

2021-2022  
SEASONAL INFLUENZA  
VACCINE  
INFORMATION FOR  
IMMUNIZATION  
PROVIDERS

Public Health New Brunswick (PHNB)

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## 2021-2022 Seasonal Influenza Vaccine Information for Immunization Providers

Public Health New Brunswick (PHNB) monitors influenza activity through its surveillance system year-round; however, the majority of influenza activity occurs between October and April.

*For ongoing information on influenza activity, please see our weekly NB flu report which is posted on our website at: [http://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/influenza/influenza\\_surveillance\\_activities.html](http://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/influenza/influenza_surveillance_activities.html)*

### **RESPONSIBILITIES OF ALL IMMUNIZATION PROVIDERS**

#### **1. What are my accountabilities as an immunization provider?**

All immunization providers of all publicly funded vaccines, including influenza and pneumococcal, shall practice according to the [New Brunswick Immunization Program Guide \(NBIPG\)](#).

This includes but is not limited to:

#### Reporting to Public Health

Adverse Events Following Immunization (AEFI) are to be reported to the local Regional Health Authority (RHA) Public Health as per Policy 2.7 and Standard 3.8 of the [New Brunswick Immunization Program Guide](#) and using the *New Brunswick AEFI Report Form* found at:

<https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/Epidemiology/NBAEFIFormE.pdf>

#### Recording

Regulation 2009-136, section 14 under the *Public Health Act* requires that all immunization providers provide the client with a record of immunization. Immunization cards are available at your local RHA Public Health office.

#### Management of Vaccine/Cold Chain (see Q 13)

#### Competency

All providers of publicly funded vaccine shall be deemed competent by their employing agency as per *Policy 2.4* of the [New Brunswick Immunization Program Guide](#).

#### Safety

Immunization providers must ensure that:

- Adrenaline is present during vaccine administration.
- The 15-minute post-vaccination observation period should be maintained for settings that can adhere to appropriate public health and infection prevention and control measures.
- A shorter post-vaccination observation period, between 5 to 15 minutes after influenza immunization, may be considered, but only when appropriate physical distancing in post-vaccination waiting areas cannot be maintained due to the number of individuals being immunized, and only when the following specific conditions are met:
  - Past history of receipt of influenza vaccine and no known history of severe allergic reactions (including anaphylaxis) to any component of the influenza vaccine being considered for administration

- No history of other immediate post-vaccination reactions (e.g., syncope with or without seizure) after receipt of any vaccines.
- The vaccine recipient is accompanied by a parent/guardian (in the case of a child) or responsible adult who will act as a chaperone to monitor the vaccine recipient for a minimum of 15 minutes post-vaccination. In the case of two responsible adults, both can be vaccine recipients for the purposes of this criterion, if both agree to monitor the other post-vaccination.
- The vaccine recipient will not be operating a motorized vehicle or self-propelled or motorized wheeled transportation (e.g., bicycle, skateboard, rollerblades, scooter), or machinery for a minimum of 15 minutes after vaccination.
- The vaccine recipient and the parent/guardian or responsible adult chaperone are aware of when and how to seek post-vaccination advice and given instructions on what to do if assistance and medical services are required.
- The vaccine recipient and the parent/guardian/responsible adult agree to remain in the post-vaccination waiting area for the post-vaccination observation period and to notify staff if the recipient feels or looks at all unwell before leaving. They should be informed that an individual exhibiting any symptom suggestive of an evolving AEFI at the end of the shortened post-observation period necessitates a longer period of observation in the clinic.
- The immunization is documented including the lot number of the vaccine. **This is important information in the event there is a vaccine recall or an individual experience an adverse event following immunization (AEFI).**

### **Ordering / Receiving Vaccine**

New Brunswick's influenza vaccine is expected to arrive in October. All orders will be reviewed to ensure equitable distribution to all health care providers. Priority groups will be established for supply distribution to ensure that individuals at highest risk receive vaccine first (i.e. hospitals, long-term facilities, etc.).

