2019-2020 Seasonal Influenza Vaccine Information for Immunization Providers

Office of the Chief Medical Officer of Health

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2019-2020 Seasonal Influenza Vaccine Information for Immunization Providers (This information applies only to quadrivalent influenza vaccine (QIV))

The Office of the Chief Medical Officer of Health (OCMOH) monitors influenza activity through its surveillance system year round; however, the majority of influenza activity occurs between October and April.

For ongoing information on influenza activity, please see our weekly NB flu report which is posted on our website at: http://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/influenza/influenza_surveillance_activities.html

RESPONSIBILITIES OF ALL IMMUNIZATION PROVIDERS

1. What are my accountabilities as an immunization provider?

All immunization providers of all publicly funded vaccines, including influenza and pneumococcal, shall practice according to the *New Brunswick Immunization Program Guide (NBIPG)* . This includes but is not limited to:

Reporting to Public Health

Adverse Events Following Immunization (AEFI) are to be reported to the local Regional Health Authority(RHA) Public Health as per *Policy 2.7* and *Standard 3.8* of the *New Brunswick Immunization Program Guide* and using the *New Brunswick AEFI Report Form* found at:

https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/Epidemiology/NBAEFIFormE.pdf

Recording

Regulation 2009-136, section 14 under the *Public Health Act* requires that all immunization providers provide the client with a record of immunization. Immunization cards are available at your local RHA Public Health office.

Management of Vaccine/Cold Chain (see Q 13)

Competency

All providers of publicly funded vaccine shall be deemed competent by their employing agency as per *Policy 2.4* of the *New Brunswick Immunization Program Guide*.

Safety

Immunization providers must ensure that:

- Adrenaline is present during vaccine administration.
- Clients are monitored for at least 15 minutes post-immunization.
- The immunization is documented including the lot number of the vaccine. **This is important information in the event there is a vaccine recall or an individual experiences an adverse event following immunization (AEFI).**

Ordering / Receiving Vaccine

Vaccine is expected to arrive around the end of September and distribution to health providers will start in October. Please note that any delays from the manufacturer can affect the timing of product arriving in New Brunswick. The Central Serum Depot receives a percentage of the overall influenza vaccine order for the season in three or more shipments over several weeks, so you will not receive 100% of your vaccine order in the beginning.

Although vaccination before the onset of the influenza season is strongly preferred (in October or early November), vaccine providers should use every opportunity to give influenza vaccine during the current season, even after influenza activity has been documented in the community (after April).

Immunization provider	Where to order influenza vaccine
• Health care practitioners (physicians, nurse practitioners, and midwives)	• Regional Public Health Office
• Saint John health care practitioners (physicians and nurse practitioners)	• CSD (Central Serum Depot)
• Nursing home management	• Regional Public Health Office
• Saint John nursing home management	• CSD
• First Nation health care practitioners and nurses	• CSD
• Hospital pharmacies	• CSD
• Pharmacies designated as sub-depots	• CSD
• Community pharmacies	• McKesson

NEW Influenza Vaccine Ordering Process for Pharmacies:

- **Hospital pharmacies:** Providers/facilities can place their influenza vaccine order with Central Serum Depot using the Publicly Funded Vaccines / Biologics Order Form https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/HealthProfessionals/11954e-4-1-5_Public-Funded-Vaccine-letter%20size-interactive.pdf
- **Sub Depots (designated hospital and community pharmacies):** Providers/facilities can place their influenza vaccine order with Central Serum Depot using the Public Health Information Solution (PHIS). **Note** – When creating a Product Requisition ensure that "*ShipTo Holding Point*" is the *"Main Holding Point"*

- **Community pharmacies:** Providers/facilities can place their influenza vaccine order with McKesson Canada on Pharmaclik using the McKesson Item Number. Each unit contains 10 doses. For assistance or questions please call 1-800-565-7821 to speak to a McKesson Customer Service Specialist. **Note: If you have already submitted your order to Central Serum Depot, you will need to place your order through McKesson.**

Supplier	Product name	DIN	Universal Product Code	Product Number	McKesson Item Number
Sanofi Pasteur	Fluzone	2432730	697177005145	4001251	143142
GSK	FluLaval Tetra	2420783	62021406957	703426	143143

Regional Public Health and CSD will only release vaccine to immunization providers who bring insulated containers large enough to hold vaccine, ice/gel pack, insulating materials, and temperature monitoring devices (min-max thermometer or warm and cold mark indicators).

