

Universal Influenza Immunization Program (UIIP) 2015-2016

Attention: Physicians, Nurse Practitioners, Long-Term Care Facilities, Rest & Retirement Homes, Walk-in Clinics, Hospitals, Infection Control Practitioners, Hospital Occupational Health Nurses, Hospital Pharmacies, Correctional Facilities, Participating Health Care Agencies, Participating UIIP Pharmacies

Date: October 6, 2015

When are publicly-funded Influenza vaccines expected to be available for pick-up from the SMDHU?

Any influenza vaccine distributed between October 13th – October 23rd is to be administered to those in the priority groups outlined on page 2 only. The general population can begin receiving their influenza vaccine starting the week of October 26th.

Who can order vaccine	Who Vaccine is for	Order By	Ready for Pick Up
<ul style="list-style-type: none"> • Primary care providers • Long Term Care Homes • Hospitals • Rest & Retirement Homes 	Only those included in the priority groups on page 2	Thursday October 8 th	Tuesday October 13 th
<ul style="list-style-type: none"> • Primary care providers • Long-Term Care Homes • Hospitals • Pharmacies • Nursing Agencies • Workplaces • All other agencies required to prequalify with the MOHLTC 	General population	Thursday October 22 nd	Tuesday October 27 th

Please note: we have changed the ordering deadlines for influenza vaccines. Only orders submitted on this year's influenza Vaccine Order Form attached to this Health Fax will be filled. While we will do our best to fill orders as requested, quantities and products included in your orders may have to be altered based on inventory available.

Unfortunately we do not have a way of tracking balances remaining that were not filled on previous orders. If you require additional vaccine beyond what you received in your order, you will need to submit another vaccine order along with your updated temperature logs.

If you have a special request, or are ordering larger than a 1-2 week supply of vaccine, please use the box at the bottom of the order form to provide additional details.

If you pick up vaccine at the **Barrie, Midland, Collingwood or Cookstown** offices → use the *Barrie - Influenza Vaccine Order Form* and fax orders to 705-792-3835.

If you pick up vaccine at our **Gravenhurst, Orillia or Huntsville** offices → use the *Gravenhurst – Influenza Vaccine Order Form* and fax orders to 705-684-9834.

All other vaccines need to be ordered as per our regular ordering timelines and on our standard *Vaccine Order Form*.

Influenza Immunization Recommendations for the 2015-2016 Season

The World Health Organization (WHO) has recommended trivalent influenza vaccines for the 2015-2016 influenza season, (northern hemisphere winter) contain the following:

- A/California/7/2009 (H1N1)pdm09-like virus
- A/Switzerland/9715293/2013 (H3N2)-like virus
- B/Phuket/3073/2013-like virus

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Brisbane/60/2008-like virus.

The National Advisory Committee for Immunization (NACI) Statement on Seasonal Influenza Vaccine for 2015-2016 can be found on the Public Health Agency of Canada website at: <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php#rec>

Who is eligible for publicly-funded influenza vaccine in Ontario for the 2015-2016 Season?

Influenza vaccine is recommended for everyone six months of age and older, providing they do not have a medical contraindication to receiving the vaccine.

As in previous years health care providers are to focus their initial influenza vaccine supply on those in the following **priority groups**:

Individuals at **high risk of influenza-related complications** and more likely to require hospitalization:

- Young children under five years of age (especially those younger than two years of age);
- Children (age 6 months to 18 years) with neurologic or neurodevelopmental conditions or undergoing treatment with acetylsalicylic acid for long periods;
- Adults 65 years of age and older;
- Individuals of any age who are residents in long-term care home (LTCH) or other chronic care facilities;
- Individuals with underlying health conditions (e.g., cardiac/pulmonary disorders, renal disease, morbid obesity, diabetes and cancer or weakened immune systems);
- Pregnant women; and
- Aboriginal Peoples.

Individuals **capable of transmitting influenza** to those at high risk:

- Health care workers;
- Household contacts of those at high risk; and
- Persons who provide child care to kids less than five years of age.

