simcoe muskoka
DISTRICT HEALTH UNIT

HealthFAX

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Influenza Vaccine FAQs #1

Attention: All Physicians, Nurse Practitioners, Family Health Teams, Walk-In Clinics, Emergency Departments, Infection Control Practitioners, Hospital ICPs, Hospital Occupational Health, Midwives, NSM LHIN, Central LHIN, Post-Secondary Institutions, Long Term Care Homes, Rest and Retirement Homes, Hospital Pharmacies, Participating Health Care Agencies, Participating UIIP Pharmacies, Correctional Facilities

Date: November 2, 2015

As the influenza immunization season begins, below are some FAQs posed by health care practitioners.

1. Last season's influenza vaccine was not effective. Is it going to be the same story this season?

Unfortunately, it is impossible to know with certainty the effectiveness of the vaccine in advance of the season arriving. The most important thing we can do is to be immunized as soon as feasible to get a full season's protection. We know that the influenza vaccine overall has an effectiveness of up to 60%. The effectiveness is lower in the elderly, those who have medical conditions, and for Influenza A H3 strains (last season's dominant strain). Every season's influenza vaccine's effectiveness is based on a number of factors that include:

- How well do the circulating influenza strains match the vaccine strains?
- Have the circulating strains mutated/drifted to cause a mismatch to the vaccine strain such as last year with the H3N2 strain?
- Have the vaccine strains mutated during the vaccine production process from the time the strains are chosen in February?

Unfortunately, last season's influenza vaccine was not effective, but this was a very unusual occurrence. Although we do not know for certain, for the upcoming season we expect an overall effectiveness of about 40 to 60%. The most important factor this year will be whether the H3N2 strain will be dominant again. If it is, the current surveillance data suggest that there is a good likelihood that a mismatch may occur again, but likely not as ineffective as last season. There is also the possibility of a mixed season where Influenza B and A H1N1 may be important circulating strains which would diminish the negative effect of the H3N2 strain. Only time will tell.

2. I heard Flumist® is more effective for children between the ages of 2 and 5 years-old. I have also heard there is a shortage of it. Should I be immunizing all in this age group with Flumist® instead of the injectable vaccine?

Flumist®, a live-attenuated quadrivalent vaccine is indeed more effective and preferred for children between the ages of 2 and 5 years-old who do not have any contraindications to Flumist®. It is publicly funded for those up to 17 years of age. It continues to be available in limited supply and therefore we are asking that you continue to only give this vaccine to 2-5 year olds. At this time, we have had no indication that Ontario's original order of Flumist® will be affected by the shortage in the US. We anticipate receiving the bulk of our allocation in mid-November. A communication will be sent to HCPs once more is available and it can be given to children aged 5 – 17 years**. It is important that everyone receive their flu vaccine as soon as they are able to, children included. If you do not have Flumist® available in your office, we recommend you give the injectable quadrivalent influenza vaccine (Fluzone® Quadrivalent or FluLavel® Tetra) to ensure that children receive their influenza vaccine in a timely fashion.**