Ministry of Health - Information Briefing Note - 1233086

Prepared for: Honourable Adrian Dix, Minister of Health **– FOR INFORMATION**

Title: Legal Changes of Name for Children and Youth in the On-Going Care of the Ministry of Children and Family Development.

Purpose: s.13; s.14

Background:
MCFD has the legislative authority under the *Child, Family and Community Service Act* (CFCSA) to obtain a Continuing Care Order (CCO) that provides a social worker with legal guardianship when considered in a child's best interest.

The *Name Act*, administered by the Ministry of Health (MOH), provides the Vital Statistics Agency's (VSA) Registrar General with the legislative authority to register legal changes of name if satisfied that it they are authorized by the Act. A 2019 court decision found there is a gap in the *Name Act*, whereby children who are under CCOs are unable to obtain legal name changes as the *Name Act* only authorizes parents (not guardians) to request name changes on behalf of a child.

s.22 children under CCOs have recently requested name changes, with MCFD legal counsel submitting applications on their behalf.s.13
s.13

Discussion:
MoH and MCFD Assistant Deputy Ministers and the VSA Registrar General met recently to discuss how to best support the current name change requests while also respecting the feedback received during Indigenous consultations. s.13; s.14
s.13; s.14

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s.12; s.13

Advice:

s.13

s.13

Once it is complete, VSA will determine how it will be used to support name change requests prior to the s.12; s.13

Program ADM/Division: Martin Wright, ADM, Health Sector Information, Analysis and Reporting Division
Phone number: 778-698-5109
Program Contact: Jack Shewchuk
Drafter: Jack Shewchuk
Date: June 30, 2022

Ministry of Health - Information Briefing Note - Cliff 1234027

PREPARED FOR: Honourable Adrian Dix, Minister of Health **– FOR INFORMATION**

TITLE: Canadian Blood Services – Competitive Dialogue on Plasma Collection

PURPOSE: To provide an update on Canadian Blood Services' (CBS) procurement process with commercial plasma companies and implications under British Columbia's (BC's) *Voluntary Blood Donations Act (VBDA).*

BACKGROUND:

- CBS currently collects plasma from Canadian donors to manufacture into immunoglobulin (Ig) exclusively for domestic use.
- Canada's plasma self-sufficiency for Ig – the percentage of Ig demand met through Canadian plasma donors exclusively for Canadian patients - was 15 percent, as of March 2022. The balance is purchased on the global market.
- In 2022, CBS completed a risk-based decision-making analysis that recommended Canada aim to reach 50 percent to 60 percent self-sufficiency.
- Increasing plasma self-sufficiency is a priority for CBS, with 11 plasma collection sites proposed.
- With Provincial and Territorial investment, as of May 2022, eight sites have been funded and five are operational, including one in Kelowna which opened in June 2021.
- Once all 11 sites are fully operational, it is anticipated self-sufficiency will increase from 15 percent to 22 - 25 percent.
- s.13 CBS invited s.13 commercial vendors to participate in a request for proposal in the form of a competitive dialogue. s.13 s.13

- s.13 Following evaluation of the proposals CBS selected a top vendor.

DISCUSSION:

- CBS began contract negotiations with Grifols Plasma (Grifols) a global healthcare company that pays plasma donors and manufactures plasma derived pharmaceuticals.
- s.13; s.16

- s.13

Voluntary Blood Donations Act

- In May 2018, BC enacted the *VBDA* to prohibit payment for plasma or blood donations. The Act was created to prevent the commercial plasma sector from establishing in BC and exporting the plasma to the global market.
- Exemptions are provided under the Act for CBS, its agents and successors, as well as a prescribed person in special circumstances.
- s.14

- CBS has shared the following about the draft contract:
  - s.13
  - Any plasma collected by Grifols under this contract would be fractionated into Ig by Grifols and provided to CBS. Grifols will not be able to export the plasma or Ig. It will be a closed-loop supply chain to CBS.
  - s.13; s.16
  - CBS will have final approval of site locations in order to minimize the impact on CBS blood or plasma collection.
  - s.13

- s.13; s.14

ADVICE:

- s.13; s.14
- s.13
- Prepare communications materials to address stakeholder concerns.

Program ADM/Division: Mitch Moneo Phone number: (250) 952-1464
Program Contact (for content): Katherine Leong, Director, Blood Services
Drafter: Jeff Hook, A/Manager Blood Services
Date: 2022-07-18

PREPARED FOR: Honourable Adrian Dix, Minister of Health **– FOR INFORMATION**

TITLE: Key Updates for the 2022/23 Seasonal Influenza Program

PURPOSE: To provide the Minister with information on provincial preparation and planning for the upcoming 2022/23 influenza immunization campaign.

BACKGROUND:

- Canada's National Advisory Committee on Immunization (NACI) recommends everyone six months of age and older get an annual influenza vaccination.
- There are two approved enhanced influenza vaccines for seniors in Canada:
    1. Fluzone High Dose Quadrivalent contains four times the antigen of a 'standard' dose influenza vaccine. The additional antigen is intended to create a stronger immune response to compensate for the natural weakening of the immune system that occurs with age.
    2. Fluad adjuvanted trivalent vaccine uses an adjuvant (additive) in its formulation that promotes a better immune response in older adults (see Appendix A BCCDC – Fluzone High Dose Q& A – See 4 and 7 re Evidence of Product Efficacy).
- The aforementioned enhanced vaccines achieve comparable protections in older adults, however, Fluad costs significantly less than Fluzone High Dose: Fluad costs s.17 per dose, whereas Fluzone High Dose costs s.17 per dose.
- NACI recommends that *any* of the available influenza vaccines should be used for publicly-funded immunization programs. They do not state a preference for or recommend one brand of vaccine over another.
- There were 1,355,390 doses of influenza vaccine reported as administered in BC during the 2021/22 influenza season. This included Fluzone High Dose as part of the immunization program specifically for vulnerable seniors.

DISCUSSION:

<u>Universal Eligibility</u>

- Prior to the 2021/22 influenza season, BC used targeted eligibility criteria for influenza vaccine that included those at high risk of serious illness from influenza, people able to transmit influenza to those at high risk of serious illness, and workers providing vital health care and community services.
- The 2022/23 influenza season will be BC's second with universal eligibility. All residents 6 months and older will be eligible to receive publicly funded vaccine.

<u>Enhanced Influenza Vaccine for Seniors</u>

- For 2022/23, BC will offer enhanced influenza vaccine products to *all* seniors.
- Fluzone High Dose vaccine will be available for seniors aged 65 years and older living in long-term care (LTC) and seniors' assisted living (AL) settings, as well as elders living in Indigenous communities.

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- Given the increased risks of severe influenza and hospitalization for seniors aged 65 years and older, enhanced influenza vaccine (i.e., Fluad) will be available for seniors living *outside* of LTC, seniors' AL and Indigenous communities.

FluMist

- FluMist is a nasal spray influenza vaccine for children and youth aged 2 to 17 years. BC will continue to offer FluMist for children and youth at no cost.

Influenza Vaccine Purchase

- For 2022/23, the Government of Canada has purchased 45,000 doses of Fluzone High Dose for BC seniors in LTC/AL settings. BC has purchased an additional 10,000 doses of Fluzone High Dose for seniors (65+) residing in Indigenous communities, for a grand total of 55,000 doses of Fluzone High Dose.
- Based on a review of historical vaccine uptake, population coverage rates and wastage, BC has purchased 1.8 million doses of influenza vaccine for the 2022/23 influenza season. This total includes all standard dose, enhanced dose, and intranasal influenza vaccines (see Appendix B).
- Pharmacies are expected to administer the majority of the influenza vaccines (about 75 percent), with primary care providers and public health administering the remainder. Influenza vaccine doses will be allocated accordingly.
- The cost of vaccine for the 2022/23 influenza program has been approved at s.17 Fee for service costs to administer the vaccine for 2022/23 are estimated at s.17 , based on total administration costs for the 2020/21 influenza season (see Appendix C). 2021/22 influenza season data has been requested to further refine administration cost estimates.

Imms BC

- The ImmsBC team, led by Dr. Penny Ballem, is exploring the potential to leverage the ImmsBC platform for other publicly funded vaccines. The preferred use of ImmsBC for influenza for the 2022/23 influenza season has been confirmed, with the scope of implementation to be determined in August 2022.

ADVICE:

- BC is purchasing 1.8 million doses of influenza vaccine for the 2022/23 influenza season to meet the needs of BC residents.
- The 2022/23 influenza season will have universal vaccine eligibility, as well as enhanced influenza vaccine products for all seniors. There is an opportunity to highlight this in public communications for the fall/winter 2022/23.

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- Significant planning and preparation for the upcoming influenza immunization season is underway. This work recognizes the significant challenges of the upcoming respiratory illness season, including influenza and COVID-19.
- A communications and engagement plan is being established, including stakeholder engagement and communications related to the enhanced influenza vaccines for seniors.

Program ADM/Division: Bernard Achampong, A/ADM, Population and Public Health Division
Program Contact (for content): Bethany McMullen, Director of Immunization
Date: July 28, 2022

Fluzone® High-Dose Quadrivalent Influenza Vaccine
Question and Answer Document
Updated – August 2021

1. What is high dose inactivated influenza vaccine and how is it different from other influenza vaccines?

High dose quadrivalent inactivated influenza vaccine (HD QIIV) or Fluzone® High-Dose Quadrivalent is an unadjuvanted vaccine that contains a higher antigen content per dose than standard dose (SD) QIIV formulations. HD QIIV contains 60 µg of hemagglutinin (HA) protein for each of the four vaccine strains (240 µg in total) compared to 15 µg of HA per strain (60 µg in total) in SD QIIV. Both HD and SD QIIV are delivered by intramuscular (IM) injection in a 0.5 mL volume per dose. HD QIIV comes in a 0.7 mL pre-filled syringe.

2. For whom is this vaccine indicated?

Fluzone® High-Dose Quadrivalent is approved for use in Canada for adults 65 years of age and older.

3. What is the safety profile of high dose inactivated influenza vaccine?

In some studies, HD QIIV has been associated with a higher rate of injection site (e.g., pain, induration) and systemic reactions (e.g., malaise, myalgia) in the 7 days following vaccination than SD QIIV, but these adverse events were typically mild and short-lived with most resolving within three days. Serious adverse events (SAEs) were rare, and similar in frequency to SD QIIV. However, studies to date were likely under-powered to detect rare SAEs, such as Guillain-Barré Syndrome. Post-marketing surveillance of vaccine safety remains an important process to which all vaccine providers are expected to contribute.

4. What is the current National Advisory Committee on Immunization (NACI) recommendation for use of HD QIIV in provincial immunization programs?

In its Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2021-2022, NACI recommends that provincial influenza vaccine programs may use any of the inactivated influenza vaccines available for use in adults aged 65 years and older: standard dose QIIV, high dose QIIV and adjuvanted TIIV. Because NACI did not review health economic data or other measures of the population impact or implications, it could not make a recommendation about preferential use of any of these products for public health programs.

