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Vaccine Roll-out

- Starting October 13, 2020: vaccine will be provided to Long Term Care (LTC) and facilities for residents, and to NH Workplace Health & Safety (WH&S) for staff.
- Starting the week of October 19, 2020: 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).

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 2020-21](#) to find out what is new for the 2020-2021 Influenza Program.

Influenza Vaccines

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

2020/21 Seasonal Influenza Vaccine Trivalent and Quadrivalent Inactivated Influenza Vaccines (TIIV & QIIV), and Quadrivalent Live Attenuated Influenza Vaccine (LAIV-Q) contains:

- A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
- A/Hong Kong/2671/2019 (H3N2)-like virus;
- B/Washington/02/2019-like virus; and
- B/Phuket/3073/2013-like virus (in quadrivalent vaccines only)

The A/Guangdong-Maonan, A/Hong Kong, B/Washington strains were not contained in the 2019/20 season vaccine.

While specific products have changed, the general categories with respect to who receives TIIV or QIIV have not changed since 2017/18.

Influenza Vaccine Indications

[See 2020/21 Seasonal Influenza Vaccine Eligibility.](#)

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>.

Report your own immunization status

Don't forget to report your own influenza immunization status at

<https://medicalstaffhealth.phsa.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. Self-reporting is required.

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

COVID-19 Influenza 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 2020](#)
- [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
- Guidance for influenza vaccine [delivery in the presence of COVID-19](#)

- Vaccinators need not wear gloves **except** when administering intranasal influenza vaccine or oral non-influenza vaccines, because of an increased likelihood of contact with a client's mucous membranes and bodily fluids during these procedures.
- Gloves should be changed between clients and hand hygiene performed after gloves are removed.
- 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.
 - Shortened observation period following influenza vaccine administration.
 - The National Advisory Committee on Immunization recommends that the 15-minute observation period following influenza vaccination be maintained with attention to physical distancing.
 - A shorter observation period of 5 minutes or more *may be considered* when volume of clients and space available in waiting rooms precludes appropriate physical distancing. Reduced observation period is appropriate for clients who have received influenza vaccine before, do not have a history of severe allergic reaction to the influenza vaccine or its components or severe immediate reaction to any vaccine (e.g., syncope), **agree to stay in the vicinity of the clinic (e.g., parking lot) for a total of 15 minutes post immunization with another responsible adult**, do not operate a transportation device, and know when and how to seek post-vaccination advice.
 - The National Advisory Committee on Immunization (NACA) [Statement on Seasonal Influenza vaccine for 2020-2021](#)
 - Summary of the NACI [Seasonal Influenza Vaccine Statement for 2020-2021](#)

Influenza & Pneumococcal Vaccine Use Guide

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 2, 2020. Northern Health clinics will commence after this date.**

Vaccine Ordering, Distribution, Storage

Physicians and all other CVPs (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](#) 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 19 (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, 2021**.

Access the [Influenza Order forms here](#).

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 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.

2020-21 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 ≥ 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 BCCDC outlines guidelines for intended use of influenza vaccine in a table. As of September 2020 this is a reference for the 2020/21 Influenza immunization program. For the most current version of the table, please refer to the following link: [Intended Use of Influenza Vaccines](#).

In BC, FLUZONE® High-Dose is intended for seniors 65 years of age and older living in long-term care facilities and assisted living facilities. 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).

Six 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 2020-2021 influenza season:

- Flulaval® Tetra, Agriflu®, Flud ®, Flumist ®, Fluzone ® HD and Fluviral®

2020/21 Seasonal Influenza Vaccine Trivalent and Quadrivalent Inactivated Influenza Vaccines (TIIV & QIIV), and Quadrivalent Live Attenuated Influenza Vaccine (LAIV-Q) contains:

- A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
- A/Hong Kong/2671/2019 (H3N2)-like virus;
- B/Washington/02/2019-like virus; and
- B/Phuket/3073/2013-like virus (in quadrivalent vaccines only)

The A/Guangdong-Maonan, A/Hong Kong, B/Washington strains were not contained in the 2019/20 season vaccine.

Complete details on 2020/21 Seasonal Influenza Vaccines is available at 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>

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 re-vaccination 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](#) 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>.

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 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.

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: 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>

Infection control recommendations for mass influenza vaccination clinics*	
Screening for COVID-19 infection	Please alert patients at time of booking to symptoms of COVID-19 and advise to rebook if ill; passive screening using signage at the clinic location is acceptable.
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 metre 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	<p>Frequently touched surfaces (e.g., door knobs, light switches, telephones, keyboards, pens, charts, toys, bathrooms) are to be cleaned and disinfected at least twice a day.</p> <p>Immunization stations (e.g., chairs, tables) are to be cleaned & disinfected at least twice a day. No table coverings should be used on the immunization preparation surface (e.g., blue pads, table cloths) to ensure ease and efficacy of cleaning. To reduce the need for cleaning in between patients, we emphasize hand hygiene, suggest using chairs without arm rests, and position chairs facing away from the immunization station surface so there is no potential contamination from the client.</p>
Control flow in the clinic	Support physical distancing by using signage to direct flow, appropriate spacing of tables and chairs, and appointment based immunizations.
<p>* 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).</p>	

