novel Coronavirus (COVID-19)
Immunization FAQ – for Community Physicians

July 8, 2021

What's happening in Alberta?
Alberta continues to see cases of COVID-19. For current case count and additional information for travellers, schools, daycares, employers and all Albertans, visit www.alberta.ca/covid19.

Community physicians and their teams can email phc@ahs.ca with questions related to COVID-19.

Other COVID-19 FAQs for community physicians:
- COVID-19 Patient Care and Testing
- COVID-19 IPC and Exposure

Issued by the PCN Incident Response Task Force for COVID-19

FAQ List of Immunization Topics
*Desktop/laptop users can use “Ctrl +F” to search the document for keywords.

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ahs.ca/covidPHC
1. UPDATED Are quarantine requirements different for immunized individuals?

- Individuals who are asymptomatic and **fully immunized** with two doses of the COVID-19 vaccine are no longer required to quarantine for 14 days if they are a close contact of a COVID-19 case. If you do have symptoms, you must isolate for 10 days and should get tested – your isolation can end early if you test negative.

- Individuals who are asymptomatic and **partially immunized** will have a shortened quarantine period if they are a close contact of a confirmed case. Partially immunized asymptomatic individuals are required to quarantine for 10 days with the option to get tested on Day 7. Your quarantine can end early if you test negative on day 7 or later from last exposure. If you test negative before day 7, you must remain in quarantine unless you get a second negative test on day 7 or later to end quarantine. If you do have symptoms, you must isolate for 10 days and should get tested – your isolation can end early if you test negative.

These quarantine changes **do not** apply to international travellers returning to Canada. Fully vaccinated travel exemptions have been put in place as of July 5; otherwise, travellers must comply with the 14-day quarantine required by the Federal Quarantine Act.

These quarantine changes **do not** apply to asymptomatic unvaccinated or partially vaccinated individuals who are still required to legally quarantine for 14 days.

In addition, a Medical Officer of Health and the Infection Prevention and Control team responsible for a public health investigation may direct a close contact to follow a 14-day quarantine period regardless of their immunization status.

For more information, please refer to alberta.ca/isolation and ahs.ca/quarantineaftervaccine. You may also refer to the IPC and Exposure FAQ for Community Physicians for more information.

2. UPDATED Can primary care providers help administer COVID-19 vaccines?

The Alberta Medical Association (AMA) and the Government of Alberta are working with community physicians and their partners in an effort to deliver COVID-19 vaccinations. Albertans can search the AlbertaFindADoctor.ca website to see if their primary care provider is offering vaccinations.

Based on the learnings from this pilot, the program will expand to include more clinics. More information is also available in this Government of Alberta announcement about community physicians administering vaccines.

3. UPDATED Do PPE, physical distancing, masking, continuous eye protection and IPC requirements apply to healthcare workers who have been immunized?

- Though the CMOH Order was provincially rescinded, immunized healthcare workers, patients and visitors are still required to adhere to existing PPE guidance in all AHS settings. These include masking for staff, patients and visitors as well as contact and droplet precautions for anyone showing respiratory symptoms or have been directed to isolate. CMOH Order 34-2021 states where public masking is still required.

- Currently, there is insufficient evidence on the vaccines’ duration of protection and effectiveness of reducing transmission of COVID-19.
While the vaccines being delivered have shown very high effectiveness in clinical trials, no vaccines are 100 per cent protective. Immunization does not change PPE requirements.

**Eligibility and Booking**

4. **UPDATED** Who is currently eligible to receive COVID-19 immunization in Alberta?

For information on current eligibility for COVID-19 immunization, please visit the [Government of Alberta webpage on vaccine distribution](https://www.ahs.ca/covid).

Appointments will be available through Alberta Health Services online at ahs.ca/covidvaccine, participating pharmacies and physicians’ offices or by calling 811. Where possible, AHS will contact those who received their first dose at an AHS clinic to remind them that they are eligible for their second dose. However, Albertans do not need to wait to be contacted to book once they become eligible.