In the same chapter, NACI recommends that at an individual level, the high dose QIIV should be offered over standard dose QIIV to persons 65 years and older because of the expectation of higher effectiveness.

A separate analysis of the available HD TIIV data in BC, concluded that while there are preliminary indications that adults 65 years of age and older may be relatively better protected by HD TIIV, additional studies are needed to confirm enhanced benefits that are consistent across seasons and vaccine strains, and especially among adults over 75 or 85 years of age who are most vulnerable to the severe complications of influenza. Furthermore, other considerations not taken into account by NACI, such as absolute impact and incremental cost-effectiveness, also apply in determining whether a particular vaccine product warrants preferential recommendation and public funding over other available options.

5. What is the current Advisory Committee on Immunization Practice (ACIP) recommendation for use of HD QIIV in the United States?

The US Advisory Committee on Immunization Practices has not recommended preferential use of any particular influenza vaccine for elderly adults 65 years of age and older. HD TIIV has been approved for use in the US since 2009, and HD QIIV has been approved for use in the US since 2019.

6. Who is eligible for publicly funded HD QIIV in the 2021/22 influenza season?

For the 2021/22 influenza season, individuals 65 years of age and older living in long term care, assisted living facilities and First Nations communities, are eligible for publicly funded HD QIIV.

7. Why is HD QIIV not publicly funded for all individuals 65 years of age and older in BC?

In addition to approval by Health Canada and a recommendation for use based on available scientific evidence by NACI, other factors are also relevant for provinces to consider when deciding whether a vaccine product should be preferentially funded over other available options. This includes consideration not only of relative protection but also absolute reduction in disease burden, the numbers needed to vaccinate to achieve that, the relative costs and incremental cost effectiveness, as well as feasibility and logistics of implementation.

The BC Communicable Disease Policy Advisory Committee has reviewed the information currently available on HD TIIV. For instance, the committee considered that in the pivotal trial of HD TIIV efficacy compared to standard dose TIIV, HD-TIIV reduced the risk of influenza by 24% based on a risk of developing influenza of 1.9% in those who received the standard formulation compared to 1.4% in community living seniors who received the high dose product. Based on this finding from a single influenza season, an additional 200 such individuals would need to be immunized with the high dose product to prevent 1 additional case of influenza, and 4000 to prevent one additional hospitalization within 30 days of specified illness.

The Committee concluded that the strength of the evidence and anticipated incremental benefit of high dose TIIV relative to standard dose TIIV is not commensurate with the additional 5-fold cost and provided its recommendation to the Ministry of Health. The Ministry weighs available evidence, advice and other considerations in making the final decision on whether to fund a particular vaccine program. While NACI has concluded that based on available evidence, high dose TIIV should provide superior protection compared to standard dose TIIV for adults 65 years of age and older, this is based on the limited information available to date. Studies in other jurisdictions are being conducted to compare the performance of the high dose vaccine to other influenza vaccines in additional seasons and settings, and these will inform future decisions about incorporation of the high dose vaccine into population based programs.

8. Is HD QIIV publicly funded in other Canadian jurisdictions for seniors outside of long term care and assisted living facilities?

For the 2021/22 season, Alberta, Ontario and Prince Edward Island are providing the vaccine to all seniors as part of their publicly funded influenza vaccine programs.

9. What is my professional responsibility to tell clients/patients that this product is an alternative to publicly funded influenza vaccine?

It is important to recommend influenza vaccine to your patients who are 65 years of age and older to protect them from the serious complications of influenza.

However, there are several influenza vaccines on the Canadian market in any given season, and not all are provided in every jurisdiction or through publicly funded programs. The current offering of influenza vaccine in British Columbia for seniors is in keeping with national recommendations, Canadian provincial/territorial programs, as well as immunization programs in many high income countries.

With knowledge of a specific patient's risk factors for severe illness due to influenza, providers may choose to inform clients of the availability of high dose QIIV.

10. Where can I obtain more information on HD QIIV?

The following sources of information are available online:

- NACI Statement on Seasonal Influenza Vaccine for 2021-2022
- Sanofi Pasteur product monograph
- Sanofi Pasteur Fluzone® High-Dose page (note: this link provides information for the trivalent formulation)

11. Where can members of the public who are not eligible for publicly funded HD QIIV access the vaccine?

HD QIIV may be available for purchase through pharmacies and travel clinics throughout BC.

Appendix B: BC's Influenza Vaccine Order for 2022/23 Season

Vaccine	Product Information	Intended Age Group	Quantity (# of Doses)
Quadrivalent (QIV) Multidose Vials	**Fluzone QIV** *Sanofi*	*Individuals 6 months of age and older, including those with contraindications to LAIV-Q intranasal.*	1,000,000
QIV Prefilled Syringe			80,000
Live Attenuated Quadrivalent (LAIV-Q) Intra-nasal	**FluMist** *AstraZeneca*	*2 years - 17 years.*	70,000
Enhanced Influenza Vaccines			
Trivalent (TIV) Fluad 65+	**Fluad** *Seqirus* • Trivalent inactivated product, adjuvanted. • MF59C.1 adjuvant (MF59) is squalene based.	*65+ years.*	600,000
QIV Fluzone High Dose	**Fluzone HD** *Sanofi* • Quadrivalent inactivated influenza product. • Contains 4x the amount of antigen compared to traditional QIV.	*65+ years living in long-term care, seniors' assisted living, and in First Nations communities.*	55,000* ** 45,000 provided by the Government of Canada; 10,000 purchased by BC.*
		Total Doses	**1,805,000**

Appendix C

Projected Vaccine Purchase & Administration Costs - Influenza, 2022/23[i]:

Year	Total # of Influenza Vaccine Doses Purchased	Total Cost of Influenza Vaccine Doses Purchased	Total Estimated Administration Cost (Fee for Service) for Influenza Vaccine
2022/23	1,805,000[ii]	s.17	

*** The projected influenza vaccine administration costs for 2022/23 are based on 2020/21 data. The estimated total assumes 100% uptake of all vaccine ordered. The estimated total is based on all medical and paramedical MSP fee-for-service claims from physicians, nurse practitioners or registered nurses, as well as all fee-for-service costs for vaccine administration by community pharmacists.

[i] Personal communication from Stephanie Dion, BCCDC on June 7, 2021.
[ii] Personal communication with Jim Sinclair, BCCDC, February 25, 2022.

MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff # 1194407

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

TITLE: High Dose Influenza Vaccine Immunization Program

PURPOSE: To seek a decision for annual funding for a high dose influenza vaccine program for vulnerable Seniors in British Columbia.

BACKGROUND:

- Those at greatest risk of influenza-related complications include residents of nursing homes, adults 65 years of age and older, and Indigenous peoples.[1]
- Fluzone High Dose vaccine contains four times the antigen of a 'standard' dose flu vaccine. The additional antigen is intended to create a stronger immune response to compensate for the natural weakening of the immune system that occurs with age.[2]
- Other vaccine products, such as Fluad 65+ and Fluad Quadrivalent, use an adjuvant in their formulation that also promotes a better immune response in older adults.
- British Columbia does not have a publicly funded high dose influenza vaccine program.[3]
- In recognition of the increased risks of respiratory illness among seniors in congregate settings during the COVID-19 pandemic, the Government of Canada funded 45,500 doses of Fluzone High Dose vaccine for adults 65 years of age and older living in Long Term Care (LTC) Facilities and Assisted Living (AL) in BC for the 2020/21 influenza season and has indicated similar funding for the 2021/22 influenza season.[4]
- It is expected post pandemic, the funding by Government of Canada for these vaccines will not continue. There also may be an expectation by the public that this type of vaccine product will continue to be funded to protect the most vulnerable seniors in the Province of BC (the Province).
- Ontario is the only Canadian jurisdiction where Fluzone High Dose vaccine is provided to all seniors in the Province by way of its annual influenza immunization program.[5]
- Manitoba, Saskatchewan, Northwest Territories, Nova Scotia, and Prince Edward Island provide publicly-funded Fluzone High Dose to seniors in LTC settings only.[6]
- The First Nations Health Authority (FNHA) has requested the purchase of high dose influenza vaccine to protect the estimated 10,000 Indigenous seniors living in community (on reserve) because of high rates of disease and co-morbidities.[7]
- As a result of pandemic-related public health measures and increased influenza vaccine uptake, there were no influenza cases detected in BC during the 2020/21 influenza season (Sept. 2020 to March 2021), despite increased clinical diagnostic testing for the virus.
- Similarly, there were no LTC influenza outbreaks reported in 2020/21, compared to 47 LTC outbreaks in the same period in 2019/20 season.[8]
- There may be more circulating influenza this season with the lifting of public health measures and restrictions in the province.

DISCUSSION:

- For individuals, the National Advisory Committee on Immunization (NACI) recommend that high-dose trivalent inactivated influenza vaccine should be used over standard-dose trivalent inactivated influenza vaccine, given the evidence of better protection compared to standard dose vaccine in adults 65 years of age and older.[9]
- In making their recommendation, NACI did not review health economic or other measures of population impact. For this reason, NACI did not make a recommendation about preferential use of any influenza vaccine products for publicly-funded immunization programs. For public health immunization programs, NACI state that any of the available influenza vaccines should be used.[10,11]
- In the subsequent provincial review of NACI's recommendations, BC immunization experts considered the strength of evidence, relative protection and absolute reduction in disease burden, cost effectiveness, feasibility, and logistics of implementation. BC concluded that the anticipated incremental benefits of the high dose vaccine are not commensurate with the additional five-fold cost of Fluzone High Dose.[12]
- Given the increased risks of influenza-related illness and hospitalization for those 65 years of age and older, the Office of the Seniors Advocate and the Canadian Association of Retired Persons continue to advocate for a funded Fluzone High Dose program for all BC seniors.
- BC will be using quadrivalent influenza vaccine products exclusively in the 2021/22 influenza season. This change will increase overall population protections against influenza compared to historical programs based on trivalent vaccine products.
- This type of vaccine produce can be significantly more costly than standard dose influenza vaccines. In anticipation of future vaccine innovations, purchasing a high dose vaccine product that meets the intended protection outcomes, rather than a specific manufacturer or product brand name, allows for flexibility in product choice around pricing and supply.

OPTIONS:

Option 1: Annually fund high dose influenza vaccine for vulnerable seniors (65+) living in LTC and AL settings, and all Indigenous seniors living in community (on reserve) (Recommended).

- Provides enhanced protection for vulnerable seniors with elevated respiratory illness risks in higher risk settings where additional measures are most warranted.
- Matches or exceeds the scope of high dose influenza vaccine programs offered in other Canadian jurisdictions.
- Supports the request by First Nations Health Authority to include seniors living in First Nations communities.
- Additional annual funding will be required for the vaccine budget.
- Partially meets the recommendation by the Office of the Seniors Advocate and the Canadian Association of Retired Persons and may lead to more advocacy efforts for access to all seniors in BC.

Option 2: Annually fund high dose influenza vaccine for vulnerable seniors (65+) living in LTC and AL settings.

