

Ministry of Health

Health Care Provider Qs & As: Information for the 2019/2020 Influenza Season

This Qs & As sheet is intended for informational purposes only. It is not intended to provide medical or legal advice.

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A. Universal Influenza Immunization Program

1. What is the Ontario Universal Influenza Immunization Program (UIIP)?

Ontario's Universal Influenza Immunization Program (UIIP) offers influenza vaccine free of charge each year to all individuals six months of age and older who live, work or go to school in Ontario.

2. Where and how can Ontarians access publicly funded influenza vaccine?

The influenza vaccine is available at no cost to the public through primary care providers, public health units, pharmacies (for those 5 years of age and older), and in various other settings such as long-term care homes, workplaces, hospitals and community health centres. Vaccine product availability may vary by location. During the influenza season, Ontarians can contact their local public health unit if they require assistance locating influenza vaccine. A list of local public health units is available at:

www.health.gov.on.ca/en/common/system/services/phu/locations.aspx.

Individuals may be required to provide proof that they live, work or attend school in Ontario to receive the vaccine. Many different identification (ID) documents are accepted to prove eligibility (e.g., health card, registered mail, pay stub, student card).

B. Influenza Burden

3. How many people typically become infected with influenza every year?

In the 2018/2019 influenza season, there were 48,818 laboratory-confirmed cases of influenza reported nationally to FluWatch, Canada's surveillance system that monitors the spread of influenza and influenza-like illness. It is important to note that there are many more people infected with influenza each year in Canada; most people with influenza do not seek health care and/or do not have a specimen taken, so are not included in the case counts for those with laboratory-confirmed influenza.

4. How many people are hospitalized or die of influenza every year?

Influenza and pneumonia are ranked among the top 10 leading causes of death among the Canadian population. According to Canada's National Advisory Committee on Immunization (NACI), it is estimated that approximately 12,200 influenza related hospitalizations and 3,500 deaths related to influenza occur on average in Canada each year. The actual numbers can vary from year to year depending on the severity of the influenza season.

<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2019-2020.html#I12>

5. Who should receive the influenza vaccine?

The influenza vaccine is recommended for people six months of age and over without contraindications. Although infants less than six months of age are at high risk of complications from influenza, influenza vaccines are not authorized for use in infants less than six months of age. Individuals in the following three groups are particularly recommended to receive the influenza vaccine:

- i. Individuals at high risk of influenza-related complications or who are more likely to require hospitalization:
 - All pregnant women
 - People who are residents of nursing homes or other chronic care facilities
 - People ≥ 65 years of age
 - All children 6-59 months of age
 - Indigenous peoples
 - Adults or children 6 months of age and over with chronic health conditions as follows:
 - cardiac or pulmonary disorders
 - diabetes mellitus or other metabolic disease
 - cancer
 - conditions or taking medication which compromise the immune system
 - renal disease
 - anemia or hemoglobinopathy
 - neurologic or neurodevelopmental conditions
 - morbid obesity (body mass index of ≥ 40)
 - children and adolescents (6 months to 18 years) undergoing treatment with acetylsalicylic acid for long periods
- ii. Individuals capable of transmitting influenza to those listed in group (i) and/or to infants under 6 months of age:
 - Health care workers and other care providers in facilities and community settings
 - Household contacts (adults and children) of individuals at high risk of influenza related complications
 - Persons who provide care to children ≤ 59 months of age
 - Those who provide services within a closed or relatively closed setting to persons at high risk of influenza related complications (e.g. crew on a ship)
- iii. Swine and poultry industry workers.

C. 2019/2020 Universal Influenza Immunization Program

6. Which influenza vaccines will be publicly funded as part of the UIIP in 2019/2020?

	Quadrivalent Inactivated Vaccine			High-Dose Trivalent Inactivated Vaccine				
UIIP Abbreviation	QIV			High-dose TIV				
NACI Abbreviation	IIV4-SD			IIV3-HD				
Vaccine product	FluLaval Tetra	Fluzone® Quadrivalent	Afluria® Tetra	Fluzone® High-Dose				
Micrograms of HA	15 µg	15 µg	15 µg	60 µg				
Dosage	0.5 ml	0.5 ml	0.5 ml	0.5 ml				
Format	Multidose vial	<ul style="list-style-type: none"> • Multidose vial (MDV) • Prefilled syringe (PFS) 	Prefilled syringe	Prefilled syringe				
Route	Intramuscular injection	Intramuscular injection	Intramuscular injection	Intramuscular Injection				
Age indication	≥6 months	≥6 months	≥5 years	≥65 years				
Most common allergens	<ul style="list-style-type: none"> • Egg protein* • Thimerosal 	<table border="1"> <tr> <td>MDV</td> <td> <ul style="list-style-type: none"> • Egg protein* • Thimerosal </td> </tr> <tr> <td>PFS</td> <td> <ul style="list-style-type: none"> • Egg protein* </td> </tr> </table>	MDV	<ul style="list-style-type: none"> • Egg protein* • Thimerosal 	PFS	<ul style="list-style-type: none"> • Egg protein* 	<ul style="list-style-type: none"> • Egg protein* • Neomycin • Polymyxin B 	<ul style="list-style-type: none"> • Egg protein*
MDV	<ul style="list-style-type: none"> • Egg protein* • Thimerosal 							
PFS	<ul style="list-style-type: none"> • Egg protein* 							