In the past years, manufacturers supplying Canada with influenza vaccine have experienced shortages or delays in the delivery of their vaccines for various reasons, which are beyond the control of the provinces and territories. To allow for sufficient time to deliver this year's influenza vaccine to your facility/clinic, **do not schedule your immunization clinics before you have received the vaccine.** Also, New Brunswick receives a percentage of the overall influenza vaccine order for the season **in four or more** shipments over several weeks, so you will **not** receive 100% of your vaccine order in the beginning.

Although vaccination before the onset of the influenza season is strongly preferred (in October or early November), vaccine providers should use every opportunity to give influenza vaccine during the current season, even after influenza activity has been documented in the community (after April).

Regional Public Health will only release vaccine to immunization providers who bring insulated containers large enough to hold vaccine, ice/gel pack, insulating materials, and temperature monitoring devices (min-max thermometers).

NEW Influenza Vaccine Ordering process	
Immunization provider	Where to order influenza vaccine
Health care practitioners (physicians, nurse practitioners, and midwives) within the city limits of <b>Dieppe, Moncton, Fredericton, Saint John, Rothesay only (urban areas)</b>	<p>This group of health care practitioners send orders to their applicable sub-depots</p> <ul style="list-style-type: none"> <li>• Jean Coutu Champlain St. Dieppe,</li> <li>• Jean Coutu St. George St. Moncton,</li> <li>• Jean Coutu University Ave Saint John,</li> <li>• Kennebecasis Drugs Rothesay,</li> <li>• Fredericton Ross Drugs Rookwood,</li> <li>• Southside Pharmacy Fredericton</li> </ul> <p>These sub-depots enter orders in the Public Health Information Solution (PHIS) through Product Requisition.</p> <p>The product is distributed from McKesson to sub-depots for pick-up.</p>
All Health care practitioners (physicians, nurse practitioners, and midwives) in areas not serviced by the above sub-depots in Dieppe, Fredericton, Saint John, and Rothesay	This group of health care practitioners send orders to local Regional Public Health (PH) Offices as per usual process. The PH offices enter orders in PHIS through Product Requisition.
	The product is distributed from McKesson to Regional Public Health office for pickup as per usual process.
Licensed Nursing Homes and Non-Licensed Nursing Homes i.e. DVAs	Nursing Homes send orders to Central Serum Depot (CSD) who enter orders in the PHIS through Product Requisition.
	The product is distributed from McKesson to Nursing Homes.
First Nation health care practitioners and nurses	FN communities send orders to CSD who enter orders in the PHIS through Product Requisition.
	The product is distributed from McKesson to FNs communities.
Extra Mural Program (EMP) for in home patients and residents of Adult Residential Facilities (ARF)	EMP send orders to CSD who enter orders in the PHIS through Product Requisition.
	The product is distributed from McKesson to EMP offices.
Hospital pharmacies for administration to inpatients and staff (excluding hospital sub-depots), Mental Health/Addiction institutions and Correctional Facilities	Hospital pharmacies, Mental Health/Addiction institutions and Correctional Facilities send orders to CSD who will enter the order in the PHIS through Product Requisition.
	The product is distributed from McKesson to Hospital pharmacies, Mental Health/Addiction institutions and Correctional Facilities.
Community Pharmacies (including sub-depot pharmacies for their own supply)	Community Pharmacies submit orders to the Vaccine Command Center.
	Matrix distributes to Shoppers Drug Mart and Loblaws pharmacies.
	McKesson distributes to all other community pharmacies.
Public Health and sub-depots (including hospital sub-depots)	PH and sub-depots enter orders directly into the PHIS through Product Requisition.
	The product is distributed from McKesson to PH offices and sub-depots.