- Provides enhanced protection for adults 65 years of age and older living in congregate settings where additional measures are most warranted.
- Matches the scope of high dose influenza vaccine programs offered in other Canadian jurisdictions for seniors in LTC and AL settings.
- Does not address the request from FNHA for including seniors living in First Nations communities.
- Additional annual funding will be required for the vaccine budget.
- Partially meets the recommendation by the Office of the Seniors Advocate and the Canadian Association of Retired Persons and may lead to more advocacy efforts for access to all seniors in BC.

Option 3: Maintain existing funding for the standard-dose Quadrivalent influenza vaccines for all seniors (65+) (Status Quo).

- Does not provide additional protective measures for vulnerable seniors living in higher risk settings.
- No additional costs to the vaccine budget.
- Does not address recommendations by the Office of the Seniors Advocate and Canadian Association for Retired Persons.
- Does not align with other Canadian jurisdictions that provide high dose influenza vaccine for seniors in LTC and AL settings and in some cases to all seniors.

FINANCIAL IMPLICATIONS:

- In FY 2020/21, Health Canada provided s.17 for Fluzone High Dose vaccine for all adults 65 years of age+ in BC's LTC and Assisted Living (AL) facilities.[13]
- Health Canada will be providing Fluzone High Dose vaccine for BC seniors in LTC and AL settings again in FY 2021/22.[14]
- For Option 1, BC would need to top up the Health Canada doses in 2021/22 by purchasing 10,000 additional Fluzone High Dose vaccine doses for Indigenous seniors at a cost of s.17
- Ongoing annual high dose vaccine costs of the proposed program are estimated at s.17 per year (see Appendix B) and may be addressed through the Ministry's submission through the Budget 2022 process. Program costs are expected to increase in future years.

RECOMMENDATION: Option 1.

Approved/Not Approved
Honourable Adrian Dix,
Minister of Health

Date Signed

Program ADM/Division: Lorie Hrycuik, Executive Lead/Population and Public Health
Telephone: (778) 974-3766
Program Contact (for content): Bernard Achampong, Executive Director, PHPP, (250) 419-8864
Date: October 6, 2021

APPENDIX A

[1] Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI). Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2020–2021. Downloaded from https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/canadian-immunization-guide-chapter-influenza.pdf. Dec. 17, 2020.

[2] US Centers for Disease Control and Prevention. Fluzone High-Dose Seasonal Influenza Vaccine. January 25, 2021. Downloaded from https://www.cdc.gov/flu/prevent/qa_fluzone.htm.

[3] BCCDC Fluzone High-Dose Influenza Vaccine Question and Answer Document Updated – September 2020. http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Immunization/Vaccine%20Info/FluzoneHD_QandA.pdf

[4] Immunize BC Influenza. https://immunizebc.ca/influenza. Accessed Dec. 2, 2020.

[5] BCCDC Fluzone High-Dose Influenza Vaccine Question and Answer Document Updated – September 2020. http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Immunization/Vaccine%20Info/FluzoneHD_QandA.pdf

[6] Ibid.

[7] PHSA FY 2021/22 Influenza Vaccine Briefing Note. Dec. 17, 2020. Personal communication from Noorjean Hassam at BCCDC. Dec. 21, 2020.

[8] BCCDC Influenza and Emerging Respiratory Pathogens. "BC Influenza Surveillance Bulletin, 2020-21 Influenza Season". March 4, 2021. http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Influenza%20and%20Respiratory/2020-2021/Week_8_BC_Influenza_Surveillance_Bulletin_2020-21.pdf

[9] National Advisory Committee on Immunization. Summary Influenza 2020-2021. CCDR. Volume 46–5, May 7, 2020: Nosocomial infection surveillance. Downloaded from https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2020-46/issue-5-may-7-2020/naci-summary-influenza-2020-2021.html

[10] BCCDC Fluzone High-Dose Influenza Vaccine. Question and Answer Document Updated – September 2020. Downloaded from http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Immunization/Vaccine%20Info/FluzoneHD_QandA.pdf.

[11] National Advisory Committee on Immunization. Summary Influenza 2020-2021. CCDR. Volume 46–5, May 7, 2020: Nosocomial infection surveillance. Downloaded from https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2020-46/issue-5-may-7-2020/naci-summary-influenza-2020-2021.html

[12] BCCDC personal communication. Joanna Shi to Donna Jepsen. Nov. 26, 2020; 11:38 am.

[13] BCCDC personal communication. Jim Sinclair to Donna Jepsen. Nov. 24, 2020; 8:35 am.

[14] Public Health Agency of Canada. Verbal announcement to Canadian Immunization Committee. Personal communication with Dr. Monika Naus at BCCDC. April 20, 2021.

[15] BCCDC personal communication from Stephanie Dion. April 21, 2021.

Appendix B

Year	Option 1: High Dose Influenza Vaccine for LTC/AL and Indigenous Seniors	
	# of High Dose Vaccine Doses (e.g., Fluzone HD) to Be Purchased*	Total Cost of Doses
2021/22	10,000*	s.17
2022/23	55,000**	
2023/24	55,000**	
	Total	

* Includes: Total additional doses required for Indigenous seniors living in community (10,000). Health Canada will be purchasing 45,000 Fluzone High Dose vaccine doses for LTC residents age 65+ (35,000) and AL residents age 65+ (10,000).

** Includes: Total doses required for LTC residents age 65+ (35,000 doses), AL residents age 65+ (10,000 doses), and Indigenous seniors age 65+ on reserve (10,000 doses).

Appendix B

Year	Option 1: High Dose Influenza Vaccine for LTC/AL and Indigenous Seniors	
	# of High Dose Vaccine Doses (e.g., Fluzone HD) to Be Purchased*	Total Cost of Doses
2021/22	10,000*	s.17
2022/23	55,000**	
2023/24	55,000**	
	Total	

* Includes: Total additional doses required for Indigenous seniors living in community (10,000). Health Canada will be purchasing 45,000 Fluzone High Dose vaccine doses for LTC residents age 65+ (35,000) and AL residents age 65+ (10,000).

** Includes: Total doses required for LTC residents age 65+ (35,000 doses), AL residents age 65+ (10,000 doses), and Indigenous seniors age 65+ on reserve (10,000 doses).

PUBLIC HEALTH EXECUTIVE COMMITTEE

INFLUENZA VACCINE OPTIONS FOR BC SENIORS

DATE: November 29, 2021
PREPARED FOR: Public Health Executive Committee - **FOR RECOMMENDATION**
PREPARED BY: Monika Naus, Medical Director, CDIS

ISSUE: BC has a window of opportunity to adjust its influenza vaccine request for the 2022/23 season. PHEC is asked to consider whether one of the two influenza vaccines designed specifically for those aged 65+ should be recommended for use more broadly in the 2022/23 season. These are Fluzone®HD and Fluad® (generic terms QIV-HD and adjTIV used henceforth).

REASON: There are two vaccines approved in Canada for use in only 65+. BCIC supports use of the fewest number of different influenza vaccines as possible to simplify the operational complexity of vaccine allocation to all community vaccine providers. A single model of use for a 'seniors vaccine' is recommended for the province.

BACKGROUND:

BC use of influenza vaccines for seniors:
In the past decade, BC has utilized the following influenza vaccines for those aged 65+:

- From 2011/12 through 2016/7 inclusive, BC used adjTIV in its influenza program each fall. Because the MHOs could not agree whether the evidence was sufficient to recommend its use preferentially over standard formulation product, the Provincial Health Officer agreed to its use in three different models:
  - NHA, VCH and FHA: 65+
  - VIHA resident of LTC
  - IHA not at all

- From 2017/8 through 2019/20, adjTIV was discontinued as the strength of evidence of its superior protection remained unchanged. Seniors in all settings were offered standard formulation TIV.
- In 2020/21, both TIV and adjTIV were offered to seniors. BC also used QIV-HD for residents of long term care/ assisted living; this product was purchased by the federal government.
- In 2021/22, QIV was offered to seniors as BC moved to use of quadrivalent vaccines across the board as the last province to make this move in the final year of potential TIV provision by GSK. BC also used QIV-HD for residents of long term care/ assisted living and seniors in First Nations communities; for the first two of these groups vaccine was purchased by the federal government and for First Nations by BCCDC.
- For 2022/23, BCCDC submitted a request in early fall for adjTIV for those seniors offered QIV-HD if the federal government discontinued purchasing the latter. QIV standard formulation was otherwise intended for use across the age span, as in 2021/22.

P/T scan:
- In the 2021/22 season, all P/Ts are using QIV-HD for the populations intended by the federal government. The following provinces have purchased additional QIV-HD for seniors: Ontario, Alberta, New Brunswick, PEI. Ontario has also purchased adjTIV (ratio approx. 7 adjTIV:11 QIV-HD); recommendations for 65+ in that province also include standard formulation QIV.

The federal government has messaged that it will **not** purchase QIV-HD for P/Ts after the current season.

adjTIV is only available as a trivalent formulation and this is not expected to change for the 2022/23 season.

Analytic framework for vaccine decision making:
Neither adjTIV nor QIV-HD have been assessed by NACI using the complete analytic framework which includes an economic analysis. The cost of QIV-HD is about 4-fold that of adjTIV; adjTIV costs 1.35-fold the cost of GSK standard formulation QIV. There are no comparative trials of the two seniors vaccines against one another nor of the adjuvanted vaccine against standard formulation QIV; both have been assessed in trials and observational studies only against standard formulation vaccines.

For individual-level decision making, NACI recommends that when available, QIV-HD should be used over standard-dose inactivated influenza vaccine, given the burden of influenza A(H3N2) disease and the good evidence of better protection compared to standard-dose in adults 65 years of age and older. NACI has not made a preferential recommendation for the use of high dose versus adjuvanted. Furthermore, NACI states that any of the available age appropriate influenza vaccines should be used.

In summary, there is insufficient evidence to make a preferential recommendation between QIV-HD and adjTIV.There is good evidence of QIV-HD providing better protection compared to QIV standard dose. In considering use of adjTIV and QIV standard dose, given the increased burden of disease associated with influenza A(H3N2) in older adults, better protection against influenza A(H3N2) afforded by the adjTIV may be more important, especially in those with multiple co-morbid conditions and compromised health status.

The excerpt of the relevant section of the Canadian Immunization Guide summarizing the evidence/ strength of NACI recommendations for the two products for seniors is in Appendix A, excerpted from www.canada.ca/en/publichealth/services/publications/vaccines-immunization/canadianimmunization-guide-statement-seasonal-influenza-vaccine-2021-2022.html

Incremental costs associated with the options outlined below are in Appendix B.

The Ministry is in receipt of strong advocacy by the Office of Seniors Advocate in support of QIV-HD.

The Ministry has also recently made a decision to fund QIV-HD for the same populations in which it is being used this season during 2022/23.

A recommendation from PHEC is sought for the following OPTIONS FOR CONSIDERATION for 2022/23 for Seniors (other than the FluzoneHD group for whom the Ministry has approved vaccine purchase):

1. Quadrivalent standard formulation for all remaining seniors
2. Fluad® or Fluzone® HD for all remaining seniors
3. Fluad® or Fluzone® HD for 'high risk' seniors (with comorbidities)
4. A combination of the above e.g., Fluzone® HD for select seniors (those with comorbidities) and Fluad® for others aged 65+

Whether changes can be made or funded at this time is not certain.