*NACI indicates that egg-allergic individuals may be vaccinated against influenza using the full dose of any appropriate product, including high-dose TIV.

HA refers to hemagglutinin

Important notes:

- Fluzone® Quadrivalent and Fluzone® High-Dose are different products. Fluzone® High-Dose is only authorized for those 65 years of age and over. Please use caution when administering Fluzone® products to ensure that the right vaccine is being administered to the right person.
- Fluzone® High-Dose will be available through primary care providers (e.g. physicians and nurse practitioners), participating retirement homes, long-term care homes and hospitals. Fluzone® High-Dose will not be available through the publicly funded program at pharmacies.

- Afluria® Tetra is only authorized for children 5 years of age and over and should not be used in younger children.
- FluMist® will not be available in Canada for the 2019/2020 influenza season.
- Publicly funded influenza vaccines must be administered by a regulated health professional who is authorized to administer vaccines, or by an appropriately trained individual with the necessary equipment operating under delegation from a regulated health professional who is authorized to administer vaccines.
- Publicly funded vaccine may be administered to individuals who meet the eligibility criteria for the UIIP (i.e. individuals who are 6 months of age and older who live, work or study in Ontario) and without contraindications to the vaccine.
- Trained pharmacists may only administer publicly funded influenza vaccine to individuals 5 years of age and older.

7. Which vaccines are individuals eligible to receive as part of the UIIP?

Age Group	QIV			High-Dose TIV
	FluLaval Tetra	Fluzone® Quadrivalent	Afluria® Tetra	Fluzone® High-Dose
6 months up to and including 4 years	✓	✓		
5 years up to and including 64 years	✓	✓	✓	
≥65 years	✓	✓	✓	✓

NOTE: NACI has not identified any preference between QIV and high-dose TIV products for individuals 65 years of age and older.

8. Which vaccine works better in individuals ≥65 years of age?

Please refer to the following:

- Question 3 in the Health Care Provider Qs & As: Information for individuals ≥65 years of age fact sheet and;
- Public Health Ontario’s Influenza Vaccines for the 2019-20 Influenza Season - Focus on Adults 65 Years of Age and Over available at: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/influenza>.

9. What are the recommended needle gauge and lengths for intramuscular injections for different age groups?

	Infants, toddlers and older children	Adolescents and adults
Recommended needle gauge	22-25	22-25
Recommended needle length	7/8 - 1 inch	1 - 1½ inch

10. What are the post-puncture shelf life and product dimensions for the vaccine products offered in the 2019/2020 UIIP?

	FluLaval Tetra	Fluzone® Quadrivalent		Afluria® Tetra	Fluzone® High-Dose
Post-puncture shelf life	28 days*	MDV	28 days*	N/A	N/A
		PFS	N/A		
Package dimension (cm)	2.7 x 2.7 x 6.9	MDV	3 x 2.9 x 6.2	12.7 x 6.35 x 9.4	10 x 9 x 2.2
		PFS	10.4 x 8.9 x 3.8		

* Return vials with remaining doses to PHU or OGPMSS (for Toronto clients) as wastage

MDV = multi-dose vial; PFS = prefilled syringe; N/A = not applicable

11. Which strains of influenza are covered by the 2019/2020 influenza vaccines?

For the northern hemisphere’s 2019/2020 season, the World Health Organization (WHO) has recommended the following strains be included:

Quadrivalent vaccine (i.e. QIV):

- A/Brisbane/02/2018 (H1N1) pdm09-like virus;
- A/Kansas/14/2017 (H3N2)-like virus;
- B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

Trivalent vaccines (i.e. high-dose TIV):

- A/Brisbane/02/2018 (H1N1) pdm09-like virus;
- A/Kansas/14/2017 (H3N2)-like virus; and
- B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage).

