COVID-19 Vaccination Campaign - Decision Tracker

Purpose: To document decisions that impact practice at COVID-19 Vaccination Clinics

Date	Decision	Made By	Comments
6/5/2021	**Assembling of Equipment Prior to Drawing up Covid-19 Vaccine.** Practice guidelines to ensure best practice prior to diluting and drawing up Covid-19 vaccine at mass clinics. o Do not preassemble any needles or syringes in batches greater than 1 vial. o Max 6-10 only. 6 syringes (Pfizer) to 10 syringes (Moderna) and needles at a time o Distribute to immunization station only once all doses have been withdrawn from the vial.	VCH	See S&D for updated clinical resources
29/04/2021	**Revisions to BCCDC Immunization Manual - Biological products pages for AstraZeneca COVID-19 vaccines:** The age indication has been revised to individuals 30 years of age and older per NACI's updated recommendation. Footnote A has been revised to further clarify that informed consent should include the risk of Thrombosis with Thrombocytopenia Syndrome (TTS) versus the individual's risk of serious illness from COVID-19, and when they would be eligible to receive an mRNA vaccine (see BC Government's COVID-19 Immunization Plan for timelines). Adverse Events: Information related to Thrombosis with Thrombocytopenia Syndrome (TTS), formerly known as Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT), has been revised to indicate its estimated occurence is approximately 1 in 100,000 vaccine recipients. Additionally, 'headache beginning beyond 4 days after vaccination' has been added to the list of symptoms warranting medical attention.	BCCDC	Visit BCCDC Immunization Manual Biological products pages COVID-19
	AstraZeneca age eligibility expansion to those 30 years of age and older o **VCH QRG & FAQ for immunizers has been updated** to reflect this change in eligibility and includes information on the benefit/risk of vaccine receipt and review of signs and symptoms for monitoring NOTE: the monitoring period for s/s is 4 to 28 days from vaccine receipt. This is based on local specialist and provincial consultation. o AstraZeneca COVISHIELD information sheet letter (provided to the frontline and essential workers workplaces) attached is for reference. Immunizers can use this letter as added background and use for speaking points to clients NOTE: Risk of TTS (formerly called VITT) is now deemed to be 1 in 100,000 vaccine recipients. Which is a revision to the risk noted in the VCH AZ information sheet which was distributed earlier today to workplaces.	VCH	See S&D for updated clinical resources
"	**NEW Aftercare Standards SOP** o Purpose is to set a standard regarding aftercare station requirements and duties, as well as expected role of the aftercare clinician	VCH	Posted on SHOP Site
"	**Practice modification for community mass clinic settings regarding labelling of pre-filled syringe** o If only 2 products at the clinic: -Can label 1 of the 2 products (eg. if majority products to be given is Pfizer, only label the product in lower amount eg. Moderna) -Details on label should include: product name, lot#, drawing up date and expiry time, prepared by clinician initials -Can use the Moderna labels that have come with the product, and list the expiry time of pre-drawn syringe and clinician initials where there is empty space -Color coded labels can be used -Placement of labels can be put on the needle cap as opposed to body of syringe -The clinician initials rationale is based on being able to identify who drew up the syringe, in the event it is noticed there are errors (eg. incorrect dose drawn up) o If 3 products at the clinic: -Modified version can include: not labelling the product available in highest amount (eg. majority of the vaccines are Pfizer), label Moderna product, and when needing to provide the 3rd product (eg. AZ) only grab the amount needed and label those syringes -Details on label should include: product name, lot#, drawing up date and expiry time, prepared by clinician initials -Can use the Moderna labels that have come with the product, and list the expiry time of pre-drawn syringe and clinician initials where there is empty space -Color coded labels can be used -Placement of labels can be put on the needle cap as opposed to body of syringe -The clinician initials rationale is based on being able to identify who drew up the syringe, in the event it is noticed there are errors (eg. incorrect dose drawn up)	VCH	Internal VCH email communication by Regional Imms from April 29, 2021

