

In This Issue

Vaccine roll out
..... p. 1-6

Influenza &
Pneumococcal
Vaccine Use
Guide.....p. 7

Reporting
Requirements...p.9

Additional
Resources....p.13

Influenza
Prevention Program
for Health Care
Workers...p. 17

Vaccine Roll-out

- ▶ October 4, 2021: vaccine provided to Long Term Care (LTC) & facilities for residents
- ▶ October 12, 2021: vaccine provided to NH Workplace Health & Safety (WH&S) for staff.
- ▶ October 12, 2021: vaccine distribution to physicians and other Community Vaccine Providers (CVPs) can commence. Vaccine will also be available to infants and toddlers through NH's Child Health Clinics (CHCs).

Physicians are now able to bill T10040 - \$5.43 for a vaccination at the same time as a regular visit code. If the vaccination is the primary purpose of the visit then the usual fee item (00010 - \$11.37) applies. Details can be found [here](#).

Please see [Summary – New for Influenza Season 2021/22](#) to find out what is new for the 2021-2022 Influenza Program

INFLUENZA VACCINES

Five publicly-funded vaccine products (Flulaval® Tetra, Afluria® Tetra, Fluzone® Quadrivalent, Flumist® Quadrivalent and Fluzone® HD Quadrivalent), will be distributed in Northern Health this influenza season

2021/22 Seasonal Influenza Vaccine Quadrivalent Inactivated Influenza Vaccines (QIIV) and Quadrivalent Live Attenuated Influenza Vaccine (LAIV-Q) contains:

- A/Victoria/2570/2019 (H1N1) pdm09-like virus
- A/Cambodia/e0826360/2020 (H3N2)-like virus
- B/Washington/02/2019-like virus
- B/Phuket/3073/2013-like virus

The A/Victoria and A/Cambodia strains were not contained in the 2020/21 season vaccines.

NOTE: In BC, FLUZONE® High-Dose is intended for seniors 65 years of age and older living in long-term care facilities, assisted living facilities and First Nations communities. BCCDC has produced a [FLUZONE® High-Dose Influenza Vaccine Question & Answer](#) document for health care providers.

INFLUENZA VACCINE INDICATIONS

See BCCDC [2021/22 Seasonal Influenza Vaccine Eligibility](#)

See BCCDC [Intended Use of Influenza Vaccines](#)

Eligibility for free/publicly covered vaccination:

- ▶ Indications for publicly funded influenza vaccine remain unchanged from last year.
- ▶ One-time polysaccharide pneumococcal vaccine for people 65 or older or otherwise at high risk, plus one booster for certain very high-risk groups (see BCCDC Immunization Manual, Chapter 2- Immunization, Part 4 – Biological Products – [Pneumococcal Polysaccharide Vaccine](#)).

Remember to report to your local health unit:

- ▶ Influenza vaccine administration to children up to 8 years old,
- ▶ All pneumococcal vaccine administration, and
- ▶ Any adverse events following immunization.

Order forms, reporting forms, and many more resources are available at:

<https://www.northernhealth.ca/for-health-professionals/immunization-resources-tools>.

Resources:

The following BCCDC and Public Health Agency of Canada resources for providing influenza vaccine during the COVID-19 pandemic are available:

- [Indications for Respiratory Virus Testing – FALL/WINTER 2021](#)
- [Infection Control Recommendations for Mass Influenza Vaccination Clinics](#)
- Public Health Agency of Canada's "[Guidance on the use of influenza vaccine in the presence of COVID-19](#)" is now available online
- The National Advisory Committee on Immunization (NACI) [Statement on Seasonal Influenza vaccine for 2021-2022](#)
- Summary of the NACI [Seasonal Influenza Vaccine Statement for 2021-2022](#)

Read on for more details!

Don't forget to **report your own influenza immunization status** at <https://flu.healthcarebc.ca>

All NH medical staff, including physicians and employees are expected to either be vaccinated or to wear a mask while in patient care areas in NH facilities during the policy applicability period December 1, 2021 to March 31, 2022. Self-reporting is required.

Refer to the provincial [Influenza Prevention Policy](#) for more details.

Introduction

The following pages contain information on influenza and pneumococcal vaccines to guide physicians, health care workers, and community vaccine providers on their use during the upcoming influenza season. For more information, please see the references and resources at the end of this newsletter.

