

Universal Influenza Immunization Program (UIIP) 2016-2017

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: September 30, 2016

Influenza Immunization Recommendations for the 2016-2017 Season

The World Health Organization (WHO) has recommended trivalent influenza vaccines for the 2016-2017 influenza season, (northern hemisphere winter) containing the following:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus;
- a B/Brisbane/60/2008-like virus.

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses as well as a B/Phuket/3073/2013-like virus.

The National Advisory Committee for Immunization (NACI) Statement on Seasonal Influenza Vaccine for 2016-2017 can be found on the Public Health Agency of Canada website at: <http://www.phac-aspc.gc.ca/naci-ccni/assets/pdf/flu-2016-grippe-eng.pdf>

Vaccine Ordering Information

Only Influenza vaccine orders that are submitted on this year's Influenza Vaccine Order Form (see attached) will be filled. Be sure to choose the appropriate form based on which health unit office you pick up vaccine from.

Primary care providers, hospitals and long term care homes (LTCH) – orders received by Tuesday October 4th at 3pm will be ready for pick-up Tuesday October 11th. This vaccine is only initially to be administered to those who meet the following high risk criteria:

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

- Young children under five years of age (especially those younger than two years of age);
- Children and adolescents (six months to 18 years) undergoing treatment with acetylsalicylic acid for long periods;
- Adults 65 years of age and older;
- Individuals with neurologic or neurodevelopmental conditions;
- Individuals of any age who are residents in a long-term care home 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
- Indigenous 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, influenza vaccine is strongly recommended for individuals that work in the swine and poultry industry.

Pharmacies, other health care agencies (i.e. nursing agencies, workplaces) – orders received by Tuesday October 18th at 3pm will be ready for pick-up Tuesday October 25th.

Influenza vaccine can be administered to the general public by all providers above as soon as the Minister of Health announces the launch of the annual UIIP.

Note to LTCH re: Flud@ Delay: Ontario has been informed by Novartis that there is a delay on the delivery of Flud@. Health units are not expected to receive their full supply of this vaccine until late October. Given this delay, LTCH's may consider use of trivalent inactivated influenza vaccine (non-adjuvant) for residents aged 65 and older. Please note, NACI concludes there is insufficient evidence to make a recommendation for the preferential use of Flud@ over other TIV products (e.g., Fluviral@ or Agriflu@).

Please keep in mind that if you were required to prequalify for vaccine, and recently had your fridge inspection, the health unit will require five consecutive days of twice daily fridge temperatures that must be between 2-8°C before your initial order can be filled.

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.

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. Health unit staff may adjust orders taking into account your current inventory, the size of your vaccine fridge and current vaccine supply.

If there is a reason you are ordering a large amount of vaccine (i.e. you have a clinic booked), please note this on the order form so that staff can take this into account when reviewing your order.

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.

Pregnancy and Breastfeeding

Influenza vaccination is recommended for all pregnant women regardless of trimester and women who are breastfeeding. However, one form of the influenza vaccine, namely the live attenuated Influenza vaccine (LAIV) which is available as **Flumist (nasal spray) should not be used in pregnant women** as it is a live vaccine and is contraindicated in pregnancy.

Individuals with an Egg Allergy

In recent years, NACI has recommended that egg-allergic individuals be vaccinated against influenza using inactivated trivalent or quadrivalent influenza vaccine without a prior influenza vaccine skin test and with the full dose. However, they recommended against use of LAIV in egg allergic individuals due to limited data.

All influenza vaccine products authorized for use in Canada are manufactured from the influenza virus grown in chicken eggs, which may result in the vaccines containing trace amounts of residual egg protein. The formulation of LAIV licensed for use in Canada contains a low amount of residual ovalbumin (<0.24 µg/dose) (Written communication from AstraZeneca), which is comparable to the amounts in inactivated influenza vaccines available for use in Canada. After careful review of recently published studies, NACI concludes that egg allergic individuals may be vaccinated against influenza using the low ovalbumin-containing live attenuated influenza vaccine (LAIV) licensed for use in Canada.

What are the publicly funded influenza vaccine products in Ontario for 2016-2017?

