



# Northern Health Physicians

## Partners in Wellness

Public Health Newsletter for Northern Health Physicians

Volume 13 . Number 9 . October 2017 • Page 1 of 8

## Special Issue on Influenza 2017-18 Season

### HIGHLIGHTS

#### Vaccine roll-out:

- ▶ Week of **October 23, 2017** : Influenza vaccine will be available beginning October 23, 2017
- ▶ Week of October 30, 2017 : Northern Health community clinics may start, provincial campaign launches.
- ▶ Order your vaccines now!

**Indications** for specific influenza vaccines are unchanged since 2016-17, EXCEPT that the intranasal vaccine (FLUMIST®) which is indicated for children aged 2-17 years of age is **no longer considered superior** to the injectable quadrivalent vaccine. Flulaval Tetra Quadrivalent® or Fluzone Quadrivalent (depending on availability) should be used for children aged 6 months to 17 years of age. In order to simplify number of vaccine products offered, **Fluad** was not purchased by the province and will not be available this fall. Fluviral or Agriflu are the publicly-funded options that should be offered to seniors.

**Eligibility** for free/publicly covered vaccination is the same as 2016-17:

- ▶ Seasonal influenza vaccination is covered for people at high risk, their close contacts, and

people who live or work in high-risk settings (see p.3).'

- ▶ 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 p.5).

**Remember to report** to your local health unit:

- ▶ influenza vaccine administration to children up to 8 years old, and
- ▶ all pneumococcal vaccine administration,
- ▶ any adverse events following immunization.

Order forms, reporting forms, and many more resources are available at: <https://northernhealth.ca/Professionals/ImmunizationResourcesTools.aspx>.

**Read on for more details!**

Don't forget to **report your own immunization status** at <https://medicalstaffhealth.phsa.ca/>.

Starting December 1, all physicians and staff are required to either be vaccinated or to wear a mask while in patient care areas in NH facilities.

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### Also included:

**Community Vaccine Provider Influenza Vaccine Order Form** p.7-8

### Notable Quotable:



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## 2017-18 Seasonal Influenza: What You Need to Know

### 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 is **the week of November 1st, 2017**; however we plan on redistributing the vaccine as soon as we have sufficient quantity.

### Vaccine Ordering, Distribution, Storage:

#### Vaccine Ordering:

Physicians and all other community vaccine providers (pharmacists, 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.

Please use the [Influenza Vaccine Order Form](https://northernhealth.ca/Professionals/ImmunizationResourcesandTools.aspx) which can also be found at the following link: <https://northernhealth.ca/Professionals/ImmunizationResourcesandTools.aspx>

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 23rd (date dependent on vaccine delivery to local health units). If sufficient supplies arrive earlier, you will be notified of an earlier pick up date.

We expect to have a majority of our influenza vaccine by mid-October.

Please note that due to the incremental arrival of vaccines, we may not be able to fill all orders completely at the onset. We 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 (CVPs) must complete the influenza Vaccine Utilization Report. This form is used to track the number of doses given and the age range. This form is to be completed and returned/faxed by CVPs to the appropriate [community specific health unit by January 31, 2018](#).

[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.
- Agriflu® packaging requires more storage space as it is a single dose pre filled syringe. Please bring additional coolers to accommodate the extra storage needs when you pick up your order.
- Keep your biological fridge between 2-8 degrees.
- 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 Health unit sends out a request for annual influenza vaccine return.