Immunization Campaign Start Date:

The official provincial campaign launch date for this season's influenza community campaign was October 18, 2021. **Northern Health clinics will commence on or after this date.**

Vaccine Ordering, Distribution, Storage:

Vaccine Ordering:

Physicians and all other CVPs (nurses in First Nation communities, acute and residential care facilities and others) are required to fill out the Influenza Vaccine Order form when ordering Influenza and Pneumococcal vaccine this flu season. Your order for pneumococcal vaccine can be placed at the same time. New this year, direct distribution of publically funded influenza vaccine to pharmacies was implemented.

Please use the [Influenza Vaccine Order Form](#), which can also be found at the following link: <https://www.northernhealth.ca/for-health-professionals/immunization-resources-tools>.

Please fax your order to the local Health Unit at the number identified on the form. After receipt of your vaccine order, influenza vaccines will be available for pick up starting the week October 19th (date dependent on vaccine delivery to local health units).

Please note that due to the incremental arrival of vaccines, Northern Health may not be able to fill all orders completely at the onset. Northern Health will endeavor to ensure fair and equitable distribution to all community partners and fill your complete order in as few installments as possible.

Reporting

All Community Vaccine Providers must complete the [Influenza Vaccine Utilization Report](#). This form is used to track the number of doses given of each vaccine, and in each age group. This form is to be completed and returned/faxed by CVPs to the appropriate community specific health unit by January 31, 2022.

[Click here](#) to access Influenza Order forms.

Reminders about Vaccine Distribution and Storage:

- Call the Biological Product Monitor (BPM) at your local health unit to arrange your vaccine order pick up date.
- Please bring an appropriate sized cooler with cooled gel blankets and ice for vaccine pick up.
- Keep your biological fridge between 2-8 degrees Celsius and ensure [twice daily monitoring and logging is occurring](#).
- Notify the local BPM of any cold chain break incidents and report accordingly.
- Return all unused and partially used vials of publically funded vaccines to your BPM. Do not dispose.
- Influenza vaccine can continue to be offered until the BPMs send out a request for annual influenza vaccine return. This typically occurs in May.

2021-2022 Seasonal Influenza Vaccine Eligibility:

Influenza vaccine is recommended for everybody >6 months of age and provided free to:

1. People at high risk:

- People aged 65 years and older
- People of any age who are residents of long-term care facilities
- Adults (including pregnant women) and children with the following chronic health conditions:
 - Cardiac or pulmonary disorders (e.g. bronchopulmonary dysplasia, cystic fibrosis, asthma)
 - Diabetes and other metabolic diseases
 - Cancer; immunodeficiency (including human immunodeficiency virus [HIV] infection); immunosuppression due to underlying disease or therapy (e.g., severe rheumatoid arthritis requiring immunosuppressive therapies)
 - Chronic kidney disease
 - Chronic liver disease, including hepatitis C
 - Anemia and hemoglobinopathy
 - Conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, seizure disorder, and neuromuscular disorders)
 - Children and adolescents (6 months to 18 years of age) with conditions

treated for long periods with acetylsalicylic acid

- Children and adults who are morbidly obese (adult BMI \geq 40; child BMI assessed as \geq 95th percentile adjusted for age and sex)
- Indigenous peoples (on and off reserve)
- Healthy children 6 to 59 months of age
- Pregnant women at any stage of pregnancy during the influenza season (typically spanning November to April)
- Inmates of provincial correctional institutions
- People working with live poultry (Immunization may reduce the potential for human-avian re-assortment of genes should such workers become co-infected with human and avian influenza.)

2. People capable of transmitting influenza to those at high risk:

- All health care workers (including all health authority staff, accredited physicians and residents, volunteers, students, contractors, and vendors) who come into contact with patients at health care facilities including long-term care facilities. This includes independent health care practitioners and their staff in community settings.
- Visitors to health care facilities and other patient care locations
- Household contacts (including children) of people at high risk whether or not those high risk people have been immunized
- Those who provide care and/or service in potential outbreak settings housing high risk persons (e.g., crew on ships)
- Household contacts of healthy children 0 to 59 months of age
- Those providing regular child care to children 0 to 59 months of age, whether in or out of the home

3. People who provide essential community services:

- First responders: police, fire fighters, ambulance
- Corrections workers

4. Anyone else who wishes to reduce their risk of influenza

Intended Use for Vaccines

This table outlines BCCDC guidelines for intended use of influenza vaccine as of August 2021. **For the most current version of this table, please refer to the following link: [Intended Use of Influenza Vaccines](#).**

BC Centre for Disease Control
Provincial Health Services Authority

Intended Use of Influenza Vaccines

The influenza biological product pages provide guidance on the use of influenza vaccines that are publicly-funded in BC for the 2021/22 season: AFLURIA® TETRA, FLULAVAL® TETRA, FLUMIST® QUADRIVALENT, FLUZONE® QUADRIVALENT and FLUZONE® HIGH-DOSE QUADRIVALENT.

