simcoe muskoka
DISTRICT HEALTH UNIT

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Your Health Connection

HealthFAX

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Universal Influenza Immunization Program (UIIP) 2014-2015

Attention: Physicians, Nurse Practitioners, Long-Term Care Facilities, Rest & Retirement Homes, Walk-in Clinics, Hospitals, Infection Control Practitioners, Community Care Access Centres, Correctional Facilities, Waypoint Centre for Mental Health Care and Participating Health Care Agencies

Date: September 30, 2014

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

Health care providers can begin ordering flu vaccine now using the Influenza Vaccine Order form on page 5. **Influenza vaccine orders for high risk clients (as per the table on page 2) will be available for pick up starting October 8, 2014.** Vaccine Orders for the general population can be picked up starting October 23rd.

Influenza Immunization Recommendations for the 2014-2015 Season
The World Health Organization (WHO) has recommended trivalent influenza vaccines for the 2014-2015 influenza season (northern hemisphere winter) containing the following:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Texas/50/2012 (H3N2)-like virus;
- a B/Massachusetts/2/2012-like virus.

There have been **four** National Advisory Committee for Immunization (NACI) Statements published this year with recommendations for the 2014-2015 season:

- An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI) Statement on Seasonal Influenza Vaccine for 2014-2015.
- *Influenza Vaccine Effectiveness, Immunogenicity, and Safety in Healthy Adults 19-64 Years Old: HP40-115/2014E-PDF*
- *Literature Review on Influenza Vaccination in Healthy 5-18 Year Olds*
- *Literature Review on Quadrivalent Influenza Vaccines*

These documents can be found on the Public Health Agency of Canada website at: http *http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php#rec*

What are the publicly funded influenza vaccine products in Ontario for 2014-2015?

Vaccine Products	**Vaxigrip®** - manufactured by Sanofi Pasteur (10 dose vial)
	Agriflu® - manufactured by Novartis (single dose prefilled syringe)
	Fluad® - manufactured by Novartis **(for Long Term Care Residents ≥ 65 yrs)**
	Fluviral® - manufactured by GlaxoSmithKline (10 dose vial)
	Fluzone® - manufactured by Sanofi Pasteur (10 dose vial)

- All 5 publicly funded vaccine products are latex free.
- Vaxigrip®, Agriflu®, and Fluad® contain trace amounts of neomycin. Agriflu® & Fluad® also contain trace amounts of Kanamycin.
- Vaxigrip® is provided in a multi-dose format (10 doses/vial) (therefore contains trace amount of thimerosal as a preservative) and must be discarded 7 days after puncturing the vial.
- Fluviral® and Fluzone® are also provided in a multi-dose format (therefore contain trace amount of thimerosal as a preservative) and must be discarded 28 days after puncturing the vial.
- Agriflu® and Fluad® are provided in single dose pre-filled glass syringes and do not contain thimerosal.

***For detailed information on each of the vaccine products, refer to their product monographs.
***Flumist® (nasal delivery), Influvac® (single use, thimerosal free), and Intanza® (intradermal delivery) are not publicly funded through the UIIP for the 2014-2015 season.

Although not publicly funded, note that NACI recommends Flumist as the preferred influenza vaccine for children between the ages of 2 and 5 due to its increased effectiveness in this age group. For more information on Flumist indications, administration and contraindications, go to http://www.cdc.gov/flu/about/qa/nasalspray.htm

Who is eligible for publicly-funded influenza vaccine in Ontario 2014-2015?

Influenza vaccine is recommended for everyone 6 months of age and older. Immunization with influenza vaccine is **not** recommended for infants less than 6 months of age.

Influenza vaccination is particularly recommended for the **High Risk groups**:

People at high risk of influenza-related complications or hospitalization

- Adults (including pregnant women) and children with the following 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;
  - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration;
  - morbid obesity (BMI≥40)(114); and
  - children and adolescents (age 6 months to 18 years) with conditions treated for long periods with acetylsalicylic acid, because of the potential increase of Reye's syndrome associated with influenza.
- People of any age who are residents of nursing homes and other chronic care facilities.
- People ≥65 years of age.
- All children 6 to 59 months of age.
- Healthy pregnant women (the risk of influenza-related hospitalization increases with length of gestation, i.e. it is higher in the third than in the second trimester)
- Aboriginal Peoples.

