time. At that time Phase 3 clinical trials of the AstraZeneca vaccine had an insufficient number of participants over 65 years of age that contracted COVID-19 to determine the efficacy of the vaccine in this age group. However, since NACI's original recommendation further studies were published showing safety and effectiveness in the older adult population and there are no concerns about safety of the AstraZeneca vaccine among this population at this time.

NACI's update that the AstraZeneca vaccine should be paused for younger adults at this time is based on rare cases of serious blood clots associated with thrombocytopenia, including cerebral venous sinus thrombosis, having been recently reported in Europe following post-licensure use of AstraZeneca COVID-19 vaccine. Cases identified so far have been primarily in women under the age of 55 years.

However, while vaccine supply is limited, NACI continues to recommend that initial doses of mRNA vaccines (Pfizer-BioNTech and Moderna) should be prioritized for key populations listed in NACI's [guidance on the prioritization of key populations for COVID-19 immunization](#), especially those at highest risk of severe illness and death and highest risk of exposure to COVID-19.

**Q10. Will this update delay Canada's vaccine timelines?**

Canada is on track to receive sufficient COVID-19 vaccine doses for every eligible person in Canada who wants one by September 2021. Given that the AstraZeneca vaccine doses make up a small portion of the total cumulative doses expected in Canada by the end of Q3, COVID-19 vaccinations will not be significantly delayed without using AstraZeneca COVID-19 vaccine in adults under 55.

**From:** Penny Ballem  
**To:** Youngs, Kirsten R GCPE:EX; Henry, Bonnie HLTH:EX  
**Cc:** Pokorny, Peter HLTH:EX; Grieve, Chandler GCPE:EX  
**Subject:** Re: For UPDATED: BC Gov News - Immunize BC, pharmacists move up vaccines for ages 55-65 on Lower Mainland  
**Date:** March 30, 2021 10:24:19 PM

---

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Fine and got it

Penny Ballem MD FRCP FCAHS  
Mobile 604-551-1477

---

**From:** Youngs, Kirsten R GCPE:EX  
**Sent:** Tuesday, March 30, 2021 6:31:16 PM  
**To:** XT:Ballem, Penny HLTH:IN ; Henry, Bonnie HLTH:EX  
**Cc:** Pokorny, Peter HLTH:EX ; Grieve, Chandler GCPE:EX  
**Subject:** For UPDATED: BC Gov News - Immunize BC, pharmacists move up vaccines for ages 55-65 on Lower Mainland

Dr. Ballem, ok with you to slightly change the NR language? Pharmacies are getting inundated with calls (I guess a good thing!) Hoping the full list can be hosted on the BCPhA website, tomorrow.

New language (note we can also change to April 1, if the AZ delivery is delayed):

Beginning March 31, 2021, those aged 55 to 65 may call their local, **PARTICIPATING** pharmacy and book an appointment to receive their vaccine. **A list of participating pharmacies will be available online soon.** Drop-in service may be an option at the more than 150 participating pharmacies. People must bring their personal health number, which is found on their BC Services Card or CareCard.

---

**From:** Brown, Libby [PHSA]  
**Sent:** March 30, 2021 6:19 PM  
**To:** Youngs, Kirsten R GCPE:EX  
**Subject:** FW: BC Gov News - Immunize BC, pharmacists move up vaccines for ages 55-65 on Lower Mainland

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Hey there

You must be getting questions too – were the pharmacies informed ahead of time that they can book people tomorrow? We have lots of chatter that says they seem unaware?

Libby Brown

Communications & Stakeholder Engagement  
c. 604-861-8079

For Immediate Release  
2021HLTH0061-000595  
March 30, 2021

Ministry of Health

## NEWS RELEASE

Immunize BC, pharmacists move up vaccines for ages 55-65 on Lower Mainland

VANCOUVER - A partnership between Immunize BC and community pharmacists to make the COVID-19 AstraZeneca/COVISHIELD vaccine available to those aged 55 to 65 living on the Lower Mainland is ready to launch on Wednesday, March 31.

"We're moving ahead with our immunization plan and delivering on our promise to British Columbians to move as quickly as possible, and as safely as possible, to get them the vaccines that they have been waiting patiently for," said Adrian Dix, Minister of Health.

To help combat high numbers of COVID-19 cases in the Lower Mainland, Immunize BC is partnering with community pharmacies in the Vancouver Coastal and Fraser health regions to provide vaccinations ahead of B.C.'s COVID-19 Immunization Plan's age-based schedule.

"The AstraZeneca/COVISHIELD vaccine is another important tool in our immunization program to get us past this surge of COVID-19 cases. We know from the millions of doses used worldwide, and especially in the U.K., it is highly effective and the benefits to those over age 55 far outweigh the very real risks of getting COVID-19," said Dr. Bonnie Henry, B.C.'s provincial health officer. "I encourage everyone in the Lower Mainland who is between 55 and 65 years of age to receive their safe and effective COVID-19 vaccine today."

Beginning March 31, 2021, those aged 55 to 65 may call their local, **PARTICIPATING** pharmacy and book an appointment to receive their vaccine. **A list of participating pharmacies will be available online soon.** Drop-in service may be an option at the more than 150 participating pharmacies. People must bring their personal health number, which is found on their BC Services Card or CareCard.

