



Northwest Territories (NWT) Immunization Program Standards

Overarching goals of the NWT Immunization program

1. Prevent, control, eliminate or eradicate vaccine-preventable diseases by providing immunization programs that meet the national immunization strategy.
2. Monitor, respond and analyze data according to changes in disease trends, resistance patterns, and new emerging threats and technologies.
3. All vaccines administered in the NWT must be safe, available, accessible, and administered in a culturally safe and competent way.

Approved Immunization Resources

The following are approved resources for use in administering immunization programs in the NWT:

- [Canadian Immunization Guide](#)
- [National Advisory Committee on Immunizations \(NACI\)](#)
- [National Immunization Strategy](#)
- [NWT Immunization Schedule](#)
- [PHAC National Vaccine Storage and Handling Guidelines](#)

Definitions

- **Adverse events following immunization (AEFI):** An unwanted or unexpected health effect that happens after someone receives a vaccine, which may or may not be caused by the vaccine.
- **Cultural Safety:** Cultural Safety is an outcome where all people feel safe and respected, free of racism and discrimination, when accessing health and social services care. It promotes a healthcare environment that is physically, spiritually, socially, and emotionally safe for clients. This requires respectful relationships in achieving positive experiences and health outcomes. Cultural safety extends beyond cultural awareness, cultural sensitivity, and cultural competence.
- **Evidence-based:** Evidence-based is a process used to review, analyze, and translate the latest scientific evidence. The goal is to quickly incorporate the best available research, along with clinical experience and patient preference, into clinical practice, to improve health care delivery.
- **Health and Social Services Authority (HSSA):** This includes all three NWT Health and Social Services Authorities – Northwest Territories HSSA, Hay River HSSA and Tłıchq Community Services Agency.



- **High-risk individuals:** Individuals with high-risk medical conditions, including pregnancy, the person has at the time of immunization. A person qualifies as a high-risk individual if their immune system is compromised or suppressed whether due to disease, chronic conditions, prescription medications, or recent surgical procedures. These individuals are highly susceptible to severe outcomes.
- **Immunization:** A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.
- **Immunization Incident:** An action that is linked to the management of a vaccine (e.g., loss of a vaccine shipment).
- **Immunization Incident Error:** An action that is linked with the person who is immunized.
- **Immunization Registry:** The term “Immunization Registry” is intended to represent the immunization information system digital assets and interfaces utilized by a jurisdiction for the management and delivery of immunization program services. These assets could include interoperable source systems that may feed standardized data directly to a single database of vaccination events.
- **Immunization Surveillance:** Immunization surveillance is the backbone of a strong public health system through the collection, analysis, and reporting of data. Surveillance makes it possible to identify threats to public health, respond quickly to threats by deploying resources effectively, create practical, evidence-based policies and programs, and meet Canada's international public health obligations.
- **Privately funded vaccines:** These vaccines are licensed in Canada, not publicly funded, and are available at a cost. Depending on health status, some of these vaccines may be provided for free.
- **Publicly funded vaccines:** Vaccines are provided free-of-charge as part of a publicly funded program (pending product availability) to NWT residents who are registered with the NWT Health Care Plan and who meet the eligibility criteria. In the NWT, this is the recommended [NWT Immunization Schedule](#).
- **Schedule of notifiable Immunizations:** Approved vaccines for the public some of which are not publicly funded as outlined in the *Public Health Act*, [NWT Immunization Regulations](#), section 2.
- **Vaccination:** The act of introducing a vaccine into the body to produce protection from a specific disease.
- **Vaccine:** A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.



Part 1: Prevent, control, eliminate or eradicate vaccine-preventable diseases by providing immunization programs that meet the national immunization strategy.