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 2020-2021 northern hemisphere influenza season: [WHO | Recommended composition of influenza virus vaccines for use in the 2020-2021 northern hemisphere influenza season](#)
- Flu Watch: <http://www.phac-aspc.gc.ca/fluwatch/>

Additional Resources

- 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 2020-2021 available at: <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.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 available at: <https://ournh.northernhealth.ca/oursites/NHCommittees/pandphealth/regioncd/Ou rNH%20Documents/NACI Stmt Post-Vaccination-Observation-Period-for-Influenza-during-COVID-19 V11 EN Advance-Copy.pdf>
- 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](#)
 - Immunize BC website at: <https://www.immunizebc.ca/>
 - 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: 2020-2021](#)
 - For more information please visit: [Immunization Courses](#) at <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 policy expects 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, 2020. Medical staff are required to self-report their choice annually at medicalstaffhealth.phsa.ca/.

Physicians may access influenza immunization from the following sources:

- NH onsite Peer Immunizers and roving flu nurses
- Public Health/Primary Care clinics
- Local Pharmacies
- Physician colleague

Questions? Contact us at influenza@northernhealth.ca.

Table 1: BCCDC guidance on respiratory virus testing – Fall/Winter 2020

A service of the Provincial Health Services Authority

PHSA Laboratories

BCCDC Public Health Laboratory

September 30, 2020

Dear Colleagues,

RE: Respiratory Virus Testing – Fall/Winter 2020

COVID-19 testing will be performed on all clients (outpatients and inpatients) with compatible symptoms, contacts of those infected, and when requested by the MHO.

As of October 5, 2020 in addition to COVID-19 testing, FLUA/B/RSV will be performed on individuals as per routine seasonal practice. In some cases, FLUA/B/RSV and COVID-19 may be simultaneously tested for based on the test used at local sites, however FLUA/B/RSV testing is only being recommended for:

- (i) Those who are pregnant,
- (ii) Those in a Long Term Care (LTC) facility or when an outbreak is considered,
- (iii) Those hospitalized or those sick enough to be hospitalized,
- (iv) Children <5 years please indicate if FLUA/B/RSV testing is required (in addition to COVID-19 testing).

If FLUA/B/RSV is required, either the provider or the submitting laboratory will need to inform the BCCDC Public Health Laboratory.

If the FLUA/B/RSV and COVID-19 PCR are negative, samples will be further tested using a multiplex respiratory panel for a wide range of respiratory pathogens for the indications outlined above, or on special request.

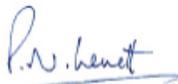
Please note, only one sample needs to be collected for COVID-19, FLUA/B/RSV and multiplex testing.

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

Sincerely,



Mel Krajden, MD, FRCPC
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Provincial Health Services Authority
Province-wide solutions.
Better health.

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

Table 2: [BCCDC guideline for intended use of influenza vaccine](#) for 2020/21 influenza immunization program.

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 2020/21 season: FLULAVAL® TETRA, FLUZONE® QUADRIVALENT, FLUMIST® QUADRIVALENT, FLUVIRAL®, AGRIFLU®, FLUAD® and FLUZONE® HIGH-DOSE.

The intended use of these vaccines by age group of recipient for the 2020/21 season is as follows:

Age Group	Vaccine ^A	Comments
6-23 months of age	<ul style="list-style-type: none"> FLULAVAL® TETRA FLUZONE® QUADRIVALENT 	<ul style="list-style-type: none"> For children 6-23 months of age, FLULAVAL® TETRA and FLUZONE® QUADRIVALENT are the recommended products. If these products are unavailable, FLUVIRAL® or AGRIFLU® should be used.
2-17 years of age	<ul style="list-style-type: none"> FLUMIST® QUADRIVALENT FLULAVAL® TETRA FLUZONE® QUADRIVALENT 	<ul style="list-style-type: none"> If a quadrivalent product is unavailable, FLUVIRAL® or AGRIFLU® should be used.
18-64 years of age	<ul style="list-style-type: none"> FLUVIRAL® AGRIFLU® 	<ul style="list-style-type: none"> In the event of a surplus of FLULAVAL® TETRA or FLUZONE® QUADRIVALENT in the provider's inventory beyond that required for those under 18 years old, these vaccines may be provided to those 18 years of age and older.
65 years of age and older	<ul style="list-style-type: none"> FLUVIRAL® FLUAD® AGRIFLU® 	<ul style="list-style-type: none"> In the event of a surplus of FLULAVAL® TETRA or FLUZONE® QUADRIVALENT in the provider's inventory beyond that required for those under 18 years old, these vaccines may be provided to those 65 years of age and older.
65 years of age and older living in long term care and assisted living facilities	<ul style="list-style-type: none"> FLUZONE® HIGH-DOSE 	<ul style="list-style-type: none"> If FLUZONE® HIGH-DOSE is unavailable, FLUVIRAL®, FLUAD® or AGRIFLU® 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 2020-2021](#). Non-publicly funded influenza vaccines may be available for purchase at local pharmacies and travel clinics.

As it is expected that FLUZONE® HIGH-DOSE will be marketed to community-based seniors in BC, as in prior years, BCCDC has produced and updated a [FLUZONE® HIGH-DOSE 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.