In addition, the ministry strongly recommends that **swine and poultry industry workers** receive influenza immunization as early as possible.

Pregnancy and Breastfeeding

Influenza vaccination is recommended for all pregnant women regardless of trimester and women who are breastfeeding. Live Attenuated Influenza vaccine (LAIV) known as Nasal Spray flu vaccine should not be used in pregnant women, as it is a live vaccine and is contraindicated in pregnancy.

Individuals with an Egg Allergy

NACI has concluded that egg-allergic individuals may be vaccinated against influenza using inactivated trivalent or quadrivalent influenza vaccine without a prior influenza vaccine skin test and with the full dose. The vaccine may be given in any setting where vaccines are routinely administered. However, immunizers administering the vaccine should be prepared for and have the necessary equipment to respond to a vaccine emergency at all times.

What are the publicly funded influenza vaccine products in Ontario for 2015-2016?

For the 2015/2016 UIIP, Ontario will offer quadrivalent influenza vaccines and trivalent influenza vaccine, for specific age groups:

	Agriflu[®] / Fluviral[®]	Influvac[®]	Fluad[®]	FluLaval Tetra[®] / Fluzone Quadrivalent[®]
Vaccine Formulation	Trivalent inactivated vaccine (TIV)	Trivalent inactivated vaccine (TIV)	Trivalent inactivated vaccine (adjuvanted) (TIV-adjuvanted)	Quadrivalent inactivated vaccine (QIV)
Dosage	0.5mL	0.5mL	0.5mL	0.5mL
Route of Administration	Intramuscular Injection	Intramuscular Injection	Intramuscular Injection	Intramuscular Injection
Age Indication	6 months and older*	18 years and older	65 years and older	6 months through 17 years
Potential Allergens	Agriflu: Fluviral: Egg protein^ Kanamycin Thimerosal Neomycin	Egg protein^ Chicken protein Gentamicin	Egg protein^ Chicken protein Kanamycin Neomycin	FluLaval: Fluzone: Egg protein^ Thimerosal
Package Description	Multi-dose vial	Single-dose syringe	Single-dose syringe	Multi-dose vial
Once punctured, discard vial after	28 days	n/a	n/a	FluLaval: 28 days Fluzone: expiry date on vial
Package Dimensions (L x W x H)	3cm x 3cm x 7cm	18.8cm x 15.2cm x 1.7cm	10.8cm x 10.2cm x 4.4cm	3cm x 3cm x 6cm

* Unless specifically requested the TIVs are primarily targeted to adults 18 years of age and older.

^ Egg allergy is not a contraindication to receiving inactivated influenza vaccines.

Specific Age Groups Eligible for the Publicly Funded Influenza Vaccine:

Age Group	Recommended Vaccine	Alternative Vaccine
6 months through 17 years	QIV	TIV [§] (if requested or if QIV is not available)
18 years and older	TIV	None
65 years and older who reside in LTCH	TIV-adjuvanted	TIV (if requested or if TIV-adjuvanted is not available)

[§] If giving TIV to someone less than 18 years of age, only Agriflu[®] and Fluviral[®] can be used as Influvac[®] is only indicated for 18+.

*Children less than nine years of age who are receiving seasonal influenza vaccine for the first time this year are to receive two doses of 0.5 ml, with a minimum interval of four weeks between the first and second dose. The second dose is not needed if the child has received one or more doses of the seasonal influenza vaccine during a previous influenza season. Ideally QIV is used for both doses to provide broader protection, and ideally the same product is used for both doses. However, if the same product is not available, any influenza vaccine can be given for the second dose.

To access the product monographs for the publicly funded influenza vaccine products, please visit the manufacturer websites:

Publicly Funded Influenza Vaccine	Influenza Vaccine Manufacturer	Manufacturer Web Link for Product Monograph
Influvac[®] (TIV)	BGP Pharma	www.abbott.ca
Agriflu[®] (TIV) Fluad[®] (TIV-adjuvanted)	Novartis Canada	www.novartis.ca
Fluviral[®] (TIV) FluLaval Tetra[®] (QIV)	GlaxoSmithKline Inc.	www.gsk.ca
Fluzone Quadrivalent[®] (QIV)	Sanofi Pasteur	www.sanofipasteur.ca

Where can the public access their flu shots this year?

