

What's New in Preventing Respiratory Viral Infections in NS

Fall 2025 Update

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Nothing to Disclose and
No Conflicts of Interest

Thank You to All Our
Immunizers!

Learning Objectives

By the end of the program, participants will be able to:

1. **Describe the RSV immunization program enhancements** (infant and senior) for the 2025-26 respiratory season in NS *(CanMEDS roles: Medical Expert, Scholar)*
2. **Review the annual fall vaccine programs** for influenza and COVID-19 in NS *(CanMEDS roles: Medical Expert, Health Advocate)*
3. **Increase awareness of Provincial BioDepot** and available supports in NS *(CanMEDS roles: Communicator, Collaborator)*

Bonus Slides

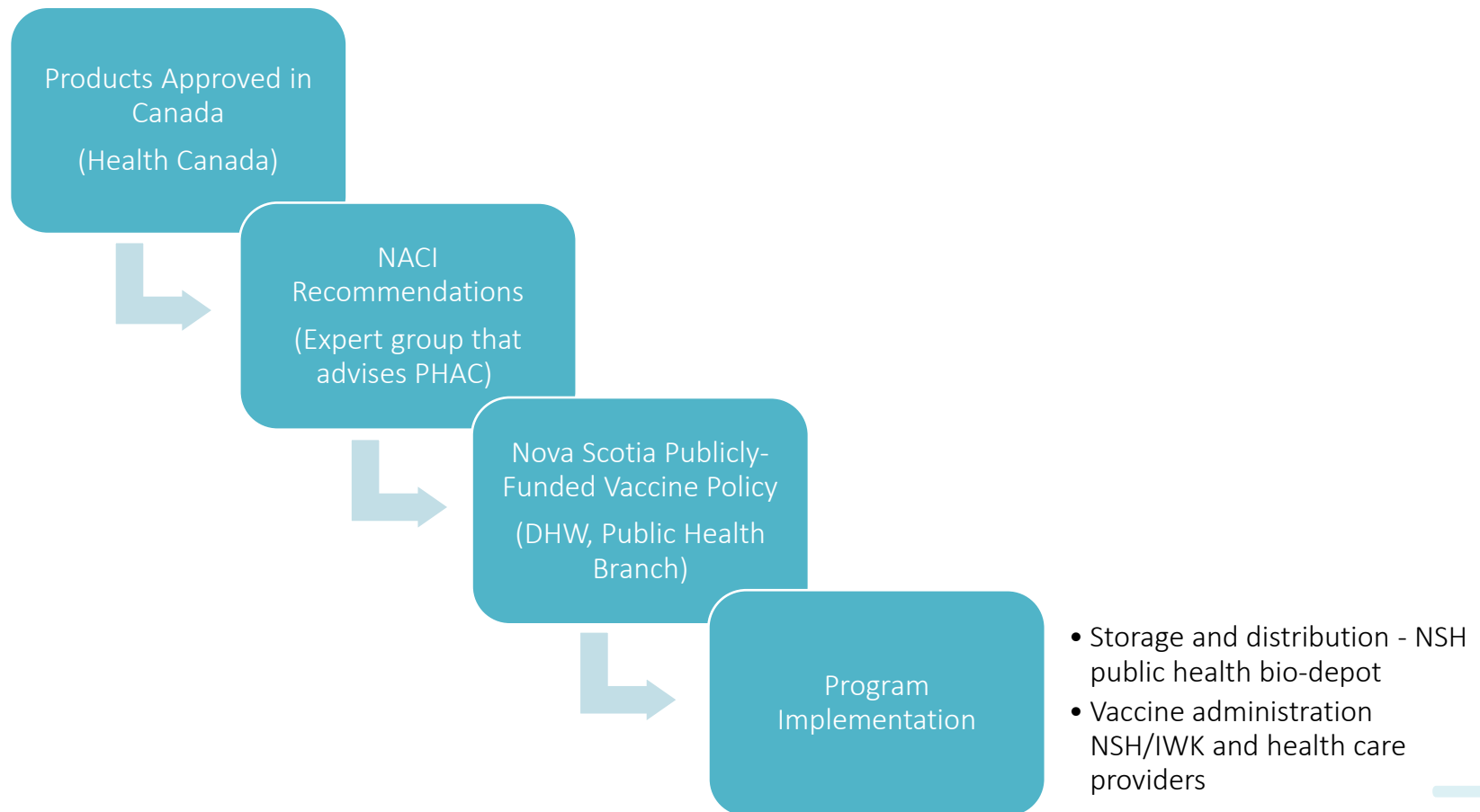
We couldn't fit everything we wanted to share in one hour!

See bonus slides for more info on:

- NB and PEI Resources on Publicly-Funded Vaccines
- Changes to List of Diseases that are Notifiable in NS
- Comparison of Adult RSV Vaccines
- Burden of Respiratory Viruses
- Vaccine Storage and Handling Tips

RSV Immunization Program Enhancements

Respiratory Syncytial Virus (RSV) Immunization Program Enhancements



RSV Immunization Products Approved in Canada

Older adults

- Pfizer RSVpreF vaccine (Abrysvo) (HC approved for 60+)
- GSK RSVpreF3 Vaccine (Arexvy) (new HC approved for 50-59 at increased risk, and 60+)
- Moderna, mRNA 1345 (mRESVIA) (HC approved in Nov 2025 for 60+)

Infant

- Monoclonal antibodies (Nirsevimab and Palivizumab)
 - Substantively different indications for use

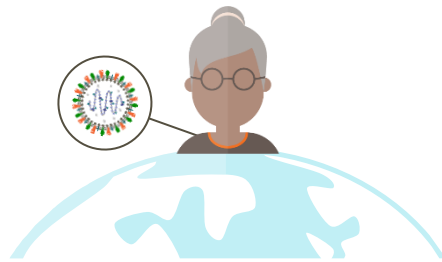
Pregnancy (32 – 36 weeks)

- Pfizer RSVpreF vaccine (Abrysvo) to provide passive protection to infants



Burden of RSV disease in older adults in Canada

Case, hospitalization and mortality estimates based on meta-analyses of all literature on RSV burden of disease in adults aged ≥ 60 years, extrapolated to 2020 UN population estimates



Incidence

1.09% (95% CI: 0.40–2.93) or
102,000 cases of RSV-ARI¹



Hospitalisation

1.3 per 1,000 population (95% CI:
0.8–2.2) or **12,500** hospitalisations¹



In-hospital case fatality rate

6.80% (95% CI: 6.40–7.21) or
850 deaths¹

RSV in older adults is **not routinely tested** for and the true burden of disease may be **underestimated**

Risk factors

Frailty, advanced age and comorbidities such as COPD or congestive heart failure are associated with higher risk for severe disease, complications and death^{2,3}

Complications

- Accounts for $\sim 10\%$ of community-acquired pneumonia⁴
- ICU admission and ventilator support in $\sim 10\%$ of cases⁵
- Respiratory complications during hospitalization may be more common in RSV cases than influenza cases⁶

Estimated 2020 population aged ≥ 60 years in Canada: **9,398,000**

COPD: Chronic Obstructive Pulmonary Disease, ICU: Intensive Care Unit

1. Savic M. [abstract]. In :7th ESWI Influenza Conference, 6–9 December 2020, virtual edition: *Highlights from Science, Policy, Interface sessions*, p. 40; 2. Belongia EA, et al., *Open forum infect dis* 2018;5(12):316; 3. Falsey AR, et al.. *N Engl J Med* 2005; 352(17): 1749-59; 4. Walsh EE., *Semin Respir Crit Care Med*, 2011;32:423-32; 5. Binder W, et al., *Am. J. Emerg. Med.*. 2017;35(8):1162-5; 6. Ackerson B, et al. *Clin Infect Dis*. 2018;10

RSV Vaccines in Older Adults

Each vaccine has been shown to be effective in reducing the risk of RSV-associated lower respiratory tract disease (LRTD) and severe LRTD in older adults (less data available for mRNA 1345)

Post-licensure surveillance studies (RSVpreF, RSVpreF3) in the US found vaccines to be effective against hospitalization overall, among adults 75+ years and among immunocompromised individuals

RSV vaccines not given annually; one dose offers protection for at least 2 respiratory seasons

No boosters indicated at this time (may change as evidence develops)

NACI Statement: Prevention of RSV Disease in Older Adults

Recommends RSV immunization programs for:

- Adults 75 years of age and older, particularly for older adults at increased risk of severe RSV disease
- Adults 60 years of age and older who are residents of nursing homes and other chronic care facilities

NACI now recommends that some RSV vaccines **may** be considered as an individual decision by adults 50 to 74 years of age in consultation with their health care provider.

Prevention of RSV Disease in Older Adults: Chronic Conditions

Cardiac or pulmonary disorders (includes chronic obstructive pulmonary disease asthma, cystic fibrosis, and conditions affecting ability to clear airway secretions)

DM and other metabolic diseases

Moderate and severe immunodeficiency (refer to the [list of immunocompromising conditions developed for COVID-19](#))

Chronic renal disease

Chronic liver disease

Neurologic or neurodevelopmental conditions (includes neuromuscular, neurovascular, neurodegenerative [e.g., dementia], neurodevelopmental conditions, and seizure disorders, but excludes migraines and psychiatric conditions without neurological conditions)

Class 3 obesity (defined as BMI of 40 kg/m² and over)

Contraindications & Common S/E

Common Side Effects

- Pain at injection site, fatigue, headache, muscle or joint pain

Uncommon or Rare Side Effects

- There may be an increased rate of Guillain-Barre syndrome after vaccination with RSVpreF or RSVpreF3. Current evidence is inconclusive.

Contraindications

- Hypersensitive to active substance or any components of the vaccine

Adult Publicly-Funded RSV Vaccines this Fall in NS

Like last year, Nova Scotia is using RSV vaccine for individuals 60+ years living in LTCF and hospital inpatients awaiting placement into LTCF

New this fall, all adults 75 years and older in community are eligible to receive publicly-funded RSV vaccine

NS Adult Program Details

Where can seniors access RSV vaccine?

- While the vaccine will be available year-round, the optimal time to administer is in the fall (shortly before the RSV season)
- Single lifetime dose (for now)
- LTCF, hospitals, FN communities, public health and pharmacies received vaccine in September
- Primary care will receive their vaccine in November

Staggered rollout is to support logistics of the seasonal respiratory vaccine programs

RSV Vaccine: Arexvy & Abrysvo

| Arexvy RSVpreF3 (primary product 2025/26) | Abrysvo RSVpreF |
|---|---|
| Adjuvanted (AS01 _E) protein subunit vaccine | Unadjuvanted protein subunit vaccine |
| 1 dose, 0.5mL, IM | |
| Vial of lyophilized powder + vial of adjuvant suspension | Vial of lyophilized powder + prefilled syringe of sterile water |
| Must be reconstituted | |
| Store at 2°C to 8°C until reconstituted | |
| After reconstitution, store at fridge (2°C to 8°) or room temp (up to 25°C). Do not freeze. | After reconstitution, store at room temp (15°C to 30°). Do not refrigerate or freeze. |
| Use within 4 hours of reconstitution | |
| Supplied in single-dose packs | Supplied in 10-dose packs |
| Size of 10 doses: 10 boxes are 1.34L | Size of 10 doses: 2.4L |

Burden of RSV disease in Infants

- RSV is one of the most common respiratory viruses affecting infants and young children
- Nearly all children are infected with RSV before the age of two
- RSV, particularly the first infection, can cause serious respiratory illness, such as bronchiolitis and pneumonia, accounting for 10 to 20% of medically attended respiratory tract infections in infants
- Severe cases may require intensive care unit (ICU) admission or result in death
- While high-risk infants and children have a higher likelihood of severe outcomes, the overall burden of disease is greatest in healthy, full-term infants

Infant Products Available

Three Health Canada approved products that can provide passive immunization to temporarily protect infants:

- Two monoclonal antibodies (nirsevimab and palivizumab)
- One vaccine for administration during pregnancy (RSVpreF)

Nova Scotia's infant immunization program will offer nirsevimab

Nirsivemab

- Long-acting monoclonal antibody
- Protection begins immediately upon administration
- **Has been shown to reduce hospital admission associated with RSV by 81 to 83%**
 - It also has shown an 80% reduction in medically attended RSV respiratory tract infection in healthy infants
- Recommended over Palivizumab
 - *Appears to have improved efficacy*
 - *Longer half-life*
 - One dose provides protection for *at least 5 months* compared to 4-5 doses every 28 days of the RSV season for palivizumab

NACI Statement: Prevention of RSV Disease in Infants

Priority 1

Infants entering, or born during, their first RSV season who are at increased risk of severe RSV disease, including those who are born at less than 37 weeks gestational age.