APPENDIX A.

NACI CIG excerpt from Canadian Immunization Guide influenza chapter on influenza vaccines designed for those aged 65+:

From: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2021-2022.html#a2.4

For more information, refer to the NACI Literature Review Update on the Efficacy and Effectiveness of High-Dose and MF59-Adjuvanted Trivalent Inactivated Influenza Vaccines in Adults 65 Years of Age and Older for more information on the efficacy and effectiveness of IIV3-Adj in adults 65 years of age and older.

Fluad (trivalent adjuvanted vaccine, Seqirus)

Efficacy and effectiveness

There is fair evidence that the MF59-adjuvanted Fluad (IIV3-Adj) may be effective at reducing the risk of hospitalization for influenza and influenza complications in older adults compared to unvaccinated individuals. However, there is insufficient evidence that IIV3-Adj is more effective at reducing the risk of hospitalization for influenza and influenza complications in older adults compared to those who received unadjuvanted subunit IIV3-SD.

Immunogenicity

There is evidence from RCTs that IIV3-Adj elicits non-inferior immune responses compared to the unadjuvanted subunit and split virus IIV3-SDs; however, superiority of IIV3-Adj to these vaccines by pre-defined criteria has not been consistently demonstrated.

Safety

IIV3-Adj produces injection site reactions (pain, erythema, and induration) significantly more frequently than IIV3-SD, but they are classified as mild and transient. Systemic reactions (myalgia, headache, fatigue, and malaise) are comparable or more frequent with IIV3-Adj compared to IIV3-SD and are rated as mild to moderate and transient. SAEs were uncommon and were comparable to IIV3-SD.

Fluzone® High-Dose Quadrivalent (60 µg formulation, Sanofi Pasteur)

Efficacy and effectiveness

There is good evidence that Fluzone High-Dose (IIV3-HD) provides better protection compared with IIV3-SD in adults 65 years of age and older. Two studies found that IIV3-HD may provide greater benefit in adults 75 years of age and older compared to adults 65–74 years of age. The efficacy results for IIV3-HD are inferred to IIV4-HD based on the non-inferior immunogenicity, described in the next section.

Immunogenicity

Five studies compared the rates of seroconversion for study participants receiving IIV3-HD and IIV3-SD among those 65 years of age and older. Rates of seroconversion were found to be about 19% higher (ranging from 8–39% higher) for those receiving the higher dose vaccine across all three vaccine strains. Similarly, rates of seroconversion were higher for those receiving the high- compared to standard-dose vaccines for participants 75 years of age and older and for a cohort of participants with underlying cardiopulmonary disease.

Eight studies reported higher rates of seroprotection for older adults receiving IIV3-HD compared to those vaccinated with IIV3-SD. Seroprotection was significantly higher for all 3 strains in the vaccine in three of five studies assessing significance. There were different results in the remaining studies. In the study by Couch et al., seroprotection was higher only against A(H1N1), possibly attributed to the fact that 78% of participants were vaccinated against the same influenza strains within 6 months prior to the study. In Nace et al., seroprotection was higher against A(H3N2) and B but not A(H1N1); the lack of higher seroprotection against A(H1N1) may be attributed to strain circulation during the study that made it difficult to assess seroprotection against this subtype.

Geometric mean titre ratios (GMTR) of participants' responses to high- versus standard-dose influenza vaccines were reported in several studies and were calculated for those that provided group-specific, post-vaccination titres for each of the vaccines. Seroresponse to the B strains in the vaccines was about 1.5 times greater (1.3–1.7) in the IIV3-HD recipients than the IIV3-SD recipients. The GMTR of the A strains was about 1.8 times higher for those receiving IIV3-HD compared to IIV3-SD, ranging from 1.6–2.3.

There is good evidence that the immunogenicity for Fluzone High Dose Quadrivalent (IIV4-HD) is non-inferior to IIV3-HD. In a pivotal RCT, IIV4-HD met all non-inferiority criteria set by the US Food and Drug Administration, based on GMTR and seroconversion rates when compared to IIV3-HD. Immunogenicity for IIV4-HD was superior for the influenza B strain not contained within the trivalent high dose vaccine.

Safety

IIV3-HD has been observed to produce a higher rate of some systemic and local reactions than IIV3-SD. Studies have reported higher rates of malaise, myalgia, and moderate to severe fever. Most systemic reactions were mild and resolved within 3 days. SAEs were rare and similar in frequency between standard-dose and high-dose vaccines. When comparing the two high dose vaccine products, IIV4-HD has been shown to produce a comparable rate of systemic and local reactions compared to IIV3-HD. A comparable proportion of study participants also experienced unsolicited and serious AEs.

APPENDIX B.

Cost estimates for the incremental cost of influenza vaccines for seniors

Seniors Influenza Vaccine Costing

BC 65+ numbers based on PEOPLE population estimates

Uptake assumed at 100% for community based seniors

Target Population	Population
Long Term Care 65+	35,000
Assisted Living 65+	10,000
First Nations 65+ on reserve	10,000
Total (LTC/AL/First Nations)	**55,000**
BC 65+	1,064,697
65+ Minus LTC/AL/First Nations	1,009,697

Note: Cost estimates are based on 2021/22 pricing

Target Population	Cost	Incremental Cost Increase Relative to Standard QIIV
Fluzone HD (LTC/AL/First Nations)	s.17	
Fluad (LTC/AL/First Nations)		
Fluzone HD (all 65+)		
Fluad (all 65+)		
Fluzone HD (LTC/AL/First Nations) and Fluad for remaining 65+		

Note: The cost shown is based on the target population and cost/dose while the incremental cost increase takes into account the increase in cost relative to standard dose QIIV

Public Health Executive Committee

Monday, November 29, 2021 - 11:30am-12:30pm

Attendees: Trish Sterloff, Dr. Patty Daly, Dr. Richard Stanwick, Dr. Sue Pollock, Dennis Cleaver, Dr. Elizabeth Brodkin, Dr. Jong Kim, Karen Bloemink

Regrets: Dr. Shannon McDonald, Tanis Hampe, Dr. Reka Gustafson, Dr. Bonnie Henry

Staff & Guests: Dr. Brian Emerson, Dr. Monika Naus, Dr. Ingrid Tyler, Dr. Michael Benusic, Dr. Mark Lysyshyn, Dr. Kamran Golmohammadi, Dr. Geoff McKee, Dr. Raina Fumerton, Brian Sagar, Bernard Achampong, Jonathan Robinson, Donna Jepsen, Sukhmani Billing, Robyn Mackenzie (secretariat)

Agenda Item	Discussion	Action or Decision
Updates: • Leadership Council • CoCom	Leadership Council update: • Deferred. CoCom update: • The immunization plan for the 5-11 year old vaccine program remains the focus.	
Cruise Ship Restart	Trish Sterloff presented on the cruise ship industry restart and the implications for public health. PHAC is working on how to support the safe restart. Cruise ships must have COVID management plans and there will be strict reporting protocols. The Ministry of Transportation and Infrastructure and the Ministry of Tourism, Arts, Culture and Sport are involved as well, and discussions with the ports regarding their policies and procedures have begun to ensure a safe and successful restart of the cruise season in BC. Trish Sterloff continues to meet with the Cruise Lines International Association and will keep PHEC updated on any developments.	
Influenza Immunization for Seniors	Fluzone® HD has been previously approved by the Ministry for certain high- risk seniors' populations. For all other seniors' populations, a recommendation from PHEC is being sought. The following option were considered: • Quadrivalent standard formulation for all remaining seniors • Fluad® or Fluzone® HD for all remaining seniors • Fluad® or Fluzone® HD for 'high risk' seniors (with comorbidities) • A combination of the above e.g., Fluzone® HD for select seniors (those with comorbidities) and Fluad® for others aged 65+ **Recommendation:** PHEC supports the Fluad® or Fluzone® HD for all remaining seniors.	**Recommendation:** PHEC supports the Fluad® or Fluzone® HD for all remaining seniors.
COVID-19 Omicron Variant	• PHAC is leading recommendations for travel.	

Agenda Item	Discussion	Action or Decision
Standing Item - Roundtable	• Health Authorities and the BC Centre for Disease Control participated in a roundtable on vaccine implementation, COVID-19 vaccine management and the recent flooding in the Province.	
Wrap-Up/Next Meeting	Next Meeting • December 6, 2021 – 11:30am to 12:30pm	**Action:** Members to send agenda items for the next PHEC meeting to Robyn Mackenzie at PPHPlanning@gov.bc.ca

MEETING MATERIAL

Cliff # 1230002

PREPARED FOR: Honourable Adrian Dix, Minister of Health, regarding CanAge's "Adult Vaccination in Canada Cross-Country Report Card 2022".

TITLE: Minister of Health Meeting with CanAge.

MEETING REQUEST/ISSUE: Meeting requested (date to be determined) by Diana Cable, Director, Policy and Research, CanAge, to discuss BC's score in CanAge's "Adult Vaccination in Canada Cross-Country Report Card 2022" (the Report Card).

BACKGROUND:

- CanAge is a national seniors' advocacy organization that works to improve the lives of older adults through advocacy, policy, and community engagement.
- In CanAge's 2022 review of provincial and territorial immunization services, BC received a 'D' letter grade. This is a slight increase from the 'D minus' letter grade BC received in CanAge's 2020 immunization Report Card.
- BC's overall letter grade came from an assessment across three categories: Funding (score of D, up from F last report), Access (score of F, no change from last year), and Awareness (score of A, no change from last year).
- BC's overall letter grade improved in 2022 because of the province's shift to universal influenza vaccine eligibility for all British Columbians over 6 months of age.
- In the Report Card, CanAge calls for a seniors-specific flu shot for all seniors, a shingles vaccine program, expanded pneumococcal vaccine eligibility for immunocompromised individuals, and expanded eligibility for tetanus, diphtheria and pertussis booster shots.

- **Enhanced Influenza Vaccines for Seniors:**
  - Some influenza vaccine products are specially formulated to overcome changes in the body's immune system that occur naturally as we age. Fluzone High Dose includes four times the amount of antigen (deactivated virus) compared to a 'normal' flu vaccine. Fluad is a vaccine which includes an adjuvant, an additive that produces a greater immune response within the body.
  - In the upcoming 2022/23 influenza season, BC will be offering adjuvanted Fluad influenza vaccine to all community-based seniors over the age of 65 years. In addition, BC will again be providing Fluzone High Dose to seniors over the age of 65 years in long-term care and seniors' assisted living settings, as well as elders over 65 years living in Indigenous communities.

- **Pneumococal Vaccines:**
  - Pneumococcal conjugate 13-valent vaccine (PNEU-C-13) is provided as part of publicly-funded routine infant and childhood vaccinations in BC. PNEU-C-13 protects against 13 types of pneumococcal bacteria.
  - All BC seniors 65 years and older, as well as for residents of any age living in residential care and assisted living facilities, are eligible for publicly-funded pneumococcal polysaccharide 23-valent vaccine (PNEU-P-23). PPV23 protects against 23 types of pneumococcal bacteria.

