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.

Topics of Current Interest
- UPDATED Immunization and children
- Influenza immunization program
- Vaccine exemptions
- UPDATED Vaccine waiting period after COVID-19 recovery
- UPDATED COVID-19 booster dose
- COVID-19 fourth dose
- Billing code for vaccine awareness program
- Needle fears
- Serology testing for vaccine immune response

Eligibility and Booking
- How can patients book an appointment
- Vaccine prescribing
- UPDATED Are healthcare workers expected to get the vaccine
- Immunization of Indigenous peoples and communities
- Homebound patients
- Transportation to appointments

Vaccine Safety and Product Information
- Can primary care providers administer COVID-19 vaccines
- Thrombosis with Thrombocytopenia Syndrome
- Second dose for patients who received AstraZeneca/Covishield
- Second dosing of AstraZeneca/COVISHIELD
- Fit to immunize assessments
- Transmission of COVID-19 after immunization
- COVID-19 vaccine product information
- Who should not receive COVID-19 immunization
- COVID-19 vaccines with other vaccines
- Physician notification for immunizations
- Vaccines and variants
- Types of vaccines
- Immunization and isolation
COVID-19 FAQ for Community Physicians

Reporting Adverse Events Following Immunization
Immunization and immunocompromised or auto immune disorders
Immunization and pregnancy
Immunization and breastfeeding
Vaccination after COVID-19 infection
Specialist advise
Physician webinars

Vaccine Hesitancy
Resources for discussions with patients who are hesitant to receive the vaccine
Vaccine safety

Topics of Current Interest

1. **UPDATED** Can children be immunized for COVID-19?
   Alberta Health announced the rollout for children aged five to 11 years of age.
   - A complete series (two doses) of the Pfizer-BioNTech (Comirnaty) COVID-19 vaccine (10 mcg pediatric formulation) may be offered to children five to 11 years of age who do not have contraindications to the vaccine.
   - For children five to 11 years of age, the dose interval should be at least eight weeks between dose one and dose two of the Pfizer-BioNTech (Comirnaty) COVID-19 vaccine.
     - Parents/guardians can book a second dose appointment before the recommended eight weeks if their child is immunocompromised or if a second dose is required for travel. The absolute minimum spacing between doses is 21 days.
     - Current evidence suggests this interval can result in higher vaccine effectiveness that may last longer, as well as reducing the risk of any adverse events.
     - There may be an increased risk of myocarditis/pericarditis following immunization earlier than the recommended eight weeks.
     - A shortened interval between first and second doses may offer:
       - Better protection for some individuals that may be susceptible to infection, such as those that are immunocompromised.
       - Earlier protection for individuals who are at greater risk of severe disease such as those with underlying high risk medical conditions.
       - Earlier protection against COVID-19 and variants of concern.
     - More information can be found at [COVID-19 Immunization for Children Under 12 – FAQ](#).

   For Albertans aged 12 years and older, the recommended interval between dose one and dose two is now eight weeks for an mRNA COVID-19 vaccine (i.e., Pfizer-BioNTech (Comirnaty) and Moderna (Spikevax)); and at least eight weeks for the AstraZeneca (Vaxzevria) COVID-19 vaccine, noting that mRNA vaccines are recommended over viral vector vaccines.
   - All adolescents 12 to 17 can get a booster dose starting March 14. More information on current eligibility and vaccine spacing for COVID-19 immunization can be found at [COVID-19 vaccines and records | Alberta.ca](#).

2. **Is there any guidance for the 2021-2022 influenza immunization program?**
   Yes, the *Influenza Immunization during COVID-19 Guidance for the 2021-2022 Season* document can be found here. Patient information can be found here.

3. **Is there guidance for physicians regarding vaccine exemption notes?**
   Yes, please see the [College of Physicians and Surgeons of Alberta (CPSA) guidelines for physicians on vaccine exemptions](#). A COVID-19 medical exemption letter template is now available within the physician portal.

The AHS Scientific Advisory Group has conducted a rapid review on [Medical Exemptions for Mandatory Vaccinations](#) that may be of interest.
4. **UPDATED** Is there a mandatory waiting period between recovering from COVID-19 and receiving the vaccine?
Yes. It is recommended to wait eight weeks after a COVID-19 infection before beginning or completing a primary series of vaccine.

It is recommended to wait three months after a COVID-19 infection before getting a booster dose.

5. **UPDATED** What are the current recommendations on COVID-19 vaccine booster doses?
Starting on March 14th, Albertans 12 to 17 years of age can book their booster dose at least five months following their last dose of a COVID-19 vaccine primary series.