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# 2017-18 Seasonal Influenza: What You Need to Know

(Continued from page 2)

## Eligibility:

Influenza vaccine is recommended for everybody  $\geq 6$  months of age. It is provided free to:

Demographic Groups (and contacts where applicable)	People with higher risk health conditions (and contacts)	People residing in particular settings (and contacts)	People in higher-risk Jobs/workplaces/other settings (and contacts)	
People 65 years and older and their caregivers/ household contacts	Children and adults with chronic health conditions and their household contacts	People of any age in residential care facilities	Health care and other care providers in facilities and community settings who are capable of transmitting influenza disease to those at high risk of influenza complications.	
All healthy children 6-59 months of age.	Children and adolescents (6 months to 18 years) with conditions treated for long periods of time with Acetylsalicylic Acid (ASA) and their household contacts	Inmates of provincial correctional institutions		
Aboriginal people (on and off reserve)		Children & adults who are morbidly obese (adult BMI>40; child BMI assessed as >95 <sup>th</sup> percentile adjusted for age and sex)	Visitors to health care facilities and other patient care locations	Individuals who provide care or service in potential outbreak settings housing high risk persons (e.g., crew on ships).
Household contacts and caregivers of infants and children 0-59 months of age	Pregnant women at any stage of pregnancy during the influenza season and their household contacts			People who provide essential community services (first responders, corrections officers)
				People who work with live poultry.

## Recommended Dosage of Injectable Influenza Vaccine by Age:

Age	Dosage (mL)	No. of doses
6 months to 8 years	0.5 IM	1 or 2 <sup>1</sup>
$\geq 9$ years	0.5 IM	1

<sup>1</sup> Eligible children < 9 years of age receive two doses of vaccine 4 weeks apart ONLY if they are previously unvaccinated or if influenza vaccination history is uncertain. If one or more doses have been received in any preceding season, only one dose will be given.

For children requiring 2 doses within the season, QIIV or TIIV may be given interchangeably with LAIV-Q with either product used for the 1<sup>st</sup> or 2<sup>nd</sup> dose if LAIV-Q is not available.



# 2017-18 Seasonal Influenza: What You Need to Know

## 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 2017-2018 influenza season:

- A/Michigan/45/2015 (H1N1)pdm09-like virus
- A/Hong Kong/4801/2014 (H3N2)-like virus
- B/Phuket/3073/2013-like virus (in quadrivalent vaccines only)
- B/Brisbane/60/2008-like virus

The A/Michigan/45/strain was not contained in the 2016/17 season vaccine.

**Note:** In order to simplify number of vaccine products offered, **Fluad** was not purchased by the province and will not be available this fall. Fluviral or Agriflu are the publicly-funded options that should be offered to seniors. **Fluzone High-Dose** is a private pay option for seniors, recommended by NACI, and can be purchased without prescription at select pharmacies.

Vaccine	FLUVIRAL <sup>®</sup>	FLUZONE <sup>®</sup>	AGRIFLU <sup>®</sup>	FLUMIST <sup>®</sup>	Flulaval Tetra Quadrivalent <sup>®</sup>
Description	Inactivated Split Virion (IM) from GlaxoSmithKline Inc.	Inactivated Split Virion (IM) from Sanofi Pasteur Limited	Inactivated Subunit (IM) from Novartis	Live, attenuated (intranasal) from AstraZeneca	Inactivated Split Virion (IM) from GlaxoSmithKline Inc.
Presentation	10 doses per vial without syringes	10 doses per vial without syringes	Single dose syringe	Box with 10 applicators	10 doses per vial without syringes
Client Age Group	Intended for use in eligible individuals 18 years of age or older.	Intended for use in eligible children 6 months to 17 years of age (inclusive) including those with contraindications to LAIV-Q.	Intended for use in eligible individuals 18 years of age and older.	Intended for use in eligible individuals 2-17 years of age (inclusive)	Intended for use in eligible children 6 months to 17 years of age (inclusive) including those with contraindications to LAIV-Q.
Storage temperature	2-8°C for all products				
Shelf-life, once opened	Multi-dose vial Discard multi-dose vials 28 days after first entry	A multi-dose vial that has been stored at 2-8 degrees C may be used up to the expiry date indicated on the vial label.	n/a single dose	n/a single dose	Multi dose vial Discard multi-dose vials 28 days after first entry.
Other considerations**	<ul style="list-style-type: none"> <li>• may be used in children 6 months to 17 years of age if a quadrivalent vaccine is unavailable</li> </ul>	<ul style="list-style-type: none"> <li>• In the event of vaccine surplus in the provider's inventory beyond that required for those under 18 years old, this vaccine may be provided to those 18 years of age and older as part of the publicly funded program in BC.</li> </ul>	<ul style="list-style-type: none"> <li>• Preferential for use in individuals with a known hypersensitivity to thimerosal</li> <li>• May be used for pregnant women who request a thimerosal vaccine</li> <li>• May be used for children 6 months to 17 years of age if a quadrivalent influenza vaccine is unavailable</li> <li>• Requires nine times more storage space than the equivalent number of FLUVIRAL<sup>®</sup> doses</li> </ul>		<ul style="list-style-type: none"> <li>• In the event of vaccine surplus in the providers inventory beyond that is required for those under 18 years old, this vaccine may be provided to those 18 years and older as part of the publicly funded program in BC</li> </ul>
	*contains thimerosal	*contains thimerosal	*contains neomycin and kanamycin	*contains gentamicin	*contains thimerosal