D. Influenza Vaccine

12. How well does the influenza vaccine protect against influenza?

Influenza viruses change constantly (this is called antigenic drift) – they can change from one season to the next or they can even change within the course of one influenza season. The influenza vaccine is made to protect against the influenza viruses that surveillance and research indicate will likely be most common during the upcoming influenza season as recommended by the World Health Organization.

Protection from the influenza vaccine varies from year to year depending on how well the strains included in the vaccine match the circulating strains and other factors. Influenza immunization has been shown to reduce the number of physician visits, hospitalizations and deaths. Although a less than ideal match may result in reduced vaccine effectiveness, even mismatched vaccines generally provide some protection against circulating influenza viruses.

It takes about two weeks following immunization to develop protection against influenza. As protection wanes over time and virus strains change frequently, it is important to be immunized each year (influenza season). The vaccine will not protect against colds and other respiratory illnesses that may be mistaken for influenza.

13. Do individuals need to receive the influenza vaccine every year?

Expert advisory groups recommend that the influenza vaccine be administered annually because influenza viruses change often and immunity wanes between influenza seasons.

14. Can the influenza vaccine be given at the same time as other vaccines?

The influenza vaccine may be given at the same time as other vaccines or at any time before or after other vaccines. If given at the same time as other vaccines given by injection, separate limbs should be used if possible. Alternatively, the injections may be administered into the same muscle separated by at least 2.5 cm (1"). Different administration sets (needle and syringe) must be used for each vaccine given by injection.

15. Are the influenza vaccines safe?

The influenza vaccines authorized for use in Canada are safe and well tolerated. As with other vaccines used in Canada, they must be authorized for use and monitored by Health Canada.

16. What are the risks from the influenza vaccine?

The influenza vaccine, like any medicine, can cause side effects, which in most cases are mild, lasting only a few days. Life-threatening allergic (anaphylactic) reactions are very rare. If they do occur, it is typically within a few minutes to a few hours after receiving the vaccine. If this type of reaction occurs, medical attention should be sought immediately. For details on common

side effects from the influenza vaccines, as well as serious reactions requiring medical attention, please refer to the age specific Health Care Provider Qs & As sheets.

Other rare events associated with the influenza vaccine include the following:

Guillain-Barré Syndrome (or GBS)

GBS is a very uncommon disease that causes muscle paralysis and has been associated with certain infectious diseases (e.g., *Campylobacter*, a bacteria that causes diarrhea). Overall, the risk of GBS occurring in association with influenza immunization is very small. In comparison to the very small risk of GBS, the risk of illness and death associated with influenza is much greater. In addition, influenza illness itself can cause GBS, and the risk of GBS from influenza illness was found to be greater than the risk from the vaccine. Individuals who have developed GBS within 6 weeks of an influenza vaccination, should generally avoid subsequent influenza vaccinations, however, this should be weighed against the risks of not being vaccinated.

Oculorespiratory Syndrome (ORS)

In Canada, during the 2000/2001 influenza season, ORS was reported after administration of the influenza vaccine in some individuals. Symptoms include redness in both eyes that are not itchy, plus one or more respiratory symptoms occurring within 24 hours of influenza immunization, with or without swelling of the face. Since the 2000/2001 influenza season, few cases of ORS have been reported.

Individuals who experienced ORS symptoms in the past may be safely re-immunized with influenza vaccine except for those who have experienced ORS with severe lower respiratory symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of influenza immunization. These individuals should seek expert medical advice before being immunized again with influenza vaccine.

Health care providers (e.g., physicians, nurses and pharmacists) are required by law (i.e., Health Protection and Promotion Act, s. 38) to report adverse events following immunization (AEFI).

Reports should be made using the Ontario AEFI Reporting Form (available at: www.publichealthontario.ca/vaccinesafety) and sent to the local public health unit (available at: www.health.gov.on.ca/en/common/system/services/phu/locations.aspx).

For additional information on influenza or the vaccine, please visit the following websites or call your local public health unit:

- a) Universal Influenza Immunization Program: www.ontario.ca/Influenza
- b) Public Health Agency of Canada - National Advisory Committee on Immunization (NACI) Statement on Seasonal Influenza Vaccine: www.phac-aspc.gc.ca/naci-ccni/#rec
- c) Public Health Ontario: www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/influenza
- d) Immunize Canada: www.immunize.ca
- e) Centers for Disease Control and Prevention (CDC) - Seasonal Influenza: www.cdc.gov/flu
- f) ServiceOntario, INFOline: 1-866-532-3161 toll free in Ontario (TTY: 1-800-387-5559)
- g) For a list of public health unit locations, please visit:
<http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

Version française disponible en communiquant avec le 1 866 532-3161 ATS: 1 800 387-5559
(web site: www.health.gov.on.ca/fr/ccom/flu/)