"Since the approval of the AstraZeneca/COVISHIELD vaccine, the first fridge-stable vaccine available in Canada, we have been planning this partnership with our community pharmacy sector," said Dr. Penny Ballem, executive lead of B.C.'s COVID-19 Immunization Program. "This initial phase is an exciting start to our ongoing work together, which will distribute the 300,000 anticipated doses of this vaccine to the whole province."

"Pharmacies are ready to help stop the spread of COVID-19 in B.C. by beginning to offer vaccinations by local pharmacists near where people live," said Annette Robinson, president, BC Pharmacy Association. "Pharmacists have done vaccinations since 2009 and safely delivered more than 1 million flu shots to British Columbians this past flu season."

On March 29, 2021, the National Advisory Committee on Immunization recommended a pause in the use of the AstraZeneca/COVISHIELD vaccine in all people under 55 years of age in Canada until more information is available on the rare events of blood clots seen in some countries in Europe. There is now an opportunity to use AstraZeneca doses available in B.C. to focus on those whose risk of COVID-19 is higher and to give them protection sooner.

Learn More:

To learn more about the AstraZeneca/COVISHIELD vaccine, visit:

[www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/monitoring-vaccine-uptake-safety-and-effectiveness/#55plus](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/monitoring-vaccine-uptake-safety-and-effectiveness/#55plus)

To learn about B.C.'s COVID-19 Immunization Plan, visit: [www.gov.bc.ca/bcseniorsfirst](http://www.gov.bc.ca/bcseniorsfirst)  
And: [www.gov.bc.ca/covidvaccine](http://www.gov.bc.ca/covidvaccine)

For technical immunization information, visit the BC Centre for Disease Control's website:  
[www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine)

For more information on what to expect when you go to get vaccinated for COVID-19, visit:  
[www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/getting-a-vaccine](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/getting-a-vaccine)

Contact:

Ministry of Health  
Communications  
250 952-1887 (media line)

**\_\_READ MORE**

Government Operations, Health

**From:** [Massey, Keren L HLTH:EX](#)  
**To:** [Craig, Ken EMBC:EX](#)  
**Subject:** notes from this morning  
**Date:** March 31, 2021 1:40:11 PM  
**Attachments:** [Document1.docx](#)

---

Hi, Ken

Here are my notes from this morning.

Thanks!

Keren

# 31 March Update

March 31, 2021

10:00 AM

## A. Epidemiological Update

<https://experience.arcgis.com/experience/a6f23959a8b14bfa989e3cda29297ded>

### 1. *Seven Day Moving Case Average*

- Mid-December: 684
- Early January: 540
- Late January: 469
- Early February: 449
- Late February: 416
- Early March: 505
- Late March: 825

### 2. *Hospitalizations*

- Hospitalized: 312
- Critical Care Numbers: 78.

### 3. *Active Cases*

7,062

### 4. *Test Positivity*

Provincially 9.8, but high as 16.5 in NHA.

### 5. *Variants*

2,553 confirmed cases caused by variants. This is up from 1,581 on March 24.

BCCDC is continuing to complete Epidemiological SitRep on their website - last one issued 24

March. [http://www.bccdc.ca/Health-Info-](http://www.bccdc.ca/Health-Info-Site/Documents/COVID_sitrep/Week_10_2021_BC_COVID-19_Situation_Report.pdf)

[Site/Documents/COVID\\_sitrep/Week\\_10\\_2021\\_BC\\_COVID-19\\_Situation\\_Report.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/COVID_sitrep/Week_10_2021_BC_COVID-19_Situation_Report.pdf)

## B. Orders of the Provincial Health Officer

New orders announced on Monday, March 29, which included:

- No indoor dining
- Closure of indoor group fitness
- Pause on variance for religious services
- Closure of the Whistler Blackcomb resort

Final, published orders can be found here: <https://www2.gov.bc.ca/gov/content/covid-19/info/restrictions>



## C. Vaccine Roll Out

### 1. *Current Status:*

- Statistics: Total doses administered to date is 724,193
- Remain in Phase 2 - High Risk Population
  - Age Based Approach with Pfizer and Moderna
  - Extremely clinically vulnerable
  - Priority front-line workers
  - Outbreak response/prevention, e.g. vaccination of the entire community of Prince Rupert, vaccination of Surrey teachers

By the end of this week we will have administered 14,000 to individuals aged 55-65 of the COVIDSHIELD vaccine through pharmacies in the lower mainland

### 2. *Vaccines Supply*

#### **Receiving/Received Week of March 29:**

- Pfizer: 162,630
- Moderna: 78,400
- AZ (USA): 203,800

#### **Anticipated Week of April 5**

- Pfizer: 138,060
- Moderna: 105,900
- AZ (COVAX): 42,900

**From:** [Gustafson, Reka \[BCCDC\]](#)  
**To:** [Wilson, Julie \[PHSA\]](#); [Sinclair, Jim \[BCCDC\]](#); [Dion, Stephanie \[BCCDC\]](#); [Kerry Kilbey](#); [Susan Lewis](#); [Smith, Amanda \[PHSA\]](#); [Fukumoto, Emily \[PHSA\]](#); [Massey, Keren I. HLTH:EX](#); [Carroll, Jonathan C HLTH:EX](#); [Quigley, Lara HLTH:EX](#); [Galt, Jamie HLTH:EX](#); [Delorme, Gerry \(PHSA\) \[VIHA\]](#); [Liu, Victor \[PHSA\]](#); [Pedersen, Heather \[BCCDC\]](#)  
**Cc:** [Hassam, Noorjean \[BCCDC\]](#)  
**Subject:** RE: Thank you  
**Date:** March 31, 2021 10:46:41 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)

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Thank you everyone for your amazing work.