These changes are based on recommendations from the Alberta Advisory Committee on Immunization (AACI) and align with program eligibility for youth in many Canadian jurisdictions. The AACI recommends that while the risk of severe outcomes of COVID-19 for the general adolescent population is low compared to those in older age categories or adolescents who experience biological and/or social risk factors, a booster dose may be made **available** to all individuals 12 to 17 years of age five months after the last dose of a COVID-19 vaccine primary series. A booster dose is **strongly recommended** for the following groups who may be at higher risk for severe outcomes from COVID-19 infection including:

- Individuals 12-17 years of age who are residents of congregate living settings, e.g., shelters, group homes, quarters for migrant workers, correctional facilities (newly eligible)
- Individuals 12 to 17 years of age with underlying health conditions (eligible as of February 14)
  - This includes those with certain immunocompromising conditions who may have received a three-dose primary series (eligible for a fourth dose booster)
- First Nations, Inuit and Metis youth 12-17 years of age (eligible as February 14)

For most adolescents without risk factors, two doses still offer good protection against severe outcomes, however we know that some in this age group live with high risk household members, or may have other factors that make this third dose important as an added layer of protection.

For information on current eligibility and vaccine spacing for COVID-19 immunization, please visit [COVID-19 vaccines and records](https://www.ahs.ca/covid).

6. **What are the current recommendations on COVID-19 vaccine fourth doses?**
Fourth doses of the COVID-19 vaccine are recommended for severely immunocompromised individuals 12 years of age and older. A fourth dose is recommended a minimum of five months after the third dose. Eligible immunocompromising conditions include:

- Recipients of chimeric antigen receptor (CAR)-T-cell therapy
- Individuals with moderate to severe primary immunodeficiency (for example, DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Individuals with Stage 3 or advanced HIV infection and acquired immunodeficiency syndrome
- Individuals undergoing immunosuppressive therapies (e.g., anti-B cell therapies, high-dose systemic corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents)
- Transplant recipients, including solid organ transplants and hematopoietic stem cell transplants.
- Individuals with chronic kidney disease who are receiving regular dialysis.
- Individuals in active cancer treatment (chemotherapy, immunotherapy or targeted therapies), excluding those receiving only hormonal therapy, radiation therapy or surgery.
• Individuals on certain medications for autoimmune diseases, including rituximab, ocrelizumab and ofatumumab.

7. What is the Vaccine Awareness Program billing update?
Retroactive from May 1, 2021, a payment through the COVID-19 Vaccine Awareness Program (CVAP), submitted through the Claims Assessment System (CLASS) using Health Service Code (HSC) 03.01CC, may be claimed by all physicians in Alberta who call their patients via telephone or videoconference to address concerns related to COVID-19 vaccine, by providing education or counselling. Please Medical Bulletin 248 for more information.

8. Are there resources available for healthcare providers and patients in regards to needle fears?
Commitment to Comfort (CTC) is an evidence-based quality improvement initiative, which was initially developed at the Alberta Children’s Hospital in 2014 and has since been expanded to support adult populations. CTC reduces pain and distress with any needle or medical procedure to improve comfort and overall client experience.
• Patient resources can be found here.
• Provider resources can be found here.

9. Should serology testing be completed to determine an immune response to COVID-19 vaccination?
It is not recommended that serology testing be completed to determine if an immune response to COVID-19 vaccine has been mounted. It is still unknown what antibody level correlates with protection against COVID-19, and serology testing in many labs may also not detect antibodies developed as a response to vaccine. Serology testing should not be used as evidence to inform whether vaccine doses have been effective.

Please see this APL Lab Bulletin with updated info about serology testing for COVID-19, including an updated FAQ.

Eligibility and Booking

10. How can patients book their immunization appointment?
Check the Government of Alberta website to see if your patients are currently eligible for immunization and to view current booking options. Options may include:
• Book appointments at AHS clinics or pharmacies online at: bookvaccine.alberta.ca/vaccine/s/
  o Call Health Link at 811 to book an appointment through a Health Link nurse.
• Walk-in to a local pharmacy or AHS COVID-19 Immunization Clinic
• Albertans can search AlbertaFindADoctor.ca to see if their primary care provider is offering vaccinations.

Please review these frequently asked questions on vaccine booking for more information.

When booking a vaccine appointment, everyone will need the date of their previous immunizations 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 provider than your first.

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

Individuals do not require 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.

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.
Physicians are not able to write prescriptions for patients to get a third dose of COVID vaccine. Individuals with two doses of any of the vaccines used in Alberta would be considered fully immunized and are not eligible for additional doses at this time.

12. **UPDATED** Are healthcare workers expected to get the COVID-19 vaccine?
At the direction of Alberta Health, AHS has amended its **Immunization or Testing of Workers for COVID-19 Policy**, effective March 10. Workers now on a leave of absence because of immunization status can return to work. And unimmunized workers who opted into the testing option no longer need to provide negative rapid tests.

Please see the [frequently asked questions](ahs.ca/covidPHC) for more information.

