

Process for Staff & Resident COVID-19 Vaccination Clinics in Personal Care Homes & LTC Facilities

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Eligibility

- Current Manitoba COVID-19 vaccine eligibility can be found here: [Province of Manitoba | Eligibility Criteria \(gov.mb.ca\)](#)
- Detailed information is outlined in the current version of the [Manitoba COVID-19 Vaccine: Clinical Practice Guidelines for Immunizers and Health Care Providers](#)

Residents

- Vaccination status MUST be verified by 1 of the following sources prior to vaccination:
 - Consent form with first and second vaccination documented OR
 - eChart immunization history OR
 - PHIMS immunization record (i.e. Public Health Information Management System) through onsite access or requested from WRHA Public Health OR
 - Shared Health Immunization Record
- Residents are eligible for a **first or second vaccination** with an mRNA vaccine if:
 - They were born on or before December 31, 2009
 - Anyone under 18 years of age should receive the Pfizer vaccine
 - They have an informed consent to receive the vaccination
 - They haven't received a COVID vaccination yet (first dose) OR
 - They require a 2nd vaccination including:
 - Residents who had a first dose of Pfizer vaccine at least 21 days prior to your clinic OR
 - Residents who had a first dose of Moderna vaccine at least 28 days prior to your clinic OR
 - Residents who had a first dose of AstraZeneca vaccine with a recommended interval of 8-12 weeks
- Residents are eligible for a **third vaccination** with an mRNA vaccine if:
 - They are [moderately to severely immunocompromised](#) due to a medical condition and/or treatment
 - Additional dose as part of their primary vaccination series
 - Minimum of 28 days after the resident's most recent dose of any COVID-19 vaccine
 - They have an informed consent to receive the vaccination
 - They are a resident of a personal care home
 - This is considered a "booster dose"
 - Minimum of 6 months (180 days) interval between 2nd vaccination and 3rd vaccination
 - They have an informed consent to receive the vaccination
- Track the residents requiring vaccination using the current version of the [PCH Resident Vaccination Tracking Tool](#)
 - For a reminder on how to complete the tracking tool, see the *Instructions* worksheet in the tracking tool

Staff

- Staff are eligible if they:
 - Meet the current [Manitoba eligibility criteria](#) on the vaccination day
 - Provide informed consent to receive a vaccination
 - Attend the vaccination clinic scheduled at your site
 - Staff must provide the immunizer with their [Shared Health Immunization Record](#) with their previous COVID-19 vaccination information
 - Sites with PHIMS access can verify staff vaccination status in PHIMS; eChart is not recommended for verification of staff vaccination status due to the accessibility of other personal health information
- Staff who do not have Manitoba Health coverage can be vaccinated (e.g. international staff or staff new to Manitoba)

- Ask that they bring another form of government identification (e.g. passport or visa) with the staff member's name and date of birth to the vaccination clinic and attach a copy of this identification to their consent form
- A few considerations regarding offering onsite staff vaccinations:
 - The staff member may be able to receive their vaccination at another location sooner than you'll be able to offer a clinic (e.g. COVID-19 vaccine clinic, pharmacy, medical clinic)
 - The immunizer will need to verify their vaccination status by the staff member providing their [Shared Health immunization record](#) (print out, phone, screen shot) or having a computer available for them to bring it up
 - Consider how many staff vaccinations you want to do in the same day in case of side effects and sick calls the next day so it doesn't adversely affect your staffing levels

Informed Consent

- Consider designating a person to collect the resident and staff completed consent forms. These numbers will be used to determine the vaccine allocation request and be brought to the vaccine clinic

Residents

- Refer to the current version of the [PCH Process for Obtaining Informed Consent for the COVID-19 Vaccine \(4-Oct-2021\)](#)
- The [WRHA LTC COVID-19 Vaccine Prescriber's Order Sheet \(09/2021; Form #W-00865\)](#) must be completed by the prescriber or as a telephone order from the prescriber for any resident vaccinations
- A new informed consent form is required for the 3rd vaccination