The intended use of these vaccines by age group of recipient for the 2021/22 season is as follows:

Age Group	Vaccine ^A	Comments
6-23 months of age	<ul style="list-style-type: none"> FLULAVAL® TETRA FLUZONE® QUADRIVALENT 	
2-17 years of age	<ul style="list-style-type: none"> AFLURIA® TETRA (for those 5 years of age and older) FLULAVAL® TETRA FLUMIST® QUADRIVALENT FLUZONE® QUADRIVALENT 	
18 years of age and older	<ul style="list-style-type: none"> AFLURIA® TETRA FLULAVAL® TETRA FLUZONE® QUADRIVALENT 	
65 years of age and older: residents of long term care, assisted living facilities and First Nations communities.	<ul style="list-style-type: none"> FLUZONE® HIGH-DOSE QUADRIVALENT 	<ul style="list-style-type: none"> If FLUZONE® HIGH-DOSE QUADRIVALENT is unavailable, another inactivated influenza vaccine should be used.

For information on other influenza vaccines available in Canada, please refer to the product monograph and the [NACI Statement on Seasonal Influenza Vaccine for 2021-2022](#). Non-publicly funded influenza vaccines may be available for purchase at local pharmacies and travel clinics.

As it is expected that FLUZONE® HIGH-DOSE QUADRIVALENT will be marketed to community-based seniors in BC, as in prior years, BCCDC has produced and updated a [FLUZONE® HIGH-DOSE QUADRIVALENT Influenza Vaccine Question & Answer](#) document for health care providers.

^A Products in pre-filled syringes and FLUMIST® QUADRIVALENT are thimerosal-free and should be used for individuals with a known hypersensitivity to thimerosal as per the age groups indicated in the table.

Communicable Disease Control Manual
Chapter 2: Immunization
Part 4 - Biological Products
August 2021
1

In BC, FLUZONE® High-Dose is intended for seniors 65 years of age and older living in long-term care facilities, assisted living facilities and First Nations communities. BCCDC has produced a [FLUZONE® High-Dose Influenza Vaccine Question & Answer](#) document for health care providers.

Vaccines and Recommended Usage

Influenza vaccine is safe and well tolerated and may be given to persons starting from six months of age (noting-specific age indications and contraindications).

Five publicly funded vaccine products will be distributed in Northern Health this influenza season. These products reflect the following World Health Organization recommended composition of influenza virus vaccines for use in the northern hemisphere during the 2021-2022 influenza season:

Five publicly-funded vaccine products (Flulaval® Tetra, Afluria®Tetra, Fluzone® Quadrivalent, Flumist® Quadrivalent and Fluzone® HD Quadrivalent), will be distributed in Northern Health this influenza season

2021/22 Seasonal Influenza Vaccine Quadrivalent Inactivated Influenza Vaccines (QIV) and Quadrivalent Live Attenuated Influenza Vaccine (LAIV-Q) contains:

- A/Victoria/2570/2019 (H1N1) pdm09-like virus
- A/Cambodia/e0826360/2020 (H3N2)-like virus
- B/Washington/02/2019-like virus
- B/Phuket/3073/2013-like virus

The A/Victoria and A/Cambodia strains were not contained in the 2020/21 season vaccines.

Complete details on 2021/22 Seasonal Influenza Vaccines is available at BC Centre for Disease Control, Communicable Disease Control Manual, Chapter 2, Immunization Program, [Part 4-Biological Products](#) at: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>

Pneumococcal Vaccine

Polysaccharide Pneumococcal Vaccine

- Secondary pneumococcal infections add to the morbidity from seasonal influenza viruses. Polysaccharide pneumococcal vaccine is recommended and provided free for:
 - Adults 65 years of age and older
 - Residents of extended or intermediate care facilities
 - Individuals 2 years of age and older with:
 - Anatomic or functional asplenia
 - Sickle cell disease

