novel Coronavirus (COVID-19)
Immunization FAQ – for Community Physicians
Mar. 11, 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.

- NEW Current eligibility
- NEW How can patients book an appointment
- NEW Timing of second dose
- NEW Covishield/AstraZeneca vaccine
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ahs.ca/covidPHC
COVID-19 Immunization

1. **NEW** 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.gov.ab.ca/covid).

2. **NEW** How can patients who are currently eligible for immunization book their appointment?
   - Check the [Government of Alberta website](https://www.gov.ab.ca) to see if your patients are currently eligible for immunization.
   - Albertans who are eligible can use the AHS online booking tool at [ahs.ca/covidvaccine](https://www.ahs.ca/covidvaccine) to schedule an appointment to be vaccinated.
   - Those eligible may also call Health Link at 811 to book an appointment through a Health Link nurse.
   - Albertans who are eligible also have the option to book through participating community pharmacies. Please see [Blue Cross](https://www.bluecross.ca) for further information on locations and to book an appointment.
   - Please note, currently Covishield/AstraZeneca is not available at pharmacies and must be booked through the AHS online immunization booking tool at [ahs.ca/covidvaccine](https://www.ahs.ca/covidvaccine) or through Health Link at 811.

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

3. **NEW** 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 approximately 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.
   - All Albertans who have received a first dose or who booked a first dose appointment prior to March 10, will have their second doses provided according to the previous timeline (within 42 days).
   - Current evidence suggests high vaccine effectiveness against symptomatic disease and hospitalization 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.
   - While the vast majority of long-term care/designated supportive living and licensed supportive living facility residents will have received one or both doses of COVID-19 vaccine prior to this change, residents of seniors congregate care receiving their first dose on or after March 10 will be offered their second doses at the 16 week interval in alignment with the new recommendations.
     - The previous distinction in vaccine spacing recommendations for the long-term care/designated supportive living population is no longer recommended.
     - 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.

4. **NEW** What information is available about the Covishield/AstraZeneca 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 beginning 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.
5. **NEW** Who is eligible to receive the Covishield/AstraZeneca vaccine in Alberta?

Please review the AHS Immunization Frequently Asked Questions on Covishield/AstraZeneca for information on eligibility and current guidance on who should and should not receive the vaccine.

6. **NEW** 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.

7. **NEW** Where can I find more information on immunization of Indigenous peoples and communities?

First Nations, Inuit and Métis people aged 50 and older will receive the vaccine starting the week of March 15. Those living on-reserve will book appointments through First Nations and Inuit Health Branch (Government of Canada) and their local health centres. Those living off-reserve will be able to book online through AHS, calling Health Link or through a participating pharmacy.

For more information, please see the AHS Indigenous Health Vaccine Frequently Asked Questions.

8. **NEW** Can primary care providers help administer COVID-19 vaccines?

The Alberta Medical Association (AMA) has 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.

9. **NEW** 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 Covishield/AstraZeneca 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.

10. **UPDATED** 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.

- COVID-19 Health Professional Immunization Information page
- Government of Canada information on authorized vaccines

11. **UPDATED** Are the currently approved COVID-19 vaccines effective against COVID-19 Variants of Concern?
Several new “variant” strains of the SARS-CoV-2 virus have been identified in Alberta and around the world. These variants are similar to, but more infectious than the strain we’ve experienced so far.

Evidence is emerging on the effectiveness of our vaccines on these variants. There is much we do not yet know, though researchers around the world are investigating.

Early investigations so far appear to suggest the current vaccines may be somewhat less effective against some of the new variants, in terms of preventing all symptoms of COVID-19. However, even against the variants, these vaccines still appear to be extremely effective at preventing severe cases, hospitalizations and deaths.

12. UPDATED 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.

13. UPDATED When will community physicians be eligible for vaccination?
The Government of Alberta website outlines the phased sequencing for some healthcare workers.

14. 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.
- 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.

15. 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.

16. 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
  o The health occurrence cannot be explained by the patient's medical history, recent disease or illness or consumption of medication.

Any health care 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.

17. 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 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

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.

We will add more resources as they are developed.

18. UPDATED Who should NOT receive a COVID-19 vaccine?

• Persons under 18 years of age (Moderna and Covishield/AstraZeneca); persons under 16 years of age (Pfizer).
• Known severe hypersensitivity to any component of the vaccine.
  o One non-medicinal ingredient in the vaccine known to cause type 1 hypersensitivity reactions is polyethylene glycol (PEG). This potential allergen may be found in bowel preparation products for colonoscopy, laxatives, cough syrup, cosmetics, skin products and some food and drinks.
• Anaphylactic reaction to a previous dose of COVID-19 mRNA vaccine.

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 Breastfeeding sections for specific information on these populations.

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

20. 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.

- 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.

21. 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 health care 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.

22. Can my patients join a waitlist to be prioritized for COVID-19 immunization in future phases?
No, Alberta does not have a waitlist. We know many people are anxious to be immunized for COVID-19, including those who are considered higher-risk or have other underlying health conditions.
Please encourage patients to continue to follow all public health guidelines to protect themselves and others from COVID-19.

More information will be shared as it becomes available. Patients should not call Health Link 811 about eligibility.

23. Will 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.

24. 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.

25. 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.

26. Once eligible, will healthcare workers be 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.

27. 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.

28. Should my patients leave a gap between getting another vaccine, such as the flu shot, and COVID-19 vaccines?
   • Everyone should get immunized against influenza each year. Having both illnesses at once can be dangerous.
   • AHS recommends individuals wait at least 28 days after the administration of a dose of COVID-19 vaccine to get another vaccine, including the flu shot.
   • AHS also recommends waiting for a period of at least 14 days after the administration of another vaccine, including the flu shot, before getting a COVID-19 vaccine.