| Standard 1.0 Prevent, control, eliminate or eradicate vaccine-preventable diseases. | |
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| <p><u>Overview</u> Under the National Immunization Strategy, immunization coverage will be improved and there will be an enhanced immunization program delivery in the NWT.</p> | |
| <p><u>Outcome:</u> Persons in the NWT will be protected from vaccine preventable diseases through a robust immunization program based on national best practice guidelines and international standards, contributing to the overall health and wellbeing of residents.</p> | |
| 1.1 Immunization Strategy Objectives | |
| Deliverables | Indicators |
| 1.1.1 NWT has evidence-based goals for vaccine preventable disease rates and immunization coverage. | Documentation of evidence-based goals |
| 1.1.2 NWT has strategies to identify under and un-immunized populations to understand the determinants of vaccine acceptance and uptake. | Documentation of immunization strategies to increase vaccine acceptance and uptake |
| 1.1.3 NWT residents have timely and equitable access to vaccines as per the NWT Immunization Schedule . | Evidence that residents from across the NWT report immunizations to be available and accessible to them |
| 1.1.4 NWT immunization program has developed evidence-based interventions to improve coverage rates. | Documentation of evidence-based interventions to increase vaccine coverage |
| 1.1.5 NWT immunization program understands the key barriers to, and best practices in, improving immunization coverage. | Evidence of best practice strategies to improve vaccine coverage rates |
| 1.2 Vaccine Coverage Goals Infants and Children | |
| Deliverables | Indicators |
| 1.2.1 All Eligible children are up to date on routine vaccination, for all childhood vaccines by two and seven years of age as per the NWT Immunization Schedule . National target for eligible children is met as per the National Immunization Strategy . | % of children in the NWT offered all childhood vaccines by two and seven years of age as reported to the Chief Public Health Officer (CPHO) |
| 1.3 Vaccine Coverage Goals: Adolescents – 17 years of age | |
| Deliverables | Indicators |
| 1.3.1 All Eligible adolescents are up to date on routine vaccination as per the NWT Immunization Schedule . National target for adolescents is met as per the National Immunization Strategy . | % of eligible adolescents up to date on their publicly funded vaccines as reported to the CPHO |
| 1.4 Vaccine Coverage Goals: Adults | |
| Deliverables | Indicators |
| 1.4.1 Adults are up to date on routine vaccination as per the NWT Immunization Schedule . | % of adults vaccinated in the NWT reported to the CPHO |



| 1.5 Vaccine Preventable Disease Reduction Targets | |
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| Deliverables | Indicators |
| <p>1.5.1 Interventions will maintain the elimination status of the following diseases:</p> <ul style="list-style-type: none"> • Polio • Congenital Rubella Syndrome (CRS)/Congenital Rubella Infection (CRI) • Endemic measles • Endemic rubella | <p>Evidence supports the national target of zero cases of polio and congenital CRS/CRI</p> <p>In the NWT: # of measles cases reported; and # of rubella cases reported</p> <p>Evidence of interventions that address endemic measles and endemic rubella</p> |
| <p>1.5.2 Interventions will maintain the annual low-level incidence, as per the National Immunization Strategy, of the following endemic diseases:</p> <ul style="list-style-type: none"> • Respiratory diphtheria resulting from exposure maternal/neonatal tetanus • Tetanus • Haemophilus influenzae type B (Hib) in children less than five years of age • Mumps (based on a five-year rolling average) • Invasive meningococcal disease (IMD) serogroup C in children less than 18 years of age | <p>Evidence that the number of cases in the NWT reported annually supports national targets indicating:</p> <ul style="list-style-type: none"> • # of cases of respiratory diphtheria and maternal/neonatal tetanus • # of cases of tetanus • # of cases of preventable Hib • # of cases of mumps • # of cases of IMD (C) |
| <p>1.5.3 Interventions will reduce the annual moderate levels of incidence, as per the National Immunization Strategy, of the following endemic diseases:</p> <ul style="list-style-type: none"> • Invasive pneumococcal disease (IPD) in adults aged 65 years and older • Varicella in vaccine-eligible children less than 18 years of age • Pertussis in infants less than six months of age (based on a three-year rolling average) | <p>Evidence that the number of cases in the NWT reported annually supports national targets indicating:</p> <ul style="list-style-type: none"> • % reduced in incidences of invasive pneumococcal disease • % of annual hospitalizations for varicella • # of infant deaths (less than six months of age) related to pertussis |



Part 2: Monitor, respond and analyze data according to changes in disease trends, resistance patterns, and new emerging threats and technologies.