13. Where can I find more information on immunization of Indigenous peoples and communities?
Check the [Government of Alberta website](ahs.ca/covidPHC) for immunization eligibility for First Nation, Métis and Inuit people and for information on online booking 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](ahs.ca/covidPHC) and the [AHS Indigenous Health Vaccine Frequently Asked Questions](ahs.ca/covidPHC).

14. How can homebound patients receive COVID-19 immunization?
AHS is providing COVID-19 immunization to [homebound Albertans](ahs.ca/covidPHC), 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.

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

### Vaccine Safety and Product Information

16. 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 [AlbertaFindADoctor.ca](ahs.ca/covidPHC) 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](ahs.ca/covidPHC) about community physicians administering vaccines.

17. 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; monitor for symptoms in patients for up to 42 days post vaccine.

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.

18. 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:
     o 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.
     o 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

19. 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.

20. 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.

21. 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 requirements and quarantine recommendations. Evidence will be reassessed frequently.
Please read the Scientific Advisory Group Rapid Review on Post-COVID Vaccination Transmission for more information.

22. Where can I get information on COVID-19 vaccines, such as possible side effects and vaccine components?
The websites below outline 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

23. Who should NOT receive a COVID-19 vaccine?
- People younger than the age of five are currently not eligible for any of the vaccines being used in Alberta.
- People with 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 sections for specific information on these populations.

24. 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.
For people 12 years of age and older:
- COVID-19 vaccines may be co-administered with, or at any time before or after, other vaccines (including live, inactivated, adjuvanted or unadjuvanted vaccines)
- COVID-19 vaccines were previously recommended to be administered alone, with a minimum interval of 14 days before or after administration of any other vaccines. This was out of an abundance of caution during a period when these vaccines were new and not due to any known safety or immunogenicity concerns. However, substantial data have now been collected regarding the safety of COVID-19 vaccines.
- In addition, it was determined that the potential harms of not co-administering during the influenza season (e.g., missed immunization opportunities; insufficient healthcare resources to run the programs in parallel) and missed doses for other vaccines outweighed the theoretical harms of co-administration.
- It is currently not known if the reactogenicity of COVID-19 vaccines is increased when co-administered with other vaccines. While no specific safety concerns have been identified for various other vaccines when co-administered, there is potential for increased reactogenicity with co-administration of COVID-19 vaccines and other vaccines, particularly those known to be more reactogenic, such as newer adjuvanted vaccines.

For children under the age of 12:
- It is safe to get two vaccines at the same time, however, because the pediatric Pfizer vaccine is new, Alberta Health recommends that those in this age group wait for a period of at least 14 days before and after the administration of COVID-19 vaccine and the administration of another vaccine. This is to help that any rare adverse event following either immunization is identified appropriately. Routine school immunizations can be administered regardless of spacing from COVID-19 vaccine.
25. How can primary care providers find out if their patient has received COVID-19 immunization?

All vaccinations will be posted to Netcare within days of the client being vaccinated. Through HQCA’s Primary Healthcare Panel Reports, physicians can see how many of their patients have received a COVID-19 vaccination, by age and chronic conditions, and whether a patient is partially or fully vaccinated. Family physicians can use their panel’s vaccination data to follow up with patients and support them in several ways. Learn more about these reports and all they can offer.

26. 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.

27. 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.

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.

28. 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 they think the side effects are from the vaccine.

- If the side effects (fever and shortness of breath) 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 recommended to isolate for other reasons, they should keep isolating.
- If the side effects start after 24 hours or last longer than 48 hours, the patient should stay home.
- If they do not get tested for COVID-19 and are fully vaccinated, they must stay at home for 5 days from the start of their symptoms or until they no longer have symptoms, whichever is longer.
- If they do not get tested for COVID-19 and are not fully vaccinated, 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.

29. 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.
- The AEFI team will then review the case and provide advice to the client/guardian/physician about recommendations for future doses.

30. Can patients who are immunocompromised or have auto immune disorders receive COVID-19 immunization?

Yes, including third doses for some populations. 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:

- Immunocompromised persons may have a diminished immune response to the vaccine, and
- 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.

31. Can patients who are pregnant receive COVID-19 immunization?

- Immunization with an mRNA COVID-19 vaccine is safe and recommended for all pregnant individuals.
- 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.

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

A patient resource 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. More information, patients and healthcare providers, is also available at ahs.ca/vaccinepregnancy.

32. Can patients who are breastfeeding receive COVID-19 immunization?

COVID-19 immunization is safe for individuals who are breastfeeding/expressing breastmilk for their baby. The vaccine itself, and its components, do not go into the breast milk, but the maternal antibodies created in response to immunization are passed to the baby via breastmilk.
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.

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 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 University of Calgary along with multiple stakeholders have developed the web resource which includes scripts and resources for clinicians to use for various types of vaccine hesitancy.
- COVID-19 Vaccine Hesitancy Guide

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.