Infants entering their second RSV season and at ongoing increased risk of severe RSV disease.

Infants entering, or born during, their first RSV season whose transportation for severe RSV disease treatment is complex, and/or whose risk of severe RSV disease intersects with established social and structural health determinants such as those experienced by some Indigenous communities across First Nations, Métis and Inuit populations.

Priority 2

If nirsevimab is priced in a manner to make such programs cost effective, NACI recommends nirsevimab be considered for any infant less than 8 months of age entering, or born during, their first RSV season through universal immunization programs to prevent severe RSV disease.

[Statement on the prevention of respiratory syncytial virus disease in infants - Canada.ca](#)

NACI Statement: Prevention of RSV Disease in Infants

- At this time, **nirsevimab is preferred over RSVpreF**, given nirsevimab's higher efficacy and possible longer duration of protection.
- At the present time, NACI does not recommend an immunization program for RSVpreF. More data and information are expected to emerge over time and NACI will reconsider this recommendation in the future.
- NACI recommends RSVpreF may be considered as an individual decision by a pregnant woman or pregnant person together with information from their pregnancy care provider, in advance of, or during, the RSV season, to prevent severe RSV disease in their infant.
- For administration of RSVpreF, consideration should be given to gestational timing and the start of the RSV season. For example, RSVpreF could be administered starting in September to protect infants expected to be born during the RSV season in November, provided that gestational age is 32 weeks or greater at time of vaccination.

Infants whose gestational parent received RSVpreF vaccine do not need nirsevimab unless the infant meets the medical criteria for increased risk of severe RSV disease or the infant is born less than 2 weeks after administration of RSVpreF.

Infant Publicly-Funded RSV Program this Fall

Nova Scotia will offer nirsevimab to prevent severe RSV disease to:

- All infants under 8 months old at time of immunization who are entering or born during their first RSV season*, AND
- High-risk infants under 24 months entering their first or second RSV season*

* For the 2025/26 season, Nova Scotia defines the RSV season as October 15, 2025, to April 30, 2026.

High-Risk Infant Criteria

Infants at increased risk of severe RSV disease during their first RSV season

- All premature infants (i.e., born less than 37wGA)
- Chronic lung disease, including bronchopulmonary dysplasia, requiring ongoing assisted ventilation, oxygen therapy or chronic medical therapy in the 6 months prior to the start of the RSV season
- Cystic fibrosis with respiratory involvement and/or growth delay
- Haemodynamically significant chronic cardiac disease
- Severe immunodeficiency
- Severe congenital airway anomalies impairing clearing of respiratory secretions
- Neuromuscular disease impairing clearing of respiratory secretions
- Down syndrome

Infants at ongoing risk of severe RSV disease during their second RSV season

- All those listed above, except for infants born at less than 37 wGA and infants with Down syndrome who do not have another medical condition on the list.

Contraindication & Common S/E

Nirsevimab

Local and systemic adverse events were similar for the those receiving nirsevimab and placebo

- In infants fever and/or rash and the injection site occurred at a rate 0.5% within 7 days.

Contraindications: known hypersensitivity or history of severe allergic reaction to any component of the products, including other humanized monoclonal antibodies

RSVpreF (maternal vaccination)

Some studies found an increase in preterm birth with RSVpreF vaccine recipients, however, not observed in high income countries. Current data inconclusive

- Approved dosing in Canada is 32-36 weeks to minimize potential risk of preterm birth.

Contraindications: known hypersensitivity or history of severe allergic reaction to any component of the products

RSV Monoclonal Antibody

Nirsevimab

Monoclonal antibody

Intramuscular injection

First season weight-based dosing:

- Less than 5kg: single dose of 50 mg/0.5mL
- More than 5kg: single dose of 100mg/1mL

Second season dosing:

- 2 x 100mg/mL in 2 different injection sites
- Less than 10kg: Single dose of 100mg/1mL can be given at clinical discretion

Store at 2°C to 8°C before use

May be kept at room temp (20° to 25°) for up to 8 hours after removal from fridge

Supplied presentations:

- 50mg/0.5 mL pre-filled syringe
- 100mg/1 mL pre-filled syringe
- 1 dose per pack

RSV Co-Administration

Monoclonal antibodies do not interfere with immune response to other vaccines.

- Nirsevimab can be administered at same time, or any time before or after, other immunizing products

RSV adult vaccines can be administered at same time, or any time before or after, other vaccines

- However, if possible RSV vaccines should be given at least 6 weeks before or after non-seasonal vaccines (e.g., shingles or Tdap) to avoid inadvertently attributing an adverse event from another vaccine to the RSV vaccine

Annual Fall Vaccine Programs: Influenza & COVID-19

Publicly Funded Respiratory
Virus Immunizations:
Information for Healthcare
Professionals 2025-26



Publicly Funded Respiratory Virus Immunizations:

Influenza

COVID-19

Burden of Influenza

Circulates seasonally causing substantial morbidity and strain on health care facilities and communities

Especially severe for high risk individuals: children <5 years, older adults, pregnant people and people with chronic conditions

Can trigger acute MI, ischemic stroke and functional loss in older people

Emerging and evolving threat (i.e., pandemic potential and avian influenza)

Why do we provide the influenza vaccine?

Reduces the incidence of influenza infections *Cochrane Database Syst Rev.* 2018;2:CD004876. Epub 2018 Feb 1

Reduces mortality and morbidity in breakthrough infections *Vaccine.* 2021;39(28):3678. Epub 2021 Jun 2

Decreases incidence of pneumonia, hospitalization and death in elderly (40%) *J Infect Vol 5(5): 2017.*

Reduces exacerbations of COPD *BMC Pul Med Vol 17(1): 2017*

Reduces hospitalizations for cardiac disease *JAMA Vol 310(16) 1013*

Reduces hospitalization and deaths in DM2 *Epidemiol Infect Vol 119(3): 1997*

Decreased pediatric ICU admissions by 74% *J of Infect Dis Vol 210(5) 2014*

NACI Statement on Seasonal Influenza Vaccine for 2025 - 2026

Influenza vaccine should be offered annually to anyone 6 months of age and older who does not have a contraindication to the vaccine

Immunization is particularly important for the following groups:

People at high risk of severe disease, influenza-related complications, or hospitalization

Children 6 months to 5 years of age

Adults 65+ years old

Adults and children with certain chronic health conditions

Pregnant persons

People of any age who are residents of nursing homes and other chronic care facilities

Indigenous peoples

NACI Statement on Seasonal Influenza Vaccine for 2025 - 2026

People capable of transmitting influenza to those at high risk

Health care and other care providers in facilities and community settings

Household contacts (both adults & children) of individuals at high risk (as noted previous slide)

Household contacts of infants less than 6 months of age and members of a household expecting a newborn during the influenza season

Those providing regular child care to children under the age of five, whether in or out of the home

Those who provide services within closed or relatively closed settings to people at high risk (e.g., crew on a cruise ship)

People who provide essential community services

NACI Statement on Seasonal Influenza Vaccine for 2025- 2026

People whose occupational or recreational activities increase their risk of exposure to avian influenza A(H5N1) viruses

Note: This updated recommendation for 2025-26 includes expansion of groups for whom influenza particularly important beyond poultry handlers

Seasonal Influenza Guidance in Context of Avian Influenza

Since 2022, we have been in a global outbreak of highly pathogenic avian influenza (HPAI) A(H5N1)

- In Canada, outbreaks have impacted 14 million domestic birds and 3,400 wild birds across all P/Ts

Seasonal influenza vaccines do not provide protection against infection with influenza A(H5N1) viruses, but may:

- Decrease risk of seasonal human and A(H5N1) virus co-infection, and
- Therefore decrease risk of viral reassortment leading to a human-transmissible virus with pandemic potential

Influenza Vaccines Strains

NACI has recommended that influenza vaccines be reduced from quadrivalent to trivalent this year based on circulating Influenza A and B strains

2025-2026 Influenza Virus Strains:

15 mcg HA - A/Victoria/4897/2022 (H1N1) pdm09-like virus
(A/Victoria/4897/2022 (H1N1) IVR-238)

15 mcg HA - A/Croatia/10136RV/2023 (H3N2)-like virus
(A/Croatia/10136RV/2023 (H3N2) X-425A) **NEW this resp season

15 mcg HA - B/Austria/1359417/2021 (B/Victoria lineage)-like virus
(B/Austria/1359417/2021 BVR-26)

NS Publicly-Funded Influenza Vaccines for 2025-26

Everyone 6 months and older eligible to receive a dose

Two types of publicly funded influenza vaccines will be available:

- **Standard Dose** – available to those 6 months of age and older, and
- **Enhanced Influenza Formulations** – available to those 65 years of age and older

Vaccines available Mid-October

Table 1A: Standard Dose Influenza Vaccines for 2025-26

| Product Name | FluViral® Trivalent | Fluzone® Trivalent |
|--|--|--|
| Manufacturer | ID Biomedical Corporation of Quebec | Sanofi Pasteur |
| Immunization Type | IIV3-SD | IIV3-SD |
| Dose and Route of Administration | 0.5 mL dose - IM | 0.5 mL dose - IM |
| Authorized Ages for Use | 6 months and older | 6 months and older |
| Indications for Use | Routine immunizations of all individuals 6 months of age and older | Alternate product for immunization of individuals with documented thimerosal allergies |
| Antigen Content for each immunization strain | 15 mcg HA/0.5 mL dose | 15 mcg HA/0.5 mL dose |
| Adjuvant | None | None |
| Presentations Available in Nova Scotia | 5 ml multidose vial (10 doses/vial) | 0.5 ml Pre-filled syringe |

Table 1B: Enhanced Influenza Vaccine for Seniors 65+ years

| Product Name | Fluad® Trivalent (Individuals 65 years and older) | Fluzone® High-Dose (Individuals 65 years of age and older who have allergy to Fluad®) |
|---|--|--|
| Manufacturer | Seqirus | Sanofi Pasteur |
| Immunization Type | IIV3-adj | IIV3-HD |
| Dose and Route of Administration | 0.5 mL - IM | 0.5 mL- IM |
| Authorized Ages for Use | 65 years and older | 65 years and older |
| Antigen Content for each immunization strain | 15 mcg HA/0.5 mL dose | 60 mcg HA/0.5 mL dose |
| Adjuvant | MF59C.1 | None |
| Presentations Available in Nova Scotia | Packaged as 10 single-dose pre-filled syringes | Single dose pre-filled syringes |

Why do we use enhanced influenza vaccine products in seniors 65+ years?

