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
Topics of Current Interest

1. **NEW** Can children with high-risk underlying health conditions be immunized for COVID-19?
   Starting April 27, Albertans born 2009 to 2006 with eligible high-risk underlying health conditions qualify for the Pfizer vaccine under **Phase 2B**.

   Youth who are less than 16 years old at the time of immunization must have:
   - Proof of identity with a birthdate.
   - Verbal consent of a parent or guardian present. If a parent or guardian is not present, the youth must have a printed and signed letter of consent from a parent or guardian.


2. **NEW** What is the current recommendation for second doses of vaccine for patients with immunocompromised health conditions?
   The province has decreased the period between first and second doses of COVID-19 vaccine for certain immunocompromised individuals from 16 weeks to a shorter spacing. The interval between doses is being shortened for Albertans undergoing specific kinds of cancer treatments or who are on medications that result in a level of profound immune compromise. Those included in this updated guideline:
   - Transplant recipients.
   - Individuals currently undergoing (or about to start) cancer treatment that includes chemotherapy.
   - Clients who are on specific medications. For example, patients on strong immunosuppressant medications (e.g., rituximab) should be immunized at a time when they are most likely to mount an immune response.

   This updated guideline does not include individuals who are ONLY being provided hormonal therapy, radiation therapy or surgery to manage cancer. For more information, please see the [FAQ for second dose spacing change- immunocompromised Albertans](https://www.ahs.ca/covid).

   Eligible Albertans who received the Pfizer or Moderna vaccines can get a second dose as early as 21 – 28 days after their first; those who received AstraZeneca can have their second dose 12 weeks after their first dose.

3. **UPDATED** 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.

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.

4. **UPDATED** Are community physicians eligible for vaccination?

As part of Phase 2C, physicians, nurses, pharmacists, dentists and all other healthcare professionals who provide in-person, direct patient care as well as their office or support staff are now eligible.

See the full list of eligible healthcare workers in Phase 2C

5. **NEW** What proof of employment do primary care providers and their clinic staff need to provide in order to receive their COVID-19 immunization?

Eligible frontline healthcare providers in Phase 2C are required to bring the following to their vaccine appointment:

- Proof of eligibility, such as personal ID that shows birthdate
- Proof of employment or professional registration, such as employee ID card, letter of employment* or placement
  - Physicians and physician assistants registered with CPSA can download a copy of their practice permit from the CPSA Physician/PA Portal

*Clinic managers and medical directors are able to provide an employer letter to their staff in order to authorize their immunization. Please review the Phase 2C eligibility information carefully to provide information to the healthcare professionals and associated staff in your offices or clinics. An employer letter template can be downloaded from the CPSA Physician/PA portal.

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

The Alberta Medical Association (AMA) posted an Expression of Interest on their webpage, requesting community physicians and their partners express interest in participating in the Alberta effort to deliver COVID-19 vaccinations. For more information, please visit the AMA website.

Starting April 19, 10 physician clinics across the province are participating in a pilot project to administer COVID-19 vaccines to eligible patients. Based on the learnings from this pilot, the program will expand to include more clinics in May. More information is also available in this Government of Alberta announcement about community physicians administering vaccines.

7. **UPDATED** Who is eligible to receive the AstraZeneca/Covishield vaccine in Alberta?

As of April 20, AstraZeneca is available for individuals born in 1981 or earlier. Alberta’s decision to reduce the age of eligibility for AstraZeneca/Covishield from 55 to 40 is based on public health recommendations looking at the benefit this vaccine offers weighed against the small risk of adverse events from this vaccine.

- The AstraZeneca/Covishield vaccine remains a good choice for people who are at risk of severe outcomes from COVID-19, who would otherwise have to wait several months to access another vaccine.
- Albertans with chronic disease; First Nation, Metis and Inuit people; seniors 65 years of age and older; residents and staff of seniors congregate living, and health care workers will continue to be preferentially booked for mRNA vaccine (Pfizer or Moderna) based on current sequencing criteria.
- However, if individuals in these groups would prefer to receive the AstraZeneca/Covishield vaccine and are born in 1981 or earlier, 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. The global frequency of vaccine-induced immune thrombotic thrombocytopenia (VITT) has been estimated at approximately one case in 100,000 to 250,000 doses of vaccine.
- 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.
8. What is the Covishield vaccine?
Covishield is the brand name of a vaccine produced by the Serum Institute of India that is 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 rate is based on an analysis of results from participants who had received the two dose regimen that will be 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.

9. NEW What should I do if I see signs of vaccine-induced immune thrombotic thrombocytopenia 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 vaccine-induced immune thrombotic thrombocytopenia (VITT).
- Healthcare professionals should be alert to the signs and symptoms of thromboembolism and or thrombocytopenia and be aware of VITT 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:
  - shortness of breath,
  - chest pain,
  - leg swelling,
  - persistent abdominal pain,
  - severe or persistent worsening headaches,
  - blurred vision, or
  - skin bruising beyond the site of immunization or petechiae
- 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.

10. UPDATED If I have a patient under 40 who received AstraZeneca/Covishield vaccine, what vaccine will they receive for their second dose?

- Studies are underway that will help determine what vaccine those already immunized with AstraZeneca/Covishield will receive when it comes time for their second dose in the months ahead.