Currently all Albertans 12 and over who received their first dose are eligible for booking their second dose.

5. **UPDATED** How can patients book their immunization appointment?

Check the [Government of Alberta website](https://www.ahs.ca/covid) to see if your patients are currently eligible for immunization and to view current booking options. Options may include:

- Appointments through AHS:
  - Scheduling an appointment online using the AHS booking tool at ahs.ca/covidvaccine.
  - Calling Health Link at 811 to book an appointment through a Health Link nurse.

- Appointments through participating community pharmacies:
  - Please see Blue Cross for further information on pharmacy booking and walk-in options.

Please review these [frequently asked questions on vaccine booking](https://www.ahs.ca/covid) for more information.

When booking a second dose appointment, everyone will need the date of their first immunization and type of vaccine they received. We ask that you bring your proof of immunization/immunization record to the second appointment if it is at a different source than your first.

Check out this [video](https://www.ahs.ca/covid) for more information about how to book a second dose appointment.

6. Are there scenarios when a physician would need to prescribe or provide a client specific order for COVID-19 vaccine?

- For all other populations, the Chief Medical Officer of Health has signed a directive that allows for the administration of COVID-19 vaccine by regulated health practitioners under the authority of the Medical Officer of Health.
- Individuals do not require individual client specific orders before COVID-19 vaccine can be administered in AHS sites, AHS contracted sites and by AHS staff acting under the authority of the Medical Officer of Health.
- This is one strategy that AHS is using to ensure that Albertans can be immunized as quickly as possible.
- This directive does not replace the need for informed consent and a “fit to immunize” assessment at the time of immunization. Those activities would be routinely completed by the immunizer.
- In private facilities, where AHS staff are not administering the vaccine, the vaccines should be considered Schedule 2 medications.
- This means that as a Schedule 2 medication, the immunizer would need to follow the guidance set out by their regulatory body and their employer about expectations on having client orders. For example: pharmacists are able to provide Schedule 2 medications without a prescription.

7. Are healthcare workers expected to get the vaccine? What if I decline?

The COVID-19 vaccine is voluntary for healthcare workers in Alberta. AHS encourages all healthcare workers to get the vaccine once they are eligible to receive it to help protect themselves, their patients and communities against COVID-19.

8. Where can I find more information on immunization of Indigenous peoples and communities?

Check the [Government of Alberta website](https://www.ahs.ca/covid) for immunization eligibility for First Nation, Métis and Inuit people and for information on booking through pharmacy, the AHS Booking Tool or by calling Health Link at 811.
COVID-19 vaccine is also being offered within First Nations communities and Métis settlements. For more information, please see the AHS Indigenous Peoples & Communities page and the AHS Indigenous Health Vaccine Frequently Asked Questions.

9. How can homebound patients receive COVID-19 immunization?
Starting March 29, AHS will be providing COVID-19 immunization to homebound Albertans, as vaccine supply allows.

- Homebound is defined as anyone who is physically unable to leave their home, such as for medical or personal appointments.
- AHS will reach out to eligible Home Care clients directly. Home Care clients do not need to book an appointment.
- If you have patients with questions about their eligibility, or the COVID-19 vaccine, please encourage them to reach out to their case manager directly.
- If you have a patient you think is eligible to receive the COVID-19 vaccine at home but is not Home Care client, please have them call Health Link at 811.
- Health Link staff will do an initial screening to check eligibility. The Zone teams will then follow up to do a second eligibility check and book the COVID-19 immunization.
- Only homebound individuals are eligible to be immunized through this program, at this time.
- AHS encourages other Albertans with mobility challenges to seek support from caregivers, spouses, other household and family members, or call 211, in order to get immunized as soon as they are eligible, at a participating pharmacy or AHS immunization site.