**Dr. Réka Gustafson MD FRCPC**

Vice President, Public Health and Wellness, PHSA & Deputy Provincial Health Officer  
Provincial Health Services Authority

---

**From:** Wilson, Julie [PHSA] <[Julie.Wilson@hssbc.ca](mailto:Julie.Wilson@hssbc.ca)>  
**Sent:** Wednesday, March 31, 2021 7:52 AM  
**To:** Sinclair, Jim [BCCDC] <[Jim.Sinclair@bccdc.ca](mailto:Jim.Sinclair@bccdc.ca)>; Dion, Stephanie [BCCDC] <[Stephanie.Dion@bccdc.ca](mailto:Stephanie.Dion@bccdc.ca)>; Kerry Kilbey <[kkilbey@bristolmgmt.com](mailto:kkilbey@bristolmgmt.com)>; Susan Lewis <[susan@lewisears.com](mailto:susan@lewisears.com)>; Smith, Amanda [PHSA] <[Amanda.Smith@phsa.ca](mailto:Amanda.Smith@phsa.ca)>; Fukumoto, Emily [PHSA] <[emily.fukumoto@phsa.ca](mailto:emily.fukumoto@phsa.ca)>; Keren Massey (<[keren.massey@gov.bc.ca](mailto:keren.massey@gov.bc.ca)> <[keren.massey@gov.bc.ca](mailto:keren.massey@gov.bc.ca)>; Carroll, Jonathan C HLTH:EX <[Jonathan.Carroll@gov.bc.ca](mailto:Jonathan.Carroll@gov.bc.ca)>; Quigley, Lara HLTH:EX <[Lara.Quigley@gov.bc.ca](mailto:Lara.Quigley@gov.bc.ca)>; Galt, Jamie [EXT] <[Jamie.Galt@gov.bc.ca](mailto:Jamie.Galt@gov.bc.ca)>; Delorme, Gerry (PHSA) [VIHA] <[Gerry.Delorme@VIHA.CA](mailto:Gerry.Delorme@VIHA.CA)>; Liu, Victor [PHSA] <[Victor.Liu@phsa.ca](mailto:Victor.Liu@phsa.ca)>; Pedersen, Heather [BCCDC] <[heather.pedersen@bccdc.ca](mailto:heather.pedersen@bccdc.ca)>  
**Cc:** Hassam, Noorjean [BCCDC] <[Nhassam@bccdc.ca](mailto:Nhassam@bccdc.ca)>; Gustafson, Reka [BCCDC] <[reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca)>  
**Subject:** FW: Thank you

Good Morning,

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Jim is shipping vaccine this morning, and I just heard on the radio that the available appointments are already booked solid! 😊

I am grateful to be part of this team!

Thank you!

Julie

**Julie Wilson**

Vaccine Logistics, BC CDC  
Provincial Health Services Authority

Phone: 604-297- 9405| Mobile: 604-614-0642

---

**From:** Byres, David [PHSA] <[David.Byres@phsa.ca](mailto:David.Byres@phsa.ca)>  
**Sent:** Wednesday, March 31, 2021 7:14 AM  
**To:** Wilson, Julie [PHSA] <[Julie.Wilson@hssbc.ca](mailto:Julie.Wilson@hssbc.ca)>  
**Cc:** Cooper, Todd [PHSA] <[todd.cooper@phsa.ca](mailto:todd.cooper@phsa.ca)>; MacNair, Scott [PHSA] <[Scott.MacNair@phsa.ca](mailto:Scott.MacNair@phsa.ca)>; Cerna, Carolina [PHSA] <[carolina.cerna@phsa.ca](mailto:carolina.cerna@phsa.ca)>  
**Subject:** Thank you

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**David Byres RN, DNP, FCAN, CHE**

Interim President & CEO  
Provincial Health Services Authority

Office: #200 – 1333 West Broadway, Vancouver, BC V6H 4C1

Email: [david.byres@phsa.ca](mailto:david.byres@phsa.ca) | [www.phsa.ca](http://www.phsa.ca) | [jobs.phsa.ca](http://jobs.phsa.ca)

Executive Assistant: [Carolina Cerna](#)

I acknowledge with gratitude that I live and work on the traditional, ancestral and unceded territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ (Tseil-Waututh) Nations.