Staff

- Refer staff to the Manitoba COVID-19 vaccine website to complete the current version of the [COVID-19 Vaccine Consent Form and applicable fact sheets](#)
- Ask staff to bring their Manitoba Health card to the vaccine clinic to verify the information on their consent.
- Consider also having printed copies of the current [COVID-19 Vaccine Consent Form and applicable fact sheets](#) available at the vaccine clinic
- For staff who answer yes to questions 3, 8, 9 or 10:
 - For question 3, if the staff member has an immediate allergic reaction of any severity to the products listed, refer them to their physician
 - For question 8, refer the staff member to the [COVID-19 Vaccine Information for Pregnant and Breastfeeding Individuals](#) factsheet
 - For question 9 or 10, refer the staff member to the [COVID-19 Vaccine Information for Individuals who are Immunosuppressed &/or have an Autoimmune Condition](#) and if they have 1 of the conditions listed in the "People who require Further Consultation before Immunization" section of the [Manitoba COVID-19 Vaccine: Clinical Practice Guidelines for Immunizers and Health Care Providers](#), refer them to their physician

Immunizers & Training

"Experienced" Immunizers

- Individuals with recent experience with immunization or IM injections require a **self-directed theory-only course** to perform the COVID-19 vaccinations
- Register these staff for the IIPC Non-Credential Theory Only Course by submitting the [COVID-19 Immunizer Training Registration Form](#) and email to VITFtraining@sharedhealthmb.ca

- This partial course includes completion of specific subsections of each of the modules based on their previous experience
- This is self-learning training course and does not include hands-on immunization lab
- It is recommended that immunizers have current (within the last year) Basic Life Support (BLS)/CPR certification
- Staff that previously completed the RRC non-credentialed COVID-19 immunization course are not required to retake this course

No immunizer or IM injection experience

- For individuals with no previous or limited experience with immunization or IM injections
- This full course includes six online theoretical modules and a hands-on immunization lab
- Register staff for the RRC Micro-Credential Course by submitting the [COVID-19 Immunizer Training Registration Form](#) and email to VITFtraining@sharedhealthmb.ca

Immunizers for Third Vaccinations

- Immunizers who have the ability to administer vaccines per their respective college/regulatory body legislation/regulations that are:
 - Included in a publicly-funded provincial immunization program
 - Required as part of communicable disease responseare able to participate in the administration of an additional mRNA COVID-19 vaccine dose, excluding additional doses for travel purposes, granted the current [Manitoba eligibility criteria](#) has been met
- Immunizers who have been authorized to administer the COVID-19 vaccine as part of the government's pandemic response program and who have been included in the [Ministerial Order](#) are able to participate in the administration of an additional mRNA COVID-19 vaccine dose, excluding additional doses for travel purposes, granted the current [Manitoba eligibility criteria](#) has been met

Vaccination Clinic

Refer to the [Preparation Checklist: PCH 3rd COVID-19 Vaccination Clinics \(Sep 28 2021\)](#)

Requesting a vaccine allocation

- Determine the number of vaccine doses required and request a vaccine allocation through the IIPC Program
 - The IIPC site contact will receive a vaccine allocation survey weekly on Wed/Thurs which closes at the end of day on Monday
 - Complete the survey if you want to request a vaccine allocation for the week specified in the survey email. ****Note:** vaccine allocations are done 2 weeks in advance
 - Indicate the number of doses and type of mRNA vaccine requested

Approval of vaccine allocation

- The IIPC Program will review and approve vaccine allocation requests weekly on Tue/Wed
- Sites will receive an email approval for the vaccine allocation from the IIPC Program
- The email will include:
 - Vaccine name and number of approved doses
 - Instructions for vaccine ordering

Submitting the vaccine order

- Once sites receive the IIPC email approval for the vaccine allocation, submit the *COVID-19 Vaccine Order Form* to MDA as indicated on the form as soon as possible and copy Allison Bell
- On the *COVID-19 Vaccine Order Form*:

- Indicate the requested vaccine delivery date
 - Generally, PCH/LTC vaccination clinics can occur Monday to Thursday to facilitate timely vaccination data entry by WRHA Public Health, but starting October 22, 2021 vaccine clinics can occur on Fridays for the following 4 weeks as sites administer the third vaccinations
 - MDA will notify you if they cannot arrange for delivery that day
 - In the email to MDA indicate if you are doing a same day vaccine clinic
 - Plan for your vaccine clinic to start after 12pm as morning vaccine delivery cannot be guaranteed
- Indicate the vaccine type and number of doses that are being ordered which should be the same as the approved allocation amount
 - If sites are wanting to order more or less vaccine than the approved allocation amount, contact the IIPC Program for a revised approval at Independentimmunizationpartners@gov.mb.ca
- Check off if supplies are required
 - If you require general supplies (e.g. syringes, bandages, etc), indicate in the body of the email to MDA that you require the “general package of supplies” (i.e. you don’t need to submit a supply order form if you are just requesting standard supplies)

Preparing for your vaccination clinic

Resources

- PCH Vaccine Clinic Lead:
 - There will be no Public Health lead onsite for the vaccine clinic so each site should designate a PCH Lead for the vaccine clinic
 - Suggested role:
 - PCH contact receiving the vaccine
 - Observe the drawing up of the vaccine by the immunizers
 - Ensure vaccine security throughout the clinic
 - Problem-solve any issues
 - Lead the response if any residents or staff have adverse effects and determine if reporting is required (see *Adverse Effects* section below)
 - Determine how many leftover doses are available and who will receive them (see *Vaccine Clinic - Leftover doses at the end of the vaccine clinic* section below)
 - Reconciliation of vaccine doses and documenting administered and wasted doses (see *Documentation* section below)
- Trained Immunizers
 - Determine how many trained PCH immunizers to schedule for the clinic and consider having backup immunizer(s) in case of illness
 - If immunizer training is required, please refer to the *Immunizers & Training* section above
 - For sites that don’t have a code blue response team, the PCH Vaccine Clinic Lead or at least 1 immunizer participating in the clinic should have current (within the last year) Basic Life Support (BLS)/CPR certification
- Observers
 - Observers can be used to monitor staff and residents post-vaccination

Vaccination Cart

- Sites may wish to use mobile vaccination carts
- Prepare immunization carts with the following supplies:
 - Alcohol-based hand rub
 - Disinfecting wipes
 - Sharps container



- Printed vaccine labels if using for documentation
 - [Comirnaty \(Pfizer-BioNTech\) COVID-19 Vaccine Label Template](#)
 - [Spikevax \(Moderna\) COVID-19 Vaccine Label Template](#)
- Clipboard (cleanable)
- Sticky notes for documenting administration time for monitoring
- Pens & marker
- Anaphylaxis kit from one of the medication room
- Additional PPE as required

Staff Vaccination Clinics

- Determine the location for your staff vaccination clinic
 - Consider how the vaccine will be secured during the clinic (e.g. watched or locked)
- How many immunizers will be vaccinating staff?
 - Consider the number of staff to be vaccinated and that the timeframe to use the vaccine
 - Consider privacy for the staff and immunizer during the vaccination
- Will staff be given a schedule appointment time or appointment block to avoid the potential for staff congregating (e.g. similar to fit testing)?
 - Consider when the vaccine clinic will start based on the approximate delivery time and factoring in time for the vaccine to be drawn up
- How will staff to be vaccinated flow through the clinic?
 - Where will staff wait for their vaccination? Suggest having physical distance (2 metres) markers on the floor
 - Will the staff member move between stations or will the immunizer move between staff members?
 - Will vaccinations be done at a station/table or with a cart?
 - Will there be a post-vaccination monitoring area? Consider that chairs will need to be 2 metres apart
- How many dedicated observers will be needed for post-vaccination monitoring?
- How will the vaccination station and/or monitoring chairs be cleaned between staff members?
- The vaccination clinic should have:
 - Completed consent forms for the expected staff members
 - [Blank consent forms and fact sheets](#) for any additional staff members
 - Alcohol-based hand rub
 - Disinfecting wipes
 - Sharps container
 - Anaphylaxis kit from one of the medication rooms
 - Copy of *Manitoba Provincial Anaphylaxis Protocol: Community Health Immunization* (18-Aug-2021)
 - Clipboard (cleanable)
 - Provide a clock in the room for staff to refer to for their post-vaccination monitoring
 - Sticky notes for documenting administration time for monitoring
 - Copies of the post vaccination factsheets for staff to take:
 - [COVID-19 Reaction Factsheet](#)
 - [After the Vaccine](#)
 - Pens & markers
 - Garbage cans
 - Plastic bags to store vaccine doses that have been drawn up