- Canada's National Advisory Committee on Immunization (NACI) recommends PNEU-P-23 vaccine for all adults age 65 years and older.
- With respect to individuals with immunocompromising health conditions, the CanAge Report Card states that only those with HIV and those who have undergone haematopoietic stem cell treatment are eligible for pneumococcal vaccines in BC. Depending on the specific clinical indication, publicly-funded PCV13 or PNU-P-23 pneumococcal vaccines are provided to individuals with a broader range of immunocomprimising conditions, such as sickle cell disease, immunosuppresive therapy, chronic kidney disease, liver disease, hepatitis B, hepatitis C, malignant neoplasm, and solid organ transpant.[1]

- **Shingles Vaccine (Shingrix):**
  - The shingles vaccine is administered as a two dose series and costs approximately $150 per dose (i.e., $300 for a complete series).
  - Shingles vaccine is not publicly funded for all seniors in BC.
  - Shingles vaccine is available for private purchase. Some health insurance plans may cover the cost of the vaccine.
  - As of February 1, 2021, shingles vaccine coverage is available at no cost to First Nations Elders who are 65 years old and older.

- **Tetanus, Diptheria and Pertussis Vaccine (Tdap):**
  - Publicly-funded Tdap vaccine is included as part of routine infant and childhood vaccinations in BC. A booster dose subsequently offered to all students in grade 9.
  - As of November 1, 2020, Tdap vaccine is recommended and provided free to pregnant people in every pregnancy. Children 7 years of age and older, adults who have not been fully immunized and adults whose immunization history is unknown are also eligible for Tdap vaccine.
  - For those who do not meet eligibility criteria, Tdap vaccine is available for private purchase. Some health insurance plans may cover the cost of the vaccine.

ADVICE:
- For the 2022/23 influenza season:
  - BC will again have universal eligibility for influenza vaccine.
  - BC will be providing ‘enhanced’ influenza vaccine to all seniors. This includes adjuvanted Fluad vaccine for all community-based seniors over the age of 65 years, and Fluzone High Dose for seniors over the age of 65 years in LTC, seniors’ AL, and Elders over 65 years living in Indigenous communities.
- The Report Card indicates that BC provides incomplete coverage for pneumococcal vaccines, however, the province provides pneumococcal vaccine as part of routine childhood immunizations, a pneumococcal vaccine program for immunocompromised individuals, and an annual polysaccharide 23-valent (PNEU-P-23) vaccine free to seniors 65 years and older, as well as to residents of any age living in residential care and assisted living facilities. This eligibility criteria is aligned with NACI recommendations.

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[1] BCCDC. "Vaccines recommended for immunocompromised clients". BC Immunization Manual. August 2018. Pg. 2.

- Provincial shingles and Tdap booster immunization programs may be considered in the future. While NACI recommends a shingles vaccine program for older adults, decisions to provide publicly funded vaccine in BC also considers evidence, cost, BC specific demographics, and overall benefit, as well as input from provincial immunization experts such as the BC Immunization Committee and BC's Public Health Executive Committee.

JOINT MINISTER MEETING: No
IF SO, CAN THIS MATERIAL BE SHARED: Yes

Program ED/Branch/Division: Sarah Amyot A/ED, Public Health, Prevention and Planning Branch, Population and Public Health Division
Date: June 14, 2022

2022-2023 Influenza Immunization Program: Communications and Engagement Plan

Updated: August 2, 2022

Contents

Background

Influenza is an infection of the respiratory system caused by an influenza virus. Compared to the common cold (which is also caused by viruses), influenza generally results in a more severe illness, with a sudden onset of headache, chills and cough followed rapidly by a fever, appetite loss, muscle aches and tiredness. While Influenza can be mild, it can lead to severe disease and complications in people who are at particularly high risk when they get infected.

Each year, there are approximately 3,500 deaths from influenza and its complications across Canada. Prior to the COVID-19 pandemic, influenza caused by far the most deaths among vaccine-preventable diseases, outpacing all others combined. Infants and young children, pregnant women, indigenous people, seniors aged 65 and over and people with certain chronic medical conditions are more vulnerable to influenza than healthy adults.

As a result of public health measures put in place for COVID-19 in 2020-21 and continuing in 2021-22, such as the use of masks and physical distancing, influenza activity was extremely low globally. However, the confluence of COVID-19 and seasonal influenza may happen this year as COVID-19 transitions to an endemic disease – which may result in increased morbidity and mortality, thereby increasing stress on the health system.

The health system, and wider society, must prepare for the likelihood of co-occurrence of COVID-19 and influenza this fall and winter, as well as infections from other respiratory viruses such as the respiratory syncytial virus. The Ministry of Health, the Office of the Provincial Health Officer and the BC Centre for

Disease Control (BCCDC) work with stakeholders to create awareness, educate and engage the public on immunization in a way that increases influenza vaccine coverage across the province, including in settings such as long-term care facilities, seniors' assisted living residences, daycares, Indigenous communities and hospitals. The goal is to attain high influenza vaccine coverage, including near-universal coverage among health-care personnel and other high-risk groups.

Expanding vaccine coverage requires multiple strategies including a strategic communications and engagement plan led by the Ministry of Health and partners such as health authorities and health professionals. It may include educational outreach, including digital campaigns, social media, press conferences, web page spotlights, radio media tours, opinion editorials and other publications. As well, B.C. is proclaiming October 31 to November 6, 2022 TBC as BC Immunization Action Week to increase immunization awareness and participation.

The following vaccines will be available for the 2022-2023 influenza season and they either contain three or four different strains of influenza virus (i.e., trivalent or quadrivalent):

- FLUZONE High-Dose Quadrivalent for seniors 65 years of age and older in long-term care and seniors' assisted living facilities or elders living in indigenous communities in B.C.
- FLUAD adjuvanted trivalent for all seniors 65 years of age and older in communities
- FLUMIST Tetra nasal spray influenza vaccines for children two to 17 years of age.
- FLUZONE Quadrivalent for adults and children six months of age and older.

Vaccine	Intended use
LAIV-Q intranasal	Children/adolescents aged two - 17 years old
FLUZONE® QIV multidose vials	Those age six months to 64 years old
FLUZONE® QIV prefilled syringe	
QIV FLUZONE High dose	Residents 65+ of long term care, assisted living and First Nations communities
TIV FLUAD 65+	All other persons aged 65+

Major Program Milestones/Timelines

Mid-September 2022	First vaccine shipment arrives at BCCDC
Early- to mid - October 2022	First vaccines administered to residents of long-term care and seniors' assisted living, and to health-care workers
October x, 2022 TBD	Official start of public influenza immunization campaign for the general population

October 31- November 6, 2022 TBC	B.C. Immunization Action Week
Early April 2023	Expected end of 2022-23 influenza virus season

Objectives

1. Raise awareness amongst the public and health-care workers of the benefits of influenza immunization and the influenza vaccines that will be provided at no cost to them (i.e., universal eligibility) as part of B.C.'s 2022-23 influenza immunization efforts.
2. Provide health system stakeholders with timely and accurate information to help them inform, educate and make recommendations to the general public and their clients/ patients/ communities about what influenza is, its health impacts and vaccine safety and effectiveness.
3. Provide information to the public and stakeholders on influenza immunization and the opportunity to receive a COVID-19 booster at the same time (for those who have not received their third or even fourth COVID-19 vaccine dose).
4. Raise influenza immunization rates and reduce respiratory illnesses in communities as well as health-care facilities during the 2022-23 influenza season.

For the 2022-23 Influenza Season

- Similar to the previous 2021-22 season, the Province will offer influenza immunization at no cost to all people six months of age and older who live, work or go to school in British Columbia.
- In addition, B.C. will offer enhanced influenza vaccine (i.e., FLUAD adjuvanted trivalent, FLUZONE High-Dose Quadrivalent) at no cost to everyone 65 years of age and older, whereas in the previous year, provincial coverage for enhanced influenza vaccine was limited to those who were more than 65 years of age and residents of long-term care and seniors' assisted living facilities and First Nations communities.
- There will be 1.8 million influenza vaccine doses available in B.C. during the 2022-23 season. This includes 1.76 million doses being purchased by the Province (based on immunization uptake in 2021-22) and 45,000 doses from the federal government for seniors in long-term care and seniors' assisted living settings.
- More pharmacies will have the opportunity to order influenza vaccines directly from pharmaceutical distributors, as B.C. expands the direct distribution model from last year.
- For the 2022-23 season, pilots in the Vancouver Coastal and Fraser Health regions will explore direct distribution of vaccine to primary care offices.
- The ministry continues to engage with physicians, pharmacists, nurse practitioners and other partners including health authorities and distributors, to discuss options for immunizers to receive and distribute publicly funded vaccines including cold chain management, information technology infrastructure and reporting requirements.

Target Audiences

Primary audience: Vaccine recipients and influencers

- General public
- Individuals at high risk of serious complications and hospitalizations from influenza* (see appendix A)

Secondary audiences: Immunizers and health-care professionals

- Physicians
- Nurse practitioners
- Pharmacists
- Nurses (e.g., public health nurses, home care nurses, nurses in medical clinics)
- Other health-care workers

Stakeholder communications partners

- Health authorities
- ImmunizeBC
- BC Centre for Disease Control
- BC Health Regulators including health regulatory colleges
- Public Health Association of BC
- Health Employers Associations of BC
- Doctors of BC
- Nurses and Nurse Practitioners of BC
- Unions
- BC Pharmacy Association
- Other government ministries such as the Ministries of Citizens' Services, Mental Health and Addictions and Social Development and Poverty Reduction
- HealthLink BC
- Service BC
- B.C. Public Service Agency

Key Messages

Public Messaging:

2022- 23 influenza season

- COVID-19 and other respiratory illnesses are still circulating in communities across the province which is why influenza immunization continues to be a priority.
- Fewer people got influenza in the past few two years than before the pandemic, in part because of public health measures to stop the spread of COVID-19 (e.g., handwashing, the use of masks and physical distancing). As influenza rates have been very low since 2020, our immunity against

respiratory illnesses may be lower than usual so getting your influenza vaccine this year is more important than ever.

- B.C. will provide approximately 1.8 million doses of publicly funded influenza vaccine available this year, so everyone who wants to get immunized will be able to do so.
- Like last year, influenza vaccine will be available at no cost to people six months of age and older who lives, works or goes to school in British Columbia for the 2022-23 season. As well, all people who are 65 and older will be able to receive enhanced influenza vaccines, at no cost to them.
- Influenza can cause serious illness and complications that require hospitalization. Everyone is at risk of influenza and of spreading it to others, which is why we encourage all British Columbians to get immunized.
- Immunization helps to protect you and those around you by reducing the spread of influenza. This is particularly important for those who are at the highest risk such as infants and young children, pregnant women, indigenous people, seniors, and adults and children with chronic medical conditions and for those who can spread it to those at the highest risk of serious illness from influenza.
- To make it as convenient as possible, you can be immunized at most pharmacies, doctor's and nurse practitioner's offices, public health units, travel vaccination clinics and walk-in clinics:
    - Check your health authority's website or call your health-care provider or pharmacist to check availability and to make an appointment.
    - Visit www.immunizebc.ca or call 8-1-1 to find an influenza clinic location near you. Call ahead to check availability.