\*\*See product monographs for additional details on contraindications and precautions.

Complete details on 2017/18 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>



# 2017-18 Seasonal Influenza: What You Need to Know

## Egg allergies/Oculo-Respiratory Syndrome (ORS)

Since the 2013/14 influenza season, British Columbia Guidelines have allowed for the immunization of egg allergic individuals with inactivated influenza vaccine. The live intranasal influenza vaccine (Flumist® Quadrivalent) is not contraindicated for egg allergic persons. It can be safely administered to egg allergic individuals, including those who have experienced anaphylaxis following egg ingestion, according to standard practices. This recommendation is supported by recent studies that assessed the safety of LAIV in egg allergic individuals.

For unresolved questions about egg allergies and severe Oculo-Respiratory Syndrome (ORS) you may contact your local health unit or MHO. For more information, please visit BCCDC Safety Issues Applicable to Influenza Vaccines for more details on egg allergies and ORS.

Accessed at: [http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionVII\\_BiologicalProducts.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionVII_BiologicalProducts.pdf)

## 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:
  1. **Anatomic or functional asplenia**
  2. **Sickle cell disease**
  3. **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)**
  4. **Congenital immunodeficiency states (e.g. complement, properdin, or factor D deficiency)**
  5. **Chronic heart or lung disease (except asthma, unless management involves ongoing high dose oral corticosteroid**

- treatment.**
6. **Chronic kidney disease**
  7. **Chronic liver disease including cirrhosis, chronic hepatitis B, and chronic hepatitis C.**
  8. **Receipt of hematopoietic stem cell transplant (HSCT)**
  9. *Solid organ or islet cell transplant (candidate or recipient)*
  10. Diabetes
  11. Alcoholism
  12. Cystic fibrosis
  13. Chronic CSF leak
  14. Cochlear implant (candidate or recipient)
  15. Homelessness and/or illicit drug use

## Booster Doses

A once-only revaccination should be offered 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 chronic hepatitis C
- HSCT recipients: [see Part 2 – Immunization of Special Populations, Hematopoietic Stem Cell Transplantation \(HSCT\).](#)

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](#) at:

<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>

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

**Important: Revaccination with pneumococcal vaccine is not routinely recommended.** However, a **ONE TIME ONLY** booster dose of vaccine is recommended for people with specific medical conditions listed above under Booster Doses. This booster should be given five years after the first dose (with the exception of the HSCT recipients, who's post-transplant vaccination schedule is quite complex and is based on BC Centre for Disease Control Immunization for special populations guidelines). For HSCT recipients: [see Part 2 – Immunization of Special Populations, Hematopoietic Stem Cell Transplantation \(HSCT\) at:](#)

<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part2/HSCT.pdf>

[20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part2/HSCT.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part2/HSCT.pdf)

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

## 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/SectionIX\\_AdverseEventsFollowingImmunization.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionIX_AdverseEventsFollowingImmunization.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](#) can be found at: <https://northernhealth.ca/Professionals/ImmunizationResourcesandTools.aspx>

## Influenza testing and treatment

Testing: In most scenarios, testing cases of influenza-like illness (ILI)\* for influenza does not alter clinical management. Influenza testing, by nasopharyngeal swab, is indicated:

- 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).