## Product Information for Pharmacies:

Supplier	Product name	DIN
Sanofi Pasteur	Fluzone (Multidose vial)	02432730
Sanofi Pasteur	Fluzone (Prefilled syringe)	02420643
Sanofi Pasteur	Fluzone High Dose	02500523
GSK	FluLaval Tetra (Multidose vial)	02420783

## Reporting Administration of Influenza Vaccines

- Physicians/Nurse Practitioners – all influenza vaccines administered by physicians/NPs and submitted to Medicare for billing purposes are captured in the Public Health Information Solution (PHIS) through integration of the two systems. Physicians/NPs **do not** have to complete paper admin forms for vaccines submitted to medicare.
- Pharmacists – all influenza vaccines administered by pharmacists and entered into the Drug Information System (DIS) are captured in the Public Health Information Solution (PHIS) through integration of the two systems. Pharmacists **do not** have to complete paper admin forms for influenza vaccines recorded in DIS.
- First Nation Community Health Centres – Community Health Nurses administering influenza vaccines in First Nation Communities who do not have access to PHIS need to submit paper admin forms (follow the process below).
- Nursing Homes/ARFS – Nursing homes/ARFs who have their own nursing staff administer influenza vaccine need to submit paper admin forms (follow the process below). If physicians or pharmacists administer influenza vaccine in these facilities, they do not have to complete paper admin forms if they are recording vaccines in medicare or DIS.
- EMP – EMP nurses do not have access to PHIS need to submit paper admin forms (follow the process below).

## Process for Submitting Paper Admin forms

All completed influenza paper administration forms (these forms will be provided in October) need to be sent via Canada Post Xpress post which is considered a secure method of delivery. These forms must be placed in an envelope, seal the flap and write initials on the flap. Then mail the envelopes to:

Mark Mason  
GNB Department of Health  
HSBC Place  
520 King Street, 4<sup>th</sup> Floor Reception  
Fredericton, NB. E3B 5G8

Each time you mail an envelope, you must send an email to [Phisisp@gnb.ca](mailto:Phisisp@gnb.ca) notifying them that an envelope has been sent and provide the following information:

- # of admin forms in envelope
- Tracking number for envelope

The data entry team will send a reply to you when the envelope has been received.

## **ELIGIBILITY**

### **2. Who is eligible for publicly funded 2021-2022 seasonal influenza vaccine?**

- A universal influenza vaccine program will be publicly funded for all New Brunswick residents. Quadrivalent influenza vaccine will be offered to individuals age 6 months and older including residents of long-term care facilities who are under the age of 65 years at no cost to the recipients.
- Fluzone® High-Dose Quadrivalent vaccine will be offered to all those aged 65 years and older at no cost to the recipients.

For more information please check the website at: [www.gnb.ca/flu](http://www.gnb.ca/flu)

## **2021-2022 VACCINE COMPONENTS/PRODUCTS**

### **3. What is High-Dose Influenza Vaccine?**

Fluzone High-Dose is a four-component (quadrivalent) inactivated influenza vaccine that is licensed specifically, for people 65 years and older. The High-Dose vaccine contains four times the antigen of standard-dose inactivated influenza vaccines which is intended to give older people a stronger immune response (i.e., higher antibody levels), and therefore, better protection against influenza.

### **4. What are the components of the 2021-2022 seasonal influenza vaccines?**

It is recommended that quadrivalent vaccines for use in the 2021- 2022 northern hemisphere influenza season contain the following:

Egg-based vaccines

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
- an A/Cambodia/e0826360/2020 (H3N2)-like virus;
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus; and
- a B/Washington/02/2019 (B/Victoria lineage)-like virus

### **5. What products are being used for the 2021-2022 seasonal influenza?**

- Flulaval® Tetra (GSK)
- Fluzone® Quadrivalent (Sanofi)
- Fluzone® High-Dose (Sanofi)

Flulaval® Tetra and Fluzone® Quadrivalent are supplied in 10 dose vials. A small quantity of Fluzone® Quadrivalent single use pre-filled syringes will be available.

Fluzone® High-Dose Quadrivalent is supplied in pre-filled syringes.

## **SIDE EFFECTS/CONTRAINDICATIONS**

### **6. What are the side effects of the seasonal influenza vaccine?**

One third of those immunized report soreness at the injection site for up to two days. Flu-like symptoms (fever, sore muscles, and tiredness) may occur within 6 to 12 hours after immunization and last 1 to 2 days, especially in those receiving the vaccine for the first time. Anaphylactic hypersensitivity reactions occur rarely.