People capable of transmitting influenza to those at high risk

- Health care and other care providers in facilities and community settings who, through their activities, are capable of transmitting influenza to those at high risk of influenza complications;
- 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);
- Household contacts of individuals at high risk, as listed in the section above;
- Household contacts of infants <6 months of age as these infants are at high risk of complications from influenza but cannot receive influenza vaccine; and
- Members of a household expecting a newborn during the influenza season.

Others

- People who provide essential community services;
- People in direct contact during culling operations with poultry infected with avian influenza;

Pregnancy and Breastfeeding
Influenza vaccination is recommended for all pregnant women regardless of trimester and women who are breastfeeding.

Individuals with an Egg Allergy

NEW: After careful review, NACI has concluded that egg-allergic individuals may be vaccinated against influenza using trivalent influenza vaccine without a prior influenza vaccine skin test and with the full dose irrespective of a past severe reaction to egg. The vaccine may be given in any settings where vaccines are routinely administered. However, immunizers administering vaccine should be prepared for and have the necessary equipment to respond to a vaccine emergency at all times.

***How* should the influenza vaccine be administered?**

Scheduling and Dosage

Children 6 to 35 months of age should be given a full dose (0.5 mL) of influenza vaccine. This NACI recommendation is based on evidence showing an improvement in antibody response without an increase in adverse effects. This recommendation applies whether the child is being given one dose of the influenza vaccine or a two dose series as per below.

AGE	DOSE (mL)	NUMBER OF DOSES	ROUTE
6 months through 8 years	0.5	1 or 2*	IM
≥ 9 years	0.5	1	IM

*Children less than 9 years of age who are receiving seasonal influenza vaccine for the first time this year are to receive 2 doses, with a minimum interval of 4 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.

***Where* can the public access their flu shots this year?**

- Their health care provider
- At a workplace clinic if offered through their employer
- At a community based clinic
- At a pharmacy – many pharmacies have pharmacists that are certified to administer flu vaccine or may host flu clinics. Encourage clients to check with their local pharmacy. **Note: children under five cannot be immunized by pharmacists.**
- At a Simcoe Muskoka District Health Unit flu clinic offered throughout the county and district in November. Clients are encouraged to book an appointment online by visiting http://www.simcoemuskokahealth.org.

The MOHLTC has a flu clinic locator tool which can be accessed from the Simcoe Muskoka District Health Unit website, where people can locate all clinics or pharmacies offering flu vaccine near them.

Other Important Information When Ordering Flu Vaccine

1. Each time you order flu vaccine, you must submit by fax your temperature log sheet(s) for the previous 4 weeks. Temperature readings must be done and recorded in the log book twice a day every day.

   Note for facilities that were required to prequalify: after your fridge inspection, the health unit will require 5 consecutive days of BID fridge temperatures that must be between 2-8°C before your initial order can be filled.

2. Log sheets are reviewed by SMDHU prior to vaccine being released.

3. We are requesting all providers only stock a 1-2 week supply of influenza vaccine. This is in order to prevent large amount of vaccine wastage as a result of a possible power outage or fridge malfunction.

4. Vaccine orders are to be placed by fax.
   Fax #: 705-792-3835 using the attached order form.

5. Orders placed by Wednesday will be available on the following Tuesday at the specified health unit office.

In the event of a cold chain failure please call the health unit at 705-721-7520 ext. 8806 to report as soon as possible.

If returning influenza vaccine to the health unit, please complete the attached Vaccine Return Form on page 6 and submit with the vaccine being returned.

***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).

Hospitals, Long-Term Care Facilities, Community Health Centres, Community Care Access Centres
The Ministry of Health and Long-Term Care requires that Hospitals, Long-Term Care Facilities, Community Health Centres and Community Care Access Centres submit the *Vaccine Utilization Report Form for Nonreimbursable Clinics* for their staff and residents. This form must be faxed back to the Vaccine Preventable Disease team no later than 10 days following the clinic date: **Fax #: 705-792-3835**.

Pharmacies and Nursing Agencies
The Ministry of Health and Long-Term Care requires that pharmacies and Nursing Agencies submit the *Vaccine Utilization Invoice Pharmacy Based* and *Vaccine Utilization Invoice Reimbursable Clinic forms.*

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 Website

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.