10. Who can my patients contact if they need help getting to their immunization appointment?
Isolated seniors and those with mobility challenges can call 211 for help finding a ride to an appointment.

11. What do I tell my patient if they miss a second dose of the vaccine after 16 weeks?
If administration of the second dose of a COVID-19 vaccine is delayed beyond 16 weeks, then it can be provided as soon as possible and the patient does not have to restart the series.

Vaccine Safety and Product Information

12. What is the COVISHIELD vaccine?
COVISHIELD is the brand name of a COVID-19 vaccine produced by the Serum Institute of India that is approved for use in Canada and considered equivalent to AstraZeneca by Health Canada.

- The COVISHIELD vaccine is widely used in the United Kingdom, France and other countries.
- COVISHIELD is 62 per cent effective in preventing symptomatic COVID-19 disease two weeks after the second dose.
- This effectiveness is based on an analysis of results from participants who had received the two dose regimen that is used in Canada.
- It has been shown to be highly effective at preventing severe outcomes like hospitalization.

Please see the Government of Canada website for more information or review the AHS Biological Product Information document.

13. Who is eligible to receive the AstraZeneca/COVISHIELD vaccine in Alberta?
AstraZeneca/COVISHIELD is available for individuals 18 years of age and older who have a contraindication to or who are declining mRNA vaccine. Appointments can be made by calling Health Link 811.

- A combination of thrombosis and thrombocytopenia, in some cases accompanied by bleeding, has been observed very rarely following vaccination with AstraZeneca COVID-19 vaccine. In Canada, there has been one case reported for every 55,000 first doses.
- While every adverse reaction is unfortunate, it is important to remember that these blood clots are extremely rare.
- Alberta Health and Health Canada are monitoring the scientific evidence, and will adjust recommendations as needed. We will continue vigilantly monitoring the safety signals of all COVID-19 vaccines administered in Alberta.
14. **UPDATED** What should I do if I see signs of Thrombosis with Thrombocytopenia Syndrome in my patient after vaccination?

- The risk of experiencing any blood clots is very low.
- However, as with anyone who receives any medication, including a vaccine, patients should monitor their health and seek immediate medical attention if they experience any health concerns.
- A combination of thrombosis and thrombocytopenia, in some cases accompanied by bleeding, has been observed very rarely following immunization with AstraZeneca COVID-19 Vaccine.
- This includes severe cases presenting as venous thrombosis, including unusual sites such as cerebral venous sinus thrombosis, mesenteric vein thrombosis, as well as arterial thrombosis, concomitant with thrombocytopenia.
- This adverse event is being referred to as Thrombosis with Thrombocytopenia Syndrome (TTS).
- Healthcare professionals should be alert to the signs and symptoms of thromboembolism and or thrombocytopenia and be aware of TTS including how to diagnose and treat the condition.
- Those immunized should be instructed to seek immediate medical attention if they develop symptoms of thromboembolism and/or thrombocytopenia between days 4 and 28 following receipt of the AstraZeneca vaccine such as:
  - severe headache that does not go away
  - seizure
  - difficulty moving part(s) of the body
  - new blurry vision that does not go away
  - difficulty speaking
  - shortness of breath
  - chest pain
  - severe abdominal pain
  - new severe swelling, pain, or colour change of an arm or a leg

- Treatment for this condition requires specialized medical attention, and an urgent hematology consult should be initiated if a patient presents with thrombosis and thrombocytopenia.
- If this condition is identified, it should be reported immediately by completing and submitting an Adverse Event Following Immunization (AEFI) report form. If unable to complete the form, call 1-855-444-2324 (1-855-444-CDCI).
- Find diagnostic and treatment information here.