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26/04/2021	**Basic IPAC practices for immunizers:** changes to IPAC guidance for immunizers. Cleaning and Disinfection • Immunization station: At the beginning/end of the day, before/after returning from a break, if client places item or touches the station and as needed (i.e. spills, visibly soiled, etc) • Immunization chairs: every 4 hours and as needed • Laptops: Alcohol swab for screens and keyboards, disinfectant wipes for exterior surfaces • Virtual translator: Alcohol swabs for screen and disinfectant wipes for other surfaces The screening poster has been updated for community partners to use. Please note: • Runny nose has been removed but new/worsening loss of sense of smell or taste and extreme fatigue have been added. See poster here http://ipac.vch.ca/Documents/COVID-19/Community%20Toolkit/Vaccination%20Clinic%20Poster%20Public.pdf	VCH	See S&D: Basic IPAC Practices for Immunizers
23/04/2021	**VCH QRG COVID-19 vaccines:** this resource has additionally been updated to reflect the change in recommendation for individuals who have a history of anaphylaxis not yet diagnosed. The bullet has been removed under the contraindications section. Information has also been added to indicate that mRNA vaccine products may be interchangeable when the dose #1 mRNA product is unknown or unavailable.	VCH	See S&D for updated clinical resources
22/04/2021	**VCH COVID-19 vaccine screening checklist:** Change in recommendation for individuals who report previous history of anaphylaxis or severe allergy not yet diagnosed o **NEW**: Individuals with a history of anaphylaxis or severe allergy not yet diagnosed can be immunized in a public health setting and need to stay for a longer observation period of 30 minutes. **VCH FAQ for Immunizers:** removed previous bullet "history of anaphylaxis or severe allergy not yet diagnosed…" (Qu: #6 who should not receive the COVID-19 vaccine) to reflect the new recommendation that these individuals can be immunized and need to stay for a longer observation period of 30 minutes	VCH	See S&D for updated clinical resources
21/04/2021	**Lower than recommended dose volume is administered** (eg. leaked out, equipment failure, recipient pulled away): o If more than half of the dose was administered, do not repeat the dose o If less than half of the dose was administered or the proportion of the dose cannot be estimated, administer the full recommended dose immediately (no minimum interval) in the opposite arm.	VCH	See VCH FAQ for Immunizers on S&D for more information
"	**Age eligibility for AstraZeneca/COVISHIELD products:** o As of April 19, 2021, the province announced the age eligibility has expanded to those 40 years of age and older for AstraZeneca/COVISHIELD COVID-19 vaccine	PHO	Age eligibility change reflected in VCH QRG & VCH FAQ for Immunizers (documents on S&D)
"	**Timing interval after administration of COVID-19 vaccine**: o There is no longer a recommended timing interval for routine/non-urgent vaccinations after administration of COVID-19 vaccine o VCH recommends no waiting period after the administration of a COVID-19 vaccine before the administration of another vaccine or TB skin test (change to previous recommendation where only for non-urgent/routine vaccinations a waiting period is recommended. Direction is no longer precautionary and is the same for all regardless if special consideration or general population)	VCH	Change reflected in VCH FAQ for Immunizers (See document posted on S&D)
"	**Changes made to provincial AEFI criteria and AEFI form for the following events**: o 'anaesthesia/paraesthesia' no longer requires a physician diagnosis for reporting; this is reflective of the self-reported nature of the majority of these events. The syndrome itself has been recognized (e.g., after influenza vaccine) and has a strong subjective component without elicited signs, and therefore the rationale for a physician diagnosis is not there o addition of 'transverse myelitis' as a discrete event in the neurological events section. This event is rarely reported in association with vaccine receipt but reporting in a categorical field will facilitate recognition of these cases (e.g., in our alerting system) and analysis / reporting in a manner that having this in a free text field associated with 'other' does not	BCCDC	Visit BCCDC AEFI Case Report Form