ELIGIBILITY

2. Who is eligible for publicly funded 2019-2020 seasonal influenza vaccine?

Seasonal influenza vaccine is available free of charge to the following groups by many different immunization providers through a variety of programs. For more information please visit your health care provider or check the website at: www.gnb.ca/flu

1. Adults and children with chronic health conditions:
   - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma);
   - diabetes mellitus and other metabolic diseases;
   - cancer, immune compromising conditions (due to underlying disease and/or therapy);
   - renal disease;
   - anemia or hemoglobinopathy;
   - neurologic or neurodevelopment conditions. These include seizure disorders, febrile seizures and isolated developmental delay in children and neuromuscular, neurovascular, neurodegenerative, neurodevelopmental conditions and seizure disorders in adults, but excludes migraines and neuropsychiatric conditions without neurological conditions;
   - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration;
   - morbid obesity (BMI≥40); and
   - children and adolescents (age 6 months to 18 years) undergoing treatment for long periods with acetylsalicylic acid, because of the potential increase of Reye's syndrome associated with influenza.
2. People of any age who are residents of nursing homes and other chronic care facilities.
3. People ≥65 years of age.
4. Healthy children 6 months to 18 years of age.
5. Pregnant women.
6. Those in direct contact with poultry infected with avian influenza during culling operations.
7. Aboriginal people.
8. People capable of transmitting influenza to those at high risk:
   - household contacts (adults and children) of individuals at high risk of influenza- related complications (whether or not the individual at high risk has been immunized), as listed under # 1;
   - household contacts of infants <6 months of age;
   - household contacts of children 6 months to 59 months; and
   - members of a household expecting a newborn during the influenza season.

Health care workers, including staff of licensed long-term care facilities (LTCF), are capable of transmitting influenza to those at high risk. Influenza vaccine is provided free of charge to health care workers by the employer who is responsible for the cost of vaccine and administration.

All healthy persons aged 19 to 64 years who do not have contraindications to influenza vaccine are also encouraged to receive influenza vaccine but it is not publicly funded.

3. Who can provide publicly funded influenza vaccine?

PUBLICLY FUNDED INDIVIDUALS (No Cost to individual)	Regional Health Authorities (RHAs)	Primary Care Providers (Physicians/ Nurse Practicioners	Pharmacists	Midwives	Long Term Care Facilities
Pregnant Women	**YES**	**YES**	**YES**	**YES**	
Healthy Children 6 months to 18 years	**YES**	**YES**	**YES (5- 18 years)**		
Adults + Children with Health Conditions	**YES**	**YES**	**YES (5 years + older)**		**YES**
People ≥ 65 years	**YES**	**YES**	**YES**		**YES**
People who are capable of transmitting influenza to those at high risk	**YES**	**YES**	**YES**	**YES (postnatal mothers)**	
Aboriginal	**YES**	**YES**	**YES**		**YES**
Residents Long term care facilities					**YES**

2019-2020 VACCINE COMPONENTS/PRODUCTS

4. What are the components of the 2019-2020 seasonal influenza vaccines?

The seasonal quadrivalent influenza vaccine for 2019-2020, as per the recommendations by the World Health Organization for northern hemisphere, contains:

- A/ Brisbane/02/2018 (H1N1) pdm09-like virus;
- A/ Kansas/14/2017 (H3N2)-like virus;
- B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage).; and
- B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

5. What products are being used for the 2019-2020 seasonal influenza?

Flulaval® Tetra and Fluzone® Quadrivalent are supplied in 10 dose vials. A small quantity of Fluzone® Quadrivalent single use pre-filled syringes will be available. AFLURIA® TETRA are supplied in pre-filled syringes.

- Flulaval® Tetra (GSK)
- Fluzone® Quadrivalent (Sanofi)
- AFLURIA® TETRA (Sequiris)

SIDE EFFECTS/CONTRAINDICATIONS

6. What are the side effects of the seasonal influenza vaccine?

One third of those immunized report soreness at the injection site for up to two days. Flu-like symptoms (fever, sore muscles, and tiredness) may occur within 6 to 12 hours after immunization and last 1 to 2 days, especially in those receiving the vaccine for the first time. Anaphylactic hypersensitivity reactions occur rarely.

7. Can the seasonal influenza vaccine cause influenza illness?

The seasonal influenza vaccine does not contain live virus and therefore cannot cause influenza.

8. Who should NOT routinely be given seasonal influenza vaccine?

The following people should **not** routinely receive seasonal influenza vaccine:

- Infants less than 6 months of age;
- People who have had a serious allergic reaction (anaphylaxis) to any of the components of influenza vaccine (with the exception of egg);
- People who have a serious acute febrile illness;
- People known to have had Guillain-Barré Syndrome (GBS) within 6 weeks of a previous influenza vaccine*. It is not known whether influenza vaccination is causally associated with increased risk of recurrent GBS in persons with a previous history of GBS due to any cause. Avoiding subsequent influenza vaccination of persons known to have had GBS within six weeks of a previous influenza vaccination appears prudent at this time.*

9. Should people who have experienced Ocular Respiratory Syndrome (ORS) following receipt of a previous seasonal influenza vaccine be immunized with the seasonal influenza vaccine?

Oculo-respiratory syndrome (ORS), which is defined as the presence of bilateral red eyes and one or more associated symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness, or sore throat) that starts within 24 hours of vaccination, with or without facial edema, was found during the 2000–2001 influenza season; few cases have been reported since then. ORS is not considered to be an allergic response.

