

NH Physicians, Partners in Wellness Newsletter

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Influenza Vaccine Roll-out

- Starting October 15, 2019: vaccine will be provided to Long Term Care (LTC) facilities for residents, and to NH Workplace Health & Safety (WH&S) for staff.
- Starting the week of October 21, 2019: distribution to physicians and other Community Vaccine Providers (CVPs) will commence. Vaccine will also be available to infants and toddlers through NH's Child Health Clinics (CHCs).

INDICATIONS: [See 2019/20 Seasonal Influenza Vaccine Eligibility](#)

Three publicly-funded vaccine products (Flulaval® Tetra, Agriflu® and Fluviral®) will be distributed in Northern Health this influenza season.

Flulaval® Tetra Quadrivalent (depending on availability) is intended for individuals 6 months to 17 years of age (inclusive). Fluviral and Agriflu are the publicly-funded options that should be offered to individuals 18 years of age and older.

Please note: FLUMIST® QUADRIVALENT is not available in Canada for the 2019/20 influenza season

Eligibility for free/publicly funded vaccination:

- Seasonal influenza vaccination is publicly funded for people at high risk, their close contacts, and people who live or work in high-risk settings (see p.4).
- 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.7).

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/immunizationresources-tools>.

Read on for more details!

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

All NH medical staff, including physicians and employees are required to either be vaccinated or to wear a mask while in patient care areas in NH facilities during the policy applicability period. Refer to the provincial [Influenza Prevention Policy](#) here 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 launch date for Northern Health's influenza campaign is the week of November 4, 2019. Northern Health clinics will commence after this date.



Influenza Vaccine Ordering, Distribution and Storage

Vaccine Ordering

Physicians and all other CVPs (pharmacists, nurses in First Nation communities, acute and residential care facilities and others) must complete the Influenza Vaccine Order form when ordering Influenza and Pneumococcal vaccine.

Please use the [Influenza Vaccine Order Form](https://www.northernhealth.ca/sites/northern_health/files/health-professionals/immunization-resources/documents/vaccine-order-form-2019-20.pdf) which can also be found at the following link: https://www.northernhealth.ca/sites/northern_health/files/health-professionals/immunization-resources/documents/vaccine-order-form-2019-20.pdf

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 of October 21st (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.

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° Celsius and ensure twice daily monitoring.
- Notify the local BPM of any cold chain break incidents and report accordingly.
- Return all unused and partially used vials of publicly funded vaccines to your BPM. Do not dispose.

Influenza vaccine can be offered after the utilization reports have been submitted at the end of January, until the BPMs send out a request for annual influenza vaccine return. This typically occurs in May.

Reporting Utilization

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, 2020**.

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

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 ≥ 40 ; child BMI assessed as ≥ 95 th 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

Intended Use of Influenza Vaccines

The following table outlines BCCDC guidelines for intended use of influenza vaccine as of September 23, 2019 as reference for the 2019/20 Influenza immunization program. For the most current version of this table, please refer to the following link: [Intended Use of Influenza Vaccines](#)

For more information on other influenza vaccines available in Canada, please refer to the product monograph and the [NACI Statement on Seasonal Influenza Vaccine for 2019-2020](#). Non-publicly funded influenza vaccines can be purchased at local pharmacies and travel clinics.

As it is expected that FLUZONE® High-Dose will be marketed to seniors in BC, BCCDC has produced a [FLUZONE® High-Dose Influenza Vaccine Question & Answer](#)

BC Centre for Disease Control
Integrated 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 2019/20 season: FLULAVAL® TETRA, FLUZONE® QUADRIVARIANT, FLUVIRAL® and AGRIFLU®.

The intended use of these vaccines by age group of recipient for the 2019/20 season is as follows:

Age Group	Vaccine	Comments
6 months-17 years of age	<ul style="list-style-type: none"> • FLULAVAL® TETRA • FLUZONE® QUADRIVARIANT 	<ul style="list-style-type: none"> • If a quadrivalent product is unavailable, FLUVIRAL® or AGRIFLU® should be used. • For those with a known hypersensitivity to thimerosal, AGRIFLU® should be used.
18 years of age and older	<ul style="list-style-type: none"> • FLUVIRAL® • AGRIFLU® 	<ul style="list-style-type: none"> • AGRIFLU® is a single dose thimerosal-free product and should be used for individuals with a known hypersensitivity to thimerosal. • In the event of a surplus of a quadrivalent vaccine 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.

For information on other influenza vaccines available in Canada, please refer to the product monograph and the [NACI Statement on Seasonal Influenza Vaccine for 2019-2020](#). Non-publicly funded influenza vaccines can be purchased at local pharmacies and travel clinics.

As it is expected that FLUZONE® High-Dose will be marketed to seniors in BC, BCCDC has produced a [FLUZONE® High-Dose Influenza Vaccine Question & Answer](#) document for health care providers.

^A Please note that FLUMIST® QUADRIVARIANT is not available in Canada for the 2019/20 influenza season.

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

September 2019

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Influenza 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).

Three 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 2019-2020 influenza season:

- A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- A/Kansas/14/2017 (H3N2)-like virus;
- B/Colorado/06/2017-like virus;
- B/Phuket/3073/2013-like virus (in quadrivalent vaccines only)

The A/Brisbane and A/Kansas strains were not contained in the 2018/19 season vaccine.