	Agriflu® / Fluviral®	Influvac®	Fluad®	FluLaval Tetra®/ Fluzone® Quadrivalent	Fluzone® Quadrivalent	Flumist® Quadrivalent
Influenza Vaccine Formulation	Trivalent inactivated vaccine (TIV)	Trivalent inactivated vaccine (TIV)	Trivalent inactivated vaccine (adjuvanted) (TIV-adjuvanted)	Quadrivalent inactivated vaccine (QIV)	Quadrivalent inactivated vaccine (QIV)	Quadrivalent live attenuated vaccine (Q-LAIV)
Dosage	0.5mL	0.5mL	0.5mL	0.5mL	0.5mL	0.2mL (0.1mL in each nostril)
Route of Administration	Intramuscular Injection	Intramuscular Injection	Intramuscular Injection	Intramuscular Injection	Intramuscular Injection	Intranasal spray
Eligibility (see "Vaccines for Specific Age Groups" below)	6 months and older*	18 years and older	65 years and older who reside in long-term care homes	6 months through 17 years	6 months through 17 years	2 through 17 years**
Potential Allergens	Agriflu: Egg protein^ Kanamycin Neomycin Thimerosal Fluviral: Egg protein^ Thimerosal	Egg protein^ Chicken protein Gentamicin	Egg protein^ Chicken protein Kanamycin Neomycin	FluLaval: Egg protein^ Thimerosal Fluzone: Egg protein^ Thimerosal	Egg protein^	Arginine Egg protein^ Gelatin Gentamicin
Package Description	Multi-dose vial	Single dose syringe	Single dose syringe	Multi-dose vial	Single dose syringe [‡]	Single dose nasal spray
Once Punctured, Discard Vial After	28 days	n/a	n/a	FluLaval: 28 days Fluzone: expiry date indicated on vial	n/a	n/a
Package Dimensions (length x width x height)	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	10.4cm x 8.9cm x 3.8cm	10.6cm x 17.6cm x 2.9cm

Notes:

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

** NACI has removed the preferential recommendation for the use of Q-LAIV in children 2 to under 6 years of age.

^ NACI has concluded that egg allergic individuals may be vaccinated against influenza using live attenuated influenza vaccine (see ADDENDUM – LAIV Use in Egg Allergic Individuals-Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2016-2017).

‡ Nominal supply of thimerosal free, single-dose prefilled syringe of Fluzone Quadrivalent vaccine is available for children aged 6 months to 17 years who have known thimerosal allergies.

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.

To access product monographs for the publicly funded influenza vaccine products, visit the Health Canada – Drug Product Database Online Query website and enter the product name to search:

<http://webprod5.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp>

VACCINES FOR SPECIFIC AGE GROUPS

Age Group	Recommended Vaccine	Alternative Vaccine
6 through 23 months	QIV	TIV [§] (if requested or if QIV is not available)
2 through 17 years	QIV or Q-LAIV	TIV [§] (if requested or if QIV or Q-LAIV is not available)
18 years and older	TIV	None
65 years and older who reside in long-term care homes	TIV-adjuvanted	TIV (if requested or if TIV-adjuvanted is not available)

[§] TIV-Only Agriflu[®] and Fluviral[®] can be used to immunize individuals under 18 years of age.

*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 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.

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 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.

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

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.

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.

If you are calling to report a Cold Chain Failure, or have any questions regarding influenza vaccines please contact the Vaccine Preventable Disease Program at 705-721-7520 or toll free at 1-877-721-7520 ext. 8806.

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.
For more information about AEFI reporting in Ontario visit the [Public Health Ontario](#) website.

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)
	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 (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)
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)	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 event 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 recommendation
- No change to immunization schedule
- Determine protective antibody levels (Specify)
- Active follow-up for AEFI recurrence after next vaccine
- Controlled setting for next immunization
- Expert referral (Specify)
- No further immunization (Contraindication or series complete - 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.

Date: _____

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 # of Doses in your fridge	Requested # of Doses
TIV* - Fluviral/Agriflu – 10 dose vial • Intended for those 18 yrs+ • Can be given to those 6 mths – 17 yrs if no QIV or if requested		
QIV* - FluLaval/Fluzone – 10 dose vial • Only publicly funded for those 6 mths through 17 yrs		
Q-LAIV* – Flumist Quadrivalent – prefilled nasal sprayer • Only publicly funded for those 2 through 17 yrs		
Influvac - Preloaded syringe /10 doses per box • Indicated for those 18 yrs+ only		
Fluad - Preloaded syringe /10 doses per box • For LTCH residents ≥65 yrs only		

*TIV = Trivalent Influenza Vaccine; protects against 2 A strains & 1 B strain
 *QIV = Quadrivalent Influenza Vaccine; protects against 2 A strains & 2 B strains
 *Q-LAIV = Quadrivalent Live Attenuated Influenza Vaccine; protects against 2 A strains & 2 B strains

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): _____

2016-09-28

Date: _____

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
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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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QIV* - FluLaval/Fluzone – 10 dose vial				
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Fluad - Preloaded syringe /10 doses per box				
<ul style="list-style-type: none"> • For LTCH residents ≥65 yrs only 				
*TIV = Trivalent Influenza Vaccine; protects against 2 A strains & 1 B strain				
*QIV = Quadrivalent Influenza Vaccine; protects against 2 A strains & 2 B strains				
*Q-LAIV = Quadrivalent Live Attenuated Influenza Vaccine; protects against 2 A strains & 2 B strains				
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): _____

2016-09-26

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