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

- Immunized healthcare workers are still required to adhere to existing PPE guidance, including continuous masking, continuous eye protection and IPC recommendations for COVID-19.
- 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

12. Who is currently eligible to receive COVID-19 immunization in Alberta?
For information on current and future eligibility for COVID-19 immunization, please visit the Government of Alberta webpage on vaccine distribution.

13. UPDATED How can patients who are currently eligible for immunization book their 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:
• Appointments through AHS:
  o Scheduling an appointment online using the AHS booking tool at ahs.ca/covidvaccine.
  o Calling Health Link at 811 to book an appointment through a Health Link nurse.
  o Limited walk-ins are also available at select AHS walk-in clinics (AstraZeneca/Covishield only).
• Appointments through a participating community pharmacies:
  o Please see Blue Cross for further information on pharmacy booking and walk-in options.

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

14. Do Albertans in Phase 2B, those with underlying conditions, require a doctor’s note to receive their vaccine?
In Phase 2B, vaccine is available to Albertans with underlying conditions, as they are most at risk of severe outcomes. You can refer to this list for a detailed clinical breakdown of these conditions and who is eligible.

This phase is operating on the honour system. A doctor’s note or other proof of an underlying condition is not required.

Underlying conditions included in Phase 2B were chosen by Alberta Health as they are associated with a higher risk of death or hospitalization for those under the age of 64.

15. 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.

16. 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.

17. Where can I find more information on immunization of Indigenous peoples and communities?
Check the Government of Alberta website 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.

18. 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.

19. 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.

20. UPDATED When will patients receive their second dose?
- As part of ongoing efforts to reduce community transmission of COVID-19, Alberta will be offering second doses of the COVID-19 vaccine within 16 weeks after the first dose.
- This aligns with the approach recommended by the National Advisory Committee on Immunization (NACI) and will allow as many Albertans as possible to receive at least one dose of COVID-19 vaccine in the coming weeks.
- Current evidence suggests high vaccine effectiveness against symptomatic disease and hospitalization lasting for several weeks after the first dose, including among older populations.
- Evidence from vaccines shows that longer spacing between doses does not reduce protection or duration of immunity for multi-dose products.
  - We now have real world data showing that vaccine effectiveness is approximately 80 per cent after a single vaccine dose with sustained high levels of protection.
  - These data include studies in healthcare workers, long-term care residents, elderly populations and the general public.
  - Real world vaccine effectiveness is typically lower than what you would see in clinical trials which report 92 per cent protection from symptomatic disease two weeks after a single dose.
- It remains important to have both doses of the vaccine to ensure long lasting protection.
- Immunization recommendations, including spacing, will continue to be assessed based on the most up to date information available.
- For Albertans undergoing specific kinds of cancer treatments or who are on medications that result in a level of profound immune compromise, Alberta has shortened the interval between first and second doses of COVID-19 vaccine from 16 weeks to a minimum of four weeks. Refer to the second dose for patients with immunocompromised health conditions question in this document.

21. 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
22. 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.

23. 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.

24. 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

25. UPDATED Who should NOT receive a COVID-19 vaccine?
- Persons who are born later than 2009 (includes children who are 11 years and younger) 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* and *Phase 2B children Breastfeeding* sections for specific information on these populations.

26. 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 individuals wait at least 28 days after the administration of a dose of COVID-19 vaccine to get another vaccine.
- AHS also recommends waiting for a period of at least 14 days after the administration of another vaccine before getting a COVID-19 vaccine.
- If another vaccine is recommended/required between dose one and dose two of a COVID-19 vaccine – it may be administered 28 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.

27. 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.

28. 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.

29. 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 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.

30. 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:
  - A life-threatening health occurrence that requires hospitalization or urgent medical attention.
  - The health occurrence is unusual or unexpected that:
    - Has not previously been identified; or
    - Has been previously identified but has increased frequency
  - 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.

31. 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:
  - 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**.

32. Can patients who are pregnant receive COVID-19 immunization?
Yes, however the safety and efficacy of COVID-19 vaccines in pregnant women has not yet been established.

- At this time, there is an absence of evidence on the use of COVID-19 vaccine in pregnant individuals. 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 pregnant if a risk assessment with their primary healthcare provider or obstetrician determines that the benefits outweigh the potential risks for woman and fetus.
  - However, the individual may also be immunized without consulting their primary healthcare provider or obstetrician following their acknowledgment of the absence of evidence on the use of COVID-19 vaccine in this population.

- Additional resources: **Society of Obstetricians and Gynecologists of Canada Statement on COVID-19 Immunization in Pregnancy**.
- It would be prudent to delay pregnancy by 28 days or more after the administration of the complete two-dose vaccine series of an mRNA COVID-19 vaccine.

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

33. Can patients who are breastfeeding receive COVID-19 immunization?
Yes, however it is unknown whether COVID-19 vaccines are excreted in human milk. A risk to the newborns/infants cannot be excluded.

- At this time, there is an absence of evidence on the use of COVID-19 vaccine in breast feeding individuals. 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 breastfeeding if a risk assessment with their primary healthcare provider or medical specialist determines that the benefits outweigh the potential risks for the mother and infant.
  - However, the individual may also be immunized without consulting their primary healthcare provider or medical specialist following their acknowledgment of the absence of evidence on the use of COVID-19 vaccine in this population.

Review this resource for more information **Alberta COVID-19 Vaccination in Pregnancy Factsheet for Practitioners**.
34. 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.

35. 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.

36. 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**

37. 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

38. 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.