Vaccine effectiveness

- Influenza vaccines undergo rigorous reviews each year to ensure they are safe and effective before getting approved by Health Canada.
- Even though seasonal influenza vaccines have variable year-to-year effectiveness, they can still significantly reduce serious illness and death, especially with high coverage.
- Influenza vaccines protects against several different viruses each season – all vaccines protect against four this year. Even when there is a less-than-ideal match or lower effectiveness against one virus, getting a vaccine still provides protection against the remaining viruses. If you do get influenza, the shot may reduce the severity of influenza-related complications.

Stakeholder Messaging

2022-23 Immunization Plan

- As British Columbians resume pre-COVID-19 pandemic levels of socializing and with many public health measures lifted, it is expected that seasonal influenza and other respiratory viruses will circulate alongside COVID-19 this fall and winter.
- As a result of public health measures put in place to reduce the spread of COVID-19, such as the use of mask and physical distancing, influenza activity was extremely low globally in 2020-21 and 2021-22.
- Seasonal influenza and COVID-19 have the potential to add substantial pressures to the health system, particularly if infection waves from both viruses coincide, which is possible this year. Therefore, influenza immunization is a priority to reduce the number of cases, serious illness, complications and death associated with influenza and to reduce emergency room visits and hospitalizations overall.
- To address the importance of influenza immunization this year, the Ministry of Health and our partners will maximize access to immunization by:
    - increasing vaccine availability by providing immunization at no cost to people ages six months and older who live, work or go to school in B.C.;
    - expanding coverage of enhanced influenza vaccine formulated for older adults to all British Columbians 65 years of age or older;
    - creating opportunities for people who have not received one or more of their COVID-19 vaccines to receive their influenza vaccine at the same time;
    - emphasizing the importance of influenza immunization during the entire 2022-23 season; and
    - conducting targeted communication outreach to specific groups who are at higher risk for severe disease and complications from influenza (e.g., text or email notification to promote influenza immunization, through the same channels as the COVID-19 immunization notifications in 2021-22).
- Influenza vaccine is prioritized for people in B.C. at the highest risk of serious illness and complications from influenza and those who can transmit or spread the disease to these individuals. This includes infants, young children, pregnant people, seniors, Indigenous people, those with underlying medical or chronic health conditions, those who work with or come in close contact with higher-risk groups and those who are planning to visit a health-care facility.
- The ministry will work closely with its partners and communities, including Indigenous communities and with vulnerable populations, to reach high influenza vaccine coverage, using multiple communication, education and public engagement strategies.
- With COVID-19 and influenza circulating in our communities this fall and winter, immunization will be especially important to protect those most vulnerable to serious illness and complications from respiratory viruses.

- Our ultimate goal is to increase immunization levels against all vaccine-preventable diseases that are on the provincial immunization schedule. The influenza immunization program contributes to the Province's overall goal of reducing the burden of vaccine preventable diseases.
- The timing, duration and intensity of the influenza season in B.C. varies from year to year. Based on previous years, the peak period usually runs from November/December to February/March.
- Community immunizers will continue to play a key role in this year's influenza immunization campaign, as they help distribute the vaccine at their pharmacies, offices/clinics and public health units to people in their communities.
- We would like to recognize and thank the physicians, nurse practitioners, nurses, pharmacists and other immunizers who have supported provincial immunization programs and provided accurate information and assistance to their patients, clients as well as communities.

Vaccine Distribution

- The Province continues to implement the direct distribution model in a phased approach. For the 2022-23 influenza season, more community pharmacies will have the opportunity to distribute publicly funded influenza vaccines. The BC Pharmacy Association (BCPhA) continues to support the ministry in implementing the next phase of this model:
    - The first phase started in the 2021-22 influenza season with community pharmacies that were able to order influenza vaccine directly from pharmaceutical distributors, by leveraging the distribution infrastructure they already had with pharmaceuticals and from the COVID-19 vaccine program (e.g., pharmacies were able to order COVID-19 vaccine directly from distributors).
- Based on last year's administration volumes by site, an initial allocation has been determined and distribution has been initiated for a coordinated official start date targeted for mid-October.
- For the 2022-23 influenza season, most community immunizers other than pharmacies will continue to pick up their influenza vaccines from public health units as they did in previous years.
- Future phases will explore the expansion of direct distribution to other community immunizers, including physicians and nurse practitioners.
- Many community immunizers have expressed an interest in direct-to-office delivery of vaccines as a flexible and convenient way to ensure access to vaccines for people in B.C. This model will help support public health's goal of providing protection to people and broader communities throughout the province.
- We will continue to engage with physicians, pharmacists, nurse practitioners and other partners, including health authorities and distributors, on the distribution model.

Strategic Approach

The strategic communications approach for the 2022-23 influenza immunization campaign will help to coordinate and align key communications amongst various stakeholders and the public. This includes working with the Government Communications and Public Engagement (GCPE), Government Digital Experience (GDX), the Office of the Provincial Health Officer, the BC Centre for Disease Control and health authorities. The approach is based on the challenges and lessons learned from the 2021-22 influenza immunization campaign (see appendix B).

The 2022-23 influenza immunization campaign will be announced provincially in October 2022. Following this, health authorities will launch their public and internal campaigns. Promotions to encourage the public to get their influenza immunization will continue into early 2023 through various channels. Public-facing campaigns will primarily direct people to the Find a Flu Clinic tool on the Immunize BC website or a health authority public health clinic finder.

STRATEGY	TACTICS
Engage ministry and external health partners: (health authorities, BCPhA, Doctors of BC, long-term care sector, etc.) to define what information key stakeholders need and what channels/networks would be best to reach all audiences.	• Within the ministry: Each division that plays a role in influenza immunization will provide a list of their key stakeholders for each phase (if not already included in the B.C. Influenza Immunization Plan), and their current channels to communicate to stakeholders. • Health authorities, community pharmacies and key health partners: The ministry (e.g., Population and Public Health, Pharmaceutical, Laboratory & Blood Services, Primary Care and Seniors' Services divisions) will reach out to health authorities and key health partners on their communications tactics/strategies for the plan.
Create content tailored to stakeholder audiences	• Identify and update government and health authority web pages on influenza immunization for health-care providers. • Develop key messages and Q&A for stakeholders to support their communications to the public and their members.

STRATEGY	TACTICS
Content for the public	• Educational outreach activities, including social media, press conferences, web page spotlights, radio media tours, op-eds, and other publications; • A digital campaign to educate the general public and people with who are at increased risk of severe influenza and COVID-19 disease and their complications; • Special educational efforts to inform the general population, infants and young children, pregnant women, people with underlying health conditions, and Indigenous audiences about the importance of influenza immunization. • Update government immunization websites for the public (see public-facing channels below). • Proclaim B.C. Immunization Action Week. • Promote resources such as Immunize Canada, ImmunizeBC and CanImmunize App.

Public-Facing Communications Channels

Organization	Promotion	Education
Health authorities	Social media	Influenza landing pages Influenza clinic locators
ImmunizeBC	Social media Advertising (radio)	Influenza Find a Flu Clinic I Boost Immunity
BCCDC	Social media	Influenza More Resources Virtual Assistant
HealthLink BC	Social media	Inactivated Influenza (Flu) Vaccine Why Seniors Should Get the Inactivated Influenza (Flu) Vaccine Facts about Influenza (the Flu) Influenza (Flu) Immunization: Myths and Facts Live Attenuated Influenza (Flu) Vaccine
Healthy Families BC	Social media	Blog posts
BCPhA	BCPhA website	
Government of BC	Social media Gov.bc.ca website	

Roll-Out Timelines

Completed items will be moved to appendix C as implementation progresses in 2022-23.

September

Date	Action	Description	Responsibility
Late September	New Influenza Vaccine Articles and Posters	To be promoted on I Boost Immunity through email blasts to registered users and on the sites.	ImmunizeBC
Late September	Stakeholder Website Updates	Review and update of influenza information on PharmaCare web pages for health-care professionals, health authority websites, DoBC, BCPhA, Immunize BC and BCCDC.	Site owner
Late September	Public-Facing Website Updates	Updates to Ministry of Health, HealthyBC, Health Link BC, Office of the Provincial Health Officer websites. Gov.bc.ca slider (scrolling banner) on website header, ServiceBC and messaging for 811 chatbots for public inquiries.	GCPE/PPH/ HealthLink BC
End of September	Health authority communications engagement session	Meeting to coordinate development of internal health authority materials	GCPE/ Stakeholder Engagement
October x, 2022	Influenza campaign announcement with news release	News release with photo-op of the premier, minister and/or Dr. Bonnie Henry to announce the beginning of influenza immunization campaign	GCPE
October, x, 2022	PHO reference to 2022-23 influenza immunization	Key messages in PHO's regular COVID-19 briefing to announce the start of the 2022-23 influenza immunization season and encourage the public to get vaccinated	GCPE/ Dr. Henry
October xx - xx, 2022	Promotion on B.C. government social media channels	Photos of Premier Horgan, Health Minister Dix, Dr. Henry and Parliamentary Secretary Elmore receiving their influenza immunizations will be promoted on B.C. government's social media channels (Twitter and	GCPE and Government Digital Experience (GDX)

		Facebook) to encourage influenza immunization.	
October xx - xx, 2021	B.C. government social media graphics	B.C. government will have social media graphics to reinforce key messages about the 2022-23 influenza immunization campaign launch.	GCPE and GDX
Mid-October	Circulate internal communications to health authority staff and members	Health authorities to send out CEO letters to staff, ensure QAs are distributed	Health authorities
October 31- November 6, 2022	BC Immunization Action Week	Provincewide proclamation	PPH
October xx- xx, 2022	Health authority public events and internal campaigns	Health authorities will launch their public and internal campaigns	Health authorities
October xx – mid-November xx, 2022	Launch online and social media advertising campaigns	Promoting the B.C. Find an Influenza Clinic locators on the ImmunizeBC website.	ImmunizeBC/ PHABC
October xx – November xx, 2021	Launch radio and digital ad campaigns	Provincewide Immunize BC radio ad campaign during the month of November to encourage getting immunized against influenza.	ImmunizeBC/ PHABC
Various	Healthy BC social posting	Myth busting graphics and content supplied by PPH team for HealthyBC social channels	PPH/ HealthLinkBC
TBC	Digital displays in income assistance district offices	Promote influenza immunization information to vulnerable populations	Ministry of Social Development and Poverty Reduction

November

Date	Action	Description	Responsibility
TBC	Stakeholder Questions and Answers	Topic: 2022-23 influenza immunization campaign.	Stakeholder Engagement
TBC	Public Questions and Answers	Topic: 2022-23 influenza season and influenza immunization campaign	Stakeholder Engagement