| Standard 2.0 Monitoring, responding and analysis of data is shared in a responsive manner. | |
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| <p><u>Overview</u> Surveillance, reporting and dissemination of immunization information will be done within the specified time frame as per NWT Immunization Regulations.</p> | |
| <p><u>Outcome:</u> Immunization programs and services, vaccine monitoring, and immunization program evaluation in the NWT are designed, implemented, and monitored using reported surveillance data.</p> | |
| 2.1 Reporting Requirements are Established | |
| Deliverables | Indicators |
| <p>2.1.1 Immunization providers document and report on immunizations in accordance with the NWT Immunization Regulations and National Guidelines outlined in Canadian Immunization Guide.</p> | <p>Evidence of policy in place as per Immunization regulations and notifiable Immunizations, section 2 & 3</p> |
| <p>2.1.2 There is timely reporting of all reportable immunizations as per NWT Reportable Diseases (p. 2) in accordance with the NWT Immunization Regulations. There are three approved streams for vaccine reporting: a) The vaccine module in the Electronic Medical Record (EMR) b) The Vaccine Administration Report form * c) The NWT BCG Vaccine Reporting Form * (*if not able to access the EMR and information is not entered into the EMR within a month).</p> | <p>% of required reporting provided to the CPHO using approved format</p> <p>% of required reporting submitted within required time frames</p> |
| <p>2.1.3 There is timely reporting of adverse events following immunization (AEFIs) within 24 hours of the notification as per the NWT Immunization Regulations using the PHAC Adverse Events Following Immunization Reporting Form.</p> | <p>% of AEFIs reported to the Office of the Chief Public Health Officer (OCPHO) within 24 hours</p> |
| <p>2.1.4 Immunization data is utilized to target immunization programs as per Accreditation Standards of Canada.</p> | <p>Evidence that data provided targets immunization programming and meets accreditation standards</p> |
| 2.2 Vaccine Monitoring is Ongoing and Accurate | |
| Deliverables | Indicators |
| <p>2.2.1 All vaccine recipients are monitored for anaphylaxis following vaccine administration.</p> | <p>Documented evidence of anaphylaxis management as per Canadian Immunization Guide</p> |
| <p>2.2.2 All immunization errors are reported as per HSSA protocol and summary of immunization errors reported to OCPHO quarterly.</p> | <p>Evidence of policy in place for reporting immunization errors</p> |
| <p>2.2.3 All vaccine related incidents are reported to the OCPHO.</p> | <p>Evidence of policy in place for reporting vaccine related incidents</p> |



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| | % of vaccine related incidents reported to the OCPHO |
| 2.2.4 Up to date employee’s vaccination status records are easily accessed in the event this information is needed (ex. Outbreak situation). | Evidence that there is a process in place for the employer to maintain and provide validation of vaccination |
| 2.2.5 Documentation shows all refusals of vaccines as per the NWT Immunization Regulations . | Evidence that there is documentation in place for vaccine refusal as per Immunization Regulations, section 4(1) |
| 2.3 Program Evaluation | |
| Deliverables | Indicators |
| 2.3.1 Under the NWT Privacy legislation Standards, surveillance data is used to plan and evaluate immunization programs and services. | There is evidence that surveillance data is used to plan and evaluate existing immunization programs and services |
| 2.3.2 Audits originating from the OCPHO are acknowledged and responded to within the requested timeframe. | % of audits acknowledged within the required timeframe |

Part 3: All vaccines administered in the NWT must be safe, available, accessible, and administered in a culturally safe and competent way.

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| Standard 3.0 Vaccines must be safe, available, accessible, and administered in a culturally safe and competent way. | |
| <u>Overview</u> Immunization programs and services in the NWT are designed and delivered to promote vaccine availability and accessibility while administering vaccines in a culturally safe and competent way. | |
| <u>Outcome:</u> All NWT residents feel safe and respected when accessing immunization services and programs in the NWT. | |
| 3.1 Vaccine Availability | |
| Deliverables | Indicators |
| 3.1.1 All publicly funded vaccines will be purchased through the Government of the Northwest Territories (GNWT) bulk purchase agreements. | % of vaccines purchased outside of bulk purchase agreement |
| 3.1.2 Vaccine inventory, forecasting and distribution: a) Information is provided upon request of CPHO in a timely manner. b) Regional pharmacies shall maintain vaccine inventory; they shall inform OCPHO and Vaccine Supply Working Group (VSWG) regarding vaccine forecasting and tracking/dispersion of doses to users. | Evidence of procedure for vaccine inventory, forecasting, tracking and distribution Average time between information request and information provided regarding inventory, forecasting and distribution of vaccines |