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

**Treatment:** Antiviral treatment (oseltamivir or zanamivir) reduces the risk of complications of influenza when started within 48 hours of the onset of symptoms for most patients, or within 96 hours of symptom onset for severely ill patients requiring hospitalization. Greater benefits occur when antivirals

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# 2017-18 Seasonal Influenza: What You Need to Know

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are initiated as soon as possible. Therefore, during influenza season, **oseltamivir or zanamivir are recommended for patients at high risk of complications presenting with ILI, without waiting for a lab result.** Patients at high risk of complications are largely the same as those who are eligible for free vaccine:

- Patients with chronic medical conditions
- Residents of long-term care facilities
- Individuals 65 years of age or older
- Indigenous people
- Pregnant women and women up to 4 weeks post-partum, regardless of how the pregnancy ended.

Recommended treatment regimens for patients with normal renal function are:

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

**Chemoprophylaxis:** is indicated among inpatients in the event of an influenza outbreak in a health care facility declared by the Medical Health Officer. Physicians who provide care in residential care facilities are asked to **pre-sign the standard antiviral order set**, so that it is ready to go in the event of an outbreak.

For more information on antiviral use, see: <https://www.ammi.ca/Content/Guidelines/Flu%20%28published%20version%29%20FINAL.pdf>

## References

1. BCCDC Communicable Disease Guidelines at <http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm>
2. Recommended composition of influenza virus vaccines for use in the 2017-2018 northern hemisphere influenza season: [WHO | Recommended composition of influenza virus vaccines for use in the 2017-2018 northern hemisphere influenza season](#)
3. FluWatch: <http://www.phac-aspc.gc.ca/fluwatch/>

## Additional Resources

1. Northern Health Influenza information is available at: <https://northernhealth.ca/YourHealth/PublicHealth/InfluenzaInformation.aspx>
2. The National Advisory Committee on Immunization (NACI) "Statement on Seasonal Influenza vaccine for 2017-2018 available at: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/canadian-immunization-guide-statement-seasonal-influenza-vaccine/naci-stmt-2017-2018-eng.pdf>
3. HealthLinkBC - Health Files: <http://www.healthlinkbc.ca/servicesresources/healthlinkbcfiles/> or
  - [Facts about Influenza \(The Flu\) \(12b\)](#)
  - [Inactivated Influenza Vaccine \(12d\)](#)
  - [Influenza \(Flu\) Immunization: Myths and Facts \(12c\)](#)
  - [Pneumococcal Polysaccharide Vaccine \(62b\)](#)
  - [Influenza \(Flu\) Season](#)
4. Immunize BC website at: <http://www.immunizebc.ca/>
5. BCCDC Immunization Manual: Part 4 - Biological Products at: [http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%20%20-%20Imms/SectionVII\\_BiologicalProducts.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%20%20-%20Imms/SectionVII_BiologicalProducts.pdf)
6. BCCDC Immunization & Vaccines for Health Professionals at: <http://www.bccdc.ca/health-professionals>
7. Influenza Education BCCDC Influenza Courses: BCCDC Foundations of Influenza: Diseases and Vaccinations & Seasonal Influenza Update 2017/18 please visit: [Immunization Courses](#) at <http://www.bccdc.ca/health-professionals/education-development/immunization-courses>

### Submitted by:

<b>Dr. Andrew Gray</b> Medical Health Officer Northern Interior HSDA	<b>Pat Strim</b> Regional Immunization Lead Northern Health Authority
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## Influenza Control Program for Health Care Workers

The Ministry of Health has confirmed the Influenza Prevention policy will be implemented throughout BC health care organizations this fall. Northern Health, together with all other health authorities, is in the process of implementing this policy for the 2017/18 flu season.