TBC	Distribute Printed Collateral	Printing and distribution of five print pieces for health units, pharmacies and other stakeholder locations across B.C.	ImmunizeBC
TBC	Circulate public facing comms package to health authorities' comms teams	Key messages, communications plan, QAs for websites, etc.	GCPE/ Stakeholder Engagement
TBC	Stakeholder Memorandum/ communication	To promote Immunization Action Week and provide an update to immunizers such as vaccine eligibility and new developments on distribution model for primary care providers.	Stakeholder Engagement
TBC	PHO to health authority CEO letters	Provide updates on immunization	GCPE/ PHO
TBC	B.C. Nurses' Union member campaign on influenza immunization	Member campaign to encourage nurses to get the influenza vaccine (goal from 68% to 84% provincewide)	BCNU/ HEABC/ PHO/ health authorities
TBC	Article in Pharmacare newsletter	Article will include information on PharmaNet claim entry, links to PharmaCare web pages and the news release	Pharmaceutical Policy, Legislation & Engagement

December – April

Date	Action	Description	Responsibility
TBC	Stakeholder Memorandums	As needed.	Stakeholder engagement

TBC	2022-23 Influenza season and immunization campaign Retrospective	Meeting to wrap up influenza season and immunization campaign to go over lessons learned.	PPH

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Appendix A: People at High Risk from Seasonal Influenza

Influenza immunization is recommended to everyone six months of age or older and is particularly important for people who are at high risk of serious illness and complications from the disease and for other people around them. This includes:

1. **People at high risk:**
    - People aged 65 years and older
    - People of any age who are residents of long-term care facilities
    - Adults (including pregnant women) and children with the following chronic health conditions:
        - Cardiac or pulmonary disorders (e.g., bronchopulmonary dysplasia, cystic fibrosis, asthma)
        - Diabetes and other metabolic diseases
        - Cancer; immunodeficiency (including human immunodeficiency virus [HIV] infection); immunosuppression due to underlying disease or therapy (e.g., severe rheumatoid arthritis requiring immunosuppressive therapies)
        - Chronic kidney disease
        - Chronic liver disease, including hepatitis C
        - Anemia and hemoglobinopathy
        - Conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, seizure disorder, and neuromuscular disorders)
    - Children and adolescents (six months to 18 years of age) with conditions treated for long periods with acetylsalicylic acid
    - Children and adults who are morbidly obese (adult BMI ≥ 40; child BMI assessed as ≥ 95th percentile adjusted for age and sex)
    - Indigenous peoples (on and off reserve)
    - Healthy children six to 59 months of age
    - Pregnant women at any stage of pregnancy during the influenza season (typically spanning November to April)
    - Inmates of provincial correctional institutions
    - People working with live poultry (Immunization may reduce the potential for human-avian re-assortment of genes should such workers become co-infected with human and avian influenza.)

2. **People capable of transmitting influenza to those at high risk:**
    - All health-care workers (including all health authority staff, accredited physicians and residents, volunteers, students, contractors, and vendors) who come into contact with patients at health-care facilities including long-term care facilities. This includes independent health care practitioners and their staff in community settings.
    - Visitors to health-care facilities and other patient care locations

- Household contacts (including children) of people at high risk whether or not those high-risk people have been immunized
- Those who provide care and/or service in potential outbreak settings housing high risk persons (e.g., crew on ships)
- Household contacts of healthy children 0 to 59 months of age
- Those providing regular child care to children 0 to 59 months of age, whether in or out of the home

3. **People who provide essential community services:**
    - First responders: police, fire fighters, ambulance
    - Corrections workers
4. **Anyone else who wishes to reduce their risk of influenza**

Appendix B: Challenges and Lessons Learned from 2021-22

Challenges	Lessons learned
Vaccine uptake for the entire 2021-22 influenza immunization season was lower than targeted	Need for additional outreach to raise awareness of influenza immunization (e.g., digital displays, direct emails)
Coordination of timing between local advertisement of vaccine availability (pharmacies) vs. public announcement of immunization week and regional announcement of public health immunization clinics	Allow local advertisement/promotion at the community-level (low-profile, such as a sign outside of pharmacies) for early uptakes, which can ramp up after public announcement as vaccine arrive in more communities and become more widely available across B.C.
Provincial buy-back program to manage the doses from pharmacies' private purchased stock	Universal coverage of influenza vaccines could be promoted before the season officially starts, to reduce private purchases of vaccines that will be provided at no-cost to British Columbians anyway. How to promote this and timing will need to be balanced with the expected vaccine availability across all regions, immunization readiness at the local level (community immunizers and public health clinics) as well as the greater, official announcement of the 2022-23 influenza season.
Immunization exhaustion in the public after COVID-19 vaccination efforts and lower-than-expected confluence of COVID-19 and influenza infection since 2021.	Promote the importance of influenza immunization especially as public settings and workplaces have eased restrictions and returned to pre-pandemic routines. Offer opportunities for people to receive their COVID-19 and influenza vaccines at the same time if they are not fully vaccinated or need additional dose of COVID-19 vaccine.

Appendix C: Completed Roll-Out Items

As the roll-out timeline progresses, the completed item will be moved to here.

September

Date	Action	Description	Responsibility

October

Date	Action	Description	Responsibility

November

Date	Action	Description	Responsibility

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 1235001

PREPARED FOR: Honourable Adrian Dix, Minister of Health – **FOR INFORMATION**

TITLE: Health Insurance BC Procurement Update

PURPOSE: To provide the current state of the procurement project and contract signing with the successful proponent.

BACKGROUND:

The Ministry of Health's (HLTH) contract with MAXIMUS BC for Health Insurance BC (HIBC) services expires on March 31, 2023. Pursuant to Treasury Board direction, HLTH issued a Joint Solution Request for Proposals (JSRFP) on August 26, 2020, to re-procure the HIBC services.

Through the JSRFP process, the Province has selected PBC Health Benefits Society d.b.a. "Pacific Blue Cross" (PBC) as the successful proponent. Following a period of due diligence, the Ministry has negotiated terms with PBC for delivery of the HIBC services.

On July 4, 2022, Treasury Board provided written confirmation it approved HLTH's request to enter into a seven-year contract with Pacific Blue Cross to deliver Health Insurance BC services.

DISCUSSION:

In accordance with the JSRFP, HLTH has negotiated an outcomes-based contract with PBC for the next generation of HIBC services. The contract is for a 7-year initial term (approximately 1 year transition-in during FY 2022/23 and 6 years operating to FY 2028/29) with the option to extend the contract for up to three additional one-year terms.

The negotiated contract is anticipated to deliver the following benefits:

- **Transformation and innovation:** PBC and its subcontractors bring capability and capacity to innovate the HIBC services (e.g., self-service, process automation, digitization) and deliver modern solutions to meet the Ministry's future business needs including experience in enhanced claims processing, education and compliance programs to improve processing times and accuracy of provider billings;

- **Cost containment:** the deal provides for delivery of service within a capped budget over the contract term. Further, the deal structure incentivizes the service provider to invest in process and technological change to reduce the overall cost of service delivery over the term;

- **Performance incentives:** the deal provides financial incentives for ongoing HIBC service improvement and achievement of performance targets, to drive better outcomes and value for money for citizens, healthcare providers, and the Ministry;

- **Transparency:** the deal provides HLTH with financial and operational transparency into delivery of the HIBC services; as well as improved access to data to support program planning and management; and

- **Labour relations:** PBC has created a new entity, PBC Solutions Ltd. which will be the successor employer to the incumbent service provider and will take on the collective bargaining obligations and the collective agreement between BCGEU and MAXIMUS. As such, all BCGEU members engaged in delivery of the HIBC services will receive a job offer from PBC. PBC has secured facilities in Victoria for delivery of the HIBC services.

- **Transition and Other Key Risks:**

  a) Critical incumbent IM/IT personnel – key non-unionized IM/IT staff with technical knowledge will need to be retained and transitioned from MAXIMUS to PBC to minimize potential impact to service continuity. s.13

  s.13

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  s.13 *MAXIMUS and PBC have jointly participated in employee town halls to coordinate communications, and HLTH will continue to support and enable PBC's efforts to identify critical personnel and commence knowledge transfer upon contract signing.*

  b) Transition timeline – transition timelines are compressed given the scope of HIBC services and finalization of a tripartite transition plan (MAXIMUS, PBC, HLTH) is also required post contract signing.

  Mitigation: HLTH will reduce incumbent workload demands and prioritize transition activities; and use tri-partite governance and working groups with PBC and MAXIMUS to ensure integrated planning, support and escalation. HLTH also has the option to extend the current MAXIMUS contract by up to 6 months if needed.

  c) s.13

  Mitigation: HLTH has conducted a thorough JSRFP and evaluation process utilizing the Ministry of Citizens' Services in the selection of PBC as the successful proponent. Further, the contract has been negotiated in alignment with the JSRFP.

s.13

HLTH has consulted key stakeholders throughout the JSRFP process and the contract negotiations, including HLTH's Digital Policy Security and Privacy Branch; the Strategic Partnerships Office and Procurement Services Branch of the Ministry of Citizens' Services; the

Public Service Agency; and the Risk Management Branch of the Ministry of Finance. The Ministry of Attorney General's Legal Services Branch has been engaged throughout the process and drafted the final contract.

ADVICE:

The contract has been fully negotiated and is ready to be signed by the two parties. Contract signing is currently scheduled to occur on July 25, 2022. There will be limited communications after the contract has been executed. BCBid will be updated which will notify bidders of the results. HLTH will email internal staff and key external partners about the outcome of the procurement, but no media release is planned.

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Program Contact (for content):	Edward Wong
Date:	July 20, 2022

Ministry of Health - Information Briefing Note - Cliff 1231344

Prepared for: Honourable Adrian Dix, Minister of Health **– For Information**

Title: Retaining Family Physicians in Northern Health

Purpose: To provide information regarding Rural Programs for attracting and retaining family physicians in Northern Health.

Background: It has been reported that Smithers is going to lose three GPs in the coming months – two are going to retire and one is choosing to practice oncology. This will potentially impact access to a primary care physician for the residents of the Bulkley Valley. Health Match BC is currently advertising for three GP's, one locum GP, and one Pediatrician position in Smithers.

Discussion:

- The Joint Standing Committee on Rural Issues (JSC) is responsible for the overall governance and oversight of the Rural Programs of the Rural Subsidiary Agreement (RSA), and the JSC membership comprises both Doctors of BC board appointed rural physicians and Government representatives. One of the key rural programs is the Rural Retention Program (RRP). The RRP consists of a set of retention benefits paid to physicians working in eligible communities covered under the RSA. The RRP program is made up of two payment components paid to eligible rural physicians: the RRP Fee Premium, the RRP Flat Fee and the Rural Business Cost Modifier (RBCM) benefit.
- The JSC is mandated through the RSA to conduct Medical Isolation Point Assessments (assessment) on an annual basis for all RSA communities. Several variables including number of physicians, distance from a major medical community, population size, etc. are applied to determine the number of rural points assigned to a particular rural community.
- The primary purpose of the assessment is to ensure that the relative isolation across rural communities in BC is recognized so that the communities that are the most rural and isolated do appropriately receive the higher number of allocated points. The JSC uses these assessed points to assign rural physicians and communities their eligible rural benefits.