Older adults have lower response to standard dose influenza vaccine compared with younger adults

Enhanced vaccines developed specifically for older adults to overcome immunosenescence (both high dose and adjuvanted influenza vaccine)

Both vaccines provide a similar degree of improved protection in older adults compared to standard vaccines and either are recommended by NACI

MF59 is an oil-in-water adjuvant (used in 2009 pandemic)

Contraindications and Precautions

Contraindications

- History of anaphylaxis after previous administration
- Hypersensitivity to any vaccine component (except egg)

Note: Safety data confirm that egg-allergic individuals may be vaccinated against influenza using any influenza vaccine

Precautions

- Avoid in people who have developed GBS within 6 weeks of a previous influenza vaccination.
- Postpone in people with serious acute illness until symptoms improved (ok in minor illness, with or without fever)

Safety and Adverse Events

Influenza vaccine generally well tolerated

- Mild and transient injection site reactions are common (e.g., soreness or redness at injection site). These can be more pronounced in adjuvanted vaccines.
- Systemic reactions (e.g., myalgia, headache, fatigue and malaise) are usually mild and short-lived
- Allergic reactions are rare (in 0.01 to less than 0.1% of vaccinees)
- GBS risk is about 1 excess case per million vaccinations

Impacts of COVID-19 Post-Pandemic

SARS-CoV2 virus now endemic, with virus undergoing antigenic changes over time

- Results in regular reassessment of strain(s) selected for vaccines

Seasonality is yet to be established

- Unlike other resp viruses COVID-19 has been circulating year-round, although consistently high during falls of 2022, 2023, and 2024

Still contributes to significant morbidity and mortality, especially among seniors and those at higher-risk

Target of the new COVID-19 vaccines (fall 2025) is LP.8.1 variant

- All others removed from market

NACI Statement on COVID-19 Vaccines for 2025 to Summer 2026

COVID-19 vaccination is recommended for previously vaccinated and unvaccinated individuals at increased risk of SARS-CoV-2 infection or severe COVID-19 disease

- Adults > 65 years of age or older
- Those 6 months and older who:
 - Residents of LTCF/Other congregate living settings
 - Those with underlying medical conditions at higher risk of severe COVID-19
 - Pregnant persons
 - Individuals from First Nation, Metis & Inuit communities
 - Members of racialized and other equity deserving communities
 - HCW and other care providers in facilities and community settings

NACI Statement on COVID-19 Vaccines for 2025 to Summer 2026

All other previously vaccinated and unvaccinated individuals (6+ months) who are not at increased risk of infection or disease (i.e., not on the list above) may receive a COVID-19 vaccine

NACI Statement on COVID-19 Vaccines for 2025 to Summer 2026

The following individuals should receive a second dose of COVID-19 vaccine per year:

- Adults 80 years and older
- Adult residents of LTCF and other congregate living settings for seniors
- Individuals 6+ months who are moderately to severely immunocompromised

Adults 65-79 years may receive a second dose of COVID-19 vaccine per year

Some Key Changes

NACI now uses the terms “annual dose” or “two doses per year” rather than fall/spring dose to provide flexibility to determine best time to offer program

For those previously vaccinated, no longer a recommended interval

- Instead, NACI provides minimum interval between vaccine doses/test-confirmed COVID-19 infection of 3 months

This allows for individual decisions regarding the optimal time for COVID-19 vaccine dose

- Individuals may consider factors like last dose, extent COVID-19 circulating, upcoming major events such as travel, significant medical procedures, or large gatherings

NS Publicly-Funded COVID-19 Vaccines for 2025-26

Everyone 6 months and older eligible to receive a dose

Moderna and Pfizer LP.8.1 COVID-19 vaccines will be available in Nova Scotia

- **6 months to 4 years:** Only Moderna vaccine will be available
- **5+ years:** Either mRNA product can be used

Other vaccine products (i.e., protein subunit vaccine and viral vector vaccines) will NOT be available in NS

Vaccines available Mid-October

Table 2: COVID-19 Vaccines for 2025-26

| Product Name | SPIKEVAX® | COMIRNATY® |
|--|---|--|
| Manufacturer | Moderna | Pfizer |
| Immunization Type | mRNA trans-membrane prefusion spike protein | mRNA trans-membrane prefusion spike protein |
| Route of Administration | IM | IM |
| Authorized Ages for Use | 6 months and older | 5 years and older |
| Antigen | COVID-19 LP.8.1 | COVID-19 LP.8.1 |
| Adjuvant | No | No |
| Presentations Available in Nova Scotia by Age | Multidose Vial: 6 months and older. Contains 5 adult doses or 10 pediatric doses (100 mcg/ml). 6 months-11 years: 25 mcg (0.25 mL) 12 years and older: 50 mcg (0.5 mL) | Multidose Vial: 12 years and older. Contains 6 doses per vial (30 mcg/0.3 mL) |
| | | Prefilled Syringe: 12 years and older. (30 mcg/0.3 mL) |
| | Prefilled Syringe: 12 years and older. (50 mcg/0.5 mL) | Single Dose Vial: 5 years to less than 12 years (10 mcg/0.3 mL) |
| | | |

Contraindications and Precautions

Contraindications

- History of anaphylaxis after previous administration
- Hypersensitivity to any vaccine component

Precautions

- Defer vaccine in individuals who have experienced myocarditis and/or pericarditis within 6 weeks following a previous mRNA dose
- Defer in people who have developed GBS within 6 weeks of a previous COVID-19 vaccination.
- Postpone for children or adults with history of MIS-C or MIS-A until clinical recovery has been achieved OR 90+ days since diagnosis
- Postpone in people with serious acute illness until symptoms improved (ok in minor illness, with or without fever)

Safety and Adverse Events

COVID-19 mRNA vaccines generally well tolerated

- Mild and transient injection site reactions are common (e.g., soreness or redness at injection site).
- Localized axillary and groin swelling and tenderness very common with Moderna vaccine, less so with Pfizer
- Systemic reactions (e.g., fatigue, headache, myalgias, arthralgias) are usually mild and short-lived
- Rare cases (1 in 1,000 to 1 in 10,000) of myocarditis and/or pericarditis
- Very rare cases (<1 in 10,000) of anaphylaxis, MIS-C or MIS-A, and Bell's palsy

Influenza & COVID-19 Co-Administration

Influenza and COVID-19 vaccines may be given concurrently (i.e., same day) with other vaccines

Coadministration is encouraged as it improves uptake!

- If >1 vaccine is administered in a visit, they should be administered at different injection sites using separate injection equipment and preferably in different limbs

Provincial BioDepot & Additional Resources



The Public Health BioDepot works to ensure safe storage, handling, and distribution of publicly funded vaccines throughout Nova Scotia. Our team works closely with the Department of Health and Wellness to deliver vaccine programs across the province.



The BioDepot team is involved in all aspects of publicly funded vaccine programs; our responsibilities include vaccine ordering and distribution, vaccine resource management and development, and investigation of vaccine viability following cold chain breaks.

What is our role?

Innovations for 2025-26

Respiratory Vaccine Rollout



Direct delivery of vaccines to providers
– no longer requiring providers to go to PH offices to pick up vaccines

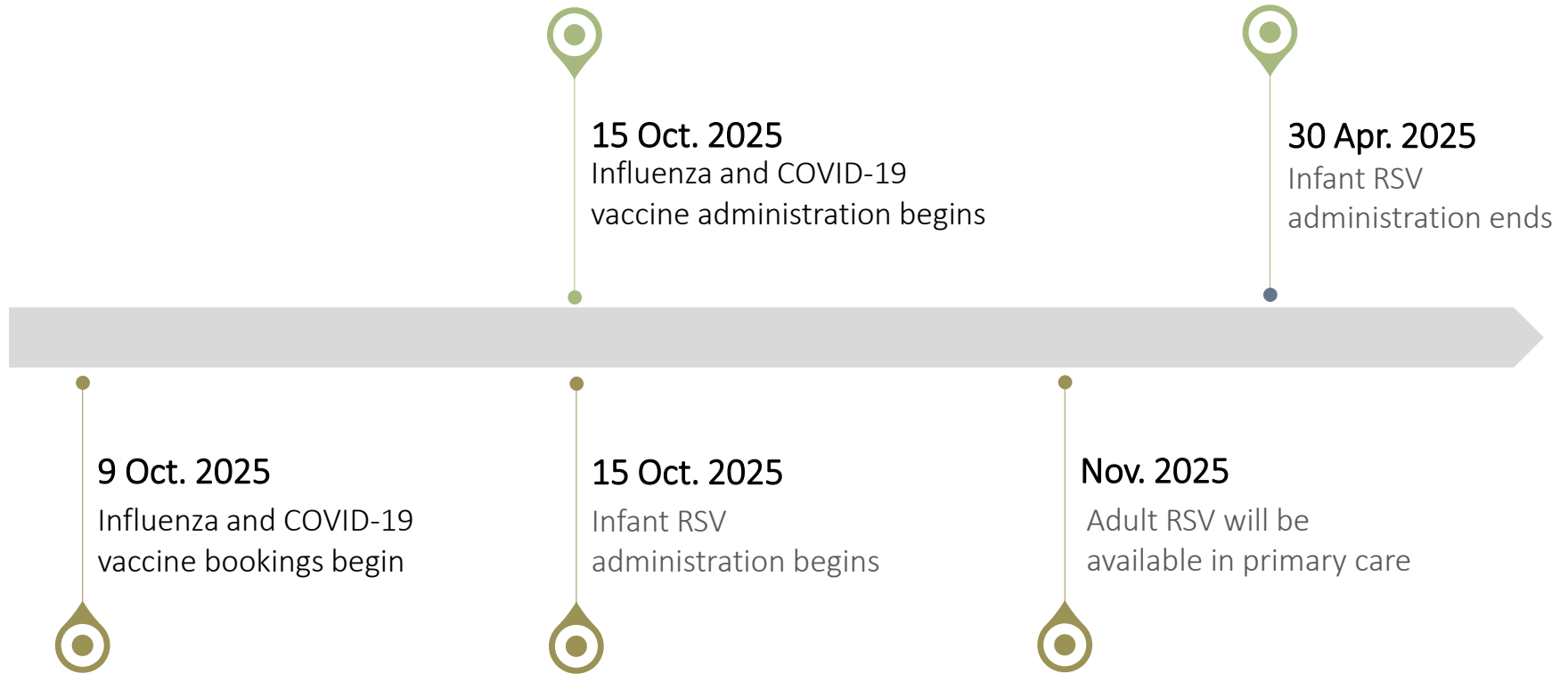


CAN Immunize project to look at areas that don't have good access to vaccines so issues can be addressed sooner



Weekly meeting with key partners to provide updates and address issues in a timely manner

Publicly-Funded Immunizations Available This Fall



NOTE: If you have received and started administering doses, please ensure you account for remaining inventory when planning upcoming booked clinic appointments

Additional vaccine cannot be supplied before the next order window

Influenza and COVID-19 Ordering



Letters have been sent to each provider indicating allocated number of doses for each vaccine (Enhanced Influenza, Standard Dose TIV, and COVID-19)



If you did not order your allocated amount in full, it will carry over to the next order window



Vaccine must be ordered using the Shopify online ordering platform including an up-to-date recent 30-day temperature log by the specified order deadlines

Allocations and Order Windows

The transition to Direct Delivery required us to create Four Order Windows:

| Your allocation for each order window is as follows: <ul style="list-style-type: none"> Enhanced Seniors Influenza: XXXX doses Standard Dose Trivalent Influenza: XXXX doses COVID-19 vaccine for ≥ 6 months of age: XXXX doses* <p><small>*COVID-19 vaccine doses are shown based upon adult dosing and may include pre-filled syringes for clients ≥ 12 years of age.</small></p> | | | |
|--|---------------------|---------------------|------------------------------------|
| Order Window | Order Window Opens | Order Window Closes | Vaccine Delivery Dates |
| <i>Order Window #1</i> | <i>September 12</i> | <i>September 19</i> | <i>October 2, 3, 6, 7, & 8</i> |
| <i>Order Window #2</i> | <i>October 2</i> | <i>October 8</i> | <i>October 21, 22, 23, 24, 27</i> |
| <i>Order Window #3</i> | <i>October 17</i> | <i>October 27</i> | <i>November 6, 7, 10, 12, 13</i> |
| <i>Order Window #4</i> | <i>November 5</i> | <i>November 13</i> | <i>November 24, 25, 26, 27, 28</i> |

RSV Adult Rollout (Arexvy[®]/Abrysvo[®])



RSV adult distribution will stop in **October** to allow distribution of Flu and COVID.



RSV adult distribution will restart in **November** with an expanded access to all other healthcare providers to include physicians, primary care, and community centers.



Communication via Shopify and Allocation letters will be sent to providers in late October. Orders will follow the PFV order windows and deliveries will follow the PFV delivery dates for each zone.

RSV Infant rollout (Nirsevimab/Beyfortus®)

This year, **birthing hospitals and midwives** will offer nirsevimab at birth or before hospital discharge

Primary care will primarily administer nirsevimab to older infants, as newborns receive their dose in the hospital

Infant RSV Specific Order Form



The Provincial BioDepot will start processing orders for nirsevimab using the product specific order form starting October 1st, 2025 (see next slide)



The Provincial BioDepot asks that providers only order this vaccine on a case-by-case basis for infants in their care that are confirmed to be receiving this product



The Provincial BioDepot has a very limited supply of the Nirsevimab. Orders will be adjusted based on available supply



Please Select Your BioDepot Public Health Office

- Biological Depot (Dartmouth)
- Bridgewater
- Sydney
- Truro

Please submit this form to PublicHealthVaccineOrders@nshealth.ca

Nirsevimab Request Order Form

PHS Product Requisition Number:

| | | |
|--|----------------------|--|
| Name and Address of Healthcare Provider (required): | Completed By: | |
| | Name: | |
| | Telephone: | |
| | Fax: | |
| | Email: | |
| | Date: | |
| <p>Please allow 5 Business Days for your order to be processed</p> <p><input type="checkbox"/> Direct Delivery (Public Health will arrange for this order to be delivered with your next Publicly Funded Vaccine order)</p> <p><input type="checkbox"/> Pick-up (Public Health will contact you to arrange pick-up when order is ready)</p> <p>** Vaccines will not be released for pick-up without a hard sided cooler with lid, insulating packing material and ice pack**</p> | | |

| Immunizations Requested - Check all that apply | Doses Ordered | Doses Filled |
|--|---------------|--------------|
| <input type="checkbox"/> Nirsevimab 100mg | | |
| <input type="checkbox"/> Nirsevimab 50mg | | |

Note: The recommended dosage of nirsevimab is based upon the infant's body weight.

