

Health **FAX**

Universal Influenza Immunization Program (UIIP) 2013-2014

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, Pharmacies**

Date: October 2, 2013

Influenza Immunization Recommendations for the 2013-2014 Season

There have been two NACI Statements published this year with recommendations for the 2013-2014 season:

- *The National Advisory Committee on Immunization (NACI) Statement on Influenza Vaccination for the 2013-2014 Season*
- *A Supplemental Statement of Seasonal Influenza Vaccine for 2013-2014: Evidence Review on Occupational Exposure of Swine and Poultry Workers*

These documents can be found on the Public Health Agency of Canada website at: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/12vol138>.

Influenza Surveillance

Between September 2012 and January 2013, influenza activity was reported in Africa, the Americas, Asia, Europe and Oceania. Influenza A(H1N1)pdm09 viruses circulated at low levels in general, except in some countries in Africa, Asia, Central and South America and Europe. Influenza A (H3N2) viruses were predominant in most of North America, some countries in northern Africa, some parts of Asia and, early in the season, in some European countries as well as China. Influenza B viruses circulated in many countries and were the predominant viruses in some.

While most of the viruses characterized early in 2012-2013 season were antigenically related viruses in the 2012-2013 trivalent vaccine, the WHO recommended a change in the influenza B composition of the next northern hemisphere vaccine formulation (for the 2013-2014 influenza season) to include a B/Massachusetts/2/2012-like virus of the Yamagata lineage, and to continue the inclusion of an A/Victoria/361/2011 (H3N2)-like virus and an A/California/7/2009 (H1M1)pdm09-like virus.

Recommended Recipients of Influenza Vaccine for the 2013-2014 Season

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

The priority groups for influenza vaccination include:

Table 1

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 \geq 40); and
 - children and adolescents with conditions treated for long periods with acetylsalicylic acid.
- People of any age who are residents of nursing homes and other chronic care facilities.
- People \geq 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 (adult 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.
- Those providing regular child care to children \leq 59 months of age, whether in or out of the home.
- Those who provide services within closed or relatively closed settings to persons at high risk (e.g. crew on a ship).

Others

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

*Note: Healthy persons aged 5 to 64 years who do not have contraindications to influenza vaccine are also encouraged to receive influenza vaccine even if they are not in one of the recommended recipient groups.

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

Publicly Funded Influenza Vaccine Products for the 2013-2014 UIIP

There are eight seasonal trivalent influenza vaccines authorized for use in Canada. For the 2013-2014 influenza season, the following vaccines are available publicly funded (free) in Ontario:

Vaccine Products	<p>Vaxigrip® - manufactured by Sanofi Pasteur (10 dose vial)</p> <p>Agriflu® - manufactured by Novartis (single dose prefilled syringe)</p> <p>Fluad® - manufactured by Novartis (for Long Term Care Residents ≥ 65 years)</p> <p>Fluviral® - manufactured by GlaxoSmithKline (10 dose vial)</p>
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Vaxigrip®, Agriflu® and Fluad® contain trace amounts of neomycin. All four products are latex free. Vaxigrip® is provided in a multi-dose format (therefore contains trace amount of thimerosal as a preservative) and must be discarded 7 days after puncturing the vial. Fluviral® is also provided in a multi-dose format (therefore contains trace amount of thimerosal as a preservative) and must be discarded in 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), Fluzone®, and Intanza® (intradermal delivery) are not available publicly funded through the UIIP for the 2013/2014 season.

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 recommended 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.

Individuals with an Egg Allergy

NEW: NACI has concluded after careful review, that egg-allergic individuals may be vaccinated against influenza using the trivalent inactivated vaccine without prior influenza vaccine skin test and with the full dose, irrespective of a past severe reaction to egg, with the following conditions:

- Those with mild reactions such as hives, or those who tolerate eggs in baked goods may be vaccinated in regular vaccination clinics
- Those who have suffered from anaphylaxis with respiratory or cardiovascular symptoms should be vaccinated in a medical clinic, allergy office or hospital where appropriate expertise and equipment to manage a severe reaction is present. These individuals should be kept under observation for 30 minutes.

Referral to a specialist with expertise in allergies may be necessary in occasional circumstances where there is strong concern about proceeding with the recommendation above and the individual is at risk of complications from influenza. If the individual is not in a high-risk group, the need for vaccination may be reassessed.

Vaccine Ordering & Availability

Influenza vaccine will be available for pick up starting October 15, 2013. The first orders should be directed to persons at high risk as per the table on page 2. All vaccine orders for influenza vaccine must be accompanied by the previous 4 week vaccine refrigerator temperature log. Orders received by Wednesday will be available for pick up on the following Tuesday.