### **7. Can the seasonal influenza vaccine cause influenza illness?**

The seasonal influenza vaccine does not contain live virus and therefore cannot cause influenza.

### **8. Who should NOT routinely be given seasonal influenza vaccine?**

The following people should **not** routinely receive seasonal influenza vaccine:

- Infants less than 6 months of age;
- People who have had a serious allergic reaction (anaphylaxis) to any of the components of influenza vaccine (with the exception of egg);
- People who have a serious acute febrile illness;
- People known to have had Guillain-Barré Syndrome (GBS) within 6 weeks of a previous influenza vaccine. *It is not known whether influenza vaccination is causally associated with increased risk of recurrent GBS in persons with a previous history of GBS due to any cause. Avoiding subsequent influenza vaccination of persons known to have had GBS within six weeks of a previous influenza vaccination appears prudent at this time.*

### **9. Should people who have experienced Ocular Respiratory Syndrome (ORS) following receipt of a previous seasonal influenza vaccine be immunized with the seasonal influenza vaccine?**

Oculo-respiratory syndrome (ORS), which is defined as the presence of bilateral red eyes and one or more associated symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness, or sore throat) that starts within 24 hours of vaccination, with or without facial edema, was found during the 2000–2001 influenza season; few cases have been reported since then. ORS is not considered to be an allergic response.

There is no evidence to suggest that oculo-respiratory syndrome (ORS) will be a concern following immunization. Individuals who have experienced ORS, including those with a severe presentation (bilateral red eyes, cough, sore throat, hoarseness, facial swelling) but without lower respiratory tract symptoms, may be safely re-immunized with influenza vaccine.

Persons who experienced ORS with lower respiratory tract symptoms (wheeze, chest tightness, difficulty breathing) within 24 hours of immunization, an apparent significant allergic reaction to the immunization or any other symptoms (throat constriction, difficulty swallowing) that raise concerns regarding the safety of re-immunization should have a consultation with a Medical Officer of Health or another expert.



## **10. Should people who are allergic to eggs receive the seasonal influenza vaccine?**

All influenza vaccine products authorized for use in Canada are manufactured by a process involving chicken eggs, which may result in the vaccines containing trace amounts of residual egg protein. NACI has concluded that egg allergic individuals without other contraindications may be vaccinated against influenza (with any product) without a prior influenza vaccine skin test and with the full dose. The vaccine may be given in any settings where vaccines are routinely administered. As with any vaccine, immunizers should always be prepared for and have the necessary equipment to respond to a vaccine emergency. For further information please see the [Canadian Immunization Guide Chapter on influenza and statement on seasonal influenza vaccine for 2021–2022](#).

## **11. Should pregnant women receive the seasonal influenza vaccine?**

All pregnant women should receive seasonal influenza immunization, as evidence demonstrates they are at higher risk of complications from influenza.

## **12. Is seasonal influenza vaccine safe for breastfeeding mothers?**

Seasonal influenza vaccine is safe for breastfeeding mothers.

## **VACCINE STORAGE/ADMINISTRATION**

### **13. How should the seasonal influenza vaccines be stored?**

- Influenza vaccine must be stored between 2 °C - 8 °C at all times.
- The vaccine should not be frozen and must be protected from light.
- If vaccine is exposed to an adverse storage condition, please contact the manufacturer first for instructions.
- Any unused/outdated vaccine is to be returned to CSD, McKesson Canada, or Matrix Distribution Centre.
- Attention must be paid to the duration of stability of vaccine once it has been opened.

### **14. How long can a vial of influenza vaccine be used once it is opened?**

- An opened vial of Flulaval Tetra must be used within 28 days from the date it was opened.
- A multidose vial of Fluzone® or FLUZONE® High-Dose which has been entered and stored at 2° to 8°C may be used up to the expiry date indicated on the vial label.