- At their primary care provider's office
- At a pharmacy – most pharmacies have pharmacists that are certified to administer flu vaccine or they may host flu clinics. Encourage clients to check with their local pharmacy
Note: children under five years of age cannot be immunized by pharmacists.
- At a workplace clinic if offered through their employer
- At the health unit. We will be offering a limited number of appointments for families with children less than five years, for persons who do not have a HCP, and for those with no Ontario Health Card Number

The MOHLTC has a flu clinic locator tool which can be accessed from the Simcoe Muskoka District Health Unit (SMDHU) website, where people can locate all clinics and pharmacies offering flu vaccination.

Other Important Information When Ordering Influenza Vaccine

1. Each time you order influenza vaccine, you must submit by fax your temperature log sheet(s) for the previous four weeks. Temperature readings must be done and recorded in the log book twice a day every day. These temperature log sheets are reviewed by the SMDHU prior to vaccine being released.

Note for facilities that were required to prequalify: After your fridge inspection, the health unit will require five consecutive days of BID fridge temperatures that must be between 2-8°C before your initial order can be filled.

2. **We require that all providers only stock a one to two week supply of influenza vaccine.** This is in order to prevent large amounts of vaccine wastage as a result of a power outage or fridge malfunction.
3. In the event of a cold chain failure please report to the health unit immediately at 705-721-7520 ext. 8806.
4. If returning influenza vaccine to the health unit, please complete the attached Vaccine Return Form and submit with the vaccine being returned.
5. Syringes/needles, and separate needles are **not** supplied with influenza vaccines. Please ensure you have a stock of appropriate sized syringes (3cc) and needles (25-gauge 1-inch and 25-gauge 1 ½ inch needles). Prefilled syringes do not come with needle tips.

We are still awaiting direction from the MOHLTC about this year's reporting requirements for Hospitals, LTCHs, pharmacies and the vaccine utilization reports and invoices. We will post these forms to our website as soon as they are available.

For more information, support materials and forms refer to the following websites:

- www.smdhu.org/pcportal – for information for primary care providers
- www.smdhu.org/JFY/HealthProfessionals - for information for LTCH, Retirement Homes & Hospitals
- <http://www.ontario.ca/flu> - Ministry of Health and Long-Term Care Universal Influenza Immunization Program

Reporting of Adverse Events

The attached *Adverse Event Following Immunization (AEFI)* form must be filled out and faxed back to the Vaccine Preventable Disease team for follow-up immediately following an unexpected adverse event:

Fax #: 705-726-3962.

If you have any questions regarding the vaccine ordering process please contact the Vaccine Preventable Disease Program at 705-721-7520 or toll free at 1-877-721-7520 ext. 8808.

Facility Name: _____ Phone #: _____ Facility Fax #: _____

Facility Contact: _____ # of Fridges: _____ Type: Bar Domestic Purpose Built Other

- Place orders by **3pm Tuesday** for pick up the following **Tuesday morning**
- Orders must include the **previous 4 week** temperature log
- Order no more than a **1 – 2 week** supply
- Vaccine order inquiries 1-877-721-7520 ext. **8808**
- For **URGENT** requests due to **UNEXPECTED** demands, provide details below
- Include current Influenza vaccine inventory
- Coolers must be between 2 - 8 °C for vaccine to be released

