

## Universal Influenza Immunization Program (UIIP) 2017-2018

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

**Date:** September 28, 2017

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### Influenza Immunization Recommendations for the 2017-2018 Season

The World Health Organization (WHO) has recommended trivalent influenza vaccines for the 2017-2018 influenza season, (northern hemisphere winter) containing the following:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus; and
- a B/Brisbane/60/2008-like virus.

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

The National Advisory Committee for Immunization (NACI) Statement on Seasonal Influenza Vaccine for 2017-2018 can be found on the Public Health Agency of Canada website at: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2017-2018.html>

### 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 3<sup>rd</sup>, 2017 at 3pm will be ready for pick-up Tuesday October 10<sup>th</sup>.**

### 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 which includes:

- o All pregnant women
- o People who are residents of LTCH or other chronic care facilities
- o People ≥65 years of age
- o All children 6-59 months of age
- o Indigenous peoples
- o Adults or children with chronic health conditions as follows:
  - cardiac or pulmonary disorders
  - diabetes mellitus or other metabolic disease
  - cancer
  - conditions which compromise the immune system
  - renal disease
  - anemia or hemoglobinopathy
  - neurologic or neurodevelopmental conditions
  - morbid obesity (body mass index of ≥40)
  - children and adolescents (6 months to 18 years) undergoing treatment with acetylsalicylic acid for long periods

Individuals capable of transmitting influenza to those at high risk which includes:

- o Health care workers and other care providers in facilities and community settings
- o Household contacts (adults and children) of individuals at high risk of influenza related complications
- o Persons who provide care to children ≤59 months of age.
- o Those who provide services within a closed / relatively closed setting to persons at high risk (e.g., crew on a ship)

In addition, influenza vaccine is strongly recommended for individuals that work in the swine and poultry industry.

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 - Flud® is no longer publicly funded for those 65+ living in LTCH** – regular trivalent inactivated influenza vaccine is publicly funded for all LTCH residents. NACI concludes there is insufficient evidence to make a recommendation for the preferential use of Flud® over other TIV products (i.e. Fluviral® or Influvac®).

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.

All providers are only to stock a one to two week supply of influenza vaccine. This is to prevent large amounts of vaccine wastage as a result of a power outage or fridge malfunction. The package sizes of some products may also impact fridge space. 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, 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**

NACI has concluded that egg-allergic individuals without other contraindications may be vaccinated against influenza using with any influenza vaccine product without a prior influenza vaccine skin test and with the full dose.

### What are the publicly funded influenza vaccine products in Ontario for 2017-2018?

Vaccine	Trivalent Inactivated Vaccines (TIVs)		Quadrivalent Inactivated Vaccines (QIVs)		Quadrivalent Live Attenuated Vaccine (Q-LAIV)
	Fluviral®	Influvac®	FluLaval Tetra®	Fluzone® Quadrivalent	Flumist® Quadrivalent
<b>Dosage</b>	0.5mL	0.5mL	0.5mL	0.5mL	0.2mL (0.1mL in each nostril)
<b>Format</b>	Multi-dose vial	Pre-filled syringes	Multi-dose vial	Multi-dose vial & Pre-filled syringes	Pre-filled single use sprayer
<b>Route of Administration</b>	Intramuscular Injection	Intramuscular Injection	Intramuscular Injection	Intramuscular Injection	Intranasal spray
<b>Potential Allergens</b>	Egg protein <sup>^</sup> Formaldehyde Thimerosal	Egg protein <sup>^</sup> Chicken protein Formaldehyde Gentamicin	Egg protein <sup>^</sup> Formaldehyde Thimerosal	Multi-dose: Egg Protein <sup>^</sup> Formaldehyde Thimerosal  Pre-filled syringe: Egg Protein <sup>^</sup> Formaldehyde	Arginine Egg protein <sup>^</sup> Gelatin Gentamicin
<b>Package Description</b>	Multi-dose vial	Single dose syringe	Multi-dose vial	Single dose syringe <sup>±</sup>	Single dose nasal spray
<b>Once Punctured, Discard Vial After</b>	28 days	n/a	<b>FluLaval:</b> 28 days <b>Fluzone:</b> expiry date on vial (even if punctured)	n/a	n/a

#### Notes:

<sup>^</sup> NACI has concluded that egg allergic individuals may be vaccinated against influenza using any influenza vaccine (Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2017-2018).

Age Group	Recommended Vaccine					Alternative Vaccine (if requested or if recommended vaccine is not available)				
	TIV		QIV		Q-LAIV	TIV		QIV		Q-LAIV
	Influvac	Fluviral	FluLaval	Fluzone	Flumist	Influvac	Fluviral	FluLaval	Fluzone	Flumist
6 to 23 months			✓	✓			✓			
2 to 17 years			✓	✓	✓	✓	✓			
≥18 years	✓	✓				(≥ 3 years)				

Note: NACI has not identified any preference among TIV and QIV products.

\*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.