### **15. Can I draw up the seasonal influenza vaccine into syringes to be used at a later time?**

The manufacturer has no data to confirm that immunogenicity of the product will be preserved after prolonged exposure to the plastic of the syringe. The company also has concerns regarding bacterial contamination. Therefore, influenza vaccine should be injected as soon as possible after being drawn up.

### **16. How is the seasonal influenza vaccine administered?**

- The seasonal influenza vaccine is administered intramuscularly.
- The deltoid muscle is the recommended site in adults/ older children (> 1 year old).
- The anterolateral thigh is the recommended site in infants (< 1 year old)

## **DOSAGE**

### **17. What is the dosage and frequency of the seasonal influenza vaccines?**

For intramuscular quadrivalent influenza vaccine (QIV), the dose is 0.5 ml for all age groups.

#### **Recommended Influenza Vaccine Doses by Age**

<b>Age Group</b>	<b>Dose</b>	<b>No. of Doses</b>
9 years and older	0.5 ml	1
6 months-8 years*	0.5 ml	1 or 2*
QIV for under 65 years old	0.5 ml	1
65+ and receiving <b>FluZone HD</b>	0.7 ml	1

\* Children 6 months to less than 9 years of age who have never received the seasonal influenza vaccine require two doses of influenza vaccine, with a minimum interval of four weeks between doses. Eligible children <9 years of age who have received one or more doses of seasonal influenza vaccine in the past should receive one dose per season thereafter.

## **IMMUNOGENICITY AND EFFICACY**

### **18. How soon following immunization does protection develop and how long does it last?**

Protection from the seasonal influenza vaccine generally begins 10 to 14 days after immunization and may last 6 months or longer.

## **ADMINISTRATION OF OTHER VACCINES**

### **19. Can you receive seasonal influenza vaccine before or after having donated/received blood or Immune Globulin?**

Yes.

### **20. Can seasonal vaccine, adult pertussis vaccine, and pneumococcal vaccine be given at the same time?**

Yes, they can be administered at the same time, but they should be administered via separate syringes in different sites. Pneumococcal immunization is recommended once in a lifetime, except in certain high-risk individuals as specified in the Canadian Immunization Guide. Pertussis vaccine is recommended in childhood and adolescence, once as an adult, and during every pregnancy ideally between 27 and 32 weeks of gestation.

### **21. Can seasonal influenza vaccine be administered if other non-covid-19 vaccines have been received recently?**

You can administer seasonal influenza vaccine if other vaccines have been received recently. There is no interval of time needed between receiving seasonal influenza vaccine and other non-Covid-19 vaccines.

**22. Can seasonal influenza vaccine be administered simultaneously with a Covid-19 vaccine?**

Yes, seasonal influenza vaccine can be co-administered (given at the same time) with a Covid-19 vaccine.

**23. Can seasonal influenza vaccine be administered if a Covid-19 vaccine has been received recently?**

Seasonal influenza vaccine can be administered regardless when Covid-19 vaccine had been or going to be received. In other words, there are no time interval requirements between the influenza and covid-19 vaccines.

**MORE INFORMATION**

**24. Where can I get more information on seasonal influenza vaccine?**

For more information on influenza vaccine, contact your local Public Health office. You may also check the following references:

- The Government of New Brunswick website at: [http://www2.gnb.ca/content/gnb/en/departments/ocmoh/for\\_healthprofessionals.html](http://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals.html);
- An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI) –Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine 2020-2021: [Canadian Immunization Guide Chapter on influenza and statement on seasonal influenza vaccine for 2021–2022](#);
- [Canadian Public Health Association: http://www.immunize.ca.](http://www.immunize.ca)

**25. What is the billing process for practitioners?**

- Physicians and Nurse Practitioners are to refer to the Physicians Manual for billing practices specific to 2021-2022 seasonal influenza immunization.
- Midwives are to refer to the Midwives' Medicare Billing Manual.
- Pharmacist claims are submitted as required under the New Brunswick Prescription Drug Program (NBPDP) Plan "I"

**26. What guidelines do I need to follow during COVID-19?**

- Public Health Agency of Canada's [Guidance on the use of influenza in the presence of COVID-19.](#)