Premise Type:				
<input type="checkbox"/> Physician Office	<input type="checkbox"/> Retirement Home	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Workplace	<input type="checkbox"/> Nursing Agency
<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-term care home	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Community Health Ctr	<input type="checkbox"/> Other
Based on Ministry's distribution and supply of vaccine, the health unit cannot guarantee the amount or type of vaccine released to facilities, therefore HCPs should be prepared with appropriate supplies.				
Influenza Vaccines	Current Influenza Vaccine Stock in your fridge (# of Doses)	Requested Influenza Vaccine (# of Doses)		
TIV* - Fluviral/Agriflu - Multi dose vial - 10 doses <ul style="list-style-type: none"> • Intended for those 18 yrs+ • Can be given to those 6 mths – 17 yrs if no QIV or if requested 				
QIV* - FluLaval/Fluzone - Multi dose vial - 10 doses <ul style="list-style-type: none"> • Only for those 6 mths through 17 yrs 				
Influvac - Preloaded syringe /10 doses per box <ul style="list-style-type: none"> • Indicated for those 18 yrs+ only 				
Fluad - Preloaded syringe /10 doses per box <ul style="list-style-type: none"> • For LTC residents ≥65 yrs only 				
*TIV = Trivalent Influenza Vaccine (protects against 2 strains of A and 1 strain of B) *QIV = Quadrivalent Influenza Vaccine (protects against 2 strains of A and 2 strains of B) QIV is the preferred vaccine for those 6 months through 17 years of age. However, TIV can be given to this group if TIV is requested if QIV is n/a				
For high volume scheduled influenza clinic(s) or urgent influenza orders, please provide details.				

Location to be picked up (please check):
 Barrie Collingwood Cookstown Midland

VIM Order # (for office use only): _____

2015-09-29

Confidentiality Notice:
 The contents of the document(s) accompanying this facsimile transmission are confidential and intended only for use by the individual(s) named above. It may contain information that is privileged, confidential, or otherwise protected from disclosure. Any review, dissemination or use of this transmission or its contents by persons other than the addressee is strictly prohibited.

Facility Name: _____ Phone #: _____ Facility Fax #: _____

Facility Contact: _____ # of Fridges: _____ Type: Bar Domestic Purpose Built Other

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- Include current Influenza vaccine inventory
- Coolers must be between 2 - 8 °C for vaccine to be released

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<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-term care home	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Community Health Ctr	<input type="checkbox"/> Other
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For high volume scheduled influenza clinic(s) or urgent influenza orders, please provide details.				

Location to be picked up (please check):
 Gravenhurst Huntsville Orillia

VIM Order # (for office use only): _____

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VACCINE RETURN FORM

Facility: _____

Phone #: _____

Date: _____

Vaccine	Lot #	Expiration Date	# of Doses	Reason for Return (*See codes below)

EX = Expired

DI = Discontinued Product

CC = Exposed to temperatures outside of +2°C to +8°C

DP = Damaged Product

Reasons:

FC = Facility Closure

Emergency/Natural disaster

RP = Recalled Product

Human Error

Malfunction: Refrigerator/Freezer/Equipment

SV = Suspected Vaccine Contamination

Power Outage

Temperature Breached in Transit

DE = Defective Product

REPORT OF ADVERSE EVENT FOLLOWING IMMUNIZATION (AEFI)

Case ID
(for local use only)

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When completed, please send the form to your local Public Health Unit by a secure means.

1. CLIENT INFORMATION

Client last name	Given name(s)	Ontario Health Card #	Date of Birth (yyyy/mm/dd)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/guardian last name	Parent/guardian first name	Telephone no.		
Address		City	Postal Code	
Event reported by		Relationship with case		
Reporting source contact information (If different from above)			Date of report (yyyy/mm/dd)	
Form completed by		Contact information (if different from above)		

2. IMMUNIZATION INFORMATION

Date / time (yyyy/mm/dd)	Agent/vaccine given	Manufacturer	Lot #	Exp. date (yyyy/mm/dd)	Dose #	Dosage/unit	Site	Route

Immunization error <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes* <small>*Describe in Section 4</small>	Previous history of AEFI <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes* <small>*Describe in Section 4</small>	Vaccine administered by
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3. ADVERSE EVENT (REACTION) INFORMATION

Report only events which cannot be attributed to co-existing conditions. Reactions marked with an asterisk (*) must be diagnosed by a physician. Record the **time to onset of the event** (time between vaccine administration and onset of each event) and the **duration** of each event in **minutes or hours or days**. If the interval / duration is less than one hour record in minutes, if less than 24 hours record in hours, if greater than or equal to 24 hours record in days.