<b>Recommended needle gauge and length for vaccine recipient: Intramuscular Injections (IM)</b>		
<b>Vaccine Recipient</b>	<b>Infants, Toddlers and Older children</b>	<b>Adolescents and Adults</b>
<b>Recommended needle gauge</b>	22-25	22-25
<b>Recommended needle length</b>	7/8 – 1 inch	1 -1 ½ inch

Please ensure you have a stock of appropriate sized syringes and needles. Pre-filled 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>

#### **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](http://www.smdhu.org/pcportal)
- <http://www.ontario.ca/flu>

For those who were required to prequalify for the 2017/2018 UIIP, (health care agencies, retirement homes, workplaces, educational institutions, shelters, private hospitals, paramedics, etc.) please refer to the MOHLTC's UIIP website below for information on reporting requirements for **reimbursable** and **non-reimbursable** influenza immunization clinics. <http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/uiip/prequalification.aspx>

NOTE: completed forms are now to be sent directly to [uiip.moh@ontario.ca](mailto:uiip.moh@ontario.ca) rather than to the health unit.

#### **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.

<b>LOCAL REACTION AT THE INJECTION SITE</b> <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 Duration of event (Specify minutes or hours or days)	<b>ALLERGIC REACTIONS</b> <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 Duration of event (Specify minutes or hours or days)
	Time to onset Duration of event (Specify minutes or hours or days)	<b>NEUROLOGIC EVENTS</b> <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 Duration of event (Specify minutes, hours or days)
<b>SYSTEMIC REACTIONS</b> <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 Duration of event (Specify minutes or hours or days)	<b>OTHER EVENTS OF INTEREST</b> <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 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) <input type="checkbox"/> Yes <input type="checkbox"/> No	Seen in emergency department <input type="checkbox"/> Yes <input type="checkbox"/> No	Admitted to hospital because of event <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of medical consultation (yyyy/mm/dd)	Date seen in emergency department (yyyy/mm/dd)	Hospital admission date (yyyy/mm/dd)
		Hospital discharge date (yyyy/mm/dd)
		Hospital name
<input type="checkbox"/> Recovered	<input type="checkbox"/> Not yet recovered (describe below)	<input type="checkbox"/> Permanent disability / incapacity (describe below)
		<input type="checkbox"/> Unknown <input type="checkbox"/> 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.

<p>Check all the apply</p> <p><input type="checkbox"/> No recommendation</p> <p><input type="checkbox"/> No change to immunization schedule</p> <p><input type="checkbox"/> Determine protective antibody levels (Specify)</p> <p><input type="checkbox"/> Active follow-up for AEFI recurrence after next vaccine</p> <p><input type="checkbox"/> Controlled setting for next immunization</p> <p><input type="checkbox"/> Expert referral (Specify)</p> <p><input type="checkbox"/> No further immunization (Contraindication or series complete - specify)</p> <p><input type="checkbox"/> Other (Specify)</p>	<p>MOH recommendation comments</p>          <p><b>Medical Officer of Health (MOH) or Designate</b></p> <p>Name _____ Signature _____ Date (yyyy/mm/dd) _____</p>
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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

- 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
<b>TIV - Fluviral (multi dose vials)</b> • Publicly funded for those 18 years and over • Can be given to those 6 months – 17 years if no QIV or if requested		
<b>TIV - Influvac (pre-loaded syringes / 10 doses per box)</b> • Publicly funded for those 18 years and over		
<b>QIV - FluLaval/Fluzone (multi dose vial or pre-loaded syringes)</b> • Publicly funded for those 6 months through 17 years		
<b>Q-LAIV – Flumist Quadrivalent – prefilled nasal sprayer</b> • Publicly funded for those 2 years through 17 years		

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): \_\_\_\_\_

2017-09

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
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- Vaccine order inquiries 1-877-721-7520 ext. 8808
- For **URGENT** requests due to **UNEXPECTED** demands, provide details below
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<b>Premise Type:</b>				
<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
<b>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.</b>				
<b>Influenza Vaccines</b>		<b>Current # of Doses in your fridge</b>	<b>Requested # of Doses</b>	
<b>TIV - Fluviral (multi dose vials)</b>				
<ul style="list-style-type: none"> <li>• Publicly funded for those 18 yrs and over</li> <li>• Can be given to those 6 months – 17 years if no QIV or if requested</li> </ul>				
<b>TIV - Influvac (pre-loaded syringes / 10 doses per box)</b>				
<ul style="list-style-type: none"> <li>• Publicly funded for those 18 yrs and over</li> </ul>				
<b>QIV - FluLaval/Fluzone (multi dose vial or pre-loaded syringes)</b>				
<ul style="list-style-type: none"> <li>• Publicly funded for those 6 months through 17 years</li> </ul>				
<b>Q-LAIV – Flumist Quadrivalent – prefilled nasal sprayer</b>				
<ul style="list-style-type: none"> <li>• Publicly funded for those 2 years through 17 years</li> </ul>				
<small>*TIV = Trivalent Influenza Vaccine; protects against 2 A strains &amp; 1 B strain            *QIV = Quadrivalent Influenza Vaccine; protects against 2 A strains &amp; 2 B strains            *Q-LAIV = Quadrivalent Live Attenuated Influenza Vaccine; protects against 2 A strains &amp; 2 B strains</small>				
<b>For high volume scheduled influenza clinic(s) or urgent influenza orders, please provide details.</b>				

Location to be picked up (please check):

- Gravenhurst       Huntsville       Orillia

VIM Order # (for office use only): \_\_\_\_\_

2017-09

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