**From:** [Gustafson, Reka \[BCCDC\]](#)  
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**Cc:** Hassam, Noorjean [BCCDC] <[Nhassam@bccdc.ca](mailto:Nhassam@bccdc.ca)>; Gustafson, Reka [BCCDC] <[reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca)>  
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Vaccine Logistics, BC CDC  
Provincial Health Services Authority

Phone: 604-297- 9405| Mobile: 604-614-0642

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**To:** Wilson, Julie [PHSA] <[Julie.Wilson@hssbc.ca](mailto:Julie.Wilson@hssbc.ca)>  
**Cc:** Cooper, Todd [PHSA] <[todd.cooper@phsa.ca](mailto:todd.cooper@phsa.ca)>; MacNair, Scott [PHSA] <[Scott.MacNair@phsa.ca](mailto:Scott.MacNair@phsa.ca)>; Cerna, Carolina [PHSA] <[carolina.cerna@phsa.ca](mailto:carolina.cerna@phsa.ca)>  
**Subject:** Thank you

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Executive Assistant: [Carolina Cerna](#)

I acknowledge with gratitude that I live and work on the traditional, ancestral and unceded territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ (Tseil-Waututh) Nations.

**From:** [Ann Johnston \(BCPhA\)](#)  
**To:** [Massey, Keren L HLTH:EX](#); [Wilson, Julie \[PHSA\]](#); [Lindsay, Warren \[PHSA\]](#)  
**Cc:** [Susan Lewis](#); [Kerry Kilbey](#); [Bryce Wong \(BCPhA\)](#)  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting  
**Date:** March 30, 2021 4:25:00 PM  
**Attachments:** [image001.png](#)

---

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Perfect, thanks Keren for confirming.

**From:** Massey, Keren L HLTH:EX <Keren.Massey@gov.bc.ca>  
**Sent:** March 30, 2021 4:23 PM  
**To:** Ann Johnston (BCPhA) <Ann.Johnston@bcpharmacy.ca>; Wilson, Julie [PHSA] <Julie.Wilson@hssbc.ca>; Lindsay, Warren [PHSA] <warren.lindsay@phsa.ca>  
**Cc:** Susan Lewis <susan@lewissears.com>; Kerry Kilbey <kkilbey@bristolmgmt.com>  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting

Hi, Ann

If pharmacies are receiving vaccine from a wholesaler, and not directly from the vaccine manufacturer, then that would fall under scenario 2.

Thanks!

Keren

**From:** Ann Johnston (BCPhA) <[Ann.Johnston@bcpharmacy.ca](mailto:Ann.Johnston@bcpharmacy.ca)>  
**Sent:** March 30, 2021 4:12 PM  
**To:** Massey, Keren L HLTH:EX <[Keren.Massey@gov.bc.ca](mailto:Keren.Massey@gov.bc.ca)>; Wilson, Julie [PHSA] <[Julie.Wilson@hssbc.ca](mailto:Julie.Wilson@hssbc.ca)>; Lindsay, Warren [PHSA] <[warren.lindsay@phsa.ca](mailto:warren.lindsay@phsa.ca)>  
**Cc:** Susan Lewis <[susan@lewissears.com](mailto:susan@lewissears.com)>; Kerry Kilbey <[kkilbey@bristolmgmt.com](mailto:kkilbey@bristolmgmt.com)>  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting

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Thanks so much Keren.

COVISHIELD doses will be shipped to several pharmacy wholesaler distributors (e.g. McKesson), which will then ship allocated doses to selected pharmacies to use for immunization on-site. In the event of a temperature excursion upon receipt at the pharmacy, would pharmacies follow scenario 2?

Thanks,

Ann

---

**From:** Massey, Keren L HLTH:EX <[Keren.Massey@gov.bc.ca](mailto:Keren.Massey@gov.bc.ca)>  
**Sent:** March 30, 2021 3:02 PM  
**To:** Ann Johnston (BCPhA) <[Ann.Johnston@bcpharmacy.ca](mailto:Ann.Johnston@bcpharmacy.ca)>; Wilson, Julie [PHSA] <[Julie.Wilson@hssbc.ca](mailto:Julie.Wilson@hssbc.ca)>; Lindsay, Warren [PHSA] <[warren.lindsay@phsa.ca](mailto:warren.lindsay@phsa.ca)>  
**Cc:** Susan Lewis <[susan@lewisears.com](mailto:susan@lewisears.com)>; Kerry Kilbey <[kkilbey@bristolmgmt.com](mailto:kkilbey@bristolmgmt.com)>  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting

Good afternoon, everyone.

Please find attached the current standard operating procedure for cold chain incident management. Please note that there are two processes - one for CCI's which occur when the vaccine is in the custody of the manufacturer and on route to a primary delivery location, and one for CCI's which occur when the vaccine is in the custody of the province.

In both scenarios, IBCOC is contacted ASAP for purposes of situational awareness and onward reporting to the NOC. IBCOC cannot give advice on vaccine usability. For advice on vaccines affected by a CCI, sites should follow the processes outlined in the attached document.

Please let me know if you have any questions!