- Immunosuppression related to disease (e.g., malignant neoplasm (including leukemia and lymphoma), HIV, multiple myeloma) or therapy (e.g., high dose, systemic steroids, or severe rheumatoid arthritis requiring immunosuppressive therapy)
- Congenital immunodeficiency states (e.g. complement, properdin, or factor D deficiency)
- Chronic heart or lung disease (except asthma, unless management involves ongoing high dose oral corticosteroid treatment)
- Chronic kidney disease
- Chronic liver disease including cirrhosis, chronic hepatitis B, hepatitis C.
- Receipt of hematopoietic stem cell transplant (HSCT)
- Solid organ or islet cell transplant (candidate or recipient)
- Diabetes
- Alcoholism
- Cystic fibrosis
- Chronic CSF leak
- Cochlear implant (candidate or recipient)
- Homelessness and/or illicit drug use
- Chronic neurological conditions that may impair clearance of oral secretions

Booster Doses

A once-only revaccination should be offered at least 5 years after the initial immunization to those who have:

- Anatomic or functional asplenia
- Sickle cell disease
- Immunosuppression related to disease (e.g., HIV, lymphoma, Hodgkin's, multiple myeloma) or therapy (e.g., high dose, systemic steroids)
- Congenital immunodeficiency states (as above)
- Chronic kidney disease
- Chronic liver disease including cirrhosis, chronic hepatitis B, and hepatitis C
- Solid organ or islet cell transplant (candidate or recipient)
- HSCT recipients: see [Part 2 – Immunization of Special Populations, Hematopoietic Stem Cell Transplantation \(HSCT\)](#).

Revaccination with pneumococcal vaccine (a booster dose) is not routinely recommended for clients who do not meet one of the above criteria.

We encourage physicians and other CVPs to identify patients who are eligible for pneumococcal vaccine, and administer pneumococcal vaccine if not already done.

Pneumococcal vaccine can be given at the same time as the seasonal influenza vaccine, using separate syringes/needles at separate sites.

Complete details on the Pneumococcal Polysaccharide vaccine is available in the BC Centre for Disease Control, Communicable Disease Control Manual, Chapter 2, Immunization Program, [Part 4-Biological Products](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/) at: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/>.

Reporting Requirements

Adverse Reactions following Immunization (AEFI):

All significant and unexpected adverse events following immunization with any vaccine product are to be reported to the local health unit. Medical Health Officer recommendations for future immunizations will be sent to the immunizer.

The reporting form for AEFIs is available at: <http://www.bccdc.ca/health-professionals/professional-resources/surveillance-forms>.

For more information on Adverse Events following immunization please visit: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part_5_AEFI.pdf.

Reporting of Vaccine Administered

Community vaccine providers are required to report the following vaccines administered:

- All clients receiving the Pneumococcal Vaccine
- Children 8 years and younger who receive the influenza vaccine

This ensures Public Health records are up to date and avoids unnecessary doses of vaccine.

The [Immunization Influenza Vaccine and Pneumococcal reporting form](https://www.northernhealth.ca/for-health-professionals/immunization-resources-tools) can be found at: <https://www.northernhealth.ca/for-health-professionals/immunization-resources-tools>.

BCCDC GUIDANCE ON RESPIRATORY VIRUS TESTING – 2021/2022

A service of the Provincial Health Services Authority

PHSA Laboratories

BCCDC Public Health Laboratory

October 25, 2021

RE: 2021/2022 Respiratory Virus Laboratory Testing

COVID-19 nucleic acid testing (NAT) will continue to be performed on all specimens submitted from clients (outpatients and inpatients) with compatible symptoms, contacts of those infected, and when requested by the MHO. In addition, influenza A, influenza B and respiratory syncytial virus (RSV) testing will be performed on specimens when requested as per routine seasonal practice.

In November 2021, the BCCDC Public Health Laboratory will implement a NAT test that simultaneously detects SARS-CoV-2/influenza A/influenza B/RSV for enhanced surveillance during the 2021/22 season. All samples submitted for COVID-19 testing will also be tested for influenza A/influenza B/RSV. When influenza A/influenza B/RSV testing is not requested, negative results will not be reported, while all positive influenza A/ influenza B/RSV results will be reported. A proportion of the influenza A positive samples will be subtyped.

Otherwise influenza A/ influenza B/RSV testing is routinely recommended only for individuals:

1. Who are pregnant,
2. In a Long-Term Care (LTC) facility,
3. Who are part of an outbreak investigation,
4. Hospitalized or ill enough to be hospitalized,
5. Age <5 years.