The Influenza Prevention policy requires all employees, physicians, students, volunteers, contractors, and visitors to be vaccinated annually against influenza or wear a procedure mask at all times when in patient care areas during the Policy Application Period, which begins December 1, 2017.

During a declared influenza outbreak, the Influenza Prevention Policy is suspended and Northern Health's "Influenza Exclusion Criteria (Suspected and/or Confirmed Outbreak)" Policy is activated.

Physicians have access to influenza immunization from the following sources:

1. Workplace Health & Safety flu clinics: These dedicated flu clinics will be available at most Northern Health facilities during a three week period, beginning October 16<sup>th</sup>. Clinic schedules are posted on the [OurNH Flu Page](#). (Clinics usually occur during business hours on weekdays). Peer Immunizers (PIs) are also available in a variety of sites and departments throughout Northern Health. They immunize within their

departments, when they have time between regular duties.

They may be available on evenings and weekends.

3. Public Health/Primary Care Nurses: Physicians may choose to access public flu clinics. Schedules for these clinics will be distributed by each community's Health Unit.
4. Participating pharmacies and physician's offices: Physicians may choose to receive their influenza immunization at participating pharmacies, or from a colleague.

Please note that in all cases, physicians are eligible for FREE influenza immunization, as per the criteria set out by the BC Center for Disease Control.

This year, physicians must report their immunization, or their decision to mask while working within Northern Health facilities, at the following address: <https://medicalstaffhealth.phsa.ca/>.

Working collaboratively with MHOs and physicians is an important part of Northern Health's flu campaign and physicians' support is an important factor for success. If you have any questions regarding the flu campaign, please email: [influenza@northernhealth.ca](mailto:influenza@northernhealth.ca) and we will be happy to connect with you. There will be further information provided as the flu campaign progresses.

### Submitted by:

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Workplace Health & Safety



# 2017-18 Seasonal Influenza: What You Need to Know



Community Vaccine Provider  
**Influenza Vaccine Order Form**

Name of pharmacy/clinic/facility/other: \_\_\_\_\_

Contact person: \_\_\_\_\_ Date of order: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

	Vaccine	Doses requested	Doses remaining in fridge	Health Unit use only		
				Doses supplied	Date	Panorama req #
	<b>Pneumococcal polysaccharide</b>					
See back of page for indications by age group	<b>Flumist</b> (Unable to provide to pharmacists)					
	<b>Agriflu</b>					
	<b>Fluviral</b>					
	<b>Flulaval/Fluzone</b>					

Community provider/designate: \_\_\_\_\_ Sign upon receiving biologicals  
Pick-up date: \_\_\_\_\_ Health Unit staff signature: \_\_\_\_\_

Community provider/designate: \_\_\_\_\_ Sign upon receiving biologicals  
Pick-up date: \_\_\_\_\_ Health Unit staff signature: \_\_\_\_\_

All vaccines supplied must be accounted for. Community vaccine providers are required to keep track of all influenza vaccines and doses given and the age groups they are provided to.

Health Unit will keep a copy of the order form.