Receiving the vaccine

- The vaccine and supplies will be packaged and sent by MDA on the clinic day
- Plan for your vaccine clinic to start after 12pm as morning vaccine delivery cannot be guaranteed
- The name of the PCH Clinic Lead submitted with the vaccine order is required to meet the delivery driver outside the PCH to receive the vaccine
- The PCH Clinic Lead should document the vaccine delivery time on the *PCH COVID-19 Vaccine Clinic Tracking Tool*
- The vaccine is delivered in a box that says “Moderna” on it, but they are just the maker of the box and this does not necessarily reflect the vaccine brand inside
- If the vaccine is delivered in a cooler, contact MDA as per the label on the cooler at the end of your vaccine clinic to arrange pick up of the cooler

Conducting the vaccination clinic

Vaccine Preparation

- Review the Vaccine Quick Reference for Immunizers:
 - [COVID-19 Pfizer Vaccine Quick Reference for Immunizers](#)
 - Follow the Pfizer vaccine dilution instructions (page 5-8 from the [Comirnaty \(Pfizer\) monograph](#))
 - If frozen, thaw vaccine vial(s) before use by allowing vial(s) to sit at room temperature (up to 25°C) for 30 minutes
 - Once at room temperature, the vaccine **MUST** be diluted within 2 hours
 - PCH Clinic Lead should document the time the vaccine **must be diluted by** on the *Pfizer PCH COVID-19 Vaccine Clinic Tracking Tool*
 - PCH Clinic Lead should document the time the vaccine **is diluted** on the *Pfizer PCH COVID-19 Vaccine Clinic Tracking Tool*
 - Once the vaccine is diluted, doses **MUST** be administered within 6 hours
 - PCH Clinic Lead should document the time the vaccine must be administered by on the *Pfizer PCH COVID-19 Vaccine Clinic Tracking Tool*
 - [COVID-19 Vaccine Moderna Quick Reference for Immunizers](#)
 - [Spikevax \(Moderna\) monograph](#)
 - If frozen, thaw vaccine vial(s) before use by allowing vial(s) to sit at room temperature (up to 25°C) for 60 minutes
 - Moderna vaccine does not require dilution
 - Swirl the vial gently after thawing and between each withdrawal.
 - Moderna vaccine must be used with 24 hours of the vaccine vial being punctured
 - PCH Clinic Lead should document the time the vaccine must be administered by on the *Moderna PCH COVID-19 Vaccine Clinic Tracking Tool*

Leftover Doses

- If there are leftover doses after the scheduled residents and staff are vaccinated, any other eligible staff or residents may be offered the leftover doses as long as the eligibility criteria above is met
- Resident vaccination with leftover doses should be prioritized over staff
- If there are more staff interested than leftover vaccine doses available, administer to staff with the earliest first vaccination date to the latest

Wasted Doses

- Any doses that are wasted during or at the end of the vaccination clinic, must be tracked including the # of doses and vaccine lot # (e.g. 2 letters and 4 numbers EW0199) and reported to WRHA Public Health (see Documentation section below)
- Wasted doses include:
 - When fewer doses than expected are withdrawn from a vaccine vial, the “missing” doses are considered wasted
 - When a dose is spilled, dropped, leaks, contaminated, etc...
 - When any remaining doses are discarded into the pharmaceutical waste container at the end of the vaccine clinic if there are no further residents or staff to vaccinate
- Sites that are doing their own data entry into PHIMS are to report wasted doses weekly using the [IIPC Vaccine Waste Log](#)

Documentation

Immunizer

Residents

- Ensure demographic information in Section A of the consent form is complete
- Review question 1 to determine if the resident has a fever or other symptoms that could be due to COVID-19. If yes, the vaccination must be postponed. If no, check off and initial.

B. Health History of Client

1. Do you have a fever or other symptoms that could be due to COVID-19?
If yes, describe _____

Yes No *JP*

- Document the vaccine administration on the bottom of the consent form (see sample below):
 - Clinic Location (PCH name)
 - Reason for Immunization: 1. Personal care home resident
 - Check the interventions performed
 - Once this vaccination is given, complete the vaccine administration information in the table
 - The lot # is 2 letters and 4 numbers EW0199 on the vial; not the longer number (e.g. PAA165969).