If the COVID-19 and influenza A/influenza B/RSV NAT testing are negative, samples can be further tested using an extended respiratory pathogen panel for a wide range of respiratory pathogens but this will only be undertaken by request per the indications outlined above. Automatic reflexing to testing by this panel will not be performed, with the exception of samples from the Sentinel Practitioner Surveillance Network which will be routinely tested by the extended respiratory pathogen panel for surveillance purposes.

Specimen and Requisition Requirements

The preferred samples for COVID-19/influenza A/influenza B/RSV NAT testing are nasopharyngeal swabs/washes. Please note, only one sample needs to be collected for COVID-19, influenza A/influenza B/RSV and extended respiratory pathogen panel testing. **Saline gargle samples have only been validated for the detection of SARS-CoV-2 and should not be submitted for influenza A/influenza B/RSV and extended respiratory pathogen panel testing requests.**

Please use and complete the [Virology Requisition](#) (Version 3.1 07/2020) to order respiratory virus testing for each patient requiring testing (Appendix 1).

Correspondence address: BCCDC Public Health Laboratory, 655 West 12th Avenue, 2nd floor,
Vancouver, BC V5Z 4R4 | 877 PHSA LAB (1-877-747-2522)



Influenza-like Illness Outbreak Reporting

This 2021/22 season we will suspend the use of the **Influenza-Like Illness (ILI) Outbreak Laboratory form (ILI form)**. You may test as many patients as needed using the routine process for respiratory viral testing by submitting a completed Virology Requisition for each patient testing request.

DO NOT SUBMIT

Please continue to complete and submit the **Influenza-Like Illness (ILI) Outbreak Summary Report Form (ILI Summary Form)** to notify BCCDC:

- 1) of suspected outbreaks
- 2) when the outbreak is over and in Section D capture the causative organism and subtype.

1. First notification

2. Final notification

Other Resources

Weekly respiratory virus testing and positive counts for BC are reported to PHAC via FluWatch and can be found here: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/weekly-influenza-reports.html>.

BC-specific influenza surveillance bulletins are routinely produced by the BCCDC and can be found here: <http://www.bccdc.ca/health-professionals/data-reports/communicable-diseases/influenza-surveillance-reports>

ILI Outbreak summary report form: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Epid/Influenza%20and%20Respiratory/OutbreakReportForm_2018.pdf

For other testing details, please refer to the BCCDC Public Health Laboratory test menu on eLab: <http://www.elabhandbook.info/phsa/>.

Sincerely,



Mel Krajden, MD, FRCPC
Public Health Laboratory Director
BC Centre for Disease Control

Agatha Jassem, PhD (D)ABMM FCCM
Head Virology/Molecular Diagnostics
BCCDC Public Health Laboratory

Correspondence address: BCCDC Public Health Laboratory, 655 West 12th Avenue, 2nd floor,
Vancouver, BC V5Z 4R4 1 877 PHSA LAB (1-877-747-2522)



Appendix 1. Virology Requisition form.