- For eligible infants in their first RSV season weighing <5kg, a single dose of 50mg is recommended.
- For eligible infants in their first RSV season weighing ≥ 5kg, a single dose of 100mg is recommended.
- For eligible infants entering their second RSV season, a single dose of 200mg (2x 100mg doses) is recommended.
- For infants entering their second RSV season less than 10 kg: a single 100mg dose may be considered at clinical discretion

Comments:

Infant RSV: Important Points

1. Order Planning

Base your orders on the current population of babies already born—not on those expected to be born from October 15 onward.

2. Dose Selection

Older infants tend to weigh more, so consider this when deciding between 50 mg and 100 mg doses in your order quantities.

3. Ordering

You will have the opportunity to place orders that will be processed within 5 business days. We will deliver nirsevimab with your PFV orders, fall respiratory windows (during Oct, Nov, Dec) or you will have the option to pick up if preferred.

Infant RSV: Important Points

4. Appointment Considerations

Babies may **age out** of the program while waiting for an appointment. Please try to accommodate these infants whenever possible.

If accommodation isn't possible, refer them to your local Public Health Office for administration.

Public Health can provide immunization for eligible babies who don't have provider or cannot access an appointment in time.

You can refer families to their local Public Health Office at www.nshealth.ca/public-health

You know your patients best! Please reach out to notify those eligible for this immunization so they can book an appointment promptly. Your proactive communication helps ensure they receive timely care and won't age out of the program.



Vaccine Ordering/Shopify

Accessing Shopify



Shopify is the online ordering platform for publicly funded vaccines



Use a supported browser (i.e., Microsoft Edge, Google Chrome, or Mozilla Firefox)



<https://ns-bio-depot.myshopify.com/password>



If you do not have an active account, please contact the NS Bio Depot at PublicHealthVaccineOrders@nshealth.ca



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UPDATES

[PUBLICLY FUNDED ORDER WINDOW DEADLINES - MAY 2025](#)

May 1, 2025

Dear Vaccine Providers, May 2025 – Regular Publicly Funded Vaccine Order Deadlines Western Zone (WZ) May 2025 - Order deadline is May 6 @ 11:59pm, with direct order delivery beginning on May 14. Central...

[Read more →](#)

[PUBLICLY FUNDED ORDER WINDOW DEADLINES - APRIL 2025](#)

April 3, 2025

Dear Vaccine Providers, March 2025 – Regular Publicly Funded Vaccine Order Deadlines Western Zone (WZ) April 2025 - Order deadline is April 7 @ 11:59pm, with direct order delivery beginning on April...

[Read more →](#)

[VACCINE TOOL PROVIDERS](#)

March 24, 2025

Public Health Launches New Immunization Campaign & Vaccine Toolkit for Providers Public Health launched an exciting new immunization campaign on March 24. The theme, “Vaccines Work,” focuses on the message...

[Read more →](#)

[VIEW ALL](#)

PRODUCTS

[More products ▾](#)



Uploading Temperature Log

You will need to submit a 30-day temperature log with your order

HOME **PRODUCTS** **VACCINE MANAGEMENT RESOURCES**

PRODUCTS

(A) Frige
Temperature Log
& Shipping /
Pickup Method
for Regular
Publicly Funded
Vaccine Orders

(A) FRIDGE TEMPERATURE LOG & SHIPPING / PICKUP METHOD FOR REGULAR PUBLICLY FUNDED VACCINE ORDERS

Select the total order dose quantity:

1

Upload your fridge temperature log file (* Required):

Choose File No file chosen

Upload your additional files (Optional):

Choose File No file chosen

1 2 3

Important Notes



Update your Info: Notify BioDepot of any changes to your site's location, contact info, or ordering personnel requiring account access.



Use a Shared Email:

Set up a standard/shared email for your Shopify account to maintain access during staff changes.



Stay Subscribed:

Do not unsubscribe from BioDepot emails — you will miss important order windows, updates, and program announcements.

Top FAQ's

How is our clinic's vaccine allocation determined?

The amount of vaccine our clinic received is insufficient. Is it possible to increase our allocation?

Our clinic missed the order window. Can we still submit a vaccine order?

Shingles & Seasonal Resp Vaccines

In 2025, additional vaccine programs were added, including Shingles and RSV vaccines.

- This can create pressure on healthcare provider's fridge capacity to store vaccine.
- Providers need to ensure they have adequate fridge space capacity to accommodate the full number of vaccines to ensure the maintenance of the cold chain.

All our programs (Regular PFV, Shingles ect.) will continue to be delivered as usual after the order window deadlines

- Please ensure you continue submitting your orders as usual according to your zone order windows throughout the respiratory season to receive your vaccines on time.

It's the Law: Report Adverse Events Following Immunization (AEFI)

What to Report

Following immunization, you are required **BY LAW** to report the following adverse events that may occur to Public Health.

Serious Adverse Events

Report within 1 working day

Any serious reaction that:

- Is life-threatening - e.g., anaphylaxis, Guillain-Barre Syndrome
- Causes or prolongs hospitalization 2: 24 hours
- Results in permanent disability or congenital malformation
- Is fatal

Other Adverse Events

Report within 5 working days

- Neurological events including febrile and afebrile convulsions
- Associated events where medical attention is required
- Events where consideration must be given to postpone or contraindicate future immunizations
- Unexpected events with no alternative explanation

What NOT to Report

Do not report minor expected reactions such as localized tenderness, as outlined in the product monograph, unless they are more severe or more frequent than expected.

How to Report

1. Consult your local Public Health office to determine if an AEFI form should be completed.
2. If required, download and complete the AEFI form: https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/reporting-adverse-events-following-immunization/aeifi_form.pdf
3. Send the completed form to your local Public Health office.

Western Zone

South Shore
Tel: 902-543-0850
Fax: 902-527-4208

South West

Tel: 902-742-7141
Fax: 902-742-3083

Annapolis Valley

Tel: 902-542-6310
Fax: 902-542-4429

Northern Zone

Colchester East Hants
Tel: 902-893-5820
Fax: 902-893-2614

Cumberland

Tel: 902-667-3319
Fax: 902-893-2614

Pictou County

Tel: 902-752-5151
Fax: 902-893-2614

Eastern Zone

Guysborough/Antigonish
Tel: 902-867-4500
ext.4800
Fax: 902-863-5111

Cape Breton

Tel: 902-563-2400
Fax: 902-563-2005

Central Zone

Tel: 902-481-5800
Fax: 902-481-5889

4. For AEFIs following **Nirsevimab**, complete an AEFI form and submit it to your local public health office. Additionally, a de-identified copy of the AEFI form should also be sent to *Canada Vigilance Program*.

Primary care providers can access the Special Immunization Clinic (SIC) as an additional resource. Following immunization, adults and children who experience potentially severe adverse events such as suspected allergic events, Arthus reaction or nodule at the injection site, neurological symptoms, hypotonic hyporesponsive episodes or persistent crying for >3 hours and who require further immunizations may be referred to the SIC for evaluation by an infectious disease specialist or allergist, as appropriate. Referrals may be faxed to 902-470-7232, Attention: SIC. For more information about the SIC, please contact sicnurse@iwiw.nshealth.ca or call the SIC nurse at 902-470-7859.

AEFIs are reportable to Public Health

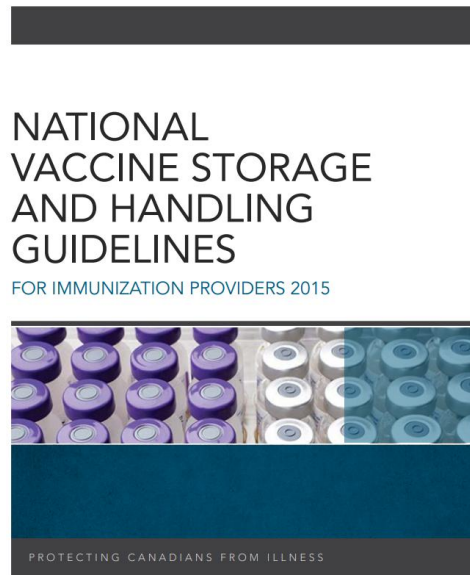
Continue to report AEFIs for COVID-19, influenza, and RSV vaccines as per usual form

For **Nirsevimab**: complete an AEFI form AND report to Health Canada's *Canada Vigilance Program*

Useful Information



[Nova Scotia Immunization Manual](#)



[National Vaccine Storage and Handling Guidelines](#)

Physician Information and Wellness Portal

TOPICS NEWS CALENDAR RESOURCES PHYSICIAN LEADERSHIP DIRECTORY

Enter a keyword SEARCH

Information and Wellness Portal / Resources / General information and resources for vaccine providers in Nova Scotia

Vaccine Toolkit for Providers

LAST UPDATED: Tue, Sep 23, 2025

TOPICS: Immunizations

TAGS: Public Health / Emerging and Re-emerging Infections Network / ERIN / Immunizations

Nova Scotia Health Public Health has developed a specialized toolkit for vaccine providers to help you stay up to date on the latest policies, educate patients and clients about routine vaccines and respond to vaccine hesitancy.

Healthcare providers play a critical role in educating patients and clients about the importance of vaccination. This toolkit gives you access to new and credible information in a format that can be easily shared with the people you serve.

Below, you can find:

- Resources for Routine Vaccine Administration
- Resources for Patients and Clients
- Resources for RSV Immunizations
- Nova Scotia Immunization Policies
- Resources for Addressing Vaccine Hesitancy
- Resources for Needle Selection and Landmarking
- Resources from the Canadian Immunization Guide

RESOURCE MENU

- + DESCRIPTION
- + ATTACHMENTS

Helpful Links

- + BIDEPD: VACCINE ORDERING AND COLD CHAIN MANAGEMENT
- + IMMUNIZATION FORMS FOR PROVIDERS
- + IMMUNIZATION RESOURCES FOR PATIENTS

[NS Vaccine Toolkit for Providers](#)

Publicly funded vaccines protect our health and communities

Nova Scotia offers a comprehensive vaccination program

Vaccines are safe, effective and essential

Trusted HCP play a crucial role promoting and educating patients and communities about the value of immunization

Key Takeaways

Vaccines have saved 150 million children over the last 50 years

Every ten seconds, one child is saved by a vaccine against a fatal disease.

'<https://ourworldindata.org/vaccines-children-saved>'

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Questions?

CatherineR.Brown@nshealth.ca

Jenni.Cram@novascotia.ca

PublicHealthVaccineOrders@nshealth.ca

Thank You!

Bonus Slides

Other Maritime Resources

NB and PEI Publicly-Funded Vaccine Resources

Please note today's content features national recommendations and the Nova Scotia program

If you are based in NB or PEI, please refer to your provincial program:

- New Brunswick: [Vaccines and immunization](#)
- PEI: [Flu and COVID-19 Vaccination](#) and [Province expands RSV protection for infants and seniors](#)

Changes to List of Diseases that are Notifiable in NS

[It's The Law Poster](#)

RSV – A new notifiable disease in NS as of Sept 4, 2025

- Positive laboratory results will be automatically sent to PH (like influenza and COVID-19)
- Gives Public Health increased ability to track outcomes and risk factors, vaccination status etc.