**Keren Massey**  
**A/Director – Emergency Management Unit**  
**BC Ministry of Health**  
Work: 1(250)952-1929 Cell: 1(250)213-5427

**If this is an emergency, please contact our 24/7 Duty Officer at 250-686-6061 or [hlth.dutyofficer@gov.bc.ca](mailto:hlth.dutyofficer@gov.bc.ca)**

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*I respectfully acknowledge the unceded territories of the Songhees, Esquimalt and WSÁNEC peoples'.*

---

**From:** Ann Johnston (BCPhA) <[Ann.Johnston@bcpharmacy.ca](mailto:Ann.Johnston@bcpharmacy.ca)>  
**Sent:** March 30, 2021 2:37 PM  
**To:** Wilson, Julie [PHSA] <[Julie.Wilson@hssbc.ca](mailto:Julie.Wilson@hssbc.ca)>; Massey, Keren L HLTH:EX <[Keren.Massey@gov.bc.ca](mailto:Keren.Massey@gov.bc.ca)>; Lindsay, Warren [PHSA] <[warren.lindsay@phsa.ca](mailto:warren.lindsay@phsa.ca)>  
**Cc:** Susan Lewis <[susan@lewisears.com](mailto:susan@lewisears.com)>; Kerry Kilbey <[kkilbey@bristolmgmt.com](mailto:kkilbey@bristolmgmt.com)>  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting

---

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thanks so much Julie for the connection.

Hi Warren and Keren, please kindly see request below.

Thanks in advance

Ann

---

**From:** Wilson, Julie [PHSA] <[Julie.Wilson@hssbc.ca](mailto:Julie.Wilson@hssbc.ca)>  
**Sent:** March 30, 2021 2:34 PM  
**To:** Ann Johnston (BCPhA) <[Ann.Johnston@bcpharmacy.ca](mailto:Ann.Johnston@bcpharmacy.ca)>; Keren Massey (<[keren.massey@gov.bc.ca](mailto:keren.massey@gov.bc.ca)> <[keren.massey@gov.bc.ca](mailto:keren.massey@gov.bc.ca)>; Lindsay, Warren [PHSA] <[warren.lindsay@phsa.ca](mailto:warren.lindsay@phsa.ca)>  
**Cc:** Susan Lewis <[susan@lewissears.com](mailto:susan@lewissears.com)>; Kerry Kilbey <[kkilbey@bristolmgmt.com](mailto:kkilbey@bristolmgmt.com)>  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting

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Also, Keren Massey, who has the documentation that outlines the expectations from the NOC and how we manage reporting.

Thanks,  
Julie

**Julie Wilson**  
Vaccine Logistics, BC CDC  
Provincial Health Services Authority

Phone: 604-297- 9405| Mobile: 604-614-0642

---

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**Subject:** list of supplies/ PPE and cold chain incident reporting

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---

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1. Please can you provide a list of the vaccine supplies and PPE (medical masks, eye protection...)?
2. Can you provide information on the cold chain incidents reporting to NOC?

Thanks,  
Ann

Ann Johnston MPharm, RPh  
Manager, Pharmacy Practice Support

**BC Pharmacy Association**

T 604 269-2865 E [ann.johnston@bcpharmacy.ca](mailto:ann.johnston@bcpharmacy.ca) W [www.bcpharmacy.ca](http://www.bcpharmacy.ca) TW [@bc\\_pharmacy](https://twitter.com/bc_pharmacy) YT BCPhA  
Channel FB [@BCPharmacy.ca](https://www.facebook.com/BCPharmacy.ca)



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**From:** [Lindsay, Warren \[PHSA\]](#)  
**To:** [ann.johnston \[EXT\]](#); [Wilson, Julie \[PHSA\]](#); [Massey, Keren L HLTH:EX](#)  
**Cc:** [Susan Lewis](#); [Kerry Kilbey](#)  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting  
**Date:** March 30, 2021 3:02:29 PM  
**Attachments:** [image001.png](#)  
[Order Form Guide.pdf](#)

---

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Ann,

Please see attached order form for ordering the vaccination supplies...syringes, needles, PPE, etc. It is a fillable PDF so fairly straightforward.

If you send the completed form(s) to our [vaccinatebcsupplychain@phas.ca](mailto:vaccinatebcsupplychain@phas.ca) email we will process and get the products out to each pharmacy warehouse provider. If all orders are the same you can just fill in one form and provide the addresses and we can take care of the rest.

Please let me know if you have any questions or concerns.

**Warren Lindsay**  
Covid Vaccine Logistics Project Manager  
Provincial Health Services Authority

1795 Willingdon Avenue, Burnaby, BC V5C 6E3  
Cell (604)-762-7236  
Email: [warren.lindsay@phas.ca](mailto:warren.lindsay@phas.ca)

---

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**Cc:** Susan Lewis <[susan@lewisears.com](mailto:susan@lewisears.com)>; Kerry Kilbey <[kkilbey@bristolmgmt.com](mailto:kkilbey@bristolmgmt.com)>  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting

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([keren.massey@gov.bc.ca](mailto:keren.massey@gov.bc.ca)) <[keren.massey@gov.bc.ca](mailto:keren.massey@gov.bc.ca)>; Lindsay, Warren [PHSA]  
<[warren.lindsay@phsa.ca](mailto:warren.lindsay@phsa.ca)>  
**Cc:** Susan Lewis <[susan@lewissears.com](mailto:susan@lewissears.com)>; Kerry Kilbey <[kkilbey@bristolmgmt.com](mailto:kkilbey@bristolmgmt.com)>  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting

Hi Ann,

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Thanks,  
Julie

**Julie Wilson**  
Vaccine Logistics, BC CDC  
Provincial Health Services Authority

Phone: 604-297- 9405| Mobile: 604-614-0642

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---

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2. Can you provide information on the cold chain incidents reporting to NOC?