15. If I have a patient received AstraZeneca/COVISHIELD vaccine, what vaccine will they receive for their second dose?

- The National Advisory Committee on Immunization NACI recommends that:
  - Persons who received a first dose of the AstraZeneca/COVISHIELD vaccine may receive either AstraZeneca/COVISHIELD vaccine or an mRNA vaccine (Pfizer-BioNTech or Moderna) for their second dose, unless contraindicated.
  - Persons who received a first dose of an mRNA vaccine (Pfizer-BioNTech or Moderna) should be offered the same mRNA vaccine for their second dose. If the same mRNA vaccine is not readily available or unknown, another mRNA vaccine can be considered interchangeable and should be offered to complete the vaccine series.

- Please see the NACI Recommendations on the Interchangeability of Authorized COVID-19 Vaccine
- Please see the question above for second dose booking information

16. What do I tell patients who had AstraZeneca/COVISHIELD as their first dose?

If you got AstraZeneca for your first dose, you can choose either the AstraZeneca vaccine or an mRNA vaccine (Pfizer/Moderna) for your second dose. Both options will provide additional protection and count as completing your immunization. Information on effectiveness, safety and possible side effects are provided below to help you make the decision that best meets your needs.

See this information sheet on Second Dosing of AstraZeneca/COVISHIELD or visit the Government of Alberta website.
17. What questions are patients asked before they receive their immunization?
Prior to receiving the COVID-19 vaccine, patients will be asked a series of questions as outlined in this **Fit To Immunize Assessment for COVID-19 Vaccine**. Based on client responses, further assessment of the individual’s health status may be required prior to immunization.

18. What is the likelihood of transmission of COVID-19 infection after COVID-19 vaccination?
So far studies look promising that vaccination will reduce transmission. However, until more studies are finished, vaccinated individuals should follow current **PPE guidance** as well as **public health measures**, including **isolation and quarantine requirements**. Evidence will be reassessed frequently.

Please read the **Scientific Advisory Group Rapid Review on Post-COVID Vaccination Transmission** for more information.

19. Where can I get information on COVID-19 vaccines, such as possible side effects and vaccine components?
The websites below outlines product information, including possible reactions, as well as information being given to patients receiving the vaccine.
- **AHS COVID-19 Health Professional Immunization Information page**
- **Government of Canada information on authorized vaccines**

20. Who should NOT receive a COVID-19 vaccine?
- Persons who are born later than 2009 are currently not eligible for any of the vaccines being used in Alberta.
- Known severe hypersensitivity or previous anaphylactic reaction to any component of the vaccine.
  - Someone with an anaphylactic reaction to a COVID-19 vaccine should not receive the same vaccine again but may be able to receive another COVID-19 vaccine type. Consultation with an allergist may be recommended.

Precautions:
- Individuals who have had a serious allergic reaction to another vaccine, drug or food should talk to their healthcare provider before receiving the vaccine.
- Individuals receiving anticoagulant therapy or those with a bleeding disorder that would contraindicate intramuscular injection should not be given the vaccine unless the potential benefit clearly outweighs the risk of administration.
- Administration should be postponed in individuals suffering from acute severe febrile illness.
- Timing of administration and potential interference between COVID-19 vaccine and other vaccines or monoclonal products are currently unknown. Refer to this question for further information.
- Refer to **Immunocompromised and Auto-Immune Disorders**, **Pregnancy, Breastfeeding** and **Phase 2B children** sections for specific information on these populations.

21. Can children be immunized for COVID-19?
Albertans born 2009 or earlier (12 years of age and older) qualify for the Pfizer mRNA COVID-19 vaccine.

Individuals at the time of immunization must have:
- Proof of identity with a birthdate.
- Verbal consent of a parent or guardian. If a parent or guardian is not present, the youth must have a printed and signed letter of consent from a parent or guardian.

More information can be found [here](#).

