**SEASONAL INFLUENZA/COVID/PNEUMOCOCCAL IMMUNIZATION MONITORING and DATA ENTRY PROTOCOL**

**PURPOSE**

This protocol is intended to define the influenza, COVID, and pneumococcal immunization monitoring and data entry requirementsfor WRHA programs that provide immunization clinics between October and December of each year.

**REPORTING**

Immunizations administered will be reported via reports generated from the Public Health Immunization Monitoring System (PHIMS) at defined time-points. Immunization monitoring data will be reported, summarized and communicated to inform planning and program operations as outlined for specified programs as outlined below.

**PUBLIC HEALTH CLINICS**

* Immunization counts for each clinic are to be entered into the *Public Health Fall Campaign Spreadsheet* and then emailed to [immunizationschedules@wrha.mb.ca](mailto:immunizationschedules@wrha.mb.ca) **within 48 hours** of the clinic being completed. The following information will be required:
* Date, Name of Clinic, Community Area
* Number of Adults Immunized for Flu
* Number of Children under the age of 18 years Immunized for Flu
* Number of Adults Immunized for Pneumococcal
* Number of Adults Immunized for Covid
* Number of Children under the age of 18 years Immunized for Covid
* Immunization consents completed by casual immunizers in clinics that are held in individual community areas (i.e., outreach clinics) will be entered into PHIMS by the community area Public Health clerk, within a timely manner, **48 hours after clinic is completed**.
* Immunizations completed by Public Health Nurses, these consents will continue to be entered by the PHNs in the local CA offices **48 hours after clinic is completed**.

All consent forms are to be kept onsite by the Community Area Public Health Clerk. PHIMS Data Entry Summary Page must be submitted to ***Public Health Influenza Clerk.***

* The primary contact number for the ***Public Health Influenza Clerk*: *204.940.2688.***
* Campaign-end reports will be generated directly from PHIMS at defined time points (Regional Per Dose Funding Report).

**HEALTHY SEXUALITY AND HARM REDUCTION TEAM**

* HSHR to enter their own consents **within 48 hours** of being completed.
* Once consents are entered, please forward to 2nd Floor- 490 Hargrave for archiving no later than end of January of the campaign year.
* Campaign-end reports will be generated directly from PHIMS at defined time points.

**TRAVEL HEALTH**

* Travel Health to enter their own consents **within 48 hours** of being completed.
* Travel Health Coordinator to provide campaign end invoice and listing of immunizations that could not be entered into PHIMS by **end of January to 2nd Floor- 490 Hargrave**.
* Campaign-end reports will be generated directly from PHIMS at defined time points and reconciled with the Travel Health Coordinator.

**PERSONAL CARE HOMES AND LONG-TERM CARE**

Reimbursement is to be provided for each influenza and pneumococcal vaccine given that it meets the eligibility criteria for funding as outlined per Manitoba Health. *Please note that funding will be based on cost per dose for influenza and pneumonia vaccines only, COVID-19 vaccine will be based on different funding criteria.*

* For immunizations provided to **clients/patients/residents:**
  + Forward a **copy** of the client/patients/residents Influenza, Pneumococcal & COVID-19 Immunization Consent form to the Public Health Influenza Clerk. The original consent form should be filed in the resident’s health record.

NOTE: Be sure to review the consent form to ensure it is filled out correctly and includes the individual’s correct identifiers (name and DOB), including their PHIN # (9-digit Manitoba Health Number). Ensure that the appropriate vaccine information (Vaccine type, Date administered, Lot #, Manufacturer, Dose, Route, Site etc.) has also been recorded.

*Although there is no reimbursement for PCH residents who have received the i****nfluenza*** *vaccine, it is still important to forward the immunization information (via the completed consent form) so it can be entered into PHIMS as part of the individual’s immunization record*.

* For Immunizations provided to **staff/volunteers/visitors:**
  + If there is NOT an OESH Department at your site: Send **original** Influenza, Pneumococcal & COVID-19 Immunization Consent forms to the Public Health Influenza Clerk.
  + If there is an OESH Department at your site: The original consents must be kept on site at the facility with OESH, and only a copy of the consent form should be submitted to the Public Health Influenza Clerk.

NOTE: Again, be sure to review the consent form to ensure it is filled out correctly and includes the individual’s correct identifiers (name and DOB), including their PHIN # (9-digit Manitoba Health Number). Ensure that the appropriate vaccine information (Vaccine type, Date administered, Lot #, Manufacturer, Dose, Route, Site etc.) has also been recorded.