It's The Law Reporting Notifiable Diseases and Conditions

The Health Protection Act (novascotia.ca/dhw/cdpc/acts-and-legislation.asp) requires that the diseases and conditions listed below be reported to Nova Scotia Health, Public Health. For more information on case definitions for notifiable diseases in Nova Scotia, please refer to the Surveillance Guidelines: novascotia.ca/dhw/populationhealth/diseases-and-conditions-A-Z.asp.

| Report as soon as SUSPECTED by telephone | | |
|---|---|--|
| All unusual disease clusters, disease outbreaks, and unusual disease occurrences should be reported immediately. | | |
| <ul style="list-style-type: none"> Acute Flaccid Paralysis (AFP) Anthrax Botulism Cholera Diphtheria Ebola Disease Group A Streptococcal Disease Invasive Haemophilus Influenzae Type B Invasive Disease (HIB) Hepatitis A | <ul style="list-style-type: none"> Influenza: Highly Pathogenic Avian Influenza (HPAI) Measles Meningococcal Disease Invasive Mpxv Plague Poliomyelitis Rabies Rubella (including Congenital Rubella Syndrome) Severe Acute Respiratory Infection (SARI) | <ul style="list-style-type: none"> Severe Acute Respiratory Syndrome (SARS) Shellfish Poisoning (Paralytic and Amnesic) Smallpox Tuberculosis Typhoid Shiga toxin-producing E. coli Viral Hemorrhagic Fevers (Crimean-Congo, Lassa, Marburg, Rift Valley) |

| Report by next business day | | |
|---|---|---|
| <ul style="list-style-type: none"> Acquired Immunodeficiency Syndrome (AIDS) Adverse Event Following Immunization (AEFI) Anaplasmosis Babesiosis Brucellosis Campylobacteriosis Chlamydia Clostridium difficile Creutzfeldt-Jakob Disease - Classic (CJD) Creutzfeldt-Jakob Disease - New Variant (vCJD) Cryptosporidiosis Cyclosporiasis Giardiasis | <ul style="list-style-type: none"> Gonorrhea Group B Streptococcal Disease of Newborn Hantavirus Pulmonary Syndrome Hepatitis B Hepatitis C Human Immunodeficiency Virus (HIV) Influenza Legionellosis Leprosy (Hansen's Disease) Listeriosis Invasive Lyme Disease Malaria Methicillin Resistant Staphylococcus Aureus (MRSA) Meningitis (Bacterial) | <ul style="list-style-type: none"> Mumps Pertussis Pneumococcal Disease Invasive Powassan Virus Respiratory Syncytial Virus (RSV) Salmonellosis (includes Paratyphoid) SARS-CoV-2 (COVID-19) Shigellosis Syphilis (including syphilitic stillbirth) Tetanus Tularemia Vancomycin Resistant Enterococcus (VRE) West Nile Virus Yellow Fever |

Report Notifiable Diseases to Public Health – choose office based on patient's home address:

| WESTERN ZONE | NORTHERN ZONE | EASTERN ZONE | CENTRAL ZONE |
|---|---|---|---|
| Annapolis Valley Tel: 902-542-6310 Fax: 902-542-4429 | Colechester-East Hants Tel: 902-893-5820 Fax: 902-893-2614 | Cape Breton Tel: 902-563-2400 Fax: 902-563-2005 | Central Zone Tel: 902-481-5800 Fax: 902-481-5889 |
| South Shore Tel: 902-543-0850 Fax: 902-527-4208 | Cumberland Tel: 902-667-3319 Fax: 902-893-2614 | Guysborough and Antigonish Tel: 902-867-4500 ext. 4800 Fax: 902-863-5111 | |
| South West Tel: 902-742-7141 Fax: 902-742-3083 | Pictou Tel: 902-752-5151 Fax: 902-893-2614 | | |

After Hours*: Contact the Public Health Nurse on call at 902-473-2222
 *If calling outside of usual working hours, Monday - Friday, 8:30 AM - 4:30 PM

SEPTEMBER 2025



Additional Changes to ND List

Effective September 4, 2025

Disease specifications added:

- "Syphilis" changed to "Syphilis, including syphilitic stillbirths"
- "Rubella" changed to "Rubella, including congenital rubella syndrome"

Effective December 31, 2025

Diseases to be removed:

- Meningitis (bacterial) (*invasive meningococcal and pneumococcal disease are still reportable*)
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Vancomycin-resistant *Enterococci* (VRE)

Effective April 1, 2026

Diseases to be added:

- Cryptococcosis (due to *C. gattii*)
- Eastern equine encephalitis (EEE)
- Invasive *haemophilus influenzae* disease (non-b serotypes)
- Varicella zoster virus (chickenpox)
- Q fever

Comparison of RSV Adult Vaccines

Available RSV vaccines for Older Adults in NS

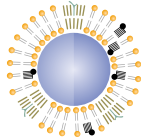
| AREXVY Vaccine | AREXVY antigen (120 µg) | AS01 _E adjuvant system† | Adjuvant with established activity in older adults Same adjuvant ingredients as the recombinant shingles vaccine, Shingrix |
|-----------------|--|---|---|
| ABRYSVO Vaccine | <ul style="list-style-type: none">• Targets RSV F glycoprotein, which is highly conserved across RSV A and B subtypes*¹• Elicits humoral and cellular immune responses against RSV A and B in older adults² |  <p>Boosts cellular immune response more than RSFPref3 alone and restores the AREXVY CD4+ T-cell level in older adults²</p> | |

Image of F protein reproduced from Graham BS et al. with permission from Elsevier

No head-to-head trials of RSV vaccine candidates have been conducted and no direct comparison should be made.

Burden of Respiratory Viruses

Nova Scotia, 2024-2025 Respiratory Season



RESPIRATORY WATCH

Week 34 (August 17, 2025 to August 23, 2025)

Influenza, COVID-19, and respiratory syncytial virus (RSV) activity during this reporting period and the 2024/25 season

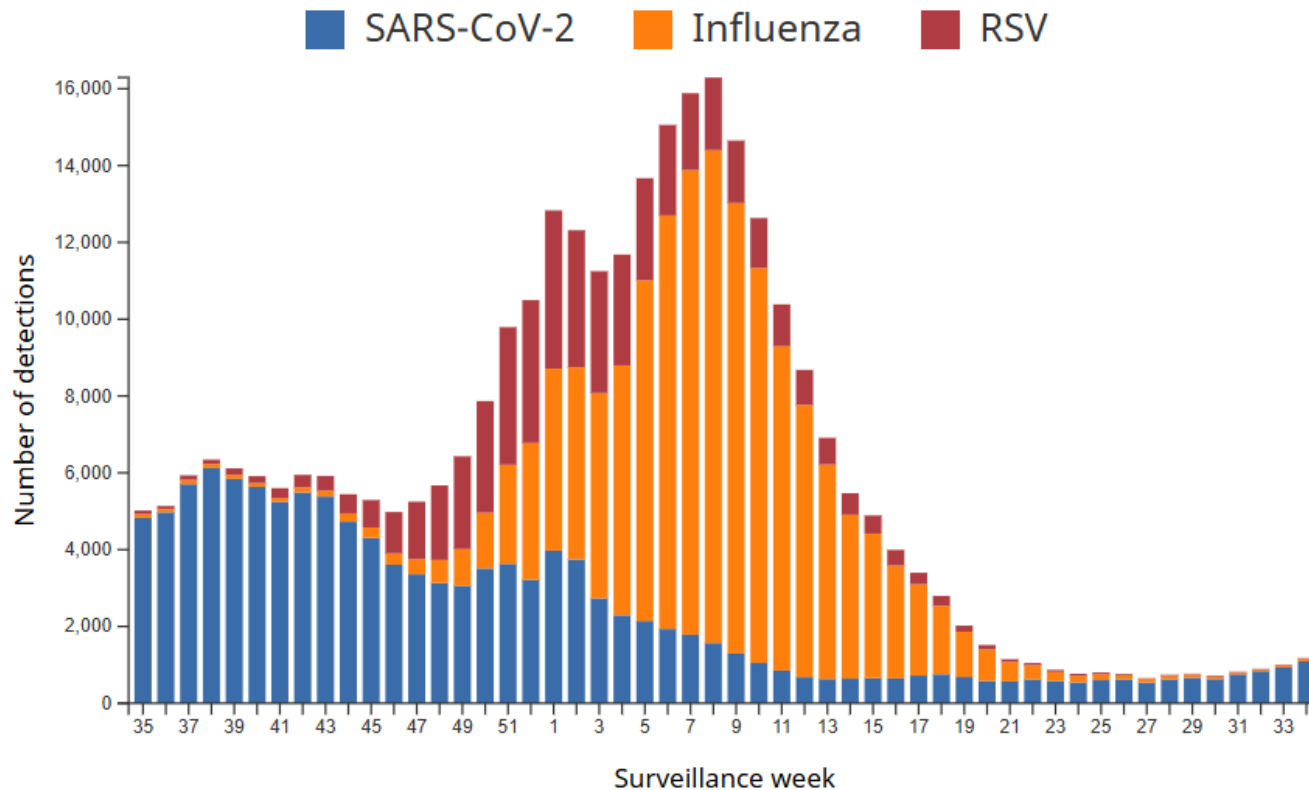
| | Influenza | | COVID-19 | | RSV ³ | |
|-------------------------------------|-----------------------|----------------|-----------------------|----------------|-----------------------|----------------|
| | This reporting period | 2024/25 season | This reporting period | 2024/25 season | This reporting period | 2024/25 season |
| Laboratory testing | | | | | | |
| New laboratory-confirmed cases | 0 | 6180 | 37 | 4587 | 0 | 2357 |
| Percent positivity (%) ⁴ | 0 | - | 7.4 | - | 0.0 | - |
| Severe outcome⁵ | | | | | | |
| Hospitalizations (non-ICU) | 0 | 1182 | 0 | 735 | | |
| ICU admissions | 0 | 121 | 0 | 75 | | |
| Deaths | 0 | 135 | 0 | 123 | | |
| Outbreaks⁶ | | | | | | |
| Acute-care facility | 0 | 30 | 1 | 49 | 0 | 5 |
| Long-term care facility | 0 | 91 | 1 | 152 | 0 | 30 |

LI activity⁷

During this reporting period (week 34), the percentage of emergency room visits for influenza like illness (ILI) was 0.2%, which was similar to 0.3% in the previous week (week 33).

Canada, 2024-2025 (Last Year) Resp Season

Figure 2: Number of detections by virus and report week, Canada, season 2024-2025

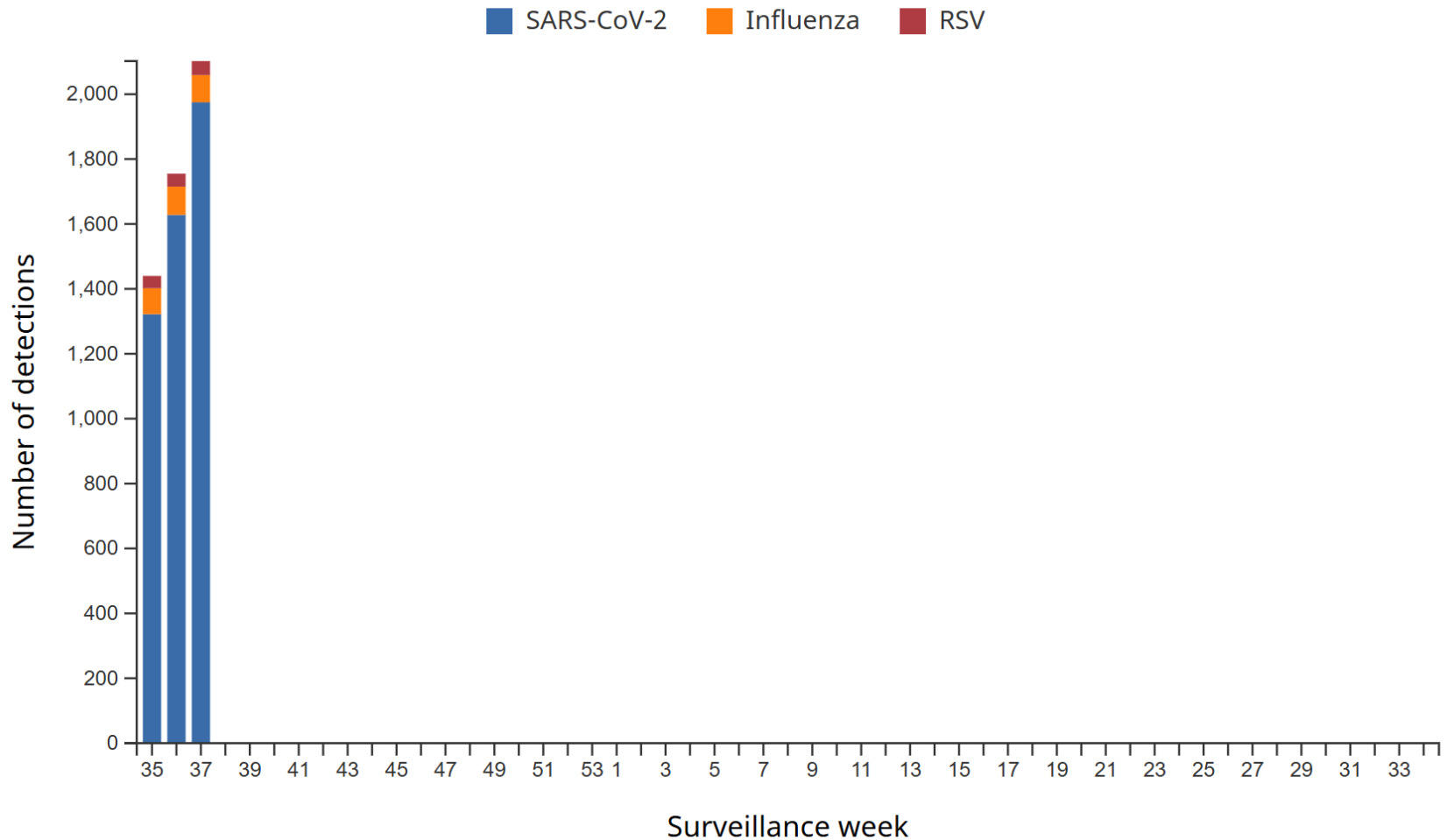


- **Covid-19 Season:** peaked in Sept and Oct
- **Influenza Season:** mid-Dec to early May
- **RSV Season:** peaked Dec and Jan