		Public Health Laboratory 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.bccdc.ca/publichealthlab		Virology Requisition			
PHN is REQUIRED for labs to display in UCI/CareConnect		FULL name and FULL DOB or PHN MUST be written on each sample (even if also written on this lab requisition) or testing will NOT be performed					
Section 1 - Patient/Provider Information (Two matching unique patient identifiers on sample container and requisition are required for sample processing)							
PERSONAL HEALTH NUMBER <small>(or out of province health number and province)</small>		ORDERING PRACTITIONER <small>Name and BCSC</small>		DATE RECEIVED			
PATIENT SURNAME		<small>Address of report delivery</small>		Always include full name, billing info, and practice address for lab reports distribution to appropriate EMRs			
PATIENT FIRST AND MIDDLE NAME		<input type="checkbox"/> Do not require a copy of the report <small>(Patients include name of Practitioner you are consulting for)</small>		<input type="checkbox"/> Lab a Locum		LABORATORY USE ONLY	
DOB <small>(DDMMYYYY)</small>		SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U (Other)		ADDITIONAL COPIES TO PRACTITIONER / CLINIC: <small>(Phone, Address / NDCR/PHSA Client) (Limit of 3 copies available)</small>		OUTBREAK ID	
PATIENT ADDRESS		1		2		SAMPLE REF. NO.	
CITY		3		DATE COLLECTED <small>(DDMMYYYY)</small>		<small>Date and time must be written and match what is on samples</small>	
PROVINCE		POSTAL CODE		TIME COLLECTED <small>(HH:MM)</small>			
Section 2 - Test(s) Requested							
RESPIRATORY PATHOGENS		<small>For other available tests and sample collection information, consult the Public Health Laboratory's of ab-Handbook: www.labhandbook.info/PHSA/Default.aspx</small>					
<input type="checkbox"/> Influenza A, Influenza B, RSV <input type="checkbox"/> COVID-19 <input type="checkbox"/> MERS <small>(Approval and travel history required!)</small> <input type="checkbox"/> Enterovirus D68 <small>(Seasonal when available season, approval required)</small> <input type="checkbox"/> Other, specify:		PATIENT STATUS / TRAVEL HISTORY* / EXPOSURE <small>(Please provide travel history where indicated!)</small>		OUTBREAK LOCATION / INFORMATION <small>Indicate outbreak location and facility type</small>			
<small>Indicate sample site:</small> <input type="checkbox"/> Nasopharynx: <input type="checkbox"/> Nares <input type="checkbox"/> Oropharynx: <input type="checkbox"/> Throat <input type="checkbox"/> Lower Respiratory Tract: <input type="checkbox"/> Other, specify:		HERPES SIMPLEX 1, 2 / VARICELLA ZOSTER VIRUSES <input type="checkbox"/> Genital lesion swab <input type="checkbox"/> Non-genital lesion swab <input type="checkbox"/> Skin swab <input type="checkbox"/> Other, specify:		GASTROINTESTINAL VIRUSES <small>Feces** for:</small> <input type="checkbox"/> Gastrointestinal Panel <small>(Rotavirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus)</small> <input type="checkbox"/> Enterovirus <input type="checkbox"/> Other, specify:			
<small>Indicate container type:</small> <input type="checkbox"/> Swab with transport media <input type="checkbox"/> Saline gargle <input type="checkbox"/> Wash: <input type="checkbox"/> Other:		ENCEPHALITIS VIRUSES <small>Cerebrospinal Fluid for:</small> <input type="checkbox"/> HSV 1, HSV 2, VZV and Enterovirus <input type="checkbox"/> West Nile virus (Seasonal) <small>(Antisera only fall when outside of season, specify travel history to endemic area!)</small> <input type="checkbox"/> Other, specify:		<small>**Guideline for Ordering Stool Specimens: www.cdpublites.ca/gpac/guide_line_diarthra.html</small> BIOPSY / AUTOPSY / OTHER TESTS <input type="checkbox"/> Plasma for West Nile virus (Seasonal) <input type="checkbox"/> Eye sample for Adenovirus, HSV 1, HSV 2, VZV <input type="checkbox"/> Other, specify:			
VIRUS SUBTYPING <input type="checkbox"/> Influenza A <input type="checkbox"/> Adenovirus <small>(Savillan outbreak investigations only)</small> Ct value: _____ or viral signal: weak / strong		MEASLES <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Other, specify:		MUMPS <input type="checkbox"/> Buccal/Oral swab <input type="checkbox"/> Urine <input type="checkbox"/> Other, specify:		RUBELLA <input type="checkbox"/> Nasopharyngeal washing/swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Other, specify:	
HEPATITIS VIRUSES Please see the Serology Screening Requisition to order HCV RNA and/or HCV genotyping testing.		<input type="checkbox"/> Recent MMR1 vaccination <input type="checkbox"/> Recent travel (Provide travel history if available?)					
<small>The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to health care practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as permitted by these Acts.</small>							
VI		Form DCVI-100-00011 Version 3.1 07/2020				VI	

Correspondence address: BCCDC Public Health Laboratory, 655 West 12th Avenue, 2nd floor, Vancouver, BC V5Z 4R4 | 877 PHSA LAB (1-877-747-2522)



Links to other resources as per memo above

Weekly respiratory virus testing and positive counts for BC are reported to PHAC via Flu Watch and can be found here: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/weeklyinfluenza-reports.html>.

BC-specific influenza surveillance bulletins are routinely produced by the BCCDC and can be found here: <http://www.bccdc.ca/health-professionals/datareports/communicable-diseases/influenza-surveillance-reports>

ILI Outbreak summary report form: http://www.bccdc.ca/resourcegallery/Documents/Guidelines%20and%20Forms/Forms/Epid/Influenza%20and%20Respiratory/OutbreakReportForm_2018.pdf

For other testing details, please refer to the BCCDC Public Health Laboratory test menu on eLab: <http://www.elabhandbook.info/phsa/>.