"	**Revisions to BCCDC Immunization Manual - Biological products pages for COVID-19 vaccines:** minimum age for vaccine receipt of COVID-19 vaccines is based on year of birth (eg. Moderna vaccine may be offered to individuals who will be turning 18 years of age within the current calendar year [may be 17 years old] at time of vaccine receipt) per PHO recommendations.	BCCDC/PHO	Visit BCCDC Immunization Manual Biological products pages COVID-19 for further information

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"	**Revisions to BCCDC Immunization Manual - Biological products pages for COVID-19 vaccines:** Administration of different mRNA products: o While the vaccine series should be completed with the same mRNA COVID-19 vaccine product, if the first dose product is unknown or unavailable, the second dose may be given with an available mRNA product o Note that this applies for mRNA products within the series, and at this time mRNA products are not interchangeable with other COVID-19 products (eg. viral vector-based COVID-19 vaccines) o Viral vector-vaccines are interchangeable within the vaccine series (eg. AstraZeneca can be interchangeable with COVISHIELD, but not with other COVID-19 products [eg. mRNA] at this time)	BCCDC	Visit BCCDC Immunization Manual Biological products pages COVID-19 for further information
15/04/2021	**VCH Clinical resources updated**: Screening checklist, FAQ for Immunizers, QRG.	VCH	See S&D for updated clinical resources
14/04/2021	**Practice update:** updated Medication practice standards and documentation processes. Changes to requirements for labelling pre-drawn syringes.	VCH	See highlighted sections in practice update (posted on S&D)
31/03/2021	**Clinical recommendation change to use of AstraZeneca/COVISHIELD (SII) products:** AstraZeneca/COVISHIELD (SII) COVID-19 vaccines should not be used in adults under 55 years of age at this time while the safety signal of Vaccine-Induced Prothrombotic Immune Thrombocytopenia (VIPIT) following vaccination with AstraZeneca/COVISHIELD (SII) COVID-19 vaccine is investigated further (per NACI recommendation).	NACI/BCCDC	Adults 55 years of age and older may still be offered the AstraZeneca/COVISHIELD (SII) with informed consent, given the increased risk of hospitalization and death due to COVID-19 disease in this population and since VIPIT appears to be a rarer event in this age group.
29/03/2021	**Practice update for nurses: COVID-19 vaccine Education Requirements:** minor addition has been made to ensure clear guidance for which BCCDC curriculum course is required for review	VCH	Version 6: newest version updated (see S&D for pdf)
"	**Discontinue screening for history of COVID-19 infection:** immunizers no longer need to screen for previous COVID-19 infection as part of vaccine screening process	VCH	See memo on S&D
"	**Onewrite informed consent tick box:** immunizers are required to tick the informed consent tick box on onewrite as part of obtaining verbal consent	VCH	See memo on S&D
26/03/2021	**Practice update for nurses:** COVID-19 vaccine Education Requirements:alignment with the provincial education requirements for nurses who have not completed the BCCDC Immunization competency course. Originally the education requirement was the VCH NIA COVID-19 Immunization Course or BCCDC's COVID-19 vaccine course, however the education requirement has now changed. Additional BCCDC webinars (eg. viral vector based vaccines) are now available, and should be reviewed if not done so already	VCH	Version 5 (newer version available see next row)
22/02/2021	**Anaphylaxis/Severe allergy not yet diagnosed** Individuals with hx. of anaphylaxis/severe allergy not yet diagnosed should be referred to an allergist for assessment prior to receiving first dose	VCH	Advise individual to seek referral via MRP Alternatively, may be immunized in an emergency setting
22/02/2021	**Allergic reaction following dose 1** Individuals experiencing allergic reaction within 48 hours of receipt of COVID-19 vaccine dose 1 SHOULD NOT receive dose 2 until assessed by an allergist	VCH	Complete an AEFI and submit for MHO review MHO will refer to allergist
4/2/2021	**Pooling of Vaccine** Residual volume from up to 3 vials of the same product & lot may be pooled to obtain an additional dose. See memo for procedure	BCCDC	
1/2/2021	**Practice update for nurses:** COVID-19 Vaccine: Medication Practice Standards and Documentation Processes	VCH	See S&D for practice update