[Summary: Canadian respiratory virus surveillance report \(FluWatch+\) — Canada.ca](#)

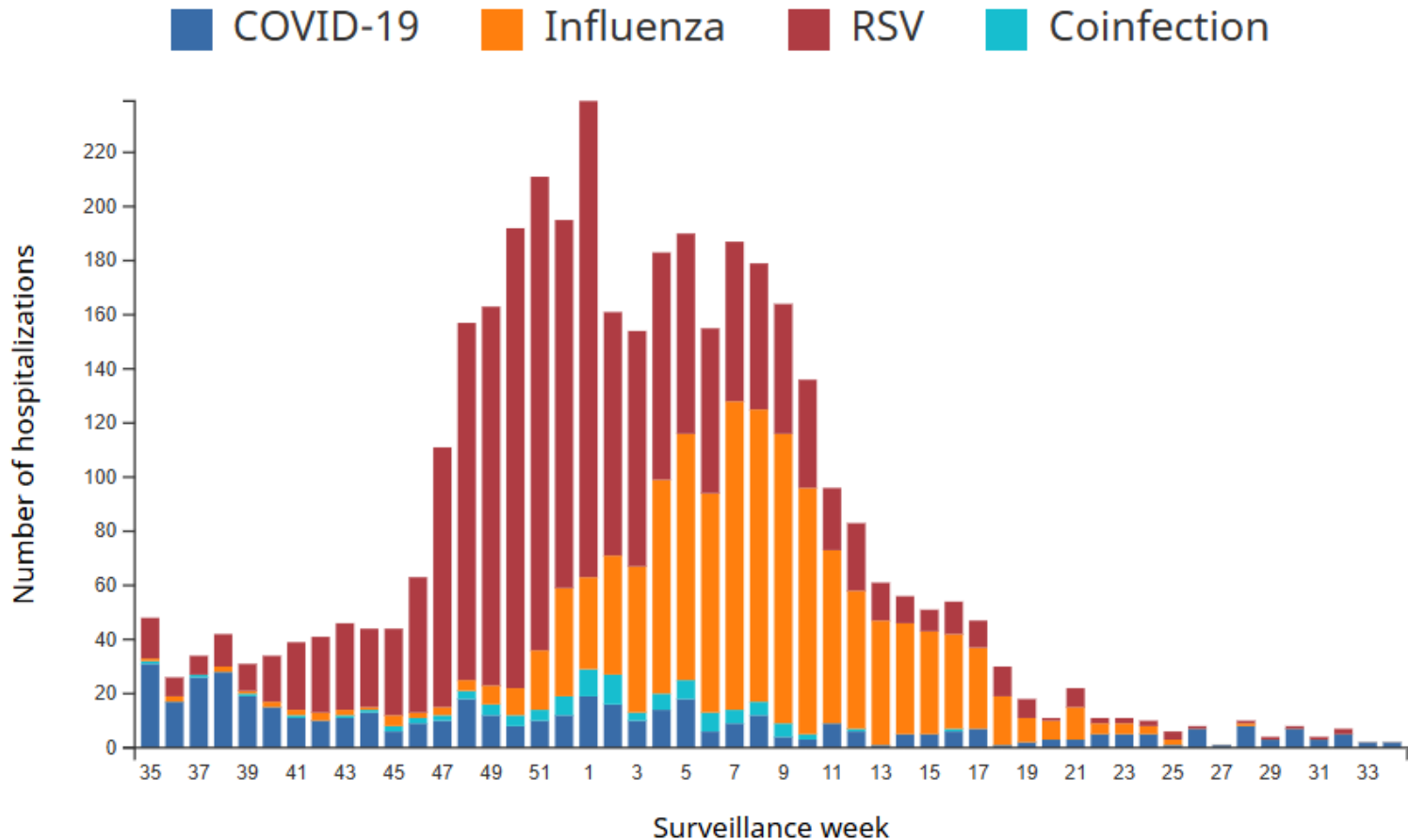
Canada, 2025-2026 (Current) Resp Season

Figure 2: Number of detections by virus and report week, Canada, season 2025-2026



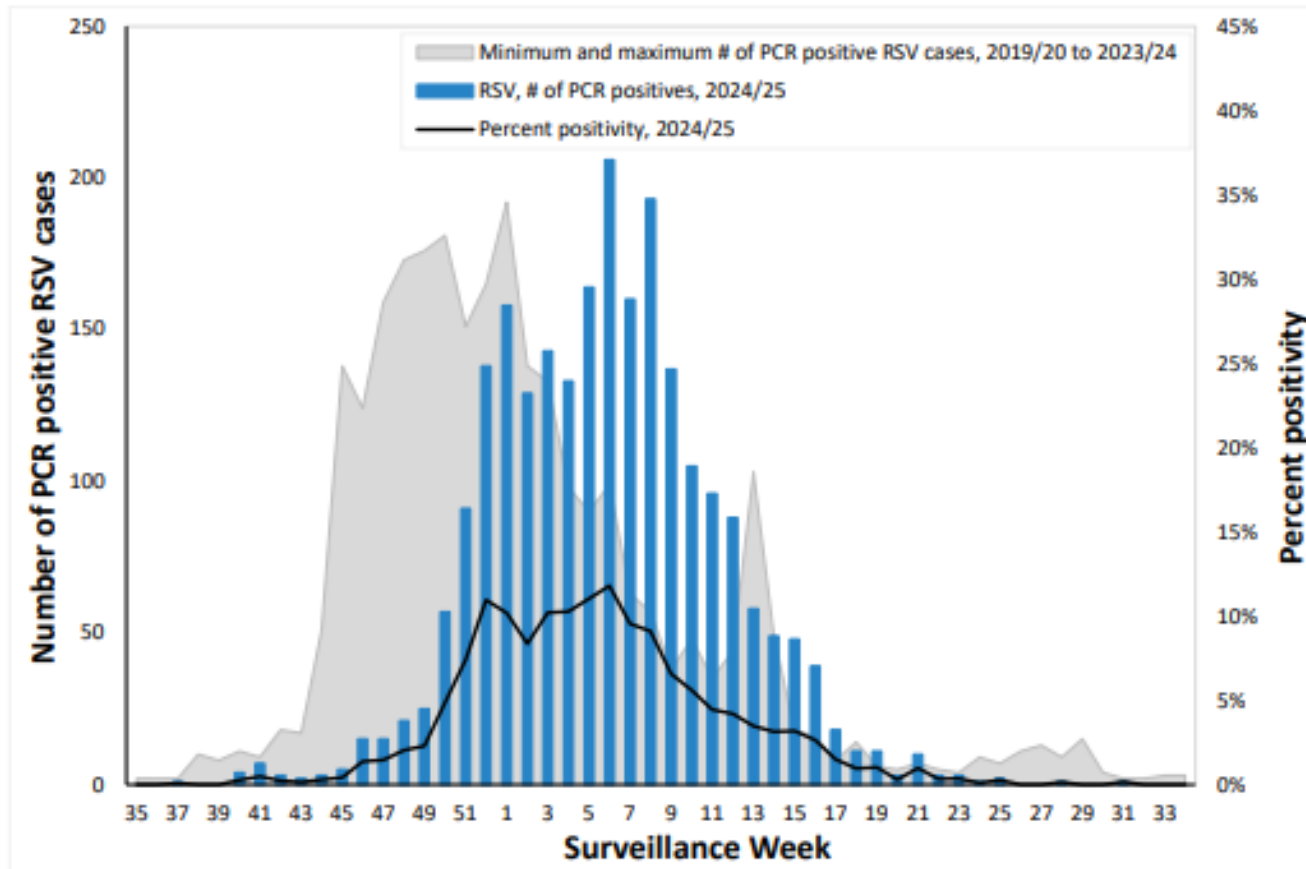
Canada, 2024-2025 (Last Year) Resp Season

Figure 8: Number of pediatric hospitalizations, by virus and report week, reported by the SPRINT-KIDS network, season 2024-2025



RSV Epidemiology

Figure 7: Laboratory-confirmed RSV cases (N=2357) by week, 2024/25 season, compared with previous seasons, Nova Scotia²¹

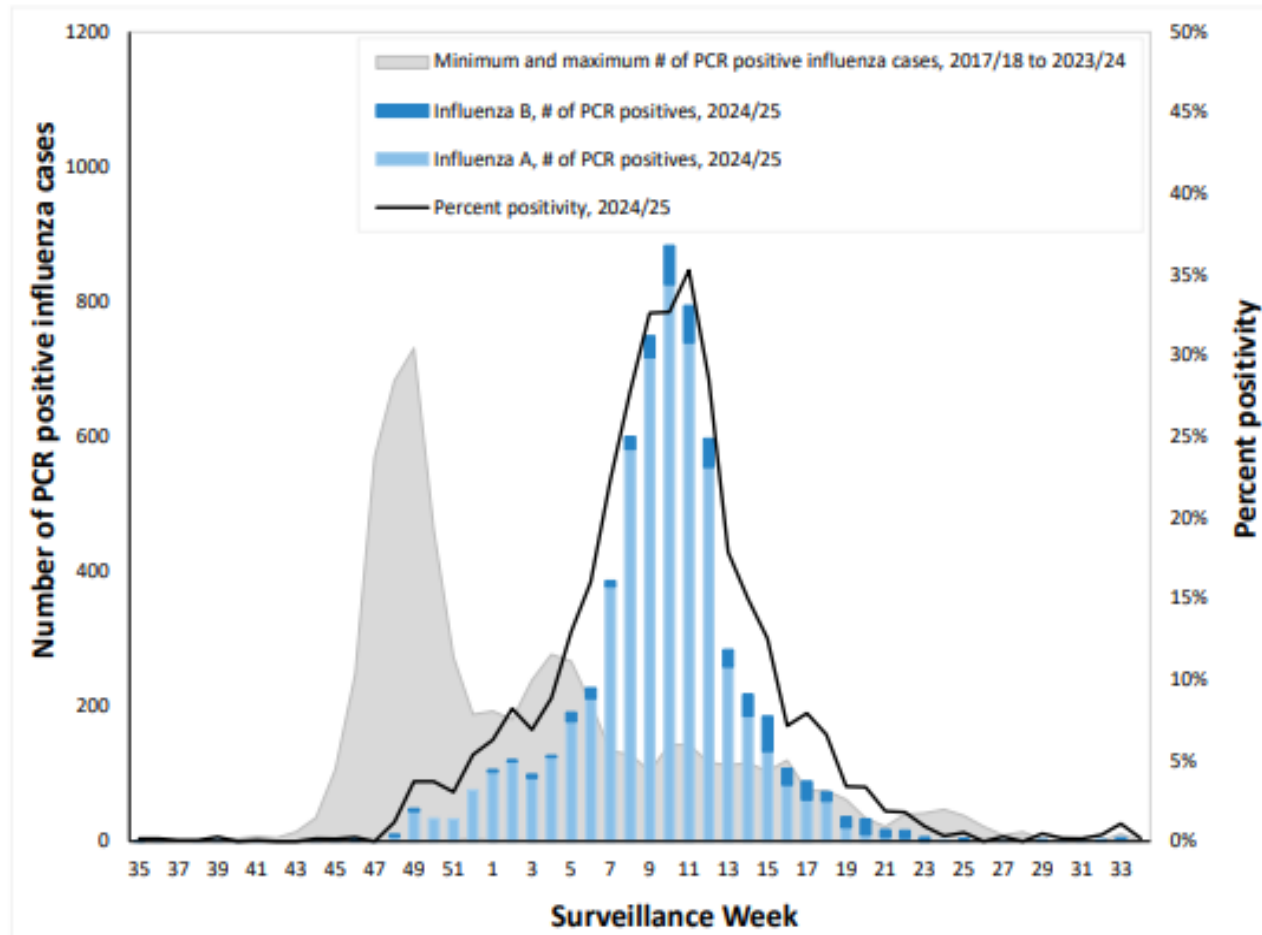


- 2,347 RSV cases
- 642 (27%) among children <2 yrs
- 747 (32%) among seniors >65 yrs

