



## Community Medicine Newsletter

### Influenza Vaccine Pick up

- Vaccine will be available for pick-up at LGH outside the Doctor's Lounge on:

**Wednesday OCTOBER 12th, 2011  
8:00am to 11:00am  
Lion's Gate Hospital Lobby**

- You will receive 50% of your influenza vaccine based on your 2010-2011 Influenza Utilization Reports to a maximum of 500 doses at this time.
- Further doses of vaccine may be ordered through the Doctor's Vaccine line @604-983-6784.

#### Notes and Reminders:

- Vaccines must be transported to your offices in a cooler with an ice pack (frozen) and flexible blankets (refrigerated). Vaccines will be withheld in the absence of an iced cooler.
- You will receive mainly Fluviral<sup>®</sup> vaccine this year and a small amount of Fluad<sup>®</sup> **for seniors over age 75**. (Please see attached Community Medicine Newsletter for information on these products).
- Reminders:
  - Fluviral<sup>®</sup> must be used within **28** days of puncturing vial.
  - Fluad<sup>®</sup> is a pre-filled syringe. You will need more space in your fridges to store this product and adequate cooler space for pick-up.
- Influenza vaccine utilization forms will be enclosed with your vaccine for your completion. Please ensure that the information is complete and accurate. Next year's influenza vaccine supply for your practice will be based on the number of ELIGIBLE recipients immunized this year. Completed utilizations forms should be submitted to this office by of **JANUARY 15, 2012**.
- For your convenience, LGH will have influenza vaccine available for inpatient use. This supply of vaccine may be administered to AT-RISK inpatients prior to discharge.
- Please contact the CDC Nurse on call at 604-983-6700 if you have any medical questions regarding the Influenza program.

### Update about 2011-2012 Influenza Vaccine Program

**1. Provincial influenza vaccination campaign will be launched the week of October 11<sup>th</sup>. Vaccine pick up date and location will be circulated closer to this date.**

**Dose: The vaccine dose for children aged 6 – 35 months has changed from 0.25 mL to 0.5 mL; hence all influenza vaccine recipients can now receive a dose of 0.5 mL regardless of age.** Studies have shown that a 0.5 mL dose produces a higher antibody response in children without an increase in adverse effects. Children < 9 years of age receiving a seasonal flu shot for the first time still require two doses given four weeks apart.

**Products:** Publicly funded products include Fluviral® ( $\geq 6$  months of age) and Flud® (seniors  $\geq 75$  years of age). Limited quantities of Agriflu® are available for thimerosal allergic individuals by referral to local public health.

Flumist®, a live-attenuated intranasal vaccine, has received preferential recommendation by the National Advisory Committee on Immunization (NACI) for healthy children 2 – 17 years of age. This vaccine is not publicly funded but available by prescription.

**Eligibility criteria for publicly funded vaccine remain the same as last year.** Influenza vaccine is recommended for everybody but publicly funded for high risk individuals, contacts of high risk individuals and those who provide essential community service.

**Vaccine safety:**

**Oculo-respiratory syndrome (ORS):** ORS consists of bilateral red eyes and respiratory symptoms (such as cough, wheeze, sore throat, chest tightness, difficulty breathing, difficulty swallowing, or hoarseness) starting within 24 hours of vaccination. Five percent of influenza vaccine recipients may report one or more symptoms consistent with ORS. Upon revaccination, majority of individuals (65-95%) do not experience ORS and repeat episodes tend to be mild. A history of severe ORS (wheezing, chest tightness/discomfort, difficulty breathing, severe sore throat/constriction or difficulty swallowing) is considered a precaution to receipt of influenza vaccine. Please explore this history to differentiate between severe ORS and anaphylaxis. Consultation with a Medical Health Officer is available.

**Small risk of febrile seizures noted in children with concomitant administration of influenza vaccine and Prevnar 13.** This risk is estimated at 1 in 2,225 vaccine recipients. The two vaccines are given together to all children at 12 months of age, though some high risk children will also receive both at 6 months of age. Parents of children receiving the two vaccines together should be advised about this risk. Febrile seizures can occur in susceptible children following fever from any cause. Prophylactic use of antipyretics (acetaminophen or ibuprofen) at the time of vaccination does not decrease seizure risk and is not recommended; however, age and weight appropriate dose of antipyretics should be used to treat fever should it occur.

**2. Information about seniors' influenza vaccine program evaluation study**

This year, community dwelling seniors  $\geq 75$  years in Vancouver Coastal Health and Fraser Health are being offered Flud®, an adjuvanted vaccine while remaining health authorities are offering Fluviral® to their seniors. This presents an ideal opportunity to evaluate whether the two vaccines are equivalent in terms of protecting seniors from influenza-like-illness (ILI).

**To assist with this evaluation, we ask you to do the following:**

- Please provide seniors with a colour coded wallet size card at the time of vaccination (blue for Flud® recipients and yellow for Fluviral® recipients). Colour coded vaccine cards will be distributed with the influenza vaccine.
- When seniors present to you for assessment of an ILI, please test them for influenza using viral swabs that will be mailed to you at a later date.

The study team based out of Fraser Health and TASC Research Services will follow up all individuals tested for influenza with a ten minute phone survey. This evaluation activity has received ethics approval by UBC and Fraser Health. It is currently being reviewed by ethics committees at Vancouver Coastal Health and Vancouver Island Health Authorities. Additional study information and tools will be mailed to you later this fall.

Sincerely,



Brian A. O'Connor, MD, MHSc  
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