For other testing details, please refer to the BCCDC Public Health Laboratory test menu: <http://www.elabhandbook.info/phsa/>

Influenza testing and treatment:

Influenza-like illness (ILI) is defined as: fever, cough, **and** at least one of: headache, myalgia, arthralgia, extreme fatigue/weakness, sore throat.

Testing:

For non-severe cases of ILI in the community, testing cases of influenza-like illness (ILI)* for influenza **does not alter clinical or public health management, and is not necessary.**

Influenza testing, by nasopharyngeal swab, **is** indicated as per [BCCDC guidance](#) for:

- For severe or unusual cases (e.g. patients requiring hospitalization), and
- Among patients in acute care facilities and residents of long-term care facilities (where there is potential for an outbreak).

Empiric treatment: During influenza season, antiviral treatment (oseltamivir or zanamivir) is recommended for patients at high risk of complications presenting with influenza-like illness (ILI), without waiting for a lab result.

2020–2021 AMMI Canada guidance on the use of antiviral drugs for influenza in the setting of co-circulation of seasonal influenza and SARS-CoV-2 viruses in Canada | [Official Journal of the Association of Medical Microbiology and Infectious Disease Canada \(utpjournals.press\)](#)

The decision to initiate therapy with influenza antivirals in individuals with possible influenza or COVID-19 should be based on their risk factors and severity of their clinical presentation ([Box 2](#)).

Box 2: Adults and children with influenza-like illness for whom early empiric antiviral therapy for influenza should be considered

Early empiric antiviral therapy for influenza should be prescribed for adults and children who

1. have severe, complicated, or progressive illness;*
2. are hospitalized*; and
3. are at higher risk of complications of influenza, which include the following:
 - Asthma and other chronic pulmonary disease, including bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis, and emphysema
 - Cardiovascular disease (excluding isolated hypertension; including congenital and acquired heart disease such as congestive heart failure and symptomatic coronary artery disease)
 - Malignancy
 - Chronic renal insufficiency
 - Chronic liver disease
 - Diabetes mellitus and other metabolic diseases
 - Hemoglobinopathies such as sickle cell disease
 - Immunosuppression or immunodeficiency as a result of disease (eg, HIV infection, especially if CD4 is $<200 \times 10^6/L$) or iatrogenic because of medication
 - Neurological disease and neurodevelopmental disorders that compromise handling of respiratory secretions (cognitive dysfunction, spinal cord injury, seizure disorders, neuromuscular disorders, cerebral palsy, metabolic disorders)
 - Age younger than 5 years[†]
 - Age 65 years or older
 - Residents of nursing homes or other chronic care facilities
 - Pregnancy and up to 4 weeks postpartum regardless of how the pregnancy ended[‡]
 - Age younger than 18 years on chronic aspirin therapy
 - Obesity with a BMI of 40 kg/m² or more or a BMI more than 3 z-scores above the mean for age and gender
 - Children and adolescents (aged 6 mo–18 y) undergoing treatment for long periods with acetylsalicylic acid because of the potential increase in Reye's syndrome associated with influenza
 - Indigenous Canadians

**It is strongly encouraged that these groups be prescribed early empiric antiviral therapy[†] Children aged 2–4 years also have a higher rate of complications than older children; however, the risk for these children is lower than the risk for children aged younger than 2 years. For the latter, the risk of hospitalization is substantially higher than for older children (22).[‡] The risk of influenza-related hospitalization increases with length of gestation; that is, it is higher in the third trimester than in the second trimester.*

For treatment of adults and children, please see the following link: [Use of antiviral drugs for seasonal influenza: Foundation document for practitioners—Update 2019 | Official Journal of the Association of Medical Microbiology and Infectious Disease Canada \(utpjournals.press\)](#)

Recommended treatment regimens for adults with normal renal function are:

- Oseltamivir 75mg twice daily x 5 days, or
- Zanamivir 10mg (two 5 mg inhalations) twice daily x 5 days

For children, treatment is based on weight. [See AMMI guidelines for details.](#)

For more information on antiviral use, see:

<https://www.ammi.ca/Content/Guidelines/Flu%20%28published%20version%29%20FINAL.pdf>

Infection control recommendations for mass influenza vaccination clinics*:

[Coronavirus COVID-19 BC Centre for Disease Control/BC Ministry of Health Infection Prevention and Control Guidance for Community Immunization Clinics](#)

Hand hygiene

Everybody should wash/sanitize hands frequently: Patients should sanitize when they enter a clinic and before and after receiving the vaccine.