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| 3.1.3 | National Guidelines are followed for appropriate quality assurance, tracking and oversight on vaccine supply. | Evidence that standardized immunization programs in the NWT are delivered in alignment with the National Immunization guidelines Documented evidence of reported usage, wastage, and loss |
| 3.1.4 | Consultation with OCPHO in circumstances where a vaccine may need to be administered outside the recommendations of the product monograph. | Evidence of policy in place to ensure vaccine monitoring and safety |
| 3.1.5 | In the NWT, all those involved in the handling and administration of vaccines are required to take every precaution to ensure that vaccines are kept, stored and handled in optimal conditions as described in the following guidelines: <ul style="list-style-type: none"> • <i>PHAC National Vaccine Storage and Handling Guidelines</i> • <i>Storage and Handling of Immunizing Agents - Canadian Immunization Guide</i> | Evidence that a policy for immunization storage and handling aligns with national storage and handling guidelines. Evidence that all required equipment is regularly maintained Evidence of immunization incidents reported |
| 3.1.6 | Cold chain is maintained in accordance with Canadian storage and handling guidelines. | Evidence of reporting to pharmacy if there is a breach |
| 3.2 Vaccine Accessibility | | |
| Deliverables | | Indicators |
| 3.2.1 | There is collaboration with health care providers and engagement of community/stakeholders in immunization program planning and evaluation to ensure that strategies used provide barrier free communication. | There is evidence of engagement in the creation of supportive environments There is evidence of equity, increased accessibility of immunizations, resources and well-being services for populations identified as priority. |
| 3.2.2 | In the NWT, vaccine information is offered in English and French, and interpretation services are readily available, if indicated, and where possible in all NWT indigenous languages, as well as interpretation services offered and accessible for those of whom English is a second language. | Evidence of process in place for vaccine information delivered in alternate languages |
| 3.2.3 | At all clinical opportunities screen for needed vaccines, offer all vaccines licensed in Canada as per <i>NACI recommendations and guidelines</i> , and administer all vaccine doses for which a vaccine recipient is eligible for at the time of each visit. | Evidence that immunizations are offered at any client assessment or point of care within the health system so that they are provided an opportunity to be up to date in all their immunizations |



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| | There is documented evidence that client and/or their guardians (where applicable), are offered vaccines (publicly or not publicly funded) at all opportunities, in the NWT |
| 3.2.4 NWT residents have timely and equitable access to vaccines, regardless of the healthcare setting in which care was initially accessed, at point of care. | Evidence that residents from across the NWT report that immunization services are available and accessible to them |
| 3.3 Contraindications | |
| Deliverables | Indicators |
| 3.3.1 Deferral or withholding of vaccines for true contraindications is done only as per NWT Immunization Regulations . | Evidence of a policy for deferral or withholding of vaccines as per Immunization Regulations, section 4(2) |
| 3.4 Informed Consent | |
| Deliverables | Indicators |
| 3.4.1 Informed consent is obtained prior to providing immunizations. | Evidence of policy in place to obtain informed consent |
| 3.4.2 Vaccine recipients and guardian are informed in specific comprehensible terms in the language they choose about the risks and benefits of vaccines that they or their children are to receive. | Evidence of process in place documenting that individuals are informed of all risks/benefits related to specific immunizations |
| 3.5 Confidentiality | |
| Deliverables | Indicators |
| 3.5.1 Privacy, security, and confidentiality of personal health information for NWT residents are ensured. | Evidence of policies in place to protect the privacy, security, and confidentiality of information |
| 3.5.2 NWT vaccine providers have completed the mandatory privacy training or equivalent. | % of immunizers have completed GNWT approved privacy training |
| 3.6 Vaccine Education | |
| Deliverables | Indicators |
| 3.6.1 All persons administering vaccines in the NWT complete training and ongoing education as per the CPHO recommendations: <ul style="list-style-type: none"> • NWT Mandatory Education Program on Immunization Competencies (EPIC) • Immunization Administration Program exception or equivalencies approved by the CPHO • All vaccine providers must be licensed to practice in the NWT by a designated professional licensing body such as the Registered Nurses Association of the Northwest Territories and Nunavut (RNANTNU) | <p>% of immunizers have completed a CPHO approved competency immunization program</p> <p>% of individuals licensed with a designated professional body or have an exemption from the CPHO that are providing immunizations to residents in the NWT</p> |



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| 3.6.2 The most current immunization schedule is followed. NWT Immunization Schedule is set by NWT Advisory Committee on Immunization (NWTACI) and approved by the CPHO. | % of all immunizations given in the NWT follows the current immunization schedule |
| 3.6.3 Immunization training and orientation utilize current knowledge regarding immunization using an evidence-based approach from approved clinical resources including: <ul style="list-style-type: none">• Canadian Immunization Guide• NACI | Evidence that vaccine providers have received training/orientation to a variety of approved clinical references and guidelines. |
| 3.6.4 Immunization education for all clients align with the Canadian Immunization Guide and is delivered in a culturally safe and appropriate, trauma informed and inclusive manner. | Evidence that all vaccine providers use the standardized immunization guide to provide appropriate education Evidence that immunization education is reported to be delivered in a culturally safe and appropriate, trauma informed and inclusive manner free from discrimination and judgement |



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