Note: Fluzone High-Dose is a private pay option for seniors, recommended by NACI, and can be purchased without prescription at select pharmacies. It is not publicly covered in BC as the incremental benefit is very small.

Vaccine	FLUVIRAL®		AGRIFLU®		Flulaval Tetra Quadrivalent®
Description	Inactivated Split Virion (IM) from GlaxoSmithKline Inc.		Inactivated Subunit (IM) from Seqirus Canada Inc.		Inactivated Split Virion (IM) from GlaxoSmithKline Inc.
Presentation	10 doses per vial without syringes		Single dose syringe		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 individuals 18 years of age or older		Intended for use in eligible children 6 months to 17 years of age (inclusive)
Storage temperature	2-8° Celsius		2-8° Celsius		2-8° Celsius
Shelf-life, once opened	Multi dose vial Discard after 28 days of first entry		n/a single dose		Multi dose vial Discard after 28 days of first entry.
Other considerations	<ul style="list-style-type: none"> may be used in children 6 months to 17 years of age if quadrivalent vaccine is unavailable 		<ul style="list-style-type: none"> Use for individuals with a known hypersensitivity to thimerosal May be used for children 6 months to 17 years of age if a quadrivalent influenza vaccine is unavailable Requires nine times more storage space than the equivalent number of FLUVIRAL® doses 		<ul style="list-style-type: none"> 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 of age and older as part of the publicly funded program in BC
	*contains thimerosal		*contains neomycin and kanamycin		*contains thimerosal

Complete details on 2019/20 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 Polysaccharide Vaccine

Eligibility

- 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

One-time Booster Dose

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 *polysaccharide* 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 *polysaccharide* vaccine, and administer pneumococcal *polysaccharide* vaccine if not already done.

Pneumococcal *polysaccharide* 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

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

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://www.northernhealth.ca/for-health-professionals/immunization-resources-tools#current-issue#influenza-immunizations#biologicals-amp-immunizations>

Influenza Testing and Treatment

Influenza-like illness (ILI) is defined as: fever and 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 management, and is not necessary.

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).

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.

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 are initiated as soon as possible.

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 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.

Chemoprophylaxis

Chemoprophylaxis is indicated among inpatients/residents in health care facilities during influenza outbreaks 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

- BCCDC Communicable Disease Guidelines at: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual>
- Recommended composition of influenza virus vaccines for use in the **2019-2020 northern hemisphere influenza season**: WHO | Recommended composition of influenza virus vaccines for use in the 2019-2020 northern hemisphere influenza season

Flu Watch: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance.html>

Additional Resources

- Northern Health Influenza information is available at: <https://www.northernhealth.ca/health-topics/flu>
- NH Physician/Staff Flu Page: <https://ournh.northernhealth.ca/AboutMe/HealthSafetyWork/InfluenzaProtection/Pages/InfluenzaProtection.aspx>
- The National Advisory Committee on Immunization (NACI) “Statement on Seasonal Influenza vaccine for 2019-2020 available at: <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2019-2020.html>
- HealthLinkBC - Health Files <https://www.healthlinkbc.ca/services-and-resources/healthlinkbc-files> 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
- Immunize BC website at: <https://immunizebc.ca/>
- BCCDC Immunization Manual: Part 4 - Biological Products at: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-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: 2019-2020
 - Pearls for Immunization Practice
 - Vaccine Storage and Handling Course
- For more information please visit: Immunization Courses at: <http://www.bccdc.ca/health-professionals/education-development/immunization-courses>

Influenza Prevention Program for Health Care Workers

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

The 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, 2019 and is determined by the Provincial Health Officer.

During a declared outbreak, the Influenza Outbreak Prevention and Management policy is activated and takes precedence over the Influenza Prevention Policy.

Physicians have access to influenza immunization from the following sources:

1. Workplace Health & Safety influenza clinics: Clinic schedules are posted on the OurNH Flu Clinics Page. (Clinics usually occur during business hours on weekdays). Peer Immunizers (PIs) are also available at most facilities. They immunize within their departments, when they have time between regular duties. They may be available on evenings and weekends.
2. Public Health/Primary Care Nurses: Physicians may choose to access public influenza immunization clinics. Schedules for these clinics will be distributed by each community's Health Unit.
3. Participating pharmacies and physician's offices: Physicians may choose to receive their influenza immunization at participating pharmacies, or from a colleague.

Questions? Contact us at: influenza@northernhealth.ca

Contacts

Dr. Raina Fumerton , MHO - North West HSDA and Acting Chief MHO Phone: 250-631-4261 Cell: 250-641-1758 raina.fumerton@northernhealth.ca	Dr. Rakel Kling , MHO - Northern Interior HSDA Phone: 250-565-5618 Cell: 250-640-5893 rakel.kling@northernhealth.ca
Dr. Andrew Gray , Northern MHO Phone: 250-565-7461 Cell: 778-349-4398 andrew.gray@northernhealth.ca	Dr. Jong Kim , MHO - Northeast HSDA Phone: 250-251-7235 Cell: 250-793-3751 jong.kim@northernhealth.ca
Dr. Ronald Chapman , MHO and VP Medicine Phone: 250-649-7553 Cell: 250-961-3234 ronald.chapman@northernhealth.ca	