THE FOLLOWING SECTION TO BE COMPLETED BY THE IMMUNIZATION PROVIDER								
Clinic Location <u>Sunny Hills PCH</u>								
<input type="checkbox"/> Check this box if verbal consent has been obtained from client because they are unable to sign section C								
Reason for Immunization – please check the first reason that applies (Check ONLY the first box that applies). 1. <input checked="" type="checkbox"/> Personal care home resident 2. <input type="checkbox"/> Health care worker (includes all settings) 3. <input type="checkbox"/> Community with disproportionate disease impact 4. <input type="checkbox"/> Other congregate living (includes residents, non-health care staff, visitors, volunteers) 5. <input type="checkbox"/> Routine (age)				The following five interventions must be performed and documented with a check mark by the immunizer: 1. <input checked="" type="checkbox"/> Fact sheet(s) provided 2. <input checked="" type="checkbox"/> Section B completed and reviewed 3. <input checked="" type="checkbox"/> Expected benefits and material risks of vaccine provided 4. <input checked="" type="checkbox"/> Information provided about reporting vaccine side effects (reportable side effects pursuant to section 57(2) of the Public Health Act) 5. <input checked="" type="checkbox"/> Concerns and questions addressed				
Clients who answer yes to questions 8, 9 or 10 of section B: health care provider or immunizer must review the expected benefits and material risks of vaccination as per the Clinical Practice Guidelines. Immunizer or Health Care Provider Name (please print): <u>Dr. Lisa Simpson</u> Immunizer or Health Care Provider Signature: <i>[Signature]</i> Date <u>May 5/2021</u>								
Vaccine	Date Y/M/D	Lot #	Manufacturer	Route	Dose	Site	Immunizer's Signature	Data Entry
COVID 19	21/05/18	EL1406	Pfizer	IM	0.3ml	<input checked="" type="checkbox"/> Deltoid	<i>[Signature]</i>	

Staff

- Ensure demographic information in Section A of the consent form is complete
- Review question 1 to determine if the staff member has a fever or other symptoms that could be due to COVID-19. If yes, the vaccination must be postponed. If no, check off and initial.

B. Health History of Client

1. Do you have a fever or other symptoms that could be due to COVID-19?
If yes, describe _____

Yes No JP

- Document the vaccine administration on the bottom of the consent form (see sample below):
 - Clinic Location (PCH name)
 - Reason for Immunization: 2. Health Care Worker
 - Interventions:
 - Ensure that the staff member has received the fact sheets
 - Review responses to Section B Health History of Client including verification of previous COVID-19 vaccinations
 - Review the expected benefits and risks of the mRNA vaccines (refer to factsheet)
 - Review the reporting of vaccine side effects (refer to factsheet)
 - Respond to concerns and questions
 - Once this vaccination is given, complete the vaccine administration information in the table

THE FOLLOWING SECTION TO BE COMPLETED BY THE IMMUNIZATION PROVIDER								
Clinic Location <u>Sunny Hills PCH</u>								
<input type="checkbox"/> Check this box if verbal consent has been obtained from client because they are unable to sign section C								
Reason for Immunization – please check the first reason that applies (Check ONLY the first box that applies)					The following five interventions must be performed and documented with a check mark by the immunizer:			
1. <input type="checkbox"/> Personal care home resident					1. <input checked="" type="checkbox"/> Fact sheet(s) provided			
2. <input checked="" type="checkbox"/> Health care worker (includes all settings)					2. <input checked="" type="checkbox"/> Section B completed and reviewed			
3. <input type="checkbox"/> Community with disproportionate disease impact					3. <input checked="" type="checkbox"/> Expected benefits and material risks of vaccine provided			
4. <input type="checkbox"/> Other congregate living (includes residents, non-health care staff, visitors, volunteers)					4. <input checked="" type="checkbox"/> Information provided about reporting vaccine side effects (reportable side effects pursuant to section 57(2) of the Public Health Act)			
5. <input type="checkbox"/> Routine (age)					5. <input checked="" type="checkbox"/> Concerns and questions addressed			
Clients who answer yes to questions 8, 9 or 10 of section B: health care provider or immunizer must review the expected benefits and material risks of vaccination as per the Clinical Practice Guidelines.								
Immunizer or Health Care Provider Name (please print): _____ Date _____								
Immunizer or Health Care Provider Signature: _____								
Vaccine	Date Y/M/D	Lot #	Manufacturer	Route	Dose	Site	Immunizer's Signature	Data Entry
COVID-19	21/05/18	EL1466	Pfizer	IM	0.3 mL	Deltoid		