Pneumococcal Immunization

Pneumococcal vaccine can be given at the same visit as influenza vaccine, or at any time during the year. The National Advisory Committee on Immunization has made recommendations for pneumococcal vaccine which unfortunately is not publicly funded at this time in Ontario. These recommendations can be viewed at http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-pneu-eng.php
For the current publicly funded vaccine schedule for Ontario for pneumococcal vaccine refer to page 3 of the Publicly Funded Immunization Schedule for Ontario – August 2011

http://www.health.gov.on.ca/en/public/programs/immunization/docs/schedule.pdf

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Influenza Vaccine Order Form
Fax: 705-792-3835

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

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

- Place orders by **Wednesday** for pick up the following **Tuesday**
- 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 ^{O}C for vaccine to be released

Please complete the information below and Fax to 705-792-3835

Premise Type:				
☐ Physician Office	☐ Retirement Home	☐ Correctional Facility	☐ Workplace	☐ Nursing Agency
☐ Hospital	☐ Long-term care home	☐ Pharmacy	☐ Community Health Ctr	☐ 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 health care providers should be prepared with appropriate supplies

Influenza Vaccines	Current Influenza Vaccine Stock In your fridge (# of Doses)	Requested Influenza Vaccine # of Doses
Fluviral (multi-dose vial contains 10 doses)		*Brand distributed will be based on availability
Vaxigrip (multi-dose vial contains 10 doses)		
Fluzone (multi-dose vial contains 10 doses)		
Agriflu (preloaded syringe /10 doses per box)		
Fluad **For LTC residents >65 only** (preloaded syringe /10 doses per box)		

For high volume scheduled influenza clinic(s) or urgent influenza orders, please provide details.

Location to be picked up (please check):

☐ **Barrie** ☐ **Collingwood** ☐ **Cookstown** ☐ **Gravenhurst** ☐ **Huntsville** ☐ **Midland** ☐ **Orillia**

BIOS Order # (for office use only): _____ 2014-09

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VACCINE RETURN FORM

Name: _____ Phone #: _____
Date: _____

Vaccine	Lot #	# of Doses	Reason for Return (*See codes below)	Refrigerated Transport for Return (Yes/No)

A = Expired

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

C = Excess quantity ordered

D = Other (please specify)

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VACCINE RETURN FORM

Name: _____ Phone #: _____
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Vaccine	Lot #	# of Doses	Reason for Return (*See codes below)	Refrigerated Transport for Return (Yes/No)

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Public Health Ontario | Santé publique Ontario

REPORT OF ADVERSE EVENT FOLLOWING IMMUNIZATION (AEFI)

Case ID (for local use only)

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
				☐ Male ☐ 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	Previous history of AEFI	Vaccine administered by
☐ No ☐ Unknown ☐ Yes*	☐ No ☐ Unknown ☐ Yes*	
*Describe in Section 4	*Describe in Section 4	

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

	Time to onset of event (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)
☐ Pain/redness/swelling extending past nearest joint		
☐ Pain/redness/swelling lasting 4 days or more		
☐ Infected abscess*		
☐ Sterile abscess*		
☐ Nodule		
☐ Cellulitis*		

SYSTEMIC REACTIONS

	Time to onset (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)
☐ Fever greater than 38.0 °C (Only reportable in conjunction with another event)		
☐ Rash		
☐ Adenopathy / lymphadenopathy*		
☐ Hypotonic-hyporesponsive episode (HHE)*		
☐ Persistent crying / screaming		
☐ Severe vomiting / diarrhea (3 episodes/24 hours)		
☐ Parotitis*		

ALLERGIC REACTIONS

	Time to onset (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)
☐ Event managed as anaphylaxis		
☐ Oculorespiratory syndrome (ORS)		
☐ Allergic reaction - skin (E.g. hives)		

NEUROLOGIC EVENTS

	Time to onset (Specify minutes, hours or days)	Duration of event (Specify minutes, hours or days)
☐ Convulsions / seizure		
☐ Encephalopathy / encephalitis*		
☐ Meningitis*		
☐ Anaesthesia / paraesthesia*		
☐ Paralysis*		
☐ Bell's Palsy*		
☐ Guillian-Barré Syndrome (GBS)*		
☐ Myelitis*/acute disseminated encephalomyelitis*		

OTHER EVENTS OF INTEREST

	Time to onset (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)
☐ Thrombocytopenia*		
☐ Arthritis / arthralgia*		
☐ Intussusception*		
☐ Syncope (fainting) with injury		
☐ Other severe / unusual events		

Describe all events in Section 4 on reverse

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.

Updated January 2013