* Send **originals or copies of consents (as it applies) same day or next business day from completion of immunization** via SECURE **COURIER** to the Public Health Influenza Clerk.
* Campaign-end reports will be generated directly from PHIMS.

**WRHA OESH and OESH at St. Boniface Hospital and Misericordia Health Centre**

* Complete their own data entry for **staff, visitors, volunteers** and enter into PHIMS **within 48hrs.**
* To ensure you will be funded for each **staff, visitor, volunteer** dose, ensure that you have set your ORG and SDL defaults correctly in PHIMS and used the correct reason codes.

Once data entry has been completed, a copy of the [Immunization Input Form for Health Care Providers](http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf) and “*Influenza and Pneumococcal Immunization Invoice*” to be couriered by **end of January (campaign end)** to the Public Health Influenza Clerk for data quality assurance purposes. Please note funding for cost per dose is only for influenza and pneumonia, hence we will want to capture COVID-19 immunizations for reporting purposes. Please include COVID-19 immunizations on [Immunization Input Form for Health Care Providers](http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf).

* The original [Immunization Input Form for Health Care Providers](http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf) must be kept on site at the facility, and only a copy of the form is to be sent by secure courier to the Public Health Influenza Clerk.
* The original consent forms must be kept at the facility.
* Campaign-end reports will be generated directly from PHIMS.
* **If/when there are requests for status updates about the number of fall immunizations administered by Occupational Health, the lead OESH representative will address/respond directly. Therefore, OESH may wish to track and collate numbers directly at the respective sites.**

**ACUTE CARE SITES:**

**1.** Acute care sites **who are entering** their own Immunization Data into PHIMS:

* For immunizations provided to **clients/patients/residents** *and* for any **staff, volunteers or visitors who were immunized on the unit by acute care staff (NOT OESH),** please complete the immunization data entry into PHIMS **within 48hrs.**
* To ensure you will be funded for each **staff,** **volunteer and visitor** dose, ensure that you have set your ORG and SDL defaults correctly in PHIMS and use the correct reason codes.

Once data is entered into PHIMs WRHA Public Health will **only** require a copy of the [Immunization Input Form for Health Care Providers](http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf) and the “*Influenza and Pneumococcal Immunization Invoice (***one invoice per site)** which contains a **code for staff, volunteers or visitors** as being immunized for reimbursement purposes. Please note funding for cost per dose is only for influenza and pneumonia, hence we will want to capture COVID-19 immunizations for reporting purposes. Please include COVID-19 immunizations on [Immunization Input Form for Health Care Providers](http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf).

* We **do** **not** require the above forms if only **clients, patients, residents** have received influenza or pneumococcal immunizations (as there is no reimbursement funding for this group). The original forms must be kept at the facility, and only a copy is to be sent by secure courier to the Influenza Clerk **by end of January (campaign end)**

**2.** Acute care sites who **do not enter** their own Immunization Data into PHIMs:

* For immunizations provided to **staff, volunteers, and visitors:**

A copy of [Immunization Input Form for Health Care Providers](http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf) along with an “*Influenza and Pneumococcal Immunization Invoice*” are required to be sent to the Public Health Influenza Clerk, so that this information can be entered into PHIMS. To ensure you will be funded for each dose, include the individual’s PHIN # (9-digit Manitoba Health number) on the record. Please note funding for cost per dose is only for influenza and pneumonia, hence we will want to capture COVID-19 immunizations for reporting purposes. Please include COVID-19 immunizations on [Immunization Input Form for Health Care Providers](http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf).

* For immunizations provided to **clients/patients/residents:**

Enter the info on the [Immunization Input Form for Health Care Providers](http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf) and send to the Public Health Influenza Clerk, so that this information can be entered into PHIMS. Funding is provided as outlined by Manitoba Health.

*NOTE: Although there is no reimbursement for acute care clients/patients/residents who have received the influenza vaccine, it is still important to forward the immunization information to the Public Health Influenza Clerk so they can be entered into PHIMS to complete their immunization record.*

* The original consent and/or the [Immunization Input Form for Health Care Providers](http://www.gov.mb.ca/health/publichealth/cdc/div/docs/iifhcp.pdf)must be kept on site at the acute care facility, and only a copy of the above form is to be sent **within 48 hours of completion**

**All required forms as outlined for each program are to be couriered via SECURE courier to:**

**(*do not send via email or fax*)**

**Public Health Influenza Clerk**

**2-490C Hargrave St.**

**Winnipeg, MB**

**R3A 0X7**

**For questions contact the Public Health Influenza Clerk at: 204-940-2688**