22. **UPDATED** Should my patients leave a gap between getting another vaccine, such as the flu shot, and COVID-19 vaccines?
- It is important that patients are immunized against all diseases they can be, not just COVID-19. However, it is important to follow the recommended spacing between each vaccine product.
- AHS recommends wait for a period of at least 14 days between the administration a dose of COVID-19 vaccine and the administration of another vaccine, except in the case where another vaccine is required for post-exposure prophylaxis.
• If another vaccine is recommended/required between dose one and dose two of a COVID-19 vaccine – it may be administered 14 days after the first dose of COVID-19 vaccine as long as there is at least 14 days before the second dose of COVID-19 vaccine is scheduled.

• While this is the recommended spacing, it is not mandatory. If a patient's circumstances require different spacing, these situations can be assessed by public health on a case by case basis.

23. How can primary care providers find out if their patient has received COVID-19 immunization?
All vaccinations will be posted to Netcare on the day of vaccination.

24. How do the COVID-19 vaccines work?
There are different types of COVID-19 vaccines.

mRNA vaccines
The Pfizer-BioNTech and Moderna vaccines are messenger RNA (mRNA) vaccines. These vaccines contain the genetic instructions for making a protein that is found on the surface of the virus that causes COVID-19. It uses our cells to make this protein and triggers our immune system to make antibodies against it. Then, if the real virus enters our body in the future, these antibodies will help fight the infection. Learn more about COVID-19 mRNA vaccines.

Viral vector-based vaccines
The AstraZeneca/Covishield and Janssen (Johnson & Johnson) vaccines are viral vector-based vaccines. These vaccines use a harmless virus, such as an adenovirus, as a delivery system. This “vector” virus is not the virus that causes COVID-19. Adenoviruses are among the viruses that can cause the common cold. When a person is given the vaccine, the vector virus contained within the vaccine produces the protein that is found on the surface of the virus that causes COVID-19. This protein will not make you sick. It does its job and goes away. Through this process, the body is able to build a strong immune response against the spike protein without exposing you to the virus that causes COVID-19.

Learn more about viral vector-based vaccines for COVID-19.

25. Are the currently approved COVID-19 vaccines effective against COVID-19 Variants of Concern?
Mutations in the COVID-19 virus are expected, resulting in variant strains of COVID-19 to emerge. At this time, there are several variant strains circulating around the world, and vaccine manufacturers are conducting studies to determine whether current vaccines work against these variants. AHS is watching this information closely.

• Studies of the vaccines currently being used in Alberta indicate that they appear to work against the variant first discovered in the United Kingdom (B.1.1.7) but may work less well for the variant first discovered in South Africa (B.1.351).

• Because the variant originating in Brazil (P.1) is relatively new, it was not assessed in efficacy/effectiveness trials for the currently used COVID-19 vaccines. However, all three vaccines used in Alberta have been shown to elicit virus-neutralizing antibodies in trial participants that work against the variant originating in Brazil.

• Studies have shown that two doses of either the Pfizer-BioNTech or AstraZeneca-University of Oxford vaccine give effective protection against the Covid variant first discovered in India (B.1.617.2)

Data about the efficacy of the licensed COVID-19 vaccines against the variants of concern is evolving. All manufacturers and countries that are using these vaccines continue to conduct further studies to learn more.

26. If my patient is experiencing symptoms of COVID-19 after a COVID-19 immunization, do they need to isolate?
Yes, if they have side effects that are the same as COVID-19 symptoms, they must stay home and away from others (isolate), even if you think the side effects are from the vaccine.

• If the side effects start within 24 hours of immunization and go away within 48 hours after the side effects start, they do not have to keep isolating and can go back to normal activities. But if they have been told to isolate for other reasons, they must keep isolating.

• If the side effects start after 24 hours or last longer than 48 hours, the patient should stay home. They can contact Health Link at 811 or use the COVID-19 Self-Assessment for Albertans to make an appointment for a COVID-19 test.
• If they do not get tested for COVID-19, they must stay at home for 10 days from the start of their symptoms or until they no longer have symptoms, whichever is longer.
• If the patient only has redness, swelling or soreness where they had the needle, they do not need to stay home and away from others.