Influenza Epidemiology

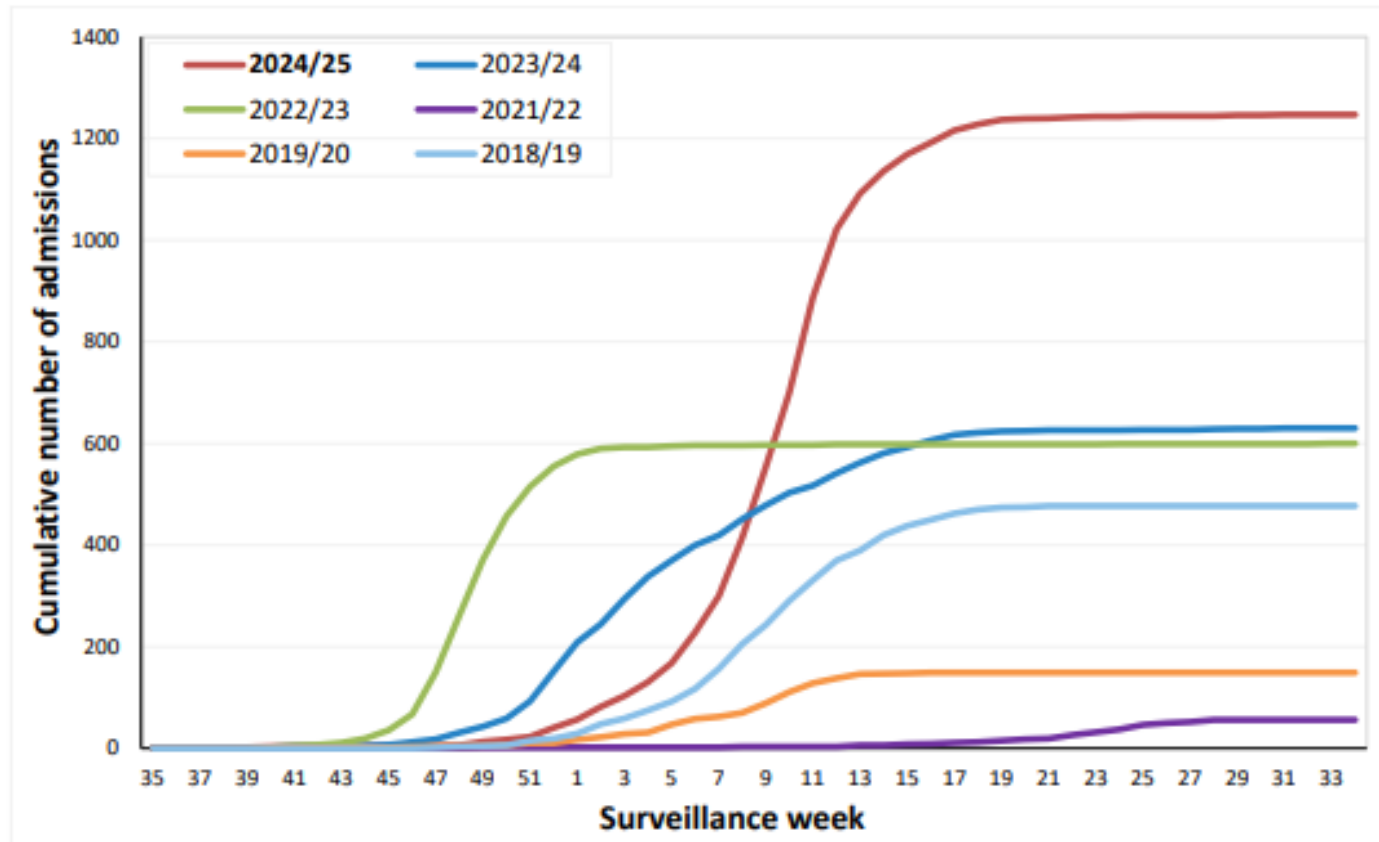
Influenza

Figure 1: Laboratory-confirmed influenza cases (N=6180) and percent positivity by surveillance week, 2024/25 season, compared with previous seasons, Nova Scotia⁸



- 5,681 cases influenza A
- 499 cases of influenza B

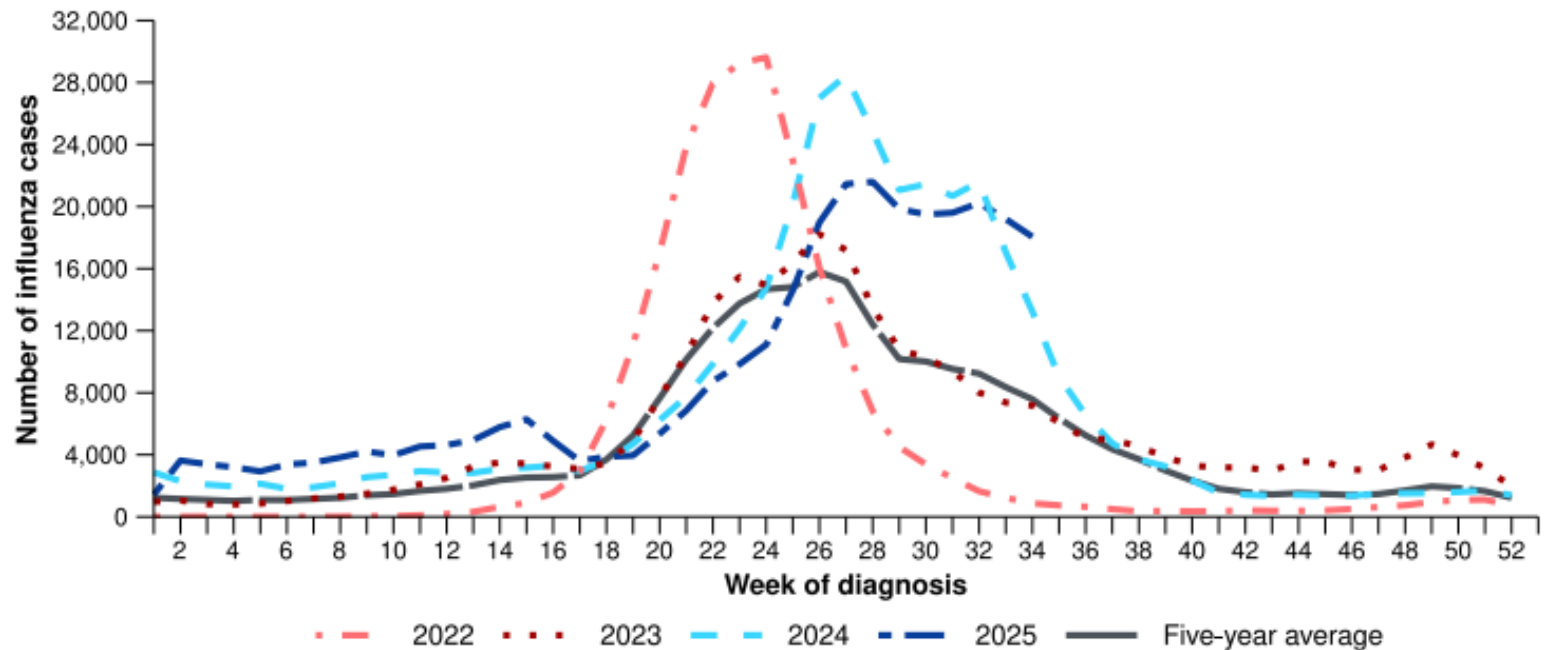
Figure 3: Cumulative number of hospitalizations and ICU admissions for influenza by surveillance week, 2024/25 season compared with previous seasons, Nova Scotia¹²



- 1,182 non-ICU hospitalizations
- 121 ICU admissions
- 135 deaths

Southern Hemisphere Influenza Epidemiology

Figure 6: Notified influenza cases and five-year average* by year and week of diagnosis, Australia, 2022 to 24 August 2025



Source: National Notifiable Diseases Surveillance System (NNDSS)

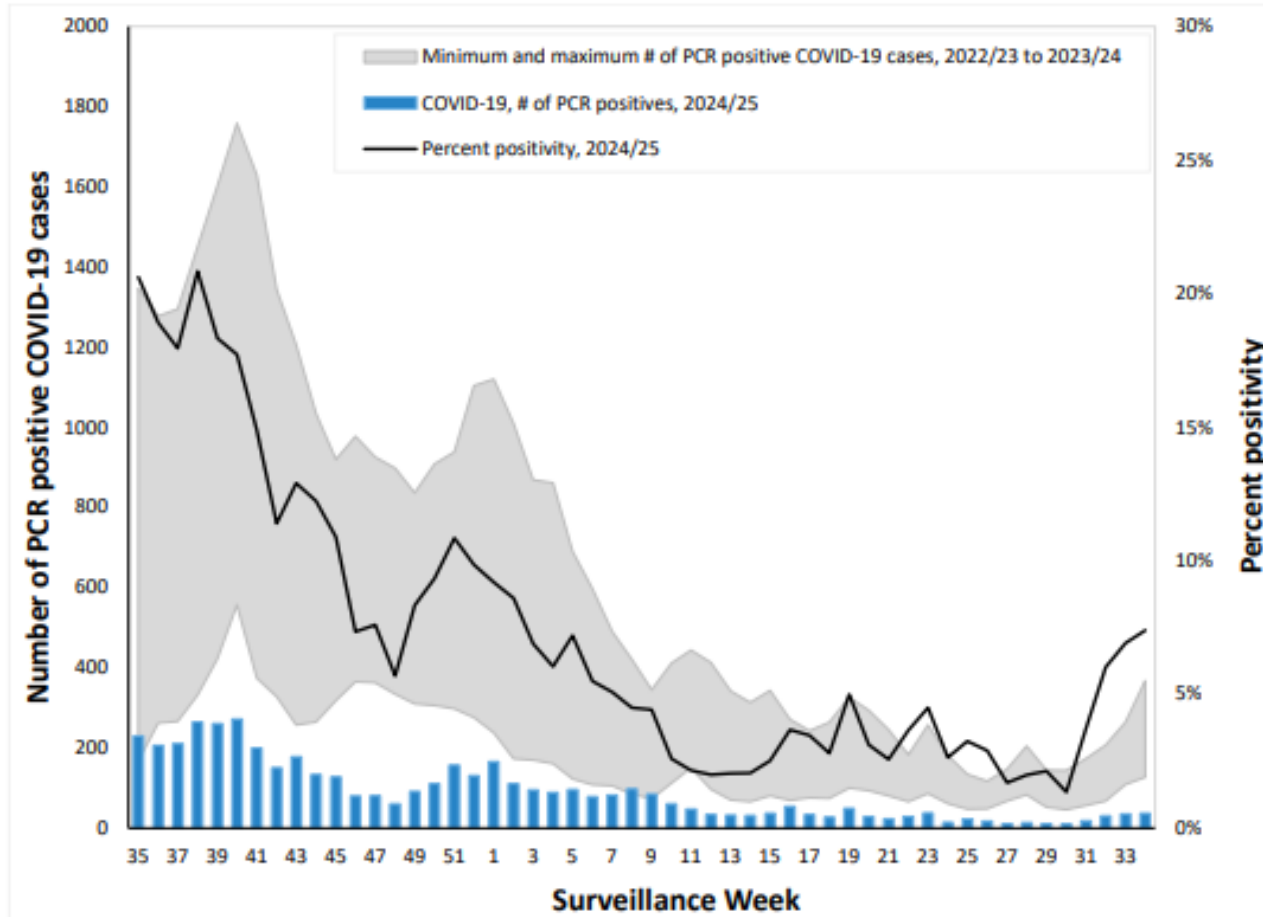
* The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. As such, the five-year average includes the years 2018 to 2019 and 2022 to 2024. Please refer to the [Technical Supplement](#) for interpretation of the five-year average.