PCH Vaccine Clinic Lead

- Ensure the consent forms are fully completed with the resident or staff demographic information, consent, signature and vaccination administration information
- Complete the current version of the *PCH COVID-19 Vaccine Clinic Tracking Tool* to account for all vaccine doses at the end of the vaccine clinic
 - [Pfizer PCH COVID-19 Vaccine Clinic Tracking Tool](#)
 - [Moderna PCH COVID-19 Vaccine Clinic Tracking Tool](#)
 - Determine the number of vaccine doses delivered = # vaccine vials x # of doses per vial
 - Total vaccine doses administered + Total vaccine doses wasted MUST = Number of vaccine doses delivered
 - The number of wasted doses must be recorded and the vaccine lot # of the wasted doses (see *Wasted Doses* section above)

- The Total Vaccine Doses Administered MUST = Number of consent forms
- Send a copy of the completed *PCH COVID-19 Vaccine Clinic Tracking Tool* by email to abell3@wrha.mb.ca
- On the vaccine clinic day, send a same-day courier with:
 - 1) Copies of the resident consent forms with the vaccine administration documented; file the original resident consent forms in their health record
 - 2) Original staff consent forms with the vaccine administration documented
 - 3) Copy of the completed *PCH COVID-19 Vaccine Clinic Tracking Tool*
- Send via secure courier with tracking and signature receipt to:

Attention: PH Clerk
CD Unit
490 Hargrave Street, 2nd floor
Winnipeg, MB
R3A 0X7
- Packages can be accepted at 490 Hargrave between 0830-1630h Monday to Friday
- Sites that are doing their own data entry into PHIMS do not need to courier their consent forms
 - Consult with your site OESH regarding retention of the staff consent forms after data entry
 - Report wasted doses weekly using the [IIPC Vaccine Waste Log](#)

Public Health

- Public Health staff will enter the vaccination data and wasted doses into PHIMS
- The original staff consent forms will be retained by Public Health

Monitoring

- Post-vaccination monitoring is required for a **minimum of 15 minutes**.
- For staff or residents with a history of allergic reaction to other vaccines, medicines, food or other substances, an increased monitoring time of 30 minutes is required (see responses to questions 2 & 4 on the COVID-19 Vaccine Consent Form)
- Consider using sticky notes or tags for documenting the vaccine administration time so the staff or observer knows when the monitoring period is finished

Anaphylaxis

Residents

- If anaphylaxis occurs in a resident, follow the anaphylaxis orders outlined on the PCH Medication Standing Orders (Aug 2021) and in the *WRHA LTC Operational Guideline Management of Suspected Anaphylaxis in LTC/PCH Residents* (Sep 2021)

Staff

- If anaphylaxis occurs in a staff member, follow the *Manitoba Provincial Anaphylaxis Protocol: Community Health Immunization* (18-Aug-2021)
- Immunizers who will be vaccinating staff should review the protocol prior to the vaccination clinic
- *Note that the dose of epinephrine in the protocol is different for adults versus PCH residents (see Table 1 below).*

Table 1: Dosing Guidelines for Epinephrine (1 mg/mL solution), by age.

Age Range	Epinephrine dose (1 mg/mL)
Older than 12 years	0.5 mg = 0.5 mL
Personal Care Home residents	0.3 mg = 0.3 mL

Adverse Effects

- If a serious or unexpected adverse event occurs:
 - Notify Allison Bell at abell3@wrha.mb.ca
 - Complete the [Reporting Form for Adverse Events Following Immunization \(AEFI\) – fillable form](#)
 - Fax to WRHA Public Health at 204-940-2690
 - The Medical Officer of Health (MOH) will review the information and determine if it is an AEFI. If the AEFI is after the first dose, the MOH can advise regarding the second vaccination