27. What do I do if one of my patients has an Adverse Events Following Immunization (AEFI)? Where do I report this?
An AEFI is defined as an unfavourable health occurrence experienced by a patient that:
• Follows immunization;
• Cannot be attributed to a pre-existing condition; and
• Meets one or more of the following as determined by a health practitioner:
  o A life-threatening health occurrence that requires hospitalization or urgent medical attention.
  o The health occurrence is unusual or unexpected that:
    ▪ Has not previously been identified; or
    ▪ Has been previously identified but has increased frequency
  o The health occurrence cannot be explained by the patient’s medical history, recent disease or illness or consumption of medication.

Any healthcare provider who becomes aware of an adverse event following any immunization must report the event to the AHS Provincial AEFI Team using this process.
• Patients who experience an adverse event following an immunization may also call Health Link to report it.
• It is always recommended that any healthcare provider who becomes aware of an adverse event following any immunization report the event to the AHS Provincial AEFI Team, even if the patient has also called Health Link to report it. It is known that one reaction may be reported more than once by multiple health providers and AHS can tell if that happens within our system. Duplicates are noted within the AEFI database and the AHS Provincial AEFI Team will only action reported events that are new.

28. Can patients who are immunocompromised or have auto immune disorders receive COVID-19 immunization?
Yes, however at this time, there is an absence of evidence on the use of COVID-19 vaccine in immunocompromised individuals and those with auto-immune disorders. These groups were not included in large enough numbers in the initial trials to provide solid information.
• COVID-19 vaccine may be offered to individuals in the eligible group who are immunosuppressed due to disease or treatment and those with an auto-immune disorder if a risk assessment with their primary healthcare provider or medical specialist determines that the benefits outweigh the potential risks. Risks would include that:
  o Immunocompromised persons may have a diminished immune response to the vaccine, and
  o There is a theoretical concern that mRNA vaccine may elicit an inflammatory response and possibly exacerbate existing autoimmune diseases. However, current applications of mRNA technology for COVID-19 vaccines have been optimized to reduce this risk.
• However, with the exception of solid organ transplant (SOT) and hematopoietic stem cell transplant (HSCT) clients, the individual may also be immunized without consulting their primary healthcare provider or medical specialist following their acknowledgment of the risks mentioned above and the absence of evidence on the use of COVID-19 vaccine in these populations.

Please consult this resource for Counselling of Immunocompromised Individuals on the use of mRNA COVID-19 Vaccines.

29. What is the current recommendation for second doses of vaccine for patients with immunocompromised health conditions?
Individuals with certain immunocompromising conditions are able to book an earlier second dose appointment. Eligible conditions include:
• Transplant recipients, including solid organ transplants and hematopoietic stem cell transplants.
• Individuals receiving regular dialysis
• Individuals with malignant hematologic disorders and non-hematologic malignant solid tumors receiving active treatment (chemotherapy, targeted therapies, immunotherapy), excluding individuals receiving solely hormonal therapy, radiation therapy or a surgical intervention.
• Individuals being treated with an anti-CD20 monoclonal antibody such as Rituximab.

These individuals are eligible to receive their second dose according to the following timelines by calling 811:
• Pfizer or Moderna: 21 to 28 days after your first dose
• AstraZeneca: Recommended to wait 8-12 weeks after your first dose for maximum benefit, based on currently available data. However, if an individual in this group wishes to receive a dose sooner, they may choose to do so as early as 28 days after the first dose.

ONLY those with the above conditions are eligible to book early. Other immunocompromised patients are eligible based on the timing of their first dose, as per question 2 above.

For more information, please see the FAQ for second dose spacing change - immunocompromised Albertans.