- The Rural Practice Programs were established to encourage physicians to establish and maintain practices in rural communities. Smithers' physicians are eligible for a variety of incentives including the RRP Flat Fee, Fee Premium and RBCM, Rural Continuing Medical Education (RCME), Rural CMPA, Rural Education Action Plan (REAP), Rural Emergency Enhancement Fund (REEF), Locum for Rural BC (LRBC), the Recruitment Incentive Fund (RIF), and Recruitment Contingency Fund (RCF) for relocation. The community is also eligible for the Northern and Isolated Travel Assistance Outreach Program (NITAOP) for visiting specialists. See Appendix 1 for details of the Rural Practice Programs available to Smithers physicians. A full overview of all Rural Programs under the RSA is also available at: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs

Advice: While Health Match BC is currently advertising for three GP's, one locum GP, and one Pediatrician positions in Smithers, the rural incentives listed above will help to attract and retain physicians in the community. These benefits have been very successful in the past to not only recruit but also assist Northern Health in retaining the physicians in rural communities of British Columbia.

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Drafter: Shawna Yule
Date: July 25, 2022

Appendix 1: Rural Practice Programs – Smithers:

Physicians recruited to Smithers may be eligible for the following programs:

Rural Retention Program (RRP)

- The purpose is to encourage physicians to establish and maintain practices in rural communities. The RRP benefit is comprised of two components:
  1) Flat Fee $23,045.88 (includes the RBCM) - Physicians must reside and practice in an eligible RSA community for a minimum of 9 months per year and earn a minimum of $75,000 in eligible income.
     - 24 physicians in Smithers received Flat Fee payments in 2021/22 Q4
  2) Fee Premium 20.02 % on FFS billings (or Fee Premium Equivalent (FPE) if on contract)

Rural Continuing Medical Education (RCME)

- RCME Individual Fund – as an 'A' designated community Smithers physicians are eligible if they reside and practice for a minimum of 9 months per year. Payment amounts are based on eligible years of service in RSA communities
- 24 physicians in Smithers received RCME in 2021/22 Q4.
- RCME Community Fund – pool of funds available for Smithers physicians as a group. Administered through RCCbc. Smithers received $43,771.54 for Fiscal 2022/23. Communities can accumulate funds for up to 3 years.

Rural CMPA

- Enhanced funding to offset professional CMPA cost. Provides reimbursement for up to 50% of out-of-pocket costs for eligible rural physicians.

Rural Emergency Enhancement Fund (REEF)

- The Bulkley Valley District Hospital is eligible for up to $200,000 in annual funding.

Recruitment Incentive Fund (RIF)

- Physicians recruited to fill vacancies or pending vacancies that are a part of the Physician Supply Plan in Smithers (A Community) may be eligible for up to $20,000 (pro-rated for physicians working less than full-time).
- Two physicians were successfully recruited to Smithers since January 2020.

Recruitment Contingency Fund (RCF)

- Funding to help support physicians with their relocation costs.
- One physician received RCF in 2020/21 and three in 2021/22.

Rural Locum Programs

- Rural Specialist Locum Program (RSLP) – the designated core specialists in the community are eligible for the RSLP if fewer than five physicians providing the service in the community. Eligible physicians are eligible for up to 35 days of locum coverage per fiscal year.
- Rural GP Anesthesia Locum Program (RGPALP) – communities with seven or fewer GPA's are eligible for 35 days of locum coverage per fiscal year.

Northern and Isolation Travel Assistance Outreach Program (NITAOP)

- Smithers is approved for the following specialties to visit the community for Fiscal 2022/23: Oncology, Dermatology ENT, General Surgery, Internal Medicine, Neurology, Obstetrics and Gynecology, Orthopaedic Surgery, Pediatrics, Plastic Surgery, Psychiatry, Radiology and Urology.

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 1235054

PREPARED FOR: Jonathan Dubé, Associate Deputy Minister of Health- **FOR INFORMATION**

TITLE: PICS Diversity Village Long-term Care (LTC) Project (the Project)

PURPOSE: To provide a status update on the Project

BACKGROUND:

The Progressive Intercultural Community Services Society (PICS) is a registered (since 1987) non-profit organization based out of Surrey that provides various programs and services, including employment programs, settlement services, language services, social programs and housing services. In 2007, PICS opened the Seniors Assisted Living Complex and Adult Day Centre, located at 7566-120A Street in Surrey.

Fraser Health Authority (FHA) commenced the competitive selection process for a 125-bed facility in Surrey in August 2018. PICS was the only qualified respondendent and a Project Development Agreement (PDA) was signed August 26, 2020. PICS owns the lands on which the Project is to be constructed, and has arranged for[s.21]

FHA established an Oversight Steering Committee (OSC) for the Project with representatives from FHA, the Ministry of Health (the Ministry), BC Housing, and PICS. The Terms of Reference for the OSC were included as part of the PDA that PICS signed.

CURRENT STATUS:

The project is in the pre-construction phase. Design (construction documents) is 90% complete and a Class B (+/- 10%) construction cost estimate is being prepared and will be presented to the OCS on August 16, 2022. On June 27, 2022, Surrey City Council approved the Development Permit. The Building Permit application is being prepared for submittal to the City of Surrey in mid-August with approved expected by January 27, 2023. **Start of construction is scheduled for May 2023** with an estimated 21-month construction period, followed by commissioning, approval of the Occupancy Permit, licensing and finally resident move-in by May 2025.

s.13; s.16; s.17; s.21

s.13; s.16; s.17; s.21

s.13; s.16; s.17; s.21

ADVICE:

s.12; s.13

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Drafter: Kirk Eaton, Executive Director, Capital Services
Date: July 21, 2022
File Name with Path: K:\CSB\100-499 Office Administration\280-20 BNs\2022\IBN Minister PICS LTC Project

MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff # 1224846

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

TITLE: High Acuity Unit at Nanaimo Regional General Hospital

PURPOSE: s.13

BACKGROUND:
In October 2018, Treasury Board approved the business plan to construct a new ICU at NRGH at a total capital cost of $33.9 million. In January 2021, Treasury Board approved a $7.7 million cost increase for a revised total project cost of $41.6 million. The ICU building is a concrete framed two-storey building plus a basement level, with a 12-bed ICU on the second floor and s.13

The Vancouver Island Health Authority (VIHA) started with a Design-Bid-Build procurement approach but switched to Construction Management (CM) to fast-track the schedule. Stuart Olsen was awarded the CM contract. Construction is expected to be complete in late 2022 or early 2023 followed by commissioning and open to patients in spring 2023. The concrete superstructure is complete and approaching the water-tight stage and work on mechanical and electrical systems is underway. See Appendix 1 for photos.

DISCUSSION:
s.13; s.16

s.13; s.16 The COVID-19 pandemic underscored the importance of ICU and HAU beds at NRGH and other acute care sites across the province. NRGH's existing 10-bed ICU struggled to meet demand during the pandemic. VIHA had to create a temporary 8-bed HAU within the emergency department (ED) to help manage patients needing critical care. This space is suboptimal for critical care services, and it consumes valuable ED space that is increasingly under pressure.

s.13; s.16

s.13; s.17

s.13

s.13 of the cost and would like to launch a fundraising campaign and leverage momentum from their existing $5 million ICU campaign (for a s.13 total contribution). The Nanaimo Regional Hospital District (NRHD) will cost share up to 40% of the total cost, and the balance will come from VIHA internal funds.

OPTIONS:

s.13; s.16; s.17

s.13

FINANCIAL IMPLICATIONS:

s.13; s.16

RECOMMENDATION: s.13

Approved/Not Approved
Adrian Dix
Minister of Health

July 11/2022
Date Signed

Program ADM/Division: Philip Twyford, Finance and Corporate Services
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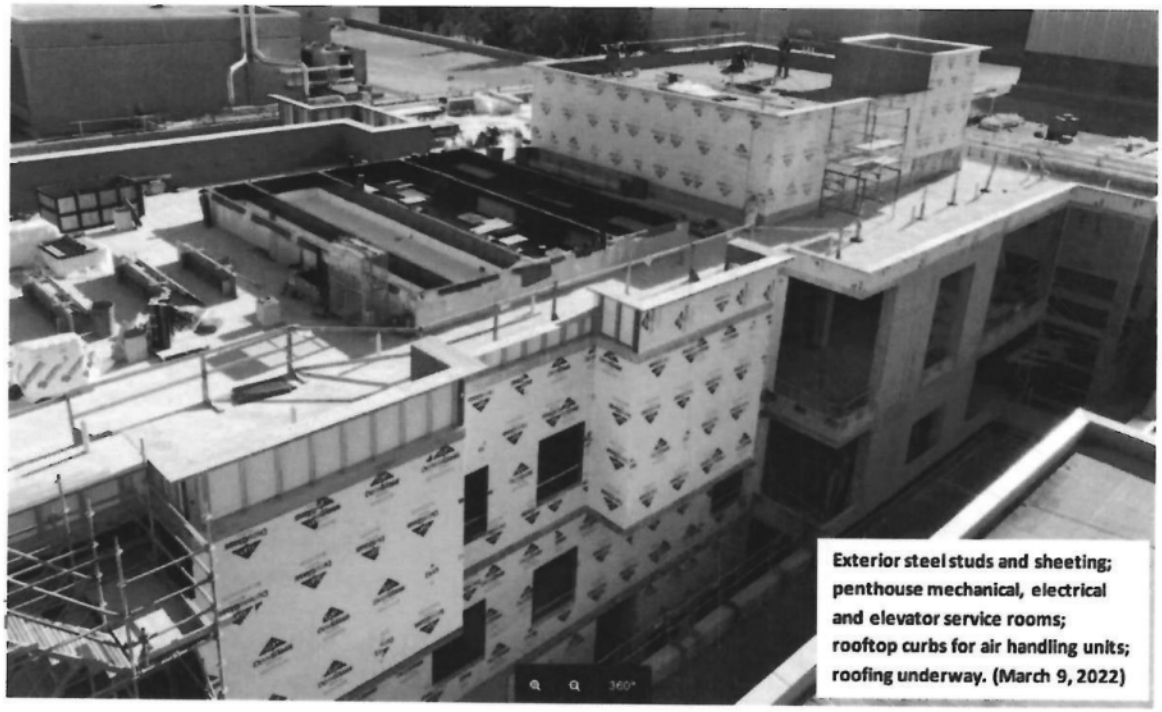
Program Contact (for content): Kirk Eaton, Executive Director
Drafter: Mark Bell
Date: June 14, 2022

Appendix 1: NRGH ICU construction progress photos



Exterior steel studs and sheeting; penthouse mechanical, electrical and elevator service rooms; rooftop curbs for air handling units; roofing underway. (March 9, 2022)

Steel studs, mechanical, and electrical installations underway on Level G.

A large section of the Level 1 floor has been left unfinished (gravel not concrete slab), to facilitate the future layout of that space once it is

Level 1 is where the future HAU will be constructed