There is no evidence to suggest that oculo-respiratory syndrome (ORS) will be a concern following immunization. Individuals who have experienced ORS, including those with a severe presentation (bilateral red eyes, cough, sore throat, hoarseness, facial swelling) but without lower respiratory tract symptoms, may be safely re-immunized with influenza vaccine.

Persons who experienced ORS with lower respiratory tract symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of immunization, an apparent significant allergic reaction to the immunization or any other symptoms (throat constriction, difficulty swallowing) that raise concerns regarding the safety of re-immunization should have a consultation with a Medical Officer of Health or another expert.

10. Should people who are allergic to eggs receive the seasonal influenza vaccine?

All influenza vaccine products authorized for use in Canada are manufactured by a process involving chicken eggs, which may result in the vaccines containing trace amounts of residual egg protein. NACI has concluded that egg allergic individuals without other contraindications may be vaccinated against influenza (with any product) without a prior influenza vaccine skin test and with the full dose. The vaccine may be given in any settings where vaccines are routinely administered. As with any vaccine, immunizers should be prepared for and have the necessary equipment to respond to a vaccine emergency at all times.

For further information please see the Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2019–2020 .

11. Should pregnant women receive the seasonal influenza vaccine?

All pregnant women should receive seasonal influenza immunization, as evidence demonstrates they are at higher risk of complications from influenza.

12. Is seasonal influenza vaccine safe for breastfeeding mothers?

Seasonal influenza vaccine is safe for breastfeeding mothers.

VACCINE STORAGE/ADMINISTRATION

13. How should the seasonal influenza vaccines be stored?

- Influenza vaccine must be stored between 2° to 8°C at all times.
- The vaccine should not be frozen and must be protected from light.
- If vaccine is exposed to an adverse storage condition please contact the manufacturer first for instructions.
- Any unused/outdated vaccine is to be returned to CSD.
- Attention must be paid to the duration of stability of vaccine once it has been opened.

14. How long can a vial of influenza vaccine be used once it is opened?

- An opened vial of Flulaval Tetra must be used within 28 days from the date it was opened.
- A multidose vial of Fluzone® which has been entered and stored at 2° to 8°C may be used up to the expiry date indicated on the vial label.

15. Can I draw up the seasonal influenza vaccine into syringes to be used at a later time?

The manufacturer has no data to confirm that immunogenicity of the product will be preserved after prolonged exposure to the plastic of the syringe. The company also has concerns regarding bacterial contamination. Therefore, influenza vaccine should be injected as soon as possible after being drawn up.

16. How is the seasonal influenza vaccine administered?

- The seasonal influenza vaccine is administered intramuscularly.
- The deltoid muscle is the recommended site in adults/ older children (> 1 year old).
- The anterolateral thigh is the recommended site in infants (< 1 year old)

DOSAGE

17. What is the dosage and frequency of the seasonal influenza vaccines?

For intramuscular QIV, the dose is 0.5 ml for all age groups.

Recommended Influenza Vaccine Doses by Age, 2018-2019

Age Group	Dose	No. of Doses
9 years and older	0.5 ml	1
6 months-8 years*	0.5 ml	1 or 2*

* Children 6 months to less than 9 years of age who have never received the seasonal influenza vaccine require two doses of influenza vaccine, with a minimum interval of four weeks between doses. Eligible children <9 years of age who have received one or more doses of seasonal influenza vaccine in the past should receive one dose per season thereafter.

IMMUNOGENICITY AND EFFICACY

18. How soon following immunization does protection develop and how long does it last?

Protection from the seasonal influenza vaccine generally begins 10 to 14 days after immunization and may last 6 months or longer.

SIMULTANEOUS ADMINISTRATION OF OTHER VACCINES

19. Can you receive seasonal influenza vaccine before or after having donated/received blood or Immune Globulin?

Yes.

20. Can seasonal vaccine, adult pertussis vaccine, and pneumococcal vaccine be given at the same time?

Yes, they can be administered at the same time but they should be administered via separate syringes in different sites. Pneumococcal immunization is recommended once in a lifetime, except in certain high risk individuals as specified in the Canadian Immunization Guide. Pertussis vaccine is recommended in childhood and adolescence, once as an adult, and during every pregnancy ideally between 27 and 32 weeks of gestation.

21. Can seasonal influenza vaccine be administered if other vaccines have been received recently?

You can administer seasonal influenza vaccine if other vaccines have been received recently. There is no interval of time needed between receiving seasonal influenza vaccine and any other vaccines.

22. Where can I get more information on seasonal influenza vaccine?

For more information on influenza vaccine, contact your local Public Health office. You may also check the following references:

- The Government of New Brunswick website at: http://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals.html;
- An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI) –Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine 2019-2020: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2019-2020.html
- Canadian Public Health Association: http://www.immunize.ca;

23. What is the billing process for practitioners?

- Physicians and Nurse Practitioners are to refer to the Physicians Manual for billing practices specific to 2019-2020 seasonal influenza immunization.
- Midwives are to refer to the Midwives' Medicare Billing Manual.
- Pharmacist claims are submitted as required under the New Brunswick Prescription Drug Program (NBPDP) Plan "I".