30. Can patients who are pregnant receive COVID-19 immunization?
• Immunization with an mRNA COVID-19 vaccine is recommended for all pregnant women.
• There’s evidence that if you’re pregnant and have COVID-19 you’re at higher risk of being admitted to hospital and developing respiratory (lung) complications that need intensive care (ICU).
• Several studies are monitoring people who became pregnant before or shortly after getting the COVID-19 vaccine. Data from these studies hasn’t raised any safety concerns so far.

Review this resource for more information Alberta COVID-19 Vaccination in Pregnancy Factsheet for Practitioners.

As well a new patient resources has been developed called COVID-19 immunization in pregnancy: what you need to know which provides information and guidance on COVID-19 vaccine in pregnancy.

31. Can patients who are breastfeeding receive COVID-19 immunization?
It is unknown whether Pfizer-BioNTech COVID-19 Vaccine is excreted in human milk as breastfeeding individuals were excluded from the initial trials. A risk to the newborns/infants cannot be excluded.
• However, based on how these vaccines work, COVID-19 vaccines are not expected to be a risk to lactating individuals or their breastfed newborns/infants.
• COVID-19 vaccine can be offered to individuals in the eligible group who are breastfeeding. It is recommended that individuals consult with their primary health care provider or medical specialist for any vaccine related questions or concerns. However, consultation with a primary health care provider or medical specialist is not required to receive COVID-19 vaccine.

Review this resource for more information Alberta COVID-19 Vaccination in Pregnancy Factsheet for Practitioners.

32. If a person has recovered from COVID-19, can they still get a COVID-19 vaccine?
Yes. It is recommended they be immunized. There is no mandatory waiting period between having COVID-19 disease and being immunized; however, it is recommended that people wait until they are feeling better. Persons should NOT be offered COVID-19 vaccine if they have active respiratory symptoms, confirmed or suspected COVID-19 infection, or other symptoms of an acute illness. Immunization can be given once they are feeling better.

33. If I need specialist advice related to COVID-19 vaccine for my patient, who can I contact?
Two COVID-19 tele-advice services are available for primary care providers in Alberta. Providers can request specialist advice on COVID-19 vaccines. Please see this COVID-19 Tele-advice for Primary Care document for more information on how to request advice in your zone.

34. Where can physicians find information about learning events and webinars related to COVID-19, including immunization?
The following organizations offer regular learning opportunities for physicians on COVID-19 topics:

- Alberta College of Family Physicians (ACFP)
- Alberta Medical Association (AMA)
- University of Alberta
- University of Calgary
- Check your local PCN for zonal events

**Vaccine Hesitancy**

35. What resources are available to help me have discussions with patients who are hesitant to receive the vaccine?

The AHS COVID-19 Vaccination Fact Sheet and this COVID-19 Vaccine Question and Answer resource from the Government of Alberta provide general information.

The Alberta Medical Association has developed a Be a Vaccine Positive Clinic Toolkit to support family physicians and practice teams in conversations with patients about COVID-19 immunization.

The Centre for Effective Practice has also developed resources to help healthcare providers address immunization hesitancy with patients. Please see:

- ProTCT Plan for the COVID-19 Vaccine Discussion

The Canadian Medical Protective Association has resources addressing patient hesitancy:

- How to address vaccine hesitancy and refusal by patients or their legal guardians
- Vaccination FAQ

36. What do I tell patients who have concerns about the safety of immunization?

Immunization is the single most effective means of protecting yourself, your loved ones and the greater community from COVID-19.

Canada is recognized around the world for high standards for vaccine review, approvals and monitoring systems. Only vaccines that are safe and effective will be approved for use in Canada. After a vaccine is approved for use, evidence on safety and effectiveness is reviewed by the National Advisory Committee on Immunization who provide recommendations on immunizations for individuals and for public health programs.

Vaccines make your immune system stronger. They build antibodies to help prevent diseases. Immunization is safe. It is much safer to get immunized than to get COVID-19 disease.

This COVID-19 Vaccine Question and Answer resource from the Government of Alberta has more information about COVID-19 immunization and safety.