- Current flu season above average, with numbers currently elevated among school aged-children and decreasing in other age groups

COVID-19 Epidemiology

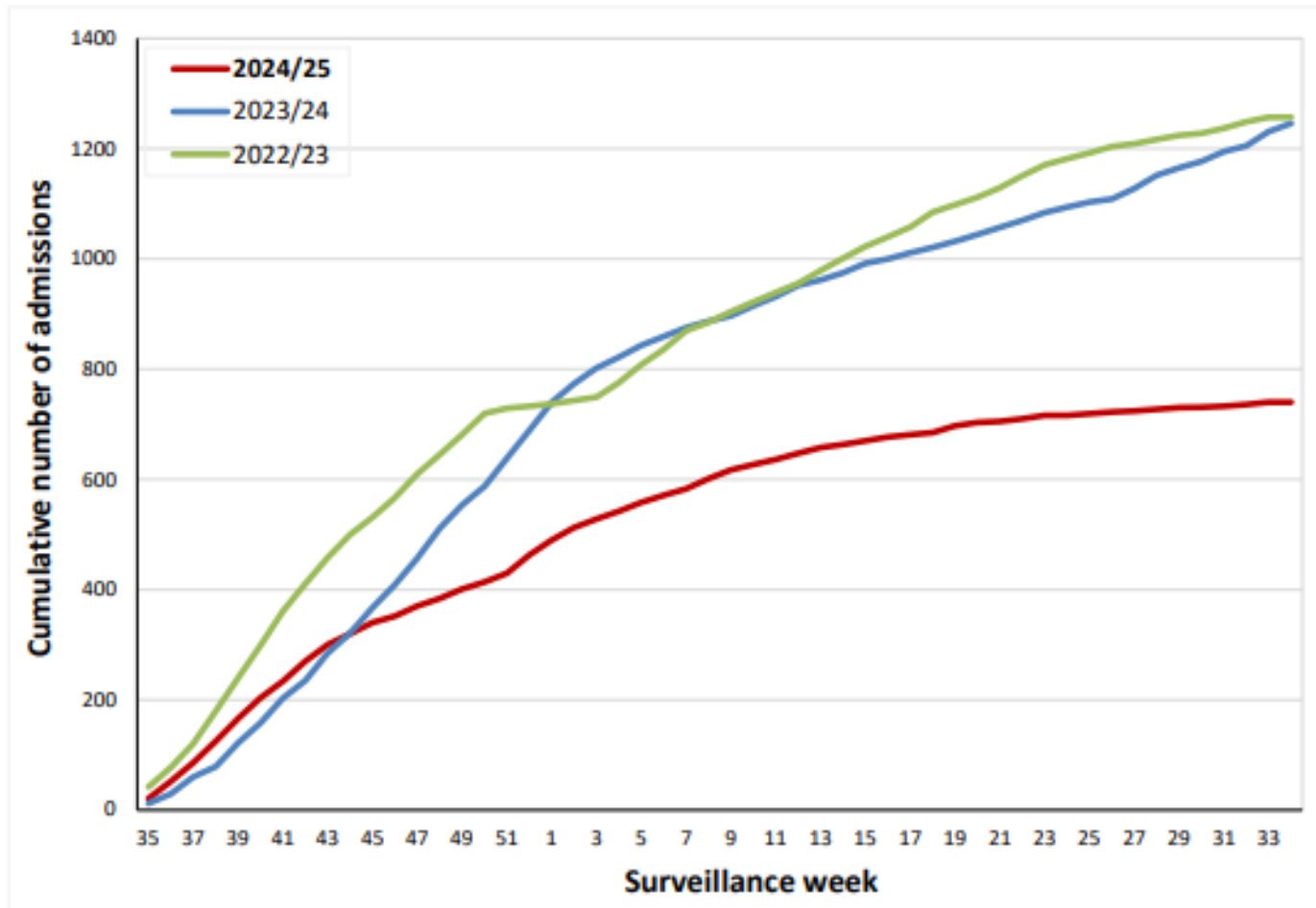
COVID-19

Figure 4: Number of laboratory-confirmed COVID-19 cases (N=4587) and percent positivity, 2024/25 season, compared with previous seasons, Nova Scotia¹³



- 4,587 cases
- 3% under 5 years, 67% over 65 years

Figure 6: Cumulative number of COVID-19 hospitalizations and ICU admissions, by surveillance week, 2024/25 season compared with previous seasons, Nova Scotia¹⁷



- 735 non-ICU hospitalizations
- 75 ICU admissions
- 123 deaths

Vaccine Storage and Handling



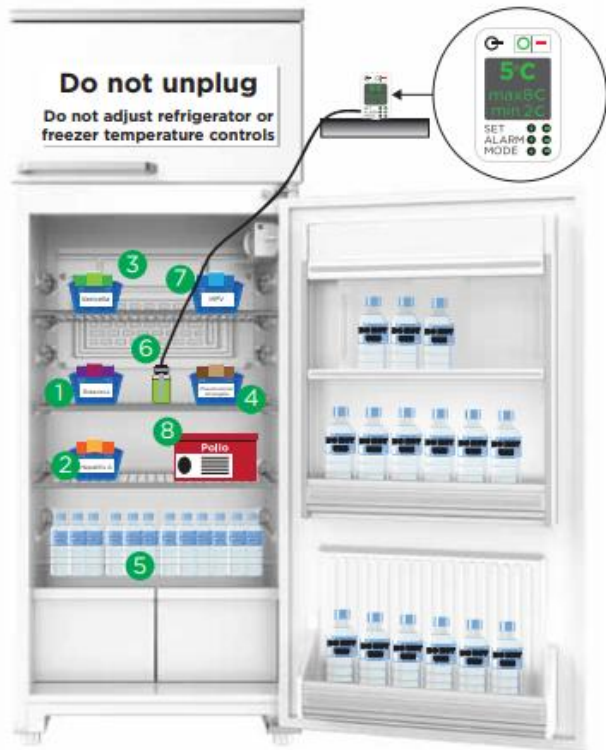
Vaccine Storage: Refrigerators

Any refrigerator used for vaccine storage must be:

- Able to maintain recommended vaccine storage temperatures (between +2°C and +8°C)
- Large enough to hold one month's inventory (including respiratory peak season)
- Equipped with a min-max thermometer
- Dedicated to the storage of immunizations only (NO staff lunches)



Refrigerator Organization



- ✓ Organize immunizations so that products with the shortest expiry date are used first.
- ✓ Store full bottles of water on empty shelves and in the door
- ✓ Don't store immunizations in the door
- ✓ Place products on middle shelves away from air vents and 2 to 3 inches from the walls of the refrigerator
- ✓ Ensure there is space between products to allow air circulation

Vaccine Storage and Handling



A minimum of two temperature recordings daily must be completed for your vaccine fridge at the start and end of the day.



Record the minimum, maximum, current, and ambient (room) temperature



Record temperature to the tenths decimal point (e.g., +5.1°C, +4.3°C).



Perform regular maintenance on your vaccine equipment.

If vaccines are exposed to temperatures outside the required +2°C to +8°C range: **COLD CHAIN BREACH**

| | | |
|--|--|--|
| Below 2^oC TOO COLD. TAKE IMMEDIATE ACTION | Correct Temperature Range 2 to 8^oC STRIVE FOR 5^oC | Above 8^oC TOO WARM. TAKE IMMEDIATE ACTION |
|--|--|--|

Month/Year: _____ Provider: _____ Fridge: _____

| Date | AM | | | | | | PM | | | | | | Comments/ Corrective Actions |
|---------|------------|--------------|-----------------|-------------|-------------|----------------|------------|--------------|-----------------|-------------|-------------|----------------|---------------------------------|
| | Exact Time | Room Temp °C | Current Temp °C | Min Temp °C | Max Temp °C | Initials/Reset | Exact Time | Room Temp °C | Current Temp °C | Min Temp °C | Max Temp °C | Initials/Reset | |
| example | 845 | 21.2 | 4.5 | 3.4 | 5.6 | JS/R | 1855 | 19.8 | 5.1 | 4.2 | 6.2 | JS/R | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |

Reporting a Cold Chain Breach

Follow these steps when reporting your cold chain breach:

1

Quarantine Vaccine: Place all exposed vaccine in a bag. Clearly label the exposed vaccine as “**Do Not Use - Cold Chain Breach**”. Mark the date and time. Place the exposed vaccine in a working monitored vaccine refrigerator.

2

Report to Public Health: Complete the **Vaccine Cold Chain Breach Incident Report** and submit the report with your up-to-date 30-day temperature log and current vaccine inventory by fax or email.

Fax: **902-481-5923**

Email: **PublicHealthVaccineOrders@nshealth.ca**

Download the incident report form:

physicians.nshealth.ca/resources/vaccine-resources-providers

3

Wait for assessment: Public Health will conduct a viability assessment on the affected vaccines. Upon completion, vaccine providers will be notified if the involved vaccines are safe for use, or must be returned. Additional guidance will be provided on any changes to expiry dates, or potential re-vaccination (if clients received vaccine that was stored at improper temperatures).

Cold Chain Breach

<https://physicians.nshea.lth.ca/resources/biodepot-vaccine-ordering-and-cold-chain-management>



Incident Report: Vaccine Cold Chain Breach

| | | | |
|------------------------|----------------------------------|------------|------|
| Provider name: | | Address: | |
| Name of Contact Person | | Telephone: | Fax: |
| Email: | Fridge Location (if applicable): | | |

| CHECK ONE BOX (UNDER EITHER 1, 2, 3, OR 4) THAT BEST DESCRIBES THE PROBLEM | | |
|---|--|--|
| Excursion Type | Cause | Cause |
| 1. Power Interruption | <input type="checkbox"/> Power Outage | <input type="checkbox"/> Power Interruption to Equipment |
| 2. Equipment Problem | <input type="checkbox"/> Equipment Breakdown | <input type="checkbox"/> Other Temperature Problem |
| 3. Handling Error | <input type="checkbox"/> Vaccine Left Out | <input type="checkbox"/> Refrigerator Door Left Open |
| 4. Shipment Problem | <input type="checkbox"/> Temp Reading \uparrow or \downarrow | <input type="checkbox"/> Product Damaged in Transit |
| 5. Exposed Temperature | When was the Cold Chain event discovered? | |
| When did the Cold Chain event start? | Date _____ Time _____ | Date _____ Time _____ |
| When did the Cold Chain event end? | Date _____ Time _____ | Temperature at discovery _____ C° |
| Last time the fridge temperature was checked prior to the Cold Chain event? | Date _____ Time _____ | Exposed temperature C° Highest: _____ Duration: _____ Lowest: _____ Duration: _____ |

| | | |
|--|------------------------------|-----------------------------|
| ANSWER EACH QUESTION BELOW (E to J): | | |
| E. Was a min/max thermometer in the fridge? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. Were water bottles in the fridge and ice packs in the freezer at the time of this event? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G. Was there a temperature log maintained for this fridge? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H. What was the air temperature of the room where vaccines were stored? _____ C° | | |
| I. Have the vaccines been quarantined in an operating monitored fridge and marked "Do Not Use"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| J. What actions have been taken to correct the problem? | | |
| Comments: | | |
| PLEASE INCLUDE A COPY OF YOUR RECENT TEMPERATURE LOGS (MINIMUM OF 30 DAYS PRIOR TO THE DATE OF SUBMITTING THIS REPORT FORM) | | |
| Completed By: | Date: | |