Thanks,  
Ann

Ann Johnston MPharm, RPh  
Manager, Pharmacy Practice Support

**BC Pharmacy Association**

T 604 269-2865 E [ann.johnston@bcpharmacy.ca](mailto:ann.johnston@bcpharmacy.ca) W [www.bcpharmacy.ca](http://www.bcpharmacy.ca) TW [@bc\\_pharmacy](https://twitter.com/bc_pharmacy) YT BCPHA-  
Channel FB [@BCPharmacy.ca](https://www.facebook.com/BCPharmacy.ca)



**British Columbia  
Pharmacy Association**

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**Vaccination Order Form**

<b>Date:</b>	<b>Contact Name:</b>	<b>Contact Number:</b>
<b>Site/Dept Name:</b>	<b>Delivery Address:</b>	<b>Health Authority</b>
		<b>Hours of Operation:</b>

**PPE Supplies**

Meditech #	Description	Unit of Issue	Quantity Requested
483722	Mask, Procedure w/ Ear Loop	Box/50ea	
386394	Mask, exam with Visor	Box/25ea	
486610	Glove, Exam, Synguard Nitrile PF SMALL	Box/100ea	
486611	Glove, Exam, Synguard Nitrile PF, Medium	Box/100ea	
486612	Glove, Exam, Synguard Nitrile PF, Large	Box/100ea	
486613	Glove, Exam, Synguard Nitrile PF, XL	Box/100ea	
485450	Sanitizer Hand 50ml	EA	
485437	Sanitizer Hand 500ml	EA	
359637	Wipe, Accel Disinfectant, 6x7	CN/160ea	
474103	Isolation Gown, Level 2	PK/10ea	

**Vaccination Supplies**

Meditech #	Description	Unit of Issue	Quantity Requested
486984	Needle, Safety, 25G x 1"	Box/100ea	
486983	Needle, Safety, 25G x 1.5"	Box/100ea	
488879	Needles 25G 5/8" Smart Slip Technology	Box/100ea	
489881	Syringe 1 ML (Pfizer) LDS	BX/200ea	
489933	Syringe 1 ML (Pfizer) LDV	BX/150ea	
490624	Syringe 1 ML (Pfizer) LDS (Sol-M)	BX/100ea	
318614	Syringe w/o needle 3 ML Luer Lock	EA	
481023	Container, Red Open Top, 8 Quart	EA	
488876	Container, Sharps 22.7L	EA	
410466	Container, Sharps 11L	EA	
320785	Container, Sharps 7.6L	EA	
351080	Bag, Paper, Kraft, 12lb	EA	
328227	Bag, Plastic, Black 30 x 38	RL/25ea	
412955	Masking Tape 1"	EA	
488908	Alcohol Prep Swab, Loris 70%	BX/200ea	
328223	Tissue, Facial 2 Ply	Box/135ea	
489411	Ball Cotton MD Non Sterile	BG/2000ea	
326729	Dressing Gauze 5cm x 5cm	PK/200ea	
488778	Bandage Adhesive Round	BX/100ea	
489597	Bond Paper/ Liner Serving Tray 11X17 in	PK/100ea	
345193	Tray, Paper, Savaday	EA	

**From:** [Massey, Keren L HLTH:EX](#)  
**To:** ["Ann Johnston \(BCPhA\)"; "Wilson, Julie \[PHSA\]"; "Lindsay, Warren \[PHSA\]"](#)  
**Cc:** ["Susan Lewis"; "Kerry Kilbey"](#)  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting  
**Date:** March 30, 2021 3:01:45 PM  
**Attachments:** [Cold Chain Incident Reporting Process.pdf](#)  
[image001.png](#)

---

Good afternoon, everyone.

Please find attached the current standard operating procedure for cold chain incident management. Please note that there are two processes - one for CCI's which occur when the vaccine is in the custody of the manufacturer and on route to a primary delivery location, and one for CCI's which occur when the vaccine is in the custody of the province.

In both scenarios, IBCOC is contacted ASAP for purposes of situational awareness and onward reporting to the NOC. IBCOC cannot give advice on vaccine usability. For advice on vaccines affected by a CCI, sites should follow the processes outlined in the attached document.

Please let me know if you have any questions!

**Keren Massey**

**A/Director – Emergency Management Unit  
BC Ministry of Health**

Work: 1(250)952-1929 Cell: 1(250)213-5427

**If this is an emergency, please contact our 24/7 Duty Officer at 250-686-6061 or [hlth.dutyofficer@gov.bc.ca](mailto:hlth.dutyofficer@gov.bc.ca)**

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*I respectfully acknowledge the unceded territories of the Songhees, Esquimalt and WSÁNEC peoples'.*

---

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**Cc:** Susan Lewis <susan@lewissears.com>; Kerry Kilbey <kkilbey@bristolmgmt.com>  
**Subject:** RE: list of supplies/ PPE and cold chain incident reporting

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**Cc:** Susan Lewis <[susan@lewissears.com](mailto:susan@lewissears.com)>; Kerry Kilbey <[kkilbey@bristolmgmt.com](mailto:kkilbey@bristolmgmt.com)>  
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Phone: 604-297- 9405| Mobile: 604-614-0642