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 Non-reimbursable 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 705-721-1495**.

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*.

Other options for access to vaccinations for members of the public:

- **Health Unit Clinics:** The health unit has moved to an online appointment booking system for our community flu clinics. People can visit the health unit's website, www.simcoemuskokahealth.org, and click on the hot button on the home page that will take you directly to the clinic booking system. People will be able to choose the clinic they would like to attend and then select a time for their appointment.
- **Pharmacies:** Many local pharmacies will be offering flu vaccine. **Note: children under five cannot be immunized by pharmacists.** Please visit www.ontario.ca/flu for clinic locations.

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

www.simcoemuskokahealth.org – information for health care providers can be found in the *Just for You* section
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 705-721-1495**.

Pneumococcal Immunization Recommendations

A one-time dose of pneumococcal polysaccharide vaccine (Pneumovax® 23 or Pneumo® 23) is recommended for:

- all persons 65 years of age and older regardless of medical conditions
- all residents of nursing homes, homes for the aged and chronic care facilities or wards

A single revaccination with pneumococcal polysaccharide vaccine is only recommended for those 2 years of age and older with:

- Functional or anatomic asplenia or sickle cell disease;
- hepatic cirrhosis,
- chronic renal failure or nephrotic syndrome;
- HIV infection; and
- immunosuppression related to disease or therapy.

The timing for single revaccination when indicated is recommended as follows:

- 1 dose after 5 years for those 11 years of age or older at the time of initial immunization
OR
- 1 dose after 3 years for those 10 years of age or less at the time of initial immunization

This vaccine can be given at the same visit as influenza vaccine, or at any time during the year.

Facility/Physician: _____
Phone #: _____
Office Fax #: _____
Office Contact: _____
Date: _____

VACCINE ORDER REQUISITION

Fax: 705-721-1495

Vaccine Order Inquiries Ext: 8808, General Vaccine/Immunization Inquiries Ext: 8806

NB: Orders placed by **Wednesday** will be available for pick up the following **Tuesday**

All orders must be accompanied by the temperature log for the previous **four weeks**

Coolers must be between 2-8 ° Celsius for vaccine to be released

Antigen		# of Doses
Act HIB	Haemophilus influenzae b	*release as individual doses
Hepatitis A – Adult	– <i>must meet publicly funded eligibility criteria</i>	(request separate order form)
Hepatitis A – Pediatric	– <i>must meet publicly funded eligibility criteria</i>	(request separate order form)
Hepatitis B – Adult	– <i>must meet publicly funded eligibility criteria</i>	(request separate order form)
Hepatitis B – Pediatric	– <i>must meet publicly funded eligibility criteria</i>	(request separate order form)
Hepatitis B – for dialysis patients		*release as individual doses
Human Papillomavirus	– <i>must meet publicly funded eligibility criteria</i>	(Limit of 5 doses per order)
***Must complete tracking sheet provided with order and submit with temp logs & next order for more vaccine		
Influenza		10 doses/box
IPV	Polio	1 doses/box
Menjugate	Meningococcal C Conjugate	5 doses/box
MMR II / Priorix	Measles, Mumps, Rubella	10 doses/box
MMRV	Measles, Mumps, Rubella, Varicella	*release as individual doses
*Only for 4-11 year olds who received one MMR and one varicella or no doses of MMR and varicella		
Pediacel	Diphtheria, Pertussis, Tetanus, Polio and Act HIB	5 doses/box
Pneumo 23	Pneumococcal Polysaccharide	*release as individual doses
Prenar 13	Pneumococcal Conjugate 13-Valent	10 doses/box
Quadracel	*only for 5 & 6 year olds completing a primary series	*release as individual doses
Rotavirus		1 oral dose/box
TB Mantoux Test		10 doses/box
Td Adsorbed	Tetanus, Diphtheria	5 doses/box
Tdap (Adacel or Boostrix)	Diphtheria, Tetanus, Pertussis	5 doses/box
*14-16 yr booster and one dose/adult lifetime		
Tdap-IPV (Adacel®-Polio)	Tetanus, Diphtheria, Pertussis and Polio Vaccine	5 doses/box
*4-6 yr booster or as a primary series for those over 7 yrs of age		
Varicella	Varicella	*release as individual doses

Immunization Cards Child: _____ Adult: _____ Temp. Log Book: _____ Storage and Handling Guidelines: _____

Location to be picked up (please check):

- Barrie Office Huntsville Office Collingwood Office Cookstown Office
 Midland Office Orillia Office Gravenhurst Office

BIOS Order # (for office use only): _____

2013-04

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