LOCAL REACTION AT THE INJECTION SITE <input type="checkbox"/> Pain/redness/swelling extending past nearest joint <input type="checkbox"/> Pain/redness/swelling lasting <u>4 days or more</u> <input type="checkbox"/> Infected abscess* <input type="checkbox"/> Sterile abscess* <input type="checkbox"/> Nodule <input type="checkbox"/> Cellulitis*	Time to onset of event (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)	ALLERGIC REACTIONS <input type="checkbox"/> Event managed as anaphylaxis <input type="checkbox"/> Oculorespiratory syndrome (ORS) <input type="checkbox"/> Allergic reaction - skin (E.g. hives)	Time to onset (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)
	Time to onset of event (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)	NEUROLOGIC EVENTS <input type="checkbox"/> Convulsions / seizure <input type="checkbox"/> Encephalopathy / encephalitis* <input type="checkbox"/> Meningitis* <input type="checkbox"/> Anaesthesia / paraesthesia* <input type="checkbox"/> Paralysis* <input type="checkbox"/> Bell's Palsy* <input type="checkbox"/> Guillian-Barré Syndrome (GBS)* <input type="checkbox"/> Myelitis*/acute disseminated encephalomyelitis*	Time to onset (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)
SYSTEMIC REACTIONS <input type="checkbox"/> Fever greater than 38.0 °C (Only reportable in conjunction with another event) <input type="checkbox"/> Rash <input type="checkbox"/> Adenopathy / lymphadenopathy* <input type="checkbox"/> Hypotonic-hyporesponsive episode (HHE)* <input type="checkbox"/> Persistent crying / screaming <input type="checkbox"/> Severe vomiting / diarrhea (3 episodes/24 hours) <input type="checkbox"/> Parotitis*	Time to onset of event (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)	OTHER EVENTS OF INTEREST <input type="checkbox"/> Thrombocytopenia* <input type="checkbox"/> Arthritis / arthralgia* <input type="checkbox"/> Intussusception* <input type="checkbox"/> Syncope (fainting) with injury <input type="checkbox"/> Other severe / unusual events	Time to onset (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)

4. COMMENTS FURTHER DESCRIBING THE ADVERSE EVENT(S)

Please provide a detailed description of the event including all signs and symptoms, medical history (e.g. immunocompromised, underlying conditions), concomitant medications, investigation, treatment, hospitalization details as well as description of previous history of AEFI or immunization error if indicated in Section 2.

5. OUTCOME

To be updated by the Health Unit when the event is resolved or when the case investigation is complete.

Medical consultation (non-urgent) Yes No
Date of medical consultation (yyyy/mm/dd)

Seen in emergency department Yes No
Date seen in emergency department (yyyy/mm/dd)

Admitted to hospital because of reaction Yes No
Hospital admission date (yyyy/mm/dd)
Hospital discharge date (yyyy/mm/dd)
Hospital name

Recovered Not yet recovered (describe below) Permanent disability / incapacity (describe below) Unknown Death (describe below) Date of outcome (yyyy/mm/dd)

6. MEDICAL OFFICER OF HEALTH (MOH) RECOMMENDATIONS

For Public Health Unit use only. To be completed by the MOH or designate.

Check all the apply

- No change to immunization schedule
- Active follow-up for AEFI recurrence after next vaccine
- Controlled setting for next immunization
- Determine protective antibody levels
- Expert referral (Specify)
- Do not vaccinate again unless circumstances strongly warrant use
- No further immunization (Specify)
- Other (Specify)

MOH recommendation comments

Medical Officer of Health (MOH) or Designate

Name

Signature

Date (yyyy/mm/dd)

The personal health information provided on this form is collected under the authority of the *Health Protection and Promotion Act, s.7*, and *s.38(1)(3)* and *O. Reg 569 s.7(1)*. The personal health information is used to signal adverse events that may require more in-depth investigation and to ensure the continued safety of vaccines on the Canadian market by monitoring adverse events following immunization with vaccines. The information collected may be shared with the Public Health Agency of Canada. If you have questions about the collection of this personal health information please contact your local public health unit.