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Manager, Pharmacy Practice Support

**BC Pharmacy Association**

T 604 269-2865 E [ann.johnston@bcpharmacy.ca](mailto:ann.johnston@bcpharmacy.ca) W [www.bcpharmacy.ca](http://www.bcpharmacy.ca) TW [@bc\\_pharmacy](https://twitter.com/bc_pharmacy) YT BCPhA  
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British Columbia  
**Pharmacy Association**

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# COVID-19 Vaccine

## Cold Chain Incident Reporting Process



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Page 20 of 22

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**From:** [Massey, Keren L HLTH:EX](#)  
**To:** ["Smith, Amanda \[PHSA\]"; "Fukumoto, Emily \[PHSA\]"](#)  
**Subject:** FW: One-pager summary for receiving sites  
**Date:** March 30, 2021 9:46:09 AM

---

Hi, all

Suggested messaging is in the body of the text. My **strong** suggestion in addition to providing this guidance would be that we have a Zoom call with the receiving pharmacies to get them kind of on the same page about where to go for info, CCI's, etc.

Thanks!  
Keren

---

**From:** Massey, Keren L HLTH:EX  
**Sent:** March 29, 2021 11:39 AM  
**To:** Wilson, Julie [PHSA] <[Julie.Wilson@hssbc.ca](mailto:Julie.Wilson@hssbc.ca)>  
**Subject:** One-pager summary for receiving sites

Hi, Julie

Sorry for the delay on this. In terms of a one-pager to go out to sites receiving vaccine, would this content align with that you had in mind?

Hello!

You will be receiving a shipment COVID-19 vaccine this week.

The complete, provincial standard operating procedures for the transport, receipt and storage of approved COVID-19 vaccines can be found here:

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/immunizebc-covid-sops>

Specifically, please ensure that you have reviewed the following:

- [Readiness Checklist](#)
- [Post-Arrival Documentation & Administration Protocols](#)
- Vaccine-specific storage, thawing and use summaries:
  - [Pfizer-BioNTech](#)
  - [Moderna](#)
  - [AstraZeneca/COVISHIELD](#)

Questions about your shipment of COVID-19 vaccines should be directed to your regional vaccine logistics teams:

- Interior Health Authority: [Craig.Paynton@interiorhealth.ca](mailto:Craig.Paynton@interiorhealth.ca) | phone
- Fraser Health Authority: [Meghan.Martin@fraserhealth.ca](mailto:Meghan.Martin@fraserhealth.ca) | 236-332-1543
- Vancouver Coastal Health Authority: [Charlene.tang@vch.ca](mailto:Charlene.tang@vch.ca) | 604-675-3900
- Island Health: [john.bartle-clar@viha.ca](mailto:john.bartle-clar@viha.ca) | 250-415-3299
- Northern Health Authority: [chris.charters@northernhealth.ca](mailto:chris.charters@northernhealth.ca)
- First Nations Health Authority: [chuck.wilmink@fnha.ca](mailto:chuck.wilmink@fnha.ca) | 604-693-6717

If unable to reach your regional team, contact [IBCOC\\_Operations@phsa.ca](mailto:IBCOC_Operations@phsa.ca) or, for urgent inquiries,

contact the Provincial Health Duty Officer: [health.dutyofficer@gov.bc.ca](mailto:health.dutyofficer@gov.bc.ca) | 1 (250) 686-6061.

**Operations | Health Emergency Coordination Centre**

Emergency Management Unit – Ministry of Health

For after hours or for urgent issues contact the Provincial Health Duty Officer Ph: (250) 686-6061

## Carnegie, Lynn HLTH:EX

---

**From:** Hrycuik, Lorie HLTH:EX  
**Sent:** March 30, 2021 12:34 PM  
**To:** Sagar, Brian HLTH:EX  
**Subject:** FW: Connecting...

Lorie Hrycuik  
Executive Lead, Population & Public Health Division  
Ministry of Health  
Phone: (778) 974-3766 | [Lorie.Hrycuik@gov.bc.ca](mailto:Lorie.Hrycuik@gov.bc.ca)

---

**From:** Achampong, Bernard HLTH:EX <[Bernard.Achampong@gov.bc.ca](mailto:Bernard.Achampong@gov.bc.ca)>  
**Sent:** March 30, 2021 12:12 PM  
**To:** Hrycuik, Lorie HLTH:EX <[Lorie.Hrycuik@gov.bc.ca](mailto:Lorie.Hrycuik@gov.bc.ca)>  
**Subject:** FW: Connecting...

FYI...this is in progress...

---

**From:** Shields, Sara HLTH:EX <[Sara.Shields@gov.bc.ca](mailto:Sara.Shields@gov.bc.ca)>  
**Sent:** March 30, 2021 12:10 PM  
**To:** Achampong, Bernard HLTH:EX <[Bernard.Achampong@gov.bc.ca](mailto:Bernard.Achampong@gov.bc.ca)>; Youngs, Kirsten R GCPE:EX <[Kirsten.Youngs@gov.bc.ca](mailto:Kirsten.Youngs@gov.bc.ca)>  
**Cc:** Capelli, John HLTH:EX <[John.Capelli@gov.bc.ca](mailto:John.Capelli@gov.bc.ca)>  
**Subject:** RE: Connecting...