Personal Protective Equipment

PPE may be used for the full duration of a shift but should be replaced after a break. Soiled, wet or damaged masks should be promptly replaced.

Immunizers need:

Medical masks + eye protection. Gloves are only needed for intranasal or orally administered vaccines. Gowns and aprons are not required.

Support staff need:

Medical mask. Eye protection only if cannot maintain a 2 meter distance.

Staff responding to emergencies:

Medical mask, eye protection, gown and gloves should be available to personnel who need to provide first aid or respond to a health emergency.

Cleaning & disinfection

Frequently touched surfaces (e.g., doorknobs, light switches, telephones, keyboards, pens, charts, toys, bathrooms) are to be cleaned and disinfected at least twice a day.

Immunization stations (e.g., chairs, tables): Clean and disinfect immediate work and client area after each client leaves the immunization station. No table coverings should be used on the immunization preparation surface (e.g., blue pads, tablecloths) to ensure ease and efficacy of cleaning.

Control flow in the clinic

Support physical distancing by using signage to direct flow, appropriate spacing of tables and chairs, and appointment based immunizations.

Regular office visits that include immunizations should defer to the BCCDC Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings. (Adapted from Vancouver Coastal Health, October 7, 2020).

Additional Resources

References:

- BCCDC Communicable Disease Guidelines at <http://www.bccdc.ca/dis-cond/commanual/CDManualChap2.htm>
- Recommended composition of influenza virus vaccines for use in the 2021-2022 northern hemisphere influenza season: <https://www.who.int/publications/i/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2021-2022-northern-hemisphere-influenza-season>
- Flu Watch: <http://www.phac-aspc.gc.ca/fluwatch/>
- Public Health Agency of Canada's [Guidance on the use of influenza vaccine in the presence of COVID-19](#)
- Northern Health Influenza Prevention Program: <https://ournh.northernhealth.ca/AboutMe/HealthSafetyWork/InfluenzaProtection/Pages/InfluenzaProtection.aspx>
- Northern Health Influenza information is available at: <https://www.northernhealth.ca/health-topics/flu>
- The National Advisory Committee on Immunization (NACI) Statement on Seasonal Influenza vaccine for 2021-2022 available at: <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza->

[vaccine-2021-2022.html](#)

- The National Advisory Committee on Immunization (NACI) Recommendations on the Duration of the Post-vaccination Observation Period for Influenza Vaccination during the COVID-19 Pandemic HealthLinkBC - Health Files:
<https://www.healthlinkbc.ca/services-and-resources/healthlinkbc-files> or
 - [Facts about Influenza \(The Flu\) \(12b\)](#)
 - [Inactivated Influenza Vaccine \(12d\)](#)
 - [Live Attenuated Influenza Vaccine \(12e\)](#)
 - [Influenza \(Flu\) Immunization: Myths and Facts \(12c\)](#)
 - [Pneumococcal Polysaccharide Vaccine \(62b\)](#)
- Influenza (Flu) Season
 - ImmunizeBC website at: <https://www.immunizebc.ca/>
 - ImmunizeBC website: [Find a Flu Clinic](#)
 - BCCDC Immunization Manual: Part 4 - Biological Products at: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-diseasecontrol-manual/immunization/biological-products>
 - BCCDC Immunization Clinical Resources for Health Professionals at: <http://www.bccdc.ca/health-professionals>
 - [BCCDC Immunization Courses](#)
 - Influenza Education
 - [Foundations of Influenza: Disease & Vaccines](#)
 - [Seasonal Influenza Update: 2021-2022](#)
 - For more information please visit: <http://www.bccdc.ca/health-professionalseducation-development/immunization-courses>

Influenza Prevention Program for Health Care Workers

The Influenza Prevention Policy will be implemented throughout BC health authorities this fall.

The BC [Influenza Prevention Policy](#) will be in effect across Northern Health from December 1 until approximately March 31, as determined by the Provincial Health Officer. This year [PPE guidelines](#) related to COVID-19 exposure risk are currently in place and should be followed at all times, regardless of influenza immunization status. Medical staff are **required** to self-report their choice to be immunized, by **December 1, 2021**, at <https://flu.healthcarebc.ca>

Physicians may access influenza immunization from the following sources:

- NH onsite Peer Immunizers and WHS Influenza Clinics
- Public Health/Primary Care clinics
- Local Pharmacies
- Physician colleague

Questions? Contact us at influenza@northernhealth.ca.