Northwest	Northern Interior	Northeast
<b>Atlin Health Centre</b> T: 250-651-7677 F: 250-651-7687 <b>Dease Lake</b> T: 250-771-4444 F: 250-771-3911 <b>Hazelton</b> T: 250-842-4640 F: 250-842-4642 <b>Houston</b> T: 250-845-2294 F: 250-845-7884 <b>Kittimat</b> T: 250-632-3181 F: 250-632-7081 <b>Massat</b> T: 250-626-4727 F: 250-626-5279 <b>Prince Rupert</b> T: 250-622-6380 F: 250-622-6391 <b>Queen Charlotte City</b> T: 250-559-4933 F: 250-559-8037 <b>Sandspit</b> T: 250-637-5403 F: 250-637-2496 <b>Smithers</b> T: 250-847-6400 F: 250-847-5908 <b>Stewart</b> T: 250-636-2221 F: 250-636-2715 <b>Terrace</b> T: 250-631-4200 F: 250-638-2264	<b>Burns Lake</b> T: 250-692-2460 F: 250-692-2469 <b>Fort St. James</b> T: 250-996-7178 F: 250-996-2216 <b>Fraser Lake</b> T: 250-699-8960 F: 250-699-6987 <b>Mackenzie</b> T: 250-997-8517 F: 250-997-3253 <b>McBride</b> T: 250-569-2251 ext 2026 F: 250-569-2232 <b>Prince George</b> T: 250-565-7367 F: 250-565-7377 <b>Queensl</b> T: 250-991-7571 F: 250-991-7577 <b>Valemount</b> T: 250-566-9138 ext. 2000 F: 250-566-4319 <b>Vanderhoof</b> T: 250-567-6900 F: 250-567-6170	<b>Chetwynd</b> T: 250-788-7300 F: 250-788-9877 <b>Dawson Creek</b> T: 250-719-6500 F: 250-719-6513 <b>Fort Nelson</b> T: 250-774-7092 F: 250-774-7096 <b>Fort St John</b> T: 250-263-6000 F: 250-263-6086 <b>Hudson's Hope</b> T: 250-783-9991 F: 250-783-9125 <b>Tumbler Ridge</b> T: 250-242-5271 F: 250-242-3889



10-400-7012 (LC - Rev. - 09/17)



# 2017-18 Seasonal Influenza: What You Need to Know



Community Vaccine Provider  
**Influenza Vaccine Order Form**

**Orders will be filled based upon:**

- Vaccine shipments from BCCDC over a period of 3 to 4 weeks
- Historic dosage reporting
- Availability

**Note:** Depending on the local health unit's inventory, specific brands may not be available and an interchangeable product may be supplied.

**Instructions for Community Vaccine Provider (CVP)**

- Using this form, submit your order by fax to your community Health Unit.
- Please keep a copy for your records
- The CVP or designate is required to sign for receipt of the influenza vaccine upon pick-up at the Health Unit.
- The CVP will need to submit a new order for subsequent orders.

**Instructions for the Health Unit Biological Product Monitor/Designate**

To fill the CVP's complete/partial order:

- Record the number of doses in the "doses supplied" column
- Record the date the vaccine is packaged and available for pick-up in the date column
- Record the Panorama Requisition Number
- Contact CVP for pick-up
- The health unit staff is required to sign when order is picked up

**Influenza vaccine accountability**

- Publicly funded influenza vaccine must be accounted for. Vaccine utilization must be reported in order to ensure vaccine supply for the following year.
  - Return expired/unused vaccine back to the local Health Unit when requested.
- The Publicly Funded Influenza Vaccine Tally form is available on the Northern Health website to assist with vaccine tracking.

**Cold chain**

Always maintain the cold chain (2° to 8°C) and contact the health unit immediately if you experience cold chain problems.

Age group	Vaccine	Comments
6 to 23 months	<ul style="list-style-type: none"> <li>• Flulaval tetra</li> <li>• Fluzone quadrivalent</li> </ul>	<ul style="list-style-type: none"> <li>• For children 6 to 23 months of age, Flulaval tetra and Fluzone quadrivalent are the recommended product. If Flulaval tetra and Fluzone quadrivalent are unavailable, Fluviral or Agriflu should be used.</li> </ul>
2 to 17 years of age	<ul style="list-style-type: none"> <li>• Flumist quadrivalent</li> <li>• Flulaval tetra</li> <li>• Fluzone quadrivalent</li> </ul>	<ul style="list-style-type: none"> <li>• If a quadrivalent product is unavailable, Fluviral or Agriflu should be used.</li> </ul>
18 years of age and older	<ul style="list-style-type: none"> <li>• Fluviral</li> <li>• Agriflu</li> </ul>	<ul style="list-style-type: none"> <li>• Agriflu may be used for individuals with a known thimerosal hypersensitivity or for pregnant women who request a thimerosal-free vaccine.</li> <li>• Fluviral tetra or fluzone quadrivalent in the provider's inventory beyond that required for those under 18 years of age, may be provided to those 18 years of age and older.</li> </ul>