The info pack is just being finalized. I'll be in touch as soon as it is – within hours.

It has information about how to enter data in PharmaNet, which will be a bit different than for regular publicly funded vaccines – so, how to enter the administration of a vaccine (lot #, site (which arm), reason (e.g. priority population, essential worker) and dose number if in a series of two ("dose 1"). also what claims adjudication will look like, and how to record wastage and inventory received. For everything else, we are prioritizing BCD CD as the info source So, for eligibility or patient screening

Kirsten, do you want to chat over Skype?

Sara

---

**From:** Achampong, Bernard HLTH:EX <[Bernard.Achampong@gov.bc.ca](mailto:Bernard.Achampong@gov.bc.ca)>  
**Sent:** March 30, 2021 12:00 PM  
**To:** Shields, Sara HLTH:EX <[Sara.Shields@gov.bc.ca](mailto:Sara.Shields@gov.bc.ca)>; Youngs, Kirsten R GCPE:EX <[Kirsten.Youngs@gov.bc.ca](mailto:Kirsten.Youngs@gov.bc.ca)>  
**Cc:** Capelli, John HLTH:EX <[John.Capelli@gov.bc.ca](mailto:John.Capelli@gov.bc.ca)>  
**Subject:** Connecting...

Hello Sara,

John had mentioned a package being ready for pharmacies for the rollout to pharmacies. There is lot of activity happening and potential announcement this afternoon – before 3pm. And potential start of vaccines through pharmacies tomorrow (i.e. astrazeneca for those 55-65 in the lower mainland) pharmacies. The BCPha is also working on communications etc...

Lorie has been asked to put together a package and coordinate various communications pieces. Are you able to connect with Kirsten on the communications? And is there a package from you that can be shared in the next hour or so....

Copying John. John, anything to add?

Regards,

Bernard

Bernard Achampong  
Executive Director, Public Health Prevention and Planning Branch  
Population and Public Health Division  
Phone: 250-419-8864  
Mobile: 250-208-1864

***We respectfully acknowledge that we carry out work on the traditional territories of Indigenous nations throughout British Columbia.***

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## Carnegie, Lynn HLTH:EX

---

**From:** Sagar, Brian HLTH:EX  
**Sent:** March 31, 2021 9:01 AM  
**To:** Jepsen, Donna HLTH:EX; Jack, Kirsty HLTH:EX; Billing, Sukhmani HLTH:EX  
**Subject:** If you get questions about vaccine roll out in community pharmacies...  
**Attachments:** 2021-03-30\_Stage 1 Roll-out - Information for Community Pharmacies\_draftv2.docx

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** Pharmacy

See the attached document. Put together by the BC Pharmacy Assn. Sent out to all their members last night, I am told. Brian

**Stage 1 Roll Out - B.C. Community Pharmacy Delivery of COVID-19 Immunization Plan**  
**INFORMATION FOR COMMUNITY PHARMACIES**

March 30, 2021

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Page 05 of 11 to/à Page 09 of 11

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## Carnegie, Lynn HLTH:EX

---

**From:** Sagar, Brian HLTH:EX  
**Sent:** March 31, 2021 11:38 AM  
**To:** Bouma, Susan HLTH:EX; Uyeno, Kelly HLTH:EX; Julie.Wilson@hssbc.ca  
**Cc:** Achampong, Bernard HLTH:EX  
**Subject:** RE: On the news

<https://vancouver.sun.com/news/local-news/covid-19-london-drugs-all-booked-up-for-vaccine-appointments>

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---

**From:** Bouma, Susan HLTH:EX <Susan.Bouma@gov.bc.ca>  
**Sent:** March 31, 2021 11:19 AM  
**To:** Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>; Uyeno, Kelly HLTH:EX <Kelly.Uyeno@gov.bc.ca>; Julie.Wilson@hssbc.ca  
**Cc:** Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>  
**Subject:** RE: On the news

Thank you

Any support to help will be appreciated

---

**From:** Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>  
**Sent:** March 31, 2021 11:08 AM  
**To:** Uyeno, Kelly HLTH:EX <Kelly.Uyeno@gov.bc.ca>; Julie.Wilson@hssbc.ca  
**Cc:** Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>; Bouma, Susan HLTH:EX <Susan.Bouma@gov.bc.ca>  
**Subject:** On the news

FYI. News reports this morning. Pharmacy bookings are all full. Pharmacies getting the word out for people to stop calling. From CBC.

## Carnegie, Lynn HLTH:EX

---

**From:** Sagar, Brian HLTH:EX  
**Sent:** March 31, 2021 11:42 AM  
**To:** Hrycuik, Lorie HLTH:EX; Moneo, Mitch HLTH:EX  
**Subject:** Vancouver Sun - B.C. hit with 'overwhelming' response to book AstraZeneca vaccines

In case you have not already heard...

<https://vancouversun.com/news/local-news/covid-19-london-drugs-all-booked-up-for-vaccine-appointments>

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---

Brian Sagar, Senior Director, Communicable Disease  
Population & Public Health Division  
British Columbia Ministry of Health

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*The power to make a difference is in your hands. Hand hygiene saves lives!*